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FROM VITAL & HEALTH STATISTICS OF THE NATIONAL CENTER FOR HEALTH STATISTICS

U.S. DEPARTMENT OF HEALTH  
AND HUMAN SERVICES

Public Health Service  
Office of Health Research, Statistics, and Technology

Number 63 • November 3, 1980

## Office Visits for Male Genitourinary Conditions: National Ambulatory Medical Care Survey: United States, 1977-78<sup>1</sup>

This report combines estimates from the 1977 and 1978 National Ambulatory Medical Care Surveys to describe office visits made by men who, over the 2-year period, sought treatment for problems of the genitourinary system. Conducted annually by the National Center for Health Statistics, the National Ambulatory Medical Care Survey (NAMCS) is a sample survey designed to explore the provision and utilization of ambulatory care in the offices of non-Federal, office-based physicians. (See the "Technical Notes" at the end of this report for information on the survey design and terminology.) Because the statistics used in this report are based on a sample rather than on the entire universe of office-based physicians, they are estimates only and are subject to sampling variability. Guidelines for judging the precision of the estimates may be found in the "Technical Notes." A premonitory note: any visit estimate that is under 340,000, or its percentage equivalent, is preceded by an asterisk, signifying that it exceeds a relative standard error of 30 percent.

A *genitourinary visit* is an office visit for which the principal diagnosis was a condition classified in the major diagnostic group "Diseases of the Genitourinary System" (diagnostic codes 580-629), according to the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States*

(ICDA-8).<sup>2</sup> Genitourinary visits are divided into two subgroups: a *urinary visit*, which is defined as a visit for which the principal diagnosis was a disease of the urinary system (ICDA subgroup 580-599), and a *genital visit*, which is defined as a visit for which the principal diagnosis was one of the conditions listed in the ICDA code range 600-629.

### DATA HIGHLIGHTS

Over the 2-year span 1977-78, the male visit rate for genitourinary problems was estimated at 76 office visits per year for every 1,000 men in the population. As shown in tables 1 and 2, supplemented by figures 1 and 2, the genitourinary visit rate for men was modest compared with the corresponding visit rate for women. At an estimated 254 office visits per year per 1,000 women in the population, the female visit rate was over three times as great as the rate for males, chiefly due to the dramatic difference between the sexes in the visit rates for genital disorders. For genital problems, which unlike urinary problems, are sex-specific, the visit rate for women was 176 visits per year per 1,000 as opposed to 46 visits per year per 1,000 for men.

<sup>1</sup>This report was prepared by Hugo Koch, Division of Health Resources Utilization Statistics.

<sup>2</sup>National Center for Health Statistics: *Eighth Revision International Classification of Diseases, Adapted for Use in the United States*. PHS Pub. No. 1693. Public Health Service. Washington. U.S. Government Printing Office, 1967.

The male genitourinary visit rate increased directly and steeply with advancing age (table 2 and figure 2). Male patients 65 years of age and over made 8 times as many urinary visits and 11 times as many genital visits as those under 25 years of age did.

Visits made for genital ailments by men outnumbered visits made for urinary problems in a ratio of about 3 to 2. Note in table 3 that the prostate is the organ requiring the most office treatment. The conditions of hyperplasia and prostatitis together account for 40 percent of all male genitourinary visits.

In a 1978 study of the national prevalence of urinary disease, women showed a higher rate for almost all urinary ailments than men did (36.4 urinary conditions per 1,000 women as opposed to 14.6 urinary conditions per 1,000 men). Only with calculus of the kidney and ureter was the prevalence among men (4.7 per 1,000) higher than among women (3.4 per 1,000).<sup>3</sup> The NAMCS findings in table 4 show the impact of prevalence on one treatment setting—the doctor's office. These findings suggest an average of about 2 office visits per year for every person who suffered from a urinary disease and faithfully reflect the female-male differences found in the prevalence study.

<sup>3</sup>Unpublished findings from the Health Interview Survey, 1978, a household survey conducted yearly by the National Center for Health Statistics.

The majority (52 percent) of all male genitourinary visits were made to an office-based urologist (table 5). Men were especially prone to visit this specialist when they suffered from a genital ailment. It would be shortsighted, however, to underestimate the role played by the primary-care physician. Table 5 shows that nearly one-half of the visits by men for urinary ailments were made to physicians in the primary-care specialties of general and family practice and internal medicine.

