

# การเปรียบเทียบและการประเมินแบบจำลองการจับ-จับใหม่ สำหรับการประมาณจำนวนผู้ที่มีความผิดปกติของการใช้โอปิออยด์

## Model Comparison and Assessment for Closed Capture-recapture Models for Estimate Opioid Use Disorders

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### บทคัดย่อ

วิธีการจับ-จับใหม่ (Capture-recapture Methods: CRC) เป็นวิธีที่ได้รับความนิยมในการประมาณขนาดของประชากรที่ไม่ทราบขนาดซึ่งวิธีนี้ได้มีการประยุกต์ใช้ในการปรับข้อมูลทางระบาดวิทยา การศึกษานี้มีวัตถุประสงค์เพื่อเปรียบเทียบตัวประมาณค่าของการจับ-จับใหม่ สำหรับการประมาณจำนวนผู้ที่มีความผิดปกติในการใช้โอปิออยด์ (OUD) โดยใช้ข้อมูล OUD ในปี 2014 ในรัฐนิวเซาท์เวลส์ ประเทศออสเตรเลีย วิธี CRC ใช้ในการประมาณจำนวนผู้ที่มีความผิดปกติ OUD โดยใช้ข้อมูลจาก 3 แหล่ง ประกอบด้วย หอผู้ป่วย ห้องฉุกเฉิน และทะเบียนการตาย วิเคราะห์ข้อมูลด้วย Rcapture โมเดลที่นำมาใช้สำหรับการเปรียบเทียบสำหรับการประมาณค่าจำนวนผู้ป่วย OUD ได้แก่  $M_0$ ,  $M_1$ ,  $M_h$  และ  $M_\phi$  และใช้เกณฑ์ AIC สำหรับการคัดเลือกโมเดลที่ดีที่สุด โดยใช้ข้อมูลจาก 3 แหล่ง ได้แก่ หอผู้ป่วย จำนวน 87 คน, ห้องฉุกเฉิน จำนวน 407 คน และ ทะเบียนการตาย จำนวน 15 คน และเมื่อจับคู่ข้อมูลที่ซ้ำกันทั้ง 3 แหล่งข้อมูลพบว่ามีจำนวน 54 คน ผลจากการประมาณค่าโดยใช้โมเดล ดังนี้ โมเดล  $M_0$  และ  $M_h$  Chao (LB) จำนวน 666 คน โมเดล  $M_1$  จำนวน 465 คน โมเดล  $M_h$  Poisson 2 จำนวน 433 คน โมเดล  $M_h$  Gamma 3.5 จำนวน 351 คน และโมเดล  $M_\phi$  จำนวน 503 คน โดยพบว่าโมเดล  $M_1$  มีค่า AIC น้อยที่สุด ( $AIC = 51.962$ ) ด้วยโมเดล  $M_1$  มีความเหมาะสม ในการประมาณจำนวนผู้ที่มีความผิดปกติในการใช้โอปิออยด์ โมเดลนี้ควรที่จะนำไปใช้กับการประมาณค่าอื่นที่มีบริบทที่คล้ายคลึงกันนี้ วิธีการประมาณนี้เป็นวิธีการที่ง่าย รวดเร็วสำหรับการประมาณค่าจำนวนผู้ที่มีความผิดปกติในการใช้โอปิออยด์

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## Abstract

A popular method for dealing with an unknown population size is the capture-recapture method (CRC). Then capture-recapture models were applied in the adjustment of epidemiology data. The aim of study was to compare the estimator of capture-recapture models in the closed population for estimation the number of opioid use disorders (OUD). The data of opioid use disorders in 2014, in New South Wales, Australia. The CRC was use to estimate the number of OUD cases based on three data sources, including patient department, emergency department, and national death index. The data were analyzed using the Rcapture package. The model used  $M_0$ ,  $M_1$ ,  $M_h$ , and  $M_b$  to compare the assessment of OUD data. The minimum Akaike's Information Criterion (AIC) value was used to select the best model. The three data sources were: 87 patients at the Patient Department, 407 cases from Emergency Department, and 15 cases from the National Death Index. The overlapping of the three data sources involved 54 cases. The results showed that the estimates obtained were 666 cases from  $M_0$  model and  $M_h$  Chao (LB), 465 cases from  $M_1$  model, 433 cases from  $M_h$  Poisson 2, 351 cases from  $M_h$  Gamma 3.5 and 503 cases from  $M_b$  model. The smallest AIC was obtained for the  $M_1$  model (AIC = 51.962). With the  $M_1$  model more suitable for OUD were estimated. This model should be able to apply to any setting with similar context. The method provided a simple, quick method to estimate the numbers of OUD.

