



UE 7.4 - Méthodologie **D'ANALYSE D'ARTICLES**

CM6 : Researcher integrity, Validity, and Qualitative research



Andrew Wakefield

Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dillon, P Harvey, A Valentine, S E Davies, J A Walker-Smith

Summary

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods 12 children (mean age 6 years [range 3-10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

Findings Onset of behavioural symptoms was associated by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another. All 12 children had intestinal abnormalities ranging from lymphoid nodular hyperplasia to a colonic ulceration. Histology showed patchy chronic inflammation in 11 children and reactive ileal lymphoid hyperplasia in seven, but no granulomas. Behavioural disorders included autism (nine), disintegrative disorder (one), and possible postviral or vaccinal encephalitis (two). There were no focal neurological abnormalities and MRI and EEG tests were normal. Abnormal laboratory results were significantly raised urinary methylmalonic acid compared with age-matched controls (mean 0.03), low haemoglobin in four children, and low serum IgA in three children.

Interpretation The idiopathic associated gastrointestinal disease and developmental regression in a group of previously normal children, which was generally associated in time with possible environmental triggers.

Lancet 1998; **351**: 637-41

See Commentary page

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Introduction

We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, and bloating and, in some cases, food intolerance. We describe the clinical findings, and gastrointestinal features, of these children.

Patients and methods

12 children, consecutively referred to our department, of paediatric gastroenterology, with a history of a pervasive developmental disorder with loss of acquired skills and 'regressive' symptoms (abdominal pain, bloating and food intolerance), were investigated. All children were admitted to the ward for a week, accompanied by their parents.

Clinical investigations

We took histories, including details of illnesses to infectious diseases, and assessed the history was obtained by the senior paediatrician and psychiatric assessments done by consultant child (PH, MB) with HMS-4 criteria. Developmental histories included a review of prospective developmental records from parents, health visitors, and general practitioners. If children did not undergo psychiatric assessment in hospital had been assessed professionally elsewhere, so these were used as the basis for their behavioural diagnosis.

After bowel preparation, ileocolonoscopy was performed by SHM or MAT under sedation with midazolam. Paired frozen and formalin-fixed mucosal biopsies were taken from the terminal ileum, ascending, and sigmoid colons, and the procedure was recorded by video. The images of the paediatric colonoscopies (four or six children with regressive reported normal appearance) were compared with images of the paediatric colonoscopies (four or six children with regressive reported normal appearance) in the terminal ileum follow-through radiography was possible in some cases.

Also under sedation, cerebral magnetic resonance imaging (MRI), electroencephalography (EEG), somatosensory auditory, and sensory evoked potentials were made where possible, and lumbar puncture was performed.

Laboratory investigations

Thyroid function, serum long-chain fatty acylcarnitine:fluid lactate were measured to exclude causes of childhood neurodegenerative methylmalonic acid was measured in random eight of the 12 children and 14 age-matched normal controls, by a modification of previously.¹ Chromatograms were computer analysed the methylmalonic and controls. Urinary methylmalonic acid and controls were urinary creatinine was measured.

Children were screened for

The Lancet, 1998

Ileal-lymphoid-nodular Hyperplasia, Non-specific Colitis, and Pervasive Developmental Disorder in Children

12 enfants

Lien évoqué avec l'autisme

2000 : la ROUGEOLE éradiquée aux USA, mais...

Les medias en parlent



Les parents questionnent



Les cas se multiplient





FLASHBACK : 1996

- Un avocat spécialisé recrute Wakefield
- Objectif, démontrer un lien
- £150 par heure – total ~ £500 000
- Puisé dans un fonds d'assistance juridique

VACCIN UNIQUE?

- Brevet depose auparavant
- Vaccin ROR néfaste = jackpot !



LES ENFANTS

Falsification des données

Tests non approuvés

2010

- Révocation de Wakefield
- Rétractation de l'article



Une nouvelle carrière

- Jim Carrey
- Cindy Crawford
- Jenny McCarthy
- De Niro
- Elle McPherson



ERRORS, FRAUD & ETHICS

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Authors file complaint with publisher as journal retracts vaping paper

A paper that found smoking rates in the United States fell faster than expected as more people started using e-cigarettes has been retracted over the objections of its authors, who have filed a complaint with the journal's publisher.

