

6 YEARS WITH TARGETED THERAPIES: REAL-WORLD EXPERIENCES

Posters

PREMONITORY EPISODES WITHOUT HEADACHE DURING ANTI-CGRP PREVENTIVE TREATMENTS: A CROSS-SECTIONAL MULTICENTER STUDY

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Background. Calcitonin gene-related peptide (CGRP) is central to migraine pathophysiology, but the main site of action of CGRP-targeted preventive therapies remains uncertain. Patients receiving anti-CGRP treatments may experience non-headache symptoms that do not progress to pain (premonitory episodes without headache), which have not yet been characterized. This study investigated the frequency, phenotype, and clinical correlates of these episodes in migraine responders to anti-CGRP preventive treatments, including their association with treatment type and responder status.

Methods. A cross-sectional multicenter study was conducted in two independent cohorts of migraine responders to anti-CGRP preventives. One cohort included patients receiving anti-CGRP mAbs at King's College Hospital, UK, and the other included patients receiving atogepant at the Florence Headache Centre, Italy. Responders were defined as patients achieving at least a 50% reduction in monthly migraine days (MMD). Demographic and clinical data were extracted from medical records, and an ad hoc structured questionnaire assessed the occurrence and features of premonitory episodes without headache. Associations were tested using chi-square or Fisher's exact tests, and multivariable logistic regression examined predictors of episode occurrence.

Results. Overall, 213 patients were included (84% female 21% chronic migraine). 144 were on anti-CGRP mAbs, and 69 were on atogepant. Premonitory episodes without headache were reported by 114 patients (54%), with a median of 4 symptoms, and most episodes lasted 1-24 hours. The most frequent symptoms were difficulty concentrating (58%), neck stiffness (54%), fatigue (49%), mood changes (49%), photophobia (45%), and phonophobia (41%). Symptom frequencies were similar across treatment cohorts despite differences in baseline clinical characteristics. Higher responder-rate categories were independently associated with lower odds of premonitory episodes without headache (OR 0.67, 95% CI 0.46-0.99; P=0.047), whereas treatment type was not associated with episode occurrence (OR 0.72, 95% CI 0.39-1.33; P=0.290).

Conclusions. Premonitory episodes without headache were common in migraine responders receiving anti-CGRP preventive treatments and showed a symptom profile overlapping the classical migraine premonitory phase. Whether premonitory episodes without headache reflect activation of CGRP-independent pathways, or whether there is a limited effect on central non-headache symptoms, or a downstream interruption of progression to the pain phase, remains to be determined.

A. Munafò, G. Sebastianelli these authors contributed equally to the study.