NDS WELLNESS

# The Police Officer Cardiac Risk Guide

What every department should know about the leading health threat facing law enforcement, and what you can do about it.

**A physician-led screening resource from NDS Wellness**

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# Why This Guide

Police officers face a cardiac risk profile unlike almost any other profession. The danger is not only that heart disease is more common in law enforcement, but that it stays hidden. An officer can feel fine, pass a routine exam, and still be carrying disease that surfaces only in the worst possible moment, during a physical confrontation or a foot pursuit.

This guide lays out what the research actually shows about cardiac risk in policing, why the job drives it, the warning signs officers are trained to push through, and what a department can do to catch the danger early. It is written for chiefs, wellness coordinators, union leaders, and anyone responsible for the health of the people behind the badge.

## 1 The Hidden Cardiac Risk in Policing

The statistics on officer health are sobering, and cardiovascular disease sits at the center of them.

**21.9 years**

Mean life expectancy difference reported for Buffalo police officers compared with the US general population, in a widely cited 2013 study. — Violanti et al., 2013[1]

### A Shorter Life Expectancy

A widely cited 2013 study of Buffalo police officers, part of the Buffalo Cardio-Metabolic Occupational Police Stress research, reported a mean life expectancy difference of 21.9 years compared with the US general population.[1] Cardiovascular disease is a leading contributor to that gap, and research on police mortality has consistently found circulatory-disease deaths concentrated among officers with longer years of service.

### Risk That Builds Over a Career

Cardiac risk in policing is cumulative. The combination of chronic stress, disrupted sleep from shift work, and years of sudden physical demand steadily erodes cardiovascular health. By mid-career, many officers carry more cardiovascular and metabolic risk than their age alone would suggest, and much of it produces no symptoms until it becomes an event.

## 2 Why the Job Does This

Three features of police work combine to drive cardiac risk, and understanding them explains why standard health advice does not fully fit the profession.

### Sudden Exertion Without Warning

Police work is long stretches of low activity broken by seconds of maximum effort. A study led by Harvard School of Public Health researchers, published in the BMJ, examined 441 sudden cardiac deaths among US officers and found the risk was **34 to 69 times higher during restraints and altercations** than during routine duty, and **32 to 51 times higher during pursuits**.[2] Those events do not create heart disease. They expose disease that was already present and silent.

### Chronic Stress and Shift Work

Sustained occupational stress keeps the body's stress response switched on, contributing to high blood pressure, elevated cortisol, and metabolic disruption. Rotating and overnight shifts compound the effect, independently predicting cardiovascular and metabolic decline. Together they push officers toward metabolic syndrome, the cluster of high blood pressure, excess weight, elevated blood sugar, and abnormal cholesterol that drives chronic disease.

### The Pattern That Matters

The through-line is simple and important: the job does not usually cause a heart attack out of nowhere. It develops disease quietly over years, then exposes it in a moment of extreme demand. That is exactly why catching the disease early, before the demand arrives, changes outcomes.

## 3 The Warning Signs Too Many Officers Push Through

The instinct to tough it out serves officers well in most of the job. With cardiac symptoms, it is dangerous. Angina, the chest discomfort that signals the heart is not getting enough blood, is a warning that is easy to rationalize away.

### What Angina Can Feel Like

It often presents as pressure, squeezing, or fullness in the chest, and can spread to the arm, jaw, neck, back, or stomach. Just as often it appears in ways people miss entirely: shortness of breath, unusual fatigue, nausea, or lightheadedness with no obvious chest pain. Because these do not match the dramatic image of a heart problem, they get dismissed.[4]

#### Call 911 Immediately If:[4]

- Chest discomfort is new and has never been evaluated.
- A usual pattern of chest discomfort becomes more frequent, more intense, or is triggered by less activity.
- Chest pain lasts more than a few minutes and does not ease with rest.
- Discomfort comes with shortness of breath, sweating, nausea, lightheadedness, or pain spreading to the arm, jaw, or back.