As we reported in July, *BMC Public Health* informed the authors of “Population-level counterfactual trend modelling to examine the relationship between smoking prevalence and e-cigarette use among US adults” that the editors had decided to retract the article after receiving a critical letter. We reported:

The letter did not request retraction of the paper, but argued that its analyses “were flawed and therefore potentially

Population-level counterfactual trend modelling to examine the relationship between smoking prevalence and e-cigarette use among US adults

RESEARCH

Open Access

Population-level counterfactual trend modelling to examine the relationship between smoking prevalence and e-cigarette use among US adults

Open Access

Validité



Rappel :

Validité externe – conclusions peuvent être étendues à l'ensemble de la population

Validité interne – absence de biais



Evaluation de cet aspect

2 listes de points à vérifier



Menaces pour la validité interne

Maturation – Étude plus longue, changement des comportements ou attitudes des participants

Sélection – À l'inclusion, et à l'attribution

Histoire – Événements socio-politiques

Instrumentation – calibration et contrôle

Régression – effet dû à un phénomène statistique

Attrition – données manquantes, différences fondamentales entre ceux qui persèverèrent et les autres.



Menaces à la validité externe

Effet de test réactif – répondre à une enquête avant une intervention peut influencer sur le comportement

Effet de sélection interactif – les participants ont des caractéristiques qu'on ne trouverait pas ailleurs

Effet **d'innovation** réactif – la nature artificielle de la situation change l'attitude des participants

Interférence externe – la participation à des activités en dehors de l'étude peut avoir une influence



