OBEZİTE VE UYKU APNESİ

10. BÖLÜM

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Giriş

Vücuda alınan enerjinin harcanan enerjiden fazla olması durumunda ortaya çıkan obezite, kadınlarda vücut yağ oranının %30'un, erkeklerde %25'in üzerinde olmasıdır. Hastalığın tanı ve takibinde vücut yağ oranına ek olarak BMI (beden kitle indeksi) ve bel çevresi ölçümleri kullanılır.

Obezite, başta kardiyovasküler hastalıklar olmak üzere, diyabet, üreme bozuklukları, osteoartrit, gastrointestinal hastalıklar, respiratuvar hastalıklar, uyku bozuklukları, psikolojik sorunlar ve bazı kanser türleri ile ilişkisi saptanan; dünya genelinde sıklığı giderek artıp, ciddi morbidite ve mortaliteye neden olabilen bir hastalıktır. Global bir halk sağlığı sorunu olan obezite, günümüzde çocuklar ve yetişkinler için tehlikeli sınırlara ulaşmıştır ve getirdiği morbiditeler düşünüldüğünde gelecek nesiller için giderek artan bir sağlık yüküne yol açacağı öngörülmektedir (1).

"Obstrüktif uyku apnesi (OSA)" ise klinik olarak uyku sırasında aralıklı üst solunum yolu daralması, horlama ve hava akımında azalma ve durmayla karakterize bir hastalıktır. Bu semptomlara gündüz uykululuğu da eşlik ediyorsa o zaman "Obstrüktif uyku apnesi sendromu (OSAS)" olarak isimlendirilir.

Obezite, OSAS (obstrüktif uyku apnesi sendromu) için majör bir risk faktörüdür ve aralarında çift yönlü bir ilişki mevcuttur. Obezite OSAS fizyopatolojisinde rol oynarken, OSAS sonucu gelişen gündüz uykululuk ve azalan fiziksel aktivite ise obezite gelişmesine ve progresyonuna yol açmaktadır. Yetişkin populasyon-

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Bir başkası da ghrelin hormonudur(mideden salgılanır, iştahı artırır, vücutta leptinin tersi olarak işlev görür). Gece boyunca salgılanan bu hormonun, uyku bozukluğuyla seyreden OSAS gibi hastalıklarda uyku süresinin kısalmasıyla birlikte, üretimi azalıp kişinin kilo alımı kolaylaşır ve hastalığı kötüleşir(127). Rezistin ve visfatin de OSAS-obezite ilişkisinde rolü olduğu yönünde bulguları olan ve biyomarker olarak kullanılma potansiyelleri bulunan diğer hormonlardır(128).

Toplumsal araştırmalarda kısalmış uyku süresi ile kilo fazlalığı arasında ilişki olduğu ortaya konulmuştur. Deneysel uyku süresi kısalığının obeziteden bağımsız olarak metabolik disregülasyon yaptığı bulunmuştur. Bunlar, uyku süresinin vücut ağırlığında ve metabolik-endokrin fonksiyonlarda önemli bir regulatör olduğunu desteklemektedir(129). Hatta prospektif çalışmalarda habitüel horlamanın bile 10 yıllık periyod içinde 2-7 kat artmış tip 2 diyabet riski oluşturduğu bulunmuştur(130).

Ortaya çıkan bu tabloda OBEZİTE-UYKU BOZUKLUĞU-OSAS arasında sıkı bir ilişki olduğu açıktır (25). Anlamlı kilo kaybı ile bu bozuklukların hepsinde birden iyileşme olduğunun klinik çalışmalarla desteklenmesi de bunun kanıtıdır (131).

Sonuç olarak obezite ve uyku apnesi arasındaki kompleks çift yönlü ilişkide 'obezite' baskın olan karakterdir ve yaptığı mekanik, biyokimyasal ve nöromusküler değişiklikler aracılığıyla OSAS gelişimine sebep olur. OSAS'ın obeziteye eğilim oluşturmasındaki temel neden ise uykuyla ilgili sorunların getirdiği fizyopatolojik (70) ve ruhsal (132,133) değişikliklerdir.

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