

# Medicine: Mind the Gap

Time-varying effect modeling to study developmental and dynamic processes

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**The Methodology Center**  
advancing methods, improving health

# Outline

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1. Background
2. Study I: Nicotine addiction
  - Recovery is dynamic
3. Study II: E-cigarette use
  - A developmental perspective
4. Next steps

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# Human behavior as it relates to health is **dynamic**

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Orientation is relevant for understanding

- Behavioral change – across age, time
- Changes in process – across age, time
- Differential intervention effects – across age, time

# A motivating example

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We know that negative affect and craving to smoke are tightly linked among addicted smokers. What does recovery look like?

TVEM can address questions such as:

*Is negative affect differentially associated with craving at various points in the smoking cessation process?*

*How does a smoking cessation intervention affect that link over time?*

# A thought exercise

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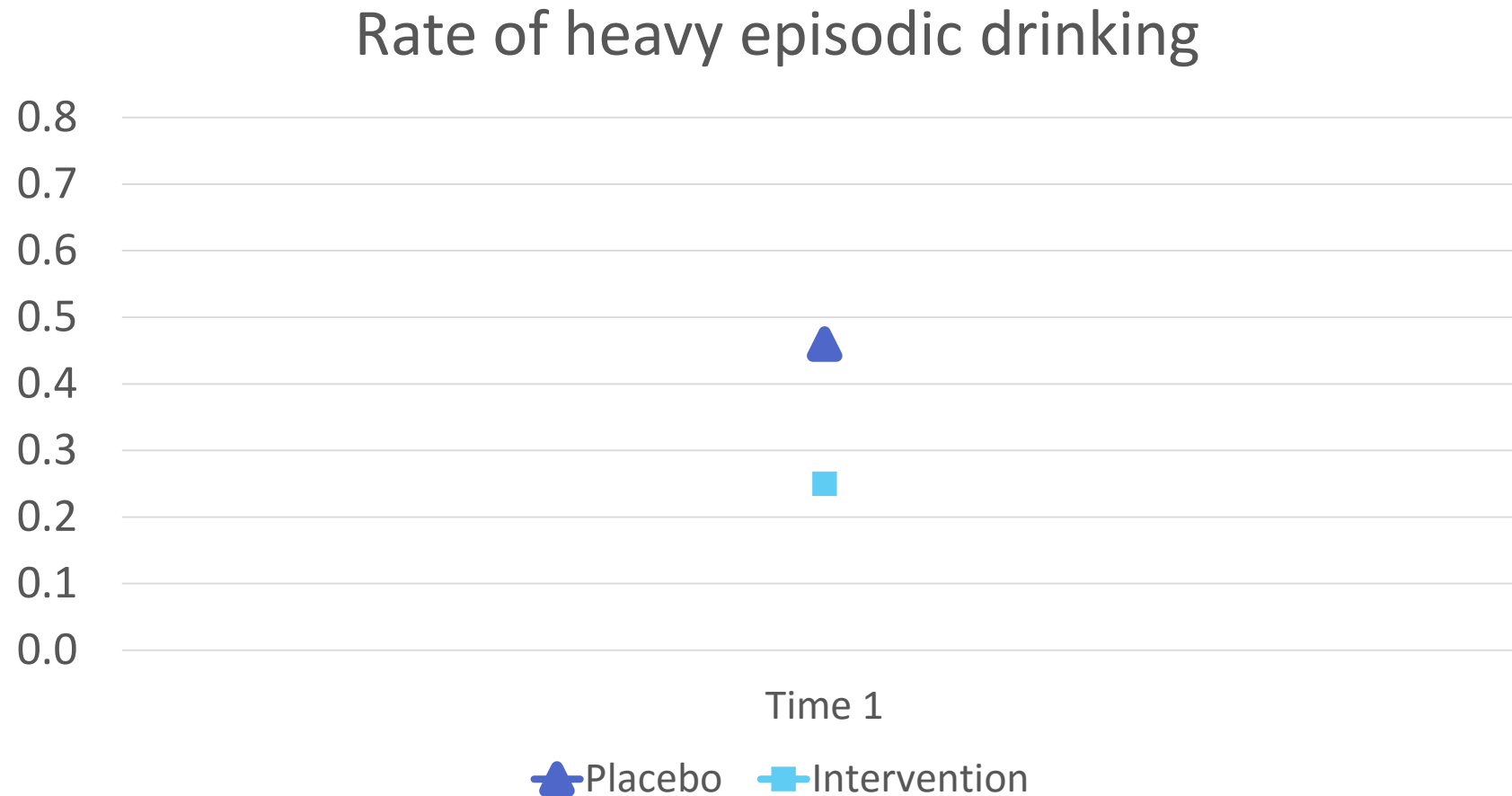
Suppose an intervention was conducted to reduce alcohol abuse  
2-arm RCT

## Post-baseline measurement

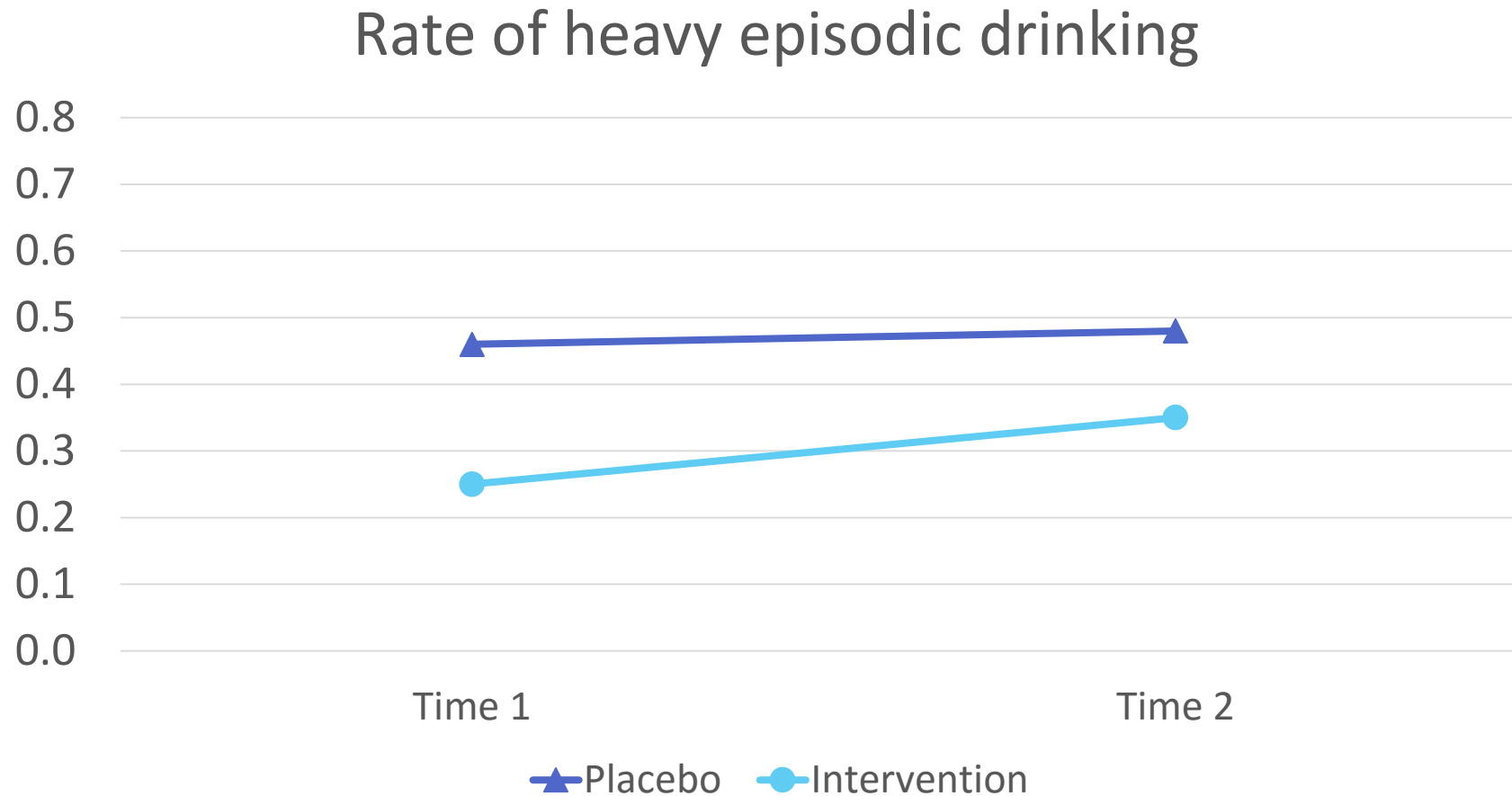
- One time point
- Two time points
- Multiple time points (moving window)

