

BÖLÜM 10

GEBELİKTE VE EMZİRME DÖNEMİNDE ALKOL VE MADDE KULLANIM BOZUKLUKLARI

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Giriş

Alkol ve madde kullanım bozuklukları birey, aile ve toplumda; sağlık sorunları, yeti yitimi, kişisel ve mesleki alanlarda sorumlulukları yerine getirememesi gibi olumsuz durumlara yol açmaktadır. Kadınların üreme çağı olan 18-44 yaş arasında alkol ve madde kullanım bozukluğu geliştirme riski giderek artmakta ve en yüksek risk oranı 18-29 yaş aralığında görülmektedir (1).

Madde kullanım bozukluğu olan gebeler, hem madde kullanımının fetüs üzerindeki potansiyel riskleri nedeni ile hem de sosyal olarak atandığı anne ve eş rollerini ihmal ettiği gerekçesi ile cezalandırıcı tutumlar ve damgalanma ile karşılaşmaktadır (2).

Epidemiyoloji

Ulusal Uyuşturucu Kullanımı ve Sağlık Araştırması'nın 2020 yılında yayınladığı rapora göre Amerika'da 2019 yılında gebe kadınların %5,8'i son bir ay içerisinde yasadışı madde kullanmıştır. Tütün, gebe kadınlar arasında son bir ay içerisinde %9.6 kullanım oranıyla en çok kullanılan maddedir (3). Bunu alkol, esrar ve diğer yasadışı maddeler

takip eder. Aynı araştırmanın 2015-2018 yıllarına ait verilerine dayanarak 12-44 yaş arası gebelerin %64,7'sinin son 1 yıl içinde alkol kullanımı olduğu belirtilmiştir. Katılımcılardan ilk trimesterde olanların %19,6'sının son bir ay içerisinde alkol kullanımı olduğu ve %10,5'inde tıknırcasına içme (*binge drinking*) olduğu gösterilmiştir. İkinci veya üçüncü trimesterde olanların %4,7'sinin son bir ay içinde alkol kullandığı, %1,7'sinde ise tıknırcasına içme (*binge drinking*) olduğu bildirilmiştir. Gebelikte alkol kullanımı bildiren katılımcıların %38,2'si alkol kullanımının yanı sıra bir ya da daha fazla madde kullanmaktadır ve bu maddelerin başında tütün ve esrar gelmektedir (4). Gebelerin %5.4'ü son bir ay içerisinde esrar kullanırken, neredeyse her gün esrar kullandığını belirtilen gebe kadınların oranı ise %1.7 olarak bildirilmiştir (3). Maternal opioid kullanım bozukluğu insidansı da 2000 yılında 1000 doğumda 1.1 iken 2017'de 1000 doğumda 8.2'ye yükselmiştir (5). Federal Hastalık Kontrol ve Önleme Merkezi (CDC), 2019'da ABD'li kadınların %7'sinin hamilelik sırasında reçeteli opioid kullandığını ve bunların da beşte birinin hamileyken ilaç kötüye kullanımı olduğunu bildirmiştir (6). Hamile kadınlarda son bir ayda

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me, olumlu pekiştiricilerle edimsel koşullanma yoluyla davranış değişikliği hedefleyen pekiştirici yönetimi (*contingency management*) ve bilişsel davranışçı terapilerdir (98).

Yakın tarihli sistematik bir metaanaliz bu grupta kanıta dayalı davranışsal müdahalelerin etkinliğini araştırmıştır. Eylem planlaması, davranış sözleşmesi, yönlendirmeler/ıpuçları, kendiyle konuşma ve kendini yazılı bir direktif ile yönlendirme, problem çözme, davranışlara yönelik geribildirim, yeni davranışlar yerine koyma, aşırı alkol tüketiminin azaltılması, davranışsal hedef belirleme ve etkileşimleri uygun şekilde düzenlemenin gebelerde alkol kullanım bozukluğunun tedavisinde faydalı olabilecek davranışsal yaklaşımlar olduğu gösterilmiştir (99).

Alkol ve madde kullanım bozukluğu olan anelerin damgalanması nedeni ile akran desteği sağlanan grup terapi tekniklerinin de bu popülasyonda faydalı olabileceği düşünülmektedir. Ayrıca gruplar, ebeveynlik eğitimi gibi psikososyal destek sistemleri için de elverişli bir ortam oluşturmaktadır (95).

Sonuç

Gebeliğin ve emzirme döneminin alkol ve madde kullanım bozukluklarının tedavisi için bir kontrendikasyon olmadığı göz önünde bulundurulmalıdır. Tedavide hedef; madde kullanımının kesilmesi ve yoksunluk belirtilerinin önlenmesi olabileceği gibi madde kullanımının azaltılması, diğer tıbbi ya da sosyal zararların azaltılması da olabilir.

Kaynakça

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