

# BÖLÜM 15

## ÇOCUK VE ERGENLERDE REM UYKUSU DAVRANIŞ BOZUKLUĞU

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### Giriş

REM uykusu davranış bozukluğu (RUDB), ilk olarak 1986 yılında, Schenck ve ark. tarafından *yaşlı erkeklerde REM uykusuya ilişkili bir parasomni* olarak tanımlanmıştır (1). İlk zamanlar, sadece yaşlı erkeklerde ortaya çıktıgı düşünülürken, günümüzde çocuklar ve ergenlerde de görüldüğü bildirilmiştir. RUDB'nin temel özelliği, rüyaların harekete geçmesine neden olan REM atoni kaybıdır. Rüyanın içeriğine bağlı olarak, kişi kendine veya etrafındaki lere zarar verebilir. Yetişkinlerde, RUDB'nin bir prodrom olabileceği söylemiş; özellikle nörodejeneratif bozukluklar olmak üzere, narkolepsi, epilepsi ve antidepresan ilaçlarla ilişkisi gösterilmiştir (2).

Bu bozukluğun patofizyolojik mekanizmaları, Boeve ve ark. tarafından araştırılmıştır. RUDB'de, inhibitör beyin sapı motor mekanizmalarında düzensizlik vardır. İnsanlarda kesin yol belirlenmemiş olsa da, yapısal lezyonlarla ilişkili birkaç yayılmış insan RUDB vakasından elde edilen nörogörüntüleme verileri, bu bozukluğu dorsal orta beyin ve pons ile ilişkilendirmiştir. Ayrıca kedilerde yapılan çalışmalar, subcoeruleus bölgesinin önemini gösterirken, sıçanlarda yapılanlar, RUDB'nin gelişimi için sublaterodorsal çekirdeği işaret etmektedir (3, 4).

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Melatonin, bu dozlarda iyi tolere edilme eğilimindedir, ara sıra hastalarda gastrointestinal sıkıntı veya baş ağrısı gelişir. Bildirilen diğer yan etkiler genellikle hafifdir ve uyku hâli, yorgunluk, baş dönmesi ve bilişsel değişikliği içerir (58).

RUDB'lı 45 hastayı içeren retrospektif bir çalışmada, melatonin ve klonazepam benzer şekilde etkili görülmüş ve melatonin daha iyi tolere edilmiştir. Melatonin ile tedavi edilen hastaların yaklaşık üçte ikisi, semptomlarda en azından hafif iyileşme bildirmiştir ve %12'sinde RUDB davranışları tamamen düzelmiştir. Melatonin kullanan hastalar, klonazepam ile karşılaşıldığında tedavi sonrası daha az düşme ve yaralanma bildirilmiştir (56).

Melatonin ve klonazepam tedavisinin başarısız olduğu hastalarda kolinerjik ajanlar yararlı olabilmektedir. Yapılan bir çalışmada, asetilkolinesteraz inhibitörü rivastigmin, Parkinson hastlığı (PH) ve RUDB hastalarında rüyayı gerçekleştirme davranışı epizodlarının sayısını azaltmıştır (60).

REM dışı uyku sırasında sık periyodik uzuv hareket bozukluğu (PUHB) olduğunda, pramipeksolün RUDB'yi etkili bir şekilde tedavi ettiği bildirilmiştir. Bu vakalarda, pramipeksolün gece motor aktivitesini pasifleştirmeye yardımcı olduğu ve alta yatan uykuda parçalanma durumu olan PUH bozuklığında etkili görünmesi mümkündür (61-63).

Başarısı bildirilen diğer ajanlar arasında imipramin, karbamazepin, sodyum oksibat, triazolam, zopiklon, ketiapin ve klozapin bulunur (64-67).

## Sonuç

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Çocuk ve ergenlerde REM uykusu davranış bozukluğu (RUBD)'nun nadir olması, bu durumu tanımlamayı, teşhis etmeyi ve tedavi etmeyi zorlaştırır. Bununla birlikte, son yıllarda birkaç vaka raporunun mevcudiyeti, çocuk ve ergenlerde RUDB'nin varlığını doğrulamaktadır. Çocuk ve ergenlerde bu durumun etiyolojilerini anlamak için yetişkinlerdeki bulgulara kıyasla daha fazla bilgiye ihtiyaç vardır.

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