

#### Karolinska Institutet

### sttde: a time-depending and postestimation within time-interval command

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# Exposure data of income (Year\_1990-Year\_2015) collected over 25 years, with record of the death of the individual

Start	End	Death	Year_1990	Year_1991	 Year_2014	Year_2015
1991	2013	0	3423	5431	3456	6641
2005	2014	1	5321	2341	4321	
1998	2015	0			5464	5431
1990	1995	0	342	453	224	156
1995	2015	1		7585	4257	1335
2001	2014	1	21235	4523	4568	
2008	2009	1	23854	124	•	



#### **Other possible research questions**

- Applied example 1.
  - → What is the association between suicide and being a parent, and how does it change during the adult's lifespan?

- Applied example 2.
  - → How long does it take for immigrants from specific regions to utilize the Swedish health care system to the same length, or more as a Swedish native?



### The assumption of proportionality and timedependence, in survival analysis

- A common setting in survival analysis is that exposure is recorded at baseline and then it is assumed to stay constant.
- However, exposures and covariates may change over time. Ignoring this fact may lead to misleading and uninformative results (eg. Yearly income at migration)
- Time-depending survival analysis, in short, is to divide the individual's follow-up at the time-point when the exposure changes.



#### What is sttde?

- The program has several functions
  - 1. Re-structure and manage the data to fit a time-depending analysis.
  - 2. Use previous information of the user's survival analysis input to estimate a general time-depending regression model.
  - 3. If chosen by the user, estimate within time-intervals of the study period to be able to examine the change of the estimates over time.
  - Receive graphically the exposure's estimates over time for a clearer understanding (with Stata's own graphical twoway layout, making the user able to design them as he/she wishes).
- The program also functions by ignoring step 1, granting the user an informative picture of the behavior of a non-time-depending exposure (recorded at baseline) over time.

#### **Possible structure of the data**



start	stop	birth_date	died	imi	male	income_1991	income_1992	income_1993	inco
01jan2011	31dec2015	15aug1975	0	1	0		2	1	
01jan1991	31dec2015	15jun1946	0	0	0	0	4	4	
01jan1991	31dec2015	15feb1958	0	0	0	2	2	2	
01jan1991	22nov2005	15dec1917	1	0	0	1	1	1	
14jun2005	31dec2015	15jun1987	0	0	1	2	8	22	
01jan1991	06apr1999	15nov1914	1	1	1	2	2	1	
01jan1991	31dec2015	15apr1935	0	0	1	4	4	4	
01jan1991	17aug2000	15mar1916	1	0	1	0	0	0	
15ju12007	31dec2015	15jul1989	0	0	0	*		~	
01jan1991	14ju12003	15jul1913	1	0	1	0	0	1	
01jan1991	31dec2015	15mar1971	0	0	0	1	2	3	
01jan2012	31dec2015	15oct1960	0	1	1	¥.	2	2	
01jan1991	15feb2010	15jun1914	1	0	0	1	1	1	
01jan1991	31dec2015	15feb1969	0	0	0	3	2	3	
15feb2012	31dec2015	15feb1994	0	0	0			8	
01jan2010	31dec2015	15oct1970	0	1	1	*	4		
14may1996	31dec2015	15may1978	0	0	1		÷.		
01jan1991	21nov1993	15mar1913	1	0	1	3	4	4	



#### Code to execute program



sttde income\_1991-income\_2015, streg(cox) type(ib2.) eform adjustfor(i.imi i.male) tb(16(2)40)

Minimum required code

streg: the regression model to be used – default is cox regression
type: continuous, categorical (with or without chosen ref.) – default is continuous
eform: the Efron method to handle tied failures – Breslow is default
adjustfor: covariates or non-time depending exposures to be included in the model
tb: specification of the within-time estimation – excluding will yield only the overall estimate



#### **Code to execute program**

. stset stop, scale(365.25) id(lopnr) origin(birth date) failure(died) enter(start)

id:	lopnr
failure event:	died $!= 0 \& died < .$
obs. time interval:	<pre>(stop[_n-1], stop]</pre>
enter on or after:	time start
exit on or before:	failure
t for analysis:	(time-origin)/365.25
origin:	time birth date

```
105,212 total observations
3 ignored because never entered
3,106 observations end on or before enter()
102,103 observations remaining, representing
102,103 subjects
22,948 failures in single-failure-per-subject data
1,733,754 total analysis time at risk and under observation
at risk from t =
```

```
earliest observed entry t = 17.99863
last observed exit t = 109.8097
```

0

. sttde income 1991-income 2015, type(ib2.) eform adjustfor(i.imi i.male) tb(16(2)40)



## Hazard ratios within intervals of the time-

. sttde income 1991-income 2015, streg(cox) type(ib2.) eform adjustfor(i.imi i.male) tb(16(2)40)

Time interval estimation (95% conf. int.)

Variable	1	18-20			20-22			 38-40			40-110	)	
income	1							 					
0	1	5.617	(1.665;	18.953)	1.794	(0.458;	7.026)	 1.507	(0.704;	3.226)	0.734	(0.705;	0.763
1	1	2.684	(0.712;	10.120)	2.834	(0.752;	10.688)	 0.979	(0.424;	2.258)	0.949	(0.916;	0.984
2	1	1			1			 1			1		
3	1	1.077	(0.217;	5.338)	0.994	(0.201;	4.925)	 0.474	(0.165;	1.365)	0.946	(0.902;	0.992
4	1	0.376	(0.039;	3.620)	0.712	(0.119;	4.268)	 0.693	(0.278;	1.726)	0.809	(0.768;	0.852
	1												
imi	1												
1	1	0.431	(0.164;	1.133)	1.111	(0.389;	3.174)	 0.724	(0.320;	1.635)	1.239	(1.181;	1.299
	1												
male	1												
1	1	2.293	(1.151;	4.566)	2.665	(1.103;	6.442)	 2.296	(1.287;	4.094)	1.590	(1.548;	1.63



## Applied example 1: The association between children and parents' suicide\*

- A Swedish population study measuring the association the number of children have with the risk of parents taking their own life at a later date.
- The men and women entered the study at earliest the year of 1990 or at the age of 20, whichever occurred last. They were followed until 2011, or at loss of follow-up.
- Due to the young age of most individuals, the number of children recorded at the baseline was few – *leading us to treating the exposure as time-depending*.

\*"Parenthood and lower risk of suicide in women and men" (in manuscript). Main author: Alma Söderberg Wallin, Karolinska Institutet (alma.sorberg.wallin@ki.se)

#### Application 1: Risk of suicide for being a parent, using different survival estimation approaches



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# Applied example 2: Estimation of time to sychiatric care use among migrants, compared to Swedish born citizens\*

- Sweden has, to a certain extent, free healthcare and people in need of psychiatric care is always greatly encourage to contact and utilize it.
- It is not surprising to assume that migrants being granted citizenship in Sweden does not fully understand or grasp the healthcare system, to the same extent as people born in the country, at the start.
- This study examined the association between migration status and utilizing psychiatric healthcare in Sweden, compared to Swedish born. The exposure here is **not** treated as time-depending.

\*"Psychiatric care use among migrants to Sweden compared with natives – a longitudinal cohort study of 5,682,485 people in Sweden" (in manuscript). Main author: Anna-Clara Hollander, Karolinska Institutet (anna-clara.hollander@ki.se)

#### Application 2: Psychiatric care use in regards to region of origin, compared to Swedish born





#### **Future work**

- Keep designing it so it can handle as many "stset" approaches as possible.
- Calibrate the program so the computational speed decreases.
- Adding more options to the sttde command.