

# Lecture 9: Interpretation, causality, cautionary notes

## BIO144 Data Analysis in Biology

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02 May, 2022

## Recap of previous lecture

- ▶ Model selection is difficult.
- ▶ **Predictive vs explanatory** models.
- ▶ Information criteria for predictive models: AIC,  $AIC_c$  and BIC  
→ **model fit vs model complexity**
- ▶ Automatic model selection is inappropriate for explanatory models!
- ▶ Types of explanatory models
  - ▶ confirmatory
  - ▶ exploratory
- ▶ Strategies to fit explanatory models.

## Overview

- ▶  $P$ -values: Interpretation and (mis-)use
- ▶ Statistical significance vs biological relevance
- ▶ Relative importance of regression terms
- ▶ Causality vs correlation
- ▶ Bradford-Hill criteria for causal inference
- ▶ Experimental vs observational studies

# P-values

## Recap:

P-values are often used for *statistical testing*, e.g. by checking if  $p < 0.05$ .

## Examples:

- ▶  $T$ -test for a difference between two samples.
- ▶  $\chi^2$ -test for independence of two discrete distributions.
- ▶ Test if a regression coefficient  $\beta_x \neq 0$  in a regression model.

Such tests might be useful whenever a **decision** needs to be made (e.g., in clinical trials, intervention actions in ecology etc.).

## P-values in regression models

In regression modeling, the  $p$ -value is often used as an indicator of covariate importance. Remember the mercury example:

	Coefficient	95%-confidence interval	$p$ -value
Intercept	-0.68	from -0.90 to -0.46	< 0.0001
log10(Hg_soil)	0.03	from -0.06 to 0.11	0.49
vegetables	0.058	from -0.05 to 0.17	0.31
migration	-0.013	from -0.19 to 0.16	0.88
smoking	0.35	from 0.12 to 0.58	0.003
sqrt(amalgam)	0.29	from 0.19 to 0.39	< 0.0001
age	-0.041	from -0.07 to -0.02	0.001
mother	-1.09	from -1.82 to -0.35	0.004
sqrt(fish)	0.07	from 0.01 to 0.13	0.02
last_fish	0.31	from 0.15 to 0.47	0.0002
age:mother	0.057	from 0.03 to 0.09	0.0004

A common practice is to look only at the  $p$ -value and use  $p < 0.05$  to decide whether a variable has an influence or not ("is significant or not").

## P-values criticism

P-value **criticism is as old** as statistical significance testing (1920s!). Issues:

- ▶ The sharp line  $p < 0.05$  is **arbitrary** and significance testing according to it may lead to *mindless statistics* (Gigerenzer, 2004).
- ▶ *P-hacking* / data dredging: Search until you find a result with  $p < 0.05$ .
- ▶ Publication bias: Studies with  $p < 0.05$  are more likely to be published than "non-significant" results.
- ▶ Recent articles in *Science*, *Nature* or a statement by the *American Statistical Association (ASA)* in March 2016 show that the debate still continues (Goodman, 2016; Wasserstein and Lazar, 2016; Amrhein et al. 2019).
- ▶ Model selection using  $p$ -values may lead to a **model selection bias** (see last week).

# P-values even made it into NZZ (April 2016)

NZZ am Sonntag 3. April 2016

Wissen

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## Überschätzte Statistiken

Daten-Analysen entscheiden heute darüber, ob ein Medikament als wirksam gilt. Blos verstehten viele Forscher die Bedeutung dieser Berechnungen gar nicht. Von Patrick Imhasly

**K**ennen machen können nicht nur Menschen, sondern auch statistische Größen. Das gilt besonders für den sogenannten p-Wert, mit dem jeder Mediziner und Wissenschaftler Stützende in Kontakt kommt, vor allem aber jeder, der im weitesten Sinn etwas mit Statistik zu tun hat: Inzwischen ist der p-Wert Index zu die schleife Bahn geraten. Denn was er über den Wert eines Medikaments oder einer Gesundheitsmaßnahme aussagt, ist oft gar nicht so einfach zu verstehen wie mit einer statischen Gössle vermittelt umgeht.

**Wider die Null-Hypothese**

Der p-Wert sagt nicht das aus, was man von ihm erwarten würde. Erklärt die Berater Epidemiologe Peter Jüni, der seit kurzem am Applied Health Research Centre der Universität Toronto sitzt: Das bedeutet: Der p-Wert sagt nicht, ob ein Medikament oder eine bestimmte Hypothese zutreffig, und auch nicht, ob ein bestimmtes Resultat zufällig zustande gekommen ist, wie die ASA festhält. Vielmehr direkt: Der p-Wert ist die sogenannte Null-Hypothese zu testen, um sie möglichst zu verwirren.

