

# Causal diagrams (DAGs)

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ADVANCED EPIDEMIOLOGY

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# Why do we need causal diagrams?

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- Interest: The relationship between depression and subsequent cardiovascular diseases
- Literature
  - 1. To define hypotheses
  - 2. To identify other variables that have a relationship with depression as well as with CVD:
    - Physical activity, alcohol intake, menopausal status, age, sex, ethnicity, diet, weight gain, different medications, biological dysregulations, and many more...
- Need to communicate to others what my theory is
  - Can be difficult to explain in words
  - Causal diagram as a way of making clear what our theories and assumptions are

# Usefulness of causal diagrams

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- Identifies variables relevant to research
- Summarize knowledge
- Visualize assumptions
- Graphic representation of causal network
- Enhance communication among researchers

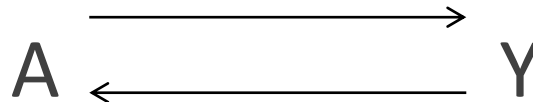
# Directed acyclic graphs (DAGs)

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- Directed: Edges (arrowheads) imply a direction



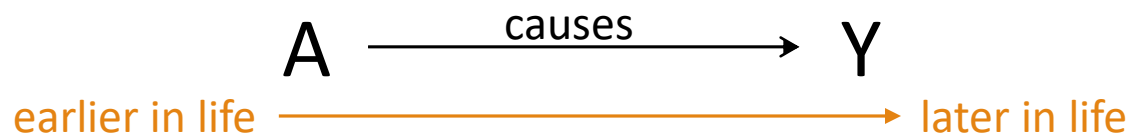
- Acyclic: A variable cannot cause itself



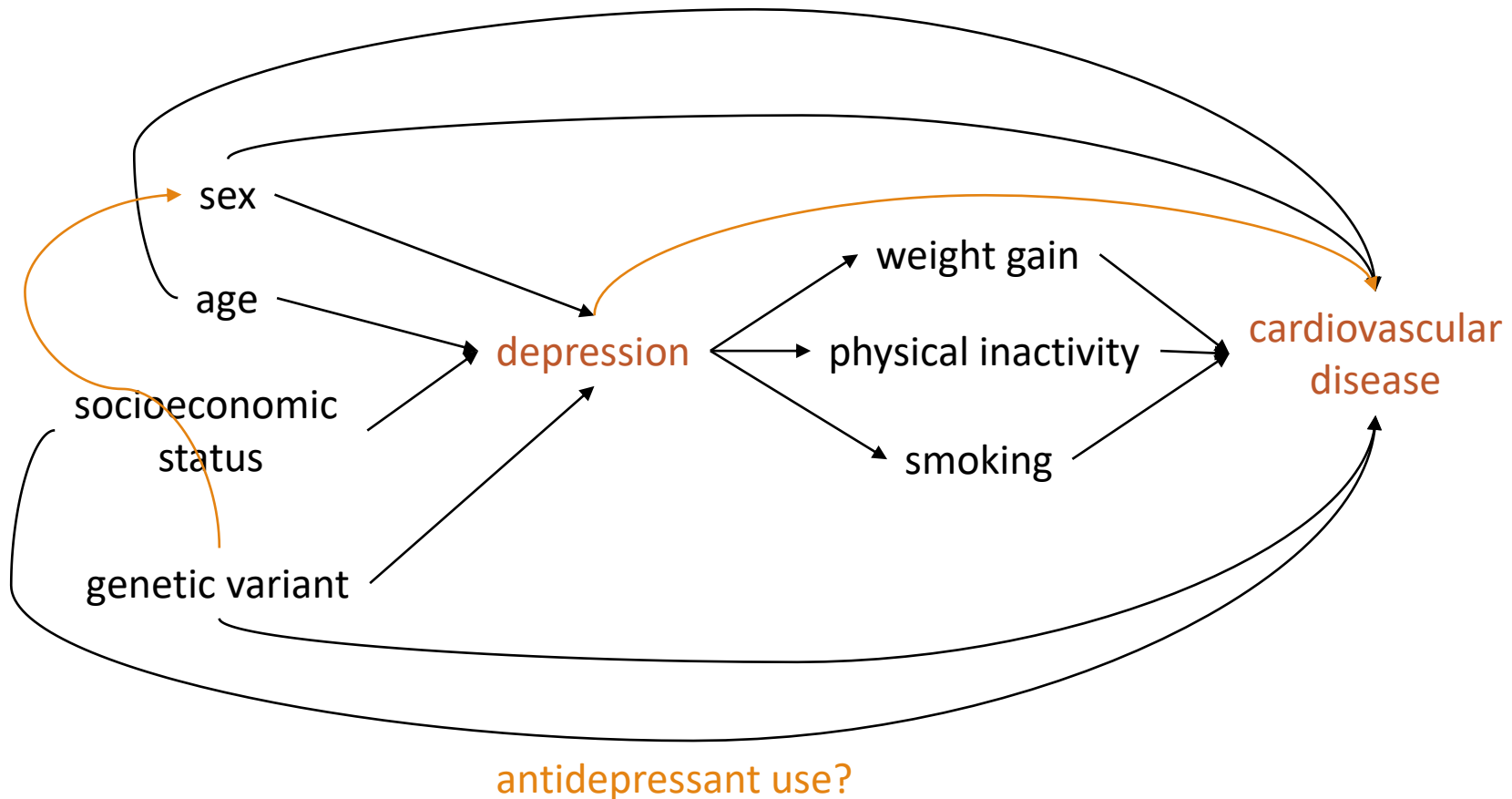
# Visualization of DAGs

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- Presence of arrow:
  - We assume direct causal effect
  - We are not willing to assume that causal effect does not exist
- Absence of arrow = strong assumption:
  - We are willing to assume that causal effect does not exist
- Direction of arrow:
  - Assumed direction of effect
- Time flows from left to right
- We do not distinguish between harmful and protective effects



# What does this DAG tell us?



# Ideal RCTs

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- What do I mean by “ideal” RCT?
  - Treatment groups are exchangeable
  - No loss to follow-up
  - Double-blinding
  - Perfect adherence to treatment strategies
- Unconditional exchangeability



