In 2010, there were an estimated 26 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: 2010

Annual office visit rates by patient’s age and sex: 2010

Expected source(s) of payment included:
- Private insurance — 39%
- No insurance¹ — 24%
- Medicaid/CHIP — 17%
- Medicare — 15%

The major reason for visit was:
- Chronic problem, routine — 83%
- Chronic problem, flare-up — 9%
- New problem — 4%

The top 4 reasons given by patients for visiting psychiatrists were:
- Medication
- Progress visit
- Depression
- Anxiety and nervousness

The top 5 diagnoses were:
- Major depressive disorder, single episode
- Depressive disorder
- Attention deficit disorder
- Manic depressive psychosis
- General anxiety disorder

Medications were provided or prescribed at 84 percent of office visits. The top 5 generic substances utilized were:
- Clonazepam
- Quetiapine
- Bupropion
- Amphetamine Dextroamphetamine
- Alprazolam

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

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


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](http://www.cdc.gov/nchs/ahcd/ahcd_products.htm)

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