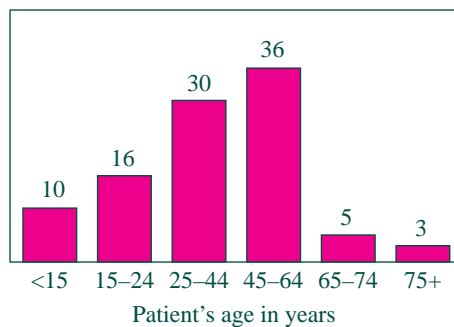


Factsheet

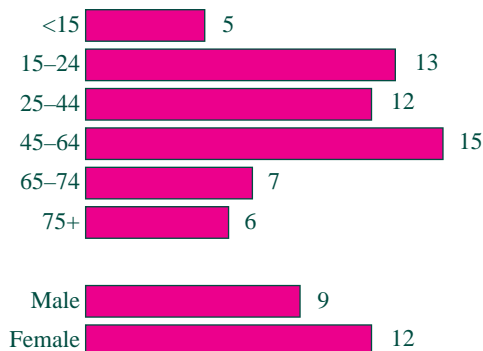
PSYCHIATRY

In 2009, there were an estimated 32 million visits to nonfederally employed, office-based psychiatrists in the United States. Two-thirds of the visits were made by persons 25–64 years of age.

Percent distribution of office visits by patient's age: 2009



Annual office visit rates by patient's age: 2009



Number of visits per 100 persons per year

Primary expected source of payment included:

- Private insurance — 46%
- No insurance¹ — 20%
- Medicaid — 19%
- Medicare — 14%

¹ No insurance is defined as having only self-pay, no charge, or charity visits as payment sources.

The major reason for visit was:

- Chronic problem, routine — 80%
- Chronic problem, flare-up — 10%
- New problem — 7%

The top 4 reasons given by patients for visiting psychiatrists were:

- Depression
- Anxiety and nervousness
- Medications
- Medical counseling

The top 5 diagnoses were:

- Psychoses, excluding major depressive disorder
- Major depressive disorder
- Attention deficit disorder
- Anxiety states
- Dysthymic disorder

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

- Bupropion
- Clonazepam
- Aripiprazole
- Sertraline
- Quetiapine

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

Psychiatry

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA*, *Archives of General Psychiatry*, and *American Journal of Psychiatry*. Here are just a few recent publications using NAMCS data:

Mojtabai R, Olfson M. National trends in psychotropic medication polypharmacy in office-based psychiatry. *Arch Gen Psychiatry*. 67(1):26–36. Jan 2010.

Aparasu RR, Jano E, Bhatara V. Concomitant antipsychotic prescribing in US outpatient settings. *Res Social Adm Pharm*. 5(3):234–41. Sep 2009. [Epub Jan 2009]

Mojtabai R, Olfson M. National trends in psychotherapy by office-based psychiatrists. *Arch Gen Psychiatry*. 65(8):962–70. Aug 2008.

Sclar DA, Robison LM, Skaer TL. Ethnicity/race and the diagnosis of depression and use of antidepressants by adults in the United States. *Int Clin Psychopharmacol*. 23(2):106–9. Mar 2008.

Blanco C, Patel SR, Liu L et al. National Trends in Ethnic Disparities in Mental Health Care. *Med Care*. 45:1012–1019. 2007.

Aparasu RR, Bhatara V. Patterns and determinants of antipsychotic prescribing in children and adolescents, 2003–2004. *Curr Med Res Opin*. 23(1):49–56. Jan 2007.

Cooper WO, Arbogast PG, Ding H, Hickson GB, Fuchs DC, Ray WA. Trends in Prescribing of Antipsychotic Medications for US Children. *Ambul Pediatr*. 6(2):79–83. Mar–Apr 2006.

Liptak GS, Stuart T, Auinger P. Health Care Utilization and Expenditures for Children with Autism: Data from U.S. National Samples. *J Autism Dev Disord*. Jul 2006. [Epub ahead of print]

Sankaranarayanan J, Puumala SE. Antipsychotic use at adult ambulatory care visits by patients with mental health disorders in the United States, 1996–2003: National estimates and associated factors. *Clin Ther*. 29(4):723–41. Apr 2007.

Olfson M, Blanco C, Liu L, Moreno C, Laje G. National trends in the outpatient treatment of children and adolescents with antipsychotic drugs. *Arch Gen Psychiatry*. 63(6):679–85. Jun 2006.

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

NAMCS(FS)-14 (7-11)