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Bias in 2-part mixed models for longitudinal semicontinuous data

LI SU*, BRIAN D. M. TOM, VERNON T. FAREWELL

Medical Research Council, Biostatistics Unit, Robinson Way, Cambridge CB2 0SR, UK
li.su@mrc-bsu.cam.ac.uk

SUMMARY

Semicontinuous data in the form of a mixture of zeros and continuously distributed positive values frequently arise in biomedical research. Two-part mixed models with correlated random effects are an attractive approach to characterize the complex structure of longitudinal semicontinuous data. In practice, however, an independence assumption about random effects in these models may often be made for convenience and computational feasibility. In this article, we show that bias can be induced for regression coefficients when random effects are truly correlated but misspecified as independent in a 2-part mixed model. Paralleling work on bias under nonignorable missingness within a shared parameter model, we derive and investigate the asymptotic bias in selected settings for misspecified 2-part mixed models. The performance of these models in practice is further evaluated using Monte Carlo simulations. Additionally, the potential bias is investigated when artificial zeros, due to left censoring from some detection or measuring limit, are incorporated. To illustrate, we fit different 2-part mixed models to the data from the University of Toronto Psoriatic Arthritis Clinic, the aim being to examine whether there are differential effects of disease activity and damage on physical functioning as measured by the health assessment questionnaire scores over the course of psoriatic arthritis. Some practical issues on variance component estimation revealed through this data analysis are considered.

Keywords: Correlated random effects; Excess zeros; Outcome-dependent sampling; Repeated measures.

1. INTRODUCTION

1.1 *Motivating example*

Psoriatic arthritis (PsA) is a chronic inflammatory arthritis associated with psoriasis. The University of Toronto Psoriatic Arthritis Clinic has developed a prospective longitudinal observational cohort of patients with PsA since 1978 (Gladman *and others*, 1987). In a recent study, the investigators were interested in examining whether there are differential effects of disease activity and damage on physical functioning as measured by the health assessment questionnaire (HAQ) over PsA duration (Husted *and others*, 2007).

The HAQ is a self-report functional status (disability) measure that has become the dominant instrument in many disease areas, including arthritis (Bruce and Fries, 2003). It produces a measure that

*To whom correspondence should be addressed.

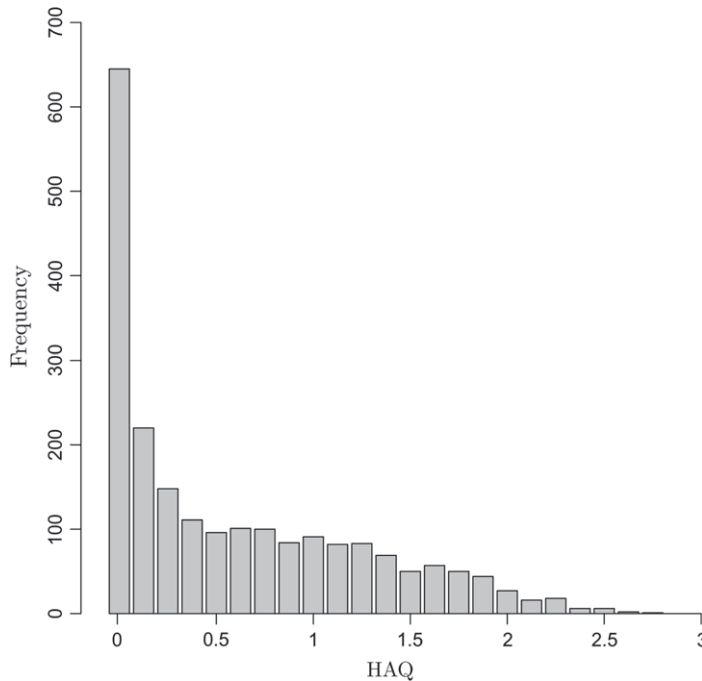


Fig. 1. Bar plot for the HAQ data in Section 1.1.

can take the value zero with positive probability, while nonzero values vary continuously in the range 0 (no disability) to 3 (completely disabled). Since June 1993, the HAQ has been administered annually to patients in the PsA clinic and, as of March 2005, 440 patients had completed at least one HAQ, with 382 (87%) completing 2 HAQs (Husted *and others*, 2007) and comprising the study group. In addition, at clinic visits, scheduled at 6–12 month intervals, demographic and other clinical information was obtained. There were 2107 HAQ observations available for our analyses. As shown in Figure 1, a notable feature of these data is the observation cluster at zero ($645/2107 = 30.6\%$). This presents a challenge in characterizing the relationship between the HAQ scores and the explanatory variables.

1.2 Models for longitudinal semicontinuous data

When an outcome variable is a mixture of true zeros and continuously distributed positive values, the data generated are termed “semicontinuous” (Olsen and Schafer, 2001). Various methods have been proposed for analyzing cross-sectional and longitudinal semicontinuous data (Olsen and Schafer, 2001; Berk and Lachenbruch, 2002; Tooze *and others*, 2002; Moulton *and others*, 2002; Hall and Zhang, 2004). It is natural to view a semicontinuous variable as the result of 2 processes, one determining whether the outcome is zero and the other determining the actual value if it is nonzero; for convenience, we refer to the data arising from these 2 processes as the “binary part” and the “continuous part” of the data, respectively. Two-part models are therefore attractive. In a 2-part model, it is assumed that explanatory variables influence the outcome through their role in the different processes. For example, for the HAQ data, interest may be in characteristics that distinguish PsA patients who had no difficulty in physical functioning (HAQ score = 0) from those who had at least mild difficulty (HAQ score > 0), and what characteristics have impact on the actual level of difficulty represented by positive HAQ scores, given

that the patients had at least mild difficulty (HAQ score > 0). In other words, the targets of inference are the distribution of the binary HAQ indicators and the conditional distribution of the HAQ scores given they are positive. In econometrics, 2-part models have been well developed for cross-sectional semicontinuous data (Duan *and others*, 1983; Zhou and Tu, 1999; Tu and Zhou, 1999). For longitudinal semicontinuous data, 2 approaches have been proposed recently. One is based on 2-part mixed models with correlated random effects in both parts of the model (Olsen and Schafer, 2001; Berk and Lachenbruch, 2002; Tooze *and others*, 2002). The other is based on 2-part marginal models using generalized estimating equation methodology (Moulton *and others*, 2002; Hall and Zhang, 2004). Here, we focus on the former approach.

