



Universidad  
del Cauca



# STATISTICAL INFERENCE, ESTIMATION AND HYPOTHESIS TESTING

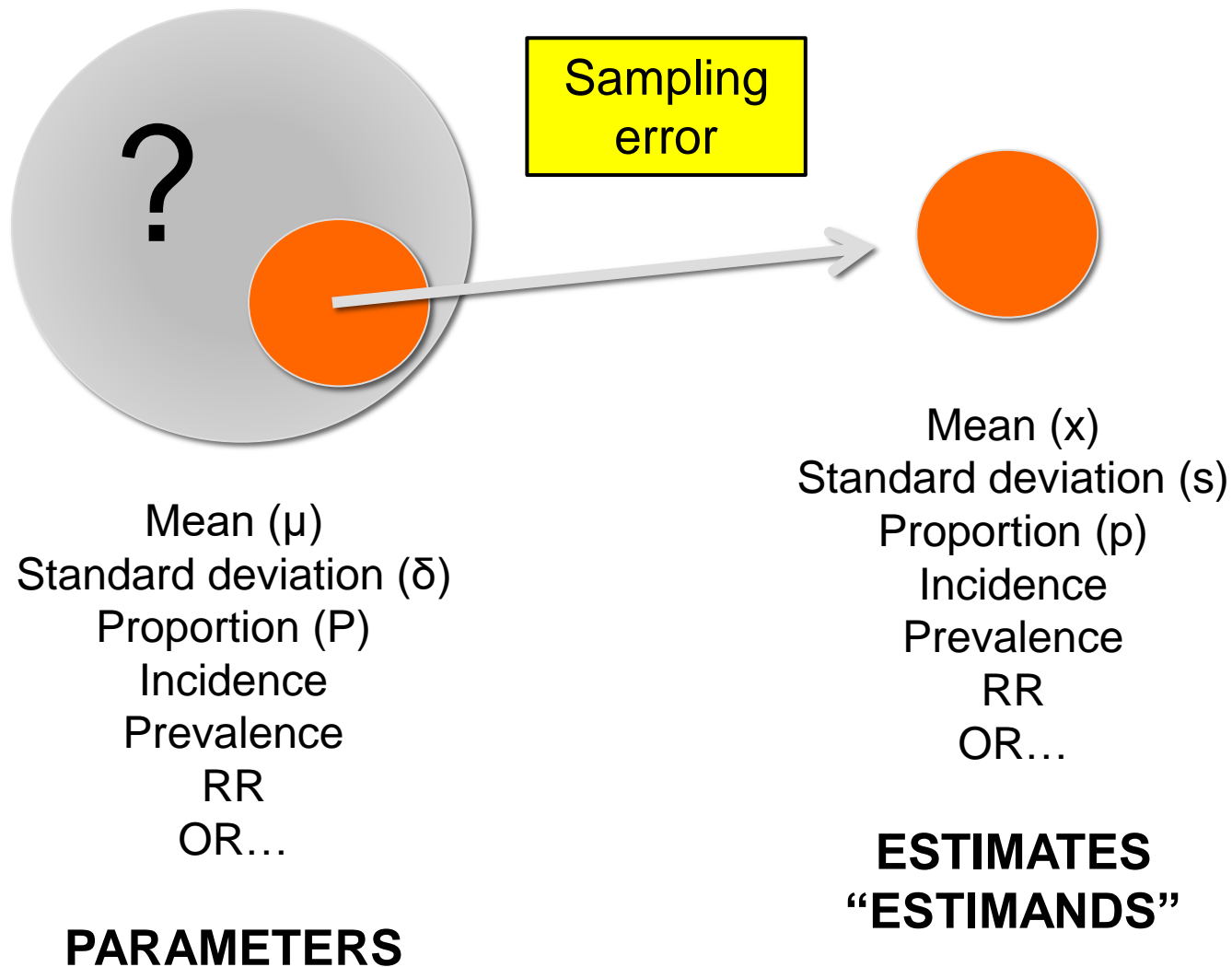
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***Jose Andres Calvache MD MSc PhD***

*Department of Anesthesiology, Universidad del Cauca, Colombia*

*Department of Anesthesiology, Easmus University Medical Centre, Rotterdam, The Netherlands*

# Population and sample



# Random sample

- It is a random selection of subjects from a population
  - Technically "it is representative" of the population regardless of its size
  - In this sampling technique, each individual in the population is equally likely to be selected in the sample

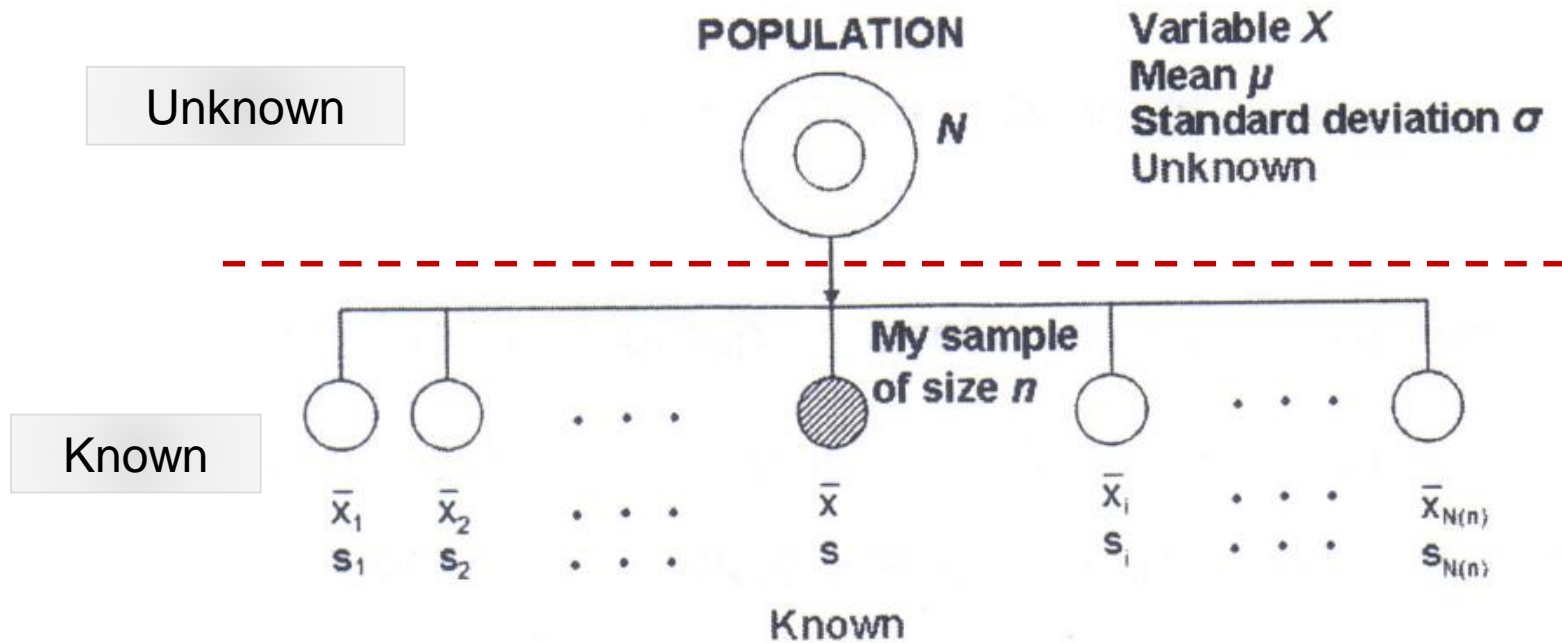
# Simple sampling

- Extracting a sample  $n$  from a population  $P$  is no easy task

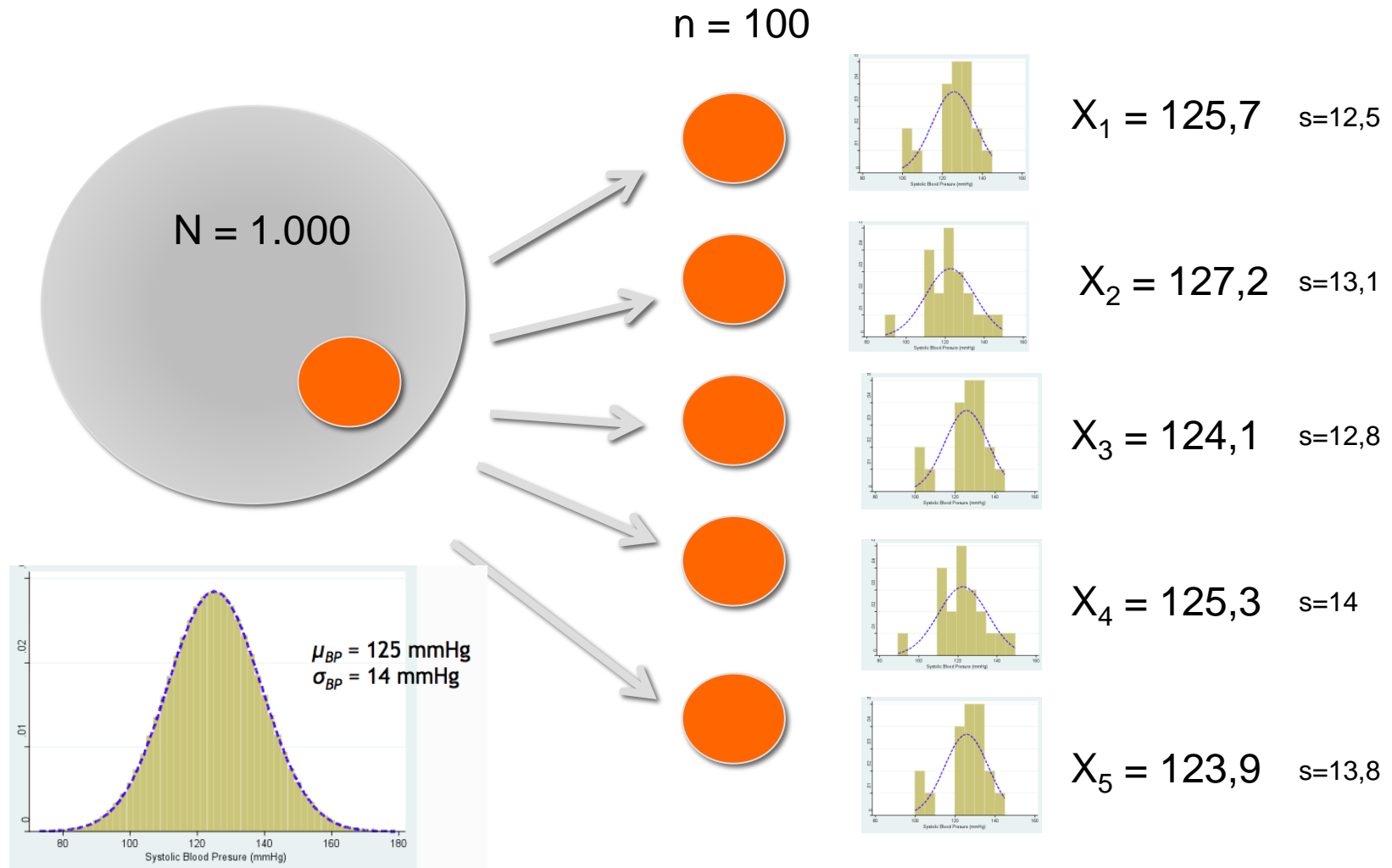
Always avoid human intervention in the selection of subjects, which would affect the inference process

