Bruce Guthrie

List of Publications by Year in descending order

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RDUCE CUTHDIE

#	Article	IF	CITATIONS
1	Developing an AKI Consensus Definition for Database Research: Findings From a Scoping Review and Expert Opinion Using a Delphi Process. American Journal of Kidney Diseases, 2022, 79, 488-496.e1.	1.9	15
2	Telephone triage of young adults with chest pain: population analysis of NHS24 calls in Scottish unscheduled care. Emergency Medicine Journal, 2022, 39, 508-514.	1.0	3
3	The COVID-19 pandemic has highlighted the need to invest in care home research infrastructure. Age and Ageing, 2022, 51, .	1.6	6
4	Introducing NICE guidelines for intravenous fluid therapy into a district general hospital. BMJ Open Quality, 2022, 11, e001636.	1.1	6
5	Unscheduled care pathways in patients with myocardial infarction in Scotland. Heart, 2022, , heartjnl-2021-320614.	2.9	2
6	Variation in the estimated prevalence of multimorbidity: systematic review and meta-analysis of 193 international studies. BMJ Open, 2022, 12, e057017.	1.9	39
7	Predictive performance of a competing risk cardiovascular prediction tool CRISK compared to QRISK3 in older people and those with comorbidity: population cohort study. BMC Medicine, 2022, 20, 152.	5.5	9
8	Survey to identify research priorities for primary care in Scotland during and following the COVID-19 pandemic. BMJ Open, 2022, 12, e056817.	1.9	3
9	Multimorbidity. Nature Reviews Disease Primers, 2022, 8, .	30.5	212
10	Family doctor responses to changes in target stringency under financial incentives. Journal of Health Economics, 2022, 85, 102651.	2.7	6
11	The burden of psychotropic and anticholinergic medicines use in care homes: population-based analysis in 147 care homes. Age and Ageing, 2021, 50, 183-189.	1.6	11
12	Ensemble learning for poor prognosis predictions: A case study on SARS-CoV-2. Journal of the American Medical Informatics Association: JAMIA, 2021, 28, 791-800.	4.4	6
13	Impact of electronic alerts for acute kidney injury on patient outcomes: interrupted time-series analysis of population cohort data. CKJ: Clinical Kidney Journal, 2021, 14, 639-646.	2.9	4
14	Multimorbidity combinations, costs of hospital care and potentially preventable emergency admissions in England: A cohort study. PLoS Medicine, 2021, 18, e1003514.	8.4	42
15	Relation of severe COVID-19 to polypharmacy and prescribing of psychotropic drugs: the REACT-SCOT case-control study. BMC Medicine, 2021, 19, 51.	5.5	41
16	Understanding health-care outcomes of older people with cognitive impairment and/or dementia admitted to hospital: a mixed-methods study. Health Services and Delivery Research, 2021, 9, 1-280.	1.4	1
17	Impact of COVID-19 on care-home mortality and life expectancy in Scotland. Age and Ageing, 2021, 50, 1029-1037.	1.6	19
18	Collaborative improvement in Scottish GP clusters after the Quality and Outcomes Framework: a qualitative study. British Journal of General Practice, 2021, 71, e719-e727.	1.4	14

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19	Care-home outbreaks of COVID-19 in Scotland March to May 2020: National linked data cohort analysis. Age and Ageing, 2021, 50, 1482-1492.	1.6	19
20	Effect of competing mortality risks on predictive performance of the QRISK3 cardiovascular risk prediction tool in older people and those with comorbidity: external validation population cohort study. The Lancet Healthy Longevity, 2021, 2, e352-e361.	4.6	24
21	Observed and expected serious adverse event rates in randomised clinical trials for hypertension: an observational study comparing trials that do and do not focus on older people. The Lancet Healthy Longevity, 2021, 2, e398-e406.	4.6	11
22	Examining variation in the measurement of multimorbidity in research: a systematic review of 566 studies. Lancet Public Health, The, 2021, 6, e587-e597.	10.0	116
23	The Use of Telemonitoring in Managing the COVID-19 Pandemic: Pilot Implementation Study. JMIR Formative Research, 2021, 5, e20131.	1.4	14
24	Indirect effects of the COVID-19 pandemic on paediatric healthcare use and severe disease: a retrospective national cohort study. Archives of Disease in Childhood, 2021, 106, 911-917.	1.9	71
25	Comorbidity in chronic kidney disease: a large cross-sectional study of prevalence in Scottish primary care. British Journal of General Practice, 2021, 71, e243-e249.	1.4	45
