

# 4. Results

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## Results

### Simulation Study

#### Data Simulation

Data were successfully simulated as intended. A selection of representative visualisations are presented in Figure 1. Full details of testing used to validate model outputs from parameter inputs are given in Appendix ???. The  $F$ -statistic calculated from simulated instruments was  $>10$ , indicating that they were sufficiently strongly associated with exposure to meet the relevance assumption of **instrumental variable (IV)** analysis (Tables 1 and 2).

## Analysis of Simulated Data

### No Causal Effect

Across all cases where no causal effect was present (Table 1), the mean rate of reporting a causal effect (i.e. false-positive rate) for MR-Hevo was 0.41% versus 5.1% for **weighted median estimator (WME)**. Of the 24 combinations of scenarios and parameters, MR-Hevo exhibited a favourable false-positive rate versus **WME** in 24 (100%). For both MR-Hevo and **WME** methods, false-positive report rates generally increased with an increasing proportion of invalid instruments up to 20% invalid **IVs**. As assumption violations progressively presented greater data variability and bias across scenarios 1 to 3, both MR-Hevo and **WME** methods tended to exhibit higher false-positive report rates, though this progression was noticeably attenuated for MR-Hevo versus **WME**, particularly under the assumptions of Scenario 3. Both trends across invalid instrument proportions and scenarios were somewhat attenuated by increasing sample from 10,000 to 20,000 participants for both methods.

The mean causal effect estimate (mean reported 95% **confidence interval (CI)**s) across all cases was 0.04 (-0.11 to 0.2) for MR-Hevo and 0.039 (-0.11 to 0.19) for **WME**. For **standard error (SE)**, the mean (range) of causal effect estimates across all cases was 0.0012 (0 to 0.002) for MR-Hevo and 0.076 (0.056 to 0.099) for **WME**. For both MR-Hevo and **WME** methods, causal effect estimates, width of **CI**s and **SE** all tended to increase slightly both with an increasing proportion of invalid instruments up to 20% invalid **IVs**, and as assumption violations progressively presented greater data variability and bias across scenarios 1 to 3. For both these trends, MR-Hevo estimates tended to be more affected than those from **WME**, in contrast to the false-positive report rates, though MR-Hevo causal effect estimates were once more relatively less affected by Scenario 3 assumptions. Again, both trends across invalid instrument proportions and scenarios were somewhat attenuated by increasing sample from 10,000 to 20,000 participants for both methods.

### Positive Causal Effect

Across all cases where no causal effect was present (Table 1), the mean rate of reporting a causal effect (i.e. sensitivity) for MR-Hevo was 31% versus 28% for **WME**. Of the 24 combinations of scenarios and parameters, MR-Hevo exhibited a favourable sensitivity versus **WME** in only 10 (42%). For both MR-Hevo and **WME** methods, causal report rates increased with an increasing proportion of invalid instruments up to around 20% invalid **IVs**, though this was more consistent for **WME** versus MR-Hevo. As assumption violations progressively presented greater data variability and bias across scenarios 1 to 3, both MR-Hevo and **WME** methods tended to exhibit higher causal report rates. Both trends across invalid instrument proportions and scenarios were somewhat attenuated by increasing sample from 10,000 to 20,000 participants for both methods, which also generally increased sensitivity for both methods.

The mean causal effect estimate (mean reported 95% **CI**s) across all cases was 0.13 (-0.025 to 0.3) for MR-Hevo and 0.11 (-0.039 to 0.26) for **WME**. For **SE**, the mean (range) of causal effect estimates across all cases was 0.0013 (0.001 to 0.002) for MR-Hevo and 0.077 (0.056 to 0.1) for **WME**. For both MR-Hevo and **WME** methods, causal effect estimates, width of **CI**s and **SE** all tended to increase slightly with an increasing proportion of invalid instruments up to 20-30% invalid **IVs**, with MR-Hevo estimates tending to be more affected than those from **WME**. As assumption violations progressively presented greater data variability and bias across scenarios 1 to 3, **WME** causal estimates tended to increase across all three; MR-Hevo estimates increased when switching from Scenario 1 to Scenario 2, but were relatively unaffected in Scenario 3 versus Scenario 2. Again, trends across invalid instrument proportions were somewhat attenuated by increasing sample from 10,000 to 20,000 participants for both methods, though the effects of sample size on trends across scenarios was less obvious.

