# Monday, Feb 5

## Modeling Nonlinearity

Four approaches to modeling a nonlinear relationship between the expected response and a quantitative explanatory variable.

- 1. polynomials
- 2. transformations
- 3. splines
- 4. nonlinear regression

The first three can be done with *linear models*.

### Polynomial Regression

If we have a single explanatory variable  $x_i$ , then a polynomial regression model of degree k is

$$E(Y_i) = \beta_0 + \beta_1 x_i + \beta_2 x_i^2 + \dots + \beta_k x_i^k.$$

Note that this is a linear model since we can write it as

$$E(Y_i) = \beta_0 + \beta_1 x_{i1} + \beta_2 x_{i2} + \dots + \beta_k x_{ik},$$

where  $x_{i1} = x_i, x_{i2} = x_i^2, \dots, x_{ik} = x_i^k$ .

**Example**: Consider again the ToothGrowth data but with dose treated as a quantitative explanatory variable, and ignoring supplement type for now. Note the use of the "inhibit" function I here.

```
m <- lm(len ~ dose + I(dose^2), data = ToothGrowth)
summary(m)$coefficients</pre>
```

```
Estimate Std. Error t value Pr(>|t|)
(Intercept) -2.49 3.178 -0.7836 4.365e-01
dose 30.15 6.147 4.9052 8.148e-06
I(dose^2) -7.93 2.366 -3.3514 1.432e-03
```

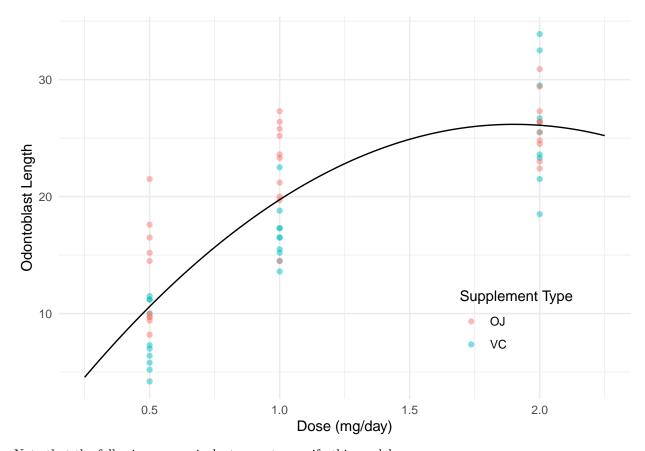
This model is

$$E(L_i) = \beta_0 + \beta_1 d_i + \beta_2 d_i^2,$$

where  $d_i$  is dose.

```
d <- expand.grid(dose = seq(0.25, 2.25, length = 100))
d$yhat <- predict(m, newdata = d)

p <- ggplot(ToothGrowth, aes(x = dose, y = len)) +
    geom_point(aes(color = supp), alpha = 0.5) +
    geom_line(aes(y = yhat), data = d) +
    labs(x = "Dose (mg/day)", y = "Odontoblast Length",
        color = "Supplement Type") +
    theme_minimal() + theme(legend.position = c(0.8,0.2))
plot(p)</pre>
```



Note that the following are equivalent ways to specify this model.

```
# create a new variable for squared dose
ToothGrowth$dose2 <- ToothGrowth$dose^2
m <- lm(len ~ dose + dose2, data = ToothGrowth)

# specify squared dose in the model formula using the "inhibit" function
m <- lm(len ~ dose + I(dose^2), data = ToothGrowth)

# use the poly function to create the extra term
m <- lm(len ~ poly(dose, degree = 2), data = ToothGrowth)</pre>
```

I recommend not using the first approach of creating a new variable only because it is easier to have the transformation "built in" to the model when applying other functions to the model object like **predict** or contrast.

Note: Using poly without the option raw = TRUE will produce "orthogonal polynomials" which is a reparameterization of the model. This approach is sometimes recommended due to numerical instability of "raw" polynomials, but in many cases this is not an issue. But the poly function is sometimes convenient, especially for polynomials of higher degree.