L'IMPORTANCE de L'ÉCHANTILLON pour la validité

Un sous-groupe d'une population cible

Objectif : pouvoir extrapoler les résultats

Obéit à des critères **d'inclusion** et **d'exclusion**

Méthodes d'attribution

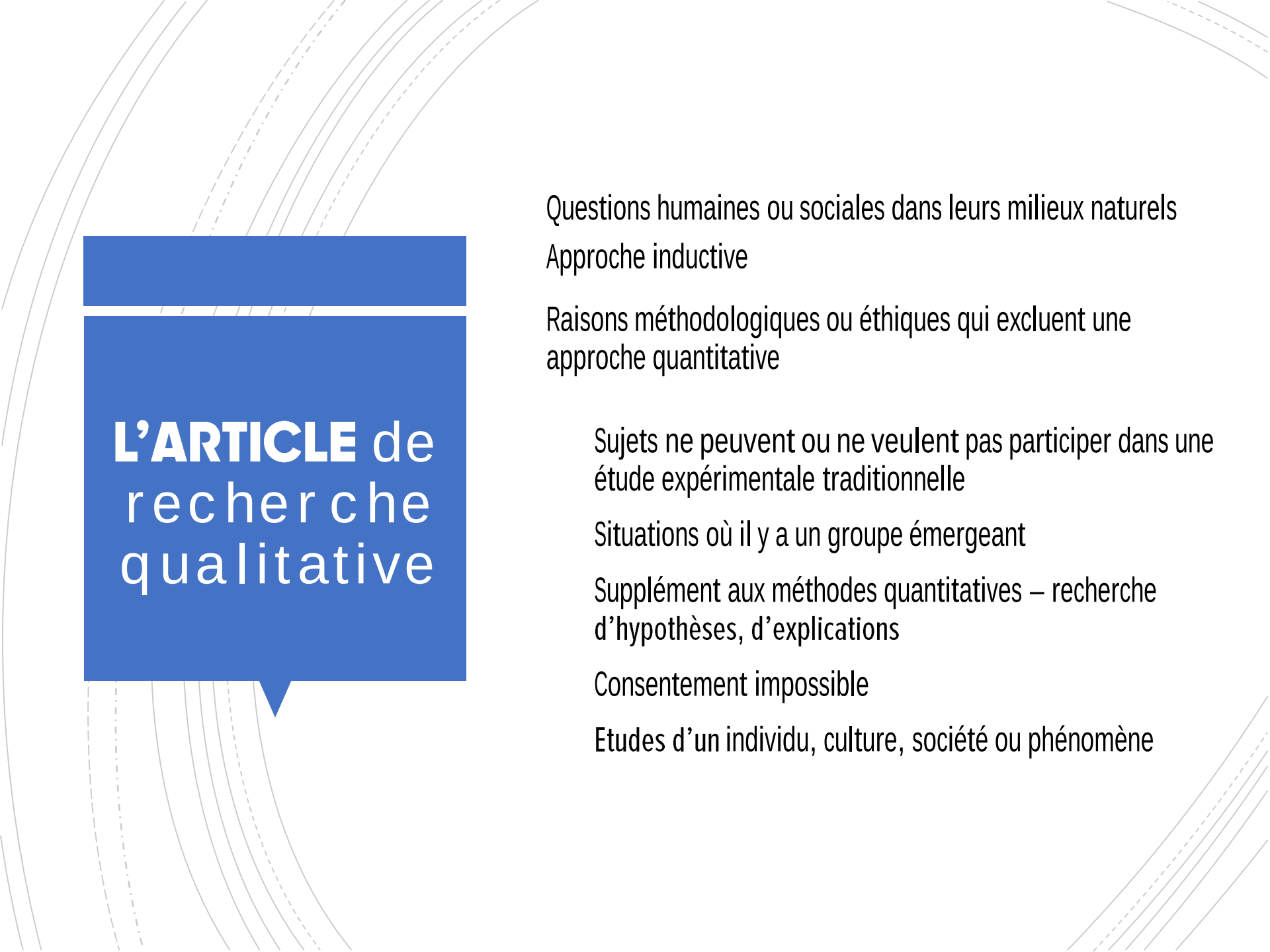
Aléatoire

Systematique (tous les x)

Stratification (tiré de sous-groupes)

Communautés

Convenance (biais quasi systematique)

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L'ARTICLE de recherche qualitative

Questions humaines ou sociales dans leurs milieux naturels

Approche inductive

Raisons méthodologiques ou éthiques qui excluent une
approche quantitative

Sujets ne peuvent ou ne veulent pas participer dans une
étude expérimentale traditionnelle

Situations où il y a un groupe émergent

Supplément aux méthodes quantitatives – recherche
d'hypothèses, d'explications

Consentement impossible

Etudes d'un individu, culture, société ou phénomène

4 approches possibles (non limitatif)

- Phenomenology
 - Souvent à partir d'entretiens
- Action research
 - Etude de son propre fonctionnement professionnel avec mise en application des améliorations, processus cyclique
- Grounded theory (Glaser & Strauss, 1967)
 - Développement d'une théorie à partir de données, comparaison et analyse répétées, recueil jusqu'à saturation
- Ethnography
 - Observation à long terme sur le terrain de comportements au sein d'un groupe