# Non-ideal RCTs and observational studies

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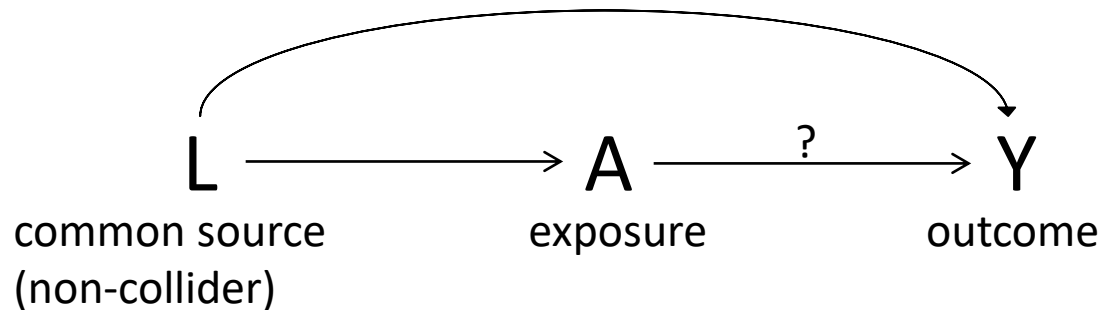
- Conditional exchangeability (more than two variables)
- What type of other variables could there be?
  - Common sources
  - Common effects
  - Mediators



# Common sources – non-collider

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- H0: There is no causal relationship between exposure A and outcome Y, given variable L

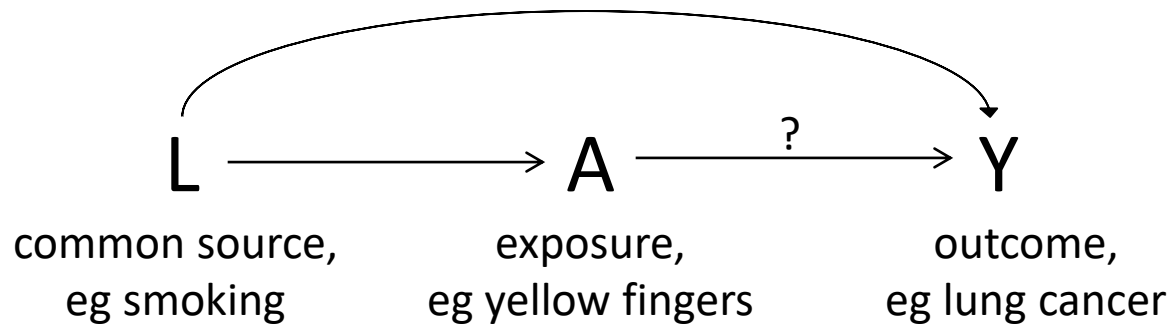


- Association flows between variables regardless of the direction of the causal arrows (association from  $A \rightarrow L \rightarrow Y$ )
  - “back-door path” is open

# Common sources – non-collider

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- H0: There is no causal relationship between exposure A and outcome Y, given variable L

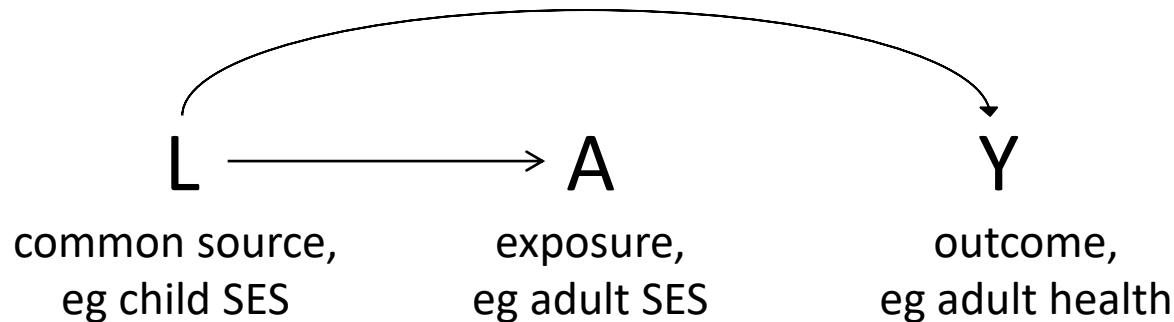


- “Back-door path” is open
- We can only estimate causal effects if there is no open back-door path

# Common sources – non-collider

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- H0: There is no causal relationship between exposure A and outcome Y, given variable L

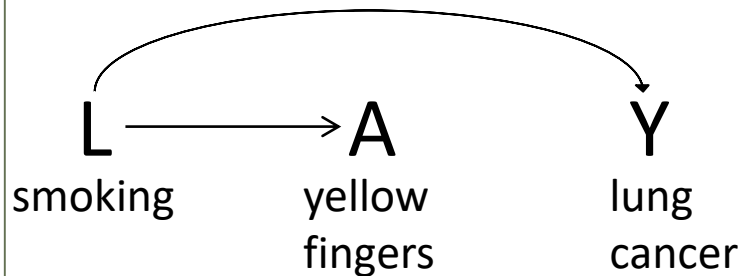


- “Back-door path” is open
- We can interpret our estimates causally if there is no open backdoor-path

# Open and blocked paths – non-collider

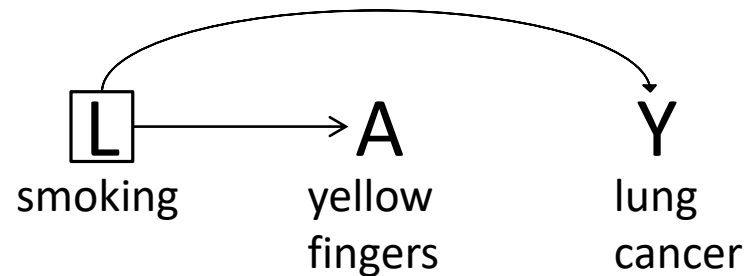
## OPEN PATH

- No conditioning on non-collider (common source)



## BLOCKED PATH

- Conditioning on non-collider (common source)



# Conditioning

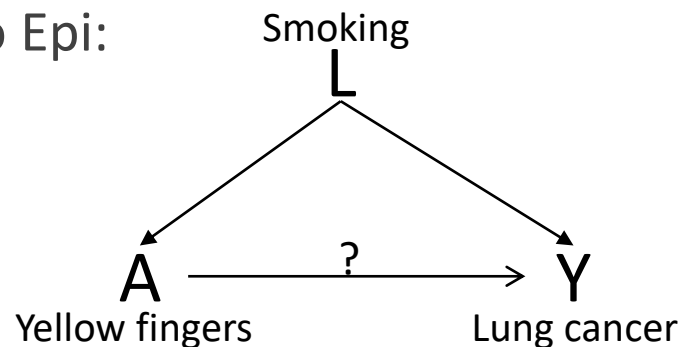
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ADJUSTMENT	STRATIFICATION	RESTRICTION
<p>“In our statistical analysis we adjusted our results for smoking”</p> <p>Effect estimates:</p> <p>Unadjusted (crude):</p> <ul style="list-style-type: none"><li>◦ OR 1.22 (1.14-1.56)</li></ul> <p>Adjusted for smoking:</p> <ul style="list-style-type: none"><li>◦ OR 1.15 (1.05-1.25)</li></ul>	<p>“We report our results separately for smoker and non-smoker”</p> <p>Effect estimates:</p> <p>Smoker:</p> <ul style="list-style-type: none"><li>◦ OR: 1.48 (1.36-1.57)</li></ul> <p>Non-smoker:</p> <ul style="list-style-type: none"><li>◦ OR: 1.21 (1.15-1.34)</li></ul>	<p>“We only selected participants that were smokers”</p> <p>Effect estimates:</p> <p>Smoker:</p> <ul style="list-style-type: none"><li>◦ OR: 1.48 (1.36-1.57)</li></ul>

