Prediction Of Heart Disease Using Neural Network

A Seminar Report Submitted by

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UNDER THE GUIDANCE OF

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in partial fulfillment of the requirements for the award of the Degree of

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CERTIFICATE

Certified that the Seminar entitled

PREDICTION OF HEART DISEASE USING NEURAL NETWORK

is a bonafide work carried out by

Samit D Manvar(4NM18CS152)

in partial fulfilment of the requirements for the award of

Bachelor of Engineering Degree in Computer Science and Engineering
prescribed by
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It is certified that all corrections/suggestions indicated for Internal Assessment have been incorporated in the report deposited in the departmental library.

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Samit D Manvar

ABSTRACT

Heart disease describes a range of conditions that affect your heart. Heart disease is a deadly disease that large population of people around the world suffers from. Heart disease, such as coronary heart disease, heart attack, congestive heart failure, and congenital heart disease When considering death rates and large number of people who suffers from heart disease, it is revealed how important early diagnosis of heart disease. Traditional way of diagnosis is not sufficient for such an illness.

Developing a medical diagnosis (prediction) system based on machine learning and deep learning (subset of machine learning) for prediction of heart disease provides more accurate diagnosis than traditional way. In this research paper, a heart disease prediction system which uses artificial neural network with backpropagation algorithm is proposed. 13 clinical features were used as input for the neural network and then the neural network was trained with backpropagation algorithm to predict or classify the absence or presence of heart disease with accuracy of 95%.

KEYWORDS

Heart Disease, Artificial Neural Network, Multilayered Perceptron, Cleveland Database, Backpropagation Algorithm, Activation Function, Input layer, Hidden Layer, Output Layer.

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CHAPTER 1
INTRODUCTION

Deep Learning is a technology of which mimics a human brain in the sense that it consists of multiple neurons with multiple layers like a human brain. Heart disease is the number one killer according to World Health Organization (WHO). Heart disease includes blood vessel disease such as Coronary Artery disease, Heart valve disease, Heart infection. Symptoms include chest pain, Shortness of breathing, pain in neck jaw, throat, back. Millions of people die every year because of heart disease and large population of people suffers from heart disease. Prediction of heart disease early plays a crucial role for the treatment. If heart disease could be predicted before, lots of patient deaths would be prevented and also a more accurate and efficient treatment way could be provided. A need to develop such a medical diagnosis system arises day by day. The important key points of such medical diagnosis systems are reducing cost and obtaining more accurate rate efficiently. Developing a medical diagnosis system based on machine learning and deep learning approach for prediction of heart disease provides more accurate diagnosis than traditional way and reduces cost of treatment. In this paper, prediction of heart disease by an automated medical diagnosis system based on machine learning is proposed to satisfy this need. Backpropagation Algorithm which is commonly used Artificial Neural Network learning methodology, was used for the prediction system.

Literature Survey gives us insights on previous studies on heart disease. A methodology is proposed for prediction of heart disease is explained in detail. Next the experimental results are obtained from the proposed methodology. The output obtained are two categorical values 0 and 1. If 0 it indicates the person is not suffering from heart disease. If 1 the person is suffering from heart disease Finally, we come up with suitable conclusion.

CHAPTER 2
LITERATURE SURVEY

There are a lot of studies on prediction of heart disease as a medical diagnosis system. Firstly, R.W.Jones, M.Clarke, Z.Shen and T. Alberti have proposed a study applying neural network to self-applied questionnaire (SAQ) data to develop a heart disease prediction system. The study not only clarifies common risk factors of the disease but also the other data collected in SAQ. The validation of the work was provided by checking against the result of the neural network with “Dundee Rank Factor Score” which is related to statistically 3 risk factors (blood pressure, smoking and blood cholesterol) together with sex and age to determine risk of having heart disease. In the study, they used multi-layered feedforward neural network which was trained with Backpropagation Algorithm. There were three layers in the neural network they used: input, hidden and output layers. The performance was improved to Relative Operating Characteristic (ROC) area of 98% by increasing input numbers of the neural network.

Ankita Dewan and Meghna Sharma have discussed various kinds of techniques for developing a heart disease prediction system and proposed using Backpropagation Algorithm as best classification technique for the targeted system. They also have proposed using Genetic Algorithm as optimizer against the Backpropagation Algorithm drawback of being stuck in local minima. The proposed methodology was intended for implementing in future with an accuracy of nearly 100% or with minimal error.

