Accommodation and Compliance Series

Employees with Alzheimer’s Disease

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A service of the U.S. Department of Labor’s Office of Disability Employment Policy
Preface

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JAN’S ACCOMMODATION AND COMPLIANCE SERIES

Introduction

JAN’s Accommodation and Compliance Series is designed to help employers determine effective accommodations and comply with Title I of the Americans with Disabilities Act (ADA). Each publication in the series addresses a specific medical condition and provides information about the condition, ADA information, accommodation ideas, and resources for additional information.

The Accommodation and Compliance Series is a starting point in the accommodation process and may not address every situation. Accommodations should be made on a case by case basis, considering each employee’s individual limitations and accommodation needs. Employers are encouraged to contact JAN to discuss specific situations in more detail.

For information on assistive technology and other accommodation ideas, visit JAN’s Searchable Online Accommodation Resource (SOAR) at http://AskJAN.org/soar.

Information about Alzheimer’s Disease

What is Alzheimer’s disease?

Alzheimer’s disease is a progressive brain disorder named for the German physician Alois Alzheimer who first described it in 1906. Alzheimer’s disease damages and eventually destroys brain cells, leading to loss of memory, thinking, and other brain functions. Alzheimer’s is not a part of normal aging, but results from a complex pattern of abnormal changes. It usually develops slowly and gradually gets worse as more brain cells wither and die. Alzheimer’s is fatal, and currently there is no cure (Alzheimer’s Association, n.d.c.). Symptoms of Alzheimer’s disease progress from mild forgetfulness to widespread brain impairment. Chemical and structural changes in the brain slowly destroy the ability to create, remember, learn, reason, and relate to others. As critical cells die, drastic personality loss occurs and body systems fail (Mayo Clinic, 2012).

Early-stage Alzheimer’s is when the problems with memory, thinking, and concentration may begin to appear in a doctor’s interview or medical tests. Individuals in the early-stage typically need minimal assistance with simple daily routines. However, at the time of diagnosis, an individual is not necessarily in the early-stage of the disease.

The term early-onset or younger-onset refers to Alzheimer’s that occurs in persons under the age of 65. Younger-onset individuals may be employed or have children still living at home. Early-onset Alzheimer’s has been known to develop between ages 30 and 40, but it is more common for someone in his or her 50s to have the disease (Mayo Clinic, 2011).
How prevalent is Alzheimer’s disease?

Alzheimer’s disease is the most common type of dementia, a general term used to describe various diseases and conditions that damage brain cells. Alzheimer’s disease accounts for 50 to 80 percent of dementia cases (Alzheimer’s Association, n.d.b.). The Alzheimer’s Association estimates that 5.4 million Americans are currently living with the disease (Alzheimer’s Association, n.d.b.). Of those Americans with Alzheimer’s, 5.2 million are ages 65 and older, while 200,000 are under the age of 65 (Alzheimer’s Association, n.d.b.). Alzheimer’s is the fifth leading cause of death in Americans 65 years old and older (Alzheimer’s Association, n.d.b.).

How is Alzheimer’s disease treated?

Current Alzheimer's disease medications and management strategies can temporarily improve symptoms, maximize function, and maintain independence. Research efforts focus on treatments to prevent Alzheimer's or slow its progression (Mayo Clinic, 2011).

What are the symptoms of Alzheimer’s disease?

The symptoms associated with Alzheimer’s disease include memory loss; challenges in planning or solving problems; difficulty completing familiar tasks at home, at work, or at leisure; confusion with time and place; trouble understanding visual images and spatial relationships; problems with words in speaking or writing; difficulty maintaining things; the inability to retrace steps; decreased or poor judgment; withdrawal from work and/or social activities; and changes in mood and personality (Alzheimer’s Association, n.d.a.).

People with Alzheimer’s who are in paid employment may find that memory problems eventually start to interfere with their ability to carry out their duties. Difficulties with concentration, flexibility, and abstract thought can also interfere with a person’s ability to function fully in the workplace. At some point it will become necessary for an employee with Alzheimer’s disease to speak to his employer about his diagnosis and limitations.
Alzheimer’s Disease and the Americans with Disabilities Act

Is Alzheimer’s disease a disability under the ADA?

The ADA does not contain a list of medical conditions that constitute disabilities. Instead, the ADA has a general definition of disability that each person must meet (EEOC Regulations . . . , 2011). Therefore, some people with Alzheimer’s disease will have a disability under the ADA and some will not.

