

Bölüm 7

NÖROBİLİŞSEL BOZUKLUKLAR

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DSM-4'te “Deliryum, Demans, Amnestik ve Diğer Bilişsel Bozukluklar” başlığı ile sınıflandırılan bozukluklar DSM-5'te “Nörobilişsel Bozukluklar” olarak değiştirilmiştir. Nörobilişsel bozukluklar “Deliryum” ve “Ağır ve Hafif Nörobilişsel Bozukluklar” şeklinde iki ana başlık altında toplanmıştır. Bu bölümde deliryum ve ağır ve hafif nörobilişsel bozuklukların (Alzheimer hastalığı, vasküler, fronto-temporal ve Lewy cisimcikli nörobilişsel bozukluklar, Parkinson ve Huntington hastalığına bağlı nörobilişsel bozukluk) yanısıra nörobilişsel bozukluklarda görülen nöropsikiyatrik belirtilerden de bahsedilecektir.

DELİRYUM

Deliryum, bilişsel alanda genellikle saatler veya birkaç gün içinde ortaya çıkan bozuklukla birlikte, dikkat, uyku-uyanıklık ve psikomotor davranış alanında bozuklukla seyreden organik beyin bozukluğudur. Bu tablo ağır ya da hafif nörobilişsel bozuklukla daha iyi açıklanamaz (Tablo 1). Deliryum genel hastanelerde yatan hastalarda, özellikle yaşlılarda, en sık karşılaşılan nöropsikiyatrik bozukluklardandır. Morbiditeyi, mortaliteyi, tedavi masraflarını, hastanede yatış süresini ve kognitif fonksiyonlardaki bozukluğu artırdığından acil müdahale edilmesi gereken bir durumdur. Yaşlı hastalarda mortalite oranı %15-30 arasında değişmektedir.

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ve birçok ilaç etkileşimi olduğu bildirilmiştir. Levetirasetam ve lamotrijin gibi ajanların ise bazı faydaları olabilir, ancak klinik araştırma kanıtları yoktur. Benzodiazepinlerin nörobilişsel bozukluğu olan hastalarda NPB'in tedavisinde çok az etkili olduğuna dair kanıtlara rağmen yaygın olarak kullanılmaktadır. Bu hastalarda benzodiazepinler bilişsel işlevlerdeki bozulmaya ve sedasyondan dolayı düşme ve kırıklara neden olduğu gösterilmiştir. Tek doz lorazepamın akut ajitasyon için etkili olabileceğine dair kanıtlar vardır, ancak kronik kullanımı için yeterli kanıt yoktur.

Uyku Bozuklukları

Uyku bozukluğu nörobilişsel bozukluklarda yaygın olarak görülmektedir. Özellikle ileri evredeki hastaların %50'sinden fazlası uyku bozukluğu yaşamaktadır. Farmakolojik tedavi başlamadan önce uyku hijyeninin anlatılması ve uygulanması sıklıkla işe yarar. Kafein içeren gıdaların alınmaması, gece sıvı tüketiminin azaltılması, gündüz fiziksel aktivitenin artırılması, uyku için uygun fiziksel koşulların (ısı, ışık gibi) oluşturulması sağlanmalıdır. Bu uygulamalar işe yaramazsa en az yan etkili ilaçlarla farmakolojik tedavi başlanabilir. Kolinesteraz inhibitörlerinin gece alınması uyku latansında düzelme oluşturabilir. Trazodonun (50 mg/gün) demans hastalarında uyku ölçümlerini düzelttiği gösterilmiştir. Düşme ve bilişsel fonksiyonlarda bozulma riskini artırdıkları için benzodiazepinler ve benzodiazepin reseptör agonistlerinden (zolpidem ve zopiklon) kaçınılmalıdır.

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