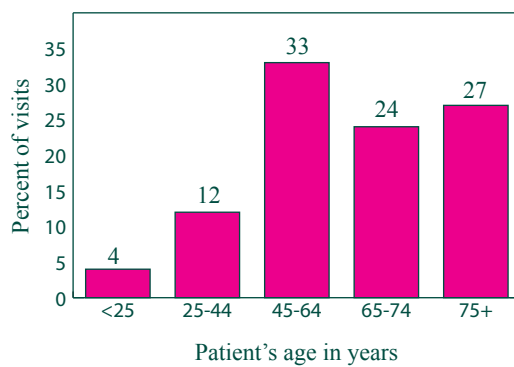


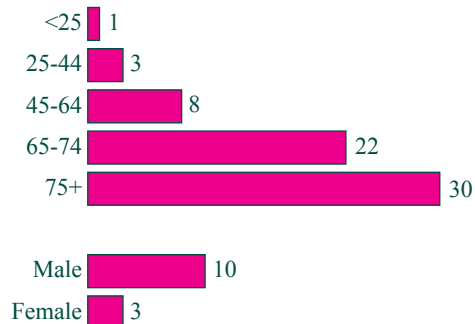
In 2010, there were an estimated 19 million visits to nonfederally employed, office-based urologists in the United States.

Percent distribution of office visits by patient's age: 2010



The annual visit rate increased with age. Males had a higher visit rate than females.

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 — 45%
- Private insurance — 44%
- Medicaid/CHIP — 4%

The major reason for visit was:

- Chronic problem, routine — 43%
- New problem — 26%
- Pre- or post-surgery/injury follow-up — 12%
- Chronic problem, flare-up — 9%
- Preventative care — 8%

The top 5 reasons given by patients for visiting urologists were:

- Progress visit
- Postoperative visit
- Cancer of urinary and male genital tract
- Urinary tract diseases except cystitis
- Findings of blood tests

The top 5 diagnoses were:

- Malignant neoplasms
- Other specified aftercare
- Benign hypertrophy of the prostate
- Urinary tract infection
- Calculus of kidney

Medications were provided or prescribed at 68 percent of office visits. The top 5 generic substances utilized were:

- Aspirin
- Tamsulosin
- Ciprofloxacin
- Simvastatin
- Lisinopril

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

Urology

NAMCS data are widely used in research studies appearing in nationally recognized medical journals, including *JAMA*, *Journal of Urology*, and *Clinical Infectious Diseases*. Here are a few recent publications using NAMCS data:

Westphalen AC, Hsia RY, Maselli JH, Wang R, Gonzales R. Radiological imaging of patients with suspected urinary tract stones: national trends, diagnoses, and predictors. *Acad Emerg Med*. 18(7):699-707. Jul 2011.

Copp HL, Shapiro DJ, Hersh AL. National ambulatory antibiotic prescribing patterns for pediatric urinary tract infection, 1998-2007. *Pediatrics*. 127(6):1027-1033. Jun 2011.

Hollingsworth JM, Birkmeyer JD, Zhang YS, Zhang L, Hollenbeck BK. Imaging use among employed and self-employed urologists. *J Urol*. 184(6):2480-2484. Dec 2010.

Craig BM, Bell BA, Quinn GP, Vadaparampil ST. Prevalence of cancer visits by physician specialty, 1997–2006. *J Cancer Educ*. 25(4):548-555. Dec 2010.

Farwell WR, Linder JA, Jha AK. Trends in prostate-specific antigen testing from 1995 through 2004. *Arch Intern Med*. 167(22):2497-2502. 2007.

Taur Y, Smith MA. Adherence to the Infectious Diseases Society of America guidelines in the treatment of uncomplicated urinary tract infection. *Clin Infect Dis*. 44(6):769-774. Mar 2007.

Scales CD Jr, Curtis LH, Norris RD, Schulman KA, Albala DM, Moul JW. Prostate specific antigen testing in men older than 75 years in the United States. *J Urol*. 176(2):511-514. Aug 2006.

Kim SH, Boye M, Bhattacharyya SK, Coyne K, Dhawan R. Medical visits among adults with symptoms commonly associated with an overactive bladder. *BJU Int*. 97(3):551-554. Mar 2006.

Kallen AJ, Welch HG, Sirovich BE. Current antibiotic therapy for isolated urinary tract infections in women. *Arch Intern Med*. 166(6):635-639. Mar 2006.

Young SE, Mainous AG 3rd, Diaz VA, Everett CJ. Practice patterns in sildenafil prescribing. *Fam Med*. 38(2):110-115. Feb 2006.

Underwood W III, West B, Gonzalez H. PSA testing utilization by urologists and primary care physicians: data from the 2000 National Ambulatory Medical Care Survey. *Journal of Urology*. 171(4). Supplement 130. May 2004.

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