

Proportional multi-state life table model

PMSLT is a simulation model that estimates the effect of changes in the population distribution of risk factor/s in terms of health benefits/disbenefits.

Proportional multi-state life table model

Health simulation modelling tool

What for?

- Quantify the health impact of changes in exposure to health risk factors
- Comparative risk assessment tool: what if?
- Comparison of a policy scenario/intervention with baseline scenario

Applications

- Chronic disease modelling studies
- Assessing Cost Effectiveness in Prevention (Australia)
- Burden of Disease Epidemiology, Equity & Cost-Effectiveness Programme (BODE³) (New Zealand)

Proportional multi-state life table model

Outputs

By age-cohort
and sex

-
- Health-adjusted life years: like QALYs
 - Life years
 - Disease mortality and incidence
 - Life expectancy
 - Health adjusted life expectancy
- The first five items are grouped by a vertical bracket on the left, which is associated with the text 'By age-cohort and sex'. A horizontal bracket below these five items points to the second list of two items.

- Per simulation year
- Accumulated over the life course

Proportional multi-state life table model

Scientific development

Mathematical Population Studies
1998, Vol 7(1), pp 29–49
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COPING WITH MULTIPLE MORBIDITY IN A LIFE TABLE

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April 3, 1996

Population Health Metrics



Research

Open Access

A generic model for the assessment of disease epidemiology: the computational basis of DisMod II

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Christopher JL Murray³

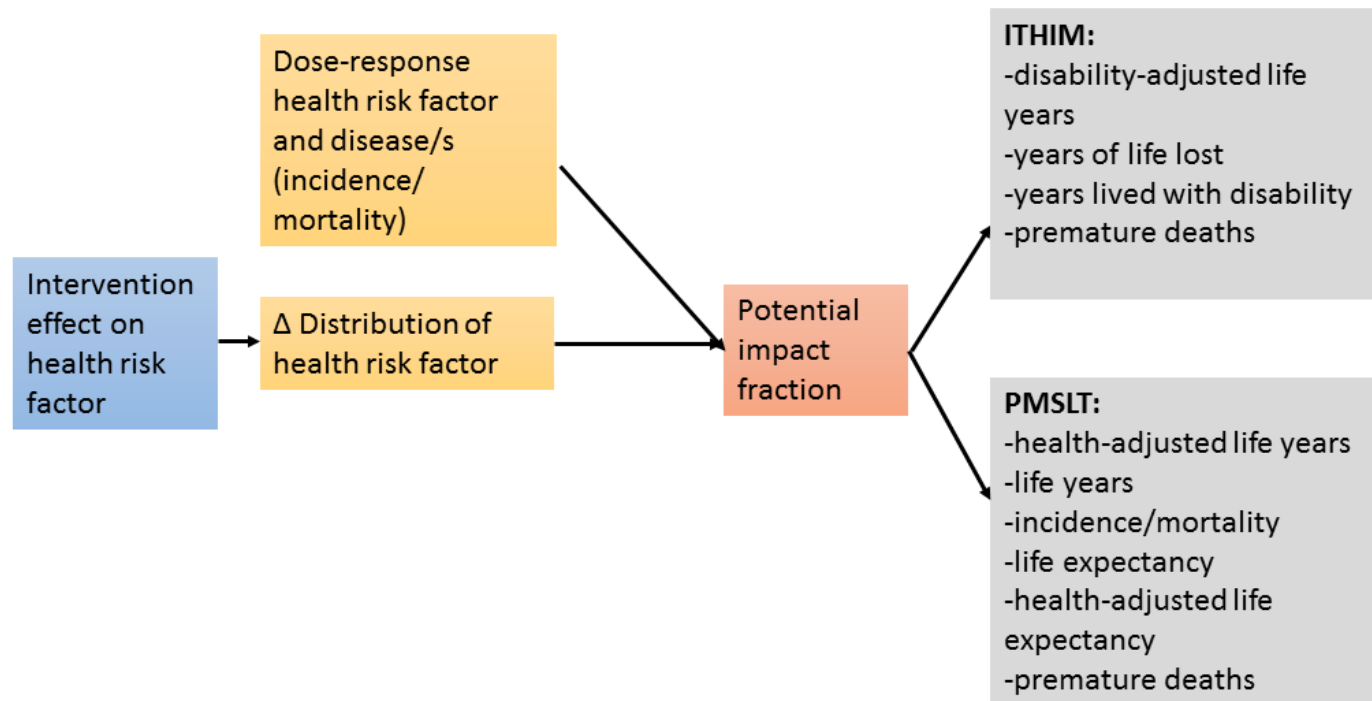
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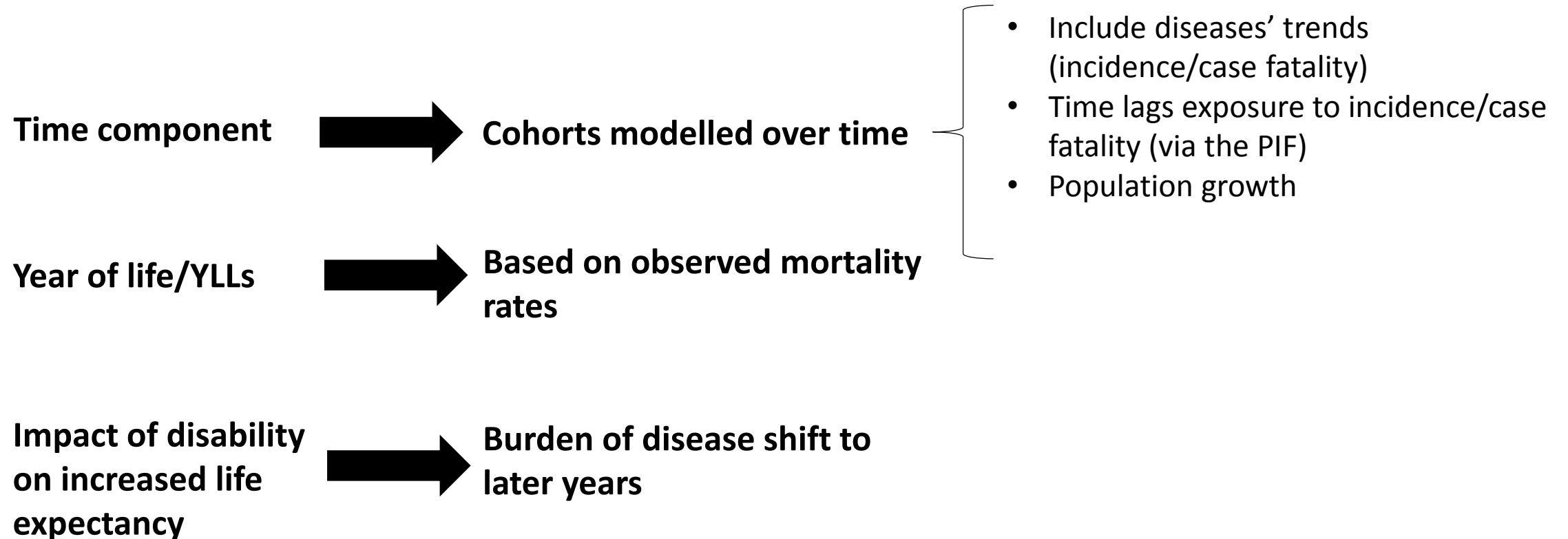
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Contribution to ITHIMR

