Levi Waldron

Learning objectives and outline

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Motivating example for log-linear models

Multicollinearity

Conclusions

Session 4: What this lecture is about

Levi Waldron

CUNY SPH Biostatistics 2

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Learning objectives

- 1 Define log-linear models in GLM framework
- 2 Identify situations that motivate use of log-linear models
- 3 Assess model fit of log-linear models
- 4 Define multi-collinearity

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Outline

- brief review of GLMs
- 2 Motivating example for log-linear models
 - Poisson regression
 - 3 Checking model assumptions and fit: Residual Analysis
- 4 Note on collinearity

Reading: Vittinghoff textbook chapter 8.1-8.3

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Components of GLM

- Random component specifies the conditional distribution for the response variable - it doesn't have to be normal but can be any distribution that belongs to the "exponential" family of distributions
- Systematic component specifies linear function of predictors (linear predictor)
- Link [denoted by g(.)] specifies the relationship between the expected value of the random component and the systematic component, can be linear or nonlinear

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Linear Regression as GLM

• The model:

$$y_i = E[y|x] + \epsilon_i = \beta_0 + \beta_1 x_{1i} + \beta_2 x_{2i} + \dots + \beta_p x_{pi} + \epsilon_i$$

• Random component of y_i is normally distributed: $\epsilon_i \stackrel{iid}{\sim} N(0, \sigma_{\epsilon}^2)$

• **Systematic component** (linear predictor): $\beta_0 + \beta_1 x_{1i} + \beta_2 x_{2i} + ... + \beta_p x_{pi}$

• Link function here is the *identity link*: g(E(y|x)) = E(y|x). We are modeling the mean directly, no transformation.

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Logistic Regression as GLM

 $Logit(P(x)) = log\left(\frac{P(x)}{1 - P(x)}\right) = \beta_0 + \beta_1 x_{1i} + \beta_2 x_{2i} + ... + \beta_p x_p$

The model:

- Random component: *y_i* follows a Binomial distribution (outcome is a binary variable)
- Systematic component: linear predictor

$$\beta_0 + \beta_1 x_{1i} + \beta_2 x_{2i} + \dots + \beta_p x_{pi}$$

• **Link function**: *logit* (log of the odds that the event occurs)

$$g(P(x)) = logit(P(x)) = log\left(\frac{P(x)}{1 - P(x)}\right)$$

$$P(\mathbf{y}) = \sigma^{-1}(\beta_0 + \beta_1 \mathbf{y}_1 + \beta_0 \mathbf{y}_0 + \beta_1 \mathbf{y}_1 + \beta_0 \mathbf{y}_0)$$

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Additive vs. Multiplicative models

- Linear regression is an *additive* model
 - e.g. for two binary variables $\beta_1 = 1.5$, $\beta_2 = 1.5$.
 - If $x_1 = 1$ and $x_2 = 1$, this adds 3.0 to E(y|x)
- Logistic regression is a *multiplicative* model
 - If $x_1 = 1$ and $x_2 = 1$, this adds 3.0 to $log(\frac{P}{1-P})$
 - Odds-ratio $\frac{P}{1-P}$ increases 20-fold: exp(1.5+1.5) or exp(1.5)*exp(1.5)

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Effectiveness of a new case-management program for depression

- Research question: can a new treatment reduce the number of needed visits to the emergency room, compared to standard care?
- *outcome*: # of emergency room visits for each patient in the year following initial treatment
- predictors:
 - race (white or nonwhite)
 - treatment (treated or control)
 - amount of alcohol consumption (numerical measure)
 - drug use (numerical measure)

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Statistical issues

- 1 about 1/3 of observations are exactly 0 (did not return to the emergency room within the year)
- 2 highly nonnormal and cannot be transformed to be approximately normal
- 3 even $log(y_i + 1)$ transformation will have a "lump" at zero + over 1/2 the transformed data would have values of 0 or log(2)
- 4 a linear regression model would give negative predictions for some covariate combinations
- 5 some subjects die or cannot be followed up on for a whole year

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Towards a reasonable model

- A multiplicative model will allow us to make inference on ratios of mean emergency room usage
- Modeling log of the mean emergency usage ensures positive means, and does not suffer from log(0) problem
- Random component of GLM, or residuals (was $\epsilon_i \stackrel{iid}{\sim} N(0, \sigma_\epsilon^2)$ for linear regression) may still not be normal, but we can choose from other distributions

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Proposed model without time

$$log(E[Y_i]) = \beta_0 + \beta_1 RACE_i + \beta_2 TRT_i + \beta_3 ALCH_i + \beta_4 DRUG_i$$

Or equivalently:

$$E[Y_i] = \exp(\beta_0 + \beta_1 RACE_i + \beta_2 TRT_i + \beta_3 ALCH_i + \beta_4 DRUG_i)$$

where $E[Y_i]$ is the expected number of emergency room visits for patient i.

