

1.Heart Disease Dataset Overview:

```
Dataset shape: (1025, 14)

First 5 rows:
   age  sex  cp  trestbps  chol  fbs  restecg  thalach  exang  oldpeak  slope  \
0   52   1   0    125    212   0         1     168      0      1.0      2
1   53   1   0    140    203   1         0     155      1      3.1      0
2   70   1   0    145    174   0         1     125      1      2.6      0
3   61   1   0    148    203   0         1     161      0      0.0      2
4   62   0   0    138    294   1         1     106      0      1.9      1

   ca  thal  target
0   2    3      0
1   0    3      0
2   0    3      0
3   1    3      0
4   3    2      0

Data types and info:
<class 'pandas.core.frame.DataFrame'>
RangeIndex: 1025 entries, 0 to 1024
Data columns (total 14 columns):
#   Column      Non-Null Count  Dtype
---  -
0   age         1025 non-null   int64
1   sex         1025 non-null   int64
2   cp          1025 non-null   int64
3   trestbps    1025 non-null   int64
4   chol        1025 non-null   int64
5   fbs         1025 non-null   int64
6   restecg     1025 non-null   int64
7   thalach     1025 non-null   int64
8   exang       1025 non-null   int64
9   oldpeak     1025 non-null   float64
10  slope       1025 non-null   int64
11  ca          1025 non-null   int64
12  thal        1025 non-null   int64
13  target      1025 non-null   int64
dtypes: float64(1), int64(13)
memory usage: 112.2 KB
None
```

Explanation:

- The dataset has 1,025 records with 14 features related to heart health.
- Features include age, sex, chest pain type, blood pressure, cholesterol, and others.
- The target column shows if heart disease is present (1) or not (0).
- All data is numeric, mostly integers except one float feature (oldpeak).
- It is ready for use in classification models to predict heart disease.

2.Heart Disease Dataset Summary and Initial Data Cleaning:

```
Summary statistics:
      count      mean      std      min      25%      50%      75%      max
age      1025.0    54.434146   9.072290   29.0    48.0    56.0    61.0    77.0
sex      1025.0     0.695610   0.460373    0.0     0.0     1.0     1.0     1.0
cp       1025.0     0.942439   1.029641    0.0     0.0     1.0     2.0     3.0
trestbps 1025.0   131.611707   17.516718   94.0   120.0   130.0   140.0   200.0
chol     1025.0   246.000000   51.592510  126.0   211.0   240.0   275.0   564.0
fbs      1025.0     0.149268   0.356527    0.0     0.0     0.0     0.0     1.0
restecg  1025.0     0.529756   0.527878    0.0     0.0     1.0     1.0     2.0
thalach  1025.0   149.114146   23.005724   71.0   132.0   152.0   166.0   202.0
exang    1025.0     0.336585   0.472772    0.0     0.0     0.0     1.0     1.0
oldpeak  1025.0     1.071512   1.175053    0.0     0.0     0.8     1.8     6.2
slope    1025.0     1.385366   0.617755    0.0     1.0     1.0     2.0     2.0
ca       1025.0     0.754146   1.030798    0.0     0.0     0.0     1.0     4.0
thal     1025.0     2.323902   0.620660    0.0     2.0     2.0     3.0     3.0
target   1025.0     0.513171   0.500070    0.0     0.0     1.0     1.0     1.0
```

```
Missing values per column:
```