Another study on heart disease prediction has been proposed and implemented by SY Huang, AH Chen, CH Cheng, PS Hong and EJ Lin. The classification and prediction was trained via learning Vector Quantization Algorithm which is one of Artificial Neural Network learning technique. There were three steps in their methodology. The first one was to select of 13 clinical features which are important compared to others, i.e., age, cholesterol, chest pain type, exercise induced angina, max heart rate, fasting blood sugar, number of vessels colored, old peak, resting ecg, sex, slope, thal and trestbps. Second one was using Artificial Neural Network algorithm for classification. Lastly, the heart disease prediction system was developed. The accuracy of prediction rate which was obtained from the study is near 80%.

Jayshril S .Sonawane and D .R Patil have come up with another Artificial Neural Network methodology for heart disease prediction . The used network was trained by Vector Quantization Algorithm. There were three layers in the used network, including input, hidden and output layers. There were 13 neurons, which is equal to the number of clinical data of heart disease database, in the input layer. The neurons of hidden layer could be changed to obtain less error and high accuracy. There was only single neuron in the output layer that denotes if heart disease present or not. The system performance was improved by training with varying number of neurons and variable epochs. The result shows that they obtained the highest accuracy of 85.55% when compared to others as stated in the paper.

R. R. Manza , Shaikh Abdul Hannan, R. J. Ramteke and A.V. Mane have a study whose aim is to predict prescription of heart disease by using an artificial neural network as classifier. The proposed methodology had five steps. In step 1, data which is about medicines given by doctor and patient suffering from heart disease was collected. In step 2, symptoms of heart disease and medicines were converted to binary form 0 or 1. 1 indicates medicine or symptom is present. In step 3, Radial Basis Function was used for training. In step 4, testing data was applied to evaluate classifier performance. In step 5, the Radial Basis Function prescribed the medicines for patients. The used network contained of three layers,

including input, hidden and output layers. Responsibility of the input layer is not processing information. The task of input layer is just distributing the input vectors to hidden layer. There were a number of Radial Basis Function units in the hidden layer. 97% accuracy was obtained from the study. It was pointed out that the proposed approach could be extended by using Generalized Regression Neural Network.

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Syed Umar Amin, Dr. Rizwan Beg and Kavita Agarwal have proposed a hybrid system using Genetic Algorithms and Artificial Neural Networks for prediction of heart disease based on risk factors. The neural network was trained with Backpropagation Algorithm. It was pointed out that Backpropagation Algorithm has two major disadvantages. First problem is that finding out initial weights which are globally optimized is almost impossible. Second problem is slowness of Backpropagation Algorithm in convergence. The problems were solved by using Genetic Algorithm for optimization connection weights of Artificial Neural Network so as to obtain better performance from the network. The neural network used in

the study had 12 input, 10 hidden and 2 output nodes. The results show that training accuracy is 96.2% and obtained validation accuracy is 89%.

Jayshril S. Sonawane and D. R. Patil have a study whose aim is prediction of heart disease by Artificial Neural Network methodology. Multilayer perceptron neural network was used in the system. The proposed system had two steps. The first one was process of accepting 13 clinical data as input and as a last step training the network by Backpropagation Algorithm. There were three layers in the network, including input, hidden and output layers. There were 13 neurons which is equal to the number of clinical data of heart disease database in the input layer. The neurons of hidden layer could be varied to obtain less error and high accuracy. In the output layer, there was only single neuron denoting if heart disease present or not. The accuracy rate obtained from the study is 98%.

Saba Bashir, M.Younus Javed and Usman Qamar have another study to predict heart disease. The proposed method uses Decision Tree, Support Vector Machine and Naive Bayes as a hybrid model. Majority voting scheme was obtained by these three classifiers. There were two steps in the proposed approach. First one was producing every three classifiers' decision. Second one was combining the decisions in order to acquire new model based on majority voting scheme. The results show that the accuracy rate obtained from the study is much higher than the others. 74% sensitivity, 82% accuracy and 93% specificity were obtained from the study to predict the heart disease.

