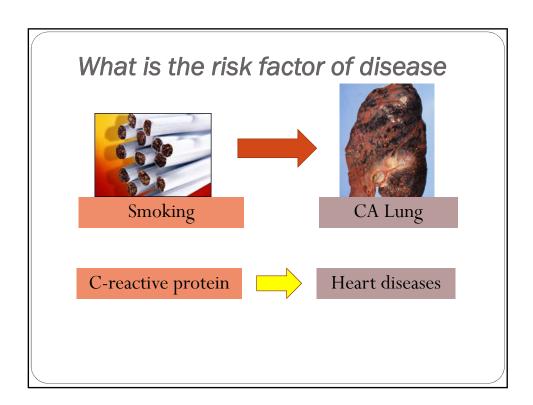
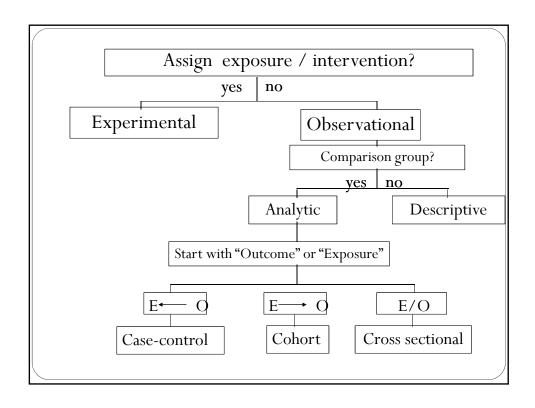
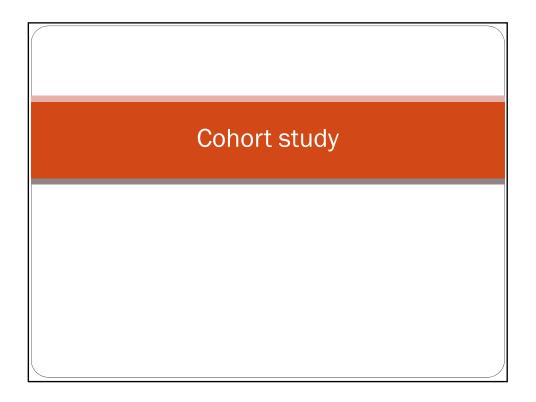
Using Epidemiology to Identify the Cause of Disease: Cohort study

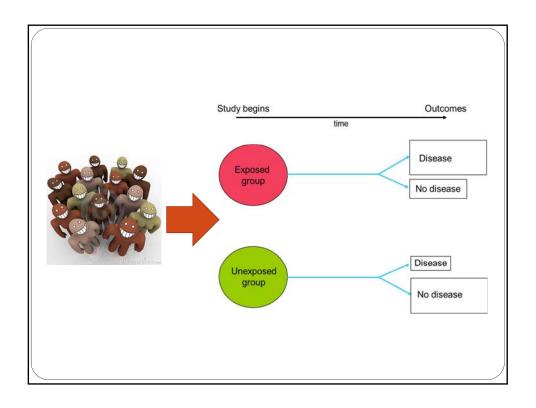
Sakda Arj-ong Vallipakorn, M.D., MSICT., MSIS., PhD.(Clinical Epidemiology)

Pediatrics, Pediatric Cardiology Emergency Medicine, Pediatric Emergency Medicine Ramathibodi Hospital, Mahidol University









Criteria for cohort study

- 1. Do not have the outcome at the time that study started
- 2. F/U time should be sufficient for the outcome to be expressed
- 3. Members of the cohort should be observed over the full period of F/U

Framingham study

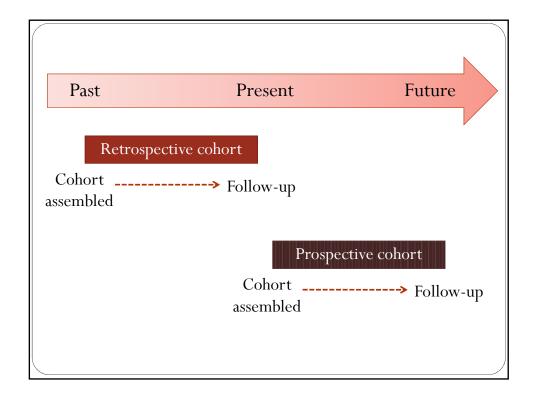


- Begun in 1949
- Identified factors associated with CHD
- 5,209 men and women, aged 30-59
- Study ran for 30 years
- Continues with

