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AİLE HEKİMLİĞİNDE DEPRESYON YÖNETİMİ

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GİRİŞ

Ülkemizde ve dünyada toplum sağlığı için en önemli sağlık sorunlarından biri depresyondur. Dünya Sağlık Örgütü (DSÖ) verilerine göre küresel nüfusun %4,4'ünde depresyon vardır. Kadınlarda (5,1) erkeklere (3,6) göre daha yüksek orandadır. Yaş ilerledikçe görülme sıklığı artar, yaşlı kadınlarda oran %7,5'e kadar yükselir. DSÖ raporlarına göre 322 milyon birey depresyondadır [(1)]. Türkiye'de ise son 20 yıldır geniş kapsamlı çalışma maalesef yoktur. 1998'de yapılan Ruh Sağlığı Profili Raporuna göre ruhsal rahatsızlık sıklığının toplumun yüzde 17,2'sinde görüldüğünü, depresyonun ise yıllık prevelansının kadında %5,4, erkekte %2,3 olarak saptandığı raporlanmıştır [(2)]. Psikofarmakoloji derneği Türkiye'de psikotrop ilaç tüketimi ve mevcut uygulamaların tıbbi, etik ve ekonomik sonuçları raporunda 2003-2012 yılları arasında IMS verilerine göre antidepresan kullanımının 9 yıllık süreçte artışının %260 olduğunu ve 2012 yılı için 36.881 milyon kutu olduğunu bildirmiştir [(3)].

TANIM

Depresyon, sıradan şeyler ve deneyimlerde ilgi ve zevk kaybı, çökkün duygudurum ve buna bağlı çeşitli duygusal, bilişsel, fiziksel ve davranışsal belirtilerle karakterize bir hastalıktır.

Ruhsal bozuklukların tanısal ve istatistiksel el kitabına (DSM V) [(4)] göre depresif hastalık tipleri;

- Major depresif bozukluk
- Persistan depresif bozukluk
- Premenstrual disforik bozukluk
- Madde/ilaç ilişkili depresif bozukluk
- Ayırt edilememiş depresif bozukluk
- Tıbbi duruma bağlı depresif bozukluk
- Yıkıcı duygudurum düzensizliği
- Ayırt edilememiş depresif bozukluk

Major depresif bozukluk

En az 2 hafta boyunca neredeyse her gün, günün çoğunda çökkün ruh hali (veya çocuklarda sinirlilik) veya günün büyük bir bölümünde tüm etkinliklerde veya neredeyse tüm faaliyetlerde ilgi veya zevk belirgin şekilde azalma ile karakterize edilir. Ayrıca, aşağıdaki semptomların gün boyunca en az üçü olmalıdır [(4)].

- Önemli derecede kilo kaybı veya hemen hemen her gün iştahta azalma veya artış.
- Düşüncenin yavaşlaması ve fiziksel hareketlerin azalması
- Neredeyse her gün yorgunluk veya enerji kaybı.
- Neredeyse her gün değersizlik veya uygunsuz suçluluk duygusu.
- Neredeyse her gün düşünme, konsantre olma ya da karar verme yeteneğinin azalması.
- Tekrarlayan ölüm düşünceleri, tekrarlayan intihar düşüncesi veya bir intihar girişimi veya intihar için belirli bir plan.

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sel çatışmalarına ilişkin farkındalık düzeyinin artırılmasına odaklanır ve uzun sürelidir. Burada serbest çağrışım tekniği ve terapistin yorumları aracılığıyla bu çatışmalara ilişkin hastanın içgörü kazanması hedeflenir [81,83].

Aile ve çift terapisi; Aile içi dinamikler, depresyonun oluşturulması ve devam ettirilmesinin ana nedeni olabilir. Bir diğer bakış açısıyla da depresyon önceden var olmayan aile problemlerinin oluşmasına neden olabilir [81,84]. Depresyon yaşayan bireyler aile işlevselliğinin birçok alanında sorunlar yaşamaktadırlar, bu nedenle aile odaklı yaklaşım sağlayan aile terapisi veya aile terapisi ile bireysel psikoterapi ve farmakoterapinin birleşimi önerilmektedir [81,86,87].

Hümanistik-varoluşçu terapi; Hümanistik terapiler "insanların potansiyellerini geliştirmeleri için var olan içsel bir eğilimle kendilerini gerçekleştirdikleri" önermesine dayanmaktadır [81,87]. Hümanist terapilerin diğer belirleyici özellikleri şu inançlara dayanır: İnsan kendinin farkındadır, nasıl yaşayacağını seçmekte özgürdür, yaptıkları seçimlerden sorumludur ve bireysel deneyim ve özellikleri bağlamında anlaşılması gereken benzersiz varlıklardır [81,88].

Sorun çözme terapisi; katılımcı tarafından karşılaşılan güncel sorunlara ve bu sorunların değerlendirilmesi ile uygun çözümlerin gelişimine odaklanır [81,89]. Sorun çözme terapisi ruhsal sorunların sağaltımında son zamanlarda artarak uygulanan bir bilişsel-davranışçı tedavi yaklaşımıdır [81].

Anahtar Kelimeler: Depresyon, antidepresan, terapi

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