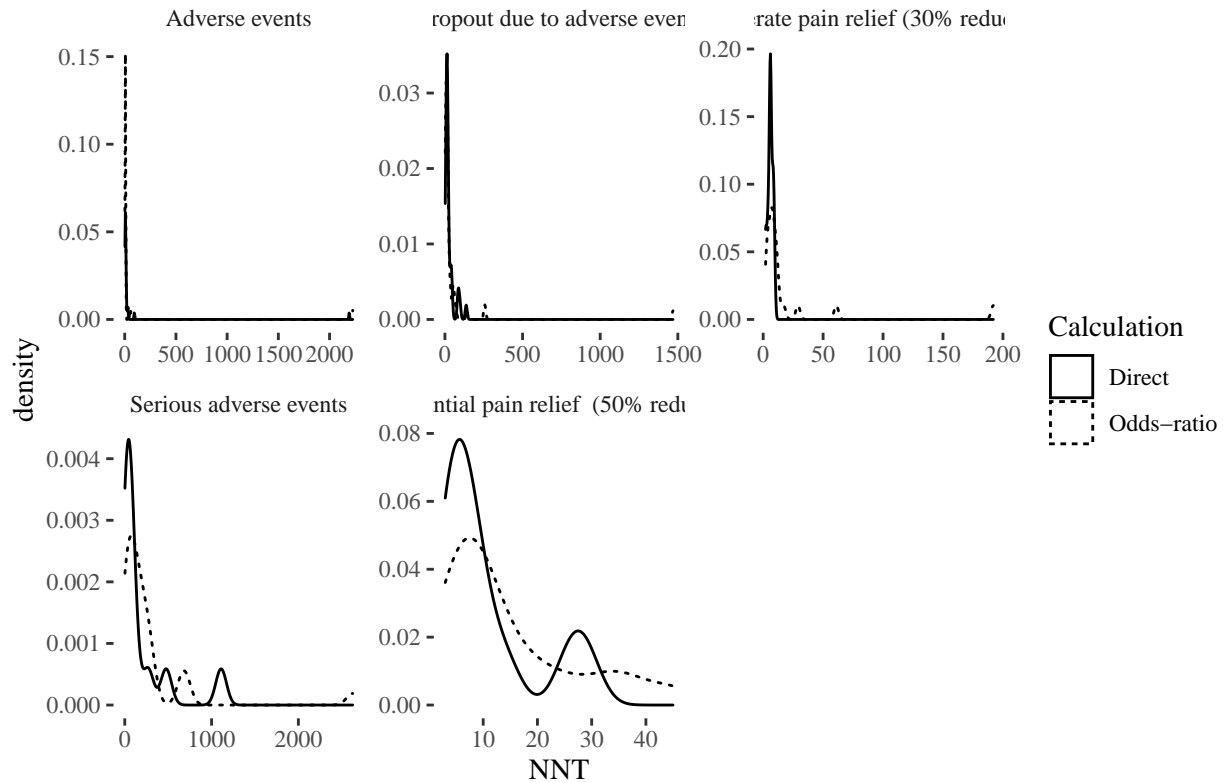


NNT

The Number Needed to Treat (NNT) is the number of patients you need to treat to prevent one additional bad outcome (death, stroke, etc.).

