Stat 13, Intro. to Statistical Methods for the Life and Health Sciences.

1. Observational studies and experiments.
2. Experiments and aspirin example.
3. Random sampling, random assignment, and blocking.
4. Blinding.
5. Portacaval shunt example.
6. Coverage, non-response bias, adherer bias, and clofibrate example.
7. More about confounding factors.

Finish reading chapter 4.
http://www.stat.ucla.edu/~frederic/13/F18 .
The midterm is Tue Nov6.
There is no lecture Thu Nov1!
HW2 is due Thu Oct25.
HW3 is due Tue Nov 6. 4.CE.10, 5.3.28, 6.1.17, and 6.3.14. In 5.3.28d, use the theory-based formula. You do not need to use an applet.

HW3 is due Tue Nov6. 4.CE.10, 5.3.28, 6.1.17, and 6.3.14.

4.CE.10 starts out "Studies have shown that children in the U.S. who have been spanked have a significantly lower IQ score on average...."

5.3.28 starts out "Recall the data from the Physicians' Health Study: Of the 11,034 physicians who took the placebo ...."

6.1.17 starts out "The graph below displays the distribution of word lengths ...."

6.3.14 starts out "In an article titled 'Unilateral Nostril Breathing Influences Lateralized Cognitive Performance' that appeared ...."

1. Observational studies versus Experiments

Section 4.2

Observational Studies vs. Experiments

- In an **observational study**, the subjects themselves decide their level of the explanatory variable.

- For example, the researchers didn't control which children slept with a night light on or not.

- Observational studies always have potential confounding variables present and these may prevent us from determining cause and effect.

Night lights and near-sightedness

- Could parents' eyesight be another explanation?
  - Maybe parents with poor eyesight tend to use more light to make it easier to navigate the room at night and parents with poor eyesight also tend to have children with poor eyesight.
  - Now we have a third variable of *parents' eyesight*
  - *Parents' eyesight* is considered a ***confounding variable.***
  - Other possible confounders? Wealth? Books? Computers?

Confounding Variables

- A **confounding variable** is associated with both the explanatory variable and the response variable.

- We say it is confounding because its effects on the response cannot be separated from those of the explanatory variable.

- Because of this, we can't draw cause and effect conclusions when confounding variables are present.

Confounding Variables

- Since confounding variables can be present in observational studies, we can never conclude causation from a single observational study.

- This doesn't mean the explanatory variable isn't influencing the response variable. **Association may not imply causation, but can be a pretty big hint.**

- Sometimes through a series of carefully done observational studies every plausible confounder has been accounted for and then people conclude X causes Y. But it is never as conclusive as with experimental results.

2. Experiments and aspirin example.

- In an **experiment**, the researchers set the level of the explanatory variable for each subject.

- These levels may correspond to a treatment and control.

- Well designed experiments can control for confounding variables by making the treatment and control groups similar except for what the experimenter manipulates.

Aspirin example.

Physicians' Health Study I (study aspirin's affect on reducing heart attacks.

- Started in 1982 with 22,071 male physicians.

- The physicians were **randomly assigned** into one of two groups.

  - Half took a 325mg aspirin every other day and half took a placebo.

Results

- Intended to go until 1995, the aspirin study was stopped in 1988 after finding significant results.
- 189 (1.7%) heart attacks occurred in the placebo group and 104 (0.9%) in the aspirin group. (45% reduction in heart attacks for the aspirin group.)
- What about confounding variables? Could the aspirin group be different than the placebo group in some other ways?
  - Did they have a better diet?
  - Did they exercise more?
  - Were they genetically less likely to have heart attacks?
  - Were they younger?

The Big Idea

- Confounding variables are often circumvented in experiments due to the **random assignment** of subjects to treatment groups.

- Randomly assigning people to groups tends to balance out all other variables between the groups.

- So confounding variables, including ones the researchers didn't anticipate, should be roughly equalized between the two groups and therefore should not be confounding.

- **Thus, cause and effect conclusions are sometimes possible in experiments through random assignment.**

Random sampling and random assignment.

- With observational studies or experiments, **random sampling** is often done. This possibly allows us to make inferences from the sample to the population where the sample was drawn.

- With experiments, **random assignment** is done. This possible allows us to conclude causation.

- The Physician's Health Study used random assignment. Did it also use random sampling?
- No, hardly any experiments use random sampling, but get their subjects in other ways.
- The Physician's Health Study sent out invitation letters and questionnaires to all 261,248 male physicians between 40 and 84 years of age who lived in the United States.
- Of the 59,285 who were willing to participate in the trial, 26,062 were told they could not because of some medical condition or current medical treatment.
- So, it is questionnable to what population we can generalize the result that aspirin helps reduce the risk of heart attacks.

