



WHY INTERRUPT A SUCCESSFUL TREATMENT?

DO WE NEED DRUG HOLIDAYS? CON

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Disclosures:

Allergan-Abbvie, Eli Lilly, Lundbeck, Roche,

Novartis, Pfizer, Teva





SLIDING DOORS





CASE STORY

- Helen age 42, married with John, one child Karen age 14, two dogs
- Working full time as an accounting manager

MIGRAINE HISTORY:

- Migraine since 13
- Chronic since 30
- Tried 4 oral prophylactic medications
- Started CGRP antibody treatment in 2023
- From 20 migraine days to 8
- 3-4 of her attacks are usually around the days before her injections

2 SCENARIOS

• Helen I

- Taken off her prophylactic medication in February
- Increasing frequency of attacks
- Need of more and more triptans
- Sick leave from March
- Crises at work- annual settlement
- Marital problems - divorce
- Karen chooses to live with John
- John stays in the house and takes the dogs
- Severe migraine on Karen's confirmation day
- Doctors' appointments rescheduled due to a migraine attack
- Has to wait to re-start prophylactic treatment until next appointment

Helen II

- Discussing treatment interruption with her HA specialist
- Agreeing that this is not a good time
- In the consultation there is now time to discuss her marital problems as well as her migraine issues
- Referred to marriage counselling
- Saves her marriage
- She is migraine free on Karen's confirmation day



WHICH HELEN WOULD YOU LIKE TO BE?



Helen 1



Helen 2

SCHEDULED TREATMENT INTERRUPTION



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- Treatment discontinuation frequently leads to a significant increase in migraine frequency and medication use
- Patients who interrupted prophylactic treatment with an CGRP inhibitor for three months documented a marked increase in both migraine days and analgesic use, despite earlier clinical improvements
- A study by Gantenbein et al. showed that the migraine days more than doubled 3 months after treatment interruption of CGRP inhibitor treatment

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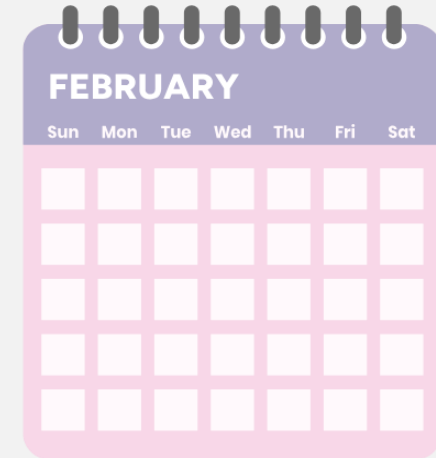
Neurology: Clinical Practice December 2021 vol. 11 no. 6 e834-e839 doi:10.1212/CPJ.0000000000001112

DO NOT STOP THE TREATMENT REGULARY



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- CGRP inhibitors obviously do not cure migraine
- Disruption leads to unnecessary suffering and potential long-term health burdens
- **Treatment interruption can result in the rapid deterioration of migraine control**
- This temporary worsening significantly impacts patients' quality of life
- Continuous prophylactic therapy should therefore be prioritized over periodic treatment cessation to maintain optimal disease control and prevent relapse.



1. COST-EFFECTIVENESS



- *“CGRP inhibitors are expensive, and ongoing treatment may place a significant financial strain on healthcare systems - not because the medication in itself is very expensive, but because so many patients are in need of this treatment”*
- What is more expensive? An injection every month or one single sick day?
- 7,2% of all people in Norway are now on sick leave
- 18,4 % of people in working age was not working or studying in Norway in 2023



Treatment interruption can result in the rapid deterioration of migraine control



2. AVOIDING UNNECESSARY TREATMENT

- *“A treatment interruption could help assess whether a patient still requires therapy, or if they can maintain improvements without ongoing medication”*
- Do you have patients that like to inject themselves with a medication every month if it did not help?

Treatment interruption can result in the rapid deterioration of migraine control



3. REDUCTION OF LONG-TERM MEDICATION EXPOSURE

- *“Scheduled breaks allow for regular reassessment of a patient's condition, minimizing potential long-term risks”*
- Long-term studies have shown good safety profiles for all CGRP inhibitors

Treatment interruption can result in the rapid deterioration of migraine control



4. TOLERANCE DEVELOPMENT

- *“Prolonged continuous use of certain drugs could lead to reduced effectiveness over time. Scheduled breaks could theoretically prevent any potential reduction in drug efficacy by giving the body a “reset” period”*
- There’s no evidence that CGRP inhibitors cause tolerance

Treatment interruption can result in the rapid deterioration of migraine control

5. PATIENT AUTONOMY AND PSYCHOLOGICAL BENEFITS



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- *“Offering patients the option of treatment interruption allows them to regain a sense of control over their care”*
- I have no problem with suggesting a treatment interrupting – WHEN time is there
- Our health minister or someone at the Norwegian Medicines Agency–don’t know when that is
- The patient and I should be the ones to find the right time for stopping

