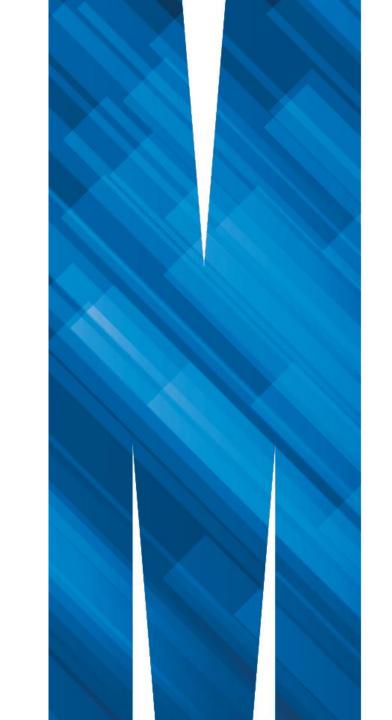


Meta-analysis methods used in systematic reviews of interrupted time series studies

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11th MAY 2021

MONASH UNIVERSITY DEPARTMENT OF PUBLIC HEALTH AND PREVENTIVE MEDICINE



Systematic reviews

Used to inform health policy decision making

Natural disasters?

New laws?

Organisational practice changes?

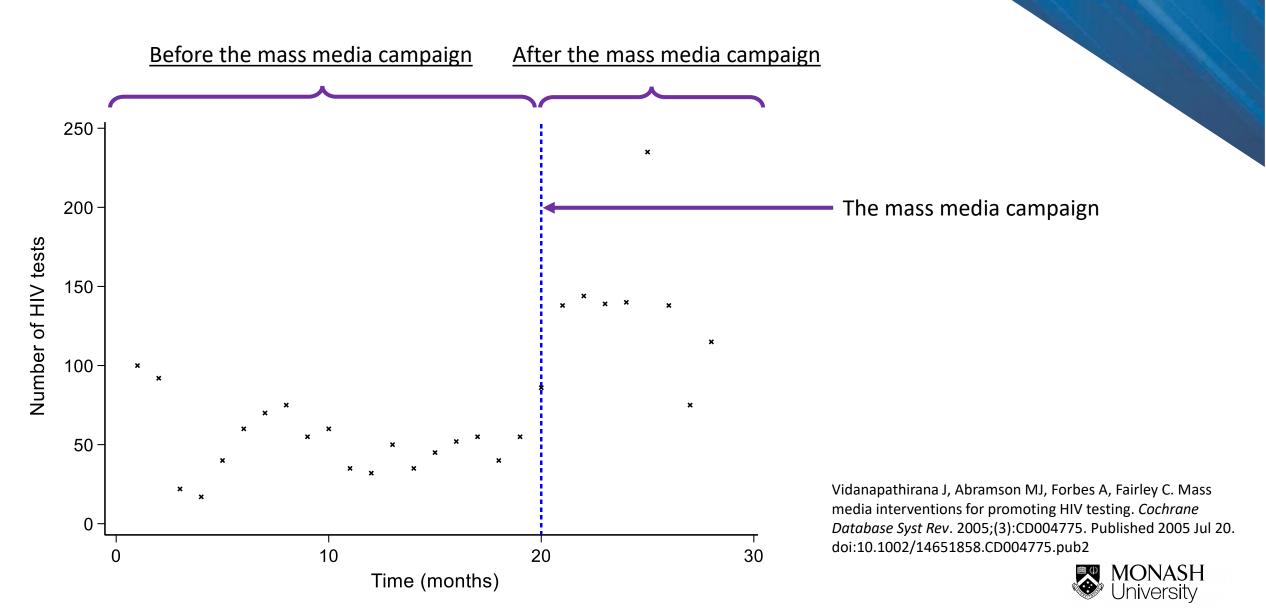
Financial crisis?

Media campaigns?

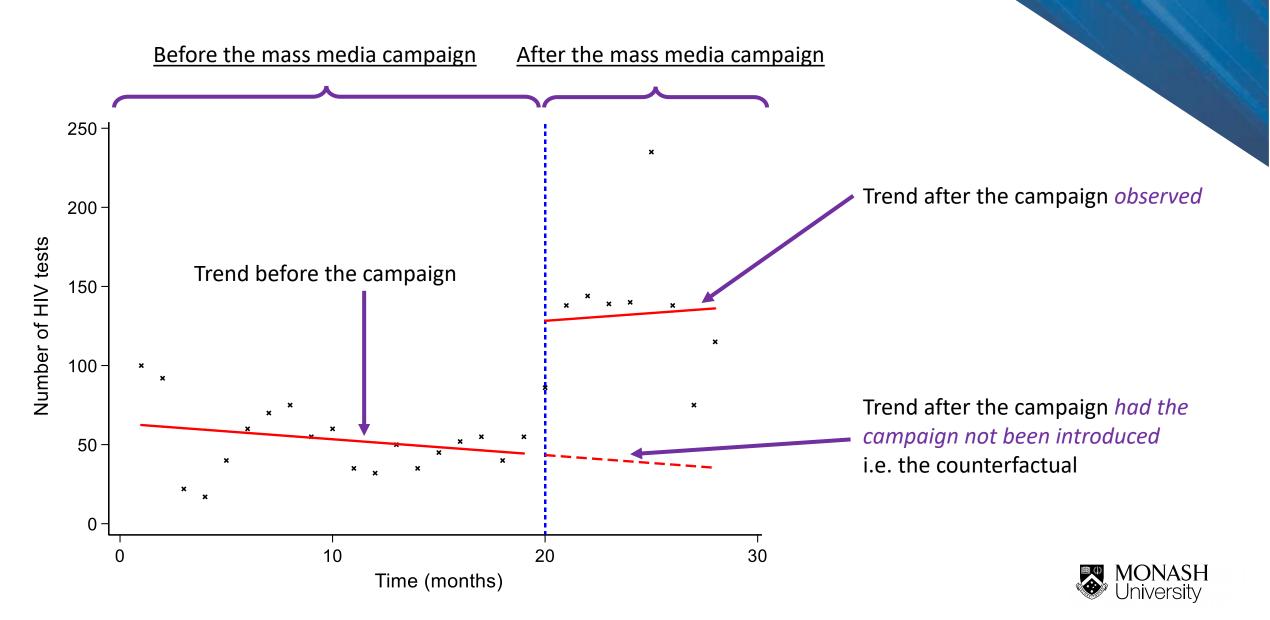
Social distancing policies?