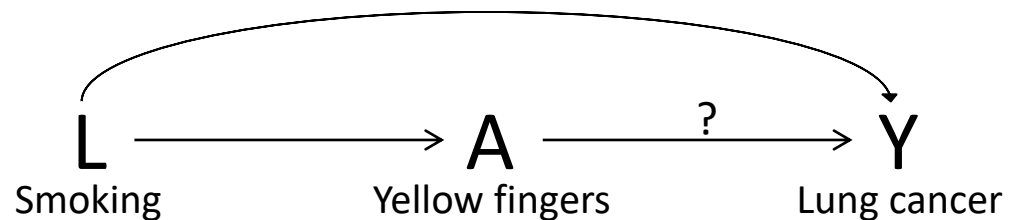
# Confounding

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- Confounding diagram in Intro to Epi:



- This is what our diagram looked like when we did not condition on the common source (non-collider):

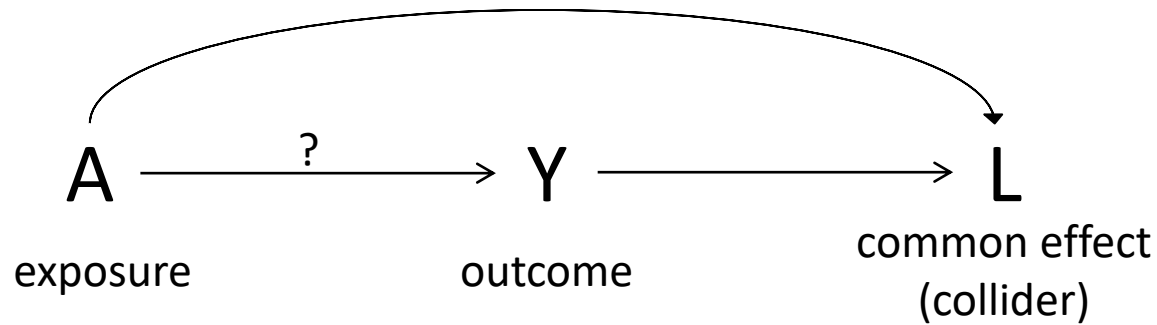


- We did not close an open “back-door path”

# Common effect - collider

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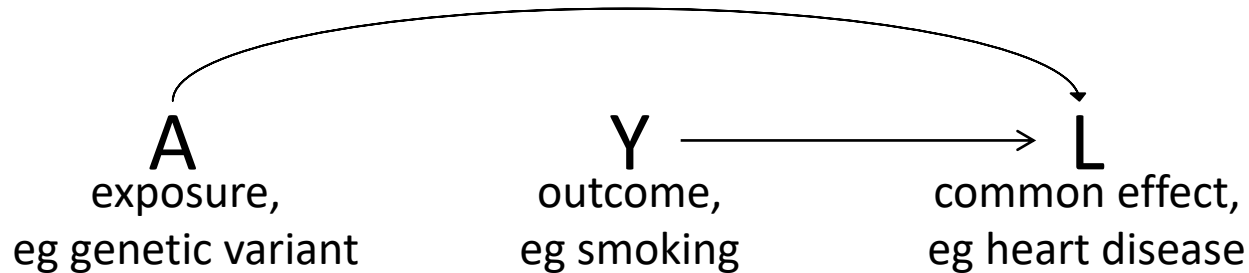
- H0: There is no causal relationship between exposure A and outcome Y, given variable L



# Common effect - collider

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- H0: There is no causal relationship between exposure A and outcome Y, given variable L



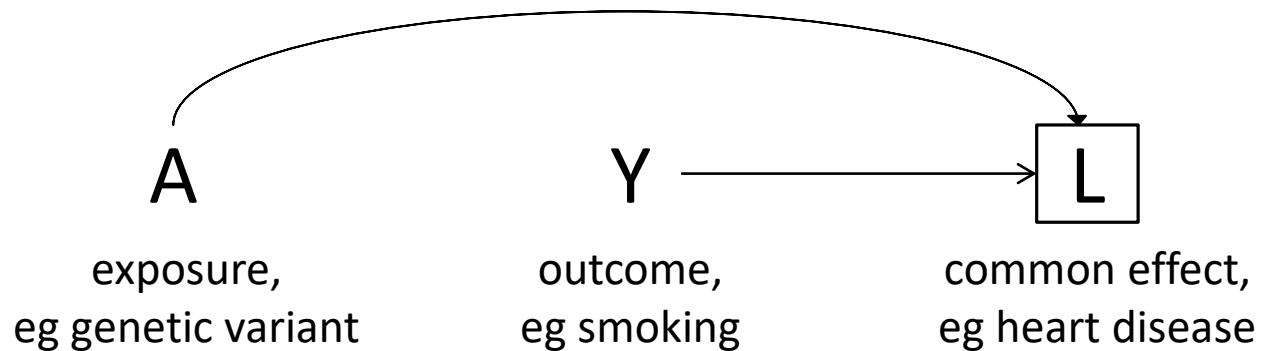
- Association does not flow between variables when two arrowheads point towards a variable (no association from  $A \rightarrow L \leftarrow Y$ )
  - “Back-door path” is blocked
  - We can interpret our estimates causally if there is no open backdoor-path



# Common effect - collider

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- If we restrict our sample to participants with heart disease...

