pressure 33.0 cmCSF (IQR 26.9–35.4), median body mass index (BMI) 35.7 kg/m2 (IQR 31.1–43.3)). Mean sNfL and GFAP Z-scores at baseline were 1.0 (1.0) and 0.5 (1.4), respectively. sNfL Z-scores at baseline exhibited a non-significant positive correlation with the GCL volume of the worse eye (r=0.38, p=0.079), whereas GFAP Z-scores showed no correlation with any ophthalmological outcomes. Additionally, neither sNfL nor GFAP Z-scores correlated with the CSF opening pressure.

Conclusion: sNfL might be associated with GCL volume, an established sensitive marker of optic nerve damage. In contrast, GFAP does not appear to correlate with any ophthalmological outcomes. Given that IIH entails impaired CSF homeostasis, the lack of correlation might be attributable to impaired outflow of biomarkers from the CSF into the bloodstream.

Disclosure: All authors declare no conflict of interest relevant to this study.

EPO-065 | Acute Trigeminal Autonomic Cephalalgia headache service: An effective rapid-access pathway for headache patients

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Background and aims: An acute trigeminal autonomic cephalalgia (TAC) headache service is a rapid access consultation service for patients with TACs offering urgent advice and treatment. We conducted a service evaluation of the interventions offered to assess the effectiveness of this service.

Methods: Data from successive consultations (n=419) in the acute TAC headache service from 19/02/2018 to 29/07/2024 were collected from clinic letters as part of a service evaluation. Data were summarized as percentages or as medians with interquartile ranges.

Results: Data from 419 consultations of 190 patients were analyzed. Their median age was 49 years (IQR: 38-58) and 67% were male. The highest number of referrals were received in March (11.5%) and November (9.8%) and 19% were new referrals. The distance to patients' home ranged from 1 - 423 kms (median 32, IQR: 8 - 103). The majority were due to cluster headache (79%), followed by other primary headache (20%) and secondary headache (1%) disorders. In TAC patients, the median duration of the bout at the time of review was 3 weeks (IQR: 1-8). Interventions included treatment revisions (51%), greater occipital nerve (GON) injections (13%), a combination of GON injection and treatment revisions (24%) or advice alone (11%). Interventions were effective in 62% of patients.

Conclusion: An acute TAC headache service is effective for patients with primary headache disorders, especially for cluster headache. This service effectively provides urgent and tailored guidance and treatment to patients with TAC headaches, minimizing the need to visit the emergency department.

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EPO-066 | Do EHF Criteria reflect response to acute treatments in resistant and refractory migraine? The REFINE study

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Background and aims: The European Headache Federation (EHF) defines resistant and refractory migraine by failure of ≥3 (resistant) or all (refractory) pharmacological preventive treatment classes, without considering acute treatments. This study aimed to evaluate whether these definitions also correlate with response to acute treatment.

Methods: We conducted a multicenter, prospective, international study (REFINE) to test the EHF definitions in a real-life setting in 15 European headache centers. The Headache Under Response to Treatment (HURT) Questionnaire assessed the impact of migraine on daily activities and effectiveness of acute medications in patients with resistant, refractory, and non-resistant non-refractory (NRNR) migraine.

Results: We included 689 patients, of whom 261 (37.9%) had resistant, 73 (10.6%) refractory, and 355 (51.5%) NRNR migraine. Patients with refractory migraine experienced more significant impairment in daily activities (HURT-2) and social activities (HURT-3) versus those with resistant and NRNR migraine (46 [63.0%] vs 110 [42.2%] vs 51 [14.4%], p<0.001; 37 [50.7%] vs 67 [25.7%] vs 25 [7.0%], p<0.001). Regarding acute medication efficacy (HURT-5), more patients with refractory migraine stated

that one dose "never" relieved their headache, and delayed or avoided taking acute medication due to concerns about adverse events (HURT-7), versus those with resistant and NRNR migraine (29 [39.7%] vs 28 [10.7%] vs 25 [7.0%], p<0.001; 16 [21.9%] vs 7 [2.7%] vs 11 [3.1%], p<0.001).

