BÖLÜM 11

OPİOİDLER

Tülin ARICI [1]
Rekib SAÇAKLIDIR [2]
Ruhiye REİSLİ [3]

ÖZET

Opioidler kanser ağrısının farmakolojik tedavisinin temelini oluştururlar. Bununla beraber kanser ağrısında opioidlerin standart dozları, tavan etkileri ve maksimum dozları yoktur. Hastaya göre titre edilir ve tolere edilebilen yan etkilerle ağrıyı kontrol eden etkin doz belirlenir. Kanser ağrı tedavisinde kullanılan opioidlere bağlı yan etkiler oldukça yaygındır ve çoğu zaman önceden tahmin edilebilir. Yan etkilerin birçoğuna tolerans gelişmektedir. Bu nedenle opioidlerin titre edilerek kullanımı, düşük dozdan başlanması, hasta ve yakınlarının yan etkiler ve bunlarla nasıl baş etmeleri gerektiği konusunda bilgilendirilmeleri çok önemlidir.

GİRİŞ

Opioidler, papaver somniferum bitkisinden elde edilen opium'dan (afyon) türetilmiştir (1, 2) ve bilinen en güçlü analjezik ajanlardır. Opium, afyon tohumundan elde edilen alkaloid karışımını ifade eder. Opiat terimi morfin veya kodein gibi doğal olarak oluşan alkaloidleri tanımlar. Opioid ise opioid reseptörleri üzerine etki eden tüm bileşikleri tanımlamak için kullanılır. Narkotik ifadesi stuporu tarif eden yunanca bir kelimedir ve temel olarak uyku için kullanılan ilaçları tanımlamak için kullanılmıştır. Daha sonra opioidleri tanımlamak için kullanılmışsa da kötüye kullanımı ifade eden adli bir terimdir (3).

1980'li yıllardan önce opioidler özellikle terminal dönem kanser hastalarında tercih edilmekteydi. 1986 yılında Dünya Sağlık Örgütü'nün (DSÖ) üç basamaklı merdiven sistemi ile farmakolojik tedavi ve opioidler kanser ağrısı tedavisinde yapıtaşı olarak kabul edilmiştir. Kanser ağrısı tedavisinde temel ilkeler; optimal ağrı kontrolü sağlamak, bunu sağlarken yan etkilerin minimal olması, hastanın hem fizyolojik hem de psikolojik olarak iyilik hâlini sürdürmek ve yaşam kalitesini yükseltmek olmalıdır. Tüm bunları sağlamak için multimodal ve multidisipliner yaklaşımlar gerekir. Multimodal tedavide farmakoterapi önemli bir yer alır. Ağrının şiddeti analjezik gereksiniminin derecesini belirler. Opio-

[1] Doç. Dr., Samsun Eğitim ve Araştırma Hastanesi, Algoloji Kliniği, arici-tulin@hotmail.com
[2] Uzm. Dr., Marmara Üniversitesi Pendik Eğitim Araştırma Hastanesi, Algoloji Bölümü rakipsacakli@hotmail.com
[3] Prof. Dr., Necmettin Erbakan Üniversitesi, Meram Tıp Fakültesi, Algoloji BD., ruhiyereisli@mail.com

Tablo 12. Epidural hasta kontrollü analjezi			
İlaçlar	**Bolus doz (ml)**	**Bazal infüzyon (ml)**	**Kilitli kalma süresi (dk)**
Bupivakain/levobupivakain %0.1-0.125 veya ropivakain %0.2 + fentanil 2-3 µg/ml	5	4	15
Bupivakain/levobupivakain %0.1-0.125 veya ropivakain %0.2 + morfin 0.05-0.1 mg/ml	3	4	15

Tablo 13. İntratekal ilaçların önerilen başlama ve maksimum dozları		
İlaçlar	**Önerilen başlama dozu**	**Günlük maksimum doz**
Morfin	0.1–0.5 mg/gün	15 mg
Hidromorfon	0.01–0.15 mg/gün	10 mg
Fentanil	25–75 mcg/gün	1000 mcg
Sufentanil	10–20 mcg/gün	500 mcg
Bupivakain	0.01–4 mg/gün	15–20 mg
Klonidin	20–100 mcg/gün	600 mcg
Zikonotid	0.5–1.2 mcg/gün	19.2 mcg

(83). İntratekal uygulama için yaygın olarak kullanılan birçok ilaç mevcuttur. Bu ilaçlardan morfin ve zikonotid FDA tarafından ağrı için onay almıştır. Polianaljezik Konsensüs Konferansı (PACC), intratekal analjeziklerin akılcı kullanımına ilişkin öneriler geliştirmiştir. PACC tarafından intratekal kullanım için tavsiye edilen başlangıç ve maksimum ilaç dozları Tablo 13'te özetlenmiştir. Klasik yan etkiler; kaşıntı, bulantı, kusma, idrar retansiyonu ve solunum depresyonudur. Bununla beraber yan etkilerin çoğu doz bağımlıdır. Ayrıca uzun dönem intratekal opioid kullanımına bağlı granüloma da görülebilmektedir (84).

Diğer yollardan uygulanan opioidlere yanıt vermeyen kanser hastalarında intraventriküler uygulama denenmiştir. Bu ilaç verme yöntemi için Ommaya rezervuarı kullanılmıştır (85).

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