

Demography of Diabetes in Denmark or: How to put real probabilities in your transition matrix and use them

Bendix Carstensen Steno Diabetes Center
Gentofte, Denmark
<http://BendixCarstensen.com>

CDC, NCCDPHP, DDT, Atlanta, USA

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Demography of diabetes in DK

- ▶ How does diabetes spread in the population?
- ▶ Life time risk of DM
- ▶ . . . and complications

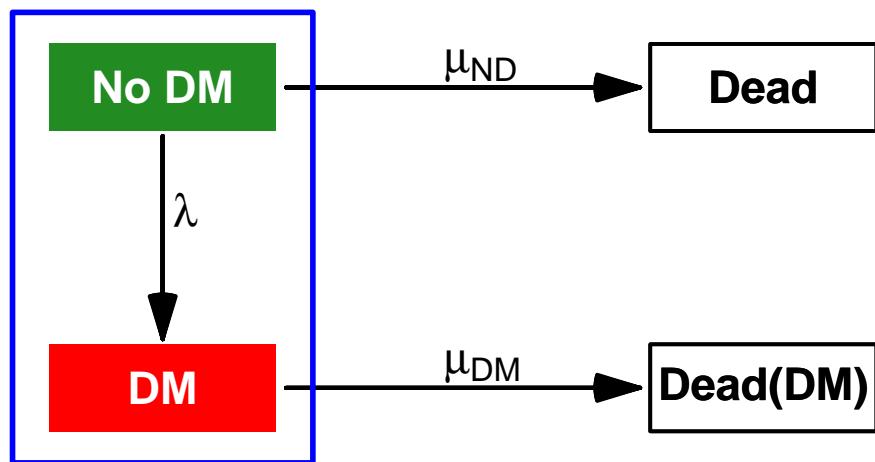
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Prevalence of diabetes

- ▶ Prevalence of diabetes has been increasing, while
- ▶ Incidence rates have been **increasing** (4% / year)
- ▶ Mortality rates have been **decreasing** (2% / year)
- ▶ What is the relative contribution of each?

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Demographic scenario



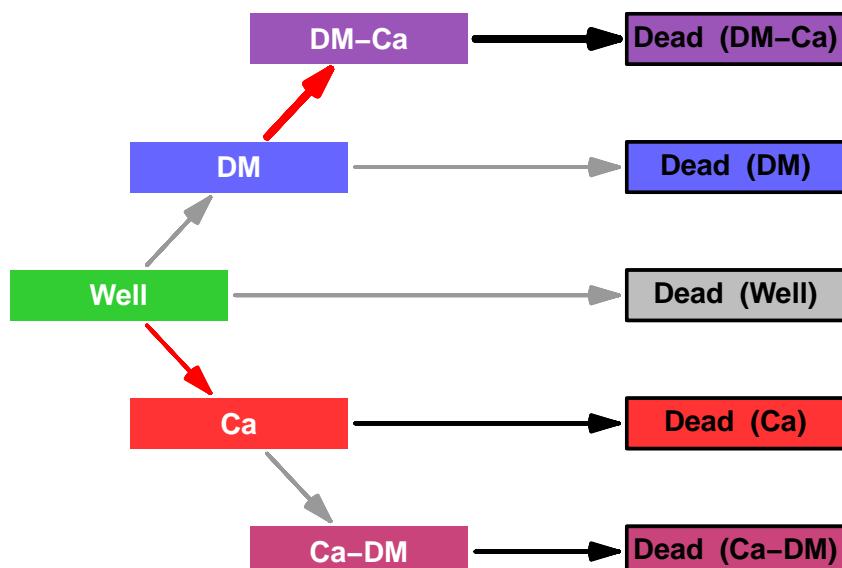
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Cancer among diabetes patients

- ▶ Cancer is about 15% higher in DM ptt
- ▶ Life-time risk of cancer and DM both in the range 30–40%
- ▶ Assess:
 - ▶ Lifetime risk of DM and Cancer (and both) in DK
 - ▶ Changes in these 1995–2012
 - ▶ Impact of the DM vs noDM cancer incidence RR

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Demographic scenario



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Multistate models

- ▶ Distribution across boxes (states) is completely determined by:
- ▶ 1) Initial state distribution
- ▶ 2) Transition intensities
- ▶ Time scale?
- ▶ ... or rather, what shall we call it?
- ▶ **Age**-specific transition rates
- ▶ ... as continuous functions of age
- ▶ ... and possibly other time scales

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Prevalence of DM — updating

Transition rates between states as function of a and p :

$$\lambda(a, p), \quad \mu_{\text{ND}}(a, p), \quad \mu_{\text{DM}}(a, p)$$

Transition probabilities for an interval of length ℓ :

$$P_{\text{ND,DM}}(\ell) = P \{ \text{DM at } (a + \ell, p + \ell) \mid \text{No DM at } (a, p) \}$$

