Cause of death dependencies: impact of their hypothetical disruptions, evolution by age and effect on length of life

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Multiple causes of death

• 80% of deaths result from more than a single cause

Figure: Example of death certificate

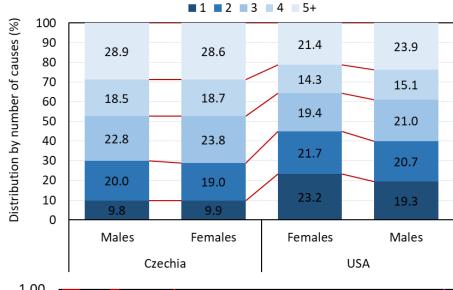
27. PART I. Enter the diseases, injuries, or codying, such as cardiac or respiratory arrest, sh	Approximate Interval Between Onset and Death			
IMMEDIATE CAUSE (final disease or condition resulting in death)	a.	146	Cardiac Arrest	Mias.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b.	I21	Due to (or as a consequence of): Acute myocardial infarction	6 days
	c.	125	Due to (or as a consequence of): Chronic Ischemic Heart disease	5 years
	d.		Due to (or as a consequence of):	
PART II. Other significant conditions contri in Part I.	butir	ng to de	eath but not resulting in the underlying cause given	28a. AUTOPSY?
Diabetes, Chronic obstructive	puli	monar	y disease, smoking E11, J44, F17	(Yes or no)

Chain of morbid events leading to death: $125 \rightarrow 121 \rightarrow 146$

Contributory causes of death: E11, J44, F17

Underlying cause: initiates the chain of morbid events leading to death

Multiple causes of death

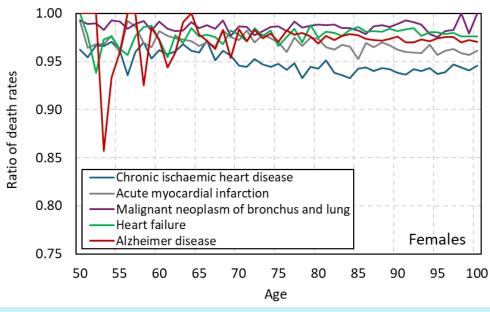


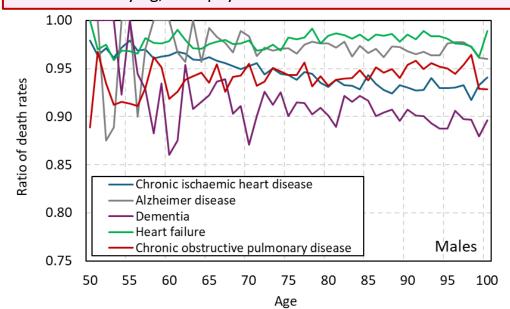
Figures:

← Distribution of deaths by number of causes listed on the death certificate by sex, USA and Czechia, 2018

→ Ratio of age-specific mortality rates by leading causes of death (i) recorded by physician as underlying condition and (ii) oficially selected by ACME software as underlying cause of death, by sex, USA, 2019

Note: <1 implies, that ACME software selects the disease more often as underlying, than physician does





Research questions

How would the structure of cause of death dependencies change if leading causes of death were independent?

How does the strength of associations between causes of death change with age?

At what ages and for which cause of death groups is considering the dependency between causes of death most important?

- We measure associations between counts of death by cause with odds ratios (OR).
- We introduce **disruptions** to establish independence within cause of death pairs and measure how this affects the dependence among all other disease pairs.
- We measure how cause of death dependencies evolve with age.
- We use age-specific probabilities of death to calculate multiple-decrement life tables and pattern-of-failure life tables and use them to measure the effect of disease dependency on length of life.

