

Week 10 Deliverables

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Problem Description

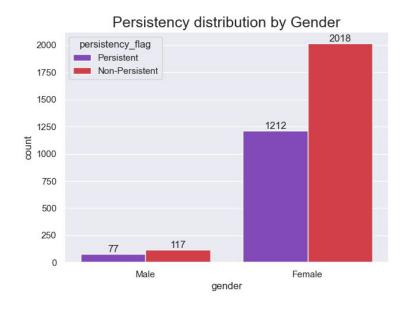
One challenge for all Pharmaceutical companies is to understand the persistence of a drug as per the physician's prescription. To solve this problem ABC Pharma company approached an analytics company to automate this process of identification.

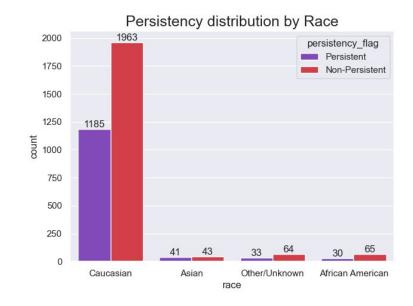
Exploratory Data Analysis

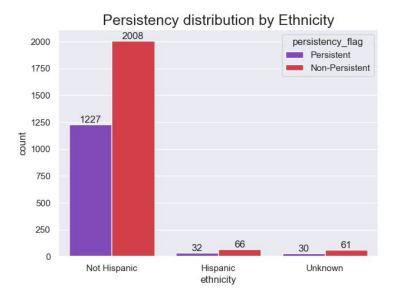


Demographics

• Features like 'Gender', 'Race', and 'Ethnicity' have been dropped as they tend to induce bias in the data and don't provide much information regarding impact of persistent of a patient.

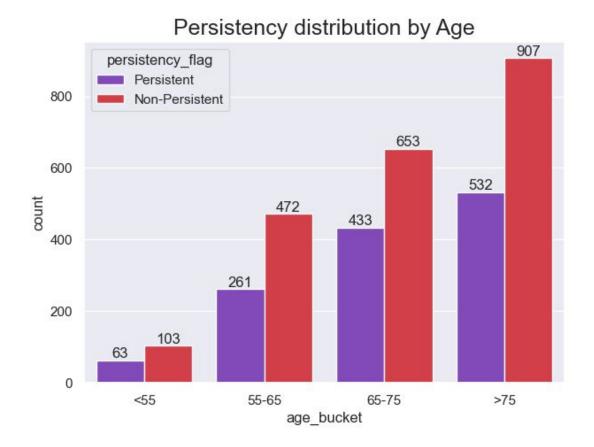






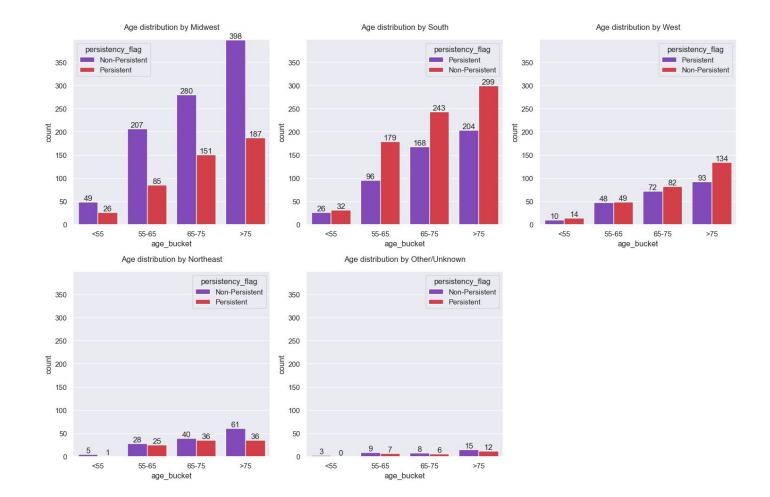
Demographics

• We can observe that majority of the patients are aged above 55 years and majority Non-Persistent patients fall in the age group of more than 75 years of age.



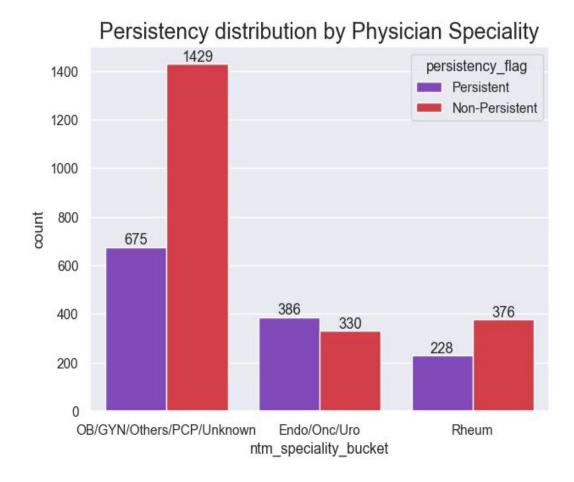
Demographics

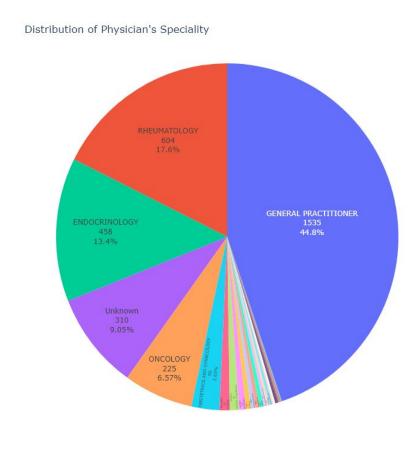
Most patients fall in the 'Midwest' and 'South' regions as observed from the following graphs.



