

# 500 Homework 5 Answer Sketch

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## Contents

<b>1</b>	<b>Selecting an Exposure, Outcome and Population</b>	<b>2</b>
1.1	What the Class Did (2018) . . . . .	2
1.2	My Choices . . . . .	2
<b>2</b>	<b>Cleaning the Data</b>	<b>3</b>
2.1	Exposure . . . . .	4
2.2	Outcome . . . . .	4
2.3	Binary Covariates: Cleanup . . . . .	5
2.4	Multi-Categorical Variables . . . . .	5
<b>3</b>	<b>Task 1. Build a Table 1</b>	<b>6</b>
<b>4</b>	<b>Task 2. Unadjusted Analysis of Exposure on Outcome</b>	<b>7</b>
<b>5</b>	<b>Fit the Propensity Score Model</b>	<b>7</b>
5.1	Overlap of the propensity scores by exposure group . . . . .	9
5.2	Rubin's Rule 1 for the unadjusted comparison . . . . .	9
5.3	Rubin's Rule 2 for the unadjusted comparison . . . . .	9
<b>6</b>	<b>Task 3: Analysis using Propensity Score Matching</b>	<b>10</b>
6.1	Using <code>cobalt</code> to build a "Love Plot" after Matching . . . . .	10
<b>7</b>	<b>Creating a New Data Frame, Containing the Matched Sample</b>	<b>13</b>
7.1	Rubin's Rule 1 Before and After Matching . . . . .	14
<b>8</b>	<b>Task 3 Propensity-Matched Analysis</b>	<b>15</b>
8.1	Sensitivity Analysis . . . . .	16
<b>9</b>	<b>Task 4 Propensity Weighting Analysis</b>	<b>18</b>
9.1	ATT approach: Weight treated subjects as 1; control subjects as $ps/(1-ps)$ . . . . .	18
9.2	Build the Outcome Model using the weights . . . . .	24
<b>10</b>	<b>Task 5. Comparison of our Results</b>	<b>26</b>

```
library(Epi)
library(Matching)
library(tableone)
```

```
library(cobalt)
library(rbounds)
library(survival)
library(twang)
library(survey)
library(skimr)
library(tidyverse)
```

# 1 Selecting an Exposure, Outcome and Population

## 1.1 What the Class Did (2018)

Students in 2018 selected all kinds of things as treatments and outcomes, and some also restricted the sample to look at particular subpopulations of interest. Thanks for doing that.

- Everyone selected a binary outcome
  - Death
  - Angina
  - Hospitalization due to respiratory infection
  - Respiratory infection
  - MI
  - Stroke
- Treatments people considered were:
  - Digoxin was the most common choice
  - Diabetes
  - Hydralazine
  - Pulmonary congestion
  - Rales
  - ACE-inhibitor
  - Nitrates
  - Hypertension

As a result, pretty much whatever I choose, I'm going to miss something that people were interested in. Rather than write many answer sketches, I'll just select something that doesn't actually match any of those folks, and we'll see how that works out.

## 1.2 My Choices

- I will study the subpopulation of patients who have no prior MI ( $PREVMI == 0$ ).
- The exposure of interest is NYHA Functional Class (**FUNCTCLS**) of III or IV, as compared to I or II.
- The outcome I'll study is all-cause hospitalization (**HOSP**).

I am anticipating that among the patients without a prior myocardial infarction, those with baseline NYHA Class III or IV will be hospitalized more frequently than those with NYHA Class I or II.

The covariates I'll study (selected at least in part to try to cover each kind of variable people had trouble with) are:

1. ejection fraction (EJF\_PER)
2. sex (SEX)
3. age (AGE)
4. race (RACE)
5. body-mass index (BMI)
6. serum creatinine level (CREAT)
7. heart rate (HEARTRTE)
8. systolic blood pressure (SYSBP)
9. diastolic blood pressure (DIABP)
10. baseline angina (ANGINA)
11. history of diabetes (DIABETES)
12. history of hypertension (HYPERTEN)
13. use of potassium-sparing diuretics (DIURETK)
14. present and past status of pulmonary edema (PEDEMA)
15. present and past status of rales (RALES)

These covariates include: - quantities measured as continuous (EJF\_PER, AGE, BMI, CREAT, HEARTRTE, SYSBP, DIABP) - binary variables (SEX, RACE, ANGINA, DIABETES, HYPERTEN, DIURETK) - multi-categorical variables (PEDEMA, RALES)

## 2 Cleaning the Data

The code below reads in the data, and selects my population and the variables I'll use. Among the 2,380 subjects with PREVMI of 0 in the main data set, all but 11 have complete data on my selected variables<sup>1</sup> so I'll just simplify my life by dropping all 11 cases with missing values.

```
dig <- read.csv("dig1.csv") %>% tbl_df %>%  
  filter(PREVMI == 0) %>%  
  select(subjectid, PREVMI, FUNCTCLS, HOSP, EJF_PER,  
         SEX, AGE, RACE, BMI, CREAT, HEARTRTE, SYSBP,  
         DIABP, ANGINA, DIABETES, HYPERTEN, DIURETK,  
         PEDEMA, RALES) %>%  
  drop_na ## only 11 subjects have any missing values
```

---

<sup>1</sup>I won't lie. That's part of the reason I selected them.

## 2.1 Exposure

Next, I'll create my exposure variable.

- I'll call the 1/0 version `badNYHA`, which is 1 if the patient's NYHA functional class is III or IV, and 0 otherwise. This is the version I'll use in modeling.
- I'll call the factor version `NYHA_f` which takes the values "III or IV" or "I or II" corresponding directly to the NYHA functional class. This is the version I'll use in summary tables.

```
dig <- dig %>%  
  mutate(badNYHA = ifelse(FUNCTCLS %in% c(3, 4), 1, 0),  
         NYHA_f = fct_recode(factor(badNYHA),  
                             "III or IV" = "1", "I or II" = "0"),  
         NYHA_f = fct_relevel(NYHA_f, "III or IV"))  
  
dig %>% count(badNYHA, NYHA_f)
```

```
# A tibble: 2 x 3  
  badNYHA NYHA_f      n  
    <dbl> <fct>    <int>  
1       0 I or II  1609  
2       1 III or IV   760
```

Of the 2,369 subjects in my subpopulation, 760 (32%) have the exposure of interest (NYHA class III or IV.)

## 2.2 Outcome

Next, I'll set up a factor version of my outcome variable.

```
dig <- dig %>%  
  mutate(hosp_f = fct_recode(factor(HOSP),  
                             "Hospitalized" = "1", "Not Hosp." = "0"),  
         hosp_f = fct_relevel(hosp_f, "Hospitalized"))  
  
dig %>% count(hosp_f, HOSP)
```

```
# A tibble: 2 x 3  
  hosp_f      HOSP      n  
    <fct>    <int> <int>  
1 Hospitalized      1  1558  
2 Not Hosp.         0   811
```

Of the 2,369 subjects in my subpopulation, 1558 (66%) were hospitalized.

