## Patrizia Zentilin

List of Publications by Year in descending order

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#	Article	IF	CITATIONS
1	Pharmacotherapies in eosinophilic esophagitis: state of the art. Minerva Gastroenterology, 2022, 68, 69-76.	0.3	0
2	Achalasia and Obstructive Motor Disorders Are Not Uncommon in Patients With Eosinophilic Esophagitis. Clinical Gastroenterology and Hepatology, 2021, 19, 1554-1563.	2.4	34
3	Pharmacological Management of Gastro-Esophageal Reflux Disease: An Update of the State-of-the-Art. Drug Design, Development and Therapy, 2021, Volume 15, 1609-1621.	2.0	21
4	Prevention Strategies for Esophageal Cancer—An Expert Review. Cancers, 2021, 13, 2183.	1.7	19
5	Correlation Between Skin and Affected Organs in 52 Sclerodermic Patients Followed in a Diseases Management Team: Development of a Risk Prediction Model of Organ-Specific Complications. Frontiers in Immunology, 2021, 12, 588753.	2.2	5
6	Letter: predictive factors for treatment discontinuation in IBD—antiâ€TNF trough levels and antiâ€drug antibodies. Alimentary Pharmacology and Therapeutics, 2021, 54, 536-537.	1.9	1
7	An update of pharmacology, efficacy, and safety of vonoprazan in acid-related disorders. Expert Review of Gastroenterology and Hepatology, 2021, , 1-10.	1.4	4
8	A Machine Learning Application to Predict Early Lung Involvement in Scleroderma: A Feasibility Evaluation. Diagnostics, 2021, 11, 1880.	1.3	14
9	Esophageal reflux hypersensitivity: Non-GERD or still GERD?. Digestive and Liver Disease, 2020, 52, 1413-1420.	0.4	16
10	Nuts and Non-Alcoholic Fatty Liver Disease: Are Nuts Safe for Patients with Fatty Liver Disease?. Nutrients, 2020, 12, 3363.	1.7	16
11	Surveillance for Hepatocellular Carcinoma in Patients with Non-Alcoholic Fatty Liver Disease: Universal or Selective?. Cancers, 2020, 12, 1422.	1.7	41
12	Latest insights into the hot question of proton pump inhibitor safety – a narrative review. Digestive and Liver Disease, 2020, 52, 842-852.	0.4	25
13	Appropriateness of proton pump inhibitors treatment in clinical practice: Prospective evaluation in outpatients and perspective assessment of drug optimisation. Digestive and Liver Disease, 2020, 52, 862-868.	0.4	11
14	A SIGE-SINGEM-AIGO technical review on the clinical use of esophageal reflux monitoring. Digestive and Liver Disease, 2020, 52, 966-980.	0.4	27
15	Risk factors for bleeding following oesophageal band ligation: Providing further evidence to ameliorate clinical practice. Digestive and Liver Disease, 2020, 52, 792-793.	0.4	0
16	<p>Vonoprazan Fumarate for the Treatment of Gastric Ulcers: A Short Review on Emerging Data</p> . Clinical and Experimental Gastroenterology, 2020, Volume 13, 99-104.	1.0	14
17	Pathophysiology, diagnosis, and pharmacological treatment of gastro-esophageal reflux disease. Expert Review of Clinical Pharmacology, 2020, 13, 437-449.	1.3	21
18	The prevention of NSAID-induced gastric ulcers is a firmly established PPI indication. Expert Review of Clinical Pharmacology, 2019, 12, 1011-1012.	1.3	1

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19	Updates in the field of non-esophageal gastroesophageal reflux disorder. Expert Review of Gastroenterology and Hepatology, 2019, 13, 827-838.	1.4	31
20	Mo1142 – Achalasia is a Common Finding in Patients with Eoe Undergoing High Resolution Manometry. Gastroenterology, 2019, 156, S-720-S-721.	0.6	0
21	Mo1143 – Esophageal Motility Disorders in Eosinophilic Esophagitis. Gastroenterology, 2019, 156, S-721.	0.6	0
