

ERKEN BAŞLANGIÇLI ŞİZOFRENİ

35.

BÖLÜM

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TANIM

Psikoz ve spesifik bir tanı olarak şizofreni; algılama, düşünce, duygudurum ve davranışlarda ciddi bozulmalarla giden, psikiyatrik bir bozukluk (ya da bozukluk kümesi) olarak nitelendirilebilir (1). Şizofreni belirtilerinin ilk ortaya çıkışı; sıklıkla ergenlik dönemine, nadiren de çocukluk dönemine denk gelmektedir. Genel olarak, bozukluk 18 yaşından önce başladığında erken başlangıçlı şizofreni (EBŞ), 13 yaşından önce başladığında ise çok erken başlangıçlı şizofreni (ÇEBŞ) tanımlaması kullanılmaktadır (2).

TARİHÇE

“Şizofreni” terimi ilk olarak 1911 yılında Eugen Bleuler tarafından ortaya atılmış (3) ve daha önce Kraepelin tarafından “Dementia Praecox” olarak isimlendirilen, genç erişkinlerde bilişsel, sosyal, davranışsal ve kişisel özelliklerdeki birtakım bozulmalar ile karakterize bir bozukluğu tanımlamak için kullanılmıştır (4). Bleuler, bozukluğun demansla ilişkisi olmadığı; bunun yerine düşünce süreçlerindeki bağlantı kaybı ve düşünce, duygu ve davranışlardaki bozulma ile ilişkili olduğu gözlemine dayanarak, antiteyi Yunanca “akıl yarılmaması” anlamına gelen şizofreni terimiyle açıklamıştır (2).

1943’te Kanner “erken infantil otizm”, 1944’te ise Asperger “çocukluk çağının otistik psikopatisi”ni tanımlarken, Bleuler’in şizofreni tanılı bireylerdeki karakteristik özellikleri belirtmek için

kullandığı “otistik” terimini benimsemişlerdir (5). Sonraki süreçte Bender ve Kanner gibi araştırmacılar, –infantil otizmi de içine alacak şekilde– çocukluk çağı şizofrenisi kavramını dil, algılama ve hareket alanlarındaki matürasyonel yetersizlik olarak tanımlamışlardır (2).

1968’de DSM-II ile birlikte bu farklı tanım ve kavramlar “Çocukluk Çağı Şizofrenisi” başlığı altında toplanmış ve bunun bir sonucu olarak o dönemde yapılan çalışmalarda, çocukluk çağı şizofrenisi, otizm ve diğer psikotik bozukluklar birlikte değerlendirilmiştir (6). Kolvin ise 1971’de; infantil otizm ve geç başlangıçlı psikozu ayrı ayrı değerlendirmiş, “infantil psikoz” ve “geç başlangıçlı psikoz” başlıkları altında kriterler belirlemiştir (7). 1980 yılında yayımlanan DSM-III’te, başlangıç yaşına bakılmaksızın, çocukluk çağı şizofrenisi tanısı için erişkinlerdeki kriterler kullanılmıştır. DSM-III’ün yayımlanmasından itibaren, literatürde genel olarak bu yaklaşım benimsenmiştir (6). DSM-IV’te ise şizofreni kriterleri altında çocukluk dönemine ait farklılıklar ve şizofreninin yaygın gelişimsel bozukluklar ile ilişkisi vurgulanmıştır (8).

EPİDEMİYOLOJİ

Şizofreninin ortalama yaşam boyu prevalansının %1’in biraz altında olduğu düşünülmektedir (9). Psikotik bozukluk ve bipolar I bozukluğunun yaşam boyu prevalansının araştırıldığı oldukça detaylı ve geniş katılımlı bir çalışmada, psikotik bozukluk prevalansı %0,87 olarak bulgulanmıştır (10). Binbay ve arkadaşları tarafından Türkiye’de

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