

اللَّهُمَّ إِنِّي أَسْأَلُكَ مِنَ الْكُسلِ وَالسَّوْءِ الْكَبِيرِ
"OH ALLAH! I SEEK REFUGEE IN YOU FROM LAZINESS AND THE EVIL OF
OLD AGE."



OLDER ADULTS MENTAL HEALTH



Mental Health Series

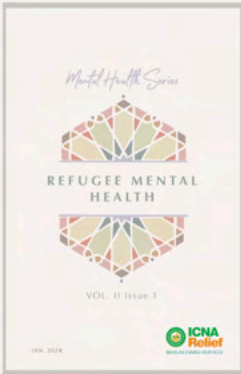
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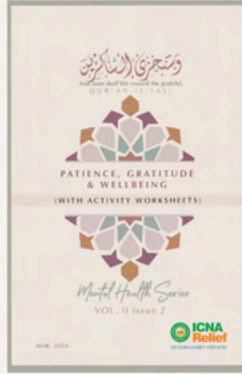
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<https://cambridgemuslimcollege.academia.edu/AmberHaque>

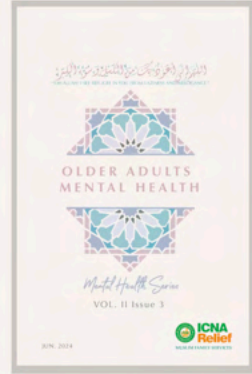
MENTAL HEALTH SERIES VOL.2



ISSUE 1



ISSUE 2



ISSUE 3

<https://icnarelief.org/mfs/resources/>

Why this booklet?

Mental health disorders in older adults and ways of dealing with them are little known in the general population, including Muslim communities. Also, much has changed in research on the challenges older adults face and what precautions and interventions are possible. This booklet covers major issues of seniors in layperson language, and data sources are given for further information. The booklet highlights the status of elders in the Quran and Sunnah.

Disclaimer

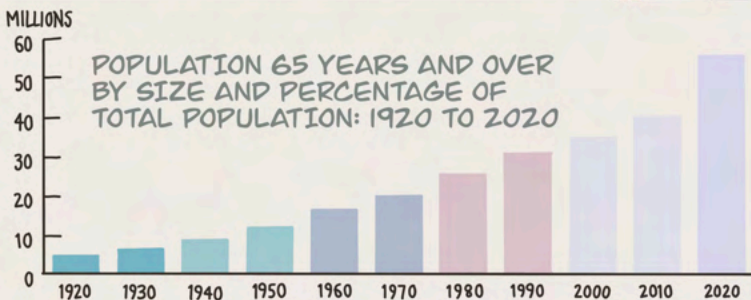
The views expressed are the author's own and not necessarily the opinion of ICNA Relief.

TERMINOLOGIES

The word senior or elders is used commonly, referring to people 65 years or more. In academia, research, and professional settings, the term "older adults" is used as it is formal and neutral.

THE AGING POPULATION

The US Census shows that by 2060, adults 65 years old and beyond will nearly double from 46.3 to 98 million or one-fourth of the US population. While older adults face some challenges of old age, research shows that they are often better off than the younger population in terms of conscientiousness, agreeableness, and regulating emotions. One area of concern, however, is the cognitive decline due to the natural aging process. This decline is highly individualized as it is determined by many factors.



<https://www.census.gov/library/stories/2023/05/2020-census-united-states-older-population-grew.html>

THE BRAIN AGE CYCLE

As we age, change occurs in all parts of our bodies including a shrinkage in certain parts of the brain affecting our daily lives.

Brain development at different stages of life:



Adolescence: The brain is fully grown, but "wiring" is still in process; the emotional center is developed, but processing centers are still under development.

Early Adulthood: The brain is at its maximum ability, which lasts for five years; neural pathways for emotional response are fully developed.



Adulthood 45+: The first decline starts at 45 when the brain starts losing memory, reasoning, and comprehension capacity. Forgetfulness increases significantly.

Older Adult: At age 60, the brain starts losing cells; by age 65-70, the brain cell receptors start decaying. This results in decreased reasoning, spatial, and verbal memory.



<https://www.medixselect.com/page/brainandaging?src=T1078>

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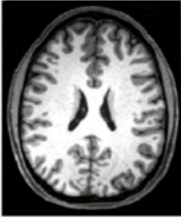
MUSLIM FAMILY SERVICES

CHANGES IN THE AGING BRAIN

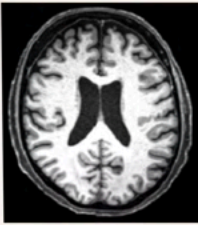
Brain aging refers to a decline in cognitive abilities, and its understanding tells us if there is any form of disease. As people age, their thinking speed, and episodic memories (recollecting past personal experiences) slow down, but verbal skills and knowledge are normal. The aging brain includes physical reduction in volume of the frontal lobe responsible for cognitive functions and expressive language, and the hippocampus, which is involved in processing memory and emotions.