## 2.3 Binary Covariates: Cleanup

```
dig <- dig %>%
  mutate(female = ifelse(SEX == 2, 1, 0),
         sex_f = fct_recode(factor(SEX), "Male" = "1",
                              "Female" = "2"),
         white = ifelse(RACE == 1, 1, 0),
         race_f = fct_recode(factor(RACE), "White" = "1",
                              "Non-White" = "2"),
         angina_f = fct_recode(factor(ANGINA),
                              "Yes" = "1", "No" = "0"),
         dm_f = fct_recode(factor(DIABETES),
                              "Yes" = "1", "No" = "0"),
         htn_f = fct_recode(factor(HYPERTEN),
                              "Yes" = "1", "No" = "0"),
         diurk_f = fct_recode(factor(DIURETK),
                              "Yes" = "1", "No" = "0"))
```

## 2.4 Multi-Categorical Variables

```
dig <- dig %>%
  mutate(
    ped_f = fct_recode(factor(PEDEMA),
                       "None" = "0",
                       "Present" = "1",
                       "Past" = "2",
                       "Present & Past" = "3"),
    ped_pres = ifelse(PEDEMA %in% c(1, 3), 1, 0),
    ped_past = ifelse(PEDEMA %in% c(2, 3), 1, 0),
    rales_f = fct_recode(factor(RALES),
                       "None" = "0",
                       "Present" = "1",
                       "Past" = "2",
                       "Present & Past" = "3"),
    rales_pres = ifelse(RALES %in% c(1, 3), 1, 0),
    rales_past = ifelse(RALES %in% c(2, 3), 1, 0)
  )
```

### 3 Task 1. Build a Table 1

```
v1 <- c("EJF_PER", "sex_f", "AGE", "race_f", "BMI", "CREAT",
        "HEARTRTE", "SYSBP", "DIABP", "angina_f", "dm_f",
        "htn_f", "diurk_f", "ped_f", "rales_f")
fv1 <- c("sex_f", "race_f", "angina_f", "dm_f", "htn_f",
        "diurk_f", "ped_f", "rales_f")

CreateTableOne(vars = v1, strata = "NYHA_f",
               factorVars = fv1, data = dig)
```

	Stratified by NYHA_f		p	test
	III or IV	I or II		
n	760	1609		
EJF_PER (mean (SD))	25.87 (8.99)	29.58 (8.52)	<0.001	
sex_f = Female (%)	218 (28.7)	325 (20.2)	<0.001	
AGE (mean (SD))	63.97 (10.58)	63.33 (11.02)	0.179	
race_f = Non-White (%)	95 (12.5)	251 (15.6)	0.053	
BMI (mean (SD))	27.24 (5.58)	27.12 (5.07)	0.602	
CREAT (mean (SD))	1.31 (0.38)	1.29 (0.37)	0.235	
HEARTRTE (mean (SD))	78.46 (12.48)	78.27 (12.86)	0.740	
SYSBP (mean (SD))	125.44 (19.74)	125.76 (19.67)	0.707	
DIABP (mean (SD))	75.26 (12.26)	75.14 (10.96)	0.806	
angina_f = Yes (%)	203 (26.7)	429 (26.7)	1.000	
dm_f = Yes (%)	187 (24.6)	474 (29.5)	0.016	
htn_f = Yes (%)	367 (48.3)	741 (46.1)	0.330	
diurk_f = Yes (%)	75 ( 9.9)	117 ( 7.3)	0.037	
ped_f (%)			0.925	
None	370 (48.7)	794 (49.3)		
Present	46 ( 6.1)	89 ( 5.5)		
Past	238 (31.3)	493 (30.6)		
Present & Past	106 (13.9)	233 (14.5)		
rales_f (%)			0.735	
None	215 (28.3)	479 (29.8)		
Present	48 ( 6.3)	114 ( 7.1)		
Past	422 (55.5)	859 (53.4)		
Present & Past	75 ( 9.9)	157 ( 9.8)		

Four or five variables show a large and significant difference here (for instance, ejection fraction, sex, diabetes, potassium-sparing diuretics and perhaps race), but most of the others show only tiny distinctions between the I-II vs. III-IV groups. The angina rate, coincidentally, is exactly the same in each exposure group in this sample. We'd expect that the results will look a bit different after propensity adjustment.

## 4 Task 2. Unadjusted Analysis of Exposure on Outcome

Before any sort of propensity adjustment, the effect of NYHA functional class (III or IV vs. I or II) on hospitalization rates looks highly significant<sup>2</sup>

```
twoby2(dig$NYHA_f, dig$hosp_f)
```

2 by 2 table analysis:

```
-----
Outcome      : Hospitalized
Comparing    : III or IV vs. I or II

      Hospitalized Not Hosp.      P(Hospitalized) 95% conf. interval
III or IV      547      213      0.7197      0.6867      0.7505
I or II      1011      598      0.6283      0.6044      0.6516

                                95% conf. interval
      Relative Risk: 1.1455      1.0808      1.2140
      Sample Odds Ratio: 1.5190      1.2589      1.8329
Conditional MLE Odds Ratio: 1.5187      1.2542      1.8427
      Probability difference: 0.0914      0.0510      0.1303

      Exact P-value: 0
      Asymptotic P-value: 0
-----
```

The unadjusted estimate of the odds ratio for bad NYHA class vs. good NYHA class on hospitalization is 1.52, with 95% CI (1.26, 1.83).

## 5 Fit the Propensity Score Model

```
psmod <- glm(badNYHA ~ EJF_PER + sex_f + AGE + race_f +
              BMI + CREAT + HEARTRTE + SYSBP + DIABP +
              ANGINA + DIABETES + HYPERTEN + DIURETK +
              ped_f + rales_f, family = binomial(),
              data = dig)
summary(psmod)
```

Call:

```
glm(formula = badNYHA ~ EJF_PER + sex_f + AGE + race_f + BMI +
```

---

<sup>2</sup>This is another reason why I selected the setup I did.

```
CREAT + HEARTRTE + SYSBP + DIABP + ANGINA + DIABETES + HYPERTEN +
DIURETK + ped_f + rales_f, family = binomial(), data = dig)
```

Deviance Residuals:

Min	1Q	Median	3Q	Max
-1.5755	-0.8918	-0.7126	1.2494	2.2628

Coefficients:

	Estimate	Std. Error	z value	Pr(> z )
(Intercept)	-0.0751881	0.6486954	-0.116	0.90773
EJF_PER	-0.0527486	0.0053209	-9.913	< 2e-16 ***
sex_fFemale	0.5984494	0.1060298	5.644	1.66e-08 ***
AGE	0.0042810	0.0042131	1.016	0.30957
race_fNon-White	-0.3743204	0.1346764	-2.779	0.00545 **
BMI	0.0011836	0.0086954	0.136	0.89173
CREAT	0.1752097	0.1212783	1.445	0.14854
HEARTRTE	0.0009948	0.0035933	0.277	0.78191
SYSBP	-0.0003159	0.0023222	-0.136	0.89179
DIABP	0.0013091	0.0040037	0.327	0.74370
ANGINA	0.0286657	0.1031219	0.278	0.78103
DIABETES	-0.2743120	0.1039463	-2.639	0.00832 **
HYPERTEN	0.0848974	0.0912568	0.930	0.35221
DIURETK	0.3559687	0.1620173	2.197	0.02801 *
ped_fPresent	0.1728499	0.2134553	0.810	0.41807
ped_fPast	-0.0346594	0.1079195	-0.321	0.74809
ped_fPresent & Past	-0.0729451	0.1415190	-0.515	0.60624
rales_fPresent	-0.1398178	0.2086093	-0.670	0.50271
rales_fPast	0.0655406	0.1083128	0.605	0.54511
rales_fPresent & Past	0.0759205	0.1729542	0.439	0.66069

---

Signif. codes: 0 '\*\*\*' 0.001 '\*\*' 0.01 '\*' 0.05 '.' 0.1 ' ' 1

(Dispersion parameter for binomial family taken to be 1)

Null deviance: 2973.0 on 2368 degrees of freedom  
Residual deviance: 2825.7 on 2349 degrees of freedom  
AIC: 2865.7

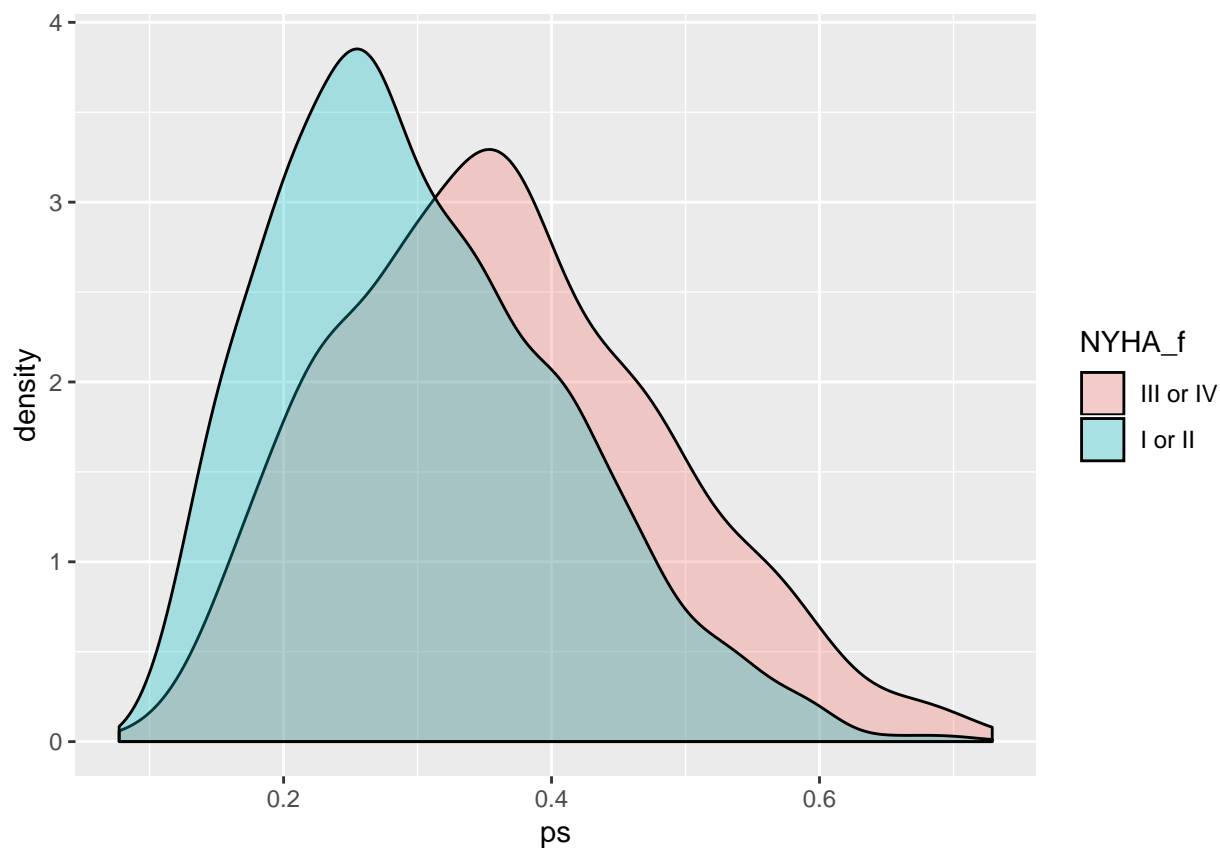
Number of Fisher Scoring iterations: 4

```
dig$ps <- fitted(psmod) # propensity score
dig$linps <- psmod$linear.predictors # linear PS
```



## 5.1 Overlap of the propensity scores by exposure group

```
ggplot(dig, aes(x = ps, fill = NYHA_f)) +  
  geom_density(alpha = 0.3)
```



## 5.2 Rubin's Rule 1 for the unadjusted comparison

```
rubin1.unadj <- with(dig,  
  abs(100*(mean(linps[badNYHA==1]) - mean(linps[badNYHA==0]))/sd(linps)))  
rubin1.unadj
```

```
[1] 52.86382
```

## 5.3 Rubin's Rule 2 for the unadjusted comparison

```
rubin2.unadj <- with(dig, var(linps[badNYHA==1])/var(linps[badNYHA==0]))  
rubin2.unadj
```

```
[1] 1.102277
```

## 6 Task 3: Analysis using Propensity Score Matching

I'll do a 1:1 greedy match.

```
X <- dig$linps ## matching on the linear propensity score
Tr <- as.logical(dig$badNYHA)
match1 <- Match(Tr=Tr, X=X, M = 1, replace=FALSE, ties=FALSE)
summary(match1)
```

```
Estimate... 0
SE..... 0
T-stat..... NaN
p.val..... NA
```

```
Original number of observations..... 2369
Original number of treated obs..... 760
Matched number of observations..... 760
Matched number of observations (unweighted). 760
```

### 6.1 Using cobalt to build a “Love Plot” after Matching

```
b <- bal.tab(match1,
             badNYHA ~ EJF_PER + female + AGE + white +
               BMI + CREAT + HEARTRTE + SYSBP + DIABP +
               ANGINA + DIABETES + HYPERTEN + DIURETK +
               ped_pres + ped_past + rales_pres +
               rales_past + ps + linps,
             data=dig, un = TRUE)
b
```

