

Gail J Mcavay

List of Publications by Year in descending order

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Version: 2024-02-01

34
papers

981
citations

623734

14
h-index

477307

29
g-index

34
all docs

34
docs citations

34
times ranked

1752
citing authors

#	ARTICLE	IF	CITATIONS
1	Antihypertensive Medications and Serious Fall Injuries in a Nationally Representative Sample of Older Adults. JAMA Internal Medicine, 2014, 174, 588.	5.1	347
2	Potential Therapeutic Competition in Community-Living Older Adults in the U.S.: Use of Medications That May Adversely Affect a Coexisting Condition. PLoS ONE, 2014, 9, e89447.	2.5	72
3	PSYCHOTROPIC DRUG USE AND COGNITIVE DECLINE AMONG OLDER MEN AND WOMEN. International Journal of Geriatric Psychiatry, 1997, 12, 567-574.	2.7	69
4	Contribution of Individual Diseases to Death in Older Adults with Multiple Diseases. Journal of the American Geriatrics Society, 2012, 60, 1448-1456.	2.6	61
5	Phenotype of Normal Spirometry in an Aging Population. American Journal of Respiratory and Critical Care Medicine, 2015, 192, 817-825.	5.6	59
6	Phenotype of Spirometric Impairment in an Aging Population. American Journal of Respiratory and Critical Care Medicine, 2016, 193, 727-735.	5.6	58
7	Association between guideline recommended drugs and death in older adults with multiple chronic conditions: population based cohort study. BMJ, The, 2015, 351, h4984.	6.0	52
8	“Deterioration to Door Time”: An Exploratory Analysis of Delays in Escalation of Care for Hospitalized Patients. Journal of General Internal Medicine, 2016, 31, 895-900.	2.6	42
9	Asthma–COPD overlap syndrome in the US: a prospective population-based analysis of patient-reported outcomes and health care utilization. International Journal of COPD, 2017, Volume 12, 517-527.	2.3	33
10	Depression in elderly homecare patients: patient versus informant reports. Psychological Medicine, 2004, 34, 1507-1517.	4.5	29
11	Anti-Hypertensive Medications and Cardiovascular Events in Older Adults with Multiple Chronic Conditions. PLoS ONE, 2014, 9, e90733.	2.5	20
12	Elevations in time-varying resting heart rate predict subsequent all-cause mortality in older adults. European Journal of Preventive Cardiology, 2015, 22, 527-534.	1.8	19
13	Aging-Related Considerations When Evaluating the Forced Expiratory Volume in 1 Second (FEV1) Over Time. Journals of Gerontology - Series A Biological Sciences and Medical Sciences, 2016, 71, 929-934.	3.6	18
14	Contributions of COPD, asthma, and ten comorbid conditions to health care utilization and patient-centered outcomes among US adults with obstructive airway disease. International Journal of COPD, 2017, Volume 12, 2515-2522.	2.3	15
15	Spirometric impairments, cardiovascular outcomes, and noncardiovascular death in older persons. Respiratory Medicine, 2018, 137, 40-47.	2.9	15
16	A Method for Partitioning the Attributable Fraction of Multiple Time-Dependent Coexisting Risk Factors for an Adverse Health Outcome. American Journal of Public Health, 2013, 103, 177-182.	2.7	13
17	FEV ₁ as a Standalone Spirometric Predictor and the Attributable Fraction for Death in Older Persons. Respiratory Care, 2020, 65, 217-226.	1.6	9
18	Patterns of Caregiving Among Older Adults With and Without Dementia: A Latent Class Analysis. Journals of Gerontology - Series B Psychological Sciences and Social Sciences, 2022, 77, S74-S85.	3.9	8

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19	Antihypertensive medications and physical function in older persons. <i>Experimental Gerontology</i> , 2020, 138, 111009.	2.8	6
20	Methodology to Estimate the Longitudinal Average Attributable Fraction of Guideline-recommended Medications for Death in Older Adults With Multiple Chronic Conditions. <i>Journals of Gerontology - Series A Biological Sciences and Medical Sciences</i> , 2016, 71, 1113-1116.	3.6	5
21	Diffusing capacity in normal-for-age spirometry and spirometric impairments, using reference equations from the global lung function initiative. <i>Respiratory Medicine</i> , 2020, 170, 106037.	2.9	5
22	Joint modeling of concurrent binary outcomes in a longitudinal observational study using inverse probability of treatment weighting for treatment effect estimation. <i>Annals of Epidemiology</i> , 2019, 35, 53-58.	1.9	4
23	Individual Heterogeneity in the Probability of Hospitalization, Skilled Nursing Facility Admission, and Mortality. <i>Journals of Gerontology - Series A Biological Sciences and Medical Sciences</i> , 2021, 76, 1668-1677.	3.6	4
24	Risks and Benefits of Antihypertensive Medications in Older Adults—Reply. <i>JAMA Internal Medicine</i> , 2014, 174, 1873.	5.1	3
25	Longitudinal average attributable fraction as a method for studying time-varying conditions and treatments on recurrent self-rated health: the case of medications in older adults with multiple chronic conditions. <i>Annals of Epidemiology</i> , 2015, 25, 681-686.e4.	1.9	3
26	Examining Health Care Mobility of Transgender Veterans Across the Veterans Health Administration. <i>LGBT Health</i> , 2021, 8, 143-151.	3.4	3
27	Individualized Absolute Risk Calculations for Persons with Multiple Chronic Conditions: Embracing Heterogeneity, Causality, and Competing Events. <i>International Journal of Statistics in Medical Research</i> , 2016, 5, 48-55.	1.0	3
28	CRcoder: An Interactive Web Application and SAS Macro to Support Personalized Clinical Decisions. , 2020, 24, .		3
29	Personalized and typical concurrent risk of limitations in social activity and mobility in older persons with multiple chronic conditions and polypharmacy. <i>Annals of Epidemiology</i> , 2019, 37, 24-30.	1.9	2
30	Re-evaluation of the Uplift Clinical Trial Using Age-Appropriate Spirometric Criteria. <i>Chest</i> , 2020, 158, 539-549.	0.8	1
31	Treatment of Hypertension in Complex Older Adults: How Many Medications Are Needed?. <i>Gerontology and Geriatric Medicine</i> , 2019, 5, 233372141985643.	1.5	0
32	Dietary Behavior and Depressive Symptoms in Late-Life Marriage. <i>Innovation in Aging</i> , 2020, 4, 369-370.	0.1	0
33	Mealtime Behavior and Depressive Symptoms in Late-Life Marriage. <i>GeroPsych: the Journal of Gerontopsychology and Geriatric Psychiatry</i> , 0, , .	0.5	0
34	Caregiving Patterns and Their Association with Caregiving Burden and Gains. <i>Innovation in Aging</i> , 2021, 5, 995-995.	0.1	0