

Bölüm 18

KANSER VE RUH SAĞLIĞI

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Tüm dünyada ve ülkemizde en önemli ölüm sebeplerinden birisi olan kanser, hem hastaların hem de ona bakım verenlerin ruh sağlığını önemli ölçüde etkilemektedir. Hastalar kanserin neden olduğu fiziksel sorunların yanı sıra kansere yüklenen anlamlar ve algılanış biçimine bağlı ortaya çıkan emosyonel yanıtlarla baş etmek zorunda kalmaktadır. Tedavilerdeki başarılı gelişmelere rağmen hasta ve yakınları tarafından kanserin halen ölüm, ağrı ve acı çekmeyle eş anlamlı olduğu düşünülmektedir (1). Kanser, belirli bir sonu olan tek bir durumdan ziyade belirsizliklerin ortaya çıktığı, varoluş çatışmalarının çok yoğun yaşandığı ve psikolojik belirtilerin eşlik edebildiği bir süreç olarak tanımlanabilir (2). Kanser evresi, tedavilerin yan etkileri, ağrı ve kronik yorgunluk gibi işlevselliği etkileyen fiziksel belirtiler, ruhsal olgunluk düzeyi, sosyal destek ve ekonomik durum kanser hastalarının ruhsal durumlarını etkileyen etmenler arasındadır (3, 4). Genç yaş, kadın cinsiyet, ağrı, pankreas kanseri, kemoterapi/radyoterapi alma, beyin metastazı, hiperkalsemi, steroid kullanımı, geçmişte depresif bozukluk öyküsü kanser hastalarında ruhsal bozukluk riskini artırmaktadır (5-7).

Kanser tedavisi alan hastalarda ruhsal belirtilere sıklıkla rastlanılmasına rağmen tedavi alma oranları düşüktür (8). Kanser hastalarının ruhsal belirtilerine yönelik tedavi almamalarının en temel nedeninin tedaviyi üstlenenler ile hastalar arasındaki iletişim eksikliğinden kaynaklandığı düşünülmektedir (9). Hastalar tarafından belirtilen ruhsal belirtilerin hekimler tarafından genellikle tanı veya tedaviye karşı geliştirilen normal bir reaksiyon olarak değerlendirilmesi ve zamanla belirtilerin kendiliğinden azabileceğinin düşünülmesi nedeniyle psikiyatrik tedavilerin gecikmesine hatta hiç alınmamasına neden olmaktadır (10). Buna ek olarak tedavi arayışı ile ruhsal belirtilerin şiddeti arasında korelasyon saptanmamıştır (11). Hastaların ruhsal belirtilerine yönelik tanı konulmadığında, dolayısıyla tedavi almadıklarında belirtilerinde kötüleşme, hayat kalitelerinde azalma, hastanede kalma sürelerinde uzama ve tedavi uyumunda azalma gibi ciddi sonuçlar ortaya çıkmaktadır (12-14). Ayrıca kanserin biyolojik tedavisi yanında

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ve kobalamin eksiklikleri, dehidrasyon, nöbetler ve vaskulit deliryuma neden olabilecek etkenler olarak bildirilmiştir (88, 89). Kanser hastalarında deliryumun %20-50 oranında ortadan kaldırılabildiği gösterilmiş,(85, 90-92) bu nedenle deliryumun hızlı saptanması ve potansiyel risk faktörlerinin klinik değerlendirme ile ortadan kaldırılması önemlidir.

SONUÇ

Kanser hastalarında görülen ruhsal belirtiler kanserin tipi, evresi ve tedavisi, hastanın kişilik özellikleri, sosyal destek gibi birçok faktöre bağlı olup ruhsal iyilik halinin morbidite ve mortaliteye direk etkilerinin olmasından dolayı, kanser tedavisini üstlenenler ile ruh sağlığı çalışanlar arasında iş birliği sağlanmalı, çok disiplinli bir yaklaşım ele alınmalıdır. Ericson'un insanın sekiz gelişim evresi kuramında belirttiği gibi, içinde bulunduğu yaş dönemine göre kanser gibi ölümlü çağrıştıran bir kavrama verilen yanıtlar değişmekte olup hekimlerin hastalara tanıları hakkında bilgi verirken ve hastanın izlemi süresince ruhsal durumunu iyi gözlemlemesi ve hastanın yaşının gerektirdiği psikolojik savunma mekanizmalarını dikkate alması oldukça önemlidir (93). Belki de en önemlisi, tüm kanser hastalarında ruhsal iyilik halinin rutin değerlendirilmesi ve fark edilen belirtilerin kansere bağlı doğal tepkiler olarak yorumlanmaktan ziyade erken tanı konulması ve tedavinin yapılmasıdır. Böylece hastanın tedaviye uyumu kolaylaşacak ve hastalık seyrini olumlu yönde etkileyecektir.

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