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Des méthodes variées

Observation - participation

Immersion du chercheur dans le groupe

Observation directe

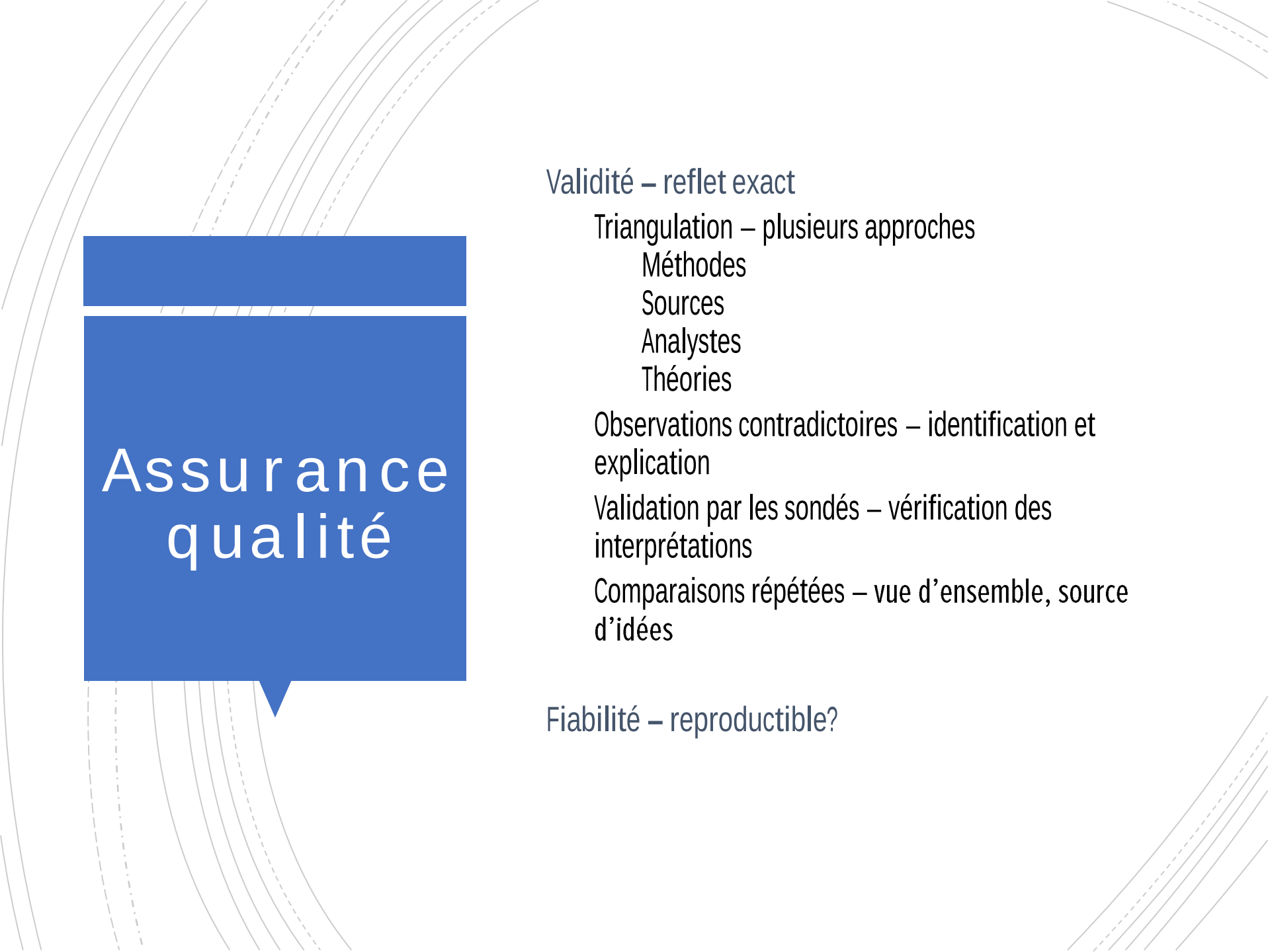
Le chercheur est effacé

Interview libre

Pas de structure fixe hormis quelques questions initiales

Etudes de cas

Faire ressortir des théories à partir des cas (entretiens et/ou observation)

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Assurance qualité

Validité – reflet exact

Triangulation – plusieurs approches

Méthodes

Sources

Analystes

Théories

Observations contradictoires – identification et explication

Validation par les sondés – vérification des interprétations

Comparaisons répétées – vue d'ensemble, source d'idées

Fiabilité – reproductible?

Les plus et moins de **L'APPROCHE** qualitative

+

- Niveau de détail
- Questions évolutives en temps réel.
- Méthodologie adaptative pour tenir compte des nouveaux faits observés.
- Intérêt humain plus riche que des chiffres.
- Identification de nuances ou aspects compliqués.
- Conclusions peuvent être transférées à d'autres situations

-

- Qualité dépend de l'expérience et compétence du chercheur.
- Subjectivité peut mener à des biais.
- Méthodologie peut manquer de rigueur.
- Analyse des données prend du temps.
- Parfois vu comme inférieur à l'approche quantitative
- Réponses des participants peuvent être influées par la présence du chercheur.
- Problèmes d'anonymat et de confidentialité lors de la publication
- Difficultés de visualisation des observations.
- Conclusions ne peuvent pas être extrapolées à une population plus large

Méthodes mixtes – qualitative + quantitative

- Questionnaires
 - Échelles quantifiables
- Analyse de discours
 - Codification, traitement automatique
- Recueil de données des deux types
 - Séquentiel
 - Concomitant – deux études indépendantes ou recueil imbriqué

Eléments pour **L'ANALYSE**

Title

- Was the title a good one, suggesting the key phenomenon and the group or community under study?

