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- *NJSACOP 101st Annual Training Conference Registration*

INSIDE THIS ISSUE:



Sleep Disorders Among Police Officers

By Matt Brzycki, Assistant Director of Campus Recreation, Fitness, Princeton University

Millions of Americans suffer from a wide variety of sleep disorders that can have adverse effects on their health, safety and performance. For example, a common disorder is obstructive sleep apnea, a narrowing of the airway while sleeping, which is associated with heart failure, hypertension (high-blood pressure) and stroke. Another common disorder is insomnia which is associated with depression, hypertension and functional impairment.

Police officers are highly prone to sleep disorders, more so than the general population. This is particularly true of those officers who work night and rotating shifts.

In one large study, 4,957 police officers from the United States and Canada completed a survey either on-site or on-line. They were, on average, 38.5 years old and had been working as police officers for 12.7 years. Also of note is that 45.8% of the officers were overweight and another 33.5% were obese.

The initial screening found that 40.4% of the officers had at least one sleep disorder. Obstructive sleep apnea—which can actually stop breathing for a brief period of time—was the most common disorder, affecting 33.6% of the officers. One of the risk factors for obstructive sleep disorder is obesity and, as mentioned above, roughly one-third of the officers in the study were obese.

The next most common sleep disorder was moderate to severe insomnia, affecting 6.5% of the officers. Interestingly, 53.9% of the officers who worked at least one night shift during the previous month—defined as working six hours or more between 2200 and 0800—had either excessive wake-time sleepiness or insomnia while 14.5% had both excessive wake-time sleepiness and insomnia.

Having any type of sleep disorder was associated with several health—and safety-related outcomes. This included a greater risk of depression, burnout (emotional exhaustion) and falling asleep while driving.

Especially troubling was the fact that 45.9% of the officers reported nodding off or falling asleep while behind the wheel. Obviously, this puts the officer and public at risk.

Performance was also affected by having a sleep disorder. The researchers found that officers who screened positive for a sleep disorder performed worse than officers who screened negative. Specifically, they made more errors or committed more safety violations due to fatigue (23.7% versus 15.5%), had more uncontrolled anger toward a citizen or suspect (34.1% versus 28.5%), incurred more citizen complaints (11.2% versus 9.4%), had greater absenteeism (26.0% versus 20.9%) and fell asleep more during meetings (14.1% versus 7.0%).

It also appears that police officers with sleep disorders have a significantly higher risk of certain diseases. For example, the study found an increased risk of cardiovascular disease, diabetes, hypertension and stroke in those officers who screened positive for obstructive sleep apnea.

Bottom line: Police chiefs should be aware of the high potential for sleep disorders among their officers.

Matt Brzycki is the Assistant Director of Campus Recreation, Fitness at Princeton University in Princeton, New Jersey. A former Marine Drill Instructor, he has authored, co-authored and edited 17 books including his latest, the fourth edition of A Practical Approach to Strength Training.