

## FACULTY OF INFORMATION TECHNOLOGY ITADAA4-12

# Decision Support System determining whether Patients have Heart Disease for Healthcare Professionals

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#### 1. QUESTION 1

#### 1.1 Creating database connection from csv file to SQLite.

#### #importing necessary libraries

import pandas as pd import sqlite3

#### #connecting to the csv file to create a dataframe

df= pd.read\_csv(r"C:\Users\skhosanal\OneDrive - Inkomati-Usuthu Catchment Management Agency\Python Scripts\HeartDeseaseProject\Heart.csv")

print("Dataframe created")

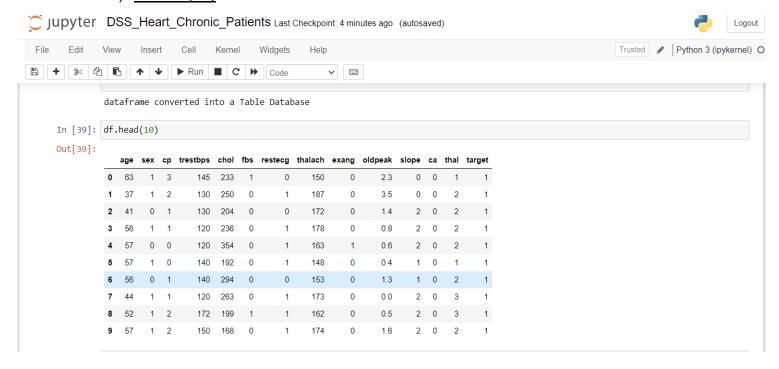
#### #Establishing a connection to sqlite database

conn=sqlite3.connect('Heart.db')
print("Connection established")

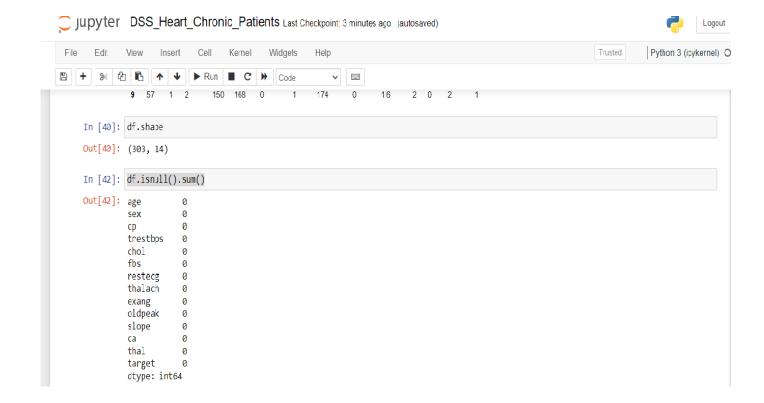
#### 2. QUESTION 2

#### 2.1 Data preprocessing

a) df.head(10)



The data frame contains 303 rows and 14 columns when one runs the df. Shape function. The dataframe does not contain any null values through the df.isnull().sum() function.

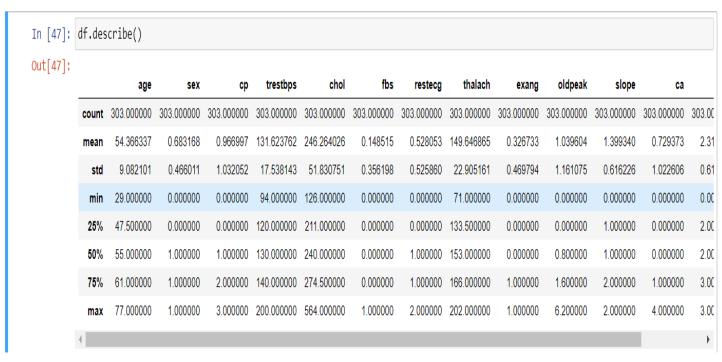


#### df.info()

```
In [43]: data_dup=df.duplicated().any
In [46]: df.info()
           <class 'pandas.core.frame.DataFrame'>
          RangeIndex: 303 entries, 0 to 302
          Data columns (total 14 columns):
               Column
                            Non-Null Count Dtype
                            303 non-null
                age
                sex
                            303 non-null
                                               int64
                ср
                            303 non-null
                                               int64
                trestbps 303 non-null
                                               int64
                            303 non-null
                chol
                                               int64
                            303 non-null
                                               int64
                fbs
                restecg
thalach
                            303 non-null
303 non-null
                                               int64
int64
                exang
                            303 non-null
                                               int64
                oldpeak
slope
                            303 non-null
                                               float64
                            303 non-null
            11
                ca
                            303 non-null
                                               int64
           12 thal
                            303 non-null
                                               int64
          13 target 303 non-null dtypes: float64(1), int64(13) memory usage: 33.3 KB
```

