



Causal analysis in multidimensional dietary data to assess effect on all-cause mortality

Yohannes Adama Melaku

Flinders University, Adelaide, Australia

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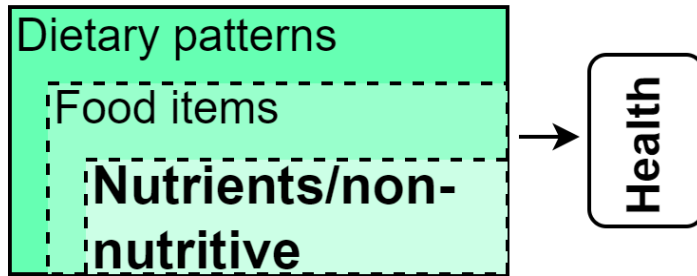
Funding

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Background

- Estimating the causal effect of dietary exposure on health outcomes is challenging
 - Background diet — lifelong exposure (prevalent user)
 - Diet is multidimensional and dynamic — it has subcomponents (nutrients) and changes over time and across geographic areas
 - Diet is compositional — multiple dietary components
 - Full substitution, partial substitution, or addition

Background

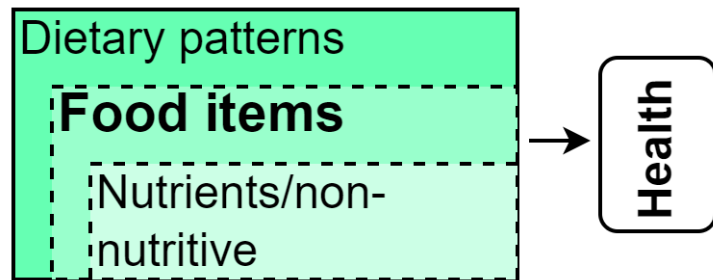


Nutrients

- Ill-defined exposure (particularly if from dietary sources)
- Difficult to design interventions based on nutrients (if from dietary sources)

Background

Food items

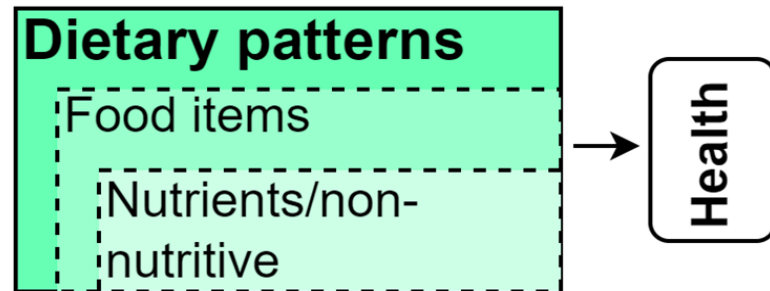


- Causal effect estimation can be determined based on adherence to:
 - Individual food items, or
 - Two or more food items (joint interventions)
- What if we wanted to estimate the effect of each dietary component on health simultaneously (concurrent exposure)?
 - Adjusting for each component → **overadjustment, model misspecification, etc**

Background

- Dietary exposures can be defined in three levels

Dietary patterns



- Constructs (*a priori*, *a posteriori* and *hybrid methods*)
- Dimension reduction vs pre-determined dietary components
- Determining a clear intervention strategy is challenging (poorly defined exposure)
- A hypothetical clinical trial where assigning dietary scores to participants is not feasible

Background

- Estimating the causal effect of concurrent dietary exposures on health outcomes requires:
 - Accounting for the co-occurrence of multiple dietary constituents, which exist as complex mixtures in real-world settings
 - **Balancing covariates across different levels of dietary exposure**