STRUCTURAL CHANGES IN THE AGING BRAIN

Young brain



Old brain



- Volume reduction
- Thinning of the outermost layer of the brain
- Fewer connections between neurons
- Decrease in blood flow to the brain
- Decreased communication between neurons in some regions of the brain.
- Slower communication from the brain to different parts of the body
- Thinning in the frontal lobe is primarily responsible for slowed information processing
- Thinning of the frontal lobe also affects hearing, feeling, speech, and memory
- Physical shrinkage of the hippocampus
- Enlargement of the ventricles or cavities inside the brain

<https://www.sciencedirect.com/science/article/abs/pii/S092664101363000053>

<https://www.publichealth.columbia.edu/news/changes-occur-aging-brain-what-happens-when-we-get-older>

BEHAVIORAL CHANGES IN OLDER ADULTS

Changes in the aging brain affect mental functions, and it becomes normal to experience forgetfulness, mild memory problems, and difficulty learning new things. In most people, such signs appear after age 60 or later. Some older adults may have trouble finding words, recalling names, multitasking, and in their ability to pay attention. These are a natural part of aging and NOT a mental illness. However, the brain tends to deteriorate rapidly in the 70s and beyond, and by age 85, an average person has a 50% chance of developing Alzheimer's. Healthy lifestyles, such as no smoking, heavy drinking, regulated sleeping, following a nutritious diet, and keeping oneself mentally engaged, decrease the chances of Alzheimer's by 60%.



<https://www.medixselect.com/page/brainandaging?src=T1078>

Aging can also have positive cognitive benefits for those with greater vocabulary and knowledge from many years of life experience. Older adults can also learn new skills and improve their vocabulary and language skills. People who engage in physical activities have slower rates of cognitive decline.

Brain aging affects people differently, and not everyone reaches total impairment. Our genes, lifestyle, and life experiences all affect brain health. Some older adults perform cognitive tasks the same or better than individuals many decades younger.

MENTAL HEALTH ISSUES IN OLDER ADULTS

Anxiety

Older adults are more vulnerable to anxiety, which leads to higher stress levels and faster aging. Some anxiety is typical for all age groups, but significant others should be alert when anxiety starts to affect the daily functioning of a person. Symptoms of anxiety include feeling restless, fearful, confused, irritable, etc. Severe cases of anxiety may have physical symptoms, such as hyperventilation, nausea, headaches, digestive, and sleep issues. Persons who have suffered trauma in earlier life are more prone to anxiety.



Depression

While depression occurs in old age due to a lot of factors, it may not be clinical depression. The Centers for Disease Control (CDC) reports that one-fifth of older adults have some mental health issues, and only one-third of those get treatment. Signs of depression include loneliness, sadness, crying, a sense of worthlessness, helplessness, weight, sleep issues, etc. In general, the Major Depressive Disorder in community-dwelling seniors is lower than the levels observed in younger groups. It is essential to know that symptoms of depression may somewhat differ in cultures.



Delirium

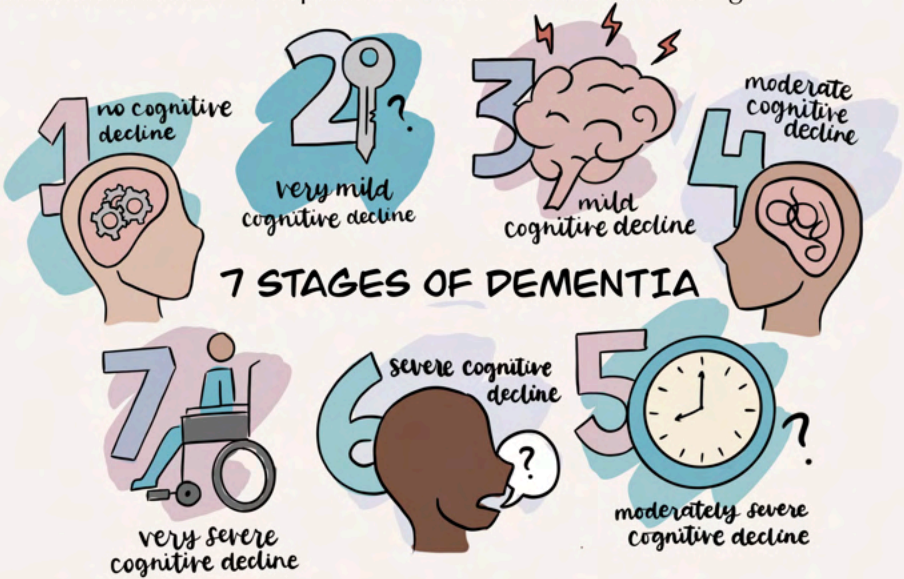
Delirium is a type of confusion more common in older adults but can be experienced by anyone of any age. It can happen when the stressors get out of balance with one's functional ability. It affects almost 20% - 35% people (higher percentage for older adults) admitted in an inpatient setting. The affected person may suddenly lose their general awareness and ability to focus. It can also happen due to illnesses or environmental factors and affect brain functioning. It is preventable, but if left untreated, it can lead to further complications.

Dementia

Dementia is a set of symptoms that includes loss of memory, thinking, and social skills. Depending on the severity, it may also include problems communicating, planning, organizing, getting lost, etc. It is caused by a loss of nerve cells, reduced blood flow to the brain or deposition of abnormal proteins in the brain. Some patients may also lose control of their emotions, show a change in personality, and become dependent on their daily activities, including feeding.

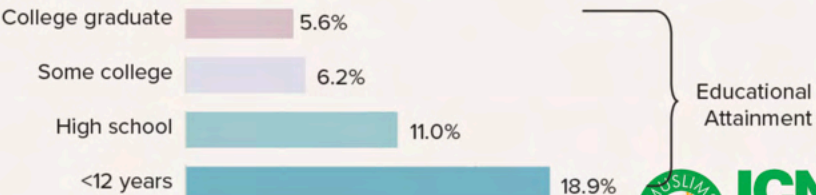
Mild forgetfulness in old age without accompanying symptoms is not dementia. As it is a brain illness, those who do not have it live their entire life without dementia. Things that increase the risk of dementia include old age, hypertension, diabetes, obesity, smoking, excessive drinking, physical inactivity, social isolation, depression, etc.

