AGENDA

Review of handout on confounding from c678

Key Points in / Commentary on ALR Ch 3.5 ---

Worked Examples

- Salaries of PhD's versus MSc's
 - Y measured in \$.. i.e. interval scale
 - same principles whether confounder is binary or interval
 - extreme confounding : example of Simpson's paradox
- Who is more likely to receive death penalty?
 - 2 binary "X" variables
 - extreme confounding: example 2 of Simpson's paradox
- Neonatal Mortality (Brand and Keirse article)
 - good e.g. of adjustment formula (crude -> adjusted logit)
 - age confounds M:F comparison, but not vice versa!
- Down's syndrome in relation to parity & maternal age
 - using age as an interval versus categorical variable
- Autism & MMR
 - modeling age-specific dx-rates as log-linear doesn't reduce the confounding (see exercise)

Demo

- Resting on a knife-edge: collinearity
 - Excel spreadsheet in session 4 of course 678

Readings (* = ?insufficient)

* Chapter 3.5 of Hosmer and Lemeshow

Other Resources

<u>texts</u>

Statistical methods for comparative studies: methods for bias reduction, by Anderson et al. -- 6 authors, whom I abbreviate to 'aahovw'. Extract from the relevant chapter 3 on the c622 website. Diagram for c678 adapted from these authors

articles

- Brand & Keirse: pair of very good expository articles (from Pediatric and Perinatal Epidemiology 1990; 4: 22-38) on logistic regression [c678, Resources/Material for sessions 9-11]
- "Appropriate Uses of Multivariate Analysis" (JH) from the Annual Review of Public Health in 1983. under Other Resources in the c622 website,
 See in particular the sections on two major uses of multiple regression:- to make comparisons FAIRER (reduce bias) SHARPER (increase precision).
- Figure in the Blood Pressure and Altitude article under resources for session 5 of course 678

Clear and present dangers

1 In the article CLINICAL PRACTICE GUIDELINE: ENDPOINTS OF RESUSCITATION, Tisherman reviews a number of studies, including Maynard, N 1993 "Assessment of splanchnic oxygenation by gastric tonometry in patients with acute circulatory, failure. JAMA 270:1203-10." and tells us that

Although a variety of resuscitation endpoints correlated with surviving critical illness, only pHi at 24h proved an independent predictor of *death by logistic regression*

2 A title of a Table in another article..

ADJUSTED ESTIMATES OF ASSOCIATION OF PATIENT CHARACTERISTICS WITH INITIALLY MISSED DIAGNOSIS, DELAYED TREATMENT, AND DEATH FROM MULTIVARIATE LOGISTIC REGRESSION

Key Points in / Commentary on ALR Ch 3.5 ---

• The multivariable model (3.5 page 65, para 1)

"One goal of such an analysis is to statistically adjust the estimated effect of *each* variable in the model for differences in the distributions of, and associations among the other independent variables " (italics by JH)

Remark 1: yes, in some analyses (but certainly not in all, and not in cases of diagnostic and prognostic functions) this might be *a* goal

Remark 2: in many studies, there is <u>not</u> the '<u>symmetry of role' among the X's</u> that the authors imply: more often, there is *one* X variable ('exposure' for want of a better word) that is of *primary* interest, and the *other* X's are a *nuisance*. The authors' use of the word *each* makes the aim broader than it really is. Indeed, in situations where the focus is on one X, it would be helpful to rewrite the equation as

 $g[\mu \text{ or } | \mathbf{X} \mathbf{Z}] = 0 + _{\mathbf{X}} \mathbf{X} + _{\mathbf{Z}} \mathbf{Z}$

where X is the 'eXposure' cariable, and ${\bm Z}$ is the collection of the confounding and other explanatory variables. [H&L do so in group & age e.g on p66)

