

XXIX CONGRESSO NAZIONALE PALERMO, 30 SETTEMBRE • 2 OTTOBRE 2021 AULA MAGNA VINCENZO VINDIGNI UNIVERSITÀ DEGLI STUDI DI PALERMO REVOND THE LOCKDOWN OF THE REALM



Cortical hyperexcitability and the effect of anti-CGRP antibodies treatment in migraine:

Evidence by sound induced flash illusions.

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Disclosures:

- Amgen: clinical trial
- Lilly: onoraria per symposia
- Teva: onoraria per symposia, clinical trials
- Alnylam: onoraria per symposia
- Akcea: onoraria per symposia, clinical trial

Outline

- Migraine pathophysiology, cortical excitability, glutamate and migraine ground
- Sound induced flash illusions (SIFI) a new reliable technique for assessment of cortical excitability in migraine.
- Plastic modulatory interaction between peripheral and central target and its relevance for treatment
- Evidence about cortical excitability modulation by anti-CGRP MAB treatment (bottom-up)



FHM: GLUTAMMATE AND HYPEREXCITABILITY



GLUTAMATE IN MIGRAINEURS



Cortical glutamate in migraine

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> Neurological Sciences (2019) 40:2343–2348 https://doi.org/10.1007/s10072-019-03973-6

ORIGINAL ARTICLE



Visuospatial learning is fostered in migraine: evidence by a neuropsychological study

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Cortical excitability and migraine: new approaches

- Techniques like TMS and tES have been diffusely employed to explore excitability in migraine thanks to their ability to directly modulate cortical neurons. These approaches provided relevant insight in mechanisms of cortical activation in migraine
- However, these techniques, particularly rTMS induce paradoxical inhibitory responses even in condition like chronic migraine where there is general agreement about persistent marked increase in cortical excitability.
- This unwanted responses can be avoided, through a technique based on cross-modal illusion known as Sound induced flash illusions.

rTMS and Paradoxical inhibitory response



Sound Induced Flash illusions





Subject are presented with visual (flashes) and auditory (beeps) stimuli and have to report the number of the flashes seen

Shams L, Kamitani Y. Shimojo, S. (2000). Illusions. What you see is what you hear. Nature, 408, 788







Sound induced flash illusion are critically dependent on visual cortical excitability. Less illusions occurr when visual excitability increases, so making visual area less prone to auditory input Visual cortex hyperexcitability in migraine in response to sound-induced flash illusions

Filippo Brighina, MD* Nadia Bolognini, PhD* Giuseppe Cosentino, MD Simona Maccora, MD Piera Paladino, MD Roberta Baschi, MD Giuseppe Vallar, MD Brigida Fierro, MD



Fission Illusion

Cortical excitability

Healthy controls Interictal migraine without aura Ictal migraine without aura Interictal migraine with aura Ictal migraine with aura

fission illusions are reduced in migraine with and without aura especially during attacks





Multisensorial Perception in Chronic Migraine and the Role of Medication Overuse

() Check for updates

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Fission illusions are

Peripheral-central interaction in migraine

- Are peripheral level, ie trigeminal structures and TVS, and central cortical connected?
- Do exist reciprocal plastic interaction between the two?
- If so can drugs affecting one of two levels indirectly induce changes in the other, through top-down or inversely bottom-up mechanism
- Could this be important when evaluating global effects of drugs and their ability to induce persistent plastic modulation, that could be regarded a disease modifying ability?

Our study - Objective

Using Soun Induced Flash Illusions (SIFI)

To explore whether drug anti-CGRP MAB, that act at peripheral TGS level, can modulate **visual cortical excitability** in migraine patients:

Bottom-up effect

Subjects enrolled

Population			
Total	66		
Age	51 yrs <u>+</u> 3.5		
Sex	<mark>Q</mark> 24 F	6 M 🗸	
Diagnosis	Chronic migraine		
Previous prophylaxis	3.5 <u>+</u> 0.3		
Headache days	24.1 <u>+</u> 1.2		
Abortive drugs/month	18.7 <u>+</u> 2		



30 Erenumab20 Fremanezumab16 Galcanezumab

30 Healthy subjects (HS – mean age 50yrs <u>+</u>8.6; 25F)

Methods

- dimly illuminated room
- participants sat ~60 cm in front of a LCD computer monitor (resolution 1024×768, refresh rate 75 Hz)
- Single **flash** and concurrent **beeps** trials.
- Task: to count aloud flashes seen each time (total duration ~5 minutes)
- 5 trials randomly presented 9 times:
 - 1FxB, where x goes from 0 to 4; F=flash, B=beep).
- Comparisons were performed by rm ANOVA with Duncan's test for post-hoc;
- Clinical measures: migraine days/month; medecine consumption/month, MIDAS
- Recording of SIFI and clinical parameters was planned at the timeline below:

ТО	T1	T2	Т3	Т4
baseline	3 m.	6 m.	9 m.	12 m.



Effects of anti-GRP on SIFI



Effects of anti-GRP on SIFI



Discussion and Conclusion

- SIFI confirmed cheap, well tolerated and effective tool to explore cortical excitability and its changes in chronic migraine (CM) under anti-CGRP MAB treatment
- CM patients show an increased visual cortical excitability compared to healthy controls in agreement with previous evidence
- Anti-CGRP treatment induced also appreciable and significant but late changes also in visual cortical excitability, at T2 (after six months treatment)
- So this change occurred long after the starting of clinical effect that are relevant and consistent already a T1 time, and are know to occur as early as the first treatment months. This could follow to longer times to induce plastic indirect effects.
- If these changes will show to be lasting after stopping treatment together with persistent clinical effects, its potential role as marker of disease modifying effect would be worth to explore.



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Thanks for your attention