$$P_{\text{ND,ND}}(\ell) = \exp(-(\lambda + \mu_{\text{ND}})\ell)$$

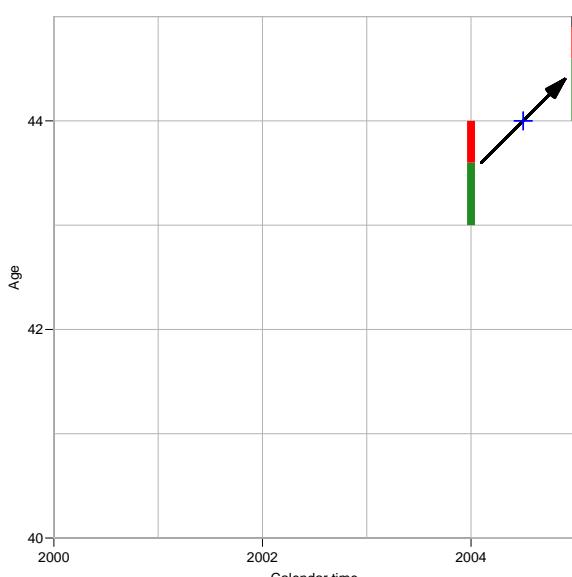
$$P_{\text{ND,Dead}}(\ell) = \frac{\mu_{\text{ND}}}{\lambda + \mu_{\text{ND}}} \left(1 - \exp(-(\lambda + \mu_{\text{ND}})\ell) \right)$$

$$P_{\text{ND,DM}}(\ell) = \frac{\lambda}{\lambda + \mu_{\text{ND}}} \left(1 - \exp(-(\lambda + \mu_{\text{ND}})\ell) \right)$$

$$P_{\text{DM,Dead}}(\ell) = 1 - \exp(-\mu_{\text{DM}}\ell)$$

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Prevalence of DM — updating



Where do we get the rates from?

— and —

Why are the formulae wrong?
and how do we rectify
that?

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Transition intensities revisited — assumptions

$$P_{ND,ND}(\ell) = \exp(-(\lambda + \mu_{ND})\ell)$$

$$P_{ND,Dead}(\ell) = \frac{\mu_{ND}}{\lambda + \mu_{ND}} \left(1 - \exp(-(\lambda + \mu_{ND})\ell) \right) \approx \mu_{ND}\ell$$

$$P_{ND,DM}(\ell) = \frac{\lambda}{\lambda + \mu_{ND}} \left(1 - \exp(-(\lambda + \mu_{ND})\ell) \right) \approx \lambda\ell$$

$$P_{DM,Dead}(\ell) = 1 - \exp(-\mu_{DM}\ell)$$

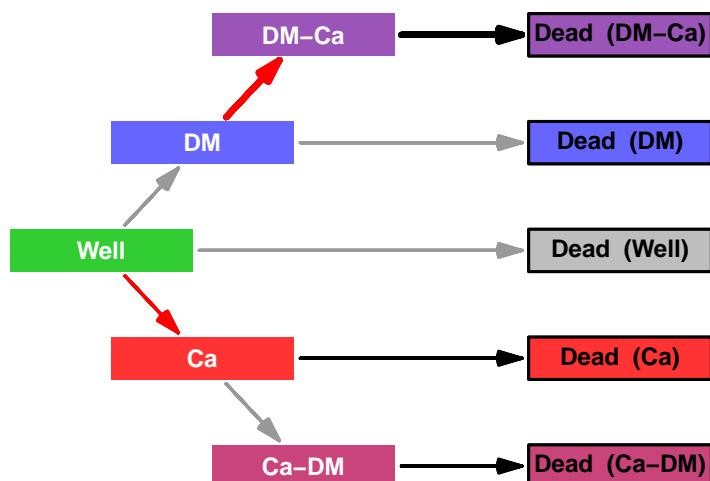
Assumes that ℓ is so small so that:

- ▶ the **approximations** are valid
- ▶ the probability of **2 or more** transitions during ℓ is negligible.
- ▶ \Rightarrow 1-year intervals usually too long
- ▶ \Rightarrow rates only assumed constant in intervals of length ℓ

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Accuracy of multistate calculations

Transition probabilities in DM-Ca study, from age 70 \rightarrow 75,
based on 1, 3 and 6-month intervals respectively



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Accuracy of multistate calculations

Transition probabilities in DM-Ca study, from age 70 \rightarrow 75:
based on 1, 3 and 6-month intervals respectively:

from	to	Well	DM	DM-Ca	Ca	Ca-DM	D-W	D-DM	D-Ca	D-DC	D-CD	Sum
Well	Well	7306	600	33	813	42	722	67	388	20	10	10001
DM	DM	.	6867	653	.	.	.	1783	.	697	.	10000
DM-Ca	DM-Ca	.	.	2146	.	.	.	.	.	7854	.	10000
Ca	Ca	.	.	.	4182	463	.	.	5174	.	181	10000
Ca-DM	Ca-DM	.	.	.	.	5242	.	.	.	.	4758	10000
from	to	Well	DM	DM-Ca	Ca	Ca-DM	D-W	D-DM	D-Ca	D-DC	D-CD	Sum
Well	Well	7306	604	33	825	41	722	65	378	18	9	10001
DM	DM	.	6867	670	.	.	.	1783	.	680	.	10000
DM-Ca	DM-Ca	.	.	2146	.	.	.	.	.	7854	.	10000
Ca	Ca	.	.	.	4182	468	.	.	5174	.	176	10000
Ca-DM	Ca-DM	.	.	.	.	5242	.	.	.	.	4758	10000
from	to	Well	DM	DM-Ca	Ca	Ca-DM	D-W	D-DM	D-Ca	D-DC	D-CD	Sum
Well	Well	7313	610	33	841	40	718	62	360	16	8	10001
DM	DM	.	6874	695	.	.	.	1777	.	653	.	9999
DM-Ca	DM-Ca	.	.	2149	7851	.	10000
Ca	Ca	.	.	.	4187	477	.	.	5167	.	169	10000
Ca-DM	Ca-DM	5248	4752	10000

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Accuracy of multistate calculations

Differences in transition probabilities, from age 70 → 75:
based on 3, 6 and 12-month vs. 1 month intervals:

3 vs. 1: to		Well	DM	DM-Ca	Ca	Ca-DM	D-W	D-DM	D-Ca	D-DC	D-CD	Sum
from		Well	.	4	.	12	.	.	-2	-11	-2	-1
Well		DM	.	.	17	.	.	.	.	-17	.	.
DM		DM-Ca	.	.	.	.	.	.	.	.	.	.
DM-Ca		Ca	.	.	.	.	5	.	.	.	-5	.
Ca		Ca-DM	.	.	.	.	.	.	.	.	.	.