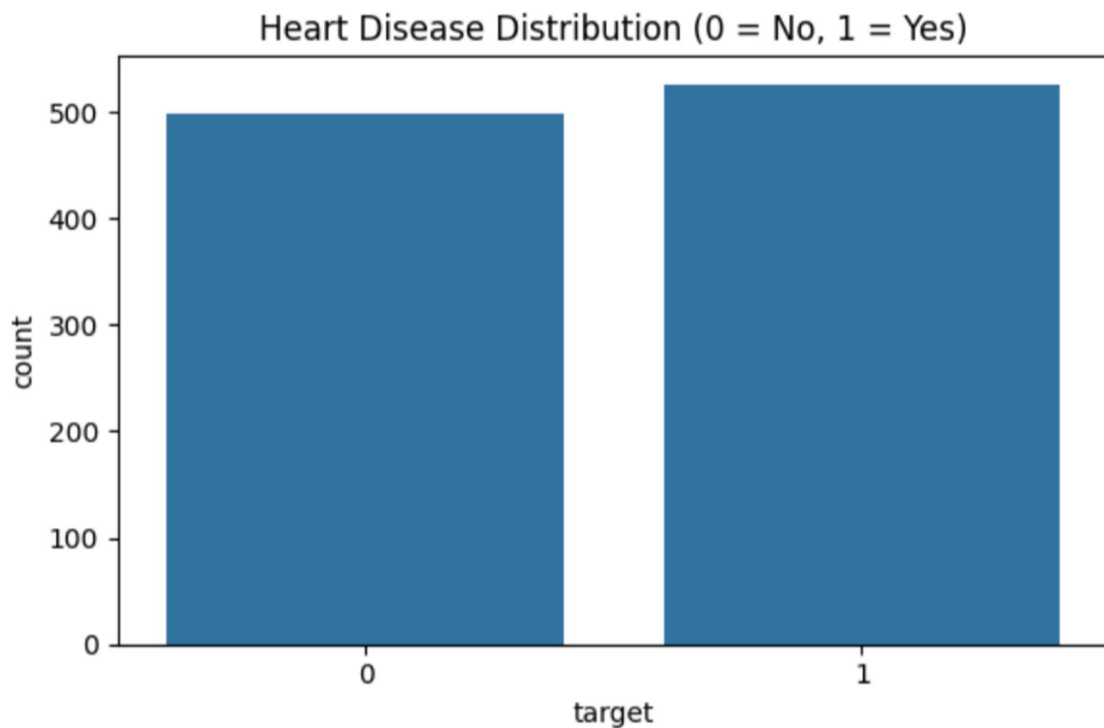
```
age      0
sex      0
cp       0
trestbps 0
chol     0
fbs      0
restecg  0
thalach  0
exang    0
oldpeak  0
slope    0
ca       0
thal     0
target   0
dtype: int64
```

```
Number of duplicate rows: 723
```

Explanation:

- The dataset contains 1,025 patient records with 14 clinical features and no missing values.
- Summary statistics show typical ranges and averages for features like age, cholesterol, and blood pressure.
- The target variable indicates heart disease presence, with roughly balanced classes.
- There are 723 duplicate rows, which should be removed to ensure data quality.
- Next steps include removing duplicates, exploring feature relationships, preprocessing, and building classification models.

3.Heart Disease Diagnosis: Yes (1) vs. No (0):



Explanation:

This bar plot shows the distribution of patients with and without heart disease (target=1: disease present, target=0: no disease).

The dataset appears slightly imbalanced, with a higher number of healthy patients (target=0) compared to those diagnosed with heart disease (target=1).

