# Data Science HealthCare Project Drug Persistance



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# Problem description

ABC Pharma is looking for an automated way better than the traditional debilitating methods currently used to assess persistence of drugs as per the physician prescription, in order to have a deeper understanding on the factors impacting the persistence of their drug. The aim is to know if a patient, based on his/her information, will follow the prescription of the physician and continue taking the drug for all the treatment time. We have been provided with a dataset which contains patients' details.

# **Business understanding**

We will create a classification model as a solution that divides patients into categories depending on their information, to determine if a patient was persistent or not.

Our goal is to create a web application that might be used as an automated solution to this process of identification.

# Project Lifecycle Along with Deadline

The entire project, including all requirements, must be submitted by the 30th of August 2022. The project has been split into several subtasks.



Figure 1 : Project Lifecycle

# **Data Intake Report**

Name: Persistency of a Drug

Report Date: 09/08/2022

Internship Batch: LISUM10: 30

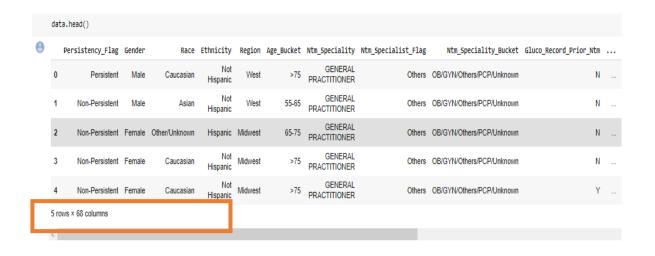
Data Intake: Sourour Cherif

Data Storage Location: <a href="https://github.com/Sururrrr/Drug">https://github.com/Sururrrr/Drug</a> Persistance.git

Tabular Data Details: Healthcare_dataset.xlsx	
Total number of Observations	3424
Total number of File(s)	1
Total number of Features (Independent Variables or Predictors)	68
Base format of the File	.xlsx
Size of the dataset	899 KB

# Data understanding

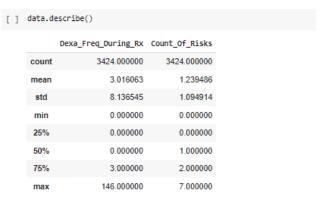
To fit any predictive model on a dataset, we need to understand the complexity of the dataset before deciding which predictive model to use to get optimal performance.