22	Mo1141 – Fecal Eosinophil Cationic Protein As Potential Marker of Disease Activity in Patients with Eosinophilic Esophagitis. Gastroenterology, 2019, 156, S-720.	0.6	0
23	Advancements in the use of manometry and impedance testing for esophageal functional disorders. Expert Review of Gastroenterology and Hepatology, 2019, 13, 425-435.	1.4	10
24	Improvement in hepatitis C virus patients with advanced, compensated liver disease after sustained virological response to direct acting antivirals. European Journal of Clinical Investigation, 2019, 49, e13056.	1.7	30
25	Esophageal baseline impedance levels allow the identification of esophageal involvement in patients with systemic sclerosis. Seminars in Arthritis and Rheumatism, 2018, 47, 569-574.	1.6	5
26	Low Fibrinogen Levels Are Associated with Bleeding After Varices Ligation in Thrombocytopenic Cirrhotic Patients. Annals of Hepatology, 2018, 17, 830-835.	0.6	25
27	Proton pump inhibitors: use and misuse in the clinical setting. Expert Review of Clinical Pharmacology, 2018, 11, 1123-1134.	1.3	112
28	Prevalence and clinical characteristics of refractoriness to optimal proton pump inhibitor therapy in nonâ€erosive reflux disease. Alimentary Pharmacology and Therapeutics, 2018, 48, 1074-1081.	1.9	32
29	P.06.2 PROTON PUMP INHIBITOR THERAPY IMPROVES ESOPHAGEAL SYMPTOMS BY RESTORING A NORMAL ESOPHAGEAL PERISTALSIS IN PPI-REE. Digestive and Liver Disease, 2018, 50, e179.	0.4	1
30	A safety review of proton pump inhibitors to treat acid-related digestive diseases. Expert Opinion on Drug Safety, 2018, 17, 785-794.	1.0	24
31	Sa1132 - Faecal Calprotectin as a Biomarker of Intestinal Inflammation is not a Useful Tool for the Diagnosis and Managemnt of Patients with Eosinophilic Esophagitis. Gastroenterology, 2018, 154, S-252.	0.6	0
32	P.06.5 ESOMEPRAZOLE, RABEPRAZOLE AND PANTOPRAZOLE ARE EQUALLY EFFECTIVE IN INDUCING ENDOSCOPIC AND HISTOLOGIC REMISSION IN PATIENTS WITH PROTON PUMP INHIBITOR-RESPONSE ESOPHAGEAL EOSINOPHILIA. Digestive and Liver Disease, 2018, 50, e180-e181.	0.4	1
33	Su1067 - Clinical and Impedance-Ph Factors Associated to PPI Response in Patientswith with Extraesophageal Symptoms Suggestive of Gerd. Gastroenterology, 2018, 154, S-474-S-475.	0.6	0
34	The appropriate use of proton-pump inhibitors. Minerva Medica, 2018, 109, 386-399.	0.3	46
35	Liver Stiffness Improvement Is Associated With Amelioration of Indirect Parameters of Portal Hypertension One Year After Sustained Virological Response to Direct Acting Antivirals in Chronic Hepatitis C Patients. American Journal of Gastroenterology, 2018, 113, S577.	0.2	0
36	Proximal Esophageal Baseline Impedance Levels are Able to Discriminate between Scleroderma Patients with and without Esophageal Involvement. Gastroenterology, 2017, 152, S654.	0.6	0

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37	Response to Optimal PPI Therapy, Association with Atypical and Functional GI Symptoms in NERD Patients: Results from Nerone Study. Gastroenterology, 2017, 152, S3-S4.	0.6	Ο
38	Different Proton Pump Inhibitors are Equally Effective in Inducing Endoscopic and Histologic Remission in Patients with Proton Pump Inhibitor-Response Esophageal Eosinophilia. Gastroenterology, 2017, 152, S860-S861.	0.6	0
39	Proton Pump Inhibitor Therapy Improves Esophageal Symptoms by Restoring a Normal Esophageal Peristalsis in Patients with Proton Pump Inhibitor-Response Esophageal Eosinophilia. Gastroenterology, 2017, 152, S860.	0.6	0
40	A review of pharmacotherapy for treating gastroesophageal reflux disease (GERD). Expert Opinion on Pharmacotherapy, 2017, 18, 1333-1343.	0.9	39
