# A Predictive Analytics Approach towards Early Detection of Stroke

Masters Of Science in Information Systems: Introduction to Data Mining and Analytics

**MSIS 510B** 

Purple Team 9 – Srikar, Khushboo, Sneha, Ning, Faraz

December 2021





# Introduction

#### Project Purpose - Using Machine Learning and Data Science to predict Stroke in a human body

Stroke is a medical disorder by which arteries in the blood are ruptured, causing brain damage. When the supply of blood and the other nutrients to the brain is interrupted, there will be development of symptoms.

According to the World Health Organization (WHO), Stroke is the greatest cause of death and disability globally. Early recognition of various warning signs of a stroke can help reduce the severity of the stroke. This project uses a range of physiological parameters and machine learning algorithm's, such as Logistic Regression (LR), Random Forrest (RF) and Neural Networks to build three different models to achieve accurate and detailed analysis for prediction.

#### **Data Description**

The dataset used in the development of this method from the open-source Stroke Prediction Dataset using 11 clinical features available on Kaggle.

#### https://www.kaggle.com/fedesoriano/stroke-prediction-dataset

#### **Dataset Attributes:**

```
'data.frame':
                5110 obs. of 12 variables:
$ id
                     : int 9046 51676 31112 60182 1665 56669 53882 10434 27419 60491 ...
                     : chr "Male" "Female" "Male" "Female" ...
$ gender
                    : num 67 61 80 49 79 81 74 69 59 78 ...
$ age
$ hypertension
                   : int 0000101000...
$ heart_disease : int 1 0 1 0 0 0 1 0 0 0 ...
$ ever_married : chr "Yes" "Yes" "Yes" "Yes"
$ ever_married
                    : chr "Yes" "Yes" "Yes" ...
: chr "Private" "Self-employed" "Private" ...
$ work_type
$ Residence_type : chr "Urban" "Rural" "Rural" "Urban" ...
$ avg_glucose_level: num 229 202 106 171 174 ...
$ bmi : chr "36.6" "N/A" "32.5" "34.4" ...
                    : chr "formerly smoked" "never smoked" "never smoked" "smokes" ...
$ smoking_status
                    : int 111111111...
$ stroke
```

# **Data Preparation and Exploratory Analysis**

#### **Data Preprocessing**

Before building a model, data preprocessing is required to remove unwanted noise and outliers from the dataset that could lead the model to depart from its intended training.

In our case we performed the following procedures:

- ❖ To begin with, the column id is omitted since its presence has no bearing on model construction
- The dataset is then inspected for null values and filled if any are detected.
- The null values in the column BMI are filled using the data column's mean in this case. The age was categorized into buckets of 10 through which the BMI mean was taken for each bucket and then used to replace the null values present in the BMI Column with respect to the age bucket.

#### **Data Exploration**

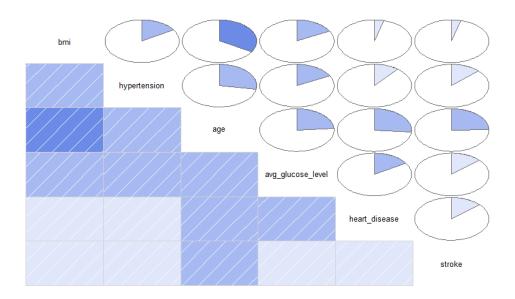
After the data has been preprocessed an exploratory analysis has to be performed to understand the correlation between the target prediction and the other relevant attributes.

