

سبح الله الرحمن الرحيم



السلام عليكم ورحمة الله وبركاته



# Epidemiological and Research Studies

Intervention(experimental studies)

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**25 -11-2024**

# ~~Observational studies~~

## ~~Descriptive~~

~~Case report~~

~~Case series~~

~~Epidemiological reports~~

~~Cross-sectional~~

## ~~Analytical studies~~

~~Cross-sectional~~

~~Case-control~~

~~Cohort~~

# □ Intervention (experimental studies)

➤ Clinical trials

➤ Community trials

# Intervention Studies



## Observational studies

### Descriptive

Case report

Case series

Epidemiological reports

### Analytical studies

Cross-sectional

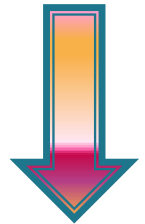
Case-control

Cohort

### Intervention(experimental studies

➤ Clinical trials

➤ Community trials



## Randomised Controlled Study Design

25 November , 2024

# Intervention Studies

- ❑ **Intervention or experimentation**
- ❑ involves **attempting to change a variable** in one or more groups of people.
- ❑ This attempt could mean;
  - ❖ the elimination of **a risk factor** e.g.
  - ❖ or testing a **new treatment /intervention** on a selected group of patients/persons.
  
- ❖ Intervention or experimentation could involve also **testing exposure to risk factors**
- However, it is unethical to expose human subjects deliberately (purposefully) to **potentially serious hazards**.

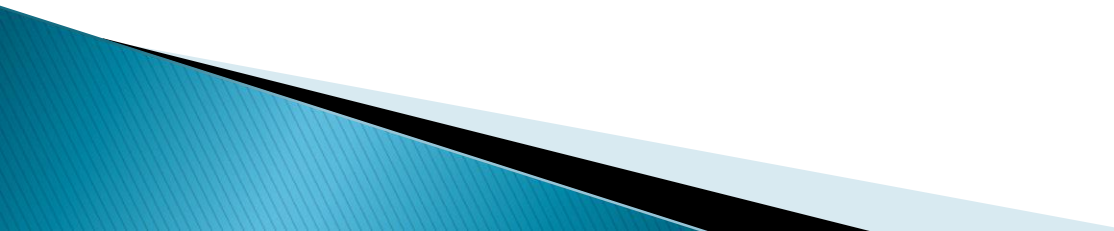


- ❑ The effects of an intervention are measured by:
  - ❖ comparing the outcome in the experimental group
  - ❖ with that in a control group.
  - ❖ Or and pre and post measurement
  
- ❑ Experimental studies are less susceptible to confounding because the investigator determines who is exposed and who is unexposed.
  - ❖ In particular, if exposure is allocated randomly and the
  - ❖ Number of groups or individuals randomized is large
  - ❖ then even unrecognized confounding effects become statistically unlikely
  
- ❑ Informed consent from study participants is required in almost all circumstances.

## Cont. ...intervention studies

❑ **Interventional studies** are often performed in **laboratories** and **clinical studies** to establish beneficial effects of drugs or procedures.

❑ **Types of experimental interventions may include:**

- - Therapeutic agents
  - - Prophylactic agents
  - - Diagnostic agents
  - - Surgical procedures
  - - Health service strategies
- 

## Cont. ...intervention studies

- ❑ **Intervention studies:** are considered to provide the
- ❑ **Most reliable evidence** in epidemiological research.

### Either

- ❖ **Preventative** or
- ❖ **Therapeutic**



- ❑ **Therapeutic trials**
- ❑ conducted among individuals with a particular **disease** to assess the **effectiveness** of an **agent** or **procedure**
- ❑ **So** to;
  - \* **Diminish symptoms,**
  - \* **Prevent recurrence, or**
  - \* **Reduce mortality from the disease.**





## Cont. ..Intervention studies



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### ☐ Preventative trials

- conducted to **evaluate** whether an **agent** or **procedure**
- ✓ **reduces** the **risk** of **developing** a particular **disease** among individuals **free from that disease** **at** the beginning of the trial,
- ✓ for example, **vaccine trials**.
  - ❖ **Preventative** trials may be
    - ✓ conducted **among individuals**
    - ✓ among **entire communities**





## ❑ Characteristics of an intervention study

- ❑ the **intervention** (the preventative or therapeutic measure) being tested, is
  - ❖ **allocated** by the **investigator** to a **group**, of two or more study subjects
  - ❖ Subjects are **followed prospectively** to **compare** the
  - ❖ **intervention vs.** the **control** (standard treatment, no treatment or placebo).

