

# Some Methodological Challenges in Studying Resilience

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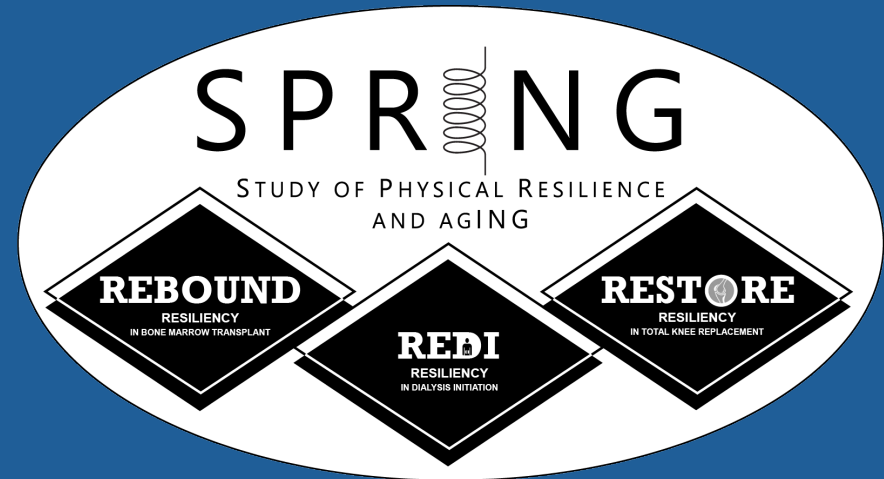
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# Gratitude

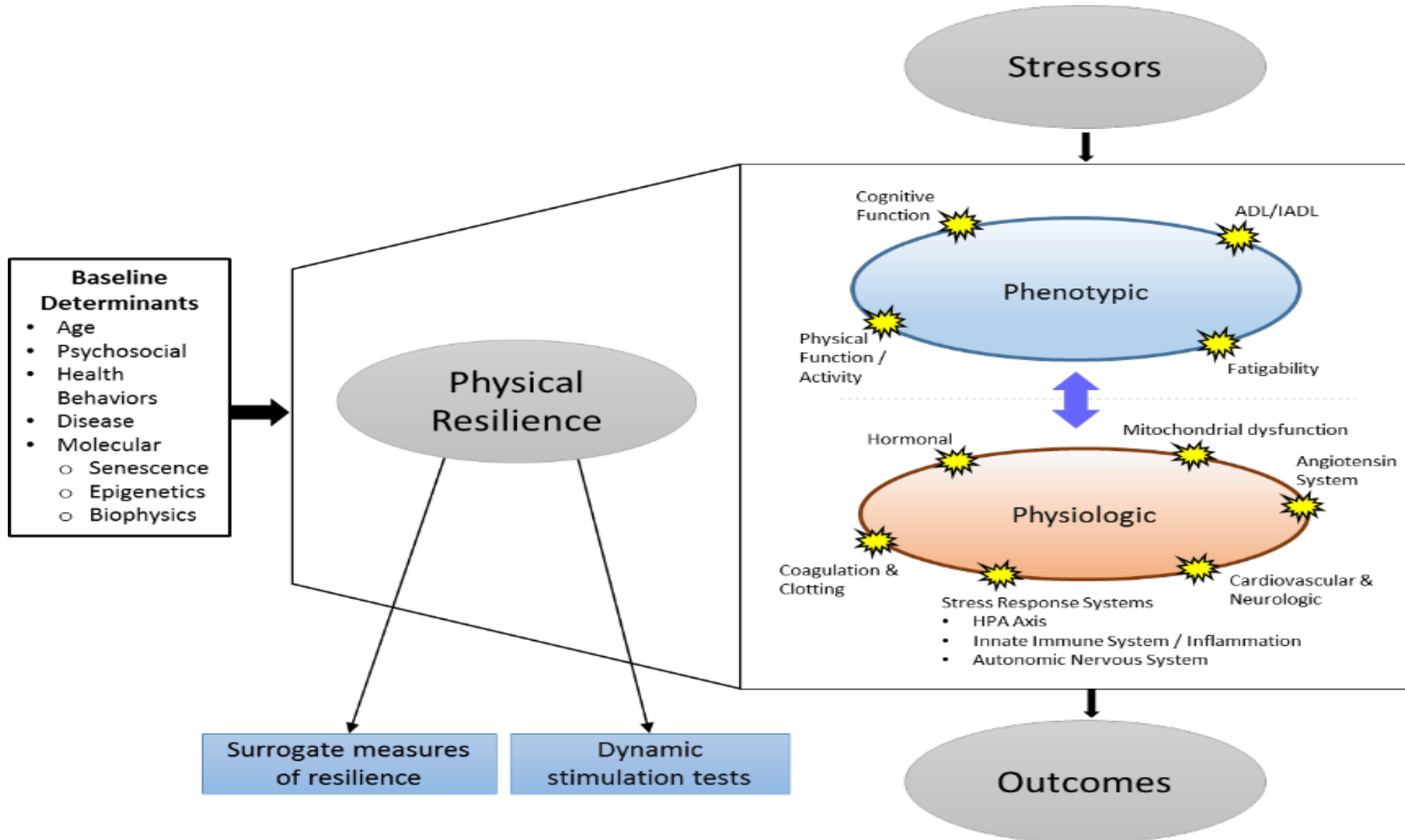
- Drs. Bandeen-Roche, Walston, Buta, Xue
- NIA UH<sub>2</sub>/UH<sub>3</sub>
- The organizers of RCCN

