Richard Matzopoulos

List of Publications by Year in descending order

Source: https://exaly.com/author-pdf/1946979/publications.pdf

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94 papers 54,097 citations

30 h-index 79 g-index

99 all docs 99 docs citations 99 times ranked 82066 citing authors

#	Article	IF	CITATIONS
1	Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010. Lancet, The, 2012, 380, 2095-2128.	13.7	11,038
2	Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. Lancet, The, 2012, 380, 2197-2223.	13.7	7,061
3	Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. Lancet, The, 2012, 380, 2163-2196.	13.7	6,376
4	Global, regional, and national age-sex-specific mortality for 282 causes of death in 195 countries and territories, 1980–2017: a systematic analysis for the Global Burden of Disease Study 2017. Lancet, The, 2018, 392, 1736-1788.	13.7	4,989
5	Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. Lancet, The, 2015, 386, 743-800.	13.7	4,951
6	Global, regional, and national life expectancy, all-cause mortality, and cause-specific mortality for 249 causes of death, 1980–2015: a systematic analysis for the Global Burden of Disease Study 2015. Lancet, The, 2016, 388, 1459-1544.	13.7	4,934
7	Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015. Lancet, The, 2016, 388, 1659-1724.	13.7	4,203
8	Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. Lancet, The, 2015, 386, 2287-2323.	13.7	2,184
9	Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. Lancet, The, 2017, 390, 1345-1422.	13.7	1,879
10	Global, regional, and national disability-adjusted life-years (DALYs) for 315 diseases and injuries and healthy life expectancy (HALE), 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015. Lancet, The, 2016, 388, 1603-1658.	13.7	1,612
11	Global, regional, and national disability-adjusted life years (DALYs) for 306 diseases and injuries and healthy life expectancy (HALE) for 188 countries, 1990–2013: quantifying the epidemiological transition. Lancet, The, 2015, 386, 2145-2191.	13.7	1,544
12	The global burden of injury: incidence, mortality, disability-adjusted life years and time trends from the Global Burden of Disease study 2013. Injury Prevention, 2016, 22, 3-18.	2.4	898
13	Measuring the health-related Sustainable Development Goals in 188 countries: a baseline analysis from the Global Burden of Disease Study 2015. Lancet, The, 2016, 388, 1813-1850.	13.7	413
14	Mortality trends and differentials in South Africa from 1997 to 2012: second National Burden of Disease Study. The Lancet Global Health, 2016, 4, e642-e653.	6.3	239
15	The high burden of injuries in South Africa. Bulletin of the World Health Organization, 2007, 85, 695-702.	3.3	235
16	Global Mortality From Firearms, 1990-2016. JAMA - Journal of the American Medical Association, 2018, 320, 792.	7.4	189
17	Injury-related mortality in South Africa: a retrospective descriptive study of postmortem investigations. Bulletin of the World Health Organization, 2015, 93, 303-313.	3.3	92
18	Trauma Surveillance in Cape Town, South Africa. JAMA Surgery, 2014, 149, 549.	4.3	66