6 vs. 1: to		Well	DM	DM-Ca	Ca	Ca-DM	D-W	D-DM	D-Ca	D-DC	D-CD	Sum
from		Well	7	10	.	29	-1	-4	-6	-28	-4	-2
Well		DM	.	7	42	.	.	.	-6	.	-44	.
DM		DM-Ca	.	.	3	.	.	.	.	-3	.	.
DM-Ca		Ca	.	.	.	5	14	.	.	-6	.	-13
Ca		Ca-DM	.	.	.	6	.	.	.	.	-6	.

12 vs. 1: to		Well	DM	DM-Ca	Ca	Ca-DM	D-W	D-DM	D-Ca	D-DC	D-CD	Sum
from		Well	.	21	.	68	-3	-1	-12	-60	-9	-4
Well		DM	.	1	98	.	.	.	-1	.	-97	.
DM		DM-Ca	.	.	1	-1	.	.
DM-Ca		Ca	.	.	.	29	.	.	-1	.	-29	-1
Ca		Ca-DM	.	.	.	1	-1	.

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Rule of thumb for multistate calculations

- ▶ Transition probabilities over each interval should be less than **2%**,
- ▶ if they exceed that, use **shorter** intervals for calculations,
- ▶ consider whether you should use a model with rates varying **continuously** (smoothly) with age, date, ...
- ▶ it **will** actually make life easier

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Data base (both studies)

- ▶ National Diabetes Register, 1995–2011
- ▶ Danish Cancer Register, 1943–2011
- ▶ Mortality, Statistics Denmark
- ▶ Population, Statistics Denmark

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Incidence and mortality rates: Data

Example: state **No DM**

- ▶ Time at risk:
 - ▶ **from** date of birth or start of study
 - ▶ **to** date of **DM** or **Dead** or **Ca** (or end of study)
- ▶ Events (transitions)
 - ▶ **DM**
 - ▶ **Dead**
 - ▶ **Ca**
- ▶ Classification of follow-up (time and events) by age (0–100), calendar time (1995–2011) and date of birth (1-year classes) (Lexis triangles)
- ▶ Similarly for the study with cancer states

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Incidence and mortality rates: Models

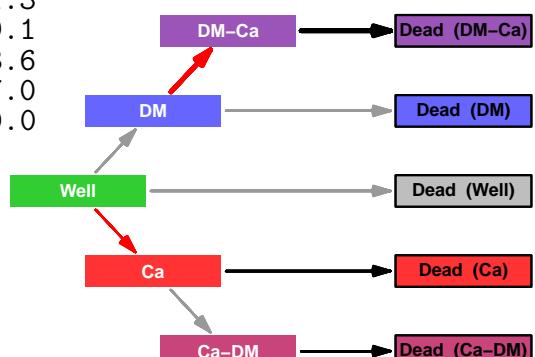
- ▶ Incident cases / deaths from each state
- ▶ Person-years in each state
- ▶ Classified by age / date / birth in 1-year classes
- ▶ Age-Period-Cohort Poisson-model with smooth effects of A, P & C
- ▶ Note: Only use the predictions from the models

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Events and risk time

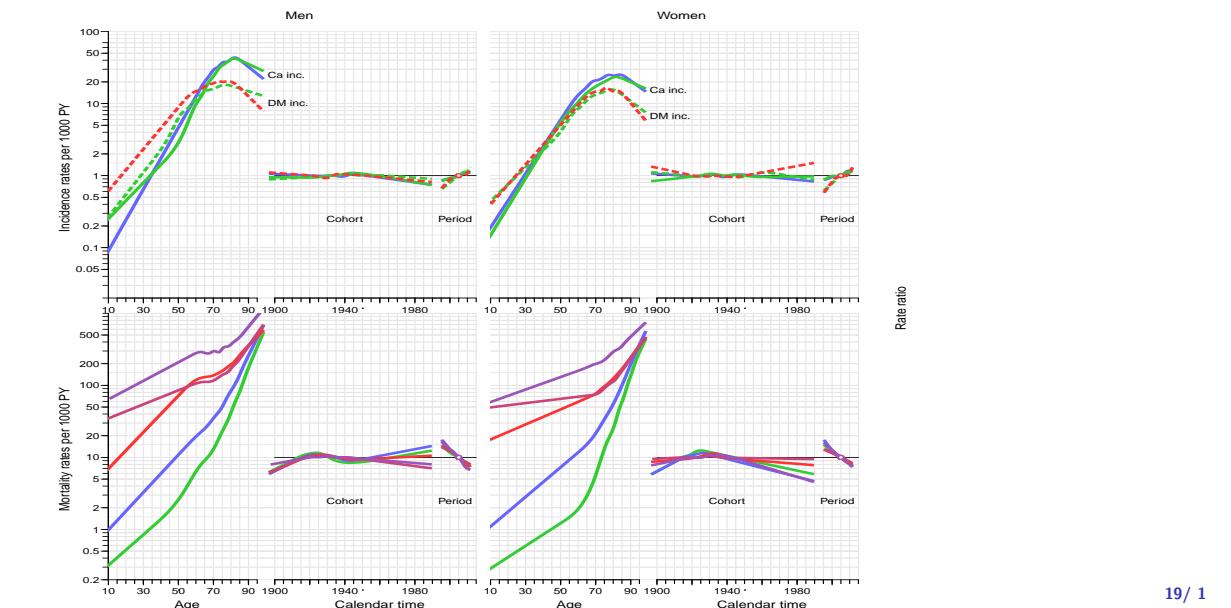
```
> cbind(  
+ xtabs( cbind( D.ca, D.dm, D.dd ) ~ state, data=dcd ), round(  
+ xtabs( Y/1000 ~ state, data=dcd ), 1 ) )
```

