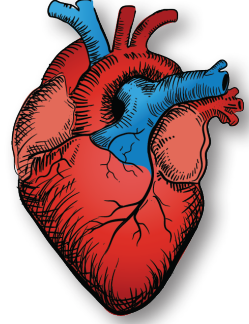


BÖLÜM 29



KARDİYOVASKÜLER HASTALIKLARDA TAMAMLAYICI VE DESTEKLEYİCİ BAKIM

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GİRİŞ

Kardiyovasküler hastalıklar, dünya genelinde en önemli mortalite nedenidir. Amerikan Kalp Derneği (American Heart Association-AHA) 2021 raporuna göre, KVH'ın prevalansı 20 yaş ve üzeri yetişkinlerde %49,2 olup hem erkeklerde hem de kadınlarda yaşla birlikte artış göstermektedir.¹ Türkiye İstatistik Kurumu 2019 verilerine göre, KVH %38,4 ile Türkiye'de ölüme sebep olan hastalıkların başında gelmektedir.² KVH'ın ömür boyu devam eden kronik bir sorun olması, mortalite oranlarının, hastalık ve ekonomik yükünün fazla olması hastaları farmakolojik tedavilerin yanı sıra çeşitli tamamlayıcı ve destekleyici yöntemleri kullanmaya yöneltmektedir.^{1,3-5}

Tamamlayıcı ve destekleyici uygulamalar sağlık ve iyilik halinin sürdürülmesinde, hastalık etkilerini azaltmada, gevşeme ve rahatlamayı sağlamada yüz yıllardır kullanılan, farklı kültürlerden beslenen, bilgi, beceri ve uygulamaların bütünüdür.⁶ Ulusal Tamamlayıcı ve Alternatif Tıp Merkezine (The National Center for Complementary and Alternative Medicine-NCCAM) göre, tamamlayıcı yöntemler geleneksel tıbbı ilave olarak yapılan uygulamalar, alternatif ise geleneksel tıp yerine kullanılan uygulamalar olarak tanımlanmaktadır.⁷ Ülkemiz de benzer tanımlar kullanılmış ancak son dönemlerde tıbbın alternatifinin olmayacağı sadece tedavinin alternatifinin olabileceği kararıyla geleneksel ve tamamlayıcı tıp tanımları

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SONUÇ

Kardiyovasküler hastalığı olan bireyler hastalıkların ve semptomların yönetiminde tamamlayıcı ve destekleyici uygulamaları oldukça sık kullanmaktadır. Tamamlayıcı ve destekleyici uygulamaları kullanan hastalar, bu uygulamaların tıbbi tedaviye göre daha doğal, daha az yan etkiye sahip ve daha güvenli olduklarına inanmaktadır. Kardiyovasküler hastalığı olan bireyler, sağlık profesyonellerine tamamlayıcı ve destekleyici uygulamaların kullanımı konusunda bilgi vermeleri gerektiğini düşünmemekte veya onaylanmama korkusu nedeniyle saklamaktadırlar. Sağlık profesyonellerine danışılmadan ve bilinçsiz bir şekilde kullanılan tamamlayıcı ve destekleyici uygulamalara bağlı bir takım yan etkiler gelişebilmektedir. Bitkisel ilaçların ve diyet takviyelerinin kullanımı reçeteli ilaç kullanan hastalarda ciddi etkileşimlere neden olabileceğinden çok dikkatli olunmalıdır.

Literatürde, KVH'nın tıbbi yönetimine ek olarak bazı tamamlayıcı ve destekleyici yaklaşımların faydalı olabileceğini düşündüren çalışmalar olmasına rağmen birincil tedavi yöntemi olarak kullanılabileceklerine dair yeterli kanıt bulunmamaktadır. Bu nedenle tamamlayıcı ve destekleyici uygulamaların klinik sonuçları ve güvenli kullanımına yönelik yeterli örneklem büyüklüğüne sahip, yüksek kaliteli bilimsel çalışmalara ihtiyaç duyulmaktadır. Hemşirelerin tamamlayıcı ve destekleyici uygulamaların olası yararları ve risklerinin farkında olmaları, hastaların kullandıkları tamamlayıcı ve destekleyici bakım uygulamalarını öğrenmeleri, açık iletişim kurmaları ve bu uygulamalarla ilgili hastaları yargılamadan, güvenli ve kanıta dayalı bir şekilde yönlendirmeleri gerekmektedir.

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