It is natural to conjecture that the 2 processes that generate semicontinuous data may be related, especially if the outcome is observed at multiple time points. For example, since no disability and low level of disability can both be features of mild PsA, clinically we would expect a low level of disability (positive HAQ score) on one occasion to be positively associated with the probability of having no disability (zero HAQ score) on another occasion. The introduction of correlated random effects is a means to account for both the dependence between observations within subjects and the dependence between the 2 processes in semicontinuous data. However, it can also lead to severe computational problems. For example, with many unstandardized explanatory variables and a long sequence of unbalanced longitudinal data (Husted *and others*, 2007), it may not be possible to obtain a fit using the SAS NLMIXED procedure (SAS Institute, Cary, NC, Version 9.1) within a reasonable time frame, probably due to the complexity of the specified model. In the analysis reported in Husted *and others* (2007), 2 of us (Brian D. M. Tom and Vernon T. Farewell) uncritically conjectured further that an incorrect assumption of independent random effects would not prevent consistent estimation of regression coefficients. Here, we correct this assumption and examine the impact of this correlation on the estimation of 2-part mixed models. The correlation is important because parameters in the model for the binary part determine the cluster size (e.g. the number of observations with positive HAQ score within subjects) for the continuous part of the model. Therefore, we are faced with an “informative cluster size” problem. Thus, the assumption of independence between random effects may produce bias in the estimation of both regression coefficients and variance components in the continuous part of the model for semicontinuous data.

The remainder of this article is organized as follows. Section 2 briefly summarizes 2-part mixed models for longitudinal semicontinuous data, including an extension to accommodate artificial zeros due to left censoring, and derives the asymptotic bias of parameter estimators when random effects are incorrectly assumed independent and other variance component parameters are fixed. In Section 3, we investigate the factors that influence the asymptotic bias derived in Section 2. The performance of 2-part mixed models in practice is considered in Section 4 using Monte Carlo simulations. The HAQ data are analyzed in Section 5, and some practical issues regarding variance component estimation are addressed in Section 6. We conclude with a discussion in Section 7.

2. BIAS IN 2-PART MIXED MODELS FOR SEMICONTINUOUS DATA

In this section, we briefly describe 2-part mixed models for semicontinuous data and their extension to accommodate artificial zeros (Olsen and Schafer, 2001; Berk and Lachenbruch, 2002; Tooze *and others*, 2002). We also discuss the potential bias for parameters in the continuous part.

2.1 Model assumptions

Olsen and Schafer (2001) first extended the 2-part model to the longitudinal setting by introducing correlated random effects into both the binary and the continuous parts of the model. Tooze *and others* (2002) discussed a similar 2-part mixed model.

Let Y_{ij} be a semicontinuous variable for the i th ($i = 1, \dots, N$) subject at time t_{ij} ($j = 1, \dots, n_i$). This outcome variable can be represented by 2 variables, the occurrence variable

$$Z_{ij} = \begin{cases} 0 & \text{if } Y_{ij} = 0, \\ 1 & \text{if } Y_{ij} > 0, \end{cases}$$

and the intensity variable $g(Y_{ij})$ given that $Y_{ij} > 0$, where $g(\cdot)$ is a transformation that makes $Y_{ij} \mid Y_{ij} > 0$ approximately normally distributed with a subject-time-specific mean.

Instead of focusing on the marginal distribution of Y_{ij} , in a 2-part mixed model we are interested in both the distribution for the occurrence variable Z_{ij} and the conditional distribution of the intensity variable $g(Y_{ij})$ given that $Y_{ij} > 0$. Specifically, it is assumed that Z_{ij} follows a random effects logistic regression model

$$\text{logit}\{\Pr(Z_{ij} = 1)\} = \mathbf{X}_{ij}\boldsymbol{\theta} + U_i, \quad (2.1)$$

where \mathbf{X}_{ij} is a $1 \times q$ explanatory variable vector, $\boldsymbol{\theta}$ is a $q \times 1$ regression coefficient vector, and U_i is the subject-level random intercept. The intensity variable $g(Y_{ij})$ given $Y_{ij} > 0$ follows a linear mixed model

$$g(Y_{ij}) \mid Y_{ij} > 0 = \mathbf{X}_{ij}^*\boldsymbol{\beta} + V_i + \epsilon_{ij}, \quad (2.2)$$

where \mathbf{X}_{ij}^* is a $1 \times p$ explanatory variable vector, $\boldsymbol{\beta}$ is a $p \times 1$ regression coefficient vector, and V_i is again a subject-level random intercept. The error term ϵ_{ij} is assumed to be distributed as $N(0, \sigma_\epsilon^2)$. Note that this 2-part mixed model can be extended to include additional random effects. For simplicity, we restrict attention here to 2-part mixed models with random intercepts; extensions to models with random slopes will be discussed in Section 3.2.

An important assumption is that the random intercepts, (U_i, V_i) , are jointly normal and possibly correlated,

$$\begin{bmatrix} U_i \\ V_i \end{bmatrix} \sim N\left(\begin{bmatrix} 0 \\ 0 \end{bmatrix}, \begin{bmatrix} \sigma_u^2 & \rho\sigma_u\sigma_v \\ \rho\sigma_u\sigma_v & \sigma_v^2 \end{bmatrix}\right). \quad (2.3)$$

In the context of the HAQ analysis introduced in Section 1.1, for example, the correlation aspect of this assumption can be interpreted as the presence or absence of disability at one occasion being related to the level of disability, if any, at that and other occasions.

In this model, the explanatory variable vectors \mathbf{X}_{ij} , \mathbf{X}_{ij}^* may coincide, but this is not required. The data can be unbalanced by design or due to ignorable missingness. The primary targets of inference are the regression coefficients $\boldsymbol{\theta}$ and $\boldsymbol{\beta}$, while variance components, including the correlation parameter ρ , are usually treated as nuisance parameters.

2.2 Model fitting

Generally, the estimation of $\boldsymbol{\theta}$, $\boldsymbol{\beta}$, σ_u^2 , σ_v^2 , ρ , and σ_ϵ^2 is based on maximization of the likelihood

$$\begin{aligned} L &= \prod_{i=1}^N \int_{u_i} \int_{v_i} \prod_{j=1}^{n_i} f(y_{ij} \mid \boldsymbol{\theta}, \boldsymbol{\beta}, u_i, v_i, \sigma_\epsilon^2) f(u_i, v_i \mid \sigma_u^2, \sigma_v^2, \rho) dv_i du_i \\ &= \prod_{i=1}^N \int_{u_i} \int_{v_i} \prod_{j=1}^{n_i} \{1 - \Pr(Z_{ij} = 1 \mid \boldsymbol{\theta}, u_i)\}^{(1-z_{ij})} \{\Pr(Z_{ij} = 1 \mid \boldsymbol{\theta}, u_i)\}^{z_{ij}} \\ &\quad \times [f\{g(y_{ij}) \mid \boldsymbol{\beta}, v_i, \sigma_\epsilon^2\}]^{z_{ij}} f(u_i, v_i \mid \sigma_u^2, \sigma_v^2, \rho) dv_i du_i, \end{aligned} \quad (2.4)$$

which presents the same computational challenges as with generalized linear mixed models (GLMM) (Stiratelli *and others*, 1984; Breslow and Clayton, 1993; Wolfinger and O’Connell, 1993). Olsen and Schafer (2001) proposed an approximate Fisher scoring procedure based on high-order Laplace approximations for obtaining maximum likelihood estimates. Tooze *and others* (2002) used quasi-Newton optimization of the likelihood approximated by adaptive Gaussian quadrature and implemented it in the SAS PROC NLMIXED procedure. In the simulations and HAQ analysis in Sections 4 and 5, we use the same estimation procedure (SAS, 9.1) as in Tooze *and others* (2002).

