

On the Study of Hypothetical Health Constructs

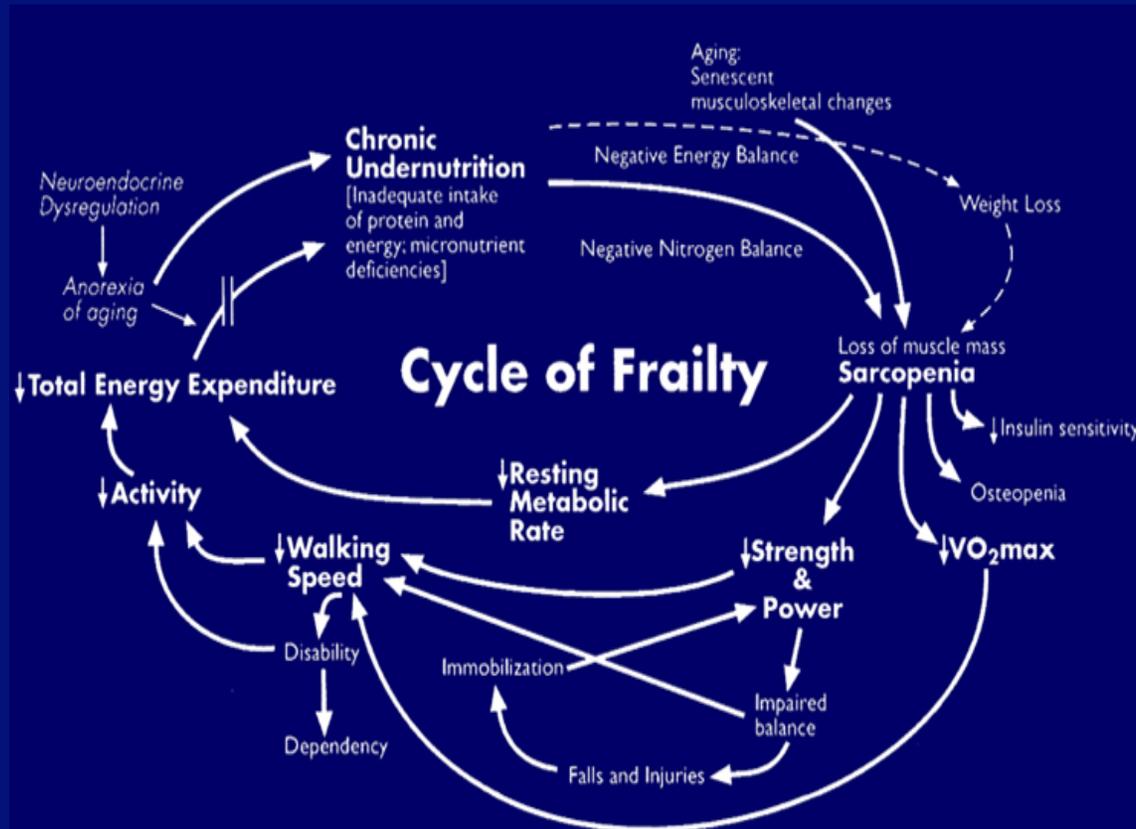
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Joint Statistical Meetings
Toronto, Ontario
August 9, 2004

With thanks to: Luigi Ferrucci, Yi Huang

Introduction

Motivation



Fried et al., J Gerontol 56:M146-56, 2001

Ultimate Scientific Aims

- Does frailty exist?
 - More than a marker of disease
 - More than severe disability
 - A *syndrome*: more than the component parts
- Improved measurement
 - Beyond current “criterion count” (*Fried et al. 2001*)
 - Product: a summary variable

