

Heart Disease Prediction using Machine Learning Algorithms

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1 Introduction

For this assignment, I am going to study the prediction of cardiovascular disease. Facing high risk of heart disease is a shadow in my life since I was diagnosed with brugada syndrome, I am especially interested in studying the pattern of heart disease.

Heart disease (cardiovascular disease) occurs when blood flow to the heart muscle is suddenly blocked. According to statistics from the World Health Organization, 17.9 million people die from heart attacks every year. Medical research shows that the human lifestyle is the main cause of this heart problem. In addition, there are many key factors that warn that the person may/may not have a heart attack.

The data set contains medical information about some patients, which indicates whether the person has a low or high chance of having a heart attack. Use this information to explore the data set and use different machine learning models to classify the target variable and find an algorithm that fits the data set.

The growth of medical data collection provides new opportunities for doctors to improve patient diagnosis. In recent years, practitioners have increased their use of computer technology to improve decision support. In the healthcare industry, machine learning is becoming an important solution for assisting patient diagnosis. Machine learning is an analysis tool used when tasks are large and difficult to program, such as converting medical records into knowledge, epidemic prediction, and genomic data analysis

1.1 Goal:

The goal of this study is to predict whether a patient should be diagnosed with Heart Disease. This is a binary outcome. • Positive (+) = 1, patient diagnosed with Heart Disease • Negative (-) = 0, patient not diagnosed with Heart Disease

Experiment with various Classification Models & see which yields greatest accuracy.

1.2 Datasets

The dataset is from the UCI database, which collects from 4 different clinical hospitals. The reason why choosing this dataset is because of its reliability, based on the credential of the four clinics. The original datasets contains 76 features. Researchers shrunk the feature space to 13 features, which will be used in the following discussion.

1.2.1 Features

1. age: age in years
2. sex: sex (1 = male; 0 = female)
3. cp: chest pain type • Value 1: typical angina • Value 2: atypical angina • Value 3: non-anginal pain • Value 4: asymptomatic
4. restbp: resting blood pressure (in mm Hg on admission to the hospital)
5. chol: serum cholestoral in mg/dl
6. fbs: (fasting blood sugar > 120 mg/dl) (1 = true; 0 = false)
7. restecg: resting electrocardiographic results • Value 0: normal • Value 1: having ST-T wave abnormality (T wave inversions and/or ST elevation or depression of > 0.05 mV) • Value 2: showing probable or definite left ventricular hypertrophy by Estes' criteria
8. maxhr: maximum heart rate achieved
9. exang: exercise induced angina (1 = yes; 0 = no)
10. oldpeak = ST depression induced by exercise relative to rest
11. slope: the slope of the peak exercise ST segment • Value 1: upsloping • Value 2: flat • Value 3: downsloping
12. mv: number of major vessels (0-3) colored by flourosopy
13. thal: thallium heart scan • Value 3: normal • Value 6: fixed defect • Value 7: reversable defect
14. diagnosis: severerity of heart disease (angiographic disease status)
 - Value 0: Absent
 - Value 1: Level 1
 - Value 2: Level 2
 - Value 3: Level 3
 - Value 4: Level 4

1.3 Implemented Approaches

The heart disease prediction is been carried out using Naive Bayes Decision Tree Classifier, k-Nearest Neighbors (kNN), Gradient Boosting Classifier(GBP) , Support Vector Machines (SVM) and Artificial Neural Networks (ANN).

- 1) Import Packages
- 2) Exploratory Data Analysis
- 3) Data split
- 4) Machine Learning models evaluation
- 5) Ensembling
- 6) Conclusion

The dataset used in the research was the “Heart Disease Dataset” of the UCI Machine Learning Repository

1.4 Libraries Used / Requirements

- numpy == 1.16.5
- pandas == 1.0.3
- matplotlib == 3.4.3
- Seaborn == 0.11.2
- Sklearn == 0.22

2 Exploratory Data Analysis (EDA)

First, we analyze the target variable, which is the goal of this machine learning projects. The output is a binary variable based on the diagnose results, it will be set to 1 if the patient is diagnosed to have heart diseases, regardless of levels, otherwise the output is set to be 0. The distribution of the output is plotted in Figure 7.