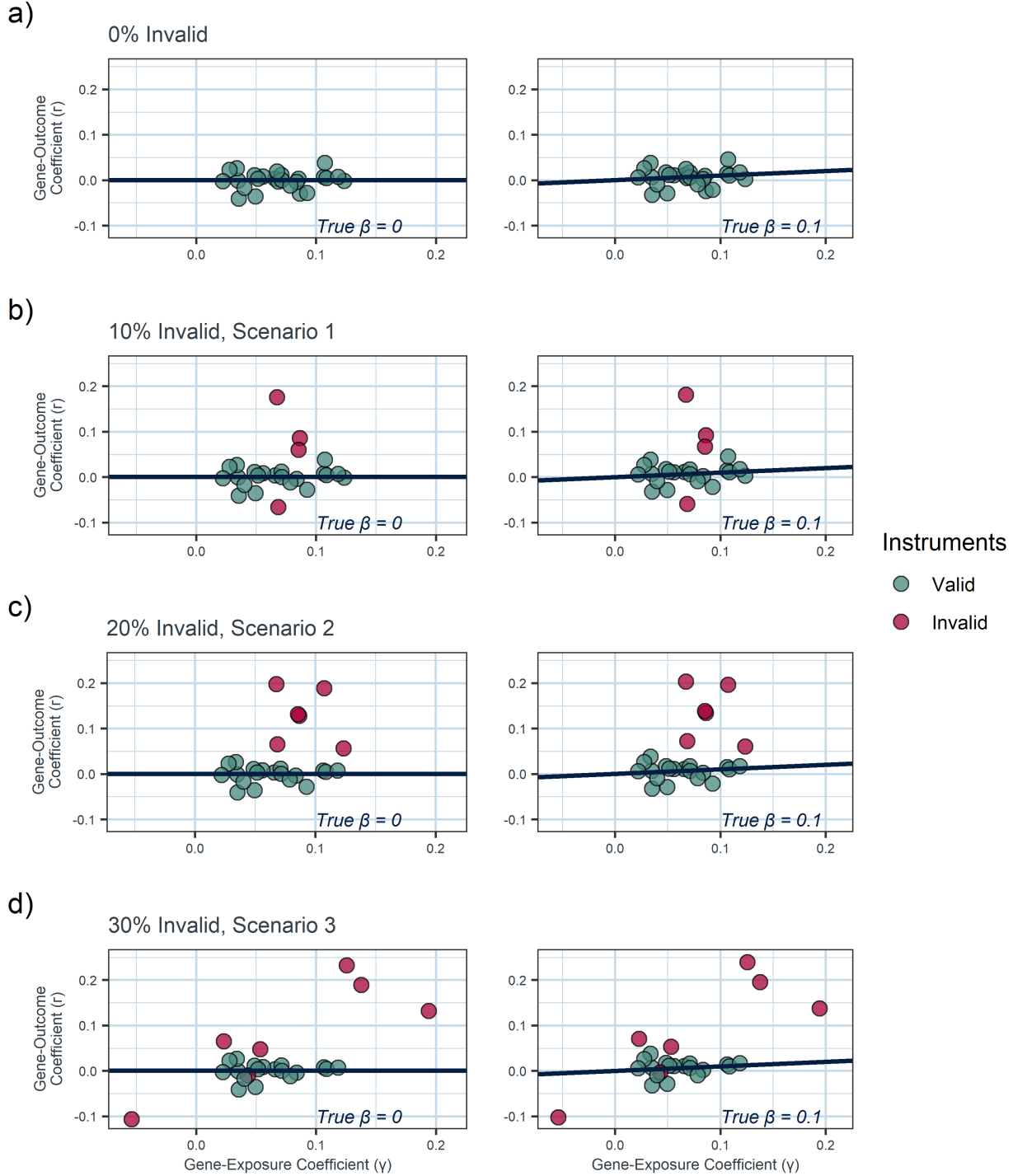


Figure 1: Plots of a representative group of simulated datasets; all simulate genetic instruments from the same index from the same random seed. Left and right columns demonstrate null and positive true causal effects, respectively. The scenario and the proportion of invalid (i.e. pleiotropic) genetic instruments changes with each row. a) 0% of instruments invalid, rendering Scenario assumptions regarding invalid assumptions irrelevant. b) 10% of instruments invalid, Scenario 1: balanced pleiotropy introduces noise around the causal effect. c) 20% of instruments invalid, Scenario 2: directional pleiotropy biases in the direction of the invalid instruments. d) 30% of instruments invalid, Scenario 3: directional pleiotropy and InSIDE assumption violation strongly biases towards a positive effect estimate.

## Simulation Tables

Table 1: Summary of 1,000 simulated Mendelian randomisation studies per combination of scenario and parameters, all with null causal effect

N	Invalid IVs	F	R <sup>2</sup>	Weighted			MR			
				Median			Hevo			
				Mean Estimate	Mean	Causal	Mean Estimate	Mean	Causal	
