Jonathan P Coles

List of Publications by Year
in descending order

43 papers	4,154 citations	201575 27 h-index	254106 43 g-index
45 all docs	45 docs citations	45 times ranked	6030 citing authors

#	Article	IF	Citations
1	Cortical atrophy and amyloid and tau deposition in Down syndrome: A longitudinal study. Alzheimer's and Dementia: Diagnosis, Assessment and Disease Monitoring, 2022, 14, e12288.	1.2	2
2	Support vector machine learning and diffusion-derived structural networks predict amyloid quantity and cognition in adults with Down's syndrome. Neurobiology of Aging, 2022, 115, 112-121.	1.5	2
3	Spectrum, risk factors and outcomes of neurological and psychiatric complications of COVID-19: a UK-wide cross-sectional surveillance study. Brain Communications, 2021, 3, fcab168.	1.5	33
4	Metabolic derangements are associated with impaired glucose delivery following traumatic brain injury. Brain, 2021, 144, 3492-3504.	3.7	19
5	Validation of a combined image derived input function and venous sampling approach for the quantification of [18F]GE-179 PET binding in the brain. NeuroImage, 2021, 237, 118194.	2.1	17
6	Spatial and Temporal Pattern of Ischemia and Abnormal Vascular Function Following Traumatic Brain Injury. JAMA Neurology, 2020, 77, 339.	4.5	49
7	Characterising neuropsychiatric disorders in patients with COVID-19 â€“ Authors' reply. Lancet Psychiatry,the, 2020, 7, 934-935.	3.7	10
8	Synaptic Loss in Primary Tauopathies Revealed by [<scp>¹¹C</scp>]<scp>UCBâ€‘J</scp> Positron Emission Tomography. Movement Disorders, 2020, 35, 1834-1842.	2.2	61
9	Neurological and neuropsychiatric complications of COVID-19 in 153 patients: a UK-wide surveillance study. Lancet Psychiatry,the, 2020, 7, 875-882.	3.7	1,005
10	Longitudinal trajectories of amyloid deposition, cortical thickness, and tau in Down syndrome: A deepâ€phenotyping case report. Alzheimer's and Dementia: Diagnosis, Assessment and Disease Monitoring, 2019, 11, 654-658.	1.2	13
11	Comment on â€œIn Vivo [¹⁸F]GE-179 Brain Signal Does Not Show NMDA-Specific Modulation with Drug Challenges in Rodents and Nonhuman Primatesâ€• ACS Chemical Neuroscience, 2019, 10, 768-772.	1.7	11
12	Pharmacological management of post-traumatic seizures in adults: current practice patterns in the UK and the Republic of Ireland. Acta Neurochirurgica, 2019, 161, 457-464.	0.9	14
13	Serum Metabolites Associated with Computed Tomography Findings after Traumatic Brain Injury. Journal of Neurotrauma, 2018, 35, 2673-2683.	1.7	20
14	Glycaemic control targets after traumatic brain injury: a systematic review and meta-analysis. Critical Care, 2018, 22, 11.	2.5	62
15	The Down syndrome brain in the presence and absence of fibrillar Î²-amyloidosis. Neurobiology of Aging, 2017, 53, 11-19.	1.5	50
16	Neuroimaging of Inflammation in Memory and Related Other Disorders (NIMROD) study protocol: a deep phenotyping cohort study of the role of brain inflammation in dementia, depression and other neurological illnesses. BMJ Open, 2017, 7, e013187.	0.8	65
17	Normobaric hyperoxia does not improve derangements in diffusion tensor imaging found distant from visible contusions following acute traumatic brain injury. Scientific Reports, 2017, 7, 12419.	1.6	2
18	Glial Fibrillary Acidic Protein and Ubiquitin C-Terminal Hydrolase-L1 Are Not Specific Biomarkers for Mild CT-Negative Traumatic Brain Injury. Journal of Neurotrauma, 2017, 34, 1427-1438.	1.7	76