	D.ca	D.dm	D.dd	Y
Well	447419	345400	628705	87502.9
DM	35145	0	73480	2031.3
DM-Ca	0	0	24153	89.1
Ca	0	23508	222966	1973.6
Ca-DM	0	0	14703	117.0
Dead	0	0	0	0.0

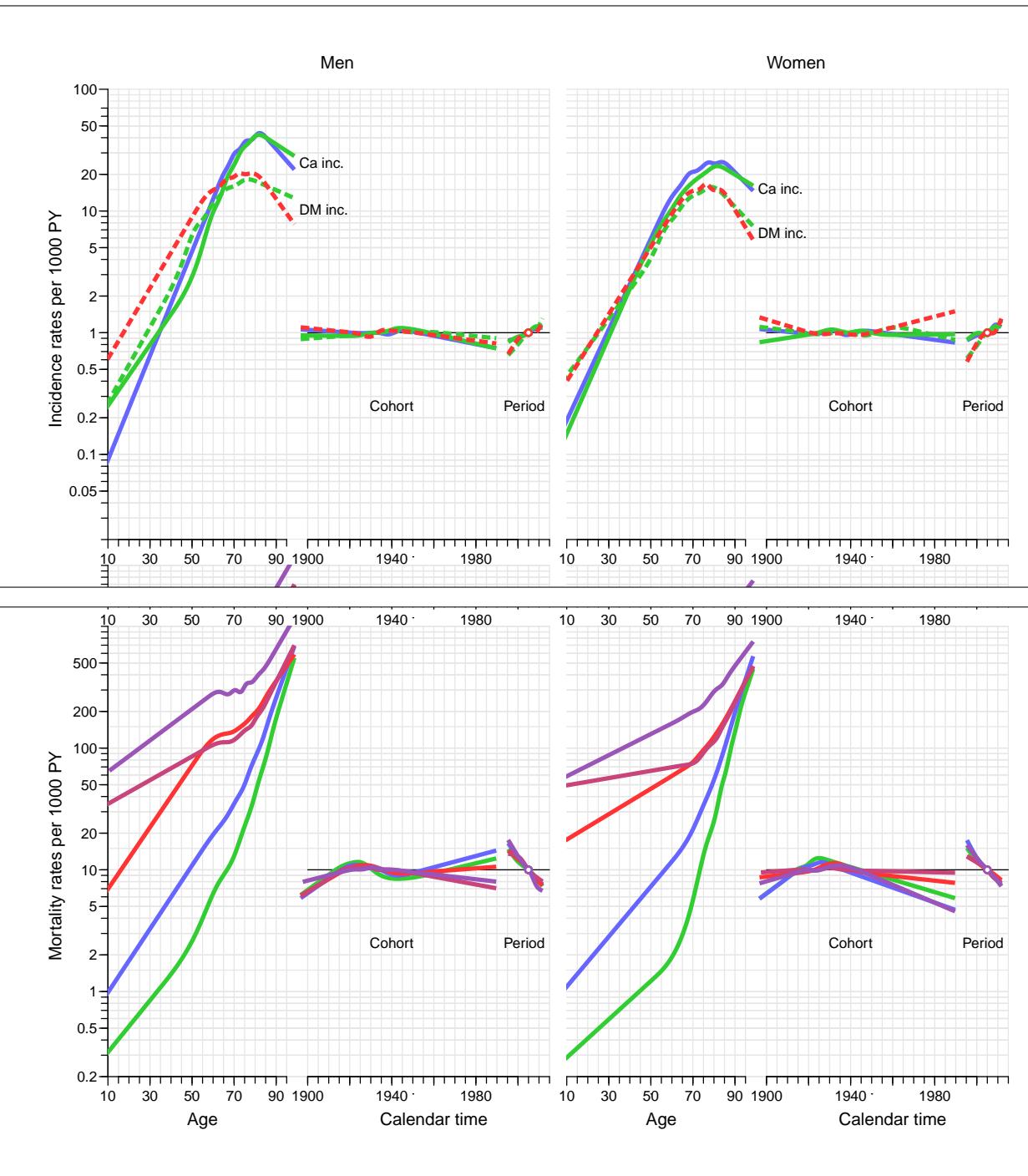


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Incidence and mortality rates



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Transition rates

```
> int <- 1/12
> a.pt <- seq(int,102,int) - int/2

> system.time(
+ for( yy in dimnames(PR)[[4]] )
+ {
+ nd <- data.frame( A=a.pt, P=as.numeric(yy), Y=int )
+
+ PR["Well" , "DM" , ,yy,"M"] <- ci.pred( M.w2dm$model , newdata=nd )[,1]
+ PR["Well" , "Ca" , ,yy,"M"] <- ci.pred( M.w2ca$model , newdata=nd )[,1]
+ PR["Well" , "D-W" , ,yy,"M"] <- ci.pred( M.w2dd$model , newdata=nd )[,1]
+ PR["DM" , "DM-Ca" , ,yy,"M"] <- ci.pred( M.dm2ca$model , newdata=nd )[,1]
+ PR["DM" , "D-DM" , ,yy,"M"] <- ci.pred( M.dm2dd$model , newdata=nd )[,1]
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+ PR["Ca" , "D-Ca" , ,yy,"M"] <- ci.pred( M.ca2dd$model , newdata=nd )[,1]
+ PR["DM-Ca" , "D-DC" , ,yy,"M"] <- ci.pred( M.dc2dd$model , newdata=nd )[,1]
+ PR["Ca-DM" , "D-CD" , ,yy,"M"] <- ci.pred( M.cd2dd$model , newdata=nd )[,1]
```