We used three functions to perform our exploratory analysis

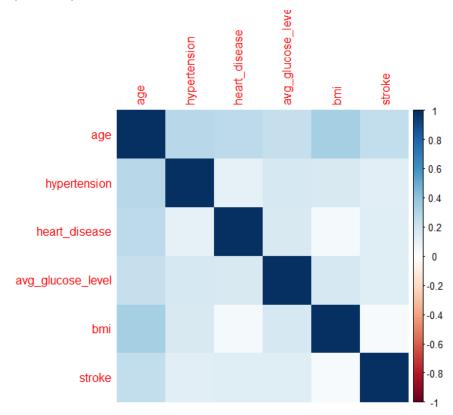
- \* "Corrgram" Function was used to produce a graphical display of the correlation matrix. The cells in the matrix are the relevant numerical attributes from the dataset depicting age, hypertension, heart disease, average glucose level and BMI to understand the relationship with stroke. To understand relevancy amongst the above attributes, we added pie chart to each attribute and clearly BMI, Age, Hypertension supersedes other attributes. The study of correlation helped us in gauging our visualization and prediction technique.
- Corrplot package allowed us to create a visual of a correlation matrix that helps to automatically reorder and help detect patterns amongst the datasets.
- Ggpairs makes a similar matrix plot using the dataset to determine correlation.

The use of three different exploratory techniques allowed to determine the most significant attributes.

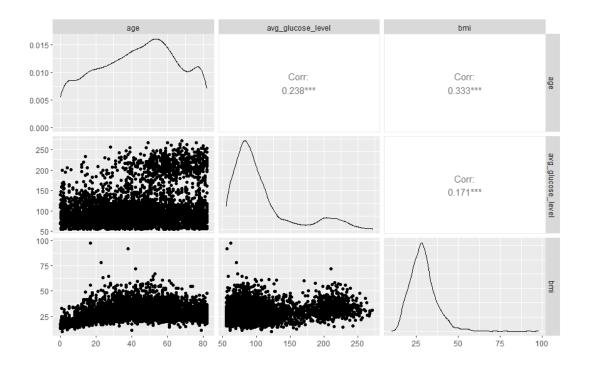
# **Corrgram Analysis:**



# **Corrplot Analysis:**



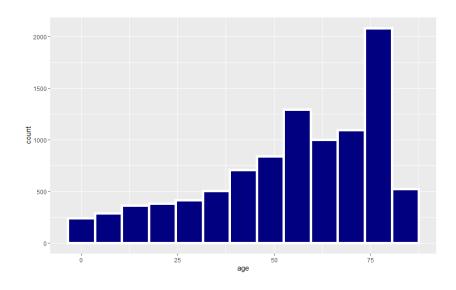
## **Ggpairs Plot Analysis:**



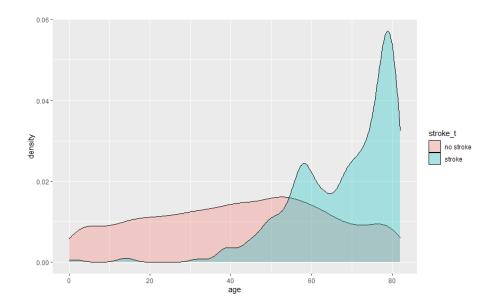
## **Data Visualization**

After the exploratory analysis we used data visualization to understand the impact of each predictor and the data underlying to gauge the implication on stroke prediction before training our prediction models.

## **Dataset Age Distribution:**

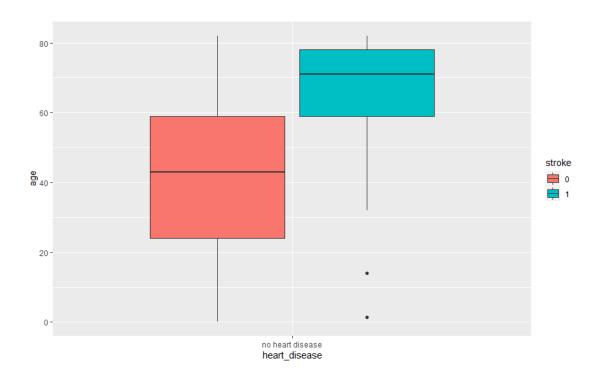


# **Reportedly Stroke Chances increases with Age:**

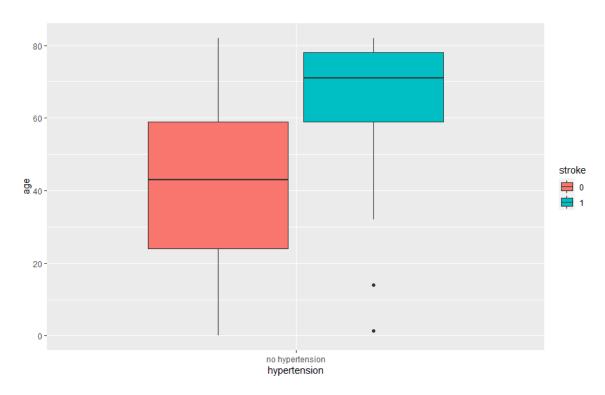


Age leads to other heart, glucose and hypertension issues directly adding to the stroke chances which can be concluded from below visualizations:

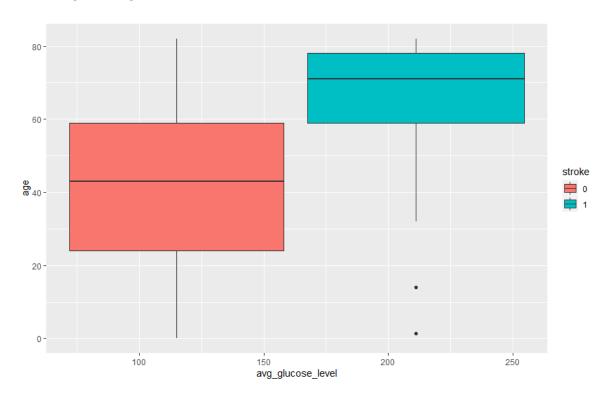
## ❖ Age/Heart Disease/Stroke



# ❖ Age/Hypertension/Stroke

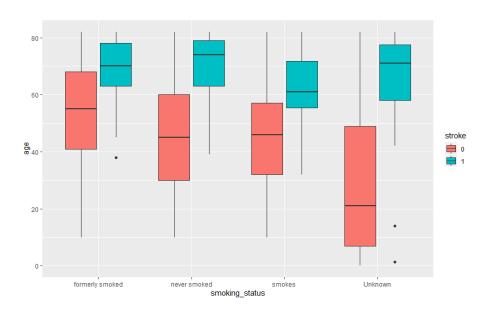


# ❖ Age/Average Glucose Level /Stroke



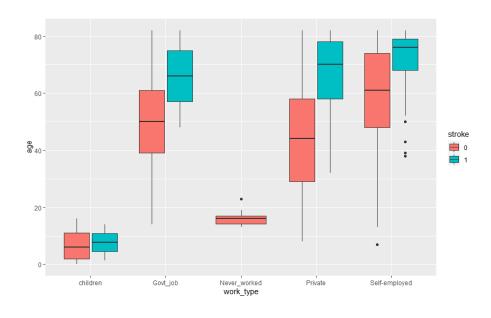
Stroke may be avoided by leading a healthy and balanced lifestyle that includes abstaining from unhealthy behaviors, such as smoking and drinking.

# **Impact of Smoking:**



Even workstyle and age combination can be an interesting thing to consider when training your dataset for Stroke Prediction:

## Impact of Workstyle:



# **Predictive Analytics Methodology**

#### **Upsampling**

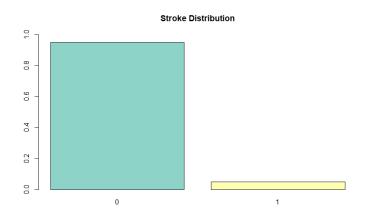
The dataset present in Kaggle for stroke prediction was very imbalanced. The dataset has a total of 5110 rows, with 249 rows indicating the possibility of a stroke and 4861 rows confirming the lack of a stroke.

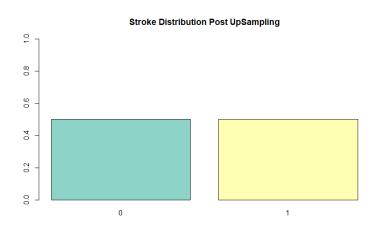
Whilst using such data to train a machine-level model may result in accuracy, other accuracy measures such as precision and recall are inadequate.

To train our algorithms in an efficient manner we followed the approach

- Split the data in 6:4, 60 % Train Data and 40 % Test Data.
- Train Data is then upsampled using upsample function in CARET library.