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19	Human Serum Metabolites Associate With Severity and Patient Outcomes in Traumatic Brain Injury. EBioMedicine, 2016, 12, 118-126.	2.7	76
20	Diffusion Hypoxia and/or Primary Mitochondrial Failure?â€"Reply. JAMA Neurology, 2016, 73, 1373.	4.5	1
21	The pattern of amyloid accumulation in the brains of adults with Down syndrome. Alzheimer's and Dementia, 2016, 12, 538-545.	0.4	136
22	Glial Fibrillary Acidic Protein and Ubiquitin C-Terminal Hydrolase-L1 as Outcome Predictors in Traumatic Brain Injury. World Neurosurgery, 2016, 87, 8-20.	0.7	98
23	Dynamic Changes in White Matter Abnormalities Correlate With Late Improvement and Deterioration Following TBI. Neurorehabilitation and Neural Repair, 2016, 30, 49-62.	1.4	59
24	Pathophysiologic Mechanisms of Cerebral Ischemia and Diffusion Hypoxia in Traumatic Brain Injury. JAMA Neurology, 2016, 73, 542.	4.5	125
25	Amyloid Imaging With Carbon 11â€"Labeled Pittsburgh Compound B for Traumatic Brain Injury. JAMA Neurology, 2014, 71, 23.	4.5	132
26	Use of Diffusion Tensor Imaging to Assess the Impact of Normobaric Hyperoxia within At-Risk Pericontusional Tissue after Traumatic Brain Injury. Journal of Cerebral Blood Flow and Metabolism, 2014, 34, 1622-1627.	2.4	22
27	Comparison of Inter Subject Variability and Reproducibility of Whole Brain Proton Spectroscopy. PLoS ONE, 2014, 9, e115304.	1.1	20
28	Microstructural Basis of Contusion Expansion in Traumatic Brain Injury: Insights from Diffusion Tensor Imaging. Journal of Cerebral Blood Flow and Metabolism, 2013, 33, 855-862.	2.4	51
29	Inter Subject Variability and Reproducibility of Diffusion Tensor Imaging within and between Different Imaging Sessions. PLoS ONE, 2013, 8, e65941.	1.1	58
30	A combined microdialysis and FDG-PET study of glucose metabolism in head injury. Acta Neurochirurgica, 2009, 151, 51-61.	0.9	60
31	Early Metabolic Characteristics of Lesion and Nonlesion Tissue after Head Injury. Journal of Cerebral Blood Flow and Metabolism, 2009, 29, 965-975.	2.4	29
32	Early Derangements in Oxygen and Glucose Metabolism Following Head Injury: The Ischemic Penumbra and Pathophysiological Heterogeneity. Neurocritical Care, 2008, 9, 319-325.	1.2	46
33	Effect of hyperoxia on regional oxygenation and metabolism after severe traumatic brain injury: Preliminary findings*. Critical Care Medicine, 2008, 36, 273-281.	0.4	207
34	Hyperventilation following head injury: Effect on ischemic burden and cerebral oxidative metabolism*. Critical Care Medicine, 2007, 35, 568-578.	0.4	306
35	Imaging of cerebral blood flow and metabolism. Current Opinion in Anaesthesiology, 2006, 19, 473-480.	0.9	22
36	Intersubject Variability and Reproducibility of 15O PET Studies. Journal of Cerebral Blood Flow and Metabolism, 2006, 26, 48-57.	2.4	85

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37	Does induced hypertension reduce cerebral ischaemia within the traumatized human brain?. Brain, 2004, 127, 2479-2490.	3.7	84
38	Defining Ischemic Burden after Traumatic Brain Injury Using 15O PET Imaging of Cerebral Physiology. Journal of Cerebral Blood Flow and Metabolism, 2004, 24, 191-201.	2.4	187
39	Incidence and Mechanisms of Cerebral Ischemia in Early Clinical Head Injury. Journal of Cerebral Blood Flow and Metabolism, 2004, 24, 202-211.	2.4	271
40	Regional ischemia after head injury. Current Opinion in Critical Care, 2004, 10, 120-125.	1.6	70
41	Effect of hyperventilation on cerebral blood flow in traumatic head injury: Clinical relevance and monitoring correlates*. Critical Care Medicine, 2002, 30, 1950-1959.	0.4	302
42	Correlation between Cerebral Blood Flow, Substrate Delivery, and Metabolism in Head Injury: A Combined Microdialysis and Triple Oxygen Positron Emission Tomography Study. Journal of Cerebral Blood Flow and Metabolism, 2002, 22, 735-745.	2.4	171
43	Integrated image analysis solutions for PET datasets in damaged brain. Journal of Clinical Monitoring and Computing, 2002, 17, 427-440.	0.7	23