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A bounded integer model for rating and composite scale data

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Gustaf Wellhagen, Maria Kjellsson and Mats Karlsson

Department of Pharmaceutical Biosciences

Uppsala University, Sweden



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Aim

To develop a new method to handle rating and composite scale data in a parsimonious way, while respecting the nature of the data.



Rating and composite scales

- Good for assessing disease severity and therapeutic efficacy
- Rating scale: one question/item
 - Focus on scales with >10 categories
- Composite scale: several questions/items
- Commonly used in e.g. CNS disorders and autoimmune diseases



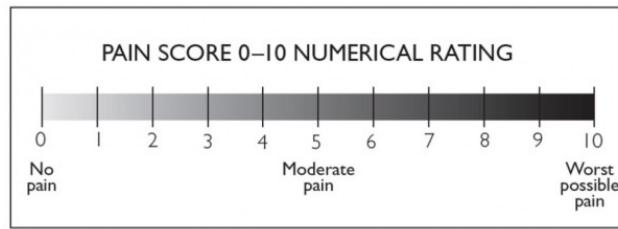
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Rating scales



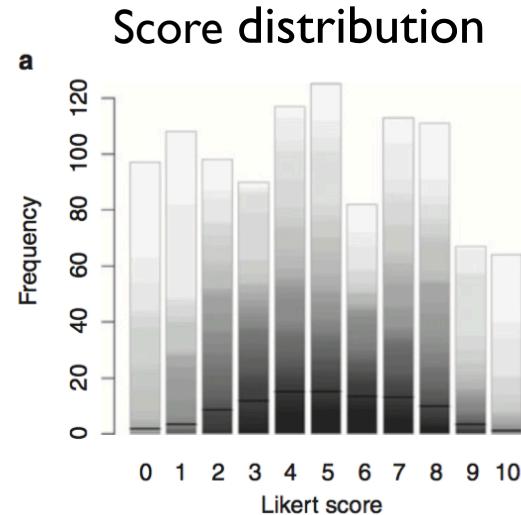
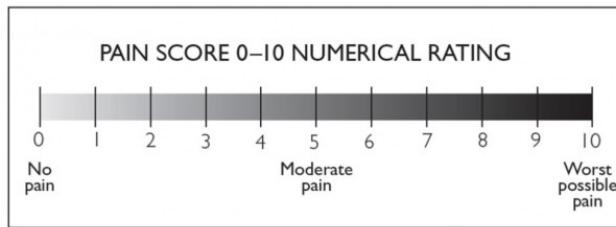
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Likert rating scale: neuropathic pain





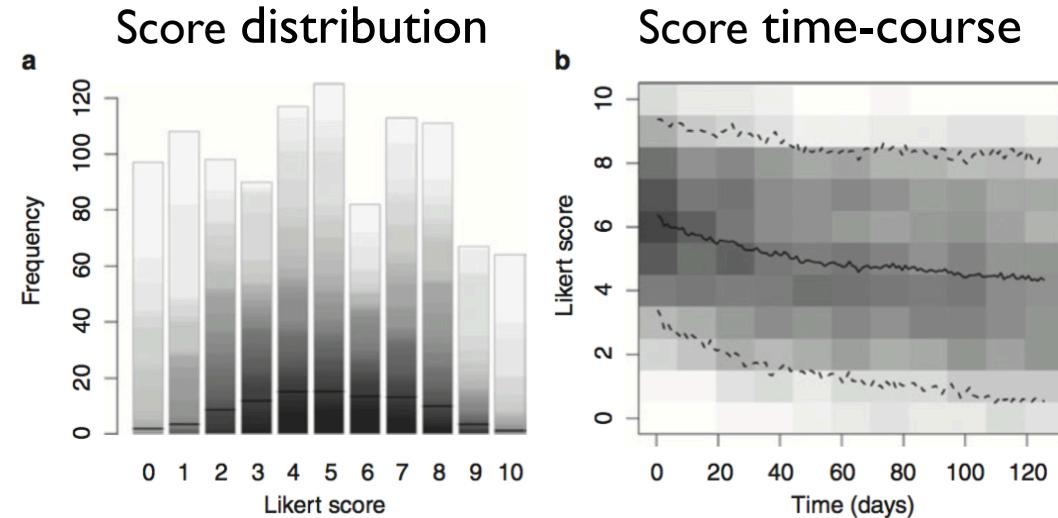
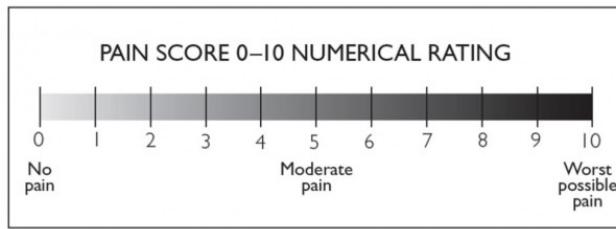
Likert rating scale: neuropathic pain



231 patients, 97 obs/patient

- a. Ordered categorical (OC) model (Schindler & Karlsson AAPS J 2017)

Likert rating scale: neuropathic pain



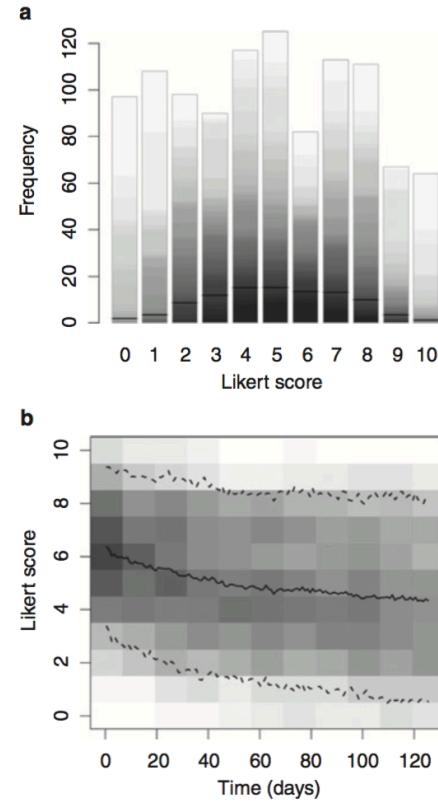
231 patients, 97 obs/patient

- a. Ordered categorical (OC) model (Schindler & Karlsson AAPS J 2017)
- b. Continuous variable (CV) model (Plan et al. Clin Pharmacol Ther 2012)⁷



Traditional approaches in NLME

- Ordered categorical (OC)
 - $n-1$ parameters to capture the baseline
 - Requires many observations
 - Cannot predict unobserved categories
- Continuous variable (CV)
 - Violates the categorical nature of the data
 - Problematic at the extremes of the scale





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The bounded integer (BI) model



The bounded integer (BI) model

- Define two functions: $f()$ and $g()$:
 - Consist of fixed and random effects, time and covariates:
 - $f(\theta, \eta, t, X)$ and $g(\sigma, \eta, t, X)$
 - Defines a distribution: $N(f(), g())$



