

DEHB'DA TRANSGENETİK HAYVAN MODELLERİNE BİR BAKIŞ

28 BÖLÜM

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GİRİŞ

Dikkat Eksikliği ve Hiperaktivite Bozukluğu (DEHB), çocukluk çağında bulgu veren, kişinin gelişimsel düzeyiyle uyumlu olmayan, toplum, okul veya işle ilgili alanları olumsuz etkileyen dikkatsizlik, aşırı hareketlilik ve dürtüsellikle karakterize bir nörogelişimsel bozukluktur (1).

DEHB çocukluk çağında sık görülen psikiyatrik bozukluklarından biri olup, dünya genelindeki prevalansı %8-12 arasında bildirilmiştir (2, 3, 4). Ülkemizde yapılan bir çalışmada ise DEHB prevalansı %13,8 olarak bildirilmiştir (5). DEHB olan çocukların yetişkinlik döneminde yaklaşık %30 ila 50'sinin bozukluk belirtilerini göstermeye devam edebileceği belirtilmiştir (6). DEHB ilerleyen yıllarda kişide kaygı, depresyon, uyuşturucu bağımlılığı, suça karışma, okul başarısızlığı, sosyal ret ve zayıf özgüven gibi birçok olumsuz sonuçlarla sonlanabilir (7, 8). Bu nedenle bu bozukluğun, hasta ve hastanın aile üyeleri için önemli bir yüke neden olabilecek ciddi akademik, finansal ve sosyal etkileri vardır (9).

DEHB belirtileri genellikle farmakolojik tedavi ile tedavi edilir. DEHB için en sık kullanılan ve onaylanan ilaçlar metilfenidat, amfetamin ve atomoksetindir. Alternatif olarak ise Guanfasin, bupropion ve klonidin gibi ilaçlar kullanılmak-

tadır (10). Metilfenidat DEHB tedavisi gören hastaların yaklaşık %70'inde en çok reçete edilen stimülan ilaçtır (11). Amfetamin ayrıca çocuklarda DEHB semptomlarının tedavisinde etkili olduğu kanıtlanmış bir psikostimülan ilaçtır (12) Ayrıca, bu ilaçların serotonerjik sistemi etkilediğine dair kanıtlar vardır (13-14). Atomoksetin farmakolojik olarak bir norepinefrin geri alım inhibitörü olarak sınıflandırılan stimülan olmayan bir ilaçtır. Psikostimülanlara benzer şekilde, atomoksetin beyindeki hücre dışı norepinefrin ve dopamin düzeylerini de artırır (15). DEHB ilaçlarının beyin monoamin düzeylerini artırarak etki göstermesi, monoaminerjik nörotansmisyonadaki bozuklukların DEHB patofizyolojisinde rol oynadığını açıkça göstermektedir (9). Bu bilgilere rağmen, DEHB'nin kesin nedeni bilinmemektedir. DEHB için hala bilinen herhangi bir objektif biyobelirteç saptanmamıştır. Tanı ağırlıklı olarak Davranışsal ve Ruhsal Bozuklukların Tanısal ve İstatistiksel El Kitabına (DSM) dayanmaktadır (1).

Metilfenidat ve amfetamin, dopamin ve norepinefrin taşıyıcılarının etkisini antagonize ederek, hücre dışı dopamin ve norepinefrin düzeylerini arttırarak çalışır.

Hayvan modelleri tam olarak insan psikiyatrik hastalıklarını yansıtmasa da hastalıklar

Kısaltmalar

DEHB	Dikkat Eksikliği ve Hiperaktivite Bozukluğu
DSM	Davranışsal ve Ruhsal Bozuklukların Tanısal ve İstatistiksel El Kitabına
DA	Dopamin
DAT	Dopamine Transporter
DAT-1	Dopamin Transporter -1
NE	Norepinefrin
DBH	Dopamin beta hidroksilaz enzimi
MPH	Metilfenidat
AMPH	Amfetamin
5-HTT	Serotonin transporter enzimi
SNAP-25	25 kDa'lık sinaptozomal ilişkili protein
WW-25	Sinaptozomal- ilişkili protein -25 KDA
SHR	Spontan hipertansif sıçan
PFK	Prefrontal korteks
NHE	Yüksek Uyarılabilen Napoli sıçanı
DAT-KO	DAT knock out faresi
5-CSRT	5 Seçim seri reaksiyon süresi
NK1R	Nörokininin1 reseptörü
Tacr1	Taşikinin1 reseptörü
6-OHDA	6-hidroksidopamin
WKY	Wistar-Kyoto suşu
SNARE	Çözünür N-Etilmaleimide duyarlı faktör bağlanma protein reseptörü
LTP	Long-Term-Potentiation
LTD	Long-Term-Depression
NK1R-KO-faresi	Nörokininin1 reseptörü (NK1R) veya Tacr1 (taşikinin1 reseptörü) geninin fonksiyonel ablasyonu olan fareler.
TACR1-Geni	Taşikinin reseptör 1 geni
TRβPV	Mutant insan tiroid hormonu reseptörü beta geni
TRβPV-KI	TRβPV knockin faresi

T3	Triiyodotironin
T4	Tiroksin
RTH	Dirençli tiroid hormonu

Anahtar Kelimeler: DEHB, Hayvan Modelleri, Transgenetik, Genetik modeller, Hiperaktivite, İmpulsivite, Dikkat, Psikostimülanlar, Metilfenidat, Atomoksetin

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