

# Multivariate Regression

Advanced Methods for Multivariate Analysis

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# Today's Agenda

1. Logistic Regression Model
2. Inferences for Variances and Covariance Matrices
3. Inferences for a Vector of Means
4. MANOVA (Multivariate Analysis of Variance)
5. Canonical Correlation Analysis
6. Factor Analysis with Regression
7. Programming and Commercial Systems

# Case Study: Healthcare Risk Assessment

Companion Example Throughout This Presentation

# The Research Question

**Scenario:** Hospital evaluating cardiovascular disease (CVD) risk

## **Dataset:**

- 1,000 patients
- 13 predictor variables
- Multiple health outcomes
- Treatment intervention study

# Variables in Our Study

## Lifestyle Factors:

- Age, BMI, Exercise hours/week
- Smoking years, Alcohol consumption
- Stress score, Sleep hours

## Physiological Measurements:

- Blood pressure (systolic/diastolic)
- Cholesterol, Glucose
- Triglycerides, HDL

# Research Objectives

1. **Predict** CVD risk from patient characteristics
2. **Compare** health profiles between risk groups
3. **Evaluate** lifestyle intervention effectiveness
4. **Understand** relationships between lifestyle and physiology
5. **Validate** assumptions for multivariate tests

# Logistic Regression

Moving Beyond Linear Regression

# When Linear Regression Fails

**Problem:** Binary outcomes (Yes/No, Success/Failure, 0/1)

Linear regression assumptions violated:

- Response not continuous
- Errors not normal
- Predictions can exceed  $[0,1]$



# Logistic Regression Solution

**Key Idea:** Model the probability of success

$$P(Y = 1 \mid X) = p(X)$$

where  $0 \leq p(X) \leq 1$

# The Logit Transformation

Logit (Log-Odds):

$$\text{logit}(p) = \log\left(\frac{p}{1-p}\right) = \beta_0 + \beta_1 X_1 + \dots + \beta_p X_p$$

# The Logit Transformation

## Properties:

- Maps  $[0,1]$  to  $(-\infty, +\infty)$
- Linear in parameters
- Interpretable as log-odds ratio

# The Logistic Function

Inverse Logit:

$$p(X) = \frac{e^{\beta_0 + \beta_1 X_1 + \dots + \beta_p X_p}}{1 + e^{\beta_0 + \beta_1 X_1 + \dots + \beta_p X_p}}$$

Also written as:

$$p(X) = \frac{1}{1 + e^{-(\beta_0 + \beta_1 X_1 + \dots + \beta_p X_p)}}$$

# Why Not Ordinary Least Squares?

## Problems with OLS for Binary Response:

- Predicted probabilities can be negative or exceed 1
- Errors follow Bernoulli distribution, not Normal
- Heteroscedastic errors
- Violates fundamental assumptions

# Maximum Likelihood Estimation

## Bernoulli Distribution:

$$P(Y_i = y_i \mid X_i) = p(X_i)^{y_i} (1 - p(X_i))^{1-y_i}$$

# Maximum Likelihood Estimation

**Log-Likelihood Function:**

$$\ell(\beta) = \sum_{i=1}^n [y_i \log(p(X_i)) + (1 - y_i) \log(1 - p(X_i))]$$

**Goal:** Find  $\beta$  that maximizes  $\ell(\beta)$

# Interpreting Coefficients

## Coefficient $\beta_j$ :

- One unit increase in  $X_j$  changes log-odds by  $\beta_j$
- Odds ratio:  $e^{\beta_j}$

**Example:** If  $\beta_1 = 0.5$ , then  $e^{0.5} = 1.65$  means 65% increase in odds



# Model Fit and Diagnostics

**Deviance:** Measures goodness of fit

$$D = -2 \log(\mathcal{L})$$

**Pseudo R-squared:** McFadden's  $R^2$ , Nagelkerke  $R^2$

# Classification Performance

## Confusion Matrix:

	<b>Predicted 0</b>	<b>Predicted 1</b>
<b>Actual 0</b>	True Negative (TN)	False Positive (FP)
<b>Actual 1</b>	False Negative (FN)	True Positive (TP)

