

Theodore Pincus

List of Publications by Year in descending order

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Version: 2024-02-01

202
papers

20,385
citations

30551

56
h-index

11608

140
g-index

206
all docs

206
docs citations

206
times ranked

15320
citing authors

#	ARTICLE	IF	CITATIONS
1	Implementing a <scp>Treatâ€toâ€Target</scp> Approach for Rheumatoid Arthritis During the <scp>COVID</scp>â€19 Pandemic: Results of a Virtual Learning Collaborative Program. Arthritis Care and Research, 2022, 74, 572-578.	1.5	1
2	HAQ and DAS28 for clinical trials over months and MDHAQ, RheuMetric and psycho-socio-economic measures for long-term observations over years?. Rheumatology, 2022, 61, 3884-3886.	0.9	1
3	Long-term Glucocorticoid Use in Rheumatoid Arthritis. Journal of Rheumatology, 2021, 48, 1342-1342.	1.0	3
4	Multidimensional Health Assessment Questionnaire as an Effective Tool to Screen for Depression in Routine Rheumatology Care. Arthritis Care and Research, 2021, 73, 120-129.	1.5	9
5	Comment on: â€It canâ€™t be zero!â€™ Difficulties in completing patient global assessment in rheumatoid arthritis: a mixed methods study. Rheumatology, 2021, 60, e28-e29.	0.9	3
6	A Self-Report Multidimensional Health Assessment Questionnaire (MDHAQ) for Face-To-Face or Telemedicine Encounters to Assess Clinical Severity (RAPID3) and Screen for Fibromyalgia (FAST) and Depression (DEP). Current Treatment Options in Rheumatology, 2021, 7, 161-181.	0.6	6
7	Should Quantitative Measures and Management of Rheumatoid Arthritis Include More Than Control of Inflammatory Activity?. Journal of Rheumatology, 2021, , jrheum.210953.	1.0	3
8	Functional Status Measures and Indices in Rheumatoid Arthritis: Comment on the Articles by Barber et al and England et al. Arthritis Care and Research, 2020, 72, 1185-1186.	1.5	0
9	Fibromyalgia Assessment Screening Tool: Clues to Fibromyalgia on a Multidimensional Health Assessment Questionnaire for Routine Care. Journal of Rheumatology, 2020, 47, 761-769.	1.0	12
10	Patient physical function in rheumatoid arthritis. , 2020, , 221-250.		1
11	Reliability, Feasibility, and Patient Acceptance of an Electronic Version of a Multidimensional Health Assessment Questionnaire for Routine Rheumatology Care: Validation and Patient Preference Study. JMIR Formative Research, 2020, 4, e15815.	0.7	8
12	Disease Burden in Osteoarthritis Is Similar to That of Rheumatoid Arthritis at Initial Rheumatology Visit and Significantly Greater Six Months Later. Arthritis and Rheumatology, 2019, 71, 1276-1284.	2.9	29
13	Diagnosis of Fibromyalgia: Disagreement Between Fibromyalgia Criteria and Clinicianâ€Based Fibromyalgia Diagnosis in a University Clinic. Arthritis Care and Research, 2019, 71, 343-351.	1.5	41
14	THU0091â€...DEPRESSION IN PATIENTS WITH RHEUMATOID ARTHRITIS: UNDER RECOGNIZED, UNDERTREATED AND ASSOCIATED WITH POORER CLINICAL STATUS AND LOWER RATES OF REMISSION IN ROUTINE CARE. , 2019, , .		0
15	THU0477â€...A FIBROMYALGIA ASSESSMENT SCREENING TOOL ON A MULTIDIMENSIONAL HEALTH ASSESSMENT QUESTIONNAIRE (MDHAQ) WHICH DOES NOT INCLUDE A SELF-REPORT PAINFUL JOINT COUNT (PAINFUL JC), FAST3NJC, RECOGNIZES FIBROMYALGIA SIMILARLY TO OTHER FAST3 INDICES WHICH INCLUDE A PAINFUL JC. , 2019, .		0
16	Fibromyalgia Assessment Screening Tools (FAST) Based on Only Multidimensional Health Assessment Questionnaire (MDHAQ) Scores as Clues to Fibromyalgia. ACR Open Rheumatology, 2019, 1, 516-525.	0.9	16
17	Minimal Clinically Important Improvement of Routine Assessment of Patient Index Data 3 in Rheumatoid Arthritis. Journal of Rheumatology, 2019, 46, 27-30.	1.0	20
18	Low socioeconomic status and patient questionnaires in osteoarthritis: challenges to a "biomedical model" and value of a complementary "biopsychosocial model". Clinical and Experimental Rheumatology, 2019, 37 Suppl 120, 18-23.	0.4	4