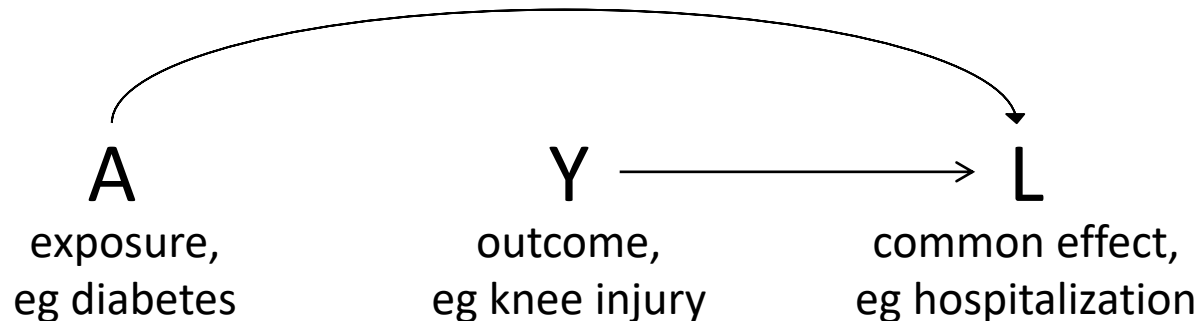


- Association does flow between variables when two arrowheads point towards a variable, and this variable was conditioned on (association from  $A \rightarrow \boxed{L} \leftarrow Y$ )
  - “back-door path” is open

# Common effect - collider

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- H0: There is no causal relationship between exposure A and outcome Y, given variable L

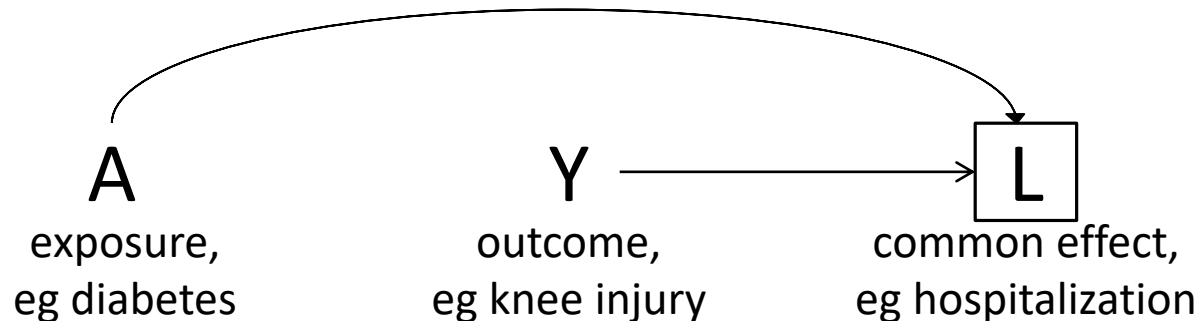


- Association does not flow between variables when two arrowheads point towards a variable (no association from  $A \rightarrow L \leftarrow Y$ )
  - “back-door path” is closed

# Common effect - collider

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- H0: There is no causal relationship between exposure A and outcome Y, given variable L

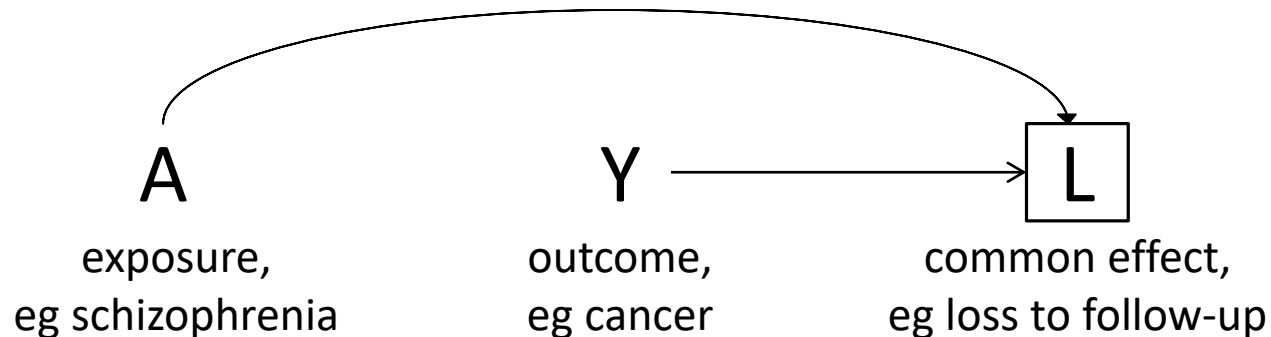


- “Back-door path” is open
- Estimates cannot be interpreted causally

# Common effect - collider

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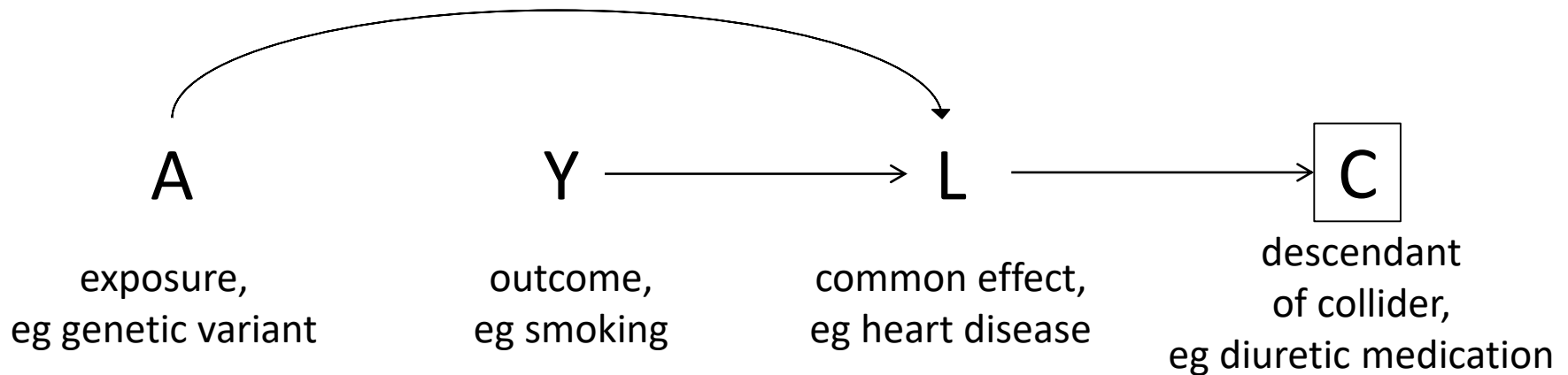
- We might unwillingly condition on a collider because we lose information of those lost to follow-up



- Association does flow between variables when two arrowheads point towards a variable, and this variable was conditioned on (association from  $A \rightarrow \boxed{L} \leftarrow Y$ )
  - “back-door path” is open

# Conditioning on descendent of a collider

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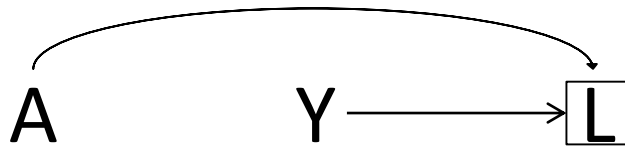


- Association flows between variables when it was conditioned on the descendent of a collider
  - “back-door path” is open
- Think of descendant of collider as common effect of A and Y through L

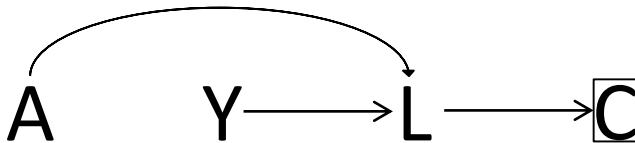
# Open and blocked paths – collider

## OPEN PATH

- Conditioning on collider (common effect)