- There are various sampling schemes
- Stratified, systematic, sequential

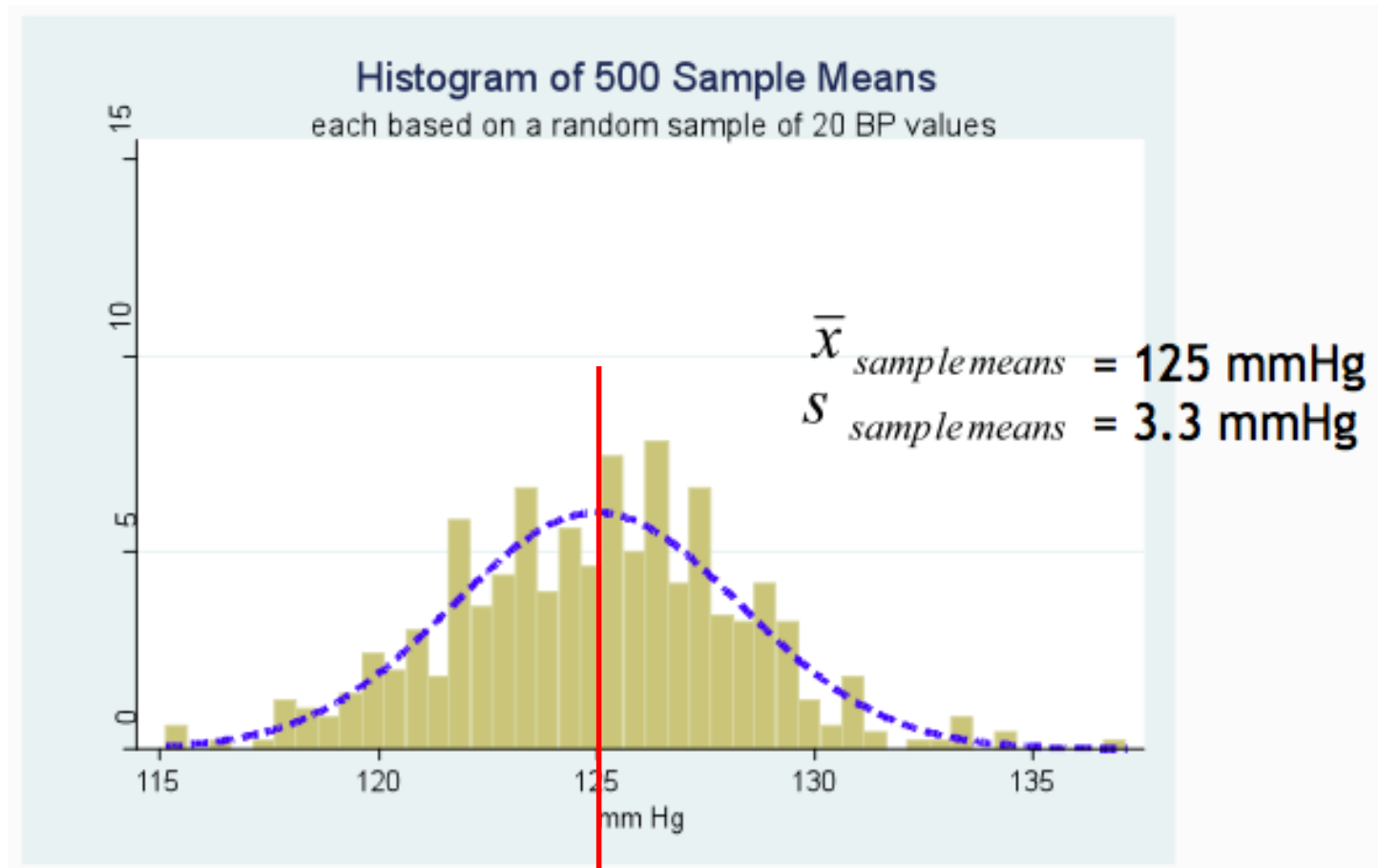
# Sampling theory



# Consider this situation,

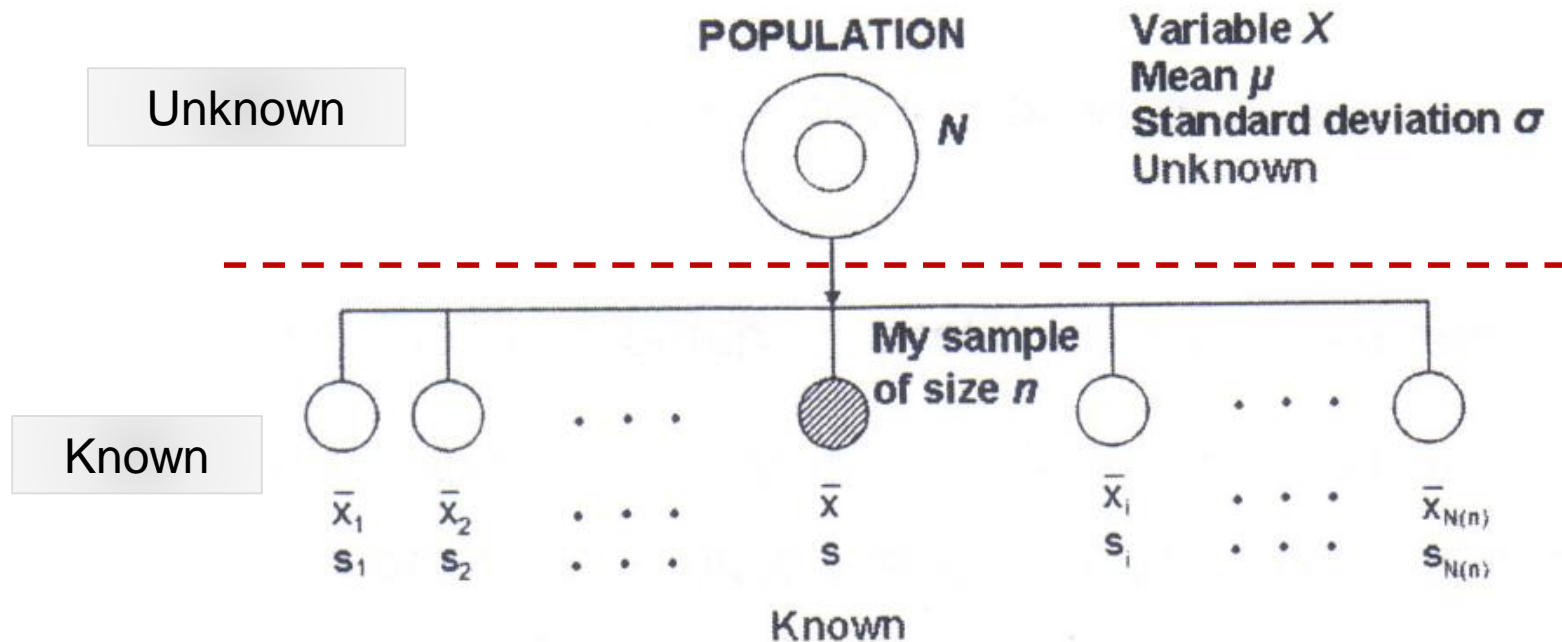


# "The mean" of the sampling means



Standard Error of the Error (SEM)

# Sampling theory



1. Average of all estimates  $\bar{x}_i = \sum \bar{x}_i / N(n) = \mu$  ( $\bar{x}$  is unbiased estimate of  $\mu$ )
2. The standard deviation of the means is called EE or SEM

$$SE(\bar{x}) = \sqrt{\frac{\sum (\bar{x}_i - \mu)^2}{N(n)}} = \frac{\sigma}{\sqrt{n}}$$



# Standard error of the mean SEM

$$SE(\bar{x}) = \sqrt{\frac{\sum(\bar{x}_i - \mu)^2}{N(n)}} = \frac{\sigma}{\sqrt{n}}$$

Very important concept in statistics

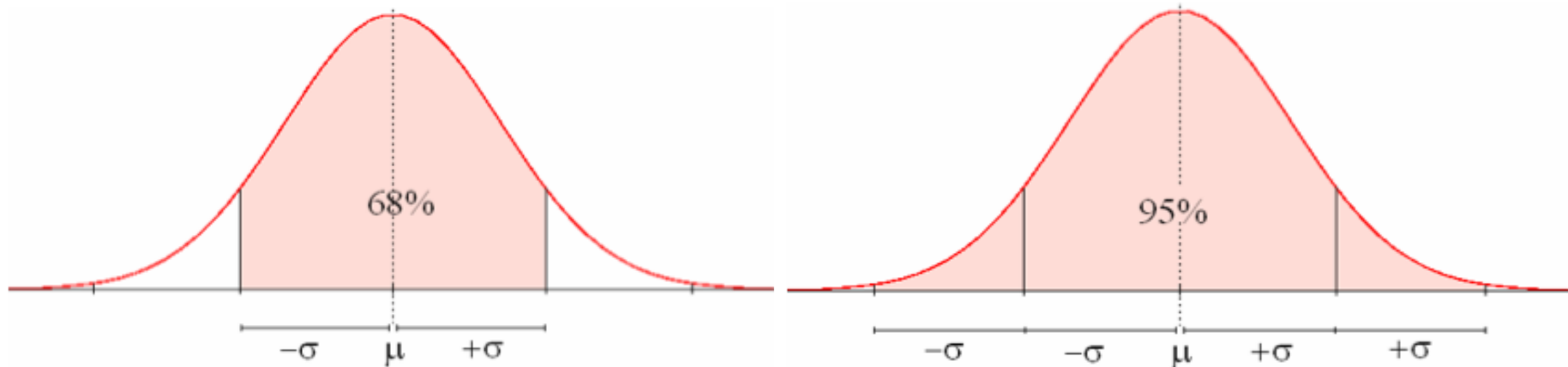
- The greater the " $\sigma$ " the SEM grows
- The higher the " $n$ " the SEM decreases
- Precision depends on variability and  $n$

