

# HEART DISEASE PREDICTION

Analysis of Heart disease Using Model

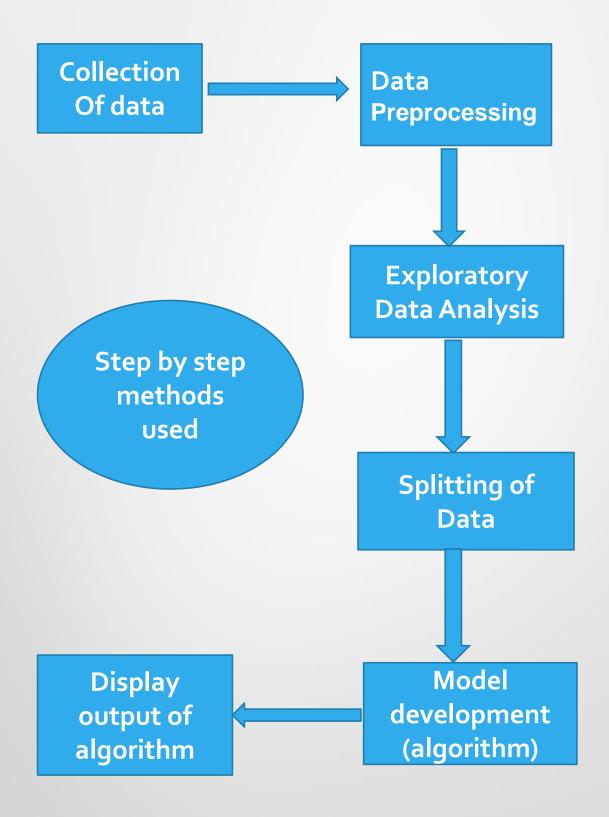
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# Methodology



# Methodology

### 1. Collection of data

The process of gathering and analyzing accurate data from various sources to find answers to research problems, trends and probabilities, etc., to evaluate possible outcomes is Known as Data Collection. It includes understanding the data to study the hidden patterns and trends which helps to predict and evaluate the results

### 2. Data Preprocessing

Data preprocessing is a data mining technique which is used to transform the raw data in a useful and efficient format. The data contain missing Data, noisy Data, repeated data, etc. We can process the data using some respective data preprocessing method like Ignore the tuples, Fill the Missing values, Regression, Clustering, ect.

### 3. Exploratory Data Analysis

Exploratory Data Analysis (EDA) is an techniques. It is used to discover trends, patterns, or to check assumptions with the help of statistical summary approach to analyze the data using visual and graphical representations. Also help us to understand the relationship between variables and show us maximize insight into a data set, uncover underlying structure, extract important variables, detect outliers and anomalies, test underlying assumptions, develop parsimonious models, and determine optimal factor settings.

# Methodology

### 4. Splitting of Data

After data cleaning and pre-processing, the dataset becomes ready to train and test. In the train/split method, we split the dataset randomly into the training and testing set. For Training, we took 80% of the sample and for testing, we took 20% of the sample. It is called as cross validation

```
> #create split object
> train_test_split <-data %>% initial_split(prop = .8, strata = "Diagnosis_Heart_Disease")
> #pipe split obj to training() fcn to create training set
> train_tbl <- train_test_split %>% training()
> #pipe split obj to testing() fcn to create test set
> test_tbl <- train_test_split %>% testing()
> nrow(train_tbl)
[1] 236
> nrow(test_tbl)
[1] 60
```

### 5. Model development

Model development is an iterative process, in which many models are derived, tested and built upon until a model fitting the desired criteria is built and model are build through different algorithms. The model which performs best that algorithm will preferred for the same type of data for which the model built.

### 6. Display output of model

From the results of the models we can conclude which model is best to go with according to the Accuracy, Sensitivity, Specificity, etc.

### Introduction

- In this article, we will be closely working with the heart disease prediction and for that, we will be looking into the heart disease dataset from that dataset we will derive various insights that help us know the weightage of each feature and how they are interrelated to each other but this time our sole aim is to detect the probability of person that will be affected by a savior heart problem or not.
- I would like to explain the various data analysis operation, I have done on this data set and how to conclude or heart disease predict status of patients who undergone from surgery.
- First of all for any data analysis task or for performing operation on data we should have good domain knowledge so that we can relate the data features and also can give accurate conclusion. So, I would like to explain the features of data set and how it affects other feature.

### **Data Set Explanations**

Initially, the dataset contains 76 features or attributes from 303 patients; however, published studies chose only 14 features that are relevant in predicting heart disease. Hence, here we will be using the dataset consisting of 303 patients with 14 features set.

### Introduction

### **Attribute Information**

- 1. Age: age of the patient [years].
- 2. Sex: sex of the patient [1: Male, o: Female].
- 3. Chest Pain Type: chest pain type
- [o = Typical Angina, 1 = Atypical Angina,
- 2 = Non-Angina Pain, 3 = Asymptomatic].

Angina pain is often described as squeezing, pressure, heaviness, tightness or pain in the chest.

- 4. Resting BP: resting blood pressure in mm Hg.
- 5. **Serum Cholesterol**: Serum cholesterol in mg/dl A person's serum cholesterol level represents the amount of total cholesterol in their blood.
- 6. Fasting Blood Sugar: Fasting blood sugar level relative to 120 mg/dl:[o = fasting blood sugar <= 120 mg/dl, 1 = fasting blood sugar > 120 mg/dl].
- Resting ECG: Resting electrocardiographic results [o = normal,
  - 1 = ST-T wave abnormality,
  - 2 = left ventricle hyperthrophy]

An electrocardiogram records the electrical signals in the heart.

- 8. Max Heart Rate Achieved: Max heart rate of subject.
- 9. Exercise Induced Angina: [o = no 1 = yes] Angina tends to appear during physical activity, emotional stress, or exposure to cold temperatures, or after big meals.

### Introduction

- 10. ST Depression Induced by Exercise Relative to Rest:
  - ST Depression of subject.
- 11. Peak Exercise ST Segment:
  - [o = Down-sloaping,
  - 1 Flat,
  - 2 = Up-sloaping,]

The ST segment shift relative to exercise-induced increments in heart rate, the ST/heart rate slope.

- **12. Number of Major Vessels (o-3) Visible on Flouroscopy**: Number of visible vessels under flouro.
- 13. Thalassemia: Form of thalassemia: 3
  - [1 = fixed defect,
  - 2 = normal,
  - 3 = reversible defect]

Thalassemia is an inherited (i.e., passed from parents to children through genes) blood disorder caused when the body doesn't make enough of a protein called hemoglobin, an important part of red blood cells.