26	Integration of health and social care: necessary but challenging for all. British Journal of General Practice, 2021, 71, 442-443.	1.4	0
27	Excessive polypharmacy and potentially inappropriate prescribing in 147 care-homes: cross-sectional study. BJCP Open, 2021, , BJCPO.2021.0167.	1.8	6
28	Potentially inappropriate primary care prescribing in people with chronic kidney disease: a cross-sectional analysis of a large population cohort. British Journal of General Practice, 2021, 71, e483-e490.	1.4	6
29	Epidemiology of type 2 diabetes remission in Scotland in 2019: A cross-sectional population-based study. PLoS Medicine, 2021, 18, e1003828.	8.4	14
30	Impact of medicines regulatory risk communications in the UK on prescribing and clinical outcomes: Systematic review, time series analysis and metaâ€analysis. British Journal of Clinical Pharmacology, 2020, 86, 698-710.	2.4	30
31	Assessing the accuracy of ICD-10 coding for measuring rates of and mortality from acute kidney injury and the impact of electronic alerts: an observational cohort study. CKJ: Clinical Kidney Journal, 2020, 13, 1083-1090.	2.9	27
32	Evolution and effects of COVID-19 outbreaks in care homes: a population analysis in 189 care homes in one geographical region of the UK. The Lancet Healthy Longevity, 2020, 1, e21-e31.	4.6	158
33	Association between antipsychotic use and acute ischemic heart disease in women but not in men: a retrospective cohort study of over one million primary care patients. BMC Medicine, 2020, 18, 289.	5.5	10
34	Pharmacist and Data-Driven Quality Improvement in Primary Care (P-DQIP): a qualitative study of anticipated implementation factors informed by the Theoretical Domains Framework. BMJ Open, 2020, 10, e033574.	1.9	3
35	Can NSAIDs Be Used Safely for Analgesia in Patients with CKD?: CON. Kidney360, 2020, 1, 1189-1191.	2.1	1
36	Cost-effectiveness of a patient-centred approach to managing multimorbidity in primary care: a pragmatic cluster randomised controlled trial. BMJ Open, 2020, 10, e030110.	1.9	8

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37	Global, regional, and national estimates of the population at increased risk of severe COVID-19 due to underlying health conditions in 2020: a modelling study. The Lancet Global Health, 2020, 8, e1003-e1017.	6.3	760
38	Barriers and enablers to collaborative working between GPs and pharmacists: a qualitative interview study. British Journal of General Practice, 2020, 70, e155-e163.	1.4	26
39	Exclusion rates in randomized controlled trials of treatments for physical conditions: a systematic review. Trials, 2020, 21, 228.	1.6	57
40	Working lives of GPs in Scotland and England: cross-sectional analysis of national surveys. BMJ Open, 2020, 10, e042236.	1.9	7
41	Defining remission of type 2 diabetes in research studies: A systematic scoping review. PLoS Medicine, 2020, 17, e1003396.	8.4	23
42	Closing the UK care home data gap – methodological challenges and solutions. International Journal of Population Data Science, 2020, 5, 1391.	0.1	26
43	Defining remission of type 2 diabetes in research studies: A systematic scoping review. , 2020, 17, e1003396.		0
44	Defining remission of type 2 diabetes in research studies: A systematic scoping review. , 2020, 17, e1003396.		0
45	Defining remission of type 2 diabetes in research studies: A systematic scoping review. , 2020, 17, e1003396.		0
46	Defining remission of type 2 diabetes in research studies: A systematic scoping review. , 2020, 17, e1003396.		0
47	Defining remission of type 2 diabetes in research studies: A systematic scoping review. , 2020, 17, e1003396.		0
48	Defining remission of type 2 diabetes in research studies: A systematic scoping review. , 2020, 17, e1003396.		0
49	Multimorbidity and patient-centred care in the 3D trial – Authors' reply. Lancet, The, 2019, 393, 129.	13.7	0
50	Changes in resistance among coliform bacteraemia associated with a primary care antimicrobial stewardship intervention: A population-based interrupted time series study. PLoS Medicine, 2019, 16, e1002825.	8.4	20
51	A balanced approach to identifying, prioritising and evaluating all potential consequences of quality improvement: modified Delphi study. BMJ Open, 2019, 9, e023890.	1.9	7
52	Sex-specific intergenerational trends in morbidity burden and multimorbidity status in Hong Kong community: an age-period-cohort analysis of repeated population surveys. BMJ Open, 2019, 9, e023927.	1.9	15
