Julian W Sacre

List of Publications by Year
in descending order

34 papers	1,707 citations	394421 19 h-index	454955 30 g-index
34 all docs	34 docs citations	34 times ranked	2334 citing authors

#	Article	IF	Citations
1	IDF diabetes Atlas: Global estimates of undiagnosed diabetes in adults for 2021. Diabetes Research and Clinical Practice, 2022, 183, 109118.	2.8	282
2	Excess allâ€cause and causeâ€specific mortality for people with diabetes and endâ€stage kidney disease. Diabetic Medicine, 2022, 39, e14775.	2.3	2
3	Do morbidity measures predict the decline of activities of daily living and instrumental activities of daily living amongst older inpatients? A systematic review. International Journal of Clinical Practice, 2021, 75, e13838.	1.7	6
4	Impact of the COVIDâ€19 pandemic and lockdown restrictions on psychosocial and behavioural outcomes among Australian adults with type 2 diabetes: Findings from the PREDICT cohort study. Diabetic Medicine, 2021, 38, e14611.	2.3	36
5	Heart failure hospitalisation relative to major atherosclerotic events in type 2 diabetes with versus without chronic kidney disease: A meta-analysis of cardiovascular outcomes trials. Diabetes and Metabolism, 2021, 47, 101249.	2.9	5
6	Declining mortality in older people with type 2 diabetes masks rising excess risks at younger ages: a population-based study of all-cause and cause-specific mortality over 13 years. International Journal of Epidemiology, 2021, 50, 1362-1372.	1.9	19
7	Incidence of Hospitalization for Heart Failure Relative to Major Atherosclerotic Events in Type 2 Diabetes: A Meta-analysis of Cardiovascular Outcomes Trials. Diabetes Care, 2020, 43, 2614-2623.	8.6	9
8	Young-onset type 2 diabetes mellitus â€" implications for morbidity and mortality. Nature Reviews Endocrinology, 2020, 16, 321-331.	9.6	215
9	A systematic review of trends in all-cause mortality among people with diabetes. Diabetologia, 2020, 63, 1718-1735.	6.3	37
10	Morbidity Measures Predicting Mortality in Inpatients: A Systematic Review. Journal of the American Medical Directors Association, 2020, 21, 462-468.e7.	2.5	32
11	Associations of Chronic Kidney Disease Markers with Cognitive Function: A 12-Year Follow-Up Study. Journal of Alzheimer's Disease, 2019, 70, S19-S30.	2.6	17
12	Left Ventricular Dysfunction and ExerciseÂCapacity Trajectory. JACC: Cardiovascular Imaging, 2019, 12, 798-806.	5.3	5
13	Mild cognitive impairment is associated with subclinical diastolic dysfunction in patients with chronic heart disease. European Heart Journal Cardiovascular Imaging, 2018, 19, 285-292.	1.2	19
14	Interrupting prolonged sitting in type 2 diabetes: nocturnal persistence of improved glycaemic control. Diabetologia, 2017, 60, 499-507.	6.3	83
15	Interrupting prolonged sitting with brief bouts of light walking or simple resistance activities reduces resting blood pressure and plasma noradrenaline in type 2 diabetes. Journal of Hypertension, 2016, 34, 2376-2382.	0.5	101
16	Benefits for Type 2 Diabetes of Interrupting Prolonged Sitting With Brief Bouts of Light Walking or Simple Resistance Activities. Diabetes Care, 2016, 39, 964-972.	8.6	273
17	Association of Exercise Intolerance in Type 2 Diabetes With Skeletal Muscle Blood Flow Reserve. JACC: Cardiovascular Imaging, 2015, 8, 913-921.	5.3	28
18	Exercise and Dietary Influences on Arterial Stiffness in Cardiometabolic Disease. Hypertension, 2014, 63, 888-893.	2.7	39

#	Article	IF	Citations
19	Biomarker and imaging responses to spironolactone in subclinical diabetic cardiomyopathy. European Heart Journal Cardiovascular Imaging, 2014, 15, 776-786.	1.2	20
20	A six-month exercise intervention in subclinical diabetic heart disease: Effects on exercise capacity, autonomic and myocardial function. Metabolism: Clinical and Experimental, 2014, 63, 1104-1114.	3.4	33
21	Exercise Training for the Modification of Arterial Stiffness and Wave Reflections. , 2014, , 541-552.		1
22	Contribution of autonomic dysfunction to abnormal exercise blood pressure in type 2 diabetes mellitus. Journal of Science and Medicine in Sport, 2013, 16, 8-12.	1.3	9
23	Heart rate complexity and cardiac sympathetic dysinnervation in patients with type 2 diabetes mellitus. , 2013, 2013, 5570-3.		5
24	Reply to Morton. Heartâ€rate responses to exercise in patients with diabetes with acute or chronic autonomic dysfunction. Diabetic Medicine, 2013, 30, 1010-1011.	2.3	0
25	QT Interval Variability in Type 2 Diabetic Patients with Cardiac Sympathetic Dysinnervation Assessed by ¹²³Iâ€Metaiodobenzylguanidine Scintigraphy. Journal of Cardiovascular Electrophysiology, 2013, 24, 305-313.	1.7	20
26	Augmentation Index Immediately after Maximal Exercise in Patients with Type 2 Diabetes Mellitus. Medicine and Science in Sports and Exercise, 2012, 44, 75-83.	0.4	10
27	Diagnostic accuracy of heartâ€rate recovery after exercise in the assessment of diabetic cardiac autonomic neuropathy. Diabetic Medicine, 2012, 29, e312-20.	2.3	30
28	Reliability of heart rate variability in patients with Type 2 diabetes mellitus. Diabetic Medicine, 2012, 29, e33-40.	2.3	34
29	Contribution of abnormal central blood pressure to left ventricular filling pressure during exercise in patients with heart failure and preserved ejection fraction. Journal of Hypertension, 2011, 29, 1422-1430.	0.5	21
30	Association of Imaging Markers of Myocardial Fibrosis With Metabolic and Functional Disturbances in Early Diabetic Cardiomyopathy. Circulation: Cardiovascular Imaging, 2011, 4, 693-702.	2.6	122
31	The Effect of a High-Fat Meal on Postprandial Arterial Stiffness in Men with Obesity and Type 2 Diabetes. Journal of Clinical Endocrinology and Metabolism, 2010, 95, 4455-4459.	3.6	21
32	Association of Cardiac Autonomic Neuropathy With Subclinical Myocardial Dysfunction in Type 2 Diabetes. JACC: Cardiovascular Imaging, 2010, 3, 1207-1215.	5.3	98
33	Pulse Wave Analysis Is a Reproducible Technique for Measuring Central Blood Pressure During Hemodynamic Perturbations Induced by Exercise. American Journal of Hypertension, 2008, 21, 1100-1106.	2.0	72
34	Clinical Utility of Cardiovascular Risk Scores for Identification of People With Type 2 Diabetes More Likely to Benefit From Either GLP-1 Receptor Agonist or SGLT2 Inhibitor Therapy. Diabetes Care, 0, , .	8.6	3