

# Statistical methods in biology and medicine

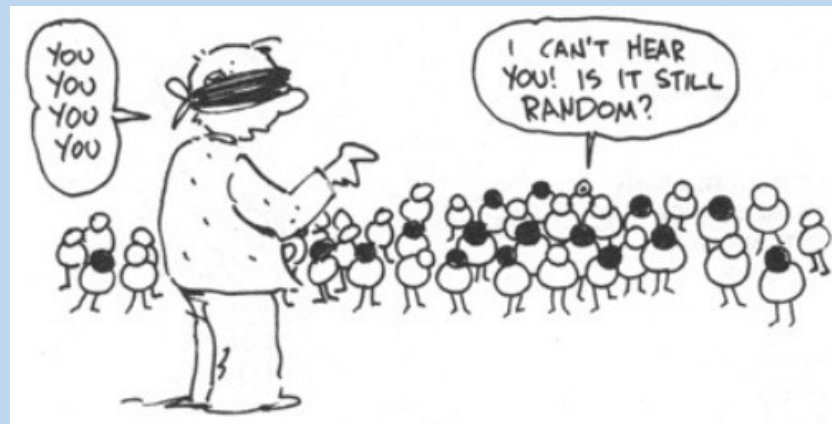


# Statistics

- Group of mathematical methods concerning the collection, analysis and interpretation of the data
- A complete description of the world is both impossible and impractical (statistics represent a tool for reducing the variability of the data)
- Statistics creates mathematical models of the reality that can be helpful in making decisions
- It works correctly only when the assumptions of its methods are met

# Descriptive statistics

- Population-wide – works with the data related to whole surveyed population (e.g. census, medical registry)
- Inductive – conclusions based on sample data (obtained from a part of the target population) are extrapolated to whole population (assumption: random selection of the sample)



# Statistics as a data processing tool

- „raw data“ – often difficult to grasp
- Descriptive statistics can make the data (of given sample) understandable

kod	cislo	adrenalin	noradrenalin	hypokineza	ER $\alpha$ 397/Pvull	ER $\alpha$ 351/Xbal
TTCBI13-2013	1	354	3643	baze	CT	AG
TTCKE14-2013	2	307	2955	apex	TT	AA
TTCKH15-2013	3	473	6076	apex	CT	AG
TTCAJ16-2013	4	341	2108	apex	CT	AG
TTCCHM17-2013	5	321	2031	apex	CC	GG
TTCCHS18-2013	6	426	1931	apex	TT	AA
TTCRK19-2013	7	508	1753	difuzni	TT	AA
TTCPD20-2013	8	374	1088	difuzni	CT	AA
TTCMJ21-2013	9	597	1798	apex	CC	GG
TTCPO22-2013	10	420	2856	apex	CT	AG
TTVVA23-2013	11	367	2657	apex	CT	AA
TTCNL24-2013	12	327	2467	apex	CT	AG
TTCJF25-2013	13	395	3929	apex	CC	GG
TTCZM26-2013	14	344	3706	apex	CT	AG
TTCHJ27-2013	15	426	4225	apex	TT	AA
TTCGT28-2013	16	265	2406	apex	CT	AG
TTCB29-2013	17	295	3186	apex	CT	AG