The bounded integer (BI) model

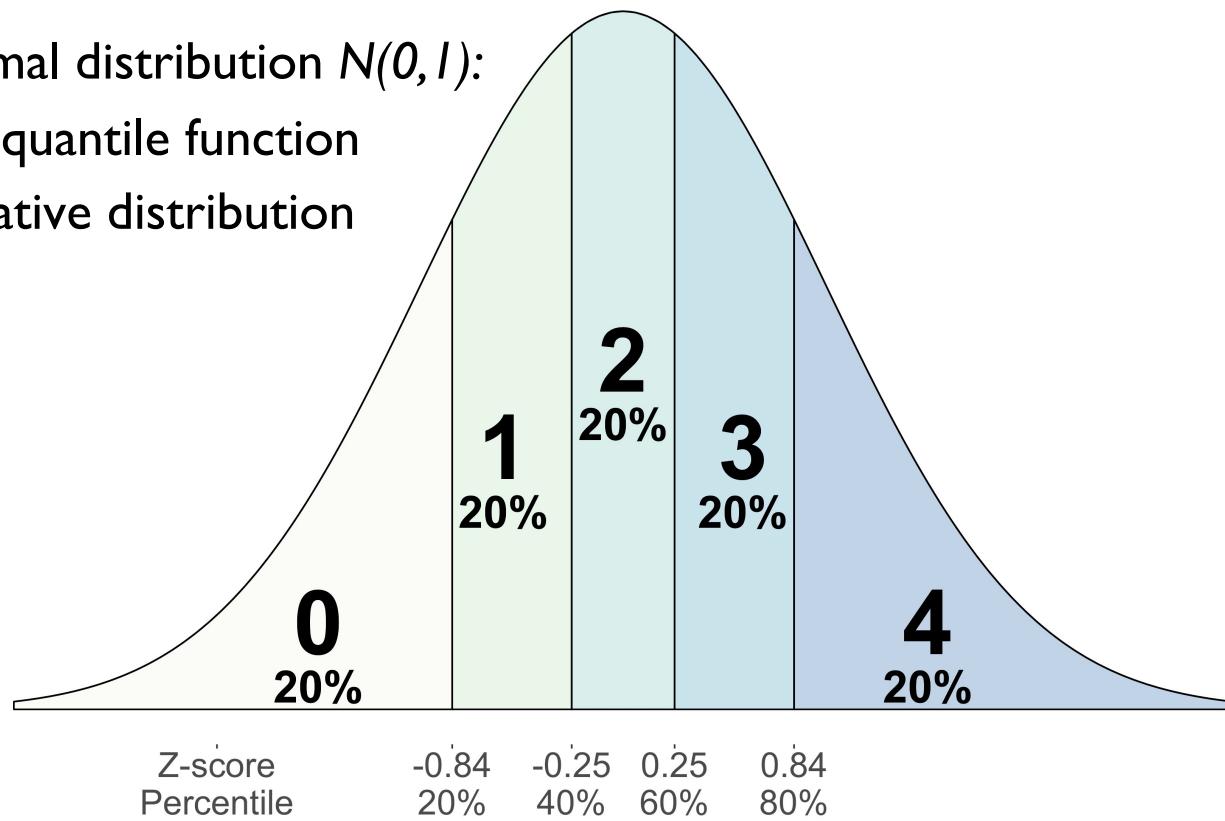
- Define two functions: $f()$ and $g()$:
 - Consist of fixed and random effects, time and covariates:
 - $f(\theta, \eta, t, X)$ and $g(\sigma, \eta, t, X)$
 - Defines a distribution: $N(f(), g())$
- Define $n-1$ cut-off values through the probit function:
 - $Z_{1/n}$ to $Z_{(n-1)/n}$
 - Divides a standard normal curve into n equally sized areas



A scale with 5 categories

Given a standard normal distribution $N(0, I)$:

- The probit is the quantile function
- $\Phi(x)$ is the cumulative distribution function

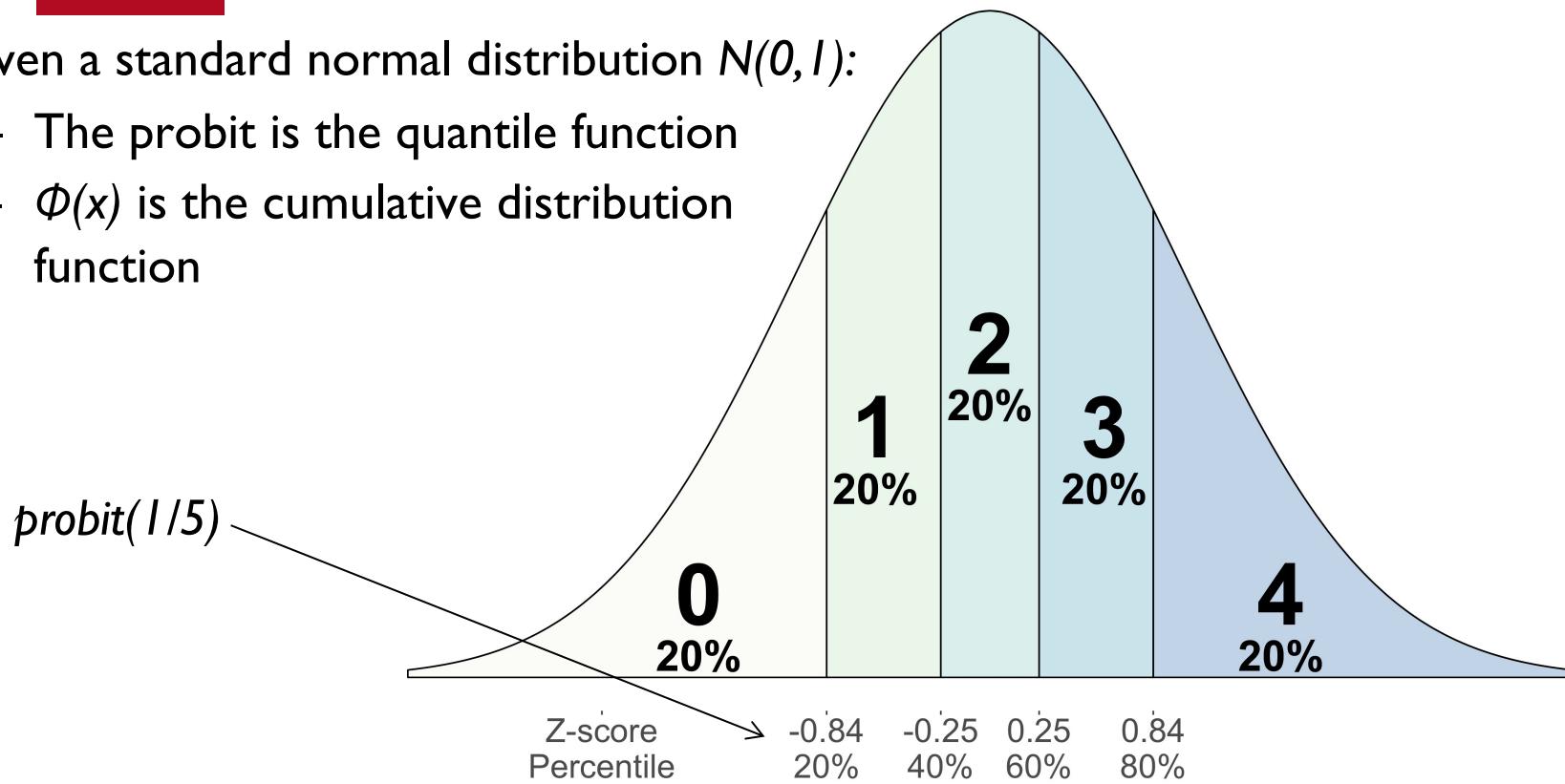




A scale with 5 categories

Given a standard normal distribution $N(0, I)$:

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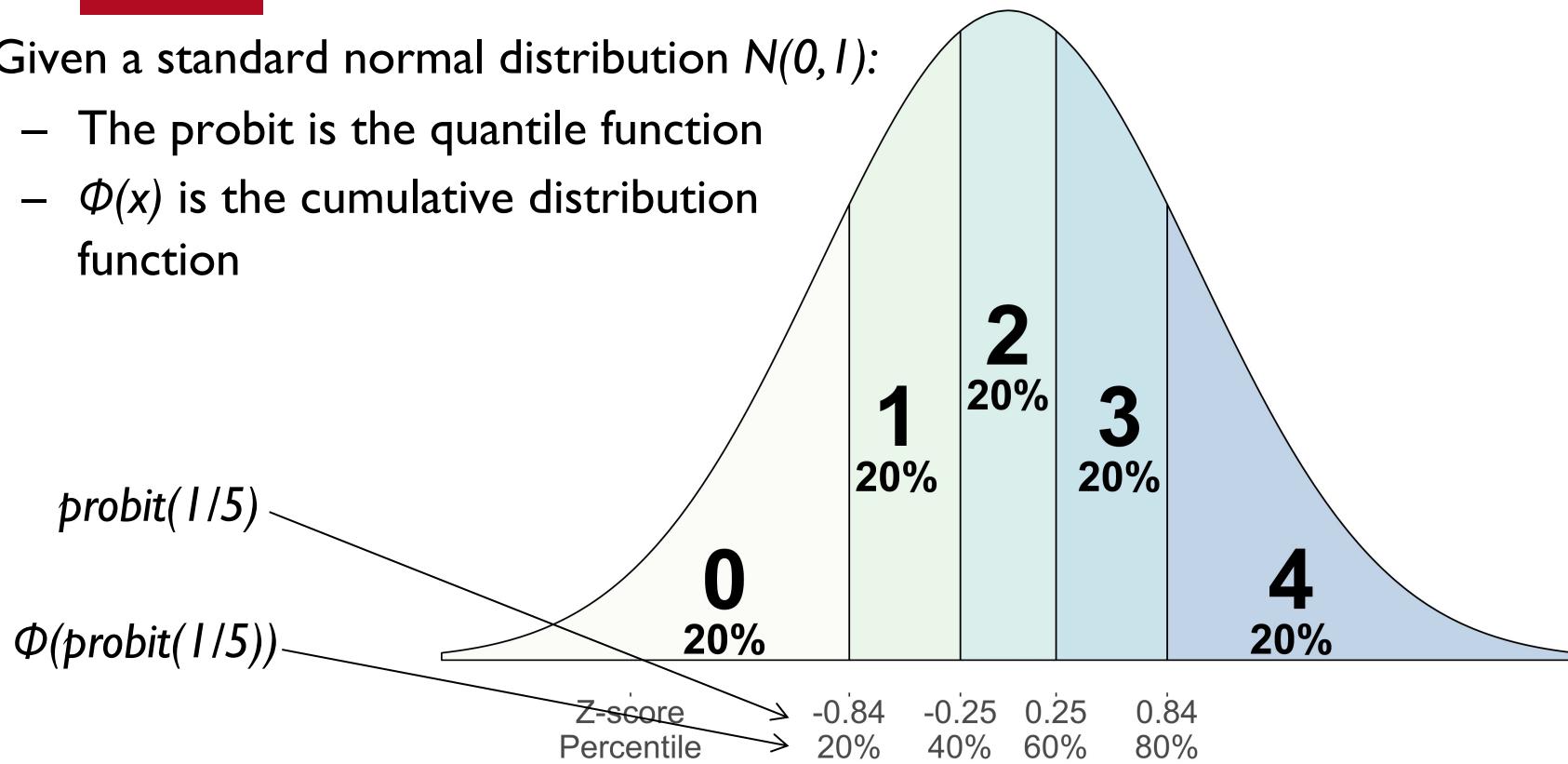




A scale with 5 categories

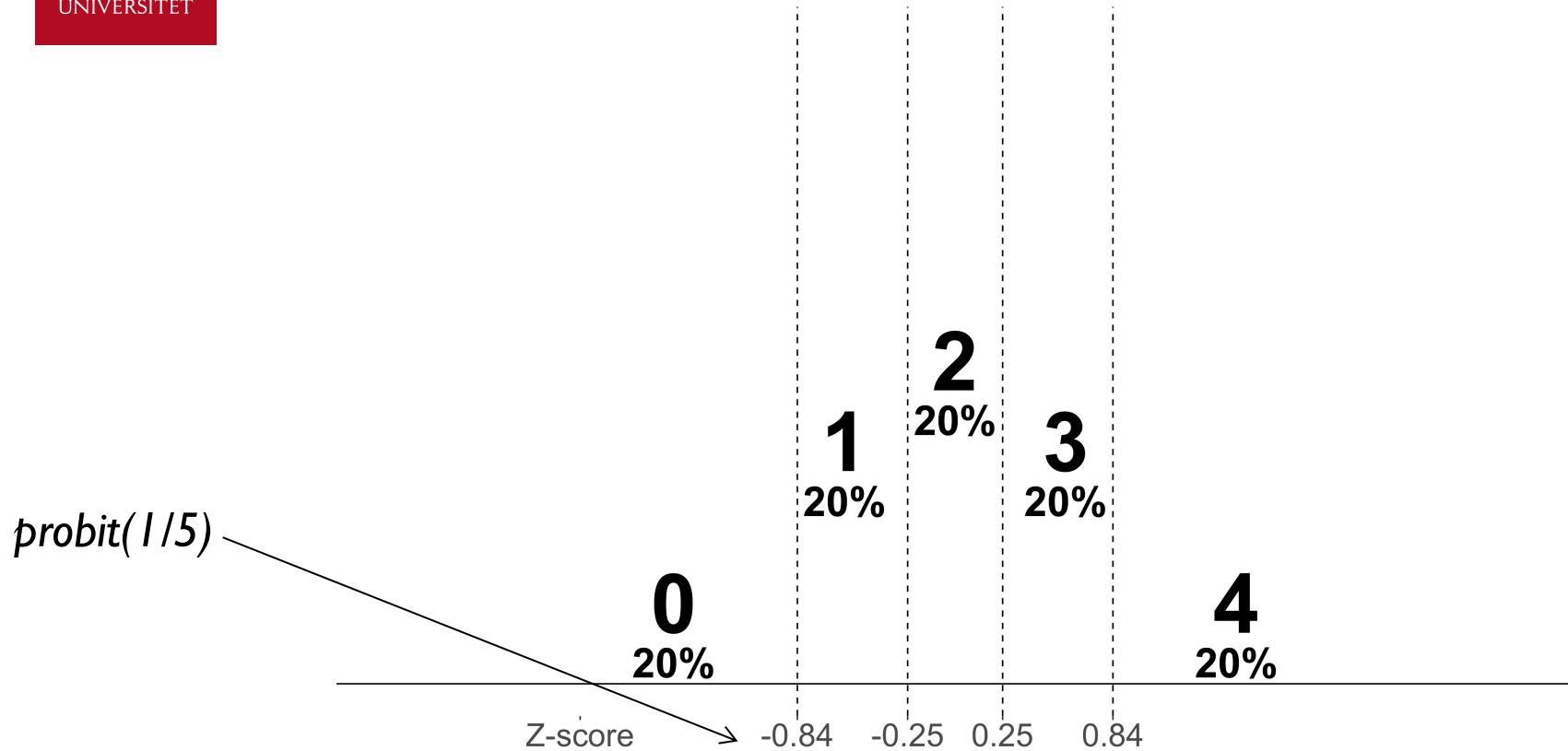
Given a standard normal distribution $N(0, I)$:

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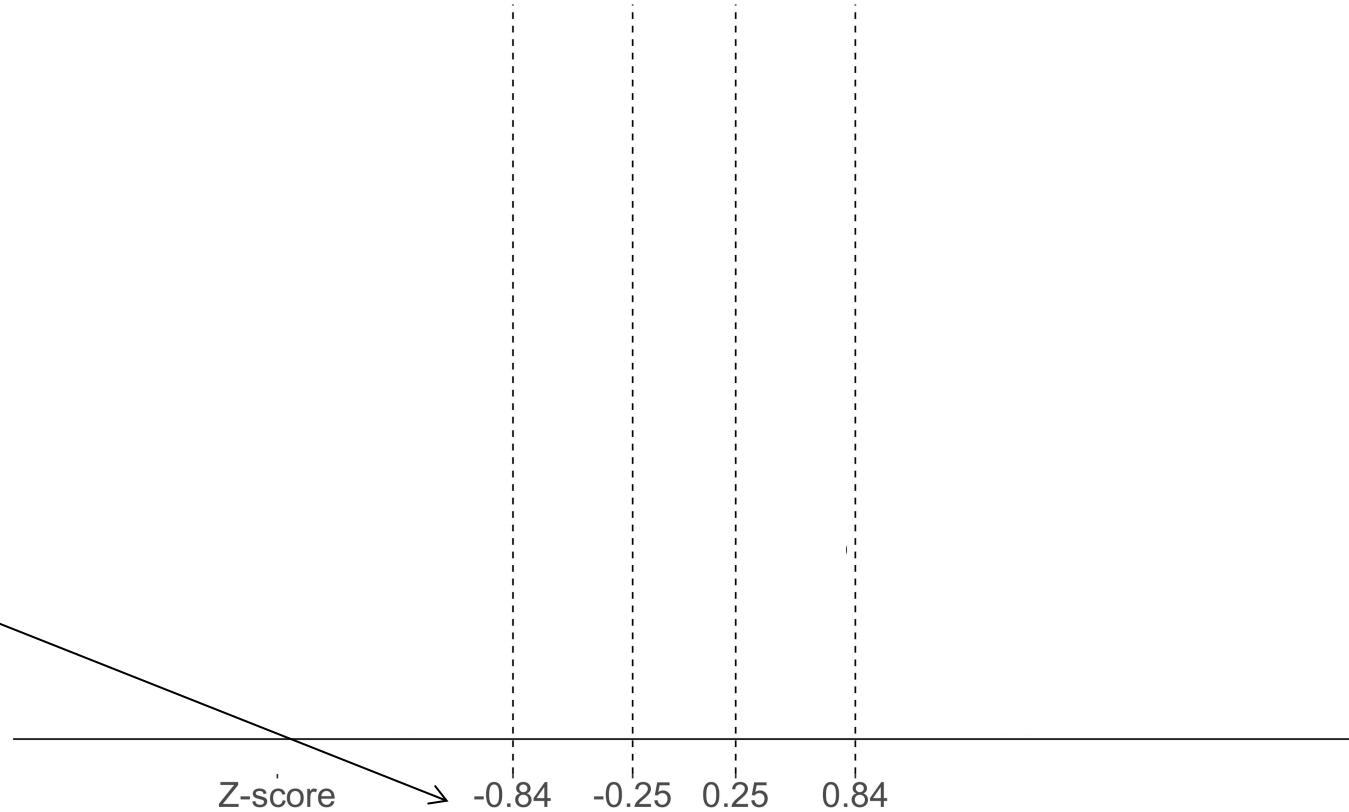
A scale with 5 categories





A scale with 5 categories

$\text{probit}(1/5)$





Probabilities

- The probability P of each score is defined as:

$$P(0) = \Phi((\text{probit}(1/n) - f())/g())$$

$$P(1) = \Phi((\text{probit}(2/n) - f())/g()) - \Phi((\text{probit}(1/n) - f())/g())$$

...

$$P(n-1) = \Phi((\text{probit}(n-1/n) - f())/g()) - \Phi((\text{probit}(n-2/n) - f())/g())$$

$$P(n) = 1 - \Phi((\text{probit}(n-1/n) - f())/g())$$



Probabilities

- The probability P of each score is defined as:

$$P(0) = \Phi(-0.84-f())/g()$$

$$P(1) = \Phi(-0.25-f())/g() - \Phi(-0.84-f())/g()$$

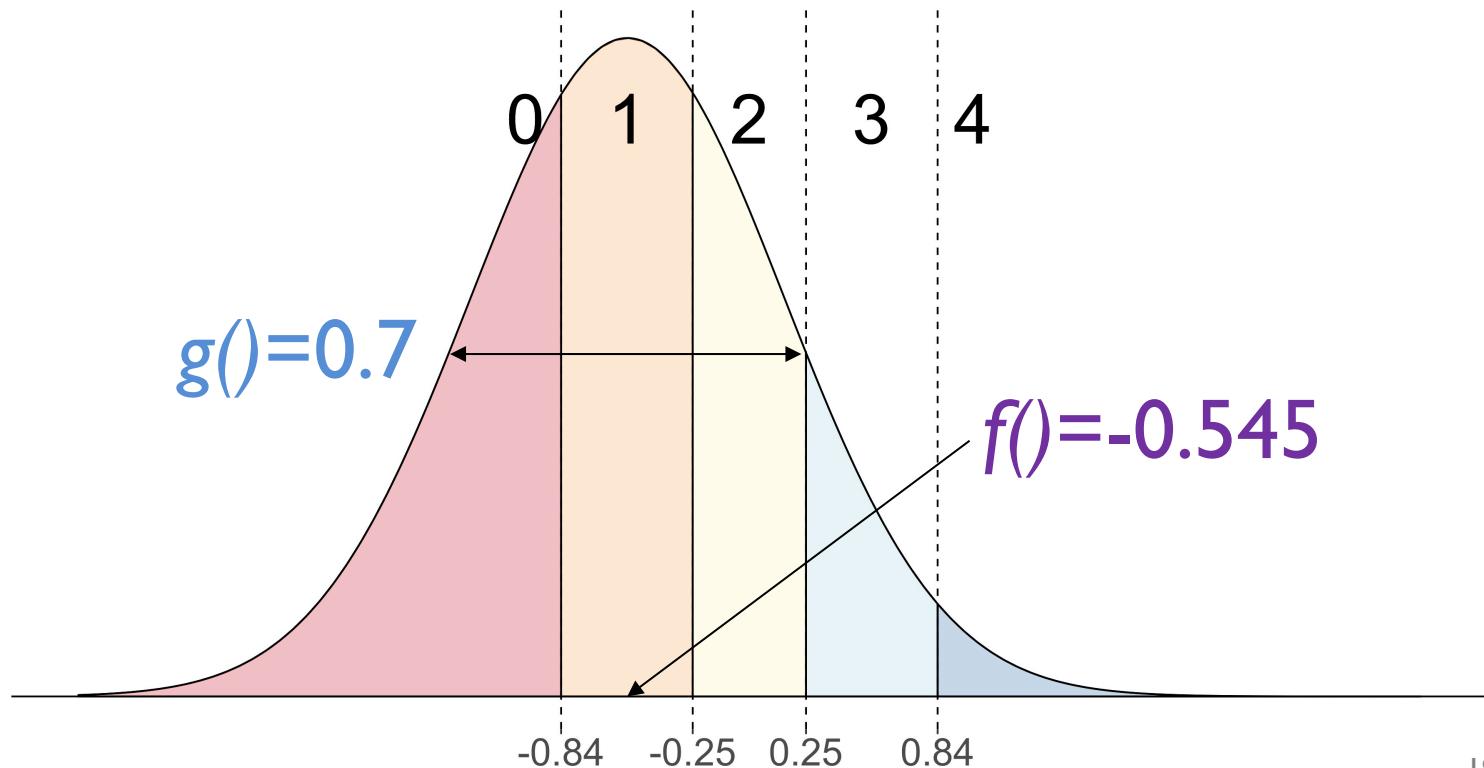
$$P(2) = \Phi(0.25-f())/g() - \Phi(-0.25-f())/g()$$

