# An Analysis of the Relationship Between Heart Disease and Osteoarthritis

Inference through Propensity Scores

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#### Abstract

The goal of this analysis was to isolate the effect of osteoarthritis on the likelihood of developing cardiovascular disease. The provided data was characterized by mild sparsity, so the analysis was carried out on a complete-cases subset and on an imputed data set. The imputation was done through a combination of Logistic and Polytomous Bayesian Regression. There were a number of covariates that had the potential to confound this effect; in order to circumvent this problem, propensity scores were used [1] in conjunction with the LASSO [3]. More specifically, the propensity scores for all three cycles were computed for each of the two types of data sets and then another analysis was done involving the ensemble of propensity scores and the LASSO. No definitive causal relationship was uncovered although their was evidence of a statistically significant effect.

#### Introduction

It is important to identify as many of the factors associated with any particular condition in an attempt to minimize or remove their confounding effect. The purpose of this analysis is to understand whether this kind of antibiotic relationship exists between osteoarthritis and heart disease; the approach is summarized as follows:

- We first explore the data set in an effort to understand the nature of the missing values
- An imputation is implemented on a large and relevant subset of the data
- A propensity score approach is used for inference and the results are provided
- The LASSO was used on half the data sets (for each cycle) for variable selection, after which propensity score analysis was used on the other half of the data sets to provide odds ratio estimates

#### **Data Description**

- The data is filtered out according to study eligibility criteria so that the participants who are not 20-64 years of age, and the participants who were diagnosed as either *Rheumatoid Arthritis* or *Other* are excluded from the analysis
- There are a number of variables that include information on dietary habits, age, location, general health, marital status, substance use, blood pressure, stress levels, and income; in total, 23 covariates are used
- There are separate observations for three "cycles" which reference varying time periods and have about 130,000 observations each.

#### **Pre-Processing & Imputation**

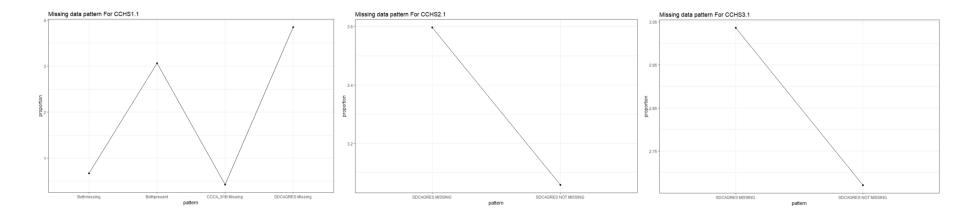
#### Recoding

A number of variables were recoded, for example:

- The daily consumption of vegetables was transformed from the number of servings into a categorical variable
- The geographical variable was recoded so that a distinction was only made between the territories and the provinces
- The BMI variable was recoded so that it was not a raw number, but rather categorical in nature

#### **Polytomous Bayesian Regression for Imputation**

The underlying assumption with the imputation implemented here is that the missing data is *missing at random (MAR)*. However, since the validity of this claim can easily be questioned. we decided to carry out the analysis on the complete-cases data set as well.

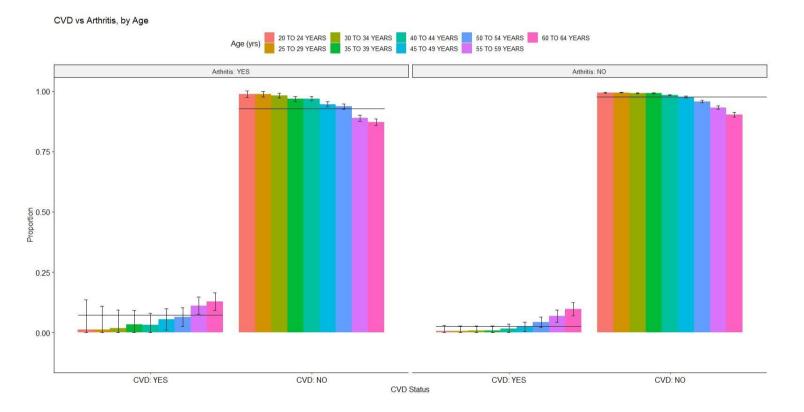


- The proportions of people who have osteoarthritis was calculated for each group. If the MCAR assumption holds, we would not expect to see any pattern of proportions associated with each group in the figure
- The plots shown indicate that the MCAR assumption does not hold in our data set, thus making analyzing the complete cases potentially inappropriate