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19	Patient questionnaires in osteoarthritis: what patients teach doctors about their osteoarthritis on a multidimensional health assessment questionnaire (MDHAQ) in clinical trials and clinical care. <i>Clinical and Experimental Rheumatology</i> , 2019, 37 Suppl 120, 100-111.	0.4	0
20	Osteoarthritis is as severe as rheumatoid arthritis: evidence over 40 years according to the same measure in each disease. <i>Clinical and Experimental Rheumatology</i> , 2019, 37 Suppl 120, 7-17.	0.4	5
21	Value of the Routine Assessment of Patient Index Data 3 in Patients With Psoriatic Arthritis: Results From a Tightâ€Control Clinical Trial and an Observational Cohort. <i>Arthritis Care and Research</i> , 2018, 70, 1198-1205.	1.5	29
22	Limited Value of the Multiâ€Biomarker Disease Activity Assay Compared to the Routine Assessment of Patient Index Data 3 (RAPID3) Score in the Prognosis of Important Clinical Outcomes in Rheumatoid Arthritis: Comment on the Article by Fleischmann et al and Accompanying Editorial by Davis. <i>Arthritis and Rheumatology</i> , 2017, 69, 866-867.	2.9	0
23	MDHAQ/RAPID3 scores in patients with osteoarthritis are similar to or higher than in patients with rheumatoid arthritis: a cross-sectional study from current routine rheumatology care at four sites. <i>RMD Open</i> , 2017, 3, e000391.	1.8	18
24	069.â€fCONSTRUCT VALIDITY, RESPONSIVENESS AND MINIMALLY IMPORTANT DIFFERENCE OF THE ROUTINE ASSESSMENT OF PATIENT INDEX DATA 3 IN PSORIATIC ARTHRITIS. <i>Rheumatology</i> , 2017, 56, .	0.9	0
25	Assessment of pain and other patient symptoms in routine clinical care as quantitative, standardised, "scientific" data. <i>Clinical and Experimental Rheumatology</i> , 2017, 35 Suppl 107, 13-20.	0.4	3
26	Pain and other self-report scores in patients with osteoarthritis indicate generally similar disease burden to patients with rheumatoid arthritis. <i>Clinical and Experimental Rheumatology</i> , 2017, 35 Suppl 107, 88-93.	0.4	3
27	A RheuMetric physician checklist to quantitate levels of inflammation, damage and distress on 0-10 visual analogue scales. <i>Clinical and Experimental Rheumatology</i> , 2017, 35 Suppl 107, 21-25.	0.4	2
28	Pain in rheumatic diseases. <i>Clinical and Experimental Rheumatology</i> , 2017, 35 Suppl 107, 1.	0.4	0
29	Evidence from a Multidimensional Health Assessment Questionnaire (MDHAQ) of the Value of a Biopsychosocial Model to Complement a Traditional Biomedical Model in Care of Patients with Rheumatoid Arthritis. <i>Journal of Rheumatic Diseases</i> , 2016, 23, 212.	0.4	1
30	Pragmatic assessment of exercise in routine care using an MDHAQ: associations with changes in RAPID3 and other clinical variables. <i>Arthritis Research and Therapy</i> , 2016, 18, 199.	1.6	2
31	Responsiveness of a simple RAPID-3-like index compared to disease-specific BASDAI and ASDAS indices in patients with axial spondyloarthritis. <i>RMD Open</i> , 2016, 2, e000235.	1.8	14
32	Prediction of Remission in a French Early Arthritis Cohort by RAPID3 and other Core Data Set Measures, but Not by the Absence of Rheumatoid Factor, Anticitrullinated Protein Antibodies, or Radiographic Erosions. <i>Journal of Rheumatology</i> , 2016, 43, 1285-1291.	1.0	26
33	PROMs (MDHAQ/RAPID3) and Physician RheuMetric Measures. , 2016, , 59-99.		2
34	Assessment of fatigue in routine care on a Multidimensional Health Assessment Questionnaire (MDHAQ): a cross-sectional study of associations with RAPID3 and other variables in different rheumatic diseases. <i>Clinical and Experimental Rheumatology</i> , 2016, 34, 901-909.	0.4	7
35	Electronic multidimensional health assessment questionnaire (eMDHAQ): past, present and future of a proposed single data management system for clinical care, research, quality improvement, and monitoring of long-term outcomes. <i>Clinical and Experimental Rheumatology</i> , 2016, 34, S17-S33.	0.4	9
36	Electronic eRAPID3 (Routine Assessment of Patient Index Data): opportunities and complexities. <i>Clinical and Experimental Rheumatology</i> , 2016, 34, S49-S53.	0.4	5

