

CAUSAL INFERENCE FROM OBSERVATIONAL STUDY DESIGNS – AND APPLICATIONS TO STUDIES OF ALCOHOL CONSUMPTION AND SEXUAL RISK

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Structure of the talk

- How to get at causality in complex associations
- Methods to strengthen causal inference from observational data
 - Mendelian randomization
 - Negative/positive controls
 - Cross contextual studies
 - Sibling designs
 - Natural experiments
- Discussion

Background



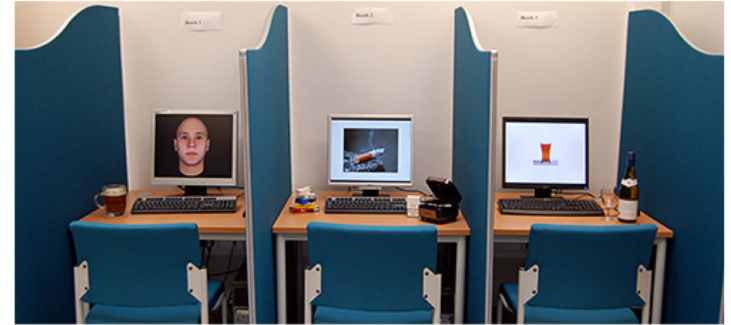
How we ascertain causality

- Experimental studies
 - Often only proxy outcomes
- Animal studies
 - Transferability
- Observational studies
 - Residual confounding

Triangulation

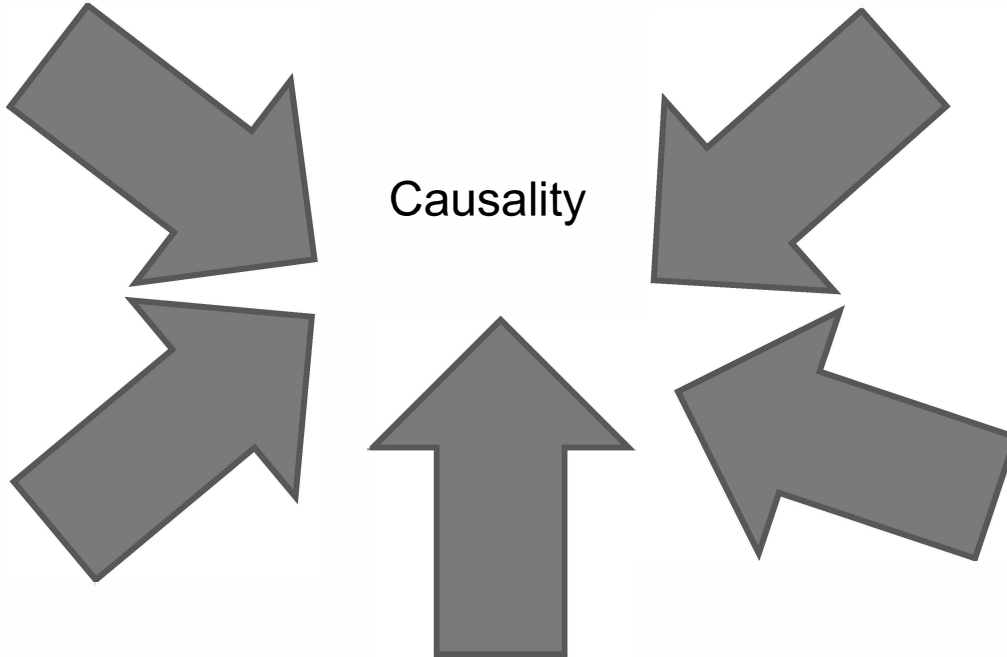


Observational studies



Experimental studies

Causality



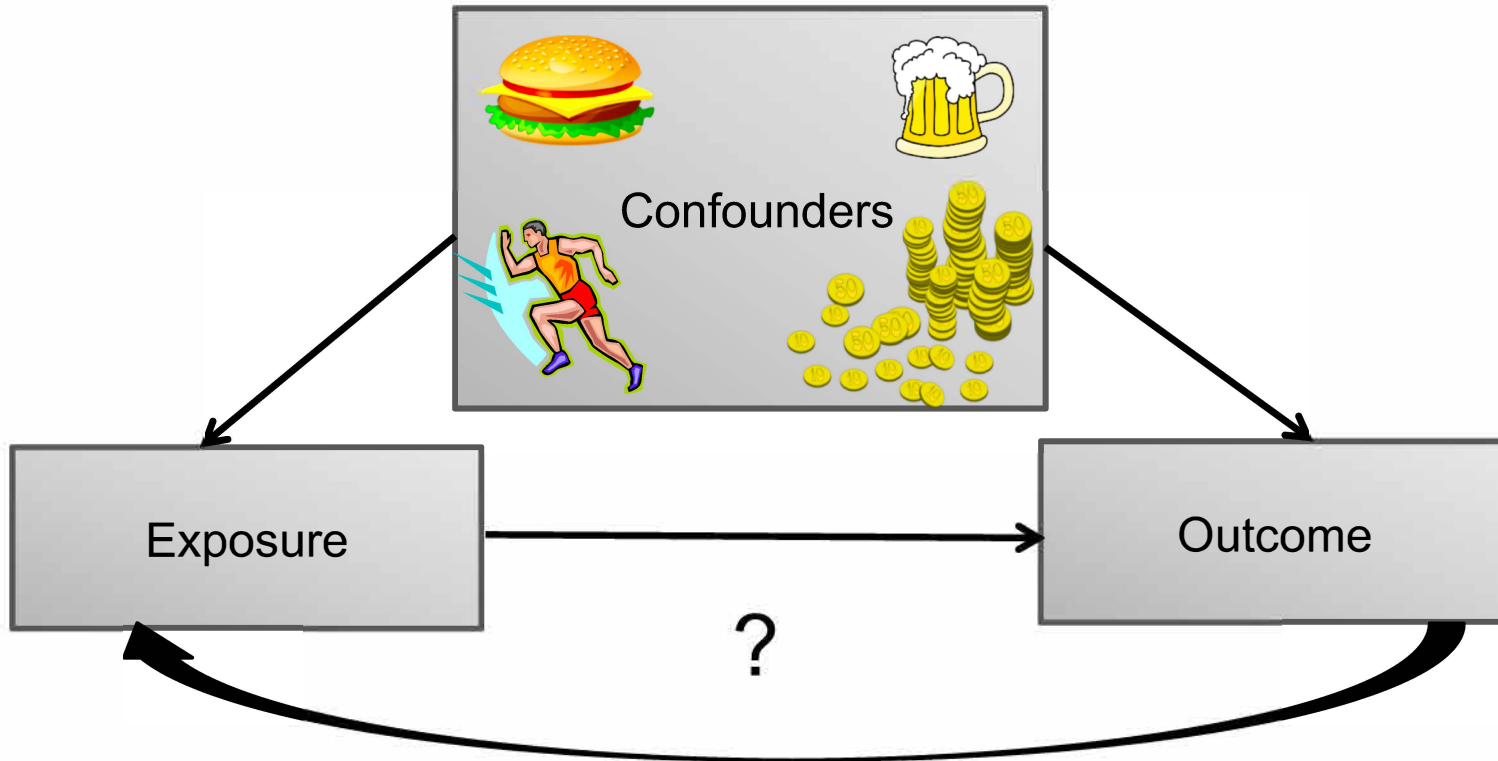
Animal studies



Qualitative studies

And more!

