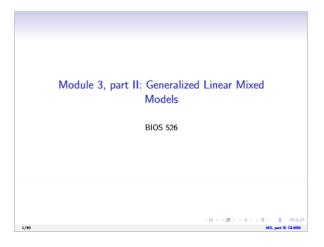
Module 3 Part 2: GLMMs

Wednesday, September 27, 2023 14



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Concepts

- Additional info on logistic regression
- Logistic and log-linear model for longitudinal data
- Conditional versus population effect estimates.

Reading

- You may find the following reference useful, specifically, the glmer() examples: Bolker, Ben. "GLMM Worked Examples." https://bbolker.github.io/mixedmodels-misc/ecostats_chap.html
- Sections 3.4-3.6 in Simon Wood, Generalized Additive Models, 2017, contains some information on glmms.

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S, part II: GLMM

Example: 2×2 Crossover Trial

Data were obtained from a crossover trial on the disease cerebrovascular deficiency. The goal is to investigate the side effects of a treatment drug compared to a placebo.

Design:

- 34 patients: an active drug (A) and followed by a placebo (B)
- 33 patients: a placebo (B) and followed by an active drug (A).
- Outcome: normal (0) or abnormal (1) electrocardiogram.
- Each patient has a binary observation at period 1 and period 2
- Crossover design: can have "carryover" effects which confound treatment effect estimation. Test whether washout period was adequate.

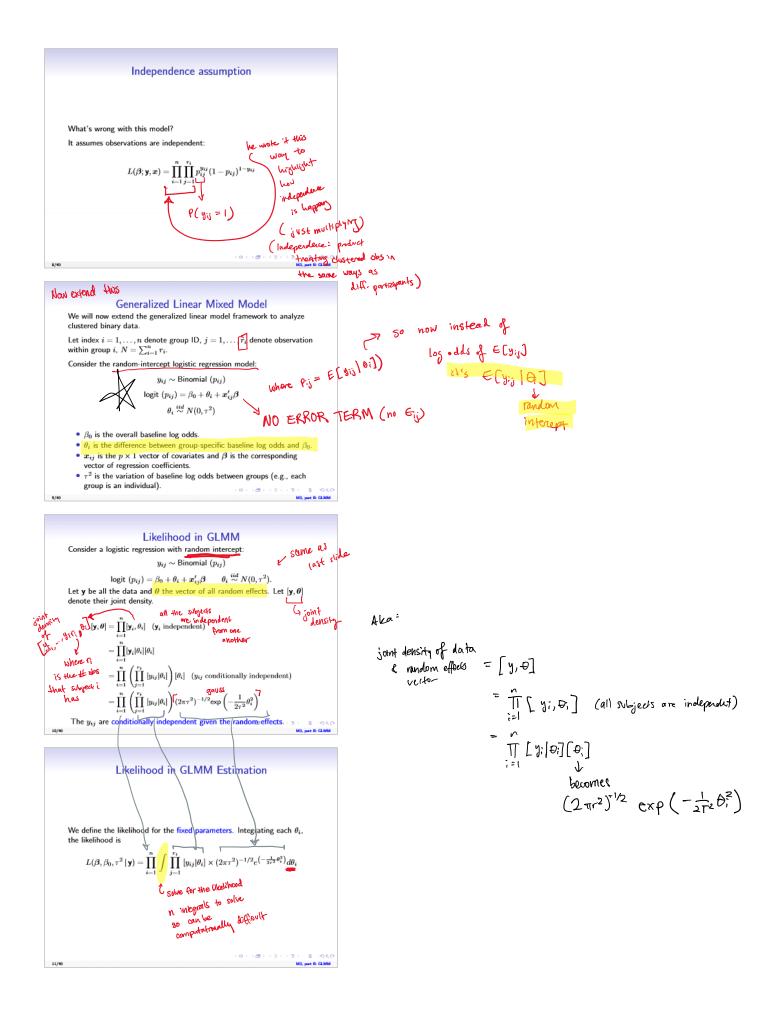
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IS, part II: GLMI

