

FIVE-YEAR REAL-WORLD EFFECTIVENESS AND TREATMENT PERSISTENCE OF ERENUMAB IN MIGRAINE

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Background. Erenumab is a monoclonal antibody targeting the calcitonin gene-related peptide (CGRP) receptor and has consistently demonstrated efficacy and a favourable safety profile in patients with chronic migraine and high-frequency episodic migraine refractory to first-line preventive therapies. However, most available clinical and real-world studies have focused on observation periods of approximately two years, while evidence from longer follow-up remains scarce. This study aimed to evaluate the persistence of erenumab effectiveness in a selected real-world cohort over an extended follow-up of up to five years.

Methods. This observational real-world study included 22 patients with migraine treated with erenumab. Monthly migraine days (MMD), Migraine Disability Assessment Scale (MIDAS), Headache Impact Test-6 (HIT-6), medication-overuse headache (MOH), treatment persistence, and adverse events were assessed at baseline and at Months 4, 12, and 60. Changes from baseline were analysed using non-parametric paired tests. A ≥50% or ≥75% reduction in MMD defined treatment response.

Results. Mean age was 52.3±9.3 years and 72.7% of patients were female. Mean MMD decreased from 18.3±6.3 at baseline to 9.8±6.9 at Month 4, 9.5±5.7 at Month 12, and 10.3±7.1 at Month 60; all reductions versus baseline were significant ($p \leq 0.00117$). At Month 60, 10/19 patients (52.6%) achieved a ≥50% response and 4/19 (21.1%) a ≥75% response. MIDAS and HIT-6 improved significantly through Month 60: mean MIDAS declined from 69.3 to 38.7 and HIT-6 from 67.9 to 63.0. MOH prevalence declined from 76.2% at baseline to 31.3% at Month 60. At Month 60, 12/22 patients (54.5%) remained on Erenumab. Adverse events occurred in 7/22 patients (31.8%); 3/22 (13.6%) discontinued treatment because of adverse events or safety concerns.

Conclusions. In this five-year real-world cohort, Erenumab was associated with an early, sustained reduction in migraine burden, alongside improvements in disability and headache impact. Long-term persistence and reduced MOH support its clinical relevance. Larger prospective studies are needed to confirm these findings.