## The crisis in health and medical statistics

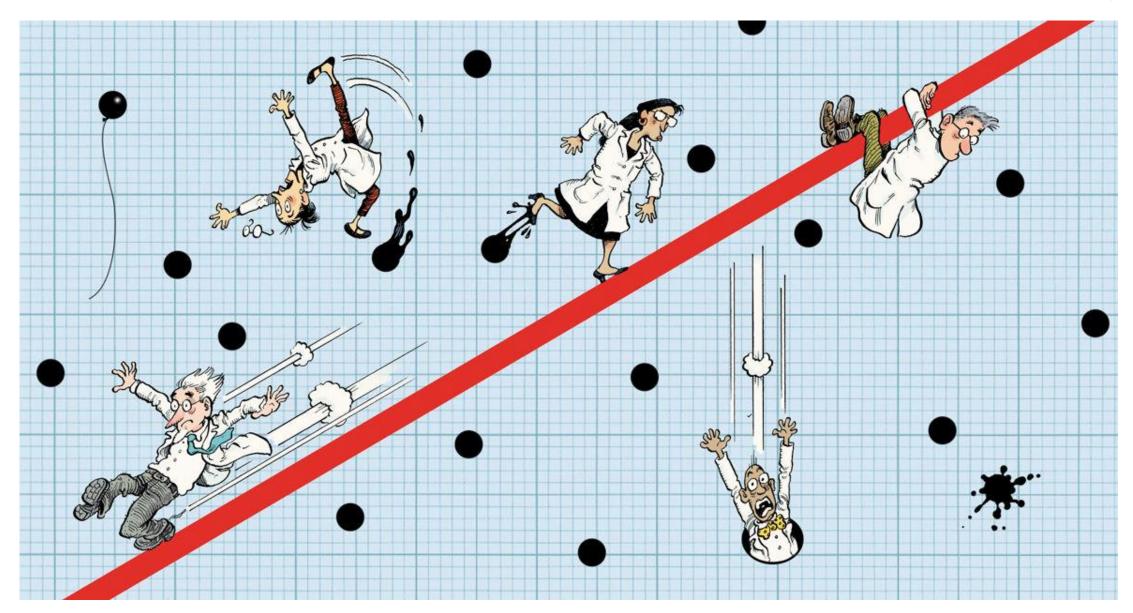


Illustration by David Parks, Nature, 2017



Illustration by Dale Edwin Murray, Nature, 2017

"The first principle is that you must not fool yourself — and you are the easiest person to fool" Richard Feynman, 1964

