Their primary endpoint
CHD (fatal + non-fatal MI) per 1000 women randomized, over 5 years of followup:
164/8506 = 19.3 vs 122/8102 = 15.1. Rate ratio = 12.2/15.1.

Political science: JSTOR snapshots

(* log log regression *)

Solve[Log[y] = a + b*Log[x] + c*Log[z], y]
E^a*x^b*z^c

fitxz[x_, z_] := E^a*x^b*z^c

(* proportional increase in x *)

b = .058; c = .033;

Table[fitxz[x*k, z]/fitxz[x, z], {k, 1, 5, 1}]
{1.04102, 1.06579, 1.08373, 1.09784}  
> 3 times/person

proportional increase in fit for x -> k*x

Anomie Take II


Robert Putnam (2000). *Bowling Alone: The Collapse and Revival of American Community*. Simon & Schuster. “Telecommunications constitutes the third counter trend toward greater social connectedness considered in this chapter, and by all odds it is the most important.” [p. 166.]

DAF. Talk more on the phone, live longer. Cross national comparison, 84 countries. LHS variable is life expectancy at birth. Regression diagnostics suggest excluding least developed countries, due to causal heterogeneity. (Countries in sample have > .2 lines per person and income > US $2500 per person per year.) Log-log.

\[
\begin{array}{ccc}
\text{Coeff} & \text{SE} & t \\
\text{Constant} & 4.062 & .060 & 67.1 \\
\text{Telephone lines per person} & .058 & .009 & 6.5 \\
\text{Income per person} & .033 & .006 & 5.8 \\
\end{array}
\]

\[R^2 = 0.50\]

coefficient significant

The aim . . . is to provide a clear and rigorous basis for determining when a causal ordering can be said to hold between two variables or groups of variables in a model . . . . The concepts . . . all refer to a model—a system of equations—and not to the “real” world the model purports to describe.


cf. *Spurious correlation paper* of Simon
HRT (Hormone Replacement Therapy) prevents heart disease (?)  
50 observational studies say yes—by factor of 2.  
Two experiments say, no effect, even harmful.


6,224 post-menopausal women on combined HRT vs 27,034 never-users. 0–16 years of followup (average is 12). Analysis by the Cox model. Treatment variable is HRT. 17 confounders, including age, age at menopause, height, weight, smoking, blood pressure, cholesterol, ..., exercise. 11 get into main model.

"Proportional-hazards models were used to calculate relative risks and 95 percent confidence intervals, adjusted for confounding variables. We observed a marked decrease in the risk of major coronary heart disease among women who took estrogen with progestin, as compared with the risk among women who did not use hormones (multivariate adjusted relative risk 0.39; 95 percent confidence interval, 0.19 to 0.78)."

"Women who take hormones are a self-selected group and usually have healthier lifestyles with fewer risk factors. [However,] participants in the Nurses' Health Study are relatively homogeneous.... Unknown confounders may have influenced our results, but to explain the apparent benefit on the basis of confounding variables, one must postulate unknown risk factors that are extremely strong predictors of disease and closely associated with hormone use."


16,608 post-menopausal women randomized to HRT or control. Trial stopped early.

Rate ratio for CHD (Coronary Heart Disease) is 1.29.

"Nominal" 95% confidence interval is 1.02 to 1.63.

"Adjusted" 95% confidence interval is 0.85 to 1.97.

Cox model. Covariates: clinical center, age, prior disease, assignment to diet.

"The adjusted 95% CIs presented here in use group sequential methods to correct for multiple analyses over time. A Bonferroni correction for 7 outcomes as specified in the monitoring plan... was applied to all clinical outcomes other than CHD and breast cancer..."

DAF

Deaths per 1000 women randomized, over 5 years of followup:

\[
\begin{align*}
231/8506 &= 27.2 \text{ vs } 218/8102 = 26.9
\end{align*}
\]

Their primary endpoint

CHD (fatal + non-fatal MI) per 1000 women randomized, over 5 years of followup:

\[
\begin{align*}
164/8506 &= 19.3 \text{ vs } 122/8102 = 15.1, \text{ Rate ratio } &= 19.3/15.1 = 1.28
\end{align*}
\]