Berend Terluin

List of Publications by Year in descending order

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#	Article	IF	CITATIONS
1	The Four-Dimensional Symptom Questionnaire (4DSQ): a validation study of a multidimensional self-report questionnaire to assess distress, depression, anxiety and somatization. BMC Psychiatry, 2006, 6, 34.	2.6	369
2	Minimal important change (MIC): a conceptual clarification and systematic review of MIC estimates of PROMIS measures. Quality of Life Research, 2021, 30, 2729-2754.	3.1	153
3	The validity of the Dutch K10 and extended K10 screening scales for depressive and anxiety disorders. Psychiatry Research, 2010, 176, 45-50.	3.3	143
4	Non-pharmacological interventions for somatoform disorders and medically unexplained physical symptoms (MUPS) in adults. The Cochrane Library, 2014, 2014, CD011142.	2.8	132
5	The four-dimensional symptom questionnaire (4DSQ): measuring distress and other mental health problems in a working population. Work and Stress, 2004, 18, 187-207.	4.5	125
6	Measurement Properties of the Barthel Index in Geriatric Rehabilitation. Journal of the American Medical Directors Association, 2019, 20, 420-425.e1.	2.5	115
7	Three ways to quantify uncertainty in individually applied "minimally important change―values. Journal of Clinical Epidemiology, 2010, 63, 37-45.	5.0	113
8	Differences in Connection Strength between Mental Symptoms Might Be Explained by Differences in Variance: Reanalysis of Network Data Did Not Confirm Staging. PLoS ONE, 2016, 11, e0155205.	2.5	108
9	Central sensitization in chronic pain and medically unexplained symptom research: A systematic review of definitions, operationalizations and measurement instruments. Journal of Psychosomatic Research, 2019, 117, 32-40.	2.6	100
10	Minimal important change (MIC) based on a predictive modeling approach was more precise than MIC based on ROC analysis. Journal of Clinical Epidemiology, 2015, 68, 1388-1396.	5.0	99
11	Development of a workplace intervention for sick-listed employees with stress-related mental disorders: Intervention Mapping as a useful tool. BMC Health Services Research, 2007, 7, 127.	2.2	97
12	A workplace intervention for sick-listed employees with distress: results of a randomised controlled trial. Occupational and Environmental Medicine, 2010, 67, 596-602.	2.8	96
13	Detecting depressive and anxiety disorders in distressed patients in primary care; comparative diagnostic accuracy of the Four-Dimensional Symptom Questionnaire (4DSQ) and the Hospital Anxiety and Depression Scale (HADS). BMC Family Practice, 2009, 10, 58.	2.9	91
14	Effectiveness of an intervention to reduce sickness absence in patients with emotional distress or minor mental disorders: a randomized controlled effectiveness trial. General Hospital Psychiatry, 2006, 28, 223-229.	2.4	86
15	The anchor-based minimal important change, based on receiver operating characteristic analysis or predictive modeling, may need to be adjusted for the proportion of improved patients. Journal of Clinical Epidemiology, 2017, 83, 90-100.	5.0	81
16	Meaningful Change Scores in the Knee Injury and Osteoarthritis Outcome Score in Patients Undergoing Anterior Cruciate Ligament Reconstruction. American Journal of Sports Medicine, 2018, 46, 1120-1128.	4.2	72
17	Predicting Return to Work in Employees Sick-Listed Due to Minor Mental Disorders. Journal of Occupational Rehabilitation, 2009, 19, 323-332.	2.2	70
18	A Participatory Workplace Intervention for Employees With Distress and Lost Time: A Feasibility Evaluation Within a Randomized Controlled Trial. Journal of Occupational Rehabilitation, 2009, 19, 212-222.	2.2	67