□ An interventional study could be **classified** according to:

❖ **i Randomized controlled trial,**

“**controlled clinical trials**” (or simply “clinical trials” or “trials”), in which individuals are assigned to one of two or more competing interventions, and

**(ii) A field trial, or a community trial:**

in which entire groups, e.g., villages, neighbourhoods, schools or districts, are assigned to different interventions.

❖ **Post test only or**

❖ **pre and post**

❖ **Cross-over trials**

**The main intervention study design is  
The Randomised Controlled Trial (RCT).**

## ❑ Cross-over trials

- ❖ A pre-post clinical trial/cross-over trial is one in which the
- ❖ **subjects are first assigned** to the **treatment group** and,
- ❖ after a brief interval for cessation of residual effect of the drug (washout period to get rid of the effect of the first intervention and to allow each participant to return to the baseline state)
- ❖ **Shifted into the placebo /alternative group.**
- ❖ All participants receive the **same two** or more treatments, **but the order** in which they receive them depends on the group to which they are randomly assigned. For example,
- ❖ **one group is randomly assigned to receive drug A** followed by **drug B.**
- ❖ **The other group** receives **drug B** followed by **drug A.**
- ❖ There is usually a rest period between treatments

- ❖ Thus, the subjects **act as their own control** at the end of the study.
- However, such studies **are not feasible**
  - if there is mortality, or
  - if the disease is easily cured by one of the interventions.

The **Randomised Controlled Study Design**



# Randomised Controlled Trials (RCT)



- ❖ is considered as the **most rigorous** method of determining whether
- ❖ **cause-effect relationship** exists between an **intervention** and **outcome**

□ The strength of the RCT lies in the **process of randomisation** that is **unique** to this type of epidemiological study design.

□ Generally, in a randomised controlled trial,

- ❖ study participants are randomly assigned to **one of two groups**:

experimental group



❖ **experimental group** receiving the intervention that is being tested and

❖ a **comparison group** (controls) which receives a **conventional treatment** or **placebo**.

❖ These groups are **then followed prospectively** to assess the

❖ **effectiveness of the intervention**

❖ **compared** with the **standard** or **placebo** treatment.



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□ **The Random Allocation** of subjects is used to :

❖ **Ensure** that the **intervention** and **control** groups are **similar** in all respects (distribution of potential confounding factors)

❖ with the **exception of the therapeutic** or **preventative measure** being tested.

The choice of comparison

## Cont. ...Randomised controlled trials (RCT)

- The choice of **comparison treatments** may include an
  - existing standard treatment or
  - a placebo (*a treatment which resembles the intervention treatment in all respects except that it contains no active ingredients*)

## Basic Outline Of The Design Of RCT

### 1. Development of a comprehensive study protocol.

#### ▶ The study protocol will include:

- ▶- Aim and Rationale of the trial
- ▶- Proposed methodology/data collection
- ▶- Definition of the hypothesis
- ▶- **Ethical considerations**
- ▶ Background/review of published literature
- ▶- Quality assurance and safety
- ▶- Treatment schedules, dosage, toxicity data etc.



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- 2. Formulation of hypothesis.
3. Objectives of the trial.
4. Sample size calculations.
5. Define **reference population**.
6. Choice of **a comparison** treatment **placebo** or **current available best** treatment.
7. **Selection** of **intervention and control** groups, **including**  
source,  
inclusion and **exclusion criteria**, and  
methods of recruitment
8. **Informed consent** procedures.
9. Collection of **baseline measurements**, including;  
all variables considered or  
known to affect the outcome(s) of interest.



**Random allocatio**



## Con...Basic outline of the design of a randomised controlled trial

10. **Random allocation** of study participants to treatment groups (standard or placebo vs. new).
11. **Follow-up of all treatment groups**,
  - with assessment of outcomes
    - ✓ continuously or
    - ✓ intermittently
12. Monitor compliance and losses to follow-up.
13. Interim analysis.
14. Analysis - comparison of treatment groups.
15. Interpretation (**assess the strength of effect**, alternative explanations such as sampling variation, bias).
16. **Publication.**



