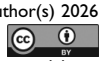
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Review

Identifying workplace supports and interventions for employees living with neurodegenerative cognitive impairment: A rapid review

Work: A Journal of Prevention, Assessment and Rehabilitation
1–17
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DOI: 10.1177/10519815261504402
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Abstract

Background: As people work to older ages, there is greater risk of age-related morbidities developing whilst in employment. Age-related dementia, cognitive impairment, or young-onset dementia may be diagnosed during an individual's working life.

Objective: This rapid review aimed to identify and synthesise the types of supports and interventions described or implemented for people diagnosed whilst working.

Methods: A rapid review was conducted with searches across three databases: MEDLINE, PsycINFO and Scopus and grey literature sources. Articles were screened against the inclusion criteria.

Results: Fifteen articles and five grey literature sources met the inclusion criteria. The literature originated from high-income settings in Europe, Canada, Japan, and Australia. The evidence base was predominantly qualitative and exploratory. Identified supports were grouped by type and level: individual (reasonable adjustments, assistive technology), relational (colleague, managerial and HR support; training), and organisational (policy, legal frameworks, multi-agency coordination, including occupational health). Identified support measures were either implemented in practice or recommended.

Conclusion: The review identified a foundation of workplace support for employees living with neurodegenerative cognitive impairment. However, both the type of support available and its implementation varied across employers. Greater consistency in the provision of support is needed to ensure that employees' needs are met during a period of considerable workplace uncertainty. Individual, relational, and organisational supports may extend workforce participation and promote wellbeing among people living with neurodegenerative cognitive impairment. Embedding support across multiple levels may help workplaces advance inclusive employment practices that recognise and accommodate neurodegenerative cognitive impairment.

Keywords

employment, cognitive impairment, dementia, occupational health, workplace accommodations, intervention, rapid review

Received: 6 April 2026; accepted: 22 October 2026

Introduction

In response to population ageing and increasing life expectancy, working lives are extending further into later life.[1] Across many countries, statutory eligibility ages for state pensions have risen, reflecting efforts to sustain labour market participation among older adults.[2] In the UK, the abolition of the Default Retirement Age (DRA) in 2011, previously set at 60 for women and 65 for men, removed mandatory retirement, enabling more individuals to remain in employment beyond age 65.[3] A subsequent post-implementation review reported increased labour market participation among those aged 65 and over following the policy change.[3]

These shifts are reflected in employment statistics: the employment rate for individuals aged 50 to 64 rose from 57.2% in 1995 to 70.9% in 2024[4] while employment among those aged 65 and over, reached a record 1.468 million in 2022.[5] These patterns are recognised globally, and the Organisation for Economic Co-operation and Development[6]

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emphasise the need for policy action to reshape work and retirement patterns in order to mitigate the economic challenges associated with an ageing population.

People who develop symptoms of dementia or other neurodegenerative cognitive impairment in their 60 s are therefore more likely to still be in employment.[7–9] Health multi-morbidities and risk factors impairing cognition can increase with age,[10,11] and working longer means conditions that are more common in later life following retirement, may develop while the person is still working.[2,12,13] This is leading to an increase in the likelihood of a need for employers to have strategies to support their employees experiencing such changes. As poor health is still the most commonly cited barrier to extended working lives in Europe,[14] employer strategies to support people experiencing age-related health changes are becoming more necessary.

In addition to age-related cognitive impairment/dementia, analyses show an upward trend of young onset dementia (< 65 years old). A global trend analysis found the prevalence of young onset dementia to be 119 per 100,000 individuals, an incidence of 11 per 100,000, and around 3.9 million people aged 30–64 living with dementia.[15] The age of this cohort falls largely within the typical working age range. With people working longer, together with an increasing prevalence of young-onset dementia, more individuals are likely to experience neurodegenerative cognitive impairment while still in paid employment, which is likely to present a challenge for workplaces.[16,17] In this review, the term neurodegenerative cognitive impairment is used as an umbrella term to encompass conditions including young-onset dementia, age-related dementia, and mild cognitive impairment, which share common challenges for workplace participation and support.

Working people diagnosed with a dementia-type illness have expressed a strong desire to continue working.[18] They have highlighted the negative impact of their diagnosis on employment, resulting in profound financial, social, and psychological consequences for both the individual and their family.[16] Given that dementia and other neurodegenerative cognitive impairments are widely recognised as a disability,[19] these issues mean that legal and ethical organisational provisions are required to enable continued employment for people diagnosed with neurodegenerative cognitive impairment. Employers are increasingly obligated under disability rights legislation, such as the UK Equality Act (2010), to provide reasonable accommodations for workers with disabilities.

The desire to continue in employment and the disability legislation of the need for employers to provide reasonable adjustments, serve as a foundation for developing workplace support tools and guidance.[18] A supportive workplace may act as a facilitator for continuing employment for those in the early stages of dementia who choose to remain in employment[8,20] although ultimately, cognitive difficulties can reduce a person's ability to work,[8] and a diagnosis of dementia or other neurodegenerative cognitive impairments will affect a person's long-term employment.[20]

A range of studies has shown that people can live and work well with dementia when collaborative solutions are continuously adapted to meet the needs of both the individual and the workplace, while accounting for contextual barriers and enablers. A mixed methods review by Peoples et al. (2024)[17] aimed to investigate experiences of work following a dementia diagnosis from the perspective of people living with dementia, their relatives, employers, co-workers and HR-professionals, to formulate recommendations for work interventions for people with dementia. The review highlights four key elements for successful work interventions for people with dementia: 1) Person-centred approach, 2) Contextual relevance, 3) Knowledge-based and 4) Dynamic approach. Yet the degree to which these components are put into practice remains uncertain. In a workplace survey of 331 participants, Egdell et al. (2021)[1] found that a majority of employers did not feel that employees living with dementia were a concern for their organisation and policies were not in place to support them, nor were policies being developed**.** In this same study, across interviews, 20 out of 30 employers said they had all-encompassing policies which would support a person living with dementia – but not specifically designed for them. Studies highlight a lack of awareness and dementia-specific supports in workplaces.[1,21] At present, although there are studies examining interventions for those diagnosed with a form of neurodegenerative cognitive impairments who are still in paid employment, there is a lack of synthesis on specific workplace supports and who delivers them.

Aim

This rapid review aimed to synthesise the types of workplaces supports and interventions, whether existing or recommended, for people in employment when diagnosed with neurodegenerative cognitive impairment.

