Солосре	Deminion	Torrida	rippinoution	into protation	Contactions/110100
Chi-Square Test	Tests for an association between two categorical variables in cross-sectional studies.	$\chi^2 = \frac{n(ad-bc)^2}{(a+b)(a+c)(c+d)(b+d)}$	Cross-sectional studies to check if there's a significant association between risk factor and disease.	If calculated χ^2 > critical value or $p < 0.05$, association is significant.	(Does not measure strength of association. Usually calculated with software (e.g., SPSS, Excel).
Relative Risk (RR) (Strong of association)	Measures the risk of developing a disease in an exposed group compared to a non-exposed group. Used to show association strength.	$RR = \frac{\eta(le+b)}{\eta'(e+b)}$	Cohort studies where incidence can be calculated.	$-RR=1: \mbox{No association}.$ $RR>1: \mbox{Positive association} \mbox{(higher risk)}RR<1: Negative association (protective effect). Strength of Association: -High: RR>3 -Moderate: 1.5 \le RR \le 2.9 - Weak: 1.2 \le RR \le 1.4$	with incidence data. What does 2X mean? Risk is exposed = 2X risk Non exposed
Odds Ratio (OR)	Estimates the strength of association between a risk factor and an outcome. Often used when RR cannot be calculated. T the cross product of the entries in table.	$OR = \frac{(\omega/c)}{(b/d)} = \frac{\omega d}{bc}$ = adult descriptions among intentional OAR of property among non-officient - which does OR & R necessary R in property property how R three to have R in description R intent on confine to the property in the intent on compared to these non-expected.	Case-control studies, where RR can't be directly calculated.	$-OR=1: \mbox{No association.} - \\ OR>1: \mbox{Positive association.} - \\ OR<1: \mbox{Negative association} \\ (\mbox{protective}). \mbox{Interpretation is similar to RR, especially for rare diseases.} $	Best estimate of RR if: (1) Controls represent the general population. (2) Cases are representative of all cases. (3) Disease is rare.
Attributable Risk (AR)	Quantifies the excess risk in the exposed group that can be attributed to the exposure. Also known as the risk difference	$AR=rac{a}{a+b}-rac{c}{c+d}$ If (150K mellions captured -FSAK technolis is not expired)	Cohort studies to estimate how much risk can be attributed to a particular exposure.	AR=0: No association. $AR>0$: Positive association. $AR<0$: Negative association.	Indicates the risk that could be eliminated if exposure were removed. Temove the risk of the disease that occured due to other causes.
Attributable Risk Percent (AR%)	The proportion of disease among exposed individuals that is due to the exposure.	$AR\% = \left(\begin{array}{l} \text{Risk in Exposed-Risk in Non-Exposed} \\ \text{Risk in Exposed} \end{array} \right) \times 100\%$	Evaluates the potential impact of reducing exposure in a cohort. [Sile amount pright be elimated of Controlled	Shows what percentage of the <u>disease</u> could theoretically be prevented by eliminating the exposure.	Example: I(AR) is 90% for smoking in lung cancer, then 90% of lung cancer cases in smokers are due to smoking.
Possible Outcomes (Exposure-Disease Relationship)	Different types of associations between exposure and disease.	Not applicable.	For <u>interpreting study results</u> in epidemiology.	1. No Association: $RR=1$, $AR=0$ 2. Positive Association: $RR>1$, $AR>0$ 3. Negative Association: $RR<1$ protective $AR<0$	- A risk factor has (RR > 1) and is associated with higher disease risk. (A preventive factor has RR < 1 and is associated with lower disease risk.
Risk factor:	any factor @ associate	ed with a disease (RR71). I	it is associated with increa	sed occurance of a dise	
Properties Factor and Partor @ associated with a disease (725). It is associated with decreased accurance of a disease amenable to change.					

Application

Interpretation

Conditions/Notes

(eg. smoking, age)

Concept

Definition

Formula