Reasons for Discontinuing Triptans Among Current Users of Rimegepant for the Acute Treatment of Migraine in the CONFIDENCE Study

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INTRODUCTION

- Triptans are a common disease-specific therapy for the acute treatment of migraine. Although many people respond well to triptans, they are not suitable or effective for all. Persistence can be low, and insufficient response or intolerance are commonly reported (in up to ~40% and ~30% of patients, respectively).[1]
- Evidence describing the reasons behind triptan discontinuation is broad, and characterization of the population who have found triptans to be unsuitable is lacking.[1]
- People living with migraine who are not suitable for triptans require alternative treatment.
- Rimegepant is a new treatment indicated for acute treatment of migraine and prevention of episodic migraine.[2,3] Rimegepant works by antagonizing the calcitonin gene-related peptide (CGRP) receptor.[2,3]
- The prospective, observational CONFIDENCE study recently evaluated the effectiveness of rimegepant for the acute treatment of migraine over multiple attacks. Participants lived in the United States and were prescribed rimegepant for the acute treatment of migraine, with or without preventive therapy.
- This analysis used data from CONFIDENCE to better understand the reasons behind triptan discontinuation in people who used rimegepant for the acute treatment of migraine.

METHODS

- CONFIDENCE (NCT06467370) was an observational, prospective, real-world study in people who used rimegepant for the acute treatment of migraine in the United States.
- To enroll in CONFIDENCE, participants must have met the following criteria:
  - Age ≥18 years.
  - 3 to 14 headache days in the past 30 days.
  - Rimegepant prescription for the acute treatment of migraine and plan to use rimegepant to treat a migraine attack during the next 30 days.
  - Not using rimegepant as preventive treatment (most others were permitted).
  - No diagnoses of cluster headache, post-traumatic headache, new daily persistent headache, hemicrania continua, or chronic daily headache.
- Participants completed the study via a custom interface hosted on the Migraine Buddy app®.[4]
- The study comprised screening and baseline questionnaires, a 28-day observation period (where participants completed a daily diary describing migraine characteristics and treatments), and a study completion questionnaire.
- The majority of data for this analysis were collated from the baseline questionnaire where participants reported on their demographics and clinical characteristics, including current triptan use, the number of triptans they had previously used and discontinued (lapsed), and the reasons behind these lapses (all that applied from 9 pre-selected items).
- Migraine Treatment Optimization Questionnaire-4 (mTOQ-4) scores were collected on the study completion questionnaire to reflect on the effectiveness of each participant's current migraine treatment.
- Differences between groups were tested using a linear-by-linear association.

RESULTS

- The CONFIDENCE study population included 416 participants with ≥1 recorded rimegepant-treated migraine attack.
- Among these participants, mean age was 39.6 (SD 10.9) years, 86.1% were female, and 90.4% were White.
- 370 participants had ≥1 lapsed triptan, comprising 132 (31.7%) with 1 lapsed triptan, 134 (32.2%) with 2 lapsed triptans, and 104 (25.0%) with ≥3 lapsed triptans.
  - The maximum number of lapsed triptans reported was 7 (in 1 participant).

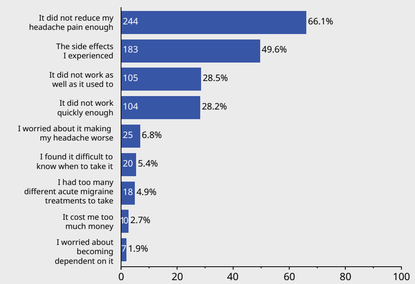
Table: Baseline demographics and clinical characteristics

	Number of lapsed triptans			
	≥1 *N*=370	1 *n*=132	2 *n*=134	≥3 *n*=104
Age, mean (SD), years	39.6 (10.8)	38.2 (10.7)	39.0 (10.0)	42.1 (11.7)
Female sex, *n* (%)	322 (87.0)	115 (87.1)	117 (87.3)	90 (86.5)
White race, *n* (%)	340 (91.9)	120 (90.9)	123 (91.8)	97 (93.3)
BMI, mean (SD), kg/m^2	30.0 (7.6)	30.2 (7.4)	30.6 (7.8)	29.1 (7.5)
Headache days in the past 30 days, *n* (%)				
0 to 3	19 (5.1)	6 (4.5)	6 (4.5)	7 (6.7)
4 to 7	145 (39.2)	45 (34.1)	60 (44.8)	40 (38.5)
8 to 14	206 (55.7)	81 (61.4)	68 (50.7)	57 (54.8)
MIDAS classification, *n* (%)				
None to mild disability (score 0–10)	40 (10.8)	13 (9.8)	14 (10.4)	13 (12.5)
Moderate to severe disability (score ≥11)	330 (89.2)	119 (90.2)	120 (89.6)	91 (87.5)
Current triptan user, *n* (%)	103 (27.8)	59 (44.7)	25 (18.7)	19 (18.3)

Includes participants with ≥1 rimegepant-treated migraine attacks in the study and ≥1 prior lapsed triptan.
BMI=body mass index; MIDAS=Migraine Disability Assessment Score