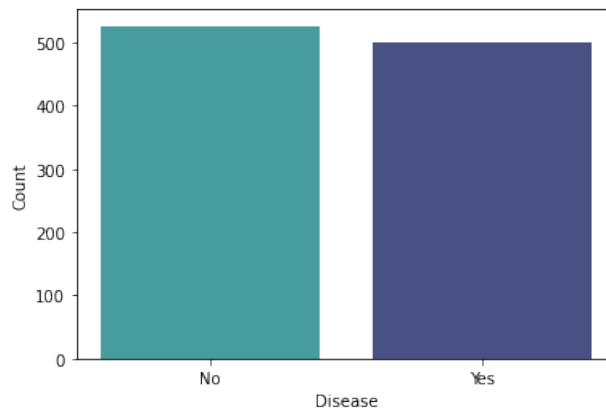


Figure 1: Counts of target output

Total 1025 samples are divided into two catogories: training and testing samples.

```
output from pandas dataframe
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

```

By further exploring the data, we exported the descriptions of the data. It is seen that the mean value of variables vary significantly from 0.3 to 246. This indicates that a scaling is required to account for the importance of the numerical values.

```

Out [] :

```

	age	sex	cp	trestbps	chol \
count	1025.000000	1025.000000	1025.000000	1025.000000	1025.000000
mean	54.434146	0.695610	0.942439	131.611707	246.000000
std	9.072290	0.460373	1.029641	17.516718	51.59251
min	29.000000	0.000000	0.000000	94.000000	126.000000
25%	48.000000	0.000000	0.000000	120.000000	211.000000
50%	56.000000	1.000000	1.000000	130.000000	240.000000
75%	61.000000	1.000000	2.000000	140.000000	275.000000
max	77.000000	1.000000	3.000000	200.000000	564.000000

	fbs	restecg	thalach	exang	oldpeak \
count	1025.000000	1025.000000	1025.000000	1025.000000	1025.000000
mean	0.149268	0.529756	149.114146	0.336585	1.071512
std	0.356527	0.527878	23.005724	0.472772	1.175053
min	0.000000	0.000000	71.000000	0.000000	0.000000
25%	0.000000	0.000000	132.000000	0.000000	0.000000
50%	0.000000	1.000000	152.000000	0.000000	0.800000
75%	0.000000	1.000000	166.000000	1.000000	1.800000
max	1.000000	2.000000	202.000000	1.000000	6.200000

	slope	ca	thal	target
count	1025.000000	1025.000000	1025.000000	1025.000000
mean	1.385366	0.754146	2.323902	0.513171
std	0.617755	1.030798	0.620660	0.500070
min	0.000000	0.000000	0.000000	0.000000
25%	1.000000	0.000000	2.000000	0.000000
50%	1.000000	0.000000	2.000000	1.000000
75%	2.000000	1.000000	3.000000	1.000000
max	2.000000	4.000000	3.000000	1.000000

The review the first 5 rows of data is displayed below.

```
Out []:   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
```

Comparing positive and negative patients, we can see there are vast differences in means for many of our 13 Features. From examining the details, we can observe that positive patients experience heightened maximum heart rate achieved (thalach) average. In addition, positive patients exhibit about 1/3rd the amount of ST depression induced by exercise relative to rest (oldpeak).

2.1 Analyses of selected features

The distribution of patient diagnosed with or without heart disease among male and female are displayed below. It can be seen that the imbalance in this dataset, there are more male samples than females, given that male and female in the general population are equal. Thus this could be an significant defect of this datasets.

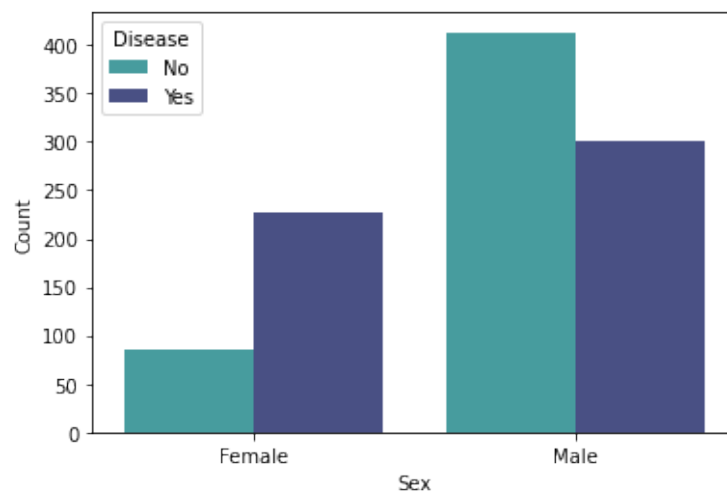


Figure 2: Counts of target output

The patient distribution among different chest pain types feature is plotted below. It can be seen a strong relationship between the chest pain and heart disease.

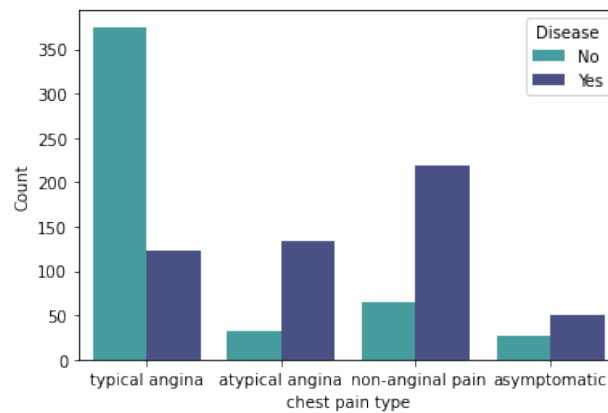


Figure 3: Distribution of samples for chest pain type

2.2 Correlation matrix

The correlation matrix among the pair of each other features are plotted below. It is seen that the positive relations are observed in most of the paired variables.