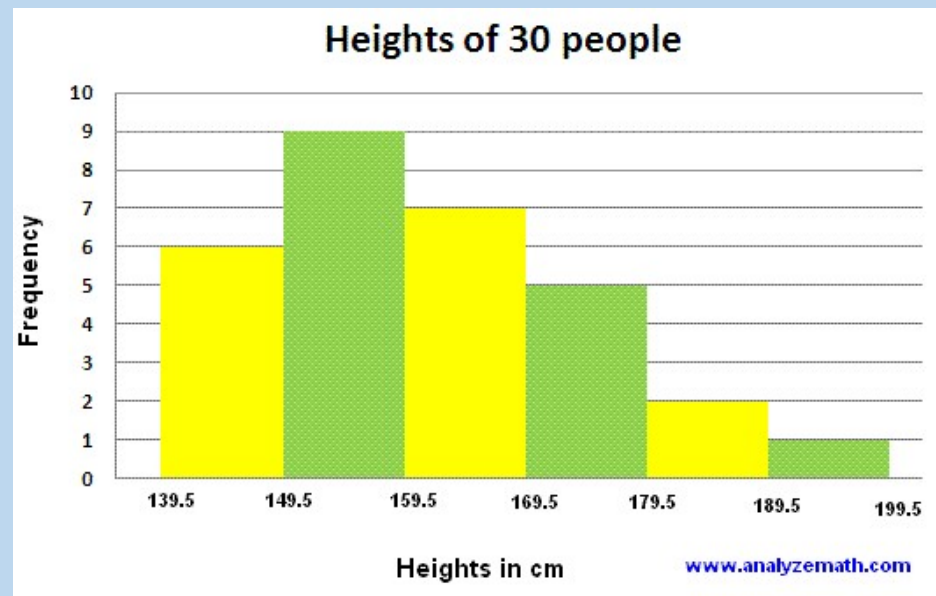
# Kinds of data

- Continuous (always quantitative) – the parameter can theoretically be of any value in a given interval (e.g. glucose concentration: 0- $\infty$ ; ejection fraction: 0-100%)
  - Ratio vs. interval data – only differences, but not ratios of two values can be determined (e.g. IQ score)
- Categorical (usually qualitative) – the parameter can only be of some specified values (e.g. blood group: O, A, B, AB; sex: male, female; a disease is present/absent)
  - Ordinal data – are categorical, but quantitative (they can be ordered – e.g. heart failure classification NYHA I-IV)
  - Count data – can be ordered and form a linearly increasing row (e.g. number of children in a family: 0,1,2...) - they are often treated as continuous data
  - Binary data – only two possibilities (patients / healthy controls)



# The distribution of continuous data - histograms

- The distribution of a continuous parameter can be visualized graphically (e.g. using histograms)
- The values usually cluster around some numbers



# Description of continuous data

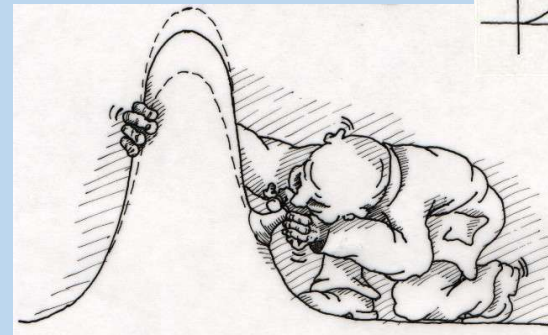
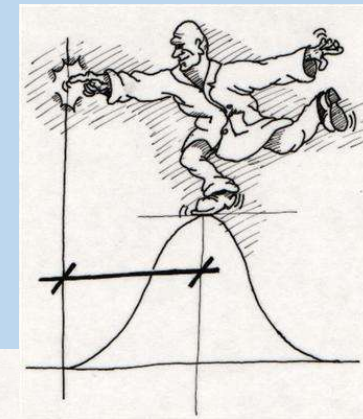
- **Measures of central tendency**

- The arithmetic mean ( $\mu$ )
  - sum of values divided by their number ( $n$ )
- The median (= 50% quantile)
  - cuts the order of values in half
- The mode
  - most frequent value

- **Measures of variability**

- variance ( $\sigma^2$ )
- standard deviation (SD,  $\sigma$ )
- coefficient of variance (CV)
  - $CV = \sigma/\mu$
- standard error of mean (SE,  $SEM = \sigma/\sqrt{n}$ )
- min-max (= range)
- quartiles
  - upper 25%
  - median
  - lower 75%
- skewness
- kurtosis

