

Sentinel Surveillance in Industrial Popu

List of Publications by Year in descending order

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Version: 2024-02-01

168
papers

37,027
citations

53794

45
h-index

7348

152
g-index

169
all docs

169
docs citations

169
times ranked

44000
citing authors

#	ARTICLE	IF	CITATIONS
1	Perceived effectiveness of anti-tobacco advertisements used in Indian cinema: results of a cross-sectional study from South-India. <i>Journal of Substance Use</i> , 2023, 28, 273-279.	0.7	2
2	Healthcare utilisation: a mixed-method study among tea garden workers in Indian context. <i>Journal of Health Research</i> , 2022, 36, 1007-1017.	0.8	2
3	Prevalence and underlying factors of depressive disorders among PhD students: a mixed-method study in the Indian context. <i>Journal of Applied Research in Higher Education</i> , 2022, 14, 1704-1717.	1.9	4
4	Determinants of Health Service Utilization Among Adults at High Risk of Developing Type 2 Diabetes in Kerala, India. <i>Asia-Pacific Journal of Public Health</i> , 2022, 34, 377-383.	1.0	3
5	Effectiveness of a School-Based Educational Intervention to Improve Hypertension Control Among Schoolteachers: A Cluster-Randomized Controlled Trial. <i>Journal of the American Heart Association</i> , 2022, 11, e023145.	3.7	3
6	Associations between Dietary Patterns and Cardiometabolic Risk Factors—A Longitudinal Analysis among High-Risk Individuals for Diabetes in Kerala, India. <i>Nutrients</i> , 2022, 14, 662.	4.1	7
7	Prevalence, Awareness, Treatment, and Control of Hypertension in Young Adults (20–39 Years) in Kerala, South India. <i>Frontiers in Cardiovascular Medicine</i> , 2022, 9, 765442.	2.4	15
8	Editorial: Awareness, Treatment, and Control of Hypertension or Diabetes in India: The Impact of Public Health Promotion. <i>Frontiers in Public Health</i> , 2022, 10, 906862.	2.7	0
9	A community-based study on electrocardiographic abnormalities of adult population from South India - Findings from a cross sectional survey. <i>Indian Heart Journal</i> , 2022, 74, 187-193.	0.5	3
10	Mapping routine measles vaccination in low- and middle-income countries. <i>Nature</i> , 2021, 589, 415-419.	27.8	71
11	The coronavirus disease-2019 pandemic and noncommunicable diseases-need for primary health care system strengthening. <i>International Journal of Noncommunicable Diseases</i> , 2021, 6, 53.	0.2	1
12	Multi-morbidity and blood pressure control: Results of a cross-sectional study among school teachers in Kerala, India. <i>Indian Journal of Public Health</i> , 2021, 65, 190.	0.6	2
13	Reply to letter to the editor titled: Generalizability of hypertension risk factors and achieving blood pressure control in educator populations in India. <i>Indian Heart Journal</i> , 2021, 73, 255.	0.5	0
14	National noncommunicable disease monitoring survey (NNMS) in India: Estimating risk factor prevalence in adult population. <i>PLoS ONE</i> , 2021, 16, e0246712.	2.5	48
15	Prevalence, awareness, treatment and control of hypertension among adults aged 30 years and above in Barmer district, Rajasthan, India. <i>Indian Heart Journal</i> , 2021, 73, 236-238.	0.5	5
16	Heterogeneous contributions of change in population distribution of body mass index to change in obesity and underweight. <i>ELife</i> , 2021, 10, .	6.0	41
17	Effectiveness of a physical activity intervention program using peer support among sedentary women in Thiruvananthapuram City, India: results of a non-randomized quasi experimental study. <i>Wellcome Open Research</i> , 2021, 6, 87.	1.8	2
18	Teacher's Perspectives on Development of Oral Health Education Intervention (OHEI) for 6 - 12 Year Children in Thiruvananthapuram District, Kerala - A Qualitative Study. <i>Acta Scientific Dental Sciences</i> , 2021, 5, 115-122.	0.0	0