Conventional Epidemiology



Triangulation



Longitudinal studies

Negative controls

Causality



Cross-contextual



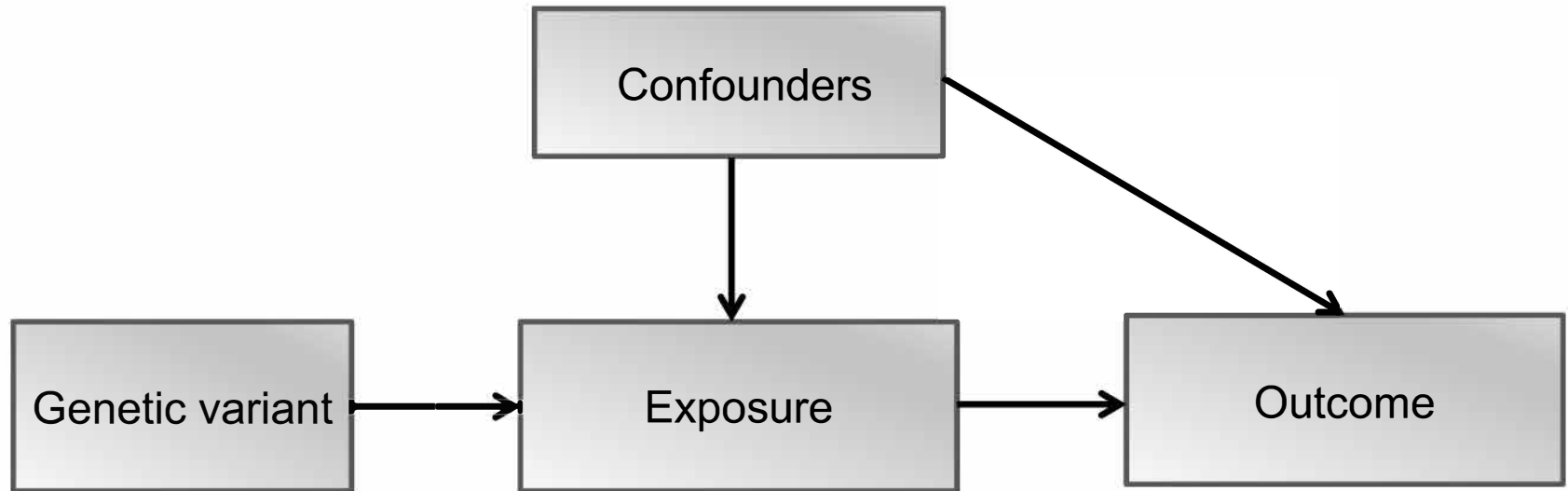
Twin/family studies

Mendelian randomization

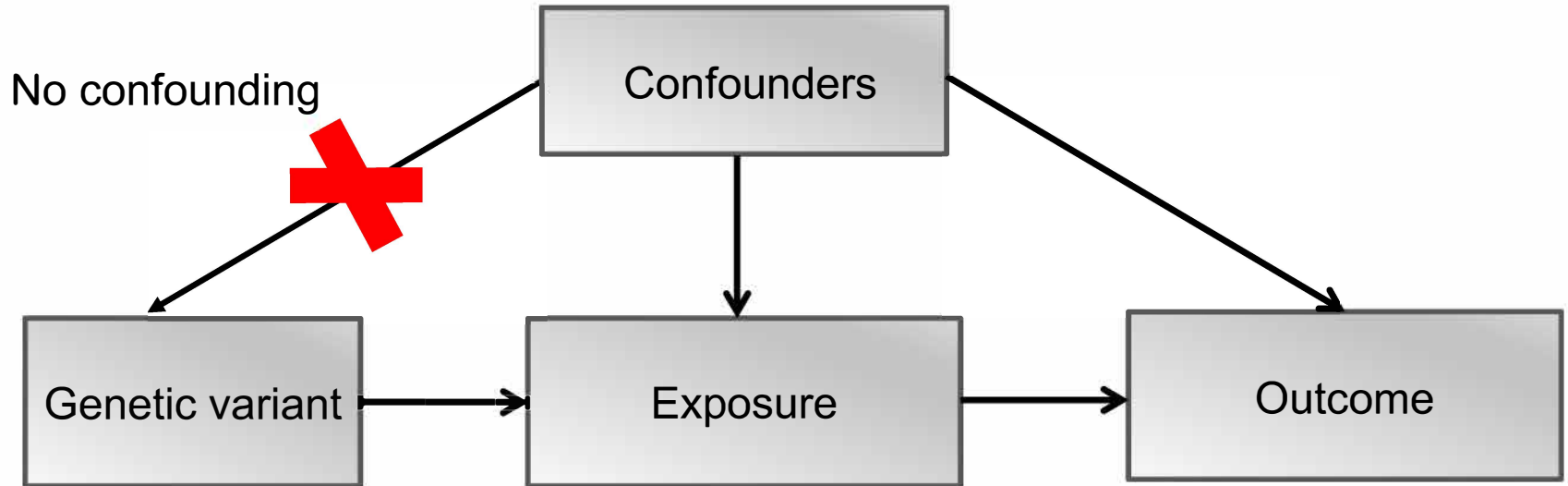
Mendelian Randomization

- Instrumental variable analysis
- Genetic variant is instrument
- Alleles inherited independently of confounding factors
- Genetic variants should not be affected by reverse causality