**Keywords:** Capture-recapture, Estimation, Epidemiology, Opioid

## Introduction

A popular method for dealing with an unknown population size is the capture-recapture method, which was developed to estimate the number of wild animals in a population [1]. The method was then extended to other fields including software testing [2], epidemiology and public health [3-4]. This method is being increasingly used to estimate the number of people with a given disease including the completeness of cancer registries [5], homeless people[6], human immunodeficiency virus-positive population [7-8], HIV-infected injection drug users in Bangkok [9], and the number of drug users in Bangkok in 2001[10-11]. The closed capture-recapture method is one variety of this model that includes dependence among samples and can take the form of an ecological model, a log-linear model, and a sample-coverage model [12].

Log-linear models are popular for the estimation of unknown populations size in epidemiology and public health data. The most general log-linear model was presented by Fienberg[13]. Generally, epidemiological and health data apply a log-linear model for the estimation of the unknown population [14-16]. The interaction between sources reduces the dependence between sources. These are not considered to be sources of variation but do reduce the dependence between sources when using interaction terms. In an ecological model this allows relaxation of the assumption of equal probability of capture [17-18].

Log-linear ecological models can be in the form  $M_{tbb}$  (time varying, behavioral response and heterogeneity model) or one of its sub-forms depending on interpretation and context [19]. The approach may specify various forms of capture probabilities based on empirical investigations of animal ecology. These models relax the equal catchability assumptions [12,17].

The current study estimated the total number of opioid use disorders based on sources of variation models using data from the National Drug and Alcohol Research Centre (NDARC), University of New South Wales, Australia. The model combined up to three sources of variation among capture probabilities:  $M_t$  (time varying),  $M_b$  (behavioral response), and  $M_h$  (heterogeneity)[17, 20-21]. A useful structure for models has been introduced by Otis et al. [21].

The current study used ecological models for comparison among models of sources of variation for the assessment of the number of unknown Opioid Use Disorders (OUD) who had not registered using any of the three incomplete registries. The data of opioid use disorders in 2014, in New South Wales, Australia is retrieved from NDARC. The aim of study was to compare the estimator of capture-recapture models in the closed population for estimation the number of OUD.

## Methods

### Data for Analysis

The number of OUD was estimated using capture-recapture methodology based on three data sources (patient department, emergency department and the national death index in New South Wales, Australia 2014). The data were matched using the NDARC then arranged as shown in Table 1.

**Table 1** Distribution of cases by combination of three data sources in 2014, New South Wales, Australia.

Sources			Number of Observations
Patient Department	Emergency Department	National Death Index	
0	0	0	Unknown Cases
1	0	0	87
0	1	0	407
0	0	1	15
1	1	0	657
1	0	1	0
0	1	1	11
1	1	1	54

**Sources:** The National Drug and Alcohol Research Centre (NDARC), University of New South Wales, Australia

### Statistical Analysis

Capture-recapture models for closed populations were developed as useful classifications based on an observation model. The basic models of no heterogeneity were  $M_0$  (no variation),  $M_t$ ,  $M_b$ , and  $M_h$ . The classification models are a useful way of structuring capture-recapture models for closed populations in which the assumption of equal probability of capture is released [17-18]. These models were generalized by Otis *et al.* [21] to accommodate three types of heterogeneity in capture probability. Table 2 shows the

model of variation among the capture probabilities: a temporal effect, heterogeneity between units and a behavioral effect. A temporal effect causes the capture probabilities to vary among capture occasions; heterogeneity causes the capture probabilities to vary among units. A behavioral effect means that the first capture changes the behavior of a unit, so the capture probability differs before and after the first capture.