# Type of data

dtypes: int64(2), object(66) memory usage: 1.8+ MB

#### [ ] data.info() <class 'pandas.core.frame.DataFrame'> RangeIndex: 3424 entries, 0 to 3423 Data columns (total 68 columns): # Column Non-Null Count Dtype 3424 non-null 0 Persistency Flag object Gender 3424 non-null object 3424 non-null Race object Ethnicity 3424 non-null object Region 3424 non-null object Age\_Bucket 3424 non-null object 3424 non-null Ntm\_Speciality object Ntm Specialist Flag 3424 non-null object Ntm\_Speciality\_Bucket Gluco\_Record\_Prior\_Ntm 3424 non-null object 3424 non-null object 10 Gluco Record During Rx 3424 non-null object 11 Dexa\_Freq\_During\_Rx 3424 non-null int64 Dexa\_During\_Rx 3424 non-null object 3424 non-null Frag\_Frac\_Prior\_Ntm Frag\_Frac\_During\_Rx 3424 non-null object 14 3424 non-null 15 Risk\_Segment\_Prior\_Ntm object Tscore Bucket Prior Ntm 16 3424 non-null object 17 Risk Segment During Rx 3424 non-null object Tscore\_Bucket\_During\_Rx 3424 non-null object 18 Change\_T\_Score 3424 non-null object Change\_Risk\_Segment 3424 non-null Adherent\_Flag 3424 non-null object Idn\_Indicator 3424 non-null object 23 Injectable\_Experience\_During\_Rx 3424 non-null object 24 Comorb\_Encounter\_For\_Screening\_For\_Malignant\_Neoplasms 25 Comorb\_Encounter\_For\_Immunization 3424 non-null object 3424 non-null obiect 26 Comorb\_Encntr\_For\_General\_Exam\_W\_O\_Complaint,\_Susp\_Or\_Reprtd\_Dx 3424 non-null object 27 Comorb Vitamin D Deficiency 3424 non-null object 35 Comorb\_Osteoporosis\_without\_current\_pathological\_fracture 3424 non-null object 36 Comorb\_Personal\_history\_of\_malignant\_neoplasm 3424 non-null Comorb\_Gastro\_esophageal\_reflux\_disease 3424 non-null object 38 Concom\_Cholesterol\_And\_Triglyceride\_Regulating\_Preparations 3424 non-null object 39 Concom\_Narcotics 3424 non-null object 40 Concom\_Systemic\_Corticosteroids\_Plain 3424 non-null object 41 Concom\_Anti\_Depressants\_And\_Mood\_Stabilisers 3424 non-null object 42 Concom\_Fluoroquinolones 3424 non-null object 43 Concom\_Cephalosporins 3424 non-null object 44 Concom\_Macrolides\_And\_Similar\_Types 3424 non-null object 45 Concom\_Broad\_Spectrum\_Penicillins 3424 non-null object Concom\_Anaesthetics\_General 3424 non-null object 47 Concom\_Viral\_Vaccines 3424 non-null object 48 Risk\_Type\_1\_Insulin\_Dependent\_Diabetes 3424 non-null object 49 Risk\_Osteogenesis\_Imperfecta 3424 non-null object 3424 non-null 50 Risk\_Rheumatoid\_Arthritis object ${\tt Risk\_Untreated\_Chronic\_Hyperthyroidism}$ 51 3424 non-null object Risk\_Untreated\_Chronic\_Hypogonadism 52 3424 non-null object 53 Risk\_Untreated\_Early\_Menopause 3424 non-null object Risk\_Patient\_Parent\_Fractured\_Their\_Hip 3424 non-null object 55 Risk\_Smoking\_Tobacco 3424 non-null object ${\tt Risk\_Chronic\_Malnutrition\_Or\_Malabsorption}$ 3424 non-null 56 object Risk\_Chronic\_Liver\_Disease 57 3424 non-null object 58 Risk\_Family\_History\_Of\_Osteoporosis 3424 non-null object Risk Low Calcium Intake 3424 non-null 59 object Risk\_Vitamin\_D\_Insufficiency 60 3424 non-null object 3424 non-null Risk Poor Health Frailty 61 object Risk\_Excessive\_Thinness 3424 non-null 62 obiect Risk Hysterectomy Oophorectomy 3424 non-null object 63 Risk\_Estrogen\_Deficiency 3424 non-null 64 object Risk Immobilization 3424 non-null 65 object 66 Risk Recurring Falls 3424 non-null object 3424 non-null



