

Andrew Kerr

List of Publications by Citations

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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.

41
papers

452
citations

9
h-index

21
g-index

46
ext. papers

618
ext. citations

4.5
avg, IF

3.3
L-index

#	Paper	IF	Citations
41	A mobile phone intervention increases physical activity in people with cardiovascular disease: Results from the HEART randomized controlled trial. <i>European Journal of Preventive Cardiology</i> , 2015 , 22, 701-9	3.9	146
40	Cardiovascular disease risk prediction equations in 400 000 primary care patients in New Zealand: a derivation and validation study. <i>Lancet, The</i> , 2018 , 391, 1897-1907	4.0	111
39	Relationships between Anticoagulation, Risk Scores and Adverse Outcomes in Dialysis Patients with Atrial Fibrillation. <i>Heart Lung and Circulation</i> , 2016 , 25, 243-9	1.8	31
38	The HEART Mobile Phone Trial: The Partial Mediating Effects of Self-Efficacy on Physical Activity among Cardiac Patients. <i>Frontiers in Public Health</i> , 2014 , 2, 56	6	22
37	Annual Risk of Major Bleeding Among Persons Without Cardiovascular Disease Not Receiving Antiplatelet Therapy. <i>JAMA - Journal of the American Medical Association</i> , 2018 , 319, 2507-2520	27.4	20
36	Predicting Bleeding Risk to Guide Aspirin Use for the Primary Prevention of Cardiovascular Disease: A Cohort Study. <i>Annals of Internal Medicine</i> , 2019 , 170, 357-368	8	16
35	The effect of removing funding restrictions for atorvastatin differed across sociodemographic groups among New Zealanders hospitalised with cardiovascular disease: a national data linkage study. <i>New Zealand Medical Journal</i> , 2016 , 129, 18-29	0.8	11
34	Four out of ten patients are not taking statins regularly during the 12 months after an acute coronary event. <i>European Journal of Preventive Cardiology</i> , 2012 , 19, 349-57	3.9	10
33	Should we reconsider the role of age in treatment allocation for primary prevention of cardiovascular disease? TNo, but we can improve risk communication metrics. <i>European Heart Journal</i> , 2017 , 38, 1548-1552	9.5	9
32	Survival in Patients With Suspected Myocardial Infarction With Nonobstructive Coronary Arteries: A Comprehensive Systematic Review and Meta-Analysis From the MINOCA Global Collaboration. <i>Circulation: Cardiovascular Quality and Outcomes</i> , 2021 , 14, e007880	5.8	9
31	Personalized Prediction of Cardiovascular Benefits and Bleeding Harms From Aspirin for Primary Prevention: A Benefit-Harm Analysis. <i>Annals of Internal Medicine</i> , 2019 , 171, 529-539	8	9
30	A Nurse Practitioner Clinic: A Novel Approach to Supporting Patients Following Heart Valve Surgery. <i>Heart Lung and Circulation</i> , 2015 , 24, 1126-33	1.8	8
29	Text4Heart II - improving medication adherence in people with heart disease: a study protocol for a randomized controlled trial. <i>Trials</i> , 2018 , 19, 70	2.8	6
28	The All New Zealand Acute Coronary Syndrome Quality Improvement Programme: Implementation, Methodology and Cohorts (ANZACS-QI 9). <i>New Zealand Medical Journal</i> , 2016 , 129, 23-36	0.8	6
27	Cardiovascular risk prediction in type 2 diabetes before and after widespread screening: a derivation and validation study. <i>Lancet, The</i> , 2021 , 397, 2264-2274	4.0	5
26	Impact of chronic kidney disease on mortality and cardiovascular outcomes after acute coronary syndrome: A nationwide data linkage study (ANZACS-QI 44). <i>Nephrology</i> , 2020 , 25, 535-543	2.2	4
25	An observational study of how clinicians use cardiovascular risk assessment to inform statin prescribing decisions. <i>New Zealand Medical Journal</i> , 2017 , 130, 28-38	0.8	4

