

# BÖLÜM 23

## ÇOCUK VE ERGENLERDE DİKKAT EKSİKLİĞİ HİPERAKTİVİTE BOZUKLUĞU VE UYKU

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### Giriş

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Dikkat eksikliği hiperaktivite bozukluğu (DEHB), gelişimsel olarak uygun olmayan düzeyde dikkatsizlik ve/veya hiperaktivite ve dürtüsellik ile karakterize nörogelişimsel bir bozukluktur (1). Başlangıç yaşı, çocukluk çağında olsa da ergenlik ve erişkinlik dönemlerinde kalıcılık yaygındır. Çocukluk çağında DEHB'nin dünya çapındaki tahmini prevalansı %5'in üzerindedir (2). DEHB etiolojisinde çok çeşitli genetik ve çevresel faktör rol oynar (3). DEHB; akademik, sosyal ve aile işlevselliğinde bozulmalar ile karakterizedir. DEHB olan çocuk ve ergenlerin büyük bir bölümüne, en az bir tıbbi veya psikiyatrik bozukluk eşlik etmektedir (4). DEHB'li çocuklar üzerinde yapılan çalışmalarda, uyku sorunlarının oranları büyük ölçüde değişmekle birlikte genellikle %25-70 arasında olduğu tahmin edilmektedir (5, 6). Düzensiz uyku, Ruhsal Bozuklukların Tanısal ve İstatistiksel El Kitabı (DSM) üçüncü versiyonunda, "çocuklukta hiperkinetik reaksiyon" veya "dikkat eksikliği bozukluğu"nun bir özelliği olarak belirtilmiştir (7). Uyku bozuklukları artık DEHB için tanı kriterleri arasında yer almasa da son zamanlarda uyku ve DEHB arasındaki ilişkiyi inceleyen çalışmalar büyük artış göstermiştir. Uyku bozukluğu ve DEHB arasındaki ilişki muhtemelen iki yönlüdür (8). Yetersiz uyku, DEHB'nin klinik özelliklerine benzer bulgulara (dikkat bozukluğu, zayıf dürtü kontrolü, hiperaktivite gibi) neden olabilir. Diğer yandan hem DEHB'nin kendisinden dolayı hem de diğer psikiyatrik bozuklukların sık

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sorunlarına neden olabilir. Bu yüzden, iyi bir şekilde değerlendirilmeleri ve tedavi edilmeleri gerekir. DEHB ile ilişkili uyku bozukluklarının etkin tedavisi, uyku ile ilgili semptomları azaltmasının yanı sıra hem çocukların hem de ebeveynlerin yaşam kalitesini iyileştirmektedir.

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