# Randomised controlled trials (RCT)

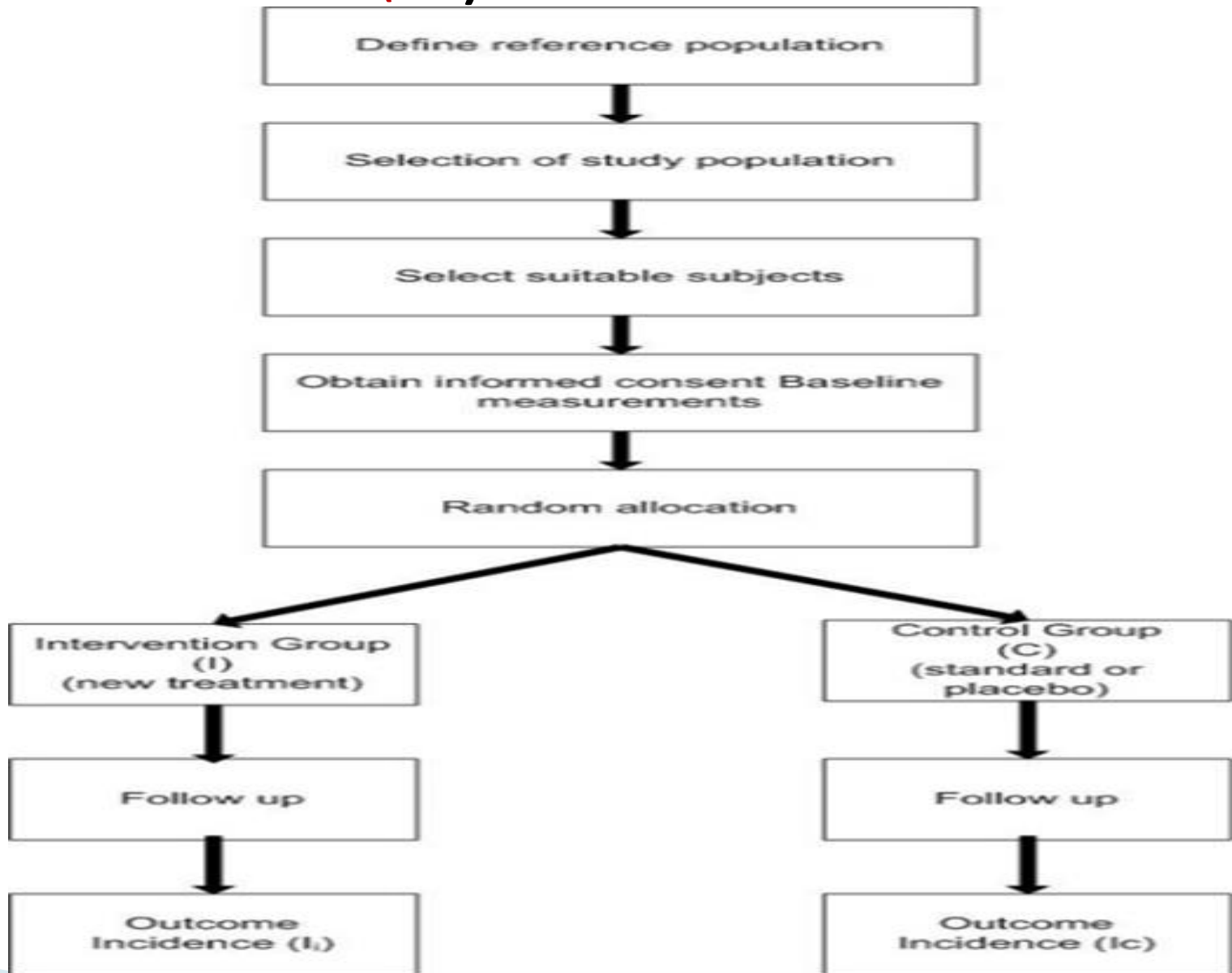


Figure 1. General outline of a two armed randomised controlled trial.

# Randomisation



- The aim of randomisation is to **ensure** that
  - ❖ **Any observed differences** between the treatment **groups** are **due to differences in the treatment alone** and **not** due to the effects of **confounding** (known or unknown) or bias.
  - ❖ **Groups are similar in all respects** with the **exception of the intervention** under investigation.
- Methods of random allocation are used to **ensure** that
  - ❖ all study **participants** have the **same chance of allocation to the treatment or control group**,
  - ❖ **and** that the likelihood of **receiving an intervention** is **equal regardless** of when the participant entered the study.