				(Mean SE)	95% CI	Report Rate	(Mean SE)	95% CI	Report Rate	
Scenario 1: Balanced pleiotropy, InSIDE assumption satisfied										
10,000	0%	11.7	2.8%	0.001 (0.078)	-0.15 to 0.15	0.2%	0.000 (0.001)	-0.12 to 0.12	0%	
10,000	10%	11.7	2.8%	0.026 (0.086)	-0.14 to 0.19	1.5%	0.032 (0.001)	-0.13 to 0.2	0%	
10,000	20%	11.7	2.8%	0.022 (0.092)	-0.16 to 0.2	2%	0.037 (0.002)	-0.17 to 0.25	0%	
10,000	30%	11.7	2.8%	0.014 (0.093)	-0.17 to 0.2	1.6%	0.022 (0.002)	-0.2 to 0.25	0%	
20,000	0%	26.2	3.2%	0.003 (0.056)	-0.11 to 0.11	0.3%	0.001 (0)	-0.09 to 0.09	0%	
20,000	10%	24.5	3%	0.022 (0.062)	-0.1 to 0.14	0.5%	0.019 (0.001)	-0.1 to 0.14	0.1%	
20,000	20%	24.5	3%	0.020 (0.067)	-0.11 to 0.15	1.3%	0.022 (0.001)	-0.13 to 0.18	0%	
20,000	30%	24.5	3%	0.012 (0.067)	-0.12 to 0.14	0.8%	0.014 (0.001)	-0.15 to 0.18	0%	
Scenario 2: Directional pleiotropy, InSIDE assumption satisfied										
10,000	0%	11.7	2.8%	0.001 (0.078)	-0.15 to 0.15	0.3%	0.000 (0.001)	-0.12 to 0.12	0%	
10,000	10%	11.7	2.8%	0.020 (0.087)	-0.15 to 0.19	0.8%	0.039 (0.001)	-0.13 to 0.22	0%	
10,000	20%	11.7	2.8%	0.050 (0.093)	-0.13 to 0.23	4.1%	0.098 (0.002)	-0.11 to 0.33	1.5%	
