

YAYGIN ANKSİYETE BOZUKLUĞU

44.

BÖLÜM

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GİRİŞ

Yaygın anksiyete bozukluğu (YAB), günlük olaylar ve yaşam aktiviteleri ile ilgili, sürekli ve yoğun bir olumsuz beklenti ve endişe hâli ile karakterize bir bozukluktur. Çocuk için bu kaygıların kontrolü çok zordur. Aynı gün içinde farklı konular kaygı odağı hâline gelebilir.

İlk defa Ruhsal Bozuklukların Tanısal ve İstatistiksel El Kitabı (DSM)-III-R ile “Aşırı Anksiyete Bozukluğu” olarak tanı kategorisine alınmıştır. Altı ay süreyle otonomik bulgular ve bedensel semptomların eşlik ettiği yoğun ve gerçek dışı kaygılar olarak tanımlanmıştır. DSM-IV ile birlikte “Yaygın Anksiyete Bozukluğu” olarak değiştirilmiş ve otonomik hiperaktivite semptomları tanı kriterlerinden çıkarılmıştır (1). DSM-5 ile birlikte tanı kriterlerinde büyük bir değişiklik yapılmamakla birlikte, çocuk ve gençlerde, erişkinlerden farklı olarak aşırı ve kontrol edilemeyen kaygıya eşlik eden tek bir tanı kriterinin karşılanması yeterli kabul edilmiştir (2).

EPİDEMİYOLOJİ

Yaygın anksiyete bozukluğu çocukluk çağında sık görülen bir psikiyatrik bozukluktur ve yaygınlığı ile ilgili %0,1-15 arasında değişen oranlar bildirilmektedir (3-7). Böyle geniş bir aralığın ortaya çıkmasında etkili olan faktörler epidemiyolojik çalışmalarda kullanılan yöntemlerdeki farklılıklar; DSM-III, IV ve 5 tanı kriterleri arasında belirgin farklılık olması, başvuru sıklığının değişken olmasıdır.

Yaygın anksiyete bozukluğu, yüksek prevalans oranına rağmen sıklıkla tanı ve tedavi almadan giden bir psikiyatrik bozukluktur (8). Çünkü başvuru oranları düşüktür. Yaygın anksiyete bozukluğu hastalarının %45’inin doğru tanı almadan önce en az iki yıl bu bozukluğun semptomlarından muzdarip olduğu bildirilmektedir (9).

Başlangıç yaşı, çocukluk döneminde ve yetişkinlikte olmak üzere bimodal bir dağılım gösterir. Dört-altı yaş kadar erken bir dönemde olgular bildirilmiştir (10). Ancak prevalans oranları yaş ile birlikte artma eğilimindedir. Sıklıkla geç çocukluk veya erken ergenlik dönemlerinde başlangıç gösterir (11).

Ergenlikte YAB sıklığında artış olması, ergenlik döneminin önemli hayat değişiklikleri ve yetişkinliğe geçiş kaygılarının yaşandığı bir dönem olması ile ilişkilendirilebilir. Özellikle yetişkinliğe geçiş süreci bu dönem için çok önemli bir stresör olup, otonominin artması, stabil arkadaşlıkların kurulması ve sorun çözme becerilerinin gelişmesi gibi pozitif değişiklikler semptom şiddetini azaltıp iyileşmeyi desteklemektedir (12,13).

Birçok çalışmada YAB’nin kızlarda erkeklerden daha sık olduğu bildirilmiştir (14-18). Kız çocuklarındaki bu sıklık yaş ile birlikte artış göstermektedir (19). Ayrıca ergenlik dönemindeki kızlarda erkeklere göre semptom şiddeti de daha yüksek olabilmektedir (20). Çevresel faktörlerin anksiyeteye olan etkisi de kızlarda daha fazla olarak gösterilmiştir (21). Bu durum kızların sosyal statülerine ve akran ilişkilerine verdikleri önemin

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antidepresan duloksetindir (122). Çocukluk çağı YAB tedavisinde plaseboya göre belirgin etkinliğin olduğu gösterilmiştir. Doz bağımlı olarak sistolik kan basıncında ve kalp hızında küçük değişikliklere neden olabilmektedir (123).

Yedi-on yedi yaş arasındaki yaygın anksiyete bozukluğu tanılı gençlerin dâhil edildiği bir çalışmanın sonuçlarına göre; fluoksetin tedavi etkinliği plaseboya göre üstündür ve tedavi alanlar %61 oranında tedaviye cevap vermiştir (124).

Benzodiazepinlerin YAB tedavisinde etkileri olmasına rağmen yan etkileri, geri çekilme belirtileri ve bağımlılık riski nedeniyle kullanımları kısıtlıdır ve gerekli durumlarda kısa süreli destekleyici tedavi olarak kullanılmaktadırlar (122,125).

Yine trisiklik antidepresanlar, özellikle imipraminin de YAB tedavisinde etkinliği gösterilmiş olmasına rağmen toksisite riskleri ve yan etkileri nedeniyle ikinci sıra tedavilerdir (126).

Sirkadiyen bozukluğun eşlik ettiği durumlarda, yetişkin YAB tedavisinde etkinliği gösterilen, düşük yan etkilere sahip agomelatin kullanılabilir (122). Ancak çocukluk çağında kullanımı ile ilgili yeterli veri yoktur.

Antipsikotiklerin tedaviye eklenmesi belirtilerde belirgin bir iyileşme yapmamaktadır (127). Aksine kilo alımı, sedasyon gibi yan etkiler nedeniyle tedavi uyumunu bozdukları ve metabolik yan etkileri olduğu için önerilmemektedir (108). Eğer kullanılmaları gerekiyorsa, YAB tedavisinde antidepresanlar kadar etkinliği gösterilen ketiapiin XR'in eklenmesi daha uygun olacaktır (127).

GİDİŞ VE SONUÇ

Uzun süreli takiplerde, anksiyete bozukluğu tanılı çocukların sadece çok az bir kısmında belirtiler kaybolurken, çoğu aynı hastalık bulguları veya farklı psikiyatrik tanılar göstermektedir. Özellikle YAB için bu homotipik veya heterotipik süreklilik çok daha belirgindir. Yirmi bir yıl süren bir takip çalışmasında, ergenlikte raporlanan anksiyete bozukluğu sayısı ile sonrasında anksiyete bozukluğu, majör depresyon, madde bağımlılığı ve intihar davranışı arasında belirgin ilişki olduğu gösterilmiştir. Bu çalışmada anksiyete bozukluğunun düşük akademik başarı ve erken ebeveynlik ile de ilişkili olduğu bildirilmiştir (23).

Yaygın anksiyete bozukluğu, özellikle MDB gelişimi için bir prekürsör olarak değerlendirilmektedir. Başka fiziksel ve psikiyatrik hastalıklar için de risk faktörüdür. Özellikle kardiyovasküler hastalıklar ile olan bağlantı güçlüdür. Diyabet ve inme ile ilişkisinin olduğu da gösterilmiştir. YAB'nin tedavi edilmesi ikincil olarak gelişebilecek hastalıkların sınırlandırılması açısından önemlidir. Tedavi de psikoterapi ve farmakoterapinin birbirine belirgin bir üstünlüğü gösterilememiştir. Tedavi seçiminde bireysel özellikler göz önüne alınmalıdır.

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