Balance Measures

	Type	Diff.Un	Diff.Adj
EJF_PER	Contin.	-0.4126	-0.0373
female	Binary	0.0849	0.0211
AGE	Contin.	0.0609	0.0142
white	Binary	0.0310	-0.0263
BMI	Contin.	0.0215	-0.0099
CREAT	Contin.	0.0513	0.0100
HEARTRTE	Contin.	0.0149	-0.0071
SYSBP	Contin.	-0.0165	0.0282
DIABP	Contin.	0.0101	0.0155
ANGINA	Binary	0.0005	0.0013
DIABETES	Binary	-0.0485	0.0000

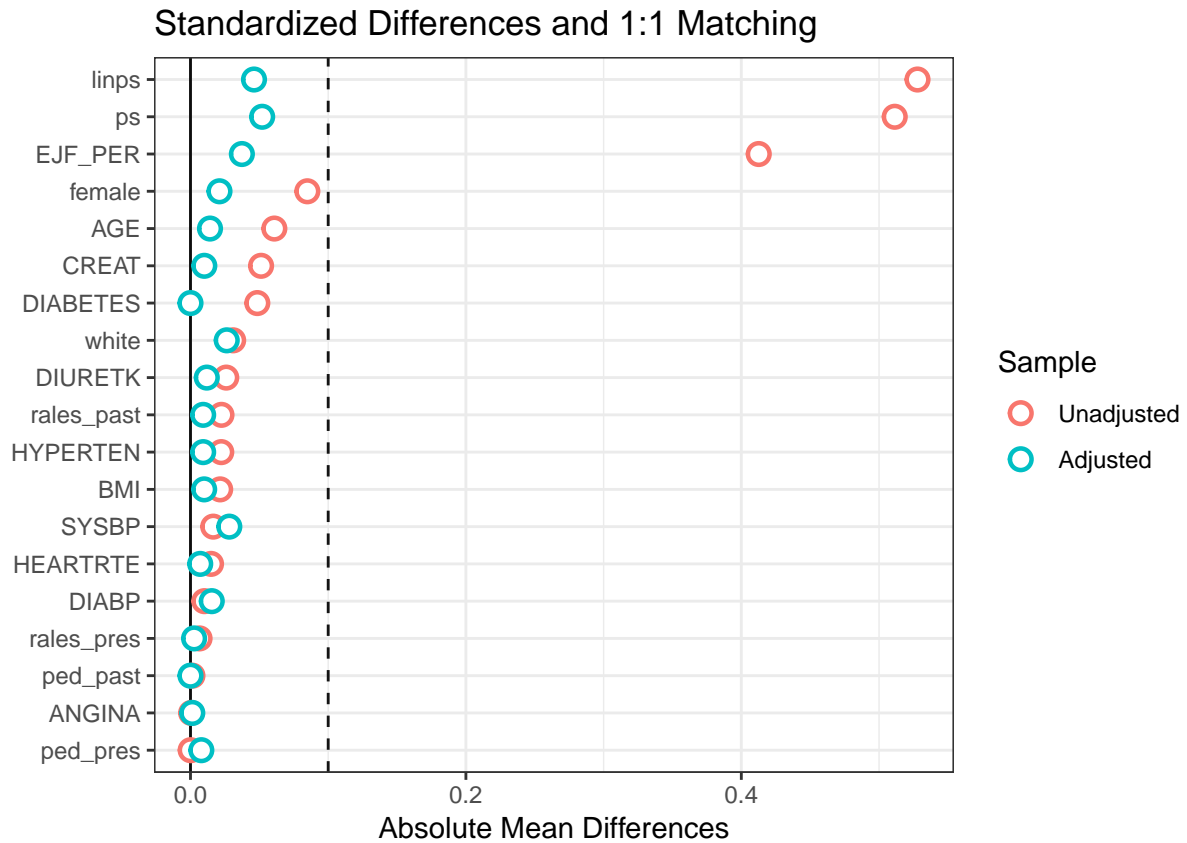
HYPERTEN	Binary	0.0224	-0.0092
DIURETK	Binary	0.0260	0.0118
ped_pres	Binary	-0.0001	0.0079
ped_past	Binary	0.0014	0.0000
rales_pres	Binary	-0.0066	0.0026
rales_past	Binary	0.0225	0.0092
ps	Contin.	0.5114	0.0521
linps	Contin.	0.5279	0.0461

Sample sizes

	Control	Treated
All	1609	760
Matched	760	760
Unmatched	849	0

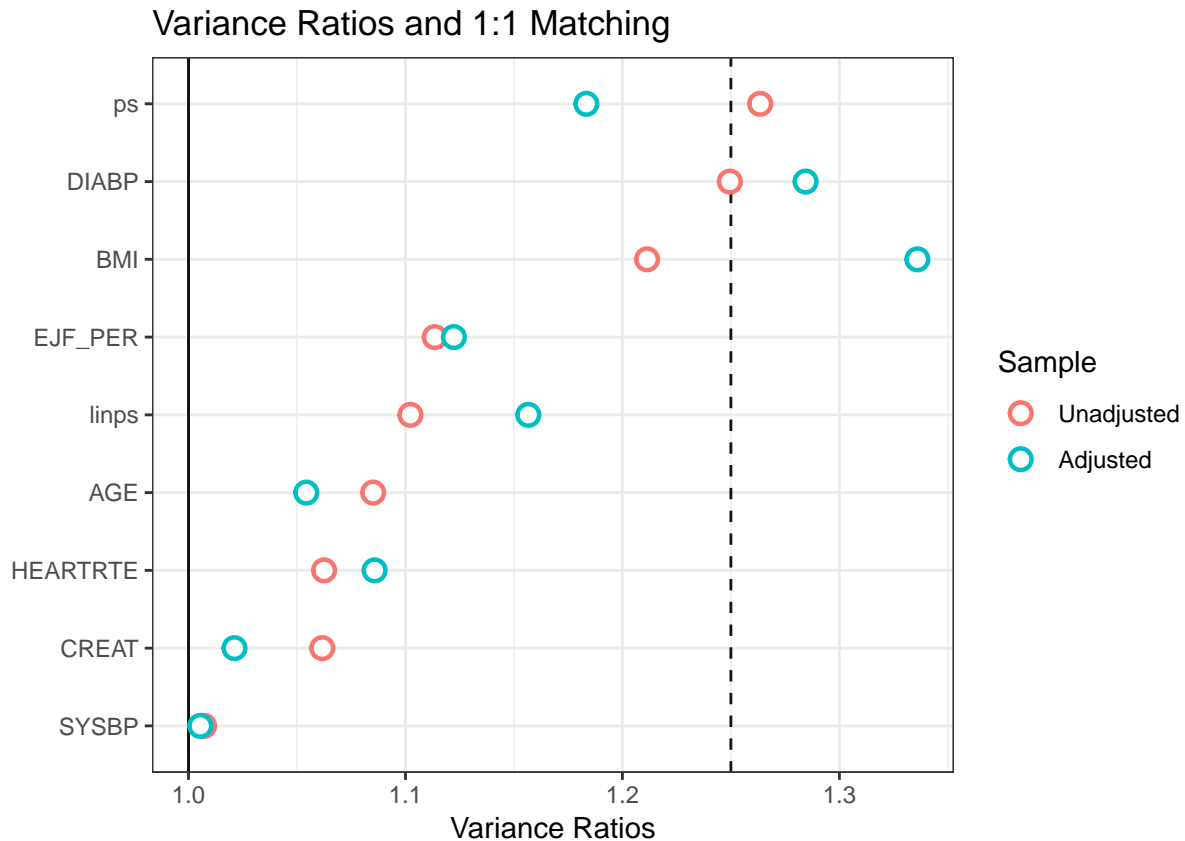
### 6.1.1 Building a Plot of Standardized Differences, with cobalt

```
p <- love.plot(b, threshold = .1, size = 1.5,
               var.order = "unadjusted",
               title = "Standardized Differences and 1:1 Matching")
p + theme_bw()
```