- 14. **Diagnosis of Heart Disease**: Indicates whether subject is suffering from heart disease or not:
  - [o= heart disease absence
  - 1= heart disease present].

Exploratory Data Analysis (EDA) is a pre-processing step to understand the data. There are numerous methods and steps in performing EDA, however, most of them are specific, focusing on either visualization or distribution, and are incomplete. Therefore, here, I will walk-through step-by-step to understand, explore, and extract the information from the data to answer the questions or assumptions. There are no structured steps or method to follow, however, this project will provide an insight on EDA for you and my future self.

### **Operations**

I had used R for this purpose as it has the rich collection of machine learning libraries and mathematical operation. I will mostly use common packages as **tidyverse**, **scales**, **ROCR**, **gmodels** and **tidymodels** which help me for mathematical operations and also plotting, importing and exporting of files.

```
> library(tidyverse)
> library(scales)
> library(gmodels)
> library(tidymodels)
> library(ROCR)
```

### 1. Import and get to know the data

```
> data<-read.csv(file.choose())
> head(data)
  age sex cp trestbps chol fbs restecg thalach exang oldpeak slope ca thal target
1 63 1 3 145 233 1 0 150 0 2.3 0 0 1 1 2 37 1 2 130 250 0 1 187 0 3.5 0 0 2 1 3 41 0 1 130 204 0 0 172 0 1.4 2 0 2 1 4 56 1 1 120 236 0 1 178 0 0.8 2 0 2 1 5 57 0 0 120 354 0 1 163 1 0.6 2 0 2 1 6 57 1 0 140 192 0 1 148 0 0.4 1 0 1 1
> dim(data)
[1] 303 14
> names <- c("Age",
                "Sex",
                "Chest Pain Type",
                "Resting Blood Pressure",
                "Serum Cholesterol",
               "Fasting Blood Sugar",
               "Resting ECG",
               "Max Heart Rate Achieved",
               "Exercise Induced Angina",
               "ST Depression Exercise",
               "Peak_Exercise_ST_Segment",
               "Num Major Vessels Flouro",
                "Thalassemia",
               "Diagnosis Heart Disease")
> colnames(data) <- names
```

Here we have 303 rows with 14 variables and giving correct column names.

### 2. Data Preprocessing

The variables types are

- •Binary: Sex, Fasting Blood Sugar, Exercise Induced Angina, Diagnosis Heart Disease.
- •Categorical: Chest Pain Type, Resting ECG, Peak Exercise ST Segment, Num Major Vessels Flouro, Thalassemia.
- •Continuous: Age, Resting Blood Pressure, Serum Cholesterol, Max Heart Rate Achieved, ST Depression Exercise.

```
> which(is.na(data))
integer (0)
> data %>%
  drop_na() %>%
  group_by(Thalassemia) %>%
count()
\# A tibble: 4 \times 2
# Groups: Thalassemia [4]
 Thalassemia n
       <int> <int>
           0
2
            1
                 18
3
            2
               166
4
            3
               117
> data %>%
  drop_na() %>%
   group by (Num Major Vessels Flouro) %>%
   count()
# A tibble: 5 \times 2
# Groups: Num Major Vessels Flouro [5]
 Num Major Vessels Flouro n
                     <int> <int>
1
                         0
2
                         1
                              65
3
                         2
                              38
                         3
                             20
5
 data<-data %>%
      mutate at(c("Resting ECG",
                   "Fasting Blood Sugar",
                   "Sex",
                   "Diagnosis_Heart_Disease",
                   "Exercise Induced Angina",
                   "Peak Exercise ST Segment",
                   "Chest Pain Type",
 "Thalassemia"), as factor)%>%
 filter(Thalassemia != 0) %>%
  filter (Num Major Vessels Flouro != 4) %>%
      select (Age,
              Resting Blood Pressure,
              Serum Cholesterol,
              Max Heart Rate Achieved,
              ST Depression Exercise,
              Num Major Vessels Flouro,
              everything())
```

The variables Num Major Vessels Flouroand and Thalassemia have unwanted variables, so i removed it and changing categorical into factor.

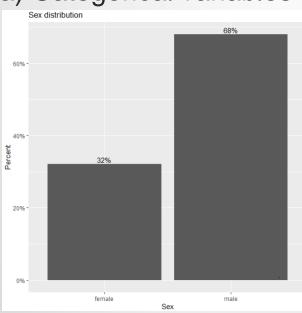
```
> data<-data %>%
+ mutate(Diagnosis Heart Disease= recode factor(Diagnosis Heart Disease,
+ '0' = "absent", '1' = "present"),
+ Sex = recode factor(Sex, '0' = "female", '1' = "male" ),
+ Chest Pain Type = recode factor(Chest Pain Type,
+ `0` = "typical", `1` = "atypical", `2` = "non-angina", `3` = "asymptomatic"),
+ Fasting Blood Sugar = recode factor (Fasting Blood Sugar,
+ '0' = "<= 120 mg/dl", '1' = "> 120 mg/dl"),
+ Resting ECG = recode factor(Resting ECG, '0' = "normal",
+ 'l' = "ST-T abnormality", '2' = "LV hypertrophy"),
+ Exercise Induced Angina = recode factor(Exercise Induced Angina,
+ `0` = "no", `1` = "yes"),
+ Peak Exercise ST Segment = recode factor(Peak Exercise ST Segment,
+ '2' = "up-sloaping", '1' = "flat", '0' = "down-sloaping"),
+ Thalassemia = recode factor(Thalassemia, '2' = "normal",
+ 'l' = "fixed defect", '3' = "reversible defect")) %>%
+ select(Age,
             Resting Blood Pressure,
             Serum Cholesterol,
             Max Heart Rate Achieved,
            ST Depression Exercise,
            Num Major Vessels Flouro,
             everything())
> glimpse(data)
Rows: 296
Columns: 14
                       <int> 63, 37, 41, 56, 57, 57, 56, 44, 52, 57, 54, 48, 4
$ Resting Blood Pressure <int> 145, 130, 130, 120, 120, 140, 140, 120, 172, 150,
$ Serum Cholesterol <int> 233, 250, 204, 236, 354, 192, 294, 263, 199, 168,
$ Max Heart Rate Achieved <int> 150, 187, 172, 178, 163, 148, 153, 173, 162, 174,
$ ST Depression Exercise <dbl> 2.3, 3.5, 1.4, 0.8, 0.6, 0.4, 1.3, 0.0, 0.5, 1.6,
<fct> male, male, female, male, female, male, female, m
$ Chest_Pain_Type
                       <fct> asymptomatic, non-angina, atypical, atypical, typ
$ Fasting_Blood_Sugar
                       <fct> > 120 mg/dl, <= 120 mg/dl, <= 120 mg/dl, <= 120 m
                       <fct> normal, ST-T abnormality, normal, ST-T abnormalit
$ Resting ECG
$ Exercise Induced Angina <fct> no, no, no, no, yes, no, no, no, no, no, no, no,
$ Peak Exercise ST Segment <fct> down-sloaping, down-sloaping, up-sloaping, up-slc
$ Thalassemia
                        <fct> fixed defect, normal, normal, normal, fix
$ Diagnosis Heart Disease <fct> present, present, present, present, present, pres
```