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Transition matrices

Use the rates to generate the **1 month transition probabilities**:

```
> print.table( round( addmargins( ci2pr( PR[,800,1,1] )*10^4,
+                                     margin=2 ) ),
+               zero.print=".")
```

from	to	Well	DM	DM-Ca	Ca	Ca-DM	D-W	D-DM	D-Ca	D-DC	D-CD	Sum
Well	Well	9963	8	.	12	.	17	.	.	.	.	10000
DM	Well	.	9943	16	.	.	.	40	.	.	.	10000
DM-Ca	Well	.	.	9578	.	.	.	.	422	.	.	10000
Ca	Well	.	.	.	9815	9	.	.	175	.	.	10000
Ca-DM	Well	.	.	.	.	9865	.	.	.	135	10000	10000
D-W	Well	.	.	.	.	.	10000	.	.	.	.	10000
D-DM	Well	10000	.	.	.	10000
D-Ca	Well	10000	.	.	10000
D-DC	Well	10000	.	10000
D-CD	Well	10000	10000

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State occupancy probabilities

```
> PV <- PR[1,,,*0

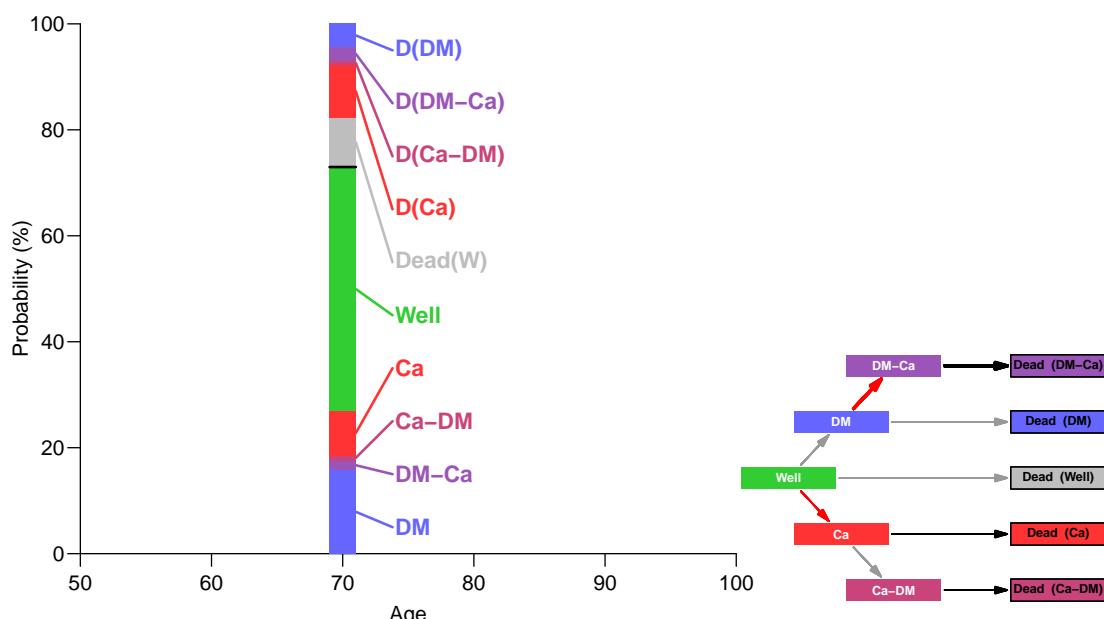
> for( sc in dimnames(PRp)[["per"]] )
+ for( sx in dimnames(PRp)[["sex"]] )
+ {
+   # Initialize to all well at age 0:
+   PV[,1,sc,sx] <- c(1,rep(0,9))
+   # Compute distribution at endpoint of each age-interval
+   for( ag in 1:dim(PRp)[3] ) PV[,ag,sc,sx] <- PV[,max(ag-1,1),sc,sx] %*%
+                                         PRp[, , ag , sc , sx ]
+ }
```

