Measuring Health and Disease

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Objectives

- Define prevalence and incidence.
- Distinguish between disease incidence expressed as a risk versus a rate
- Define **odds**
- Describe measures of effect

What is epidemiology?

• Measurement of occurrence of disease or health status of a population and their determinants in relation to time.

Criteria for disease/case definition

- Set of diagnostic criteria to distinguish individuals with disease (cases) and those without.
- May be based on specific symptoms, signs, medical history or test results

Population at risk

• individuals who are able to develop the disease or condition of interest

• Time frame

- •Specific point in time
- Interval of time

Prevalence

- Two main measures of prevalence
 - Point prevalence
 - Period prevalence

Point prevalence

- This is the proportion of population at risk who have a disease of interest at a particular point in time.
 - <u>number of existing cases at a specific point in time</u> Total population at risk
- Persons in the numerator are also included in the denominator
- Gives a snap shot of the population
- It is a measure of disease burden.
- It is a proportion and therefore can be expressed as a percentage

Period Prevalence

- The proportion of the population at risk that had a particular disease with a certain period of time
 - <u>number of existing cases in time period</u> Total population at risk in that same period
- The numerator includes cases present at the start, as well as incident cases which arose during the period of interest.
- Period prevalence measures the frequency of all events (old and new) for a prescribed period of time.

Example: Scenario

- A population of 150 school children were screened for a condition.
- They were followed up for one year
- 25 children had condition of interest at beginning of study
- Another 15 cases developed during year of follow-up

Point prevalence:25/150 = 0.17 = 17%

Period prevalence: (25 +15)/ 150 = 0.27 = 27%

Incidence

- The measure of occurrence of new cases of disease in a defined population at risk, in specified period of time.
- This is a proportion and can be expressed as a %



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Prevalence vs Incidence



- **Prevalence** can be seen as describing a pool of disease in a population
- Incidence is the input flow of new cases into the pool.
- Deaths and cures reflect the output flow from the pool

Factors influencing prevalence

Number of new cases

- Increased new cases (improved detection, immigration of patients), increases prevalence
- Decreased new cases (improved cure rate or emigration of patients), decreases prevalence

Duration of illness

- Short duration, prevalence will be reduced
- Long duration results in increased prevalence

Uses of prevalence data

- Assessing health care needs of a population
- Planning health services after understanding burden of disease

Measuring incidence

- 2 main measures of incidence
 - Risk
 - Rate

Incidence Risk

- Reflects the absolute risk of developing disease within a given population
 - <u>number of new cases from population at risk</u> Disease free population at the start of the follow-up
- Neither the denominator nor numerator includes people who already have the disease
 - No prevalent cases included
- Also known as cumulative incidence, incidence proportion

Incidence Rate

- Measures the pace at which new cases of disease occur in a population at risk.
 - <u>number of new cases from population at risk</u> sum of disease free time of each person in the population at risk
- The total time the population was at risk of developing disease is also known as **person-time**
- Person time can be measured with whatever scale that makes the most sense i.e., person-days, person-weeks, person-months, personyears (PY)
- Incidence rate is also known as incidence density, hazard rate, person-time rate

Incidence Rate

- Typically individuals are followed up until one of 3 endpoints occurs
 - Diagnosis of disease of interest
 - End of study
 - Loss to follow-up
- Loss to follow-up may occur due to
 - Migration out of the population
 - Death
 - Refusal to continue to participate in the study
 - These individuals may be described as "censored"





5 years



5 years 3 years









Total person-time: 5 + 3 + 4.5 + 1+ 3 +1 = 17.5 years

A graphic representation of incidence



Types of cohorts

Closed

- After start of follow-up, no new persons can be added in the study
- Can directly calculate
 - Incidence risk
 - Incidence rate
 - odds

Open

- May gain members over time (birth or immigration)
- May also lose members through emigration
- Can directly calculate incidence rate using person-time of follow-up



Uses of incidence data

- Useful in describing trends in disease
- Allows evaluation of impact of primary prevention programs

Odds

• The <u>odds</u> of becoming a case is a measure of the number of cases in a defined population and time period, divided by the number of people who *did not* become a case in the same time period.

• <u>number of cases</u> number of non-cases

- The odds of becoming a case is rarely used as a measure of occurrence.
- However, it is an important measure of effect, known as odds ratio,

Example

- In a population of 100 school children, 20 children had at least one episode of diarrhoea during a one year study period. The odds of developing diarrhoea in the school during the study period was:
 - odds= <u>number of cases</u> number of non-cases

<u>20</u> = 0.25 = 25% (100-20)

Measures of effect

- Important for assessing for an **association** between a suspected factor and the outcome of interest e.g. disease.
- The factor suspected to be associated with an event is referred to an **exposure**.
- An exposure could be anything from
 - a harmful substance to
 - a specific behaviour or
 - a personal characteristic.

Measures of effect

- **Compare** the occurrence of the outcome in a group of people that has been 'exposed' to the factor, with the occurrence in a group of people that has not been 'exposed'.
- The measures are expressed as a **ratio** to get the **relative** measure of effect of the exposure on disease
- Alternatively, the **difference** of the two measures of occurrence gives the **absolute** measure of effect of the exposure

Relative measures of effect

- estimate the magnitude of an association between exposure and disease
- Different types of relative measures can be calculated, known as measures of **relative risk**:
- Risk ratio= <u>Risk in the exposed group</u> Risk in the unexposed group
- odds ratio = <u>odds of disease in the exposed group</u>
 odds of disease in the unexposed group
- Rate ratio = <u>Incidence rate in the exposed group</u> Incidence rate in the unexposed group

Example....

	Exposed	Unexposed
Number initially at risk	2000	8000
Deaths during the period	15	30
Person-years at risk	3985	15970

Risk ratio= <u>15/2000</u> = 2 30/8000

 $odds \ ratio = \frac{15/(2000-15)}{30/(8000-30)} = 2.0076$

Rate ratio = <u>15/3985</u> = 2.0038 30/15970

Interpreting measures of effect

- A value of 1 indicates the risk in exposed and unexposed is **identical**, thus **no association** observed between exposure and disease
- A value >1 indicates a positive association or an increased risk among those exposed
- A value <1 indicates an **inverse association** or a **decreased risk** among those exposed i.e. exposures appears protective

Thank you