## Stroke distribution before and after Upsampling in the training data:





Now that we have an up sampled version of our trained dataset where both sample outcomes are uniformly distributed, the below predictive models which we will try to train will have a better chance of picking up on the details that define stroke individuals from those who are negative for a stroke.

#### **Logistic Regression**

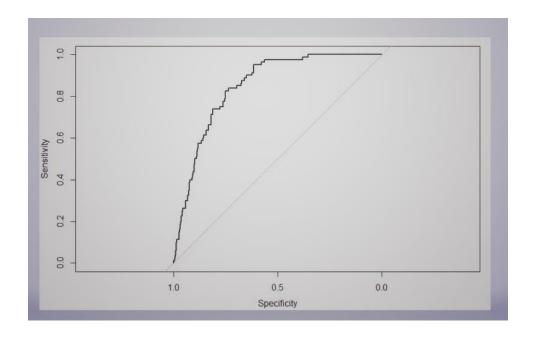
Logistic Regression is a method of supervised learning algorithm which can be used for predicting the probability of the target variable. This algorithm is usually deemed best fit if the output is binary (0 or 1).

Logistic Regression was chosen as the output attribute in the dataset has only two possible values (0 - No stroke predicted, 1- Stroke Predicted).

After performing this algorithm, the accuracy obtained was **75.34%**. Efficiency of this algorithm can also be found by using the metrics precision score and recall score. The specificity score is **82.5%** and the sensitivity score is **75.05%** showing that this is very close to the accuracy.

The other alternative for looking at the combination of Precision and recall score as this takes both the false positives and the false negatives into account. F1 score therefore is more useful, especially in cases where there would be an uneven class distribution. The F1 Score obtained with this algorithm is **78.59**%.

#### **ROC Curve through Logistic Regression:**



## **Confusion Matrix and Statistics through Logistic Regression:**

```
> coords(r, x = "best")
  threshold specificity sensitivity
1 0.5225281 0.7505092
                               0.825
> coords(r, x = c(0.1, 0.2, 0.5))
  threshold specificity sensitivity
                           1.0000
        0.1 0.3350305 1.0000
0.2 0.4765784 0.9750
0.5 0.7331976 0.8375
1
2
3
> pred <- ifelse(logit.reg.pred > 0.522, 1, 0)
> library(caret)
> confusionMatrix(factor(pred), factor(valid.df$stroke), positive = "1")
Confusion Matrix and Statistics
          Reference
Prediction
             0
                  1
         0 1474
                   14
         1 490
                  66
                Accuracy: 0.7534
                  95% CI: (0.7341, 0.772)
    No Information Rate: 0.9609
    P-Value [Acc > NIR] : 1
                   Kappa: 0.1493
 Mcnemar's Test P-Value : <2e-16
             Sensitivity: 0.82500
             Specificity: 0.75051
          Pos Pred Value : 0.11871
         Neg Pred Value : 0.99059
             Prevalence: 0.03914
         Detection Rate: 0.03229
   Detection Prevalence: 0.27202
      Balanced Accuracy: 0.78775
        'Positive' class : 1
```

#### **Random Forrest**

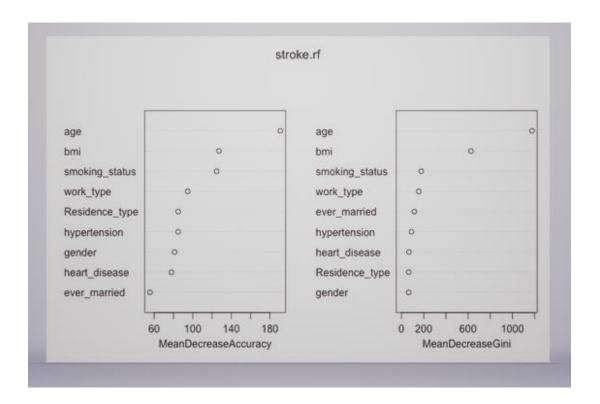
Random Forest is an ensemble of decision trees. It builds multiple decision trees and combines them altogether to get accurate results. It is a classification algorithm. It is called Random as it chooses the predictors randomly and combines results of multiple tress, so it is a forest.