A person has a disability if he/she has a physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment, or is regarded as having an impairment (EEOC Regulations . . . , 2011). For more information about how to determine whether a person has a disability under the ADA, visit http://AskJAN.org/corner/vol05iss04.htm.

Accommodating Employees with Alzheimer’s Disease

(Note: People with Alzheimer’s disease may develop some of the limitations discussed below, but seldom develop all of them. Also, the degree of limitation will vary among individuals. Be aware that not all people with Alzheimer’s disease will need accommodations to perform their jobs and many others may only need a few accommodations. The following is only a sample of the possibilities available. Numerous other accommodation solutions may exist.)

Questions to Consider:

1. What limitations is the employee experiencing?

2. How do these limitations affect the employee and the employee’s job performance?

3. What specific job tasks are problematic as a result of these limitations?

4. What accommodations are available to reduce or eliminate these problems? Are all possible resources being used to determine possible accommodations?

5. Has the employee been consulted regarding possible accommodations?

6. Once accommodations are in place, would it be useful to meet with the employee to evaluate the effectiveness of the accommodations and to determine whether additional accommodations are needed?

7. Do supervisory personnel and employees need training?
Accommodation Ideas:

Memory:
- Provide a voice activated recorder to record verbal instructions
- Provide written information
- Provide checklists
- Prompt employee with verbal cues (reminders)
- Post written or pictorial instructions on frequently-used machines or for routine procedures
- Provide templates or forms to prompt for needed information
- Remove marginal job functions to allow more focus on essential functions
- Use color-coding to indicate important information
- Extend training time when significant workplace changes occur

Organization:
- Minimize clutter
- Color-code items or resources
- Divide large tasks into multiple smaller tasks
- Avoid re-organization of workspace
- Label items or resources
- Use symbols instead of words

Time Management/Completing Tasks:
- Provide verbal prompts (reminders)
- Provide written or symbolic reminders
- Arrange materials in order of use
- Use task list with numbers or symbols
- Provide additional training or retraining as needed
- Provide a timer and a recommended amount of time to complete tasks
- Provide a watch with multiple settings
- Rid desk or work area of clutter and items/materials not used

Difficulty Performing Job Duties:
- Retain as many job tasks as possible that the employee is familiar with and proficient in
- Remove marginal job functions to allow more focus on essential functions
- Incorporate simpler tasks from other employees’ job descriptions
- Consider a reduction in the work hours
- Alter when and/or how a job function is performed
- Recognize that a reassignment to a position that better matches the skills and capabilities of the employee may be necessary
Helpful Hints for the Accommodation Process

Employee:

- Before your condition significantly affects your ability to effectively do your job, talk to your employer. A full conversation with your employer is vital for success.
- Familiarize yourself, your spouse, and/or caregiver with your benefits and contact the Employee Assistance Program (EAP), if available.
- Explore your rights under the ADA. Contact JAN for assistance.
- Encourage a support person or team, possibly a family member(s) familiar with the effects of the disease, to be part of the process.

Employer:

- A full conversation with the employee is vital for success. Keep an open mind about possible accommodations.
- With assistance from the employee’s doctor, determine how quickly the disease may progress. This will help in ascertaining the long-term accommodations that may need to be made. As the disease progresses, job-related tasks will likely become more difficult to perform. Providing accommodations so that the employee is able to continue working as long as possible may help to preserve an income and independence, as well as increase self-esteem.
- Encourage a support person or team, possibly a family member(s) familiar with the effects of the disease, to be part of the process.
- Monitor the employee’s performance to ensure the accommodations are effective. Some adjustments or changes in accommodations may be necessary. Keep in mind that a reassignment may become necessary in some situations.

Situations and Solutions:

A finance manager with Alzheimer’s disease had difficulty learning new tasks and staying organizing. Her physician recommended disability retirement. Her employer took an integrated employment approach and carved out a position for her that had fewer responsibilities, but still allowed her to share her expertise with other employees.

A project manager for an engineering firm was increasingly unable to keep track of and manage all of the individual components that were involved in the project. After careful consideration, he spoke to his employer about the difficulties he was having and asked to be placed back into a team position where he would only be involved with one aspect
of the project instead of coordinating the entire project. His employer agreed and as it was near to the end of the current project, felt that they could very easily do some restructuring and find a position for him on one of the teams.

