

**NÖROÇEŞİTLİLİĞE AİLE
HEKİMLİĞİ YAKLAŞIMI
BİRİNCİ BASAMAKTA
TANIDAN ENTEGRE
BAKIMA**

Harun KÖSEOĞLU



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İÇİNDEKİLER

Giriş	1
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BÖLÜM 1

GİRİŞ: NÖROÇEŞİTLİLİK KAVRAMI VE BİRİNCİ BASAMAK .3

1.1. Nöroçeşitliliğin Tanımı ve Tarihsel Gelişimi	3
1.2 Nöroçeşitli Durumların Yaygınlığı	5
<i>Toplumsal ve Eğitimsel Etkiler.....</i>	<i>6</i>
<i>Politikalar ve Eğitim Uygulamaları</i>	<i>7</i>
<i>Birinci Basamak ve Aile Hekimlerinin Nöroçeşitli Bireylerin</i>	
<i>Tanılanması, Yönetimi ve Desteklenmesindeki Rolü.....</i>	<i>7</i>
<i>Nöroçeşitli Bireylerin Tanılanması ve Yönetimi</i>	<i>7</i>
<i>Etkili Bakımın Önündeki Zorluklar</i>	<i>8</i>
<i>Disiplinlerarası İş Birliği</i>	<i>9</i>

BÖLÜM 2

OTİZM SPEKTRUM BOZUKLUĞU (OSB)10

2.1. Tanım ve Tanı Kriterleri	10
<i>OSB Prevalansına İlişkin Epidemiyolojik Bulgular</i>	<i>10</i>
<i>Cinsiyet Oranı ve Tanısal Eğilimler.....</i>	<i>11</i>
<i>Tanı Sistemlerindeki Değişiklikler</i>	<i>11</i>
2.2. Otizm Spektrum Bozukluğu'nun (OSB) Klinik Belirtileri	11
<i>Gelişimsel Farklılıklar ve Erken Uyarı İşaretleri.....</i>	<i>12</i>
2.3. Tanı Kriterleri ve Tanı Süreci.....	14
<i>Değerlendirme Araçları</i>	<i>15</i>
<i>Tanı Yaşı.....</i>	<i>15</i>
<i>Multidisipliner Değerlendirme Süreci</i>	<i>15</i>
2.4. Birinci Basamakta Aile Hekiminin Rolü.....	16
<i>Önerilen Tarama Araçları.....</i>	<i>16</i>
<i>Yönlendirme Süreci.....</i>	<i>16</i>
<i>Aile Hekimleri İçin Klinik Kılavuzlar</i>	<i>17</i>

<i>Türkiye ve Benzeri Orta-Gelirli Ülkelerden Bulgular</i>	17
2.5. Yönlendirme ve Multidisipliner İş Birliği	18
<i>Birinci Basamak ve Uzmanlık Hizmetleri</i>	
<i>Arasındaki Koordinasyon</i>	18
<i>Eğitim Sistemleriyle Entegrasyon</i>	19
<i>Erken Müdahale Programları</i>	20
<i>Klinik Kılavuzlar</i>	20
<i>Aile Destek Sistemleri</i>	21
<i>Toplum Temelli Eğitim ve Farkındalık Çalışmaları</i>	21
<i>Aile Hekiminin Rolü ve Türkiye’de Uygulamalar</i>	21
<i>Multidisipliner Yönlendirme ve Destek</i>	23

BÖLÜM 3

DİKKAT EKSİKLİĞİ VE HİPERAKTİVİTE

BOZUKLUĞU (DEHB)25

3.1. Tıbbi Tanım ve Epidemiyoloji.....	25
<i>DEHB Epidemiyolojisi: Küresel ve Bölgesel Veriler</i>	26
3.2. Klinik Belirtiler.....	27
1. <i>Dikkatsizlik</i>	27
2. <i>Hiperaktivite</i>	28
3. <i>Dürtüsellik</i>	28
4. <i>Belirtileri Destekleyen Klinik Bulgular</i>	28
3.3 Tanı Kriterleri ve Tanı Süreci.....	29
<i>DSM-5 Tanı Kriterleri</i>	29
3.4. Birinci Basamakta Aile Hekiminin Rolü.....	31
<i>DEHB’nin Tanılanması ve İlk Değerlendirme Süreci</i>	32
<i>Eğitimciler ve Ruh Sağlığı Uzmanlarıyla İş Birliği</i>	33
<i>Klinik Bulgular ve Araştırma Verileri</i>	33
<i>Multidisipliner Destek ve Tedavi Yaklaşımı</i>	36

BÖLÜM 4

DİSLEKSİ (OKUMA BOZUKLUĞU)38

4.1. Tıbbi Tanım ve Epidemiyoloji.....	38
<i>Yaş, Dil, Cinsiyet ve Sosyoekonomik Değişkenlere</i>	
<i>Göre Görülme Sıklığı</i>	38

4.2. Klinik Belirtiler.....	40
Yaşa Göre Belirtiler.....	40
Cinsiyete Göre Belirtiler.....	40
Dil Yapısına Göre Belirtiler	41
Bilişsel Profiller ve İşlevsel Bozulmalar	41
4.3. Tanı Kriterleri ve Tanı Süreci.....	42
DSM-5'e Göre Disleksi Tanı Kriterleri	42
ICD-11'e Göre Disleksi Tanı Kriterleri	42
4.4. Birinci Basamakta Aile Hekiminin Rolü.....	43

