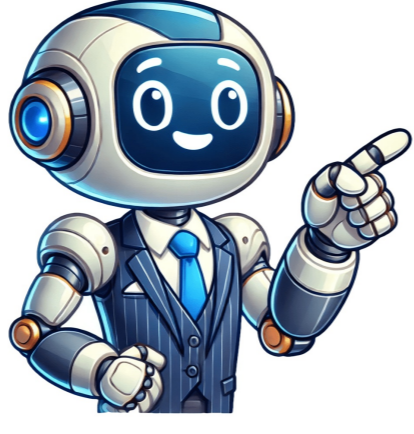


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Background Generalized linear mixed models (or GLMMs) are an extension of linearmixed models to allow response variables from different distributions, such as binary responses. Alternatively, you could think of GLMMs as an extension of generalized linear models (e.g., logistic regression) to include both fixed and random effects (hence mixed models). The general form of the model (in matrix notation) is: $\mathbf{y} = \mathbf{X}\boldsymbol{\beta} + \mathbf{Z}\mathbf{u} + \boldsymbol{\varepsilon}$ where \mathbf{y} is a $(N \times 1)$ column vector, the outcome variable; \mathbf{X} is a $(N \times p)$ matrix of the p predictor variables; $\boldsymbol{\beta}$ is a $(p \times 1)$ column vector of the fixed-effects regression coefficients (the $\boldsymbol{\beta}$ s); \mathbf{Z} is the $(N \times q)$ design matrix for the q random effects (the random component to the fixed \mathbf{X}); \mathbf{u} is a $(q \times 1)$ vector of the random effects (the random component to the fixed $\boldsymbol{\beta}$); and $\boldsymbol{\varepsilon}$ is a $(N \times 1)$ column vector of the residuals, that part of \mathbf{y} that is not explained by the model, $\mathbf{X}\boldsymbol{\beta} + \mathbf{Z}\mathbf{u}$. To recap: $\mathbf{y} = \mathbf{X}\boldsymbol{\beta} + \mathbf{Z}\mathbf{u} + \boldsymbol{\varepsilon}$ where \mathbf{y} is $(N \times 1)$, $\boldsymbol{\beta}$ is $(p \times 1)$, \mathbf{Z} is $(N \times q)$, \mathbf{u} is $(q \times 1)$, and $\boldsymbol{\varepsilon}$ is $(N \times 1)$.

To make this more concrete, let's consider an example from a simulated dataset. Doctors ($q = 407$) indexed by the j subscript each see n_j patients. So our grouping variable is the doctor. Not every doctor sees the same number of patients, ranging from just 2 patients all the way to 40 patients, averaging about 21. The total number of patients is the sum of the patients seen by each doctor: $\sum_j n_j = N = 8525$. In our example, $N = 8525$ patients were seen by doctors. Our outcome, \mathbf{y} , is a continuous variable, mobility scores. Further, suppose we had 6 fixed effects predictors: Age (in years), Married (0 = no, 1 = yes), Sex (0 = female, 1 = male), Red Blood Cell (RBC) count, and White Blood Cell (WBC) count plus a fixed intercept and random intercept for every doctor. For simplicity, we are only going to consider random intercepts. We will let every other effect be fixed for now. The reason we want any random effects is because we expect that mobility scores within doctors may be correlated. There are many reasons why this could be. For example, doctors may have specialties that mean they tend to see lung cancer patients with particular symptoms or some doctors may see more advanced cases, such that within a doctor, patients are more homogeneous than they are between doctors. To put this example back in our matrix notation, we would have: $\mathbf{y} = \mathbf{X}\boldsymbol{\beta} + \mathbf{Z}\mathbf{u} + \boldsymbol{\varepsilon}$ where \mathbf{y} is (8525×1) , $\boldsymbol{\beta}$ is (6×1) , \mathbf{Z} is (8525×407) , \mathbf{u} is (407×1) , and $\boldsymbol{\varepsilon}$ is (8525×1) .

