

National Ambulatory Medical Care Survey

Factsheet

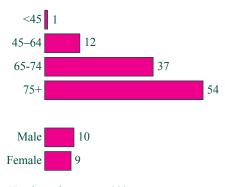
CARDIOVASCULAR DISEASES





The visit rates were highest for persons 65 years and over. The overall rate did not differ by sex.

Annual office visit rates by patient's age and sex: 2010



Number of visits per 100 persons per year

Expected source(s) of payment included:

- Medicare 52%
- Private insurance 39%

The major reason for visit was:

- Chronic problem, routine 54%
- New problem 17%
- Preventive Care 12%
- Chronic problem, flare-up 9%
- Pre- or post-surgery/injury follow-up 5%

The top 3 reasons given by patients for visiting cardiovascular disease specialists were:

- Progress visit
- Chest pain
- Ischemic heart disease

The top 4 diagnoses were:

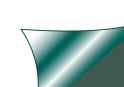
- Coronary atherosclerosis
- Essential hypertension
- Atrial fibrillation
- Chest pain

Medications were provided or prescribed at 91 percent of office visits. The top 5 generic substances utilized were:

- Aspirin
- Metoprolol
- Simvastatin
- Lisinopril
- Clopidogrel

For more information, contact the Ambulatory and Hospital Care Statistics Branch at 301-458-4600 or visit our Web site at <www.cdc.gov/namcs>.





THE IMPORTANCE OF NAMCS DATA Cardiovascular Diseases

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA*, *Journal of the American College of Cardiology*, and *Circulation*. Here are a few recent publications using NAMCS data:

Kraschnewski JL, Sciamanna CN, Stuckey HL, Chuang CH, Lehman EB, Hwang KO, Sherwood LL, Nembhard HB. A silent response to the obesity epidemic: decline in US physician weight counseling. *Med Care*. 51(2):186-192. Feb 2013. [Epub ahead of print]

Karve S, Levine D, Seiber E, Nahata M, Balkrishnan R. Trends in ambulatory prescribing of antiplatelet therapy among US ischemic stroke patients: 2000-2007. *Adv Pharmacol Sci*. Dec 2012.

Shapiro DJ, Hersh AL, Cabana MD, Sutherland SM, Patel AI. Hypertension screening during ambulatory pediatric visits in the United States, 2000-2009. *Pediatrics*. 130(4):604-610. Oct 2012.

Kulchaitanaroaj P, Brooks JM, Ardery G, Newman D, Carter BL. Incremental costs associated with physician and pharmacist collaboration to improve blood pressure control. *Pharmacotherapy*. 32(8):772-780. Aug 2012.

He XZ. Diabetes care for older patients in America. Int J Clin Pract. 66(3):299-304. Mar 2012.

Roger VL, Go AS, Lloyd-Jones DM, Benjamin EJ, Berry JD, Borden WB, Bravata DM, Dai S, Ford ES, Fox CS, Fullerton HJ, Gillespie C, Hailpern SM, Heit JA, Howard VJ, Kissela BM, Kittner SJ, Lackland DT, Lichtman JH, Lisabeth LD, Makuc DM, Marcus GM, Marelli A, Matchar DB, Moy CS, Mozaffarian D, Mussolino ME, Nichol G, Paynter NP, Soliman EZ, Sorlie PD, Sotoodehnia N, Turan TN, Virani SS, Wong ND, Woo D, Turner MB; American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics--2012 update: a report from the American Heart Association. *Circulation*. 125(1):e2-e220. Jan 2012.

Belue R, Oluwole AN, Degboe AN, Figaro MK. Hypertension control in ambulatory care patients with diabetes. *Am J Manag Care*. 18(1):17-23. Jan 2012.

Yoon PW, Tong X, Schmidt SM, Matson-Koffman D. Clinical preventive services for patients at risk for cardiovascular disease, National Ambulatory Medical Care Survey, 2005-2006. *Prev Chronic Dis.* 8(2):A43. Mar 2011.

He XZ. Diabetes preventive services and policy implications in the United States. *Diabetes Care*. 34(1):8-13. Jan 2011.

Barnes GD, Gafoor S, Wakefield T, Upchurch GR Jr, Henke P, Froehlich JB. National trends in venous disease. *J Vasc Surg.* 51(6):1467-1473. Jun 2010.

A complete list of publications using NAMCS data, which includes articles and reports, can be found at our Web site: http://www.cdc.gov/nchs/ahcd/ahcd_products.htm