Christian Richard

List of Publications by Year in Descending Order

56 papers	10,268 citations	38 h-index	56 g-index
56 ext. papers	12,357 ext. citations	8.9 avg, IF	5.61 L-index

#	Paper	IF	Citations
56	Sarilumab in adults hospitalised with moderate-to-severe COVID-19 pneumonia (CORIMUNO-SARI-1): An open-label randomised controlled trial. *Lancet Rheumatology, The*, **2021**,	14.2	8
55	Effect of Tocilizumab vs Usual Care in Adults Hospitalized With COVID-19 and Moderate or Severe Pneumonia: A Randomized Clinical Trial. *JAMA Internal Medicine*, **2021**, 181, 32-40	11.5	407
54	Extracorporeal membrane oxygenation network organisation and clinical outcomes during the COVID-19 pandemic in Greater Paris, France: a multicentre cohort study. *Lancet Respiratory Medicine,the*, **2021**, 9, 851-862	35.1	54
53	The effects of passive leg raising may be detected by the plethysmographic oxygen saturation signal in critically ill patients. *Critical Care*, **2019**, 23, 19	10.8	35
52	What is the lowest change in cardiac output that transthoracic echocardiography can detect?. *Critical Care*, **2019**, 23, 116	10.8	37
51	Esophageal Doppler Can Predict Fluid Responsiveness Through End-Expiratory and End-Inspiratory Occlusion Tests. *Critical Care Medicine*, **2019**, 47, e96-e102	1.4	19
50	Intra-Abdominal Hypertension Is Responsible for False Negatives to the Passive Leg Raising Test. *Critical Care Medicine*, **2019**, 47, e639-e647	1.4	26
49	Validation and Critical Evaluation of the Effective Arterial Elastance in Critically Ill Patients. *Critical Care Medicine*, **2019**, 47, e317-e324	1.4	10
48	Carotid and femoral Doppler do not allow the assessment of passive leg raising effects. *Annals of Intensive Care*, **2018**, 8, 67	8.9	12
47	Extracorporeal Membrane Oxygenation for Severe Acute Respiratory Distress Syndrome. *New England Journal of Medicine*, **2018**, 378, 1965-1975	59.2	940
46	Predicting Fluid Responsiveness in Critically Ill Patients by Using Combined End-Expiratory and End-Inspiratory Occlusions With Echocardiography. *Critical Care Medicine*, **2017**, 45, e1131-e1138	1.4	47
45	The passive leg raising test to guide fluid removal in critically ill patients. *Annals of Intensive Care*, **2016**, 6, 46	8.9	38
44	Effects of passive leg raising and volume expansion on mean systemic pressure and venous return in shock in humans. *Critical Care*, **2015**, 19, 411	10.8	30
43	Passive leg raising performed before a spontaneous breathing trial predicts weaning-induced cardiac dysfunction. *Intensive Care Medicine*, **2015**, 41, 487-94	14.5	27
42	Transpulmonary thermodilution enables to detect small short-term changes in extravascular lung water induced by a bronchoalveolar lavage. *Critical Care Medicine*, **2014**, 42, 1869-73	1.4	17
41	Extravascular lung water, B-type natriuretic peptide, and blood volume contraction enable diagnosis of weaning-induced pulmonary edema. *Critical Care Medicine*, **2014**, 42, 1882-9	1.4	36
40	Beneficial hemodynamic effects of prone positioning in patients with acute respiratory distress syndrome. *American Journal of Respiratory and Critical Care Medicine*, **2013**, 188, 1428-33	10.2	117

39	End-tidal carbon dioxide is better than arterial pressure for predicting volume responsiveness by the passive leg raising test. *Intensive Care Medicine*, **2013**, 39, 93-100	14.5	100
38	End-expiratory occlusion test predicts preload responsiveness independently of positive end-expiratory pressure during acute respiratory distress syndrome. *Critical Care Medicine*, **2013**, 41, 1692-701	1.4	52
37	Extravascular lung water is an independent prognostic factor in patients with acute respiratory distress syndrome. *Critical Care Medicine*, **2013**, 41, 472-80	1.4	168
36	The estimation of cardiac output by the Nexfin device is of poor reliability for tracking the effects of a fluid challenge. *Critical Care*, **2012**, 16, R212	10.8	72
35	Passive leg-raising and end-expiratory occlusion tests perform better than pulse pressure variation in patients with low respiratory system compliance. *Critical Care Medicine*, **2012**, 40, 152-7	1.4	156
34	Effects of norepinephrine on mean systemic pressure and venous return in human septic shock. *Critical Care Medicine*, **2012**, 40, 3146-53	1.4	113
33	Precision of the transpulmonary thermodilution measurements. *Critical Care*, **2011**, 15, R204	10.8	134
32	Norepinephrine increases cardiac preload and reduces preload dependency assessed by passive leg raising in septic shock patients. *Critical Care Medicine*, **2011**, 39, 689-94	1.4	106
31	Arterial pressure allows monitoring the changes in cardiac output induced by volume expansion but not by norepinephrine. *Critical Care Medicine*, **2011**, 39, 1394-9	1.4	76
30	Pulmonary artery catheter monitoring in 2011. *Current Opinion in Critical Care*, **2011**, 17, 296-302	3.5	48
29	Changes in pulse pressure following fluid loading: a comparison between aortic root (non-invasive tonometry) and femoral artery (invasive recordings). *Intensive Care Medicine*, **2011**, 37, 942-9	14.5	17
28	Arterial pressure-based cardiac output in septic patients: different accuracy of pulse contour and uncalibrated pressure waveform devices. *Critical Care*, **2010**, 14, R109	10.8	107
27	Early administration of norepinephrine increases cardiac preload and cardiac output in septic patients with life-threatening hypotension. *Critical Care*, **2010**, 14, R142	10.8	116
26	Hemodynamic impact of a positive end-expiratory pressure setting in acute respiratory distress syndrome: importance of the volume status. *Critical Care Medicine*, **2010**, 38, 802-7	1.4	122
25	Passive leg raising for predicting fluid responsiveness: importance of the postural change. *Intensive Care Medicine*, **2009**, 35, 85-90	14.5	163
24	Incidence and prognostic value of right ventricular failure in acute respiratory distress syndrome. *Intensive Care Medicine*, **2009**, 35, 69-76	14.5	109
23	Cardiac function index provided by transpulmonary thermodilution behaves as an indicator of left ventricular systolic function. *Critical Care Medicine*, **2009**, 37, 2913-8	1.4	55
22	Predicting volume responsiveness by using the end-expiratory occlusion in mechanically ventilated intensive care unit patients. *Critical Care Medicine*, **2009**, 37, 951-6	1.4	217