2.3 Correlation to Target

We are more interested in how each features impact the target variable. We plot the relationship between the target and other variables in the plot and table 1. We can see there is a positive correlation between chest pain (cp) & target (our predictor).

This makes sense since, the greater amount of chest pain results in a greater chance of having heart disease. Cp (chest pain), is a ordinal feature with 4 values: Value 1: typical angina ,Value 2: atypical angina, Value 3: non-anginal pain , Value 4: asymptomatic.

In addition, we see a negative correlation between exercise induced angina (exang) & our predictor. This makes sense because when you exercise, your heart requires more blood, but narrowed arteries slow down blood flow. Pairplots are also a great way to immediately see the correlations between all variables. But you will see me make it with only continuous columns from our data, because with so many features, it can be difficult to see each one. So instead I will make a pairplot with only our continuous features.

To prepare dataset for modeling, there are three steps : assign, split, and normalize, are performed.

2.4 split

The dataset is split into training and testing data.

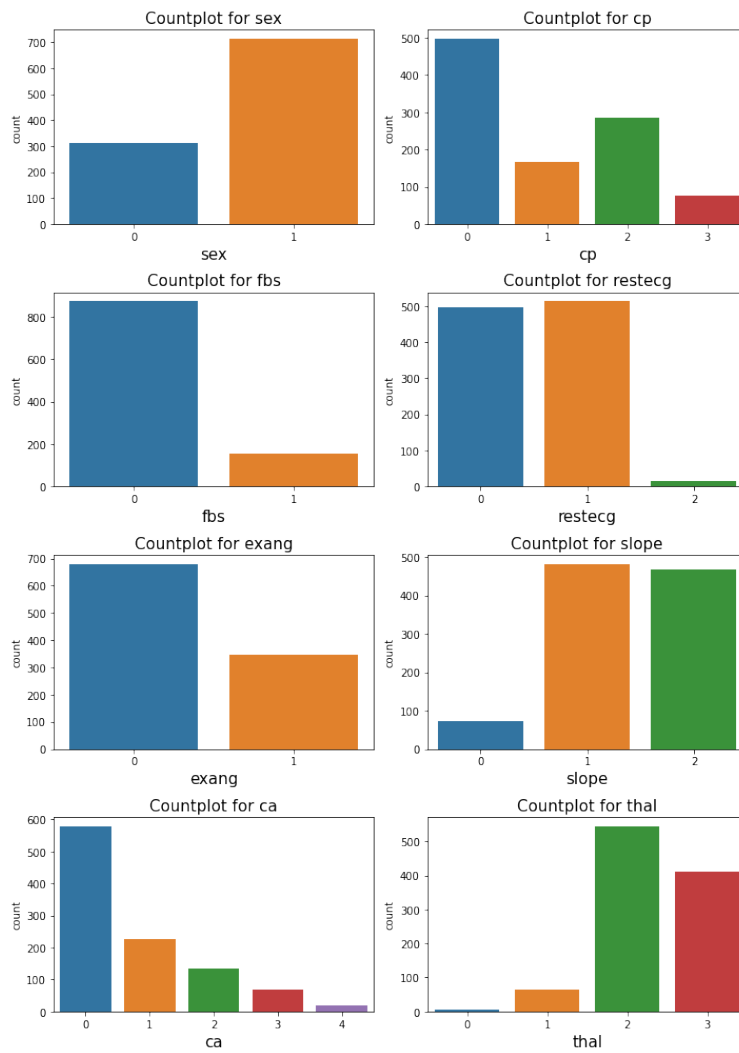


Figure 4: Distribution of samples for different features

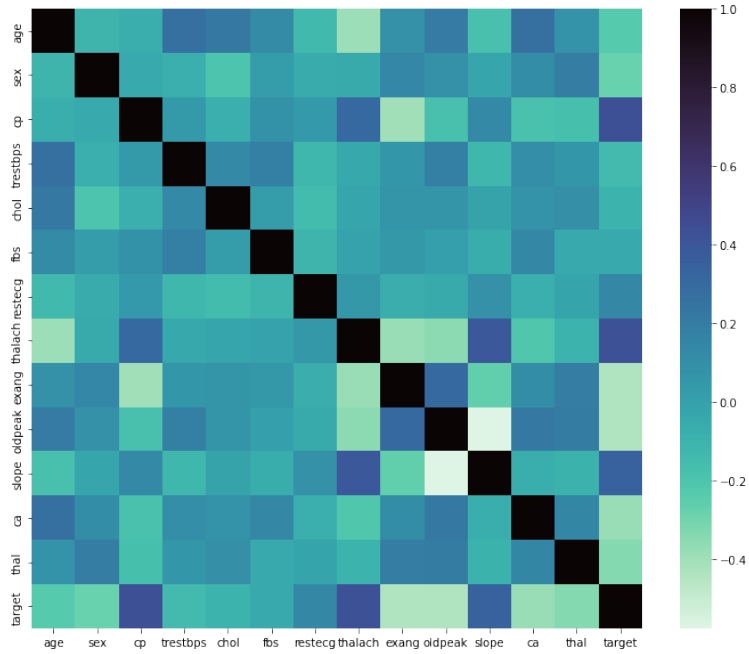


Figure 5: Correlation coefficient matrix different features

Table 1: correlation between target and other variables

feature	correlation coefficient
oldpeak	0.438441
exang	0.438029
cp	0.434854
thalach	0.422895
ca	0.382085
slope	0.345512
thal	0.337838
sex	0.279501
age	0.229324
trestbps	0.138772
restecg	0.134468
chol	0.099966
fbs	0.041164

