



Prophylaxis of chronic migraine with OnabotulinumtoxinA: experience and evidence in clinical practice.



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BACKGROUND

Treatment with onabotulinumtoxinA (onaBoNTA) is effective in reducing episodes of chronic migraine and improves quality of life in affected patients.

OBJECTIVE

The aim of the study is to evaluate efficacy and safety of treatment with onabotulinumtoxinA in adults with chronic migraine in an out-patient setting.

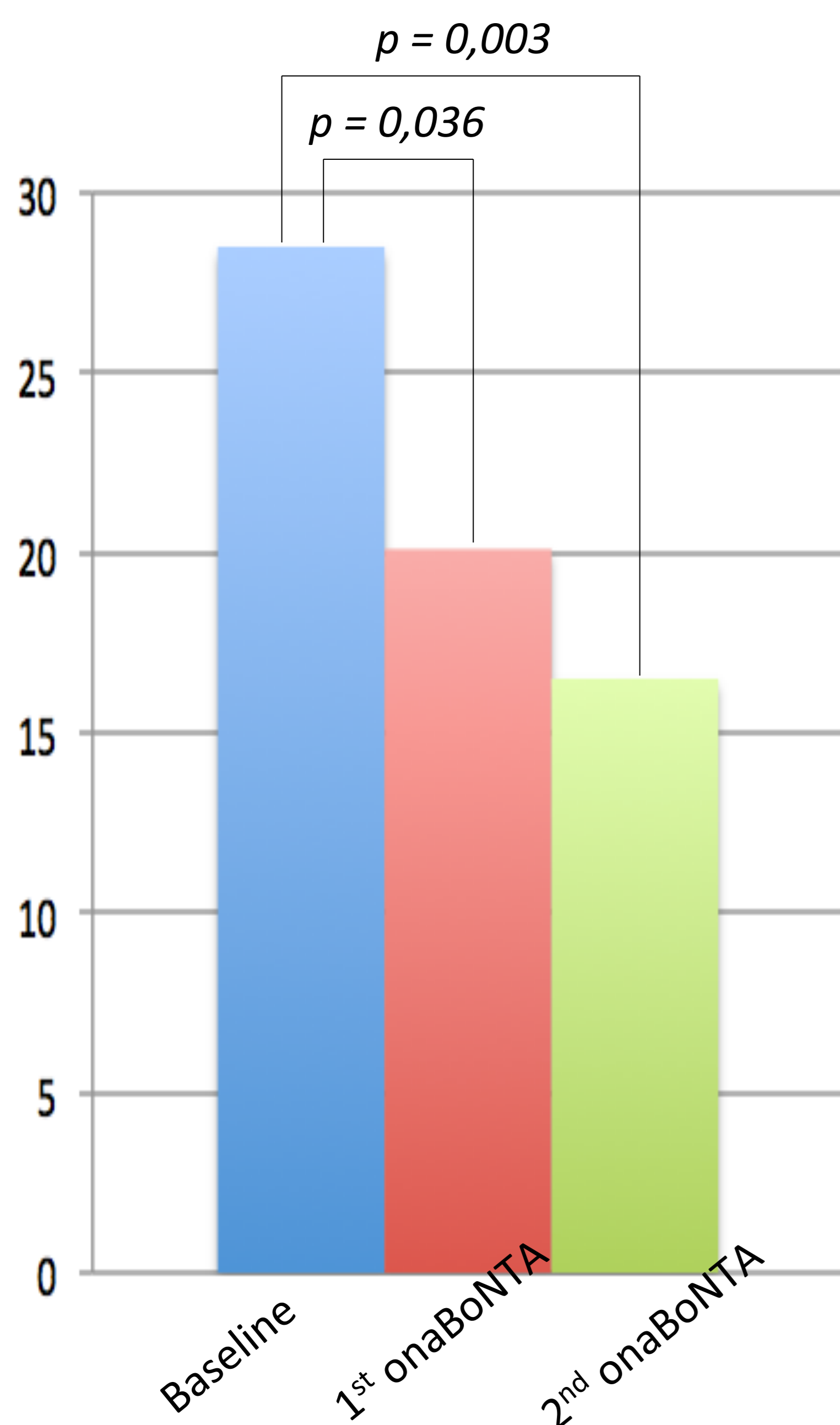
METHODS

We evaluated the treatment effect in patients diagnosed with chronic migraine according to the ICHD II criteria seen in our center and treated with at least two injection of onabotulinumtoxinA. A total of 10 consecutive patients were included in the study from January to September 2015. All patients were treated with 31 fixed-site, fixed-dose, intramuscular injection of 5 international units (IU) of onabotulinumtoxinA every 12 weeks; additional 40 IU could be administered according to the “follow-the-pain” scheme.

