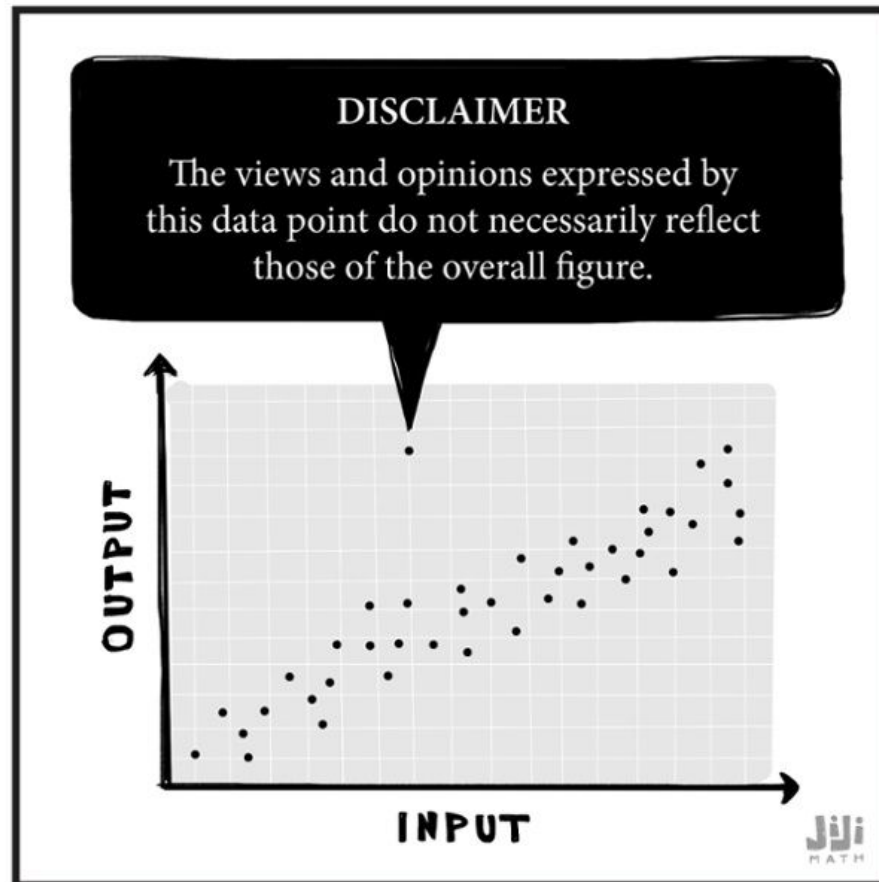


BST 210

Applied Regression Analysis



Lecture 3

Plan for Today

- Questions from last class
- Recap: Framework for Analyses
- Multiple Linear Regression
- Confounding
- Effect Modification (interaction)

Questions from/since last class

- When comparing multiple means, students are sometimes advised to compare confidence intervals to see whether the intervals overlap. When 95% confidence intervals for the means of two independent populations don't overlap, there will indeed be a statistically significant difference between the means (at the 0.05 level of significance).
- * However the opposite (or converse) is not always true. The CI's may overlap, yet there may be a statistically significant difference between the means. That is, if two test statistics have non-overlapping confidence intervals, they are necessarily significantly different *but* if they have overlapping confidence intervals, it is not necessarily true that they are *not* significantly different. *
- The discrepancy arises since distance from the mean is calculated in a different way for the t-statistic than it is for mean confidence intervals.

Questions from/since last class

Results

```
ttest pdi, by(dhca) level(95)
```

Two-sample t test with equal variances

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
low-flow	69	98.46377	1.636459	13.59345	95.19827	101.7293
deep hyp	73	91.91781	1.929775	16.488	88.07087	95.76474
combined	142	95.09859	1.296565	15.45036	92.53537	97.66181
diff		6.54596	2.543947		1.51644	11.57548