# The normal distribution

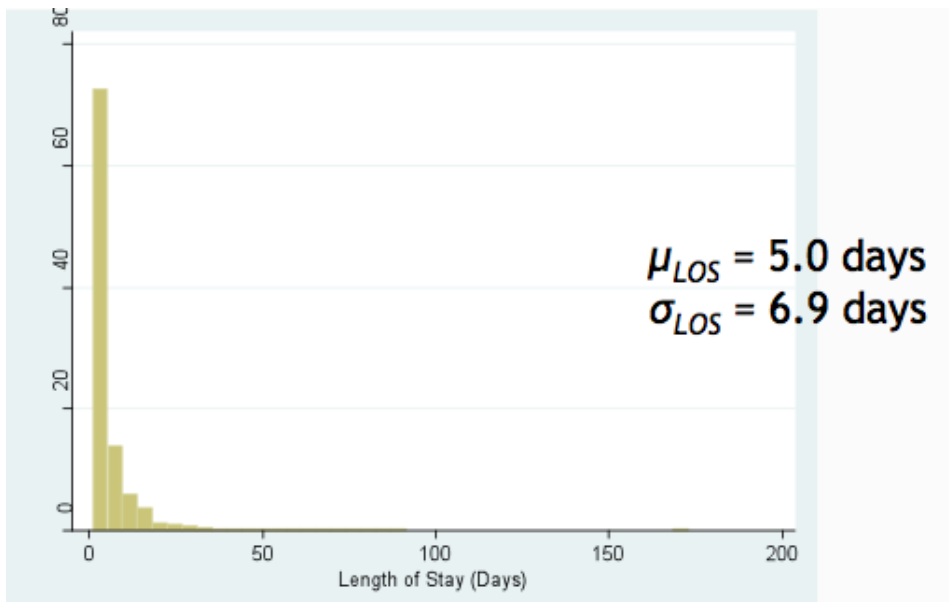
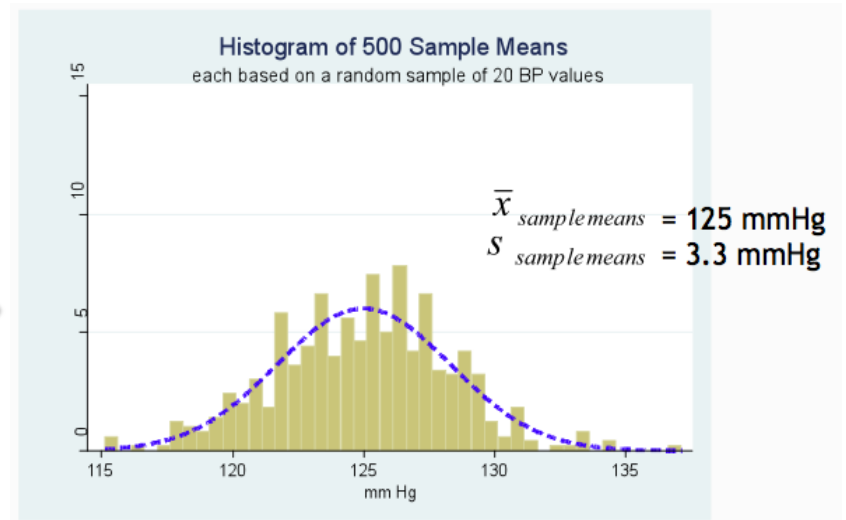
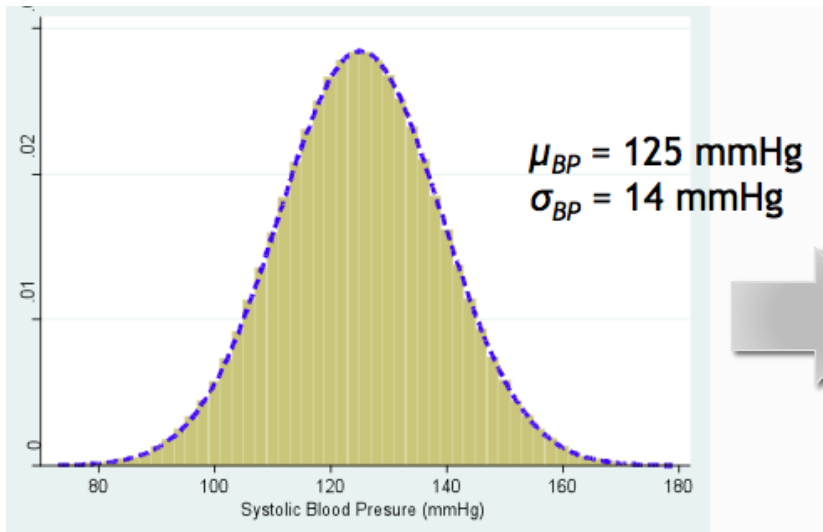


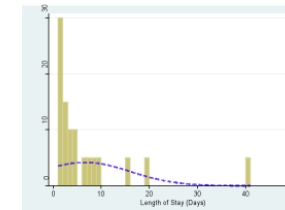
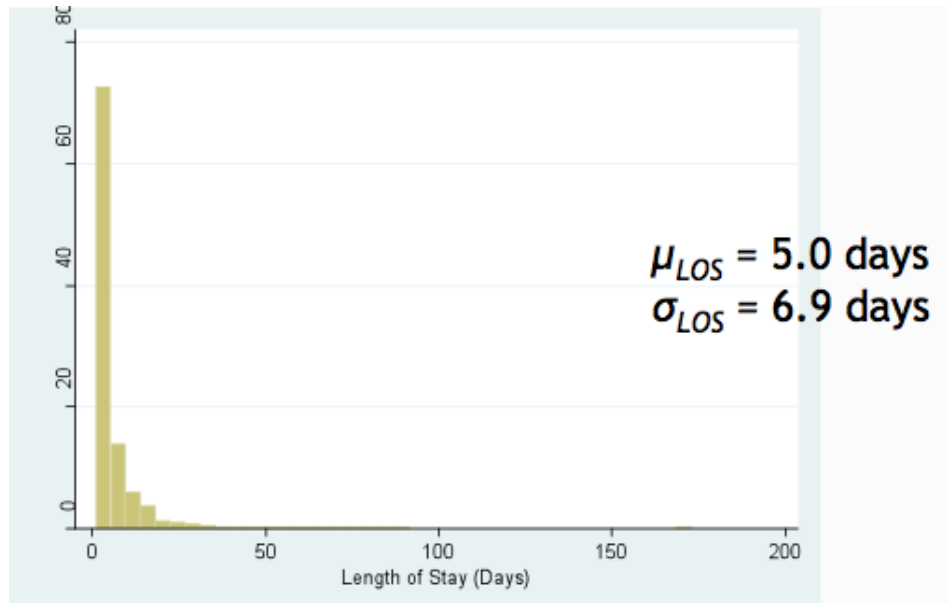
- Organization of naturally appearing "population" data
- Systolic blood pressure
  - Body temperature
  - Size, weight
- It is characterized by two parameters: the mean ( $\mu$ ) and the standard deviation ( $\sigma$ )
- 
- $N(\mu, \sigma)$  (centralization and variability)

# The normal distribution

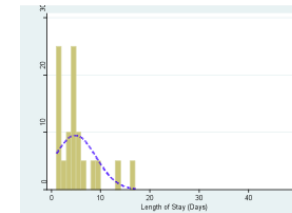


- Symmetrical and mean and median match
- At a distance from,
  - $\mu \pm 1 \sigma = 68\%$  of the data
  - $\mu \pm 1,96 \sigma = 95\%$  of the data
  - $\mu \pm 2,5 \sigma = 99\%$  of the data

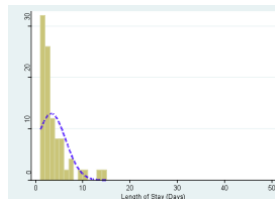




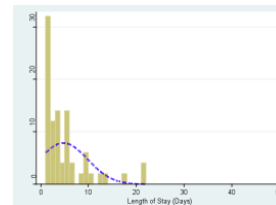
$\bar{x}_{LOS} = 6.6$  days  
 $s_{LOS} = 9.5$  days



$\bar{x}_{LOS} = 4.8$  days  
 $s_{LOS} = 4.2$  days



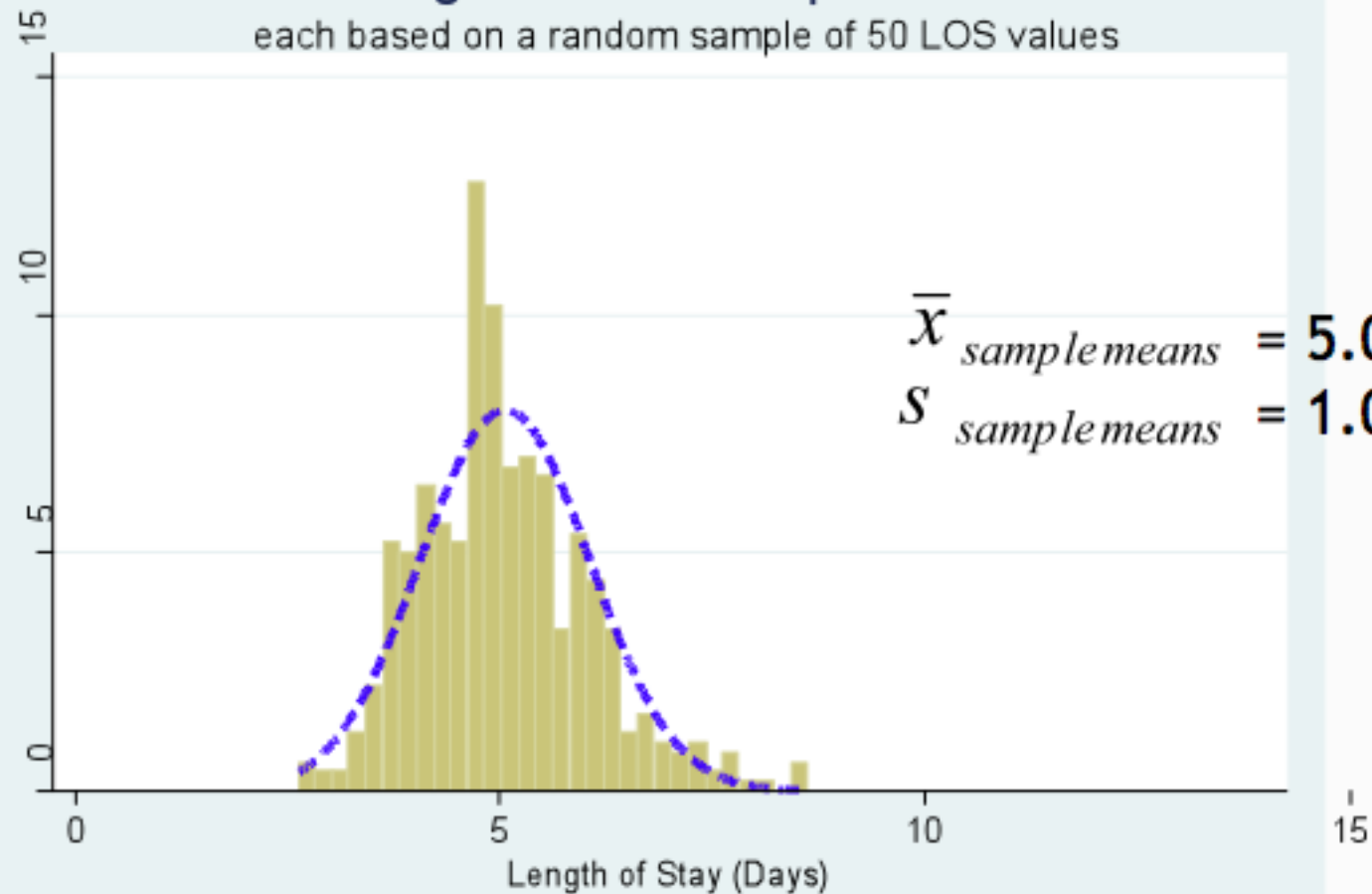
$\bar{x}_{LOS} = 3.3$  days  
 $s_{LOS} = 3.1$  days