Clearly in such a model the rate of change in expected length is not necessarily constant.

```
library(trtools)
contrast(m, a = list(dose = 1), b = list(dose = 0.5)) # 0.5 to 1

estimate     se lower upper tvalue df     pvalue
     9.13 1.341 6.444 11.82 6.806 57 6.697e-09
```

```
contrast(m, a = list(dose = 1.5), b = list(dose = 1)) # 1 to 1.5
```

```
estimate se lower upper tvalue df pvalue 5.165 0.4472 4.27 6.06 11.55 57 1.47e-16
```

This can also be seen mathematically by writing the model as

$$E(L_i) = \beta_0 + \beta_1 x_i + \beta_2 x_i^2 = \beta_0 + \underbrace{(\beta_1 + \beta_2 x_i)}_{\delta_i} x_i = \beta_0 + \delta_i x_i,$$

so that the rate of change in length per unit increase in dose depends on dose (if  $\beta_2 \neq 0$ ). In a sense, dose is "interacting with itself" — i.e., the "effect" of a one unit increase in dose depends on the dose.

We can have the polynomial depend on (i.e, interact with) supplement type.

```
m <- lm(len ~ dose + I(dose^2) + supp + dose:supp + I(dose^2):supp, data = ToothGrowth)
summary(m)$coefficients</pre>
```

	Estimate	Std.	Error	t value	Pr(> t )
(Intercept)	-1.433		3.847	-0.3726	7.109e-01
dose	34.520		7.442	4.6384	2.272e-05
I(dose^2)	-10.387		2.864	-3.6260	6.383e-04
suppVC	-2.113		5.440	-0.3885	6.992e-01
dose:suppVC	-8.730		10.525	-0.8295	4.105e-01
<pre>I(dose^2):suppVC</pre>	4.913		4.051	1.2129	2.305e-01

Note that we could also have written

```
m <- lm(len ~ poly(dose, 2)*supp, data = ToothGrowth)</pre>
```

In a model formula argument, a\*b expands to a + b + a:b.

This model can be written as

$$E(L_i) = \begin{cases} \beta_0 + \beta_1 d_i + \beta_2 d_i^2, & \text{if supplement type is OJ,} \\ \beta_0 + \beta_3 + (\beta_1 + \beta_4) d_i + (\beta_2 + \beta_5) d_i^2, & \text{if supplement type is VC,} \end{cases}$$

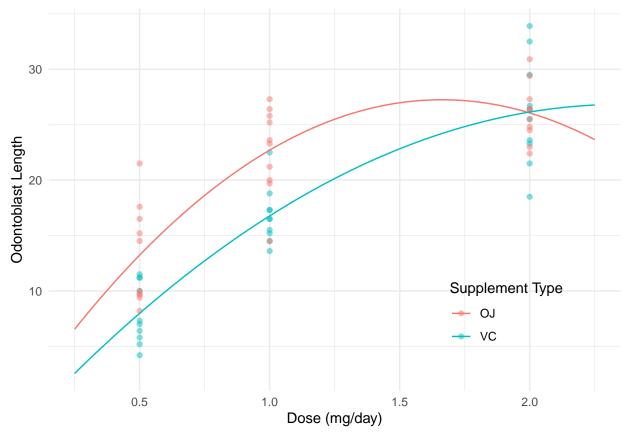
where  $d_i$  is dose, or alternatively as

$$E(L_i) = \begin{cases} \beta_0 + \beta_1 d_i + \beta_2 d_i^2, & \text{if supplement type is OJ,} \\ \gamma_0 + \gamma_1 d_i + \gamma_2 d_i^2, & \text{if supplement type is VC,} \end{cases}$$

where  $\gamma_0 = \beta_0 + \beta_3$ ,  $\gamma_1 = \beta_1 + \beta_4$ , and  $\gamma_2 = \beta_2 + \beta_5$ . There is a distinct polynomial of degree two for each supplement type.

```
d <- expand.grid(supp = c("OJ", "VC"), dose = seq(0.25, 2.25, length = 100))
d$yhat <- predict(m, newdata = d)

p <- ggplot(ToothGrowth, aes(x = dose, y = len, color = supp)) +
    geom_point(alpha = 0.5) + geom_line(aes(y = yhat), data = d) +
    labs(x = "Dose (mg/day)", y = "Odontoblast Length",
        color = "Supplement Type") + theme_minimal() +
    theme(legend.position = c(0.8,0.2))
plot(p)</pre>
```



Polynomials are, in principle, quite general. But in many cases we would like to have a monotonic relationship, and/or have a model exhibit an asymptote. Finally, the parameters of a polynomial model are not easily to interpret.