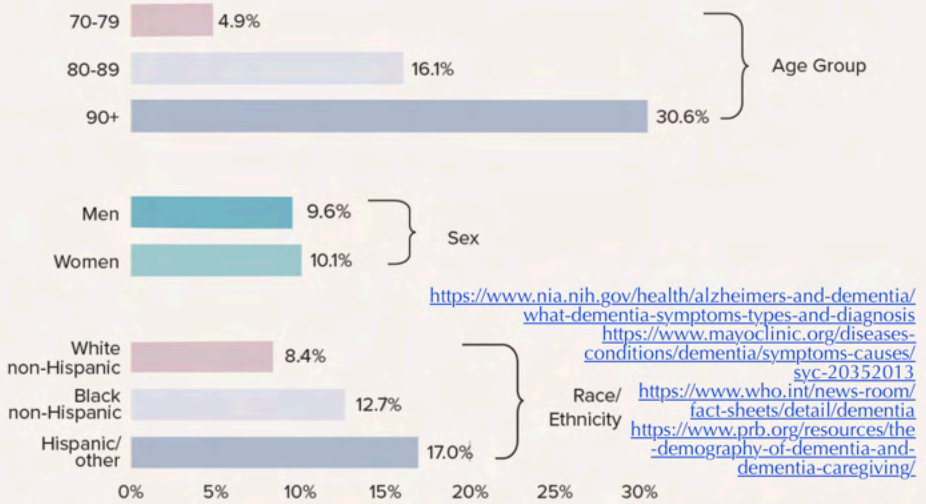
While there is no cure for dementia, remaining physically active and social interactions are important to stimulate brain functioning.



PREVALENCE RATES VARY WIDELY

Prevalence of Probable Dementia Among the U.S. Population Ages 70 and Older, 2015





Source: Vicki A. Freedman et al., "Short-Term Changes in the Prevalence of Probable Dementia: An Analysis of the 2011–2015 National Health and Aging Trends Study," *Journals of Gerontology, Series B* 73 (2018): 548-556.



Delirium

CAUSES AND RISK FACTORS



Dementia

- Hospitalization
- Surgery
- Long-term Healthcare Stay
- Drug Sensitivity or Interactions
- Infections and Illnesses
- Dehydration

- Age
- Genetics
- Poor Heart Health,
- Trauma to the Brain

KEY DIFFERENCES

Delirium

- Sudden onset
- Vital signs typically abnormal (fever, heart rate)
- Consciousness is altered
- Temporary and reversible
- Difficulty with attention
- Slurred speech during episode

Dementia

- Gradual with progression overtime
- Typically normal
- Consciousness usually clear
- Permanent with likely worsening
- Difficulty remembering recent events
- Slurred speech during episode
- Speech problems due to poor thinking and remembering common words or putting them together

SIX MEDICAL PROBLEMS THAT CAN CAUSE DEMENTIA RELATED SYMPTOMS BUT AREN'T DEMENTIA



Medication interactions or side effects



Sleep problems



Respiratory infection



Urinary tract infection



Dehydration



Excessive brain fluid

Alzheimer's

Alzheimer's is a brain disease that affects older people, but people younger than 65 may have early onset due to genetic factors. It is a severe form of dementia that slowly affects memory, thinking, and language and may lead the person to become dependent on others for the simplest tasks. The main features of Alzheimer's are abnormal clumps and tangled fibers in the brain. There is also a loss of connection between neurons that transmit messages between different parts of the brain and other parts of the body. About 1 in 10 older Americans develop Alzheimer's

THE FIVE 5 A'S OF ALZHEIMER'S DISEASE

All five are related to brain illness but can also be due to factors like drug abuse, etc.

Agnosia: Inability to recognize familiar things, objects, taste, sound, etc. (brain related)

Aphasia: Inability to express oneself in words

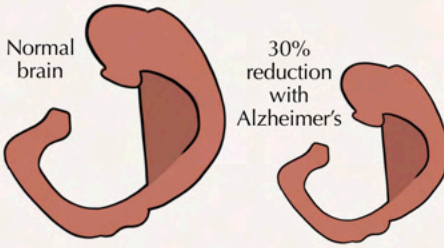


Amnesia: Memory loss

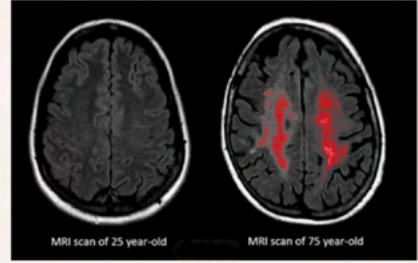
Apraxia: Motor disorder caused by damage to the brain

