

Theodore Pincus

List of Publications by Year in Descending Order

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The third column is the impact factor (IF) of the journal, and the fourth column is the number of citations of the article.

183
papers

15,977
citations

52
h-index

125
g-index

206
ext. papers

18,004
ext. citations

4.5
avg, IF

6.09
L-index

#	Paper	IF	Citations
183	Should Quantitative Measures and Management of Rheumatoid Arthritis Include More Than Control of Inflammatory Activity?. <i>Journal of Rheumatology</i> , 2021 ,	4.1	1
182	Long-term Glucocorticoid Use in Rheumatoid Arthritis. <i>Journal of Rheumatology</i> , 2021 , 48, 1342	4.1	0
181	Multidimensional Health Assessment Questionnaire as an Effective Tool to Screen for Depression in Routine Rheumatology Care. <i>Arthritis Care and Research</i> , 2021 , 73, 120-129	4.7	2
180	Comment on: It can't be zero! Difficulties in completing patient global assessment in rheumatoid arthritis: a mixed methods study. <i>Rheumatology</i> , 2021 , 60, e28-e29	3.9	3
179	A Self-Report Multidimensional Health Assessment Questionnaire (MDHAQ) for Face-To-Face or Telemedicine Encounters to Assess Clinical Severity (RAPID3) and Screen for Fibromyalgia (FAST) and Depression (DEP). <i>Current Treatment Options in Rheumatology</i> , 2021 , 7, 161-181	1.3	1
178	Reliability, Feasibility, and Patient Acceptance of an Electronic Version of a Multidimensional Health Assessment Questionnaire for Routine Rheumatology Care: Validation and Patient Preference Study. <i>JMIR Formative Research</i> , 2020 , 4, e15815	2.5	3
177	Functional Status Measures and Indices in Rheumatoid Arthritis: Comment on the Articles by Barber et al and England et al. <i>Arthritis Care and Research</i> , 2020 , 72, 1185-1186	4.7	
176	Fibromyalgia Assessment Screening Tool: Clues to Fibromyalgia on a Multidimensional Health Assessment Questionnaire for Routine Care. <i>Journal of Rheumatology</i> , 2020 , 47, 761-769	4.1	5
175	Disease Burden in Osteoarthritis Is Similar to That of Rheumatoid Arthritis at Initial Rheumatology Visit and Significantly Greater Six Months Later. <i>Arthritis and Rheumatology</i> , 2019 , 71, 1276-1284	9.5	20
174	Diagnosis of Fibromyalgia: Disagreement Between Fibromyalgia Criteria and Clinician-Based Fibromyalgia Diagnosis in a University Clinic. <i>Arthritis Care and Research</i> , 2019 , 71, 343-351	4.7	23
173	Fibromyalgia Assessment Screening Tools (FAST) Based on Only Multidimensional Health Assessment Questionnaire (MDHAQ) Scores as Clues to Fibromyalgia. <i>ACR Open Rheumatology</i> , 2019 , 1, 516-525	3.5	8
172	Minimal Clinically Important Improvement of Routine Assessment of Patient Index Data 3 in Rheumatoid Arthritis. <i>Journal of Rheumatology</i> , 2019 , 46, 27-30	4.1	10
171	Low socioeconomic status and patient questionnaires in osteoarthritis: challenges to a "biomedical model" and value of a complementary "biopsychosocial model". <i>Clinical and Experimental Rheumatology</i> , 2019 , 37 Suppl 120, 18-23	2.2	4
170	Patient questionnaires in osteoarthritis: what patients teach doctors about their osteoarthritis on a multidimensional health assessment questionnaire (MDHAQ) in clinical trials and clinical care. <i>Clinical and Experimental Rheumatology</i> , 2019 , 37 Suppl 120, 100-111	2.2	
169	Osteoarthritis is as severe as rheumatoid arthritis: evidence over 40 years according to the same measure in each disease. <i>Clinical and Experimental Rheumatology</i> , 2019 , 37 Suppl 120, 7-17	2.2	2
168	Value of the Routine Assessment of Patient Index Data 3 in Patients With Psoriatic Arthritis: Results From a Tight-Control Clinical Trial and an Observational Cohort. <i>Arthritis Care and Research</i> , 2018 , 70, 1198-1205	4.7	22
167	Limited Value of the Multi-Biomarker Disease Activity Assay Compared to the Routine Assessment of Patient Index Data 3 (RAPID3) Score in the Prognosis of Important Clinical Outcomes in Rheumatoid Arthritis: Comment on the Article by Fleischmann et al and Accompanying Editorial by Davis. <i>Arthritis and Rheumatology</i> , 2017 , 69, 866-867	9.5	

