

BÖLÜM 9

YOĞUN BAKIM ÜNİTESİNDE HİPERGLİSEMİLİ HASTAYA YAKLAŞIM/YÖNETİM



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GİRİŞ

Diyabet, dünya çapında 460 milyondan fazla insanı etkileyen yaygın bir metabolik bozukluktur. 2045 yılına kadar 700 milyon insanı (yetişkin nüfusun %10,9'u) etkileyeceği tahmin edilmektedir (1). Diyabetli hastaların hastaneye yatma oranları nondiyabetiklere göre 4 kat daha fazladır (2-3).

Diyabet nedeniyle hastaneye yatan hastaların diyabetik olmayanlara göre hastanede kalış süreleri daha uzundur (4). Yoğun bakım ünitelerinde yatan hastalarda diyabet prevalansı %25 civarındadır. Bu durum yaş arttıkça %50'lere ulaşır. Yoğun bakıma yatan hastalarda diğer önemli bir durum ise bilinen diyabeti olmayan kişilerdeki ortaya çıkan hiperglisemidir (5-6). Yoğun bakıma yatan non-diyabetik hastalardaki hiperglisemi önemli bir morbidite ve mortalite nedenidir (7). Yoğun bakıma yatan hastalarda hiperglisemi; artan kortizol, katekolaminler, glukagon ve büyüme hormonu düzeylerinin yanı sıra artan glukoneogenez ve glikojenolizi içeren birçok faktörün bir sonucudur (8). Bu hastalarda İnsülin direnci de hiperglisemiye katkıda bulunan bir faktör olabilir (9).

Yoğun bakıma yatan hastalardaki hipoglisemi; çoğunlukla insülin uygulaması, parenteral beslenmedeki ani değişiklikler ve sepsis ile ilişkilidir. Hastaneye ve yoğun bakımlara yatış gerektiren diyabetli hastalarda temel hedefler, metabolik durumun bozulmasını en aza indirmek, olumsuz glisemik olayları (özellikle hipoglisemi) önlemek ve stabil bir glisemik denge sağlamaktır (10).

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