Cause of death dependencies

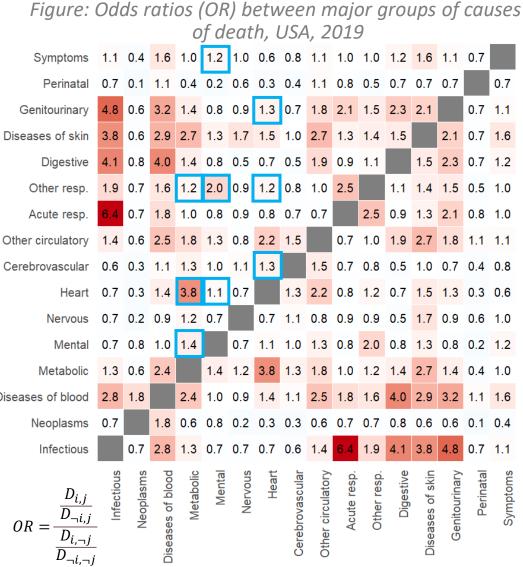
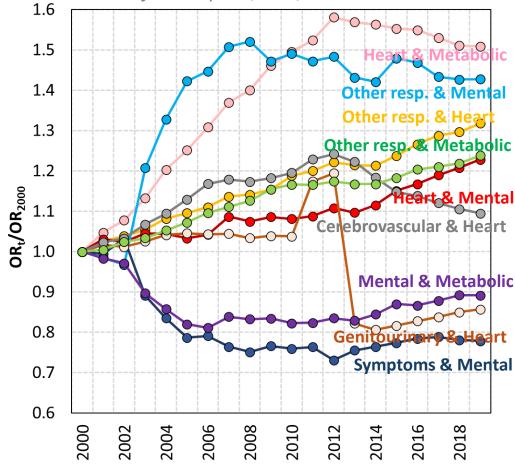
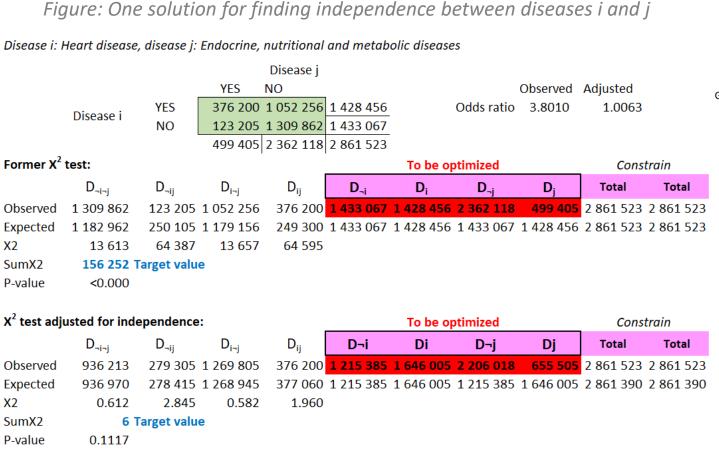


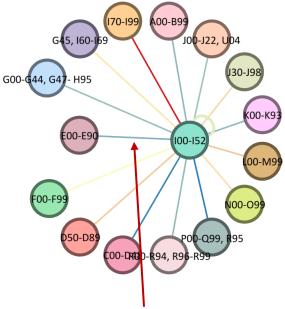
Figure: Index of odds ratios (base = 2000), leading cause of death pairs, USA, 2000–2019



Note: 70% of deaths are due to 9 leading cause of death pairs

• We disrupted the connections between diseases within leading cause of death pairs by optimizing marginal totals within the contingency table.

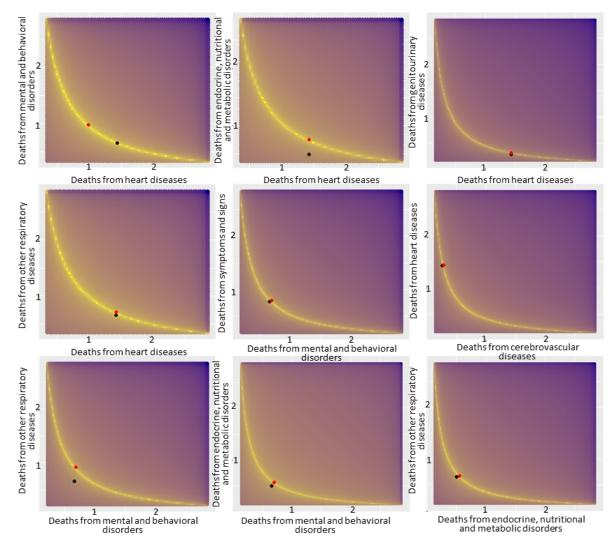




Making independent (*i* and *j*)

What is the effect of disruptions between *i* and *j* on association between *i* and *k*?