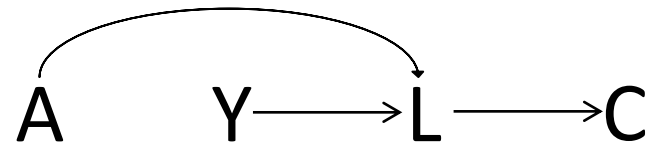


- Conditioning on effect of collider (common effect)



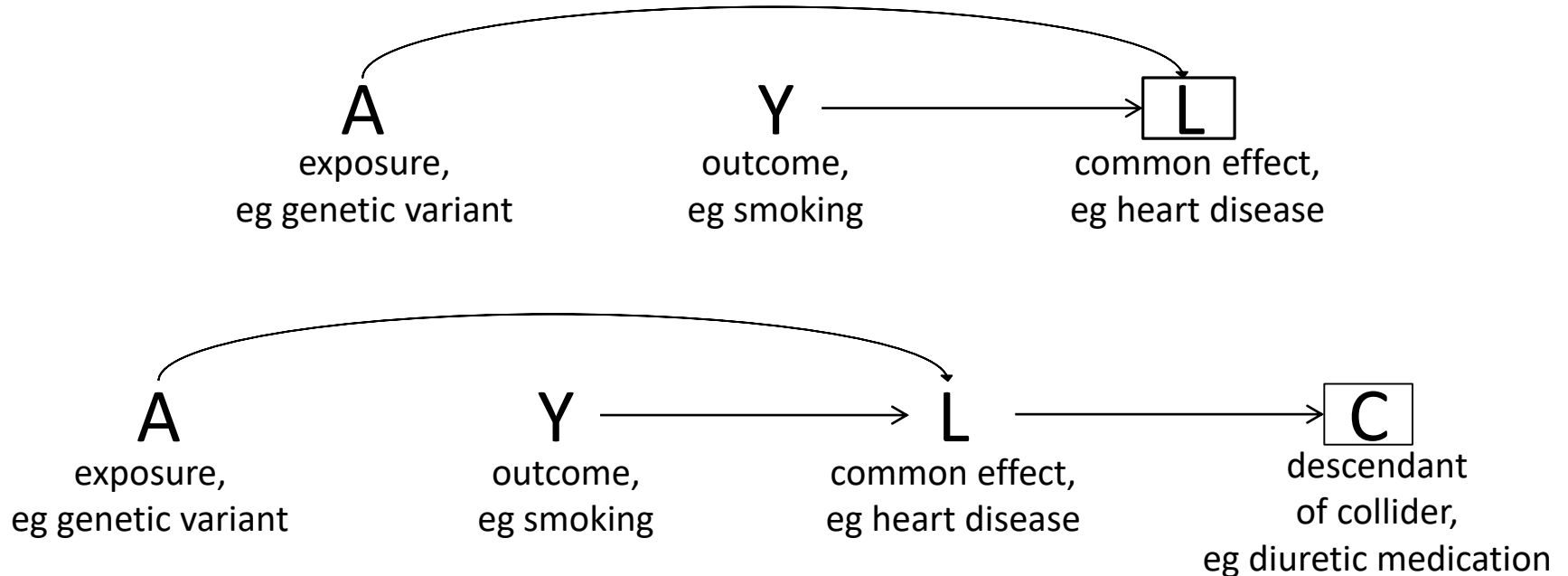
## BLOCKED PATH

- No conditioning on collider AND no conditioning on effect of collider



# Selection bias

- Conditioning on common effect (collider) or conditioning on descendent of collider



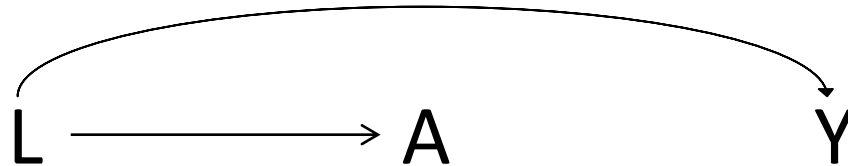
- We opened a closed “back-door path”

# Confounding vs selection bias

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## Confounding:

- Not conditioning on common source (non-collider)  $\rightarrow$  we did not close an open “back-door path”



## Selection bias:

- Conditioning on common effect (collider) or conditioning on effect of collider  $\rightarrow$  we opened a closed “back-door path”

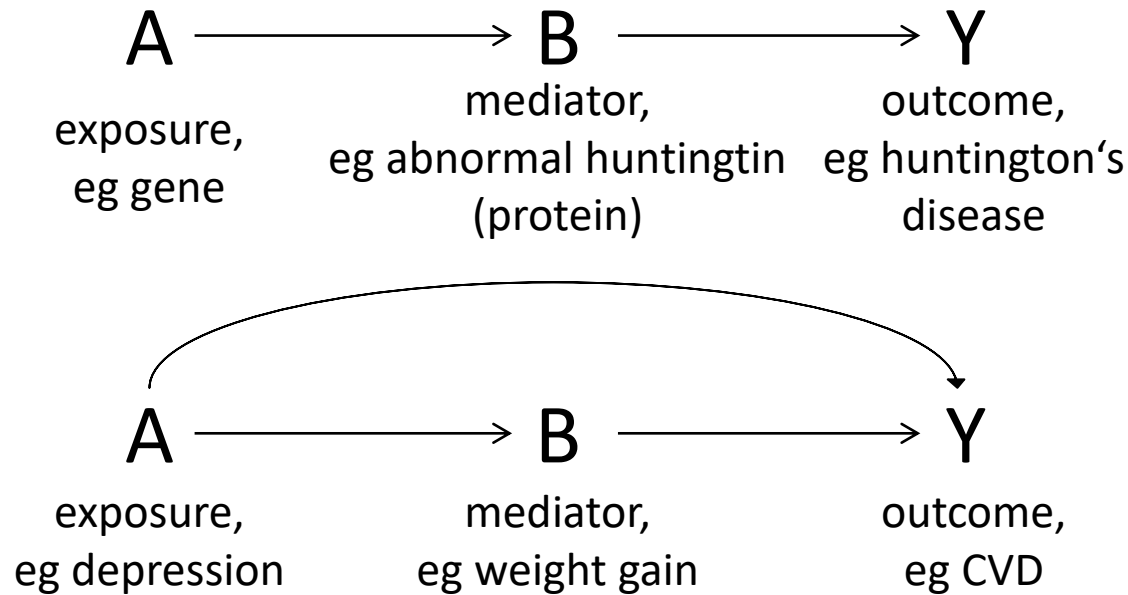




# Mediation

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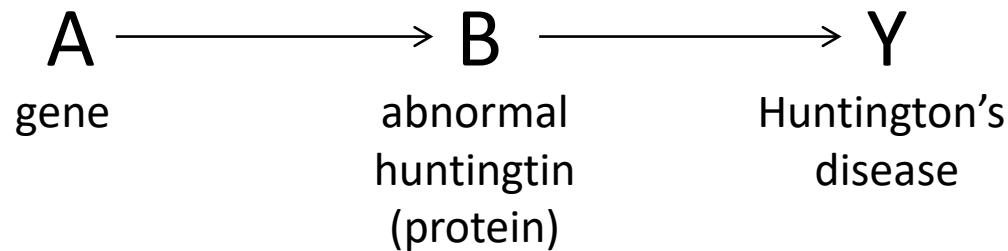
- Factor is on the causal pathway