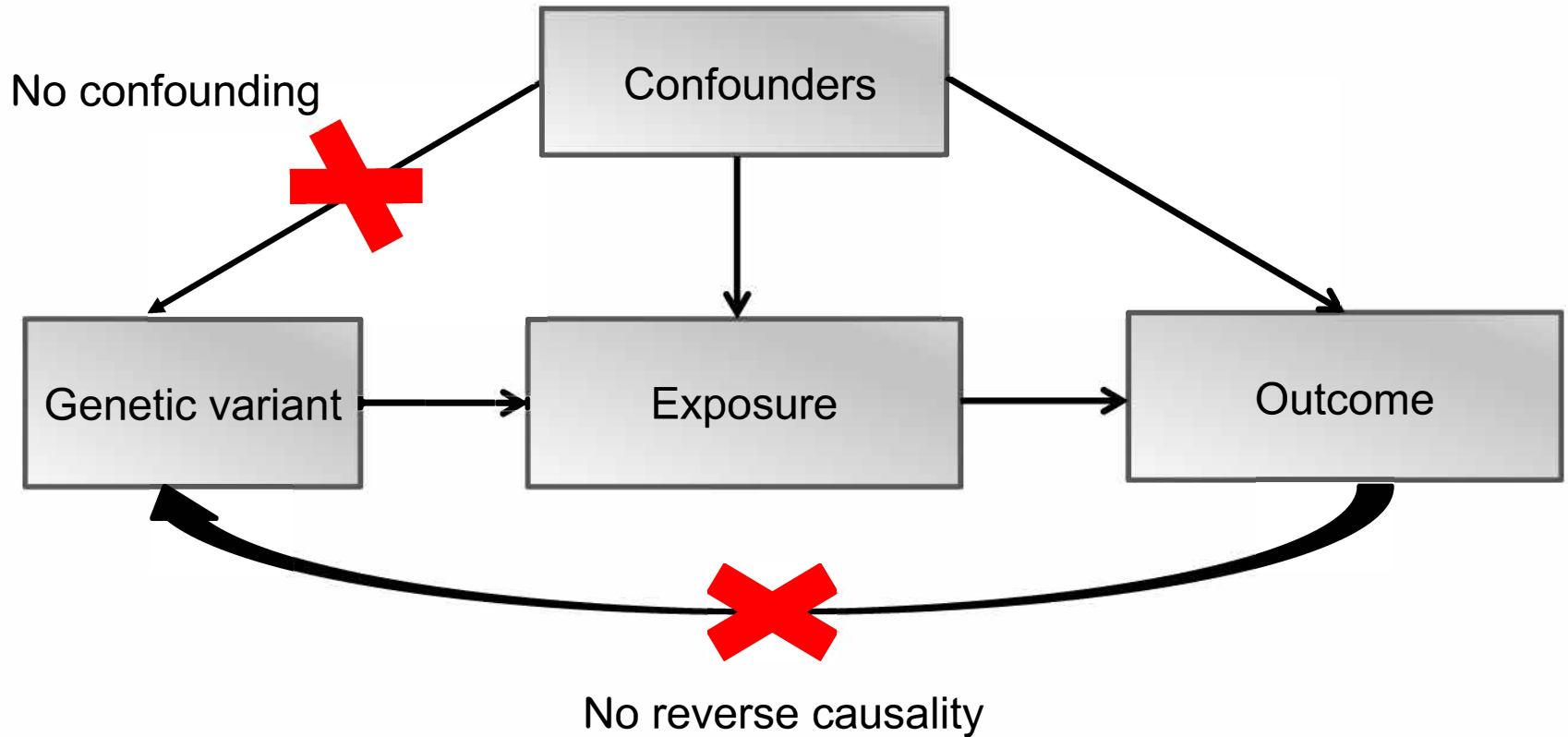
Mendelian Randomization

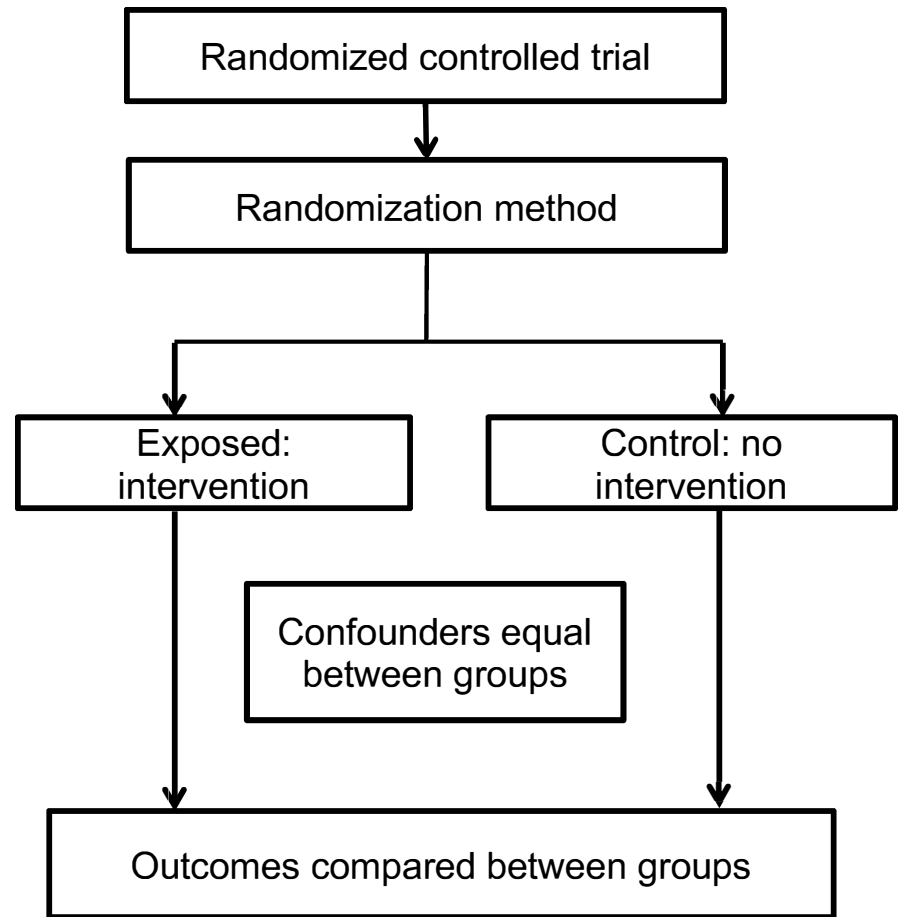
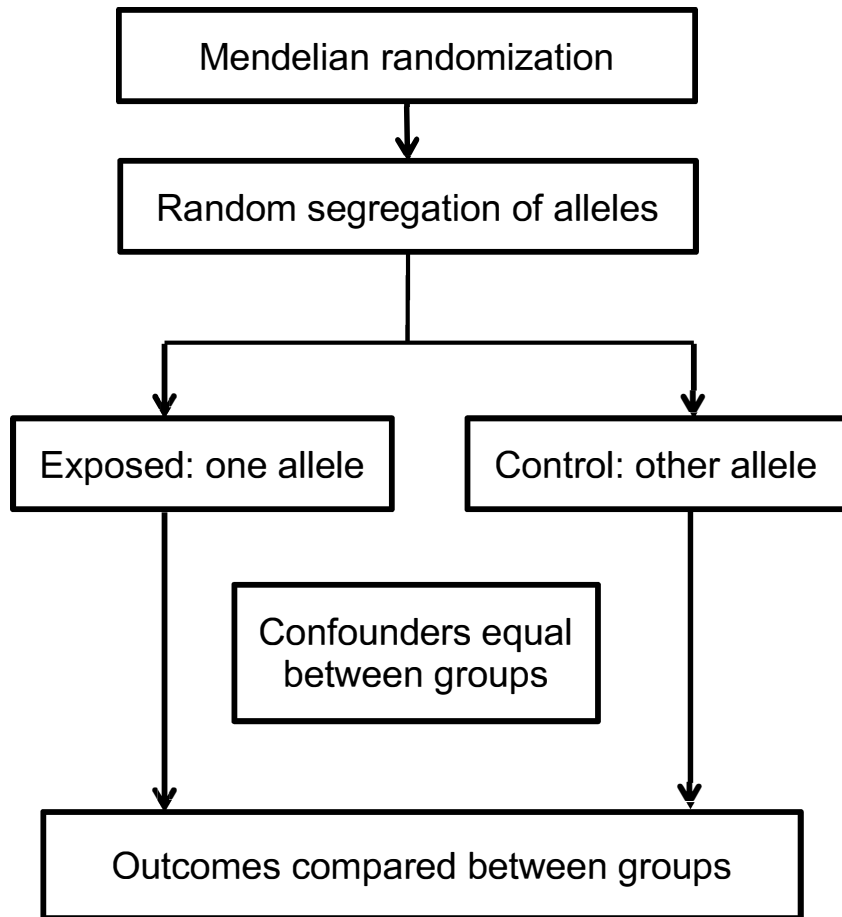