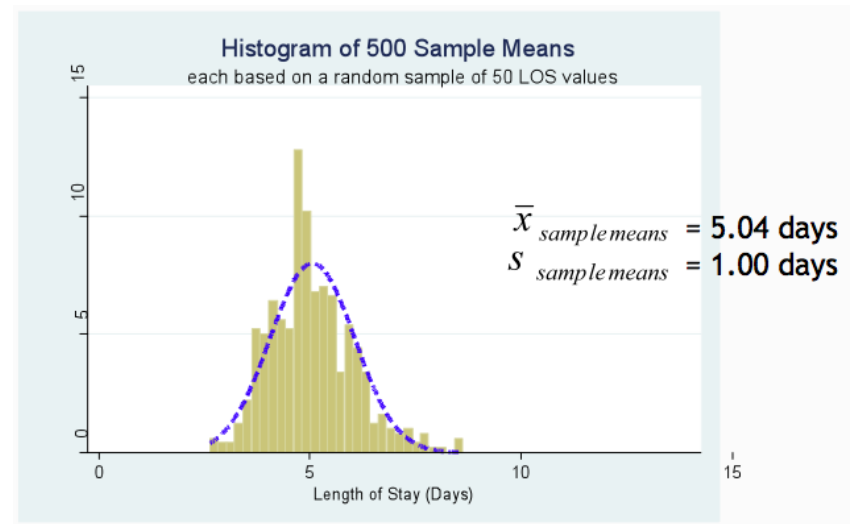
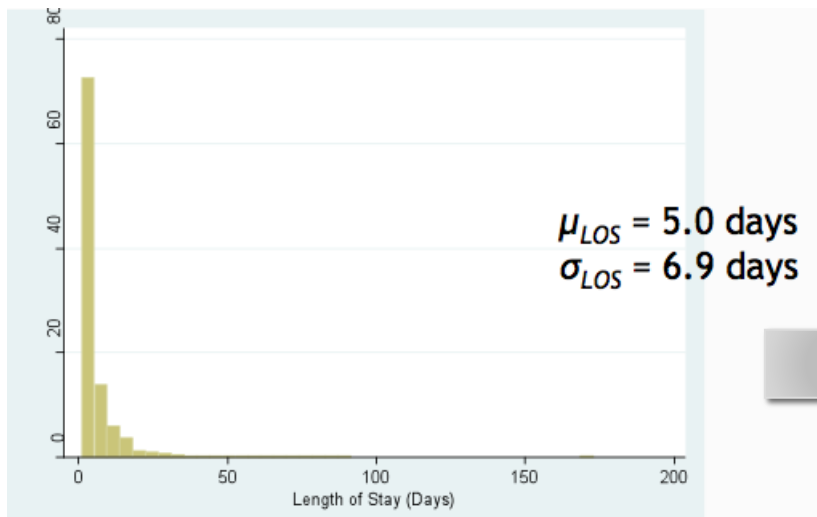
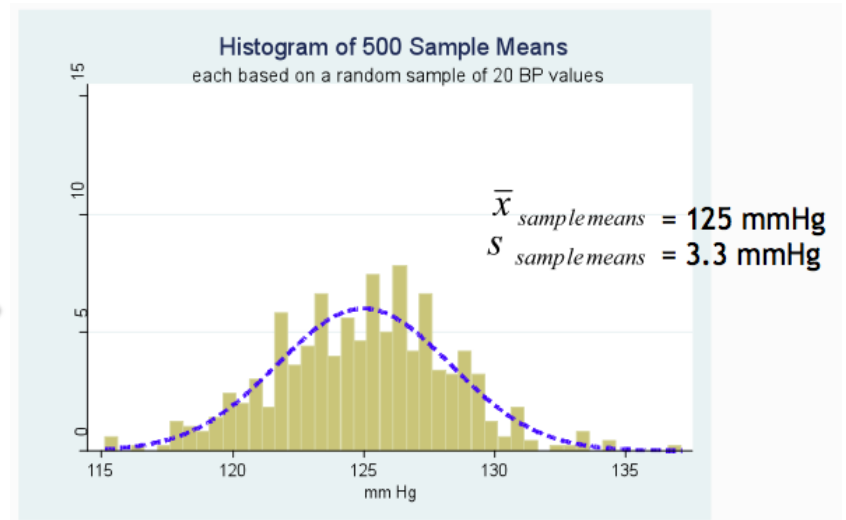
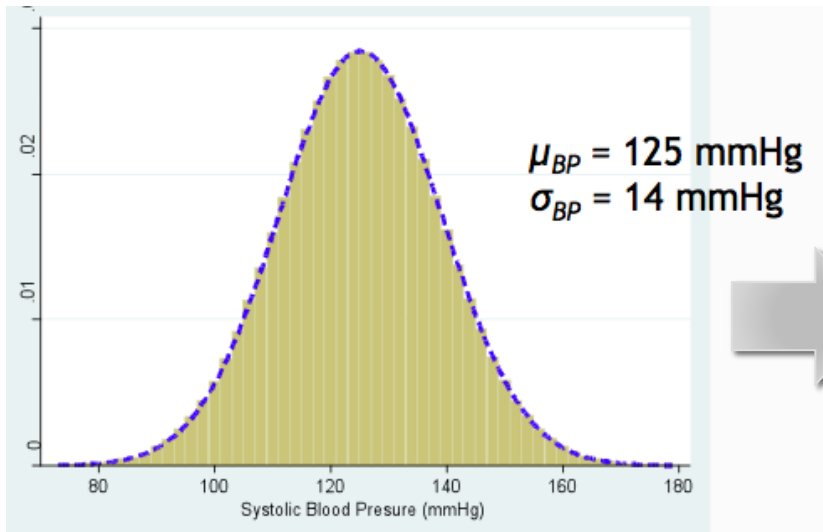


$\bar{x}_{LOS} = 4.7$  days  
 $s_{LOS} = 5.1$  days

## Histogram of 500 Sample Means

each based on a random sample of 50 LOS values





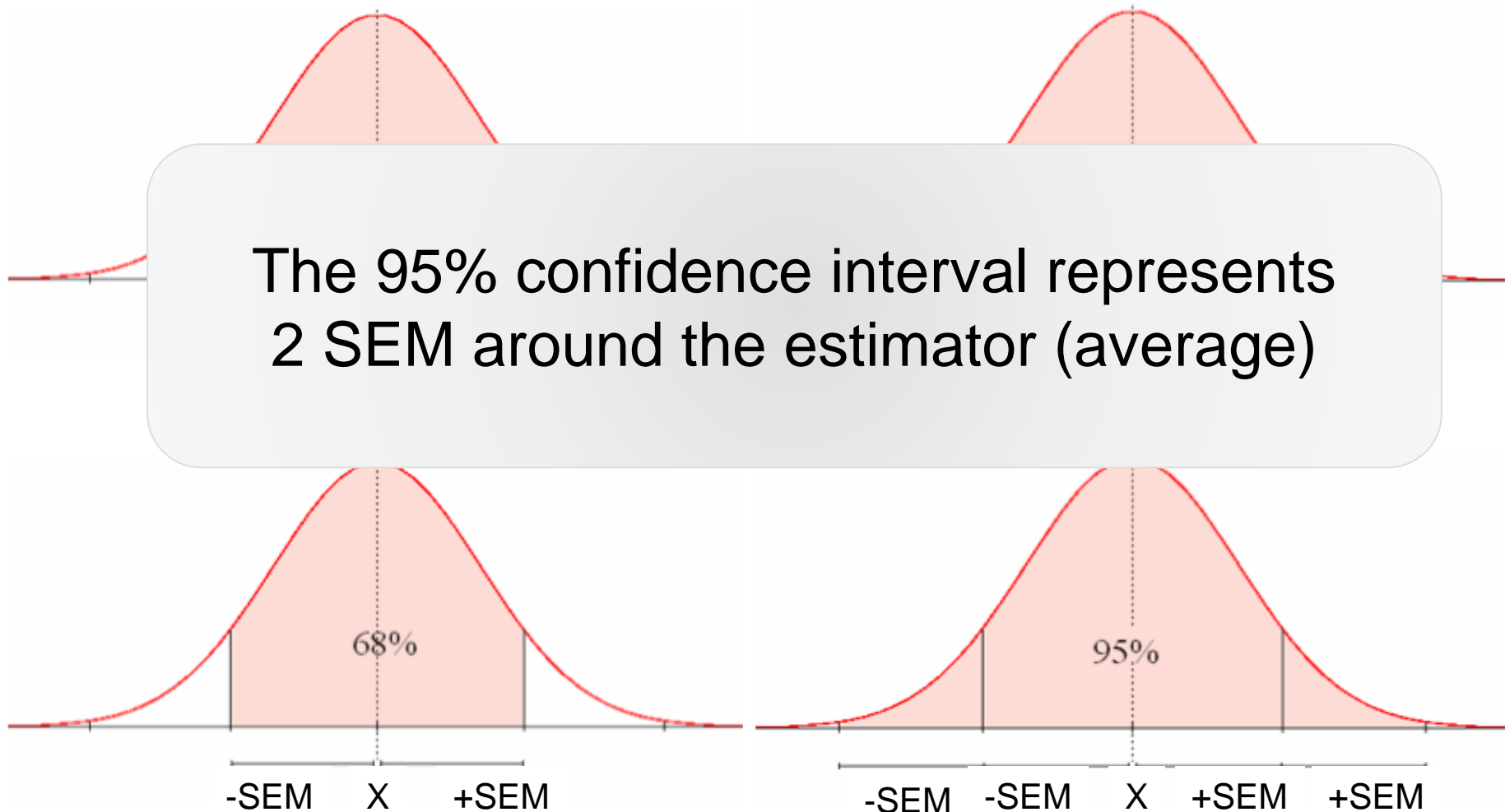
# Why is the normal distribution important?

