Bölüm 1

ALZHEİMER HASTALIĞININ PATOFİZYOLOJİSİ VE TEDAVİ YAKLAŞIMLARI

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GİRİŞ

Gelişmiş ülkelerde en sık görülen nörodejeneratif hastalık olan Alzheimer hastalığı (AH), aynı zamanda demansın en önde gelen nedenidir(1). Anatomik olarak hipokampus ve entorinal korteksin etkilenmesiyle birlikte ilerleyici hafıza kaybı ve günlük aktivitelerin bağımsız gerçekleştirilmesine engel olan serebral atrofi ile karakterize ilerleyici bir hastalıktır (2). Hastalığın evresine bağlı olarak, apati, depresyon, iletişim bozukluğu, oryantasyon bozukluğu, zayıf muhakeme, yutma ve yürüme güçlüğü ve davranış değişiklikleri gibi günlük yaşam aktivitelerini engelleyici özellikler ortaya çıkmaktadır (3). Semptomların ortaya çıkması ve sürekliliği için gereken süre yaş, genetik ve cinsiyet gibi faktörlerden etkilenir (4).

1901-1906 yılları arasında hafıza kaybı, düzgün konuşamama, oryantasyon bozukluğu ve halüsinasyonlar yaşayan Auguste Deter vakasını takip eden psikiyatrist ve nörolog Alois Alzheimer'ın yaptığı beyin otopsisinde ciddi beyin atrofisine eşlik eden ekstranöronal senil plakların (SP) ve intranöronal nörofibriler yumakların (NFT'ler) varlığını gözlemlediği ve hastalığı tanımladığı 1906 yılından sadece bir yüzyıl sonrasında AH demans vakalarının yaklaşık %75 ' ini oluşturur hale gelmiştir (5, 6). Günümüzde dünya çapında AH demansından etkilenen 50 milyondan fazla insan vardır. Bu verilerin AH gelişimi için ana risk faktörünün yaş olmasından ve yaşam beklentisinin son yüzyılda büyük ölçüde artmasından kaynaklandığı düşünüldüğünde 2050 yılına kadar 106,8 milyondan fazla vaka artışı olması beklenmektedir (7-9).

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davranışsal egzersizler yoluyla günlük yaşam aktivitelerinin geliştirilmesine ve dolayısıyla bu hastaların otonomisine sağlamak için önemlidir (102). Psikolojik terapi, Alzheimer hastalarında hem bilişsel hem de işlevsel düzeylerde önemli yansımaları olan depresyon veya anksiyete gibi süreçlerle başa çıkmak için gereklidir (103). Bilişsel stimülasyon ve eğitim egzersilerini içeren bilişsel terapi, en iyi sonuçları olan farmakolojik olmayan tedavi olarak da konumlandırılmıştır. En iyi tedavi hastalıkan korunmaktır ilkesi göz önüne alındığında bilişsel gerileme ve AH geliştirme riskininde azalma ile ilişkilendirldiği belirlitlen fiziksel egzersiz(102) , akdeniz diyeti ve iyi bir uyku alışkanlığını içeren sağlıklı bir yaşam tarzını benimsemenin AH' den korunmak için etkili stratejilerden biri olduğu söylenebilir (104).

AH'ye terapötik yaklaşım konusunda kaydedilen ilerlemelere rağmen hastalığın ilerlemesini durdurabilecek bir tedavi henüz bulunmamaktadır. Hem patofizyolojik düzeyde hem de teşhis ve tedavi ile ilgili olarak hala açığa çıkarılması gereken konular olduğu düşünüldüğünde özellikle başlangıç evrelerinde hastalığın tanınmasına katkıda bulunabilecek potansiyel biyo-belirteçler, farmakolojik ve non-farmakolojik tedavilerin araştırılmasına ihtiyaç vardır. AH' nin ilerlemesini kontrol edebilecek bir terapötik bir yaklaşım hastaların yaşam kalitesinde artış ve bakım veren yükünde azalma sağlayacaktır.

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