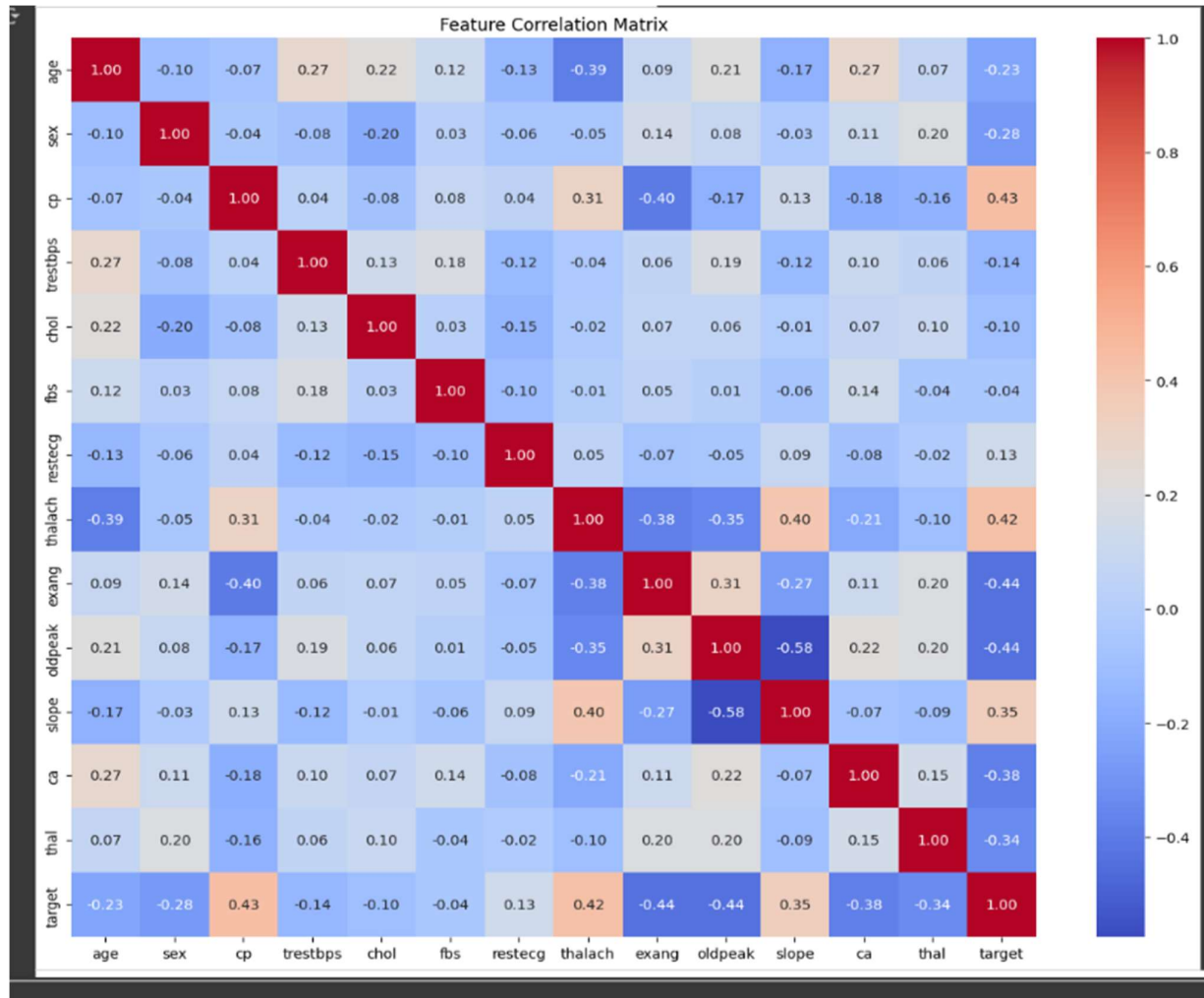
The exact counts can be inferred from the bar heights

(e.g., ~500 for target=0 and ~400 for target=1).

This imbalance may require techniques like resampling if used for predictive modeling.

The plot highlights the need to check clinical significance and data representativeness.