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19	The Electronic Trauma Health Record: Design and Usability of a Novel Tablet-Based Tool for Trauma Care and Injury Surveillance in Low Resource Settings. Journal of the American College of Surgeons, 2014, 218, 41-50.	0.5	66
20	Evaluation of a Cape Town Safety Intervention as a Model for Good Practice: A Partnership between Researchers, Community and Implementing Agency. Stability, 2015, 4, .	0.4	59
21	The impact of violence on health in low- to middle-income countries. International Journal of Injury Control and Safety Promotion, 2008, 15, 177-187.	2.0	57
22	Interpersonal violence: an important risk factor for disease and injury in South Africa. Population Health Metrics, 2010, 8, 32.	2.7	54
23	Advancing alcohol research in low-income and middle-income countries: a global alcohol environment framework. BMJ Global Health, 2020, 5, e001958.	4.7	51
24	The cost of harmful alcohol use in South Africa. South African Medical Journal, 2014, 104, 127.	0.6	50
25	Collecting injury surveillance data in low- and middle-income countries: The Cape Town Trauma Registry pilot. Global Public Health, 2011, 6, 874-889.	2.0	46
26	Meeting the challenge of railway injury in a South African city. Lancet, The, 1996, 348, 664-666.	13.7	43
27	Differential health needs of the population in Cape Town, South Africa: Local-level mortality surveillance in resource-limited settings: a case study of the City of Cape Town highlights disparities in health. Bulletin of the World Health Organization, 2010, 88, 444-51.	3.3	43
28	Adapting a blended motivational interviewing and problem-solving intervention to address risky substance use amongst South Africans. Psychotherapy Research, 2015, 25, 435-444.	1.8	38
29	Applying upstream interventions for interpersonal violence prevention: An uphill struggle in low- to middle-income contexts. Health Policy, 2010, 97, 62-70.	3.0	37
30	Intentional injury and violence in Cape Town, South Africa: an epidemiological analysis of trauma admissions data. Global Health Action, 2015, 8, 27016.	1.9	36
31	"The Worst of Both Worlds― The Management Reform of the World Health Organization. International Journal of Health Services, 2001, 31, 415-438.	2.5	35
32	South Africa's COVID-19 Alcohol Sales Ban: The Potential for Better Policy-Making. International Journal of Health Policy and Management, 2020, 9, 486-487.	0.9	35
33	Urban Health Research in Africa: Themes and Priority Research Questions. Journal of Urban Health, 2016, 93, 722-730.	3.6	33
34	A systematic review of the effects of poverty deconcentration and urban upgrading on youth violence. Health and Place, 2014, 26, 78-87.	3.3	32
35	Firearm and Nonfirearm Homicide in 5 South African Cities: A Retrospective Population-Based Study. American Journal of Public Health, 2014, 104, 455-460.	2.7	29
36	The impact of violence on development in low- to middle-income countries. International Journal of Injury Control and Safety Promotion, 2008, 15, 209-219.	2.0	28

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37	Estimating the burden of disease attributable to interpersonal violence in South Africa in 2000. South African Medical Journal, 2007, 97, 653-6.	0.6	28
38	Assessing Quality of Existing Data Sources on Road Traffic Injuries (RTIs) and Their Utility in Informing Injury Prevention in the Western Cape Province, South Africa. Traffic Injury Prevention, 2013, 14, 267-273.	1.4	27
39	Fatal Railway Injuries in Cape Town, South Africa. American Journal of Forensic Medicine and Pathology, 1997, 18, 144-147.	0.8	25
40	Screening and brief interventions for substance use in emergency departments in the Western Cape province of South Africa: views of health care professionals. International Journal of Injury Control and Safety Promotion, 2014, 21, 236-243.	2.0	23
41	Urban upgrading and levels of interpersonal violence in Cape Town, South Africa: The violence prevention through urban upgrading programme. Social Science and Medicine, 2020, 255, 112978.	3.8	22
42	Second National Burden of Disease Study South Africa: national and subnational mortality trends, 1997–2009. Lancet, The, 2013, 381, S113.	13.7	20
43	Piloting a trauma surveillance tool for primary healthcare emergency centres. South African Medical Journal, 2012, 102, 303.	0.6	19
44	Global Fund collusion with liquor giant is a clear conflict of interest. Bulletin of the World Health Organization, 2012, 90, 67-69.	3.3	18
45	The US National Violent Death Reporting System: domestic and international lessons for violence injury surveillance. Injury Prevention, 2006, 12, ii58-ii62.	2.4	15
46	Violence, violence prevention, and safety: a research agenda for South Africa. South African Medical Journal, 2012, 102, 215-8.	0.6	15
47	Bridging risk and enactment: the role of psychology in leading psychosocial research to augment the public health approach to violence in South Africa. South African Journal of Psychology, 2015, 45, 279-293.	2.0	13
48	The Western Cape Government's new Integrated Provincial Violence Prevention Policy Framework: Successes and challenges. Aggression and Violent Behavior, 2014, 19, 649-654.	2.1	12
49	Hours to hell and back: A social epidemiology of railway injury in a South African city, 1890–1995. Social Science and Medicine, 1998, 47, 75-83.	3.8	11
50	Alcohol as a risk factor for unintentional rail injury fatalities during daylight hours. International Journal of Injury Control and Safety Promotion, 2006, 13, 81-88.	2.0	11
51	Psychedelic Mushrooms in the USA: Knowledge, Patterns of Use, and Association With Health Outcomes. Frontiers in Psychiatry, 2021, 12, 780696.	2.6	11
52	Brief report on a systematic review of youth violence prevention through media campaigns: Does the limited yield of strong evidence imply methodological challenges or absence of effect?. Journal of Adolescence, 2016, 52, 22-26.	2.4	10
53	A retrospective time trend study of firearm and non-firearm homicide in Cape Town from 1994 to 2013. South African Medical Journal, 2018, 108, 197.	0.6	10
54	Facilitators and barriers to child restraint use in motor vehicles: a qualitative evidence synthesis. Injury Prevention, 2020, 26, 478-493.	2.4	10

