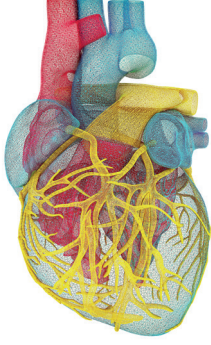


BÖLÜM 22



Obezite Tedavileri 1: Medikal Tedaviler

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| GİRİŞ

Obezite, dünya çapında morbidite ve mortalitenin önemli nedenlerinden biridir ve prevalansı küresel olarak artmaktadır. Dünya Sağlık Örgütü (WHO), 1997 yılında obeziteyi ciddi bir küresel sağlık problemi olarak kabul etmiştir (1). Gelişmesinde genetik, biyolojik, çevresel birçok faktörün yer aldığı kronik, heterojen ve kompleks bir hastalık olması nedeniyle obezite tedavisinde bütüncül bir yaklaşım (diyet, egzersiz, davranışsal tedaviler, medikal tedaviler, cerrahi tedaviler vb.) benimsenmelidir.

Obezite hipertansiyon, koroner arter hastalıkları, inme, tip 2 diyabet, dislipidemi, non-alkolik yağlı karaciğer hastalığı (NAFLD), obstrüktif uyku apnesi, eklem problemleri, bazı malignitelerin gelişmesinde risk yaratır (1). Bu nedenle hastalar tedavi kararından önce ayrıntılı olarak değerlendirilmeli ve komorbid durumları göz önüne alınarak planlama yapılmalıdır.

| RISK DEĞERLENDİRMESİ

Hastalarda obezite derecesini belirlemek için vücut kitle indeksi (VKİ) ölçümleri gerekmektedir. VKİ, kg/m^2 formülü ile hesaplanmalıdır. VKİ ne kadar yüksekse obezite ile ilişkili morbidite ve mortalite riski o kadar yüksektir (2). Tablo 1'de VKİ düzeyi ve risk durumu kategorize edilmiştir.

Obezite ilişkili komorbiditelerin değerlendirilmesi için hastalardan ayrıntılı öykü alınmalı, ayrıntılı fizik muayene yapılmalı, kan basıncı ölçümü, kan glukoz düzeyi ve lipid profili ölçümleri yapılmalıdır. VKİ 25.0-35.0 kg/m^2 arasında olan bireylerin bel çevresi ölçümlerinin yapılması risk hesaplamasında ek yarar sağlar. Ancak VKİ ≥ 35.0 kg/m^2 olan bireylerde bel çevresi artmış olarak saptanacağı için ölçülmesinin ek klinik faydası yoktur. Bel çevresi ölçümünün kadınlarda >88 cm, erkeklerde >102 cm olmasının kardiyometabolik hastalık gelişmesi açısından risk yarattığı belirtilmektedir (2).

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Hipertiroidizm, glokom varlığında ve MAO inhibitörü kullanımı sırasında ve takip eden 14 gün boyunca kullanılmamalıdır(105).

Sempatomimetik İlaçlar

Fentermin, dietilpropion, benzfetamin, fendimetrazin FDA tarafından obezite tedavisinde kısa süreli (<12 hafta) kullanım için onay almış semptomimetik ajanlardır. Norepinefrin salınımını artırıp, sinir uçlarından geri alımını azaltarak etki ederler. İlaçların hepsi oral kullanımda kısa sürede emilerek plazmada pik konsantrasyonlarına 1-2 saatte ulaşır (106). Fentermin, Amerika Birleşik Devletleri'nde obezite tedavisinde en sık kullanılan semptomimetik ajandır. Yan etkileri, bağımlılık yapıcı potansiyelleri nedeniyle kısa süreli kullanımları önerilir. Koroner arter hastalığı, kontrolsüz hipertansiyon, hipertiroidizm ve ilaç bağımlılığı durumlarında kullanımı kontrendikedir.

Lorkaserin

Lorkaserin, selektif seratonin reseptör 2C agonistidir. Beyinde bulunan bu reseptörlerin aktivasyonu iştahı azaltır ve tokluk hissi yaratarak kilo kaybı sağlar. Yapılan çalışmalarda plaseboya göre kilo kaybı sağladığı gösterilmiştir. 2012 yılında FDA tarafından obezite tedavisinde onaylanan lorkaserin yapılan çalışmalarda, uzun süreli kullanım sonrası kanser riskini artırdığı için Şubat 2020 'de FDA tarafından klinik kullanımdan çekilmiştir. Uzun süreli kullanımda özellikle pankreas, kolon ve akciğer kanseri riskini artırdığı gösterilmiştir (107). Artık obezite tedavisinde kullanımı önerilmeyen bir tedavi ajanıdır.

SONUÇ

Obezitesi olan hastalarda tedavi planı öncesi ayrıntılı değerlendirme yapılmalıdır. VKİ düzeyi, beslenme davranışı, egzersiz alışkanlığı ve obeziteye neden olacak olası etmenler belirlenmelidir. Tedavi planlarken hastaların motivasyon düzeyi ve tedaviden beklentileri dikkate alınmalı, ger-

çekçi tedavi hedefleri belirlenmelidir. Tedavi ile en az %5 kilo kaybı sağlanabilmelidir. Hastalar tedavi sürecinde yakın takip edilmeli, hedeflenen kilo kaybı sağlanan hastalar koruma programına alınmalıdır.

Diyet, egzersiz, davranışsal terapiler uygulanan ancak yeterli kilo kaybı sağlanamayan uygun endikasyonlu hastalarda medikal ya da cerrahi tedaviler düşünülebilir. Medikal tedaviler arasında ülkemizde orlistat ve liraglutid obezite tedavisinde onaylı ajanlardır. Komorbid durumları, tedavi için kontraendikasyon yaratan durumları ve yan etki profili hasta özelinde ayrıntılı değerlendirilerek tedavi seçimi yapılmalıdır.

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