More logit Consider the following logistic model essuming responses within each subject are independent. They be the wrong way assuming Model 1: logit $P(y_{ij}=1)=eta_0+eta_1 tr t_{ij}$ - just Hearl mort Model 2: logit $P(y_{ij}=1)=eta_0+eta_1 tr t_{ij}+eta_2 period_{ij}$ restant the period period $P(y_{ij}=1)=p_0$ Model 3: $\text{logit } P(y_{ij}=1) = \beta_0 + \beta_1 tr t_{ij} + \beta_2 period_{ij} + \beta_3 tr t_{ij} * period_{ij} \rightarrow \text{fexty by} \text{ AND interaction}$ β₁: active drug versus placebo effects. (Note: in Model 3, active Gin 2x2 crossover, versus placebo for period 1.) can be "carry over effect" β₂: second period versus first period effect β₃: carry-over effect. Does the effect of period differ between having the active drug during the second period versus having the active drug during the first period.

More logit review Model 1 Covariate Model 2 Intercept β_0 -1.08 (0.28) -1.22 (0.34) -1.54 (0.45) Treatment β_1 0.56 (0.38) 0.56 (0.38) 1.11 (0.57) Period β_2 0.27 (0.38) 0.85 (0.58) Treatment \times Period β_3 • Model 3: after controlling for period and carry-over effects, the estimated OR of abnormal ECG in period 1 was $3.03=e^{1.11}$ and p-value = 0.053. The 95% confidence interval is $(e^{1.11-1.96*0.57}, e^{1.11+1.96*0.57}) = (0.99, 9.27).$ • At $\alpha=0.05$, we fail to reject the null hypothesis that the treatment in period has an impact on the probability of an abnormal ECG. However, future research is needed since the p-value is 0.053. β₃ is negative - the second period effect is smaller for those who received active drug during the second period; however, not significant.

Given the estimates in Model 3, calculate predicted probabilities: $\log it \ P(y_{ij}=1) = \beta_0 + \beta_1 tr t_{ij} + \beta_2 period_{ij} + \beta_3 tr t_{ij} * period_{ij}$ For the treatment-placebo group: $P(outcome=1 \mid period=1, \ treat=1) = \left(\frac{e^{\beta_0 + \beta_1}}{1 + e^{\beta_0 + \beta_1}}\right) = 0.394$ $P(outcome=1 \mid period=2, \ treat=0) = \left(\frac{e^{\beta_0 + \beta_2}}{1 + e^{\beta_0 + \beta_2}}\right) = 0.333$ For the placebo-treatment group: $P(outcome=1 \mid period=1, \ treatment=0) = \left(\frac{e^{\beta_0}}{1 + e^{\beta_0}}\right) = 0.176$ $P(outcome=1 \mid period=2, \ treatment=1) = \left(\frac{e^{\beta_0 + \beta_1 + \beta_2 + \beta_3}}{1 + e^{\beta_0 + \beta_1 + \beta_2 + \beta_3}}\right) = 0.353$



Likelihood in GLMM Estimation

For Bernoulli outcome, the data likelihood for group i is

$$\begin{split} \prod_{j=1}^{r_i} [y_{ij}|\theta_i] &= \prod_{j=1}^{r_i} p_{ij}^{y_{ij}} \times (1 - p_{ij})^{1 - y_{ij}} \\ &= \prod_{j=1}^{r_i} \left(\frac{e^{\theta_0 + \theta_i + \mathbf{x}'_{ij}\beta}}{1 + e^{\theta_0 + \theta_i + \mathbf{x}'_{ij}\beta}} \right)^{y_{ij}} \times \left(\frac{1}{1 + e^{\theta_0 + \theta_i + \mathbf{x}'_{ij}\beta}} \right)^{1 - y_{ij}} \end{split}$$