Review questions

1. What workplace supports/interventions exist to support people living with dementia and other neurodegenerative cognitive impairments whilst working?
2. Who is responsible for delivering the supports/interventions?

Methods

A rapid review is a form of evidence synthesis that systematically identifies and summarises information from multiple studies to produce evidence for the public, policymakers, health care professionals and stakeholders.[22] It differs from a systematic review by omitting aspects of

Table 1. Eligibility criteria.

Concept	Inclusion criteria	Exclusion criteria
Population	Individuals living with acquired, neurodegenerative, age-related, or dementia-related cognitive impairment who were in paid employment during research or employed at the time of diagnosis.	Focus on conditions not related to acquired, neurodegenerative, age-related, or dementia-related cognitive impairment.
Intervention	Explicit mention of workplace support, innovation, or intervention for the target population.	Studies without an identifiable support, intervention, or innovation component.
Context	Any workplace, employment sector, or work setting involving paid employment.	Studies not specific to the workplace/employment (e.g., voluntary or unpaid work).
Language	English	Non-English
Publication date	2012–2025	Before 2012
Other		Studies focused on other disabilities or general disabilities and employment. Grey literature beyond the selected reports such as conference abstracts, theses and books.

the review components to increase timeliness, while maintaining transparency. This review was conducted using the Cochrane rapid review guidelines.[22] Grey literature searches were limited to key organisational documents, and database searches were restricted to three. Papers were limited to English language in line with the rapid nature and one reviewer conducted screening with checks by two other reviewers. Additionally, quality assessments were omitted to reflect the timely and exploratory nature of the review. A formal quality appraisal was not essential to the primary objective of identifying workplace supports and interventions. The review is registered on PROSPERO [CRD420251175256].

Patient and public involvement

Consultation with the Working with Dementia Network Plus stakeholder group consisting of experts in employment and dementia, and with a dementia lived experience group prior to the review, informed the refinement of the research aims and resulted in the addition of a second research question. Stakeholders were consulted during the grey literature search and directed the first author to relevant organisations to identify key organisational documents.

Eligibility criteria

The inclusion and exclusion criteria are outlined in Table 1. The review question was structured using the Population, Intervention and Context (PIC) framework, which was also used to develop the eligibility criteria.[23] PIC is appropriate for reviews including qualitative, quantitative, and mixed-methods studies.[23] No outcomes were extracted, as this exploratory review focused on workplace supports, innovations, and interventions, and the roles of those responsible for their implementation. Review articles were included because pilot searches indicated a limited volume of primary research on the topic. Primary studies were not de-duplicated across reviews because supports and interventions, rather than individual studies, were the unit of analysis.

Search strategy

The search was developed in consultation with an information specialist librarian. The review was streamlined by searching three databases: Medline, PsycINFO, and Scopus and a small amount of grey literature. Grey literature was included following advice from the information specialist and stakeholder consultation, which identified key UK organisations for targeted website searches. Google and relevant organisational websites were searched using terms including "work/employment and dementia". A later decision was made to exclude books, book chapters and theses in line with the rapid nature of the review. Articles were included from 2012 (in line with DRA legislation changes impacting age and employment) until November 2025. The search syntax can be found in Supplementary file 1.

Study selection

Articles were uploaded onto Endnote, where duplicates were removed. Articles were then uploaded to Rayyan software where further duplicates were identified and removed. In line with streamlining the process, the first author independently screened all the titles and abstracts, with the second author screening ten per cent for accuracy checks, using 'blind screening'. Inter-reviewer agreement, calculated as a percentage, was very high (99.4%), with only two discrepancies resolved through discussion. CH screened all the undecided articles. Where two reviewers

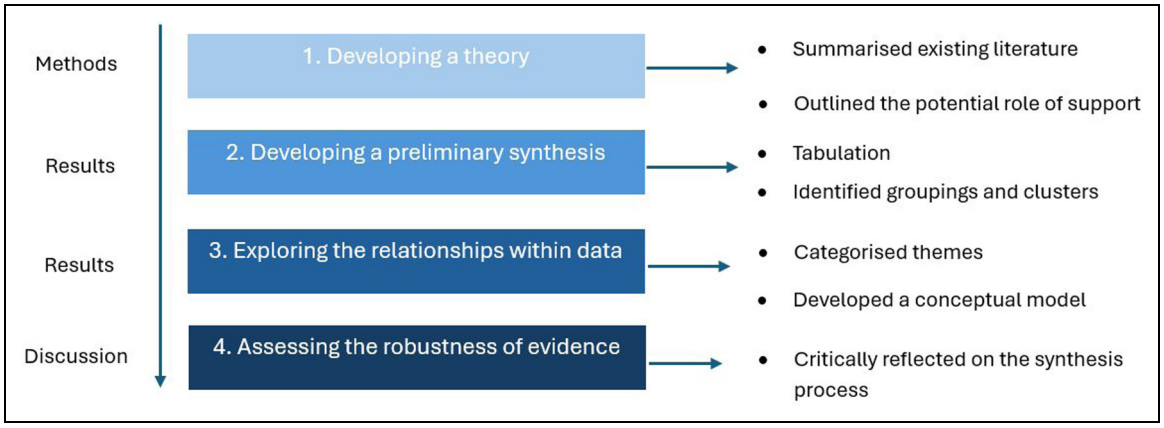


Figure 1. Popay et al.(2006) Narrative synthesis process adapted to the rapid review.

were undecided, the articles were included to the full-text screening process for further review. The first author screened all the full texts. CS screened all the undecided articles. CH screened ten per cent of full texts for accuracy checks.

Data extraction

A study characteristics and data extraction table was designed on Excel using the following headings: Author and year, country, population and sample size, aims, types of workplace support/intervention, who provides the support, mechanisms of support. In addition to these, study design and key findings were extracted from the research articles only. The first author extracted data from all the included grey literature and research articles, by reading each article and extracting all the relevant information to each heading. CH extracted information from 33.3 per cent of the research articles. All explicit workplace supports, innovations and interventions, whether recommended or implemented, were extracted.

Data synthesis

A narrative synthesis based on the four elements of the Popay et al. (2006)[24] framework was conducted. The approach was deemed appropriate for the review given the anticipated heterogeneous designs, outcomes, and populations within the articles. Figure 1 outlines the process followed for the synthesis. Thematic grouping was used to explore the relationships within the data to categorise the types of workplace supports and to investigate who is responsible for delivering the supports. Each included article was treated as a single unit of evidence for the purposes of synthesis. For review articles, findings were reported at the level of the review and were not disaggregated into their constituent primary studies to avoid duplication of evidence. Primary studies and review articles were therefore synthesised narratively at the article level rather than at the level of individual primary datasets.

