

Güncel Psikiyatri Çalışmaları III

Editör

Prof. Dr. Lut TAMAM



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Akademisyen Yayınevi A.Ş.



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Bölüm 1

ZONİSAMİDİN TRAVMA SONRASI STRES BOZUKLUĞU ÜZERİNE ETKİLERİ

Özge KUTLU¹
Mahluga JAFAROVA DEMİRKAPU²

GİRİŞ

Travma sonrası stres bozukluğu (TSSB), depresyon, ölüm tehdidi, yaralanma, cinsel şiddet, fiziksel taciz, askeri çatışma, araba kazası gibi olaylara maruz kalan, tanık olan veya bu gibi olaylardan haberdar olan kişilerde ortaya çıkan; kaygı, korku, hipervijilans ve uyku bozukluğu gibi bulgularla kendini gösteren ruhsal bozukluk durumudur. Travmaya maruz kalan bireylerin tümünde TSSB gelişmemektedir. Bu, duyarlılığı arttıran faktörlerin varlığına, maruz kalınan travmanın türüne ve şiddetine göre değişkenlik gösterebilir (1). TSSB'nun yetişkinlerde görülme sıklığı ülkelere göre de farklı bulunmuştur. Amerika Birleşik Devletleri, Kanada ve Kuzey İrlanda'da görülme sıklığı %6 ve üzeri iken İspanya, İtalya ve Japonya'da %2 ve altında hesaplanmıştır (2,3).

TSSB'nun gelişim mekanizmaları henüz tam aydınlatılmamıştır. Yapılan çalışmalarda amigdala, hipokampus ve medial prefrontal korteks gibi beyin bölgeleri ve bu bölgeler arasında iletişimi sağlayan glutamaterjik, gama-aminobütirik asit (GABA)'erjik, serotonerjik, noradrenerjik yolların önemine vurgu yapılmaktadır (4).

TSSB'nun tedavisinde hem ilaçsız hem de ilaçlı tedavi yöntemleri geliştirilmiş ve tedavi etkinliğini arttırmak amacıyla bu yöntemlerin eş zamanlı kullanımı önerilmiştir (4). Fakat eş zamanlı kullanıma rağmen güncel tedavi yöntemleri yetersiz kalmaktadır. TSSB hastalarının tedavi yanıtının takip edildiği bir çalışmada hastaların sadece üçte birinin bir yıl sonunda iyileştiği, üçte birinin ise travmaya maruz kaldıktan on yıl sonra bile semptomatik kaldığı bildirilmiştir

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olumlu etki sergilemesi TSSB'nun tedavisinde rol alabileceğine işaret etmektedir. Bu derleme, TSSB hastalarının tedavi ve takibini yapan klinisyenlere, ayrıca TSSB'nun yetersiz kalan ve kalıcı kür sağlamayan tedavi seçeneklerinin geliştirilmesine emek veren araştırmacılara yol gösterici olacaktır.

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Bölüm 2

ERİŞKİN DİKKAT EKSİKLİĞİ HİPERAKTİVİTE BOZUKLUĞUNDA CİNSEL İŞLEV BOZUKLUKLARI

Gonca Ayşe ÜNAL¹

GİRİŞ

Dikkat eksikliği hiperaktivite bozukluğu (DEHB), erken çocuklukta başlayan, yürütücü işlevlerde bozuklukla beraber dikkat eksikliği, hiperaktivite, dürtüsellik belirtileriyle karakterize nöropsikiyatrik bir bozukluktur. Bu bozukluğun belirtileri, yaklaşık %60 oranında yetişkinliğe kadar devam eder ve erişkinlikte ortalama yaygınlığı %3,4'tür (1).