Mendelian Randomization



Mendelian Randomization

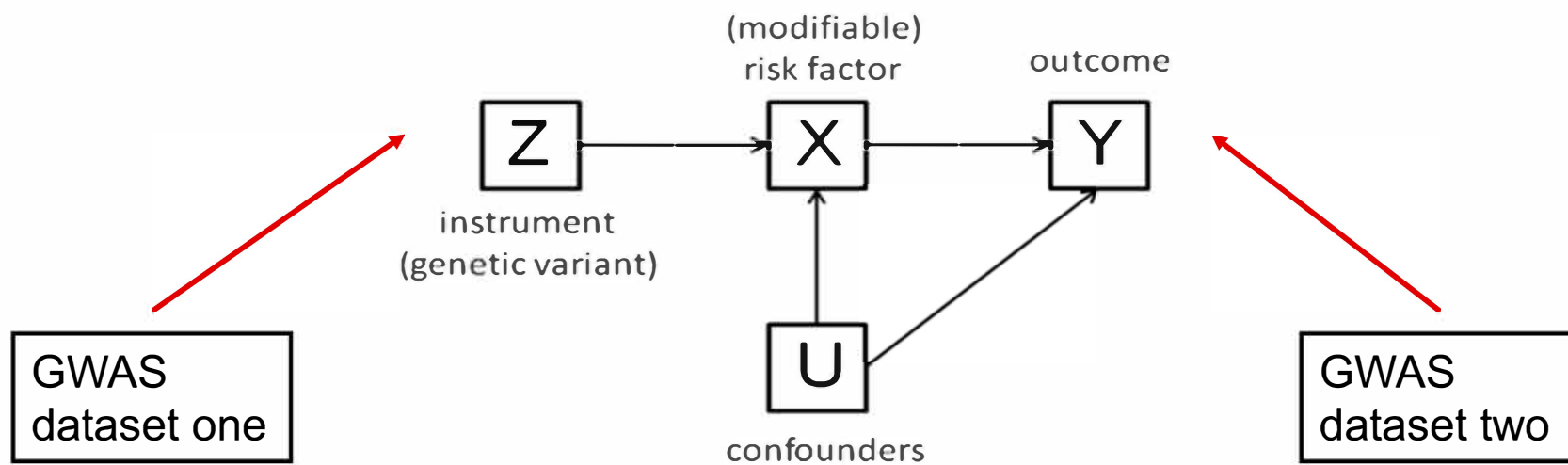




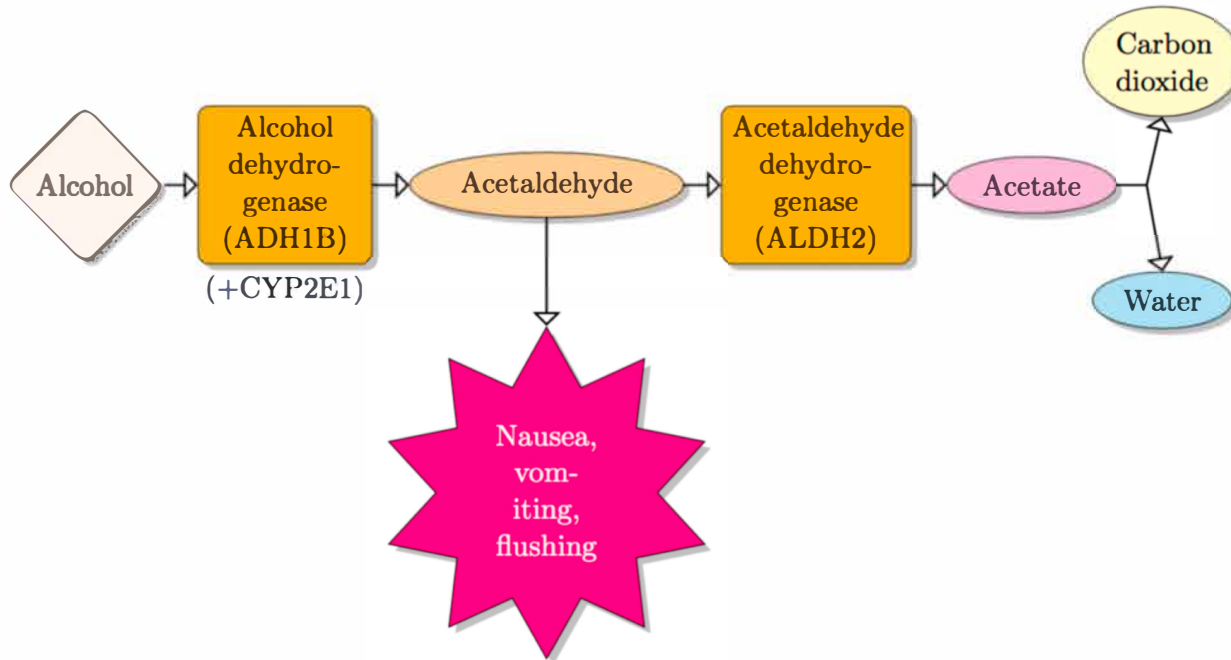
Assumptions of Mendelian Randomization

- 1) The genetic variant should be *reliably* associated with the exposure
- 2) The genetic variant should **only** be associated with the outcome through the exposure of interest
- 3) The genetic variant should be independent of other factors affecting the outcome (confounders)

