

Bölüm 15

PARKİNSON HASTALIĞINDA MOTOR VE NONMOTOR SEMPTOMLAR

Şeyma EROĞLU DURMAZ¹

GİRİŞ

Parkinson Hastalığı (PH) Alzheimer tipi demanstan sonra ikinci en yaygın nörodejeneratif hastalıktır(1).Substansia Nigra(SN) pars compactada ki pigmentli dopaminerjik nöronların kronik ve progresif kaybı sonucu gelişir.PH'nin patolojik belirleyicisi α -sinüklein proteinlerinin anormal katlanmalarından oluşan, nöronal inklüzyon cisimciği olan, Lewy cisimcikleridir(LC) (2).

İstirahat tremoru, rijidite, bradikinezi ve postüral instabilite gibi motor semptomlarla karakterize hipokinetik hareket bozukluğu olarak tanımlanır. Parkinsonizm vakalarının yaklaşık % 80'ini oluşturur (3).

Parkinson Hastalığı'nda bilişsel, psikiyatrik bozukluklar , disotonomi ve uyku bozukluklarını içeren non-motor semptomlar (NMS) hastalığın tüm seyri boyunca görülmektedir.

PARKİNSON HASTALIĞINDA MOTOR SEMPTOMLAR

Tremor

En yaygın klinik belirtidir ve çoğunlukla ilk motor semptom olarak ortaya çıkar . Ancak PH' nin tanı ve takibi sırasında %15 oranında hastada hastalığın hiçbir döneminde gözlenmeyebilir (4).

Parkinson Hastalığı'nda tremor 4-6 Hz frekansında, istirahatte ve genellikle unilateral görülür, sıklıkla üst ekstremitelerde distalinden başlar. Fenomenolojik olarak küçük bir obje ya da hap yuvarlar gibi baş parmağı ve işaret parmağını içeren ritmik fleksiyon-ekstansiyon-opozisyon hareketleri ve el bileğinin pronasyon-supinasyon hareketleri ile karakterizedir.Mental aktivite, stres, diğer

¹ Uzm. Dr., Şanlıurfa Eğitim ve Araştırma Hastanesi, Nöroloji Kliniği,seymaerogludr@gmail.com

yayımlı sürecinde motor semptomlara eşlik eden ya da motor semptomların henüz görülmediği premotor dönemde başlayan nonmotor semptomlarda önemli yer tutmaktadır. Nonmotor semptomlar motor semptomlardan daha özürleyici olabilmektedir.

Parkinson Hastalığı'nın motor semptomlarından en sık görüleni tremor (asimetrik, istirahatte belirgin) olmakla beraber tanı için bradikinezi olmazsa olmaz kabul edilir. NMS'ler Nöropsikiyatrik semptomlar ve Nöropsikiyatrik olmayan semptomlar olarak sınıflandırılabilir. En sık görülen Nöropsikiyatrik NMS'lerdir.

Tedavide amaç hastanın bağımsızlık süresini uzatmak ve yaşam kalitesini artırmaktır, hastaya göre bireyselleştirilmelidir.

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