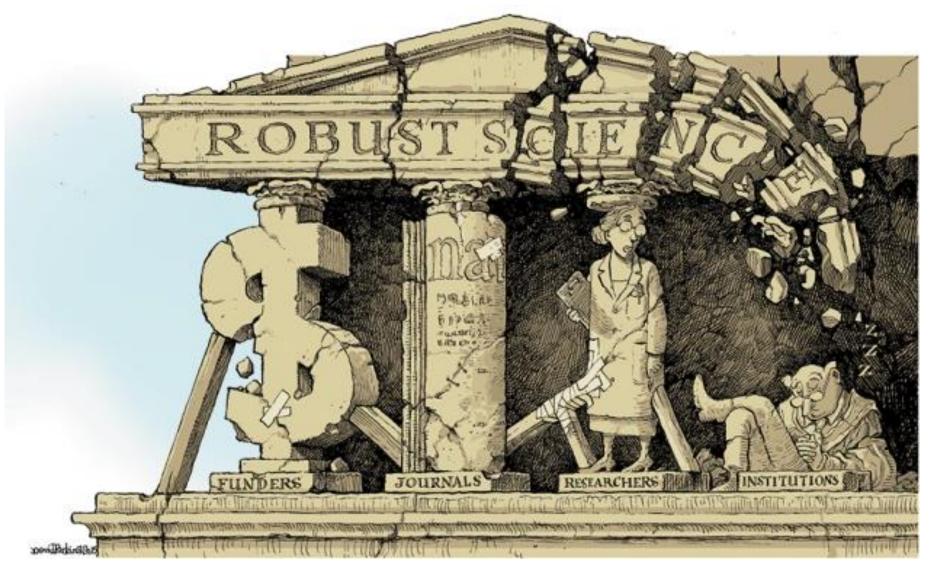
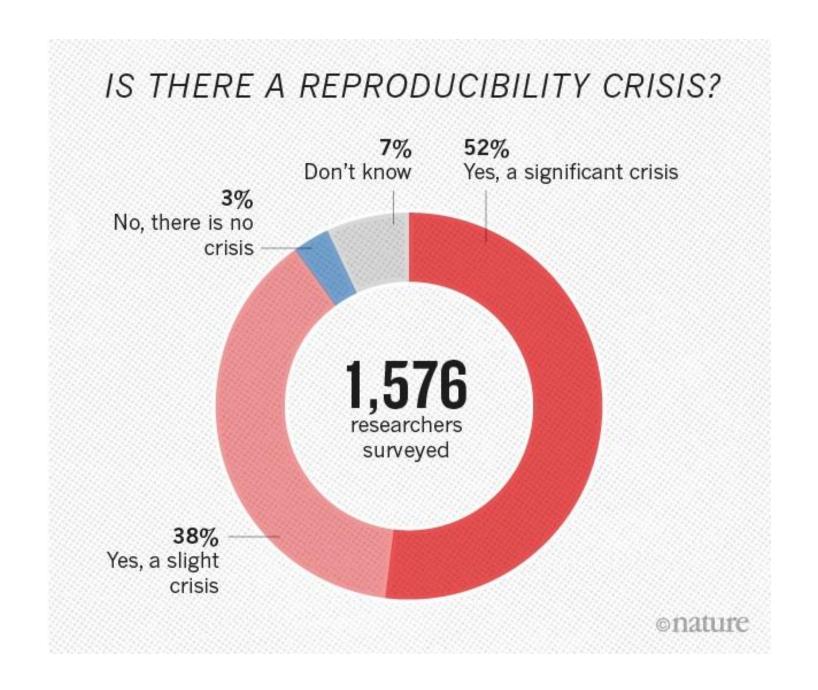
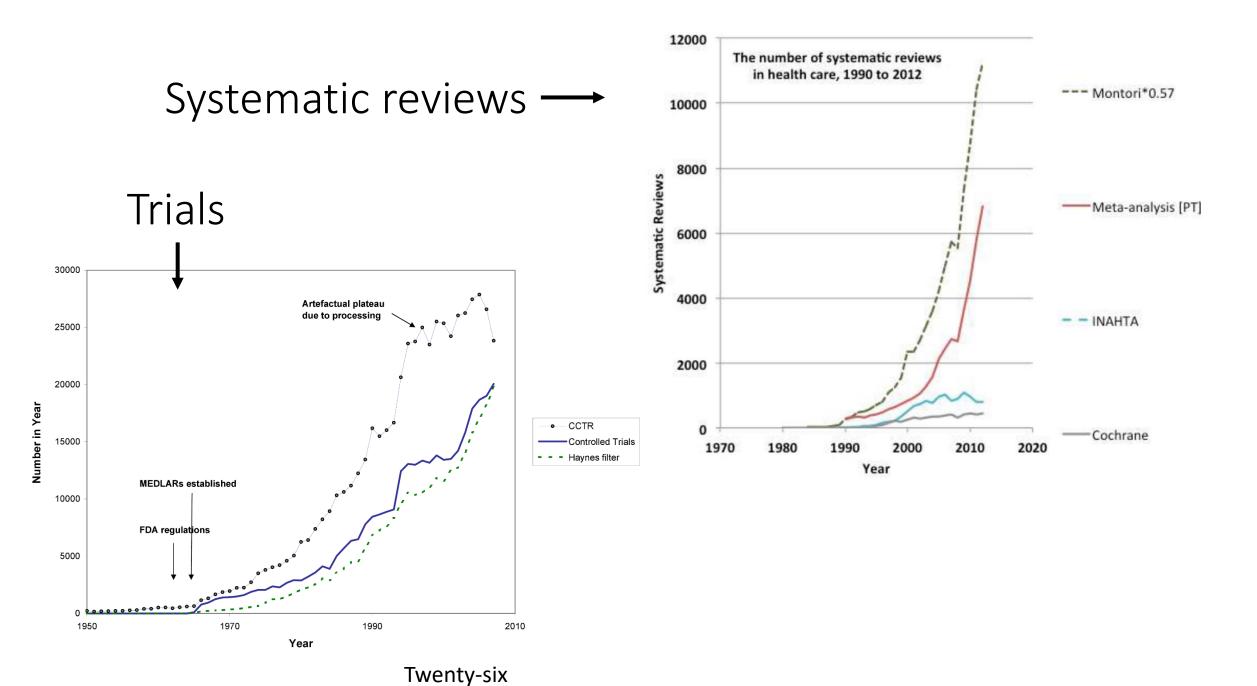


