

LONG-TERM RESPONSE AND TREATMENT PERSISTENCE IN THE ANTI-CGRP ERA: A REAL-WORLD STUDY

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Background. New therapies targeting the calcitonin gene-related peptide (CGRP) pathway have transformed migraine prophylaxis by addressing the limitations of standard preventives, with efficacy that appears stable across successive treatment cycles. In this registry-based study, we aimed to evaluate the long-term response and treatment persistence of patients receiving anti-CGRP therapies in a real-world setting throughout the extended period following their introduction into routine clinical practice.

Methods. We retrospectively analyzed patients followed at our headache center and treated with anti-CGRP preventive therapies. We assessed reduction in monthly headache days (MHDs) and monthly analgesic medications (MAMs) from baseline, focusing on response stability and treatment persistence. We also evaluated the occurrence of a reduction in treatment efficacy over time based on changes in headache frequency. Reasons for treatment discontinuation were recorded.

Results. 132 patients were included: 114 (87%) were women; the mean age was 46±12.7 years. At baseline, 71 (62.3%) patients were affected by chronic migraine, while 62 (60.2%) had medication overuse headache. The mean disease duration was 29.2±13.6 years. The mean treatment duration was 27.5±13.9 months: 64 patients achieved a ≥75% reduction in MHDs, 33 achieved a ≥50% reduction, whereas only 3 achieved a ≥30% reduction from baseline. Only 6 patients experienced no benefit. Notably, 26 patients were lost to follow-up, and 12 of them did not attend the first scheduled 3-month visit after prescription. 10 patients experienced a gradual reduction in efficacy over time. Compared with those with a sustained response, patients with a partial loss of efficacy had higher baseline MHDs ($p=0.02$), higher baseline MAMs ($p=0.01$), and a higher prevalence of psychiatric comorbidities and chronic pain syndromes ($p<0.05$). Finally, 4 subjects discontinued anti-CGRP therapies after prolonged remission and 2 because of pregnancy planning.

Conclusions. This study confirmed the long-term effectiveness of anti-CGRP therapies even in a difficult-to-treat population, such as our cohort. A reduction in treatment efficacy over time appears uncommon and might be associated with less favourable baseline characteristics. Despite the availability of effective and well-tolerated therapeutic options, a substantial proportion of patients were lost to follow-up, possibly reflecting concerns about potential adverse events and barriers to accessing outpatient headache care.