

## Propositions

belonging to the thesis

### **Vascular Effects of Current and Novel Antimigraine Drugs**

1. Lasmiditan is a selective 5-HT<sub>1F</sub> receptor agonist, devoid of vasoconstrictive properties (this thesis).
2. Inhibition of the CGRP-mediated vasodilatory responses by ubrogepant and atogeptant is more potent in cranial than in coronary arteries (this thesis).
3. In contrast to the small-molecule CGRP antagonists, the CGRP receptor-binding monoclonal antibody erenumab is equipotent in coronary and cranial arteries (this thesis).
4. Propranolol modulates the activation of the human trigeminovascular system in a sex-dependent manner (this thesis).
5. The imidazoline receptor 1 is a promising target for migraine therapy (this thesis).
6. Since ischemic events in women more often involve distal coronary arteries, where the effects of CGRP are most pronounced, cardiovascular safety studies with migraine drugs targeting this pathway are particularly warranted in females.
7. Even though the (neuro)vascular theory of migraine is considered obsolete by many researchers, it has contributed more to the development of novel antimigraine drugs than when considering migraine as a brain disorder.
8. The presence of non-canonical CGRP receptors (e.g., AMY<sub>1</sub>) at neural and vascular sites has important implications for targeting the CGRP axis in migraine.
9. The lack of vasoconstrictive properties of lasmiditan does not discard (indirect) modulation of vascular responses.
10. Modulation of the trigeminovascular system is a better marker of antimigraine efficacy than inhibition of cortical spreading depression.
11. Empirical knowledge is overrated.