

KURS I FORSKNINGSMETODIK

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Dagens schema

KI

- 10-11 Crash course in epidemiology
- 11-12 DAG

13-14 DAG forts

- 14-15 Propensity score
- 15-17 Övningar DAG

Epidemiology – crash course

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Common in epidemiology research is that we observe and quantify prevalences and associations, normally without performing interventions among the study subjects



- Frequency of a disease/disease occurrence
- Mechanism behind the occurrence of ...
- Prevention of.....
- Estimate the efficacy of treatment...
- Adverse effects of the treatment

From observation to prevention

John Snow 1813-1858 Stopped a cholera epidemic in London (1854) – how????







Mortality from cholera in the areas of London supplied by the Southwark and Vauxhall, and Lambeth Water Companies in 1849 and 1854

Districts with water supplied by	Number of deaths attributed to cholera		
	1849	1854	
Southwark and Vauxhall Company	2261	2458	
Lambeth Company	162	37	
Both Companies	3905	2457	

Mortality from cholera in three districts of London supplied by ibe Southarg and Satschall, and Lambeth Water Companies in 1854

Districts with water supplied by	Population	Deaths from cholera	Cholera death rate per 1000 population
Southwark and Vauxhall Company	167,654	844	5.0

Mortality from cholera in the districts, related to source of individual water Supply in the three groups of districts

Districts with water supplied by	Water supply of individual houses	Population	Deaths from cholera	Cholera death rate per 1000 population
Southwark and Vauxhall Company	Southwark and Vauxhall Company	167,654	738	4.4
Lambeth Company	Lambeth Company	19,133	4	0.2

Some principal study designs and definitions

Study designs

Observational

Cohort

Interventional

Randomized (blinded)

- Case-control
- Cross-sectional
- Ecologic
- Case/case series

Community-based
intervention

Does the use of bicycle helmets reduce the risk of internal head injuries?

How to observe?

- What will happen with those exposed = helmet users and the "non-exposed"? How many will have the outcome?
- Compared to what, who is not exposed?

 Ideal situation: to compare each individual during a period of exposure and during the same period with no exposure → "counterfactual situation"





Foto: Shannon Pifko

- Ideal situation: to compare the same person during the same period of time but without the exposure → "counterfactual situation"
- ... this is naturally not achievable!

 The practical solution is to compare with non-exposed individuals in the study base

Study base



- A group of individuals followed during a defined period of time – some will develop the outcome and some will not... Personyears at risk of developing the disease
- → Your task is to gather information of those exposed and those nonexposed
- \rightarrow Compare exposed with nonexposed



Cohort study

- Data collection in a well-defiend group of individuals followed by time
- Identify exposed and unexposed
- During follow-up, identify those with the outcome
- Compare the risk of the outcome among exposed subjects with unexposed individuals
- The exposure precedes the outcome

Cohort study



Study base







Cohort study

- Advantages
 - Good opportunity to examine cause and effect
 - Enables the study of changes by time
 - Several exposures and outcomes can be investigated
- Disadvantages
 - Often expensive
 - The exposure is not selected by chance
 - The outcome has to be sufficiently frequent



Randomized clinical trial



RCT

- Advantages
 - Reduces the effect of confounding, measured and unmeasured
 - Highest evidence, especially a meta-analysis
- Disadvantages
 - Ethical problems
 - Often selected individuals included in the study – external validity?
 - Some research questions can't be analyzed within a randomized study
 - Proper exposure window?

Case-control study



results often expressed as ORs

Cross-sectional study

- Hard to assess the cause and the effect
- Like a cohort study with no follow-up



Ecologic study

• Often the first step

No individual level data





Correlation between Countries' Annual Per Capita Chocolate Consumption and the Number of Nobel Laureates per 10 Million Population

N Engl J Med Oct 2012

Questions

- Are the data in our study reliable?
- Can we trust our study results?
- Can we generalize our results?
- Can we in general trust results from epidemiological studies?





<u>Ioannidis JP</u>. Why most published research findings are false. PLoS Med. 2005 Aug;2(8):e124.





• Causality

Confounding

Bias

Causality

Cause and effect



Confounding

• Confound: Mixing of effects

Common in observational study designs



Common definition of confounding

- Associated with the exposure
- Associated with the outcome
- Not in the "causal pathway" (not an intermediate)!

Classical way



Multiparity is associated with higher risk of Down's syndrome If we have identified the confounder, how can we deal with it?

1. restriction

2. stratification

3. adjustment

Bias (systematic error)

A difference between the true value and the observed value from any cause other than sampling variability

Selection bias



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MEDICINE & SCIENCE

IN SPORTS



Acute mortality during long-distance ski races (Vasaloppet)

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were identified and compared with the corresponding expected numbers based on national death rates. *Results:* In total, 698 102 starters generated altogether 581 personyears of skiing. Overall, 13 deaths occurred compared with 1.68 expected during the skiing time, yielding a standardized mortality ratio (SMR) of 7.7 [95% confidence interval (CI) 4.1–13.2]. Twelve of the deaths were caused by I deaths during the races been recommended to avoi

Selection bias vs confounding?

Selection bias – conditioning on common effects

Confounding – existence of common causes of exposure and outcome

Information bias

- Misclassification
- Recall bias
- Reporting bias



Atypical fractures....