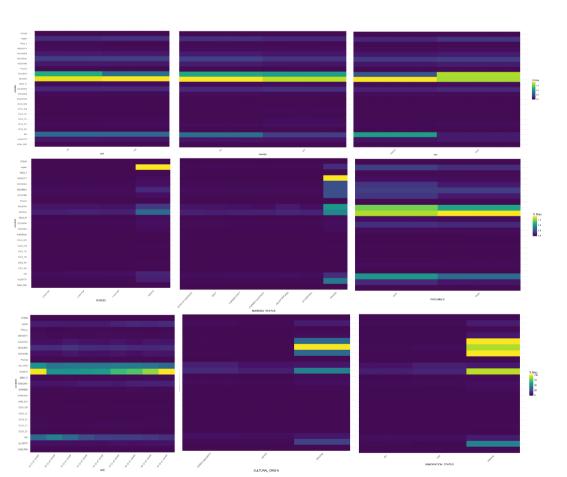
The imputation technique used here was Polytomous (Multinomial) Logistic Regression. This models how multinomial response variable Y depends on a set of m explanatory variables,  $X = (X_1, X_2, ..., X_m)$ ; in essence, this is a generalized linear model where the random component assumes that the distribution of Y is multinom $(n, \pi)$ , where  $\pi$  is a vector with probabilities of "success" for each category [2]. Note that the responses here are all of the case where ordinality is not of particular importance.

### **Exploratory Data Analysis**

In this section, some plots of interest are presented which helped guide the decisions made later in the analysis.



• The above plot shows the relationship between osteoarthritis and cardiovascular disease (CVD), broken down by age. As can clearly be seen visually, age appears to be a significant predictor of CVD, while osteoarthritis status (yes / no) appears to matter much less.



• The variable with the most missing values is the total household income from all sources, and the second is physical activity index.

### Methodology

#### **Logistic Regression**

The response variable here is dichotomous and hence, a logistic regression is the simple and obvious first approach to such a problem. The generalized linear model in this problem is defined as:

 $\Pr(\text{CCCA-121} = 1 \mid \theta) = \frac{\exp(\beta_0 + \beta_1 \text{CCCA-051} + \dots + \beta_{21} \text{Province})}{1 + \exp(\beta_0 + \beta_1 \text{CCCA-051} + \dots + \beta_{21} \text{Province})}$ 

where  $\theta$  is the set of parameters defining the model. This model is then expanded on with propensity scores.

#### LASSO

The least absolute shrinkage and selection operator (LASSO) is a least squares technique that has the effect of minimizing the coefficients for par**Coco Liu** 

ticular covariates down to 0. It is mathematically defined as:

Here, this was used to lower the dimensionality of our covariates so that we could compare the results between the non-LASSO and LASSO propensity score approaches.

Naturally, it follows that if a randomized design were used, we would expect the conditional probability here to be 0.5. For this case study, we applied as follows:

(1)

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$$\hat{\beta}^{lasso} = \underset{\beta \in R^m}{argmin} ||y - \mathbf{X}\beta||_2^2 + \lambda \sum_{i=1}^m |\beta_i|$$
(2)

$$= \underset{\beta \in R^{m}}{\operatorname{argmin}} \underbrace{||y - \mathbf{X}\beta||_{2}^{2}}_{\operatorname{Loss}} + \lambda \underbrace{|\beta_{i}|_{1}}_{\operatorname{Penalty}}$$
(3)

