

Bölüm 2

Nörolojik Hastalıklarda Palyatif Bakım

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Giriş

Nörolojik hastalıkların farklı semptomları ve değişken hastalık süreci sadece hastaları değil aynı zamanda ailelerini ve bakım vericileri de etkilemektedir. Parkinson hastalığı, demans, amiyotrofik lateral skleroz, beyin tümörleri, inme ve akut nörolojik hastalıklar gibi çeşitli nörolojik durumları olan hastaların birinci basamak ve palyatif bakım (PB) uzmanlığı ile sağlanabilecek, karşılanmamış oldukça fazla ihtiyacı vardır. Bu hastaların karmaşık ihtiyaçları ideal olarak ıstırabı azaltmak amacıyla bakımın fiziksel, psikolojik, sosyal ve manevi yönlerine eğilen kapsamlı bir yaklaşımı ile yönetilebilir. Prognoz, bakım hedefleri ve ileri bakım planlaması hakkında erken dönemde yapılan görüşmeler tedavi kararları açısından rehberlik sağlaması, hastaların bilişsel ve fiziksel açısından gittikçe gerilemesine rağmen otonomi duygusunu elinde tutmasına izin vermesi nedeniyle oldukça önemlidir.

PB, ilerleyici ve tedavisi olmayan hastalıklarda birey tarafından yaşanan fiziksel, psikososyal ve manevi semptomların giderilmesini, hasta bireyin, ailesinin ve çevresinin desteklenmesini, yaşam kalitesinin arttırılmasını hedefleyen bütüncül bir bakımdır. Dünya Sağlık Örgütü (DSÖ) PB'yi; "Yaşamı tehdit eden hastalığa bağlı olarak ortaya çıkan problemlerle karşılaşan hasta ve ailede; ağrının ve diğer problemlerin erken tanımlama ve kapsamlı bir değerlendirme ile fiziksel, psikososyal ve manevi gereksinimlerin karşılanması yoluyla acı çekmenin önlenmesi ve hafifletilmesine yönelik uygulamaların yer aldığı ve yaşam kalitesini geliştirmenin amaçlandığı bir yaklaşım" şeklinde tanımlamaktadır (1, 2). Kapsamlı değerlendirme; hastaların klinik durumlarını nasıl kavradıklarının değerlendirilmesi, fiziksel ve psikolojik semptomların değerlendirilmesi, manevi ihtiyaçlarının belirlenmesi, sosyal desteğin tartışılması, kültürel etkilerin gözden geçirilmesi, etik ve yasal konulara eğilinmesi ve yaşam sonu bakımın sağlanması konularını içermektedir (2). Bakımın

PB'den fayda görebilecek kritik hastalar, değerlendirme araçları veya kontrol listelerine ilaveten spesifik klinik ve radyolojik değerlendirmeler kullanılarak belirlenebilir (138, 139). Mekanik ventilasyon gerektiren metastatik kanserli hastalar, uzun süreli hastaneye yatan hastalar, birçok kronik hastalığı olan yaşlı hastalar ve kardiyak arrest sonrası hayatta kalıp kötü prognoz göstergeleri olan hastalar için kritik bakım ortamında PB konsültasyonları için çeşitli tetik kriterleri ileri sürülmüştür. Bu özelliklerden bir kısmını taşıyan hastalar nöroloji YBÜ'ne yatırılabilir veya bu hastalar için nöroloji konsültasyonu istenebilir. Bu tür hastalar ve aileleri PB değerlendirmesinden fayda görebilir (139).

Sonuç

Nörolojik bozuklukları olan hastaların sıklıkla palyatif yaklaşıma uygun çok karmaşık ihtiyaçları vardır. Hastalık süreci, yaygın semptomlar, tedavi seçenekleri ve prognoz hakkında erken dönemde iletişime odaklanılması gereklidir. İletişim hastalar ile ailelerinin yaşadığı endişelerin bir kısmını yatıştırma faydalı olabilir. Hastalık süreci boyunca kritik kararlar hakkında paylaşımlı karar vermek, verilen bakımın hastanın tercihleri ile aynı doğrultuda olmasını sağlamak klinisyen-hasta ilişkisinin temel bileşenleridir. Çeşitli nörolojik hastalıkları olan hastaların yönetim planlarına PB'yi dahil etmenin ideal yöntemini belirlemek için daha fazla araştırmaya ihtiyaç vardır.

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