

# Strategies for data analysis: Case-control study

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# Specific objectives

- Identify the event or parameter for including in the study.,
- Identify the exposure parameter differentiating case to control.
- Identify baseline characteristics of the population study
- Calculate the odd, the odds ratio,
- Interpreting the odd ratio,
- Identify sub-groups for analysis
- Identify confounders

# What is a case? Control?(1)

- Tebeu et al. In process (Data from CHU Yaounde 1980-2000).
- Aim: To test the hypothesis stating that women aged 40 and above are at risk of delivery by caesarean section compared to those aged 20-29

# What is a case? Control?(2)

- Caesarean section is the event to be investigated in the two age groups.
- Then a woman delivered by C/S in any of both groups is a case
- And a woman delivered vaginally in any of both group is a control.

# Illustration of the definition of case and control

- NB: 2 by 2 table for summarising data from case-controls study

	Case (Even)	Controls (No even)	Total
Exposed	a	b	a+b
Not exposed	c	d	a+d
Total	a+c	b+d	-

Risk-of  
exposure

$$R1 = a/a+c$$

$$R2 = b/b+d$$

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If been exposed increases the risk of even, then  $R1 > R2$

# Example of calculation of the risk to have been exposed (Tebeu et al.)

	C/S =Cases	No C/S =controls	Total
Exposed to the risk (40-46)	29	153	182
Non exposed to the risk (20-29)	55	494	549
Total	84	647	-

Risk-of exposure

$$R1 = \frac{29}{84} = 34.52\%$$

$$R2 = \frac{153}{657} = 23.29\%$$

**R1 > R2: Aged 40-46 is associated with the risk of delivery by caesarean section**

# What is Odds?(1)

	case	Control	Total
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● Exposed (E+) =	a	b	a+b
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● Unexposed(E-) =	c	d	c+d
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● Odds of exposure among cases= probability (P) of being exposed/ probability of not being exposed.

● Risk of a case being exposed: =  $a/a+c$ ,

● Risk of a case being not exposed: =  $c/a+c = 1 - \text{risk of a case being exposed}$   
=  $1 - [a:(a+c)]$

# What is Odds? (2)

- |                   | case | Control | Total |
|-------------------|------|---------|-------|
| ● Exposed (E+) =  | a    | b       | a+b   |
| ● Unexposed(E-) = | c    | d       | c+d   |
- Odds= probability (P) of being exposed/ probability of not being exposed.
  - Odd that case being exposed =  $(a/a+c):(c/a+c)=(a/a+c):\{1-[a:(a+c)]\}=a/c$
  - By the same procedure: Odd that control been exposed= $b/d$



# What is Odds ratio(OR)?(3)

	Case	Control	Total
● Exposed (E+) =	a	b	a+b
● Unexposed(E-) =	c	d	c+d

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- Odds ratio is Ratio of the Odds of exposure = Case Odd/ control Odd  
Odds that case been exposed: =a/c
  - By the same procsss: Odds that control been exposed=b/d
  - Then (OR)= (a/c) : (b/d)= ad / bc

# Interpreting the odds ratio

-If  $OR = 1$  : the exposure is not related to the even

-If  $OR > 1$  : the exposure is associated with increase of the even (Probable causation)

-If  $OR < 1$ , then the exposure is associated with decrease of the even (probable protection)

# Example of interpretation of Odds Ratio (OR) (Tebeu et al.)

C/S	Risk of being exposed	OR
No	23.29%	1
Yes	34.52%	1.7

-Women delivered by C/S had 70% risk to have being exposed (i.e.: aged 40 years and above)

-Aged 40 years or above is associated with increased risk of delivery by C/S

# Stratification

- Stratification is a division of case and control by sub-groups according to one of one parameter for better analysis
- Example: Parity as parameter of stratification
- Sub-group-1: Primiparous women
- Sub-group-2: Multiparous women(2-5)
- Sub-group-3: Grand multiparous women( more than five)

# What are Confounders?

- Some baseline characteristics that can significantly influence the development of the event,
- There is no strong frontier from sub-group to confounders.

# Examples of confounders

- Preterm delivery
- Previous caesarean section
- The attempt to induce the labor
- The intercurrent disease associated
- The history of uterine surgery,
- Qualification of the staff who followed the pregnancy, ....

# Identification and use of Confounders

- Confounders are identified by their epidemiological impact (age, differentiation of the tumor, myometrial invasion.....)
- They can also be identified at univariate analysis (by comparing the outcome in subset of patients presenting the characteristic or not)
- They are then using for more detailed analysis ( multivariate analysis, but need software)

# Limits of case-control study

- Missing to follow up
- Missing of confounders
- Does not provided the risk of developing the event if exposed to the risk



# Conclusion

- Case-control study can be conducted in a rural health center.
- Analysis of data from case-control study can be easily performed in a setting with no existing calculator

# Useful links:

- [Http://www.ccnmtl.columbia.edu/projects/episim/study2f.html](http://www.ccnmtl.columbia.edu/projects/episim/study2f.html)
- [http://www.gfmer.ch/Medical\\_education\\_En/PGC\\_Yaounde\\_2004.htm](http://www.gfmer.ch/Medical_education_En/PGC_Yaounde_2004.htm)
- <http://bmj.bmjournals.com/collections/statsbk/8.shtml>