After performing this algorithm, the accuracy obtained was 92.66%. Efficiency of this algorithm can also be found by using the metrics precision score and recall score. The specificity score is 96.61% and the sensitivity score is 13.40%. The other alternative for looking at the combination of Precision and recall score as this takes both the false positives and the false negatives into account. F1 score therefore is more useful, especially in cases where there would be an uneven class distribution. The F1 Score obtained with this algorithm is 13.40% which is comparatively less.

The model is implemented by choosing 3 random predictors and generating 500 trees.

Below diagrams show a few visual results of Random Forest Implementation.

## Predictor's Accuracy & Gini Index Comparison's Random Forest:

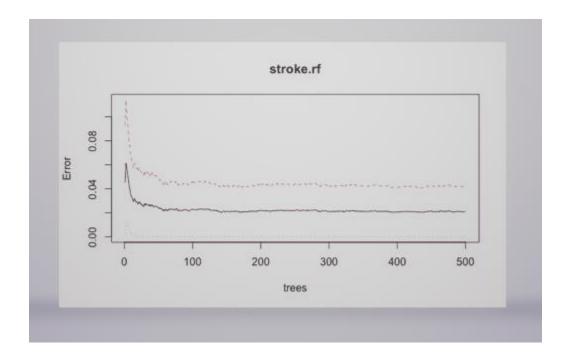


## **Predictor's Importance in Random Forest:**

```
> importance(stroke.rf)
                               1 MeanDecreaseAccuracy MeanDecreaseGini
gender
              2.7883690 84.69051
                                           83.63493
                                                            64.06076
             53.4191713 179.25867
                                           182.08534
                                                          1220.34328
hypertension 5.6906329 69.81097
                                            68.60656
                                                            76.15901
heart_disease 5.3912546 75.18726
                                            73.83379
                                                            65.98229
ever_married -3.7604331 61.04824
                                            59.98307
                                                            151.16593
             -2.3608825 90.55944
                                            90.81188
                                                            167.82993
work_type
Residence_type -0.2080452 91.12064
                                            88.90071
                                                             75.43688
                                                            642.23788
               7.7471312 131.37371
                                            129.07697
                                                            159.02022
smoking_status -0.3761202 110.38851
                                            108.80966
```

#### **Error rate through Random Forest:**

The graph illustrates the error behavior for 0 to 500 trees choosing 3 predictors at a time in Random Forest Implementation.



#### **Neural Networks**

Neural networks can learn and model non-linear and complex relationships, which is important because in real-life, many of the relationships between inputs and outputs are non-linear as well as complex. The purpose we use neural networks model for this dataset is to improve the overall performance of the prediction.

After several times modifying and adjusting, we did a **feature scaling** for each of the variables and set the **3 hidden layers** and **32 nodes** for each of the layers. This settlement which has a small layer number and four times the node number made the model less complex to avoid overfitting and keep the relatively high accuracy. A deeper model may give us higher accuracy but, in the meanwhile, it will result in low sensitivity which is unacceptable for the result.

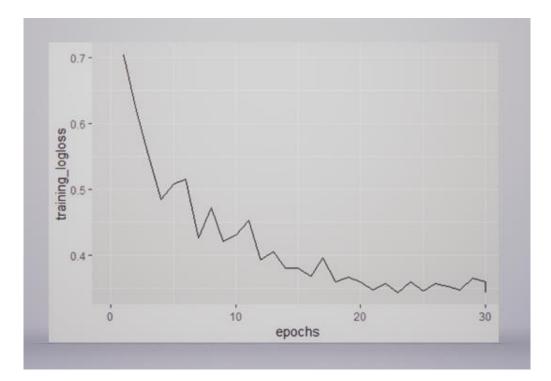
For improvement purpose, we implemented the 'RectifierWithDropout' as the activation function, which gave us more flexibility in controlling the regularization process. We do not have much noise in the input, so we will only adjust the hidden dropout ratio which can help us improve generalization.

After compared to the F1 and accuracy result, we set **0.48**, **0.47**, **0.43** as final hidden dropout ratio for each layer.

