

Early Use of Erenumab vs Nonspecific Oral Migraine Preventives

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Introduction :



Topic: Early Use of Erenumab vs Oral Migraine Preventive Medications (OMPMs)



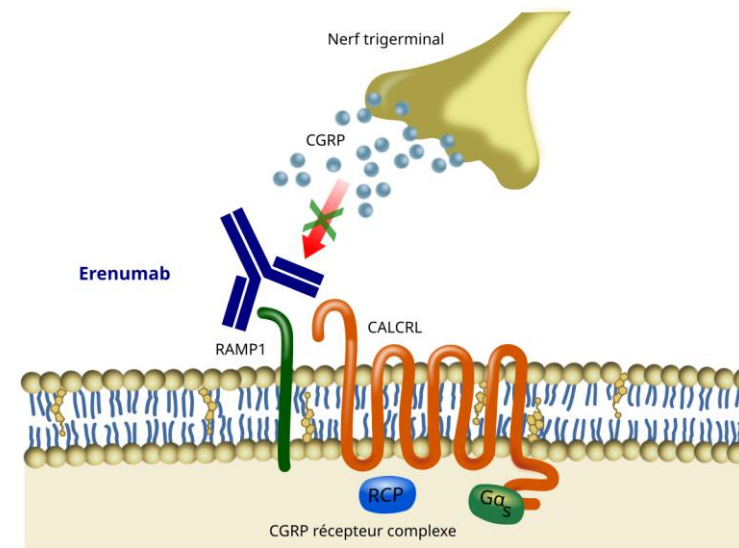
Study Type: APPRAISE Trial, a 12 month randomized clinical trial



Objective: Compare erenumab and OPMs in efficacy, tolerability, adherence, and patient satisfaction for episodic migraines.

Background :

- OMPMs include β -blockers, antidepressants, and antiepileptics.
- Challenges: Poor efficacy, tolerability, and adherence.
- Erenumab: A monoclonal antibody targeting the CGRP pathway, designed specifically for migraines.



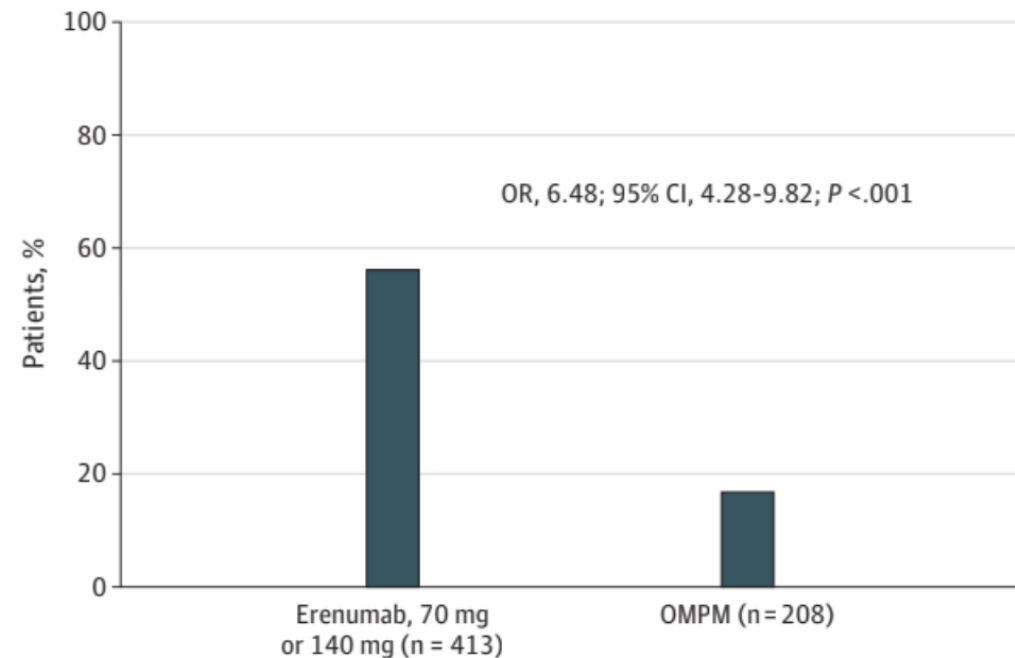
Methods :

- **Design:** Open-label, phase 4 trial across 84 centers in 17 countries.
- **Participants:** Adults with episodic migraines (4–15 days/month), failing 1–2 preventive treatments.
- **Randomization:** 2:1 ratio to erenumab or OMPMs

Primary Outcome :

- Proportion of patients completing 1 year of treatment with $\geq 50\%$ reduction in monthly migraine days (MMDs).
- **Result:** Erenumab achieved 56.2% vs. 16.8% for OMPMs.

A Patients completing 12-mo follow-up taking initially assigned treatment with $\geq 50\%$ MMD reduction



Safety:

- **Adverse Events (AEs):** Lower discontinuation due to AEs with erenumab (2.9%) vs OMPMs (23.3%).
- **Common AEs:** Constipation for erenumab, fatigue for OMPMs.
- No new safety signals identified.



Conclusion

- Early use of erenumab offers:
 - Better efficacy, safety, and adherence.
 - Higher patient satisfaction.
- Recommendation: Avoid prolonged OMPM use; consider earlier CGRP pathway-targeted treatments.



Implications

Supports guidelines suggesting CGRP-targeted monoclonal antibodies as first-line options.

Potential to reduce healthcare resource use and improve quality of life for migraine patients.

Thank You
For Your Attention!

Any Questions

