

BIOS 6312: Modern Regression Analysis

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Set 8: Regression with Discrete Outcomes (Non-binary outcomes)

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Basic ideas:

- In the previous set of notes, all outcomes were binary (e.g., CHD, esophageal cancer).
- In this set of notes, we'll tackle three additional kinds of discrete outcomes:
 - ▶ Nominal outcomes (categorical, unordered).
 - ▶ Ordinal outcomes (categorical, ordered).
 - ▶ Count outcomes (non-negative integers).
- We'll pay particular attention to the challenges in interpretation that arise in each of these three settings.

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Example: Diabetes and CHD in MRI cohort

- Recall the motivating example from the MRI cohort:
 - X : 0 = no diabetes; 1 = diabetes.
 - Y : 0 = no CHD; 1 = angina/myocardial infarction.

	CHD	No CHD	Total
Diabetes	23	56	79
No diabetes	132	524	656
Total	155	580	735

- This example relied on our ability to dichotomize CHD (something that is not always possible—and frankly, not always desirable).

Example: Diabetes and CHD in MRI cohort

- Here is more complete representation of the same data.
 - ▶ X : 0 = no diabetes; 1 = no diabetes.
 - ▶ Y : 0 = no CHD; 1 = angina; 2 = myocardial infarction.

	MI	Angina	No CHD	Total
Diabetes	16	7	56	79
No diabetes	75	57	524	656
Total	91	64	580	735

- The `tabulate` command in Stata will arrange the variables in a different order.

Setup: Nominal outcomes

- A nominal outcome with M unordered categories $(1, \dots, M)$ follows a categorical distribution (special case of the multinomial distribution).
 - ▶ $Y \sim \text{Multinomial}(1, \mathbf{p})$; $\mathbf{p} = (p_1, \dots, p_M)$, $\sum_{m=1}^M p_m = 1$, $p_m > 0$.
 - ▶ $P(Y = m) = p_m$.
 - ▶ You can think of a realization of Y as a single number from 1 to M , or you can think of it as a vector of all zeros except a one in the position corresponding to its realization. Because the categories are unordered, it is easiest to think of it in the latter way.
 - ★ $E[Y] = \mathbf{p}$.
 - ★ $\text{Var}[Y] = \text{diag}_M(\mathbf{p}(\mathbf{1} - \mathbf{p})^T + \mathbf{p}\mathbf{p}^T) - \mathbf{p}\mathbf{p}^T$.
 - ▶ You do not need to remember these formulas in this class.
- Next goal: Regression with nominal outcomes.

Regression of categorical outcomes:

- Y has M levels, $1, \dots, M$.
- Choose $Y = M$ as reference category without loss of generality.
- Consider a predictor X :

$$\log \left(\frac{P(Y = 1|X = x)}{P(Y = M|X = x)} \right) = \beta_{01} + \beta_{11}x$$

$$\log \left(\frac{P(Y = 2|X = x)}{P(Y = M|X = x)} \right) = \beta_{02} + \beta_{12}x$$

$$\vdots$$

$$\log \left(\frac{P(Y = M - 1|X = x)}{P(Y = M|X = x)} \right) = \beta_{0(M-1)} + \beta_{1(M-1)}x$$

- Resembles $M - 1$ logistic models (common ref. category).

Regression of categorical outcomes:

- Model: $\log \left(\frac{P(Y=m|X=x)}{P(Y=M|X=x)} \right) = \beta_{0m} + \beta_{1m}x$, for $m = 1, \dots, M - 1$.
- Re-expressing:

$$P(Y = 1|X = x) = P(Y = M|X = x)\exp(\beta_{01} + \beta_{11}x)$$

$$P(Y = 2|X = x) = P(Y = M|X = x)\exp(\beta_{02} + \beta_{12}x)$$

$$\vdots$$

$$P(Y = M - 1|X = x) = P(Y = M|X = x)\exp(\beta_{0(M-1)} + \beta_{1(M-1)}x)$$

- The M^{th} category is implied:

$$P(Y = M|X = x) = 1 - \sum_{m=1}^{M-1} P(Y = m|X = x)$$

$$\Rightarrow P(Y = M|X = x) = \frac{1}{1 + \sum_{m=1}^{M-1} \exp(\beta_{0m} + \beta_{1m}x)}$$

Regression of categorical outcomes:

- Re-expressing (again), note that for $m = 1, \dots, M - 1$:

$$P(Y = m|X = x) = \frac{\exp(\beta_{0m} + \beta_{1m}x)}{1 + \sum_{j=1}^{M-1} \exp(\beta_{0j} + \beta_{1j}x)}$$

- $\exp(\beta_{1m})$: “ratio of risk ratios”—comparing relative proportion of $Y = m$ to $Y = M$ between subgroups differing in X by one unit.
- Typically, estimation is performed by *maximum a posteriori* (MAP) estimation, a method we won't get into in this course but one you can look up if you're interested :).