Anomia: Inability to remember words one wants to say

SHRINKING HIPPOCAMPUS AND ENLARGING BRAIN CAVITIES

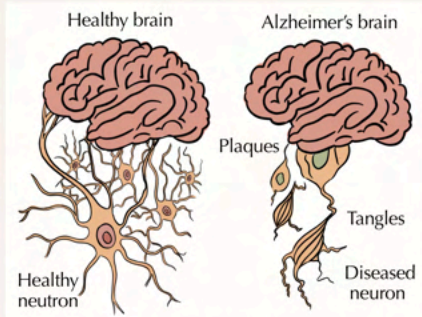


Hippocampus stores memory

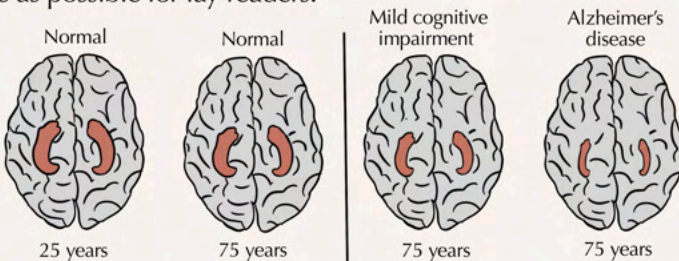


MRI Scan shows enlarged cavities in the brain

The hippocampus (Greek for seahorse shape) is a C-shaped structure about two inches long inside each side of the brain and is primarily responsible for memory and spatial navigation. In Alzheimer's patients, a 15-30% reduction in the hippocampus's matter affects memory. Alzheimer's patients have long-term memories because they are stored in another part of the brain. In Alzheimer's, there is also an enlargement of the cavities within the brain that leads to neuronal tangles & plaques, resulting in dementia. Excessive fluid in enlarged cavities further compromises brain functions, and high levels of stress produce hormones like cortisol, which leads to brain atrophy and decreased cognitive abilities. There are other reasons for Alzheimer's, and the explanations given here are as simple as possible for lay readers.



The figure shows damaged neurons, plaques, and tangles in a brain with Alzheimer's



A curved structure nestled deep within the brain, the hippocampus (from the Greek word for seahorse) plays a major role in forming, storing, and processing memories. The hippocampus becomes somewhat smaller as a part of normal aging, as shown by the comparison between the hippocampus in a healthy 25-year-old and a healthy 75-year-old. But the structure diminishes in size even more in a person with mild cognitive impairment and is markedly smaller than normal in a person with Alzheimer's disease.

<https://www.nia.nih.gov/health/alzheimers-and-dementia/alzheimers-disease-fact-sheet>
<https://www.mayoclinic.org/diseases-conditions/alzheimers-disease/symptoms-causes/syc-20350447>
<https://www.aarp.org/health/conditions-treatments/info-2018/difference-between-dementia-alzheimers.html>

DIAGNOSIS AND TREATMENT

The various tests used in diagnosing dementia include:



Self-report and interview of significant others



Tests of memory, problem-solving, language, etc.



Medical tests to rule out other illnesses



Brain fluid test (CSF) to measure levels of proteins associated with dementia



Brain scans like CT, MRI, PET, etc.

Functional Assessment

Functioning in older adults is typically classified in two ways: instrumental activities of daily living (IADLs) and basic activities of daily living (BADLs). IADLs are high-level, cognitively complex tasks critical to independent living, such as taking medication, managing one's finances, driving, using a smartphone and computer, preparing meals, doing laundry, and shopping. BADLs are less cognitively demanding and refer to self-care tasks such as grooming, bathing, toileting, ambulating, and eating.

For older adults, the daily function is commonly measured in one of two ways: 1. Subjective measures such as self-info or info from a caregiver or significant other. 2. Objective measures on performance-based assessment of function in a professional setting. IADL changes can be good predictors of cognitive decline, dementia, or even AD.

Measures of Assessment

- Lawton-Brody Instrumental Activities of Daily Living Scale
- Everyday Cognition (ECog) scale
- Amsterdam IADL Questionnaire
- Observed Tasks of Daily Living—Revised
- Independent Living Scales



In the aging and dementia literature, self/collateral reported IADL changes have been identified up to 10 years before dementia diagnosis and are strong predictors of prospective conversion to Mild Cognitive Impairment and Alzheimer's Disease.

The celebrated neurologist Dr. Bredesen recommends cognoscopy (a test for brain health) for people with forgetfulness or almost anyone age 45 and beyond. Cognoscopy involves a series of blood tests, a simple cognitive test, and an MRI brain scan.

<https://www.youtube.com/watch?v=7Cjt1jxfcMM>

<https://neuroq.com/blog/what-is-a-cognoscopy-and-can-it-prevent-alzheimers/>

<https://www.nia.nih.gov/health/brain-health/how-aging-brain-affects-thinking>



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TIPS ON MANAGING DEMENTIA RELATED BEHAVIORS



Repeating the same questions: Write brief answers on a whiteboard which one can easily read for the same questions asked every few minutes.

Wandering: Provide simple tasks of interest to keep them focused and avoid boredom.

Incontinence: Remind or take them to bathroom every few hours and have them wear easy to remove clothes to avoid incontinence.



Insomnia: Maintain sleep routine, ask for short naps during the day, and keep electronics away before sleep time.

Delusions and paranoia: If the belief does not hurt self or others, avoid confrontation, and divert discussion to other things.

Important: If problems do not cease, see a professional!

WHEN TO SEE A DOCTOR?

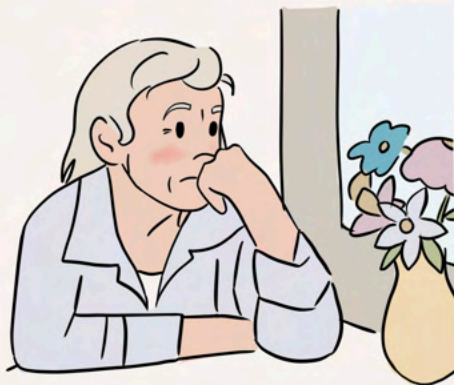
To grow old is natural, and with aging comes cognitive decline, including some forgetfulness. Survey shows that nearly 50% adults over 40 think they may develop dementia when the prevalence is much less. However, when you suffer from any medical conditions or are reminded of something and have no recollection, it is time to see a doctor. Do not diagnose a condition yourself or with a non-medical professional.

MEDICATIONS

There are medications for mild to moderate Alzheimer's that may help reduce or control cognitive and behavioral symptoms. There are currently no medications to cure Alzheimer's.

