



W1-2-60-1-6

JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY
UNIVERSITY EXAMINATIONS 2023/2024

MASTER OF SCIENCE IN EPIDEMIOLOGY AND BIostatISTICS

PEH3105: BIostatISTICS FOR EPIDEMIOLOGICAL STUDIES

DATE: DECEMBER 2023

TIME: 3 HOURS

INSTRUCTIONS: ANSWER ANY FOUR QUESTIONS

1)

(a) Regarding hypothesis testing briefly explain the meaning of the following terms:

- (i) Confidence Interval. (3 Marks)
- (ii) Alternative Hypothesis. (3 Marks)
- (iii) Significance Level. (3 Marks)
- (iv) Two-Sided Test. (3 Marks)

(b) In Kenya, the distribution of systolic blood pressure (sbp) in people between 40 to 60 years is approximately normal with mean $\mu = 128\text{mmHg}$ and standard deviation $\sigma = 19\text{mmHg}$. A master's student plans to conduct a study at the KNH Diabetic Clinic to determine if patients in the same age-group newly diagnosed with diabetes have the same mean. If the true mean sbp in these patients is as low as 123mmHg (or as high as 133mmHg) the student wants a risk of only 20% of failing to detect this difference. If the student planned to conduct a two-sided test at the 0.05 significant level what sample size is needed for this study? (6 Marks)

$$n = \frac{2\sigma^2(Z_{\alpha/2} + Z_{1-\beta})^2}{d^2}; (Z_{\alpha/2} = 1.96 \text{ and } Z_{1-\beta} = 0.84)$$

(c) In a human papilloma virus study, 190 randomly selected women attending a pap-smear clinic in Nairobi were asked about their lifetime number of sexual partners. The results of the study indicated an average of 5.5 sexual partners.

- (i) Using a population standard deviation of 3.5 lifetime number of sexual partners, construct a 95% confidence interval for the lifetime number of sexual partners in this population. (3 Marks)
- (ii) Would there be a significant difference if the same study had been done in 290 randomly selected women attending a family planning clinic in Mombasa County where the average lifetime number of sexual partners was 4.5? (4 Marks)

$$CI = \bar{x} - z \times \frac{\sigma}{\sqrt{n}}; \bar{x} + z \times \frac{\sigma}{\sqrt{n}}$$

2)

(a) State the appropriate multivariable regression technique that would be used to analyse each of the following studies:

- (i) A cross-sectional study of the association between alcohol consumption and serum cholesterol level in people aged 40 to 60 years. (2 Marks)
- (ii) A randomised-controlled trial of COVID-19 virus vaccine in 60- to 80-year-old people to prevent cardiovascular deaths. (2 Marks)
- (iii) A prospective cohort study post-partum women immediately after delivery for the risk factors for post-partum depression. (2 Marks)
- (iv) A retrospective cohort study to determine if birthweight is associated with the birth order of the baby (1st-born, 2nd-born etc.) and the age of the mother. (2 Marks)
- (v) A case-control study of the association between three risk factors (low fibre diet, smoking and alcohol consumption) and colon cancer. (2 Marks)

(b) In a study to see the effect of alcohol consumption on survival after diagnosis with liver cirrhosis the Cox Proportional Hazards model below was constructed where the effects of sex (1=female, 0=males), age in years and weight (kg) were also examined in a multivariate model. [NB/ follow-up time was in days for 3-years]:

. stcox sex alcohol weight age

```

No. of subjects =          104          Number of obs   =          104
No. of failures =           69
Time at risk    =        68135
Log likelihood  =   -272.11994
LR chi2(4)      =          33.33
Prob > chi2     =          0.0000
  
```

_t	Haz. Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
sex	2.034673	.6929452	2.09	0.037	1.043764	3.966312
alcohol	3.98968	1.416148	3.90	0.000	1.989765	7.999712
weight	1.00415	.0090888	0.46	0.647	.9864932	1.022122
age	.9888447	.0133477	-0.83	0.406	.9630267	1.015355

- (i) What was the effect of sex on survival after diagnosis with liver cirrhosis? (4 Marks)
- (ii) What was the effect of alcohol on survival after diagnosis with liver cirrhosis? (4 Marks)
- (iii) Is there evidence of confounding by weight? (3 Marks)
- (iv) Outline two other confounding variables which you might consider in this study? (4 Marks)

3) The Heart and Oestrogen/progestin Replacement Study (HERS) was a randomized, double-blind, placebo-controlled trial designed to test the efficacy and safety of oestrogen plus progestin therapy for prevention of recurrent coronary heart disease (CHD) events in women. The participants were postmenopausal women with a uterus and with CHD (as evidenced by prior myocardial infarction). Among the risk factors measured were blood glucose levels (mg/dl), weight (kg), systolic blood pressure (sbp), exercise (if the participant exercised or not), age (years) and the average number of alcoholic drinks per week (avgdrpwk). The following

is a STATA output of the simple regression model on the association between weight (predictor) and blood glucose level (outcome) in these women:

• regress sbp glucose

Source	SS	df	MS	Number of obs	=	5,627
Model	7903.6019	1	7903.6019	F(1, 5625)	=	22.30
Residual	1993187	5,625	354.344356	Prob > F	=	0.0000
Total	2001090.6	5,626	355.686208	R-squared	=	0.0039
				Adj R-squared	=	0.0038
				Root MSE	=	18.824

sbp	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]
glucose	.080238	.0169895	4.72	0.000	.046932 .1135439
_cons	126.3466	1.68247	75.10	0.000	123.0483 129.6449

- (a) Briefly describe the relationship between blood glucose (glucose) and systolic blood pressure (sbp) using the results in this model. (3 Marks)
- (b) Explain the meaning of the following outputs in the model:
- Glucose ($P > |t| = 0.000$) (2 Marks)
 - Coefficient ($_cons = 126.3466$) (2 Marks)
 - Probability ($Prob > F = 0.0000$) (2 Marks)
- (c) Which two ways could be used to evaluate the fit of this model? (4 Marks)
- (d) What assumptions were made in using the method of least squares to estimate the population line in this model? (4 Marks)

The following is a STATA output of the multiple regression model for the association between sbp (outcome) and blood glucose and several other predictor variables:

• regress sbp glucose exercise weight age avgrpwk

Source	SS	df	MS	Number of obs	=	5,570
Model	79615.6382	5	15923.1276	F(5, 5564)	=	46.45
Residual	1907149.12	5,564	342.765837	Prob > F	=	0.0000
Total	1986764.75	5,569	356.75431	R-squared	=	0.0401
				Adj R-squared	=	0.0392
				Root MSE	=	18.514

sbp	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]
glucose	.0669272	.017215	3.89	0.000	.0331791 .1006754
exercise	-2.465935	.5152184	-4.79	0.000	-3.475964 -1.455905
weight	.0770876	.018634	4.14	0.000	.0405577 .1136175
age	.5154984	.0381471	13.51	0.000	.4407151 .5902817
avgrpwk	.0504105	.0647057	0.78	0.436	-.0764381 .177259
_cons	88.61364	3.44207	25.74	0.000	81.86584 95.36145

(e) Briefly describe the relationship between blood glucose and sbp using the results in this multiple regression model? (4 Marks)

(f) Why do you think the coefficient of blood glucose reduced from 0.08 in the simple regression model to -0.067 in the multiple regression model? (4 Marks)

4) A study was done in Boston Massachusetts on a sample of 100 low birth weight infants to assess the risk of an infant experiencing germinal matrix haemorrhage (bleeding into the brain). The Apgar score at birth (a measure of alertness/fitness at birth – usually from 1 to 10), infant's mother being diagnosed with toxemia during pregnancy, the gestational age of the infant at birth and the gender of the infant were recorded as predictor variables. The following STATA output represents the results of this study showing the association between these predictors and development of germinal matrix haemorrhage (GMH) in these infants:

```
. logit grmhem apgar5 tox gestage sex
```

```
Iteration 0:  log likelihood = -42.270909
Iteration 1:  log likelihood = -38.062857
Iteration 2:  log likelihood = -37.540381
Iteration 3:  log likelihood = -37.535669
Iteration 4:  log likelihood = -37.535667
```

```
Logistic regression                                Number of obs   =          100
                                                    LR chi2(4)      =           9.47
                                                    Prob > chi2     =          0.0504
Log likelihood = -37.535667                       Pseudo R2       =          0.1120
```

grmhem	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
apgar5	-.2214754	.1073151	-2.06	0.039	-.431809	-.0111417
tox	-1.037503	1.121466	-0.93	0.355	-3.235535	1.160529
gestage	-.0665708	.1232046	-0.54	0.589	-.3080474	.1749058
sex	-.7886638	.6462168	-1.22	0.222	-2.055225	.4778978
_cons	1.868738	3.500318	0.53	0.593	-4.991759	8.729235

(a) What is the relationship between Apgar score and germinal matrix haemorrhage? (5 Marks)

(b) Interpret the z statistic and associated P-value for the Apgar Score. (4 Marks)

(c) Interpret the likelihood ratio chi-squared test provided (LR chi²) for the model. (4 Marks)

(d) If a particular female infant was born at a gestational age of 32 weeks to a mother who had toxemia in pregnancy and had an Apgar score of 7 what is the probability that they would develop GMH? [female=0, male=1; toxemia=1, No Toxemia=0] (8 Marks)

(e) What is the odds ratio of developing GMH for infants born of mothers who had toxemia during pregnancy? (4 Marks)

- 5) A PhD student conducted a study to evaluate the effect of parasitic infection on the white blood cell differential count (a test which measures the percentage of each type of white blood cell – neutrophils, lymphocytes, basophils, eosinophils etc.). Five hundred and twenty-nine (529) children between 0 to 10 years were enrolled in the study and their blood taken for WBC differential count and a stool sample was taken and analysed for parasitic infection. Background characteristics (e.g., age, gender, SES) were also taken. A two-sided t-test was carried out to determine the difference in mean eosinophil count between those diagnosed to have parasitic infection and those who were negative. The results are shown in the table below:

