



# Introduction to epidemiological study design

# Study = basic tool in epidemiology

“An **epidemiological study** is a statistical study on human populations, which attempts to link human health effects to a specified cause”

(wikipedia.org).

- Epidemiology studies *populations*, not individuals
- *Statistical study*: requires large number of people
- *Effects*: often means associations but here it means consequences  
(i.e. disease, health condition)
- *Cause*: often means *risk factor*, because *cause* implies *causal association* which is very difficult to demonstrate in epidemiology

# Epidemiology = comparison

- 550 cases of stomach cancer

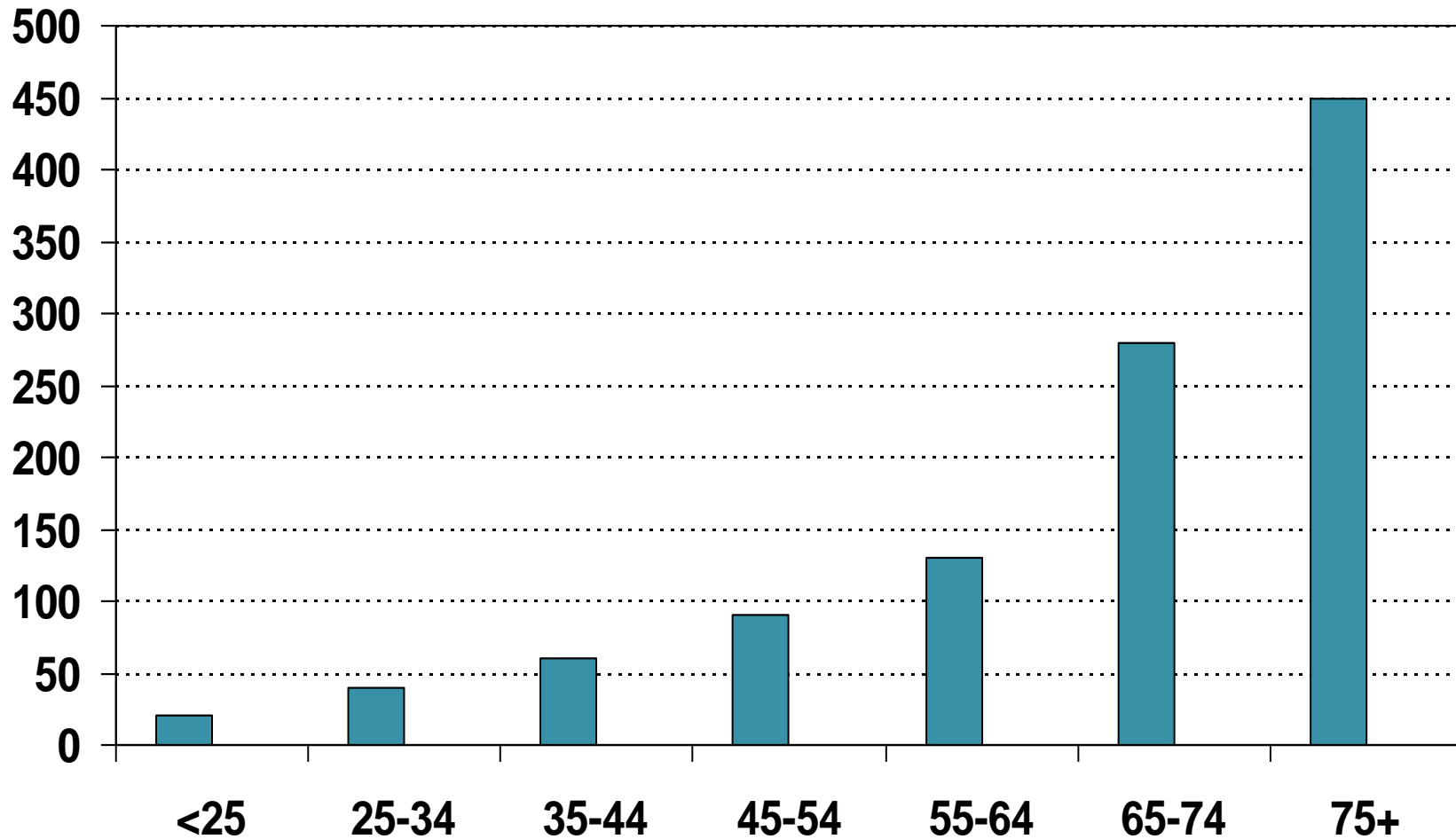
# Epidemiology = comparison

- 550 cases of stomach cancer in Hertfordshire in 2005

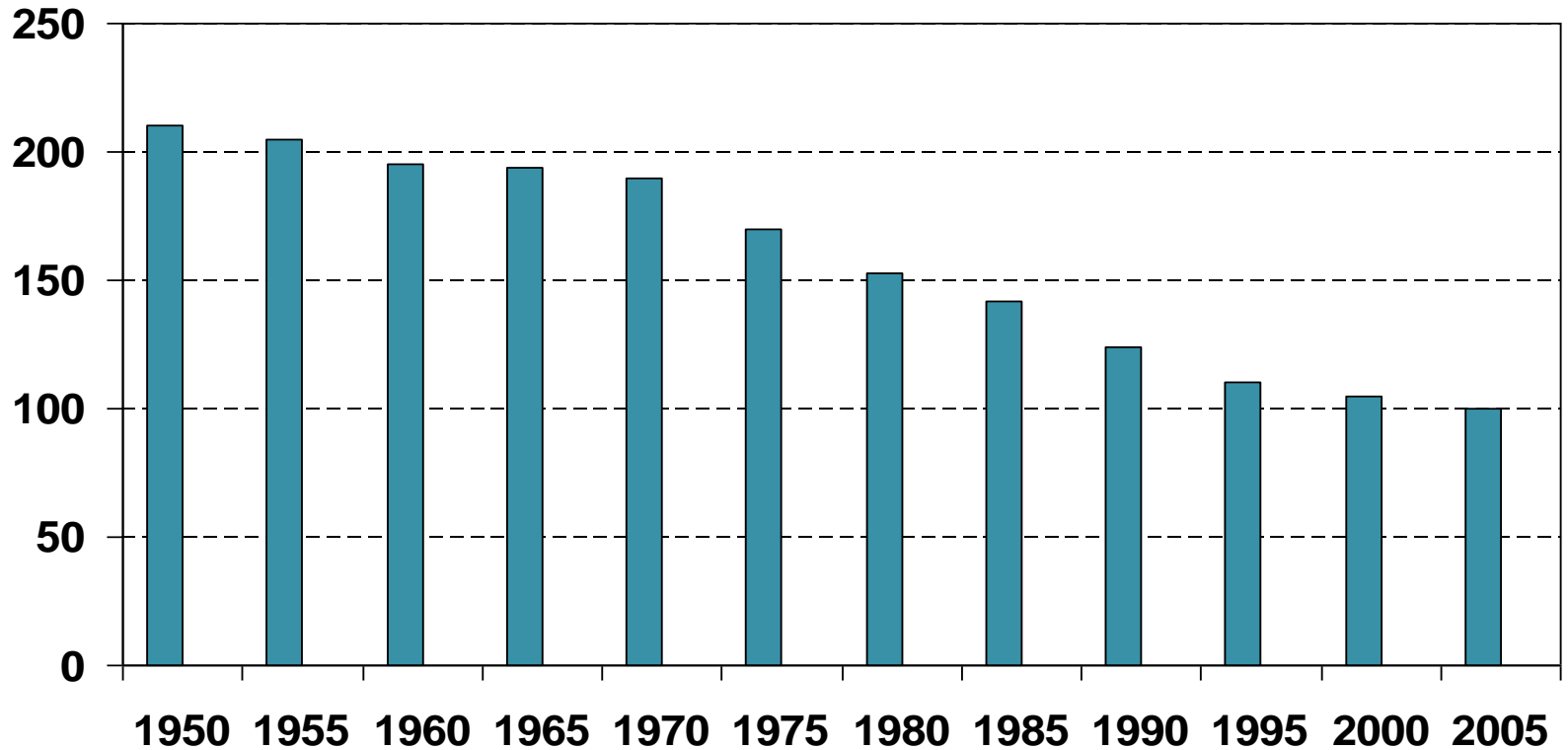
# Epidemiology = comparison

- 550 cases of stomach cancer in Hertfordshire in 2005
- Population 550,000
- Rate 100/100,000