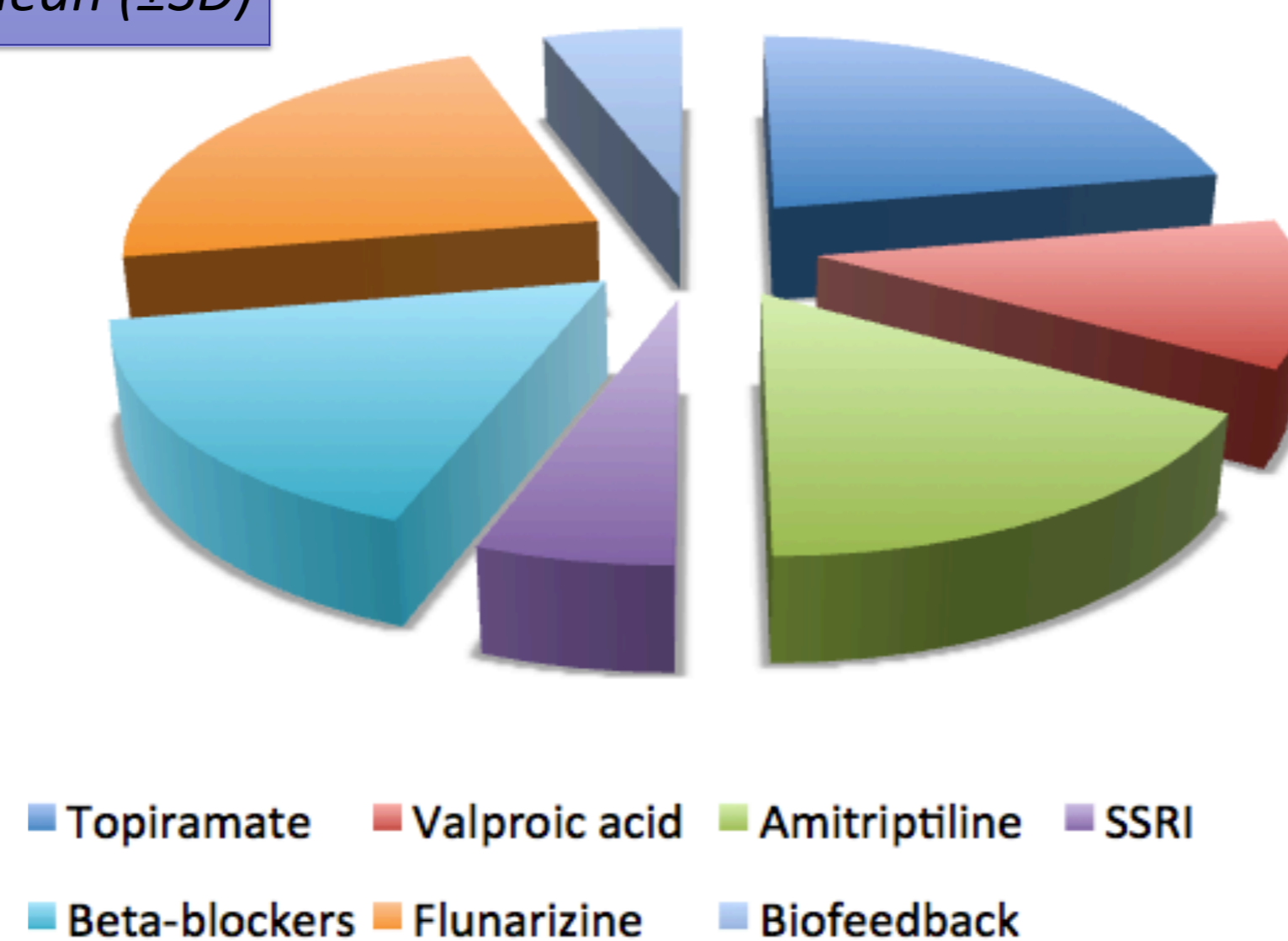
BASELINE CHARACTERISTICS (n = 10)	
Age (y)	43,8 (±16,99)
Age of onset (y)	17,6 (±9,02)
Disease history (y)	26,2 (±15,87)
Days with headache/month	28,5 (±3,81)

Data shown as mean (±SD)

