# Coursera Statistical Inference Project part 2

Ben de Haan 22 Aug 2015

#### Introduction and methods

This report discusses the R ToothGrowth dataset. The dataset is composed of results on the length of odontoblasts in guinea pigs based on different doses of vitamin C intake. The guinea pigs received either 0.5, 1, or 2 mg/day of vitamin C through orange juice (OJ) or asorbic acid (VC).

The questions that this report aims to answer are: \* What is the 95% confidence interval for odontoblast length for each dose and intake method? \* Is there a difference in odontoblast length between the orange juice (OJ) and asorbic acid (VC) group? \*\*  $H_0$ : there is no significant difference in odontoblast length between OJ and VC group \* Is there a difference in odontoblast length between the groups for each different dose? \*\*  $H_0$ : there is no significant difference in odontoblast length between groups for each dose

Questions will be answered using t-tests and confidence interval calculations by the T-distribution.

To test the difference between groups, the T-test is used. However, this assumes lengths are normally distributed. If the data is not normally distributed, the following solutions are available: 1. Confidence intervals can be retrieved through bootstrapping. 2. A log transformation of length may solve the abnormality

## Exploratory Data Analysis

#### **Summary statistics**

Confidence intervals for the mean were retrieved as follows:

```
# Calculte the errors
oj.error <- qt(0.975, df = 29) * oj.sd / sqrt(30)
vc.error <- qt(0.975, df = 29) * vc.sd / sqrt(30)
tot.error <- qt(0.975, df = 58) * tot.sd / sqrt(60)

# Calculate the confidence intervals
oj.ci <- oj.mean + c(-1,1) * oj.error
vc.ci <- vc.mean + c(-1,1) * vc.error
tot.ci <- tot.mean + c(-1,1) * tot.error

# Add to summary statistics table
cis.lower <- c(oj.ci[1], vc.ci[1], tot.ci[1])
cis.upper <- c(oj.ci[2], vc.ci[2], tot.ci[2])
summary.stats$cis.lower <- cis.lower
summary.stats$cis.upper <- cis.upper</pre>
```

```
##
                 Group Mean 95% CI lower 95% CI upper Variance
## 1 Orange juice (OJ) 20.66
                                   18.20
                                                23.13
                                                         43.63
## 2 Asorbic acid (VC) 16.96
                                   13.88
                                                20.05
                                                          68.33
## 3
                Total 18.81
                                   16.84
                                                20.79
                                                         58.51
## Standard deviation
## 1
                 6.606
## 2
                 8.266
## 3
                 7.649
```

The groups are of equal size:

#### table(ToothGrowth\$supp)

```
## UJ VC
## 30 30
```

As are the doses within groups:

```
table(ToothGrowth[ToothGrowth$supp=="0J",]$dose)
```

```
## ## 0.5 1 2
## 10 10 10
```

```
table(ToothGrowth[ToothGrowth$supp=="VC",]$dose)
```

```
## ## 0.5 1 2
## 10 10 10
```

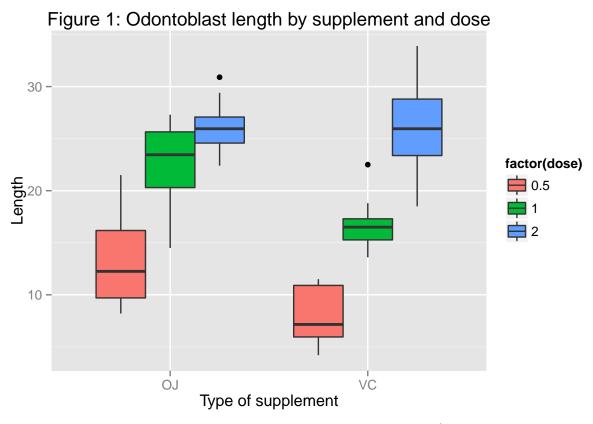
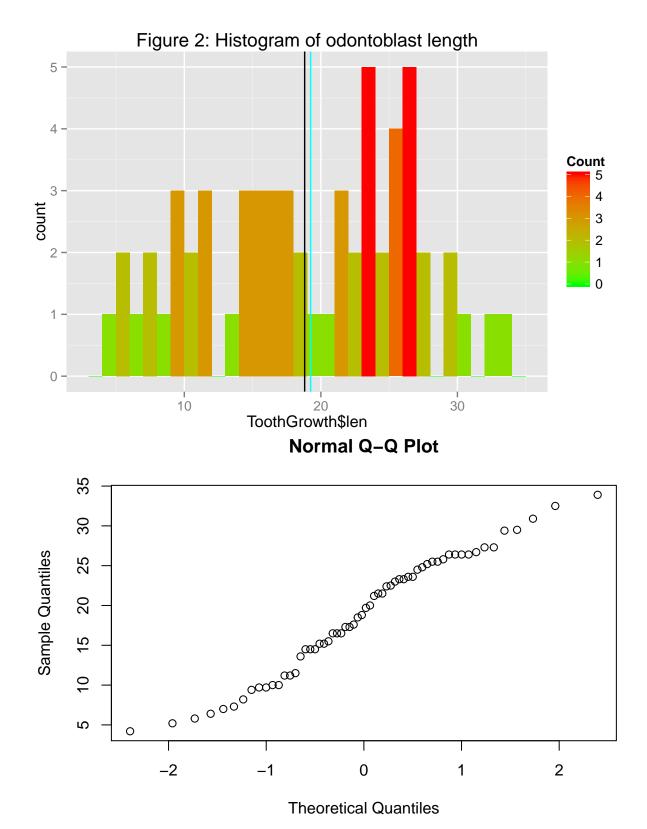