**Table 2** Summary of capture-recapture models for inspections.

Model	Assumptions on Detectability	Estimators
$M_0$	No variation exists.	$M_0$
$M_t$	Allows capture probabilities to vary by time.	$M_t$
$M_h$	Allows heterogeneous capture probabilities.	$M_h$ Chao $M_h$ Poisson 2 $M_h$ Darroch $M_h$ Gamma 3.5
$M_b$	Allows behavioral responses to capture.	$M_b$

The models were: 1)  $M_0$  which had one capture probability that was constant across individual and time; 2)  $M_t$  where the capture probability varied by sampling occasion only and all individuals in the population were equally catchable on any occasion and this model had a different capture probability for each sample occasion which was constant across individuals; and 3)  $M_b$  which had two capture probabilities:  $p$  if an individual has never been caught and  $c$  if an individual has been caught before, where this model allowed for the study to affect the behavior for the subjects and that if the capture process was a bad experience for the subject, we get a trap-shy response with  $p > c$ . Note that these responses can also be induced by the study design used. For example, if our sampling targets areas where subjects were previously caught, we are likely to observe a trap-happy response. Model  $M_h$  had a different capture probability for each individual in the population which was constant through time. The historically popular approach to estimate  $N$  for model  $M_h$  has been to use the non-parametric jackknife [22]. Model  $M_h$  assumed that each individual had its own unique probability that remained constant over samples. Chao's (or LB) models estimate a lower bound for the abundance ( $M_h$  Chao). The estimate obtained under  $M_h$  Chao is Chao's moment estimator [23]. Chao's lower bound models contain t-2 parameters, called eta parameters, for the heterogeneity. These parameters should theoretically be greater or equal to zero. The degrees of freedom of Chao's model increase when eta parameters are set to zero. Models for heterogeneity were defined as: Poisson  $2(2^k-1)$ , Darroch:  $k^2/2$ , and Gamma 3.5( $-\log(3.5+k)+\log(3.5)$ )[24], where  $k$  is the number of captures, Poisson and Gamma models with alternatives to the parameter defaults values of 2 and 3.5 can be fitted using the "colsedp" functions. Darroch's models for  $M_h$  was considered by Darroch [24-25].

The analyzed by capture-recapture methods to finding the best fitting model and estimating the OUD cases. The R program was used to find the number of OUD cases. The Rcapture package [26] was used to fit

a model to a closed population dataset. The smallest Akaike Information Criteria (AIC) and degrees of freedom are useful tools to compare models and to assess the goodness of their fit.

## Results

Table 1 shows the numbers of participants enrolled in 2014 for the dataset: Patient Department ( $n = 87$ ), Emergency Department ( $n = 407$ ), and National Death Index ( $n = 15$ ). The overlapping of the three data sources was 54 cases.

The results of the capture-recapture method are shown in Table 3. The smallest AIC model was  $M_l$ . The estimates of the total number of OUDs from the 465 cases based on the AIC value were in ascending order:  $M_h$  Poisson 2, 433 (SE = 53.0);  $M_h$  Gamma 3.5, 351 (SE = 16.8); and  $M_b$  model, 503 (SE = 51.4);  $M_h$  Chao(LB) model, 666 (SE = 52.8); and  $M_0$  model, 666 (SE = 52.8), respectively. The  $M_l$  model was the best estimated the number of OUD cases by using AIC.

**Table 3** Estimates of population size OUD cases in New South Wales, Australia 2014.

Model	$\hat{N}$	SE	Deviance	df	AIC
$M_0$	666	52.8	391.991	5	425.454
$M_l$	465	26.8	14.500	3	51.962
$M_h$ Chao (LB)	666	52.8	391.991	5	425.454
$M_h$ Poisson 2	433	53.0	383.205	4	418.668
$M_h$ Darroch	372	33.8	383.205	4	418.668
$M_h$ Gamma 3.5	351	16.8	383.205	4	418.668
$M_b$	503	51.4	387.242	4	422.704

$\hat{N}$ : Number Estimates of OUD Cases, SE: Standard Error,

df: Degree of Freedom, AIC: Akaike Information Criterion

## Discussion and Conclusion

In the present study, we used three sources (patient department, emergency department, and the national death index in 2014), to compare the sources of variation in closed population models which used data form 2014 sourced from New South Wales, Australia. To the best of our knowledge, this has been the first study to apply capture-recapture analysis to estimate the number of OUD cases based on the sources of variation in closed population models. Moreover, the sources of variation were compared and the results from the best fitting model were determined based on the smallest AIC value.

