



BÖLÜM 23

Anksiyolitik ve Sedatif Hipnotikler

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GİRİŞ

Anksiyolitik ilaçlar temel olarak sedatif (sakinleştirici) ve hipnotik (uyku getirici) etkileri mevcuttur. Düşük dozlarda sakınleştirici, yüksek dozlarda uyku getirici etkileri baskındır. Ruhsal hastalıkların çoğunluğunda kullanılmaktadırlar. Benzodiazepinler, Z-İlaçlar, Adrenerjik sistem üzerine etkili ilaçlar, Buspiron, GABA analogları, Antihistaminikler, Barbitüratlar ve Melatoninergik ilaçlar olmak üzere birçok alt gruba ayrılmaktadırlar. En sık kullanılanlar ise benzodiazepinlerdir. Anksiyolitik ve sedatif hipnotik ilaçlar güncel literatür bilgisinden yararlanılarak etki düzeneklerine göre gruplara ayrılarak anlatılmıştır(1).

BENZODİAZEPİNLER

Etki Mekanizması ve Süresi

Benzodiazepin ilaçlar, farmakolojik olarak Gama Amino Bütirik Asit (GABA) nörotransmitteri üzerinden etki etmektedirler. GABA, beyinin ana inhibitör nörotransmitteridir. GABA, Glutamat amino asitten Glutamik Asit Dekarboksilaz (GAD) enzimini aracılığıyla sentezlenir. Sentezden sonra,

sinaptik veziküller içine taşınır ve sinaps aralığına salgılanıncaya kadar bu veziküllerde depolanır. GABA, sinaps aralığına salgılandıktan sonra ise GABA reseptörlerine bağlanır ve post sinaptik hücrede inhibitör etki yapar. GABA'nın GABA-A, GABA-B, GABA-C olmak üzere 3 ana reseptörü bulunmaktadır. A ve C reseptörleri ligand kapılı iyon kanalları iken, B reseptörü G-protein kenetli reseptörlerdir. Ayrıca GABA-A reseptörlerinin α , γ , Δ olmak üzere çeşitli alt reseptörleri mevcuttur. Benzodiazepin ilaçlar, GABA-A'nın bazı alt reseptörlerine bağlanarak GABA benzeri etki göstermektedirler. GABA'nın etkisi ise; sinaptik aralıkta GABA Taşıyıcıları (GAT), hücre içinde ise GABA Transaminaz (GABA-T) enzimi aracılığıyla sonlandırılmaktadır(2). Şekil 1'de GABA'nın farmakolojisi özet olarak anlatılmıştır.

Benzodiazepinler kimyasal yapılarına, emilim hızlarına ve yağda çözünme derecelerine göre kısa, orta ve uzun etkili (yarı ömürlü) şeklinde sınıflandırılmaktadır. Kısa-orta yarı ömürlü olanlar genellikle hipnotik olarak kullanılırken orta-uzun yarı ömürlü olanlar ise anksiyolitik olarak kullanılmaktadır. Tablo 1'de yarı ömürlerine göre benzodiazepinler gösterilmiştir(3).

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ğunun akut tedavisinde denenmiştir ve sonuçlar plaseboya göre üstün bulunmuştur(113).

Gepiron ve Tandospiron, buspiron gibi bir azopiron grubunda olup 5-HT1A parsiyel agonistlerdir. Buspironun anksiyolitik etkisinin olması ve kullanımının onaylanması sonrası gepiron ve tandospiron araştırılmaktadır. Yapılan çalışmalar faz 2 aşamasındadır henüz faz 3'e geçilememiştir(114,115). Vilazodon ve vortiksetin FDA tarafından major depresif bozuklukta kullanımı onaylanmış antidepressan ilaçlardır. Serotonin geri alım inhibitör etkileri yanında 5-HT1A agonist etkileri mevcuttur. Mevcut çalışmaların bazılarında anksiyete belirtilerini azaltmakla beraber anksiyete bozukluklarında kullanımı ile ilgili ikna edici veri henüz bulunmamıştır(116–118).

SONUÇ

Anksiyete ve uykusuzluk, ruhsal hastalıklarda ve hastalık dışında günlük yaşamdaki psikososyal stresörlerde görülen en sık belirtilerendir. Uzun süreli devam etmesi durumunda hayat kalitesini azaltmakta ve işlevselliği etkilemektedir. Benzodiazepin ilaçlar halen uzun süredir en sık kullanılan ilaçlardır. Son yıllarda benzodiazepin dışındaki ilaçların kullanımı artmaya başlamıştır. Mevcut ilaçlar kullanılırken bağımlılık, etki süresi ve özel gruplarda tolere edilebilirlik ve yan etki konusunda dikkatli olunmalıdır. Bu alanda yeni ilaç araştırma ve denemeleri halen sürmektedir.

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