Article Baseline Demographics After Random Assignment

Parameter	Placebo (n=129)	Uceris (n=128)
Mean age, years (range)	39.9 (12–68)	37.6 (13–66)
Men	77 (59.7)	70 (54.7)
Women	52 (40.3)	58 (45.3)
Mean disease duration (yrs)	6.3	5.5
Duration ≤1 year, n (%)	23 (17.8)	28 (21.9)
Duration >5 years, n (%)	51 (39.5)	44 (34.4)
Proctosigmoiditis	64 (49.6)	58 (45.3)
Left-sided colitis	44 (34.1)	37 (28.9)
Mean baseline UCDAI score	6.2	6.5
Mean baseline EI score	6.6	6.5
Prior mesalazine use	75 (58.1)	66 (51.6)
Prior sulfasalazine use	28 (21.7)	33 (25.8)

Sandborn WJ, Travis S, Moro L, Jones R, Gautille T, Bagin R, Huang M, Yeung P, Ballard ED 2nd Once-daily budesonide MMX® extended-release tablets induce remission in patients with mild to moderate ulcerative colitis: results from the CORE I study. *Gastroenterology* 2012 Nov;143(5):1218-26

Blocking and Random Assignment

- The goal in random assignment is to make the two groups as similar as possible in all ways other than the treatment.

- Sometime there are known confounders and you can block on (control for) these variables.

- For example, if our subjects consist of 60% females and 40% males, we can force the treatment and control groups to be 60% female and 40% male, using a matched pair design.

- Blocking makes sense when there are known confounders you want to control for. But random assignment makes them similar even in terms of unknown confounders.

3. Blinding.

Even in experiments, the treatment and control groups can be different in ways other than the explanatory variable. This is especially true when the response variable is somewhat subjective.

Pain is an example. One study found that 1/4 of patients suffering from post-operative pain, when given a placebo (just a pill of sugar and water) claimed they experienced "significant prompt pain relief".

3. Blinding.

People might not be able to judge their own levels of pain very well, and may be influenced by the belief that they have taken an effective treatment.

Thus in an experiment with such a response variable, researchers should ensure the subject does not know whether he or she received the treatment or the control. This is called blinding.

In a *double-blind* experiment, neither the subject nor the researcher recording the response variable knows the level of the explanatory variable for each subject (i.e. treatment or control).

4. Portacaval shunt example.

The following example shows the importance of doing a randomized controlled experiment.

The portacaval shunt is a medical procedure aimed at curbing bleeding to death in patients with cirrhosis of the liver.

The following table summarizes 51 studies on the portacaval shunt. The poorly designed studies were very enthusiastic about the surgery, while the carefully designed studies prove that the surgery is largely ineffective.

	Degree of enthusiasm		
Design	High	Moderate	None
No controls	24	7	1
Controls, but not randomized	10	3	2
Randomized controlled	0	1	3

4. Portacaval shunt example.

Why did the poorly designed studies come to the wrong conclusion?

A likely explanation is that in the studies where patients were not randomly assigned to the treatment or control group, by and large the healthier patients were given the surgery.

This alone could explain why the treatment group outlived the control group in these studies.

Design	Degree of enthusiasm		
	High	Moderate	None
No controls	24	7	1
Controls, but not randomized	10	3	2
Randomized controlled	0	1	3

5. More problems with studies, and Clofibrate example.

Surveys are observational.

- Coverage is a common issue. Coverage is the extent to which the people you sampled from represent the overall population. A survey at a fancy research hospital in a wealthy neighborhood may yield patients with higher incomes, higher education, etc.

- Non-response bias is another common problem. Poor coverage means the people getting the survey do not represent the general population. Non-response bias means that out of the people you gave the survey to, the people actually filling it out and submitting it are different from the people who did not.

- Same exact issues in web surveys.

5. More problems with studies, and Clofibrate example.

Non-response bias is similar to adherer bias, in experiments.
A drug called clofibrate was tested on 3,892 middle-aged men with heart trouble. It was supposed to prevent heart attacks.

1,103 assigned at random to take clofibrate,

2,789 to placebo (lactose) group.

Subjects were followed for 5 years.

Is this an experiment or an observational study?

Clofibrate	patients who died during followup
adherers	15%
non-adherers	25%
total	20%

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Is this an experiment or an observational study?

It is an experiment. Does Clofibrate work?

Clofibrate	patients who died during followup
adherers	**15%**
non-adherers	**25%**
total	20%

Clofibrate   patients who died during followup

      adherers   **15%**

      non-adherers   **25%**

      total   20%

Placebo

      adherers   15%

      nonadherers   28%

      total   21%

Those who took clofibrate did much better than those who didn't keep taking clofibrate. Does this mean clofibrate works?

Clofibrate   patients who died during followup

     adherers   15%

     non-adherers   25%

     total   20%

Placebo

     adherers   **15%**

     nonadherers   **28%**

     total   21%

Those who adhered to placebo also did much better than those who stopped adhering.

Clofibrate   patients who died during followup

     adherers   15%

     non-adherers   25%

     total   **20%**

Placebo

     adherers   15%

     nonadherers   28%

     total   **21%**

All in all there was little difference between the two groups.

Clofibrate   patients who died during followup

     adherers   15%

     non-adherers   25%

     total   **20%**

Placebo

     adherers   15%

     nonadherers   28%

     total   **21%**

Adherers did better than non-adherers, not because of clofibrate, but because they were healthier in general. Why?

