CLAIMS

1. Use of an IL8 inhibitor, preferably a CXCR1 and/or CXCR2 inhibitor, more preferably a compound selected from R(-)-2[(4-isobutylphenyl)propionyl]-methanesulfonamide, R(-)-2[(4'-trifluoromethane sulfonyloxy)phenyl]-N-methanesulfonyl propionamide and (2S)-2-(4-{[4-(trifluoromethyl)-1,3-thiazol-2-yl] amino}phenyl) propionic acid and salts thereof, in the preparation of a medicament for the treatment of diabetic nephropathy or the prevention or delay of the onset or progression of diabetic nephropathy in a subject who has been diagnosed with diabetes.

2. Use according to Claim 1, in which the IL8 inhibitor is the lysine salt of R(-)-2[(4-isobutylphenyl)propionyl]-methanesulfonamide, the sodium salt of R(-)-2[(4'-trifluoromethane sulfonyloxy)phenyl]-N-methanesulfonyl propionamide or the sodium salt of 2-(4-{[4-(trifluoromethyl)-1,3-thiazol-2-yl] amino}phenyl) propionic acid.

3. Use according to Claim 1 or 2, in which the diabetes is Type 1 diabetes or Type 2 diabetes and/or the subject has normal proteinuria or increased proteinuria.

4. Use according to Claim 1, 2 or 3, in which the subject has microalbuminuria.

5. Use according to Claim 4, in which the subject has an albumin excretion rate between 30 and 300 mg/day.

6. Use according to any preceding claim, in which the level of IL8 in a biological sample from the subject is higher than a IL8 reference standard, in which the reference standard is the mean IL8 level in the corresponding biological sample of a statistically significant number of non-diabetic individuals not having any nephropathy or inflammatory disease.

7. Use according to Claim 6, in which the biological sample is urine or a kidney biopsy.

8. Use according to any preceding claim, in which the subject has a urinary level of IL8 at least higher than 2.41 pg/ml.

9. Use according to any preceding claim, in which the subject has a glomerular filtration rate above 60 ml/min/1.73 m2, preferably above 90 ml/min/1.73 m2.

10. Use according to any preceding claim, in which the subject has at least one of the following single nucleotide polymorphisms at the CXCR1 locus: s13006838, rs4674308; rs4674309; rs3755042; rs7601872; and rs664514.

11. Use according to any preceding claim, in which the IL8 inhibitor is to be administered to the subject prior to, simultaneously or sequentially with the administration of at least one other therapy for diabetes, metabolic syndrome, cardiovascular disease and high blood pressure.

12. Use according to any preceding claim, in which the IL8 inhibitor is to be administered with at least one active molecule used to treat diabetes, preferably selected from sulfonylureas, meglitinides, biguanides, thiazolininediones, alpha-glucosidase inhibitors or at least one active molecule selected from an ACE inhibitor, an angiotensin II receptor antagonist, telenzepine and sertraline DPP-4 inhibitors.

13. Use according to any preceding claim, in which the IL8 inhibitor is in a composition formulated for delivery to the kidney.

14. Use according to any preceding claim, in which the IL8 inhibitor is to be administered by a systemic route, in which the route is enteral or parenteral.

15. Use according to any preceding claim, in which the daily dosage of IL8 inhibitor is between 1 and 100 mg, preferably between 5 and 80 mg per kilogram of body weight.