

Al-Farabi Kazakh National University

**Lecture 13. Clinical Epidemiology. DEPTH model in  
Medicine. Implementation of epidemiologic  
studies in Medicine**

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# Plan

- Definition of Clinical Epidemiology
- Depth model
- Implementation of Epidemiological studies in Medicine

# Introduction

Clinical medicine



answer clinical questions and  
guide clinical decision making

Epidemiology



Involved in **methods**  
used to answer the  
questions

# Definition

## Epidemiology

Study of distribution and determinants of states or events in specified populations, and the application of this study to the control of health problems

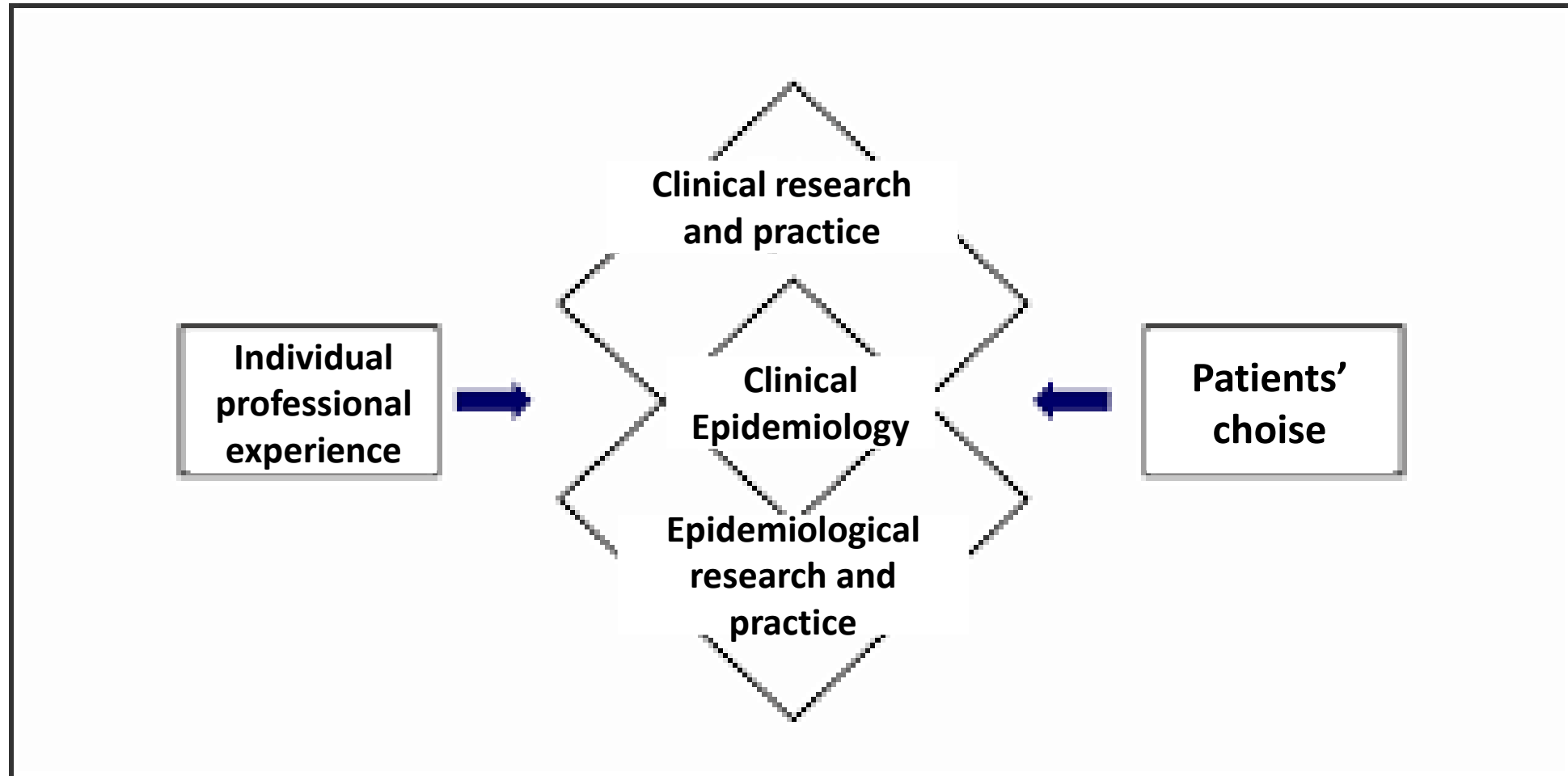
## Epidemiology of communicable diseases

