



STUDY DESIGNS: A CONUNDRUM!

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Structure

- Importance
 - *Why this topic?*
- Taxonomy
 - *Broad categorization*
- Examples
 - *Illustrating with 'real-life' examples!*
- Strengths & limitations
 - *What can (& cannot) they do?*
- Choosing a study design
 - *Broad guidelines*

Importance

Study design

- Basic ANATOMY of any study!



**Anatomy determines the
physiology!**

Importance

Study design

- 'influences' what research question (RQ) can be answered!

**Anatomy determines the
physiology!**

Example...

RQ

- Does **exclusive breastfeeding** in first 6 months of life improve **IQ** in healthy infants?



Can I do RCT?

Importance

2. Level of evidence



All are equal but some are more than equal!

Importance

3. Rejection of manuscript

- Confusion in study design – common reason for rejection
- **Notorious:**
 - RCT vs. non-/quasi-randomized trial
 - Case-control vs. cohort

Do NOT expect to be accepted!



Taxonomy & classification



Taxonomy

Explanation of terms

1. Exposure/intervention

- “Condition that you expect to make subjects do better or worse”
- Example:
 - Does kangaroo mother care (KMC) reduce pain after IM vitamin K injection in preterm neonates?

“Factor that differentiates the 2 groups”

Taxonomy...

Explanation of terms

2. Outcome

- “the EFFECT of treatment/condition that you expect to make difference”
- Example:
 - Does KMC reduce pain after IM vitamin K injection in preterm neonates?

Can ‘death’ be an ‘Exposure’?

Taxonomy...

Explanation of terms

3. Random allocation

- “each participant has EQUAL chance of going into EITHER of the treatment groups”
- Method:
 - Tossing a coin

Is allocation by day of birth ‘random’?

