



Effect measures

Stijn Vansteelandt

Ghent University, Belgium

London School of Hygiene and Tropical Medicine, U.K.

Background

- So far, we have been speaking rather loosely about **causal effect** and **direct effect**.
- Once we wish to report effect sizes, we need to be more precise.
- The use of **counterfactuals** forces one to be clear and precise.

Counterfactuals

- Suppose that we are interested in the causal effect of smoking A during pregnancy on stillbirth Y .
- Suppose for Emma, we could observe her baby's mortality status $Y(1)$ if she were to smoke during pregnancy.
- Suppose that we could also observe her baby's mortality status $Y(0)$ if she never smoked during pregnancy, all other things being the same.
- $Y(0)$ and $Y(1)$ are referred to as **counterfactual** or **potential outcomes**.

Causal effects

- If $Y(1) = 1$ and $Y(0) = 0$, then Emma's smoking would cause her baby to die.
- Her **individual causal effect** of smoking on her baby's mortality is

$$Y(1) - Y(0)$$

It is unobservable.

- The **population causal effect** (Hernán, 2004) is

$$E \{ Y(1) - Y(0) \} .$$

It can be identified under certain assumptions (e.g. randomization).

Causal effect versus association

Mother	A	Y	Y(0)	Y(1)
Emma	1	1	1	1
Anna	1	1	1	1
Mary	1	0	0	0
Stephanie	0	0	0	0
Andrea	0	0	0	0
Kathy	0	1	1	1

$$E\{Y(1)\} - E\{Y(0)\} = E\{Y(1) - Y(0)\} = 0$$

versus

$$E(Y|A=1) - E(Y|A=0) = 1/3$$

A review and meta-analysis of the effect of weight loss on all-cause mortality risk

Mary Harrington¹, Sigrid Gibson² and Richard C. Cottrell^{3*}

¹*The Sugar Bureau, London WC2B 5JJ, UK*

²*Sig-Nurture Ltd, Guildford, Surrey GU1 2TF, UK*

³*World Sugar Research Organisation, London SW1V 3LX, UK*

What is meant by the effect of weight loss on mortality?

Linear regression

- If L is sufficient to adjust for confounding and

$$E(Y|A, L) = \beta_0 + \beta_1 A + \beta_2 L$$

then β_1 can be interpreted

as a **conditional causal effect** or **subgroup effect**

$$E\{Y(1) - Y(0)|L\} = \beta_1$$

- Because all subgroups have the same effect, it can also be interpreted as a **marginal causal effect** or **population-averaged effect**

$$E\{Y(1) - Y(0)\}$$

Logistic regression

- If L is sufficient to adjust for confounding and

$$\text{logit}E(Y|A, L) = \beta_0 + \beta_1 A + \beta_2 L$$

then $\exp(\beta_1)$ can be interpreted
as a **conditional causal effect** or **subgroup effect**

$$\frac{\text{odds} \{Y(1) = 1|L\}}{\text{odds} \{Y(0) = 1|L\}}$$

- Due to **noncollapsibility** of the odds ratio,
it generally **differs from the marginal causal effect**

$$\frac{\text{odds} \{Y(1) = 1\}}{\text{odds} \{Y(0) = 1\}} \neq \exp(\beta_1)!$$

Simulation experiment

```
n <- 1e6  
a <- rbinom(n,1,0.5)  
l <- rnorm(n)  
y <- rbinom(n, 1, expit(a + l))
```

Is there confounding of the effect of A on Y?

Draw a causal diagram corresponding to this data-generating mechanism.

Conditional causal effect

```
> mod1 <- glm(y ~ a + l, family=binomial)
> summary(mod1)
```

Coefficients:

	Estimate	Std. Error	z value	Pr(> z)
(Intercept)	-0.001252	0.003109	-0.403	0.687
a	1.003000	0.004644	215.979	<2e-16 ***
l	1.000094	0.002715	368.306	<2e-16 ***

$$\frac{\text{odds}\{Y(1) = 1|L\}}{\text{odds}\{Y(0) = 1|L\}} = \frac{\text{odds}(Y = 1|A = 1, L)}{\text{odds}(Y = 1|A = 0, L)} = \exp(1) = 2.72$$

Marginal causal effect

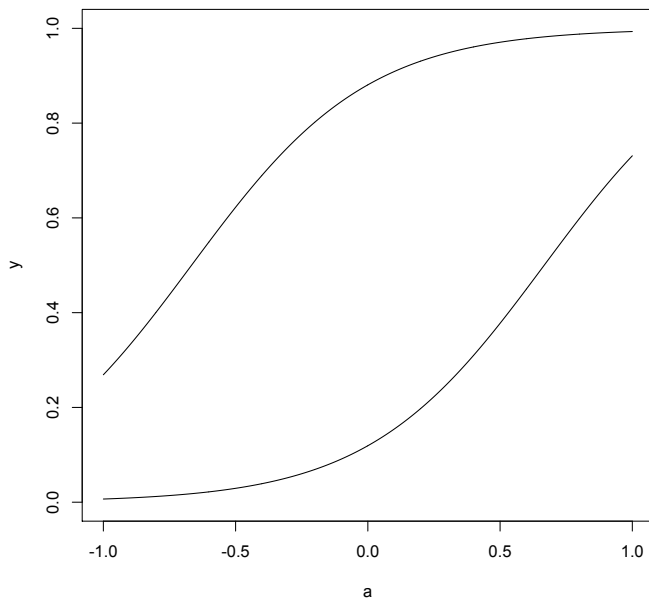
```
> mod2 <- glm(y ~ a, family=binomial)
> summary(mod2)
```

