P.009

Characterizing drug-resistant epilepsy in an adult cohort with new-onset epilepsy

A Denton (Saskatoon) L Hernandez-Ronquillo (Saskatoon) J Tellez-Zenteno (Saskatoon) K Waterhouse (Saskatoon)*

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Background: There are few studies exploring rates of drug resistant epilepsy in populations with new-onset epilepsy (NOE). This prospective cohort study characterizes the development of drug-resistant epilepsy (DRE) and risk factors in an adult cohort with NOE or newly-diagnosed epilepsy (NDE). **Methods:** Patients are from the Single Seizure Clinic (SSC) in Saskatoon, SK between 2011 and 2018. The SSC sees patients who experience their first seizure; approximately 30% are diagnosed with epilepsy. Patients were followed prospectively. We identified the following variables in the cohort: epilepsy type, seizure onset, etiology, syndromes, and rates of DRE. Inclusion criteria included patients with NO and NDE, at least 18 years at diagnosis, and a minimum 1 year of follow-up. **Results:** Ninety-five patients were included, 46 females and 49 males. Median age of onset was 33 years. Of those, 28.4% developed DRE. Average time between onset and DRE diagnosis was 1.44 years. Bivariate analysis identified age, gender, and cranial trauma as significant risk factors for DRE. The multivariate model was not significant. **Conclusions:** Our study shows that patients with new-onset epilepsy have are less likely to develop DRE compared with patients from epilepsy clinics. This study contributes valuable information about NO epilepsy in adults and the development of DRE.

Headache

P.010

Efficacy, safety, and tolerability of ubrogepant for the acute treatment of migraine: a single-attack phase 3 study, ACHIEVE II

*RB Lipton (Bronx) DW Dodick (Scottsdale) J Ailani (Washington) K Lu (Madison) H Lakkis (Madison) M Finnegan (Madison) A Szegedi (Madison) JM Trugman (Madison) G Davidovic (Marham)**

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Background: To evaluate efficacy, safety, and tolerability of ubrogepant for acute treatment of migraine attacks. **Methods:** Multicenter, double-blind, phase 3 study (NCT02867709). Randomized patients (1:1:1, placebo or ubrogepant 25mg or 50mg) had 60 days to treat one migraine attack (moderate/severe pain intensity). Co-primary efficacy endpoints (2 hours post initial dose): headache pain freedom and absence of most bothersome migraine-associated symptom (MBS). Secondary endpoints: pain relief, sustained pain relief, sustained pain freedom, and absence of migraine-associated symptoms. **Results:** 1686 patients were randomized (safety population: n=1465; mITT population: n=1355). Mean age: 41 years; white: 81%; female: 89%. Significantly greater proportions of ubrogepant-than placebo-treated patients achieved 2-hour pain freedom (placebo: 14.3%; 25mg: 20.7%, adjusted *P*=0.0285; 50mg: 21.8%, adjusted *P*=0.0129) and absence of MBS for 50mg (placebo: 27.4%; 50mg: 38.9%, adjusted *P*=0.0129). Secondary endpoints (except absence of nausea at 2h) met statistical significance versus placebo for ubrogepant 50mg. Absence of MBS and secondary outcomes were not significant for 25mg after multiplicity adjustment. Ubrogepant's and placebo's AE profiles were similar. **Conclusions:** Co-primary endpoints were met for ubrogepant 50mg. Ubrogepant 25mg was significantly superior to placebo for 2h pain freedom. Ubrogepant was well tolerated. Results support the efficacy, tolerability, and safety of ubrogepant for acute treatment of migraine attacks.

P.011

OnabotulinumtoxinA, quality of life, health resource utilization, and work productivity in chronic migraine: interim results from PREDICT

*G Boudreau (Montréal) WJ Becker (Calgary) C Graboski (Brentwood Bay) M Ong-Lam (Vancouver) I Finkelstein (Toronto) S Christie (Ottawa) M Bhogal (Markham) G Davidovic (Markham)**

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Background: We assessed long-term health-related quality of life (HRQoL) and functioning in adults receiving onabotulinumtoxinA for CM. **Methods:** Interim analysis of multicentre, prospective, observational study in adults naïve to botulinum toxin (NCT02502123). Mean change from baseline in Migraine-Specific Quality of Life (MSQ) score (primary); healthcare resource utilization (HRU) and work productivity (secondary) assessed in patients receiving 4 of 7 onabotulinumtoxinA treatments (Tx4; ~10 months). **Results:** Across treatments (baseline, n=196, post-Tx2, n=173, post-Tx4, n=137), the mean (SD) between-session interval and onabotulinumtoxinA dose was 13.1 weeks and 170.4 (17.2) U, respectively. MSQ scores increased significantly (P<0.0001) (baseline to post-Tx4; all role function domains). Patient percentages declined from baseline to post-Tx2 and post-Tx4 for emergency room visits (17.3%; 9.3%; 6.6%), hospital admissions (3.6%; 2.9%; 1.5%), and headache-related diagnostic testing (35.9%; 15.9%; 8.1%). The percentages of patients employed at baseline (73.5%) and post-Tx4 (72.3%) were similar. Hours worked increased slightly from baseline to post-Tx4 (28.0 [SD=15.4]; 29.4 [SD=16.0]). Headache-related missed work hours decreased (5.9 [SD=9.5]; 2.5 [SD=5.9]). Patients reported less headache-related impact on work productivity from baseline to post-Tx4 (5.4 [SD=2.1] vs 3.9 [SD=2.6]) and ability to perform daily activities (6.1 [SD=2.1] vs 4.2 [SD=2.8]). **Conclusions:** OnabotulinumtoxinA for CM improved HRQoL and work productivity and reduced HRU.

Movement Disorders

P.012

Bilateral pallidal deep brain stimulation in a patient with chorea-acanthocytosis

A Richard (Boston) R Alterman (Boston) D Simon (Boston)*

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Background: Chorea-acanthocytosis (ChAc) is a rare autosomal recessive neurodegenerative disease due to mutation of the VPS13A gene encoding the protein chorein. ChAc is a slowly progressive