

# Mixed Models for Clustered & Repeated Data

## Separate subject-specific variation from population-level effects

Rverse Analytics

**Dependence belongs in the model.** Repeated visits within patients and patients within centres violate ordinary regression independence; mixed models represent that structure explicitly.

### Model map

Outcome	Model	R function	Typical effect
Continuous	linear mixed model	<code>lme4::lmer()</code>	adjusted mean difference
Binary	logistic mixed model	<code>lme4::glmer(..., binomial)</code>	conditional OR
Count	Poisson / NB mixed model	<code>glmer(..., poisson)</code> <code>glmmTMB::glmmTMB()</code>	conditional rate ratio
Correlated residual pattern	generalized least squares	<code>nlme::lme()</code>	mean difference + residual structure
Population-average target	GEE	<code>geepack::geeglm()</code>	marginal effect

### Long data first

```
library(dplyr)
library(lme4)
library(emmeans)

long <- d |>
  mutate(
    id = factor(id),
    group = relevel(factor(group), ref = "Control"),
    visit = factor(visit, levels = c("Baseline", "Week 6", "Week 12")),
    time = c(0, 6, 12)[visit]
  )

stopifnot(!anyDuplicated(long[c("id", "visit")]))
with(long, table(group, visit, useNA = "ifany"))
```

### Random intercept and random slope

```
# Each patient gets a personal baseline
m0 <- lmer(score ~ group * visit + (1 | id),
  data = long, REML = TRUE, na.action = na.exclude)

# Each patient gets a baseline and a time trajectory
m1 <- lmer(score ~ group * time + (time | id),
  data = long, REML = FALSE, na.action = na.exclude)

# Compare fixed random-effects structures with ML, not REML
anova(update(m0, REML = FALSE), m1)

summary(m1)
performance::icc(m1)
performance::check_singularity(m1)
```

Syntax	Meaning
<code>(1   id)</code>	patient-specific intercept
<code>(time   id)</code>	correlated intercept and time slope
<code>(time    id)</code>	uncorrelated intercept and slope
<code>(1   center/id)</code>	patients nested within centres
<code>(1   patient) + (1   clinician)</code>	crossed random intercepts

Do not delete a random slope only because its variance is small. Check design support, convergence, singularity, the estimand and sensitivity of fixed-effect inference.

## Marginal means and planned contrasts

```
emm <- emmeans(m0, ~ group | visit)
emm
pairs(emm, adjust = "holm")

# Change from baseline by group and difference-in-differences
emm_change <- emmeans(m0, ~ group * visit)
contrast(emm_change, interaction = "revpairwise", adjust = "holm")

# Response-scale probability from a logistic mixed model
gl <- glmer(event ~ group * visit + (1 | id),
            data = long, family = binomial)
emmeans(gl, ~ group | visit, type = "response")
```

The group  $\times$  visit term tests whether trajectories differ. It is not automatically the treatment effect at the final visit; use a planned contrast on the fitted marginal means.

## Diagnostics and inference

```
plot(m0) # residuals vs fitted
qqnorm(resid(m0)); qqline(resid(m0))
qqnorm(ranef(m0)$id[[1]])
performance::check_model(m0)

# Profile or bootstrap CIs are preferable for variance components
confint(m0, method = "profile")

# Parametric bootstrap comparison when asymptotics are doubtful
pb <- pbkrtest::PBmodcomp(full_model, reduced_model, nsim = 1000)
```

## Common design decisions

Decision	Ask first	Practical consequence
Visit as factor or numeric	nonlinear visits or linear trend?	separate visit effects vs one slope
Random slope	enough repeated time points per unit?	models trajectory heterogeneity
REML or ML	estimating final model or comparing fixed effects?	REML final; ML fixed-effect comparison
Mixed model or GEE	subject-specific or population-average effect?	different estimands, especially logistic
Residual covariance	serial correlation beyond random effects?	consider <code>nLme::lme()</code>

## Reporting checklist

- Describe levels, cluster counts, observations per cluster and timing.
- State fixed effects, random effects, covariance structure, estimator and software.
- Report adjusted marginal means/contrasts with 95% CIs, not interaction coefficients alone.
- Document convergence, singularity, residual diagnostics and sensitivity models.
- Explain the missing-outcome assumption; mixed models do not automatically fix MNAR data.

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