After performing this algorithm, the accuracy obtained is **83.51%**. The sensitivity score is **62.28%** and the specificity score is **84.76**%.

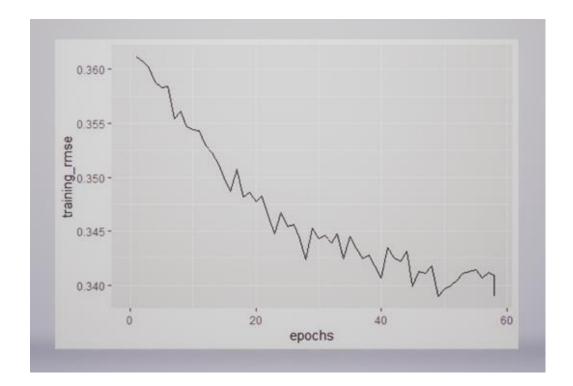
## Log loss through each iteration of the Neural Network:

Log-loss is indicative of how close the prediction probability is to the corresponding actual/true value (0 or 1 in case of binary classification). The less the predicted probability diverges from the actual value, the lower is the log-loss value. In this graph, we can see that the log loss drops slowly after the twentieth iteration.



# **Root-mean-square deviation through each iteration of the Neural Network:**

The RMSE drops rapidly between 0 and 40 and goes smoothly from 50 to 60 epochs.



# **Conclusion**

#### **Observations**

The development of an ML model could aid in the early detection of stroke and the subsequent mitigation of its severe consequences. The effectiveness of several ML algorithms in properly predicting stroke based on several physiological variables is investigated in this study.

Comparing accuracy, sensitivity, specificity values for the algorithm we used in defining the model, we believe Logistic Regression is the most sensitivity way to predict whether the body will have stroke or not. Logistic Regression outperforms the other methods tested with a sensitivity score of 82.50 percent. In a real-life scenario, neural network would perform better depending on the dataset, in this scenario the data set was a small data set with an Up-sampling procedure performed to improve the training performance.

Based on the models applied on the current data set we can incur some key observations:

- 1. People in the elder age group are more vulnerable to stroke
- 2. Significant difference in stroke frequency between groups of people in age of 50-65 with and without heart disease and hypertension.
- 3. Factor of smoking need to be investigated in a detailed approach.
- 4. People with a male gender were more prone to stroke based on the data observation.

#### **Improvements**

The ability to predict stroke can be a gamechanger, globally over 13 million have stroke each year and around 5.5 million people die of stroke with these numbers going up significantly year on year. There are many other risk factors which influence stroke like tobacco usage, physical inactivity, unhealthy diet, harmful use of alcohol, atrial fibrillation, raised blood lipid level, genetic disposition, and psychological factors. Access to this data allows the models to be trained better as the influx of other attributes which lead to stroke would help derive further correlations. An accurate data set in this aspect would allow researchers to further enhance their models and prepare a list of people in real time who might have a high probability of having a stroke in the future. Access to fast primary response will help reduce the fatality rate in low- and middle-income countries where it is said that two out of three people suffer from a stroke.

# References

- https://www.hindawi.com/journals/jhe/2021/7633381/
- https://ieeexplore.ieee.org/stamp/stamp.jsp?arnumber=9349502
- https://towardsdatascience.com/deep-neural-networks-for-regression-problems-81321897ca33
- https://www.kaggle.com/fedesoriano/stroke-prediction-dataset

