

OBSESİF KOMPULSİF HASTALIKLAR

- TANI VE TEDAVİLERİ -

Prof. Dr. Vahdet GÜL



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ÖNSÖZ

Ruhsal Bozukluklar, insanlığın başlangıcından beri bilinmesine rağmen, geçen yüzyılın başlarına kadar gerçek nedenleri tam olarak anlaşılamamıştı. Ancak son yarı yüzyıl da başlatılan bilimsel çalışmalar ışığında birçok ruhsal bozukluğun patolojisi aydınlatılmıştır. Psiko-patoloji, “Ruhsal Hastalık” kavramı altında, bir tıp dalı olan Psikiyatrinin konusu olmuştur. Günümüzde psikiyatride, kanıtlanmış neden – sonuç ilişkileri çerçevesinde ruhsal hastalıkların tanı ve tedavileri bilimsel bir temelde yapılmaktadır.

Obsesif Kompulsif Bozukluklar, psikiyatrik hastalıklar arasında sık görülen ve geniş bir belirti ağına sahip, nüfusun yaklaşık yüzde üçünü etkileyen ve tedavisiz kendiliğinden iyileşmeyen engelleyici ciddi psikiyatrik hastalıklardır.

Obsesif Kompulsif Bozuklukların da ilişkili olduğu anksiyete bozuklukları, ruhsal hastalıklar arasında en geniş dağılıma sahip ve en sık görülen psikiyatrik bozukluklardır. Bu bozukluklar; zihinsel, duygusal ve bedensel belirtilerle karakterize bir klinik tablo oluşturur. Her anksiyete bozukluğunun kesin tanı belirtileri farklı olabilir. Ancak endişe, korku, kaygı ve fiziksel gerilim gibi belirtiler, en az değişikliğe uğrayan ortak özelliklerdir.

Ana belirtileri karşı konulamayan, tekrarlayıcı, endişe, kaygı ve iç huzursuzluk olan obsesif kompulsif ve benzeri bozukluklar, bu kitapta iki bölümde ele alındı. Birinci bölümde, Obsesif – Kompulsif Bozukluk bir bütün olarak işlandı. İkinci bölümde ise, obsesif kompulsif benzeri belirtilerle seyreden fakat farklı klinik özellikleri olan bir grup hastalık sunuldu. Bu hastalıkların genel bir tanıtımı yapılarak, klinik temelde tanı ve tedavileri bilimsel konsensusa uygun olarak verildi.

Uluslararası alanda, sözel bir tedavi uygulaması olan ve hekimlerce yapılan Tibbi Psikoterapi ’nin tanıtımı yapılarak detaylı bir şekilde ele alındı. İlgili literatür kaynakları, toplu olarak bölüm sonlarında verildi.

“Obsesif-Kompulsif Hastalıklar – Tanı ve Tedavileri” başlıklı bu kitabın, başta Tıp mensupları olmak üzere, Sosyal Bilimler ve Psikoloji alanındaki meslek mensupları ve öğrencileri için yararlanabilecekleri bir el kitabı olacağını düşünüyorum. Ayrıca bu bozukluklardan etkilenmiş olan kişilerin veya ilgi duyanların da bu kitabı, merakla okuyacaklarını ümit ediyorum.

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Nisan 2025

Not: Ruhsal hastalıkların tanı, ayırcı tanı ve sınıflandırmaları, uluslararası kurallar altında, belirli kriterler eşliğinde yapılmasını içeren ve ‘Amerikan Psikiyatri Birliği’ (American Psychiatric Association) tarafından yayınlanan ‘Mental (Ruhsal) Bozuklukların Tanısal ve İstatistiksel El Kitabı’ (Diagnostic and Statistical Manuel of Mental Disorders, DSM-5, 2013, 5. ed.) ‘dan yapmış olduğum bazı alıntılar nedeniyle bu kuruluşa, minnettarlığını saygıyla ifade etmek istiyorum.

iTHAF:

Bu kitabın hazırlanmasında teşvik ve desteklerini gördüğüm eşim Deniz, kızlarım Buket ve Melisa'ya buradan teşekkürlerimi ifade etmeyi bir borç sayıyorum.

KISALTMALAR

ADHS	Dikkat Eksikliği Hiperaktivite Bozukluğu
ASB:	Akut Stres Bozukluğu
BAB:	Beden Algısı Bozukluğu
BDT:	Bilişsel Davranışçı Tedavi (Cognitive Behavioural Therapy)
btBDT:	Bilgisayar Tabanlı Bilişsel Davranış Tedavisi
CNS:	Merkezi Sinir Sistemi (Central Nervous System)
DİB:	Duyusal İşlem Bozukluğu
EKG:	Elektrokardiyografi
EMDR:	Göz hareketleriyle duyarsızlaştırma ve yeniden işleme terapisi “Eye Movement Desensitization and Reprocessing”
ERP:	Maruz kalma ve tepki önleme tedavisi (Exposure and Response Prevention)
FDA:	ABD Gıda ve İlaç Dairesi (USA Food and Drug Administration)
FTBT:	Farkındalık Temelli Bilişsel Terapi
GABA:	Gama Amino Bütirik Asit
GIS:	Sindirim kanalı (Gastrointestinal Sistem)
ICD-10:	Uluslararası Hastalık Sınıflandırması (International Classification of the Disease, 10.ed.)
IED:	Aralıklı Patlamalar Seyreden Davranışsal Bozukluk (Intermittent Explosive Disorder)
MAOI:	Monoamin Oksidaz İnhibitorler
MRI:	Manyetik Rezonans Görüntüleme
NON-REM:	Hızlı göz hareketlerinin olmadığı uykı aşaması
OKB:	Obsesif Kompulsif Bozukluk
OTC:	Reçete gerekmeyen ilaçlar (Over The Counter)