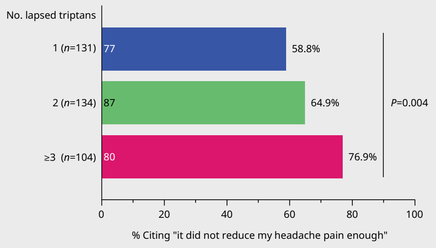
- Among participants with 1, 2, and ≥3 lapsed triptans, mean age was 38.2, 39.0, and 42.1 years, respectively (**Table**). A comparable proportion of participants in each subgroup were female (86.5% to 87.3%) and of White race (90.9% to 93.3%).
- Headache days in the past 30 days were broadly similar across participants with 1, 2, or ≥3 lapsed triptans.
- Of participants with 1, 2, and ≥3 lapsed triptans, 90.2%, 89.6%, and 87.5%, respectively, reported a Migraine Disability Assessment Score classification suggesting moderate to severe disability.
- Current triptan use was higher among participants with 1 lapsed triptan (44.7%) as compared with participants with 2 (18.7%) or ≥3 (18.3%) lapsed triptans.
- Among the 369 participants who provided responses, the most common reasons for prior triptan lapses were (**Figure 1**):
  - Not reducing headache pain enough (66.1%).
  - Side effects (49.6%).
  - Not working as well as it used to (28.5%).
  - Not working quickly enough (28.2%).
- Several reasons were more common in participants who had lapsed higher numbers of triptans:
  - Not reducing headache pain enough (*P*=0.004; **Figure 2**).
  - Not working as well as it used to (*P*=0.033; **Figure 3**).
  - Not working quickly enough (*P*=0.034; **Figure 4**).
- Side effects were a common reason and reported in similar proportions of participants who had lapsed 1, 2, or ≥3 triptans (*P*=0.481; **Figure 5**).
- At the end of the study, 299 (80.8%) of the 370 participants with ≥1 lapsed triptan reported an mTOQ-4 score indicating moderate or maximum treatment optimization (score of 6 to 8), including comparable proportions of participants with 1, 2, or ≥3 lapsed triptans (**Figure 6**).

Figure 1: Reasons for prior triptan lapse



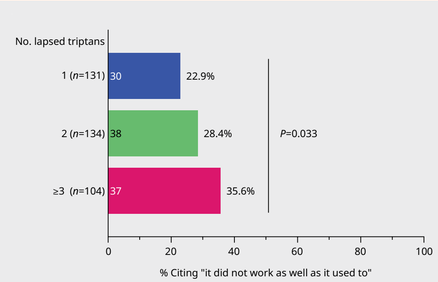
Participants could select all reasons that applied.
Number in the bar = number of participants who selected the reason from all 369 with responses.

Figure 2: Reason: "It did not reduce my headache pain enough"



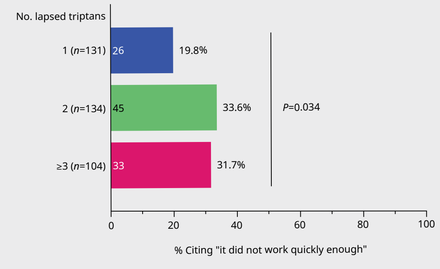
P value is from a linear-by-linear association between 1, 2, and ≥3 triptans lapsed.
Number in the bar = number of participants who selected the reason.

Figure 3: Reason: "It did not work as well as it used to"



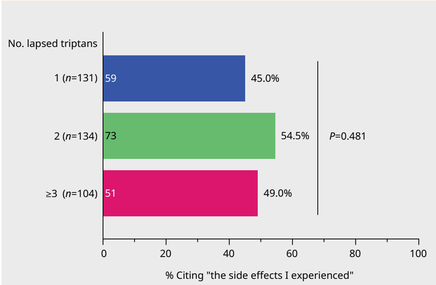
P value is from a linear-by-linear association between 1, 2, and ≥3 triptans lapsed.
Number in the bar = number of participants who selected the reason.

Figure 4: Reason: "It did not work quickly enough"



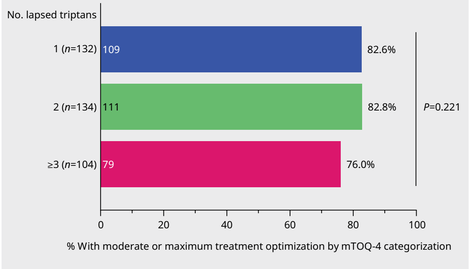
P value is from a linear-by-linear association between 1, 2, and ≥3 triptans lapsed.
Number in the bar = number of participants who selected the reason.

Figure 5: Reason: "The side effects I experienced"



P value is from a linear-by-linear association between 1, 2, and ≥3 triptans lapsed.
Number in the bar = number of participants who selected the reason.

Figure 6: Treatment optimization on rimegepant



P value is from a linear-by-linear association between 1, 2, and ≥3 triptans lapsed.
Number in the bar = number of participants with mTOQ4 scores indicating moderate or maximum treatment optimization.
mTOQ-4=Migraine Treatment Optimization Questionnaire-4.

CONCLUSIONS

- Insufficient pain reduction, side effects, not working as well as it used to, and not working quickly enough were the 4 most common reasons for triptan lapse in users of rimegepant for the acute treatment of migraine.
- Side effects were reported as a reason for lapse in approximately half of all participants. This proportion was not influenced by the number of triptans lapsed.
- The other 3 most common reasons were more frequently reported in participants with more lapsed triptans.
- A high proportion (81%) of participants with lapsed triptans who used rimegepant as acute migraine therapy reported moderate or maximum treatment optimization.

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4. Migraine Buddy® https://migrainebuddy.com.

DISCLOSURES

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