A note on how to perform multiple-imputation diagnostics in Stata

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Abstract. Multiple-imputation (MI) diagnostics are an important step of multiple-imputation analysis. We present a short tutorial on performing multiple-imputation diagnostics in Stata.

1 Introduction

Multiple imputation is a principled statistical method for handling missing data, but like any other method, it relies on certain assumptions. One assumption, that the data are missing at random, is not testable. But if we tentatively assume the data are missing at random, other assumptions are testable. We can check, for instance, that the imputation models fit the observed data well, and that the imputed values themselves are reasonable (e.g., Abayomi, Gelman, and Levy [2008], Raghunathan and Bondarenko [2007]).

We are working on a new unofficial command midiagplots to implement some of the MI diagnostics in Stata. In the meantime you can perform them manually, as we explain in this note.

Here are the steps for performing MI diagnostics manually:

- Convert the mi data to the wide style, so that imputations will be stored in extra variables and not in extra observations. The wide style makes it easier to compare imputed values to observed values.
- Create indicator variables to flag the observations with missing values.
- Fit the imputation models to the observed data with a non-mi estimation command like **regress**, and use regression diagnostics to check the fit. (The models should not be used for imputation if they fit the observed data poorly.)
- Use mi impute to impute the missing values.
- Check that the imputed values are reasonable. The key command is **mi xeq**, which executes a given command on particular imputations.

A note on how to perform multiple-imputation diagnostics in Stata

2 Example

2

Consider the heart-attack example from *First use* under *Remarks* in [MI] mi impute monotone:

```
. webuse mheart5s0
(Fictional heart attack data; bmi and age missing)
. mi describe
 Style: mlong
         last mi update 30mar2011 12:46:48, 22 days ago
 Obs.:
         complete
                            126
                             28
                                (M = 0 \text{ imputations})
          incomplete
          total
                            154
 Vars.: imputed: 2; bmi(28) age(12)
         passive: 0
         regular: 4; attack smokes female hsgrad
          system: 3; _mi_m _mi_id _mi_miss
         (there are no unregistered variables)
```

Our data are already mi set. There are two variables registered as imputed: age and bmi. The remaining variables are complete and are registered as regular. Our primary analysis is a logistic regression of heart attacks on smoking, adjusted for other factors such as age, body mass index, and gender.

We want to include all available data on heart attacks and smoking in our analysis, so we'll use multiple imputation to fill in the missing values of **age** and **bmi**. According to **mi misstable nested**, the variables **age** and **bmi** follow a monotone missing-data pattern:

. mi misstable nested
 1. age(12) -> bmi(28)

The pattern is monotone because age is missing only when bmi is missing, so we'll use mi impute monotone to fill in missing values of age and bmi.

Our first step is to build an imputation model. We start with a simple model. **age** and **bmi** are continuous variables so we choose to impute them using linear regression, and we use all of our complete variables as predictors. Here are the imputation models we'll fit:

The dryrun option displays the imputation models but does not fit them. There is one equation for each imputed variable; age will be imputed first because it has the fewest

Y. V. Marchenko and W. Eddings

missing values. Then the imputed **age** variable will be used as a predictor to impute **bmi**.

Now that we have our imputation models, we are ready to check if they fit the observed data well. For the purpose of illustration, we only check the imputation model for **age** below. We'll demonstrate another MI diagnostic using the imputation model for **bmi** later.

Following the steps from the introduction, we convert to the wide style:

. mi convert wide

and create indicator variables identifying the missing values in $\verb"age"$ and $\verb"bmi"$ for later use:

```
. qui mi xeq: generate byte Mis_age = missing(age)
. qui mi xeq: generate byte Mis_bmi = missing(bmi)
. mi register regular Mis_age Mis_bmi
```

The variables could also be created in the observed data with misstable summarize, generate().

Now we fit the model for age to the observed data and plot the residuals against the fitted values with rvfplot. (A list of diagnostic commands is in [R] regress postestimation.)

Source	SS	df	MS		Number of obs	= 142
Model Residual	643.790243 18300.7516	4 160 137 133	.947561		F(4, 137) Prob > F R-squared	= 1.20 = 0.3116 = 0.0340
Total	18944.5419	141 134	.358453		Root MSE	= 0.0058 = 11.558
age	Coef.	Std. Err.	t	P> t	[95% Conf.	Interval]
attack smokes hsgrad female _cons	3.51913 .5643832 -1.419099 1.759922 55.18863	2.061631 2.093235 2.236254 2.254749 2.279613	1.71 0.27 -0.63 0.78 24.21	0.090 0.788 0.527 0.436 0.000	5576042 -3.574845 -5.841138 -2.69869 50.68086	7.595864 4.703612 3.00294 6.218534 59.69641

•	regress	age	attack	smokes	hsgrad	female
---	---------	-----	--------	--------	--------	--------

. rvfplot

Figure 1 does not indicate that the model fit is poor.

