

BÖLÜM 9

ANKSİYETE BOZUKLUKLARININ TEDAVİSİ

*Dr. Osman Zülkif Topak
Prof. Dr. Osman İsmail Özdel*

Anksiyete bozuklukları sık görülen ruhsal bozukluklardan olup, yaşam boyu prevalansı %10,4-28,8 arasındadır (Canadian Pharmacists Association. 2005). Anksiyete bozuklukları hem kişi hem de ailesi için ciddi bir sıkıntı, toplum için de ciddi bir yükür. Kronikleşmeyle birlikte yaşam fonksiyonlarında bozulmayı da beraberinde getirir. Süreçte özkıyım riskinde artışlarla da karşılaşmaktadır (Kessler et al. 2005).

Anksiyete; deride kızarıklık, çarpıntı, titreme, terleme, gastrointestinal sistem belirtileri gibi fiziksel belirtilerle karşımıza çıkabileceği gibi; huzursuzluktan ölüm korkusuna ulaşan geniş bir yelpazedeki psikolojik belirtilerle de çıkabilir (Bruce 2005).

Anksiyete tedavisinde ilk kez 1864 yılında sentezlenen barbitüratlar denenmiş ve 1900 lardan sonra yaygın olarak kullanılmışlardır. 1950'lerden sonra ise benzodiazepinler barbitüratların yerini almıştır. Son dönemde antidepressanların, özellikle SSRI ların gündeme gelmesiyle de benzodiazepinler eski popülerliğini kaybetmiştir (British Association for Psychopharmacology-2005).

Anksiyete bozukluğu olan hastalarda uygun tedavi seçimi için hastanın tedavi öyküsü, eştanıları, ilaç yan etkileri, ilaç etkileşimi, hastanın kişilik özellikleri, beklentileri ve motivasyonu gibi çeşitli durumlar göz önünde bulundurulmalıdır. Akut anksiyeteyi kontrol etmek, remisyon

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