



Finnish Institute of  
Occupational Health



# Interrupted Time Series

Jos Verbeek

# A systematic review

1. Well-formulated question (PICO)
  - a) Types of study designs
2. Thorough search
3. Objective selection of studies
4. Critical assessment of methodological quality
5. Objective data extraction
6. Synthesis of the data
  - a) appropriate comparisons of interventions and controls
  - b) meta-analysis per comparison
7. Conclusions for practice and research

# Noise Reduction in Factories

- Noise exposure still wide spread
- Review of interventions to reduce noise exposure in workplaces with high noise levels
- What type of study designs to include and why?

# Study Designs

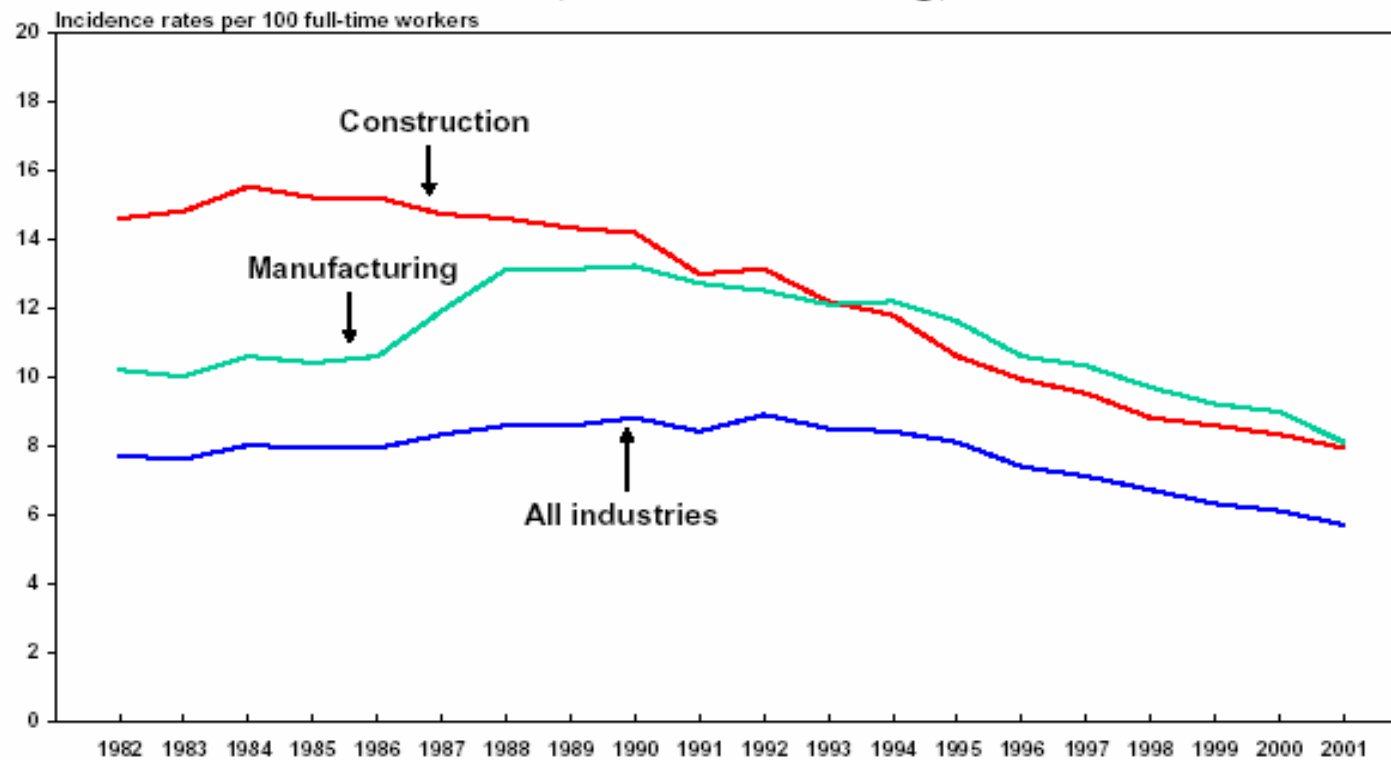
- Randomised Controlled Trials
  - Cluster Randomised Trials
  - Cross-over trials
- Non-Randomised Controlled
  - Controlled-Before After Studies
    - prospective cohort
    - retrospective cohort
    - quasi-experimental
    - controlled clinical trial
  - Interrupted Time-Series
  - Case-Control Studies
- Non-Randomised Partially Controlled
  - Controlled Post Test Study
- Non-randomised Non Controlled
  - Before-After Studies
  - Case/Patient Series
  - Case Study