If a model does not fit the observed data well, we should try to improve its fit before we impute. We may, for example, include additional predictors, or use $[\mathbf{R}]$ mfp to determine a more appropriate functional form for the existing predictors.



Figure 1: Residual versus fitted plot for age

Once we are comfortable with the observed-data model fit we can proceed with imputation.

. mi impute monotone	e (regress) a	ge bmi = attad	k smokes	hsgrad	female,	add(5)	rseed(2884	03)
Conditional models:								
age:	regress age	attack smokes	hsgrad fe	emale	1.0			
: Lmd	regress bmi	age attack smo	okes nsgra	ad iema.	Te			
Multivariate imputat	tion	Ir	putations	3 =	5			
Monotone method			addeo	1 =	5			
Imputed: m=1 through	n m=5		updated	1 =	0			
age:	linear regres	ssion						
bmi:	linear regre	ssion						
		Observation	ns per m					
Variable	Complete	Incomplete	Imputed		Total			

12

28

12

28

154

154

(complete + incomplete = total; imputed is the minimum across m
of the number of filled-in observations.)

142

126

We created 5 imputations and specified the **rseed()** option for reproducibility. Let's **save** our imputations:

. save mheart5_imputed file mheart5_imputed.dta saved

age bmi

Now we should check that the imputed values are reasonable—that the imputed and observed values have similar distributions.

Y. V. Marchenko and W. Eddings

We can use mi xeq to obtain summaries of the observed, imputed, and completed data. The summary statistics for age in the first two imputations are:

. mi xeq 1/2: > >	summa summa summa	rize ag rize ag rize ag	ge if Mis_ag ge if Mis_ag ge	ge==0; /// ge==1; ///		
m=1 data:						
-> summarize	age if	Mis_ag	ge==0			
Variable		Obs	Mean	Std. Dev.	Min	Max
age -> summarize	age if	142 Mis_ag	56.43324 ge==1	11.59131	20.73613	83.78423
Variable		Obs	Mean	Std. Dev.	Min	Max
age -> summarize	age	12	54.0485	10.25337	37.96242	68.38442
Variable		Obs	Mean	Std. Dev.	Min	Max
age		154	56.24742	11.48	20.73613	83.78423
m=2 data:	omo if	Miana	0			
-> summarize	age 11	Mis_ag	ge==0			
Variable		Obs	Mean	Std. Dev.	Min	Max
age	age if	142 Mis ag	56.43324 re==1	11.59131	20.73613	83.78423
Variable	-8	Obs	Mean	Std. Dev.	Min	Max
age -> summarize	age	12	57.19998	7.643524	44.46599	72.91214
Variable		Obs	Mean	Std. Dev.	Min	Max
age		154	56.49299	11.31651	20.73613	83.78423

The summaries look reasonable. For example, the means of the observed values are similar to the means of the imputed values.

We can move beyond summaries and compare for the first imputation the distributions of **bmi** in the observed, imputed, and completed data:

	qui	mi	xeq	1:	twoway	(kdensity	bmi	if	Mis_bmi==0)		11	/		
>						(kdensity	bmi	if	Mis_bmi==1)		11	/		
>						(kdensity	bmi)),			///			
>						legend(]	label	L(1	"Observed")	lab	el(2	"Imputed")	label(3	"Completed"))

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Figure 2: Distributions of bmi in the observed, imputed, and completed samples

Figure 2 shows that the shape of the distribution of the imputed values of bmi differs from that of the observed values. But that is not necessarily a problem—the distributions should be similar only if the data are missing completely at random (MCAR). The two distributions may differ if the data are missing at random (MAR) or missing not at random (MNAR). If you can reasonably assume that data are missing at random, you should verify that the observed differences make sense scientifically. If you suspect that data are missing not at random, you should use an imputation method that also models the missing-data mechanism. Most commonly-used imputation methods assume MAR.

You can test the assumption of MCAR data against MAR data. For example, you can perform logistic regression of the missing-data indicator for each imputed variable on other explanatory variables to test for associations. If data are MCAR, there should be no strong associations. It is impossible to test the assumption of MAR data against MNAR data formally without additional information about the process that generated the missing data. Sensitivity analysis (e.g. Kenward and Carpenter 2007 and references therein) is often used to test the plausibility of the MAR assumption against MNAR.

We created our hypothetical data to be missing completely at random, so we expect to see similar distributions of bmi in the observed and imputed data. The differences in figure 2 suggest the our imputation model for bmi may be inappropriate. The distribution of bmi is not normal, so predictive mean matching (pmm) would perhaps be a better choice for imputing bmi.