Image source: David Parkins, Nature, 2015



"We need less research, better research, and research done for the right reasons" Doug Altman, 1994

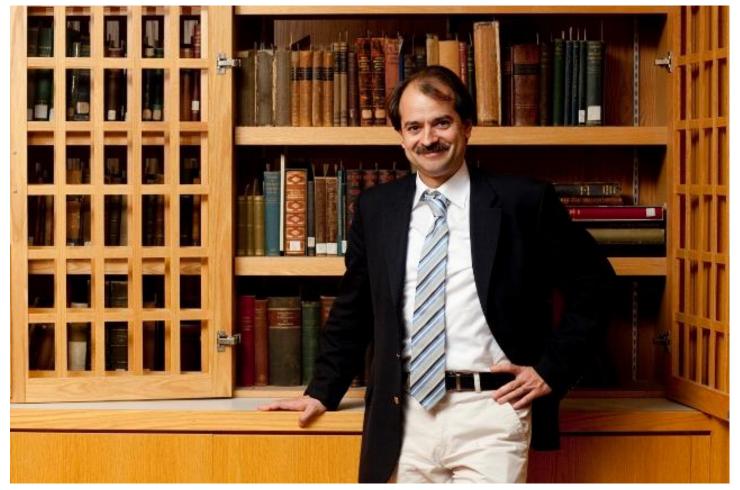




Bastian H et al (2010) Seventy-Five Trials and Eleven Systematic Reviews a Day: How Will We Ever Keep Up? PLOS Medicine 7(9): e1000326.

# Expert salami slicing, 31 papers!

	A Survey on Mental Health Status of Adult Population Aged 15 and above in the Province of Zanjan,
1.	Iran_
	Noorbala AA, Bagheri Yazdi SA, Faghihzadeh S, Kamali K, Faghihzadeh E, Hajebi A, Akhondzadeh S Armani Kian A. Nasr S.
	Arch Iran Med. 2017 Nov 1;20(11 Suppl. 1):S127-S130.
	PMID: 29481147
	A Survey on Mental Health Status of Adult Population Aged 15 and above in the Province of Yazd,
2.	Iran.
	Noorbala AA, Bagheri Yazdi SA, Faghihzadeh S, Kamali K, Faghihzadeh E, Hajebi A, Akhondzadeh S Yasini Ardekani SM, Farahzadi MH, Zare F.
	Arch Iran Med. 2017 Nov 1;20(11 Suppl. 1):S123-S126.
	PMID: 29481146
	A Survey on Mental Health Status of Adult Population Aged 15 and above in the Province of West
3.	Azarbaijan, Iran.
	Noorbala AA, Bagheri Yazdi SA, Faghihzadeh S, Kamali K, Faghihzadeh E, Hajebi A, Akhondzadeh S Sedighnia A, Karimi H.
	Arch Iran Med. 2017 Nov 1;20(11 Suppl. 1):S119-S122.
	PMID: 29481145
	A Survey on Mental Health Status of Adult Population Aged 15 and above in the Province of Tehran,
4.	Iran.
	Noorbala AA, Bagheri Yazdi SA, Faghihzadeh S, Kamali K, Faghihzadeh E, Hajebi A, Akhondzadeh S
	Abbasinejad M, Zarkesh A, Amirloo F, Ghafarzadeh M.  Arch Iran Med. 2017 Nov 1;20(11 Suppl. 1):S115-S118.
	PMID: 29481144



"Most published scientific findings are false" John loannidis 2005

Image source: Kelvin Ma, TuftsNow, 2011

## Research waste



"It pays to be first. It doesn't necessarily pay to be right." Veronique Kiermer, Executive editor PLOS