Figure: Scenarios of independence between causes i and j (yellow curves)



Black dot: original combination of number of deaths from disease i and number of death from disease j Red dot: "Minimum relocation scenario" (independence scenario applied here)

Death counts on both axes are in 10⁶.

Table: Effect of disruption between i and j on associations on i (ratio of original OR and adjusted OR)

		Cause of death pair (i_j) being dissolved (minimum relocation scenario)								
		Endocrine, nutritional and metabolic diseases + Other respiratory diseases	Mental and behavioral disorders + Other respiratory diseases	Mental and behavioral disorders + Symptoms and signs	Mental and behavioral disorders + Endocrine, nutritional and metabolic diseases	Heart diseases + Other respiratory diseases	Heart diseases + Diseases of the genitourinary system and complications of pregnancy, childbirth and puerperium	Heart diseases + Endocrine, nutritional and metabolic diseases	Heart diseases + Mental and behavioral disorders	Cerebrovascular diseases + Heart diseases
	Infectious	1.15 (0.88)	0.67 (0.96)	0.64 (0.92)	0.64 (0.92)	0.70 (1.00)	0.70 (0.99)	0.70 (1.00)	1.42 (2.03)	0.51 (0.88)
	Neoplasms	0.50 (0.87)	0.78 (0.95)	0.74 (0.91)	0.74 (0.91)	0.30 (1.00)	0.30 (0.99)	0.30 (1.00)	0.69 (2.30)	0.26 (0.88)
	Diseases of blood	2.08 (0.88)	0.91 (0.96)	0.88 (0.92)	0.88 (0.92)	1.45 (1.00)	1.44 (0.99)	1.45 (1.00)	2.82 (1.95)	0.93 (0.88)
	Metabolic	()	1.31 (0.95)	1.25 (0.91)	()	3.80 (1.00)	3.78 (0.99)	()	8.81 (2.32)	1.12 (0.86)
of i	Mental	1.18 (0.85)	()	()	()	1.09 (1.00)	1.08 (0.99)	1.09 (1.00)	()	0.90 (0.86)
se	Nervous	1.05 (0.87)	0.65 (0.95)	0.63 (0.92)	0.63 (0.92)	0.74 (1.00)	0.74 (0.99)	0.74 (1.00)	1.55 (2.09)	0.96 (0.87)
disease	Heart	2.60 (0.68)	1.00 (0.92)	0.93 (0.86)	0.93 (0.86)	()	()	()	()	()
	Cerebrovascular	1.15 (0.88)	1.00 (0.95)	0.96 (0.92)	0.96 (0.92)	1.29 (1.00)	1.28 (0.99)	1.29 (1.00)	2.64 (2.05)	()
in	Other circulatory	1.58 (0.88)	1.23 (0.96)	1.19 (0.92)	1.19 (0.92)	2.18 (1.00)	2.17 (0.99)	2.18 (1.00)	4.30 (1.97)	1.31 (0.88)
noc	Acute resp.	0.87 (0.88)	0.8 (0.96)	0.78 (0.92)	0.78 (0.92)	0.79 (1.00)	0.79 (0.99)	0.79 (1.00)	1.56 (1.97)	0.62 (0.88)
Neighbouring	Other resp.	()	()	1.79 (0.90)	1.79 (0.90)	()	1.23 (0.99)	1.24 (1.00)	2.96 (2.38)	0.68 (0.86)
Nei	Digestive	1.22 (0.88)	0.72 (0.96)	0.70 (0.92)	0.70 (0.92)	0.71 (1.00)	0.71 (0.99)	0.71 (1.00)	1.44 (2.02)	0.42 (0.88)
	Diseases of skin	2.37 (0.88)	1.27 (0.96)	1.22 (0.92)	1.22 (0.92)	1.47 (1.00)	1.47 (0.99)	1.47 (1.00)	2.87 (1.94)	0.91 (0.88)
	Genitourinary	1.27 (0.88)	0.74 (0.95)	0.72 (0.92)	0.72 (0.92)	1.32 (1.00)	()	1.32 (1.00)	2.72 (2.06)	0.63 (0.88)
	Perinatal	0.36 (0.89)	0.20 (0.96)	0.19 (0.93)	0.19 (0.93)	0.27 (1.00)	0.27 (0.99)	0.27 (1.00)	0.52 (1.91)	0.38 (0.89)
	Symptoms	0.82 (0.85)	1.10 (0.94)	()	1.05 (0.90)	0.64 (1.00)	0.64 (0.99)	0.64 (1.00)	1.57 (2.43)	0.66 (0.86)