166	MDHAQ/RAPID3 scores in patients with osteoarthritis are similar to or higher than in patients with rheumatoid arthritis: a cross-sectional study from current routine rheumatology care at four sites. <i>RMD Open</i> , 2017 , 3, e000391	5.9	13
165	Assessment of pain and other patient symptoms in routine clinical care as quantitative, standardised, "scientific" data. <i>Clinical and Experimental Rheumatology</i> , 2017 , 35 Suppl 107, 13-20	2.2	3
164	Pain and other self-report scores in patients with osteoarthritis indicate generally similar disease burden to patients with rheumatoid arthritis. <i>Clinical and Experimental Rheumatology</i> , 2017 , 35 Suppl 107, 88-93	2.2	1
163	A RheuMetric physician checklist to quantitate levels of inflammation, damage and distress on 0-10 visual analogue scales. <i>Clinical and Experimental Rheumatology</i> , 2017 , 35 Suppl 107, 21-25	2.2	1
162	Pain in rheumatic diseases. <i>Clinical and Experimental Rheumatology</i> , 2017 , 35 Suppl 107, 1	2.2	
161	PROMs (MDHAQ/RAPID3) and Physician RheuMetric Measures 2016 , 59-99		1
160	Evidence from a Multidimensional Health Assessment Questionnaire (MDHAQ) of the Value of a Biopsychosocial Model to Complement a Traditional Biomedical Model in Care of Patients with Rheumatoid Arthritis. <i>Journal of Rheumatic Diseases</i> , 2016 , 23, 212	1.2	1
159	Pragmatic assessment of exercise in routine care using an MDHAQ: associations with changes in RAPID3 and other clinical variables. <i>Arthritis Research and Therapy</i> , 2016 , 18, 199	5.7	2
158	Responsiveness of a simple RAPID-3-like index compared to disease-specific BASDAI and ASDAS indices in patients with axial spondyloarthritis. <i>RMD Open</i> , 2016 , 2, e000235	5.9	13
157	Prediction of Remission in a French Early Arthritis Cohort by RAPID3 and other Core Data Set Measures, but Not by the Absence of Rheumatoid Factor, Anticitrullinated Protein Antibodies, or Radiographic Erosions. <i>Journal of Rheumatology</i> , 2016 , 43, 1285-91	4.1	20
156	Assessment of fatigue in routine care on a Multidimensional Health Assessment Questionnaire (MDHAQ): a cross-sectional study of associations with RAPID3 and other variables in different rheumatic diseases. <i>Clinical and Experimental Rheumatology</i> , 2016 , 34, 901-909	2.2	7
155	Electronic multidimensional health assessment questionnaire (eMDHAQ): past, present and future of a proposed single data management system for clinical care, research, quality improvement, and monitoring of long-term outcomes. <i>Clinical and Experimental Rheumatology</i> , 2016 , 34, S17-S33	2.2	9
154	Electronic eRAPID3 (Routine Assessment of Patient Index Data): opportunities and complexities. <i>Clinical and Experimental Rheumatology</i> , 2016 , 34, S49-S53	2.2	5
153	Information technology in rheumatology. <i>Clinical and Experimental Rheumatology</i> , 2016 , 34, 1	2.2	21
152	Rheumatoid arthritis: Predicting mortality in RA: the quest for useful information. <i>Nature Reviews Rheumatology</i> , 2015 , 11, 507-9	8.1	1
151	Special issue on glucocorticoid therapy in rheumatic diseases: introduction. <i>NeuroImmunoModulation</i> , 2015 , 22, 3-5	2.5	5
150	The past versus the present, 1980-2004: reduction of mean initial low-dose, long-term glucocorticoid therapy in rheumatoid arthritis from 10.3 to 3.6 mg/day, concomitant with early methotrexate, with long-term effectiveness and safety of less than 5 mg/day. <i>NeuroImmunoModulation</i> , 2015 , 22, 89-103	2.5	11
149	Discordance of Global Assessments by Patient and Physician Is Higher in Female than in Male Patients Regardless of the Physician's Sex: Data on Patients with Rheumatoid Arthritis, Axial Spondyloarthritis, and Psoriatic Arthritis from the DANBIO Registry. <i>Journal of Rheumatology</i> , 2015 , 42, 1781-5	4.1	41

