Carmel E M Smart

List of Publications by Citations

Source: https://exaly.com/author-pdf/8667392/carmel-e-m-smart-publications-by-citations.pdf
Version: 2024-04-28

This document has been generated based on the publications and citations recorded by exaly.com. For the latest version of this publication list, visit the link given above.
The third column is the impact factor (IF) of the journal, and the fourth column is the number of citations of the article.

55 papers	1,777 citations	21 h-index	42 g-index
58 ext. papers	2,358 ext. citations	5.1 avg, IF	4.75 L-index

#	Paper	IF	Citations
55	Exercise management in type 1 diabetes: a consensus statement. *Lancet Diabetes and Endocrinology,the*, **2017**, 5, 377-390	18.1	391
54	Impact of fat, protein, and glycemic index on postprandial glucose control in type 1 diabetes: implications for intensive diabetes management in the continuous glucose monitoring era. *Diabetes Care*, **2015**, 38, 1008-15	14.6	190
53	Both dietary protein and fat increase postprandial glucose excursions in children with type 1 diabetes, and the effect is additive. *Diabetes Care*, **2013**, 36, 3897-902	14.6	121
52	ISPAD Clinical Practice Consensus Guidelines 2014. Nutritional management in children and adolescents with diabetes. *Pediatric Diabetes*, **2014**, 15 Suppl 20, 135-53	3.6	82
51	ISPAD Clinical Practice Consensus Guidelines 2018: Nutritional management in children and adolescents with diabetes. *Pediatric Diabetes*, **2018**, 19 Suppl 27, 136-154	3.6	80
50	Nutritional management in children and adolescents with diabetes. *Pediatric Diabetes*, **2009**, 10 Suppl 12, 100-17	3.6	73
49	Can children with Type 1 diabetes and their caregivers estimate the carbohydrate content of meals and snacks?. *Diabetic Medicine*, **2010**, 27, 348-53	3.5	72
48	Influence of dietary protein on postprandial blood glucose levels in individuals with Type 1 diabetes mellitus using intensive insulin therapy. *Diabetic Medicine*, **2016**, 33, 592-8	3.5	57
47	ISPAD Clinical Practice Consensus Guidelines 2018: Diabetes education in children and adolescents. *Pediatric Diabetes*, **2018**, 19 Suppl 27, 75-83	3.6	56
46	Children and adolescents on intensive insulin therapy maintain postprandial glycaemic control without precise carbohydrate counting. *Diabetic Medicine*, **2009**, 26, 279-85	3.5	53
45	In children using intensive insulin therapy, a 20-g variation in carbohydrate amount significantly impacts on postprandial glycaemia. *Diabetic Medicine*, **2012**, 29, e21-4	3.5	50
44	ISPAD Guidelines. Managing diabetes in preschool children. *Pediatric Diabetes*, **2017**, 18, 499-517	3.6	49
43	Influence of and optimal insulin therapy for a low-glycemic index meal in children with type 1 diabetes receiving intensive insulin therapy. *Diabetes Care*, **2008**, 31, 1485-90	14.6	40
42	A novel validated model for the prediction of insulin therapy initiation and adverse perinatal outcomes in women with gestational diabetes mellitus. *Diabetologia*, **2016**, 59, 2331-2338	10.3	39
41	Increasing the protein quantity in a meal results in dose-dependent effects on postprandial glucose levels in individuals with Type 1 diabetes mellitus. *Diabetic Medicine*, **2017**, 34, 851-854	3.5	33
40	The Role of Dietary Protein and Fat in Glycaemic Control in Type 1 Diabetes: Implications for Intensive Diabetes Management. *Current Diabetes Reports*, **2015**, 15, 61	5.6	33
39	Increased paediatric presentations of severe diabetic ketoacidosis in an Australian tertiary centre during the COVID-19 pandemic. *Diabetic Medicine*, **2021**, 38, e14417	3.5	32