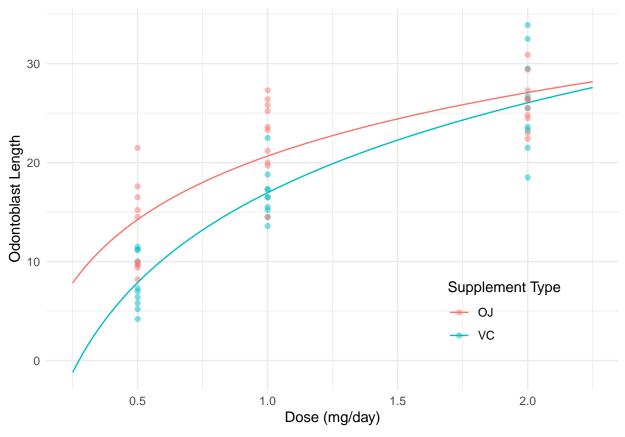
### Logarithmic Transformations

Applying a *logarithmic transformation* to an explanatory variable may be useful for explanatory variables that tend to have "diminishing returns" with respect to the expected response.

**Example:** Consider a linear model for expected length but now with log(dose) as the explanatory variable.

```
m <- lm(len ~ log(dose) + supp + log(dose):supp, data = ToothGrowth)
summary(m)$coefficients</pre>
```

```
Estimate Std. Error t value Pr(>|t|)
                               0.6791 30.425 1.629e-36
(Intercept)
                    20.663
log(dose)
                    9.255
                               1.2000
                                        7.712 2.303e-10
suppVC
                    -3.700
                               0.9605
                                      -3.852 3.033e-04
log(dose):suppVC
                    3.845
                               1.6971
                                        2.266 2.737e-02
d \leftarrow expand.grid(supp = c("OJ", "VC"), dose = seq(0.25, 2.25, length = 100))
d$yhat <- predict(m, newdata = d)</pre>
p <- ggplot(ToothGrowth, aes(x = dose, y = len, color = supp)) +</pre>
  geom_point(alpha = 0.5) + geom_line(aes(y = yhat), data = d) +
  labs(x = "Dose (mg/day)", y = "Odontoblast Length",
    color = "Supplement Type") + theme_minimal() +
  theme(legend.position = c(0.8,0.2))
plot(p)
```



Note that  $\log$  is the "natural" logarithm or base-e logarithm sometimes written as  $\ln(x)$  or  $\log_e(x)$ . Here are few things to remember about logarithms when using them for transformations of explanatory variables.

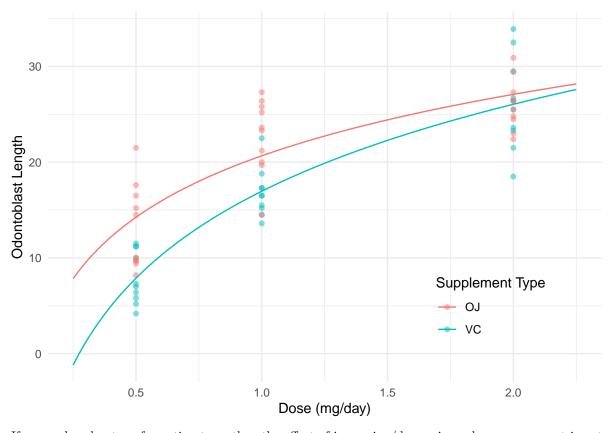
1. Logarithms of different bases are proportional. In general