41	Drugs for improving esophageal mucosa defense: where are we now and where are we going?. Annals of Gastroenterology, 2017, 30, 585-591.	0.4	26
42	Relevance of Measuring Substances in Bronchoalveolar Lavage Fluid for Detecting Aspiration-associated Extraesophageal Reflux Disease. Journal of Neurogastroenterology and Motility, 2017, 23, 318-319.	0.8	1
43	Epidemiology and natural history of gastroesophageal reflux disease. Minerva Gastroenterology, 2017, 63, 175-183.	0.3	30
44	Complexity and diversity of gastroesophageal reflux disease phenotypes. Minerva Gastroenterology, 2017, 63, 198-204.	0.3	1
45	Pathophysiological Studies Are Mandatory to Understand the Benefit of Proton Pump Inhibitors in Patients with Idiopathic Pulmonary Fibrosis. Journal of Neurogastroenterology and Motility, 2016, 22, 710-711.	0.8	0
46	Su1101 Esophago-Gastric Junction Morphology Variability During Standard Manometric Protocol and After Esophageal Stimulation and Body Change Position. Gastroenterology, 2016, 150, S470.	0.6	0
47	Reduction of hexavalent chromium by fasted and fed human gastric fluid. I. Chemical reduction and mitigation of mutagenicity. Toxicology and Applied Pharmacology, 2016, 306, 113-119.	1.3	21
48	The contribution of intraepithelial inflammatory cells to the histological diagnosis of microscopic esophagitis. Esophagus, 2016, 13, 80-87.	1.0	7
49	Sa1268 Feasibility of High Resolution Impedance Manometry in Assessing Barrett's Esophagus Extension. Gastroenterology, 2016, 150, S263-S264.	0.6	Ο
50	Prognostic role of mean platelet volume in patients with cirrhosis. Digestive and Liver Disease, 2016, 48, 409-413.	0.4	16
51	Esophagogastric junction morphology is associated with a positive impedanceâ€ <scp>pH</scp> monitoring in patients with <scp>GERD</scp> . Neurogastroenterology and Motility, 2015, 27, 1175-1182.	1.6	91
52	Not All Patients With Non-erosive Reflux Disease Share Psychological Distress as Main Mechanism of Disease. Journal of Neurogastroenterology and Motility, 2014, 20, 129-130.	0.8	2
53	Light microscopy is useful to better define NERD and functional heartburn. Gut, 2014, 63, 368-368.	6.1	6
54	Esophageal biopsies in the management of GERD: complementary tool for many but not for all. Human Pathology, 2014, 45, 2512-2513.	1.1	3

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55	Microscopic esophagitis distinguishes patients with non-erosive reflux disease from those with functional heartburn. Journal of Gastroenterology, 2013, 48, 473-482.	2.3	157
56	Esophageal acid exposure still plays a major role in patients with NERD. Journal of Gastroenterology, 2013, 48, 552-553.	2.3	1
57	Symptom association analysis is important in GERD patients undergoing endoscopic therapy. Gastrointestinal Endoscopy, 2013, 77, 832.	0.5	0
58	Functional testing: pharyngeal pH monitoring and highâ€resolution manometry. Annals of the New York Academy of Sciences, 2013, 1300, 226-235.	1.8	12
59	Defining esophageal landmarks, gastroesophageal reflux disease, and Barrett's esophagus. Annals of the New York Academy of Sciences, 2013, 1300, 278-295.	1.8	17
60	NERD: an umbrella term including heterogeneous subpopulations. Nature Reviews Gastroenterology and Hepatology, 2013, 10, 371-380.	8.2	184
61	Lactulose Breath Test to Assess Oro-cecal Transit Delay and Estimate Esophageal Dysmotility in Scleroderma Patients. Seminars in Arthritis and Rheumatism, 2013, 42, 522-529.	1.6	29