# Characterizing Resiliencies to Physical Stressors in Older Adults: A Dynamical Physiological Systems Approach

Johns Hopkins University  
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# Conceptual Framework for Physical Resiliency



# Key Methodological Challenges

- Recruitment of representative participants
- Ability to probe physiology of resilience with stimulus-response tests
- Ability to collect exquisite post-stressor longitudinal data
- Modeling and characterization of phenotypic trajectories
- Handling death

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# Selection Bias in Recruitment

- This is a very difficult problem
- People are undergoing serious clinical stressors such as BMT and TKR
  - Our recruitment yields are around 50%
- Selection bias is inevitable and affects generalizability
- Through secondary data sources, we may be able to assess the impact of selection bias

# Key Methodological Challenges

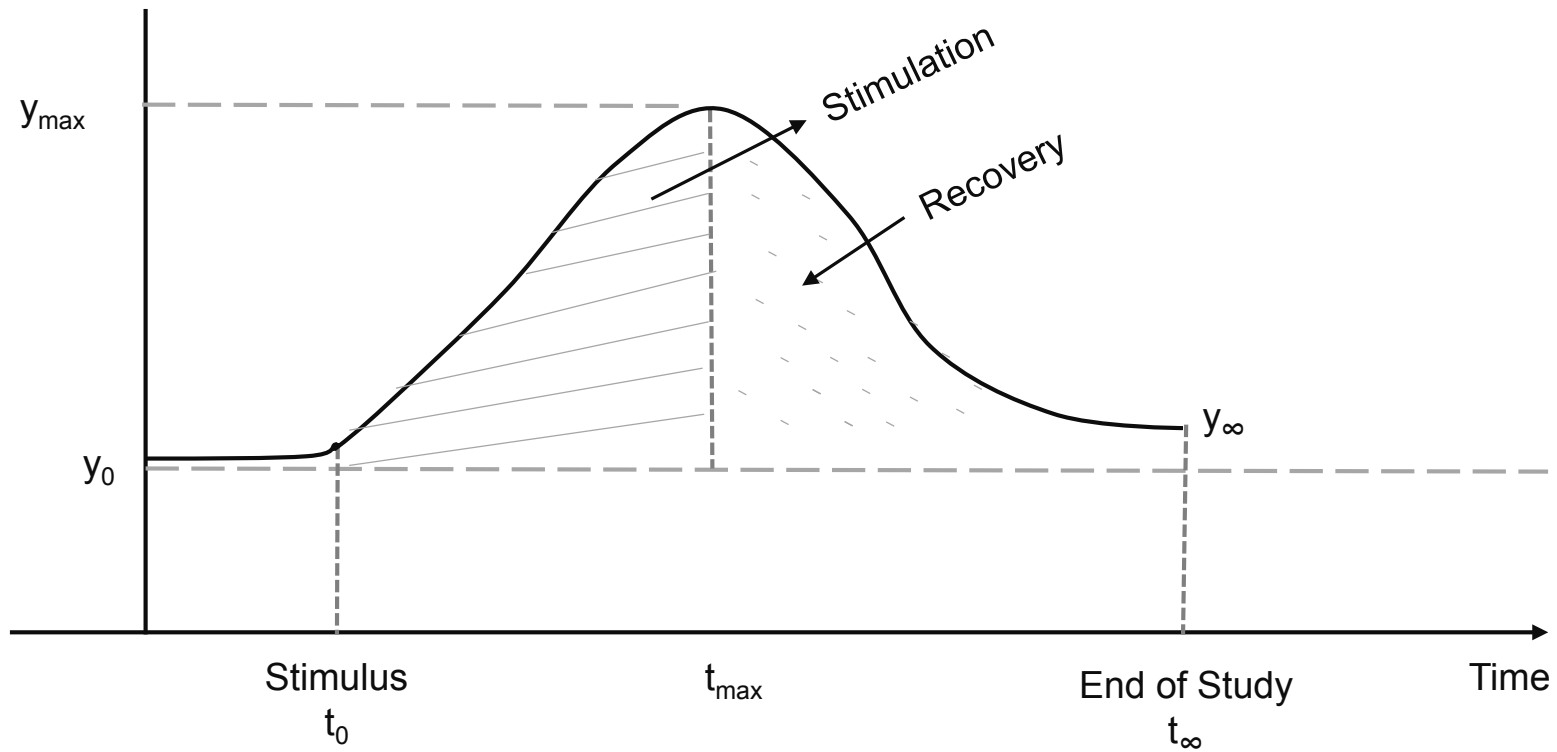
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# Stimulus-Response Testing Paradigm