Die Hypothese in einer Patientenstudie könnte zum Beispiel lauten, dass ein Medikament A gegen Nierenerkrankungen besser wirkt als ein P. D. B. Bei der Hypothese bestreitet dann genau das Gegenstell davon, nämlich dass das Medikament A nicht besser wirkt als das Medikament B. Beim Test berechnet der Forscher im Prinzip, wie gross die Wahrscheinlichkeit für das Auftre-

ten eines tatsächlich festgestellten oder noch grösseren Unterschieds zwischen den beiden untersuchten Medikamenten ist – unter der Annahme, dass die Null-Hypothese stimmt. Der p-Wert ist also desto kleiner, je kleiner und geringer er ist, desto weniger spricht für die Null-Hypothese. Ein p-Wert von 0,05 bedeutet, dass das festgestellte (oder ein nachgewiesenes) Ergebnis nicht durch Zufall bei Beobachtungen der Null-Hypothese mit einer Wahrscheinlichkeit von lediglich 5 Prozent zustande kommen kann – und nicht, dass eine bestimmte Hypothese auf einer Sicherheit von 95 Prozent steht.

Über die eigentlich untersuchte Hypothese kann der p-Wert nun indirekt etwas aussagen, weil er über zwei Ficken gedacht ist. Der optimistische Wissenschaftler kann daraus schließen, dass seine Hypothese wahrscheinlicher oder Zusammenhang. «Der p-Wert ist eine bedingte und nicht eine absolute Wahrscheinlichkeit», erklärt Peter Jüni. «Doch genau das verzerrt die Wissenschaftler, wenn sie es mit dem p-Wert tun.»

Hinzu kommt, dass die Signifikanzgrenze von 5 Prozent bzw. 1 Prozent historisch entstanden und fortwährend klar definiert wurde. Gelingt es nun, die Grenzen des Tests zu überwinden, so kann sie auch nach 5 %.

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Wissenschaftler verwenden den p-Wert immer häufiger, ohne zu verstehen, was er bedeutet – das fördert schlechte Forschung und untergräbt die Gültigkeit der Wissenschaft. «Bei Mediziner und Epidemiologe geht es eben darum, ob ein Medikament oder eine Studie von der Universität Stanford spricht in einem Kommentar von «Dragon». Wissenschaftler verwenden den p-Wert immer häufiger, ohne zu verstehen, was er bedeutet – das fördert schlechte Forschung und untergräbt die Gültigkeit der Wissenschaft. «Bei Mediziner und Epidemiologe geht es eben darum, ob ein Medikament oder eine Studie von der Universität Stanford spricht in einem Kommentar von «Dragon».

Die britischen Statistiker Jonathan Sterne und George Davey Smith haben schon vor 15 Jahren in «British Medical Journal» dazu

**Daten werden meist von Leuten analysiert, die nicht dafür ausgebildet sind.**

**5%**

**Kleiner als diese Wert muss der sogenannte p-Wert bei einem statistischen Test sein, dann gelten die Daten aus einer Studie als signifikant. Wahrnehmungskritik. Doch die Grenze ist offiziell gewählt. (grün.)**

aufgerufen, die Resultate von medizinischen Studien nicht mehr als «signifikant» oder «nichtsignifikant» darstellen zu dürfen, sondern im Kontext der gesamten Untersuchung und anhand anderer Ergebnisse zu interpretieren. Genötzt hat das herzlich wenig, wie das Team von John Ioannidis in einer sehr erfolgreichen Studie festgestellt hat. Dennoch sind in den vergangenen 23 Jahren in der biomedizinischen Forschung immer mehr Strafen erschienen, die p-Werte angeben, die zudem immer kleiner als 5 Prozent geworden sind, um sie zu maximieren. Diesen Effekt kann man leicht annehmen, dass die Wissenschaftler immer mehr Versuche unternehmen, um die Ergebnisse zu den festgestellten Effekten immer seltener zu erhalten («JAMA», Bd. 315, S. 14).