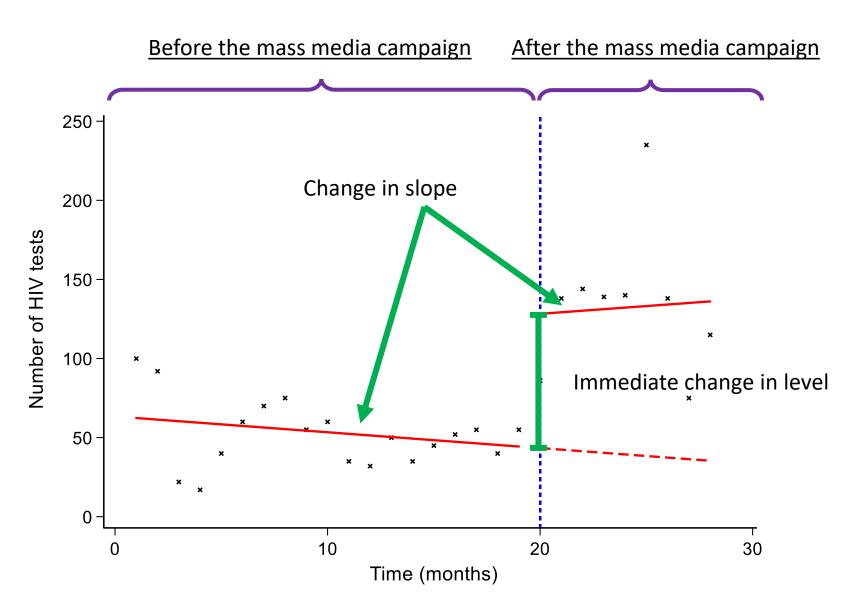
INTERRUPTED TIME SERIES



INTERRUPTED TIME SERIES

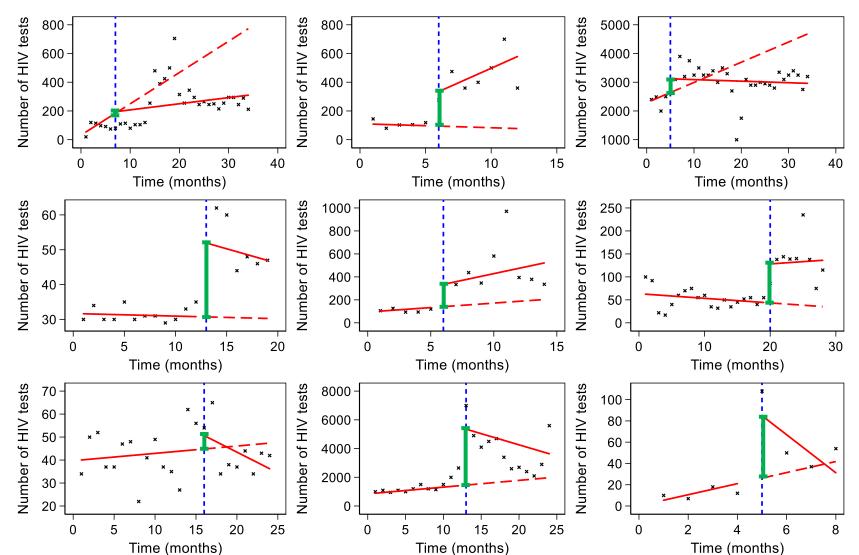


INTERRUPTED TIME SERIES





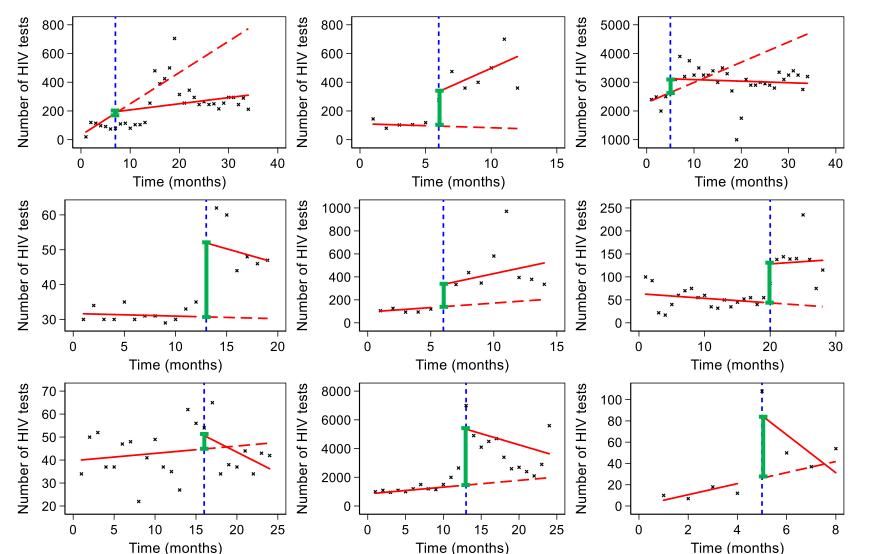
META-ANALYSIS OF ITS



9 different studies

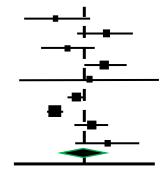


META-ANALYSIS OF ITS



9 different studies





META-ANALYSIS

Statistical synthesis of evidence from multiple studies to produce a combined effect estimate