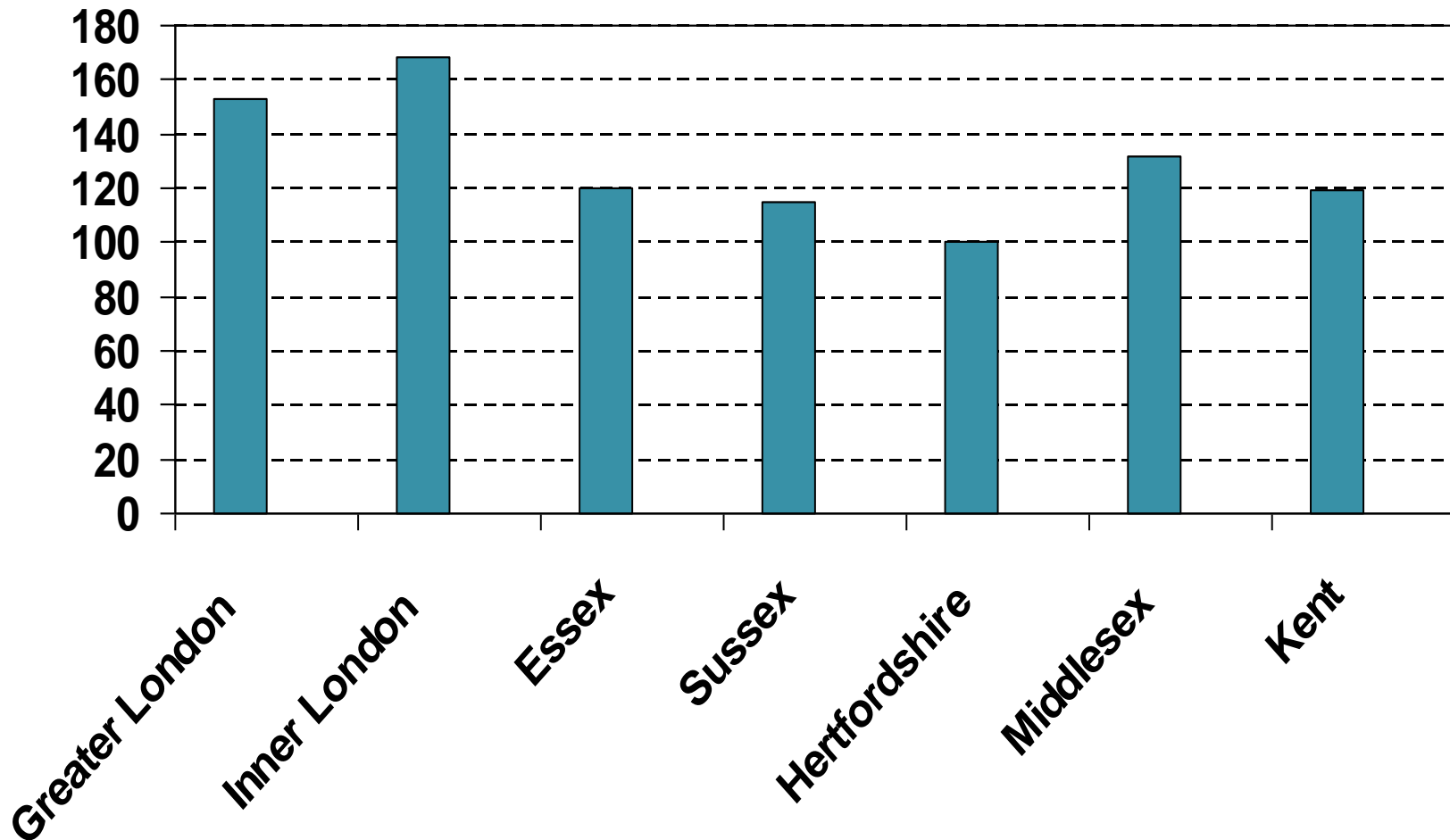
# Stomach cancer by age group, 2005, per 100,000



# Stomach cancer in Hertfordshire, 1950-2005, per 100,000

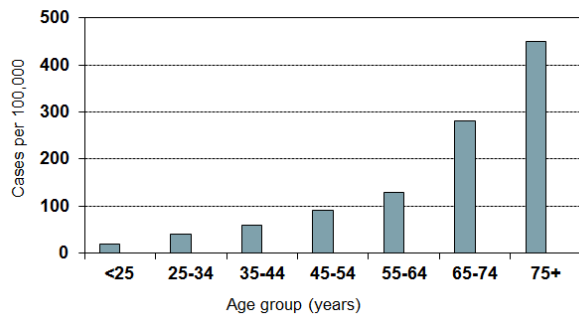


# Stomach cancer in SE England in 2005, per 100,000

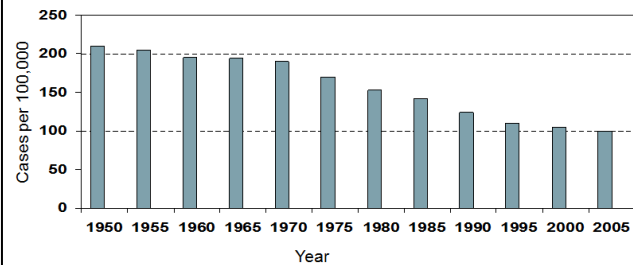




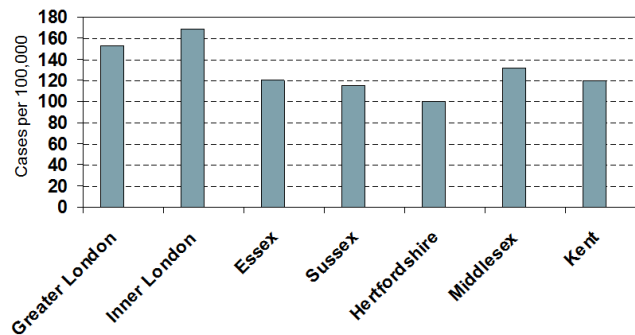
**Stomach cancer in Hertfordshire in 2005 by age group per 100,000**



**Stomach cancer in Hertfordshire, 1950-2005, per 100,000**



**Stomach cancer in SE England in 2005, per 100,000**

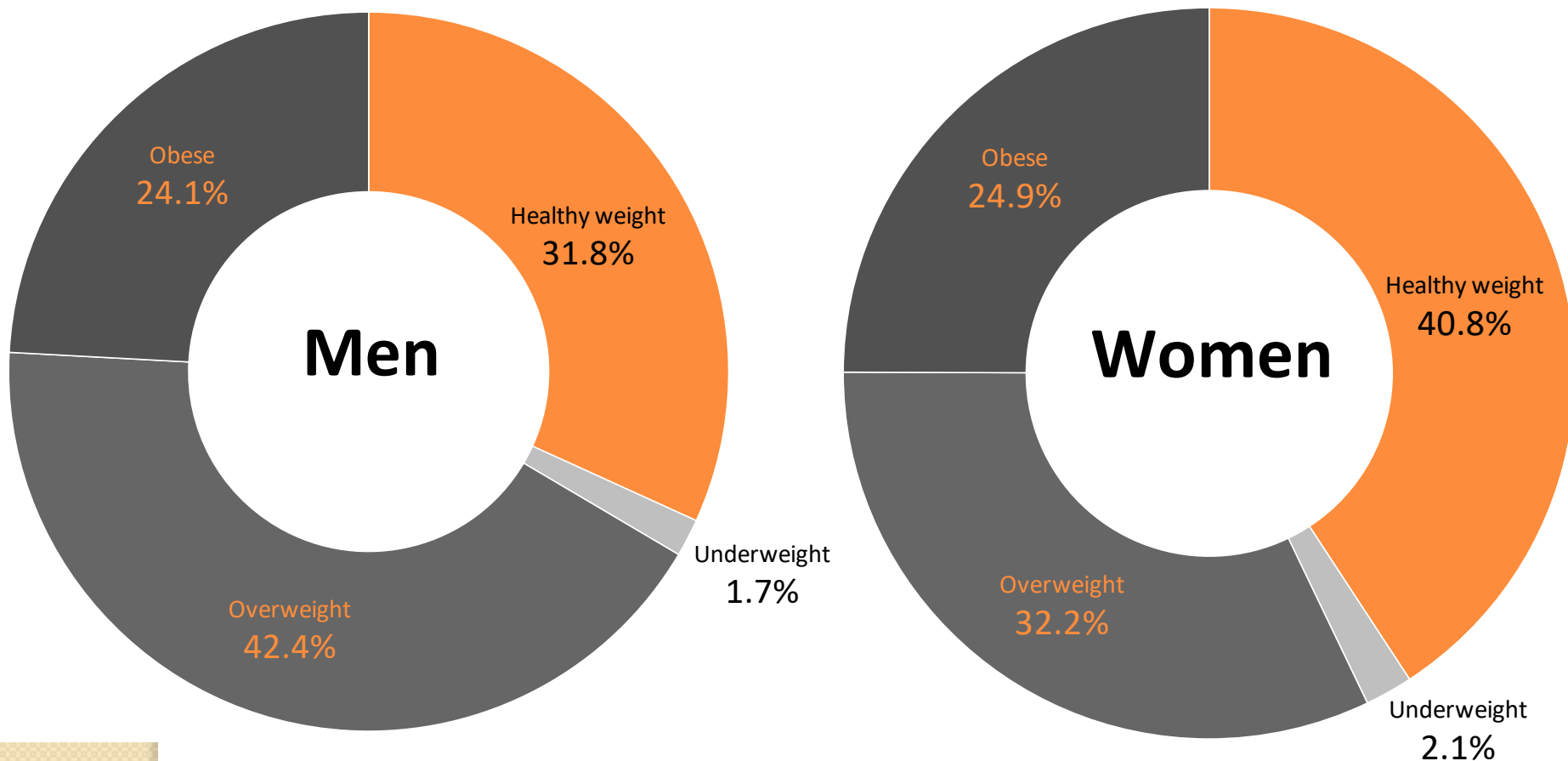




# Another example

# Adult prevalence by BMI status

Health Survey for England (2008-2010 average)



