

Bölüm 7

UYKU İLE İLİŞKİLİ HAREKET BOZUKLUKLARINA GÜNCEL YAKLAŞIM

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GİRİŞ

Uykuya dalmayı veya sürdürmeyi engelleyen stereotipik, hedefe yönelik olmayan hareketler uyku ile ilişkili hareket bozuklukları olarak tanımlanır. Kramp, sıçrama, ritmik bacak hareketleri, myoklonus gibi farklı paternlerde olabilirler. Sıklıkla birliktelik gösterir veya diğer uyku bozukluklarına eşlik ederler. Huzursuz bacaklar sendromu ve periyodik ekstremitte hareket bozukluğu en sık karşılaşılan uyku ile ilişkili hareket bozukluğu olduğundan bu bölümde sadece bu iki başlıktan bahsedilecektir.

HUZURSUZ BACAKLAR SENDROMU

Epidemiyoloji

Huzursuz bacaklar sendromu/Willis-Ekbom Hastalığından ilk olarak 1683 yılında Thomas Willis tarafından yayınlanan bir makalede bahsedilmiştir (1).1945 yılında klinik özellikleri doktor Karl-Axel Ekbom tarafından tanımlanarak ‘Huzursuz Bacaklar Sendromu’ (HBS) ismi kullanılmaya başlanmıştır (2).Avrupa ve Kuzey Amerikada prevalansı erişkinlerde %5-10 olarak (3,4) Türkiye’de erişkinlerde %5,6, adolesan yaş grubunda ise %3,6 olarak saptanmıştır (5,6).Kadınlarda erkeklerden iki kat fazla görülmekte ve ortalama 30-40 yaş aralığında başlamaktadır (7). Yaş arttıkça görülme sıklığı artmaktadır. Günümüzde primer, sekonder, intermitant, iyatrojenik ve progresif HBS gibi tanımlamalar kullanılmaktadır. Primer HBS nedeni tesbit edilemeyen ömür boyu devam eden kronik bir hastalıktır ve 45 yaş öncesi başlayan erken başlangıçlı tipinde ailesel yatkınlık mevcuttur (8). Primer HBS yaştan ilerlemesi ile kronik progresif forma dönüşebilir. Sekonder HBS,

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