A human resources manager at a large university had recently been diagnosed with early-onset Alzheimer’s disease. The diagnosis came as no surprise to the employee, as he had been struggling for some time with working the long hours involved in managing the tasks. He found that he needed progressively more time to complete tasks and that the same tasks were becoming increasingly more complex. His inability to perform the essential functions of the position prompted him to ask for an accommodation. He requested leave under the ADA so that he could contact his EAP and determine what benefits were available to him.

A music teacher at a small high school was diagnosed with early-stage Alzheimer’s. Through meeting with school administration and with help from her doctor, the teacher was able to remain in her position with increased support in the form of accommodations. With the help of a colleague, she was able to better organize her desk and files so that retrieval of information was much easier. Color-coding was used to help her better locate that information. She was also provided with a voice-activated recorder to help her remember verbal instructions and notes from meetings. At the current time, the accommodations were helping her keep her performance at a very high level.

A caller in his late forties contacted JAN to ask about job accommodations related to a recent diagnosis of early-onset Alzheimer’s. The major difficulty he had been having was a compromised ability to find his way around the city. He drove a truck making deliveries and thought a GPS (global positioning system) would help him with the different directions and enable him to navigate the drive to specific locations. With information from his medical provider to substantiate the need for the accommodation, the caller submitted his request.

**Products:**

There are numerous products that can be used to accommodate people with limitations. JAN's Searchable Online Accommodation Resource (SOAR) at http://AskJAN.org/soar is designed to let users explore various accommodation options. Many product vendor lists are accessible through this system; however, upon request JAN provides these lists and many more that are not available on the Web site. Contact JAN directly if you have specific accommodation situations, are looking for products, need vendor information, or are seeking a referral.
Resources

**Job Accommodation Network**
West Virginia University  
PO Box 6080  
Morgantown, WV 26506-6080  
Toll Free: (800)526-7234  
TTY: (877)781-9403  
Fax: (304)293-5407  
jan@askjan.org  
http://AskJAN.org

The Job Accommodation Network (JAN) is a free consulting service that provides information about job accommodations, the Americans with Disabilities Act (ADA), and the employability of people with disabilities.

**Office of Disability Employment Policy**
200 Constitution Avenue, NW, Room S-1303  
Washington, DC 20210  
Toll Free: (866)633-7365  
Direct: (202)693-7880  
TTY: (877)889-5627  
http://www.dol.gov/odep/

The Office of Disability Employment Policy (ODEP) is an agency within the U.S. Department of Labor. ODEP provides national leadership to increase employment opportunities for adults and youth with disabilities while striving to eliminate barriers to employment.

alzheimers.gov
http://www.alzheimers.gov/

Alzheimers.gov is the government's free information resource about Alzheimer's disease and related dementias. Here you can find links to authoritative, up-to-date information from agencies and organizations with expertise in these areas.

**Alzheimer's Association**
225 N. Michigan Avenue  
Floor 17  
Chicago, IL 60601-7633  
Toll Free: (800)272-3900  
Direct: (312)335-8700  
TTY: (866)403-3073  
Fax: (312)335-1110  
info@alz.org  
http://www.alz.org
The Alzheimer's Association is the leading, global voluntary health organization in Alzheimer's care and support, and the largest private, nonprofit funder of Alzheimer's research.

Alzheimer's Disease Education and Referral Center (ADEAR)  
P.O. Box 8250  
Silver Spring, MD 20907-8250  
Toll Free: (800)438-4380  
adear@nia.nih.gov  
http://www.nia.nih.gov/alzheimers

The National Institute on Aging's ADEAR Center offers information and publications for families, caregivers, and professionals on diagnosis, treatment, patient care, caregiver needs, long-term care, education and training, and research related to Alzheimer's disease. Staff members answer telephone, email, and written requests and make referrals to local and national resources. The ADEAR Website provides free, online publications in English and Spanish; email alerts; an Alzheimer's disease clinical trials database; the Alzheimer's Disease Library database; and more.

Alzheimer's Foundation of America  
322 Eighth Avenue, 7th Floor  
New York, NY 10001  
Toll Free: (866)AFA-8484  
http://www.alzfdn.org

The Alzheimer's Foundation of America's mission is to provide optimal care and services to individuals confronting dementia, and to their caregivers and families through member organizations dedicated to improving quality of life.
References


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