### 6.1.2 Building a Plot of Variance Ratios, with cobalt

```
p <- love.plot(b, stat = "v",
               threshold = 1.25, size = 1.5,
               var.order = "unadjusted",
               title = "Variance Ratios and 1:1 Matching")
p + theme_bw()
```



## 7 Creating a New Data Frame, Containing the Matched Sample

Now, we build a new matched sample data frame with 760 subjects in each group.

```
matches <- factor(rep(match1$index.treated, 2))
dig.matched <- cbind(matches, dig[c(match1$index.control, match1$index.treated),])
```

Some sanity checks:

```
dig.matched %>% count(NYHA_f)
```

```
# A tibble: 2 x 2
  NYHA_f      n
  <fct>    <int>
1 III or IV  760
2 I or II   760
```

```
head(dig.matched)
```

```
matches subjectid PREVMI FUNCTCLS HOSP EJF_PER SEX AGE RACE BMI CREAT
```

1	2	5	0	1	1	15	1	74	1	25.654	1.466
2	6	5373	0	2	0	25	1	63	2	25.060	1.011
3	19	4335	0	1	0	17	1	70	2	32.079	1.700
4	21	3493	0	2	1	24	1	74	1	26.651	0.989
5	26	287	0	2	1	38	1	63	1	29.159	1.700
6	28	4255	0	2	0	33	2	70	1	22.503	1.400
HEARTRTE SYSBP DIABP ANGINA DIABETES HYPERTEN DIURETK PEDEMA RALES											
1	84	120	60	0	0	0	0	0	3	2	
2	76	132	95	0	1	0	0	0	2	3	
3	86	108	70	0	0	0	0	0	2	1	
4	82	120	70	0	0	1	0	0	0	0	
5	86	120	78	0	0	0	0	0	2	2	
6	80	120	70	0	0	0	0	0	3	0	
badNYHA NYHA_f hosp_f female sex_f white race_f angina_f dm_f											
1	0	I or II	Hospitalized	0	Male	1	White	No	No		
2	0	I or II	Not Hosp.	0	Male	0	Non-White	No	Yes		
3	0	I or II	Not Hosp.	0	Male	0	Non-White	No	No		
4	0	I or II	Hospitalized	0	Male	1	White	No	No		
5	0	I or II	Hospitalized	0	Male	1	White	No	No		
6	0	I or II	Not Hosp.	1	Female	1	White	No	No		
htn_f diurk_f ped_f ped_pres ped_past rates_f rates_pres											
1	No	No	Present & Past	1	1	Past	0				
2	No	No	Past	0	1	Present & Past	1				
3	No	No	Past	0	1	Present	1				
4	Yes	No	None	0	0	None	0				
5	No	No	Past	0	1	Past	0				
6	No	No	Present & Past	1	1	None	0				
rales_past ps linps											
1	1	0.4636611	-0.1456124								
2	1	0.2031840	-1.3665117								
3	0	0.3225336	-0.7421525								
4	0	0.3544943	-0.5993419								
5	1	0.2146811	-1.2969360								
6	0	0.3576716	-0.5854844								

## 7.1 Rubin's Rule 1 Before and After Matching

Recall that our result without propensity matching (or any other adjustment) was

```
rubin1.unadj
```

```
[1] 52.86382
```

To run this for our matched sample, we use:

```
rubin1.match <- with(dig.matched,
  abs(100*(mean(linps[badNYHA==1]) -
    mean(linps[badNYHA==0])) /
    sd(linps)))
```

```
rubin1.match
```

```
[1] 4.778138
```

An enormous improvement.

### 7.1.1 Rubin's Rule 2 Before and After Matching

Recall that our result without propensity matching (or any other adjustment) was

```
rubin2.unadj
```

```
[1] 1.102277
```

To run this for our matched sample, we use:

```
rubin2.match <- with(dig.matched,
  var(linps[badNYHA==1]) /
  var(linps[badNYHA==0]))
```

```
rubin2.match
```

```
[1] 1.156628
```

Still within our desired range of  $(4/5, 5/4)$ . Looks good.

## 8 Task 3 Propensity-Matched Analysis

We'll use the matched sample to perform a conditional logistic regression.

```
matched.a <- clogit(HOSP ~ badNYHA + strata(matches),
  data=dig.matched)
summary(matched.a)
```

Call:

```
coxph(formula = Surv(rep(1, 1520L), HOSP) ~ badNYHA + strata(matches),
  data = dig.matched, method = "exact")
```

```
n= 1520, number of events= 1021
```

```
      coef exp(coef) se(coef)      z Pr(>|z|)
badNYHA 0.4349    1.5448   0.1109 3.922 8.77e-05 ***
---
```

Signif. codes: 0 '\*\*\*' 0.001 '\*\*' 0.01 '\*' 0.05 '.' 0.1 ' ' 1

	exp(coef)	exp(-coef)	lower .95	upper .95
badNYHA	1.545	0.6473	1.243	1.92

Concordance= 0.607 (se = 0.037 )

Rsquare= 0.01 (max possible= 0.267 )

Likelihood ratio test= 15.75 on 1 df, p=7e-05

Wald test = 15.38 on 1 df, p=9e-05

Score (logrank) test = 15.63 on 1 df, p=8e-05

The odds ratio in the `exp(coef)` section above is the average causal effect estimate - it describes the odds of being hospitalized if you are a subject with a bad NYHA functional class as compared to the odds of hospitalization if you do not have a bad NYHA class.

- Again, the result is highly statistically significant, according to our 95% confidence interval.
- Our estimate, after matching, is 1.51, with 95% CI (1.22, 1.88).