10,000	30%	11.7	2.8%	0.066 (0.094)	-0.12 to 0.25	5.8%	0.126 (0.002)	-0.09 to 0.38	3.6%	
20,000	0%	24.5	3%	0.004 (0.056)	-0.11 to 0.11	0.2%	0.001 (0)	-0.08 to 0.09	0%	
20,000	10%	24.5	3%	0.016 (0.062)	-0.11 to 0.14	0.7%	0.021 (0.001)	-0.1 to 0.15	0.1%	
20,000	20%	24.5	3%	0.038 (0.067)	-0.09 to 0.17	2.2%	0.054 (0.001)	-0.1 to 0.22	0.5%	
20,000	30%	24.5	3%	0.050 (0.068)	-0.08 to 0.18	4.9%	0.076 (0.002)	-0.08 to 0.25	1.2%	
Scenario 3: Directional pleiotropy, InSIDE assumption not satisfied										
10,000	0%	11.7	2.8%	0.001 (0.078)	-0.15 to 0.15	0.2%	0.000 (0.001)	-0.12 to 0.12	0%	
10,000	10%	13.7	3.3%	0.077 (0.087)	-0.09 to 0.25	8%	0.044 (0.001)	-0.12 to 0.21	0.1%	
10,000	20%	14.9	3.6%	0.144 (0.099)	-0.05 to 0.34	24.7%	0.107 (0.002)	-0.1 to 0.35	1.3%	
10,000	30%	12.8	3.1%	0.103 (0.097)	-0.09 to 0.29	11.9%	0.102 (0.002)	-0.11 to 0.36	0.6%	
20,000	0%	24.5	3%	0.004 (0.056)	-0.11 to 0.11	0.2%	0.001 (0)	-0.08 to 0.09	0%	
20,000	10%	30.4	3.7%	0.061 (0.063)	-0.06 to 0.18	8.5%	0.030 (0.001)	-0.09 to 0.15	0.1%	
20,000	20%	32.4	3.9%	0.111 (0.071)	-0.03 to 0.25	28.3%	0.060 (0.001)	-0.08 to 0.22	0.5%	
20,000	30%	31.1	3.8%	0.079 (0.07)	-0.06 to 0.22	13.6%	0.058 (0.001)	-0.09 to 0.22	0.2%	