**Es gibt Alternativen**

Das Problem ist dabei nicht nur, dass der p-Wert ein ungünstig einfaches statistisches Instrument ist. «Studien führen heute zu demasiassen vielen Daten, dann muss eben Untergrenzen gesetzt werden, um die Menge von p-Werten kontrollieren», erklärt Leonhard Held. «Über eine oder andere Zahl dann bestimmt signifikant aus, auch wenn kein Effekt vorhanden ist.» Leonhard Held und Peter Jüni verzweifeln an der politischen Rolle der Planung und Auswertung von Studien schon lange nicht mehr nur auf die p-Werte.

Jüni empfiehlt, die Resultate von Studien mindestens mit Voraussetzungen zu versehen, die eine Aussage über die Unsicherheit einer Schätzung machen. Und Held erfordert alternative Maße für statistische Evidenz – zum Beispiel Bayes-Faktoren. Mit ihrer Hilfe kann sich die Wahrscheinlichkeit einer Hypothese anhand der Daten anpassen, statt dass diese wie beim p-Wert nach einem Schwarz-Weiß-Schema angenommen oder abgelehnt wird.



Note: R.A. Fisher, the “inventor” of the  $p$ -value (1920s) didn’t mean the  $p$ -value to be used in the way it is used today (which is: doing a single experiment and use  $p < 0.05$  for a conclusion)!

From Goodman (2016):

*Fisher used "significance" merely to indicate that an observation was worth following up, with refutation of the null hypothesis justified only if further experiments "rarely failed" to achieve significance. This is in stark contrast to the modern practice of making claims based on a single demonstration of statistical significance.*

The misuse of  $p$ -values has led to a **reproducibility crisis** in science!

## Essay

# Why Most Published Research Findings Are False

John P. A. Ioannidis

## Summary

There is increasing concern that most current published research findings are false. The probability that a research claim is true may depend on study power and bias, the number of other studies on the same question, and, importantly, the ratio of true to no relationships among the relationships probed in each scientific field. In this framework, a research finding is less likely to be true when the studies conducted in a field are smaller; when effect sizes are smaller; when there is a greater number and lesser preselection of tested relationships; where there is greater flexibility in designs, definitions, outcomes, and analytical modes; when there is greater financial and other interest and prejudice; and when more teams are involved in a scientific field in chase of statistical significance. Simulations show that for most study designs and settings, it is more likely for a research claim to be false than true. Moreover, for many current scientific fields, claimed research findings may often be simply accurate measures of the prevailing bias. In this essay, I discuss the implications of these problems for the conduct and interpretation of research.

factors that influence this problem and some corollaries thereof.

## Modeling the Framework for False Positive Findings

Several methodologists have pointed out [9–11] that the high rate of nonreplication (lack of confirmation) of research discoveries is a consequence of the convenient, yet ill-founded strategy of claiming conclusive research findings solely on the basis of a single study assessed by formal statistical significance, typically for a  $p$ -value less than 0.05. Research is not most appropriately represented and summarized by  $p$ -values, but, unfortunately, there is a widespread notion that medical research articles

## It can be proven that most claimed research findings are false.

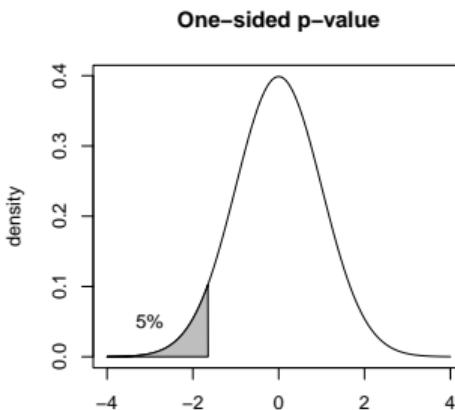
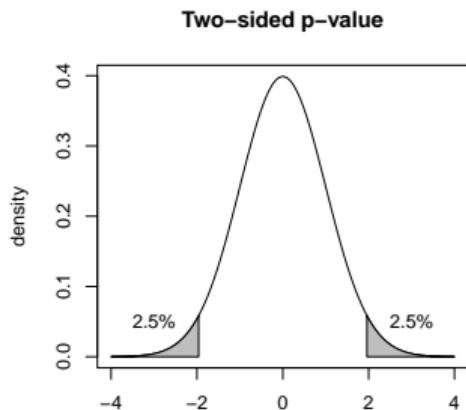
should be interpreted based only on  $p$ -values. Research findings are defined here as any relationship reaching formal statistical significance, e.g., effective interventions, informative predictors, risk factors, or associations.

