

Bölüm 22

DEMANS VE KOGNİTİF İŞLEV BOZUKLUKLARI

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GİRİŞ

Kognisyon santral sinir sistemini oluşturan yapıların birbiri ile ilişkileri sayesinde ortaya çıkan, kişilerin günlük yaşam becerilerini, algılarını, belleklerini düzenleyen sistemler bütünüdür. Kognitif işlev bozukluğu işte bu sistemlerden birinde ortaya çıkan kişinin becerilerinde azalmaya, kaybolmaya yol açan fonksiyon kaybıdır.

Demans, kognitif yeti alanlarından birden fazlasında bozulmaya neden olan bir hastalık olarak tanımlanır. Bellek, dil, duygu, beceri, tanıma, yargı ve yürütücü işlevler gibi alanlarda bozulmanın olması klinik tanı için ön koşuldur. Demans tanısında değerlendirilmesi gereken 3 ana ve 3 alt alan mevcuttur. (Tablo 1 ve Tablo 2)

Demans tanısı için hastanın bilinç bulanıklığı olmamalıdır. Patogenetik olarak uyanıklık farkındalık ve dikkatin yönetildiği retikuler formasyonun işlevi sağlam olmalıdır.

Demans limbik sistemde başlar. Uzun yıllar buraya sınırlı kaldıktan sonra neokortikal asosiyasyon alanlarına ilerler. Limbik ve paralimbik evre döneminde episodik bellek hasarı, ilerleyici izole unutkanlık olarak görülen klinik, neokortikal alanlara yayıldıkça dil ve görsel mekansal bozulma başlar ve demans kliniğinin tanımında olan birden fazla kognitif alanda bozulma ortaya çıkmış olur. Bunun yanında basit tedavi edilebilir

sebepler de ekarte edilmelidir. Hipotiroidi, vitamin B12 eksikliği, enfeksiyon ve ilaca bağlı sebepler örnek olarak verilebilir.

Tablo 2: Çekirdek bilişsel alanlar: 3 alt semptom olarak motor, otonom ve uyku bozuklukları

Motor	Yürüyüş bozukluğu, düşmeler, donmalar, dengesizlik, hareket yavaşlığı, güçsüzlük, erime, seyirme
Otonom	İnkontinans, empotans, ortostatizm, konstipasyon, terleme
Uyku	REM-davranış bozukluğu, aşırı gündüz uykusu, uyku apne sendromu

Demans kompleks bir dejenerasyondur. Özelleşmiş moleküler yolakların, hücre fonksiyonlarının etkilendiği, sinaptik bağlantıların azaldığı, hücre ölümü ve gliozisle seyreden bir hastalıktır (1). Bunun sonucunda kognitif, işlevsel ve davranışsal alanların etkilendiği kompleks bir sendrom olarak ortaya çıkar (2). Yaş, demans için en önemli risk faktörüdür. Birçok demans sendromu 65 yaşından sonra ortaya çıkar. Popülasyon yaş ortalaması arttıkça demans görülme sıklığı da artacaktır. 2015 yılında yapılan World Alzheimer Report verilerine göre dünya çapında yaklaşık 46.8 milyon demans tanılı hasta mevcuttur ve bu sayının 2050 yılında 131 milyona ulaşması beklenmektedir (3).

Demans için birden çok sınıflama mevcut olsa

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