AİLE HEKİMLİĞİNDE PRATİK BİLGİLER VE İLAÇ KULLANIMI

2. Baskı

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UYARI

Bu üründe yer alan bilgiler sadece lisanslı tıbbi çalışanlar için kaynak olarak sunulmuştur. Herhangi bir konuda profesyonel tıbbi danışmanlık veya tıbbi tanı amacıyla kullanılmamalıdır. *Akademisyen Kitabevi* ve alıcı arasında herhangi bir şekilde doktor-hasta, terapist-hasta ve/veya başka bir sağlık sunum hizmeti ilişkisi oluşturmaz. Bu ürün profesyonel tıbbi kararların eşleniği veya yedeği değildir. *Akademisyen Kitabevi* ve bağlı şirketleri, yazarları, katılımcıları, partnerleri ve sponsorları ürün bilgilerine dayalı olarak yapılan bütün uygulamalardan doğan, insanlarda ve cihazlarda yaralanma ve/veya hasarlardan sorumlu değildir.

İlaçların veya başka kimyasalların reçete edildiği durumlarda, tavsiye edilen dozunu, ilacın uygulanacak süresi, yöntemi ve kontraendikasyonlarını belirlemek için, okuyucuya üretici tarafından her ilaca dair sunulan güncel ürün bilgisini kontrol etmesi tavsiye edilmektedir. Dozun ve hasta için en uygun tedavinin belirlenmesi, tedavi eden hekimin hastaya dair bilgi ve tecrübelerine dayanak oluşturması, hekimin kendi sorumluluğundadır.

Akademisyen Kitabevi, üçüncü bir taraf tarafından yapılan ürüne dair değişiklikler, tekrar paketlemeler ve özelleştirmelerden sorumlu değildir.

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BAŞLARKEN

Bir önceki kitabın devamı niteliğinde olan güncellenmiş yeni baskıda bir çok yeni bölüm bulacaksınız. Yine internetten kolaylıkla ulaşabileceğiniz birçok bilim insanının bir araya gelerek oluşturduğu klavuzların (Türk Endokrin ve Metabolizma Derneği, Türk Kardiyoloji Derneği) konularına girmeden, aile hekimliği pratiğini ilgilendiren konuları ele almaya çalıştım.

Aile Hekimliği Uzmanı
Doç Dr Muhteşem Erol YAYLA

UYARI: Kitapta var olan içerik, güncel ve kanıta dayalı tıbbi bilgilere dayanmaktadır. Klinik uygulamalarda hasta tedavisi düzenlenirken tıbbi bilgilerin zamanla değişebileceği unutulmamalıdır.

İÇİNDEKİLER

Akne Rosacea

Yüksek kaliteli kanıt olan tedaviler: topikal azelaik asid, topikal ivermektin, brimonidin, doksisiklin, isotretinoin

Orta dereceli kanıt olan tedaviler: topikal metronidazol, oral tetrasiklin,

Düşük dereceli kanıt olan tedaviler: düşük doz minosiklin, lazer, IPL (intense pulsed light), göz tutulumu için emülsiyon halinde siklosporin (34).

Aktinik keratoz

Sık görülen prekanseröz olabilen bir lezyondur. Seboreik keratozda deriden kabarık sanki bir fiske ile koparılacak bir lezyon varken, seboreik keratoz lezynları yüzeyi hafif squamlı ve deriden değişik bir çok renkte koyu renkten açık renge değişen değişkenlikte lezyonlardır.

Yapılan randomize kontrollü çalışmada 4 tedavi yöntemi uygulanmış ve 12 ay sonra sonuçlar karşılaştırılmıştır. 5-Florourasil tedavisi alan grupta, %5 imiquimod krem, metil aminolevulinate fotodinamik terapi (MAL-PDT), veya 0.015% ingenol mebutate jel kullanımına göre oldukça iyi sonuçlar elde edilmiştir (35). Ancak kişisel deneyimime göre bu ilacın uzun süreli uygulanması sırasında, parmakucu ünitesi veya el ayası gibi ölçümler yerine, pamuk uçlu kulak çöpünün lezyonun bulunduğu yere dokundurularak tedavi, hem maliyet hem de yan etkileri minimuma indirirken, etraf doku emilimine de engel olmaktadır.

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- 6 inç (15 cm) uzaklıktan parmak sürtme testi: başarısızlık 6 denemeden 2 veya daha fazlasında duyulmamasıdır,
- 6 inç (15 cm) uzaklıktan saat tıklatma: başarısızlık 6 denemeden 2 veya daha fazlasında duyulmamasıdır (47).