is characteristic of the field and can vary a lot depending on whether the field targets highly likely relationships or searches for only one or a few true relationships among thousands and millions of hypotheses that may be postulated. Let us also consider, for computational simplicity, circumscribed fields where either there is only one true relationship (among many that can be hypothesized) or the power is similar to find any of the several existing true relationships. The pre-study probability of a relationship being true is  $R/(R+1)$ . The probability of a study finding a true relationship reflects the power  $1-\beta$  (one minus the Type II error rate). The probability of claiming a relationship when none truly exists reflects the Type I error rate,  $\alpha$ . Assuming that  $c$  relationships are being probed in the field, the expected values of the  $2 \times 2$  table are given in Table 1. After a research finding has been claimed based on achieving formal statistical significance, the post-study probability that it is true is the positive predictive value, PPV. The PPV is also the complementary probability of what Wacholder et al. have called the false positive report probability (FPR). According to the 9

# What is the problem with the *p*-value?

Many applied researchers do not **really** understand what the *p*-value actually is.

The **formal definition of *p*-value** is the probability to observe a data summary (e.g., an average) that is at least as extreme as the one observed, given that the Null Hypothesis is correct.



## What is the problem with the *p*-value? II

- ▶ The *p*-value is often used to classify results into "significant" and "non-significant". Typically:  $p < 0.05$  vs  $p \geq 0.05$ .
- ▶ However, this is often too crude!
- ▶ It is much better to have a more **gradual interpretation of the *p*-value** (see slide 16).

Probably the most important point to remember:

The *p*-value is **not** the probability that the Null Hypothesis is true!!!

## **Quote from ASA statement:**

In February, 2014, George Cobb, Professor Emeritus of Mathematics and Statistics at Mount Holyoke College, posed these questions to an ASA discussion forum:

Q: Why do so many colleges and grad schools teach  $p = 0.05$ ?

A: Because that's still what the scientific community and journal editors use.

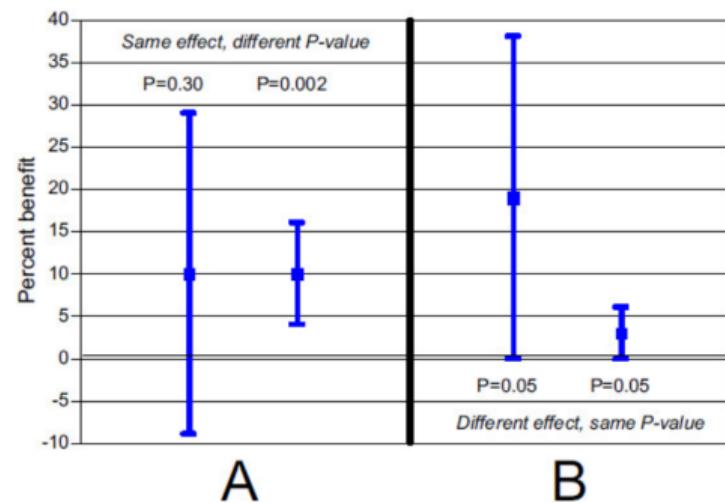
Q: Why do so many people still use  $p = 0.05$ ?

A: Because that's what they were taught in college or grad school.

# Significance vs relevance

In regression models:

- ▶ A low  $p$ -value does not automatically imply that a variable is "important".
- ▶ "Is there an effect?" v.s. "How much of an effect is there?".



from Goodman, 2008

In addition:

**A large  $p$ -value (e.g.,  $p > 0.05$ ) does not automatically imply that a variable is "unimportant".**

Absence of evidence is not evidence of absence (Altman and Bland, 1995).

In other words:

**One cannot prove the Null Hypothesis!!**

Several reasons may lead to large  $p$ -values:

- ▶ Low sample size ( $\rightarrow$  low power).
- ▶ The truth is not "far" from the null hypothesis.  
Example: Small effect sizes in regression models.
- ▶ Collinear covariates.

# Shall we abolish *p*-values?

**No:** *p*-values are not “good” or “bad”. They contain important information, and they have **strengths** and **weaknesses**.