# Effect of intervention: One time

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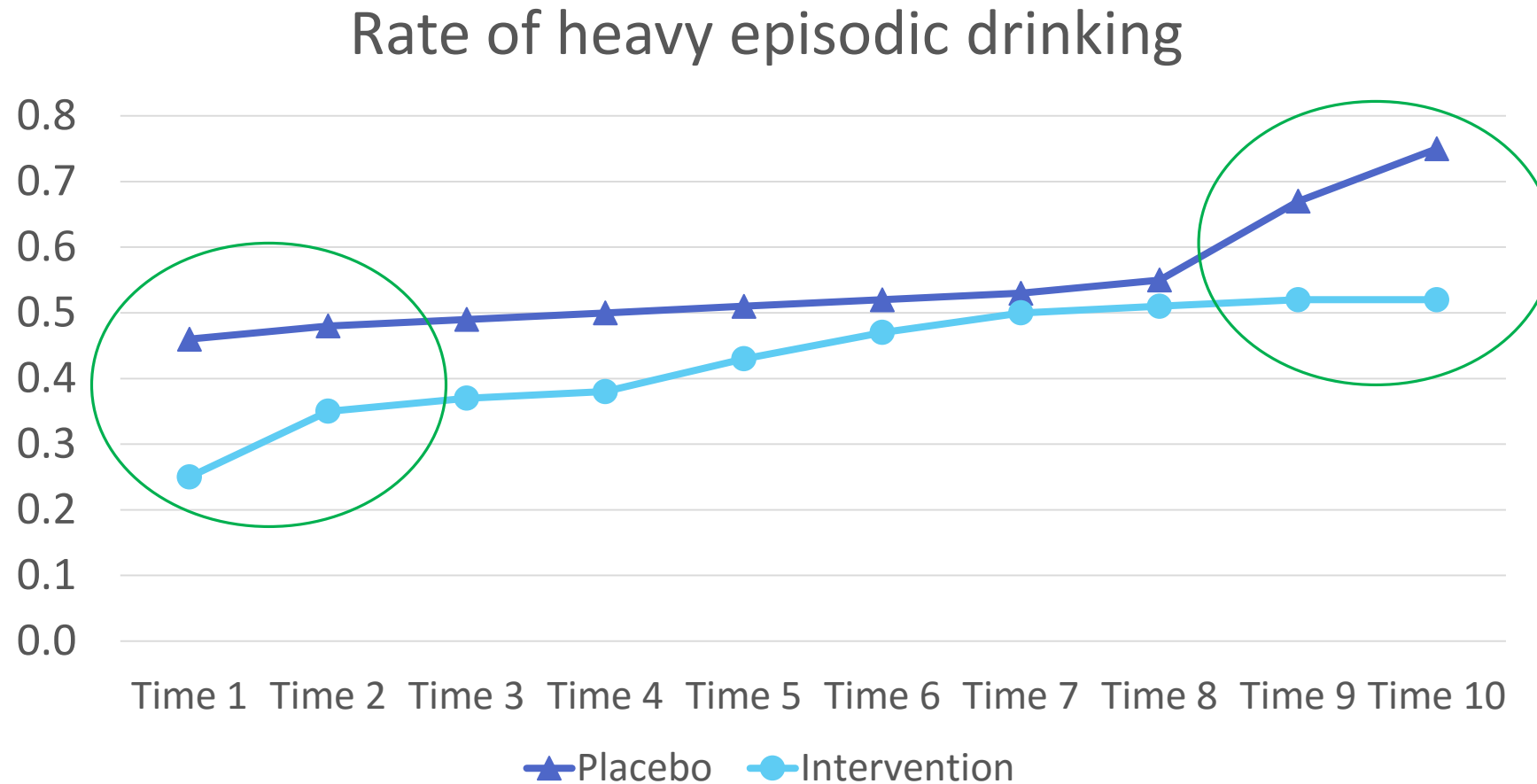


# Effect of intervention: Two times





# Effect of intervention: Multiple times



# TVEM: Direct extension of regression

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P50-DA039838: Center for Complex Data to Knowledge (CD2K) in Drug Abuse and HIV Behavioral Science

Why collect longitudinal data?

- capture temporal changes in an outcome and time-varying covariates

Natural to expect that the associations between covariates and outcome may change over time

**TVEM is designed to evaluate whether and how associations change over time**

# TVEM: Direct extension of regression

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Regression coefficients express associations between variables

Traditional regression predicting outcome ( $Y$ ) from covariate ( $X$ )

$$Y = \beta_0 + \beta_1 X + e$$

TVEM allows coefficients to be dynamic

$$Y = \beta_0(t) + \beta_1(t)X + e$$

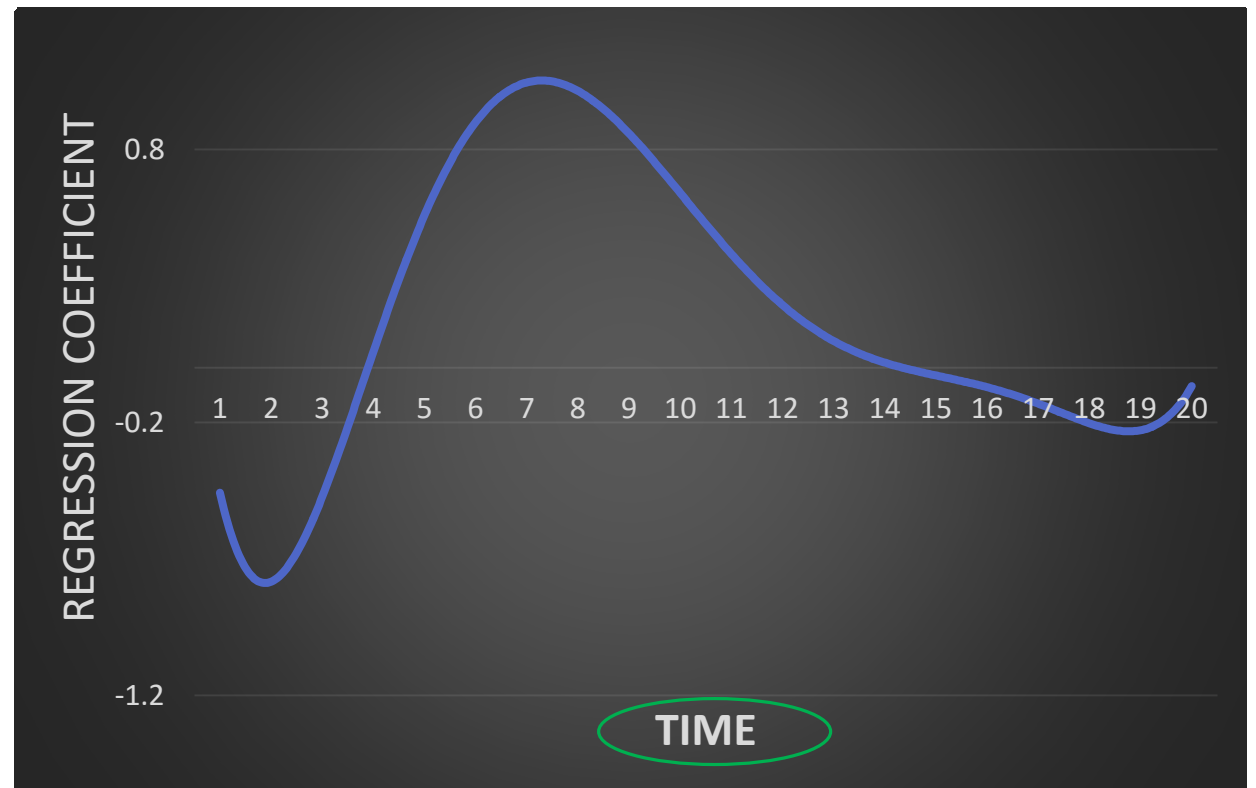
# Coefficient functions are estimated

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TVEM estimates regression coefficients as flexible function of continuous time

- Intercept
- Slopes

Use figure to interpret a “coefficient function”



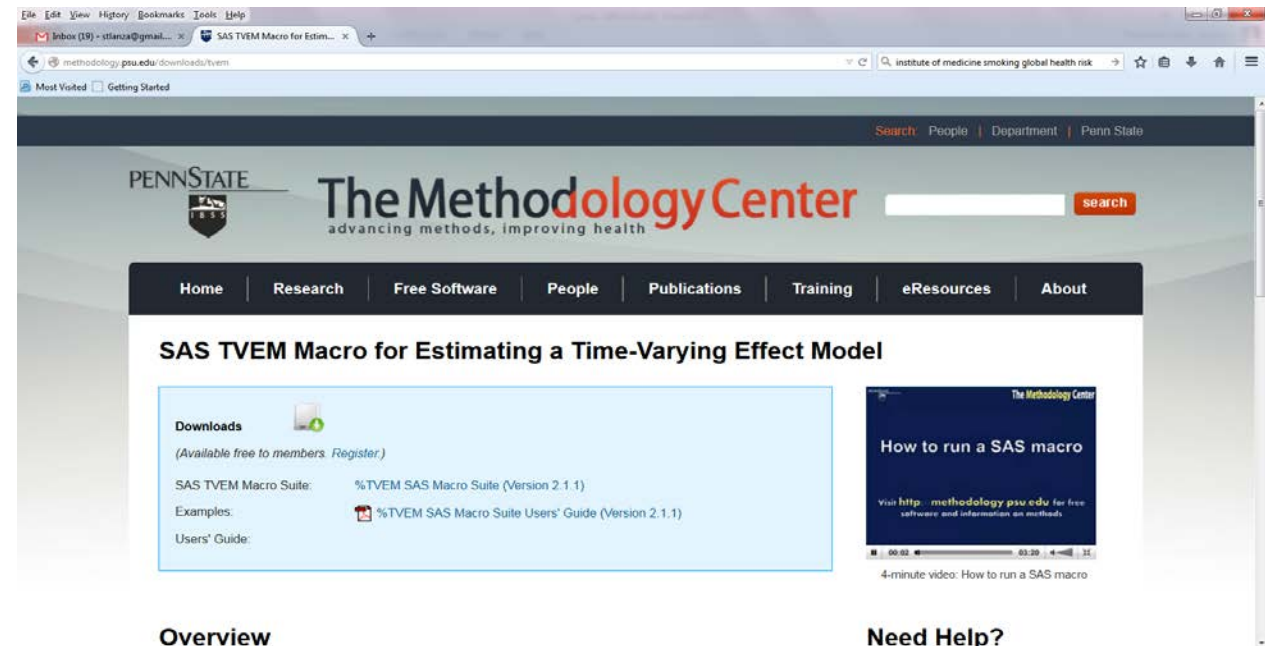
# Brief history of TVEM

## 1990's

- Functional regression analysis introduced in statistical literature (Hastie & Tibshirani, 1993; Hoover et al., 1998)

## 2010

- SAS software released  
(under direction of Runze Li)



# Brief history of TVEM

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## 2012

- Demonstration paper – *Prevention Science*
- Pre-conference workshop – Society for Research on Nicotine and Tobacco
- NCI R01 – Smoking cessation dynamics

## 2013

- Pre-conference workshop – Society for Prevention Research
- NCI, OBSSR funds supplemental issue of *Nicotine and Tobacco Research*
- Application paper – *Drug and Alcohol Dependence*

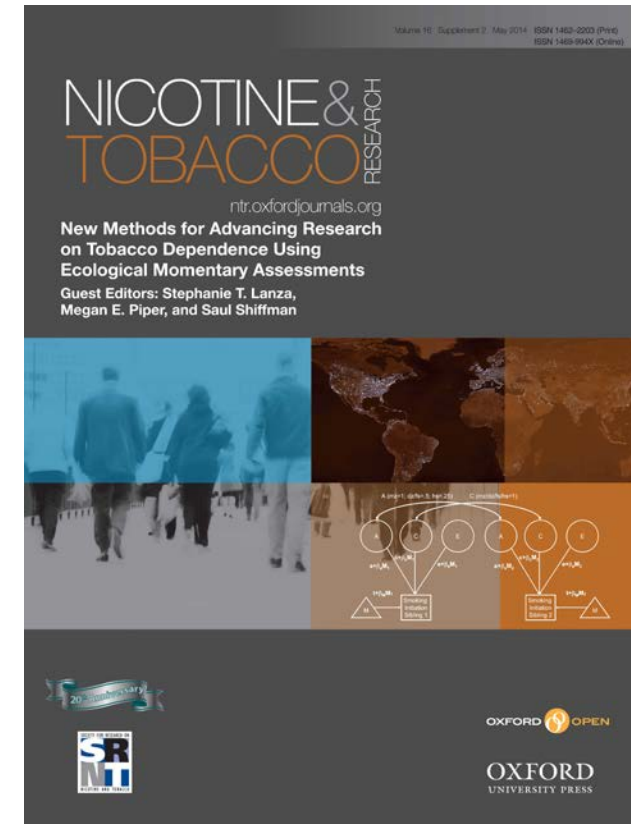
# Brief history of TVEM

2014

- Supplemental issue published  
(Lanza, Piper, & Shiffman, Eds.)
- **Other researchers picking up TVEM**