53	Efficiency versus thoroughness in medication review: a qualitative interview study in UK primary care. British Journal of General Practice, 2019, 69, e190-e198.	1.4	33
54	Factors affecting use of unscheduled care for people with advanced cancer: a retrospective cohort study in Scotland. British Journal of General Practice, 2019, 69, e860-e868.	1.4	23

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55	Can implementation failure or intervention failure explain the result of the 3D multimorbidity trial in general practice: mixed-methods process evaluation. BMJ Open, 2019, 9, e031438.	1.9	22
56	Representation of people with comorbidity and multimorbidity in clinical trials of novel drug therapies: an individual-level participant data analysis. BMC Medicine, 2019, 17, 201.	5.5	52
57	Identifying care-home residents in routine healthcare datasets: a diagnostic test accuracy study of five methods. Age and Ageing, 2019, 48, 114-121.	1.6	19
58	Multimorbidity in middle age predicts more subsequent hospital admissions than in older age: A nine-year retrospective cohort study of 121,188 discharged in-patients. European Journal of Internal Medicine, 2019, 61, 103-111.	2.2	27
59	A patient-centred intervention to improve the management of multimorbidity in general practice: the 3D RCT. Health Services and Delivery Research, 2019, 7, 1-238.	1.4	15
60	Between demarcation and discretion: The medical-administrative boundary as a locus of safety in high-volume organisational routines. Social Science and Medicine, 2018, 203, 43-50.	3.8	4
61	Exploring the impact and use of patients' feedback about their care experiences in general practice settings—a realist synthesis. Family Practice, 2018, 35, 13-21.	1.9	23
62	Process evaluation of the Data-driven Quality Improvement in Primary Care (DQIP) trial: quantitative examination of variation between practices in recruitment, implementation and effectiveness. BMJ Open, 2018, 8, e017133.	1.9	3
63	Chronic morbidity, deprivation and primary medical care spending in England in 2015-16: a cross-sectional spatial analysis. BMC Medicine, 2018, 16, 19.	5.5	23
64	Divided we fall: the commodification of primary medical care. BMJ: British Medical Journal, 2018, 360, k787.	2.3	1
65	Identifying who lives in a care home—a challenge to be conquered. Age and Ageing, 2018, 47, 322-323.	1.6	16
66	Balancing measures or a balanced accounting of improvement impact: a qualitative analysis of individual and focus group interviews with improvement experts in Scotland. BMJ Quality and Safety, 2018, 27, 547-556.	3.7	29
67	Efficiency and thoroughness trade-offs in high-volume organisational routines: an ethnographic study of prescribing safety in primary care. BMJ Quality and Safety, 2018, 27, 199-206.	3.7	12
68	Clinical Guidelines in the Context of Aging and Multimorbidity. The Public Policy and Aging Report, 2018, 28, 143-149.	1.1	12
69	Understanding usual care for patients with multimorbidity: baseline data from a cluster-randomised trial of the 3D intervention in primary care. BMJ Open, 2018, 8, e019845.	1.9	15
70	Living at home after emergency hospital admission: prospective cohort study in older adults with and without cognitive spectrum disorder. BMC Medicine, 2018, 16, 231.	5.5	14
71	Mortality in people with dementia, delirium, and unspecified cognitive impairment in the general hospital: prospective cohort study of 6,724 patients with 2 years follow-up. Clinical Epidemiology, 2018, Volume 10, 1743-1753.	3.0	62
72	Quality of Care in the United Kingdom after Removal of Financial Incentives. New England Journal of Medicine, 2018, 379, 2178-2179.	27.0	4

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73	Quality of Care in the United Kingdom after Removal of Financial Incentives. New England Journal of Medicine, 2018, 379, 948-957.	27.0	87
74	Management of multimorbidity using a patient-centred care model: a pragmatic cluster-randomised trial of the 3D approach. Lancet, The, 2018, 392, 41-50.	13.7	254
75	A computer template to enhance patient-centredness in multimorbidity reviews: a qualitative evaluation in primary care. British Journal of General Practice, 2018, 68, e495-e504.	1.4	11
76	The research data management platform (RDMP): A novel, process driven, open-source tool for the management of longitudinal cohorts of clinical data. GigaScience, 2018, 7, .	6.4	11
