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Comparison of onabotulinumtoxin A with other prophylactic treatments (amitriptyline, topiramate and candesartan) of chronic migraineSevinj Hamidova Abisalam^{1,2}¹Central Customs Hospital, Azerbaijan²Nordic Health Center, Azerbaijan

Chronic migraine (CM) is a major global health problem in need of an effective prophylactic treatment with minimal side effects. And the purpose of this study was to compare the efficacy and safety of onabotulinumtoxin A with topiramate (Topamax), amitriptyline, and candesartan (Onsart) prophylactic treatments in CM. A total of 170 subjects with CM-comprising of four groups-received: Group 1) onabotulinumtoxin A, max 200 units (U) at baseline and month 3; group 2) topiramate (Topamax), 4 weeks titration 100 mg/day; group 3) amitriptyline, 3 months titration, 25 mg/day; and group 4) candesartan (Onsart), 16 mg/day. In all the treatment groups, control groups received oral placebo or placebo saline injections. Treatment responder rates were assessed using Physical Global Assessment 9-point scale, including the change from baseline in the number of headache (HA/migraine/day per month); disability was measured using Headache Impact Test (HIT-6), and Migraine Disability Assessments. The overall study duration was about 9 months. Of the 170 patients (mean age, 34.4 +/- 10.6 years; 95% female), 117 completed the study at the end of the 7 months of active treatment: Onabotulinumtoxin A, n=24, topiramate (Topamax), n=37; amitriptyline, n=30; and candesartan (Onsart), n=17. Almost all patients in all treatment groups reported moderate to marked improvements at all points. But 26% in topiramate group, 28% in amitriptyline group and 23% in candesartan group reported adverse effects that required discontinuation of treatment compared to only 3.1% of patients in the onabotulinumtoxin A group. Onabotulinumtoxin A is as effective for treatment in CM as the other migraine prophylactic drugs with much less side effects.

Biography

Sevinj Hamidova Abisalam graduated with MD from Azerbaijan Medical University in 2009. She then completed Internship in City Clinical Hospital in Baku and has now worked for over 6 years as a Neurologist at several hospital settings. During this period, she has participated in many conferences and has taken several continuing education neurology courses in Turkey, Germany, Spain and Denmark. She is well skilled and has managed headache, stroke, epilepsy/EEG and prolotherapy protocols. She organized and now directs a small Headache Center in Baku. At present, she is tasked to organize a Stroke Center—a first in Azerbaijan, and has been offered a new job in one of the big private clinics in Baku as a Director of Stroke and Headache Center.

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