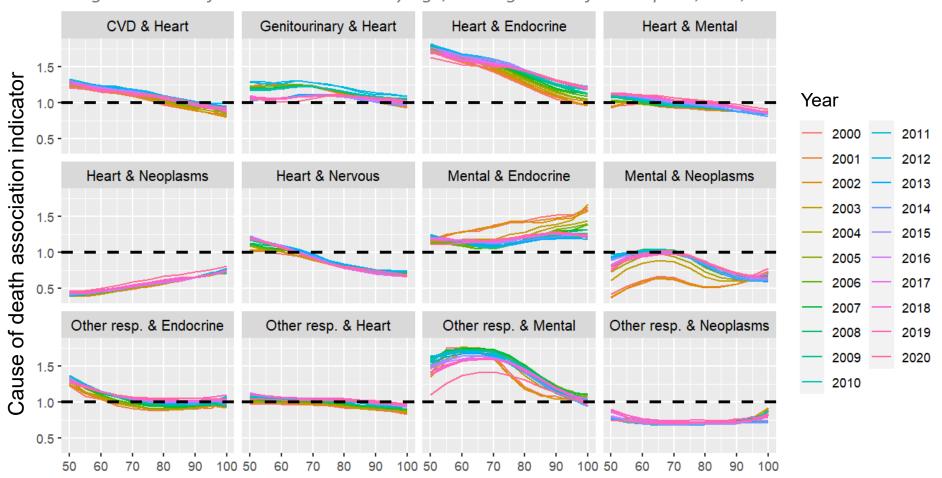
Table: Effect of disruption between i and j on associations on j (ratio of original OR and adjusted OR)

