

## Kalp Yetmezliği Bulunan Erişkinlerde Depresyonun Nöroimmün İşlgeleri

Çeviri: Dr. Cüneyt TAMAM

### Özet

Kalb yetmezliği (HF) büyük ve pahalı bir halk sağlığı sorunu olup hastaneye yatma ve mortalite hızlarının yüksek oluşu nedeniye de gaddar bir yazgıya sahiptir. HF dünyanın her köşesinde milyonlarca kişiyi vurmakta olup bu hastalığın 21.yüzyılda “salgın” halini alması beklenmektedir (Jessup ve ark, 2016). Çok iyi belgelendiği gibi HF bulunan kişiler orantısız derecede yüksek depresyon hızı gösterirlerken depresyonlu hastalarda depresif olmayan hastalara göre yazgı çok daha kötüdür. Bu bölümün amacı okuyucuya HF’deki depresyon çalışmalarını tanıtmak ve psikonöroimmünolojik ilkelerin birlikte görülen bu iki hastalığı birbirlerine bağlayan mekanizmalara (yani, nörohormonal ve sitokin aktivasyonu) ışık tutmaktır.

**Anahtar sözcükler** Kalb yetmezliği, Depresyon, Yangı, Renin-anjiyotensin-aldosteron sistemi, Sempatik sinir sistemi, Bağırsak mikrobiyotası ve metabolitleri.

### 1 Giriş

Kalb yetmezliği (HF), özellikle popülasyonun önemli bir kısmının 65 yaş üzerinde olduğu toplumlar için ana halk sağlığı sorunudur. HF çoğu kez kardiyovasküler hastalığın son evresidir ve yüksek hastaneye yatış ve mortalite hızlarından ötürü gaddar bir yazgıya sahiptir. İlginç olarak HF dahil kalb hastalığına çoğu kez, duygu durumunda küntleşme, düşmanlık, öfke ve kötü yaşam kalitesi dahil psikolojik bir semptom kompleksi eşlik eder [1].

Yakın tarihlerde HF’de depresyon çalışmaları, HF’li kişilerdeki yüksek prevalansı ve tıbbi yazgıyı kötüleştirmeye olan güçlü eğilimi nedeniyle bilimsel ilgi toplamıştır [1–6]. HF’deki depresyonun etiyolojisi halen karanlık ise de sanki bu iki rahatsızlık sempatik ve parasempatik tonüs arasındaki denge bozukluğunu ve yangıda artışı içeren benzer bir patogenezi paylaşmakta olup bu durum kendisini dolaşımdaki yangı-yandaşı sitokinlerin düzeyinde artış ile kanıtlamaktadır [2, 4]. Depresyonun HF olayı ile de birliktelik gösterdiğine dikkat eden çoğu akademisyen, depresyonun HF’den önce görüldüğü veya bunu izleyebildiği çift yönlü bir fizyopatolojiyi savunmaya başlamışlardır [7, 8].

rüldüğü ve depresyonu HF hastalarının depresyonsuz olanlara göre daha kötü klinik prognoz gösterdiği çok iyi belgelenmiştir. Yani, HF ve depresyonu birbirine bağlayan mekanizmaların anlaşılması önemli bir bilimsel ilgi alanına dönüşmüştür. Bu ilişkinin incelenmesinde psikonöroimmülojik yaklaşımın kullanılması verimli olacak ve bu konuya olan dikkatte artışı hak edecektir. Şu ana kadar laboratuvar grubumuzda ve keza diğer gruplar tarafından yürütülen çalışmalar HF ve depresyonun artmış nöroimmün aktivasyon ve olasılıkla bağırsak disbiozu üzerinden gittiğini işaret etmektedir.

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