Suggestions:

1. Use *p*-values, but don't over-interpret them, **use them properly**.
2. Also look at **effect sizes** and **confidence intervals**.
3. Also look at **relative importances** of covariates.
4. **NEVER use *p*-values for model selection.**

## Suggestion 1: Proper interpretation of $p$ -values

Rather than a black-and-white decision ( $p < 0.05$ ), Martin Bland suggests to regard  $p$ -values as continuous measures for statistical evidence (Introduction to Medical Statistics, 4th edition, Oxford University Press):

$p > 0.1$	little or no evidence against the null hypothesis
$0.1 > p > 0.05$	weak evidence
$0.05 > p > 0.01$	moderate evidence
$0.01 > p > 0.001$	strong evidence
$p < 0.001$	very strong evidence

But: The level of significance must also depend on the context!

A suggestion from 2017 by 72 authors in the field:

## Redefine statistical significance

We propose to change the default  $P$ -value threshold for statistical significance from 0.05 to 0.005 for claims of new discoveries.

(Benjamin et al., 2017, Nature Human Behaviour)

Their suggestion: replace  $p < 0.05$  by  $p < 0.005$ . More precisely:

- ▶ Use  $p < 0.005$  for **statistical significance**.
- ▶ Use  $0.005 < p < 0.05$  as **suggestive evidence**.

The most recent suggestion, signed by > 800 researchers:



## Retire statistical significance

Valentin Amrhein, Sander Greenland, Blake McShane and more than 800 signatories call for an end to hyped claims and the dismissal of possibly crucial effects.

(Amrhein et al., 2019, Nature)

Their suggestion: Do not use the term “statistical significance” at all.

In the Hg example:

	Coefficient	95%-confidence interval	p-value
Intercept	-0.68	from -0.90 to -0.46	< 0.0001
log10(Hg_soil)	0.03	from -0.06 to 0.11	0.49
vegetables	0.058	from -0.05 to 0.17	0.31
migration	-0.013	from -0.19 to 0.16	0.88
smoking	0.35	from 0.12 to 0.58	0.003
sqrt(amalgam)	0.29	from 0.19 to 0.39	< 0.0001
age	-0.041	from -0.07 to -0.02	0.001
mother	-1.09	from -1.82 to -0.35	0.004
sqrt(fish)	0.07	from 0.01 to 0.13	0.02
last_fish	0.31	from 0.15 to 0.47	0.0002
age:mother	0.057	from 0.03 to 0.09	0.0004

- ▶ **Little or no evidence:** Hg soil, vegetables from garden, migration background
- ▶ **Moderate evidence:** Monthly fish consumption
- ▶ **Strong evidence:** Smoking, age, mother,
- ▶ **Very strong evidence:** Amalgam, last fish (> or < 3 days), interaction of age and mother

## Suggestion 2: Report effect sizes. . . .

Ask: **Is the effect size relevant?**

**Example** WHO recommendation concerning smoking and the consumption of processed meat. Both, smoking and meat consumption, are “significantly” increasing the probability to get cancer.

- ▶ 50g processed meat per day increases the risk for colon cancer by a factor of 1.18 (+18%).
- ▶ Smoking increases the risk to get any type of cancer by a factor of 3.6 (+260%).

Thus: Although both, meat consumption and smoking, are carcinogenic (“significant”), their **effect sizes are vastly different!**

Paul D. Ellis writes in his book *The Essential Guide to Effect Sizes* (2010, chapter 2):

*Indeed, statistical significance, which partly reflects sample size, may say nothing at all about the practical significance of a result. [...] To extract meaning from their results [...] scientists need to look beyond p values and effect sizes and make informed judgments about what they see.*

... and 95% CIs

Ask: **Which range of true effects is statistically consistent with the observed data?**

### Example

Body fat example, slide 40 of lecture 3.

The estimate for the slope of BMI in the regression for body fat is given as  
 $\hat{\beta}_{BMI} = 1.82$ , 95% CI from 1.61 to 2.03.

**Interpretation:** for an increase in the bmi by one index point, roughly 1.82% percentage points more bodyfat are expected, and all true values for  $\beta_{BMI}$  between 1.61 and 2.03 are **compatible with the observed data**.

However...

- ▶ The choice of the **95% is again somewhat arbitrary**. We could also go for 90% or 99% or any other interval, but 95% has established as a commonly accepted range.
- ▶ The 95% CI should **not be misused for simple hypothesis testing** in the sense of
  - "Is 0 in the confidence interval or not?"
  - Because this boils down to checking whether  $p < 0.05 \dots$

## Suggestion 3: Look at relative importances of covariates

- ▶ Ultimately, the popularity of  $p$ -values in regression models is based on the wish to judge which covariates are **relevant** in a model, particularly in observational studies.
- ▶ The problem with this: Low  $p$ -values do not automatically imply high relevance (Cox, 1982).
- ▶ Alternative: **relative importances** of explanatory variables that measure the proportion (%) of the responses' variability explained by each variable.