Statistical Contribution to Achievement of Aims

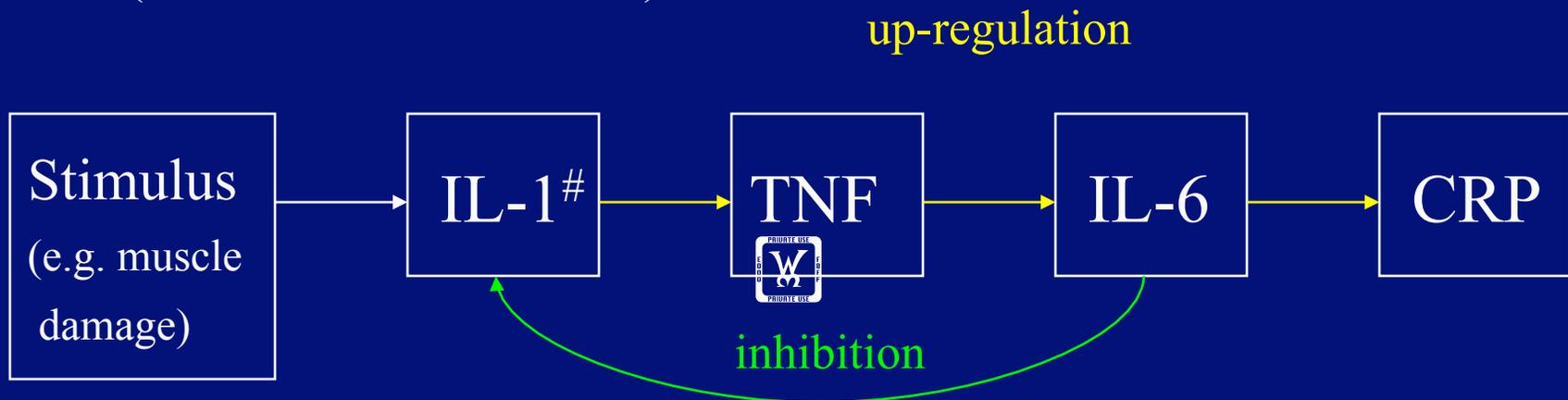
- Long psychometric tradition
 - Validity, (reliability)
- Role of latent variable modeling?
 - Reveal underlying truth?
 - Operationalize theory?
 - Sensitivity analyses?
 - None?
 - Differential measurement

Outline

- Scientific focus: inflammation
 - One component of frailty
- Existence / summary: A paradigm
 - Subject to theory
- Analysis
 - Data: InCHIANTI

Science: Inflammation

- Central role: cellular repair
- A hypothesis: dysregulation = key in accelerated aging
 - Muscle wasting (*Ferrucci et al., JAGS 50:1947-54;*
Cappola et al, J Clin Endocrinol Metab 88:2019-25)
 - Receptor inhibition: erythropoietin production / anemia (*Ershler, JAGS 51:S18-21*)



