PSİKOZ RİSKİNİN DEĞERLENDİRİLMESİ VE PRODROMAL PSİKOZ

34. BÖLÜM

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GİRİŞ

Şizofreni; bilişsel, duygusal, davranışsal alanlarda, hiçbiri bu hastalık için patognomik olmayan, bozulmalar ve sosyal ve meslekî işlevsellikte zorluklarla giden, heterojen klinik bir sendromdur. Psikotik bozuklukların tipik bir başlangıcı yoktur. Bazen canlı belirtilerle bazen de silik belirtilerle başlayabilir.

Geçtiğimiz yirmi yıl akut psikozun önlenmesi ve olası erken müdahalelerin ortaya konabilmesi açısından araştırmaların yoğunlaştığı bir dönemdir. Ailesel genetik yüksek riski olan ve psikoz tanısı alan bireylerin yapılan retrospektif incelemelerinde 1-2 yıl içinde psikoz geliştirdikleri gözlemlenmiştir (1). Bu bireylerin psikotik belirtilerinin öncüsü olarak adlandırılabilecek klinik özellikler taşıdıkları dönem ise psikoz prodromu olarak değerlendirilmiştir.

Prodrom, öncül belirti anlamına gelir ve Yunancadan gelmektedir (2). Şizofreninin prodrom dönemi de Bleuler'den (1911) beri tanımlanmaktadır. Birçok belirti tanımlanmasına rağmen klinisyenler arasında kesin bir fikir birliği oluşmuş "prodrom" semptomatolojisi bulunmamaktadır. Kişinin alışık olmadığı düşünce, duygu ve davranışların başladığı prodrom süreci haftalar, aylar bazen de yıllar içinde psikotik bozukluğa dönüşebilmektedir (3).

Prodromal dönem ile ilişkili çalışmalar özellikle bu dönemdeki belirtileri ve belirti şiddetlerini değerlendirebilecek ölçüm araçlarını geliştirmeye, bireysel risk değerlendirmesine ve hastalığı başlatabilecek olası mekanizmalara, psikoz başlangıcını önleyecek veya geciktirecek psikososyal ve farmakolojik müdahalelere odaklanmıştır.

Psikozu önleyecek ya da erken müdahale için olanak sunacak belirteçler tanımlanmadığı için olası psikiyatrik değerlendirmeler önem kazanmaktadır. Bu olasılıklar risk faktörlerine ve risk belirteçlerine dayanmaktadır. Örneğin ailede psikoz öyküsü bir risk faktörüdür. Bu durum beyin disfonksiyona sebep olarak direkt yoldan psikozla ilişkili olabileceği gibi dolaylı yoldan nedensel mekanizmaları da tetikliyor olabilir. Örneğin baba yaşının 50'den büyük olması direkt psikoza sebep olmamakla birlikte genetik değişikliğe yatkınlığa sebep olarak psikozun ortaya çıkmasına sebep olabilir. Artmış şüphecilik de risk belirteçlerine bir örnektir ve direkt psikoza sebep olmamakla beraber psikoz için önemli bir sinyal olarak değerlendirilebilir (1).

Psikoz için risk kompleks latent bir yapıdır ve birçok protektif faktörden ya da hastalığa sürükleyen etkenlerden de durum değişebilir. Psikoz eşik belirtilerine uzaklaştıran ve yakınlaştıran etkenler dinamik bir etkileşim içindedir.

ÇOK YÜKSEK RİSKLİ (ULTRA HIGH RISK-UHR) DURUMLAR

Psikoz-benzeri, klinik anlamı olmayan yaşantılar toplumda daha yaygındır (4). Psikotik belirtiler tanı konamayacak şiddette ve sağlıklı hasta dina-

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Tedavide sadece semptomlara odaklanılmamalı; bilişsel, sosyal ve akademik yönden işlevsellik de dikkate alınmalıdır. Diyet ve yaşam biçimi de dikkate alınması gereken önemli noktalardır. Madde kullanımı, nikotin kullanımı ve antipsikotik ilaç başlanmış ise ortaya çıkabilecek metabolik yan etkilerde akılda bulundurulmalıdır.

SONUÇ

Psikozu önlemek adına çalışmalar uzun süredir yapılmaktadır. Özellikle 18 yaş altında ek nörogelişimsel bozuklukları da olan genç prodromal psikoz hastalarında ileri araştırmalara ihtiyaç duyulmaktadır.

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