# Unique elements in each Column

```
cbound method Index.unique of Index(['Persistency_Flag', 'Gender', 'Race', 'Ethnicity', 'Region',
    'Age_Bucket', 'Ntm_Speciality', 'Ntm_Specialist_Flag',
    'Ntm_Speciality_Bucket', 'Gluco_Record Prior Ntm',
    'Gluco_Record_During_Rx', 'Dexa_Frea_During_Rx', 'Pexa_During_Rx',
    'Frag_Frac_Prior_Ntm', 'Frag_Frac_During_Rx', 'Risk_Segment_Prior_Ntm',
    'Tscore_Bucket_During_Rx', 'Change_Tscore', (Knange_Tscore), Change_Bisk_Segment',
    'Adherent_Flag', 'Idn_Indicator', 'Injectable_Experience_During_Rx',
    'Comorb_Encounter_For_Screening_For_Malignant_Neoplasms',
    'Comorb_Encounter_For_Screening_For_Malignant_Neoplasms',
    'Comorb_Encounter_For_Screening_For_Malignant_Neoplasms',
    'Comorb_Dincounter_For_Screening_For_Malignant_Neoplasms',
    'Comorb_Dincounter_For_Screening_For_Malignant_Neoplasms',
    'Comorb_Dincounter_For_Screening_For_Malignant_Neoplasms',
    'Comorb_Dincounter_For_Semenal_Exam_MO_Complaint,_Susp_Or_Reprtd_Dx',
    'Comorb_Dincounter_For_Semenal_Exam_MO_Complaint,_Susp_Or_Reprtd_Dx',
    'Comorb_Dincounter_For_Semenal_Exam_MO_Complaint_Suspected_Or_Reprtd_Dx',
    'Comorb_Derson_Intr_For_OftSp_Exam_MO_Complaint_Suspected_Or_Reprtd_Dx',
    'Comorb_Derson_Intr_For_OftSp_Exam_MO_Complaint_Suspected_Or_Reprtd_Dx',
    'Comorb_Derson_OftSp_Exam_MO_Complaint_Suspected_Or_Reprtd_Dx',
    'Comorb_Disorders_Of_Bone_Density_And_Structure',
    'Comorb_Disorders_Of_Bone_Density_And_Structure',
    'Comorb_Disorders_Of_Iloporotion_metabolism_and_other_lipidemias',
    'Comorb_Disorders_Of_Iloporotion_metabolism_and_other_lipidemias',
    'Comorb_Dersonal_Inistory_of_malignant_neoplasm',
    'Comorb_Personal_Inistory_of_malignant_neoplasm',
    'Comorb_Dersonal_Inistory_of_malignant_neoplasm',
    'Comorb_Dersonal_Inistory_of_malignant_neoplasm',
    'Comorb_Dersonal_Inistory_of_Malignant_Noter_Dense_Ilopor_Noter_Dense_Ilopor_Noter_Dense_Ilopor_Noter_Dense_Ilopor_Noter_Dense_Ilopor_Noter_Dense_Ilopor_Noter_Dense_Ilopor_Noter_Dense_Ilopor_Noter_Dense_Ilopor_Noter_Dense_Ilopor_
```

#### **Data Problems**

Data problems such as irrelevant columns, Null values, duplicates, skewed data, outliers and many others may cause bad predictions ...

So we need to check if we have one of them to know then how to overcome it.

#### - Skewed Data:

```
(497] def measure_skew_kurtosis(cols):
            for col in cols:
                print(col)
                result = data[[col]].agg(['skew', 'kurtosis']).transpose()
                print(result)
        measure_skew_kurtosis(numeric_col)
        Dexa_Freq_During_Rx
                               skew
                                     kurtosis
        Dexa_Freq_During_Rx 6.80873 74.758378
        Count_Of_Risks
                            skew kurtosis
        Count_Of_Risks 0.879791 0.900486

  [498] #skew and kurtosis values
        data.agg(['skew', 'kurtosis']).transpose()
                                       kurtosis
                                 skew
         Dexa_Freq_During_Rx 6.808730 74.758378
           Count Of Risks
                             0.879791
                                        0.900486
```

#### - Outliers

```
# creating a box plot of numerical columns against persitency flag to identify outliers
def boxplot(data, cols):
    for col in cols:
        sns.set_style('whitegrid')
        sns.boxplot(x='Persistency_Flag', y=col, data=data)
        plt.title('Boxplot of ' + col)
        plt.ylabel(col) #setting text for y axis
        plt.show()
boxplot(data, numeric_col)
```

#### - Duplicates

- ⇒ There is no duplicates, Having duplicates leads often to overfitting
  - Missing Values

```
[ ] # Total number of missing values
data.isnull().sum().sum()
```

#### **Solutions**

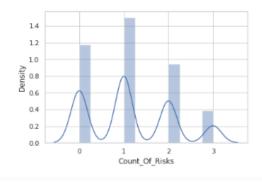
- Removing duplicates if they exists
- Dropping unsignificant columns
- Eliminating Skewed data