#### **Propensity Scores**

A propensity score,  $p(x_i = 1|\theta)$  is the conditional probability, for subject i, (i = 1, ..., n), of being assigned to some particular treatment (in this case, 1) given some covariates,  $\theta$ . In other words:

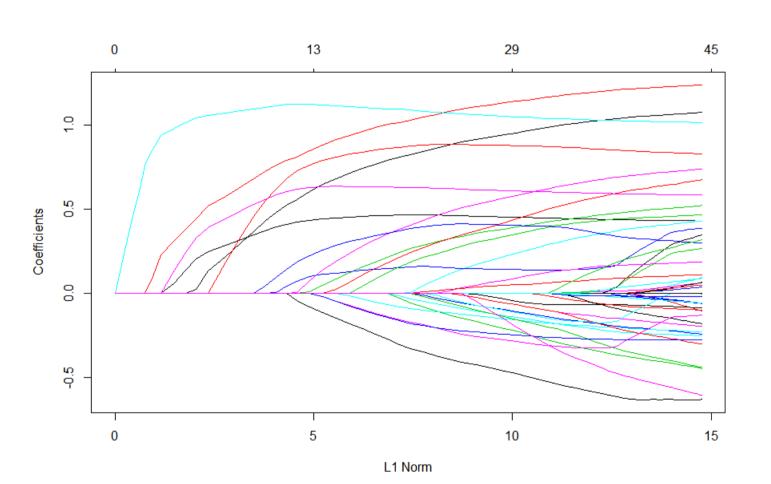
$$P(l) = P(x_i = 1|\theta) \tag{4}$$

• We used Propensity Score Matching to estimate the effect of having osteoarthritis by accounting for an array of covariates: Propensity score, P(L)=P(O=1|L), where O is having osteoarthritis, and L are the covariates. This attempts to deconfound the effect of osteoarthritis on cardiovascular disease.

• The final model uses the propensity score matched sample and incorporates survey weights into a quasibinomial logistic regression. The matched sample sizes from each cycle, the OR estimates and associated CIs are summarized in the results tables.

#### **Results & Inference**

#### **LASSO** Path



• The variables selected by this regularization were: age, sex, income, type of smoker, blood pressure status, diabetic status, emphysema or chronic obstructive pulmonary disease (COPD) status, self-perceived stress.

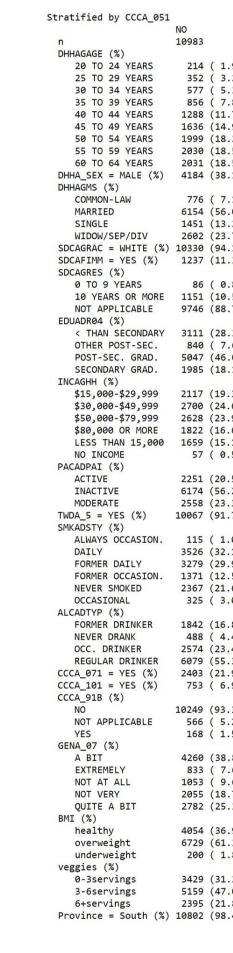
#### **Propensity Scores**

The following tables/plots provide information on our results. 
 hed
 10,983
 10,983
 13,292
 13,292
 11,073
 11,073
 14,496
 14,496
 6,044
 6,044
 14,225

 atched
 50,420
 13
 62,347
 30
 35,681
 120
 57,569
 191
 19,183
 91
 69,091

 rded
 0
 0
 0
 0
 0
 0
 0
 0
 0
 0.0 0.2 0.4 0.6 0.8 0.0 0.2 0.4 0.6 Propensity Score 0.0 0.2 0.4 0.6

SFU



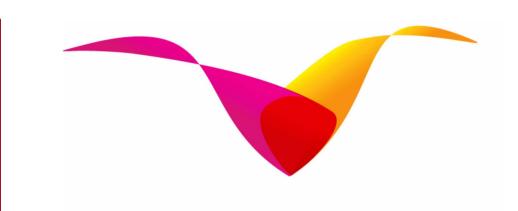
#### **Conclusions & Future Considerations**