**Do not drive yourself.** Cardiac symptoms are the one thing an officer should never push through.

## 4 What Cardiac Screening Actually Catches

A resting exam checks the heart in the state officers are almost never in when danger strikes. A real cardiac screening looks deeper, and each test answers a different question.

### 12-Lead EKG

Reads the heart's electrical activity and can reveal rhythm problems and signs of prior damage.

### Stress Test with VO2 Max

Measures cardiac capacity under exertion, the very reserve the job draws on without warning. Cardiorespiratory fitness, captured as VO2 max, is one of the strongest predictors of cardiovascular outcomes.[3]

### Echocardiogram

Images the heart's structure and function. A stress echo compares the heart at rest and immediately after peak effort, revealing wall motion abnormalities where a narrowed artery cannot keep up, disease that can look completely normal at rest.[4]

### Comprehensive Blood Work

Measures cholesterol, blood glucose, and the metabolic markers that drive both cardiac and stroke risk.

Together, these build a picture of an officer's cardiovascular health that a routine physical cannot, and they do it while there is still time to act.

## 5 What a Department Can Do

Knowing the risk is one thing. Getting every officer actually evaluated is another, and it is where most good intentions break down.

### The Real Barrier Is Access

Officers will not schedule advanced cardiac testing on their own. It requires a referral, an appointment, and a rest day given up to sit in a cardiology waiting room. Healthy-feeling officers skip it. The result is that the people most at risk are often the least likely to be screened.

### On-Site Screening Removes the Barrier

Bringing screening to the department, across every watch, changes the math. When testing happens at the station on shift, most of the roster gets through. When officers are sent out on their own time, the department gets whoever happened to have time. Confidentiality matters too: when results stay between the officer and the clinician, officers actually participate.

### A Practical Cadence

Annual cardiac evaluation is a sensible standard for most departments, with the case strengthening for officers over 40, those with longer service, and anyone with a family history of cardiac disease. The right program is built around the department's roster rather than a generic schedule.

# Checklist: Is Your Department Addressing Cardiac Risk?

Use this quick self-assessment. Every box you cannot check is a gap worth closing.

- [ ] Every sworn officer has access to a cardiac evaluation that goes beyond a basic physical.
- [ ] Screening includes an EKG, a stress test, an echocardiogram, and comprehensive blood work.
- [ ] Testing is offered on-site or across every shift, not only during business hours.
- [ ] Officers do not have to give up a rest day or travel to be screened.
- [ ] Results are reviewed with each officer by a physician, in person.
- [ ] Individual results stay confidential between the officer and the clinician.
- [ ] When a finding needs attention, follow-up care is coordinated, not left to chance.
- [ ] Cardiac evaluation happens on a regular annual cadence, not just at hire.

## Bring Cardiac Screening to Your Department

NDS Wellness delivers physician-led cardiac screening on-site, across every watch, so the officers most at risk actually get evaluated. Real appointments, real physicians, results explained in person, and follow-up coordinated when it matters. It is the proactive look that can find a problem while it is still silent.

**Start the conversation. Contact NDS Wellness to build a cardiac screening program around your department, your watches, and your budget.**

**Schedule a Consultation → contact.ndswellness.com** **Call: 888-267-4786**

# Sources

Numbers correspond to the citation markers throughout this guide.


1. Violanti JM, et al. "Life Expectancy in Police Officers: A Comparison with the U.S. General Population." *International Journal of Emergency Mental Health*, 2013.

2. Varvarigou V, Farioli A, Korre M, Sato S, Dahabreh IJ, Kales SN. "Law enforcement duties and sudden cardiac death among police officers in United States." *BMJ*, 2014;349:g6534.

3. Kaminsky LA, Arena R, Myers J. "Reference Standards for Cardiorespiratory Fitness FRIEND." *Mayo Clinic Proceedings*, 2015.

4. American Heart Association and Cleveland Clinic, clinical references on angina, stress echocardiography, and cardiac screening.


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