When the male genitourinary ailment was a new condition (in about 1 of every 3 visits), it resulted in roughly 2 return visits during the course of a year (table 6). This finding is compatible with the earlier statistic derived from prevalence data. Referral of male patients was more than twice as common for genital disorders than it was for urinary disorders. The direction of this patient flow (from primary-care physician to urologist) underscores the prominence of this secondary-care provider in the treatment of male genital disease.

The NAMCS makes it possible to identify the patient's symptoms that are associated with the doctor's diagnosis. For male genitourinary visits, the leading 10 presenting symptoms in order of frequency were:

1. Frequency and urgency of urination.
2. Painful urination.

Table 1. Number of all office visits and of genitourinary visits and visit rate per year per 1,000 members of the civilian noninstitutionalized population, by sex of patient and principal diagnostic condition: United States, 1977-78

Principal diagnostic condition and ICDA codes <sup>1</sup>	Both sexes		Male		Female	
	Number of visits in thousands	Number of visits per year per 1,000 population	Number of visits in thousands	Number of visits per year per 1,000 population	Number of visits in thousands	Number of visits per year per 1,000 population
All conditions, all visits.....	1,154,550	2,727	460,119	2,252	694,431	3,170
Diseases of the genitourinary system .....580-629	71,224	168	15,593	76	55,630	254
Diseases of the urinary system.....580-599	23,867	56	6,141	30	17,725	81
Diseases of the genital system.....600-629	47,357	112	<sup>2</sup> 9,452	46	37,905	173

<sup>1</sup>Based on *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA-8)*.

<sup>2</sup>Includes \*312,000 visits for breast disease.

3. Other urinary dysfunctions (e.g., retention, hesitancy, large volume).
4. Symptoms of the scrotum and testes (e.g., pain, swelling, inflammation, growths, itching).
5. Prostate symptoms (e.g., swelling, infection).
6. Abnormalities of urine (e.g., presence of blood or pus, unusual color or odor).
7. Penile discharge.
8. Back symptoms.
9. Penis symptoms (e.g., pain, inflammation, swelling, growths).
10. Pain, site not referable to a specific body system (e.g., side or groin pain).

Table 7 explores the diagnostic procedures that were brought to bear on the presenting symptoms of male genitourinary disease. Predictably, the key diagnostic tool (applied in 2 of every 3 visits) was the laboratory test. A general examination was the exception, as it is throughout all male ambulatory care. The frequency of blood pressure checks during male genitourinary visits (22 percent) is primarily due to their

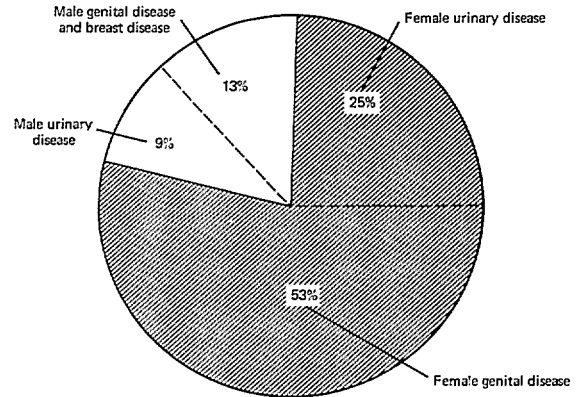
Table 2. Number of urinary and genital visits and visit rate per year per 1,000 members of the civilian noninstitutionalized population, by sex and age of patient: United States, 1977-78

Age of patient	Urinary visits (580-599) <sup>1</sup>		Genital visits (600-629) <sup>1</sup>	
	Male	Female	Male	Female
	Number in thousands			
All ages .....	6,141	17,725	29,140	37,905
	Number per year per 1,000 population			
Total .....	30	81	45	173
Under 25 years.....	12	49	12	106
25-44 years .....	27	90	42	275
45-64 years .....	46	109	79	239
65 years and over .....	92	122	134	72

<sup>1</sup>Based on Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA-8).

<sup>2</sup>Excludes \*312,000 visits for breast disease.

Figure 1. PERCENT DISTRIBUTION OF ALL GENITOURINARY VISITS,<sup>1</sup> BY SEX OF PATIENT AND GENITOURINARY SUBGROUP: UNITED STATES, 1977-78



<sup>1</sup>Total of all genitourinary visits equals 71,223,523.