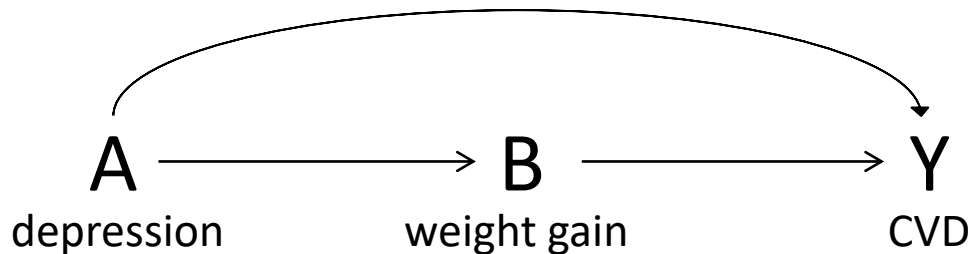
- What do we want to do here?

# Mediation – Estimation of total effect

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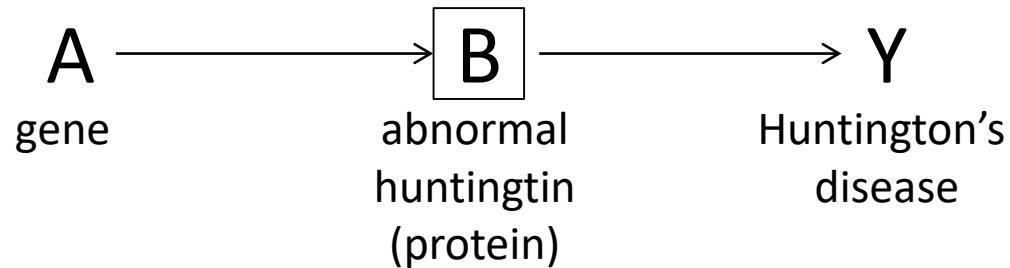
complete  
mediation



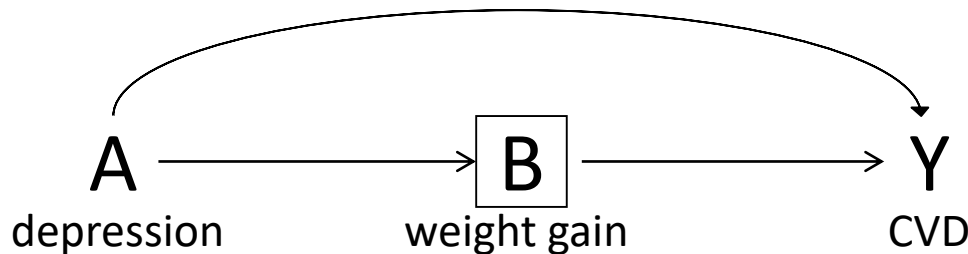
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mediation

# Mediation – Estimation of indirect and direct effect

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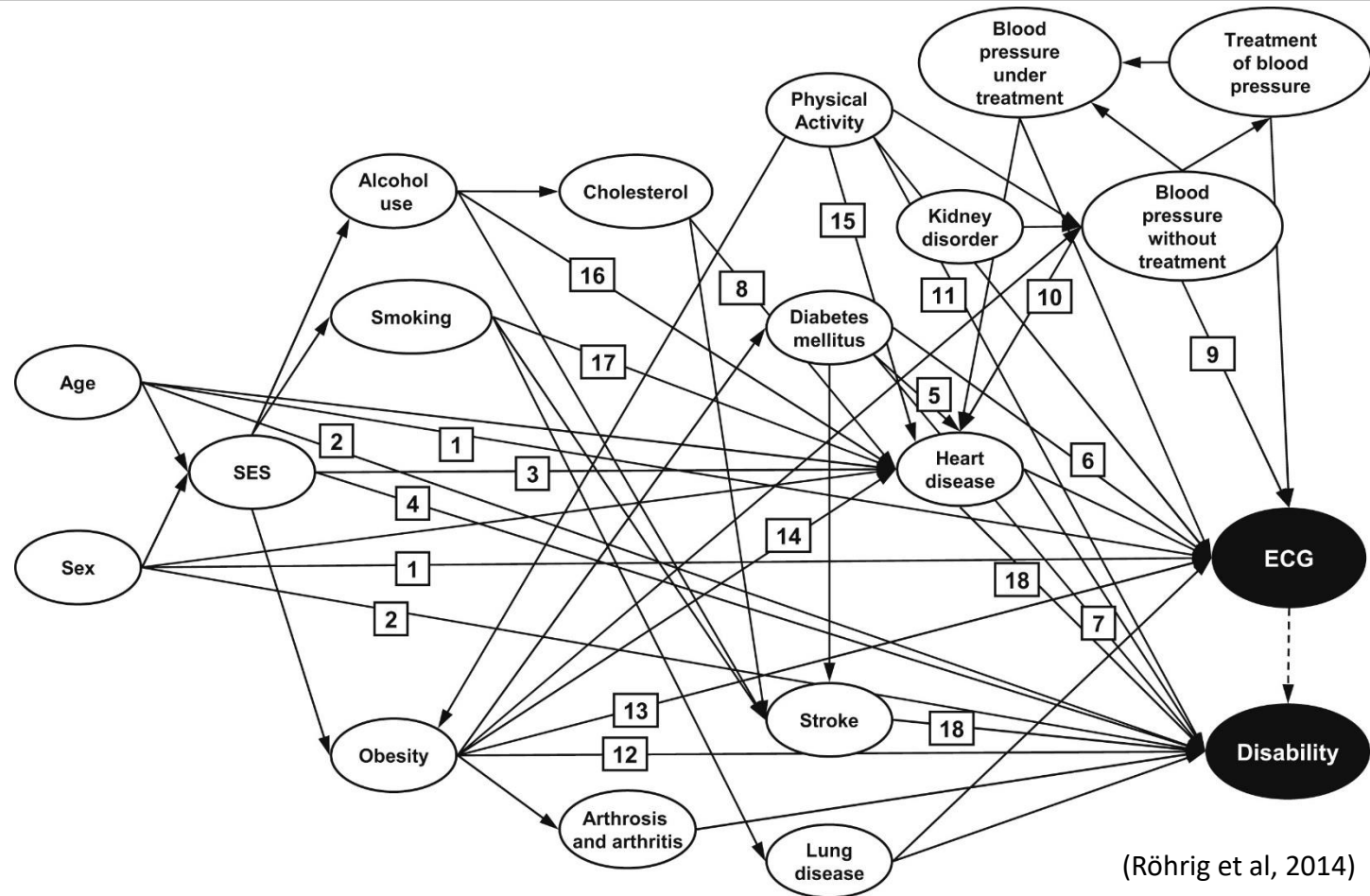