# Classification Metrics

**Accuracy:**  $\frac{TP + TN}{n}$

**Sensitivity (Recall):**  $\frac{TP}{TP + FN}$

**Specificity:**  $\frac{TN}{TN + FP}$

**Precision:**  $\frac{TP}{TP + FP}$

# Case Study: Predicting CVD Risk

## Application of Logistic Regression

Objective: Predict high CVD risk (0/1) from 13 patient characteristics

# CVD Prediction: Model Setup

## Predictors (13 variables):

- Demographics: age, BMI
- Lifestyle: exercise, smoking, alcohol, stress, sleep
- Physiology: BP, cholesterol, glucose, triglycerides, HDL

**Outcome:** CVD risk high (binary: 0 = low risk, 1 = high risk)

**Data split:** 70% training (n=700), 30% testing (n=300)

# Top Risk Factors: Odds Ratios

Predictor	Odds Ratio	Interpretation
Exercise hours/week	0.72	28% lower odds per hour
Stress score	1.25	25% higher odds per point
Sleep hours	0.80	20% lower odds per hour
BMI	1.19	19% higher odds per unit

**All significant predictors contribute to risk assessment**

# CVD Prediction: Model Performance

## Confusion Matrix (Test Set):

	Pred Low	Pred High
Actual Low	106	44
Actual High	42	108

## Metrics:

- Accuracy: 71%
- AUC-ROC: 0.77
- Balanced precision/recall



## Key Insights: CVD Prediction

1. Exercise is the strongest protective factor (OR = 0.72)
2. Stress significantly increases risk (OR = 1.25)
3. Model achieves good discrimination (AUC = 0.77)
4. Can identify high-risk patients for intervention

**Clinical Value:** Early identification enables preventive care

# Inferences for Covariance Matrices

Testing Variability Structure

# Why Test Covariance Matrices?

## Applications:

- Homogeneity assumptions in MANOVA
- Comparing variability between groups
- Validating models
- Quality control

# The Wishart Distribution

## Multivariate Generalization of Chi-Square

If  $X_1, \dots, X_n \sim N_{p(\mu, \Sigma)}$ , then:

$$S \sim W_{p(n-1, \Sigma)}$$

where  $S = \sum_{i=1}^n (X_i - \bar{X})(X_i - \bar{X})^T$

# Testing Single Covariance Matrix

**Null Hypothesis:**

$$H_0 : \Sigma = \Sigma_0$$

**Test Statistic:** Based on likelihood ratio

$$\Lambda = |S|^{-1} |\Sigma_0|$$

# Box's M Test

## Testing Equality of Covariance Matrices

$$H_0 : \Sigma_1 = \Sigma_2 = \dots = \Sigma_g$$

# Box's M Test Statistic

$$M = (n - g) \log|S_{\text{pooled}}| - \sum_{i=1}^g (n_i - 1) \log|S_i|$$

where:

- $S_i$  = covariance matrix for group  $i$
- $S_{\text{pooled}}$  = pooled covariance matrix

# Box's M Test Properties

**Asymptotic Distribution:** Chi-square for large samples

**Limitation:** Very sensitive to normality violations

**Alternatives:** Permutation tests, robust methods



# Bartlett's Test for Univariate Data

**Special Case:** Testing equality of variances ( $p=1$ )

$$H_0 : \sigma_1^2 = \sigma_2^2 = \dots = \sigma_g^2$$

**Test Statistic:** Chi-square distributed

# Case Study: Validating MANOVA Assumptions

## Application of Box's M Test

Question: Are covariance matrices equal between treatment groups (MANOVA assumption)?