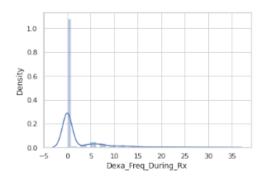


#### Example of removing 99% Percentile

```
/ [505] # To remove the 99th percentile
        q = data['Dexa_Freq_During_Rx'].quantile(0.99)
        data_1 = data[data['Dexa_Freq_During_Rx']<q]</pre>
        data_1.describe()
                Dexa_Freq_During_Rx Count_Of_Risks
                                                        log_Dexa log_Count_Risks
                        3389.000000
                                        3389.000000 3389.000000
                                                                       3389.000000
         count
                           2.440248
                                            1.240484
                                                         0.572915
                                                                          0.685941
         mean
                           5.183446
                                            1.095904
                                                         0.997375
                                                                          0.499826
          std
                           0.000000
                                            0.000000
                                                         0.000000
                                                                          0.000000
         min
         25%
                           0.000000
                                            0.000000
                                                         0.000000
                                                                          0.000000
         50%
                           0.000000
                                            1.000000
                                                         0.000000
                                                                          0.693147
         75%
                           3.000000
                                            2.000000
                                                         1.386294
                                                                          1.098612
                           34.000000
                                                         3.555348
                                                                          2.079442
                                            7.000000
         max
```

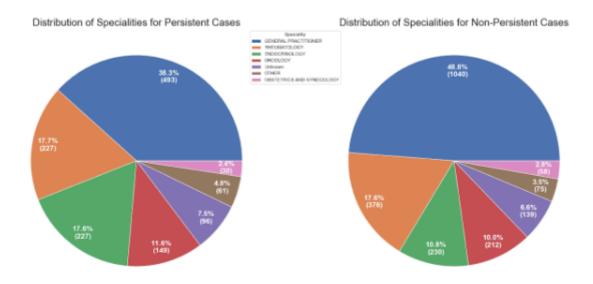
- Removing outliers





## **EDA**

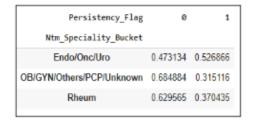
# Does the speciality of the person who prescribed the drug have any effect on the persistent rate?



We see that both pie charts are pretty similar in distribution of frequency for each speciality. Thus, we can rule out the possibly that one of the factors that the drug is persistent or not is the speciality that prescribed the drug in the first place.

# Does 'Ntm\_Specialist\_Flag' and 'Ntm\_Speciality\_Bucket' Variables have useful information for the classification task?

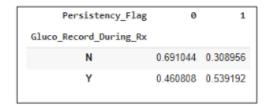




It seems Rheum flag in Ntm\_Speciality\_Bucket have some useful information.

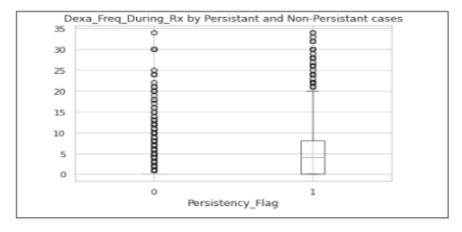
## What about 'Gluco\_Record\_Prior\_Ntm', 'Gluco\_Record\_During\_Rx'?

0	1
0.627879	0.372121
0.645119	0.354881

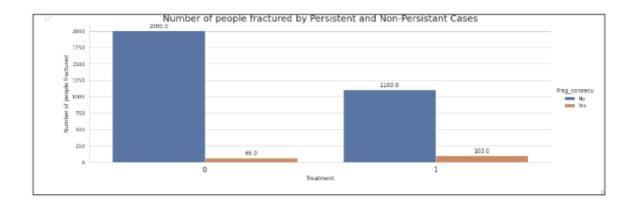


Gluco\_Record\_During\_Rx seems to be more useful than Gluco\_Record\_Prior\_Ntm to predict the target

The distribution of Dexa\_Freq\_During\_Rx numbers seems to be higher in the Persistent patients

