

# Statistical approaches in mediation analysis: a comparison of methods for survival data



MEDIZINISCHE UNIVERSITÄT  
INNSBRUCK

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Josef Fritz, Hanno Ulmer

Department for Medical Statistics, Informatics and Health Economics,  
Innsbruck Medical University

Contact: [josef.fritz@i-med.ac.at](mailto:josef.fritz@i-med.ac.at), [hanno.ulmer@i-med.ac.at](mailto:hanno.ulmer@i-med.ac.at)

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- Mediation / causal inference
- Mediation analysis for survival data
  - Application of methods from Baron&Kenny, VanderWeele, Lange
- Lessons learned from **two case studies**
  - Body mass index (BMI) -> coronary heart disease (CHD), mediated by blood pressure, cholesterol, and glucose
  - Sex/gender -> CHD, mediated by blood pressure, cholesterol, glucose, and smoking
  - With the use of own data from the Vorarlberg health examination database (VHM&PP)

# Motivation (1)

- Mediation/causal inference has arrived in the medical literature.
- We contributed VHM&PP data to a large meta-analysis:

Lancet. 2014 Mar 15;383(9921):970-83. doi: 10.1016/S0140-6736(13)61836-X. Epub 2013 Nov 22.

**Metabolic mediators of the effects of body-mass index, overweight, and obesity on coronary heart disease and stroke: a pooled analysis of 97 prospective cohorts with 1·8 million participants.**

Global Burden of Metabolic Risk Factors for Chronic Diseases Collaboration (BMI Mediated Effects), Lu Y, Hajifathalian K, Ezzati M, Woodward M, Rimm EB, Danaei G.

- Recently, the same working group published yet another paper:

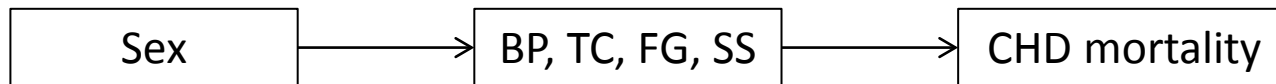
Epidemiology. 2015 Mar;26(2):153-62. doi: 10.1097/EDE.0000000000000234.

**Mediators of the effect of body mass index on coronary heart disease: decomposing direct and indirect effects.**

Lu Y<sup>1</sup>, Hajifathalian K, Rimm EB, Ezzati M, Danaei G.

## Motivation (2)

- We are currently investigating the sex – CHD mortality relationship.
- With mediators blood pressure (BP), total cholesterol (TC), fasting glucose (FG), smoking status (SS).



- Paper in submission:

### **Mediation analysis of the relationship between sex/gender, cardiovascular risk factors and mortality from coronary heart disease**