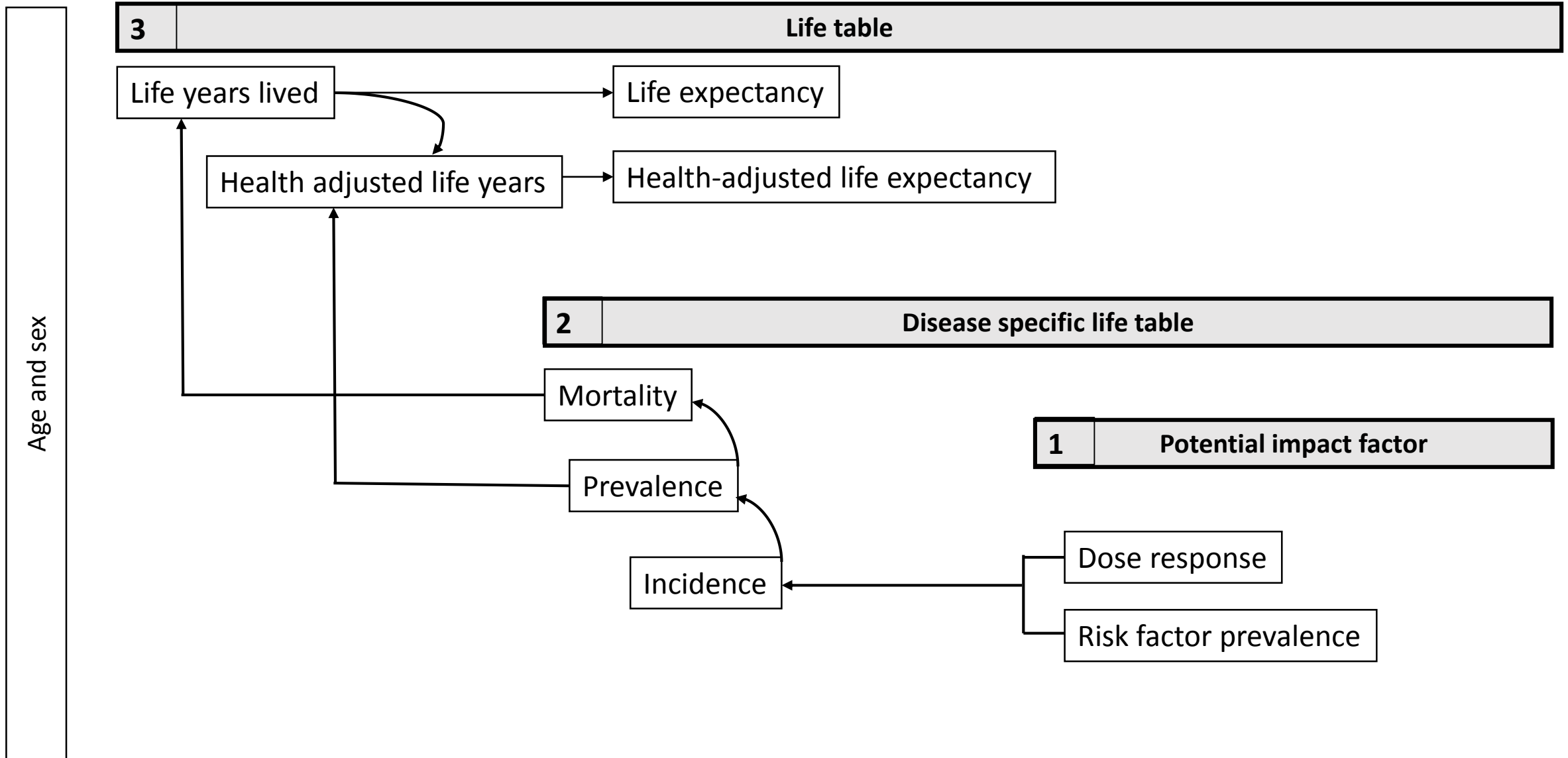


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