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Real-world evidence of monoclonal antibodies for migraine treatment in Argentina: a retrospective analysis

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Objective:
To analyze the clinical characteristics and response to treatment with CGRP-monoclonal antibodies (CGRP-mAbs) in migraine patients.

Methods:
Retrospective, descriptive study. We reviewed electronic medical records of patients evaluated in our headache clinic with EM (episodic migraine) or CM (chronic migraine), according with the IHCD-3, who received Erenumab (ERE) 70 or 140 mg or Fremanezumab (FRE) 225 mg monthly as preventive treatment between July 2019 and April 2025. We included patients over 18 years old, with EM or CM diagnose who completed at least 3 months of treatment with CGRP-mAbs. We analyzed age, sex, prior migraine preventive medication, type and dose of mAbs, adverse effects (AEs). We assessed changes in headache days/month (HDM), use of analgesics, medication overuse (MO) in the month before treatment and at 3, 6, 12 months after treatment. Response was defined as reduction in HDM ≥30% for CM and ≥ 50% for EM.

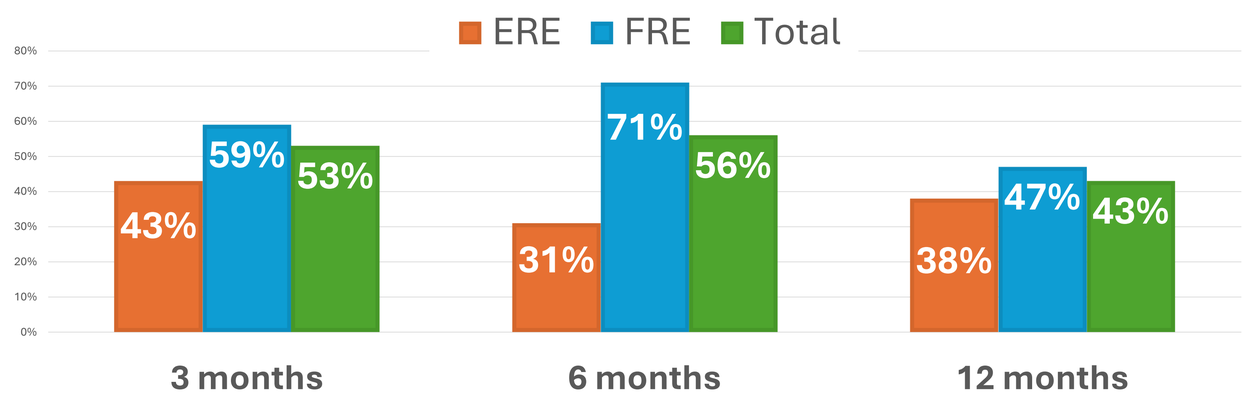
Results:
Medical records of 151 patients who did 160 treatments were analyzed (82% women, 51 years), 40% were treated with ERE and 60% with FRE. 77% had CM with an average of 26,2 HDM, and 23% had EM with 10,1 HDM on average. 81% failed to ≥ 3 preventive drugs. 92 patients with CM (61%) had received onabotulinumtoxin A.

34 patients with EM received 36 treatments (14 ERE, 22 FRE), 2 patients needed a switch in mAbs treatment. **Figure 1**. Meanwhile, 117 patients with CM received 124 treatments with mAbs (50 ERE, 74 FRE), 7 patients switched treatment **Figure 2**. 52 patients with CM completed 12 months of treatment, 35 of them decreased their headache frequency to less than 15 HDM (67%). 67 patients (44 CM, 4 EM) had MO before treatment: 29 completed 12-months follow-up, 13 of them without MO **Figure 3.**

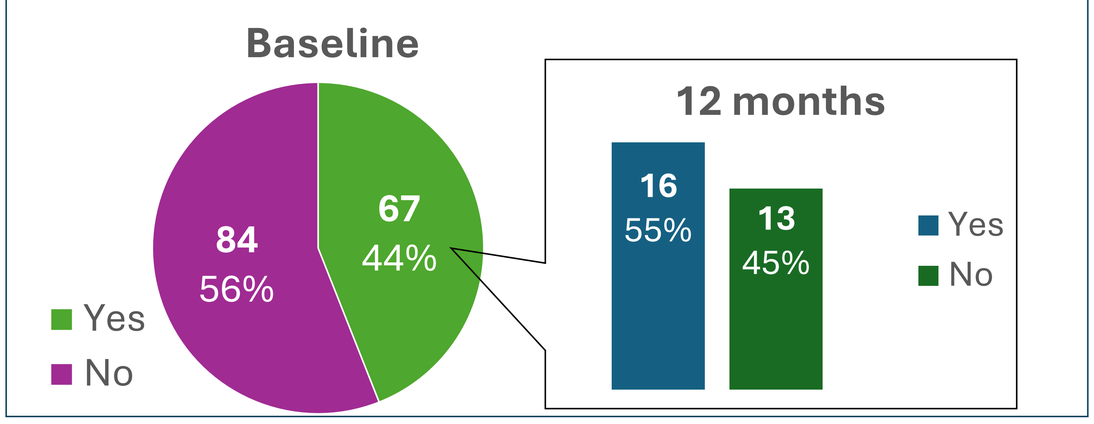
There was no significant difference in the response to ERE vs FRE in EM, but in CM ERE showed a better outcome at 6 (p= 0.047) and 12 months (p= 0.01). We did not find any predictor for treatment response in this group.

