



## BÖLÜM 31

### Alkol Kullanım Bozuklukları Psikofarmakolojisi

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#### GİRİŞ

Alkol kullanımı ile ilişkili bozukluklar, tarihte tanımlandığı ilk dönemlerden. Bu yana, bireyin sosyal bedensel ve ruhsal iyilik halini etkileyen sendromlar olarak tanımlanmıştır. Güncel tanımları zaman içerisinde değişmekle birlikte, Alkol kullanım bozukluğu başlığı altında Dünya Sağlık Örgütü (DSÖ) uluslararası sınıflandırma sistemi (ICD) kapsamında tanımlandığı şekliyle F10.0-F10.9 kodları ile sınıflandırılmaktadır. Alkol ile ilişkili zihin ve davranış bozukluğu olarak adlandırılan bu tanı grubunun alt başlıkları sırası ile Akut intoksikasyon, zararlı kullanım, bağımlılık sendromu, yoksunluk, delirium, psikotik bozukluk, amnestik bozukluk, rezidüel veya geç başlangıçlı bozukluk, tanımlanmamış ve diğer zihinsel – davranışsal bozukluklar olarak belirtilmektedir. Alkol kullanım bozukluğunun kapsamındaki bu başlıkların küresel hastalık yükü ve önlenabilir ölümlerde önemli sebepler olması nedeniyle, psikiyatri branşının özelleşmiş bir çalışma alanı olarak bağımlılık psikiyatrisi dünya üzerinde önem kazanmaktadır.

Alkol kullanım bozuklukları (AKB) dünya çapında önemli bir halk sağlığı sorununu temsil etmektedir. Dünya Sağlık Örgütü (WHO) 2011

raporuna göre, alkolün zararlı kullanımı her yıl yaklaşık 2,5 milyon ölümlerle sonuçlanmaktadır. Ayrıca alkol kötüye kullanımı, 15-59 yaş arası erkeklerde, öncelikle yaralanmalar, şiddet ve kardiyovasküler hastalıklar nedeniyle ölüm için önde gelen risk faktörüdür. Küresel olarak, tüm erkek ölümlerinin %6,2'si, kadın ölümlerinin %1,1'i alkolle atfedilebilir.

Bu bölümde, Bağımlılık sendromlarının tedavisinde bireysel ve grup psikoterapileri, destek grupları, sosyal – mesleki müdahaleler ve rehabilitasyon hizmetlerinin önemi ve gerekliliğine de vurgu yaparak alkol kullanım bozukluklarının psikofarmakolojisi incelenerek, başta alkol yoksunluk sendromu ve delirium tremens için önleyici – tedavi edici rejimler tartışılacak, devamında da nüks önleyici farmakolojik yaklaşımlar değerlendirilecektir.

#### TEMEL KAVRAMLAR VE TANIMLAR

##### Alkol Kullanım Bozukluğu

Bu tanım, kapsayıcı bir başlık olmaktan öte, Amerikan Psikiyatri Birliğinin tanısal ve istatistiksel kılavuzunun beşinci sürümünde (DSM-5) belirlediği 11 ölçütün asgari ikisinin karşılanması ile

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## Baklofen

Baklofen, GABA-B agonizması ile santral etkili myelorelaksan etki ve spastisite tedavisinde kullanılan, aynı zamanda anksiyolitik etkisi de bulunan bir ajandır. Diğer tedavilere yanıtız AKB vakalarında Fransa'da geçici onay almıştır. Ayıklığı olan hastalarda sürdürme ve aşermenin azaltımında, ayıklık öncesinde de ağır içilen günleri ve anksiyeteyi azaltmada etkin bulunmuştur(77).

Baklofen'in aşermeye etkili dozu 150mg gün ve üzeridir. Ancak 300mg gün üzerinde sedasyon, kesilme durumunda ise epileptik nöbet ve konfüzyon can sıkıcı yan etkileridir. Karaciğer fonksiyon bozukluğunda güvenli bir tercih olarak baklofen kronik alkol kullanıcılarında değerlendirilebilir.

## SONUÇ

Alkol kullanım bozuklukları, Farmnakolojik tedavisi ve nörobiyolojisi uzun yıllar çalışılmış, temelde küresel bir halk sağlığı problemi oluşturan önemli bir alandır. Tedavisinde, psikososyal müdahaleler, arınma rejimleri, destek ve kendine yardım etkinlikleri olmasına rağmen, neredeyse istisnasız etkin farmakoterapi yer almaktadır. Bu yazıda, Alkol kullanımının değerlendirilmesi, temel kavramlar işlenmiş, üzerine yoksunluk sendromunun tanımı değerlendirilmesi ve tedavisi sunularak, son olarak nüks önleyici AKB tedavilerinden bahsedilmiştir. Yazında verda da bahsedildiği gibi, birden çok nörotransmitter ve biyolojik düzenek ile etki gösteren çeşitliliği ile AKB psikofarmakolojisi, bağımlılık alanında çalışan tüm profesyonellerin yanı sıra, Dünya çapında psikiyatrik komorbiditesi yüksek olan alkol tüketiminin de yönetimi konusunda faydalı olacaktır. Kitabın başka bölümlerinde de ele alınacak birçok farmakolojik ajanın (antidepressanlar, antipsikotikler, duygudurum dengeleyiciler vb) etkinliği özellikle ilgili yazın kapsamında değerlendirilecek olup, AKB tedavisinde primer tercih edilecek ajanlar olmadığı vurgulanmaktadır. Güncel çalışmalarla, AKB tedavisinde nöromodülatör tedavi-

ler ve nörotrofik faktörler üzerinden etkili deneysel ajanlar halen çalışma konusu olmakla birlikte, bilimin ufuklarını ilerletebilmek için yeni ve kapsamlı çalışmalara ihtiyaç vardır.

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