BÖLÜM 8

HEMATOLOJİK MALİGNANSİLERİN YÖNETİMİNDE OLASI İLAÇ-İLAÇ ETKİLEŞİMLERİ

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1.GİRİŞ

Olası ilaç-ilaç etkileşimi (İİE) bir hastanın tedavisindeki ilaçların tehlikeli olabilen kombinasyonu sonucu hastada advers etkilere sebep olma riski olan önlenebilir tedavi hataları olarak tanımlanmaktadır. Bu hataların tüm dünyada mortalite ve morbiditeye sebep olduğu bilinmektedir. Bununla birlikte istenmeyen klinik etkiler, azalmış terapötik etki, ilaç toksisitesine sebep olarak hasta çıktılarını etkileyebilir ve tedavi uyumunu azaltabilirler. Kanser hastaları polifarmasi ve ek hastalıklar sebebiyle olası İİE'lere yatkındırlar (1).

İlaç-ilaç etkileşimlerinin şiddeti göz önüne alınarak aşağıdaki tanımlamalara göre gruplandırılmaktadırlar (1):

Kontrendike: Şiddetli advers etkilerden dolayı ilaçların birlikte uygulanmaması gerekmektedir (1).

Majör: Hayatı tehdit eden etkiler veya tedavi güvenliliğini belirgin derecede etkileyen etiler oluşabilir (1).

Moderate: Hastanın durumunu kötüleştirebilir veya ilacın etkililiğini etkileyebilir (1).

Minör: Klinik etkisi göz ardı edilebilir. Belirgin bir değişiklik yapmaya gerek yoktur (1).

İlaç-ilaç etkileşimleri farmakokinetik, farmakodinamik veya bilinmeyen bir mekanizma sonucu meydana gelmektedirler. Bu tanımlamalar aşağıdaki gibidir (1):

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lar ile de olabileceği düşünülmelidir (61). Erlotinib ile CYP3A4 enzim indükleyicileri eşzamanlı kullanımı sonucunda erlotinib serum konsantrasyonunun azalma riskine karşılık eşzamanlı kullanımda dikkatli olunmalıdır (62). Güçlü CYP3A4 enzim inhibitörleri de erlotinibin serum konsantrasyonunu arttırma riskine karşılık toksisite izlemi yapılması önerilmektedir (63).

Bu bilgiler ışığında tirozin kinaz inhibitörlerinin QT uzama riski, serum konsantrasyonu artış riskine karşılık sitokrom enzim inhibitörleri, serum konsantrasyonunu azaltma ve etkililik azalışı riskine karşılık sitokrom enzim indükleyicileri ile eşzamanlı kullanılma durumlarında olası ilaç-ilaç etkileşimlerine karşı duyarlı olunmalı ve ilaç-ilaç etkileşimleri çeşitli veritabanlarından taranıp tedavi yönetimi yapılmalıdır. Bununla birlikte tirozin kinaz inhibitörlerinin kendilerinin de ilaç metabolizmasından sorumlu enzimlerin hem substratı hem de inhibitörü olduklarından dolayı eş zamanlı kullanılan ilaçların toksisite riskine karşı da duyarlı olunmalıdır.

SONUÇ

Kemoterapötik ilaçlar aynı zamanda immünsüpresif özelliği olan ilaçlardır. Bu nedenle, canlı aşılar ile eşzamanlı uygulanması durumunda aşının enfeksiyona sebep olma riski, ölü aşılarla eş zamanlı uygulanması durumunda ise aşının etkisini göstermesi açısından dikkatli olunmalıdır. Diğer immünsüpresif özelliği olan ilaçlar ile eşzamanlı kullanılması durumunda enfeksiyon riskinin artması açısından dikkatli olunmalıdır. Kemoterapötiklerin toksisite profilleri iyi gözlenmeli ve hastada gelişebilecek yan etkiler kemoterapötik toksisitesi olabileceği göz ardı edilmemeli ve eş zamanlı kullanılan ilaçlar serum konsantrasyonu arttırma potansiyeli bakımından İİE açısından değerlendirilmelidir. Toksisite profilleri benzer olan diğer ilaçlar ile eşzamanlı kullanımları konusunda çok dikkatli olunmalıdır. Bununla birlikte kematerapötiklerin bir kısmı ilaçların metabolizmasından sorumlu olan enzimlerin substratı veya inhibitörleri olduğundan tedaviden önce eşzamanlı reçetelenen ilaçlarla birlikte İİE veri tabanlarından taranarak tedavi yönetimi yapılmalıdır.

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