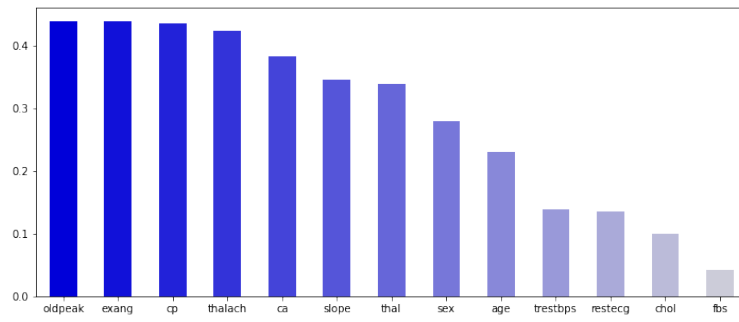


Figure 6: Correlation coefficient matrix different features

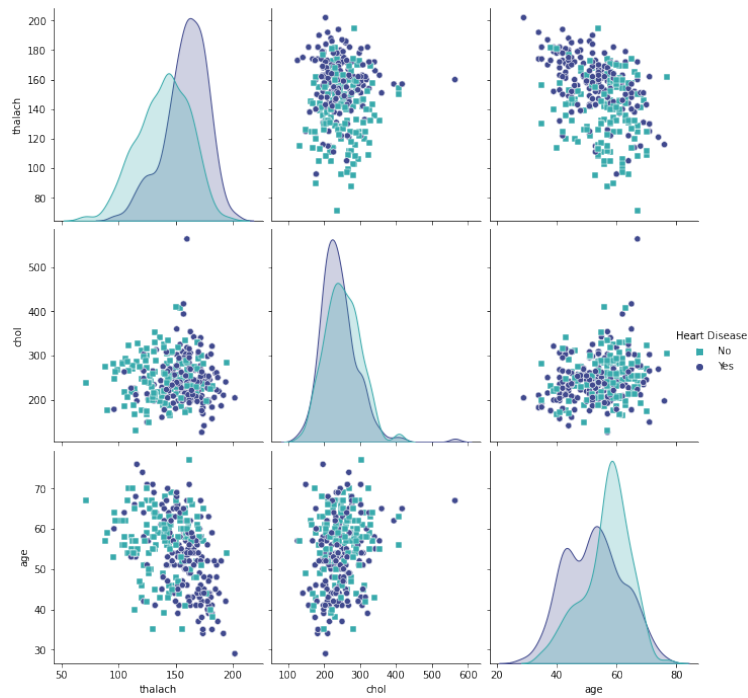


Figure 7: Correlation coefficient matrix different features

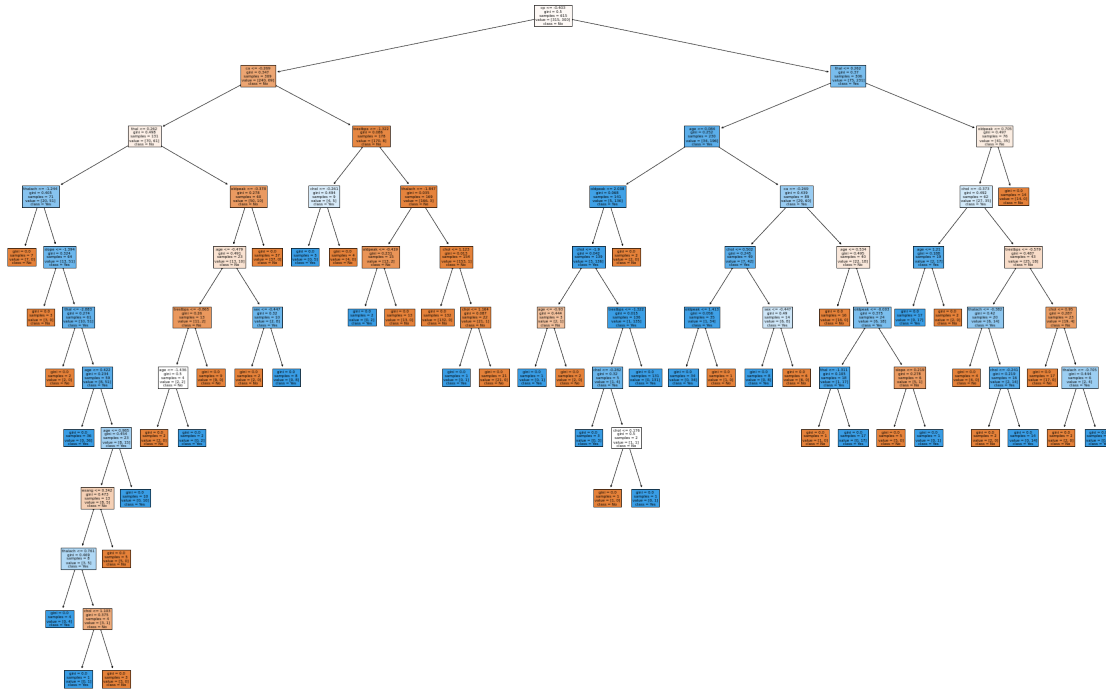


Figure 8: The original Decision Tree

3 Decision Tree Classifier

3.0.1 Precision, Recall, F1-score and Support:

Precision : be “how many are correctly classified among that class”

Recall : “how many of this class you find over the whole number of element of this class”

F1-score : harmonic mean of precision and recall values.

F1 score reaches its best value at 1 and worst value at 0.

F1 Score = $2 \times ((\text{precision} \times \text{recall}) / (\text{precision} + \text{recall}))$

Support: # of samples of the true response that lie in that class.

4 Plot a 4-layer decision tree

4.1 Pruning

4.1.1 1. prepruning depth of decision tree

Prepruning sets constraint for growth of decision tree on an early stage. By limiting *max_depth* , *min_samples* etc., parameters, it is effective to grid search parameter space and choose the optimal parameters for selected datasets.

We set *max_depth*, meaning maximum depth of decision tree, for parameter tuning.

