



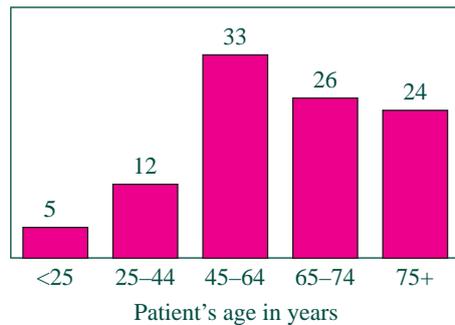
Factsheet

UROLOGY



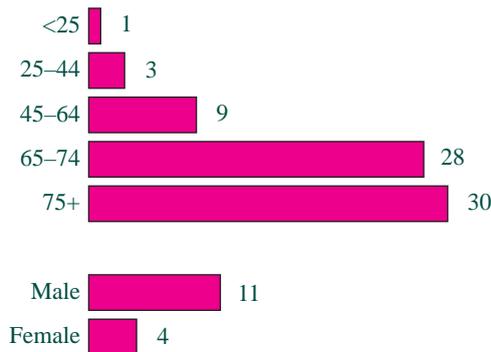
In 2009, there were an estimated 22 million visits to nonfederally employed, office-based urologists in the United States.

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



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: 2009



Number of visits per 100 persons per year

Primary expected source of payment included:

- Private insurance — 67%
- Medicare — 44%
- Medicaid — 6%

The major reason for visit was:

- Chronic problem, routine — 42%
- New problem — 26%
- Pre- or post-surgery/injury follow-up — 13%
- Chronic problem, flare-up — 12%
- Preventative care — 5%

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

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

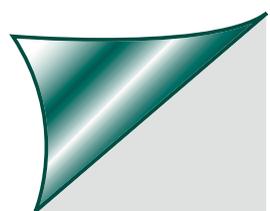
The top 5 diagnoses were:

- Malignant neoplasms
- Hyperplasia of prostate
- Symptoms involving the urinary system (e.g., incontinence, retention, dysuria)
- Other diseases of male genital organs
- Calculus of kidney and ureter

Medications were provided or prescribed at 64 percent of office visits. The top 5 generic substances utilized were:

- Tamsulosin
- Aspirin
- Ciprofloxacin
- Lisinopril
- Simvastatin

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*, *Journal of Urology*, and *Clinical Infectious Diseases*. Here are just a few recent publications using NAMCS data:

Hollingsworth JM, Birkmeyer JD, Zhang YS, Zhang L, Hollenbeck BK. Imaging Use Among Employed and Self-Employed Urologists. *J Urol*. Oct 2010. [Epub ahead of print]

Craig BM, Bell BA, Quinn GP, Vadaparampil ST. Prevalence of Cancer Visits by Physician Specialty, 1997–2006. *J Cancer Educ*. Mar 2010. [Epub ahead of print]

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):769–74. Mar 2007. [Epub Feb 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):511–4. 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):551–4. Mar 2006.

Kallen AJ, Welch HG, Sirovich BE. Current antibiotic therapy for isolated urinary tract infections in women. *Arch Intern Med*. 166(6):635–9. Mar 2006.

Young SE, Mainous AG 3rd, Diaz VA, Everett CJ. Practice patterns in sildenafil prescribing. *Fam Med*. 38(2):110–5. 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.

Foxman B. Epidemiology of urinary tract infections: Incidence, morbidity, and economic costs. *Dis Mon*. 49(2):53–70. Feb 2003.

Huang ES, Stafford RS. National patterns in the treatment of urinary tract infections in women by ambulatory care physicians. *Arch Intern Med*. 162(1):41–7. Jan 2002.

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