# Box's M Test: Setup

## Testing Homogeneity of Covariances:

$$H_0 : \Sigma_{\text{Control}} = \Sigma_{\text{Intervention}}$$

### Variables ( $p = 4$ ):

- Systolic BP, Diastolic BP
- Cholesterol, Glucose

### Groups:

- Control:  $n = 479$
- Intervention:  $n = 521$

**Why test?** MANOVA assumes equal covariance matrices across groups

# Box's M Test: Results

**Test Statistic:**

$$M = 8.49$$

**Degrees of Freedom:** 10

**Interpretation:**  $M < 30$  (rule of thumb)

**Conclusion:** Covariance matrices are approximately equal. MANOVA assumption satisfied.

**Implication:** Our MANOVA results are valid and trustworthy

## Key Insights: Assumption Testing

1. Box's M test validates MANOVA assumptions
2. Equal covariances ensure valid inference
3. Small M statistic (8.49) indicates homogeneity
4. Treatment groups have similar variability patterns

**Methodological importance:** Always check assumptions before interpreting results

# Inferences for a Vector of Means

## Multivariate Hypothesis Testing

# From t-test to Hotelling's T-squared

**Univariate:** t-test for single mean

$$t = \frac{\bar{x} - \mu_0}{\frac{s}{\sqrt{n}}}$$

**Multivariate:** Hotelling's  $T^2$  for mean vector

# Hotelling's T-squared Test

## One-Sample Test:

$$H_0 : \mu = \mu_0$$

## Test Statistic:

$$T^2 = n(\bar{\mathbf{X}} - \mu_0)^T S^{-1} (\bar{\mathbf{X}} - \mu_0)$$



# Distribution of T-squared

Transform to F Distribution:

$$F = \frac{(n - p)T^2}{(n - 1)p} \sim F_{p, n-p}$$

where:

- $p$  = number of variables
- $n$  = sample size

# Two-Sample Hotelling's T-squared

Testing Difference Between Groups:

$$H_0 : \mu_1 = \mu_2$$

# Two-Sample T-squared Statistic

$$T^2 = \left( \frac{n_1 n_2}{n_1 + n_2} \right) (\bar{\mathbf{X}}_1 - \bar{\mathbf{X}}_2)^T S_{\text{pooled}}^{-1} (\bar{\mathbf{X}}_1 - \bar{\mathbf{X}}_2)$$

## F Transformation:

$$F = \frac{(n_1 + n_2 - p - 1)T^2}{(n_1 + n_2 - 2)p} \sim F_{p, n_1 + n_2 - p - 1}$$

# Confidence Region for Mean Vector

## Multivariate Confidence Region:

Ellipsoid centered at  $\bar{\mathbf{X}}$

$$n(\boldsymbol{\mu} - \bar{\mathbf{X}})^T S^{-1} (\boldsymbol{\mu} - \bar{\mathbf{X}}) \leq \frac{(n-1)p}{n-p} F_{\alpha; p, n-p}$$

# Simultaneous Confidence Intervals

## Bonferroni Correction:

For  $p$  variables, use  $\frac{\alpha}{p}$  for each interval

**T-squared Intervals:** More efficient but wider than individual intervals

# Case Study: Comparing Risk Groups

## Application of Hotelling's T-squared

Question: Do high-risk and low-risk CVD patients differ in their multivariate health profile?

# Health Profile Comparison: Setup

## Two Groups:

- Low risk:  $n = 500$
- High risk:  $n = 500$

## Variables ( $p = 6$ ):

- Systolic BP, Diastolic BP
- Cholesterol, Glucose
- Triglycerides, HDL

**Goal:** Single omnibus test for all 6 variables simultaneously

# Mean Differences by Risk Group

Variable	Low Risk	High Risk	Difference
Systolic BP	123.8	131.1	+7.3
Diastolic BP	78.1	82.9	+4.7
Cholesterol	184.1	196.4	+12.3
Glucose	110.0	116.8	+6.9
Triglycerides	133.6	145.5	+11.9
HDL	44.5	41.2	-3.3



# Hotelling's T-squared Results

**Test Statistic:**

$$T^2 = 228.65$$

**F Transformation:**

$$F = 37.92, \quad df = (6, 993)$$

**P-value:**  $< 0.0001$

**Conclusion:** Strong evidence that high-risk and low-risk patients have significantly different health profiles

## Key Insights: Risk Group Differences

1. High-risk patients show higher values across all adverse markers
2. Largest differences: cholesterol (+12.3 mg/dL) and triglycerides (+11.9 mg/dL)
3. HDL (protective) is lower in high-risk group (-3.3 mg/dL)
4. Multivariate test accounts for correlations among measurements