Therefore the likelihood

Therefore the likelihood is
$$\begin{split} L(\beta,\beta_0,\tau^2\,|\,\mathbf{y}) &= \prod_{i=1}^{r_i} \int \prod_{j=1}^{r_i} \left(\frac{e^{\beta_0+\theta_i+\boldsymbol{x}_{ij}'\beta}}{1+e^{\beta_0+\theta_i+\boldsymbol{x}_{ij}'\beta}}\right)^{y_{ij}} \times \left(\frac{1}{1+e^{\beta_0+\theta_i+\boldsymbol{x}_{ij}'\beta}}\right)^{1-y_{ij}} \\ &\times (2\pi\tau^2)^{-1/2} e^{\left(-\frac{1}{3\pi^2}\,\theta_i^2\right)} d\theta_i \end{split}$$

For Gaussian,

heasy to solve numerically"

Finding the MLE

The (2 T 1/2 \ Z 1/2) et (5: - x/p) (2-1 (6: -x/p)

Note that in the Gaussian case, we can similarly specify a model using conditional independence. Colculate covariance matrix for Gaussian There, we can easily evaluate the integral and obtain a nice form for the

multivariate normal distribution. The covariance matrix nicely captures dependence via the block diagonal

In GLMMs, we are stuck with an integral. Trickier optimization.

For Gaussian distr.

you can easily calculate covariance matrix and then write multivariate lamon

Finding the MLE

$$\begin{split} L(\boldsymbol{\beta}, \boldsymbol{\beta}_0, \boldsymbol{\tau}^2 \,|\, \mathbf{y}) &= \prod_{i=1}^n \int \prod_{j=1}^{r_i} \left(\frac{e^{\beta_0 + \theta_i + \mathbf{x}'_{ij} \boldsymbol{\beta}}}{1 + e^{\beta_0 + \theta_i + \mathbf{x}'_{ij} \boldsymbol{\beta}}} \right)^{y_{ij}} \times \left(\frac{1}{1 + e^{\beta_0 + \theta_i + \mathbf{x}'_{ij} \boldsymbol{\beta}}} \right)^{1 - y_{ij}} \\ &\times (2\pi\tau^2)^{-1/2} e^{\left(-\frac{1}{2\pi^2} \theta_i^2 \right)} d\theta_i \end{split}$$

Because of our non-linear link function, maximizing the above function that involves an integral is quite challenging.

Statistical software performs numerical integration that involves some

takearray for bogistic

Main point = had to find

MLE (MMs & Banosili)

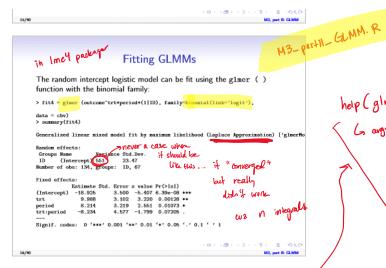
Example: 2×2 Crossover Trial

Using the crossover trial, we now model subject specific random baseline

Model 4:

 $\theta_i \stackrel{iid}{\sim} N(0, \tau^2).$

M3-Pertll-GLMM. R



help (glover) (Gargument called nAGQ = make it higher? e.g. increase to 2, var becomes 7.538 which is a lot better

Note on GLMM Estimation

The glmer () function has an nAGQ option:

nAGQ integer scalar - the number of points per axis for evaluating the adaptive Gauss-Hermite approximation to the log-likelihood. Defaults to 1, corresponding to the Laplace approximation. Values greater than 1 produce greater accuracy in the evaluation of the log-likelihood at the expense of speed. A value of zero uses a faster but less exact form of parameter estimation for GLMMs by optimizing the random effects and the fixed-effects coefficients in the penalized iteratively reweighted least squares step. (See Details.)

Even if your model converges, it's often a good idea to increase the numerical integration accuracy and see whether the estimates are robust.