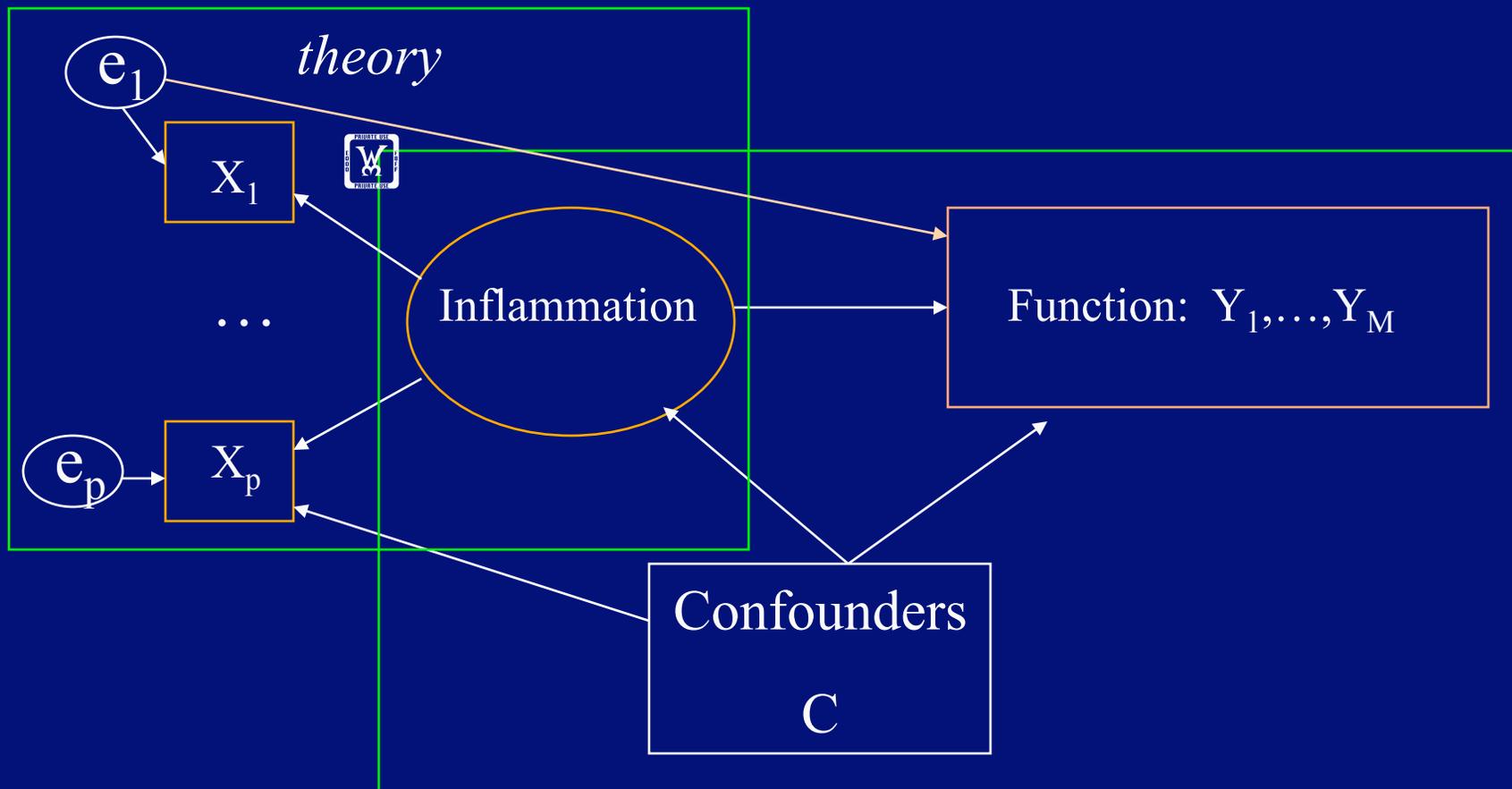
Difficult to measure. IL-1RA = proxy

Application: Data

InCHIANTI (*Ferrucci et al., JAGS, 48:1618-25*)

- **Inflammation – 7 cytokines (5+2)**
IL-6, CRP, TNF- α , IL-1RA, IL-18,
(IL-1 β , TGF- β)
- **Functional elements – solo; Z-score average**
Usual & rapid speed; muscle power; range of
motion; neurological intactness
- **Confounders**
Age, gender, (history of: cancer,
cardiovascular disease, diabetes, smoking)

