

6 YEARS WITH TARGETED THERAPIES: REAL-WORLD EXPERIENCES

Posters

ATOGEPANT FOR THE PREVENTION OF MIGRAINE IN DIFFICULT-TO-TREAT PATIENTS: MULTIDIMENSIONAL OUTCOMES FROM A SINGLE-CENTER EXPERIENCE

L. Troilo, G. Procopio, A. Di Chirico, S. Cannavò, R. Ceravolo, F. Baldacci, S. Gori

Neurology Unit, University of Pisa, Italy

Background. Migraine is a highly disabling neurological condition, particularly in "difficult-to-treat" populations with multiple prophylactic failures. This clinical complexity is often exacerbated by medication overuse (MO), which further impairs quality of life. Atogepant, an oral calcitonin gene-related peptide (CGRP) receptor antagonist, represents a promising targeted therapeutic option for migraine prevention.

Objectives. To evaluate the short-term, real-world efficacy of atogepant on multidimensional Patient-Reported Outcomes (PROs) in a difficult-to-treat migraine cohort characterized by several prophylactic failures and a high prevalence of MO.

Methods. This prospective, single-center study enrolled 42 patients (36 females; mean age 45.7 years) with an average of 4.9 previous prophylactic failures. Notably, 55% had previously failed anti-CGRP monoclonal antibodies, 67% failed onabotulinumtoxinA, and 71% exhibited MO at baseline. Clinical evaluations at baseline and 3 months measured Monthly Migraine Days (MMD), Monthly Days of Intake of symptomatic drugs (MDI), pain intensity (VAS), and validated PROs assessing disability (MIDAS, HIT-6), depression and anxiety (PHQ-9, GAD-7), sleep (PSQI, ESS), fatigue, and allodynia.

Results. After 3 months of treatment, the cohort demonstrated highly significant reductions in mean MMD (17.9 to 11.1), MDI (23.1 to 12.1), VAS, MIDAS, and HIT-6 scores. Significant secondary improvements occurred in depressive symptoms (PHQ-9) and sleep quality (PSQI). A ≥50% responder rate was achieved by 50% of the sample. Notably, 35% of patients who previously failed anti-CGRP monoclonal antibodies achieved ≥50% response. Responders and non-responders differed at baseline only by MMD and the number of prior prophylactic failures. While responders experienced broader improvements in multidimensional parameters like mood and fatigue, non-responders still exhibited mild but significant decreases in acute medication intake, VAS, and MIDAS. Furthermore, atogepant drastically reduced MO, with the number of abusers dropping from 30 to 14.

Conclusions. Atogepant demonstrates robust real-world efficacy in a difficult-to-treat migraine population, successfully reducing disease burden and facilitating the cessation of medication overuse. Multidimensional assessments reveal that atogepant's benefits extend beyond headache frequency reduction, positively impacting mood, sleep, and fatigue, thereby substantially improving overall quality of life.