Degrees of freedom: 140

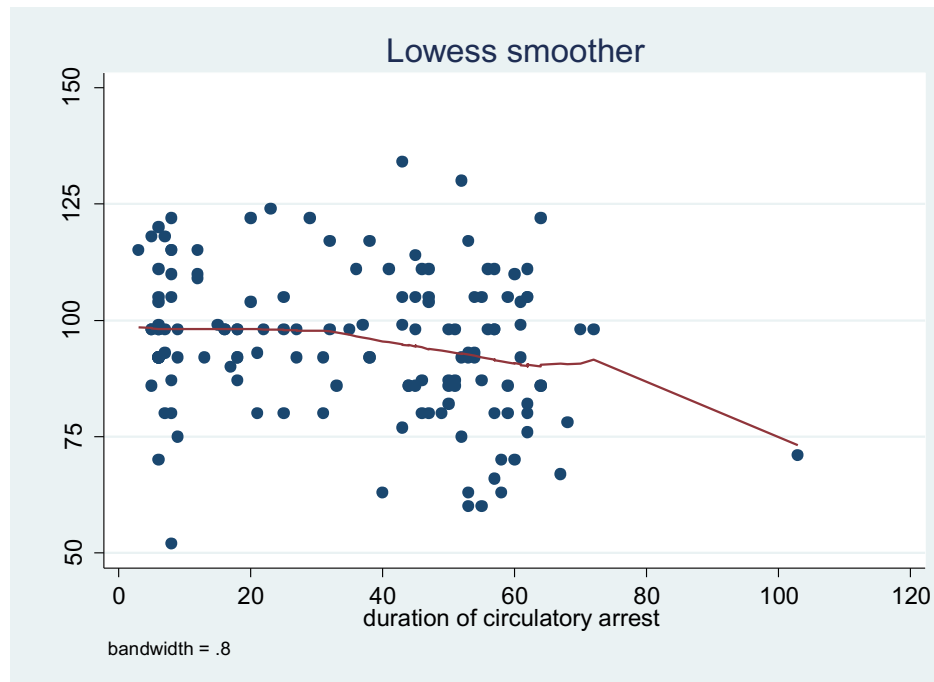
Ho: mean(low-flow) - mean(deep hyp) = diff = 0

Ha: diff < 0	Ha: diff ~= 0	Ha: diff > 0
t = 2.5732	t = 2.5732	t = 2.5732
P < t = 0.9944	P > t = 0.0111	P > t = 0.0056

Slide 30

Questions from/since last class

- Lowess smoothing: bandwidth = .8 is default
- What does larger bandwidth do? Smaller?



Review: True or false?

- R^2 = amount of variability in Y that our fitted model is unable to explain.
- Correlation => Causation
- One assumption of linear regression is that the outcomes Y are dependent.
- A mnemonic acronym for remembering the assumptions of linear regression is LANE.

Review: Is It a Linear Model?

- $E(Y_i) = \beta_0$
- $E(Y_i) = \beta_0 + \beta_1 \cdot age_i + \beta_2 \cdot age_i^2$
- $E(Y_i) = \beta_0 + \beta_1 \cdot age_i + \beta_2 \cdot female_i + \beta_3 \cdot age_i \cdot female_i$
- $E(Y_i) = \beta_0 + \beta_1 \cdot \exp(age_{i1})$
- $E(Y_i) = \beta_0 + \exp(\beta_1 \cdot age_{i1})$
- $E(Y_i) = \exp(\beta_0 + \beta_1 \cdot x_{i1})$
- $E(Y_i) = (\beta_0 + \beta_1 \cdot age_i + \beta_2 \cdot age_i^2)^2$

Continue to develop general framework for approaching analyses

First -

- Learn the topic/study well, really well
- Collaborate to define motivating questions of interest, check PubMed, other sources
- What techniques might help to achieve answers? Which do the data warrant? (develop intuition, read literature)
- Possible Confounding or Effect Modification to account for?
- Keep an open mind, and the larger picture – there is no recipe

Continue to develop general framework for approaching analyses

Next -

- Diagnostics/Checking Assumptions:
 - Scatterplot, summary statistics
 - Boxplots, histograms
 - Correlations
 - Smoothing (example: Lowess)
 - Residual Analysis
- Hypothesis testing/modeling:
 - t-test?
 - Correlation (r)?
 - ANOVA useful?
 - Nonparametric approach better?
 - Linear regression or extensions (multiple reg.)?
 - Generalizations

Recall Motivating Questions in last example – how do we accommodate?

- Is PDI related to the (continuous) duration of CA?
- Is PDI related to the (categorical) treatment group (CA vs. LFB)?
- Is PDI related to treatment group, after adjusting for diagnosis group (IVS and VSD)?
- Other predictor variables?

Recall Motivating Questions in last example – how do we accommodate?

