

17. BÖLÜM

Trikotillomani

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TANIM VE SINIFLANDIRMA

Trikotillomani (TTM; saç yolma bozukluğu), diğer kişiler tarafından fark edilebilecek düzeyde saç ve kıl kaybına yol açan, tekrarlayıcı, süreğen bir hastalıktır (Frey, 2018). TTM terimi ilk olarak Francois Hallopeau tarafından 1889 yılında kullanılmıştır (Hallopeau 1889). Hastalığın kliniğinde dürtü kontrol bozukluklarında olduğu gibi eylem öncesinde gerginlik ve eylem sonrasında gerginliğin azalması, haz alma gözlenmektedir (Sadock, 2016). TTM, Amerikan Psikiyatri Birliği'nin (APA), Ruhsal Hastalıkların Tanısal ve İstatistiksel El Kitabı (DSM) sınıflamasına 1987 yılında yayımlanan DSM-III-R'e kadar dahil edilmemiştir. DSM-III-R ile birlikte TTM saç çekme-yolma dürtüsüne engel olamama

ve eylem sonrası haz-doyum sağlanması şeklinde tanımlanmış, başka yerde sınıflanmamış dürtü kontrol bozuklukları arasında yer almıştır (American Psychiatric Association, 1987). DSM-IV ve DSM-IV-TR'de saç yolma dürtüsüne karşı başarısız olan karşı koyma girişimleri olması ifadesi çıkartılmış, bu belirtilere neden olabilecek tıbbi durumlar ve diğer ruhsal bozuklukların dışlanması, mesleki, sosyal, diğer işlevsellik alanlarında bozulmaya neden olması tanı ölçütleri arasına eklenmiştir. Bu değişiklikler ile dürtüye karşı koyma durumunda hissedilen gerginliğin tanımının genişletilmesi amaçlanmıştır. DSM-IV-TR'de TTM tanı ölçütleri DSM-IV'teki haliyle korunmuş; Patolojik Kumar Oynama, Kleptomani, Piromani, Aralıklı Patlayıcı Bozukluk ile birlikte 'Başka Bir Yerde

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Fark anlamlı olmasa da, klomipraminin SS-R'lardan daha büyük bir etki büyüklüğüne sahip olduğu belirtilmiştir (McGuire ve ark., 2014).

Dopaminerjik etkinlikleri olan antipsikotikler, TTM tedavisinde ön etkinlik kanıtı göstermiştir. Tik bozukluklarında önerilen antipsikotiklerin patofizyolojik benzerlikler nedeniyle TTM'de etkili olacağı düşünülmektedir (Greenberg ve ark., 2018; Van Ameringen ve ark., 2010). Çift kör kontrollü bir çalışmada olanzapin, plaseboya kıyasla önemli etkinlik farkı göstermiştir (Van Ameringen ve ark., 2010). Haloperidol, risperidon ve aripiprazol dahil olmak üzere diğer antipsikotik ajanlar da kontrolsüz çalışmalarda bazı faydalar göstermiştir (Johnson & El-Alfy, 2016). Olanzapin ve diğer antipsikotiklerin önemli yan etki yükü göz önüne alındığında (ekstrapiramidal klinik belirtiler, kilo artışı, metabolik sorunlar, sedasyon), klinik pratikte ilk seçenek olarak tercih edilmemektedir (Franklin ve ark., 2011). Tedavi seçenekleri arasında duygudurum düzenleyici ilaçlar dürtüsellik üzerine etkileri göz önünde bulundurularak denenmiş; lityum, topiromat ve lamotrijininin etkinliği küçük örneklem gruplarında gösterilmiştir (Christenson ve ark., 1991; Moretti 2008; De Sousa 2008).

SONUÇ

TTM özellikle kadınlarda görülen psikiyatrik bir sendromdur. Saç yolma bir duygu durum düzenleme yöntemi veya istenmeyen duygulardan geçici olarak kurtulma yöntemi olarak görülebilmektedir. Komorbid bedene odaklı tekrarlayıcı davranış, depresyon, anksiyete bozukluğu, madde kullanım bozukluğu gibi hastalıklarla gözlenen işlevsellikte ciddi bozulmaya

yol açan bir durumdur (Anwar ve Jafferany, 2019). TTM tedavisinde psikoterapi yöntemleri ile farmakolojik tedavilerin birlikteliğinin faydalı olduğu düşünülmektedir. Dolayısıyla tedavi sürecinde psikiyatristler ve dermatologların birlikte çalışmasının fayda sağlayacağı düşünülmektedir.

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