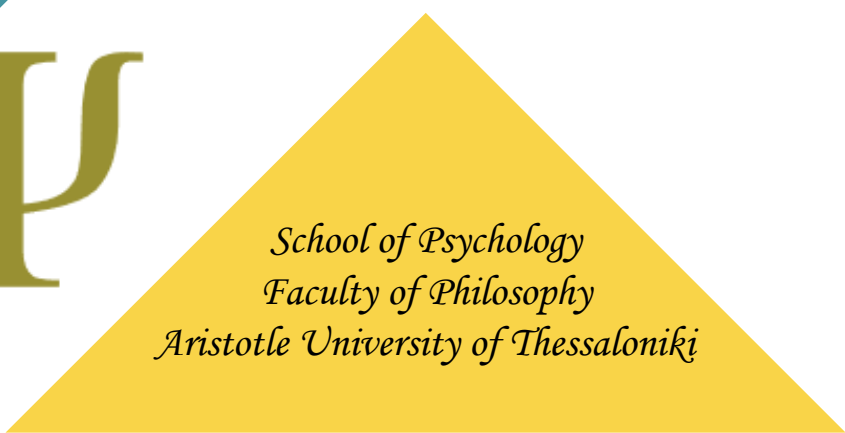




# **Systematic Review & Meta-analysis (2)**

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# Meta-analysis (MA)

**Use of statistical techniques in a systematic review (SR) to integrate the results of included studies to conduct statistical inference**

## Key Points

1. MA should not be used as a synonym for SR
2. An MA should be done in the context of an SR
3. An MA should not be assumed to always be an appropriate step in an SR. The decision to conduct an MA is neither purely analytical nor statistical in nature.

# Primary Studies

# Effect sizes

# Weights

# Meta-analysis



...