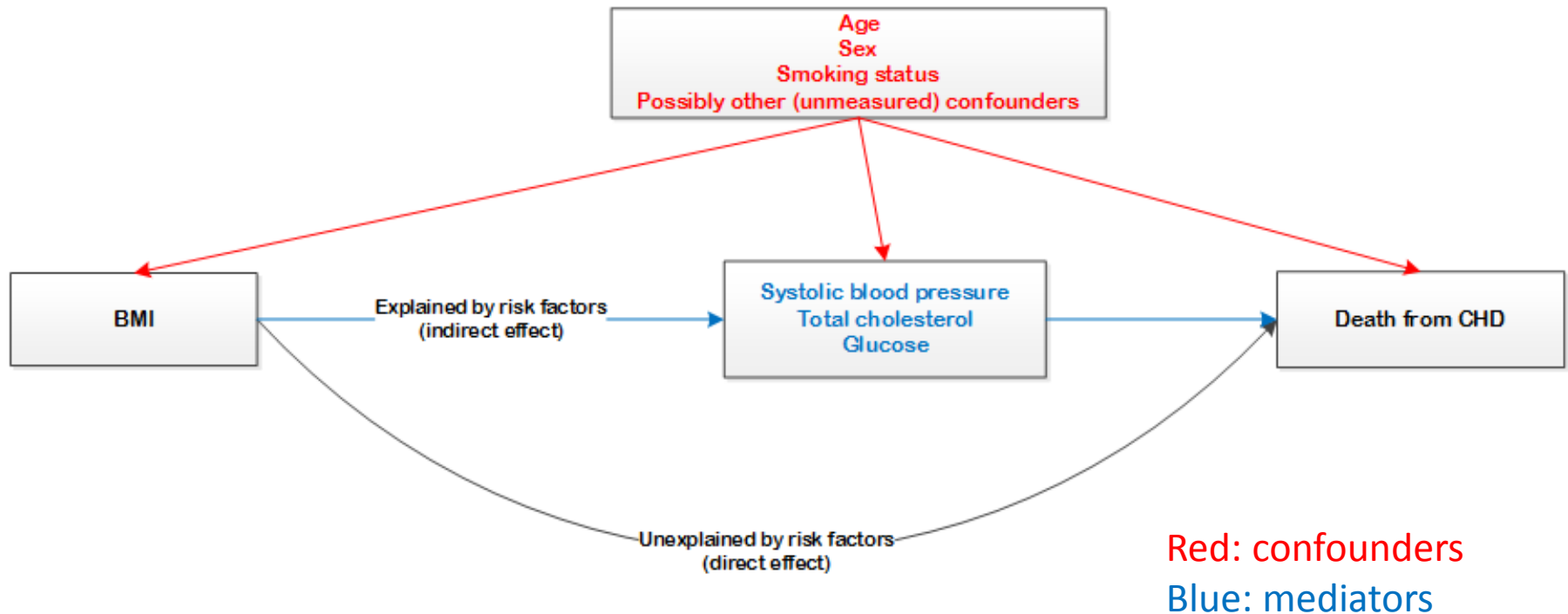
Josef Fritz, Michael Edlinger, Cecily Kelleher, Susanne Strohmaier, Gabriele Nagel, Hans Concin, Elfriede Ruttman, Margarethe Hochleitner, Hanno Ulmer



