

# BÖLÜM 35

## Obstrüktif Uyku Sendromunda Alternatif ve Yeni Geliştirilen Tedaviler



Aslıhan Banu ER<sup>1</sup>

### GİRİŞ

Obstrüktif uyku apne sendromu (OSAS), toplumda her geçen gün sıklığı artan kardiyovasküler sistem başta olmak üzere ve tüm sistemleri etkileyen, mortalite ve morbiditenin arttığı, mesleki ve sosyal yaşamda kısıtlayıcı sonuçlara sebep olan uykuda solunum bozukluğudur (1,2). OSAS üst solunum yolunda gerek anatomik yapının anormal seyrine bağlı, gerekse uykuda anormal nöromusküler yanıtla ilgili olarak gerçekleşmektedir.

OSAS tedavisinde temelde kilo verme, ağız içi araç kullanımı ve cerrahi yöntemler olsa da, sürekli pozitif hava yolu basıncı (CPAP) tedavisi altın standart yöntem olarak yer almaktadır. Her ne kadar altın standart yöntem olsa da, uzun dönemde hastanın uyum problemlerinin artmasıyla alternatif ve yeni tedavi arayışına geçilmiştir. Bu yaklaşımda özellikle üst hava yolu yapısı, arousal eşiği, kas yanıtı ve loop gain gibi kişiselleştirilmiş tedaviye yönelik tedaviler ve gündüz aşırı uykululuk hali, uykusuzluk gibi semptomlara yönelik tedaviler ve komorbiditele ilgili sonuca yönelik tedaviler ön plana çıkmaktadır.

Primer tedavide kullanılan CPAP tedavisine ek olarak kullanılan bilevel pozitif hava yolu basıncı (BİPAP) ve pozitif ototitrasyon hava yolu basıncı (APAP) tedavilerine ayrı başlıkta anlatılacağı için değinilmeyecektir. Ancak tanınan yöntem olarak taşınabilir uyku kayıt sistemlerinin bulunması; hem hastaya ulaşımı kolaylaştırmış, hem de personel ihtiyacını ve maliyetleri azaltmıştır. Ayrıca primer tedavide alternatif olarak kullanılan pozitif ekspiratuvar hava yolu basıncı (EPAP)

<sup>1</sup> Uzm. Dr., Uşak Üniversitesi Eğitim ve Araştırma Hastanesi Göğüs Hastalıkları Kliniği, aslihanbanu@gmail.com

olmaları sebebiyle kullanılmamaktadır. Metilfenidatın, psikostimulan etkisi olsa da OSAS'da kullanımı önerilmemektedir.

**2. Sempatomimetik Olmayan Ajanlar:** Kafein, teobromin, almitrin, doksapram, leptazol, niketamid gibi ilaçlar tanımlansa da halen çalışmalar devam etmektedir. Henüz kafein haricinde kullanımı önerilmemektedir.

**3. Hipnotikler:** Orta derecede kronik obstrüktif akciğer hastalığı olan hastalarda yeni çift oreksin reseptör antagonisti olan daridorexant ajanının, gece solunum fonksiyonu ve uyku üzerindeki etkisini araştıran çalışmalarda uyku parametrelerinin düzeldiği tespit edilmiştir (48).

## SONUÇ

OSAS sıklığının artması, komorbitelerinin fazlalığı, tanısal merkezlerin yetersizliği ve tedavi uyumundaki güçlükler nedeniyle; yeni ve alternatif tanı- tedavi yöntemlerinin bulunması için çokça çalışmanın yapılması gerekmektedir.

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