

Types of missing data

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Study is completed:

- All patients measured
- Determinants/predictors/covariates/independent variables/X'n AND the outcome/dependent variable/Y
- Data in computer
- Descriptive/frequency tables MISSINGS



- MISSINGS = problems → precision (loss of statistical power) + validity (bias)
- TO PREVENT IS BETTER THAN TO CURE



- Missing data always occur (any study):
 - retrospective and prospective
 - existing (routine care) databases
 - large scale population-based
 - (even!) well organised randomised trials
- Challenge: how proper analyses with missing values?
 - unbiased effect estimates (validity)
 - precise effect estimates (precision)



- Epidemiological analyses:
 - Association determinants (predictors/ covariates/confounders) with outcome
 - Multivariable (regression) analyses
 - What happens with participant record if one variable (X or Y) is missing?
 - = complete case (CC) analyses
 - = most common
 - = always affects precision of effect estimates (not all data used)
 - = commonly causes invalidity (bias)



- Most (epidemiological) studies use complete case analysis → Ignoring (=one method)
- There are other methods to handle missings may also cause bias.
- Type and severity bias depend on method used and type of missing data.



- 3 types: MCAR, MAR, MNAR
- Missing Completely At Random (MCAR)
- Missing At Random (MAR)
- Missing Not At Random (MNAR)



1. Missing Completely At Random (MCAR)

- The probability that an observation is missing does not depend on 'anything' except chance
- Examples?
- The probability that the observation of a given variable for a certain subject is missing is constant for all subjects
 - Missingness NOT related to any other patient characteristics -> including the outcome status



- If MCAR holds, almost all analytical methods (see later) for handling missing data give unbiased results, although less precise
- Realistic?
 - Reason: missing related to other patient characteristics, including outcome (!!!)
 - = MAR = missing at random



2. Missing At Random (MAR)

 Probability that an observation is missing depends only on other observed values (patient characteristics, including the outcome)

Most advanced methods to handle missing values under MAR yield in principle unbiased + more precise study results → see later



3. Missing Not At Random (MNAR)

- The probability that an observation is missing depends also on unobserved values.
- E.g. probability of missing on a variable depends on the true (but unknown) value of that variable itself
- Examples
 - sexual preference
 - income level (to estimate SES)
 - higher levels values have larger probability of being missed than lower values



- Missing data seldom (if ever) MCAR
- MNAR = problems → no general methods for properly dealing with MNAR data!

How to check likelihood of missing data being MCAR or rather MAR?

Next slide = very important table in empirical research!



Table. Distribution of co-variates among subjects without and with missing values (total n=398).						
Variables	No mis n=246 (sings	≥ 1 mi n=152 (ssing	p-value	
Pulmonary embolism (outcome variable)	47		36		0.02	
Dyspnoea	80		66		<0.01	
Malignancy	28		16		/<0.01	
Surgery in previous 3 months	24		16		0.04	
Prior deep venous thrombosis	6		10		0.17	$\ $
Wheezing	18		11		0.09	
Previous pulmonary embolism	5		12		0.02	
Collapse with or without loss of consciousness	10		5		0.06	
Signs of deep venous thrombosis	11		7		0.15	$\ $
Age (years)*	57	(17)	54	(18)	0.19	
Positive Chest x-ray	43		36		0.1M2	
Respiratory rate (breaths/min)* * Mean (sd)	22	(7)	18	(6)	0.01	

Testing for MCAR/MAR

- Missing data CLEARLY not MCAR
 - Analyzed subset of 246 subjects is not random subset of the original study sample (N=398) -> SELECTION bias due to missings
 - Missing related to other observed characteristics (incl. outcome) = MAR
 - If missingness related to observed characteristics these can be used to estimate/predict the missing values!
 - Missing could still partly MNAR but also MAR. Cannot test for MNAR
 only reduce MNAR-part as much as possible by including many observed chars (increasing MAR)
 - Compare: adjustment for known confounders (MAR) versus residual confounders (MNAR)
- Exception: missing outcomes in RCTs previous table not enough
 - See later (Groenwold RH et al: CMAJ 2014 + AM J EPI 2012)

Thank you for your attention