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19	Prevalence of Dental Caries and Gingivitis among 6 - 12 Year Old Children in Thiruvananthapuram District, Kerala, India - A Cross-Sectional Study. <i>Acta Scientific Dental Sciences</i> , 2021, 5, 109-114.	0.0	0
20	Are the PHQ-9 and GAD-7 Suitable for Use in India? A Psychometric Analysis. <i>Frontiers in Psychology</i> , 2021, 12, 676398.	2.1	23
21	Spatial, temporal, and demographic patterns in prevalence of chewing tobacco use in 204 countries and territories, 1990â€“2019: a systematic analysis from the Global Burden of Disease Study 2019. <i>Lancet Public Health</i> , The, 2021, 6, e482-e499.	10.0	38
22	Baseline risk factor prevalence among adolescents aged 15â€“17 years old: findings from National Non-communicable Disease Monitoring Survey (NNMS) of India. <i>BMJ Open</i> , 2021, 11, e044066.	1.9	13
23	Spatial, temporal, and demographic patterns in prevalence of smoking tobacco use and attributable disease burden in 204 countries and territories, 1990â€“2019: a systematic analysis from the Global Burden of Disease Study 2019. <i>Lancet</i> , The, 2021, 397, 2337-2360.	13.7	609
24	Preparedness of primary and secondary health facilities in India to address major noncommunicable diseases: results of a National Noncommunicable Disease Monitoring Survey (NNMS). <i>BMC Health Services Research</i> , 2021, 21, 757.	2.2	28
25	The relationship between common mental disorders and incident diabetes among participants in the Kerala Diabetes Prevention Program (K-DPP). <i>PLoS ONE</i> , 2021, 16, e0255217.	2.5	1
26	Global, regional, and national progress towards Sustainable Development Goal 3.2 for neonatal and child health: all-cause and cause-specific mortality findings from the Global Burden of Disease Study 2019. <i>Lancet</i> , The, 2021, 398, 870-905.	13.7	229
27	Worldwide trends in hypertension prevalence and progress in treatment and control from 1990 to 2019: a pooled analysis of 1201 population-representative studies with 104 million participants. <i>Lancet</i> , The, 2021, 398, 957-980.	13.7	1,289
28	Additive association of knowledge and awareness on control of hypertension: a cross-sectional survey in rural India. <i>Journal of Hypertension</i> , 2021, 39, 107-116.	0.5	6
29	Global, regional, and national mortality among young people aged 10â€“24 years, 1950â€“2019: a systematic analysis for the Global Burden of Disease Study 2019. <i>Lancet</i> , The, 2021, 398, 1593-1618.	13.7	92
30	ASHA-Led Community-Based Groups to Support Control of Hypertension in Rural India Are Feasible and Potentially Scalable. <i>Frontiers in Medicine</i> , 2021, 8, 771822.	2.6	6
31	Strategic, Successful, and Sustained Synergy: The Global Alliance for Chronic Diseases Hypertension Program. <i>Global Heart</i> , 2020, 14, 391.	2.3	2
32	Mapping disparities in education across low- and middle-income countries. <i>Nature</i> , 2020, 577, 235-238.	27.8	58
33	Effectiveness of a scalable group-based education and monitoring program, delivered by health workers, to improve control of hypertension in rural India: A cluster randomised controlled trial. <i>PLoS Medicine</i> , 2020, 17, e1002997.	8.4	41
34	Effect of a Peer-led Lifestyle Intervention on Individuals With Normal Weight Obesity: Insights From the Kerala Diabetes Prevention Program. <i>Clinical Therapeutics</i> , 2020, 42, 1618-1624.	2.5	17
35	Control of hypertension among teachers in schools in Kerala (CHATS-K), India. <i>Indian Heart Journal</i> , 2020, 72, 416-420.	0.5	5
36	Global burden of 369 diseases and injuries in 204 countries and territories, 1990â€“2019: a systematic analysis for the Global Burden of Disease Study 2019. <i>Lancet</i> , The, 2020, 396, 1204-1222.	13.7	7,664

