BÖLÜM 24

Panik Bozukluğun Psikofarmakolojisi

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GİRİŞ

Tarihçesi MÖ 600'lü yıllara dayanan panik atağın birçok edebi ve tıbbi metinde yer almasıyla beraber modern psikiyatri tarihinde ilk kez 1980 yılında DSM-3 kılavuzunda kullanılan Panik bozukluk (PB) ise tanım olarak: tekrarlayan panik ataklarla karakterize, tipik olarak 10 dakika içinde doruğa ulaşan ve 30 dakika içinde sona eren, öngörülemeyen, kısa süreli, şiddetli rahatsızlık hissine neden olan, psikolojik ve somatik kaygı belirtileri ile karakterize bir anksiyete bozukluğudur (1). Panik bozukluğunun tanısı panik bozukluğunun olmazsa olmazı olan tekrarlayıcı panik atakların olmasıdır. Hastalığın seyri süresince hastalar, gelecekteki panik atak beklentisi nedeniyle endişe ve/veya davranış değişiklikleri gösterirler. Panik atakların yaşam boyu yaygınlığı %15, 1 yıllık yaygınlığı ise %7.3 olarak bildirilmiştir. PB'nin yaşam boyu yaygınlığı ise genel popülasyonda %1 ila %3 arasında değişirken, klinik ortamlardaki yaygınlık %3,0 ila %8,3 arasında değişmektedir. PB sıklıkla diğer anksiyete bozuklukları, majör depresyon ve bipolar bozukluk dahil olmak üzere birçok psikiyatrik hastalıkla birlikte görülür (2). Ayrıca PB ve agorafobi arasında önemli bir örtüşme vardır, atakların %30-50'sinde agarofabi klinik tabloya eşlik etmektedir (3) . Birçok psikiyatrik hastalıkla eş zamanlı bulunabilen PB'nin kesin patogenezi belirsizliğini koruyor, ancak bir dizi biyolojik ve psikososyal faktör panik bozukluğun psikopatolojisinin ortaya çıkmasına ve sürdürülmesine katkıda bulunuyor olabilir (4)(5)(6) . Panik bozukluğu ve agorafobi belirtileri için en etkili iki tedavi farmakoterapi ve bilişsel davranışçı terapidir.

PANİK BOZUKLUKTA FARMAKOTERAPİ

Panik bozukluğunun farmakolojik tedavisi 1959'da Donald F. Klein trisiklik antidepresan imipraminin yararlı etkilerini ortaya koyduğunda ortaya çıktı (7). İlerleyen zamanlarda Pb tedavisinde Serotonin Gerialım inhibitörleri (SSRI), Serotonin Norepinefrin Gerialım İnhibitörleri (SNRI), Trisiklik Antidepresanlar (TCA) ve Benzodiazepinler (BDZ) dahil olmak üzere birçok ilaç etkili bir şekilde kullanılmıştır. Tedavi çeşitliliği her geçen zamanda artıyor olmasına rağmen PD'li kişilerin yaklaşık % 20 ila % 40'ı farmakoterapiye tam olarak yanıt vermemektedir (8)(9). Ek olarak, hastaların % 25 ila % 50'sinde ilacın kesilmesinden sonraki 6 ay içinde hastalık nüks edebilmekte ve yaklaşık % 50' si kadarı hala ka-

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rotonin, Dopamin, Benzodiyazapin, GABA Trisiklik, MAOİ, TCA, Antidepresan.

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