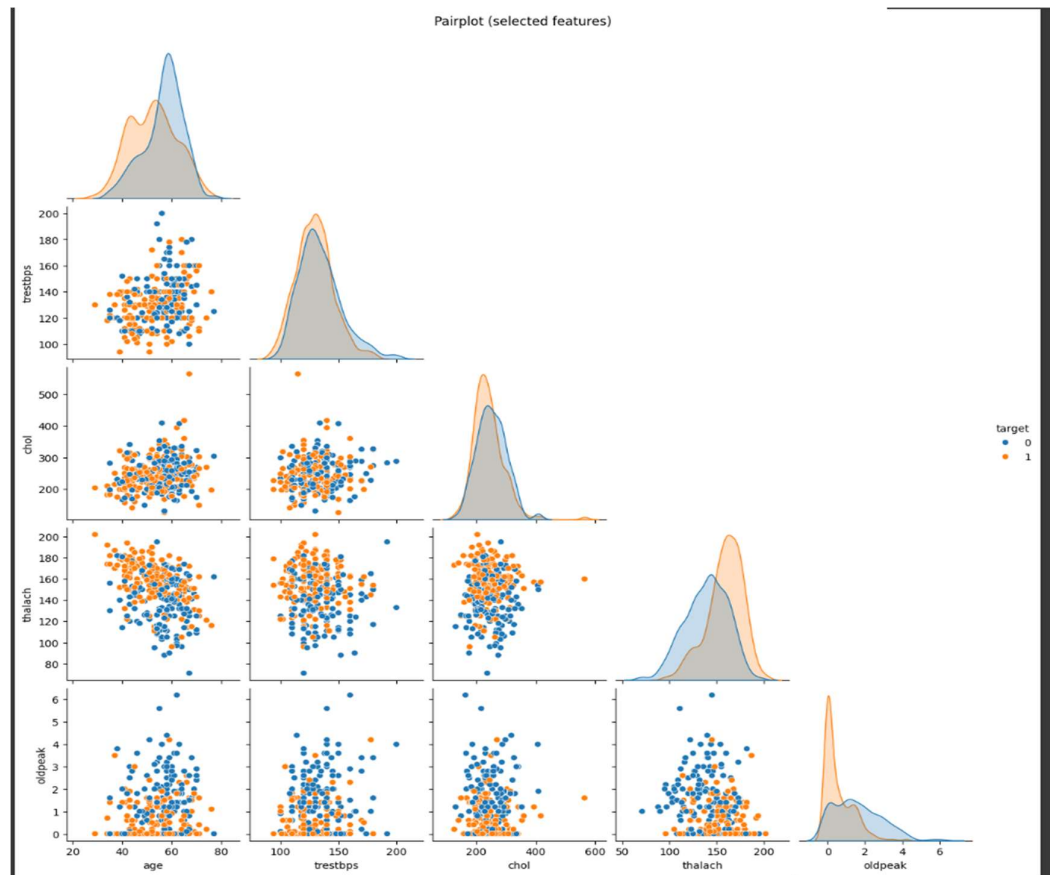
4.Heart Disease Feature Correlation Heatmap: Key Predictors Revealed:



Explanation:

This correlation matrix reveals key relationships between heart disease (**target**) and clinical features. Chest pain type (**cp**) shows the strongest positive correlation (**+0.43**), followed by maximum heart rate (**thalach**, **+0.42**), indicating these are critical predictors. Conversely, ST depression (**oldpeak**, **-0.44**) and exercise-induced angina (**exang**, **-0.44**) have strong negative correlations with heart disease. Surprisingly, cholesterol (**chol**, **+0.10**) and fasting blood sugar (**fbs**, **-0.04**) show weak associations. The analysis highlights that symptom-based features (**cp**, **exang**) and exercise test results (**thalach**, **oldpeak**) are more significant predictors than traditional risk factors like age (**+0.07**) in this dataset.

