Real-world data suggests that adding CGRP inhibitors to onabotulinumtoxinA provides additional efficacy for the preventive treatment of chronic migraine

Andrew M. Blumenfeld, Benjamin M. Frishberg, Jack D. Schim, Ashley lannone, Gary Schneider, Larisa Yedigarova & Aubrey Manack Adams

Slide deck







Real-World Evidence for Control of Chronic Migraine Patients Receiving CGRP Monoclonal Antibody Therapy Added to OnabotulinumtoxinA: A Retrospective Chart Review

Andrew M. Blumenfeld, Benjamin M. Frishberg, Jack D. Schim, Ashley Iannone, Gary Schneider, Larisa Yedigarova & Aubrey Manack Adams

This video represents the opinions of the authors. For a full list of declarations, including funding and author disclosure statements, please see the full text online.

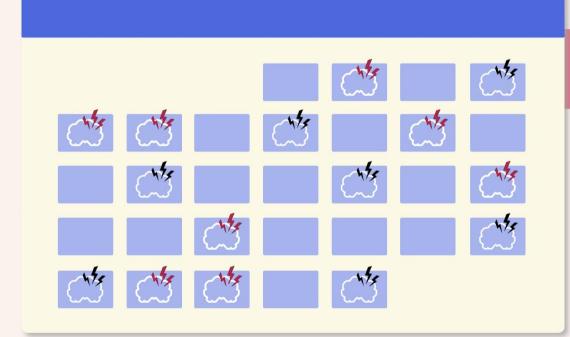
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Pain Ther (2021)

https://doi.org/10.1007/s40122-021-00264-x

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Rapid+

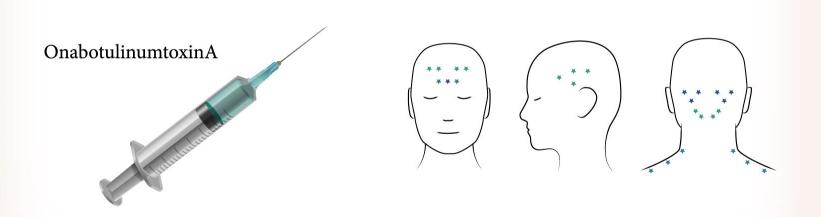


Chronic migraine

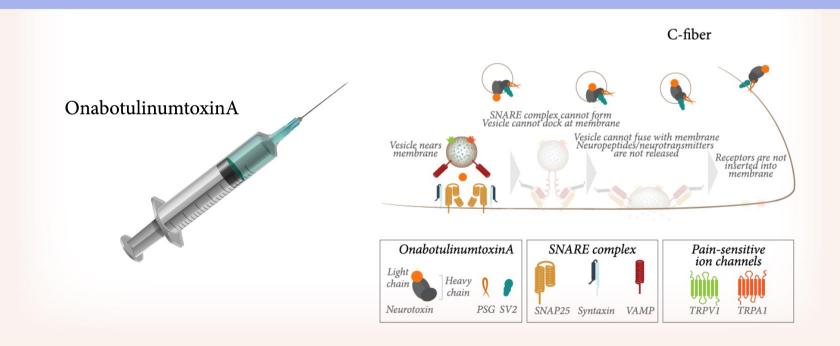
At least 15 headache days per month

Of which 8 or more are migraine days

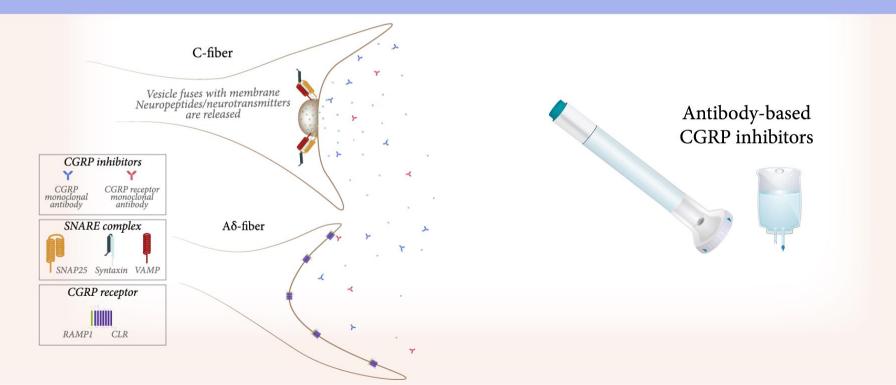
Preventive treatments for chronic migraine include:



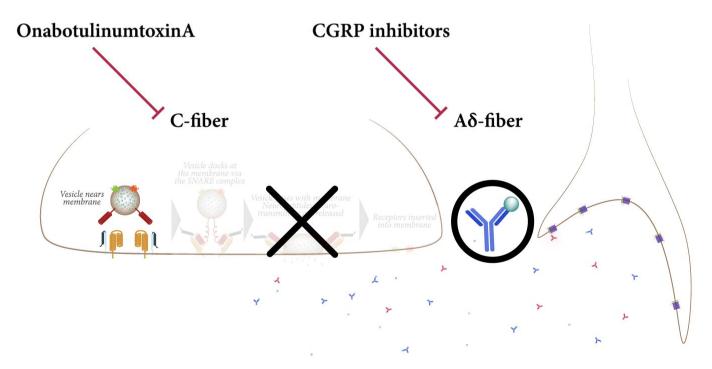
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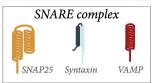
Preventive treatments for chronic migraine include:

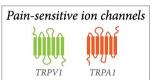


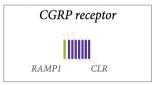










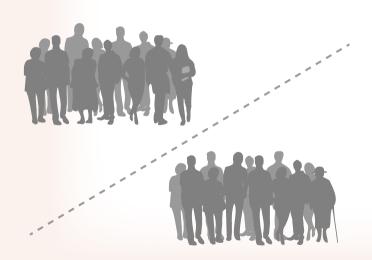






Clinical reports indicate benefits





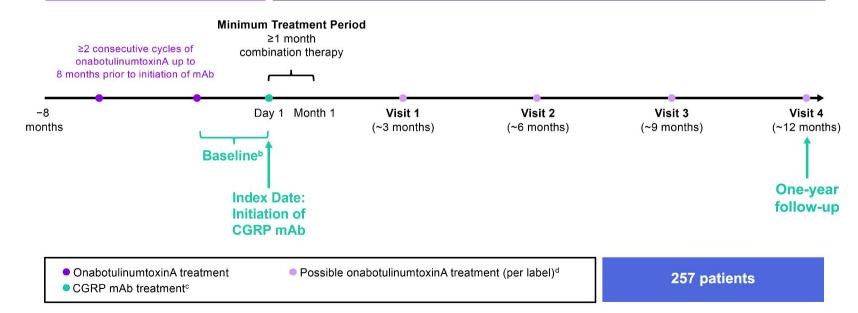
No randomized controlled trials

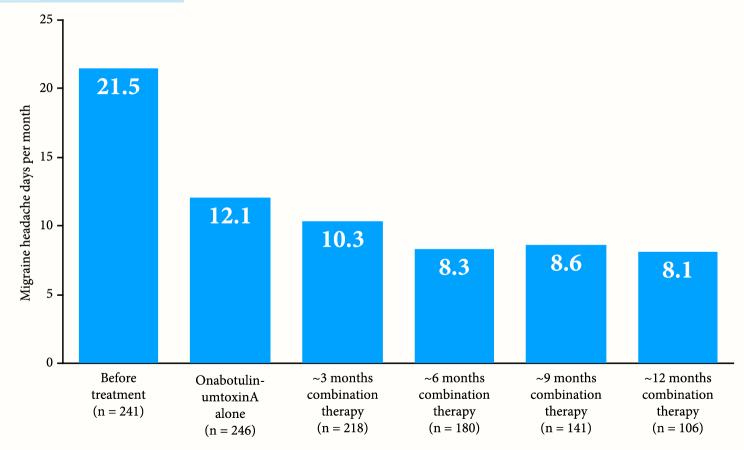
Qualification Period

 Demographic and historical data extracted from charts

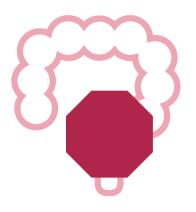
Follow-Up Period

- · Charts pulled from up to 4 visits occurring within a 12-month perioda
- · Safety, tolerability, and efficacy (headache frequency, MIDAS) data extracted from charts



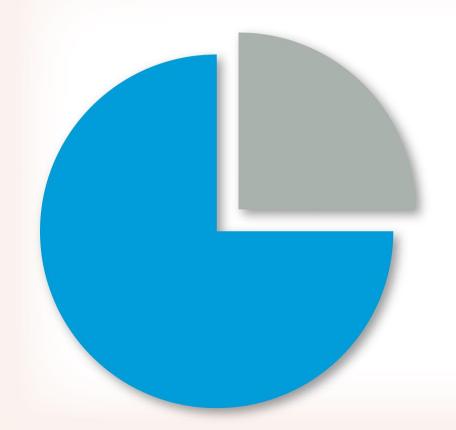


No new safety signals reported



Most common adverse event was constipation

Primarily reported by patients receiving erenumab



Discontinuation

Approximately 25% of patients discontinued combination treatment

Lack of insurance reimbursement

Lack of effect

Controlled trials are warranted THE STATE OF THE S



No safety concerns were identified

Combination therapy may benefit patients with chronic migraine