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* PROBLEM
STATEMENT

Understanding the Importance of Early Diabetes Detection





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INTRODUCTION

Diabetes is a chronic disease that occurs when the body is unable to produce or effectively use insulin, leading to high blood sugar levels. The World Health Organization (WHO) reports that over 422 million people suffer from diabetes, and the number continues to rise due to lifestyle changes, obesity, and genetic factors.

The condition is often asymptomatic in its early stages, making it difficult for individuals to recognize the risk until significant damage has already occurred. Late detection can result in severe complications such as cardiovascular diseases, kidney failure, vision loss, and even amputations.







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PROBLEM

The challenge lies in the lack of early and accurate screening tools that can predict the risk of diabetes in individuals using readily available health data. Traditional diagnostic methods can be time-consuming and may not be feasible for large-scale health screenings.

Late detection can lead to severe complications and high treatment costs, placing a burden on healthcare systems and reducing the quality of life for affected individuals.

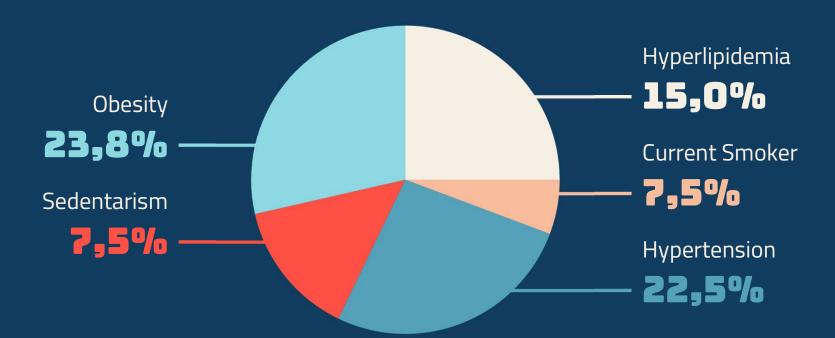












For more info, click here











EYES

Risk of Diabetic Retinopathy and Vision Loss

LIVER

Impact on Liver Function and Metabolism

INTESTINES

Effects on Digestion and Nutrient Absorption



Impact on Cardiovascular Health

KIDNEYS

Risk of Kidney Disease and Failure

BLOOD

Effects on Blood Circulation and Glucose Levels



FIRST SYMPTOMS OF DIABETES

HEADACHE

A common early sign due to high blood sugar levels.

BLURRY VISION

Caused by fluid changes in the eyes, affecting focus.

TIREDNESS

Fatigue results from the body's inefficiency in using glucose for energy.















RISK AGE TYPE 1 DIABETES





4-7 YEARS





10-14 YEARS

Mercury is the closest to the Sun of them all



For more info, click here



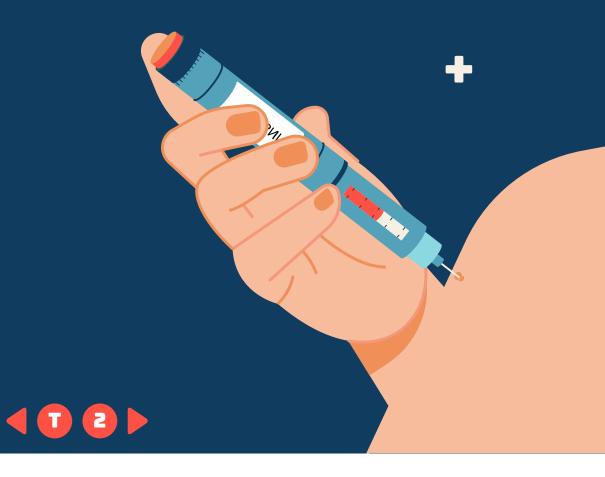


02

RELATED WORK

Overview of current research and methods







RELATED WORK



STUDY	YEAR	METHOD USED	RESULTS	LIMITATIONS
Smith et al.	2020	Logistic Regression	Accuracy of 85%	Limited data diversity
Chen et al.	2021	Random Forest Classifier	Accuracy of 90%	High computational cost
Lee & Kim	2019	Decision Tree	Precision of 80%	Prone to overfitting
Patel et al.	2022	Support Vector Machine	Recall of 87%	Not robust to noisy data







TIMELINE OF AI-POWERED TREATMENT DEVELOPMENTS

Al in Medical Imaging

2012

Machine Learning for Personalized Medicine

2017



Early Al Integration



Al for Diabetes Management





Al-Driven Drug Discovery





TIMELINE OF AI-POWERED TREATMENT DEVELOPMENTS

Al for Treatment Optimization

2021

AI-Powered Robotic Surgery

2023



Advances in Predictive Analytics



AI in Continuous Glucose Monitoring (CGM)