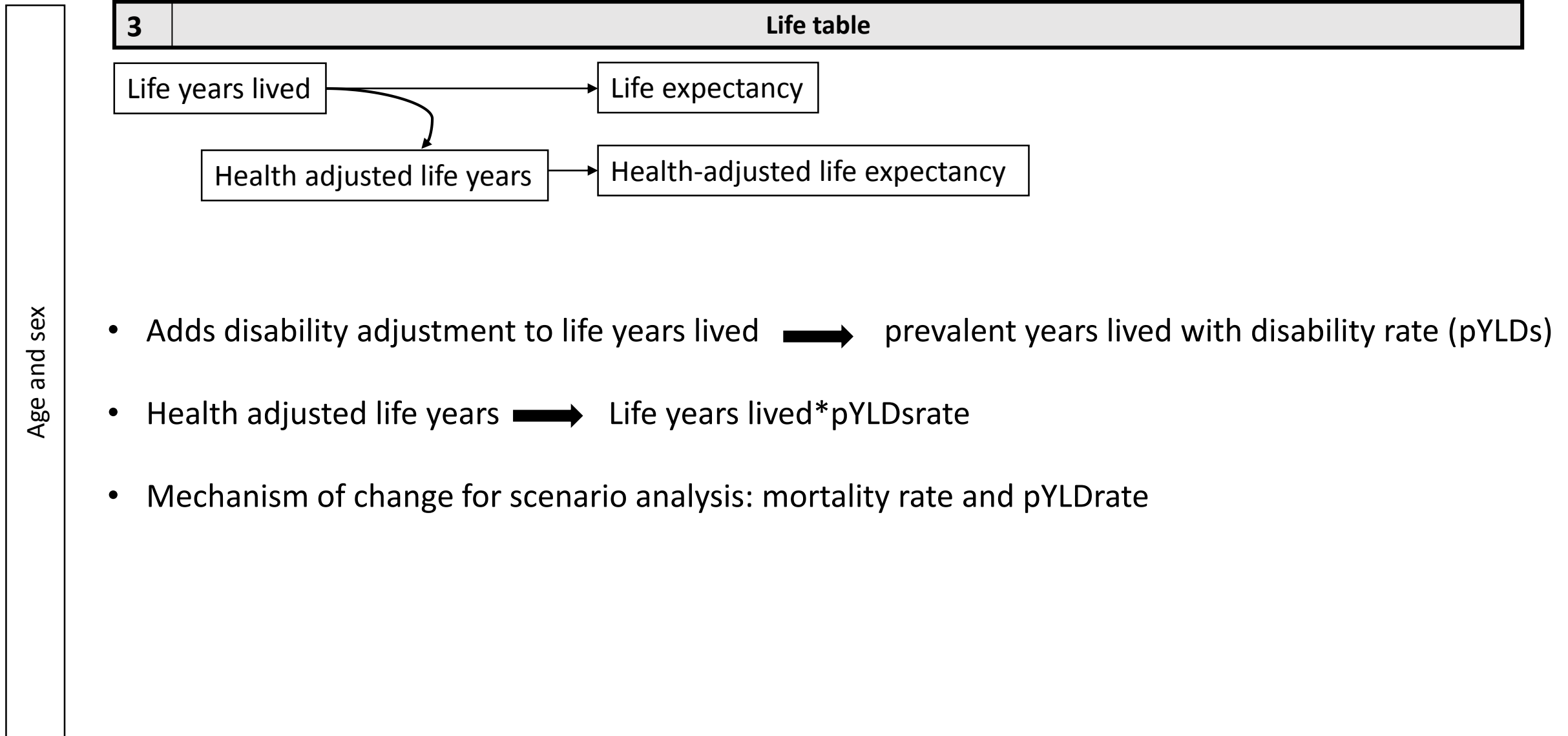
Main differences with ITHIM