148	Clinical trials documenting the efficacy of low-dose glucocorticoids in rheumatoid arthritis. <i>NeuroImmunoModulation</i> , 2015 , 22, 46-50	2.5	17
147	Circadian use of glucocorticoids in rheumatoid arthritis. <i>NeuroImmunoModulation</i> , 2015 , 22, 33-9	2.5	12
146	Routine Assessment of Patient Index Data (RAPID3) and Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) Scores Yield Similar Information in 85 Korean Patients With Ankylosing Spondylitis Seen in Usual Clinical Care. <i>Journal of Clinical Rheumatology</i> , 2015 , 21, 300-4	1.1	16
145	Are patient self-report questionnaires as "scientific" as biomarkers in "treat-to-target" and prognosis in rheumatoid arthritis?. <i>Current Pharmaceutical Design</i> , 2015 , 21, 241-56	3.3	14
144	Limitations of clinical trials in chronic diseases: is the efficacy of methotrexate (MTX) underestimated in polyarticular psoriatic arthritis on the basis of limitations of clinical trials more than on limitations of MTX, as was seen in rheumatoid arthritis?. <i>Clinical and Experimental Rheumatology</i> , 2015 , 33, 682-93	2.2	19
143	Discordance of global estimates by patients and their physicians in usual care of many rheumatic diseases: association with 5 scores on a Multidimensional Health Assessment Questionnaire (MDHAQ) that are not found on the Health Assessment Questionnaire (HAQ). <i>Arthritis Care and Research</i> , 2014 , 44, 934-42	4.7	21
142	Limitations of Traditional Randomized Controlled Clinical Trials in Rheumatology 2014 , 179-207		
141	Evidence-Based Medicine in Rheumatology: How Does It Differ from Other Diseases? 2014 , 1-12		
140	Patient self-report RADAI (Rheumatoid Arthritis Disease Activity Index) joint counts on an MDHAQ (Multidimensional Health Assessment Questionnaire) in usual care of consecutive patients with rheumatic diseases other than rheumatoid arthritis. <i>Arthritis Care and Research</i> , 2013 , 65, 288-93	4.7	18
139	Decline of mean initial prednisone dosage from 10.3 to 3.6 mg/day to treat rheumatoid arthritis between 1980 and 2004 in one clinical setting, with long-term effectiveness of dosages less than 5 mg/day. <i>Arthritis Care and Research</i> , 2013 , 65, 729-36	4.7	29
138	GUEPARD treat-to-target strategy is significantly more efficacious than ESPOIR routine care in early rheumatoid arthritis according to patient-reported outcomes and physician global estimate. <i>Rheumatology</i> , 2013 , 52, 1890-7	3.9	10
137	MDHAQ/RAPID3 to recognize improvement over 2 months in usual care of patients with osteoarthritis, systemic lupus erythematosus, spondyloarthropathy, and gout, as well as rheumatoid arthritis. <i>Journal of Clinical Rheumatology</i> , 2013 , 19, 169-74	1.1	33
136	Can remission in rheumatoid arthritis be assessed without laboratory tests or a formal joint count? possible remission criteria based on a self-report RAPID3 score and careful joint examination in the ESPOIR cohort. <i>Journal of Rheumatology</i> , 2013 , 40, 386-93	4.1	20
135	Importance of patient history and physical examination in rheumatoid arthritis compared to other chronic diseases: results of a physician survey. <i>Arthritis Care and Research</i> , 2012 , 64, 1250-5	4.7	24
134	An evidence-based medical visit for patients with rheumatoid arthritis based on standard, quantitative scientific data from a patient MDHAQ and physician report. <i>Bulletin of the NYU Hospital for Joint Diseases</i> , 2012 , 70, 73-94		2
133	Treat-to-target: not as simple as it appears. <i>Clinical and Experimental Rheumatology</i> , 2012 , 30, S10-20	2.2	20
132	MDHAQ/RAPID3 can provide a roadmap or agenda for all rheumatology visits when the entire MDHAQ is completed at all patient visits and reviewed by the doctor before the encounter. <i>Bulletin of the NYU Hospital for Joint Diseases</i> , 2012 , 70, 177-86		9
131	Pragmatic and scientific advantages of MDHAQ/ RAPID3 completion by all patients at all visits in routine clinical care. <i>Bulletin of the NYU Hospital for Joint Diseases</i> , 2012 , 70 Suppl 1, 30-6		11

