

## GERİATRİ VE İSHAL

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## | GİRİŞ

Diyare dünya çapında önemli bir morbidite ve mortalite nedenlerinden biridir. Geriatrik hastalarda özellikle hem komorbid durumlar hem çoklu ilaç kullanımını nedeniyle ishal seyirleri daha mortal olabilmektedir. The Global Burden of Disease Study 2019 yılına ait raporunda diyarenin dünya çapında 1,5 milyondan fazla ölüme katkıda bulunduğu tespit edilmiştir (1). Her yıl küresel olarak yedi milyara yakın diyare vakası görülmektedir (2). 63-95 yaş aralığında kronik ishal prevalansı %14.2 olarak bildirilmiştir (3).

## | TANIMLANMASI

İshal, günde 200 g'dan daha fazla dışkı ağırlığı olarak tanımlanmakta ancak bu tanımın klinik uygulamada değeri çok sınırlıdır. Diyare dışkı sıklığı, kıvamı, hacmi veya ağırlığına göre tanımlanabilir. Dünya Sağlık Örgütü tarafından kullanılan daha kullanışlı bir tanım, günde üç veya daha fazla gevşek veya sulu dışkılama veya hastanın başlangıçtaki sıklığından daha sık dışkılaması şeklindedir. Hastalar ishali daha çok dışkı kıvamına göre tariflemektedir (4). Klinik uygulamada diyareyi belirleyebilmek için Bristol dışkı skalası

kullanılabilir. Bristol dışkı skalasına göre dışkı kıvamı 5 ve üzerindeki ishal olarak değerlendirilmektedir (5). İshal süresinin tanımlanması, etiyoloji hakkında çok değerli bilgiler sağladığından ilk değerlendirmenin önemli bir parçası olarak kabul edilmelidir. Semptomların süresine göre aşağıdaki tanımlar önerilmiştir:

- » Akut – 14 gün veya daha az süre
- » Persistan diyare – 14 günden fazla ancak 30 günden az süre
- » Kronik – 30 günden fazla süre

## | AKUT İSHAL

Diyarelerin çoğunluğu gelişmiş ülkelerde akut başlangıç gösterir. %80 oranında infeksiyöz, %20 oranındaysa ilaç ve kimyasallardan kaynaklanır. Genellikle bir hafta içinde düzelmekle birlikte bu süre 4 haftaya kadar uzayabilir. Akut ishallerde genelde bakteriyel, viral, protozoal patojenler etkindir. Bunlar *Salmonella*, *Shigella*, *Campylobacter*, *Clostridium difficile*, *Escherichia coli*, *Norovirus*, *Rotovirus*, *Giardia*, *Cryptosporidium* ve *Entameba histolytica*'yı içerir. İmmünespresif hastalarda sitomegalovirus ve herpes virüs aklıda tutulmalıdır. Bakım evlerinde toplu halde yaşayanlar arasında kişiden kişiye bulaş önemlidir.

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