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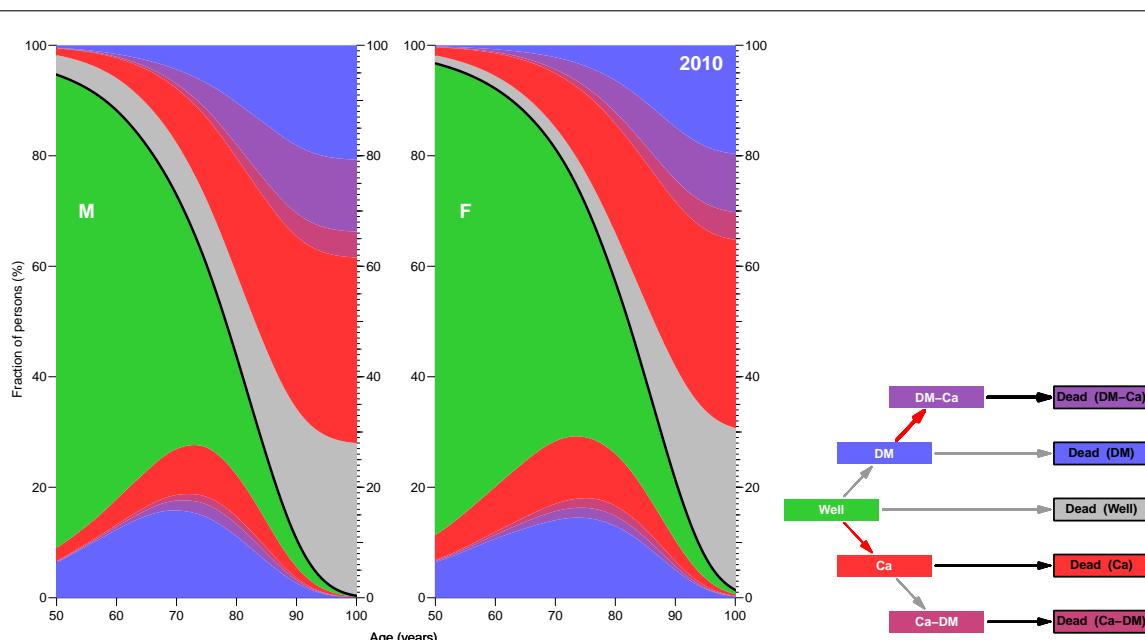
Prediction methods

- ▶ Start all in age 0 in state “Well”
- ▶ Use rates to predict how many transfer to “DM”, “Ca”, “Dead” during a small interval
- ▶ Transfer to next possible states in next interval
- ▶ Interval length: 1 month
- ▶ Compute fraction in each state at each age
- ▶ Different scenarios using estimated (cross-sectional) rates at 1 January 1995, 1996, . . . , 2012

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Cancer rates among DM-ptt inflated 20% 50%

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Transition rates

```
> int <- 1/12
> a.pt <- seq(int,102,int) - int/2

> system.time(
+ for( yy in dimnames(PR)[[4]] )
+
+ nd <- data.frame( A=a.pt, P=as.numeric(yy), Y=int )
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+ PR["Well" , "Ca" , ,yy,"M"] <- ci.pred( M.w2ca$model , newdata=nd )[,1]
+ PR["Well" , "D-W" , ,yy,"M"] <- ci.pred( M.w2dd$model , newdata=nd )[,1]
+ PR["DM" , "DM-Ca" , ,yy,"M"] <- ci.pred( M.dm2ca$model , newdata=nd )[,1]
+ PR["DM" , "D-DM" , ,yy,"M"] <- ci.pred( M.dm2dd$model , newdata=nd )[,1]
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+ PR["Ca" , "D-Ca" , ,yy,"M"] <- ci.pred( M.ca2dd$model , newdata=nd )[,1]
+ PR["DM-Ca" , "D-DC" , ,yy,"M"] <- ci.pred( M.dc2dd$model , newdata=nd )[,1]
+ PR["Ca-DM" , "D-CD" , ,yy,"M"] <- ci.pred( M.cd2dd$model , newdata=nd )[,1]
```

