Real-World Efficacy and Tolerability of Atogepant for Migraine Prevention: A Single Center Experience

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INTRODUCTION

Migraine, affecting over 1 billion people worldwide, stands as the second leading cause of global disability, imposing a significant disease burden and severely impacting quality of life. Traditional oral preventive treatments, not specifically designed for migraine, offer only moderate efficacy and are limited by tolerability issues, leading to low persistence rates. Gepants, a class of **CGRP receptor antagonists**, represent the first oral treatments specifically developed for migraine prevention. Atogepant, an oral high-affinity gepant, has shown efficacy in randomized controlled trials for the preventive treatment of episodic and chronic migraine. However, real-world data remain limited. This study aims to **assess the effectiveness and tolerability of atogepant over six months in a clinical practice setting**.

METHODS

Adult patients requiring migraine preventive treatment received daily atogepant 60 mg. Demographic and clinical data, including migraine classification (episodic or chronic), comorbidities, prior and concomitant preventive treatments, and self-reported treatment failures, were collected. Monthly headache days (MHD) and Migraine Disability Assessment (MIDAS) scores were recorded **at baseline (T0), 3 months (T1), and 6 months (T2)** after treatment initiation. The primary endpoints were changes in MHD and MIDAS from T0 to T2.

RESULTS

A total of eighteen patients were enrolled (2 males, 11.1%; 16 females, 88.9%), with a median age of 51 years. The cohort was evenly split between episodic and chronic migraine (9 patients, 50% each), and patients had a mean of 4.17 prior ineffective preventive treatments.

Ten patients (55.6%) completed a 24-week observation since the first atogepant tablet intake. Reasons for discontinuation were: lack of efficacy (4, 22.2%), adverse drug reactions (2, 11.1%; epigastralgia, skin rash), and loss to follow-up (3, 16.7%). Particularly, all the patients who discontinued due to lack of efficacy were also diagnosed with Medication Overuse Headache.

Remarkably, among the **ten patients** who **completed the follow up**, mean **MHD** saw a substantial, decreasing by 16.1 days (from 19.4 to 3.3 days). **83% reduction.** Similarly, **MIDAS** scores demonstrated a significant **70.1% reduction** in migraine-related disability (from 21.1 to 6.3). Notably, every patient completing the study experienced improvement in both MHD and MIDAS scores.

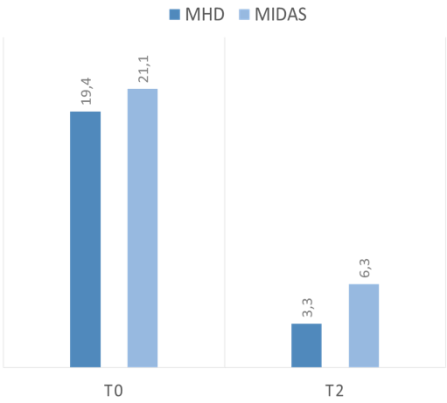

Fig.1: MHD and MIDAS scores at T0 and T2

CONCLUSIONS

In this real-world observational study, atogepant demonstrated **substantial effectiveness in reducing monthly headache days and migraine-related disability after 24 weeks of treatment** in patients with both episodic and chronic migraine. These findings support atogepant's role as a promising preventive option in clinical practice, particularly for patients with multiple prior treatment failures.

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