 Important note: Modeling log(E[Y_i]) is not equivalent to modeling E(log(Y_i))

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Accounting for time of follow-up

Instead, model mean count per unit time:

$$log(E[Y_i]/t_i) = \beta_0 + \beta_1 RACE_i + \beta_2 TRT_i + \beta_3 ALCH_i + \beta_4 DRUG_i$$

Or equivalently:

$$log(E[Y_i]) = \beta_0 + \beta_1 RACE_i + \beta_2 TRT_i + \beta_3 ALCH_i + \beta_4 DRUG_i + log$$

• $log(t_i)$ is not a covariate, it is called an *offset*

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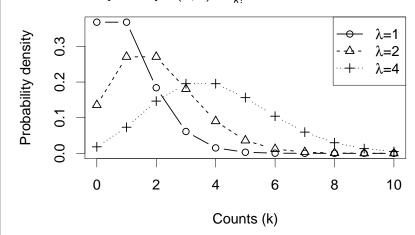
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The Poisson distribution

• Count data are often modeled as Poisson distributed: + mean λ is greater than 0 + variance is also λ + Probability density $P(k,\lambda) = \frac{\lambda^k}{k!}e^{-\lambda}$



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When the Poisson distribution works

TODO

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Relationship betwen Poisson and Binomial distributions

TODO

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GLM with log-linear link and Poisson error model

• Model the number of counts per unit time as Poisson-distributed + so the expected number of counts per time is λ_i

$$E[Y_i]/t_i = \lambda_i$$

$$log(E[Y_i]/t_i) = log(\lambda_i)$$

$$log(E[Y_i]) = log(\lambda_i) + log(t_i)$$

Recalling the log-linear model systematic component:

$$log(E[Y_i]) = \beta_0 + \beta_1 RACE_i + \beta_2 TRT_i + \beta_3 ALCH_i + \beta_4 DRUG_i + log$$

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GLM with log-linear link and Poisson error model (cont'd)

Then the systematic part of the GLM is:

$$log(\lambda_i) = \beta_0 + \beta_1 RACE_i + \beta_2 TRT_i + \beta_3 ALCH_i + \beta_4 DRUG_i$$

Or alternatively:

$$\lambda_i = \exp(\beta_0 + \beta_1 RACE_i + \beta_2 TRT_i + \beta_3 ALCH_i + \beta_4 DRUG_i)$$

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Interpretation of coefficients

- Suppose that $\hat{\beta}_1 = -0.5$ in the fitted model, where $RACE_i = 0$ for white and $RACE_i = 1$ for non-white.
- The mean rate of emergency room visits per unit time for white relative to non-white, all else held equal, is estimated to be:

$$\frac{\exp(\beta_0 + 0 + \beta_2 \text{TRT}_i + \beta_3 \text{ALCH}_i + \beta_4 \text{DRUG}_i)}{\exp(\beta_0 - 0.5 + \beta_2 \text{TRT}_i + \beta_3 \text{ALCH}_i + \beta_4 \text{DRUG}_i)}$$

$$= \frac{e^{\beta_0} e^0 e^{\beta_2 \text{TRT}_i} e^{\beta_3 \text{ALCH}_i} e^{\beta_4 \text{DRUG}_i}}{e^{\beta_0} e^{-0.5} e^{\beta_2 \text{TRT}_i} e^{\beta_3 \text{ALCH}_i} e^{\beta_4 \text{DRUG}_i}}$$

$$= \frac{e^0}{e^{-0.5}}$$

$$= e^{0.5} \approx 1.65$$

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Interpretation of coefficients (cont'd)

- If $\hat{\beta}_1 = -0.5$ with whites as the reference group: after adjustment for treatment group, alcohol and drug usage, whites tend to use the emergency room at a rate 1.65 times higher than non-whites. equivalently, the average rate of usage for whites is 65% higher than that for non-whites
- Multiplicative rules apply for other coefficients as well, because they are exponentiated to estimate the mean rate.

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Note on Multicollinearity

- Multicollinearity exists when two or more of the independent variables in regression are moderately or highly correlated.
- 2 Multicollinearity implies near-linear relationship among the predictors
- 3 The presence of near-linear dependence dramatically impacts the ability to estimate regression coefficients
- 4 High multicollinearity results in larger standard errors for regression coefficients
 - estimates of such regression coefficients will tend to be less stable over repeated sampling

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- Log-linear models are appropriate for non-negative, skewed count data
 - such situations arise when the probability of each event is low
- 2 The coefficients of log-linear models are *multiplicative*
- 3 An offset term can account for varying follow-up time or otherwise varying opportunity to be counted
- 4 Inference from log-linear models is sensitive to the choice of error model (assumption on the distribution of residuals)
- 5 We will cover other options next week for when the Poisson error model doesn't fit:
 - Variance proportional to mean, instead of equal
 - Negative Binomial
 - Zero Inflation