• Two-stage approach

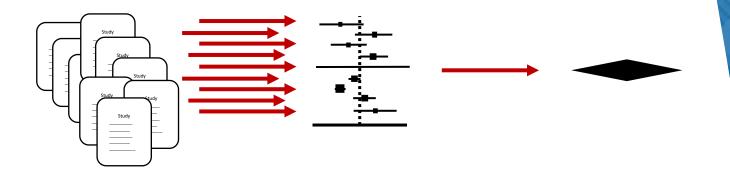
• One-stage approach



META-ANALYSIS

Statistical synthesis of evidence from multiple studies to produce a combined effect estimate

- Two-stage approach
- Effects calculated for each primary study
- Combined via meta-analysis



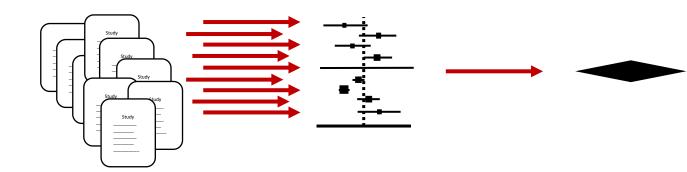
• One-stage approach



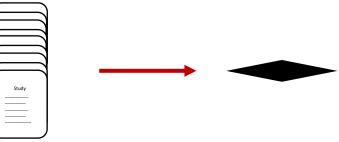
META-ANALYSIS

Statistical synthesis of evidence from multiple studies to produce a combined effect estimate

- Two-stage approach
- Effects calculated for each primary study
- Combined via meta-analysis



- One-stage approach
- Primary study data are analysed in one model, with an additional parameter to account for each study





- 1. Whether reviewers re-analyse primary ITS studies included in reviews, and if so, what re-analysis methods are used;
- 2. What meta-analysis methods are used;
- 3. What effect measures are used, and how completely the estimated combined effects are reported; and
- 4. What tools and domains are used to assess the risks of bias or methodological quality of the included ITS studies.



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Systematic review - Methods

Inclusion criteria

- 1. a review that included at least two ITS studies/series which met the review authors' definition of an ITS design; and
- 2. included at least one meta-analysis of ITS studies.





Systematic review - Methods

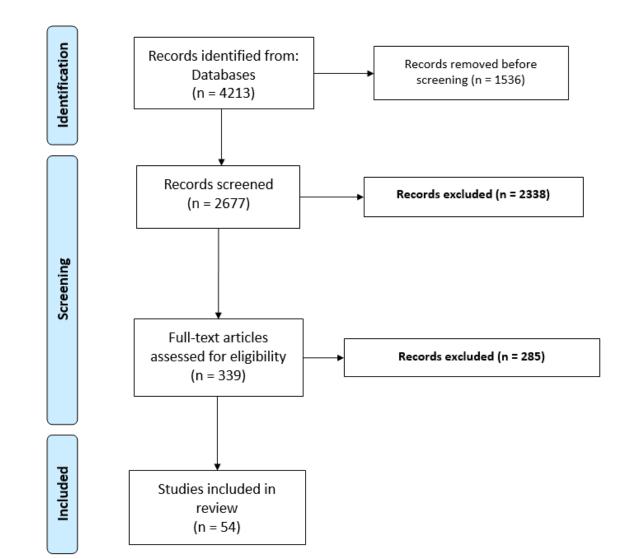
Data extraction

Domain	Items
Review characteristics	Author, journal, discipline, PICO elements
Outcome and studies included	Type of outcome Number of ITS studies
Methods for combining ITS results	One-stage, two-stage meta-analysis Re-analysis of primary studies Accounting for autocorrelation etc
Results/Estimates	Type of effect measures Level change, slope change, combination of level and slope (counterfactual) Completeness of reporting (e.g. combined effect estimate confidence interval, measure of heterogeneity)
Risk of bias and/or assessment of study quality	Assessment of primary study risk of bias / methodological quality; Tool or domains used for assessment

