

DİKKAT EKSİKLİĞİ HİPERAKTİVİTE BOZUKLUĞU

29.

BÖLÜM

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TANIM VE TARİHÇE

Temel belirtileri dikkatsizlik, hiperaktivite ve dürtüsellik olan Dikkat Eksikliği Hiperaktivite Bozukluğu (DEHB), en sık rastlanan çocukluk çağı psikiyatrik hastalıklarından biridir (1).

İlk kez DSM sınıflamasına (Diagnostic and Statistical Manual of Mental Disorders) “Çocuklukta hiperkinetik reaksiyon” adı altında DSM-II’de girmiştir. 1980 senesinde DSM-III’de “Dikkat Eksikliği Bozukluğu” terimi kullanılmıştır (2).

DSM-IV’te (1994) Dikkat eksikliği “Dikkat Eksikliği ve Yıkıcı Davranış Bozuklukları” başlığı altında yer alarak, çekirdek belirtileri dikkatsizlik ve hiperaktivite/dürtüsellik olan ve her birinde dokuz belirti yer alan iki semptom kümesinden oluşmaktadır. Tanı için her semptom kümesinden en az birinde altı belirtinin 6 aydır mevcut olması ve 7 yaşından önce başlanması şartı aranmaktadır (2,3).

Son olarak, DSM-5’te (2013) DEHB’nin tanı kriterlerinde önemli değişiklikler yapılmıştır. Öncelikle “Nörogelişimsel Bozukluklar” başlığı altında yer alarak, yaşam boyu süren bir bozukluk olduğuna dikkat çekilmiştir. Belirtilerin başlangıç yaşı 7 yerine 12 olarak değiştirilmiş ve DEHB tanısı için otizm spektrum bozukluklarının (OSB) dışlama ölçütü olması kaldırılmıştır. 17 yaş üstünde tanı için beş dikkat eksikliği veya hiperaktivite belirtisini karşılamak yeterli bulunmuştur (Tablo 1).

EPİDEMİYOLOJİ

Yüksek prevalansı, yaşam kalitesi ve buna bağlı ekonomik yük üzerindeki önemli etkilerinden dolayı (4), DEHB çocuk psikiyatrisinin en çok araştırılan bozukluklarından ve yetişkin ruh sağlığı uzmanları tarafından da giderek daha fazla ilgi görmektedir (5).

Epidemiyolojik çalışmalar DEHB’nin dağılımı ve etiyolojisinin anlaşılmasının yanı sıra etkilenen çocuklar için doğru hizmet planlamasına katkıda bulunmuştur (6).

Dünya genelinde DEHB’nin yaygınlığı ile ilgili çok sayıda çalışma yapılmıştır. Bu çalışmalarda yaygınlık oranlarının %0,2 ila %27 arasında değiştiği görülmüştür (7).

Dünya genelinde DEHB’nin ortalama yaygınlığının %5,29 ve %5,9-7,1 olduğu yapılan iki kapsamlı meta-analiz çalışması ile gösterilmiştir (8, 9). Coğrafi ve ırksal nedenlerin prevalans farklılıkları üzerine etkisinin olmadığı, bu farkın daha çok metodolojideki farklılıklardan kaynaklandığı belirtilmiştir (7-9). Willcutt ve arkadaşlarının (2012) yaptığı meta-analiz çalışmasının sonuçlarına göre, kliniğe başvuran olgularda kombine tip DEHB’ye, toplum bazlı çalışmalarda ise dikkat eksikliği baskın tipe (DEHB-DE) daha fazla rastlanılmaktadır. Erkeklerde her üç alt tipe de sık rastlandığı, kızlarda ise dikkat eksikliği baskın tipin diğer alt tiplere nazaran daha sık görüldüğü bildirilmiştir (9, 10). Yine aynı çalışmada okul öncesi dönem sonrasında hiperaktivite-impulsivite baskın tip sıklığının azalarak, dikkat eksikliği baskın tip sıklığının arttığı, her üç alt tip arasında zaman zaman birbirine geçiş olabileceği bildirilmiştir (9).

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Tablo 2. DEHB'de Prognozu Öngörücü Faktörler

Kişisel özellikler	IQ Agresyon düzeyi Düşük engellenme eşiği DEHB şiddeti
Sosyal-akademik parametreler	Akran ilişkileri Erişkinlerle ilişkiler Okul başarısı
Ailesel özellikler	Ailede psikiyatrik hastalıklar Sosyoekonomik düzey Evdeki duygusal ortam Çocuk yetiştirme tutumları

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