Migraine treatment: Position paper of the French Headache Society

MIGRAINE

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The French migraine management recommendations were published in 2021. However, in the last three years, new data have come to light and new drugs have been approved (eptinezumab, rimegepant and atogepant) by the European Medicines Agency that require us to take a position on their use and to update certain elements of the recommendations.
The first important message concerns the position of the French Headache Society on the use of preventive treatments (monoclonal antibodies and gepants) targeting the calcitonin gene-related peptide (CGRP) pathway. In terms of efficacy and safety, and as suggested by other national headache societies, these treatments can be offered as first-line treatment, although the scope defined by the French national health authority for possible reimbursement is limited to patients with severe migraine, at least eight headache days per month and Since the publication of the latest French recommendations for the management of migraine in adults, concerning diagnosis [1], drug treatments [2] and non-drug therapies [3], a number of important points need to be clarified. It is important to underline that the management of migraine has evolved considerably in recent years, thanks to improved knowledge of the pathophysiology of migraine. Indeed, the discovery in the 1980s of the key role played by calcitonin generelated peptide (CGRP) in the development of migraine pain led to the development of new targeted therapies [4,5]: monoclonal antibodies targeting CGRP or its receptor, and non-peptide small molecule CGRP receptor antagonists known as gepants. The main point of this article refers to the position taken by the French Headache Society on the use of the four monoclonal antibodies targeting the CGRP pathway (in alphabetical order, eptinezumab, erenumab, fremanezumab, galcanezumab) and the gepants. With the arrival of atogepant and rimegepant on the French market, these compounds must be positioned in the therapeutic armamentarium. Another very important point concerns the potential neurodevelopmental risk highlighted for topiramate, which was not clearly known when the 2021 guidelines were published and which now justifies extreme caution when using this drug in women of childbearing age.

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