a science that studies the causes and conditions of emergence and spread of infectious diseases among the population for the development and implementation of preventive measures

## Clinical Epidemiology

- The science of cause-and-effect relationships in the observations of population and individual people
- The study of medical interventions in people
- Code of Ethics
- Scientific principles (as much as possible to make observations and draw the correct conclusions)
- practical application of the findings

# Relationship between Medicine and Epidemiology



# What is Clinical Epidemiology

- The science of making predictions about individual patients by counting clinical events in similar patients, using strong scientific methods for studies of groups of patients to ensure that the predictions are accurate
- Used as an aid to clinical decision making
- Lead to valid conclusions by avoiding bias and confounder

# Methods of Clinical Epidemiology

- Formulate questions and hypothesis
- Choose study design
- Choose study population and sample from it
- Collect and analyze Data
- Interpret Results

# Formulate questions (Hypothesis)

## Steps in developing a research question

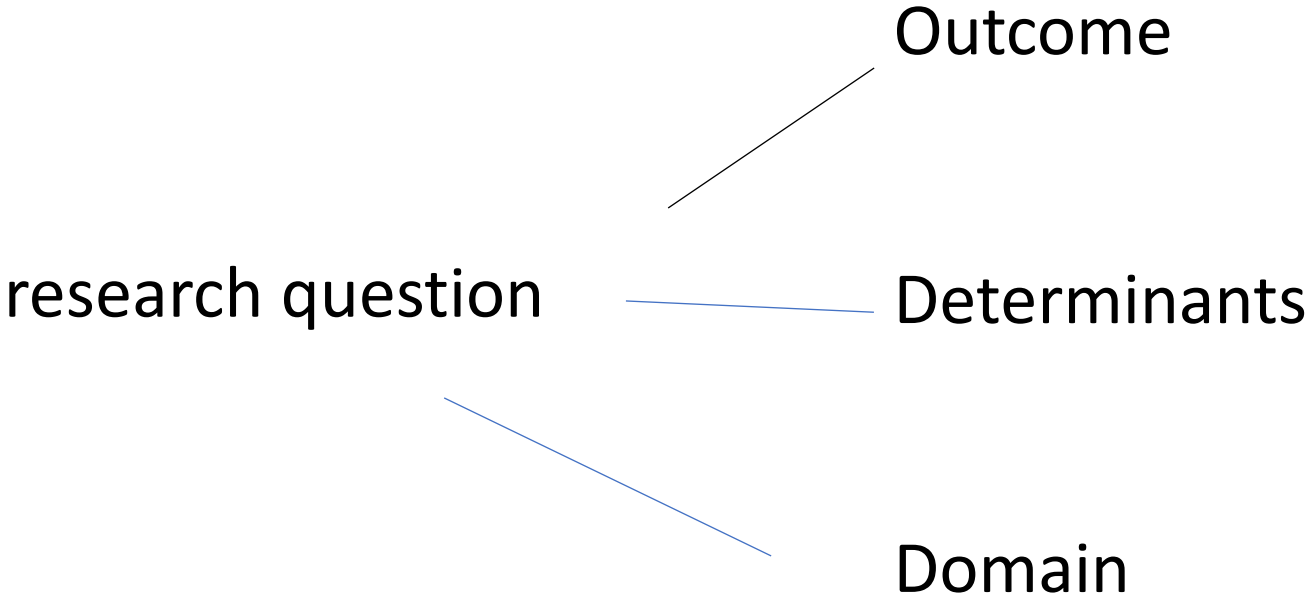
- **Step 1** :- Do not let the research question be forced upon you.
- **Step 2** :- Find a general area of interest. ( “ AIDS ” , NCDs”, “MCH” etc ) (basic interest, own clinical observations, discussions with colleagues, med. Conf., Questions asked by our own students)
- **Step 3** :- Read “around” the topic in width, (broad & extensive ) not in depth ( intensive )
- **Step 4** :- Identify a specific area of interest where gaps in knowledge exist, need to be filled up ( effect of antenatal counselling on Postnatal care)