Psikiyatrik eş tanı oranı DEHB hastalarının çoğunda bulunur. Erişkin DEHB'ye, %35-50 distimik bozukluk ya da majör depresyon, %40-60 anksiyete bozuklukları, %40-50 madde kullanım bozuklukları, %50 nikotin bağımlılığı, %27-46 alkol kötüye kullanımı ve alkol bağımlılığı, %3-9 bulimia nervosa başta olmak üzere yeme bozuklukları eşlik etmektedir (1). Ancak son yıllarda çalışmalarda, DEHB'li ergenlerin ve genç yetişkinlerin cinsel aktiviteye daha erken başladıkları, daha fazla cinsel partneri olduğu, daha fazla kısa süreli ilişki yaşadıkları, daha yüksek cinsel dürtüye sahip olup riskli cinsel davranışlarda buldukları gösterilmiştir (2). Ayrıca tedavi edilmemiş DEHB'nin, cinsel işlev bozukluklarına neden olabileceği ve DEHB tedavisinin cinsel işlevleri geliştirebileceği ileri sürülmüştür (3). Bu nedenle son yıllarda erişkin DEHB'ye eşlik eden cinsel işlev bozuklukları dikkat çekmeye başlamıştır.

Dikkat dağınıklığı, seks yaparken cinselliğe ve uyarılara odaklanmayı güçleştirir ve cinsel işlev bozukluklarına neden olabilir. DEHB'ye bağlı dikkat eksikliği nedeniyle bu bireylerde cinsel işlev bozuklukları riskinin artması beklenen bir durumdur. DEHB'li bireylerin yüksek dürtüsellik düzeyleri, zayıf öz denetim kapasiteleri, heyecan aramaya odaklanmaları ve anında tatmin ihtiyacı, cinsel ilişki sıklığı, mastürbasyon gibi cinsel davranışları artırabilir (3).

Kooij ve ark. (4) farklı çalışmalardan yola çıkarak, DEHB'li bireylerin genel topluma göre ilişkilerde zorluklar yaşadıklarını, daha fazla cinsel sorun

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Bölüm 3

UYKU BOZUKLUKLARI VE BAĞIRSAK MİKROBİYOTASI

Derya CANLI¹

Giriş

Uyku, tüm canlı organizmalar için gerekli olan, yaşamın üçte birini kapsayan bir fizyolojik ihtiyaçtır. Santral sinir sisteminde gerçekleşen, beyindeki nöropeptidlerde değişikliklerle ilişkili geri dönüşümlü bir fizyolojik süreç olarak da tanımlanabilir. Uyku, hem bedensel hem de ruhsal sağlık için kritik bir öneme sahiptir. Ayrıca, yeterli ve kaliteli uyku, ruh sağlığı, hafıza, öğrenme, bellek ve bağışıklık sistemi üzerinde olumlu etkiler yapar. Uyku problemleri ise çok çeşitli zihinsel ve ruhsal sorunlara yol açabilir. Uyku sadece merkezi sinir sistemi tarafından değil, aynı zamanda periferik dokulardan gelen uyarılar tarafından da düzenlenen karmaşık bir süreçtir (1). Bu periferik dokulardan biri de bağırsak sistemidir. Bağırsak, sadece bir sindirim organı olmanın ötesinde, ikinci bir beyin olarak kabul edilmektedir. Bağırsak bu rolü bağırsak mikrobiyotası aracılığıyla gerçekleştirir.

İnsan bağırsak mikrobiyotası başta bakteriler olmak üzere, virüsler, mantarlar ve birçok ökaryotik mikroorganizmadan oluşan polimikrobiyal bir topluluktur. İnsan vücudunda yaklaşık 10^{14} mikroorganizma bulunmakta olup, bu mikrobiyal topluluğun büyük kısmı gastrointestinal sistemde bulunmaktadır (2). İnsan mikrobiyotası son derece dinamiktir. Kompozisyonları ve çeşitliliği yaş, yaşam tarzı, beslenme düzeni, sirkadiyen ritim, sağlık durumu ve çevresel faktörler gibi pek çok faktöre bağlı olarak değişebilir (3). Mikrobiyota bileşimi veya fonksiyondaki dengesizliğe ise disbiyozis adı verilmektedir.

