Wouter Wieling

List of Publications by Year in descending order

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159585 123424 5,435 91 30 61 citations g-index h-index papers 99 99 99 4080 docs citations times ranked citing authors all docs

#	Article	IF	CITATIONS
1	Consensus statement on the definition of orthostatic hypotension, neurally mediated syncope and the postural tachycardia syndrome. Clinical Autonomic Research, 2011, 21, 69-72.	2.5	1,231
2	Prediction of Tonic Parasympathetic Cardiac Control Using Respiratory Sinus Arrhythmia: The Need for Respiratory Control. Psychophysiology, 1991, 28, 201-216.	2.4	426
3	Pacemaker Therapy in Patients With Neurally Mediated Syncope and Documented Asystole. Circulation, 2012, 125, 2566-2571.	1.6	380
4	Syncope, cerebral perfusion, and oxygenation. Journal of Applied Physiology, 2003, 94, 833-848.	2.5	328
5	Initial orthostatic hypotension: review of a forgotten condition. Clinical Science, 2007, 112, 157-165.	4.3	319
6	The vasovagal response. Clinical Science, 1991, 81, 575-586.	4.3	311
7	Pathophysiological basis of orthostatic hypotension in autonomic failure. Journal of Physiology, 1999, 519, 1-10.	2.9	310
8	Symptoms and signs of syncope: a review of the link between physiology and clinical clues. Brain, 2009, 132, 2630-2642.	7.6	225
9	The semiology of tilt-induced reflex syncope in relation to electroencephalographic changes. Brain, 2014, 137, 576-585.	7.6	131
10	Reflex syncope in children and adolescents. Heart, 2004, 90, 1094-1100.	2.9	119
11	Long-Term Effects of Carotid Sinus Denervation on Arterial Blood Pressure in Humans. Circulation, 2002, 105, 1329-1335.	1.6	110
12	The pathophysiology of the vasovagal response. Heart Rhythm, 2018, 15, 921-929.	0.7	101
13	Syncope Unit: rationale and requirement – the European Heart Rhythm Association position statement endorsed by the Heart Rhythm Society. Europace, 2015, 17, 1325-1340.	1.7	98
14	Syncope clinical management in the emergency department: a consensus from the first international workshop on syncope risk stratification in the emergency department. European Heart Journal, 2016, 37, 1493-1498.	2.2	96
15	Steep fall in cardiac output is main determinant of hypotension during drug-free and nitroglycerine-induced orthostatic vasovagal syncope. Heart Rhythm, 2008, 5, 1695-1701.	0.7	92
16	Leg crossing, muscle tensing, squatting, and the crash position are effective against vasovagal reactions solely through increases in cardiac output. Journal of Applied Physiology, 2005, 99, 1697-1703.	2.5	82
17	Priorities for Emergency Department Syncope Research. Annals of Emergency Medicine, 2014, 64, 649-655.e2.	0.6	79
18	Physiologic strategies to prevent fainting responses during or after whole blood donation. Transfusion, 2011, 51, 2727-2738.	1.6	64

