Bölüm 3

EPİLEPSİ MEDİKAL TEDAVİSİNDE GÜNCEL YAKLAŞIMLAR

Aslı AKYOL GÜRSES[1]

GİRİŞ

Epilepsi, 24 saatten daha uzun aralıkla tekrarlayan iki veya daha fazla tetiklenmemiş epilepsi nöbeti ile karakterize durumdur.[1] Yaşam boyu prevalansı 1000'de 7.6 ve yıllık kümülatif insidansı 100000'de 67.77 olarak bildirilmektedir.[2] Popülasyonun %0.5 ila %1'ini etkilediği tahmin edilen epilepsi; Dünya Sağlık Örgütü'nün 2010'da gerçekleştirilen 'hastalıkların getirdiği küresel yük' çalışmasında; dünya çapında yeti yitimine ayarlanmış yaşam yılı (DALY) bakımından ikinci en sık yük getiren nörolojik hastalık olarak sıralanmıştır.[3,4,5] Yaşam kalitesini oldukça kısıtlayan ve hem bireysel, hem de toplumsal açıdan önemli sosyal ve ekonomik yük getiren bu hastalığın doğru yönetimi ve tedavisi, nöroloji pratiğinde her daim güncelliğini koruyan bir konu olmaya devam edecektir.

Bu bölümde epilepsi medikal tedavisinde güncel yaklaşımlardan, antiepileptik ilaçlardan ve kısaca tedavi rehberlerinden bahsedilecektir.

EPİLEPSİDE MEDİKAL TEDAVİ

Başarılı bir epilepsi tedavisinde temel prensipler; epilepsi tanısının doğru konulması, nöbet ve sendromların doğru sınıflanması ve bu sınıflamaya uygun, doğru antiepileptiğin seçilmesi; tedaviye monoterapiyle ve düşük dozla başlanması, gerekirse doz artımına gidilmesi; klinik-elektrofizyolojik yanıtın ve yan etkilerin monitorizasyonu ile düzenli kullanımın sağlanmasıdır. Yeterli süre klinik nöbetlerin ve epileptik deşarjların supresyonu ile ilaç kesiminin düşünülmesi mümkündür.[6]

İlaç seçiminde; etkinlik, doz sıklığı ve ilaç etkileşimi gibi farmakokinetik özelliklerin yanında; hastanın yaşı ve komorbid durumları gibi hastayla ilişkili özellikler de göz önünde bulundurulmalıdır.

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kaybetmeden cerrahiye uygunluk açısından değerlendirilmek üzere yönlendirilmelidir. Ketojenik diyet ve nörostimulasyon metodları ise, dirençli epilepside kullanılabilecek palyatif tedavi yaklaşımlarıdır.

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