<https://www.nia.nih.gov/health/alzheimers-treatment/how-alzheimers-disease-treated>

LONELINESS IN OLDER ADULTS



Studies show that 40% of seniors feel lonely regularly. Signs of loneliness includes no close friends, decreasing reliance on family members, bored, lack of self-worth, feeling lonely even in the company of others, etc.

Try this small test of loneliness for yourself or your loved ones:
<https://spartools.org/mobility-measure/ucla-loneliness-scale-version-3/>



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Research shows that seniors have social relationship expectations in six main areas. The first four are universal and the remaining two are specific to old age:



1. Proximity (having social contacts)
2. Support (feeling cared for and be able to rely on others)
3. Intimacy (feeling close, understood, and listened to)
4. Fun activities (entertainment)
5. Generativity (opportunities to contribute meaningfully)
6. Respect (feeling valued and included)

If loneliness is not addressed, it can lead to physical and psychological problems, including cognitive decline or dementia. Unfortunately, there is no or minimal research on Muslims. An App based on Muslim values and cultures might help.

<https://journals.sagepub.com/doi/epub/10.1177/17456916221127218>

PSYCHOTHERAPY

While many kinds of talk therapies exist, like the traditional psychodynamic, Cognitive Behavior Therapy, and interpersonal approaches, there are also the third-wave psychotherapies that are very popular. For example, Mindfulness, Acceptance and Commitment Therapy (ACT), and Dialectic Behavior Therapy individualized to person's needs. A newer therapy called the Strength-Based-Approach, using positive psychology that focuses on individual positive traits, strengths, courage, optimism, gratitude, forgiveness, and altruism, is also available.

Psychologists also use adaptation and wisdom that comes from one's life challenging events. Here, the therapist looks into the client's challenging past experiences and draws out the growth and wisdom learnt and how that can be used as coping for current problems.

Life review therapy (reminiscence therapy) is another empirically supported therapy approach for depression in older adults. The life review requires older adults to integrate the disparate themes of a given life. People who do not integrate their lives successfully are vulnerable to despair and depression. There is solid support for life review therapy as an evidence-based treatment.



Resilience is adapting well in adversity, trauma, tragedy, or any sources of stress in three main areas



Psychological, such as adaptive coping styles, gratitude, happiness, and hopefulness.

Social includes community involvement, family and friends, a sense of purpose, and positive relationships



Physical includes the ability to remain physically independent and mobile and enjoy good health.



WAYS TO IMPROVE RESILIENCE

- Look at positive side of things or for the “silver lining.”
- Engage yourself in new activities.
- Find new friends or join a social group.
- Know that some things are out of your control so do things you can manage.
- Learn about stress-management techniques.
- Use spiritual practice like prayer.
- Practice self-care through proper nutrition, exercise, and good sleep.
- Find a way to volunteer where possible.

QURAN RECITATION THERAPY WITH MUSLIMS

Scientific research on Muslim clients has shown the benefits of Murattal (slow-paced) Quranic (e.g., recitation of Surah Rahman) on enhancing sleep quality for the elderly and decreasing anxiety, stress, and depression.

[https://www.academia.edu/111843583/
The_Effect_Of_Al_Quran_Therapy_To_Sleep_Quality_In_Elderly](https://www.academia.edu/111843583/The_Effect_Of_Al_Quran_Therapy_To_Sleep_Quality_In_Elderly)
[https://
pubmed.ncbi.nlm.nih.gov/37408452/](https://pubmed.ncbi.nlm.nih.gov/37408452/)
[https://www.ncbi.nlm.nih.gov/
pmc/articles/PMC10704108/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10704108/)



A FEW BASIC Q&A

1. Are most older adults likely to get Alzheimer's?

No! Only 1 in 9 persons over 65 years old or about 10.7% of American seniors suffer from Alzheimer's and about 2/3rd are women. Keeping physically and mentally active can reduce the risk of Alzheimer's disease.

2. Are dementia and Alzheimer's disease the same thing?

No! Dementia is a general term for memory loss that affects everyday living and Alzheimer's is a degenerative brain disease that leads to dementia and gets worse with time. There are several kinds of dementia. However, neither dementia nor Alzheimer's is a normal part of aging and adults younger than 65 may also have dementia or develop Alzheimer's.

3. Do most older adults live in Nursing Homes?

No! Only about 5% live in nursing homes at any given time and those changes are based on age. About 1% of older adults between 65-74 years live in a nursing home, 3.5 between ages 75-84 years and 13% persons older than 85 live in a nursing home.

4. Do most older adults feel lonely and isolated?

No! Some may feel lonely in the absence of their significant others, but some find the extra time to devote to their passions they were not able to before. Many get involved in volunteer activities and make new friends. Many also enjoy the company of their families and grandchildren.

5. Are most older people the same?

No! There is probably more variety in older people than younger people simply because older adults have lived through so much and they carry more experience and wisdom.

6. Is stress related to memory failures?

Yes! Studies using daily diaries have found that on days in which people are experiencing more stress they also report more memory failures. Also increased stress in the morning affected working memory during the day. Studies show fluctuation in cognitive abilities related to fluctuation in stress.

7. Can older adults learn new skills?

Yes! Most older adults can learn new skills but maybe not as fast as younger adults. It all depends on the interest and passion in what they want to learn. Many older adults find new interests in later life.

WHAT IS GEROPSYCHIATRY?