$$P(3) = \Phi(0.84-f())/g() - \Phi(0.25-f())/g()$$

$$P(4) = 1 - \Phi(0.84-f())/g()$$

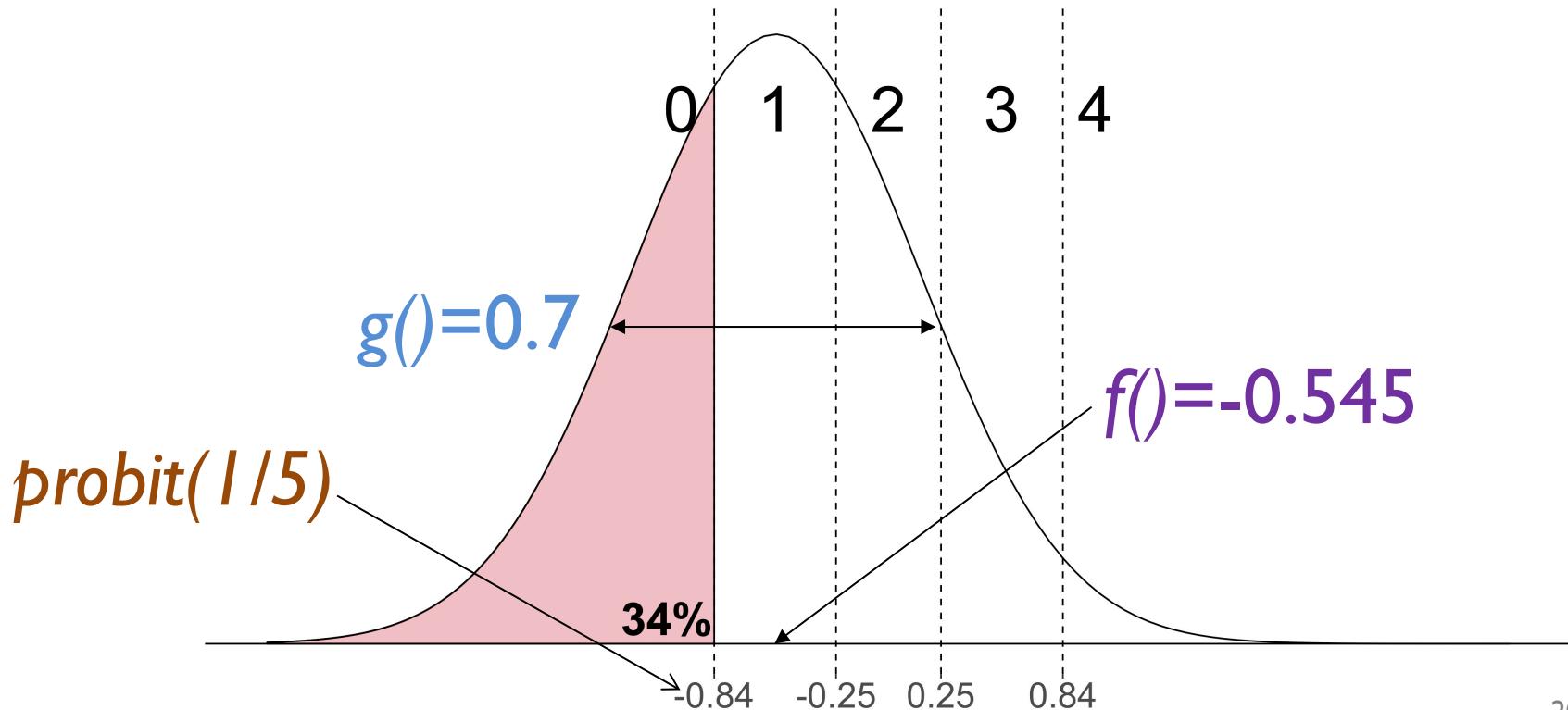


An illustrating example





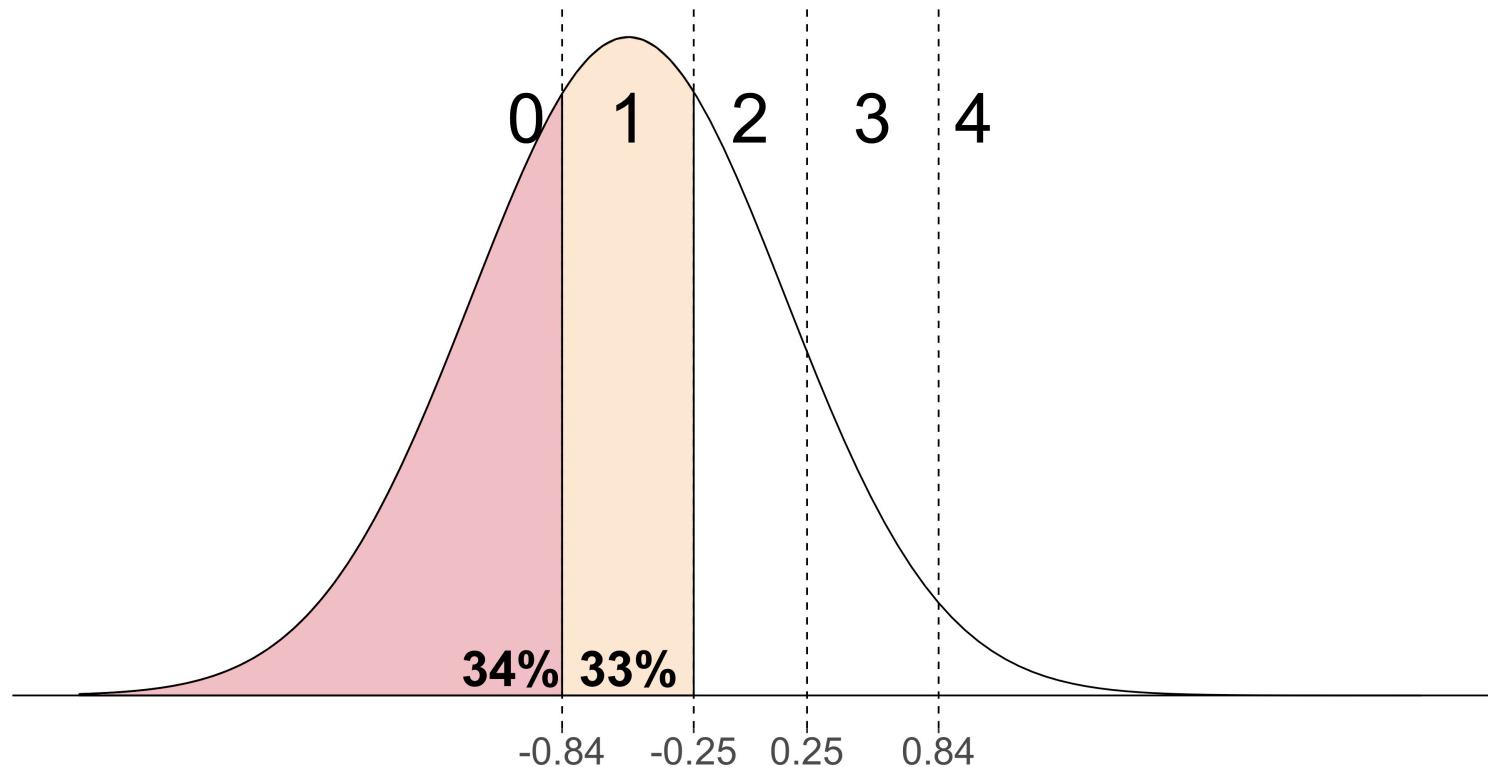
$$P(0) = \Phi((-0.84 - -0.545)/0.7) = 0.34$$





