MEDBRIEF

Erenumab Offers Relief for MOH in Chronic Migraine

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TOPLINE:

Erenumab, injected monthly at 140 mg, can effectively induce remission of nonopioid medication overuse headache (MOH) in patients with chronic migraine within 6 months. The treatment also significantly reduces the number of acute headache medication days (AHMDs).

METHODOLOGY:

- Researchers conducted a phase 4, double-blind, parallel-group, randomized, placebo-controlled study at 67 centers across North America, Europe, and Australia from October 2019 to November 2022.
- The study included 584 adults (mean age, 44 years; 82.5% women) with chronic migraine, at least one prevention failure, and nonopioid MOH at baseline.
- Participants in the nonopioid-treated group were randomly assigned (1:1) to receive either 70 mg or 140 mg of erenumab or a placebo, administered subcutaneously once monthly for 24 weeks.
- The primary endpoint was MOH remission at 6 months, defined as < 10 mean monthly AHMDs.
- Secondary endpoints included changes from baseline in mean monthly

AHMDs and sustained remission of MOH. Adverse events (AEs) were monitored.

TAKEAWAY:

- At 6 months, MOH remission was achieved in 69% of participants receiving 140 mg erenumab ($P < .001$) and 60% of those receiving 70 mg erenumab ($P = .13$) vs 53% of those receiving placebo.
- The average monthly AHMDs decreased from baseline by 9.4 days in the 140 mg group ($P < .001$) and by 7.8 days in the 70 mg group ($P = .03$), compared with 6.6 days in the placebo group.
- Sustained MOH remission throughout the double-blind treatment period was achieved by 61% in the 140 mg group ($P < .001$) and 49.5% in the 70 mg group ($P = .02$) vs 38% in the placebo group.
- A total of 67% of participants reported treatment-emergent AEs in the combined erenumab group. AEs were consistent with the known safety profile of erenumab, with constipation and COVID-19 being most common.

IN PRACTICE:

"The change for clinical care will be that practitioners can start patients with MOH on erenumab and expect a likelihood of MOH remission for most without other interventions, such as planned wean, inpatient detoxification, or behavioral therapies. This will simplify and improve care of MOH patients," lead author Stewart J. Tepper, MD, New England Institute for Neurology and Headache, Stamford, Connecticut, said in a press release.

SOURCE:

The study was published online on September 16, 2024, in *JAMA Neurology*.

LIMITATIONS:

The safety and efficacy of erenumab were not evaluated outside of the context of migraine. The 24-week double-blind treatment period may not have captured the long-term effects of pharmacologic treatment in this patient population. Education of patients on medication overuse was at the investigator's discretion and could have influenced outcomes. Participants experiencing chronic daily headache with no pain-free periods were excluded, which may have led to a selection bias. Further, this study had limited ethnic representation with predominantly White participants.

DISCLOSURES:

The study was funded by Amgen. Several authors disclosed receiving personal fees, research funding, and holding consulting or advisory roles with various pharmaceutical companies. Some authors also reported having stock ownership, patents, or involvement with nonprofit organizations, clinical trials, and receiving continuing medical education honoraria. Details are provided in the original article.

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