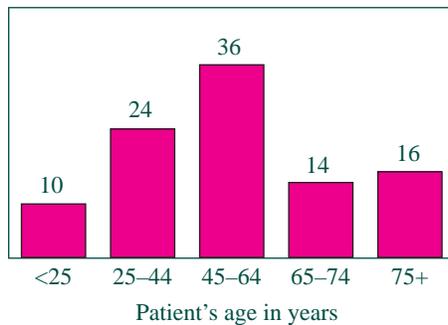


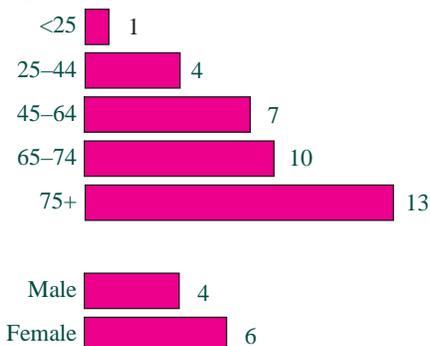
In 2009, there were an estimated 15 million visits to nonfederally employed, office-based neurologists in the United States. Sixty percent of visits were made by persons 25–64 years of age.

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



The visit rate was lower for persons 24 years of age or less compared to the four older groups. The visit rate was not different for males and females.

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 — 59%
- Medicare — 32%
- Medicaid — 13%

The major reason for visit was:

- Chronic problem, routine — 58%
- New problem — 23%
- Chronic problem, flare-up — 14%

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

- Headache
- Convulsions
- Disturbances of sensation
- Disturbances of memory
- Dizziness

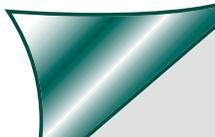
The top 4 diagnoses were:

- Migraine
- Spinal disorders
- Headache
- Cerebrovascular disease

Medications were provided or prescribed at 76 percent of office visits. The top 5 generic substances utilized were:

- Gabapentin
- Aspirin
- Topiramate
- Donepezil
- Clopidogrel

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



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

Wilper A, Woolhandler S, Himmelstein D, Nardin R. Impact of insurance status on migraine care in the United States: a population-based study. *Neurology*. 74(15):1178–83. Apr 2010.

Stevens J, Harman J, Pakalnis A, Lo W, Prescod J. Sociodemographic Differences in Diagnosis and Treatment of Pediatric Headache. *J Child Neurol*. Oct 2009. [Epub ahead of print]

Wilson RD. Analgesic prescribing for musculoskeletal complaints in the ambulatory care setting after the introduction and withdrawal of cyclooxygenase-2 inhibitors. *Arch Phys Med Rehabil*. 90(7):1147–51. Jul 2009.

Stojanovski SD, Rasu RS, Balkrishnan R, Nahata MC. Trends in medication prescribing for pediatric sleep difficulties in US outpatient settings. *Sleep*. 30(8):1013–7. Aug 2007.

Avasarala J, Odonovan CA, Roach S, Camacho F, Feldman S. Analysis of NAMCS data for Multiple Sclerosis, 1998–2004. *BMC Med*. 5(1):6. Apr 2007. [Epub ahead of print]

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, Kratochvil CJ. Diagnosis and treatment of adult attention-deficit/hyperactivity disorder at US ambulatory care visits from 1996 to 2003. *Curr Med Res Opin*. 22(8):1475–91. Aug 2006.

Morlock RJ, Tan M, Mitchell DY. Patient characteristics and patterns of drug use for sleep complaints in the United States: analysis of National Ambulatory Medical Survey data, 1997–2002. *Clin Ther*. 28(7):1044–53. Jul 2006.

Balkrishnan R, Rasu RS, Rajagopalan R. Physician and patient determinants of pharmacologic treatment of sleep difficulties in outpatient settings in the United States. *Sleep*. 28(6):715–9. Jun 2005.

Rasu RS, Shenolikar RA, Nahata MC, Balkrishnan R. Physician and patient factors associated with the prescribing of medications for sleep difficulties that are associated with high abuse potential or are expensive: An analysis of data from the National Ambulatory Medical Care Survey for 1996–2001. *Clinical Therapeutics*. 27(12):1970–1979. Dec 2005.

Tan LSM, Morlock R. Sleep complaints and diagnoses in the National Ambulatory Medical Care Survey: 1997–2002. *Value Health*. 8(3):324–324. May–Jun 2005.

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