**Clinical significance:** Pattern of differences suggests metabolic syndrome

# MANOVA

## Multivariate Analysis of Variance

# What is MANOVA?

## Extension of ANOVA to Multiple Dependent Variables

- ANOVA: One response variable
- MANOVA: Multiple response variables simultaneously

# Why Use MANOVA?

## Instead of Multiple ANOVAs:

1. Controls Type I error rate
2. Accounts for correlations among responses
3. More powerful when responses related
4. Tests overall group effect

# MANOVA Model

## One-Way MANOVA:

$$Y_{ij} = \mu + \alpha_i + \varepsilon_{ij}$$

where:

- $Y_{ij}$  = response vector for observation  $j$  in group  $i$
- $\mu$  = overall mean vector
- $\alpha_i$  = group effect vector
- $\varepsilon_{ij}$  = error vector

# MANOVA Assumptions

1. **Multivariate Normality:** Errors follow multivariate normal
2. **Independence:** Observations independent
3. **Homogeneity of Covariance:** Equal covariance matrices across groups

# Testing Assumptions

## Multivariate Normality:

- Mardia's test
- Q-Q plots for each variable

## Homogeneity: Box's M test



# MANOVA Matrices

## Between-Groups Matrix (H):

$$\mathbf{H} = \sum_{i=1}^g n_i (\bar{\mathbf{Y}}_i - \bar{\mathbf{Y}}) (\bar{\mathbf{Y}}_i - \bar{\mathbf{Y}})^T$$

## Within-Groups Matrix (E):

$$\mathbf{E} = \sum_{i=1}^g \sum_{j=1}^{n_i} (\mathbf{Y}_{ij} - \bar{\mathbf{Y}}_i) (\mathbf{Y}_{ij} - \bar{\mathbf{Y}}_i)^T$$

# Wilks' Lambda

Most Common Test Statistic:

$$\Lambda = \frac{|E|}{|E + H|}$$

# Wilks' Lambda Properties

## Interpretation:

- Range:  $[0, 1]$
- Small values: Strong group differences
- $\text{Lambda} = 1$ : No group differences

**Represents:** Proportion of total variance not explained by groups

# Other MANOVA Test Statistics

**Pillai's Trace:**

$$V = \text{tr}(\mathbf{H}(\mathbf{H} + \mathbf{E})^{-1})$$

**Hotelling-Lawley Trace:**

$$U = \text{tr}(\mathbf{H}\mathbf{E}^{-1})$$

**Roy's Largest Root:** Largest eigenvalue of  $\mathbf{H}\mathbf{E}^{-1}$

# Choosing Test Statistic

Statistic	Best When
Wilks' Lambda	General use (most common)
Pillai's Trace	Robust to violations
Hotelling-Lawley	Equal group sizes
Roy's Root	Group difference on one dimension

# Post-Hoc Tests in MANOVA

## After Significant MANOVA:

1. Univariate ANOVAs (with correction)
2. Discriminant analysis
3. Contrast tests for specific hypotheses

# Case Study: Treatment Intervention

## Application of MANOVA

Question: Does a lifestyle intervention improve multiple health outcomes simultaneously?

# Treatment Intervention Study: Setup

## Groups:

- Control:  $n = 479$  (standard care)
- Intervention:  $n = 521$  (lifestyle program)

## Outcomes ( $p = 4$ ):

- Systolic BP
- Diastolic BP
- Cholesterol
- Glucose

**Why MANOVA?** Controls Type I error while testing all outcomes together



# MANOVA Results: Treatment Effect

**Wilks' Lambda:**  $\Lambda = 0.889$

**F Statistic:**  $F = 31.05$ ,  $df = (4, 995)$

**P-value:**  $< 0.0001$

**Conclusion:** The intervention significantly improves health outcomes across the multivariate profile

**Also significant:** Pillai's trace, Hotelling-Lawley, Roy's root (all  $p < 0.0001$ )

# Mean Improvements by Treatment Group

Outcome	Control	Intervention	Difference
Systolic BP	130.8	124.3	-6.5 <sup>***</sup>
Diastolic BP	82.7	78.5	-4.2 <sup>***</sup>
Cholesterol	194.4	186.5	-7.9 <sup>***</sup>
Glucose	116.3	110.7	-5.6 <sup>***</sup>