#### data\_dup.duplicated().any

#### df.describe()



The dataset contains 303 records with a maximum age of seventy-seven (77) and a minimum age of twenty-nine (29), and an average age of fifty-four (54). Chest pain is more common in males than females. Males have high cholesterol being present and more common in the age of fifty-five and above. The datasets show males being prone to heart disease condition. Although the number of heart vessels colored with fluoroscopy is mild and normal, the status of their heart is reversible, and only 50% are fixed defects.

#### #Fetching the data from sqlite Heart Disease Patients Database.

```
conn=sqlite3.connect('Heart.db')
cur=conn.cursor()
cur.execute("SELECT * FROM Heart")
rows = cur.fetchall()

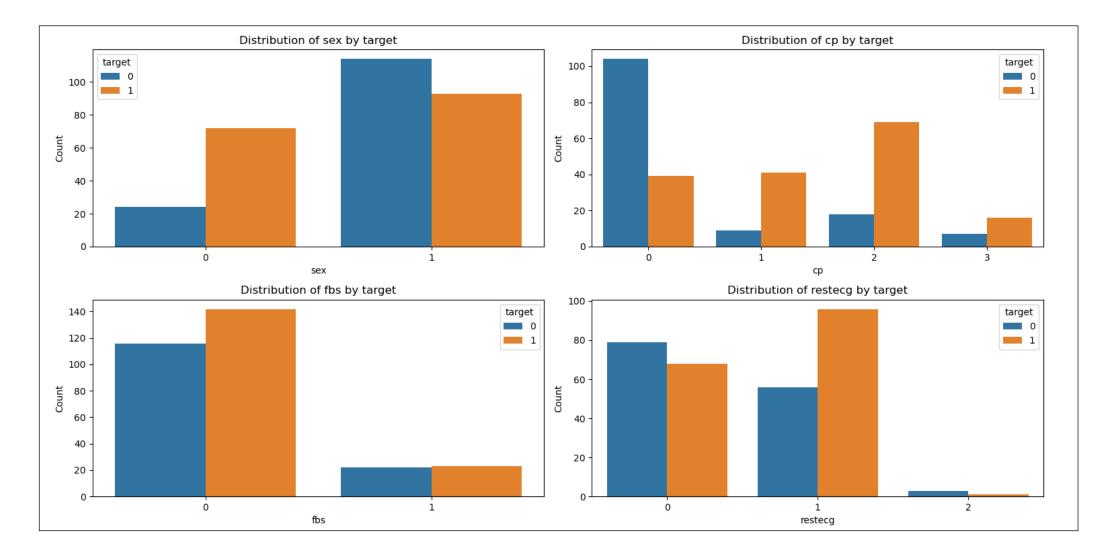
for row in rows:
    print(row)

conn.commit()
conn.close()
```

b) Plotting of distribution of classes on the 8 categorical variables based on the target variables.

#### #setting up the matplotlib figure

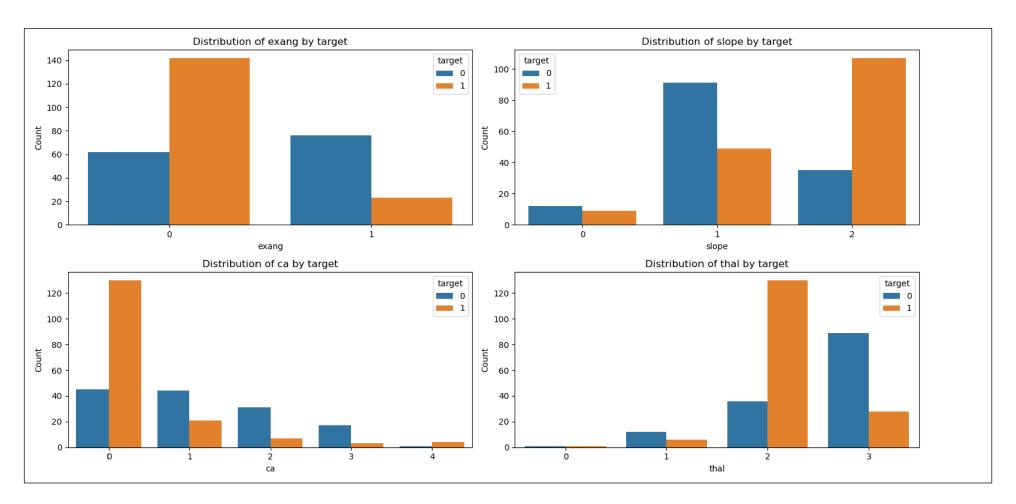
```
%matplotlib inline
fig, axes=plt.subplots(nrows=4, ncols=2, figsize=(15, 15))
axes = axes.flatten()
categorical_vars=['sex','cp','fbs','restecg','exang','slope','ca','thal']
# Plot countplots for each categorical variable
for i, var in enumerate(categorical_vars):
    sns.countplot(x=var, hue='target', data=df, ax=axes[i])
    axes[i].set_title(f'Distribution of {var} by target')
    axes[i].set_xlabel(var)
    axes[i].set_ylabel('Count')
plt.tight_layout()
plt.show()
```