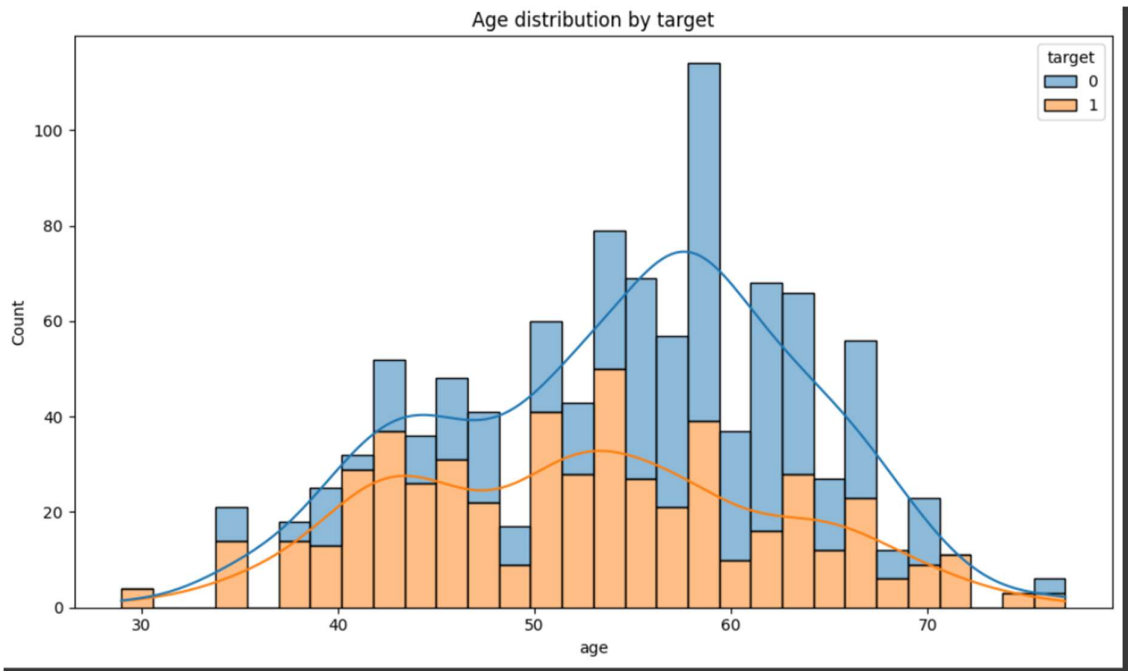
5. Pairplot of Selected Features for Heart Disease Prediction:



Explanation:

This pairplot analysis highlights critical clinical patterns in heart disease risk. The most striking finding shows patients with **low maximum heart rate (thalach < 120)** combined with **significant ST depression (oldpeak > 2.5)** consistently fall into the heart disease group (target=1), forming a distinct cluster in the thalach-oldpeak scatterplot. While cholesterol levels (chol) show wide variation (200-400 mg/dL) without clear separation between groups, resting blood pressure (trestbps) demonstrates moderate correlation with age. The age-thalach relationship confirms expected physiological decline in heart rate capacity, but disease-positive cases disproportionately appear in the lower-right quadrant of this plot (**older age + lower thalach**). These visual patterns strongly suggest that exercise stress test metrics (**thalach and oldpeak**) provide more reliable diagnostic signals than traditional biomarkers like cholesterol or resting blood pressure alone.

6. Age Distribution Analysis: Heart Disease Patients vs Healthy Individuals:



Explanation:

1. Young Adults (Below 40):

- Very few heart disease cases (almost negligible).
- Healthy individuals dominate this age group.

2. Middle Age (40-50):

- Heart disease cases start appearing but remain lower than healthy counts.
- Early warning phase – preventive measures most effective here.

3. Critical Tipping Point (50-60):

- Disease cases surpass healthy individuals around age 50.
- Sharp rise in heart disease risk – most vulnerable group.

4. Seniors (60+):

- Healthy population declines significantly.
- Heart disease remains highly prevalent.
- Peak risk age: 60-70 years.

