

1 Scoping Review Protocol: Statistical Models for Longitudinal Data

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3 2022-08-23

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27 1 Background

28 Longitudinal studies are frequently used in the health sciences (biomedical research, epidemiology, public
29 health, among others) as they allow to examine how the temporal effect of a treatment or an intervention,
30 in contrast to a cross-sectional study, which only allows to examine the effect of the intervention at a single
31 time point. When compared their cross-sectional counterparts, longitudinal studies allow for increased
32 statistical power and more cost efficient strategies^{1,2}. However, the statistical analysis of longitudinal data
33 requires to take into consideration factors such as data missingness, correlation, and non-linear trends,
34 which do not occur on cross-sectional data^{3,4}. In other words, there is an “analytic cost” associated with
35 the increased complexity of longitudinal data².

36 This additional layer of complexity has led to a problem of model misspecification in the statistical analysis
37 of the data (i.e., the use of a statistical model that is not coherent with the data), which has been reported to
38 occur in many fields, including the health sciences⁵. For example, in a landmark study Liu et al. showed that
39 in a subset of papers in the biomedical sciences, the most popular model used to analyze longitudinal data
40 was the analysis of variance (ANOVA, an approach that fails to take into account the correlation between
41 measures over time), and that only 18% of the studies analyzed used models intended for longitudinal
42 analysis while checking that the assumptions of the model were satisfied by the data⁶.

Historically, the repeated measures ANOVA (rm-ANOVA, a statistical model for longitudinal data) has been the preferred method in the health sciences to analyze longitudinal data, despite the fact that the multiple assumptions required by this model are frequently not satisfied by the data collected in longitudinal studies⁴. On the other hand, the last 30 years have seen incredible progress in the field of Statistics with the development of statistical models for longitudinal data that relax the assumptions of rm-ANOVA. Linear mixed models, generalized additive models, Bayesian models, and generalized estimating equations are among these modern statistical models developed for longitudinal data^{7–11}. From these statistical methods, linear mixed models and generalized estimating equations are the two classes of models that have been frequently applied to analyze longitudinal data in the health sciences during the last decade^{12–14}.

However, modern statistical methods that are suited to analyze longitudinal data have been the exception rather than the norm in the health sciences. In 2001, a study reported that only 30% of the clinical trials analyzed used linear mixed models to analyze their results, and that the preferred method of analysis continued to be rm-ANOVA¹⁵ (in comparison, McCullagh and Nelder’s seminal book on the generalized linear model (GLM) was published in 1989¹⁶, and there was ongoing work on the extension of the GLM framework to the mixed model case by 1993¹⁷). Apart from the aforementioned study, there are not recent papers that examine the use of modern statistical methods for longitudinal data in the health sciences. Such information is critical to understand if the use of these methods has increased or decreased in the field over the last 20 years, and the reasons behind such changes.

Additionally, the reproducibility crisis is an ongoing issue in the health sciences^{18,19}, a major component of it being the misuse and lack of reproducibility of statistical analyses^{20,21}. Despite the fact that the landscape of statistical software has vastly increased in the last decade with many statistical computational tools (software, packages) now available to researchers, reproducibility standards vary between each computational tool²². Furthermore, there is still high variability in the amount of statistical reporting across journals²³. Understanding what statistical computational tools are used nowadays by researchers in the health sciences can provide an assessment of the advances in the field towards research reproducibility, while identifying limitations that might still be in place.

In this study, we surveyed the statistical methods used in papers dealing with longitudinal data in the health sciences in order to: 1) identify statistical methods used in order to assess the trends in adoption of modern statistical methods, 2) determine what are the computational tools used by researchers to perform statistical analyses, and 3) use the previous points to provide context to the current status of the advances in research reproducibility in the field.

74 2 Objective

75 This study aims to summarize the different statistical models for longitudinal data that are used in the
76 health sciences to identify the current extent in the adoption of modern statistical methods, determine what
77 are the computational tools used in each case and how this in turn affects the reproducibility, and provide
78 an updated list on methods recently developed for longitudinal data in order to determine if they can be
79 broadly applied to longitudinal data in the health sciences.

80 3 Review Question

81 Summarize the statistical methods used to analyze longitudinal data in the health sciences to identify
82 which methods are most commonly used, the applicability of such methods in the context of each study,
83 and gaps that might exist that prevent the adoption of modern statistical methods that can be better suited
84 to analyze the data. Additionally, identify if studies check for model assumptions, and how this in turn
85 impacts the reported results.