$Y_1$

x

$W_1$



$Y_2$

x

$W_2$

$Y_k$

x

$W_k$

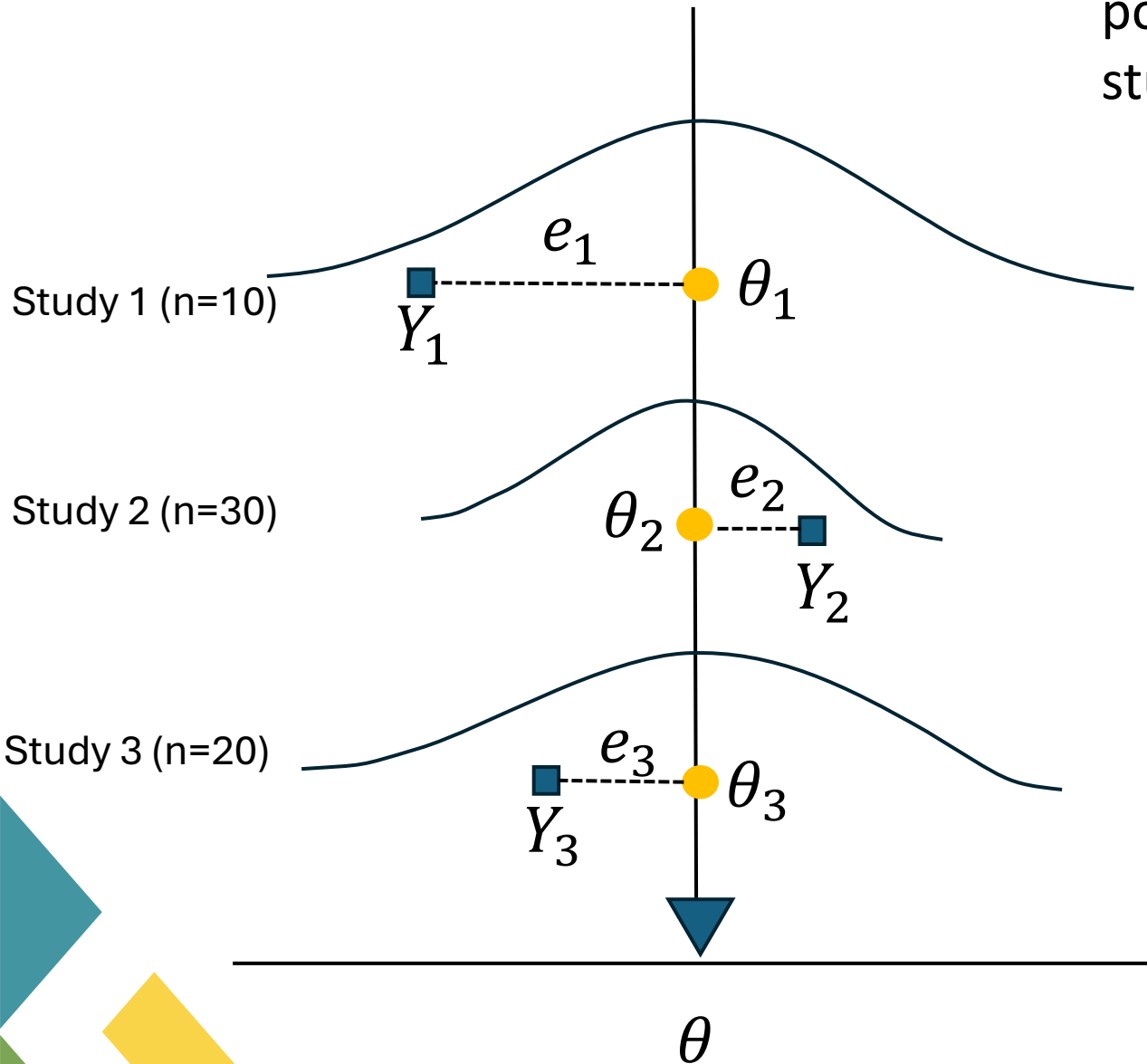
Weighted average

$$\theta = \frac{\sum_{i=1}^k W_i Y_i}{\sum_{i=1}^k W_i}$$

- fixed-effect model
- random-effects model