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37	Global age-sex-specific fertility, mortality, healthy life expectancy (HALE), and population estimates in 204 countries and territories, 1950â€“2019: a comprehensive demographic analysis for the Global Burden of Disease Study 2019. <i>Lancet, The</i> , 2020, 396, 1160-1203.	13.7	890
38	Five insights from the Global Burden of Disease Study 2019. <i>Lancet, The</i> , 2020, 396, 1135-1159.	13.7	335
39	Mapping geographical inequalities in oral rehydration therapy coverage in low-income and middle-income countries, 2000â€“17. <i>The Lancet Global Health</i> , 2020, 8, e1038-e1060.	6.3	23
40	Cost-effectiveness of a lifestyle intervention in high-risk individuals for diabetes in a low- and middle-income setting: Trial-based analysis of the Kerala Diabetes Prevention Program. <i>BMC Medicine</i> , 2020, 18, 251.	5.5	14
41	Prevalence of normal weight obesity and its associated cardio-metabolic risk factors â€“ Results from the baseline data of the Kerala Diabetes Prevention Program (KDPP). <i>PLoS ONE</i> , 2020, 15, e0237974.	2.5	56
42	Mapping geographical inequalities in access to drinking water and sanitation facilities in low-income and middle-income countries, 2000â€“17. <i>The Lancet Global Health</i> , 2020, 8, e1162-e1185.	6.3	91
43	Awareness of Stroke Warning Symptoms, Risk Factors, and Response to Acute Stroke in Biswanath District, Assam, India. <i>Journal of Stroke Medicine</i> , 2020, 3, 88-91.	0.3	3
44	Height and body-mass index trajectories of school-aged children and adolescents from 1985 to 2019 in 200 countries and territories: a pooled analysis of 2181 population-based studies with 65 million participants. <i>Lancet, The</i> , 2020, 396, 1511-1524.	13.7	219
45	Subnational mapping of under-5 and neonatal mortality trends in India: the Global Burden of Disease Study 2000â€“17. <i>Lancet, The</i> , 2020, 395, 1640-1658.	13.7	96
46	Repositioning of the global epicentre of non-optimal cholesterol. <i>Nature</i> , 2020, 582, 73-77.	27.8	138
47	Mapping geographical inequalities in childhood diarrhoeal morbidity and mortality in low-income and middle-income countries, 2000â€“17: analysis for the Global Burden of Disease Study 2017. <i>Lancet, The</i> , 2020, 395, 1779-1801.	13.7	72
48	Effects of a lifestyle intervention on cardiovascular risk among high-risk individuals for diabetes in a low- and middle-income setting: Secondary analysis of the Kerala Diabetes Prevention Program. <i>Preventive Medicine</i> , 2020, 139, 106068.	3.4	12
49	Scale-up of the Kerala Diabetes Prevention Program (K-DPP) in Kerala, India: implementation evaluation findings. <i>Translational Behavioral Medicine</i> , 2020, 10, 5-12.	2.4	10
50	Benefit of lifestyle-based T2DM prevention is influenced by prediabetes phenotype. <i>Nature Reviews Endocrinology</i> , 2020, 16, 395-400.	9.6	64
51	Obesity indicators that best predict type 2 diabetes in an Indian population: insights from the Kerala Diabetes Prevention Program. <i>Journal of Nutritional Science</i> , 2020, 9, e15.	1.9	23
52	Hypertension in Rural India: The Contribution of Socioeconomic Position. <i>Journal of the American Heart Association</i> , 2020, 9, e014486.	3.7	15
53	Combating corona virus disease 2019 and comorbidities: The Kerala experience for the first 100 days. <i>International Journal of Noncommunicable Diseases</i> , 2020, 5, 36.	0.2	7
54	Coronavirus disease 2019 and noncommunicable diseases: Lessons learned so far and implications for the future. <i>International Journal of Noncommunicable Diseases</i> , 2020, 5, 155.	0.2	1