Presbilaringis

Yaşlılarda larinksin yaşlanması ile ortaya çıkan durumdur. Bu hastalarda patolojik durum olarak ortaya çıkan presbifoni, disfoni benzeri tedavi gerektirir. 2018'e ait JAMA yayınında presbifoninin presbilaringisten çok, solunum kapasitesinin azalması ve cinsiyetle ilişkili olduğu söylenmektedir. Tedavide konuşma terapisi başta olmak üzere çeşitli yöntemler kullanılabilir (48,49).

Epistaksis

Nazal kanama kontrolü tampon ve topikal traneksamik asit ayrı ayrı yapıldığında, ikisi arasında etkinlik bakımından anlamlı bir fark bulunamamıştır. Kontrol grubu olarak salinle müdahale grubu kullanılmıştır. Nazal tampon ile karşılaştırıldığında traneksamik asit uygulama kolaylığı tedavi üstünlüğüdür (50).

İşitme Kaybı:

İşitme kaybı 30-60 yaş arası sık görülür ve %90'ı tek taraflıdır. Bilateral ani işitme kaybı hastaların %2-8'inde görülür ve genellikle kötü prognozludur olup çoğunlukla sebebi belirlenemez (51). Sebebi idiyopatik olanlar için 10-14 gün, günde bir kez, peroral olmak üzere, 1 mg/kg/gün prednizon önerilmektedir (52).

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TREMOR

Tremor birinci basamakta en sık karşılaşılan hareket bozukluğudur. Artmış fizyolojik, esansiyel, parkinsonian tremor en sık tremor çeşitleridir. Psikojenik tremorun özelliği, ani başlangıç, spontan remisyon, değişen tremor özellikleri ve dikkatin dağıtılması ile kaybolmadır.

En sık görülen patolojik tremor popülasyonun 0.4% ila 6%'sını etkileyen esansiyel tremordur. Vakaların yarısında otozomal dominant özelliktedir (1). Esansiyel tremor üst ekstremitenin en az 3 yıldır titremesi ile karakterizedir. Tedaviye dirençlidir (2). Esansiyel tremor kolun ekstansiyona getirilmesi ile artar (serebellar aktivite artışı) (3). Tremor Parkinson hastalarının %70'inde başvuru nedenidir. Bu tremor tipik olarak unilateral, istirahatte ve istemli hareketle azalan tarzdadır (4).

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Statinler bir sistematik derleme ve meta analize göre, kronik karaciğer hastalığının ilerlemesi, hepatik dekompansasyon ve hepatik fibrozisi azaltabilmektedir (18). Kronik böbrek hastalığında proteinüri seviyesi <1000 mg/gün ise kronik böbrek hastalığında ilerlemeye neden olmazken, ≥1000 mg/gün proteinüri varlığında hastalıkta ilerlemeye neden olabilirler (19). Statin ve SSRI beaber kullananlarda, sadece SSRI kullanlara göre, daha az psikiyatrik başvuru, intihar veya tüm nedenlere bağlı ölüm olmaktadır (20).

Periferik Damar Hastalıkları:

Kronik venöz yetmezlikte flebotoniklerin yararı olabilir. Ülserlere faydası yoktur ancak, ödem, şişme, kramp, huzursuz bacakta işe yarayabilir (1) Flebotonikler bitki özleri (ör: flavonoidler) ve sentetik bileşiklerden (ör: kalsiyum dobesilat) oluşur. Kronik venöz yetmezlikten başka hemoroidal hastalık ve posthemoroidektomi sonrası da işe yaramaktadırlar, ancak amacı tedavi etmek değildir. Kanama ve tüm semptomlarda rahatlama olmakta, (2) bu da cerrahi yöntemi uygulanabilir kılmaktadır.

Periferal arter hastalık tedavisi ise sadece iki ilaçla tedavi mümkündür, pentoksifilin ve silostazol. Kanıtlar, pentoksifilinin etkisinin plasebodan pek farkı olmadığı ortaya koymuş. 1999'da FDA tarafından onay alan silostazolün etkisinin plasebodan farksız olduğu belirtilmektedir (3).

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Oral alımda malabsobsiyonun görüleceği, bariyatrik cerrahi, gastrektomi, gastrojejunostomi gibi cerrahi geçirmişler veya gastrointestinal yan etikler nedeniyle oral alınamayan vakalar ya da oral alımla karşılanamayacak kadar hızlı demir tedavisine ihtiyaç duyanlarda parenteral demir tedavisi uygulanabilir. İnfüzyon stratejileri ürüne göre değişse de, eşit olarak güvenli ve etkilidir (49,50).

Parenteral tedavi ile yan etkiler nadirdir, alerjik reaksiyonlar, hipotansiyon, dispne, karın ağrısı, göğüs ağrısı, sırt ağrısı, bulantı kusma olabilir. Yaşamı tehdit eden komplikasyonlar sık değildir (49).