Abstract

- Does the abstract clearly and concisely summarize the main features of the report?

Introduction

Statement of the problem

- Is the problem stated unambiguously and is it easy to identify?
- Does the problem statement build a cogent and persuasive argument for the new study?
- Does the problem have significance for practice?
- Is there a good match between the research problem on the one hand and the paradigm, tradition, and methods on the other?

Research questions	➤ Are research questions explicitly stated? If not, is their absence justified? ➤ Are the questions consistent with the study's philosophical basis, underlying tradition, conceptual framework, or ideological orientation?
Literature review	➤ Does the report adequately summarize the existing body of knowledge related to the problem or phenomenon of interest? ➤ Does the literature review provide a solid basis for the new study?
Conceptual underpinnings	➤ Are key concepts adequately defined conceptually? ➤ Is the philosophical basis, underlying tradition, conceptual framework, or ideological orientation made explicit?

Method

Protection of participants' rights

- Were appropriate procedures used to safeguard the rights of study participants? Was the study subject to external review by an IRB/ethics review board?
 - Was the study designed to minimize risks and maximize benefits to participants?
-

Research design and research tradition

- Is the identified research tradition (if any) congruent with the methods used to collect and analyze data?
- Was an adequate amount of time spent in the field or with study participants?
- Did the design unfold in the field, giving researchers opportunities to capitalize on early understandings?
- Was there an adequate number of contacts with study participants?

- Was the number of data collection points appropriate?
 - Did the design minimize biases and threats to the internal construct, and external validity of the study (e.g., was blinding used, was attrition minimized)?
-

Population and sample

- Was the population identified and described? Was the sample described in sufficient detail?
- Was the best possible sampling design used to enhance the sample's representativeness? Were sample biases minimized?
- Was the sample size adequate? Was a power analysis used to estimate sample size needs?

Data collection and measurement

- Are the operational and conceptual definitions congruent?
- Were key variables operationalized using the best possible method (e.g., interviews, observations, and so on) and with adequate justification?
- Are the specific instruments adequately described and were they good choices, given the study purpose and study population?
- Does the report provide evidence that the data collection methods yielded data that were high on reliability and validity?

Procedures

- If there was an intervention, is it adequately described, and was it properly implemented? Did most participants allocated to the intervention group actually receive the intervention? Was there evidence of intervention fidelity?
- Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?

Results

Data analysis

- Were analyses undertaken to address each research question or test each hypothesis?
- Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and so on?
- Was the most powerful analytic method used? (e.g., did the analysis help to control for confounding variables)?
- Were Type I and Type II errors avoided or minimized?

Findings

- Was information about statistical significance presented? Was information about effect size and precision of estimates (confidence intervals) presented?
- Are the findings adequately summarized, with good use of tables and figures?
- Are findings reported in a manner that facilitates a meta-analysis, and with sufficient information needed for EBP?

Discussion

Interpretation of the findings

- Are all major findings interpreted and discussed within the context of prior research and/or the study's conceptual framework?
- Were causal inferences, if any, justified?
- Are the interpretations consistent with the results and with the study's limitations?
- Does the report address the issue of the generalizability of the findings?

Implications/
recommendations

- Do the researchers discuss the implications of the study for clinical practice or further research—and are those implications reasonable and complete?

Global Issues

Presentation

- Is the report well written, well organized, and sufficiently detailed for critical analysis?
- In intervention studies, was a CONSORT flow chart provided to show the flow of participants in the study?
- Was the report written in a manner that makes the findings accessible to practitioners?

