

BÖLÜM 12

Obstrüktif Uyku Sendromunun Endokrin Hastalıklarla İlişkisi

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Giriş

Obstrüktif uyku apne sendromu (OUAS), uyku sırasında, sık aralıklarla, üst havayolunun kollapsı ile karakterize, tedavi edilmediğinde uzun dönem sağlık problemlerine yol açan bir bozukluktur ⁽¹⁾. OUAS, erkeklerin %13-33'ünü, kadınların ise %6-19'unu etkilemektedir ⁽²⁾. Uyku sırasında saatte en az beş obstrüktif solunum olayının (apne, hipopne vb.) olması ya da uyku ile ilişkili semptomların olmaması durumunda ise saatte 15 veya daha fazla obstrüktif solunum olayının olması OUAS tanısı için yeterlidir ⁽³⁾.

Gün içinde uyuklama, sürekli horlama (en az altı ay boyunca, her gece), uyku ile ilişkili semptomları olan hastalarda OUAS'dan şüphelenilmelidir. Bu hastalar polisomnografi ile değerlendirilmeli ve Apne-Hipopne İndeksi (AHİ) belirlenmelidir ⁽³⁾. Buna göre OUAS, hafif ($5 \leq \text{AHİ} < 15$), orta ($15 \leq \text{AHİ} < 30$) ve şiddetli ($\text{AHİ} \geq 30$) olmak üzere sınıflanmaktadır.

Continuous positive airway pressure (CPAP) OUAS için altın standart tedavi olarak kabul edilir ve üst hava yolunu pnömatik olarak açarak çalışır. Bununla birlikte, CPAP uyumunun düşük olduğu ve hastaların %50 kadarının üç ay sonra tedaviyi bıraktığı bilinmektedir.

OUAS, birçok endokrin ve kardiovasküler hastalıkla yakından ilişkilidir. Endokrin sistem ve OUAS arasındaki ilişki çoğu zaman çift taraflı olabilir. Endokrin bozuklukların tedavi edilmesiyle OUAS düzelebilmektedir ⁽²⁾.

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Kaynakça

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