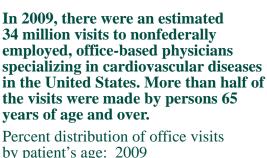


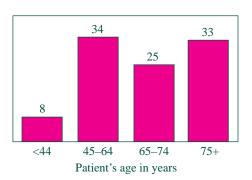
National Ambulatory Medical Care Survey

Factsheet

CARDIOVASCULAR DISEASES

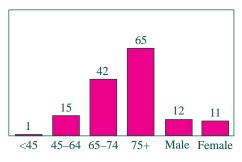


by patient's age: 2009



The visit rate was 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: 2009



Number of visits per 100 persons per year

Primary expected source of payment included:

- Private insurance 63%
- Medicare 53%
- Medicaid 8%

The major reason for visit was:

- Chronic problem, routine 52%
- New problem 21%
- Chronic problem, flare-up 9%
- Preventive Care 9%
- Pre- or post-surgery/injury follow-up — 6%

The top 5 reasons given by patients for visiting cardiovascular disease specialists were:

- Progress visit
- Chest pain
- Hypertension
- Ischemic heart disease
- Shortness of breath

The top 5 diagnoses were:

- Ischemic heart disease
- Heart disease, excluding ischemic
- Essential hypertension
- Chest pain
- Disorders of lipoid metabolism

Medications were provided or prescribed at 87 percent of office visits. The top 5 generic substances utilized

- Aspirin
- Metoprolol
- Furosemide
- Simvastatin
- Lisinopril

For more information, contact the Ambulatory 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 *Archives of Internal Medicine*. Here are just a few recent publications using NAMCS data:

Willson MN, Neumiller JJ, Sclar DA, Robison LM, Skaer TL. Ethnicity/Race, Use of Pharmacotherapy, Scope of Physician-Ordered Cholesterol Screening, and Provision of Diet/Nutrition or Exercise Counseling during US Office-Based Visits by Patients with Hyperlipidemia. *Am J Cardiovasc Drugs*. 10(2):105–8.

Bleich SN, Pickett-Blakely O, Cooper LA. Physician practice patterns of obesity diagnosis and weight-related counseling. *Patient Educ Couns*. Mar 2010. [Epub ahead of print]

Fang J, Keenan NL, Ayala C. Health care services provided during physician office visits for hypertension: differences by specialty. *J Clin Hypertens* (Greenwich). 12(2):89–95. Feb 2010.

Neumiller JJ, Sclar DA, Robison LM, Setter SM, Skaer TL. Rate of obesity in U.S. ambulatory patients with diabetes mellitus: A national assessment of office-based physician visits. *Prim Care Diabetes*. Jul 2009. [Epub ahead of print]

Ma J, Xiao L. Assessment of body mass index and association with adolescent preventive care in U.S. outpatient settings. *J Adolesc Health*. 44(5):502–4. May 2009. [Epub Nov 2008]

Sonnenfeld N, Schappert SM, Lin SX. Racial and Ethnic Differences in Delivery of Tobacco-Cessation Services. *Am J Prev Med*. Oct 2008. [Epub ahead of print]

Aparasu RR, Aparasu A. Hypertension management in outpatient visits by diabetic patients. *Res Social Adm Pharm.* (3):284–91. Sep 2008. [Epub Aug 2008]

Keyhani S, Scobie JV, Hebert PL, McLaughlin MA. Gender disparities in blood pressure control and cardiovascular care in a national sample of ambulatory care visits. *Hypertension*. 51(4):1149–55. Apr 2008. [Epub Feb 2008]

Huebschmann AD, Bublitz C, Anderson RJ. Are hypertensive elderly patients treated differently? *Clin Interv Aging*. 1(3):289–94. 2006.

Coyne KS, Paramore C, Grandy S, Mercader M, Reynolds M, Zimetbaum P. Assessing the direct costs of treating nonvalvular atrial fibrillation in the United States. *Value Health*. 9(5):348–56. Sep–Oct 2006.

Holmes JS, Arispe IE, Moy E. Heart disease and prevention: race and age differences in heart disease prevention, treatment, and mortality. *Med Care.* 43:I-33–I-41. 2005.

The complete list of publications using NAMCS data which includes hundreds of articles and reports is available on our Web site.

NAMCS(FS)-1 (7-11)