<sup>\*\*\*</sup> All differences significant at  $p < 0.001$  in follow-up ANOVAs

## Key Insights: Intervention Effects

1. Intervention reduces all cardiovascular risk markers
2. Largest effect on blood pressure (-6.5 / -4.2 mmHg)
3. Clinically meaningful reductions in cholesterol and glucose
4. MANOVA provides single omnibus test (no Type I error inflation)

**Clinical significance:** Comprehensive lifestyle changes yield broad health benefits

# Canonical Correlation Analysis

Relating Two Sets of Variables

# What is Canonical Correlation?

**Purpose:** Find maximum correlation between linear combinations of two sets of variables

- Set 1:  $X_1, X_2, \dots, X_p$
- Set 2:  $Y_1, Y_2, \dots, Y_q$

# Canonical Correlation vs. Other Methods

Method	Set 1	Set 2
Correlation	1 variable	1 variable
Multiple Regression	Multiple	1 variable
Canonical Correlation	Multiple	Multiple

# Canonical Variates

## First Canonical Variate Pair:

$$U_1 = a_{11}X_1 + a_{12}X_2 + \dots + a_{1p}X_p$$

$$V_1 = b_{11}Y_1 + b_{12}Y_2 + \dots + b_{1q}Y_q$$

such that  $\text{cor}(U_1, V_1)$  is maximized

# Number of Canonical Correlations

## How Many Pairs?

$$k = \min(p, q)$$

Each subsequent pair:

- Uncorrelated with previous pairs
- Maximizes remaining correlation



# Canonical Correlation Coefficients

Ordering:

$$\rho_1 \geq \rho_2 \geq \dots \geq \rho_k \geq 0$$

where  $\rho_i$  is the  $i$ -th canonical correlation

# Testing Significance

## Test All Correlations:

$$H_0 : \rho_1 = \rho_2 = \dots = \rho_k = 0$$

## Test Remaining Correlations:

$$H_0 : \rho_{m+1} = \dots = \rho_k = 0$$

# Wilks' Lambda for Canonical Correlation

$$\Lambda = \prod_{i=1}^k (1 - \rho_i^2)$$

Approximate chi-square distribution for testing

# Canonical Loadings

## Structure Coefficients:

Correlation between original variables and canonical variates

- Help interpret meaning of canonical variates
- More stable than canonical weights

# Redundancy Analysis

## Proportion of Variance Explained:

How much variance in one set is explained by the other set through canonical variates

$$\text{Redundancy} = \left( \frac{1}{p} \right) \sum_{j=1}^p R_{X_j, V_1}^2$$

# Interpreting Canonical Correlations

1. **Examine significance:** Are correlations statistically significant?
2. **Check magnitude:** Are correlations practically meaningful?
3. **Interpret loadings:** What do canonical variates represent?
4. **Assess redundancy:** How much variance explained?

# Case Study: Lifestyle vs. Physiology

## Application of Canonical Correlation

Question: How do lifestyle factors relate to physiological health markers?

# Lifestyle-Physiology Relationship: Setup

## Set 1 - Lifestyle Factors ( $p = 5$ ):

- Exercise hours/week
- Smoking years
- Alcohol units/week
- Stress score
- Sleep hours

## Set 2 - Physiological Markers ( $q = 6$ ):

- Systolic BP, Diastolic BP
- Cholesterol, Glucose
- Triglycerides, HDL



**Maximum pairs:**  $\min(5, 6) = 5$

# Canonical Correlations: Results

Pair	Correlation	Interpretation
1	0.639	Strong relationship
2	0.244	Moderate relationship
3-5	< 0.12	Weak relationships