38	Glucose management for exercise using continuous glucose monitoring (CGM) and intermittently scanned CGM (isCGM) systems in type 1 diabetes: position statement of the European Association for the Study of Diabetes (EASD) and of the International Society for Pediatric and Adolescent Diabetes (ISPAD) endorsed by JDRF and supported by the American Diabetes Association (ADA).	10.3	30
37	The ups and downs of low-carbohydrate diets in the management of Type 1 diabetes: a review of clinical outcomes. *Diabetic Medicine*, **2019**, 36, 326-334	3.5	28
36	Endocrine and metabolic consequences due to restrictive carbohydrate diets in children with type 1 diabetes: An illustrative case series. *Pediatric Diabetes*, **2018**, 19, 129-137	3.6	27
35	The relationship between carbohydrate and the mealtime insulin dose in type 1 diabetes. *Journal of Diabetes and Its Complications*, **2015**, 29, 1323-9	3.2	24
34	Glucose management for exercise using continuous glucose monitoring (CGM) and intermittently scanned CGM (isCGM) systems in type 1 diabetes: position statement of the European Association for the Study of Diabetes (EASD) and of the International Society for Pediatric and Adolescent Diabetes (ISPAD) endorsed by JDRF and supported by the American Diabetes Association (ADA).	3.6	21
33	Excessive Weight Gain Before and During Gestational Diabetes Mellitus Management: What Is the Impact?. *Diabetes Care*, **2020**, 43, 74-81	14.6	20
32	Optimizing the combination insulin bolus split for a high-fat, high-protein meal in children and adolescents using insulin pump therapy. *Diabetic Medicine*, **2017**, 34, 1380-1384	3.5	18
31	Screening and identification of disordered eating in people with type 1 diabetes: A systematic review. *Journal of Diabetes and Its Complications*, **2020**, 34, 107522	3.2	16
30	Dietary intake and eating patterns of young children with type 1 diabetes achieving glycemic targets. *BMJ Open Diabetes Research and Care*, **2019**, 7, e000663	4.5	16
29	Extended insulin boluses cannot control postprandial glycemia as well as a standard bolus in children and adults using insulin pump therapy. *BMJ Open Diabetes Research and Care*, **2014**, 2, e000050	4.5	15
28	A randomized comparison of three prandial insulin dosing algorithms for children and adolescents with Type 1 diabetes. *Diabetic Medicine*, **2018**, 35, 1440-1447	3.5	13
27	Changes to care delivery at nine international pediatric diabetes clinics in response to the COVID-19 global pandemic. *Pediatric Diabetes*, **2021**, 22, 463-468	3.6	11
26	Young children, adolescent girls and women with type 1 diabetes are more overweight and obese than reference populations, and this is associated with increased cardiovascular risk factors. *Diabetic Medicine*, **2019**, 36, 1487-1493	3.5	10
25	ISPAD Clinical Practice Consensus Guidelines: Fasting during Ramadan by young people with diabetes. *Pediatric Diabetes*, **2020**, 21, 5-17	3.6	10
24	Impact of dietary protein on postprandial glycaemic control and insulin requirements in Type 1 diabetes: a systematic review. *Diabetic Medicine*, **2019**, 36, 1585-1599	3.5	8
23	Young children with type 1 diabetes can achieve glycemic targets without hypoglycemia: Results of a novel intensive diabetes management program. *Pediatric Diabetes*, **2018**, 19, 769-775	3.6	8
22	Insulin Dosing for Fat and Protein: Is it Time?. *Diabetes Care*, **2020**, 43, 13-15	14.6	8
21	Dietary protein affects both the dose and pattern of insulin delivery required to achieve postprandial euglycaemia in Type 1 diabetes: a randomized trial. *Diabetic Medicine*, **2019**, 36, 499-504	3.5	8