		Cause of death pair (i_j) being dissolved (minimum relocation scenario)								
		Endocrine, nutritional and metabolic diseases + Other respiratory diseases	Mental and behavioral disorders + Other respiratory diseases	Mental and behavioral disorders + Symptoms and signs	Mental and behavioral disorders + Endocrine, nutritional and metabolic diseases	Heart diseases + Other respiratory diseases	Heart diseases + Diseases of the genitourinary system and complications of pregnancy, childbirth and puerperium	Heart diseases + Endocrine, nutritional and metabolic diseases	Heart diseases + Mental and behavioral disorders	Cerebrovascular diseases + Heart diseases
	Infectious	1.78 (0.96)	1.11 (0.96)	1.11 (0.96)	1.08 (0.96)	1.65 (0.96)	4.04 (0.96)	0.73 (0.96)	0.38 (0.96)	0.70 (0.96)
	Neoplasms	0.69 (0.95)	0.41 (0.56)	0.36 (0.96)	0.47 (0.82)	0.64 (0.88)	0.53 (0.86)	0.31 (0.53)	0.40 (0.49)	0.30 (0.99)
	Diseases of blood	1.50 (0.96)	0.97 (0.62)	1.55 (0.97)	1.98 (0.84)	1.41 (0.90)	2.82 (0.87)	1.36 (0.58)	0.54 (0.56)	1.44 (0.99)
	Metabolic	()	0.70 (0.57)	0.92 (0.96)	()	1.08 (0.88)	1.23 (0.85)	()	0.70 (0.51)	3.77 (0.99)
of j	Mental	1.89 (0.95)	()	()	()	1.73 (0.86)	0.66 (0.85)	0.70 (0.51)	()	1.08 (0.99)
se	Nervous	0.84 (0.96)	0.52 (0.60)	0.92 (0.96)	0.99 (0.82)	0.78 (0.89)	0.76 (0.87)	0.66 (0.55)	0.37 (0.54)	0.74 (0.99)
disease	Heart	1.15 (0.92)	0.51 (0.41)	0.61 (0.94)	2.26 (0.59)	()	()	()	()	()
	Cerebrovascular	0.76 (0.96)	0.48 (0.61)	0.74 (0.96)	1.08 (0.83)	0.71 (0.89)	0.63 (0.87)	0.73 (0.56)	0.57 (0.54)	()
Ë	Other circulatory	0.99 (0.96)	0.64 (0.62)	1.07 (0.97)	1.50 (0.84)	0.93 (0.90)	1.54 (0.87)	1.03 (0.58)	0.72 (0.56)	2.17 (0.99)
Joc	Acute resp.	2.37 (0.96)	1.51 (0.61)	0.96 (0.97)	0.82 (0.84)	2.21 (0.89)	1.86 (0.87)	0.57 (0.58)	0.47 (0.56)	0.79 (0.99)
Veighbouring	Other resp.	()	()	0.94 (0.96)	0.98 (0.80)	()	1.29 (0.84)	0.63 (0.51)	0.93 (0.47)	1.23 (0.99)
Nei	Digestive	1.02 (0.96)	0.65 (0.61)	1.14 (0.96)	1.15 (0.83)	0.95 (0.89)	2.03 (0.86)	0.78 (0.56)	0.42 (0.55)	0.71 (0.99)
	Diseases of skin	1.30 (0.96)	0.84 (0.62)	1.54 (0.97)	2.25 (0.84)	1.22 (0.90)	1.88 (0.87)	1.55 (0.58)	0.74 (0.56)	1.47 (0.99)
	Genitourinary	1.48 (0.96)	0.92 (0.60)	1.09 (0.96)	1.20 (0.83)	1.37 (0.89)	()	0.81 (0.56)	0.42 (0.54)	1.31 (0.99)
	Perinatal	0.49 (0.96)	0.32 (0.63)	0.66 (0.97)	0.35 (0.85)	0.46 (0.90)	0.60 (0.88)	0.24 (0.59)	0.12 (0.57)	0.27 (0.99)
	Symptoms	0.93 (0.95)	0.53 (0.54)	()	0.77 (0.80)	0.85 (0.87)	0.95 (0.84)	0.49 (0.50)	0.55 (0.47)	0.64 (0.99)

Dependencies by age

• The strength of associations between causes of death varies by age and shows a specific shape for each pair of leading causes of death.

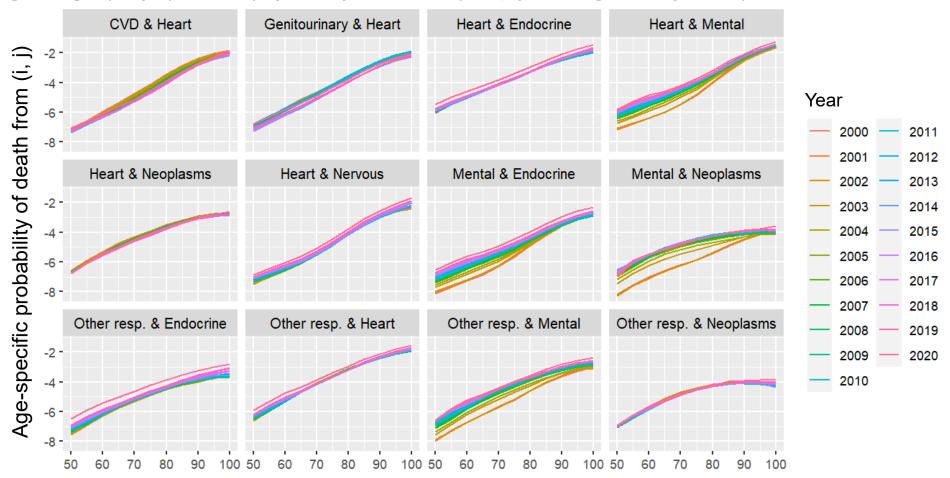
Figure: Cause of death associations by age, leading cause of death pairs, USA, 2000–2020



Dependencies by age

- Death from i is independent on death from j if following is true: $P(i \cap j) = P(i) \times P(j)$.
- Ratio → 1 suggests independence of events.