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55	Overweight, the major determinant of metabolic syndrome among industrial workers in Kerala, India: Results of a cross-sectional study. <i>Diabetes and Metabolic Syndrome: Clinical Research and Reviews</i> , 2019, 13, 3025-3030.	3.6	11
56	Strengthening Noncommunicable Disease Research Capacity and Chronic Disease Outcomes in Low- and Middle-Income Countries in South Asia: Implementation and Evaluation of the ASCEND Program. <i>Asia-Pacific Journal of Public Health</i> , 2019, 31, 536-547.	1.0	4
57	Mapping 123 million neonatal, infant and child deaths between 2000 and 2017. <i>Nature</i> , 2019, 574, 353-358.	27.8	161
58	Participant recruitment into a community-based diabetes prevention trial in India: Learnings from the Kerala Diabetes Prevention Program. <i>Contemporary Clinical Trials Communications</i> , 2019, 15, 100382.	1.1	11
59	Targeted screening for prediabetes and undiagnosed diabetes in a community setting in India. <i>Diabetes and Metabolic Syndrome: Clinical Research and Reviews</i> , 2019, 13, 1785-1790.	3.6	12
60	Cluster randomised controlled trial of behavioural intervention program: a study protocol for control of hypertension among teachers in schools in Kerala (CHATS-K), India. <i>BMC Public Health</i> , 2019, 19, 1718.	2.9	5
61	A scoping review of non-communicable disease research capacity strengthening initiatives in low and middle-income countries. <i>Global Health Research and Policy</i> , 2019, 4, 31.	3.6	24
62	Health Related Quality of Life and its Correlates among Older Adults in Rural Pathanamthitta District, India: a Cross Sectional Study Using SF-36. <i>Ageing International</i> , 2019, 44, 271-282.	1.3	1
63	Prevalence of risk factors of non-communicable diseases in Kerala, India: results of a cross-sectional study. <i>BMJ Open</i> , 2019, 9, e027880.	1.9	75
64	Gender differences and barriers women face in relation to accessing type 2 diabetes care: A systematic review. <i>Indian Journal of Public Health</i> , 2019, 63, 65.	0.6	13
65	Low-level smoking among diabetes patients in India: a smoking cessation challenge. <i>Clinical Epidemiology and Global Health</i> , 2018, 6, 176-180.	1.9	4
66	Task-shifting for cardiovascular risk factor management: lessons from the Global Alliance for Chronic Diseases. <i>BMJ Global Health</i> , 2018, 3, e001092.	4.7	39
67	Global, regional, and national age-sex-specific mortality and life expectancy, 1950–2017: a systematic analysis for the Global Burden of Disease Study 2017. <i>Lancet, The</i> , 2018, 392, 1684-1735.	13.7	716
68	Global, regional, and national age-sex-specific mortality for 282 causes of death in 195 countries and territories, 1980–2017: a systematic analysis for the Global Burden of Disease Study 2017. <i>Lancet, The</i> , 2018, 392, 1736-1788.	13.7	4,989
69	Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. <i>Lancet, The</i> , 2018, 392, 1923-1994.	13.7	3,269
70	Population and fertility by age and sex for 195 countries and territories, 1950–2017: a systematic analysis for the Global Burden of Disease Study 2017. <i>Lancet, The</i> , 2018, 392, 1995-2051.	13.7	294
71	Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. <i>Lancet, The</i> , 2018, 392, 1789-1858.	13.7	8,569
72	Measuring progress from 1990 to 2017 and projecting attainment to 2030 of the health-related Sustainable Development Goals for 195 countries and territories: a systematic analysis for the Global Burden of Disease Study 2017. <i>Lancet, The</i> , 2018, 392, 2091-2138.	13.7	335