Bağırsak mikrobiyotası, beyin-bağırsak-mikrobiyota eksenini (BBME) üzerinden zihinsel ve fiziksel sağlığı etkileyebilir. Yine aynı eksen aracılığıyla doğrudan veya dolaylı olarak uyku-uyanıklık döngüsünün düzenlenmesine de katılmaktadır (4). Sağlıklı ve dengeli bir bağırsak mikrobiyotası fizyolojik uyku açısından kritik öneme sahiptir ve uyku kalitesi ile sıkı bir ilişki içindedir. Bu denge

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insanlarda da sirkadiyen ritim bozukluğunun mikrobiyotada değişikliklere neden olduğu gözlemlenmiştir (60). Bu değişiklikler arasında mikrobiyota çeşitliliğinde azalma ve F/B oranında artış gibi belirgin özellikler yer alabilir. Bu bulgular, sirkadiyen ritim düzeninin bağırsak mikrobiyotasının sağlıklı bir şekilde işleminde kritik bir rol oynayabileceğini düşündürmektedir.

SONUÇ

Bağırsak mikrobiyotası ile uyku arasındaki karşılıklı ilişki, son yıllarda giderek artan bir şekilde araştırılan ve anlaşılan bir alan haline gelmiştir. Mikrobiyotanın uyku üzerindeki önemli rolü tartışmasızdır. Bağırsak mikrobiyotasının uyku üzerindeki önemli rolü, hem uykunun düzenlenmesine katkıda bulunabilmesi hem de uyku ile ilgili değişikliklerin mikrobiyotayı etkilemesinden kaynaklanmaktadır. Bağırsak mikrobiyotasının manipüle edilmesi, uykuyu iyileştirmeye yönelik potansiyel strateji olarak araştırılmaktadır. Bu alandaki çalışmalar, bağırsak mikrobiyotasını düzenleyerek uyku kalitesini artırmanın mümkün olabileceğini göstermektedir. Probiyotikler ve prebiyotikler, fermente gıdalar, diyetin özellikle lif açısından zengin bir şekilde düzenlenmesi, fekal mikrobiyota transplantasyonları ve antibiyotiklerin bilinçli kullanımı gibi yaklaşımlar, mikrobiyotayı etkileyerek uyku üzerinde olumlu değişikliklere neden olabilecek stratejilerdir. Ancak, uykuyu etkileyen bu kompleks etkileşimlerin tam olarak anlaşılabilmesi, bu alandaki araştırmaların daha fazla derinleşmesi ve spesifik etkilerin daha net anlaşılması için daha fazla çalışmaya ihtiyaç vardır. Bağırsak mikrobiyotasının uyku bozukluklarının tedavisinde yenilikçi bir hedef olarak değerlendirilmesinin, gelecekteki terapötik stratejilere yepyeni bir kapı aralayabileceği düşünülmektedir.

