BOTULINUM TOXIN TYPE A IN THE TREATMENT OF CHRONIC MIGRAINE IN AN NHS PAIN CENTRE

R. Carganillo, Dr C. Fenech, S. Wesley, A. Woolfenden, J. Smart, Dr T. Smith

Pain Management and Neuromodulation Centre, St Thomas' Hospital, Westminster Bridge Road, London, UK

Introduction

Chronic migraine is defined by the International Headache Society as the occurrence of headaches on 15 days or more per month for at least 3 months with attacks fulfilling criteria for migraine on at least 8 days per month. 1.2-2.2% of the adult population suffer chronic migraine. Following the PREEMPT trials, Botulinum Toxin A (Botox) was approved by NICE (National Institute for Health and Care Excellence) for the treatment of chronic migraine. Our pain centre was an earlier adopter of this treatment.

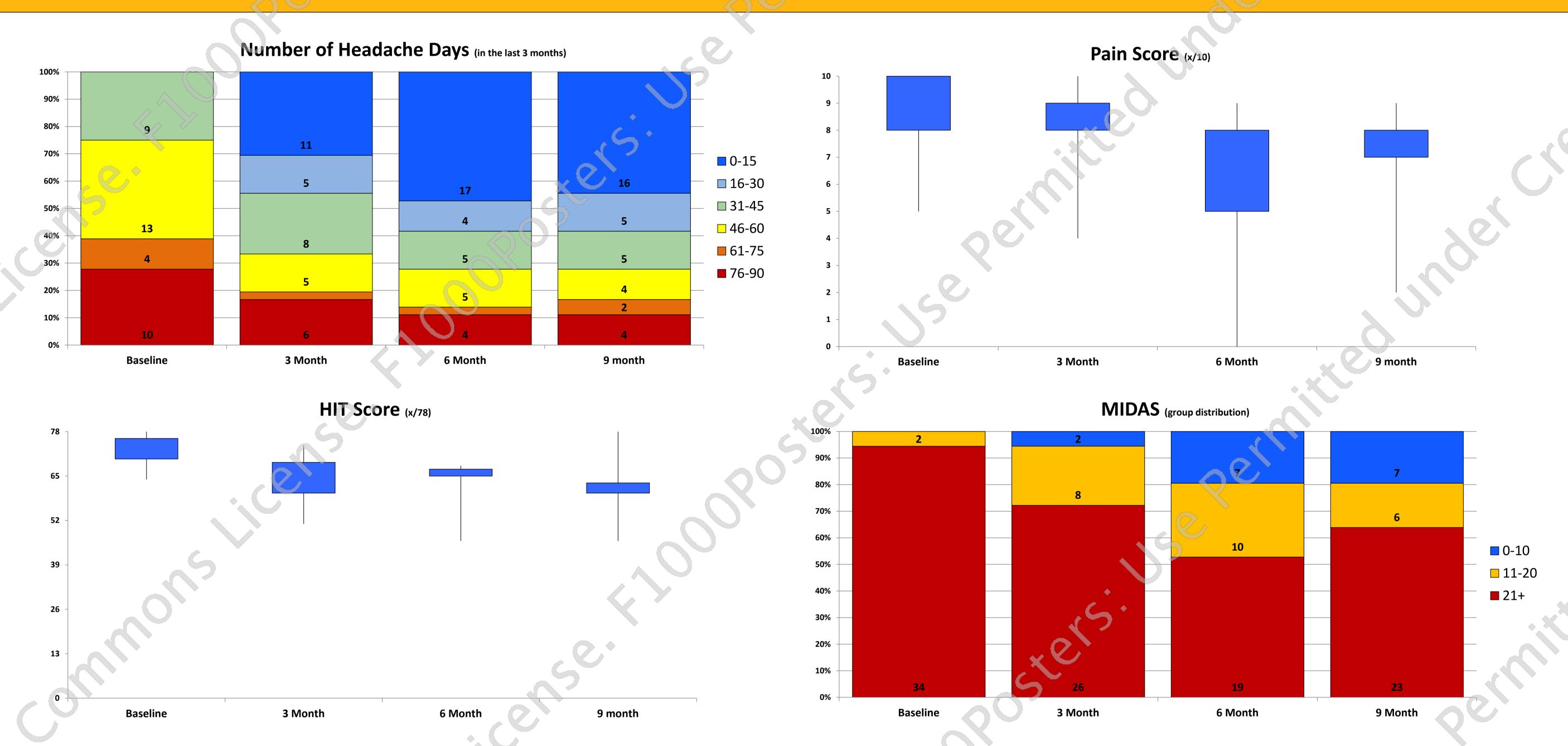
Methods

AIMS

This is a prospective open-label study on the efficacy and safety of Botox treatment in chronic migraine. This study is an audit of outcome and therefore did not need ethical approval.

- Patients with chronic migraine with or without medication overuse, who failed conventional oral migraine preventive medications (tricyclic antidepressants, beta-blockers, antiepileptics), were offered 2 treatments of Botoxin A, 3 months apart.
- •<u>The Botox treatment was performed according to the PREEMPT paradigm</u> (31 injections, 155 U), though in some patients the "follow the pain" paradigm was used.
- Outcome measures included: Pain scores, number of headache days, HIT-6 and MIDAS.
- •<u>Responders</u>: patients with at least 30% reduction in headache load were considered responders and in responders, further 3 monthly treatments were offered.
- •<u>Headache diaries and disability scores</u> were assessed at baseline, 3 months, 6 months and 9 months following each Botox Injection. 36 consecutive pain diaries were audited.

Results (n=36)



- Responder rate: 95% after 2 treatments. (2 non responders)
- There have been no serious adverse events. The main side effects reported were tenderness over injection sites and mild neck weakness.
- 61% of chronic migraine patients became episodic at 9 months follow-up.

Conclusion

- Our audit supports the use of Botox treatment in patients with chronic migraine.
- Botox treatment led to significant improvement of the headache the majority of our patients. Remarkably, a significant proportion of patients became episodic.
- The treatment was fairly well tolerated with only minor side effects noted.
- Botox treatment for chronic migraine should be used in Pain Management Centres. However, give its specific indication, it is important that a correct diagnosis is made and that at least 3 preventive treatments are tried before offering it, according to NICE guidelines.