$$\log_b(x) = c \log_a(x),$$

where  $c = 1/\log_a(b)$ . So usually when we are using things like contrast or the **emmeans** package to facilitate our inferences the base does not matter. You can use  $\log_2(x)$  and  $\log_1(x)$ , and for an arbitrary base b you can use  $\log(x,b)$  for  $\log_b(x)$ .

```
m <- lm(len ~ log2(dose) + supp + log2(dose):supp, data = ToothGrowth)
summary(m)$coefficients</pre>
```

```
Estimate Std. Error t value Pr(>|t|)
                     20.663
                                0.6791 30.425 1.629e-36
(Intercept)
log2(dose)
                      6.415
                                0.8318
                                         7.712 2.303e-10
                     -3.700
                                0.9605 -3.852 3.033e-04
suppVC
                      2.665
                                         2.266 2.737e-02
log2(dose):suppVC
                                1.1763
d \leftarrow expand.grid(supp = c("0J", "VC"), dose = seq(0.25, 2.25, length = 100))
d$yhat <- predict(m, newdata = d)</pre>
p <- ggplot(ToothGrowth, aes(x = dose, y = len, color = supp)) +</pre>
  geom_point(alpha = 0.5) + geom_line(aes(y = yhat), data = d) +
 labs(x = "Dose (mg/day)", y = "Odontoblast Length",
    color = "Supplement Type") + theme_minimal() +
  theme(legend.position = c(0.8,0.2))
plot(p)
```



2. If we apply a log transformation to x, then the effect of increasing/decreasing x by some amount is not constant, but the effect of increasing/decreasing x by a factor is constant. For example, suppose we have the model

$$E(Y) = \beta_0 + \beta_1 \log(x).$$

Then for any c > 0 then

$$\beta_0 + \beta_1 \log(cx) = \beta_0 + \beta_1 \log(c) + \beta_1 \log(x) = E(Y) + \beta_1 \log(c)$$

so then E(Y) increases/decreases by  $\beta_1 \log(c)$ . For example, the effect of doubling of halving dose is constant in this model.

```
contrast(m,
    a = list(dose = 1, supp = c("OJ","VC")),
    b = list(dose = 0.5, supp = c("OJ","VC")),
    cnames = c("OJ", "VC"))
```

estimate se lower upper tvalue df pvalue OJ 6.415 0.8318 4.749 8.081 7.712 56 2.303e-10 VC 9.080 0.8318 7.414 10.746 10.916 56 1.733e-15

```
contrast(m,
    a = list(dose = 2, supp = c("OJ","VC")),
    b = list(dose = 1, supp = c("OJ","VC")),
    cnames = c("OJ", "VC"))
```

```
estimate se lower upper tvalue df pvalue
OJ 6.415 0.8318 4.749 8.081 7.712 56 2.303e-10
VC 9.080 0.8318 7.414 10.746 10.916 56 1.733e-15
```

3. Recall that  $\log(x)$  is only defined for x > 0.

## **Exponential Transformations**

Consider the linear model

$$E(Y) = \beta_0 + \beta_1 2^{-x/h}$$

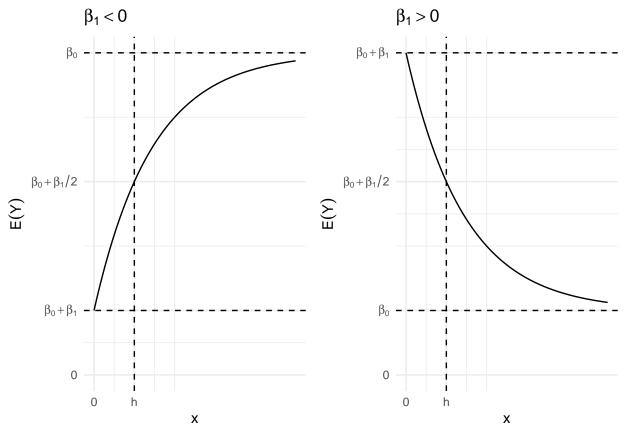
where h > 0 is some specified value. This applies an *exponential* transformation to x with the following properties.