- Considering all of the possible covariates, which factors are most predictive of PDI?
- What are the final conclusions regarding treatment group comparisons, adjusting for other factors?
- Need to build multiple linear regression models to predict PDI

Multiple Linear Regression

- **Simple linear regression:** a single independent variable (Y) is used to predict the value of a dependent variable (X).
- **Multiple linear regression:** two or more independent variables (X) are used to predict the value of a dependent variable (Y).
- The difference between the two is simply the number of independent variables.
- Data: $(x_{i1}, x_{i2}, \dots, x_{ip}, Y_i), i = 1, \dots, N$
 - $x_{ij} = j^{\text{th}}$ predictor variable for the i^{th} subject, measured without error
 - Y_i = outcome for the i^{th} subject, random, continuous, may have error
 - N = number of subjects

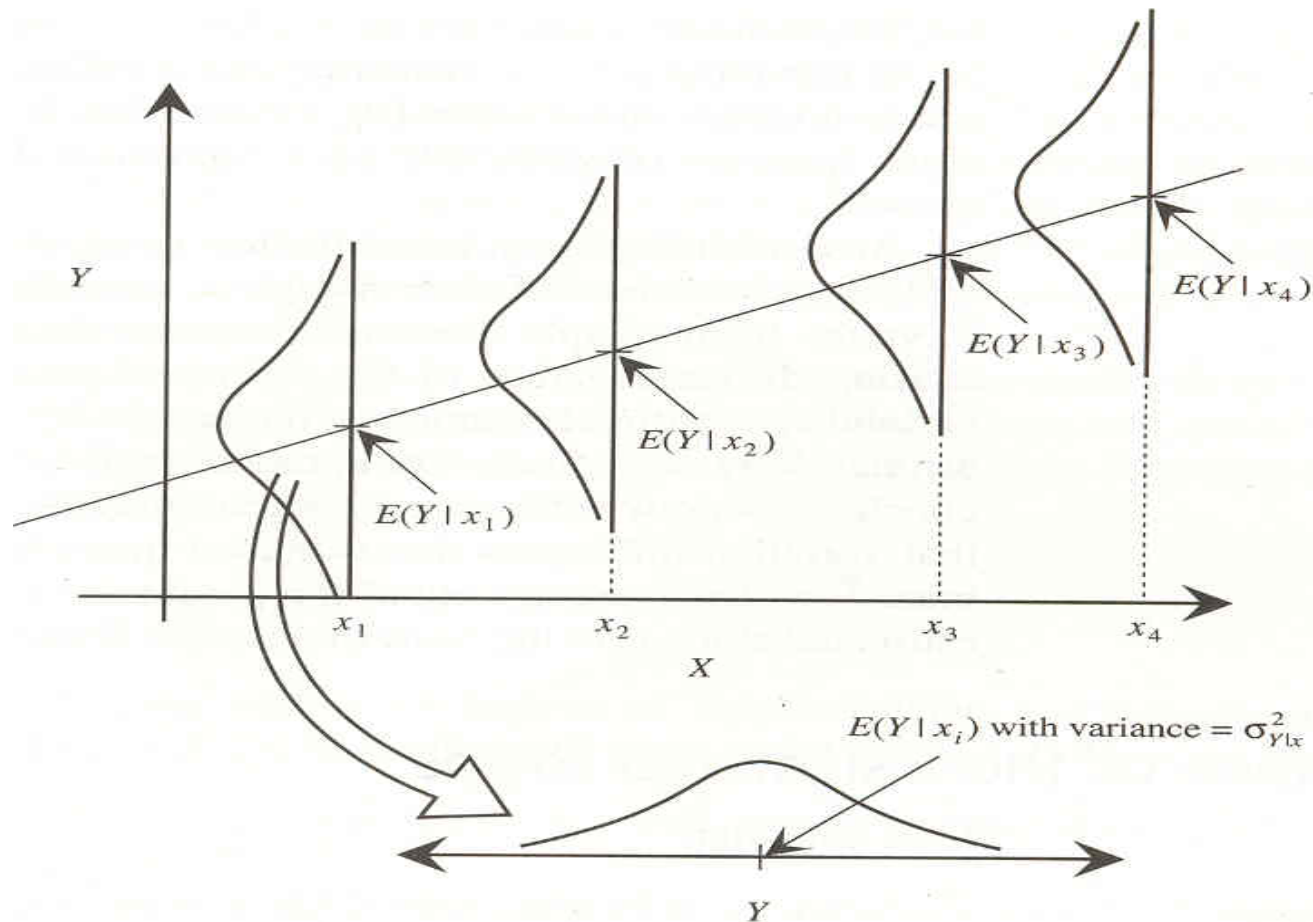
Multiple Linear Regression

- Model: $E(Y_i) = \beta_0 + \beta_1 x_{i1} + \beta_2 x_{i2} + \dots + \beta_p x_{ip}$
 - $E(Y_i)$ = expected value of Y for a given set of covariates, $x_{i1}, x_{i2}, \dots, x_{ip}$
 - β_0 = intercept, or constant term, corresponding to the mean value of Y when all covariates = 0
 - β_j = slope, or the change in Y corresponding to a 1 unit increase in the j^{th} covariate, x_j , holding all the other covariates constant

Multiple Linear Regression

- Assumptions:
 - **(L)** the mean of Y_i is an unknown, but **linear**, function of x_{i1} , x_{i2} , ..., and x_{ip}
 - **(I)** all responses are ***independent***
 - **(N)** the distribution of Y about its mean value is ***normally distributed***
 - **(E)** the variability of Y about its mean value is **equal** for all x values (*homoscedasticity*)
