

# Effects of Different Pain Relievers and Dosages on Cognitive Retention

## Exploratory Data Analysis (EDA)

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## 1 Introduction

### 1.1 Relevant Background

Pain can affect how well we perform everyday tasks in situations where focus and mental clarity are crucial. Aspirin, Paracetamol, and Tramadol are pain relievers used commonly to reduce physical discomfort, but we don't know much about their impacts on cognitive functions. Tasks requiring mental effort, such as recalling information, are harder to perform while in pain. This study is interested in how different types of common pain relievers at standard dosages (Aspirin, Paracetamol, and Tramadol) may affect outcomes of tasks involving memory tests. We also analyze the effects of different dosages of each drug on memory function. The concept of recalling information is used in various settings, so understanding how pain relief can impact performance can be valuable to help with pain management without an impact on productivity.

### 1.2 Research Questions

1. *How does the type of pain reliever (Aspirin 500 mg, Paracetamol 500 mg, Tramadol 50 mg, and Placebo) affect cognitive task performance?*
2. *How does the dosage (low vs. high) of each drug affect cognitive retention, while accounting for confounding factors like age?*

### 1.3 Study Design

This study involves *8 treatment groups*, with **30 participants** assigned to each. The groups are as follows:

1. Aspirin 500 mg (Low)
2. Aspirin 1000 mg (High)
3. Paracetamol 500 mg (Low)
4. Paracetamol 1000 mg (High)
5. Tramadol 50 mg (Low)
6. Tramadol 100 mg (High)
7. Placebo (Low)
8. Placebo (High)

This results in **240 total observations** ( $8 \times 30 = 240$ ).

### 1.4 Confounding Variable: Age

To reduce variability, we consider **age** as a **confounding variable**. Participants will be categorized into three groups:

1. 18–34 years
2. 35–50 years
3. 50+ years

### 1.5 Quantitative and Qualitative Variables

In our study the quantitative and qualitative variables are as follows. Quantitative variables: Memory Game Scores, Memory Test Cards Scores Qualitative variables: Type of pain reliever, dosage level (low/high)

### 1.6 Data Analysis Method

We will use **one-way ANOVA** to analyze the effects of different pain relievers on memory performance Similarly, we will use **two-way ANOVA** to analyze the effects of different dosage levels per drug type on memory performance and cognitive retention.

Table 1: Summary Statistics for Quantitative Variables

Statistic	Game_Before	Game_After	Cards_Before	Cards_After
Mean	62.79667	62.57583	8.079167	7.945833
Median	60.95000	61.50000	9.000000	9.000000
SD	15.82383	15.63703	1.927011	1.960164
IQR	23.32500	23.35000	3.000000	2.000000

Table 2: Summary of Drug Types

Drug	Count	Percentage
Aspirin	60	25
Paracetamol	60	25
Placebo	60	25
Tramadol	60	25

## 2 Summary Statistics

### 2.1 Summary of quantitative variables

Table 1 shows the summary statistics of memory game scores before and after the treatment. The mean is similar across all groups, however, the standard deviation (SD) is relatively high. The median game scores remain close to the mean, and the IQR (Interquartile Range) is smaller than the SD. The cards memory task shows little change before and after treatment, suggesting that pain relievers may not have a major effect on this specific task.

### 2.2 Summary of counts and percentage for qualitative variables

Table 2 shows the distribution of participants across drug types. Aspirin, Paracetamol, and Tramadol, and Placebo each have 60 participants (25%), ensuring balance.

Table 3 shows the dosage levels assigned to participants. There is an equal split between high-dose (120 participants, 50%) and low-dose (120 participants, 50%) conditions.

### 2.3 Confounding Variable

Table 4 shows the breakdown of age groups, which is a confounding variable in this study. The three age groups: 18–34, 35–50, and 50+ each have 80 participants (33.33%).

Table 3: Summary of Dosage Levels

Dosage	Count	Percentage
High	120	50
Low	120	50

Table 4: Summary of Age Groups

Age_Group	Count	Percentage
18-34	80	33.33
35-50	80	33.33
50+	80	33.33

### 3 Plots

#### 3.1 Game Score Distribution Before and After Treatment

Figure 1 shows the distribution of memory game scores before and after treatment across different drug types using box plots.