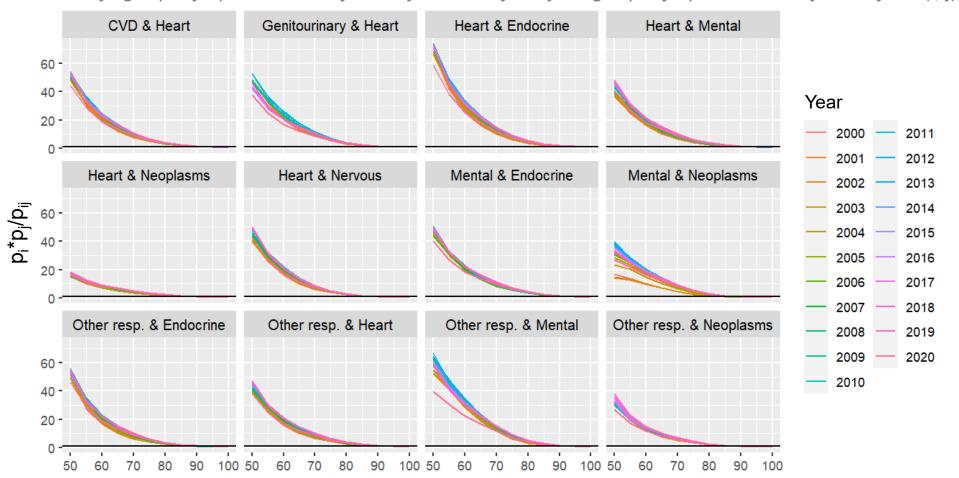
Figure: Age-specific probability of death from disease pair (i, j), leading cause of death pairs, USA, 2000–2020



Dependencies by age

- Death from *i* is independent on death from *j* if following is true: $P(i \cap j) = P(i) \times P(j)$.
- Ratio → 1 suggests independence of events.

Figure: Ratio of age-specific probabilities of death from i and from j to age-specific probabilities of death from (i, j)



- Death from *i* is not independent from death from *j*. Standard life tables are based on the assumption of independence between decrements. Multiple cause of death life tables that allow a violation of this assumption have been proposed previousely: **pattern-of-failure life tables**.
- For 2 causes of death 7 patterns of death can be identified:

Age	D_x^A	D_x^B	D_x^c	D_x^{AB}	D_x^{AC}	D_x^{BC}	D_x^{ABC}
0							
1							

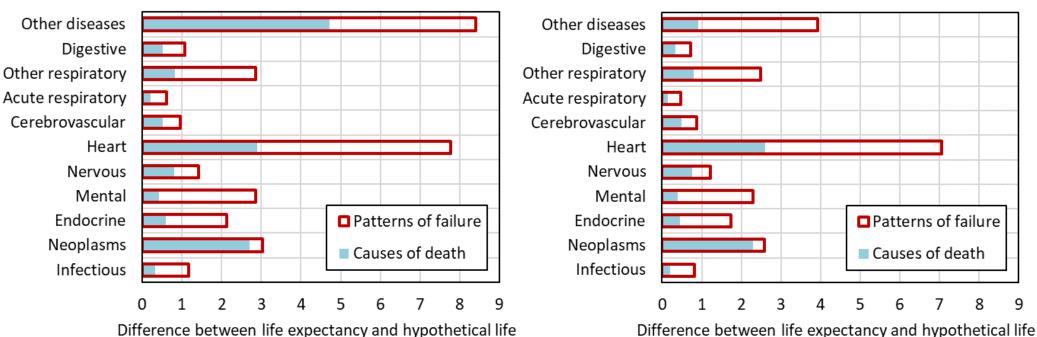
• Manton et al. (1976) suggest estimating the burden of non-underlying conditions by hypothetical **eliminations of patterns-of-failure**. According to Manton et al. (1976), the age-specific probability of death if pattern B were eliminated is equal to:

$$Q_{ij \cdot B} = \frac{Q_{ij}}{q_i - \sum_{\omega \in B} Q_{i\omega}} \times \left(1 - p_i^{\left[\frac{q_i - \sum_{\varphi \in B} Q_{i\varphi}}{q_i}\right]}\right)$$