CHAPTER 3
METHODOLOGY

In the heart disease prediction system, there are input variables, which are disease risk factors which are obtained from dataset, and output variables, which are a category, such as “disease absence” and “disease presence”. Prediction of heart disease is called supervised learning problem. Because of having output variables are in category type, the prediction heart disease is “classification type of supervised learning”. Backpropagation Algorithm, which is commonly used Artificial Neural Network learning technique, was used for developing heart disease prediction system. Because Backpropagation Algorithm is the only technique which is used for nonlinear relationships which means it is the best classification algorithm for heart disease prediction. Backpropagation Algorithm is also used to update the weights.

A. *Artificial Neural Network*

Artificial Neural Network (ANN) takes its inspiration from human brain which has incredible processing ability because of having webs of interconnected neurons. ANNs are designed by using basic processing unit called perceptron. Perceptron has only one layer and solves linearly separable problems. The problems which are not linearly separable can be solved by Multilayer Perceptron Neural Network (MLP). MLP has multiple layers, including input, hidden and output layers. The proposed heart disease prediction system was designed as a multilayer perceptron neural network. The designed ANN has three layers: namely an input layer, a hidden layer and an output layer as shown in figure 1.

• ***Input Layer*** was designed to contain 13 neurons. Number of neurons was decided to be equal to the number of attributes in the data set.

• ***Hidden Layer*** was designed to contain 3 neurons. This number was decided as a startup point. The number was changed increasing one by one until it reached to the number of neurons of the input layer by comparing performance of them and then selecting the best one. This approach is based on one of machine learning best practices that the number of neurons of hidden layer should be the mean of the number

of the neurons of input and output layers.

• ***Output Layer*** was designed to contain 2 neurons. The designed NN is a classifier going running in Machine Mode which means returning a class label (e.g., "Disease Presence"/"Disease Absence"). Deciding 2 neurons is based on idea that the output layer has one node per class label in model.

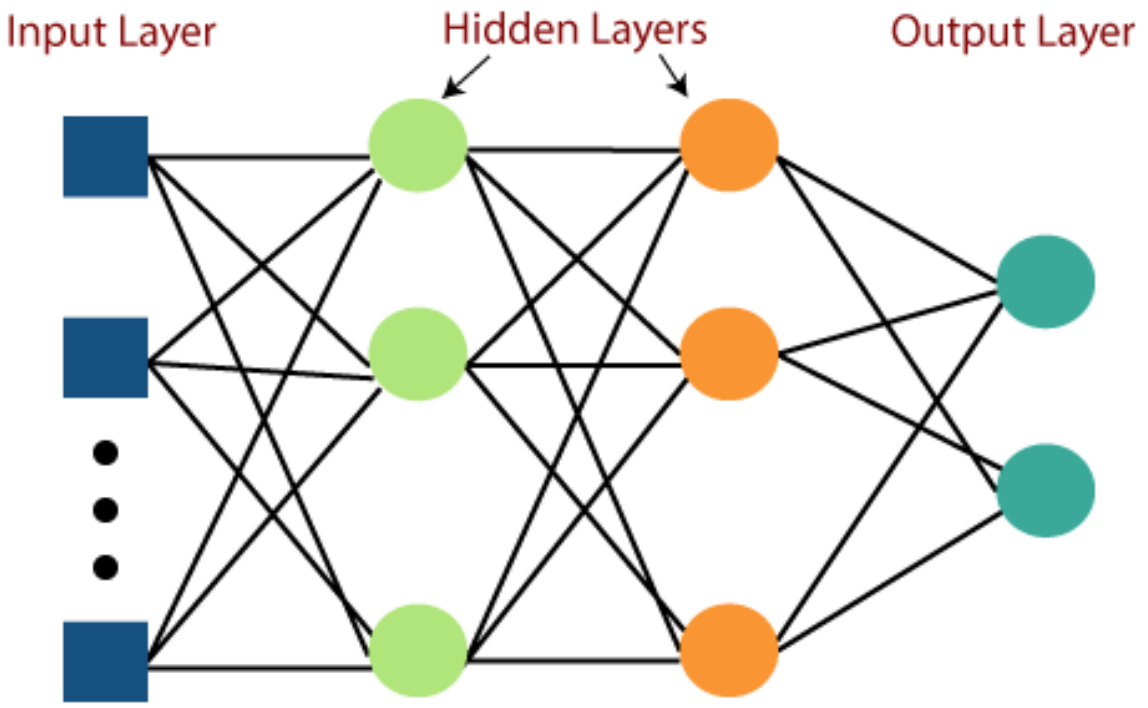

Figure 1

B. Backpropagation Neural Network

Backpropagation Algorithm is the most commonly used ANN learning technique. The steps of the algorithm are listed below:

- All network weights are initialized to small random numbers.
- Training data is received as input and output is computed for each unit with this equation given below.

$$o = \sigma(\vec{w} \cdot \vec{x}) \qquad \sigma(y) = \frac{1}{1+e^{-y}}$$

where w is vector of unit weight values and x is vector of network input values.

- Then error computation step is started. BP algorithm works as follows: Error signal which is calculated for each network output is propagated to all neurons in the network as input.

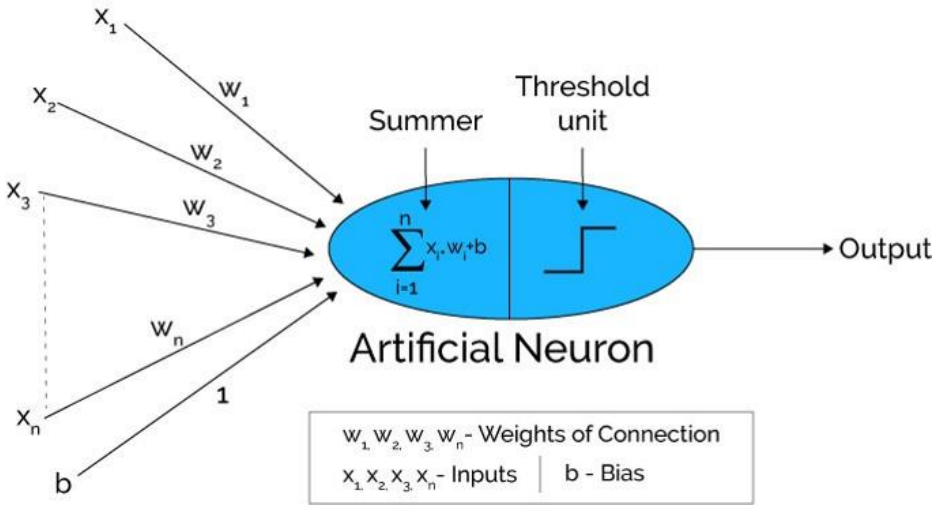

Figure 2 :- Working of ANN inside hidden layers

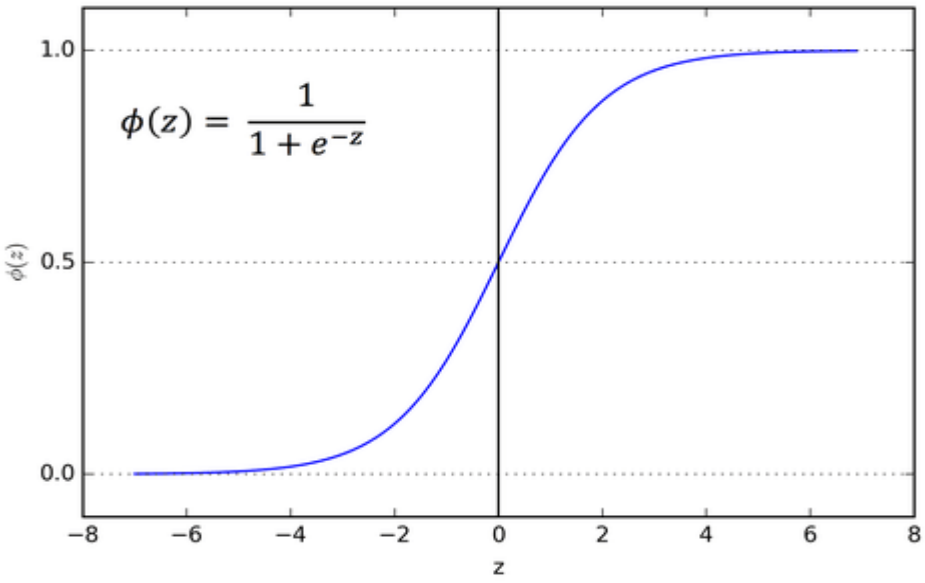

Figure 3: - Activation Function (Sigmoid Function)

- Error term delta k is calculated for each network output unit k using following equation:

$$\delta_k \leftarrow o_k(1 - o_k)(t_k - o_k) \qquad (2)$$

Where O*k* indicates network output for output unit k and indicates desired output for output unit k.