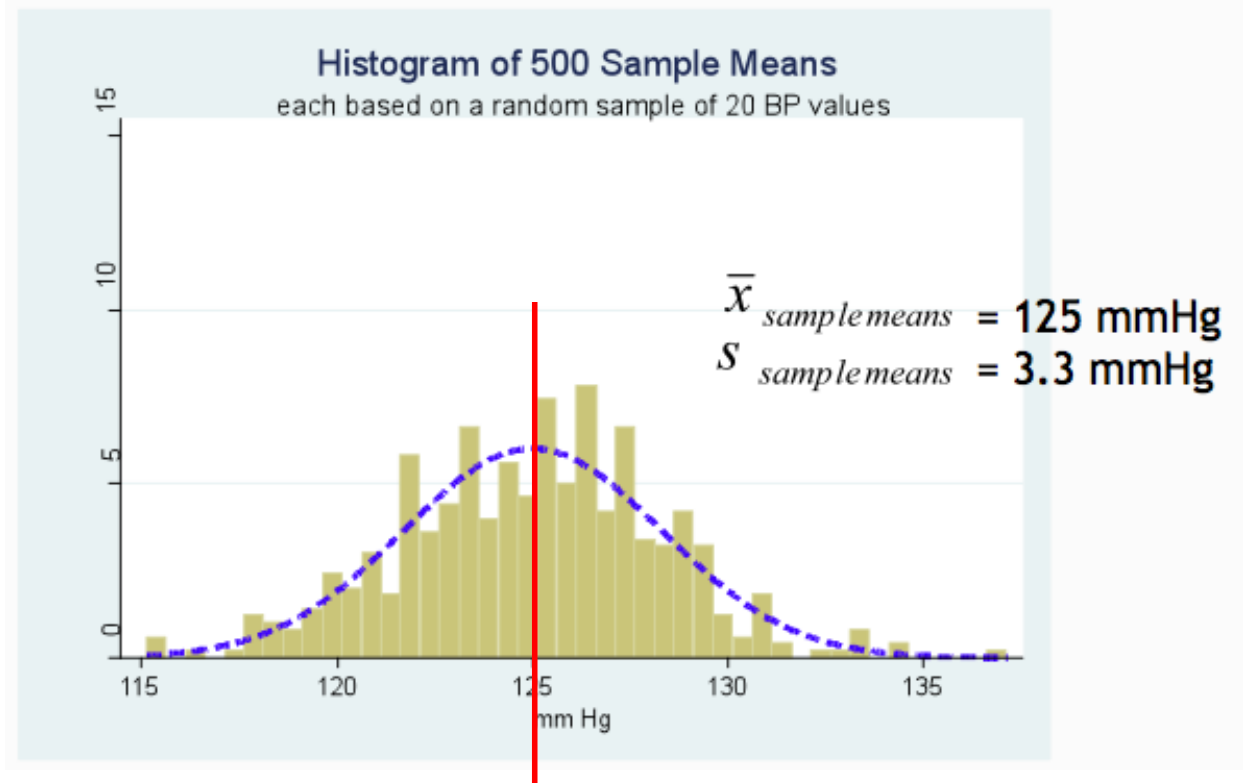
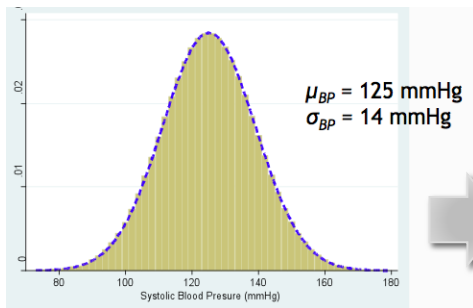
- Although a random variable does not have a "normal" population distribution, the distribution of certain data extracted from random samples DOES have it!
- Distributions of the sampling mean tend to be normally distributed even though the population data are not.
- Distribution of the sample mean is the best estimator of the population mean



# Standard error of the mean (SEM)

The 95% confidence interval represents 2 SEM around the estimator (average)





Lower limit =  $\bar{x} - 1,96 (\text{SEM}) = 125 - (6,4) = 118,6 \text{ mmHg}$

Upper limit =  $\bar{x} + 1,96 (\text{SEM}) = 125 + (6,4) = 131,4 \text{ mmHg}$

Mean 125 mmHg, CI 95% (118 - 131)

# 95% confidence interval

- It is a measure of the dispersion of the estimate under study
- Represents a range in which the actual population parameter is found 95% of the time (frequentist)
- It is obtained from the standard error and can be calculated for any estimand: mean, proportions, OR, RR,  $r^2$ , etc.
- More useful than the same estimator because it evaluates "uncertainty"

# 95% confidence interval

- Provides a range of possible values for the parameter
- The researcher will never be able to observe the real parameter
- "X" is the best estimate you can have from your sample
- The 95% CI starts with this estimate and also provides the degree of uncertainty in this amount.

# Por ejemplo, (p)

**Table 2** Frequency of the incidence of inadequate postoperative analgesia.

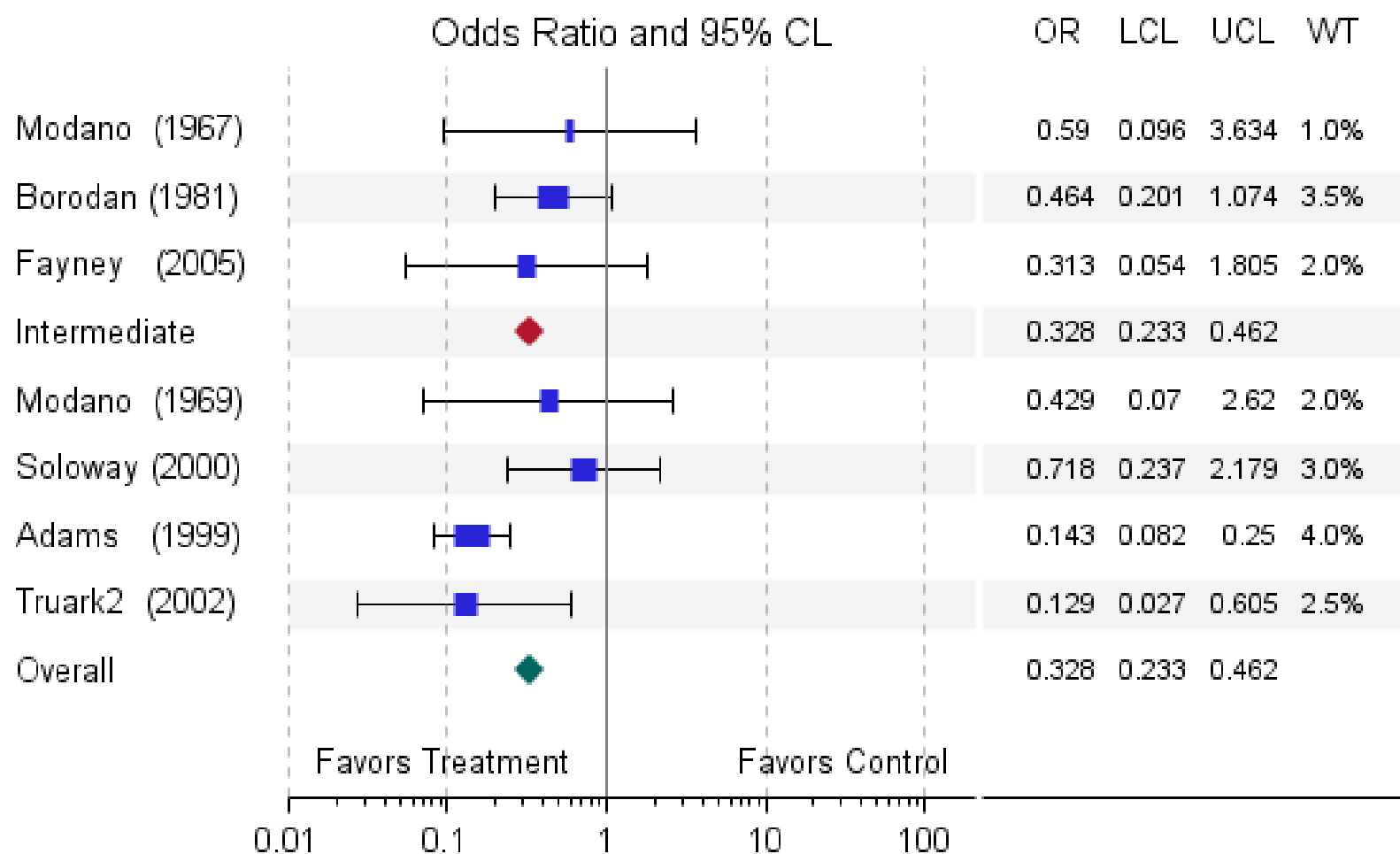
Frequency	<i>n</i> (to 798, %)	95% CI of percentage
Never	457 (57.3)	48.3–68.6
Rarely	241 (30.2)	22.5–37.1
Occasionally	85 (10.6)	5.2–16.4
Frequently	15 (1.9)	0.8–3.7

