Bölüm 2

PARKİNSON HASTALIĞI TEDAVİSİNDE NEREDEYİZ

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Parkinsonizm, klinik olarak bradikinezi, tremor, postüral anormallikler, akinezi ve rijidite ile karakterizedir. Parkinson hastalığı (PH), beyindeki esas olarak dopamin eksikliğinin sebep olduğu ilerleyici nörodejeneratif bir hastalıktır ve en yaygın ikinci nörodejeneratif bozukluktur. Günümüzde uygulanan tedaviler nörodejeneratif süreci değiştirmeye yönelik değil sadece semptomları düzeltmeye yöneliktirler.

PH hastalığı sıklıkla motor bulguların başlangıcından önce olan erken evresinde tanınmaz. Dopamin eksikliğine bağlı bulgularda tedavi şekli dopamin replasman tedavisidir fakat motor semptomlara yönelik yeni tedavi seçenekleri olarak non-dopaminerjik ilaçlar kullanılmaktadır (1-2).

PH'nın geleneksel farmakolojik tedavisi, dopamin öncüllerini (levodopa, L-DOPA, L-3,4 dihidroksifenilalanin), MAO-B inhibitörleri (selegilin, rasagilin), dopamin agonistleri, Katekol-O-metiltransferaz inhibitörleri (tolkapon ve entakapon) tedavileridir. Bu derleme de amaç Parkinson hastalığında ki mevcut ve güncel tedavileri tartışmaktır.

MEDİKAL TEDAVİ

LEVODOPA

Parkinson hastalığının, semptomatik tedavisinde levodopa tedavisi en etkili olduğu bilinen ilaç olarak altın standart olma özelliğini korumaktadır (3). ELL-DOPA çalışması 40 haftalık tedavi ve izlem sonrasında, levodopanın en etkili ilaç olduğunu, hastalığın ilerleme hızını yavaşlatabileceğini ve in vivo nöroprotektif olduğunu ortaya koymuştur (4). Dopamin kan beyin bariyerini geçemediğinden tedavide prekürsörü olan levodopa (L-3,4-dihidroksi-fenilalanin) kullanılmaktadır. Levodopa, beyindeki etkisini dopamine çevirerek gösterir. Bu sebeple periferde dopamine dönüşmesini engellemek için dekarboksilaz inhibitörleri (bense-

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DBS medikal tedavi altındayken motor dalgalanmalar ve diskineziler gelişen hastalarda düşünülmelidir. Talamik stimülasyon özellikle tremorun kontrolünde başarılıdır ve diğer motor semptomlar üzerine etkisi kısıtlıdır (40).

Parkinson hastalığında STN (Subtalamik nukleus) ve GPi (Globus pallidus internus) en sık uygulanan bölgelerdir. Bellek bozukluğu, konuşma bozukluğu olan hastalarda STN bu semptomları daha olumsuz yapabileceği için GPi tercih edilebilir (41).

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