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# Observational Study Designs

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Accelerating Research to Improve Health



# Objectives

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- To understand the difference between descriptive and analytic observational studies
- To identify the strengths and weakness of different designs and apply different study designs to the same research question



# Descriptive vs. Analytic



## Descriptive Questions

- What proportion of patients in the DGIM have heart failure?
- What is the average age of patients with heart failure in the DGIM?

## Analytic Questions

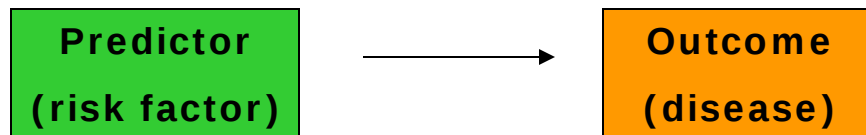
- Is race/ethnicity associated with heart failure among DGIM patients?
- Is excessive consumption of sugar-sweetened beverages associated with heart failure among DGIM patients?



# Analytic Studies

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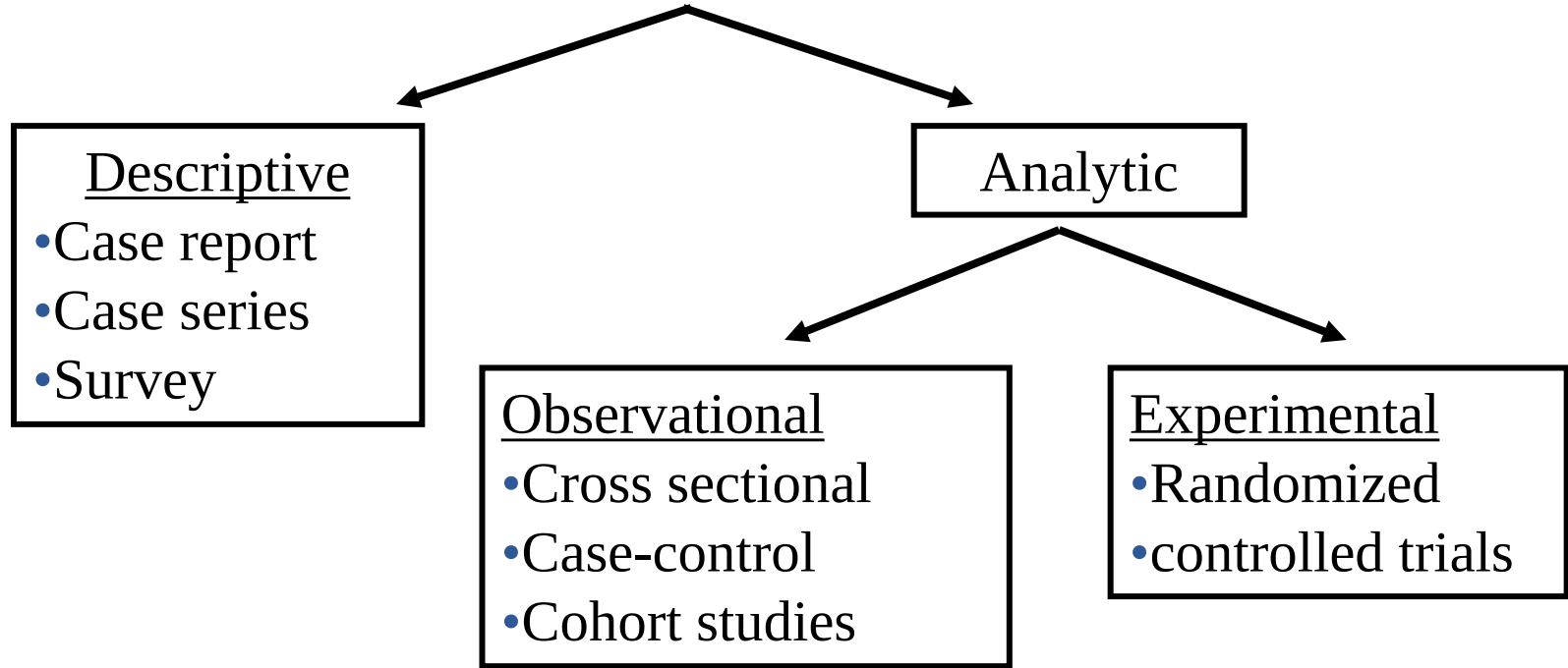
- Attempt to establish a causal link between a predictor/risk factor and an outcome.



