## Nadeem Qureshi

List of Publications by Year in descending order

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147801 123424 4,368 110 31 61 citations h-index g-index papers 112 112 112 6554 docs citations times ranked citing authors all docs

#	Article	IF	CITATIONS
1	Sex disparity in subsequent outcomes in survivors of coronary heart disease. Heart, 2022, 108, 37-45.	2.9	9
2	Understanding the barriers and enablers of pharmacogenomic testing in primary care: a qualitative systematic review with meta-aggregation synthesis. Pharmacogenomics, 2022, 23, 135-154.	1.3	8
3	Cost-Effectiveness of Screening Algorithms for Familial Hypercholesterolaemia in Primary Care. Journal of Personalized Medicine, 2022, 12, 330.	2.5	9
4	Introducing genetic testing with case finding for familial hypercholesterolaemia in primary care: qualitative study of patient and health professional experience. British Journal of General Practice, 2022, 72, e519-e527.	1.4	3
5	Improving primary care identification of familial breast cancer risk using proactive invitation and decision support. Familial Cancer, 2021, 20, 13-21.	1.9	9
6	Specialist recommendation for chemoprevention medications in patients at familial risk of breast cancer: a cross-sectional survey in England. Journal of Community Genetics, 2021, 12, 111-120.	1.2	2
7	Sex, Age, and Socioeconomic Differences in Nonfatal Stroke Incidence and Subsequent Major Adverse Outcomes. Stroke, 2021, 52, 396-405.	2.0	28
8	Assessing the severity of cardiovascular disease in 213 088 patients with coronary heart disease: a retrospective cohort study. Open Heart, 2021, 8, e001498.	2.3	0
9	Systematic Identification of Familial Hypercholesterolaemia in Primary Careâ€"A Systematic Review. Journal of Personalized Medicine, 2021, 11, 302.	2.5	4
10	Long-term body mass index changes in overweight and obese adults and the risk of heart failure, cardiovascular disease and mortality: a cohort study of over 260,000 adults in the UK. BMC Public Health, 2021, 21, 576.	2.9	23
11	Hiding in plain sight: supporting primary care to find familial hypercholesterolaemia and save lives. Heart, 2021, 107, 1190-1192.	2.9	2
12	Subjective vision and hearing impairment and falls among community-dwelling adults: a prospective study in the Survey of Health, Ageing and Retirement in Europe (SHARE). European Geriatric Medicine, 2021, 12, 1031-1043.	2.8	13
13	Pharmacogenomic testing to support prescribing in primary care: a structured review of implementation models. Pharmacogenomics, 2021, 22, 761-776.	1.3	13
14	Case-finding and genetic testing for familial hypercholesterolaemia in primary care. Heart, 2021, 107, 1956-1961.	2.9	9
15	Obesity and longâ€term outcomes after incident stroke: a prospective populationâ€based cohort study. Journal of Cachexia, Sarcopenia and Muscle, 2021, 12, 2111-2121.	7.3	17
16	Effectiveness of cascade testing strategies in relatives for familial hypercholesterolemia: A systematic review and meta-analysis. Atherosclerosis, 2021, 338, 7-14.	0.8	4
17	Statin treatment and LDL-cholesterol treatment goal attainment among individuals with familial hypercholesterolaemia in primary care. Open Heart, 2021, 8, e001817.	2.3	10
18	Comparing the performance of the novel FAMCAT algorithms and established case-finding criteria for familial hypercholesterolaemia in primary care. Open Heart, 2021, 8, e001752.	2.3	10