Physician Attributes

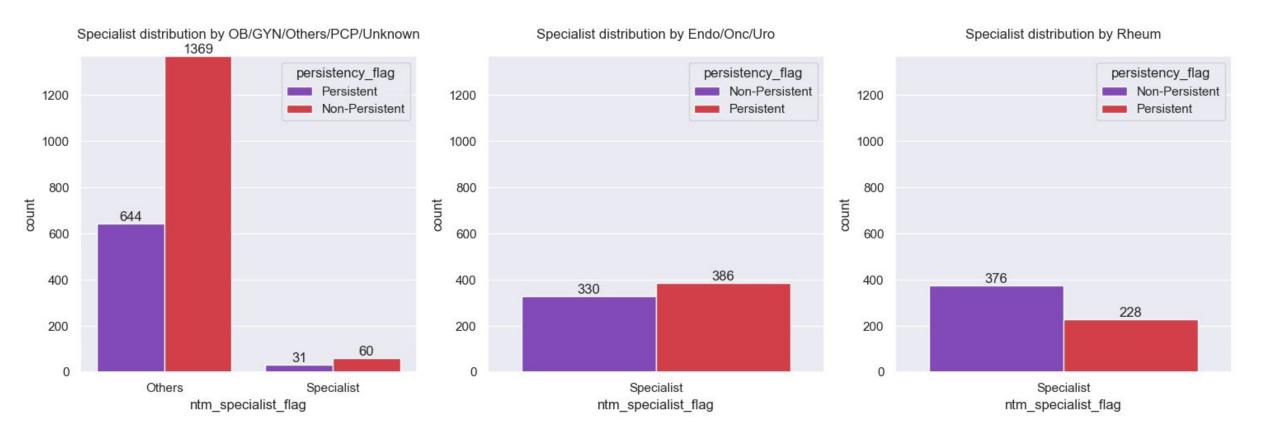
Around 45% of Physicians who have prescribed new medication to the patients are 'General Practitioners'.





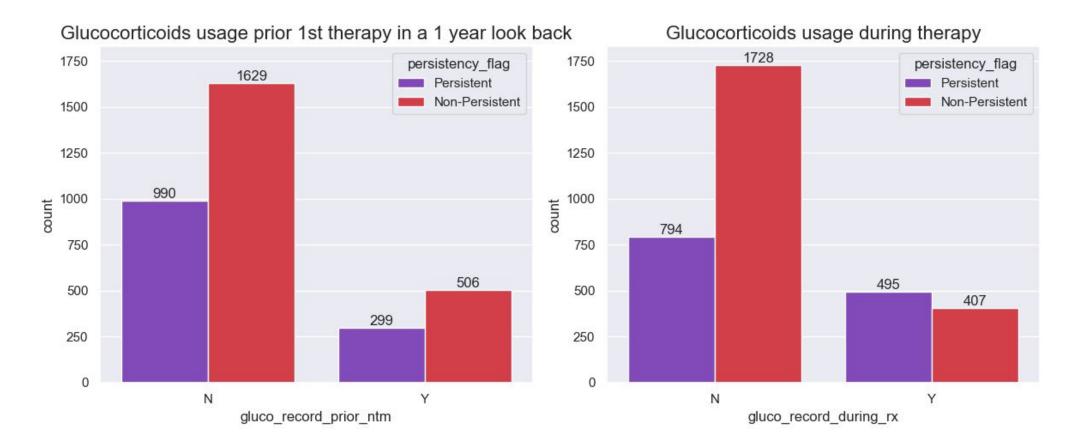
Physician Attributes

Majority of the Non-Persistent patients have been prescribed the new medication by Physicians who
are not Specialists.



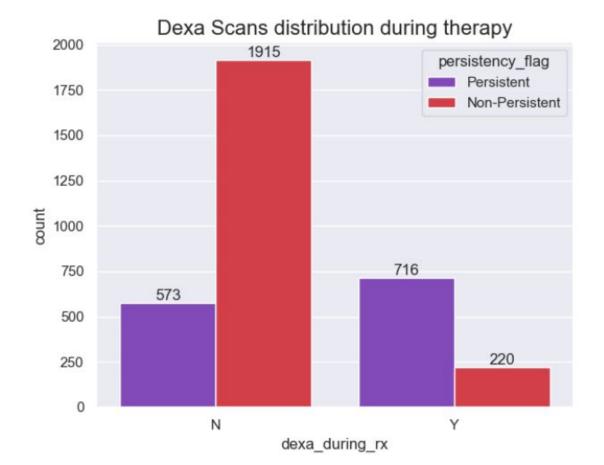
Clinical Factors

When we consider the case of usage Glucocorticoids, the Persistent patients are less compared to
 Non-Persistent patients prior to therapy but vice-versa during therapy. There is increase in the number
 of patients using Glucocorticoids during therapy.