The goal of this analysis was to isolate the effect of osteoarthritis on cardiovascular disease. We did the analysis on two sets of data and used an ensemble of the LASSO and propensity scores. Through this, our OR estimates of the effect of osteoarthritis on cardiovascular disease are all similar, with the LASSO-derived estimates producing greater uncertainty, as seen with the wider confidence intervals. There appears to be a statistically significant impact of osteoarthritis on the risk of cardiovascular disease; however, it is doubtful that the effect is causative. Further research is needed to study the mediating variables responsible for this relationship.

#### References

#### Acknowledgements

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#### **Table/Figure:** Covariate balance in matched sample

SUMMARYCycle 1 - CompleteCycle 1 - ImputedCycle 2 CompleteESTIMATES (PSA)CompleteImputedCompleteOR Estimate1.391.451.5995% Confidence Interval - Lower Bound1.181.251.3495% Confidence Interval - Upper Bound1.641.681.90	2-         Cycle 2 - Imputed         Cycle 3 - Complete         Cycle 3 - Imputed           1.55         1.55         1.48           1.33         1.23         1.26           1.80         1.95         1.73
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**Table 2:** Odds ratio results using propensity scores

SUMMARY ESTIMATES (PSA / LASSO)	Cycle 1 - Lasso	Cycle 2 - Lasso	Cycle 3 - Lasso
OR Estimate	1.49	1.70	1.67
95% Confidence Interval - Lower Bound	1.18	1.40	1.43
95% Confidence Interval - Upper Bound	1.88	2.07	1.96

