

Bölüm 63

DİZ OSTEOARTRİTİNDE AKILCI NSAİİ KULLANIMI

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GİRİŞ

Osteoartrit; etyolojisinde çok faktörlü dinamik patolojik süreçlerin rol aldığı, kronik dejeneratif eklem hastalığıdır. İlerleyici kıkırdak yumuşaması-kıkırdak kaybı, subkondral kemik sklerozu-kist formasyonu ve osteofit oluşumu ile seyreder. Diz osteoartriti tanısı ortalama 55 yaş civarı konur ve bireyin yaklaşık 30 yılını etkiler. Yürüme, merdiven çıkma gibi alt ekstremitenin rutin fonksiyonlarını önemli ölçüde kısıtlar. Toplumun yaklaşık %10' unu etkileyen diz osteoartritinde halen küratif bir tedavi yoktur. Mevcut tedaviler ağrıyı azaltmayı ve fonksiyonu iyileştirmeyi amaçlar (1). İleri evre diz osteoartriti için total diz artroplastisi en sık uygulanan cerrahi tedavi yöntemidir (2). Hafif ve orta düzeydeki diz osteoartritinde genellikle konservatif tedavi yöntemleri tercih edilir (3).

Non-steroid anti-inflamatuar ilaçlar (NSAİİ); analjezik ve antiinflamatuvar etkilerinden dolayı osteoartritin konservatif tedavisinde geniş ölçüde kullanılmaktadır. Bu ilaçların sık kullanımı ile birlikte özellikle gastrointestinal sistem (GİS) üzerinde olumsuz etkileri de paralel olarak artmaktadır. GİS'de ülser, kanama hatta perforasyona kadar varan ciddi yan etkiler bildirilmiştir (4). Bu nedenle NSAİİ'lerin tüketiminin kontrol altına alınmasını sağlayacak akılcı yaklaşımlara ihtiyaç duyulmaktadır.

DİZ OSTEOARTRİTİ

Tanım, Sınıflama, Etiyoloji

Diz osteoartriti ilerleyici eklem hasarı ve periartüküler bölgede yeni kemik formasyonu oluşumu ile karakterize diz eklemine dejeneratif bir hastalıktır.

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arak NSAİİ'nin ince bağırsakta oluşturduğu hasarı azalttığı deneysel olarak gösterilmiştir (4).

Dikkat Edilmesi Gereken Durumlar

Diz osteoartriti popülasyonunda diklofenak, ibuprofen, meloksikam ve selekoksib kullanımının venöz tromboemboli riskini arttırdığı, naproksenin ise arttırmadığı gözlenmiştir. Klinisyenlerin NSAİİ reçete ederken VTE için risk profillerini de göz önünde bulundurması gerekmektedir (43). Ayrıca GİS ülser riskini daha da artıran bazı durumlar vardır. Bunlar; aspirin dahil çoklu NSAİİ kullanımı, bu ilaçlar ile beraber kortikosteroid veya antikoagulan kullanımı, *Helicobacter pylori* enfeksiyonu, komplike ülser öyküsü ve ileri yaştır. Bu hastalarda uyarıcı semptomlar olmadan ciddi ülserler gelişebileceği bilinmelidir (40).

SONUÇ

Diz osteoartritinin tedavisinde; öncelikle hastanın eğitimi ve bilgilendirilmesi gerekmektedir. Farmakolojik tedavi yöntemlerine geçmeden önce diğer non-farmakolojik tedavi yöntemlerinin etkin bir şekilde uygulanmış olması gerekir. NSAİİ kullanımı gerektiği durumlarda, bu yöntemlerin eş zamanlı uygulanması tedavi başarısını arttırabilir. NSAİİ'nin gastrointestinal ve kardiyovasküler sistem üzerindeki hasarı veya böbrek-dalak üzerindeki toksisitesi göz ardı edilmemelidir. Tedavi edici etkiyi sağlarken, yan etkiler de minimize edilmelidir. Kardiyovasküler riski düşük hastalarda tedavi planı GİS riskine göre planlanmalıdır. GİS riski düşük hastalarda ise akılcı bir yaklaşım ile en düşük riskli NSAİİ efektif en düşük dozda reçete edilmelidir.

Anahtar Kelimeler: Diz osteoartriti, NSAİİ, akılcı kullanım

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