 - **Existence:** For any fixed value of the variable X , Y is a random variable with a certain probability distribution having finite mean and variance

For any fixed value of the variable X , Y is a random variable with a certain probability distribution having finite mean and variance

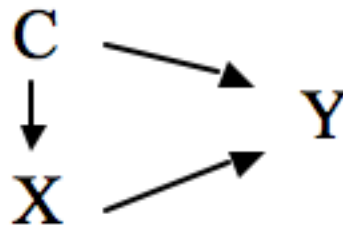


Let's back up: Confounding

- Suppose we are interested in the association between an exposure and outcome
- But there may be other factors that distort the relationship between exposure and outcome
- What to do?

Confounding Review

- A variable is a **confounding variable** if it satisfies two conditions (classical definition of confounding):
 - It is a risk factor for the outcome
 - It is associated with exposure, but not a consequence of exposure
- Failure to control for confounding can lead to **bias**



Control of Confounders: Study Design

- **Randomization** (clinical trials)
 - Should balance confounders in groups being compared
- **Restriction**
 - Select a restricted subgroup to study
- **Matching** (case-control studies)
 - Cases and controls have same confounding characteristics (hence balanced)

Control of Confounders: Data Analysis

- **Stratification**

- Split the data into strata, make within-strata comparisons, then recombine to get overall estimates
- Compare crude (unadjusted) and stratified (adjusted) estimates to assess confounding

- **Multivariable analysis**

- Include covariate in multiple linear regression

$$E(Y_i) = \beta_0 + \beta_1 C_i + \beta_2 X_i$$

Multiple Linear Regression

- Used to investigate the relationship between a response variable and *several* explanatory variables
- Model: $E(Y) = \beta_0 + \beta_1 \cdot x_1 + \dots + \beta_p \cdot x_p$
- The intercept β_0 is the predicted value of Y when all covariates = 0