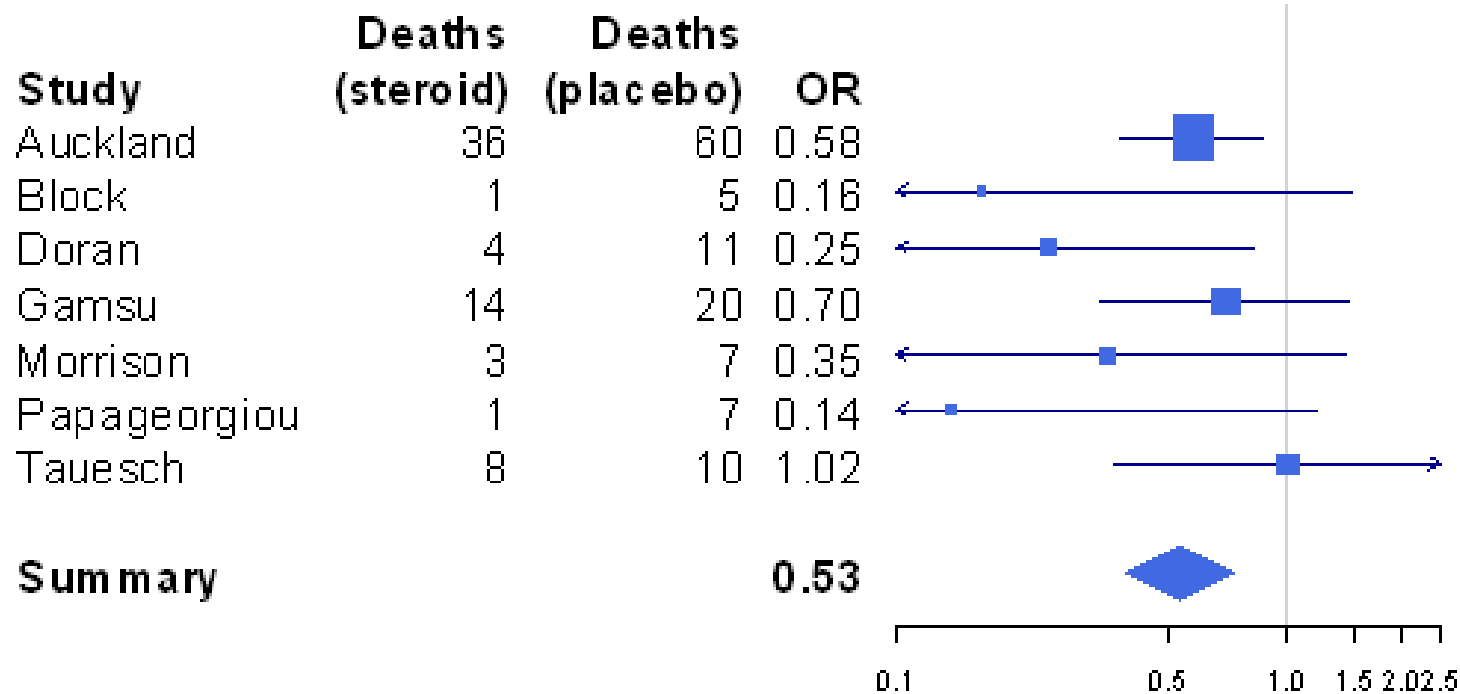
Rarely: 1–2 times 1 month; occasionally: 2–5 times 1 month; frequently: >5 times 1 month.

## **Prevalence of moderate–severe pain**

The calculated prevalence rate of moderate–severe pain in this population was 27% (95% CI, 23% to 32%).

## Impact of Treatment on Mortality by Study





Cochrane

# Finally:

## Standard deviation "versus" standard error

- The term "standard deviation" refers to the variability of observations in a population or sample. (Reference ranges).
- The "standard error" is also a measure of variability, but it applies to the distribution of multiple sample means taken from a population (the basis of the 95% CI).





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# HYPOTHESIS TESTING

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***Jose Andres Calvache MD MSc PhD***

*Department of Anesthesiology, Universidad del Cauca, Colombia*

*Department of Anesthesiology, Easmus University Medical Centre, Rotterdam, The Netherlands*

# Test or hypothesis contrasts

- A statistical hypothesis is a statement regarding some characteristic of a population.
- This hypothesis has not yet been tested.
  - The average age of patients in the emergency room is 30 years
  - The proportion of hospitalized male patients is 40%
  - Gender is associated with having type 2 diabetes
- To contrast a hypothesis is to compare the statements with the reality we observe –in a sample-.

*According to such a comparison,  
we will “accept or reject” our hypotheses.*



I think the average age  
is 30 years !

*But there are too many !*



$X_{\text{age}} = 68$  years old



The difference is  
very large

**I reject my  
hypothesis!!**

# Hypothesis

- It is a statement about parameters of a population
  - Means
  - Proportions
  - Standard deviation
  - Association, correlation, etc

***If we want to contrast it, you must  
set up BEFORE analysis***

# Contrasts of hypotheses – Steps,

1. Identify and construct the hypothesis
2. Collect our data (sample)
3. Define a level of significance
4. Make a decision regarding contrast

# 1. Identify and construct the hypothesis

## Null hypothesis $H_0$

- The one we contrast
- Non-association
- Our data can refute it
- It should not be rejected without good reason
- Sign =

## Alternative hypothesis $H_1$

- Denies or opposes  $H_0$
- There is an association
- Data can show evidence on its favor
- It should not be accepted without great evidence on its favor
- Sign  $\neq, <, >$

# The null and alternative hypothesis ( $H_0 - H_1$ )

- Gender is associated with the incidence of type 2 diabetes!

