

18. BÖLÜM

Erişkin Dikkat Eksikliği Hiperaktivite Bozukluğu

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Dikkat eksikliği ve hiperaktivite bozukluğu (DEHB) işlevselliği ya da gelişimi bozan, süregiden bir dikkatsizlik ve/veya aşırı hareketlilik, dürtüsellik örüntüsüdür (APA, 2013). DEHB, sık görülen ve etkilenen kişinin olduğu kadar aile, çevresinin de yaşam kalitesinde belirgin bozulmaya yol açan klinik bir durumdur. DEHB'nin etkileri çoğunlukla yıllarca sürer ve biyolojik, psikiyatrik, eğitimsel ve toplumsal yönleri vardır. Hastaların %60'ından fazlasında DEHB erişkinlik çağına da devam eder. DEHB olan kişilerde birçok eş zamanlı bozukluk ve belirti de görülmektedir. Erişkin DEHB'ye sıklıkla eşlik eden tanılar sırasıyla anksiyete bozuklukları, madde kullanımı bozuklukları, alkol kullanımı bozukluğu, tik bozuklukları, yeme bozuklukları olarak saptanmıştır. Erişkinlerde var olan psiko-

patolojiye DEHB eşlik etme oranı ise duygudurum bozuklukları için %13-20, madde kullanımı bozuklukları için %12-15, anksiyete bozuklukları için %10 olarak saptanmıştır (Kenar ve ark., 2002; Öncü ve Karakaş, 2008; Tufan ve Yaluğ, 2010; Kavakçı, 2012; Treuer ve ark., 2017).

DEHB'nin kalıtılabilirlik tahminleri %77 ile %88 arasında değişmektedir (Faraone ve ark 2019). Kalıtımın bozukluk gelişimindeki rolü nedeniyle, aynı ailede tanı konulmuş yeni hastaların ayırt edilerek tedavileri mümkün olabilmektedir (Hechtman ve McGough, 2007; Turgay, 2009).

Aile öyküsünün varlığı, DEHB için süreklilik göstergelerinden biridir. Özellikle bozukluğun erişkin şeklinin, çocuklardaki şeklinden

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başlanmasının erken başlangıçlı madde kullanımını azalttığını göstermektedir (Wender ve ark., 1998; Wilens ve ark., 2003; Faraone ve ark., 2007).

İlaç Etkileşimleri

MAO inhibitörü antidepresanlar ile uyarıcılar birlikte kullanılmamalıdır. Uyarıcıların warfarin preparatları ve yüksek dozda kullanılan sempatomimetikler dışında belirgin ilaç etkileşimi yoktur. Gebelik ve emzirme dönemlerinde kullanılması tavsiye edilmez. Atomoksetin SSRI antidepresanlarla birlikte kullanıldığında kan düzeyleri yükselir (Kass ve ark., 2015).

SONUÇ

Bu bozukluk; kişilerarası ilişkilere, okul ve iş yaşamına olumsuz etki yaptığı için, toplumun ve sağlık hizmetlerinin önemli bir sorunudur. Bu olumsuz etkileri giderebilmek için gerekli önleyici ve terapötik girişimlere çok erken dönemde başlanması gerekir. DEHB, sadece hastaları değil, çevreyi de etkiler. Bu nedenle, erişkin DEHB olgularının çocuklukta olduğu gibi erişkin yaşamda da fark edilmesi, bu kişilere tanı konulması ve uygun tedavi yaklaşımlarının uygulanması hem bireysel sağlık hem de toplum sağlığı bakımından önemlidir.

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