Classification

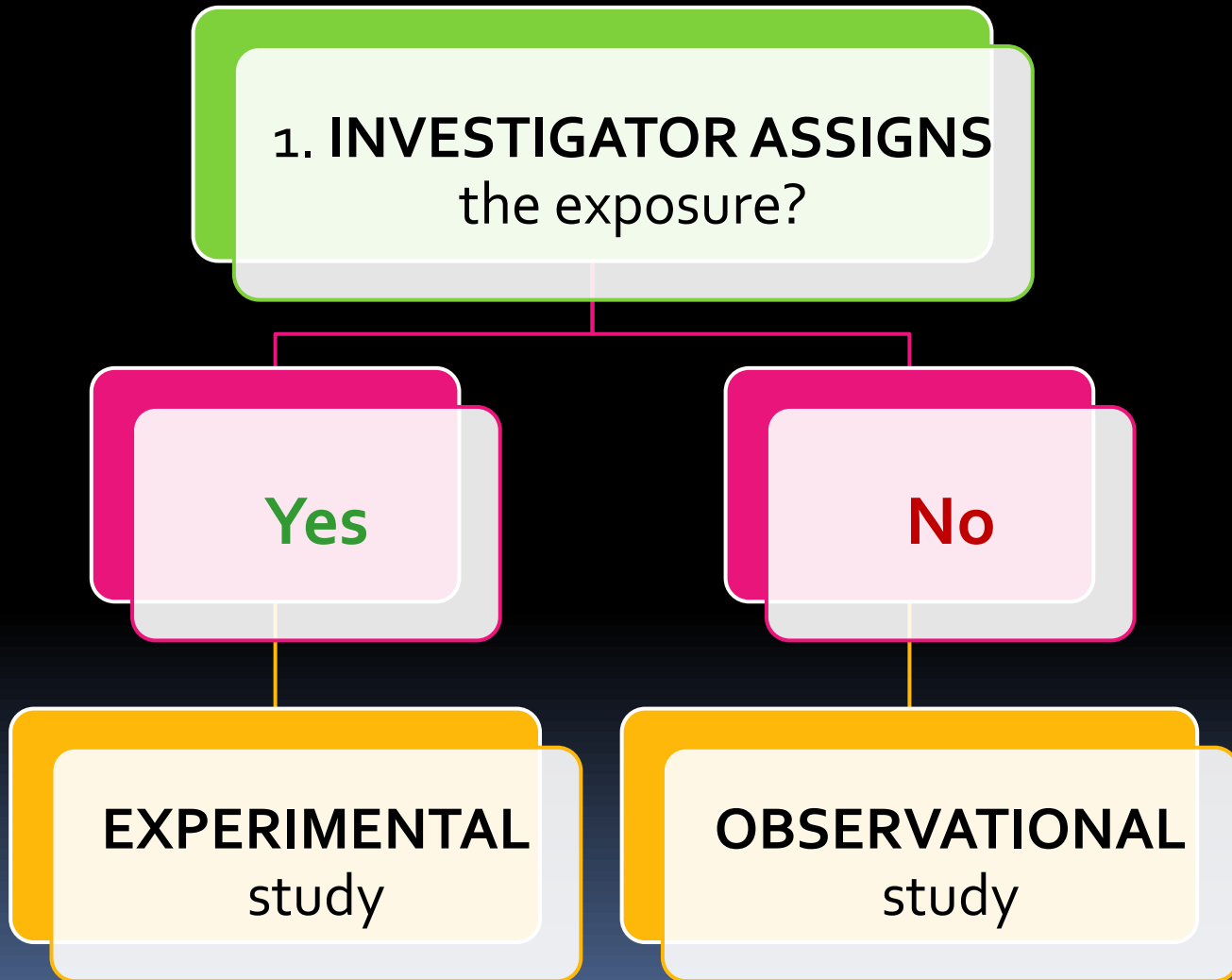
Broad categorization*

1. Experimental study
