

Bölüm 24

DİYABET VE PSİKİYATRİK HASTALIKLAR

Ender ATABAY¹

Diyabet, kişinin duyu, düşünce ve davranışlarını önemli ölçüde etkileyerek psikososyal ve psikiyatrik yansımaları neden olabilen kronik bir hastalıktır(1-4). Psikiyatrik semptomlar, hastalıklar ve tedavilerin kendisi diyabet gelişimine katkıda bulunabileceği gibi diyabet sonrasında gelişen psikiyatrik bozukluklar da diyabetin seyrini etkileyebilmektedir. Psikiyatrik tablolar ile diyabetin ilişkisi iki yönlü olarak görülmektedir(5,6). Bu nedenle de diyabetik hastalarda genel tıbbi bakım ile psikiyatrik bakım entegre edilerek hayat kalitesi ve hastalığın gidişi geliştirilebilmektedir (7,8). Diyabete psikiyatrik hastalıkların eşlik etmesi diyabetik özbakımda güçlükler, azalmış hayat kalitesi, işlevsel kayıplar, komplikasyonlar ve sağlık harcamaları ile ilişkilidir (6,9). Bilişsel davranışçı terapi, motivasyonel görüşme ve müdahaleler gibi hasta merkezli yaklaşımlar, stres yönetimi, başa çıkma becerileri eğitimi, aile terapisi ve işbirlikçi vaka yönetimi bu rahatsızlıkların tedavisinde birincil bakımda yer almalıdır (10). Bu bölümde güncel literatür ışığında ruhsal sağlık ile diyabet arasındaki ilişki irdelenecektir.

DİYABETTE PSİKİYATRİK HASTALIK EPİDEMİYOLOJİSİ

Diyabet bireyin fiziksel, sosyal ve emosyonel yaşamının tüm yönlerini etkileyebilen ve hayat kalitesini kötüleştirebilen bir rahatsızlıktır(11). Diyabetin tipinden bağımsız olarak, hastalarda tanı anında ve hastalığın gidişi süresince psikiyatrik rahatsızlıkların ve uyum sorunlarının daha sık görüldüğü uzun süreden bu yana bilinmektedir. Depresyon, bipolar ve ilişkili bozukluklar, şizofreni spektrum ve diğer psikotik bozukluklar, anksiyete bozuklukları, uyku bozuklukları, yeme bozuklukları ve stres ilişkili bozukluklar bu rahatsızlıkların başlıcalarıdır(8,12-18). Bu yüksek insidans çocukluk çağından itibaren görülmekle birlikte diyabetik

¹ Uzman Doktor, Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları Uzmanı, Mersin Şehir Eğitim ve Araştırma Hastanesi, drederatabay@gmail.com

tkınırca yeme epizodları için de şüphe oluşturmaktadır(128). Rekürren hipoglisemi epizodları da provake edilmiş kusma, aşırı yeme ve ya şekerli gıda yiyebilmek için kasıtlı olarak yüksek insülin dozu vurma ile ilişkili olabilmekte ve yeme bozuklukları için uyarıcı olabilmektedir. Yine tekrarlayan diyabetik ketoasidoz da kilo kaybı amacı ile kasıtlı insülin vurumunu gösterebilir(127).

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