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19	Preconception risk assessment for thalassaemia, sickle cell disease, cystic fibrosis and Tay-Sachs disease. The Cochrane Library, 2021, 2021, CD010849.	2.8	4
20	Strategies for screening for familial hypercholesterolaemia in primary care and other community settings. The Cochrane Library, 2021, 2021, CD012985.	2.8	2
21	Determining propensity for sub-optimal low-density lipoprotein cholesterol response to statins and future risk of cardiovascular disease. PLoS ONE, 2021, 16, e0260839.	2.5	4
22	Effectiveness of interventions to identify and manage patients with familial cancer risk in primary care: a systematic review. Journal of Community Genetics, 2020, 11, 73-83.	1.2	6
23	Risk prediction of new AF: is there a role for artificial intelligence?. European Journal of Preventive Cardiology, 2020, 27, 1325-1327.	1.8	6
24	Engagement barriers and service inequities in the NHS Breast Screening Programme: Views from British-Pakistani women. Journal of Medical Screening, 2020, 27, 130-137.	2.3	21
25	Sex differences in cardiovascular morbidity associated with familial hypercholesterolaemia: A retrospective cohort study of the UK Simon Broome register linked to national hospital records. Atherosclerosis, 2020, 315, 131-137.	0.8	19
26	Is family history still underutilised? Exploring the views and experiences of primary care doctors in Malaysia. Journal of Community Genetics, 2020, 11, 413-420.	1.2	3
27	Predicting major adverse cardiovascular events for secondary prevention: protocol for a systematic review and meta-analysis of risk prediction models. BMJ Open, 2020, 10, e034564.	1.9	16
28	Performance and clinical utility of supervised machine-learning approaches in detecting familial hypercholesterolaemia in primary care. Npj Digital Medicine, 2020, 3, 142.	10.9	21
29	Development and validation of the Dlabetes Severity SCOre (DISSCO) in 139 626 individuals with type 2 diabetes: a retrospective cohort study. BMJ Open Diabetes Research and Care, 2020, 8, e000962.	2.8	8
30	What are the benefits and harms of risk stratified screening as part of the NHS breast screening Programme? Study protocol for a multi-site non-randomised comparison of BC-predict versus usual screening (NCT04359420). BMC Cancer, 2020, 20, 570.	2.6	37
31	How genomic information is accessed in clinical practice: an electronic survey of UK general practitioners. Journal of Community Genetics, 2020, 11, 377-386.	1.2	7
32	Characteristics predicting recommendation for familial breast cancer referral in a cohort of women from primary care. Journal of Community Genetics, 2020, 11, 331-338.	1.2	0
33	The introduction of risk stratified screening into the NHS breast screening Programme: views from British-Pakistani women. BMC Cancer, 2020, 20, 452.	2.6	23
34	Evaluating a clinical tool (FAMCAT) for identifying familial hypercholesterolaemia in primary care: a retrospective cohort study. BJGP Open, 2020, 4, bjgpopen20X101114.	1.8	8
35	The comorbidity burden of type 2 diabetes mellitus: patterns, clusters and predictions from a large English primary care cohort. BMC Medicine, 2019, 17, 145.	5.5	151
36	LDL cholesterol response to statins and future risk of cardiovascular disease. Heart, 2019, 105, 1290.3-1291.	2.9	3

