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Heart Disease Risk Prediction System

1. Introduction

Cardiovascular diseases are a leading cause of mortality worldwide. Early detection and risk assessment play a crucial role in preventing severe outcomes. This project focuses on developing a heart disease risk prediction system using a combination of **Machine**Learning (ML) and an Expert System. The primary goal is to evaluate the efficiency of automated decision-making models and rule-based expert knowledge in predicting heart disease risks.

2. Methodology

This system integrates two core approaches:

- Machine Learning Model: A Decision Tree Classifier is used to classify individuals based on their health attributes.
- **Expert System**: Implemented using the **Experta** library, the system applies rule-based reasoning to classify heart disease risk levels.

2.1 Libraries Used

The following libraries were used in the implementation:

- pandas: For data manipulation and preprocessing.
- numpy: For numerical computations.
- scikit-learn: To build and evaluate the Decision Tree Classifier.
- matplotlib & seaborn: For data visualization.
- **experta**: To create the rule-based expert system.
- **streamlit**: To develop an interactive web-based user interface.

2.2 Data Preprocessing and Feature Selection

 Dataset: The system utilizes a heart disease dataset consisting of various health indicators, such as age, cholesterol level, blood pressure, and other cardiovascular-related parameters.

• Preprocessing Steps:

- o Handling missing values.
- Encoding categorical features.
- Standardizing numerical attributes.
- **Feature Selection**: SelectKBest method with ANOVA F-value was applied to select the most relevant features for model training.

2.3 Machine Learning Model (Decision Tree Classifier)

- A **Decision Tree Classifier** was chosen for its interpretability and efficiency.
- Hyperparameter tuning was conducted using GridSearchCV to optimize parameters such as max depth, min samples split, and criterion.
- Model evaluation metrics include Accuracy, Precision, Recall, F1-score, and Confusion Matrix.

2.4 Expert System Implementation

- The expert system was built using the **Experta** library, defining rules based on medical thresholds (e.g., high cholesterol, hypertension levels, and BMI values).
- The rule engine classifies individuals into different risk categories: Low, Medium, or High Risk.

2.5 Model Comparison and Visualization

- The performance of the ML model and the expert system was compared using standard evaluation metrics.
- Results were visualized using **matplotlib** and **seaborn** to illustrate differences in classification accuracy and risk assessment.

3. Results and Discussion

- The **Decision Tree Classifier** achieved an accuracy of **X%**, indicating its potential for heart disease risk prediction.
- The **Expert System** provided interpretable results aligned with medical domain knowledge but lacked adaptability to complex data patterns.
- The **comparison** showed that while ML models are data-driven and adaptive, expert systems offer transparency in decision-making.
- Future improvements could involve integrating more advanced ML models (e.g., Random Forest, XGBoost) and refining expert rules based on medical research.

4. Deployment Considerations

- The system is designed to be interactive and user-friendly using Streamlit and Voila.
- A web-based interface allows users to input health attributes and receive risk predictions.
- A requirements.txt file ensures easy installation of dependencies, and containerization with **Docker** can facilitate deployment.
- Codebase is structured into logical folders with appropriate documentation.
- A **GitHub repository** is maintained, including a README.md file with setup instructions and usage examples.

5. Conclusion

This project demonstrates a **hybrid approach** to heart disease risk prediction by leveraging both **Machine Learning** and **Expert Systems**. While ML models exhibit high predictive accuracy, expert systems provide **interpretable and medically grounded** insights. Combining both approaches enhances reliability and transparency in clinical decision-making. Future work can focus on integrating real-time health monitoring data and refining expert rules for greater precision.

6. References

- Relevant medical studies and datasets used.
- Documentation for Scikit-learn, Experta, and Streamlit.
- Other sources supporting the feature selection and classification approach.