130	RAPID3 (Routine Assessment of Patient Index Data 3) severity categories and response criteria: Similar results to DAS28 (Disease Activity Score) and CDAI (Clinical Disease Activity Index) in the RAPID 1 (Rheumatoid Arthritis Prevention of Structural Damage) clinical trial of certolizumab pegol. <i>Arthritis Care and Research</i> , 2011 , 63, 1142-9	4.7	51
129	American College of Rheumatology/European League Against Rheumatism provisional definition of remission in rheumatoid arthritis for clinical trials. <i>Arthritis and Rheumatism</i> , 2011 , 63, 573-86		520
128	Proposed severity and response criteria for Routine Assessment of Patient Index Data (RAPID3): results for categories of disease activity and response criteria in abatacept clinical trials. <i>Journal of Rheumatology</i> , 2011 , 38, 2565-71	4.1	27
127	Quantitative data for care of patients with systemic lupus erythematosus in usual clinical settings: a patient Multidimensional Health Assessment Questionnaire and physician estimate of noninflammatory symptoms. <i>Journal of Rheumatology</i> , 2011 , 38, 1309-16	4.1	28
126	Poor physical function, pain and limited exercise: risk factors for premature mortality in the range of smoking or hypertension, identified on a simple patient self-report questionnaire for usual care. <i>BMJ Open</i> , 2011 , 1, e000070	3	16
125	MDHAQ/RAPID3 scores: quantitative patient history data in a standardized "scientific" format for optimal assessment of patient status and quality of care in rheumatic diseases. <i>Bulletin of the NYU Hospital for Joint Diseases</i> , 2011 , 69, 201-14		10
124	In the clinic. Rheumatoid arthritis. <i>Annals of Internal Medicine</i> , 2010 , 153, ITC1-1-ITC1-15; quiz ITC1-16	8	27
123	Assessing dyspnea and its impact on patients with connective tissue disease-related interstitial lung disease. <i>Respiratory Medicine</i> , 2010 , 104, 1350-5	4.6	52
122	Screening for low literacy in a rheumatology setting: more than 10% of patients cannot read "cartilage," "diagnosis," "rheumatologist," or "symptom". <i>Journal of Clinical Rheumatology</i> , 2010 , 16, 359-64	1.1	26
121	RAPID3 (Routine Assessment of Patient Index Data) on an MDHAQ (Multidimensional Health Assessment Questionnaire): agreement with DAS28 (Disease Activity Score) and CDAI (Clinical Disease Activity Index) activity categories, scored in five versus more than ninety seconds. <i>Arthritis Care and Research</i> , 2010 , 62, 181-9	4.7	78
120	2010 Rheumatoid arthritis classification criteria: an American College of Rheumatology/European League Against Rheumatism collaborative initiative. <i>Arthritis and Rheumatism</i> , 2010 , 62, 2569-81		4825
119	Are patient questionnaire scores as "scientific" as laboratory tests for rheumatology clinical care?. <i>Bulletin of the NYU Hospital for Joint Diseases</i> , 2010 , 68, 130-9		10
118	Beyond RAPID3 - practical use of the MDHAQ to improve doctor-patient communication. <i>Bulletin of the NYU Hospital for Joint Diseases</i> , 2010 , 68, 223-31		4
117	Dr. Pincus, et al reply. <i>Journal of Rheumatology</i> , 2009 , 36, 456.2-456	4.1	
116	Declines in erythrocyte sedimentation rates in patients with rheumatoid arthritis over the second half of the 20th century. <i>Journal of Rheumatology</i> , 2009 , 36, 1596-9	4.1	19
115	Dr. Pincus replies. <i>Journal of Rheumatology</i> , 2009 , 36, 443.2-444	4.1	
114	Women, men, and rheumatoid arthritis: analyses of disease activity, disease characteristics, and treatments in the QUEST-RA study. <i>Arthritis Research and Therapy</i> , 2009 , 11, R7	5.7	233
113	A multi-dimensional health assessment questionnaire (MDHAQ) and routine assessment of patient index data (RAPID3) scores are informative in patients with all rheumatic diseases. <i>Rheumatic Disease Clinics of North America</i> , 2009 , 35, 819-27, x	2.4	30

