

National Ambulatory Medical Care Survey

ABOUT NAMCS

The National Ambulatory Medical Care Survey (NAMCS) produces statistics that represent the experience of the U.S. population at visits to office-based physicians. The survey provides information on office visits in terms of physician practice, patient, and visit characteristics.

NEUROLOGY

During 2014–2015, an estimated **14 million visits per year** were made to nonfederally employed, office-based neurologists in the United States. Seventy percent of visits were by persons aged 45 and over. The visit rate was lower for persons aged 44 and under compared with the two older groups. The visit rate did not differ for males and females.

CONTACT US

Ambulatory and Hospital
Care Statistics Branch:

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https://www.cdc.gov/nchs/ahcd/namcs_participant.htm



MAJOR REASON FOR VISIT

CHRONIC PROBLEM, ROUTINE	60%
NEW PROBLEM	20%
CHRONIC PROBLEM, FLARE-UP	15%

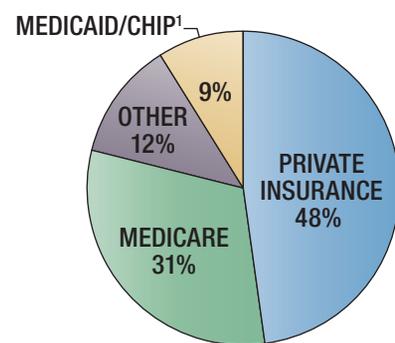
PATIENTS' TOP 5 REASONS FOR VISIT

- PROGRESS VISIT
- HEADACHE
- CONVULSIONS
- MIGRAINE HEADACHE
- NECK SYMPTOMS

TOP 4 DIAGNOSES

- HEADACHE
- MULTIPLE SCLEROSIS
- MIGRAINE
- EPILEPSY

EXPECTED SOURCE OF PAYMENT



¹Children's Health Insurance Program.

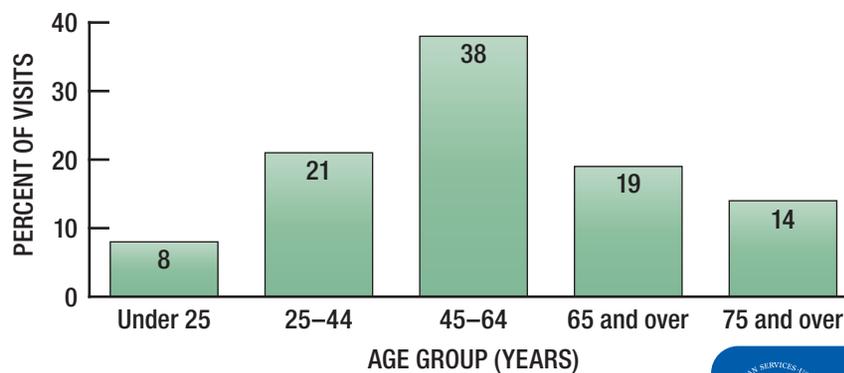
MEDICATIONS WERE PRESCRIBED OR CONTINUED AT **78%** OF OFFICE VISITS.

TOP 5 ACTIVE INGREDIENTS



- ASPIRIN
- IBUPROFEN
- LEVOTHYROXINE
- TOPIRAMATE
- ACETAMINOPHEN

PERCENT DISTRIBUTION OF NEUROLOGY OFFICE VISITS, BY PATIENT'S AGE: 2014–2015



NATIONAL CENTER FOR HEALTH STATISTICS

Neurology Fact Sheet *from the*

National Ambulatory Medical Care Survey

NAMCS data are widely used in research studies appearing in nationally recognized medical journals. Below is a selection of neurology articles in recent publications citing NAMCS data:

Lai LL, Alvarez G, Koh L, Ting A, Nakagawa N. **The effect of gender disparity on migraine pharmacotherapy: A propensity score-matched cohort study.** J Pharm Health Serv Res. 2018.

Charleston IV L, Burke JF. **Do racial/ethnic disparities exist in recommended migraine treatments in US ambulatory care?** Cephalalgia 38(5):876–82. 2018.

Egila H, Rahim B, Suri M, Qureshi A. **Cerebrovascular risk factors and depression: Report from National Ambulatory Medical Care Survey 2002–2009 (P6.193).** Neurology 86(16 Suppl). 2016.

Mafi JN, Edwards ST, Pedersen NP, Davis RB, McCarthy EP, Landon BE. **Trends in the ambulatory management of headache: Analysis of NAMCS and NHAMCS data 1999–2010.** J Gen Intern Med 30(5):548–55. 2015.

Mannix R, O'Brien MJ, Meehan WP 3rd. **The epidemiology of outpatient visits for minor head injury: 2005 to 2009.** Neurosurgery 73(1):129–34. 2013.

Burke JF, Skolarus LE, Callaghan BC, Kerber KA. **Choosing wisely: Highest-cost tests in outpatient neurology.** Ann Neurol 73(5):679–83. 2013.

Adedinsewo DA, Thurman DJ, Luo YH, Williamson RS, Odewole OA, Oakley GP Jr. **Valproate prescriptions for nonepilepsy disorders in reproductive-age women.** Birth Defects Res A Clin Mol Teratol 97(6):403–8. 2013.

Karve S, Levine D, Seiber E, Nahata M, Balkrishnan R. **Trends in ambulatory prescribing of antiplatelet therapy among US ischemic stroke patients: 2000–2007.** Adv Pharmacol Sci 2012:846163. 2012.

Kamel H, Fahimi J, Govindarajan P, Navi BB. **Nationwide patterns of hospitalization after transient ischemic attack.** J Stroke Cerebrovasc Dis 22(7):e142–5. 2012.



A complete list of publications using NAMCS data, which includes articles and reports, can be found at: https://www.cdc.gov/nchs/ahcd/ahcd_products.htm.