

Bölüm 17

ENDOKRİNOPATİLERE BAĞLI DİYABETİK VAKADA YAKLAŞIM ve YÖNETİMİ

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GİRİŞ

Growth hormon (GH), glukokortikoidler (GK), katekolaminler, glukagon, somatostatın, aldosteron, tiroksin ve parathormon diyabetojenik potansiyele sahip hormonlardır. Bu hormonların sekresyonunu yapan endokrin tümörler; glukoz intoleransı, yatkın bireylerde diyabet, diyabeti olanlarda ise kontrolü zor hiperglisemiler yapabilir. Bu tür vakalarla çok sık karşılaşmasak da altta yatan asıl nedeni saptamak ve tedavi etmek hastalık mobidite ve mortalitesini azaltır. Kortizol, katekolaminler, glukagon ve tiroksin gibi hormonlar insülin antagonistik etki ile insülin direnci ve glukoz intoleransı yapar.¹ Katekolaminler ayrıca insülin sekresyonunu da baskımlarken GH ise primer olarak periferik insülin direnci yolu ile glukoz metabolizma bozukluğuna neden olur. Somatostatın fazlalığındaki sorumlu mekanizma insülin sekresyonunu baskılamasıdır. Hipertiroidi, hiperparatiroidi, hiperaldosteronizm, konjenital adrenal hiperplazi ve polikistik over sendromu da sıklıkla glukoz metabolizmasını bozan endokrinopatilerdir. Endokrinopatilerde glukoz metabolizmasının normalleşmesi yaş, hastalık süresi, genetik predispozisyon, hormonal ve metabolik bozukluğun derecesi gibi pek çok faktöre bağlıdır.² Bunun için diyet ve egzersizi içine alan tedavi amaçlı yaşam tarzı değişikliği, medikal tedavi ve endokrinopatinin primer tedavisi gerekmektedir. Endokrinopatiye yönelik tedavi sonucunda hipoglisemi oluşmasını engellemek için hastanın sık kan şekeri kontrolü yapılmalı gerekirse ilaç dozları azaltılmalı ve hatta kesilmelidir. Güncel klavuzlarda belirtildiği gibi diyabet tedavisinde HbA1C hedefini belirlerken hastalık komorbiditesi, hastanın yaşı ve yaşam beklentisi göz önüne alınmalıdır. Ayrıca ilaç seçerken hastanın aterosklerotik kalp hastalığı riski, kalp yetmezliği varlığı ve böbrek fonksiyonları da gözetilmelidir.

VAKA

46 yaşında kadın hasta son 2 aydır 4lt/gün su içme ve çok idrara gitme şikayeti ile başvurdu. Hasta ayrıca geceleri de en az 3 defa idrar için uyanıyormuş. Kendini her zaman kilolu biri olarak tanımlayan hasta son zamanlarda kilo kontrolünü kaybetmiş. İki çocuk annesi olan hastanın babasında diyabet mevcutmuş.

Hastanın fizik muayenesinde evre 1 hipertansiyon, santral tipte morbid obezite

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Metformin, PCOS da hiperandrojenizm ile ilişkisi gösterilmiş olan insülin direnci tedavisinde kullanılmaktadır. Metformin kullanımının PCOS da tip II Diabeti önlemek kadar kardiovasküler hastalık ve endometrium kanserinden koruyucu etkisi de araştırma konusudur.⁷⁸ Ayrıca son zamanlarda kullanıma girmiş olan GLP-1 agonistlerinden Liraglutidin PCOS da kullanımı da ümit vaat etmektedir. Bu ilacın birkaç aylık tedavisi sonucunda vücut kitle indeksini ve testosteron düzeyini azaltıcı yararlı etkileri gösterilmiştir.⁷⁹

Tip II diyabetli PCOS hastalarında antidiyabetik seçimi konusunda özel öneriler bulunmamakla birlikte tedavi amaçlı hayat tarzı değişikliği ve metformin başlıca tedavidir. Bunlarla glisemik hedefe ulaşılmadı ise herhangi bir antidiyabetik tedaviye eklenebilir.⁸⁰ Mevcut tedavi seçeneklerinden biri olan pioglitazonun insülin sensitivitesini iyileştirici etkisi metformine benzerdir ve PCOS hastalarında insülin direnci üzerine sinerjik etkilidirler.⁸¹ Kilo alımı ve ödem riski kullanımını sınırlamaktadır. GLP-1 agonistlerinin metformin ile kombinasyonunun kilo azaltmada ve insülin direncini iyileştirmede metformin monoterapisinden üstün olduğu gösterilmiştir.⁸² Gebelikte ise sadece insülin, metformin ve glibürid kullanımı güvenlidir.⁸³

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