

Bölüm 6

ATEŞLİ HASTALIKLARA BAĞLI KİLO KAYBI

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GİRİŞ

Kilo kaybı, altta yatan organik hastalıklar ya da psikososyal hastalıklara bağlı olarak gelişen, potansiyel morbidite ve mortalite nedeni olması sebebiyle önemli bir klinik sorundur. Kilo kaybının etyolojisi çok geniştir. Yapılan çalışmalar; kilo kaybının en sık görülen nedenlerinin malignite, kronik inflamatuvar hastalıklar, insan immünyetmezlik virüs enfeksiyonu (HIV enfeksiyonu) ve diğer kronik enfeksiyöz hastalıklar, psikiyatrik hastalıklar, gastrointestinal hastalıklar, hipertiroidizm ve diyabetes mellitus olduğunu göstermektedir (1-3).

Kilo kaybı, genel yetişkin popülasyonun %1,3-%13,3'ünde, 65 yaş ve üzeri hastaların ise %27'sinde görülür. Kilo kaybı ayrıca hastane yatışlarında artış, hastane içi komplikasyon riskinin artması, bakım gereksinimi ve düşük yaşam kalitesi ile ilişkilidir. Ayaktan başvuran hastalarda, kilo kaybı semptomunun tanınmasının önemli bir nedeni, potansiyel olarak tedavi edilebilir bir hastalığı veya çok çeşitli durumlar için müdahale etme fırsatını gösterebilmesidir. Her ne kadar kilo kaybının erken belirlenmesi, klinisyene değiştirilebilir risk faktörlerine müdahale etme veya komplikasyonları öngörme potansiyeline sahip olma fırsatı sunsa da; kilo belgeleme, kilo kaybını tanıma ve tarama konusundaki güncel uygulamalar değişkendir. Mevcut veriler kilo kaybının az bilindiğini göstermektedir (4).

Geniş ayırıcı tanı ve standardize edilmiş kılavuzların bulunmaması nedeniyle, istenmeyen kilo kaybı klinisyen için tanısız bir zorluk teşkil eder. Öncelikle tıbbi öykü ve fizik muayene bulgularına dayanması gereken klinik düşünce, aynı zamanda hasta bazlı da olmalıdır (2, 5-8). Bununla birlikte, altta yatan bir maligniteyi kaçırmamak için bazen geniş kapsamlı, yüksek maliyetli ve invaziv araştırmalar yapılmaktadır (2, 5).

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