$$\sigma = \sqrt{\frac{\sum_{i=1}^n (\bar{x} - x_i)^2}{n - 1}}$$



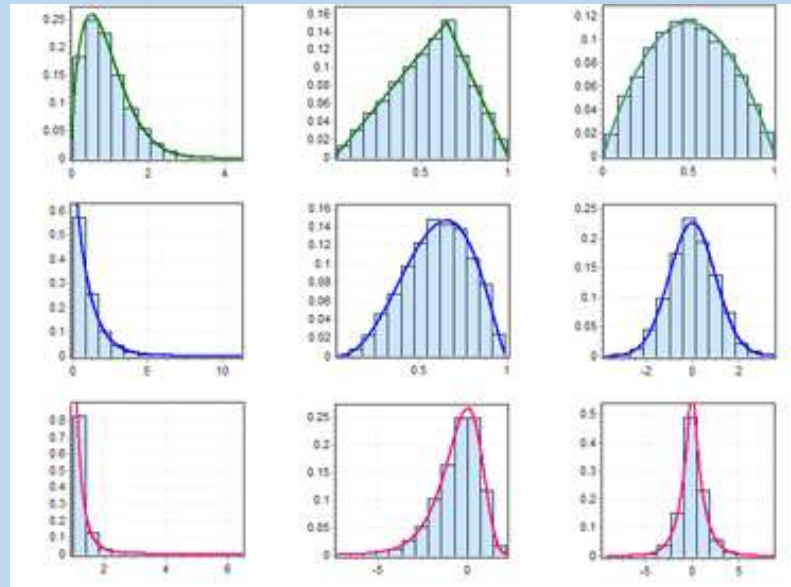
# The probability distribution of continuous random variable



- Probability density function
- In graphs each (continuously) quantifiable variable (x axis) is linked to its probability (y axis)



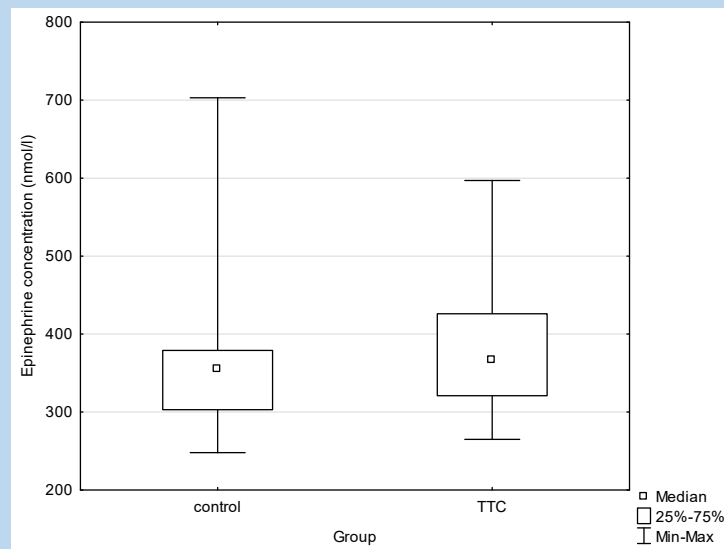
# Examples of continuous data distribution



Histograms + corresponding probability density functions

# Other ways of graphical visualisation

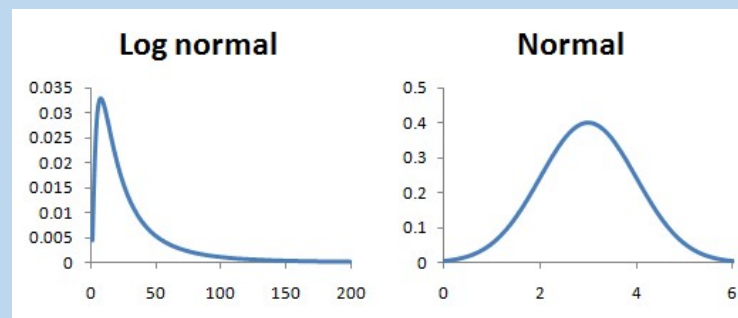
- Box and whisker plots



- Instead of median e.g. mean can be used, instead of quartiles („box“)  $\pm\sigma$ , instead of range („whiskers“) e.g. non-outlying values... etc.

