

# Evaluation a renal function of patients with Medication-overuse headache (MOH)

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**Abstract.** Excessive drug use causes Medication-overuse headache (MOH) which can be manifested of chronic daily headaches, occurring monthly 15 or more days, when the medicament is used redundantly for more than three months. Recent studies concerning the epidemiology of drug-induced disorders suggest that increased risk of nephrotoxicity appears in a group of patients who abuse NSAIDs. The aim is to confirm the early phase of nephrotoxicity in patients with (MOH), were treated with NSAIDs in combination with other drugs (analgesics, triptans and antidepressants) and compared patients treated only with Diclofenac, Piroxicam, Ketoprofen, Paracetamol, Ibuprofen and Celecoxib, Besides conventional markers of renal functioning (serum/urine creatinine determined by Jaffe methods, enzymatic assay for urea serum). Immunoturbidimetric assay for determination of urinary albumin, microalbuminuria and  $\beta$ 2-microglobulin will be used. Significant glomerular and tubular damage has been reported, and patients on combination therapy with NSAIDs and other drugs (analgesics, triptans, and antidepressants) have seen more glomerular changes than patients treated with NSAID monotherapy.

**Keywords:** Medication-overuse headache, Nephrotoxicity, Nonsteroidal antiinflammatory drugs.