

OTİZM SPEKTRUM BOZUKLUKLARI

28.

BÖLÜM

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TANIM VE TARİHÇE

Otizm spektrum bozuklukları (OSB), bir dizi davranışsal özellikleri içeren nörogelişimsel bir durumu ifade etmektedir. DSM-5'e (Mental Bozuklukların Tanısal ve Sayımsal El Kitabı) göre OSB'nin temel klinik özelliklerini iki alandaki işlev bozukluğu (sosyal iletişim ve sosyal etkileşim) ile beraber sınırlı, tekrarlayan davranış kalıpları, ilgi alanları veya faaliyetler oluşturmaktadır. Bu belirtiler erken gelişim döneminden itibaren bulunmaktadır ancak sosyal talepler çocuğun sınırlı mental kapasitesini aşana kadar tam belli olmaya-bilir ya da ileri yaşlarda öğrenilen stratejilerden dolayı maskelenebilir (1). Amerikan Psikiyatri Birliği (APA) 2007'de, DSM-IV'ün yaygın gelişimsel bozukluk (YGB) kavramını değiştirme ve yeni tanısal ölçütler geliştirme amacıyla Nörogelişimsel Bozukluklar Çalışma Grubunu oluşturmuştur. Bire bir görüşmeler ve telekonferanslar neticesinde; çalışma grubu "YGB" terimini "OSB" terimi ile değiştirmeye ve "asperger bozukluğu, çocukluk çağı dezintegratif bozukluğu" ve YGB-BTA tanımlarının bu spektrum altında toplanmasına karar vermiştir. Bu önerinin temelinde otizmin hafiften ağıra doğru giden bir sürekliliği olduğu düşüncesi yatmaktadır. Ayrıca çalışma grubu "rett Bozukluğu"nun DSM-5'teki OSB kategorisinden çıkarılmasını, çekirdek belirtilerin üç yerine iki boyutta ele alınmasını ve OSB tanısı için "toplumsal etkileşim/iletişim eksiklikleri" alanındaki üç ölçütten üçünün "sınırlı ve yineleyici ilgi, davranış ve et-

kinlikler" alanındaki dört ölçütten en az ikisinin karşılanması gerekliliğini getirmiştir (Tablo 1) (2).

Haziran 2018'de 11. revizyonunu sunan Dünya Sağlık Örgütü'nün sınıflandırması da (Uluslararası Hastalık Sınıflandırması, ICD-11), otizm tanı ölçütlerinde bazı değişikliklere gitmiştir. DSM-5'le benzer olarak ICD-11'de otizm, nörogelişimsel bozukluklar kategorisinde yer almakta ve aynı iki kategoriye içermektedir. Ayrıca otizm tanılı bireyler arasında yaygın görülen farklı duyuşal hassasiyetlerin önemi ICD-11'de de vurgulanmaktadır (3).

EPİDEMİYOLOJİ

Otizm ilk tanımlandığı dönemlerde nadir görülen bir durum olarak düşünülmekteydi. Ancak son yıllarda yapılan kapsamlı toplum tarama çalışmalarında OSB yaygınlığının arttığı görülmektedir. Hastalık Kontrol ve Önleme Merkezleri'nin (CDC) Otizm ve Gelişimsel Bozukluklar İzlem Ağı (ADMM) verilerine göre OSB prevalansı 2006 yılında 1/150, 2012 yılında 1/69 ve 2014 yılında 1/59 olarak bildirilmiştir (4). Otizm prevalansındaki artış birçok araştırmacı tarafından tanımlanmıştır ancak araştırmacılar oranlardaki artışın nedeni konusunda hemfikir değildir. Bu artış için kısmen artan farkındalık, erken tanı, ileri ebeveyn yaşı ve OSB tanımında zaman içinde yapılan değişiklikler öne sürülmüştür ayrıca artan prevalan-

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günlük yaşam becerileri, duyuşsal hassasiyetler, uyku ve yeme problemleri, ruh sağlığı sorunları ve kendilerini ve başkalarını riske sokan davranışlar konusunda genellikle ek problemleri bulunmaktadır. Tanı konduğunda ya da OSB varlığı açısından yüksek risk varlığı saptandığında mümkün olduğu kadar erken dönemde tedavinin başlatılması gerekmektedir. Olumlu sonuçlarla ilişkilendirilen faktörler arasında ortak dikkatin varlığı, dil gelişiminin olması, işlevsel oyun becerileri, yüksek bilişsel beceriler, düşük şiddetteki OSB semptomlarının varlığı, erken tanı, psikoterapi müdahalesine katılım ve akranlarla kaynaşmaya gösterilen eğilim bulunmaktadır. Farmakolojik müdahaleler OSB'nin temel belirtilerini iyileştirmemekle beraber eşlik eden psikiyatrik durumlar ve ek davranışsal sorunlar için kullanılmaktadır. Temel belirtiler üzerine etkinliği kanıtlanmış olan davranışsal ve eğitsel müdahalelerdir. Aileler tarafından alternatif ve tamamlayıcı tedaviler sıklıkla kullanılsa da bu yöntemlerin etkinliği gösterilmemiştir. OSB tanılı olguların takibinde multidisipliner bir yaklaşım gerekmektedir. Bununla beraber erken tanı, eğitsel programların takibi ve etkinliğini değerlendirme, yeni gelişen belirtiler ve psikiyatrik bozuklukları değerlendirme çocuk psikiyatristlerinin sorumluluğu altındadır. (Otizm spektrum bozuklukları tedavisi 106. bölümde ayrıntılı olarak anlatılmıştır)

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