

EARLY SUCCESSFUL RESPONSE TO ATOGEPANT IN PHARMACORESISTANT MALE AND FEMALE MIGRAINE PATIENTS IN A REAL-LIFE SETTING

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Background. The aim of this study is to assess in a real-world setting efficacy, tolerability and improvements in measures of daily and night functioning just after the first 4 weeks of treatment with Atogepant in a sample of resistant high frequency or chronic migraineurs.Due to possible gender differences in the expression of Calcitonin Gene Related Peptide (CGRP), in this study we also evaluated early response to Atogepant in subgroups of patients according to sex.

Methods. In a prospective monocentric real-life study, we evaluated the efficacy of Atogepant in a sample of 56 migraineurs (F:M 46:10, mean age 44.55) resistant to at least three standards of care antimigraine preventive oral drugs. We evaluated at baseline and after 4 weeks of therapy mean changes in mean monthly migraine days (MMD), in mean monthly use of painkiller drugs (MDI), in mean severity of pain (using VAS score), in migraine related disability according to HIT-6 score and allodynia (ASC-12 score).

Results. After 4 weeks of treatment we observed a significant decrease in MMD (17.54 vs 11.43, $p<0.01$), in MDI (19.57 vs 9.98, $p<0.01$), in VAS score (8.23 vs 6.38, $p<0.01$), in HIT 6 score results (67.66 vs 61,82, $p<0.01$) and in ASC-12 results (6.96 vs 5.86, $p = 0.018$). Moreover 41.1% of the sample resulted at least 50% responders and 26.8% resulted at least 75% responders.As a subgroups analysis we divided our population by sex. At baseline our subgroups did not differ for MMD, MDI and VAS, while HIT6 score and ASC12 score were statistically significant higher in the female group [GP1.1][SG1.2]. After 4 weeks of treatment, we observed a statistically significant improvement in all assessed parameters in both groups, with no significant differences between them, except for ASC-12 score, which showed a greater reduction in males (male 1.10 vs female 6.89, $p<0.01$).

Conclusions. The study suggests in a real-life setting a very early clinical improvement of migraine even in resistant patients treated with Atogepant prevention in both sex. The significant quick decrease in symptomatic drugs emphasizes the possible role of Atogepant in cessation of medication overuse.