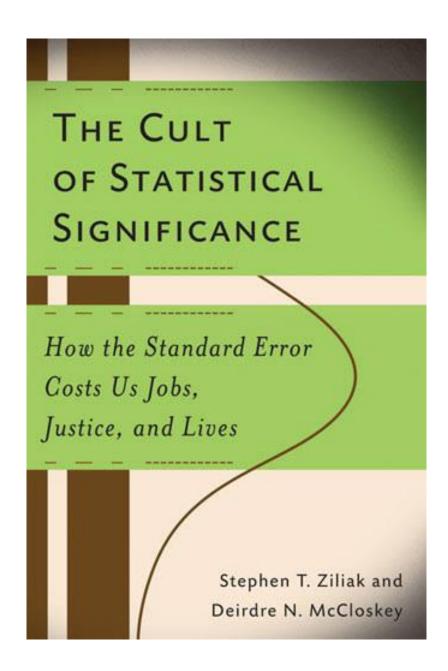
Image source: The Boston Globe, 2013

1. Relevant questions?	2. Appropriate design and methods?	3. Published?	4. Unbiased & usable report?	5. Impact & translation?
Stakeholders missing from setting research agenda  Low priority or already answered questions assessed  Centuries of research time on failed grant applications	Over 50% of studies designed without reference to existing systematic reviews  Over 50% of studies fail to reduce bias,	Over 50% of studies never published in full  Biased under-reporting of studies with disappointing results	Over 30% of interventions not sufficiently described  Over 50% of planned outcomes not reported  Most new research not interpreted in context	Difficult to measure impacts that occur years later  Higher academic rewards for publications than translation
	50%	50%	50%	<b>1</b>

85% Research Waste = over USD \$102 billion/year

## P-values

- "Sizeless scientists" Ziliak and McCloskey
- "The confusing fog of statistical significance testing" Ken Rothman



- All possible interactions of 6 predictors: opioid dose and duration, height, tobacco consumption, systolic blood pressure and weight
- 20 three-way, 15 four-way and 6 five-way interactions

- All possible interactions of 6
   predictors: opioid dose and
   duration, height, tobacco
   consumption, systolic blood
   pressure and weight
- 20 three-way, 15 four-way and 6 five-way interactions
- "significant interactions including opioid dose—duration terms are found in all patients (p=0.0261) [...] while in women this interaction approaches significance (p=0.0516)."

#### Cross-sectional adjusted regression models

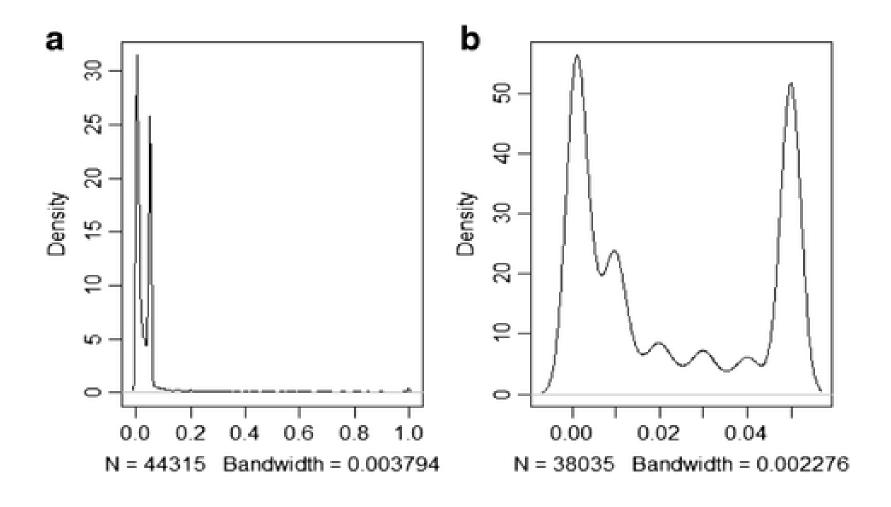
00023 0 00030 0 0.00143 -	0.0003 0.0005 -0.0004	0.0001	0.0001 0.0047 0.0048
00030 0	0.0005 -0.0004	0.0001	0.0047
00030 0	0.0005 -0.0004	0.0001	0.0047
).00143 -	-0.0004	-0.0024	0.0048
0.00007	0.0000	-0.0001	0.0054
		0.0001	0.0051
00032 0	0.0006	0.0001	0.0063
).00037 -	-0.0001	-0.0007	0.0261
00008 0	0.0001	0.0000	0.0262
00155 0	0.0029	0.0002	0.0286
0.00032	0.0000	-0.0006	0.0290
	0.00037 00008 00155	0.00037 -0.0001 00008 0.0001 00155 0.0029	0.00037 -0.0001 -0.0007 00008 0.0001 0.0000 00155 0.0029 0.0002