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Bölüm 4

ERGENLERDE GELİŞMELERİ KAÇIRMA KORKUSU VE RUH SAĞLIĞINA ETKİSİ

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GİRİŞ

Dünya genelinde cep telefonu kullanıcılarının sayısının 2024 yılının başında 5,61 milyar olduğu, dünya toplam nüfusunun yüzde 69,4'ünün artık bir mobil cihaz kullandığı, dünya nüfusunun yüzde 66'sından fazlasının internet kullandığı bildirilmiştir. İnternet kullanıcılarının, 2023 yılının başından bu yana %1,8'lik artış gösterdiği (yaklaşık 97 milyon yeni kullanıcı) ve aktif sosyal medya kullanıcı sayısının 5 milyar sınırını aştığı aktarılmıştır (1). Türkiye'de ise hane halkı bilişim teknolojileri kullanım araştırması sonuçlarına göre; 2023 yılında evden internete erişim imkanı olan hanelerin oranının 2022 yılına göre %1,4 artarak %95,5; internet kullanım oranının ise 16-74 yaş grubundaki bireylerde 2022 yılına göre %2,1 artarak %87,1 olduğu belirtilmiştir (2). Hızla artan internet, akıllı telefon ve sosyal medya platform uygulama sayıları, kişiler arası ilişkileri etkilemekte ve değişime uğratmaktadır (3). İnternet, sosyal medya kullanan bireylerin çoğu, sosyal iletişim ve etkileşimlerini sanal ortamlara bağlı kalarak yaşamakta ve başkalarının sosyal ortamlarda neler paylaştıklarını merak etmektedir (4). Sanal ortamlarda paylaşım yapmak, insanların sosyal medya platformlarında kişisel sayfalarına bakmak cezbedici ve erişilmesi kolay bir hale gelmiştir (5). Kişiler arası ilişkilerin ve etkileşimlerin bu şekilde değişime uğraması ve değişen iletişim kültürüyle beraber, bireylerin aidiyetini, merak duygusunu, rekabet içerisinde olma hissini, arzulanıp sahip olamadıklarına erişme isteği ve yetersizlik hissini içerisinde bulunduran bir tablo ile karakterize olan İngilizce "Fear of Missing Out (FoMO)" olarak isimlendirilen ve Türkçe'de "Gelişmeleri Kaçırma Korkusu" olarak anılan yeni bir rahatsızlığın oluşmasına yol açmıştır.

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göstermektedir. Bazı araştırmalar bu davranışları kompulsif davranış olarak da adlandırmaktadır. Bu davranışların ortaya çıkmasında insanın bilişsel süreçlerinin hızla değişen teknoloji ara yüzünün gerisinde kaldığı düşüncesinden kaynaklandığı düşünülmektedir (70). Güncel çalışmalar FoMO'yu uyku bozuklukları, sosyal kaygı, klinik depresyon ile ilişkilendirilmiş olsa da kişilik özelliklerinin ve altta yatan ruhsal sağlık sorunlarının etken olabileceği de düşünülmelidir. FoMO ile DEHB arasındaki ilişkiyi açıklayan herhangi bir araştırmaya rastlanmamış olmakla birlikte DEHB'in, hazın gecikmesiyle ortaya çıkan eksikliklerle karakterize bir hastalık olduğu (71) ve teorik olarak DEHB olan kişinin FoMO açısından da savunmasız olabileceği göz önünde bulundurulabilir. FoMO'su olan insanların kendilerini başkalarıyla karşılaştırmaları nedeniyle hayal kırıklığı ve kıskançlık duyguları yaşamaları muhtemeldir, ancak yine de karşılaştırılan kişiye daha yakın olma çabası bireylere daha cazip gelmektedir (72). Bu davranışlar kıskançlık, kırgınlık ve kaygı gibi olumsuz duyguların yanı sıra sosyal ağlarda mükemmellik peşinde koşma arzusunu da şiddetlendirebilmektedir (73). Bu durum ruh sağlığı sorunları olan ergenler için FoMO tablosunun daha şiddetli yaşanmasına neden olabilmektedir (74). Altta yatan bu psikolojik süreçlerin bilinmesi, psikoeğitimin sağlanması ve bireyselleştirilmiş psikoterapi temelli müdahalelerin planlanması açısından çok önemli olacaktır. Tedavide araştırmaların ortak teması, FoMO'nun kaynağının ekran başında geçirilen süre miktarı olmasıdır. Önerilen ekran süresi aşıldıktan sonra kişi sosyal ağlar aracılığıyla bilgiye erişme ve sosyal ilişkileri sürdürme konusunda daha savunmasız hale gelmektedir. Temel önleyici tedbir ise önerilen ekran süresini sınırlamaktır (75). Sosyal ağları kullanmak için minimum yaş sınırına dair yasal düzenlemeye ihtiyaç duyulmaktadır. Ebeveyn eğitimi de gelişmeleri kaçırma korkusunu engellemek için oldukça etkili bir önlem olduğu bilinmelidir.