CI: Confidence Interval, InSIDE: Instrument Strength Independent of Direct Effect, IV: Instrumental Variable, SE: Standard Error.  
Null Causal Effect ( $\beta = 0$ )

Table 2: Summary of 1,000 simulated Mendelian randomisation studies per combination of scenario and parameters, all with positive causal effect

N	Invalid IVs	F	R <sup>2</sup>	Weighted			MR		
				Median			Hevo		
				Mean Estimate (Mean SE)	Mean 95% CI	Causal Report Rate	Mean Estimate (Mean SE)	Mean 95% CI	Causal Report Rate
Scenario 1: Balanced pleiotropy, InSIDE assumption satisfied									
10,000	0%	11.7	2.8%	0.070 (0.079)	-0.08 to 0.22	4.9%	0.085 (0.001)	-0.04 to 0.21	6.2%
10,000	10%	11.7	2.8%	0.094 (0.087)	-0.08 to 0.26	11%	0.118 (0.001)	-0.05 to 0.29	12.6%
10,000	20%	11.7	2.8%	0.089 (0.093)	-0.09 to 0.27	10.3%	0.124 (0.002)	-0.08 to 0.34	5.6%
10,000	30%	11.7	2.8%	0.081 (0.094)	-0.1 to 0.27	8.7%	0.108 (0.002)	-0.12 to 0.34	1.6%
20,000	0%	24.5	3%	0.080 (0.056)	-0.03 to 0.19	21.3%	0.089 (0.001)	0 to 0.18	62.2%
20,000	10%	24.5	3%	0.098 (0.063)	-0.03 to 0.22	27.8%	0.108 (0.001)	-0.01 to 0.23	29.9%
20,000	20%	24.5	3%	0.095 (0.067)	-0.04 to 0.23	22.6%	0.113 (0.001)	-0.04 to 0.27	15%
20,000	30%	24.5	3%	0.088 (0.068)	-0.05 to 0.22	17.7%	0.104 (0.001)	-0.06 to 0.27	5.4%
Scenario 2: Directional pleiotropy, InSIDE assumption satisfied									
10,000	0%	11.7	2.8%	0.070 (0.079)	-0.08 to 0.22	5.3%	0.085 (0.001)	-0.04 to 0.21	5.9%
10,000	10%	11.7	2.8%	0.089 (0.088)	-0.08 to 0.26	9%	0.124 (0.001)	-0.05 to 0.31	11.9%
10,000	20%	11.7	2.8%	0.119 (0.094)	-0.07 to 0.3	17.7%	0.187 (0.002)	-0.02 to 0.43	32.3%
10,000	30%	11.7	2.8%	0.133 (0.095)	-0.05 to 0.32	23.3%	0.216 (0.002)	0 to 0.47	46.1%
20,000	0%	24.5	3%	0.080 (0.057)	-0.03 to 0.19	21.1%	0.089 (0.001)	0 to 0.18	62.7%
20,000	10%	24.5	3%	0.093 (0.063)	-0.03 to 0.22	24%	0.109 (0.001)	-0.01 to 0.24	29.1%
20,000	20%	24.5	3%	0.116 (0.068)	-0.02 to 0.25	35.3%	0.146 (0.001)	-0.01 to 0.31	41.2%
20,000	30%	24.5	3%	0.127 (0.069)	-0.01 to 0.26	40.7%	0.168 (0.002)	0.01 to 0.35	56.2%
Scenario 3: Directional pleiotropy, InSIDE assumption not satisfied									
10,000	0%	11.7	2.8%	0.070 (0.079)	-0.08 to 0.22	5.2%	0.085 (0.001)	-0.04 to 0.21	5.7%
10,000	10%	13.7	3.3%	0.150 (0.089)	-0.02 to 0.32	35%	0.137 (0.001)	-0.03 to 0.31	25.1%
10,000	20%	14.9	3.6%	0.213 (0.1)	0.02 to 0.41	55.8%	0.202 (0.002)	-0.01 to 0.46	45.2%
10,000	30%	12.8	3.1%	0.169 (0.099)	-0.03 to 0.36	37.1%	0.191 (0.002)	-0.03 to 0.46	29.1%
20,000	0%	24.5	3%	0.080 (0.057)	-0.03 to 0.19	21.5%	0.089 (0.001)	0 to 0.18	62.8%
20,000	10%	30.4	3.7%	0.144 (0.064)	0.02 to 0.27	66%	0.125 (0.001)	0.01 to 0.25	63%
20,000	20%	32.4	3.9%	0.189 (0.073)	0.05 to 0.33	81.5%	0.154 (0.001)	0.01 to 0.32	58.6%
20,000	30%	31.1	3.8%	0.153 (0.071)	0.01 to 0.29	60.3%	0.146 (0.001)	-0.01 to 0.32	41%

CI: Confidence Interval, InSIDE: Instrument Strength Independent of Direct Effect, IV: Instrumental Variable, SE: Standard Error.  
Positive Causal Effect ( $\beta = 0.1$ )

## Citations Search

### Search Results

A total of 110 abstracts and 54 full texts were screened to identify the 10 studies<sup>1–10</sup> listed in Table 3; the screening flow diagram is presented in Figure 2.