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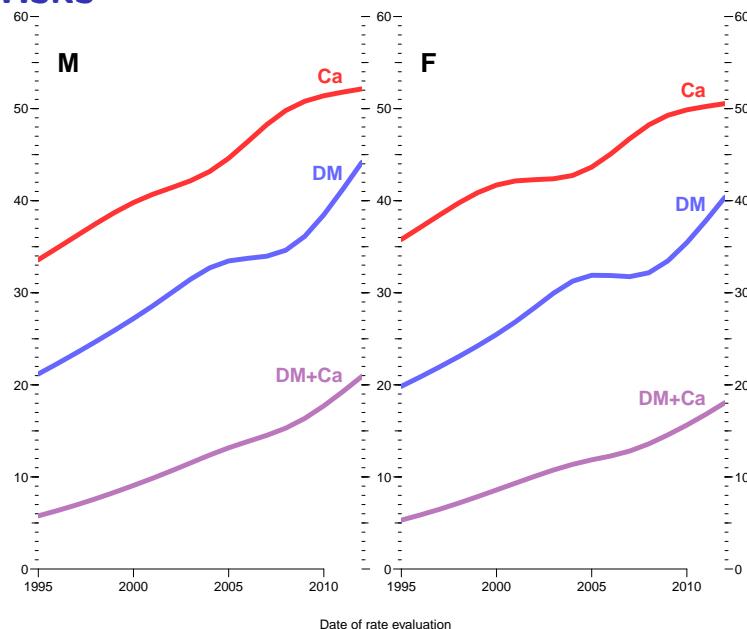
Transition rates

```
> int <- 1/12
> a.pt <- seq(int,102,int) - int/2

> system.time(
+ for( yy in dimnames(PR)[[4]] )
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+ nd <- data.frame( A=a.pt, P=as.numeric(yy), Y=int )
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+ PR["Well" , "D-W" , ,yy,"M"] <- ci.pred( M.w2dd$model , newdata=nd )[,1]
+ PR["DM" , "DM-Ca" , ,yy,"M"] <- ci.pred( M.dm2ca$model , newdata=nd )[,1] * 1.5
+ PR["DM" , "D-DM" , ,yy,"M"] <- ci.pred( M.dm2dd$model , newdata=nd )[,1]
+ PR["Ca" , "Ca-DM" , ,yy,"M"] <- ci.pred( M.ca2dm$model , newdata=nd )[,1]
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```

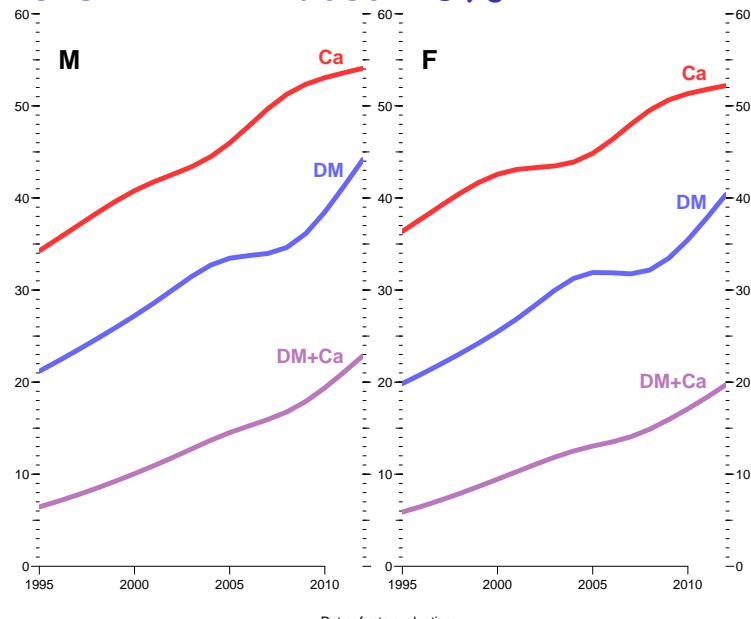
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Lifetime risks



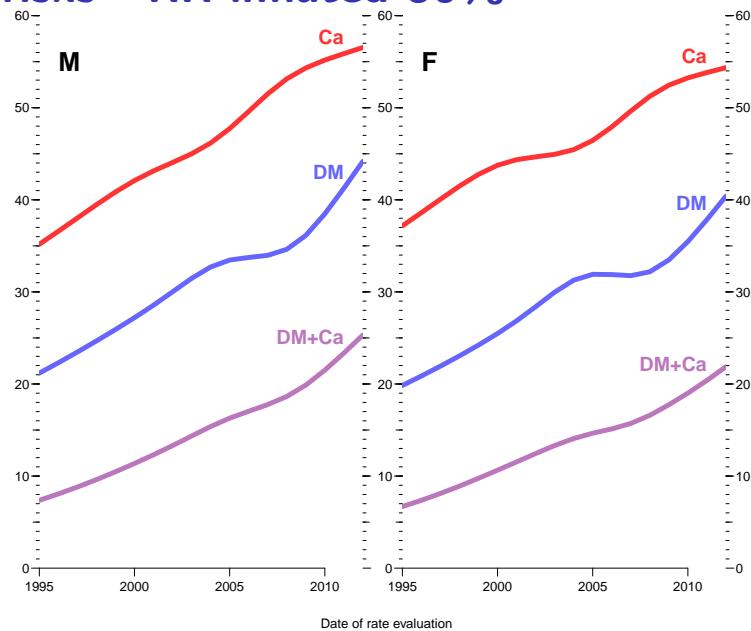
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Lifetime risks - RR inflated 20%



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Lifetime risks - RR inflated 50%



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Demographic changes in DM & Cancer 1995–2012

- ▶ Changing **rates** in period 1995–2012:

Diabetes incidence	4%/year
Cancer incidence	2%/year
Mortality	-4%/year

- ▶ Changing **life-time risk** 1995–2012:

	+20% Ca DM	+50% Ca DM
Diabetes	20% to 42%	20% to 42%
Cancer	35% to 51%	36% to 52%
DM + Ca	6% to 20%	6% to 21%
		7% to 23%

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Conclusion — DM & Cancer

- ▶ Increasing incidence rates of DM and Cancer is what matters for (changes in) lifetime risk...