2015

- Summer Institute on Innovative Methods
- Pre-conference workshop – Society for Ambulatory Assessments
- Software extended: random effects
- NIDA R01 – Epidemiology of substance use



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# Nicotine addiction

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Tobacco use is leading cause of preventable death globally

95% cessation attempts end in relapse; withdrawal symptoms primary reason

Improved understanding of withdrawal symptoms and how treatments alleviate them could:

- Lead to new treatments
- Inform tailored treatments (to people, to time)

# Nicotine addiction

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## **Overall goal:**

To apply innovative methods to existing data from an RCT to gain knowledge that can inform next generation of smoking interventions

R01-CA168676: Advancing Tobacco Research by Integrating Systems Science and Mixture Models

# Wisconsin Smokers' Health Study

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1504 daily smokers enrolled in smoking cessation RCT

- Funded by P50-CA84724

Placebo group

- Counseling only

Treatment group

- Five combinations of Bupropion, lozenge, patch

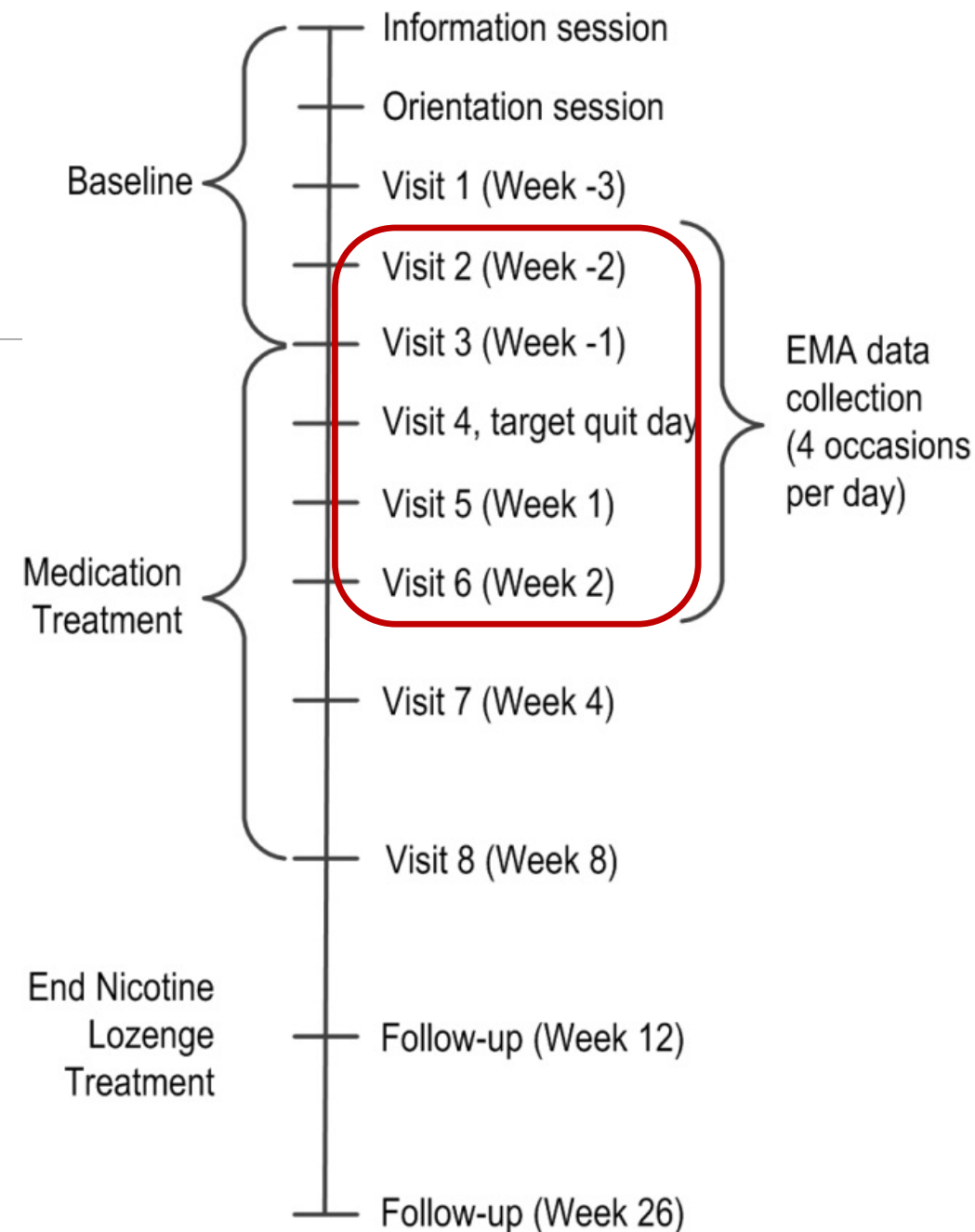
Real-time assessment of dynamic phenomena  
(withdrawal symptoms, mood, behavior)



# Study design

## EMA: 4 assessments per day

- Upon waking
- 2 random times
- At bedtime



# Time-varying effects of smoking intervention

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**Goal 1:** Study the underlying dynamics of craving during cessation attempt

**Goal 2:** Estimate effect of intervention on decoupling craving from its key drivers (e.g., negative affect)

From Lanza et al. (2014) *Nicotine and Tobacco Research*

# Measures

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**Outcome:** **Craving** during first two weeks of quit attempt

- Intensively assessed via EMA

**Predictors:**

- **Baseline nicotine dependence** (not time-varying, but *effect* can be!)
- **Negative affect** (time-varying)

**Moderator:** **Intervention group**

# Specify model

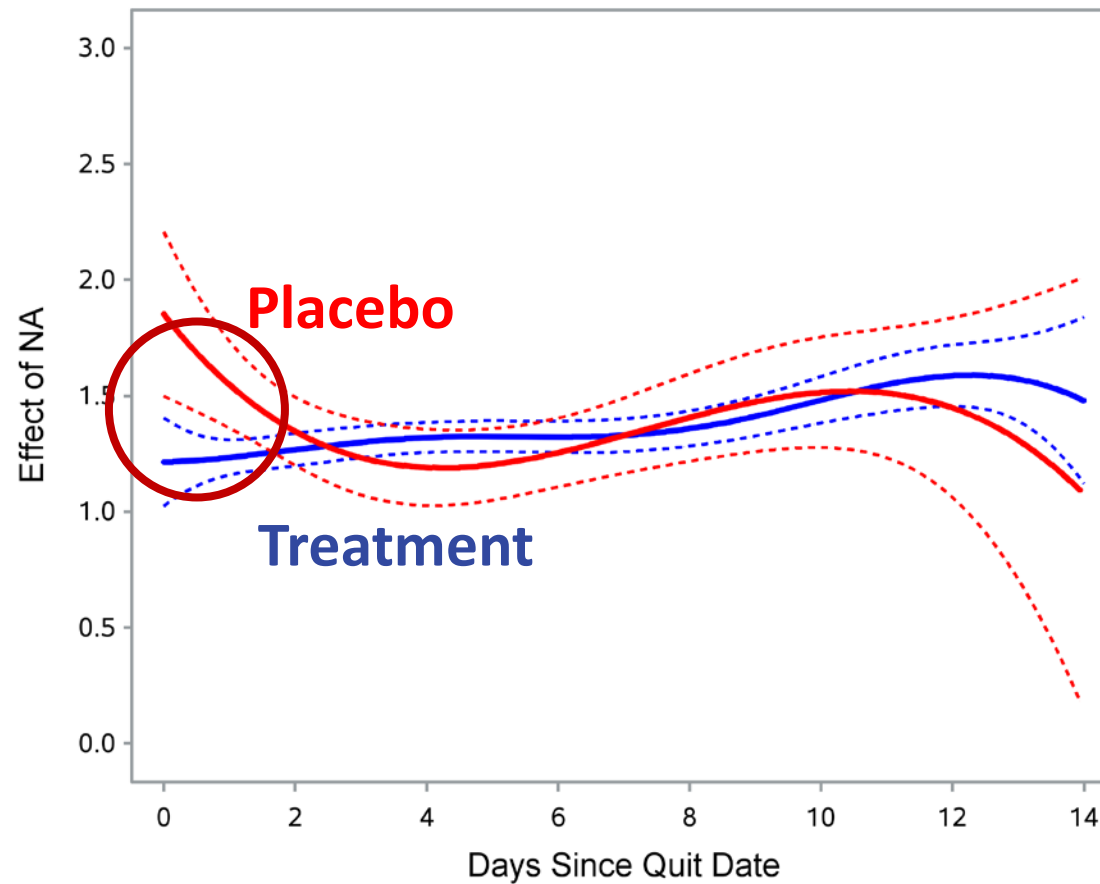
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Within each intervention group, what varies with time?