## Relative importance: Decomposing $R^2$

**Remember:**  $R^2$  indicates the proportion of variance explained by **all** covariates in a model

$$y_i = \beta_0 + \beta_1 x_i^{(1)} + \beta_2 x_i^{(2)} + \dots + \beta_m x_i^{(m)} + \epsilon_i .$$

The aim of **relative importance** is to **decompose**  $R^2$  such that

- ▶ each variable  $x^{(j)}$  is attributed a fair share  $r_j$ .
- ▶ the sum of all importances sums up to  $R$ , that is,  
 $\sum_{j=1}^m r_j = R^2$ .

Further, it is required that

- ▶ all shares are  $\geq 0$ .

## How would you define/calculate relative importance?

- ▶ **Idea 1:** Fit simple models including only one covariate at the time, *i.e.*:

$$y_i = \beta_0 + \beta_j x_i^{(j)} + \epsilon_i$$

for each variable  $x^{(j)}$  and use the respective  $R^2$  as  $r_j$ .

- ▶ **Idea 2:** Fit the linear model twice, once with and once without the covariate of interest, and then take the **increase** of  $R^2$  as  $r_j$ .

Problem: In practice, regressors  $x^{(j)}$  are *always correlated*, thus both ideas lead to  $\sum_j r_j \neq R^2!$

To understand the problem of ideas 1 and 2, let us fit three models for  $\log(Hg_{\text{urine}})$  with

- ▶  $x^{(1)} = \sqrt{\text{Number of monthly fish meals}}$
- ▶  $x^{(2)} = \text{binary indicator if last fish meal was less than 3 days ago.}$

These two variables are correlated (people who consume a lot of fish are more likely to have it consumed within the last 3 days).

$$y_i = \beta_0 + \beta_1 x_i^{(1)} + \epsilon_i \quad R^2 = 0.10 \quad (1)$$

$$y_i = \beta_0 + \beta_2 x_i^{(2)} + \epsilon_i \quad R^2 = 0.09 \quad (2)$$

$$y_i = \beta_0 + \beta_1 x_i^{(1)} + \beta_2 x_i^{(2)} + \epsilon_i \quad R^2 = 0.13 \quad (3)$$

**Note:** The  $R^2$  of model (3) with both covariates is much less than the sum of the  $R^2$  from models (1) and (2)!

⇒ The increase of  $R^2$  upon inclusion of a covariate depends on the covariates that are already in the model!

## A better way to calculate relative importance?

Various proposals to calculate relative importance ( $R^2$  decomposition) have been proposed. The (currently) most useful is given by the following idea, called **{LMG}** (**Lindemann, Merenda and Gold 1980**):

- ▶ Fit the model for **all possible orderings of the covariates**.
- ▶ Record the increase in  $R^2$  each time a variable is included.
- ▶ **Average** over all orderings of the covariates.

Luckily, the R-package '**relaimpo**' (Groemping 2006) contains the function `calc.relimp()` that does this for us!

## Hg results

Which proportion (%) of variance in  $\log(Hg_{\text{urine}})$  is explained by each covariate?

Interpret the table below:

Variable	Rel. imp. (%)	p-value
$\log(Hg_{\text{soil}})$	0.077	0.49
Vegetable	0.29	0.31
Migration	0.52	0.88
Smoking	2.00	0.003
Amalgam	13.56	<0.0001
Age	1.10	0.0013
Mother	1.01	0.0042
Fish	5.94	0.02
Last fish	7.49	<0.0001
Age:mother	6.53	0.0004

Several variables have very low  $p$ -values, but their relative importance differs clearly.

⇒ Relative importance gives intuitive **complementary information** to  $p$ -values, effect sizes and confidence intervals!

# Does relative importance solve all the problems?

Unfortunately not...

Relative importance should be understood as **a complement to standard statistical output.**

There are several limitations to it:

- ▶ Rel.imp. of a variable may heavily depend on the other variables included in the model, especially when there are strongly correlated variables (see slide 32).
- ▶ Hard to generalize to other, non-linear regression models.

## Example

Compare the estimated relative importance for the variable `fish` (monthly fish meals) for two cases:

### Model 1

Original Hg model.

### Model 2

Model without the indicator variable `last_fish`.