## 8.1 Sensitivity Analysis

Since we have a significant result, I'll run a sensitivity analysis. We have already used the `Match` function from the `Matching` package to develop a matched sample. We can do the analysis in two ways:

### 8.1.1 Rerun the match, including the outcome

```
X <- dig$linps ## matching on the linear propensity score
Y <- dig$HOSP
Tr <- as.logical(dig$badNYHA)
match1_withY <- Match(Y = Y, Tr=Tr, X=X, M = 1, replace=FALSE, ties=FALSE)
```

Once we've done this, we need only run the `binarysens` function from the `rbounds` package to obtain sensitivity results.

```
binarysens(match1_withY, Gamma = 1.5, GammaInc = 0.05)
```

Rosenbaum Sensitivity Test

Unconfounded estimate .... 0

Gamma	Lower bound	Upper bound
1.00	3e-05	0.00003



1.05	0e+00	0.00019
1.10	0e+00	0.00093
1.15	0e+00	0.00355
1.20	0e+00	0.01097
1.25	0e+00	0.02826
1.30	0e+00	0.06196
1.35	0e+00	0.11809
1.40	0e+00	0.19926
1.45	0e+00	0.30274
1.50	0e+00	0.42049

Note: Gamma is Odds of Differential Assignment To Treatment Due to Unobserved Factors

With a two-sided hypothesis test at  $\alpha = 0.05$ , we are insensitive to  $\Gamma$  values up to 1.30 or so. We can use the Table in Rosenbaum, Chapter 9 (and the formulas therein) to see that, for example, this is a little higher than  $\Gamma$  of 1.25, which corresponds to an unobserved covariate that doubles the odds of a bad NYHA class and doubles the odds of a positive difference in the hospitalization rates.

### 8.1.2 Using the Matched Sample to fit McNemar's Test

The other approach we could take is to run McNemar's test on the matched sample.

```
dig_a <- dig.matched %>% select(matches, NYHA_f, hosp_f)

dig_a2 <- spread(dig_a, key = NYHA_f, value = hosp_f)

head(dig_a2)
```

	matches	III or IV	I or II
1	2	Hospitalized	Hospitalized
2	6	Not Hosp.	Not Hosp.
3	19	Hospitalized	Not Hosp.
4	21	Hospitalized	Hospitalized
5	26	Hospitalized	Hospitalized
6	28	Hospitalized	Not Hosp.

```
addmargins(table(dig_a2$'III or IV', dig_a2$I or II'))
```

	Hospitalized	Not Hosp.	Sum
Hospitalized	340	207	547
Not Hosp.	134	79	213
Sum	474	286	760

```
binarysens(x = 140, y = 212, Gamma = 1.30, GammaInc = 0.03)
```

Rosenbaum Sensitivity Test

Unconfounded estimate .... 1e-04

Gamma	Lower bound	Upper bound
1.00	7e-05	0.00007
1.03	2e-05	0.00022
1.06	1e-05	0.00057
1.09	0e+00	0.00139
1.12	0e+00	0.00310
1.15	0e+00	0.00637
1.18	0e+00	0.01219
1.21	0e+00	0.02183
1.24	0e+00	0.03676
1.27	0e+00	0.05850
1.30	0e+00	0.08837

Note: Gamma is Odds of Differential Assignment To  
Treatment Due to Unobserved Factors

With this setup, we are insensitive up to a  $\Gamma$  of 1.21. The two approaches use different assumptions about the outcome we're interested in, and there's probably some other issue, as well.

## 9 Task 4 Propensity Weighting Analysis

I'll perform an ATT weighting analysis

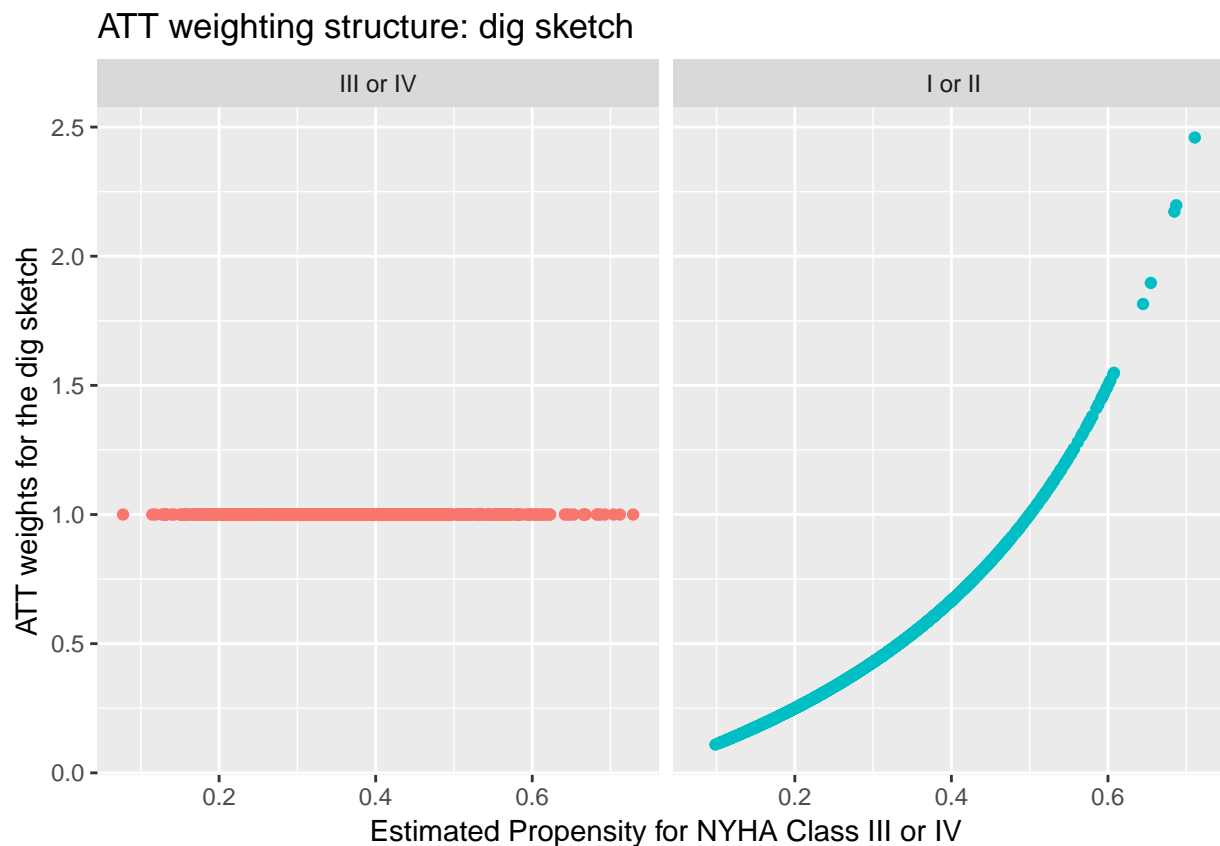
### 9.1 ATT approach: Weight treated subjects as 1; control subjects as $ps/(1-ps)$

```
dig$wts1 <- ifelse(dig$badNYHA==1, 1, dig$ps/(1-dig$ps))
```