Changing dummy categorical variables values into respected names and understanding the data by **glimpse** function.

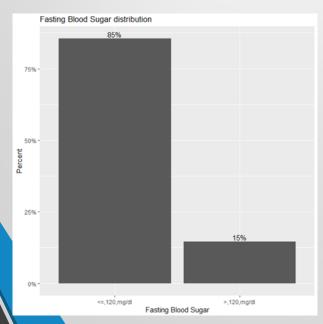
### 3. Univariate Analysis

Univariate analysis is the simplest form of analyzing data. "Uni" means "one", so in other words your data has only one variable. It doesn't deal with causes or relationships (unlike <u>regression</u>) and it's major purpose is to describe; It takes data, summarizes that data and finds patterns in the data.

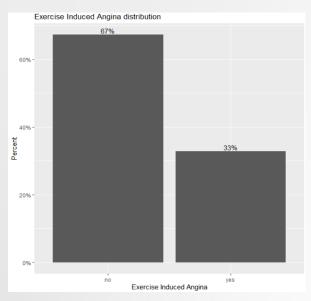
### a) Categorical variables



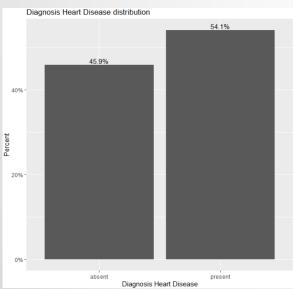
Sex variable is distributed into two categories Male and female and there respectively percentage are 68% and 32%. We can see that males are more than females.



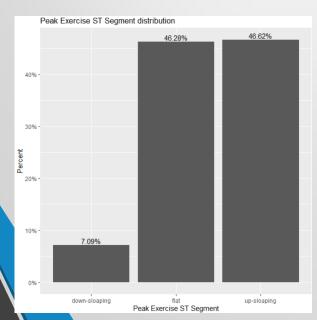
Fasting blood sugar is distributed into two categories <=120mg/dl and>120mg/dl and there respectively percentage are 85% and 15%. We can see that <=120mg/dl are more than >120mg/dl.



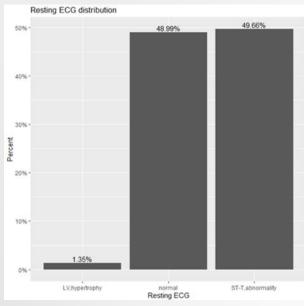
Exercise Induced angina is distributed into two groups are "yes" and "no" and there respectively percentage are 67% and 33%. The data says that majority of patients did not have Exercise Induced Angina.



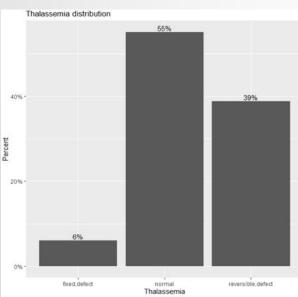
Diagnosis heart disease distribution into two groups are "Absent "and "present "and there respectively percentage are 45.9% and 54.1% .The data says that majority of them are present in Diagnosis heart disease.



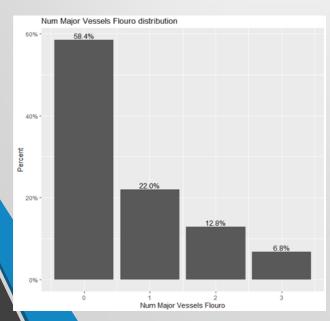
Peak exercise ST segment is distributed into three categories: Down sloaping has 7.09 Flat has 46.28Up sloping has 46.62aNow we know that up sloping is peaked up than Down sloaping and flat.



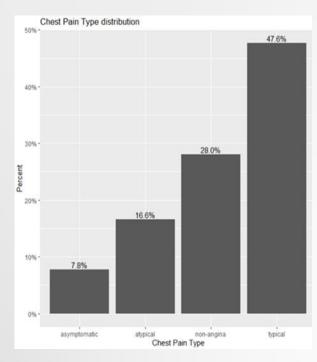
Resting\_ECG are grouped into three LV hypertrophy, normal and ST-T abnorarmality and there respective percentage are 1.35%, 48.99% and 49.66%. The bar says that majority of them are in normal ST-T abnorarmality



Thalassemia variable is distributed into three groups: fixed defect has 6% and normal has 55% and reversible has 38%. -Normal has higher percentage than fixed and reversible



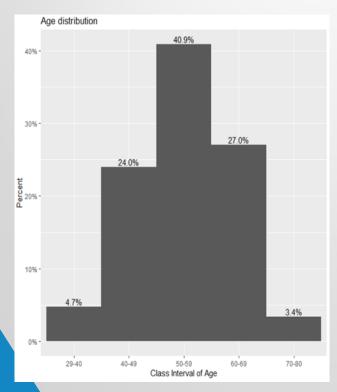
Num major vessels flourois distributed into four types o, 1, 2 and 3 and there respective percentage are 58.4%, 22.0%, 12.8% and 6.8% .The data says that majority of them are present in o type.



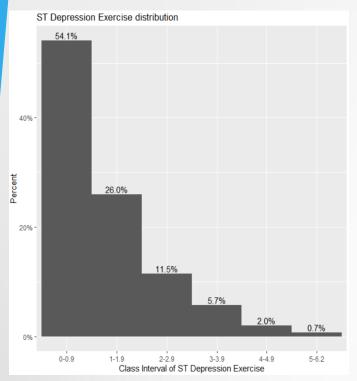
Chest pain is distributed into 4 types asymptomatic, atypical, non-agina and typical and there respective percentage are 7.8%, 16.6%, 28.0% and 47.6%. The data says that majority of them are present in typical chest pain type

### b) Continuous variables

Aggregating the new variable in class interval from the old continuous variables according to their values.