2.3 Potential bias in 2-part mixed models

In practice, the multidimensional integration that is necessary to obtain the likelihood in (2.4) induces difficulties in fitting 2-part mixed models. In our HAQ analysis, we found that, even with properly standardized explanatory variables and the simplest model with 2 correlated random intercepts, it can take several hours to fit using the SAS NLMIXED procedure (1.5-GHz CPU, 1-Gb RAM, and SUN workstation). This is probably linked to the number of explanatory variables included in the model and the amount of data available for analysis. As a result, it may be impractical to conduct model assessment and selection procedures when a number of potentially important explanatory variables are available. However, if we assume independence between random effects, the likelihood components for the binary and continuous parts become separable (Tooze *and others*, 2002) and maximization of the likelihood is computationally much simpler and faster.

Nevertheless, as noted earlier, if the random effects are correlated, there is an informative cluster size aspect to the data structure since parameters in the binary part influence the number of observations in the continuous part of the model. Essentially, with a positive correlation, subjects with larger random effects V_i will have more observations contributing to estimation of the continuous part of the model; there will be an overrepresentation of larger values in this part of the data. Since we assume that $E(V_i) = 0$, an incorrect assumption of independence between random intercepts and the consequent analysis of the continuous part of the data separately from the binary part will produce positive bias in estimating the intercept term in β . The impact on estimation of other elements in β will depend on θ , σ_u^2 , σ_v^2 , ρ , σ_e^2 , and the true value for β .

This scenario parallels the nonignorable missingness problem characterized in a class of “shared parameter models” (Wu and Carroll, 1988; Wu and Bailey, 1989; Henderson *and others*, 2000; Saha and Jones, 2005). The model for the binary part in semicontinuous data corresponds to the logistic random effects model for missing indicators in shared parameter models, and the continuous part is similar to the partly unobserved outcome data modeled (typically) by linear mixed models. Underlying random effects in the shared parameter models link the models for missing indicators and outcomes, while in our case, the shared parameters are exactly those controlling correlated random intercepts (U_i, V_i) in (2.3). The only difference between these 2 scenarios is that in 2-part mixed models, both θ and β are primary targets of inference, whereas in shared parameter models only β in the outcome model is of interest.

For shared parameter models, Saha and Jones (2005) provided a useful procedure to quantify the asymptotic bias for estimating regression parameters in the outcome model when missingness is nonignorable and the missing data mechanism is not modeled jointly. Following Saha and Jones (2005), we can derive the asymptotic bias (as N goes to infinity) for estimating β in 2-part mixed models when the correlation ρ is nonzero but ignored (i.e. set to be zero) in estimation. We adopt the following notation:

- (A) $n_i = J$, the fixed number of observations within subjects;
- (B) $\mathbf{X}_{ij} = \mathbf{X}_{ij}^* = (1, t_{ij}, G_i, G_i t_{ij})$ such that the explanatory variable vectors \mathbf{X}_{ij} and \mathbf{X}_{ij}^* both follow a group by time design and $G_i \in (0, 1)$ is a group membership indicator;
- (C) $\beta^T = (\beta_0, \beta_1, \beta_2, \beta_3)$, true regression coefficients in the continuous part;

- (D) M_i , the pattern of occurrence variables (Z_{i1}, \dots, Z_{iJ}) that is observed for the i th subject;
- (E) $\Pr(M_i = m \mid G_i = g)$, the probability that a subject in group g will have the m th occurrence indicator pattern;
- (F) $\mathbf{X}_{m,g}$ and $\mathbf{Z}_{m,g}$, the fixed-effects design matrix and the random-intercepts design vector in the continuous part for the subjects in group g who have the m th occurrence indicator pattern;
- (G) $\text{Var}\{g(Y_{ij}) \mid Y_{ij} > 0, M_i = m, G_i = g\} = \mathbf{\Omega}_{m,g} = \mathbf{Z}_{m,g} \mathbf{\Lambda} \mathbf{Z}_{m,g}^T + \sigma_e^2 \mathbf{I}$, where $\mathbf{\Lambda} = \sigma_v^2 \mathbf{1}\mathbf{1}^T$, $\mathbf{1}$ is a vector of 1s, and \mathbf{I} is the identity matrix;
- (H) $\boldsymbol{\beta}_m^T = (\beta_{0m}, \beta_{1m}, \beta_{2m}, \beta_{3m})$, the regression coefficients for the continuous part given that the i th subject in group g has the m th occurrence indicator pattern, where $\beta_{0m} = \beta_0 + E(V_i \mid M_i = m, G_i = 0)$, $\beta_{1m} = \beta_1$, $\beta_{2m} = \beta_2 + E(V_i \mid M_i = m, G_i = 1) - E(V_i \mid M_i = m, G_i = 0)$, $\beta_{3m} = \beta_3$, and V_i is the random intercept as in (2.3).

Further, for illustration, we assume that subjects have equal probability of being in the 2 groups, in other words, $\Pr(G_i = g) = 1/2$ ($g = 0, 1$), and that variance component parameters σ_u^2 , σ_v^2 , ρ , and σ_e^2 are known. It follows by equation (12) in Saha and Jones (2005) that the separate maximization of the likelihood for the continuous part ($\rho = 0$) will give estimates of $\boldsymbol{\beta}$:

$$\boldsymbol{\beta}^* = \left(\sum_{g=0}^1 \sum_{m=1}^{2^J-1} \Pr(M_i = m \mid G_i = g) \mathbf{X}_{m,g}^T \mathbf{\Omega}_{m,g}^{-1} \mathbf{X}_{m,g} \right)^{-1} \times \sum_{g=0}^1 \sum_{m=1}^{2^J-1} \Pr(M_i = m \mid G_i = g) \mathbf{X}_{m,g}^T \mathbf{\Omega}_{m,g}^{-1} \mathbf{X}_{m,g} \boldsymbol{\beta}_m. \quad (2.5)$$

Therefore, the absolute asymptotic bias of this estimation procedure is $\boldsymbol{\beta}^* - \boldsymbol{\beta}$, which is a function of $\boldsymbol{\theta}$ and σ_u^2 , σ_v^2 , ρ , and σ_e^2 . Because we assume that the continuous part of the model is specified by a linear mixed model and the variance components are known, the asymptotic bias derived here is independent of the true value of $\boldsymbol{\beta}$. In practice, variance components also need to be estimated, and the asymptotic bias for estimating $\boldsymbol{\beta}$ in misspecified 2-part mixed models will depend on the true value of $\boldsymbol{\beta}$. In that case, iterative methods are necessary to evaluate the asymptotic bias, as no analytical expression is available (Saha and Jones, 2005).

