

The Caregiver Link

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QUOTES

"Quality means doing it right when no one is looking."

~Henry Ford

"By doing what you love, you inspire and awaken the heart of others."

~Unknown

"Don't let hard days win."

~Unknown

"Help people even when you know they can't help you back."

~Unknown



Driving: When Aging and Illness Makes it Difficult

Many individuals believe getting that first driver's license is a right of passage – a testament that adulthood and freedom have arrived. In light of increased scrutiny and legislation concerning older drivers, caregivers and aging patients are both starting to wonder when to continue driving, when to slow down, and when to stop driving altogether. Physicians have joined the ranks of those who are questioning the safety of older adults behind the wheel of a car.

There are valid reasons for concern. The Federal Highway Administration (FHWA) states that drivers over age 75 have the highest motor vehicle fatality rate of any other driving group except for drivers under 25. In addition, this same driving group has more motor vehicle accidents per miles driven than any driving group except teenagers. Finally, as age increases, drivers are less able to cope with the complex driving conditions and are more likely to be involved in multiple vehicle accidents at intersections.

Some studies have suggested that changes in the vision field can contribute to the increase in older drivers who are involved in accidents. Both visual acuity and visual depth perception are affected, resulting in lowering the overall field of view for the aging driver. Reaction time or the ability to adapt to changing driving conditions also changes with age, although some studies are unclear as to the complete effect this changing condition has on the ability of an older adult to safely drive.

Prescription medications can also have an effect on someone's ability to drive. Seniors take more prescriptions daily than other groups, with studies estimating this number between two and seven. Some

drugs interfere with hearing and someone's ability to react to driving conditions timely enough to avoid an accident.

Family/Caregiver Responsibility

Many family members or caregivers are understandably hesitant to tell their loved one that it's time to cut back on driving or stop driving all together. Staying independent in the home if possible can keep spirits high and decrease someone's susceptibility to depression. Still, there are some circumstances that warrant a caregiver taking steps to ensure their loved one's safety and well-being.



One of the best ways to determine if an older driver is having problems driving is to be in the car as a passenger to observe what happens during real driving conditions. It may take several trials to get the full scope of what could happen. Driving ability could vary by the time of day, how soon a person drives after taking medication, or at night.

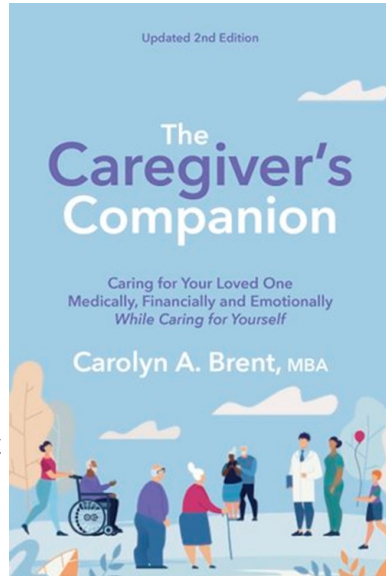
There are several questions caregivers can ask when looking at whether or not it's time to limit or stop driving:

1. When exiting a highway or interstate, does the driver seem confused?
2. Does the driver seem nervous or agitated when driving?
3. Does he/she fail to stop at red lights or stop signs?
4. Is there confusion over the gas or the brake pedal?
5. Are there unexplained dents in the paint of the car, mailbox, garage, or



The Caregiver's Companion
by Carolyn A. Brent, MBA

The Caregiver's Companion Caring for your Loved One Medically, Financially and Emotionally While Caring for Yourself is everything you need to know to ensure that your elderly loved one is being properly cared for.



3 Ways Music May Impact You

- 1. Reducing loneliness**
Music may connect you with others, even when you can't be together.
- 2. Influencing your mood**
A favorite tune can calm you on a frustrating day.
- 3. Decreasing pain**
Research suggests that music therapy can reduce the intensity of chronic pain.

The True History of Halloween

The history of Halloween we know today is a Christian creation. It all started in the 800s, when the Catholic Church merged two existing Roman festivals called Feralia and Pomona's Day with Samhain, in a successful attempt to replace all three. Pomona's Day was originally a harvest festival in honor of the Roman goddess of fruits and trees; this may explain the tradition of bobbing for apples. Feralia was a day for mourning and remembering the dead.

Christians began celebrating All Saints Day on November 1, with observances beginning at sunset the night before. Among other things, people dressed in costumes as Christian saints to scare away evil spirits, and then went door-to-door, begging for food. Sound familiar? Later, All Soul's Day (a holiday commemorating the dead who were not saints) was added to the mix on November 2. Celebrants took to going from house to house asking for little soul cakes (currant buns) in exchange for praying for the souls of a household's dead.

By 1500 AD, All Saints and All Soul's Days had evolved into Hallow Time (October 31-November 2), with most of the celebrations occurring the night before All Hallows Day -- All Hallows Eve. It wasn't long before "All Hallows Eve" evolved into "Hallowe'en."

Now fast forward to today and the celebrations many of us participate in. Adults have Halloween parties and purchase bloody decorations and other creepy "toys" to try and scare their guests with. Grown up parties usually involve eating and drinking – and of course dancing with or without the traditional bon fire.