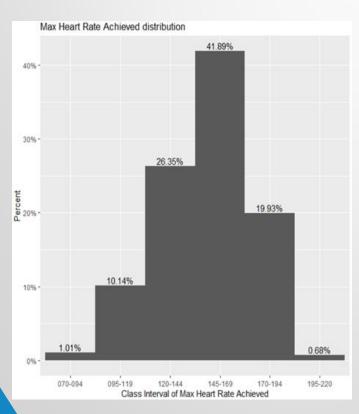


Patients age group are diverted into different class interval: 29-40 = 4.7%, 40-49 = 24.0%, 50-59 = 40.9%, 60-69 = 27.0% and 70-80 = 3.4%. The age group between 50-59 are having highest patients.

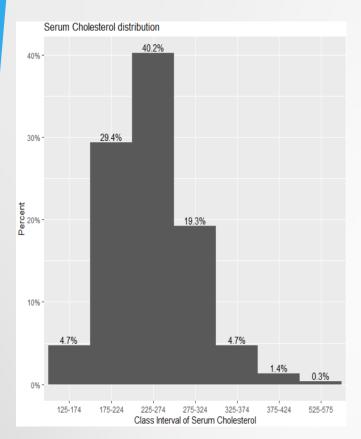


ST depression patients are grouped into different class interval.

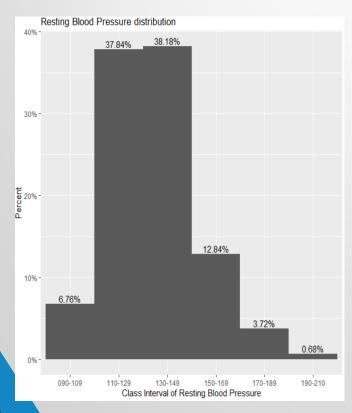
o-o.9=54.1%, 11.9=20.0%, 2-2.9=11.5%, 3-3.9=5.7%, 4-4.9=2%, and 5-6.2=0.7%. The group between o-o.9 are having highest patients.



Max heart test are grouped into different class interval 070-094=1.01%, 095-119=10.14%, 120-144=26.35%, 145-169=41.89%, 170-194=19.93% and 195-220=0.68%. The group between 145-169 are having highest patients.



Serum cholesterol are grouped into different class interval 125-174=4.7%, 175-224=29.4%, 229-274=40.2%, 275-324=19.3%, 325-374=4.7%, 376-425=1.4%, 525-575=0.3%. The group between 229-274 are having highest patients

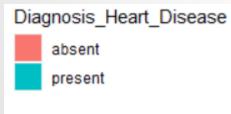


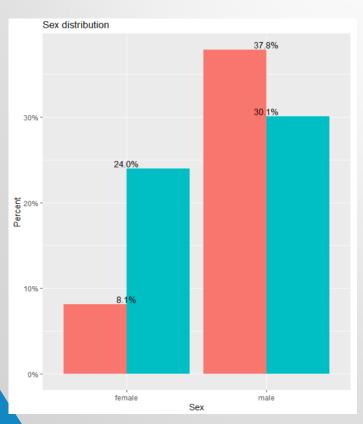
Resting blood pressure are grouped into different class interval 090-109=6.76%, 110-129=37.84%, 130-149=38.18% 150-169=12.84%, 170-189=3.72% 190-210=0.68%. The group between 110-129,130-149 has highest percentage

### 4. Bivariate Analysis

Bivariate analysis is one of the statistical analysis where two variables are observed. One variable here is dependent while the other is independent. These variables are usually denoted by X and Y. So, here we analyse the changes occured between the two variables and to what extent.

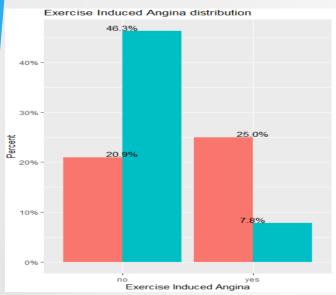
### a) Categorical variables



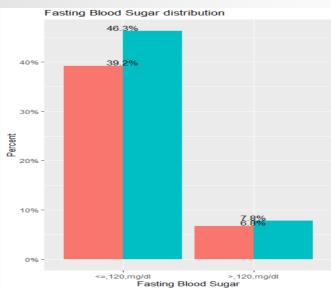


The p-value is too small and since it is less than 0.05 so we can conclude that gender of the patients is a significant variable.

p-value = 1.719e-06



The p-value is too small and since it is less than 0.05 so we can conclude that Exercise Induced Angina of the patients is a significant variable. p-value = 6.517e-13



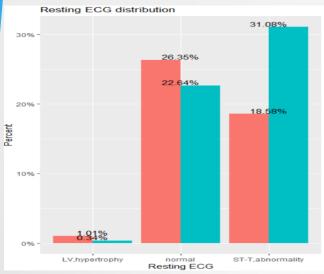
The p-value is large and since it is more than 0.05 so we can conclude that Fasting Blood Sugar of the patients is not a significant variable.

p-value = 1

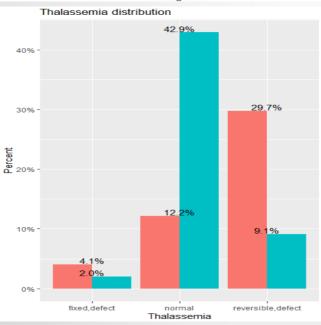


The p-value is too small and since it is less than 0.05 so we can conclude that Peak Exercise ST Segment of the patients is a significant variable.