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37	Information technology in rheumatology. <i>Clinical and Experimental Rheumatology</i> , 2016, 34, 1.	0.4	24
38	Routine Assessment of Patient Index Data (RAPID3) and Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) Scores Yield Similar Information in 85 Korean Patients With Ankylosing Spondylitis Seen in Usual Clinical Care. <i>Journal of Clinical Rheumatology</i> , 2015, 21, 300-304.	0.5	19
39	Predicting mortality in RA: the quest for useful information. <i>Nature Reviews Rheumatology</i> , 2015, 11, 507-509.	3.5	2
40	Special Issue on Glucocorticoid Therapy in Rheumatic Diseases: Introduction. <i>NeuroImmunoModulation</i> , 2015, 22, 3-5.	0.9	6
41	Premature Mortality: A Neglected Outcome in Rheumatic Diseases?. <i>Arthritis Care and Research</i> , 2015, 67, 1043-1046.	1.5	23
42	The Past versus the Present, 1980-2004: Reduction of Mean Initial Low-Dose, Long-Term Glucocorticoid Therapy in Rheumatoid Arthritis from 10.3 to 3.6 mg/Day, Concomitant with Early Methotrexate, with Long-Term Effectiveness and Safety of Less than 5 mg/Day. <i>NeuroImmunoModulation</i> , 2015, 22, 89-103.	0.9	12
43	Discordance of Global Assessments by Patient and Physician Is Higher in Female than in Male Patients Regardless of the Physician's Sex: Data on Patients with Rheumatoid Arthritis, Axial Spondyloarthritis, and Psoriatic Arthritis from the DANBIO Registry. <i>Journal of Rheumatology</i> , 2015, 42, 1781-1785.	1.0	56
44	Clinical Trials Documenting the Efficacy of Low-Dose Glucocorticoids in Rheumatoid Arthritis. <i>NeuroImmunoModulation</i> , 2015, 22, 46-50.	0.9	25
45	Circadian Use of Glucocorticoids in Rheumatoid Arthritis. <i>NeuroImmunoModulation</i> , 2015, 22, 33-39.	0.9	17
46	Limitations of clinical trials in chronic diseases: is the efficacy of methotrexate (MTX) underestimated in polyarticular psoriatic arthritis on the basis of limitations of clinical trials more than on limitations of MTX, as was seen in rheumatoid arthritis?. <i>Clinical and Experimental Rheumatology</i> , 2015, 33, S82-93.	0.4	23
47	Discordance of Global Estimates by Patients and Their Physicians in Usual Care of Many Rheumatic Diseases: Association With 5 Scores on a Multidimensional Health Assessment Questionnaire (MDHAQ) That Are Not Found on the Health Assessment Questionnaire (HAQ). <i>Arthritis Care and Research</i> , 2014, 66, 934-942.	1.5	28
48	Is a Patient Questionnaire Without a Joint Examination as Undesirable as a Joint Examination Without a Patient Questionnaire?. <i>Journal of Rheumatology</i> , 2014, 41, 619-621.	1.0	6
49	Are Patient Self-Report Questionnaires as "Scientific" as Biomarkers in "Treat-to-target" and Prognosis in Rheumatoid Arthritis?. <i>Current Pharmaceutical Design</i> , 2014, 21, 241-256.	0.9	16
50	Limitations of Traditional Randomized Controlled Clinical Trials in Rheumatology. , 2014, , 179-207.		0
51	Evidence-Based Medicine in Rheumatology: How Does It Differ from Other Diseases?. , 2014, , 1-12.		0
52	Patient self-report RADAI (Rheumatoid Arthritis Disease Activity Index) joint counts on an MDHAQ (Multidimensional Health Assessment Questionnaire) in usual care of consecutive patients with rheumatic diseases other than rheumatoid arthritis. <i>Arthritis Care and Research</i> , 2013, 65, 288-293.	1.5	27
53	Decline of Mean Initial Prednisone Dosage From 10.3 to 3.6 mg/day to Treat Rheumatoid Arthritis Between 1980 and 2004 in One Clinical Setting, With Long-term Effectiveness of Dosages Less Than 5 mg/day. <i>Arthritis Care and Research</i> , 2013, 65, 729-736.	1.5	34
54	GUEPARD treat-to-target strategy is significantly more efficacious than ESPOIR routine care in early rheumatoid arthritis according to patient-reported outcomes and physician global estimate. <i>Rheumatology</i> , 2013, 52, 1890-1897.	0.9	12