Train score 0.9983739837398374

Test score 0.9658536585365853

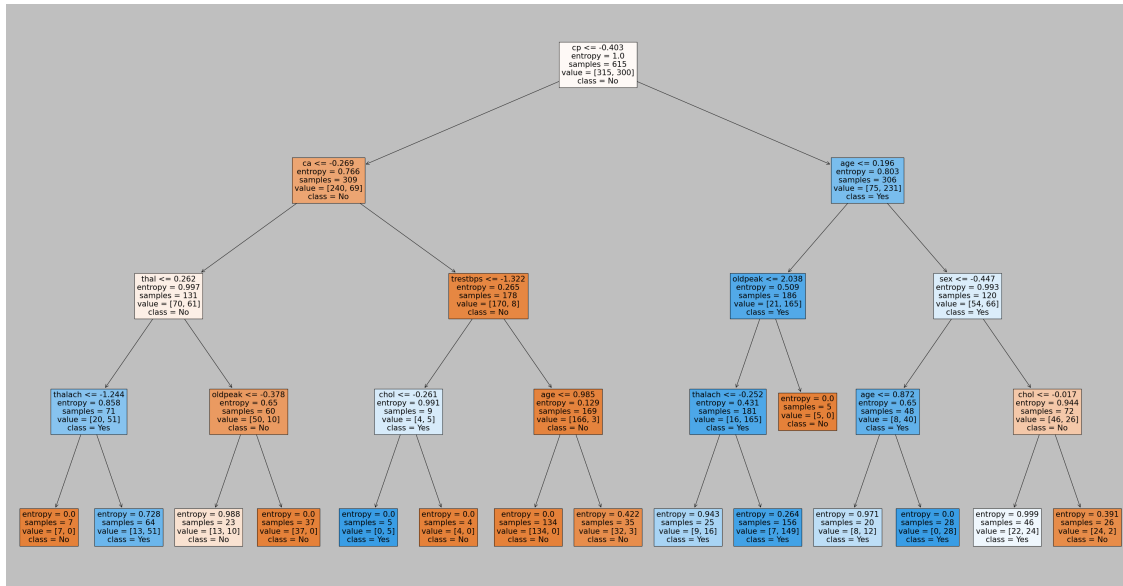


Figure 9: The 4-layer pruned Decision Tree

Train Confusion matrix

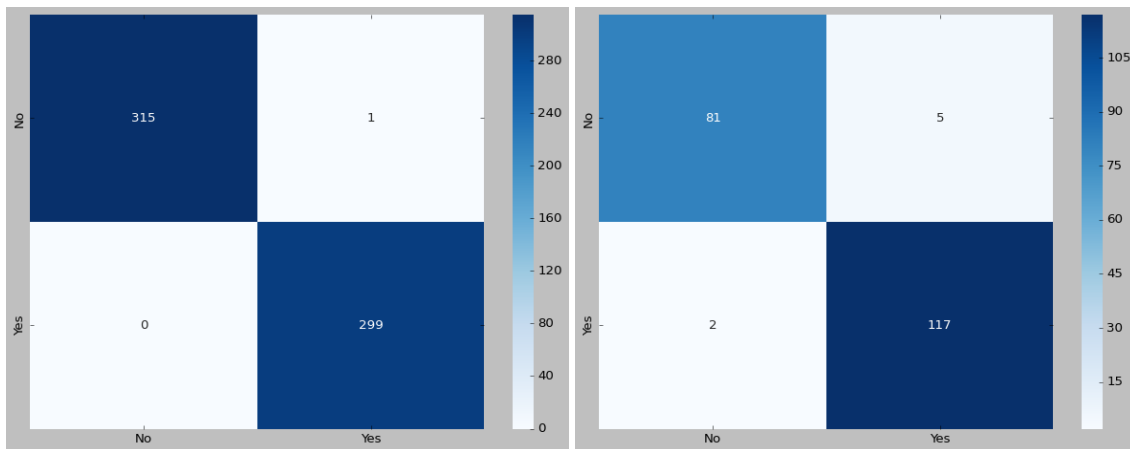


Figure 10: Confusion matrix of training and testing data

4.2 2. Post pruning

Cost complexity pruning is an effect common postpruning technique to avoid the overfitting of decision trees. In the cose complexity pruning method, we will find the right parameter for **alpha**. We will get the alpha values and check the accuracy with the pruned trees.