Narrative synthesis element 1: theory development

Supports and interventions refers to the range of actions, strategies, services, and/or resources provided to individuals or groups to address identified needs, reduce barriers, and promote positive outcomes. If a person is diagnosed with any type of dementia whilst still working, employers are required to make adjustments where possible to support the individual in their role.[25] Engaging in meaningful activity is paramount to upholding personhood.[26] Additionally, evidence suggests that work-focused retention interventions can delay the loss of cognitive functioning following a dementia diagnosis.[17] As cognitive impairments become further disabling in unsupportive contexts,[27] early supports or interventions may mitigate the effects of a diagnosis whilst working. Early disclosure of diagnosis within the workplace could enable existing disability policies[1] or enable new actions to support the individual. If an individual chooses to maintain appropriate employment aligned with their skills and capabilities, legally and ethically, they should be allowed to do so.[25]

Results: narrative synthesis element 2: developing a preliminary synthesis

A total of 5448 research articles and 13 grey literature documents were identified within the search. This is illustrated in the PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analyses) flow diagram[28] in Figure 2. After duplicates were removed, 15 articles and 5 grey literatures met the inclusion criteria. The study characteristics and data extraction of the grey literature (Table 2) and research articles (Table 3) are outlined following the preliminary synthesis.

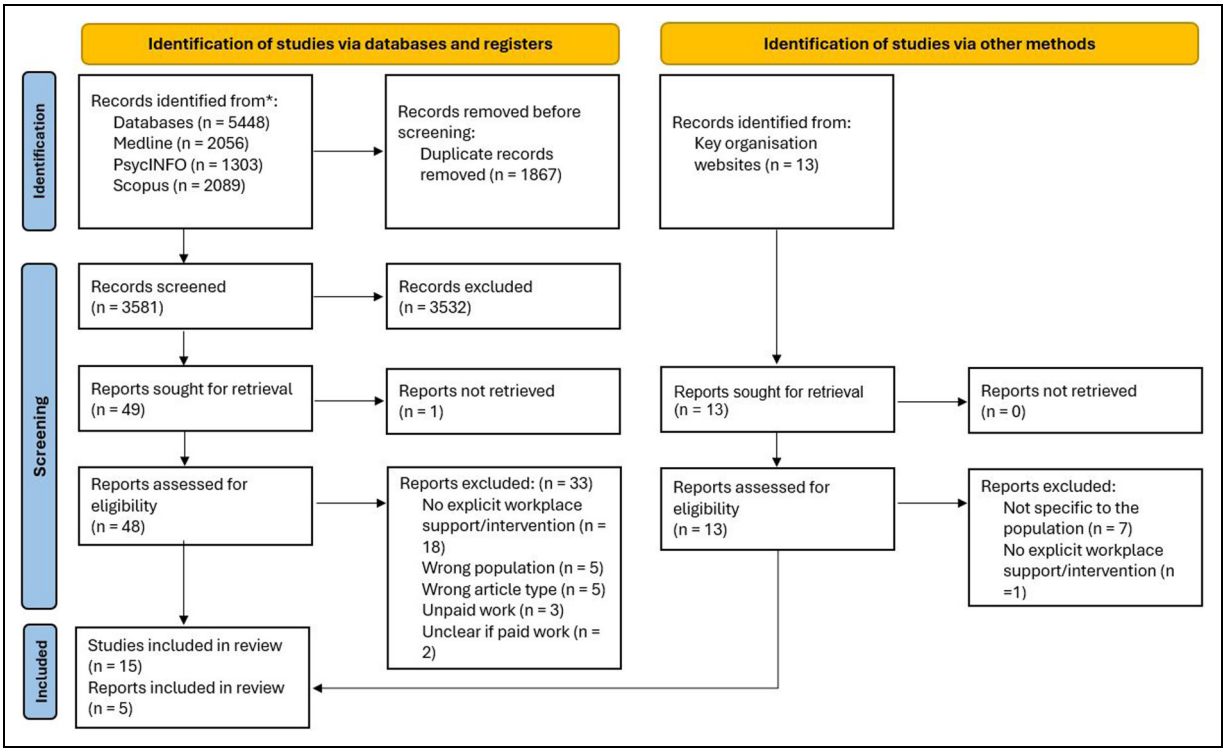


Figure 2. PRISMA 2020 diagram.

All grey literature centred on "work and dementia" within the UK. Three out of five grey literature articles were published by two dementia specific organisations, Alzheimer's Society[29] and Dementia UK.[32] One was published by Age UK,[31] and one was published by ACAS[30] – a UK organisation that provides employees and employers free, impartial advice on workplace rights, rules and best practice. Four grey literature reports centred on providing practical workplace guidance for supporting employees affected by dementia aimed at employers. One article, Work and dementia[25] was aimed at employees living with dementia. The nature of the selected grey literature was based on best-practice recommended supports and interventions.

Across the 15 included articles, 9 were empirical studies, 4 were review articles, and 2 were opinion pieces. The evidence base is characterised by a predominance of qualitative and exploratory research, reflecting the emergent nature of research on dementia and employment. The geographical regions included Europe, Japan, Australia and Canada. Most of the studies primarily sought to explore dementia and the workplace. Their aims were commonly operationalised through qualitative interviews, case studies, longitudinal designs, and scoping or mixed-methods reviews [18. 21, 33, 34]. Although several of these studies also aimed to inform practice or future research, their methodological emphasis remained on experiential understanding rather than evaluation or intervention testing.

A smaller but distinct subset of the studies utilised more investigative or analytical aims, examining workplace structures, employer perspectives, and post-diagnostic support systems. These studies frequently employed systematic or mixed methods approaches, secondary qualitative analysis, or quantitative designs to analyse organisational responsibility or policy contexts in relation to supports.[1,20,35,40] In these cases, exploration of experience was often complemented by critical analysis of systems and practices. One study adopted an explicitly illustrative approach, using a detailed case study to demonstrate practical challenges and potential workplace accommodations for a person living with frontotemporal dementia.[37] Finally, two articles were propositional, offering conceptual or forward-looking perspectives without generating primary empirical data. These opinion-based articles sought to advance professional practice or theoretical thinking, particularly in relation to career development and digital futures for people living with dementia.[27,39] The population focus among the studies was heterogenous including people living with young-onset dementia, dementia, relatives, employers, healthcare workers and career advisors.