# Study Designs

- Randomised Controlled Trials
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# Non-Fatal Injuries

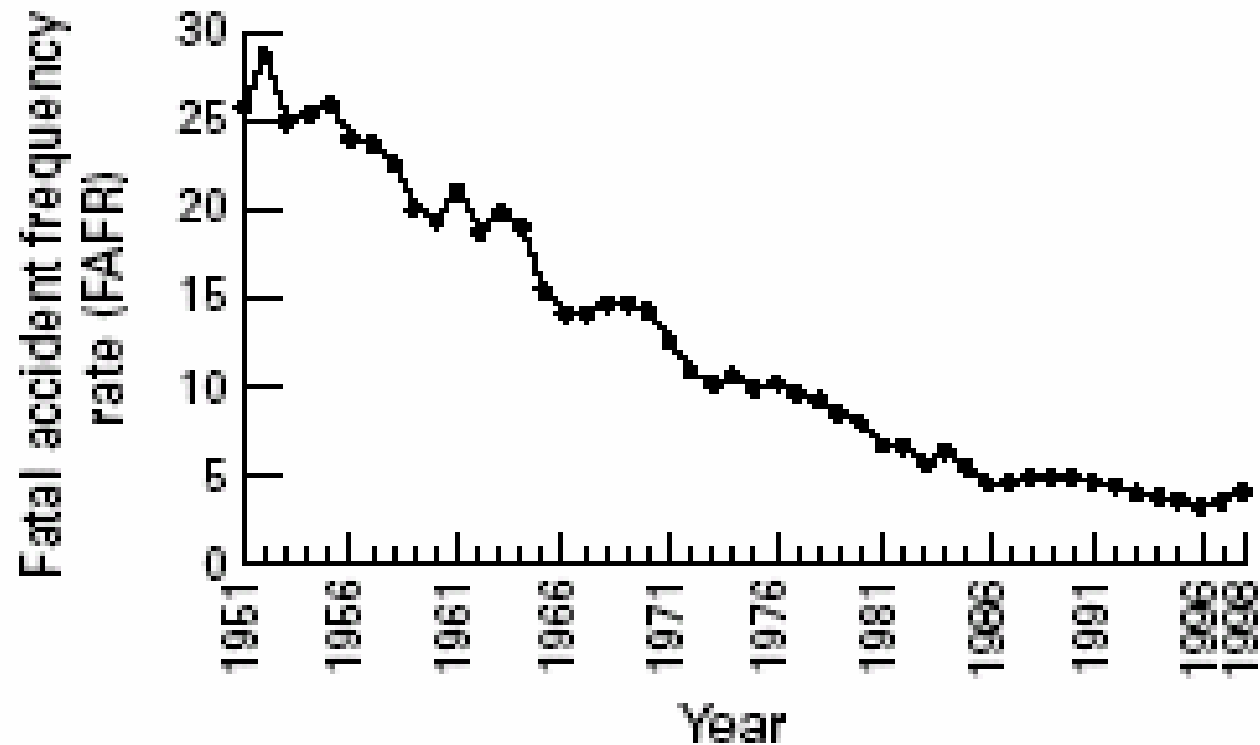
Total case incidence rates for all private industry, construction, and manufacturing, 1982-2001



In contrast to the 1994 to 2000 period when the construction rates were lower than those for manufacturing, the rates in construction and manufacturing were about the same for 2001.

Source: Bureau of Labor Statistics, U.S. Department of Labor  
December 2002

# Time trend in fatal accidents in Italy



*Figure 13* Frequency of fatal accidents over the period 1951–98.