Two-sample t test with equal variances

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
negative	334	2.73512	.1746729	3.192264	2.391518	3.078721
positive	195	3.245128	.2543856	3.552302	2.743412	3.746845
combined	529	2.923119	.1450123	3.335284	2.638247	3.207991
diff		-.5100085	.3000506		-1.099451	.0794337

diff = mean(negative) - mean(positive) t = -1.6997
 Ho: diff = 0 degrees of freedom = 527

Ha: diff < 0 Ha: diff != 0 Ha: diff > 0
 Pr(T < t) = 0.0449 Pr(|T| > |t|) = 0.0898 Pr(T > t) = 0.9551

- (a) Interpret these t-test results. (8 Marks)

Linear regression analysis model was created to find out if the effect of parasitic infection on the percentage of eosinophils in blood was influenced by the age (in months) of the child. The model is given here below:

Source	SS	df	MS	Number of obs	=	529
Model	248.067957	2	124.033978	F(2, 526)	=	11.60
Residual	5625.46549	526	10.6948013	Prob > F	=	0.0000
				R-squared	=	0.0422
				Adj R-squared	=	0.0386
Total	5873.53345	528	11.1241164	Root MSE	=	3.2703

eosinophils	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
parasites	.2215738	.3016353	0.73	0.463	-.370984	.8141317
agemonths	.0215843	.0048023	4.49	0.000	.0121502	.0310184
_cons	1.47037	.333474	4.41	0.000	.8152655	2.125474

- (b) Interpret the results in this model as to the effect of age in months of the children under study on mean percentage of eosinophils in blood (table above). (7 Marks)
- (c) The significance test in the linear regression above for the association between percentage eosinophils and the age in months uses the *t*-distribution with *n*-2 degrees of freedom. Why is this and what are the two restrictions? (4 Marks)

A t-test was then carried out to further assess the relationship between age in months and parasitic infection (negative or positive) (see table below):

Two-sample t test with equal variances

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
negative	347	58.55908	1.579	29.41351	55.45343	61.66472
positive	182	72.98352	2.214397	29.87386	68.61416	77.35287
combined	529	63.52174	1.318701	30.33013	60.93119	66.11228
diff		-14.42444	2.70654		-19.74137	-9.107508

diff = mean(negative) - mean(positive) t = -5.3295
 Ho: diff = 0 degrees of freedom = 527

Ha: diff < 0 Ha: diff != 0 Ha: diff > 0
 Pr(T < t) = 0.0000 Pr(|T| > |t|) = 0.0000 Pr(T > t) = 1.0000

(d) Comment on the results of this t-test in relation to the previous two tables (above). (6 Marks)

6) A case-control study was done to evaluate the hypothesis that vaginal spermicides, which are used as contraceptives, are associated with the occurrence of Down's syndrome among offspring born to women who used these contraceptive agents. The results, stratified by age, are summarized below:

Crude Data

	Downs Syndrome	
	Present	Absent
Spermicide use	8	218
No spermicide use	24	2290

Stratum Specific Data

Age < 40 years

Age ≥ 40 years

	Downs Syndrome	
	Present	Absent
Spermicide use	6	208
No spermicide use	18	2118

	Downs Syndrome	
	Present	Absent
Spermicide use	2	10
No spermicide use	6	172

(a) Calculate the crude odds ratio and the two stratum-specific odds ratios (show your work). (9 Marks)

(b) Calculate the Mantel-Haenszel adjusted odds ratio (use the formula below and show your work). (5 Marks)

$$OR_{MH} = \frac{\sum \frac{a_i d_i}{N_i}}{\sum \frac{b_i c_i}{N_i}}$$

The following STATA output is the Mantel-Haenszel adjusted odds ratio model generated from this study's data:

```
. cc downs spermicide, by(age)
```

Age Group	OR	[95% Conf. Interval]		M-H Weight
<40 years	3.394231	1.089893	9.041589	1.593191
≥40 years	5.733333	.4962908	37.34844	.3157895
Crude	3.501529	1.34218	8.170176	
M-H combined	3.781172	1.666923	8.57704	

```
Test of homogeneity (M-H)      chi2(1) =      0.28  Pr>chi2 = 0.5996
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Test that combined OR = 1:
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```
Mantel-Haenszel chi2(1) =      11.63
Pr>chi2 =      0.0006
```

- (c) Would you conclude that age is an effect modifier in the relationship between spermicide use and Down's syndrome? Why or why not? (4 Marks)
- (d) Would you conclude that the age is a confounder in the relationship between spermicide use and Down's syndrome? Why or why not? (4 Marks)
- (e) State in clear terms how age affects the relationship between spermicide use and Down's syndrome. (3 Marks)