Given the variability of the study aims and the methodology across the studies, some supports and interventions were recommendations based on the articles' data.[18,20,27,39] Some supports and interventions were based on lived experiences and implemented within the

Table 2. Study characteristics and data extraction of included grey literature.

Document name, author and year	Country	Population	Aims	Type of supports/intervention described	Who provides the support?	Mechanisms of support
Creating a dementia-friendly workplace: A practical guide for employers (Alzheimer's Society, 2015)[29]	UK	Employers for employees living with dementia	To support employers to understand dementia and provide practical, best-practice support for employees affected by dementia in the workplace.	Facilitating good communication, make use of an occupational health service if available, liaise with the person's GP/ primary care team. Make reasonable adjustments to the working environment, consider redeployment, ensure training is accessible, and provide supervision/staff mentors.	Employers and colleagues.	Improved communication and shared understanding, reduction of cognitive and environmental demands, alignment of roles to retained abilities, and provision of relational and organisational support, enabling employees living with dementia to remain in work with dignity and appropriate adjustments.
ACAS Managing dementia in the workplace (Raftery, 2019)[30]	UK	Employers for employees living with dementia	To outline practical steps for employers to take to help staff with dementia.	Develop trusting relationships with individuals diagnosed, recognise the individuals' fear and take positive action.	Employers	Supportive workplace relationships will enable reassurance and trust between employer and employee.
Creating a Dementia Friendly workplace; Supporting employees affected by dementia (Age UK, 2019)[31]	UK	Employers for employees living with dementia	To provide organisational managers, employers and team leaders with ideas to create a Dementia Friendly workplace and support your staff who are affected by dementia.	Communication, awareness and understanding in the workplace, workplace adjustments for the individual.	Employers	Supportive workplace relationships, increased understanding of dementia in the workplace and tailored adjustments can increase the employee's confidence, engagement and continuity of employment based on their capabilities.
Work and dementia (Alzheimer's Society, 2024)[25]	UK	People living with dementia	To provide practical advice for people living with dementia on remaining in or adjusting work, including guidance on discussing dementia with employers, workplace support options, and legal protections.	Flexible hours, working from home, familiar meeting locations/times, simplified routines, quieter workspace, supportive technology, buddy support, possible role change and legal protections.	The individual and/or employer	Tailoring work adjustments to individual needs will reduce cognitive overload and manage potential fatigue. Relational support and use of technology can be used.
Dementia at Work: A guide for employers (Dementia UK, 2024)[32]	UK	Employers for employees living with dementia	To help employers support employees affected by dementia and create an inclusive workplace.	Normalise the discussion about diagnosis, gather information, ask about the employee's needs, maintain privacy/ confidentiality, recognise each situation is unique. Find out about employer's legal obligations, signpost the employee to support, make reasonable adjustments, provide a health adjustment passport.	Employers	Relational support, legal obligations, knowledge about dementia, reasonable adjustments

Table 3. Study characteristics and data extraction of included articles (below).

Author and year	Country	Study design	Population and sample size (n)	Aims	Types of workplace support/ intervention	Who provides the support?	Mechanisms of support	Key findings
Ritchie et al., (2018) [33]	UK	Qualitative interview case studies	People living with dementia (16), family members (15) and workplace representatives (11)	To explore the employment related experiences of people living with dementia, and attitudes of employers and/or co-workers towards supporting people with dementia, to identify the potential for continued employment post diagnosis.	Reasonable adjustments (modified working patterns, reduced tasks/ hours, memory aids such as calendars, diaries, phones; changes to job description); support from colleagues and family	Employers, colleagues and family members.	Reduces barriers to work, aligns tasks with abilities, provides social and emotional support to facilitate continued employment.	3 themes were identified (1) Experiencing dementia in the workplace; (2) Work keeps me well; and (3) Workplace perspectives. Continued employment post-diagnosis can be beneficial for people with dementia; however, this may be complex to support.
Andrew et al., (2019) [34]	Australia	Scoping review	Articles (6), people living with young onset dementia (73)	To explore the impact of dementia on workers across the three domains of occupational engagement: occupational competence; occupational participation; and occupational identity using the Model of Human Occupation (MOHO).	Person-centred approaches addressing dementia-related changes in occupational competence; workplace consultations; reasonable adjustments (task simplification, redeployment, modified hours); income assistance	The employer with the employee and peer support.	Tailors work to individual capabilities, enhances participation and engagement, reduces stress, supports occupational identity.	The review provides recommendations for occupational practice. (1). Providing expert advice regarding ways changes in occupational competence may or may not impact on ability to perform work demands (2). Facilitating meaningful dialogue between workers, employers, GPs and stakeholders (3). Negotiating a positive transition to retirement in line with workers' rights and legislated employer responsibilities. (4). Recommending strategies to manage decline in occupational competence through reasonable adjustment (5). Supporting workers with planning for initiating and maintaining post-retirement engagement.
Thomson et al., (2019) [35]	N/A	Systematic review and thematic analysis	Articles (44), employers	To develop further understanding of current research knowledge and employer practice in relation to the management of employees who develop working-age dementia.	Reasonable adjustments (task organisation, memory aids, smart devices); flexible working; disability leave; redeployment; co-worker support	The employer, the individual, colleagues	Supports cognitive changes, allows flexibility in work participation, promotes inclusion and sustained employment	People with working age dementia often have a strong desire to stay in work for as long as possible, and this can be facilitated by regularly reviewed reasonable adjustments. Employers can help employees to talk about their diagnosis and difficulties by creating an environment where

(continued)

Table 3. Continued.

