

# Bölüm 29

## NOKTURİ

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### 1. GİRİŞ

Yaygın bir semptom olan nokturi, gece idrar yapmak için bir veya daha fazla kez uyanma olarak tanımlanır (1). Epidemiyolojik kanıtlar ve klinik tecrübeleri olan uzman görüşlerine göre nokturinin klinik anlamlı hali iki veya daha fazla gece idrara çıkma olarak tanımlanmıştır (2). Yeni başlayan yetişkin gece idrar kaçırma veya gece yatak ıslatma (enürezis) nadir görülmekle beraber noktüriden ayırt edilmeli ve uyku problemlerine veya obstruktif bazı problemlere odaklanan farklı bir yaklaşım gerektirir (3,4). Nokturi, iyi huylu prostat hiperplazisi (BPH) olan yaşlı erkeklerde en sık görülen semptomlardan biridir (5). Genellikle alt üriner sistem semptomlarına (AÜSS) eşlik eder ve AÜSS semptomları içerisinde en çok rahatsızlık veren semptomdur. Yaşlı erkeklerdeki uyku bozukluklarının da en önemli nedenleri arasındadır (6). Aynı zamanda nokturi, artan depresyon oranları, iş devamsızlığı, zihinsel bir takım sağlık problemleri, konjestif kalp yetmezliği ve tüm nedenlere bağlı mortalite ile ilişkilendirilmiştir (7,8,9,10,11). Yine çok yaşlı bireylerde nokturi düşmeye bağlı kırıklarla da ilişkilendirilmiştir (12,13).

Nokturi birçok sendrom ve hastalıkta görülebildiği için tanısal yaklaşımlar oldukça zordur (14).

### 2. EPİDEMİYOLOJİ

Prevalansı yaş ilerledikçe yükselir. Elli, ellidokuz yaşları arasındaki kadınların ve erkeklerin yüzde 50'sinde zaman zaman nokturi gelişebilir. Cinsiyet oranı 60 yaşından sonra değişmekte olup, prevalans erkeklerde kadınlardan daha fazladır (15).

Noktürisi olan birçok kadında üriner sisteme ait başka semptomlar da (örn. Aşırı aktif mesane sendromu veya poliüri) mevcuttur (16). Fakat izole noktürisi olan hastalar da mevcuttur. İki binden fazla kırk ve üzeri yaşlarda kadın hastanın dahil edildiği bir çalışmada hastaların %40'ında başka üriner sistem yakınması olmaksızın sadece nokturi şikayeti mevcuttu (17).

Gebelikte çoğunlukla nokturi yakınması mevcutken, genellikle doğum sonrası 3. aya kadar bu yakınmalar düzelmektedir (18).

Her yıl yaklaşık yüzde 10 daha fazla erkekte gece idrara kalkma problemi başlarken yaşlı bireylere bu nokturinin remisyona girme ihtimali, genç hastalara kıyasla daha düşüktür.

Nokturinin risk faktörleri arasında obezite, hipertansiyon, diüretik kullanımı, huzursuz bacak sendromu, BPH, prostat kanseri, antidepresan kullanımı, koroner arter hastalığı, konjestif kalp yetmezliği ve

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**Öğleden Sonra Diüretik Tedavisi:** Öğleden sonra diüretik dozunun uygulanmasının nokturi üzerine etkisini inceleyen az sayıda çalışma vardır. İki adet randomize çift kör çalışmada nokturinın gecede ortalama 0,5 epizod azaldığı gösterilmiştir(42,43). Çalışmalardan birinde en fazla faydayı büyümüş prostatı olan erkeklerin, diğerinde ise nokturnal poliüriisi olan erkeklerin gördüğü bulunmuştur(43). Gece alınan antidiüretik tedaviyi yatmadan altı saat önce alınan diüretik tedavi ile kombine etmenin nokturiyi azaltmada etkiyi daha da arttırdığı fakat çoğu hastada hiponatremiye yol açtığı gösterilmiştir(84).

**Sonuç olarak** nokturinın birçok nedeni olabileceği için nokturi de tek ajanlı tedavi başarısız olabilir. Bu nedenle altta yatan sebep ayrıntılı olarak değerlendirilmeli ve tedavi modeli de bu etiyoolojiye yönelik olarak seçilmelidir.

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