- Mean craving (intercept function)
- Negative affect
- Effect of negative affect (slope function)
- Effect of baseline dependence (slope function)

$$CRAVING_{it} = \beta_0(t) + \beta_1(t)AFFECT_{it} + \beta_2(t)DEP_i + \epsilon_{it}$$

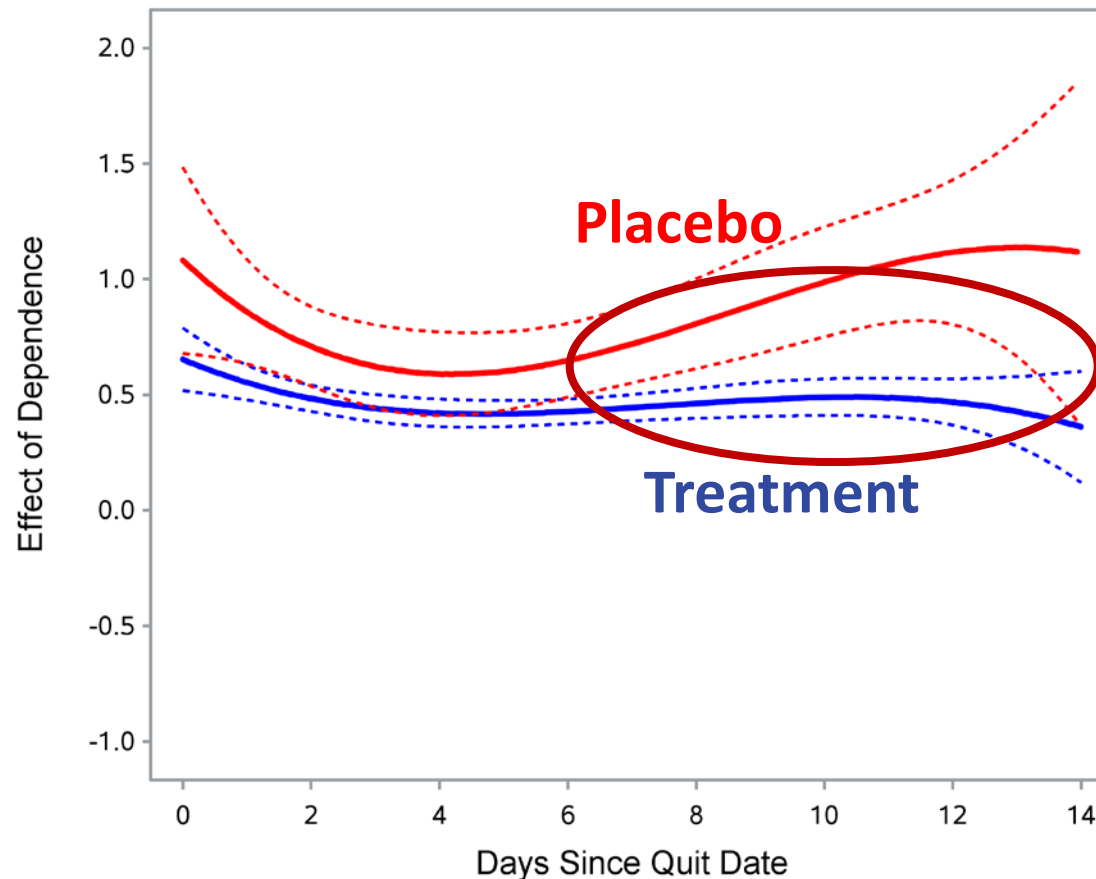
# Effect on craving: Negative affect



*Lanza et al. (2014)  
Nicotine and Tobacco  
Research*



# Effect on craving: Baseline dependence



*Lanza et al. (2014)  
Nicotine and Tobacco  
Research*

# Implications for smoking cessation

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## **Think differently about intervention effects**

With time, intervention changes the relationship between baseline dependence and craving

Intervention diffuses role of negative affect – a key driver of craving – early in quit attempt

# Broader implications

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Effects of static “baseline” variables can change over time

Effect of treatment in standard RCT may be time-varying

- Model intervention processes we posit

Could inform tailoring of treatment to individuals and to time  
(adaptive intervention designs)

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# NIDA R01

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## **Overall goal:**

To apply TVEM to existing national data to study etiology of substance use, co-use, comorbidity with mental health problems, and health disparities

R01-DA039854: Age-Varying Effects in the Epidemiology of Drug Abuse

# E-cigarette use among adolescents

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Developed as “reduced harm product” thus often considered safe alternative to traditional cigarettes (*Cobb et al., 2010*)

Inhalation-activated devices; heat produced which turns solution (nicotine, other additives) into vapor

- Eliminates combustion/smoke, but long-term effects of use inconclusive (*Chapman & Wu, 2014; Cobb et al., 2010; Pepper & Brewer, 2014, Williams & Talbot, 2011*)

Rate of adolescent use rising rapidly

- Lack of FDA regulations
- Gateway to traditional cigarettes?

# National Youth Tobacco Study

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Cross-sectional data from 2014

CDC to assess “tobacco-related beliefs, attitudes, behaviors, and exposure to pro- and anti-tobacco influences”

22,007 US middle- and high-school students

- ages 11-19 (mean 14.5)
- 49% female
- 29% Hispanic, 48% NH White, 17% NH Black



# Etiology of traditional and e-cigarette use

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**Goal 1:** Estimate disparities in rates of use across adolescence for sex and race/ethnicity population subgroups

**Goal 2:** Estimate rate of use of both products as continuous function of age

From Lanza et al. (under review)



# Measures

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## **Current traditional cigarette smoking**

- Coded 1 if use in past 30 days, 0 otherwise (6.4% yes)

## **Current e-cigarette smoking**

- Coded 1 if use in past 30 days, 0 otherwise (9.2% yes)

## **Age** (to nearest year)

## **Sex, Race/ethnicity** (moderators)

# Specify model (logistic TVEM)

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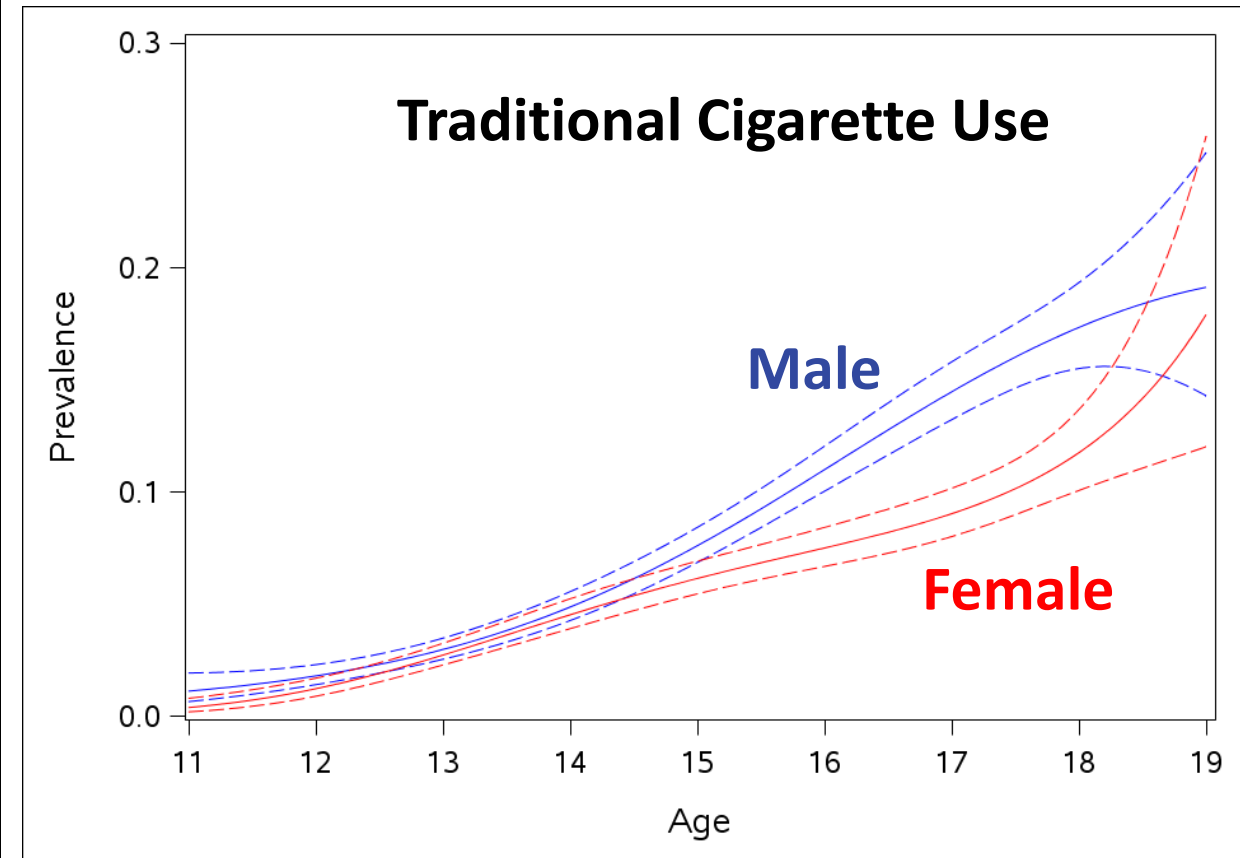
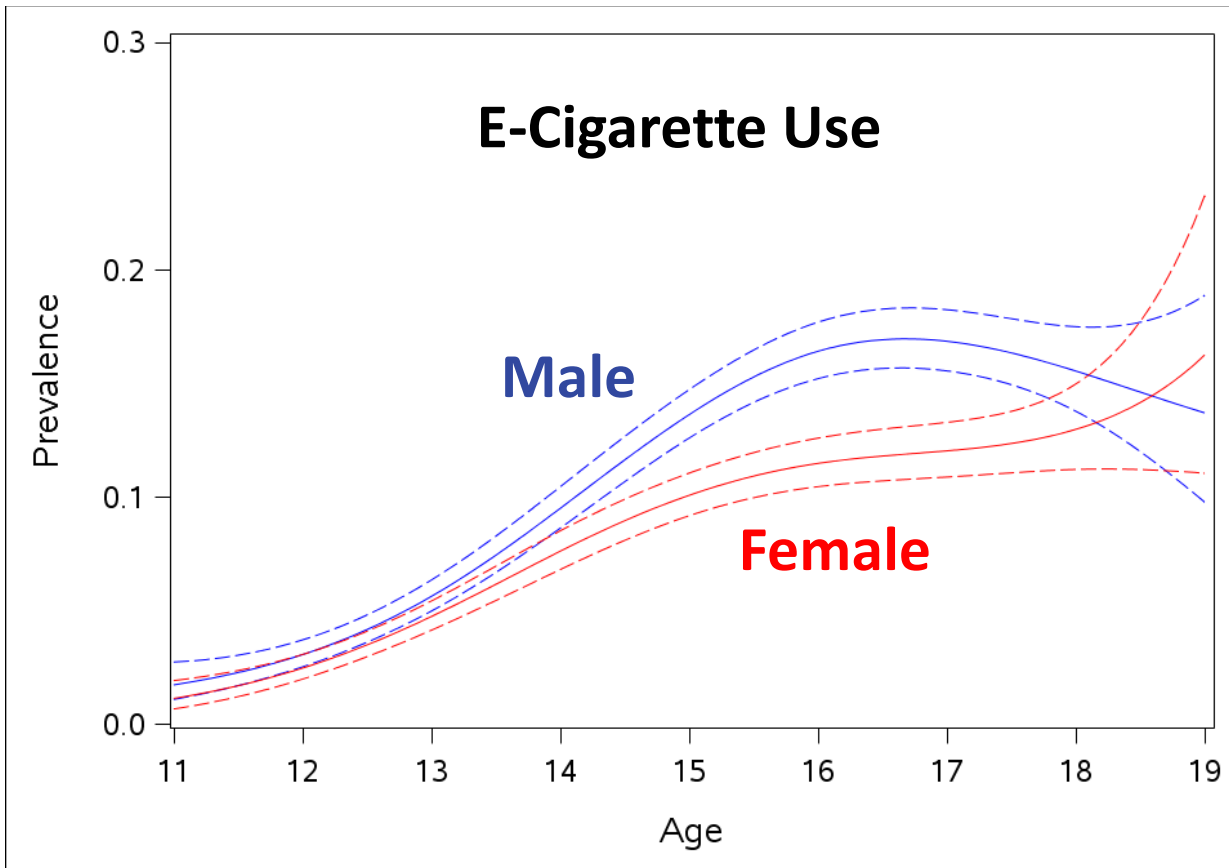
What varies with age?

