

ONABOTULINUMTOXIN-A TREATMENT IN CHRONIC MIGRAINE: SAN RAFFAELE HOSPITAL EXPERIENCE

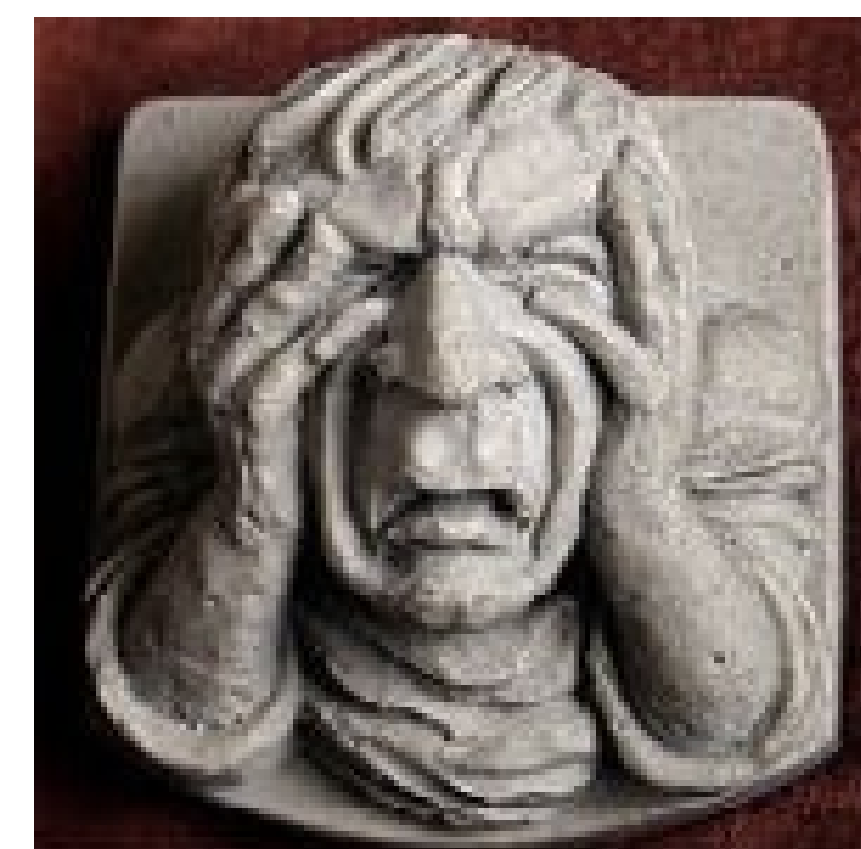


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INTRODUCTION- Chronic migraine (CM) is a disabling neurologic disorder that affects 1.4-2.2% of the general population. Patients with CM experience headache >15 days per month for >3 months. Most CM patients overuse acute headache medications. An effective, safe, and well-tolerated prophylactic headache medication will improve the patient's clinical condition and should reduce acute headache medication consumption

Onabotulinumtoxin A (BT-A) has been reported to relieve pain in a variety of conditions, including migraine; in particular a large multicenter clinical trial (PREEMPT 1 e 2) demonstrated efficacy and safety of BT-A for prophylactic treatment of chronic migraine (CM), in prophylactic drug-free patients.