complete  
mediation



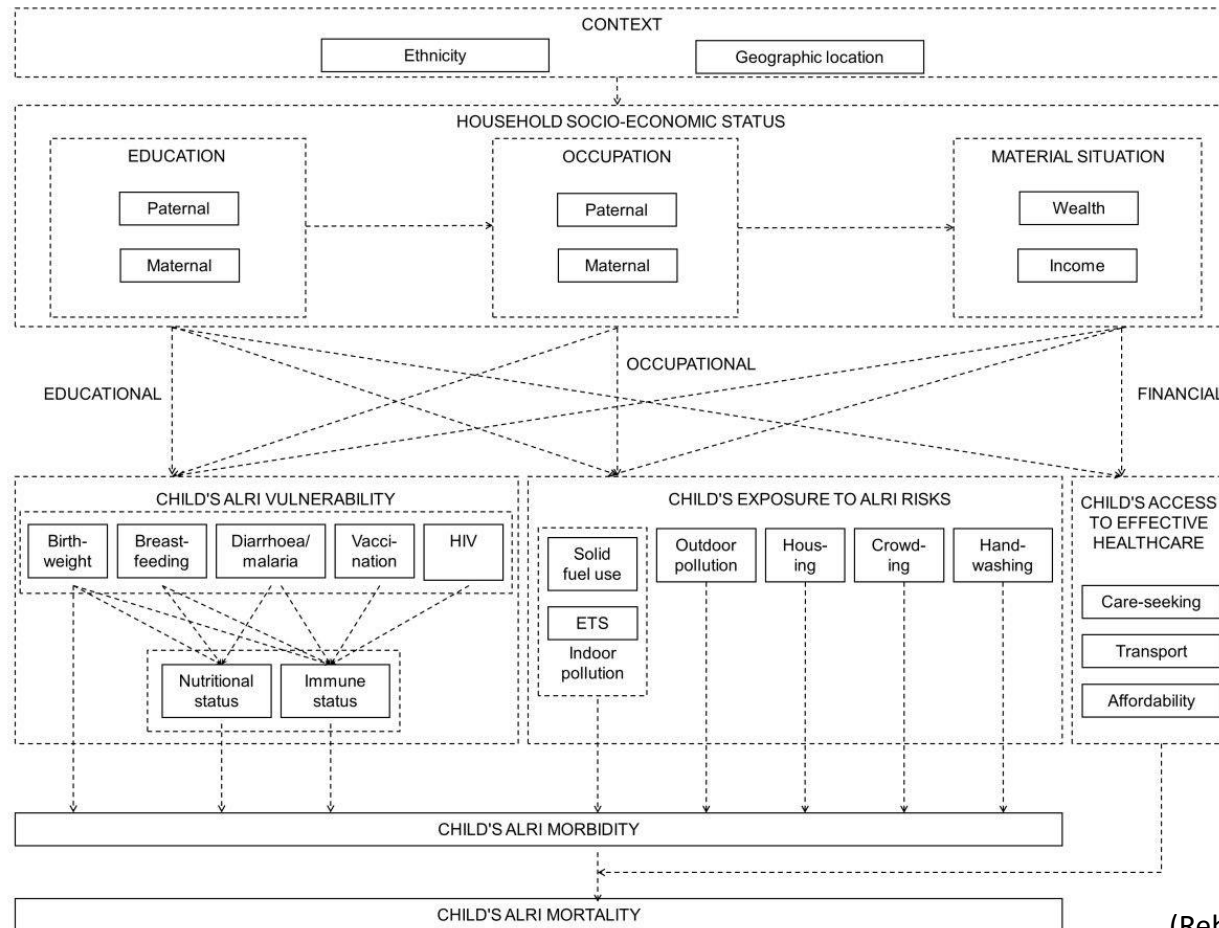
incomplete  
mediation

# The world is more complicated than that...



(Röhrig et al, 2014)

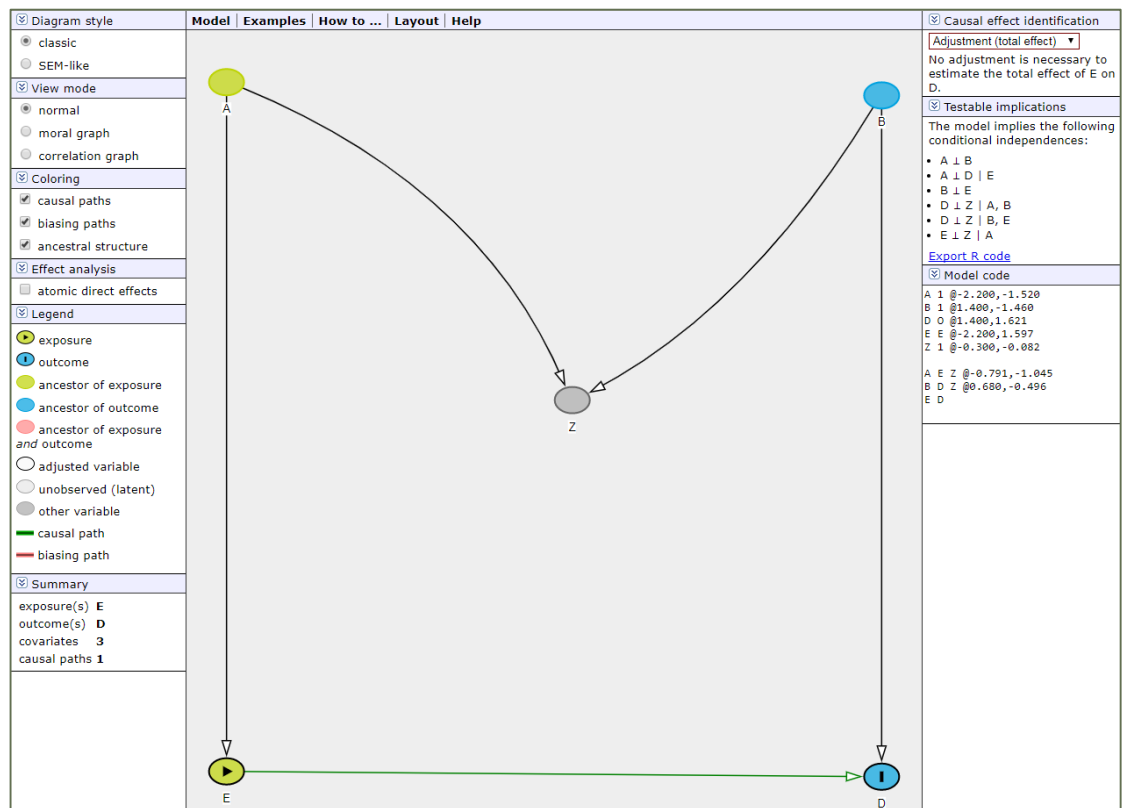
# A conceptual causal diagram



(Rehfuess et al, 2013)