2. Observational study
 - Descriptive
 - Analytical

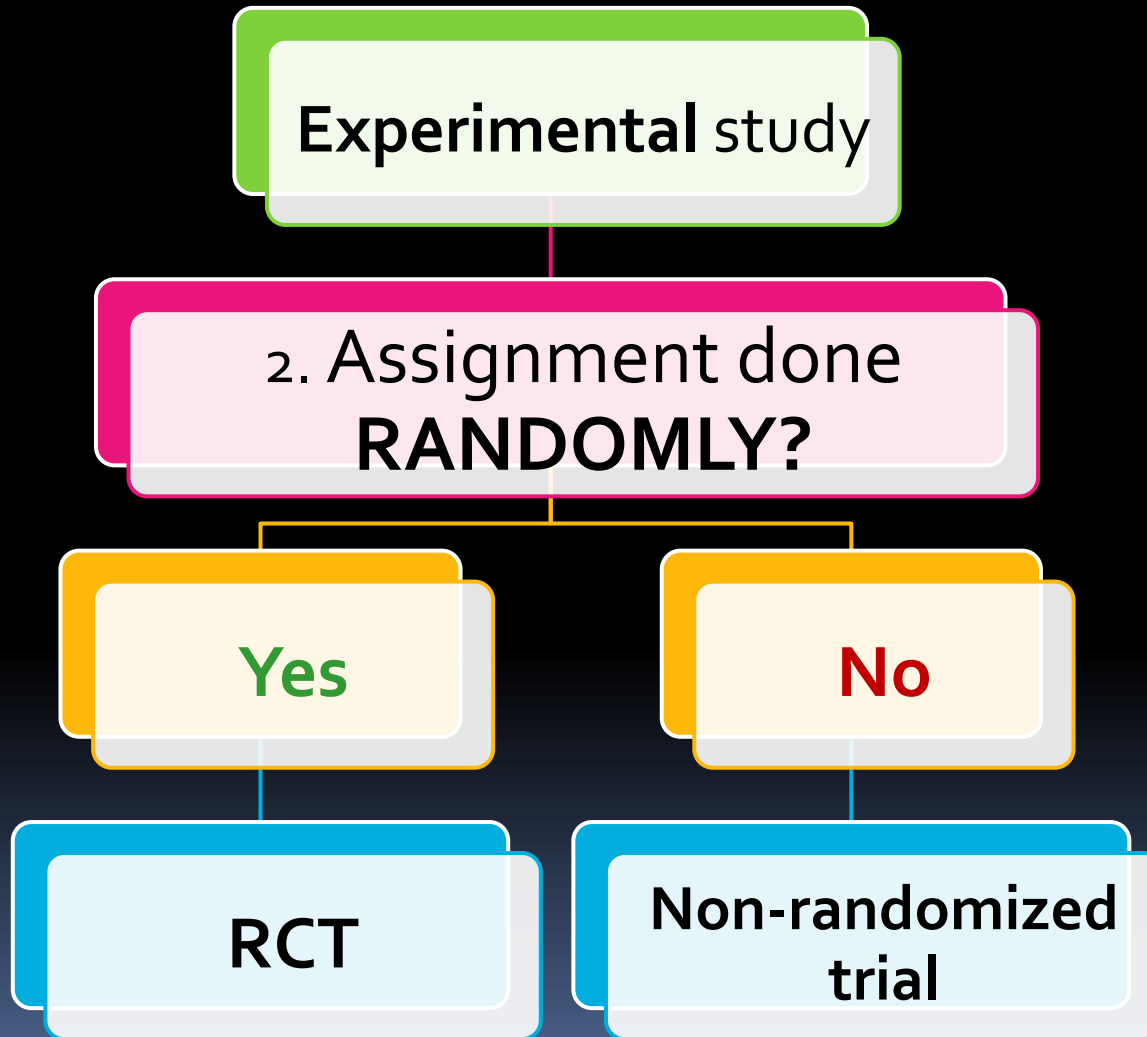
Based on 4 questions!!!