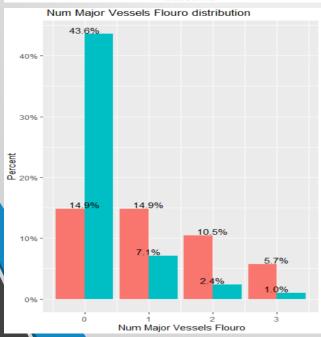
p-value = 2.116e-10



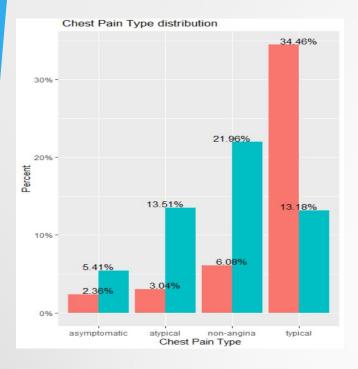
The p-value is too small and since it is less than 0.05 so we can conclude that Resting ECG of the patients is a significant variable. p-value = 0.009743



The p-value is too small and since it is less than 0.05 so we can conclude that Thalassemia of the patients is a significant variable. p-value = 2.2e-16



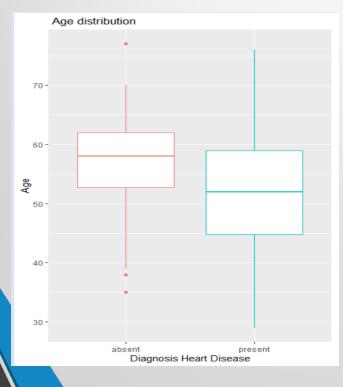
The p-value is too small and since it is less than 0.05 so we can conclude that Num Major Vessels Flouro of the patients is a significant variable. p-value = 7.996e-16



The p-value is too small and since it is less than 0.05 so we can conclude that Chest Pain Type of the patients is a significant variable. p-value = 2.2e-16

### b) Continuous variables





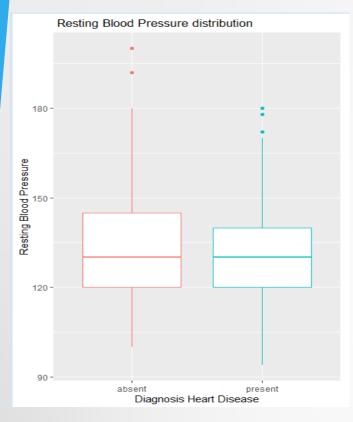
### absent

1st Qu.	Median	Mean	3rd Qu.
52.75	58.00	56.74	62.00

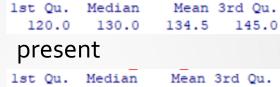
### present

1st Qu.	Median	Mean	3rd Qu.
44.75	52.00	52.64	59.00

The p-value is too small and since it is less than 0.05 so we can conclude that Age of the patients is a significant variable. p-value = 7.17e-05. There are very few outliers in the data.

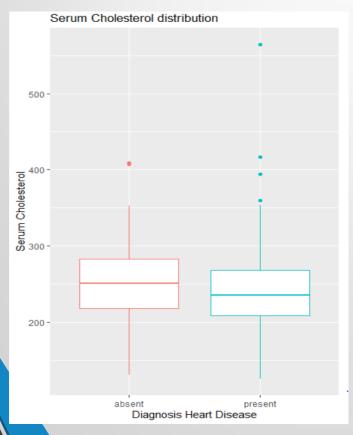


### absent



1st Qu. Median Mean 3rd Qu. 120.0 130.0 129.2 140.0

The p-value is too small and since it is less than 0.05 so we can conclude that Resting Blood Pressure of the patients is a significant variable. p-value =0.01123. There are very few outliers in the data.



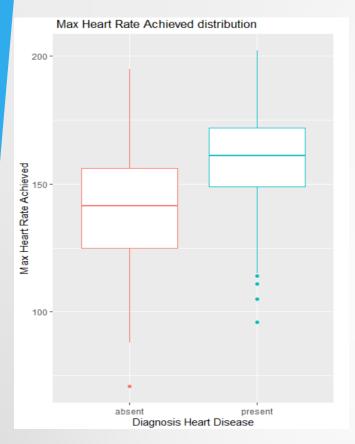
### absent

1st Qu. Median Mean 3rd Qu. 217.8 251.0 251.5 283.2

### present

1st Qu. Median Mean 3rd Qu. 208.8 235.5 243.5 268.2

The p-value is large and since it is more than 0.05 so we can conclude that Serum Cholesterol of the patients is not a significant variable. p-value =0.1863. There are very few outliers in the data.



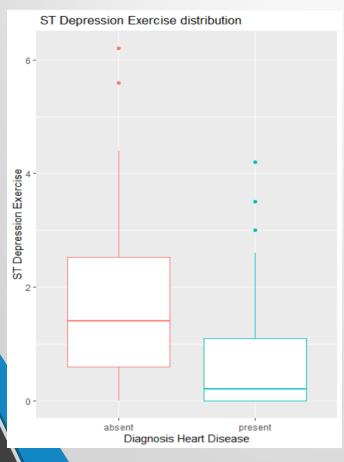
### absent

1st Qu. Median Mean 3rd Qu. 125.0 141.5 138.9 156.2 present

1st Qu. Median Mean 3rd Qu. 149.0 161.0 158.6 172.0

The p-value is too small and since it is less than 0.05 so we can conclude that Max Heart Rate Achieved of the patients is a significant variable.

p-value =4.628e-14. There are very few outliers in the data.



### absent

1st Qu. Median Mean 3rd Qu. 0.600 1.400 1.601 2.525 present

1st Qu. Median Mean 3rd Qu. 0.0000 0.2000 0.5988 1.1000

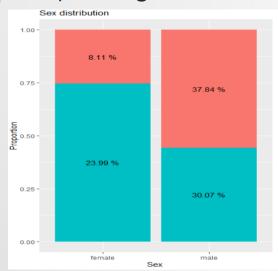
The p-value is too small and since it is less than 0.05 so we can conclude that ST Depression Exercise of the patients is a significant variable. p-value =2.139e-13. There are very few outliers in the data.

