# SENSITIVITY OF CERTAIN BIOMARKERS WHEN COMPARING PATIENTS MEDICATION-OVERUSE HEADACHE (MOH)

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## Abstract

Migraine is a common headache disorder that causes significant disabilities. Headache developed or significantly worsened during medication overuse (for simple analgesics and combination acute medications, intake must be 15 days or more per month for triptans, ergotamines, opioids, and combination analgesics; 10 days per month sufficient to get a diagnosis of Medication-overuse headache-MOH). A recent epidemiologic study on drug-induced disorders demonstrated that excessive drug use can lead to nephrotoxicity. Microalbuminuria was common in patients under the influence of nephrotoxic drugs. Subclinical renal damage cannot be identified by routine tests (serum creatinine), and microalbuminuria is a more sensitive indicator of renal dysfunction. The aim is to confirm the sensitivity of certain biomarkers when comparing patients treated with NSAIDs in combination with other drugs (analgesics, triptans and antidepressants) with patients treated with monotherapy by NSAIDs Besides conventional markers of renal functioning (serum/urine creatinine determined by Jaffe methods), enzymatic assay for urea serum and Jon selective electrode (ISE) are used for

determination of electrolite in serum. Imunoturbodimetric assay for determination of urinary albumin, microalbuminuria and β2-microglobulin will be used. In the case of combination therapy (analgesics, triptans and antidepressants) a significant effect on the increase of microalbuminuria has been demonstrated.

*Keywords:* Medication-overuse headache, Nephrotoxicity, Microalbuminuria.