Mathematically speaking, there is a certain symmetry to the regression equations. In particular, in c621 situations, X2 being a confounder of the observed X1=>Y relationship implies that X1 is also a confounder of the observed X2=>Y relationship. For example, when we study the effect of duration of occupational exposure to noise on the prevalence hearing loss, we are, because of practical research design constraints, forced to confront, and 'adjust for', the simultaneous effect of age. But we would not add as a study aim "to adjust the estimated effect of age for differences in the distributions of exposure". Here, age is an extraneous variable, of no intrinsic interest, one that -- if we could do the study experimentally, on say animals, we would control directly, rather than by regression techniques. [This is not necessarily so in c681, where rules that apply in the 'regular' or identity scale, do not always hold in the logit scale: for example, in Brand and Keirse's first example (Table 9), age confounds the sex=>mortality relationship (if work with odds) but sex does not confound the age=>mortality relationship! This goes back to the rules for 'collapsibility, and confounding: these rules are different for different effect measure scales (i.e. the rules for confounding are different for odds ratios than they are for risk differences. I expect you will cover this again in the more advanced epidemiology classes).

There may be some situations where two or more X's (e.g. risk factors) are of simultaneous interest, and one is keenly interested in the true net effect of each. An example is the article "Parental periconceptional smoking and male:

female ratio of newborn infants (on the 678 website under resources for session 9-11), where the authors assessed whether the smoking habits of (1) the mother and (2) the father around the time of conception affects the likelihood of the offspring being male or female, and one would like to *isolate* the two effects (mother, father) from each other.. i.e. have narrow interval estimates for each beta, i.e.. we seek simultaneous CI's for the two betas such that the two estimates are not highly correlated (often negatively, if the two 'exposures' are positively correlated in their distribution in the sample, and their true effects are in the same direction), or even if there are, are within narrow ranges

• The multivariable model (3.5 page 65, para 4)

"If the age (Z) distribution is also the same for the two groups, then a univariate analysis *would suffice* and we would compare the mean weight (Y) in the two groups (X=0 and X=1, " (italics by JH)

- Remark 1: YES, in c621, one would get the same estimate whether one omitted age or not. BUT including age would (if age contributes to the variation in Y, and presumably it does or else one would not be considering it) reduce the standard error (i.e. increase the precision) of the estimate.
- Remark 2: Paradoxically, this again is one of the places where the message from c621 does not automatically carry over to c681.. Because, at any X, the variance of a binary Y is very large relative to its mean, and because this variance [(1-)] changes with the mean [i.e., with], it is sometimes difficult to say whether including a Z in a logistic model will decrease or increase the SE of the beta for the X of interest. Given that, and given that a sample of n binary Y's does not mean we have n effective degrees of freedom to fit as many parameters as we wish, we have to be more prudent about inclusion of Z's that in c621 "might not do much good, but would not do much harm either."
- The multivariable model (analysis of covariance) (3.5 page 65, para 5)

"This situation is described graphically in Figure 3.1"

Fig 3.1 is AT THE CORE of the concept of statistical adjustment, and is repeated with colour, and lines that reflect *where the data are*, on the right hand side of page 2 of what was handed out on confounding from c678. JH gives other examples later in the c681 notes that you are reading now, and points here to a textbook and articles where this is explained with greater graphical clarity and impact. The text is Statistical methods for comparative studies: methods for bias reduction, by Anderson et al. -- 6 authors, whom I abbreviate to 'aahovw'. I have put an extract from the relevant chapter 3 on the c622 website. Also, under Other Resources in the c622 website, is JH's article "Appropriate Uses of Multivariate Analysis" from the Annual Review of Public Health in 1983. It has two sections that explain -- graphically and with a few data points-- two big uses of multiple regression.. to make comparisons FAIRER (reduce bias) and SHARPER (increase precision). Finally, to see Fig 3.1 in a real situation, with much more striking graphics, you could examine the Figure in the Blood Pressure and Altitude article under resources for session 5 of course 678.