62	Endotherapy for and tailored approaches to treating GERD, and refractory GERD. Annals of the New York Academy of Sciences, 2013, 1300, 166-186.	1.8	9
63	Innovative techniques in evaluating the esophagus; imaging of esophageal morphology and function; and drugs for esophageal disease. Annals of the New York Academy of Sciences, 2013, 1300, 11-28.	1.8	6
64	Non-Erosive Reflux Disease is More Complex Than Negative Endoscopy Only. American Journal of Gastroenterology, 2013, 108, 1657-1658.	0.2	0
65	Gastro-oesophageal reflux and gastric aspiration in idiopathic pulmonary fibrosis patients. European Respiratory Journal, 2013, 42, 1322-1331.	3.1	194
66	Nonerosive reflux disease and functional heartburn are clearly separate entities. European Journal of Gastroenterology and Hepatology, 2013, 25, 749-750.	0.8	2
67	Studies on factors predicting GORD response to proton-pump inhibitors: NERD subpopulations need to be analysed separately. Gut, 2012, 61, 1368.2-1369.	6.1	0
68	The relevance of symptom association analysis in GORD patients undergoing anti-reflux surgery. Gut, 2012, 61, 326.1-326.	6.1	1
69	Alginate controls heartburn in patients with erosive and nonerosive reflux disease. World Journal of Gastroenterology, 2012, 18, 4371.	1.4	59
70	lt is time to plan clinical trials on true NERD patients. Neurogastroenterology and Motility, 2012, 24, 885-886.	1.6	1
71	The Relevance of Weakly Acidic Reflux in Patients With Barrett's Esophagus. Gastroenterology, 2012, 143, e21-e22.	0.6	2
72	Impedance-pH reflux patterns can differentiate non-erosive reflux disease from functional heartburn patients. Journal of Gastroenterology, 2012, 47, 159-168.	2.3	102

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73	Reassessment of the role of methane production between irritable bowel syndrome and functional constipation. Journal of Gastrointestinal and Liver Diseases, 2012, 21, 157-63.	0.5	28
74	Achalasia With Dense Eosinophilic Infiltrate Responds to Steroid Therapy. Clinical Gastroenterology and Hepatology, 2011, 9, 1104-1106.	2.4	62
75	The added value of impedance-pH monitoring to Rome III criteria in distinguishing functional heartburn from non-erosive reflux disease. Digestive and Liver Disease, 2011, 43, 542-547.	0.4	140
76	Comment to "Current applications of evolving methodologies in gastroesophageal reflux disease testing― Digestive and Liver Disease, 2011, 43, 835.	0.4	0
77	Nocturnal reflux and sleep disturbances: An overlooked link in the past. Digestive and Liver Disease, 2011, 43, 755-756.	0.4	1
78	Overweight is a risk factor for both erosive and non-erosive reflux disease. Digestive and Liver Disease, 2011, 43, 940-945.	0.4	52
79	Oesophageal motility and bolus transit abnormalities increase in parallel with the severity of gastro-oesophageal reflux disease. Alimentary Pharmacology and Therapeutics, 2011, 34, 476-486.	1.9	172
80	The reason for failure of on-demand PPI therapy in NERD patients. Neurogastroenterology and Motility, 2011, 23, 811-811.	1.6	1
81	Barrett's esophagus: proton pump inhibitors and chemoprevention II. Annals of the New York Academy of Sciences, 2011, 1232, 114-139.	1.8	12
82	The Role of Acid in Functional Dyspepsia. American Journal of Gastroenterology, 2011, 106, 1168.	0.2	9
83	The Relevance of Reflux Monitoring Off Therapy. American Journal of Gastroenterology, 2011, 106, 1558-1559.	0.2	0
84	Characteristics of gastro-esophageal reflux episodes in Barrett's esophagus, erosive esophagitis and healthy volunteers. Neurogastroenterology and Motility, 2010, 22, 1061-e280.	1.6	72