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37	Risk of cardiovascular disease outcomes in primary care subjects with familial hypercholesterolaemia: A cohort study. Atherosclerosis, 2019, 287, 8-15.	0.8	24
38	Detection of familial hypercholesterolaemia: external validation of the FAMCAT clinical case-finding algorithm to identify patients in primary care. Lancet Public Health, The, 2019, 4, e256-e264.	10.0	37
39	Secondary prevention of cardiovascular disease: Time to rethink stratification of disease severity?. European Journal of Preventive Cardiology, 2019, 26, 1778-1780.	1.8	3
40	Sub-optimal cholesterol response to initiation of statins and future risk of cardiovascular disease. Heart, 2019, 105, 975-981.	2.9	86
41	Prediction of premature all-cause mortality: A prospective general population cohort study comparing machine-learning and standard epidemiological approaches. PLoS ONE, 2019, 14, e0214365.	2.5	79
42	Does bone mineral density improve the predictive accuracy of fracture risk assessment? A prospective cohort study in Northern Denmark. BMJ Open, 2018, 8, e018898.	1.9	15
43	Personalised medicine in general practice: the example of raised cholesterol. British Journal of General Practice, 2018, 68, 68-69.	1.4	5
44	Improving identification and management of familial hypercholesterolaemia in primary care: Pre- and post-intervention study. Atherosclerosis, 2018, 274, 54-60.	0.8	17
45	Preconception risk assessment for thalassaemia, sickle cell disease, cystic fibrosis and Tay-Sachs disease. The Cochrane Library, 2018, 3, CD010849.	2.8	14
46	Barriers to a software reminder system for risk assessment of stroke in atrial fibrillation: a process evaluation of a cluster randomised trial in general practice. British Journal of General Practice, 2018, 68, e844-e851.	1.4	6
47	Screening for familial hypercholesterolaemia in primary care: Time for general practice to play its part. Atherosclerosis, 2018, 277, 399-406.	0.8	38
48	Cost-utility analysis of searching electronic health records and cascade testing to identify and diagnose familial hypercholesterolaemia in England and Wales. Atherosclerosis, 2018, 275, 80-87.	0.8	21
49	Using electronic health records to quantify and stratify the severity of type 2 diabetes in primary care in England: rationale and cohort study design. BMJ Open, 2018, 8, e020926.	1.9	14
50	Automated Software System to Promote Anticoagulation and Reduce Stroke Risk. Stroke, 2017, 48, 787-790.	2.0	33
51	Venous thromboembolism in adults screened for sickle cell trait: a population-based cohort study with nested case–control analysis. BMJ Open, 2017, 7, e012665.	1.9	27
52	Inclusion of diverse populations in genomic research and health services: Genomix workshop report. Journal of Community Genetics, 2017, 8, 267-273.	1.2	26
53	Can machine-learning improve cardiovascular risk prediction using routine clinical data?. PLoS ONE, 2017, 12, e0174944.	2.5	814
54	The role of cost-effectiveness analysis in the development of indicators to support incentive-based behaviour in primary care in England. Journal of Health Services Research and Policy, 2016, 21, 263-271.	1.7	2

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55	Feasibility of improving identification of familial hypercholesterolaemia in general practice: intervention development study. BMJ Open, 2016, 6, e011734.	1.9	23
56	The effects of preconception interventions on improving reproductive health and pregnancy outcomes in primary care: A systematic review. European Journal of General Practice, 2016, 22, 42-52.	2.0	55
57	The value of aspartate aminotransferase and alanine aminotransferase in cardiovascular disease risk assessment. Open Heart, 2015, 2, e000272.	2.3	51
58	Achieving change in primary careâ€"effectiveness of strategies for improving implementation of complex interventions: systematic review of reviews. BMJ Open, 2015, 5, e009993.	1.9	153
59	Achieving change in primary careâ€"causes of the evidence to practice gap: systematic reviews of reviews. Implementation Science, 2015, 11, 40.	6.9	316
60	Preconception risk assessment for thalassaemia, sickle cell disease, cystic fibrosis and Tay-Sachs disease. The Cochrane Library, 2015, , CD010849.	2.8	12
61	Prioritizing health outcomes in a limited world. Current Opinion in Lipidology, 2015, 26, 188-194.	2.7	2
62	Screening for Familial Hypercholesterolemia in Children: What Can We Learn From Adult Screening Programs?. Healthcare (Switzerland), 2015, 3, 1018-1030.	2.0	12
63	Perspectives on enhancing physical activity and diet for health promotion among at-risk urban UK South Asian communities: a qualitative study. BMJ Open, 2015, 5, e007317-e007317.	1.9	32
64	Improving identification of familial hypercholesterolaemia in primary care: Derivation and validation of the familial hypercholesterolaemia case ascertainment tool (FAMCAT). Atherosclerosis, 2015, 238, 336-343.	0.8	83
65	Comparison of coronary heart disease genetic assessment with conventional cardiovascular risk assessment in primary care: reflections on a feasibility study. Primary Health Care Research and Development, 2015, 16, 607-617.	1.2	1
66	Parents' responses to receiving sickle cell or cystic fibrosis carrier results for their child following newborn screening. European Journal of Human Genetics, 2015, 23, 459-465.	2.8	46
67	Cardiovascular risk assessment and lipid modification: NICE guideline. British Journal of General Practice, 2015, 65, 378-380.	1.4	42
68	Dealing with family history of breast cancer: something new, something old. British Journal of General Practice, 2014, 64, 6-7.	1.4	5
69	What hinders minority ethnic access to cancer genetics services and what may help?. European Journal of Human Genetics, 2014, 22, 866-874.	2.8	61
70	A review of clinical practice guidelines found that they were often based on evidence of uncertain relevance to primary care patients. Journal of Clinical Epidemiology, 2014, 67, 1251-1257.	5.0	65
71	Addressing the evidence to practice gap for complex interventions in primary care: a systematic review of reviews protocol. BMJ Open, 2014, 4, e005548-e005548.	1.9	17
72	Introducing genetic testing for cardiovascular disease in primary care: a qualitative study. British Journal of General Practice, 2014, 64, e282-e289.	1.4	12

