

DAVRANIM BOZUKLUĞU

66.

BÖLÜM

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TANIM VE TARİHÇE

Davranım bozukluğu (DB), kişinin yaşından beklenen toplumsal ve ahlâkî kuralları ihlal ederek sürekli ve tekrarlayıcı şekilde başkalarının temel haklarına saldırılmasını tanımlar. Bu açıdan bakıldığında DB ciddi bir toplum sağlığı sorunudur.

DB'yi anlamaya yönelik süreç, 1880'li yıllardan itibaren davranış problemlerinin sosyal ve yasal suçluluk sorunu olarak ele alınmasıyla başlar. Bu ilk dönem, suçluluğun ve antisosyal davranışların tıbbî ve eğitimsel bir problem olarak tanınması ile karakterizedir (1). Çocukluğun ve ergenliğin farklı gelişim dönemleri olarak tanınması, toplum için sorun teşkil eden çocukların artması, ortaya çıkan kriminoloji disiplini, davranış sorunları ve suç davranışını anlamaya yönelik teorilerin geliştirilmesine zemin hazırlamıştır (1). 1910-1968 yılları arasında araştırmacılar uygunsuz davranışların nedenlerini belirlemeye çalışırken, çocukların davranışlarına ilişkin araştırmalar da artmıştır. Suçluluğun etrafındaki ilk araştırmalar biyolojik gerekircilik objektifi ile yapılırken, 20.yüzyılın başından itibaren Freud'un etkisi ile psikanaliz, temel teorik yaklaşım hâline gelerek davranım bozukluğu ile ilişkili belirtilere psikolojik açıklamalar getirmiştir. 1960'lı yıllarda Albert Bandura ve Gerald Patterson'ın sosyal öğrenme perspektifiyle suç ve davranış sorunları ele alınmaya başlanmıştır (1). 1960'lı yıllardan 90'lı yılların sonuna kadar olan süreçte Ekolojik Sistemler Teorisi, DB'nin gelişimi ve sürdürülmesinde farklı çevresel sistemle-

rin rolünü anlama açısından katkılar sunmuştur. Gelişimsel psikopatoloji; biyolojik, bilişsel ve çevresel faktörlerin patolojik davranışlar üzerindeki etkisinin anlaşılmasına, önceki teori ve perspektifleri bütünleştirerek katkıda bulunmuştur (1).

Davranış problemlerinin klinik teşhisi "Çocukluğun davranış bozuklukları" adı altında 1968'de DSM-II'de ortaya çıkmıştır (2). Davranım bozukluğu terimi, teşhis olarak 1980 yılında yayınlanan DSM-III'te kullanılmıştır (3). DSM-III-R'de antisosyal davranışlar listesi oluşturulmuş, en az 6 ay süresince üçünün bulunmasını şart koşan iyi tanımlanmış 13 tanı ölçütü oluşturulmuştur. DSM-IV'ün 1994 yılında kullanılmaya başlanmasıyla ölçüt sayısı 15'e çıkarılmış, tanı için gerekli asgari ölçüt sayısı 3'te kalmaya devam etmiş ancak süre 12 aya çıkarılmış ve son 6 ayda bir belirtinin varlığı aranmıştır (4). DSM-IV'ün 2000 yılında yapılan yenilemesinde tanı ölçütlerinde değişiklik yapılmazken, davranım bozukluğu 10 yaşından önce veya sonra başlamasına göre çocuklukta başlayan tip ve ergenlikte başlayan tip olarak iki alt kategoriye ayrılmıştır (5). DSM-5'te ise DSM-IV'teki tanı ölçütleri aynen korunmuş, 10 yaşında başlayıp başlamadığına ilişkin yeterli veri bulunmayan olgular için "başlangıcı belirlenmemiş" şeklinde üçüncü bir alt kategori oluşturulmuştur. Aynı zamanda DSM-5'te davranım bozukluğunun altında yatan duygusal ve emosyonel süreçleri açıklamak adına, sınırlı prososyal duyguların (SPD) varlığı veya yokluğuna dayalı belirleyiciler eklenmiştir (6).

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larda, fiziksel saldırganlığın belirgin olduğu durumlarda risperidon ilk seçenek olabilmektedir. Çalışmalar yan etkiler veya tedaviye cevap alınmadığından risperidon kullanımı sınırlandırıldığına, daha az kanıta sahip olsa da dikkate alınması gereken diğer atipik antipsikotikleri (aripiprazol, ketiapin, klopazin) kullanmayı desteklemektedir. Epizodik irritabilite, dürtüsel saldırganlık, intihar veya kendine zarar verme düşüncesi veya davranışı gibi duygudurum bozukluğunun eşlik ettiği DB'li ergenler, lityum tedavisinden fayda görebilirler. Klonidin, DB'nin irritabilitesi ve/veya saldırganlığı eşlik eden DEHB, Tourette sendromu veya travma sonrası stres bozukluğu (artmış uyarılma, saldırganlık, sinirlilik ve dürtüsellik, uykusuzluk ve irkilme reaksiyonları) ile ilişkilendirildiğinde bazı seçilmiş vakalarda bir seçenek olabilir (106).

SONUÇ

Davranım bozukluğu, kişinin yaşından beklenen toplumsal ve ahlâki kuralları ihlal ederek sürekli ve tekrarlayıcı şekilde başkalarının temel haklarına saldırılmasıyla karakterize, çocuklarda ve ergenlerde görülen ciddi bir psikiyatrik bozukluktur. Bu bozukluk, başlangıç yaşı (ergenlik dönemi ya da çocukluk dönemi başlangıcı) ve KD özelliklerin varlığına veya yokluğuna göre alt tiplere ayrılabilir. DB'nin etiolojisi hem genetik hem çevresel risk faktörleri ve ikisi arasında karmaşık etkileşimlere dayanır. DB'li bireyler normal olmayan beyin yapısı, işlevi ve yollara sahiptir. DB başta DEHB olmak üzere diğer psikiyatrik bozukluklarla birlikte sık görülür. DB okulla ilgili ciddi problemlere, yasal sorunlara, madde kullanımına, erken gebeliğe ve diğer psikiyatrik bozukluklar ve yetişkinlikte antisosyal kişilik bozukluğuna neden olur. DB tedavisi öncelikle aile ve/veya kişi temelli psikososyal müdahaleleri içerir. Multimodal bir tedavinin parçası olarak eşlik eden DEHB'si olan bireylerde uyarıcılar ve/veya atipik antipsikotikler, şiddetli ve psikososyal müdahale yapılamayan/başarılı olmayan vakalarda antipsikotikler kullanılır.

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