OBSESİF KOMPULSİF BOZUKLUK

45. BÖLÜM

Yakup DOĞAN[1]

GİRİŞ

Obsesyonlar (takıntılar) tekrarlayıcı, girici, istemsiz, sürekli düşünceler, dürtüler ya da imgelerdir. Kompulsiyonlar (zorlantılar) ise kişinin, obsesyona karşılık katı şekilde uygulanması gerektiğini düşündüğü, kurallara uygun olarak yerine getirmeye kendini zorunlu hissettiği, tekrarlayıcı davranış veya zihinsel uğraşılardır (1). Obsesyon ve kompulsiyonların gelişimsel dönemlerin normal bir parçası olan ritüelistik davranışlardan farkı aşırı ve sürekli olmalarıdır (1).

TARİHÇE

Obsesif kompulsif belirtiler 17. yüzyılda dini melankolinin tezahürleri olarak tanımlanmış ve acı çekenlerin dış kuvvetler tarafından ele geçirildiği kabul edilmiştir. Bilim alanına ise ilk olarak Fransız psikiyatrist Jean Dominique Esquirel'in 1838'de obsesif kompulsif bozukluğa (OKB) çok benzeyen bir tıbbı bozukluğu tanımlaması ve onu "monomania" (bir tür kısmi sanrı) olarak nitelendirmesiyle girmiştir. 19. yüzyılın sonunda OKB nörasteni olarak sınıflandırılmıştır. Freud ve Pierre Janet, OKB'yi 20. yüzyılın başlarında nörasteniden izole etmiştir. 1903'te Pierre Janet, obsesif hastaları psikasteni adı altında aşırı kaygılı ve şüpheci özellikleri olan anormal karakterli kişiler olarak açıklamış, beş yaşında girici ve tekrarlayıcı düşünceleri olan "psikastenik" bir çocuğu rapor etmiştir. Bu vaka pediatrik OKB'nin ilk klinik tanısı olarak kabul edilir. Freud ise psikodinamik temellere dayanarak OKB ile fobileri farklı iki bozukluk olarak değerlendirmiştir (2-4).

Günümüzde OKB, American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM) ve International Classification of Diseases (ICD) tanı sistemleriyle sınıflandırılmaktadır. OKB'nin klinik görünüm ve etiyolojik açıdan anksiyete bozukluklarından farklı olduğunun bilimsel verilerle ortaya konmasıyla OKB, DSM-5'te ve ICD-11'de "Obsesif Kompulsif ve İlişkili Bozukluklar" başlığı altında sınıflandırılmıştır (1,3,5,6). Böylece OKB, DSM-5'te biriktirme bozukluğu, trikotillomani (saç çekme bozukluğu), beden algısı bozukluğu ve deri yolma bozukluğu ile aynı alt başlıkta yer almıştır (1,6).

Obsesif Kompulsif Bozukluk

DSM-5 Tanı Kriterleri

A. Obsesyonların, kompulsiyonların ya da her ikisinin birlikte varlığı:

Obsesyonlar (1) ve (2) ile tanımlanır:

1. Kimi zaman zorla veya istenmeden geliyor gibi yaşanan, çoğu kişide belirgin bir kaygı ya da sıkıntıya neden olan, yineleyici ve sürekli düşünceler, itkiler veya imgeler.

2. Kişi, bu düşüncelere, itkilere veya imgelere aldırmamaya ya da bunları baskılamaya çalışır ya da bunları başka bir düşünce ya da eylemle yüksüzleştirme (bir zorlantıyı yerine getirerek) girişimlerinde bulunur.

Kompulsiyonlar (1) ve (2) ile tanımlanır:

1. Kişinin takıntısına tepki olarak ya da katı bir biçimde uyulması gereken kurallara göre yapma-

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tolere edildiği ve ciddi yan etkileri olmadığı bildirilmiştir. Ülkemizdeki bazı olgu bildirimlerinde de n-asetil sisteinin etkinliği gösterilmiştir (98-100).

GİDİŞ VE SONLANIM

Obsesif kompulsif bozukluk sıklıkla çocukluk ve erken yetişkinlik döneminde başlayan önemli bir kısmı tam remisyonla sonuçlanan nöropsikiyatrik bir bozukluktur. Tedavide gecikmeler uzun vadede gelişimsel ve işlevsel açıdan sorunlar ile kronik ve epizodik bir seyre neden olmaktadır. Çocukların çoğunda bilişsel davranışçı terapiyi serotonin geri alım inhibitörü ile birleştiren disiplinler arası bir yaklaşım semptomlarda anlamlı bir iyileşme sağlamaktadır. Hastalık hakkında sınırlı farkındalık tanının semptomlar başladıktan ortalama üç yıl sonra konmasına neden olmaktadır. Bu durum tedavinin gecikmesine ve OKB'nin daha kötü seyretmesine neden olabilmektedir (86).

Çalışmalarda erken veya orta çocukluk dönemi başlangıçlı OKB tanısı almanın, daha iyi bir sonuçla ve yüksek oranda spontan remisyonla ilişkili olduğu bulunmuştur. Yine düşük belirti şiddeti ve daha kısa hastalık süresinin daha iyi bir prognozun göstergesi olduğu tespit edilmiştir (101-107). Bu da OKB'de erken tanı ve tedavi fikrinin önemini desteklemektedir. Ayrıca ilk tedaviye yanıtın iyi olması, tedaviyle tam remisyon sağlanması, uzun vadede tedavinin devam etmesi, BDT ve SSRİ ile kombine tedavi daha iyi prognozla ilişkilendirilmiştir. İç görünün olmayışı, depresyon gibi eksen-I bozukluklarının ya da tik gibi gelişimsel bozuklukların eşlik etmesi, kişilik bozuklukları, hastalığın seyri (kronik veya epizodik olması) ise OKB'de kötü prognozla ilişkilendirilmiştir (108).

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