

GERİATRİK ONKOLOJİ HASTALARINDA FRAJİLİTE

7. BÖLÜM

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Son yıllarda kırılgnalık kavramı giderek önem kazanmaktadır. 65 yaş ve üstü bireylerde hastaların % 10-20'si kırılgnalık ile başvurur ve 85 yaş ve üstü hastalarda bu oran iki katına çıkmaktadır.^{1,2} Nüfusun giderek yaşlanması kırılgnalık oranının da giderek artacağını düşündürmektedir. Kırılgnak yaşlı ve kırılgnalık farklı şekillerde anlamlandırılmakla birlikte, kırılgnalık basitçe, adaptif kapasitenin azalması ve fizyolojik rezervin azalması sonucu stresörlere karşı artan savunmasızlık durumu olarak ifade edilebilir.³⁻⁹ Kişinin genellikle yaşa bağlı olarak fizyolojik tüm sistemlerinin kapasitesinin azalması; mevcut kronik hastalıklar ya da sakatlık hali ile net olarak ilişkilendirilemese de, bu iki durumun varlığı kırılgnalık eğilimini artırabilir.^{9,10}

Kırılgnalığın farklı sistemlere ait, biyolojik ve biyokimyasal etmenlerle ilişkili olduğu düşünülmektedir. Bu bireylerde, IGF-1, 25(OH)D3, folat, vitamin E, vitamin B12, DHEAS ve total karotinoid düzeylerinde azalmanın yanında HbA1c ve IL-6 seviyelerinde artma tespit edilebilir. Yapılan çalışmalarda üç ya da daha fazla fizyolojik sistemde problem yaşayan kişilerde kırılgnalık eğilimi daha yüksek bulunmuştur.¹¹ Kırılgnalık süreci üç aşamaya ayrılabilir. Kırılgnalık öncesi süreç (prefraility); yaşlıda klinik olarak belirtinin olmadığı ve her türlü zararlı etkene karşı tam bir iyileşme şansına olanak sağlayan süreçtir. Bu sürecin net bir tanımı bulunmamakla birlikte bu hastalar tam olarak kırılgnalık kavramını taşımazlar da, kırılgnalık bileşenlerinin bir kısmına sahip olurlar.^{12,13} Kırılgnalık sürecinde yaşlı; fizyolojik rezervin azalması ile iyilik halinden fonksiyonel azalmaya doğru bir geçiş yaşar. Kırılgnalık komplikasyonlarının görüldüğü evrede ise mortaliteyle sonuçlanabilecek bir süreç ifade edilir.¹⁴

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