

Colicky epigastric abdominal pain is typically the presenting sign of an AIP flare. It lasts for several days and is often associated with nausea, vomiting and constipation.

### **Polyneuropathy**

#### [Polly-nerve](#)

During attacks, patients may experience polyneuropathy and other neurological symptoms; such as ascending weakness, seizures and cortical blindness.

### **Psychological Disturbances**

#### [Psycho in a straight-jacket](#)

Patients may experience psychological disturbances such as depression during attacks. They are also at increased risk for certain psychiatric diseases such as bipolar disorder and schizophrenia.

### **Port Wine-Colored Urine**

#### [Port-wine](#)

During flares, patients may have port wine-colored urine; initially the urine is colorless, but exposure to light causes the urine to change its color.

## **Treatment**

### **Glucose and Hemin**

#### [Glue-bottle and Heme-man](#)

Glucose and hemin are the mainstays of treatment for AIP attacks. Hemin is a heme-containing porphyrin that comes as an IV solution. Both glucose and hemin inhibit ALA synthase, which is the first step in the heme synthesis pathway. By administering these two inhibitors, porphyrins are unable to build up and cause the classic symptoms of an AIP attack.

## **Considerations**

### **Avoid Triggers**

#### [Avoid-sign with Trigger](#)

Acute intermittent porphyria is triggered by alcohol, starvation and cytochrome P450-inducing drugs including barbiturates, carbamazepine and rifampin. Therefore, patients should avoid these to prevent disease symptoms.