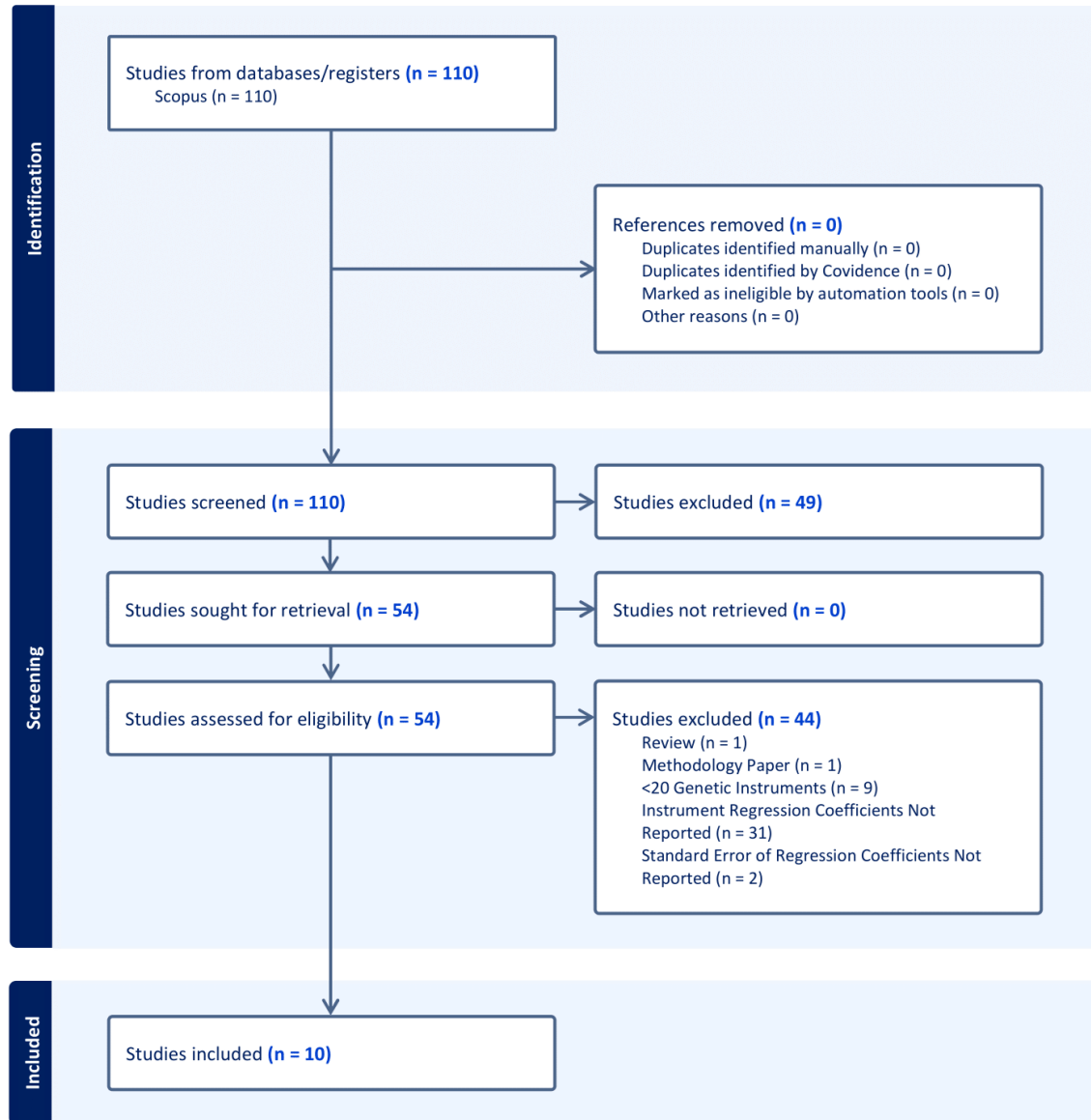


Figure 2: Flow diagram illustrating selection of sample of ten highly-cited two-sample Mendelian randomisation articles reporting a weighted median estimate of casual effect

Table 3: Summary of ten highly-cited two-sample Mendelian randomisation articles reporting a weighted median estimate of casual effect