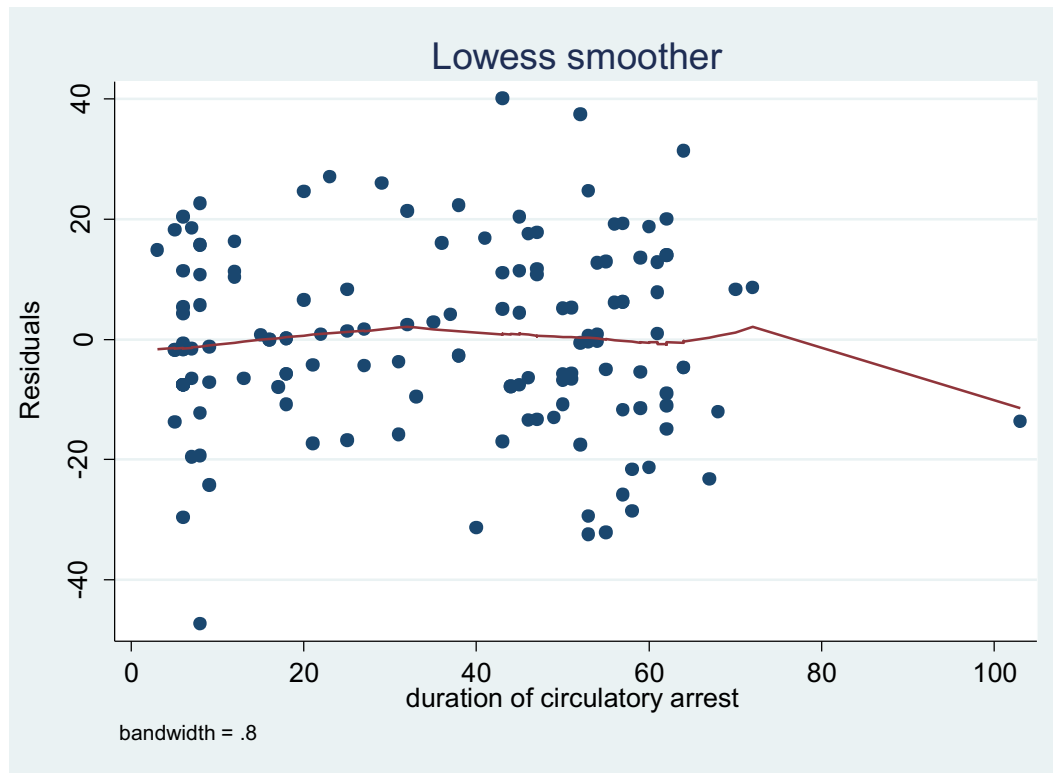
Multiple Linear Regression

- The slope β_j is the change in Y corresponding to a 1 unit change in x_j , assuming all other covariates are held constant
- We say that we are adjusting for, or controlling for, the other covariates

Recall: significant relationship

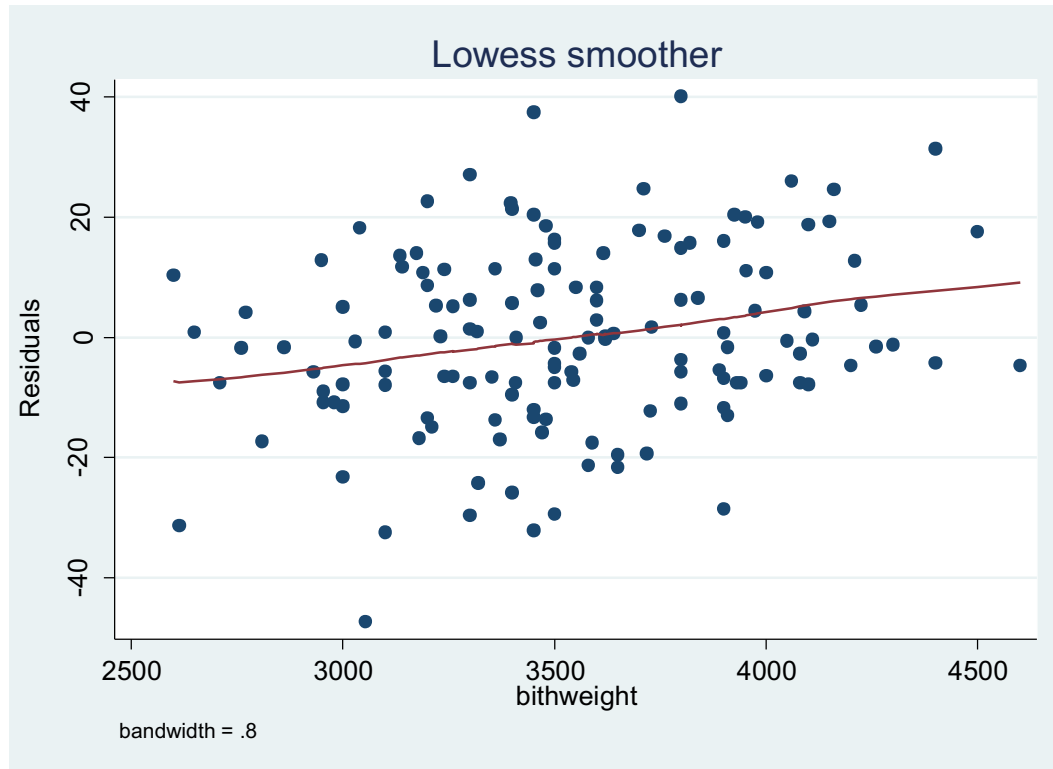
predict resids, residuals

lowess resids minutes



What about birth weight?

lowess resid bithwt



Results

- We found a significant relationship between minutes of CA and PDI
- Residual plots suggested a possible association with birth weight
- After accounting for minutes of CA, does birth weight improve our ability to predict PDI?