# Mediation vs. confounding

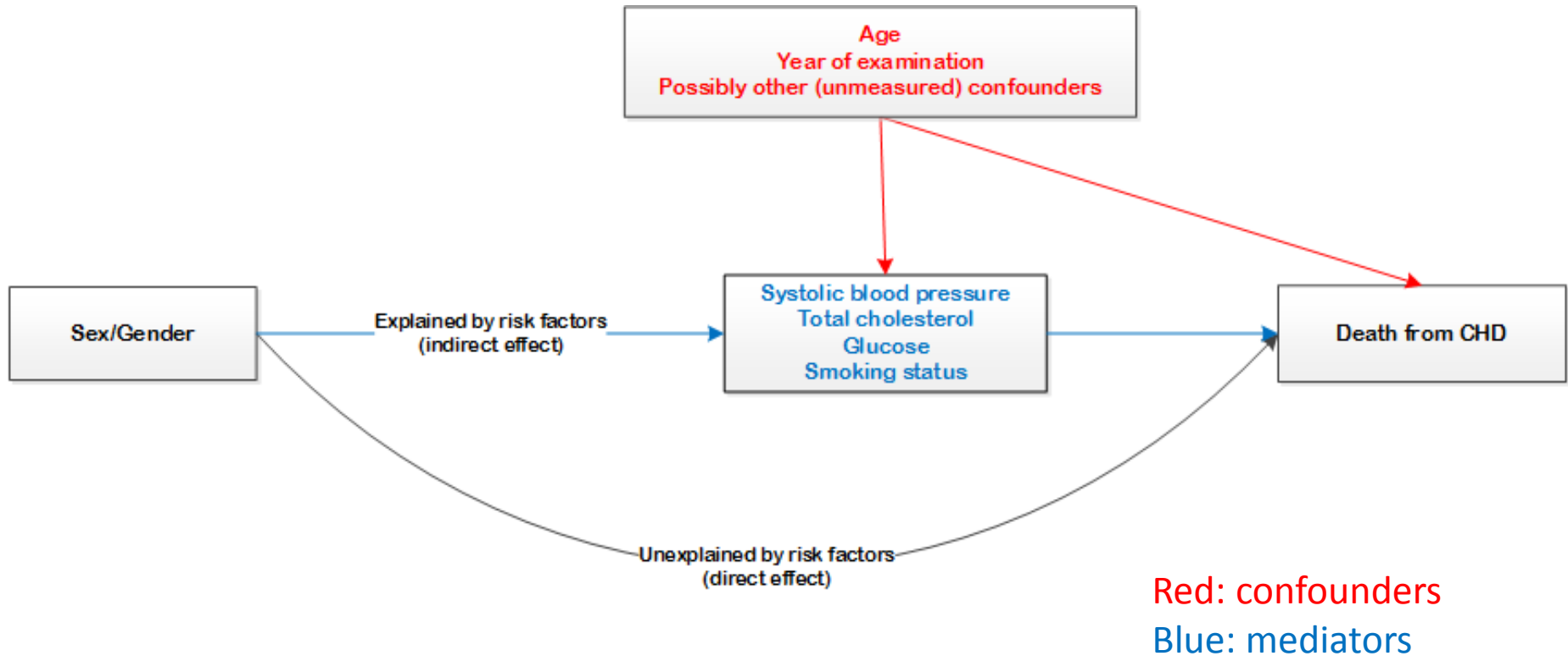
- Regression analysis allows to estimate the effect of an exposure variable on an outcome variable in the presence of one or more **'third factors'**.
- These third factors can operate differently. They can act as **confounders, moderators** or **mediators**.
- A confounder is associated with the exposure and the outcome. The confounder **is not in the causal pathway** leading from the exposure to the outcome.
- Mediation occurs if factors, like confounders, are associated with the exposure of interest and the outcome, but **are in the causal pathway** leading from the exposure to the outcome.

# Case study 1 – BMI and CHD



- CHD defined as ICD-10 codes I20-I25.
- Aim: estimation of direct and indirect path.

# Case study 2 – Sex/Gender and CHD



# Mediation analysis

## Total, direct and indirect effects

- For the BMI – CHD example for Cox regression ( $\lambda$  - hazard)
- **Total effect (TE):**  $\lambda_{T_{Overweight}} / \lambda_{T_{Normalweight}}$
- **Controlled direct effect (CDE):**  $\lambda_{T_{Overweight,M}} / \lambda_{T_{Normalweight,M}}$   
(M - some fixed mediator level)
- **Natural direct effect (NDE):**  $\lambda_{T_{Overweight,M_{Normalweight}}} / \lambda_{T_{Normalweight,M_{Normalweight}}}$
- **Natural indirect effect (NIE):**  $\lambda_{T_{Overweight,M_{Overweight}}} / \lambda_{T_{Overweight,M_{Normalweight}}}$
- It can be shown: TE = NDE x NIE
- For CDE no such decomposition exists!



# Mediation analysis

## „Classical“ methods

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- Aim of mediation analysis: decomposition of total effect into (natural) direct and indirect effect
- Classical methods: Baron&Kenny 1986
  - 2-stage regression models
  - Product method: first model for mediators, second model for outcome including exposure and mediators
  - Difference method: two models for exposure, one with and one without mediators
  - Advantage: easy to implement
  - Drawback: only mathematically consistent in “easy” settings

# Mediation analysis

## „New“ methods

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- 2-stage regression models
  - Refinement of product method with interactions
  - T. VanderWeele: *Explanation in Causal Inference: Methods for Mediation and Interaction*. Oxford University Press 2015.
- Weighting based approaches
  - T. Lange (2014): *Assessing natural direct and indirect effects through multiple pathways*. *Am J Epidemiol*. 2014.
- Inverse probability based approaches
- Applicable for more general settings, but not so easy to implement any more.