#### **Observation**

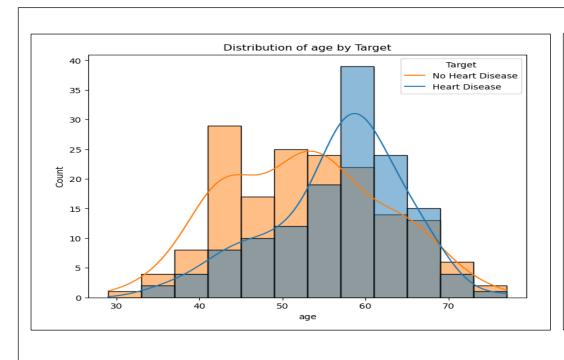
- i. There are more male patients than female patients in the datasets, and males have a higher proportion of heart disease than females. However, in the category of females, more females have a heart condition than those who do not have.
- ii. Patients who tested positive for atypical angina category one (1) and two (2) chest pain appear to have a relative proportion of heart disease whereas those in category zero (0) and three(3) appear to have a low proportion of heart disease.

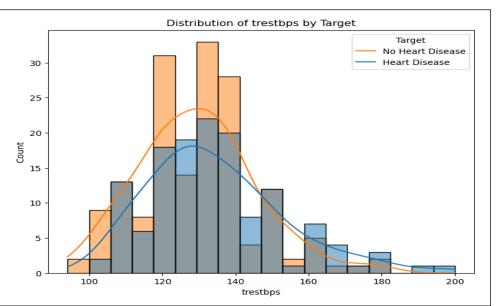
- iii. Patients who tested negative for fasting blood sugar less than (120mg/dl), shown to have a higher proportion of heart conditions, however, the graph indicates a lower risk of heart disease for those above (120mg/dl).
- iv. There is a high number of patients in the abnormal electrocardiographic category one (1) with a high proportion of heart disease compared to those in category zero (0) and two (2) wherein the latter have a relatively low presence of the disease whereas those in category zero have a low presence compared to those who do not have in that category.

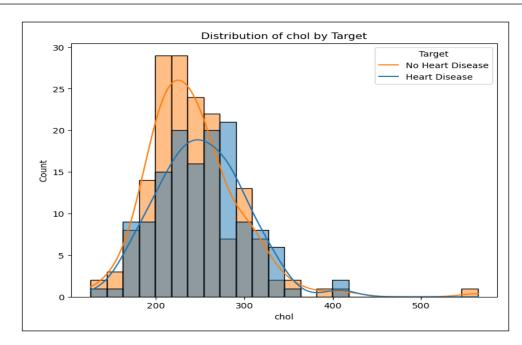


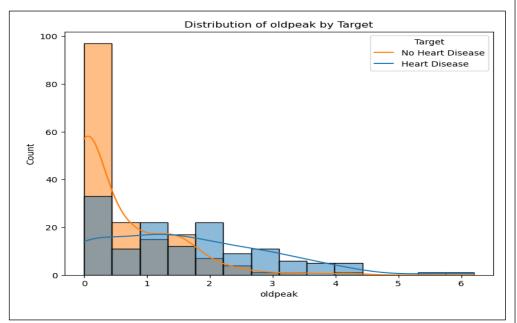
- v. Patients without exercise-induced angina equal to zero(0) seem to have a higher proportion of heart disease compared to those with exercise-induced angina in category 1. Therefore, it means that those who performed the exercise are less prone to heart disease than those who didn't perform the exercise.
- vi. Patients with a flat slope in category two (2) appear to have a relatively higher proportion of patients with heart disease than those in category zero(0) and category one (1).
- vii. Patients with major fluoroscopy in category zero(0) -mild appear to have a higher prevalence of patients with heart disease compared to those in other categories. Category four which is severe indicates the lowest number of patients with a low prevalence of the disease.
- viii. Patients in category zero (0) of the status of the heart indicate a very low absence of the disease than those in category one (1) indicate a small population of those who suffer from a heart condition and those in category two (2) which is fixed-defect indicate a higher proportion of heart disease than those in other categories, and finally category three(3) reversible defect have relatively a low population of those who have the condition versus those who do not have in the same category.