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55	MDHAQ/RAPID3 to Recognize Improvement Over 2 Months in Usual Care of Patients With Osteoarthritis, Systemic Lupus Erythematosus, Spondyloarthritis, and Gout, as Well as Rheumatoid Arthritis. <i>Journal of Clinical Rheumatology</i> , 2013, 19, 169-174.	0.5	45
56	Documenting the Value of Care for Rheumatoid Arthritis, Analogous to Hypertension, Diabetes, and Hyperlipidemia: Is Control of Individual Patient Self-Report Measures of Global Estimate and Physical Function More Valuable Than Laboratory Tests, Radiographs, Indices, or Remission Criteria?. <i>Journal of Rheumatology</i> , 2013, 40, 1469-1474.	1.0	5
57	Can Remission in Rheumatoid Arthritis Be Assessed Without Laboratory Tests or a Formal Joint Count? Possible Remission Criteria Based on a Self-report RAPID3 Score and Careful Joint Examination in the ESPOIR Cohort. <i>Journal of Rheumatology</i> , 2013, 40, 386-393.	1.0	25
58	The importance of the patient history and physical examination in rheumatoid arthritis in contrast to other chronic diseases: Results of a physician survey. <i>Arthritis Care and Research</i> , 2012, 64, n/a-n/a.	1.5	30
59	An evidence-based medical visit for patients with rheumatoid arthritis based on standard, quantitative scientific data from a patient MDHAQ and physician report. <i>Bulletin of the NYU Hospital for Joint Diseases</i> , 2012, 70, 73-94.	0.7	2
60	Treat-to-target: not as simple as it appears. <i>Clinical and Experimental Rheumatology</i> , 2012, 30, S10-20.	0.4	23
61	MDHAQ/RAPID3 can provide a roadmap or agenda for all rheumatology visits when the entire MDHAQ is completed at all patient visits and reviewed by the doctor before the encounter. <i>Bulletin of the NYU Hospital for Joint Diseases</i> , 2012, 70, 177-86.	0.7	10
62	Pragmatic and scientific advantages of MDHAQ/ RAPID3 completion by all patients at all visits in routine clinical care. <i>Bulletin of the NYU Hospital for Joint Diseases</i> , 2012, 70 Suppl 1, 30-6.	0.7	11
63	RAPID3 (Routine Assessment of Patient Index Data 3) severity categories and response criteria: Similar results to DAS28 (Disease Activity Score) and CDAI (Clinical Disease Activity Index) in the RAPID 1 (Rheumatoid Arthritis Prevention of Structural Damage) clinical trial of certolizumab pegol. <i>Arthritis Care and Research</i> , 2011, 63, 1142-1149.	1.5	67
64	American College of Rheumatology/European League Against Rheumatism provisional definition of remission in rheumatoid arthritis for clinical trials. <i>Arthritis and Rheumatism</i> , 2011, 63, 573-586.	6.7	864
65	Proposed Severity and Response Criteria for Routine Assessment of Patient Index Data (RAPID3): Results for Categories of Disease Activity and Response Criteria in Abatacept Clinical Trials. <i>Journal of Rheumatology</i> , 2011, 38, 2565-2571.	1.0	31
66	Quantitative Data for Care of Patients with Systemic Lupus Erythematosus in Usual Clinical Settings: A Patient Multidimensional Health Assessment Questionnaire and Physician Estimate of Noninflammatory Symptoms. <i>Journal of Rheumatology</i> , 2011, 38, 1309-1316.	1.0	32
67	Poor physical function, pain and limited exercise: risk factors for premature mortality in the range of smoking or hypertension, identified on a simple patient self-report questionnaire for usual care. <i>BMJ Open</i> , 2011, 1, e000070-e000070.	0.8	20
68	MDHAQ/RAPID3 scores: quantitative patient history data in a standardized "scientific" format for optimal assessment of patient status and quality of care in rheumatic diseases. <i>Bulletin of the NYU Hospital for Joint Diseases</i> , 2011, 69, 201-14.	0.7	10
69	Screening for Low Literacy in a Rheumatology Setting. <i>Journal of Clinical Rheumatology</i> , 2010, 16, 359-364.	0.5	30
70	RAPID3 (Routine Assessment of Patient Index Data) on an MDHAQ (Multidimensional Health Assessment) Tj ETQq0 0 0 rgBT /Overlock 1 Research, 2010, 62, 181-189.	1.5	93
71	2010 Rheumatoid arthritis classification criteria: An American College of Rheumatology/European League Against Rheumatism collaborative initiative. <i>Arthritis and Rheumatism</i> , 2010, 62, 2569-2581.	6.7	6,781
72	Rheumatoid Arthritis. <i>Annals of Internal Medicine</i> , 2010, 153, ITC1-1.	2.0	36

