Bölüm 6

OTİZM SPEKTRUM BOZUKLUĞU

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GİRİŞ

Otistik spektrum bozukluğu sosyal iletişim ve etkileşim kalitesinde yetersizlik ve tekrarlayıcı davranış örüntüleri ile karakterize nörogelişimsel bir bozukluktur. Yapılan son çalışmalara göre sıklığı 54 çocukta 1'dir ve giderek bu oran artmaktadır (1).

Otizm ilk defa 1943 yılında Leo Kanner tarafından tanımlanmıştır (2). Yayımlanan makalesinde ekstrem otistik yalnızlık, gecikmiş ekolali ve aynılıkta ısrar gibi semptom öğeleri barındıran çocuklar tarif edilmiştir. Bu çocuklardan bazılarının sıra dışı bellek özellikleri ve zekâya sahip olabilecekleri de belirtilmiştir.

1952 yılından itibaren Ruhsal Bozuklukların Tanısal ve Sayımsal Elkitabı'na (DSM) bir tanı olarak girmiş ve o günden sonra da tanı kriterleri ve özellikleri değişerek günümüze kadar gelmiştir (3-5). Önceden sosyal iletişim ve etkileşimde sorunlar, stereotipik özellikler ve konuşma gelişiminde sorunlar olarak 3 ana semptom kümesi tanımlanmışken, 2013 yılında yayımlanan son tanı el kitabı ile birlikte konuşma gelişiminde sorunlar ayrı bir semptom kümesi olmaktan çıkarılmış ve sosyal etkileşim ve iletişimde sorunlar kümesinin alt öğesi hâline getirilmiştir.

TANI

Küçük çocukların ve bebeklerin otizm riskini belirleyen içeriğin de bulunduğu rutin gelişimsel taramadan geçmesi gerekir. Taramada sosyal ilişki kurmama, tekrarlayıcı ve olağandışı davranışlar gibi ana belirtilere yönelik soruların yer alması önerilmektedir (6,7). Ailelerin ve toplumun farkındalığını artırmaya yönelik kamusal girişimlerle bu taramaların desteklenmesi ve mümkün olduğunca erken yaşlarda tanı ve tedavi sürecinin başlaması gerekir. Tarama ve tanı sürecinde aile hekimleri, çocuk ve ergen psikiyatristleri, pediatristler, klinik psikologlar, dil ve konuşma terapistleri, ergoterapistler, sosyal çalışmacıların katılımı ve multidisipliner çalışması gerekmektedir.

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