Y. V. Marchenko and W. Eddings

It is also important to remember that multiple imputation is a stochastic procedure, so "bad imputations" may be simply the result of randomness. As such, it is important to look at all imputations and verify that the majority of them are reasonable. You can do this by executing the preceding command on all imputations:

Note that you can execute multiple commands with **mi xeq** by separating them with semicolons. Above, we use this feature to pause Stata using **more** after each graph is generated so that we can study the graph for as long as we like. When we are ready for the next graph, we simply click on **more** in the Results window.

If you have enough data and wish to compare the distributions formally, you can perform Kolmogorov-Smirnov tests (Abayomi et al. 2008, 280–281) with mi xeq:

```
. mi xeq 1/5: ksmirnov bmi, by(Mis_bmi)
(output omitted)
```

Another way to check an imputation model is to compare its predictions to the observed data. With mi data we can plot the observed and imputed values against predictions from the imputation model (Su et al. 2011, 18–19). We'll demonstrate how to produce such a graph for the imputation model of bmi.

To make the graph we'll need to re-fit the imputation model for bmi to the observed data and compute linear predictions from a specific imputation using the observed-data estimates of the coefficients.

We could use mi xeq, as before, to produce the graph. Instead, we'll show how to do this by using mi extract.

(Continued on next page)

A note on how to perform multiple-imputation diagnostics in State

8

We use mi extract 0 to retrieve the observed data and then re-fit the regression model for bmi:

. use mheart5_1mputed, clear (Fictional heart attack data; bmi and age missing)											
. mi extract O											
. regress bmi age attack smokes hsgrad female											
Source	SS	df	MS		Number of obs	= 126					
					F(5, 120)	= 0.90					
Model	73.1449691	5 1	4.6289938		Prob > F	= 0.4853					
Residual	1956.28756	120 1	6.3023963		R-squared	= 0.0360					
-					Adj R-squared	= -0.0041					
Total	2029.43253	125 1	6.2354602		Root MSE	= 4.0376					
bmi	Coef.	Std. Er	r. t	P> t	[95% Conf.	Interval]					
age	0240674	.031876	4 -0.76	0.452	0871805	.0390457					
attack	1.545	.777558	1 1.99	0.049	.0054888	3.084511					
smokes	2470361	.782065	8 -0.32	0.753	-1.795472	1.3014					
hsgrad	4092541	.822503	8 -0.50	0.620	-2.037754	1.219246					
female	109108	.837270	3 -0.13	0.897	-1.766845	1.548629					
_cons	26.31799	1.96147	8 13.42	0.000	22.4344	30.20158					

We now compute linear predictions in, for example, the second imputation using the above estimates. We reload our imputed data and use mi extract 2 to extract the second imputation. The estimation results from regress are current, so we use predict to compute linear predictions. We then plot the observed and imputed values against the model's predictions. We also overlay separate lowess curves for the observed and imputed values:

```
. use mheart5_imputed, clear
(Fictional heart attack data; bmi and age missing)
. mi extract 2
. predict xb, xb
  twoway (scatter bmi xb if Mis_bmi==0, msymbol(oh)) ///
.
>
            (scatter bmi xb if Mis_bmi==1) ///
           (lowess bmi xb if Mis_bmi==0) ///
>
>
           (lowess bmi xb if Mis_bmi==1), ///
>
               ytitle(bmi)
                                                     111
               title(Bivariate scatter with overlaid lowess fit for m=2) ///
legend(label(1 "Observed") label(2 "Imputed") ///
label(3 "Lowess (observed)") label(4 "Lowess (imputed)"))
>
>
```

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Y. V. Marchenko and W. Eddings



Figure 3: Bivariate scatter plot for bmi

From figure 3, the lowess curves are similar and suggest that the imputations in the second dataset are reasonable.

3 References

- Abayomi, K., A. Gelman, and M. Levy. 2008. Diagnostics for multivariate imputations. Applied Statistics 57(3): 273–291.
- Kenward, M. G., and J. R. Carpenter. 2007. Multiple imputation: Current perspectives. Statistical Methods in Medical Research 16: 199–218.
- Raghunathan, T., and I. Bondarenko. 2007. Diagnostics for Multiple Imputations. http://ssrn.com/abstract=1031750.
- Su, Y.-S., A. Gelman, J. Hill, and M. Yajima. 2011. Multiple imputation with diagnostics (mi) in R: Opening windows into the black box. Forthcoming in Journal of Statistical Software. Available at http://www.stat.columbia.edu/~gelman/research/published/mipaper.rev04.pdf.