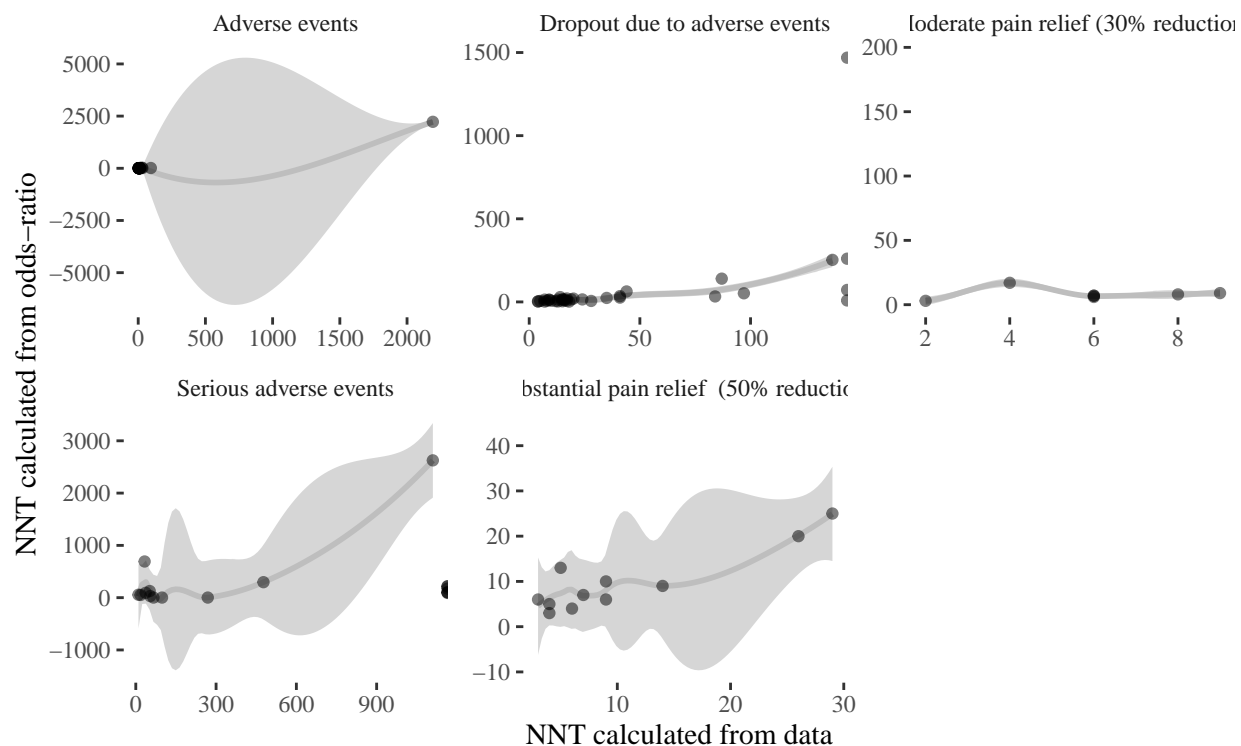
NNT values are not plausible?