Fabiano OEM 2001

# ITS: outcome measures?

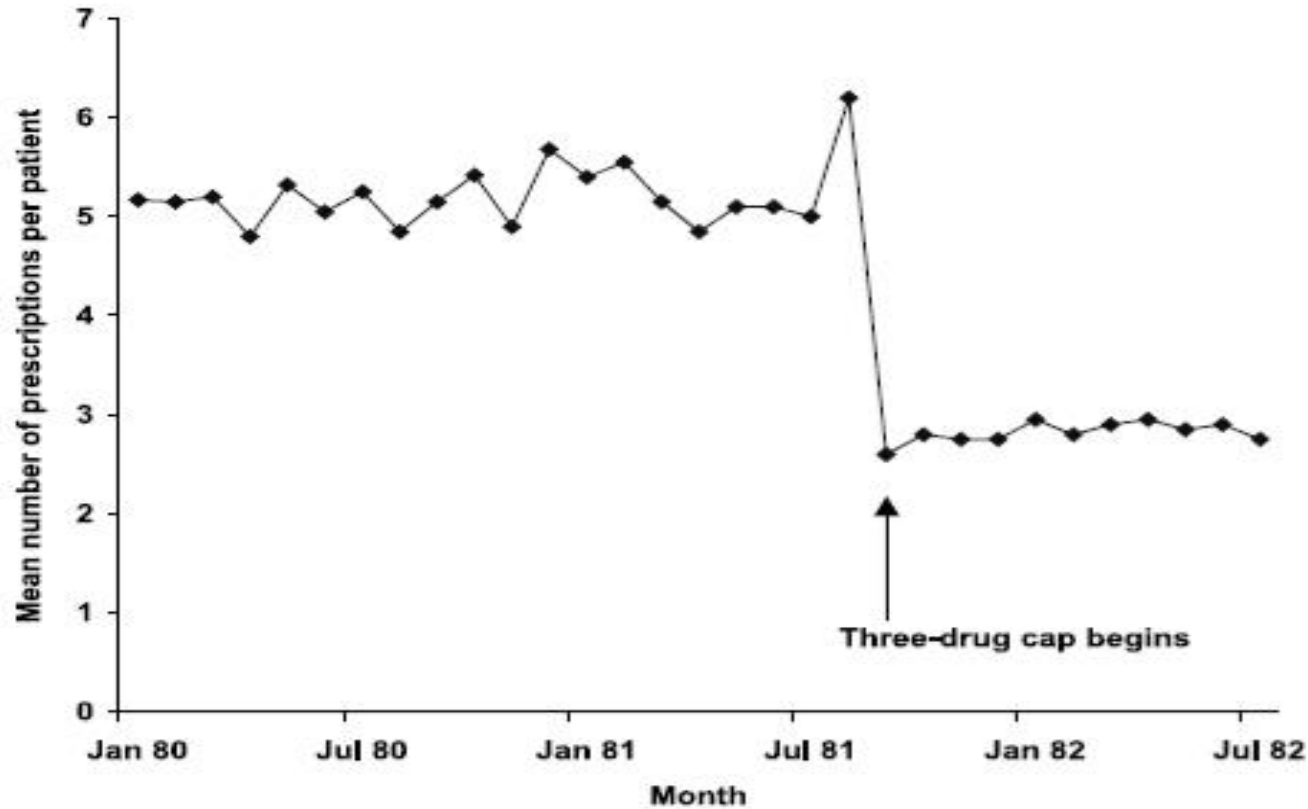
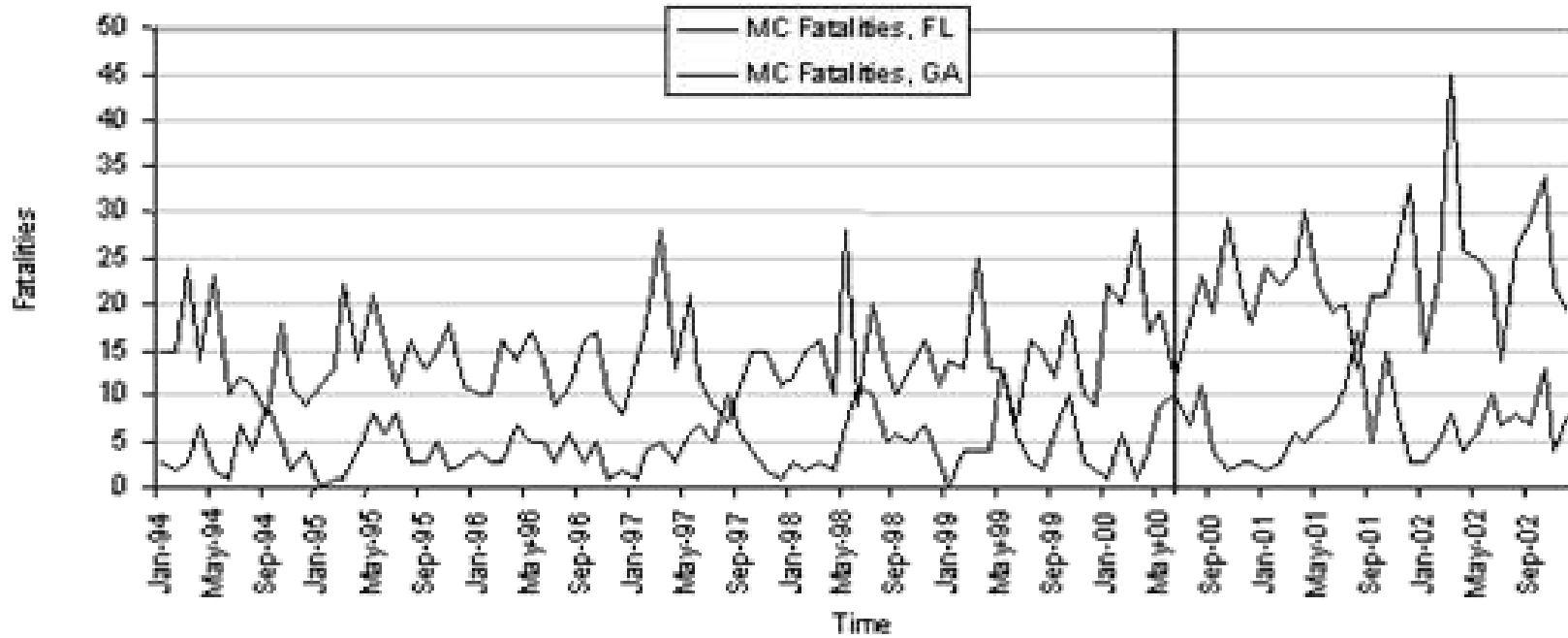