1. The median scores for all drugs appear similar before treatment.
2. **Tramadol has a higher median** than other drugs both before and after treatment.
3. The **Placebo group has a slightly lower median score** compared to other drugs.
4. There is **one outlier in the Tramadol group before treatment**.
5. The (IQR) is **similar across all drug types**, though Tramadol sees a decrease in its IQR in the memory game scores after treatment.

These boxplots provide an initial comparison of cognitive performance changes before and after drug administration.

Table 5: Mean Improvement in Game Scores by Drug

drug	Mean_Improvement	SD_Improvement	Median_Improvement
Aspirin	-1.581667	5.278723	-1.55
Paracetamol	1.713333	5.249551	1.30
Placebo	-0.600000	5.178868	0.10
Tramadol	-0.415000	6.014836	-1.25

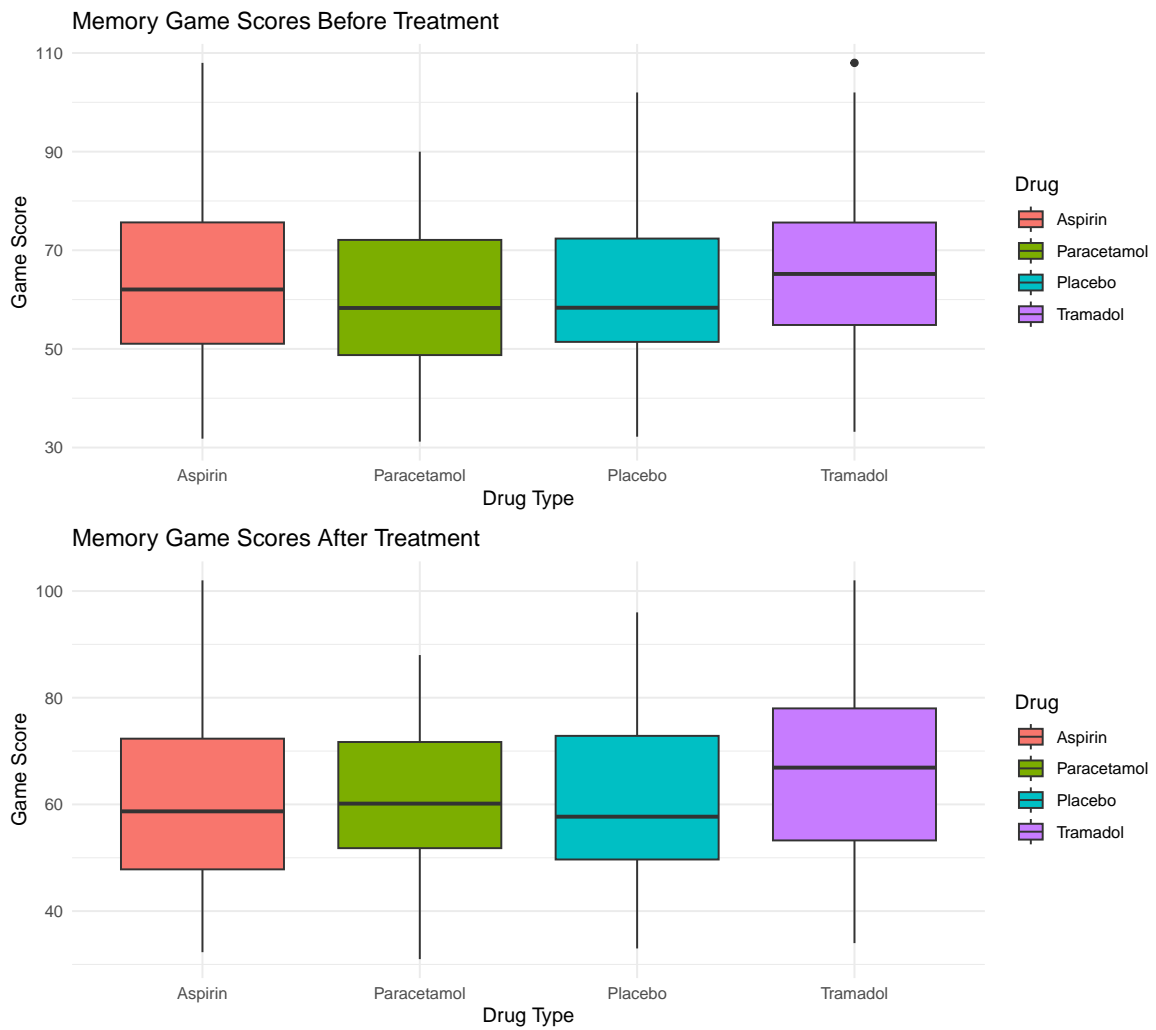


Figure 1: Boxplot of Memory Game Scores Before and After Treatment by Drug Type

## 3.2 Memory Card Score Distribution Before and After Treatment

Figure 2 shows the distribution of **memory card scores before and after treatment** across drug types.

1. Before treatment, the scores are relatively high across all groups, with Paracetamol and Placebo showing slightly higher medians than the others.
2. After treatment, the distributions remain similar, though there is a slight increase in spread for Aspirin, Paracetamol, and Placebo.
3. There is a slight decrease in the IQR of Tramadol.
4. Outliers are present in all groups, indicating some variability in memory card performance across individuals.

