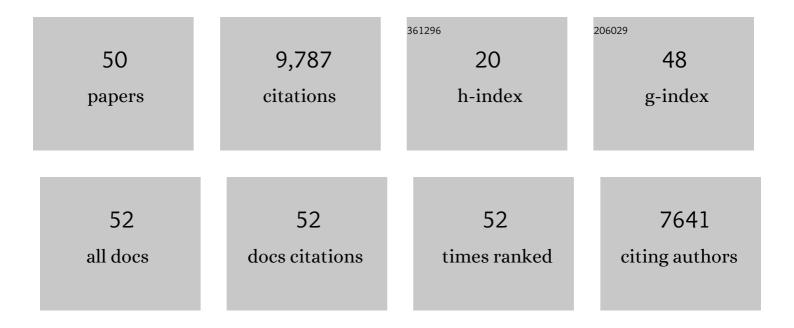
Peter H Gæde

List of Publications by Year in descending order

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DETED H CÃI DE

#	Article	IF	CITATIONS
1	Efficacy of Bolus Calculation and Advanced Carbohydrate Counting in Type 2 Diabetes: A Randomized Clinical Trial. Diabetes Technology and Therapeutics, 2021, 23, 95-103.	2.4	10
2	Plasma trimethylamine N-oxide and its metabolic precursors and risk of mortality, cardiovascular and renal disease in individuals with type 2-diabetes and albuminuria. PLoS ONE, 2021, 16, e0244402.	1.1	20
3	Prevalence of urinary incontinence among women with diabetes in the Lollandâ€Falster Health Study, Denmark. Neurourology and Urodynamics, 2021, 40, 855-867.	0.8	10
4	The economic burden of poor glycemic control associated with therapeutic inertia in patients with type 2 diabetes in Denmark. Current Medical Research and Opinion, 2021, 37, 949-956.	0.9	8
5	Metabolic improvement with shortâ€ŧerm, glucagonâ€like peptideâ€1 receptor agonist treatment does not improve cardiac diastolic dysfunction in patients with type 2 diabetes: A randomized, doubleâ€blind, placeboâ€controlled trial. Diabetes, Obesity and Metabolism, 2021, 23, 2374-2384.	2.2	9
6	Interventions involving own treatment choice for people living with coexisting severe mental illness and type 1 or 2 diabetes: A scoping review. Diabetic Medicine, 2021, 38, e14626.	1.2	4
7	Effects of Empagliflozin on Myocardial Flow Reserve in Patients With Type 2 Diabetes Mellitus: The SIMPLE Trial. Journal of the American Heart Association, 2021, 10, e020418.	1.6	12
8	Hypothyroidism and urinary incontinence: Prevalence and association in a Danish, female sample from the Lolland-Falster Health study. European Journal of Obstetrics, Gynecology and Reproductive Biology, 2021, 264, 232-240.	0.5	0
9	Effect of empagliflozin on myocardial structure and function in patients with type 2 diabetes at high cardiovascular risk: the SIMPLE randomized clinical trial. International Journal of Cardiovascular Imaging, 2021, , 1.	0.7	6
10	Glycaemic variability and hypoglycaemia are associated with C-peptide levels in insulin-treated type 2 diabetes. Diabetes and Metabolism, 2020, 46, 61-65.	1.4	21
11	Cardiac perfusion, structure, and function in type 2 diabetes mellitus with and without diabetic complications. European Heart Journal Cardiovascular Imaging, 2020, 21, 887-895.	0.5	28
12	Distinct non-ischemic myocardial late gadolinium enhancement lesions in patients with type 2 diabetes. Cardiovascular Diabetology, 2020, 19, 184.	2.7	21
13	Short-term societal economic burden of first-incident type 2 diabetes-related complications – a nationwide cohort study. Expert Review of Pharmacoeconomics and Outcomes Research, 2020, 20, 577-586.	0.7	5
14	Reduced Myocardial Perfusion Reserve in Type 2 Diabetes Is Caused by Increased Perfusion at Rest and Decreased Maximal Perfusion During Stress. Diabetes Care, 2020, 43, 1285-1292.	4.3	25
15	Mitochondrial energetics and contents evaluated by flow cytometry in human maternal and umbilical cord blood. Scandinavian Journal of Clinical and Laboratory Investigation, 2020, 80, 351-359.	0.6	3
16	Monitoring patients with acute dyspnoea with a serial focused ultrasound of the heart and the lungs (MODUS): a protocol for a multicentre, randomised, open-label, pragmatic and controlled trial. BMJ Open, 2020, 10, e034373.	0.8	2
17	Hypoglycaemia and its management in primary care setting. Diabetes/Metabolism Research and Reviews, 2020, 36, e3332.	1.7	8
18	Fibroblast growth factor-23 is associated with imaging markers of diabetic cardiomyopathy and anti-diabetic therapeutics. Cardiovascular Diabetology, 2020, 19, 158.	2.7	14