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Refit with nAGQ=2 > fit5 = glmer (outcome trt*period*(11ID), family=binomial(link='logit'), data = cbv, nAGQ = 2) > summary(fit5) Generalized linear mixed model fit by maximum likelihood (Adaptive Gauss-Hermite Quadratur nAGQ = 2) [glmerHod] Random effects: Groups Name Variance Std.Dev. 1D (Intercept) 7.538 2.746 Number of obe: 134, groups: ID, 67 Fixed effects: Generalized linear std. Error x value Pr(x|x|) Glateropy 1.3-3.313 1.076 -3.078 0.00208 ** trt 2.384 1.233 1.933 0.08326; period 1.780 1.194 1.400 0.13615 trt:period -2.173 1.937 -1.122 0.26199



Convergence issues

Where the differences in the description of the optimizers.

p.148 in Wood GAMs book says Laplace approximation should not be used if ≤ 3 observations per subject.

Note estimate of τ² in fit4 exploded.

Also note the intercept estimate with Laplace approximation is very negative. π-18-328 = 6.0e − 09, an extremely small probability that leads to negative intercept estimate with Laplace approximation is very negative. Some statistical programs will provide warnings, but also give results. DO NOT use them. Different programs can give different results.

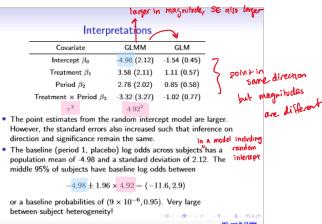
Different versions of glmer() may give different results.

```
Number of quadrature points
 > fit6 = glmer (outcome trt*period+(1|ID), family=binomial(link='logit'),
data = cbw, nACQ = 25)
> summary(fit6)
Generalized linear mixed model fit by maximum likelihood (Adaptive Gauss-Hermite Quadratur nACQ = 25) [SpinerMod]
Family: binomial (logit)
Formula: outcome * trt * period + (1 | ID)
Data: cbw
    AIC BIC logLik deviance df.resid
145.1 159.6 -67.5 135.1 129
Scaled residuals:

Min 1Q Median 3Q Max

-1.1399 -0.2140 -0.1462 0.2435 1.3149
Random effects:
Groups Name Variance Std.Dev.
ID (Intercept) 24.4 4.94
Number of obs: 134, groups: ID, 67
```

Example: 2×2 Crossover Trial > fit7 = glmer (outcome trt*period+(1|ID), family=binomial(link='logit'), data = cbv, nACQ = 100) Generalized linear mixed model fit by maximum likelihood (Adaptive Gauss-Hermite Quadratur nAGQ - 100) [glmerMod] ndom effects: Kandom effects: Groups Name Variance Std.Dev. ID (Intercept) 24.15 4.915 Number of obs: 134, groups: ID, 67



Grething as to why there's a magnitude change Population versus Conditional Interpretations

The GLM is estimating the marginal model (integrating out the RE): $g(E\left[y_{ij}\right]) = \beta' x_{ij} \qquad \qquad \text{nearly only random account}$

This is known as the population-averaged effect or marginal effect.

The GLMM is estimating the slopes conditioned on the random effects:

$$g(E[y_{ij}|\theta_i]) = \beta'x_{ij} + \theta_i$$

These slopes are estimated controlling for subject effects, which are called conditional effects. -- some

The two approaches are estimating different slopes.

Note: the GLM likelihood assumes independence, resulting in incorrect SE. Later in the course, we will see how to make marginal inference accounting for within-group correlation using generalized estimating equations (GEE).

GLM: maginal GLMM: anditional This is not as be the some as be the some as be the some as be the some as the sound that the sound to be sound to

Population versus Conditional Interpretations

We are modeling transformations of the expectations:

$$E[y_{ij}|\theta_i] = g^{-1}(\beta_0 + \theta_i + \sum_{k=1}^p \beta_k x_{ijk}).$$

For Gaussian, g() is the identity function, so the slopes in the marginal model (integrating out RE) have the same interpretation as the conditional model:

$$E[y_{ij}] = E(E[y_{ij}|\theta_i]) = E(\beta_0 + \theta_i + \sum_{k=1}^p \beta_k x_{ijk}) = \beta_0 + \sum_{k=1}^p \beta_k x_{ijk}.$$
Some sum for GLMMs, we have
$$\beta' Y_{ij}$$