- ▶ **Model 1:** Relative importance of `fish`: 5.94% (see slide 29).
- ▶ **Model 2:** Relative importance of `fish`: 9.07

**Interpretation:** If one of two correlated variables is removed, the other absorbs some of the importance from it.

# Causality vs correlation

In **explanatory models** the ultimate goal is to reveal **causal relationships** between the covariates and the response.

## Examples:

- ▶ Does Hg in the soil influence Hg-levels in humans?
- ▶ Does inbreeding negatively affect population growth of Swiss Alpine ibex (Steinbock)?
- ▶ Does exposure to Asbest lead to illness or death?
- ▶ ...

**However:** Regression models actually only reveal associations, that is, **correlations** between  $x$  and  $y$ !

## Example: Breakfast eating and teen obesity

Please read the following article and answer the questions below:

<http://www.webmd.com/diet/news/20080303/eating-breakfast-may-beat-teen-obesity>

Questions:

- ▶ Does the cited study show that teens that eat breakfast are generally less obese?
- ▶ Does this automatically imply that eating breakfast **leads to** less obesity among teens?

Look at a regression model including covariate  $x$  and response  $y$ . If the coefficient  $\beta_x$  is “significant”, there are several possible reasons for this:

1.  $x$  is a **cause** for  $y$ . Write:  $x \rightarrow y$

**Example:**  $x$  is fish consumption and  $y$  is mercury concentration in the urine.

This is the desired situation!

2.  $y$  (partially) causes  $x$ , that is  $y \rightarrow x$ .

**Example:**  $x$  is *IQ* and  $y$  is *school education*.

In that case, the model is not correctly specified!

3. There is another covariate  $z$  that both influences  $x$  and  $y$

$$z \rightarrow x \quad \text{and} \quad z \rightarrow y .$$

$\rightarrow x$  and  $y$  **covary**, but do not cause each other.

In the teen obesity example, all three reasons are possible – perhaps even at the same time!

Ideas:

- ▶ No breakfast ( $x$ ) → Obesity ( $y$ )
- ▶ Obesity ( $y$ ) → No breakfast ( $x$ )
- ▶ Large dinner ( $z$ ) → Obesity ( $y$ )

*and*

$$\text{Large dinner } (z) \rightarrow \text{No breakfast } (x)$$

Many other ideas are possible...

In fact, see a recent article in NZZ am Sonntag (temporarily available from OpenEdX):

### **Der Mythos vom Kaiser-Frühstück**

Morgens frühstücken hilft nicht beim Abnehmen, könnte aber den Stoffwechsel günstig beeinflussen.

von Felicitas Witte / 16.3.2017



Ein gesundes Frühstück kann die Lust auf Snacks reduzieren. (Bild: Getty Images/Westend61)

On the following website you find many “spurious correlations”, where the **causality is very obviously missing**:

<http://www.tylervigen.com/spurious-correlations>

(More about it in the BC material of this unit!)

# Bradford-Hill-Criteria for causal inference I

In 1965 the Epidemiologist Bradford Hill presented a list of criteria to assess whether there is some causality or not. However, he wrote “None of my nine viewpoints can bring indisputable evidence for or against the cause-and-effect hypothesis and none can be required sine qua non.”

## Bradford-Hill Criteria:

1. **Strength:** A causal relationship is likely when the observed association is strong.
2. **Consistency:** A causal relationship is likely if multiple independent studies show similar associations.
3. **Specificity:** A causal relationship is likely when a covariate  $x$  is associated only with one potential outcome  $y$  and not with other outcomes.
4. **Temporality:** The effect has to occur after the cause.

## Bradford-Hill-Criteria for causal inference II

5. **Biological gradient:** Greater exposure should generally lead to greater incidence of the effect.
6. **Plausibility:** A plausible mechanism is helpful.
7. **Coherence:** Coherence between findings in the lab and in the field / population increases the likelihood of an effect.
8. **Analogy:** Similar factors have a similar effect.
9. **Experiment:** Evidence from an experiment is valuable.

## Experimental vs observational studies

**Experimental studies** are relevant in biology and even more so in medicine, e.g., in the context of clinical trials where novel drugs are tested.

The teen obesity study was an **observational study**:

- ▶ All study participants only had to report their behaviour.
- ▶ None of them was assigned to a treatment group.
- ▶ There was **no intervention**.

An observed effect is more likely to be *causal* if participants were *randomly assigned* to a group, here: breakfast eating yes/no.