85	Characteristics of Reflux Episodes and Symptom Association in Patients With Erosive Esophagitis and Nonerosive Reflux Disease: Study Using Combined Impedance–pH Off Therapy. American Journal of Gastroenterology, 2010, 105, 1053-1061.	0.2	190
86	Functional heartburn has more in common with functional dyspepsia than with non-erosive reflux disease. Gut, 2009, 58, 1185-1191.	6.1	206
87	Gastroesophageal Reflux and Pulmonary Fibrosis in Scleroderma. American Journal of Respiratory and Critical Care Medicine, 2009, 179, 408-413.	2.5	251
88	Microscopic esophagitis in gastro-esophageal reflux disease: individual lesions, biopsy sampling, and clinical correlations. Virchows Archiv Fur Pathologische Anatomie Und Physiologie Und Fur Klinische Medizin, 2009, 454, 31-39.	1.4	42
89	Outcome of nonerosive gastro-esophageal reï¬,ux diseasepatients with pathological acid exposure. World Journal of Gastroenterology, 2009, 15, 5700.	1.4	2
90	S1065 Correlation Between Pulmonary Fibrosis and GERD in Scleroderma (SSc) Patients: Studies Using 24-Hour Ambulatory Intraluminal pH-Impedance (MII-pH). Gastroenterology, 2008, 134, A-169-A-170.	0.6	1

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91	Management Strategy for Patients With Gastroesophageal Reflux Disease: A Comparison Between Empirical Treatment With Esomeprazole and Endoscopy-Oriented Treatment. American Journal of Gastroenterology, 2008, 103, 267-275.	0.2	60
92	The Role of Nonacid Reflux in NERD: Lessons Learned From Impedance-pH Monitoring in 150 Patients off Therapy. American Journal of Gastroenterology, 2008, 103, 2685-2693.	0.2	224
93	Cell proliferation of squamous epithelium in gastroâ€oesophageal reflux disease: correlations with clinical, endoscopic and morphological data. Alimentary Pharmacology and Therapeutics, 2007, 25, 637-645.	1.9	19
94	Normal values of 24-h ambulatory intraluminal impedance combined with pH-metry in subjects eating a Mediterranean diet. Digestive and Liver Disease, 2006, 38, 226-232.	0.4	139
95	A Comparison Between Sodium Alginate and Magaldrate Anhydrous in the Treatment of Patients with Gastroesophageal Reflux Symptoms. Digestive Diseases and Sciences, 2006, 51, 1904-1909.	1.1	31
96	Author reply to Letter to the Editor: 'Functional heartburn': symptom for achalasia or hypertensive lower oesophageal sphincter? - Riegler et al Alimentary Pharmacology and Therapeutics, 2005, 21, 97-98.	1.9	0
97	An evaluation of the antireflux properties of sodium alginate by means of combined multichannel intraluminal impedance and pH-metry. Alimentary Pharmacology and Therapeutics, 2005, 21, 29-34.	1.9	74
98	Helicobacter pylori and tolerance to H2-blockers. Alimentary Pharmacology and Therapeutics, 2005, 21, 289-290.	1.9	2
99	Air swallowing can be responsible for non-response of heartburn to high-dose proton pump inhibitor. Digestive and Liver Disease, 2005, 37, 454-457.	0.4	4
100	Reassessment of the Diagnostic Value of Histology in Patients with GERD, Using Multiple Biopsy Sites and an Appropriate Control Group. American Journal of Gastroenterology, 2005, 100, 2299-2306.	0.2	192
101	Pathophysiological characteristics of patients with non-erosive reflux disease differ from those of patients with functional heartburn. Alimentary Pharmacology and Therapeutics, 2004, 20, 81-88.	1.9	57
102	Carditis in patients with gastro-oesophageal reflux disease: results of a controlled study based on both endoscopy and 24-h oesophageal pH monitoring. Alimentary Pharmacology and Therapeutics, 2004, 19, 1285-1292.	1.9	11