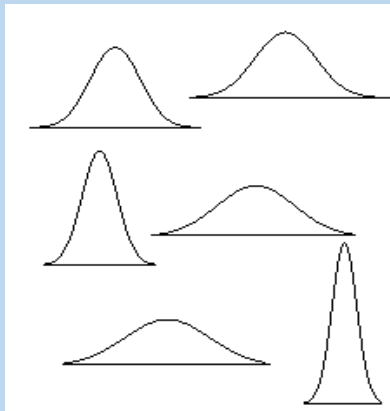
# Normal distribution of the data

- Defined by the Gaussian function  $y = a^{-(x-b)^2/2c^2} + d$ , where  $a, b, c, d$  are real numbers
- Graphical representation is the **Gaussian „bell“ curve**
- mean = median = mode
- A random variable  $x$  is normally distributed when its value can be interpreted as the sum of an infinite number of independent effects with equal absolute value
- E.g.: throwing a coin, we assign the value of +1 to a head and -1 to a tail. When throwing many times ( $n \rightarrow \infty$ ), the probability distribution of the resulting value will be normal

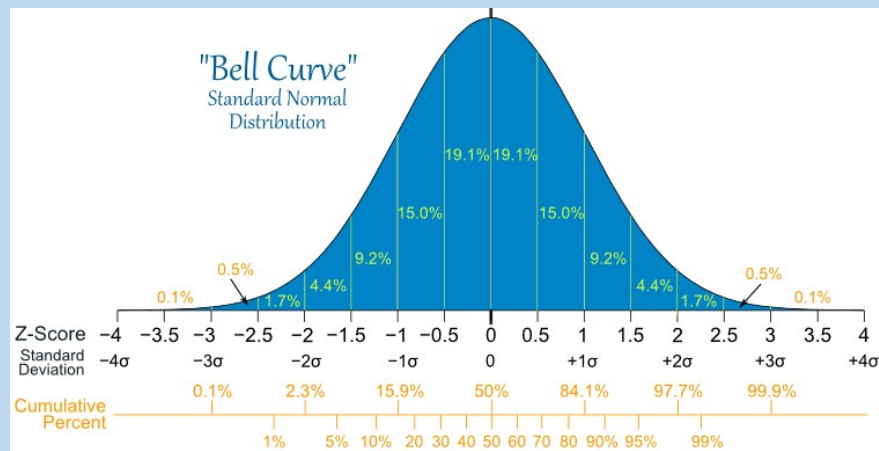


- Log-normal distribution: after logarithmic transformation of the data, we obtain the Gaussian curve (with **the geometric mean** at its peak) – an example of data transformation

# Normal (Gaussian) vs. symmetric distribution



- Not each symmetric distribution is normal
  - Meeting of several assumptions is necessary
    - interval frequency distribution
    - distribution function
    - skewness = 0, kurtosis = 0
  - Data transformation („normalization“)
    - Creating normal distribution by applying a formula
- Student distribution is an approximation of normal distribution in small datasets

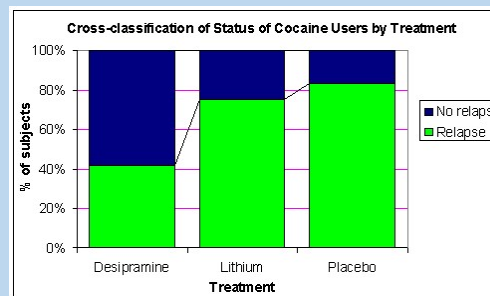


# Description of categorical data

- Sumarization of given categories of the dataset (frequency table)
- When more than one categorical parameter is available, we can create **contingency tables** (and, based on them, we can eventually create graphs)

		Body Image			Total
		About Right	Overweight	Underweight	
Gender	Female	560	163	37	760
	Male	295	72	73	440
	Total	855	235	110	1200

