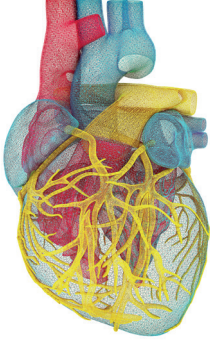


BÖLÜM 44



Diyabetik Hastada Hipertansiyon

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| GİRİŞ

Kan basıncının devamlı olarak >140/90 mmHg üzerinde olması olarak tanımlanan hipertansiyon, tip 1 ve tip 2 diyabetliler arasında oldukça yaygın bir problemidir. Diyabet ve hipertansiyon prevalansı dünya çapında artmaktadır. Uluslararası Diyabet Federasyonu'nun raporuna göre 2019 yılında dünya çapında 463 milyon diyabeti olan hasta olduğu ve bu sayının 2045 yılında 700 milyon civarına yükseleceği tahmin edilmektedir (1). Ayrıca Amerikada 18 yaş ve üzerindeki diyabetli hastaların %73.6'sında hipertansiyon olduğu görülmüştür (2).

Hipertansiyon ve diyabet, metabolik sendromun bileşenlerinden olup, hastalarda birlikte bulunabilmekte ve birbirlerinin seyrini etkilemektedir. Yükselmiş kan basıncı, Tip 2 diyabetlilerin %50-80'inde ve Tip 1 diyabetli bireylerin yaklaşık %30'unda bulunmaktadır. Ayrıca bu iki hastalığın birlikte bulunması kardiyovasküler olay riskini 6 kat artırmaktadır (3). İki hastalığın birlikte bulunduğu bireylerde, mikrovasküler ve makrovasküler komplikasyon riski, hipertansiyonu olmayan diyabetli bireylere göre belirgin artmıştır

(4). Mikrovasküler komplikasyonların önlenmesinde optimal glisemik kontrol önemli rol oynasa da tansiyon kontrolü de özellikle makrovasküler komplikasyonların (iskemik kalp hastalığı, strok ve periferik vasküler hastalık) başlamasının ve progresyonunun önlenmesinde büyük önem taşımaktadır (5). Hipertansiyon hem aterosklerotik kalp hastalığı hem de diyabetin mikrovasküler komplikasyonları için major risk faktörüdür (6). Bu nedenle, diyabetin etkili tedavisinde optimal glisemik kontrolün yanında tansiyon kontrolünün sağlanması da büyük önem taşımaktadır.

DIYABETLİ HASTALARDA HİPERTANSİYON PATOFİZYOLOJİSİ

İnsülin Direnci

Tip 2 diyabet, pankreas beta hücrelerinin fonksiyonel yetmezliğinden kaynaklanan, hiperglisemi ile karakterize bir hastalıktır. Yapılan bazı çalışmalarda hipertansiyonu olan ve glukoz tolerans bozukluğu olmayan non-obez hastalarda hiperinsülinemi ve insülin direnci olduğu gözlemlenmiş

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gelişme olasılığı daha az bulunurken; yenidoğanlarda olumsuz bir sonuç gözlenmemiştir(46). Güncel kanıtlar hem ciddi maternal hipertansiyon gelişmesini önlemek hem de fetal büyümenin bozulmasını önlemek için gebelerde sistolik kan basıncının 110-140 mmHg arasında ve diyastolik kan basıncının 80-85 mmHG arasında tutulmasını önermektedir (6, 47).

Gebelik esnasında fetal hasara yol açabilecekleri için ACE inhibitörleri, ARB'ler ve spironolaktan kontraendikedir. Gebelikte etkili ve güvenilir olduğu bilinen antihipertansifler metildopa, labetalol ve uzun etkili nifedipindir. Hidralazin gebelik sırasında hipertansiyonun akut tedavisinde veya ciddi preeklampside düşünülebilir(48). Gebelikte kan basıncı kontrolü için diüretik kullanımı önerilmemektedir ancak gebeliğin geç dönemlerinde volüm kontrolü için kullanılabilir(49).

Gestasyonel hipertansiyon veya preeklampsi öyküsü olan kadınların yaşam boyu kardiyovasküler riskleri artmış olduğu için uzun dönemde takip edilmeleri önerilmektedir(50).

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