- ▶ **not** the (slightly) elevated risk of Cancer among DM patients.

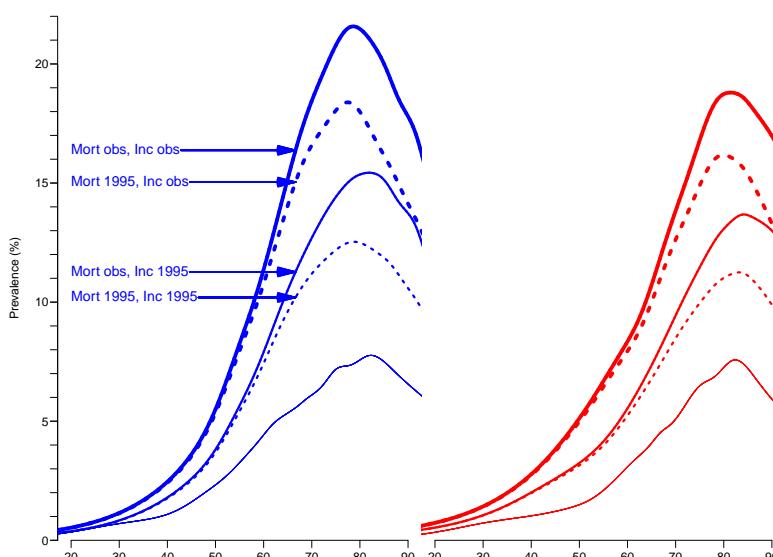
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Prevalence of DM — updating

- ▶ Start with age-specific prevalences 1995
- ▶ Use fitted models for incidence and mortality - as function of age and calendar time — to predict prevalences 2012
- ▶ 1-month intervals for updating
- ▶ Assume:
 - ▶ Incidence rates had remained at 1995 level
 - ▶ Mortality rates had remained at 1995 level
 - ▶ Both had remained at 1995 level
- ▶ Differences between predicted prevalences gives the contribution from incidence rate changes, mortality rate changes and 1995 disequilibrium.

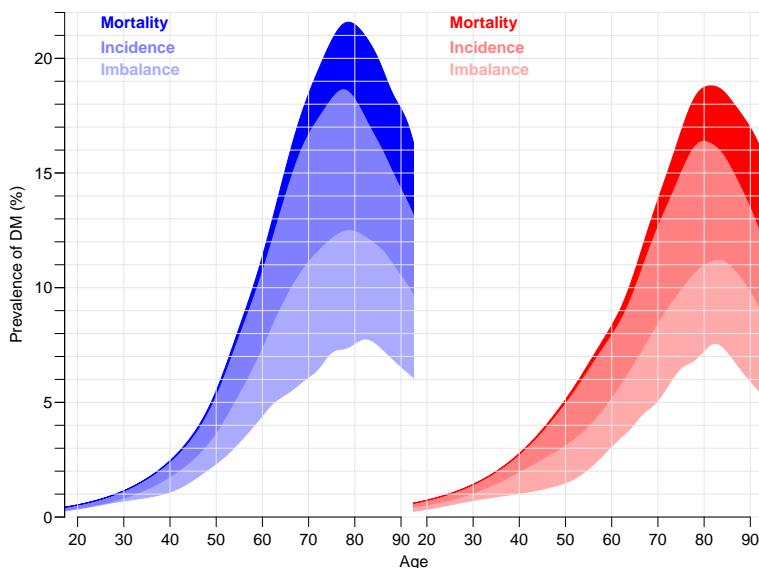
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Prevalence of DM — updating



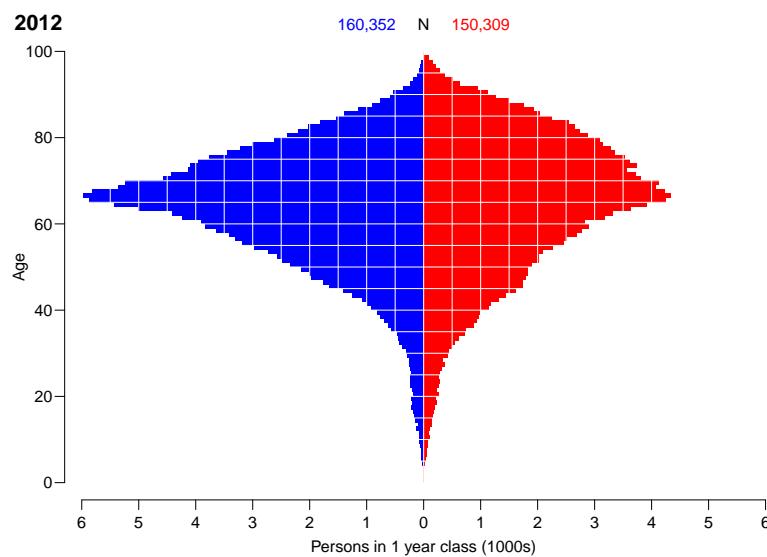
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Components of prevalent cases



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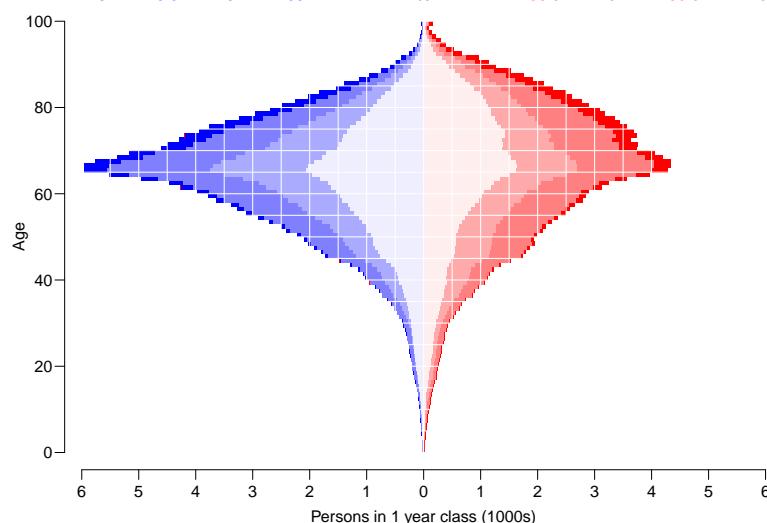
Prevalent cases



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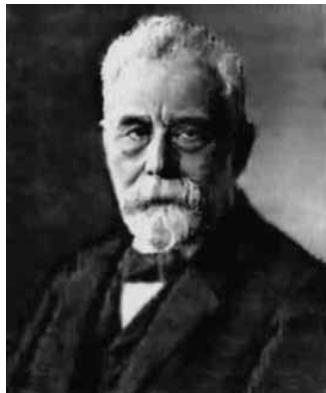
Components of prevalent cases

2012	Mort	Inc	Imbal	Org	All	All	Org	Imbal	Inc	Mort
	12,273 7.6	47,282 29.3	40,568 25.1	61,510 38.1	161,632	152,001 36.8	55,939 36.8	38,232 25.2	46,486 30.6	11,344 7.5
					N	%				



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Thanks for your
attention



EINLEITUNG

IN DIE

THEORIE

DER

BEVÖLKERUNGSSTATISTIK

VON

W. LEXIS

DR. DER STAATSWEISCHAFEN UND DER PHILOSOPHIE,
O. PROFESSOR DER STATISTIK IN DORPAT.

STRASSBURG

KARL J. TRÜBNER

1875.