

Clinical epidemiology Chapter 3 - Abnormality



BOKCIRKEL 2022-04-19



Criteria for abnormality

Clinical epidemiology Chapter 3 - Abnormality

Performance of measurement

Regression to the mean



Variation

Distributions

BOKCIRKEL 2022-04-19

Types of data

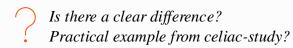
- Nominal (categorical variables, no ranking)
- Dichotomous (two categorical variables, no ranking)
- Ordinal (categorical variables, ranking)
- Interval (numeric variables, ranking)
- Continuous (numeric variable, ranking, any value)
- Discrete (numeric variable, ranking, specific value)

Types of data in the IBD project

- Nominal diagnosis of IBD (CD/UC/IBD-U)
- Dichotomous gender (boy/girl)
- Ordinal education level (elementary/high school/university)
- Interval
- Continuous household crowding (sqm per household individual)
- Discrete number of siblings (0, 1, 2, >3)

Types of data in the IBD project

- Nominal diagnosis of IBD (CD/UC/IBD-U)
- Dichotomous gender (boy/girl)
- Ordinal education level (elementary/high school/university)
- Interval
- Continuous household crowding (sqm per household individual)
- Discrete number of siblings (0, 1, 2, >3)



Three types of validity

Content validity

"Do we measure what we intend to measure?"

Criterion Validity

"To what extent do the method we use agree with golden standard?"

Construct validity

"To what extent is the measurement coherent with other measures believed to be a part of the same phenomena?"

Three types of validity

Content validity

"Do we measure what we intend to measure?"

Criterion Validity

"To what extent do the method we use agree with golden standard?"

Construct validity

"To what extent is the measurement coherent with other measures believed to be a part of the same phenomena?"



Practical example of construct validity?

Three types of validity

Content validity

"Do we measure what we intend to measure?"

Criterion Validity

"To what extent do the method we use agree with golden standard?"

Construct validity

"To what extent is the measurment coherent with other measures believed to be a part of the same phenomen?"

Responsiveness

"To what extent the result change as the condition change?"

"An instrument responsive to detect changes over time?"

Three types of validity

Content validity

"Do we measure what we intend to measure?"

Criterion Validity

"To what extent do the method we use agree with golden standard?"

Construct validity

"To what extent is the measurment coherent with other measures believed to be a part of the same phenomen?"

Responsiveness

"To what extent the result change as the condition change?"

"An instrument responsive to detect changes over time?"

Interpretability

"Desirable to avoid interpretability disadvantages = where there is room for own interpretations of the result"

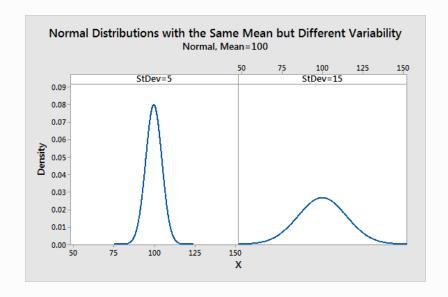
"Numbers of a scale can be anchored to a description, e.g., Karnofsky Performance Status Scale"

Performance	Karnofsky score
No evidence of disease	100
Normal activity, minor signs of disease	90
Normal activity, signs of disease with effort	80
Self-care, unable to carry out normal activity	70
Assistance needed, able to care for most of own needs	60
Considerable assistance required	50
Disabled, special care and assistance required	40
Severely disabled	30
Supportive treatment needed	20
Moribund	10

Variation

• Why does it arise?

- Human factor
- We only measure a sampling fraction
- Different methods
- Biologic changes



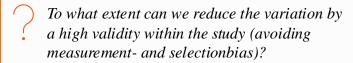
Variation

Why does it arise?

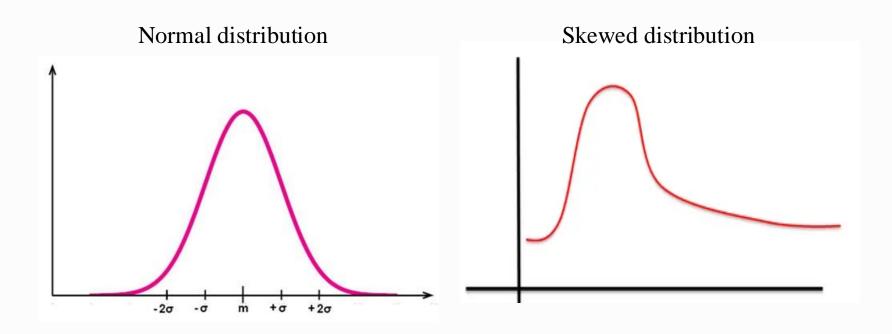
- Human factor
- We only measure a sampling fraction
- Different methods
- Biologic changes

How does it effect us?

- Random variation → balances out
- Bias results → systematically values
 different from the true value

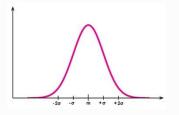


Distributions



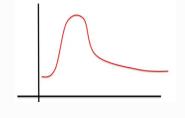
Distributions

Normal distribution



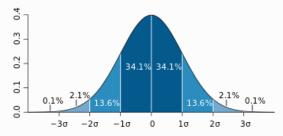
Mean SD

Skewed distribution



Median Range

Normal (Gaussian) distribution



Criteria for abnormality

Unusual

- = occurs infrequently
- Values beyond 2 SD from the mean (commonly used, but can be misleading)
- A fraction/percentile of the actual distribution

Associated with disease

- =cases that clinically departures from good health
- Highly depend on the health outcome of the question

• Treatment leads to better outcome

- Good for symptomatic conditions → more difficult for asymptomatic conditions
- Treatment of condition may not remove risk (can may be related to a damage already occurred)
- What is the definition of a "better outcome"

Criteria for abnormality

Unusual

- = occurs infrequently
- Values beyond 2 SD from the mean (commonly used, but can be misleading)
- A fraction/percentile of the actual distribution

Associated with disease

- =cases that clinically departures from good health
- Highly depend on the health outcome of the question

Treatment leads to better outcome

- Good for symptomatic conditions → more difficult for asymptomatic conditions
- Treatment of condition may not remove risk (can may be related to a damage already occurred)
- What is the definition of a "better outcome"



Which way is the best way to define abnormality? Does it vary from case to case?

Regression to the mean

"Our performance <u>always varies</u> around some average true performance. Extreme performance <u>tends to get less extreme the next time</u>.

Why?

Testing measurements <u>can never be exact</u>. All measurements are made up of one true part and one random error part.

When the measurements are extreme, they are likely to be <u>partly caused by chance</u>. Chance is likely to contribute less on the second time we measure performance."



How to ensure measurement has not been affected by regression to the mean? Repeated measurement?