Two-sample Mendelian randomization



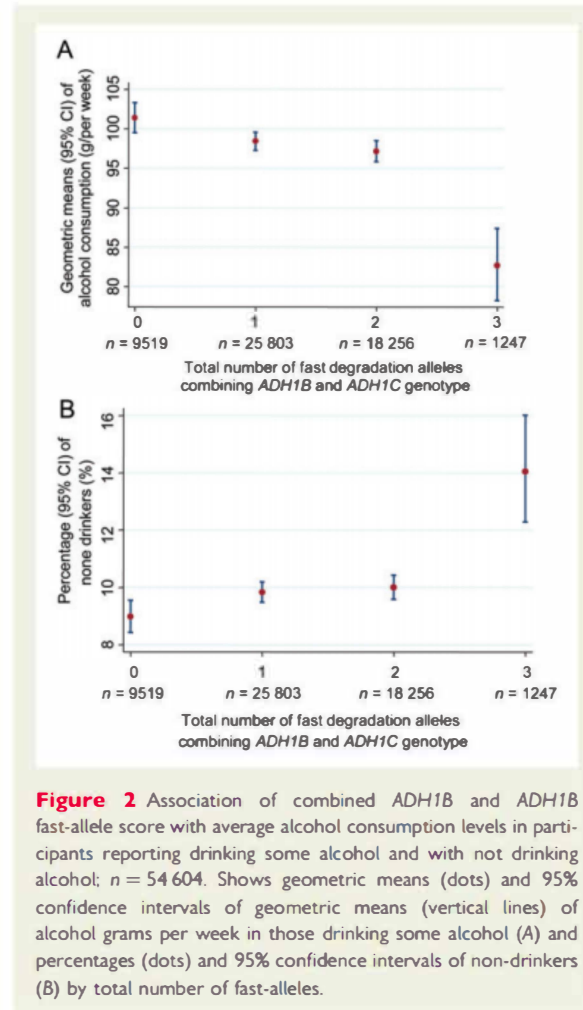
Genetic variants for alcohol use



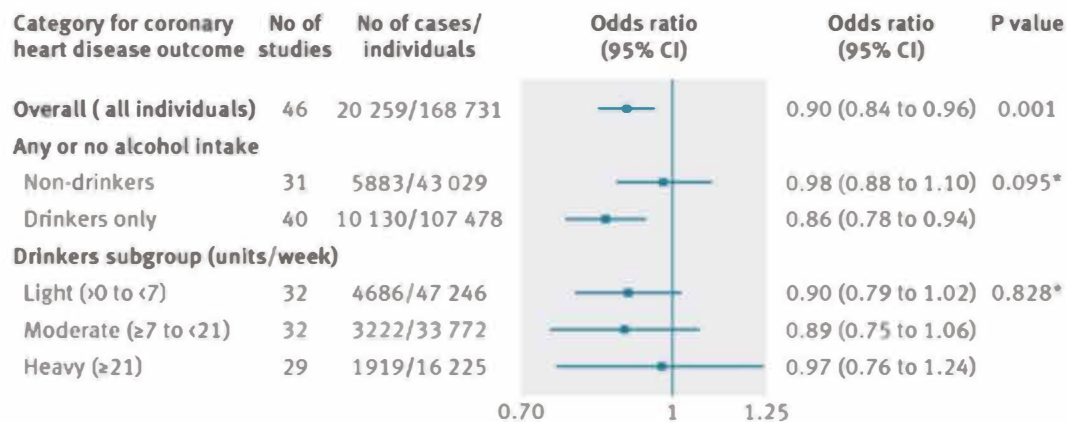
From: Commentary: Mendelian randomization-inspired causal inference in the absence of genetic data
Int J Epidemiol. 2016;46(3):962-965. doi:10.1093/ije/dyw327

Int J Epidemiol | © The Author 2016; all rights reserved. Published by Oxford University Press on behalf of the International Epidemiological Association

Genetic variants predict alcohol use



Genetic variants predict CHD



* P value for heterogeneity obtained from test for trend using meta-regression

Fig 2 Meta-analysis pooled estimates of the association between *ADH1B* rs1229984 (A-allele carriers v non-carriers) and coronary heart disease overall, and stratified by alcohol intake

Mendelian randomization limitations

- Needs large sample size
- Assumption violations (hard to test)
- Needs relevant genetic variants
- Biological pleiotropy (one variant having multiple effects)
- Population stratification

Negative/positive controls



...compare analysis of interest with one where exposure (or outcome, not both!) changed to one with implausible (negative) or known (positive) effect, but where confounding likely to be the same



Negative/positive controls

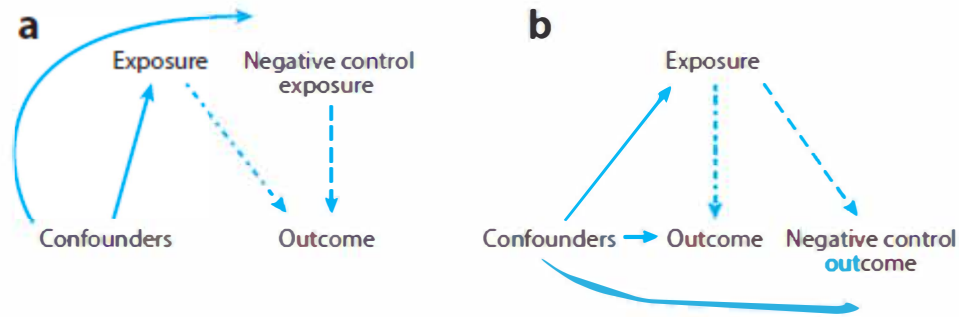
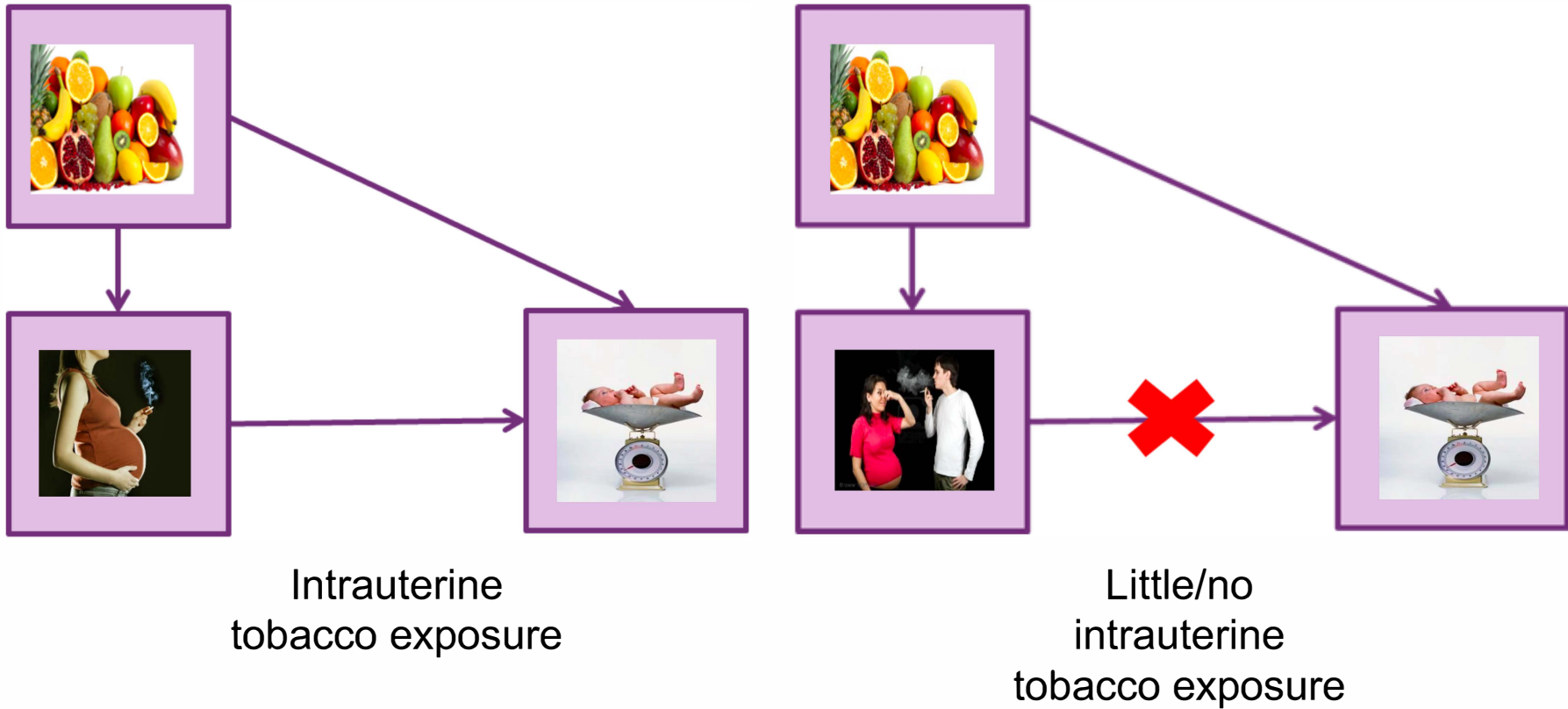


Figure 1

Schematic representations of (a) negative control exposure and (b) negative control outcome. Confounding is the same for the exposure or outcome and its negative control. However, there is no causal association between (a) the negative control exposure and the outcome of interest or (b) the exposure of interest and the negative control outcome. The dashed line represents the negative control analysis, and the dotted-and-dashed line represents the association under interrogation.