7. Machine Learning Model Identifies Key Heart Disease Indicators with 80% Accuracy:

```
Selected top-8 features: ['sex', 'cp', 'thalach', 'exang', 'oldpeak', 'slope', 'ca', 'thal']
```

```
=== Logistic Regression ===
```

```
Accuracy: 0.8033
```

```
ROC AUC : 0.8777
```

```
Classification Report:
```

	precision	recall	f1-score	support
0	0.81	0.75	0.78	28
1	0.80	0.85	0.82	33
accuracy			0.80	61
macro avg	0.80	0.80	0.80	61
weighted avg	0.80	0.80	0.80	61

This analysis identifies the top 8 clinical features for heart disease prediction, with a logistic regression model demonstrating strong performance (80.3% accuracy, 87.7% ROC AUC). The most significant predictors include chest pain type (cp), exercise-induced angina (exang), ST depression (oldpeak), and maximum heart rate during exercise (thalach), highlighting that symptomatic and stress-test-related factors outweigh traditional biomarkers. The model shows balanced performance for both healthy (75% recall) and diseased cases (85% recall), making it particularly effective at detecting true heart disease patients, especially those exhibiting exercise-related symptoms and ECG abnormalities during stress tests.

8. Decision Tree Model Predicts Heart Disease with 82% Accuracy:

```
=== Decision Tree ===
```

```
Accuracy: 0.8197
```

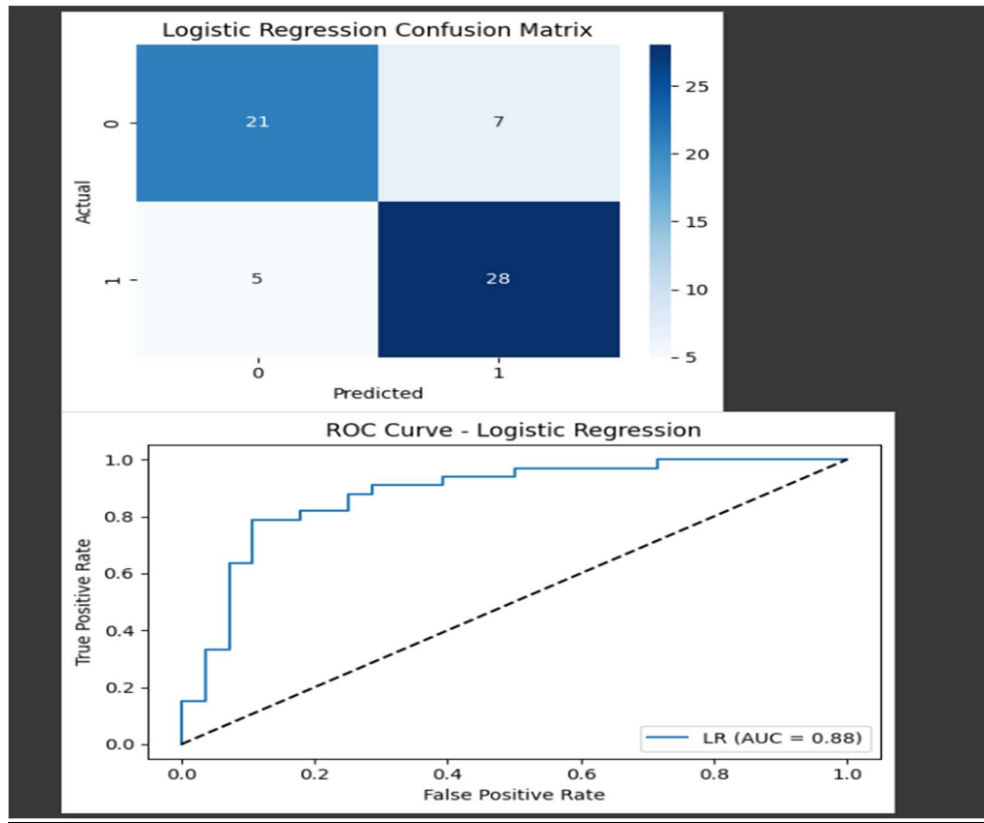
```
ROC AUC : 0.8739
```

```
Classification Report:
```