112	Erythrocyte sedimentation rate, C-reactive protein, or rheumatoid factor are normal at presentation in 35%-45% of patients with rheumatoid arthritis seen between 1980 and 2004: analyses from Finland and the United States. <i>Journal of Rheumatology</i> , 2009 , 36, 1387-90	4.1	71
111	Quality control of a medical history: improving accuracy with patient participation, supported by a four-page version of the multidimensional health assessment questionnaire (MDHAQ). <i>Rheumatic Disease Clinics of North America</i> , 2009 , 35, 851-60, xi	2.4	3
110	Complexities in assessment of rheumatoid arthritis: absence of a single gold standard measure. <i>Rheumatic Disease Clinics of North America</i> , 2009 , 35, 687-97, v	2.4	15
109	Flowsheets that include MDHAQ physical function, pain, global, and RAPID3 scores, laboratory tests, and medications to monitor patients with all rheumatic diseases: an electronic database for an electronic medical record. <i>Rheumatic Disease Clinics of North America</i> , 2009 , 35, 829-42, x-xi	2.4	7
108	Joint counts to assess rheumatoid arthritis for clinical research and usual clinical care: advantages and limitations. <i>Rheumatic Disease Clinics of North America</i> , 2009 , 35, 713-22, v-vi	2.4	20
107	Laboratory tests to assess patients with rheumatoid arthritis: advantages and limitations. <i>Rheumatic Disease Clinics of North America</i> , 2009 , 35, 731-4, vi-vii	2.4	39
106	A Standard Protocol to Evaluate Rheumatoid Arthritis (SPERA) for efficient capture of essential data from a patient and a health professional in a uniform "scientific" format. <i>Rheumatic Disease Clinics of North America</i> , 2009 , 35, 843-50, xi	2.4	1
105	Clues on the MDHAQ to identify patients with fibromyalgia and similar chronic pain conditions. <i>Rheumatic Disease Clinics of North America</i> , 2009 , 35, 865-9, xii	2.4	5
104	A biopsychosocial model to complement a biomedical model: patient questionnaire data and socioeconomic status usually are more significant than laboratory tests and imaging studies in prognosis of rheumatoid arthritis. <i>Rheumatic Disease Clinics of North America</i> , 2009 , 35, 699-712, v	2.4	28
103	Patient questionnaires in rheumatoid arthritis: advantages and limitations as a quantitative, standardized scientific medical history. <i>Rheumatic Disease Clinics of North America</i> , 2009 , 35, 735-43, vii	2.4	20
102	How to collect an MDHAQ to provide rheumatology vital signs (function, pain, global status, and RAPID3 scores) in the infrastructure of rheumatology care, including some misconceptions regarding the MDHAQ. <i>Rheumatic Disease Clinics of North America</i> , 2009 , 35, 799-812, x	2.4	15
101	Quantitative recording of physician clinical estimates, beyond a global estimate and formal joint count, in usual care: applying the scientific method, using a simple one-page worksheet. <i>Rheumatic Disease Clinics of North America</i> , 2009 , 35, 813-7, x	2.4	3
100	RAPID3, an index to assess and monitor patients with rheumatoid arthritis, without formal joint counts: similar results to DAS28 and CDAI in clinical trials and clinical care. <i>Rheumatic Disease Clinics of North America</i> , 2009 , 35, 773-8, viii	2.4	81
99	Complex measures and indices for clinical research compared with simple patient questionnaires to assess function, pain, and global estimates as rheumatology "vital signs" for usual clinical care. <i>Rheumatic Disease Clinics of North America</i> , 2009 , 35, 779-86, ix	2.4	6
98	Criterion contamination of depression scales in patients with rheumatoid arthritis: the need for interpretation of patient questionnaires (as all clinical measures) in the context of all information about the patient. <i>Rheumatic Disease Clinics of North America</i> , 2009 , 35, 861-4, xi-xii	2.4	13
97	The HAQ compared with the MDHAQ: "keep it simple, stupid" (KISS), with feasibility and clinical value as primary criteria for patient questionnaires in usual clinical care. <i>Rheumatic Disease Clinics of North America</i> , 2009 , 35, 787-98, ix	2.4	20
96	RAPID3-an index of physical function, pain, and global status as "vital signs" to improve care for people with chronic rheumatic diseases. <i>Bulletin of the NYU Hospital for Joint Diseases</i> , 2009 , 67, 211-25		27
95	Can RAPID3, an index without formal joint counts or laboratory tests, serve to guide rheumatologists in tight control of rheumatoid arthritis in usual clinical care?. <i>Bulletin of the NYU Hospital for Joint Diseases</i> , 2009 , 67, 254-66		13

