

ALKOL ve MADDE KULLANIM BOZUKLUĞU

68.

BÖLÜM

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GİRİŞ

Ergenlik dönemi fiziksel, bilişsel ve duygusal işlevlerdeki değişimlerin yanı sıra davranışlarda, kişilik özelliklerinde ve sosyal rollerde de değişimlerin meydana geldiği bir geçiş dönemidir. Ebeveyn onayının etkisi azalır ve akran onayının etkisi önem kazanır. Ergenin özgürleşme arzusu ve ailenin koyduğu kurallar arasında çatışmalar olabilir. Akranlarla zaman geçirme isteğinde artma ve aile ile zaman geçirme arzusunda azalma olur (1,2). Ergenlik dönemi aynı zamanda normal beyin gelişimi açısından da oldukça önemli değişimlerin meydana geldiği bir dönemdir. Ergenin beyin bölgeleri arasındaki gelişimsel uyumsuzluk da ödül ve kontrol mekanizmaları arasında bir dengesizlik doğmasına neden olabilmektedir. Bu durum da ergenin risk alma ve yenilik arama davranışlarına bir zemin hazırlamaktadır (3). Ergenlik döneminde yaşanan tüm bu değişimler de ergenin alkol, nikotin ve yasa dışı madde denemesi gibi riskli davranışlarının ortaya çıkmasına neden olabilmektedir.

Madde kullanımı sıklıkla ergenlik döneminde başlamaktadır. Madde kullanımının erken olması, madde kullanım bozukluğu gelişme riskini de artırmaktadır (4). On beş yaşından önce alkol almaya başlayan gençlerin, 21 yaşına kadar, almayanlara göre yaşam boyu alkol bağımlılığı oranının, dört ila altı kat daha fazla olduğu bilinmektedir (5). Ergenlik döneminde madde kullanımının, başka bir maddeyi daha kullanma olasılığını artırdığı, şiddet içeren davranışların ortaya çıkma-

sına neden olabildiği, psikiyatrik bozukluk yaşama riskini artırdığı, bulaşıcı hastalıklar açısından riski artırdığı, bilişsel gelişimde bozulmaya neden olabildiği, okul ve iş yaşantısında sıkıntılara neden olabildiği, aile ilişkilerini etkilediği ve tıbbî sorunlara neden olabildiği belirtilmektedir (6). Bu nedenlerle de ergenlik dönemi madde kullanımı ve kullanım bozukluklarının anlaşılması oldukça önem kazanmaktadır.

EPİDEMİYOLOJİ

Ergenlik dönemi, madde kullanmaya başlama açısından oldukça hassas bir dönemdir ve madde kullanımına sıklıkla bu dönemde başlanır. Bu nedenlerle ergenlik dönemi madde kullanımını ve yaygınlığını bilmek önemlidir. Diğer taraftan gençlerin madde kullanımı yaygınlığının belirlenmesinde bazı zorluklar vardır. Bazı gençler, sosyal olarak tercih edirliliklerini etkilediğinden veya yasal sonuçlarından korkması nedeniyle kullanımı belirtmeyebilir veya düşük tutabilirken, bazıları da akranları tarafından kabul göreceği düşüncesi ile kullandığını belirtebilir veya kullanımını fazla tutabilir (7).

Alkol-madde yaygınlığıyla ilgili yurt dışında yapılan çalışmalar incelendiğinde, Amerika'da alkol, madde kullanımını araştıran ulusal çalışmalar bulunduğu görülmektedir (8-10). Alkol gençler arasındaki en sık kullanılan maddedir (5). 2017'de 8, 10 ve 12. sınıf öğrencilerinin son 30 günlük alkol kullanımının sırasıyla %8, %20 ve %33 olduğu belirtilmektedir (8). Tek seferde beş veya daha fazla

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tedavi alan gençlerde daha yüksek oranda negatif opioid idrar sonucu alınmıştır. Bununla birlikte buprenorfinin kesilmesini takiben kısa süre içinde nüks geliştiği ve 1 yılın sonunda gruplar arasında fark olmadığı bulunmuştur (108). Sürdürüm tedavisine yeterli sürede devam edilmesi opioid kullanım bozukluğu olan gençler için opioidden uzak kalmada önemli olabilir (287). Buprenorfin diğer opioidlerin yerini alacağı için, orta derecede yoksunluk belirtileri ortaya çıkana kadar ilk doz verilmemelidir (98). Hastanın madde isteği duyulmadığı ve en az yan etki gördüğü doz yavaş artışlarla tespit edilir. Buprenorfinin kronik kullanımı ile organlarda herhangi bir hasar kanıtı olmamakla birlikte, karaciğer enzimlerinde artışlar görülebilir (310).

Naltreksonun günlük oral (oral naltrekson) ve aylık enjekte edilebilir (uzatılmış salımlı naltrekson [XR-naltrekson]) formları mevcuttur (292). Naltrekson-XR ile ilgili az sayıda vaka serisi şeklinde çalışma bulunmaktadır (311,312). Bir çalışmada 16-20 yaşları arasındaki opioid bağımlılığı olan 16 gençte Naltrekson-XR tedavisi uygulanmıştır. Katılımcıların %56'sının opioid kullanımının önemli ölçüde azaldığı, en az bir psikososyal alanda düzelleme olduğu ve madde kullanımından dolayı yeni bir sorun olmadığı belirtilmiştir (311).

Stimülan Kullanım Bozukluğu: Erişkinlerde veya ergenlerde stimülan kullanım bozukluğu tedavisinde kullanılabilen onaylanmış bir ilaç tedavisi yoktur. Metamfetamin kötüye kullanımı ve bağımlılığı olan 19 ergende, bupropion sr 300 mg ve plasebo kullanımı karşılaştırılmıştır. Bupropion alan ergenlerde daha az metamfetamin pozitif idrar testleri elde edilmiştir (313).

NÜKS

Madde kullanımı için tedaviye başlayan ergenler sıklıkla önerilen programı tamamlamaz, düzenli madde kullanımına geri döner ve sürekli bakım/takip hizmeti başlatmazlar (314). Madde kullanım bozukluğu olan ergenlerde nüks oranları yüksektir. Hastaların %66'sında tedaviden 6 ay sonra nüksün olduğu ve bunun da çoğunun tedavinin tamamlanmasından sonraki 3 ay içinde olduğu tespit edilmiştir (315). Bir çalışmada, nüksün en yaygın nedenleri, duygusal (örn. madde olmadan

olumsuz duygularla baş edemediğini hissetmek gibi), aile, okul ve akranlarla ilgili stresörler, bilişsel faktörler (düşük motivasyon, aşırma ve düşük özgüven), akran baskısı ve çevresel nedenler (erişim/uygunluk ve tetikleyiciler) olarak gösterilmiştir (316).

Tedavi sonrası nüksü azaltmak için, bakım programları tedavi sonrası dönem için de devam etmelidir (317). Araştırmacılar ayrıca, tedavi sonrası müdahalelere katılımın, pozitif tedavi sonrası sonuçlarla ilişkili olduğunu göstermiştir (318). Bu nedenle, madde kullanımına yönelik akut tedaviden sonra, gencin komorbid psikopatolojileri ile genç ve ailesinin diğer kapsamlı ihtiyaçlarına sürekli olarak dikkat edilmelidir. Kendi kendine destek grupları da tedavi sonrası dönemin genellikle ana unsurlarından biridir (31).

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