## 4 Assumptions

### 4.1 Checking Model Assumptions

We assessed the homogeneity of variance and normality of residuals using diagnostic plots to validate the assumptions of our ANOVA tests. (Figure 3 & Figure 4).

#### One-way ANOVA

*Independence* For our one-way ANOVA model, we have independence because our observations are independent within and across the groups i.e all participants were randomly assigned a pain reliever, and there was no relationships between observations (i.e repeated participants, treatments etc.)

*Homogeneity of Variance:* The reference line in Figure 3 relatively flat and horizontal which indicates that variance is approximately equal across groups. Thus, the assumption of homogeneity of variance is not significantly violated.

*Normality of Residuals:* The residuals are approximately normally distributed in Figure 3 since the density plot on the right appears close to a normal distribution.

#### Two-way ANOVA

*Independence* For our two-way ANOVA model, the different combinations of pain reliever type and dosage levels were randomly assigned to all participants, in random order.

*Homogeneity of Variance:* In Figure 4 the left plot shows some deviation from a perfectly flat line and has minor fluctuations, especially at certain levels of drug type and dosage. Despite some variation, the overall trend does not show extreme violations of homogeneity.

*Normality of Residuals:* In Figure 4 the density plot on the right shows that the residuals follow a roughly normal distribution even though minor deviations are present.