# Hypothesis

- Translates a research question into a prediction of expected outcomes
- Research question identifies of variables/concepts under investigation and asks how concepts might be related
- hypothesis is a predictive answer
- $H_0$  – null hypothesis
- $H_a$  – alternative hypothesis

# Theoretical research question



# The PICO Model for Clinical Questions

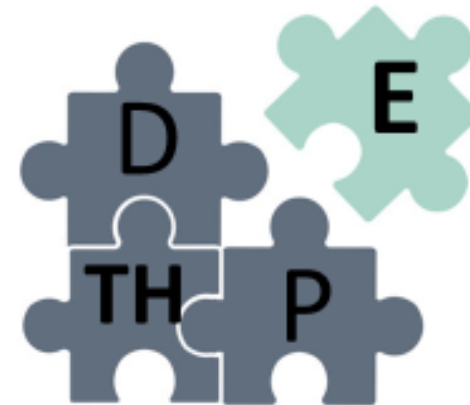
PICO –is the way to organize a well –built and answerable clinical question

<b>P</b> = Patient, population or problem	<i>Who are the patients or populations? What is the disease?)</i>
<b>I</b> = Intervention, issue, prognostic factor or exposure	<i>What do you want to do with this patient ? (e.g. treat, diagnose, observe)</i>
<b>C</b> = Comparison or intervention (if appropriate)	<i>What is the alternative to the intervention (e.g. placebo, different drug, nothing?)</i>
<b>O</b> = Outcome	<i>What are the relevant outcomes ? (e.g. morbidity, mortality, death, complications)</i>
<b>T</b> = Time or type of study	
What type of question are you asking?	Diagnosis, Etiology, Therapy, Prognosis, Prevention, Ham
Type of study do you want to find?	What would be best study design or methodology?

# DEPTH Model in Clinical Epidemiology

Classify the type of the question using DEPTH model

- Does this person have the problem?  
Question of **DIAGNOSIS**
- What causes the problem?  
Question of **ETIOLOGY, RISK**
- Who (and how likely) will get the prob  
Question of **PROGNOSIS**
- What is the treatment?  
Question of **INTERVENTION/PREVENTI  
THERAPY**



# Clinical questions

Subject of discussion	Question
<b>Abnormality</b>	Is the patient sick or well?
<b>diagnosis</b>	How accurate are tests used to diagnose of disease?
<b>frequency</b>	How often does a disease occur?
<b>Risk</b>	What factors are associated with an increased risk of disease?
<b>Prognosis</b>	What are the consequences of having a disease?
<b>Treatment</b>	How does treatment change the course of disease?
<b>Prevention</b>	Does an intervention on well people keep disease of from arising? Does early detection and treatment improve the course of disease?
<b>Cause</b>	What conditions lead to disease?
<b>Cost</b>	What is a cost of this disease?