Author and year	Country	Study design	Population and sample size (n)	Aims	Types of workplace support/ intervention	Who provides the support?	Mechanisms of support	Key findings
								dementia can be discussed, and signposting to information about signs and symptoms, support and advice.
Ikeuchi et al., (2020) [36]	Japan	Qualitative semi-structured interviews	People living with young onset dementia (11)	To clarify the experiences of working-age Japanese people living with young onset dementia to examine, from their perspective, possibilities for employment support.	Supervisor and colleague support; local arrangements; vocational training; job coaching; counselling; online self-help groups.	Employers, public services, coordinator's, job coaches and internet groups.	Provides guidance, skills development, emotional support, and access to resources; coordinates workplace and external support.	Participants reported experiencing a crisis when they had received their diagnosis as they continued to work. However, after disclosing their condition to their employers, seeking support, and engaging in work or social activities, they were then able to regain the sense of personal significance that they felt young onset dementia had taken from them.
Egdell et al., (2021) [1]	UK	Sequential mixed methods	Surveys to employers (331) and interviews with employers (30)	To explore whether employers consider dementia as a workplace concern; to examine the policies and/or practices available to support employees living with dementia.	Employers with direct experience of employees with dementia enabled support via supportive and accepting colleagues. 20 out of 30 employers said they had all-encompassing, non-dementia specific, health and wellbeing policies to support people. Some employers had taken part in dementia awareness training/ activities.	Employers	Having dementia training makes employers prepared. Supportive colleagues enable a safe space to disclose and discuss needs. Non-dementia specific support policies may be adapted to employees living with dementia.	Most employers did not feel like dementia is a workplace concern and there were no dementia specific workplace policies to support employees with a diagnosis. There was a high level of understanding of dementia awareness/ symptoms. Only a small number of employers had direct experience. Employers have experience of supporting workers with other conditions and existing policies could be adapted for persons living with dementia but this is yet to be tested.
Kumai et al., (2021) [37]	Japan	Case report	Person living with Fronto-temporal dementia (FTD) (1)	The article aims to illustrate the difficulties in providing workplace support for a patient diagnosed with FTD and to suggest practical methods that might help such individuals continue working.	Task and hours modification; dementia education for colleagues; emotional support	Colleagues and the president of the workplace (the pharmacy).	Aligns work with abilities, educates colleagues to reduce misunderstanding, provides social and emotional support	The interventions stabilised the person's work performance, increased her understanding of her job role, and improved workplace atmosphere. Co-worker understanding about dementia increased, leading to less blame and

(continued)

Table 3. Continued.

Author and year	Country	Study design	Population and sample size (n)	Aims	Types of workplace support/ intervention	Who provides the support?	Mechanisms of support	Key findings
								more support. The routine-based approach decreased anxiety for both the patient and colleagues, reducing mistakes and workplace tension. The patient was able to sustain employment longer due to these accommodations.
Karjalainen et al., (2022) [38]	Finland, Sweden & Canada	Qualitative interviews	People living with mild cognitive impairment/ early onset dementia (6)	To identify how continued work can be supported for employees with mild cognitive impairment/ early onset dementia. To examine accessible workplaces and individual accommodations through the lens of the UN Convention on the Rights of the Persons with Disabilities (UNCRPD) and equality rights tools.	Flexible hours, remote work, supportive culture; individual accommodations (modified tasks, reduced responsibilities, quiet workspace and self-developed strategies (notes, reminders, colour-coding).	Employers, supervisors, colleagues	Reduces environmental and cognitive barriers, enables self-management, enhances independence and participation.	There are effective tools available that remove barriers to participation and may support continued work by employees living with mild cognitive impairment or early onset dementia for some time. General accessibility measures and individual accommodations are supportive. Identifying the measures as general or individual pinpoints employers' obligation to promote equality by providing possibilities to work as their primary obligation and individual accommodations as assistive measures.
Ritchie et al., (2022) [20]	UK	Secondary qualitative analysis	Key informants: healthcare professionals, Human Resources, policymakers, lawyers, trade union representatives, support organisation representatives, and people living with dementia (38)	To draw on interview data from 2 studies to explore the potential for supporting and promoting the employability of people living with dementia using the Capability Approach	Reasonable adjustments, role adaptation, occupational health input, Human Resources support, employer policies, legal protections, and multi-agency support (health, social care, employment services)	Employers (line managers, HR), colleagues, occupational health services, trade unions, healthcare professionals, support and voluntary organisations, and policy/legal frameworks	Combines structural, legal, clinical, and organisational supports to reduce barriers, coordinate services, and provide tailored, sustained support.	People living with dementia often retain the capability to work, but their employability is constrained by stigma, lack of understanding, delayed diagnosis, poor implementation of legal duties, and unsupportive workplace cultures. Sustainable employability depends on the interaction of personal resources, access to material resources, and enabling physical and social environments.

(continued)

Table 3. Continued.

Author and year	Country	Study design	Population and sample size (n)	Aims	Types of workplace support/ intervention	Who provides the support?	Mechanisms of support	Key findings
Bolger et al., (2023) [39]	UK	Opinion piece	Career development professionals	To report on the implications of career development practice regarding dementia in the workplace.	Career advisor support; multidisciplinary professional input (psychiatrists, social workers, occupational health, dementia specialists).	Career guidance professionals	Provides guidance and coordination across professional expertise; supports planning and adjustment of career paths and work roles.	This opinion piece advocates an important role for career guidance professionals to support employment adjustments and decisions for people with dementia in the workplace and also as they may need to exit it in a positive way.
Nygard et al., (2023) [21]	Sweden	Qualitative, longitudinal, multiple case studies	People living with dementia (5) and significant others (11)	To explore how people who develop dementia while still in work experience the actions and decisions taken with respect to work, and what the consequences mean to them, over time.	Task/job adaptations; co-worker support; supervisor consultations; part-time work/sick leave; advocacy at work.	The employer, supervisors, co-workers, state legislation and benefits organisation	Reduces workload stress, provides relational support, ensures adaptive work arrangements, mitigates stigma, facilitates sustained employment	Diagnosis is an influential moment when stereotypes and expectations can come into play and effect employers' views and actions positively or negatively. E.g. anticipated period before the person may not be able to work. Agency and advocacy were both seen as important. Key factors for continued work are knowledge and communication. Recognising dementia as a disability important.
Peoples et al., (2024) [17]	N/A	Mixed methods review	Articles (16) Sample (684): People living with dementia (140), family members (29), professionals: HR, social workers, employers (515)	To investigate experiences of work following a dementia diagnosis from the perspective of people with dementia, their relatives, employers, co-workers and HR-professionals, with the objective of formulating recommendations for work interventions for people with dementia.	Adapted work programs; task/time pressure reduction; co-worker and employer support; HR policies co-designed with the person living with dementia; volunteer programs; skill utilisation; job coaching; gradual transition planning	Employers, colleagues, HR in collaboration with the individual	Tailors work to abilities, coordinates support, enables gradual transitions, preserves engagement and skills, embeds employee voice in workplace adaptations.	The review shows it is possible to live and work well with dementia, if "collaborative solutions are continuously renegotiated to meet the needs of both the person with dementia and the workplace". Having a formal, tailored strategy would help.
Smeets et al., (2024) [18]	Netherlands	Qualitative interviews and focus groups	Interviews (15): employees living with young-onset dementia (6) and relatives (9). Four focus groups (16) with employees living with young-onset dementia (10) and relatives (6). Four of	To investigate the experiences, work values, and support needs of employees with young onset dementia and their relatives.	Collaboration with healthcare professionals; workplace adjustments (task reduction, reduced hours, structured work, low-stimulus environment); colleague assistance	Employers and healthcare professionals.	Integrates clinical and workplace support, reduces cognitive and environmental barriers, provides social and task-related support.	Individuals had a desire to continue in employment post young onset dementia diagnosis. Communication enables support. To provide tailored support in continued employment, it is fundamental to increase awareness, knowledge,

(continued)

Table 3. Continued.

