

Aralıklı Patlayıcı Bozukluk

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Öfke patlamaları ve agresif davranışlar arařtırcıların ilgisini uzun zamandan beri çekmektedir. Amerikan Psikiyatri Birliđinin Ruhsal Bozuklukların Tanısal ve Sayımsal El Kitabına göre (DSM) psikotik bozukluklar, davranım bozuklukları, bazı kiřilik bozuklukları, madde kullanım bozuklukları gibi çok çeřitli ruhsal bozukluklarda agresif tavırlar, dürtüsel agresyon gözlenebilir.[1] Dürtüsel agresif davranışlar arasında ani öfke patlamaları sonucu oluşan aile-içi kavgalar, çeřitli nedenlerle ortaya çıkan öfke patlamalarının eşlik ettiđi yol kavgaları (road rage) sayılabilir. Bu olaylar yazılı ve görsel medyanın sıklıkla ilgisini çekmektedir.

DSM-IV-TR'ye göre öfke patlamaları yařayan ya da dürtüsel agresyonu olan hastalarda diđer ruhsal nedenler dıřlandıktan sonra Aralıklı Patlayıcı Bozukluk (APB) (intermittan eksplosif bozukluk) tanısı konabilmektedir.[1] APB ciddi saldırganlık ya da diđer insanların malına zarar verme ile sonuçlanan ve yineleyen biçimde saldırganlık dürtülerine karşı koyamama atakları ile tanımlanan bir dürtü kontrol bozukluđudur. DSM'de "Bařka Yerde Sınıflandırılmamıř Dürtü Kontrol Bozukluđu" bařlıđı altında sınıflandırılan bir ruhsal bozukluktur.[1] Kiřinin bu ataklar sırasında sergilediđi saldırganlıđın derecesi, bu duruma neden olan psiko-sosyal stres etkenlerinin derecesine oranla hem çok abartılı hem de orantısızdır. Bu tanıyı koyabilmek için saptanan bu agresif atakların bařka bir ruhsal bozuklukla daha iyi açıklanamaması gerekmektedir.[2]

Genel olarak toplumlarda öfke patlamaları, dürtüsel saldırgan ve agresif davranışlar olduđuça sık gözlenmesine karşı, APB hem ölkemizde hem de bařka ölkelerde psikiyatri kliniklerinde olduđuça az konulan bir tanıdır.[1,3] Bu durumun, DSM tanı ölçütlerinden kaynaklandıđı sıkça dile getirilmekte ve tanı ölçütlerinin uygun biçimde deđiřtirilmesi durumunda toplumdaki gerçek APB görölme oranlarının saptanabileceđi vurgulanmaktadır. Bu yazıda APB tanısının tarihsel

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