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73	Global, regional, and national disability-adjusted life-years (DALYs) for 359 diseases and injuries and healthy life expectancy (HALE) for 195 countries and territories, 1990â€“2017: a systematic analysis for the Global Burden of Disease Study 2017. <i>Lancet, The</i> , 2018, 392, 1859-1922.	13.7	2,123
74	The changing patterns of cardiovascular diseases and their risk factors in the states of India: the Global Burden of Disease Study 1990â€“2016. <i>The Lancet Global Health</i> , 2018, 6, e1339-e1351.	6.3	283
75	The burden of chronic respiratory diseases and their heterogeneity across the states of India: the Global Burden of Disease Study 1990â€“2016. <i>The Lancet Global Health</i> , 2018, 6, e1363-e1374.	6.3	222
76	A group-based lifestyle intervention for diabetes prevention in low- and middle-income country: implementation evaluation of the Kerala Diabetes Prevention Program. <i>Implementation Science</i> , 2018, 13, 97.	6.9	35
77	Changing household dietary behaviours through community-based networks: A pragmatic cluster randomized controlled trial in rural Kerala, India. <i>PLoS ONE</i> , 2018, 13, e0201877.	2.5	11
78	A peer-support lifestyle intervention for preventing type 2 diabetes in India: A cluster-randomized controlled trial of the Kerala Diabetes Prevention Program. <i>PLoS Medicine</i> , 2018, 15, e1002575.	8.4	116
79	Prevalence of metabolic syndrome and its risk factors in Kerala, South India: Analysis of a community based cross-sectional study. <i>PLoS ONE</i> , 2018, 13, e0192372.	2.5	55
80	Risk of progression to hypertension from prehypertension and normal blood pressure: Results from a prospective cohort study among industrial workers in Kerala, India. <i>Heart and Mind (Mumbai, India)</i> , 2018, 2, 106.	0.6	3
81	Noncommunicable diseases surveillance in India: Moving toward a more comprehensive approach. <i>International Journal of Noncommunicable Diseases</i> , 2018, 3, 111.	0.2	1
82	Trends in tobacco use among Indian adults 1998 - 99 to 2015 - 16: results from nationally representative data of the national family health surveys. <i>Tobacco Induced Diseases</i> , 2018, 16, .	0.6	0
83	Incidence of type-2 diabetes among industrial Workers in Kerala, India. <i>International Journal of Diabetes in Developing Countries</i> , 2017, 37, 280-285.	0.8	1
84	Baseline characteristics of participants in the Kerala Diabetes Prevention Program: a cluster randomized controlled trial of lifestyle intervention in Asian Indians. <i>Diabetic Medicine</i> , 2017, 34, 647-653.	2.3	24
85	Pattern, correlates and implications of non-communicable disease multimorbidity among older adults in selected Indian states: a cross-sectional study. <i>BMJ Open</i> , 2017, 7, e013529.	1.9	84
86	Nations within a nation: variations in epidemiological transition across the states of India, 1990â€“2016 in the Global Burden of Disease Study. <i>Lancet, The</i> , 2017, 390, 2437-2460.	13.7	647
87	Cultural adaptation of a peer-led lifestyle intervention program for diabetes prevention in India: the Kerala diabetes prevention program (K-DPP). <i>BMC Public Health</i> , 2017, 17, 974.	2.9	44
88	Enhancing an International Perspective in Public Health Teaching through Formalized University Partnerships. <i>Frontiers in Public Health</i> , 2017, 5, 36.	2.7	7
89	Seven-year longitudinal change in risk factors for non-communicable diseases in rural Kerala, India: The WHO STEPS approach. <i>PLoS ONE</i> , 2017, 12, e0178949.	2.5	26
90	Adapting and Validating the Global Physical Activity Questionnaire (GPAQ) for Trivandrum, India, 2013. <i>Preventing Chronic Disease</i> , 2016, 13, E53.	3.4	13

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91	Development of a Tool to Stage Households's™ Readiness to Change Dietary Behaviours in Kerala, India. PLoS ONE, 2016, 11, e0165599.	2.5	3
92	Switching to smokeless tobacco, the most common smoking cessation method: results from the Global Adult Tobacco Survey, India. Public Health, 2016, 136, 172-174.	2.9	6
93	Perceptions of barriers and facilitators in physical activity participation among women in Thiruvananthapuram City, India. Global Health Promotion, 2016, 23, 27-36.	1.3	44
94	Community Interventions for Health can support clinicians in advising patients to reduce tobacco use, improve dietary intake and increase physical activity. Journal of Clinical Nursing, 2016, 25, 3167-3175.	3.0	2
95	Cluster randomised feasibility trial to improve the Control of Hypertension In Rural India (CHIRI): a study protocol. BMJ Open, 2016, 6, e012404.	1.9	17
96	Prevalence and Correlates of Prehypertension Among Adults in Urban South India. Asia-Pacific Journal of Public Health, 2016, 28, 93S-101S.	1.0	18
97	Prevalence of coronary artery disease and its risk factors in Kerala, South India: a community-based cross-sectional study. BMC Cardiovascular Disorders, 2016, 16, 12.	1.7	81
98	A Risk Score to Predict Hypertension in Primary Care Settings in Rural India. Asia-Pacific Journal of Public Health, 2016, 28, 26S-31S.	1.0	17
99	Tobacco use during pregnancy in rural Jharkhand, India. International Journal of Gynecology and Obstetrics, 2015, 131, 170-173.	2.3	12
100	Reducing Health Risk Factors in Workplaces of Low and Middle-income Countries. Public Health Nursing, 2015, 32, 478-487.	1.5	12
101	Prevalence, Awareness, Treatment, Control and Correlates of Hypertension Among Industrial Workers in Kerala, India. Journal of Hypertension, 2015, 33, e9.	0.5	3
102	Pattern and Correlates of Self Reported Hypertension Among Older Adults in Selected States of India. Journal of Hypertension, 2015, 33, e9.	0.5	0
103	Successful Up-Scaled Population Interventions to Reduce Risk Factors for Non-Communicable Disease in Adults: Results from the International Community Interventions for Health (CIH) Project in China, India and Mexico. PLoS ONE, 2015, 10, e0120941.	2.5	17
104	Doctors's™ self-reported physical activity, their counselling practices and their correlates in urban Trivandrum, South India: should a full-service doctor be a physically active doctor?. British Journal of Sports Medicine, 2015, 49, 413-416.	6.7	15
105	Balancing expectations amidst limitations: the dynamics of food decision-making in rural Kerala. BMC Public Health, 2015, 15, 644.	2.9	27
106	Achutha Menon Centre Diabetes Risk Score. Asia-Pacific Journal of Public Health, 2015, 27, 147-154.	1.0	5
107	Adherence to Antihypertensive Treatment and Its Determinants Among Urban Slum Dwellers in Kolkata, India. Asia-Pacific Journal of Public Health, 2015, 27, NP74-NP84.	1.0	27
108	Confirmation of self-reported non-smoking status by salivary cotinine among diabetes patients in Kerala, India. Clinical Epidemiology and Global Health, 2015, 3, 44-46.	1.9	5

