MEETING ABSTRACT

Open Access

EHMTI-0052. Efficacy of early vs. late use of frovatriptan combined with dexketoprofen vs. frovatriptan alone in the acute treatment of migraine attacks with or without aura

G Allais^{1*}, V Tullo², P Cortelli³, P Barbanti⁴, F Valguarnera⁵, G Sette⁶, F D'Onofrio⁷, M Curone², G Reggiardo⁸, S Omboni⁹, F Frediani¹⁰, G Bussone², C Benedetto¹

From 4th European Headache and Migraine Trust International Congress: EHMTIC 2014 Copenhagen, Denmark. 18-21 September 2014

Aims

To compare frovatriptan 2.5 mg plus dexketoprofen 25 or 37.5 mg (FroDex 25 and FroDex 37.5) vs. frovatriptan 2.5 mg (Frova) in the acute treatment of migraine attacks in a post-hoc analysis of a double-blind, randomized, parallel-group study. Patients who took the drug within 30 min from the onset of pain (early use, EU) or after (late use, LU) were analyzed.

Methods

314 migraineurs with or without aura treated at least one attack with Frova, FroDex 25 or FroDex 37.5. Traditional migraine endpoints were compared across study drugs in the 279 patients of the full analysis set according to EU (n = 172) or LU (n = 107).

Results

Pain free (PF) at 2-hours in EU was 33% with Frova, 50% with FroDex 25 and 51% with FroDex 37.5 (p = NS), while in LU was 22%, 51% and 50% (p < 0.05 combinations vs. monotherapy), respectively. PF at 4-hours was 54% for EU and 34% for LU of Frova, 71% and 57% with FroDex 25 and 74% and 68% with FroDex 37.5 (p < 0.05 for EU and p < 0.01 for LU vs. Frova). Sustained pain free at 24-hours was 26% under Frova, 43% under FroDex 25 and 40% under FroDex 37.5 (p = NS) in EU, while it was 19% under Frova, 43% under FroDex 25 and 45% under FroDex 37.5 (p < 0.05 FroDex 25 and FroDex 37.5 vs. Frova)

in LU. Risk of relapse at 48-hours was similar (p = NS) among study groups (Frova: 25%, FroDex 25: 21%, and FroDex 37.5: 37%) for both EU and LU (14%, 42% and 32%).

Conclusions

FroDex was found to be more effective than Frova taken either early or late.

Authors' details

¹Department of Gynecology and Obstetrics, Women's Headache Center, Torino, Italy. ²Clinical Neuroscience, National Neurological Institute Carlo Besta, Milano, Italy. ³Neurological Science, University of Bologna, Bologna, Italy. ⁴Headache and Pain Unit Department of Neurological Motor and Sensorial Sciences, IRCCS San Raffaele Pisana, Roma, Italy. ⁵Department Head-Neck, Sestri Ponente Hospital, Genova, Italy. ⁶Neurological Headache Centre, Sant'Andrea Hospital, Roma, Italy. ⁷Neurologic Unit, San Giuseppe Moscati Hospital, Avellino, Italy. ⁸Biometric Unit, Mediservice, Milano, Italy. ⁹Clinical Research Unit, Italian Institute of Telemedicine, Solbiate Arno (Varese), Italy. ¹⁰Headache Center, Ospedale San Carlo Borromeo, Milano, Italy.

Published: 18 September 2014

doi:10.1186/1129-2377-15-S1-G3

Cite this article as: Allais *et al.*: EHMTI-0052. Efficacy of early vs. late use of frovatriptan combined with dexketoprofen vs. frovatriptan alone in the acute treatment of migraine attacks with or without aura. *The Journal of Headache and Pain* 2014 15(Suppl 1):G3.

Full list of author information is available at the end of the article



¹Department of Gynecology and Obstetrics, Women's Headache Center, Torino, Italy