Fig. 1. Average number of constant-size prescriptions per continuously eligible Medicaid patient per month among multiple drug recipients (2).



# ITS: seasonal and cyclical variations

Time Series: Motorcycle Fatalities, FL vs. GA (FARS 1994-2002)



# ITS: outcome measures: level and slope

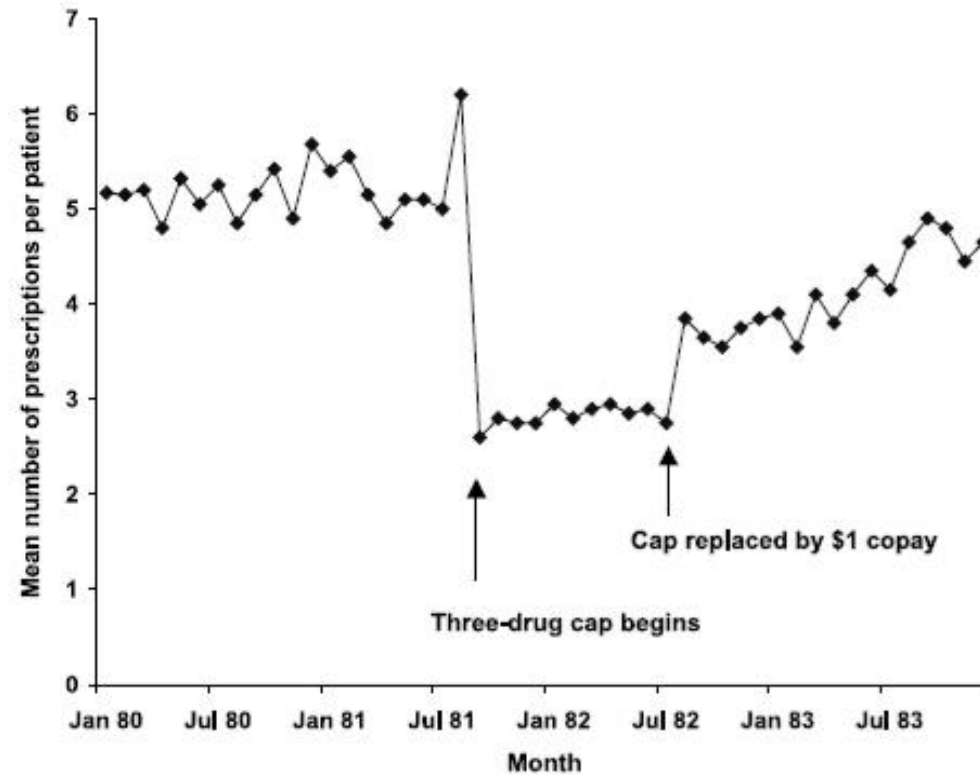
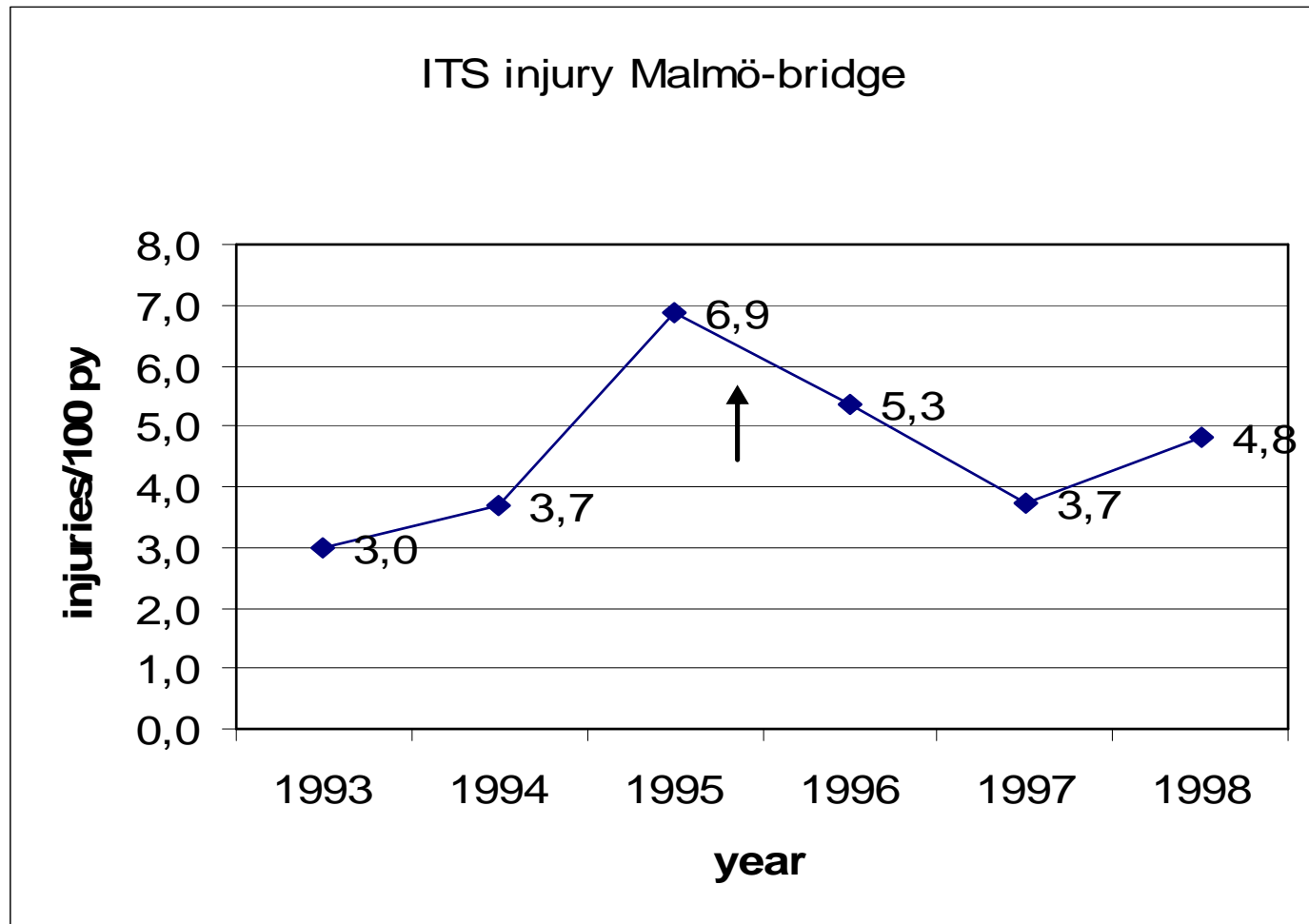
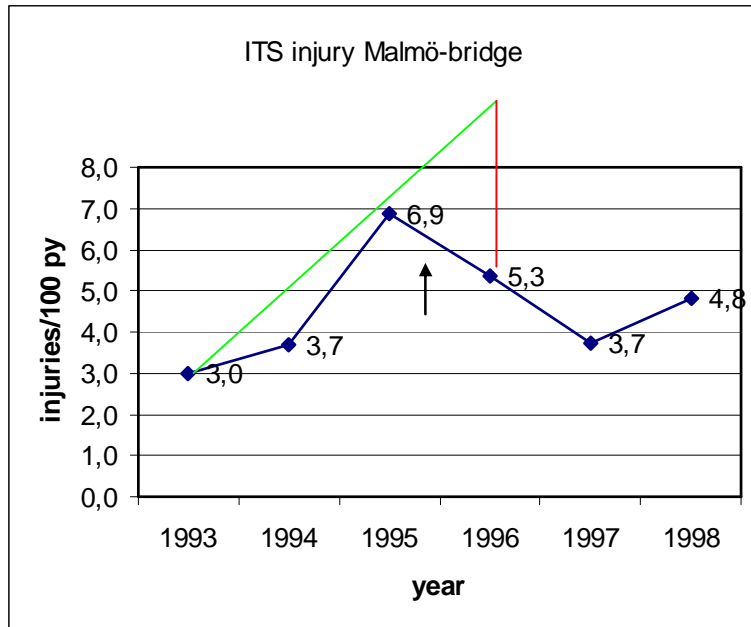