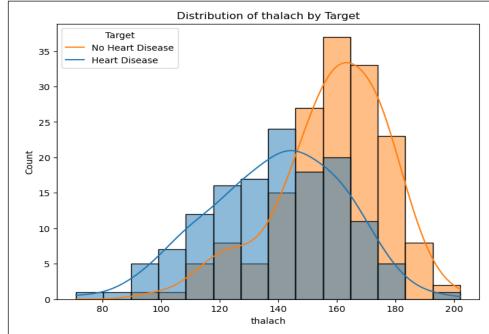
#### c) Plot the distribution of classes for the numeric variables based on the target variable.











#### **Observations**

- i. There seems to be a higher frequency of heart disease in older patients from age 60 upwards and the trend decreases in the elderly generation.
- ii. Those with a resting blood pressure of between 140-200 show a prevalence of succumbing to heart disease than those who are in the same range but don't have the heart condition.
- iii. Patients with high cholesterol constitute a higher number of those who don't have a heart condition than those who have and have a heart condition.
- iv. ST depression induced by exercise relative to rest constitutes a relatively low population of patients who suffer from the disease, than those who don't however constitute a larger portion of healthy patients.
- v. Patients with a maximum heart rate of 80-140 have a higher prevalence of heart disease than those who have a rate of 150-200 is dominated by patients who are free from a heart condition.

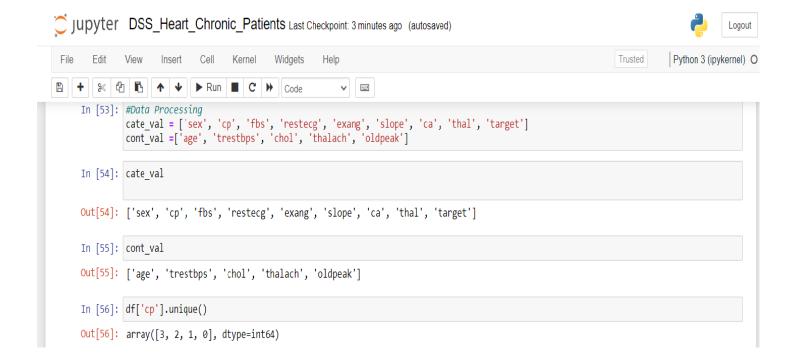
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#### 3. QUESTION 3

#### 3.1 Modelling heart disease prediction problem through machine learning

#### # Convert categorical variables into numerical format

```
cate_val = ['sex', 'cp', 'fbs', 'restecg', 'exang', 'slope', 'ca', 'thal', 'target']
cont_val = ['age', 'trestbps', 'chol', 'thalach', 'oldpeak']
```



#### # Feature scaling

from sklearn.preprocessing import StandardScaler st= StandardScaler()

df[cont\_val]= st.fit\_transform(df[cont\_val])

```
In [58]: #feature Scaling
       from sklearn.preprocessing import StandardScaler
In [59]: st= StandardScaler()
       df[cont_val]= st.fit_transform(df[cont_val])
In [60]: df.head()
Out[60]:
                                chol fbs restecg thalach exang oldpeak slope ca thal target
             age sex cp trestbps
       0 0.952197
                 1 3 0.763956 -0.256334 1
                                          0 0.015443
                                                      0 1.087338
        1 1.633471
                                                      0 2.122573
                                                                 0 0
       0 0.310912
                                                                 2 0 2 1
        3 0.180175 1 1 -0.663867 -0.198357 0
                                           1 1.239897
                                                      0 -0.206705
```

X = df.drop('target',axis=1)# dropping dependent variable

```
y = df['target']
```

from sklearn.model\_selection import train\_test\_split

X\_train, X\_test, y\_train, y\_test = train\_test\_split(X, y, test\_size=0.2, random\_state=42)

X\_train, X\_test, y\_train,y\_test #Testing the results

```
In [62]: from sklearn.model_selection import train_test_split
In [63]: X train, X test, y train, y test = train test split(X, y, test size=0.2, random state=42)
In [64]: y_test
Out[64]: 179
                0
         228
                1
         60
                1
         249
         104
                1
         300
                0
         193
         184
         Name: target, Length: 61, dtype: int64
```

#### 3.2.1 Logistic Regression

Explanation: Logistic Regression is a binary classification algorithm that models the probability of a binary outcome. It's a linear model that predicts the probability that a given instance belongs to a particular class.