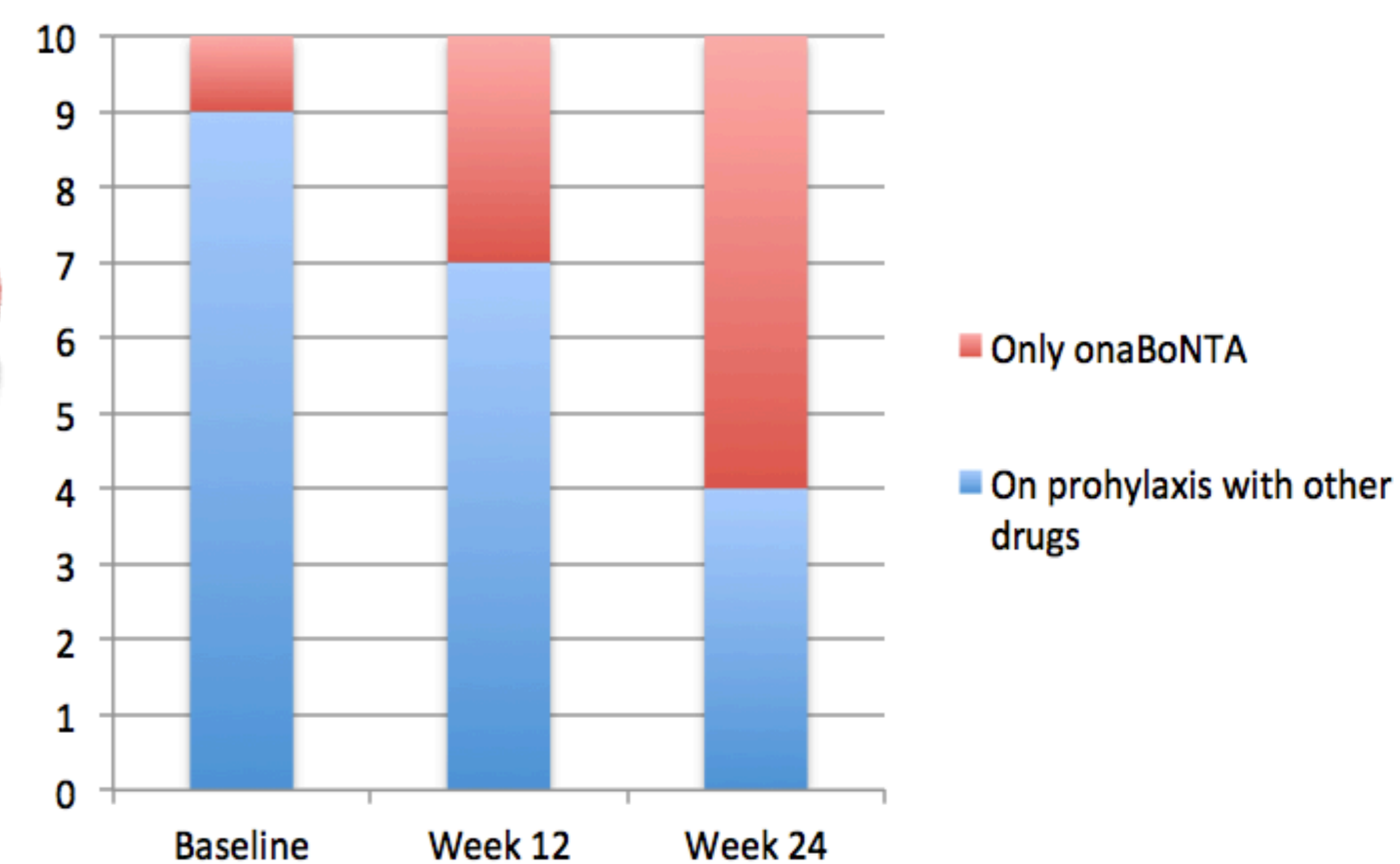
RESULTS. At baseline mean monthly days with headache were 28,5 (SD ±3,81); after a single injection they decreased to 20,1 (SD ±12,2); after the second injection to 16,5 (SD ±10,37). A significant difference was observed between frequency at baseline and after two administrations ($p = 0,003$) but the treatment showed to be effective already after 12 weeks ($p = 0,036$). No new or relevant safety issues were observed.



Days with headache/month at baseline and after one and two injections of onaBoNTA.



On-going prophylaxis drugs at baseline (left); treatment with onaBoNTA allows discontinuation of other drugs commonly used for migraine prophylaxis (right).



DISCUSSION

Our results show that treatment with onabotulinumtoxinA is effective in reducing the number of days with headache/month; we observed a significant difference after two injections but also after a single administration. However, the short observation period and the small patient number may limit the value of our results. In addition, it has to be pointed out that no active intervention was done on other drugs approved for headache and that half patients continued the prophylaxis they were on at baseline.

CONCLUSION

In our outpatient setting prophylaxis of chronic migraine with onabotulinumtoxinA is a safe and well-tolerated treatment, with an early beneficial effect on an otherwise disabling condition.