Traditional kiddie Halloween parties include comic-scary decorations, spook houses and candy galore. You can get the cutest Halloween party invitations with matching return address labels. Trick-or-treating, dressing in costumes, honoring the dead and celebrating the good that's come to you during the year; all these are living, breathing traditions that tie us to ancestors who lived hundreds and thousands of years ago. Underneath all our fun traditions, the history of Halloween remains what it always was: a celebration of a year ending, and a joyous laugh in the face of the winter to come.





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- other objects / vehicles at the home?
6. Can he/she read and understand traffic signs?
 7. Does the driver stop for no apparent reason?
 8. How do other drivers react to the older driver on the road?
 9. Are turns, especially left ones, difficult to navigate?
 10. Is he/she aware of potentially dangerous situations or activity on the side of the roadway?

While these are not the only areas to consider, they will provide the caregiver with a method to begin evaluating how well the older driver is navigating on the roadway on their own. An objective evaluation is necessary in order to take the steps to keeping loved ones safe while on the road.

Some older drivers start to ask for help or naturally slow down in their driving innately as they become more uncomfortable. For instance, some will stop driving at night if they have difficulty seeing. Others may only drive during early morning hours when they feel like their facilities are sharper. Still others may ask for a co-pilot when they make regular trips to the doctor or grocery store as a way of “checking themselves.” Caregivers should also consider these cues when making an evaluation.

Next Steps

After the caregiver or family has decided that the driver should limit or stop driving, begin to have honest conversations with them about their ability to drive. Defensiveness about driving ability is common and older drivers often feel as if their independence and livelihood are threatened by handing over the keys.

Another way to approach the situation could be through the driver’s physician. The physician can evaluate for specific medical conditions that are hindering a person’s ability to drive. For example, a person with cataracts may be able to have surgical intervention that could increase their field of vision and improve their driving skills. After a thorough exam, a physician may also decide that a person is no longer able to drive. Hearing the news from a doctor could be easier to accept than when a loved one provides the same message.

Laws vary from state to state regarding continued licensing of older drivers and a quick call to the state’s transportation or public safety office could give more in-depth information. For example, some states require drivers to retest after they reach a certain age or have more frequent eye examinations. Others may require a physician’s letter stating they are physically fit. By the same token, other states are silent on the issue, leaving it up to individual responsibility to decide if they are fit to continue driving.

The doctor may also be willing to provide a statement for the family that can be attached to the person’s driving record

as well.

If he/she fears losing the driver’s license as a valid form of identification, all states offer the option to provide a legal ID card that does not include driving privileges. Generally, these IDs are provided by the same office where someone would apply for a driver’s license.

Alternate Transportation

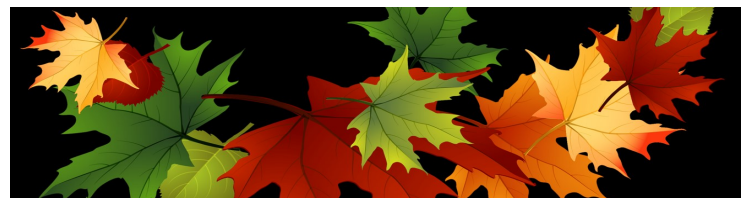
If the decision is made for someone to stop driving, it helps to ease their anxiety that transportation could be readily available. These arrangements could be made within the family or caregiver circle or by researching available transportation in the community.

Some ideas for transportation include:

- Selling the family vehicle and setting aside those funds to pay for public or private transportation.
- Rotating a schedule with family members or friends to provide ongoing transportation.
- Qualifying for special transportation in the community based on medical need, especially for medical appointments. (For starting points on where to find these programs, visit 211.org.)
- If public transportation is available, most communities have para-transit options available for those who are unable to walk to community bus stops. Applications need to be signed by a physician or a social worker documenting that the person needs door-to-door service.
- Joining an existing neighborhood carpool or vanpool service.
- Senior centers may provide transportation directly to and from programs on a regular basis. Additional trips may be available as needed or as scheduled; some fees could apply.

These are only a few of the many alternate transportation methods that are available. It is important to emphasize that it is still possible for someone to be independent and live on their own in the absence of a car and a driver’s license. It is natural for someone to be anxious or even depressed about not being able to drive. In order to address these concerns, caregivers and loved ones need to continue communicating about the need for transportation and how those needs can best be met.

by [Sandra Ray](#)



Return Service Requested

The Mission Of Senior Resources

An Area Agency on Aging

To provide a comprehensive and coordinated system of services designed to promote the independence and dignity of older persons and their families in Muskegon, Oceana, and Ottawa counties — a mission compelling us to target older persons in greatest need but to advocate for all.

To contact us, please call

Virginia or Mary at:

231-739-5858 or 800-442-0054

October's website: www.caregiver.com

Halloween

WORD SEARCH

F L A P P A R I T I O N L
 R A B N S C A R E V E U G
 I F F R C O A C A N D Y H
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 G H O S T O V S P O O K Y
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**Halloween
 Word
 Search**

WORD LIST

AFRAID APPARITION
 BOO BROOMSTICK
 CANDY CARVE
 CAT CAULDRON
 CREEPY FRIGHTENING
 GHOST GHOUL
 HAUNTED HALLOWEEN
 HOWL JACK O LANTERN
 MUMMY OCTOBER
 SCARE SPOOKY
 TRICK OR TREAT WITCH