- You are doing an analytic study if you have any of the following words in your research question:
  - *causes, leads to, compared with, more likely than, associated with, related to, similar to, correlated with, greater than, less than*



# Hierarchy of Study Types?



***Strength of evidence for causality between a risk factor and outcome***



# Key elements of study design

1. Timing of the study
  - Prospective
  - Historical
2. Timing of variable occurrence & measurement
  - When are predictors and outcomes measured?
3. How the subjects will be sample



# Research Question

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Among patients seen in General Medicine Clinic, who is at risk for heart failure?



# Great idea, but how do you get started...

- Observations in clinical practice
  - Describing cases of heart failure in clinic
    - Case report or Case series
  - Describe characteristics of all heart failure patients (e.g. average age)
- Moving from descriptive to analytic studies
  - What are the risk factors associated with developing heart failure?



# Measures of association

|             |     | Disease |    |
|-------------|-----|---------|----|
|             |     | Yes     | No |
| Risk Factor | Yes | A       | B  |
|             | No  | C       | D  |

Risk ratio  
(relative risk)

$$\frac{\frac{A}{A + B}}{\frac{C}{C + D}}$$



# Study Design #1

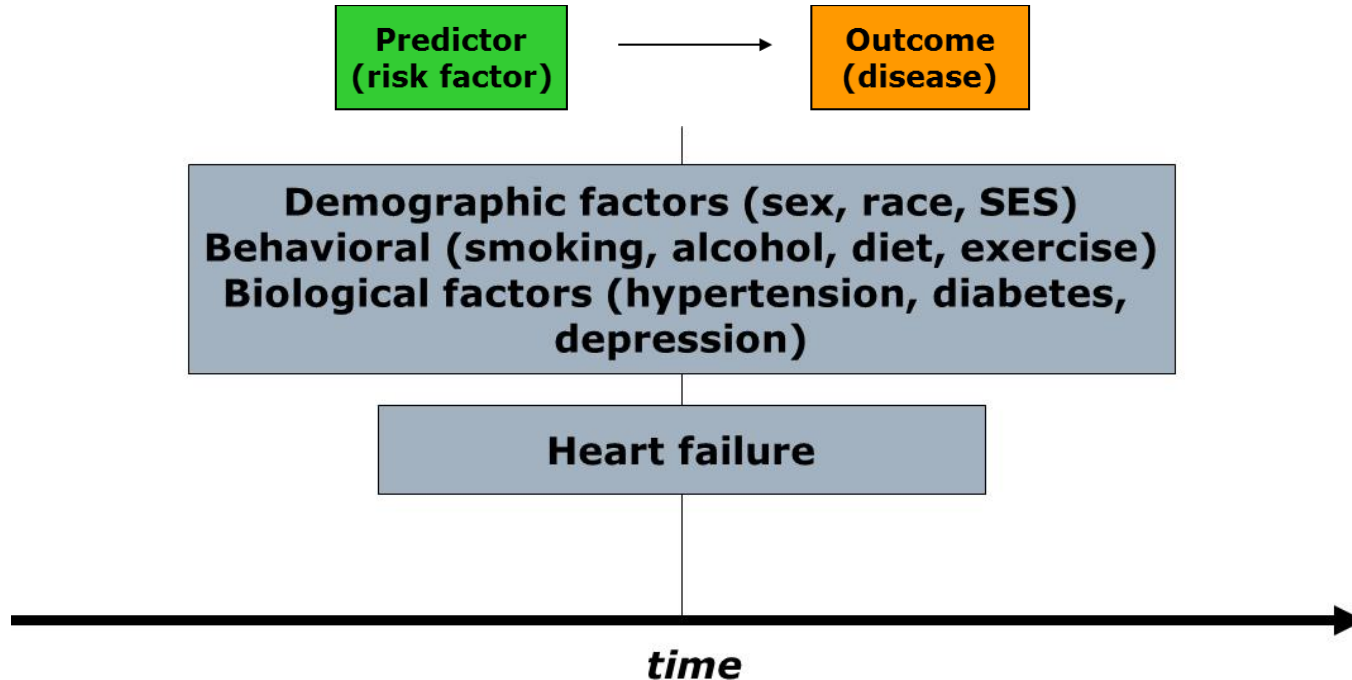
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## Cross-sectional study

- National Health and Nutrition Exam Survey (NHANES)
- Outcome: “have you been told by a doctor that you have heart failure?”
- Multiple possible predictors (demographic, behavioral/lifestyle, other risk factors)
- Research question: Is hypertension associated with heart failure risk?



