

## BÖLÜM 20

### KRONİK VE ZOR YARALARDADA BESLENME

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#### GİRİŞ

Kronik yaralar ağrı, hareketsizlik, yara kokusu ve akıntı gibi hastalığa bağlı semptomlar yatan ve sağlık sistemi ile bireylerin sosyal yaşamı için önemli sorunlar ortaya çıkan bir durumdur. Özellikle kronik yaraların prevalansı yaşla birlikte artmaktadır (1). Amerika Birleşik Devletleri'nde senelik yaklaşık 3-6 milyon bireyin, iyileşmeyen yaralardan etkilendiği bildirilmiştir (2). Öte yandan yara bakımı, karmaşık ve yüksek maliyetli bir süreçtir (3).

Beslenme, DNA, RNA ve mikroRNA'lar gibi anahtar molekülleri hedefleyerek epigenetik, yara iyileşmesini etkileyebilmektedir (4). Epigenetik faktörler ayrıca transkripsiyon faktörlerini, sitokinleri, hücre dışı matris proteinlerini ve glikozaminoglikanı da düzenlemektedir. Bu açıdan da beslenme, yara iyileşme sürecinin her adımını aktif olarak etkileyebilecek epigenetik bir sinyaldir (5). Yara iyileşmesinde amino asitlerin, vitaminlerin ve minerallerin önemli rolleri bulunmaktadır. Bununla birlikte bazı doğal bileşiklerin, süreci hızlandırmak için sinerjik bir etkiye sahip olabileceği düşünülmektedir (6).

Nükleik asitlerin (DNA ve RNA), proteinlerin, fonksiyonel doku olgunlaşması ve farklılaşmasında yer alan diğer faktörlerin sentezi için yeterli miktarda besin alımı gereklidir. Öte yandan yetersiz beslenme, büyük ölçüde iyileşme sürecinin gecikmesi veya başarısızlığı ile ilişkilidir (7). Yetersiz beslenme inflamatuar fazı uzatarak, fibroblast proliferasyonunu ve yaranın gerilme gücünü azaltarak, enfeksiyon oranlarını artırarak ve kollajen üretimini değiştirerek yara iyileşme evresinin normal sürecini etkilemektedir (8).

#### Nütrisyonel Değerlendirme ve Yara İyileşmesi

Ulusal Sağlık ve Klinik Mükemmellik Enstitüsü'nün rehberliği, tüm hastaların hastaneye başvurularında ve ilk ayakta tedavilerinde yetersiz beslenme açısından taranması gerektiğini vurgulamaktadır. Kronik yaraları olan hastalar da bu noktada taranması gereken grup içerisinde yer almaktadır (9). Deri ülserasyonuna göre beslenme durumunu değerlendirmek için tarihsel, hematolojik ve antropomorfik verileri içeren çeşitli tarama araçları geliştirilmiş ve doğrulanmıştır. Bunlara Subjektif Global De-

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Herhangi bir şüphe varsa, daha fazla tıbbi tavsiye alınmalıdır (Kanıt düzeyi: D) (80).

Alt Ekstremite Venöz Hastalığı Olan Hastalarda Yaraların Tedavisi Rehberi 2019 'da beslenmeye ilgili önerilere rastlanmıştır. Bu rehberde, iyileşmeyen venöz bacak ülserleri olan ve beslenme yetersizliğinden şüphelenilen bireyler, değerlendirme ve uygun müdahaleler için kayıtlı bir diyetisyene yönlendirilmesi gerektiği vurgulanmıştır (Kanıt düzeyi = C; Fayda/etkililik/zarar = Sınıf I; Kanıt kalitesi= Uzman görüşü). Besin alımı ve yeterli besinin mevcudiyeti, besini elde etme gücü dahil olmak üzere hastanın beslenme durumu değerlendirilmelidir (Kanıt düzeyi = C; Fayda/etkililik/zarar = Sınıf II; Kanıt kalitesi = Düşük) (81).

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