

Using a distribution-based approach and systematic review methods to derive minimum clinically important differences

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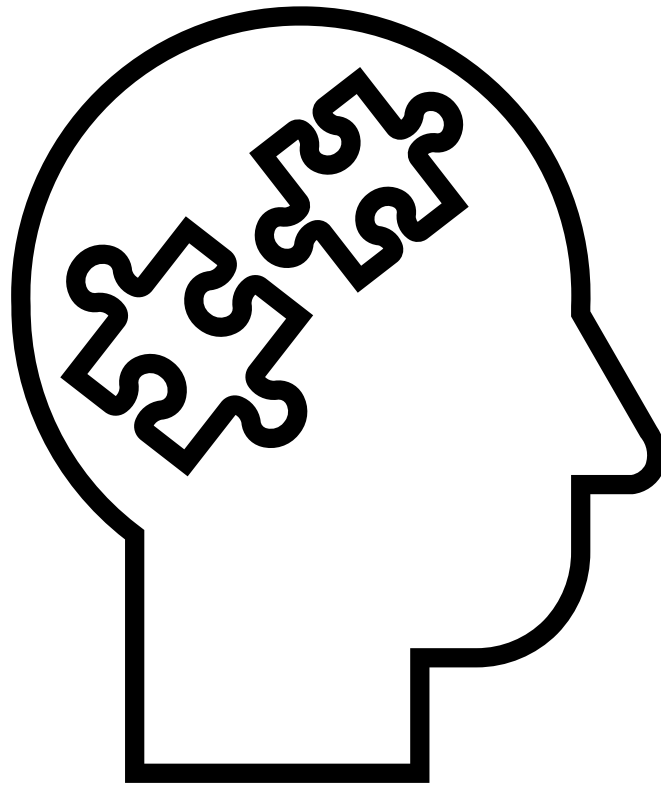
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The Problem



Background and Rationale



Minimum clinically important difference (MCID) for a scale: threshold above which we perceive a difference in an outcome



Anchor- and distribution-based approaches to deriving a MCID



Can we improve estimation of MCIDs with knowledge synthesis methods and enhance interpretability of meta-analysis results?

Objectives



To describe an empiric example where we applied a distribution-based approach (data collected as part of a systematic review) to derive a minimum clinically important difference (MCID) for our outcomes of interest



To compare our derived MCID values to published MCID values

Methods: Dataset

We used data from a published systematic review and network meta-analysis of the comparative effectiveness and safety of cognitive enhancers (donepezil, galantamine, rivastigmine and memantine) for treating Alzheimer disease.

We included parallel randomized trials reporting a (1) baseline mean or mean change value for the MMSE or 11-item version of the ADAS-Cog, (2) standard deviation (SD) for the baseline mean or mean change value, and (3) number of participants per study arm.

We used accepted methods to calculate SDs where study authors reported other measures of uncertainty (i.e. 95% confidence interval or standard error).

Methods: Calculating a Minimum Clinically Important Difference (MCID)

$$SD_{\text{pooled}} = \sqrt{\frac{\sum(n_i - 1)SD_i^2}{\sum(n_i - 1)}}$$

- n_i = number of participants per trial arm
- SD_i = standard deviation value per trial arm
- Multiply SD_{pooled} by an appropriate threshold (e.g. 0.4 or 0.5) for standard deviation (SD) values to derive a range of plausible MCID values

Results: Primary Analysis

	# RCTs (# Participants)	SD Range	Pooled SD	MCID: 0.4 x SD	MCID: 0.5 x SD
<i>MMSE</i>					
Baseline SDs	51 (12449)	0.94 to 6.8	4	1.6	2
Mean Change SDs	36 (10575)	0.33 to 6.12	3.6	1.4	1.8
<i>ADAS-Cog</i>					
Baseline SDs	37 (10006)	2.55 to 17.3	10	4	5
Mean Change SDs	38 (13288)	1.32 to 12.85	6.4	2.6	3.2

Abbreviations: Alzheimer's Disease Assessment Scale-Cognitive Subscale(ADAS-Cog); Mini Mental State Exam (MMSE); minimum clinically important difference (MCID); randomized trial (RCT); standard deviation (SD)