# Cross-sectional study: structure



# Cross-sectional Study: Pluses

- + **Prevalence**
- + **Fast/Inexpensive - no waiting!**
- + **No loss to follow up**
- + **Associations can be studied**

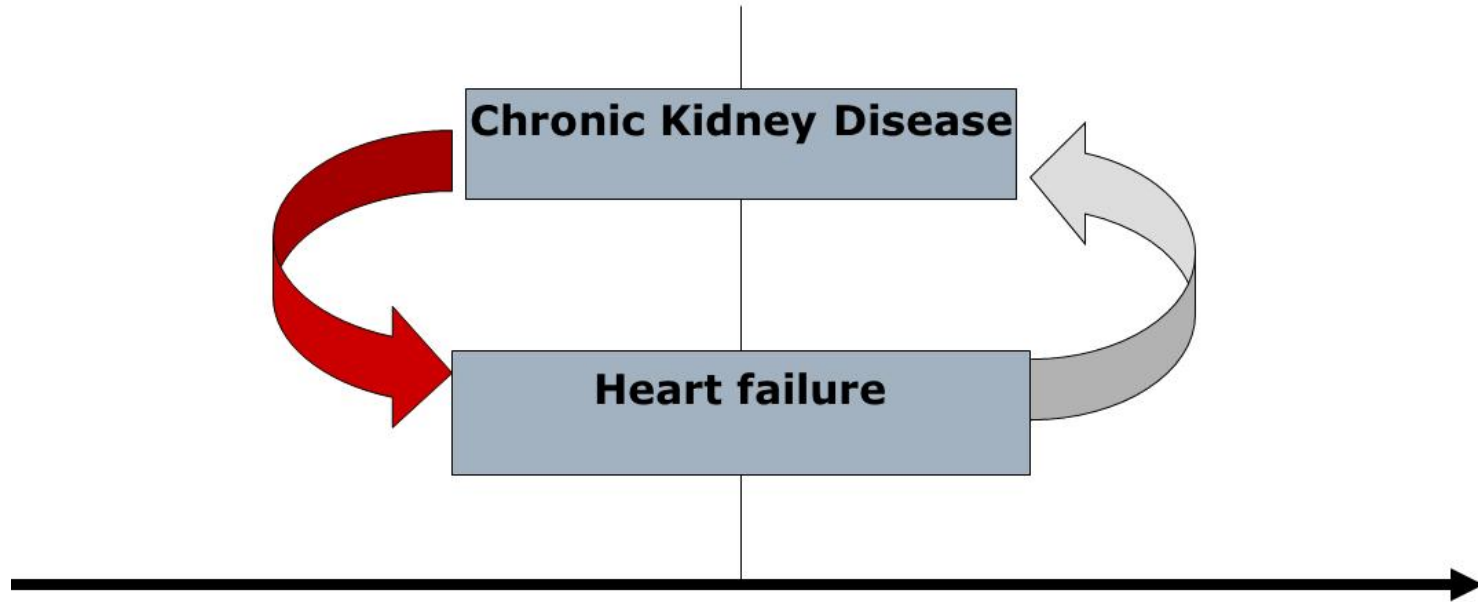
## **Many well-known cross-sectional studies**

- NHANES
- California Health Interview Survey (NHIS, CHIS)
- Behavioral Risk Factor Surveillance Survey (BRFSS)



# Cross-sectional study: minuses

- **Cannot determine causality**



# Cross-sectional study: minuses

- **Cannot determine incidence (new cases of disease)**
- **Cannot study rare outcomes**



# What if you are interested in the rare outcome?

- Heart failure in adults before age 50
- Heart failure in adults before age 30
- Heart failure in children