- Error term delta h is calculated for each hidden unit h as below:

$$\delta_h \leftarrow o_h(1 - o_h) \sum_{k \in outputs} w_{kh}\delta_k \qquad (3)$$

where W*kh* denotes network weight from hidden unit h to output unit k.

- Each network weight is updated where

$$w_{ji} \leftarrow w_{ji} + \Delta w_{ji} \quad \text{where } \Delta w_{ji} = \eta \delta_j x_{ji} \qquad (4)$$

where Eta is learning rate and X*ji* denotes the input from unit i into unit j.

Backpropagation Algorithm was used for the proposed system as learning algorithm. 13 of the attributes of Cleveland dataset was used as input data for the designed neural network.

The dataset was split into three parts: training, testing and validation. Then training was done with Backpropagation Algorithm. After training process, the performance of the proposed system was computed by testing the neural network with test data by different metrics including accuracy, precision and recall, which is explained in detail in the Experimental Result.

Figure 4: - Artificial Neural Network with Back Propagation Algorithm Structure

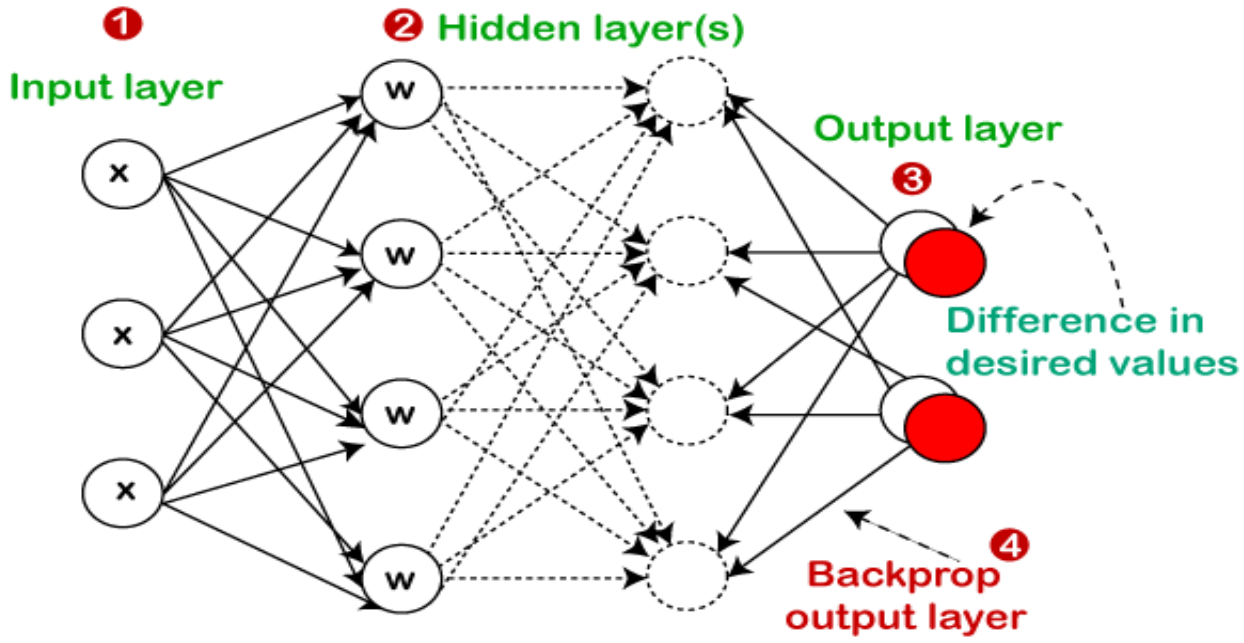

Figure 5: - A snapshot of the dataset used for training the artificial neural network.