**Focus on first canonical correlation ( $r = 0.639$ )**

# First Canonical Variate: Lifestyle

## Canonical Loadings (Structure Coefficients):

Variable	Loading
Exercise hours	+0.65
Stress score	−0.53
Alcohol units	−0.37
Sleep hours	+0.33
Smoking years	−0.27

**Interpretation:** Healthy lifestyle pattern (more exercise, less stress)

# First Canonical Variate: Physiology

## Canonical Loadings:

Variable	Loading
Diastolic BP	−0.70
Systolic BP	−0.68
Cholesterol	−0.65
HDL	+0.65
Glucose	−0.61
Triglycerides	−0.59

**Interpretation:** Favorable health profile (lower BP, higher HDL)

## Key Insights: Lifestyle-Physiology Link

1. Strong canonical correlation ( $r = 0.639$ ) between lifestyle and health
2. Healthy lifestyle pattern → Favorable physiological profile
3. Exercise and low stress most important lifestyle factors
4. Blood pressure and cholesterol most related physiological markers

**Clinical significance:** Lifestyle interventions can meaningfully improve multiple health markers

# Factor Analysis with Regression

Combining Dimension Reduction and Prediction

# The Multicollinearity Problem

**Issue:** Highly correlated predictors in regression

## Consequences:

- Unstable coefficient estimates
- Large standard errors
- Difficult interpretation
- Poor prediction in new samples

# Factor-Based Regression Solution

## Strategy:

1. Extract factors from correlated predictors
2. Use factor scores as predictors
3. Fit regression with orthogonal factors



# Factor-Based Regression Workflow

1. **Factor Analysis:** Extract factors from  $X$  variables
2. **Compute Factor Scores:** For each observation
3. **Regression:** Predict  $Y$  using factor scores
4. **Interpretation:** Results in terms of factors

# Benefits of Factor-Based Regression

## Advantages:

- Reduces multicollinearity (orthogonal factors)
- Dimensionality reduction (fewer predictors)
- Conceptual interpretation (latent constructs)
- More stable estimates

# Comparing Approaches

Aspect	Direct Regression	Factor Regression
Multicollinearity	Problem	Eliminated
Interpretation	Original variables	Latent factors
Predictors	Many	Few
Variance explained	Higher	May be lower

# Principal Components Regression

## Alternative Approach:

Use PCA instead of factor analysis

## Difference:

- PCA: Explains total variance
- FA: Explains common variance (removes unique variance)

# Other Methods for Multicollinearity

**Ridge Regression:** Shrinks coefficients toward zero

**Lasso:** Variable selection via L1 penalty

**Partial Least Squares:** Finds components that predict Y well

# Cautions and Limitations

## Factor-Based Regression Limitations:

- Factor extraction somewhat subjective
- Results depend on specific sample
- Prediction requires computing factor scores with same loadings
- May lose some predictive information

# Programming and Commercial Systems

## Implementing Multivariate Methods

# Python for Multivariate Analysis

## Key Libraries:

- statsmodels: Statistical models and tests
- scikit-learn: Machine learning algorithms
- numpy / scipy: Numerical computations
- pandas: Data manipulation



# Python: Logistic Regression

```
from sklearn.linear_model import LogisticRegression
```

```
model = LogisticRegression()  
model.fit(X_train, y_train)  
predictions = model.predict(X_test)  
probabilities = model.predict_proba(X_test)
```

# Python: Hotelling's T-squared

```
from scipy.stats import chi2
import numpy as np

# Compute T-squared statistic
diff = mean1 - mean2
S_pooled_inv = np.linalg.inv(S_pooled)
T2 = (n1 * n2) / (n1 + n2) * diff.T @ S_pooled_inv @ diff

# Transform to F
p = len(mean1)
F_stat = ((n1 + n2 - p - 1) * T2) / ((n1 + n2 - 2) * p)
```

# Python: MANOVA

```
from statsmodels.multivariate.manova import MANOVA
```

```
# Fit MANOVA model
```

```
manova = MANOVA.from_formula(  
    'Y1 + Y2 + Y3 ~ Group',  
    data=df  
)
```

```
# Test results
```

```
print(manova.mv_test())
```