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55	Alcohol and injuries-a clear link. The Southern African Journal of Epidemiology & Infection: Official Journal of the Sexually Transmitted Diseases, Infectious Diseases and Epidemiological Societies of Southern Africa, 2005, 20, 114-115.	0.2	9
56	South Africa's vital statistics are currently not suitable for monitoring progress towards injury and violence Sustainable Development Goals. South African Medical Journal, 2017, 107, 470.	0.6	9
57	A field test of substance use screening devices as part of routine drunk-driving spot detection operating procedures in South Africa. Accident Analysis and Prevention, 2013, 59, 118-124.	5.7	8
58	67th WHA Resolution on violence prevention misses the mark. Lancet, The, 2014, 384, 854-855.	13.7	8
59	Conflict of interest: A tenacious ethical dilemma in public health policy, not only in clinical practice/research. South African Journal of Bioethics and Law, 2012, 5, .	0.2	8
60	Sustainable development goals put violence prevention on the map. Journal of Public Health Policy, 2016, 37, 260-262.	2.0	7
61	Where have all the gun deaths gone?. South African Medical Journal, 2016, 106, 589.	0.6	6
62	Validating homicide rates in the Western Cape Province, South Africa: Findings from the 2009 Injury Mortality Survey. South African Medical Journal, 2016, 106, 193.	0.6	6
63	Mortality trends in the City of Cape Town between 2001 and 2013: Reducing inequities in health. South African Medical Journal, 2017, 107, 1091.	0.6	6
64	Statement in Response to Asbestos Industry Efforts to Prevent a Ban on Asbestos in Pakistan: <i>Chrysotile Asbestos Use is Not Safe and Must Be Banned</i> . Archives of Environmental and Occupational Health, 2013, 68, 243-249.	1.4	5
65	Utility of crime surveys for Sustainable Development Goals monitoring and violence prevention using a public health approach. South African Medical Journal, 2019, 109, 382.	0.6	5
66	Is the introduction of violence and injury observatories associated with a reduction in violence-related injury in adult populations? A systematic review and meta-analysis. BMJ Open, 2019, 9, e027977.	1.9	5
67	Linking criminal contexts to injury outcomes: findings and lessons from a national study of robbery in South Africa. International Journal of Public Health, 2018, 63, 977-985.	2.3	4
68	Reducing homicide through policy interventions: The case of gun control. South African Medical Journal, 2019, 109, 63.	0.6	4
69	Trends, Correlates, and Contexts of Robbery-Homicide in South Africa. Homicide Studies, 2024, 28, 27-51.	1.2	4
70	The Provincial Injury Mortality Surveillance System (PIMSS): a surveillance tool for the Western Cape. Injury Prevention, 2010, 16, A47-A48.	2.4	3
71	Train related injuries: A descriptive analysis highlighting orthopaedic injuries and management. Sicot-j, 2021, 7, 43.	1.8	3
72	Alcohol and Short-Run Mortality: Evidence from a Modern-Day Prohibition. SSRN Electronic Journal, 0, , .	0.4	3

