Bölüm
27

KARIN AĞRISI VE PSİKİYATRİK HASTALIKLAR

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GİRİŞ

Karın ağrısı gastrointestinal sistemle ilişkili hastalıklarda en sık görülen ve hastaların doktora başvurmasına neden olan başlıca yakınmadır. Bununla birlikte karın ağrısının da en sık nedenlerini gastrointestinal sistem hastalıkları oluşturur. Bunu ürolojik ve jinekolojik hastalıklar takip eder. Bununla birlikte sıklığı yüksek olmasa da psikiyatrik bozukluklarda karın ağrısı bir semptom olarak karşımıza çıkabilir. Özellikle altta yatan fiziksel bir hastalığın ortaya konulamadığı vakalarda psikiyatrik bozukluk olabileceği akılda tutulmalıdır. Bu bölümde karın ağrısı şikayeti ile klinisyenlerin karşısına çıkabilecek psikiyatrik bozukluklar ele alınmaya çalışılmıştır.

DEPRESİF BOZUKLUK VE ANKSİYETE BOZUKLUĞU

Depresif bozukluk yaşam boyu yaygınlığı en yüksek olan psikiyatrik bozukluktur (1). Dünya sağlık örgütü verilerine göre sıklığının artacağı ve kalp damar hastalıklarından sonra en sık görülen ikinci hastalık olacağı öngörülmektedir (2). Depresif bozukluklar gastrointestinal sistem belirtileri gibi fiziksel belirtilerle ortaya çıkabilir ve bu durumlarda tanı gözden kaçabilir (3, 4). Bu belirtiler genellikle depresyon ve anksiyete bozuklukları gibi durumlarla ilişkili olan somatizasyon fenomeninin birer parçasıdır (5). Somatik semptomların depresif sendromların temel bir bileşeni olduğu bildirilmiştir (6). Özellikle kadın hastalarda somatik belirtilerin daha yaygın olarak görüldüğü birçok çalışmada gösterilmiştir (7-9). Yapılan çalışmalar depresif bozukluğu olan hastalarda en sık görülen gastrointestinal sistem belirtilerinin iştah azalması ya da artması şeklinde kendini gösterebilen iştah değişikliği, konstipasyon ve karın ağrısı olduğunu göstermektedir (10-12). Yapılan bir çalışma karın ağrısının depresif bozukluğu olan hastalarda en sık bildirilen dördüncü gastrointestinal sistem belirtisi

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