MMSE MCID Results: Treatment Group

	# RCTs (# Participants)	SD Range	Pooled SD	MCID: 0.4 x SD	MCID: 0.5 x SD
<i>Donepezil</i>					
Baseline SDs	35 (3785)	1.08 to 5.9	4.2	1.7	2.1
Mean Change SDs	28 (3125)	0.33 to 6.12	3.6	1.5	1.8
<i>Galantamine</i>					
Baseline SDs	7 (1285)	1.92 to 4.12	3.9	1.6	2
Mean Change SDs	5 (1102)	2.24 to 4.05	3.9	1.5	1.9
<i>Rivastigmine</i>					
Baseline SDs	17 (1944)	0.98 to 4.9	3.5	1.4	1.8
Mean Change SDs	12 (1891)	0.46 to 3.6	3.2	1.3	1.6
<i>Memantine</i>					
Baseline SDs	9 (548)	1.6 to 6.2	4	1.6	2
Mean Change SDs	4 (442)	2.2 to 5.65	4.1	1.6	2
<i>Placebo</i>					
Baseline SDs	36 (4396)	0.94 to 6.8	4.1	1.6	2
Mean Change SDs	27 (3758)	0.33 to 5.76	3.7	1.5	1.8

Abbreviations: Mini Mental State Exam (MMSE); minimum clinically important difference (MCID); randomized trial (RCT); standard deviation (SD)

ADAS-Cog MCID Results: Treatment Group

	# RCTs (# Participants)	SD Range	Pooled SD	MCID: 0.4 x SD	MCID: 0.5 x SD
<i>Donepezil</i>					
Baseline SDs	22 (1693)	6.56 to 15.8	10.2	4.1	5.1
Mean Change SDs	20 (2215)	3.96 to 7.46	5.8	2.3	2.9
<i>Galantamine</i>					
Baseline SDs	16 (2296)	5.02 to 11.78	9.7	3.9	4.9
Mean Change SDs	22 (3179)	5 to 7.43	6	2.4	3
<i>Rivastigmine</i>					
Baseline SDs	14 (1825)	4.6 to 12.3	10	4	5
Mean Change SDs	15 (2892)	1.32 to 12.85	7.1	2.8	3.5
<i>Memantine</i>					
Baseline SDs	5 (706)	7.9 to 11.01	10	4	5
Mean Change SDs	3 (603)	5.46 to 9.77	8.2	3.3	4.1
<i>Placebo</i>					
Baseline SDs	28 (3398)	2.55 to 17.3	10.1	4.1	5.1
Mean Change SDs	29 (4315)	2.5 to 8.19	6.3	2.5	3.2

Abbreviations: Alzheimer's Disease Assessment Scale-Cognitive Subscale(ADAS-Cog); minimum clinically important difference (MCID); randomized trial (RCT); standard deviation (SD)

Limitations

- It is unclear if minimum clinically important differences (MCIDs) generated by this approach are generalizable to all situations in which a scale is used.
- The anticipated distribution of uncertainty may vary based on effect modifiers.

Conclusion

- A distribution-based approach using data included in a systematic review can approximate minimum clinically important differences (MCIDs).
- Our approach performed better when we derived MCIDs from baseline as opposed to mean change standard deviations.
- This approach could facilitate clinical interpretation of outcome measures reported in randomized trials and systematic reviews of interventions.
- Future research should focus on the generalizability of this method to other clinical scenarios.

Questions?

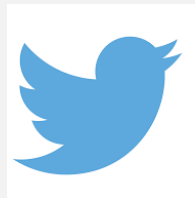
Watt J, Veroniki AA, Tricco A, Straus S. Using a distribution-based approach and systematic review methods to derive minimum clinically important differences. *BMC Medical Research Methodology*. 2021; 41.



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Results: Sensitivity Analysis

	# RCTs (# Participants)	SD Range	Pooled SD	MCID: 0.4 x SD	MCID: 0.5 x SD
<i>MMSE</i>					
Baseline SDs	38 (9614)	1.3 to 6.8	4	1.6	2
Mean Change SDs	12 (5288)	0.33 to 4.34	3.5	1.4	1.8
<i>ADAS-Cog</i>					
Baseline SDs	26 (5744)	4.6 to 17.3	9.9	3.9	4.9
Mean Change SDs	8 (3320)	1.32 to 7.88	6.4	2.5	3.2

Abbreviations: Alzheimer's Disease Assessment Scale-Cognitive Subscale(ADAS-Cog); Mini Mental State Exam (MMSE); minimum clinically important difference (MCID); randomized trial (RCT); standard deviation (SD)