## Adult (aged 16+) BMI thresholds

Underweight:  $<18.5\text{kg/m}^2$

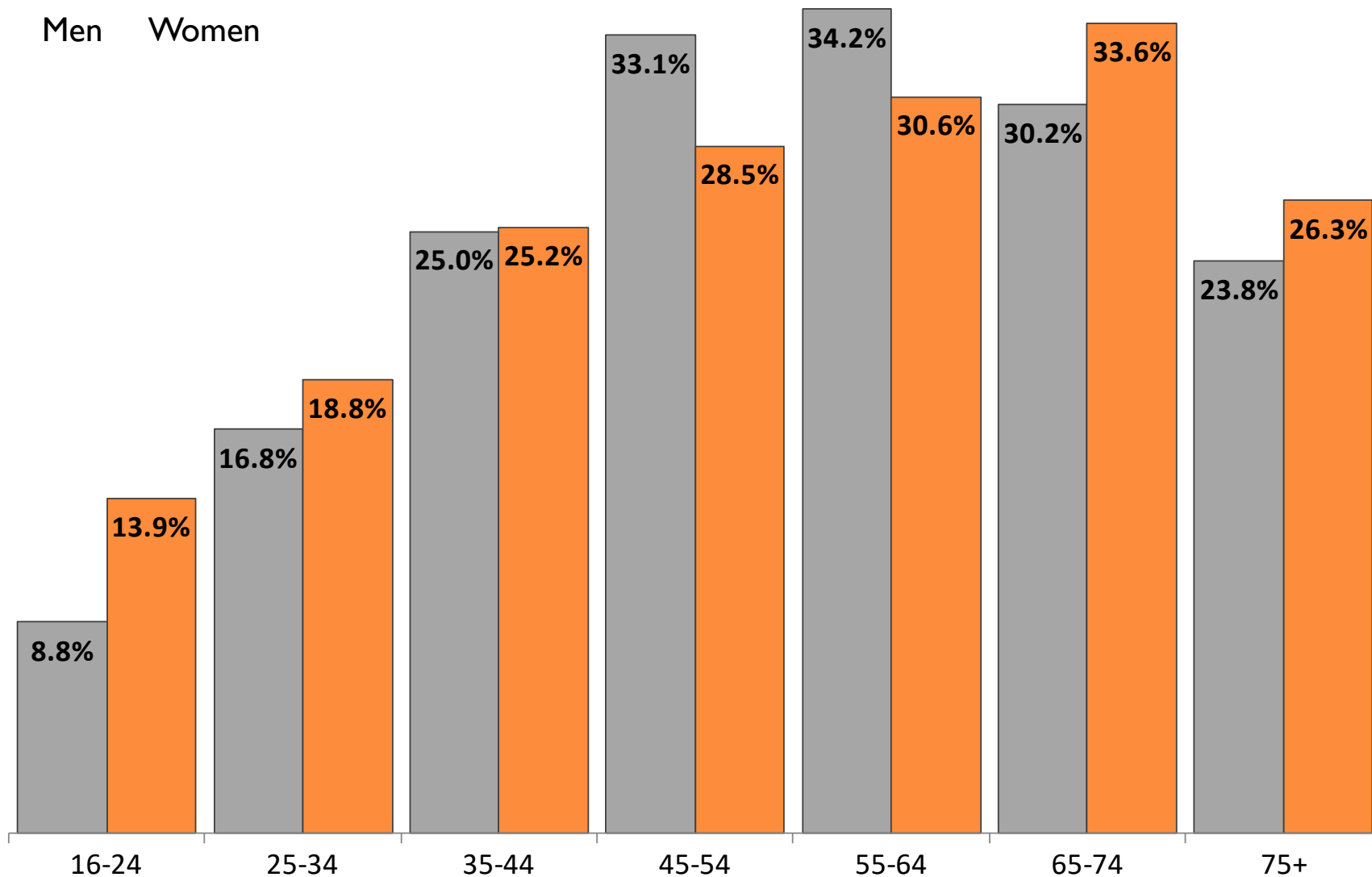
Healthy weight:  $18.5$  to  $<25\text{kg/m}^2$

Overweight:  $25$  to  $<30\text{kg/m}^2$

Obese:  $\geq 30\text{kg/m}^2$

# Adult obesity prevalence by age and sex

Health Survey for England 2008-2010

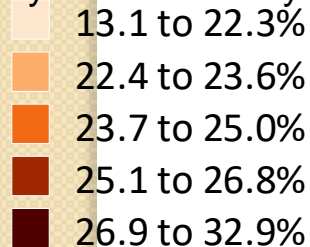


# Adult obesity prevalence modelled estimates

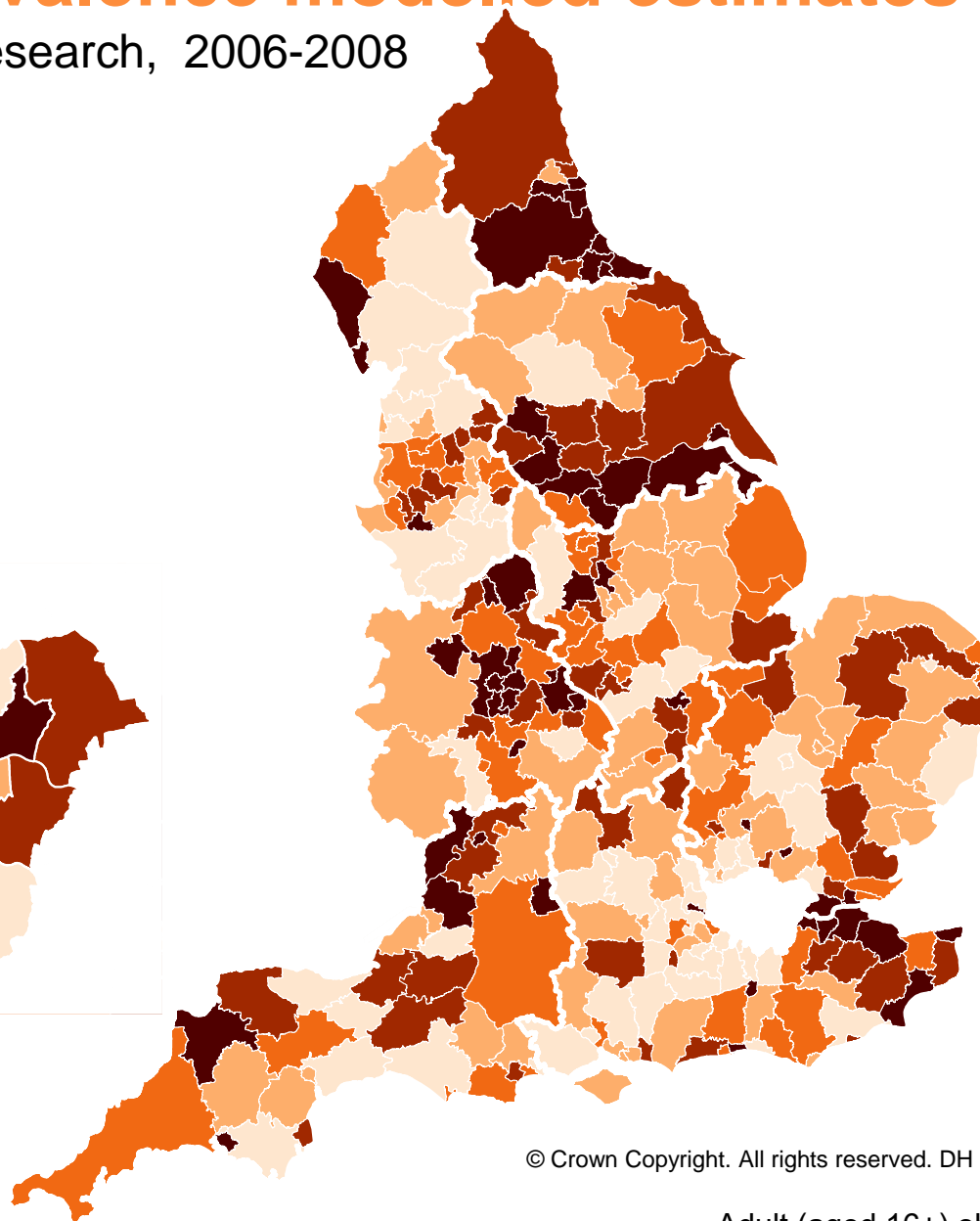
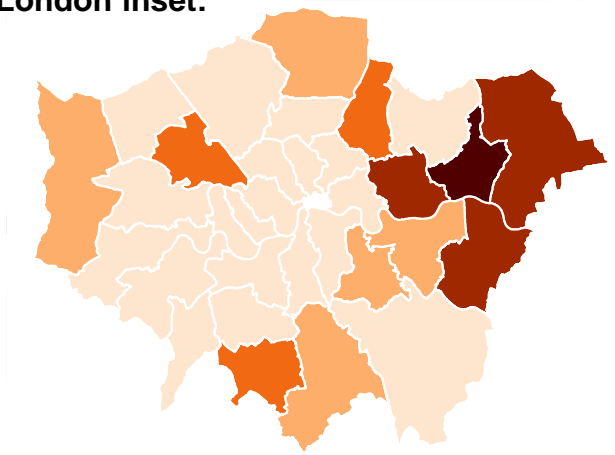
National Centre for Social Research, 2006-2008