Alois Alzheimer

This is a specialty of the medical field and subspecialty of psychiatry dealing with mental disorders of old age. The field started in the 1950s when a German psychiatrist Alois Alzheimer found plaques and neuronal tangles in his patient who had symptoms of dementia. Because he was the first psychiatrist to identify the abnormalities in the brain of what is known today as Alzheimer's, the disorder is named after him. Geropsychiatrists or Geriatric psychiatrists, are involved in diagnosing and managing

various types of dementia and other psychiatric disorders of older adults. For details, see: <https://www.aagponline.org/>

The field of psychology that specializes in the study and care of older adults is called **Geropsychology**. The psychologists in this area apply their knowledge to help older adults, their families, social services, and residential centers, maintain overall wellbeing and maximum potential during later life. Psychologists specialize in psychological assessment and therapies for disorders including problems of old age, like dementia and related behaviors, behavioral concerns, and end-of-life care. The American Psychological Association has 57 divisions including Geropsychology: <https://www.apa.org/ed/graduate/specialize/geropsychology>

WAYS TO ENHANCE BRAIN CONNECTIVITY

Writing by hand

- Deepens content processing and emotional health
- May improve brain structure and function
- May help fight cognitive decline



Focusing on Personal Legacy

- Life's accomplishments that are impactful for self and others
- It lets the person believe one had a good and positive life
- Leaving a good legacy shows concerns for others and results in feeling good about oneself



Owning Pets

- Pets provide non-judgmental companionship
- Pet ownership reduces stress, anxiety, and boosts our mood
- Animal assisted therapy is frequently used in mental health treatment including depression and anxiety

<https://www.psychologytoday.com/us/therapists/elderly-persons-disorders>



ADVICE FROM 101 YEARS OLD PRACTICING DOCTOR ON HOW TO KEEP YOUR BRAIN SHARP

Dr. Howard Tucker is a neurologist from Cleveland, Ohio and was named the "Oldest Practicing Doctor" (<https://www.guinnessworldrecords.com/world-records/75949-oldest-practicing-physician>) by Guinness World Records.

He writes that good genes and a bit of luck can give one a head start, but the key is to keep our mind engaged in work, social, and entertainment activities. For him these three activities have been the secret to good health.

1. Work.

Research shows a correlation between retiring and increased cognitive decline. His job requires him to review cases and think through problems. Volunteering, having a hobby and learning new skills gives mental stimulation.

(<https://pubmed.ncbi.nlm.nih.gov/22538324/>)



2. Staying social.

Strong relationships can also help maintain our memory and cognitive functions. When his close friends of his age passed away, he made new friends in the community and started socializing with them.

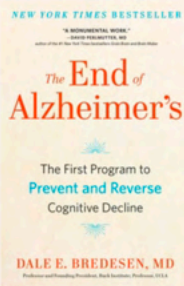


3. Reading.

Keeping up with reading related to one's profession or literally anything that enables the brain to process new information, which is essential to keeping the mind sharp and active.



LIFESTYLE PREVENTION APPROACH TO ALZHEIMER'S



The four things that can reverse the deterioration of one's heart, brain, and other major organs are diet, exercise, stress levels, and social support. Read the bestseller by Dr. Bredesen, *The End of Alzheimer's*, based on a lifestyle prevention approach.

Author's Note: This is not a book endorsement, just a recommendation for review and learning.



RESIDENTIAL CARE FACILITIES FOR THE ELDERLY (RCFES) WITH MENTAL DISORDERS

About 10% of 65 or older adults meet the criteria for a mental health disorder. The majority, however, reside in their own homes. There are different categories of RCFEs, including independent living facilities, assisted living facilities, skilled nursing homes, and continuing care retirement communities. RCFEs provide a supportive care setting that encourages independence, while helping residents with functional and cognitive limitations.

RCFEs, and especially the assisted living facilities, serve the needs of patients unable to remain at home but still more functional than those requiring 24/7 care. They provide daily meals, assistance with activities of daily living, 24-hour oversight, activities, transportation, and a range of specialty units and room types, including memory units for those with dementia. Nursing homes are state-licensed facilities that provide 24-hour room and board, supervision, and skilled nursing care.



Several state and governmental programs fund assisted living facilities care, including supplemental security income (SSI), long-term care insurance, and Medicaid, with one or more being accepted in assisted living facilities in most states. The most common conditions treated through successful residential and home-based programs for older adults are depression, anxiety, and cognitive decline.

OLDER ADULTS OF THE FUTURE



- Trends suggest that tomorrow's older adults may arrive in later life with different patterns of mental health and disorders.
- As today's youth have higher rates of depression than the current older adults have in their youth, they may carry over higher rates of mental disorder later in their life.
- The older adults of the future will also have increased experiences of and expectations regarding mental health treatment.

• They may rely more on mental health services and demand greater access to and efficacy from the mental health profession.

QURAN ON OLD AGE

There are different terms in the Arabic language for older adults. However, the Quran uses the word Shaikh for the elderly, for instance, 11:72 and 40:67. Shaikh refers to someone advanced in age and resulting wisdom and for those advanced in Islamic knowledge. The Quran also uses age 40 for maturity and developmental regression (Q 46:15). Quran considers aging a natural process, unlike cultural beliefs in some communities, where cognitive decline or illness are attributed to past sins or tests from God.

