

BÖLÜM 23

Gebelik ve Yaşlılıkta Uyku



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GİRİŞ

Uyku, ilişkili solunum hastalıkları, tekrarlayan duraklamalar veya genellikle solunum genliğinde azalma ile giderek önemli desatürasyon ve horlama ile sonuçlanır. Apne ve hipopne olmak üzere iki farklı morfolojik şekilde görülebilir. Bu da üç alt tipte karakterize edilebilir; obstrüktif uyku apnesi(OSAS), karma tip uyku apnesi ve santral tip uyku apnesi. Bunların arasında obstrüktif apne ve obstrüktif hipopne yaygındır.

Mevcut tanımla klinik olarak anlamlı olması için, solunum bozukluğu en az 10 saniye sürmeli ve ortalama bir saatte en az beş kez gerçekleşmelidir (Apne-hipopne indeksi [AHI]:5) (1). Bununla birlikte yorgunluk, gündüz uyku hali, horlama, diyabet, depresyon, bilişsel işlev bozukluğu gibi klinik semptomlar görülmesi halinde obstrüktif uyku apnesi için tanısal kabul edilebilir. Ancak klinik bulguların yokluğunda AHI:15, OSAS için tanısal olarak kabul edilir. AHI değerleri üzerinden yapılan OSAS değerlendirmesinde $5 \leq \text{AHI} < 15$ hafif düzey OSAS, $15 \leq \text{AHI} < 30$ orta düzey OSAS, $30 \leq \text{AHI}$ ağır düzey OSAS olarak tanımlanır (1).

A)Gebelikte OSAS

Gebelikte Uykuyu Değiştiren Nedenler ve Uykudaki Değişimler

Hamilelik boyunca progesteron, östrojen ve büyüme hormonu düzeylerinde artış sonrasında gestasyon ile birlikte de melatonin, prolaktin, oksitosin ve korti-

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