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73	Assessing dyspnea and its impact on patients with connective tissue disease-related interstitial lung disease. <i>Respiratory Medicine</i> , 2010, 104, 1350-1355.	1.3	60
74	Are patient questionnaire scores as "scientific" as laboratory tests for rheumatology clinical care?. <i>Bulletin of the NYU Hospital for Joint Diseases</i> , 2010, 68, 130-9.	0.7	10
75	Beyond RAPID3 - practical use of the MDHAQ to improve doctor-patient communication. <i>Bulletin of the NYU Hospital for Joint Diseases</i> , 2010, 68, 223-31.	0.7	4
76	Quantitative Clinical Rheumatology: "Keep It Simple, Stupid" MDHAQ Function, Pain, Global, and RAPID3 Quantitative Scores to Improve and Document the Quality of Rheumatologic Care. <i>Journal of Rheumatology</i> , 2009, 36, 1099-1100.	1.0	5
77	Dr. Pincus, et al reply. <i>Journal of Rheumatology</i> , 2009, 36, 456.2-456.	1.0	0
78	Declines in Erythrocyte Sedimentation Rates in Patients with Rheumatoid Arthritis Over the Second Half of the 20th Century. <i>Journal of Rheumatology</i> , 2009, 36, 1596-1599.	1.0	20
79	Dr. Pincus replies. <i>Journal of Rheumatology</i> , 2009, 36, 443.2-444.	1.0	0
80	Quantitative Clinical Rheumatology: Why Is a Test for Anti-CCP Antibodies Included in Most Routine Care for Rheumatoid Arthritis While a HAQ/MDHAQ Remains Largely a Research Tool?. <i>Journal of Rheumatology</i> , 2009, 36, 1563-1564.	1.0	2
81	Increased expression of FcγRI/CD64 on circulating monocytes parallels ongoing inflammation and nephritis in lupus. <i>Arthritis Research and Therapy</i> , 2009, 11, R6.	1.6	297
82	A Multi-Dimensional Health Assessment Questionnaire (MDHAQ) and Routine Assessment of Patient Index Data (RAPID3) Scores are Informative in Patients with All Rheumatic Diseases. <i>Rheumatic Disease Clinics of North America</i> , 2009, 35, 819-827.	0.8	40
83	Erythrocyte Sedimentation Rate, C-Reactive Protein, or Rheumatoid Factor Are Normal at Presentation in 35%–45% of Patients with Rheumatoid Arthritis Seen Between 1980 and 2004: Analyses from Finland and the United States. <i>Journal of Rheumatology</i> , 2009, 36, 1387-1390.	1.0	104
84	Quality Control of a Medical History: Improving Accuracy with Patient Participation, Supported by a Four-Page Version of the Multidimensional Health Assessment Questionnaire (MDHAQ). <i>Rheumatic Disease Clinics of North America</i> , 2009, 35, 851-860.	0.8	4
85	Complexities in Assessment of Rheumatoid Arthritis: Absence of a Single Gold Standard Measure. <i>Rheumatic Disease Clinics of North America</i> , 2009, 35, 687-697.	0.8	17
86	Flowsheets That Include MDHAQ Physical Function, Pain, Global, and RAPID3 Scores, Laboratory Tests, and Medications to Monitor Patients with all Rheumatic Diseases: An Electronic Database for an Electronic Medical Record. <i>Rheumatic Disease Clinics of North America</i> , 2009, 35, 829-842.	0.8	9
87	Joint Counts to Assess Rheumatoid Arthritis for Clinical Research and Usual Clinical Care: Advantages and Limitations. <i>Rheumatic Disease Clinics of North America</i> , 2009, 35, 713-722.	0.8	25
88	Laboratory Tests to Assess Patients with Rheumatoid Arthritis: Advantages and Limitations. <i>Rheumatic Disease Clinics of North America</i> , 2009, 35, 731-734.	0.8	55
89	A Standard Protocol to Evaluate Rheumatoid Arthritis (SPERA) for Efficient Capture of Essential Data from a Patient and a Health Professional in a Uniform "Scientific" Format. <i>Rheumatic Disease Clinics of North America</i> , 2009, 35, 843-850.	0.8	1
90	Clues on the MDHAQ to Identify Patients with Fibromyalgia and Similar Chronic Pain Conditions. <i>Rheumatic Disease Clinics of North America</i> , 2009, 35, 865-869.	0.8	6

