

## Headache Centre

---

# CGRP monoclonal antibodies (mAbs) for migraines

**This leaflet will answer your questions about what CGRP mAbs are, how we use them to treat migraines, and what happens after your treatment. If you have any further questions or concerns, please do not hesitate to contact a doctor or nurse caring for you.**

### What is a migraine?

A migraine is a common neurological (to do with the nervous system) condition characterised by recurrent, severe, throbbing headaches that can last for hours or days. The headaches are often accompanied by nausea, and sensitivity to light, sound and smells. Some people experience an aura before the migraine headache begins. This can include disturbances of vision (for example, flashing lights, zig-zag lines or blurred vision) or smell, or dysphasia (difficulties with speech).

Current treatments for migraine include acute (also known as abortive) treatments and preventive treatments.

Acute treatments aim to stop the migraine symptoms. These include: analgesics (painkillers), anti-emetics (for sickness), or specific migraine abortive treatments called triptans. Preventive treatments aim to reduce how often you get the migraines, and the severity of the migraine.

Common preventive medications include beta-blockers, anticonvulsants, calcium channel blockers and antidepressants – none of which were originally developed as migraine treatments, but have been found to be helpful. The only two currently licensed preventive treatments for chronic migraine are Topiramate and botulinum toxin type A (Botox®). Other treatments include devices that send out magnetic and/or electrical stimulation which can be used as both acute and preventive treatments.

### What are CGRP mAbs and how do they work?

Calcitonin gene-related peptide (CGRP) is a small protein found in nerve cells. When CGRP binds to receptors on these cells, it magnifies their response to stimulation. It also causes widening of blood vessels. Studies have shown that during a migraine attack the release of CGRP is probably increased. mAbs' role is to stop CGRP binding to the cells and reduce the activity of cells involved in migraines.

## How do we decide whether CGRP mAbs are appropriate?

CGRP mAbs are licensed as a treatment for patients with a diagnosis of chronic migraine. To be treated with them you are also required to:

- have failed to respond to a number of different migraine preventatives
- not be taking too many acute medications (including triptans) on a regular basis
- have completed a headache diary for at least one month.

Please make sure that you inform your doctor if you:

- have a history of cardiovascular diseases, such as myocardial infarction (heart attack), stroke, transient ischaemic attacks, unstable angina or coronary artery bypass surgery
- have had a bad reaction to CGRP mAbs in the past
- are allergic to latex
- have an infection at or around any of the areas to be injected
- are planning a pregnancy, pregnant or breast feeding

## Consent – asking for your consent

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

## Will it help my headache?

This is difficult to predict with any certainty, but your doctor will have suggested it because they felt that this treatment is worth trying, and most people do benefit from it. Please note that the benefit from this treatment varies from patient to patient. To assess the benefit, you will be offered three injections, one month apart, before deciding if this is a good treatment for you.

## What happens during the treatment?

You will receive an appointment to come to the clinic for at least the first three injections that will be given, usually once a month. Following an assessment based on your headache diary and headache impact questionnaire, a member of the staff will perform a single injection of the antibody. Injection sites may include the abdomen, thigh, or upper arm. Some patients may require a double dose (two injections) if a previous single injection did not provide sufficient benefit.

## Are there any side effects?

Like all medicines, CGRP mAbs can have side effects, although in the clinical trials it was well tolerated. The most common side effects include injection site reactions (1 in 20 or 5%); constipation (up to 1 in 33 or 1-3%); muscle spasms (up to 1 in 50 or 1-2%) and pruritus (itching, up to 1 in 50 or 1-2%).

## What happens after the treatment?

We ask all of our headache patients to complete a headache diary every day, before and after this treatment. This will have been sent or given to you already. These can be used to identify headache patterns, trigger factors and assess your response to a particular treatment. You will also be asked to complete a Headache Impact Test (HIT-6). This information will be collected in clinic during your follow-up appointments and used to help us determine whether or not to continue the treatment.

Failure to bring your headache diary to clinic means that it is difficult for the clinician to assess your response to the injections, and may result in the treatment being stopped.

If you experience a significant improvement from the injections, and this is reflected in your headache diaries and HIT-6 questionnaires, we will probably repeat this treatment, initially at one month intervals, but this may be extended dependent on your response. This will be discussed with you at each visit to clinic. Depending on how well you tolerate the injections, and on your outcomes, future injections may be self-administered at home through an auto injector pen.

## Useful sources of information

The Migraine Trust, [w: www.migrainetrust.org](http://www.migrainetrust.org)

### Contact us

If you have any questions or concerns about your treatment, please contact the nurse via voicemail, [t: 020 7188 4714](tel:02071884714) or [e: headachenurse@gstt.nhs.uk](mailto:headachenurse@gstt.nhs.uk). We prioritise by clinical urgency, but aim to respond to all messages within a couple of days. Our current office hours are Monday to Friday, 9am-5pm.

If you have any administrative queries regarding appointments or admissions, please [t: 020 7188 8877](tel:02071888877) or [e: gst-tr.PainAppointmentAndAdmissions@nhs.net](mailto:gst-tr.PainAppointmentAndAdmissions@nhs.net)

If you have a significant medical problem or require urgent medical assistance, please then contact your GP in the first instance. If you think it is an emergency, please go straight to your nearest Emergency Department (A&E) or call 999.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [w: www.guysandstthomas.nhs.uk/leaflets](http://www.guysandstthomas.nhs.uk/leaflets)

### Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline. [t: 020 7188 8748](tel:02071888748), Monday to Friday, 9am-5pm

### Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

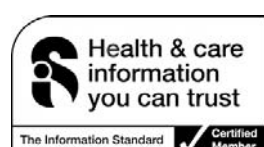
[t: 020 7188 8801](tel:02071888801) (PALS)      [e: pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)  
[t: 020 7188 3514](tel:02071883514) (complaints)      [e: complaints2@gstt.nhs.uk](mailto:complaints2@gstt.nhs.uk)

### Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch. [t: 020 7188 8815](tel:02071888815)      [e: languagesupport@gstt.nhs.uk](mailto:languagesupport@gstt.nhs.uk)

### NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day. [t: 111](tel:111)      [w: 111.nhs.uk](http://www.111.nhs.uk)



Leaflet number: 4701/VER1

Date published: March 2019

Review date: March 2022

© 2019 Guy's and St Thomas' NHS Foundation Trust  
A list of sources is available on request