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Diabetes and FMLA

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Diabetes is a chronic medical condition that is common among working age people. Disease management (or lack thereof) for individuals with diabetes presents special issues for those administering FMLA leave. Because diabetes easily qualifies as a serious health condition by FMLA standards, a leave request can never be dismissed out of hand.

The problems attending FMLA administration for diabetic employees arise from some central features of the illness. Diabetes runs the gamut of intensity, from mild to severe. Individuals with diabetes have the potential to experience immediate life-threatening complications, particularly when they fail to manage their disease with precision. Complications include diabetic ketoacidosis or hypoglycemic coma that would most likely precipitate the employee's immediate need for leave without advance notice. However, it has been demonstrated that complications of diabetes can be delayed or prevented by maintenance of normal or near normal levels of blood sugar (glycemia).

The key to obviating these problems is close monitoring of the situation. On the medical level, the employee must closely monitor the health condition, and on the human resources level, the administrators must monitor the leave history with insistence on proper documentation and rigorous disease management.

General medical information on this disease may be helpful in better understanding the reasons for medical leave and the importance of providing the employee with resources to attend to this chronic condition. The following information, from *The Medical Disability: Workplace Guidelines for Disability Duration*, Fourth Edition, outlines the illness, its impact on one's job, and its treatment.

Two types of diabetes are common: Diabetes Mellitus Type I and Type II. The second, Type II, is far more common (accounting for about 85% of all cases), and generally does not require insulin treatments. Of those who have Type II, about one-third of them go undiagnosed. Although Type II accounts for the majority of the cases, the illness, often being undetected, is not necessarily as debilitating as Type I. Furthermore, the key element of monitoring the blood sugar level applies to both Type II and Type I. It is Type I, therefore, that this article examines.

Diabetes mellitus (diabetes) is a chronic disorder characterized by abnormally high levels of a simple sugar (glucose) in the blood (hyperglycemia). Type I diabetes (or insulin-dependent diabetes) results when the body fails to produce enough of the hormone insulin. Individuals with Type I diabetes require daily doses of insulin to stay alive.

Insulin is a hormone produced in an organ near the stomach called the pancreas; it is required by the body to convert food into energy. In individuals with Type I diabetes, the pancreas does not produce enough insulin because the insulin-producing cells have been destroyed by the body's immune system. Without insulin, glucose cannot be transported from the blood to the body's cells, so it accumulates in the blood, resulting in hyperglycemia. When the unused glucose in the blood is excreted in the urine, it causes the kidney to release more water, which is then excreted in large quantities of urine. This leads to dehydration and activates the thirst mechanism resulting in the consumption of large quantities of fluid.

Type I diabetes is usually diagnosed during childhood or adolescence, although adults can develop this disease. Type I diabetes tends to run in families, and siblings of individuals with Type I diabetes have a 10% chance of developing the disease by age fifty. The risk of developing Type I diabetes increases for an individual who has a family member with any type of diabetes.

Treatment requires that the individual monitor the condition faithfully. Type I diabetes is treated with injections of insulin to maintain a stable blood glucose level. The type of insulin is based on the body's response to the insulin; the amount and frequency of dosage is determined by the blood glucose level. The individual is taught how to self-monitor blood glucose levels, and the physician sets guidelines to regulate the insulin dosages based on the blood level reading. The individual is also taught how to self-administer insulin, and the importance of complying with treatment. Diet, exercise, and stress-reduction techniques also assist in regulating blood glucose levels. Included in education is the importance of daily foot care and the need for early treatment of even minor scratches or wounds.

In some individuals, insulin injections, diet, exercise, and stress reduction may be insufficient to control their glucose levels. For these individuals, an insulin pump may be considered. The insulin pump is a mechanical device, about the size of a pager, which administers insulin according to the schedule prescribed by the physician and programmed by the individual. The pump delivers a small amount of insulin continuously throughout the day, providing a base level much like the pancreas would do if it were working properly. In addition, the pump is programmed to deliver larger amounts of insulin before each meal, according to the type and size of meal eaten. The insulin pump is not automatic; therefore, the individual must continue to monitor blood sugar frequently throughout the day, at least 4-6 times for optimal control. This schedule applies to all individuals with Type I diabetes, regardless of how the insulin is given.

Obviously the vigilance required of the individual may be neglected, constituting one of the potential downfalls of treatment, having adverse effects on the work life of the individual. Even when the levels are properly monitored, physical exams, at least twice a year (preferably 4 to 5 times a year) are needed to evaluate the stability of disease, as well as to permit early treatment for any complications or progressive symptoms. Individuals need at least annual dilated retinal exams.

