Exploratory Data Analysis

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Read data

```
alc_dat <- readxl::read_xls("./data/ALCDEP.xls")

alc_dat <- janitor::clean_names(alc_dat) %>%
    mutate(treatment = factor(treatment)) %>%
    mutate(gender = factor(gender, levels = c(0,1), labels = c("Male", "Female")))

alc_dat_long <- alc_dat %>%
    pivot_longer(nd0:nd60, names_to = "days", values_to = "drinks", names_prefix = "nd")
```

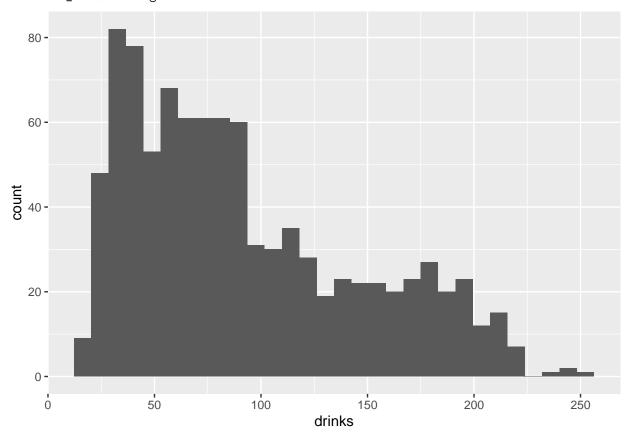
Explore outcome distribution

gender	days	treatment	mean	var	scale
Male	0	1	186.51923	593.98002	3.1845511
Male	0	2	182.00000	405.24590	2.2266258

gender	days	treatment	mean	var	scale
Male	0	3	180.35088	558.08897	3.0944622
Male	30	1	125.11538	324.02564	2.5898145
Male	30	2	122.87097	279.29455	2.2730720
Male	30	3	82.12281	168.64536	2.0535752
Male	60	1	123.53846	359.62594	2.9110444
Male	60	2	83.14516	115.14252	1.3848373
Male	60	3	82.22807	135.89348	1.6526410
Female	0	1	67.14815	95.63802	1.4242837
Female	0	2	68.06667	164.38182	2.4150120
Female	0	3	67.11364	136.01004	2.0265634
Female	30	1	45.94444	76.99686	1.6758687
Female	30	2	42.97778	45.88586	1.0676648
Female	30	3	30.63636	24.65539	0.8047754
Female	60	1	44.22222	47.04403	1.0638096
Female	60	2	28.73333	28.06364	0.9766927
Female	60	3	28.47727	37.65063	1.3221292

#still some overdispersion if poisson in the gender x treatment x time model; maybe need negative binom
#normal approximation?
alc_dat_long %>%
 ggplot(aes(x = drinks)) + geom_histogram() #clearly not a normal distribution, clearly poisson

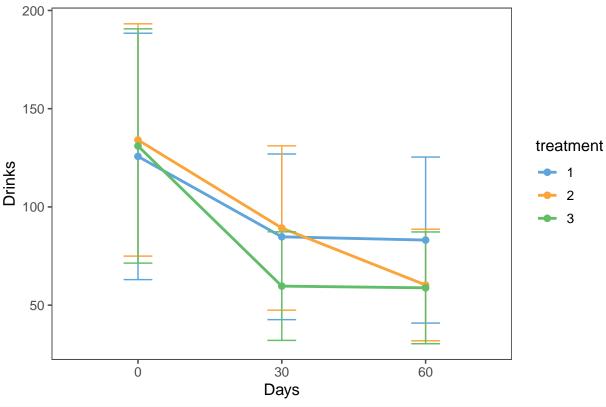
`stat_bin()` using `bins = 30`. Pick better value with `binwidth`.



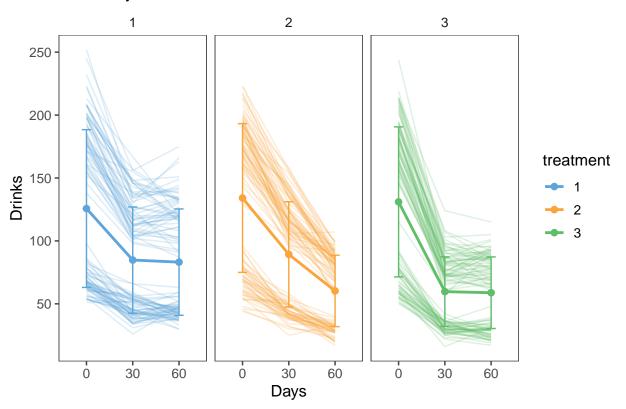
Choose a poisson-distributed and negative-binomial distributed outcome and check diagnostics for overdisper-

Exploratory Mean and Trajectory Plots

Mean, Trajectories by Treatment



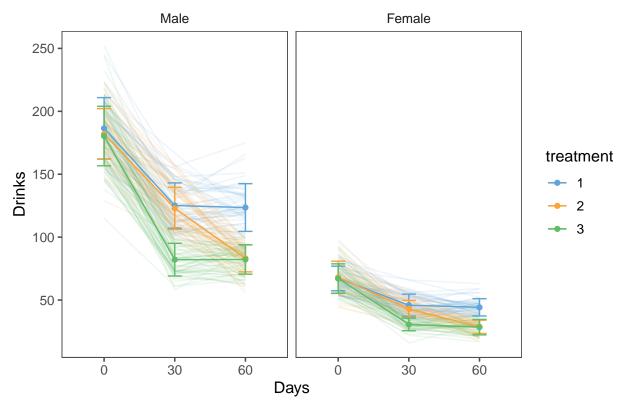
Raw Trajectories



There are clearly two groups of patients in all groups, with a wide berth between the groups: those whose baseline number of alcoholic drinks in the past 30 days is less than 100 (~3 drinks/day) and those who are closer to 150 in the past 30 days (5 drinks a day).