- 1. If x = 0 then  $E(Y) = \beta_0 + \beta_1$ , so the "y-intercept" is  $\beta_0 + \beta_1$ .
- 2. As x increases then E(Y) approaches an asymptote of  $\beta_0$ . This is an upper (if  $\beta_1 < 0$ ) or lower (if  $\beta_1 > 0$ ) asymptote.
- 3. The quantity h can be interpreted as the "half-life" of the curve in the sense that it is the value of x at which the expected responses is half way between the intercept at  $\beta_0 + \beta_1$  and its upper/lower asymptote at  $\beta_0$  because if x = h then

$$E(Y) = \beta_0 + \beta_1 2^{-x/h} = \beta_0 + \beta_1/2,$$

and  $\beta_0 + \beta_1/2$  is the midpoint between the "intercept" of  $E(Y) = \beta_0 + \beta_1$  and the asymptote of  $\beta_0$ .

4. If  $\beta_1 < 0$  then  $-\beta_1$  is how much E(Y) increases from x = 0 as it approaches the asymptote, while if  $\beta_1 > 0$  then  $\beta_1$  is how much E(Y) decreases from when x = 0 as it approaches the asymptote.



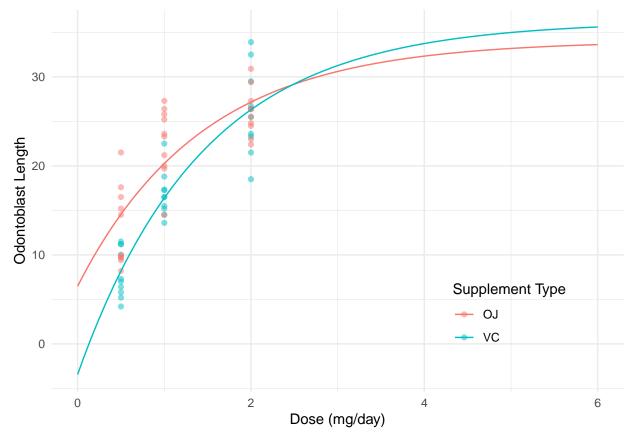
Consider again a linear model for the ToothGrowth data with an exponential transformation of dose with h = 1.

This can be seen by showing that  $\lim_{x\to\infty}\beta_0+\beta_12^{-x/h}=\beta_0$  if h>0, and by showing that the first derivative of  $\beta_0+\beta_12^{-x/h}$  with respect to x is positive if  $\beta_1<0$  and negative if  $\beta_1>0$  if h>0.

```
m <- lm(len ~ I(2^(-dose/1)), data = ToothGrowth)</pre>
summary(m)$coefficients
                Estimate Std. Error t value Pr(>|t|)
(Intercept)
                   35.14
                             1.555
                                       22.60 1.942e-30
I(2^{-dose/1})
                  -33.61
                               2.988 -11.25 3.303e-16
d \leftarrow expand.grid(supp = c("OJ", "VC"), dose = seq(0, 6, length = 100))
d$yhat <- predict(m, newdata = d)</pre>
p <- ggplot(ToothGrowth, aes(x = dose, y = len, color = supp)) +</pre>
  geom_point(alpha = 0.5) + xlim(0,6) +
  geom_line(aes(y = yhat), color = "black", data = d) +
  labs(x = "Dose (mg/day)", y = "Odontoblast Length",
    color = "Supplement Type") + theme_minimal() +
  theme(legend.position = c(0.8,0.2))
plot(p)
    30
Odontoblast Length
    10
                                                                     Supplement Type
                                                                         OJ
                                                                         VC
     0
                                                                                          6
                                           Dose (mg/day)
lincon(m, a = c(1,1)) # intercept
                     se lower upper tvalue df pvalue
        estimate
(1,1),0
           1.528 1.635 -1.745
                                 4.8 0.9345 58 0.3539
Now suppose that we let the effect of dose "interact" with supplement type.
m \leftarrow lm(len \sim I(2^(-dose/1)) + supp + supp:I(2^(-dose/1)), data = ToothGrowth)
summary(m)$coefficients
```