- Probability of cig use
- Probability of e-cig use
- Effects of sex, race/ethnicity
- Effect of cig on e-cig (age-varying odds ratio)

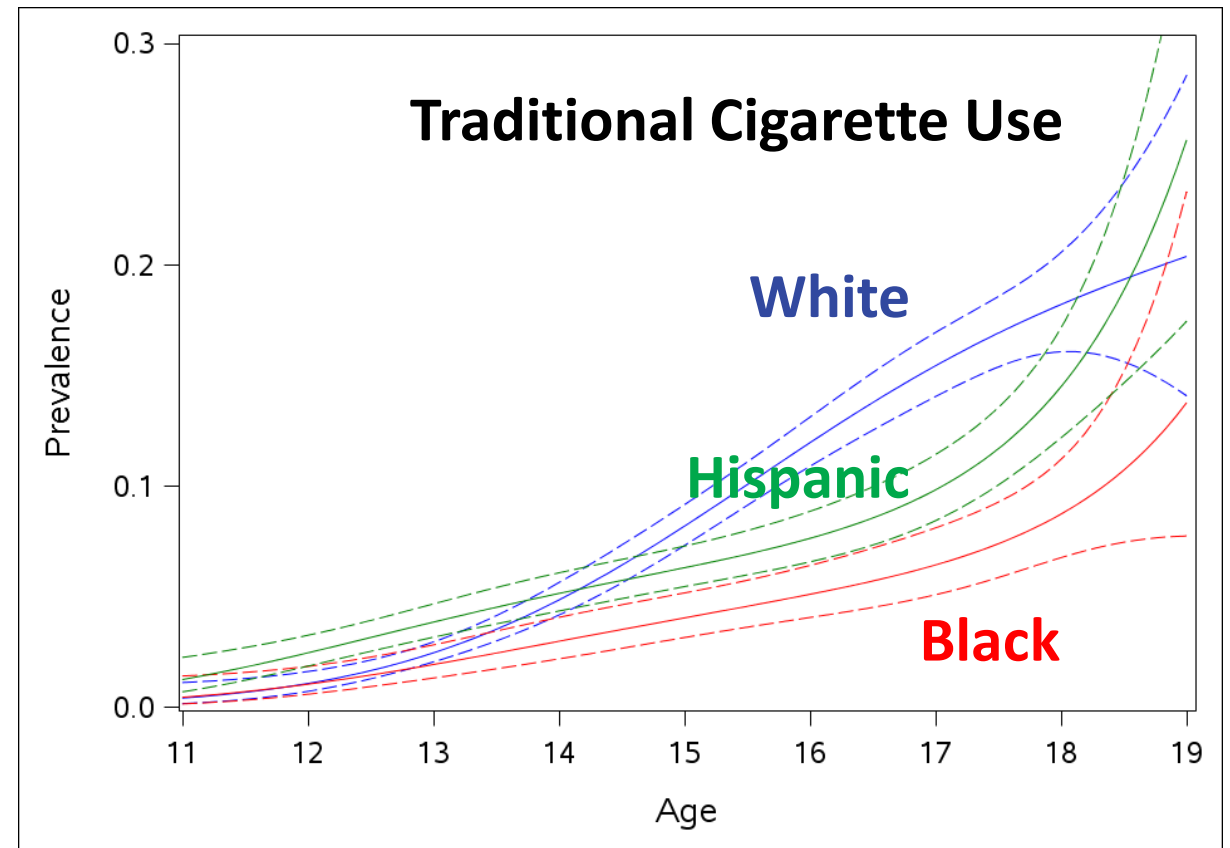
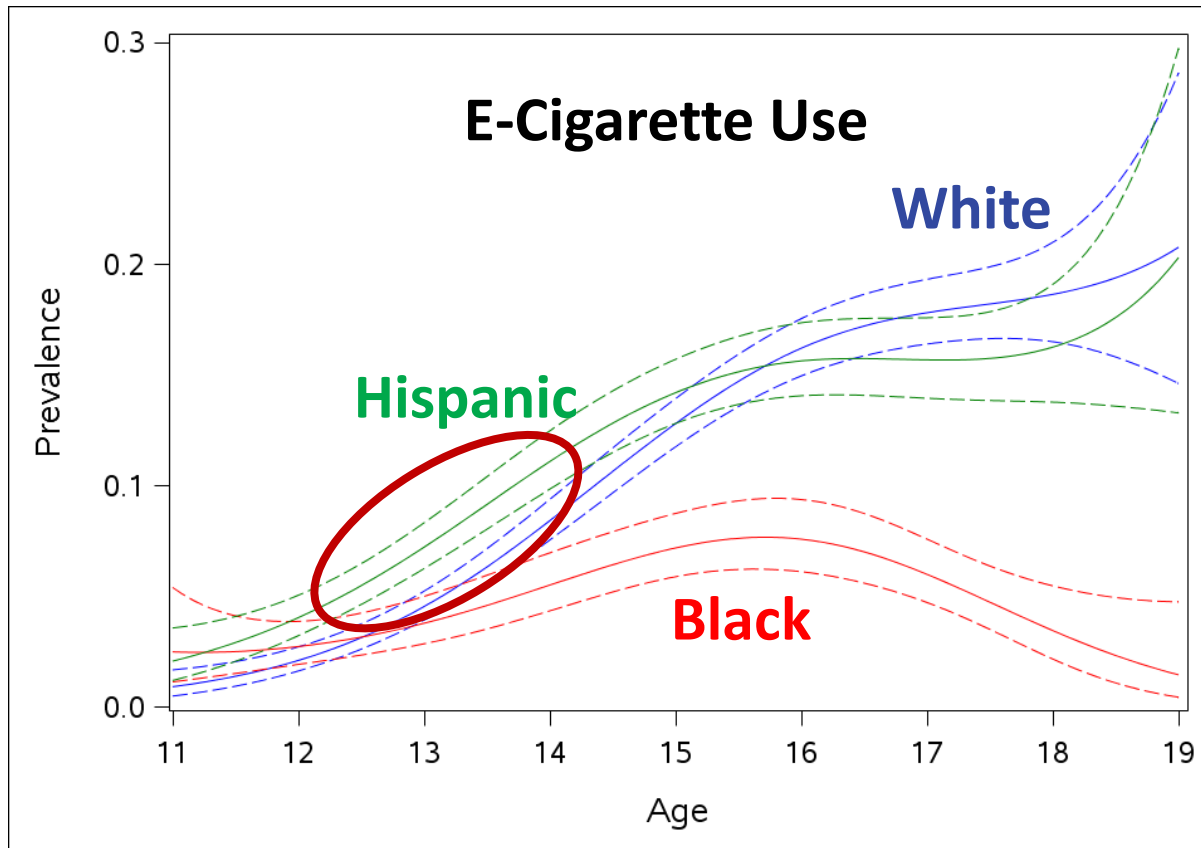
$$\ln \left( \frac{p(CIG_i)}{1 - p(CIG_i)} \right) = \beta_0(age) + \beta_1(age)SEX_i$$

$$\ln \left( \frac{p(E\_CIG_i)}{1 - p(E\_CIG_i)} \right) = \beta_0(age) + \beta_1(age)CIG_i$$

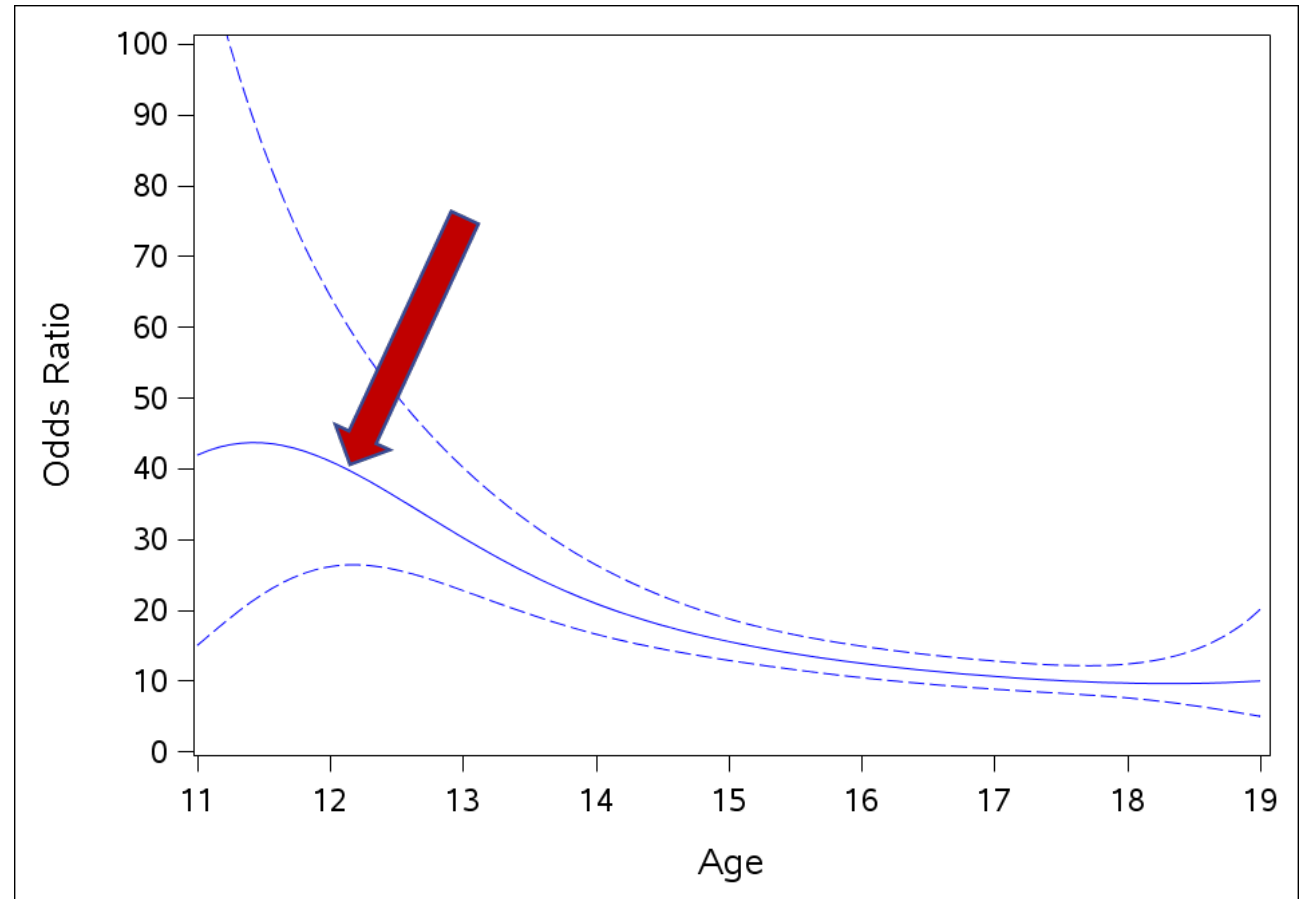
# E-cigarette and traditional cigarette use: Sex differences (ages 11-19)



