

COMBINATION THERAPY WITH ATOGEPANT AND ONABOTULINUMTOXINA IN CHRONIC MIGRAINE: PRELIMINARY REAL-WORLD EVIDENCE FROM AN ONGOING STUDY

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Background. Chronic migraine (CM) is a highly disabling neurological disorder associated with substantial functional impairment and healthcare burden. Preventive therapies targeting calcitonin gene-related peptide (CGRP) pathways and onabotulinumtoxinA have demonstrated efficacy in CM management. This ongoing real-world study aims to evaluate the effectiveness and tolerability of atogepant, onabotulinumtoxinA, and their combination in patients with CM.

Methods. The study is planned to enroll 30 patients with CM, allocated to three treatments groups: atogepant (n=10), onabotulinumtoxinA (n=10), and combination therapy (n=10).Clinical evaluations were performed at baseline and after 1, 3, 6, 9, and 12 months. Outcome measures included monthly migraine days (MMDs), monthly headache days (MHDs), mean headache intensity, monthly acute medication use, and treatment-emergent adverse events. Disease burden and disability were additionally assessed using validated questionnaires, including the Migraine Disability Assessment Scale (MIDAS) and the Headache Impact Test-6 (HIT-6).

Results. At the time of this preliminary analysis, 22 patients had been enrolled. Preliminary analyses showed reductions in migraine burden across all treatment groups. Improvements were observed in MMDs, MHDs, headache intensity, and acute medication use. MIDAS and HIT-6 scores also showed clinically meaningful reductions during follow-up. Patients receiving combination therapy appeared to experience greater overall clinical improvement compared with those receiving either monotherapy, although interpretation is limited by the small sample size. Reported adverse events were generally mild and consistent with the established safety profiles of the respective treatments.These preliminary real-world findings support the effectiveness and tolerability of both atogepant and onabotulinumtoxinA in CM prevention. The combination of the two therapies may provide additional clinical benefit in selected patients with CM, potentially suggesting a synergistic effect through complementary modulation of trigeminovascular pathways.

Conclusions. All evaluated therapies showed favorable efficacy and tolerability profiles in CM prevention. The combination of the two therapies may provide additional clinical benefit in selected patients with CM. Further analyses in a larger cohort and after completion of patient recruitment are needed to confirm these observations.