Alzheimers diseasesample essay

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All people like to feel as if they do things well. From childhood, mastering skills such as dressing independently, riding a bike and going to school, right through to when we learn to do more complex tasks as adults, evokes a great deal of self-satisfaction. Driving, holding an intellectual conversation, shopping and managing a bank account are all daily functions that many of us are well accomplished at, and most adults pride themselves on their ability to perform such activities independently. But for some, these functional abilities are a struggle and perhaps even impossible. Such people are diagnosed with a form of brain damage, where the chemistry of the brain changes due to the gradual degradation of nerve cells over time (Chapman, Gilmour & McIntosh, 2001). This diagnosis is known as Alzheimer’s Disease (AD).

Cognitive deficits associated with the disease can significantly affect occupational and social functioning, and limit the number of tasks one can fulfill in a day (Ball, Johansson ; Lundberg, 1997). AD predominantly affects the elderly, aged sixty and above, causing the development of physical, mental, social and environmental functional disabilities. Brain damage refers to any parts of the brain that are in some way impaired, and in the case of AD, nerve cell degradation impairs those parts of the brain required for memory and communication. Functional abilities are the physical and cognitive skills that enable people to perform daily tasks independently (Gilliard ; Keady, 1999). AD sufferers display impaired performance in complicated and fundamental daily functions such as driving and communicating with other people, which can subsequently diminish one’s quality of life. Driving skills According to Ball et al.

(1997), effective sensory-motor and cognitive functions are required for competent, safe driving – which most people with AD lack. Due to progressive cognitive deterioration, AD sufferers display poor impulse control and impaired judgement, thus their presence on the road is a safety hazard for both themselves and other drivers. AD can often affect visuospatial skills, required for estimating distances and thus appropriate car positioning in traffic. Sustained attention and judgement is also necessary to respond efficiently in potentially hazardous situations (Ball et al.

, 1997). Furthermore, the prevalence of memory impairment associated with AD can lead to driving faults and violations resultant of geographic disorientation. As discussed by Ball et al. (1997), a deficit in sensory abilities and higher order attention skills can also result in, slow driving, driving the wrong way in roundabouts and thus potentially, an accident.

Individual freedom versus public safety is a controversial issue raised by Ball et al. 1997). Swedish laws state that a minimum level of basic sensory and motor functions are necessary to hold a drivers permit, however due to the insidious nature of AD, accident risks are not evenly distributed. The insidious nature of AD causes instability in the severity of cognitive damage, thus restricting a physician's ability to foresee the future driving abilities of a patient. Ball's (1997) study indicates that driving risk increases during the course of the disease, but that there is no defined level of ' unacceptable risk'.

Ball's (1997) consensus group concludes that individuals with moderate to severe AD should not drive cars. Therefore, in order to maintain at lease

some sense of individual freedom, persons with AD are advised to undergo adaptive strategies to maximize the time they have left to drive safely. Such strategies include avoiding unfamiliar areas, only driving in daylight, and keeping longer distances between themselves and cars ahead. These adaptations aim to delay the necessary cessation of driving; avoiding an abrupt removal of this daily activity and a sufferers sense of autonomy. Gilliard and Keady (1999) discuss the example of a man who entered a Petrol station but was unable to recall how to fill up the car with petrol whilst insisting to his wife that he was perfectly able to drive.

Such difficulties are indicative of the disease sufferer’s unwillingness to accept his or her functional deterioration and consequential lack of day-to-day mobility. Driving to friends’ houses, evening classes, shopping centres or the park all cease, and using taxis is not only expensive but also less convenient. A gradual adaptation to an alternative form of transport is the only possible outcome for persons with AD, along with a loss of self-worth and independence. Being stripped of the right to drive can represent a significant loss in the daily functioning of a sufferer. Communication skills At the very core of any relationship, is the ability to communicate effectively.

“‘ The loss of meaningful interactive and conversational skills is more distressing to carers than the developing of behaviours upon which many professionals focus their attention, e. g. aggression”, wandering and incontinence'” (Muir, 1997 cited in Gilliard & Keady, 1999, p. 126). AD directly affects the ability of a person to participate in flowing, intellectual discourse as this requires intact memory, concentration and reasoning (Chapman et al.

, 2001). Words and their meanings are forgotten and concentration rapidly diminishes, resulting in a difficulty to verbalize long sentences or to even remember the topic of conversation. According to Chapman et al. (2001), verbal learning, memory and immediate auditory attention span (digit span) are sensitive to impairment in early stages of the disease. Absentmindedness and internal preoccupation with thoughts and daydreams (Briller, Calkins, Marsden, Perez & Proffitt, 2001) affect a person's ability to continue expressing politeness in a conversation, be friendly to strangers and present themselves well. Aphasia is a difficulty in finding words to express thoughts or make sense of words spoken by others (Briller et al.

, 2001). Crucial to communication, this deficit is common amongst AD sufferers and has a significant effect on daily functions such as following or giving instructions, expressing needs or merely fulfilling the role of a spouse or parent. Depending on the severity of the impaired communication skills, relatives may no longer cope with AD patients at home (Briller et al. , 2001), causing the sufferers great sadness and depression at the reality of isolation. Some sufferers make a conscious and deliberate effort to hide their incompetence from family and friends.

As the condition progresses, however, the masking becomes challenging and the person will tend to restrict their participation in daily activities in which competence is difficult to sustain (Gilliard ; Keady, 1999). Patients will cease to interact with others as they recognise their inability to deliver meaningful discourse, severely compromising their social opportunities. Self-doubt and embarrassment at such communicative disabilities can potentially lead to limited daily functioning. A person may lack motivation to walk in the park,

shop, watch television or engage in any other daily activity in which other people can be seen to converse competently.

Situations in which there is a chance that the person themselves may need to communicate with others are also avoided. Persons diagnosed with AD can henceforth become severely depressed and frustrated, living in a rapidly shrinking social world – a shattering blow to the individual. The inability to perform daily functional tasks is frustrating and upsetting to people who have accomplished them independently for so many years (Briller et al. , 2001). Lack of self-esteem, self-worth, individuality and hope accompany the loss of these capabilities and have a significant effect on one’s daily functioning as a comfortable, integral part of society.

Driving is no longer a viable reality for AD sufferers, and for them, this restriction metaphorically extends further, and they feel as if they have been stripped of their mobility altogether. The effect of brain damage on the memory of persons with AD patients inhibits them from concentrating for extended periods of time; recalling names, numbers and other important facts; and causes thought block. These symptoms effectively cause the person to lose track of conversations, feel socially unacceptable and disabled and therefore withdraw from conversations and any situation involving communication techniques. Memory failure ultimately results in social isolation and a reclusive future for those affected.

The impossibility of driving again and the bleak reality of poor communication with other people due to brain damage can induce extreme anxiety, since daily functioning is hopelessly affected. Meeting new people,

seeing old friends, going shopping, participating in routine social activities and going out to different or even familiar places will never again be pleasurable realities for the Alzheimer’s Disease sufferer.