## Obesity prevalence (%)

by Local Authority



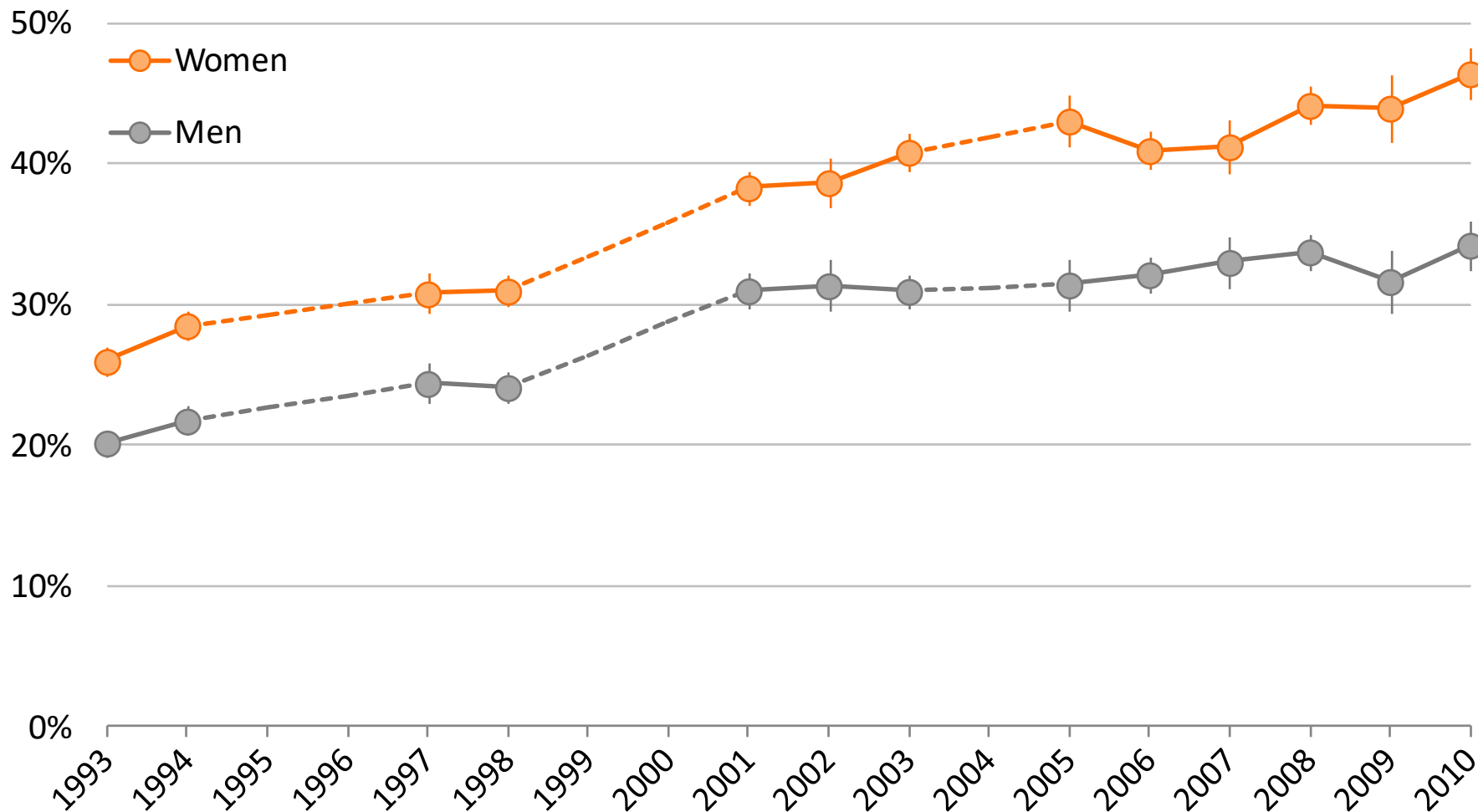
London inset:



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# Trend in raised waist circumference among adults

Health Survey for England, 1993 - 2010



The chart shows 95% confidence limits

Adults aged 16+ years

Raised waist circumference defined as >102cm for men and >88cm for women

# Epidemiology = comparison

- Type of comparison (= type of study) depends on purpose.
- E.g.
  - **Describe** the disease / condition
  - Study (**analyse**) its determinants / causes
  - Study (**analyse**) prevention / treatment

# Two primary criteria

- Descriptive vs. analytical
- Observational vs. interventional



# Descriptive vs. analytical studies

- describe a pattern of occurrence of a disease: ***descriptive studies*** (always observational).
- to analyse the relationship between a disease and an exposure of interest: ***analytical studies*** (can be both observational and interventional)

# Descriptive studies

- Describe patterns of disease occurrence
- Useful for:
  - health services planning
  - hypothesis formulation in research
- Usually based on existing data:
  - Mortality
  - reporting of diseases (infections, STDs, cancers...)
  - hospital and medical records
  - Census
  - employment statistics etc

# Descriptive studies

4 Ws : What? Who? Where? When?

**What?** ..... health outcome / case / event

- Mortality
- Dental health
- Chronic disease
- Cognitive function



# Descriptive studies

## 4 Ws : What? Who? Where? When?

### Person (**Who?**)

Age, sex, marital status, social class ....

### Place (**Where?**)

Regions (disease atlases), internationally (Japan vs. USA)

### Time (**When?**)

When events occurred:

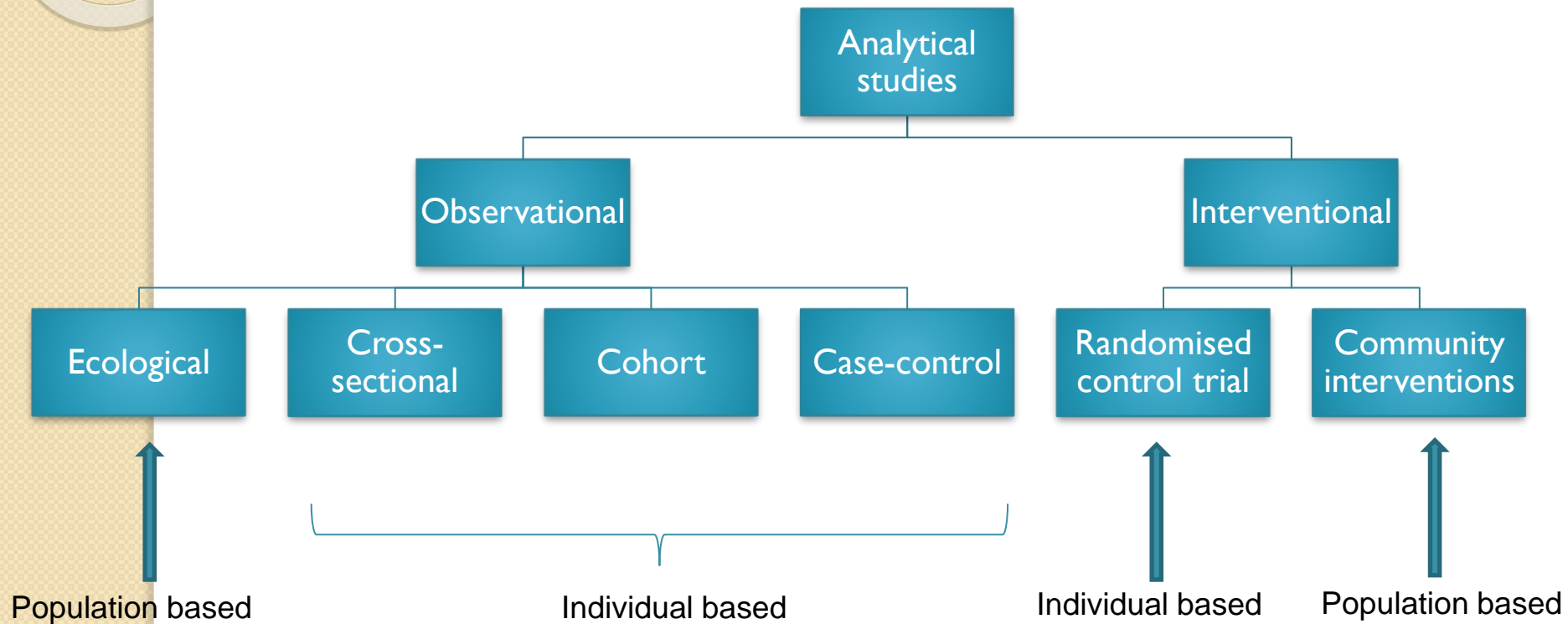
- sudden onset of diseases
- seasonal pattern (births, deaths, infections)
- secular trends

All in relation to the **“What”**

# Analytical studies

- Analysed relationship between exposure and disease
- Often used in aetiological research
- Include
  - ecological studies
  - cross-sectional studies
  - cohort studies
  - case-control studies
  - interventional studies (RCT, prevention trials etc)

# Analytical studies



# Observational vs. interventional studies

- **Observational studies** are studies which observe the populations or individuals under study; they normally include:
  - descriptive studies
  - ecological studies
  - cross-sectional studies
  - cohort studies
  - case-control studies
- **Interventional studies** are those where the investigators intervene, e.g. they assign exposure or a health measure to a particular individuals or groups. They include:
  - Prevention studies
  - Randomised clinical trials
  - Community interventions

