

13. Analgesic nephropathy

Analgesic nephropathy

What is analgesic nephropathy?

Analgesic nephropathy is a form of kidney disease caused by excessive intake of certain painkillers. This condition reached its peak in Australia in the 1970s when two major brands of painkillers called 'Vincent's Powders' and 'Bex Powders' were readily available. They contained two or more painkillers in combination (**compound analgesics**). It is thought the most harmful constituent was a substance called phenacetin, which has not been available in Australia since the mid seventies. All combination analgesic preparations were removed from the market by 1979. Other potential culprits include those painkillers containing aspirin, paracetamol, codeine and caffeine, in combination with each other or with another group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). Experience with NSAIDs however suggests the risk of developing analgesic nephropathy is far lower than with the combination analgesics of the past containing phenacetin or paracetamol plus aspirin and codeine or caffeine. The risks of analgesic nephropathy from paracetamol or aspirin alone is insignificant. Overall, the risk of developing analgesic nephropathy rises as the amount of compound analgesic taken increases.

Who is affected by analgesic nephropathy?

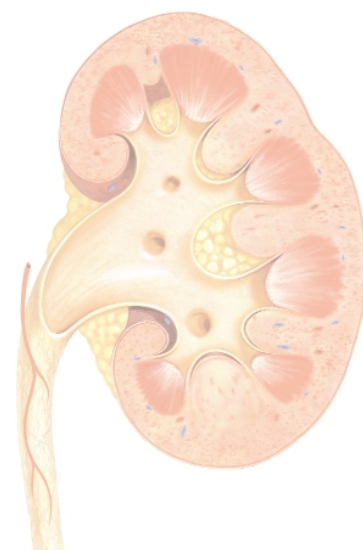
People who took excessive compound analgesics before they were removed from the market in 1979 are at risk of developing this form of kidney disease. It was a major cause of kidney failure requiring dialysis in Australia in the past. However, it is becoming much less common.

The phenacetin or paracetamol in combination with aspirin caused kidney damage and the caffeine component led to an addiction to these compound analgesic painkillers. This did not occur with the occasional use of Bex or Vincent's powders, but only occurred if people took excessive amounts over a prolonged period of time.

How do I know if I have analgesic nephropathy?

Most people with analgesic nephropathy are unaware of its existence and may never learn of its effects. People with analgesic nephropathy who develop medical problems due to its effects tend to have high blood pressure and protein (proteinuria) and/or blood (haematuria) in their urine. Most will have reduced function of their kidneys of varying degrees. It is important to identify those people whose kidneys are affected in order to initiate steps to preserve their kidneys and prevent any further deterioration in their kidney function.

People who took excessive 'Vincent's Powders' and 'Bex Powders' before they were removed from the market in 1979 are at risk of developing this form of kidney disease.



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People with analgesic nephropathy are also at greater risk of developing a type of cancer of the urinary tract called transitional cell cancer. The first sign of this is usually the presence of blood in the urine (haematuria).

Analgesic nephropathy continued...

Sometimes people with analgesic nephropathy seek help for other reasons, such as pain due to small pieces of kidney tissue becoming detached and getting blocked in the ureter; (**renal colic**) (see also section 10), or acute sudden failure of the kidneys.

People with analgesic nephropathy are also at greater risk of developing a type of cancer of the urinary tract called **transitional cell cancer**. The first sign of this is usually the presence of blood in the urine (haematuria).

Other problems associated with excessive intake of compound analgesics include stomach ulcers due to high aspirin intake, increased incidence of urinary tract infections, heart disease and bone disease, and in affected women giving birth, an increased likelihood that the babies will have a low birth weight. Although, most people presenting with analgesic nephropathy these days are elderly.

Analgesic nephropathy remains a common cause of kidney failure in older people (usually women) who took excessive **compound analgesics** before they were removed from general sale in 1979 and whose kidneys have gradually deteriorated over the years since then. It is hoped it will become a rare disorder in Australia over the coming years.

How is analgesic nephropathy diagnosed?

The diagnosis is suspected in the presence of decreased kidney function and confirmation that the patient used large amounts of painkillers prior to 1979. These patients may also have high blood pressure, proteinuria and/or haematuria. The diagnosis is confirmed with the help of a special X-ray called an **intravenous pyelogram (IVP)**, or if kidney function is poor with a retrograde pyelogram.

How is analgesic nephropathy treated?

People confirmed to have analgesic nephropathy are advised to stop taking painkillers suspected of contributing to the problem. No specific treatment is available, but careful control of blood pressure is of paramount importance. Sometimes a special diet low in protein is of benefit. Other measures which will be of assistance in slowing the progression of kidney disease are outlined in section 18. Depending on the severity of the kidney failure, dialysis may be necessary (see also section 19).