## Observational study ("Erhebung"):

- ▶ Observation of subjects / objects in a real-world (existing) situation.
- ▶ Variables are usually correlated.
- ▶ Often more variables than can be included in the model.
- ▶ **Examples:** Influence of pollutants (mercury) on humans, studies of wild animal populations, epidemiological studies,...

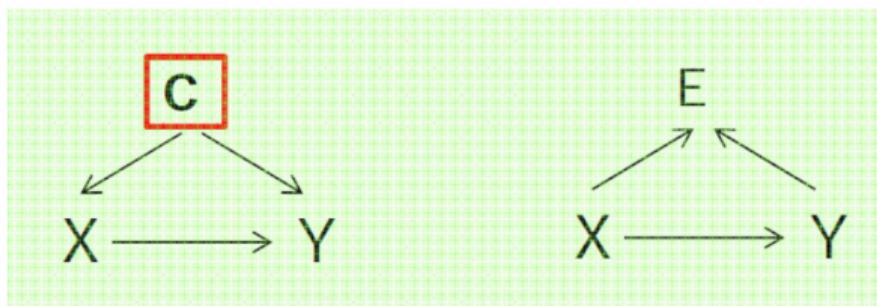
## Experimental study:

- ▶ Observation of subjects / objects in a constructed (experimental) situation.
- ▶ Variables are controlled and uncorrelated (given a good study design!).
- ▶ Usually all variables enter the model, **no model selection**.
- ▶ **Examples:** Field experiments; clinical studies; psychological or pedagogical experiments,...

	<b>Observational study</b>	<b>Experiment</b>
<b>Situation</b>	Existing, cannot be influenced	Artificial, designed
<b>Analysis</b>	Difficult (model selection issues)	Simple <b>no model selection</b>
<b>Interpretation</b>	Difficult, especially w.r.t. causality	Clear, “proofs” causal relationship

## Causality considerations for model building

It is **widely unknown** that a model can be broken by the inclusion of a “wrong” covariate, which is causally associated in the wrong direction:

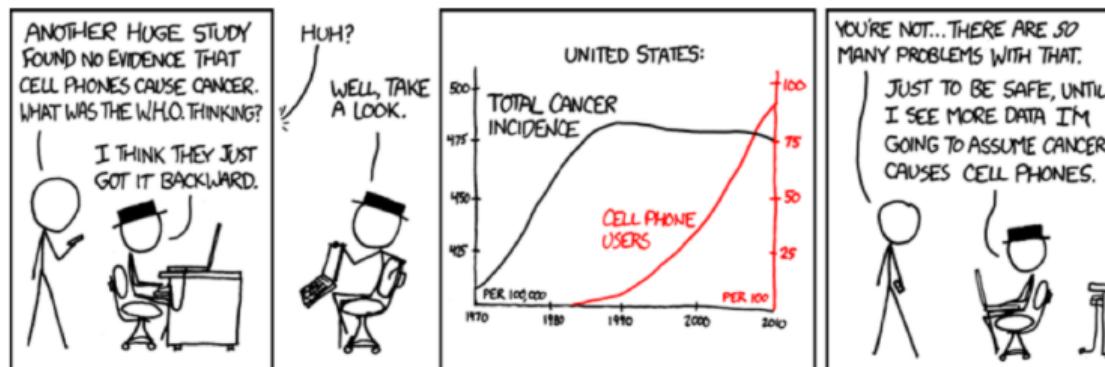


**Remember:** Avoid to include covariates in your model that are **caused** by the outcome!

**Example:** ...

Some further reading on a very recent case of a food researcher that conducted “questionable” science:

► <http://www.timvanderzee.com/the-wansink-dossier-an-overview/>



From D. Randall & C. Welser (2018). "The irreproducibility crisis of modern science", NAS report.

## Summary

- ▶ Try to understand the definition and the meaning of *p*-values.
- ▶ Correct understanding, use and interpretation of *p*-values: Do not use the "mindless"  $p < 0.05$  criterion!!
- ▶ Statistical significance vs biological relevance: Ask for the **effect size** and **confidence interval**, and reflect what it means, instead of only reporting *p*-values alone.
- ▶ The *p*-value is not "bad", it contains useful information, but it has to be used properly.  
→ 3 suggestions or alternatives (gradual interpretation of *p*-values, effect sizes and CIs, relative importances).
- ▶ **Correlation** should not be mistaken for **causality**.
- ▶ **Experimental studies** are better suited to reveal causality than observational studies!

## References

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