**Grimes, Schulz; Lancet 2002*

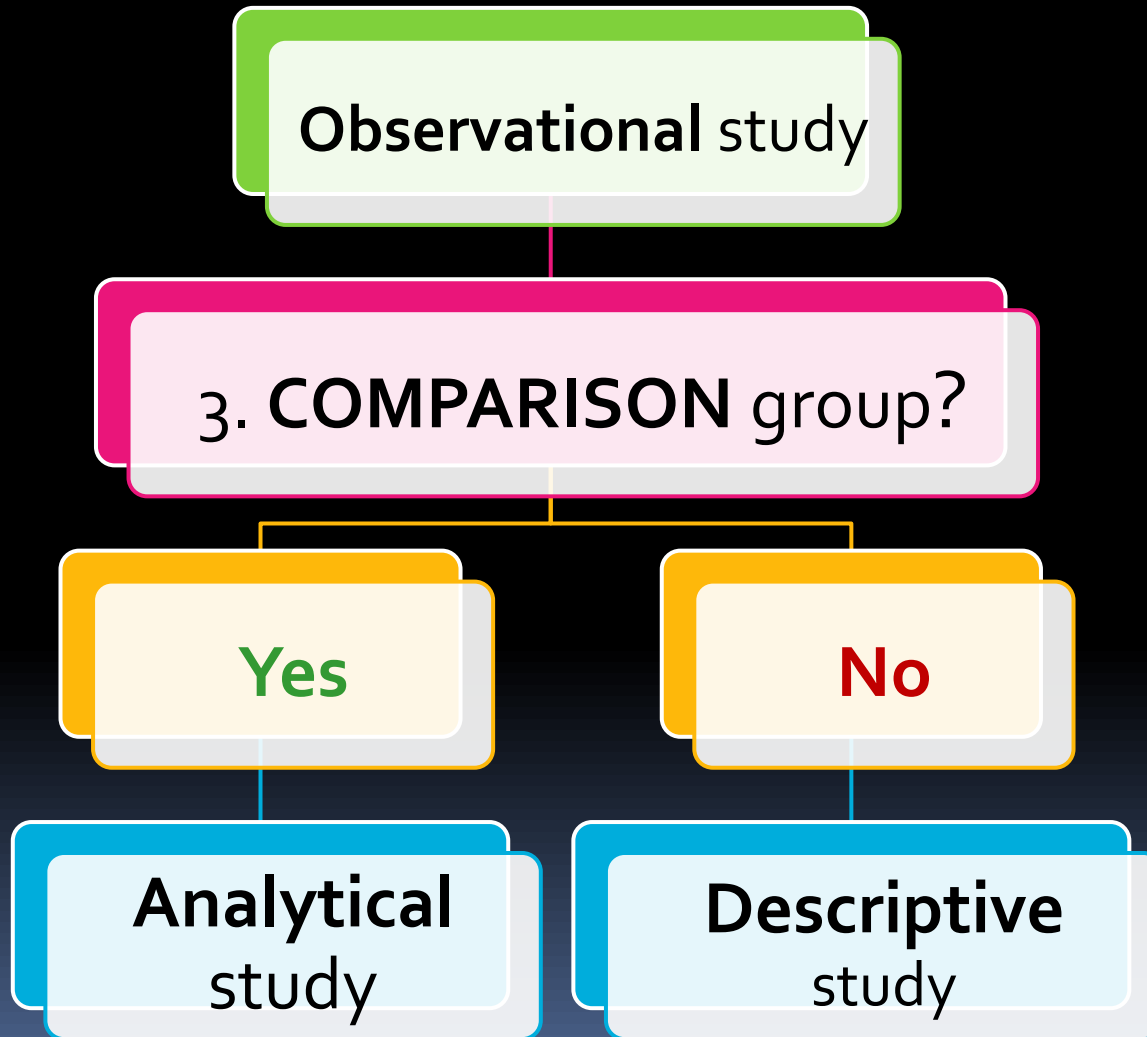