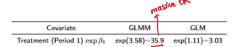
It for GLMMs, we have
$$E[y_{ij}] = E(E[y_{ij}|\theta_i])$$

$$= E\left\{g^{-1}(\beta_0 + \theta_i + \sum_{k=1}^p \beta_k x_{ijk})\right\} \neq g^{-1}(\beta_0 + \sum_{k=1}^p \beta_k x_{ki}).$$

$$Can \text{ I move expectation inside so ...}$$

in generali slopes one NOT comparable

Population versus Conditional Interpretations



Here the OR from conditional inference is about 12 times larger than that from marginal inference. The CI are (0.57,2243) and (0.99, 9.27), respectively. (Note also the GLM CI is incorrect due to violations of independence.)

Crewe the "signat cant"

Clearly we have a lot of uncertainty in the models.

To gain some insight into the marginal versus conditional models, see the simulated mixed model in the R code







Let s index one of the 88 counties in Ohio, t index year, and k index a population sex-race stratum. S index county

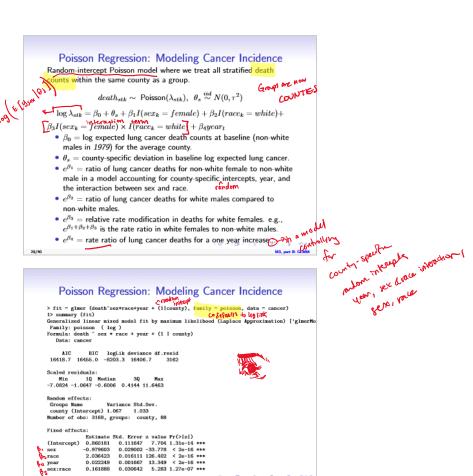
- £ Yedr • death_{stk}: stratified lung cancer death counts for population k in county s during year t.
 • (sex.) 1 = female; 0 = male. - (sex) 1 = female; 0 = male. The allege of the sex of

- What were the associations between lung cancer death counts and sex/race.
- Estimate the between-county variation in lung cancer risks.



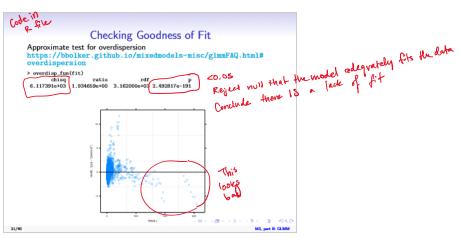






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Checking convergence turns out poisson isn't as the convergence turns out poisson isn't as the convergence turns out poisson as the convergence turns out to the convergence turns out the convergen
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M3, part II: GLMM

Regression Coefficient Interpretations

- · Note: we will fit a better model next, but the following provides information about interpretation.
- The baseline expected count was $e^{0.86} = 2.36$ cases for non-white males in 1979 in an typical county, in a model accounting for random
- . There exists considerable heterogeneity in baseline counts with a between-county standard deviation of 1.03. So 95% of the counties have baseline counts between $\frac{c^{0.86\pm1.96\times1.03}}{c^{0.86\pm1.96\times1.03}}=(0.3,17.8)$
- There is evidence that lung cancer rate was increasing by $e^{0.022}=1.022$ per year or $100*(e^{0.022}-1)\approx 2.22\%$ per year.
- · We found that when conditioning on county effects and controlling for year, cancer rates were higher in males compared to females, and higher in the white population compared to non-white.
- The expected lung cancer death count for non-white females in a typical county in 1980 is $e^{0.860-0.979+0.022\bullet1}=0.907$.

Bo + B + 7 Ay

Compare to the GLM

- · The marginal versus conditional interpretation impacts the intercept
- The marginal model estimates $\beta_{0*}=\tau^2/2+\beta_0$, where β_0 is the intercept in the conditional model. See R Code.
- · Slopes are comparable (the SEs in the GLM are usually wrong).
- > fit.poisson.glm glm(death*sex*race*year.family-poisson.data~cancer)
 > summary(fit.poisson.glm)

```
Call:
glm(formula = death " sex * race + year, family = poisson, data = cancer)
Deviance Residuals:

Min 1Q Median 3Q Max

-9.481 -3.463 -2.260 -1.401 41.151
```

Poisson Regression: Modeling Cancer Incidence

Consider an alternative random-intercept Poisson model where we incorporate the population size.