103	A 10-day levofloxacin-based therapy in patients with resistant infection: A controlled trial. Clinical Gastroenterology and Hepatology, 2004, 2, 997-1002.	2.4	80
104	Combined multichannel intraluminal impedance and pH-metry: a novel technique to improve detection of gastro-oesophageal reflux. Digestive and Liver Disease, 2004, 36, 565-569.	0.4	75
105	Impact of long-term ranitidine and pantoprazole on accuracy of [13C]urea breath test. Digestive Diseases and Sciences, 2003, 48, 315-321.	1.1	24
106	Circadian pattern of intragastric acidity in patients with non-erosive reflux disease (NERD). Alimentary Pharmacology and Therapeutics, 2003, 17, 353-359.	1.9	17
107	Helicobacter pylori infection is not involved in the pathogenesis of either erosive or non-erosive gastro-oesophageal reflux disease. Alimentary Pharmacology and Therapeutics, 2003, 17, 1057-1064.	1.9	26
108	Comparable Helicobacter pylori eradication rates obtained with 4- and 7-day rabeprazole-based triple therapy: a preliminary study. Digestive and Liver Disease, 2003, 35, 763-767.	0.4	16

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109	Comparison of the main oesophageal pathophysiological characteristics between short- and long-segment Barrett's oesophagus. Alimentary Pharmacology and Therapeutics, 2002, 16, 893-898.	1.9	39
110	Eradication of Helicobacter pylori may reduce disease severity in rheumatoid arthritis. Alimentary Pharmacology and Therapeutics, 2002, 16, 1291-1299.	1.9	62
111	Stool antigen assay (HpSA) is less reliable than urea breath test for post-treatment diagnosis of Helicobacter pylori infection. Alimentary Pharmacology and Therapeutics, 2002, 16, 1733-1738.	1.9	32
112	Negative Effect of Ranitidine on The Results of Urea Breath Test for The Diagnosis of Helicobacter Pylori. American Journal of Gastroenterology, 2001, 96, 348-352.	0.2	36
113	No Evidence of an Association betweenHelicobacter pyloriInfection and Raynaud Phenomenon. Scandinavian Journal of Gastroenterology, 2000, 35, 1251-1254.	0.6	17
114	Effect of gastric acid suppression on 13 C-urea breath test: comparison of ranitidine with omeprazole. Alimentary Pharmacology and Therapeutics, 2000, 14, 291-297.	1.9	46
115	Circadian gastric acidity and Helicobacter pylori infection in patients with chronic pancreatitis. Digestive Diseases and Sciences, 2000, 45, 1079-1083.	1.1	2
116	Effect of Helicobacter pylori eradication on 24-hour gastric pH and duodenal gastric metaplasia. Digestive Diseases and Sciences, 2000, 45, 1315-1321.	1.1	7
117	Optimal duration of therapy combining ranitidine bismuth citrate with clarithromycin and metronidazole in the eradication of Helicobacter pylori infection. Alimentary Pharmacology and Therapeutics, 1999, 13, 43-47.	1.9	21
118	Head-to-head comparison of 1-week triple regimens combining ranitidine or omeprazole with two antibiotics to eradicate Helicobacter pylori. Alimentary Pharmacology and Therapeutics, 1999, 13, 643-649.	1.9	19
119	Comparison of Isotope Ratio Mass Spectrometry and Nondispersive Isotope-Selective Infrared Spectroscopy for 13C-Urea Breath Test. American Journal of Gastroenterology, 1999, 94, 1203-1208.	0.2	70
120	Effect of one-month treatment with nonsteroidal antiinflammatory drugs (NSAIDs) on gastric pH of rheumatoid arthritis patients. Digestive Diseases and Sciences, 1998, 43, 459-463.	1.1	18
121	Comparison of 24-h control of gastric acidity by three different dosages of pantoprazole in patients with duodenal ulcer. Alimentary Pharmacology and Therapeutics, 1998, 12, 1241-1247.	1.9	33