Clinical Factors

 Based on the below graph, the Dexa Scans is part of the therapy and majority of patients who haven't gone through Dexa Scans are Non-Persistent.



Clinical Factors

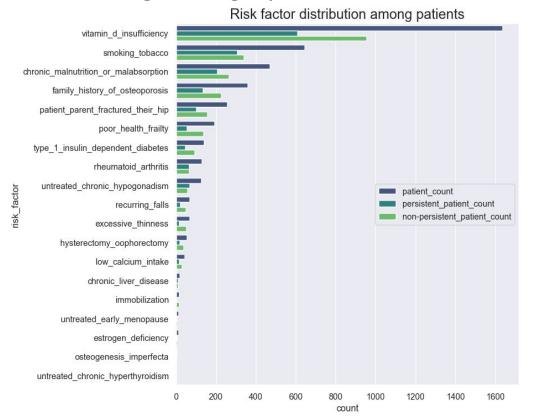
Some of the features have 'Unknown' values as one of their categories as given below -

```
risk_segment_during_rx: 1497
tscore_bucket_during_rx: 1497
change_t_score: 1497
change_risk_segment: 2229
```

• As these features have a large number of 'Unknown' category values, they don't provide much information. Hence, dropping these features will also not impact the outcome of the model.

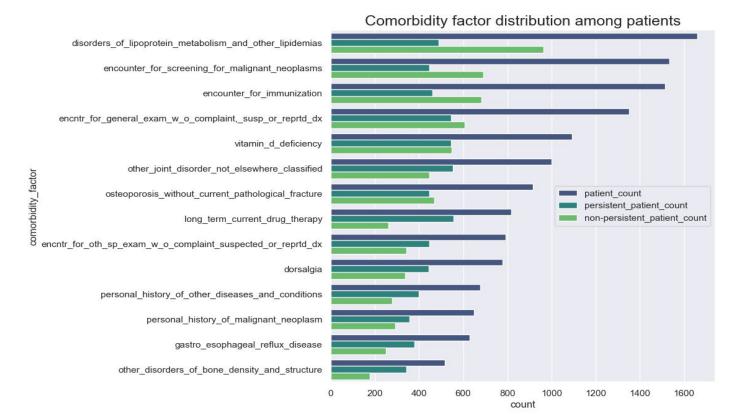
Disease/Treatment Factors

- Majority of the patients have been susceptible to Risk Factors such as 'Vitamin D insufficiency',
 'smoking tobacco', 'chronic malnutrition or malabsorption' and have a 'family history of osteoporosis'.
- Due to heavy imbalance of data in **Risk Factor** categories, we can reduce dimensionality by reducing the categories capturing less data into a single category.



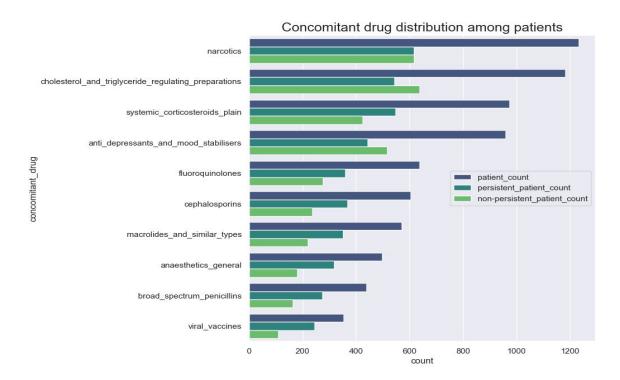
Disease/Treatment Factors

- There are total 14 Comorbidity Factors recorded for each patient.
- The top Comorbidity Factors include disorders_of_lipoprotein_metabolism_and_other_lipidemias, encounter_for_screening_for_malignant_neoplasms, encounter_for_immunization, and encntr_for_general_exam_w_o_complaint,_susp_or_reprtd_dx.



Disease/Treatment Factors

- We can see that the graph shows the distribution of patients who have received Concomitant Drugs 1
 year prior to start therapy.
- The count for Non-Persistent patients who have been given Concomitant Drugs such as Narcotics, cholesterol_and_triglyceride_regulating_preparations, and anti_depressants_and_mood_stabilisers is greater compared to the other categories.



Recommendations

- We can drop features which contain large number of 'Unknown' category as value.
- As the dataset heavily dimensional, we can apply different methods such as PCA or Attribute Analysis for feature selection as well as dimensionality reduction.
- As the dataset is highly imbalance, we can apply SMOTE or Weighted sampling techniques for balancing the dataset.
- We can try to train the data on simpler models and apply grid search and cross validation methods for hyper-parameter tuning. The test results will help in understanding the best model.

Thank You