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19	Beneficial impact of intensified multifactorial intervention on risk of stroke: outcome of 21Âyears of follow-up in the randomised Steno-2 Study. Diabetologia, 2019, 62, 1575-1580.	2.9	19
20	Management of Patients with Type 2 Diabetes with Once-Weekly Semaglutide Versus Dulaglutide, Exenatide ER, Liraglutide and Lixisenatide: A Cost-Effectiveness Analysis in the Danish Setting. Diabetes Therapy, 2019, 10, 1297-1317.	1.2	23
21	A cost analysis of intensified vs conventional multifactorial therapy in individuals with type 2 diabetes: a post hoc analysis of the Steno-2 study. Diabetologia, 2019, 62, 147-155.	2.9	16
22	Subclinical hypothyroidism: A common finding in adult patients with cyanotic congenital heart disease. Congenital Heart Disease, 2018, 13, 263-270.	0.0	4
23	Indicator of RNA oxidation in urine for the prediction of mortality in patients with type 2 diabetes and microalbuminuria: A post-hoc analysis of the Steno-2 trial. Free Radical Biology and Medicine, 2018, 129, 247-255.	1.3	9
24	Application of urinary proteomics as possible risk predictor of renal and cardiovascular complications in patients with type 2-diabetes and microalbuminuria. Journal of Diabetes and Its Complications, 2018, 32, 1133-1140.	1.2	9
25	Reduced risk of heart failure with intensified multifactorial intervention in individuals with type 2 diabetes and microalbuminuria: 21Âyears of follow-up in the randomised Steno-2 study. Diabetologia, 2018, 61, 1724-1733.	2.9	66
26	A Cost Analysis of Intensified vs. Conventional Multifactorial Therapy of Patients with Type 2 Diabetes—The Steno 2 Study. Diabetes, 2018, 67, 162-OR.	0.3	1
27	Intensified multifactorial intervention in type 2 diabetics with microalbuminuria leads to long-term renal benefits. Kidney International, 2017, 91, 982-988.	2.6	80
28	Years of life gained by multifactorial intervention in patients with type 2 diabetes mellitus and microalbuminuria: 21Âyears follow-up on the Steno-2 randomised trial. Diabetologia, 2016, 59, 2298-2307.	2.9	378
29	Intervención sobre múltiples factores de riesgo para prevenir la enfermedad cardiovascular. Un enfoque basado en la evidencia. Revista Espanola De Cardiologia, 2011, 64, 173-174.	0.6	3
30	Multiple Risk Factor Intervention to Prevent Cardiovascular Disease. A High Powered and Evidence Based Approach. Revista Espanola De Cardiologia (English Ed), 2011, 64, 173-174.	0.4	1
31	A Single Nucleotide Polymorphism within the Acetyl-Coenzyme A Carboxylase Beta Gene Is Associated with Proteinuria in Patients with Type 2 Diabetes. PLoS Genetics, 2010, 6, e1000842.	1.5	81
32	Effect of a Multifactorial Intervention on Mortality in Type 2 Diabetes. New England Journal of Medicine, 2008, 358, 580-591.	13.9	3,037
33	Cost-Effectiveness of Intensified Versus Conventional Multifactorial Intervention in Type 2 Diabetes. Diabetes Care, 2008, 31, 1510-1515.	4.3	130
34	Intensive glucose control and cardiovascular disease in type 2 diabetes – should we change the recommended target for glycated hemoglobin? Commentary to ACCORD and ADVANCE trials. Polish Archives of Internal Medicine, 2008, 118, 619-621.	0.3	2
35	Rosiglitazone monotherapy for type 2 diabetes mellitus—too soon to ADOPT?. Nature Clinical Practice Endocrinology and Metabolism, 2007, 3, 456-457.	2.9	0
36	Polymorphisms in the 3′ UTR in the neurocalcin Î′ gene affect mRNA stability, and confer susceptibility to diabetic nephropathy. Human Genetics, 2007, 122, 397-407.	1.8	57