Example: Diabetes and CHD in MRI cohort

- Let us use the MRI study to re-examine the association between diabetes and coronary heart disease.
 - ▶ X : 0 = no diabetes; 1 = diabetes.
 - ▶ Y : 0 = no CHD; 1 = angina; 2 = myocardial infarction.
 - ★ Note: We do *not* dichotomize Y in this example!
- Model: $\log\left(\frac{P(Y=m|X=x)}{P(Y=0|X=x)}\right) = \beta_{0m} + \beta_{1m}x$, for $m = 1, 2$.
 - ▶ Example: $\exp(\beta_{01})$ denotes the prevalence ratio $\frac{P(Y=1|X=0)}{P(Y=0|X=0)}$.
 - ▶ Example: $\exp(\beta_{12})$ denotes a ratio of prevalence ratios:

$$\frac{P(Y = 2|X = 1)/P(Y = 0|X = 1)}{P(Y = 2|X = 0)/P(Y = 0|X = 0)}.$$

Example: Diabetes and CHD in MRI cohort

- Variables:
 - ▶ X : 0 = no diabetes; 1 = diabetes.
 - ▶ Y : 0 = no CHD; 1 = angina; 2 = myocardial infarction.
- Model: $\log \left(\frac{P(Y=m|X=x)}{P(Y=0|X=x)} \right) = \beta_{0m} + \beta_{1m}x$, for $m = 1, 2$.
- Multinomial regression in Stata: `mlogit`.
 - ▶ Option `rrr` exponentiates to provide the relative risk ratios.
 - ▶ Option `baseoutcome()` allows you to set reference group.
 - ▶ Option `robust` provides sandwich variance.

MULTINOMIAL REGRESSION

Example: Diabetes and CHD in MRI cohort

```
. mlogit chd diab, robust nolog rrr
```

Multinomial logistic regression

Number of obs = 735

Wald chi2(2) = 4.99

Prob > chi2 = 0.0824

Log pseudolikelihood = -481.4182

Pseudo R2 = 0.0047

chd		Robust		z	P> z	[95% conf. interval]	
		RRR	std. err.				
0		(base outcome)					
1							
diabetes		1.149123	.4880892	0.33	0.743	.4998264	2.641884
_cons		.1087786	.0151818	-15.90	0.000	.0827455	.1430022
2							
diabetes		1.99619	.6176238	2.23	0.025	1.088527	3.660705
_cons		.1431298	.0176825	-15.74	0.000	.1123495	.1823428

Note: `_cons` estimates baseline relative risk for each outcome.

Example: Diabetes and CHD in MRI cohort

- Resembles output from two logistic regression models!
- As examples, let's work through the following exercises:
 - 1 Determine whether there is evidence of an overall association between diabetes and CHD category.
 - 2 Compare the prevalence ratio (comparing the prevalence of MI to that of no CHD) between those with and without diabetes.
 - 3 Compare the prevalence ratio (comparing the prevalence of MI to that of angina) between those with and without diabetes.

Example: Diabetes and CHD in MRI cohort

- **Example 1:** Determine whether there is evidence of an overall association between diabetes and CHD category.
 - ▶ No overall association between diabetes and CHD category implies that both $\beta_{11} = 0$ and $\beta_{12} = 0$.
 - ▶ We can use the `test` command; however, we need to use some Stata-specific notation to account for the fact that the parameters are coming from different parts of the model: `test [2]diabetes [1]diabetes`.
 - ▶ The `testparm` command can also be used in this case and doesn't require the same specific notation.

Example: Diabetes and CHD in MRI cohort

```
. test [2]diabetes [1]diabetes
```

```
( 1)  [2]diabetes = 0
```

```
( 2)  [1]diabetes = 0
```

```
chi2( 2) = 4.99
```

```
Prob > chi2 = 0.0824
```


Example: Diabetes and CHD in MRI cohort

```
. testparm diabetes
```

```
( 1)  [0]o.diabetes = 0
```

```
( 2)  [1]diabetes = 0
```

```
( 3)  [2]diabetes = 0
```

```
Constraint 1 dropped
```

```
chi2( 2) = 4.99
```

```
Prob > chi2 = 0.0824
```

Example: Diabetes and CHD in MRI cohort

- **Example 2:** Compare the prevalence ratio (comparing the prevalence of MI to that of no CHD) between those with and without diabetes.
 - ▶ This information is available to us in the output.
 - ▶ From this model, we see evidence that the prevalence ratio (comparing the prevalence of MI to that of no CHD) differs between those with and without diabetes (RRR=1.996; 95% CI: [1.0885, 3.66]; $p=0.025$).

Example: Diabetes and CHD in MRI cohort

- **Example 3:** Compare the prevalence ratio (comparing the prevalence of MI to that of angina) between those with and without diabetes.
 - ▶ This information is not available to us in the output, but is encoded in the model.
 - ▶ With a little regression math (that I will leave to you as an exercise), we see that the RRR is represented by $\exp(\beta_{12} - \beta_{11})$.
 - ▶ It should therefore come as little surprise that the `lincom` command will be useful. The same notation used for the `test` command carries over, and the `rrr` option is necessary if it was not included in the `mlogit` command.

MULTINOMIAL REGRESSION

Example: Diabetes and CHD in MRI cohort

```
. lincom [2]diabetes - [1]diabetes, rrr
```

```
( 1) - [1]diabetes + [2]diabetes = 0
```

chd	RRR	Std. err.	z	P> z	[95% conf. interval]	
(1)	1.737143	.8448949	1.14	0.256	.6696321	4.506452

Example: Diabetes and CHD in MRI cohort

- We could also tell Stata to set the base outcome in order to learn the same information. Since we are comparing MI ($Y = 2$) to angina ($Y = 1$), we should see these numbers show up by setting the base outcome to 1.