	Right-handed	Left-handed	Total
Males	43	9	52
Females	44	4	48
Totals	87	13	100

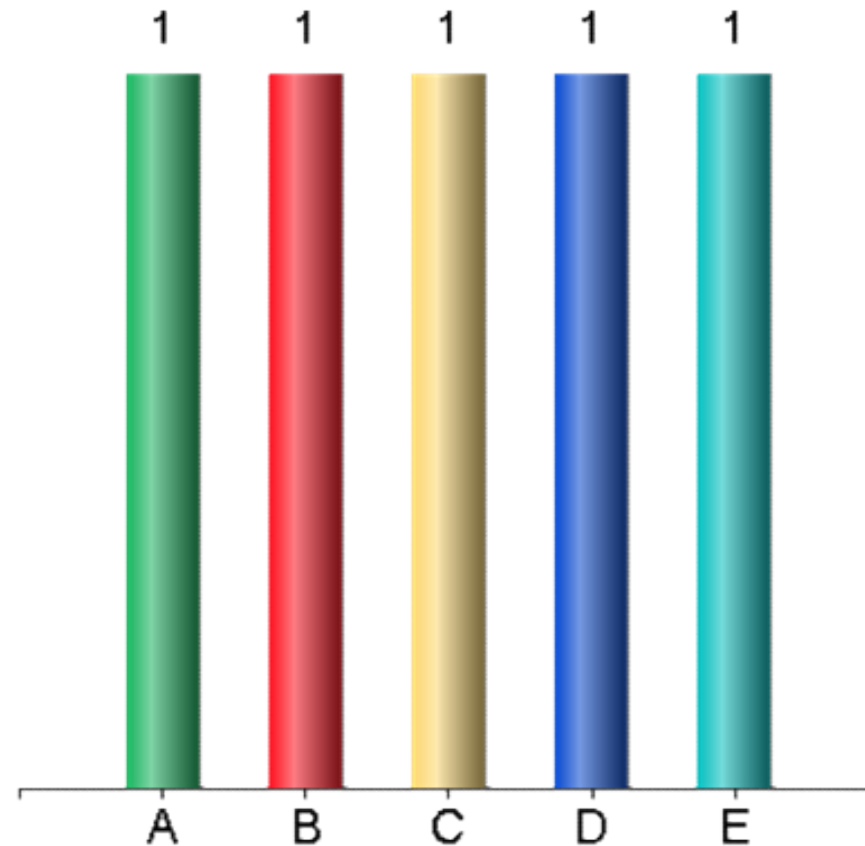


# Expression of categorical data variability - examples

- Variation ratio
  - $v = 1 - (f_m/N)$ , where  $f_m$  = number of cases in mode (most frequent) category,  $N$  = total number of cases
  - Ratio of all cases **except** the mode category to the total number of cases
- Shannon-Wiener diversity index
  - Expresses the uncertainty in prediction, to which category will a case belong
  - $H' = -\sum p_i * \ln(p_i)$ , where  $p_i$  is a proportion of category  $i$  from total sample
  - If  $p_i = 100\%$  then  $H' = 0$ ; Higher value corresponds with higher diversity
  - Widely used in ecology, common range between: 1,5 – 3,5

The level of education (basic, high school, university) is an example of...

- ✓ A. Ordinal variable
- B. Interval variable
- C. Binary variable
- D. Continuous variable
- E. Qualitative variable



# formulation of statistical hypotheses

- Research hypothesis (e.g. drug A has better effect than drug B, blood pressure decreases during the treatment, there is a correlation between sex and body height etc...) – can be formulated both for an experiment or for an observation
- Testing of research hypothesis uses a proof by contradiction
- For statistical hypothesis testing, a **null hypothesis  $H_0$**  must be defined (e.g. between two groups, there is no difference in means, there is no difference in variances, there is no correlation between two parameters, a parameter does not change in time...resp. any observed difference is only due to a chance)
- During the testing of null hypothesis, we try to refute it (or, more exactly, to show that it is highly improbable)
- If the null hypothesis, is not true, then its negation must be true – **alternative hypothesis  $H_A$**  (there is a difference, there is a correlation...)
- The result of hypothesis testing can thus be:
  - A) non-refutation of the null hypothesis (at certain level of statistical significance  $\alpha$ )
  - B) refutation of the null hypothesis favouring the alternative hypothesis



