

STROKE RISK FACTORS ANALYSIS

DATA-DRIVEN INSIGHTS FOR PREVENTION

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RESEARCH METHODOLOGY

DATA SOURCE:

HEALTHCARE DATASET STROKE DATA (5,100 RECORDS)

• KEY STEPS:

- DATA CLEANING (BMI IMPUTATION, DATA CONVERSION)
- STATISTICAL ANALYSIS (T-TESTS, CHI-SQUARE)
- VISUALIZATION (SEABORN/MATPLOTLIB)

TOOLS USED:

• PYTHON, PANDAS, SCIPY, NUMPY, MATPLOTLIB, SEABORN

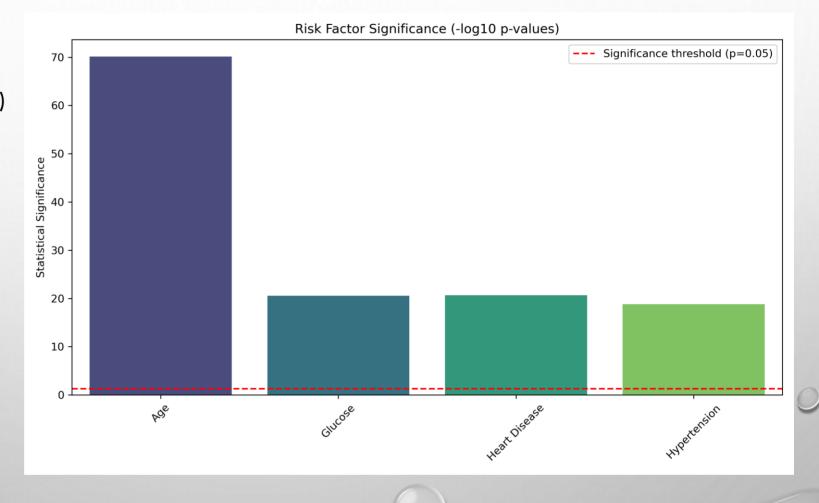




KEY FINDINGS

TOP 4 RISK FACTORS:

AGE (p < 0.001) GLUCOSE LEVELS (p < 0.001) HYPERTENSION (OR = 2.5) HEARTH DISSEASE (OR = 2.1)

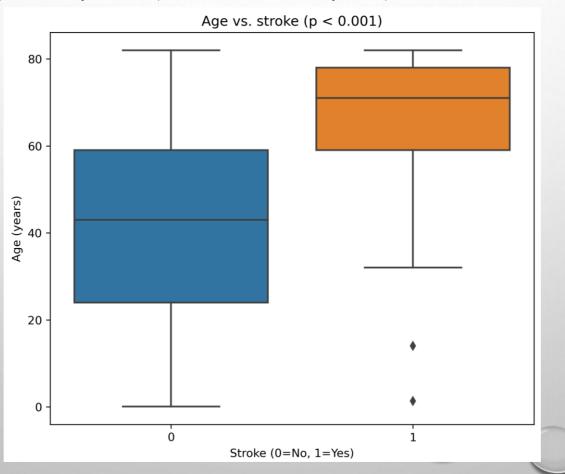




AGE-VISE ANALYSIS

FINDING:

Patients with stroke were significantly older (median 71 vs 43 years)

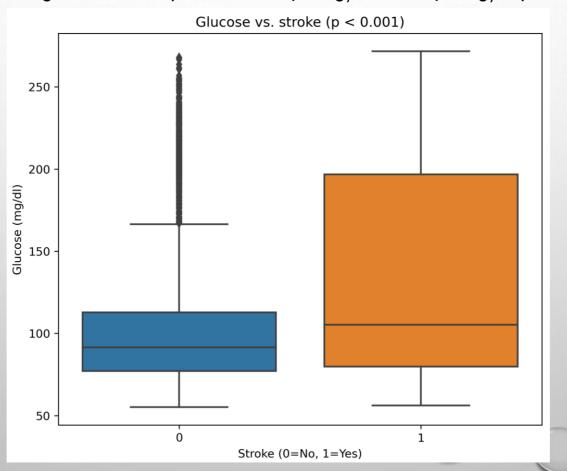




GLUCOSE-VISE ANALYSIS

FINDING:

Patients with stroke had higher glucose level (median 105,2 mg/dl vs 91,5 mg/dl)

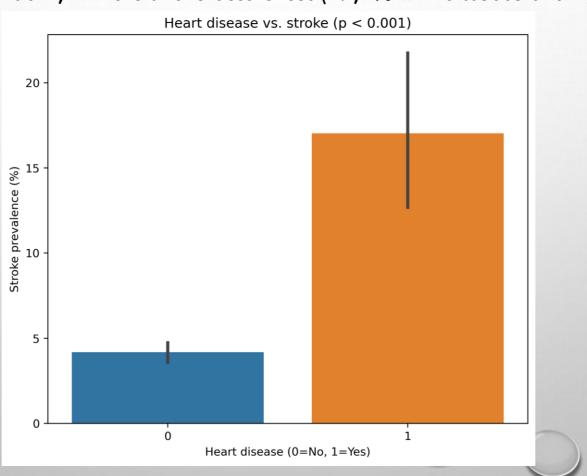




HEART DISSEASE-VISE ANALYSIS

FINDING:

Patients with heart dissease had 4,1x more stroke occurences (17,1% with dissease and 4,2% without)

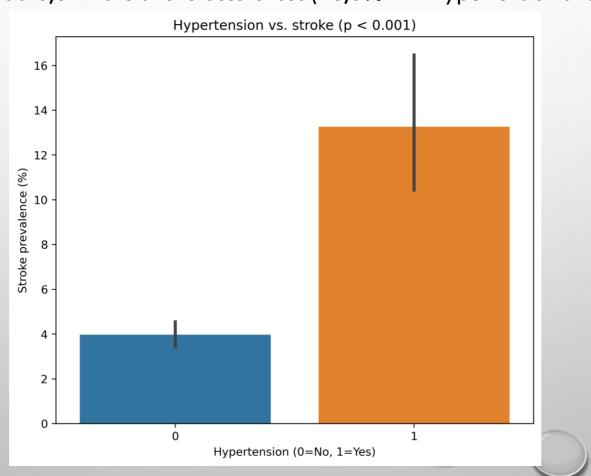




HYPERTENSION-VISE ANALYSIS

FINDING:

Patients with hypertension had 3.3x more stroke occurences (13,3% with hypertension and 4,0% without)



CONCLUSIONS & CLINICAL RECOMMENDATIONS

- KEY TAKEAWAYS
- AGE IS THE STRONGEST PREDICTOR
 - PATIENTS >70 YEARS HAVE 3× HIGHER STROKE RISK
 - RECOMMENDATION: PRIORITIZE SCREENING IN ELDERLY POPULATIONS
- CONTROLLABLE RISK FACTORS MATTER
 - HYPERTENSION (13.3% VS 4.0%, P<0.001)
 - HEART DISEASE (17.0% VS 4.2%, P<0.001)
 - RECOMMENDATION: AGGRESSIVE BP CONTROL AND CARDIAC MONITORING
- GLUCOSE LEVELS SIGNAL RISK
 - EVEN MODERATELY ELEVATED LEVELS (105 VS 92 MG/DL) INCREASE RISK
 - RECOMMENDATION: ANNUAL GLUCOSE CHECKS FOR PATIENTS >50