BÖLÜM 20

Gebelik ve Postpartum Dönemde Psikiyatrik Hastalıklar

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Giriş

Gebelik ve lohusalık kadın hayatı için stresli dönemlerdir. Bu stres var olan bir hastalığı alevlendirebilir veya yeni bir hastalığın ortaya çıkmasına sebep olabilir. Gebelerin zaman içerisindeki fizyolojik bedensel değişikleri, gebeliğin başındaki mide bulantılari gibi gebeliğe bağlı belirtiler, doğum ve bebek bakımı ile ilgili anksiyeteler bu duygudurum değişikliğine katkı sağlayabilir(1). Andersson ve arkadaşları yaptıkları toplum bazlı çalışmada gebelikte psikiyatrik hastalık prevalansını %14 bulmuşlar, yalnızca %5,5 gebenin tedavi edildiğini bildirmişlerdir(2). Postpartum dönemde intihar eden kadınların incelendiği bir çalışmada ise en önemli risk faktörleri olarak daha önce hastaneye yatırılmış olmak ve madde bağımlılığı gösterilmiştir. Tekrarlayan hastane yatışı ise riski daha da arttırmaktadır(3).

Gebelik ve postpartum dönemde yaşanan ruhsal hastalıklar intihara yatkınlık yaratmakla birlikte anne ve bebek arasındaki bağlanmayı da olumsuz etkiler, annenin doğum sonrası dönemde bebeğe bakım verme kapasitesini azaltır ve partneriyle ilişkisinde sorun yaratarak evlilik problemlerine sebep olabilir(4). Bu sebeple bu hastalıkların erken dönemde tespiti ve tedavisi önemlidir. Gebenin mental değerlendirmesi ilk vizitte yapılmalı, mevcut ruhsal hastalık varlığı, aile öyküsü, varsa kullandığı ilaçlar, madde kullanımı, istismar öyküsü sorgulanmalıdır.

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tipsikotiklerin güvenliği ile ilgili daha az sayıda çalışma vardır. En sık çalışılan 2. kuşak antipsikotik ilaç olan olanzapin'in güvenli olduğuna dair çalışmalar mevcuttur(104).

Gebelikte Anksiyete Bozuklukları

Sık görülen anksiyete bozuklukları yaygın anksiyete bozukluğu, panik bozukluğu, panik atak, özgül fobi ve sosyal anksiyete bozukluğu gibi bozukluklardır. Aşırı heyecan duyma, endişe, huzursuzluk, gerilim, yüksek kaygı düzeyi mevcuttur(15). Antidepresan tedavi ve psikoterapi ile tedavi edilirler.

Anksiyete bozukluklarının semptomatik tedavisinde kullanılan benzodiazepinlerin teratojen olmadığına dair çalışmalar mevcut olmakla birlikte, damak dudak yarığı yaptığına dair veriler de vardır(105-107). Kronik kullanımı yenidoğanda düşük apgar skoru, apne, hipotermi, irritabilite, tremor, beslenme güçlüğü ile giden çekilme sendromuna sebep olabilir. Bununla birlikte spontan abort ve erken doğum ihtimalini arttırdıklarına dair çalışmalar da mevcuttur(85, 107). Gebelikte kullanımı gerekli olduğunda kısa etkili (lorezapam) olanların kullanılması önerilmektedir(85).

Emzirme döneminde benzodiazepin kullanılması gerektiğinde de kısa etkili, etkin metobiliti olmayan lorezapam gibi ilaçlar kullanılması önerilmelidir. Kronik kullanım anne sütü alan çocuklarda ilaç bırakılınca çekilme etkilerine yol açabilir.Yenidoğanda sedasyon oluşumu yakın takip edilmelidir(84, 108). Diazepam uzun etki süresi, bebekte apne, hipotoni ve sedasyona yol açabildiği için emziren annelerde kullanımı önerilmez(102, 109).

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