

TRİKOTİLLOMANİ

48.

BÖLÜM

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GİRİŞ

Trikotillomani (TTM); belirgin saç kaybına yol açan, tekrarlayan saç yolmalar ile karakterize, kişinin işlevselliğini etkileyen bir ruhsal bozukluktur (1). Trikotillomani (Yunanca thrix:saç, tillein:yolma ve mania:yoğun dürtü), ilk kez 1889 yılında dermatolog Hallopeau tarafından saçlarını koparan bir çocukta tanımlanmıştır (2).

Tıbbî literatürde TTM bir yüzyıldan fazladır tartışıldığı hâlde 1987'ye kadar DSM'deki (The Diagnostic and Statistical Manual of Mental Disorders) zihinsel bozukluklara dâhil edilmemiştir. Bir psikiyatrik tanı olarak ilk kez DSM-III-R'de yer bulmuştur (3). DSM-IV'te ise Dürtü Kontrol Bozuklukları başlığı altında tanımlanmıştır (4). DSM-5'te benzer fenomenolojik özellikler, komorbidite, ailesellik ve tedaviye yanıt gibi bazı durumlar göz önüne alınarak Obsesif Kompulsif ve İlişkili Bozukluklar başlığı altında sınıflandırılmıştır (5).

EPİDEMİYOLOJİ

Trikotillomaninin çocuk yaş grubunda yaygınlığını belirleyen toplum temelli büyük ölçekli araştırmalar henüz yayımlanmamıştır. Etkilenen çocuk yaş grubuna ilişkin epidemiyolojik veriler sınırlı olmakla birlikte ömür boyu yaygınlığın %1-3 olduğu gösterilmiştir (6). Ancak bozukluk düzeyinde olmayan ve kozmetik sorunlara yol açmayan saç yolma davranışının sanıldığından daha yaygın olduğu düşünülmektedir. Psikolojik bileşen içermeyen saç yolma prevalansı genel popülasyonda

%4-6 arasında bildirilmekte (7,8) iken TTM için bildirilen prevalans %0,6-1 arasındadır (7,8).

Trikotillomani hastalarının %45-55'inin başlangıç yaşının çocukluk çağında (on sekiz yaşından önce) olduğu rapor edilmektedir (9). Genellikle 10-13 yaş arasında başladığı görülmekte ve geç ergenlikte kadın baskınlığı izlenmektedir (10,11). Ülkemizde yapılan bir araştırmada başlangıç yaşı ortalaması 15,4 yaş bulunmuştur (12). Erken çocuklukta görülen tipile ilgili veriler çok yeterli olmamakla birlikte erkek-kız oranının geç çocukluk/ergenliğe göre daha eşit olduğu (13), yaşla birlikte kız cinsiyet baskınlığı geliştiği bilinmektedir (14).

ETİYOLOJİ

Trikotillomaninin etiyolojisi hâlen tam olarak bilinmemektedir. Neden olarak birçok etiyolojik etken ileri sürülmüştür. Bozukluğun çoklu etkenin kombinasyonu ile ortaya çıktığı düşünülmektedir (15).

Genetik ve Ailesel Etkenler

Literatür incelendiğinde, TTM'de ailesel ve genetik geçişin önemli etkisi olduğu görülmektedir. TTM hastalarının birinci derece akrabalarında artmış TTM oranları bildirilmektedir (16,17). Bir çalışmada monozigot ikizlerde dizigot ikizlere kıyasla konkordans daha yüksek oranda bulunmuştur (18).

Trikotillomani ve OKB birbirleriyle güçlü şekilde ailesel/genetik olarak ilişkili görünmektedir. Çok sayıda OKB hastası ve birinci derece akraba-

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riler HRT'nin başarısının yaştan etkilenmediğini ve 7-17 yaş arası için umut verici bir tedavi olduğunu göstermektedir (88).

GİDİŞ

Saç yolma bazen bebeklerde de görülüp erken gelişim evrelerinde kendiliğinden sonlanmakta olup TTM'de en sık başlangıç dönemi ergenliktir. Çocukların yaşı büyüdükçe saç koparma bölgesinin sayısının arttığı, odaklanmış koparmanın arttığı bilinmektedir ve TTM'nin gelişimsel bir ilerlemeye sahip olabileceği, tedavi edilmezse daha da kötüleşeceği düşünülmektedir (13). Tedavi edilmediğinde, alevlenme ve sönmelerle giden kronik bir hâl almakta ve yaşam kalitesini düşürerek aylarca hatta yıllarca sürmektedir (89). TTM'li yetişkinlerde ortalama hastalık süresinin 21,9 yıl olduğunu bildiren çalışmalar bulunmaktadır (45,90). Az sayıda kişide ise başlangıçtan birkaç yıl sonra relaps yapmadan sonlanmaktadır (5).

SONUÇ

Sonuç olarak, trikotillomanideki mevcut araştırmalara göre, öncelikle kapsamlı bir psikiyatrik değerlendirme ile bozukluk doğru tanılanmalı, eşlik eden psikiyatrik durumlar ve saç yeme nedenli gelişmesi muhtemel bağırsak tıkanıklığı şüphesi veya saç koparma esnasında deriye zarar verme gibi durumlarda kapsamlı tıbbi değerlendirme yapılmalıdır. Sonrasında ise bozukluk, muhtemel etiyoloji, tedavinin yararları ve zararları hakkında çocuk ve aile bilgilendirilmelidir. Tedavi sürecinde uygun psikoterapi müdahalesi ve/veya farmakoterapi müdahalesinde bulunulmalıdır. Uzun dönem işlevsellik takibi yapılmalı ve aynı zamanda yaşam kalitesi değerlendirilmelidir (10).

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