

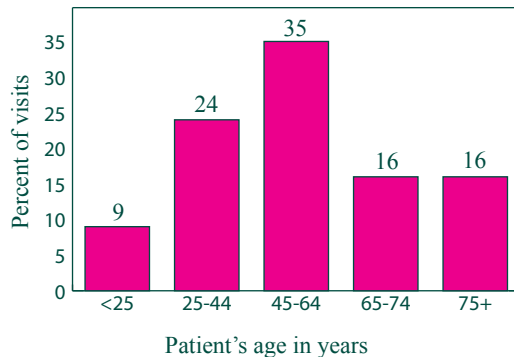


# Factsheet

## NEUROLOGY

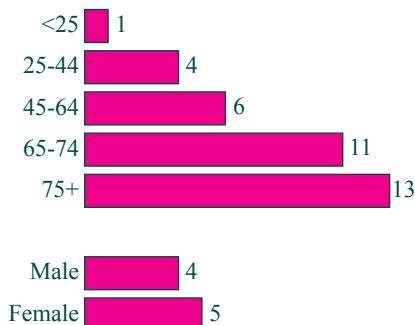
**In 2010, there were an estimated 14 million visits to nonfederally employed, office-based neurologists in the United States. Sixty percent of visits were made by persons 25–64 years of age.**

Percent distribution of office visits by patient's age: 2010



**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: 2010



Number of visits per 100 persons per year

**Expected source(s) of payment included:**

- Private insurance — 42%
- Medicare — 35%
- Medicaid/CHIP — 11%

**The major reason for visit was:**

- Chronic problem, routine — 60%
- New problem — 24%
- Chronic problem, flare-up — 11%

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

- Progress visit
- Headache
- Convulsions
- Disturbances of sensation
- Abnormal involuntary movement

**The top 4 diagnoses were:**

- Migraine
- Parkinson's disease
- Headache
- Epilepsy

**Medications were provided or prescribed at 79 percent of office visits. The top 5 generic substances utilized were:**

- Gabapentin
- Aspirin
- Topiramate
- Levetiracetam
- Simvastatin

**For more information, contact the Ambulatory and Hospital Care Statistics Branch 301-458-4600 or visit our Web site at <[www.cdc.gov/namcs](http://www.cdc.gov/namcs)>.**

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

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*. Dec 2012. [Epub ahead of print]

Kamel H, Fahimi J, Govindarajan P, Navi BB. Nationwide patterns of hospitalization after transient ischemic attack. *J Stroke Cerebrovasc Dis*. Nov 2012. [Epub ahead of print]

Karve S, Balkrishnan R, Seiber E, Nahata M, Levine DA. Population trends and disparities in outpatient utilization of neurologists for ischemic stroke. *J Stroke Cerebrovasc Dis*. Dec 2011. [Epub ahead of print]

Bhattacharya R, Chatterjee S, Carnahan RM, Aparasu RR. Prevalence and predictors of anticholinergic agents in elderly outpatients with dementia. *Am J Geriatr Pharmacother*. 9(6):434-441. Dec 2011.

Stevens J, Harman J, Pakalnis A, Lo W, Prescod J. Sociodemographic differences in diagnosis and treatment of pediatric headache. *J Child Neurol*. 35(4):435-440. Apr 2010.

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):1178-1183. Apr 2010.

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):1147-1151. 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):1013-1017. 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.

Liptak GS, Stuart T, Auinger P. Health care utilization and expenditures for children with autism: data from US national samples. *J Autism Dev Disord*. 36(7):871-879. Oct 2006.

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):1475-1491. Aug 2006.

**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)**