20	A Randomized Crossover Trial Comparing Glucose Control During Moderate-Intensity, High-Intensity, and Resistance Exercise With Hybrid Closed-Loop Insulin Delivery While Profiling Potential Additional Signals in Adults With Type 1 Diabetes. *Diabetes Care*, **2021**,	14.6	5
19	Biting off more than you can chew; is it possible to precisely count carbohydrate?. *Nutrition and Dietetics*, **2011**, 68, 227-230	2.5	4
18	FamiliesTreports of problematic foods, management strategies and continuous glucose monitoring in type 1 diabetes: A cross-sectional study. *Nutrition and Dietetics*, **2021**, 78, 449-457	2.5	3
17	Evaluation of a novel continuous glucose monitoring guided system for adjustment of insulin dosing PumpTune: a randomized controlled trial. *Pediatric Diabetes*, **2016**, 17, 478-482	3.6	3
16	High-protein meals require 30% additional insulin to prevent delayed postprandial hyperglycaemia. *Diabetic Medicine*, **2020**, 37, 1185-1191	3.5	3
15	In children and young people with type 1 diabetes using Pump therapy, an additional 40% of the insulin dose for a high-fat, high-protein breakfast improves postprandial glycaemic excursions: A cross-over trial. *Diabetic Medicine*, **2021**, 38, e14511	3.5	3
14	Nutritional management of children and adolescents on insulin pump therapy - a survey of Australian Practice. *Pediatric Diabetes*, **2008**, 9, 96-103	3.6	2
13	Screening Practices for Disordered Eating in Paediatric Type 1 Diabetes Clinics. *Nutrients*, **2021**, 13,	6.7	2
12	Low carbohydrate diets in eating disorders and type 1 diabetes. *Clinical Child Psychology and Psychiatry*, **2021**, 26, 643-655	2	2
11	For a high fat, high protein breakfast, preprandial administration of 125% of the insulin dose improves postprandial glycaemic excursions in people with type 1 diabetes using multiple daily injections: A cross-over trial. *Diabetic Medicine*, **2021**, 38, e14512	3.5	2
10	Grazing in Young Children with Type 1 Diabetes Is Associated with Higher HbA1c. *Diabetes*, **2018**, 67, 1368-P	0.9	1
9	346-OR: In Young People with T1D, Additional Mealtime Insulin Produces a Dose-Dependent Improvement in Glycemia after a High-Fat, High-Protein Meal. *Diabetes*, **2020**, 69, 346-OR	0.9	1
8	Association of the use of diabetes technology with HbA1c and BMI-SDS in an international cohort of children and adolescents with type 1 diabetes: The SWEET project experience. *Pediatric Diabetes*, **2021**, 22, 1120-1128	3.6	1
7	A performance limitation for blood glucose regulation in type 1 diabetes accounting for insulin delivery delays **2016**,		1
6	Glucose management for exercise using continuous glucose monitoring: should sex and prandial state be additional considerations? Reply to Yardley JE and Sigal RJ [letter]. *Diabetologia*, **2021**, 64, 935-938	10.3	1
5	Insulin strategies for dietary fat and protein in type 1 diabetes: A systematic review. *Diabetic Medicine*, **2021**, 38, e14641	3.5	1
4	Additional Insulin Is Required in Both the Early and Late Postprandial Periods for Meals High in Protein and Fat: A Randomized Trial. *Journal of Clinical Endocrinology and Metabolism*, **2021**, 106, e3611-e3618	5.6	0
3	The relationship between meal carbohydrate quantity and the insulin to carbohydrate ratio required to maintain glycaemia is non-linear in young people with type 1 diabetes: A randomized crossover trial. *Diabetic Medicine*, **2021**, e14675	3.5	0

2	Does weight management after gestational diabetes mellitus diagnosis improve pregnancy outcomes? A multi-ethnic cohort study. *Diabetic Medicine*, **2021**, e14692	3.5	0
1	Does dietary fat cause a dose dependent glycemic response in youth with type 1 diabetes?. *Pediatric Diabetes*, **2021**, 22, 1108-1114	3.6	