

THE PATIENT JOURNEY OF RESISTANT AND REFRACTORY MIGRAINE: RESULTS FROM THE REFINE STUDY

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Background. Migraine patients often experience long treatment journeys marked by multiple preventive treatment failures. We aimed to analyze treatment failures across the three European Headache Federation (EHF) categories: resistant migraine (ResM), refractory migraine (RefM), and non-resistant/non-refractory migraine (NRNRM).

Methods. The multicenter, prospective, international REFINE study evaluated the EHF definitions of resistant and refractory migraine in a real-world setting. The number and sequence of preventive treatment failures were assessed and compared among patients with NRNRM, ResM, and RefM.

Results. Among 689 participants, 570 (82.8%) were women, with a median age of 47 years (IQR 38–56). Overall, 73 patients (10.4%) had RefM, 262 (38.0%) ResM, and 354 (51.4%) NRNRM. Patients with RefM and ResM had a longer migraine history than those with NRNRM (median 34, 31, and 24 years, respectively; p<0.001).The median number of preventive treatment failures was 8 in RefM, 4 in ResM, and 2 in NRNRM (p<0.001). In the ResM group, 4.7% had 0–2 failures, 63.0% had 3–5, and 32.3% had >6 failures. Corresponding proportions in RefM were 0.0%, 12.0%, and 88.0%, while in NRNRM they were 51.2%, 37.2%, and 11.8%.The most common first treatment failure was amitriptyline (38.2% of ResM, 32.8% of RefM, and 39.0% of NRNRM patients), followed by topiramate (25.8%, 28.4%, and 23.9%, respectively).

Discussion. These findings highlight the prolonged treatment journey experienced by patients with resistant and refractory migraine and underscore the need for earlier and more effective preventive therapies.

Conclusions. Although preventive treatment failure burden was greatest in ResM and RefM, patients with NRNRM also frequently experienced multiple treatment failures, reflecting a substantial unmet need across the migraine spectrum.