HEALTH DISPARITIES AMONG POLICE OFFICERS

Depressive symptoms in officers nearly double (12.0% vs. 6.8%) general population.

PTSD
10% : Very high rate of PTSD symptoms
35% : Partial PTSD symptomatology

Research: Police PTSD 7-19%

POLICE CARDIOVASCULAR DISEASE- “METABOLIC SYNDROME”

>25% of officers had metabolic syndrome compared to 18.7% U.S. employed population.

Metabolic Syndrome components:

- Abdominal obesity - ≥ 102 cm (41”) in males, ≥ 88 cm (35”) in females
- Hypertension (systolic blood pressure ≥ 130 mmHg, diastolic blood pressure ≥ 85 mmHg, or reported physician-diagnosed hypertension and antihypertensive treatment)
- Reduced HDL-C (fasting HDL-C < 40 mg/dL in men, < 50 mg/dL in women, or reported treatment)
- Elevated triglycerides (fasting triglycerides ≥ 150 mg/dL, or reported treatment)
- Glucose intolerance (fasting serum glucose ≥ 100 mg/dL, or reported treatment for diabetes).


Officers who worked nights and had <6 hrs. sleep had a 4-fold greater number of metabolic syndrome components than officers working the day shift.

Police 4 x more likely to sleep <6 hrs. than population (33% vs. 8%).

Stress- High stress led to poor Sleep quality in both men and women officers.

Night Shifts and Police Stress: Cortisol the “stress hormone”

Night shift workers had a significantly diminished response pattern compared to afternoon and day shift workers.

The incidence of first injury was over 2-fold higher in midnight shift workers compared to day shift workers: 11.2 vs. 5.2 injuries per 100,000 person-hours.


OUR MOST RECENT STUDY
Approx. 18/100,000
- 2008: 141 POLICE SUICIDES
- 2009: 143 POLICE SUICIDES
- 2010 147 POLICE SUICIDES
- 2012- 96 suicides (as of 9-1)

- Most- white male (95%)
- 35-44 age group (40%)
- Patrol level (90%)
- Used firearm (94%)