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Bölüm 5

SUÇA SÜRÜKLENEN ÇOCUKLARDA YENİDEN SUÇ İŞLEME

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Mehmet Aykut ERK²

GİRİŞ

Çocukların suça sürüklenmesi, onların bireysel yaşamı ve toplumsal yaşam üzerinde ciddi etkiler yaratabilecek bir durum olarak ifade edilmektedir (1). Çocuk yaşta suça sürüklenen bireylerin yaşamlarının ilerleyen dönemlerinde de suç ile ilişkilerinin devam etmesi ihtimali çoğunlukla taşıdığı toplumsal risk bakımından değerlendirilmekte ve çocuğu ve toplumu korumak adına suçu önleme çalışmalarının yapılması gerektiği üzerinde durulmaktadır (2). Halbuki suça sürüklenmenin, çocuğun bireysel yaşamında da ağır bedelleri bulunmaktadır. Çocuğun geliştiği ve kişiliğinin oluşum aşamasında olduğu dönemde suç ile tanışması ve adli sisteme girmesi, çocuğun akademik ortamdan kopması, meslek edinme süreci ile ilgili sorunlar yaşaması ve ruhsal sağlığının olumsuz etkilenmesi gibi birçok probleme de yol açabilmektedir (1). Bu nedenle, suçu önleme çalışmalarının hem toplumsal hayatı hem de bireyin yaşamını gözetecek biçimde tasarlanması büyük önem taşımaktadır (1).

Çocuklarda suça sürüklenme ciddi toplumsal bir sorundur (3) ve reşit olmayan çocukların suç eyleminde bulunma oranları oldukça yüksektir. Yapılan araştırmalara göre çocukların %80'inin yaşamlarında en az bir kez suç eylemi niteliğindeki bir davranışta buldukları saptanmıştır. Ancak genel olarak bu suç eylemlerinin çok şiddetli suçlar olmadıkları kabul edilmektedir. Araştırmalara göre ergenlerde kişisel faktörlerden olan dürtüsellik, sosyal ve toplumsal faktörlerden olan okul, aile veya akranlarla ilgili faktörler suç davranışıyla ilişkilendirilmiştir. Ergenlerde yeniden suç işlemenin ortak özelliklerinden biri, işledikleri suç eylemlerinin giderek daha ağırlaşması ve sık olmasıdır. Çeşitli araştırmalar,

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Sonuç olarak, suça sürüklenen çocukların ruhsal ve sosyal olarak yeniden bütünleşmelerine yardımcı olacak ve suç teşkil eden eylemlerin tekrarı olasılığını azaltacak uygun becerileri sağlamayı amaçlayan özel eğitim müdahalelerine ihtiyaç duyulmaktadır. Yüksek risk altındaki ergenlerin spesifik özelliklerini anlamak, bireysel temelli müdahalelerin geliştirilmesi açısından kritik öneme sahiptir. Bu nedenle, koruyucu ve önleyici anlamda suça sürüklenen çocuklarda suç eylemini azaltma çalışmalarının hem bireyin yaşamını gözetecek biçimde hem de toplumsal yaşamın tasarlanması bakımından büyük önem taşımaktadır.

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Bölüm 6

ÇOCUK VE ERGENLERDE SİBER ZORBALIK VE SİBER MAĞDURİYET

Özlem ŞİRELİ¹

GİRİŞ

Çocuk ve ergenlerde oldukça yaygın görülen zorbalık, önemli bir halk sağlığı sorunu olmaya devam etmektedir. Literatürde “bullying” olarak geçen zorbalık; bir ya da birden fazla kişinin başka birine karşı tekrarlayıcı, zarar verme amacıyla olumsuz davranışlar sergilemesi olarak tanımlanır (1). Akran zorbalığında güç dengesizliğine vurgu yapılmaktadır. Fiziksel ve/veya psikolojik olarak daha güçlü olan kendisinden güçsüz olana acı çektirmek amacıyla, kasıtlı olarak, süregelen şekilde saldırgan davranışlar sergiler (2). Zorbalık davranışları, sözlü, fiziksel, sosyal (ilişkisel), mülke zarar verme, cinsel olmak üzere her türlü zarar verici eylemi içermektedir (3).