• **ANSWER: A Case-Control study**



# Study Design #2

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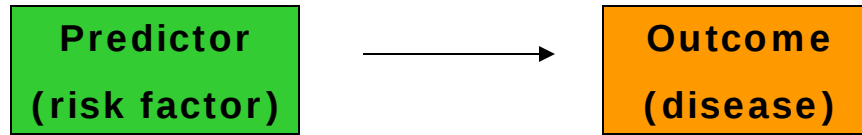
- A case-control study
- Cases: Adults with premature heart failure (18-50 years)
  - General medicine vs. cardiology/ UCSF vs. community practice
- Controls: Adults 18-50 without heart failure
  - Who are the appropriate controls?
- Potential predictors: Many – may be based on questionnaire
- Hypothesis: Hypertension early in adulthood are more likely to have premature heart failure.



# Case control studies

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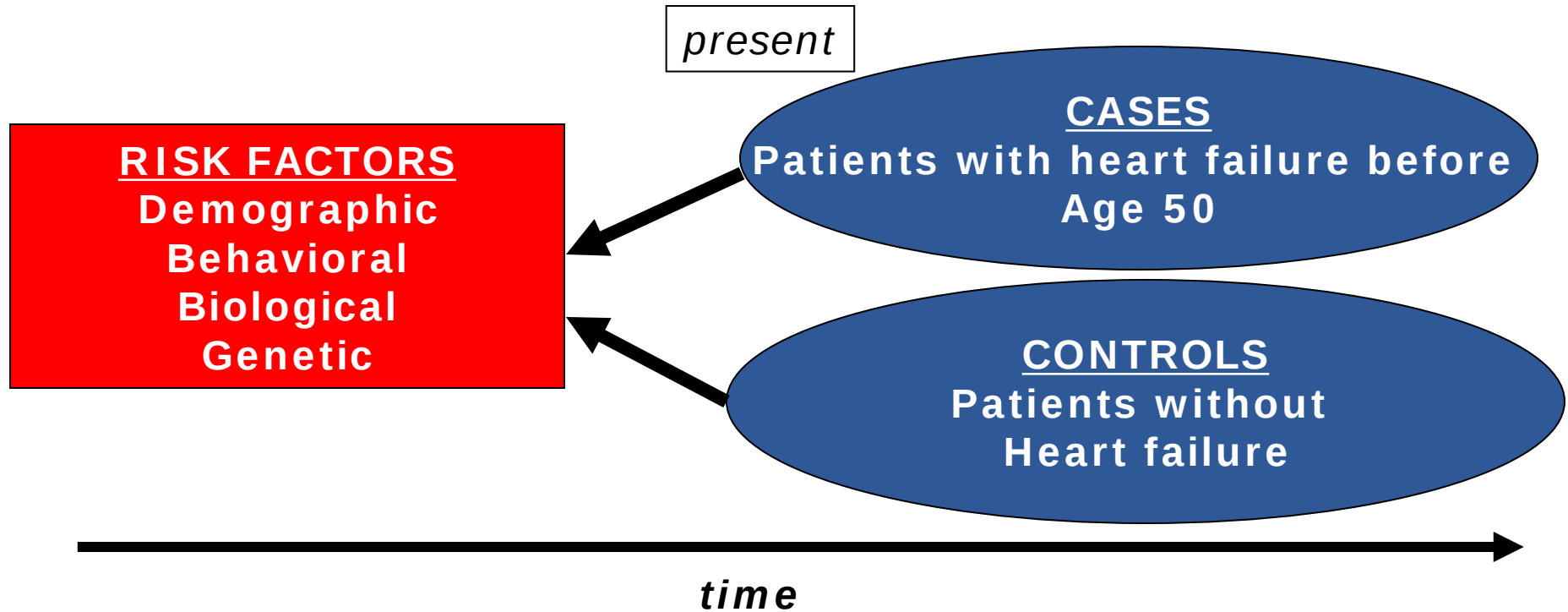
- Investigator works “backward” (from outcome to predictor)



- Sample chosen on the basis of outcome (cases), plus comparison group (controls)



# Case-control study structure



# Case control studies

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- **Cannot yield estimates of incidence or prevalence of disease in the population (why?)**
- **Odds Ratio is statistics**



# Measures of association

|             |     | Disease |    |
|-------------|-----|---------|----|
|             |     | Yes     | No |
| Risk factor | Yes | A       | B  |
|             | No  | C       | D  |

Odds ratio

A

B

C

D

Also...

