## **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	Sleep syncope: a prospective cohort study. Clinical Autonomic Research, 2022, 32, 19.	2.5	4
2	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
3	Observations of a syncope doctor during self-induced (near)syncope episodes. Clinical Autonomic Research, 2021, 31, 43-45.	2.5	1
4	My good fortune to become a syncope doctor. Clinical Autonomic Research, 2021, 31, 15-18.	2.5	1
5	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
6	What is the best method to diagnose a vasovagal syncope?. Clinical Autonomic Research, 2021, 31, 347-349.	2.5	2
7	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
8	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
9	Cardioneuroablation for recurrent vasovagal syncope: Important questions need to be answered. Heart Rhythm, 2021, 18, 2167-2168.	0.7	1
10	Diagnostic criteria for initial orthostatic hypotension: a narrative review. Clinical Autonomic Research, 2021, 31, 685-698.	2.5	9
11	Pacing in vasovagal syncope: A physiological paradox?. Heart Rhythm, 2020, 17, 813-820.	0.7	9
12	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
13	Orthostatic Hypotension in the First Minute After Standing Up. Hypertension, 2018, 71, 816-818.	2.7	14
14	The pathophysiology of the vasovagal response. Heart Rhythm, 2018, 15, 921-929.	0.7	101
15	Syncopedia: training a new generation of syncope specialists. Clinical Autonomic Research, 2018, 28, 173-176.	2.5	5
16	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
17	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
18	Do we need to evaluate diastolic blood pressure in patients with suspected orthostatic hypotension?. Clinical Autonomic Research, 2017, 27, 167-173.	2.5	42

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19	Delayed orthostatic hypotension and vasovagal syncope: a diagnostic dilemma. Clinical Autonomic Research, 2017, 27, 289-291.	2.5	14
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	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
22	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
23	To the Editor—History taking as a diagnostic test in patients with vasovagal syncope. Heart Rhythm, 2015, 12, e137.	0.7	1
24	Syncope Unit: rationale and requirement $\hat{a} \in \text{``the European Heart Rhythm Association position statement endorsed by the Heart Rhythm Society. Europace, 2015, 17, 1325-1340.}$	1.7	98
25	History taking as a diagnostic test in patients with syncope: developing expertise in syncope. European Heart Journal, 2015, 36, 277-280.	2.2	42
26	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
27	The heart cannot pump blood that it does not receive. Frontiers in Physiology, 2014, 5, 360.	2.8	7
28	The semiology of tilt-induced reflex syncope in relation to electroencephalographic changes. Brain, 2014, 137, 576-585.	7.6	131
29	Reply: Syncope and electroencephalography. Brain, 2014, 137, e285-e285.	7.6	0
30	Assessment of the Vasodepressor Reflex in Carotid Sinus Syndrome. Circulation: Arrhythmia and Electrophysiology, 2014, 7, 505-510.	4.8	22
31	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
32	Syncope in Genotype-Negative Long QT Syndrome Family Members. American Journal of Cardiology, 2014, 114, 1223-1228.	1.6	6
33	Priorities for Emergency Department Syncope Research. Annals of Emergency Medicine, 2014, 64, 649-655.e2.	0.6	79
34	Clinical history in management of suspected syncope: A powerful diagnostic tool. Cardiology Journal, 2014, 21, 651-657.	1.2	32
35	Pacemaker Therapy in Patients With Neurally Mediated Syncope and Documented Asystole. Circulation, 2012, 125, 2566-2571.	1.6	380
36	Physiologic strategies to prevent fainting responses during or after whole blood donation. Transfusion, 2011, 51, 2727-2738.	1.6	64