Case reports First report published in 2005



"We conducted two national register-based analyses to address atypical femur fractures as a potential adverse effect of alendronate."

reports nave found long-term and use to be estimation in patients with subtrochanteric or proximal diaphyseal femur fracture, raising concerns that these fractures could be a consequence of excessive suppression of bone turnover. Two national observational register-based studies were performed: (1) cross-sectional study (N =

" Patients with these atypical femur fractures were no more likely to be on alendronate treatment than patients with hip fractures."

279 citations!!

Problem??









ESTABLISHED IN 1812

MAY 13, 2010

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Bisphosphonates and Fractures of the Subtrochanteric or Diaphyseal Femur

Dennis M. Black, Ph.D., Michael P. Kelly, M.D., Harry K. Genant, M.D., Lisa Palermo, M.A., Richard Eastell, M.D., Christina Bucci-Rechtweg, M.D., Jane Cauley, Ph.D., Ping Chung Leung, M.D., Steven Boonen, M.D., Ph.D., Arthur Santora, M.D., Anne de Papp, M.D., and Douglas C. Bauer, M.D., for the Fracture Intervention Trial and HORIZON Pivotal Fracture Trial Steering Committees

ABSTRACT



Problem??

"no significant increase in risk associated with bisphosphonate use"



ORIGINAL ARTICLE

Bisphosphonate Use and Atypical Fractures of the Femoral Shaft

Jörg Schilcher, M.D., Karl Michaëlsson, M.D., Ph.D., and Per Aspenberg, M.D., Ph.D.

ABSTRACT

"relative risk of atypical fracture was 47.3"

rac-

BACKGROUND

From the Department of Experimental and Clinical Medicine, Faculty of Health Science, Linköping University, Linköping (J.S., P.A.); and the Department of Surgical Sciences, Section of Orthopedics, and Uppsala Clinical Research Center, Uppsala University, Uppsala (K.M.) both in Sweden. Address reprint requests to Dr. Aspenberg at the Department of Experimental and Clinical Medicine, Faculty of Health Sciences, Linköping University, SE-581 85 Linköping, Sweden, or at per.aspenberg@liu.se.

Drs. Schilcher and Michaëlsson contributed equally to this article.

N Engl J Med 2011;364:1728-37. Copyright © 2011 Massachusetts Medical Society.

tures of the femoral shaft associated with bisphosphonate u

METHODS In Sweden, 12,777 women 55 years of age or older sustain in 2008. We reviewed radiographs of 1234 of the 1271 wor teric or shaft fracture and identified 59 patients with medications and coexisting conditions were obtained f relative and absolute risk of atypical fractures associa was estimated by means of a nationwide cohort analy also compared with 263 control patients who had or fractures.

Studies show conflicting results regarding the possible excess

of the femur a subtrochanactures. Data on onal registries. The n bisphosphonate use the 59 case patients were subtrochanteric or shaft

"Although there was a high prevalence of current bisphosphonate use among patients with atypical fractures, the absolute risk was small."

RESULTS

The age-adjusted relative risk of atypical fracture was 47.3 (95% confidence interval [CI], 25.6 to 87.3) in the cohort analysis. The increase in absolute risk was 5 cases per 10,000 patient-years (95% CI, 4 to 7). A total of 78% of the case patients and 10% of the controls had received bisphosphonates, corresponding to a multivariable-djusted odds ratio of 33.3 (95% CI, 14.3 to 77.8). The risk was independent of coxisting conditions and of concurrent use of other drugs with known effects on bone. The duration of use influenced the risk (odds ratio per 100 daily doses, 1.3; 95% CI, .1 to 1.6). After drug withdrawal, the risk diminished by 70% per year since the ast use (odds ratio, 0.28; 95% CI, 0.21 to 0.38).

ONCLUSIONS

based nationwide analyses may be reassuring for patients who be the system of current bisphosbased and the system of current bisphoster the system of cu

Kaiser Permanente study No 1

ORIGINAL ARTICLE



Incidence and Demography of Femur Fractures With and Without Atypical Features

Adrianne C Feldstein,^{1,2} Dennis Black,³ Nancy Perrin,¹ A Gabriela Rosales,¹ Darin Friess,⁴ David Boardman,² Richard Dell,⁵ Arthur Santora,⁶ Julie M Chandler,⁷ Mary M Rix,¹ and Eric Orwoll⁴

Published 2012

OR 2.11 [95% CI, 0.99-4.49])



Kaiser Permanente study No 2

ORIGINAL ARTICLE



Incidence of Atypical Nontraumatic Diaphyseal Fractures of the Femur

Richard M Dell,¹ Annette L Adams,² Denise F Greene,¹ Tadashi T Funahashi,¹ Stuart L Silverman,³ Eric O Eisemon,⁴ Hui Zhou,² Raoul J Burchette,² and Susan M Ott⁵



Published 2012

142 cases of atypical fracture

90% had taken bisphosphonates

Risk of atypical femoral fracture during and after bisphosphonate use.

Schilcher J, Koeppen V, Aspenberg P, Michaëlsson K

<u>N Engl J Med.</u> 2014 Sep 4;371(10):974-6.

- RR >100 för behandling 4-5 år
- Kvinnor högre risk än män NNH vs NNT?

Evidence based medicine – the study designs are graded on level of evidence



Increasing evidence

Does the use of bicycle helmets reduce the risk of internal head injuries?