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# AIN2002 - Stroke Predictions

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1 **Github URL:** <https://github.com/MDiouri/AIN2002>

Table 1: Contributions

Members	Roles
Atena Jafari Parsa	Data Cleaning
Ava Arabi	Data Visualization
Mohammed Diouri	Data Modeling and Predictions

## Abstract

2 A stroke transpires when a blood vessel in the brain becomes obstructed or ruptured,  
3 resulting in the impairment or demise of specific brain regions. The objective of  
4 this project is to apply the data analysis techniques acquired in the AIN2002 class,  
5 enabling the accurate prediction of stroke risks. This will be accomplished by uti-  
6 lizing both the comprehensive real-world dataset obtained from the National Center  
7 for Chronic Disease and the synthetic dataset sourced from Kaggle, employing  
8 linear regression.

## 9 1 Introduction

10 A stroke is characterized by the blockage or rupture of a blood vessel in the brain, resulting in the  
11 consequential harm or fatality of specific brain regions. The primary objective of this project is to  
12 apply the data analysis methodologies acquired during the AIN2002 class in order to achieve precise  
13 predictions of stroke risks. This will be accomplished by utilizing two distinct datasets: the complete  
14 dataset of real-world data acquired from the National Center for Chronic Disease, and the dataset of  
15 synthetic data sourced from Kaggle. Linear regression will be employed as the statistical technique  
16 for analysis.

## 17 2 Datasets

18 The datasets used in this project are publicly available from Kaggle.com

- 19 1. Real-world data: The Stroke Prediction Dataset
- 20 2. Synthetic data: The Synthetic Stroke Prediction Dataset

21 The clinical features in datasets are the following:

- 22 • id: unique identifier
- 23 • gender: "Male", "Female" or "Other"
- 24 • age: age of the patient
- 25 • hypertension: 0 if the patient doesn't have hypertension, 1 if the patient has hypertension

- 26 • heart\_disease: 0 if the patient doesn't have any heart diseases, 1 if the patient has a heart
- 27 disease
- 28 • ever\_married: "No" or "Yes"
- 29 • work\_type: "children", "Govt\_job", "Never\_worked", "Private" or "Self-employed"
- 30 • Residence\_type: "Rural" or "Urban"
- 31 • avg\_glucose\_level: average glucose level in blood
- 32 • bmi: body mass index
- 33 • smoking\_status: "formerly smoked", "never smoked", "smokes" or "Unknown"
- 34 • stroke: 1 if the patient had a stroke or 0 if not

35 The training set will encompass both the real-world data and the synthetic data, whereas the test  
 36 set will solely comprise the synthetic data. It is important to acknowledge that the labels for the  
 37 test set are undisclosed, rendering the true outcomes of the synthetic data unavailable for evaluation.  
 38 To evaluate the model's performance on the test set, predictions will be submitted to the Kaggle  
 39 competition from which the synthetic data was obtained. The competition will generate scores based  
 40 on accuracy or other pertinent evaluation metrics, facilitating comparative analysis of the model's  
 41 performance with that of other participants.

## 42 **3 Data Cleaning**

43 The initial step involves importing Pandas and NumPy libraries, followed by concatenating the  
 44 two train sets using the `pd.concat()` method. It is important to set the `axis` parameter to 0 and the  
 45 `ignore_index` parameter to 1 to ensure a vertical stacking of the data frames and disregarding the  
 46 original indices before concatenation.

47 To gain insights into the distinct categories and values within each column of the DataFrame object,  
 48 we can utilize the `.unique()` function.

49 For assessing missing entries, the `.isnull().sum()` method is employed. The results indicate that the  
 50 BMI (body-mass index) column is the only one with missing values, totaling 201 instances. To  
 51 address this, a specific approach will be adopted: filtering the data based on age ranges and filling  
 52 each missing value with the average BMI within that particular range. This strategy aims to enhance  
 53 the accuracy of the data. Age ranges are defined from 0-90, with intervals of 10 years, and labeled  
 54 accordingly. A new column denoting the age range of each individual is then created. Subsequently,  
 55 the mean BMI for each group range is calculated. It is worth mentioning that no duplicate rows were  
 56 detected in the dataset.

## 57 **4 Data Visualization**

58 Given the large size of the dataset, graphical representations would provide only a general overview.  
 59 To obtain precise counts of occurrences for individuals who experienced a stroke and those who did  
 60 not, the `.groupby()` function is employed. This function allows for grouping the data based on stroke  
 61 occurrences, providing an accurate count for each category.

### 62 **4.1 Categorical Data**

63 To visualize the occurrence of strokes based on different categorical variables (hypertension, heart  
 64 disease, age range, gender, marital status, work type, residence type, smoking status, BMI, and  
 65 glucose level), count plots are created using the `countplot()` function from the seaborn library. Each  
 66 count plot displays the count of individuals who had a stroke, categorized by the corresponding  
 67 variable.

68 The count plots provide a clear representation of the distribution of stroke cases within each category.  
 69 The x-axis of each plot represents the specific category, while the y-axis represents the count of

70 individuals who experienced a stroke. The bars within each plot are differentiated based on whether  
 71 the individuals had a stroke or not.

72 By analyzing these count plots, valuable insights can be gained regarding the relationship between  
 73 each categorical variable and the occurrence of strokes in the dataset.

74 **Note:** The figures are available in the Jupyter Notebook.