# Fixed-effect model

The observed effect  $Y_i$  for any study is given by the population mean plus the **sampling error** in that study:  
$$Y_i = \theta + e_i$$



**Weight** assigned to each study  $W_i = \frac{1}{V_{Y_i}}$

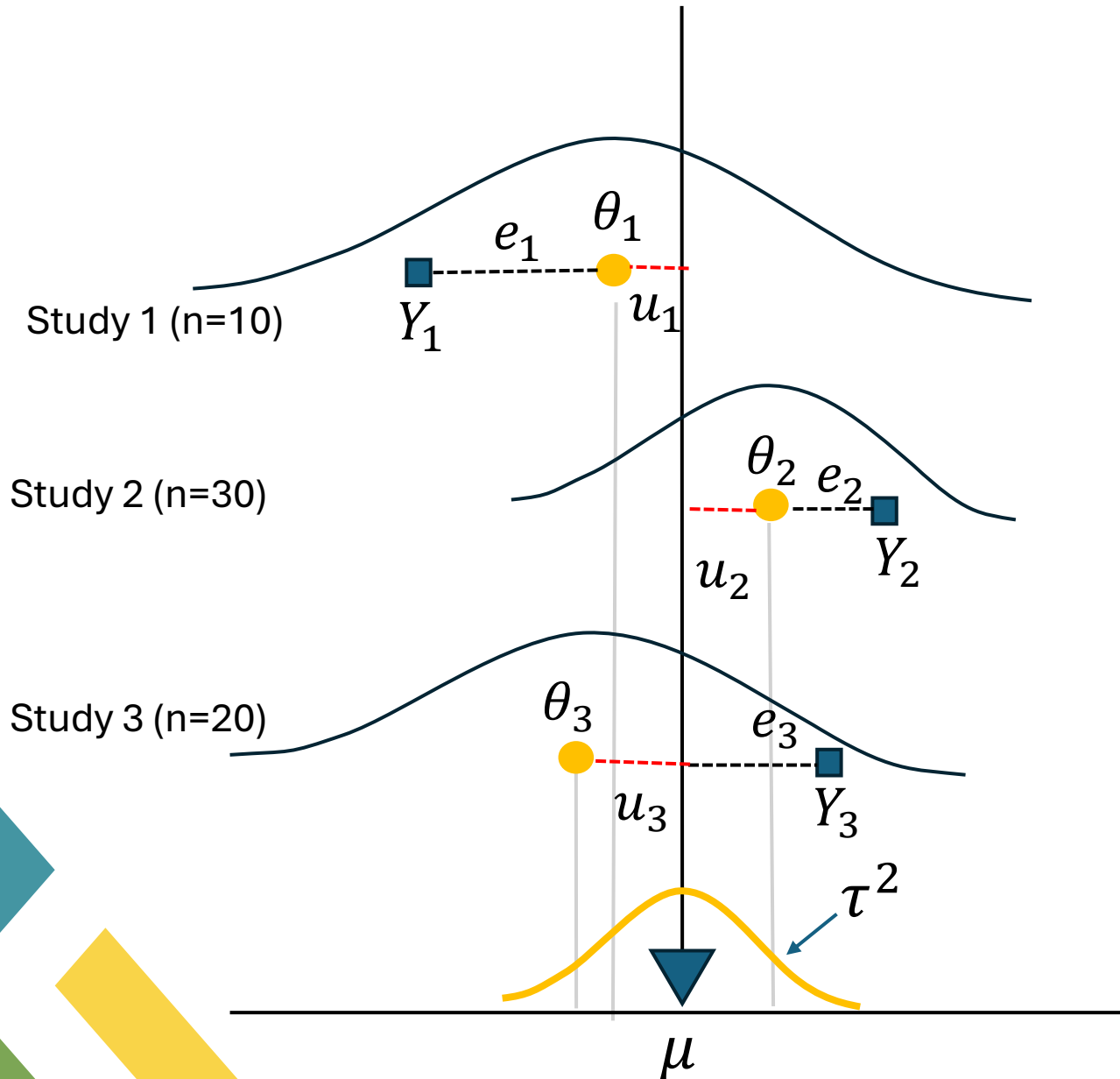
Summary effect:

$$\theta_F = \frac{\sum_{i=1}^k W_i Y_i}{\sum_{i=1}^k W_i}$$

Variance of the summary effect

$$V_{\theta_F} = \frac{1}{\sum_{i=1}^k W_i}$$

# Random-effects model



The observed effect  $Y_i$  for any study is given by  $Y_i = \theta_i + e_i = \mu + u_i + e_i$

The variance of  $Y_i$  for any study is given by  $V_{Y_i}^* = V_{Y_i} + \tau^2$  **Between-study variance**

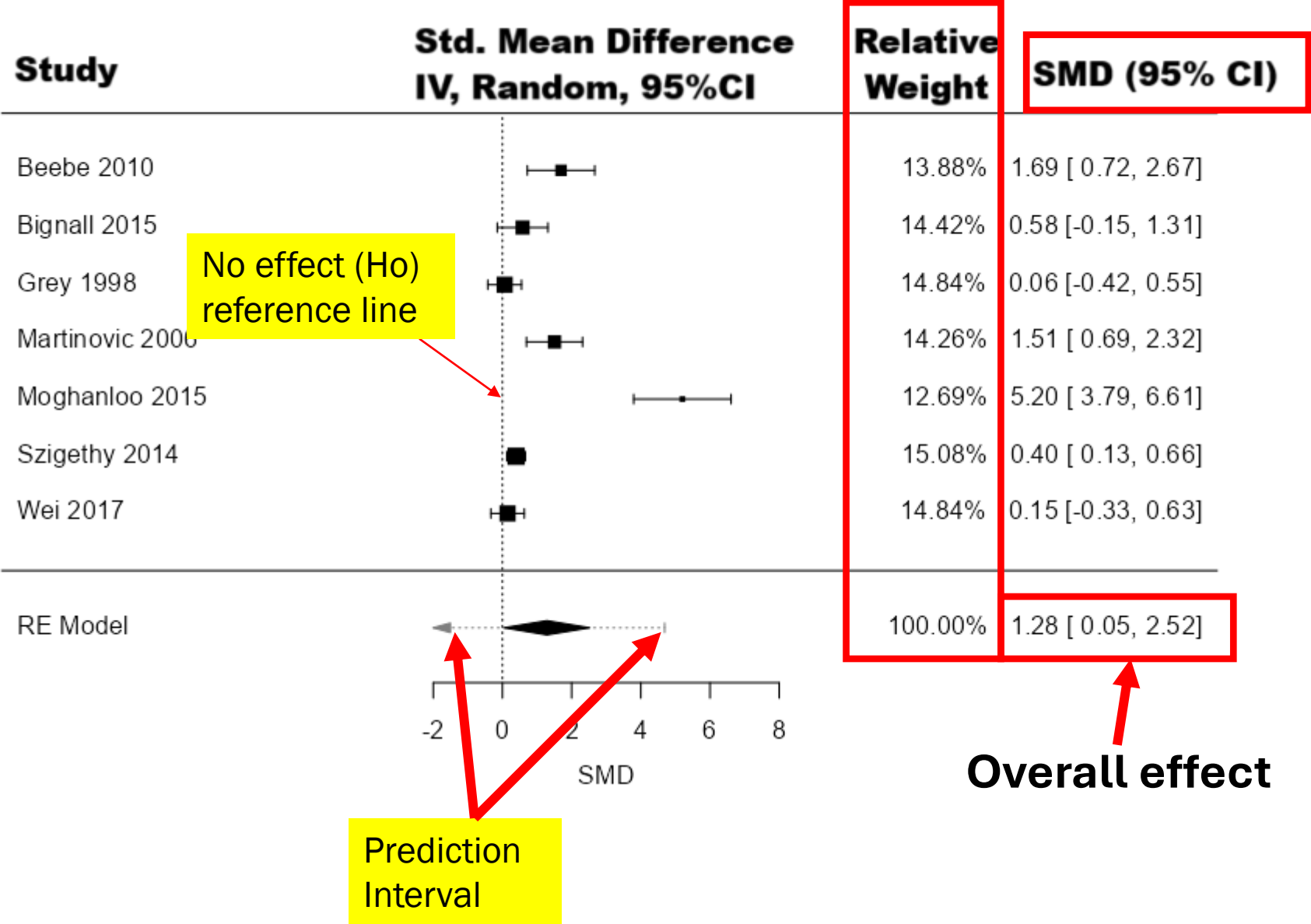
**Weight** assigned to each study

$$W_i^* = \frac{1}{V_{Y_i}^*} = \frac{1}{V_{Y_i} + \tau^2}$$

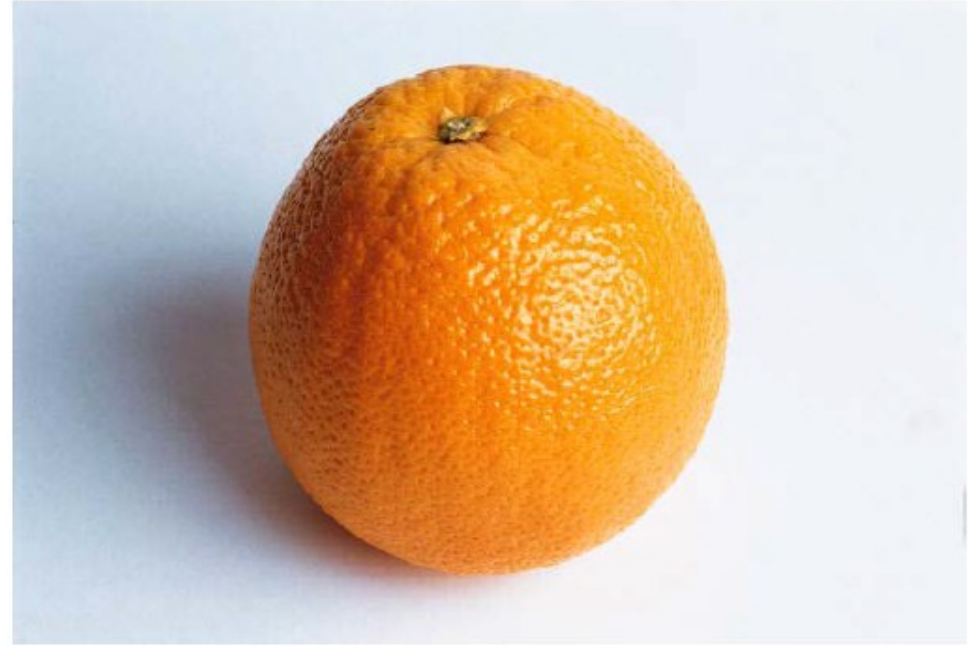
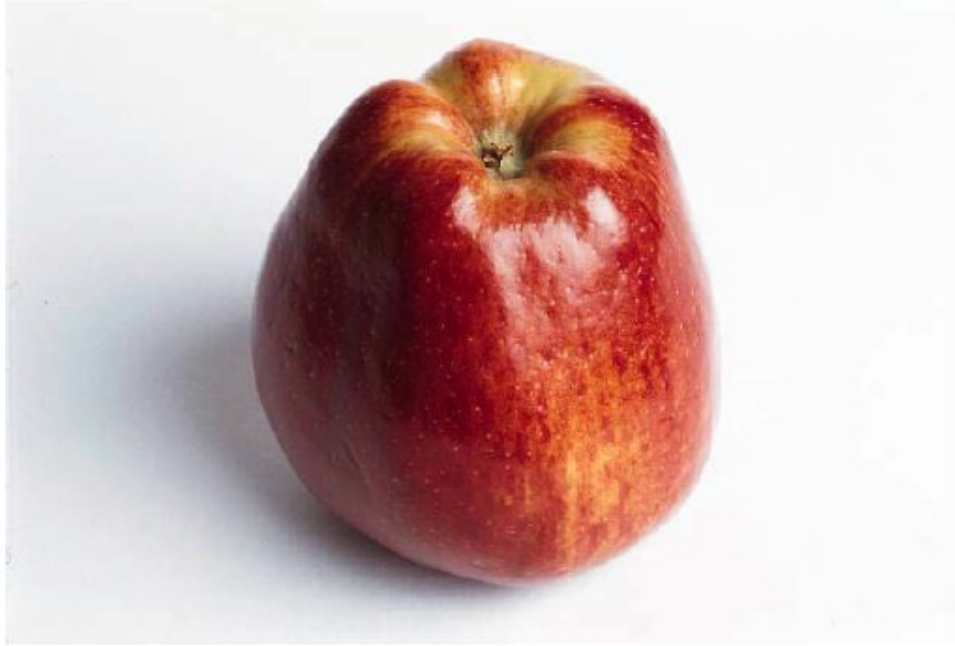
Summary effect and variance:

$$\theta_R = \frac{\sum_{i=1}^k W_i^* Y_i}{\sum_{i=1}^k W_i^*} \quad V_{\theta_R} = \frac{1}{\sum_{i=1}^k W_i^*}$$

# Forest plot



# **“Heterogeneity is Your Friend” (J. Berlin)**



**Fruit salad may, or may not, be tasty and interesting**  
**Which are the apples and oranges, and how do they differ?**

# Definitions of Heterogeneity From a Health Care Perspective

## Different types of heterogeneity:

- **Clinical heterogeneity:** Variability in participants, interventions and outcomes
- **Methodological heterogeneity:** Variability in study design and risk of bias
- **Statistical heterogeneity:** Variability in treatment effects, resulting from clinical and/or methodological diversity

Statistical heterogeneity is present if the observed treatment effects are more different from each other than would be expected due to chance alone