Distribution of NNTs for each outcome

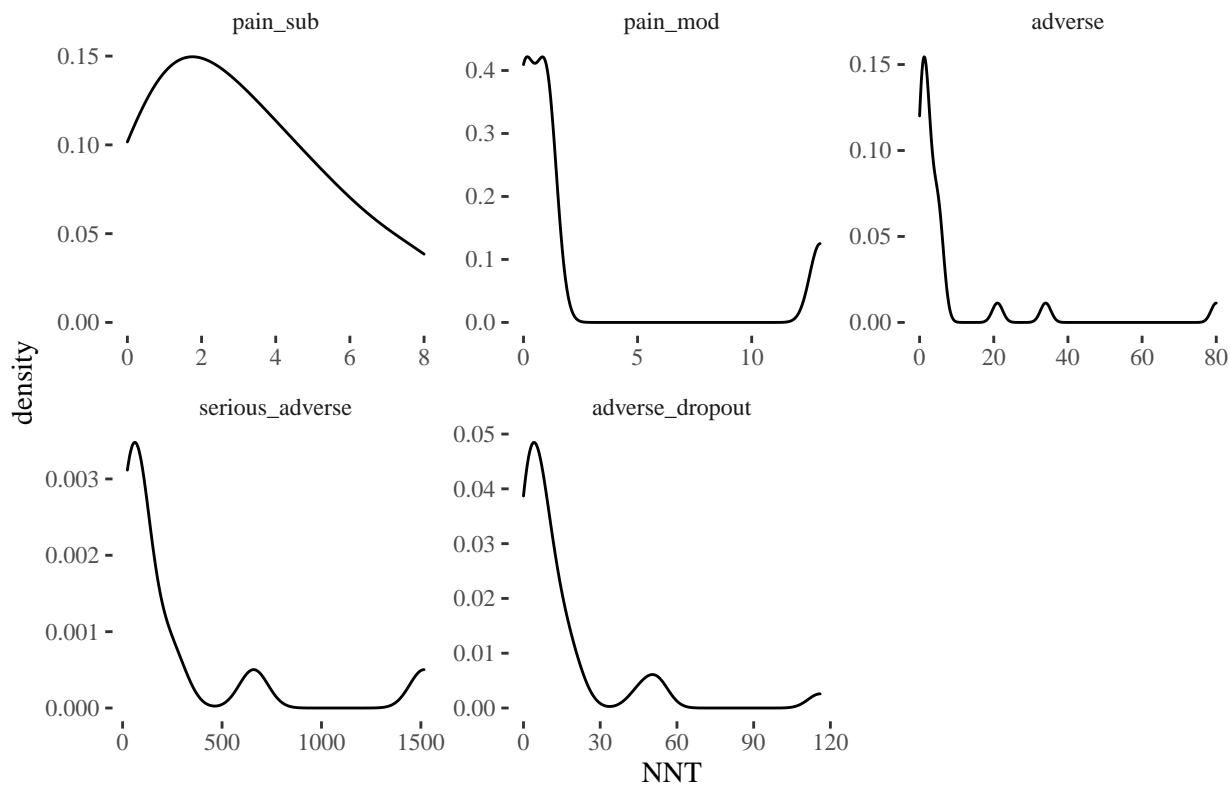


Comparison on NNT calculations for each outcome

Direct calculation vs odds-ratio calculation



Distribution of differences in NNTs for each outcome



NNT calculations
For duloxetine, milnacipran, amitriptyline

| Outcome | Timepoint | Intervention | NNT direct | NNT OR | Difference of NNTs |
|---|-----------|---------------|------------|--------|--------------------|
| Dropout due to adverse events | post_int | duloxetine | 15 | 15 | 0 |
| Serious adverse events | post_int | milnacipran | 1110 | 2626 | 1516 |
| Adverse events | post_int | milnacipran | 10 | 8 | 2 |
| Moderate pain relief (30% reduction) | post_int | milnacipran | 8 | 8 | 0 |
| Adverse events | post_int | duloxetine | 9 | 8 | 1 |
| Moderate pain relief (30% reduction) | post_int | duloxetine | 6 | 7 | 1 |
| Substantial pain relief (50% reduction) | post_int | duloxetine | 7 | 7 | 0 |
| Serious adverse events | post_int | duloxetine | 477 | 296 | 181 |
| Substantial pain relief (50% reduction) | post_int | milnacipran | 9 | 10 | 1 |
| Dropout due to adverse events | post_int | milnacipran | 9 | 14 | 5 |
| Dropout due to adverse events | post_int | amitriptyline | 20 | 20 | 0 |
| Adverse events | post_int | amitriptyline | 10 | 5 | 5 |
| Serious adverse events | post_int | amitriptyline | 66 | 2 | 64 |
| Substantial pain relief (50% reduction) | post_int | amitriptyline | NA | 9 | NA |
| Moderate pain relief (30% reduction) | post_int | amitriptyline | NA | 8 | NA |

Calculating from the raw data

One way to calculate NNT is to compare the rates in the analysis data using the Absolute Risk Reduction (ARR).

$$\text{NNT} := 1/\text{Absolute risk reduction} = 1/[\text{Control event rate} - \text{Experimental event rate}]$$

So, for the i th intervention, for the k th outcome,

$$\text{NNT}_{ik} := 1/[\frac{\sum_{ik} r_{ik}^P}{\sum_{ik} n_{ik}^P} - \frac{\sum_{ik} r_{ik}^T}{\sum_{ik} n_{ik}^T}]$$

where r_{ik}^P is the rate for the placebo group for the i th intervention and k th outcome; and n_{ik}^T indicates the sample size of the treatment group for the same intervention and outcome.

Gav, does the direction of improvement alter the order of this calculation?

Calculating using odds-ratios

[Cochrane example](#)

$$\text{NNT} := 1/|ACR - (OR \times ACR)/(1 - ACR + OR \times ACR)|$$

where ACR is the assumed control risk.

There are a few ways to calculate ACR:

- from model
- from baseline data
- from all data

We are currently calculating ACR from overall rate for the placebo group across all data because baseline data is not available for most of our outcomes.

Checking function works as it should

```
library(adpain)

or <- 0.73

acr <- 0.3

nnt_cochrane <-
  ceiling(16.2)

# calculate
nnt_adpain <- nnt(or, acr)

# results
nnt_cochrane

## [1] 17
nnt_adpain

## [1] 17

# compare
nnt_adpain == nnt_cochrane

## [1] TRUE
```

Questions

- Does direction of improvement matter for calculation? i.e., NNTH and NNTB (harm vs benefit)?
- In one of the resources there are two equations?
- Do we wish to see big numbers for one and small for the other direction?
- Should this be approached by examining how ACR is calculated?