### 5. Cross Tabulation

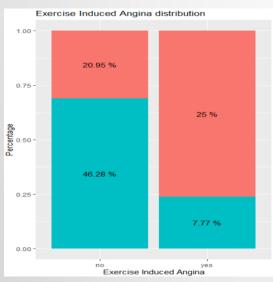
a) Categorical variables



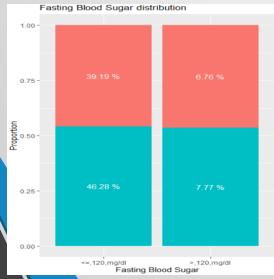




	data\$Diagnosis_Heart_Disease			
data\$Sex	absent	present	Row Total	
female	24	71	95	
	8.845	7.518	1	
	0.253	0.747	0.321	
	0.176	0.444	1	
	0.081	0.240	1	
male	112	89	201	
	4.180	3.553	1	
	0.557	0.443	0.679	
	0.824	0.556	1	
	0.378	0.301	1	
Column Total	136	160	296	
	0.459	0.541	1	



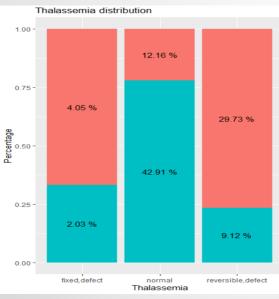
	data\$Diagnosis_Heart_Disease		
data\$Exercise_Induced_Angina	absent	present	Row Total
no	62	137	199
	9.474	8.053	
1	0.312	0.688	0.672
I	0.456	0.856	
	0.209	0.463	
yes	74	23	97
	19.437	16.522	
	0.763	0.237	0.328
	0.544	0.144	
I	0.250	0.078	
Column Total	136	160	296
I	0.459	0.541	



	data\$Diagnosis Heart Disease		
data\$Fasting_Blood_Sugar	absent	present	Row Total
<=,120,mg/dl	116	137	253
I	0.001	0.000	l I
l l	0.458	0.542	0.855
I	0.853	0.856	l I
!	0.392	0.463	
>,120,mg/d1	20	23	43
	0.003	0.003	
l l	0.465	0.535	0.145
I	0.147	0.144	l I
!	0.068	0.078	
Column Total	136	160	296
l l	0.459	0.541	l I



	data\$Diagno	isease	
data\$Resting_ECG	absent	present	Row Total
LV, hypertrophy	3	1	4
	0.735	0.625	i i
	0.750	0.250	0.014
	0.022	0.006	i i
	0.010	0.003	
normal	78	   67	145
	1.943	1.652	
	0.538	0.462	0.490
	0.574	0.419	i i
	0.264	0.226	i i
ST-T, abnormality	   55	   92	   147
DI-I, abnormality	2.328	1.979	11/
	0.374	0.626	0.497
	0.404	0.575	1
	0.186	0.311	1
Column Total	136	160	296
	0.459	0.541	

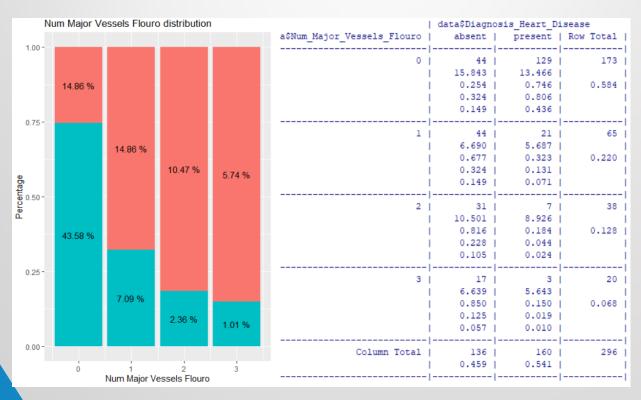


	data\$Diagno	osis_Heart_Di	isease
data\$Thalassemia	absent	present	Row Total
fixed, defect	12	6	18
	1.682	1.430	l I
	0.667	0.333	0.061
	0.088	0.037	l I
	0.041	0.020	l I
normal	36	127	163
	20.197	17.167	l I
	0.221	0.779	0.551
	0.265	0.794	l I
	0.122	0.429	l I
reversible, defect	88	27	115
	23.399	19.890	l I
	0.765	0.235	0.389
	0.647	0.169	l I
	0.297	0.091	l I

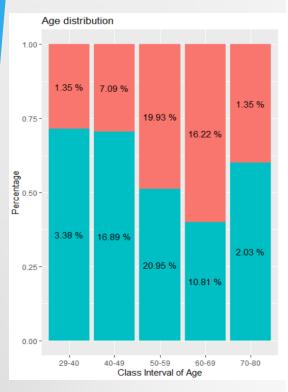
	I	Pe	ak Exercise S	Γ Segment distril	bution
	1.00 -				
	0.75 -				11.82 %
	0.75		4.05 %	30.07 %	
Percentage	0.50 -				
Per					34.8 %
	0.25 -				
			3.04 %	16.22 %	
	0.00 -				
			down-sloaping	flat k Exercise ST Seg	up-sloaping
			, ,		

	data\$Diagn	osis_Heart_D:	isease
data\$Peak_Exercise_ST_Segment	absent	present	Row Total
down-sloaping	12	] 9	21
	0.573	0.487	
I	0.571	0.429	0.071
	0.088	0.056	
1	0.041	0.030	l l
flat	89	48	137
	10.784	9.166	
	0.650	0.350	0.463
	0.654	0.300	
	0.301	0.162	
up-sloaping	35	103	138
	12.726	10.817	
	0.254	0.746	0.466
	0.257	0.644	
	0.118	0.348	l l
Column Total	136	160	296
I	0.459	0.541	l l





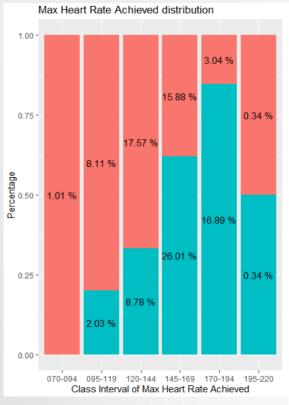
## b) Continuous variables



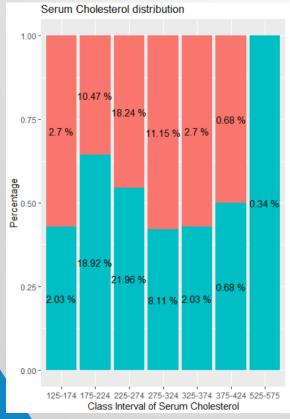
	data\$Diagnosis_Heart_Disease			
data\$CI_Age	absent	present	Row Total	
29-40	4	10	14	
	0.920	0.782	l I	
	0.286	0.714	0.047	
	0.029	0.062	l I	
	0.014	0.034	! !	
40-49	21	50	71	
	4.140	3.519	l I	
	0.296	0.704	0.240	
	0.154	0.312	l I	
	0.071	0.169	! !	
50-59	   59	62	   121	
	0.209	0.177	i i	
	0.488	0.512	0.409	
	0.434	0.388	i i	
	0.199	0.209	l l	
60-69	   48	32	   80	
	3.439	2.923	i i	
	0.600	0.400	0.270	
	0.353	0.200	i i	
	0.162	0.108		
70-80	   4	1 6	   10	
	0.077	0.065	i	
	0.400	0.600	0.034 i	
	0.029	0.037	i i	
	0.014	0.020	i	
Column Total	136	160	   296	
	0.459	0.541	İ	
	1	1		