Results

```
regress pdi minutes birthwt
```

Source	SS	df	MS	Number of obs = 142		
Model	3377.28384	2	1688.64192	F(2, 139) = 7.75		
Residual	30281.3359	139	217.851337	Prob > F = 0.0006		
Total	33658.6197	141	238.713615	R-squared = 0.1003		
				Adj R-squared = 0.0874		
				Root MSE = 14.76		

pdi	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
minutes	-.164923	.0566858	-2.91	0.004	-.277001	-.052845
birthwt	.0084129	.0029668	2.84	0.005	.0025471	.0142788
_cons	71.20498	10.62018	6.70	0.000	50.207	92.20297

Results

$$\text{PDI} = 71.2 - 0.165 \text{ minutes} + 0.0084 \text{ birthwt}$$

- For two infants with identical minutes of CA, a birth weight difference of 1000 grams would yield an 8.4 point change in predicted PDI score ($P = 0.005$)
- Not sensible to interpret intercept (71.2) here, as no birth weights are zero

Results

$$\text{PDI} = 71.2 - 0.165 \text{ minutes} + 0.0084 \text{ birthwt}$$

- The coefficient of minutes adjusting for birthwt (-0.165) is fairly close to the unadjusted, or crude, coefficient (-0.155); thus birthwt does not appreciably confound the association between minutes of CA and PDI

Confounding

- If an adjusted analysis gives an appreciably different result than a crude (unadjusted) analysis, we say the added variable is a confounder of the exposure-outcome association; use the adjusted analysis!
- Confounding bias can be large or small (and can even reverse direction of effect)
- Generally, define a confounder based on prior knowledge or biological reasoning

Confounding

- Leads to bias in your estimate of the exposure-outcome association if you fail to control for the effects of the confounder
- Can sometimes be controlled for in the analysis or avoided by design
- Confounder versus Covariate
- Is a bias, and worth avoiding!

Indicator Variables

- When there are categorical or binary predictor variables, we create indicator variables (or dummy variables or design variables)
- Examples: Diagnosis (IVS vs. VSD), Sex (F vs. M), Age group (< 1 mo, 1-2 mo, 3-9 mo)
- We create variables with numeric 0/1 coding

Results

```
regress pdi minutes vsd
predict yhat
gen yhativs=yhat if vsd==0
gen yhatvsvd=yhat if vsd==1
gen pdiivs=pdi if vsd==0
gen pdivsvd=pdi if vsd==1
sort minutes
```

```
scatter pdiivs pdivsvd yhativs yhatvsvd
minutes,xlabel(0(20)120) ylabel(50(2)150)
symbol (0 T i i i) c(. . 1 1)
```

Results

regress pdi minutes vsd

Source	SS	df	MS	Number of obs = 142		
Model	2266.77325	2	1133.38662	F(2, 139) = 5.02		
Residual	31391.8465	139	225.840622	Prob > F = 0.0079		
Total	33658.6197	141	238.713615	R-squared = 0.0673		
				Adj R-squared = 0.0539		
				Root MSE = 15.028		

pdi	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
minutes	-.1351676	.0587281	-2.30	0.023	-.2512836	-.0190516
vsd	-5.245585	3.112904	-1.69	0.094	-11.40035	.90918
_cons	101.0308	2.413607	41.86	0.000	96.25865	105.8029