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109	Developing a smoke free homes initiative in Kerala, India. BMC Public Health, 2015, 15, 480.	2.9	32
110	Developing a fully integrated tobacco curriculum in medical colleges in India. BMC Medical Education, 2015, 15, 90.	2.4	9
111	Incidence of Tobacco Use Among Adults (15-64 Years) in Rural Kerala. Asia-Pacific Journal of Public Health, 2015, 27, NP626-NP629.	1.0	8
112	The Adherence to Medications in Diabetic Patients in Rural Kerala, India. Asia-Pacific Journal of Public Health, 2015, 27, NP513-NP523.	1.0	52
113	Self-reported physical activity and its correlates among adult women in the expanded part of Thiruvananthapuram City, India. Indian Journal of Public Health, 2015, 59, 136.	0.6	5
114	Does Increased Knowledge of Risk and Complication of Smoking on Diabetes Affect Quit Rate? Findings from a Randomized Controlled Trial in Kerala, India. Tobacco Use Insights, 2014, 7, TUI.S15583.	1.6	3
115	Smoking Cessation Among Diabetic Patients in Kerala, India: 1-Year Follow-up Results From a Pilot Randomized Controlled Trial. Diabetes Care, 2014, 37, e256-e257.	8.6	11
116	Increased knowledge of the effects of smoking and second-hand smoke encourages smoke-free homes. Journal of Research in Nursing, 2014, 19, 373-387.	0.9	1
117	Conceptual model for dietary behaviour change at household level: a "best-fit" qualitative study using primary data. BMC Public Health, 2014, 14, 574.	2.9	12
118	Pattern of Tobacco Use and its Correlates among Older Adults in India. Asian Pacific Journal of Cancer Prevention, 2014, 15, 6195-6198.	1.2	18
119	Authors' response. Indian Journal of Medical Research, 2014, 139, 962.	1.0	0
120	Lifestyle change in Kerala, India: needs assessment and planning for a community-based diabetes prevention trial. BMC Public Health, 2013, 13, 95.	2.9	51
121	Smoking cessation among diabetes patients: results of a pilot randomized controlled trial in Kerala, India. BMC Public Health, 2013, 13, 47.	2.9	51
122	PP034 FEASIBILITY OF DISEASE CENTERED SMOKING CESSATION AMONG DIABETES PATIENTS. Respiratory Medicine, 2013, 107, S16.	2.9	2
123	Impact of a community based intervention program on awareness, treatment and control of hypertension in a rural Panchayat, Kerala, India. Indian Heart Journal, 2013, 65, 504-509.	0.5	18
124	High knowledge of Framework Convention on Tobacco Control provisions among local government representatives does not translate into effective implementation: Findings from Kerala, India. Public Health, 2013, 127, 178-181.	2.9	9
125	Country actions to meet UN commitments on non-communicable diseases: a stepwise approach. Lancet, The, 2013, 381, 575-584.	13.7	174
126	Design and methodology of a community-based cluster-randomized controlled trial for dietary behaviour change in rural Kerala. Global Health Action, 2013, 6, 20993.	1.9	12

