# **Epidemiology Research**

### Assessment

Is there an Association? Is there an Bias? Is it due to Chance?

Is there Causation?

What action took place?

### Systematic bias

- selection (volunteer, low response rate, loss to follow up)
- measurement (recall bias, report bias, surveillance bias)

# Precise (P) Accurate (A)

P + A = low random& systematic error

A, -P = low systematic error but random error

P, -A = low random butsystematic error

**Internal Validity** = free from errors

**External Validity** = applicable to population

## **Experimental Study Blinding**

single blind (person doesn't know which group they are in) double blind (person + study don't know which individual is in what group) triple blind (double blind + data don't know which individual is in what group)

### Clinical Trial Phases

1. safety of drug 2. efficiacy 3. (1+2) + Placebo 4. long term effects

### Causation

component cause (factor that aids in disease outcome, insuff. independently) sufficient cause (factor or combo that leads to disease) necessary cause (any cause required for disease)

# Types of Causal

necessary + sufficient necessary, -sufficent sufficent, -necessary relationships -suffcient, -necessary

## Confounding: 3rd

factor, distortion of association of exposure & outcome

Age, Sex, SES, Smoking etc

### Criteria:

- must be associated with exposure
- must be indep. factor for outcome
- must not be in causal pathway

## Systematic Reviews

- normal (summed up studies)
- meta-analysis (RR or OR avg)
  - pooled analysis

## Hill's Postulates of Causation

strength of association {odds ratio} temporal sequence {expos b4 disease} dose response {hi risk = hi exposure} repetition {prev. study: expos.+ disease} experimental evidence {random + Ctrl'd} biological plausibility {evidence for Assoc.}

## Quality

Random trial -random cohort/ control cross-sectional case reports