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19	A Cluster-Randomised Trial Evaluating an Intervention for Patients with Stress-Related Mental Disorders and Sick Leave in Primary Care. PLOS Clinical Trials, 2007, 2, e26.	3.5	65
20	The prognosis of minor depression in the general population: a systematic review. General Hospital Psychiatry, 2004, 26, 453-462.	2.4	62
21	Minimal important change values for the Oxford Knee Score and the Forgotten Joint Score at 1 year after total knee replacement. Monthly Notices of the Royal Astronomical Society: Letters, 2018, 89, 541-547.	3.3	59
22	Collaborative stepped care <i>v</i> . care as usual for common mental disorders: 8-month, cluster randomised controlled trial. British Journal of Psychiatry, 2013, 203, 132-139.	2.8	48
23	Cost-effectiveness of a workplace intervention for sick-listed employees with common mental disorders: design of a randomized controlled trial. BMC Public Health, 2008, 8, 12.	2.9	44
24	Clinical effectiveness of usual care with or without antidepressant medication for primary care patients with minor or mild-major depression: a randomized equivalence trial. BMC Medicine, 2007, 5, 36.	5.5	37
25	Improving occupational physicians' adherence to a practice guideline: feasibility and impact of a tailored implementation strategy. BMC Medical Education, 2015, 15, 82.	2.4	37
26	Effect of an intervention to enhance guideline adherence of occupational physicians on return-to-work self-efficacy in workers sick-listed with common mental disorders. BMC Public Health, 2015, 15, 796.	2.9	33
27	Effectiveness of a tailored implementation programme to improve recognition, diagnosis and treatment of anxiety and depression in general practice: a cluster randomised controlled trial. Implementation Science, 2015, 10, 33.	6.9	32
28	An international comparison of occupational health guidelines for the management of mental disorders and stress-related psychological symptoms. Occupational and Environmental Medicine, 2015, 72, 313-322.	2.8	31
29	The Four-Dimensional Symptom Questionnaire (4DSQ) in the general population: scale structure, reliability, measurement invariance and normative data: a cross-sectional survey. Health and Quality of Life Outcomes, 2016, 14, 130.	2.4	31
30	Systematic review of measurement properties of questionnaires measuring somatization in primary care patients. Journal of Psychosomatic Research, 2017, 103, 42-62.	2.6	29
31	To what extent does the anxiety scale of the Four-Dimensional Symptom Questionnaire (4DSQ) detect specific types of anxiety disorder in primary care? A psychometric study. BMC Psychiatry, 2014, 14, 121.	2.6	28
32	The association between medically unexplained physical symptoms and health care use over two years and the influence of depressive and anxiety disorders and personality traits: a longitudinal study. BMC Health Services Research, 2016, 16, 100.	2.2	28
33	Recognition of anxiety disorders by family physicians after rigorous medical record case extraction. General Hospital Psychiatry, 2012, 34, 460-467.	2.4	26
34	Occupational physicians' perceived barriers and suggested solutions to improve adherence to a guideline on mental health problems: analysis of a peer group training. BMC Health Services Research, 2016, 16, 271.	2.2	24
35	Psychological symptoms and subsequent sickness absence. International Archives of Occupational and Environmental Health, 2011, 84, 825-837.	2.3	23
36	The English version of the four-dimensional symptom questionnaire (4DSQ) measures the same as the original Dutch questionnaire: A validation study. European Journal of General Practice, 2014, 20, 320-326.	2.0	23

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37	Which Oxford Knee Score level represents a satisfactory symptom state after undergoing a total knee replacement?. Monthly Notices of the Royal Astronomical Society: Letters, 2021, 92, 85-90.	3.3	23
38	Cost-effectiveness of a minimal intervention for stress-related sick leave in general practice: Results of an economic evaluation alongside a pragmatic randomised control trial. Journal of Affective Disorders, 2010, 120, 177-187.	4.1	21
39	Effectiveness of a Minimal Intervention for Stress-related mental disorders with Sick leave (MISS); study protocol of a cluster randomised controlled trial in general practice [ISRCTN43779641]. BMC Public Health, 2006, 6, 124.	2.9	20
40	Randomised controlled trial of tailored interventions to improve the management of anxiety and depressive disorders in primary care. Implementation Science, 2011, 6, 75.	6.9	20
41	Effectiveness of guideline-based care by occupational physicians on the return-to-work of workers with common mental disorders: design of a cluster-randomised controlled trial. BMC Public Health, 2013, 13, 193.	2.9	20
42	Cost-effectiveness of usual general practitioner care with or without antidepressant medication for patients with minor or mild-major depression. Journal of Affective Disorders, 2008, 111, 106-112.	4.1	19
43	Training GP's to use a minimal intervention for stress-related mental disorders with sick leave (MISS): Effects on performance. Patient Education and Counseling, 2010, 78, 206-211.	2.2	18
44	Barriers and Facilitators for Return to Work from the Perspective of Workers with Common Mental Disorders with Short, Medium and Long-Term Sickness Absence: A Longitudinal Qualitative Study. Journal of Occupational Rehabilitation, 2022, 32, 272-283.	2.2	18
45	Lessons learnt from a cluster-randomised trial evaluating the effectiveness of Self-Management Support (SMS) delivered by practice nurses in routine diabetes care. BMJ Open, 2015, 5, e007014.	1.9	17
46	Distinguishing between emotional distress and psychiatric disorder in primary care attenders: A cross sectional study of the four-dimensional symptom questionnaire (4DSQ). Journal of Affective Disorders, 2015, 184, 198-204.	4.1	16
47	Medically unexplained physical symptoms and work functioning over 2Âyears: their association and the influence of depressive and anxiety disorders and job characteristics. BMC Family Practice, 2016, 17, 46.	2.9	16
48	A confirmatory factor analysis approach was found to accurately estimate the reliability of transition ratings. Journal of Clinical Epidemiology, 2022, 141, 36-45.	5.0	16
49	Evaluating the cross-cultural validity of the Polish version of the Four-Dimensional Symptom Questionnaire (4DSQ) using differential item functioning (DIF) analysis. Family Practice, 2012, 29, 609-615.	1.9	15
50	Effectiveness of an Intervention to Enhance Occupational Physicians' Guideline Adherence on Sickness Absence Duration in Workers with Common Mental Disorders: A Cluster-Randomized Controlled Trial. Journal of Occupational Rehabilitation, 2017, 27, 559-567.	2.2	15
51	Reliability and validity of the assessment of depression in general practice: the short depression interview (SDI). General Hospital Psychiatry, 2002, 24, 396-405.	2.4	14
52	Factors contributing to the recognition of anxiety and depression in general practice. BMC Family Practice, 2018, 19, 99.	2.9	14
53	Assessing psychological health in midwifery practice: A validation study of the Four-Dimensional Symptom Questionnaire (4DSQ), a Dutch primary care instrument. Midwifery, 2013, 29, 608-615.	2.3	13
54	Systematic tailoring for the implementation of guideline recommendations for anxiety and depressive disorders in general practice: perceived usefulness of tailored interventions. BMC Family Practice, 2013, 14, 94.	2.9	12

