

Yaşlı Hastalarda Diyaliz Tedavisi ve Konservatif Tedavi

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‘Geriatric dönem’ 65 yaş üzeri olarak tanımlanmakla beraber, “yaşlı hasta” terimi genellikle 75 yaş ve üzeri için kabul edilmekte ve genel tıp pratiğinin bakış açısında, 75 yaş üzeri popülasyon ayrı bir antite olarak tutulmaktadır. Yaşla birlikte fonksiyonel rezervler azalır ve bu da her açıdan azalan vücut savunmasına yol açar. “Frailite” bu durumu tanımlar.

Son on yıl içerisinde renal replasman tedavisine başlayan hasta sayısı tüm dünyada artmakta birlikte, özellikle 2015’ten itibaren diyalize başlayan yaşlı hasta insidansında ise bir duraksama hatta bazı ülkelerde azalma gözlenmiştir. Birleşik Devletler Renal Veri Sistemi’ne (USRDS) göre diyaliz tedavisine başlayan yaşlı hasta insidansında 2015 sonrası hafif bir azalma mevcuttur. Türk Nefroloji Derneği verilerine göre ise de, 2014 yılına kadar artış mevcut olup, 2014 sonrasında insidan geriatric hastalar plato çizmiştir. Bu sonuçların nedenini ortaya koyan bir çalışma olmamakla beraber, olası nedenler, kalan renal rezervin korunmasına yönelik artan tedbirler ve özellikle yaşlı popülasyonda konservatif tedaviye artan ilgi olabilir.

Yaşlı son dönem böbrek yetmezliği (SDBY) hastaları pek çok yönden genç hastalara göre farklıdır. Yaşlı hastalarda daha fazla komorbidite, frailite ve daha düşük fonksiyonel kapasite mevcuttur. Renal replasman tedavileri ve gerektirdikleri ek prosedürler açısından yaşlı hastalar yan etki görmeye daha yatkın olabilmektedir. Tedavinin olası fayda ve zararları, yaşam beklentisi, ek bakım ve hizmet ihtiyacı, yaşam kalitesine olan olumlu veya olumsuz etkileri bir bütün olarak değerlendirilmelidir.

tedavisi esnasında daha fazla tıbbi müdahale gerektirmekte ve hastaneye yatış gereksinimini arttırmaktadır. Yaşlı hastalarla yapılan bir kohortta diyalize giren grubun, yaşadıkları sürenin neredeyse yarısını hastane yatışı ile geçirdikleri, ancak konservatif tedavi alanların kalan ömürlerinin yalnızca % 5'ini hastanede geçirdikleri gözlenmiştir. Prospektif bir çalışmada ise, konservatif tedavi grubu ve diyaliz hastalarının yaşam kalitesi skorları benzer bulunmuş, ancak diyaliz grubunda yaşam tatmini ölçeği daha düşük bulunmuştur.

Sonuç olarak, yaşlı hastalarda kronik böbrek yetmezliği ve yönetimi her açıdan multidisipliner olmalıdır. Hasta ve hasta yakını/bakım vericisi eğitilmeli ve tüm kararlarda aktif rol oynamaları sağlanmalıdır.

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