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CGRP antibodies will become the treatment of choice for chronic migraine . No

The International Headache Society defines chronic migraine as more than fifteen headache days per month over a three month period of which more than eight are migrainous, in the absence of medication overuse. Episodic migraine is the other migraine sub-type, which is defined as less than 15 headache days per month

We always start the preventive treatment in combination with a detoxification programme in the cases where the patient fulfils analgesic overuse criteria. Many different strategies and drugs have been proposed to treat this difficult condition (steroids, NSAIDs, different antidepressants, antiepileptic, ect.,but only topiramate and onanobotulinumtoxinA have proved their efficacy in clinical trials. Other alternatives with less evidence could be valproic acid, propranolol or a combination of different therapeutic approaches. With this approach we obtain a very good response in 30-40% of patients and a good response in another 30-35%.

The importance of Calcitonin gene-related peptide (CGRP) in the pathogenesis of migraine is well characterized. Several trials with different compounds have proved the efficacy of the migraine anti-CGRP antibodies in episodic migraine. A multicenter, randomized trial using two different doses of a humanized monoclonal antibody (TEV-41825) against placebo has been published. The patients included were allowed to use up to 2 different preventives in a stable dose. The trial was positive with a reduction in headache-hours of any severity, in the number of moderate or severe headache-days, and significant difference in number of days on which triptans were used between the placebo group and each of the TEV-48125 dose groups. The tolerability was good with no serious adverse events. But the percentage of reduction in these parameters were not superior to the actual

treatments. Besides, around of 40% of patients were using at least one additional preventive.

Bearing in mind these data and also the possible cost of these biological compounds, the anti-CGRP antibodies will be an alternative, but not the treatment of choice in the management of chronic migraine