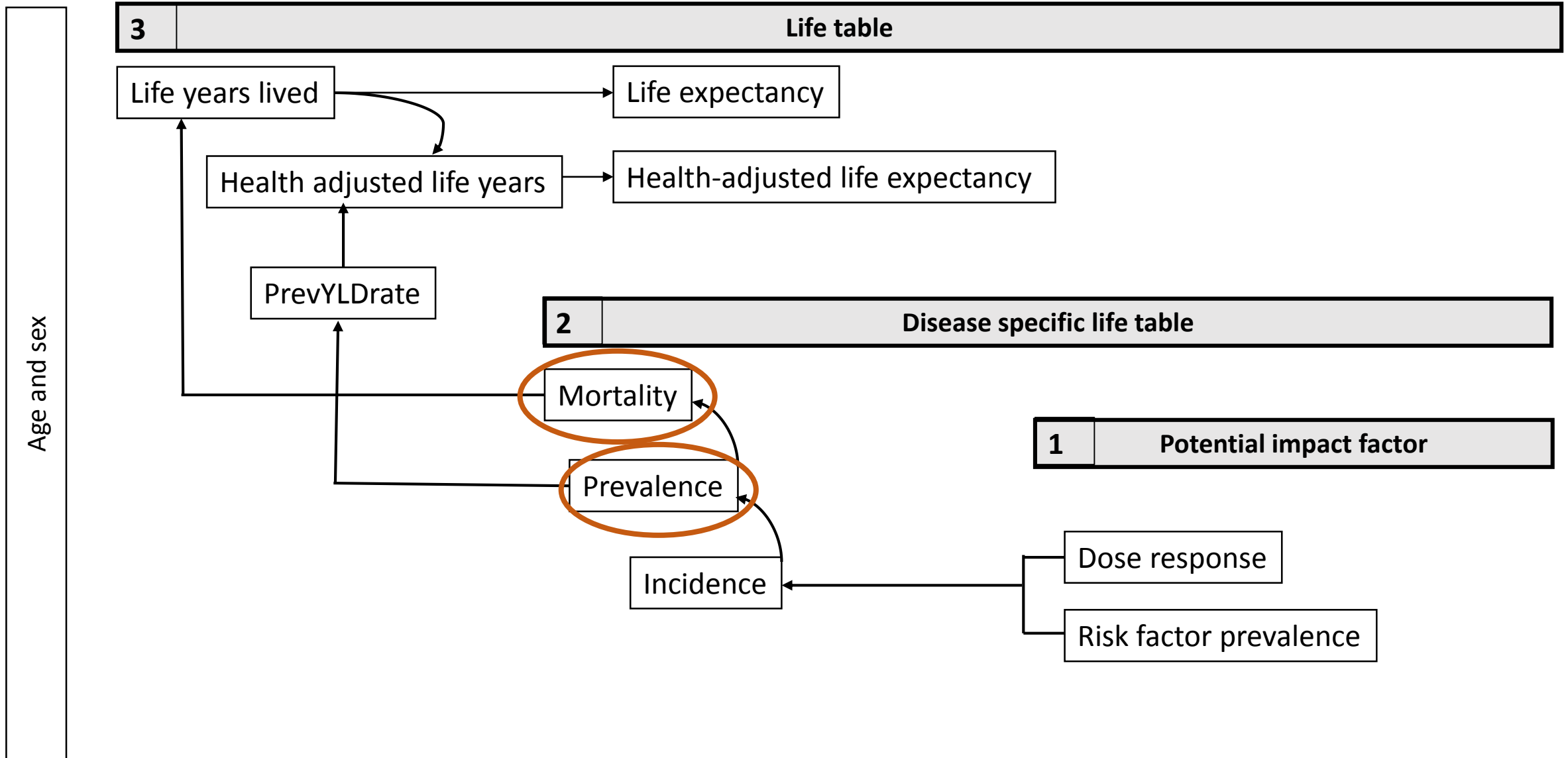
Proportional multi-state life table model



Proportional multi-state life table model



Proportional multi-state life table model



Proportional multi-state life table model

R development

- Long script (documented in R Markdown)
- Functions
- Inputs

Proportional multi-state life table model

Long script (documented in R Markdown)

Proportional multi-state multiple-cohort life table model

Belen Zapata-Diomedes and Ali Abbas

26 March 2018

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Proportional multi-state life table model

