

MORBİD OBEZİTEDE AĞRI YÖNETİMİ

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Giriş

Obezitesi olan bireylerin vücut kitle indeksi 30 kg/m² veya daha üstü iken morbid obezitede vücut kitle indeksi 40 kg/m² ve üzeri olarak kabul edilmektedir (1). Son 30 yılda, dünya çapında obezite prevalansı yetişkinler için %27,5 ve çocuklar için %47,1 oranında artmıştır. Obezitenin genetik, sosyoekonomik ve kültürel etkiler arasındaki ilişkiler sonucu ortaya çıktığı vurgulanmaktadır. Tüketim şekli, kentsel gelişim ve yaşam tarzı obezite prevalansını etkilemektedir. Bunun yanında obezite, hastalıkların veya farmakolojik tedavilerin sonucunda ortaya çıkabileceği gibi komorbid hastalıkların ortaya çıkmasında da önemli bir risk teşkil etmektedir (2).

Birçok obez bireyde, şiddetli obezite ile ilişkili birden fazla organ sistemini etkileyen proinflamatuar süreçler ortaya çıkabilir. Beyaz yağ dokusu proinflamatuar sitokinler, akut faz reaksiyonları, leptin gibi hormonlar ve pek çok reaktif

substratları içeren çok fazla sayıda polipeptid salgılar (3). Bir sitokin olan adipokinler insülin direnci ve metabolik sendrom gibi metabolik hastalıkların yanında kardiyovasküler hastalıklar ve nörodejeneratif hastalıklara da yol açmaktadır. Her yıl artan sayıda pek çok obezite hastası bariatrik cerrahi için başvurmakta ve bu operasyonlar beraberinde yine pulmoner ve kardiyovasküler komplikasyonlara yol açmaktadır (4). Obezite kardiyovasküler hastalık, hipertansiyon ve diyabet riskini artırmasının yanında inatçı ağrının da ortaya çıkmasına neden olmaktadır (5).

Bu bölümde obezite ve ağrı arasındaki ilişkiye değinilip, özellikle morbid obezite hastalarındaki ağrı yönetimi üzerinde durulacaktır.

Morbid Obezite Hastalarında Ağrı Duyarlılığı ve Ağrı Puanlaması

Obezite hastalarında ağrı algısının değiştiğine dair pek çok bulgu rapor edilmiştir. Bu da hasta-

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pülasyondaki hasta grupları için bir kılavuz oluşturulması gerekmektedir.

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