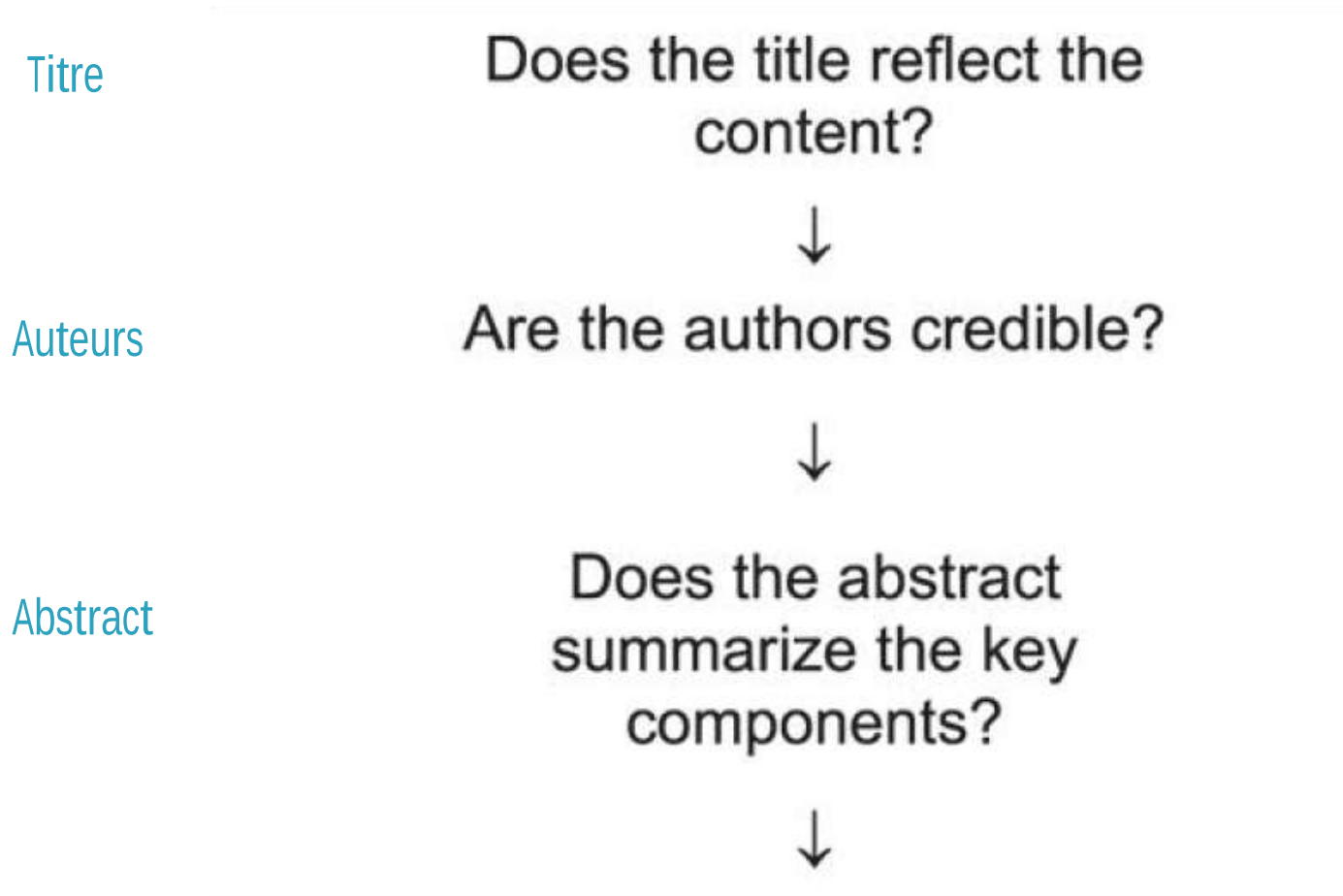
Researcher credibility

- Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?

Summary assessment

- Despite any identified limitations, do the study findings appear to be valid—do you have confidence in the *truth* value of the results?
- Does the study contribute any meaningful evidence that can be used in practice?

Un modèle **D'ANALYSE** : Caldwell *et al.* (2011)



Introduction

Is the rationale for
undertaking the research
clearly outlined?



