

GERİATRİ VE ÜST GASTROİNTESTİNAL SİSTEM MOTİLİTESİ

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GİRİŞ

Her geçen gün dünyada artan yaş ortalaması nedeniyle, biz hekimlerin geriatrik hasta popülasyonunu ve onların vücudunda olan fizyolojik değişiklikleri daha iyi tanınması ve bilmesi gerekmektedir. Bazı bozukluklar yaşa bağlı yapısal ve işlevsel değişikliklerin bir sonucuyken, yine de çoğu gastrointestinal bozukluk yaşa bağlı hastalık yüküne ve bu hastalıkları tedavi etmek için kullandığımız medikal tedavilere ikincil olarak meydana gelmektedir (1). Bu nedenle geriatrik hasta popülasyonunda hastanın ek hastalıkları, kullandığı ilaçları detaylıca irdelenmeli ve tedavi süreci buna göre yürütülmelidir.

ÖZOFAGUS VE YAŞLANMA

Geriatrik hastalarda özofagus hastalıkları; klasik disfaji, regürjitasyon, göğüs ağrısı ve dispepsi gibi şikayetler ile ilişkili olabilir. Bununla birlikte, atipik tablolar bu yaş grubunda daha yaygındır ve semptomların yorumlanmasını zorlaştırabilecek eş zamanlı hastalık olması olasılığı daha yüksektir. Ayrıca geriatrik hasta popülasyonu, yetersiz tedavi edilmiş veya uzun süredir devam eden özofagus hastalığına eşlik edebilen aspirasyon,

malnütrisyon veya Barrett adenokarsinomu gibi komplikasyonlara karşı daha hassastır (2).

Yaşlılarda üst gastrointestinal sistem bozukluklarını teşhis ve tedavi edebilmek için, öncelikle bu sistem fizyolojisinin artan yaşla birlikte nasıl değiştiğini anlamak gerekir. 'Presbiözofagus' terimi, ilk kez 1964'te Soergel, K.H. ve ark. (3) tarafından ortaya atılmış olup, bu terim bize; azalmış özofagus kontraktıl amplitüdüleri, özofagus gövdesindeki polifazik dalgalar, tam olmayan alt veya üst sfinkter gevşemesi ve özofagus dilatasyonu gibi yaşa bağlı değişiklikleri tanımlamaktadır. Sağlıklı ve geriatrik bir popülasyonda yapılan manometrik verilerin analizleri; yaşlılarda genel özofagus fonksiyonunun iyi korunmuş olmasına rağmen muhtemelen disfajiye zemin hazırlayabilecek fonksiyonel bozuklukların da mevcut olduğunu göstermektedir (4). Yaşla beraber en ciddi fark özofagogastrik bileşkede (ÖGJ) gözlenmekle birlikte; bazal alt özofagus sfinkteri (AÖS) tonusunun daha düşük olduğu, tam AÖS gevşemesi ve yutkunma yüzdesinin daha düşük olduğu ve ÖGJ'ndagevşemeyi gösteren ortalama entegre gevşeme basıncında da artış olduğu gösterilmiştir. Yüksek çözünürlüklü manometri (HRM), sağlıklı yaşlı insanlarda yemek borusu fonksiyonunun iyi korunduğunu gösterir; ancak yutmaya karşı

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Bir dopamin D2 reseptör antagonisti olan metoklopramid, gastroparezi tedavisi için FDA tarafından onaylanan tek ilaçtır (87). Ancak parkinsonizm ve tardif diskinezi gibi yan etkileri nedeniyle özellikle geriatrik hastalarda düzenli kullanımını tehlike oluşturmaktadır. Metoklopramid, sisaprid ve bethanechol ilaçlarının tümü, geriatrik popülasyonda daha olası olan; geç diskinezi, konfüzyon ve uyumsuzluk gibi yan etkilere sahiptir (88,89).

Domperidon ise, daha seçici bir periferik dopamin antagonistidir, ancak yan etkileri arasında QT uzaması ve yaşlı erişkinlerde önemli kardiyak aritmiler bulunur. Bu nedenle dikkatli kullanılmalıdır (90).

Kabızlığın baskın olduğu irritabl barsak sendromu için kullanılan tegaserod, mide boşalmasını önemli ölçüde iyileştirir; ancak sadece 65 yaş altı kadın hastalar için onaylanmıştır ve bu nedenle geriatrik hastalarda kullanımını şimdilik mümkün değildir (91).

Seçici bir 5-HT₄ reseptörü agonisti olan prukaloprid, kronik idiyopatik kabızlığın tedavisi için FDA onaylıdır ve Avrupa'da gastroparezi tedavisinde de etkinlik göstermiştir, ancak bu amaçla kullanımı için henüz FDA tarafından onaylanmamıştır (92).

Antibiyotik kullanımlarını bildiğimiz, aynı zamanda motilin agonisti olan, azitromisin ve eritromisin gastroparezi için kullanılan güçlü prokinetiklerdir; ancak taşifilaksi gelişimi riskleri nedeniyle özellikle geriatrik popülasyonda kullanımları sınırlıdır (93). Eritromisin, CYP3A4 tarafından metabolize edilen ilaçlarla önemli ilaç etkileşimlerine sahiptir ve QT uzamasına neden olabilir. Bu nedenle, kalp hastalığı prevalansının arttığı geriatrik popülasyonda çok dikkatli kullanılmalıdır.

2000 yılında diyabetik ve idiyopatik gastroparezi tedavisi için onaylanan gastrik elektriksel stimülasyon, bazı hastalarda alternatif tedavi seçeneği olarak kullanılabilir (94).

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