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73	Early identification of familial hypercholesterolaemia in general practice using patient-specific reminders: focus group with General Practitioners. BMC Health Services Research, 2014, 14, .	2.2	2
74	Informing Children of Their Newborn Screening Carrier Result for Sickle Cell or Cystic Fibrosis: Qualitative Study of Parents' Intentions, Views and Support Needs. Journal of Genetic Counseling, 2014, 23, 409-420.	1.6	20
75	Benefits of Aldosterone Receptor Antagonism in Chronic Kidney Disease (BARACK D) trialata a multi-centre, prospective, randomised, open, blinded end-point, 36-month study of 2,616 patients within primary care with stage 3b chronic kidney disease to compare the efficacy of spironolactone 25Âmg once daily in addition to routine care on mortality and cardiovascular outcomes versus routine care	1.6	29
76	Primary care evidence in clinical guidelines: a mixed methods study of practitioners' views. British Journal of General Practice, 2014, 64, e719-e727.	1.4	14
77	Availability and Quality of Coronary Heart Disease Family History in Primary Care Medical Records: Implications for Cardiovascular Risk Assessment. PLoS ONE, 2014, 9, e81998.	2.5	32
78	Using web-based familial risk information for diabetes prevention: a randomized controlled trial. BMC Public Health, 2013, 13, 485.	2.9	12
79	AUtomated Risk Assessment for Stroke in Atrial Fibrillation (AURAS-AF) - an automated software system to promote anticoagulation and reduce stroke risk: study protocol for a cluster randomised controlled trial. Trials, 2013, 14, 385.	1.6	9
80	Effectiveness of physical activity and dietary interventions in South Asian populations: a systematic review. British Journal of General Practice, 2013, 63, e104-e114.	1.4	27
81	Effect of Adding Systematic Family History Enquiry to Cardiovascular Disease Risk Assessment in Primary Care. Annals of Internal Medicine, 2012, 156, 253.	3.9	94
82	Beyond beliefs: risk assessment technologies shaping patients' experiences of heart disease prevention. Sociology of Health and Illness, 2012, 34, 560-575.	2.1	18
83	Does the evidence referenced in NICE guidelines reflect a primary care population?. British Journal of General Practice, 2011, 61, e112-e117.	1.4	14
84	How does a simple enquiry compare to a detailed family history questionnaire to identify coronary heart disease or diabetic familial risk?. Genetics in Medicine, 2011, 13, 443-446.	2.4	7
85	Familial influences on antenatal and newborn haemoglobinopathy screening. Ethnicity and Health, 2011, 16, 361-375.	2.5	14
86	Using family history information to promote healthy lifestyles and prevent diseases; a discussion of the evidence. BMC Public Health, 2010, 10, 248.	2.9	89
87	Making sense of being at †high risk' of coronary heart disease within primary prevention. Psychology and Health, 2010, 25, 289-304.	2.2	25
88	Family History in Public Health Practice: A Genomic Tool for Disease Prevention and Health Promotion. Annual Review of Public Health, 2010, 31, 69-87.	17.4	264
89	â€~Over-the-counter' genetic testing: what does it really mean for primary care?. British Journal of General Practice, 2009, 59, 283-287.	1.4	41
90	Identification and management of familial hypercholesterolaemia: what does it mean to primary care?. British Journal of General Practice, 2009, 59, 773-778.	1.4	59