Classification



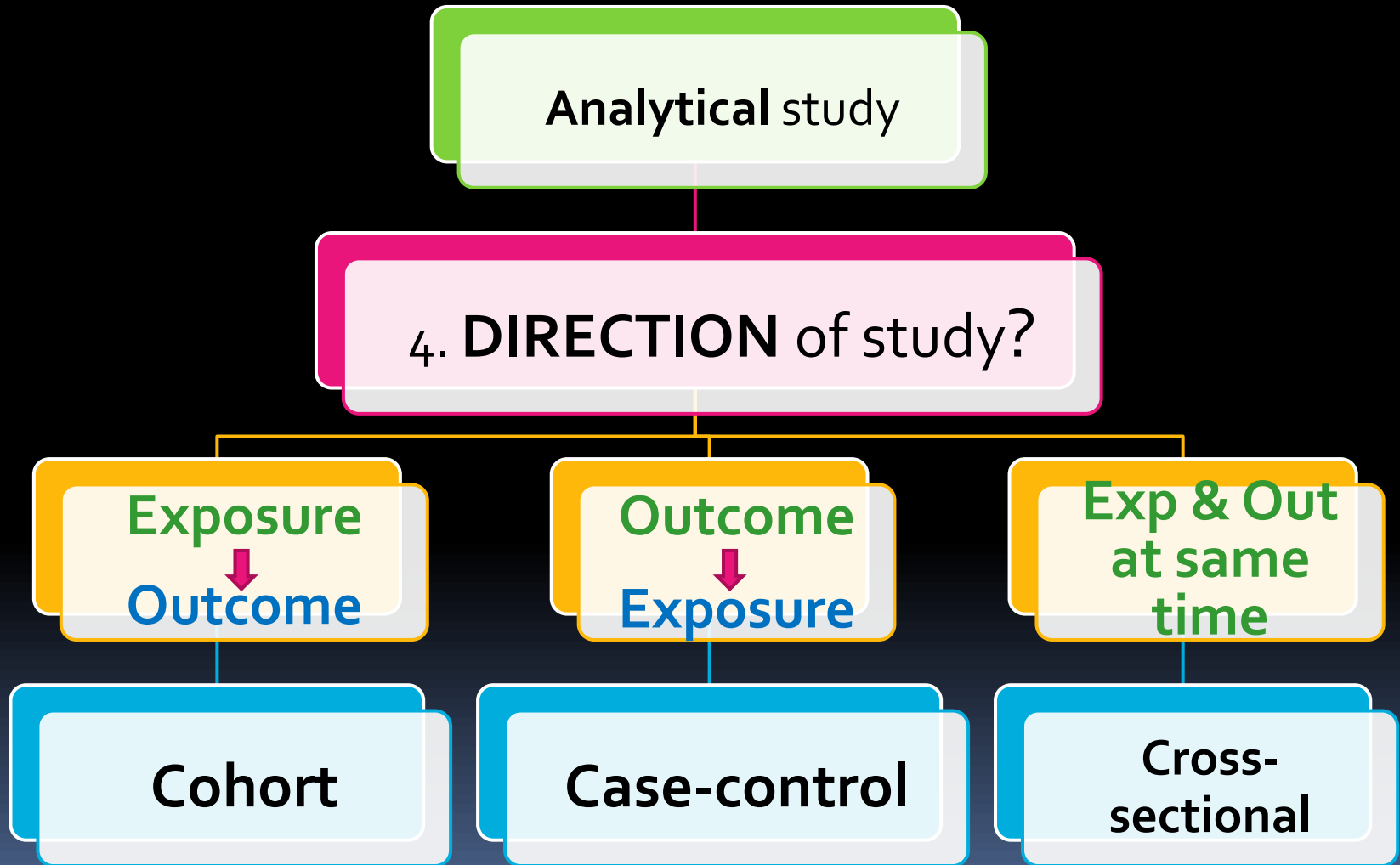
Classification..



