

32.b

Nonsteroidal Anti-Inflamatuar İlaçlar ve Asetaminofen

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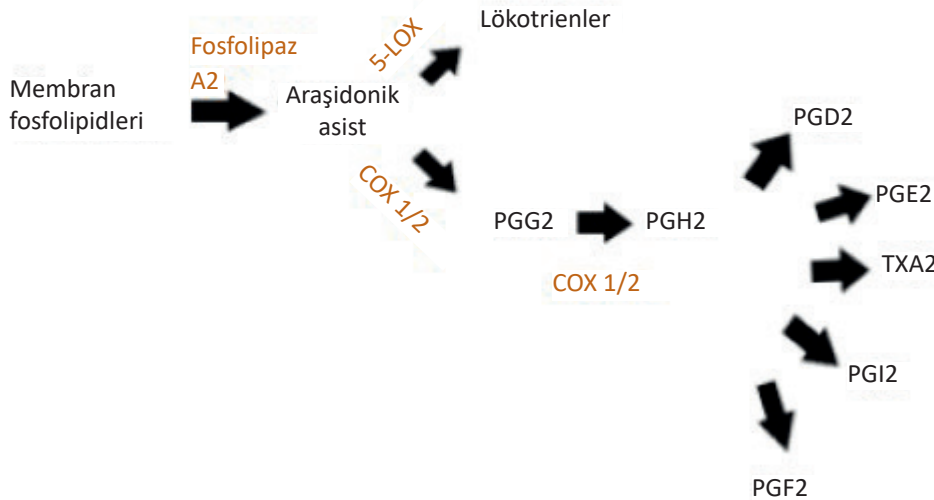
Giriş

Nonsteroidal anti-inflamatuar ilaçlar (NSAİİ) romatizmal hastalıklar dahil pek çok ağrılı ve inflamatuvar durumun tedavisinde semptomatik yarar sağlayan, kimyasal yapı bakımından heterojen bir gruptur. Analjezik, antipiretik ve anti-inflamatuar etkinlik yanında istenmeyen bazı yan etkilere de sahip olan NSAİİ'ler tüm Dünya'da en yaygın reçetelenen ilaçlardır (1). Milattan önce 500. yılda Hipokrat daha sonra aspirinin izole edildiği söğüt kabuğunun ateş düşürme ve ağrı kesmekte potansiyelini yazmıştır (2). Ağrı tedavisindeki uzun yıllardır bilinen rolü yanı sıra son yıllarda kansere karşı koruyucu etkinliği ve nörodejene-

ratif hastalıklar açısından yararlı etkileri bildirilmiştir (3).

Etki mekanizması

En iyi bilinen etki mekanizması; siklooksijenaz (cyclooxygenase; COX) enzim inhibisyonu ile prostaglandin E₂ (PGE₂), prostaglandin I₂ (PGI₂), Tromboksan A₂ (TXA₂) gibi prostanooidlerin sentezini bloke ederek bu mediatörler aracılığı ile oluşan hücrel pro-inflamatuar etkileri engellemesidir (Şekil 1). Bu pro-inflamatuar etkilerden bazıları; eritem, artmış kan akımı, hiperaljezi ve bradikinin ve benzeri bir takım mediatörlerin salınımıdır (1).



Şekil 1. COX enzimleri ve prostaglandinlerin sentezi

COX: siklooksijenaz, 5-LOX: 5-lipo oksijenaz, PG: Prostaglandin, TXA₂: Tromboksan A₂, PGI₂: Prostasiklin

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ların sonuçları çok yaygın klinik endikasyonlarla reçetelenen parasetamolün endikasyon ilişkili karıştırıcı faktörlere olan duyarlılığından etkilenmiş olabilir (46). Toplum temelli retrospektif bir çalışmada yaşlı popülasyonda NSAİİ-parasetamol kombinasyonunun gastrointestinal güvenliği araştırılmış ve 644.183 hasta taranmıştır. Eşlik eden proton pompa inhibitör kullanımı yokluğunda gastrointestinal sebepli hastane yatış riski >3 gr/gün parasetamol kullananlarda 1.20 (1.03-1.40) kat, geleneksel NSAİİ'leri kullananlarda 1.63 (1.44-1.85), parasetamol ve NSAİİ kombinasyonu alanlarda ise 2.55 (1.98-3.28) kat artmış olarak bildirilmiştir. Yaşlı hastalarda NSAİİ parasetamol kombinasyonunda dikkatli olunmalıdır (47). Parasetamolün COX1 ve COX2'nin zayıf bir inhibitörü olduğu ve nadir de olsa hipotansiyon, transaminaz yüksekliği, trombositopeni, lökopeni, nötropeni, deri döküntüsü, hipersensitivite reaksiyonlarına neden olabildiği akılda tutulmalıdır (6).

Sonuç

NSAİİ'ler tüm Dünya'da en yaygın reçete edilen ilaçlardan olup osteoartrit, inflamatuvar artrit, bölgesel ağrılar gibi klinik durumlarda hem inflamasyon hem de ağrı kontrolünde önemlidir. NSAİİ'ler analjezik, antipiretik ve antiinflamatuvar etkilerini büyük oranda COX enzim blokajı ile sağlarlar. NSAİİ'lere bağlı yan etkiler göz önüne alındığında asetaminofen halen yerini muhafaza etmektedir. NSAİİ'ler yalnızca endike olduğunda, mümkün olan en düşük doz ve sürede kullanılmalıdır.

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