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91	Realising the potential of the family history in risk assessment and primary prevention of coronary heart disease in primary care: ADDFAM study protocol. BMC Health Services Research, 2009, 9, 184.	2.2	11
92	The current state of cancer family history collection tools in primary care: a systematic review. Genetics in Medicine, 2009, 11, 495-506.	2.4	85
93	Systematic review: family history in risk assessment for common diseases. Annals of Internal Medicine, 2009, 151, 878-85.	3.9	67
94	Leaders, leadership and future primary care clinical research. BMC Family Practice, 2008, 9, 52.	2.9	8
95	Informing patients of familial diabetes mellitus risk: How do they respond? A cross-sectional survey. BMC Health Services Research, 2008, 8, 37.	2.2	40
96	Genetic profiling in primary care can enhance personalized drug therapy: reality or myth?. Personalized Medicine, 2008, 5, 311-316.	1.5	2
97	Assessing family history of heart disease in primary care consultations: a qualitative study. Family Practice, 2007, 24, 435-442.	1.9	24
98	Imparting carrier status results detected by universal newborn screening for sickle cell and cystic fibrosis in England: a qualitative study of current practice and policy challenges. BMC Health Services Research, 2007, 7, 203.	2.2	31
99	Collection and use of cancer family history in primary care. Evidence Report/technology Assessment, 2007, , 1-84.	1.3	38
100	Family history of type 2 diabetes: A population-based screening tool for prevention?. Genetics in Medicine, 2006, 8, 102-108.	2.4	167
101	GPs' opinions of their role in prenatal genetic services: a cross-sectional survey. Family Practice, 2006, 23, 106-110.	1.9	30
102	Collecting genetic information in primary care: evaluating a new family history tool. Family Practice, 2005, 22, 663-669.	1.9	72
103	Genomic medicine for underserved minority populations in family medicine. American Family Physician, 2005, 72, 386-7.	0.1	7
104	Raising the profile of genetics in primary care. Nature Reviews Genetics, 2004, 5, 783-790.	16.3	51
105	Consanguinity and genetic morbidity in a British primary care setting: a pilot study with trained linkworkers. Annals of Human Biology, 2003, 30, 140-147.	1.0	10
106	Breast Cancer Genetics in Primary CareWhich GPs Most Accurately Categorise Patients at Low Risk?. European Journal of General Practice, 2002, 8, 146-150.	2.0	5
107	The genetics liaison nurse role as a means of educating and supporting primary care professionals. Family Practice, 2002, 19, 193-196.	1.9	13
108	A systematic review of educational outreach visits for non-prescribing interventions in general practice. European Journal of General Practice, 2002, 8, 31-36.	2.0	10

#	Article	lF	CITATIONS
109	The new genetics and primary care: GPs' views on their role and their educational needs. Family Practice, 1999, 16, 420-425.	1.9	158
110	Strategies for identifying familial hypercholesterolaemia in non-specialist clinical settings. The Cochrane Library, $0, \dots$	2.8	1