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AHS CONSENSUS STATEMENT

The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice

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Abstract

Objective: To incorporate recent research findings, expert consensus, and patient perspectives into updated guidance on the use of new acute and preventive treatments for migraine in adults.

Background: The American Headache Society previously published a Consensus Statement on the use of newly introduced treatments for adults with migraine. This update, which is based on the expanded evidence base and emerging expert consensus concerning postapproval usage, provides practical recommendations in the absence of a formal guideline.

Methods: This update involved four steps: (1) review of data about the efficacy, safety, and clinical use of migraine treatments introduced since the previous Statement was published; (2) incorporation of these data into a proposed update; (3) review and commentary by the Board of Directors of the American Headache Society and patients and advocates associated with the American Migraine Foundation; (4) consideration of these collective insights and integration into an updated Consensus Statement.

Results: Since the last Consensus Statement, no evidence has emerged to alter the established principles of either acute or preventive treatment. Newly introduced acute treatments include two small-molecule calcitonin gene-related peptide (CGRP) receptor antagonists (ubrogepant, rimegepant); a serotonin (5-HT_{1F}) agonist (lasmiditan); a nonsteroidal anti-inflammatory drug (celecoxib oral solution); and a neuromodulatory device (remote electrical neuromodulation). New preventive treatments include an intravenous anti-CGRP ligand monoclonal antibody (eptinezumab). Several modalities, including neuromodulation (electrical trigeminal nerve stimulation, noninvasive vagus nerve stimulation, single-pulse transcranial magnetic stimulation) and biobehavioral therapy (cognitive behavioral therapy, biofeedback, relaxation therapies, mindfulness-based therapies, acceptance and commitment therapy) may be appropriate for either acute and/or preventive treatment; a neuromodulation device may be appropriate for acute migraine treatment only (remote electrical neuromodulation).

Abbreviations: AE, adverse event; CGRP, calcitonin gene-related peptide; DHE, dihydroergotamine; FIS, Functional Impairment Scale; HIT, Headache Impact Test; HRQoL, health-related quality of life; ICHD-3, International Classification of Headache Disorders, 3rd edition; IM, intramuscular; IV, intravenous; mAbs, monoclonal antibodies; MFIQ, Migraine Functional Impact Questionnaire; MHD, monthly headache day; MIDAS, Migraine Disability Assessment; Migraine-ACT, Migraine Assessment of Current Therapy; MMD, monthly migraine day; MPFID, Migraine Physical Function Impact Diary; MSQ, Migraine-Specific Quality of Life; mTOQ, Migraine Treatment Optimization Questionnaire; NSAID, nonsteroidal anti-inflammatory drug; PGIC, Patient Global Impression of Change; PPMQ-R, Patient Perception of Migraine Questionnaire-Revised; SC, subcutaneous; WPAI, Work Productivity and Activity Impairment.