Postpartum demir eksikliği anemisinde 6 hafta içinde, iv demir replasmanı oral demir replasmanına göre kanda hemoglobinin 1 gr/dl daha fazla yükselmesine neden olmuştur. Parenteral tedavinin yan etkileri azdır. Oral demir tedavisinin ise gastrointestinal yan etkileri mevcuttur. Parenteral tedavi bu grupta oral demire göre dha üstündür (50).

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ilişkili olabilir. Stimulan laksatifler, gayta yumuşatıcısı, kanser hastalarında ise steroid uygun ilaçlardır. Ölüm prosesinde sıkça görülen ağrı ve dispne için opiyat kullanılabilir. Delirium için haloperidol ve risperidon kullanılabilir. Kanıtlar kısıtlı olsa da, ölüm inlemeleri (death rattle=orofarengeal sekresyon birikimi ile olur) için hyoscyamine veya atropin oftalmik solüsyonları kullanılabilir. Bir sistematik derleme ve meta analizde ilerlemiş hastalıkta kronik soluksuzluk (breathlessness) için opiyat kullanımının, hekimlerin endişesine rağmen, herhangi bir solunum komplikasyonu yapmadığı belirtilmiştir (3). Malignensiye bağlı barsak obstrüksiyonu için kortikosteroidler kullanılabilir (4).

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receli fark vardır. Trigliserit 400 mg/dl üzeri ise açlık trigliserit seviyesi bakılmalıdır. Danimarkadan bir çalışmaya göre tokluk lipit seviyelerine bakılan hastaların ancak %10'unda açlık lipit seviyelerine bakılması gerekmiştir (7,8).

Gaytada Gizli Kan:

Kolorektal kanser taramasında kullanılan gFOBT testinin, kolorektal kanser varolmasına rağmen, negatif çıkma olasılığı FIT testine göre çok daha yüksektir. Bu nedenle FIT kullanımı FOBT kullanımına üstündür (9).

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Hafif hipotermide kaslardaki hipertoni(iç sıcaklık 32 C üstü), orta dereceli hipotermide kaslardaki rijidite(iç sıcaklık 28-32°C) kaslarda ağrı, eklem tutulması, şişme, hareket kısıtlılığı, parestezi ve kas güçsüzlüğüne neden olur. Bunlar soğuk algınlığının ilk günlerindeki immün sistem hücrelerinin virusle karşılaşmasıyla ortaya çıkan sitokinlerin neden olduğu myalji ve asteni gibi sistemik semptomlara benzer. Bu semptomlar, soğuğa maruz kalma ve soğuk algınlığı arasında ilişki kurma için bir diğer nedendir (21).

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Gebelikte Kilo Alımı:

Amerikada gebelikte ancak %32 kadın uygun miktarda kilo almaktadır. %68 kadın uygunsuz miktarda ama tüm sonuçlara bakınca da tüm gebelerin %50ye yakını aşırı kilo almaktadır. Aşırı kilo alan gebeler de zaten gebelik öncesi aşırı kilolu olan kadınlar olmaktadır.

The Institute of Medicine kadının gebelikte alacağı kilonun gebelik öncesi vücut kitle indeksine bağlı düzenlenmesi gerektiğini belirtmektedir. Aşırı kilo alımı makrozomiye, maternal obeziteye ve çocukta obeziteye neden olurken, gebelikte uygunsuz kilo alımı (az ya da fazla) düşük doğum ağırlıklı bebek riskini arttırır. CDC ye göre gebelikte artan metabolik ihtiyacı karşılamak için, ikinci ve üçüncü trimesterda ek olarak günde 340 ila 450 kalori alması yeterli olmaktadır (6).

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(ister parça parça ister tamamını bir anda) sağlığa iyi gelmekte ve insana iyi hissettirmektedir (7). Yeşillendirilmiş açık araziye yakın yerde yaşayanlarda, kendini değersiz hissetme, depresyon hissi istatistiksel olarak anlamlı; depresyon, istatistiksel olarak anlamlı olmadan azalmaktadır (8).

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adında bir tiyatro oyunu. daha sonra filmi de çekilen ve "angel street" adıyla da bilinen bu oyun, senaryosunun da etkisiyle bu terime adını veriyor. filmde jack ve bella adlı bir çift var. jack her gece evdeki gaz lambasını bir önceki güne göre giderek daha fazla kısıyor, bu durumdan habersiz olan bella da ne zaman "gaz lambası giderek daha mı az ışık veriyor?" dese jack'ten sert tepkiler alıyor. Bu şekilde bella'nın kendine olan özgüvenini sarsmaya çalışan jack, olaya dahil olan bir dedektif nedeniyle bu planında başarısız oluyor.

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