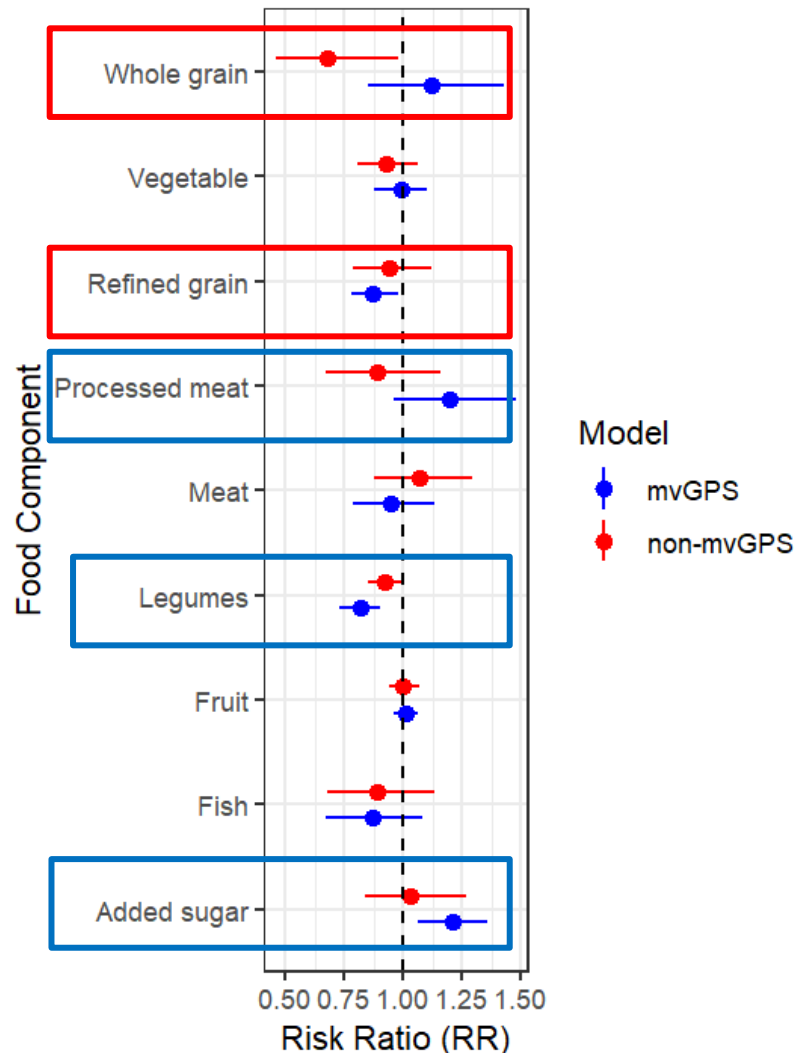
Method

- Multivariate generalized propensity score (mvGPS)
 - A novel extension of the generalized propensity score for multiple simultaneous continuous exposures
 - Has two main advantages
 - Creates covariate balance for multiple exposures
 - Helps to identify dietary components that have a stronger causal effect within the same statistical framework
 - Has been applied in environmental epidemiology but not in nutrition
 - R package – *mvGPS*

Method

- 9 dietary exposures (fruits, vegetables, whole grains, legumes, fish, meat, processed meat, refined grains, and added sugar) – per 100 gr/day increase
 - Two approaches used – mvGPS and mutual adjustment using GLM
- Data source
 - National Health and Nutrition Examination Survey (NHANES)
 - 12,635 ‘healthy’ participants
 - In 15 years, 400 deaths were recorded

