# GLM with binary response

# Sami Cheong

# 1/25/2024

## Heart disease example

What might affect the chance of getting heart disease? One of the earliest studies addressing this issue started in 1960 and used 3154 healthy men, aged from 39 to 59, from the San Francisco area. At the start of the study, all were free of heart disease. Eight and a half years later, the study recorded whether these men now suffered from heart disease along with many other variables that might be related to the chance of developing this disease.

We load a subset of this data (cigarette use, height, and heart disease) from the Western Collaborative Group Study described in Rosenman et al. (1975) and focus on just three of the variables in the dataset:

```
data(wcgs, package="faraway")
summary(wcgs[,c("chd","height","cigs")])
```

```
##
     chd
                   height
                                     cigs
                      :60.00
                                      : 0.0
##
    no:2897
               Min.
                                Min.
##
    yes: 257
               1st Qu.:68.00
                                1st Qu.: 0.0
               Median :70.00
                                Median: 0.0
##
##
               Mean
                       :69.78
                                Mean
                                       :11.6
##
               3rd Qu.:72.00
                                3rd Qu.:20.0
                      :78.00
               Max.
                                Max.
                                       :99.0
```

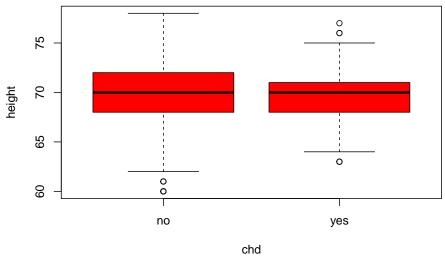
The variable chd indicates whether or not the person suffered from coronary heart disease, let's transform that to a binary variable

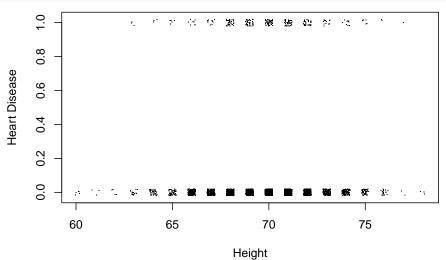
```
wcgs$y <- ifelse(wcgs$chd == 'yes',1,0)</pre>
```

### Exploratory data analysis:

Let's visualize the response and predictor variables in different dimensions to get a sense of how we should model it:

# **Height vs Heart Disease**





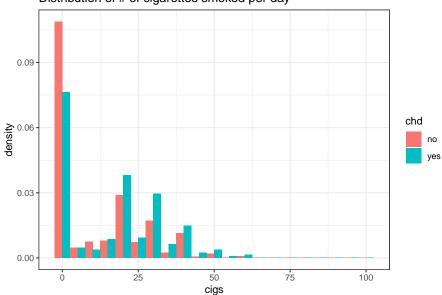
We can also use ggplot to explore the visualization, for example here are some plots of height and cigarette consumption information of the subjects separated by heart disease status:

```
ggplot(wcgs, aes(x=height, fill=chd)) +
  geom_histogram(position="dodge", binwidth=1)+
  theme_bw()+ggtitle('Distribution of height')
```

# Distribution of height 500 400 200 100 65 70 height

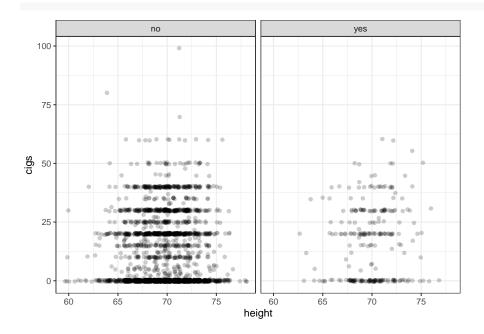
```
## Warning: The dot-dot notation (`..density..`) was deprecated in ggplot2 3.4.0.
## i Please use `after_stat(density)` instead.
## This warning is displayed once every 8 hours.
## Call `lifecycle::last_lifecycle_warnings()` to see where this warning was
## generated.
```

## Distribution of # of cigarettes smoked per day



We can also separate the plots based on a chosen group using a ggplot feature called facets

```
ggplot(wcgs, aes(x=height,y=cigs))+
geom_point(alpha=0.2, position=position_jitter())+
facet_grid(~ chd)+theme_bw()
```



## Analysis objective:

Our goal here is to predict the heart disease outcome for a given individual and also to explain the relationship between height, cigarette usage and heart disease.

Notice that for the same height and cigarette consumption, both outcomes can occur. It makes more sense then to model the response as a probability instead.

## Model building:

Let  $y_i$  be a binary variable indicating presence or absence of heart disease (1, or 0). We would like to model it as the following:

```
p(\text{Heart disease for subject}i) = h(\beta_0 + \beta_1(\text{Height}) + \beta_2(\text{Cigarette use})
```

where  $h = g^{-1}, g(\cdot)$  is the link function.

We can implement this in R as:

## Understanding the model output:

Let's take a look at the summary of the model object glmod:

```
summary(glmod)
```

```
##
## Call:
## glm(formula = chd ~ height + cigs, family = binomial(link = "logit"),
## data = wcgs)
##
## Coefficients:
```

```
##
               Estimate Std. Error z value Pr(>|z|)
## (Intercept) -4.50161
                                     -2.444
                            1.84186
                                              0.0145 *
                                      0.957
                                              0.3383
## height
                0.02521
                            0.02633
                0.02313
                            0.00404
                                      5.724 1.04e-08 ***
## cigs
##
                   0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1
## Signif. codes:
##
##
   (Dispersion parameter for binomial family taken to be 1)
##
##
       Null deviance: 1781.2 on 3153
                                        degrees of freedom
## Residual deviance: 1749.0
                              on 3151
                                        degrees of freedom
  AIC: 1755
##
##
## Number of Fisher Scoring iterations: 5
```

Recall the model formula is the following:

$$p(\text{Heart disease for subject}i) = h(\beta_0 + \beta_1(\text{Height}) + \beta_2(\text{Cigarette use})$$

since we chose the logit function as the link function, this can either be expressed as

$$\log(\frac{p}{1-p}) = \beta_0 + \beta_1(\text{Height}) + \beta_2(\text{Cigarette use})$$

*Model coefficients*: in here the  $\beta$  values correspond to the change of the log odds of the response. Notice the range of the log odds is  $(-\infty, \infty)$  vs [0, 1]

```
beta <- coef(glmod)
print(beta)</pre>
```

```
## (Intercept) height cigs
## -4.50161397 0.02520779 0.02312740
```

For example, keeping everything else fixed, increase 1 cigarette smoked per day is associated with increasing the log odds of having heart disease by 0.023, or 2.3%.

Another way to interpret the model result is to look at the odds instead:

odds of heart disease = 
$$e^{\beta_0}e^{\beta_1 \text{Height}}e^{\beta_2 \text{Cigs}}$$

The model output is the follows:

```
print(exp(beta))
```

```
## (Intercept) height cigs
## 0.01109108 1.02552819 1.02339691
```

This tells us that a unit increase in , for example, cigarettes smoked per day, increases the odds of heart disease by a factor of  $e^{\beta_1}$  or 1.023, which is again about an 2.3% increase.

Null deviance: A low null deviance implies that the data can be modeled using only the intercept (without other predictors). If the null deviance is low, we should consider using fewer features for modeling the data.

Residual deviance: A low residual deviance implies that the model we have trained is appropriate.