We will remove the last element in `clfs` and `ccp_alphas`, because it is the trivial tree with only one node.

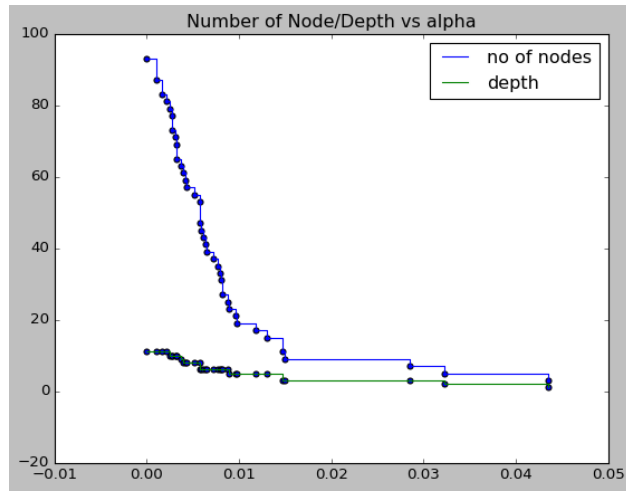


Figure 11: The variation of nodes and depths with alpha

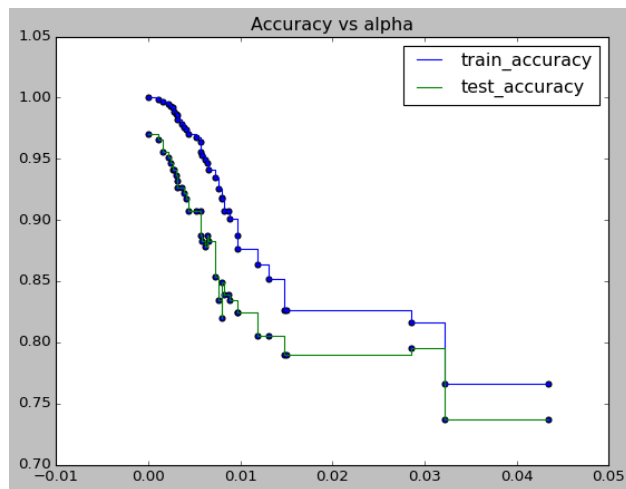


Figure 12: The training and testing accuracy at different alpha

we can see that As alpha increases no of nodes and depth decreases. The best performance is obtained at smaller alpha value = 0.005. We can choose alpha = 0.005.