# E-cigarette and traditional cigarette use: Race/ethnicity differences (ages 11-19)



# Use of both products (odds ratio, ages 11-19)



*Among those age 12, adolescents using e-cigarettes are >40 times as likely to use traditional cigarettes compared to those not using e-cigarettes*

# Implications for policy and prevention

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## **Identification of key ages of risk can inform targeted, age-appropriate intervention**

Traditional and e-cigarette use go hand in hand, particularly in very early adolescence

Early use of e-cigarettes significantly more likely among Hispanic youth, suggesting greater risk for future nicotine dependence

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# New information contained in contemporary data sources

Intensive longitudinal data (ILD)

- EMA, wearable devices

Electronic medical records (EMR)

Genetic data



Big data, complex data = big opportunity

Adaptive interventions, Mobile interventions, Precision medicine

- Stress, mood, context, health behaviors



# TVEM can unlock new knowledge from existing data

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Complex processes unfolding with time

Dynamic effects of interventions

Developmental associations

Associations across historical time

Complex link between age-of-onset and later outcomes



John Dziak  
Runze Li  
Michael Russell  
Sara Vasilenko

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## KEY TVEM COLLABORATORS



National Institute  
on Drug Abuse

*The Science of Drug Abuse & Addiction*

*P50-DA010075, P50-DA039838, R01-DA039854*

**NATIONAL CANCER INSTITUTE**

*R01-CA168676*

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THANK YOU!

# EXTRA SLIDES

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# Getting started with TVEM

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# TVEM is freely available

Download SAS macro and user's guide at [methodology.psu.edu](https://methodology.psu.edu)

The screenshot shows a web browser window with the URL <https://methodology.psu.edu/downloads/tvem>. The page is for "The Methodology Center" at Penn State, with the tagline "advancing methods, improving health". The navigation menu includes Home, Research, Free Software, People, Publications, Training, eResources, and About. The breadcrumb trail is Home > Free Software > SAS Macro for Estimation of a Time-Varying Effect Model (TVEM). The main heading is "SAS TVEM Macro for Estimating a Time-Varying Effect Model". Below this are tabs for View, Edit, Webform, and Results. A "Downloads" section contains a table of available resources:

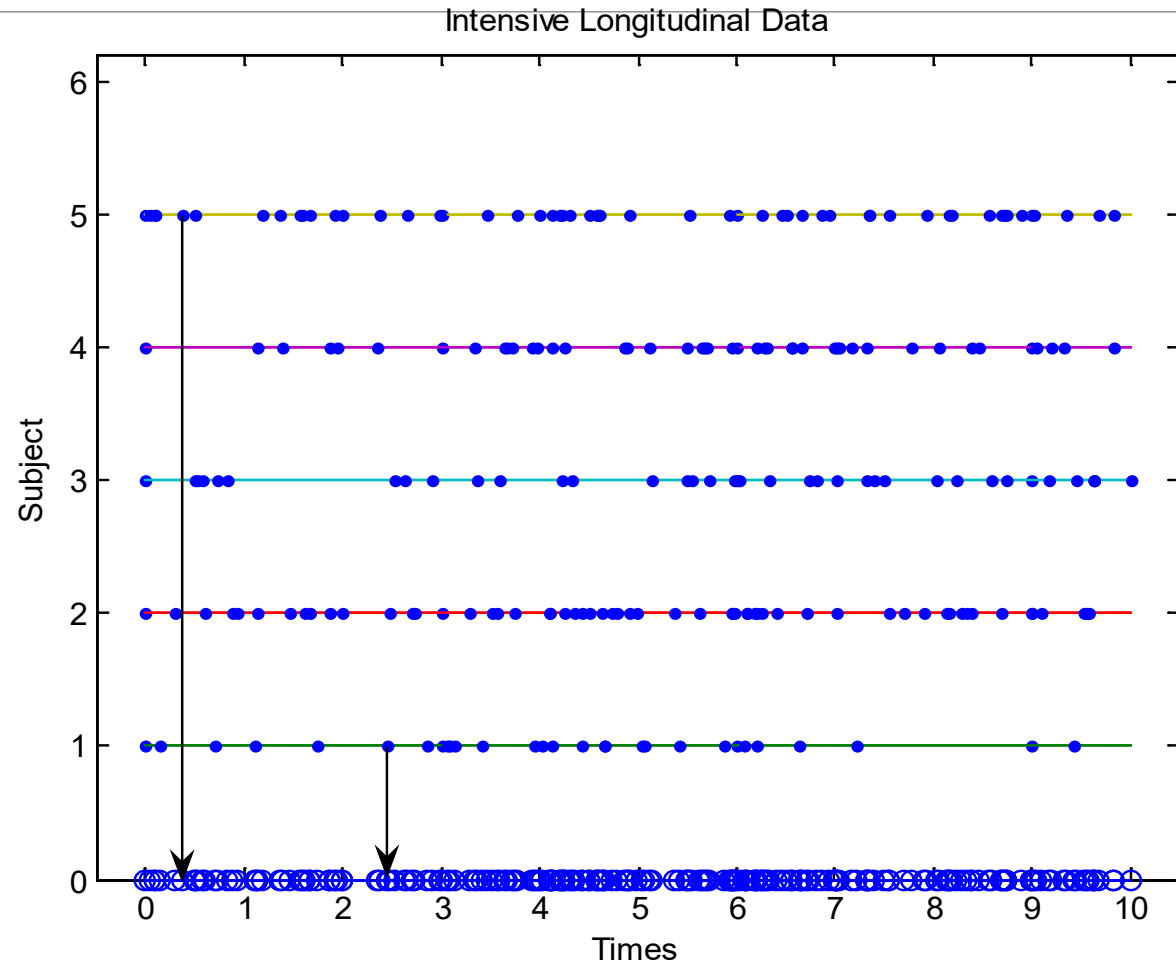
Downloads	
(Available free to members. <a href="#">Register.</a> )	
SAS TVEM Macro + Examples:	<a href="#">%TVEM SAS Macro (Version 3.1.0)</a>
Users' Guide:	<a href="#">%TVEM SAS Macro Users' Guide (Version 3.1.0)</a>
TVEM Macro for ZIP outcomes:	<a href="#">%TVEM SAS ZIP Macro (Version 2.1.1)</a>

Below the table is an "Edit" link. To the right is a video player titled "How to run a SAS macro" with a 4-minute duration. The video player shows a thumbnail with the text "Visit <http://methodology.psu.edu> for free software and information on methods." Below the video player is a "Need Help?" section with the text "If you have questions or comments about". At the bottom left, there is an "Overview" section with the text "For use with SAS Version 9.2 or higher for Windows."

# Data requirements for TVEM

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# Data requirements (intensive longitudinal data)





# Data requirements (cross-sectional and panel studies)

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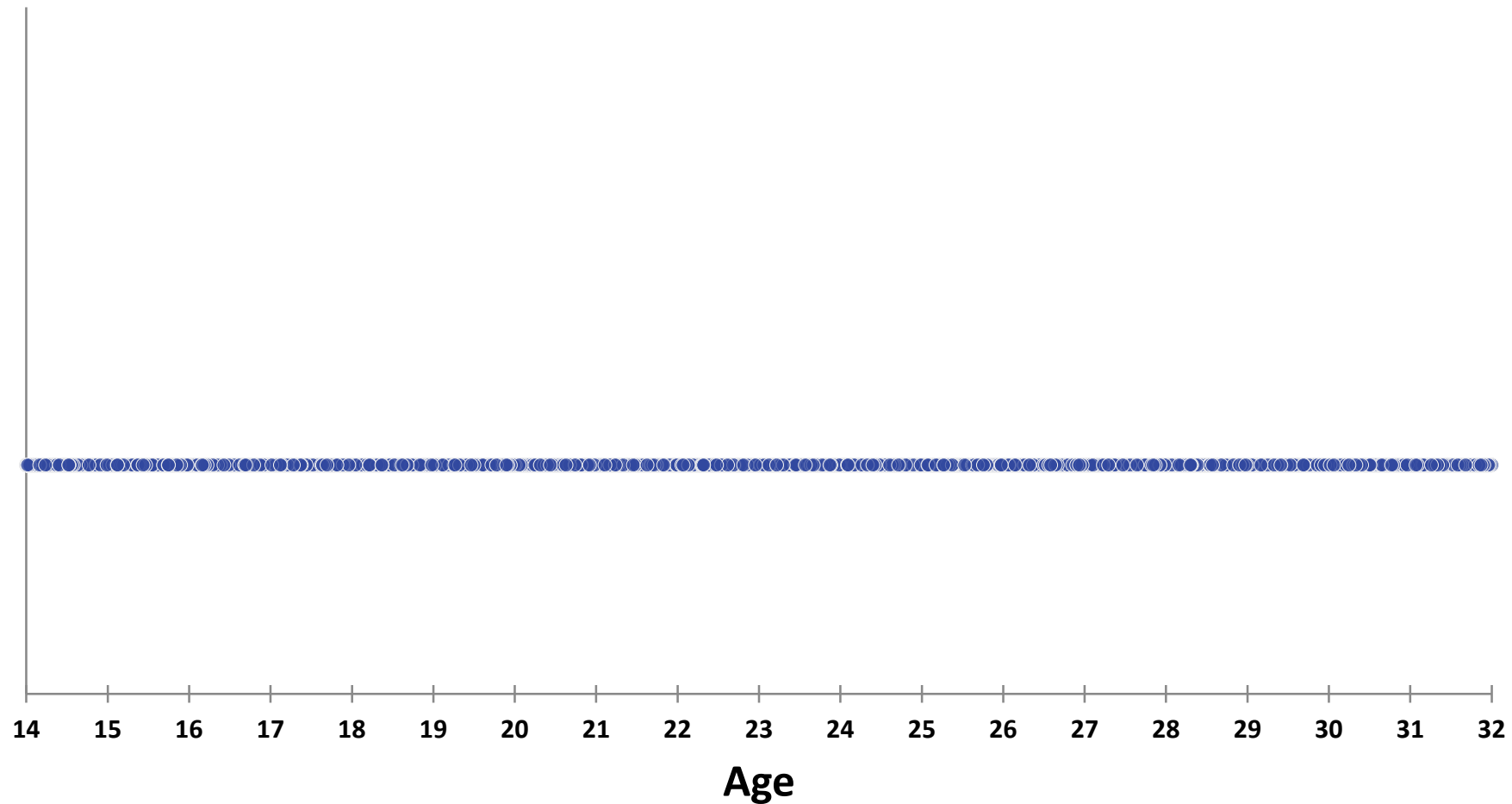
Only one or a few waves, but many ages sampled

