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# Interest of using multiple imputations. Assessment of work-related risk factors for the incidence of lateral epicondylitis

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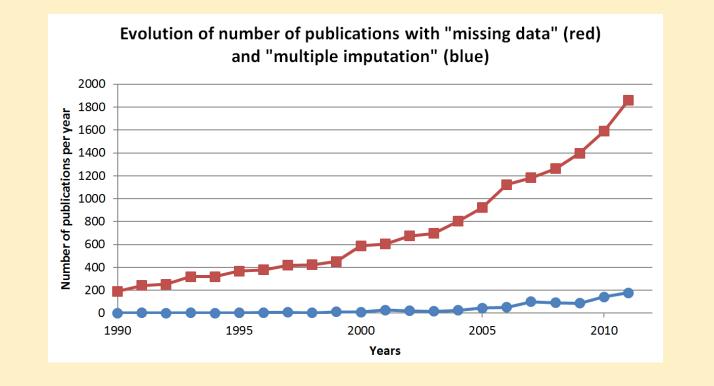
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## CONTEXT

- Increasing concern on missing data with low participation rates in recent studies
- $\Rightarrow$  Estimations on available data could be strongly biased
- $\Rightarrow$  Problem of statistical methods to deal with missing data
- Multiple imputations = effective method to incorporate the knowledge of investigators and extract the maximum potential of available data (1)
- $\Rightarrow$  Multiple imputation can **reduce bias** of estimation on available data



Santé des Populations

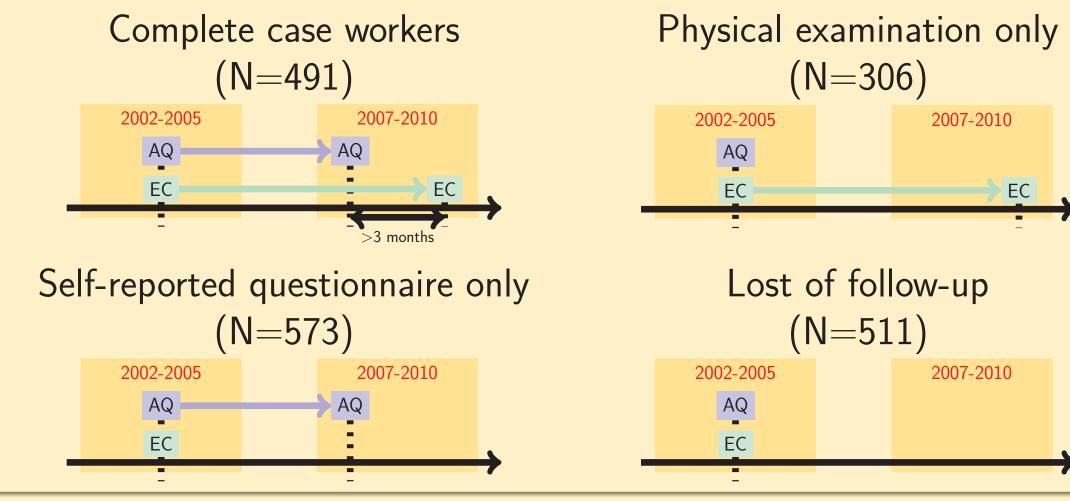
## **OBJECTIVES**

To analyze the effects of occupational risk factors, measured twice, on incidence of lateral epicondylitis using multiple imputations analysis.

## **ORIGINAL DATA**

#### **Study population**

- Large sample of workers in the Loire Valley district of Central West France in two successive surveys in 2002-2005 and in 2007-2010 with self-assessment of occupational exposures (AQ) and physical examination on lateral epicondylitis (EC) by an occupational physician (2)
   3710 workers included in 2002-2005
- ⇒ Study population = 3231 workers without elbow pain or lateral epicondylitis in 2002-2005
   For the 1881 male workers:



## **MULTIPLE IMPUTATIONS**

# We used **Multiples Imputations by Chained Equation algorithm** (MICE) to impute the 9 missing variables using the following variables:

in 2002-2005: year of first questionnaire, department, body mass index, occupations, socio-economic category, type of contract combined with working experience, lifting and carrying objects, past history of upper-extremity musculoskeletal disorders, rotator cuff syndrome, lateral epicondylitis
in 2007-2010: professional change since 2002, the declaration of pain at elbow, having a second physical examination, lateral epicondylitis

### Missing At Random hypothesis (MAR)

Missing data on 9 missing variables depended on previous measured variables.

#### Missing Not At Random hypothesis (MNAR)

Missing values on lateral epicondylitis depended on previous measured variables and on unmeasured variables at second examination:

- Health status
- Working condition approximate by cause of absence at second examination (No appointment, Change in situation, Not known)
- Employment instability  $\acute{\}}$  approximate by age

#### **Risk factors**

Previously found on prevalence in the literature and in the same population (3):

• Age in 3 class (<30, 30-44,  $\geq$  45)

• **Repetitive Tasks** (>4 hours a day)

• **Specific elbow combined physical exposure**: high physical exertion associated with elbow flexion/extension or extreme wrist bending (>2 hours a day)

### Missing variables at second survey (2007-2011)

• Outcome: lateral epicondylitis at physical examination

- Risks factors: time between the physical examinations (offset), high physical exertion, elbow flexion and extension, extreme wrist bending, high repetitiveness, low social support,
- Auxiliary variables: job change, self-assessment of elbow pain

# First scenarioSecond scenarioChosen prevalenceby cause of absenceby cause of absence and age

## **STATISTICAL ANALYSIS**

Poisson models were performed to assess the incidence rate ratios (IRRs) of risk factors separately by sex:

• Main analysis: analysis on complete-case workers and MAR imputed workers

• Complementary analysis: analysis on MNAR imputed workers

The results presented here are restricted to men.