Because \mathbf{Z} is so big, we will not write out the numbers here. Because we are only modeling random intercepts, it is a special matrix in our case that only codes which doctor a patient belongs to. So in this case, it is all 0s and 1s. Each column is one doctor and each row represents one patient (one row in the dataset). If the patient belongs to the doctor in that column, then it will have a 1, 0 otherwise. This also means that it is a sparse matrix (i.e., a matrix of mostly zeros) and we can create a picture representation easily. Note that if we added a random slope, the number of rows in \mathbf{Z} would remain the same, but the number of columns would double. This is why it can become computationally burdensome to add random effects, particularly when you have a lot of groups (we have 407 doctors). In all cases, the matrix will contain mostly zeros, so it is always sparse. In the graphical representation, the line appears to wiggle because the number of patients per doctor varies. In order to see the structure in more detail, we could also zoom in on just the first 10 doctors. The filled space indicates rows of observations belonging to the doctor in that column, whereas the white space indicates not belonging to the doctor in that column. If we estimated it, \mathbf{u} would be a column vector, similar to $\boldsymbol{\beta}$. However, in classical statistics, we do not actually estimate \mathbf{u} . Instead, we nearly always assume that for the j th element of vector \mathbf{u} , $u_j \sim \text{Normal}(0, \text{Var}(u_j))$. Which is read: u_j is distributed as normal with mean zero and variance G . Where G is the variance-covariance matrix of the random effects. Because we directly estimated the fixed effects, including the fixed effect intercept, random effect complements are modeled as deviations from the fixed effect, so they have mean zero. The random effects are just deviations around the value in $\boldsymbol{\beta}$, which is the mean. So what is left to estimate is the variance. Because our example only had a random intercept, \mathbf{u} is just a (1×1) matrix, the variance of the random intercept. However, it can be larger. For example, suppose that we had a random intercept and a random slope, then $\mathbf{u} = \begin{bmatrix} \text{intercept} \\ \text{slope} \end{bmatrix}$. Because G is a variance-covariance matrix, we know that it should have certain properties. In particular, we know that it is square, symmetric, and positive semidefinite. We also know that this matrix has redundant elements. For a $(q \times q)$ matrix, there are $\frac{q(q+1)}{2}$ unique elements. To simplify computation by removing redundant elements and ensure that the resulting estimate matrix is positive definite, rather than model G directly, we estimate G via a triangular Cholesky factorization ($G = \text{LDL}^T$). G is not always parameterized the same way, but you can generally think of it as representing the random effects. It is usually designed to contain non-redundant elements (unlike the variance-covariance matrix) and to be parameterized in a way that yields more stable estimates than variances (such as taking the natural logarithm to ensure that the variances are positive). Regardless of the specifics, we can say that $G = \text{diag}(\sigma^2)$. In other words, G is some function of $\boldsymbol{\beta}$. So we get some estimate of G which we call \hat{G} . Various parameterizations and constraints allow us to simplify the model for example by assuming that the random effects are independent, which would imply the true structure is $G = \text{diag}(\sigma^2)$ & 0 .

The final element in our model is the variance-covariance matrix of the residuals, $\boldsymbol{\varepsilon}$ or the conditional covariance matrix of $\mathbf{y} | \mathbf{X}, \mathbf{Z}$. The most common residual covariance structure is $\boldsymbol{\Sigma} = \text{diag}(\sigma^2)$ where $\boldsymbol{\Sigma}$ is the identity matrix (diagonal matrix of 1s) and σ^2 is the residual variance. This structure assumes a homogeneous residual variance for all (conditional) observations and that they are (conditionally) independent. Other structures can be assumed such as compound symmetry or autoregressive. The G terminology is common in SAS, and also leads to talking about G-side structures for the variance-covariance matrix of random effects and R-side structures for the residual variance-covariance matrix. So the final fixed elements are $\boldsymbol{\beta}$, \mathbf{X} , \mathbf{Z} , and $\boldsymbol{\Sigma}$. The final estimated elements are $\hat{\boldsymbol{\beta}}$, $\hat{\boldsymbol{\Sigma}}$, and $\hat{\mathbf{R}}$. The final model depends on the distribution assumed, but is generally of the form: $\mathbf{y} | \mathbf{X}, \mathbf{Z} \sim \text{Normal}(\mathbf{X}\boldsymbol{\beta} + \mathbf{Z}\mathbf{u}, \boldsymbol{\Sigma} + \mathbf{R})$.

