Bram van den Borst

List of Publications by Year in descending order

Source: https://exaly.com/author-pdf/4596370/publications.pdf

Version: 2024-02-01

21 papers 1,322 citations

623734 14 h-index 19 g-index

22 all docs 22 docs citations

times ranked

22

2159 citing authors

#	Article	IF	Citations
1	Comprehensive Health Assessment 3 Months After Recovery From Acute Coronavirus Disease 2019 (COVID-19). Clinical Infectious Diseases, 2021, 73, e1089-e1098.	5.8	332
2	Pulmonary Function in Diabetes. Chest, 2010, 138, 393-406.	0.8	188
3	The Prevalence of Metabolic Syndrome In Chronic Obstructive Pulmonary Disease: A Systematic Review. COPD: Journal of Chronic Obstructive Pulmonary Disease, 2016, 13, 399-406.	1.6	125
4	Skeletal muscle alterations in patients with acute Covidâ€19 and postâ€acute sequelae of Covidâ€19. Journal of Cachexia, Sarcopenia and Muscle, 2022, 13, 11-22.	7.3	119
5	Loss of quadriceps muscle oxidative phenotype and decreased endurance in patients with mild-to-moderate COPD. Journal of Applied Physiology, 2013, 114, 1319-1328.	2.5	91
6	Is age-related decline in lean mass and physical function accelerated by obstructive lung disease or smoking?. Thorax, 2011, 66, 961-969.	5.6	85
7	The influence of abdominal visceral fat on inflammatory pathways and mortality risk in obstructive lung disease. American Journal of Clinical Nutrition, 2012, 96, 516-526.	4.7	78
8	Low-grade adipose tissue inflammation in patients with mild-to-moderate chronic obstructive pulmonary disease. American Journal of Clinical Nutrition, 2011, 94, 1504-1512.	4.7	50
9	Characterization of the inflammatory and metabolic profile of adipose tissue in a mouse model of chronic hypoxia. Journal of Applied Physiology, 2013, 114, 1619-1628.	2.5	45
10	Central Fat and Peripheral Muscle. American Journal of Respiratory and Critical Care Medicine, 2013, 187, 8-13.	5.6	41
11	Dietary fibre and fatty acids in chronic obstructive pulmonary disease risk and progression: a systematic review. Respirology, 2014, 19, 176-184.	2.3	39
12	Muscle Quality is More Impaired in Sarcopenic Patients With Chronic Obstructive Pulmonary Disease. Journal of the American Medical Directors Association, 2016, 17, 415-420.	2.5	35
13	Sarcopenia in Advanced COPD Affects Cardiometabolic Risk Reduction by Short-Term High-intensity Pulmonary Rehabilitation. Journal of the American Medical Directors Association, 2016, 17, 814-820.	2.5	28
14	Normal Weight but Low Muscle Mass and Abdominally Obese: Implications for the Cardiometabolic Risk Profile in Chronic Obstructive Pulmonary Disease. Journal of the American Medical Directors Association, 2017, 18, 533-538.	2.5	26
15	Treatable traits qualifying for nonpharmacological interventions in COPD patients upon first referral to a pulmonologist: the COPD sTRAITosphere. ERJ Open Research, 2020, 6, 00438-2020.	2.6	13
16	The Muscle Oxidative Regulatory Response to Acute Exercise Is Not Impaired in Less Advanced COPD Despite a Decreased Oxidative Phenotype. PLoS ONE, 2014, 9, e90150.	2.5	11
17	A Multidimensional Risk Score to Predict All-Cause Hospitalization in Community-Dwelling Older Individuals With Obstructive Lung Disease. Journal of the American Medical Directors Association, 2016, 17, 508-513.	2.5	9
18	Recovery after Covid-19. The Lancet Regional Health - Western Pacific, 2021, 12, 100208.	2.9	5

#	Article	IF	CITATIONS
19	Adiposity increases weight-bearing exercise-induced dyspnea despite favoring resting lung hyperinflation in COPD. Chronic Respiratory Disease, 2022, 19, 14799731211052305.	2.4	2
20	Nutritional supplementation during pulmonary rehabilitation in COPD: Do not expect an elixir of life but keep the hunger for more robust evidence. Chronic Respiratory Disease, 2020, 17, 147997312090495.	2.4	O
21	Patients with Chronic Obstructive Pulmonary Disease Can Accurately Perform Home-Based Measurements of Inspiratory Capacity and Dynamic Hyperinflation. COPD: Journal of Chronic Obstructive Pulmonary Disease, 2022, 19, 236-242.	1.6	0