Example: The National Longitudinal Study of Adolescent to Adult Health (Add Health)

- Nationally representative sample
- **4 waves** of data collected from 1996-2008
- **N~12,000** (core sample)
- **34,562 person-times (spans ages 12-32)**

# Add Health: Coverage across age

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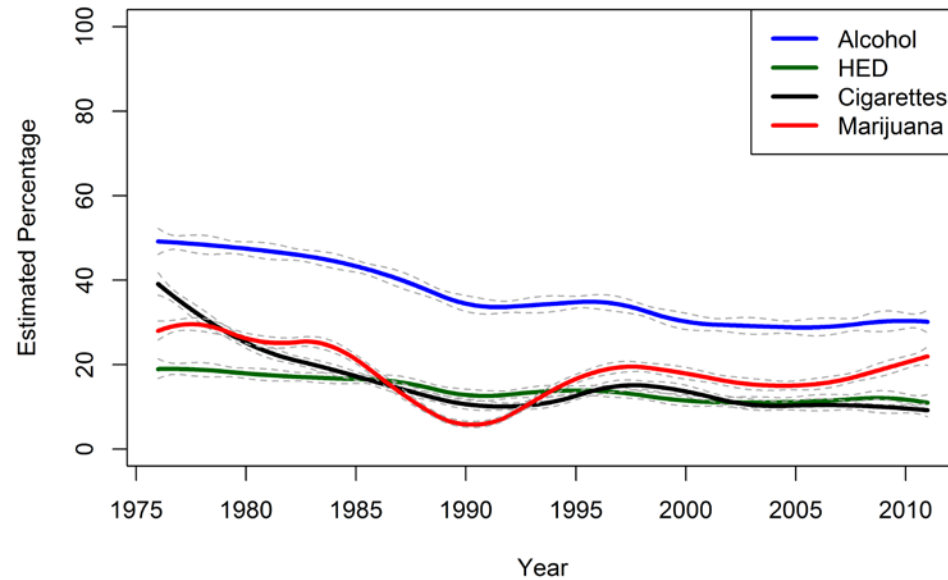


TVEM to examine change over  
historical time

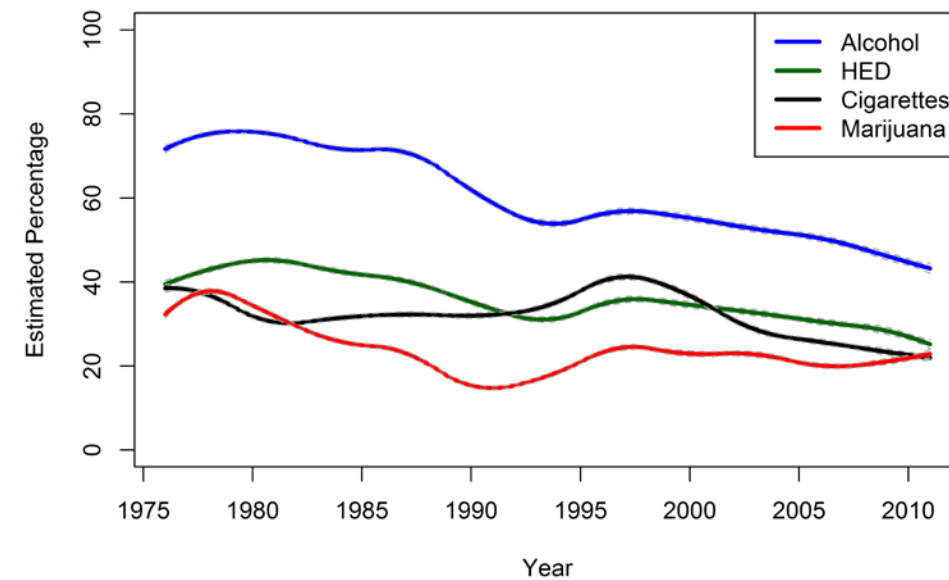
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# Rates of use over time: By race

