

ONKOLOJİ HASTALARINDA AYRINTILI GERİATRİK DEĞERLENDİRME

5. BÖLÜM

Fatma Betül ASAN¹

GİRİŞ

Tıp dünyasında gözlenen gelişmeler, hastalıkların erken dönem teşhisi ve tedaviye ulaşabilme oranında artış sayesinde tüm dünyada geriatrik nüfus giderek artmaktadır. Bu iyileşmeye rağmen yaşlı hastalarda yaşa bağlı fizyolojik değişiklikler veya geriatrik sendromlar gibi patolojik durumlar nedeniyle yeni gelişen hastalıkların tanı ve tedavisinde gecikmeler olmaktadır. Ayrıntılı geriatrik değerlendirme(AGD) ile yaşlı nüfusta bu durumların tanımlanması ve yönetilmesi hedeflenmektedir. Kanser hastalarının büyük bir bölümü 65 yaş ve üstü olup, bu hastalarda tedavi öncesinde ve izleminde AGD uygulanması; mortalite, morbidite ve kemoterapi toksisitesi riskinin değerlendirilerek gerekli iyileştirmelerin yapılması, hastaya kişiselleştirilmiş kanser tedavisinin uygulanması, gözlenebilecek fiziksel-bilişsel performans bozukluklarının yönetimi açısından oldukça önemlidir.

AYRINTILI GERİATRİK DEĞERLENDİRME TANIMI

Yaşlı hastalarda gelişen sağlık sorunlarında klasik hastalık bazlı yaklaşım yanıltıcı olabilmektedir; geriatrik popülasyonda bir hastalık durumunda belirli bir hastalık ile semptomları arasındaki ilişki genellikle net değildir. Hastalığın yaygınlığını ve hastanın genel sağlık durumuna etkisini değerlendirmek güçleşmiştir.

Fonksiyonel bozukluk ve demans gibi geriatrik durumlar yaşlılarda sık görülmekte olup yeni gelişen tıbbi durumların tanısını güçleştirmektedir. Aynı zamanda yaşlı hastalarda demans, deliryum, inkontinans, malnutrisyon, düşme, osteoporoz, yürüme bozuklukları, duyuşsal defisitler, yorgunluk, baş dönmesi,

¹ Uzm. Dr., Sakarya Eğitim Araştırma Hastanesi, İç Hastalıkları Kliniği fatmabetulasan@hotmail.com

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