



## Observational analysis of 12 years-experience with OnabotulinumtoxinA in the treatment of chronic migraine treated in a tertiary headache center

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### Introduction

Migraine is a very prevalent neurological disease and often disabling. Chronic migraine (CM) is a severe form of migraine characterized by recurrent headache, which occurs on at least 15 days per month, for a period superior to three months. The treatment of MC is challenging and involves a multimodal approach. Botulinum toxin type A (TBA) - OnabotulinumtoxinA - has been a promising treatment option for MC, especially for those patients who do not respond to other therapies. In our service, we started applying TBA for MC in August 2011, it was the first Brazilian service funded by the SUS to carry out such treatment.

### Objective

To demonstrate real-life data on long-term follow-up of patients with super-refractory MC undergoing treatment with TBA followed at the headache outpatient clinic of the HCFMRP-USP.

### Methods

This is a cross-sectional study that analyses retrospective primary data, obtained through HCFMRP-USP medical records. Descriptive analysis was performed using frequency ratios.

### Results

Analyzing the data from 08/25/2011 to 08/31/2023, a total of 81 patients underwent MC treatment with TBA, of which 72 were female and 9 were male. The age at the beginning of the applications ranged from 18 to 70 years old (average of 42.8). Patients underwent an average of 9.7 applications, with the highest number of applications in the same patient was 33. All patients continued to use oral prophylactics. Forty-eight patients left the application protocol, 14 due to resolution of the CM, 14 due to ineffectiveness, 13 lost to follow-up, 4 due to side effects (1 due to allergic reaction on the second application, 1 due to eyelid ptosis, 1 due to weakness cervical and 1 due to worsening of the psychiatric condition that the patient associated with the application of TBA) and 3 due to pregnancy.

### Conclusion

Although treatment with TBA for MC has proven efficacy in several clinical trials, the experience of our service allowed us to verify that a large proportion of patients, despite showing a satisfactory response to sequential applications of TBA, will not return to episodic migraine without the use of the toxin in association with oral prophylactics, requiring use for a very long time to maintain adequate pain control. A reasonable hypothesis for this finding in our outpatient clinic is that, as it is a public service, with limited funding, our patients undergoing treatment with TBA are much more complex than those in the previous protocols and already had documented refractoriness to other treatments available before treatment with TBA is indicated.

**Keywords:** Botulinum toxin; Chronic migraine; Treatment.