MULTINOMIAL REGRESSION

Example: Diabetes and CHD in MRI cohort

```
. mlogit chd diab, robust nolog rrr baseoutcome(1)
```

Multinomial logistic regression

Number of obs = 735

Wald chi2(2) = 4.99

Prob > chi2 = 0.0824

Log pseudolikelihood = -481.4182

Pseudo R2 = 0.0047

chd		Robust RRR	std. err.	z	P> z	[95% conf. interval]	
0	diabetes	.870229	.3696292	-0.33	0.743	.3785178	2.000695
	_cons	9.192982	1.283031	15.90	0.000	6.992901	12.08525
1	(base outcome)						
2	diabetes	1.737143	.8448949	1.14	0.256	.6696321	4.506452
	_cons	1.315789	.2313668	1.56	0.119	.9322067	1.857208

Note: **_cons** estimates baseline relative risk for each outcome.

Example: Diabetes and CHD in MRI cohort

- This is a saturated model. Therefore, we would *further* expect the model to agree with a model that split this problem up into separate logistic models.
 - ▶ It does, with a small caveat, which we will now illustrate.
- Let us repeat Example 3 by re-coding the variables as follows:
 - ▶ X : 0 = no diabetes; 1 = diabetes.
 - ▶ Y : 0 = angina, 1 = myocardial infarction.
 - ★ `gen chd12 = chd - 1`
 - ★ `replace chd12 = . if chd == 0`
- Model: $\text{logit}(P(Y = 1|X = x)) = \beta_0 + \beta_1 x$.
 - ▶ $\exp(\beta_1)$ represents the ratio of prevalence ratios described in Example 3 on the previous slide.

MULTINOMIAL REGRESSION

Example: Diabetes and CHD in MRI cohort

```
. logistic chd12 diab, robust nolog
```

Logistic regression

Number of obs = 155

Wald chi2(1) = 1.28

Prob > chi2 = 0.2574

Log pseudolikelihood = -104.3979

Pseudo R2 = 0.0064

chd12	Odds ratio	Robust std. err.	z	P> z	[95% conf. interval]	
diabetes	1.737143	.8470568	1.13	0.257	.6680007	4.517458
_cons	1.315789	.2319588	1.56	0.120	.931385	1.858847

Note: **_cons** estimates baseline odds.

Example: Diabetes and CHD in MRI cohort

- Multinomial logit model on whole sample:
 - ▶ $RRR=1.737$
 - ▶ 95% CI: [0.670, 4.51]
 - ▶ $p=0.256$
- Logistic model on subset:
 - ▶ $RRR=1.737$
 - ▶ 95% CI: [0.668, 4.52]
 - ▶ $p=0.257$
- The point estimates are identical, as we might expect.
- The standard errors are being computed a little bit differently (this is reflected in the degrees of freedom, for instance). Asymptotically, they will agree (and the finite-sample discrepancies are typically negligible).

Additional thoughts:

- Multinomial regression essentially handles categorical outcomes by splitting it into several logistic regression problems (but of course, the separate models are estimated simultaneously).
- Needless to say, you should be able to generalize the ideas of adjustment, interactions, categorical covariates, splines, transformations, etc. to models involving nominal outcomes.

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Ordinal variables:

- For cases in which Y has a clear ordering, we may be comfortable with a simplifying assumption regarding the odds ratios.
- Again let X denote our predictor of interest, and suppose that Y has M ordered categories, $1, \dots, M$.
- Ordered logit model (proportional odds):

$$\text{logit}(P(Y \leq m | X = x)) = \log \left(\frac{P(Y \leq m | X = x)}{P(Y > m | X = x)} \right) = \beta_{0m} - \beta x$$

- Each of the $M - 1$ models gets its own intercept, but the coefficient corresponding to X is shared.
- Because of how the model is parameterized, we need to be careful in our interpretation.

Proportional odds regression:

- Ordered logit model:

$$\log \left(\frac{P(Y \leq m | X = x)}{P(Y > m | X = x)} \right) = \beta_{0m} - \beta x$$

- Let's start with the baseline odds:
 - ▶ $\exp(\beta_{01}) = O(Y = 1 | X = 0)$.
 - ▶ $\exp(\beta_{02}) = O(Y \in \{1, 2\} | X = 0)$.
 - ▶ \vdots
 - ▶ $\exp(\beta_{0(M-1)}) = O(Y \in \{1, 2, \dots, M-1\} | X = 0)$.

Proportional odds regression:

- To interpret β , note that for $m = 1, \dots, M - 1$:

$$\begin{aligned} & \text{logit}(P(Y \leq m|X = x + 1)) - \text{logit}(P(Y \leq m|X = x)) \\ &= (\beta_{0m} - \beta(x + 1)) - (\beta_{0m} - \beta x) = -\beta \\ \Rightarrow \exp(-\beta) &= \frac{P(Y \leq m|X = x + 1)/P(Y > m|X = x + 1)}{P(Y \leq m|X = x)/P(Y > m|X = x)} \\ &= \frac{O(Y \leq m|X = x + 1)}{O(Y \leq m|X = x)} \\ \Rightarrow \exp(\beta) &= \frac{O(Y > m|X = x + 1)}{O(Y > m|X = x)} \end{aligned}$$

Proportional odds regression:

- After all the math, we have the following expression:

$$\exp(\beta) = \frac{O(Y > m | X = x + 1)}{O(Y > m | X = x)}$$

- Truthfully, this is a difficult parameter to wrap your mind around.
- Common interpretation: the subgroup $X = x + 1$ has $\exp(\beta)$ times the odds of “being in a higher category” as compared to those with $X = x$. This interpretation doesn’t seem to follow, as the category being compared is the same for both subgroups.
- Better interpretation: for each $m = 1, \dots, M - 1$, the odds of Y exceeding m for the subgroup $X = x + 1$ is $\exp(\beta)$ times that of the subgroup $X = x$. This tricky interpretation is a consequence of using the ordered logit rather than, say, an “adjacent categories” logit.