PET:	Pozitron Emisyon Tomografisi (Positron Emission Tomography)
PT:	Psikoterapi
RIMA:	Geri Dönüşümlü Monoamin Oksidaz İnhibitory
SAB:	Sosyal Anksiyete Bozukluğu
SNRI:	Seçici Noradrenalin Geri Alım İnhibitory (Selective Noradrenalin Reuptake Inhibitor)
SPECT:	Tek Foton Işınımı Kompüter Tomografi (Single Photon Emission Computerised Tomography)
SSRI:	Seçici Serotonin Geri Alım İnhibitory (Selective Serotonin Reuptake Inhibitor)
TCA:	Trisiklik antidepresanlar (Tricyclic Antidepressant)
TMS:	Transkranial Manyetik Stimülasyonu
TPT:	Tibbi Psikoterapi (Medical Psychotherapy)
TSSB:	Travma Sonrası Stres Bozukluğu (Post Travmatik Stres Disorder)
YAB:	Yaygın Anksiyete Bozukluğu

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BÖLÜM 1

OBSESİF KOMPULSİF BOZUKLUK (DSM-5'E GÖRE 300.3, ICD-10'A GÖRE F42)

GENEL BAKIŞ

Obsesif Kompulsif Bozukluk (OKB) psikiyatrik hastalıklar arasında sık görülen ve geniş bir belirti ağına sahip, nüfusun yaklaşık yüzde üçünü etkileyen tedavisiz kendiliğinde iyileşmeyen engelleyici ciddi psikiyatrik hastalıklar arasında yer alır.

OKB insanların; tekrarlayan, istenmeyen takıntılu düşünce, fikir, dürtü veya hayallerin oluşturduğu obsesyonlar ile tekrarlayıcı davranış ve zihinsel eylemlerin oluşturduğu kompulsyonları içeren ve anksiyetenin yoğun yaşandığı ruhsal hastalıklardır. Obsesif düşünceler kişinin isteği dışında gelişir ve kişi tarafından mantık dışı olarak değerlendirilirler. Bunlar, kişide yoğun bir anksiyete oluşturularak, aralıklarla veya süreğen seyredebilir. Oluşan anksiyeteye bağlı olarak bireyin günlük işlevleri belirgin bir şekilde olumsuz etkilenir.

OKB 'ler, Obsesyonlar, kompulsyonlar veya her ikisinin varlığı ile karakterizedir. Bu obsesyonlar ve zorlantılar günün önemli bir bölümünde günlük aktivitelerin önüne geçer işlevsellik alanlarında önemli sıkıntı ve bozulmalara yol açar. Obsesif düşünceler, kişiye mantıklı gelmese bile kontrol edilemeyen ya da durdurulamayan bir hal alır. Kişi, oluşan takıntıyi gidermek için bazı hareketleri ve ritüelleri tekrarlama ihtiyacı hissederek bir zorlanmanın içine sıkışır kalır.

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BÖLÜM 2

OBSESİF-KOMPULSİF BOZUKLUKLARLA İLGİLİ DİĞER HASTALIKLAR

1. BEDEN ALGISI / BEDEN DİSMORFİK BOZUKLUĞU (DSM-5 'E GÖRE 300.7, ICD- 10'A GÖRE F45.22)

GENEL BAKIŞ

Beden Algısı Bozukluğunda (BAB), kişinin fiziksel görünümünde algılanan ve başkaları tarafından fark edilemeyecek kadar az bir kusur veya kusurlarla sürekli meşguliyeti içeren ruhsal bir bozukluktur. Bedeninden memnun olmama anlamına gelen, kişide belirgin derecede ruhsal sıkıntı ya da günlük işlevlerde bozulma yaratacak kadar görünümdeki hayali bir kusurla sürekli meşgul olma söz konusudur.

Mesguliyetler vücutun herhangi bir yerine odaklanabilir. BAB olan kişiler, fiziksel görünümlerinde kusur olarak algıladıkları şeylerle günün büyük bir kısmında meşgul olurlar. Algılanan kusurlar başkalarına fark edilmez veya çok hafif görünür. Ancak vücut dismorphik bozukluğu olan kişi için çirkin veya abnormal görülür. Bu, pek çok insanın görünüşleriyle ilgili tipik endişeleriyle aynı şey değildir. BAB olan kişi ciddi bir sıkıntı yaşar ve günlük işlevleri yerine getirme yeteneği azalır.

BAB hemen herkeste görülebilen görünümle ilgili normal basit kaygılarla karıştırılmamalıdır. Depresyonda görülen bedeninden memnun

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