24	Australian general practitioners initiate statin therapy primarily on the basis of lipid levels; New Zealand general practitioners use absolute risk. <i>Health Policy</i> , 2017 , 121, 1233-1239	3.2	3
23	High flow oxygen and risk of mortality in patients with a suspected acute coronary syndrome: pragmatic, cluster randomised, crossover trial. <i>BMJ, The</i> , 2021 , 372, n355	5.9	3
22	Effect of age, gender, ethnicity, socioeconomic status and region on dispensing of CVD secondary prevention medication in New Zealand: the Atlas of Health Care Variation CVD cohort (VIEW-1). <i>New Zealand Medical Journal</i> , 2014 , 127, 39-69	0.8	3
21	CSANZ Position Statement on the Evaluation of Patients Presenting With Suspected Acute Coronary Syndromes During the COVID-19 Pandemic. <i>Heart Lung and Circulation</i> , 2020 , 29, e105-e110	1.8	2
20	Is general practice identification of prior cardiovascular disease at the time of CVD risk assessment accurate and does it matter?. <i>New Zealand Medical Journal</i> , 2018 , 131, 10-20	0.8	2
19	Early direct current cardioversion or ablation for atrial fibrillation or atrial flutter and acute decompensated heart failure. <i>New Zealand Medical Journal</i> , 2019 , 132, 39-46	0.8	2
18	Trends in length of stay following acute coronary syndrome hospitalisation in New Zealand 2006-2016: ANZACS-QI 32 study. <i>New Zealand Medical Journal</i> , 2020 , 133, 29-42	0.8	2
17	A review of a regional primary percutaneous coronary intervention service, with a focus on door to reperfusion times: the 2012 Auckland/Northland experience. <i>Heart Lung and Circulation</i> , 2015 , 24, 11-20 ^{1.8}	1.8	1
16	Diagnostic coronary angiography and percutaneous coronary intervention practices in New Zealand: The All New Zealand Acute Coronary Syndrome-Quality Improvement CathPCI registry 3-year study (ANZACS-QI 37). <i>International Journal of Cardiology</i> , 2020 , 312, 37-41	3.2	1
15	An Intervention to Improve Medication Adherence in People With Heart Disease (Text4HeartII): Randomized Controlled Trial. <i>JMIR MHealth and UHealth</i> , 2021 , 9, e24952	5.5	1
14	Contrasting Trends in Acute Coronary Syndrome Hospitalisation and Coronary Revascularisation in New Zealand 2006-2016: A National Data Linkage Study (ANZACS-QI 27). <i>Heart Lung and Circulation</i> , 2020 , 29, 1375-1385	1.8	1
13	Risk of major bleeding by ethnicity and socioeconomic deprivation among 488,107 people in primary care: a cohort study. <i>BMC Cardiovascular Disorders</i> , 2021 , 21, 206	2.3	1
12	30-day mortality after percutaneous coronary intervention in New Zealand public hospitals (ANZACS-QI 18). <i>New Zealand Medical Journal</i> , 2017 , 130, 54-63	0.8	1
11	A unified national cardiovascular disease (CVD) risk generator is required to address equity in the management of CVD risk in clinical practice in New Zealand. <i>New Zealand Medical Journal</i> , 2019 , 132, 89-94	0.8	1
10	Transparency in the year of COVID-19 means tracking and publishing performance in the whole health system: progress on the public reporting of acute coronary syndrome data in New Zealand. <i>New Zealand Medical Journal</i> , 2020 , 133, 113-119	0.8	1
9	Percutaneous Coronary Intervention for Left Main Coronary Disease in New Zealand: National Linkage Study of Characteristics and In-Hospital Outcomes (ANZACS-QI 38). <i>Cardiovascular Revascularization Medicine</i> , 2020 , 21, 573-579	1.6	0
8	The Multi-Ethnic New Zealand Study of Acute Coronary Syndromes (MENZACS): Design and Methodology. <i>Neurology International</i> , 2021 , 11, 84-97	0	0
7	Acute reperfusion for ST-elevation myocardial infarction in New Zealand (2015-2017): patient and system delay (ANZACS-QI 29). <i>New Zealand Medical Journal</i> , 2019 , 132, 41-59	0.8	0

6	Inequity in one-year mortality after first myocardial infarction in Māori and Pacific patients: how much is associated with differences in modifiable clinical risk factors? (ANZACS-QI 49). <i>New Zealand Medical Journal</i> , 2020 , 133, 40-54	0.8	○
5	Outcomes after ST-elevation myocardial infarction presentation to hospitals with or without a routine primary percutaneous coronary intervention service (ANZACS-QI 46). <i>New Zealand Medical Journal</i> , 2020 , 133, 64-81	0.8	○
4	Increases in early discharge following acute coronary syndrome hospitalisations and associated clinical outcomes in New Zealand between 2006 and 2015: ANZACS-QI-43 study. <i>Internal Medicine Journal</i> , 2021 , 51, 1312-1320	1.6	
3	Are the benefits of aspirin likely to exceed the risk of major bleeds among people in whom aspirin is recommended for the primary prevention of cardiovascular disease?. <i>New Zealand Medical Journal</i> , 2018 , 131, 19-25	0.8	
2	Performance of CVD risk equations for older patients assessed in general practice: a cohort study. <i>New Zealand Medical Journal</i> , 2020 , 133, 32-55	0.8	
1	Atrial fibrillation in acute coronary syndrome: patient characteristics and appropriate utilisation of anti-thrombotic therapy in New Zealand (ANZACS-QI 39). <i>New Zealand Medical Journal</i> , 2020 , 133, 41-54 ^{0.8}	0.8	