Author and year	Country	Study design	Population and sample size (n)	Aims	Types of workplace support/ intervention	Who provides the support?	Mechanisms of support	Key findings
			whom had also taken part in the interviews.					and collaboration among work and health care professionals, the work environment, relatives, and employees.
Fletcher and Brown (2025) [27]	N/A	Opinion piece	People living with dementia	To propose a digital futures perspective in which digitalisation extends and enhances the working lives of people with dementia by improving person–environment fit.	Digitalisation such as digital cognitive enhancement (e.g., reminders, navigation tools), leveraging technology to achieve a person-environment fit, augmenting workplace tasks with large language models (LLMs).	Employers	Reduce cognitive demands, modify the environment to be enabling rather than disabling, increase autonomy and agency.	Digitalisation can enhance cognition, improve person–environment fit, and augment work tasks through LLMs. A digital futures perspective positions technology as a means to extend and enrich working lives, if designed with co-production and inclusivity.
Miyajima et al., (2025) [40]	Japan	Quantitative-Cross-sectional questionnaire	Medical centres for dementia (MCDs) (129)	This study aims to examine the status and challenges of work role support for people with early onset dementia in post-diagnostic support at medical centres for dementia.	Supervisor consultations; occupational health and employment office coordination; long-term care insurance office linkage; informal participation opportunities.	Mostly MCDs staff (doctors, nurses, social workers, and occupational therapists). Coordination with employment support offices, occupational health staff, and service offices involved with disability and long-term care.	Enhances communication and coordination across workplace and external supports; reduces barriers; promotes inclusion and continuity of employment.	About half of responding MCDs provided work role support to people with early onset dementia. Implementation of support is challenged by factors such as progressive symptoms, motivation, transportation difficulties, lack of awareness or acceptance of the disease, and discrepancies between patient and family wishes. Work role support is more robust in facilities that have been established longer and those with greater experience.
Page et al., (2025) [41]	N/A	Scoping review	Young-onset dementia, articles (14) and grey literature (19)	To explore current understandings of the lived experience of people with YOD in the workplace; to inform future research, development of guidelines and development of more tailored and co-designed strategies to support retention and transitions	Legally based accommodations and improving understanding of employers were mentioned. Role of the person with YOD in planning of reasonable adjustments also mentioned.	Employer, self, spouse/ partner	Ensures fairness and compliance; empowers employees; aligns workplace adaptations with individual needs and preferences.	No current "best practice" guidelines but there are dementia awareness training sessions. PWD might benefit from more awareness about their legal rights, including to reasonable adjustments, dealing with stigma, disclosure and lodging formal complaints. Inclusion of occupational therapist with expertise in dementia would benefit many situations.

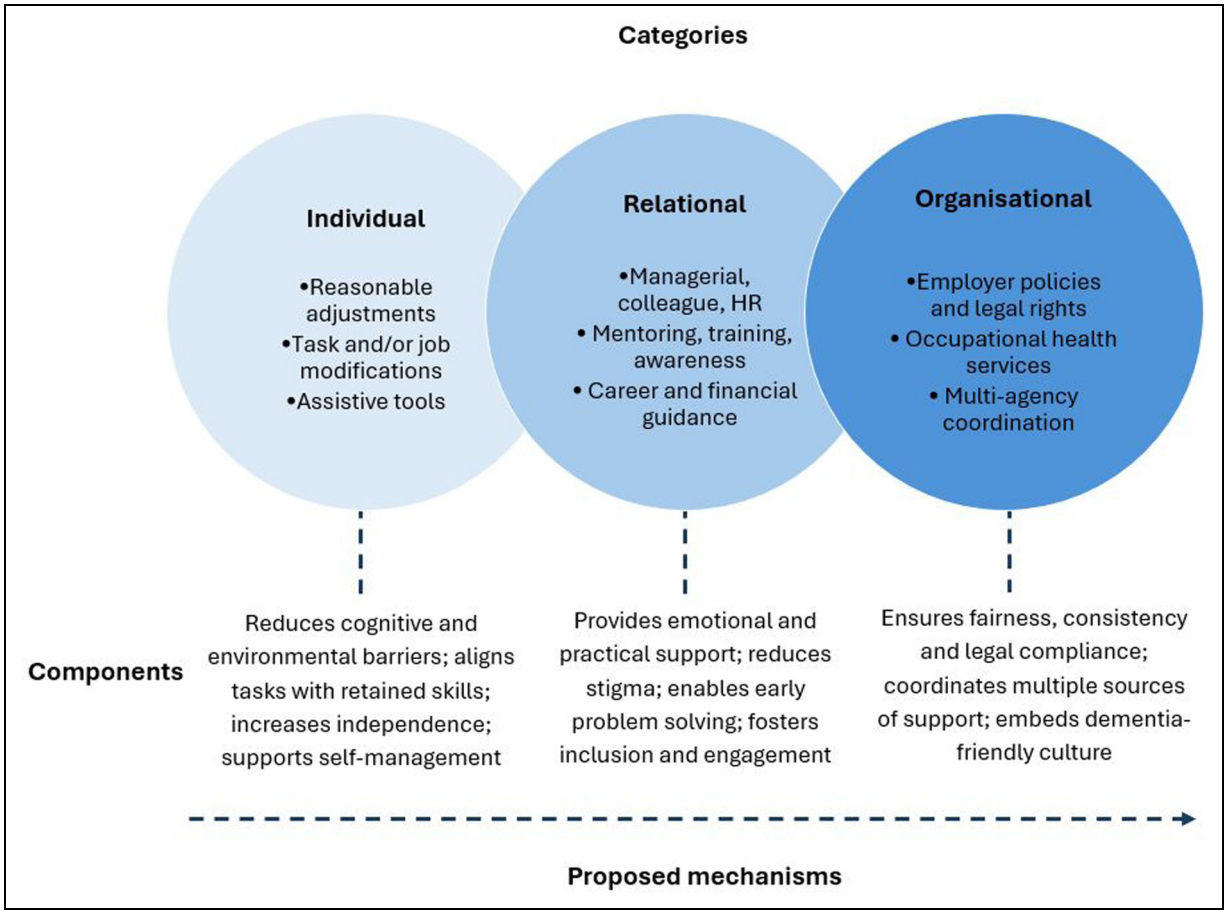


Figure 3. Categories, components and proposed mechanisms.