BÖLÜM 5

DİSPRAKSİ (GELİŞİMSEL KOORDİNASYON BOZUKLUĞU) .46

5.1. Tıbbi Tanım ve Epidemiyoloji ve Klinik Belirtiler.....	46
DSM-5 ve ICD-11'e Göre Tanı Kriterleri	47
Epidemiyolojik Bulgular	48
5.2. Tanı Kriterleri ve Tanı Süreci.....	49
Motor Becerilerin Değerlendirilmesi.....	49
Klinik Değerlendirme Süreci.....	50
GKB'nin Göstergeleri ve Klinik Bulgular	51
5.3. Aile Hekiminin Rolü.....	51

BÖLÜM 6

DİSKALKULİ VE DİSGRAFİ53

6.1. Tıbbi Tanım ve Epidemiyoloji.....	53
Diskalkuli	53
Disgrafi.....	54
Akademik, Sosyal ve Duygusal Sonuçlar	55
6.2. Klinik Belirtiler.....	55
El Yazısı Güçlükleri.....	56
Yazım ve Yazılı Anlatım	56
Motor Koordinasyon.....	56
İşleme Hızı.....	57
Yaş ve Cinsiyet Farklılıkları	57
Eşlik Eden Bozukluklar (Komorbidite)	57

6.3. Tanı Kriterleri ve Tanı Süreci.....	58
<i>DSM-5 ve ICD-11'e Göre Tanı Kriterleri</i>	58
<i>Klinik Değerlendirme Protokolleri</i>	59
6.4. Birinci Basamakta Aile Hekiminin Rolü.....	61
<i>Erken Farkındalık ve Tanılama</i>	61
<i>Yönlendirme Uygulamaları</i>	61
<i>Eğitlimciler ve Uzmanlarla İş Birliği</i>	62

BÖLÜM 7

TOURETTE SENDROMU VE TİK BOZUKLUKLARI63

7.1. Tıbbi Tanım ve Epidemiyoloji.....	63
7.2. Klinik Belirtiler.....	64
<i>DSM-5'e Göre Tanı Kriterleri</i>	64
<i>ICD-11'e Göre Tanı Kriterleri</i>	65
<i>Klinik Temel Özellikler</i>	65
<i>Epidemiyolojik Veriler</i>	66
<i>Eş Tanılar (Komorbidite)</i>	66
7.3. Tanı Kriterleri ve Tanı Süreci.....	67
<i>DSM-5'e Göre Tanı Kriterleri</i>	67
<i>ICD-11'e Göre Tanı Kriterleri</i>	68
<i>Klinik Değerlendirme Süreci</i>	68
<i>Epidemiyolojik Veriler</i>	68
<i>Eşlik Eden Bozukluklar (Komorbiditeler)</i>	69
7.4. Birinci Basamakta Aile Hekiminin Rolü.....	69

SONUÇ.....71

KAYNAKLAR.....73

GİRİŞ

Nöroçeşitlilik terimi, insan beyninin gelişimsel ve işlevsel çeşitliliğini tanımlamak için kullanılır. Otizm spektrum bozukluğu (OSB), dikkat eksikliği hiperaktivite bozukluğu (DEHB), disleksi, dispraksi, Tourette sendromu ve özgül öğrenme güçlükleri gibi nörogelişimsel durumlar nöroçeşitlilik kapsamına girer. Bu farklılıklar tıbbi literatürde bozukluk olarak tanımlansa da, nöroçeşitlilik kavramı bunların toplumda belli oranda görülen doğal varyasyonlar olduğunu vurgular. Aile hekimleri için bu durumların önemi, erken tanı ve doğru yönlendirme sayesinde bireylerin gelişimlerinin desteklenebilmesidir. Nöroçeşitli bireyler toplumda azımsanmayacak sıklıkta bulunur; örneğin özgül öğrenme güçlüğü (disleksi vb.) okul çağındaki çocukların %5–15’ini etkiler ve öğrenme güçlüğü olanların %80’i özellikle okuma alanında (disleksi) zorluk yaşar (American Psychiatric Association, (n.d.)). Benzer şekilde, DEHB çocukların yaklaşık %3–5’inde görülür ve otizm son yıllarda artan farkındalıkla birlikte daha sık tanınır hale gelmiştir (T.C. Sağlık Bakanlığı, 2022). Aile hekimleri, birinci basamak sağlık hizmetinde sürekli ve kapsamlı bakım sunarak nöroçeşitli bireylerin erken dönemde tanınmasında, uygun uzmanlara yönlendirilmesinde ve uzun vadeli takibinde kritik rol oynarlar. Bu bölümde, başlıca nöroçeşitlilik türleri ayrı başlıklar altında ele alınarak her birinin klinik belirtileri, tanı ölçütleri, birinci basamaktaki yaklaşım, Türkiye’deki güncel uygulamalar ve multidisipliner destek olanakları ayrıntılı biçimde açıklanacaktır.

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