وَاللَّهُ خَلَقَكُمْ ثُمَّ يَتَوَفَّاكُمْ وَمِنكُمْ مَنِ يُرَدُّ إِلَىٰ أُنْزَلِ
الْعُمْرِ لِكَيْ لَا يَعْلَمَ بَعْدَ عِلْمٍ شَيْئًا ۚ إِنَّ اللَّهَ عَلِيمٌ قَدِيرٌ ﴿١٦٧﴾

It is Allah who creates you and takes your souls at death; and of you there are some who are sent back to a feeble age, so that they know nothing after having known (much): for Allah is all-Knowing, all-Powerful. (Q 16:70)

An ayah depicting the story of the father of Yusuf (AS) states:

وَلَمَّا فَصَلَتِ الْعِيرُ قَالَ أَبُوهُمْ إِنِّي لَأَجِدُ رِيحَ يُوسُفَ
لَوْلَا أَن تَفَنَّوُنَا ۖ قَالُوا تَاللَّهِ إِنَّكَ لَفِي ضَلَالِكَ الْقَدِيمِ ﴿٩٥﴾

When the caravan left (Egypt), their father said: 'I do indeed smell the presence of Joseph: no, do not think me as a dotard'. They said: 'By Allah! Truly you are in your old wandering mind'. (Q12:94-95)

وَقَضَىٰ رَبُّكَ أَلَّا تَعْبُدُوا إِلَّا إِيَّاهُ ۚ وَبِالْوَالِدَيْنِ إِحْسَانًا
إِمَّا يَبُلُغْنَّ عِنْدَكَ الْكِبَرَ أَحَدُهُمَا أَوْ كِلَاهُمَا فَلَا تَقُلْ
لَهُمَا فُؤَادًا مِّنَ الْغَيْبِ وَلَا تَنْهَرَهُمَا وَقُلْ لَهُمَا قَوْلًا كَرِيمًا ۖ وَاخْفِضْ
لَهُمَا جَنَاحَ الذُّكُلِ مِنَ الرَّحْمَةِ وَقُلْ رَبِّ ارْحَمْهُمَا
كَمَا رَبَّيَانِي صَغِيرًا ﴿٢٤﴾

The Lord has decreed that you worship none but Him, and that you be kind to parents. Whether one or both of them attain old age in their life, say not to them a word of contempt, nor repel them, but address them in terms of honor. And lower to them the wing of humility, out of mercy, and say, 'My Lord, have mercy on them, as they raised me when I was a child.' (Q 17:23-24)

HADITH ON OLD AGE

Both aging and cognitive decline are mentioned by the Prophet Muhammad (S) as the hardest conditions; and he prayed to Allah to protect him from such states: O Allah, I seek refuge with You from cowardice, miserliness, and from being sent back to a feeble age. (Al-Bukhari, Book 16, Hadith 14)



The Prophet (S) said thrice, "Should I inform you out the greatest of the great sins?" "To join others in worship with Allah and to be undutiful to one's parents." Bukhari 2654, 52, 18

Whoever does not show mercy to our young ones, or acknowledge the rights of our elders, is not one of us. Musnad Ahmad (Sahih) 7073

RELIGIOUS EXEMPTIONS FOR OLDER ADULTS

The exemptions for religious rituals and practices are based on a person's physical and mental abilities rather than age. If the older person forgets daily prayers or other religious practices due to advancing illness, the caregivers can assist and remind as needed.

<https://sunnah.com/adab/18>

<https://www.soundvision.com/article/the-quran-and-sunnah-on-the-elderly>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8137626/>

ASSISTED LIVING FOR MUSLIM SENIORS

Islamic injunctions require offsprings to take care of their parents in old age, and most parents may also want the same. However, in exceptional circumstances when the parents must live outside the family home, non-Muslim facilities become most challenging due to dietary, language, and spiritual concerns. It is time that Muslim communities address this issue urgently.



QADA WA QADAR

"Al-Qada" refers to the belief that everything happens according to Allah's Will, while "Al-Qadar" refers to preordainment (fate). Having the power of free will, one can choose how to respond to different situations in life. In Islam, it is encouraged to face challenges with contentment and adhere to the teachings of the religion. This approach can help one seek Allah's pleasure even in difficult moments. One can free oneself from grief by believing in Qadar and coping positively.

PUA FOR OLD AGE

اللَّهُمَّ إِنِّي أَعُوذُ بِكَ مِنَ الْعَجْزِ وَاللَّسَلِ وَالْجُبْنِ وَالْبُخْلِ وَالْيَهْرَمِ
وَعَذَابِ الْقَبْرِ اللَّهُمَّ آتْ نَفْسِي تَقْوَاهَا وَزَكَّاهَا أَنْتَ خَيْرُ مَنْ زَكَّاهَا
أَنْتَ وَلِيِّهَا وَمَوْلَاهَا اللَّهُمَّ إِنِّي أَعُوذُ بِكَ مِنْ عِلْمٍ لَا يَنْفَعُ وَمِنْ قَلْبٍ
لَا يَجْمَعُ وَمِنْ نَفْسٍ لَا تَشْبَعُ وَمِنْ دَعْوَةٍ لَا يُسْتَجَابُ لَهَا ❁

"O Allah, I seek refuge in Thee from incapacity, from sloth, from cowardice, from miserliness, decrepitude and from torment of the grave. O Allah, grant to my soul the sense of righteousness and purify it, for Thou art the Best Purifier thereof. Thou art the Protecting Friend thereof, and Guardian thereof. O Allah, I seek refuge in Thee from the knowledge which does not benefit, from the heart that does not entertain the fear (of Allah), from the soul that does not feel contented and the supplication that is not responded."
Sahih Muslim 2722, Book 48, Hadith 99.

اللَّهُمَّ اجْعَلْ أَوْسَعَ رِزْقِكَ عَلَيَّ عِنْدَ كِبَرِ سِنِيَّ وَانْقِطَاعِ عُمْرِي ❁

"O Allah, make my sustenance the most plentiful in my old age and during the last days of my life."