#	Article	IF	Citations
37	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
38	Hemodynamic mechanisms underlying prolonged post-faint hypotension. Clinical Autonomic Research, 2011, 21, 405-413.	2.5	11
39	Symptoms and signs of syncope: a review of the link between physiology and clinical clues. Brain, 2009, 132, 2630-2642.	7.6	225
40	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
41	Initial orthostatic hypotension: review of a forgotten condition. Clinical Science, 2007, 112, 157-165.	4.3	319
42	Impact of age on the vasovagal response provoked by sublingual nitroglycerine in routine tilt testing. Clinical Science, 2007, 113, 329-337.	4.3	51
43	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
44	Exercise related syncope: when it?s not the heart. Clinical Autonomic Research, 2005, 15, 64-64.	2.5	0
45	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
46	Reflex syncope in children and adolescents. Heart, 2004, 90, 1094-1100.	2.9	119
47	Syncope, cerebral perfusion, and oxygenation. Journal of Applied Physiology, 2003, 94, 833-848.	2.5	328
48	Long-Term Effects of Carotid Sinus Denervation on Arterial Blood Pressure in Humans. Circulation, 2002, 105, 1329-1335.	1.6	110
49	Orthostatic intolerance after space flight. Journal of Physiology, 2002, 538, 1-1.	2.9	16
50	Initial orthostatic hypotension as a cause of recurrent syncope: A case report. Clinical Autonomic Research, 2001, 11, 269-270.	2.5	13
51	Psychological Treatment of Malignant Vasovagal Syncope Due to Bloodphobia. PACE - Pacing and Clinical Electrophysiology, 2001, 24, 122-124.	1.2	37
52	Vasoconstrictor reserve in neurally mediated syncope. Clinical Autonomic Research, 2000, 10, 53-55.	2.5	29
53	Treatment of vasovagal syncope: pacemaker or crossing legs?. Clinical Autonomic Research, 2000, 10, 347-349.	2.5	18
54	Pathophysiological basis of orthostatic hypotension in autonomic failure. Journal of Physiology, 1999, 519, 1-10.	2.9	310

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55	Baroreflex failure following radiation therapy for nasopharyngeal carcinoma. Clinical Autonomic Research, 1999, 9, 317-324.	2.5	43
56	Patients' choice of portable folding chairs to reduce symptoms of orthostatic hypotension. Clinical Autonomic Research, 1999, 9, 341-344.	2.5	12
57	Symptoms in patients with syncope did not predict death or recurrence. ACP Journal Club, 1999, 131, 53.	0.1	O
58	Variability of Near-Fainting Responses in Healthy 6–16-Year-old Subjects. Clinical Science, 1997, 93, 205-211.	4.3	15
59	Pathophysiological Mechanisms Underlying Vasovagal Syncope in Young Subjects. PACE - Pacing and Clinical Electrophysiology, 1997, 20, 2034-2038.	1.2	21
60	Neural Circulatory Control in Vasovagal Syncope. PACE - Pacing and Clinical Electrophysiology, 1997, 20, 753-763.	1.2	41
61	Are portable folding chairs useful to combat orthostatic hypotension?. Annals of Neurology, 1997, 42, 975-978.	5.3	35
62	Diabetic autonomic neuropathy: conventional cardiovascular laboratory testing and new developments. Neuroscience Research Communications, 1997, 21, 67-74.	0.2	5
63	Clinical Approach to Cardiovascular Reflex Testing. Clinical Science, 1996, 91, 108-112.	0.0	20
64	The vasovagal response. Clinical Science, 1991, 81, 575-586.	4.3	311
65			
65	Prediction of Tonic Parasympathetic Cardiac Control Using Respiratory Sinus Arrhythmia: The Need for Respiratory Control. Psychophysiology, 1991, 28, 201-216.	2.4	426
66	Prediction of Tonic Parasympathetic Cardiac Control Using Respiratory Sinus Arrhythmia: The Need for Respiratory Control. Psychophysiology, 1991, 28, 201-216.  Epidemiologic Aspects of Transient Loss of Consciousness/Syncope., 0,, 8-14.	2.4	426 5
	for Respiratory Control. Psychophysiology, 1991, 28, 201-216.	2.4	
66	for Respiratory Control. Psychophysiology, 1991, 28, 201-216.  Epidemiologic Aspects of Transient Loss of Consciousness/Syncope., 0, , 8-14.	2.4	5
66	for Respiratory Control. Psychophysiology, 1991, 28, 201-216.  Epidemiologic Aspects of Transient Loss of Consciousness/Syncope., 0,, 8-14.  Syncope in Patients with Bundle-Branch Block and Other Conduction System Abnormalities., 0,, 76-79.	2.4	5 O
66 67 68	for Respiratory Control. Psychophysiology, 1991, 28, 201-216.  Epidemiologic Aspects of Transient Loss of Consciousness/Syncope., 0,, 8-14.  Syncope in Patients with Bundle-Branch Block and Other Conduction System Abnormalities., 0,, 76-79.  Value and Limitations of Ambulatory Electrocardiographic Monitoring., 0,, 51-55.	2.4	5 0 0
66 67 68	for Respiratory Control. Psychophysiology, 1991, 28, 201-216.  Epidemiologic Aspects of Transient Loss of Consciousness/Syncope., 0,, 8-14.  Syncope in Patients with Bundle-Branch Block and Other Conduction System Abnormalities., 0,, 76-79.  Value and Limitations of Ambulatory Electrocardiographic Monitoring., 0,, 51-55.  Recording Ambulatory Blood Pressure in the Syncope and TLOC Evaluation., 0,, 56-60.  Syncope and the Competitive Athlete: Recommendations for Evaluation and Permission to Compete., 0,	2.4	5 0 0