## Black Youth

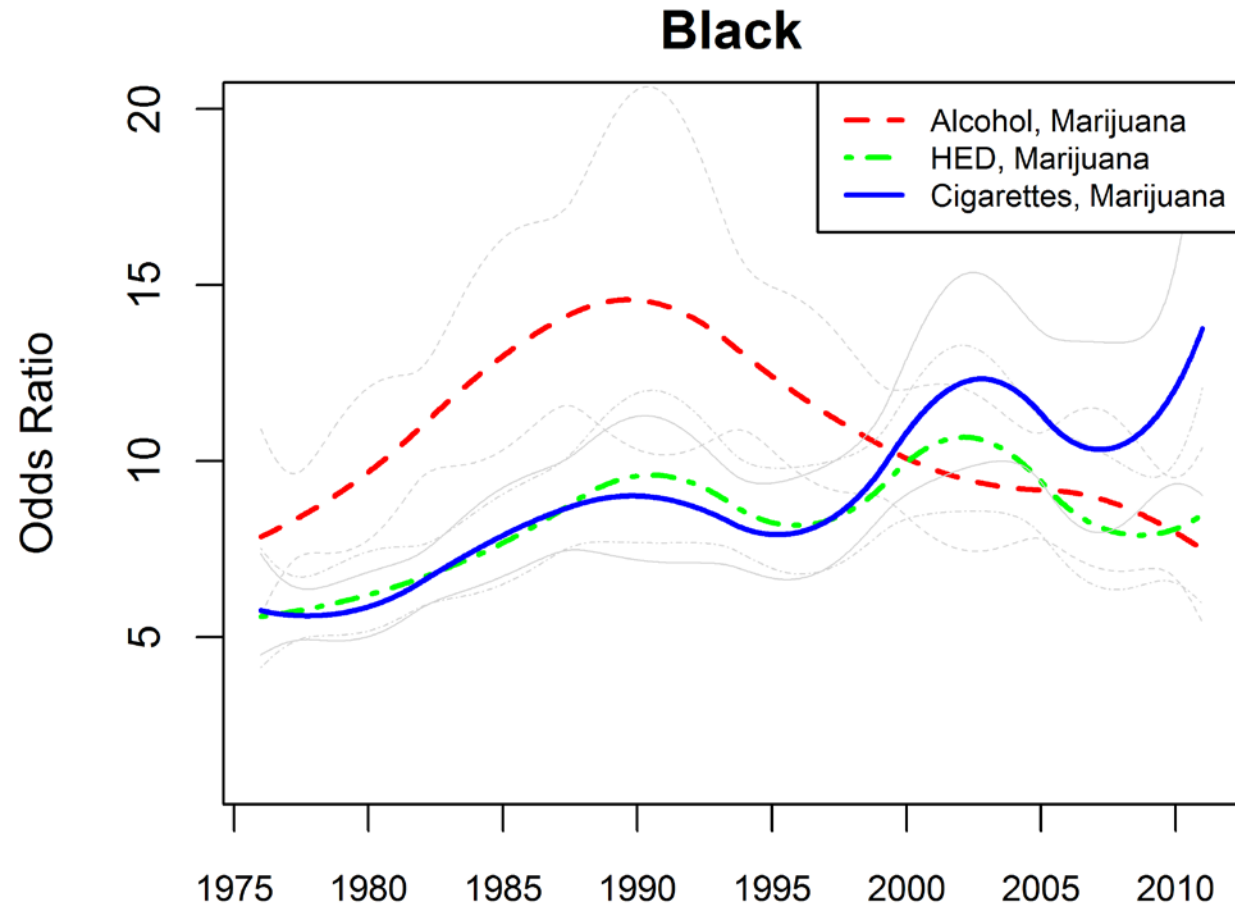


## White Youth



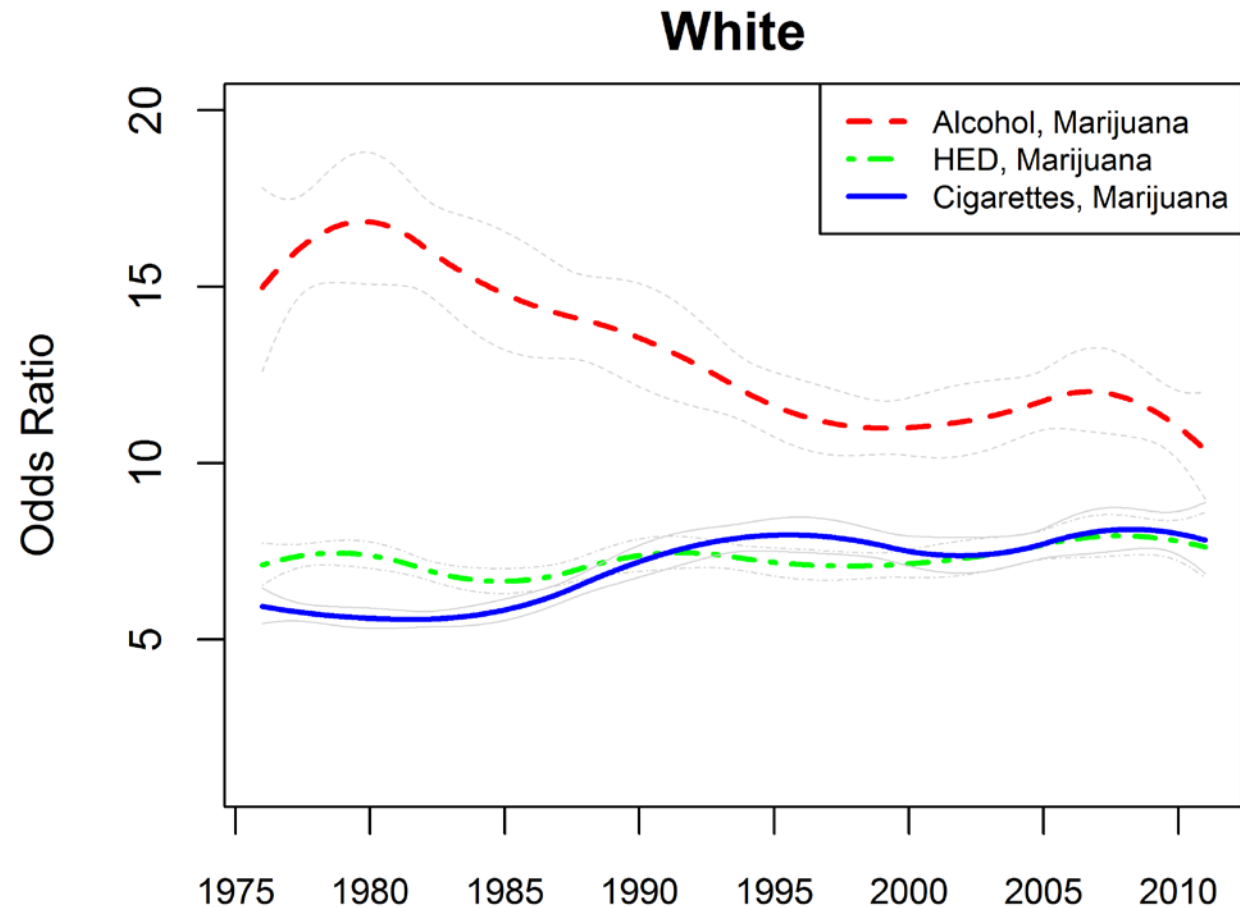
Lanza et al. (2015)  
*Journal of Adolescent Health*

# Rates of co-use over time: Black youth



Lanza et al. (2015)  
*Journal of Adolescent Health*

# Rates of co-use over time: **White youth**

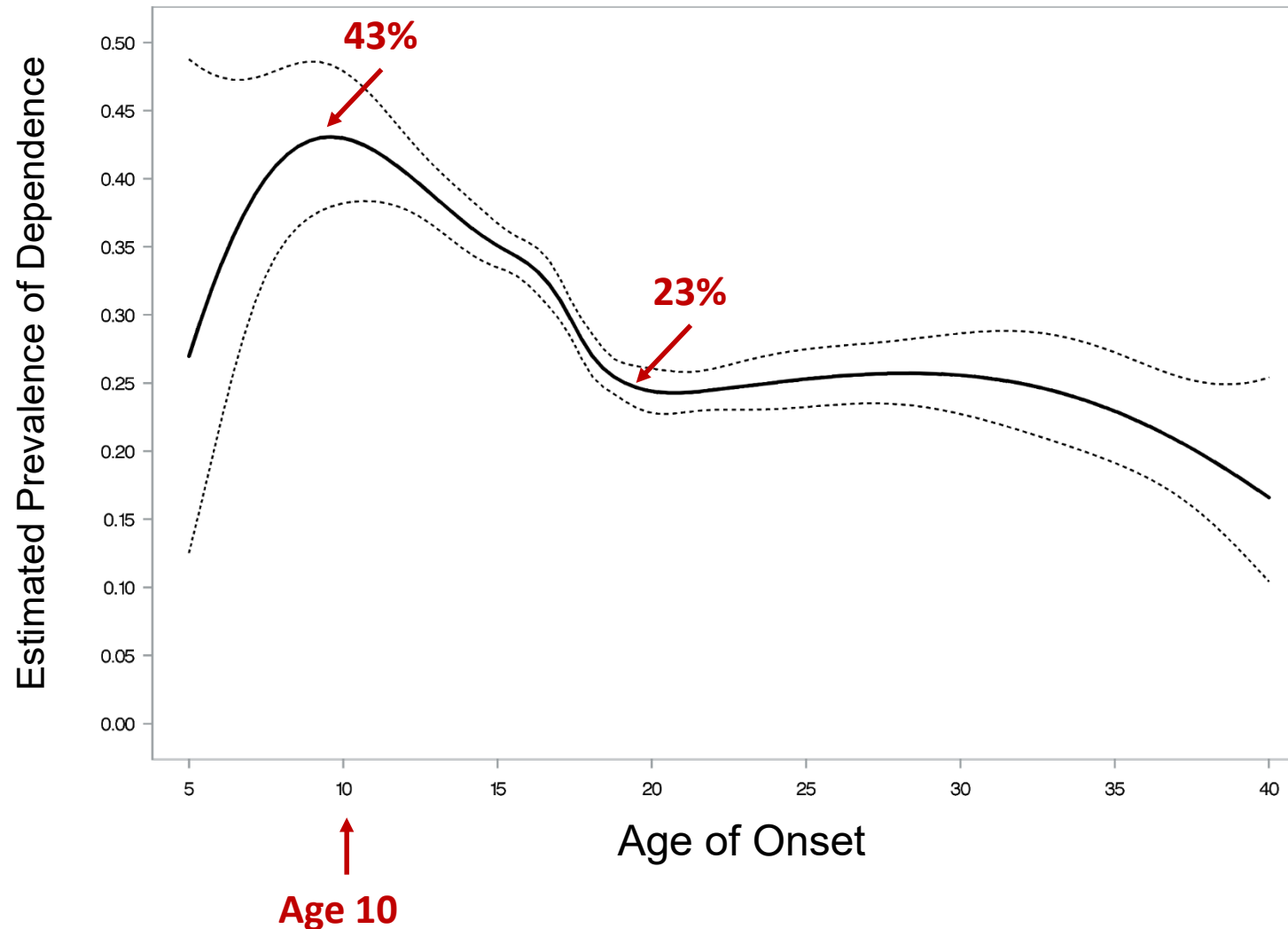


Lanza et al. (2015)  
*Journal of Adolescent Health*

TVEM to understand age-of-onset

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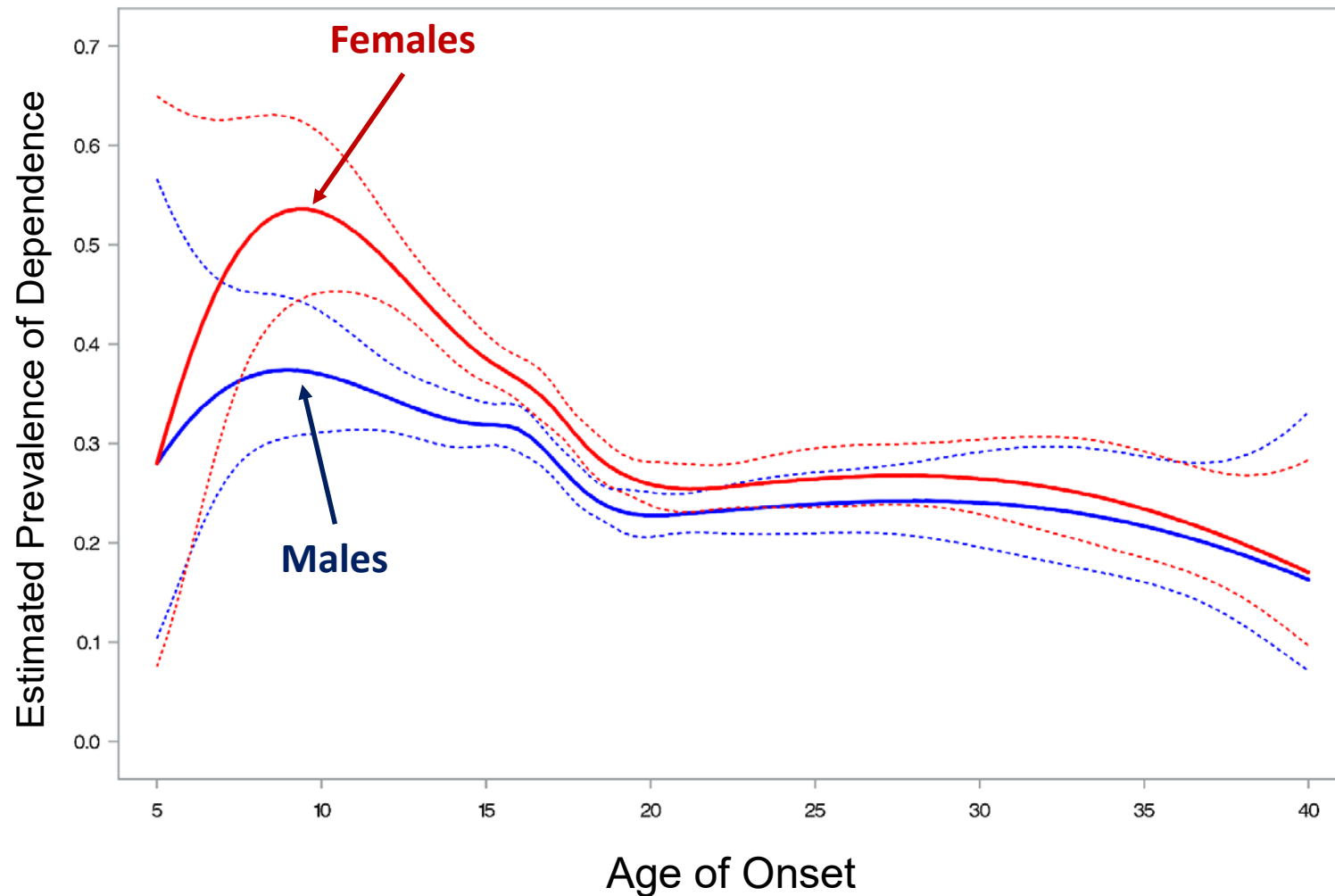
# Rate of dependence as function of age of onset



Lanza & Vasilenko (2015)  
*Journal of Adolescent Health*



# Rate of dependence as function of age of onset: **By sex**



Lanza & Vasilenko (2015)  
*Journal of Adolescent Health*