REGRESSION OF ORDINAL OUTCOMES

Example of proportional odds:

- Take the following table as an example:

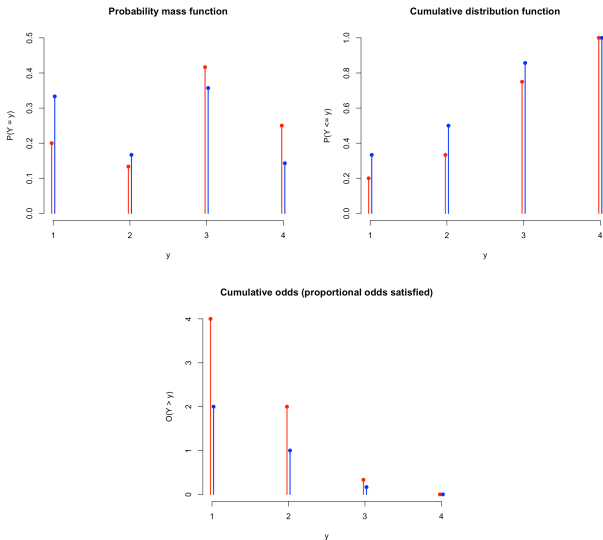
	$x = 0$	$x = 1$
$P(Y = 1 X = x)$	$1/5$	$1/3$
$P(Y = 2 X = x)$	$2/15$	$1/6$
$P(Y = 3 X = x)$	$5/12$	$5/14$
$P(Y = 4 X = x)$	$1/4$	$1/7$

- That the proportional odds assumption is met is not even close to obvious. Nevertheless, if we determine $O(Y > j|X = x)$ for each j and each x , it becomes a little clearer:

	$x = 0$	$x = 1$	OR
$O(Y > 1 X = x)$	4	2	$1/2$
$O(Y > 2 X = x)$	2	1	$1/2$
$O(Y > 3 X = x)$	$1/3$	$1/6$	$1/2$

REGRESSION OF ORDINAL OUTCOMES

Example of proportional odds:



REGRESSION OF ORDINAL OUTCOMES

Example of proportional odds:

- Table of odds for each group:

	$x = 0$	$x = 1$	OR
$O(Y > 1 X = x)$	4	2	1/2
$O(Y > 2 X = x)$	2	1	1/2
$O(Y > 3 X = x)$	1/3	1/6	1/2

- From this table, we can actually write down the parameters of the proportional odds model. The “intercepts” are setting the distribution for $X = 0$, and then the single parameter β is telling you how to jump from $X = 0$ to $X = 1$:
 - ▶ $\beta_{01} = \text{logit}(P(Y \leq 1|X = 0)) = \log(1/4)$.
 - ▶ $\beta_{02} = \text{logit}(P(Y \leq 2|X = 0)) = \log(1/2)$.
 - ▶ $\beta_{03} = \text{logit}(P(Y \leq 3|X = 0)) = \log(3)$.
 - ▶ $\beta = \log(1/2)$.

Example of proportional odds:

- To construct a data set with a joint distribution of (X, Y) as per our example table, we need 102 observations ($N_0 = 60$ and $N_1 = 42$).
- In Stata, the proportional odds cumulative logit model can be fit using the `ologit` command.
 - ▶ Option `robust` provides sandwich variance (although that is not the point of this particular example).
 - ▶ Option `nolog` suppresses iterative output.
 - ▶ Option `or` exponentiates to provide the odds ratios.

REGRESSION OF ORDINAL OUTCOMES

Example of proportional odds:

```
. ologit y x, nolog or
```

Ordered logistic regression

Log likelihood = -133.15625

Number of obs = 102

LR chi2(1) = 3.54

Prob > chi2 = 0.0599

Pseudo R2 = 0.0131

y	Odds ratio	Std. err.	z	P> z	[95% conf. interval]	
x	.5	.1854235	-1.87	0.062	.2417155	1.034274
/cut1	-1.386294	.2877052			-1.950186	-.8224026
/cut2	-.6931472	.2604341			-1.203589	-.1827058
/cut3	1.098612	.2774642			.5547925	1.642432

Note: Estimates are transformed only in the first equation to odds ratios.

```
. disp "Intercepts: " log(1/4) ", " log(1/2) ", and " log(3)
```

Intercepts: -1.3862944, -.69314718, and 1.0986123

Example: General health in MRI study

- Let us use data from the MRI cohort to examine the association between age and participant's self-reported view of health.
 - ▶ X : age (years).
 - ▶ Y : view of own health
 - ★ 1 = excellent
 - ★ 2 = very good
 - ★ 3 = good
 - ★ 4 = fair
 - ★ 5 = poor
- Model (for $m = 1, \dots, 4$):

$$\text{logit}(P(Y \leq m | X = x)) = \beta_{0m} - \beta x.$$

REGRESSION OF ORDINAL OUTCOMES

Stata: General health in MRI study

```
. ologit genhlth age, robust nolog or
```

