Scoping Review Protocol: Statistical Models for Longitudinal Data

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1 Background

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

This additional layer of complexity has led to a problem of model misspecification in the statistical analysis of the data (i.e., the use of a statistical model that is not coherent with the data), which has been reported to occur in many fields, including the health sciences[5]. For example, in a landmark study Liu et al. showed that in a subset of papers in the biomedical sciences, the most popular model used to analyze longitudinal data was the analysis of variance (ANOVA, an approach that fails to take into account the correlation between measures over time), and that only 18% of the studies analyzed used models intended for longitudinal analysis while checking that the assumptions of the model were satisfied by the data[6].

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 studies[4]. 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-ANOVA[15] (in comparison, McCullagh and Nelder's seminal book on the generalized linear model (GLM) was published in 1989[16], and there was ongoing work on the extension of the GLM framework to the mixed model case by 1993[17]). 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 tool[22]. Furthermore, there is still high variability in the amount of statistical reporting across journals[23]. 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.

2 Objective

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

3 Review Question

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

impacts the reported results.

4 Databases

- PubMed
- Web of Science

5 Search Terms

6 Criteria

6.1 Inclusion Criteria

- methods paper see new methods developed
- application

6.2 Exclusion Criteria

7 Additional Resources

8 Comparison (?)

9 Data Extraction

10 Data Synthesis Strategy

11 References

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