**Table 3:** Propensity score OR results after the LASSO regularization

Stratified by CCCA_051									
	NO	YES	SMD						
n DHHAGAGE (%)	10983	10983	0.029						
20 TO 24 YEARS	214 ( 1.9)	190 ( 1.7)	0.029						
25 TO 29 YEARS	352 ( 3.2)	327 ( 3.0)		Mill all version services - substantial department - pro-					
30 TO 34 YEARS	577 ( 5.3)	573 ( 5.2)		MODEL INFO:					
35 TO 39 YEARS	856 (7.8)	884 ( 8.0)		Observations: 21966					
40 TO 44 YEARS	1288 (11.7)	1293 (11.8)		Dependent Variable: I(CCCA_121 = Type: Analysis of complex survey					
45 TO 49 YEARS	1636 (14.9)	1583 (14.4)		Family: quasibinomial	y design				
50 TO 54 YEARS	1999 (18.2)	2001 (18.2)		Link function: logit					
55 TO 59 YEARS 60 TO 64 YEARS	2030 (18.5) 2031 (18.5)	2095 (19.1) 2037 (18.5)							
DHHA_SEX = MALE (%)	4184 (38.1)	4107 (37.4)	0.014	MODEL FIT:					
DHHAGMS (%)	4104 (50.1)	4107 (37.14)	0.019	$Pseudo-R^2$ (Cragg-Uhler) = 0.10					
COMMON-LAW	776 ( 7.1)	742 ( 6.8)		$Pseudo-R^2$ (McFadden) = 0.15					
MARRIED	6154 (56.0)	6131 (55.8)		AIC = NA					
SINGLE	1451 (13.2)	1433 (13.0)							
WIDOW/SEP/DIV	2602 (23.7)	2677 (24.4)			exp(Est.)	2.5%	97 5%	t val.	p
SDCAGRAC = WHITE (%)			0.005						۲ 
SDCAFIMM = YES (%) SDCAGRES (%)	1237 (11.3)	1212 (11.0)	0.007	(Intercept)	0.00	0.00	0.02	-5.93	0.00
0 TO 9 YEARS	86 ( 0.8)	80 ( 0.7)	0.005	CCCA_051YES	1.39	1.18	1.64	3.93	0.00
10 YEARS OR MORE	1151 (10.5)	1132 (10.3)		DHHAGAGE25 TO 29 YEARS	1.66	0.27	10.32	0.54	0.59
NOT APPLICABLE	9746 (88.7)	9771 (89.0)		DHHAGAGE30 TO 34 YEARS	1.43	0.25	8.19	0.40	0.69
EDUADR04 (%)			0.010	DHHAGAGE35 TO 39 YEARS	2.99	0.55	16.13	1.27	0.20
< THAN SECONDARY	3111 (28.3)	3154 (28.7)		DHHAGAGE40 TO 44 YEARS	2.47	0.46	13.20	1.06	0.29
OTHER POST-SEC.	840 (7.6)	820 (7.5)		DHHAGAGE45 TO 49 YEARS DHHAGAGE50 TO 54 YEARS	3.49	0.66	18.32 29.22	1.48	0.14 0.04
POST-SEC. GRAD.	5047 (46.0)	5028 (45.8)		DHHAGAGESS TO 59 YEARS	8.37	1.59	44.01	2.51	0.01
SECONDARY GRAD. INCAGHH (%)	1985 (18.1)	1981 (18.0)	0.038	DHHAGAGE60 TO 64 YEARS	9.08	1.73	47.68	2.61	0.01
\$15,000-\$29,999	2117 (19.3)	2124 (19.3)	0.050	DHHA_SEXMALE	1.82	1.53	2.17	6.70	0.00
\$30,000-\$49,999	2700 (24.6)	2669 (24.3)		DHHAGMSMARRIED	1.04	0.70	1.55	0.21	0.83
\$50,000-\$79,999	2628 (23.9)	2566 (23.4)		DHHAGMSSINGLE	0.89	0.55	1.43	-0.48	0.63
\$80,000 OR MORE	1822 (16.6)	1796 (16.4)		DHHAGMSWIDOW/SEP/DIV	1.00	0.66	1.51	0.00	1.00
LESS THAN 15,000	1659 (15.1)	1786 (16.3)		SDCAGRACWHITE SDCAFIMMYES	1.26	0.83 1.13	1.89 8.27	1.09	0.28
NO INCOME	57 ( 0.5)	42 ( 0.4)		SDCAFINITIES SDCAGRES10 YEARS OR MORE	0.28	0.10	0.79	-2.39	0.02
PACADPAI (%)	2251 (20 5)	2207 (20 1)	0.011	EDUADRØ40THER POST-SEC.	0.66	0.46	0.93	-2.38	0.02
ACTIVE INACTIVE	2251 (20.5) 6174 (56.2)	2207 (20.1) 6227 (56.7)		EDUADR04POST-SEC. GRAD.	0.79	0.64	0.97	-2.21	0.03
MODERATE	2558 (23.3)	2549 (23.2)		EDUADRØ4SECONDARY GRAD.	0.87	0.68	1.11	-1.11	0.27
