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How to get the Alzheimer's patient off the road... Taking the Keys Away

By William G. Hammond, J.D.

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For most people, driving is a necessity as well as a symbol of independence. There are very few people that will easily give up their independence and give you the keys to their vehicle. Yet for individuals with Alzheimer's disease, driving a vehicle can pose serious risks and endanger themselves or others. The decision of when to stop driving is one that Alzheimer's patients and their families often face.

There are many opinions concerning the issue of driving for the Alzheimer's patient. If he trusts his physician, the doctor may have more success than the primary care giver in letting the patient know when to stop driving. The physician may be trusted by the patient and be able to explain to him that his medical condition may interfere with his driving. This scenario is good for the caregiver as it takes the responsibility off you and puts it on the medical condition, with the physician being the messenger.

Below you will find some guidelines for approaching this sensitive issue with your family and your loved one. Ask your relatives to back you by being pleasantly supportive of your loved one. For a while, make sure he has a ride to familiar frequented places. Routine is so important.

Humor is almost always a positive way to cope with this situation. A fun way of approaching the subject is to tell him how lucky he is to have his own chauffeur!

However, knowing when to take the keys out of his hands can become tricky. Here are some warning signs that will help you make the decision: Car accidents Stopping in traffic for no apparent reason. Getting confused between the brake and the gas pedals Getting a ticket for moving violations Getting lost when places are familiar Getting agitated or irritated when they are driving Not anticipating dangerous situations Delayed responses to unexpected situations Driving at inappropriate speeds Incorrect signaling Getting confused at exits Switching into a wrong lane

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If some of the warning signs above are present, then it's time for family members to gather and discuss the problem. Sometimes it is easier to be together to face a difficult decision and intervene at an early stage when signs of impairment are not yet critical

The accident rate for drivers 85 years old and over is nine times higher than drivers between ages 25 and 69. The primary care giver may perform routine exams to assess the ability and skills of the patient and conform to state and local restrictions and laws. If you are concerned about your loved one's driving, take measures to keep him and others safe on the road.

You may find some additional information by finding a specialist in your area and you can contact the Association for Driver Rehabilitation Specialists (1-800-290-2344), www.driver-ed.org. Your local Department of Motor Vehicles may also be able to help you on this subject.

William G. Hammond, JD is a nationally known elder law attorney and founder of The Alzheimer's Resource Center. He is a frequent guest on radio and television and has developed innovative solutions to guide families who have a loved one suffering from Alzheimer's. For more information you can visit his website at

This History Of Alzheimer's Disease

By Gavin Sanderson

Alzheimer's disease is a brain disorder that affects persons thinking, memory, and intellect. It also compromises a person's social behavior and occupational functioning. This disease is the most common form of dementia and is found mainly in people over the age of sixty five. The Alzheimer's patient will get worse and worse until the end. It may even reduce their life span.

The disease was first recorded by an Alois Alzheimer in early 1900's. Alois Alzheimer was a well recognized German physician who specialized in neuropathology and histopathology. The patient was a woman names Auguste Deter, who at the age of fifty five, died leaving her physicians including Alzheimer baffled. She had suffered from language, memory and behavior problems that continued to get worse until the end. When she passed away, Alzheimer decided to study her brain to see if he could figure out the causes of her symptoms. He noticed two differences that have come to identify Alzheimer's disease.

The first of these is called Neurofibrillary tangles. They are abnormal formations in the cytoplasm of the nerve cell. They are found in the cerebral cortex of the brain mainly in the temporal lobe structures like the amygdale or the hippocampus. They can be seen using eosin or hematoxylin stain. They can also be seen using methods such as silver impregnation techniques, thioflavine, a fluorescent dye, or Congo red.

The second thing Alzheimer took note of was the neuritic plaques. The neuritis plaques are made of a

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protein called amyloid, normally found in the body. In a person with Alzheimer's, large sediments of the protein accumulate between the nerve cells. These plaques were later found to be comprised of deposits of aluminum silicate as well as the amyloid protein.

Since Alzheimer's discoveries, other researchers have discovered that there are links between the disease and genetics and the disease can be passed down through the generations of a family.

There is still plenty that needs to be understood about Alzheimer's before concrete conclusions can be drawn. Currently, the emphasis in Alzheimer's with regards to research is on prevention

There are currently medications on the market to treat Alzheimer's disease. The most commonly used are Aricept and Namenda. They are often both prescribed at the same time. These drugs are not known to reverse the disease, just to slow the progression of it and allow the patient to be able to function independently longer than otherwise able to do. At present time, there is no known cure for Alzheimer's disease.

Gavin Sanderson is an established freelance writer. You can find more of his writing at

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