Results

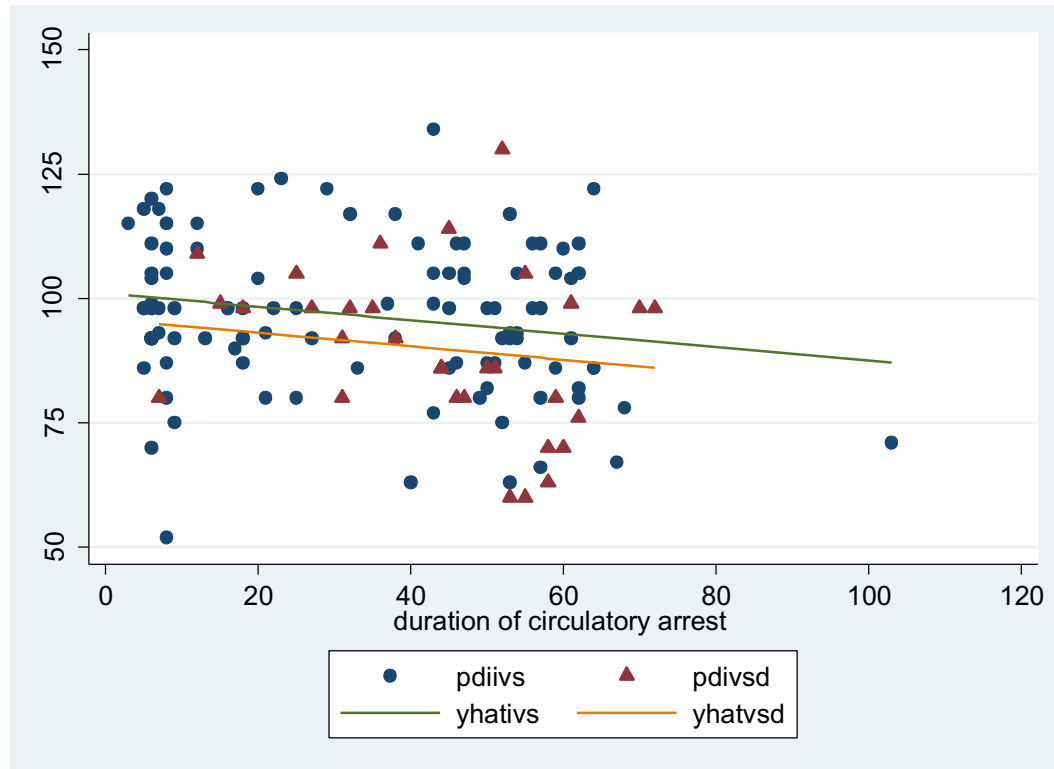
- Here $vsd = 1$ for VSD diagnosis, $vsd = 0$ for IVS diagnosis
- Fitted regression model is:
$$PDI = 101.0 - 0.135 \text{ minutes} - 5.25 vsd$$
- For IVS, $PDI = 101.0 - 0.135 \text{ minutes}$
- For VSD, $PDI = 95.8 - 0.135 \text{ minutes}$
- Parallel lines, different intercepts

Results

$PDI = 101.0 - 0.135 \text{ minutes} - 5.25 \text{ vsd}$

- *P*-value for vsd effect is marginally significant ($P = 0.09$), and minutes is still significant ($P = 0.023$)
- Study surgeons and cardiologists thought that diagnosis was an important factor to consider

Results



Results

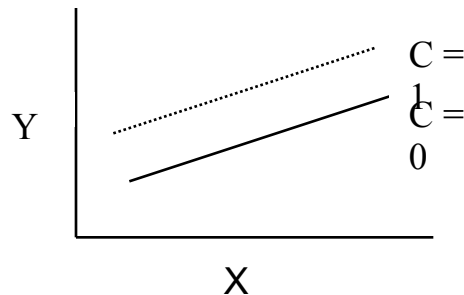
- In particular, infants with VSD (relative to IVS) were:
 - older at time of surgery
 - looked better preoperatively
 - had more complex surgeries with longer duration of CA
- Is diagnosis a confounder of the effect of minutes of CA?