Train score = 0.9707317073170731

Test score = 0.9073170731707317

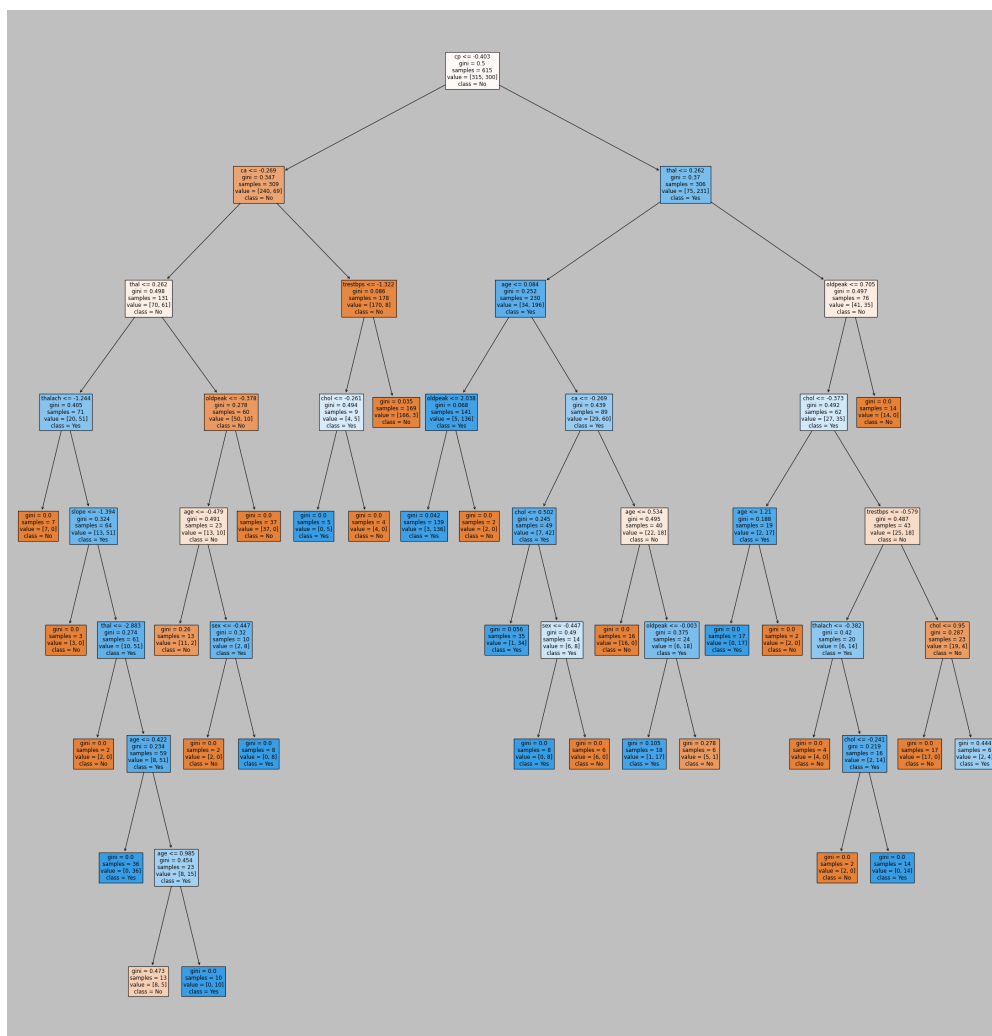


Figure 13: Decision tree using postpruning technique

We can see that the size of decision tree significantly got reduced than the original decision tree while maintaining the same accuracy. And the decision tree is simplified than the original tree.

4.2.1 Next we explore the relationship between auc and depth

Discussion: For this dataset, there is no clear optimal depth. As the tree is deeper than 6, the AUC is close to 1. But since the tree is easily overfitting, it would need additional pruning.

5 Gradient Boosting Classifier

In addition to the decision tree with pruning, we also investigate the gradient boosting method to search for the optimal hyperparameters, including depth, learning rate.

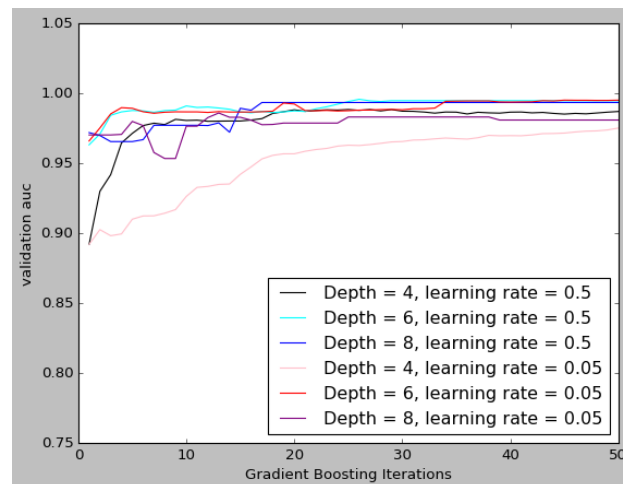


Figure 14: AUC at different depth and learning rate

CV Accuracy: mean = 0.997 (std deviation = 0.006)

It is clear that with a lower depth = 6, the gradient boosting method achieves a higher accuracy

6 k-Nearest Neighbors

As opposed to decision tree models, KNN is an instance based learning, instead of fitting a learned function, to classify the train and testing instances.

For this reason, kNN training is fast by cleaning and storing the data, However, testing using kNN is comparatively slower since, it will search the feature space in the training data to identify the 'nearest' neighbors, thus much more time-consuming. For our heart disease data, we have training data of hundreds of rows, thus k should be chosen accordingly.

kNN is a non-parametric method, only consists of the k closest training examples in the feature space. We shall use the scikit learning library again to make predictions based on KNN. Below we test to measure the training and test errors when the value of k increases.