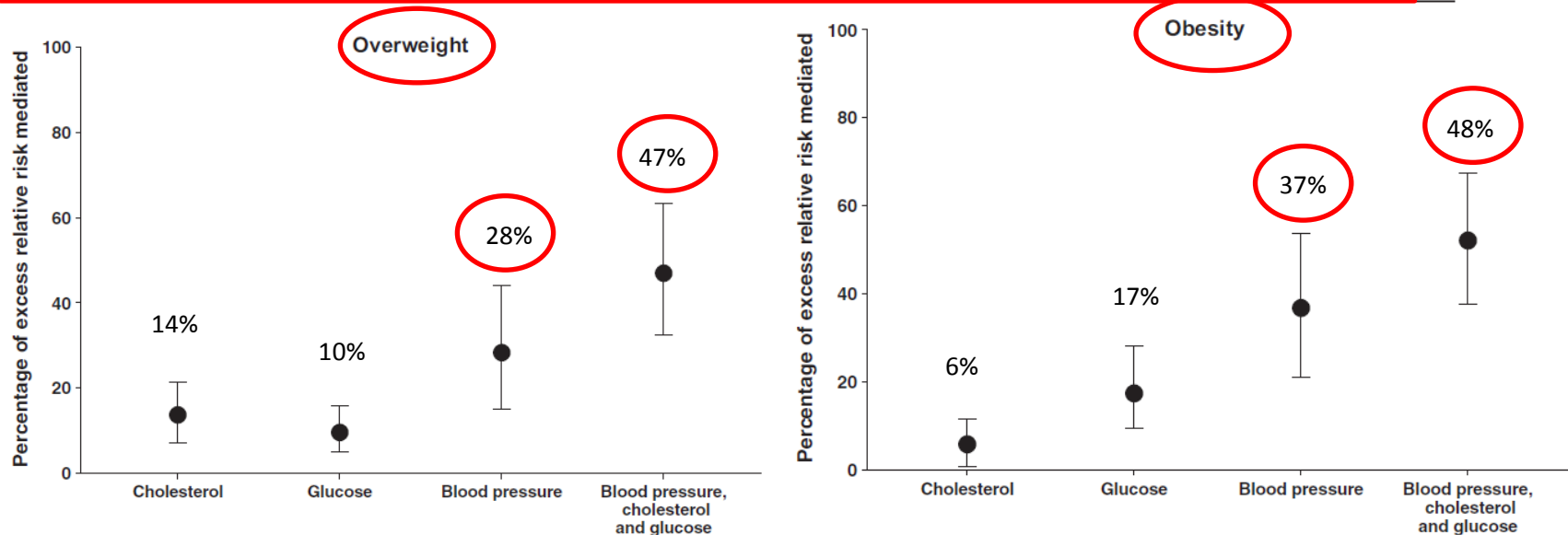
# Case study 1 – BMI and CHD

- Comparison of methods:
  - Classical product method (Baron&Kenny, 1986)
  - Classical difference method (Baron&Kenny, 1986)
  - Regression based approach developed by T. VanderWeele (refinement of product method) (2011; 2012)
  - Weighting based approach developed by T. Lange (2014)
- Classification of BMI: normal vs. overweight vs. obesity.
- Observation: BMI\*Age is highly significant in a survival model on CHD.
- Therefore, stratification by age group is highly indicated!

# Lu et al. (2015): Results

**TABLE 1.** Total, Direct, and Indirect Effects of Overweight and Obesity on CHD (Compared with Normal Weight) for Metabolic Mediators, 9 NHLBI Cohorts