77	Comorbidity and polypharmacy in people with dementia: insights from a large, population-based cross-sectional analysis of primary care data. Age and Ageing, 2017, 46, 33-39.	1.6	104
78	Respiratory effect of beta-blockers in people with asthma and cardiovascular disease: population-based nested case control study. BMC Medicine, 2017, 15, 18.	5.5	67
79	Comorbidity and polypharmacy in chronic heart failure: a large cross-sectional study in primary care. British Journal of General Practice, 2017, 67, e314-e320.	1.4	29
80	Chronic obstructive pulmonary disease and comorbidities: a large cross-sectional study in primary care. British Journal of General Practice, 2017, 67, e321-e328.	1.4	35
81	Physical and mental health comorbidities of epilepsy: Population-based cross-sectional analysis of 1.5 million people in Scotland. Seizure: the Journal of the British Epilepsy Association, 2017, 45, 125-131.	2.0	51
82	Evaluation of a complex intervention to improve primary care prescribing: a phase IV segmented regression interrupted time series analysis. British Journal of General Practice, 2017, 67, e352-e360.	1.4	15
83	Process evaluation of the Data-driven Quality Improvement in Primary Care (DQIP) trial: case study evaluation of adoption and maintenance of a complex intervention to reduce high-risk primary care prescribing. BMJ Open, 2017, 7, e015281.	1.9	17
84	Off-label prescribing of antidepressants. BMJ: British Medical Journal, 2017, 356, j849.	2.3	3
85	Smoking cessation interventions for patients with coronary heart disease and comorbidities: an observational cross-sectional study in primary care. British Journal of General Practice, 2017, 67, e118-e129.	1.4	9
86	Has primary care antimicrobial use really been increasing? Comparison of changes in different prescribing measures for a complete geographic population 1995–2014. Journal of Antimicrobial Chemotherapy, 2017, 72, 2921-2930.	3.0	11
87	Multimorbidity, dementia and health care in older people:a population-based cohort study. CMAJ Open, 2017, 5, E623-E631.	2.4	48
88	Developing middle-ground research to support primary care transformation. British Journal of General Practice, 2017, 67, 498-499.	1.4	11
89	Hospital antimicrobial stewardship: the way forward. Lancet Infectious Diseases, The, 2017, 17, 1119-1120.	9.1	3
90	Co-morbidity and polypharmacy in Parkinson's disease: insights from a large Scottish primary care database. BMC Neurology, 2017, 17, 126.	1.8	80

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91	Process evaluation of the data-driven quality improvement in primary care (DQIP) trial: active and less active ingredients of a multi-component complex intervention to reduce high-risk primary care prescribing. Implementation Science, 2017, 12, 4.	6.9	24
92	The role of informal dimensions of safety in high-volume organisational routines: an ethnographic study of test results handling in UK general practice. Implementation Science, 2017, 12, 56.	6.9	16
93	The Foundations Framework for Developing and Reporting New Models of Care for Multimorbidity. Annals of Family Medicine, 2017, 15, 570-577.	1.9	33
94	A framework for ensuring a balanced accounting of the impact of antimicrobial stewardship interventions. Journal of Antimicrobial Chemotherapy, 2017, 72, 3223-3231.	3.0	17
95	Using the Payoff Time in Decision-Analytic Models: A Case Study for Using Statins in Primary Prevention. Medical Decision Making, 2017, 37, 759-769.	2.4	5
96	Non-steroidal anti-inflammatory drug induced acute kidney injury in the community dwelling general population and people with chronic kidney disease: systematic review and meta-analysis. BMC Nephrology, 2017, 18, 256.	1.8	160
97	Epidemiology and outcomes of people with dementia, delirium, and unspecified cognitive impairment in the general hospital: prospective cohort study of 10,014 admissions. BMC Medicine, 2017, 15, 140.	5.5	146
98	Better guidelines for better care: accounting for multimorbidity in clinical guidelines – structured examination of exemplar guidelines and health economic modelling. Health Services and Delivery Research, 2017, 5, 1-150.	1.4	18
99	How Does Sex Influence Multimorbidity? Secondary Analysis of a Large Nationally Representative Dataset. International Journal of Environmental Research and Public Health, 2016, 13, 391.	2.6	43
100	Spatioâ€ŧemporal elements of articulation work in the achievement of repeat prescribing safety in <scp>UK</scp> general practice. Sociology of Health and Illness, 2016, 38, 306-324.	2.1	17