Conclusion: Patients with refractory and resistant migraine report poorer acute treatment response compared with those with NRNR migraine, which significantly affect daily lives. Management of difficult-to-treat migraine should focus on optimizing acute treatments, alongside preventive therapies.

Disclosure: Nothing to disclose.

EPO-067 | Profile of triptan use and efficacy in migraine patients treated with Anti-CGRP monoclonal antibodies

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Background and aims: Anti-CGRP monoclonal antibodies (mAbs) are migraine-specific preventive drugs. Evidence suggests they may reduce the need for acute medications, such as triptans. Even so, some anecdotal cases have reported a loss of triptan efficacy during treatment with these agents.

Methods: Ongoing ambispective study involving migraine patients from a tertiary center treated with anti-CGRP mAbs. The primary outcomes were the necessity and efficacy of triptans before and after starting mAbs therapy; a Likert scale was created to assess the latter.

Results: A total of 86 patients were included, predominantly women (84,88%), with a mean age of 42±12 years. Fremanezumab was the prevailing mAb (66,28%). Satisfactory to excellent results were reported by 71 patients (82.56%). Before starting mAbs, 69 patients (80.29%) used triptans, mainly zolmitriptan (36.23%) and eletriptan (34.78%). Among these, 57.97% (n=40) experienced some benefit: 27.54% satisfactory, 18.54% good, and 11.59% excellent. After initiating mAbs, 34.78% (n=24) no longer required triptans, indicating a significant reduction in the need for abortive treatments. Among patients continuing triptan use, 33.33% (n=15) reported a difference in efficacy, with 86.67% (n=13) noting improvement (p=0.004).

Conclusion: As previously suggested in other studies, preliminary findings indicate that anti-CGRP mAbs may reduce the need for triptans in migraine management. Despite anecdotal reports of triptan efficacy loss, so far our data did not support this. Further studies are needed to explore this interaction.

Disclosure: Nothing to disclose.

EPO-068 | Consistency of response to rimegepant: A patient-level interim analysis of a prospective real-world observational study

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Background and aims: This study evaluated real-world consistency of response to rimegepant for acute treatment of migraine at the individual patient level.

Methods: This prospective observational study was conducted using the Migraine Buddy® app with adults experiencing 3–14 headache days in the last 30 days and planning to use rimegepant during the next 30 days. Using a custom-made interface, participants completed: a baseline survey; a 28-day daily diary assessing time to meaningful pain relief (relief considered meaningful by the patient), time to meaningful functional improvement, and treatment satisfaction; and a questionnaire at study completion. Interim analyses assessed consistency of response, defined as achieving response in ≥2 of the first 3 rimegepant-treated attacks or in ≥3 of the first 4 rimegepant-treated attacks. Response was assessed via meaningful pain relief within 2 hr, meaningful functional improvement within 2hr, and report of satisfied/extremely satisfied with rimegepant.

Results: Among 118 participants with ≥3 rimegepant-treated attacks, 62.7% achieved meaningful pain relief within 2 hr in ≥2 of the first 3 attacks, 60.2% achieved meaningful improvement in functioning within 2 hr in ≥2 of the first 3 attacks, and 75.4% reported treatment satisfaction. Among 95 participants with ≥4 rimegepant-treated attacks, 48.4% achieved meaningful pain relief within 2 hr in ≥3 of the first 4 attacks, 48.4% achieved meaningful improvement in functioning within 2 hr in ≥3 of the first 4 attacks, and 69.5% reported treatment satisfaction.

Conclusion: Many patients with ≥3 or ≥4 rimegepant-treated attacks achieved consistent response to rimegepant within 2 hr on endpoints of meaningful pain relief and functional improvement.

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