2nd area

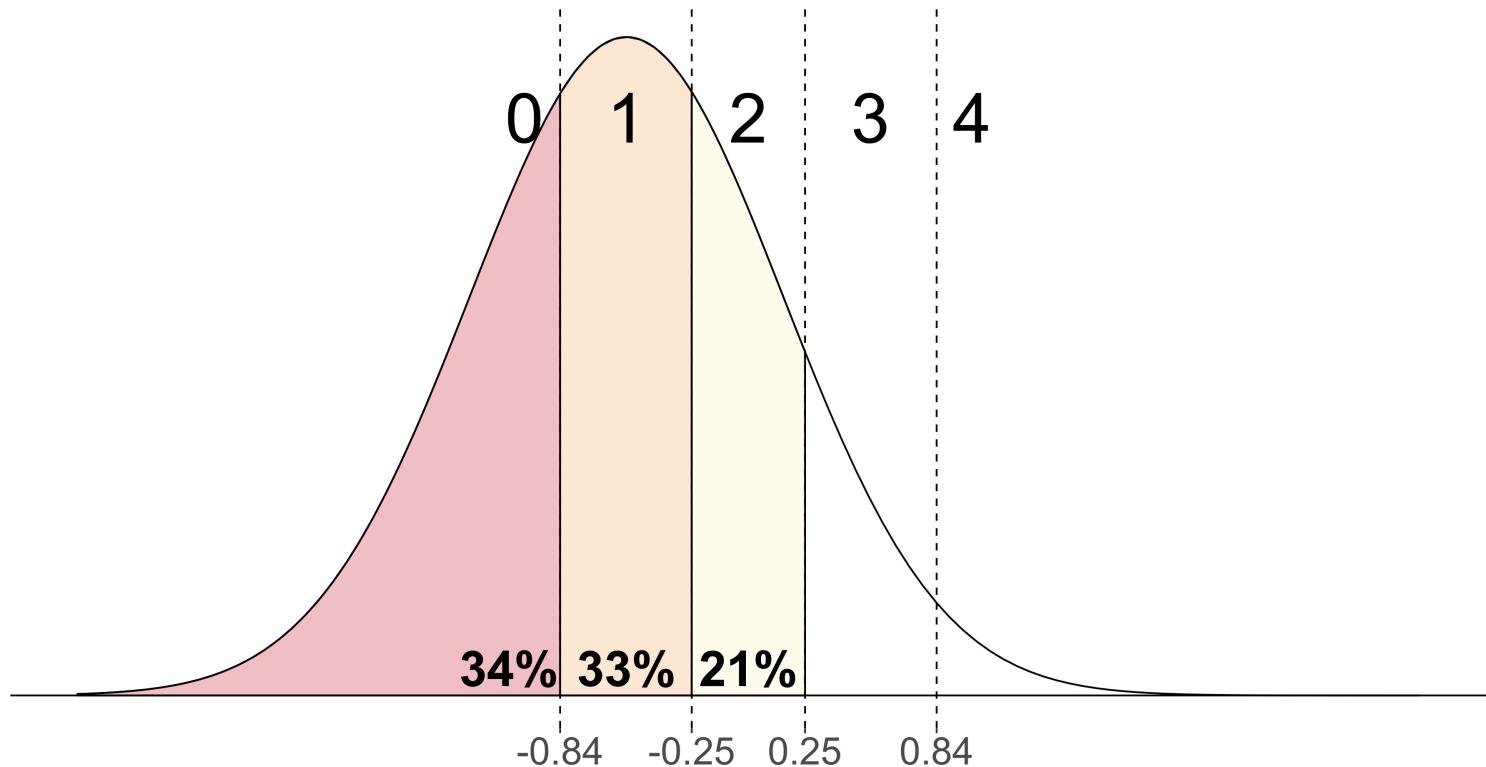
$$P(I) = \Phi((-0.25 - -0.545)/0.7) - \Phi((-0.84 - -0.545)/0.7) = 0.33$$