Coefficients:

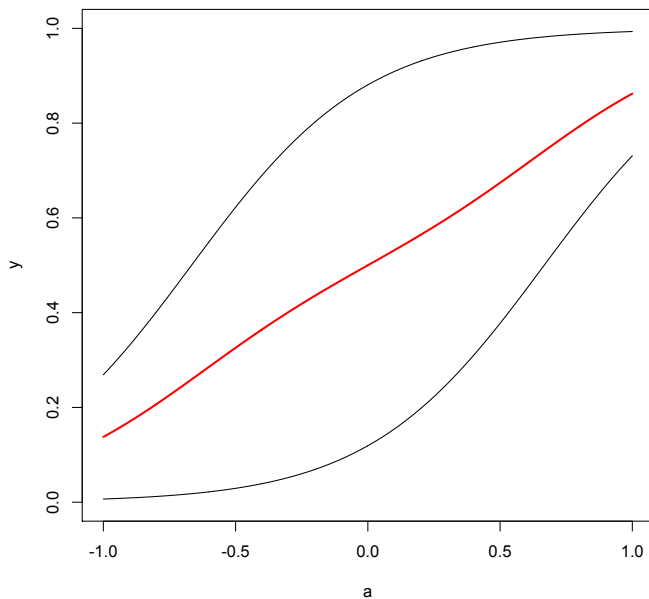
	Estimate	Std. Error	z value	Pr(> z)
(Intercept)	-0.001905	0.002826	-0.674	0.5
a	0.837964	0.004181	200.406	<2e-16 ***

$$\frac{\text{odds}\{Y(1) = 1\}}{\text{odds}\{Y(0) = 1\}} = \frac{\text{odds}(Y = 1|A = 1)}{\text{odds}(Y = 1|A = 0)} = \exp(0.84) = 2.31$$

Conditional or subgroup effects



Marginal or population-averaged effect is diluted



Case study: Westphalian Stroke Registry

- Includes all patients treated in Northwestern Germany for stroke symptoms, admitted to 42 participating hospitals.

(Kurth et al., *AJE* 06)

- 8208 ischemic stroke patients, between 2000 and 2001.
- **Goal:** Effect of tissue plasminogen activator on death.

Case study: Westphalian Stroke Registry

Method	No.	OR	95% CI
No adjustment	6269	3.35	2.28 - 4.91
Ordinary regression	6269	1.93	1.22 - 3.06
Matching	406	1.17	0.68 - 2.00
IPTW	6269	10.77	2.47 - 47.04

What explains the differences?

Different methods infer different effect measures

- Ordinary regression infers

$$\frac{\text{odds} \{Y(1) = 1|L\}}{\text{odds} \{Y(0) = 1|L\}}$$

- Matching infers

$$\frac{\text{odds} \{Y(1) = 1|A = 1\}}{\text{odds} \{Y(0) = 1|A = 1\}}$$

- IPTW infers

$$\frac{\text{odds} \{Y(1) = 1\}}{\text{odds} \{Y(0) = 1\}}$$

These effects are of a different magnitude

Percent.	Treated ($n = 212$)			Not Treated ($n = 6057$)			OR
	PS	No.	%	PS	No.	%	
99-100	0.58	36	8.3	0.55	26	26.9	0.25
95-99	0.31	73	17.8	0.29	178	15.2	1.21
90-95	0.14	55	14.6	0.14	258	7.4	2.14
75-90	0.059	31	9.7	0.046	910	9.0	1.08
50-75	0.012	10	40	0.0084	1558	5.6	11.3
25-50	0.0017	5	40	0.0014	1561	3.5	18.6
10-25	0.0004	2	50	0.00027	940	3.8	25.1
5-10	0	0	0	$6.6 \cdot 10^{-5}$	313	1.9	
1-5	0	0	0	$2.7 \cdot 10^{-5}$	251	3.2	
0-1	0	0	0	$7 \cdot 10^{-6}$	62	1.6	
Overall	0.25	212	16.0	0.0262	6057	5.4	3.35

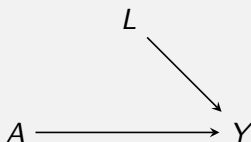
Summary

Take home message: intervention effects can be defined in many ways

- Standard regression procedures infer conditional effects.
- But interest lies often in marginal effects, or effects in the (un)treated.
- Counterfactuals force us to be explicit about the meaning of an intervention's effect.

Summary

Take home message: adding variables to a regression model can change the magnitude of the effects, even when the exposure is randomly assigned



- e.g. due to effect modification or non-collapsibility.
- Standard model building procedures based on evaluating changes-in-coefficients are thus fallible.
- Effect sizes can be difficult to compare between studies!

(watch out for meta-analyses)

References

Greenland S, Robins JM and Pearl J. Confounding and collapsibility in causal inference. *Statistical Science* 1999; **14**, 29-46.

Hernan MA. A definition of causal effect for epidemiological research. *Journal of Epidemiology and Community Health* 2004; **58**, 265-271.

Vansteelandt S and Keiding N. Invited Commentary: G-Computation - Lost in Translation? *Am J Epidemiol* 2011;**173**:739-742.

A presentation delivered at the

first MiRoR training event

October 19-21, 2016

Ghent, Belgium



This project has received funding from the EU Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie Grant Agreement #676207