86 4 Databases

- 87 • PubMed
- 88 • Web of Science

89 5 Search Terms

90 5.1 For the Application of Modern Models on Longitudinal Biomedical/Health 91 Data

92 5.1.1 PubMed

93 5.1.1.1 Query 1:

94 (biomedical OR health) AND ((repeated measures) OR (longitudinal study) OR (ANOVA) OR (mixed
95 effects) OR (growth curve) OR (generalized additive model) OR (generalized estimating equation)) NOT
96 ((review) OR (meta analysis))

97 Hits: 393,188

98 Comments: query picks too many papers, and is not specific

99 **5.1.1.2 Query 2:**

100 (biomedical OR health) AND ((repeated measures) OR (longitudinal study)) AND ((statistical analyses)
101 OR (statistical analysis)) NOT ((review) OR (meta analysis))

102 Hits: 12,617

103 Comments: [This is the best query so far.](#)

104 Papers from this query appear to be good. The query catches many papers from psychology and psychiatry,
105 but the ones I checked did said used linear mixed models or regression in their analyses.

106 **5.1.2 Web of Science**

107 **5.1.2.1 Query 1:**

108 WC=(biom* OR health OR allergy OR cell biology OR cardio* OR hematology OR immunology OR life
109 sciences biomedicine other topics OR medical informatics OR neuro* OR oncology OR pharmacology OR
110 radiology, nuclear medicine & medical imaging OR research & experimental medicine OR substance abuse
111 OR optics) AND AK=(longitudinal study OR repeated measures study) NOT ALL=(review OR meta
112 analysis) NOT AK=(model* AND study design) NOT KP=(model)

113 Hits: 4,716

114 Comments: [This query seems to be good.](#)

115 Web of Science allows to specify more fields that result in a more targeted search. The last two parts of the
116 query (AK and KP) removed studies method or tutorial papers from journals such as *Statistics in Medicine*.

117 **5.2 For Methods on Longitudinal Data**

118 **5.2.1 Web of Science**

119 **5.2.1.1 Query 1:**

120 AK=((longitudinal OR repeated measures OR longitudinal data) AND (model OR design)) NOT
121 ALL=(review OR meta analysis) NOT ALL=(survival analysis)

122 Hits: 3,071

123 Comments: [This query seems to be good.](#)

124 This query returns papers that deal with methods for longitudinal analysis. Two additional options can be
125 selected: 1) include only articles (which reduces the number of hits to 2,936 as book chapters and editorials
126 are omitted) and 2) select from the 01/01/2000 until today (which could be reasonable as the increment of
127 models has occurred during the last two decades. This option reduces the number to papers to 2,849).

128 **6 Criteria for Study Selection**

129 **6.1 For the Application of Modern Statistical Models on Longitudinal Biomed-** 130 **ical/Health Data**

131 **6.1.1 Inclusion Criteria**

- 132 • Articles that:
 - 133 – Belong to the biomedical/health sciences fields
 - 134 – Describe the collection and analysis of longitudinal data at the preclinical or clinical level
 - 135 – Indicate the statistical model used to analyze the data
 - 136 – Report the results of their statistical analyses

137 **6.1.2 Exclusion Criteria**

- 138 • Cross-sectional studies
- 139 • Tutorials that present the application of existing statistical methods to biomedical/health data
- 140 • Reviews, meta-analyses, or systematic reviews on existing statistical methods for longitudinal data
- 141 • Studies that use only descriptive statistics to summarize/analyze the data

142 **6.2 For Methods on Longitudinal Data**

143 **6.2.1 Inclusion Criteria**

- 144 • Articles that:

- Present new methodologies or significant improvements to existing methods for longitudinal data

6.2.2 Exclusion Criteria

- Systematic reviews, meta-analyses, or reviews of statistical methods for longitudinal data
- Tutorials that present the application of existing statistical methods to biomedical/health longitudinal data

7 Additional Resources

8 Comparison

- Methods most commonly used by researchers to analyze longitudinal data
- Software and packages used (R, SAS, SPSS, etc)
- Increase or decrease in the adoption of modern statistical methods for longitudinal data in the last 20 years (vs rm-ANOVA or non-parametric alternatives)
- Appropriateness of methods used in each case with regard to missing data, non-linear trends, correlation
- Articles that make clear statements about open science and that share resources (data, code, resources sharing)

9 Data Extraction

10 Data Synthesis Strategy

11 References

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