Negative controls

1) Negative control



Negative/positive control examples

- Exposures
 - Comparing folate supplements during pregnancy and autism with fish oil supplements during pregnancy and autism (Suren et al, 2013)
 - Folate and fish oil supplements similarly confounded
 - Association between folate and autism, NOT fish oil and autism
 - Suggests causality rather than confounding
 - Comparing maternal smoking during pregnancy and offspring blood pressure with paternal smoking during partner pregnancy and BP (Brion et al, 2007).
 - Associations similar for maternal/paternal smoking.
 - Residual confounding?

Negative/positive control examples

- Outcomes

- HRT and mortality from cardiovascular disease, compared to HRT and mortality from accidents, suicide and homicide (Pettiti et al, 1986/1987)
 - HRT use predicts lower cardiovascular mortality
 - BUT also predicts lower mortality from other reasons with no plausible biological mechanism
 - HRT use associated with lifestyle, socioeconomic, behavioural factors
 - Borne out in RCT – HRT cardiovascular disease association SPURIOUS

Negative/positive control limitations

- Associations could still be confounded by other factors not shared with the negative control
- Careful selection of negative/positive control required
 - Could be plausible causality with negative control (eg paternal smoking during pregnancy)
 - Positive control association could be due to confounding (cannabis and education?)

Cross contextual comparison

Association more likely to be causal if it is seen across different populations with different underlying confounding

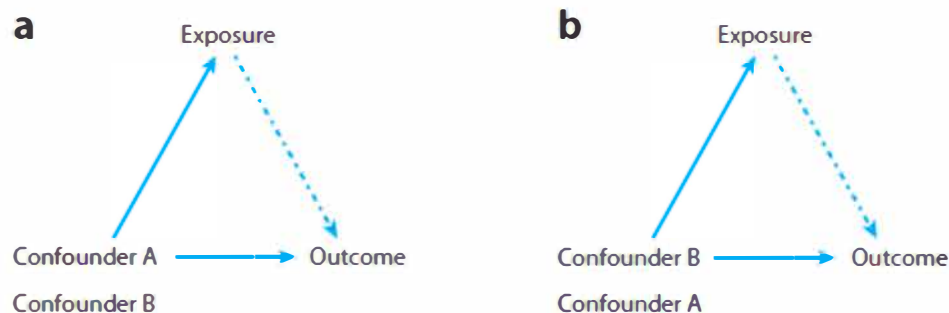


Figure 2

Schematic representations of a cross-contextual design. The exposure and outcome should be equivalent across the different contexts, but the confounding structure should not. Here, confounder A affects the relationship in context (a) but not in context (b). The reverse is true for confounder B.

Cross contextual comparison

Association more likely to be causal if it is seen across different populations with different underlying confounding



Cross contextual comparison

Association more likely to be causal if it is seen

across
and

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What are the causal effects of breastfeeding on IQ, obesity and blood pressure? Evidence from comparing high-income with middle-income cohorts

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Table 1 Distribution of infants according to duration of any breastfeeding

Breastfeeding duration (months)	Prevalence (%)	
	Pelotas	ALSPAC
0 to <1	15.6	36.8
1 to <3	25.4	15.6
3 to <6	23.6	13.7
≥6	35.3	33.9

For analyses, the categories of never breastfed and breastfed <1 month were merged as the prevalence of never breastfed in Pelotas was extremely low and there is substantial misclassification between these categories.⁸

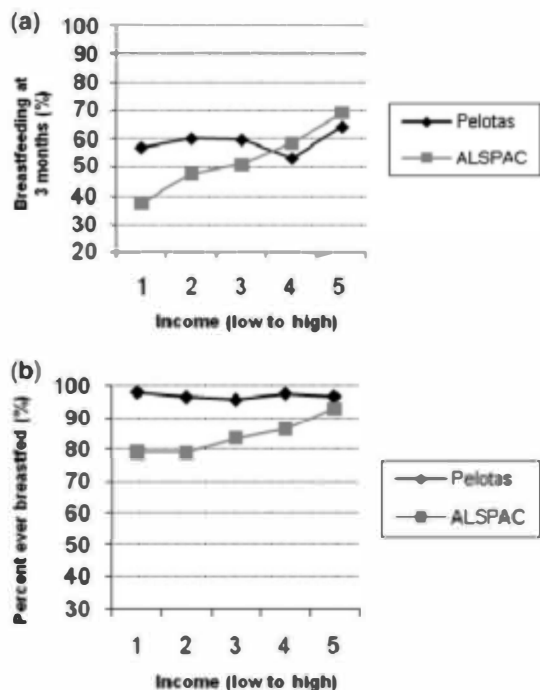
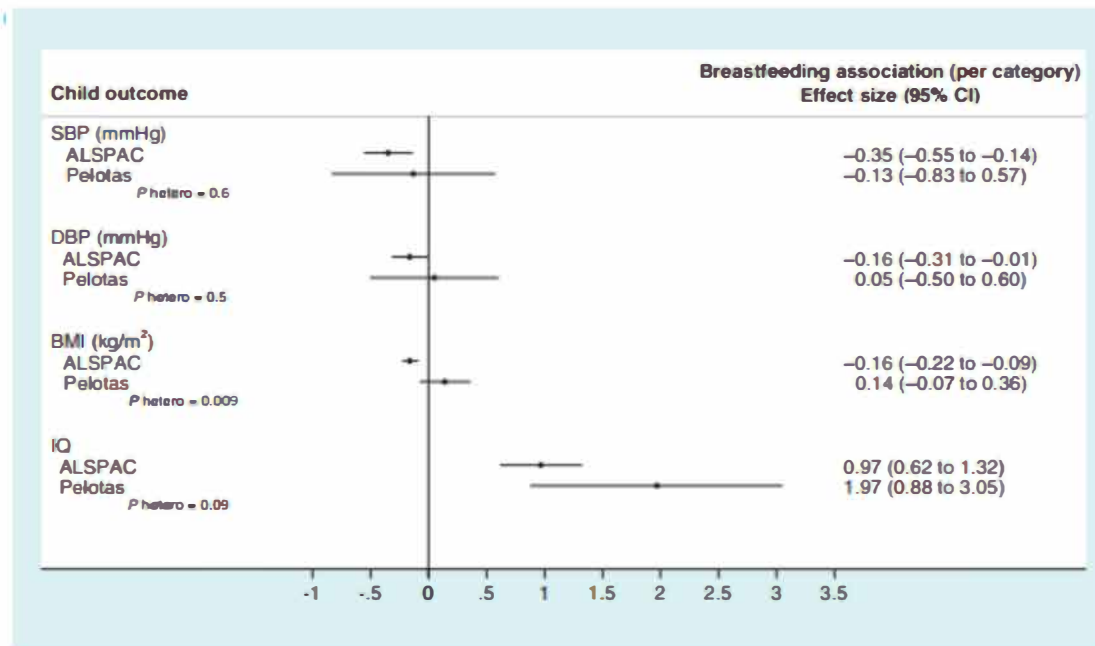