Here is a plot of the resulting ATT (average treatment effect on the treated) weights:

```
ggplot(dig, aes(x = ps, y = wts1, color = NYHA_f)) +  
  geom_point() +  
  guides(color = FALSE) +
```

```
facet_wrap(~ NYHA_f) +
labs(x = "Estimated Propensity for NYHA Class III or IV",
     y = "ATT weights for the dig sketch",
     title = "ATT weighting structure: dig sketch")
```



### 9.1.1 Balance Assessment before and after ATT weights

```
dig_df <- data.frame(dig) # twang doesn't react well to tibbles

covlist <- c("EJF_PER", "female", "AGE", "white", "BMI",
             "CREAT", "HEARTRTE", "SYSBP", "DIABP",
             "ANGINA", "DIABETES", "HYPERTEN", "DIURETK",
             "ped_pres", "ped_past", "rales_pres",
             "rales_past", "ps", "linps")

bal.wts1 <- dx.wts(x=dig_df$wts1, data=dig_df, vars=covlist,
                  treat.var="badNYHA", estimand="ATT")
bal.wts1
```

type	n.treat	n.ctrl	ess.treat	ess.ctrl	max.es	mean.es	max.ks
------	---------	--------	-----------	----------	--------	---------	--------

```

1  unw      760   1609      760 1609.000 0.52793050 0.116952342 0.23404615
2           760   1609      760 1206.042 0.01977483 0.007508533 0.04459288
      mean.ks iter
1 0.05623686   NA
2 0.01609467   NA

```

```
bal.table(bal.wts1)
```

```

$unw
      tx.mn  tx.sd  ct.mn  ct.sd std.eff.sz  stat    p    ks
EJF_PER  25.870  8.988  29.579  8.518   -0.413 -9.536 0.000 0.173
female    0.287  0.453   0.202  0.402    0.187  4.414 0.000 0.085
AGE      63.972 10.580  63.328 11.021    0.061  1.365 0.172 0.034
white     0.875  0.331   0.844  0.363    0.094  2.063 0.039 0.031
BMI      27.242  5.582  27.122  5.072    0.022  0.504 0.614 0.036
CREAT     1.306  0.379   1.287  0.368    0.051  1.176 0.240 0.052
HEARTRTE  78.455 12.476  78.269 12.859    0.015  0.336 0.737 0.030
SYSBP    125.436 19.742 125.762 19.672   -0.017 -0.376 0.707 0.015
DIABP     75.264 12.255  75.141 10.963    0.010  0.237 0.813 0.017
ANGINA    0.267  0.443   0.267  0.442    0.001  0.025 0.980 0.000
DIABETES  0.246  0.431   0.295  0.456   -0.113 -2.512 0.012 0.049
HYPERTEN  0.483  0.500   0.461  0.499    0.045  1.017 0.309 0.022
DIURETK   0.099  0.298   0.073  0.260    0.087  2.059 0.040 0.026
ped_pres  0.200  0.400   0.200  0.400    0.000 -0.007 0.994 0.000
ped_past  0.453  0.498   0.451  0.498    0.003  0.065 0.948 0.001
rales_pres 0.162  0.369   0.168  0.374   -0.018 -0.404 0.686 0.007
rales_past 0.654  0.476   0.631  0.483    0.047  1.069 0.285 0.022
ps        0.363  0.121   0.301  0.108    0.511 12.032 0.000 0.234
linps    -0.602  0.555  -0.895  0.528    0.528 12.181 0.000 0.234

      ks.pval
EJF_PER  0.000
female   0.001
AGE      0.590
white    0.689
BMI      0.516
CREAT    0.122
HEARTRTE 0.729
SYSBP    1.000
DIABP    0.997
ANGINA   1.000
DIABETES 0.169
HYPERTEN 0.952
DIURETK   0.866
ped_pres  1.000
ped_past  1.000

```

```

rales_pres 1.000
rales_past 0.950
ps          0.000
linps       0.000

```

[[2]]

	tx.mn	tx.sd	ct.mn	ct.sd	std.eff.sz	stat	p	ks
EJF_PER	25.870	8.988	25.989	8.554	-0.013	-0.288	0.773	0.036
female	0.287	0.453	0.289	0.453	-0.004	-0.085	0.933	0.002
AGE	63.972	10.580	64.045	10.978	-0.007	-0.146	0.884	0.029
white	0.875	0.331	0.876	0.330	-0.002	-0.045	0.964	0.001
BMI	27.242	5.582	27.200	5.021	0.008	0.171	0.864	0.045
CREAT	1.306	0.379	1.306	0.378	-0.001	-0.023	0.982	0.031
HEARTRTE	78.455	12.476	78.479	12.746	-0.002	-0.041	0.968	0.024
SYSBP	125.436	19.742	125.190	19.366	0.012	0.273	0.785	0.025
DIABP	75.264	12.255	75.216	11.006	0.004	0.088	0.930	0.018
ANGINA	0.267	0.443	0.276	0.447	-0.020	-0.424	0.671	0.009
DIABETES	0.246	0.431	0.248	0.432	-0.004	-0.078	0.937	0.002
HYPERTEN	0.483	0.500	0.485	0.500	-0.004	-0.085	0.932	0.002
DIURETK	0.099	0.298	0.097	0.296	0.007	0.137	0.891	0.002
ped_pres	0.200	0.400	0.204	0.403	-0.010	-0.214	0.830	0.004
ped_past	0.453	0.498	0.461	0.499	-0.016	-0.355	0.723	0.008
rales_pres	0.162	0.369	0.161	0.368	0.001	0.020	0.984	0.000
rales_past	0.654	0.476	0.656	0.475	-0.004	-0.080	0.936	0.002
ps	0.363	0.121	0.361	0.118	0.014	0.281	0.779	0.033
linps	-0.602	0.555	-0.608	0.539	0.011	0.228	0.820	0.033

ks.pval

```

EJF_PER 0.569
female 1.000
AGE 0.805
white 1.000
BMI 0.301
CREAT 0.731
HEARTRTE 0.935
SYSBP 0.928
DIABP 0.997
ANGINA 1.000
DIABETES 1.000
HYPERTEN 1.000
DIURETK 1.000
ped_pres 1.000
ped_past 1.000
rales_pres 1.000
rales_past 1.000
ps 0.673

```

```
linps          0.673
```

The `std.eff.sz` shows the standardized difference, but as a proportion, rather than as a percentage. We'll create a data frame (tibble) so we can plot the data more easily.

```
bal.before.wts1 <- bal.table(bal.wts1)[1]
bal.after.wts1 <- bal.table(bal.wts1)[2]

balance.att.weights <- data_frame(names = rownames(bal.before.wts1$unw),
                                   pre.weighting = 100*bal.before.wts1$unw$std.eff.sz,
                                   ATT.weighted = 100*bal.after.wts1[[1]]$std.eff.sz)
```

Warning: ``data_frame()`` is deprecated, use ``tibble()``.