Functions

1. Life table (baseline and scenario)
2. Disease life table (baseline and scenario)
3. Potential impact fraction
4. Output: (1) plots (Age and sex) and (2) Aggregate outcomes (total population over the years)

Function: life table

		All-cause mortality			Population numbers			All-cause morbidity (pYLDs)		
		Δ Disease specific mortality						Δ Disease specific morbidity (disease pYLDs)		
Sex	Age	average mortality rate at age x	probability of dying between age x and x+1	no. of survivors at age x out of those in year 1	no. who die between age x and x+1	no. of person-years lived by cohort to age x+½	life expectancy	prevYLD rate from all causes	Health adjusted person-years	Health-adjusted life expectancy
		m_x	q_x	l_x	d_x	L_x	e_x	w_x	Lw_x	ew_x
Male	22	Rate	q _x = 1 - EXP(-m _x)	l ₀ = n	d _x = q _x × l _x	L _x = (l _x + l _{x+1})/2 L ₁₀₀₊ = l ₁₀₀₊ /m ₁₀₀₊	e _x = ΣL _x / l _x	data	Lw _x = L _x (1-w _x)	e _x = ΣLw _x / l _x
				population						
				l _x = l _{x-1} - d _{x-1}						

Calculations

Inputs

Calculations

Cohort

Function: disease life table

Age and sex

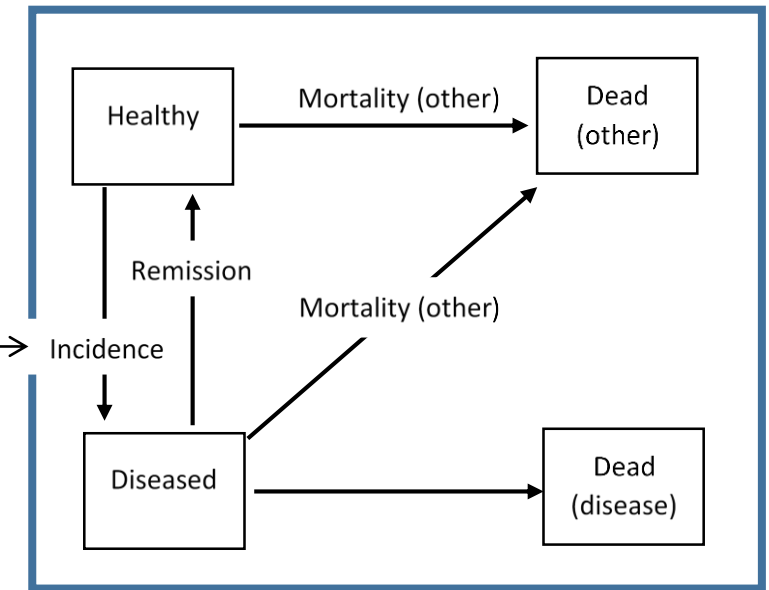
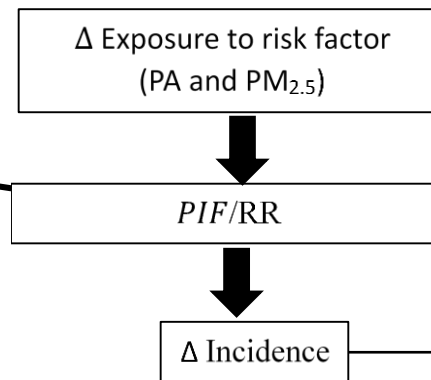
sex	age	incidence	remission	case fatality	mortality(other)	Intermediate variables				Healthy	Diseased	Dead	Check, should be 1000	(No. alive)	Person-years lived at risk (between x and x+1)	prevalence rate	mortality rate
	x	i _x	r _x	f _x	m _x	l _x	q _x	w _x	v _x	S _x	C _x	D _x			PY _x	c _x	b _x
		Data	0	Data	0								=S _x +C _x +D _x	=S _x +C _x	=0.5(S _x +C _x +S _{x+1} +C _{x+1})	c _x =0.5 (C _x +C _{x+1})/PY _x	b _x =(D _x -D _{x+1})/PY _x

Function: disease life table

- PIF calculations will be the same as those used in the general ITHIM model
- The PIF is used to calculate a parallel population for which incidence of disease changes, therefore, prevalence (pYLDs) and case fatality (mortality).