101	Respiratory effect of betaâ€blocker eye drops in asthma: populationâ€based study and metaâ€analysis of clinical trials. British Journal of Clinical Pharmacology, 2016, 82, 814-822.	2.4	42
102	Improving the management of multimorbidity in general practice: protocol of a cluster randomised controlled trial (The 3D Study). BMJ Open, 2016, 6, e011261.	1.9	29
103	Accounting for multimorbidity in pay for performance: a modelling study using UK Quality and Outcomes Framework data. British Journal of General Practice, 2016, 66, e561-e567.	1.4	4
104	The CARE Plus study – a whole-system intervention to improve quality of life of primary care patients with multimorbidity in areas of high socioeconomic deprivation: exploratory cluster randomised controlled trial and cost-utility analysis. BMC Medicine, 2016, 14, 88.	5.5	92
105	Quality and Outcomes Framework: what have we learnt?:. BMJ, The, 2016, 354, i4060.	6.0	95
106	Psychoactive prescribing for older people—what difference does 15 years make?. International Journal of Geriatric Psychiatry, 2016, 31, 49-57.	2.7	8
107	Clinical assessment and management of multimorbidity: summary of NICE guidance. BMJ, The, 2016, 354, i4843.	6.0	151
108	Data feedback and behavioural change intervention to improve primary care prescribing safety (EFIPPS): multicentre, three arm, cluster randomised controlled trial. BMJ, The, 2016, 354, i4079.	6.0	52

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109	Protocol for a process evaluation of a cluster randomised controlled trial to improve management of multimorbidity in general practice: the 3D study. BMJ Open, 2016, 6, e011260.	1.9	27
110	Associations between exemption and survival outcomes in the UK's primary care pay-for-performance programme: a retrospective cohort study. BMJ Quality and Safety, 2016, 25, 657-670.	3.7	20
111	The development and optimisation of a primary care-based whole system complex intervention (CARE) Tj ETQq1 1 Illness, 2016, 12, 165-181.	0.784314 1.5	4 rgBT /Ov∈ 24
112	Do Pills Have No Ills? Capturing the Impact of Direct Treatment Disutility. Pharmacoeconomics, 2016, 34, 333-336.	3.3	7
113	Fair access to medicine? Retrospective analysis of UK medical schools application data 2009-2012 using three measures of socioeconomic status. BMC Medical Education, 2016, 16, 11.	2.4	91
114	Safer Prescribing — A Trial of Education, Informatics, and Financial Incentives. New England Journal of Medicine, 2016, 374, 1053-1064.	27.0	138
115	Methods for identifying 30 chronic conditions: application to administrative data. BMC Medical Informatics and Decision Making, 2016, 15, 31.	3.0	275
116	General practice funding underpins the persistence of the inverse care law: cross-sectional study in Scotland. British Journal of General Practice, 2015, 65, e799-e805.	1.4	75
117	The rising tide of polypharmacy and drug-drug interactions: population database analysis 1995–2010. BMC Medicine, 2015, 13, 74.	5.5	538
118	Managing patients with multimorbidity in primary care. BMJ, The, 2015, 350, h176-h176.	6.0	475
119	Combined use of nonsteroidal anti-inflammatory drugs with diuretics and/or renin–angiotensin system inhibitors in the community increases the risk of acute kidney injury. Kidney International, 2015, 88, 396-403.	5.2	158
120	Time series analysis of the impact of an intervention in Tayside, Scotland to reduce primary care broad-spectrum antimicrobial use. Journal of Antimicrobial Chemotherapy, 2015, 70, 2397-2404.	3.0	27
121	Drug-disease and drug-drug interactions: systematic examination of recommendations in 12 UK national clinical guidelines. BMJ, The, 2015, 350, h949-h949.	6.0	247
122	Soft governance, restratification and the 2004 general medical services contract: the case of <scp>UK</scp> primary care organisations and general practice teams. Sociology of Health and Illness, 2015, 37, 30-51.	2.1	8
123	Multiple physical and mental health comorbidity in adults with intellectual disabilities: population-based cross-sectional analysis. BMC Family Practice, 2015, 16, 110.	2.9	254
124	Comorbidity as a driver of adverse outcomes in people with chronic kidney disease. Kidney International, 2015, 88, 859-866.	5.2	143
125	Bad apples or spoiled barrels? Multilevel modelling analysis of variation in high-risk prescribing in Scotland between general practitioners and between the practices they work in. BMJ Open, 2015, 5, e008270.	1.9	19
