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 Migraine Headaches

How prevalent are migraine headaches?

According to the National Headache Foundation, an estimated 28 million Americans have migraine headaches. The World Health Organization considers migraines to be one of the most debilitating diseases in the world. In addition, an estimated 14 million Americans have undiagnosed migraine headaches (Lawrence, 2004).

Migraines are the second most prevalent headache syndrome in the United States. Statistics show that 157 million workdays each year are lost due to the severity of migraine headaches (Fackelmann, 2005).

Migraines are more prevalent in women, affecting women three times more than men. Estrogen levels are a key trigger for increased migraines in women, but how the changes trigger migraines is unknown. Women often report that their migraine occurs during or right before the onset of their menstrual cycle. In addition, some women experience migraines during pregnancy or menopause. Contraceptives and hormone replacement therapies have also been shown to cause more severe migraines (Mayo Clinic, 2005).

What are migraine headaches?

Migraine headaches are the most common form of a vascular headache, which is an abnormal function of the brain’s blood vessels (UVA Health, 2004). There are several different types of migraines that have different symptoms associated with them. Examples of migraines include:
Classic Migraines: Classic Migraines are one of the most common types of migraines. They involve an aura 10-30 minutes before the migraine. Auras can consist of flashing lights, seeing zig-zag lines, or even temporary vision loss. Symptoms that may be associated with the Classic Migraine include throbbing or pounding felt in the forehead, temple, or jaw; difficulty with speech; weakness of an arm or leg; and confusion. A Classic Migraine attack could last up to 2 days.

Common Migraines: Common Migraines are another of the most common types of migraines. They differ from Classic Migraines because an aura does not precede the attack. However these symptoms may occur prior to the migraine: mental vagueness, mood changes, fatigue, retention of fluids, diarrhea and increased urination, and nausea and vomiting. Common Migraines may last up to 4 days.

Hemiplegic Migraines: Hemiplegic Migraines include symptoms such as temporary paralysis on one side of the body, vision deficits, and vertigo, which occur 10 – 90 minutes prior to the start of the Migraine.

Ophthal Moplegic: Ophthal Moplegic Migraines include vision problems, such as double vision.

Basilar Artery Migraines: Basilar Artery Migraines are characterized by a disturbance of a major brain artery. Symptoms may include vertigo, poor muscle coordination, and double vision.

Benign Exertional Headache: Benign External Headaches are migraines that are brought on by running, lifting, sneezing, or bending. The headache normally subsides after several minutes.

Status Migrainosus: Status Migrainosus is a severe migraine that can last 72 hours or longer and often results in hospitalization.

Headache-free Migraine: Headache-free Migraines are characterized by symptoms such as visual problems, nausea and vomiting, and constipation or diarrhea, but consist of no head pain (UVA Health, 2004).

**What causes migraine headaches?**

No one knows for certain what causes Migraine Headaches. Some doctors believe that they are due to changes in brain chemistry, which causes blood vessel dilation and inflammation. Research has shown that almost all individuals with migraines have a close relative who also has migraines (Mayo Clinic, 2005).

Although the direct cause of migraines is unknown, they are often a result of controllable and uncontrollable triggers. Examples of controllable triggers include lighting, smells, smoke, noise, disrupt in sleep patterns, and certain foods. Examples of uncontrollable triggers are weather, air pressure, and menstrual cycles. Often, when
addressing accommodations it is important to talk with the employee about the triggers associated with the onset of the headache (Fackelmann, 2005).

**How are migraine headaches treated?**

As of today, there is no cure for migraines. Often, individuals with migraines look at treating or preventing the migraine. Preventive medications are used to reduce the number of attacks for individuals that have two or more migraines a month. Examples of some of the prescribed medications are Beta-blockers, Anti-depressants, and Divalproex Sodium. Many individuals who take preventive medications also take medication to treat the severity of the migraine (Lawrence, 2004).

**Migraines and the Americans with Disabilities Act**

**Are migraine headaches disabilities 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 migraine headaches 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 Migraine Headaches

(Note: People with migraine headaches 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 migraine headaches 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 with migraines 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 with migraines been consulted regarding possible accommodations?

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

7. Do supervisory personnel and employees need training regarding migraine headaches?

Accommodation Ideas:

Lighting Triggers:

- Add fluorescent light filters to existing fluorescent lights to create a more natural lighting
- Change lighting completely
- Provide an anti-glare filter for computer monitor
- Provide a liquid crystal display monitor that has a better refresh rate
- Move employee to a private area to allow for personal adjustment to appropriate lighting
- Allow the employee to wear sunglasses or anti-glare glasses in the work area
- Allow telework
Noise Triggers:

- Move employee to a more private area or away from high traffic areas
- Provide an environmental sound machine to help mask distracting sounds
- Provide noise canceling headsets
- Provide sound absorption panels
- Encourage coworkers to keep non-work related conversation to a minimum

Smell/Fragrance Triggers:

- Implement a fragrance-free policy
- Request that employees voluntarily refrain from wearing fragrances
- Allow telework
- Move the employee to an area where the fragrances are not as strong
- Allow a flexible schedule
- Provide air purification systems

Other:

- Provide flexible leave when the employee is experiencing a migraine
- Allow the employee to telework when the employee is experiencing a migraine
- Do not mandate attendance at after-hours social functions if an employee is affected by a disruption in sleep patterns
- Provide the employee with a dark, private area to go to when experiencing a migraine

Situations and Solutions:

An employee who works in a cubicle setting was experiencing migraine headaches that were triggered by the noise level; she was located in a high traffic area by the copy machine. The employer accommodated this employee by moving her to an area with less traffic and providing an environmental sound machine.

A computer programmer experienced migraines that were triggered by the noise level in his cubicle and the overhead fluorescent lighting. As an accommodation, his employer provided him with a noise canceling headset, disabled the fluorescent light above his cubicle, and provided natural task lighting.

A human resource representative had migraines several times a month, which prevented her from working. As an accommodation, the employer provided unpaid flexible leave after all of her paid leave was exhausted.

An assembly line worker’s migraines were triggered by various fragrances. The employees around him often wore overwhelming perfumes that caused him to have a migraine. As an accommodation, the employer asked other employees to voluntarily...
refrain from wearing fragrances. The employee was also moved to a part of the assembly line where the fragrances were not as strong.

An accountant had a migraine headache about twice a week, which prevented him from coming to work. As an accommodation, the employer allowed this employee to work from home when he had a migraine headache. If his migraine was too severe to work from home, the employee was allowed to use comp time.

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
TTY: (877)889-5627
Fax: (202)693-7888
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.

American Academy of Neurology
201 Chicago Avenue
Minneapolis, MN 55415
Toll Free: (800)879-1960
Direct: (612)928-6000
Fax: (612)454-2746
memberservices@aan.com
http://www.aan.com/

The American Academy of Neurology (AAN) provides valuable resources for medical specialists worldwide who are committed to improving the care of patients with neurological diseases.
American Headache Society
http://www.achenet.org/

A professional society of health care providers dedicated to the study and treatment of headache and face pain.
References