Age and sex

	new incidence	remission	case fatality	Mortality (other)
1-PIF	i'_x	r'_x	f'_x	m'_x
0.9443225	0.053070	0	0.4875	0
0.9423417	0.055334	0	0.5008	0

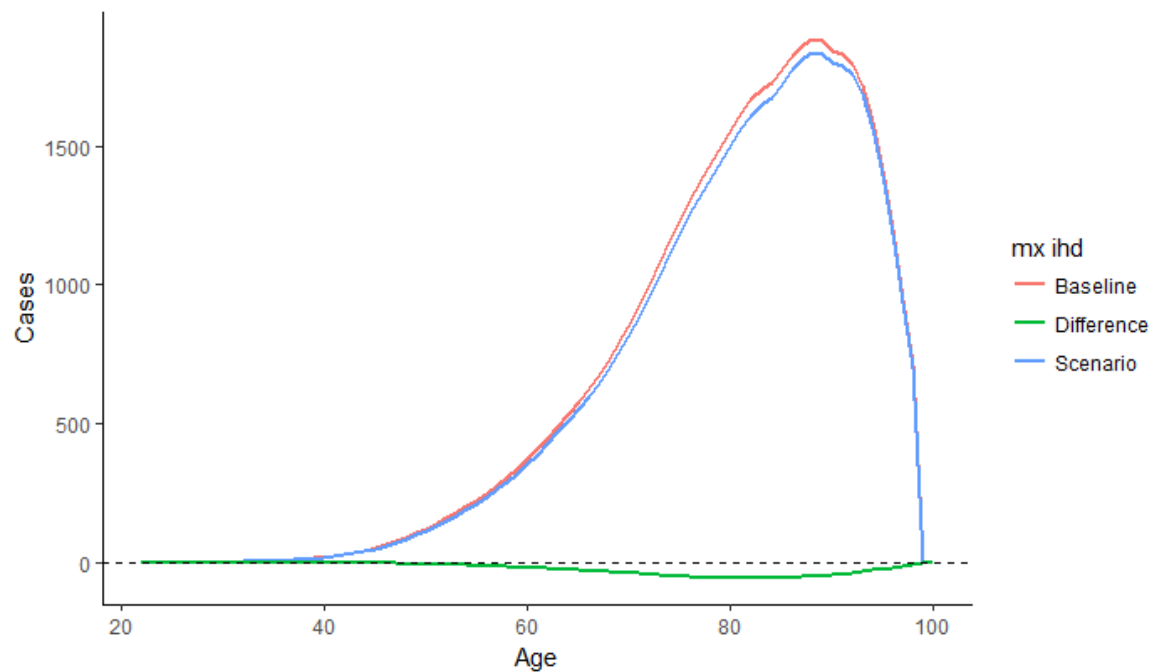


Δ incid	Δ prev	Δ mort	Δ pYLD Δ prev*DWdisease
-0.003129074	-0.00118042	-0.00063541	-0.00016169
-0.003385678	-0.00315244	-0.00162243	-0.00043182

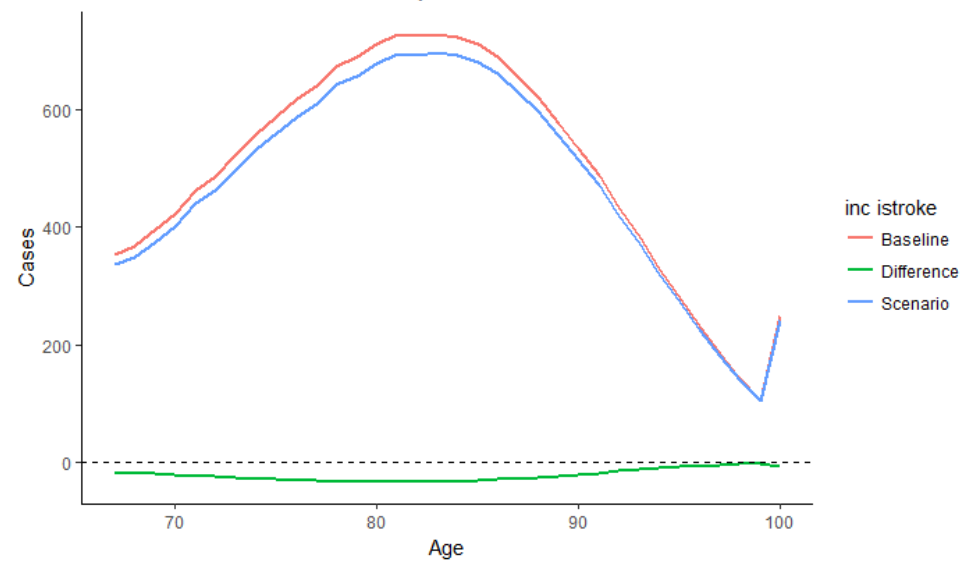
Calculations

Function: output (plots)