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55	Longitudinal associations of multiple physical symptoms with recurrence of depressive and anxiety disorders. Journal of Psychosomatic Research, 2017, 97, 96-101.	2.6	12
56	Cutoff Values to Interpret Short-term Treatment Outcomes After Arthroscopic Meniscal Surgery, Measured With the Knee Injury and Osteoarthritis Outcome Score. Journal of Orthopaedic and Sports Physical Therapy, 2021, 51, 281-288.	3.5	12
57	Unlike ROC analysis, a new IRT method identified clinical thresholds unbiased by disease prevalence. Journal of Clinical Epidemiology, 2020, 124, 118-125.	5.0	12
58	Validation of the Four-Dimensional Symptom Questionnaire (4DSQ) in a mental health setting. Psychology, Health and Medicine, 2021, 26, 1-19.	2.4	11
59	Assessing baseline dependency of anchor-based minimal important change (MIC): don't stratify on the baseline score!. Quality of Life Research, 2021, 30, 2773-2782.	3.1	11
60	Prevention of anxiety disorders in primary care: A feasibility study. BMC Psychiatry, 2012, 12, 206.	2.6	10
61	Evaluation of the measurement properties of the Manchester foot pain and disability index. BMC Musculoskeletal Disorders, 2014, 15, 276.	1.9	10
62	Impact of symptom focusing and somatosensory amplification on persistent physical symptoms: A three-year follow-up study. Journal of Psychosomatic Research, 2020, 135, 110131.	2.6	10
63	Improved adjusted minimal important change took reliability of transition ratings into account. Journal of Clinical Epidemiology, 2022, 148, 48-53.	5.0	10
64	Validation of the fourâ€dimensional symptom questionnaire (4DSQ) and prevalence of psychological symptoms in orthopedic shoulder patients. Journal of Orthopaedic Research, 2016, 34, 683-691.	2.3	9
65	Cross-cultural validation of the Turkish Four-Dimensional Symptom Questionnaire (4DSQ) using differential item and test functioning (DIF and DTF) analysis. BMC Family Practice, 2016, 17, 53.	2.9	9
66	Assessing the equivalence of Web-based and paper-and-pencil questionnaires using differential item and test functioning (DIF and DTF) analysis: a case of the Four-Dimensional Symptom Questionnaire (4DSQ). Quality of Life Research, 2018, 27, 1191-1200.	3.1	9
67	A validation study of the Four-Dimensional Symptom Questionnaire (4DSQ) in insurance medicine. Work, 2012, 43, 369-380.	1.1	8
68	Tests for central sensitization in general practice: a Delphi study. BMC Family Practice, 2021, 22, 206.	2.9	8
69	A systematic survey identified methodological issues in studies estimating anchor-based minimal important differences in patient-reported outcomes. Journal of Clinical Epidemiology, 2022, 142, 144-151.	5.0	8
70	Use of a mental health guideline by occupational physicians and associations with return to work in workers sick-listed due to common mental disorders: a retrospective cohort study. Disability and Rehabilitation, 2018, 40, 2623-2631.	1.8	7
71	Cross-cultural validation of the German version of the Four-Dimensional Symptom Questionnaire (4DSQ) in multimorbid elderly people. Quality of Life Research, 2018, 27, 2691-2697.	3.1	7
72	Effectiveness of a tailored implementation strategy to improve adherence to a guideline on mental health problems in occupational health care. BMC Health Services Research, 2019, 19, 281.	2.2	7

