

BÖLÜM 112

YAŞLILARDA GASTROİNTESTİNAL PROBLEMLER

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GİRİŞ

65 yaş ve üstü insanlar geriatrik nüfus olarak tanımlanmaktadır. Ülkeler bazında yaşlı nüfusun yüzdesi değişmekle birlikte Türkiye’de % 7,8, Almanya’da % 21,5 ve Amerika Birleşik Devletleri’nde % 14,5’dur. 2050 yılına kadar 80 yaşın üzerindeki küresel nüfusun tahmini % 17 olması beklenmektedir. Yaşlanma, gastrointestinal (Gİ) sistemin tüm işlevlerini; motiliteyi, enzim ve hormon salınımını, sindirim ve emilimi etkiler. Bu nedenle geriatrik hastalarda Gİ semptomlar yaygın olarak izlenir. Artan yaşla birlikte disfaji, gastroözofageal reflü, gastroparezi, kabızlık ve fekal inkontinans gibi çeşitli Gİ bozukluklarının gerçek fizyolojik değişikliklere mi yoksa subklinik hastalıklara mı bağlı olduğunu ayırt etmek zor olabilir. Yaşlanma sürecinin orofarinks ve özofagus motilitesine, kolon fonksiyonuna, Gİ immunité ve Gİ ilaç metabolizması üzerine klinik olarak önemli etkileri vardır.

1. Oral Kavite

Derideki ve ağız mukozasındaki değişiklikler; çevre, diyet, hormonal değişiklikler ve ilaçlardan kaynaklandığı bilinmektedir.

Oral kavite, çiğneme, yutma ve iletişim amaçları için birbiri ile bağlantılı olarak işlev gören özelleşmiş sert ve yumuşak dokulardan oluşur. Sert dokular, mine, dentin, sement, lamina dura ve alveolar kemik gibi diş yapılarını içerir. Dişler öncelikle trigeminal kraniyal sinir tarafından innerve edilir. Yumuşak doku ise dil ve tat tomurcukları, ağız tabanı, diş eti, sert ve yumuşak damak dokuları, diş pulpası ve tonsillerdir. Periodontal ligament, diş çeneye sıkıca bağlayan, diş ve onu çevreleyen alveolar kemiğe destek sağlayan, oldukça özelleşmiş bir kolajen lifler grubudur.

Yaşla birlikte dişlerin görünümü, altta yatan dentinin ve kaplama minesinin değişen bileşiminden dolayı sarımsı, daha koyu bir tona dönüşür. Diş aşınması, büyük ölçüde

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