

# BÖLÜM 39

## Çocukluk Çağı Kanserlerinde Radyoterapinin Psikiyatrik Etkileri



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### GİRİŞ

Kanser, çocukluk çağında nadir görülmekle birlikte çocuk ve aileyi ruhsal ve psikososyal açıdan önemli derecede etkileyen bir sağlık sorunudur (1). Dünya'da her yıl yaklaşık 400,000 çocuk ve ergen kanser tanısı almakta ve kanser çocukluk çağının en önemli ölüm nedenleri arasında bulunmaktadır (2). Bununla birlikte çocukluk çağı kanserlerinin tedavisinde yıllar içerisinde büyük ilerlemeler sağlanmış, 1960'lı yıllarda %30'larda olan sağ kalım oranları son yıllarda birçok gelişmiş ülkede %80'lere kadar çıkmıştır (3, 4). Sağ kalım oranlarının artmasıyla birlikte kanser hayatı tehdit eden akut bir durum olmaktan çıkıp kronik bir sağlık durumu haline gelmiştir (5). Yapılan çalışmalarda kanser ve tedavilerinin sadece fiziksel sağlığı değil ruhsal sağlığı da etkileyebileceği gösterilmiş, bu nedenle çocukluk çağı kanserinden kurtulanlarda kanser ve tedavilerinin sonraki yaşam dönemlerine psikiyatrik etkileri pediatrik onkolojinin ilgi alanlarından biri olmuştur (6).

Radyoterapi (RT), birçok çocukluk çağı tümörünün multimodal tedavisinde önemli bir unsurdur ve cerrahi tedavi sınırlılıklarında tedavide önemli rol oynamaktadır. Özellikle santral sinir sistemi (SSS)'nin veya kemik ve yumuşak doku solid tümörlerinin tedavisinde RT, multimodal tedavi stratejisinin çok önemli bir bileşeni olmaya devam etmektedir (7). RT malign dokuyu etkilemesinin yanı sıra normal dokuyu da etkilediği için bir dizi yan etkinin oluşumuna neden olmaktadır (7). RT tekniklerinin sürekli gelişimi günümüzde normal dokunun daha iyi korunmasını sağlamasına rağmen RT'ye bağlı yan etkiler halen önemli bir sorun olarak devam etmektedir (8). Araştırmalar, kanser hastalarının RT ile tedavi edildiklerinde psikolojik sorunlarla karşılaşabileceklerini göstermiştir ve 1970'lerin sonlarından bu yana, RT sırasında ve sonrasında görülen psikiyatrik sorunlara ilişkin çalışmaların sayısı hızla artmıştır (6). Çalışmalar çocuk ve ergenlerde RT'nin, anksiyete, depresyon, davranış problemleri gibi duygusal ve davranışsal sorunlara; dikkat, bellek, öğrenme gibi alanlarda

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yol açabilmekte, hastalar zeka, dikkat, bellek, hafıza gibi nörobilişsel becerilerde ilerleyen dönemlerde zorluk yaşamaktadır. En tutarlı etkilene zeka alanında bildirilmektedir.

- RT alan çocukların tedavi sırasında ve sonrasında nörobilişsel açıdan yakından takip edilmesi ve gerektiğinde bu becerilerinin desteklenmesi bu çocukların ilerde yaşayacağı sorunlar açısından hayati önem taşımaktadır.
- Bilişsel becerilerde gerilikte bireysel eğitim desteği, dikkat sorunlarında ise ilaç tedavisi olarak stimulan tedavisi ön plana çıkmaktadır.
- RT alan hayatta kalanlarda duygusal, sosyal ve davranışsal işlevsellikle ilgili olarak umut verici sonuçlar olmasına karşın bazı çocuklar bu alanlarda zorluk yaşabilmektedir. Bu nedenle çocukların tedavi sonrası bu alanlarda da değerlendirilmesi önemlidir.
- Çocukların en kısa ve uygun zamanda okula dönüşlerinin sağlanması sosyal, davranışsal ve akademik alanlarda yaşanabilecek sorunların önlenmesi açısından önemlidir.
- Sosyal ve davranışsal sorunlarda sosyal beceri eğitimlerinin etkili olabildiği gösterilmiştir.
- Depresyon ve anksiyete belirtilerinin tedavisinde ise bilişsel davranışçı terapi ve SSGİ kullanımı öne plana çıkmaktadır.
- Çocuk ve ergenlerde RT psikiyatrik etkileri rutin değerlendirmede yer almalı, sadece tedavi sürecinde değil, tedavi sonrasında da kanserli bir çocuğun uzun vadede psikiyatrik sorunlar yaşayabileceği akıld tutulmalıdır.

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