Ordered logistic regression

Number of obs = 735

Wald chi2(1) = 4.09

Prob > chi2 = 0.0430

Log pseudolikelihood = -980.61894

Pseudo R2 = 0.0023

genhlth	Odds ratio	Robust std. err.	z	P> z	[95% conf. interval]	
age	1.0274	.013725	2.02	0.043	1.000848	1.054655
/cut1	.1228671	.990768			-1.819002	2.064737
/cut2	1.800767	.9936589			-.1467691	3.748302
/cut3	3.769095	.9998018			1.80952	5.728671
/cut4	5.967932	1.037249			3.934962	8.000902

Note: Estimates are transformed only in the first equation to odds ratios.

REGRESSION OF ORDINAL OUTCOMES

Example: General health in MRI study

- Variables:
 - ▶ X : age (years).
 - ▶ Y : view of own health (1:5)
- Model (for $m = 1, \dots, 4$):

$$\text{logit}(P(Y \leq m | X = x)) = \beta_{0m} - \beta x.$$

- As usual, let's get a few examples out of this one model:
 - 1 Estimate the odds of a good or better self-view of health among 85 year-olds.
 - 2 Estimate the proportion of 75 year-olds with a very good view their own health.
 - 3 Estimate the proportion of 70 year-olds with a fair or worse view their own health.
- To confirm our estimates of these values “by hand,” it will be easier to have the untransformed output.

REGRESSION OF ORDINAL OUTCOMES

Stata: General health in MRI study

```
. ologit genhlth age, robust nolog
```

Ordered logistic regression

Number of obs = 735

Wald chi2(1) = 4.09

Prob > chi2 = 0.0430

Log pseudolikelihood = -980.61894

Pseudo R2 = 0.0023

genhlth	Coefficient	Robust std. err.	z	P> z	[95% conf. interval]	
age	.027031	.013359	2.02	0.043	.0008478	.0532141
/cut1	.1228671	.990768			-1.819002	2.064737
/cut2	1.800767	.9936589			-.1467691	3.748302
/cut3	3.769095	.9998018			1.80952	5.728671
/cut4	5.967932	1.037249			3.934962	8.000902

Example: General health in MRI study

- Model: $\text{logit}(P(Y \leq m|X = x)) = \beta_{0m} - \beta x$.
- **Example 1:** Estimate the odds of a good or better self-view of health among 85 year-olds.
 - ▶ A good or better view means $M \leq 3$
 - ▶ By the model, $\log(O(Y \leq 3|X = 85)) = \beta_{03} - 85\beta$.
 - ▶ Therefore:

$$\begin{aligned}\widehat{O}(Y \leq 3|X = 85) &= \exp(\widehat{\beta}_{03} - 85\widehat{\beta}) \\ &= \exp(3.769095 - 85 \times 0.027031) \\ &= 4.3556.\end{aligned}$$

- We should be able to confirm this with the `lincom` command (which will also give us a confidence interval for this quantity).

Stata: General health in MRI study

```
. lincom /cut3 - age*85, eform
```

```
( 1)  - 85*[genhlth]age + [/]cut3 = 0
```

genhlth	exp(b)	Std. err.	z	P> z	[95% conf. interval]	
(1)	4.355609	.7622362	8.41	0.000	3.090919	6.137762

REGRESSION OF ORDINAL OUTCOMES

Example: General health in MRI study

- Model: $\text{logit}(P(Y \leq m|X = x)) = \beta_{0m} - \beta x$.
- **Example 2:** Estimate the proportion of 75 year-olds with a very good view their own health.
 - ▶ A very good view means $M = 2$.
 - ▶ Note: $P(Y = 2|X = 75) = P(Y \leq 2|X = 75) - P(Y \leq 1|X = 75)$.
 - ▶ Model: $P(Y = 2|X = 75) = \text{expit}(\beta_{02} - 75\beta) - \text{expit}(\beta_{01} - 75\beta)$.
 - ▶ Therefore, $\hat{P}(Y = 2|X = 75)$ can be expressed as:

$$\begin{aligned} & \text{expit}(\hat{\beta}_{02} - 75\hat{\beta}) - \text{expit}(\hat{\beta}_{01} - 75\hat{\beta}) \\ = & \text{expit}(1.800767 - 75 \times 0.027031) \\ & - \text{expit}(0.1228671 - 75 \times 0.027031) \\ = & 0.44360 - 0.12960 = 0.314. \end{aligned}$$

- We can also see if this resembles the true proportion of patients with a very good view of their health at this age (or in a nearby range).