- Resilience is a property of a complex, dynamical system
- Perturb the system with a finite stimulus and study its response (Varadhan 2008)
- Response is typically biphasic, i.e. stimulation and recovery phases
- Estimate magnitude and kinetics of response (e.g. characteristic time constants)

# SRT Paradigm



Stimulation phase =  $t_0 < t \leq t_{max}$

Recovery phase =  $t_{max} < t \leq t_{\infty}$

Peaks response =  $y_{max}$

Stimulation =  $y_{max} / y_0$

Recovery =  $y_{\infty} / y_0$

# Stimulus-Response Tests (SRT)

- SRTs potentially useful for probing resilience
- Unfortunately, we don't know the optimal SRTs
- We need novel SRTs that are safe and yet probe the stress-response physiology
- Non-linear random effects models or non-parametric approaches may be used for analysis

# SRTs in SPRING

- ACTH Stimulation
- Diurnal Salivary Cortisol Profile
- Oral Glucose Tolerance Test
- Treadmill fatigability assessment
- Holter Monitoring
- Dynamic ex-vivo response of immune cells to LPS stim
- Orthostatic Blood Pressure

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# Longitudinal Sampling

- To study resilience, we need pre-, peri- and post-stressor measures
- Pre-stressor performance measures not possible for unplanned stressors (e.g., hip fracture)
  - is it possible to impute this?
  - self or proxy report measures may be useful
- Utility of peri-stressor measures needs to be examined
  - Changes in physiology during and 24-48 hours after stressor
- Post-stressor measures:
  - sampling time frame?
  - sampling frequency?