# Python: Canonical Correlation

```
from sklearn.cross_decomposition import CCA
```

```
# Canonical correlation analysis
```

```
cca = CCA(n_components=2)
```

```
cca.fit(X_set, Y_set)
```

```
# Transform to canonical variates
```

```
X_c, Y_c = cca.transform(X_set, Y_set)
```

```
# Canonical correlations
```

```
correlations = [np.corrcoef(X_c[:, i], Y_c[:, i])[0, 1]  
                 for i in range(2)]
```

# R for Multivariate Analysis

## Key Packages:

- stats: Base statistical functions
- MASS: Advanced statistical methods
- car: Companion to Applied Regression
- vegan: Multivariate analysis

# R: MANOVA Example

```
# Fit MANOVA
```

```
model <- manova(cbind(Y1, Y2, Y3) ~ Group, data = df)
```

```
# Test results
```

```
summary(model, test = "Wilks")
```

```
summary(model, test = "Pillai")
```

```
# Follow-up univariate tests
```

```
summary.aov(model)
```

# Commercial Software: SPSS

## GUI-Based Analysis:

- Analyze > General Linear Model > Multivariate
- Analyze > Regression > Binary Logistic
- Analyze > Correlate > Canonical Correlation

**Syntax:** Also supports command syntax for reproducibility

# Commercial Software: SAS

## Key Procedures:

- PROC LOGISTIC: Logistic regression
- PROC GLM: General linear models (MANOVA)
- PROC CANCORR: Canonical correlation
- PROC FACTOR: Factor analysis



# Software Comparison

Software	Strengths	Limitations
Python	Free, flexible, ML integration	Statistical testing less developed
R	Free, comprehensive stats	Steeper learning curve
SPSS	GUI, easy to learn	Expensive, less flexible
SAS	Enterprise, comprehensive	Very expensive, complex

# Choosing Software

## Considerations:

- Cost (free vs. commercial)
- Learning curve
- Specific methods needed
- Integration with workflow
- Reproducibility requirements
- Team expertise

# Best Practices: Code Documentation

## Essential Elements:

- Comment your code clearly
- Document data preprocessing steps
- Record package versions
- Save random seeds for reproducibility
- Version control (Git)

# Best Practices: Workflow

1. **Data Cleaning:** Handle missing values, outliers
2. **Exploratory Analysis:** Visualize distributions
3. **Check Assumptions:** Test before analysis
4. **Run Analysis:** Use appropriate methods
5. **Validate Results:** Cross-validation, diagnostics
6. **Document:** Clear reporting

# Case Study Summary

## Healthcare Risk Assessment: What We Learned

# Key Findings: Prediction and Classification

## Logistic Regression Results:

- 71% accuracy predicting CVD risk (AUC = 0.77)
- Exercise strongest protective factor (OR = 0.72)
- Stress increases risk 25% per point (OR = 1.25)
- Model identifies high-risk patients for early intervention

**Clinical Value:** Enables targeted prevention strategies

# Key Findings: Group Comparisons

## Hotelling's T-squared:

- High-risk patients differ significantly across 6 health markers ( $T^2 = 228.65$ ,  $p < 0.0001$ )
- Largest differences: cholesterol (+12.3) and triglycerides (+11.9)
- Pattern suggests metabolic syndrome

## Box's M Test:

- Covariance matrices equal between groups ( $M = 8.49$ )
- MANOVA assumptions validated

# Key Findings: Treatment Effectiveness

## MANOVA Results:

- Intervention improves all health outcomes ( $\Lambda = 0.889$ ,  $p < 0.0001$ )
- Blood pressure:  $-6.5 / -4.2$  mmHg
- Cholesterol:  $-7.9$  mg/dL
- Glucose:  $-5.6$  mg/dL

**Clinical Impact:** Comprehensive lifestyle changes yield broad benefits



# Key Findings: Lifestyle-Health Relationships

## Canonical Correlation:

- Strong link between lifestyle and physiology ( $r = 0.639$ )
- Healthy lifestyle pattern:  $\uparrow$  exercise,  $\downarrow$  stress
- Favorable health profile:  $\downarrow$  BP,  $\uparrow$  HDL
- 40.8% shared variance between domains