Fig. 2. Average number of constant-size prescriptions per continuously eligible Medicaid patient per month among multiple drug recipients (2).

# Time-series injuries OSH

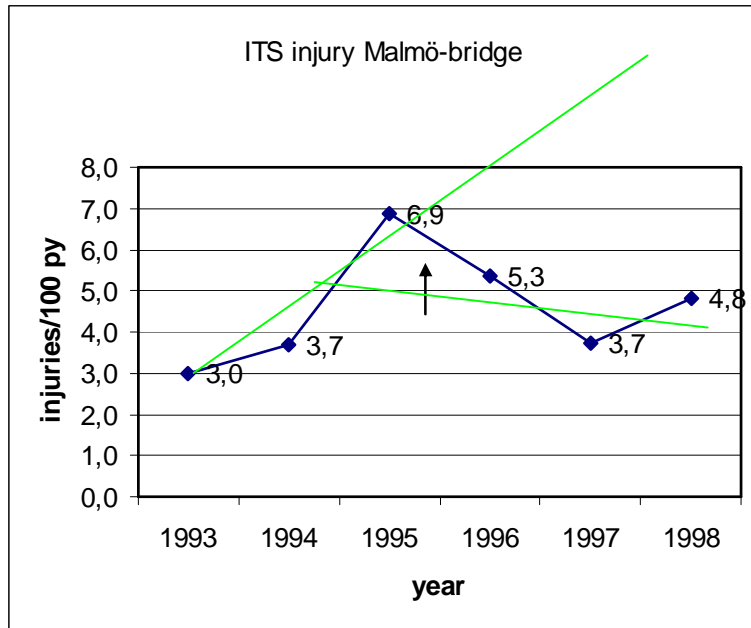


# Time-series injuries



- Changes:
  - Injury Level Change
    - 3.8/ 100 personyears
    - SE 1.1 p 0.08