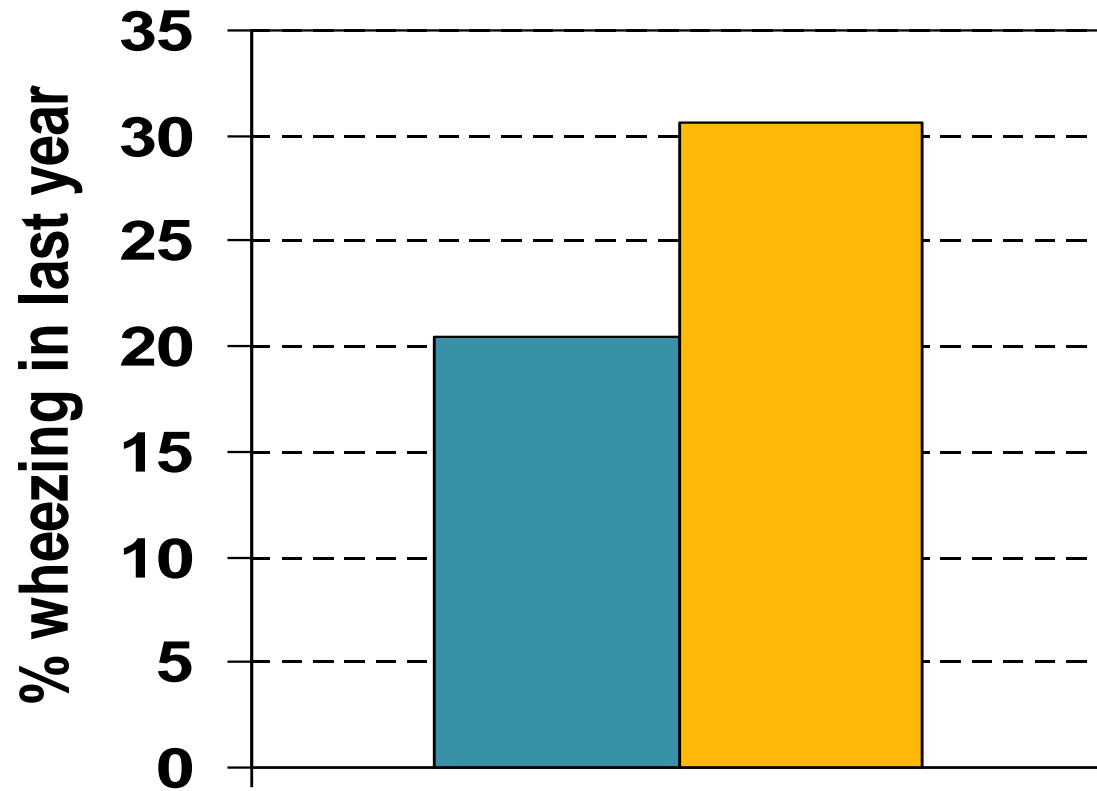


# Cross-sectional studies



# Example

- Parents smoke at home
- Parents don't smoke at home



# Cross-sectional studies

- In a cross-sectional study, all information is **collected at one point in time**
  - Outcome
  - Exposures
  - Covariates
- Sometimes called “survey”
- Cross-sectional studies could be descriptive or analytical
- **Always observational**
- The unit of analysis is the individual

# Cross-sectional study

Survey – all measurements



The only way to **measure** “exposures” and “outcomes” is

- **at the time of survey or**
- **retrospectively**



Time

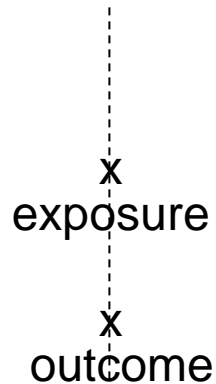
# Cross-sectional studies: Advantages

- Relatively quick, do not require follow up
- Provide a snapshot, e.g. prevalence of a disease or a risk factor in population
- Allow examination of multiple diseases and multiple exposures
- Can test or suggest hypotheses

# Cross-sectional studies: Limitations

- What can we say about relationship between outcome and exposure?
- What can we not say?

Survey – all measurements



Time

# Cross-sectional studies: Limitations

- Since both disease and exposures are measured at the same time, **temporality is unclear**
- Difficult to estimate past exposure, especially if it occurred long time ago. **Not ideal for studying exposures that change over time** (e.g. diet). (but no problem with factors that are stable over time, e.g. genetic markers.)
- **Sensitive to reporting or recall bias** if exposures are subjectively reported.
- **Sensitive to response rates and representativeness** if used to estimate prevalence of a condition in population.



# Representativeness

- Cross-sectional studies are often used to estimate the frequency of a condition in a population but it is usually impossible to study the whole population
- The validity of such estimates depends critically on the representativeness of the studied sample
- Response rate also important

# What if...

## 75% response rate, and prevalence of 25% in responders

Prevalence in non-responders	Total prevalence (in full sample)
0	19%
25%	25%
50%	31%
75%	38%
100%	44%



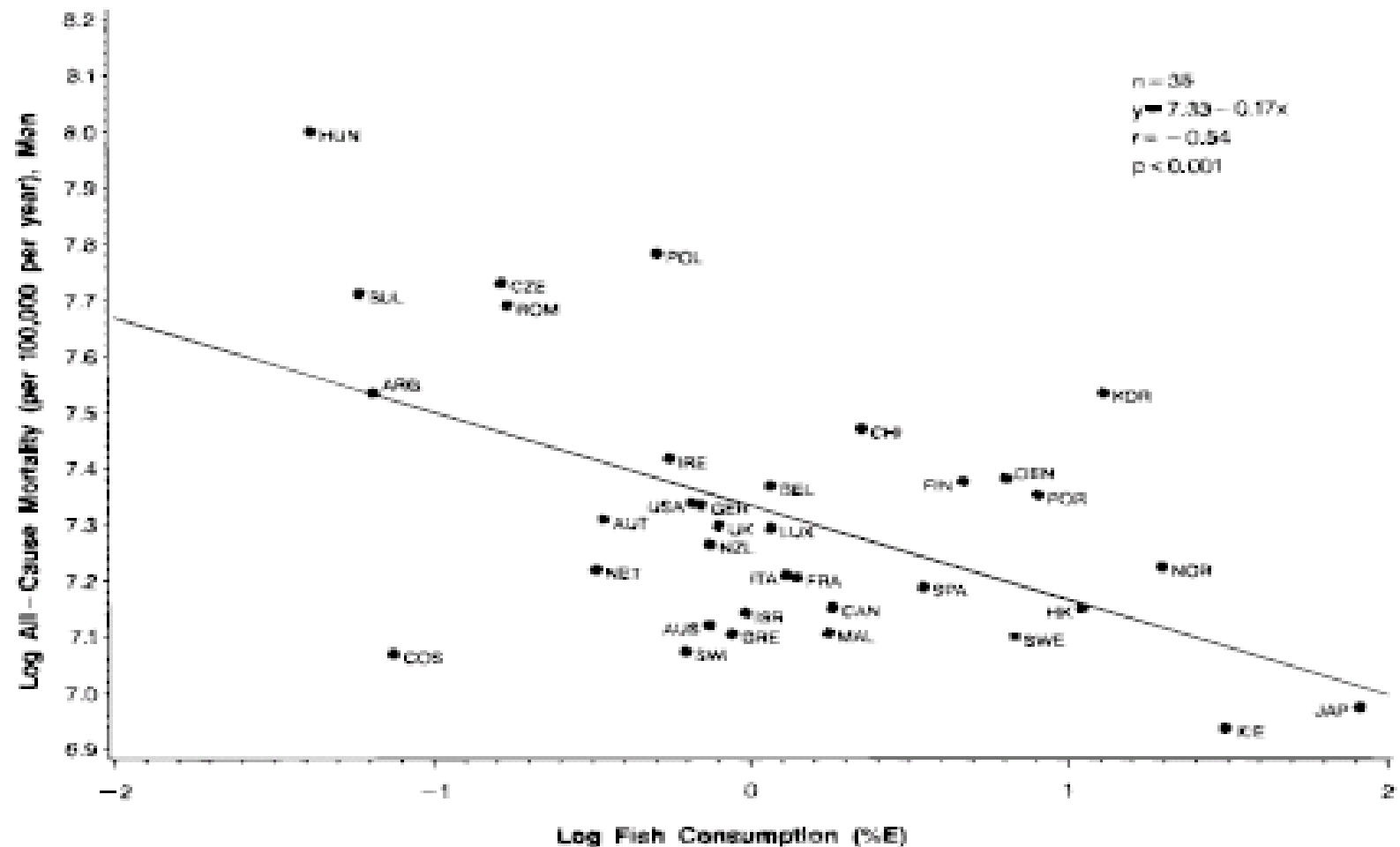


# Ecological studies

# Ecological studies

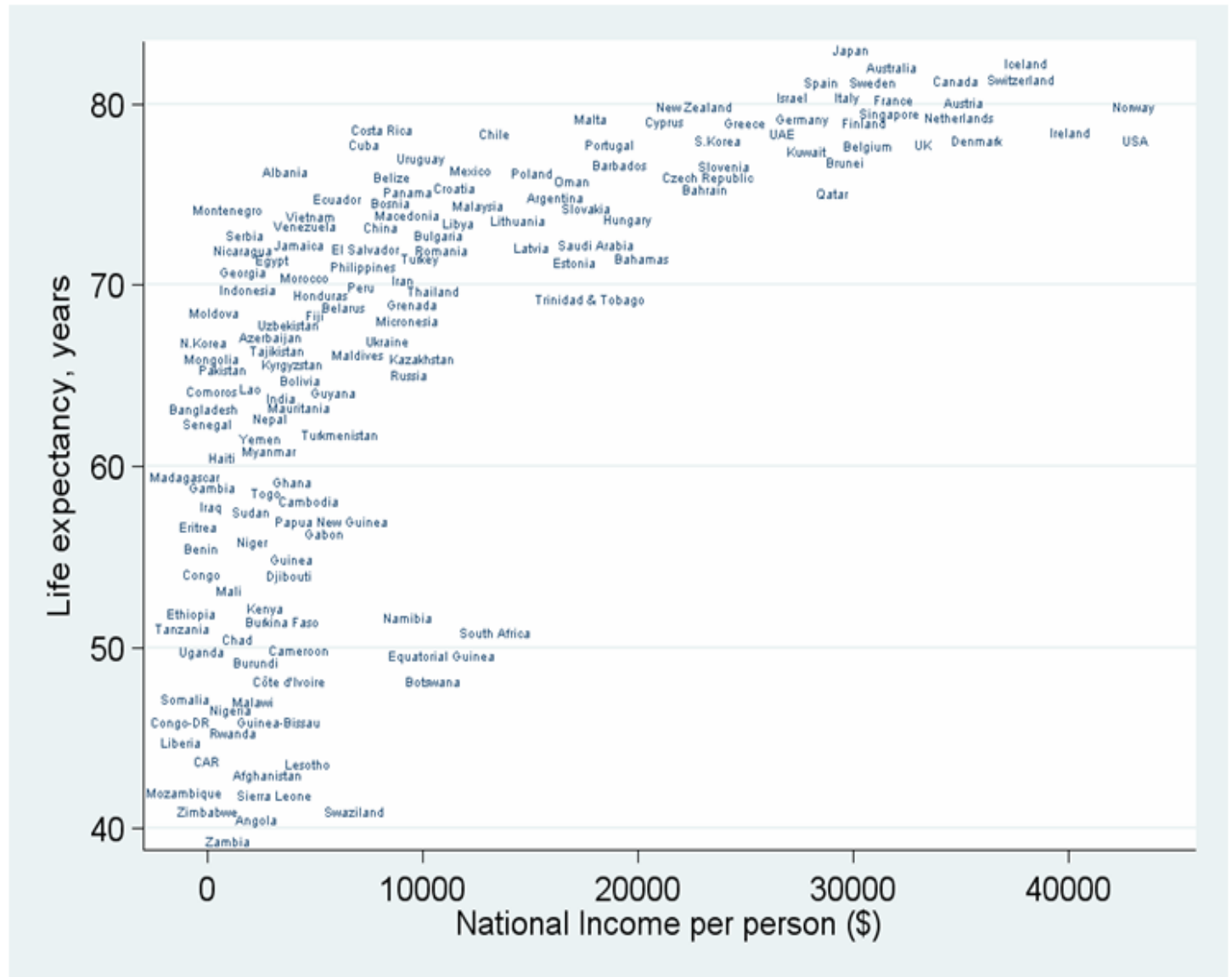
- The unit of analysis is **a group** (e.g. country, district, population etc)
- Data cannot be disaggregated to the level of an individual.
- Also sometimes called *correlation* studies or *geographical* studies
- Include comparisons over time (time-series)
- Usually cheap and quick

