



Illustrative example: Research question \square

Research Question: Whether or not adult patients with rheumatoid arthritis (RA) are at increased risk for heart attack (or myocardial infarction) in US.

Outcome (Y): heart attack (MI)

Exposure (A): rheumatoid arthritis (RA)

Comparison group: People without RA.

Exclusion criteria: Patients with

Osteoarthritis or other arthritis, young subjects (age < 20).





RA-MI example

Various types of arthritis in the united states: prevalence and age-related trends from 1999 to 2014

<u>J Park, A Mendy, ER Vieira</u> - American journal of public ..., 2018 - ajph.aphapublications.org Objectives. To determine the prevalence trends of osteoarthritis (OA), rheumatoid arthritis (RA), and other types of arthritis in the United States from 1999 to 2014. Methods. We analyzed data on 43 706 community-dwelling adults aged 20 years and older who participated in the 1999–2014 National Health and Nutrition Examination Surveys. We accounted for survey design and sampling weights so that estimates were nationally representative. We assessed temporal trends in age-standardized arthritis prevalence by ...

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RCT vs. Observational study



L is not randomized anymore.

Notations: confounder

- A: Exposure status (1 = exposed; 0 = not)
- Y: Outcome L: Covariates $A \rightarrow Y$

L could be restricted / matched / stratified / adjusted in regression to get unbiased treatment effect

RCT vs. Observational study

Is age really a confounder?

Observational studies

If age distribution in people with rheumatoid arthritis versus people without arthritis is the same, then age is not a confounder (loosely speaking).



RCT vs. Observational study



Is the age distribution balanced in 2 groups?

Imbalance measure: important concept!! 👳

• <u>Balance checking</u> is often revealing of variables that require adjustment (responsible for imbalance).

For a continuous variable, the standardized mean difference

$$SMD_{continuous} = \frac{\bar{l}_{RA} - \bar{l}_{NoArthritis}}{\sqrt{\frac{s_{RA}^2 + s_{NoArthritis}^2}{2}}}$$

For a binary variable, the standardized proportion difference

$$SMD_{binary} = \frac{\hat{p}_{RA} - \hat{p}_{NoArthritis}}{\sqrt{\frac{\hat{p}_{RA} \times (1 - \hat{p}_{RA}) + \hat{p}_{NoArthritis} \times (1 - \hat{p}_{NoArthritis})}{2}}}$$



Table 1	##	##		Stratified by arthritis.type					
I adie 1	## ##	n	(Non-a 4089	arthritis	325	imatold	arthriti	SMD
	##	gender = Female (%)		1960	(47.9)	194	(59.7)		0.238
Stratified	##	diabetes = Yes (%)		358	(8.8)	87	(26.8)		0.485
	##	smoke = Yes (%)		1796	(43.9)	177	(54.5)		0.212
by RA	##	age (%)							0.891
/	##	(0,50]		2577	(63.0)	74	(22.8)		
	##	(50,70]		1046	(25.6)	169	(52.0)		
	##	70+		466	(11.4)	82	(25.2)		

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SMD = measure of distance between two group means/proportions. SMD >.2 means imbalance.

What to do if imbalance exists?

Logistic(Y ~ A):

crude and potentially biased in the observational setting

crude OR = E[Y(1) vs. Y(0)] = 3.54

Illustrative example: Potential Adjustment variables

Confounders and risk factors (L):

age, BMI, diabetes, smoking.

Demographic variables that could be confounders / risk factors (L):

sex, race, education,

marital status, income, origin.

Additional factors / potential confounders (L):

physical activity, access to medical services,

hypertension/high blood pressure and diet

What to do if imbalance exists? Regression

adjusted OR = E[Y(1) vs. Y(0) | L] = 1.54

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