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127	Cluster randomised controlled trial of a peer-led lifestyle intervention program: study protocol for the Kerala diabetes prevention program. <i>BMC Public Health</i> , 2013, 13, 1035.	2.9	50
128	Screening Performance of Diabetes Risk Scores Among Asians and Whites in Rural Kerala, India. <i>Preventing Chronic Disease</i> , 2013, 10, E37.	3.4	11
129	Measurement of cholesterol and triglycerides from a dried blood spot in an Indian Council of Medical Research World Health Organization multicentric survey on risk factors for noncommunicable diseases in India. <i>Journal of Clinical Lipidology</i> , 2012, 6, 33-41.	1.5	22
130	Incidence of hypertension and its risk factors in rural Kerala, India: A community-based cohort study. <i>Public Health</i> , 2012, 126, 25-32.	2.9	55
131	Community-based group intervention for tobacco cessation in rural Tamil Nadu, India: A cluster randomized trial. <i>Journal of Substance Abuse Treatment</i> , 2012, 43, 53-60.	2.8	34
132	Impact of comprehensive cardiovascular risk reduction programme on risk factor clustering associated with elevated blood pressure in an Indian industrial population. <i>Indian Journal of Medical Research</i> , 2012, 135, 485-93.	1.0	12
133	Smokeless tobacco use among patients with tuberculosis in Karnataka: the need for cessation services. <i>The National Medical Journal of India</i> , 2012, 25, 142-5.	0.3	9
134	Sickness Absenteeism, Morbidity and Workplace Injuries among Iron and Steel workers – A Cross Sectional Study from Karnataka, Southern India. <i>Australasian Medical Journal</i> , 2011, 4, 144-147.	0.1	20
135	P2-128 Distribution of 10-year and lifetime predicted risk for cardiovascular disease in the Indian sentinel surveillance study population. <i>Journal of Epidemiology and Community Health</i> , 2011, 65, A255-A256.	3.7	2
136	P2-518 Sorghum consumption modifies the effect of fluoride on dental fluorosis in India. <i>Journal of Epidemiology and Community Health</i> , 2011, 65, A364-A364.	3.7	1
137	Association of high sensitive C-reactive protein (hsCRP) with established cardiovascular risk factors in the Indian population. <i>Nutrition and Metabolism</i> , 2011, 8, 19.	3.0	17
138	Distribution of 10-year and lifetime predicted risk for cardiovascular disease in the Indian Sentinel Surveillance Study population (cross-sectional survey results). <i>BMJ Open</i> , 2011, 1, e000068-e000068.	1.9	27
139	A Cross-Sectional Study of the Microeconomic Impact of Cardiovascular Disease Hospitalization in Four Low- and Middle-Income Countries. <i>PLoS ONE</i> , 2011, 6, e20821.	2.5	149
140	Severe dental fluorosis and jowar consumption in Karnataka, India. <i>Community Dentistry and Oral Epidemiology</i> , 2010, 38, 559-567.	1.9	1
141	Awareness, attitude and perceived barriers regarding implementation of the cigarettes and other tobacco products act in Assam, India. <i>Indian Journal of Cancer</i> , 2010, 47, 63.	0.2	14
142	Impact of alcohol on coronary heart disease in Indian men. <i>Atherosclerosis</i> , 2010, 210, 531-535.	0.8	33
143	Risk factor profile for chronic non-communicable diseases: results of a community-based study in Kerala, India. <i>Indian Journal of Medical Research</i> , 2010, 131, 53-63.	1.0	112
144	Association of Monocyte Chemoattractant Protein-1 2518 Polymorphism With Metabolic Syndrome in a South Indian Cohort. <i>Metabolic Syndrome and Related Disorders</i> , 2009, 7, 193-198.	1.3	10

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145	Smoking cessation and diabetes control in Kerala, India: an urgent need for health education. Health Education Research, 2009, 24, 839-845.	1.9	26
146	Impact of a Worksite Intervention Program on Cardiovascular Risk Factors. Journal of the American College of Cardiology, 2009, 53, 1718-1728.	2.8	69
147	Prevalence and determinants of diabetes mellitus in the Indian industrial population. Diabetic Medicine, 2008, 25, 1187-1194.	2.3	57
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