

Instrumental Variable Analysis:
Measuring the 'true' effect when trial
intervention is not delivered with optimal fidelity.
Relevance for CISMAC studies

CISMAC Webinar

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Problem

We want to know the extent to which a treatment, **T**, causally affects an outcome, **O**.

$$\mathbf{T} \xrightarrow{?} \mathbf{O}$$



Problem

Example

Does an intervention or treatment (T) reduce child mortality (O)?

T $\overset{?}{\rightarrow}$ Mortality



Solution: RCT

T → Mortality

No bias!

Relative risk = 0.8

$p \approx 0.01$

95% confidence interval: 0.7 to 0.9



Another problem

Int. → **T** → **Mortality**

RR is effect of being in intervention arm (intention to treat), and not the effect of the treatment in itself.

Relative risk = 0.8

$p \approx 0.01$

95% confidence interval: 0.7 to 0.9

Another problem

Int. → T → Mortality

Can we estimate
the true efficacy of
the treatment?

Relative risk = ~~0.8~~ 0.7

$p \approx 0.02$

95% confidence interval: 0.5 to 0.9

Another problem

Int. → T → Mortality

Can we estimate
the true efficacy of
the treatment?

Relative risk = ~~0.8~~ 0.7

$p \approx 0.02$

95% confidence interval: 0.5 to 0.9

Note: Often CIs get wider using IVA

Solution: IVA

Want to know the causal effect of **T** on **O**.

$$\mathbf{T} \rightarrow \mathbf{O}$$

A (very brief) primer to IVA

Consider instrument, **I**, as the exposure in addition to **T**.

$$\mathbf{I} \rightarrow \mathbf{T} \rightarrow \mathbf{O}$$

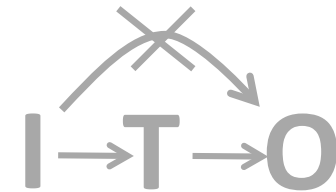
A (very brief) primer to IVA

Need assumptions:

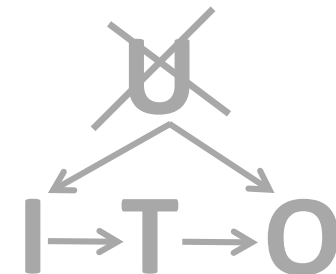
1- Causal relationship between **I** and **T**



2- The effect of **I** on **O** is only through **T**



3- No common causes of **I** and **O**



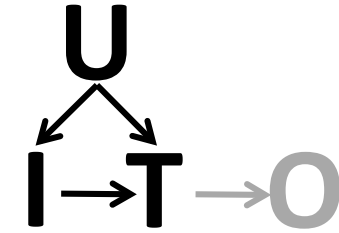
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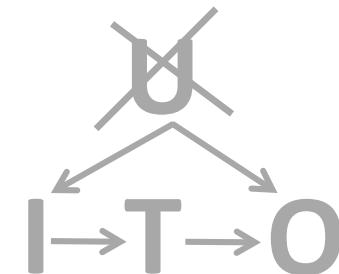
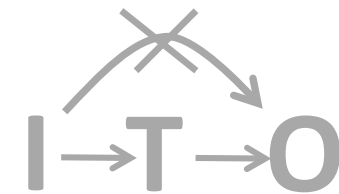
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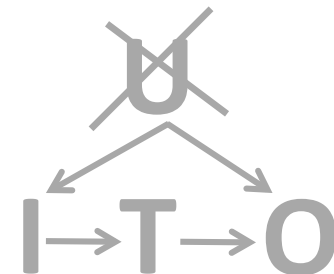
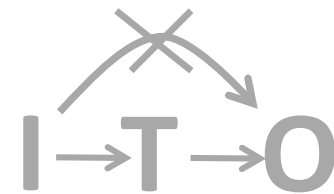
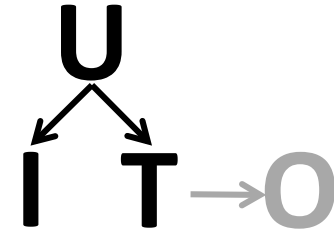
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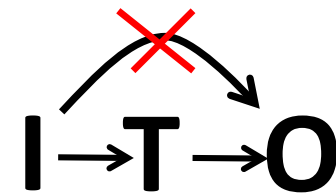
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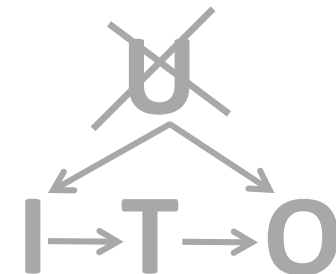
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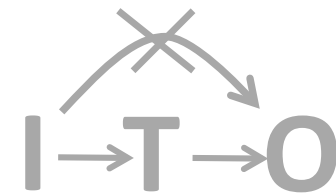
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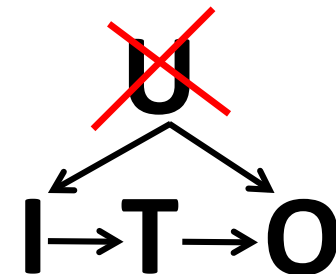
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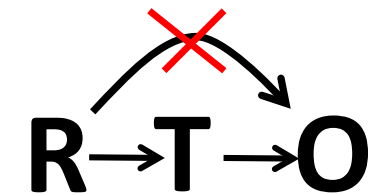
A (very brief) primer to IVA