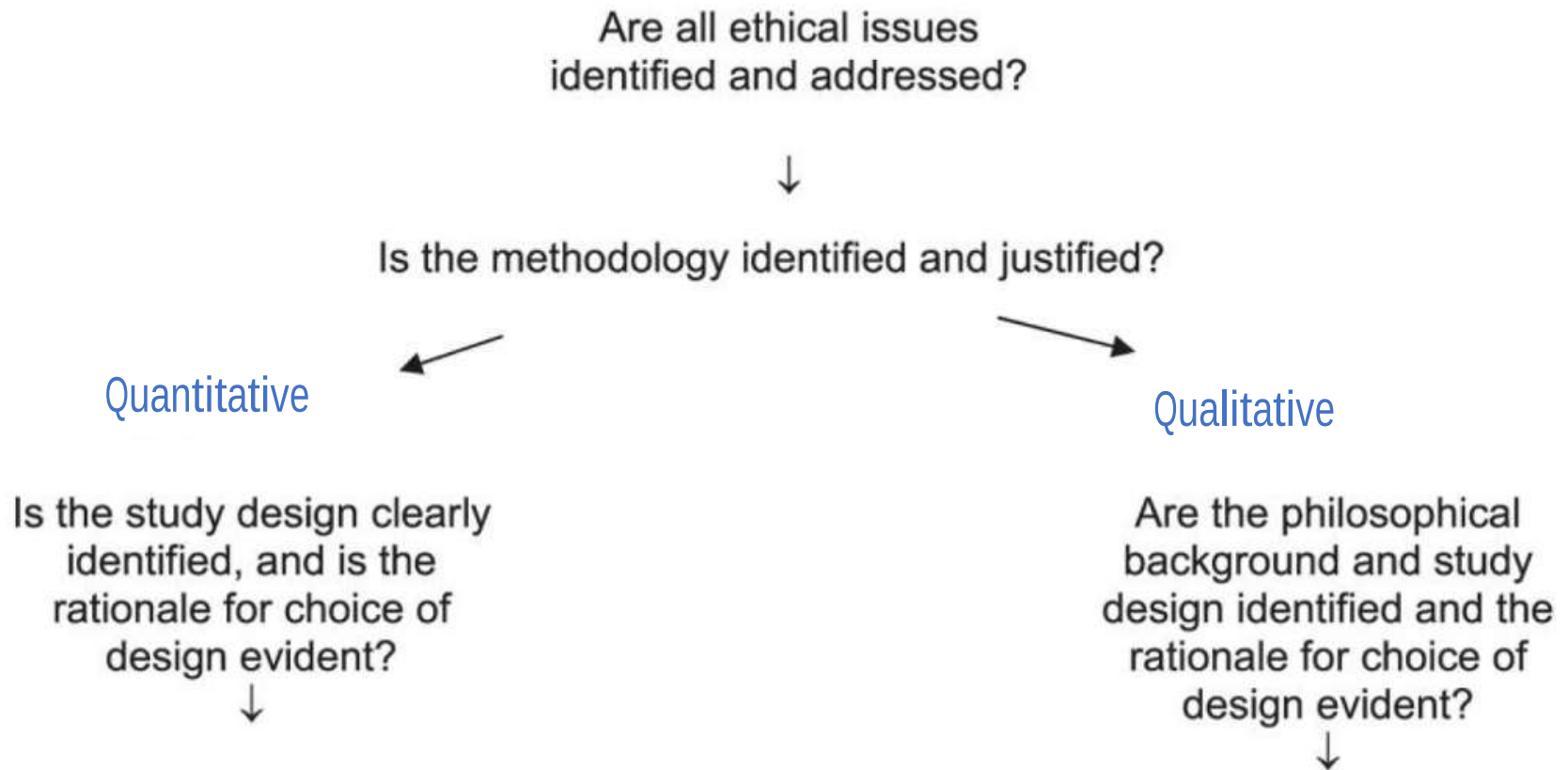
Is the literature review
comprehensive and up-to-
date?



Is the aim of the research
clearly stated?

