

BÖLÜM 37

KUMAR OYNAMA BOZUKLUĞU

Esengül EKİCİ¹

GENEL BİLGİLER

Tanım

Yineleyici davranış bozukluklarının, günlük yaşam ve kişilerarası işlevselliği etkilediğinde dışarıdan alınan alkol ya da uyuşturucu maddeleri içermese de davranışsal bağımlılık çerçevesinde kavramsallaştırılabileceği düşünülmektedir (1). Davranışsal bağımlılıklardan kumar oynama, internet kullanımı, dijital oyun oynama, yemek yeme, seks ve alışveriş bağımlılığı, etiyoloji, tanı, tedavi ya da gidişat açısından araştırılmaya devam etmektedir. Kumar oynama, daha yüksek kazanç sağlama umuduyla başka bir şeyi riske atma eylemini tanımlar ve bu eylem risk ve belirsizlik içerir (2). Her kumar oynayan bireyde kumar oynama bozukluğu (KOB) gelişmeyebilir. Sosyal olarak kumar oynayan kişiler bu eylemi sorumlu bir şekilde gerçekleştirirler, kumar oynama üzerinde kontrol kaybı yoktur, kayıplar kontrollüdür ve oynama amacı eğlencedir. KOB'da ise bireyler olumsuz sonuçlarına rağmen giderek artan sıklıkta ve daha yüksek paralarla kumar oynamaya devam ederler, kayıplar öngörülemez ve oynama amacı keyif alma, kaçış ya da heyecan aramadır (3).

SPOT BİLGİLER:

Her kumar oynayan bireyde KOB gelişmeyebilir. Sosyal olarak kumar oynayan kişiler bu eylemi sorumlu bir şekilde gerçekleştirirler, kumar oynama üzerinde kontrol kaybı yoktur, kayıplar kontrollüdür ve oynama amacı eğlencedir.

KOB, Amerikan Psikiyatri Birliği (APA) tarafından 1980 yılında yayınlanan DSM-3'te "Patolojik Kumar Oynama" (PKO) tanımlaması ile ilk defa klinik bir bozukluk olarak kabul edilmiştir (4). DSM-3 ve DSM-4'te "dürtü kontrol bozuklukları" başlığı altında değerlendirilen 'PKO' için DSM-5'te dört değişiklik yapılmıştır. Öncelikle damgalanmanın önüne geçebilmek için patolojik kumar oynama yerine 'Kumar Oynama Bozukluğu' tanımlaması önerilmiş, devamında KOB 'dürtü kontrol bozuklukları' bölümünden 'madde ile ilişkili bozukluklar ve bağımlılık bozuklukları' bölümüne alınmıştır. Kumar oynayabilmek için paranın temini adına yasadışı eylemlerde bulunma tanı ölçütü kaldırılarak, tanı koyabilmek için 10 ölçütten 5 yerine, 9 ölçütten 4'ünün yeterli olduğu şeklinde değiştirilmiştir (5). DSM'deki tanısal ölçütlerde yapılan bu değişikliklerin bazı çalışmalarda iç tutarlılığı ve yaygınlığı etkilemeyeceği gösterilse de bazılarında göre KOB yaygınlığının bu

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Şekil 1. Kumar oynama aktivitesi sayılan aktiviteler.

Hem kısa dönem hem uzun dönem sorunlu kumar davranışı ile ilgili olumsuz sonuçların ele alınması ve önleme stratejileri ile zarar azaltma geliştirilmesi amaçlanır. Devletin yaş kısıtlaması ve yasakları kumar için önleyici olabilir. Başka bir önleme ise kumar oynamak için yasal yaşın artırılmasıdır. Örneğin Finlandiya'da yapılan bir çalışmada yasal kumar için yaş sınırının 15'ten 18'e çıkarılması ergen ve genç erişkinlerde daha az kumar sorunu ile ilişkilidir (101).

Sonuç

Dünya üzerinde kumar oynayan pek çok insan olsa da her kumar oynayan bireyde KOB gelişmeyebilir. KOB etiolojisinde biyolojik, psikolojik ve sosyal hala araştırılması gereken pek çok etken vardır. Buna göre heterojen bir bozukluk olan KOB'da yeni sınıflama sistemlerinin geliştirilmesi ve yeni farmakolojik ya da psikolojik tedavi modalitelerinin oluşturulması açısından ileri araştırmalara ihtiyaç vardır.

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