Figure 2. NUMBER OF URINARY AND GENITAL VISITS PER YEAR PER 1,000 MEMBERS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION, BY SEX OF PATIENT: UNITED STATES, 1977-78

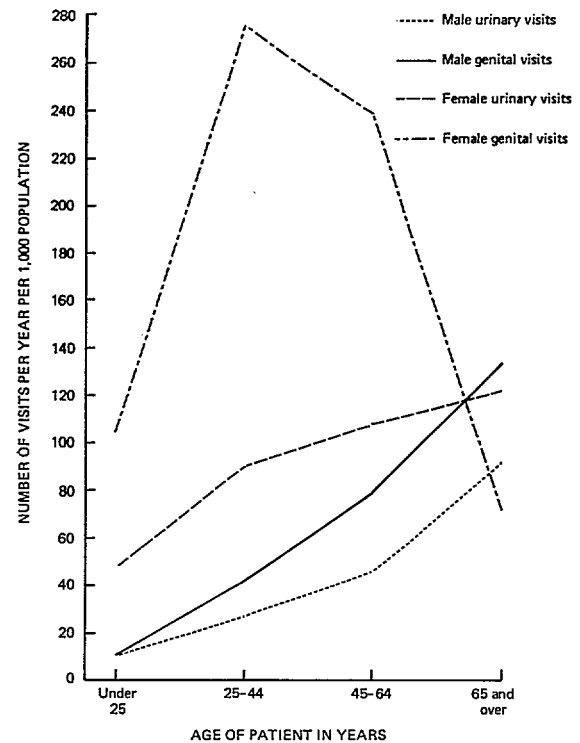


Table 3. Number and percent distribution of male genitourinary visits and visit rate per year per 1,000 male members of the civilian noninstitutionalized population, by principal diagnostic condition associated with visit: United States, 1977-78

Principal diagnostic condition associated with male genitourinary visit and ICDA codes <sup>1</sup>	Male genitourinary visits		
	Number in thousands	Percent distribution	Number per year per 1,000 male population
All male genitourinary diseases.....580-607	215,281	100.0	75
All diseases, male urinary system.....580-599	6,141	40.2	30
Diseases of the kidney and ureter.....580-593	1,909	12.5	9
Calculus of kidney and ureter.....592	743	4.9	4
Residual: nephritis and nephrosis; infections of kidney; hydronephrosis; other diseases of kidney and ureter.....	1,166	7.6	6
Diseases of the bladder and urethra and other diseases of the urinary tract.....594-599	4,232	27.7	21
Cystitis.....595	782	5.1	4
Urethritis (nonvenereal).....597	803	5.3	4
Stricture of urethra.....598	694	4.5	3
Residual: calculus; other diseases of the bladder and urinary tract.....	1,953	12.8	10
All diseases, male genital system.....600-607	9,140	59.8	45
Hyperplasia of prostate.....600	2,354	15.4	12
Prostatitis.....601	3,810	24.9	19
Orchitis and epididymitis.....604	779	5.1	4
Sterility.....606	338	2.2	2
Residual: other prostate disease; hydrocele; redundant prepuce and phimosis; other diseases of male genital organs.....	1,859	12.2	9

<sup>1</sup>Based on *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA-8).

<sup>2</sup>Excludes \*312,000 visits for breast disease.

Table 4. Number of urinary visits and visit rate per year per 1,000 members of the civilian noninstitutionalized population, by sex of patient and principal diagnostic condition associated with visit: United States, 1977-78

Principal diagnostic condition associated with urinary visit and ICDA codes <sup>1</sup>	Male		Female	
	Number of visits in thousands	Number of visits per year per 1,000 population	Number of visits in thousands	Number of visits per year per 1,000 population
All diseases, urinary system.....580-599	6,141	30	17,725	81
Diseases of the kidney and ureter.....580-593	1,909	9	2,615	12
Calculus of kidney and ureter.....592	743	4	445	2
Residual: nephritis and nephrosis; infections of kidney; hydronephrosis; other diseases of kidney and ureter.....	1,166	4	2,170	10
Diseases of the bladder and urethra and other diseases of the urinary tract.....594-599	4,232	21	15,111	69
Cystitis.....595	782	4	6,607	30
Urethritis (nonvenereal).....597	803	4	1,055	5
Stricture of urethra.....598	694	3	1,777	8
Residual: calculus; other diseases of the bladder and urinary tract.....	1,953	10	5,672	26

<sup>1</sup>Based on *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* (ICDA-8).