# Disease outcomes – five D

**Death**

**A bad outcome, if untimely**

**Disease**

**Set of symptoms, physical signs and laboratory abnormalities**

**Discomfort**

**Symptoms such as pain, nausea, dispnoea, itching and tinnitus**

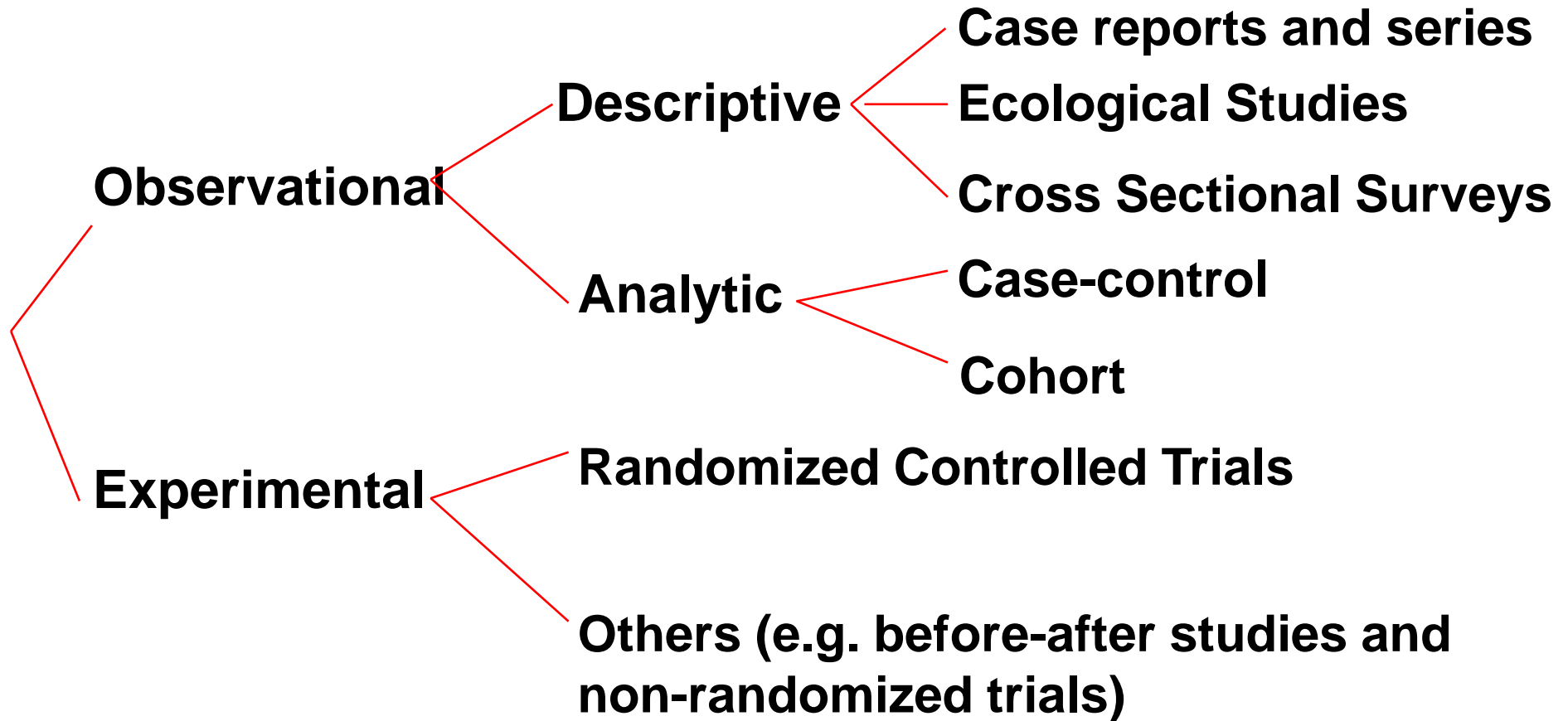
**Disability**

**Impaired ability to go about usual activities at home, work and recreations**

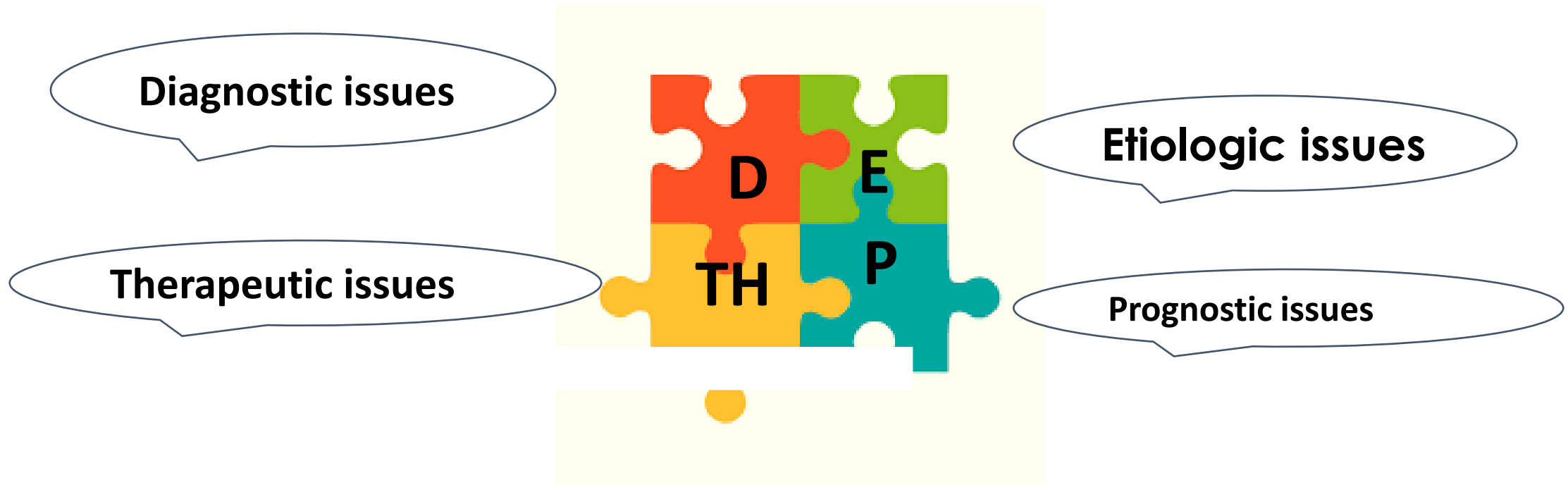
