Headache and pain 1

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Efficacy of Botulinum toxin-A treatment in chronic migraine – First middle east experience

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Introduction: BoNT-A is approved for prophylactic treatment of CM. We aimed to assess the efficacy and safety of Botulinum toxin-A (BoNT-A) in the treatment of chronic migraine (CM).
Methods: This open-label prospective study included 40 CM patients. Each patient received 100 units of BoNT-A following fixed site fixed dose protocol. Patient's headache was assessed by their headache diary and recording Headache Impact test (HIT-6) at baseline and 4 th, 8 th and 12 th weeks following BoNT-A injection. Adverse events (AEs) were monitored. For willing patients, BoNT-A injection was given and they were assessed at 3 months interval.
Results: After BoNT-A treatment, there were reduction in all parameters (headache frequency and severity, analgesic consumption and HIT-6 score) by 35-40% at 4 th weeks, 41-45% at 8 th weeks and 39-42% at 12 th weeks post treatment. At 4 th week, 62.5% of patients achieved good response while, 37.5% indicating no alteration in their headache frequency and severity. At 8 th weeks and 12 th weeks post treatment 30% , 25% respectively were found to have no response to treatment. Five patients (12.5%) experienced mild and short lasting AEs. There was 60-70% improvement of variables after repeated injections.
Conclusions: BoNT-A is effective and well tolerated therapy in the prophylaxis of CM.
Disclosure: Nothing to disclose

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The rs1835740 variant on 8q22.1 in episodic and chronic migraine

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Introduction: The first genome-wide association study (GWAS) has identified the migraine susceptibility variant rs1835740. The rs1835740 variant has no significant influence on the clinical expression of migraine with aura and migraine without aura. rs1835740 is possibly involved in glutamate homeostasis, which plays a crucial role in migraine chronification. The aim of the study was to evaluate the rs1835740 variant prevalence in episodic and chronic migraine.
Methods: 143 patients with migraine (ICHD-III-beta criteria, 2013) were included; all those patients applied to specialized university headache clinic in Moscow region. 97 patients had episodic migraine (EM), 46 had chronic migraine (CM). The age of patients was 41.5±12.5 years. DNA was prepared from blood samples using Magna DNA Prep 200 kit (Isogene Lab. ltd, Russia). Real-time PCR allele discrimination was performed with the qPCRmix-HS kit (Evrogen, Russia). Primers and probes were synthesized by DNA Synthesis, LLC (Russia). Amplification, detection, and data analysis were performed with a CFX-96 real-time detection system (Bio-Rad, USA).
Results: The prevalence of CC genotype of rs1835740 was 78.5% in EM and 79.6% in CM, p=0.8; the prevalence of CT genotype was 20.3% in EM patients and 20.5% in CM patients, p=0.9; the prevalence of TT genotype 1.3% in EM and 0% in CM, p=0.4.
Conclusions: We did not observe significant difference in the rs1835740 variant prevalence among patients with episodic and chronic migraine. We noticed possible lower prevalence of the rs1835740 variant in Russian migraine patients compared with those in West-European population.
Disclosure: Nothing to disclose