



Topic

The Latest Developments in Migraine Research

Speaker

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Title & Organization

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KEY TAKEAWAYS

- Combination therapy can be more effective than single-agent therapy. Reimbursement for combination therapies is now more readily supported, including the combined use of Botox with CGRP monoclonal antibodies.
- Two gepants have been approved for prevention: rimegepant (Nurtec ODT), the first to be approved for both acute and preventive treatment; and atogepant (Qulipta).
- Similar to CGRP is PACAP (pituitary adenylate-cyclase-activating polypeptide), a peptide neurotransmitter found in the brain areas implicated in migraine. Future acute or preventive treatments might focus on antibodies that block PACAP.
- New treatments that bypass the gut by utilizing the highly absorptive intranasal space include Trudhesa (DHE); a relatively new formulation of sumatriptan; and zavegepant, the first gepant delivered intranasally.
- Another new delivery system that bypasses the gut is the zolmitriptan patch that contains tiny needles.

TREATMENTS CITED

Atogepant	Gepants
Beta blockers (propranolol)	Neuromodulation devices
Botox	NSAIDs
Celecoxib	Onzetra-Xsail
CBT	Rimegepant (Nurtec)
CGRP monoclonal antibodies	SPG blocks
Combination therapies	Sumatriptan (nasal and subcutaneous)
DHE	Trudhesa
Ditans	Zavegepant
Divalproex sodium	Zolmitriptan
Eptinezumab (Vyepsti)	

QUOTES

“There's been a huge recent investment, both in pharmaceutical therapies and devices ... that reflects ... powerful animal models — basic science models — that have allowed us to discover pathways that play a crucial role in migraine ... That process of going from the laboratory to the clinic is substantially driven on the identification of treatable pathways that will lead to disease improvement ... That accounts for the explosion of interest from medicine and device companies ... they provide clinicians like me the tools ... to help our patients do better.”

“Behavioral intervention is always the platform that supports good headache management with drugs and devices. People with more severe migraine, with stress as a trigger, with comorbid depression, or who don't get benefits from pharmacotherapy and devices alone, may be the best candidates for CBT.”

“Headache therapeutics has never been better ... it's been an astonishing five years with the emergence of CGRP-targeted therapies and ditans and devices. And the pipeline looks really robust ... One of our challenges will be to figure out how to optimize and prioritize treatments when we give new therapies to people.”

“What we don't know enough about is which treatment will be best for a specific patient ... there are two forms of progress I'm looking forward to: one is the identification of more and more effective treatments, and the other is the development of effective strategies, so we get treatment right the first time.”

“Migraine is underfunded because after all, it's the world's second-leading cause of years lived with disability. And so, if we use as our metric, funding per patient with migraine or funding per year with lived disability, migraine is horrendously underfunded.”