

comparing populations with different sex- agestructure

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	SWEDEN							
0-29 years 30-59 years >=60 ye								
deaths	3,523	10,928	59,104					
Population	3,145,000	3,057,000	1,294,000					
Mortality rate	1.12 / 1000 py	3.57 / 1000 py	45.68 / 1000 py					
	PAN	AMA	10					
	0-29 years	30-59 years	>=60 years					
deaths	3,904	1,421	2,456					
Population	741,000	275,000	59,000					
Mortality rate	5.27 / 1000 py	5.17 / 1000 py	41.63 / 1000 py					



STANDARDIZATION = Statistical technique which enables to adjust mortality (incidence) rates by taking into account the different age- sexstructures of populations under comparison.

This technique employs a **set of weights**, which are common to the populations to compare.



Usefulness of Standardization with respect to sex- age-specific rates:

1. A single synthetic index for a given population is easier to compare with synthetic indexes of other populations.

2. If the number of events is low in some strata, corresponding rates are imprecise and unreliable.

Direct standardization

INFORMATION NEED TO APPLY THE METHOD:

- Sex- age-specific mortality rates of the population under study
- Sex- age-structure of the reference population

The method computes the EXPECTED deaths in the reference population, if the latter had the same mortality of the population under study.

DIRECT STANDARDIZATION							
Let's use the following population structure			ructure	Age classes 0-29 years 30-59 years ≥ 60 years		<u>Class size</u> 400,000 400,000 200,000	
				tota	ıl	1,000,000 inhabitants	
	Age	Specific rate	Inhabit	ants	Expected	Standardized rate	
		_	(Reference	pop.)	deaths		
	0-29 years	1.12/1000 p.y. *	[*] 400,000 p.	y. =	448		
Sweden	30-59 years	3.57/1000 p.y. *	* 400,000 p.	y. =	1428	11,012/1,000,000 p.y.	
	>= 60 years	45.68/1000 p.y. *	* 200,000 p.	y. =	9136	11.0/1000 p.y.	
	0-29 years	5.27/1000 p.y. *	∗ 400,000 p.	y. =	2108		
Panama	30-59 years	5.17/1000 p.y. *	[*] 400,000 p.	y. =	2068	12,502/1,000,000 p.y.	
	>= 60 years	41.63/1000 p.y. *	* 200,000 p.	y. =	8326	12.5/1000 p.y.	
Star (Raj	idardized Rate pporto tra tass Mortal	Ratio (SRR) = i standardizzati) ity in Panama	<u>12.5/1000 p</u> 11.0/1000 p is 13.5%	<u>.v.</u> = 1.1 .y. highe	135 er than in	Sweden.	



Indirect standardization								
Let's reference	standardize n e the Swedish p	nortality rate	in Panama	a, using as				
Standardized mortality ratio (SMR) = (Rapporto di mortalità standardizzato) = = (observed deaths) / (expected deaths) Observed deaths in Panama = 7781 Expected deaths in Panama = ?								
Age	Inhabitants	Specific rate	Expected	SMR				
0.20 years	(Panama)	(Reference pop.) $1.12/1000 \text{ pv}$	- 820 0					
30-29 years	$275000\mathrm{p.y.}^{+1}$	3.57 / 1000 p.y.	- 029.9 - 981 75	7 781/4506 8 -				
>= 60 years	59.000 p.y. *	45.68 / 1000 p.y.	= 2695.1	1.73				
	27,000 p.j.		4506.75					



Which is better ? Direct or indirect standardization ?

Direct method

- Advantages: the population structure is taken from the reference population, and hence is kept constant. Hence standardized rates are directly comparable.
- **Disadvantages**: precision of the estimates is lower, especially when there are few cases in some age strata.

Indirect method

- Advantages: the population structure, being taken from the populations under study, changes from one population to another one. Hence SMRs are not directly comparable.
- **Disadvantages**: As mortality rates are taken from the reference population, estimates are more precise. The indirect method is the method of choice when cases are few.

	CRUDE ANALYSIS						
	general	female po	pulation		dia	betic won	nen
Age classes	population	deaths	mortality rate		population	deaths	mortality rate
			deaths/1000 py				deaths/1000 py
0-29 years	25000	25	1,00		100	0	0,00
30-59 years	40000	80	2,00		800	6	7,50
>=60 years	25000	750	30,00		2500	100	40,00
total	90000	855	9,50		3400	106	31,18
			rate in diabetics	7	rate in the gener	al populatio	n
	Rate ratio = 31,18			7	9,50		
	(Rischio relativo)=		3,282				
Does diabetes mellitus increase mortality three-fold in women?							

	DIRECT ST	FANDAF				
	The referen	ce popula	ation provides the	рс	opulation struc	ture
	general female		diabetic women			
Age classes	Population		mortality rate	E	xpected death	S
			deaths/1000 py			
0-29 years	25000	*	0,00	=	0,00	
30-59 years	40000	*	7,50	=	300,00	
>=60 years	25000	*	40,00	=	1000,00	
total	90000				1300	
		to	otal expected deaths	1	reference popula	tion
Star	ndardized rate	=	1300	1	90000	
(tasso st	andardizzato)	=	14,44	/1	000 person*yea	ars
			Standardized rate	1	rate in the refere	nce pop.
Standardiz	ed Rate Ratio	=	14,44	1	9,50	
Rapporto di	tassi standardi	izzati =	1,52			

						_
	INDIRECT S	STANDA	RDIZATION			
The	eference popu	lation prov	vides mortality rat	es		
	general female					
	population		diabetic women			
Age classes	mortality rates		population	e	expected death	s
	Morti/1000 pa		per age classes			
0-29 years	1,00	*	100	=	0,10	
30-59 years	2,00	*	800	=	1,60	
>=60 years	30,00	*	2500	=	75,00	
total					76,70	
			observed deaths	1	expected deat	hs
Standardized Mortality Ratio (SMR) = 106 /					76,70	
(Rapporto di	mortalità standai	rdizzato) =	1,382			

Diabetic women present a three-fold higher mortality than the female general population because they are older: mean age (\pm SD) of Verona diabetic women was 68.3 \pm 12.2 years in 1986.

Diabetes mellitus does not triplicate mortality in women, but rather increases mortality by 40-50%.

Standardization can be applied to studies dealing not only with mortality but also with incidence.

In the latter case indirect standardization yields SIR (Standardized Incidence Ratio) rather than SMR (Standardized Mortality Ratio).