# Discuss Clinical/Methodological or “Substantive” Heterogeneity Prior To Analysis

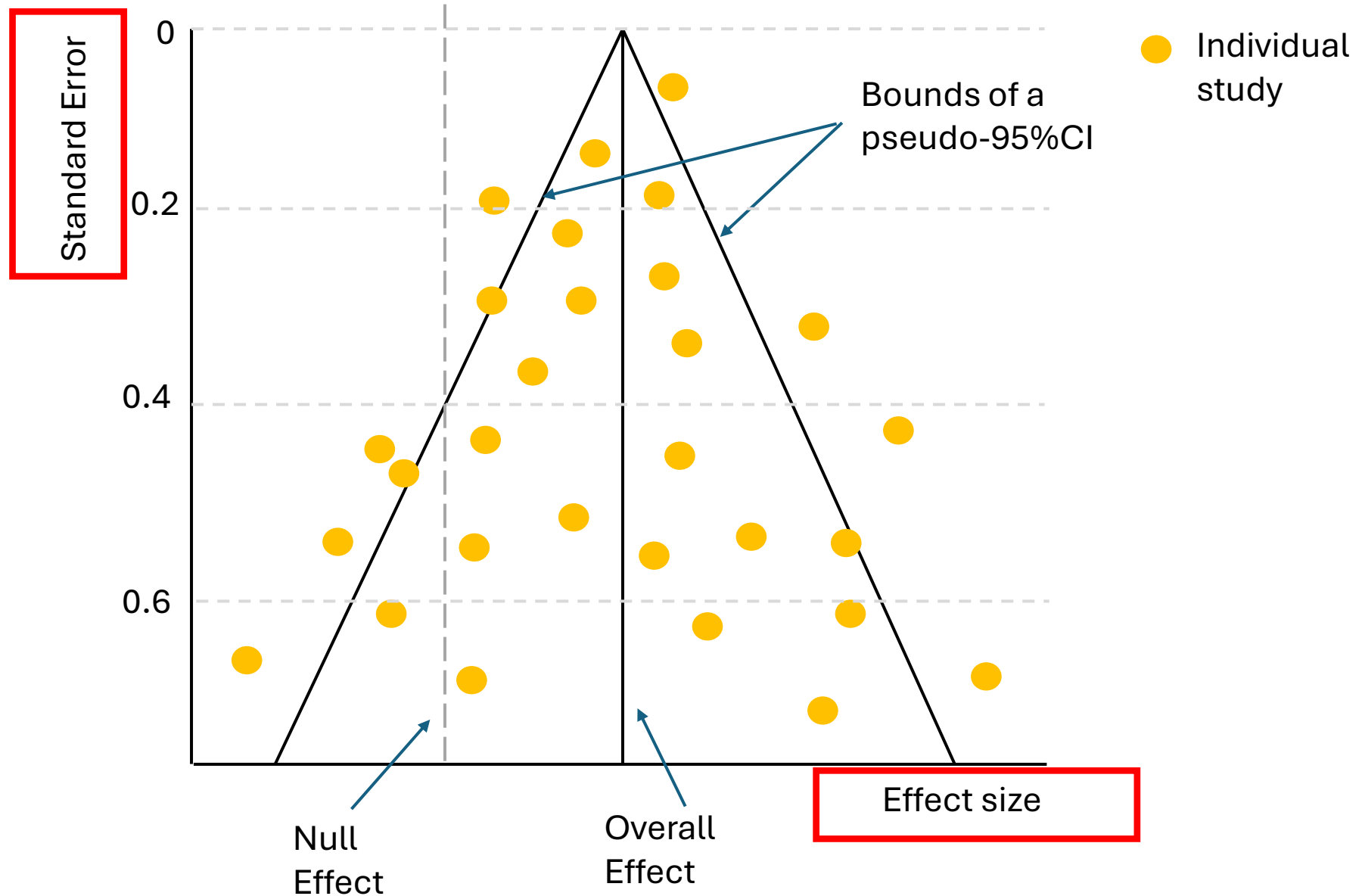
- **Think first:** Are included studies similar with respect to treatment effect? Study design, subjects, treatments, etc. may affect results.
- **Include in protocol:** Sources of heterogeneity that you might stratify analysis on, or that you might include as independent variables in a meta-regression
- **Do statistics later:** **Q statistic** to test the hypothesis that the true (population) treatment effect is equal in all studies; and/or **I-squared (I<sup>2</sup>)** statistic; and **prediction interval (PI)**
- **Remember:** Tests for heterogeneity have low statistical power