A D

C B



# Case-control Study: pluses

- + Rare outcome/Long latent period**
- + Inexpensive and efficient: may be only feasible option**
- + Establishes association (Odds ratio)**
- + Useful for generating hypotheses (multiple risk factors can be explored)**



# Case-control study-minuses

- **Causality still difficult to establish**
  - **Selection bias (appropriate controls)**
    - Caffeine and Pancreatic cancer in the GI clinic
  - **Recall bias: sampling (retrospective)**
    - Abortion and risk of breast cancer in Sweden



# Case-control study--minuses

- Incidence
  - New cases of an outcome that occur
  - Can measure in a cohort study
- Prevalence
  - Cases that exist at a given time
  - Can measure in a cross-sectional study
- Neither can be measured in a case-control study



# Case-control - “the house red wine”

- Rely tampons and toxic shock syndrome:
  - High rates of toxic shock syndrome in menstruating women
  - Suspected OCPs or meds for PMS
  - Cases: 180 women with TSS in 6 geographic areas
  - Controls: 180 female friends of these patients and 180 females in the same telephone code
  - Tampon associated with TSS (OR = 29!)
  - Super absorbency associated with TSS (OR 1.34 per gm increase in absorbency)
  - Led to “RELY” brand tampons being taken off the market.



# Where are we?

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- Cross-sectional studies and case-control studies are important for generating hypotheses about risk factors for heart failure.
- What's missing? - strengthening evidence for a causal link between risk factors and heart failure.
- Use results from our previous studies to apply for funding for a prospective cohort study!



# Study design #3

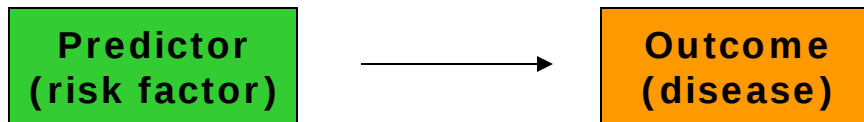
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- Prospective cohort study
- CARDIA study:
  - Prospective cohort study
  - 5000 (M/W, black/white, low/high SES)
  - Age 18-30 at enrollment
  - Followed 20 years
  - Exam visits years 0, 2, 5, 7, 10, 15, 20
- Outcome: Incident heart failure



