



## KRONİK OBSTRÜKTİF AKCİĞER HASTALIĞINDA ACİL YAKLAŞIM

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Kronik obstrüktif akciğer hastalığı (KOAH), genellikle zararlı partikül veya gazlara ciddi maruziyetin neden olduğu havayolu ve/veya alveoler anormalliklere bağlı kalıcı hava akımı kısıtlanması ve solunumsal semptomlarla karakterize, yaygın, önlenebilir ve tedavi edilebilir bir hastalıktır (1).

KOAH önemli mortalite ve morbidite nedeni olup her geçen gün hızla artmakta ve ciddi bir iş görmezlik ve ekonomik yüke yol açmaktadır. Dünya Sağlık Örgütü'ne (DSÖ) göre 2012 yılında dünyada 3 milyondan fazla kişi KOAH nedeniyle yaşamını kaybetmiştir ve bu sayı global olarak kayıpların %6'sını oluşturmaktadır (1).

En yaygın solunumsal semptomlar öksürük, balgam ve nefes darlığıdır (2). KOAH için risk faktörleri temelde tütün ürünleri, biomass maruziyeti, hava kirliliği ve genetik anormallikler olarak sayılabilir. Eşlik eden kronik hastalıklar morbidite ve mortaliteyi arttıran önemli nedenlerdir. Bu nedenle KOAH'ta sıklıkla görülen ve hastaneye yatış oranlarını etkileyen kardiyovasküler hastalıklar, metabolik sendrom, osteoporoz, akciğer kanseri, obstrüktif uyku apne sendromu, depresyon, anksiyete gibi kronik hastalıklar kontrol altında tutulmalıdır.

Hastanın yaşam kalitesinde iyileşme, akciğer fonksiyonlarının korunması ve gelecek riskleri önlemek açısından stabil dönem KOAH tedavisi seçimi ve tedavi uyumu çok önemlidir (3). Stabil dönem tedavisine karar verirken GOLD kılavuzu ışığında hastanın kategorizasyonu yapılır (Şekil 1), grubuna göre ilgili tedavi seçilir. Bu tedavi seçimi sırasında KOAH fenotipleri göz önünde bulundurulmalıdır.

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