

DİKKAT EKSİKLİĞİ VE HİPERAKTİVİTE BOZUKLUĞU

9.

BÖLÜM

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GİRİŞ

Dikkat Eksikliği ve Hiperaktivite Bozukluğu (DEHB), kişinin birçok yaşam alanında ciddi zorluklara sebep olan, dikkatsizlik, hiperaktivite ve dürtüsellikle karakterize bir bozukluktur ⁽¹⁾. DEHB, üzerinde en çok çalışılan psikiyatrik rahatsızlıklardan biridir. Ruhsal Bozuklukların Tanısal ve Sayımsal El Kitabı'nın (DSM) ikinci versiyonundan itibaren tanılama sisteminde bulunan DEHB, kortikal maturasyonda gecikmenin gösterilmesi ile birlikte DSM-5'te ilk defa tanımlanmış "Nörogelişimsel Bozukluklar" başlığı altına alınmıştır ⁽²⁾. DEHB tedavisinde yaygın olarak kullanılan psikofarmakolojik ajanlar uygun maliyetli olup, kısa vadede etkinliği birçok kez gösterilmiştir ⁽³⁾. Erken dönemde psikofarmakolojik ajanların etkinliği gösterilmesine rağmen DEHB'nin ve psikofarmakolojik ajanların kişilerin sosyal, akademik ve iş hayatları üzerine uzun dönem etkileri konusunda bilgilerimiz kısıtlıdır ^(4,5). Psikofarmakolojik ajanların uzun dönem etkilerini, tedaviye bağlılığın düşük olması ve ilaca olan olası toleras gibi sebeplerden dolayı değerlendirmek zordur ⁽⁴⁻⁶⁾.

TANI

DEHB tanısı geçmiş öykü, mevcut semptomlar ve işlevsellikteki bozulmanın detaylı olarak değerlendirilmesiyle klinik olarak konulmaktadır. Değerlendirmede; çocukların detaylı gelişimsel öyküsü alınır, eşlik eden tanılar değerlendirilir, fizik muayene ve nöropsikiyatrik testler yapılır. Akademik alandaki zorluklarının değerlendirilmesi için öğretmenlerden detaylı bilgi alınır. Çocuk ve ergenlerde DEHB tanısı için dikkatsizlik, hiperaktivite-dürtüsellik boyutlarında en az 12 kriterin (altı dikkatsizlik, altı hiperaktivite-dürtüsellik) var olması, bu belirtilerin en az iki ortamda (okul, ev, sosyal ortam gibi) kronik seyirli olması, semptomların

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lik hayata kadar devam eden bir bozukluktur. Bu yüzden, erken tanı ve erken tedavi DEHB'nin gidişatını belirlemede oldukça önemlidir.

KAYNAKÇA

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