# Elements of a cohort study

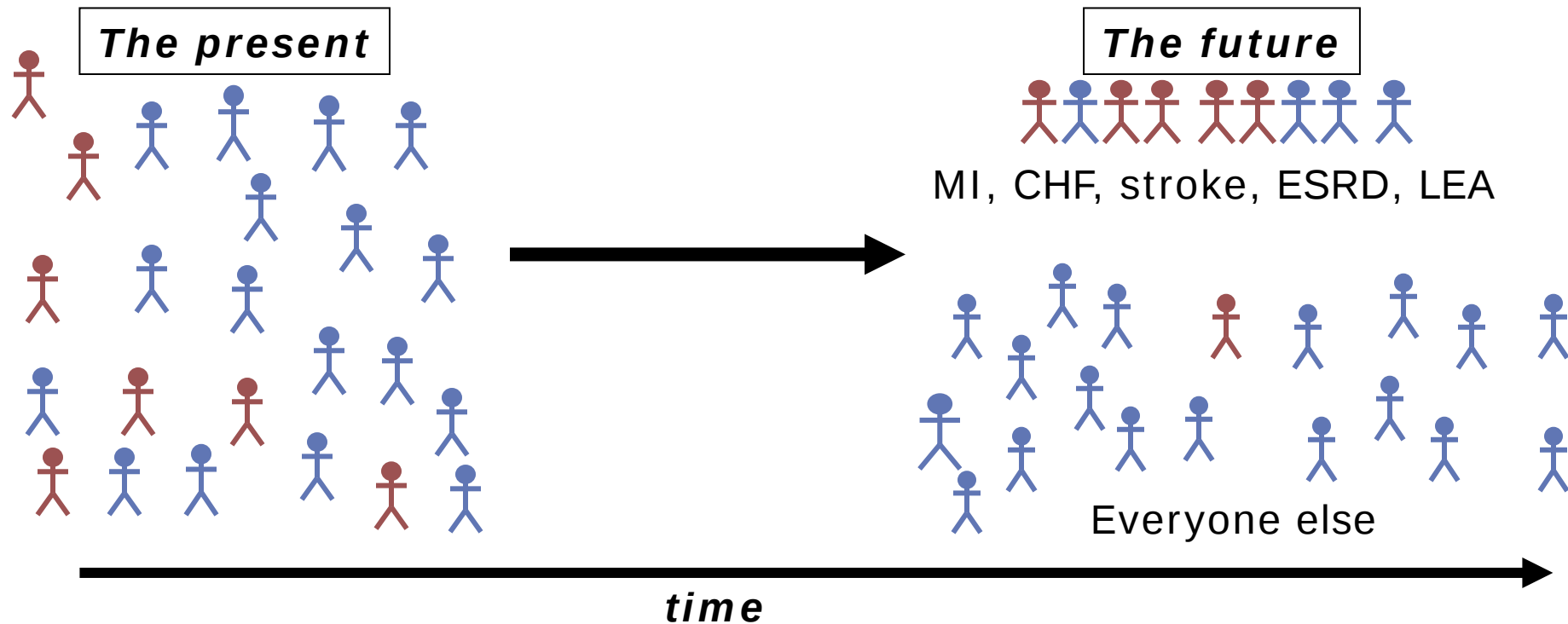
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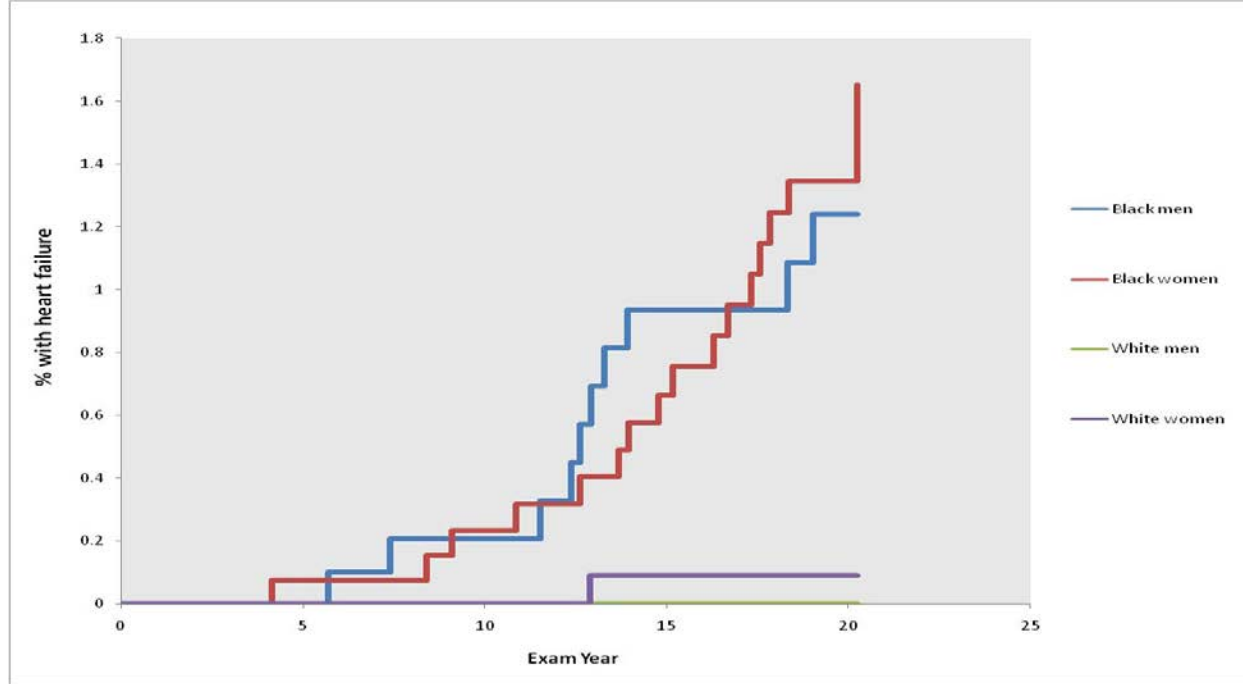
- Selection of sample from population
- Measures predictor variables in sample
- Follow population for period of time
- Measure outcome variable
- Famous cohort studies
  - Framingham
  - Nurses' Health Study
  - Physicians' Health Study