**Null hypothesis  $H_0$**

$$p_m = 50\%$$

**Alternative hypothesis  $H_1$**

$$p_m \neq 50\%$$

# The null and alternative hypothesis ( $H_0 - H_1$ )

- The average age of patients is 30 years

$$\mu = 30 \text{ years}$$

- The average age of patients **is not** 30 years

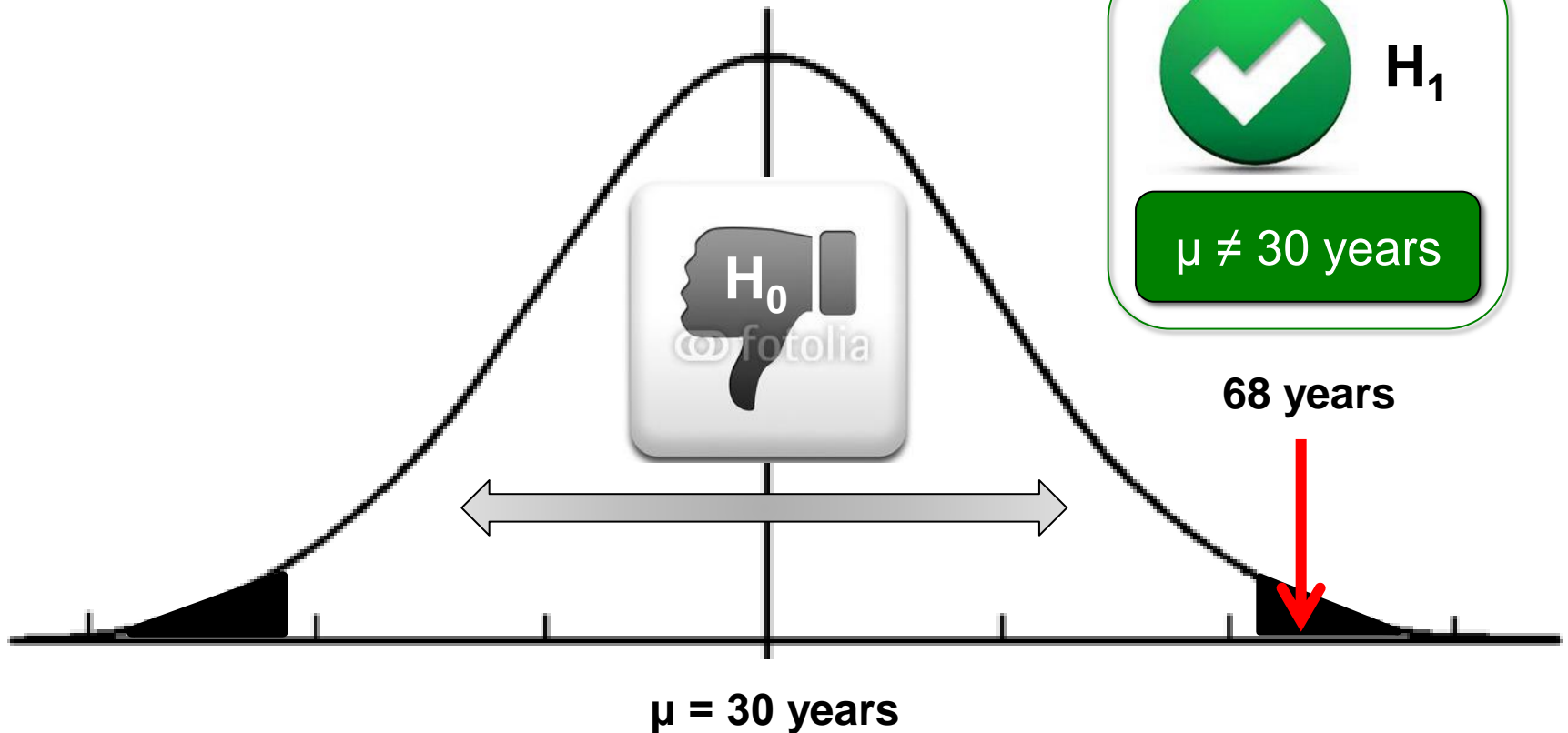
$$\mu \neq 30 \text{ years}$$



# Reasoning of the hypothesis contrast,

$$H_0 = \mu = 30 \text{ years}$$

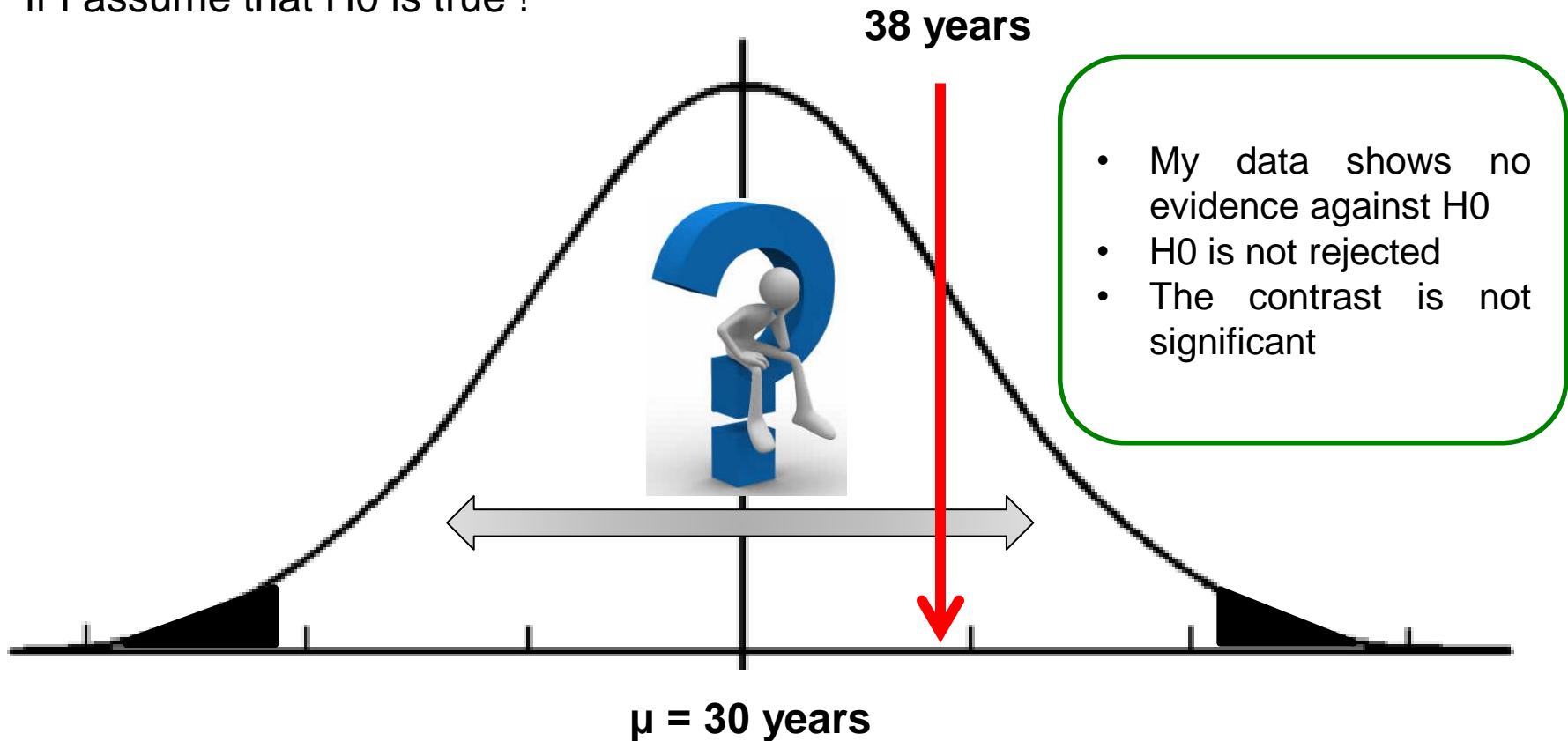
If I assume that  $H_0$  is true !



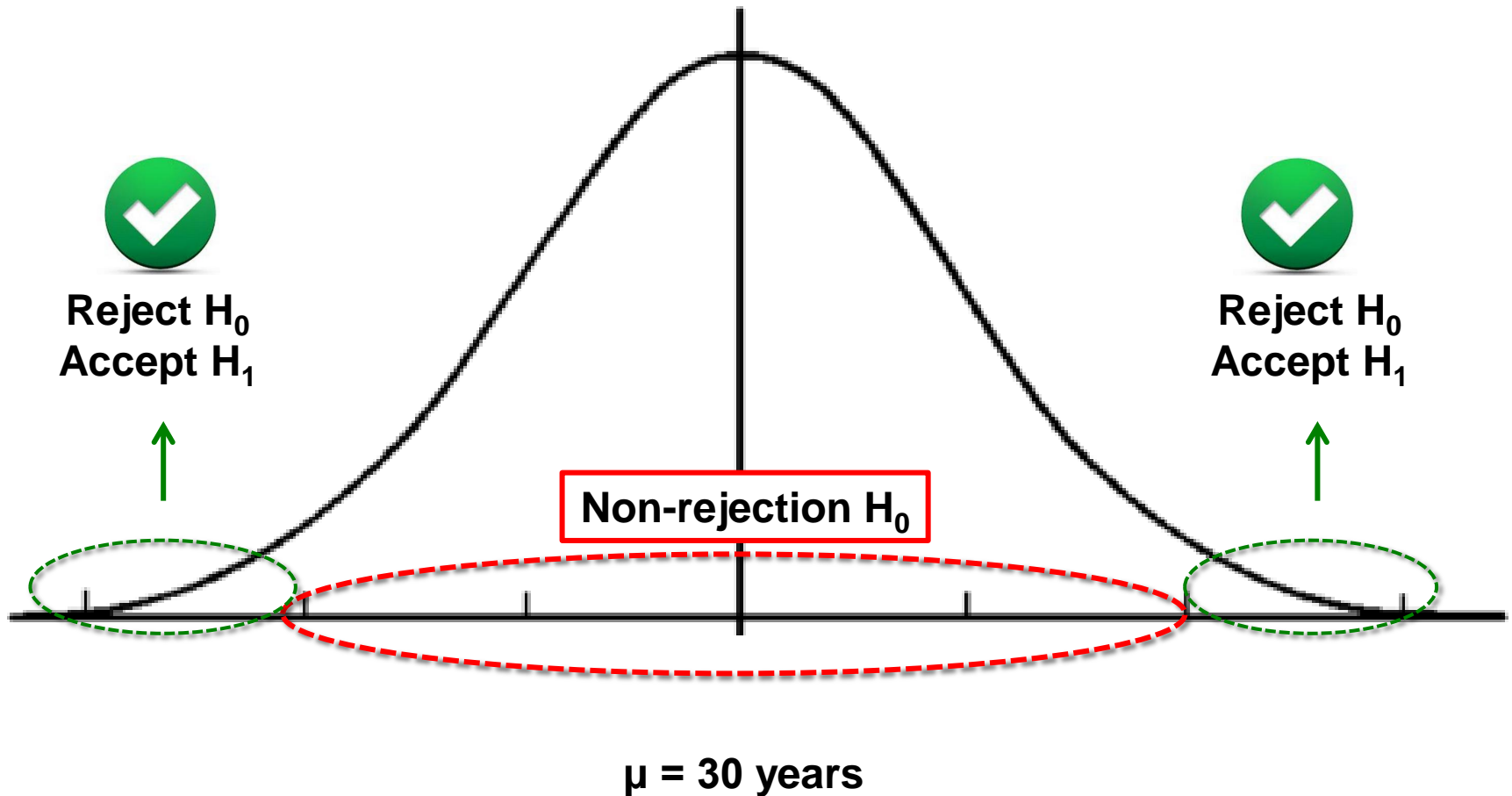
# Reasoning of the hypothesis contrast,

$$H_0 = \mu = 30 \text{ years}$$

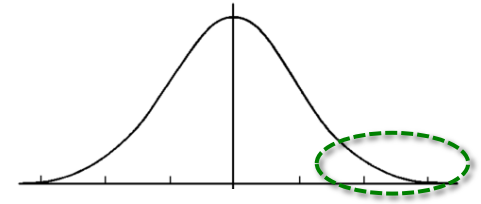
If I assume that  $H_0$  is true !



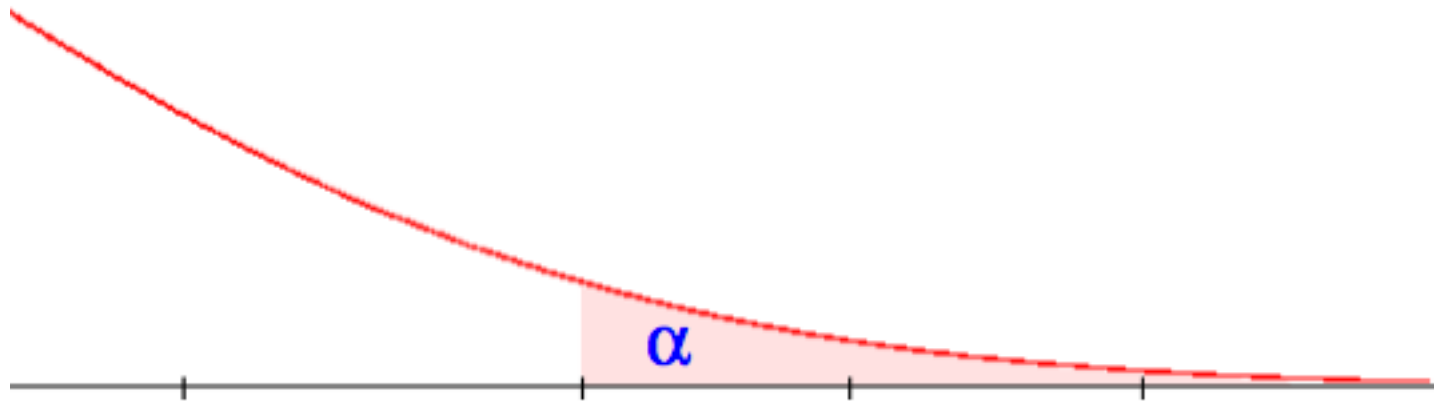
# Level of significance



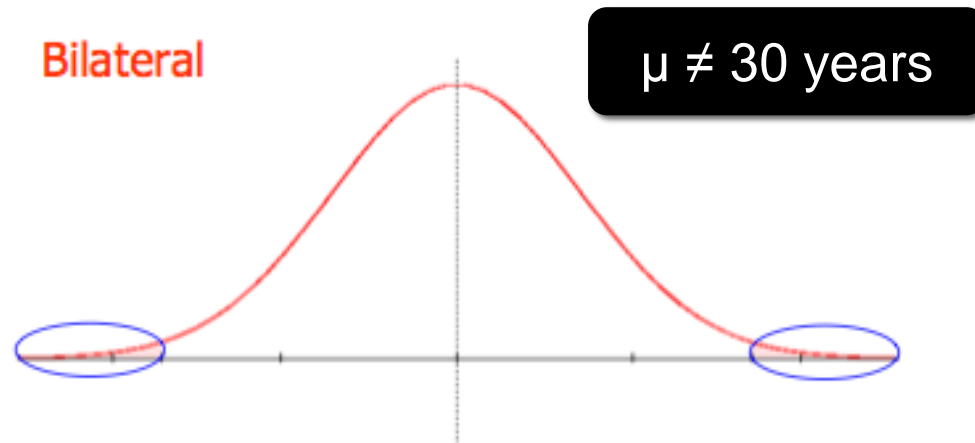
# Nivel de significación



- Identified with the Greek letter  $\alpha$
- Corresponds to a small value (1%, 5%)
- Fixed by the researcher before the contrast
- It is the probability of rejecting  $H_0$ , when it is true