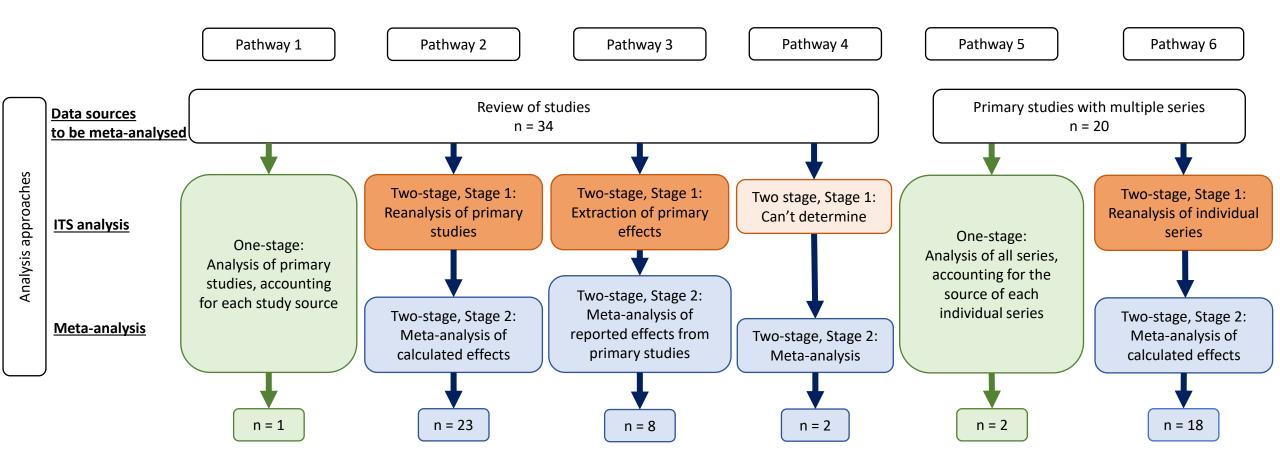
Systematic review - Results

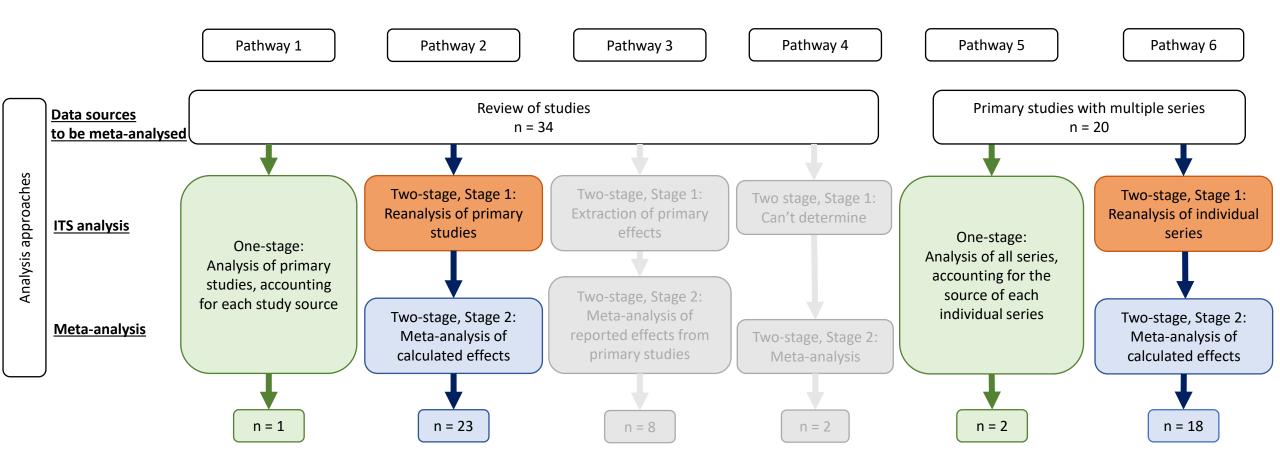


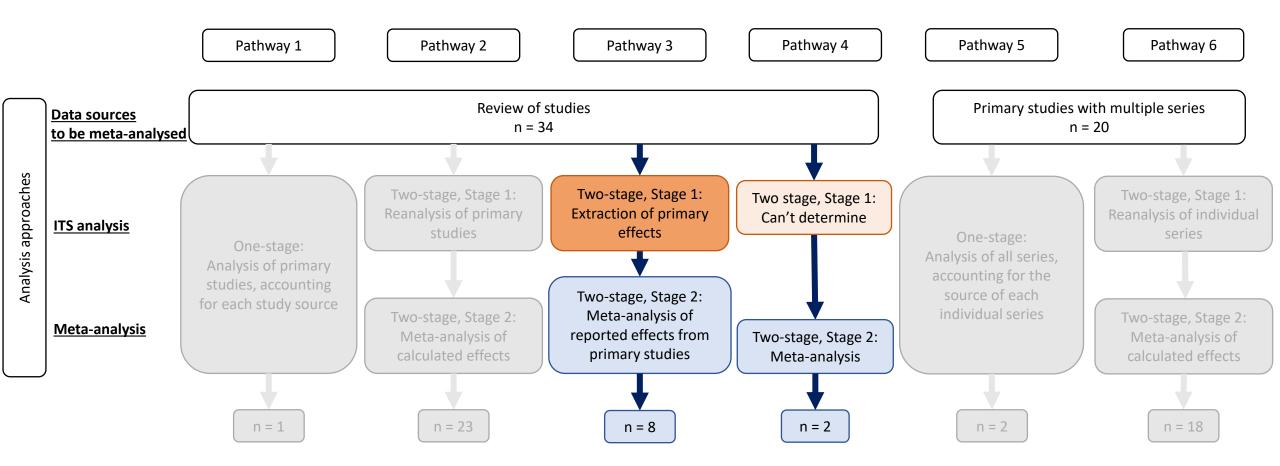
PRISMA 2009 Flow Diagram

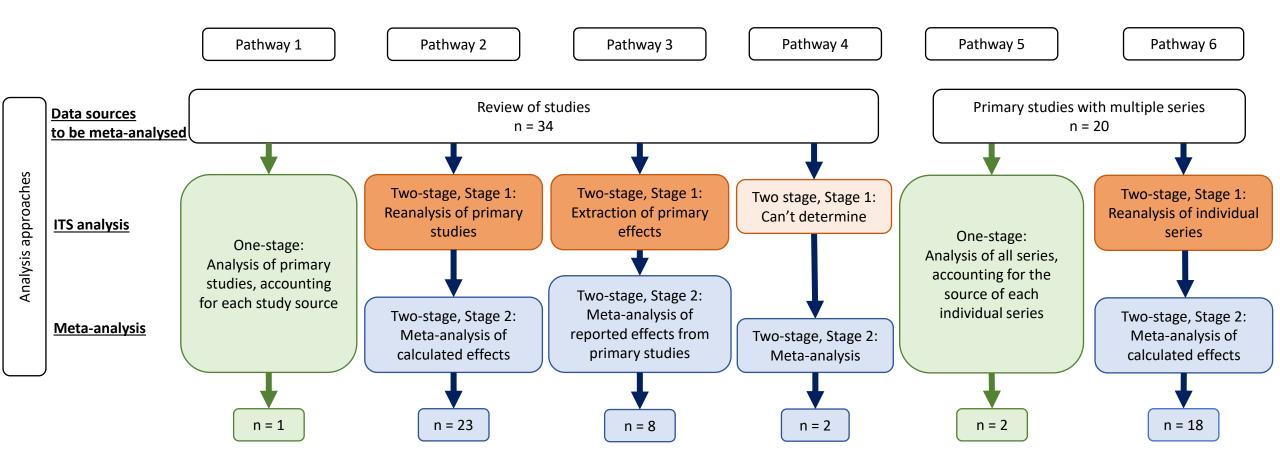