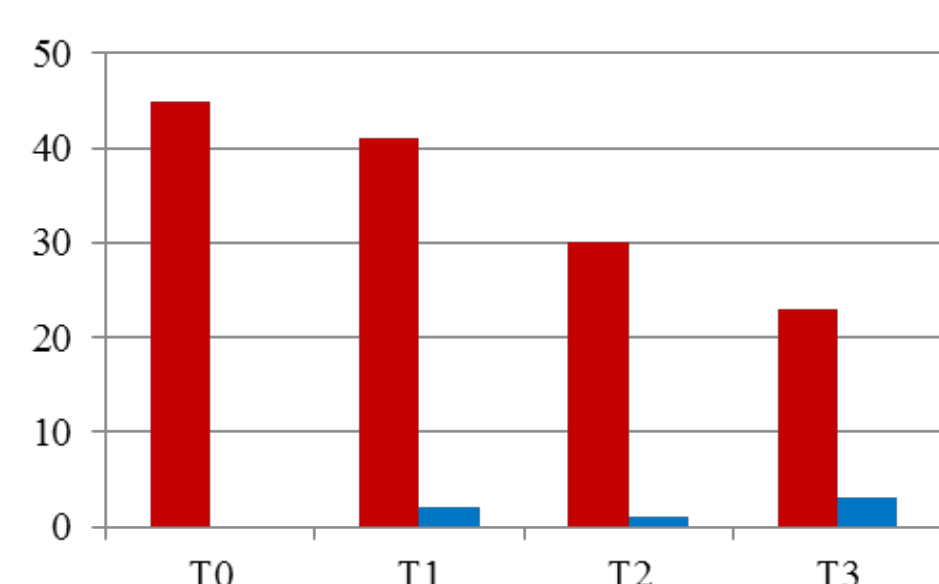


OBJECTIVE - To assess efficacy of BT-A injections according to PREEMPT paradigm in patients affected with chronic migraine who refer to Ospedale San Raffaele outpatient clinic.