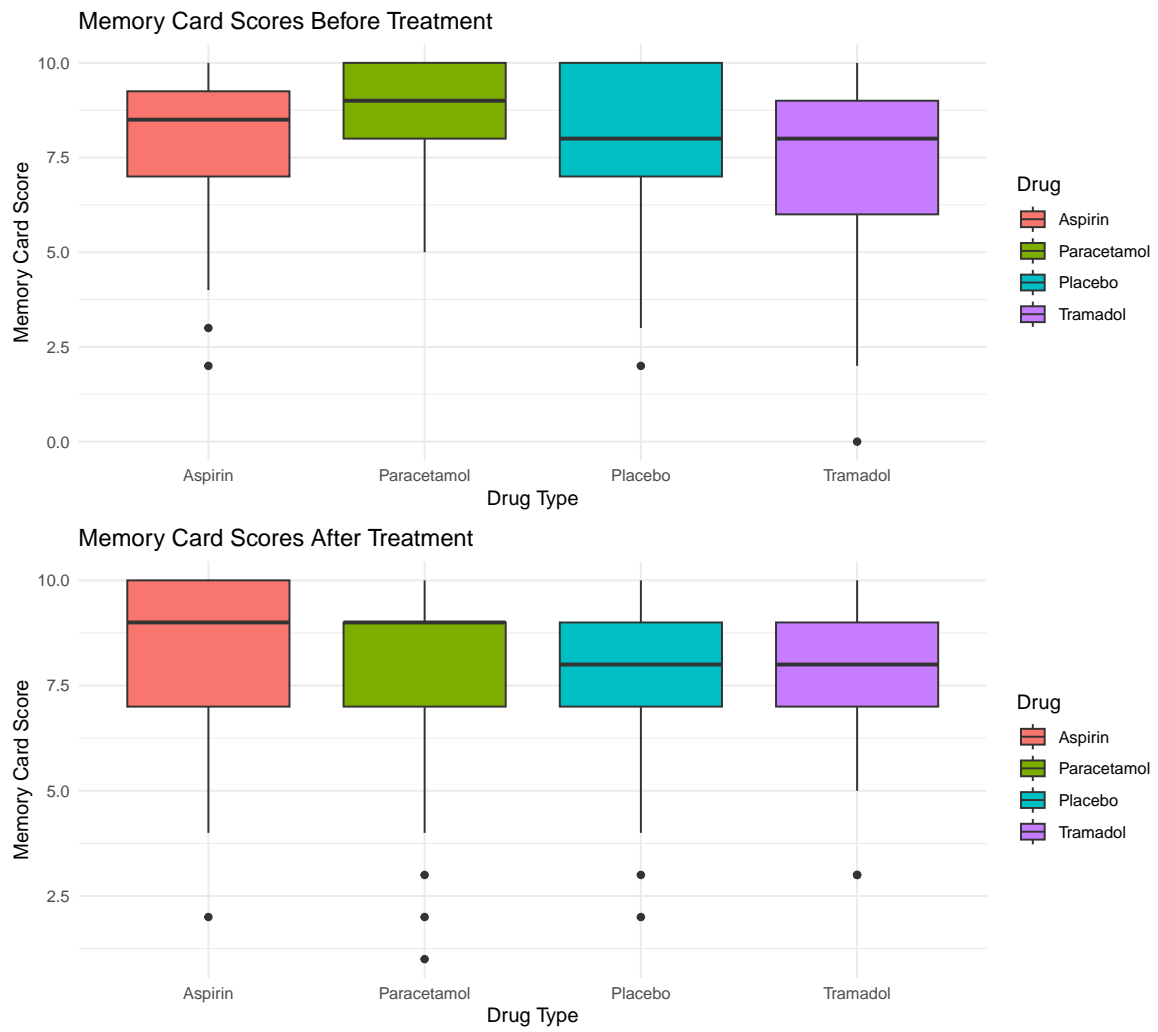


Figure 2: Boxplot of Memory Card Scores Before and After by Drug

## Conclusion

Both models satisfy the assumptions of homogeneity of variance and normality of residuals well enough. There are slight deviations in the two-way ANOVA model, but they are not severe enough to invalidate the analysis. Therefore, we proceed with the ANOVA tests.