Table 5. Number and percent distribution of male genitourinary visits (with component subgroups), by specialty of physician visited: United States, 1977-78

Physician specialty	Male genitourinary visits		
	Total	Urinary visits (580-599) <sup>1</sup>	Genital visits (600-607) <sup>1</sup>
	Number in thousands		
All specialties.....	15,281	6,141	29,140
	Percent distribution		
Total.....	100.0	100.0	100.0
Urology .....	51.6	36.0	62.2
General and family practice .....	28.3	35.8	23.2
Internal medicine.....	9.0	12.6	6.6
All other specialties <sup>3</sup> .....	11.1	15.6	8.0

<sup>1</sup>Based on *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA-8)*.

<sup>2</sup>Excludes \*312,000 visits for breast disease.

<sup>3</sup>Chiefly general surgery and pediatrics.

Table 6. Number and percent distribution of all male visits and of male genitourinary visits (with component subgroups), by prior-visit status and referral status of patient: United States, 1977-78

Prior-visit and referral status	All male visits	Male genitourinary visits		
		Total	Urinary visits (580-599) <sup>1</sup>	Genital visits (600-607) <sup>1</sup>
	Number in thousands			
Total .....	460,119	15,281	6,141	29,140
	Percent distribution			
Total .....	100.0	100.0	100.0	100.0
<u>Prior-visit status</u>				
New patient (a) .....	16.4	17.6	13.8	20.2
Old patient .....	83.6	82.3	86.3	79.8
New problem (b) .....	24.9	16.9	22.1	13.5
Old problem (c).....	58.7	65.4	64.2	66.3
New problem visit (a + b) .....	41.3	34.5	35.8	33.7
Return visit (c) .....	58.7	65.4	64.2	66.3
<u>Referral status</u>				
Referred by another physician .....	5.1	9.4	*5.3	12.1
Not referred by another physician.....	94.9	90.6	94.7	87.9

<sup>1</sup>Based on *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA-8)*.

<sup>2</sup>Excludes \*312,000 visits for breast disease.

relative rarity during genital visits. Symptoms of urinary disease, on the other hand, are much more likely to prompt a measurement of blood pressure, probably because a disorder of the urinary system can be more directly influenced by a circulatory malfunction. For example, with a suspected kidney disorder blood pressures were taken in 40 percent of the visits.

Table 7 also shows that physicians judged the average male urinary disorder to be markedly more serious in prognosis than the average male genital disorder.

The data in table 8 show that drug therapy was the treatment most frequently provided or ordered for male genitourinary conditions. Its use in 58 percent of male genitourinary visits exceeded its average application in all male office-based care. Data on disposition in the same table demonstrate that two-thirds of male genitourinary visits ended with the direction to return at a specified time. This directive is evidence of a need for continuing care that

somewhat exceeds the average experience for the entire range of male visits. Also noteworthy is the finding that the frequency of hospital admission (in 5 percent of the visits), a relatively rare form of disposition for male genitourinary conditions, was still more than double the proportion found for the entire group of male visits.

Data on the duration of the visit reveal that the average personal encounter between the physician and the male patient with a genitourinary disease lasted about 14 minutes, not markedly different from the 15-minute average calculated for all male visits.

An additional 1,031,223 visits for which the principal diagnosis was a malignant neoplasm of the prostate were not included in the diagnostic scope of this report. An estimated 85 percent of these visits were made by men 65 years of age and over resulting in a visit rate for this condition of 47 per 1,000 members of the male population.

Table 7. Number and percent distribution of all male visits and of male genitourinary visits (with component subgroups), by selected diagnostic procedures and seriousness of condition: United States, 1977-78

Selected diagnostic procedures and seriousness of condition	All male visits	Male genitourinary visits		
		Total	Urinary visits (580-599) <sup>1</sup>	Genital visits (600-607) <sup>1</sup>
		Number in thousands		
Total .....	460,119	15,281	6,141	29,140
		Percent distribution		
Total .....	100.0	100.0	100.0	100.0
<u>Selected diagnostic procedures<sup>3</sup></u>				
None .....	11.4	6.4	7.1	6.0
Limited examination .....	59.0	58.1	59.2	57.3
General examination .....	21.7	18.9	18.6	19.2
Clinical lab test.....	18.2	62.1	63.6	61.0
X-ray .....	9.9	8.9	10.3	7.9
Endoscopy .....	1.1	3.4	*2.2	4.1
Blood pressure check.....	27.0	22.2	30.7	16.6
<u>Seriousness of condition</u>				
Serious and very serious .....	21.0	18.7	29.3	11.6
Slightly serious .....	32.9	38.1	36.9	38.9
Not serious .....	46.1	43.2	33.8	49.5

<sup>1</sup>Based on *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA-8)*.

