

# Ondrej Petrak

## List of Publications by Year in descending order

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47  
papers

1,914  
citations

304368

22  
h-index

288905

40  
g-index

48  
all docs

48  
docs citations

48  
times ranked

2284  
citing authors

#	ARTICLE	IF	CITATIONS
1	Gene Profile of Adipose Tissue of Patients with Pheochromocytoma/Paraganglioma. <i>Biomedicines</i> , 2022, 10, 586.	1.4	3
2	Adherence and blood pressure control in patients with primary aldosteronism. <i>Blood Pressure</i> , 2022, 31, 58-63.	0.7	1
3	Adrenal Venous Sampling Could Be Omitted before Surgery in Patients with Conn's Adenoma Confirmed by Computed Tomography and Higher Normal Aldosterone Concentration after Saline Infusion Test. <i>Diagnostics</i> , 2022, 12, 1718.	1.3	6
4	Postoperative adrenal insufficiency in Conn's syndrome"does it occur frequently?. <i>Journal of Human Hypertension</i> , 2021, , .	1.0	2
5	Effect of adrenalectomy on remission of subclinical left ventricular dysfunction in patients with pheochromocytoma: a speckle-tracking echocardiography study. <i>Endocrine Connections</i> , 2021, 10, 1538-1549.	0.8	5
6	Primary Aldosteronism and Pregnancy. <i>Kidney and Blood Pressure Research</i> , 2020, 45, 275-285.	0.9	16
7	Pheochromocytoma With Adrenergic Biochemical Phenotype Shows Decreased GLP-1 Secretion and Impaired Glucose Tolerance. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2020, 105, 1878-1887.	1.8	13
8	Blood Pressure Profile, Catecholamine Phenotype, and Target Organ Damage in Pheochromocytoma/Paraganglioma. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2019, 104, 5170-5180.	1.8	28
9	Catecholamines Induce Left Ventricular Subclinical Systolic Dysfunction: A Speckle-Tracking Echocardiography Study. <i>Cancers</i> , 2019, 11, 318.	1.7	13
10	FGF21 Levels in Pheochromocytoma/Functional Paraganglioma. <i>Cancers</i> , 2019, 11, 485.	1.7	2
11	(Prediction of long-term renal denervation efficacy). <i>Cor Et Vasa</i> , 2019, 61, e378-e384.	0.1	0
12	LONG-TERM EFFECT OF ADRENALECTOMY ON CARDIOVASCULAR REMODELING IN PATIENTS WITH PHEOCHROMOCYTOMA. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2017, 102, jc.2016-2422.	1.8	14
13	Renal denervation in comparison with intensified pharmacotherapy in true resistant hypertension. <i>Journal of Hypertension</i> , 2017, 35, 1093-1099.	0.3	25
14	Risk Factors for Nonadherence to Antihypertensive Treatment. <i>Hypertension</i> , 2017, 69, 1113-1120.	1.3	150
15	Lower Physical Fitness in Patients With Primary Aldosteronism Is Linked to the Severity of Hypertension and Kalemia. <i>Physiological Research</i> , 2017, 66, 41-48.	0.4	0
16	Should All Patients with Resistant Hypertension Receive Spironolactone?. <i>Current Hypertension Reports</i> , 2016, 18, 81.	1.5	6
17	Combination antihypertensive therapy in clinical practice. The analysis of 1254 consecutive patients with uncontrolled hypertension. <i>Journal of Human Hypertension</i> , 2016, 30, 35-39.	1.0	19
18	Role of Adding Spironolactone and Renal Denervation in True Resistant Hypertension. <i>Hypertension</i> , 2016, 67, 397-403.	1.3	73