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- **Modeling and characterization of phenotypic trajectories**
- Handling death – competing risk or non-resilience

# Modeling Phenotypic Response Trajectories

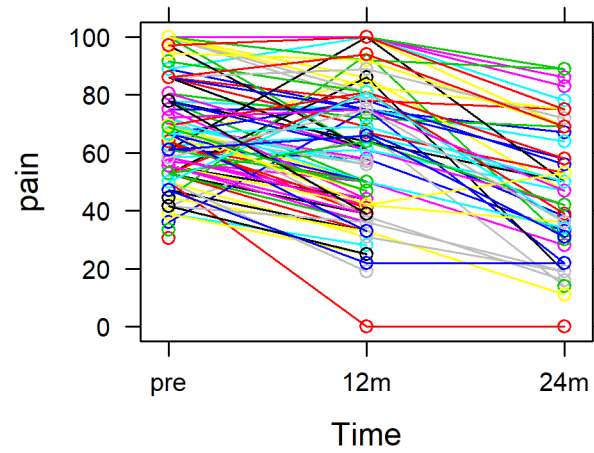
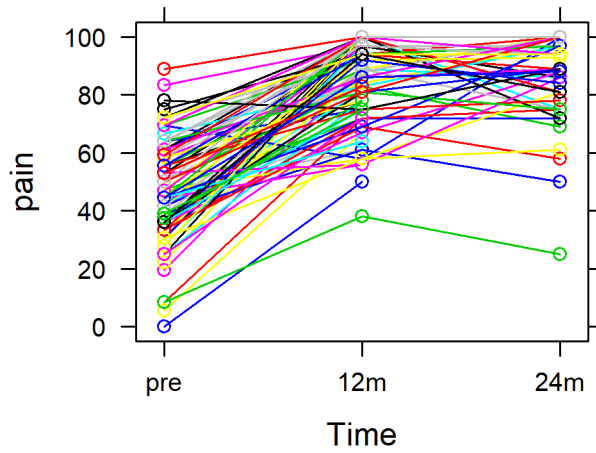
- Models of longitudinal response: well-established in biostatistics
- Conditional (mixed-effects) versus marginal (GEE) models
  - Pros and cons for each
  - choose depending on the goal
- Latent class or latent variable models (e.g., Colon-Emeric 2019)



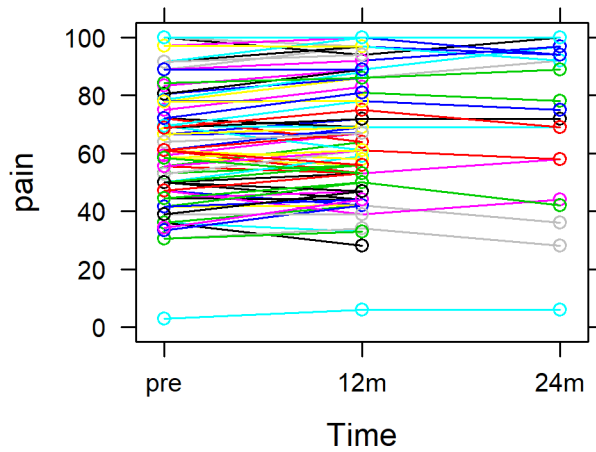
# Characterizing Phenotypic Trajectories

- Different forms of trajectories
- Within-person variability
- How do we utilize baseline function?
- How do we define resilience?

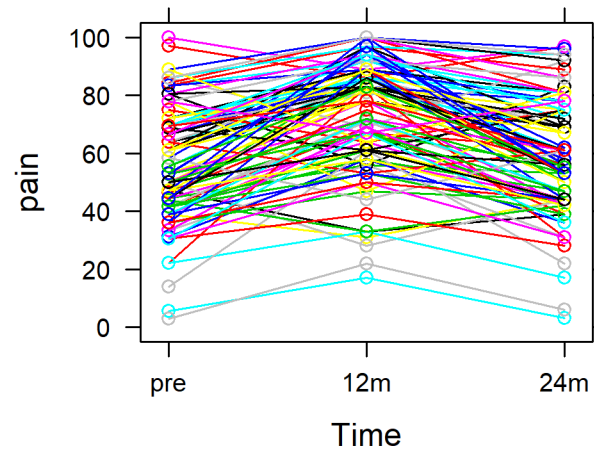
**Pain-score-Increasing (N=6311, 89%) Pain-score-Decreasing (N=123, 2%)**