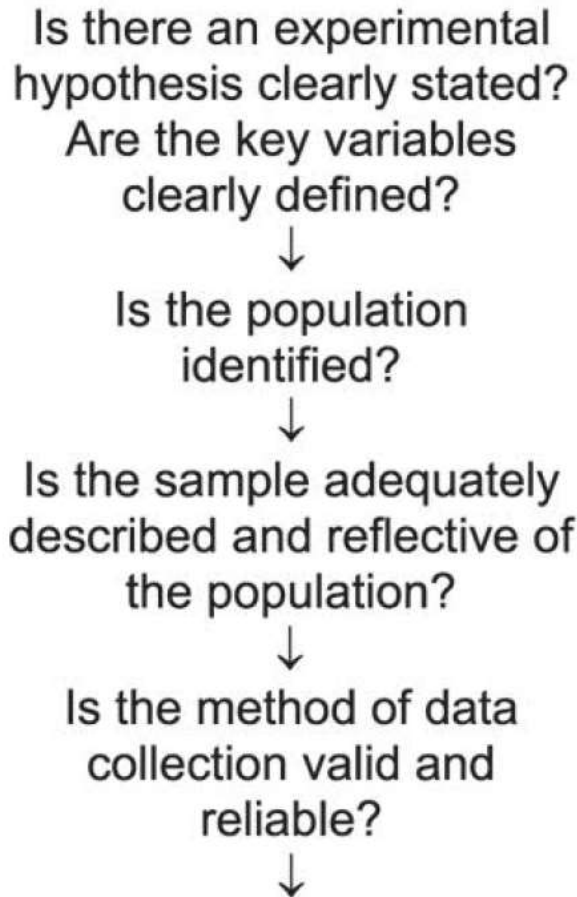


Méthodologie

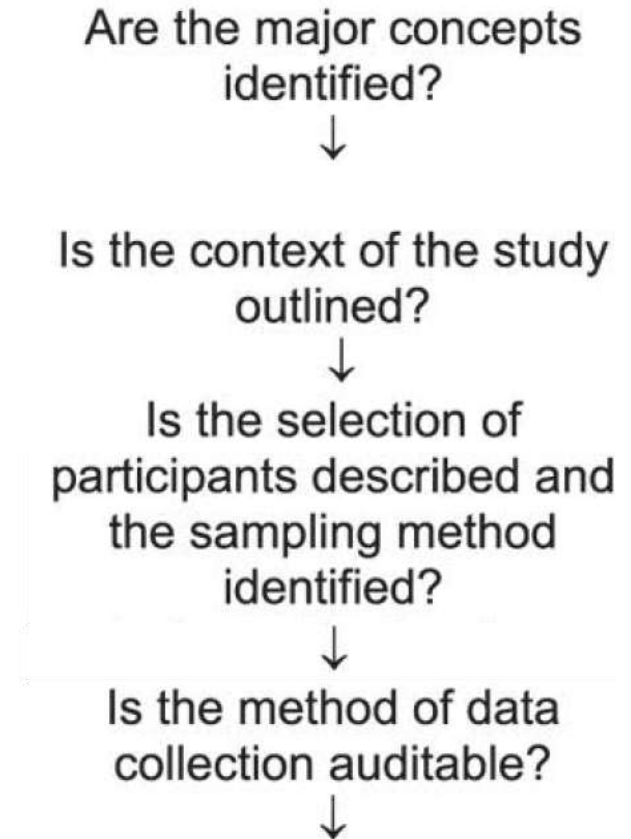


Méthodologie

Quantitative



Qualitative



Quantitative

Qualitative

Is the method of data analysis valid and reliable?

Is the method of data analysis credible and confirmable?

Are the results presented in a way that is appropriate and clear?

Are the results generalizable?

← Is the discussion comprehensive? →

Are the results transferable?

Is the conclusion comprehensive?

Mise en application

Qualitative Research article :

Chau, W. M. W., & Furness, P. J. (2023). Happiness in Parents of Children with Autism Spectrum Disorder: A Qualitative Study. *American Journal of Qualitative Research*, 7(1), 168-190.