Reece AS, Hulse GK. Impact of lifetime opioid exposure on arterial stiffness and vascular age: cross-sectional and longitudinal studies in men and women. *BMJ Open* 2014;4:e004521

INTERPRETATION p-VALUE 0,001 0.01 -HIGHLY SIGNIFICANT 0.02 0.03 0.04 -SIGNIFICANT 0.049 OH CRAP. REDO 0.050 CALCULATIONS. 0.051 ON THE EDGE 0.06 OF SIGNIFICANCE 0.07 HIGHLY SUGGESTIVE, 0.08 SIGNIFICANT AT THE 0.09 P<0.10 LEVEL 0.099\_ HEY, LOOK AT -THIS INTERESTING ≥0.I **SUBGROUP ANALYSIS** 

Image from xkcd <a href="https://xkcd.com/1478/">https://xkcd.com/1478/</a>

## P-values from dentistry



Edwin Kagereki, Joseph Gakonyo and Hazel Simila. "Significance bias: an empirical evaluation of the oral health literature". *BMC Oral Health* 2016 **16**:53



It's a sign of how bad things have got that researchers think it's acceptable to write this in a Nature journal: "we continuously increased the number of animals until statistical significance was reached to support our conclusions." nature.com/articles/s4146 ...

9:16 AM - 3 Sep 2018















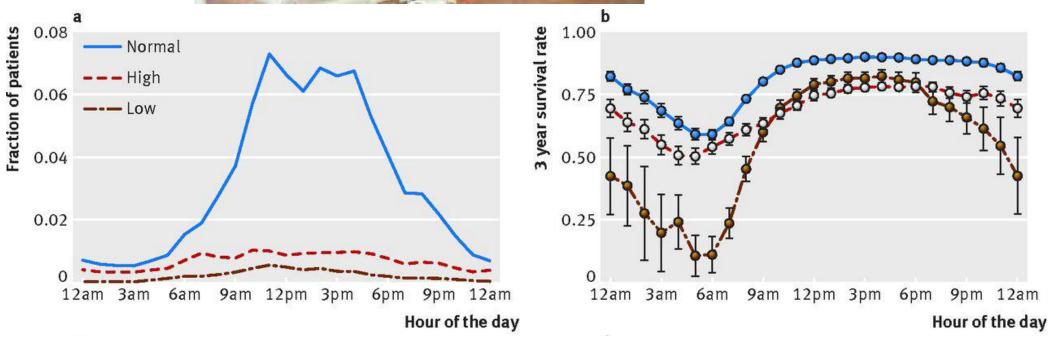


### The law courts are no better

- P-values and statistical significance in US Courts of Appeal cases from 2007 to 2017
- Only 1 in 5 interpretations were correct
- Typical quote: "However, these results were not statistically significant, so AIRE does not teach anything about the correlation between ramipril and stroke risk"
- https://osf.io/xhzr8/



Image: Wikimedia Commons



BMJ 2018;361:k1479 "Biases in electronic health record data due to processes within the healthcare system: retrospective observational study"

## What can we do?

## Whole heap of other problems

Conflicts of interest

Terrible graphs

Programming errors

Data quality

Data reading errors (Excel!)

