

Bölüm 43

DİKKAT EKSİKLİĞİ HİPERAKTİVİTE BOZUKLUĞU TEDAVİSİNDE FARMAKOLOJİK OLMAYAN BİR YAKLAŞIM: NEUROFEEDBACK

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GİRİŞ

Dikkat Eksikliği ve Hiperaktivite Bozukluğu (DEHB), dikkatsizlik ve/veya aşırı hareketlilik-dürtüsellik ile karakterize nörogelişimsel bir bozukluktur (1). Dünya çapında tahmini prevalansı yaklaşık %5'tir (2). Etkili bir tedavi olmadığında, DEHB'li çocuk ve ergenlerde akademik sorunlar, davranış bozukluğu, duygudurum ve anksiyete bozuklukları, (3) kaza sonucu yaralanma (4,5) ve madde bağımlılığı (6,7) gelişme riski daha yüksektir. Bu nedenle maddi, manevi, toplumsal bedelleri olan bu rahatsızlıkta etkili bir tedavi önemlidir. İlaç tedavilerinin DEHB'de tek başına etkin olduğunu gösteren çok sayıda çalışma yanında psikososyal yöntemler de tek başına ve/veya ilaç tedavileri ile kombine olarak DEHB tedavisinde yerini almıştır (8). Kılavuzlar DEHB'de multimodal tedavi yaklaşımlarını önermekte ve güncel kanıtlar, metilfenidat ve çeşitli amfetamin formülasyonlarını içeren ilaçların, psikososyal tedavi ile birlikte kısa vadede en etkili müdahale olduğunu göstermektedir (9). Bu konuda yapılmış en kapsamlı çalışmalardan biri olan MTA çalışmasının uzun dönem sonuçları da kombine tedavinin DEHB tedavisinde etkin olduğu yönündedir (10).

İlaç tedavileri ve psikososyal yaklaşımların DEHB üzerindeki etkinliğine ilişkin yazında güçlü kanıtlar olmasına karşın, tamamlayıcı ve/veya alternatif tedavi yöntemleri de DEHB tedavisinde denenmektedir. Bu yöntemlerden biri olan

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çalışmaların varlığı NF'nin DEHB tedavisindeki yerine şüpheyle yaklaşılmaya neden olmaktadır. Yine, ümit vadeden bir yöntem olmasına rağmen ilaç tedavilerine üstünlüğü veya multimodal bir tedaviye eklenme gerekliliği tartışmalıdır. Bunun yanında, yeterli bir yanıt için 4-6 ay gibi uzun bir süre gerekmektedir. Ayrıca, pahalı ve maddi yükü ebeveyne dayanan bir tedavi yaklaşımıdır. Bu nedenlerle, NF önerilmeden önce, DEHB tedavisinde etkinliğine yönelik bilgilerimizin artması kritik önem taşımaktadır.

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