

BÖLÜM 8

Psikiyatrik Bozukluklarda İntihar ve Farmakolojik Tedavisi

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GİRİŞ

Psikiyatride intihar diğer bölümlerde bahsedilmiş olduğu gibi bir acildir ve birincil müdahale önceliği bulunmaktadır. Klinisyenler ve tedavi ekibi bu konuda olabilecek en iyi bakımı sağlasa da hastalar tüm bu önlemlere karşı intihar sebebiyle kaybedilebilmektedir. Yine de elimizdeki ip uçlarına odaklanmak ve risk faktörlerini belirlemek oldukça önemlidir. Bu anlamda intiharla ilgili belki de en önemli konu ruhsal bir hastalığın varlığı, bununla birlikte yapılacak psikolojik ve farmakolojik tedaviye hastalığın yanıt verebilecek olmasıdır.

İntihar davranışı için en önemli risk etkenlerinden biri olarak psikiyatrik hastalık varlığının önemini vurgulamıştık. Konuyla ilgili literatürde yer alan çalışmalarda genel popülasyona göre psikiyatri hastalığı olan bireylerde intihar riski 3-12 kat artmış olarak saptanmıştır. İntihar girişimi ve tamamlanmış intihar arasındaki oranın dörde bir olduğu tahmin edilmektedir. İntihar girişimi olan tüm hastaların %90'dan fazlasında ise bir psikiyatrik hastalık olduğundan söz edilmektedir (1). Bir ruhsal bozukluğa sahip insanların yaklaşık %25-50'si yaşam boyu en az bir kez intihar girişiminde bulunmakta, %8-19'u ise tamamlanmış intihar sonucu yaşamını yitirmektedir. Ruhsal bozukluğa sahip kişilerde risk derecesi de oldukça de-

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SONUÇ

İntihar davranışının sebeplerini anlamak ve davranışı öngörebilmek oldukça önemlidir. Bireyin içinde bulunduğu ruh hali başkaları tarafından fark edilememektedir ki buna çoğunlukla yakın temas kurduğu kişiler de dahildir. İntihar, başta bireyin kendisi olmak üzere, yakın çevresinden başlayarak tüm toplumu etkileyen bir davranış şekli olarak göze çarpmaktadır. Tüm dünyada yapılan çalışmalar bizlere göstermektedir ki intihar davranışının altında yatan sebepler arasında en büyük bölümü psikiyatrik bozukluklar oluşturmaktadır. Hatta bazı yazarlar intihar davranışının psikiyatrik bir bozukluğun semptomu niteliğinde kendini gösterdiğini ifade etmektedir. Bu davranışı engelleyebilmek için risk faktörlerini önceden saptayabilmek, bunları yönetebilmek kritik önem taşımaktadır. Bunun için temel düzeyde hasta, tedavi ekibi, aile, yakın çevre gibi çok yönlü bir çalışmanın gerekliliği gündeme gelmiştir. Bu çalışmayı yaparken hastayla doğru ve etkili şekilde temas kurmak, hastanın destek sistemlerini saptayabilmek ve bunları yönetebilmek, rehabilitasyon koşullarını uygun şekilde organize etmek, psikoterapi ve psikofarmakoloji gibi argümanları hasta merkezli kullanabilmek gerekmektedir. Özellikle psikiyatrik bozukluklarda tanımlayıcı argümanlar, rehabilitasyon koşulları ve yönetimi, destek sistemleri ve işleyiş biçimi toplumdan topluma fark göstermektedir. Bu anlamda bireyin içinde bulunduğu toplumun yapısı da saptayıcı ve iyileştirici faktörlerde etken rol oynamaktadır. Bundan dolayı intihar davranışını değerlendiren klinisyenlerin çok yönlü bakış açısı geliştirmeleri önem arz etmektedir.

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