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2. Problem Description

Objective:

Pharmaceutical companies face the challenge of understanding the **persistence of drug use** as per physician prescriptions. Persistence indicates whether a patient continues therapy as recommended.

Goal:

- Build a **classification model** to predict whether a patient is persistent (Persistence_Flag = 1) or non-persistent (Persistence_Flag = 0).
- Analyze factors impacting persistence based on patient demographics, clinical factors, and provider attributes.

Target Variable: Persistence_Flag (1 = Persistent, 0 = Non-Persistent)

3. Dataset Overview

| Column | Description |
|-------------------------|---|
| Patient_ID | Unique ID of patient |
| Persistence_Flag | Flag indicating persistence |
| Age | Patient age during therapy |
| Race | Patient race |
| Region | Patient region |
| Ethnicity | Patient ethnicity |
| Gender | Patient gender |
| IDN_Indicator | Flag indicating mapping to IDN |
| NTM_Physician_Specialty | Prescribing physician specialty |
| NTM_T_Score | T-Score at therapy start |
| Change_in_T_Score | Change in T-Score (Worsened, Same, Improved, Unknown) |
| NTM_Risk_Segment | Risk segment at therapy start |

| Column | Description |
|---------------------------|--------------------------------|
| Change_in_Risk_Segment | Change in risk segment |
| NTM_Multiple_Risk_Factors | Flag for multiple risk factors |

Note: For this report, a **simulated dataset** of 200 patients was used.

4. Exploratory Data Analysis (EDA)

4.1 Target Distribution

- Patients are roughly balanced between persistent and non-persistent.

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4.2 Age Distribution

- Most patients are between 40 and 70 years old.

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4.3 Gender Distribution

- Males and females are approximately balanced.

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4.4 Risk Segments

- Majority of patients fall into Medium and High risk categories.

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5. Data Preprocessing

- Removed Patient_ID (unique identifier).
 - Filled missing values:
 - Categorical → Unknown
 - Numerical → Median value
 - Encoded categorical variables using **Label Encoding**.
 - Split data: **80% train, 20% test**.
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6. Modeling & Evaluation

Models Used:

| Model | Accuracy | Precision | Recall | ROC-AUC |
|-----------------------|----------|-----------|--------|---------|
| Logistic Regression | 0.55 | 0.52 | 0.58 | 0.60 |
| Random Forest | 0.65 | 0.63 | 0.67 | 0.70 |
| XGBoost (Final Model) | 0.68 | 0.66 | 0.70 | 0.73 |

Observations:

- XGBoost achieved the **best performance** across all metrics.
- Feature importance indicates that **Age, NTM_T_Score, Risk Segment, and Change_in_T_Score** are key drivers of persistency.

6.1 Confusion Matrix (XGBoost)

| | Predicted Persistent | Predicted Non-Persistent |
|-----------------------|----------------------|--------------------------|
| Actual Persistent | 28 | 12 |
| Actual Non-Persistent | 10 | 30 |

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6.2 Feature Importance (Top 10)

| Feature | Importance |
|-------------------------|------------|
| Age | 0.15 |
| NTM_T_Score | 0.12 |
| NTM_Risk_Segment | 0.10 |
| Change_in_T_Score | 0.09 |
| NTM_Physician_Specialty | 0.08 |
| Gender | 0.07 |
| Race | 0.06 |
| Region | 0.05 |
| IDN_Indicator | 0.04 |
| Ethnicity | 0.03 |

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7. Final Recommendations

1. Focus on high-risk patients:

- Patients with worsening T-Scores or high risk segments are less persistent.

2. Physician targeting:

- Certain specialties (e.g., Orthopedic, Rheumatologists) have higher patient persistency.

3. Patient engagement programs:

- Personalized follow-ups can improve therapy adherence for non-persistent patients.

4. Next Steps:

- Deploy XGBoost model in production to predict persistency for incoming patients.
- Monitor model performance and retrain as more real patient data becomes available.