Effect Modification

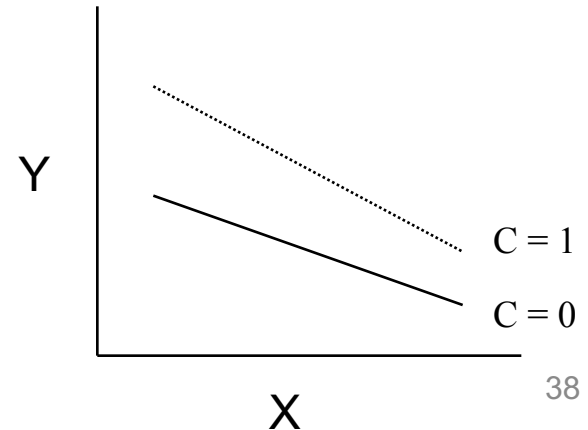
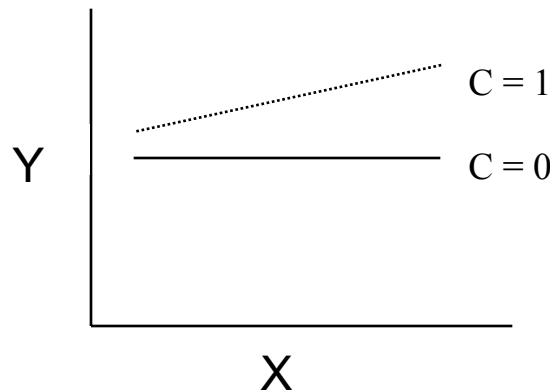
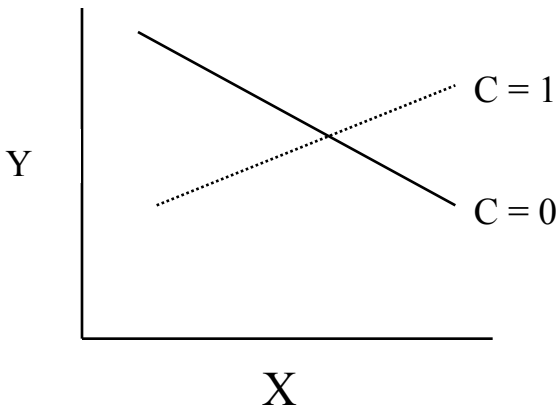
- It is not necessarily true that the effect of minutes of CA should be the same for both diagnosis groups
- Models including effect modification (or interaction) allow the effects of one variable to vary depending on the levels of another
- Modelled using product terms

Effect Modification Review

- Relationship between variable (X) and outcome (Y) differs by level of third variable (C)
- Example: No effect modification (parallel slopes)



- Example: effect modification (NOT parallel slopes)



Results

```
generate interact = minutes * vsd
regress pdi minutes vsd interact
```

Source	SS	df	MS	Number of obs = 142		
Model	2456.25578	3	818.751927	F(3, 138) = 3.62		
Residual	31202.3639	138	226.104087	Prob > F = 0.0148		
Total	33658.6197	141	238.713615	R-squared = 0.0730		
				Adj R-squared = 0.0528		
				Root MSE = 15.037		

pdi	Coef.	Std. Err.	t	P> t	[95% Conf. Interval]	
minutes	-.1141839	.0630748	-1.81	0.072	-.238902	.0105343
vsd	1.451135	7.950786	0.18	0.855	-14.26998	17.17225
interact	-.1588876	.173564	-0.92	0.362	-.5020763	.1843011
_cons	100.3351	2.531758	39.63	0.000	95.32905	105.3412

Results

$$\text{PDI} = 100.3 - 0.114 \text{ minutes} + 1.45 \text{ vsd} \\ - 0.159 \text{ minutes} \cdot \text{vsd}$$

- For IVS, $\text{PDI} = 100.3 - 0.114 \text{ minutes}$
- For VSD, $\text{PDI} = 101.8 - 0.273 \text{ minutes}$
- Lines not parallel, though minutes effect is negative for both diagnosis groups

Results

$$\text{PDI} = 100.3 - 0.114 \text{ minutes} + 1.45 \text{ vsd} \\ - 0.159 \text{ minutes} \cdot \text{vsd}$$

- *P*-value for the interaction is only 0.36, so no statistical evidence to support the interaction
- Reasonable to drop nonsignificant interactions, and to only test for those thought interesting in advance

Effect Modification Review

- Models including effect modification (or interaction) allow the effects of one variable to vary depending on the levels of another
 - No Interaction: $E(Y_i) = \beta_0 + \beta_1 C_i + \beta_2 X_i$
For $C=0$: $E(Y_i) = \beta_0 + \beta_2 X_i$ For $C=1$: $E(Y_i) = (\beta_0 + \beta_1) + \beta_2 X_i$
-Different Intercepts and Same Slopes
 - Interaction: $E(Y_i) = \beta_0 + \beta_1 C_i + \beta_2 X_i + \beta_3 C_i X_i$
For $C=0$: $E(Y_i) = \beta_0 + \beta_2 X_i$
For $C=1$: $E(Y_i) = (\beta_0 + \beta_1) + (\beta_2 + \beta_3) X_i$
-Different Intercepts and Different Slopes

Coming Up

- Development of LS regression results
- Model fit assessment
- Residual analysis
- More multiple regression