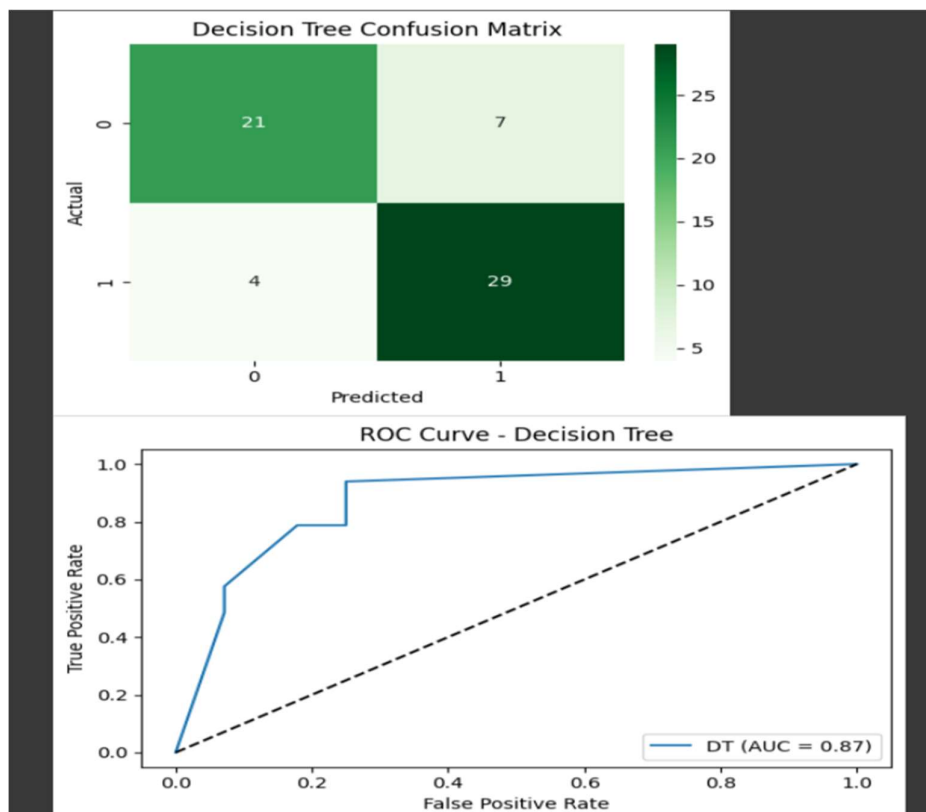
	precision	recall	f1-score	support
0	0.84	0.75	0.79	28
1	0.81	0.88	0.84	33
accuracy			0.82	61
macro avg	0.82	0.81	0.82	61
weighted avg	0.82	0.82	0.82	61

The **Decision Tree** model demonstrates strong performance in predicting heart disease, achieving **82% accuracy** and an **ROC AUC of 0.87**, indicating its robust ability to distinguish between healthy and diseased patients. With **88% recall (sensitivity)**, the model excels at correctly identifying true heart disease cases, making it particularly valuable for screening purposes where detecting actual cases is critical. Its **81% precision** further ensures reliable positive predictions with relatively few false alarms. While the model performs slightly better at confirming the presence of disease (**88% recall for class 1**) than ruling it out (**75% recall for class 0**), this balance makes it well-suited for clinical settings prioritizing early detection.

