

# A Quick Guide to Study Design in the Medical Literature

Dr. Nina Lathia, BScPhm RPh MSc PhD  
[nina.lathia@healthcaredecisionmaking.com](mailto:nina.lathia@healthcaredecisionmaking.com)



# Types of Studies

## Controlled Studies

- ◆ Randomized Clinical Trials (RCT)
- ◆ Investigator assigns participants to groups
- ◆ Investigator assigns intervention

## Observational/Real-World studies

- ◆ Cohort studies, case-control studies, case reports
- ◆ Participants have already been assigned to groups
- ◆ Participants themselves or clinicians determine treatment assignment or exposure, or assignment occurs by chance

# RCT Features

- ◆ Establish efficacy
- ◆ Random treatment assignment based on inclusion/exclusion criteria
- ◆ Double blinding
- ◆ Identical treatment aside from experimental therapy
- ◆ Analysis of results estimates difference in pre-specified outcomes between groups
- ◆ Common measures of effectiveness: relative risk reduction (RRR); absolute risk reduction (ARR); and number needed to treat (NNT)

# Observational Study Features

- ◆ Establish effectiveness, evaluate safety outcomes, inform usage patterns, estimate cost implications
- ◆ Examples: cohort studies, case-control studies, case series, cross-sectional studies
- ◆ Non-random assignment
- ◆ No blinding
- ◆ Treatment aside from therapy of interest may vary between groups
- ◆ Common outcome measures include: relative risk (RR); odds ratio (OR); and hazard ratio (HR)

# Study Design Comparison

## Controlled Studies

- ◆ Random assignment
- ◆ Prospective design
- ◆ Tightly controlled research protocol
- ◆ Highly select patient population
- ◆ Well-resourced

## Observational/Real-World studies

- ◆ Non-random assignment
- ◆ Prospective or retrospective design
- ◆ Real-world treatment practices
- ◆ Diverse patient population
- ◆ Local resource/cost constraints

# Study Design Strengths and Weaknesses

## Controlled Studies

- ◆ Gold standard method for establishing efficacy
- ◆ External validity (generalizability) may be limited
- ◆ Limited ability to detect important safety outcomes
- ◆ Expensive and resource intensive

## Observational/Real-World studies

- ◆ Establish effectiveness and detect safety signals
- ◆ Reflect standard clinical care
- ◆ Internal validity limited by selection bias and confounding
- ◆ Incomplete/missing data

# Summary

- ◆ A key limitation of RCTs is generalizability
- ◆ Key limitations of observational studies are selection bias and confounding
- ◆ Most often **EFFECTIVENESS < EFFICACY**
- ◆ A statistically significant result does not always translate into a clinically meaningful benefit

# References

1. Barratt A, Wyer PC, Hatala R et al. (2004). Tips for learners of evidence-based medicine: 1. Relative risk reduction, absolute risk reduction and number needed to treat. *CMAJ*, 171(4): 353-358. doi: 10.1503/cmaj.1021197
2. Zaccia JH. (2004). How to assess epidemiologic studies. *BMJ Postgraduate Medical Journal*, 80(941): 140-147. doi: 10.1136/pgmj.2003.012633
3. Svensson S, Menkes DB, Lexchin J. (2013). Surrogate Outcomes in Clinical Trials: A Cautionary Tale. *JAMA Intern Med*, 173(8):611–612. doi:10.1001/jamainternmed.2013.3037
4. George A, Stead TS, Ganti L. (2020). What's the Risk: Differentiating Risk Ratios, Odds Ratios, and Hazard Ratios?. *Cureus* 12(8): e10047. doi:10.7759/cureus.10047
5. Ioannidis JPA. (2005). Why Most Published Research Findings Are False. *PLoS Med* 2(8): e124. doi: 10.1371/journal.pmed.0020124