

**Data Brief 269. Physician Office Visits for Attention-deficit/Hyperactivity Disorder in Children and Adolescents Aged 4–17 Years: United States, 2012–2013**

**Data table for Figure 1. Rate of physician office visits for attention-deficit/hyperactivity disorder among children aged 4–17 years, by sex: United States, 2012–2013**

Age (years)	Sex	Rate	Standard error
Total	Overall	105	15
	Boys	147	19
	Girls	62	13
4–12	Overall	108	15
	Boys	156	21
	Girls	59	11
13–17	Overall	99	15
	Boys	130	20
	Girls	67	17

NOTES: Estimates are based on 2-year averages. Attention-deficit/hyperactivity disorder visits have a principal diagnostic code of ICD–9–CM 314.00 or 314.01. Visit rates are based on the July 1, 2012, and July 1, 2013, set of estimates of the civilian noninstitutionalized population of the United States, as developed by the Population Division, U.S. Census Bureau.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2012–2013.

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**Data table for Figure 2. Percentage of physician office visits for attention-deficit/hyperactivity disorder with mention of one or more central nervous system stimulants among children aged 4–17 years: United States, 2012–2013**

CNS stimulant	Age (years)	Percent	Standard error
Any CNS stimulant	Overall	80	3
	4–12	80	3
	13–17	81	4
Methylphenidate or dexamethylphenidate	Overall	47	4
	4–12	48	3
	13–17	46	6
Amphetamine-dextroamphetamine combination	Overall	13	2
	4–12	13	2
	13–17	14	3

NOTES: CNS is central nervous system. Estimates are based on 2-year averages. Attention-deficit/hyperactivity disorder visits have a principal diagnostic code of ICD–9–CM 314.00 or 314.01. A CNS stimulant mention is documentation in a patient's medical record of a CNS stimulant provided, prescribed, or continued at a visit (information for up to 10 drugs collected per visit). Drug categories are based on the Cerner Multum Lexicon ([https://www.cerner.com/cerner\\_multum/](https://www.cerner.com/cerner_multum/)).

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2012–2013.

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**Data table for Figure 3. Percentage of physician office visits for attention-deficit/hyperactivity disorder with an additional diagnosis of a mental health disorder among children aged 4–17 years: United States, 2012–2013**

Mental health disorder	Percent	Standard error
Any additional mental health disorder	29	6
Episodic mood disorder	*7	3
Anxiety, dissociative, and somatoform disorder	*7	2
Disturbance of emotions specific to childhood and adolescence	4	1

\* Estimate does not meet standards of reliability or precision because it has a relative standard error of greater than 30%.

NOTES: Estimates are based on 2-year averages. Attention-deficit/hyperactivity disorder visits have a principal diagnostic code of ICD–9–CM 314.00 or 314.01. Additional mental health disorder is defined as the second- or third-listed ICD diagnosis with an ICD–9–CM code of 290–313.9 or 314.1–319. More than one disorder may be reported per visit. Only diagnoses with 30 visits or more are shown; these diagnoses are also included in "Any additional mental health disorder."

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2012–2013.

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**Data table for Figure 4. Percentage of physician office visits for attention-deficit/hyperactivity disorder among children aged 4–17 years, by physician specialty: United States, 2012–2013**

Specialty	Percent	Standard error
Pediatrics	48	7
Psychiatry	36	7
General and family medicine	12	2
Other	*5	2

\* Estimate does not meet standards of reliability or precision because it has a relative standard error of greater than 30%.

NOTES: Estimates are based on 2-year averages. Attention-deficit/hyperactivity disorder visits have a principal diagnostic code of ICD-9-CM 314.00 or 314.01.

SOURCE: NCHS, National Ambulatory Medical Care Survey, 2012–2013.