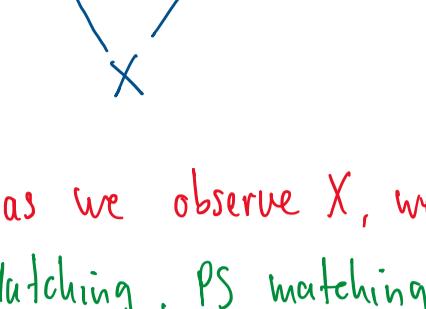


# Intro to instrumental variables (IV)

12.07.21 10:28

Classic confounding setup:  $X$  affects treatment  $A$  & affects outcome  $Y$



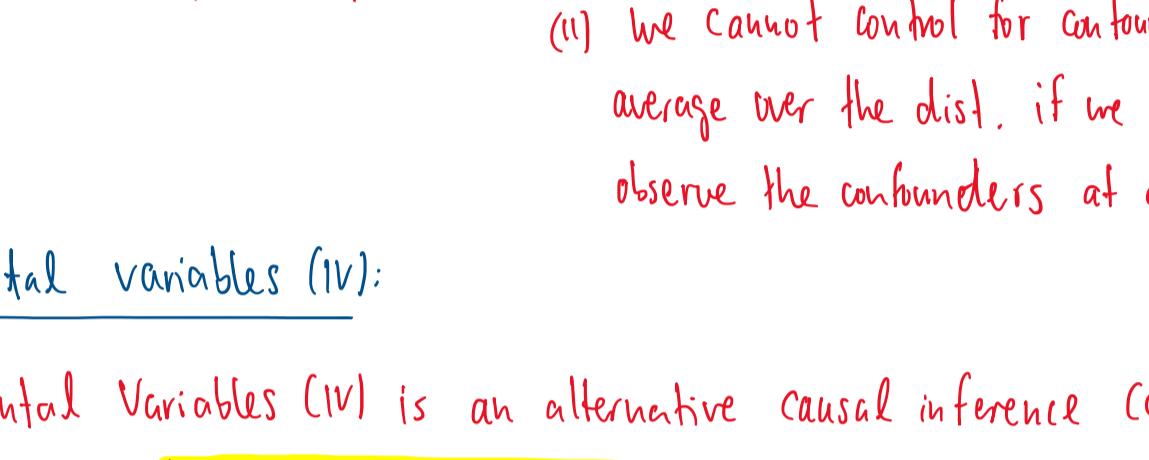
→ as long as we observe  $X$ , we can analyze causal effects using methods  
s.a.: Matching, PS matching, IPTW

→ even if there are risk factors, that only affect  $Y$ , it's valid to simply control for  $X$

Reality: Unmeasured confounding:

→ there will be unmeasured/unobserved variables,  $U$ , that affect  $A$  and  $Y$ .

↳ in this case we have unmeasured confounding.



here: the ignorability assumption

$(Y \perp\!\!\!\perp A \mid X)$  is violated!!!

problems caused in DAG above:

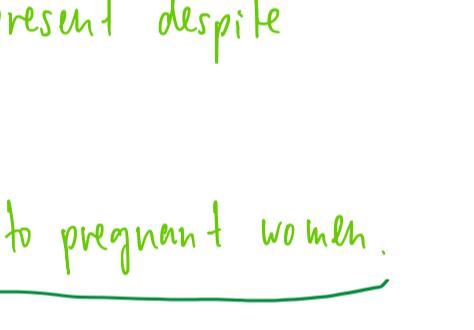
- (i) biased estimates of causal effects.
- (ii) we cannot control for confounders and average over the dist. if we do not observe the confounders at all.

Instrumental variables (IV):

- Instrumental Variables (IV) is an alternative causal inference (CI) method that does not rely on the ignorability assumption.

-  $Z$  is the instrumental variable (IV) which affects treatment assignment  $A$ .  $Z$  doesn't directly affect the outcome  $Y$ .

- think of  $Z$  as "encouragement"  
(e.g. higher  $Z$ , more encouragement for treatment)  
(lower  $Z$ , less encouragement for treatment)



-  $Z$  is randomized; thus some part of the treatment is being explained by  $z$ th, that is random.

Example for an IV  $Z$ :

$A$ : Smoking during pregnancy (yes/no)

$Y$ : birth weight  $X$ : (parity, weight of mother, age of mother)

Concern: Could be unmeasured confounding still present despite observing  $X$ .

Challenge: Unethical to randomly assign smoking to pregnant women.

Encouragement Design:

$A$ : smoking /  $Y$ : birth weight /  $X$ : (parity, mother age, weight, etc.)

new:  $Z$ : randomize to either receive "encouragement" to stop smoking ( $Z=1$ ) or receive usual care ( $Z=0$ )

↳ Idea: Enrol only women who are smokers and randomize them into 2 groups:

group 1:

group 2:

④ usual care ( $Z=0$ ).

④ care with extra encouragement

to stop smoking (some active intervention, aimed at preventing smoking ( $Z=1$ )).

Encouragement design:

- intention-to-treat analysis would focus on the causal effect of encouragement:

$$E(Y^{Z=1}) - E(Y^{Z=0})$$

this however would only be the causal effect of encouragement, NOT of the "treatment" smoking itself.

the avg. birthweight we would expect if the whole population was encouraged ( $Z=1$ ) to e.g. quit smoking.

the avg. birthweight if whole population had been given the usual care ( $Z=0$ ).

- intention-to-treat effect:  $E(Y^{Z=1}) - E(Y^{Z=0})$ .

⇒ BUT what can we say about the causal effect of smoking?

↳ this is the focus of IV methods.

IVs:

- sometimes: IV is randomly assigned as part of the study → randomized on purpose.

- other times: IV is randomized in nature (natural experiment)

- Mendelian randomization

- quarter of birth

- geographic distance to specialty care provider

encourages visit to health care/medicine providers.