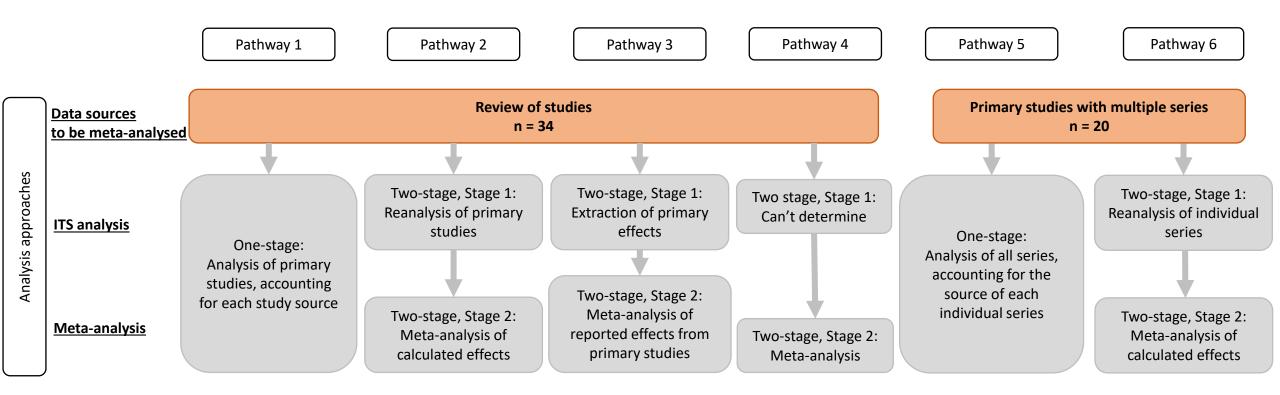




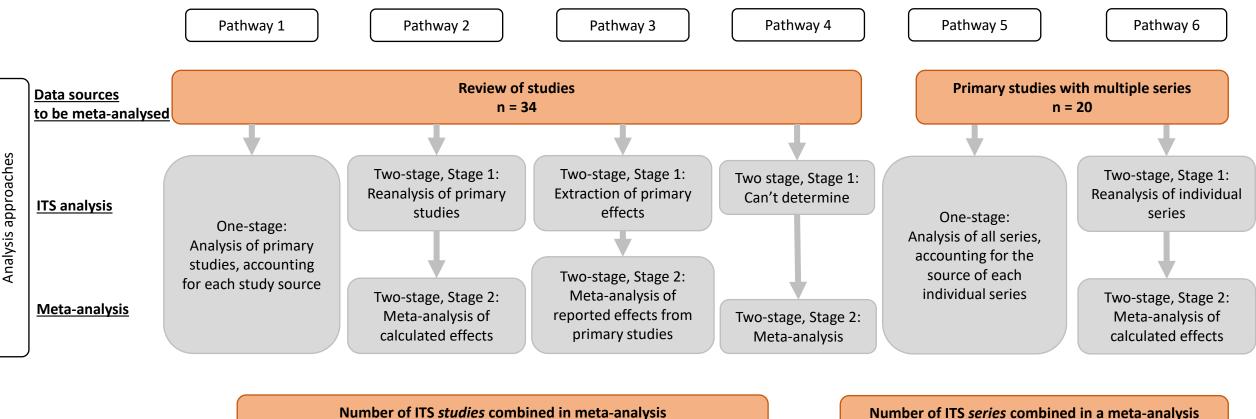






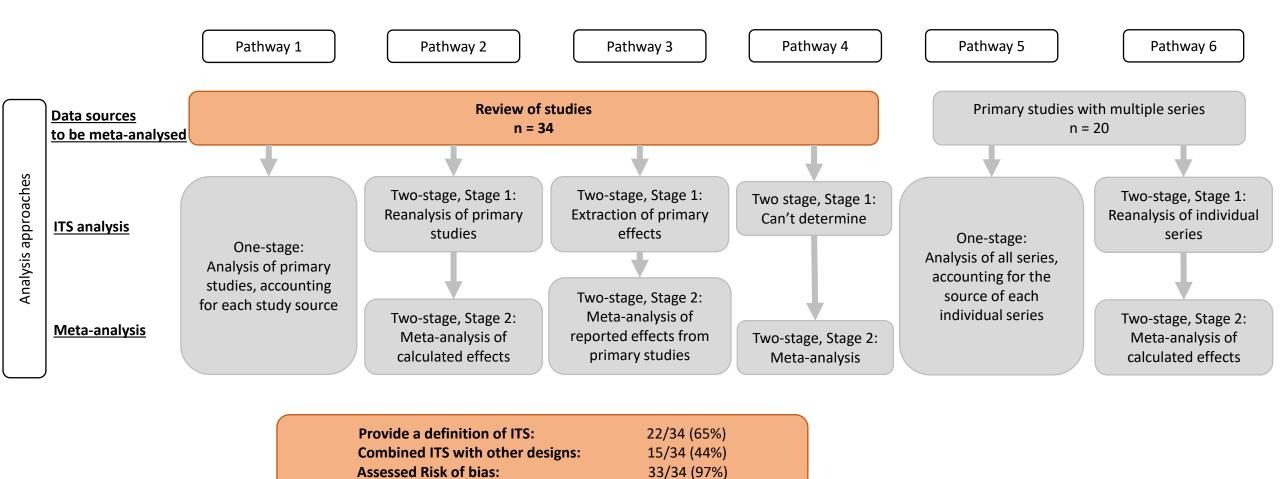


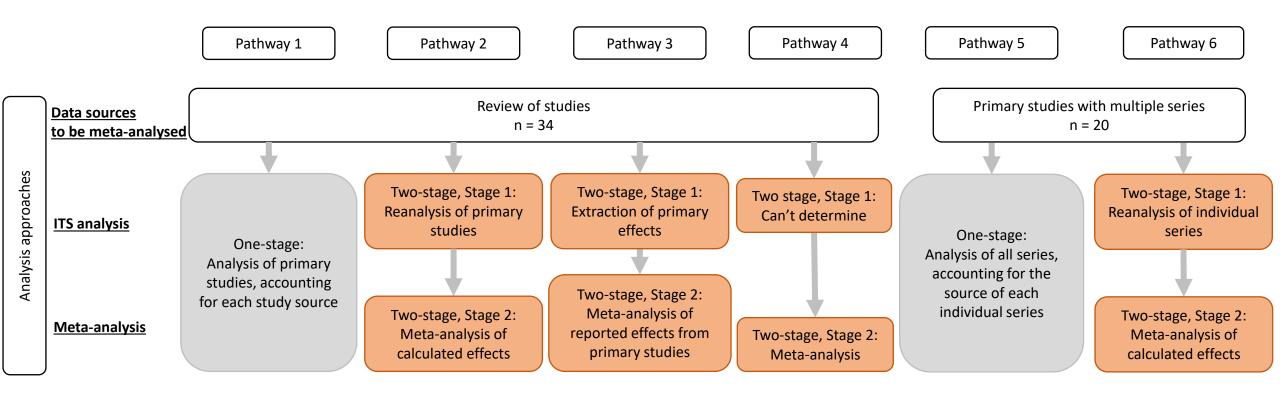




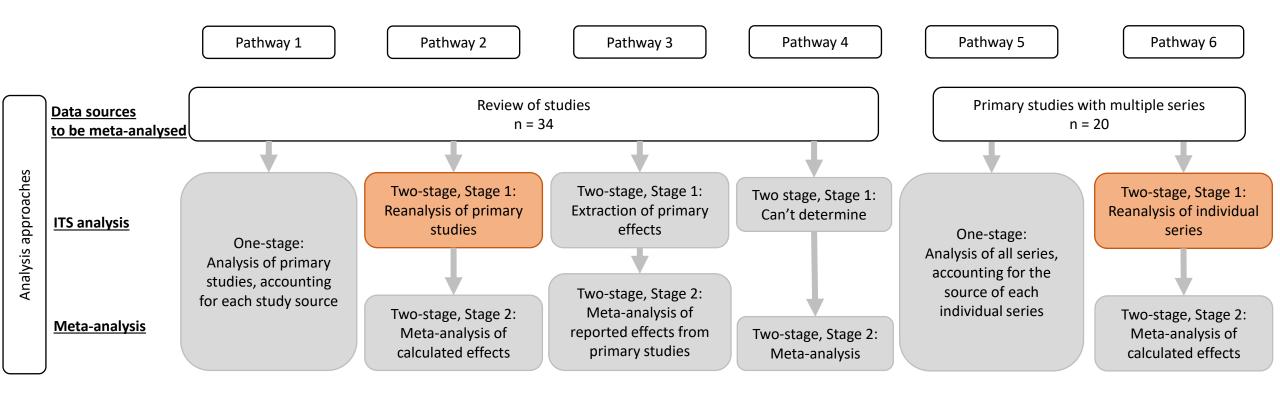
