

BÖLÜM 6

İntiharda Risk Faktörleri ve İntiharın Önlenmesi

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GİRİŞ

İntihar davranışı yaygın bir halk sağlığı problemi olup, yıllar boyu önemli bir oranda bir azalma görüldüğünü söylemek zordur. Dünyada yılda 800.000'den fazla kişide intihar ile ilişkili ölüm gözlenmektedir (1). İlginçtir ki, psikiyatrinin en ölümcül durumunun, DSM-5'de ileri çalışmalar için önerilen "İntihar Davranışı Bozukluğu"na kadar bir tanı kriterler bütünü olmadığı görülmektedir (2).

İntihar düşünce ve davranışının önlenmesi ve tedavisi için atılacak ilk adımlardan biri risk faktörlerini yüksek kesinlik ile saptamak olacaktır. Ayrıca, intihar fikri; dilek/istek, derinlemesine düşünme ve zihinsel uğraşı gibi süreçleri kapsayan geniş bir alan olduğundan ve üzerinde uzlaşılmış tutarlı bir tanımı olmadığından dolayı klinisyenler, araştırmacılar ve öğretim elemanları zorluklarla karşılaşmaktadır.

Güncel kuramlar; bu bölümde tartışılacağı üzere, intihar düşünce ve davranışının çevresel, biyolojik, psikolojik ve kültürel etkileşimlere bir yanıt olduğu üzerinde durmaktadır.

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İleri yař, yařam evrelerinin diđer kısımlarından insidans, intihar metodu ve risk faktrleri aısından ayrıca deđerlendirilmelidir. İleri yař kiřilerin sađlık hizmetlerine erken ulařımının sađlanması ve sosyal destek sistemlerine katılımının kolaylařtırılması intihar giriřimlerini nleyebilir.

SONU

İntihar davranıřı yaygın bir halk sađlıđı problemi olup, nlenmesi ve tedavisi iin atılacak ilk adımlardan biri risk faktrlerini saptamaktır. Gncel kuramlar; intihar dřnce ve davranıřının evresel, biyolojik, psikolojik ve kltrel etkileřimlere bir yanıt olduđu zerinde durmaktadır. ođunluđu major depresyon olmak zere psikiyatrik bozukluk varlıđı bireylerde intihar davranıřında kritik bir faktr olarak ne ıkmaktadır. Gemiř intihar fikir ve davranıřları, ileri yař, stres ve umutsuzluk, kanser tanısı gibi risk faktrleri de bu blmde tartıřılmıřtır.

Gncel kılavuzlar intihar risk deđerlendirme ve ynetiminde benzer noktalara deđinseler de neriler kısmında nemli derecede farklılıklar dikkat ekmektedir. Her birey iin kiřiselleřtirilmiř planlara sahip gvenlik planı, risk deđerlendirmesi kapsamında ve hasta hekim grřmesi esnasında toplanan bilgiler sonrasında tamamlanarak intiharı nlemeye yarayabilir. Ayrıca, ileri yař kiřilerin sađlık hizmetlerine erken ulařımının sađlanması ve sosyal destek sistemlerine katılımının kolaylařtırılması intihar giriřimlerini nleyebilir.

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