Figure 1 (a) Prevalence of breastfeeding (exclusive or non-exclusive)⁸ at 3 months by family income group and (b) prevalence of ever breastfed by family income



Cross contextual comparison

Table 4 Summary of results from the cross-cohort comparison and validation using a randomized trial

Outcome	Comparison method						Validation	
	Association with any breastfeeding (per category) ^a						Effect of breastfeeding intervention	
	ALSPAC			Pelotas			Belarus	
	Strong socio-economic patterning in breastfeeding			Weak socio-economic patterning in breastfeeding			Randomized trial	
	β	95% CI	P	β	95% CI	P	Difference in outcome ^b	95% CI
SBP (mmHg)	-0.35	-0.55 to -0.14	0.001	-0.03	-0.83 to 0.57	0.7	0.2	-2.9 to 3.3
DBP (mmHg)	-0.16	-0.31 to -0.01	0.04	0.05	-0.50 to 0.60	0.9	0.2	-1.8 to 2.2
BMI (kg/m ²)	-0.16	-0.22 to -0.09	<0.001	0.14	-0.07 to 0.36	0.2	0.1	-0.2 to 0.3
IQ	0.97	0.62 to 1.32	<0.001	1.97	0.88 to 3.05	<0.001	5.9	-1.0 to 12.8

^aNone/<1 month; 1 to <3 months; 3 to <6 months; \geq 6 months; fully adjusted models.

^bIntervention vs control. Results extracted from publications from the Belarus PROBIT trial.^{16,17}

CI, confidence interval.

Cross contextual study limitations

- Is underlying confounding definitely different?
 - Similar confounders between the two will render design inappropriate
- Harmonization of exposure and outcome between contexts
- Still possibility that different confounding in each context is still influencing both results

Sibling and twin studies

- Discordant twin studies
 - One has outcome of interest, other does not
 - Ideally matched pairs for case-control design
- Monozygotic versus dizygotic twins
- Sibling/cousin pairs



Sibling and twin studies limitations

- Hard to find discordant twins
- Even twins have some different environmental impacts!
- Lack of generalisability – intrauterine experience
- Are identical twins treated more similarly than non-identical twins?



Other designs: natural experiments

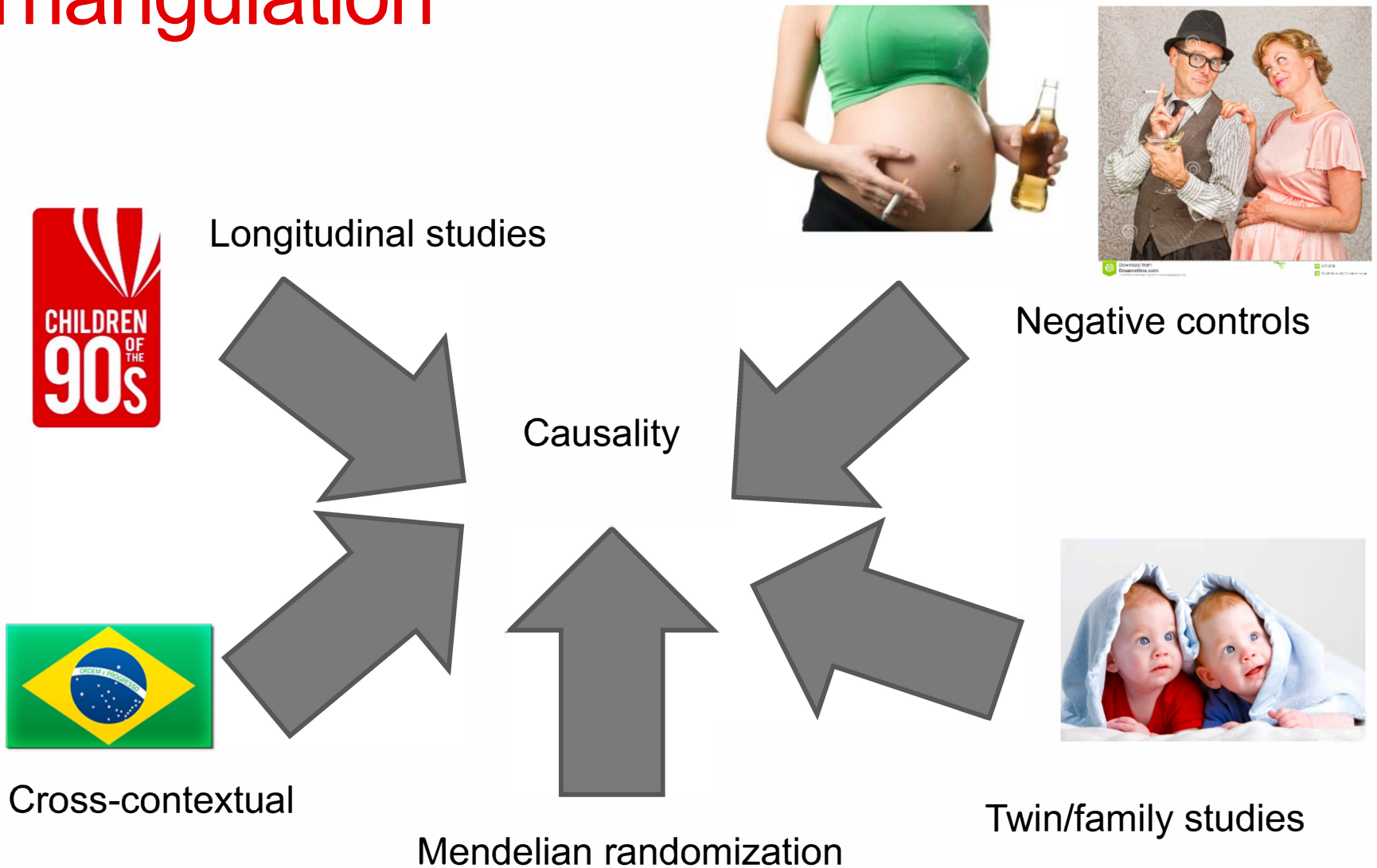
- Dutch Hunger Winter
- China – Great Leap Forward
- Local policy changes (eg age of compulsory education changes, alcohol policy changes)

- Limitations
 - Can't predict/plan
 - Can't control for other factors
 - Extreme situations (famine/war) could have other impacts

Summary

- Mendelian randomization
 - Unconfounded(?) genetic proxy for exposure
- Negative/positive controls
 - Similar confounding between assoc. of interest and +ve/-ve control
- Cross-contextual studies
 - Assess association of interest in 2 datasets where confounding differs
- Twin and family studies
 - Discordant identical twins as matched cases/controls
- Natural experiments