Median 5 studies, IQR: 3 – 7.5

Number of ITS series combined in a meta-analysis Median 12 series, IQR: 6 – 26

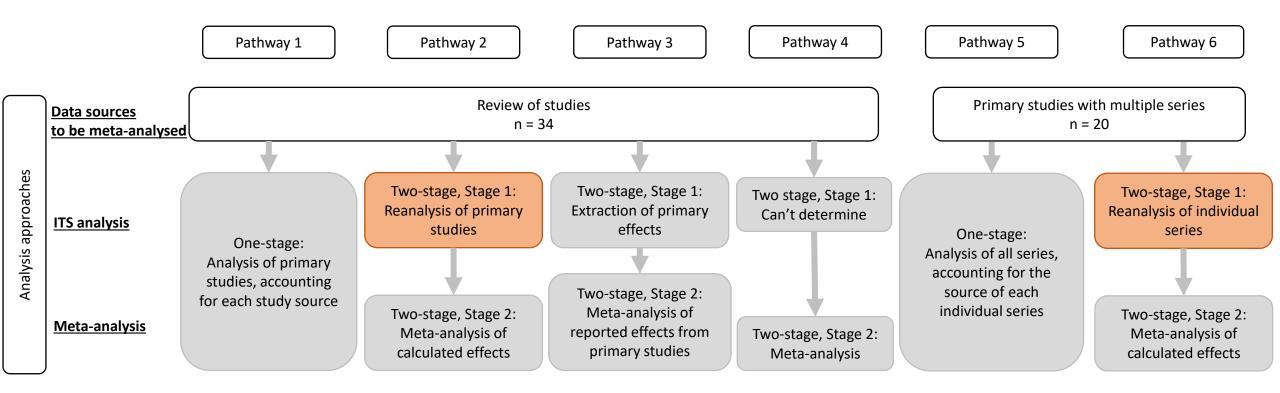




Two-stage meta-analysis		
n = 51	51/54 (94%)	