Here I adopt, and illustrate **confounding**, & "**adjustment by regression**" for an extreme <u>'continuous</u> Y" example [607Ch2, Simpson's paradox]



1.	2.
DATA salary; INPUT phd industry salary number; LINES; 0 1 70 750 1 1 90 125 0 0 30 250 1 0 50 875 ;	PROC MEANS DATA = salary MEAN; CLASS PHD; VAR salary; FREQ number; PHD N Obs Mean_SALARY No 0 1000 60 Yes 1 1000 55
3a PROC REG DATA = salary ; MODEL salary = PhD ; FREQ number;	3b. Dep. Var: SALARY <u>Estimate</u> <u>SE</u> INTERCEP 60 0.49 PHD -5 0.69 CRUDE Δ
<pre>4a. PROC SORT DATA = salary; by industry; PROC REG DATA = salary; by industry; MODEL salary = PhD; FREQ number;</pre>	4b. $\frac{\text{INDUSTRY} = 0}{\text{Estimate SE}} \frac{\text{INDUSTRY} = 1}{\text{Estimate SE}}$ $\frac{\text{INTERCEP 30}}{20} 0 70 0$ $\frac{1}{20} 0 20 0$



5a.	5b.	
PROC REG DATA = salary :	Estimates	SE
inde hild brinn - balary ,	INTERCEP 30	0
MODEL salary = PhD industry ;	PHD 20	0
FREQ number;	INDUSTRY 40	0

Average Salary = 30 + 20 if PhD + 40 if Industry

6a.	6b. D	istrn	. of CONFOUNDER
PROC MEANS DATA = salary MEAN;	ית	M	ean of (Indicator)
FREQ number;	P	0	0.750 (3/4)
	Yes	1	0.125 (1/8)

From 2 or from 3b ("CRUDE") value of PhD: -5 From 4b or from 5b ("NET") value of PhD: +20

Net (adjusted) value of PhD =

"CRUDE" value

MINUS

NET value of Industry \times (<code>[Industry|PhD] - [Industry|non-PhD]</code>)

-5

MINUS

 $40 \times (0.125 - 0.750) = -5 -40(-0.625) = +20$

On the "participation in industry" scale, PhDs are at 0.125, and non_PhD's at 0.750, a difference of 0.625; the salary gap from 'not in industry' (industry = 0, ie academia) to in industry (=) is 40K

Logit

0.847 0.42 1.69



Total

160

166

326

PROC LOGISTIC data=a;	-2 LOG L 226.513(null) 226.291(model)
MODEL n_death/n_cases	Estimate SE ChiSq P-value OR
= de_black ;	INTERCPT -2.00 0.24 67.3 0.0001 .
"CRUDE"	DE_BLACK -0.16 0.35 0.2 0.6382 0.847
TADIES	DEATH DE_BLACK VI_BLACK=0
vi black*death*de black	
/ measures cmh;	0 132 52 184
WEIGHT nmbr;	87.42 82.54
	+
	12.58 17.46
	T_{ot} 151 63 214
	OR 1.47
	(0.65,3.3)
Estimates of	DEATH DE_BLACK VI_BLACK=1
Common OR	0 1 Total
мц ** 1 Б74 0 701 2 Б2	2++
M-H = 1.374 0.701 3.33 Logit* 1.454 0.667 3.17	³ 0 9 97 106
10910 10101 0.007 5.17	
** test-based.	
* correction of 0.5 in	
contain a zero.	Tot 9 103 112
	OR not computed - 0 cell
MODEL n death/n cases -	-2 LOGL 226.5(BU) 219.1(BU,BI,BZ) Chisg: 7.4 with 2 DF (n=0.0243)
de black vi black	;
OUTPUT OUT=fitted	Var. Est. SE ChiSq P OR
<pre>PREDICTED = fitted_p ;</pre>	
*cf 0.266 <u>OR</u> (crude)	INTERCPT -1.95 0.25 63.9 0.00 .
victim white 1 (ref)	$DE_BLACK 0.44 0.40 1.2 0.27 1.553$
victim black 0.347	VI_DEACK 1.52 0.52 0.5 0.01 <u>0.200</u>
PROC PRINT	DE_BL VI_BL FITTED_P OBS_P #OBS #FITTED
data= fitted ;	0 0 0.1237 0.1258 19 18.7
VAR de_black	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
fitted p.	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
p,	
	NB. 4 proportions modeled by 3
	Parameters. Crose to Saturated Model.

Other eg's: neonatal mortality (Brand/Keirse); Down's, parity, age.