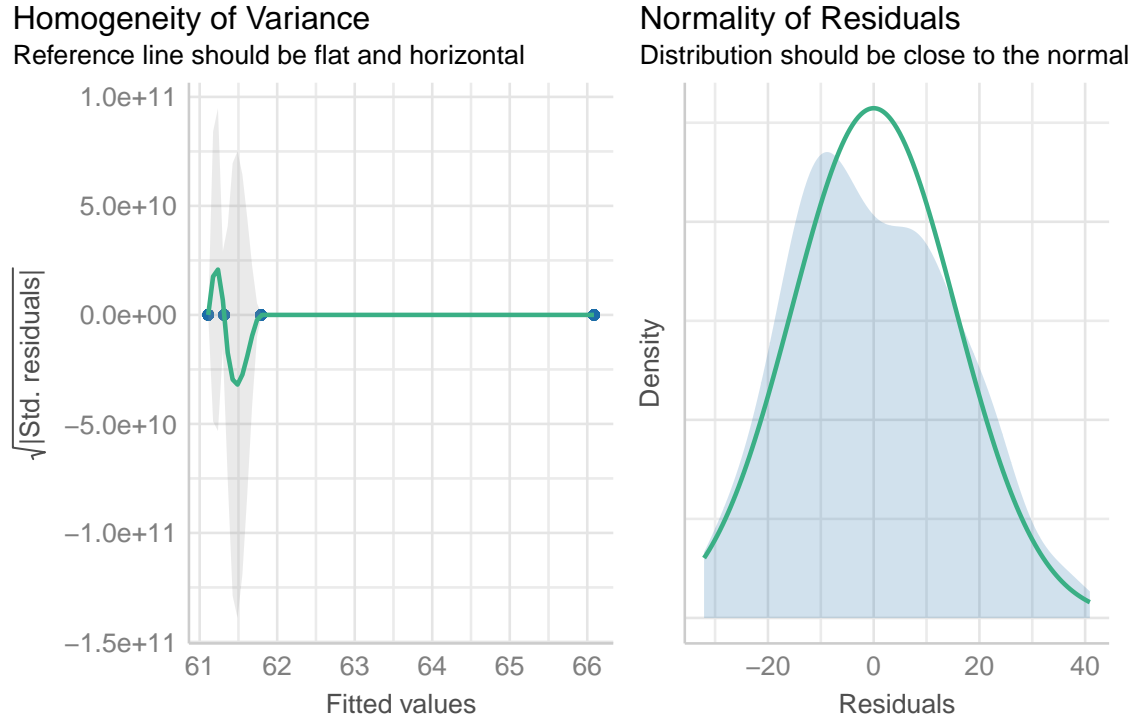
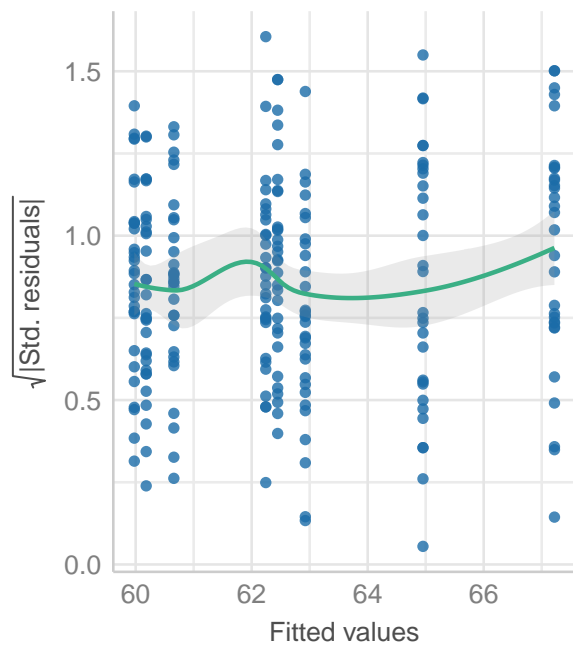


Figure 3: Homogeneity and Normality (One-way ANOVA)



### Homogeneity of Variance

Reference line should be flat and horizontal



### Normality of Residuals

Distribution should be close to the normal curve

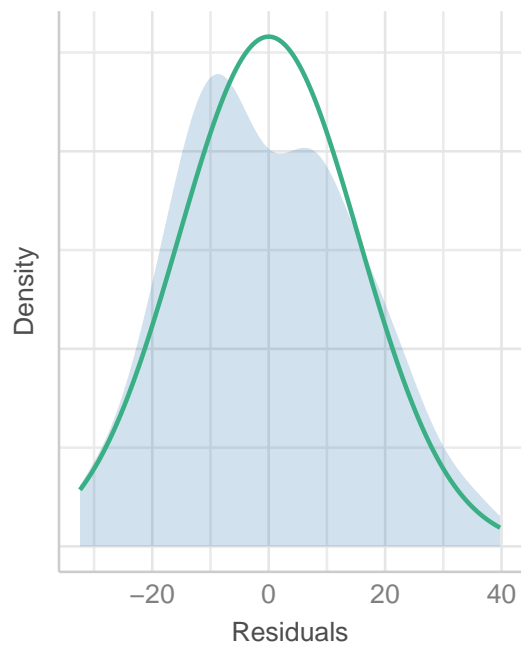


Figure 4: Normality & Homogeneity (Two-way ANOVA)