To compute (2.5), we need to evaluate $\Pr(M_i = m \mid G_i = g)$ and $E(V_i \mid M_i = m, G_i = g)$. These can be shown to be

$$\Pr(M_i = m \mid G_i = g) = \int \Pr(M_i = m \mid G_i = g, U_i = u_i) f(u_i) du_i, \quad (2.6)$$

$$\begin{aligned} E(V_i \mid M_i = m, G_i = g) &= \frac{\int \int v_i \Pr(M_i = m \mid G_i = g, U_i = u_i) f(u_i, v_i) dv_i du_i}{\int \Pr(M_i = m \mid G_i = g, U_i = u_i) f(u_i) du_i} \\ &= \frac{\int E(V_i \mid U_i = u_i) \Pr(M_i = m \mid G_i = g, U_i = u_i) f(u_i) du_i}{\int \Pr(M_i = m \mid G_i = g, U_i = u_i) f(u_i) du_i}. \end{aligned} \quad (2.7)$$

The integrals in (2.6) and (2.7) are analytically intractable. In Section 3.1, we use a 30-point Gaussian quadrature (Stroud and Secrest, 1966) to evaluate them.

2.4 Artificial zeros

In practice, zero values from observed data can be a mixture of true zeros and artificial zeros due to left censoring. Berk and Lachenbruch (2002) discussed 2-part mixed models for dealing with this type of data.

Specifically, following the notation in Section 2.1 and assuming that there is a detection limit d for the continuous part, the likelihood for the 2-part mixed model with additional artificial zeros is

$$\begin{aligned}
L &= \prod_{i=1}^N \int_{u_i} \int_{v_i} \prod_{j=1}^{n_i} f(y_{ij} | \boldsymbol{\theta}, \boldsymbol{\beta}, u_i, v_i, \sigma_e^2) f(u_i, v_i | \sigma_u^2, \sigma_v^2, \rho) dv_i du_i \\
&= \prod_{i=1}^N \int_{u_i} \int_{v_i} \prod_{j=1}^{n_i} [\{1 - \Pr(Z_{ij} = 1 | \boldsymbol{\theta}, u_i)\} + \Pr(Z_{ij} = 1 | \boldsymbol{\theta}, u_i) \mathbf{F}\{g(d)\}]^{(1-z_{ij})} \\
&\quad \times \{\Pr(Z_{ij} = 1 | \boldsymbol{\theta}, u_i)\}^{z_{ij}} [f\{g(y_{ij}) | \boldsymbol{\beta}, v_i, \sigma_e^2\}]^{z_{ij}} f(u_i, v_i | \sigma_u^2, \sigma_v^2, \rho) dv_i du_i, \quad (2.8)
\end{aligned}$$

where \mathbf{F} is the cumulative distribution function for $g(Y_{ij}) | Y_{ij} > 0$.

The same argument for potential bias as before can be applied to this 2-part mixed model with artificial zeros when the correlation between random intercepts is ignored. However, the derivation of asymptotic bias in Section 2.3 is no longer directly applicable. In Section 4, we will investigate bias using Monte Carlo simulations. It should be noted that there is minimal computational gain from assuming independence between random effects here as for the model with true zeros only because in this case the likelihood contributions for the binary and continuous parts cannot be disentangled and higher dimensional numerical integration is necessary for maximum likelihood estimation.

3. QUANTIFICATION OF ASYMPTOTIC BIAS

3.1 Two-part mixed model with random intercepts

In this section, we quantify the asymptotic bias in the estimation of $\boldsymbol{\beta}$ in the misspecified 2-part mixed models with random intercepts only assuming that all variance component parameters are known. Let $t_{ij} = 0, 1$ denote the 2 measurement times for each subject and $G_i = 0, 1$ denote a treatment indicator. We assume that subjects are equally likely to be assigned to the 2 groups and that

- (A) $\text{logit}\{\Pr(Z_{ij} = 1)\} = \theta_0 + \theta_1 t_{ij} + \theta_2 G_i + U_i$,
- (B) conditional on $Y_{ij} > 0$, $[\log(Y_{ij}) | Y_{ij} > 0] \sim N(\beta_0 + \beta_1 t_{ij} + \beta_2 G_i + V_i, \sigma_e^2)$, and
- (C) (U_i, V_i) follow the bivariate normal distribution (2.3).

Recall that in (2.5), the asymptotic bias for estimating $\boldsymbol{\beta}$ depends on $\boldsymbol{\theta}$ (or equivalently, the proportion of nonzero values for a typical subject in the subject groups), the correlation parameter ρ , the between-subject variability of occurrence variables σ_u^2 , the between-subject variability of nonzero values σ_v^2 , and the error variance of nonzero values σ_e^2 . Given that the variance components are fixed in this specific scenario, the bias for $\boldsymbol{\beta}$ is independent of the true value of $\boldsymbol{\beta}$.

For simplicity, we fix $\theta_1 = -1$ and $\theta_2 = \log(2)$. Also, we fix $\sigma_e^2 = 0.08$ based on the HAQ analysis reported in Section 5. We then investigate how the asymptotic bias varies as a function of θ_0 , σ_u^2 , σ_v^2 , and the correlation parameter ρ .

Figure 2 presents the contour plots of absolute asymptotic bias in estimation of the intercept term β_0 by σ_u^2 and the intraclass correlation $\psi = \sigma_v^2 / (\sigma_v^2 + \sigma_e^2)$ at different combinations of (θ_0, ρ) . The axes for σ_u^2 and ψ are centered at 4 and 0.4, respectively, based on the HAQ analysis reported in Section 5. It is apparent from Figure 2 that β_0 is overestimated and the magnitude of the bias is positively related to ρ , σ_u^2 , and σ_v^2 (or equivalently ψ). On the other hand, as θ_0 (the proportion of nonzero values in a control subject) increases, the bias in the estimation of β_0 decreases.