REGRESSION OF ORDINAL OUTCOMES

Stata: General health in MRI study

```
. tab genhlth if age == 75
```

genhlth	Freq.	Percent	Cum.
1	9	16.98	16.98
2	14	26.42	43.40
3	22	41.51	84.91
4	8	15.09	100.00
Total	53	100.00	

```
. tab genhlth if age >= 74 & age <= 76
```

genhlth	Freq.	Percent	Cum.
1	15	11.03	11.03
2	51	37.50	48.53
3	53	38.97	87.50
4	15	11.03	98.53
5	2	1.47	100.00
Total	136	100.00	

Example: General health in MRI study

- Model: $\text{logit}(P(Y \leq m|X = x)) = \beta_{0m} - \beta x$.
- **Example 3:** Estimate the proportion of 70 year-olds with a fair or worse view their own health.
 - ▶ A fair or worse view means $M \geq 4$.
 - ▶ Note: $P(Y \geq 4|X = 70) = P(Y > 3|X = 70) = 1 - P(Y \leq 3|X = 70)$.
 - ▶ Model: $P(Y \geq 4|X = 70) = 1 - \text{expit}(\beta_{03} - 70\beta)$.
 - ▶ Therefore:

$$\begin{aligned}\hat{P}(Y \geq 4|X = 70) &= 1 - \text{expit}(\hat{\beta}_{03} - 70\hat{\beta}) \\ &= 1 - \text{expit}(3.769095 - 70 \times 0.027031) = 0.133.\end{aligned}$$

- We can also see if this resembles the true proportion of patients with a fair or worse view of their health at this age (or in a nearby range).

REGRESSION OF ORDINAL OUTCOMES

Stata: General health in MRI study

```
. tab genhlth if age == 70
```

genhlth	Freq.	Percent	Cum.
1	6	10.00	10.00
2	19	31.67	41.67
3	30	50.00	91.67
4	4	6.67	98.33
5	1	1.67	100.00
Total	60	100.00	

```
. tab genhlth if age >= 69 & age <= 71
```

genhlth	Freq.	Percent	Cum.
1	22	12.64	12.64
2	56	32.18	44.83
3	71	40.80	85.63
4	22	12.64	98.28
5	3	1.72	100.00
Total	174	100.00	

Additional thoughts:

- The cumulative logit imposes a proportional odds structure.
 - ▶ This goes a bit beyond the “parallel lines” assumption that we see in regression of continuous, binary, and multinomial outcomes.
 - ▶ The proportional odds assumption assumes that the odds ratios that compare subgroups differing in X by one unit are the same—not just regardless of X , but also regardless of the category of Y .
 - ▶ The baseline odds is an entire (discrete-valued) function that is estimated as a sequence of intercepts (one for each category of Y).
- Needless to say, you should be able to generalize the ideas of adjustment, interactions, categorical covariates, splines, transformations, etc. to models involving ordinal outcomes.

TABLE OF CONTENTS

- 1 Discrete outcomes
- 2 Regression of nominal outcomes
- 3 Regression of ordinal outcomes
- 4 Poisson regression (count outcomes)

Ideas:

- Count examples: polyps in patient's colon during time between colonoscopies, pulmonary exacerbations experienced by a cystic fibrosis patient during a year.
- Poisson distribution: # of events in a specified time (and space), parameterized by a constant rate, $\lambda > 0$.
 - ▶ $Y \sim \text{Poisson}(\lambda)$.

$$P(Y = k) = \frac{e^{-\lambda} \lambda^k}{k!}; k = 0, 1, 2, \dots$$

- ▶ $E[Y] = \lambda$.
 - ▶ $\text{Var}[Y] = \lambda$.
- Note relationship between mean and variance.
- Most often summarize and compare response via *event rate*.

Count data: Event rate

- Event rate: Expected # of events per unit of space-time.
- Must know interval of time, volume of space sampled.
- Often, we assume the counts follow a Poisson distribution, which can be derived from the following assumptions:
 - ▶ The expected number of events occurring in an interval of time is proportional to the size of the interval.
 - ▶ The probability that two events occur in an infinitesimally small interval of space-time is zero.
 - ▶ The number of events occurring in *separate* intervals of space-time are independent.
- Assumption of a constant rate with independence over separate intervals is often a very strong assumption.

Regression of counts:

- When response variable represents counts of some event, we typically model the (log) rate using Poisson regression.
- Compares rates of response per space-time (e.g., person-years) across groups.
- Model: $\log(E[Y|X = x]) = \beta_0 + \beta_1 x$.
 - ▶ $\exp(\beta_0)$: event rate among subgroup $X = 0$.
 - ▶ $\exp(\beta_1)$: ratio of event rates, comparing subgroups differing in X by one unit.
- We often choose to model the log-rate for the same reason we often choose to model the log-odds for binary outcomes: it makes the math work out nicer than other choices.

Estimating equations: Poisson regression ($g(\mu) = \log(\mu)$)

- To estimate β , we solve the following equations for β :

$$\mathbf{X}^T(\mathbf{y} - \exp(\mathbf{X}\beta)) = \mathbf{0}.$$

- This equation does not possess a closed-form solution. Iterative methods are used to estimate β .

Poisson regression:

- Model: $\log(E[Y|X = x]) = \beta_0 + \beta_1 x$.
- The sandwich variance is robust to misspecification of the mean model and the mean-variance relationship.
 - ▶ Assuming a Poisson distribution for Y assumes that $E[Y] = \text{Var}[Y]$, though it could be that Y does not follow an exact Poisson distribution.
 - ▶ It could be, in general, that $E[Y] = \phi \text{Var}[Y]$ for some $\phi \neq 1$, a phenomenon often referred to as over- or under-dispersion.
 - ▶ There are methods to specifically *leverage* over- or under-dispersion (e.g., negative binomial regression), that we won't discuss in detail.
- Poisson regression in Stata: `poisson`.
 - ▶ Option `robust` provides sandwich variance
 - ▶ Option `irr` exponentiates to provide incidence rate ratios.