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37	PROactive study. Lancet, The, 2006, 367, 23-24.	6.3	13
38	Plasma N-terminal pro-brain natriuretic peptide as a major risk marker for cardiovascular disease in patients with type 2 diabetes and microalbuminuria. Diabetologia, 2005, 48, 156-163.	2.9	89
39	Remission to normoalbuminuria during multifactorial treatment preserves kidney function in patients with type 2 diabetes and microalbuminuria. Nephrology Dialysis Transplantation, 2004, 19, 2784-2788.	0.4	188
40	Target intervention against multipleâ€risk markers to reduce cardiovascular disease in patients with type 2 diabetes. Annals of Medicine, 2004, 36, 355-366.	1.5	15
41	Multifactorial Intervention and Cardiovascular Disease in Patients with Type 2 Diabetes. New England Journal of Medicine, 2003, 348, 383-393.	13.9	3,894
42	Intensified multifactorial intervention and cardiovascular outcome in type 2 diabetes: the Steno-2 study. Metabolism: Clinical and Experimental, 2003, 52, 19-23.	1.5	65
43	Impact of low-dose acetylsalicylic acid on kidney function in type 2 diabetic patients with elevated urinary albumin excretion rate. Nephrology Dialysis Transplantation, 2003, 18, 539-542.	0.4	16
44	Limited impact of lifestyle education in patients with Type 2 diabetes mellitus and microalbuminuria: results from a randomized intervention study. Diabetic Medicine, 2001, 18, 104-108.	1.2	36
45	Double-blind, randomised study of the effect of combined treatment with vitamin C and E on albuminuria in Type 2 diabetic patients. Diabetic Medicine, 2001, 18, 756-760.	1.2	107
46	Studies of the variability of the hepatocyte nuclear factor-1β (HNF-1β / TCF2) and the dimerization cofactor of HNF-1 (DcoH / PCBD) genes in relation to type 2 diabetes mellitus and β-cell function. Human Mutation, 2001, 18, 356-357.	1.1	8
47	Mutation analysis of peroxisome proliferator-activated receptor-Î ³ coactivator-1 (PGC-1) and relationships of identified amino acid polymorphisms to Type II diabetes mellitus. Diabetologia, 2001, 44, 2220-2226.	2.9	288
48	Elevated levels of plasma von Willebrand factor and the risk of macro―and microvascular disease in type 2 diabetic patients with microalbuminuria. Nephrology Dialysis Transplantation, 2001, 16, 2028-2033.	0.4	14
49	Lack of impact of low-dose acetylsalicylic acid on kidney function in type 1 diabetic patients with microalbuminuria. Diabetes Care, 2000, 23, 1742-1745.	4.3	21
50	Intensified multifactorial intervention in patients with type 2 diabetes mellitus and microalbuminuria: the Steno type 2 randomised study. Lancet, The, 1999, 353, 617-622.	6.3	911