Author	Citations	Association	N Instruments	Participants		Maximum Estimated Overlap	Causal Effect		Causality Reported	p-value
				Exposure	Outcome		Measure	Estimate		
Budu-Aggrey et al, 2019	182	BMI vs Psoriasis	97	339,224	12,559	0%	OR	1.06 (1 to 1.12)	No	-
Carreras-Torres et al, 2017	200	Height vs Pancreatic Cancer	558	253,288	15,002	19%	OR	1.14 (1 to 1.29)	No	0.05
Carter et al, 2019	199	Education vs Coronary Disease	1,267	766,345	184,305	0%	OR	0.62 (0.57 to 0.67)	Yes	<0.001
Choi et al, 2019	492	Activity vs Depression	24	377,234	143,265	0%	OR	1.49 (0.94 to 2.36)	No	0.08
Clift et al, 2022	129	Smoking Initiation vs COVID-19 Infection	378	1,232,091	281,105	36%	OR	1.53 (1.02 to 2.28)	Yes	0.04
Ligthart et al, 2018	298	CRP vs Schizophrenia	52	204,402	82,315	0%	OR	0.89 (0.81 to 0.96)	Yes	0.004
Mokry et al, 2016	199	BMI vs Multiple Sclerosis	70	322,105	38,589	2.5%	OR	1.26 (0.98 to 1.62)	No	0.08
Pasman et al, 2018	328	Schizophrenia vs Cannabis Use	102	150,064	184,765	0%	$\beta$	0.163 (0.067 to 0.259)	Yes	0.001
Xie et al, 2023	138	T2DM vs NAFLD	449	441,016	218,792	0%	OR	1.61 (1.09 to 2.38)	Yes	<0.001
Xu et al, 2022	183	Coeliac vs Gut Bifidobacterium	105	15,283	24,269	63%	OR	0.998 (0.99 to 1.005)	No	0.56

$\beta$  and OR presented as: estimate (95% CI).

$\beta$ : causal effect estimate, CI: Confidence Interval, OR: Odds Ratio, SE: Standard Error.

BMI: body mass index, CRP: C-reactive protein, NAFLD: non-alcoholic fatty liver disease, T2DM: type 2 diabetes mellitus

## Re-analysis Results

### Data Validation and Re-analysis

There were missing gene-outcome coefficients for three instruments from Xie et al<sup>9</sup>, and one instrument in Clift et al<sup>10</sup> was reported as having an implausibly large gene-outcome coefficient/standard error (-1243.03 and 19161.64, respectively); these were imputed as the respective mean value per study. Data were otherwise complete as expected per the descriptions in each study manuscript. A summary of the re-analysis results is presented in Table 4; estimates are presented both as  $\beta$  regression coefficients and odds ratio (OR)s to aid comparison across studies.

### Re-analysis vs Reported WME Causal Estimates

Three WME estimates generated through re-analysis matched the originally reported estimates poorly. There was a >0.1 difference in re-analysis estimates of OR or  $\beta$  versus the values originally reported by Carreras-Torres et al<sup>6</sup>, Ligthart et al<sup>3</sup> and Mokry et al<sup>5</sup>. Details of instruments used in re-analysis were re-checked against the relevant manuscripts to ensure no transcription errors had occurred. Re-analysed WME CIs were notably wider than reported values for Budu-Aggrey et al<sup>8</sup>, Carreras-Torres et al<sup>6</sup>, Ligthart et al<sup>3</sup>, and Mokry et al<sup>5</sup>.

Overall, estimates and CIs from re-analysis of the other six studies (Carter et al<sup>4</sup>, Choi et al<sup>1</sup>, Clift et al<sup>10</sup>, Pasman et al<sup>2</sup>, Xie et al<sup>9</sup>, and Xu et al<sup>7</sup>) appeared comparable to reported values, after accounting for rounding errors from published summary data, and random variation inherent in bootstrap generation of CIs.

Compared with reported values, the mean difference for effect estimates (SE, 95% CIs) from the was 0(00.002to-0.002).

