

UYKUDA SOLUNUM BOZUKLARI

Uykuda solunum bozuklukları, respiratuar kontrol mekanizmalarında ya da üst solunum yollarındaki patolojilere bağlı olarak ortaya çıkan, hipoksemi ve hiperkapni gibi durumlara yol açarak, hastalarda mortalite ve morbiditenin artmasına neden olan klinik tablolardır.

Uykuda solunum bozukluklarının en sık görülen formu obstruktif uyku apne sendromudur (OUAS). Uyku sırasında tekrarlayan tam (apne) veya parsiyel (hipopne) üst solunum yolu obstrüksiyonu görülür. Gündüz aşırı uyku hali ve gece hipoksemisi ile karakterizedir (1). Obstruktif apne, tıkalı hava yoluna karşı üst hava yolu kaslarında inspiratuar çaba varlığında hava akımının 10 saniyeden uzun süreyle %90 azalması olarak tanımlanırken, hipopne ise arousal ve/veya oksijen saturasyonunda %3 veya daha fazla düşüşün eşlik ettiği hava akışının 30 sn süre ile %30 azalması olarak tanımlanır.

Obstruktif Uyku Apne Tanı Kriterleri

A. Aşağıdaki kriterlerden en az birisinin olması

1. Yorgunluk, dinlendirmeyen uyku, gündüz aşırı uyku hali, insomnia
2. Uykudan nefes durması ile uyanma
3. Tanıklı apne (Hastanın eşi ya da başka bir gözlemci tarafından horlama ve/veya uykuda nefes durması tanımlanması)

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SONUÇ

Kardiyovasküler hastalıklara bağlı ölümler halen dünyada tüm nedenlere bağlı ölümlerde ilk sıradadır. Sistemik ve pulmoner hipertansiyon, inme, miyokard infarktüsü, KAH, kalp yetmezliği, diyabet, hiperlipidemi ve aritmiler kardiyovasküler ölümlerin potansiyel risk faktörleridir ve OUAS de tüm bu risk faktörlerine neden olabilecek bir hastalıktır (9,25). OUAS kardiyak morbidite ve mortalite açısından bağımsız bir risk faktörüdür. Diğer kardiyovasküler risk faktörleri yokken dahi, OUAS hastalarında tespit edilen ateroskleroz, kardiyovasküler sonuçların hastalığın erken döneminden itibaren başladığına işaret etmektedir. OUAS varlığı kardiyovasküler hastalık riskini artırırken, OUAS hastalarında da en sık ölüm nedeni kardiyovasküler hastalıklardır (28). Kardiyovasküler hastalığı ve beraberinde OUAS olan hastalarda uygulanan CPAP tedavisinin daha düşük ölüm oranlarıyla ilişkili olduğu gösterilmiştir. OUAS etkin bir şekilde tedavi edildiğinde, kardiyopulmoner hemodinamide, endotelial fonksiyon bozukluğunda, ateroskleroz belirtilerinde, nokturnal ritim düzensizliklerinde ve kan basıncında düzelme ve gerileme olduğuna ve kardiyovasküler nedenli ölümlerde azalma olduğuna dair kanıtlar her geçen gün artmaktadır.

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