# FINAL PROJECT - DS48

MAXIMILIAN KLIMKO

# DATASET - HEART DISEASE

- 918 observations
- 5 different countries
- Sourced from University hospitals and Medical Institutes
- Taken from Kaggle
- Originally 5 datasets

https://www.kaggle.com/fedesoriano/heart-failure-prediction

### WHAT DOES THE DATA SHOW?

- - Age
- - Sex
- - CPT: Angina Type
- - RBP: Resting Blood Pressure
- - CTL: Serum Cholesterol
- - FBS: Fasted Blood Sugar
- - ECG: Electrocardiogram Results
- - MHR: Max Heart Rate
- - ExA: Exercise-induced Angina
- - Old: ST [Numeric value measured in depression, implies restriction of bloodflow to tissue]
- - STS: ST segment slope during peak exercise

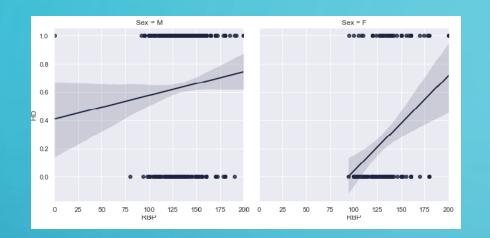
	Age	Sex	СРТ	RBP	CTL	FBS	ECG	MHR	ExA	Old	STS	HD
0	40	М	ATA	140	289	0	Normal	172	N	0.0	Up	0
1	49	F	NAP	160	180	0	Normal	156	Ν	1.0	Flat	1
2	37	М	ATA	130	283	0	ST	98	N	0.0	Up	0
3	48	F	ASY	138	214	0	Normal	108	Υ	1.5	Flat	1
4	54	М	NAP	150	195	0	Normal	122	Ν	0.0	Up	0

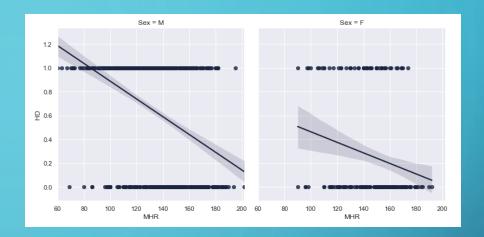
Which of these can be used to predict whether a person will suffer heart failure?

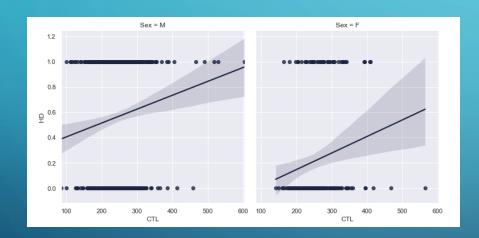
#### FEATURE IMPORTANCE

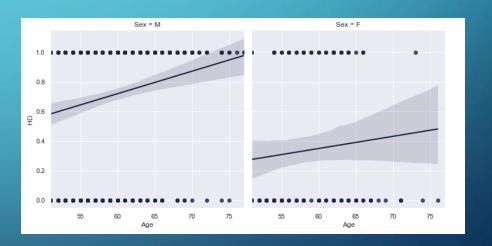
- Simple decision tree
- Assessment of feature importance

	feature	importance
4	MHR	0.640681
0	Age	0.272739
1	RBP	0.067089
2	CTL	0.019491
3	FBS	0.000000



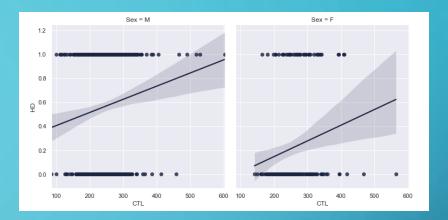


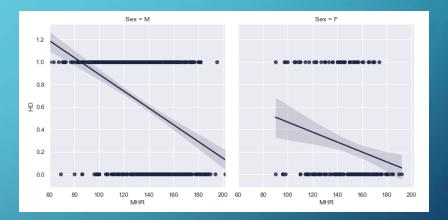




## LOGISTIC REGRESSION

- Small dataset
- Target is a class (0 or 1)
- CTL / MHR / Age







#### **CONFUSION MATRIX**

TN: 63 FP: 23

FN: 40 TP: 61

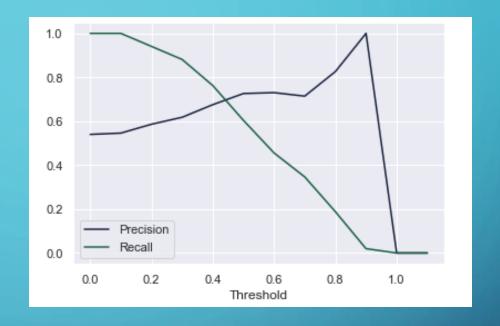
Accuracy -0.69

Precision – 0.72

Recall - 0.60

False Positive rate – 0.25

F1 - 0.65



Lowering the threshold to 0.4 or even 0.3 would be justifiable as higher recall would mean less FN

## PERSONAL TAKEAWAYS

- Learned about heart disease predictors
- Could have picked a larger dataset
- Or a different problem entirely
- I realized there is much more to learn about ML
- And that I wish to continue studying it