

BORDERLINE KİŞİLİK BOZUKLUĞU

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BÖLÜM

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GİRİŞ

Borderline kişilik bozukluğu (BKB), %0,7'den %1,8'e kadar görülme prevalansı ile toplumda sık görülen ciddi mental bir bozukluktur (1,2). Bu tanının ergen popülasyondaki geçerliliği ve önemi her geçen gün daha da farkedilmektedir (3,4). BKB, erken ergenlerde ortaya çıkan ve sonra genç yetişkinlik döneminden itibaren yavaş yavaş azalan genç yaş grubunun bir bozukluğu olarak daha iyi kavramsallaştırılabilir (5). Bu kişiler sıklıkla sosyal, eğitimsel, iş ve ekonomik alanda güçlükler yaşamakta ve önemli derecede sağlık bakım hizmetine ihtiyaç duymaktadır (6).

TANI

BKB'nin genellikle ilk olarak ergenlik döneminde ortaya çıktığına dair genel görüş birliğine karşın (ilk olarak DSM-II'de belirtilmiş) (7), birçok klinisyen ergenlerde BKB tanısı koymada rahat hissetmediklerini ifade etmişlerdir (8). Bu kararsızlık, etiketleme ile ilgili endişeleri ve bu yaş grubunda kimlik formasyonunun tamamlanmamış olmasıyla ilgili görüşü içermektedir (9). Yapılan son yayımlarda ise BKB'nin ergenlerde geçerli ve güvenilir bir tanı olduğuna dair görüş birliği mevcuttur (10,11). BKB'nin boylamsal devamlılığı bu kanıtları sağlamaktadır (7,12,13). Mental Bozuklukların Teşhis ve İstatistik El Kitabı, beşinci versiyonunda (DSM-5) (14) tanımlandığı gibi, BKB kavramı geniş psikanalitik bir kavram olan borderline kişilik örgütlenmesini (BKÖ) gözlemlenebilir, semiyolojik kriterlere çevirmektedir. Do-

layısıyla; BKB, BKÖ'nün semptomatik olarak ifade edilebildiği çok çeşitli kişilik bozukluklarından biridir.

DSM-5 kısım II'de, BKB tanısının, ergen ve çocuklara “kişinin yaygın, ısrarcı ve gelişimsel döneme veya başka bir hastalığa sınırlı olmayan belirli maladaptif kişilik özelliklerini” gösterdiğinde konulabileceği belirtilmiştir. Erişkinlerde tanı koymak için 2 yıl gerekliliğine karşılık, çocuklarda ve ergenlerde 1 yıl gereklidir. DSM-5 kriterleri terk edilme korkuları, tutarsız ve yoğun kişiler arası ilişkileri, kimlik karmaşasını, dürtüsellliği, suicidal davranışları, duygulanımdaki tutarsızlığı, süregelen boşluk duygusunu, uygun olmayan yoğun öfke, geçici stresle ilişkili paranoid düşünceleri ve ciddi çözümlenme belirtilerini içermektedir. Tanı koymak için bu 9 kriterden en az 4'ü karşılanmalıdır. Bu semptomlar yoğunluk, yaygınlık, süreç bakımından tipik ergenlik döneminden ve her iki gruptan semptomların birleşiminin görülmesiyle saf içselleştirilmiş ve dışsallaştırılmış bozukluklardan ayrılmaktadır.

BKB tanısını araştırmada, tanıya işaret eden semptomların kaydedilmesine ek olarak, çocuk psikiyatrisi yaklaşımının bir tamamlayıcısı olarak, psikolojik işlevselliğin çeşitli alanları da ele alınmalıdır; kimlik bütünlüğünün derecesi, savunma düzeneklerinin düzeyi ve gerçeği değerlendirme kapasitesi. Klinisyen, bu hususları ergenin kişisel ve aile geçmişini analiz ederek ve olanak dâhilinde Rorschach testi, tanısız psikodrama gibi projektif testlere dayanarak, ergen ve aile ile yaptığı görüşmeler boyunca tespit eder (15).

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