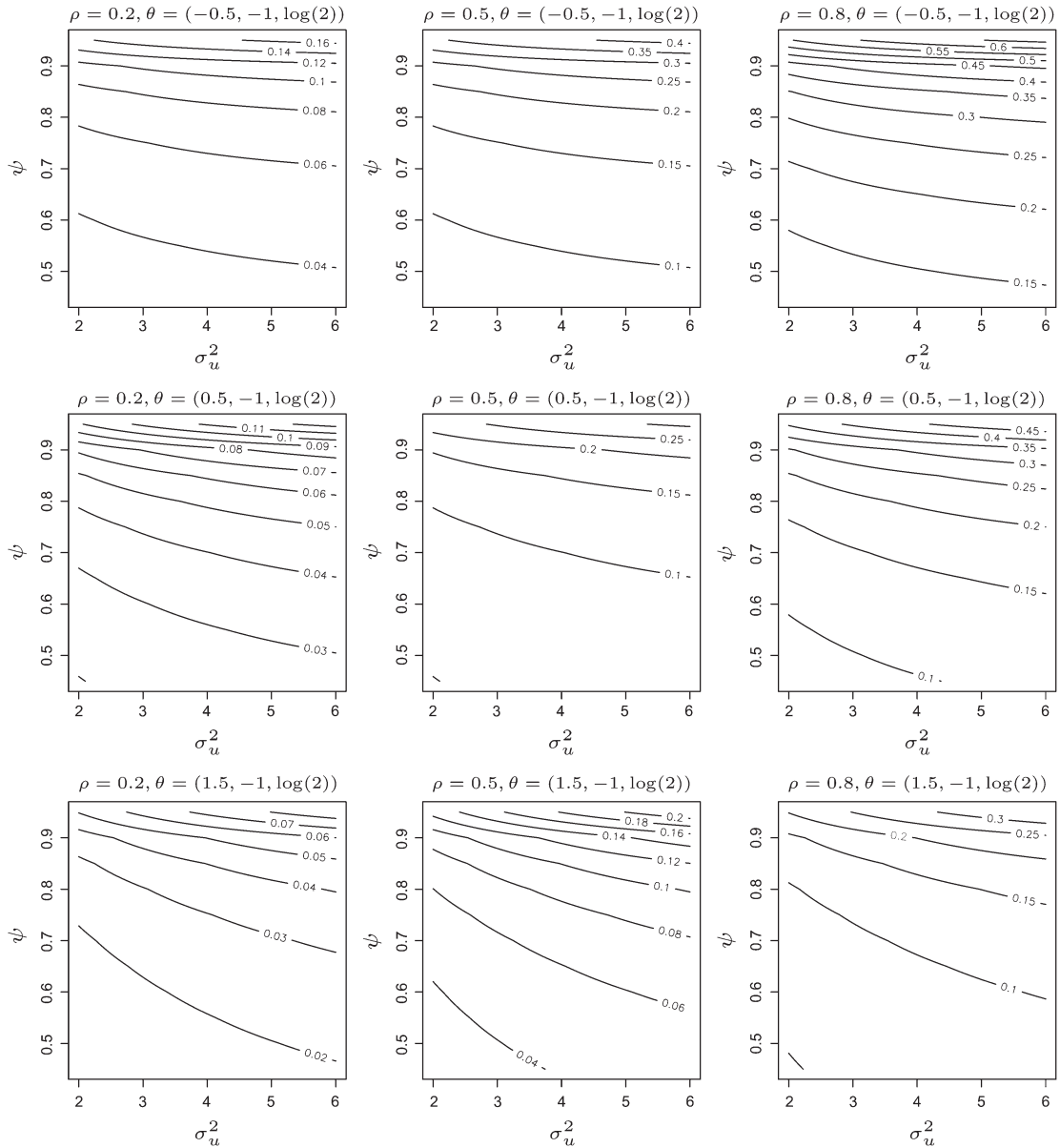


Fig. 2. Contour plots of asymptotic bias for the intercept term β_0 in misspecified 2-part mixed model in Section 3.1 by occurrence random-intercept variance σ_u^2 and intraclass correlation $\psi = \sigma_u^2 / (\sigma_u^2 + \sigma_e^2)$, stratified by correlation between random effects ($\rho = (0.2, 0.5, 0.8)$) and overall proportion of zeros (i.e. intercept term in the binary part $\theta_0 = (-0.5, 0.5, 1.5)$; $(\theta_1, \theta_2) = (-1, \log(2))$ are fixed). The error variance is fixed at $\sigma_e^2 = 0.08$.

We also investigated absolute asymptotic bias in estimating the time effect β_1 and treatment effect β_2 . A positive bias for β_1 and a negative bias for β_2 are observed, but the magnitudes of both biases are much smaller than for β_0 . Details are given in Section 1.1 of the supplementary material available at *Biostatistics* online (<http://www.biostatistics.oxfordjournals.org>).

3.2 Two-part mixed model with random intercept and slope

As pointed out by a referee, it may be of interest to go beyond the simple 2-part model with random intercepts only and investigate the extended model where a random slope for time is included in the continuous part. Following the notation in Section 2.3, we now assume that

$$[g(Y_{ij}) \mid Y_{ij} > 0] \sim N(\mathbf{X}_{ij}^* \boldsymbol{\beta} + V_{0i} + V_{1i} t_{ij}, \sigma_\epsilon^2),$$

where $\mathbf{X}_{ij}^* = (1, t_{ij}, G_i, G_i t_{ij})$, V_{0i} , and V_{1i} are random intercept and random time slope, respectively. Similarly to (2.3), we assume that the random intercepts and additional random slope follow

$$\begin{bmatrix} U_i \\ V_{0i} \\ V_{1i} \end{bmatrix} \sim N \left(\begin{bmatrix} 0 \\ 0 \\ 0 \end{bmatrix}, \begin{bmatrix} \sigma_u^2 & \rho_0 \sigma_u \sigma_{v_0} & \rho_1 \sigma_u \sigma_{v_1} \\ \rho_0 \sigma_u \sigma_{v_0} & \sigma_{v_0}^2 & \rho_{01} \sigma_{v_0} \sigma_{v_1} \\ \rho_1 \sigma_u \sigma_{v_1} & \rho_{01} \sigma_{v_0} \sigma_{v_1} & \sigma_{v_1}^2 \end{bmatrix} \right). \quad (3.1)$$

In our HAQ example, the correlation ρ_1 under this assumption can be interpreted as the presence or absence of disability at one occasion being related to the rate of change in the disability level over time. For example, we would expect that patients who usually report no disability are unlikely to have large changes in the disability level when any disability is actually reported.

To derive the asymptotic bias for $\boldsymbol{\beta}$, we follow the development in Section 2.3. The regression coefficients for the continuous part, given that the i th subject in group g has the m th occurrence indicator pattern, $\boldsymbol{\beta}_m$, now changes to $\beta_{0m} = \beta_0 + E(V_{0i} \mid M_i = m, G_i = 0)$, $\beta_{1m} = \beta_1 + E(V_{1i} \mid M_i = m, G_i = 0)$, $\beta_{2m} = \beta_2 + E(V_{0i} \mid M_i = m, G_i = 1) - E(V_{0i} \mid M_i = m, G_i = 0)$, and $\beta_{3m} = \beta_3 + E(V_{1i} \mid M_i = m, G_i = 1) - E(V_{1i} \mid M_i = m, G_i = 0)$. To compute (2.5), we need to evaluate $\Pr(M_i = m \mid G_i = g)$, $E(V_{0i} \mid M_i = m, G_i = g)$, and $E(V_{1i} \mid M_i = m, G_i = g)$. Since the model for the binary part does not change, $\Pr(M_i = m \mid G_i = g)$ still follows (2.6). In addition, we can show that

$$\begin{aligned} E(V_{ki} \mid M_i = m, G_i = g) &= \frac{\int \int v_{ki} \Pr(M_i = m \mid G_i = g, U_i = u_i) f(u_i, v_{ki}) dv_{ki} du_i}{\int \Pr(M_i = m \mid G_i = g, U_i = u_i) f(u_i) du_i} \\ &= \frac{\int E(V_{ki} \mid U_i = u_i) \Pr(M_i = m \mid G_i = g, U_i = u_i) f(u_i) du_i}{\int \Pr(M_i = m \mid G_i = g, U_i = u_i) f(u_i) du_i}, \quad k = 0, 1. \end{aligned} \quad (3.2)$$

We again use Gaussian quadrature to evaluate these integrals.