workplace.[33,36,38,40] Other articles were a mix of life experiences and recommendations for support.[1,17,21,34]

Narrative synthesis element 3: exploring the relationships within the data

In line with the Popay et al. (2006)[24] narrative synthesis framework, interpretation involved an iterative process in which extracted data were examined and compared across studies to explore relationships within the data. Relationships between the components of supports across studies emerged and enabled the development of conceptual levels of support and the proposed underlying mechanisms. The components described within the literature operate across multiple, interconnected levels. At the micro level, supports focus on reasonable adjustments, including job modifications and the use of assistive technology. At the meso level, relational supports are emphasised, such as support from colleagues, senior staff and HR, alongside dementia training, awareness, and practical guidance. At the macro level, organisational support is reflected in policies, legal rights, and multi-agency coordination, including the role of occupational health services. The patterns that emerged across the literature have been grouped into three overarching categories, individual, relational and organisational supports (Figure 3). Given that the literature was a mix of lived experiences, implemented supports and recommended supports, the conceptual model below was developed to categorise the components and categories of mentioned supports and can be used as a best practice model of support for people living with dementia at work after diagnosis. Each level of support including their components were interpreted within the synthesis to understand the mechanisms as to how and why the supports may be necessary and effective.

Individual level supports were prominent, whether received or suggested. The components: adjustments and adaptations to the individuals' role, were described prominently across grey literature and research articles.[17,18,21,25] Another component: task and or job modifications, were described including flexibility (task reduction; reduced hours and changes to work pattern; remote work; redeployment) and changes to workplace environment such as quietness, low stimulation and pressure reduction. There was

also an emphasis on assistive tools, particularly the utility of digitalisation.[27,32,33,38] Other assistive tools described in the literature included memory aids and making use of smart devices for notes, calendars and reminders. Fletcher and Brown 2025,[27] one of the most recent articles included, suggested the implementation of artificial intelligence (AI) and augmenting workplace tasks through LLMs. This matters because it highlights that tailored, individual-level workplace supports can address diverse needs, enabling people to remain engaged, productive, and supported in their roles through practical adjustments and emerging technologies.

As these are individual level supports, it is important to note that the employer, in line with policy and law, is required to enable these individual level of supports based on the person's choices, needs and abilities. This relates to the meso category of relational support. The emphasis of empathic, understanding and responsive employers, HR and co-workers were developed as a sub-theme in relation to disclosing a diagnosis and maintaining support during diagnosis and workplace transitions.[17,18,20,21] A lack of awareness can lead to inadequate workplace support.[18] Interpersonal experiences, including positive action by employers[21,30] were key to providing emotional support. Relational support can demonstrate advocacy within the workplace[21] which may mitigate stigma and enable inclusion and engagement. In contrast, the stigma surrounding dementia can have a negative effect on employability.[20]

Additionally, mentoring, training and awareness of dementia was described as a support. Age UK[31] stated that 'the more awareness and understanding staff have of dementia, the less stigma there will be.' Age UK[31] recommended arranging training and workshops to better understand dementia and include dementia-related information on staff noticeboards and newsletters. The case study by Kumai et al. (2021)[37] found that co-worker understanding increased after dementia education. Egdell et al. (2021)[1] found that some, but not all employers had taken part in dementia awareness training and activities. In contrast to employer and staff training, training was also described in relation to employees with dementia, emphasising that such activities must be accessible.[29,36] The final relational component focused on specific career and financial guidance. Income assistance,[34] job coaching[17] and career advisor support,[39] was described as important for employment adjustments and decisions. Nygard et al. (2023)[21] outlined that a shift is needed from a deficit-based approach to a citizenship approach - a citizen with agency. Relational support from employers, colleagues, and wider workplace networks is important because it can shape experiences of disclosure, adjustment, and continued employment following diagnosis.

A third related overarching category centred on the role of organisations in providing appropriate support. Appropriate policies need to be in place within the organisation and legal rights must be understood and complied with.[20,25,32,41] The majority of employers interviewed in the study by Egdell et al. (2021)[1] reported that they would utilise all-compassing (non-dementia specific) policies to support a person diagnosed with dementia whilst working. Peoples et al. (2024)[17] recommended that HR policies are co-designed with people living with dementia. Another component within organisational level support was the importance of occupational health specific support.[20,39,40] A final component within the data centred on the importance of multi-agency coordination between various professionals and groups such as employers, HR and healthcare professionals[20,29,39,40] with one article mentioning the use of online self-help groups.[36] Bolger et al. (2023)[39] recommended career advisor support with multidisciplinary professional input (psychiatrists, social workers, occupational health, dementia specialists). Smeets et al. (2024)[18] also recommended that clinical and workplace support is integrated via collaboration between employers and healthcare professionals. This is important because organisational structures, policies, and coordinated systems of support can create the foundation for consistent, equitable, and sustainable workplace responses that enable people with dementia to remain engaged in employment.

Discussion

A rapid review was conducted to determine the types of workplace supports and/or interventions for people living with neurodegenerative cognitive impairment including young onset dementia, mild cognitive impairment and age-related cognitive impairment/dementia. Three levels and categories were developed in the synthesis: individual, relational and organisational strategies consisting of nine components across five grey literature articles and 15 research articles. The strategies referred to the types of supports either experienced and implemented or recommended by people living with different types of dementia, family members, employers, healthcare professionals and organisations.

The included literature places strong emphasis on individual-level adjustments, including role adaptations, task modifications and the use of assistive technologies, as foundational components of workplace support. These reasonable adjustments and individual accommodations are essential; however, their implementation is dependent on relational and organisational infrastructures that enable workplace inclusion. Rather than positioning dementia as an individual condition to be managed, the findings suggest that responsibility for inclusion requires systematic workplace adaptation. Such adjustments rely on employer willingness, awareness, and responsiveness, highlighting the importance of relational support through empathetic management, flexible HR practices, and supportive

colleagues. Individual adjustments cannot be effectively realised without workplace relationships and structures that legitimise disclosure, negotiation, and ongoing dialogue. Moreover, the identification of career advice, job coaching, and income-related support points to a potentially overlooked dimension of workplace support. Employment decisions following diagnosis extend beyond accommodation alone and involve navigating transitions, future planning, and financial security. The relative scarcity of these supports in the literature may reflect gaps in current service provision. Therefore, moving away from an individualised deficit framing of dementia towards a systemic inclusive design approach positions workplace participation as a shared responsibility, where organisational practices, workplace relationships, and environments are adapted to support diverse needs.