Multiple comparisons

SD vs SEM

Data dredging

Poorly described methods

Stepwise selection

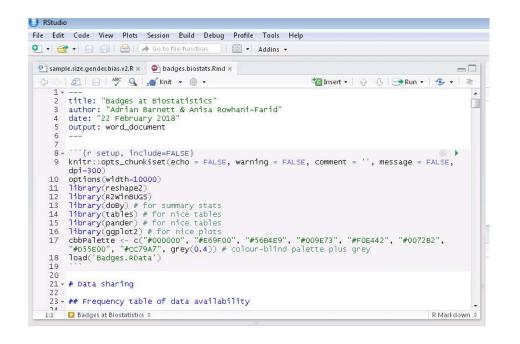
Outcome switching

Competing risks

Sample size calculations

Poor image of statistics

## Reproducible research



#### **Badges at Biostatistics**

Adrian Barnett & Anisa Rowhani-Farid

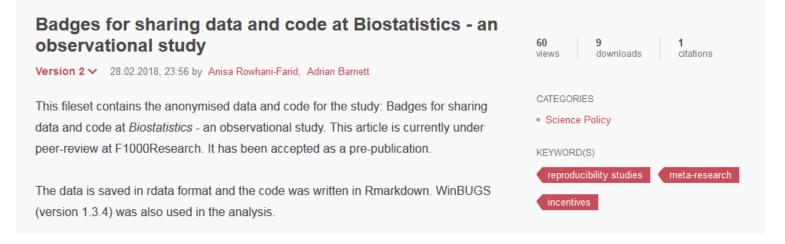
22 February 2018

#### **Data sharing**

#### Frequency table of data availability

	Journal Biostatistics		Statistics	in Medicine	
Data available	n	Percent	n		Percent
available	20	8.3	2		0.8
none to share	8	3.3	31		12.9
not available	209	87.1	203		84.6
potentially available	3	1.2	4		1.7
A11	240	100.0	240		100.0

- Use *Rmarkdown*
- Share data and code



## Use a research checklist



#### **Enhancing the QUAlity and Transparency Of health Research**



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Library

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#### Your one-stop-shop for writing and publishing high-impact health research

find reporting guidelines | improve your writing | join our courses | run your own training course | enhance your peer review | implement guidelines



#### Library for health research reporting

The Library contains a comprehensive searchable database of reporting guidelines and also links to other resources relevant to research reporting.



Search for reporting quidelines



Not sure which reporting quideline to use?



Reporting guidelines under development



Visit the library for more resources



#### Reporting guidelines for main study types

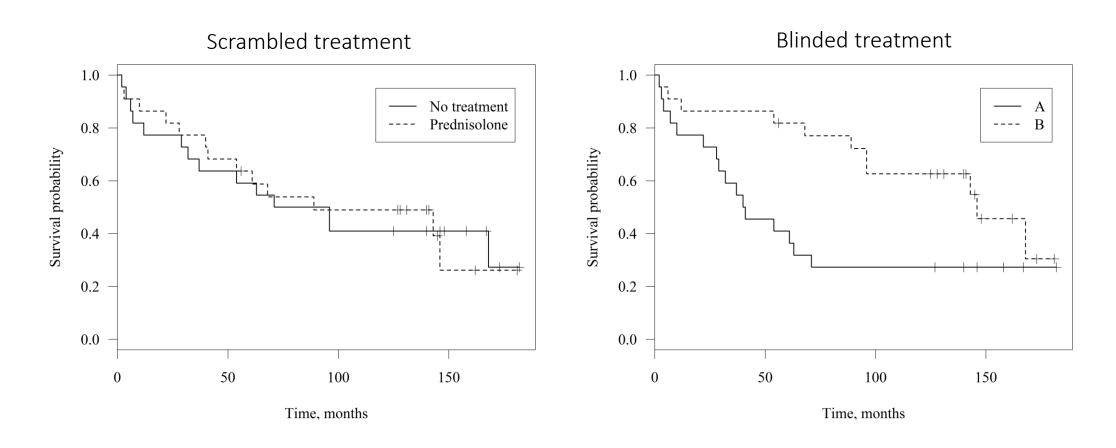
Randomised trials	CONSORT	<u>Extensions</u>	<u>Other</u>
Observational studies	<u>STROBE</u>	<u>Extensions</u>	<u>Other</u>
Systematic reviews	<u>PRISMA</u>	<u>Extensions</u>	<u>Other</u>
Case reports	CARE	<u>Extensions</u>	<u>Other</u>
Qualitative research	SRQR	COREQ	<u>Other</u>
Diagnostic / prognostic	STARD	TRIPOD	<u>Other</u>
studies			
Quality improvement studies	SQUIRE		<u>Other</u>
Economic evaluations	CHEERS		<u>Other</u>
Animal pre-clinical studies	<u>ARRIVE</u>		<u>Other</u>
Study protocols	<u>SPIRIT</u>	PRISMA-P	<u>Other</u>
Clinical practice guidelines	<u>AGREE</u>	RIGHT	Other