**Dissatisfaction**

**Emotional reaction to disease and its care, such as sadness or anger**

# Epidemiologic Study Designs



# DEPTH model and using of epidemiological studies in Medicine



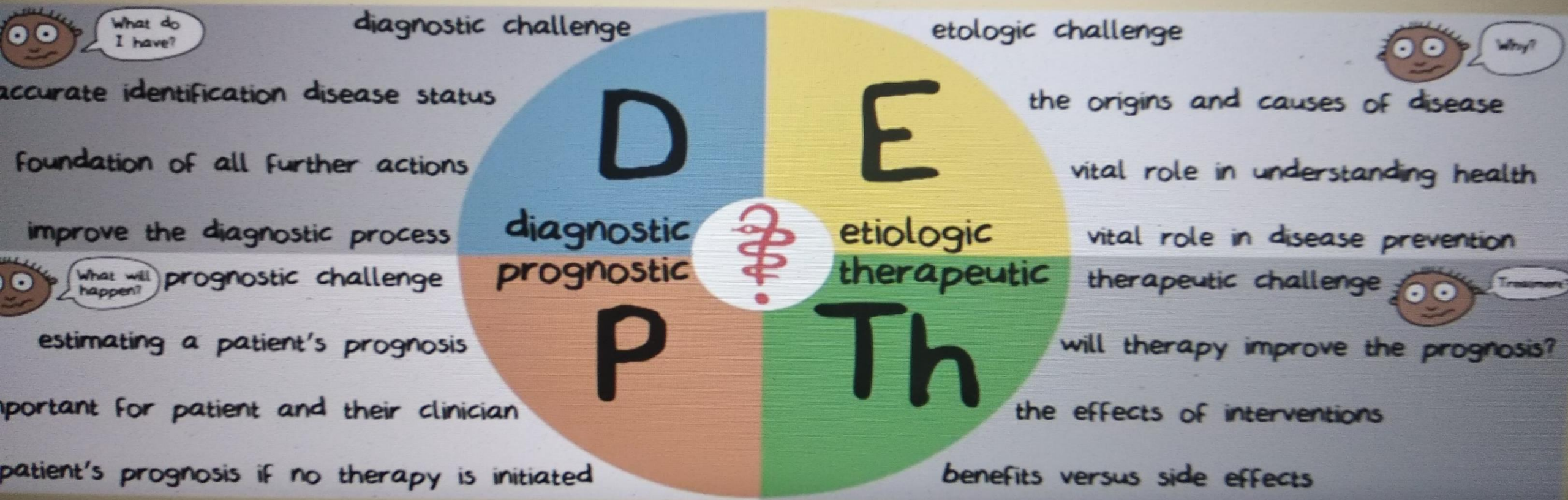


Core concepts

<https://www.coursera.org/learn/clinical-epidemiology/lecture/S1Njm/core-concepts>

<https://d3c33hcgiewv3.cloudfront.net/H3uLya78EeWDcwpBfwxWiQ.processed/full/360p/index.mp4?Expires=1586304000&Signature=BvxXeshaqlGpiDLfa-qGRkH1juP925oIXVZssdSsllX0hmSws2aLYBZicEtpTauA~NyaqOumzqXvgwtiMI3fGIYbU9ZiCa7CSDNqP6H7pX7m0gHkV4jtwEyLFglPU8R53szUZeaBym1MeKW70xLsKNVEPFF3HMbbr2oFDfHsbdk&Key-Pair-Id=APKAJLTNE6QMUY6HBC5A>

# DEPTh-model

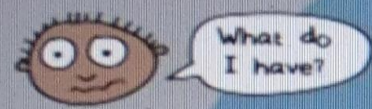




# Descriptive research

Wich information predicts diagnosis/prognosis?

determinant(s)  
↕  
outcome



# D

diagnostic  
prognostic



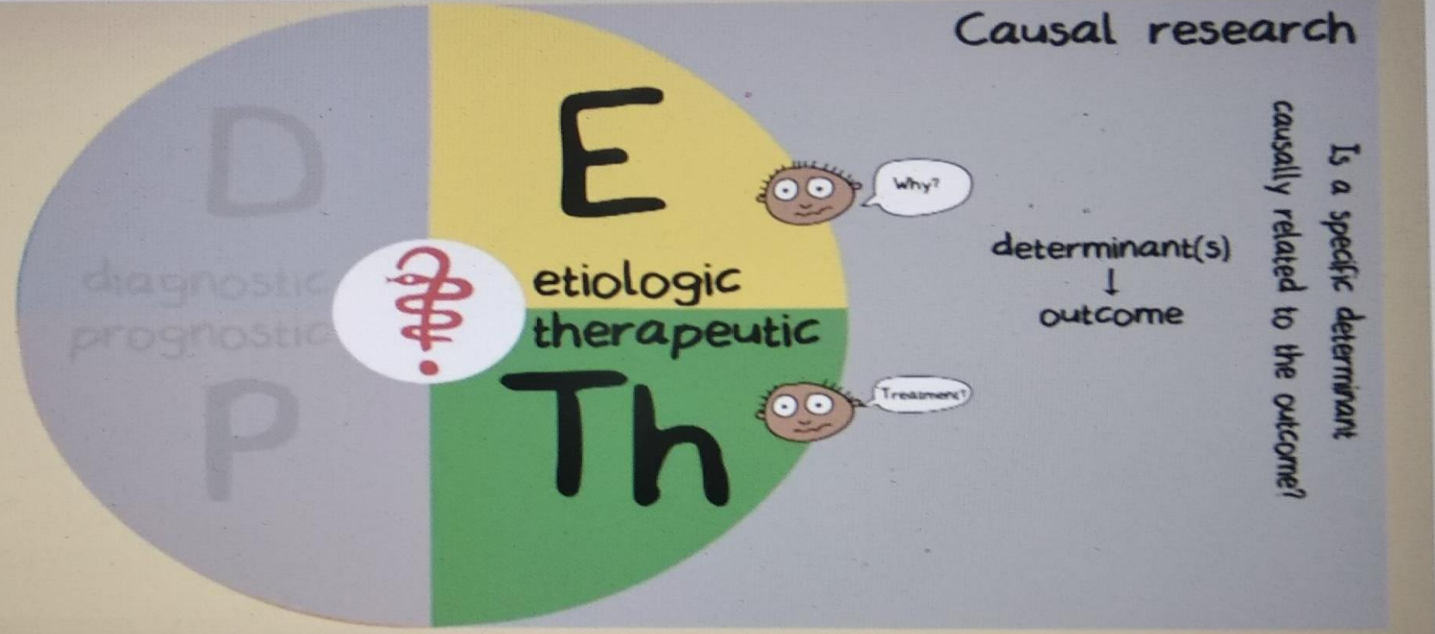
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E  
etiologic  
therapeutic  
Th