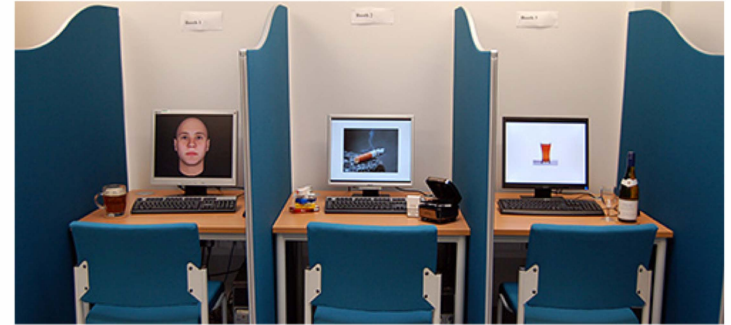
Triangulation



Triangulation

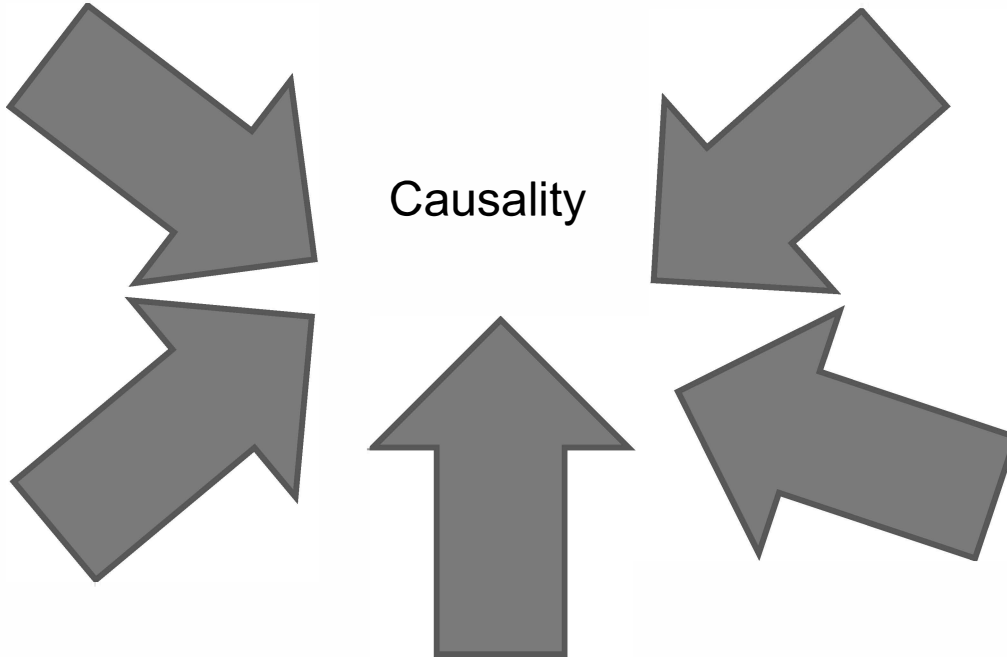


Observational studies



Experimental studies

Causality



Animal studies



Qualitative studies

And more!

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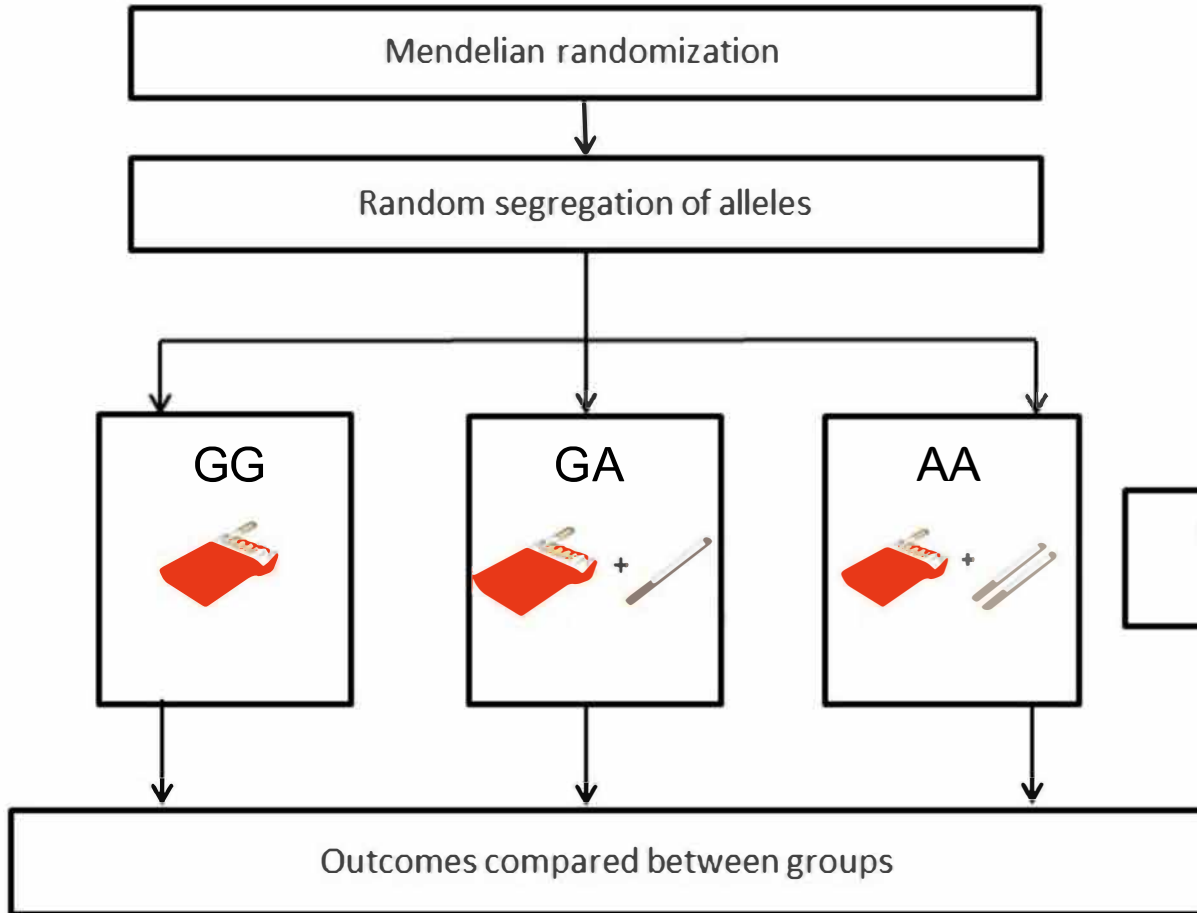
Amy Taylor

University of Bristol, UK

Stephen Burgess

University of Cambridge, UK

Mendelian randomization using rs16969968

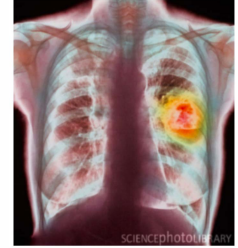


Confounders equal between groups

Examples: Smoking related diseases

- Lung cancer

(Amos, 2010; Lips, 2010; Spitz, 2008)



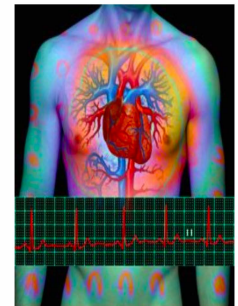
- COPD/emphysema

(Kaur-Knudsen, 2011; Lambrechts, 2010; Pillai, 2009)



- Peripheral Arterial Disease

(Thorgeirsson, 2008)



Examples: Smoking and Mortality

