

Bölüm 23

NÖROLOJİK HASTALIKLAR VE PSİKİYATRİ

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GİRİŞ

Psikanaliz akımının baskın olduğu yıllardan sonra nöro bilim alanındaki gelişmeler klinik psikiyatri uygulamalarının hızla değişmesine neden olmuştur. Nörotansmitter, nörogörüntüleme, immünokimyasal ve genetik gelişmeler hem psikiyatrik hem de nörolojik hastalıkların risk faktörleri, tanı, tedavi, prognozları hakkında daha fazla bilgi sahibi olmamıza neden olmuştur (1).

Aynı hedef organa sahip olan psikiyatri ve nöroloji disiplinleri bu nedenden ötürü benzer semptomları sıklıkla paylaşmaktadır. Psikiyatrik hastalıkların seyrinde nörolojik belirtiler, nörolojik hastalıkların seyrinde psikiyatrik belirtiler hem çalışma sonuçlarında hem de vaka sunumlarında oldukça sık olarak karşımıza çıkmaktadır (1,2). Semptomların bir bütün olarak ele alınması varılacak tanısal sürecin daha sağlıklı olmasına katkıda bulunacaktır.

Bu bölümde, birinci basamak pratiğinde sık olarak görülen nörolojik hastalıkların psikiyatrik yönden değerlendirilmesine yardımcı olmak amaçlanmıştır. Kitabın diğer bölümlerinde yer alan deliryum, demans, uyku bozukluklarına ve endokrin hastalıklarda gözlenen nöropsikiyatrik durumlara ve onkolojik hastalıklara bu bölümde yer verilmemiştir.

NÖROPSİKOLOJİK DEĞERLENDİRME

Nöropsikolojik değerlendirme, bilişsel ve davranışsal alanda gözlenen ortak semptomların doğasını ve şiddetini saptamada yardımcı olabilir. Yapılan değerlendirme ile hastaların bilişsel yapısı, kişilik yapısı, sosyal davranışı, emosyonel durumu ve uyum becerileri hakkında bilgi vermektedir (1, 2).

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nemler gibi afektif veya davranışsal değişiklikler, Wilson hastalığında ilk başvuru belirtileri olabilir. Entellektüel bozulma erken dönemde hafif olarak gözlenebilir (108).

SONUÇ

Pek çok nörolojik hastalıkta günlük psikiyatri kliniğinde karşılaşılan ruhsal hastalık tabloları ile karşılaşmak olasıdır. Bu nedenle nörolojik hastalık tanısı alan hastalarda ayrıntılı psikiyatrik öykü alınması, gerekirse yakınları ile görüşülmesi ve ruhsal durum muayenesi yapılması önemlidir.

Örneğin Travmatik beyin hasarında, frontal lob sendromuna bağlı olarak kişilik değişiklikleri gözlenir. Epilepsilerde, nöbetlerle ilişkili afektif ve psikotik semptomlar yaygındır. İnme sonrasında en sık gözlenen tablo depresif bozukluktur. HIV enfeksiyonu sonrasında bilişsel, afektif ve psikotik bozukluklar yaygın olarak gözlenir. Huntington hastalığında, motor, bilişsel ve davranışsal semptomlar hastalığın başından beri var olabilir.

Tüm bunlar göz önünde bulundurularak mutlaka multidisipliner değerlendirme yapılması gerekliliği akılda bulundurulmalıdır.

Anahtar Kelimeler: nörolojik hastalıklar, bilişsel bozukluklar, kişilik bozuklukları

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