# **Appendix**

## #1 Training Data before and after Upsampling:

```
> str(valid.df)
'data.frame': 2044 obs. of 11 variables:
                     : int 9046 31112 56669 27419 56112 70630 13861 4219 61843 33879 ...
$ id
                     : Factor w/ 3 levels "Female", "Male",...: 2 2 2 1 2 1 1 2 2 2 ...
: num 67 80 81 59 64 71 52 71 58 42 ...
$ gender
$ age
$ hypertension : int 0000001000...
$ heart_disease : int 1 1 0 0 1 0 0 0 0 0 ...
$ ever_married : Factor w/ 2 levels "No","Yes": 2 2 2 2 2 2 2 2 2 2 2 2 ...
$ work_type : Factor w/ 5 levels "children","Govt_job",..: 4 4 4 4 2 5 4 4 4 ...
$ Residence_type: Factor w/ 2 levels "Rural","Urban": 2 1 2 1 2 1 2 2 1 1 ...
$ bmi : num 36.6 32.5 29 30.6 37.5 ...
$ smoking_status: Factor w/ 4 levels "formerly smoked"...: 1 2 1 4 3 3 2 1 4 4 ...
$ stroke : Factor w/ 2 levels "0", "1": 2 2 2 2 2 2 2 2 2 2 ...
> str(train_old.df)
'data.frame': 3066 obs. of 11 variables:
                     : int 35106 21850 507 38070 2580 62715 17771 35838 17951 24736 ...
$ id
                  : Factor w/ 3 levels "Female", "Male",...: 2 2 1 1 2 2 1 1 2 1 ...
$ gender
               : num 3 58 28 56 66 82 64 1.16 27 4 ...
$ age
$ hypertension : int 0 0 0 0 0 0 1 0 0 0 ...
$ heart_disease : int  0  0  0  0  1  1  0  0  0  0 ...
$ ever_married : Factor w/ 2 levels "No","Yes": 1  2  2  2  1  2  2  1  1  1 ...
$ work_type : Factor w/ 5 levels "children","Govt_job",..: 1  2  4  4  2  4  2  1  5  1 ...
$ Residence_type: Factor w/ 2 levels "Rural", "Urban": 2 2 1 1 2 2 2 2 1 2 ...
> str(train.df)
'data.frame': 5846 obs. of 10 variables:
                 : Factor w/ 3 levels "Female", "Male",..: 2 2 1 1 2 2 1 1 2 1 ...
                     : num 3 58 28 56 66 82 64 1.16 27 4 ...
$ age
$ hypertension : int 0 0 0 0 0 0 1 0 0 0 ...
$ heart_disease : int 0 0 0 0 1 1 0 0 0 0 ...
$ ever_married : Factor w/ 2 levels "No","Yes": 1 2 2 2 1 2 2 1 1 1 ...
$ work_type : Factor w/ 5 levels "children", "Govt_job",..: 1 2 4 4 2 4 2 1 5 1 ...
$ Residence_type: Factor w/ 2 levels "Rural", "Urban": 2 2 1 1 2 2 2 2 1 2 ...
$ bmi : num 17.7 31.4 23.1 29.6 34.5 27.5 22 17 29.5 14 ...
$ smoking_status: Factor w/ 4 levels "formerly smoked",..: 4 4 3 2 2 2 2 4 3 4 ...
$ stroke : Factor w/ 2 levels "0","1": 1 1 1 1 1 1 1 1 1 ...
```

#### #2 Coefficient Analysis through Logistic Regression

```
call:
 glm(formula = stroke ~ ., family = "binomial", data = train.df)
 Deviance Residuals:
     Min 1Q Median 3Q Max
3523 -0.7439 0.1573 0.7562 2.5640
 -2.3523 -0.7439
Coefficients:
                                     Estimate Std. Error z value Pr(>|z|)
                                     -3.528510 0.269929 -13.072 < 2e-16 ***
 (Intercept)
                                genderMale
 genderOther
hypertension 0.419827 0.088982 4.718 2.38e-06 ***
heart_disease 0.424707 0.110727 3.836 0.000125 ***
ever_marriedYes 0.292572 0.115276 2.538 0.011148 *
work_typeGovt_job -1.458202 0.293354 -4.971 6.67e-07 ***
work_typeNever_worked work_typePrivate -1.529561 0.283495 -5.395 6.84e-08 ***
work_typeSelf-employed Residence_typeUrban 0.046218 0.065511 0.705 0.480501
bmi 0.019009 0.005137 3.700 0.000216 ***
 age
 smoking_statusnever smoked -0.430208 0.087430 -4.921 8.63e-07 ***
 smoking_statussmokes -0.189851 0.105387 -1.801 0.071630 .
 smoking_statusUnknown
                                    -0.216948 0.100183 -2.166 0.030348 *
 Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1
 (Dispersion parameter for binomial family taken to be 1)
      Null deviance: 8032.2 on 5793 degrees of freedom
 Residual deviance: 5701.3 on 5778 degrees of freedom
 AIC: 5733.3
Number of Fisher Scoring iterations: 13
```