# Time-series injuries



- Changes:
  - Injury Level Change
    - 3.8/ 100 personyears
    - SE 1.1 p 0.08
  - Injury Trend Change
    - 2.7/ 100 personyears /year
    - SE 0.5 p 0.04
    - pre-intervention trend 2.2
    - post-intervention trend: -0.5

# How to calculate

Time	Injury	Intervention	Pre Time	Post Time
1	3,0	0	1	0
2	3,7	0	2	0
3	6,9	0	3	0
4	5,3	1	4	0
5	3,7	1	4	1
6	4,8	1	4	2

# How to calculate: Arima Regression

```

prais injuries time intervention posttime, rhotype(regress)
      Prais-Winsten AR(1) regression -- iterated estimates
-----+-----
Source |           SS          df           MS                Number of obs =           6
-----+-----
Model  |    52.3674093         3    17.4558031                F( 3,      2) =    39.95
Residual |    .873854462         2     .436927231                Prob > F      =    0.0245
-----+-----
Total  |    53.2412638         5    10.6482528                R-squared     =    0.9836
                                           Adj R-squared =    0.9590
                                           Root MSE     =     .661
-----+-----
injuries |           Coef.      Std. Err.      t    P>|t|      [95% Conf. Interval]
-----+-----
time    |    2.176081         .4314862     5.04  0.037      .3195455      4.032616
intervention |   -3.750879         1.137339    -3.30  0.081     -8.644454     1.142696
posttime |   -2.676039         .5209576    -5.14  0.036     -4.917539    -.4345397
_cons   |    .0524371         .9178175     0.06  0.960     -3.896613     4.001487
-----+-----
rho     |   -.8155088
-----+-----
Durbin-Watson statistic (original)    3.000553
Durbin-Watson statistic (transformed) 2.992184

```

arima = linear autoregressive moving-average

# Quality Criteria / Risk of Bias

1. Intervention independent from other changes
2. Intervention did not affect data collection
3. Outcome blindly assessed
4. Reliable outcome measure
5. Each time point covers 80% of participants
6. Prespecified shape of the intervention effect
7. Rationale for number and spacing of data
8. Testing with Arima or Time Series Regression



# Meta-analysis of ITS

- Ramsay 2004
  - Standardise data by dividing Level/Slope and Standard Error by Standard Deviation of pre-intervention slope
    - Standardised Level = Effect Size = Standardised Mean Difference
    - Standardised Slope = Effect Size = Standardised Mean Difference
  - Put Effect Sizes for Level and Slope in RevMan5 with Generic Inverse Variance method

# Level Generic Inverse Variance RevMan5

Review Manager 5

Format View Tools Table Window Help

Interventions for preventing injuries in the construction industry

Text of Review 1.1 Level

Comparison: 1 Regulation, Outcome: 1.1 Level

Study or Subgroup	Effect Size	SE	Weight	Effect Size IV, Random, 95% CI
<input checked="" type="checkbox"/> Derr 2001	2.386	0.6374	35.2%	2.39 [1.14, 3.64]
<input checked="" type="checkbox"/> Lipscomb 2003	0.7959	1.1633	28.8%	0.80 [-1.48, 3.08]
<input checked="" type="checkbox"/> Suruda 2002	-1.0431	0.5598	36.0%	-1.04 [-2.14, 0.05]
Total (95% CI)			100.0%	0.69 [-1.70, 3.09]
Heterogeneity: Tau <sup>2</sup> = 3.83; Chi <sup>2</sup> = 16.42, df = 2 (P = 0.0003); I <sup>2</sup> = 88%				
Test for overall effect: Z = 0.57 (P = 0.57)				

Effect Size  
IV, Random, 95% CI

Favours intervention Favours control

Footnote:

# Exercise

- Take the article of Suruda 2002
  - extract the data to be analysed.
  - assess the quality with the checklist
  - do you agree with the author's conclusion that this is evidence of effectiveness of OSHA regulation?