Akran zorbalığının bedensel ve ruhsal birçok olumsuz etkisi olmakla birlikte günümüzde giderek yaygınlığı artış göstermektedir. Ekonomik Kalkınma ve İş Birliği Örgütü'nün (OECD) verilerine göre, öğrencilerin %8'i “sık sık” akran zorbalığına maruz kaldığını bildirirken %28'inin ayda birden fazla zorbalığa maruz kaldığı belirlenmiştir (4). 2022 Uluslararası Öğrenci Değerlendirme Programı (PISA) sonuçlarına göre, Türkiye'deki öğrencilerin en çok maruz kaldığı zorbalık biçimleri sözel ve ilişkisel olup öğrencilerin ayda birden fazla sözel zorbalık mağduriyet oranı %15, ilişkisel mağduriyet oranı %12 olarak tespit edilmiştir (5).

Son yıllarda internet tabanlı iletişim araçlarının hayatımıza girmesiyle zorbalık kavramı da şekil değiştirmiştir. Araştırmacılara göre, bilgi ve iletişim teknolojilerinin gelişmesi ve kullanımının artmasıyla birlikte, geleneksel zorbalık sanal ortamlara taşınmaya başlamıştır (6). Siber zorbalık, “geleneksel zorbalığın elektronik ortamlardaki bir uzantısı mı?”, “yeni bir zorbalık türü mü?” tartışma konusudur. Zorbalık yapan kişinin bilinmemesi, internet tabanlı iletişim yoluyla

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Bölüm 7

ÇOCUKLUK ÇAĞI PSİKOPATOLOJİLERİ VE ŞİDDET GÖRÜNÜMLERİ

Seda TEK SEVİNDİK¹

GİRİŞ

Çocukluk çağı psikopatolojileri ve şiddet görünümüleri, literatürde önemli bir araştırma ve müdahale alanını oluşturmaktadır. Çocukluk döneminde görülen ruhsal bozuklukların, yaşam boyu etkisi devam edebilmektedir (1). Özellikle çocukluk döneminde görülen ve şiddet ile örüntülü olan bazı psikopatolojilerin, tanı ve tedavisinin uygun yapılmaması durumunda şiddet davranışlarının yetişkinlik döneminde daha ciddi boyutlara ulaşmasına neden olabilmektedir (2). Bu nedenle çocukluk çağı psikopatolojilerinin iyi takip edilmesi şiddet davranışının önlenmesi açısından önem arz etmektedir.

Çocukluk çağı psikopatolojileri, çocukların normal ruhsal gelişim sürecinden sapma gösteren ve çocukların işlevselliklerini olumsuz etkileyen bozukluklardır (3). Bu bozukluklar, şiddet davranışı ile ilişkili olabilmekte (4) ve çocuğun yaşam kalitesini, sosyal ilişkilerini, akademik başarılarını olumsuz yönde etkileyebilmektedir (5). Şiddet davranışlarıyla ilişkili çocukluk çağı psikopatolojileri arasında; dikkat eksikliği hiperaktivite bozukluğu (DEHB), davranım bozuklukları, otizm spektrum bozuklukları, yıkıcı duygudurumu düzenleyememe bozukluğu, karşıt olma karşıt gelme bozukluğu bulunmaktadır (6,7).

Çocukluk çağı psikopatolojileri ve şiddet görünümüleri genellikle çoklu faktörlerin etkisiyle ortaya çıkmaktadır. Bu faktörler arasında genetik yatkınlık, çevresel stresörler, ailesel faktörler yer almaktadır (4,8). Şiddet davranışları çocukların yaşıtlarına, yetişkinlere veya kendilerine karşı zarar verme niyeti ya da eylemlerini ifade etmektedir. Bu şiddet davranışları fiziksel, sözel, duygusal (9) ve cinsel boyutta; okul, aile içi ya da toplumda gerçekleşebilmektedir (10). Ayrıca komorbiditenin de bulunması ruhsal bozuklukları daha fazla karmaşık hale

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