BÖLÜM 3

BİPOLAR BOZUKLUK VE MİRNA

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GİRİŞ

Bipolar bozukluk ruhsal bir bozukluk olup, iki ayrı hastalık dönemleriyle karakterizedir. Hastalık dönemlerinin mani dönemlerinde psikomotor hareketlilik, fikir üretiminde, enerjide ve konuşma miktarında artış, uykusuzluk, tipik olarak duygudurumda yükselme gibi belirtiler görülür, depresyon dönemlerinde ise tam tersi olarak enerji düzeyinde belirgin azalma, karamsarlık , uyku ihtiyacında artış, iştah düzeyinde belirgin artış veya azalma, değersizlik hissi ve yorgun uyanma, özgüven kaybı, umutsuzluk, daha önce mutlu olunan etkinliklerden mutlu olamama hali, sebebsiz fiziksel ağrılar, psikomotor ajitasyon veya yavaşlama, ölüm ve intihar düşünceleri gibi belirtiler görülebilmektedir (1). Bu hastalar dönemleri dışında ise tamamen normale döner. Bazı hastalarda ise az da olsa belirtiler görülür ancak kısa zaman içinde düzelirler. Hastalığın en önemli belirtisi ve özelliği hastalığa ait bulguların mevsimsellik göstermesidir. Hastalar genellikle kış aylarında depresif duygu durumuna sahip iken ilkbahar ve yaz aylarında ise manik dönem yaşarlar. Hastalığın en riskli dönemi ilkbahar mevsiminden yaz mevsimine geçiştir. Çünkü bu dönemde intihar eğiliminde ve dürtüsellikte artış, öfke patlamaları, saldırganlık yönelimi gibi manik belirtiler artar, bu dönem hastalığın belirtilerinin en göze çarpan dönemi olarak kabul edilir. Tüm bu davranışsal özellikler değerlendirilerek bipolar bozukluk tanısı konur. Dönemsel geçiş gösteren bu hastalığın 3 tipi bulunmaktadır. Bipolar bozukluk 1'de hasta yaşamı boyunca manik, hipomanik, depresif ya da karma dönemler geçirip, birkaç ay içerisinde düzelip normal yaşamına geri döner fakat koruyucu tedavi yapılmazsa, bu dönemlerin süresi belirli aralıklarla tekrarlar. Hangi tip dönemin geleceği ve ne zaman tekrarlayacağı ise genelde belirsizdir. Bipolar-2 bozuklukta: Hasta yalnızca major depre-

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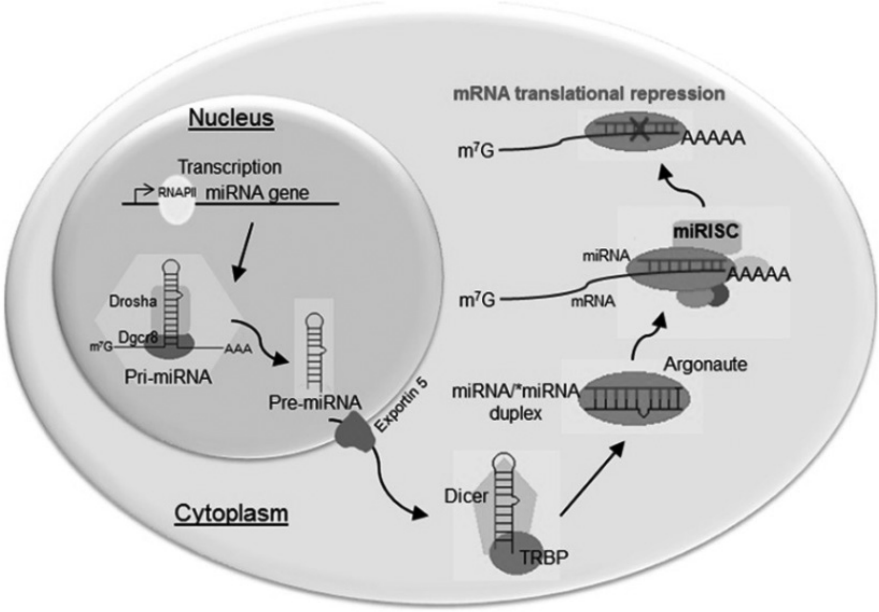

Şekil 1. miRNA Biogenezi

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