BÖLÜM 21

Obstrüktif Uyku Apne Sendromu için Alternatif Tedaviler: Davranışsal ve Farmakolojik Seçenekler

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GİRİŞ

Obstrüktif uyku apne (OUA) sendromu gece boyunca üst hava yolunun kısmî veya tamamen kapandığı uykuda solunum rahatsızlığı ile karakterize rekürren epizodlardır. OUA; uyku boyunca farengeal havayolunun tekrarlayan daralması ve tıkanıklığı ile karakterizedir (1).

OUA solunum eforunun eşlik ettiği, üst havayollarında hava akımının azalması (hipopne) veya tamamen kesilmesi (apne) ile ortaya çıkar.

Obstrüktif uyku apnesi (OUA) tüm dünyada oldukça yaygın bir hastalıktır ve son 4 dekatta tedavinin ana dayanak noktası, uyku süresince kullanılan CPAP (Continious Positive Airway Pressure) (Sürekli Pozitif Hava Yolu Basıncı) cihazları olmuştur (2).

Günümüzde OUA artık bir uyku bozukluğu-nefes alma problemi olarak ele alınır ve sekelleri için farklı patogenetik mekanizmaları içeren fenotip ve endotipleri ile heterojenöz bir hastalık olarak kabul edilmektedir.

OUA orta yaş popülasyonunu %2-5 arasında etkileyen, sık görülen ve genelde hafife alınan bir patolojidir (3-6). Hafif obstrüktif uyku apnesinin (AHI >5 saatte) prevalansı orta yaş popülasyonda yaklaşık %20 iken ,orta dereceli obstrüktif uyku apnesinin (<15 AHI <30) orta yaş popülasyonunda prevalansı ise 15 te 1 gibi görülmektedir. Kadınlarda orta dereceli obtrüktif uyku apnesinin prevalansı 20-29 yaş arasında 1.3% iken, 60-69 yaş grubunda 8.4 % e

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- Çift tümsekli üçgen yastık (SONA yastık, Kissimmee, Florida) devam eden lateral pozisyonu vaadederek, çenenin uyku sırasında aşağı pozisyonlu olmasını sağlamaktadır. Yapılan çalışmada hafif orta ağırlıklı OUA hastaları bundan AHI 5 in altına düşecek şekilde fayda görmüşlerdir.

Fayda gösteren başka pozisyonel terapi aletleri vardır fakat bunlar FDA onaylı değildir.

Pozisyonel terapi POUA tedavisinde çeşitli formlarıyla efektif bir tedavi olduğunu kanıtlanmıştır. PT nin rutinde kullanımının kıstılı olmasının başlıca sebepleri, POUA için evrensel kabul edilmiş bir tanımın eksikliği ve PT kullanımı için spesifik bir klinik kılavuz olmayışıdır. POUA hastalarını alt tiplere ayırmak uygulama klavuzlarını netleştirebilir, ve hangi hastaların PT den faydalanacaklarını , tek tedavi veya ek tedavi olarak belirleneceğini belirler. Bunun için de daha fazla klinik çalışmaya ihtiyaç vardır çünkü halen PTnin kısa ve uzun dönem klinik başarı için gecede kullanım süresi veya gecenin yüzde kaçında kullanılması gerektiği gibi veriler eksiktir. PT ye uyumun objektif değerlendirmeleri devam eden bir süreçtedir ve ve uygulama başarısı ve kolay ulaşılabilirliği PT yi gelecekte daha fazla elverişli kılacaktır. Efektifliğinin monitöral ölçümlerinin yetersizliği uyum değerlendirmeleri açısından CPAP a göre zayıflığıdır.

PT yi OUA tedavi algoritmasına katmak kısa vadede cost-efektif görünmektedir, fakat daha kesin bir yargıya varmak için uzun dönem devam eden sonuçları görmek faydalı olacaktır(102).

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