BÖLÜM 11

Fizyopatoloji Temelinde Migren Tedavisi

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GİRİŞ

Günümüzde migrenin tedavisi için elimizde çok sayıda farmakolojik ajan bulunmaktadır. Bununla birlikte, kullanımdaki ilaçların etki mekanizmaları tam aydınlatılabilmiş değildir. Bu mekanizmaların daha iyi anlaşılması, migrene yol açan patofizyolojik süreci de aydınlatacak ve bu şekilde daha etkin, hedefe yönelik tedavilerin üretilmesi mümkün olabilecektir. Bu bölümde, halen klinik kullanımda olan ve yakın zamanda kullanıma girmesi beklenen akut ve profilaktik tedavi yaklaşımları olası patofizyolojik mekanizmalar ışığında tartışılacaktır.

FARMAKOLOJİK TEMELLER VE TEDAVİ HEDEF NOKTALARI

Migren patogenezi ağrıya duyarlı yapılar olan meninksler ve kan damarlarının yanı sıra beyin parankimindeki kortikal ve subkortikal birçok yapıyı ilgilendirir. Bu süreçler hakkındaki bilgilerimiz, büyük ölçüde son 40 yılda yapılmış olan deneysel çalışmalarla birlikte hastalar üzerinde yapılan nörogörüntüleme incelemelerine dayanmaktadır. Migren atağındaki en belirgin semptom olan başağrısı göz önüne alındığında, patogenezin temelinde başın ağrı duyusu oluşumunu başlatan trigeminal ve üst servikal sinirlerin ve bunlar tarafından innerve olan meninksler ve kan damarlarının (tümü kısaca trigeminoservikovasküler sistem (TSVS) olarak adlandırılır) aktivasyonunun yattığı düşünülebilir. Ancak bu temel mekanizma devreye girmeden önce ve sonrasında sürece katılan başka yolaklar da söz konusudur. Farklı mekanizmalar migren atağının değişik evrelerinde baskın olmakla birlikte, evreler arasında geçiş çok keskin olmayabilir ve bir mekanizma birden fazla evrede rol oynayabilir. Migren başağrısı karakteristik meningeal ağrı özelliklerini göstermekle beraber, bu parankimal veya meningeal kökenli çeşitli olaylarla tetiklenebilir.

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