We use the same data structure as in Section 3.1 except that $[\log(Y_{ij}) \mid Y_{ij} > 0] \sim N(\beta_0 + \beta_1 t_{ij} + \beta_2 G_i + V_{0i} + V_{1i} t_{ij}, \sigma_\epsilon^2)$, and the random intercepts and slope (U_i, V_{0i}, V_{1i}) follow a trivariate normal distribution as in (3.1). We draw similar contour plots as in Section 3.1 to examine the asymptotic bias for the intercept term β_0 , the time effect β_1 , and the treatment effect β_2 . We find that there are large positive biases for β_0 and β_1 and smaller negative bias for β_2 when the positive correlations increase and θ_0 decreases. Details are given in Section 1.2 of the supplementary material available at *BioStatistics* online.

4. MONTE CARLO SIMULATION

Simulation studies were done to investigate the performance of different 2-part mixed models in practice. For semicontinuous data with true zeros only, biases of different magnitude are observed for the regression coefficients in the continuous part of the model when the positive correlation of the random effects is ignored. In addition, the variance component in the continuous part is underestimated. For the data with additional artificial zeros, we observe biases for regression coefficients and variance components in both

the binary and the continuous parts when the correlation is set to zero. Details are given in Section 2 of the supplementary material available at *Biostatistics* online.

5. ANALYSIS OF THE HAQ DATA

The HAQ data described in Section 1.1 can be modeled using a 2-part mixed model. The random-intercept logistic model (2.1) is used to model a binary indicator of a nonzero HAQ score, and the random-intercept linear mixed model (2.2) is used for nonzero HAQ scores. For the linear mixed model, residual plots suggest a symmetric error distribution. Thus, no transformation is applied to the nonzero HAQ scores and the results are therefore comparable to those in Husted *and others* (2007), where these data were modeled with an assumption of independent random intercepts. We refit this simple model and term it the “misspecified model.”

The same set of explanatory variables is included in both model parts, but the coefficients are allowed to differ. These include age at onset of PsA (standardized), sex, PsA disease duration in years, total number of actively inflamed joints, total number of clinically damaged joints, psoriasis area and severity index (PASI) score (standardized), morning stiffness (coded as either present or absent), standardized erythrocyte sedimentation rate (ESR), and highest medication level ever used prior to a visit, grouped based on a medication pyramid (Gladman *and others*, 1995; Munro *and others*, 1998). Since there is particular interest in differential effects of both the number of actively inflamed joints and the number of clinically deformed joints on physical functioning over PsA duration, interaction terms for PsA duration with both variables are included in the model.

Prior to formal model fitting, an empirical check casts doubt on the assumption of independent random effects. When the empirical Bayes estimates of the random intercepts in the binary part are introduced as an additional explanatory variable in the linear mixed model for the continuous part, the associated coefficient is significantly positive ($p < 0.001$). Thus, we also fit a 2-part mixed model with correlated random intercepts (referred to as the “full model”). For estimation, the SAS NLMIXED procedure was used with the maximum number of adaptive Gaussian quadrature points in the quasi-Newton algorithm held at 31. The results are given in Tables 1 and 2.

As shown in Table 1, the estimated coefficients in the binary part are approximately the same in both the full and the misspecified models and suggest the same explanatory variables of functional difficulty. There is no differential effect of actively inflamed joints on functioning difficulty over PsA duration, but some evidence that the effect of deformed joints increases with disease duration. The parameter estimates for the random-intercept distribution in the binary part are also similar.

The estimated correlation between random intercepts of the 2 parts of the full model is positive and close to one ($\hat{\rho} = 0.94$). This large estimate suggests that there might be a single unmeasured latent process which influences the 2 processes of the mixed model, corresponding to perfectly correlated random intercepts. Therefore, we also fit a 2-part model such that the correlated random intercepts follow $V_i = \alpha U_i$ and $\sigma_v^2 = \alpha^2 \sigma_u^2$ and refer to this model as the “latent process model.” A similar approach is implemented in the Mplus software (Brown *and others*, 2005; Muthén and Muthén, 1998–2007). The estimates from the binary part of this model are listed in the last 2 columns of Table 1 and are similar to those from the other 2 models.

As expected, the misspecified model overestimates the intercept term and underestimates the time-invariant sex effect in the continuous part (Table 2). For other time-varying explanatory variables, the estimates are approximately the same except that the coefficients for PASI score and the interaction between clinically deformed joints and PsA duration are larger in the full model, with correspondingly smaller p -values. The random-intercept variance of the continuous part in the misspecified model is underestimated and error variance estimates are similar, consistent with our simulation results. Thus, the qualitative conclusions do not change across models. In particular, the positive effects of actively inflamed joints and

Table 1. *Parameter estimates in the binary part of the model for the HAQ data*

Parameters	Misspecified model		Full model		Latent process model	
	Estimate (SE)	p	Estimate (SE)	p	Estimate (SE)	p
Intercept	-1.0199 (0.4079)	0.0129	-1.0015 (0.3746)	0.0078	-0.9909 (0.3556)	0.0056
Age at onset of PsA	0.6031 (0.1743)	0.0006	0.6266 (0.1611)	0.0001	0.6392 (0.1538)	<0.0001
Sex						
Male						
Female	1.9944 (0.3603)	<0.0001	2.0080 (0.3276)	<0.0001	2.0037 (0.3149)	<0.0001
PsA disease duration	-0.0027 (0.0259)	0.9169	0.0156 (0.0232)	0.5027	0.0166 (0.0220)	0.4501
Actively inflamed joints	0.1758 (0.0513)	0.0007	0.1566 (0.0495)	0.0017	0.1380 (0.0465)	0.0032
Clinically deformed joints	-0.0161 (0.0321)	0.6165	0.0120 (0.0260)	0.6441	0.0179 (0.0238)	0.4531
PASI score	0.1941 (0.1257)	0.1233	0.1754 (0.1086)	0.1071	0.1543 (0.1017)	0.1299
Morning stiffness						
No						
Yes	1.5953 (0.2319)	<0.0001	1.5777 (0.2112)	<0.0001	1.5691 (0.2018)	<0.0001
ESR	0.3030 (0.1310)	0.0213	0.2988 (0.1164)	0.0106	0.2971 (0.1103)	0.0074
Medications						
None						
NSAIDs	0.2998 (0.2743)	0.2751	0.2955 (0.2529)	0.2435	0.2960 (0.2439)	0.2257
DMARDs	0.3074 (0.2508)	0.2211	0.3100 (0.2295)	0.1776	0.3138 (0.2197)	0.1541
Steroids	0.9945 (0.4698)	0.0350	0.9946 (0.4458)	0.0263	0.9927 (0.4355)	0.0232
Interaction of actively inflamed joints with arthritis duration	0.0002 (0.0034)	0.9502	-0.0003 (0.0033)	0.9403	0.0003 (0.0031)	0.9300
Interaction of clinical deformed joints with arthritis duration	0.0032 (0.0016)	0.0442	0.0022 (0.0013)	0.0844	0.0018 (0.0011)	0.1102
σ_u^2	4.2519 (0.8549)	<0.0001	4.3930 (0.8924)	<0.0001	4.2641 (0.9001)	<0.0001
ρ	($\rho = 0$)		0.9423 (0.0373)	<0.0001	($\rho = 1$)	

SE, standard error.