Mediators	Total effect HR (95% CI)	Natural direct effect HR (95% CI)	Natural indirect effect HR (95% CI)
<b>Overweight</b>			
Blood pressure (per 10 mmHg)		1.16 (1.09–1.24)	1.06 (1.03–1.08)
Cholesterol (per 1 mmol/L)	1.22 (1.14–1.30)	1.18 (1.13–1.24)	1.03 (1.01–1.04)
Glucose (per 1 mmol/L)		1.20 (1.12–1.27)	1.02 (1.01–1.03)
Blood pressure, cholesterol, glucose		1.12 (1.07–1.18)	1.09 (1.06–1.13)
<b>Obesity</b>			
Blood pressure (per 10 mmHg)		1.28 (1.15–1.43)	1.13 (1.07–1.19)
Cholesterol (per 1 mmol/L)	1.42 (1.25–1.60)	1.39 (1.24–1.55)	1.02 (1.00–1.03)
Glucose (per 1 mmol/L)		1.34 (1.19–1.51)	1.05 (1.03–1.08)
Blood pressure, cholesterol, glucose		1.22 (1.12–1.33)	1.20 (1.12–1.27)



# Case study 1

## Results overweight vs. normal weight



Effects	<50 years (454 events in 113556 individuals)		50-64 years (1571 events in 35629 individuals)		65-74 years (1687 events in 10966 individuals)		≥75 years (1045 events in 4545 individuals)	
	HR	%	HR	%	HR	%	HR	%
<b>Difference method</b>								
Total effect	1.50	100%	1.29	100%	1.26	100%	1.00	-
Natural direct effect	1.20	45%	1.18	65%	1.06	25%	0.94	-
Natural indirect effect	1.25	55%	1.09	35%	1.19	75%	1.06	-
<b>Product method</b>								
Total effect	1.48	100%	1.37	100%	1.14	100%	0.97	-
Natural direct effect	1.20	46%	1.18	52%	1.06	40%	0.94	-
Natural indirect effect	1.24	54%	1.16	48%	1.08	60%	1.04	-
<b>Lange method</b>								
Total effect	1.69	100%	1.32	100%	1.09	100%	0.95	-
Natural direct effect	1.22	38%	1.11	39%	1.01	8%	0.92	-
Natural indirect effect	1.39	62%	1.18	61%	1.08	92%	1.04	-
<b>VanderWeele method</b>								
Total effect	1.51	100%	1.35	100%	1.12	100%	0.98	-
Natural direct effect	1.24	52%	1.15	48%	1.04	36%	0.94	-
Natural indirect effect	1.22	48%	1.17	52%	1.08	64%	1.05	-

# Case study 1

## Results obesity vs. normal weight



Effects	<50 years		50-64 years		65-74 years		≥75 years	
	HR	%	HR	%	HR	%	HR	%
<b>Difference method</b>								
Total effect	3.28	100%	1.82	100%	1.51	100%	1.18	100%
Natural direct effect	1.83	51%	1.19	29%	1.23	50%	1.14	79%
Natural indirect effect	1.79	49%	1.53	71%	1.23	50%	1.04	21%
<b>Product method</b>								
Total effect	2.88	100%	1.62	100%	1.46	100%	1.21	100%
Natural direct effect	1.83	57%	1.19	36%	1.23	55%	1.14	66%
Natural indirect effect	1.58	43%	1.36	64%	1.18	45%	1.07	34%
<b>Lange method</b>								
Total effect	4.08	100%	1.64	100%	1.46	100%	1.25	100%
Natural direct effect	1.75	40%	1.07	14%	1.21	50%	1.16	68%
Natural indirect effect	2.33	60%	1.53	86%	1.21	50%	1.07	32%
<b>VanderWeele method</b>								
Total effect	2.75	100%	1.6	100%	1.43	100%	1.24	100%
Natural direct effect	1.66	50%	1.20	39%	1.29	70%	1.24	101%
Natural indirect effect	1.65	50%	1.34	61%	1.12	30%	1.00	-1%



# Remarks concerning methodology (1)

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- Methods deliver considerably different results. Interestingly, the new methods of VanderWeele and Lange often differ quite widely, while the classical methods deliver results in between.
- This may be due to:
  - Strict assumptions (unmeasured confounding) which may be violated.
  - Classical methods do only deliver approximate results.
  - The method by VanderWeele only delivers exact results for “rare” outcomes.
  - Lange’s method requires non-intertwined pathways.