Perhaps this could be a gender effect:

Raw Trajectories



It is, in fact, a gender effect, and variance shrinks a great deal when the outcome is stratified on gender. Luckily, there does not seem to be heterogeneity of treatment effect by gender; the treatment trajectories look the same, but scaled to the respectice within-gender mean.

Now, lets's look at faceting on relapsers vs. no relapsers:

```
library(janitor)

##

## Attaching package: 'janitor'

## The following objects are masked from 'package:stats':

##

## chisq.test, fisher.test

alc_dat_long %>%

  tabyl(treatment, relapse) %>%
  adorn_percentages("row") %>%
  adorn_percentages("row") %>%
  adorn_pst_formatting(digits = 2) %>%
  adorn_ns() %>%
  knitr::kable(caption = "Contingency table of Relapse by Treatment")
```

Table 2: Contingency table of Relapse by Treatment

treatment	0	1
1	17.92% (57)	82.08% (261)
2	54.21% (174)	45.79% (147)
3	86.14% (261)	13.86% (42)

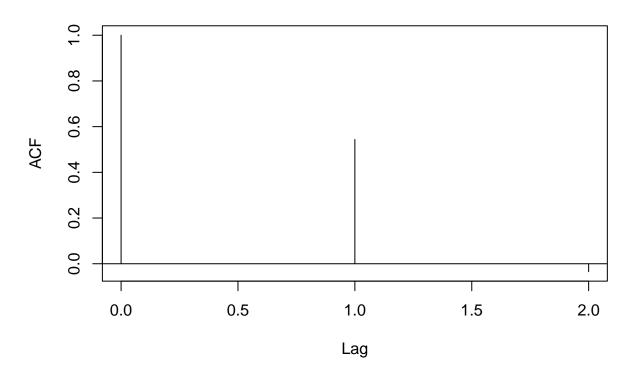
```
alc_dat_long %>%
  tabyl(treatment, relapse) %>%
  chisq.test()
## Pearson's Chi-squared test
##
## data:
## X-squared = 290.13, df = 2, p-value < 2.2e-16
#significant differences. pairwise:
alc_dat_long %>%
 filter(treatment %in% 1:2) %>%
 mutate(treatment = forcats::fct_drop(treatment)) %>%
 tabyl(treatment, relapse) %>%
 chisq.test(.)
##
## Pearson's Chi-squared test with Yates' continuity correction
##
## data: .
## X-squared = 89.536, df = 1, p-value < 2.2e-16
alc_dat_long %>%
 filter(treatment %in% 1:3) %>%
 mutate(treatment = forcats::fct_drop(treatment)) %>%
 tabyl(treatment, relapse) %>%
 chisq.test(.)
##
## Pearson's Chi-squared test
##
## data:
## X-squared = 290.13, df = 2, p-value < 2.2e-16
alc_dat_long %>%
 filter(treatment %in% 2:3) %>%
 mutate(treatment = forcats::fct_drop(treatment)) %>%
 tabyl(treatment, relapse) %>%
 chisq.test(.)
##
## Pearson's Chi-squared test with Yates' continuity correction
## data:
## X-squared = 73.772, df = 1, p-value < 2.2e-16
#all pairwise differences are highly significant
```

Exploratory Correlation Plots

```
sat_mod <- glm(drinks ~ factor(sid)*days, family = "poisson", data = alc_dat_long) #super saturated mod
alc_dat_long_expand <- alc_dat_long %>%
```

```
modelr::add_residuals(sat_mod) %>%
select(sid, days, treatment, gender, resid) %>%
group_by(sid) %>% #to only give within-subject autocor-
complete(days = c("0", "30", "60", "90")) #padding with NAs to calculate acf
acf(alc_dat_long_expand$resid, lag.max = 2, na.action = na.pass, ci = 0,
    main = "ACF function with lagged visits")
```

ACF function with lagged visits



Questions

We can guess at the answers to a few of the researcher's questions:

• Is there evidence to suggest that the treatments differ in their effects on alcohol dependence, as reflected by the number of drinks consumed in a given 30 day period?

Based on looking at the plots, it seems that at the end of the study, treatments 2 and 3 have the same rate reduction in drinks among the gender strata while treatment 1 has a smaller rate reduction.

• Is there a difference in the pattern of change in the number of drinks consumed between the various treatment groups over the duration of the study?

Based on looking at the plots, it seems that treatments 1 and 2 have a period of faster decline between baseline and 30 days and no rate reduction in drinks from 30 to 60 days.

 Alcohol-use disorders are among the most disabling disease categories for the global burden of disease especially for men. Is there evidence to suggest that males tend to have a higher alcohol dependence than females?

Yes, there is clear evidence to suggest this.

• Do men and women respond differently to treatment?

No, based on looking at the plots, treatment trajectories seem to be the same.

• Is there any evidence to suggest that the treatments differ in their effects on subjects with regard to relapsing into alcohol dependence?

Exploratory data analysis and an overall chi-squared test suggests that treatments differ in their effects on subjects with regard to relapsing into alcohol dependence. After pairwise tests, we find that all pairwise differences are highly significant. So, treatments 1 and 2 significantly differ in the distributions of relapsers, and treatment 2 had fewer relapsers than treatment 1; and treatment 2 and 3 significantly differ in the distributions of relapsers, and treatment 3 had fewer relapsers than treatment 2.

• Even in the case that the treatments might differ in their pattern of change or on how subjects relapse into alcohol dependence, is there any evidence to suggest that any of the treatments might be beneficial once the treatment has stopped.

No data were observed after the treatment was stopped, so such a claim would be extrapolation and has no support in the data.