3rd area

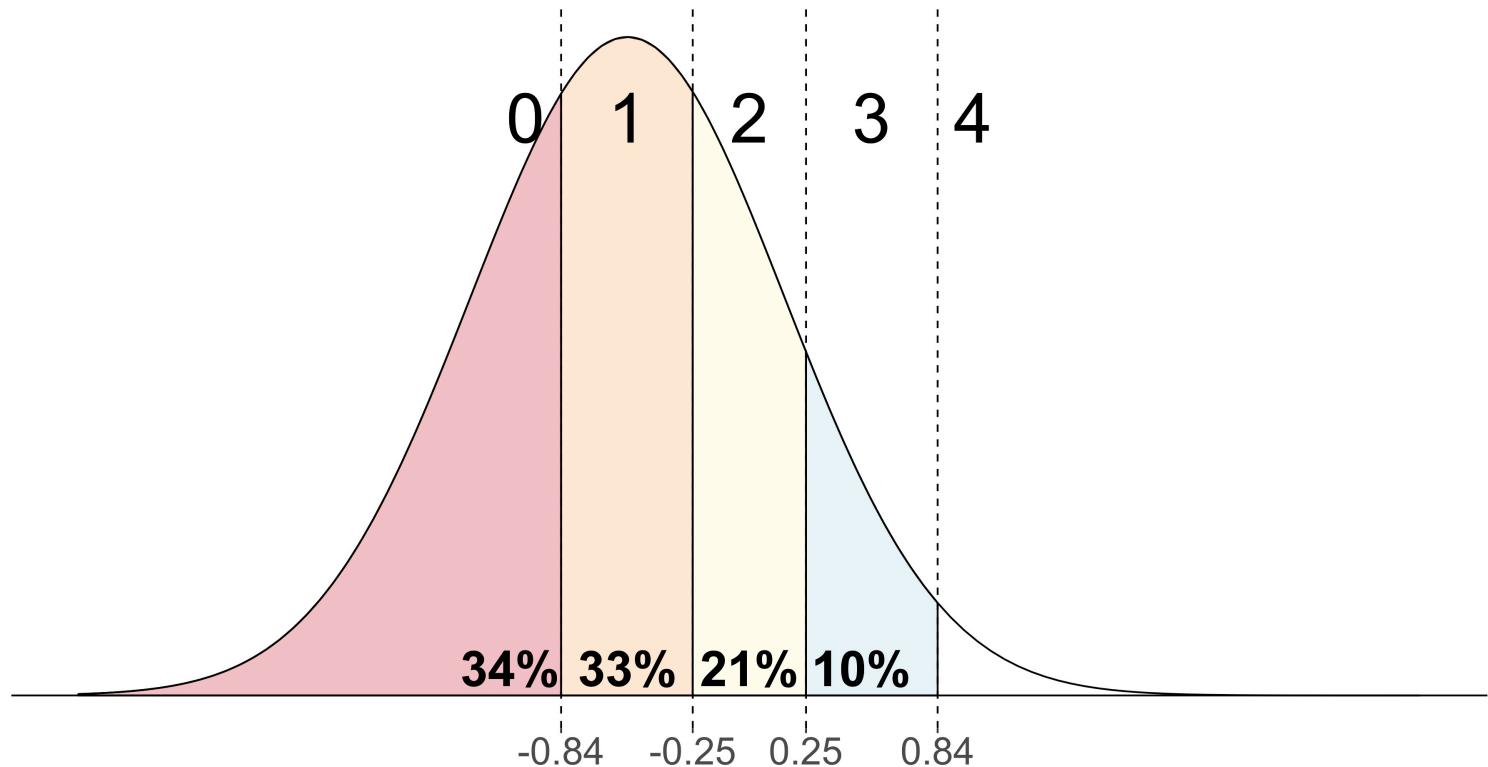
$$P(2) = \Phi((0.25 - -0.545)/0.7) - \Phi((-0.25 - -0.545)/0.7) = 0.21$$





4th area

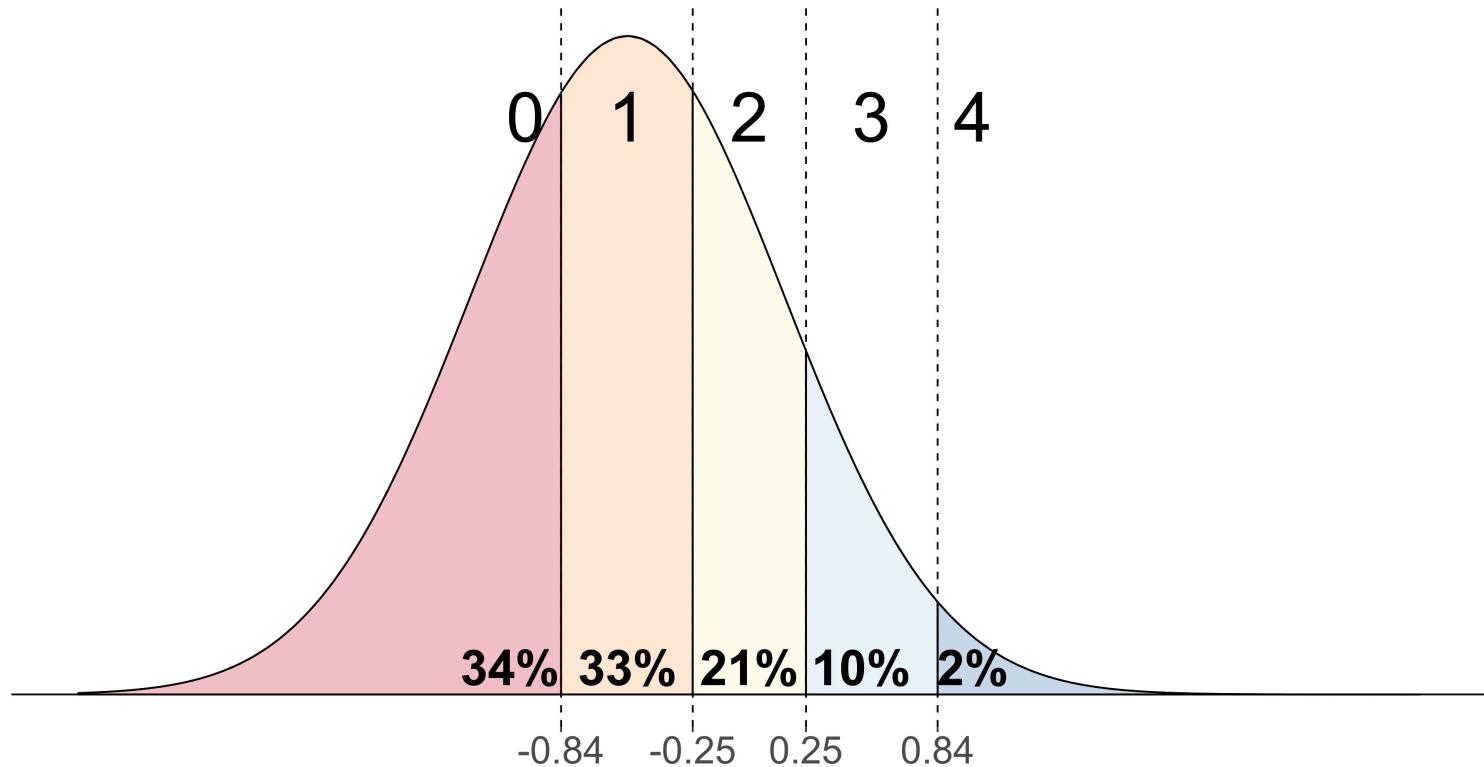
$$P(3) = \Phi((0.84 - -0.545)/0.7) - \Phi((0.25 - -0.545)/0.7) = 0.10$$





5th area

$$P(4) = 1 - \Phi((0.84 - -0.545)/0.7) = 0.02$$





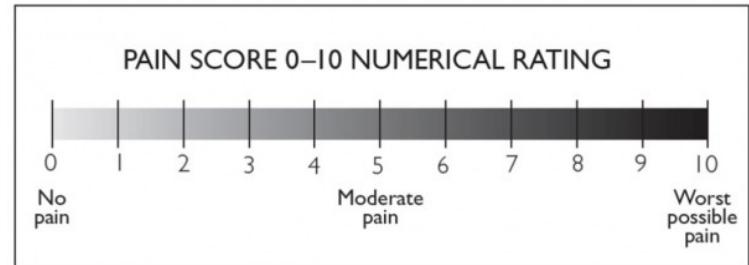
Comparison BI vs. OC – Likert example

Model description	Δ Parameters OC-BI	Δ OFV OC-BI
Base model	8	-372
With random effects	7	796
With random effects and Markov components	4	1365



Remarks on BI vs. OC models

- BI advantages:
 - Described the data better (OFV)
 - Needed fewer parameters
 - Runtimes were shorter
 - Allows interpolation and extrapolation