# Repetitions - errors in hypothesis testing

	Real nature of the null hypothesis	
Statistical decision	$H_0$ true	$H_0$ false
$H_0$ refuted	<b>type I error (<math>\alpha</math>) = false pos.</b>	<b>Correctly pos. (<math>1-\beta</math>)</b>
$H_0$ confirmed	<b>Correctly neg. (<math>1-\alpha</math>)</b>	<b>type II error (<math>\beta</math>) = false neg.</b>

- Type I error rate ( $\alpha$ ) – also **significance level**
- $\alpha$  must be defined before the statistical testing – 0.05 is usual in biomedicine (i.e. when  $H_0$  is refuted, there is 95% certainty, that it is really false and the observed difference/correlation is real)
- $1-\alpha$  = specificity of a statistical test
- $1-\beta$  – also **power of a test (sensitivity of a test)**
- P-value – probability that the observed result was obtained under the assumption that  $H_0$  is true
- **When  $p < \alpha$ , we refute the null hypothesis at a given significance level and the alternative hypothesis is valid**
- We say that the difference (effect) is **statistically significant** (that, of course, does not mean that it has to be significant practically)

## P-value

- “A p-value doesn’t “prove” anything. It's simply a way to use surprise as a basis for making a reasonable decision.”

Cassie Kozyrkov

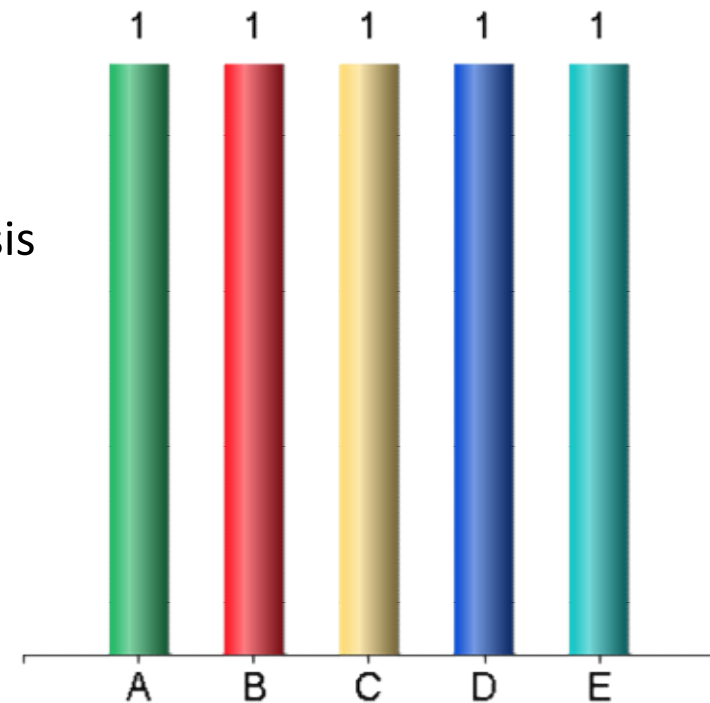
# Statistical tests

- For different statistical hypotheses, different tests are used
- The selection of the right test depends on:
  - the number of compared groups
  - the character of the data (categorical vs. continuous)
  - the distribution of the data
  - mutual dependence of the data



