## Solution - Sheet 03

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```
library(nlme)
load("SimulatedTreatmentEffect-3pLL.RData")
```

```
##Part a)
##In 3pLL model the first parameter theta_1=0 for the entire dataset.
model.3pLL.001 <-
gnls(
    resp ~ (0 + (th4-0) / (1 + (exp((conc - th2) * th3)))),
    data = conc.resp.df,
    params = list(th2 + th3 + th4 ~ 1),
    start = c(1, 2, 100),
    control = gnlsControl(nlsTol = 0.1)
)
model.3pLL.001</pre>
```

```
## Generalized nonlinear least squares fit
##
     Model: resp ~ (0 + (th4 - 0)/(1 + (exp((conc - th2) * th3))))
##
     Data: conc.resp.df
     Log-likelihood: -228.6547
##
##
## Coefficients:
##
         th2
                   th3
                             th4
##
    0.959338 2.305889 99.081280
##
## Degrees of freedom: 68 total; 65 residual
## Residual standard error: 7.143413
```

The lower asymptote,  $\theta_1$ , is 0 and the upper asymptote,  $\theta_4$  is 99.081280, which is nearly close to 100. At  $\theta_2$ =0.959338, we got the half-maximal response which is (0.959338+99.081280)/2 = 50.02. The parameter  $\theta_3$ =2.305889 > 0, which signifies a decreasing profile for increasing concentrations.

```
##Part b)
##In 3pLL model the first parameter theta_11,theta_12,theta_13=0 for the entire dataset.
dum1 <- ifelse(conc.resp.df$treat == "T1", 1, 0)
dum2 <- ifelse(conc.resp.df$treat == "T2", 1, 0)
dum3 <- ifelse(conc.resp.df$treat == "T3", 1, 0)

model.3pLL.002 <- gnls(
    resp ~ th4 * dum3 +</pre>
```

```
(0 + (th4-0) / (1 + (exp((conc - th2) * th3)))),
data = conc.resp.df,
params = list(th2 + th3 + th4 ~ 1),
start = c(1, 2, 100),
control = gnlsControl(nlsTol = 0.1)
)
model.3pLL.002
```

```
## Generalized nonlinear least squares fit
     Model: resp \sim th4 * dum3 + (0 + (th4 - 0)/(1 + (exp((conc - th2) * th3))))
##
##
     Data: conc.resp.df
##
     Log-likelihood: -300.7103
##
## Coefficients:
##
         th2
                   th3
                              t.h4
    1.271901 3.373962 80.102577
##
## Degrees of freedom: 68 total; 65 residual
## Residual standard error: 20.61115
```

The lower asymptote,  $\theta_1$ , is 0 and the upper asymptote,  $\theta_4$  is 80.102577, which is actually not really close to 100. At  $\theta_2$ =1.271901, we got the half-maximal response which is (1.271901+80.102577)/2 = 40.69. The parameter  $\theta_3$ =3.373962 > 0, which signifies a decreasing profile for each increasing concentrations.

```
## Generalized nonlinear least squares fit
                                                                                            (0 + (th4 - 0)/(1 - th4 - 0))
##
     Model: resp \sim (0 + (th4 - 0)/(1 + (exp((conc - th21) * th31)))) * (dum1) +
##
     Data: conc.resp.df
     Log-likelihood: -313.5675
##
##
## Coefficients:
##
         th21
                     th22
                                 t.h31
                                             t.h32
                                                           t.h4
    0.7304149 1.1886932 2.3739178 2.4848554 99.2201308
##
```

The model use parameter  $\theta_4$  is shared across all three treatments and,  $\theta_2$  and  $\theta_3$  are estimated separately for the first and the second treatment. Lower asymptote  $\theta_1$  is zero.  $\theta_2 = 0.730$ ,  $\theta_2 = 0.189$  and the upper asymptote is 99.22, which is nearly close to 100. The parameter  $\theta_{31} = 2.3477416 > 0$  and  $\theta_{32} = 2.4848554 > 0$ , a higher value for the slope parameter, demonstrates a steeper decrease of the curve.

##

## Degrees of freedom: 68 total; 63 residual

## Residual standard error: 25.29317

```
#Part d)
anova(model.3pLL.001, model.3pLL.002)
```

```
## Model df AIC BIC logLik
## model.3pLL.001 1 4 465.3094 474.1874 -228.6547
## model.3pLL.002 2 4 609.4207 618.2987 -300.7103
```

Both AIC and BIC value increases after adding the treatment 3 in the second model, which further increases p-value but not enough to cross the significance level of 5%, hence we can clearly reject the null hypothesis that both models are equivalent. This indicates that the second model has a significantly better fit and thus, we can difference between all the three treatment groups can be easily seen.