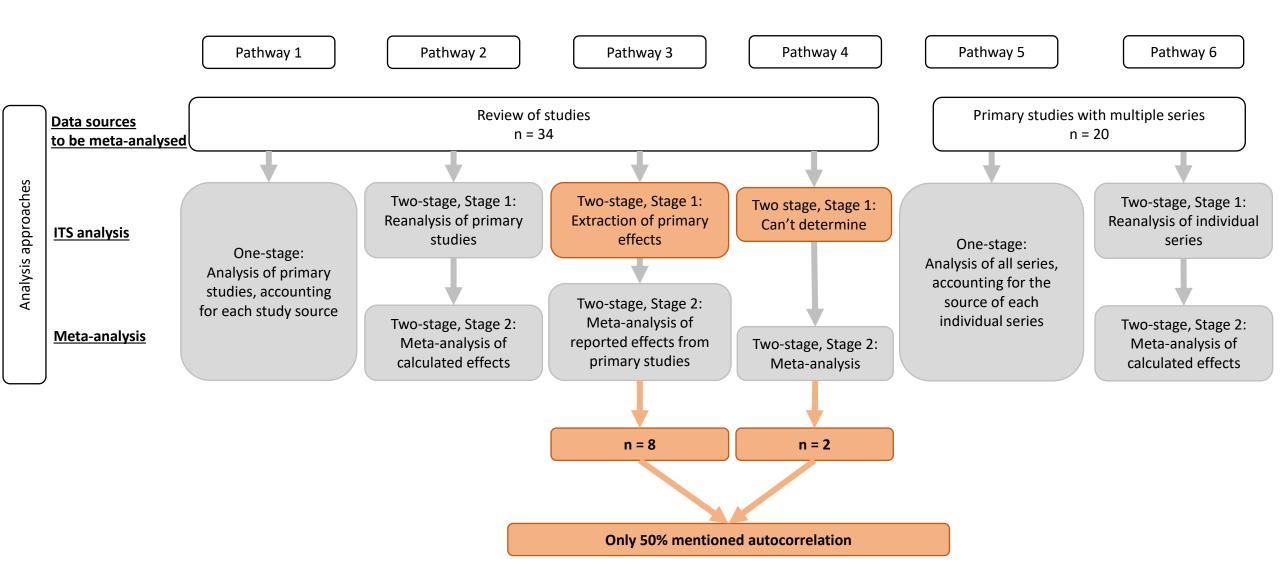


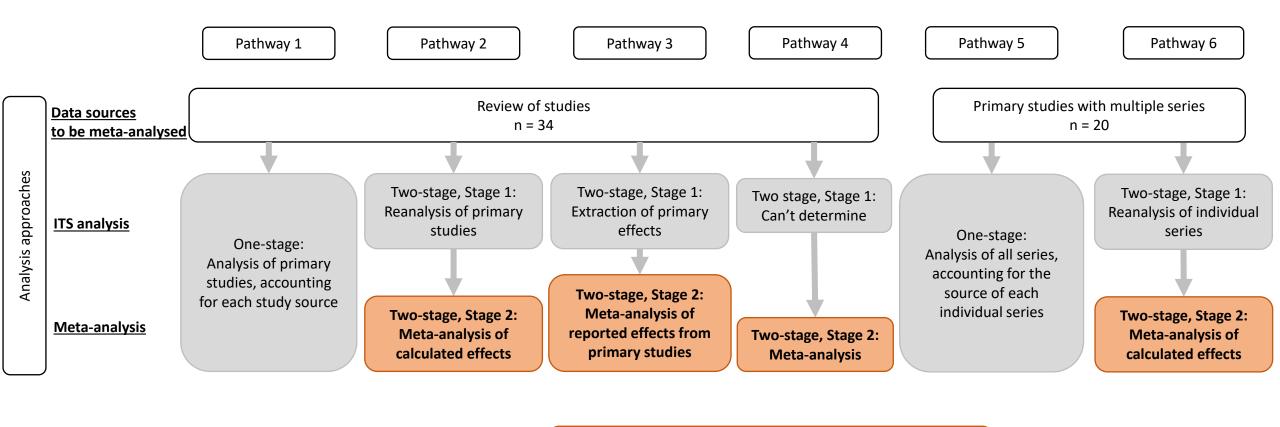
41/51 (80%) reviews perform their own analysis of the raw ITS data The most commonly reported reason for re-analysis was to analyse as a time series



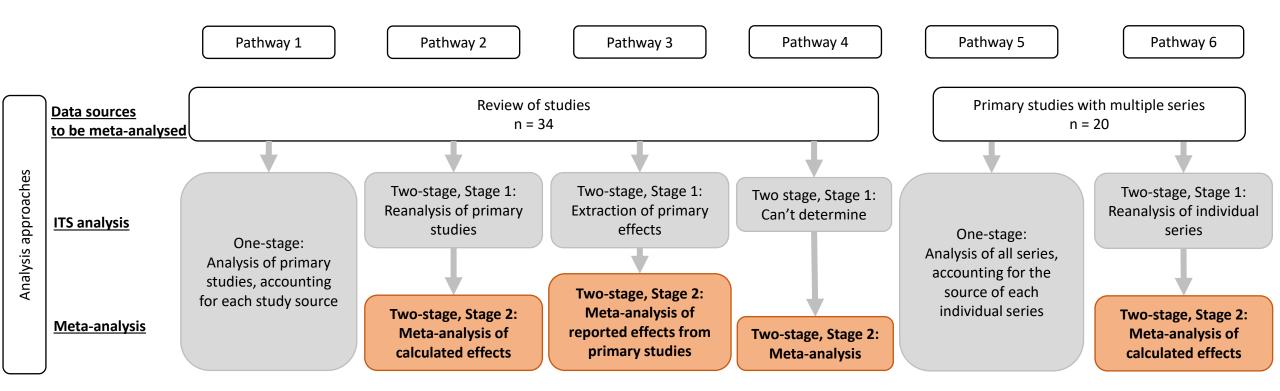
Segmented time series regression: 35/41 (87%) 22% used ARIMA 25% could not determine IF or HOW autocorrelation was adjusted for

Can't determine: 2/41 (5%)