 $\underbrace{\text{offset}, \text{ fix wer = ?}}_{y_{stk}} \sim \text{Poisson}(\lambda_{stk})$

 $\log \lambda_{stk} = \log pop_{stk} + \beta_0 + \theta_s + \beta_1 sex_k + \beta_2 race_k + \beta_3 sex_k \times race_k + \beta_4 year_t$ $\theta_s \stackrel{iid}{\sim} N(0, \tau^2)$

ullet We assume the coefficient on $\log pop_{stk}$ is 1. This is known as an offset variable.

 $\lambda_{stk} = e^{\log pop_{stk} + \beta_0 + \theta_s + \beta_1 sex_k + \beta_2 race_k + \beta_3 sex_k \times race_k + \beta_4 year_t}$ $=pop_{stk}\times e^{\beta_0+\theta_s+\beta_1sex_k+\beta_2race_k+\beta_3sex_k\times race_k+\beta_4year_t}$

Counts/ for $\lambda_{stk}/pop_{stk}=e^{\beta_0+\theta_s+\beta_1sex_k+\beta_2race_k+\beta_3sex_k\times race_k+\beta_4year_t}$

Here e^{eta_0} is interpreted is the baseline per capita deaths, instead of the expected counts (for a non-white male in year 1979 conditioning on county).

Note on offset

Consider the simple model:

$$\begin{split} \log \lambda_i &= \beta_0 + \log pop_i \\ \log \lambda_i &- \log pop_i = \beta_0 \\ \log (\lambda_i/pop_i) &= \beta_0 \\ \lambda_i/pop_i &= e^{\beta_0} \end{split}$$

 e^{eta_0} is the fraction of deaths per person, i.e., per capita death rate.

Log link function

A little math: Mazinal us. conditional jutopretation of potesion

GLM: $E[y_i] = e^{x_i'\beta}$ Population model
When random
effects

 $E[y_{ij} | \theta_i] = e^{x_{ij}'\beta + \theta_i}$

Link function

E[913] = E [E[413 | 017] = E[exij' ++0i]

 $= e^{\beta_0 + \sum_{k} x_{ijk} \beta_k} E[e^{\partial i}]$

6 0; ~ N(0, 22)

edi is log normal

or is log normal

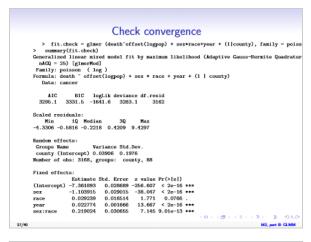
so $E[e^{Qt}] = \frac{\tau^2}{2}$ look of wike pedia

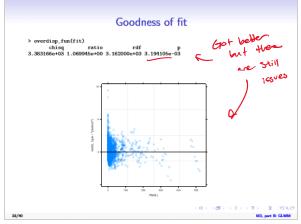
= A BO + 12/2 + Z xijk BK

= ABO + E Xik Be

where $\beta_0^* = \beta_0 + \frac{C^2}{2}$

speed property of log lines slope





terni out
GLMER
doesn't fit
a quasi
poisson

Poisson Regression: Modeling Cancer Incidence

With Population Offset			
Coef Estimates	No	Yes	
Intercept β_0	0.86	-7.36	warter conforming
$sex \beta_1$	-0.98	-1.10	and the com
race β_2	2.04	0.03	was to bob.
sex \times race β_3	0.162	0.219	
year β_4	0.022	0.023	
τ^2	1.03^{2}	0.198^{2}	

- With population offset, β_0 becomes extremely small. It reflects the baseline (male, non-white, year 1979) rates ($e^{-7.36}=0.0006$).
- The coefficient for race dropped considerably! This is because the high number of deaths seen in the white population is accounted for by the larger white population counts (89% of the total pop).

37/40 M3, per E CAMM