Figure 1 suggests some issues that might require further investigation: \* Orange juice seems to be more effective at a lower dose, but evens out at the higher doses. \* Higher doses seem to correspond with a higher odontoblast length

### Normality

Odontoblast lengths seem to be approximately normally distributed, with the mean (black line) and median (cyan) quite close together (see figure 2).



The Shapiro-Wilk test of normality reveals that we cannot reject  $H_0$  that the lengths are normally distributed (p > 0.05).

#### shapiro.test(ToothGrowth\$len)

```
##
## Shapiro-Wilk normality test
##
## data: ToothGrowth$len
## W = 0.9674, p-value = 0.1091
```

#### Results

When we compare the two groups we see that p > 0.05. Therefore, we cannot reject  $H_0$  that there is no significant difference between the groups.

```
t.test(ToothGrowth[ToothGrowth$supp=="0J",]$len,
ToothGrowth[ToothGrowth$supp=="VC",]$len)
```

```
##
## Welch Two Sample t-test
##
## data: ToothGrowth[ToothGrowth$supp == "OJ", ]$len and ToothGrowth[ToothGrowth$supp == "VC", ]$len
## t = 1.915, df = 55.31, p-value = 0.06063
## alternative hypothesis: true difference in means is not equal to 0
## 95 percent confidence interval:
## -0.171 7.571
## sample estimates:
## mean of x mean of y
## 20.66 16.96
```

If we split up and compare between doses, we have different results.

For a dose of 0.5 mg/day:

```
t.test(ToothGrowth[ToothGrowth$supp=="0J" & ToothGrowth$dose==0.5,]$len,
ToothGrowth[ToothGrowth$supp=="VC" & ToothGrowth$dose==0.5,]$len)
```

```
##
## Welch Two Sample t-test
##
## data: ToothGrowth[ToothGrowth$supp == "OJ" & ToothGrowth$dose == 0.5, and ToothGrowth[ToothGrowth$
## t = 3.17, df = 14.97, p-value = 0.006359
## alternative hypothesis: true difference in means is not equal to 0
## 95 percent confidence interval:
## 1.719 8.781
## sample estimates:
## mean of x mean of y
```

Since p < 0.05, we can reject  $H_0$ . This means that there is a difference between the supplement types for a dose of 0.5 mg/day.

For a dose of 1 mg/day:

13.23

7.98

```
##
## Welch Two Sample t-test
##
## data: ToothGrowth[ToothGrowth$supp == "OJ" & ToothGrowth$dose == 1, and ToothGrowth[ToothGrowth$supp ## t = 4.033, df = 15.36, p-value = 0.001038
## alternative hypothesis: true difference in means is not equal to 0
## 95 percent confidence interval:
## 2.802 9.058
## sample estimates:
## mean of x mean of y
## 22.70 16.77
```

Again, p < 0.05, we can reject  $H_0$ . This means that there is a difference between the supplement types for a dose of 1 mg/day as well.

For a dose of 2 mg/day:

```
t.test(ToothGrowth[ToothGrowth$supp=="0J" & ToothGrowth$dose==2,]$len,
ToothGrowth[ToothGrowth$supp=="VC" & ToothGrowth$dose==2,]$len)
```

Here, p > 0.05, so we cannot reject  $H_0$ . This means that there is no significant difference between the supplement types for a dose of 2 mg/day.

#### Discussion

Assuming that odontoblas length is normally distributed, the results show that there is no significant difference between different intake methods for a dose of 2 mg/day. For a dose of 0.5 or 1 mg/day, orange juice was significantly more effective than asorbic acid.