The closed capture-recapture method is generally used to estimate hidden populations and commonly uses a log-linear regression model for estimation. In this study, we used an ecological model approach on the OUD data. Two commonly used forms have been proposed: the multiplicative (or log-linear) form and the logistic form [12]. The package Rcapture was used with Poisson regressions to estimate parameters in our capture-recapture models. A temporal effect causes the capture probabilities to vary among capture occasions, while heterogeneity causes the capture probabilities to vary among units. A behavioral effect indicates that the first capture changes the behavior of a unit, so the capture probability differs before and after the first capture. There are sources of variation in closed population models ( $M_0$ ,  $M_1$ ,  $M_h$ ,  $M_b$ ). The AIC value was used for model selection with the smallest AIC being for the  $M_1$ ,  $M_h$ ,  $M_b$ , and  $M_0$  models, respectively. The  $M_1$  model was estimated the population size OUD of 465 cases. The best fit the model was considered based on the smallest of AIC and the  $M_1$  model had the smallest of AIC [27]. With the  $M_1$  model more suitable OUD were estimated. This model should be able to apply to any setting with similar context. The method provided a simple, quick method to estimate the numbers of OUD.

Capture-recapture is a simple method to estimate the size of an unknown population size and is a useful and practical approach to estimate hard-to-reach populations, due to the assumptions and limitations of the method. In addition, ecological models are easy to use to provide an estimation of data sources. For estimation based on epidemiology data, the  $M_1$  model explained more than the other models as well as having the smallest AIC. Therefore, the  $M_1$  models are appropriate for estimation based on epidemiology or public health data. The recapture was easy to use and was appropriate for considering epidemiological data for the source effect or variation.

The limitation of this study was the three sources of data which we received based on linked data from the NDARC. Therefore, we focused the analysis on the overall population. The findings presented here show that the comparison of the sources of variation models and the number of unknown OUD cases. Although direct capture-recapture is used in few areas in New South Wales, datasets suitable for this purpose are likely to exist in most areas. Further studies of this nature would provide other sources of data with essential information and enable further exploration of OUD cases. Moreover, the data should be considered based on factors of individuals for analysis.

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## Appendix

The log-linear models for multiple capture-recapture experiments [26]

### Model $M_0$

$$\log(\mu_{\omega}) = \log(N) + X_1 \log(p) + (t - X_1) \log(1-p)$$

where  $\omega_j = 1$  if the unit is captured at the  $j^{\text{th}}$  occasion and, 0 if not  $j=1, \dots, t$

### Model $M_t$

$$\log(\mu_{\omega}) = X_0 \gamma + \sum_{j=1}^t X_j \beta_j$$

where  $p_i = 1$  is stand for that of occasion  $j$ , 0 if not and  $j=1, \dots, t$

$$\gamma = \log \left\{ N \prod (1-p_j) \right\}$$

$$\beta_j = \log \{ \log(p_i / (1-p_i)) \}, j=1, \dots, t.$$

### Model $M_b$

$$\log(\mu_{\omega}) = X_0 \log(N_p) + X_1 \log(1-p) + X_2 \left\{ \frac{\log c}{1-c} \right\} + (t - X_1 - 1) \log(1-c).$$

where  $c$  = nuisance parameter

$\mu_j$  = the number of units that are first caught at the  $j^{\text{th}}$  capture occasion.

$$\mu_j; j=1, \dots, t$$

**Note:** For more information, see [26]

### Model selection criteria

Akaike Information Criterion (AIC)

$$AIC = -2 \ln [(\hat{\theta}_p) | Y] + 2p$$

**Note:** For more information, see [27]