Classification..



Classification..






Examples





Classification...

Descriptive study

1. Case report
 2. Case series
 3. Descriptive cohort
 4. Survey
- 

Classification..

Case studies

- Case report /case-series
- Describes in-depth characteristics of a unit
 - Unit: patient, health centre or community
- Helps generate hypothesis
- E.g. Neonatal ARF due to maternal enalapril ingestion

Classification...


Others

1. Evaluation of diagnostic test
 - For a 'new' test/investigation
2. Before-and-after study
3. Retrospective cohort



Classification..

Evaluation of diagnostic test

- Lab test or clinical criteria
 - Apply the test AND gold standard in ALL participants
 - Compare performance of the test against gold standard
 - E.g. performance of sepsis screen against blood culture
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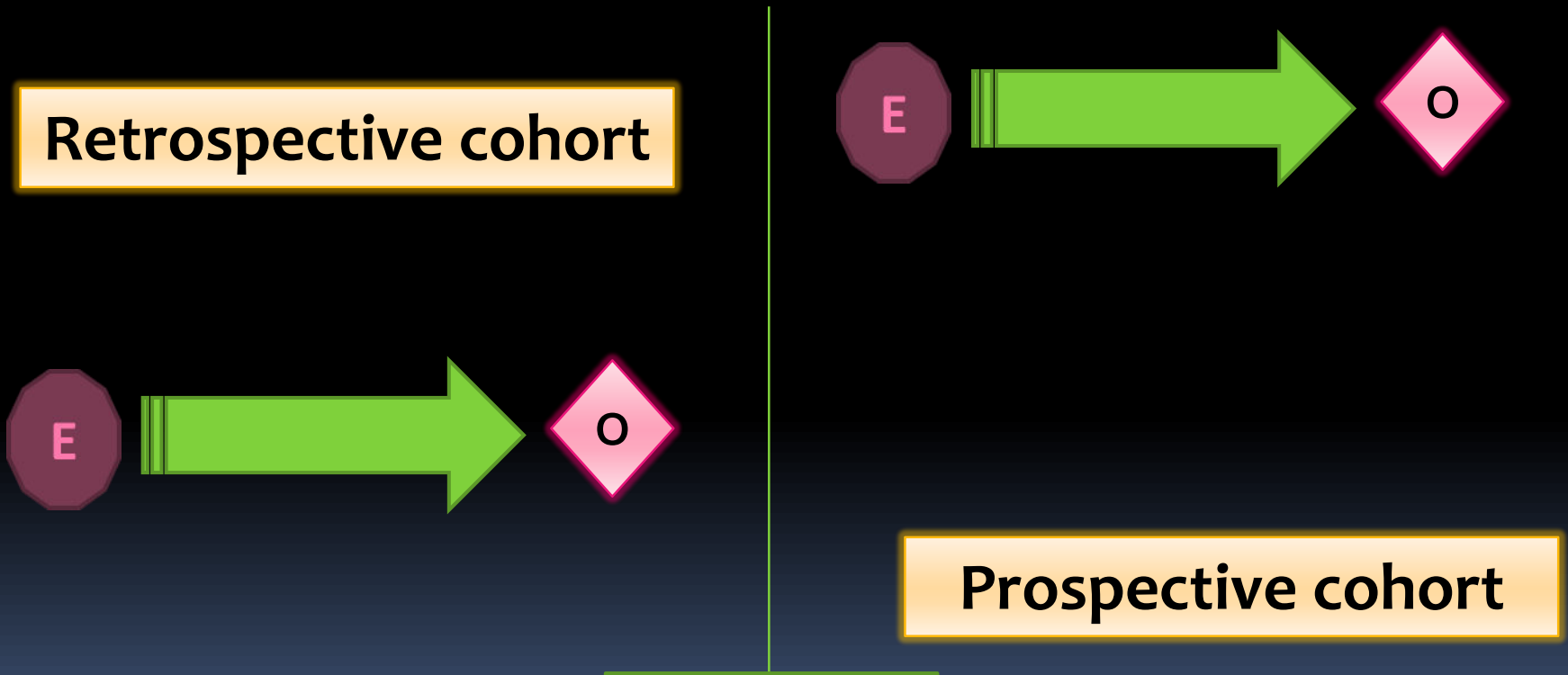
Classification..

Before-and-after study



Classification...

Retrospective cohort



BUT direction – exposure to outcome!!

Example 2

Exposure!



Outcome!!



Does surfactant therapy reduce neonatal mortality in preterm infants?

Scenario 1

- You describe 10 PT babies who were given surfactant
 - Clinical course
 - Complications and
 - Mortality

Case-series!

NB: Association CANNOT be determined

Scenario 2

- You observe **next 100 PT** babies admitted to NICU
- Record how many receive surfactant and how many do not
- **Follow-up** till discharge/death

Cohort study!

Scenario 3

- You retrieve **records of 2015**
- Select records 100 PT babies
- Note how many **received surfactant** and how many **did not**
- Note the outcome for all

Retrospective cohort!

Scenario 4

- You retrieve records of 2015
- Select records of 50 PT babies who died and another 50 PT babies who survived
- Retrieve information on surfactant treatment

Case-control!

Scenario 5

- Your unit **does not have surfactant** facility
- Record outcomes of **50 PT** babies for **3 months**
- **Introduce surfactant** after 3 mo
- Record the outcomes of **50 PT** for **next 3 mo**

Before-and-after study!



Strengths & limitations

In brief!