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91	A Biopsychosocial Model to Complement a Biomedical Model: Patient Questionnaire Data and Socioeconomic Status Usually Are More Significant than Laboratory Tests and Imaging Studies in Prognosis of Rheumatoid Arthritis. <i>Rheumatic Disease Clinics of North America</i> , 2009, 35, 699-712.	0.8	36
92	Patient Questionnaires in Rheumatoid Arthritis: Advantages and Limitations as Quantitative, Standardized Scientific Medical History. <i>Rheumatic Disease Clinics of North America</i> , 2009, 35, 735-743.	0.8	22
93	How to Collect an MDHAQ to Provide Rheumatology Vital Signs (Function, Pain, Global Status, and) Regarding the MDHAQ. <i>Rheumatic Disease Clinics of North America</i> , 2009, 35, 799-812.	0.8	17
94	Quantitative Recording of Physician Clinical Estimates, Beyond a Global Estimate and Formal Joint Count, in Usual Care: Applying the Scientific Method, Using a Simple One-Page Worksheet. <i>Rheumatic Disease Clinics of North America</i> , 2009, 35, 813-817.	0.8	3
95	RAPID3, an Index to Assess and Monitor Patients with Rheumatoid Arthritis, Without Formal Joint Counts: Similar Results to DAS28 and CDAI in Clinical Trials and Clinical Care. <i>Rheumatic Disease Clinics of North America</i> , 2009, 35, 773-778.	0.8	116
96	Complex Measures and Indices for Clinical Research Compared with Simple Patient Questionnaires to Assess Function, Pain, and Global Estimates as Rheumatology "Vital Signs" for Usual Clinical Care. <i>Rheumatic Disease Clinics of North America</i> , 2009, 35, 779-786.	0.8	6
97	Criterion Contamination of Depression Scales in Patients with Rheumatoid Arthritis: The Need for Interpretation of Patient Questionnaires (as All Clinical Measures) in the Context of All Information About the Patient. <i>Rheumatic Disease Clinics of North America</i> , 2009, 35, 861-864.	0.8	22
98	The HAQ Compared with the MDHAQ: "Keep It Simple, Stupid" (KISS), with Feasibility and Clinical Value as Primary Criteria for Patient Questionnaires in Usual Clinical Care. <i>Rheumatic Disease Clinics of North America</i> , 2009, 35, 787-798.	0.8	23
99	Is a Self-Report RAPID3 Score a Reasonable Alternative to a DAS28 in Usual Clinical Care?. <i>Journal of Clinical Rheumatology</i> , 2009, 15, 215-217.	0.5	5
100	RAPID3-an index of physical function, pain, and global status as "vital signs" to improve care for people with chronic rheumatic diseases. <i>Bulletin of the NYU Hospital for Joint Diseases</i> , 2009, 67, 211-25.	0.7	28
101	Can RAPID3, an index without formal joint counts or laboratory tests, serve to guide rheumatologists in tight control of rheumatoid arthritis in usual clinical care?. <i>Bulletin of the NYU Hospital for Joint Diseases</i> , 2009, 67, 254-66.	0.7	13
102	Physical inactivity in patients with rheumatoid arthritis: Data from twenty-one countries in a cross-sectional, international study. <i>Arthritis and Rheumatism</i> , 2008, 59, 42-50.	6.7	277
103	Remission and rheumatoid arthritis: Data on patients receiving usual care in twenty-four countries. <i>Arthritis and Rheumatism</i> , 2008, 58, 2642-2651.	6.7	156
104	Treatment of rheumatoid arthritis: a global perspective on the use of antirheumatic drugs. <i>Modern Rheumatology</i> , 2008, 18, 228-239.	0.9	43
105	Are excellent systematic reviews of clinical trials useful for patient care?. <i>Nature Clinical Practice Rheumatology</i> , 2008, 4, 294-295.	3.2	4
106	RAPID3 (Routine Assessment of Patient Index Data 3), a Rheumatoid Arthritis Index Without Formal Joint Counts for Routine Care: Proposed Severity Categories Compared to Disease Activity Score and Clinical Disease Activity Index Categories. <i>Journal of Rheumatology</i> , 2008, 35, 2136-2147.	1.0	267
107	Relative efficiencies of physician/assessor global estimates and patient questionnaire measures are similar to or greater than joint counts to distinguish adalimumab from control treatments in rheumatoid arthritis clinical trials. <i>Journal of Rheumatology</i> , 2008, 35, 201-5.	1.0	30
108	Time to score quantitative rheumatoid arthritis measures: 28-Joint Count, Disease Activity Score, Health Assessment Questionnaire (HAQ), Multidimensional HAQ (MDHAQ), and Routine Assessment of Patient Index Data (RAPID) scores. <i>Journal of Rheumatology</i> , 2008, 35, 603-9.	1.0	48