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19	Hypertension from the perspective of the less common situations. <i>Medicína Pro Praxi</i> , 2016, 13, 120-123.	0.0	0
20	Long-term effect of specific treatment of primary aldosteronism on carotid intima-media thickness. <i>Journal of Hypertension</i> , 2015, 33, 874-882.	0.3	35
21	Long-term effects of adrenalectomy or spironolactone on blood pressure control and regression of left ventricle hypertrophy in patients with primary aldosteronism. <i>JRAAS - Journal of the Renin-Angiotensin-Aldosterone System</i> , 2015, 16, 1109-1117.	1.0	29
22	Meta-analysis of randomized controlled trials of renal denervation in treatment-resistant hypertension. <i>Blood Pressure</i> , 2015, 24, 263-274.	0.7	65
23	Biochemical Testing After Pheochromocytoma Removal: How Early?. <i>Hormone and Metabolic Research</i> , 2015, 47, 633-636.	0.7	1
24	Randomized Comparison of Renal Denervation Versus Intensified Pharmacotherapy Including Spironolactone in True-Resistant Hypertension. <i>Hypertension</i> , 2015, 65, 407-413.	1.3	178
25	Eligibility for Renal Denervation. <i>Hypertension</i> , 2014, 63, 1319-1325.	1.3	61
26	Importance of thorough investigation of resistant hypertension before renal denervation: should compliance to treatment be evaluated systematically?. <i>Journal of Human Hypertension</i> , 2014, 28, 684-688.	1.0	23
27	Reasons for Switching Antihypertensive Medication in General Practice. <i>Medicine (United States)</i> , 2014, 93, e168.	0.4	7
28	Establishing reference values for central blood pressure and its amplification in a general healthy population and according to cardiovascular risk factors. <i>European Heart Journal</i> , 2014, 35, 3122-3133.	1.0	249
29	Changes in Energy Metabolism in Pheochromocytoma. <i>Journal of Clinical Endocrinology and Metabolism</i> , 2013, 98, 1651-1658.	1.8	49
30	Precise assessment of noncompliance with the antihypertensive therapy in patients with resistant hypertension using toxicological serum analysis. <i>Journal of Hypertension</i> , 2013, 31, 2455-2461.	0.3	136
31	Vascular Disturbances in Primary Aldosteronism: Clinical Evidence. <i>Kidney and Blood Pressure Research</i> , 2012, 35, 529-533.	0.9	30
32	High Incidence of Cardiovascular Complications in Pheochromocytoma. <i>Hormone and Metabolic Research</i> , 2012, 44, 379-384.	0.7	138
33	Left ventricle remodeling in men with moderate to severe volume-dependent hypertension. <i>JRAAS - Journal of the Renin-Angiotensin-Aldosterone System</i> , 2012, 13, 426-434.	1.0	8
34	Discrepant Results of Adrenal Venous Sampling in Seven Patients with Primary Aldosteronism. <i>Kidney and Blood Pressure Research</i> , 2012, 35, 205-210.	0.9	14
35	Pulse wave velocity in primary hyperparathyroidism and effect of surgical therapy. <i>Hypertension Research</i> , 2011, 34, 296-300.	1.5	42
36	Primary hyperaldosteronism - the common and curable form of endocrine hypertension. <i>Cor Et Vasa</i> , 2011, 53, 444-448.	0.1	0

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37	The prevalence of metabolic syndrome and its components in two main types of primary aldosteronism. <i>Journal of Human Hypertension</i> , 2010, 24, 625-630.	1.0	57
38	Factors influencing arterial stiffness in pheochromocytoma and effect of adrenalectomy. <i>Hypertension Research</i> , 2010, 33, 454-459.	1.5	34
39	Increased carotid intima-media thickness in patients with pheochromocytoma in comparison to essential hypertension. <i>Journal of Human Hypertension</i> , 2009, 23, 350-358.	1.0	15
40	INCREASED CAROTID INTIMA MEDIA THICKNESS IN PATIENTS WITH PHEOCHROMOCYTOMA IN COMPARISON TO ESSENTIAL HYPERTENSION. <i>Atherosclerosis Supplements</i> , 2008, 9, 158.	1.2	0
41	Adrenalectomy Improves Arterial Stiffness in Primary Aldosteronism. <i>American Journal of Hypertension</i> , 2008, 21, 1086-1092.	1.0	89
42	Elevated Inflammation Markers in Pheochromocytoma Compared to Other Forms of Hypertension. <i>NeuroImmunoModulation</i> , 2007, 14, 57-64.	0.9	38
43	Increased intima-media thickness of the common carotid artery in primary aldosteronism in comparison with essential hypertension. <i>Journal of Hypertension</i> , 2007, 25, 1451-1457.	0.3	85
44	We-P11:195 Comparison of carotid intima-media thickness in patients with primary and secondary hypertension. <i>Atherosclerosis Supplements</i> , 2006, 7, 389.	1.2	0
45	Impact of essential hypertension and primary aldosteronism on plasma brain natriuretic peptide concentration. <i>Blood Pressure</i> , 2006, 15, 302-307.	0.7	14
46	Increased Arterial Wall Stiffness in Primary Aldosteronism in Comparison With Essential Hypertension. <i>American Journal of Hypertension</i> , 2006, 19, 909-914.	1.0	96
47	Increased blood pressure variability in pheochromocytoma compared to essential hypertension patients. <i>Journal of Hypertension</i> , 2005, 23, 2033-2039.	0.3	45