Table 2. Parameter estimates in the continuous part of the model for the HAQ data

Parameters	Misspecified model		Full model		Latent process model	
	Estimate (SE)	<i>p</i>	Estimate (SE)	<i>p</i>	Estimate (SE)	<i>p</i>
Intercept	0.3176 (0.0567)	<0.0001	0.2149 (0.0556)	0.0001	0.1748 (0.0555)	0.0018
Age at onset of PsA	0.1011 (0.0242)	<0.0001	0.1009 (0.0245)	<0.0001	0.0984 (0.0250)	0.0001
Sex						
Male						
Female	0.1811 (0.0505)	0.0004	0.2225 (0.0512)	<0.0001	0.2461 (0.0523)	<0.0001
PsA disease duration	0.0039 (0.0033)	0.2272	0.0035 (0.0032)	0.2726	0.0044 (0.0032)	0.1719
Actively inflamed joints	0.0219 (0.0028)	<0.0001	0.0239 (0.0027)	<0.0001	0.0243 (0.0027)	<0.0001
Clinically deformed joints	0.0058 (0.0031)	0.0627	0.0052 (0.0031)	0.0957	0.0051 (0.0031)	0.1034
PASI score	0.0128 (0.0140)	0.3636	0.0247 (0.0134)	0.0667	0.0257 (0.0134)	0.0553
Morning stiffness						
No						
Yes	0.1502 (0.0274)	<0.0001	0.1573 (0.0263)	<0.0001	0.1620 (0.0262)	<0.0001
ESR	0.0395 (0.0132)	0.0028	0.0388 (0.0127)	0.0024	0.0374 (0.0126)	0.0033
Medications						
None						
NSAIDs	-0.0240 (0.0289)	0.4065	-0.0177 (0.0281)	0.5288	-0.0181 (0.0280)	0.5194
DMARDs	0.0224 (0.0280)	0.4252	0.0235 (0.0272)	0.3889	0.0226 (0.0272)	0.4064
Steroids	0.0457 (0.0453)	0.3135	0.0493 (0.0441)	0.2641	0.0481 (0.0441)	0.2761
Interaction of actively inflamed joints with arthritis duration	-0.0004 (0.0002)	0.0290	-0.0004 (0.0002)	0.0072	-0.0005 (0.0002)	0.0042
Interaction of clinical deformed joints with arthritis duration	0.0002 (0.0001)	0.1122	0.0003(0.0001)	0.0330	0.0003 (0.0001)	0.0351
σ_v^2	0.1587 (0.0154)	<0.0001	0.1732 (0.0166)	<0.0001	—	—
σ_v/σ_u	—	—	—	—	0.2074 (0.0210)	<0.0001
σ_e^2	0.0785 (0.0040)	<0.0001	0.0774 (0.0039)	<0.0001	0.0779 (0.0039)	<0.0001
ρ	($\rho = 0$)		0.9423 (0.0373)	<0.0001	($\rho = 1$)	
-2 log-likelihood (both parts)		2116.0		2018.1		2022.2
AIC		2178.0		2082.1		2084.2

SE, standard error.

clinically deformed joints differ over PsA duration: the effect of the former decreases while the effect of the latter increases over time.

The deviance and Akaike Information Criterion (AIC) values in Table 2 indicate that the full model and latent process model provide a better fit to the data. A likelihood ratio test of the hypothesis of zero correlation generates a p -value less than 0.001.

6. REMARKS ON VARIANCE COMPONENT ESTIMATION IN 2-PART MIXED MODELS

In preliminary analysis, we observed that, with some important explanatory variables omitted (e.g. age at onset of PsA, sex, and ESR) in the binary part of the model, estimation of the random-intercept variance σ_u^2 becomes unstable. For example, its point estimate can increase from 6.9 in a misspecified model ($\rho = 0$) to 10.8 in a full model with estimated correlation ρ close to one. As a result, estimates of subject-specific regression coefficients $\boldsymbol{\theta}$ are inflated in the full model. However, the corresponding standard error estimate of σ_u^2 also increases and ratio-based statistics are approximately the same in both models. This behavior was not evident in our simulation results. We suspect that the reason for this instability is that the unaccounted variability represented by the variance component is large, and the likelihood surface is flat for the estimation procedure to locate the maximum. This can be investigated further through examination of the profile likelihood for σ_u^2 under scenarios where σ_u^2 is large.

We simulated data with $N = 250$ subjects, with $n_i = 2$, from the same logistic-lognormal mixture distribution as in (2.1) and (2.2) of the supplementary material available at *Biostatistics* online. The true values for the parameters were set to $\boldsymbol{\theta} = (3, 0, 0, 0)$ (or $\boldsymbol{\theta} = (0, 0, 0, 0)$), $\boldsymbol{\beta} = (0.5, 0, 0, 0)$, $\sigma_u^2 = 4.5$ (or $\sigma_u^2 = 10.5$), $\sigma_v^2 = 0.2$, $\sigma_e^2 = 0.08$, and $\rho = 0.9$. In obtaining the profile likelihood for σ_u^2 and ρ , we fixed σ_v^2 and σ_e^2 at their true values and let $\boldsymbol{\theta}$ and $\boldsymbol{\beta}$ be estimated.

Figure 3 presents the contour plots of the profile likelihood (in terms of the deviance) for σ_u^2 and ρ from 4 simulated data sets. The top-left panel in Figure 3 displays flat profile likelihoods for σ_u^2 at different levels of ρ when the true between-subject heterogeneity is large ($\sigma_u^2 = 10.5$) and the proportion of zeros in the data is small ($\theta_0 = 3$). The black dots, which are the corresponding restricted maximum likelihood estimates for σ_u^2 , show an increasing trend as ρ increases. With $\sigma_u^2 = 10.5$ still, but the proportion of zeros now increased ($\theta_0 = 0$), the profile likelihood surface shows slightly more curvature. The situation improves further when the true variance decreases to $\sigma_u^2 = 4.5$, but restricted maximum likelihood estimates for σ_u^2 when $\theta_0 = 3$ still vary considerably. In contrast, with $\theta_0 = 0$, the likelihood appears to be well behaved and estimates for σ_u^2 are relatively constant. Therefore, the sparseness of the occurrence indicator data also impacts on variance component estimation in the binary part of the mixed model.

These results help to explain the instability observed in our preliminary analyses. With important explanatory variables omitted in the binary part, the unexplained variability in the indicator of a positive HAQ score was unduly large, estimation of σ_u^2 was unstable, and point estimates and standard errors changed as the correlation ρ increased. Consequently, the estimates for subject-specific regression coefficients $\boldsymbol{\theta}$ differed across the models. With a reasonable set of important explanatory variables in the final HAQ analysis, the estimates for both σ_u^2 and $\boldsymbol{\theta}$ were stabler.