126	Measuring prevalence, reliability and variation in high-risk prescribing in general practice using multilevel modelling of observational data in a population database. Health Services and Delivery Research, 2015, 3, 1-140.	1.4	12

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127	Quality in primary care. BMJ, The, 2014, 349, g6485-g6485.	6.0	7
128	The †̃Everyday Work' of Living with Multimorbidity in Socioeconomically Deprived Areas of Scotland. Journal of Comorbidity, 2014, 4, 1-10.	3.9	41
129	Developing a complex intervention to improve prescribing safety in primary care: mixed methods feasibility and optimisation pilot study. BMJ Open, 2014, 4, e004153.	1.9	20
130	Use of oral anticoagulants in atrial fibrillation is highly variable and only weakly associated with estimated stroke risk: Cross-sectional population database study. European Journal of General Practice, 2014, 20, 181-189.	2.0	11
131	Identifying which septic patients have increased mortality risk using severity scores: a cohort study. BMC Anesthesiology, 2014, 14, 1.	1.8	42
132	Visual impairment is associated with physical and mental comorbidities in older adults: a cross-sectional study. BMC Medicine, 2014, 12, 181.	5.5	153
133	Effective Feedback to Improve Primary Care Prescribing Safety (EFIPPS) a pragmatic three-arm cluster randomised trial: designing the intervention (ClinicalTrials.gov registration NCT01602705). Implementation Science, 2014, 9, 133.	6.9	11
134	Stroke, multimorbidity and polypharmacy in a nationally representative sample of 1,424,378 patients in Scotland: implications for treatment burden. BMC Medicine, 2014, 12, 151.	5.5	124
135	What happens when pay for performance stops?. BMJ, The, 2014, 348, g1413-g1413.	6.0	4
136	A multifaceted intervention to improve sepsis management in general hospital wards with evaluation using segmented regression of interrupted time series. BMJ Quality and Safety, 2014, 23, e2-e2.	3.7	15
137	Temporal trends in anticholinergic medication prescription in older people: repeated cross-sectional analysis of population prescribing data. Age and Ageing, 2014, 43, 515-521.	1.6	96
138	Safety risks for patients with aspirin-exacerbated respiratory disease after acute exposure to selective nonsteroidal anti-inflammatory drugs and COX-2 inhibitors: Meta-analysis of controlled clinical trials. Journal of Allergy and Clinical Immunology, 2014, 134, 40-45.e10.	2.9	64
139	Standard cardiovascular disease risk algorithms underestimate the risk of cardiovascular disease in schizophrenia: Evidence from a national primary care database. Schizophrenia Research, 2014, 159, 176-181.	2.0	22
140	Physical and mental health comorbidity is common in people with multiple sclerosis: nationally representative cross-sectional population database analysis. BMC Neurology, 2014, 14, 128.	1.8	36
141	The influence of socioeconomic deprivation on multimorbidity at different ages: a cross-sectional study. British Journal of General Practice, 2014, 64, e440-e447.	1.4	154
142	Adverse Respiratory Effect of Acute \hat{l}^2 -Blocker Exposure in Asthma. Chest, 2014, 145, 779-786.	0.8	88
143	Oral ketamine analgesia in chronic pain and problematic rise in blood pressure. BMJ Case Reports, 2014, 2014, bcr2014207836-bcr2014207836.	0.5	8
144	Depression and Multimorbidity. Journal of Clinical Psychiatry, 2014, 75, 1202-1208.	2.2	103

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145	Process evaluations for cluster-randomised trials of complex interventions: a proposed framework for design and reporting. Trials, 2013, 14, 15.	1.6	358
146	Double trouble: the impact of multimorbidity and deprivation on preference-weighted health related quality of life a cross sectional analysis of the Scottish Health Survey. International Journal for Equity in Health, 2013, 12, 67.	3.5	72
147	Multimorbidity in bipolar disorder and undertreatment of cardiovascular disease: a cross sectional study. BMC Medicine, 2013, 11, 263.	5.5	104
148	The effect of physical multimorbidity, mental health conditions and socioeconomic deprivation on unplanned admissions to hospital: a retrospective cohort study. Cmaj, 2013, 185, E221-E228.	2.0	212
149	An observational study of psychotropic drug use and initiation in older patients resident in their own home or in care. Age and Ageing, 2013, 42, 51-56.	1.6	4