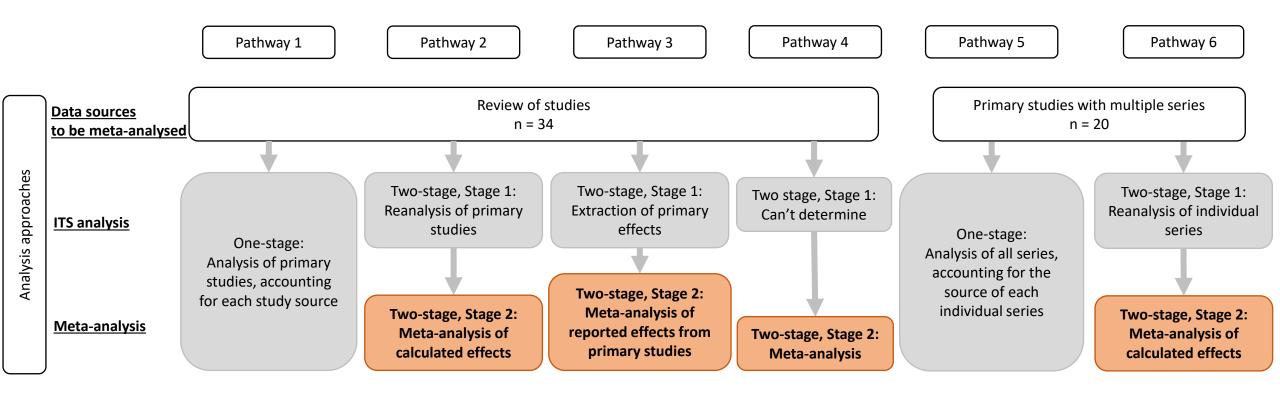




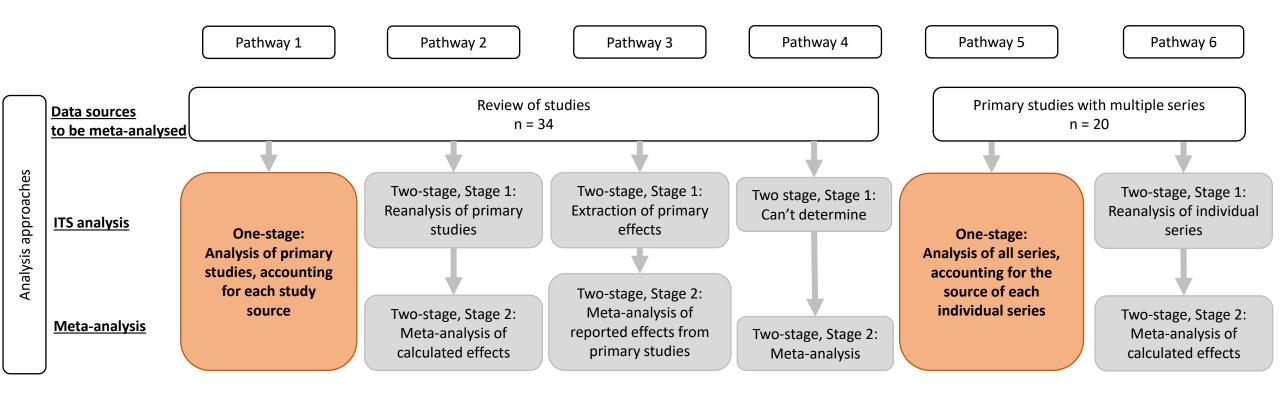
Immediate level change:	42/51 (82%)
Slope change:	10/51 (19%)



Meta-analysis method	
Random effects:	35/51 (69%)
Can't determine:	2/51 (4%)
Heterogeneity variance estimator	
Dersimonian and Laird:	19/51 (37%)
Can't determine:	14/51 (27%)
Confidence interval method	
Wald type	18/51 (35%)
Can't determine	15/51 (29%)



49/82 (60%) report a measure of heterogeneity



n = 3 All meta-analysed immediate level change only Only one mentioned autocorrelation

Systematic review - Discussion

- ITS studies ARE being meta-analysed!
 - Most often using two-stage meta-analysis approaches
 - Reporting of included study designs must be improved
 - Reporting of the statistical methods used to analyse the primary ITS studies must be improved
 - Regardless of whether the analysis was performed by the review authors or if they extracted the effect estimates from the primary studies
 - Reporting of the meta-analysis methods should be improved



Systematic review - Discussion

- Strengths
 - We followed a pre-specified a systematic review protocol
 - Searched several disciplines (public health, economics, psychology and education)
 - Detailed data extraction completed on all studies retrieved by our search
- Limitations
 - Reporting of definition of ITS studies
 - Identifying if ITS studies are included in the meta-analyses
 - We only captured the information reported in the reviews



Systematic review - Conclusions

- There is a necessity for improved reporting on the design and analysis characteristics of ITS studies that are included in meta-analyses.
- The meta-analysis methods used to combine results from the included studies should also be reported fully, including the effect estimator, methods of calculating confidence intervals and levels of between-study heterogeneity.





Thank-you!

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Andrew Forbes

Team members: Simon Turner Other NHMRC grant members:

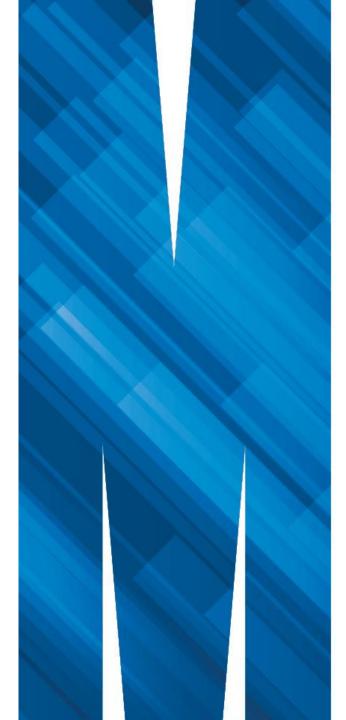
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Questions?