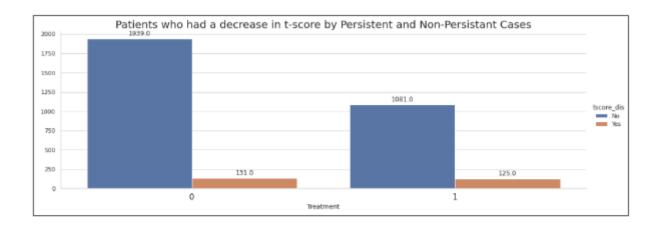


Variables that are recorded during the treatment have more useful information for the classification than others. It can be checked with the percentages shown by Dexa\_During\_Rx variable.



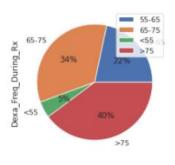
Of the total number of patients, 8% of people were affected by the treatment, weakening their bones

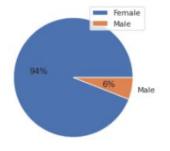
 The count of people affected by the treatment is small, and we can speculate that the treatment not affected considerably to the bones of the patients.

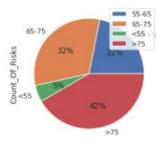


There is 10% of people with treatment who had a decrease in the t-score

- Then there is 90% approximately of people who maintained or improved their t-score.
- In conclusion, the treatment is improving the t-score of the patients.







Dexa\_Freq\_During\_Rx by Age\_Bucket Count\_Of\_Risks by Gender Counts\_Of\_Risks by Age-Bucket

Most of the patients already hold comorbidity factors, while holding risk factors is less common.

### Some highlights:

- The main comorbidity factor is related to lipoproteins and metabolism (cholesterol).
- The main risk factor is deficiency in vitamin D.
- More than one third has been found to have taken narcotics.
- 99 % of our sample hold at least one risk, comorbidity and/or concomitant factor.

There are some significant differences between genders:

- Women seem to be more affected by vitamin D deficiencies.
- More than twice as many women as men have passed as screening for malignant neoplasms.
- Four times as many men as women suffer from **Hypogonadism** (untreated).

-

- As expected, patients older than 65 are affected by the mentioned factors in a higher proportion.
- There are some risks and other factors that seem to be significantly higher in South and West regions. It might be interesting to find out about socioeconomic factors aside.
- There seem to be some remarkable differences between Asian and other races. They are
  probably due to cultural factors and other behaviours, like medical reviews on a more
  regular basis (this is just a hypothesis to be found out).

# **⇒** EDA Summary

The file contained information of 3, 424 patients. For each patient it has demographic information, clinical records, others diseases as risk factor information and also about their physician's speciality.

There are some significant differences between genders (vitamin D deficiencies, screening for malignant neoplasms, Hypogonadism).

Most of the patients already hold comorbidity factors, while holding risk factors is less common.

Patients older than 65 are affected by the mentioned factors in a higher proportion.

There seem to be some remarkable differences between Asian and other races.

Variables that are recorded during the treatment like Dexa\_Freq\_During\_Rx, Dexa\_During\_Rx and Gluco\_Record\_During\_Rx have more useful information for the classification than others.

# **Modeling Techniques**

Considering the nature of target variable the classification modeling techniques are most suitable for present study. This is a problem of binary classification and models logistic regression, decision tree can be used easily.

We conduct our experiment by implementing the following classification models

# Model Development and Evaluation

RandomForestClassifier

```
Confusion Matrix:
[[346 64]
[ 41 377]]
F1 Score: 87.77648428405122
Report :
             precision recall f1-score support
               0.89 0.84 0.87
          0
                                          410
         1
               0.85
                        0.90
                                 0.88
                                            418
                                          828
   accuracy
                                 0.87
  accuracy
macro avg 0.87 0.87 0.87
1-1-1-1 0.87 0.87 0.87
                                             828
weighted avg
                                             828
```

The RandomForest Classifier Model performed well on the dataset.