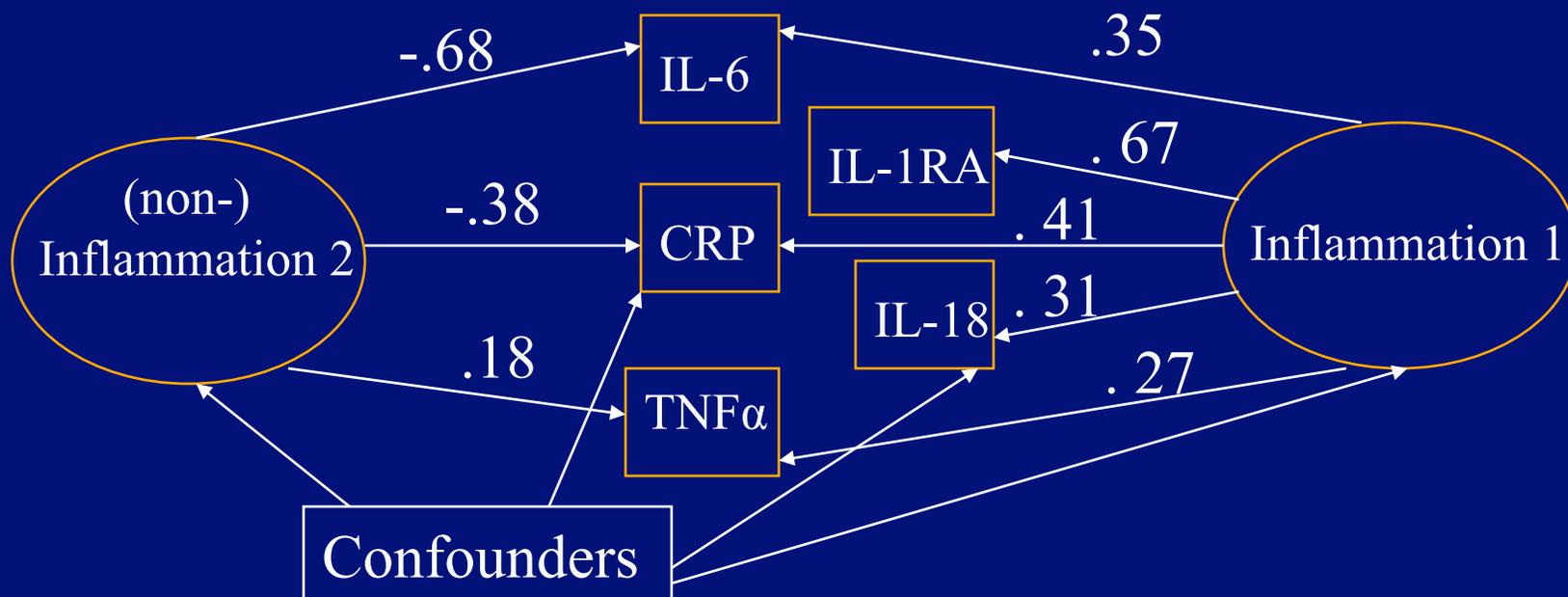
Existence / Summary Paradigm



Statistical Methodology

Construct Definition

- LV method: $\text{measured} = \text{physiology} + \text{noise}$
 - Multivariate normal underlying variables, errors
 - Conditional independence of errors



Statistical Methodology

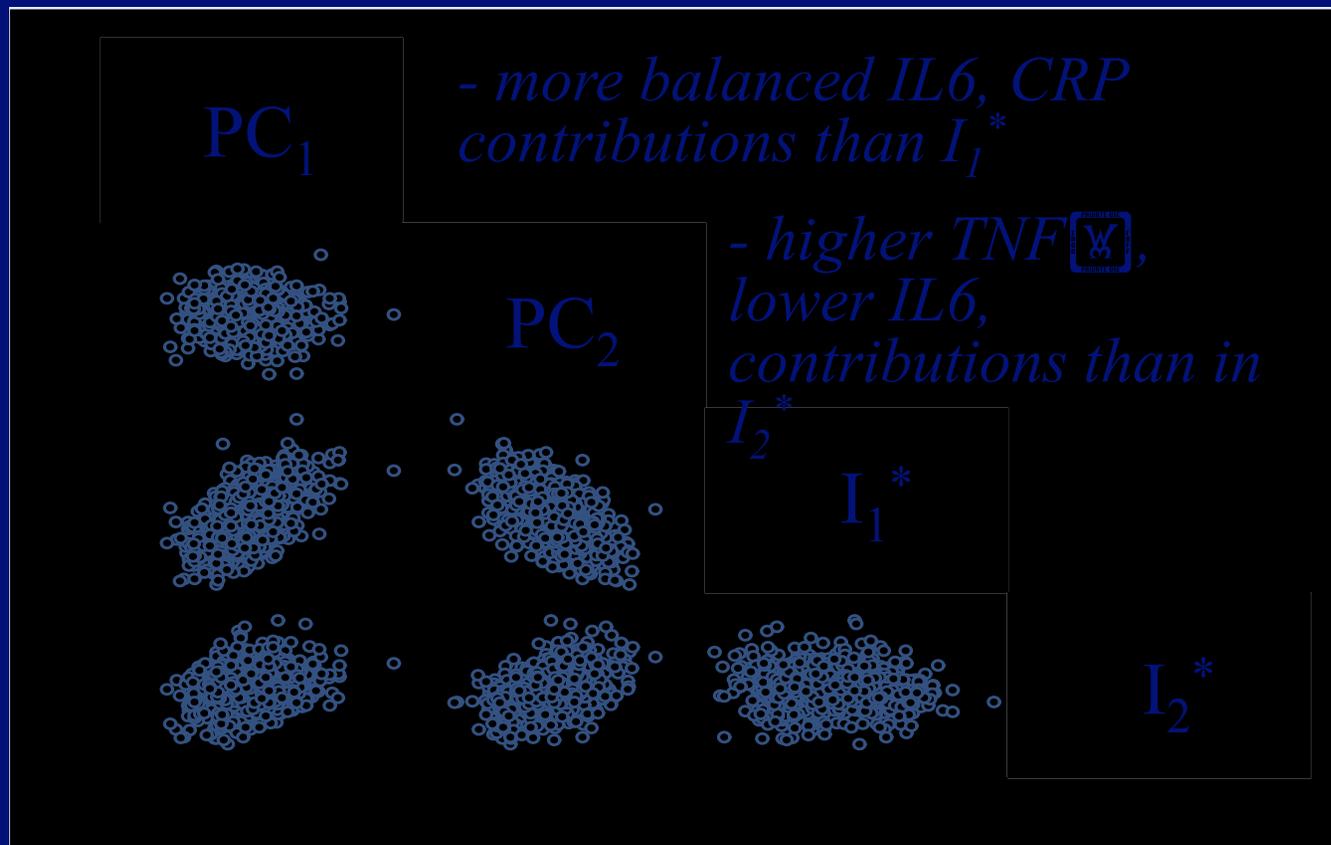
Regression of Functioning on Inflammation