150	External validity of randomized controlled trials of glycaemic control and vascular disease: how representative are participants?. Diabetic Medicine, 2013, 30, 300-308.	2.3	97
151	Guidelines for people not for diseases: the challenges of applying UK clinical guidelines to people with multimorbidity. Age and Ageing, 2013, 42, 62-69.	1.6	377
152	Long-acting β-agonist prescribing in people with asthma in primary care: TableÂ1. Thorax, 2013, 68, 192-194.	5.6	5
153	Schizophrenia is associated with excess multiple physical-health comorbidities but low levels of recorded cardiovascular disease in primary care: cross-sectional study. BMJ Open, 2013, 3, e002808.	1.9	184
154	Trimethoprim prescription and subsequent resistance in childhood urinary infection: multilevel modelling analysis. British Journal of General Practice, 2013, 63, e238-e243.	1.4	21
155	Differential Impact of Two Risk Communications on Antipsychotic Prescribing to People with Dementia in Scotland: Segmented Regression Time Series Analysis 2001–2011. PLoS ONE, 2013, 8, e68976.	2.5	37
156	Commentary: A thesis that still warrants defence and promotion. International Journal of Epidemiology, 2012, 41, 1518-1522.	1.9	7
157	Primary Medical Care in the United Kingdom. Journal of the American Board of Family Medicine, 2012, 25, S6-S11.	1.5	59
158	High-risk prescribing and monitoring in primary care: how common is it, and how can it be improved?. Therapeutic Advances in Drug Safety, 2012, 3, 175-184.	2.4	13
159	Multimorbidity and the inverse care law in primary care. BMJ, The, 2012, 344, e4152-e4152.	6.0	96
160	Protocol for the Effective Feedback to Improve Primary Care Prescribing Safety (EFIPPS) study: a cluster randomised controlled trial using ePrescribing data. BMJ Open, 2012, 2, e002359.	1.9	8
161	Insightful practice: a reliable measure for medical revalidation. BMJ Quality and Safety, 2012, 21, 649-656.	3.7	13
162	Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. Lancet, The, 2012, 380, 37-43.	13.7	4,855

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163	Epidemiology of multimorbidity $\hat{a} \in$ "Authors' reply. Lancet, The, 2012, 380, 1383-1384.	13.7	5
164	Adapting clinical guidelines to take account of multimorbidity. BMJ, The, 2012, 345, e6341-e6341.	6.0	400
165	Study protocol of a mixed-methods evaluation of a cluster randomized trial to improve the safety of NSAID and antiplatelet prescribing: data-driven quality improvement in primary care. Trials, 2012, 13, 154.	1.6	14
166	A cluster randomised stepped wedge trial to evaluate the effectiveness of a multifaceted information technology-based intervention in reducing high-risk prescribing of non-steroidal anti-inflammatory drugs and antiplatelets in primary medical care: The DQIP study protocol. Implementation Science, 2012, 7, 24.	6.9	37
167	Hospitalised hip fracture risk with rosiglitazone and pioglitazone use compared with other glucose-lowering drugs. Diabetologia, 2012, 55, 2929-2937.	6.3	128
168	Managing patients with mental and physical multimorbidity. BMJ, The, 2012, 345, e5559-e5559.	6.0	121
169	Quality and safety of medication use in primary care: consensus validation of a new set of explicit medication assessment criteria and prioritisation of topics for improvement. BMC Clinical Pharmacology, 2012, 12, 5.	2.5	49
170	The Role of Data in Health Care Disparities in Medicaid Managed Care. Medicare & Medicaid Research Review, 2012, 2, .	1.3	5
171	Prescribing of Â-adrenoceptor antagonists in asthma: an observational study. Thorax, 2011, 66, 502-507.	5.6	15
172	Impact of the GP contract on inequalities associated with influenza immunisation: a retrospective population-database analysis. British Journal of General Practice, 2011, 61, e379-e385.	1.4	21
173	High risk prescribing in primary care patients particularly vulnerable to adverse drug events: cross sectional population database analysis in Scottish general practice. BMJ: British Medical Journal, 2011, 342, d3514-d3514.	2.3	179
174	Trends in primary care antidepressant prescribing 1995-2007: a longitudinal population database analysis. British Journal of General Practice, 2011, 61, e565-e572.	1.4	110
175	An â€~endless struggle': a qualitative study of general practitioners' and practice nurses' experiences managing multimorbidity in socio-economically deprived areas of Scotland. Chronic Illness, 2011, 7, 45-59.	of 1.5	138