Therefore, the probability of any participant





- ❖ Therefore, the probability of any participant
- ❖ **receiving the intervention** or the **standard treatment/placebo** is
- ❖ **independent** of any other participant being assigned that treatment.
  
- The assignment of study subjects to each intervention is determined by **formal (strict) chance process** and
- **cannot be predicted** or **influenced** by the
- investigator or participant.
  
- ❑ In a well designed RCT, random allocation is determined in advance.

## □ Advantages of randomisation

- ❖ Eliminates confounding
  - tends to **create groups that are comparable(similar) for all factors** that influence outcome, known, unknown or difficult to measure.
- ❖ Therefore, the only **difference** between the groups **should be the intervention.**
- ❖ •Eliminates selection bias.
- ❖ •Gives validity in statistical tests based on probability theory.
- ❖ Any baseline differences that exist between study groups are **attributable to chance rather than bias.**  
Though this should still be considered as a potential concern.



## Disadvantages of randomisation

Does not guarantee comparable groups as differences in confounding variables may arise by chance.

### BLINDING In Randomised Controlled Trials

- ❑ Blinding is a process where the **critical information on allocation of treatment is hidden** either:
  - ❖ from the **patients**, or
  - ❖ from **observer** or
  - ❖ the **evaluator** in the study.
  
- ❑ The method of **blinding in RCT** is used to ensure that
  - there **are no differences in the way in which each group is assessed or managed**, and
  - **\*therefore minimize bias.**

cont....Blinding in randomised controlled trials

- ❖ **Bias may** be introduced, for example,
    - if **the investigator** is aware of which treatment a subject is receiving, as **this may influence** (**intentionally or unintentionally**)
    - the way in which **outcome data** is **measured** or interpreted
  - ❖ Similarly, **a subject's** knowledge of treatment assignment may influence **their response to a specific treatment**
  - **Blinding also** involves ensuring that the **intervention** and **standard or placebo** treatment appears the same.
  - ❖ **Double blinding**  
is when neither the
    - \* **investigator** nor the
    - \*\***study participant**

**is aware of treatment assignments.**
- However, this design is not always possible.





cont....Blinding in randomised controlled trials

❑ **RCTs** are classified into **four types** on the basis of their level of blinding



- ❖ **Open-label RCTs:** employ no blinding and are thus the most susceptible to measurement bias
- ❖ **Single-blind RCTs:** the nature of the treatment is **concealed** from either the study **participants** or the **research team**
- ❖ **Double-blind RCTs:** it is **concealed from both** the **participants** and the **researchers**, including those who administer the treatment.
- ❖ **Triple-blind studies** entail **concealing** the nature of the treatment from **participants, researchers and administrators** of the **treatment**, and **data analysts**.
- ❖ **Triple-blind studies**, data are analysed by codes to prevent data analysts from **introducing judgment bias** because of their knowledge of group assignments.

## □ Strengths of a randomised controlled trial

- ❖ A well designed RCT **provides the strongest evidence** of any epidemiological study design that a given intervention has a postulated **effectiveness** and is safe.
- ❖ **RCT** provides the **best type** of epidemiological study from which to **draw conclusions** on **CAUSALITY**
- ❖ Randomisation **provides a powerful tool for controlling** (wash out) **for confounding**, even by factors that may be unknown or difficult to measure
- **Therefore**, if well designed and conducted, a
  - ❖ RCT **minimizes** the possibility that any observed association is due to **confounding**.
  - • **Clear temporal sequence** - exposure clearly precedes outcome.



Provides a **strong basis for statistical inference**.

Provides a strong basis

- ❖ Provides a **strong basis for statistical inference**.
  1. Enables blinding and therefore **minimizes bias**.
  2. Can measure disease **incidence** and **multiple outcomes**

## **Weaknesses of A Randomised Controlled Trial:**

- 1. Ethical constraints** - for example, it is not always possible or ethical to manipulate exposure at random.
- 2. Expensive** and **time consuming**.
- 3. Requires complex design and**
4. Loss to follow-up attributed to treatment
- 5. Inefficient for rare diseases or diseases with a delayed outcome**
- 6. Generalizability** - subjects in a RCT may be more willing to comply with the treatment regimen and therefore **may not be representative** of all individuals who might be given the treatment.
- 7. Volunteer biases:** the population that participates may not be representative of the whole

Thank You



**Thank You**

Qs ????

Qs ????