

ADJUVAN İLAÇLAR

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ÖZET

Adjuvan analjezikler temelde ağrı dışındaki endikasyonlar için onaylanmış ajanlar olup günümüzde birçok kanser ve kanser dışı kronik ağrı durumunda tedavide yer almaktadır. Kanser ağrısında analjezik ilaçların etkinliğini arttırmak ve destek tedavisi sağlamak amacıyla Dünya Sağlık Örgütü'nün önerdiği basamak tedavisinin her basamağında kullanılabilirler. Kansere bağlı ağrısı olan hastalarda adjuvan analjezik tedavinin zamanlaması hakkında karar bildiren yayınlanmış kesin veriler bulunmadığından hastanın klinik takipleri doğrultusunda karar verilmesi önerilmektedir. Etkin doz aralıkları farklı olan bu ajanları kullanırken, düşük doz ile başlanıp analjezik etki elde edilene kadar yan etkiler gözetilerek dozun titre edilmesi önerilmektedir. Bu amaçla birçok farklı gruptaki adjuvan ajan kanser ağrılı hastalarda opioid ajanlara ilaveten kullanılabilir. Bu ajanlar aşağıdaki gibi sınıflandırılabilirler.

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Ancak böbrek fonksiyonunda bozulma görülmemiştir.

KANNABİNOİDLER

“*Esrar*”, “*tıbbi esrar*” ve “*kenevir*” olarak nitelenen kannabinoidler, Amerika Birleşik Devletleri Gıda ve İlaç Dairesi (FDA) tarafından düzenlenmeyen ve hastalar tarafından yasal esrar dispanserlerinden temin edilen, doğal olarak yetiştirilen bitki materyallerini ifade eder. Altmıştan fazla kannabinoid türü mevcuttur. Bu bileşiklerin bazıları farmakolojik etkilere sahiptir. Muhtemelen sinir sistemi ve diğer dokulardaki spesifik reseptörlerle etkileşime giren endojen kannabinoid bileşiklerinin (endokannabinoidler) etkilerini taklit eder. Ağrısı opioidlere veya diğer adjuvan analjeziklere yeterince yanıt veremeyen ileri evre kanserli hastalara kannabinoidler önerilebilir. Bu ajanlar, sınırlı analjezik etkinliğe sahiptir. Geniş bir yan etki profili vardır. Ayrıca hastalar veya hasta yakınları tarafından esrar olarak bilindiği için kullanımıyla ilgili endişeler doğurabilir.

Amerika Birleşik Devletleri onaylı tek kannabinoid olan dronabinol yalnızca kemoterapinin neden olduğu bulantı ve kusma için onaylanmıştır. İkinci bir oral ajan olan nabilone, Kanada ve Birleşik Krallık'ta mevcuttur, ancak 2019'da Amerika Birleşik Devletleri'nde satışı durdurulmuştur.

Kanıtlar sınırlı ve çelişkili olsa da kannabinoid ilaçların analjezik etkinliği ile ilgili veriler mevcuttur (264-270). Kanser hastalarında az sayıda çalışma yapılmıştır (267, 271-273). Bu verilere dayanarak, kannabinoidler, refrakter ağrı için sekonder analjezikler olarak kullanılabilir. Kannabinoidlerin yapılan meta-analiz ve derlemelerde kronik ağrı ve özellikle nöropatik ağrı için etkili olduğuna dair veriler mevcuttur (274-277). Başka bir çalışmada ise kronik ağrısı olan kannabinoid kullanan hastalar plasebo kullanan hastalar ile karşılaştırıldığında, kannabinoid kullanmanın ağrı palyasyonunda, fiziksel işlevde ve uyku kalitesinde çok az farka neden olduğu gösterilmiştir (278). Başka bir çalışmada kannabinoidlerin kronik ağrı için adjuvan ilaç olarak etkilerinin yetersiz kanıtlar nedeniyle belirsiz

kaldığı sonucuna varılmıştır (279). Bu sonuçlara dayanarak yayınlanan kılavuzda, kanser veya kanser dışı kronik ağrısı olan kişilerde standart bakım ve yönetime ek olarak, kannabinoidlerin eklenmesi zayıf kanıtlarla desteklenmiştir (280). Kannabinoidlerin santral sinir sistemi üzerine etkileri, uyuşukluk, baş dönmesi, yorgunluk, oryantasyon bozukluğu, ruh hâli değişikliği (öfori veya disfori), denge kaybı ve halüsinasyonlar olarak sınıflandırılabilir (274, 281). Ağız kuruluğu, bulantı ve kusma görülebilir. Postural senkop ve aritmiler dahil olmak üzere kardiyovasküler yan etkiler bildirilmiştir. Bu etkilerin ortaya çıkma sıklığı bilinmemekle birlikte miyokard enfarktüsü gözlenmiştir (282).

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