

# Bölüm 11

## KANSERLİ ÇOCUKLARDA TAT ALMA DEĞİŞİKLİĞİ

Elif BİLSİN<sup>1</sup>

### Giriş

Tat alma değişikliği kanserli çocuklarda sık görülen semptomlardan birisidir (Epstein & Barasch, 2010; Imai et al., 2013; Ravasco, 2005; Zabernigg et al., 2010a). Sağlıklı bireylere göre kanserli çocuk ve yetişkinlerde daha yüksek oranda görülmektedir (Skolin et al., 2006; Cohen et al., 2014). Tat alma değişikliği hastalar tarafından ağızda metalik, acı (Epstein & Barasch, 2010; Hovan et al., 2010; Ravasco, 2005; Rehwaldt et al., 2009; Speck et al., 2013) ya da kötü bir tat (Wismer, 2008), tatlı tada karşı duyarsızlık veya acı tada karşı aşırı duyarlılık olarak ifade edilmiştir (Epstein & Barasch, 2010; Ravasco, 2005; Nishijima et al., 2013).

Tat alma değişikliğinin prevalansı tümör tipine, kemoterapi protokollerine ve bireysel farklılıklara göre değişmektedir (Gamper et al., 2012; Rehwaldt et al., 2009). Bu nedenle tat alma değişikliğinin gerçek oranını değerlendirmek oldukça zordur (Comeau, Epstein, & Migas, 2001). Tat alma değişikliği yetişkin kanser hastalarında %20-80 oranında (Alt-Epping, Nejad, Jung, Groß, & Nauck, 2012; Bernhardson et al., 2008; Berteretche et al., 2004; Boltong et al., 2011; Brisbois, De Kock, Watanabe, Baracos, & Wismer, 2011; Gamper et al., 2012; Hutton, Baracos, & Wismer, 2007; Imai et al., 2013; Jensen et al., 2008; Mahmoud, Aktas, Walsh, & Hullihen, 2011; Nishijima et al., 2013; Sánchez-Lara et al., 2010; Speck et al., 2013; Zabernigg et al., 2010a), kanserli çocuklarda ise %16.5-84 oranında görülmektedir (Bernhardson, Tishelman, & Rutqvist, 2009; Brisbois et al., 2011; Epstein et al., 2002; Hutton et al., 2007). Kadınlarda (Bernhardson et al., 2008; Epstein et al., 2002), genç hastalarda (Bernhardson et al., 2008) ve kemoterapi uygulama döneminde (Karaman ve ark. 2013) daha fazla görülmektedir.

Yapılan çalışmaların sonucunda kemoterapiye bağlı olarak bazı hastaların tatlı tadı daha az hissederken bazılarının ise daha fazla hissettikleri, dört tadın yoğunluğunda bireysel farklılıklar olduğu belirlenmiştir (Bernhardson et al., 2009; Boltong & Keast, 2012; Epstein et al., 2002; Mahmoud et al., 2011; Sánchez-Lara et al., 2010; Wismer, 2008). En sık görülen tat alma değişikliğinin ise acı ve tatlı tat duyusunda olduğu saptanmıştır (Sánchez-Lara et al., 2010).

Tat ve koku alma değişikliği arasında önemli bir ilişki bulunmaktadır. Kanserli hastalarda kokuya karşı duyarlılık artmakta ve tat alma değişikliği ile birlikte koku alma değişikliği de görülmektedir (Belqaid et al., 2016; Bernhardson et al., 2008;

<sup>1</sup> Dr. Öğretim Üyesi, Gaziantep Üniversitesi Sağlık Bilimleri Fakültesi Hemşirelik Bölümü, elifbilsin-86@hotmail.com

- Avrupa Kanser Araştırma ve Tedavi Organizasyonu Yaşam Kalitesi Ölçeği (Quality of Life Questionnaire-Core 30 of the European Organisation for Research and Treatment of Cancer-EORTC QLQ-C30) (Boltong & Campbell, 2013; Gamper et al., 2012).
- Kemoterapiye Bağlı Tat Değişikliği Ölçeği (Chemotherapy-Induced Taste Alteration Scale-CITAS) (Kano & Kanda, 2013)
- Subjektif Total Tat Keskinliği Ölçeği (Scale of Subjective Total Taste Acuity-STTA) (Epstein & Barasch, 2010).
- Tat ve Koku Anketi (Taste and Smell Survey-TSS) (McGreevy et al., 2014).
- Memorial Semptom Değerlendirme Ölçeği (Memorial Symptom Assessment Scale-MSAS) (Huijter et al., 2013).
- Kanserli Çocuklarda Kemoterapi İle İlişkili Tat Alma Değişikliği Ölçeği (Bilsin & Bal Yılmaz, 2018).

### Tat Alma Değişikliğinin Yönetimi

Kanser hastalarında tat alma değişikliği gözardı edilen bir semptom olduğu için değerlendirmek ve tedavi etmek oldukça zordur (Boltong et al., 2011). Kanser tanısı ya da tedavisi nedeniyle oluşan tat ve koku alma bozukluklarının yönetiminde Onkoloji Hemşireliğinde Kanıttan Uygulamaya Konsensus (2014) tarafından "Tat ve Koku Alma Değişikliği Değerlendirme ve Bakımı Sürdürme Algoritması" oluşturulmuştur (Sözeri, Özasan, Durna, & Kizir, 2015) (Şekil 3).

Ayrıca çinko ve amifostin tat alma değişikliğini gidermek için kullanılmaktadır (Heckmann et al., 2005; Nagraj et al., 2014; Hong et al., 2009; Thorne et al., 2015). Ancak tat alma değişikliği yönetiminde kullanılan yöntemlerin tam olarak etkili olup olmadığına dair kanıtlar yetersizdir.

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