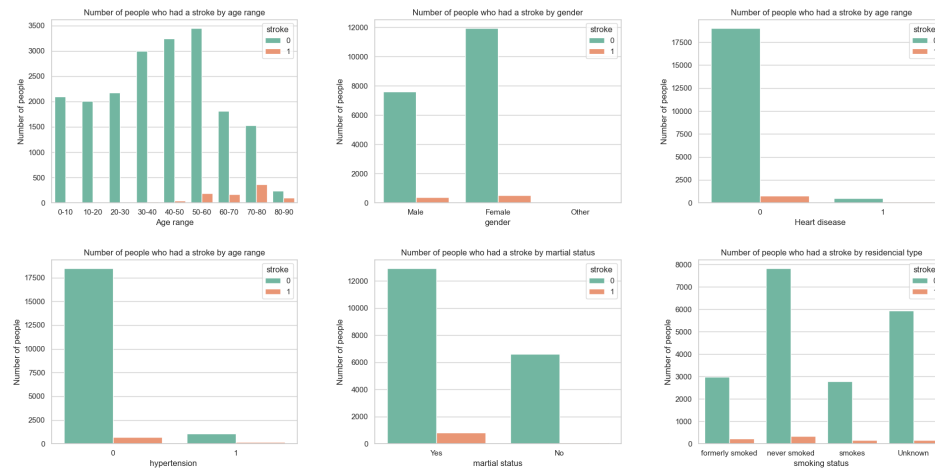


Figure 1: Categorical Plots

75 The analysis of the count plots reveals the following observations:

- 76 • **Hypertension:** The graph suggests that individuals without hypertension have a higher risk  
 77 of experiencing a stroke.
- 78 • **Heart Disease:** The plot indicates that individuals without heart disease have a higher risk of  
 79 having a stroke. It is important to note that this observation may be biased as it contradicts  
 80 real-life observations where heart disease is a known risk factor for strokes.
- 81 • **Age Range:** The age range plot indicates that individuals between 70 and 80 years old have  
 82 the highest risk of stroke. The second highest risk is observed in the age range of 50-60,  
 83 followed by 60-70, 80-90, and the lowest risk belonging to individuals in the 40-50 age  
 84 range. Notably, the dataset suggests that younger ages have no risk of stroke, which may not  
 85 align with real-life scenarios.
- 86 • **Gender:** The gender plot demonstrates that females have a higher risk of experiencing a  
 87 stroke, which aligns with real-life observations.
- 88 • **Marital Status:** The plot suggests that married individuals have a higher risk of stroke  
 89 compared to other marital status categories.
- 90 • **Work Type:** According to the work type plot, individuals working in the private sector  
 91 exhibit a higher risk of stroke compared to other work types.
- 92 • **Residence Type:** The residence type plot indicates that individuals living in urban and rural  
 93 areas have an equal risk of stroke.
- 94 • **Smoking Status:** The plot reveals that individuals who have never smoked have the highest  
 95 risk of stroke. However, it is important to consider that this observation may be influenced  
 96 by biases in the dataset.

97 It is crucial to interpret these observations cautiously, considering potential biases within the dataset  
 98 and comparing them with established knowledge in the field of stroke risk factors.

## 99 4.2 Numerical Data

100 In summary, the numerical data analysis reveals the following observations:

- 101 • The BMI plot demonstrates that the BMI values of individuals who had a stroke are normally  
102 distributed. The majority (approximately 95%) of BMI values fall within the range of 20 to  
103 40, indicating that strokes are more prevalent within this BMI range.
- 104 • The glucose level plot suggests that individuals with an average glucose level between 50 and  
105 100 have a higher risk of experiencing a stroke. This finding indicates a potential correlation  
106 between glucose levels and stroke risk, with values within this range being associated with  
107 increased susceptibility to strokes.

108 These summarized insights highlight the distribution of BMI values and the association between  
109 glucose levels and stroke risk in the dataset. However, it is important to consider these findings  
110 alongside other risk factors and consult established medical knowledge to obtain a comprehensive  
111 understanding of stroke risk.

## 112 5 Data Modeling and Predictions

113 Before making any predictions, it is crucial to prepare the data by converting categorical values into  
114 numerical format. This can be achieved by using dictionaries and the `.replace()` method. The same  
115 process is applied to both the training and test sets to ensure consistency.

116 Next, the linear regression module is imported from the `sklearn.linear_model` library. The stroke  
117 column is dropped from the training set, and the stroke column itself is set as the target variable for  
118 training. After fitting the model, the `.predict()` method is used to generate predictions for the test set.  
119 The resulting predictions are then written into a CSV file.

120 Upon submitting the results to Kaggle, the predictions achieved an accuracy score of 90

121 Overall, this pipeline involves data preparation, model training using linear regression, prediction gen-  
122 eration, and result submission to Kaggle. The high accuracy score obtained indicates the effectiveness  
123 of the model in predicting stroke occurrences.

## 124 6 Conclusion

125 The analysis revealed that several variables, including hypertension, heart disease, age range, gender,  
126 marital status, work type, residence type, smoking status, BMI, and glucose level, have implications  
127 for stroke occurrence. Future research can employ advanced statistical methods to further investigate  
128 these variables and their predictive capabilities. By gaining a deeper understanding of their relation-  
129 ships, researchers can enhance stroke prevention strategies and develop more accurate risk assessment  
130 models. Ultimately, this can lead to improved interventions and better management of strokes.

## 131 7 References

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141 [20within%20minutes.](https://www.nhlbi.nih.gov/health/stroke#:~:text=A%20stroke%2C%20also%20known%20as,begin%20to%20die%20within%20minutes.)