

Bölüm 10

PARKİNSON HASTALIĞI TEDAVİSİNDE GÜNCEL YAKLAŞIMLAR

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PARKİNSON HASTALIĞI VE MEDİKAL TEDAVİ YÖNTEMLERİ

Parkinson Hastalığı (PH) yaşa bağlı olarak ortaya çıkan, ikinci en yaygın progresif ve nörodejeneratif bir hastalıktır. Ortalama olarak 60 ila 65 yaşları arasında başlangıç göstermektedir.¹ Parkinson Hastalığı'nda klinik belirtiler motor ve motor olmayan semptomlar şeklindedir. Sık görülen motor bozukluklar; tremor, rijidite, bradikinezi ve postural refleks bozukluklarıdır.² PH patogenezinde merkezi ve periferik sinir sistemindeki tüm monoaminerjik nöronlarda dejenerasyon vardır. Ancak dejenerasyonun en ağır olduğu nöronlar substansiya nigra pars kompaktadaki dopaminerjik hücrelerdir ve bu hücrelerin azalması ile birlikte dejenere olan bu nöronlarda Lewy cisimciklerinin saptanması tanı koydurucu histopatolojik özelliktir.³ Parkinson Hastalığı'nın kesin tedavisi şu an için yoktur. Ancak belirtileri ortadan kaldıran çok sayıda ilaç bulunmaktadır. Parkinson Hastalığı'nın tedavisinde öncelikli tercih edilen ilaçlar Levodopa, Dopamin agonistleri, Katekol-O-metiltransferaz inhibitörleri, Monoamin oksidaz tip B inhibitörleridir.⁴ Dopamin prekürsörü olan L-dopa ile tedaviye başladıktan kısa süre sonra (3 ila 5 yıl) diskinezi ve on/off fenomenini içeren motor dalgalanmaların görülmesi L-dopa'nın kullanımını sınırlandırmıştır. Ancak bu durum yeni ilaçların geliştirilmesi için kapsamlı çalışmaların yapılmasıyla sonuçlanmıştır. Parkinson Hastalığı'nın patofizyolojisi ve patogenezinin anlaşılmasındaki ilerlemeler ile, geçici semptomatik rahatlama yerine hastalık seyrini modifiye edecek, progresyonunu yavaşlatacak ya da durduracak çalışmalara odaklanılmıştır.^{5,6} Bu bölümde Parkinson Hastalığı için kullanılmakta olan ve aynı zamanda halen geliştirilmekte olan bazı tedavi yaklaşımları ele alınmıştır.

DOPAMİNERJİK AJANLAR

PH'nın motor bulgularının temel nedeni substansiya nigra pars kompaktadaki nöron kaybının striatal dopamin eksikliğine sebep olmasıdır. Bu nedenle nigro-

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SONUÇ

Sonuç olarak; PH tanılı hastaların ihtiyaçlarını ele almayı amaçlayan bir dizi biyolojik yaklaşım vardır. Klinik alanda ortaya çıkan ek seçeneklerle birlikte birçok semptomatik tedavi mevcuttur. Ayrıca, PH modifikasyonunu göstermede şimdye kadar başarılı olunamamıştır, ancak bu, preklinik ve klinik olarak bu amaçla devam eden yoğun çaba gösteren bir odak alanı olmaya devam etmektedir. Önümüzdeki on yıl, PH hastalarının yaşamlarını iyileştirmek amacıyla veri açısından zengin klinik araştırma tasarımlarının eşlik ettiği bir dizi yeni yolun sorgulanmasını içerecektir.

Anahtar Kelimeler: Dopaminerjik Ajanlar, Doz Sonu Kötüleşmesine Yaklaşım, Tepedozu Diskinezi Tedavisi, Otonomik Disfonksiyon Tedavisi, DBS ve Apomorfine Tedavisi, Gen Tedavisi, Fetal Hücre Transplantasyonu, Kök Hücre Tedavisi.

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