Clofibrate   patients who died during followup

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      total   **20%**

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Adherers did better than non-adherers, not because of clofibrate, but because they were healthier in general. Why?

- adherers are the type to engage in healthier behavior.

- sick patients are less likely to adhere.

6. More about confounding factors.

- By a confounding factor, we mean an alternative explanation that could explain the apparent relationship between the two variables, even if they are not causally related. Typically this is done by finding another difference between the treatment and control group. For instance, different studies have examined smokers and non-smokers and have found that smokers have higher rates of liver cancer. One explanation would be that smoking causes liver cancer. But is there any other, alternative explanation?

- One alternative would be that the smokers tend to drink more alcohol, and it is the alcohol, not the smoking, that causes liver cancer.

6. More about confounding factors.

- Another plausible explanation is that the smokers are probably older on average than the non-smokers, and older people are more at risk for all sorts of cancer than younger people.

- Another might be that smokers engage in other unhealthy activities more than non-smokers.

- Note that if one said that "smoking makes you want to drink alcohol which causes liver cancer," that would not be a valid confounding factor, since in that explanation, smoking effective is causally related to liver cancer risk.

6. More about confounding factors.

- A confounding factor must be plausibly linked to both the explanatory and response variables. So for instance saying "perhaps a higher proportion of the smokers are men" would not be a very convincing confounding factor, unless you have some reason to think gender is strongly linked to liver cancer.

- Another example: left-handedness and age at death. Psychologists Diane Halpern and Stanley Coren looked at 1,000 death records of those who died in Southern California in the late 1980s and early 1990s and contacted relatives to see if the deceased were righthanded or lefthanded. They found that the average ages at death of the lefthanded was 66, and for the righthanded it was 75. Their results were published in prestigious scientific journals, Nature and the New England Journal of Medicine.

6. More about confounding factors.

All sorts of causal conclusions were made about how this shows that the stress of being lefthanded in our righthanded world leads to premature death.

Being Left-Handed May Be Dangerous To Life, Study Says

Reuters
Published: April 4, 1991

BOSTON, April 3— Left-handed people tend to live significantly shorter lives than right-handers, perhaps because they face more perils in a world dominated by the right-handed, according to new research.

6. More about confounding factors.

- Is this an observational study or an experiment?

6. More about confounding factors.

- Is this an observational study or an experiment?

It is an observational study.

- Are there plausible confounding factors you can think of?

6. More about confounding factors.

- A confounding factor is the age of the two populations in general. Lefties in the 1980s were on average younger than righties. Many old lefties were converted to righties at infancy, in the early 20th century, but this practice has subsided. Thus in the 1980s and 1990s, there were relatively few old lefties but many young lefties in the overall population. This alone explains the discrepancy.

Left handedness 1900–1976
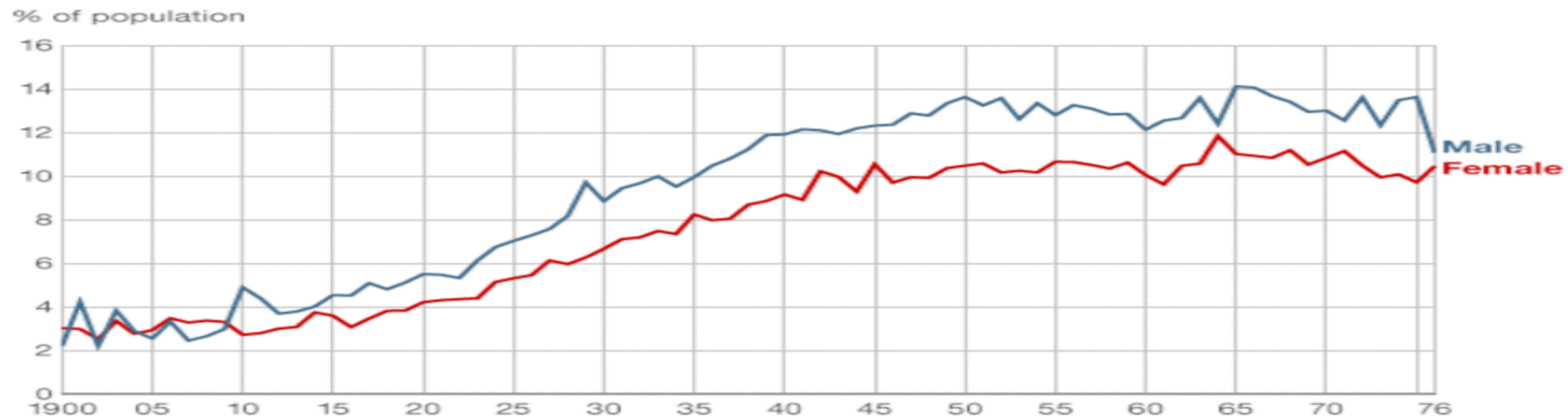
Source: Chris McManus Right Hand, Left Hand