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MONITORING OF RENAL FUNCTION IN PATIENTS WITH MEDICATION-OVERUSE HEADACHE (MOH)

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Abstract

Excessive drug use, Medication-overuse headache (MOH) can be result of chronic daily headaches, occurring monthly 15 or more days, when the therapeutic agent is used excessively and regularly for more than three months. Recent studies concerning the epidemiology of drug-induced disorders suggest that increased risk of nephrotoxicity appears in a particular group of patients who abuse NSAIDs. The aim of this work is to confirm the early phase of nephrotoxicity in patients with (MHO).

We plan to have two groups of MHO patients: first group would be users of non-steroidal anti-inflammatory drugs (NSAIDs) and second group that use combinations of various analgesics, compared with 80 healthy individuals. Besides conventional markers of renal functioning (serum/urine creatinine determined by Jaffe methods, enzymatic assay for urea serum and GFR by Cockcroft Gaunt formula), we will use colorimetric method determining N-acetyl- β -d-glucosaminidase-NAG and Alanin Aminopeptidase-AAP in urine, IFCC for Gamma-glutamyltransferase-GGT. Immunoturbidometric assay for determination of urinary albumin, microalbuminuria and α_1 -microglobulin will be used.

From the proposed trials and the expected results, we will have an overview of the real state of functioning of the kidneys in patients

with MHO. We would like to prove that the nephrotoxicity caused by NSAIDs could be detected by monitoring certain biomarkers quite early, which can be necessary to overcome the nephrotoxic effect. Considering that nephrotoxicity is a reversible process, early identification can prevent the development of more serious renal diseases and the number of renal patients due to nephrotoxicity of NSAIDs can be reduced.

Keywords: Biomarkers, Medication-overuse headache, Nephrotoxicity, Nonsteroidal antiinflamatory drugs.