- Method 1: Full LV model (a.k.a. two slides ago)
- Method 2 (two-stage; empirical):
 - “Inflammation” values via principal components
 - Regression of functioning on “inflammation”
- Method 3 (three-stage; compromise):
 - Fit LV measurement model
 - Random generation of “inflammation” from $[I^*|X,c]$
 - Regression of functioning on “inflammation”

Statistical Methodology

Method 2: Construct Definition

- Principal components



Statistical Methodology

Method 3: Properties (*Bandeen-Roche 2003*)

- Randomization imposes limiting hierarchical model
- $[X|I^*,c]$ arbitrarily well approximates that model
- $[I_j^*|c]$ arbitrarily well approximates $[I_j|c]$
- **Implication: Rigorous validation**

Findings

Mobility association with inflammation

Function Measure	Analytic method					
	Full LV (1)		Empirical (2)		Compromise (3)	
	I ₁	I ₂	PC ₁	PC ₂	I ₁ [*]	I ₂ [*]
Summary	-.11	.07	-.10	-.01	-.05	.07
Motion	-.15	.03	-.10	.04	-.09	.06
Speed	-.12	.08	-.11	-.02	-.02	.08
Strength	-.04	-.03	.01	-.03	<-.01	<-.01
Neuro.	-.07	.11	-.30	-.12	-.14	.11

 *Note: R² for Methods 2, 3 almost identical*

Cytokine effects

Differential Measurement

- Method 1: Within LV model
- Method 2: PCs + residuals of X on PCs
 - A mess
- Method 3: I^* + residuals of X on I^*

Cytokine effects

Differential Measurement

- Effects & directionality at $\alpha = .05$ level:

Function Measure	Cytokine									
	IL-1RA		IL-18		TNF ∇		IL-6		CRP	
	LV	I*	LV	I*	LV	I*	LV	I*	LV	I*
Summary		∴		∴						
Motion		∴			[[
Speed		∴				∴		∴		
Strength									[[
Neuro.			∴	∴	∴	∴				

Discussion

- How to best use the I^* s (pseudo-values)?
 - Randomized versus posterior mode?
 - Validation step only?
 - Measurement error correction?
- Why the differences between “full” and “compromise” approaches?
 - Issues related to previous bullet?

Discussion

- Why the differences between “full” and “compromise” approaches?
 - Issues related to previous bullet?
 - Identification issues: “construct” vs. “error”?
 - “Scoring” anomaly (covariate-based imputation)?
- Definitely needed: an empirical summary
- An opportunity for statisticians