Next-Generation Al Models

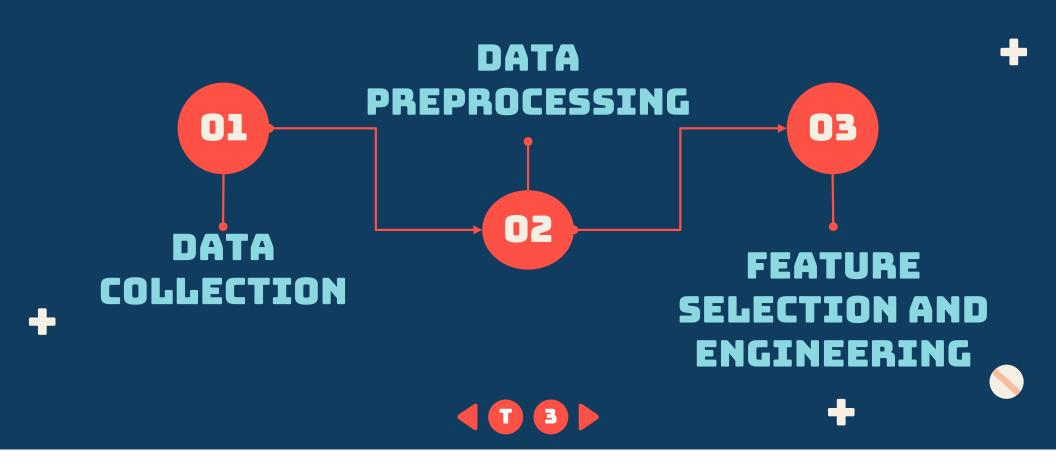






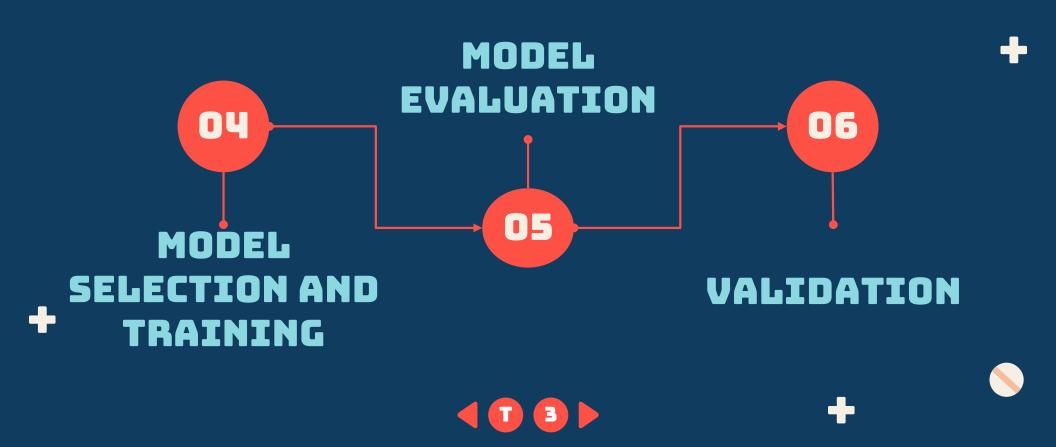


PROPOSED METHODOLOGY





PROPOSED METHODOLOGY





DATA COLLECTION

- Utilized a publicly available dataset containing various health-related attributes.
- Ensured data includes relevant features like age, BMI, blood glucose levels, and more.

DATA PREPROCESSING

- Handled missing data and performed feature scaling using MinMaxScaler for normalization.
- Coded categorical features with LabelEncoder to convert non-numeric labels into numerical values.













+ FEATURE SELECTION AND ENGINEERING



- Selected features based on domain knowledge and correlation analysis.
- Created new features if necessary for better prediction.

MODEL SELECTION AND TRAINING

- Applied multiple machine learning algorithms: Logistic Regression, Decision Trees, Random Forests, Gradient Boosting, and Support Vector Classifier (SVC).
- Used GridSearchCV for hyperparameter tuning to optimize model performance.











MODEL EVALUATION

- Evaluated using metrics like accuracy, precision, recall, F1-score, and confusion matrix.
- Ensured data includes relevant features like age, BMI, blood glucose levels, and more.

VALIDATION

- Split data into training and test sets for robust validation.
- Performed cross-validation to ensure consistent results.







IMPLEMENTATION

Finalized the best model and created a user-friendly interface to input data and obtain predictions.