expectancy if patterns or causes would be eliminated

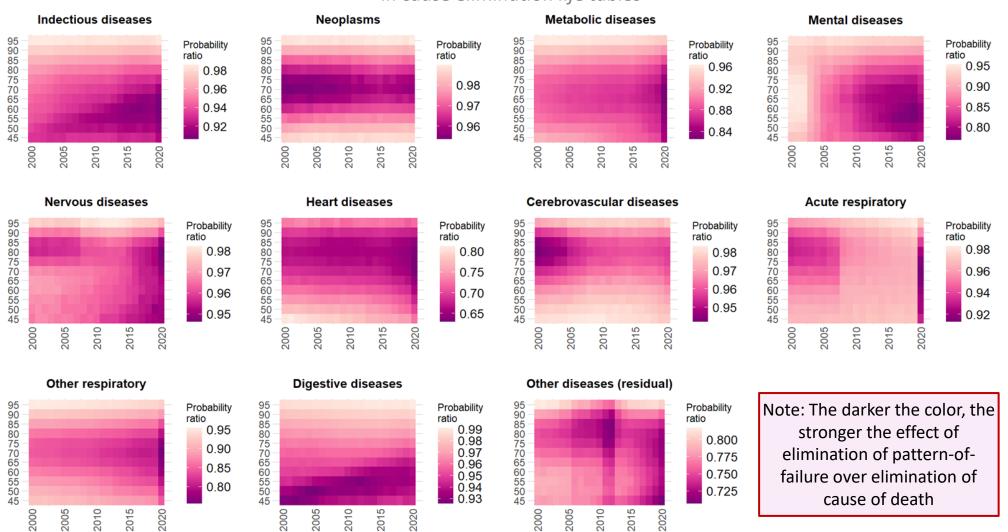
Elimination of patterns would naturally lead to greater gains in life expectancy than elimination of causes.

Figure: Gains in life expectancy if patterns of death or causes of death would hypothetically be eliminated, USA, 2019, age 0 (left) and age 65 (right)



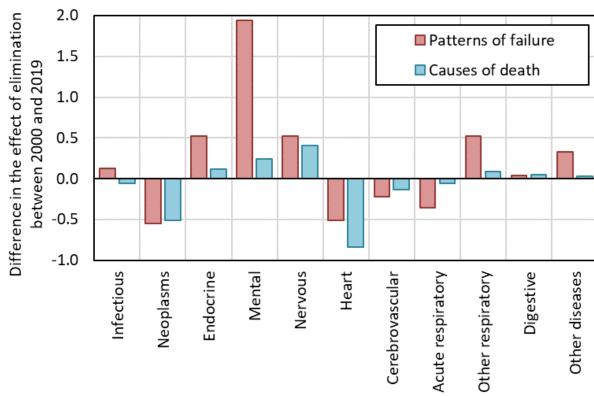
expectancy if patterns or causes would be eliminated

Figure: Ratio of probability of death in pattern-of-failure elimination life tables and probability of death in cause elimination life tables



Since 2000, there has been a shift in the impact of elimination. The increase in life
expectancy resulting from the elimination of patterns involving mental diseases has
risen by approximately 2 years between 2000 and 2020. Conversely, the increase in life
expectancy if heart diseases were eliminated decreased by almost a year. These trends
are evident only in pattern life tables.

Figure: Difference between gains in 2000 and in 2019 if causes or patterns were eliminated, USA, 2000–2019



Summary

How would the structure of cause of death dependencies change if leading causes of death were independent?

Disrupting the associations would have a broader impact on the dependencies between other diseases that are being disrupted, especially for metabolic and mental diseases.

How does the strength of associations between causes of death change with age?

As age increases, the death from *i* begins to become independent of death from *j*. Mental and metabolic diseases strenghten their association with age.

At what ages and for which cause of death groups is considering the dependency between causes of death most important?

Each disease group is characterized by specific ages in which the disease risk is the most underestimated because we assume, that only a single underlying cause of death could cause the death. The pattern-of-failure effect is greatest for mental, endocrine and respiratory diseases. Since 2000, the burden of heart diseases decreased, the opposite is true for mental diseases, nervous and endocrine.