$TWDA_5 = YES$ (%)	10067 (91.7)	10101 (92.0)	0.011	INCAGHH\$30,000-\$49,999	0.75	0.58	0.96	-2.32	0.02
SMKADSTY (%)			0.024	INCAGHH\$50,000-\$79,999	0.74	0.56	0.98	-2.11	0.04
ALWAYS OCCASION.	115 ( 1.0)	132 ( 1.2)		INCAGHH\$80,000 OR MORE INCAGHHLESS THAN 15,000	0.71	0.50 0.95	1.02 1.52	-1.86	0.06
DAILY	3526 (32.1)	3466 (31.6)		INCAGHHNO INCOME	2.38	0.87	6.48	1.69	0.09
FORMER DAILY	3279 (29.9)	3325 (30.3)		PACADPAIINACTIVE	1.17	0.92	1.49	1.26	0.21
FORMER OCCASION.	1371(12.5)	1413 (12.9)		PACADPAIMODERATE	1.29	0.99	1.68	1.86	0.06
NEVER SMOKED OCCASIONAL	2367 (21.6) 325 ( 3.0)	2337 (21.3) 310 ( 2.8)		TWDA_5YES	1.71	1.07	2.73	2.26	0.02
ALCADTYP (%)	525 ( 5.0)	510 ( 2.0)	0.023	SMKADSTYDAILY	2.53	0.92	6.91	1.81	0.07
FORMER DRINKER	1842 (16.8)	1920 (17.5)		SMKADSTYFORMER DAILY	2.82	1.04	7.63	2.04	0.04
NEVER DRANK	488 (4.4)	483 ( 4.4)		SMKADSTYFORMER OCCASION.	1.81	0.65	5.02	1.14	0.26
OCC. DRINKER	2574 (23.4)	2608 (23.7)		SMKADSTYNEVER SMOKED	1.76 2.74	0.65 0.78	4.82 9.67	1.11	0.27 0.12
REGULAR DRINKER	6079 (55.3)	5972 (54.4)		SMKADSTYOCCASIONAL ALCADTYPNEVER DRANK	1.35	0.92	1.98	1.57	0.12
$CCCA_071 = YES (%)$	2403 (21.9)	2438 (22.2)	0.008	ALCADTYPOCC. DRINKER	1.01	0.80	1.28	0.09	0.93
$CCCA_101 = YES (\%)$	753 ( 6.9)	809 (7.4)	0.020	ALCADTYPREGULAR DRINKER	0.69	0.55	0.86	-3.31	0.00
CCCA_91B (%) NO	10249 (93.3)	10266 (93.5)	0.050	CCCA_071YES	2.74	2.29	3.27	11.09	0.00
NOT APPLICABLE	566 ( 5.2)	517 (4.7)		CCCA_101YES	1.72	1.39	2.14	4.88	0.00
YES	168 ( 1.5)	200 ( 1.8)		CCCA_91BYES	3.06	1.92	4.85	4.73	0.00
GENA_07 (%)		and a second sec	0.026	GENA_07EXTREMELY	1.71	1.23	2.39	3.20	0.00
A BIT	4260 (38.8)	4302 (39.2)		GENA_07NOT AT ALL GENA_07NOT VERY	1.00	0.75 0.84	1.33	-0.00	1.00
EXTREMELY	833 (7.6)	832 (7.6)		GENA_07QUITE A BIT	1.31	1.06	1.63	2.47	0.01
NOT AT ALL	1053 (9.6)	971 (8.8)		BMIoverweight	0.99	0.82	1.20	-0.10	0.92
NOT VERY	2055 (18.7)	2058 (18.7)		BMIunderweight	1.41	0.80	2.49	1.18	0.24
QUITE A BIT BMI (%)	2782 (25.3)	2820 (25.7)	0.026	veggies3-6servings	1.07	0.89	1.30	0.74	0.46
healthy	4054 (36.9)	3933 (35.8)	0.020	veggies6+servings	1.04	0.79	1.36	0.25	0.80
overweight	6729 (61.3)	6865 (62.5)		ProvinceSouth	0.63	0.37	1.05	-1.76	0.08
underweight	200 ( 1.8)	185 ( 1.7)							
veggies (%)	50 53	Act in the	0.017	Estimated dispension reports	- 1 04				
0-3servings	3429 (31.2)	3407 (31.0)		Estimated dispersion parameter	- 1.04				
3-6servings	5159 (47.0)	5242 (47.7)							
6+servings Province = South (%)	2395 (21.8)	2334 (21.3) 10818 (98.5)	0.012						
	()0.4)	10010 (90.9)	0.012	•					

**Figure:** Regression results using propensity scores

[1] Eshan Karim. Ps-survey workshop (participant).

[2] Penn State. 8.1 - polytomous (multinomial) logistic regression.

[3] Robert Tibshirani. Regression shrinkage and selection via the lasso. J. Royal Stat. Soc., 58:267–288, 1996.