Randomization is a great instrument!

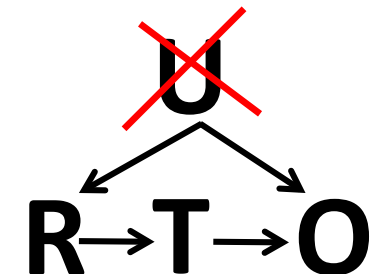
1- Randomization (**R**) decides intervention status (**T**)



2- Effect of **R** on outcome (**O**) is only through **T**



3- No common causes of **R** and **O**



A (very brief) primer to IVA

Consider scenario with binary exposure, T (e.g., RCT), and binary outcome, O (e.g., death)

Control arm

Receive treatment: $P_c(T=1)$

Risk of outcome: $P_c(O=1)$

Intervention arm

Receive treatment: $P_i(T=1)$

Risk of outcome: $P_i(O=1)$

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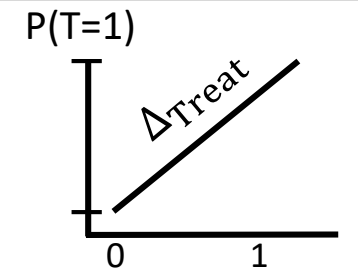
Intervention arm

Receive treatment: $P_I(T=1)$

Risk of outcome: $P_I(O=1)$

Difference in proportion treated:

$$\Delta_{\text{Treat}} = P_I(T = 1) - P_C(T = 1)$$



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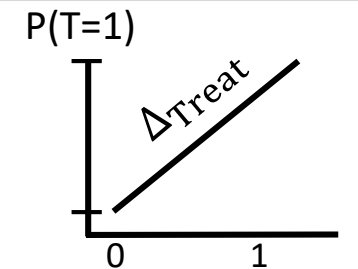
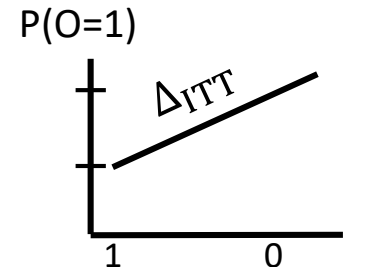
Risk of outcome: $P_I(O=1)$

Difference in proportion treated:

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Risk difference between arms:

$$\Delta_{\text{ITT}} = P_C(O = 1) - P_I(O = 1)$$



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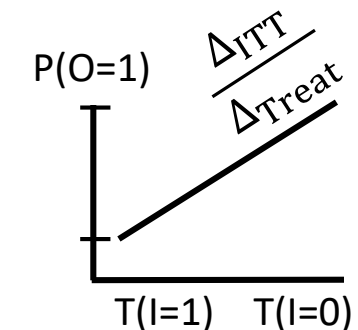
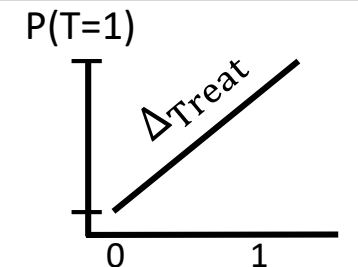
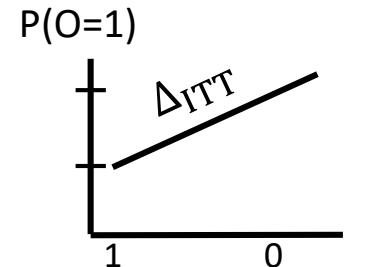
$$\Delta_{\text{Treat}} = P_I(T = 1) - P_C(T = 1)$$