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109	Pain, function, and RAPID scores: vital signs in chronic diseases, analogous to pulse and temperature in acute diseases and blood pressure and cholesterol in long-term health. Bulletin of the NYU Hospital for Joint Diseases, 2008, 66, 155-65.	0.7	15
110	Visual analog scales in formats other than a 10 centimeter horizontal line to assess pain and other clinical data. Journal of Rheumatology, 2008, 35, 1550-8.	1.0	57
111	Hotel-based medicine. Journal of Rheumatology, 2008, 35, 1487-8.	1.0	5
112	Limitations of a quantitative swollen and tender joint count to assess and monitor patients with rheumatoid arthritis. Bulletin of the NYU Hospital for Joint Diseases, 2008, 66, 216-23.	0.7	27
113	QUEST-RA: quantitative clinical assessment of patients with rheumatoid arthritis seen in standard rheumatology care in 15 countries. Annals of the Rheumatic Diseases, 2007, 66, 1491-1496.	0.5	172
114	A three-page Standard Protocol to Evaluate Rheumatoid Arthritis (SPERA) for efficient capture of essential data from patients and health professionals in standard clinical care and clinical research. Best Practice and Research in Clinical Rheumatology, 2007, 21, 677-685.	1.4	5
115	A practical guide to scoring a Multi-Dimensional Health Assessment Questionnaire (MDHAQ) and Routine Assessment of Patient Index Data (RAPID) scores in 10-20 seconds for use in standard clinical care, without rulers, calculators, websites or computers. Best Practice and Research in Clinical Rheumatology, 2007, 21, 755-787.	1.4	37
116	Can a Multi-Dimensional Health Assessment Questionnaire (MDHAQ) and Routine Assessment of Patient Index Data (RAPID) scores be informative in patients with all rheumatic diseases?. Best Practice and Research in Clinical Rheumatology, 2007, 21, 733-753.	1.4	27
117	Quantitative measures of rheumatic diseases for clinical research versus standard clinical care: differences, advantages and limitations. Best Practice and Research in Clinical Rheumatology, 2007, 21, 601-628.	1.4	35
118	A proposed continuous quality improvement approach to assessment and management of patients with rheumatoid arthritis without formal joint counts, based on quantitative routine assessment of patient index data (RAPID) scores on a multidimensional health assessment questionnaire (MDHAQ). Best Practice and Research in Clinical Rheumatology, 2007, 21, 789-804.	1.4	56
