BÖLÜM 136

YEME BOZUKLUKLARI

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GİRİŞ

Yeme bozuklukları (YB); vücut imaj bozukluğu, kilo kontrolü ve/veya diyet kalıplarında bozukluk ile karakterize edilen mental bozukluklardır. YB'ler, DSM-5 (Ruhsal Bozuklukların Tanısal ve İstatistiksel El Kitabı, Beşinci Baskı; The Diagnostic and Statistical Manual of Mental Disorders) kriterlerine göre; anoreksiya nervoza (AN), bulimia nervoza (BN), tıkınırcasına yeme bozukluğu (TYB), yemeden kaçınma/kısıtlı gıda alım bozukluğu (YKKGAB), pika, ruminasyon sendromu, diğer tanımlanmış beslenme veya yeme bozukluğu (DT-BYB) ve tanımlanmamış beslenme veya yeme bozukluğu (TBYB) olarak sınıflandırılmaktadır (1).

Her ne kadar YB'ler mental hastalıklar olarak sınıflandırılsa da, bunlarla ilişkili davranışlar genellikle çoğu gastrointestinal tıbbi sekellerle sonuçlanır ve bu sekellerle ortaya çıkar. YB'lerle ilişkili kronik yetersiz beslenme, aşırı kilo ve/veya arındırma davranışları genellikle ciddi ve kronik tıbbi komplikasyonlara yol açsa da multidisipliner yaklaşımla yönetildiğinde hastalar önemli ölçüde fayda görebilir. Bununla beraber, BN ve AN en yüksek mortalite riskine sahip olan mental bozukluklardandır (2).

Epidemiyolojik veriler Kuzey Amerika ve Avrupa'daki popülasyon için daha iyi tanımlanmış olsa da YB'ler küresel bir sorundur. DSM-5 kriterlerinde AN, BN ve TYB için yapılan değişiklikler sonucunda AN, BN ve TYB insidans ve prevalans artış meydana gelmiştir (3). Amerika Birleşik Devletleri (ABD) ve Kuzey Avrupa'da AN yıllık insidansı 5-8/100000 ve genç kadınlarda prevalans %0,3 olarak saptanmıştır. 15-19 yaş arası kadınlarda insidans en yüksek olup, tüm vakaların yaklaşık %40'ını oluşturur ve bu grupta insidans 109,2/100000'dir (4). BN, AN'dan daha sık görülür ancak BN insidansı 1990'ların ikinci yarısından itibaren düşüşe geçmiştir. 1993'te BN insidansı 12/100000 olup 2000 yılında 7/100000'ye düşmüştür (4). 10-19 yaş arası kadınlarda BN insidansı 40/100000'te stabil kalmıştır. Ulusal Komorbidite Çalışması Replikasyonu verilerine göre ABD'de tüm yaşam boyu kadınlarda AN prevelansı %0,9 ve BN prevalans ise %1,5; erkeklerde ise AN prevalans %0,3 ve BN prevalans %0,5 olarak bildirilmiştir (5).

YB'ler ile ilgili spesifik semptomlar için de göreceli olarak yüksek prevalans oranları bildirilmiştir. ABD'de 2011'de okula giden adölosanların %6'sında laksatif kullanımı ve kusma, %5,9'unda doktor

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superior mezenter arter sendromu, kusma ile kendini gösterir ve bu belirti yalnızca YB'ye atfedilirse gözden kaçabilir. Gastrik kas atrofisi, gastroözofageal bileşkenin daralması ve gastrik boşalmanın gecikmesinden kaynaklanan YB ile ilişkili gastrik amfizem olgu bildirimleri vardır (192). Akut gastrik dilatasyon, gastrik motilitenin azalması ve gastrik boşalmanın gecikmesi sonucu ortaya çıkan AN'nin tıkınırcasına yeme alt tipinin nadir bir komplikasyonudur (111). Tıkınırcasına yeme ile ilgili klinik bir öykü olmadığında bu durumdan şüphelenilmeyebilir (127). Akut gastrik dilatasyon yeniden beslenme ortamında veya tıkınırcasına yeme ile ilgili bir YB öyküsü varlığında doğrulanırsa, acil nazogastrik dekompresyon ve sıvı resüsitasyonu gereklidir çünkü tedavi gecikirse gastrik nekroz, perforasyon, şok ve ölüm meydana gelebilir (111). Bunlar etkili olmazsa laparotomi gerekli olabilir. Beslenme rehabilitasyonundan sonra devam eden semptomlar ek tanısal değerlendirme gerektirebilir (112). Gastrointestinal semptomlar YB'lerle ilişkili görünüyorsa, psikoterapötik bakımla birlikte beslenme rehabilitasyonu ilk adım olarak düşünülmelidir. Bir YB'nin tedavisi sırasında, kilo almaya, normal yemeye ve tıkınmayı ve arındırıcı davranışları bırakmaya karşı direnç yaygındır; bu nedenle tedavi planında vücut imajının veya duygusal semptomların gastrointestinal şikayetlere aracılık etme olasılığı göz önünde bulundurulmalıdır.

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