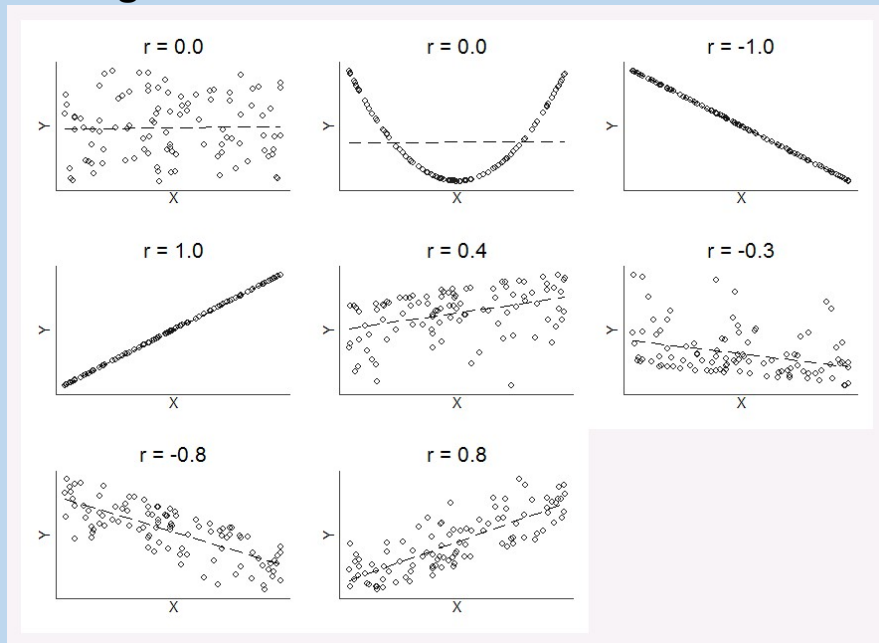
# Power of a test...

- A. Express its practical (not statistical) significance
- B. Increases with increasing variability of the data
- ✓ C. Express the ability of a test to correctly refute the null hypothesis
- D. Is expressed by a letter  $p$
- E. Is a probability that the alternative hypothesis is true in a case when the null hypothesis is refuted



# Correlation of two continuous parameters

- Mutual dependence of two parameters - correlation
- Expressed by correlation coefficient ( $r$ )
- $r$  generally express the size of the effect
- $r$  can achieve values in the interval from -1 to 1, where 0 corresponds to no correlation, 1 corresponds to 100% positive correlation (when one factor increases, the other does the same) and -1 corresponds to total negative correlation



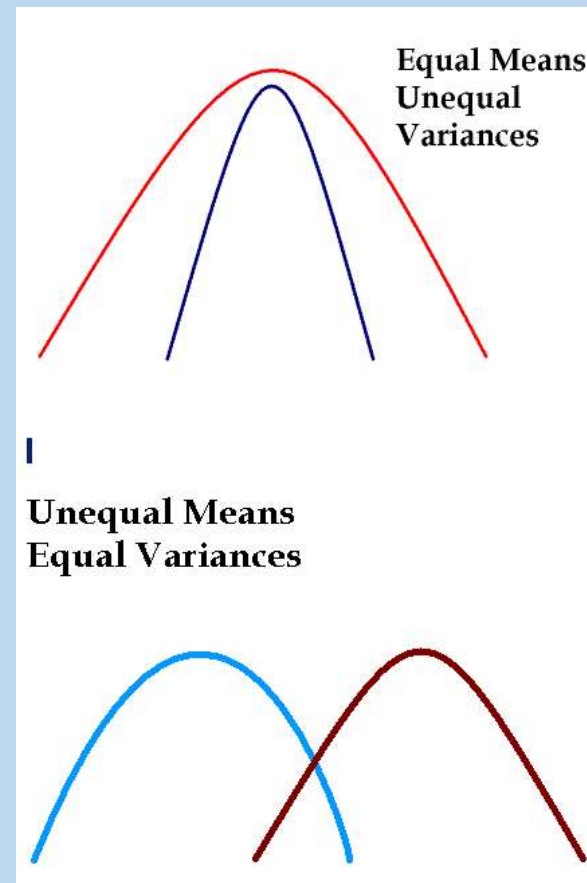
- Besides  $r$ , the corresponding p-value can be determined ( $H_0$  – the variables are independent)
- Correlation of a categorical vs. continuous variable – see the „tests for continuous data“ (categorical variable define the groups that are compared by the tests)

# Examples of correlation coefficients

- Pearson coefficient (parametric) – measures linear correlation between variables
  - The main assumption is approximately normal distribution of the data
- Spearman coefficient (non-parametric) – measures the rank correlation of the variables
- None of the coefficients can reveal e.g. U-shaped dependence

# Comparing the continuous variable in two and more samples

- $H_0$  – there is no difference in the value of the variable between the samples (or is due to chance – e.g. the concentration of glycated hemoglobin in treated and untreated diabetics is equal)
- Generally, central tendency (more often; see further) or variability (e.g. F-test, Levene test) can be tested