122	Evaluation of 24-hour gastric acidity in patients with hepatic cirrhosis. Journal of Hepatology, 1996, 25, 152-157.	1.8	21
123	Partial regression of Barrett's esophagus by long-term therapy with high-dose omeprazole. Gastrointestinal Endoscopy, 1996, 44, 700-705.	0.5	135
124	Time pattern of gastric acidity in Barrett's esophagus. Digestive Diseases and Sciences, 1996, 41, 1379-1383.	1.1	17
125	The effects of omeprazole 20 and 40 mg twice daily on intragastric acidity in duodenal ulcer patients Alimentary Pharmacology and Therapeutics, 1996, 10, 367-372.	1.9	13
126	Are Duodenal Ulcer Seasonal Fluctuations Paralleled by Seasonal Changes in 24-Hour Gastric Acidity and Helicobacter Pylori Infection?. Journal of Clinical Gastroenterology, 1996, 22, 178-181.	1.1	14

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127	A Pharmacodynamic Study of Two Omeprazole Regimens Suitable for Long-Term Treatment of Duodenal Ulcer. Scandinavian Journal of Gastroenterology, 1994, 29, 488-492.	0.6	3
128	Antisecretory effects of three omeprazole regimens for maintenance treatment in duodenal ulcer. Digestive Diseases and Sciences, 1994, 39, 1473-1482.	1.1	5
129	Variability in individual response to various doses of omeprazole. Digestive Diseases and Sciences, 1994, 39, 161-168.	1.1	38
130	Circadian Acidity Pattern in Prepyloric Ulcers: A Comparison with Normal Subjects and Duodenal Ulcer Patients. Scandinavian Journal of Gastroenterology, 1993, 28, 772-776.	0.6	10
131	Twentyâ€fourâ€Hour Control of Gastric Acidity by Twiceâ€Đaily Doses of Placebo, Nizatidine 150 mg, Nizatidine 300 mg, and Ranitidine 300 mg. Journal of Clinical Pharmacology, 1993, 33, 70-74.	1.0	8
132	Duration of Acid Suppression in H <sub>2</sub> -Antagonist Nonresponders. Digestion, 1992, 51, 185-192.	1.2	6
133	Mealtime versus nighttime acid inhibition. Digestive Diseases and Sciences, 1992, 37, 1368-1372.	1.1	1
134	Single Morning and Nightly Doses of Ranitidine 300 mg: An Appraisal of Their Antisecretory Effects by Continuous pH Monitoring. Digestion, 1991, 48, 141-148.	1.2	7
135	Ulcer healing: Does omeprazole efficacy depend on daytime or 24-hour acid inhibition?. Gastroenterology, 1990, 99, 1858-1860.	0.6	6
136	Ulcer heterogeneity: Further arguments for a range of antisecretory treatment. Digestive Diseases and Sciences, 1990, 35, 921-923.	1.1	6
137	Antimony and glass pH electrodes can be used interchangeably in 24-hour studies of gastric acidity. Digestive Diseases and Sciences, 1990, 35, 1473-1481.	1.1	25
138	Gastric Aspiration versus Antimony and Glass pH Electrodes: A Simultaneous Comparative in Vivo Study. Scandinavian Journal of Gastroenterology, 1989, 24, 434-439.	0.6	52
139	Clinical Relevance of Sampling Rate in the Characterization and Analysis of 24–Hour Gastric Acidity: A Report on 413 Cases. Scandinavian Journal of Gastroenterology, 1989, 24, 683-687.	0.6	22
140	Comparison of the Effects of Placebo, Ranitidine, Famotidine and Nizatidine on Intragastric Acidity by Means of Continuous pH Recording. Digestion, 1989, 42, 1-6.	1.2	25
141	Low bedtime doses of H2-receptor antagonists for acute treatment of duodenal ulcer. Digestive Diseases and Sciences, 1989, 34, 1043-1046.	1.1	9
142	A comparison of the effects on intragastric acidity of bedtime or dinnertime administration of a once daily dose of famotidine. European Journal of Clinical Pharmacology, 1988, 35, 203-207.	0.8	4
143	Once and Twice Daily Doses of H2Antagonists Revisited, Using Continuous Intragastric pH Monitoring. Scandinavian Journal of Gastroenterology, 1988, 23, 385-390.	0.6	13