# Fish consumption and mortality



**FIG. 1.** Univariate relation between log fish consumption (%E, percent of total energy), 1989–1991 average and log all-cause mortality rate, age-standardized to 45–74 years, mean of the latest available 3 years in men. ARG, Argentina; AUS, Australia; AUT, Austria; BEL,

# Income per head and life-expectancy: rich & poor countries



Source: Wilkinson & Pickett, *The Spirit Level* (2009)

# Ecological fallacy

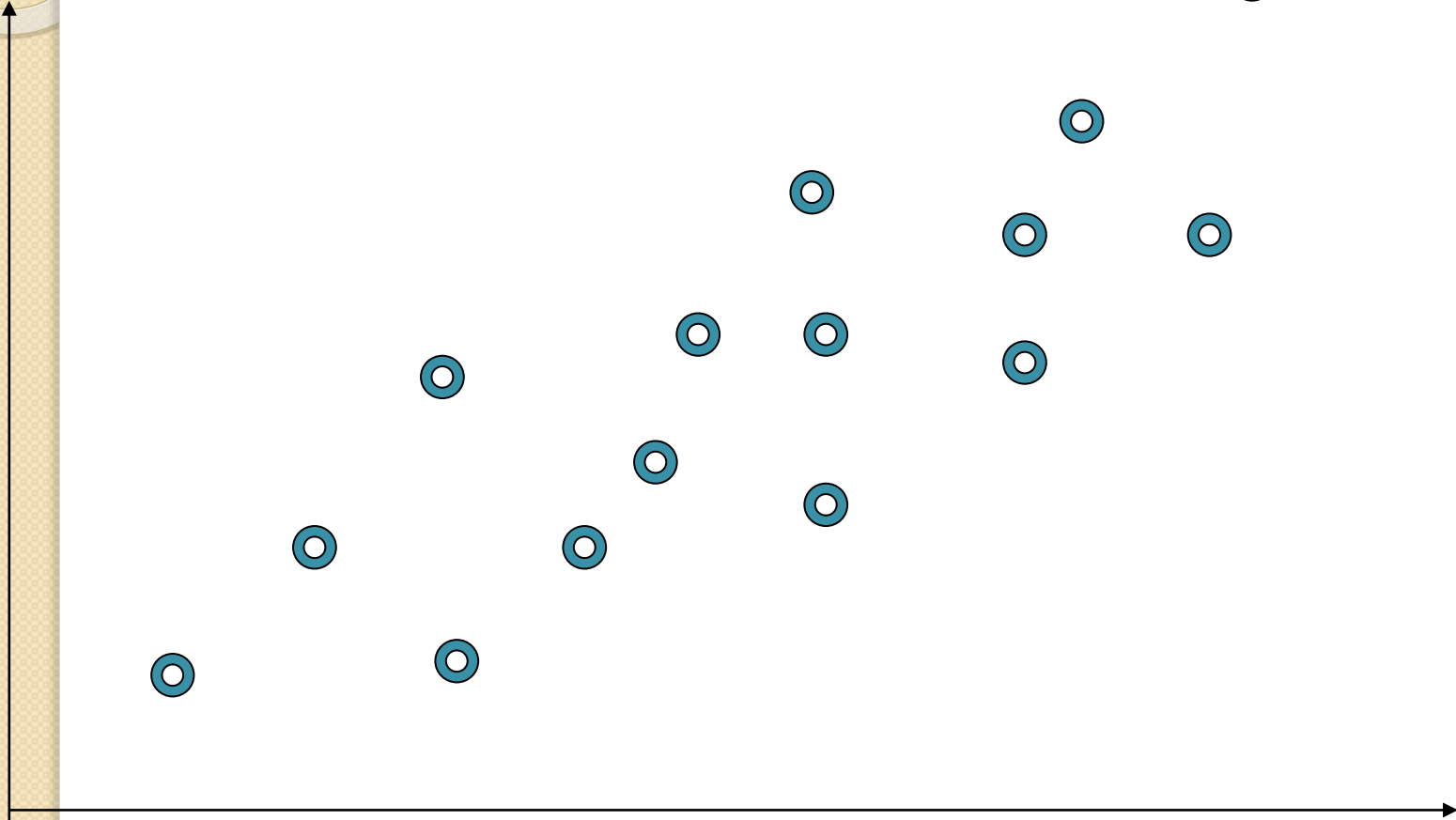
- This is a logical fallacy in the **interpretation** of statistical data where inferences about the nature of individuals are deduced from inference for the group to which those individuals belong
- **Extrapolation from groups to individuals** is conceptually inappropriate
- Situation when individual-level and group-level (ecological) associations differ
- Individual data are necessary to estimate the association at the level of the individual

# Ecological fallacy – example

- Illiteracy rate and the proportion of the population born outside the US:
- State-level correlation:  $-0.53$  (the higher % of immigrants, the lower the state's average illiteracy)
- Individual-level correlation:  $+0.12$  (immigrants were on average more illiterate than native citizens)
- Immigrants tended to settle in states where the native population was more literate.