	data\$Diagnosis_Heart_Disease			
data\$CI_STDE	absent		Row Total	
0-0.9	45	115	160	
	11.059	9.401	1	
	0.281	0.719	0.541	
	0.331	0.719	1	
	0.152	0.389		
1-1.9	41	36	77	
	0.893	0.759	1	
	0.532	0.468	0.260	
	0.301	0.225	1	
	0.139	0.122	!	
2-2.9	28	6	34	
	9.808	8.337	i i	
	0.824	0.176	0.115	
	0.206	0.037	i	
	0.095	0.020	į	
3-3.9	15	2	17	
	6.617	5.624	i	
	0.882	0.118	0.057	
	0.110	0.012	i	
	0.051	0.007	į	
4-4.9	5	1	6	
	1.825	1.552	i	
	0.833	0.167	0.020	
	0.037	0.006	i	
<u> </u>	0.017	0.003	ļi	
5-6.2	2	•	2	
	1.272	•	I I	
	1.000	0.000	0.007	
	0.015		!!!	
	0.007	0.000	 	
Column Total	136	160	296	
	0.459	0.541	1 1	
	1	1		



data\$Diagnosis_Heart_Disease				
data\$CI_MHRA	absent	present	Row Total	
070-094	3	0	3	
070 031	1.908		- 1	
	1.000	0.000	0.010	
i	0.022	0.000	i	
	0.010	0.000	į	
095-119	24	6	30	
i	7.572	6.436	i i	
i	0.800	0.200	0.101	
i	0.176	0.037	i i	
	0.081	0.020	!	
120-144	52	26	78	
i	7.289	6.195	i	
i	0.667	0.333	0.264	
I	0.382	0.163	1	
!	0.176	0.088	!	
145-169	47	77	124	
i	1.746	1.484	i i	
I	0.379	0.621	0.419	
I	0.346	0.481	1	
!	0.159	0.260	!	
170-194	9	50	59	
I	12.096	10.282	1	
I	0.153	0.847	0.199	
I	0.066	0.312	1	
!	0.030	0.169	!	
195-220	1	1	2	
I	0.007	0.006	1	
I	0.500	0.500	0.007	
I	0.007	0.006	1	
ı	0.003	0.003	1	
Column Total	136	160	296	
	0.459	0.541	i	
		-	-	



	data\$Diagnosis_Heart_Disease			
data\$CI_SC	absent	present	Row Total	
125-174	8	6	14	
	0.382	0.325	I I	
	0.571	0.429	0.047	
	0.059	0.037	l I	
	0.027	0.020	!	
175-224	31	56	87	
	2.014	1.712	l I	
	0.356	0.644	0.294	
	0.228	0.350	1	
	0.105	0.189		
225-274	   54	65	119	
	0.008	0.007	l I	
	0.454	0.546	0.402	
	0.397	0.406	l I	
	0.182	0.220	İ	
275-324	33	24	57	
	1.771	1.506	i i	
	0.579	0.421	0.193	
	0.243	0.150	i	
	0.111	0.081	į.	
325-374	   8	   6	14	
	0.382	0.325	i	
	0.571	0.429	0.047	
	0.059	0.037	i	
	0.027	0.020		
375-424	   2	2	   4	
	0.014	0.012	I	
	0.500	0.500	0.014	
	0.015	0.012	I	
	0.007	0.007	 	
525-575	i 0	j 1	1	
	0.459	0.391	I	
	0.000	1.000	0.003	
	0.000	0.006	I	
	0.000	0.003	 	
Column Total	136	160	296	
	0.459	0.541	!	
	1	1	1	



	data\$Diagno	osis_Heart_D	isease
data\$CI_RBP	absent	present	Row Total
090-109	4	16	20
	2.930	2.491	1
	0.200	0.800	0.068
	0.029	0.100	l I
	0.014	0.054	!
110-129	53	59	112
	0.046	0.039	l I
	0.473	0.527	0.378
	0.390	0.369	l I
	0.179	0.199	
130-149	50	63	113
	0.071	0.060	l I
	0.442	0.558	0.382
	0.368	0.394	l I
	0.169	0.213	
150-169	] 20	18	38
	0.370	0.314	l I
	0.526	0.474	0.128
	0.147	0.112	l I
	0.068	0.061	
170-189	   7	4	11
	0.749	0.637	I I
	0.636	0.364	0.037
	0.051	0.025	l I
	0.024	0.014	!
190-210	2	0	=======
I	1.272		
!	1.000	0.000	
l	0.015   0.007	0.000	
 Column Total	136	160	   296
ا اا	0.459	0.541	 
			•

Every machine learning algorithm works best under a given set of conditions. Making sure your algorithm fits the assumptions/requirements ensures superior performance. You can't use any algorithm in any condition. For example: Have you ever tried using linear regression on a **categorical dependent** variable? Don't even try! Because you won't be appreciated for getting extremely low values of adjusted R<sup>2</sup> and F statistic.

Since this data has dependent variables as **categorical dependent** we need to build the model using **Logistic Regression**.

Dependent variable in data is "Diagnosis\_Heart\_Disease" and rest of the 13 variables are independent or predictor variables.

### **Logistic Regression**

Logistic Regression is a **classification algorithm**. It is used to predict a binary outcome (1 / 0, Yes / No, True / False) given a set of independent variables. To represent binary/categorical outcome, we use dummy variables. You can also think of logistic regression as a special case of linear regression when the outcome variable is categorical, where we are using log of odds as dependent variable. In simple words, it predicts the probability of occurrence of an event by fitting data to a logit function.

