Bölüm
10

GERİATRİK HASTALARDA SIK GÖRÜLEN RUHSAL BOZUKLUKLAR VE TEDAVİ YÖNETİMLERİ

Aslı BEŞİRLİ[1]

GİRİŞ

Dünyada 60 yaş ve üzeri nüfus oranının 2015-2050 yılları arasında %12 den %22'ye yükseleceği öngörülmektedir (1). Türkiye İstatistik Kurumu'nun (TÜİK) "İstatistiklerle Yaşlılar, 2018" raporunda 65 yaş ve üzeri nüfusun son beş yılda %16 artarak 2018 yılında 7 milyon 186 bin 204 kişi olduğu belirtilirken; yaşlı nüfus oranının 2040 yılında %16.3, ve 2080 yılında %25.6 olacağı öngörülmektedir (2).Yaşlılıkta ruhsal bozuklukların görülme sıklığı yüksektir (3). Dünyadaki yaşlı nüfusun %15'inde ruhsal bir hastalık bulunmaktadır ve ruhsal hastalığı olanların %50'si ise tedavi edilmemektedir (1).

Bu bölümde yaşlılık döneminde sık görülen depresyon, anksiyete bozuklukları, psikotik bozukluklar, uyku bozuklukları ve bu bozuklukların tedavi yönetimleri ele alınacaktır.

DEPRESYON

Depresyon yaşlılıkta sık görülen ruhsal bozukluklardan biridir (4). Yaşlılarda major depresyon görülme sıklığı genç bireylere göre daha düşük olmasına rağmen 12 aylık sıklık %6,6 olarak bildirilmiştir (5). Kadın cinsiyet, bilişsel bozulma, sosyal iletişimin kaybı, kronik somatik bozukluklar, stresli yaşam olayları ve işlevsel yeti yitimi gibi faktörler geç yaşlarda ortaya çıkan depresyonla ilişkilidir.

Dikkat dağınıklığı, unutkanlık, mental yavaşlama, yorgunluk, kilo kaybı, ağrı, sosyal geri çekilme, iştahsızlık depresyonda sık görülen belirtiler arasındadır (6,7). Hastalar bu belirtileri depresyonla ilişkilendiremeyebilir ancak klinisyenler olası alta yatan nedenin depresyon olabileceği konusunda şüpheci olmalıdır (7).

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TEDAVİ

Yaşlı hastalarda insomnia tedavisinde öncelikle ilaç tedavisinden daha etkili olduğu bildirilen davranışçı tedavi yöntemleri tercih edilmelidir (80,81).

Farmakolojik tedavide en çok flurazepam, quazepam, estazolam, temazepam, triazolam, zaleplon, zolpidem gibi ilaçlar kullanılmaktadır (82). Ülkemizde yalnızca zopiklon bulunmaktadır (83).

Benzodiazepinler yaşlılarda kullanılan diğer bir ilaç grubudur. Bu ilaçlar yaşlılarda düşük dozda başlanmalı ve doz artışı yavaş yapılmalıdır. Bağımlılık ve çekilme belirtileri nedeniyle 2 haftadan uzun süre kullanılmamalıdır (84).

Eşlik eden depresyon gibi psikiyatrik hastalık varlığında sedatif özelliği olan trazodon gibi antidepresanlar kullanılabilir (85).

Parlak ışık tedavisi ve düzenli egzersiz farmakolojik olmayan tedavi yöntemleri olarak önerilmektedir (86,87).

Melatoninin uyku başlatıcı etkisi olduğu bildirilmiştir. Bazı çalışmalarda uyku kalitesini artırdığı bildirilirken bazı çalışmalarda fazla etkin olmadığı bulunmuştur (88,89).

SONUÇ

Yaşlı nüfusun artmasıyla birlikte yaşlılık döneminde görülen ruhsal bozuklukların sıklığında da artış olması beklenmektedir. Yaşlı hastalar sağlık kuruluşuna başvurduğunda fiziksel değerlendirmenin yanı sıra mutlaka ruhsal değerlendirme de rutin olarak yapılmalı, şüphelenilen vakalarda psikiyatri konsültasyonu istenmeli, gerekli tetkik ve tedavi süreci başlatılmalıdır. Psikiyatrik tedavi gören yaşlı hastalarda hastayla birlikte varsa yakını da ayrıntılı olarak bilgilendirilmeli, düzenli aralıklarla hastalar kontrole çağırılmalı ve tedavide belirtilerin giderilmesinin yanında hastanın yaşam kalitesi ve işlevselliğinin iyileştirilmesi de hedeflenmelidir.

Anahtar Kelimeler: Geriatrik hasta, anksiyete, depresyon, psikotik bozukluk, uyku bozukluğu

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