



BÖLÜM 44

Çocuk ve Ergenlerde Antidepresan Tedavi

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GİRİŞ

Çocuk ve ergenlerde antidepresan tedavi son zamanlarda kanıta dayalı veriler ışığında giderek yaygınlaşmaktadır. Antidepresanların depresif semptomlar dışında Majör Depresif Bozukluk (MDB), Anksiyete Bozuklukları, Obsesif Kompulsif Bozukluk (OKB), Yeme Bozuklukları, Mutizm, Dikkat eksikliği / Hiperaktivite bozukluğu (DEHB), Enürezis ve Travma Sonrası Stres Bozukluğu (TSSB) gibi çeşitli psikiyatrik bozuklukların tedavisinde kullanılmaktadır (1). Çocuk ve ergenlerde yetişkinlerden farklı farmakodinamik ve farmakokinetik özellikler mevcut olup verilen tedavilerde kiloya göre dozlama yapılması önemlilik arz eder (2). Çocuklarda plazma albümin ve globülin içeriğinin az olmasından dolayı ilaçların proteine bağlanma oranı düşük, kalp debisi ve kan akım hızının erişkinlere göre daha yüksek olması buna bağlı ilaçların dağılım hızının daha yüksek olması, karaciğer ağırlığının vücut yüzey alanına göre daha yüksek olması, metabolik kapasitele-
rinin vücut kitesine göre fazla olması, renal ve hepatik atılımının fazla olması nedeniyle psiko-farmakolojik olarak tedavi başlarken göz önünde bulundurulmalıdır (2).

Psikotrop ilaç kullanırken ilk kural doğru tanı koymaktır. Bunun için ebeveyn ve çocukla tanınal görüşme, tanı koymaya yardımcı ölçekler kullanma, gözlem, gerektiğinde öğretmenden bilgi alma psikoeğitim sürecin ve tıbbi değerlendirmeyi de içermelidir. Bu şekilde kapsamlı bir değerlendirme tanı koyma, gereksiz ilaç kullanımını engelleme, ilaç tedavisi ve tıbbi riskler açısından gerçekten tedaviye ihtiyacı olan çocuk ve ergenlere doğru tanı ve tedavi konusunda yardımcı olacaktır (2).

Çocuk ve ergenlerde farmakolojik tedaviye uyum, dikkat edilmesi gereken diğer noktadır. İlaç tedavisine uyumsuzluk klinik anlamda tedavi sürecini uzatan veya kesen etkenlerin başında gelir. Tedavi uyumsuzluğuna neden olan bazı faktörler arasında ilaç kullanımı ile ilgili kuruntu, korku, hastanın veya hastanın ebeveynlerinin ruhsal bozukluklara ön yargıları, psikiyatri uzmanlarına karşı ön yargıları, aileye tedaviye dair yeterli psikoeğitim verilmemesi, ailenin tedaviyi yanlış yorumlaması, kültürle ilgili inanışlar, ilaç kullanımının çocuk ve ergenin günlük yaşamında yaratabileceği zorluklar, çoklu ilaç kullanımı, ilaçların yan etkileri, ekonomik güçlükler, yaşanan bölgenin ve hastanenin şartları sayılabilir (3).

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ilaç uyumunu artırmak için ebeveyn iş birliğine önem verilmelidir. Antidepresan tedaviye başlarken klinisyen fayda zarar ilişkisine göre tedavi sürecine başlayıp ilk olarak Seçici Serotonin Geri Alım İnhibitörleri'ni tercih etmelidir. Etki ve yan etki profili için yakın takip yapılmalıdır.

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