



## BÖLÜM 9

### GERİLİM TİPİ BAŞ AĞRISI

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#### GİRİŞ

Gerilim tipi baş ağrısı (GTBA) dünya çapında en yaygın görülen nörolojik bozukluktur. Aynı zamanda tüm primer baş ağrıları içinde en sık rastlanılan primer baş ağrısıdır (1,2). Bu kadar yaygın görülmesine ve migren gibi ciddi iş kaybı oluşturabilmesine rağmen klinik olarak görece daha hafif baş ağrılarına neden olduklarından ihmal edilerek hekime başvuruda daha geri plandadır. Kitabımızın bu bölümünde, gerilim tipi baş ağrısını ayrıntılı olarak incelemeyi planladık.

#### SINIFLANDIRMA VE TANI KRİTERLERİ

Gerilim tipi baş ağrısı(GTBA), hafif ila orta şiddette tekrarlayan, iki taraflı yerleşimi, baskı veya sıkıştırıcı niteliği, rutin fiziksel aktivite ile şiddetlenmesi ve atak sırasında fotofobi, fonofobi ve mide bulantısı gibi eşlik eden semptomların olmamasıyla ile karakterizedir. Baş ağrıları bilateral olma eğilimindedir ve bazen 'kafa bandı' benzeri bir model olarak tanımlansa da ağrı altında, posterior baş bölgelerinde ve boyunda da ortaya çıkabilir (3).

Tanı, Baş ağrısı öyküsü ve Uluslararası Baş ağrısı Bozuklukları Sınıflandırması, üçüncü baskı (ICHD-3) tarafından sağlanan klinik kriterlerle alternatif tanıların dışlanması ile konulmaktadır (3).

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## SONUÇ

Gerilim tipi baş ağrısı (GTBA) primer bir baş ağrısı olup, seyrek epizodik GTBA, sık epizodik GTBA, Kronik GTBA ve olası GTBA olmak üzere 4 başlık altında ele alınmaktadır. Seyrek epizodik gerilim baş ağrısı olanlar genellikle doktora başvurmaz ve ağrı kesici ile çözüm bulmaya çalışır. Sık epizodik ve kronik GTBA'sı olan olgularda doktora başvuru söz konusudur. Akut atak tedavisi; basit analjeziklerin ve nonsteroid antiinflatuar (NSAID) ajanların tek başına veya kombine (kafein, kodein) olarak kullanılmasını içermektedir. KGTBA ve sık EGTBA'da profilaktik tedavide antidepressan, antikonvulzan ilaçlar öncelikle önerilmekte ve kullanılmaktadır. Nonfarmakolojik tedavi yöntemleri (bilişsel davranışsal terapi, rahatlama egzersizleri, akupunktur) de profilakside kombine tedavi olarak önerilmektedir. Tedavi hedefinin ve sonuçların değerlendirilmesi için; düzenli poliklinik kontrolleri ve baş ağrısı günlüğü ile takibi söz konusudur.

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