176	Professional values and reported behaviours of doctors in the USA and UK: quantitative survey. BMJ Quality and Safety, 2011, 20, 515-521.	3.7	36
177	Record rewards: the effects of targeted quality incentives on the recording of risk factors by primary care providers. Health Economics (United Kingdom), 2010, 19, 1-13.	1.7	65
178	Health Plan Competition For Medicaid Enrollees Based On Performance Does Not Improve Quality Of Care. Health Affairs, 2010, 29, 1507-1516.	5.2	8
179	The burden of psychotropic drug prescribing in people with dementia: a population database study. Age and Ageing, 2010, 39, 637-642.	1.6	90
180	The impact of payâ€forâ€performance on professional boundaries in UK general practice: an ethnographic study. Sociology of Health and Illness, 2009, 31, 229-245.	2.1	38

#	Article	IF	CITATIONS
181	Which people with Type 2 diabetes achieve good control of intermediate outcomes? Population database study in a UK region. Diabetic Medicine, 2009, 26, 1269-1276.	2.3	38
182	Practice postcode versus patient population: a comparison of data sources in England and Scotland. International Journal of Health Geographics, 2008, 7, 37.	2.5	15
183	Biomedicine, holism and general medical practice: responses to the 2004 General Practitioner contract. Sociology of Health and Illness, 2008, 30, 788-803.	2.1	94
184	Whither British general practice after the 2004 GMS contract?. Journal of Health Organization and Management, 2008, 22, 63-78.	1.3	7
185	Routine mortality monitoring for detecting mass murder in UK general practice: test of effectiveness using modelling. British Journal of General Practice, 2008, 58, 311-317.	1.4	11
186	Measuring the quality of healthcare systems using composites. BMJ: British Medical Journal, 2008, 337, a639.	2.3	10
187	Continuity of care matters. BMJ: British Medical Journal, 2008, 337, a867-a867.	2.3	171
188	Differences in the quality of primary medical care services by remoteness from urban settlements. Quality and Safety in Health Care, 2007, 16, 446-449.	2.5	24
189	Tackling therapeutic inertia: role of treatment data in quality indicators. BMJ: British Medical Journal, 2007, 335, 542-544.	2.3	61
190	Differences in the quality of primary medical care for CVD and diabetes across the NHS: evidence from the quality and outcomes framework. BMC Health Services Research, 2007, 7, 74.	2.2	25
191	Personal continuity and access in UK general practice: a qualitative study of general practitioners' and patients' perceptions of when and how they matter. BMC Family Practice, 2006, 7, 11.	2.9	74
192	Deprivation and quality of primary care services: evidence for persistence of the inverse care law from the UK Quality and Outcomes Framework. Journal of Epidemiology and Community Health, 2006, 60, 917-922.	3.7	82
193	Workload and reward in the Quality and Outcomes Framework of the 2004 general practice contract. British Journal of General Practice, 2006, 56, 836-41.	1.4	53
194	Is success in postgraduate examinations associated with family practitioners' attitudes or patient perceptions of the quality of their consultations? A cross-sectional study of the MRCGP examination in Great Britain. Family Practice, 2005, 22, 653-657.	1.9	3
195	Can mortality monitoring in general practice be made to work?. British Journal of General Practice, 2005, 55, 660-3.	1.4	2
196	Quality measurement of care for people with type 2 diabetes in Tayside, Scotland: implications for the new UK general practice contract. British Journal of General Practice, 2003, 53, 709-13.	1.4	11
197	Continuity in UK general practice: a multilevel model of patient, doctor and practice factors associated with patients seeing their usual doctor. Family Practice, 2002, 19, 496-499.	1.9	30
198	Why do general practitioners take blood? A cross-sectional study of use of blood tests in UK general practice. European Journal of General Practice, 2001, 7, 138-160.	2.0	9

#	Article	IF	CITATIONS
199	The death of the personal doctor. Journal of Health Services Research and Policy, 2001, 6, 129-130.	1.7	4
200	Controversy in primary care: Does continuity in general practice really matter? Commentary: A patient's perspective of continuity. BMJ: British Medical Journal, 2000, 321, 734-736.	2.3	59
201	Feedback of actionable individual patient prescription data to improve asthma prescribing: pragmatic cluster randomised trial in 233 UK general practices. British Journal of General Practice, 0, , BJGP.2021.0695.	1.4	1