When the patient monitors the blood sugar and insulin levels consistently, the prognosis is good. The outcome is based on individual compliance with treatment, and the development and progression of complications. Attentive, self-care is one of the keys to maintaining a consistent, safe, and productive work life that is in the domain of the employee.

On the other hand, the employer should work to recognize the employee's specific needs in order to help preclude unscheduled absences that may qualify as FMLA leave. Work accommodations may include a flex schedule to allow for some sick days and for frequent breaks for small meals or insulin injections; for some a reduced workweek may be necessary. A private place to monitor glucose levels and administer insulin may be needed. Limitations may be placed on continuous physical exertion, working in extreme temperature or moist areas, working at unprotected heights, and working in isolated areas alone. As the disease progresses, work requiring visual acuity or fine dexterity may need to be limited. The diabetic employee will benefit from a schedule that allows consistency, especially in sleep, exercise, and eating patterns.

Assuming that the individual is vigilant in the management of the disease and the employer can provide work accommodations, diabetic employees may require only predictable and occasional FMLA leave. If an employee shows a pattern of requests for unforeseen FMLA leave, the employer's or case manager's responsibility is to request medical documentation for these absences. The consulting physician will be able to verify (or falsify) that the absences are necessary for either the treatment of diabetes or complications arising from the illness. This documentation, even when it verifies the legitimacy of the leave, has the added value of offering a warning sign that the employee may not be fully monitoring the blood sugar and insulin levels. Thus, the documentation may have a rehabilitative value. The case manager, under these

circumstances, may be able to draw to the physician's attention the need for the employee to be better trained in self-care.

If the employee is neglecting the required self-care, it is in the best interests of the employer *and* the employee to respond to the warning signs proactively, to ensure that the employee understands the necessity of avoiding extremes in blood sugar level (high or low). A doctor who recognizes the inability of a patient to maintain consistent levels may prescribe an insulin pump, which in turn will administer consistently timed doses of insulin to the individual.

Based on company size and available resources, employers may wish to consider providing wellness programs that educate diabetics on the importance of and techniques for managing their blood-sugar levels. Not only will such programs benefit diabetic employees directly, they also deliver an unambiguous message that the employer is both knowledgeable about diabetes and interested in helping the employee remain productive and healthy.

Such a program can emphasize that diabetic employees who neglect their self-care and rely on spurious FMLA leave are undermining the use of FMLA for true emergencies and could be placing the protection of their jobs in jeopardy. One employee in a company consistently took FMLA leave when most of those absences could have been prevented through more attentive self-care. The attending physician (whose focus was not on the workplace) did not seem concerned that the employee continued to mismanage both the illness and the allotted FMLA leave. When that employee contracted a serious infection (which is often a complication encountered by diabetics) the employee necessarily lost time in order to receive treatment. However, having exhausted that year's FMLA time, the employee had no recourse to losing his/her job during the treatment. Salutary cautions such as these may help employees act in the best interests of both themselves and their companies by taking an aggressive approach toward treatment.

If an employer documents the absences, points the employee toward a greater level of awareness and responsibility, and still notices frequent leave requests regarding diabetes, here is a suggestion. Through the appropriate (internal or external) medical channels, direct questions such as these to the employee (or to the treating physician). The level of awareness they promote may further the recovery of the employee:

- Has the individual received training regarding diet, exercise, and stress reduction? Daily foot care? Early treatment of minor scratches or wounds?
- Is the individual a candidate for an insulin pump?
- Have any complications developed such as infections, diabetic neuropathy, diabetic glomerulosclerosis, diabetic retinopathy, glaucoma, atherosclerosis, hyperlipidemia, foot problems, ketoacidosis, excessive weight gain, coma, or death?
- Does the individual have psychological problems related to dealing with a chronic disease?

When the employee is adequately informed and responsible, there should be a solid confidence that the employee does not need to go to a doctor each time he/she feels ill. Catching the early signs of an imbalance, as well as taking precautions against complications, will allow the employee to maintain fairly consistent workweeks. When FMLA requests are numerous for a diabetic, they are often the outward sign of the less obvious, but highly preventable causes for the leave, with the result that good FMLA administration limits abuse, but more importantly, perhaps, assists the employee remaining in good health in spite of his/her condition. The progressive nature of diabetes is offset and realistically counterbalanced by progressive and consistent management.

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