	age	sex	cp	trestbps	chol	fbs	restecg	thalach	exang	oldpeak	slope	ca	thal	target
2	63	1	3	145	233	1	0	150	0	2.3	0	0	1	1
3	37	1	2	130	250	0	1	187	0	3.5	0	0	2	1
4	41	0	1	130	204	0	0	172	0	1.4	2	0	2	1
5	56	1	1	120	236	0	1	178	0	0.8	2	0	2	1
6	57	0	0	120	354	0	1	163	1	0.6	2	0	2	1
7	57	1	0	140	192	0	1	148	0	0.4	1	0	1	1
8	56	0	1	140	294	0	0	153	0	1.3	1	0	2	1
9	44	1	1	120	263	0	1	173	0	0	2	0	3	1
10	52	1	2	172	199	1	1	162	0	0.5	2	0	3	1
11	57	1	2	150	168	0	1	174	0	1.6	2	0	2	1
12	54	1	0	140	239	0	1	160	0	1.2	2	0	2	1
13	48	0	2	130	275	0	1	139	0	0.2	2	0	2	1
14	49	1	1	130	266	0	1	171	0	0.6	2	0	2	1
15	64	1	3	110	211	0	0	144	1	1.8	1	0	2	1
16	58	0	3	150	283	1	0	162	0	1	2	0	2	1
17	50	0	2	120	219	0	1	158	0	1.6	1	0	2	1
18	58	0	2	120	340	0	1	172	0	0	2	0	2	1
19	66	0	3	150	226	0	1	114	0	2.6	0	0	2	1
20	43	1	0	150	247	0	1	171	0	1.5	2	0	2	1
21	69	0	3	140	239	0	1	151	0	1.8	2	2	2	1
22	59	1	0	135	234	0	1	161	0	0.5	1	0	3	1
23	44	1	2	130	233	0	1	179	1	0.4	2	0	2	1
24	42	1	0	140	226	0	1	178	0	0	2	0	2	1
25	61	1	2	150	243	1	1	137	1	1	1	0	2	1
26	40	1	3	140	199	0	1	178	1	1.4	2	0	3	1
27	71	0	1	160	302	0	1	162	0	0.4	2	2	2	1
28	59	1	2	150	212	1	1	157	0	1.6	2	0	2	1
29	51	1	2	110	175	0	1	123	0	0.6	2	0	2	1

heart

Ready

CHAPTER 4
EXPERIMENTAL RESULT

The proposed heart disease prediction system which uses multilayer perceptron neural network was developed in MATLAB R2015a.

A. *Data Source*

Cleveland database was used for heart disease prediction system. Because Cleveland database is the most commonly used database by ML researchers. The dataset contains 303 instances and 76 attributes, but only 14 of them are referred by all published studies. The "goal" field which has varying values from 0 (absence) to 4 denotes if heart disease present or not in the patient. Studies on the Cleveland database have focuses on distinguishing absence (value 0) from presence (values range from 1 to 4). The dataset has some missing values in it. Firstly, missing values were filled with interpolation values. Then dataset was split into three parts: one for training (%70), second one for testing (%15) and third one for validation (%15). There are 213 instances and 13 attributes in training data. Test data and validation data contain 45 instances and 13 attributes.

13 of the attributes listed below were used as input data for the network. The remaining attribute, num which is predicting value, was used as output data for the network. The num can get values between 0 and 4. Only 0 means absence of disease, the others show presence of disease levels. So, output of network was designed as having two output type: 0 indicates that heart disease is absent and 1 indicates that heart disease is present.

Table 1: Clinical Features used in prediction of heart disease

TABLE I.
CLINICAL FEATURES AND THEIR DESCRIPTIONS.

Clinical Features	Description
Age	Age
Ca	Number of major vessels (0-3) colored by flourosopy
Chol(mg/dl)	Serum cholesterol
Cp	Chest pain type
Exang	Exercise induced angina
Fbs	Fasting blood sugar
Num	Diagnosis of heart disease
Oldpeak	ST depression induced by exercise relative to rest
Restecg	Resting electrocardiographic results
Sex	Gender
Slope	The slope of the peak exercise ST segment
Thal	3=normal ; 6 = fixed defect; 7= reversible defect
Thalach	Maximum heart rate achieved
Trestbps(mmHg)	Resting Blood Pressure