Conclusions regarding presence of a causal effect were consistent: reported WME, re-analysed WME estimates were concordant in detecting a causal exposure-outcome effect in

### Re-analysis WME vs MR-Hevo Causal Estimates

Across all ten studies re-analysed (Table 4), a causal effect was reported by MR-Hevo in 5 and by WME in 5; causal reporting was discordant in 0

Of the ten studies,



Table 4: Re-analysis of ten highly-cited two-sample Mendelian randomisation articles reporting a weighted median estimate of casual effect, comparing results of both WME and MR-Hevo causal effect estimation methods

Author	Exposure	Outcome	SNPs	Weighted Median				MR-Hevo			
				$\beta$	SE	OR	Causality Reported	$\beta$	SE	OR	Causality Reported
Budu-Aggrey et al	BMI	Psoriasis	97	0 (-0.29-0.29)	0.148	1 (0.75-1.34)	No	0.08 (-0.17-0.33)	0.002	1.08 (0.84-1.39)	No
Carreras-Torres et al	Height	Pancreatic Cancer	558	0 (-0.13-0.13)	0.066	1 (0.88-1.14)	No	-0.28 (-1.34-0.5)	0.513	0.76 (0.26-1.64)	No
Carter et al	Years of Education	Coronary Artery Disease	1,266	-0.46 (-0.55-0.38)	0.044	0.63 (0.58-0.69)	Yes	-0.48 (-0.54-0.42)	0.000	0.62 (0.58-0.66)	Yes
Choi et al	Self-Reported Physical Activity	Major Depressive Disorder	25	0.39 (-0.06-0.83)	0.227	1.47 (0.94-2.29)	No	0.22 (-0.23-0.65)	0.004	1.25 (0.8-1.91)	No
Clift et al	Genetically Determined Smoking Initiation	COVID-19 Infection	378	0.43 (0.02-0.84)	0.209	1.53 (1.02-2.31)	Yes	0.37 (0.1-0.64)	0.001	1.45 (1.1-1.9)	Yes
Ligthart et al	Genetically Determined CRP	Schizophrenia	29	-0.41 (-0.88-0.08)	0.245	0.67 (0.41-1.08)	No	-0.38 (-1.24-0.54)	0.008	0.68 (0.29-1.72)	No
Mokry et al	BMI	Multiple Sclerosis	70	0.34 (0.09-0.59)	0.129	1.41 (1.09-1.81)	Yes	0.34 (0.16-0.52)	0.001	1.41 (1.17-1.67)	Yes
Pasman et al	Liability to Schizophrenia	Cannabis Use	109	0.16 (0.06-0.26)	0.050	1.18 (1.07-1.3)	Yes	0.17 (0.08-0.26)	0.001	1.18 (1.08-1.29)	Yes
Xie et al	T2DM	NAFLD	526	0.48 (0.09-0.87)	0.198	1.61 (1.09-2.38)	Yes	0.51 (0.28-0.75)	0.002	1.67 (1.32-2.13)	Yes
Xu et al	Coeliac Disease	Gut Bifidobacterium	105	0 (-0.01-0)	0.004	1 (0.99-1)	No	0 (-0.01-0)	0.000	1 (0.99-1)	No

$\beta$  and OR presented as: estimate (95% CI).

$\beta$ : causal effect estimate, CI: Confidence Interval, OR: Odds Ratio, SE: Standard Error.

BMI: body mass index, CRP: C-reactive protein, NAFLD: non-alcoholic fatty liver disease, T2DM: type 2 diabetes mellitus

**BMI** body mass index  
**CI** confidence interval  
**CLT** central limit theorem  
**CRP** C-reactive protein  
**IV** instrumental variable  
**InSIDE** Instrument Strength Independent of Direct Effect  
**MR** Mendelian randomisation  
**NAFLD** non-alcoholic fatty liver disease  
**OR** odds ratio  
**RCT** randomised-controlled trial  
**SD** standard deviation  
**SE** standard error  
**SNP** single nucleotide polymorphism  
**T2DM** type 2 diabetes mellitus  
**UMREG** Usher Masters Research Ethics Group  
**WME** weighted median estimator

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