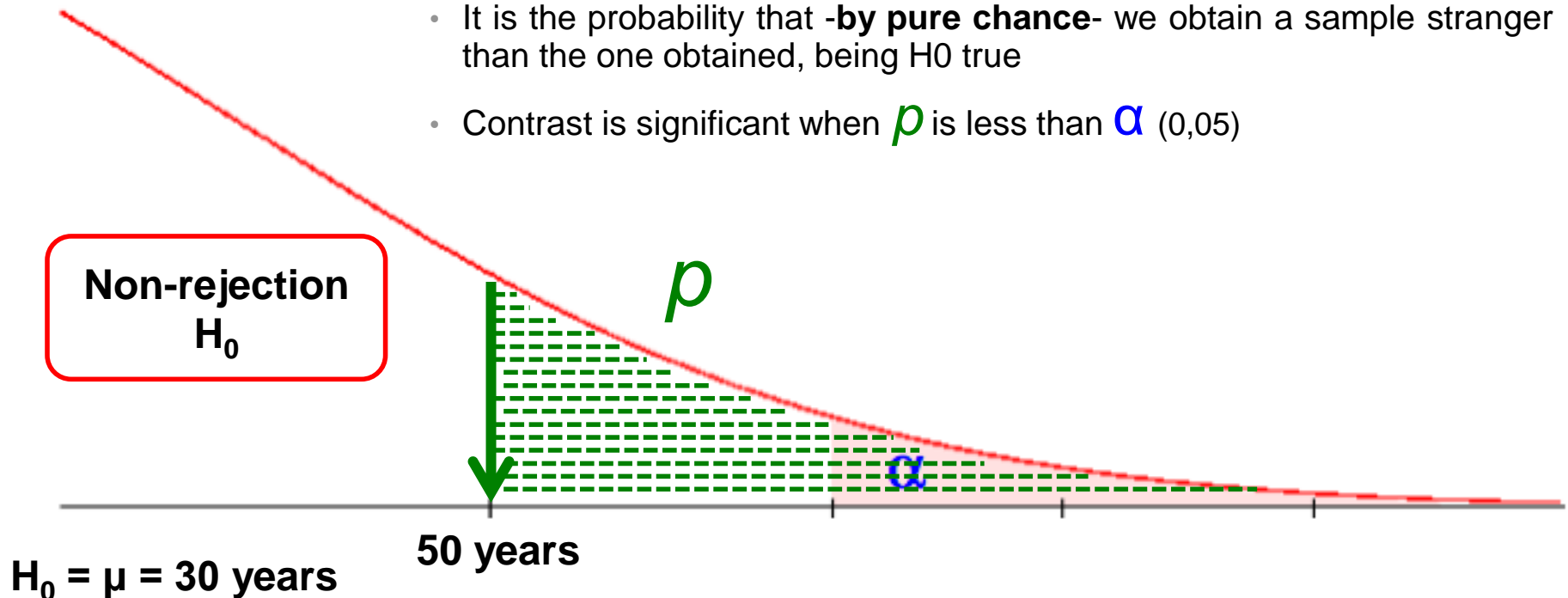


# Unilateral or bilateral contrast ( $H_1$ )



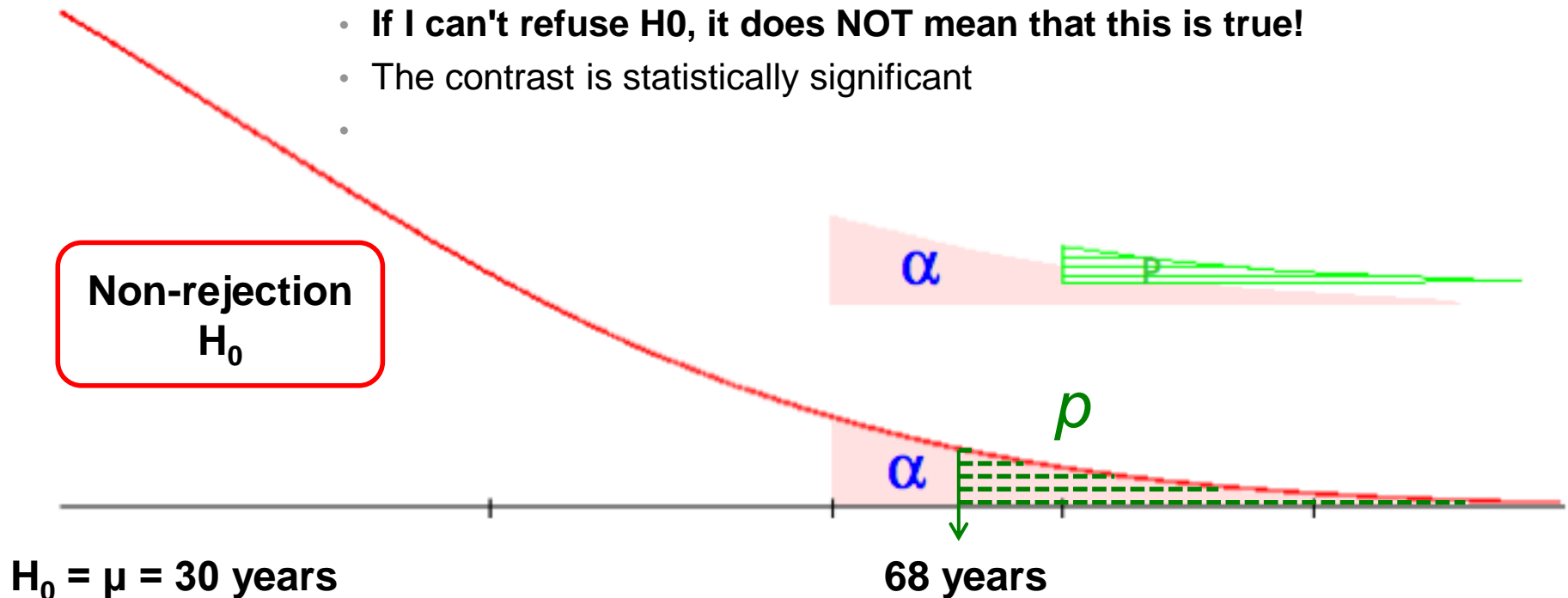
# Signification ( $p$ value)

- It is the probability that an area that started right at the value of the statistic obtained from the sample would have.
- It is the probability of having a sample that disagrees even more than ours of  $H_0$
- It is the probability that **-by pure chance-** we obtain a sample stranger than the one obtained, being  $H_0$  true
- Contrast is significant when  $p$  is less than  $\alpha$  (0,05)



# Signification ( $p$ value)

- The area of  $p$  is lower than that of  $\alpha$  ( $p < 0,05$ )
- The result obtained in my study disagrees more than tolerated *a priori*
- I have enough evidence in my sample to reject  $H_0$  and accept  $H_1$
- **If I can't refuse  $H_0$ , it does NOT mean that this is true!**
- The contrast is statistically significant
- 



# In short, $\alpha$ and $p$

- Level of significance  $\alpha$

- It is known before starting the study. It's a small value.

- Signification  $p$

- It is obtained after performing the study. If it is less than  $\alpha$  the contrast is significant.

Statistical analysis was performed using the MedCalc software package (Mariakerke, Belgium). For all experiments,  $\alpha$ -level was set at 0.05.

Descriptive statistics, including mean values, standard deviations, and distributions, were used to present the data. The data were analyzed using Statistical Package for the Social Sciences (SPSS) version 16.0 (SPSS, Inc., Chicago, IL, USA). For categorical data, group comparisons were analyzed using chi-square tests for normal distribution. Statistical significance was defined at a  $P$ -value of  $\leq 0.05$ .

and barriers to resident research education. Data are presented as counts and percentages of responses. All reported  $P$  values are 2-sided.  $P < 0.01$  was required to reject the null hypothesis and to account for multiple comparisons. Confidence intervals (CIs) for differences in pro-



# Risks in the contrast of hypotheses



- Presumption of innocence
- Evidence will help me reject it
- If rejection wrongly has serious consequences

- It should not be accepted if the evidence is not overwhelming.
- If rejection wrongly has "less" serious consequences

- $H_0$ 
  - He is innocent.
  - Until proven otherwise

- $H_1$ 
  - He is guilty
  - Must be penalized



# Judicial legal process



		In reality	
		Innocent	Guilty
Judge's verdict	Innocent	OK	Error Less serious
	Guilty	Error "Very serious"	OK

# Other examples,

- Imagine a clinical trial testing a new antibiotic treatment for the management of severe central nervous system infections – very expensive
- $H_0$ : Treatment in clinical trial has no effect on reality
- $H_1$ : The treatment has a real effect

	Realidad	
	$H_0$ true	$H_0$ false
Result of the study No Rejection $H_0$	<p>Correct</p> <p>The treatment has no effect and so it is decided.</p>	
Reject $H_0$ Accept $H_1$		<p>Correct</p> <p>The treatment has an effect and the study confirms it.</p>

# Types I and II errors

- **Type I : ( $\alpha$ )**  $P(\text{reject } H_0 \mid H_0 \text{ is true})$   
Level of significance = 0,05 (5%)
- **Type II : ( $\beta$ )**  $P(\text{accept } H_0 \mid H_0 \text{ is false})$  (less bad )  
 $1 - \beta$  :  $P(\text{reject } H_0 \mid H_0 \text{ is false})$  – **STATISTICAL POWER**

# Balance between $\alpha$ and $\beta$

- For a fixed sample size, the two types of error cannot be reduced at the same time
- To reduce  $\beta$  (or increase statistical power) you have to increase the sample size

# Final summary,

- Hypothesis contrast
  - Strategy for creating a decision (about a parameter)
  - Evaluates the probability of finding samples that differ even more than the one obtained
  - Provide a p value to be able to discriminate
  - **Too much binary and recently very criticized**
- Confidence intervals
  - Quantifies the effect of interest (parameter) and the uncertainty of the estimate
  - Provides a range in which the parameter could be located
  - Allows to evaluate the clinical interest of the estimate
  - It should always be used -when possible-

# Use of Confidence Intervals in Interpreting Nonstatistically Significant Results

Alexander T. Hawkins, MD, MPH; Lauren R. Samuels, PhD

- The goal of much of medical research is to determine which of 2 or more therapeutic approaches is most effective in a given situation
- The power of a study is the probability of detecting a true treatment effect of a given magnitude and is highly dependent on the number of patients studied
- When a “retrospective” observational study design is used, researchers have little or no control over the sample size, and thus little control over the power to detect a particular treatment effect



