Exploring Alzheimer's Disease Risk Factors: A Data-Driven Approach



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Introduction

Alzheimer's Disease (AD) is a neurodegenerative disorder that gradually impairs cognitive function, leading to memory loss and an overall decline in quality of life. Affecting millions worldwide, it poses significant challenges to both individuals and healthcare systems. Understanding the risk factors contributing to AD is crucial for early diagnosis and effective intervention. In this study, we explore open-source patient data to identify key contributors to Alzheimer's diagnosis, using statistical analysis and data modelling. By leveraging data analytics, we aim to uncover patterns that could assist medical professionals in improving diagnostic accuracy and preventive strategies.

Literature Review

Previous research on Alzheimer's disease has extensively explored genetic predisposition, environmental influences, and comorbidities as key risk factors. Studies have shown that individuals with a family history of AD are at a significantly higher risk due to genetic inheritance. Additionally, conditions such as hypertension, diabetes, and high cholesterol have been linked to an increased likelihood of developing Alzheimer's. Lifestyle factors, including diet, physical activity, and cognitive engagement, also play a role in mitigating or exacerbating risk. However, gaps remain in understanding how these factors interact, highlighting the need for data-driven approaches like the one presented in this study.

Data Source and Purpose

The dataset under analysis consists of records from 2,149 patients, capturing various demographic, genetic, and health-related attributes. This dataset provides a valuable resource for examining the prevalence of Alzheimer's across different population groups.

Our primary objective is to assess the prevalence of Alzheimer's and identify significant risk factors associated with the disease. The study aims to answer pressing questions about the impact of genetics, lifestyle choices, and comorbidities in the likelihood of developing AD. The findings from this analysis may help healthcare providers refine screening methods and focus on high-risk individuals for early intervention.

Key Research Questions

To guide our investigation, we formulated the following research questions:

- 1. What is the prevalence of Alzheimer's disease across different demographic groups?
 - By analysing the dataset, we aim to determine whether specific racial or ethnic groups are more susceptible to the disease.
- 2. Which factors (e.g., genetics, lifestyle, comorbidities) have the strongest correlation with an Alzheimer's diagnosis?

 We explore potential risk factors such as family history, age, gender, and health conditions (e.g., diabetes, hypertension) that may contribute to AD.

3. Do gender and ethnicity influence the likelihood of developing Alzheimer's disease?

 By segmenting the data based on gender and ethnicity, we can assess whether certain demographic groups are at higher risk compared to others.

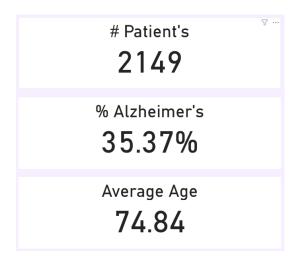
Metrics and KPIs

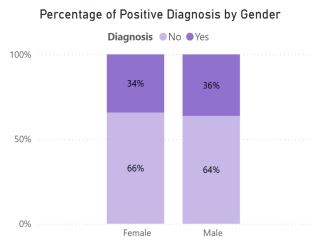
To track our operational and strategic objectives, we defined the following key performance indicators (KPIs):

- Alzheimer's Prevalence Rate: Measures the percentage of patients diagnosed with Alzheimer's within the dataset. This helps in understanding the overall burden of the disease in the studied population.
- **Demographic Risk Comparison:** Assesses the percentage distribution of Alzheimer's cases across different ethnicities and genders. This enables us to pinpoint disparities in diagnosis rates among various groups.
- Condition Association Score: A measure of how strongly associated specific health conditions (e.g., family history, hypertension) are with an Alzheimer's diagnosis. This aids in identifying comorbid conditions that may be key contributors.
- **Predictive Accuracy of Risk Models:** Evaluates the effectiveness of statistical models in predicting Alzheimer's risk based on different parameters.

Data Model and Analysis

Our analysis incorporated statistical tools, radar charts, and demographic segmentation to evaluate risk factors. The data model used various analytical methods, including correlation analysis and visualization techniques, to interpret complex relationships within the dataset.





Percentage of Positive Diagnosis by Ethnicity

Diagnosis No Yes

100%

36%

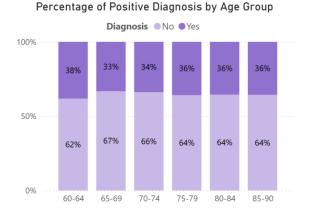
32%

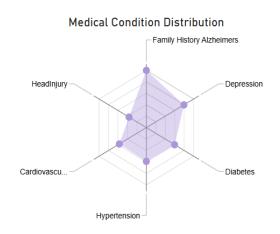
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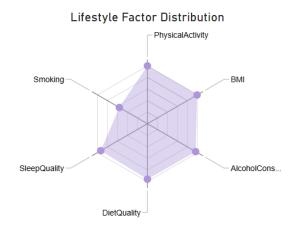
41%

50%

Caucasian African Other Asian American







Key Observations:

- **Overall Prevalence:** Out of 2,149 patients, 35.37% were diagnosed with Alzheimer's. This suggests that more than one-third of the dataset population is affected, highlighting the significance of risk assessment.
- Ethnicity-Based Analysis: Among different ethnic groups, Asian patients had the highest diagnosis rate (41%), while African Americans and individuals classified under the "Other" category had the lowest rates at 32%. These differences suggest potential genetic or environmental influences that warrant further investigation.
- **Gender Disparity:** Males exhibited a slightly higher Alzheimer's diagnosis rate (36%) compared to females (34%). While the difference is small, it suggests that gender-based biological or lifestyle-related factors might be at play.
- Major Risk Factors: The most significant predictor of an Alzheimer's diagnosis appeared to be a family history of the disease. Individuals with a parent or sibling who had Alzheimer's were found to be at a significantly higher risk.

Results and Findings

Our findings reinforce the hypothesis that genetic predisposition plays a crucial role in Alzheimer's susceptibility. However, the data also indicates that other factors, such as lifestyle and coexisting health conditions, may contribute to disease risk. Additional key takeaways include:

- **Impact of Comorbidities:** The presence of hypertension, diabetes, and high cholesterol showed a moderate correlation with an increased risk of Alzheimer's.
- Age-Related Trends: The majority of diagnosed cases were observed in patients aged 65 and above, emphasizing age as a major risk factor.
- Social and Environmental Influences: Although not directly measurable from this dataset, prior research suggests that environmental exposure, diet, and socioeconomic status may further shape AD risk.

Implications for Healthcare Policy

Given the high prevalence of Alzheimer's and its associated risk factors, policymakers should consider enhancing early screening programs and public awareness campaigns. Investment in genetic research and community health programs may also help reduce disparities in diagnosis rates. Additionally, integrating predictive modeling into routine health assessments could improve early intervention strategies and patient outcomes.

Conclusion

This data-driven approach highlights critical risk factors associated with Alzheimer's disease. While our findings suggest genetic and demographic influences, further research incorporating lifestyle and environmental data could provide a more comprehensive understanding of the disease.

By leveraging data analytics, we can support early detection and targeted interventions, ultimately contributing to better healthcare outcomes. This study underscores the importance of continued research and collaboration in the fight against Alzheimer's, paving the way for informed medical decisions and enhanced public health strategies.

Future Directions

Given the insights gained from this study, future research should aim to:

- Expand the dataset to include more diverse populations to improve the generalizability of findings.
- Investigate the role of lifestyle factors such as diet, exercise, and mental stimulation in reducing Alzheimer's risk.
- Develop predictive models that integrate genetic, clinical, and behavioural data to enhance early detection capabilities.
- Explore intervention strategies and treatment efficacy using real-world patient data.