94	Treatment of rheumatoid arthritis: a global perspective on the use of antirheumatic drugs. <i>Modern Rheumatology</i> , 2008 , 18, 228-239	3.3	42
93	RAPID3 (Routine Assessment of Patient Index Data 3), a rheumatoid arthritis index without formal joint counts for routine care: proposed severity categories compared to disease activity score and clinical disease activity index categories. <i>Journal of Rheumatology</i> , 2008 , 35, 2136-47	4.1	216
92	Physical inactivity in patients with rheumatoid arthritis: data from twenty-one countries in a cross-sectional, international study. <i>Arthritis and Rheumatism</i> , 2008 , 59, 42-50		212
91	Remission and rheumatoid arthritis: data on patients receiving usual care in twenty-four countries. <i>Arthritis and Rheumatism</i> , 2008 , 58, 2642-51		135
90	Relative efficiencies of physician/assessor global estimates and patient questionnaire measures are similar to or greater than joint counts to distinguish adalimumab from control treatments in rheumatoid arthritis clinical trials. <i>Journal of Rheumatology</i> , 2008 , 35, 201-5	4.1	28
89	Time to score quantitative rheumatoid arthritis measures: 28-Joint Count, Disease Activity Score, Health Assessment Questionnaire (HAQ), Multidimensional HAQ (MDHAQ), and Routine Assessment of Patient Index Data (RAPID) scores. <i>Journal of Rheumatology</i> , 2008 , 35, 603-9	4.1	39
88	Pain, function, and RAPID scores: vital signs in chronic diseases, analogous to pulse and temperature in acute diseases and blood pressure and cholesterol in long-term health. <i>Bulletin of the NYU Hospital for Joint Diseases</i> , 2008 , 66, 155-65		15
87	Visual analog scales in formats other than a 10 centimeter horizontal line to assess pain and other clinical data. <i>Journal of Rheumatology</i> , 2008 , 35, 1550-8	4.1	56
86	Limitations of a quantitative swollen and tender joint count to assess and monitor patients with rheumatoid arthritis. <i>Bulletin of the NYU Hospital for Joint Diseases</i> , 2008 , 66, 216-23		25
85	A three-page Standard Protocol to Evaluate Rheumatoid Arthritis (SPERA) for efficient capture of essential data from patients and health professionals in standard clinical care and clinical research. <i>Best Practice and Research in Clinical Rheumatology</i> , 2007 , 21, 677-85	5.3	3
84	A practical guide to scoring a Multi-Dimensional Health Assessment Questionnaire (MDHAQ) and Routine Assessment of Patient Index Data (RAPID) scores in 10-20 seconds for use in standard clinical care, without rulers, calculators, websites or computers. <i>Best Practice and Research in Clinical Rheumatology</i> , 2007 , 21, 755-87	5.3	30
83	Can a Multi-Dimensional Health Assessment Questionnaire (MDHAQ) and Routine Assessment of Patient Index Data (RAPID) scores be informative in patients with all rheumatic diseases?. <i>Best Practice and Research in Clinical Rheumatology</i> , 2007 , 21, 733-53	5.3	22
82	Quantitative measures of rheumatic diseases for clinical research versus standard clinical care: differences, advantages and limitations. <i>Best Practice and Research in Clinical Rheumatology</i> , 2007 , 21, 601-28	5.3	28
81	A proposed continuous quality improvement approach to assessment and management of patients with rheumatoid arthritis without formal joint counts, based on quantitative routine assessment of patient index data (RAPID) scores on a multidimensional health assessment questionnaire (MDHAQ). <i>Best Practice and Research in Clinical Rheumatology</i> , 2007 , 21, 789-804	5.3	48
80	QUEST-RA: quantitative clinical assessment of patients with rheumatoid arthritis seen in standard rheumatology care in 15 countries. <i>Annals of the Rheumatic Diseases</i> , 2007 , 66, 1491-6	2.4	142
79	A multidimensional health assessment questionnaire (MDHAQ) for all patients with rheumatic diseases to complete at all visits in standard clinical care. <i>Bulletin of the NYU Hospital for Joint Diseases</i> , 2007 , 65, 150-60		24
78	Patient questionnaires and formal education as more significant prognostic markers than radiographs or laboratory tests for rheumatoid arthritis mortality--limitations of a biomedical model to predict long-term outcomes. <i>Bulletin of the NYU Hospital for Joint Diseases</i> , 2007 , 65 Suppl 1, S29-36		6
77	Improving survival in inflammatory rheumatic diseases: a neglected goal?. <i>Current Rheumatology Reports</i> , 2006 , 8, 401-3	4.9	