# DAGitty

- Free software for drawing causal diagrams
- Helps you identify the variable you have to condition on in order to interpret your estimate causally
- <http://www.dagitty.net/dags.html#>



# References

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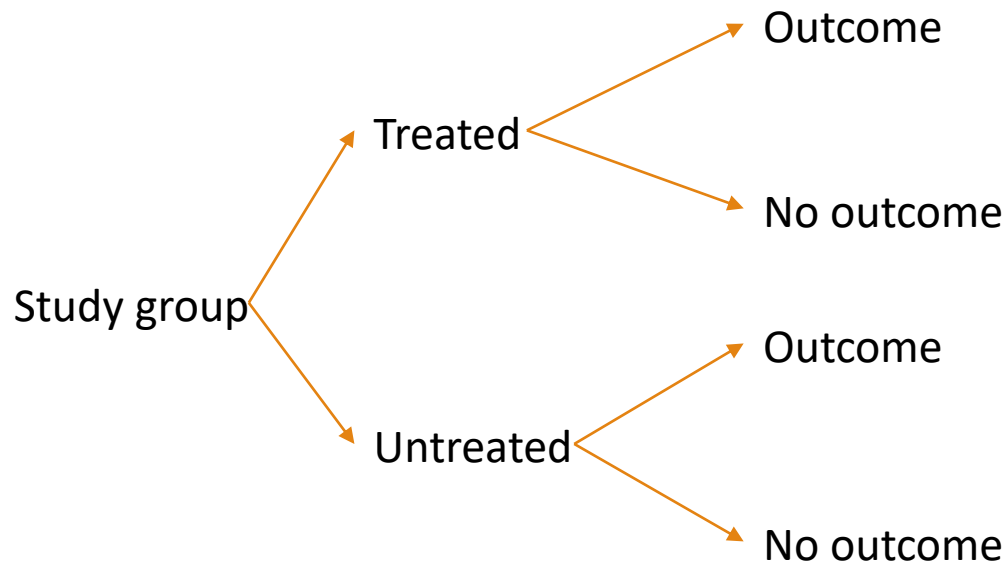
Rehfuess, E., Best, N., Briggs, D. and Joffe, M. (2013). Diagram-based Analysis of Causal Systems (DACS): elucidating inter-relationships between determinants of acute lower respiratory infections among children in sub-Saharan Africa. *Emerging Themes in Epidemiology*, 10(1), p.13.

Röhrig, N., Strobl, R., Müller, M., Perz, S., Kääb, S., Martens, E., Peters, A., Linkohr, B. and Grill, E. (2014). Directed acyclic graphs helped to identify confounding in the association of disability and electrocardiographic findings: results from the KORA-Age study. *Journal of Clinical Epidemiology*, 67(2), pp.199-206.

# Recap - Unconditional exchangeability

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- Achieved through randomization
- Groups are equal in all aspects other than their exposure status



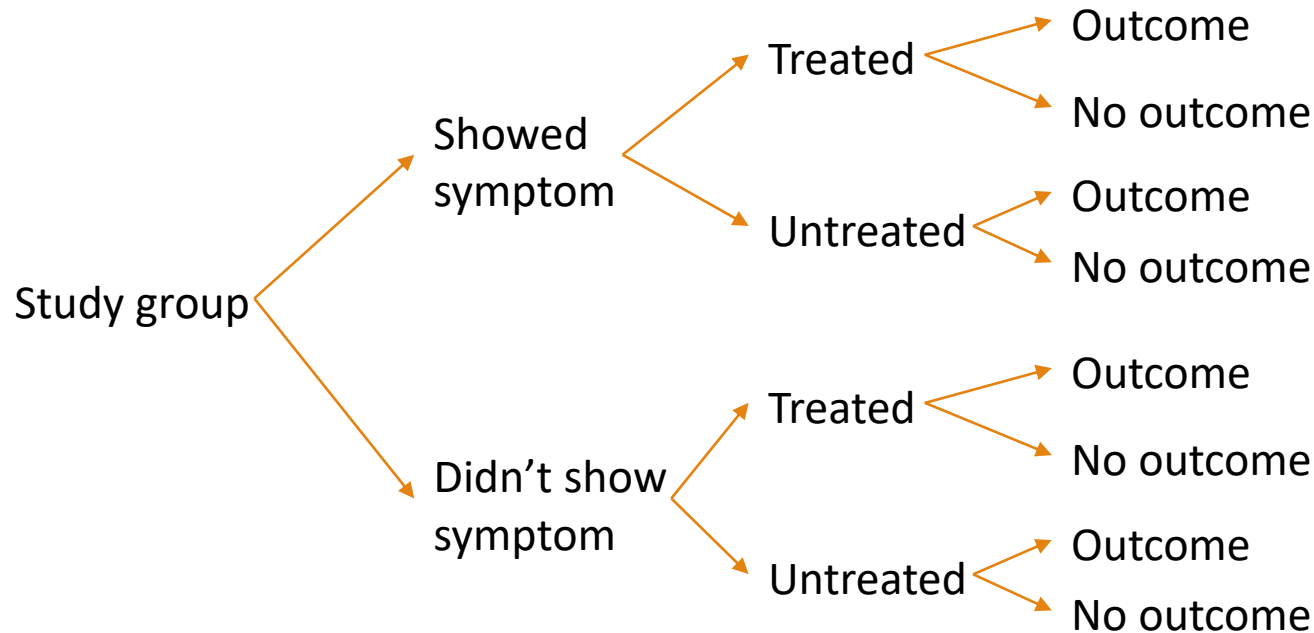
- Treatment effect would have been the same among the untreated if they had been treated



# Recap - Conditional exchangeability

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- Groups are different in aspects other than their exposure status



- Within each strata of symptom status, treatment effect would have been the same among the untreated if they had been treated