Risk difference between arms:

$$\Delta_{\text{ITT}} = P_C(O = 1) - P_I(O = 1)$$

Adjusted risk difference (efficacy):

$$\Delta_{\text{IVA}} = \Delta_{\text{ITT}} / \Delta_{\text{Treat}}$$



IVA with numbers

Control arm

- $P_c(T) = 0\%$
- $P_c(\text{Die}) = 4.0\%$ mortality

Intervention arm

- $P_i(T) = 75\%$
- $P_i(\text{Die}) = 3.2\%$ mortality

IVA with numbers

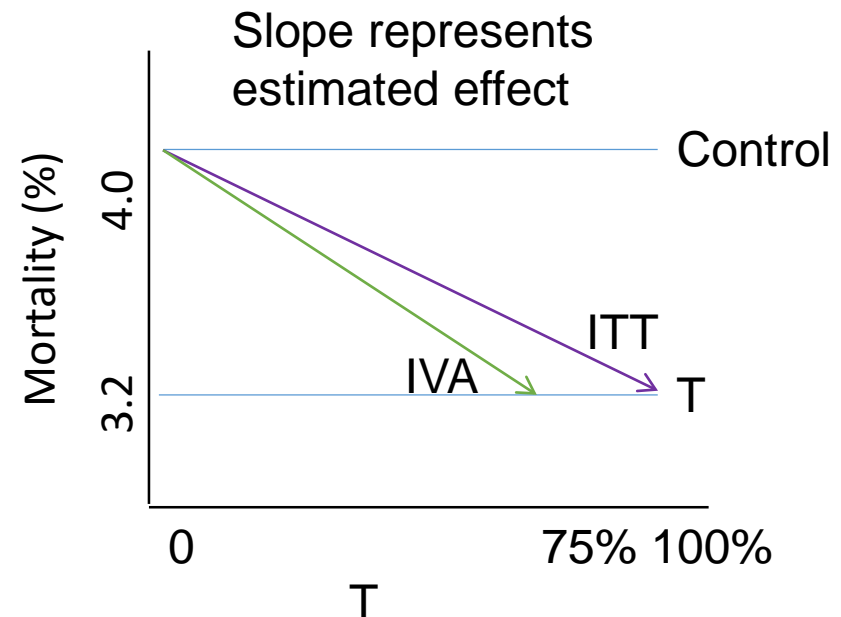
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$$\Delta_T = P_I(T) - P_C(T) = 0.75$$



IVA with numbers

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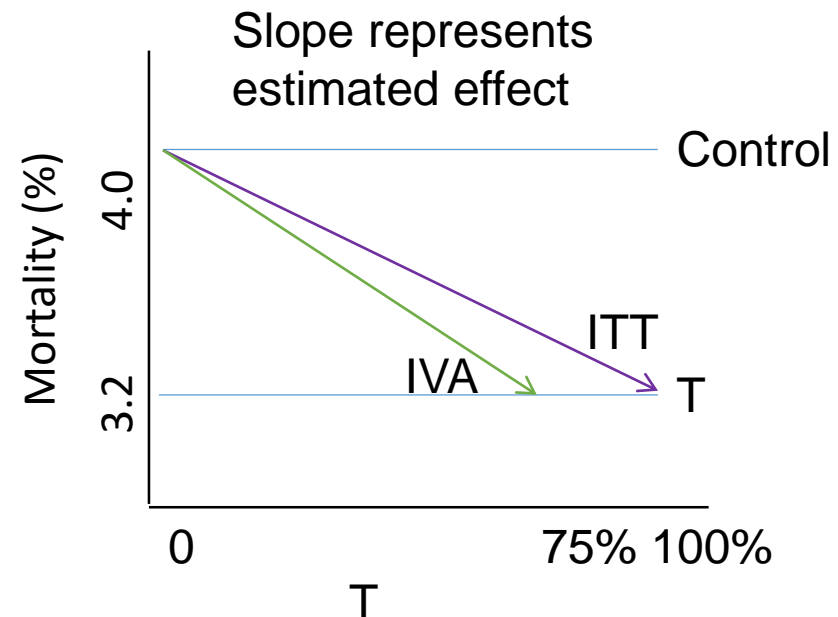
Intervention arm