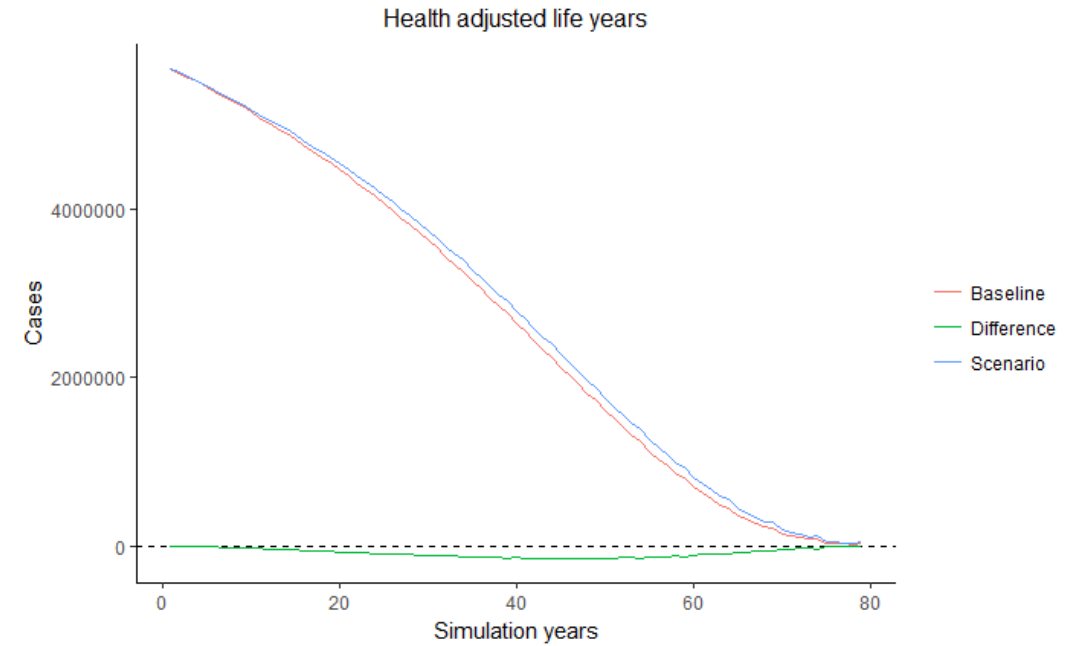
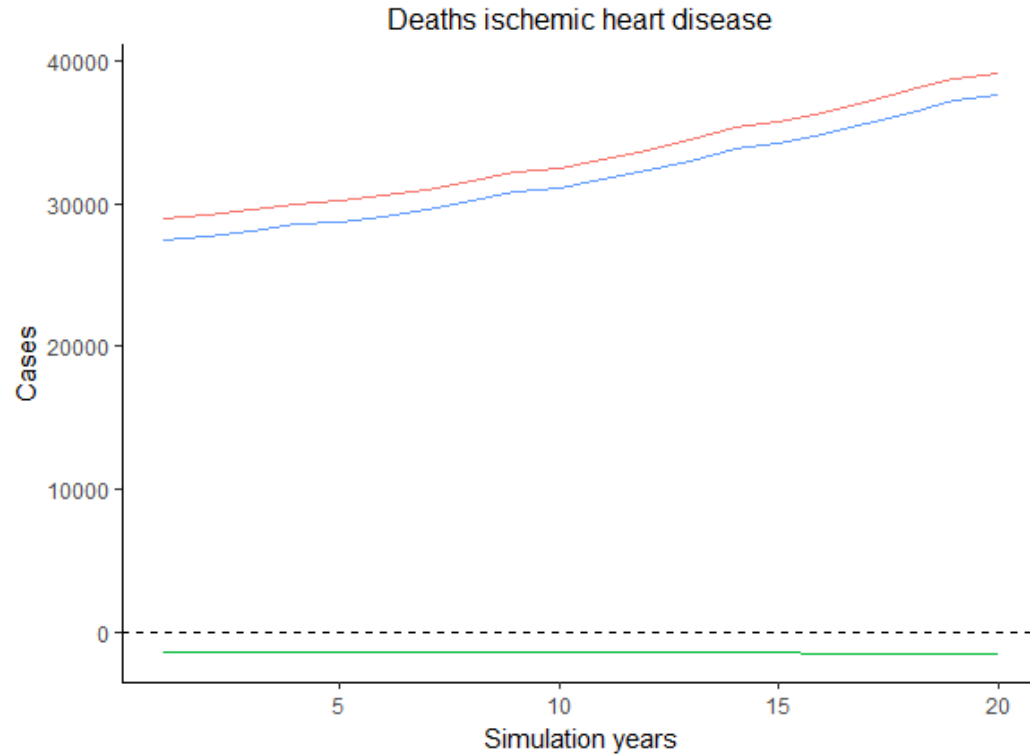
Cohort 22 years old male



