

6 YEARS WITH TARGETED THERAPIES: REAL-WORLD EXPERIENCES

Posters

ATOGEPANT IN CLINICAL PRACTICE: 6-MONTH REAL-WORLD DATA ON EFFECTIVENESS AND SAFETY IN MIGRAINE PREVENTION FROM A THIRD LEVEL HEADACHE CENTER

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Background. Atogepant is an oral calcitonin gene-related peptide receptor antagonist approved for migraine prevention in adults. We evaluated its 6-month real-world effectiveness and tolerability across multiple dimensions of migraine burden.

Methods. Fifty-seven patients treated with atogepant at the Headache Center of Fondazione IRCCS Istituto Neurologico Carlo Besta, Milan, were included (mean age 43.65 ± 15.09 years; 48 female). Diagnoses included high-frequency episodic migraine (n=42), chronic migraine (n=11), and low-frequency episodic migraine (n=4). Monthly migraine days (MMD), migraine acute medication (MAM), Migraine Disability Assessment (MIDAS), 6-item Headache Impact Test (HIT-6), 12-item Allodynia Symptom Checklist (ASC-12), Pain Catastrophizing Scale (PCS), Migraine Interictal Burden Scale-4 (MIBS-4), and Migraine Treatment Optimization Questionnaire (mTOQ) were assessed at baseline and after 3 (T3) and 6 months (T6).

Results. Of 57 patients, 51 were evaluated at T3 and 39 at T6. At T6, 10 patients were still awaiting their 6-month follow-up visit, while 8 had discontinued treatment (n=3 loss to follow-up, n=3 treatment intolerance, n=2 lack of efficacy). MMD decreased from 10.68 ± 4.57 at baseline to 3.76 ± 3.49 at T3 and 4.72 ± 5.28 at T6 (both $p<0.001$ versus baseline). MAM decreased from 12.97 ± 12.08 to 4.38 ± 3.98 and 4.85 ± 5.73, respectively ($p<0.001$). MIDAS decreased from 56.09 ± 61.77 to 12.60 ± 18.61 and 9.65 ± 12.98, while HIT-6 decreased from 67.00 ± 5.06 to 56.69 ± 8.54 and 53.94 ± 13.53 (both $p<0.001$ over time). PCS and MIBS-4 scores decreased, while the mTOQ score increased (all $p<0.001$). The ASC-12 score decreased over time, with a more pronounced improvement at T3 ($p=0.044$).

Conclusions. Atogepant was associated with an early clinical benefit at 3 months that was sustained through 6 months. In addition to reducing migraine frequency and acute medication use, treatment improved migraine-related disability, headache impact, pain catastrophizing, interictal burden, and acute treatment optimization. The favorable tolerability profile observed supports the use of atogepant in clinical practice and suggests a multidimensional reduction in migraine burden.