اللَّهُمَّ اجْعَلْ خَيْرَ زَمَانِي آخِرَهُ، وَخَيْرَ عَمَلِي خَوَاتِمَهُ،
وَخَيْرَ أَيَّامِي يَوْمَ أَلْقَاكَ ❁

"O Allah, Make the best of my life the end of it, and the last of my deeds the best one; and the best of my days, the Day when I meet You."



ICNA
Relief

Test your memory and problem solving skills by completing a few activities provided below:

WORD JUMBLE - PROPHETS' NAMES

HNU _____	HYAAY _____
AIS _____	ADWDU _____
MAAD _____	AKRZIAA _____
AMSU _____	MUSAYLNA _____

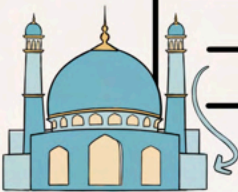
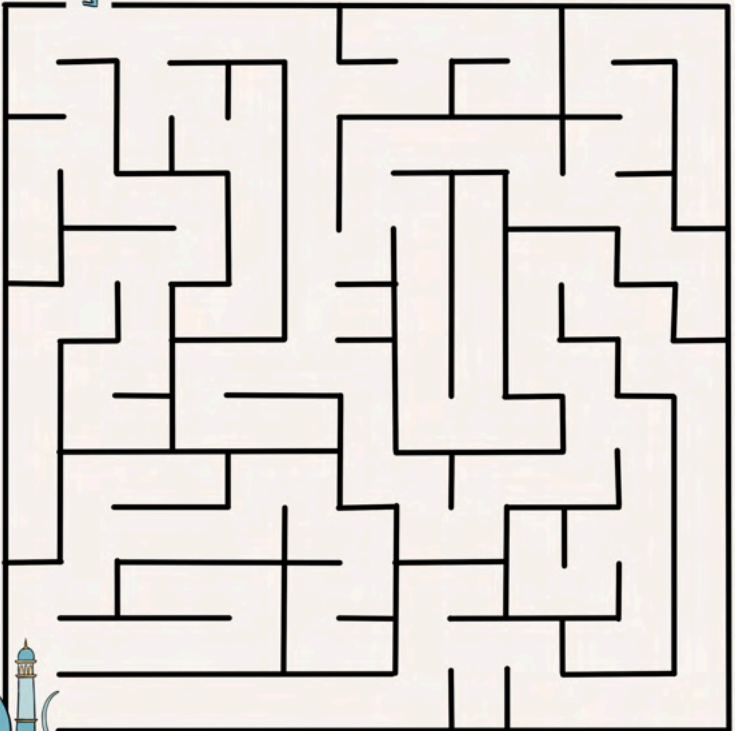
WORD SELECTION - SAHABA

Circle names of the Prophet Muhammad's (SAW) friends (Sahaba) only:

ILYAS	YAQUB	ABU BAKR	YUNUS	UMAR
BILAL	ALI	IBRAHIM	KHIZER	OTHMAN

MAZE

Help Fazal get to the masjid before iqamah time!



QUIZ - MULTIPLE CHOICE



Which part of the brain shrinks when someone develops Alzheimer's?

1. Amygdala
2. Left part of the brain
3. Hippocampus
4. Prefrontal cortex

What does the term amnesia mean?

1. Motor disorder
2. Memory loss
3. Loss of words
4. Difficulty breathing

What is a way to enhance brain connectivity?

1. Writing by hand
2. Sitting in the couch
3. Walking
4. Lying on one's back

How many stages does dementia have?

1. 4
2. 1
3. 9
4. 7

What are some social relationship expectations that older adults have?

1. Support (feeling cared for and be able to rely on others)
2. Intimacy (feeling close, understood, and listened to)
3. Fun activities (entertainment)
4. All of the above

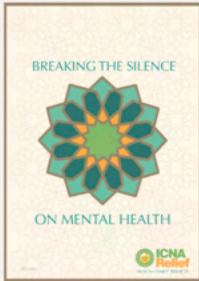
Which of the following statements is false?

1. In adolescence, the brain wiring is still in process
2. Delirium can be experienced at any age
3. Staying social causes cognitive delay
4. All of the above

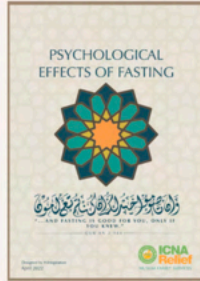
A brain fluid test (CSF) can diagnose dementia.

1. True
2. False

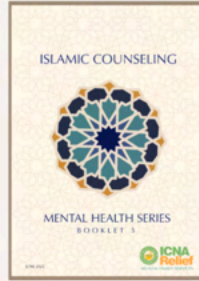
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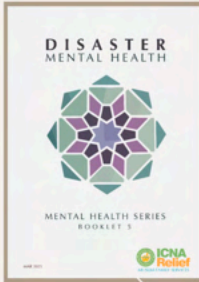
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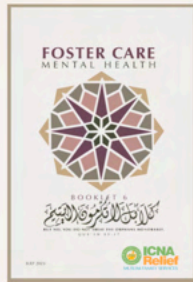
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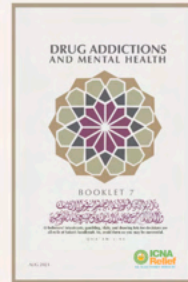
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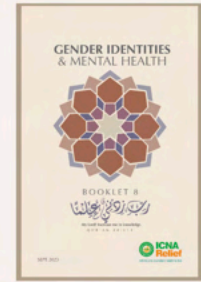
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Booklet 6



Booklet 7



Booklet 8

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