

When others fail, new migraine treatment may work

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Credit: Sasha Wolff/Wikipedia

People who have tried unsuccessfully to prevent migraine with other treatments may find relief with a drug called erenumab, according to a

preliminary study released today that will be presented at the American Academy of Neurology's 70th Annual Meeting in Los Angeles, April 21 to 27, 2018.

Migraine, which can be debilitating, is often very difficult to treat. As the most common neurological disorder, it includes moderate to severe pain on one or both sides of the head and may also include nausea or light sensitivity. It can last anywhere from four hours to three days and may prevent people from participating in their normal activities. Those who have episodic [migraine](#) have up to 14 [headache](#) days a month.

Erenumab is a monoclonal antibody that blocks pain signals by targeting a receptor for calcitonin gene-related peptide (CGRP). This peptide transmits migraine pain signals. Erenumab occupies the nerves to which CGRP would usually bind.

"The people we included in our study were considered more difficult to treat, meaning that up to four other preventative treatments hadn't worked for them," said study author Uwe Reuter, MD, of The Charité - University Medicine Berlin in Germany. "Our study found that erenumab reduced the average number of monthly migraine headaches by more than 50 percent for nearly a third of study participants. That reduction in migraine headache frequency can greatly improve a person's quality of life."

Reuter noted that new preventive treatments are needed for migraine, as the current treatments often do not work well or have so many side effects that people stop using them.

For the study, 246 people who had episodic migraine were given injections of either 140 milligrams of erenumab or a placebo once a month for three months. Of the participants, 39 percent had been treated unsuccessfully with two other medications, 38 percent with three

medications and 23 percent with four medications. On average, participants experienced an average of nine migraine headaches a month and used an acute migraine drug to stop an attack five times a month.

Researchers found that after three months, the people treated with erenumab were nearly three times more likely to have reduced their migraine days by 50 percent or more than those treated with placebo. A total of 30 percent of the people treated with erenumab had half the number of headaches compared to 14 percent on placebo.

Those treated with erenumab also had a greater average reduction in the number of days they had headaches and the number of days they needed to take drugs to stop the migraines. For those on erenumab, there was an average 1.6 times greater reduction in migraine days and a 1.7 times greater reduction in acute medication days compared to those on placebo.

In addition, the safety and tolerability of erenumab was similar to placebo and none of the participants taking erenumab stopped [treatment](#) due to side effects.

"Our results show that people who thought their migraines were difficult to prevent may actually have hope of finding pain relief," said Reuter. "More research is now needed to understand who is most likely to benefit from this new treatment."

A limitation of the study was its relatively short length of three months. More research will be needed to investigate if benefits continue.

Provided by American Academy of Neurology

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