# Ecological fallacy (I)

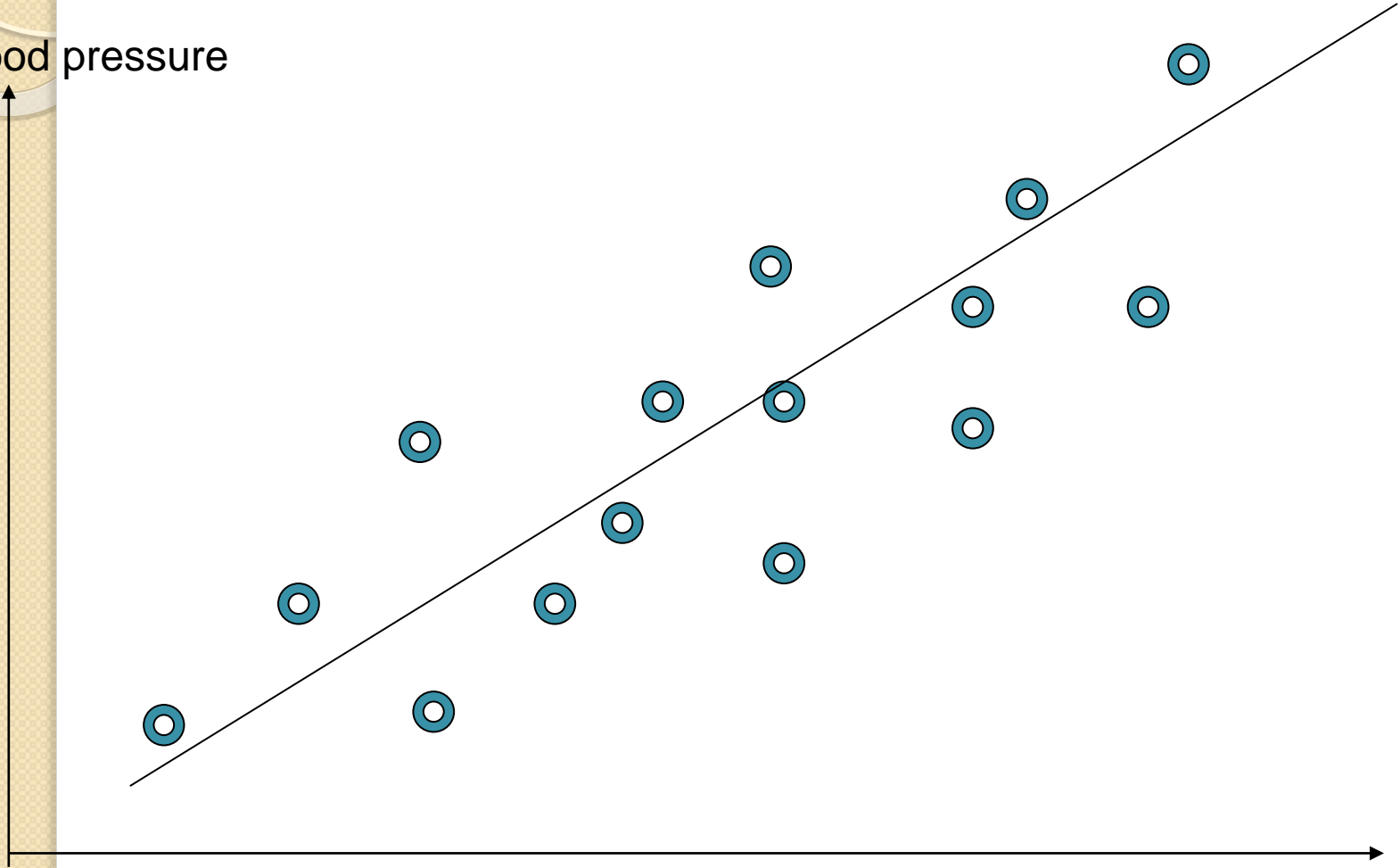
Blood pressure



Salt intake

# Ecological fallacy (2)

Blood pressure

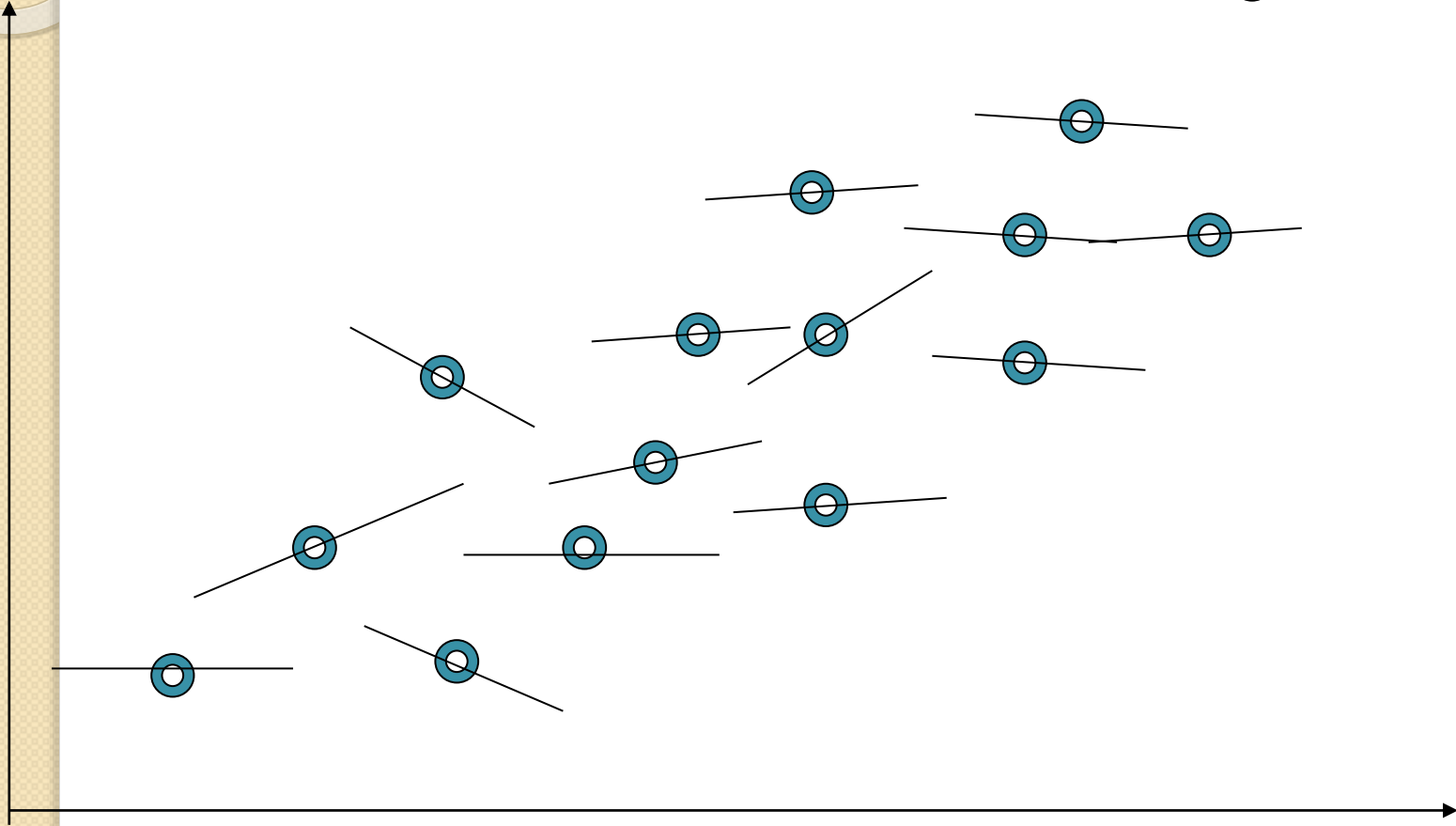


Salt intake



# Ecological fallacy (3)

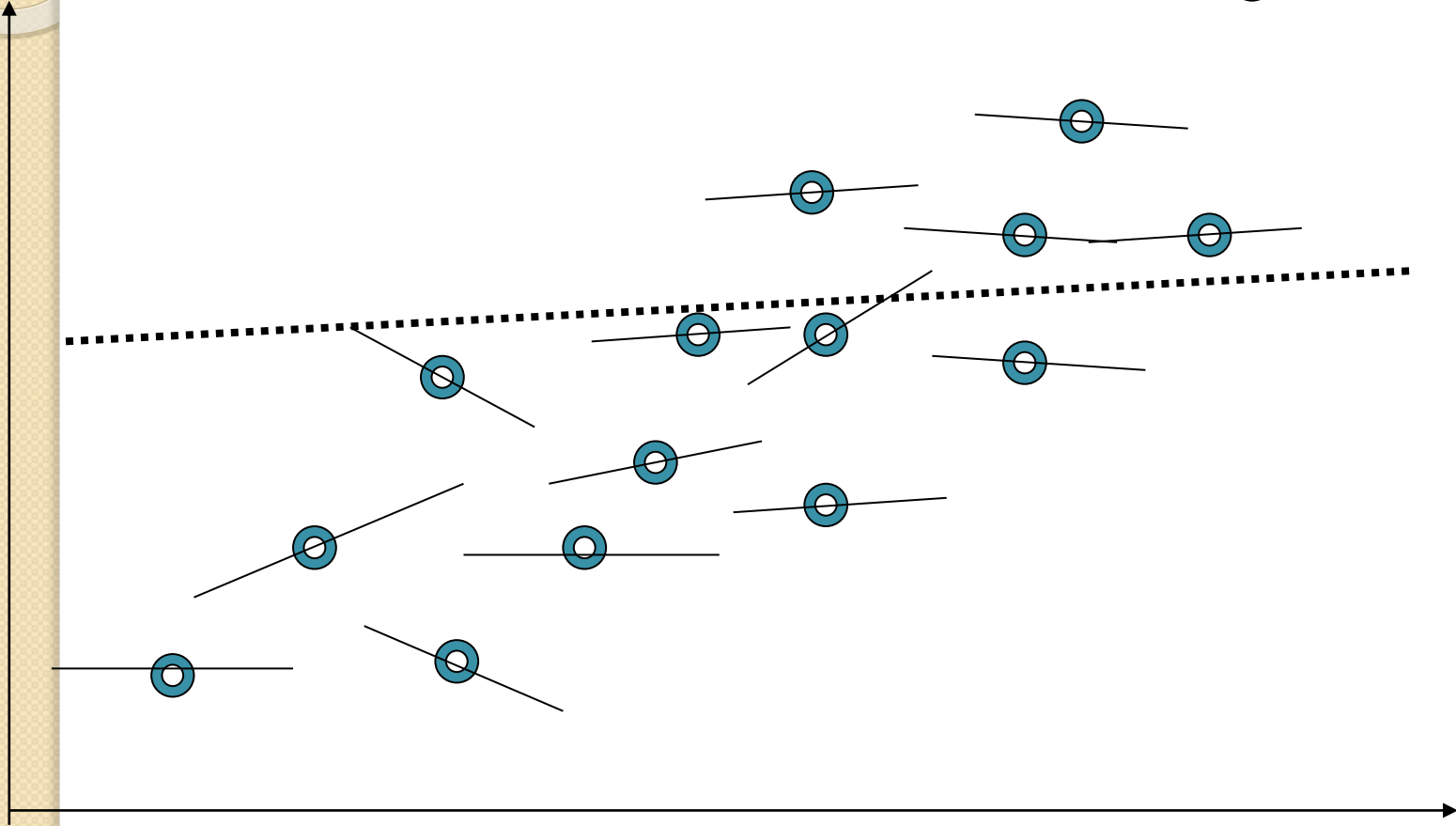
Blood pressure



Salt intake

# Ecological fallacy (4)

Blood pressure



Salt intake

## Example: The INTERSALT study

- Ecological analysis
  - Increase in salt intake by 100 mmol/day was associated with increase in SBP by 7.1 mm Hg
- Individual level analysis
  - increase by 1.6 mm Hg of SBP

# Time-series studies

- Studies repeated over time
- But not on the same individuals (i.e. not longitudinal)
- Type of ecological studies because subjects / events / exposures are grouped by a time interval, hard to disaggregate individuals
- For example, health survey on a representative sample repeated every 10 years... individual data collected but not on the same individuals at each survey
- They are useful for comparing changes over time

# Time-series studies: use

- Compare changes over time
- **Descriptive:** changes in a condition over time in a population
- **Analytical:** relate changes in exposure to changes in outcome
- **Long-term** trends (e.g. lung cancer mortality and smoking rates)
- **Short-term** variation (e.g. daily changes in air pollution and mortality).

