Maria S Svane

List of Publications by Year
in descending order

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32 papers	1,132 citations	471061 17 h-index	433756 31 g-index
33 all docs	33 docs citations	33 times ranked	1375 citing authors

#	Article	IF	Citations
1	Healthy Weight Loss Maintenance with Exercise, Liraglutide, or Both Combined. New England Journal of Medicine, 2021, 384, 1719-1730.	13.9	171
2	Mechanisms in bariatric surgery: Gut hormones, diabetes resolution, and weight loss. Surgery for Obesity and Related Diseases, 2018, 14, 708-714.	1.0	144
3	Peptide YY and glucagon-like peptide-1 contribute to decreased food intake after Roux-en-Y gastric bypass surgery. International Journal of Obesity, 2016, 40, 1699-1706.	1.6	135
4	Postprandial Nutrient Handling and Gastrointestinal Hormone Secretion After Roux-en-Y Gastric Bypass vs Sleeve Gastrectomy. Gastroenterology, 2019, 156, 1627-1641.e1.	0.6	99
5	Gut Hormones and Their Effect on Bone Metabolism. Potential Drug Therapies in Future Osteoporosis Treatment. Frontiers in Endocrinology, 2019, 10, 75.	1.5	70
6	Effects of endogenous GLP-1 and GIP on glucose tolerance after Roux-en-Y gastric bypass surgery. American Journal of Physiology - Endocrinology and Metabolism, 2016, 310, E505-E514.	1.8	56
7	Bariatric Surgery - Effects on Obesity and Related co-Morbidities. Current Diabetes Reviews, 2014, 10, 208-214.	0.6	48
8	In vivo and in vitro degradation of peptide YY_{3â€“36} to inactive peptide YY_{3â€“34} in humans. American Journal of Physiology - Regulatory Integrative and Comparative Physiology, 2016, 310, R866-R874.	0.9	46
9	GLP-2 and GIP exert separate effects on bone turnover: A randomized, placebo-controlled, crossover study in healthy young men. Bone, 2019, 125, 178-185.	1.4	45
10	Chenodeoxycholic acid stimulates glucagonâ€like peptideâ€1 secretion in patients after Rouxâ€enâ€Y gastric bypass. Physiological Reports, 2017, 5, e13140.	0.7	32
11	Plasma FGF-19 Levels are Increased in Patients with Post-Bariatric Hypoglycemia. Obesity Surgery, 2019, 29, 2092-2099.	1.1	32
12	Responses of gut and pancreatic hormones, bile acids, and fibroblast growth factor-21 differ to glucose, protein, and fat ingestion after gastric bypass surgery. American Journal of Physiology - Renal Physiology, 2020, 318, G661-G672.	1.6	27
13	Effect of bariatric surgery on plasma GDF15 in humans. American Journal of Physiology - Endocrinology and Metabolism, 2019, 316, E615-E621.	1.8	25
14	Updates in weight loss surgery and gastrointestinal peptides. Current Opinion in Endocrinology, Diabetes and Obesity, 2015, 22, 21-28.	1.2	24
15	Mechanisms of action of a carbohydrate-reduced, high-protein diet in reducing the risk of postprandial hypoglycemia after Roux-en-Y gastric bypass surgery. American Journal of Clinical Nutrition, 2019, 110, 296-304.	2.2	22
16	No Islet Cell Hyperfunction, but Altered Gut-Islet Regulation and Postprandial Hypoglycemia in Glucose-Tolerant Patients 3ÂYears After Gastric Bypass Surgery. Obesity Surgery, 2016, 26, 2263-2267.	1.1	20
17	The role of GLP-1 in postprandial glucose metabolism after bariatric surgery: a narrative review of human GLP-1 receptor antagonist studies. Surgery for Obesity and Related Diseases, 2021, 17, 1383-1391.	1.0	19
18	Variable reliability of surrogate measures of insulin sensitivity after Roux-en-Y gastric bypass. American Journal of Physiology - Regulatory Integrative and Comparative Physiology, 2017, 312, R797-R805.	0.9	15

#	Article	IF	Citations
19	Augmented GLP-1 Secretion as Seen After Gastric Bypass May Be Obtained by Delaying Carbohydrate Digestion. Journal of Clinical Endocrinology and Metabolism, 2019, 104, 3233-3244.	1.8	15
20	Bilio-enteric flow and plasma concentrations of bile acids after gastric bypass and sleeve gastrectomy. International Journal of Obesity, 2020, 44, 1872-1883.	1.6	13
21	The effect of acute dual SGLT1/SGLT2 inhibition on incretin release and glucose metabolism after gastric bypass surgery. American Journal of Physiology - Endocrinology and Metabolism, 2020, 318, E956-E964.	1.8	13
22	GIP and GLP-2 together improve bone turnover in humans supporting GIPR-GLP-2R co-agonists as future osteoporosis treatment. Pharmacological Research, 2022, 176, 106058.	3.1	13
23	Nutrient re-routing and altered gut-islet cell crosstalk may explain early relief of severe postprandial hypoglycaemia after reversal of Roux-en-Y gastric bypass. Diabetic Medicine, 2017, 34, 1783-1787.	1.2	12
24	Intestinal sensing and handling of dietary lipids in gastric bypassâ€“operated patients and matched controls. American Journal of Clinical Nutrition, 2020, 111, 28-41.	2.2	7
25	Effects of Manipulating Circulating Bile Acid Concentrations on Postprandial GLP-1 Secretion and Glucose Metabolism After Roux-en-Y Gastric Bypass. Frontiers in Endocrinology, 2021, 12, 681116.	1.5	7
26	Sustained Improvements in Glucose Metabolism Late After Roux-En-Y Gastric Bypass Surgery in Patients with and Without Preoperative Diabetes. Scientific Reports, 2019, 9, 15154.	1.6	6
27	Plasma GDF15 levels are similar between subjects after bariatric surgery and matched controls and are unaffected by meals. American Journal of Physiology - Endocrinology and Metabolism, 2021, 321, E443-E452.	1.8	5
28	No effects of a 6â€week intervention with a glucagonâ€like peptideâ€1 receptor agonist on pancreatic volume and oedema in obese men without diabetes. Diabetes, Obesity and Metabolism, 2020, 22, 1837-1846.	2.2	4
29	Effect of Meal Texture on Postprandial Glucose Excursions and Gut Hormones After Roux-en-Y Gastric Bypass and Sleeve Gastrectomy. Frontiers in Nutrition, 2022, 9, 889710.	1.6	4
30	Neurotensin secretion after Rouxâ€enâ€Y gastric bypass, sleeve gastrectomy, and truncal vagotomy with pyloroplasty. Neurogastroenterology and Motility, 2021, , e14210.	1.6	2
31	Follistatin secretion is enhanced by protein, but not glucose or fat ingestion, in obese persons independently of previous gastric bypass surgery. American Journal of Physiology - Renal Physiology, 2021, 320, G753-G758.	1.6	1
32	Successful Use of a GLP-1 Receptor Agonist as Add-on Therapy to Sulfonylurea in the Treatment of KCNJ11 Neonatal Diabetes. European Journal of Case Reports in Internal Medicine, 2021, 8, 002352.	0.2	0