

Sleep disorders common among police officers

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A survey of police officers indicated that about 40 percent have a sleep disorder, which was associated with an increased risk of adverse health, safety and performance outcomes, according to a study in the December 21 issue of *JAMA*.

Sleep disorders, such as obstructive [sleep](#) apnea, insomnia, and [shift work](#) disorder, affect 50 to 70 million U.S. residents. Most are undiagnosed and remain untreated. "[Police officers](#) frequently work extended shifts and long work weeks, which in other [occupations](#) are associated with increased risk of errors, unintended injuries, and motor vehicle crashes. According to data through the year 2003, more officers are killed by unintended [adverse events](#) than during the commission of felonies. It has been hypothesized that fatigue—likely due to reduced duration and quality of sleep and untreated [sleep disorders](#)—may play an important role in police officer unintentional injuries and fatalities. To date, the effect of sleep disorders on police officer health, safety, and performance has not been systematically investigated," the authors write.

Shantha M. W. Rajaratnam, Ph.D., of Brigham and Women's Hospital, Boston, and colleagues examined the risk of major sleep disorders and associated adverse outcomes among North American police officers. The study consisted of police officers participating in either an online or an on-site screening (n = 4,957) and monthly follow-up surveys (n = 3,545 officers) between July 2005 and December 2007. A total of 3,693 officers in the United States and Canada participated in the online screening survey, and 1,264 officers from a municipal police department

and a state police department participated in the on-site survey. The average age of the officers was 38.5 years, with an average of 12.7 years of police service.

A total of 2,003 of 4,957 participants (40.4 percent) screened positive for at least 1 sleep disorder. Of the total group, 1,666 (33.6 percent) screened positive for obstructive [sleep apnea](#) (OSA), the most common disorder, followed by 281 (6.5 percent) with moderate to severe [insomnia](#); and 269 (5.4 percent) with shift work disorder (14.5 percent of those who worked the night shift). Positive screening for any sleep disorder was associated with increased risk of self-reported health- and safety-related outcomes: 203 (10.7 percent) of those who tested positive for a sleep disorder reported having depression vs. 37 (4.4 percent) of those who did not screen positive; 399 (34.1 percent) of the positive-screen group reported burnout (emotional exhaustion) vs. 89 (17.9 percent) in the negative-screen group, and 388 (20.0 percent) in the positive-screen group reported falling asleep while driving vs. 66 (7.9 percent) in the negative-screen group. Positive OSA screening was also associated with a diagnosis of diabetes; cardiovascular disease; and high caffeine consumption.

The researchers also found that 28.5 percent of participants had screening scores that indicated that they experienced excessive sleepiness. Of the survey respondents, 45.9 percent reported having nodded off or fallen asleep while driving; 56.9 percent of these reported falling asleep while driving at least 1 to 2 times a month; and 307 (13.5 percent, representing 6.2 percent of the total group) reported falling asleep while driving at least 1 to 2 times a week.

Compared to those who screened negative, participants who screened positive for any sleep disorder were more likely to report making important administrative errors; falling asleep while driving; making errors or committing safety violations due to [fatigue](#); having

uncontrolled anger toward a citizen or suspect; incurring citizen complaints; having absenteeism; or [falling asleep](#) during meetings.

"In conclusion, a large proportion of police officers in our sample showed a positive sleep disorder screening result, which was associated with adverse health, safety, and performance outcomes. Further research is needed to determine whether sleep disorder prevention, screening, and treatment programs in occupational settings will reduce these risks," the authors write.

In an accompanying editorial, Michael A. Grandner, Ph.D., and Allan I. Pack, M.B.Ch.B., Ph.D., of the University of Pennsylvania, Philadelphia, write that "there is a need for additional research studies evaluating sleep problems in the occupational area, including screening employees for sleep disorders and evaluating different interventions in individuals who are diagnosed with sleep disorders."

"Such studies need to be large enough to allow evaluation of the health effects for the individual as well as the economic implications for the employee and employer and the larger effect on society as a whole. Because police forces are focused on public safety, the study by Rajaratnam et al may represent an impetus for further studies of police forces that could set an example for other occupational groups."

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