# Time-series (vs. other ecological) studies

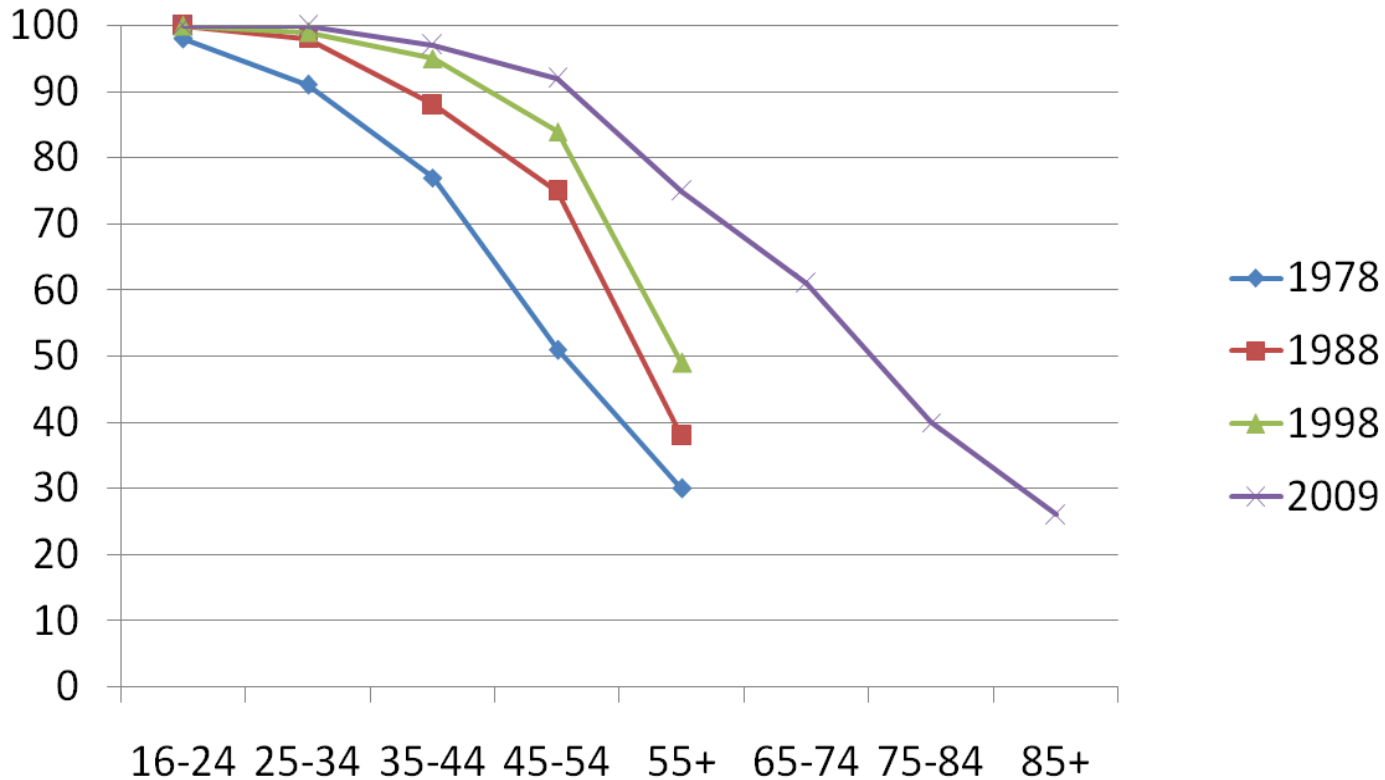
- Advantages

- help reduce confounding (e.g. it is unlikely that smoking rates would change within a population over a period of several days).
- Resemble experiment (before and after)

- Disadvantages

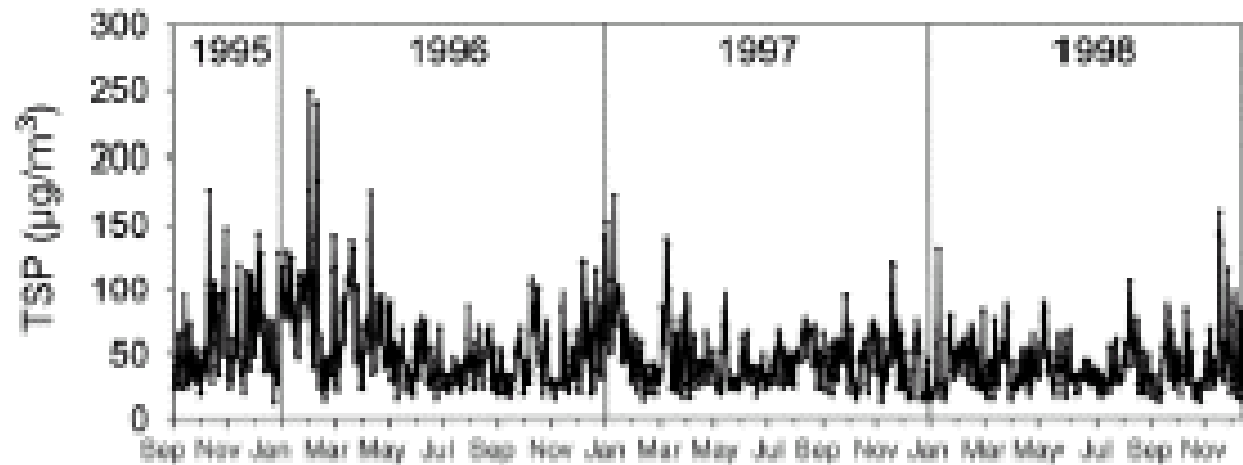
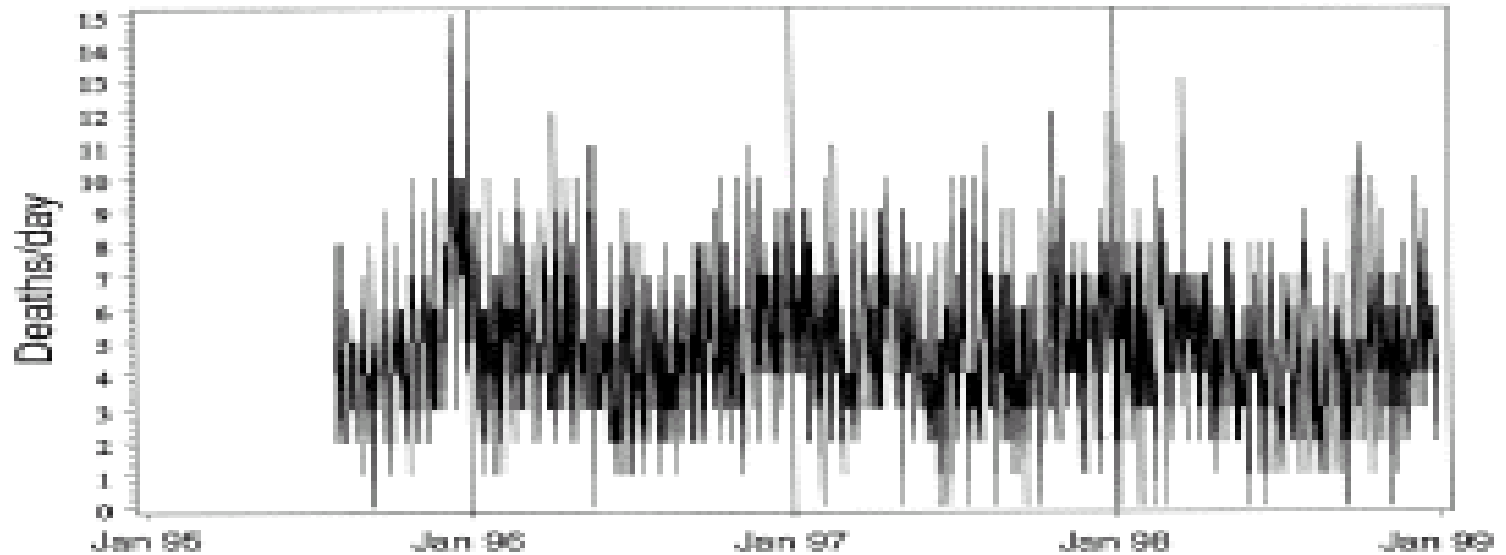
- There can be other factors changing over time - confounding
- Many exposures influence health with a lag which is often unknown (e.g. pollution and mortality) or very long (e.g. lung cancer and smoking).

# Retention of 21+ natural teeth (%): Adult Dental Health Surveys



Fuller E, Steele JG, Watt RG, Nuttall N. Oral health and function – a report from the Adult Dental Health Survey 2009 ([www.ic.nhs.uk](http://www.ic.nhs.uk))

# Daily deaths and pollution





# Ecological studies: Advantages

- Use existing (often routinely collected) data
- Quick and cheap
- Useful to general hypotheses
- Differences in both exposure and outcome rates may be large, which increases the likelihood to find an association
- Some exposures are difficult to measure in individuals and area-based measures are used instead (e.g. air pollution), and some exposures are inherently ecological (e.g. income inequality)
- Using both ecological and individual level data requires a special type of *multi-level* analyses

# Ecological studies: Disadvantages

- Confounding: the groups, which are compared (e.g. countries) usually differ in many other factors than the exposure of interest. It is often impossible to reliably control for confounders.
- There can be systematic differences in measurements of exposures and diseases (e.g. coding of causes of death) between populations.
- Boundaries of different units are sometimes artificial → misleading results.
- Ecological fallacy: ecological studies compare groups but results are extrapolated to individuals.