OTİZM SPEKTRUM BOZUKLUKLARINDA UYGULANAN TEDAVİLER VE ETKİNLİKLERİ

106. BÖLÜM

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OTİZM SPEKTRUM BOZUKLUKLARINDA TEDAVİNİN TARİHSEL SÜRECİ

Otizm ifadesinin Eugen Bleuer tarafından şizofreninin semptomlarının tanımlanmasında kullanılmasıyla birlikte otistik semptomlara yönelik tedavi arayışları da başlamıştır. 1920'lerde otizmde diyet kısıtlamaları ile tedavi başlanmıştır (1). 1950'lerde Bruno Bettelheim "buzdolabı anne" teorisi ile parentektomi uygulaması denenmiştir (2). 1960'larda otizm çalışmalarının hız kazanmasıyla daha işlevsel tedaviler gelişmeye başlamıştır. Edimsel Ayrık Denemelerle Öğretim Paradigması aracılığı ile otizmli çocukların beceri kazanabileceği görüşleri ortaya çıkmıştır. 1970'lerin sonlarına doğru farmakoterapi ön planda iken 1987'de Ivar Lovass otizmde yoğun davranışsal tedavileri üzerinde çalışmalarını sunmuştur (3). 1997 yılında otizmli çocuklar için özelleştirilmiş tedavi programları uygulamaları görülmüştür. Amerika'da 94-142 sayılı kamu kanununun yürürlüğe girmesi, okullara tüm çocuklar için eğitim hizmeti verme yükümlülüğü getirmiştir. Bu kanunla birlikte de OSB olan çocukların eğitimi ve tedavisi ile ilgili hizmet ve araştırmalar artmıştır. Avrupa Birliği ülkelerinde de benzer yıllarda UNESCO ve Birleşmiş Milletler raporları doğrultusunda ortak hareketler artmıştır.

Türkiye'de 1982 Anayasası temel olarak üç madde ile otizmli çocukların eğitimi ve tedavisi ile ilgili dayanak oluşturmaktadır. Md. 42: "*… Devlet, durumları sebebiyle özel eğitime ihtiyacı olanları topluma yararlı kılacak tedbirleri alır…*" olarak düzenlenmiş ve bununla ilgili sosyal destek mekanizması işletilmiştir. Md. 50: "*…bedeni ve ruhi yetersizliği olanlar çalışma şartları bakımından özel olarak korunurlar…*" otizmli bireylerin çalışma haklarıyla ilgili kamusal yükümlülükler getirmiştir. Md. 61: "*…Devlet, sakatların korunmalarını ve toplum hayatına intibaklarını sağlayıcı tedbirleri alır… Devlet, korunmaya muhtaç çocukların topluma kazandırılması için her türlü tedbiri alır. Bu amaçlarla gerekli teşkilat ve tesisleri kurar veya kurdurur.*" ile mevcut tedbir yükümlülüğü devlete aittir. 2005 yılında çıkan yasa ile özel eğitim gerektiren hastalıklarda ve durumlarda eğitim alan çocukların özel eğitim kurumlarında aldığı eğitim ve rehabilitasyonların masrafları Millî Eğitim Bakanlığı'nca karşılanması kararı alınmıştır. 2016 yılında ise otizmli çocukların bu merkezlerdeki eğitime devlet katkısı 8 saat bireysel eğitim, 4 saat grup eğitimi olarak artırılmıştır. Yine 2016 yılında yayımlanan 3 yıllık eylem planında bakanlık kurum ve kuruluşlarının otizmli çocukların tanı, tedavi, takip, eğitim ve çalışma alanlarıyla ilgili görev ve sorumlulukları açıkça belirtilmiş ve farkındalık çalışmalarının artışı sağlanmıştır. Bu kapsamda Aile ve Sosyal Politikalar Bakanlığı, Çalışma ve Sosyal Güvenlik Bakanlığı (Daha sonra bu iki bakanlık tek bakanlık olarak Aile, Çalışma ve Sosyal Hizmetler Bakanlığı adını almıştır), Sağlık Bakanlığı, Millî Eğitim Bakanlığı ve Yüksek Öğretim Bakanlığı'na görev dağılımı yapılmıştır. Bu görevler, farkındalık çalışmaları ve kurumlar arası iş birliği; erken tanı, tedavi ve müdahale

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takviyelerin değerlendirildiği son meta-analizde non-spesifik diyetin herhangi bir yararı olmadığı gösterilmiştir (180). Şelasyon ise etkisiz olmasının yanı sıra bireyin ihtiyacı olan ağır metallerden de yoksun bırakması nedeniyle mortal seyredebilen bir uygulamadır (181). Nörofeedback ise daha çok nörogelişimsel hastalıklarda profesyoneller haricindeki uygulayıcıların sıklıkla tavsiye ettikleri bir yöntemdir. Ancak diğer nörogelişimsel hastalıklarla da benzer olarak otizmde de herhangi bir fayda saptanmamıştır (182). Lofthouse ve ark. 2012 yılında 13 oral alınabilen ve 6 oral alınmayan tamamlayıcı ve alternatif tedavilerin OSB'de etkinliğiyle ilgili yapılan çalışmaları derlemiş ve "önerilebilir", "kabul edilebilir" ve "önerilmez" şeklinde bir sınıflandırma oluşturmuşlardır. Buna göre;

Önerilen tedaviler: Melatonin (uyku için), Multivitaminler (diyetle az alınıyorsa önerilen günlük dozlarda) ve masaj.

Kabul edilebilir tedaviler: Vitamin B6/Magnezyum, Folik Asit, Omega-3, Probiyotikler ve Gastrointestinal ilaçlar (bağırsak problemleri varsa), demir takviyesi (demir eksikliği tespit edilmişse), şelasyon (ağır metal toksisitesi gösterilmişse), L-Karnozin, akupunktur, egzersiz ve müzik terapisidir.

Önerilmeyen tedaviler: Yüksek doz Vitamin C, Siproheptadin, Immun Terapiler, Neurofeedback'tir (183).

Daha az girişimsel işleme maruz bırakılması, istenmeyen etkilerinin az olması, reklamının daha fazla yapılıyor olması, uygulayıcıların yanlış yönlendirmesi veya profesyonel desteğe ulaşmadaki güçlükler nedeniyle aileler bu tip uygulamalara sıklıkla başvurmaktadır. Ciddi bir zaman ve ekonomik yükünün olması otizmli çocuğa sahip ailelerin umutlarının ve mali birikimlerinin istismar edilmesine sebep olmaktadır. Bundan dolayı ailelere kapsamlı bilgi verilmeli, aile, çocuk, okul ve diğer destek sistemleri ile iletişim yolları açık tutulmalı ve alternatif tedavi arayışları anlayışla karşılanıp aileler bilimsel verilerle bilgilendirilmelidirler.

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