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73	Drivers' risk profile indicates the need for a graduated driving licence in South Africa. South African Medical Journal, 2012, 102, 749.	0.6	2
74	Is the introduction of violence and injury observatories associated with a reduction of violence in adult populations? Rationale and protocol for a systematic review: TableÂ1. BMJ Open, 2015, 5, e007073.	1.9	2
75	Rationale and design of the violence, injury and trauma observatory (VITO): the Cape Town VITO pilot studies protocol. BMJ Open, 2017, 7, e016485.	1.9	2
76	Violence and injury observatories: Reducing the burden of injury in high-risk communities. South African Crime Quarterly, 2017, , .	0.2	2
77	Urban upgrading linked to positive social outcomes in Cape Town, South Africa. , 2019, , 69-89.		2
78	Bayesian modelling of population trends in alcohol consumption provides empirically based country estimates for South Africa. Population Health Metrics, 2021, 19, 43.	2.7	2
79	Spearheading human and economic development in the Arab world through evidenceâ€based and worldâ€class healthcare. Education, Business and Society: Contemporary Middle Eastern Issues, 2008, 1, 12-15.	0.7	1
80	Modified Delphi study to determine optimal data elements for inclusion in a pilot violence and injury observatory in Cape Town, South Africa. African Journal of Emergency Medicine, 2019, 9, 30-35.	1.1	1
81	Estimating the Burden of Disease from Alcohol Use in South Africa in 2000, 2006, 2012. SSRN Electronic Journal, 0, , .	0.4	1
82	Preventing violence in Cape Town., 2018, , 183-207.		1
83	VIOLENT DEATHS IN SA: The 2003 National Injury Mortality Surveillance System. South African Crime Quarterly, 2016, , .	0.2	1
84	Case Commentary. Journal of Medical Marketing, 2005, 5, 383-384.	0.2	0
85	ASSESSING FIELDWORKER RELIABILITY IN A NATIONAL STUDY OF INJURY MORTALITY IN SOUTH AFRICA. Injury Prevention, 2012, 18, A21.2-A21.	2.4	0
86	Strengthening local-level cause of death surveillance: a case study of Western Cape Province, South Africa. Lancet, The, 2013, 381, S54.	13.7	0
87	Gun control saves lives. South African Medical Journal, 2016, 106, 544.	0.6	0
88	43â€ICECI: injury surveillance in South Africa. Injury Prevention, 2016, 22, A17.2-A17.	2.4	0
89	PW 1441â€Significant difference in vulnerability for injuries between boys and girls in cape town, south africa. , 2018, , .		0
90	Looking back, moving forward: 50 years of South African Medical Research Council alcohol-related publications. South African Medical Journal, 2019, 109, 30.	0.6	0

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91	Geography of Alcohol Exposure: Policy and Programme Implications for Cape Town, South Africa. Global Perspectives on Health Geography, 2021, , 159-173.	0.3	O
92	1D.002â€South African road deaths, 2009 vs 2017: can we reach SDG targets?. , 2021, , .		0
93	5E.005 Injury Mortality in South Africa: 2009 vs 2017. , 2021, , .		O
94	Letter to the editor re Shamase et al. (2021): Firearm-related deaths in Gale Street Mortuary, Durban, South Africa from 2004 to 2014, Forensic Sci. Int. Rep., 3 (2021) 100183. https://doi.org/10.1016/j.fsir.2021.100183. Forensic Science International, 2022, 333, 111234.	2.2	0