



ONKOLOJİ HASTALARINDA ACIL DELİRYUM YÖNETİMİ

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GİRİŞ

Deliryum, genellikle yaşlı popülasyonda ve özellikle ileri evre kanser hastalarında ortaya çıkan nörobilişsel bir sendromdur. Altta yatan malignite ve neden olduğu komplikasyonlar deliryum gelişmesine yatkınlık oluştururken, kanser yönetiminde kullanılan tedavilerin çoğu da deliryum riskini artırır (1). Semptomlarda dalgalanma, silik klinik ve psikiyatrik bozukluklar ile karıştırılması nedeniyle deliryum tanısı sıklıkla gözden kaçır (2). Uygun zamanda tanı koyulmayan ve tedavi edilmeyen deliryumun, hastane yatışlarının uzamasına ve mortalite artışına sebep olduğu bilinen bir gerçektir. Toplumda malignite prevalansının artmasıyla, hekimlerin ve hemşirelerin kanser hastalarında oldukça yaygın olan bazı komplikasyonlara karşı daha dikkatli olmaları önemlidir. Klinisyenler, deliryumu doğru bir şekilde teşhis edebilmeli, etiyojileri uygun şekilde değerlendirebilmeli ve deliryum yönetimi için mevcut olan farmakolojik ve non-farmakolojik yaklaşımların risklerini ve faydalarını anlayabilmelidir.

Epidemiyoloji

Deliryum, ileri yaş kanser hastalarında görülür ve her iki cinsiyette de eşit derecede yaygındır (3-5). Çalışmalar, kanser hastaların % 22-44'ünün deliryum yaşadığını ve yaşamın son günlerinde insidansın % 87'ye yükseldiğini göster-

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SONUÇ

Sonuç olarak deliryumun doğru değerlendirilmesi, teşhisi ve yönetimi, kanser hastalarında yaşam kalitesinin iyileştirilmesi ve morbiditenin en aza indirilmesi için çok önemlidir.

Mevcut kanıtlar, özellikle birden fazla tıbbi komorbiditesi olan yaşlı hastalarda olası yan etkilerin yakından izlenmesi ile deliryum semptomlarının (ajitasyon, uyku-uyanıklık döngüsü bozuklukları, sanrı, halüsinasyon) tedavisinde kısa süreli antipsikotik ilaçların kullanımını desteklemektedir. Deliryum tedavisi için antipsikotik ilaç seçimi, hastanın klinik durumuna ve her bir antipsikotik ilacın yan etki profiline dayanmalıdır.

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