- $P_I(T) = 75\%$
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$$\Delta_T = P_I(T) - P_C(T) = 0.75$$

ITT:

- $\Delta_{ITT} = 0.040 - 0.032 = 0.008$
- $RR_{ITT} = \frac{4.0 - 0.8}{4.0} = 0.8$



IVA with numbers

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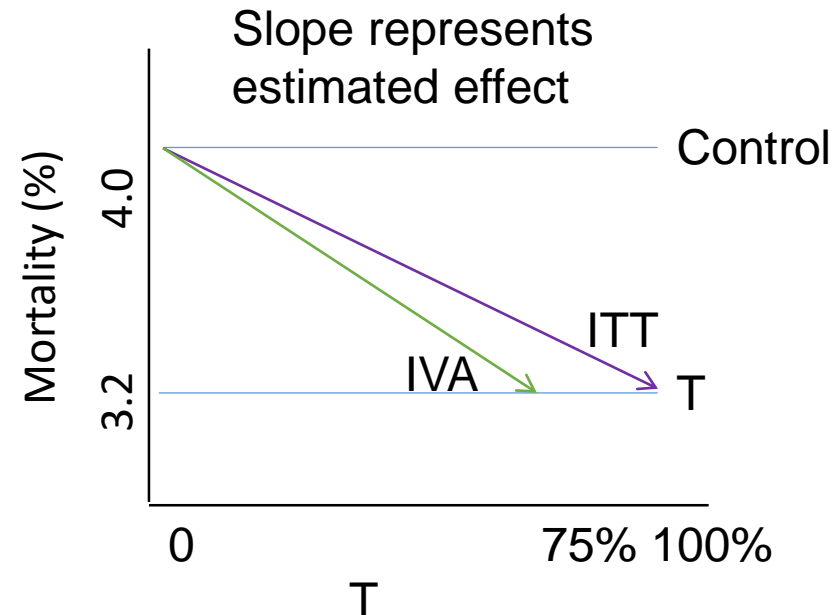
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ITT:

- $\Delta_{ITT} = 0.040 - 0.032 = 0.008$
- $RR_{ITT} = \frac{4.0 - 0.8}{4.0} = 0.8$

IVA:

- $\Delta_{IVA} = \frac{\Delta_{ITT}}{\Delta_T} = \frac{0.008}{0.75} \approx 0.011$
- $RR_{IVA} = \frac{4.0 - 1.1}{4.0} \approx 0.7$



IVA in general

Similar for continuous outcome, O (e.g., age at first pregnancy)

- Binary exposure (e.g., low vs. high level education)
- Continuous exposure (e.g., years of education)

Slightly different for binary outcome and continuous exposure

Measuring adherence



Measuring adherence

Some treatments are «easy» to measure

- Treatment requiring attendance
- Treatment administered by professionals

CISMAC examples

- BCG vaccine
- B12
- Zinc
- Community initiated kangaroo mother care (ciKMC)?
- Education?
- Postnatal care?

Measuring adherence

Some treatments are «hard» to measure

- Treatment not requiring attendance
- Treatment administered by amateurs

CISMAC examples

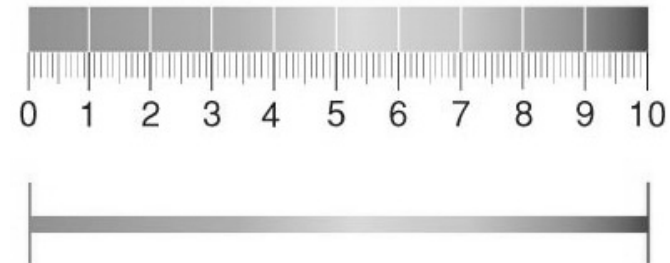
- ciKMC?
- Education?
- Postnatal care?

Measuring adherence

How?

Suggestions

- Questionnaire
 - «Did you adhere?»
 - «How often did you adhere?»
- Visual scale
 - «How well do you adhere?»



Measuring adherence

Problems

- Treatment arm
 - Introduce recall bias
(Mortality→Measured adherence)
- Control arm
 - Asking about adherence may affect intervention
 - «Did you get the vaccine?» «No, but perhaps I should!»

Thank you for your



Questions or comments?