

11. BÖLÜM

Aralıklı Patlayıcı Bozukluk

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İnsan agresyonu, bireyin saldırı karşısında kendini savunması bağlamında ya da hayatta kalmak için gerekli kaynaklara erişimi güvence altına alma amacıyla ortaya çıkmıştır. Bu açıdan bakıldığında insan davranışında temel bir yönü temsil etmektedir. Ancak medeniyet sürecinde agresyonun savunma amacı dışında kullanılması ile hem daha az yarar sağlar hem de kabul görmeyecek bir hal almıştır.

Agresyon kişinin kendine, diğerlerine veya çevresine karşı sözel ve/veya fiziksel olarak yönelttiği, fiziksel/psikolojik zararlar ile sonuçlanan ayrıca gerek sosyal gerekse yasal açıdan zor durumda kaldığı eylemler olarak tanımlanmaktadır (Coccaro, 2012; Coccaro, 2014a). Ortaya çıkışı şekli ve türü açısından oldukça farklılık gösterir. Şekline göre; sözel

(tersleme, tartışma, tehdit vs.) ya da fiziksel (bir şeyleri fırlatmak ya da kırmak, birini fiziksel olarak yaralamak, itmek, vurmak vs.) olarak sergilenebilir. Ayrıca doğrudan (birine vurmak, bağırarak vs.) veya dolaylı (birisi hakkında dedikodu yapmak, birinin kişilerarası ilişkilerine zarar vermek, eşyaya zarar vermek vs.) şeklinde olabilir. Aslında tüm agresyon şekillerinin ortak özelliği, işlevi ya da türü değişkenlik gösterse de, sosyal bir tehdit algılanması durumunda zarar verme ve/veya kendini savunma niyetini içermesidir. Bazı durumlarda beklenebilir iken (askerlik, kolluk kuvveti görevi gibi) bazen de tıbbi bir durumla ilişkilidir. Türü bakımından ise kimi zaman planlı ya da dürtüsel özelliklidir. Savunma amaçlı agresif davranışlar insan davranış spektrumu içinde normal kabul edilirken planlı ve dürtüsel

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Tedavinin sonlandırılması planlanıyorsa ilacın yavaşça azaltılıp kesilmesi ve hastalık belirtilerinin takibi önerilir. Eğer doz azaltmayla belirtiler ortaya çıkıyorsa yeniden eski doza çıkılıp beklenir. Tedaviye yanıt yoksa hasta yeniden tedavi şemasına göre değerlendirilir.

Aralıklı patlayıcı bozuklukla ilgili henüz ileri dönük takip çalışması yapılmamıştır. Kessler ve arkadaşları tarafından Ulusal Eş-tanı Araştırması-Tekrarı (National Comorbidity Survey-) (NCS-R)'nda aralıklı patlayıcı bozukluğun ortalama 12 yıl sürdüğü ve hastaların yaşamı boyu 56 kez patlayıcı ataklar sergilediği saptanmıştır (Kessler ve ark. 2006). Bazı retrospektif çalışmalar ortalama hastalık süresinin 20 yıl olduğunu göstermiştir (McElroy ve ark.1998; Coccaro ve ark. 2004). Hastalarda dürtüsel agresyon riski aylar ve yıllar boyu devam ettiğinden uzun yıllar bazen ömür boyu tedavinin devamı gerekebilir.

SONUÇ

Aralıklı patlayıcı bozukluk günlük klinik psikiyatri pratiğinde sıkça rastlanabilecek önemli bir psikiyatrik bozukluktur. Tanısal süreçlerdeki sık değişimler, tanının daha çok bir dışlama tanısı olarak ele alınması, bu bozukluğun agresyon bileşeni üzerinde öfke bileşeninden daha çok durulması gibi birçok nedenden dolayı, üzerinde yeterli çalışma yapılmamış, yapılan çalışmalarda bazı ülkeler ya da çalışma ekipleri ile sınırlı kalmıştır. Aralıklı patlayıcı bozukluğun etyolojisinde başta serotonerjik sistem olmak üzere biyolojik mekanizmaların önemli bir rol oynadığı, özellikle çocukluk dönemindeki olumsuz yaşantılarında bu sürece önemli

katkısı olduğu artık bilinmektedir. Bu hastaların önemli bir kısmına başta duygudurum, anksiyete bozuklukları olmak üzere çok sayıda diğer ruhsal bozukluklar eşlik edebilmektedir. Tedavisinde farmakolojik tedavi ile psikoterapötik sürecin bir arada sürdürülmesi, her koşulda hasta ile hekimi arasındaki sürekli ve destekleyici etkileşimin oluşturulması önerilmektedir. Böyle bir ilişkinin varlığında, hasta stres dönemlerinde öfke patlamaları yaşamadan önce acil yardım arayışı içine girebilecek ve erken dönemde uygun tedavi alması sağlanacaktır. Diğer bütün hastalıklarda olduğu gibi bu bozuklukta da erken tanı ve tedavinin çok önemli yeri olduğu unutulmamalıdır.

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