This warning is displayed once per session.

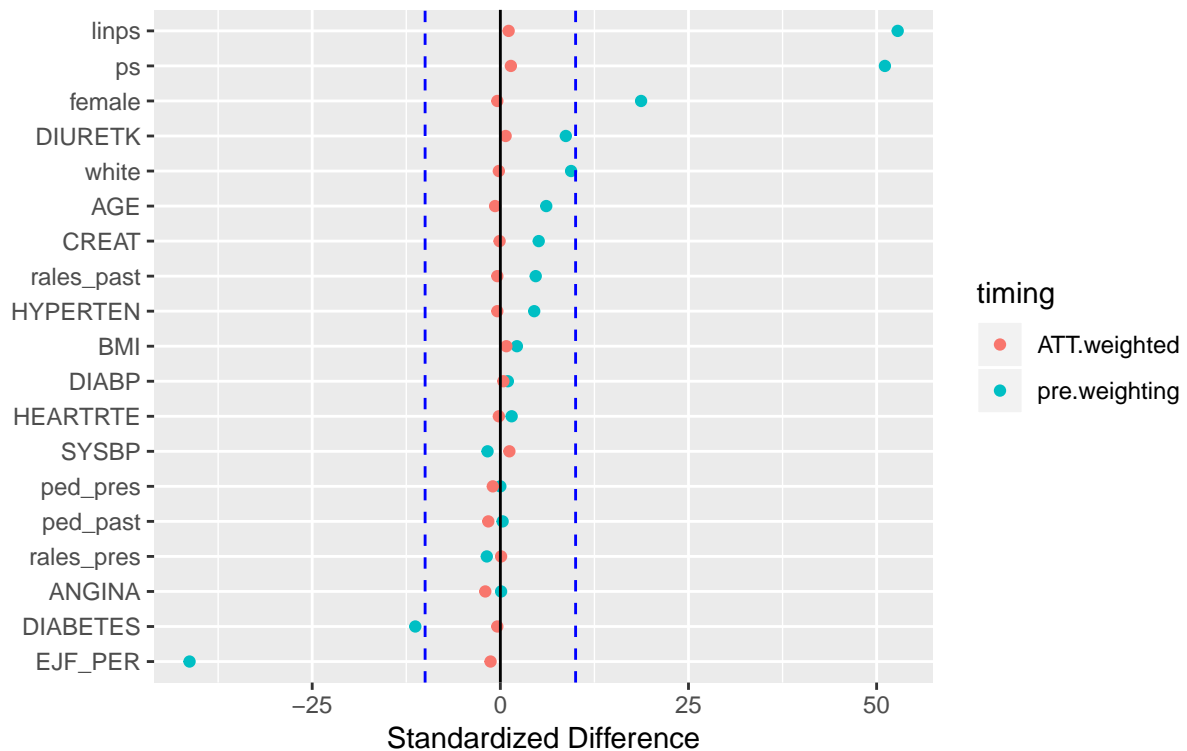
```
balance.att.weights <- gather(balance.att.weights, timing, szd, 2:3)
```

OK - here is the plot of standardized differences before and after ATT weighting.

```
ggplot(balance.att.weights, aes(x = szd, y = reorder(names, szd), color = timing)) +
  geom_point() +
  geom_vline(xintercept = 0) +
  geom_vline(xintercept = c(-10,10), linetype = "dashed", col = "blue") +
  labs(x = "Standardized Difference", y = "",
       title = "Standardized Difference before and after ATT Weighting",
       subtitle = "The dig sketch")
```

## Standardized Difference before and after ATT Weighting

The dig sketch



Looks great.

### 9.1.2 Rubin's Rule 1

```
balance.att.weights %>% filter(names == "linps")
```

```
# A tibble: 2 x 3
  names timing      szd
  <chr> <chr>      <dbl>
1 linps pre.weighting 52.8
2 linps ATT.weighted  1.10
```

The standardized difference of the linear propensity score is down (after weighting) from 52.8% to 1.1%. Excellent.

### 9.1.3 Rubin's Rule 2

We can read off the standard deviations within the treated and control groups. We can then square each, to get the relevant variances, then take the ratio of those variances.

```
bal.before.wts1$unw %>% select(tx.sd, ct.sd) %>% tail(1)
```

```
      tx.sd ct.sd
lins  0.555 0.528
```

Before weighting, we had a variance ratio of  $0.555^2 / 0.528^2 = 1.105$ .

```
bal.after.wts1[[1]] %>% select(tx.sd, ct.sd) %>% tail(1)
```

```
      tx.sd ct.sd
lins  0.555 0.539
```

After weighting, the variance ratio is  $0.555^2 / 0.539^2 = 1.060$ . Even better. We're well within the  $(4/5, 5/4)$  interval.

## 9.2 Build the Outcome Model using the weights

```
dig.design <- svydesign(ids=~1, weights=~wts1, data=dig)

wtd_model <- svyglm(HOSP ~ badNYHA, design=dig.design,
                   family=quasibinomial())
summary(wtd_model)
```

Call:

```
svyglm(formula = HOSP ~ badNYHA, design = dig.design, family = quasibinomial())
```

Survey design:

```
svydesign(ids = ~1, weights = ~wts1, data = dig)
```

Coefficients:

	Estimate	Std. Error	t value	Pr(> t )
(Intercept)	0.54723	0.05928	9.231	<2e-16 ***
badNYHA	0.39593	0.10020	3.951	8e-05 ***

---

Signif. codes: 0 '\*\*\*' 0.001 '\*\*' 0.01 '\*' 0.05 '.' 0.1 ' ' 1

(Dispersion parameter for quasibinomial family taken to be 1.000422)

Number of Fisher Scoring iterations: 4

```
exp(summary(wtd_model)$coef)
```

	Estimate	Std. Error	t value	Pr(> t )
(Intercept)	1.728452	1.061072	10210.95980	1.00000
badNYHA	1.485766	1.105391	52.00995	1.00008



```
exp(confint(wtd_model))
```

	2.5 %	97.5 %
(Intercept)	1.538857	1.941407
badNYHA	1.220845	1.808173

After weighting our odds ratio estimate is 1.49, with 95% CI (1.22, 1.81)

## 10 Task 5. Comparison of our Results

Approach	Odds Ratio	95% Confidence Interval
Unadjusted	1.52	(1.26, 1.83)
Matching	1.51	(1.22, 1.88)
Weighting	1.49	(1.22, 1.81)

The impact of the propensity score matching or weighting is pretty modest here in terms of this hospitalization outcome. Both the matching and the weighting do an excellent job of attending to the imbalances we see in the covariates for the unadjusted approach.