### Causal research

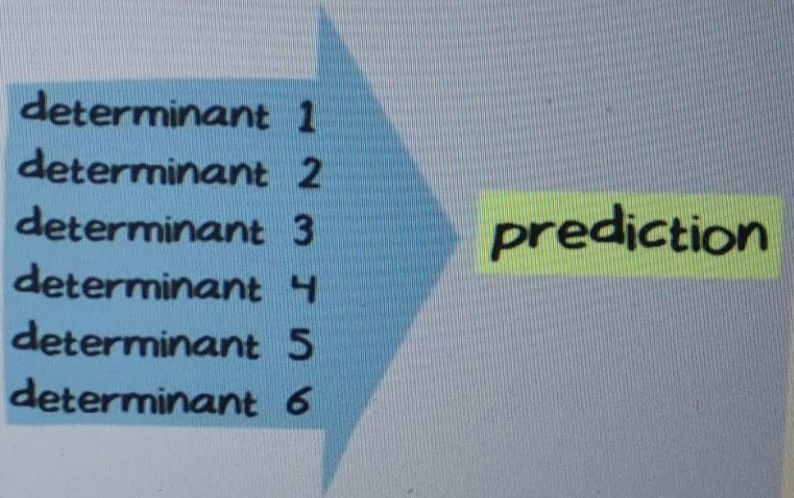
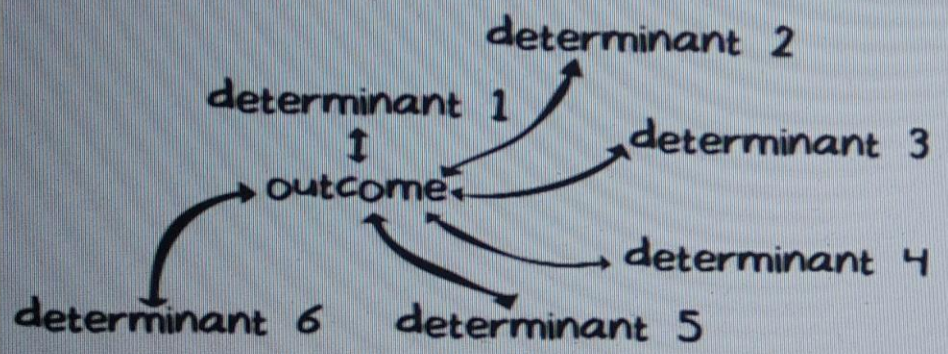


### Notes

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# Descriptive research





# EPIDEMIOLOGY vs CLINICAL MEDICINE

## PRINCIPAL TASKS

<b>CLINICAL MEDICINE</b>	<b>EPIDEMIOLOGY</b>
<b>Diagnosis</b>	<b>Epidemiological study</b>
<b>Etiology</b>	<b>Reason, determinants, risk factor</b>
<b>Prognosis</b>	<b>Risk assessment</b>
<b>Treatment</b>	<b>Prevention, health promotion</b>

# Key Areas of Inquiry in Clinical Epidemiology

- Etiology      What causes disease?
- Risk      With what probability will disease occur?
- Prognosis      What are the outcomes from disease?
- Diagnosis      How good are the diagnostic tools?
- Treatment      How is prognosis altered by treatment?
- Prevention      Can disease occurrence be prevented?
- Cost      What is the economic impact of disease, its detection, its treatment?

