

BÖLÜM 21

ÇOCUK VE ERGENLERDE PSİKOTİK BOZUKLUKLAR VE UYKU

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Giriş

Uyku bozuklukları, şizofreni de dâhil psikiyatrik bozuklukların ortaya çıkması ve sürdürülmesinde rol oynayan önemli bir transdiagnostik faktör olarak kabul edilmektedir (1). Uyku ve psikiyatrik semptomlar arasındaki ilişkinin genellikle iki yönlü olduğu ve komorbidite varlığında her birinin şiddetinin etkilendiği varsayılmaktadır (2). Kraepelin ve Bleuler'in şizofreni ve uykunun karmaşık bir şekilde iç içe geçtiğini öne sürdüğü zamandan beri artan araştırmalar ve klinisyen gözlemleri, şizofreni hastalarında uyku bozukluklarının %30-80 oranında görüldüğünü göstermektedir (3). Yetişkinlerde risk faktörü ve prognoz belirteci olarak uyku bozukluklarının psikozla ilişkisini gösteren birçok objektif ve subjektif çalışma mevcuttur. Bununla birlikte, pediatrik popülasyonda, nadir prevalans, tanımlama sorunları, gelişimsel özellikler ve güvenilir kronolojik öykü alma güçlükleri nedeniyle uyku ve psikoz arasındaki ilişki çok daha az araştırılmıştır (4).

Psikotik Bozuklukta Eşlik Eden Uyku Bozuklukları ile İlgili Özellikler

Şizofreni hastalarında en yaygın görülen uyku bozuklukları şunlardır: 1. İnsomni, 2. Sirkadiyen ritim uyku bozuklukları, 3. Parasomniler, 4. Uyku ile ilişkili hareket bozuklukları, 5. Solunum bozuklukları ile ilişkili olamayan hipersomniler, 6. Uyku ile ilişkili solunum bozuklukları (6). Daha önceki bölümlerde, bu tanımlar ayrıntılı olarak ele alındığı için tekrar bahsedilmeyecek; psikotik bozukluklarda

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iğciği aktivitesini artırabilir (84). Benzodiazepin tedavisi, bilinen yan etkilerinin yanı sıra melatonin salınımında azalmaya ve antipsikotiklerle birlikte kullanılması sonucu artmış ölüm riskine yol açabilmektedir (85).

Melatoninin, şizofreni hastalarında iyi tolere edildiği ve uyku parametrelerini iyileştirmede ve ikinci nesil antipsikotiklerin olumsuz metabolik etkilerine karşı korumada faydalı olduğu, 2018 yılında yayımlanan bir derlemede (yayınlarda kullanılan melatonin dozu 2-12 mg / gün) vurgulanmıştır (83). Melatonin replasmanı yapılan hastalarda, uyku etkinliğinde ve REM uyku latansında anlamlı artış gözlenmiştir (86).

Sonuç

Çocuk ve ergenlerde, psikotik bozukluklarda uyku bozukluklarının sıklığı, kliniğe ve prognoza etkisi, tedavisi ile ilgili oldukça sınırlı bir literatür bulunmaktadır. Gelecek araştırmalar, psikotik bozukluklarda uykunun yordayıcı ve tedavi stratejilerindeki rolünü öne çıkaran objektif çalışmalara odaklanmalıdır. Psikotik hastalarda, anemnez sırasında formülasyon oluşturulurken, uykunun yatıklaştırıcı ve sürdürücü rolü ele alınmalı, gerekli terapötik müdahalelerde uyku sorunları göz ardı edilmemelidir.

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