#### Advantages:

- Simple and easy to interpret.
- Low computational cost, making it efficient for large datasets.

#### Disadvantages:

- Assumes a linear relationship between features and the log-odds of the outcome.
- May underperform when the relationship between features and target variable is non-linear.

#### 3.2.2 Random Forest

Explanation: Random Forest is an ensemble learning method that builds multiple
decision trees during training and outputs the mode of the classes (classification) or
mean prediction (regression) of the individual trees.

#### Advantages:

- · High accuracy and robustness against overfitting.
- Handles non-linear relationships and interactions between features well.

#### Disadvantages:

- More complex than individual decision trees, making it harder to interpret.
- Can be computationally expensive and slow to train on large datasets with many trees.

#### 3.2.3 Support Vector Machine(SVM):

 Explanation: SVM is a powerful supervised learning algorithm used for classification and regression tasks. It finds the hyperplane that best separates the classes in the feature space.

#### Advantages:

- Effective in high-dimensional spaces and when the number of features is greater than the number of samples.
- Versatile, as it can use different kernel functions to handle non-linear decision boundaries.

#### • Disadvantages:

 Memory-intensive and computationally expensive, especially for large datasets. • Can be sensitive to the choice of kernel parameters and regularization.

### 3.2.4 Determining the best model for predicting a heart disease Logistic Regression Model

from sklearn.linear\_model import LogisticRegression log = LogisticRegression() log.fit(X\_train,y\_train) y\_pred1 = log.predict(X\_test) from sklearn.metrics import accuracy score accuracy\_score(y\_test,y\_pred1) accuracy\_score: 0.8524590163934426

#### **SVM (Support Vector Machine) Model**

from sklearn import svm

svm = svm.SVC()

svm.fit(X\_train,y\_train)

y\_pred2 = svm.predict(X\_test)

accuracy\_score(y\_test,y\_pred2)

accuracy\_score: 0.8688524590163934

#### **Random Forest Classifier Model**

from sklearn.ensemble import RandomForestClassifier
rf=RandomForestClassifier()
rf.fit(X\_train,y\_train)
y\_pred3 = rf.predict(X\_test)
accuracy\_score(y\_test,y\_pred3)
accuracy\_score: accuracy\_score: 0.8688524590163934

#### **Model Comparison**

NB: Based on the scaled data all three models are best fit to be deployed and run the web application for the prediction of heart disease, both SVM and RFC scored the same score of 87% however, am going to use a Random Forest Classifier for the prediction due to the reasons mentioned in its advantages:

- High accuracy and robustness against overfitting.
- Handles non-linear relationships and interactions between features well.

# from sklearn.ensemble import RandomForestClassifier rf=RandomForestClassifier() rf.fit(X,y)

#### Testing the model on new Data

```
new_data = pd.DataFrame({
    'age':52,
    'sex':1,
    'cp':0,
    'trestbps':125,
    'chol':212,
    'fbs':0,
    'restecg':1,
    'thalach':168,
    'exang':0,
    'oldpeak':1.0,
    'slope':2,
```

```
'ca': 2,
'thal':3,
}, index = [0])
```

```
p=rf.predict(new_data)
if p[0]==0:
    print("Patient is safe, No heart disease.")
else:
    print("Patient is Likely to develop a heart disease!")

Output: Patient is safe No heart disease!
```

#### **#SAVING THE DEVELOPED MODEL(RANDOM FOREST)**

```
import joblib
joblib.dump(rf,'random_forest_model.joblib')
```

#### **#LOADING THE MODEL AND PERFORMING PREDICTION (RANDOM FOREST)**

```
model=joblib.load('random_forest_model.joblib')
model.predict(new_data)
```

#### **QUESTION 4**

4.1 Deployment of a model in a web application using Streamlit

See the Code in the GitHub account: <u>lingtonskhosana@gmail.com</u>

https://heart-disease-project-dcjsceil23aqgkocplnnxi.streamlit.app/

https://github.com/SkhosanaL/Heart-Disease-Project