RESULTS

Evaluation and Performance Metrics of the Model















DECISION TREE





GRADIENT BOOSTING

RANDOM FOREST

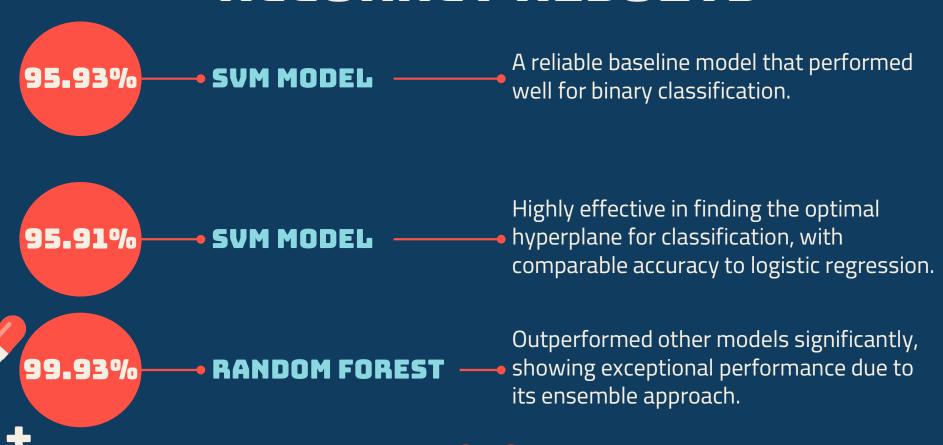






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ACCURACY RESULTS





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ACCURACY RESULTS





97.08% DECISION TREE

Performed well but slightly lower than

TREE ——— ensemble models, providing clear and interpretable decision boundaries.









RANDOM FOREST 🥏 **CLASSIFIER**

Key Points:

- Model: Random Forest Classifier
- Accuracy: 99.93%
- Why It Stood Out:
 - **Ensemble Method**: Combines multiple decision trees to improve prediction accuracy.
 - **Robust Performance**: High accuracy indicates strong generalization to unseen data.
 - **Feature Importance**: Capable of providing insight into the importance of each feature.
 - **Resilience**: Handles overfitting better than individual decision trees.

Conclusion: The Random Forest Classifier outperformed all other models in terms of accuracy, making it the most suitable choice for this diabetes prediction task.











CONCLUSIONS





Model Performance:

 The Random Forest Classifier demonstrated the highest accuracy at 99.93%, showcasing its effectiveness in diabetes prediction.

Comparison with Other Models:

- Logistic Regression, SVM, and Gradient Boosting Classifier also showed strong results with accuracies of 95.93%, 95.91%, and 97.13%, respectively.
- Decision Tree achieved **97.08**%, proving its usefulness for simpler models.











CONCLUSIONS





Key Insights:

- Ensemble models like Random Forest provide significant performance improvements due to their ability to combine multiple decision trees to enhance predictions.
- The results suggest that tree-based algorithms are highly suitable for complex classification tasks like diabetes prediction.





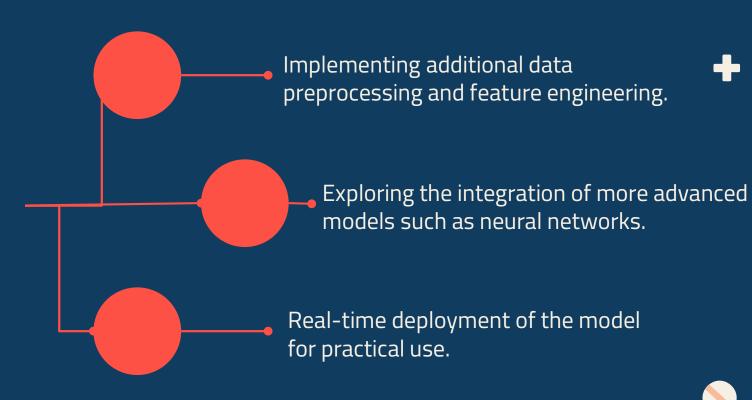






FUTURE WORK









OURTEAM

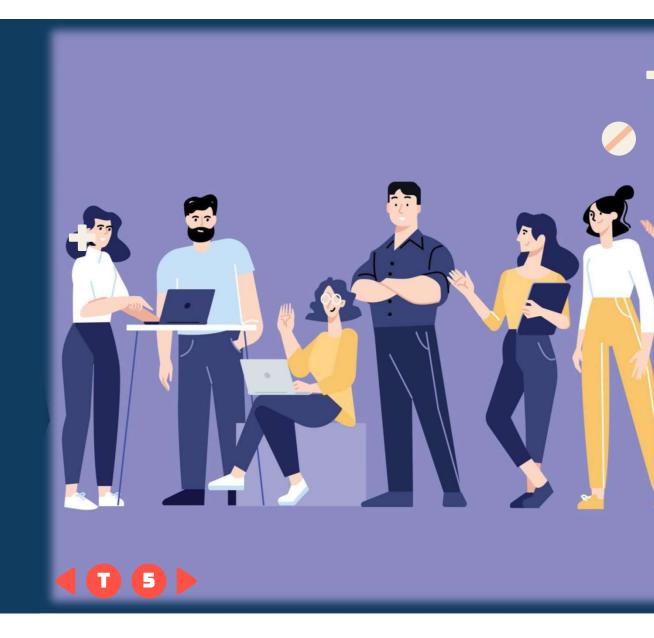
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THANKS!











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