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73	â€~l mean what is depression?' A qualitative exploration of UK general practitioners' perceptions of distinctions between emotional distress and depressive disorder. BMJ Open, 2019, 9, e032644.	1.9	7
74	Present state bias in transition ratings was accurately estimated in simulated and real data. Journal of Clinical Epidemiology, 2022, 143, 128-136.	5.0	7
75	Integrating nurse-led Self-Management Support (SMS) in routine primary care: design of a hybrid effectiveness-implementation study among type 2 diabetes patients with problems of daily functioning and emotional distress: a study protocol. BMC Family Practice, 2013, 14, 77.	2.9	6
76	Evaluating the validity of the French version of the Four-Dimensional Symptom Questionnaire with differential item functioning analysis. Family Practice, 2015, 32, cmv025.	1.9	6
77	Psychometric properties of the Dutch-Flemish Patient-Reported Outcomes Measurement Information System Pain Behavior item bank in patients with musculoskeletal complaints. Journal of Pain, 2019, 20, 1328-1337.	1.4	6
78	Validation of the Dutch-Flemish PROMIS Pain Interference Item Bank in Patients With Musculoskeletal Complaints. Spine, 2019, 44, 411-419.	2.0	6
79	Interpretation threshold values for the Oxford Knee Score in patients undergoing unicompartmental knee arthroplasty. Monthly Notices of the Royal Astronomical Society: Letters, 0, 93, 634-642.	3.3	6
80	Understanding Ferguson's δ: time to say good-bye?. Health and Quality of Life Outcomes, 2009, 7, 38.	2.4	5
81	Identifying levels of general distress in first line mental health services: can GP- and eHealth clients' scores be meaningfully compared?. BMC Psychiatry, 2017, 17, 382.	2.6	4
82	Determining the minimal important change of the 6-minute walking test in Multiple Sclerosis patients using a predictive modelling anchor-based method. Multiple Sclerosis and Related Disorders, 2022, 57, 103438.	2.0	4
83	Mathematical coupling does not account for the association between baseline severity and minimally important change values. Journal of Clinical Epidemiology, 2012, 65, 355-357.	5.0	3
84	Impact of Verb Tense on Response to the Four-Dimensional Symptom Questionnaire (4DSQ). European Journal of Psychological Assessment, 2015, 31, 202-210.	3.0	3
85	Applying Computerized Adaptive Testing to the Four-Dimensional Symptom Questionnaire (4DSQ): A Simulation Study. JMIR Mental Health, 2017, 4, e7.	3.3	3
86	Searching for the optimal number of response alternatives for the distress scale of the four-dimensional symptom questionnaire. BMC Psychiatry, 2019, 19, 103.	2.6	2
87	Weg met de poortwachter!. Huisarts En Wetenschap, 2003, 46, 804-805.	0.0	1
88	Commentary: Good primary mental health care is simple. British Journal of General Practice, 2008, 58, 409-409.	1.4	1
89	Measuring maternal mental health using the Dutch Four-Dimensional Symptom Questionnaire (4DSQ): Pregnancy-related item bias across the perinatal period. Midwifery, 2016, 40, 192-199.	2.3	1
90	From non-adaptive depression to general distress. Brain, Behavior, and Immunity, 2018, 69, 629.	4.1	1

#	Article	IF	CITATIONS
91	Measurement equivalence of the Four-Dimensional Symptom Questionnaire (4DSQ) in adolescents and emerging adults. PLoS ONE, 2019, 14, e0221904.	2.5	1
92	Assessing measurement equivalence of the Danish and Dutch Four-Dimensional Symptom Questionnaire using differential item and test functioning analysis. Scandinavian Journal of Public Health, 2021, 49, 479-486.	2.3	1
93	Four-Dimensional Symptom Questionnaire (4DSQ). , 2021, , 1-3.		1
94	Estimating power for clinical trials with Patient Reported Outcomes - using Item Response Theory. Journal of Clinical Epidemiology, 2022, 141, 141-148.	5.0	1
95	De 4DKL bevordert juist persoonsgerichte zorg. Huisarts En Wetenschap, 2017, 60, 115-115.	0.0	0
96	Meetinstrumenten. , 2016, , 225-241.		0
97	Commentary on Riddle and Dumenci: LCA is no viable alternative to the MCID. Osteoarthritis and Cartilage, 2022, , .	1.3	0