76	Evidence-based practice and practice-based evidence. <i>Nature Clinical Practice Rheumatology</i> , 2006 , 2, 114-5		15
75	Quantitative measures to assess patients with rheumatic diseases: 2006 update. <i>Rheumatic Disease Clinics of North America</i> , 2006 , 32 Suppl 1, 29-36	2.4	1
74	Saving time and improving care with a multidimensional health assessment questionnaire: 10 practical considerations. <i>Journal of Rheumatology</i> , 2006 , 33, 448-54	4.1	10
73	An index of patient reported outcomes (PRO-Index) discriminates effectively between active and control treatment in 4 clinical trials of adalimumab in rheumatoid arthritis. <i>Journal of Rheumatology</i> , 2006 , 33, 2146-52	4.1	33
72	Advantages and limitations of quantitative measures to assess rheumatoid arthritis: joint counts, radiographs, laboratory tests, and patient questionnaires. <i>Bulletin of the NYU Hospital for Joint Diseases</i> , 2006 , 64, 32-9		8
71	Patients seen for standard rheumatoid arthritis care have significantly better articular, radiographic, laboratory, and functional status in 2000 than in 1985. <i>Arthritis and Rheumatism</i> , 2005 , 52, 1009-19		145
70	Continuous indices of core data set measures in rheumatoid arthritis clinical trials: lower responses to placebo than seen with categorical responses with the American College of Rheumatology 20% criteria. <i>Arthritis and Rheumatism</i> , 2005 , 52, 1031-6		35
69	The disease activity score is not suitable as the sole criterion for initiation and evaluation of anti-tumor necrosis factor therapy in the clinic: discordance between assessment measures and limitations in questionnaire use for regulatory purposes. <i>Arthritis and Rheumatism</i> , 2005 , 52, 3873-9		47
68	Patient preference in a crossover clinical trial of patients with osteoarthritis of the knee or hip: face validity of self-report questionnaire ratings. <i>Journal of Rheumatology</i> , 2005 , 32, 533-9	4.1	9
67	Patient questionnaires for clinical research and improved standard patient care: is it better to have 80% of the information in 100% of patients or 100% of the information in 5% of patients?. <i>Journal of Rheumatology</i> , 2005 , 32, 575-7	4.1	26
66	Further development of a physical function scale on a MDHAQ [corrected] for standard care of patients with rheumatic diseases. <i>Journal of Rheumatology</i> , 2005 , 32, 1432-9	4.1	99
65	A composite disease activity scale for clinical practice, observational studies, and clinical trials: the patient activity scale (PAS/PAS-II). <i>Journal of Rheumatology</i> , 2005 , 32, 2410-5	4.1	80
64	Making an impact on mortality in rheumatoid arthritis: targeting cardiovascular comorbidity. <i>Arthritis and Rheumatism</i> , 2004 , 50, 1734-9		80
63	Development and validation of the health assessment questionnaire II: a revised version of the health assessment questionnaire. <i>Arthritis and Rheumatism</i> , 2004 , 50, 3296-305		202
62	Quantitative measures and indices to assess rheumatoid arthritis in clinical trials and clinical care. <i>Rheumatic Disease Clinics of North America</i> , 2004 , 30, 725-51, vi	2.4	13
61	Clinical trials in rheumatic diseases: designs and limitations. <i>Rheumatic Disease Clinics of North America</i> , 2004 , 30, 701-24, v-vi	2.4	17
60	Will racial and ethnic disparities in health be resolved primarily outside of standard medical care?. <i>Annals of Internal Medicine</i> , 2004 , 141, 224-5	8	3
59	Patient questionnaires and formal education level as prospective predictors of mortality over 10 years in 97% of 1416 patients with rheumatoid arthritis from 15 United States private practices. <i>Journal of Rheumatology</i> , 2004 , 31, 229-34	4.1	49