32 patients (20%) treated reported AEs,3 had to stop mAbs because of AEs (rash), all were using Fremanezumab **Figure 4**.

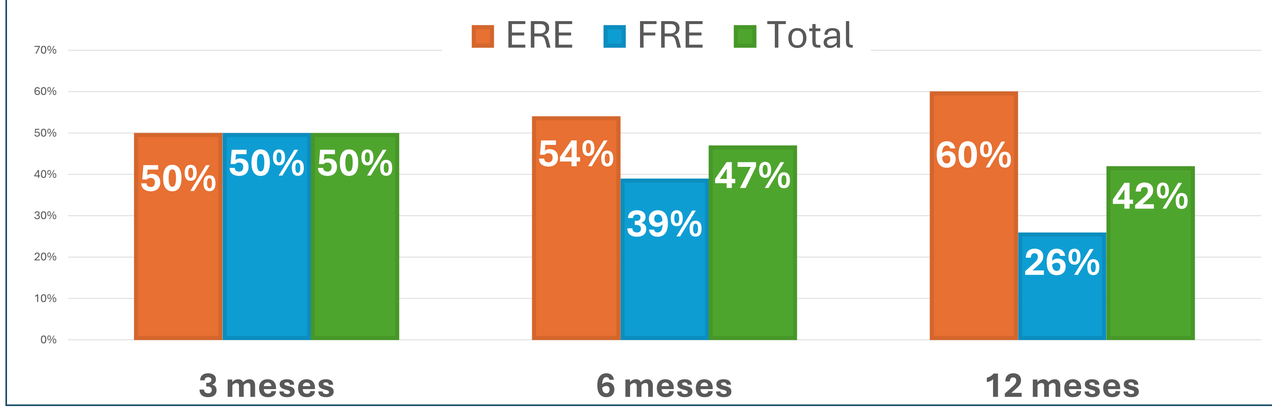
EPISODIC MIRAINE (reduction in HDM ≥50%) **Figure 1**



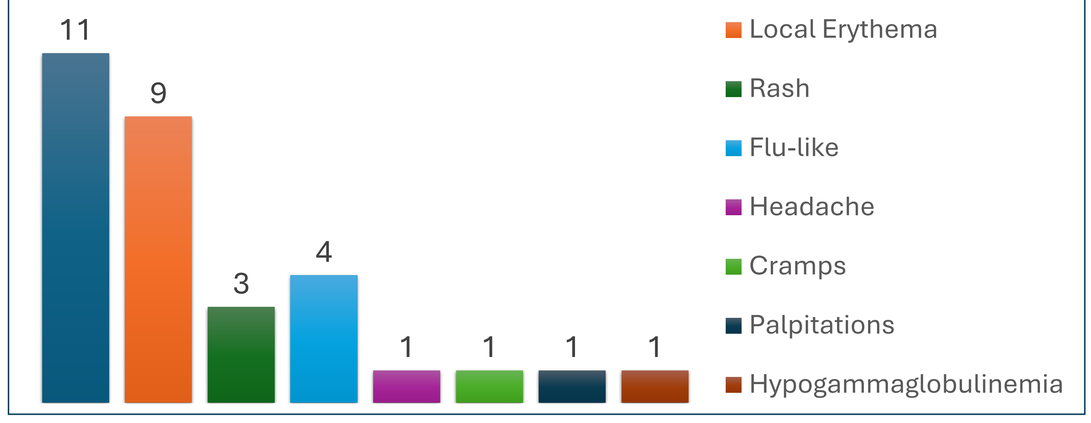
MEDICATION OVERUSE **Figure 3**



CHRONIC MIGRAINE (reduction in HDM ≥30%) **Figure 2**



ADVERSE EFFECTS **Figure 4**



Conclusions:
Our real-world data demonstrates that ERE and FRE are effective in patients with EM and CM , even among those who had failed to other preventives treatments. However, ERE was more effective than FRE at 6 and 12 months for patients with CM.
CGRP-mAbs treatment is also effective in patients with MO.
Both drugs showed to be safe and have good adherence, with only 1,8% of discontinuation rate due to AEs secondary to Fremanezumab.
Of note, most health insurance in Argentina do not cover these treatments. Our local data should reinforce the justification for expanding the use of specific migraine preventive treatments and increasing awareness among healthcare professionals and health insurance system.

References:
Headache Classification Committee of the International Headache Society (IHS) The International Classification of Headache Disorders, 3rd edition. Cephalalgia. 2018 Jan;38(1):1-211.
Scheffler A et al. Erenumab in highly therapy-refractory migraine patients: First German real-world evidence. J Headache Pain. 2020 Jul 3;21(1):84.
Andreou AP et al. Two-year effectiveness of erenumab in resistant chronic migraine: a prospective real-world analysis. J Headache Pain. 2022 Nov 4;23(1):139.
Murray AM, Stern JI, Robertson CE, Chiang CC. Real-World Patient Experience of CGRP-Targeting Therapy for Migraine: a Narrative Review. Curr Pain Headache Rep. 2022 Oct;26(10):783-794.

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