

GERİATRİ VE DİSPEPSİ / HP TEDAVİSİ

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GİRİŞ

Dispepsi kelime olarak zor sindirim anlamına gelmekle birlikte epigastrik bölgede ağrı ve/veya yanma, postprandiyal şişkinlik ve erken doymayı içine alan semptomlar bütünüdür. Dispepsi bir hastalık ismi olmaktan ziyade klinik bir tanımlamadır. Dispepsi toplumda ve geriatrik popülasyonda yaygın olarak görülür. Toplumdaki sıklığı yaklaşık %20 civarındadır ve etkilenen kişilerin çoğunluğu hastaneye başvurmayı ve tıbbi değerlendirme yapılmasını istemez (1,2). Dispepsi yaşam kalitesini bozmakla beraber önemli derecede sağlık harcaması ve işgücü kaybına neden olur.

Dispepsili hastaların yaklaşık %20-25'inde organik bir sebep saptanırken geri kalan kısmında altta yatan bir sebep bulunamaz (3). Endoskopi dahil rutin incelemelerin yapıldığı ve altta yatan bir sebebin bulunmadığı bu tür durumlar fonksiyonel dispepsi olarak tanımlanır.

ORGANİK DİSPEPSİ

Organik dispepsi semptomların kısa süre içinde başladığı yaşlı erkek popülasyonda daha sık görülür, sistemik hastalıklarla beraber ya da sadece

gastrointestinal sistem organlarına bağlı olarak ortaya çıkabilir. Organik dispepsinin çok sayıda sebebi olmasına rağmen en sık görülenleri peptik ülser hastalığı, gastroözofageal reflü hastalığı, biliyer ağrı ve ilaçlardır.

Peptik ülser hastalığında en belirgin semptom epigastrik ağrıdır, ancak ağrı yaşlılarda gençlere göre daha az oranda görülür (4). Ayrıca yaşlı popülasyonun %30 kadarında peptik ülser olmasına rağmen semptom yoktur. Peptik ülser gelişimde en önemli faktörler nonsteroidal antiinflamatuvar (NSAİ) ilaçlar ile asetilsalisilik asit kullanımı ve *Helicobacter pylori*'dir (*H.pylori*). Geriatrik popülasyonda özellikle osteoartrit nedeniyle NSAİ ilaçların, kardiyovasküler hastalıklar nedeniyle ise asetilsalisilik asitin kullanımı yaygındır, bu ilaçların kullanımı yaşlılarda peptik ülsere ek bir yatkınlık oluşturur. *H.pylori* insidansı da yaşla birlikte artmaktadır.

Gastroözofageal reflü hastalığında temel semptomlar pirozis (sternum arkasında yanma) ve regürjitasyon (mide içeriğinin özofagusa gelmesi) olmakla birlikte şişkinlik, epigastrik bölgede ağrı, bulantı da görülebilir. Bu sebeple dispepsi etyolojisi araştırılırken hastalar pirozis ve regürjitasyon açısından da sorgulanmalıdır.

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siyonel dispepsinin doğal seyrine yönelik yapılan 10-12 yıllık bir takipte hastaların %40-52'sinde semptomların düzeldiği, %15-20'sinde semptomların kalıcı hal aldığı, %30-35'inde ise dispepsinin diğer fonksiyonel gastrointestinal bozukluklara geçiş gösterdiği görülmüştür (50). Bu bakımdan fonksiyonel dispepsi dalgalı seyir gösteren, tedavisi zor olan kronik bir bozukluktur.

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