<sup>2</sup>Excludes \*312,000 visits for breast disease.

<sup>3</sup>Will not add to 100.0 percent because more than 1 procedure was possible.

Table 8. Number and percent distribution of all male visits and of male genitourinary visits (with component subgroups), by selected therapeutic services ordered or provided and selected dispositions of visit: United States, 1977-78

Selected therapeutic services and dispositions of visit	All male visits	Male genitourinary visits		
		Total	Urinary visits (580-599) <sup>1</sup>	Genital visits (600-607) <sup>1</sup>
Number in thousands				
Total .....	460,119	15,281	6,141	29,140
Percent distribution				
Total .....	100.0	100.0	100.0	100.0
<u>Selected therapeutic services<sup>3</sup></u>				
None .....	18.9	19.7	13.9	23.5
Drugs (prescription or nonprescription) .....	51.2	57.7	61.1	55.4
Diet counseling.....	6.3	3.6	6.3	*1.8
Medical counseling .....	19.6	21.8	23.6	20.5
Physiotherapy .....	4.0	7.6	*0.7	12.2
Office surgery <sup>4</sup> .....	9.4	7.7	12.6	4.3
<u>Selected dispositions of visit<sup>3</sup></u>				
No followup .....	13.2	4.8	*2.8	6.1
Return at specified time.....	57.6	65.9	67.1	65.1
Return if needed .....	23.1	19.9	21.3	18.9
Telephone followup planned.....	3.3	3.8	5.8	*2.5
Referred to other physician.....	2.6	4.5	4.0	4.9
Admitted to hospital .....	2.2	4.6	4.1	4.9

<sup>1</sup>Based on *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA-8)*.

<sup>2</sup>Excludes \*312,000 visits for breast disease.

<sup>3</sup>Will not add to 100.0 percent because more than 1 service or more than 1 disposition of visit was possible.

<sup>4</sup>Any surgical procedure performed in the office during this visit, including suture of wounds; reduction of fractures; application or removal of casts; incision and draining of abscesses; and all irrigations, aspirations, dilatations, and excisions.

## TECHNICAL NOTES

### SOURCE OF DATA AND SAMPLE DESIGN

The information presented in this report is based on data collected in the National Ambulatory Medical Care Survey (NAMCS) during 1977 and 1978. The target universe of NAMCS encompasses office visits within the conterminous United States made by ambulatory patients to nonfederally employed physicians who are principally engaged in office practice. The National Opinion Research Center, under contract to the National Center for Health Statistics, was responsible for the survey's field operations.

The NAMCS utilizes a multistage probability design that involves samples of primary sampling units (PSU's), physicians' practices within PSU's, and patient visits within practices. For 1977-78 a sample of 6,007 non-Federal, office-based physicians was selected from master files maintained by the American Medical Association and American Osteopathic Association. The physician response rate for 1977-78 was 75.1 percent. Sampled physicians were asked to complete Patient Records for a systematic random sample of office visits taking place within their practice during a randomly assigned weekly reporting period. During 1977-78, 98,335 Patient Records were completed by sampled physicians, of which 1,567 involved a male genitourinary disease as the principal diagnosis.

### SAMPLE ERRORS AND ROUNDING OF NUMBERS

The standard error is primarily a measure of the sampling variability that occurs by chance because only a sample, rather than the entire universe, is surveyed. The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percentage of the estimate. Relative standard errors of selected aggregate statistics are shown in tables I and II.

The standard errors for estimated percentages of visits are shown in tables III and IV.

Estimates of office visits have been rounded to the nearest thousand. For this reason detailed figures within tables do not always add to totals. Percents were calculated on the basis of original, unrounded figures and will not necessarily agree precisely with percents calculated from rounded data.