## Case study 2 – Sex/Gender and CHD (1)

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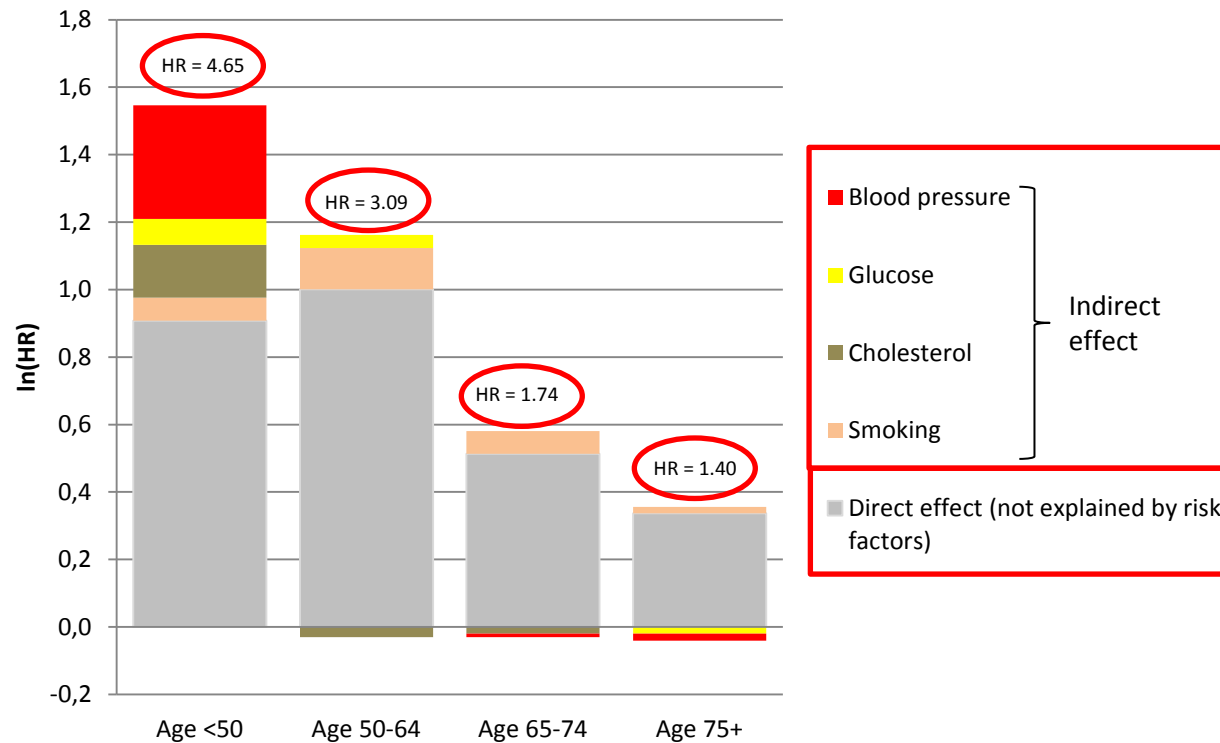
- In general, men have a higher CHD mortality risk than women, especially at younger ages.
- Can the difference in CHD mortality risk between sexes be explained by different risk factor profiles and if yes, how much can be explained?
- New mediation **approach according to Lange et al.** (Am J Epidemiol, 2014).
- **Allows breakdown of indirect effect into single components** for non-intertwined pathways.
- Since moderating effect of age, stratification for age groups <50, 50-64, 65-74, and  $\geq 75$  years.



# Case study 2 – Sex/Gender and CHD (2)



## Effect decomposition, Lange et al.





## Remarks concerning methodology (2)

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- Baron&Kenny: Easy, old, but reliable, product method preferable in survival setting
- VanderWeele: correction for exposure-mediator interaction possible, only for “rare” outcomes.
- Lange: computationally intensive, stringent assumptions (non-intertwined pathways), decomposition in single components possible
- There is no universally “best” method for all settings. Sensitivity analysis with different methods are recommended.