Design	Strengths	Limitations
Case studies	Cheap & easy; Description	No analysis; Biased reporting
Cross sectional	Prevalence; Hypothesis generation	No temporal relationship
Case control	Less costly & quick; For rare diseases; Multiple risk factors	Recall bias; selection bias
Cohort	Cause and effect relationship; For rare risk factors; Multiple outcomes	Time consuming; Costly
Experimental	Causality	Expensive; ethics; difficult

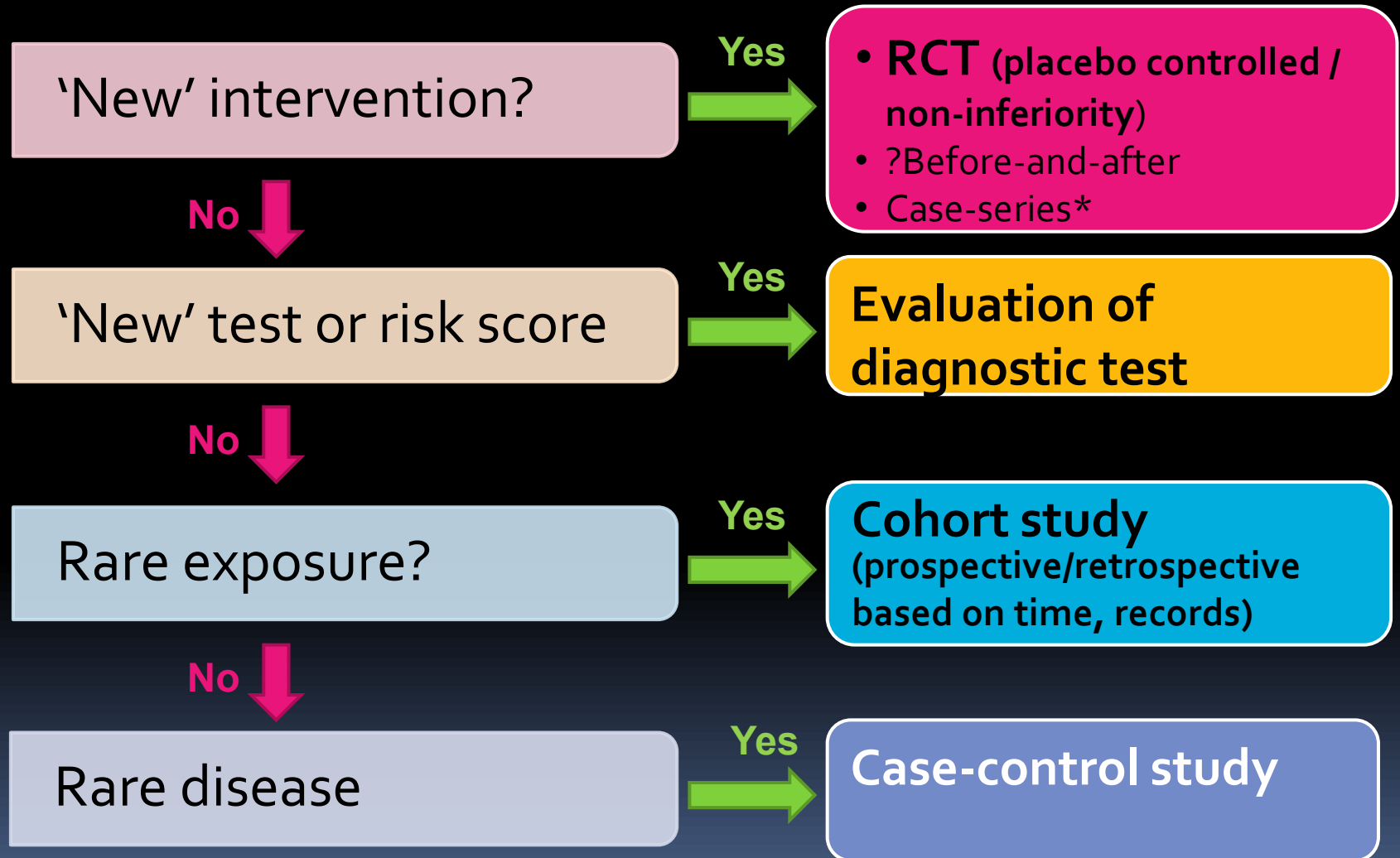
Courtesy: Agarwal R



Guidelines



Guidelines



**Untested drug; as a first step*

Guidelines