21	Critical care management and outcome of severe Pneumocystis pneumonia in patients with and without HIV infection. *Critical Care*, **2008**, 12, R28	10.8	117
20	Effects of changes in vascular tone on the agreement between pulse contour and transpulmonary thermodilution cardiac output measurements within an up to 6-hour calibration-free period. *Critical Care Medicine*, **2008**, 36, 434-40	1.4	141
19	Assessing pulmonary permeability by transpulmonary thermodilution allows differentiation of hydrostatic pulmonary edema from ALI/ARDS. *Intensive Care Medicine*, **2007**, 33, 448-53	14.5	200
18	Year in review in Intensive Care Medicine, 2006. II. Infections and sepsis, haemodynamics, elderly, invasive and noninvasive mechanical ventilation, weaning, ARDS. *Intensive Care Medicine*, **2007**, 33, 214-29	14.5	15
17	Echocardiographic prediction of volume responsiveness in critically ill patients with spontaneously breathing activity. *Intensive Care Medicine*, **2007**, 33, 1125-1132	14.5	252
16	Contribution of arterial stiffness and stroke volume to peripheral pulse pressure in ICU patients: an arterial tonometry study. *Intensive Care Medicine*, **2007**, 33, 1931-7	14.5	25
15	Relationship between the tricuspid annular plane systolic excursion and right and left ventricular function in critically ill patients. *Intensive Care Medicine*, **2007**, 33, 2143-9	14.5	59
14	Measuring aortic diameter improves accuracy of esophageal Doppler in assessing fluid responsiveness. *Critical Care Medicine*, **2007**, 35, 477-82	1.4	68
13	Cardiac filling pressures are not appropriate to predict hemodynamic response to volume challenge. *Critical Care Medicine*, **2007**, 35, 64-8	1.4	537
12	Cardiopulmonary interactions in patients with heart failure. *Current Opinion in Critical Care*, **2007**, 13, 6-11	3.5	24
11	Passive leg raising predicts fluid responsiveness in the critically ill. *Critical Care Medicine*, **2006**, 34, 1402-7	1.4	1088
10	How to diagnose weaning-induced pulmonary edema?. *Intensive Care Medicine*, **2006**, 32, 938-938	14.5	5
9	Clinical review: interpretation of arterial pressure wave in shock states. *Critical Care*, **2005**, 9, 601-6	10.8	161
8	Esophageal Doppler monitoring predicts fluid responsiveness in critically ill ventilated patients. *Intensive Care Medicine*, **2005**, 31, 1195-201	14.5	708
7	Global end-diastolic volume as an indicator of cardiac preload in patients with septic shock. *Chest*, **2003**, 124, 1900-8	5.3	309
6	Influence of tidal volume on stroke volume variation. Does it really matter?. *Intensive Care Medicine*, **2003**, 29, 1613	14.5	26
5	Early use of the pulmonary artery catheter and outcomes in patients with shock and acute respiratory distress syndrome: a randomized controlled trial. *JAMA - Journal of the American Medical Association*, **2003**, 290, 2713-20	27.4	477
4	Changes in BP induced by passive leg raising predict response to fluid loading in critically ill patients. *Chest*, **2002**, 121, 1245-52	5.3	290

3	Estimating cardiac filling pressure in mechanically ventilated patients with hyperinflation. *Critical Care Medicine*, **2000**, 28, 3631-6	1.4	126
2	Relation between respiratory changes in arterial pulse pressure and fluid responsiveness in septic patients with acute circulatory failure. *American Journal of Respiratory and Critical Care Medicine*, **2000**, 162, 134-8	10.2	1567
1	Clinical use of respiratory changes in arterial pulse pressure to monitor the hemodynamic effects of PEEP. *American Journal of Respiratory and Critical Care Medicine*, **1999**, 159, 935-9	10.2	282