# MAIN ANALYSIS

Annual incidence rate of lateral epicondylitis = $1.0[0.7;1.3]$ per 100 men								
		Complete case, N=491			Multiple imputation (MI), N=1881			
	N	N event	IRR (95% CI)	р	N	N event	IRR	р
Age, in years								
< 30	81	5	1.0		452	18.2	1.0	
30-44	267	14	0.8 (0.3- 2.1)	0.69	857	44.8	1.4 (0.6- 3.5)	0.44
$\geq$ 45	143	8	0.9 (0.3- 2.6)	0.86	572	40	2.2 (0.9- 5.4)	0.09
Doing repetitive tasks, more than 4 hour	rs/day		· · · · ·					
Never exposed	350	17	1.0		1297.9	958.6	1.0	
Exposed at first questionnaire	45	2	1.1 (0.3- 4.5)	0.87	217.9	12.8	1.2 (0.4- 3.6)	0.78
Exposed at second questionnaire	54	2	0.5 (0.1- 2.1)	0.36	192.1	10.9	0.8 (0.3- 2.6)	0.77
Exposed at both questionnaires	42	6	2.6 (1.0- 6.7)	0.05	173.1	20.6	1.9 (0.8- 4.6)	0.17

## **COMPLEMENTARY ANALYSIS**

• MAR hypothesis (dashed bars)

epicondylitis in 2007-2010 by scenario and

- $\Rightarrow$  Prevalence of epicondylitis similar between the three categories of causes of absence
- $\Rightarrow$  Effect of age identical between categories of causes of absence
- Sensitivity analyses with MNAR hypothesis (solid bars)
- $\Rightarrow$  First scenario (first column): Prevalence of epicondylitis chosen by causes + Effect of age identical
- $\Rightarrow$  Second scenario (second column): Prevalence of epicondylitis chosen by causes + Effect of age chosen

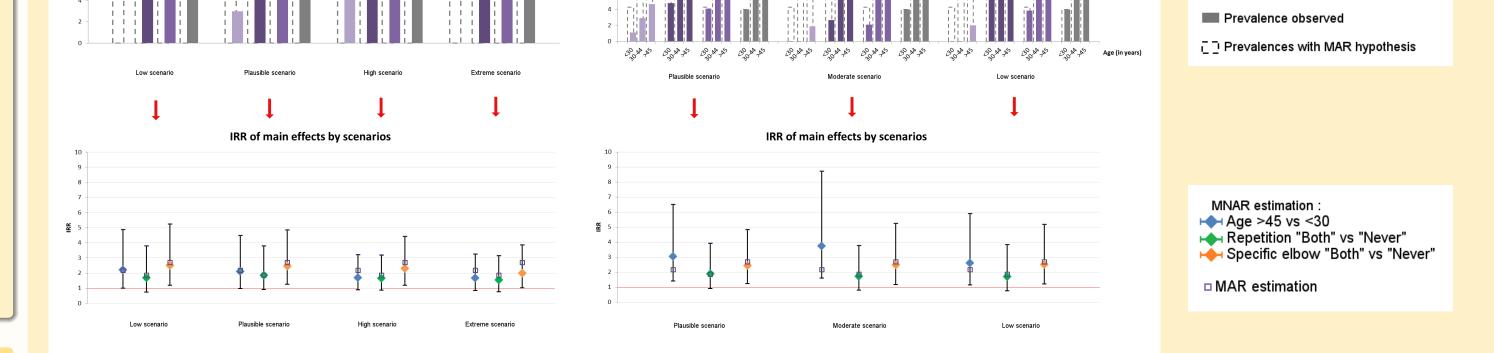
#### Specific elbow combined physical exposure . 1087.941.0 Never exposed 302 14 1.0 1.0 Exposed at first questionnaire NE 324.7 13.8 NE 65 0 **2.5 (1.0- 6.5) 0.05** 201.1 18.7 54 2.5 (1.0- 6.0) Exposed at second questionnaire 0.05 Exposed at both questionnaires 70 1.7 (0.6-4.2) 0.29 267.3 29.5 2.7 (1.2-6.0) 0.01

 $\Rightarrow$  Age NS in both analysis, value correspond in MI analysis as what it is expected  $\Rightarrow$  Specific elbow exposure S for exposed at both questionnaires in MI analysis

## CONCLUSION

Interest of multiple imputations when the proportion of missing data is large, in order to reduce the effect of attrition (potential bias)
Checking robustness of results with comparison with complete-case analyses

and sensitivity analyses could be recommended



 $\Rightarrow$  Sensitivity analyses indicated that the results were robust.

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(2) Roquelaure Y et al. Epidemiologic surveillance of upper-extremity musculoskeletal disorders in the working population. Arthritis Rheum. 2006

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No appointment in 2007-2011

Change in situation