

# 1. BÖLÜM

## Dürtüsellik: Tanımı, Değerlendirmesi ve Ruhsal Bozukluklarla İlişkisi

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İlk olarak Freud tarafından kullanılan ve kendini sürekli dışa vurma eğilinde olan dürtü organizmada fizyolojik bir ihtiyacın neden olduğu rahatsızlık ve gerginlik durumunu gidermek için beliren, organizmayı uyarılmış hale getiren güçtür (Erkus, 1994; Öztürk ve Uluşahin, 2008; İleri, 2019). Bir dürtüyü patolojik yapan ise o dürtüye ve onu gerçekleştirmeye engel olunamamasıdır. Dürtü ani ve kısa süreli ortaya çıkabileceği gibi patlayıcı bir şekilde ortaya çıkabilir (Hollander ve Stein, 2006).

Kişinin kendisine veya çevresine zararlı olabilecek zararlı bir dürtüye engel olamaması kişinin hayatının bütün alanlarını etkileme potansiyeline sahip, sık görülen klinik bir sorundur (Yazıcı ve Yazıcı, 2010; İleri, 2019). Dürtüsellik birçok nörolojik ve psikiyatrik hastalığın ana bileşenidir ve çok boyutlu

bir kavramdır (Horn ve ark., 2003). Ekonomi, sosyoloji, psikoloji ve ilaç bilimi gibi birçok disiplinin ilgisini çeken bir sorundur (Arce ve Santisteban, 2006).

Dürtüsellikle ilgili birçok tanımlama yapılmış; dürtüsellik değerlendirme için çok sayıda yöntem kullanılmıştır. Ancak dürtüsellik değerlendirme için kullanılan ölçümlerde dürtüsellik sosyal olarak kabul gören bir davranış olmamasından kişilerin sorulara yanlış yanıtlar verdiği görülmektedir. Bu nedenle dürtüsellikle ilgili çalışmalarda birbirleriyle çelişen bulgu ve sonuçlar elde edilmiştir (Hollander ve Stein, 2006).

Bu bölümde dürtüsellikle ilgili geçmişten bugüne yapılmış tanımlamalar; değerlendirilmesinde kullanılan yöntemler ve dürtüsellik diğer ruhsal bozukluklarla olan ilişkisi ele alınmıştır.

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Dürtüsellliği ölçmek için davranışsal laboratuvar testlerinin kullanıldığı çalışmalarda DEHB ve davranım bozukluğu hastalarının da yüksek dürtüsellik düzeyleri bulunmuştur (O'Toole ve ark., 1997; Halperin ve ark., 1988; Moeller ve ark., 2001; Kavakcı ve ark., 2011; Demirci ve ark., 2016).

DEHB'de görülen orbital frontal kortekste görülen işlevsel bozuklukların dürtüsellik etyolojisinde rol aldığı gösterilmiştir (Seidman ve ark., 2005). DEHB'de dürtüsellüğün motor (hiperaktivite), bilişsel (dürtüsel biliş stilleri ve dikkatsizlik), emosyonel (kontROLSÜZ öfke) ve sosyal (sosyal dizinhibisyon) alanları vardır. Çalışmalarda DEHB' de dürtüsellüğün azim ve önceden tasarlama eksikliği ve heyecan arama ile önemli bir şekilde ilişkisi gösterilmiştir (Rubia, 2002; Berg ve ark., 2015). DEHB'de dürtüsellüğün cinsiyetle ilişkisinin araştırıldığı bir çalışmada DEHB'li kız ergenlerin BIS-11 ile ölçülen toplam dürtüsellik, motor dürtüsellik ve dikkate bağlı dürtüsellik puanları DEHB'li erkek ergenlere göre daha yüksek bulunmuştur (Gökçe ve ark., 2017).

## SONUÇ

Tek başına olabileceği gibi çeşitli psikiyopatolojilerin belirtisi de olabilecek olan dürtüsellikle ilgili çalışmalar giderek artmaktadır. Bu çalışmalarda dürtüsellik çok farklı yönleri ile ele alınmakta ve farklı yöntemlerle değerlendirilmektedir. Bu artan ilgiye rağmen tanımlama, ayırıcı tanı ve değerlendirilmesinde bazı sorunlar hala devam etmektedir. Dürtüsellüğün psikiyatrik hastalıklarda yüksek komorbidite ve özkıyım oranları, agresyon şiddetinde artış, uzamış seyir, tedaviye yanıtta azalma ve kötü prognoz ile

ilişkili olduğu açıktır. Tedaviye dirençli olgularda dürtüsellüğün hastalığın hem tedaviye yanıtını hem de seyrini etkileyebileceği unutulmamalıdır.

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