See all 398 reporting guidelines

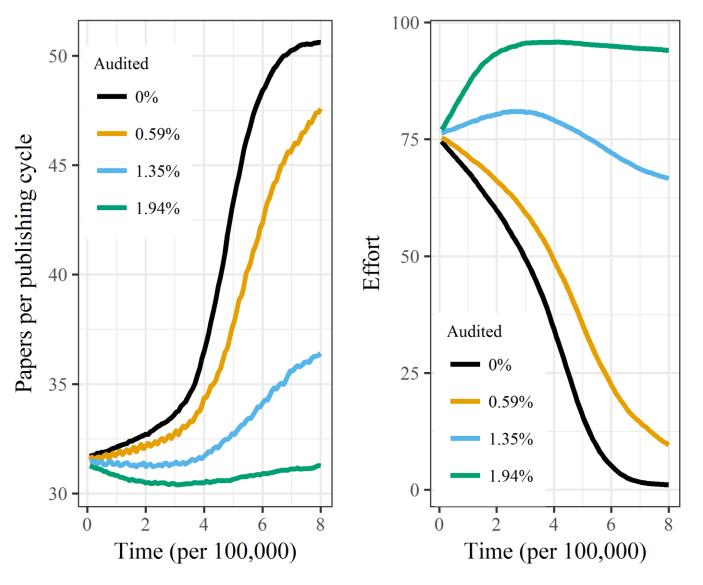


# Write protocols and analysis plans

## Scrambling and blinding



## Random audits of researchers



Smaldino PE, McElreath R. The natural selection of bad science. *Open Science*. 2016;3(9):160384+. doi:10.1098/rsos.160384.

## Scrap league tables and the competitive culture

"no metric should be taken as a substitute for the actual reading of a paper in determining its quality."

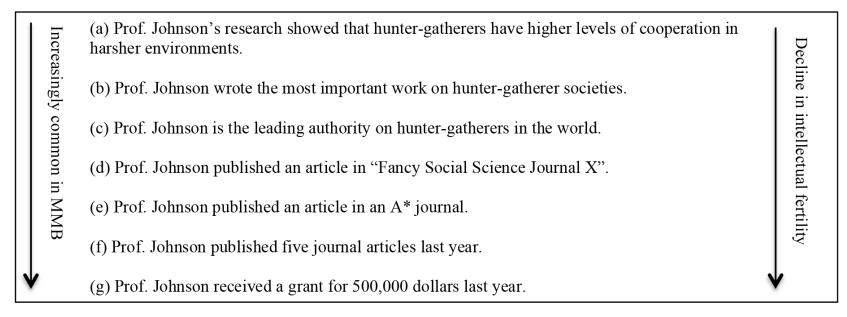


Figure 10: Types of descriptions used to attest to the quality of another's work

Orr & Orr "The Death of Socrates: Managerialism, metrics and bureaucratisation in universities" 2016

AUSHSI Bringing health innovation to life

# HEALTH STATISTICS REFRESHER

MONDAY 12 NOVEMBER 2018

#### About the course

This short course is a one-day statistics refresher for people who have had some practical experience with statistics or some undergraduate statistics training. We will discuss simple study designs and some common mistakes, with practical exercises throughout the day.

The course does not use software (e.g. SPSS) as it will focus on the choice of what statistics to use and interpretation of the output, rather than on the practicalities of running analyses.

#### Target audience:

Healthcare professionals (all levels of experience and background are welcome), policy makers, academics and students.

#### Course Outline

The course will cover the following topics:

- sample size
- statistical significance (p<0.05) and confidence intervals
- non-parametric versus parametric tests
- the Normal assumption
- · the basics of causal diagrams
- · randomised controlled trials
- intention-to-treat
- pre-post designs (before and after studies)

#### **BYO Laptop**

Instructor:

Professor Adrian Barnett, QUT

