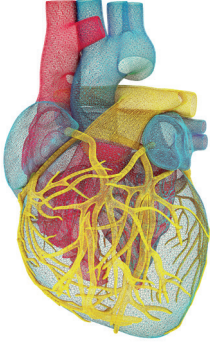


# BÖLÜM 46



## Diyabetik Hastada Aritmiler ve Ani Kardiyak Ölüm

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### | GİRİŞ

Diabetes mellitus (DM) en yaygın kronik hastalıklardan biridir ve prevalansı tüm dünyada giderek artmaktadır. Diyabet, kardiyovasküler sistem dahil olmak üzere birçok organ sistemini etkiler ve kardiyovasküler hastalık, aritmiler ve ani kardiyak ölüm (AKÖ) için iyi bilinen bir risk faktörüdür (1). Aritmiler, kalbin elektriksel iletimindeki bir sorun nedeniyle ortaya çıkar. Aritminin kaynaklandığı kardiyak bölgeye göre aritminin ortaya çıkış şekli, belirtileri, bulguları, tedavisi, sonuçları ve prognozu değişmektedir.

### | ATRİYAL FİBRİLASYON

Atriyal fibrilasyon (AF) genel popülasyonda en sık görülen kronik aritmidir ve önemli morbidite ve mortalite risk artışı ile ilişkilidir (2). Kardiyak aritmiler, diyabetik bireylerde diyabeti olmayanlara göre daha yaygındır. Atriyal fibrilasyon (AF) DM hastalarının %10-20'sinde mevcuttur, ancak diyabet ve AF arasındaki ilişki çoğunlukla diyabet hastalarının AF'ye yatkınlığı artıran ek komorbiditelerinden kaynaklanmaktadır. Tip 2 diyabet ve

AF bir arada bulunduğu, önemli ölçüde daha yüksek kardiyovasküler mortalite, inme ve kalp yetersizliği riski vardır. Bu durum diyabetli hastalarda AF tarama gerekliliğine işaret eder.

Atriyal fibrilasyonlu hastalarda inme vb. tromboembolik olaylar açısından risk değerlendirmesi CHA<sub>2</sub>DS<sub>2</sub>-VASc skoruna göre yapılarak, orta ve yüksek riske sahip hastalara antikoagülan tedavi önerilmektedir. Paroksizmal veya persistan AF'si olan diyabetik hastalarda, kanama açısından kontrendike değilse, K vitamini antagonistleri veya K vitamini antagonistisi olmayan yeni nesil oral antikoagülanlar (NOAK) ile antikoagülan tedavi önerilmektedir. Diyabetli hastalarda çarpıntı, erken ventriküler atımlar ve sürekli olmayan ventriküler taşikardi sık görülür. Bu aritmilerin tanınması ve tedavisi DM olan ve olmayan hastalar arasında farklılık göstermez. Monomorfik veya polimorfik ventriküler taşikardi veya resüsite edilmiş ventriküler fibrilasyon gibi sürekli ventriküler taşikardinin tanı ve tedavisi de DM olan veya olmayan hastalar arasında benzerdir. Ani kardiyak ölüm riski yapısal kalp hastalığı olan veya olmayan DM hastalarında diyabetik olma-

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