Estimate Std. Error t value Pr(>|t|)

```
(Intercept)
                         34.054
                                     1.925 17.6872 1.375e-24
I(2^{-dose/1})
                        -27.569
                                     3.700 -7.4519 6.199e-10
                          2.169
                                     2.723 0.7964 4.291e-01
suppVC
I(2^{-dose/1}):suppVC -12.083
                                     5.232 -2.3094 2.463e-02
d \leftarrow expand.grid(supp = c("OJ", "VC"), dose = seq(0, 6, length = 100))
d$yhat <- predict(m, newdata = d)</pre>
p <- ggplot(ToothGrowth, aes(x = dose, y = len, color = supp)) +</pre>
  geom_point(alpha = 0.5) + xlim(0,6) +
  geom_line(aes(y = yhat), data = d) +
  labs(x = "Dose (mg/day)", y = "Odontoblast Length",
    color = "Supplement Type") + theme_minimal() +
  theme(legend.position = c(0.8,0.2))
plot(p)
```



This model can be written as

$$E(Y_i) = \beta_0 + \beta_1 2^{-x_i/h} + \beta_2 d_i + \beta_3 d_i 2^{-x_i/h},$$

where  $d_i = 1$  if the supplement type is VC, and  $d_i = 0$  otherwise, and h = 1. We can also write this model case-wise as

$$E(Y_i) = \begin{cases} \beta_0 + \beta_1 2^{-x_i/h}, & \text{if the supplement type of the } i\text{-th observation is OJ}, \\ \beta_0 + \beta_2 + (\beta_1 + \beta_3) 2^{-x_i/h}, & \text{if the supplement type of the } i\text{-th observation is VC}, \end{cases}$$

or

$$E(Y_i) = \begin{cases} \beta_0 + \beta_1 2^{-x_i/h}, & \text{if the supplement type of the } i\text{-th observation is OJ}, \\ \gamma_0 + \gamma_1 2^{-x_i/h}, & \text{if the supplement type of the } i\text{-th observation is VC}, \end{cases}$$

where  $\gamma_0 = \beta_0 + \beta_2$  and  $\gamma_1 = \beta_1 + \beta_3$ . We can make inferences for the intercepts and asymptotes for *each* supplement type using lincon.

```
lincon(m, a = c(1,1,0,0)) # b0 + b1 = intercept for OJ
            estimate
                        se lower upper tvalue df pvalue
              6.485 2.024 2.429 10.54 3.203 56 0.002243
(1,1,0,0),0
lincon(m, a = c(1,1,1,1)) # q0 + q1 = b0 + b2 + b1 + b3 = intercept for VC
                        se lower upper tvalue df pvalue
            estimate
(1,1,1,1),0 -3.429 2.024 -7.485 0.6261 -1.694 56 0.09582
lincon(m, a = c(1,0,1,0)) # g0 = b0 + b2 = asymptote for VC
            estimate
                        se lower upper tvalue df
(1,0,1,0),0
              36.22 1.925 32.37 40.08 18.81 56 7.07e-26
We can also obtain (approximate) inferences using contrast.
contrast(m, a = list(dose = 0, supp = c("OJ", "VC")),
    cname = c("OJ intercept","VC intercept"))
                                     upper tvalue df
             estimate
                         se lower
                                                       pvalue
OJ intercept
               6.485 2.024 2.429 10.5401 3.203 56 0.002243
VC intercept -3.429 2.024 -7.485 0.6261 -1.694 56 0.095824
contrast(m, a = list(dose = 100, supp = c("OJ", "VC")),
    cname = c("OJ asymptote", "VC asymptote"))
             estimate
                         se lower upper tvalue df
OJ asymptote
                34.05 1.925 30.20 37.91 17.69 56 1.375e-24
                36.22 1.925 32.37 40.08 18.81 56 7.070e-26
VC asymptote
```

But wouldn't it make sense to have something like the following?

$$E(Y_i) = \begin{cases} \beta_0 + \beta_1 2^{-x_i/h_{\text{OJ}}}, & \text{if the supplement type of the $i$-th observation is OJ,} \\ \beta_0 + \beta_1 2^{-x_i/h_{\text{VC}}}, & \text{if the supplement type of the $i$-th observation is VC,} \end{cases}$$

because at x=0 and as  $x\to\infty$  there should be no difference in the supplement type, but there might be a difference in how "fast" the expected response increases with dose. But unless we know  $h_{\rm OJ}$  and  $h_{\rm VC}$ , this model would be nonlinear (i.e., the model is not linear if  $h_{\rm OJ}$  and  $h_{\rm VC}$  are unknown parameters as opposed to known values).