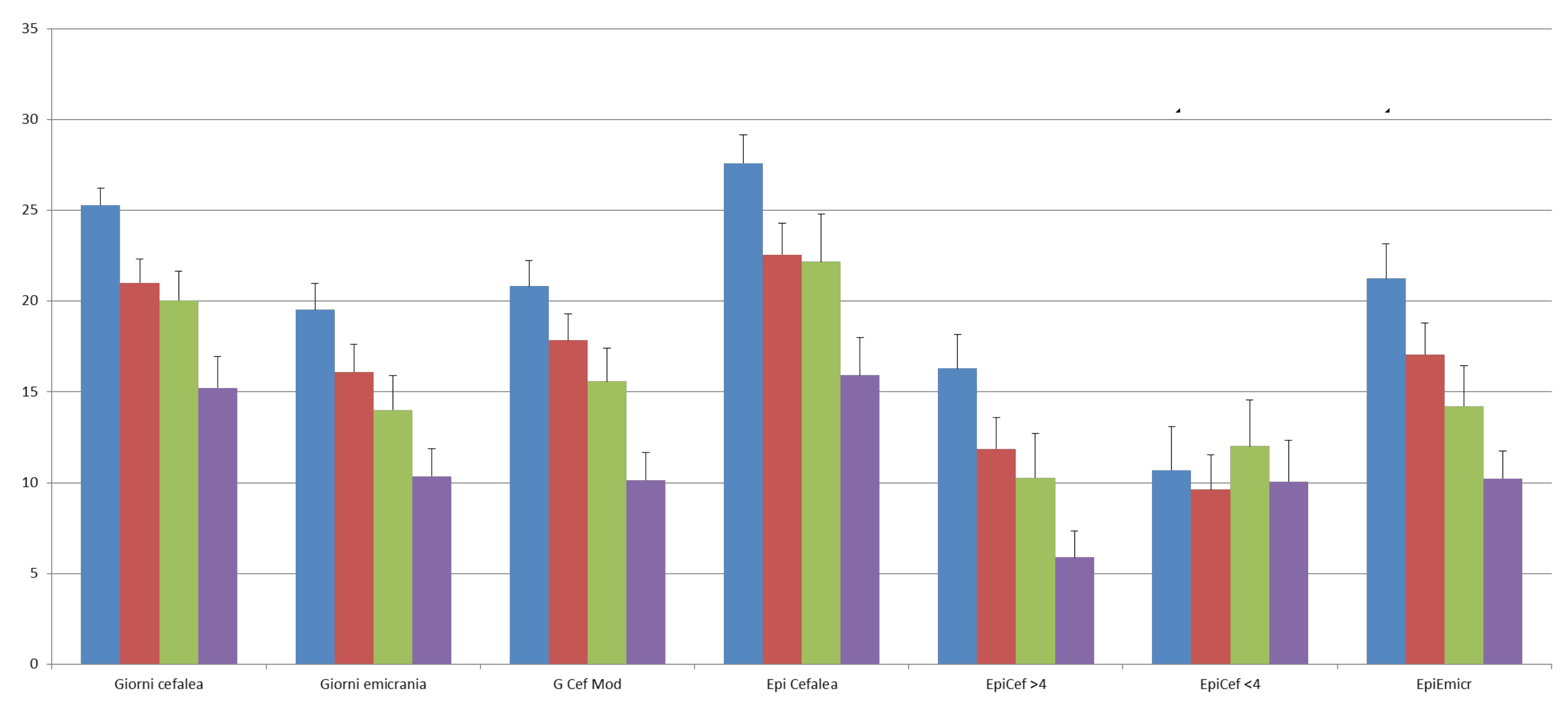
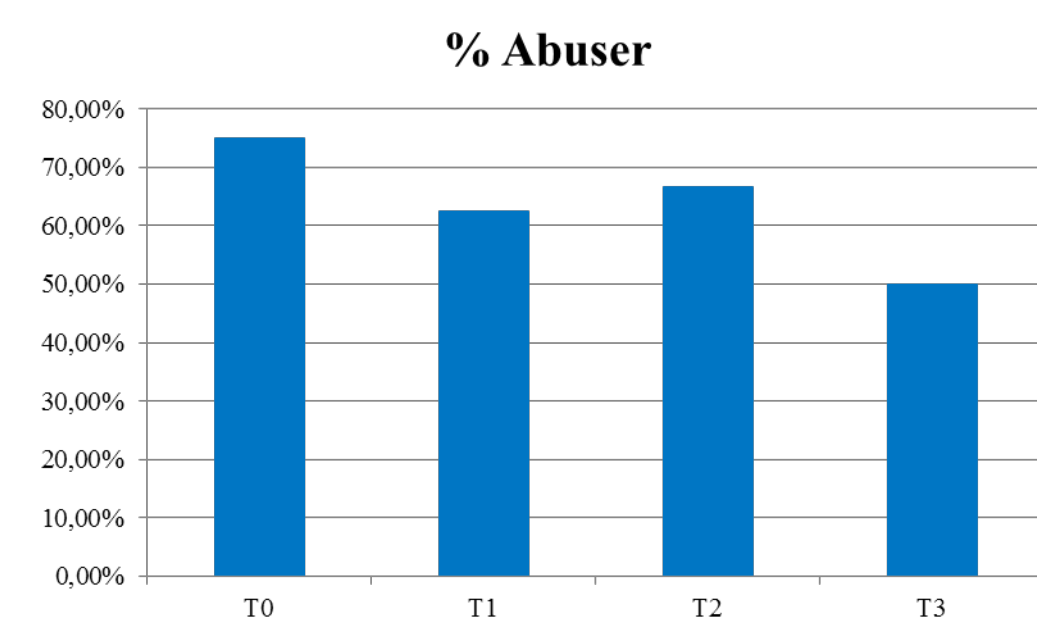
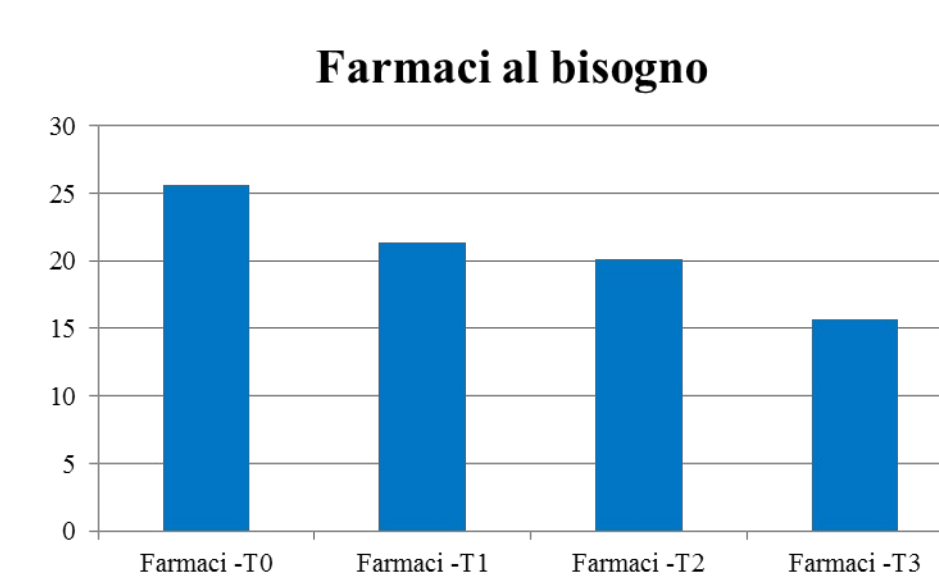
PATIENTS AND METHODS – this is a retrospective, open label study. All the patients, full-filling inclusion criteria (patients with a diagnosis of CM), which arrived in our headache center, have been treated with almost three BT-A injection cycle (interval treatment 12 weeks - total follow up period 36 weeks). During every treatment section the overall BT-A dose ranged between 155 and 180 U administered in 31-36 sites following PREEMPT protocol. We registered in our database for each visit all efficacy variable considered (over a period of a month - 30 days):

