

ATOGEPANT AS ADD-ON THERAPY TO ONABOTULINUMTOXINA IN CHRONIC MIGRAINE: A REAL-WORLD STUDY

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Background. OnabotulinumtoxinA (BoNT-A) is a well-established preventive treatment for chronic migraine (CM). Given the high burden of CM, many patients require additional preventive therapy for adequate disease control. Although BoNT-A plus anti-CGRP treatments may provide synergistic benefits, real-world evidence remains limited. We evaluated atogepant as add-on therapy to BoNT-A in patients with CM.
Methods. This single-center, real-world study included patients with CM receiving BoNT-A for at least 2 cycles who had achieved only a partial response. Oral atogepant 60 mg once daily was added to ongoing BoNT-A treatment. Patients were assessed at T0 (immediately before first BoNT-A cycle), T1A (initiation of combination therapy), and T6A (after six months of combination therapy). Demographic characteristics and CM duration were recorded. Outcomes included monthly headache days (MHDs) and changes in MHDs between timepoints (ΔMHD), monthly acute medication use, migraine-related disability assessed using the Migraine Disability Assessment (MIDAS), and the proportions of patients achieving 50% and 75% reduction in MHDs at T6A.
Results. Twenty patients were included: 18 women (90%) and 2 men (10%), with a mean age of 47.45 ± 12.12 years and a mean CM duration of 7.10 ± 3.39 years. Mean MHDs decreased from 22.45 ± 7.38 at T0 to 17.65 ± 7.01 at T1A and 9.60 ± 8.40 at T6A. Mean ΔMHD was −4.80 from T0 to T1A and −8.05 from T1A to T6A. Mean monthly acute medication use decreased from 17.30 ± 12.58 at T0 to 9.80 ± 5.81 at T1A and 3.90 ± 2.29 at T6A. Mean MIDAS score decreased from 78.35 ± 54.55 at T0 to 52.82 ± 27.48 at T1A and 22.10 ± 17.16 at T6A. 14 patients (70%) achieved a ≥50% reduction in MHDs and 8 (40%) achieved a ≥75% reduction at T6A. Ten patients (50%) met the criteria for episodic migraine at T1A, increasing to 15 patients (75%) at T6A.
Conclusions. In patients with CM and a partial response to BoNT-A, adding atogepant was associated with further reductions in MHDs, acute medication use, and migraine-related disability, with clinically meaningful responder rates. These findings support a benefitof combining treatments with complementary mechanisms of action for suppression of CM.