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19	Syncope in Brugada syndrome: Prevalence, clinical significance, and clues from history taking to distinguish arrhythmic from nonarrhythmic causes. Heart Rhythm, 2015, 12, 367-375.	0.7	64
20	Cardiac output and vasodilation in the vasovagal response: An analysis of the classic papers. Heart Rhythm, 2016, 13, 798-805.	0.7	57
21	Impact of age on the vasovagal response provoked by sublingual nitroglycerine in routine tilt testing. Clinical Science, 2007, 113, 329-337.	4.3	51
22	Impaired Systolic Blood Pressure Recovery Directly After Standing Predicts Mortality in Older Falls Clinic Patients. Journals of Gerontology - Series A Biological Sciences and Medical Sciences, 2014, 69, 471-478.	3.6	49
23	Management of initial orthostatic hypotension: lower body muscle tensing attenuates the transient arterial blood pressure decrease upon standing from squatting. Clinical Science, 2007, 113, 401-407.	4.3	46
24	Mechanisms of Vasovagal Syncope in the Young: Reduced Systemic Vascular Resistance Versus Reduced Cardiac Output. Journal of the American Heart Association, 2017, 6, .	3.7	44
25	Baroreflex failure following radiation therapy for nasopharyngeal carcinoma. Clinical Autonomic Research, 1999, 9, 317-324.	2.5	43
26	History taking as a diagnostic test in patients with syncope: developing expertise in syncope. European Heart Journal, 2015, 36, 277-280.	2.2	42
27	Do we need to evaluate diastolic blood pressure in patients with suspected orthostatic hypotension?. Clinical Autonomic Research, 2017, 27, 167-173.	2.5	42
28	Neural Circulatory Control in Vasovagal Syncope. PACE - Pacing and Clinical Electrophysiology, 1997, 20, 753-763.	1.2	41
29	Psychological Treatment of Malignant Vasovagal Syncope Due to Bloodphobia. PACE - Pacing and Clinical Electrophysiology, 2001, 24, 122-124.	1.2	37
30	Are portable folding chairs useful to combat orthostatic hypotension?. Annals of Neurology, 1997, 42, 975-978.	5. 3	35
31	Clinical history in management of suspected syncope: A powerful diagnostic tool. Cardiology Journal, 2014, 21, 651-657.	1.2	32
32	Vasoconstrictor reserve in neurally mediated syncope. Clinical Autonomic Research, 2000, 10, 53-55.	2.5	29
33	Systemic and cerebral circulatory adjustment within the first 60Âs after active standing: An integrative physiological view. Autonomic Neuroscience: Basic and Clinical, 2021, 231, 102756.	2.8	28
34	Hemodynamic Mechanisms Underlying Initial Orthostatic Hypotension, Delayed Recovery and Orthostatic Hypotension. Journal of the American Medical Directors Association, 2018, 19, 786-792.	2.5	23
35	Assessment of the Vasodepressor Reflex in Carotid Sinus Syndrome. Circulation: Arrhythmia and Electrophysiology, 2014, 7, 505-510.	4.8	22
36	Pathophysiological Mechanisms Underlying Vasovagal Syncope in Young Subjects. PACE - Pacing and Clinical Electrophysiology, 1997, 20, 2034-2038.	1.2	21

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37	Clinical Approach to Cardiovascular Reflex Testing. Clinical Science, 1996, 91, 108-112.	0.0	20
38	Treatment of vasovagal syncope: pacemaker or crossing legs?. Clinical Autonomic Research, 2000, 10, 347-349.	2.5	18
39	Orthostatic intolerance after space flight. Journal of Physiology, 2002, 538, 1-1.	2.9	16
40	Variability of Near-Fainting Responses in Healthy 6–16-Year-old Subjects. Clinical Science, 1997, 93, 205-211.	4.3	15
41	Delayed orthostatic hypotension and vasovagal syncope: a diagnostic dilemma. Clinical Autonomic Research, 2017, 27, 289-291.	2.5	14
42	Orthostatic Hypotension in the First Minute After Standing Up. Hypertension, 2018, 71, 816-818.	2.7	14
43	Diagnostic accuracy of evaluation of suspected syncope in the emergency department: usual practice vs. ESC guidelines. BMC Emergency Medicine, 2020, 20, 59.	1.9	14
44	Initial orthostatic hypotension as a cause of recurrent syncope: A case report. Clinical Autonomic Research, 2001, 11, 269-270.	2.5	13
45	Patients' choice of portable folding chairs to reduce symptoms of orthostatic hypotension. Clinical Autonomic Research, 1999, 9, 341-344.	2.5	12
46	Hemodynamic mechanisms underlying prolonged post-faint hypotension. Clinical Autonomic Research, 2011, 21, 405-413.	2.5	11
47	Bridging cardiovascular physics, physiology, and clinical practice: Karel H. Wesseling, pioneer of continuous noninvasive hemodynamic monitoring. American Journal of Physiology - Heart and Circulatory Physiology, 2015, 308, H153-H156.	3.2	11
48	Pacing in vasovagal syncope: A physiological paradox?. Heart Rhythm, 2020, 17, 813-820.	0.7	9
49	Diagnostic criteria for initial orthostatic hypotension: a narrative review. Clinical Autonomic Research, 2021, 31, 685-698.	2.5	9
50	The heart cannot pump blood that it does not receive. Frontiers in Physiology, 2014, 5, 360.	2.8	7
51	Syncope in Genotype-Negative Long QT Syndrome Family Members. American Journal of Cardiology, 2014, 114, 1223-1228.	1.6	6
52	Diabetic autonomic neuropathy: conventional cardiovascular laboratory testing and new developments. Neuroscience Research Communications, 1997, 21, 67-74.	0.2	5
53	Epidemiologic Aspects of Transient Loss of Consciousness/Syncope. , 0, , 8-14.		5
54	Syncopedia: training a new generation of syncope specialists. Clinical Autonomic Research, 2018, 28, 173-176.	2.5	5