# Small-study effects in meta-Analysis

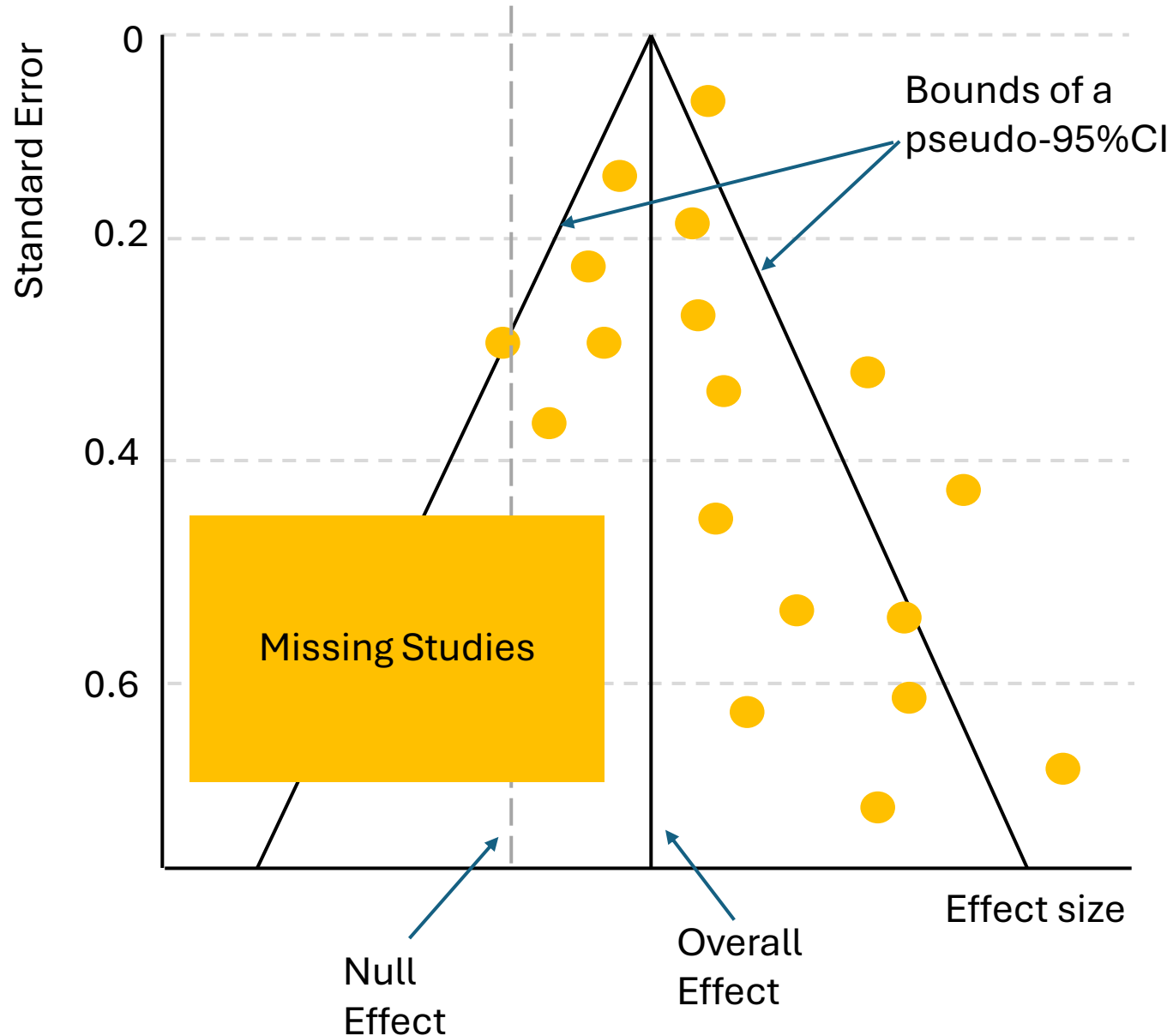
“Small-study effects” is a generic term for the phenomenon that **smaller studies** sometimes show different, often larger, treatment effects than large ones.



# Funnel-plot symmetry



# Funnel-plot asymmetry



Individual study

**Statistical tests:**  
Egger's test or the Begg and Mazumdar rank correlation ( $p < 0.05$ )

# Potential sources of asymmetry in funnel plots

- Publication bias (the likelihood of a study being published—particularly a small study—increases if it shows a stronger, statistically significant, and favorable effect.
- Outcome reporting bias (selective reporting of the most favourable outcomes)
- Poor methodological design of small studies