Some employers reported relying on generic disability or health policies,[1] which may provide a degree of protection and flexibility but risks overlooking the fluctuating and progressive nature of dementia and related conditions. The recommendation to co-design HR policies with people living with dementia in Peoples et al. (2024)[17] is significant, as it shifts policy development toward participatory approaches. This highlights the role of co-design and representativeness of lived experience in policy – going beyond the realms of co-design in research only.

Ultimately, supporting individuals with cognitive deterioration in continued employment is complex.[33,40] Ensuring that individuals' choices and needs are met are the starting point for appropriate responsive support. The data highlights a need for employer preparedness and awareness to support people diagnosed with dementia in the workplace. Given the ageing workforce, there is need for greater policy and practice development and an urgent need to plan services for this age cohort to ensure supportive provisions are in place,[16] with the conceptual model of support offering insights into appropriate intervention development. The literature and synthesis findings highlight a strong emphasis on understanding experiences of dementia and the workplace. The nature of the exploratory and investigative aims suggests a field in transition, where foundational knowledge is still being established alongside early attempts to translate insight into workplace policy and practice. Relatively few studies focused on the systematic development, implementation or evaluation of specific interventions, highlighting a critical gap for future research. There is a need for longitudinal, mixed-methods evaluations of interventions (e.g., job crafting, flexible scheduling, digital assistive technologies) and cost-effectiveness studies to develop on existing knowledge.

Implications for policy and practice

The findings indicate that supporting continued employment following a dementia diagnosis requires coordinated action across individual, relational, and organisational levels. For employers, this includes co-developing dementia-inclusive policies with input from people living with dementia, integrating dementia awareness within existing equality and diversity initiatives, and establishing clear processes for reasonable adjustments, role adaptations, and redeployment where appropriate. For occupational health and healthcare professionals, implications include incorporating work-related discussions into care pathways, supporting conversations around disclosure and workplace transitions, and strengthening communication between healthcare providers, employers, and other relevant services. For policymakers, disability legislation should be supported by practical guidance, resources, and accessible support mechanisms to help employers, particularly small and medium-sized enterprises, implement inclusive workplace practices. Together, these actions can support a shift from individually managed accommodations towards sustainable, system-level approaches to workplace inclusion.

Limitations of this review (narrative synthesis element 4: assessment of robustness of the synthesis)

The review comprehensively synthesised data on workplace supports for people living with neurodegenerative cognitive impairment including young-onset dementia, mild cognitive impairment, or age-related cognitive impairment/dementia in line with rapid review methodology. The following section identifies limitations of the review to inform future improvements. Firstly, the synthesis included heterogeneous populations, including people living with young-onset dementia, mild cognitive impairment, and age-related dementia. As each diagnosis is associated with distinct symptoms, needs, and experiences, the extent to which findings are transferable to any single population is limited. There was also heterogeneity in the included studies' aims and methodologies, including differences in research questions, study designs, and analytic approaches, which restricted the depth and consistency of the synthesis.

Methodological limitations were also identified. Reviews published between 2012 and 2025 were eligible for inclusion to capture contemporaneous syntheses of the evidence at the time of publication. Although some included reviews synthesised primary studies published prior to 2012, these studies were retained as part of the original reviews, and no attempt was made to exclude individual primary studies based on publication date once an eligible review was included. In addition, review articles were synthesised at the article level, which may have limited the granularity of the synthesis. The search was also limited to English-language literature, introducing potential language bias and potentially excluding relevant evidence, particularly from low- and middle-income countries. Similarly, the restricted grey literature search may

have resulted in the omission of relevant sources. Finally, in keeping with the rapid and streamlined approach, no formal quality assessment of included articles was conducted. Consequently, studies of varying methodological quality were synthesised, and the relative strength or credibility of individual findings could not be weighted, which may affect the robustness of the overall conclusions. However, the primary aim of this review was to map the types of workplace supports and the actors responsible for providing them, rather than to determine the effectiveness of specific interventions.

Conclusion

This review has developed a three-level conceptual model of workplace supports for people living with dementia and other neurodegenerative cognitive impairment, synthesising evidence from research literature and some grey literature guidance. The model demonstrates that sustainable workplace inclusion requires aligned action across individual, relational, and organisational levels, supported by awareness, policy coherence, and cross-sector collaboration. The identified support categories and proposed mechanisms may enhance opportunities for people living with dementia to continue employment in roles adapted to their needs and preferences.

For employers, occupational and healthcare professionals, and policymakers, the findings highlight the importance of coordinated approaches that support inclusive workplace practices, work-focused care, and practical implementation of disability protections. This review addresses a gap in the literature at a time when inclusive employment is increasingly prioritised. Further research is needed to examine the acceptability, impact, and effectiveness of interventions across individual, relational, and organisational levels from the perspectives of people living with dementia, employers, and co-workers.

Acknowledgements

This research was carried out as part of the Working with Dementia Network Plus, funded by the ESRC, NIHR and Alzheimer's Society [grant ref ES/Z502832/1]. It contributes directly to the objective of Collaboratively Shaping the Research Agenda and future direction for Working with Dementia Network Plus activities. As such, we acknowledge the contributions and support of the Working with Dementia Network Team including the Lived Experience Panel and Stakeholder Advisory Group in the development of this work.

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Ethical statement

As the review focuses on secondary data, no ethical approval was required.

Informed consent

Not applicable

Author contributions

KK: Conceptualization, Data Curation, Formal analysis, Investigation, Methodology, Project administration, Software, Validation, Visualisation, Writing- original draft, Writing, review and editing
CS: Conceptualization, Funding acquisition, Investigation, Methodology, Software, Writing, review and editing
CH: Conceptualization, Funding acquisition, Investigation, Methodology, Software, Supervision, Writing, review and editing

Funding

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This work was supported by the Alzheimer's Society, Economic and Social Research Council, National Institute for Health and Care Research, (grant number ES/Z502832/1).

Declaration of conflicting interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Supplemental material

Supplemental material for this article is available online.

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