Results

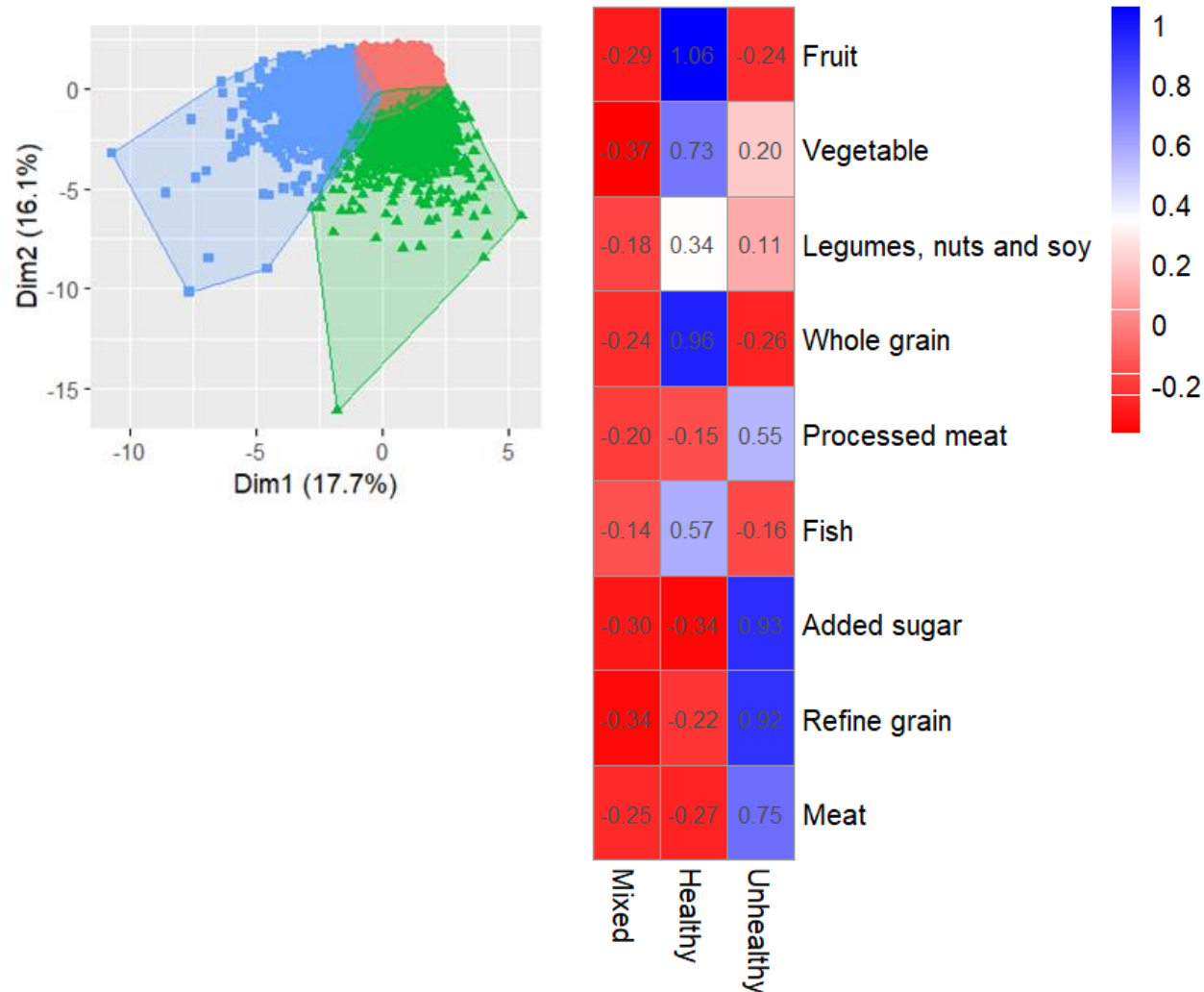


- Euclidean distance (covariate balance)
 - mvGPS – 0.98
 - Non-mvGPS – 1.21-1.32
- Average correlation (between covariates and treatment assignment)
 - mvGPS – 0.04
 - Non-mvGPS – 0.05-0.06
- Although covariates are successfully balanced using mvGPS, effect estimates for some of the dietary components are not consistent with existing evidence

*All models were adjusted for race, sex, marital status, income, education, physical activity, smoking, alcohol intake, depression, health insurance, BMI, hypertension, total energy intake, follow up*age*

Results

- K-means to create clusters



RR (95% CI)	
Non-IPW model	
Balanced	1.00
Healthy	0.96 (0.67, 1.37)
Unhealthy	0.79 (0.56, 1.11)
IPW model	
Balanced	1.00
Healthy	0.75 (0.55, 1.04)
Unhealthy	0.92 (0.63, 1.36)

Conclusion

- mvGPS can be used to balance covariates to estimate the causal effect of simultaneous exposure to dietary components
 - In this specific study, we were able to demonstrate balanced covariate distribution
- However,
 - Simulation studies are required to demonstrate that mvGPS can provide unbiased causal effect estimates in cases of dietary exposure
 - The use of this approach in the target trial framework should also be further explored

Thank you

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