

## 1.3 Designs of Experiments

①

### \* Experiments and Observational Studies

Def:

An experimental unit are the individuals that are being studied.

ex

people, animals, plants - living things that could be studied.

mechanical parts - non-living things that could be studied (measured).

### \* Treatments

Def: A "treatment" in an experiment is a stimulus given to an experimental unit to set-up a potential response

Def: An outcome (response) is what is measured on each experimental unit once the stimulus is applied

\* Investigations fall into two categories ②

I Randomized experiments are a study in which the investigator designs the treatments, applies the treatments and observes the response.

II Studies

a. Observational Studies: The treatments are not made by the investigator  
"observe ppl eatin fast food - then asking them to participate in a blood test"

b. Historical Studies: this is a study where the investigator dives into existing data to answer questions about a stimulus-response topic.

## I Randomized Experiments

- Randomly selected individuals are assigned to a treatment
  - ↳ Some receive the "active" treatment
  - ↳ Preferably some will receive a "placebo" treatment

Def: placebo is a treatment in name only  
— an inert treatment is applied.

- Double-Blind process : both the subject receiving the treatment as well as the administrator of the treatment do not know if the treatment is active or is a placebo.

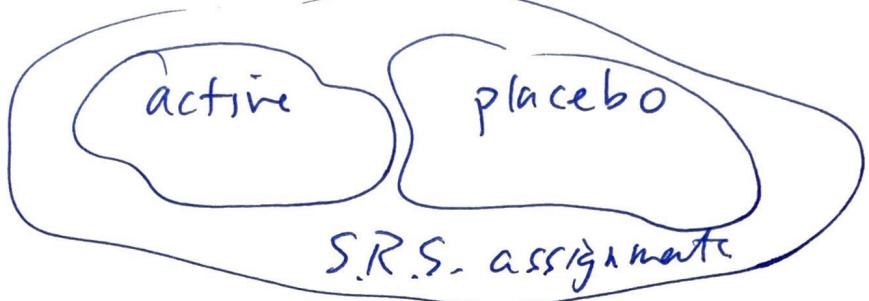
- Single-blind receiver does not know if the treatment is active or is a placebo, but the administrator of the treatment does know.

Note: A certain portion of a human population will show improvements with even a placebo

{assuming the recipient remains unaware that their treatment is not active - just placebo}

- sheer human will to survive

procedures for double-blind.



- Frame (a list) use random.org to separate into active vs placebo.
- Record treatments in a database but Not notify the nurse as to which treatment is being administered.
- After a specified length the analysis is deemed "successful" or "failure" {we need strict definitions for both}
- The effectiveness of the treatment as a whole needs to be defined... "maybe if 10% more subjects improve = success"

(4)

Note: A certain portion of a human population will show improvements with even a placebo

{assuming the recipient remains unaware that their treatment is not active - just placebo}

- sheer human will to survive

procedures for double-blind.



- Frame (a list) use random.org to separate into active vs placebo.
- Record treatments in a database but Not notify the nurse as to which treatment is being administered.
- After a specified length the analysis is deemed "successful" or "failure" {we need strict definitions for both}
- The effectiveness of the treatment as a whole needs to be defined... "maybe if 1% more subjects = success"

## \* Randomized Block Experiments (strata Polling) (5)

Normally in a completely randomized experiment all aspects of the study are applied randomly

→ In some situations we may want to apply the experiment in a strata.

**ex** A "method to improve reading skills in lower-age elementary education students" It would be more natural to apply the treatments per grade level.  
2<sup>nd</sup> grade separate from 3<sup>rd</sup> grade

- The placebo in this example might be an existing reading method.
- Randomize schools and classroom, within the school. If the readers are broken into smaller portions then randomly apply the "new" treatment.

II

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## Observational Studies

- We pull through existing data vs. design an experiment.  
In most observational studies the subjects choose their own treatments:

**Ex** Bad Cholesterol Causing potential heart failure

Potential heart attack patients have selected in their diet the level of bad cholesterol.

- Confounding variables

**Ex** A study in bad cholesterol levels needs to account for smoking, exercise & stress.  
Confounding vars.

→ women who smoke will smoke less than men who smoke ⇒ gender also is a confounding variable ⇒ strata observational study.

\* confounding variables: we ask

"Is there something else effecting the outcomes?"

**Ex** In the Neverlands people noticed that there were more storks nesting in communities where the birth rate was higher!

→ real reason: younger couples expanding into new communities w/ homes that have more fireplaces

- Common confounding variables  
gender, age, health habits

- we can "block" out the confounding variable by using a stratified or block study

**Ex** Alcoholism: Bar Attendees

Q: How many drinks are ppl consuming?

	M	F
Smokers	61	43
Non-Smokers	42	21

After a few weeks - approach them and ask  
confidentially "Have you experience heart issues?"

## ④ Cohort Studies

⑧

When groups of people with common backgrounds or traits are studied we call such a "Cohort Study"

{Birds of a Feather}

- Prospective Cohort Studies

Subjects are followed over time  
into the future under constant or regular examination

- Retrospective Cohort Studies

We look back in time and study the responses to treatments.

[Ex] Back when ppl received plaster casts vs. Fiberglass casts. Did healing time change under each of these treatments.

## • Cross-Sectional Studies

we take "snapshots" of all parameters of subjects at different times or locations

**Ex** Route 66 trip : Inquire about the owners of various hotels/motels.

**Ex** Drill out a 30 ft ice core in antarctica and sample the air bubbles in the ice to measure  $CO_2$  levels. @every 10 ft

**Ex** Obtain <sup>one a</sup> decade soda cans and measure the thickness of the liner of "plastic" in the can. {Thickness, measure content of "Bisphenol A"}

- Case - Controlled Studies

These studies will look into the past as well as follow subjects into the future.

Ex

A study sampled 201 children under the age of 10 who were diagnosed with brain cancer. Also the stud sampled 285 children who did not have a history of brain cancer.

The two groups had the parents interviewed to determine the extent that the children were exposed to common pesticides "such as RAID"

## Summary

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### Cohort Study

#### Pros

#### Cons

prospective  
(into the future)

Thorough  
controllable

expensive  
time consuming

retrospective  
(into the past)

less-expensive  
quick

No control of  
subjects/treatments

cross-sectional  
(past & future)

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difficult to  
determine the  
desired timing  
of events in  
the past that  
correspond to  
the future.