119	Shouldn't standard rheumatology clinical care be evidence-based rather than eminence-based, eloquence-based, or elegance-based?. Journal of Rheumatology, 2007, 34, 1-4.	1.0	229
120	A multidimensional health assessment questionnaire (MDHAQ) for all patients with rheumatic diseases to complete at all visits in standard clinical care. Bulletin of the NYU Hospital for Joint Diseases, 2007, 65, 150-60.	0.7	27
121	Patient questionnaires and formal education as more significant prognostic markers than radiographs or laboratory tests for rheumatoid arthritis mortality—limitations of a biomedical model to predict long-term outcomes. Bulletin of the NYU Hospital for Joint Diseases, 2007, 65 Suppl 1, S29-36.	0.7	7
122	Quantitative Measures to Assess Patients with Rheumatic Diseases: 2006 Update. Rheumatic Disease Clinics of North America, 2006, 32, 29-36.	0.8	4
123	Improving survival in inflammatory rheumatic diseases: a neglected goal?. Current Rheumatology Reports, 2006, 8, 401-403.	2.1	0
124	Evidence-based practice and practice-based evidence. Nature Clinical Practice Rheumatology, 2006, 2, 114-115.	3.2	24
125	Saving time and improving care with a multidimensional health assessment questionnaire: 10 practical considerations. Journal of Rheumatology, 2006, 33, 448-54.	1.0	10
126	The DAS is the most specific measure, but a patient questionnaire is the most informative measure to assess rheumatoid arthritis. Journal of Rheumatology, 2006, 33, 834-7.	1.0	23

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128	Advantages and limitations of quantitative measures to assess rheumatoid arthritis: joint counts, radiographs, laboratory tests, and patient questionnaires. <i>Bulletin of the NYU Hospital for Joint Diseases</i> , 2006, 64, 32-9.	0.7	8
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132	Patient preference in a crossover clinical trial of patients with osteoarthritis of the knee or hip: face validity of self-report questionnaire ratings. <i>Journal of Rheumatology</i> , 2005, 32, 533-9.	1.0	11
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134	Further development of a physical function scale on a MDHAQ [corrected] for standard care of patients with rheumatic diseases. <i>Journal of Rheumatology</i> , 2005, 32, 1432-9.	1.0	105
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143	Quantitative measures for assessing rheumatoid arthritis in clinical trials and clinical care. <i>Best Practice and Research in Clinical Rheumatology</i> , 2003, 17, 753-781.	1.4	69
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