Example: Chemotherapy (Background)

- Laboratory research of chemotherapy agents involves testing of the drugs in a culture of cells derived from a single cancer cell.
- A sample drawn from a liquid culture of some cell line is exposed to a new drug or combinations of new drugs at varying concentrations.
- Following an incubation, the resulting colonies of cells can be counted.
- Let's draw a simple example from the `chemo.csv` data set (which has a lot more nuances than what I am highlighting here) to evaluate doxorubicin as a possible chemotherapy agent.

Example: Chemotherapy

- Variables:
 - ▶ X : Concentration of doxorubicin ($\mu\text{mol/L}$) assigned to plate.
 - ▶ Y : Number of colonies following an incubation period.
- Only consider $X \geq 0.05$ for this example.
 - ▶ Concentrations of 0.05, 0.1, 0.5, 1, and 5 $\mu\text{mol/L}$.

REGRESSION OF COUNT DATA

Example: Chemotherapy

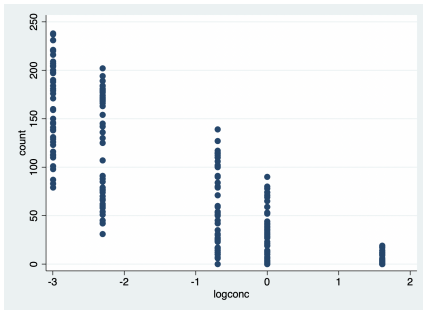
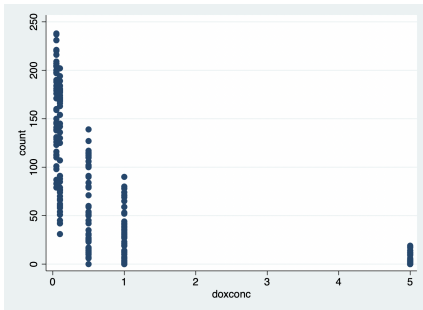
```
. tab doxconc
```

doxconc	Freq.	Percent	Cum.
.05	48	20.25	20.25
.1	48	20.25	40.51
.5	48	20.25	60.76
1	48	20.25	81.01
5	45	18.99	100.00
Total	237	100.00	

REGRESSION OF COUNT DATA

Example: Chemotherapy

• $\text{gen logconc} = \log(\text{doxconc})$



Example: Chemotherapy

- Variables:
 - ▶ X : Concentration of doxorubicin ($\mu\text{mol/L}$) assigned to plate.
 - ★ Only consider $X \geq 0.05$ for this example.
 - ▶ Y : Number of remaining colonies following an incubation period.
- Model: $\log(E[Y|X = x]) = \beta_0 + \beta_1(\log(x) - \log(0.05))$.
 - ▶ $\exp(\beta_0)$: The expected post-incubation colony frequency among plates assigned doxorubicin at a concentration of $0.05 \mu\text{mol/L}$.
 - ▶ 2^{β_1} : Ratio of expected post-incubation colony frequency between plates differing in their doxorubicin concentration by a factor of two.

REGRESSION OF COUNT DATA

Example: Chemotherapy

- `gen logconc_shift = log(doxconc) - log(0.05)`

- `. poisson count logconc_shift, robust nolog irr`

Poisson regression

Number of obs = 237

Wald chi2(1) = 490.46

Prob > chi2 = 0.0000

Pseudo R2 = 0.6490

Log pseudolikelihood = -3197.2048

count	Robust		z	P> z	[95% conf. interval]	
	IRR	std. err.				
logconc_shift	.5580174	.014699	-22.15	0.000	.529939	.5875835
_cons	178.9695	6.326326	146.74	0.000	166.9899	191.8085

Note: `_cons` estimates baseline incidence rate.

- Because the concentration is log-transformed, the transformed output is not as directly helpful for characterizing the association.

REGRESSION OF COUNT DATA

Example: Chemotherapy

```
. poisson count logconc_shift, robust nolog
```

Poisson regression

Number of obs = 237

Wald chi2(1) = 490.46

Prob > chi2 = 0.0000

Log pseudolikelihood = -3197.2048

Pseudo R2 = 0.6490

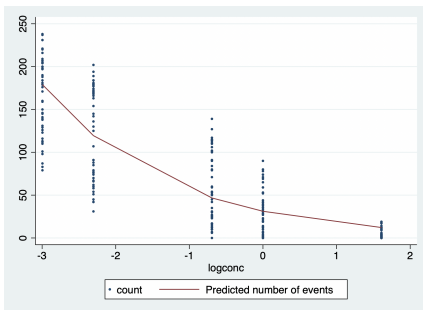
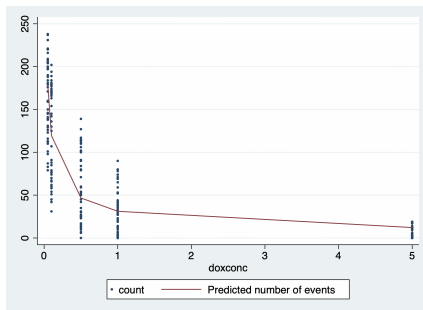
count	Robust					[95% conf. interval]
	Coefficient	std. err.	z	P> z		
logconc_shift	-.5833651	.0263414	-22.15	0.000	-.6349933	-.531737
_cons	5.187215	.0353486	146.74	0.000	5.117933	5.256497

Example: Chemotherapy

- We can transform the coefficient estimate and the endpoints of its respective 95% confidence interval.
 - ▶ $\hat{\beta}_1 = -0.5833651$ (95% CI: [-0.6349933, -0.531737]).
 - ▶ $2^{\hat{\beta}_1} = 0.667$ (95% CI: [0.644, 0.692]).
- We estimate that each doubling of doxorubicin concentration is associated with a 33.3% reduction in expected post-incubation colony frequency (95% CI: [30.8%, 35.6%]; $p < 0.001$).