**Pain-score-Stable (N=465, 7%)**



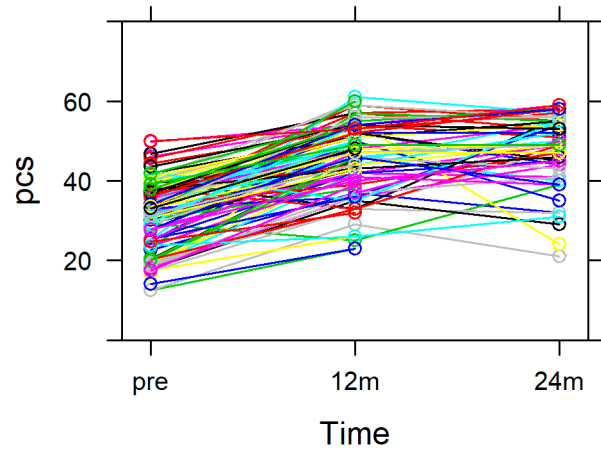
**Pain-score-Variable (N=169, 2%)**



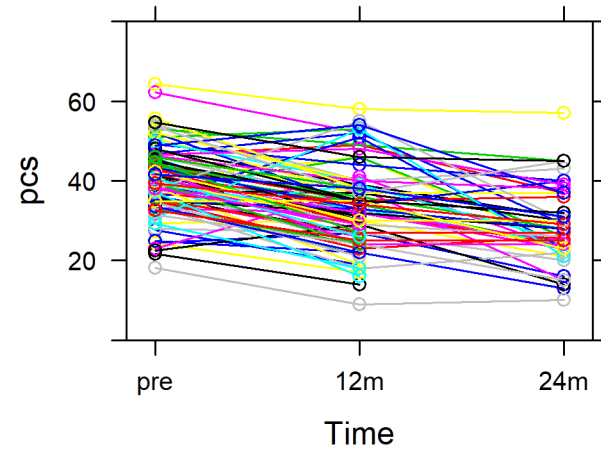
**Manifest Profiles**

Unpublished Data from FORCE-TJR

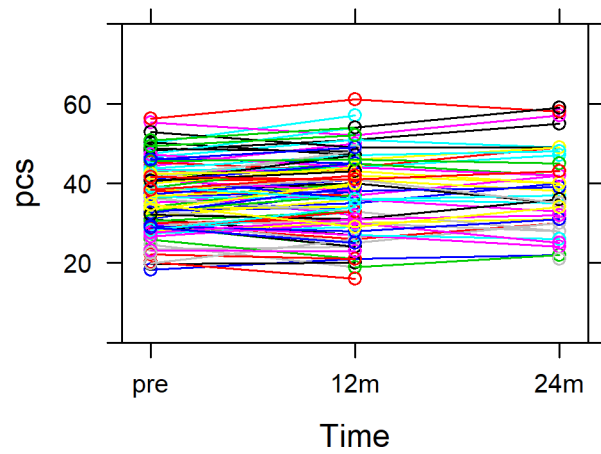
**PCS-Increasing (N=4316, 60%)**



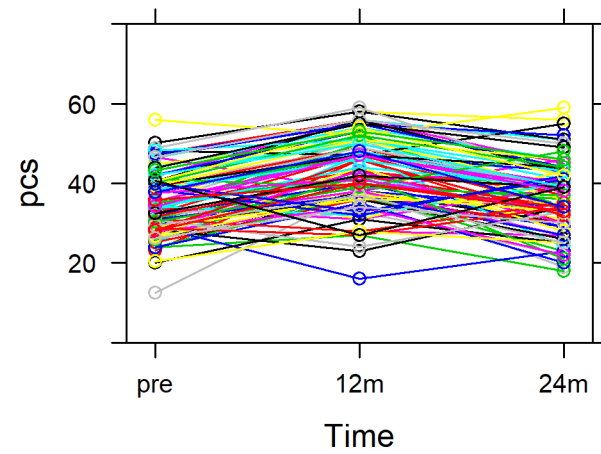
**PCS-Decreasing (N=308, 4%)**

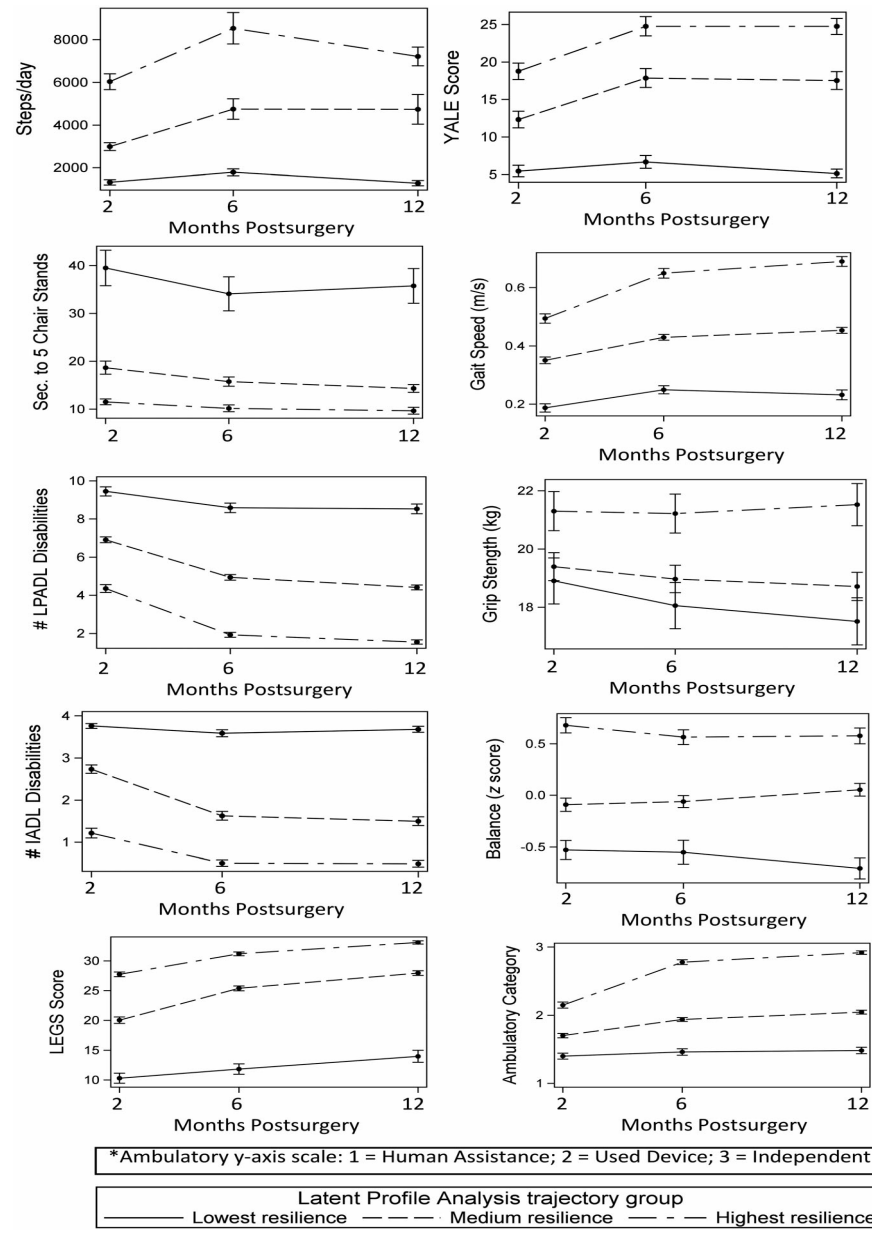


**PCS-Stable (N=2009, 28%)**



**PCS-Variable (N=606, 8%)**





# Latent Profiles

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# Handling Death

- How to account for death?
  - Simple censoring is seldom appropriate
  - Mixed-effects model extrapolate phenotypes beyond death
- Is death a competing risk or does it denote lack of resilience?
  - Model death as a separate process – joint modeling
  - Death as part of resilience itself
  - Survival as resilience!

# What Constitutes a Resilient Phenotype?

- Resilience is a rich, multi-dimensional concept
- Stressor-specific clinical outcomes
  - for example in bone-marrow transplantation for treating leukemia, major clinical outcomes are: graft failure, GVHD, relapse, and death
- Physical and cognitive function
- Quality of life
- Patient-reported outcomes
- Modeling and characterization is challenging

Thank you!