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55	Sleep syncope: a prospective cohort study. Clinical Autonomic Research, 2022, 32, 19.	2.5	4
56	Effectiveness of Closed Loop Stimulation pacing in patients with cardio-inhibitory vasovagal reflex syncope is questionable. European Heart Journal, 2021, 42, 1710-1710.	2.2	3
57	The Impact of Syncope and Transient Loss of Consciousness on Quality of Life., 0,, 148-149.		2
58	Neurally-Mediated Reflex Syncope: Recognition by History and Clinical Testing., 0,, 44-50.		2
59	What is the best method to diagnose a vasovagal syncope?. Clinical Autonomic Research, 2021, 31, 347-349.	2.5	2
60	The Essential Autonomic Assessment for Evaluating the Cause of Syncope., 0,, 39-43.		1
61	Treatment Strategies in Neurally-Mediated Reflex Syncope: Effectiveness of Drugs, Pacing, and Physical Maneuvers. , 0, , 81-88.		1
62	Definition and Classification of Syncope and Transient Loss of Consciousness., 0,, 1-7.		1
63	To the Editor—History taking as a diagnostic test in patients with vasovagal syncope. Heart Rhythm, 2015, 12, e137.	0.7	1
64	Observations of a syncope doctor during self-induced (near)syncope episodes. Clinical Autonomic Research, 2021, 31, 43-45.	2.5	1
65	My good fortune to become a syncope doctor. Clinical Autonomic Research, 2021, 31, 15-18.	2.5	1
66	Spectrum of Hemodynamic Responses in the First 60 Seconds after Active Standing Up: Importance of Time Course of Blood Pressure Changes and Definitions. Journal of the American Medical Directors Association, 2021, 22, 2401-2403.	2.5	1
67	Efficacy of the Biosync trial: the information published from this trial to date is not sufficient to change theory. European Heart Journal, 2021, 42, 4497-4498.	2.2	1
68	Cardioneuroablation for recurrent vasovagal syncope: Important questions need to be answered. Heart Rhythm, 2021, 18, 2167-2168.	0.7	1
69	Exercise related syncope: when it?s not the heart. Clinical Autonomic Research, 2005, 15, 64-64.	2.5	0
70	Syncope in Patients with Bundle-Branch Block and Other Conduction System Abnormalities., 0,, 76-79.		0
71	Value and Limitations of Ambulatory Electrocardiographic Monitoring. , 0, , 51-55.		0
72	Recording Ambulatory Blood Pressure in the Syncope and TLOC Evaluation. , 0, , 56-60.		0

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73	Syncope and the Competitive Athlete: Recommendations for Evaluation and Permission to Compete. , 0, , 135-139.		O
74	Intolerance to Upright Posture in Autonomic Failure and the Postural Tachycardia Syndrome: Assessment and Treatment Strategies., 0,, 67-71.		0
75	Risk Stratification—Impact Diagnostic Strategy. , 0, , 24-28.		0
76	Value and Limitations of Clinical History in Assessing Cause of Syncope., 0,, 29-35.		0
77	Emergency Department Evaluation of Transient Loss of Consciousness/Syncope. , 0, , 36-38.		0
78	Syncope and Transient Loss of Consciousness in Children and Adolescents: Congenital and Acquired Conditions. , 0 , , $111-118$.		0
79	Appendix: Syncope Consortium Members. , 0, , 184-187.		0
80	Driving and Flying Restrictions for the Syncope and/or Implanted Cardiac Device Patient. , 0, , 151-156.		0
81	Improving Tolerance to Upright Posture: Current Status of Tilt-Training and Other Physical Maneuvers., 0,, 72-75.		0
82	Drug-Induced (latrogenic) Syncope. , 0, , 129-132.		0
83	Structural Heart Disease, Syncope, and Risk of Sudden Death: Selection of Patients for Implantable Cardioverter-Defibrillator Therapy. , 0, , 89-94.		0
84	Distinguishing Seizures and Pseudosyncope from Syncope. , 0, , 102-110.		0
85	Channelopathies as a Cause of Syncope. , 0, , 95-101.		0
86	Transient Loss of Consciousness, Syncope, and Falls in the Elderly. , 0, , 119-128.		0
87	Reply: Syncope and electroencephalography. Brain, 2014, 137, e285-e285.	7.6	0
88	Specific Causes of Syncope: Their Evaluation and Treatment Strategies., 0,, 170-184.		0
89	Syncope and Other Causes of Transient Loss of Consciousness in Children, Teenagers, and Adolescents., 0,, 216-231.		0
90	Pathophysiology and Clinical Presentation. , 0, , 16-28.		0

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91	Symptoms in patients with syncope did not predict death or recurrence. ACP Journal Club, 1999, 131, 53.	0.1	O