- frequency of headache days
- frequency of migraine days
- frequency of moderate/severe headache days
- total cumulative hours of headache
- frequency of headache episodes
- number of acute headache medication intakes
- disease impact on quality of life measured trough MIDAS and HIT-6 score.

RESULTS - we evaluated 45 CM patients (36 females and 9 males) taking multiple prophylactic/symptomatic medications treated with BT-A for a follow up period of 36 Weeks. We registered a statistically significant improvement of all considered clinical variables throughout the entire follow up period.

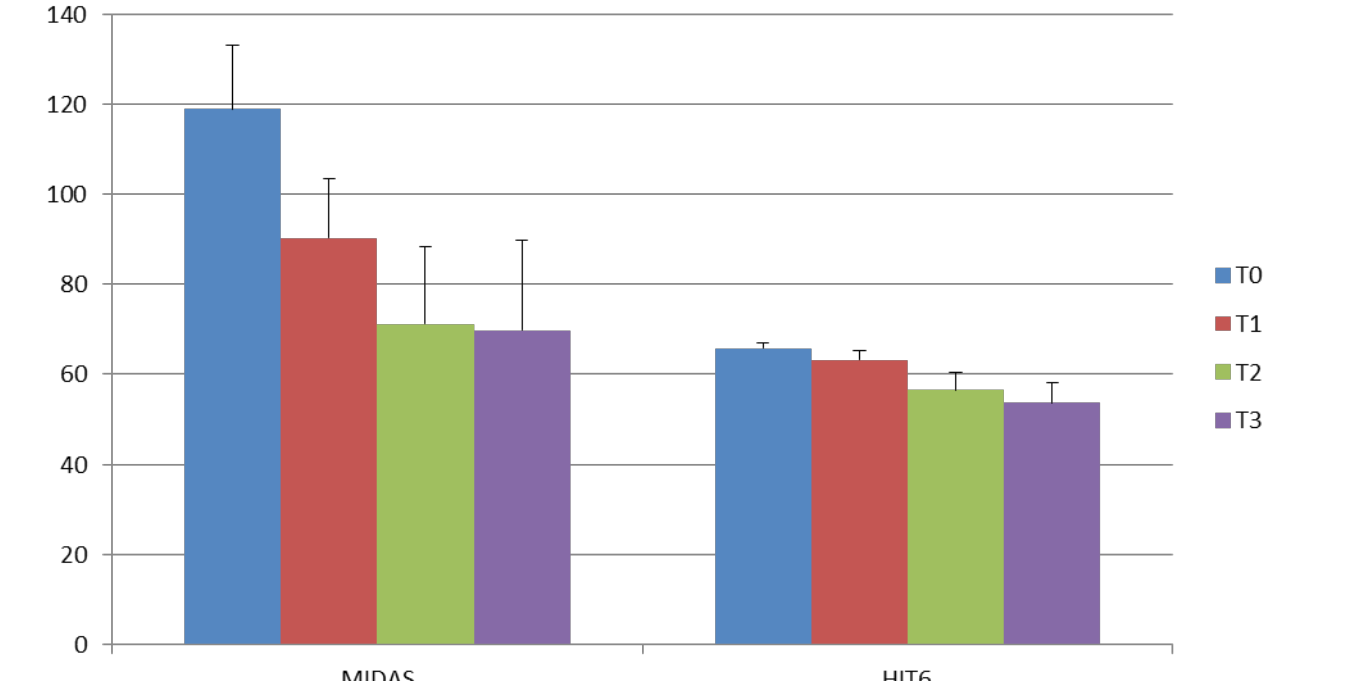
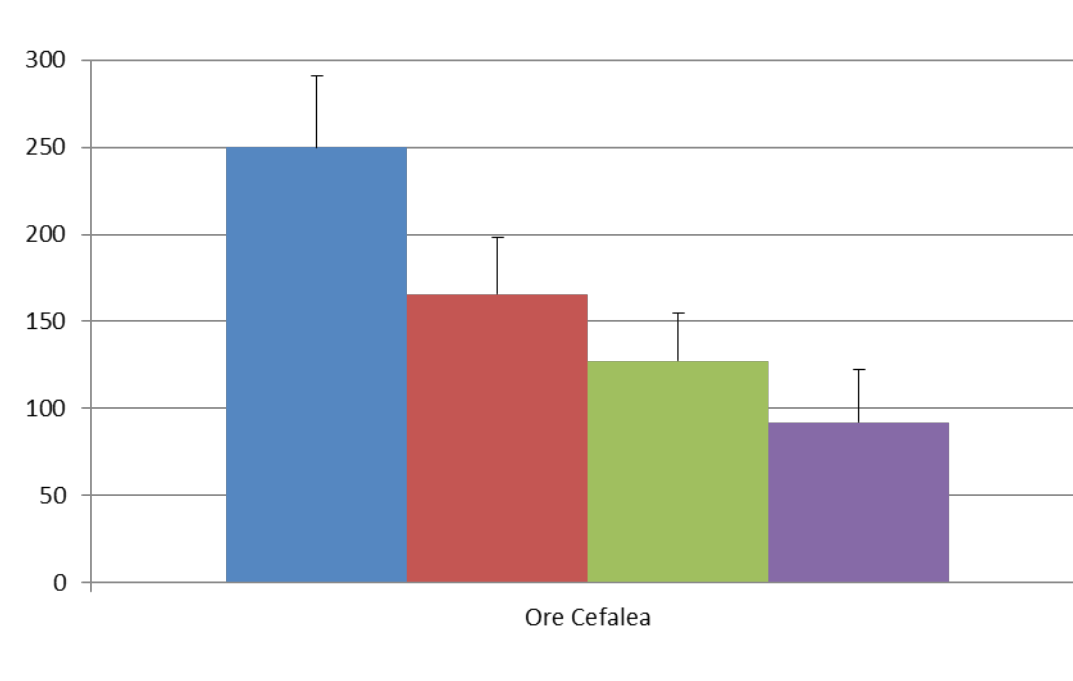


N Pazienti	45 (82% F)
Età media	50 (22-76)
Cronicità	14 (1-32)
Abuser	75%



STATISTICAL ANALYSIS - in order to check the normality of data distribution we performed the Kolmogorov-Smirnov test. Since data were not normally distributed, non parametric tests have been used (Friedman Test, Wilcoxon Test)

CONCLUSIONS - repeated treatments with BT-A in CM patients with unsatisfactory prophylactic drug treatments and even with pharmacological abuse, is very effective in improving clinical outcome, determining a measurable positive impact on quality of life.



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