In summary, careful modeling of mean relationships is necessary to avoid unstable estimation of variance components and subject-specific regression coefficients when fitting 2-part mixed models. When the number of zeros in longitudinal semicontinuous data is small, caution is advised in fitting 2-part mixed models. Simpler alternatives, such as standard regression methods for the marginal distribution of outcomes, either truncated or bounded, should be considered.

7. DISCUSSION

For 2-part mixed modeling of longitudinal semicontinuous data, with true zeros only or with additional artificial zeros due to left censoring, an incorrect assumption of independence between random effects can

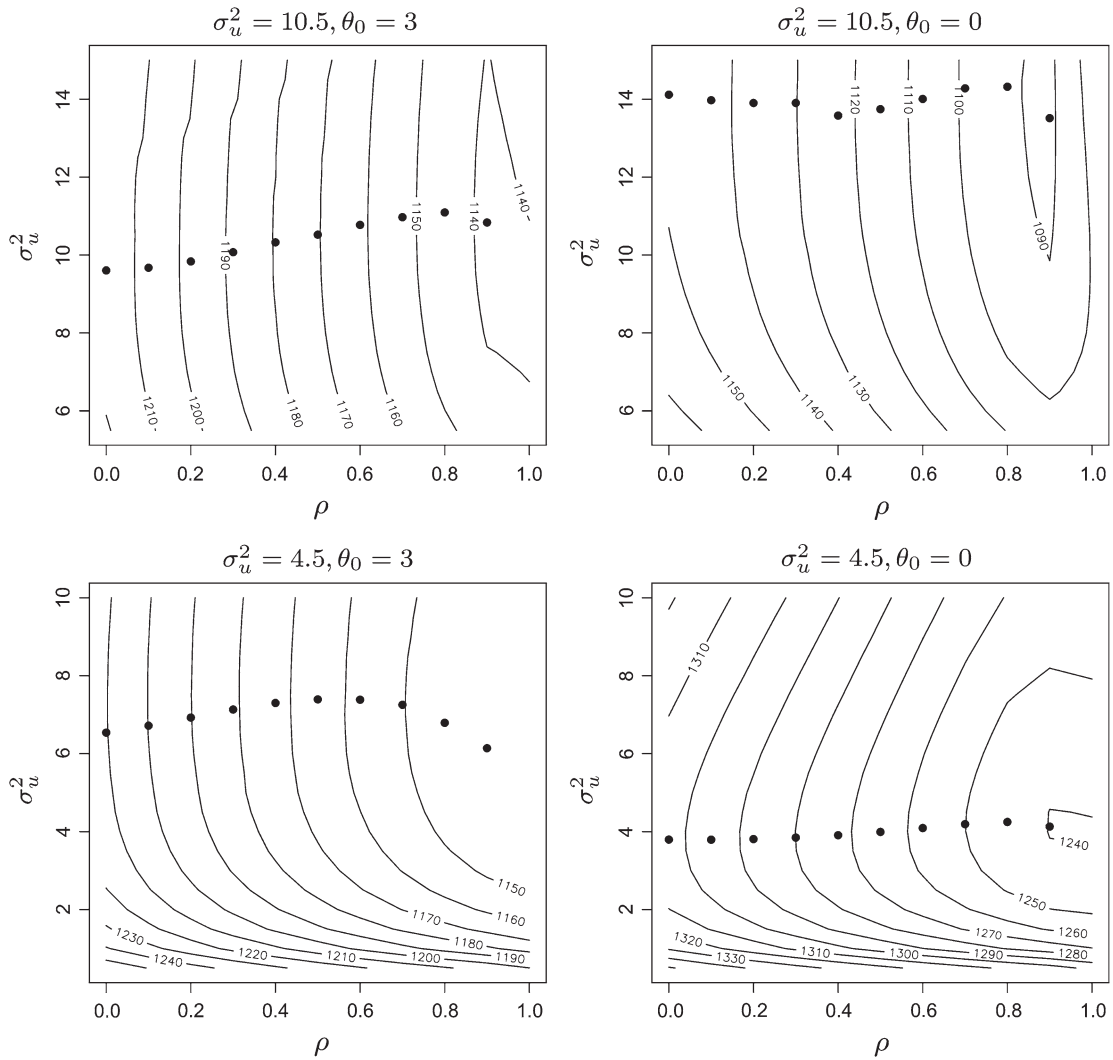


Fig. 3. Contour plots of profile likelihood (in terms of the deviance) occurrence random-intercept variance σ_u^2 and correlation ρ from 4 simulated data sets ($N = 250$) with different combinations of true values for σ_u^2 and θ_0 ; other variance components are fixed at their true values $\sigma_v^2 = 0.20$ and $\sigma_e^2 = 0.08$; the true value for β_0 is set as $\beta_0 = 0.5$; the black dots are maximum likelihood estimates of σ_u^2 at different values of ρ .

induce bias in the estimation of regression coefficients and variance components in the continuous part of the model. This arises due to differential representation of nonzero values in the continuous part of the data. For illustration, we examined linear mixed models for the continuous part of the model, but the same issues apply to other GLMM. Model fitting with correlated random effects is computationally expensive, and the availability of more efficient software would therefore be welcome.

As pointed out by an associate editor, the extreme computing time experienced in the HAQ analysis might be alleviated by adopting a marginal approach for a 2-part model. As shown in Section 6, variance component estimation in the binary part can be unstable when the unexplained variability is large.

Computing time can be considerable due to the difficulty of locating the maximum of a flat likelihood surface. In this case, we may choose marginal 2-part models such as in Moulton *and others* (2002) and Hall and Zhang (2004) rather than the mixed model approach. However, we emphasize that for marginal 2-part models of longitudinal or even cross-sectional semicontinuous data, bias can also be induced if important explanatory variables determining both the binary process and the process of nonzero values are excluded in the model for the continuous part. These important explanatory variables in marginal models are similar to the unmeasured explanatory variables represented by correlated random effects in mixed models. Therefore, the same problem of differential representation of nonzero values in the continuous part can arise even when these omitted explanatory variables are independent of other included explanatory variables in the continuous part. Thus, when building a model for mean structures in these marginal models, any important explanatory variables in the binary part should be included in the continuous part, at least initially, to reduce the possibility of bias.

The HAQ data analysis presented in this article is primarily illustrative. Alternative models might be preferred. The normality assumption of random intercepts was examined using empirical Bayes estimates. However, as with shared parameter models (Tsonaka *and others*, 2008), diagnostic checks based on empirical Bayes estimates are unreliable due to shrinkage (Verbeke and Molenberghs, 2001, Section 7.8). In practice, investigators might be only interested in the continuous part of the data and thus fit regression models ignoring the zeros. The bias illustrated in this article is then still present due to the differential representation of nonzero values across patients. The change of the primary inference target from (β, θ) to β does not solve the problem.

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