58	Morning stiffness in patients with early rheumatoid arthritis is associated more strongly with functional disability than with joint swelling and erythrocyte sedimentation rate. <i>Journal of Rheumatology</i> , 2004 , 31, 1723-6	4.1	55
57	Quantitative measures for assessing rheumatoid arthritis in clinical trials and clinical care. <i>Best Practice and Research in Clinical Rheumatology</i> , 2003 , 17, 753-81	5.3	60
56	Eligibility of patients in routine care for major clinical trials of anti-tumor necrosis factor alpha agents in rheumatoid arthritis. <i>Arthritis and Rheumatism</i> , 2003 , 48, 313-8		133
55	The assessment of rheumatoid arthritis and the acceptability of self-report questionnaires in clinical practice. <i>Arthritis and Rheumatism</i> , 2003 , 49, 59-63		42
54	Most patients receiving routine care for rheumatoid arthritis in 2001 did not meet inclusion criteria for most recent clinical trials or american college of rheumatology criteria for remission. <i>Journal of Rheumatology</i> , 2003 , 30, 1138-46	4.1	75
53	Are long-term very low doses of prednisone for patients with rheumatoid arthritis as helpful as high doses are harmful?. <i>Annals of Internal Medicine</i> , 2002 , 136, 76-8	8	24
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