

# BÖLÜM 30

## DAVRANIŞSAL BAĞIMLILIKLARDA EK TANI

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### Giriş

Davranışsal bağımlılıklar; başta diğer (madde ilişkili ve davranışsal) bağımlılıklar olmak üzere birçok psikiyatrik hastalık ile birlikte görülmektedir. Ayrıntılı bir psikiyatrik değerlendirmede eş tanı olasılığı göz ardı edildiğinde kişilerin uygun ve etkili tedavi almaları mümkün olmamaktadır. Amerika Birleşik Devletleri (ABD) verilerine göre erişkin popülasyonun yaklaşık yarısı en az bir aşırı (excessive) davranışla mücadele etmektedir (1).

Yapılan çalışmalarda davranışsal bağımlılıklara sıklıkla diğer davranışsal bağımlılıkların veya madde ilişkili bağımlılıkların eşlik ettiği gösterilmiştir (2).

Birden fazla davranışsal bağımlılık gösteren kişilerin; tek bir problemlili davranış örüntüsüne sahip olan kişilere kıyasla daha fazla sağlık sorunu yaşaması ve daha fazla intihar riski altında olması nedeniyle klinik değerlendirme yapılırken diğer problemlili davranış örüntüleri mutlaka sorgulanmalıdır(3).

### Akıllı Telefon Bağımlılığı (ATB)

Yapılan çalışmalar ATB'nin yüksek oranda diğer hastalıklarla komorbid olduğunu göstermektedir.

Yeme bozuklukları, obsesif kompulsif bozukluk (OKB), depresyon, diğer davranışsal bağımlılıklar (kumar bağımlılığı, kompulsif satın alma vb), fobiler ve anksiyete bozuklukları bunlar arasında sayılabilir (4).

Özellikle sosyal fobi tanısı olan kişiler arkadaş edinmek istemelerine rağmen yaşadıkları anksiyete nedeniyle bu konuda zorluk yaşamaktadır (5). İnternet kullanımı bu kişilerde, fiziki olarak yalnız fakat sosyal olarak aktif olmalarına alan sağladığı için cazip gelmektedir. Bununla birlikte, gözlemsel çalışmalar göstermektedir ki yüz yüze olan sosyal ilişkilerden kaçmak adına akıllı telefon ya da bilgisayar aracılığıyla kurulan ilişkiler bağımlılık davranışına dönüşebilmektedir (6).

Akıllı telefon kötüye kullanımının uyku kalitesinde bozulma ve insomnia gibi uyku sorunlarıyla ilişkili olduğu bildirilmiştir (7,8).

Madde kullanım bozukluğu ve akıllı telefon kötüye kullanımı birlikteliği ile ilgili yapılan bir çalışmada yaşam boyu kannabis kullanımı ve akıllı telefon aşırı kullanımı arasında güçlü bir ilişki saptanmıştır (9). Yapılan çalışmalarda okul başarısızlığı, depresif belirtiler ve sigara, kannabis ya da diğer madde tüketimi ile akıllı telefon kötüye kullanımı arasında anlamlı bir ilişki saptanmıştır (9,10).

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mada baskılanma ile önemli ölçüde ilişkili olduğu saptanmıştır (128). Yeme bağımlılığı olan kişiler TSSB açısından ayrıntılı olarak değerlendirilmeli ve uygun tedavi modaliteleri göz önünde bulundurulmalıdır.

Danimarka'da yeme bağımlılığı ve psikiyatrik hastalık komorbiditesini araştıran ve madde kullanım bozukluğu, psikotik bozukluklar, affektif bozukluklar, anksiyete bozuklukları, yeme bozukluğu, kişilik bozukluğu, otizm spektrum bozukluğu ve DEHB tanılarında birini almış 1394 kişinin dahil edildiği çalışmada yeme bağımlılığı ağırlıklı oranı %23,7 olarak saptanmıştır. Yeme bağımlılığının madde kullanım bozukluğunda %8,3; psikotik bozukluklarda %22,7; şizofreni tanısı olanlarda %27,3; affektif bozukluğu olanlarda %29,4; bipolar bozuklukta %43,4; unipolar depresyonda %25,3; anksiyete ve stres ilişkili bozukluklarda %22,8; obsesif kompulsif bozuklukta %42,9; TSSB'de %19,9; yeme bozukluklarında %47,7; anoreksiya nervozada %42,5; bulimia nervozada %51,8; kişilik bozukluklarında %29; borderline kişilik bozukluğunda %36,3; otizm spektrum bozukluklarında %16,3 ve DEHB'de %22,3 oranında ağırlıklı prevalans gösterdiği saptanmıştır (34). Bu çalışmada yeme bağımlılığı ve psikiyatrik hastalıkların birlikte olması daha yüksek VKİ ile ilişkili bulunmuştur (34). Sonuç olarak başta obezitesi olan psikiyatrik tanı hastalar olmak üzere, psikiyatrik tedavi arayışında olan hastalarda yeme bağımlılığı tanısı mutlaka akılda tutulmalı ve buna uygun tedaviler planlanmalıdır.

## Sonuç

Davranışsal Bağımlılıklar giderek önem kazanmaktadır. Tanısal sınıflandırılma ve tedavi algoritmaları yapılabilmesi için kapsamlı ve güvenilir çalışmalara ihtiyaç duyulmaktadır. Görüldüğü üzere davranışsal bağımlılıklar diğer psikiyatrik hastalıklarla sıklıkla bir arada görülmekte ve hastalığın seyrini etkilemektedir. Psikiyatrik değerlendirme yapılırken davranışsal bağımlılıklar klinisyenlerce göz önünde bulundurulmalı ve tedavi planı bu doğrultuda yapılmalıdır.

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