REGRESSION OF COUNT DATA

Example: Chemotherapy



Example: Chemotherapy

- It appears that over this range of concentrations, the Poisson model fits reasonably well.
 - ▶ In truth, the real data are better described by an S-shape per Michaelis-Menten mechanics.
- However, the question remains as to what the real advantage is of a Poisson model when I could have just computed the group-specific means, specifically given that the concentrations determined discretely in this example.

Example: Chemotherapy

- Model-based estimate of expected frequency among a doxorubicin concentration of 1 $\mu\text{mol/L}$:

$$\begin{aligned}\log(E[Y|X = 1]) &= \beta_0 + \beta_1(\log(1) - \log(0.05)) \\ &= \beta_0 + 2.99573 \times \beta_1 \\ \Rightarrow E[Y|X = 1] &= \exp(\beta_0 + 2.99573 \times \beta_1).\end{aligned}$$

- The `lincom` command with the `eform` option will give us a point estimate and a 95% confidence interval for this quantity.
- Let's compare it to the simple (group-specific) estimate and 95% confidence interval.

REGRESSION OF COUNT DATA

Example: Chemotherapy

```
. * Concentration = 1.0 is a twenty-fold rise from 0.05  
. * log(20) = 2.9957323  
. lincom _cons + logconc_shift * 2.9957323, eform  
( 1) 2.995732*[count]logconc_shift + [count]_cons = 0
```

count	exp(b)	Std. err.	z	P> z	[95% conf. interval]	
(1)	31.17478	2.208153	48.56	0.000	27.13386	35.8175

```
. ci means count if doxconc == 1
```

Variable	Obs	Mean	Std. err.	[95% conf. interval]	
count	48	32.6875	3.722673	25.19845	40.17655

- Modeling assumptions that are correct (or nearly so) are often rewarded with precision.

Offsets:

- The count outcomes are assumed to occur over a common range of space-time across observations.
 - ▶ This was satisfied in the chemotherapy example, which was on a plate-specific basis with a common incubation period.
- Suppose, as an example, that I seek to model the expected frequency of asthma exacerbations per year in children as a function of age, but that the amount of follow-up varies across children.
- All else being equal, a child with two years of follow-up will differ in their expected frequency as compared to a child with five years of follow-up.
- If you do not accommodate this sort of variability, the Poisson regression model will not be valid.
- Observation-specific regions of space-time can be accommodated by the inclusion of an *offset term*, which is essentially designed to level the playing field.

REGRESSION OF COUNT DATA

Offsets:

- Consider a variable, W , that characterizes the observation-specific range of space-time.
- The Poisson model can be adjusted with a simple fix:

$$\log(E[Y|X = x]/w) = \beta_0 + \beta_1 x.$$

- We can carry this forward just a bit further with basic properties of logarithms:

$$\begin{aligned}\log(E[Y|X = x]) - \log(w) &= \beta_0 + \beta_1 x \\ \Rightarrow \log(E[Y|X = x]) &= \beta_0 + 1 \times \log(w) + \beta_1 x.\end{aligned}$$

- Procedurally, this means we can accommodate variable space-time across observations by putting in a log-transformed W as a covariate in the model and force its corresponding coefficient to be one.

Offsets:

- Model: $\log(E[Y|X = x]) = \log(w) + \beta_0 + \beta_1 x$.
 - ▶ $\exp(\beta_0)$: expected frequency per one unit of W (event rate) among subgroup $X = 0$.
 - ▶ $\exp(\beta_1)$: ratio of event rates per one unit of W comparing subgroups differing in X by one unit.
- On your own: look up documentation for offset terms for Poisson regression models in Stata (be mindful of distinction between `offset` and `exposure`).

Additional thoughts:

- Needless to say, you should be able to generalize the ideas of adjustment, interactions, categorical covariates, splines, transformations, etc. to models involving count outcomes.

Notes: Topics in this unit

- In this unit, we have learned all about regression of discrete outcomes.
 - ▶ Binary outcomes.
 - ▶ Nominal outcomes.
 - ▶ Ordinal outcomes.
 - ▶ Count outcomes.
- Much of the “regression math,” as we have been calling it, remains similar. Most discrete-outcome regression models involve some sort of transformation to the left-hand side, which means that we need to back-transform after the regression model is fit in order to obtain scientifically meaningful interpretations.
- Considerations regarding study design, assumptions, all need to be taken into account in order to make sensible choices.

Notes: Next unit

- Longitudinal data analysis!
 - ▶ Up until now, we have largely assumed that our observations were independent of one another.
 - ▶ What happens when you have, for instance, repeated measurements on the same individuals over time?