#	Article	IF	CITATIONS
73	Risk Stratification—Impact Diagnostic Strategy. , 0, , 24-28.		O
74	Value and Limitations of Clinical History in Assessing Cause of Syncope., 0,, 29-35.		0
75	Emergency Department Evaluation of Transient Loss of Consciousness/Syncope., 0,, 36-38.		0
76	Syncope and Transient Loss of Consciousness in Children and Adolescents: Congenital and Acquired Conditions., 0,, 111-118.		0
77	Treatment Strategies in Neurally-Mediated Reflex Syncope: Effectiveness of Drugs, Pacing, and Physical Maneuvers. , 0, , 81-88.		1
78	Definition and Classification of Syncope and Transient Loss of Consciousness. , $0$ , , $1$ -7.		1
79	Appendix: Syncope Consortium Members. , 0, , 184-187.		0
80	The Impact of Syncope and Transient Loss of Consciousness on Quality of Life., 0,, 148-149.		2
81	Driving and Flying Restrictions for the Syncope and/or Implanted Cardiac Device Patient. , 0, , 151-156.		0
82	Neurally-Mediated Reflex Syncope: Recognition by History and Clinical Testing., 0,, 44-50.		2
83	Improving Tolerance to Upright Posture: Current Status of Tilt-Training and Other Physical Maneuvers. , 0, , 72-75.		0
84	Drug-Induced (latrogenic) Syncope. , 0, , 129-132.		0
85	Structural Heart Disease, Syncope, and Risk of Sudden Death: Selection of Patients for Implantable Cardioverter-Defibrillator Therapy., 0,, 89-94.		0
86	Distinguishing Seizures and Pseudosyncope from Syncope. , 0, , 102-110.		0
87	Channelopathies as a Cause of Syncope. , 0, , 95-101.		0
88	Transient Loss of Consciousness, Syncope, and Falls in the Elderly. , 0, , 119-128.		0
89	Specific Causes of Syncope: Their Evaluation and Treatment Strategies. , 0, , 170-184.		0
90	Syncope and Other Causes of Transient Loss of Consciousness in Children, Teenagers, and Adolescents., 0,, 216-231.		0

# ARTICLE IF CITATIONS
91 Pathophysiology and Clinical Presentation., 0,, 16-28. 0