KRONİK HASTALIKLARA YAKLAŞIM

76. BÖLÜM

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GİRİŞ

Kronik hastalık, oluşturduğu etkiler itibariyle uzun bir zaman sürecine yayılmış, dayanıklılığın olumsuz etkilendiği, kısa ve uzun vadede sosyal, fiziksel, duygusal, bilişsel, akademik ve meslekî kısıtlılıklara neden olabilen durumlardır (1). 2007 yılından itibaren kronik hastalık "en az üç aydan daha uzun süren ya da iyileşme olasılığı bulunmayan durumlar" olarak tanımlanmaktadır (2).

Geçmişte ölüm ile sonuçlanan birçok çocukluk çağı hastalığının tanı ve tedavisinde sağlanan gelişmeler ışığında, çocuklar daha uzun süre yaşayabilmekte ve erişkin yaşlara ulaşabilmektedir. Geçmişte kronik fiziksel hastalıklar nedeniyle hayatını kaybedenlerin %90'dan fazlası günümüzde erişkin yaşama erişebilmektedir (3).

Tıbbî teknolojideki gelişmelerin yanında artan çevresel toksin maruziyeti, yaşam tarzındaki değişimler, beslenme pratikleri ve psikososyal stresörlerdeki artışın da kronik hastalık yükünü artırdığı düşünülmektedir (4,5). Bu gelişmelerle birlikte çocuklarda ve genç erişkinlerde en sık görülen hastalıklarda, enfeksiyon hastalıklarından kronik hastalıklara doğru bir değişim olduğu gösterilmiştir (6).

Kronik hastalıklardaki sağ kalım sürelerinin uzaması ile birlikte bu hasta grubunun klinik yönetimi büyük önem kazanmış, yaşam kalitesi kavramı ön plana çıkmıştır. Sağlıkla ilgili yaşam kalitesi ölçümleri, bireylerin kendilerini nasıl hissettiklerini, günlük yaşam aktivitelerini nasıl yaptıklarını, hastalık durumu ve hastalığın tedavisinden nasıl etkilendiklerini değerlendirme olanağı vermektedir (7). Kronik hastalıklar, çocukların ve ergenlerin yaşamında oluşturdukları doğrudan ve dolaylı etkileri ile yaşam kalitesini doğrudan etkileyebilmesinin yanında aileleri, yakın ilişkide oldukları akran, akraba ve öğretmenlerden oluşan geniş bir halkayı da etkilemektedir (8).

Devlet İstatistik Enstitüsü (2002) verilerine göre ülkemizde 0-18 yaş arasında süreğen hastalığı olan çocuklar toplam hasta nüfusun %5,27'sini oluşturmaktaydı (9). Ülkemizde ve dünyada bu oranın giderek arttığı, dünya genelinde bu oranın %25 düzeyine yaklaşmakta olduğu, bunların da en az %10'unu yeti yitimi ile giden ağır vakaların oluşturduğu ifade edilmektedir (10,11).

En sık rastlanan hastalıklar astım, obezite, diyabet, epilepsi, kas-iskelet sistemi hastalıkları, kardiyak hastalıklar, neoplaziler, hematolojik hastalıklar ve nefrolojik hastalıklardır (12-14).

Çocukların ve ailelerin büyük bir kısmı hastalığa uygun adaptif mekanizmalar geliştirerek işlevselliklerini koruyamayı başarırken, önemli bir kısmında da günlük işleyiş, yaşam kalitesi, benlik saygısı, akademik hayatı etkilenmekte, sosyal izolasyon, stigmatizasyon ve buna bağlı sosyal işlevsellikte düşüş gözlenmekte, aile işlevselliği ciddi biçimde hasar görmektedir. Bu hasta grubunda tedaviye uyum sorunları ve tedavi reddi sıklıkla karşımıza çıkmaktadır (15,16). Eşlik eden psikososyal sorunlar Tablo 1'de özetlenmiştir.

Hastalar uykusuzluk, huzursuzluk, içe kapanma, ölüm korkuları, agresyon, hırçınlık gibi

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ler süreci tek başlarına üstlenmeye yeterince hazır olmadıkları için yetişkin bakım hizmetlerinde kaybolurlar, bu da daha düşük takip randevuları, katılım ve ilaç uyumu oranlarına yol açar (125). Bu kopuş tehlikesi nedeniyle pediatrik bakımdan yetişkin bakımına geçiş dönemi, kronik hastalığı olan ergenler için yüksek riskli dönem olarak kabul edilmektedir. Bu riski azaltmak amacıyla; çocukların gelişimsel özelliklerini gözetmek kaydıyla erken yaşlardan itibaren hastalığı ile ilgili bilgilendirilmesi, tedavi sürecinin aktif bir parçası olması sağlanmalı; ergenlik döneminin sonunda otonomisini ve öz yeterliliğini büyük ölçüde kazanmış, hastalık yönetimini üstlenmeye hazır bireyler olmaları amaçlanmalıdır (126). Henüz hazır olmayan, izlemden çıkma riski yüksek olan hastaların geçiş yaşının bir süre geciktirilerek kayıpların önüne geçilmesi önerilir.

SONUÇ

Kronik hastalıklar günümüzün ve gelecek dönemin en büyük sağlık sorunu olarak görülmektedir. Tedavi yanıtının artırılması, hasta ve ailelerinin yaşam kalitelerinin yükseltilmesi ve toplam sağlık harcamalarının azaltılmasında psikososyal faktörlerin doğru ele alınmasının önemi büyüktür. Psikiyatristlerin tedavi ekibinin bir parçası olması kritik öneme sahip görünmektedir.

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