Treatment interruption can result in the rapid deterioration of migraine control



6. ADHERENCE TO GUIDELINES

- Current clinical guidelines in some countries have reimbursement policies that demands reassessing the need for prophylactic migraine therapy after 12 months – for a period of 1 to 3 months - every year!
- In Norway this was suggested as well- but the Norwegian patient organization among others rapidly made the parliament change this decision

Untimely treatment interruption can result in the rapid deterioration of migraine control



TAKE HOME MESSAGE

- We have an education that provides us with an ability to make decisions for the very best for our patients
- We should decide when to stop any treatment – in agreement with the patient
- We are dedicated and we can not be the reason for our patients **deterioration of migraine control** due to regulations



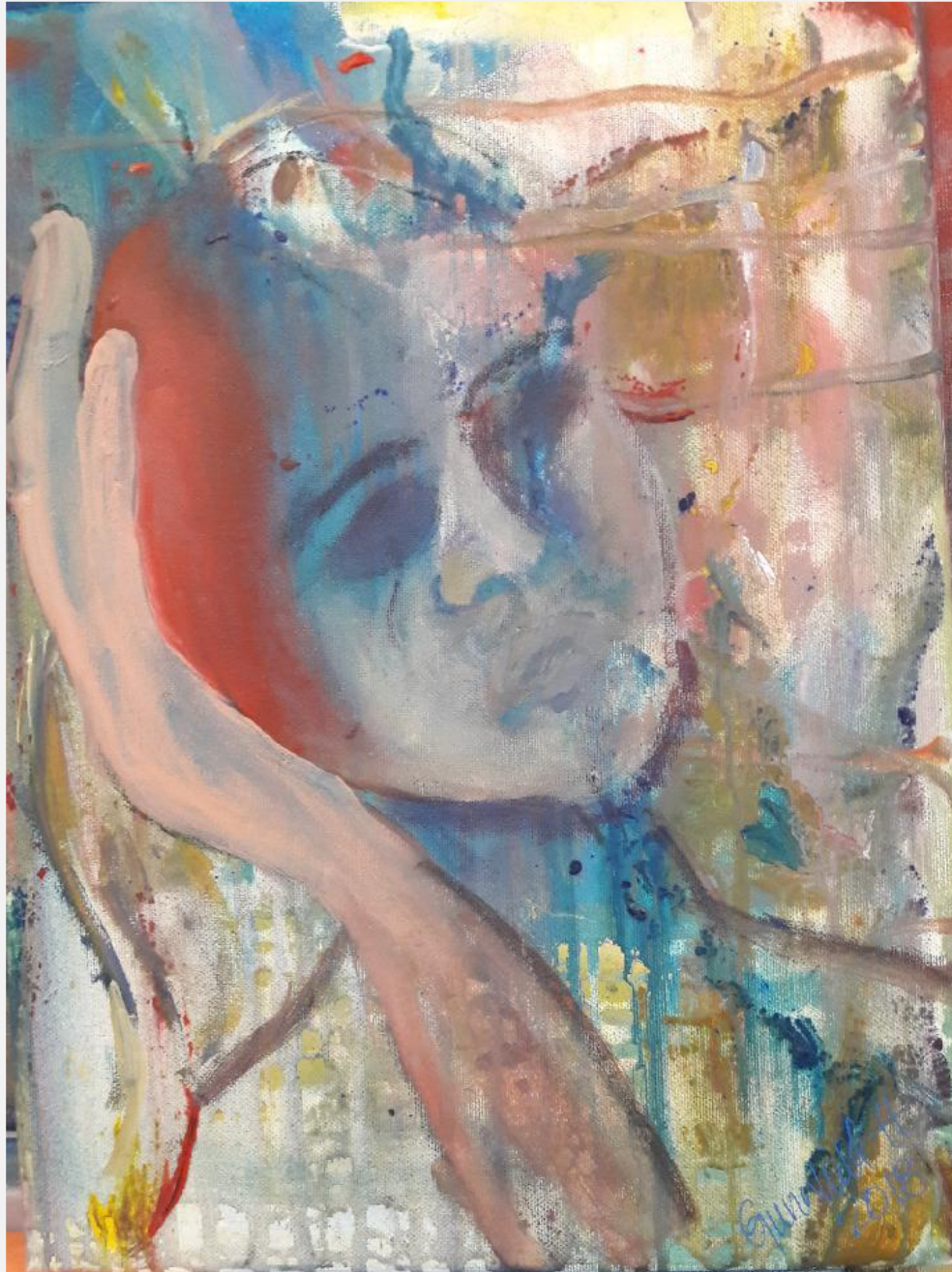
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