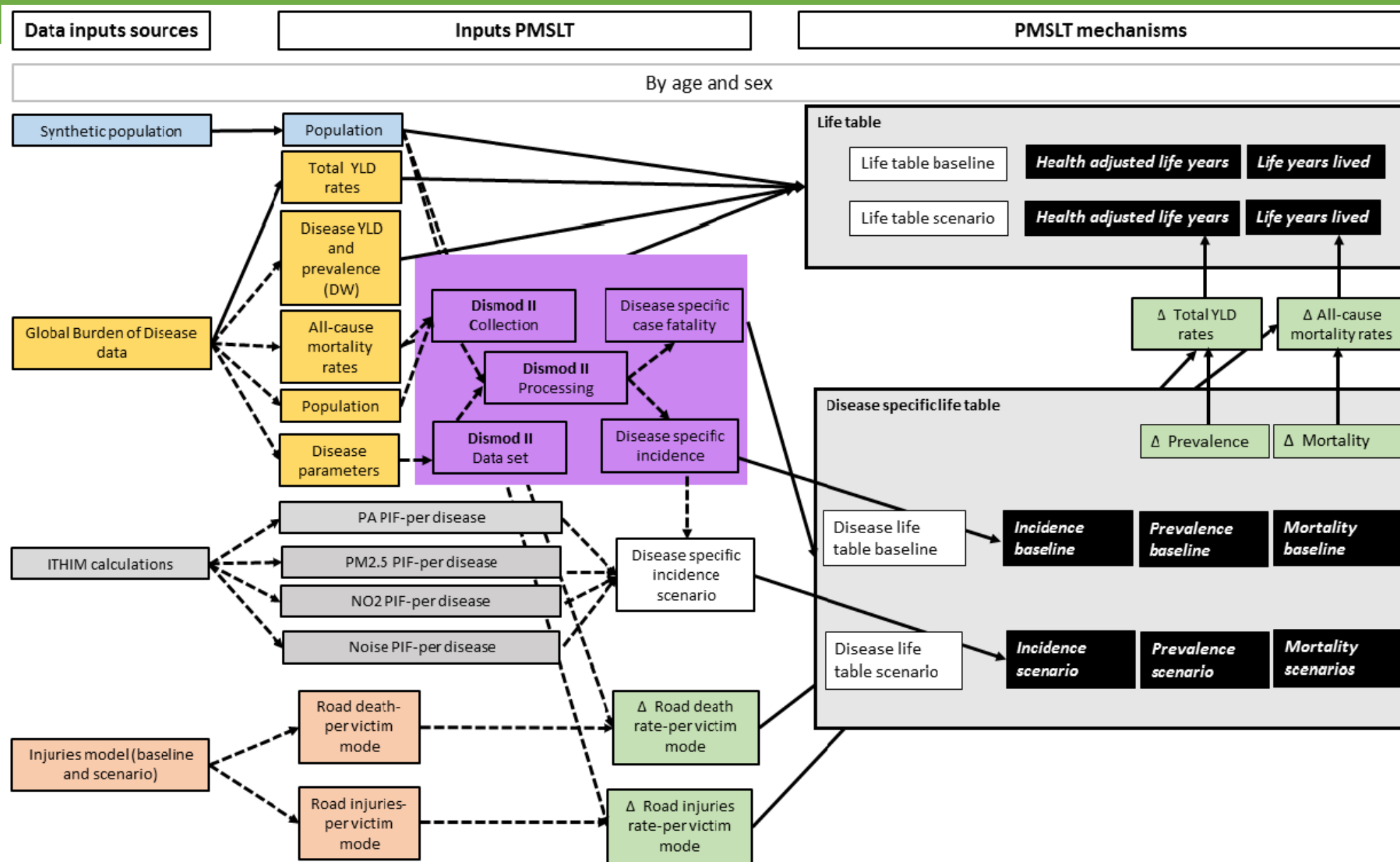
Cohort 67 years old female



Function + script: output (aggregate outcomes)



PMSLT: Summary



PMSLT: Summary inputs

Table 1: PMSLT inputs

Input	Source	Comments
Life table	Synthetic population per sex and age group	Age grouping in life table to match synthetic population
Life table	Synthetic population per sex and one-year age group	If one year age group is not available it can be derive using interpolation from age groups data
Life table	Global Burden of Disease (GBD) study per one-year age group and sex	GBD data is in five-year age groups, interpolation to derive one-year age groups
Disease life table	GBD data for prevalence, incidence and mortality and DISMOD II	Two step process. First obtain disease and population data from GBD. Second, use Dismod II to derive internally consistent estimates for incidence and case fatality (PMSLT disease life table inputs)
Disease life table	Derive from disease prevalence and years lived with disability from GBD	Adjustments for comorbidities in later years of life to be applied

Proportional multi-state life table model

Model assumptions:

- The incidence of a disease should be independent from all causes of death, except its own disease specific mortality
- Disease incidences are independent
- All causes of death are independent
- Markov type model: markovian assumption, current state occupancy is not related to occupancy in an earlier state.

Proportional multi-state life table model

Challenges

- Data inputs for disease life table: requires processing with Dismod II (or think of alternatives)
- Data intensity?
- More realistic more data needs (e.g. trends)

Discussion

- GBD data at the national level for most case studies. Use rates adjustments based on mortality rates.
- Dismod II, what can we do about it?