**Clinical Insight:** Lifestyle interventions affect multiple health markers simultaneously

# Methodological Insights

1. **Multivariate methods reveal patterns** missed by univariate tests
2. **Type I error control** critical with multiple outcomes
3. **Assumption testing** (Box's M) validates results
4. **Effect sizes matter** beyond statistical significance
5. **Clinical context** guides interpretation

All methods demonstrated with real healthcare data

# Key Takeaways: Models

## Logistic Regression:

- Use for binary outcomes
- Maximum likelihood estimation
- Interpret via odds ratios
- **Case Study:** 71% accuracy predicting CVD risk

# Key Takeaways: Inference

## Covariance Matrix Tests:

- Box's M test for equality
- Wishart distribution foundation
- **Case Study:**  $M = 8.49$  (assumption satisfied)

## Mean Vector Tests:

- Hotelling's T-squared generalizes t-test
- Confidence regions are ellipsoids
- **Case Study:**  $T^2 = 228.65$  (strong group differences)

# Key Takeaways: Advanced Methods

## MANOVA:

- Multiple response variables simultaneously
- Wilks' Lambda most common test
- Controls Type I error
- **Case Study:**  $\Lambda = 0.889$  (intervention effective)

## Canonical Correlation:

- Relates two variable sets
- Multiple correlation pairs
- **Case Study:**  $r = 0.639$  (lifestyle-health link)

# Key Takeaways: Applications

## Factor-Based Regression:

- Addresses multicollinearity
- Dimension reduction
- Interpretable factors

## Software:

- Python: scikit-learn, statsmodels
- R: stats, MASS
- Commercial: SPSS, SAS
- **Case Study:** All analyses implemented in Python

# Common Pitfalls to Avoid

1. Using logistic regression without checking convergence
2. Ignoring multicollinearity in regression
3. Not checking MANOVA assumptions (Box's M)
4. Over-interpreting weak canonical correlations
5. Using too many factors in factor-based regression

# Method Selection Guide

Situation	Method
Binary outcome	Logistic regression
Multiple groups, multiple responses	MANOVA
Relate two variable sets	Canonical correlation
Multicollinear predictors	Factor/PCA regression



# Recommended Resources: Books

## Textbooks:

- Agresti (2018) - Introduction to Categorical Data Analysis
- Johnson & Wichern (2007) - Applied Multivariate Statistical Analysis
- Rencher & Christensen (2012) - Methods of Multivariate Analysis

# Recommended Resources: Online

## StatQuest YouTube Channel:

1. **Logistic Regression:**

<https://www.youtube.com/watch?v=yIYKR4sgzI8>

2. **MANOVA Concepts:** Search “MANOVA StatQuest”

3. **PCA (for PCR):**

<https://www.youtube.com/watch?v=FgakZw6K1QQ>

# Recommended Resources: Software

## Documentation:

- Scikit-learn: <https://scikit-learn.org>
- Statsmodels: <https://www.statsmodels.org>
- R Documentation: <https://www.rdocumentation.org>

# Questions?

**Thank you for your attention!**

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# Next Steps: This Week

## For This Week:

- Review lecture notes thoroughly
- Practice with provided examples
- Complete practice questions
- Prepare for E07 quiz

# Next Steps: Preparation for Evaluation

## Key Topics to Master:

- Logistic regression: logit transformation, MLE, interpretation
- Hotelling's T-squared: computation and F transformation
- MANOVA: assumptions, Wilks' Lambda, interpretation
- Canonical correlation: number of pairs, loadings, significance
- Factor-based regression: workflow, benefits, limitations
- Software implementation: Python and R basics

# Integration with Previous Topics

## Building on Earlier Concepts:

- Factor Analysis (L04) → Factor-based regression
- Discriminant Analysis (L05) → MANOVA post-hoc
- PCA principles → Principal components regression

**Comprehensive Framework:** All methods part of the multivariate toolkit