

BÖLÜM 16

ÇOCUK VE ERGENLERDE HUZURSUZ BACAĞ SENDROMU

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Giriş

Huzursuz Bacak Sendromu (HBS), ilk kez Thomas Willis tarafından 1685'te dile getirilmiştir, ancak hastalık tam olarak 1945 yılında, Karl-Axel Ekbom tarafından tanımlanmıştır (1, 2). Bundan dolayı, literatürde *Huzursuz Bacak Sendromu* veya *Willis-Ekbom Hastalığı (WEH)* diye adlandırılmaktadır. Huzursuz Bacak Sendromu (HBS) ekstremitelerde, özellikle de bacaklarda tarif edilmesi zor, rahatsız edici hislerle karakterize, ekstremitelerde hareket ettirme isteği doğuran, kontrol edilmesi güç bir dürtünün bulunduğu senseriomotor bir bozukluktur. Bu anormal duyum/dizestezi, karşı konulması olanaksız hareket ettirme isteği ve motor huzursuzluğa neden olur (3). Bu durum, sıklıkla uyku-uyanıklık geçişlerinde görülür. HBS semptomlarının karakteristik özelliği; dinlenme esnasında (oturma, yatma gibi) kötüleşmesi ve bacakları hareket ettirme, yürüme ile rahatlamasıdır. Semptomlar, sirkadiyen ritimle uyumlu olarak akşam saatlerinde şiddetlenirken, sabah saatlerinde azalır veya kaybolur. HBS'de ekstremitte hareketleri, stereotipik özellik taşımamaktadır (4). Bu özelliklerinden dolayı HBS'nin tanısı, klinik bir tanıdır ve spesifik bir görüntüleme veya biyolojik belirteci bulunmamaktadır.

Tanı klinik olarak konulduğundan, çeşitli tanı kriterleri oluşturulmaya çalışılmıştır. Amerikan Uyku Tıbbı Akademisi- Uluslararası Uyku Bozuklukları Sınıflandırması 3 (ICSD3), Amerikan Psikiyatri Birliği, Ruhsal Bozuklukların Tanısal

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görülen ajitasyon ve agresyon huzursuz bacak sendromunun belirtisi olabilir (4). Çocuklarda tanı koyulurken ebeveynlerin gözlemleri ve ailede HBS öyküsünün olup olmaması teşhiste öne çıkmaktadır. HBS tanılı çocuklarda çeşitli derecelerde uyku bozukluğu ile birlikte nörobilişsel problemler, duygudurum bozuklukları ve yaşam kalitelerinde azalma görülmektedir (8). HBS patafizyolojisinde özellikle demir metabolizması ve dopaminerjik sistemin rol oynadığı düşünülmektedir (24). HBS tedavisinde amaç; uyku ve dinlenme esnasında oluşan rahatsız edici semptomları azaltmak veya iyileştirmek, uyku bozukluğunu, gündüz yorgunluğunu ve dolayısıyla da hayat kalitesini iyileştirmektir (7). Hayat tarzı değişikliği; uyku hijyeni, fiziksel aktivite ve semptomları şiddetlendiren maddelerden uzak durulması ile HBS semptomları önemli ölçüde gerilemektedir. HBS semptomları şiddetli olan hastalarda demir takviyesi, dopaminerjik ajanlar, benzodiazepin, klonidin ve melatonin gibi medikal tedaviler önerilmektedir (16).

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