Substituting in the level 2 equations into level 1, yields the mixed model specification. Here we grouped the fixed and random intercept parameters together to show that combined they give the estimated intercept for a particular doctor: $Y_{ij} = \gamma_{00} + u_{0j} + \gamma_{10} \text{Age}_{ij} + \gamma_{20} \text{Married}_{ij} + \gamma_{30} \text{SEX}_{ij} + \gamma_{40} \text{WBC}_{ij} + \gamma_{50} \text{RBC}_{ij} + e_{ij}$. & $\beta_{1j} = \gamma_{10} + u_{1j}$; & $\beta_{2j} = \gamma_{20} + u_{2j}$; & $\beta_{3j} = \gamma_{30} + u_{3j}$; & $\beta_{4j} = \gamma_{40} + u_{4j}$; & $\beta_{5j} = \gamma_{50} + u_{5j}$. Generalized Linear Mixed Models Up to this point everything we have said applies equally to linear mixed models as to generalized linear mixed models. Now let's focus on what makes GLMMs unique. What is different between LMMs and GLMMs is that the response variables can come from different distributions besides Gaussian. In addition, rather than modeling the responses directly, some link function is often applied, such as a log link. We will talk more about this in a minute. Let the linear predictor, η , be the combination of the fixed and random effects excluding the residuals ($\boldsymbol{\eta} = \mathbf{X}\boldsymbol{\beta} + \mathbf{Z}\mathbf{u}$). The generic link function is called $g(\cdot)$. The link function relates the outcome \mathbf{y} to the linear predictor η . Thus: $\mathbf{y} = g(\boldsymbol{\eta})$. We could also model the expectation of \mathbf{y} : $E(\mathbf{y}) = h(\boldsymbol{\eta})$ where $h(\boldsymbol{\eta}) = \mathbf{X}\boldsymbol{\beta} + \mathbf{Z}\mathbf{u}$. Link Functions and Families So what are the different link functions and families? There are many options, but we are going to focus on three, link functions and families for binary outcomes, count outcomes, and then tie it back to continuous (normally distributed) outcomes. For a binary outcome, we use a logistic link function and the probability density function, or PDF, for the logistic. These are: $g(\cdot) = \text{logit}(\cdot) = \frac{\exp(\cdot)}{1 + \exp(\cdot)}$ & $f(\cdot) = \frac{\exp(\cdot)}{1 + \exp(\cdot)}(1 - \frac{\exp(\cdot)}{1 + \exp(\cdot)})$. For a count outcome, we use a log link function and the probability mass function, or PMF, for the Poisson. Note that we call this an additive mass function rather than a probability density function because the support is discrete (i.e., for positive integers). These are: $g(\cdot) = \text{log}(\cdot)$ & $f(\cdot) = \frac{\exp(\cdot - k!)}{k!}$. For a continuous outcome where we assume a normal distribution, the most common link function is simply the identity. In this case, there are some special properties that simplify things: $g(\cdot) = \text{id}(\cdot) = \text{id}(\cdot)$ & $f(\cdot) = \frac{1}{\sigma\sqrt{2\pi}} \exp(-\frac{(\cdot - \mu)^2}{2\sigma^2})$. So you can see how when the link function is the identity, it essentially drops out and we are back to our usual specification of means and variances for the normal distribution, which is the model used for linear mixed models. This generalized linear mixed model can easily accommodate the specific case of linear mixed models, but generalize further. Interpretation The interpretation of GLMMs is similar to GLMs; however, there is an added complexity because of the random effects. On the linearized metric (after taking the link function), interpretation continues as usual. However, it is often easier to back transform the results to the original metric. For example, in a random effects logistic model, one might want to talk about the probability of an event given some specific values of the predictors. Likewise in a Poisson (count) model, one might want to talk about the expected count rather than the expected log count. These transformations complicate matters because they are nonlinear and so even random intercepts no longer play a strictly additive role and instead can have a multiplicative effect. This section discusses this concept in more detail and shows how one could interpret the model results. Suppose we estimated a mixed effects logistic model, predicting remission (yes = 1, no = 0) from Age, Married (yes = 1, no = 0), and IL6 (continuous). We allow the intercept to vary randomly by each doctor. We might make a summary table like this for the results. Mixed Effects Logistic for Remission Status Parameter Est. SE - value OR Intercept 1.467.274