# Prospective cohort study structure



# Incidence of heart failure before age 50 in black and white adults

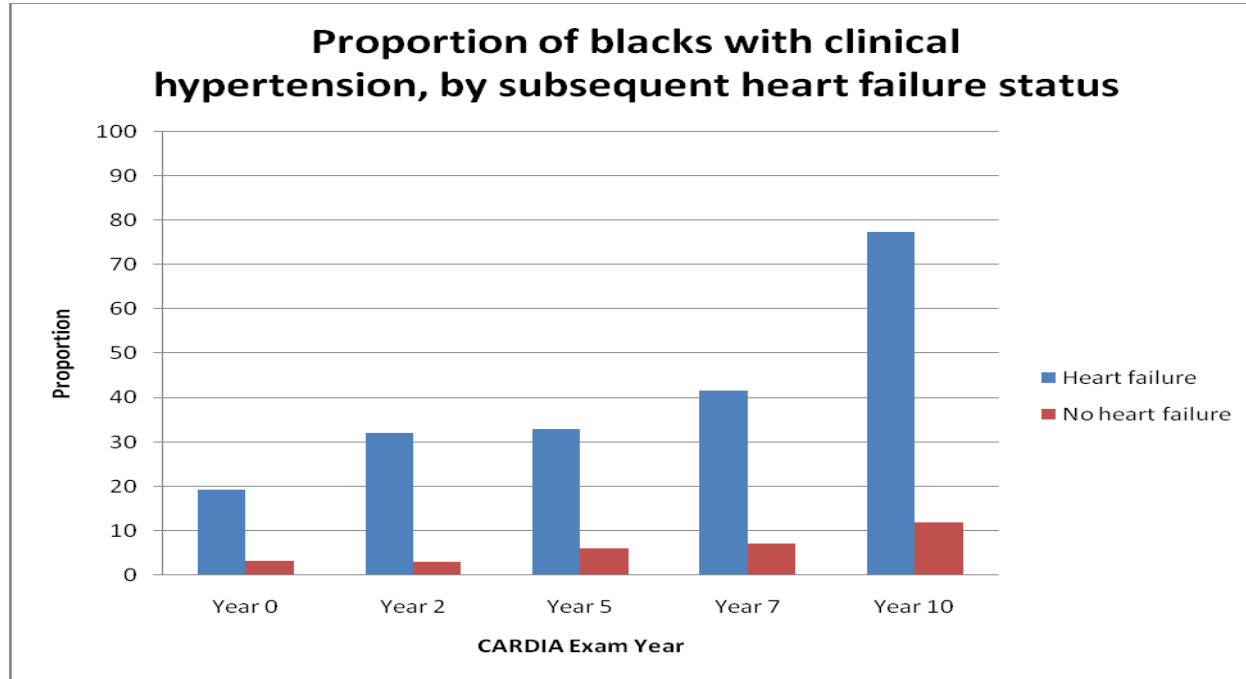


•Bibbins-Domingo et al. N Engl J Med 2009; 360:1179-1190



# Hypertension early in life is a risk factor for heart failure before age 50 among blacks

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•Bibbins-Domingo et al. N Engl J Med 2009; 360:1179-1190



# Strengths of cohort studies

- Know that predictor variable was present before outcome variable occurred (some evidence of causality)
- Directly measure *incidence* of a disease outcome
- Can study multiple outcomes of a single exposure (RR is measure of association)



# Weaknesses of cohort studies

- Expensive and inefficient for studying rare outcomes
  - HERS vs. WHI
- Often need long follow-up period or a very large population
  - CARDIA
- Loss to follow-up can affect validity of findings
  - Framingham



# Other types of cohort studies

- Retrospective cohort
  - Identification of cohort, measurement of predictor variables, follow-up and measurement of outcomes have all occurred in the past
  - Much less costly than prospective cohorts
  - Investigator has minimal control over study design



# A study type for every budget, purpose, and research question

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