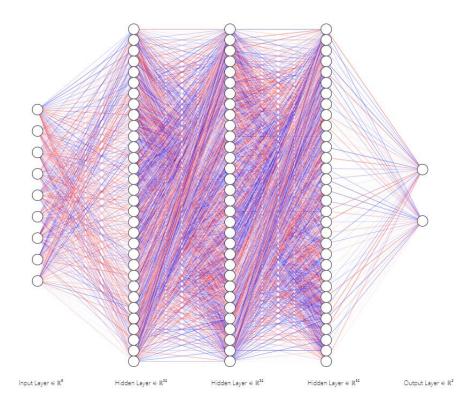
#### **#3 Confusion Matrix for Random Forrest**

```
> confusionMatrix(factor(rf.pred), factor(valid.df$stroke), positive = "1")
Confusion Matrix and Statistics
         on 0 1
0 1881 84
Prediction
         1 66 13
                Accuracy : 0.9266
95% CI : (0.9144, 0.9375)
    No Information Rate : 0.9525
P-Value [Acc > NIR] : 1.0000
                   Kappa: 0.1098
 Mcnemar's Test P-Value : 0.1651
             Sensitivity: 0.13402
             Specificity: 0.96610
          Pos Pred Value: 0.16456
         Neg Pred Value : 0.95725
              Prevalence: 0.04746
         Detection Rate: 0.00636
   Detection Prevalence: 0.03865
      Balanced Accuracy: 0.55006
        'Positive' Class : 1
```

#### **#4 Confusion Matrix for Neural Network**

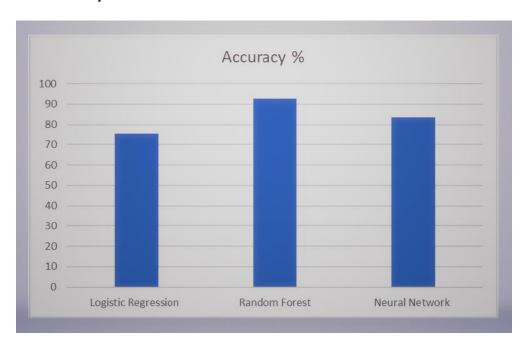
```
> confusionMatrix(factor(y_pred),factor(valid.df[, 10]),positive = '1')
Confusion Matrix and Statistics
         Reference
Prediction 0 1
        0 1636
                 43
        1 294
                71
              Accuracy: 0.8351
                95% CI: (0.8183, 0.851)
   No Information Rate: 0.9442
   P-Value [Acc > NIR] : 1
                 Карра: 0.2311
Mcnemar's Test P-Value : <2e-16
           Sensitivity: 0.62281
           Specificity: 0.84767
        Pos Pred Value : 0.19452
        Neg Pred Value: 0.97439
            Prevalence: 0.05577
        Detection Rate: 0.03474
  Detection Prevalence: 0.17857
     Balanced Accuracy: 0.73524
       'Positive' class: 1
```

## **#4 Visualization Graph for Neural Network**

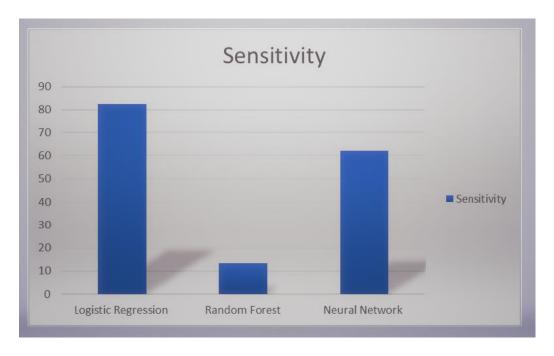


#5 Algorithm Comparison based on Accuracy, Sensitivity and Specificity:

# #5.1 Accuracy %



## #5.2 Sensitivity %



# #5.3 Specificity %