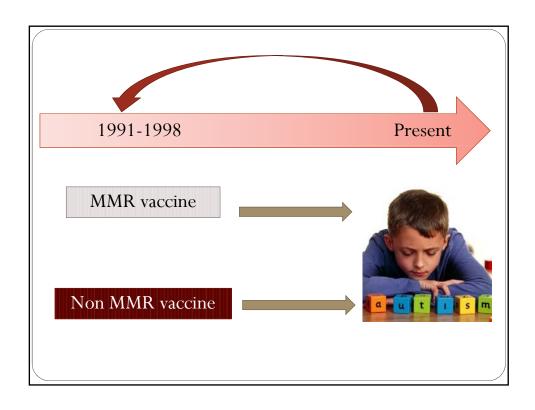
Framingham Offspring study

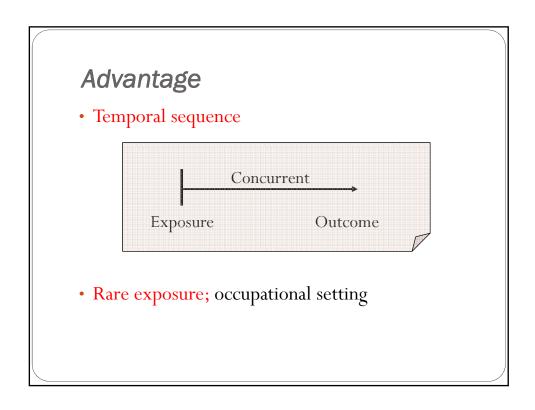
Types of cohort study

- Prospective cohort study
- Retrospective cohort or historical cohort study



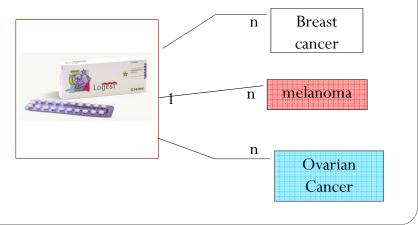
Retrospective or historical cohort study





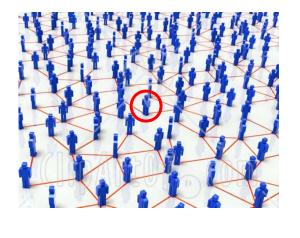
Advantage

 Can assess the relationship between exposure and many diseases



Disadvantages

• Cannot be used for rare disease



Disadvantage

Exposure Outcome

- Time consuming
- Expensive/Budget loss
- Loss F/U

Selection of exposed population

• Common or Rare exposure?



Selection of exposed population

Common exposure & common disease

ability to complete and accurate information

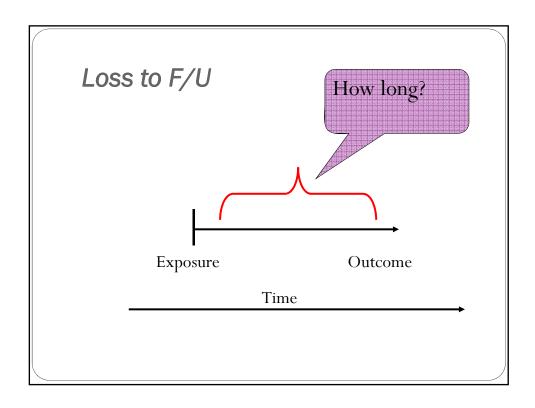


Source of information

- 1. Preexisting record
- 2. Interview, questionnaire
- 3. Direct physical exam
- 4. Laboratory

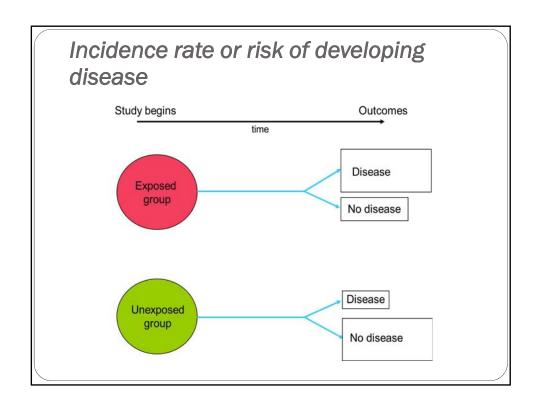
Source of outcome data

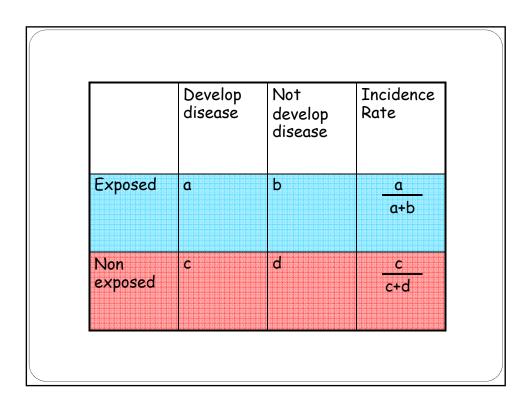
- 1. Death certificate
- 2. Periodic health examination
- 3. Physician record, hospital discharge



- Outpatient record
- Town's resident list
- Military records
- Employment records
- Small amount of Loss F/U
- \bullet Loss F/U equally between expose and non expose

Way to express and compare risk





	Developed lung CA	developed Lung CA	Rate
Smoked	100	900	0.10
Non- smoked	10	990	0.01

Measures of effects in Cohort Study

- Risk difference
- Relative risk

Risk difference

- $\bullet \ Incidence \ rate_{Expose} incidence \ rate_{Non-expose} \\$
- $\bullet \ Incidence \ rate_{smoking} incidence \ rate_{Non-smoking} \\$

	Developed lung CA	Not developed Lung CA	Incidence Rate
Smoked	100	900	0.10
Non-smoked	10	990	0.01
TNON-SMOREG		750	0.01

• Risk difference = 0.1-0.01 = 0.09 = 9%

Relative risk

- The ratio of the incidence rate between exposed and non-exposed
- RR = incidence in exposed
- incidence in non-exposed

Smoked	Developed lung CA	developed Lung CA	Rate 0.10
Non-smoked	10	990	0.01