### Model

# 2	A tibble: 19 × 6					
	term	estimate	std.error	statistic	p.value	odds_ratio
	<chr></chr>	<db1></db1>	<db1></db1>	<db1></db1>	<db1></db1>	<db1></db1>
1	(Intercept)	1.82	5.03	0.362	0.717	6.18
2	Resting_ECGnormal	0.859	3.34	0.257	0.797	2.36
3	Resting_ECGST-T, abnormality	0.725	3.33	0.217	0.828	2.06
4	Peak_Exercise_ST_Segmentup-sloaping	0.568	1.39	0.409	0.683	1.76
5	Chest_Pain_Typenon-angina	0.493	0.796	0.620	0.535	1.64
6	Age	0.0462	0.0324	1.43	0.154	1.05
7	Max_Heart_Rate_Achieved	0.0446	0.0150	2.96	0.00303	1.05
8	Serum_Cholesterol	-0.0108	0.00500	-2.16	0.0311	0.989
9	Resting_Blood_Pressure	-0.0331	0.0134	-2.47	0.0136	0.967
10	ST_Depression_Exercise	-0.103	0.281	-0.368	0.713	0.902
11	Fasting_Blood_Sugar>,120,mg/dl	-0.112	0.764	-0.147	0.883	0.894
12	Chest_Pain_Typeatypical	-0.148	0.952	-0.155	0.876	0.862
13	Peak_Exercise_ST_Segmentflat	-0.383	1.32	-0.290	0.772	0.682
14	Thalassemianormal	-0.783	0.916	-0.855	0.392	0.457
15	Exercise_Induced_Anginayes	-0.813	0.536	-1.52	0.129	0.444
16	Num_Major_Vessels_Flouro	-1.78	0.394	-4.51	0.00000647	0.169
17	Chest_Pain_Typetypical	-1.85	0.769	-2.41	0.0159	0.157
18	Sexmale	-2.09	0.688	-3.03	0.00241	0.124
19	Thalassemiareversible, defect	-2.13	0.931	-2.29	0.0221	0.119

Degrees of Freedom: 235 Total (i.e. Null); 217 Residual

Null Deviance: 325.5

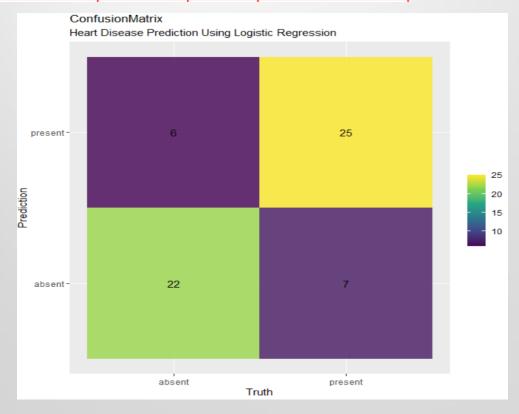
Residual Deviance: 128.5 AIC: 166.5

- AIC (Akaike Information Criteria) The analogous metric of adjusted R<sup>2</sup> in logistic regression is AIC. AIC is the measure of fit which penalizes model for the number of model coefficients. Therefore, we always prefer model with minimum AIC value
- Null Deviance and Residual Deviance
   indicates the response predicted by a model with nothing
   but an intercept. Lower the value, better the model.
   Residual deviance indicates the response predicted by a
   model on adding independent variables. Lower the value,
   better the model.

• I've converted the estimate of the coefficient into the odds ratio. The odds ratio represents the odds that an outcome will occur given the presence of a specific predictor, compared to the odds of the outcome occurring in the absence of that predictor, assuming all other predictors remain constant. The odds ratio is calculated from the exponential function of the coefficient estimate based on a unit increase in the predictor

Confusion Matrix: It is nothing but a tabular representation of Actual vs Predicted values. This helps us to find the accuracy of the model and avoid overfitting. This is how it looks like:

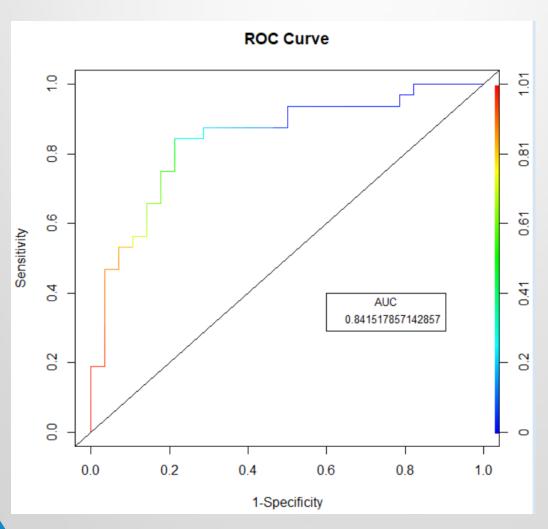
	Prediction	Truth	n	outcome
1	absent	absent	22	true_negative
2	present	absent	6	false_positive
3	absent	present	7	false_negative
4	present	present	25	true_positive



- Accuracy represents the percentage of correct predictions.
- Sensitivity (true positive rate) refers to the probability of a positive test, conditioned on truly being positive.
- Specificity (true negative rate) refers to the probability of a negative test, conditioned on truly being negative
- Positive predictive value: It is the ratio of patients truly diagnosed as positive to all those who had positive test results (including healthy subjects who were incorrectly diagnosed as patient). This characteristic can predict how likely it is for someone to truly be patient, in case of a positive test result.
- Negative predictive value: It is the ratio of subjects truly diagnosed as negative to all those who had negative test results (including patients who were incorrectly diagnosed as healthy). This characteristic can predict how likely it is for someone to truly be healthy, in case of a negative test result.

metric	
accuracy	
tivity	0.786
ficity	0.781
ive predictive value	0.759
ive predictive value	0.806
	acy tivity ficity ive predictive value

**ROC Curve:** Receiver Operating Characteristic(ROC) summarizes the model's performance by evaluating the trade offs between true positive rate (sensitivity) and false positive rate(1- specificity). For plotting ROC, it is advisable to assume p > 0.5 since we are more concerned about success rate. ROC summarizes the predictive power for all possible values of p > 0.5. The **area under curve** (AUC), referred to as index of accuracy(A) or concordance index, is a perfect performance metric for ROC curve. Higher the area under curve, better the prediction power of the model. Below is a sample ROC curve. The ROC of a perfect predictive model has TP equals 1 and FP equals 0. This curve will touch the top left corner of the graph.



### Conclusion

The project's objective was to develop a model that could identify patients with heart disease at high risk. Prediction of the risk of heart disease is a fairly complex task. This model can foresee whether the patient has heart disease present or absent, aiding specialists to ensure that the patient in need of heart surgery consideration can get on the schedule and also help anticipate the loss of human lives.

This project achieves this by analyzing many key variables which are called independent or predictor variables like Age, Sex, Chest Pain Type, Resting BP, etc using various models and retrospective analysis of the patient's medical records.