1 Indicates Person is suffering from heart disease

0 Indicates Person is not suffering from heart disease

B. *Performance Evaluation*

The performance of the proposed system was computed by different metrics like accuracy, precision and recall. Accuracy is computed dividing number of predictions which are correct by number of all predictions. The obtained result is multiplied by 100 to get value as percentage.

$$\textbf{Accuracy=(TP+TN) / (TN+TN+FP+FN)}$$

where TP, TN, FP and FN demonstrate in order of the number of True Positives, True Negatives, False Positives and False Negatives. TP demonstrates the number of instances which are sick and diagnosed accurately. FP demonstrates the number of instances which are healthy and diagnosed wrongly as they are sick. FN demonstrates the number of instances which are sick but the instances are diagnosed wrongly. TN contains a number of instances which are healthy and the instances are diagnosed accurately.

Precision denotes the ratio of the instances that are predicted as having heart disease actually have heart disease.

$$\textbf{Precision = (True Positives) / (True Positives + False Positives)}$$

Recall denotes the proportion of the instances that are actually have heart disease are predicted as having heart disease.

$$\textbf{Recall = (True Positives) / (True Positives + False Negatives)}$$

Accuracy, recall and precision were decided to express success of predicting heart disease system. Using only accuracy can be sometimes misleading. Sometimes selecting a model which has lower accuracy is desirable, because it provides more robust predictor for the problem. All predictions can be predicted as the value of majority class by model, when problem domain has a large class imbalance. This model is not useful when considered problem domain. This is referred to namely Accuracy Paradox. For such problems, classifiers should be evaluated with additional measures. To optimize network and to get better performance pruning which defines a

set of techniques for trimming size of network by nodes was used. Hidden layer size of the network was changed from 3 neurons up to 12 neurons. The results related to hidden layer size are shown in Table 2.

Table 2

CLASSIFICATION PERFORMANCE WITHOUT PCA

Hidden Layer Size	Accuracy	Recall	Precision
3	82.222222%	85.714286%	78.260870%
4	75.555556%	77.777778%	66.666667%
5	84.444444%	86.206897%	89.285714%
6	75.555556%	85.185185%	76.666667%
7	82.222222%	82.222222%	84.000000%
8	86.666666%	86.666667%	86.956522%
9	71.111111%	71.111111%	70.833333%
10	86.666667%	86.666667%	80.952381%
11	77.777778%	77.777778%	73.913043%
12	84.444444%	84.444444%	83.333333%

To improve performance, dimensionality reduction with Principal Component Analysis (PCA) was done by reducing number of neurons of the input layer from 13 neurons to 8 neurons. The results which are obtained by changing hidden layer size with reduced dimensionality are shown in Table 3.

Table 3
CLASSIFICATION PERFORMANCE WITH PCA

Hidden Layer Size	Accuracy	Recall	Precision
3	91.111111%	84.615385%	100.00000%
4	88.888889%	95.454545%	84.000000%
5	88.888889%	88.888889%	92.307692%
6	86.666667%	89.473684%	80.952381%
7	93.333333%	100.00000%	89.285714%
8	95.555556%	95.454545%	95.454545%
9	91.111111%	95.833333%	88.461538%
10	91.111111%	100.00000%	85.185185%
11	95.555556%	100.00000%	91.666667%
12	91.111111%	95.652174%	88.000000%

Chapter 5
CONCLUSION

The proposed heart disease prediction system has been designed as a Multilayer Perceptron Neural Network. For the system Cleveland dataset was used. The neural network in the system used 13 clinical data which are obtained from Cleveland Dataset as input. It was trained with Backpropagation Algorithm in order to predict whether heart disease present or not in the patient. 0 indicates the patient is not suffering from heart disease and 1 indicates that the patient is suffering from heart disease.

There are a lot of studies on prediction of heart disease. Results of these studies vary up to almost accuracy of 100%. The proposed system gives 95% accuracy rate which means a very good rate according to related studies on this field.

As a further study, the proposed methodology can be enhanced as a hybrid model with other classification algorithms in order to obtain more accurate diagnosis for heart disease.

Moreover, we can work on feature selection by finding out the most important features needed to predict heart disease. The feature selection techniques include Chi-Square test, Spearman Rank Correlation, Pearson Rank Correlation etc.

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