Chi-yuan Hsu, and Harold I. Feldman CJASN 2006;1:1115-1116

CJASN

# A valid diagnostic study:

A valid diagnostic study:

1. assembles an appropriate spectrum of patients
2. applies both the diagnostic test and reference standard to all of them
3. interprets each blind to the other
4. repeats itself in a second, independent (“test”) set of patients.

5. The guidelines for achieving a valid diagnostic study consider the STARD (standards for reporting of diagnostic accuracy) initiative

(<http://www.consort-statement.org/stardstatement.htm>)



## Performance of B-type Natriuretic Peptide (BNP) $\geq 18$ pg/mL as a Diagnostic Test of left ventricular dysfunction (LVD)

		Target Disorder (LVD on Echocardiography)		Totals
		Present	Absent	
Diagnostic Test Result (Serum BNP)	Positive (BNP $\geq 18$ pg/mL)	35	57	92 a+b
	Negative (BNP $< 18$ pg/mL)	5	29	34 c+d
		a+c	b+d	a+b+c+d
	Totals	40	86	126

**Sensitivity** =  $a/(a + c) = 88\%$     **Positive Predictive Value (PPV)** =  $a/(a + b) = 35/92 = 0.38$ , or 38%  
**Specificity** =  $d/(b + d) = 34\%$     **Negative Predictive Value (NPV)** =  $d/(c + d) = 29/34 = 0.85$ , or 85%

..

# Scientific Principles for Case–Control Studies

1. Establish research hypothesis before the research is conducted
2. Define the exposure beforehand
3. Define inclusion and exclusion criteria for each person's baseline state
4. Exclude from the control group anyone with what could be the early signs of the outcome state or contraindications to exposure
5. Check and adjust for prognostic factors that differ between the comparison groups
6. Choose a selection process that eliminates or minimizes referral bias
7. Establish ways to eliminate or minimize recall bias
8. Establish ways to eliminate or minimize detection bias
9. Record unknown exposure as unknown, not absent
10. Manage participation bias

# Therapeutic issues

- To denote *both* the beneficial *and* harmful effects of an intervention when it is applied under ideal circumstances, I'll use the term: ***efficacy***
- To denote *both* the beneficial *and* harmful effects of an intervention when it is applied under the usual circumstances that apply in health care, I'll use the term: ***effectiveness***
- When speaking in general terms about the consequences of treatment, either good or bad or both, I'll use the term: ***effects***

# Case Study: A Diagnostic Rule for Deep Vein Thrombosis in Primary Care

<https://www.coursera.org/learn/clinical-epidemiology/lecture/1Cmu3/case-study-a-diagnostic-rule-for-deep-vein-thrombosis-in-primary-care>

An Introduction to Prognostic Research

<https://www.coursera.org/learn/clinical-epidemiology/lecture/kKs79/an-introduction-to-prognostic-research>

Designing a Prognostic Study

<https://www.coursera.org/learn/clinical-epidemiology/lecture/1GcYN/designing-a-prognostic-study>

an Introduction to Intervention Research

<https://www.coursera.org/learn/clinical-epidemiology/lecture/v9EQA/an-introduction-to-intervention-research>

Case Study: Pneumococcal Vaccination in Adults

<https://www.coursera.org/learn/clinical-epidemiology/lecture/AXluM/case-study-pneumococcal-vaccination-in-adults>

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- Wolfgang, A. Handbook of Epidemiology. Vol.1//Ahrens Wolfgang, Peugeot Iris. - 2 ed.- Springer Reference, 2014.- 469 p.
- Principles and methods of Epidemiology. 3-d Edition. R. Dicker Ooffice of epidemiologic program CDC, USAID. -2012.-457 P.
- <https://www.coursera.org/learn/clinical-epidemiology/home/week/7>