# Sodium chloride injections as prophylactic treatment of chronic migraine – A pilot study


## Background:
Chronic migraine is a severe form of migraine that is characterized by 15 or more headache days per month. People with chronic migraines are often resistant to traditional migraine medications, which limits treatment options. The disease is therefore to a large extent associated with low quality of life and low work ability. The consequences for individuals, healthcare and society are great.

In existing studies, saline injections as placebo, has given patients with chronic migraine an average of 7 headache-free days per month.

## Aim:
The study aims to investigate whether saline injections in the head and neck region can reduce the number of headache symptoms in patients with chronic migraine compared to placebo (short-term needle sticks without injection).

## Method:
People meeting the diagnostic criteria for chronic migraine were randomized to saline injections or needle pricks without injection. The treatment was repeated on two occasions at three-month intervals. The primary outcome was the number of days with headache over a 28-day period. Due to practical implications of the Covid-19 situation, the study had to terminate early, including 2 placebo respectively 3 treatment participants. EudraCTnummer: 2018-003868-32

## Results:
The treatment group showed a response to the saline solution, with an average decrease of 12 days both for the pre-evaluation period (95% CI: 2.3 , 21.1) and for the primary evaluation period (95% CI: -12.5 , 36.5) in a 28-day period, which was not seen in the placebo group.

## Conclusions:
These results might arouse interest for future research and a complete study.



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# Declaration of the End of Trial Form

(cf. Section 4.2.1 of the *Detailed guidance on the request to the competent authorities for authorisation of a clinical trial on a medicinal product for human use, the notification of substantial amendments and the declaration of the end of the trial*[1])

**NOTIFICATION OF THE END OF A CLINICAL TRIAL OF A MEDICINE FOR HUMAN USE TO THE COMPETENT AUTHORITY AND THE ETHICS COMMITTEE**

*For official use*

| | |
|---|---|
| Date of receipt : | Competent authority registration number :<br><br>Ethics committee registration number: |

***To be filled in by the applicant***

**A MEMBER STATE IN WHICH THE DECLARATION IS BEING MADE :**

**B TRIAL IDENTIFICATION**

| | |
|---|---|
| **B.1 EudraCT number :** | **(2018-003868-32)** |
| **B.2 Sponsor's protocol code number:** | **(Migraine1)** |
| **B.3 Full title of the trial : Prophylactic treatment of Chronic Migraine – a randomized controlled study** | |

**C APPLICANT IDENTIFICATION** (please tick the appropriate box)

| | |
|---|---|
| **C.1** | **DECLARATION FOR THE COMPETENT AUTHORITY** ❑ |
| C.1.1 | Sponsor ❑ |
| C.1.2 | Legal representative of the sponsor ❑ |
| C.1.3 | Person or organisation authorised by the sponsor to make the application. ❑ |
| C.1.4 | **Complete below**: |
| C.1.4.1 | Organisation : |
| C.1.4.2 | Name of person to contact : |
| C.1.4.3 | Address : |
| C.1.4.4 | Telephone number : |
| C.1.4.5 | Fax number : |
| C.1.4.6 | E-mail |

| | |
|---|---|
| **C.2** | **DECLARATION FOR THE ETHICS COMMITTEE** ❑ |

[1] OJ, C82, 30.3.2010, p. 1; hereinafter referred to as 'detailed guidance CT-1'.

| | |
|---|---|
| C.2.1 | Sponsor ❑ |
| C.2.2 | Legal representative of the sponsor ❑ |
| C.2.3 | Person or organisation authorised by the sponsor to make the application. ❑ |
| C.2.4 | Investigator in charge of the application if applicable[2]:<br>• Co-ordinating investigator (for multicentre trial): ❑<br>• Principal investigator (for single centre trial): ❑ |
| C.2.5 | **Complete below** : |
| C.2.5.1 | Organisation: |
| C.2.5.2 | Name : |
| C.2.5.3 | Address : |
| C.2.5.4 | Telephone number : |
| C.2.5.5 | Fax number : |
| C.2.5.6 | E-mail : |

## D END OF TRIAL

| | |
|---|---|
| **D.1 Date of the end of the trial in this Member State** ?[3] | yes ✓ no ❑ |
| D.1.1. | (2021/05/17): |

| | |
|---|---|
| **D.2** | **Date of the end of the complete trial in all countries concerned by the trial**?[3] yes ✓ no ❑ |
| D.2.1 | (2021/05/17): |

| | |
|---|---|
| **D.3** | **Is it an early termination?**[4] yes ✓ no ❑ |

[2] According to national legislation.

[3] In case of a multi-country trial, if the national and global end of trial dates are different in a given Member State, the sponsor shall submit this form two times :

1) At the end of the trial in the individual Member State, section D1.1. shall be completed and submitted to the respective National Competent Authority.

2) At the global end of the trial, the sponsor shall complete section D.2.1. with the global trial end date and the completed form shall be submitted to all participating Member States in order to allow the sponsor to prepare the trial result summary within the 12-months (or 6-months in case of paediatric trials) timeframe.

If the national and global end dates coincide in a concerned Member State, the form shall be submitted only once to the National Competent Authority of this Member State with both sections D1.1. and D2.1 complete.

[4] Cf. Section 4.2. of the detailed guidance CT-1.

D.3.1 If yes, give date (2021/05/17):
D.3.2 Briefly describe in an annex (free text):
D.3.2.1 The justification for early termination of the trial;
Due to Covid-19 the rehabilitation unit where the trial was conducted were closed and the trial active clinician had to work at the hospital intensive care.

D.3.2.2 Number of patients still receiving treatment at time of early termination in the MS concerned by the declaration and their proposed management;
No patients were receiving treatment. Some had finished and no new were started before the break up.

D.3.2.3 The consequences of early termination for the evaluation of the results and for overall risk benefit assessment of the investigational medicinal product.
The sample size in the trial will be extremely small. The intended analysis to evaluate the treatment effect will not be possible to conduct. We would like to instead summarize the results as a case report or similar.

## E SIGNATURE OF THE APPLICANT IN THE MEMBER STATE

**E.1** I hereby confirm that/confirm on behalf of the sponsor that (delete which is not applicable):

- The above information given on this declaration is correct; and
- That the clinical trial summary report will be submitted within the applicable deadlines in accordance with the applicable guidance by the Commission.[5]

**E.2 APPLICANT TO THE COMPETENT AUTHORITY** (as stated in C.1) ❑

E.2.1 Date :
E.2.2 Signature :
E.2.3 Print name:

**E.3 APPLICANT TO THE ETHICS COMMITTEE** (as stated in C.2) **:** ❑

E.3.1 Date :
E.3.2 Signature :
E.3.3 Print name:

[5] Section 4.3. of the detailed guidance CT-1.