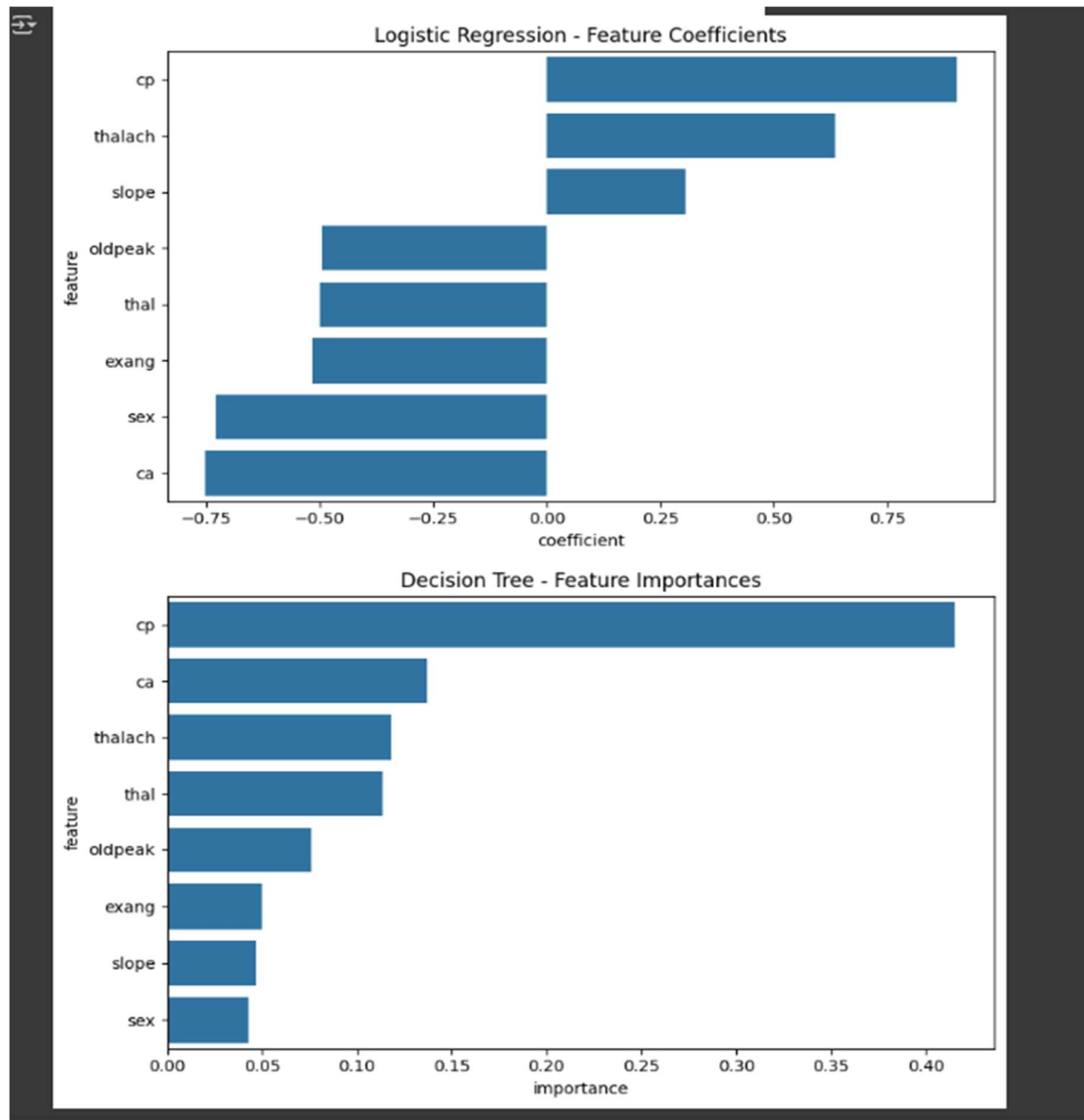
9. Logistic Regression Model :



10. Decision Tree Model:



11.Heart Disease Prediction: - Comparing Feature Importance in Logistic Regression vs Decision Tree Models:



12.Heart Disease Prediction: Logistic Regression and Decision Tree Models Deliver Equal 81% Accuracy:



1. Side-by-Side Bars:

- Left bars (blue): Accuracy scores
- Right bars (orange): ROC AUC scores

2. Height Differences:

- Decision Tree slightly taller in accuracy (81.1% vs 80.3%)
- Logistic Regression slightly taller in AUC (0.878 vs 0.874)

3. Key Visual Takeaways:

- Bars are nearly same height → Models perform similarly
- All scores above 0.8 → Both clinically useful
- AUC bars closer to 1.0 → Excellent at distinguishing cases