Table I. Approximate relative standard errors of estimated number of office visits based on all physician specialties: NAMCS, 1977-78

Estimated number of office visits in thousands	Relative standard error in percent
500.....	24.9
1,000.....	17.7
2,000.....	12.7
5,000.....	8.3
10,000.....	6.2
20,000.....	4.8
50,000.....	3.8
100,000.....	3.3
500,000.....	3.0

*Example of use of table:* An aggregate of 35,000,000 visits has a relative standard error of 4.3 percent or a standard error of 1,505,000 visits (4.3 percent of 35,000,000).

Table II. Approximate relative standard errors of estimated number of office visits based on an individual physician specialty: NAMCS, 1977-78

Estimated number of office visits in thousands	Relative standard error in percent
500.....	27.0
1,000.....	19.6
2,000.....	14.5
5,000.....	10.3
10,000.....	8.5
20,000.....	7.4
50,000.....	6.7
100,000.....	6.4
200,000.....	6.3

*Example of use of table:* An aggregate of 7,500,000 visits has a relative standard error of 9.4 percent or a standard error of 705,000 visits (9.4 percent of 7,500,000).



Table III. Approximate standard errors of percent of estimated numbers of office visits based on all physician specialties: NAMCS, 1977-78

Base of percent (number of office visits in thousands)	Estimated percent					
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	50
500 .....	2.5	5.4	7.4	9.9	11.4	12.4
1,000 .....	1.7	3.8	5.3	7.0	8.0	8.8
2,000 .....	1.2	2.7	3.7	5.0	5.7	6.2
5,000 .....	0.8	1.7	2.3	3.1	3.6	3.9
10,000 .....	0.6	1.2	1.7	2.2	2.5	2.8
20,000 .....	0.4	0.9	1.2	1.6	1.8	2.0
50,000 .....	0.2	0.5	0.7	1.0	1.1	1.2
100,000 .....	0.2	0.4	0.5	0.7	0.8	0.9
500,000 .....	0.1	0.2	0.2	0.3	0.4	0.4

*Example of use of table:* An estimate of 20 percent based on an aggregate of 15,000,000 visits has a standard error of 1.9 percent or a relative standard error of 9.5 percent (1.9 percent ÷ 20 percent).

Table IV. Approximate standard errors of percent of estimated numbers of office visits based on an individual physician specialty: NAMCS, 1977-78

Base of percent (number of office visits in thousands)	Estimated percent					
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	50
500 .....	2.6	5.7	7.9	10.5	12.1	13.1
1,000 .....	1.9	4.1	5.6	7.4	8.5	9.3
2,000 .....	1.3	2.9	3.9	5.3	6.0	6.6
5,000 .....	0.8	1.8	2.5	3.3	3.8	4.2
10,000 .....	0.6	1.3	1.8	2.4	2.7	2.9
20,000 .....	0.4	0.9	1.2	1.7	1.9	2.1
50,000 .....	0.3	0.6	0.8	1.1	1.2	1.3
100,000 .....	0.2	0.4	0.6	0.7	0.9	0.9
200,000 .....	0.1	0.3	0.4	0.5	0.6	0.7

*Example of use of table:* An estimate of 50 percent based on an aggregate of 15,000,000 visits has a standard error of 2.5 percent or a relative standard error of 5 percent (2.5 percent ÷ 50 percent).

## DEFINITIONS

*Ambulatory patient.*—An ambulatory patient is an individual presenting himself for personal health services who is neither bedridden nor currently admitted to any health care institution on the premises.

*Office.*—An office is a place that the physician identifies as a location for his ambulatory practice. Responsibility over time for patient care and professional services rendered there generally resides with the individual physician rather than an institution.

*Visit.*—A visit is a direct personal exchange between an ambulatory patient and a physician

or a staff member working under the physician's supervision for seeking care and rendering health services.

*Physician.*—A physician is a duly licensed doctor of medicine (M.D.) or doctor of osteopathy (D.O.) currently in an office-based practice who spends time in caring for ambulatory patients. Excluded from NAMCS are physicians who are hospital based; physicians who specialize in anesthesiology, pathology, or radiology; physicians who are federally employed; physicians who treat only institutionalized patients; physicians employed full time by an institution; and physicians who spend no time seeing ambulatory patients.

**SYMBOLS**

Data not available-----	---
Category not applicable-----	...
Quantity zero-----	-
Quantity more than 0 but less than 0.05---	0.0
Figure does not meet standards of reliability or precision-----	*

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