## Parametric vs. non-parametric tests for continuous data

### Parametric

- Use the values
- Have higher power, but only when their assumptions are met (esp. normal distribution of the data in each sample)
- If the distribution is not normal, we can try to transform (normalize) them

### Non-parametric

- Use ranks of values
- Power is generally lower (but the difference is small in big samples)
- They are more „robust“ – their use is not that dependent on data distribution

The normality can be tested by normality tests (e.g. Kolmogorov-Smirnov, Shapiro-Wilks – they compare the real distribution with the normal distribution) and „by eye“ evaluation of whether the histograms correspond to Gaussian curve (in small samples, the normal probability plot is a better choice)



# Tests for continuous data - paired vs. unpaired tests

## Paired (matched samples)

- Used when to each value from sample A, we can match one value from sample B that differs only by its membership in the sample (e.g. comparing salaries in two hospitals: director A – director B; head physician A – head physician B... up to charwoman A – charwoman B)
- **Most often, this design is used to assess the change in time** (e.g. patients' weight now vs. after 5 years: patient XY – and other patients – is the same person now as well as after 5 years and differs only by the time difference)
- They assess differences between the samples (or their ranks)

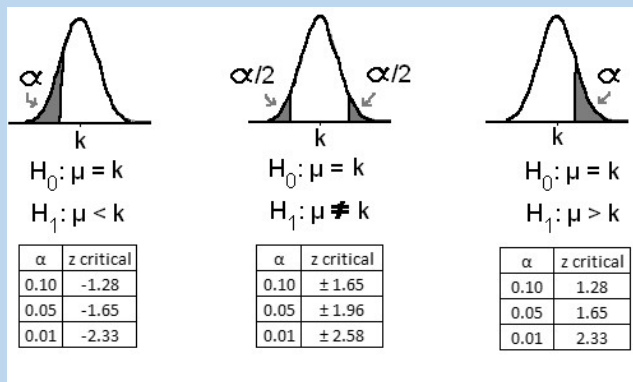
## Unpaired (unmatched samples)

- Used in independent samples (they can differ in size)
- They compare the actual values of the variable between the samples (or their ranks)
- It is necessary to decide between the paired or unpaired design before the start of the study (pairing is technically challenging, but paired tests have higher power)

# One-tailed vs. two-tailed tests

## One-tailed

- $H_0$  is asymmetric: e.g. drug A is not better than drug B – but we are not interested whether it is or is not worse
- They have higher power



## Two-tailed

- $H_0$  is symmetric: there is no difference between drug A and drug B (i.e. A is neither better nor worse than B)
- They can reveal the differences in both ways
- They are usually more suitable – we don't know the result a priori, and we are interested in both possible effects

## Tests for continuous data, 2 samples – examples

Test	Parametric	Non-parametric
Paired	Paired (dependent) Student's t-test	Wilcoxon paired test Sign test
Unpaired	Unpaired (independent) Student's t-test	Mann-Whitney U-test * Kolmogorov-Smirnov test

- \* has almost the same power as unpaired t-test, but it has an assumption of similar variability in both samples (as well as t-test)

## Tests for continuous data, more than 2 samples – examples

Test	Parametric	Non-parametric
Paired	Repeated measures ANOVA (Analysis Of VAriance) – RMANOVA	Friedman test („ANOVA“)
Unpaired	One-way ANOVA (and its variants)	Kruskal-Wallis test („ANOVA“)

- When ANOVA rejects  $H_0$ , it is necessary to find out which specific samples differ from each other – post hoc tests

# Choose the best test

In a clinical trial, patients take either a new drug to treat epilepsy or a placebo. The study is randomized (the study group is randomly drawn). Only patients, which have at least one and at most ten seizures in three months are included. The study evaluates a number of seizures during the first year of treatment

- A. Paired t-test
- B. Unpaired t-test
- ✓ C. Mann-Whitney U-test
- D. Sign test
- E. Repeated measures ANOVA