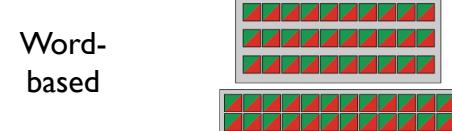
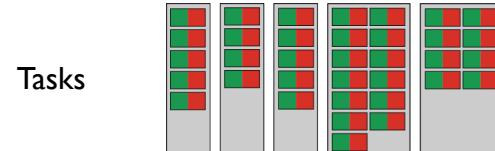
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Composite scales



Alzheimer's Disease

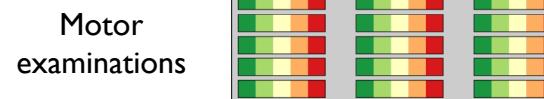
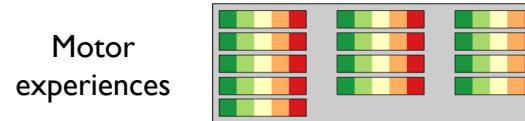
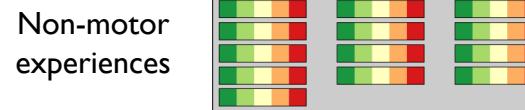
Alzheimer's Disease Assessment Scale -
Cognition
(ADAS-Cog)



Sum

Parkinson's Disease

Movement Disorder Society - Unified
Parkinson's disease rating scale
(MDS-UPDRS)



Sum



Approaches for total score data from composite scales

- Ordered categorical (OC) model not used
- Commonly analysed as a continuous variable (CV):
 - $\text{Score}_{\text{obs},i,j} = \text{Score}_{\text{predicted},i,j} + \varepsilon_{ij}$



Comparison BI vs. CV examples

Disease	Scale	Categories	#Parameters CV = BI	Δ OFV CV-BI	Δ XV OFV CV-BI
Parkinson's disease	UPDRS motor ¹	109	16	113	138

Data from: ¹Troconiz et al. CPT 1998



Comparison BI vs. CV examples

Disease	Scale	Categories	#Parameters CV = BI	ΔOFV CV-BI	ΔXV OFV CV-BI
Parkinson's disease	UPDRS motor ¹	109	16	113	138
Parkinson's disease	MDS-UPDRS motor ²	133	14	73	82
Alzheimer's disease	ADAS-Cog ³	71	11	730	793
Schizophrenia	PANSS ⁴	181	17	145	131
Schizophrenia	PANSS ⁵	181	15	126	170

Data from: ¹Troconiz et al. CPT 1998; ²Buatois et al. Pharm Res 2017; ³Ito et al. Alzheimers Dement 2011; ⁴Friberg et al. CPT 2009; ⁵Krekels et al. CPT PSP 2017



Comparison BI vs. CV examples

Disease	Scale	Categories	#Parameters CV = BI	ΔOFV CV-BI	ΔXV OFV CV-BI
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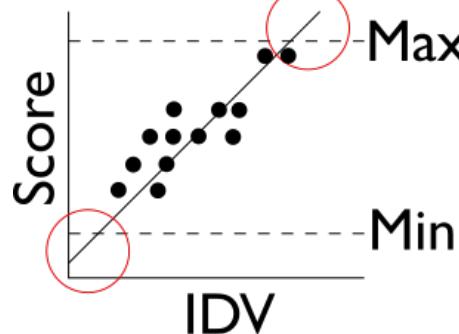
Remarks on BI vs. CV

- BI advantages:
 - Described the data better (OFV and XV OFV)
 - Respects the scale boundaries
 - Allows simulation of real life-like data
- BI disadvantages:
 - Runtimes were longer
 - E.g. Troconiz data set average: 80 vs. 50 min

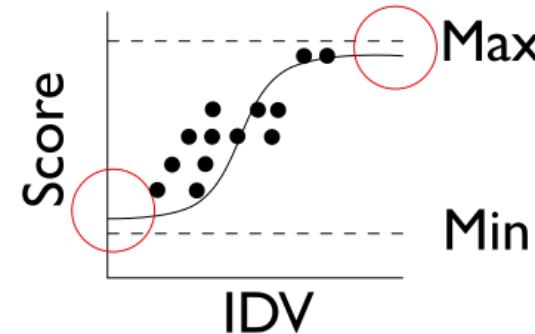


Model assumptions

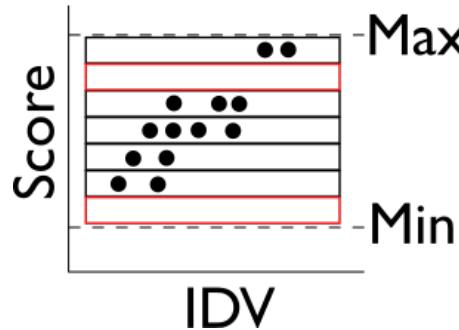
Continuous: Linear



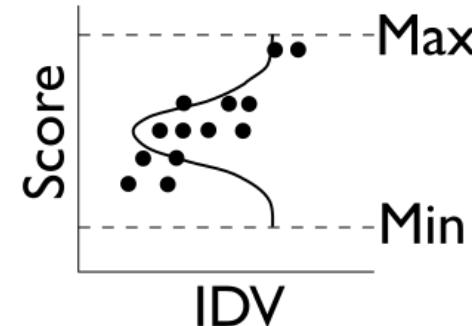
Continuous: Logit



Ordered categorical



Bounded integer





Concluding remarks

- The bounded integer model:
 - Provides a good description of rating and composite scale data
 - Is parsimonious compared to ordered categorical models
 - Can interpolate and extrapolate well
 - Respects the integer nature of the data
 - Respects scale boundaries
 - Is a promising method to make use of total score data



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Thank you for listening

- Thanks to colleagues in the Pharmacometrics Research Group at Uppsala University





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Extra slides

Comparison BI vs. CV examples

Disease	Scale	#Patients	#Obs	Scale range	Observed range	#Parameters CV = BI	ΔOFV CV-BI	ΔXV OFV CV-BI
Parkinson's disease	UPDRS motor ¹	19	946	0-108	16-80	16	113	138
Parkinson's disease	MDS-UPDRS motor ²	428	2720	0-132	1-77	14	73	82
Alzheimer's disease	ADAS-Cog ³	817	3594	0-70	0-70	11	730	793
Schizophrenia	PANSS ⁴	1323	7728	30-210	30-176	17	145	131
Schizophrenia	PANSS ⁵	1292	8520	30-210	30-167	15	126	170

Data from: ¹Troconiz et al. CPT 1998; ²Buatois et al. Pharm Res 2017; ³Ito et al. Alzheimers Dement 2011; ⁴Friberg et al. CPT 2009; ⁵Krekels et al. CPT PSP 2017



Number of categories

Disease	Scale	#Patients	#Obs	Full range	Observed range	ΔOFV Obs-Full
Parkinson's disease	UPDRS motor	19	946	0-108	16-80	16
Parkinson's disease	MDS-UPDRS motor	428	2720	1-132	1-77	31
Alzheimer's disease	ADAS-Cog	817	3594	0-70	0-70	0
Schizophrenia	PANSS	1323	7728	30-210	30-176	-58
Schizophrenia	PANSS	1292	8520	30-210	30-167	2



Under investigation

- Scaling of Z-scores
- Larger variability at high absolute Z-score
- Translation between scales
- Markov elements
- T-distributed variability
- Residuals of rating/composite scales