A very important consideration in using distance metrics is scaling our input. In a tree-based model, the scale of the variable is not important, but for KNN, when measuring the nearest neighbor, the variable should be scaled equally, unless we have a specific reason to weight the variable higher, otherwise it has a large variance. The variable will dwarf the variable with the lower variance.

Accuracy of Support Vector Classifier: 84.8780487804878

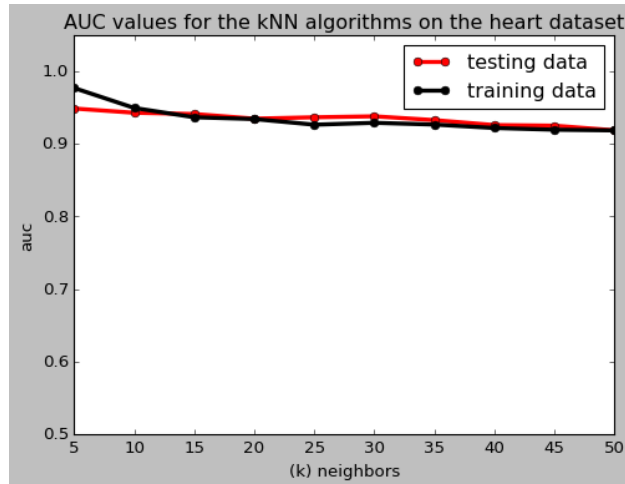


Figure 15: AUC at different depth and learning rate

	precision	recall	f1-score	support
0	0.85	0.76	0.80	83
1	0.85	0.91	0.88	122
accuracy			0.85	205
macro avg	0.85	0.83	0.84	205
weighted avg	0.85	0.85	0.85	205

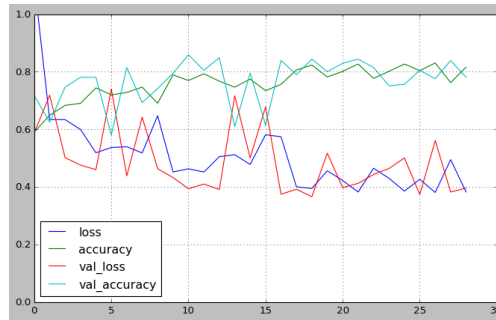
7 Artificial Neural Networks

We developed a heart disease classification system in which they integrated neural networks with an artificial neural network. The ANN model is based on tensorflow and keras.

```

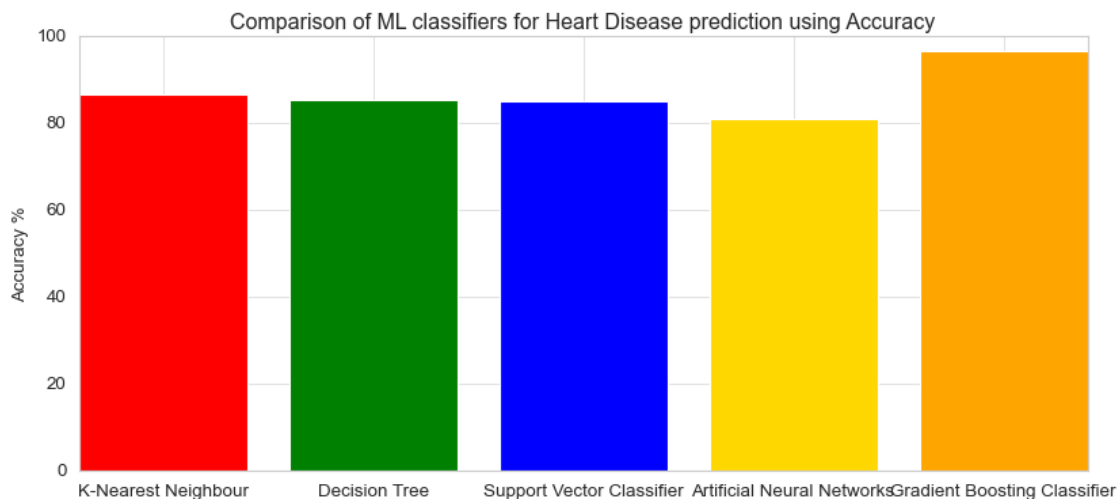
Model: "sequential_1"
-----
Layer (type)                Output Shape              Param #
=====
dense_3 (Dense)              (None, 52)                728
-----
dense_4 (Dense)              (None, 26)               1378
-----
dense_5 (Dense)              (None, 1)                 27
=====
Total params: 2,133

```



Conclusion

- 1) Gradient Boost Classifier gives the best accuracy compared to other models.
 - 2) Exercise induced angina, Chest pain is major symptoms of heart attack.
 - 3) Ensembling technique increase the accuracy of the model.
1. Out of the 13 features we examined, the top 4 significant features that helped us classify between a positive & negative Diagnosis were chest pain type (cp), maximum heart rate achieved (thalach), number of major vessels (ca), and ST depression induced by exercise relative to rest (oldpeak).
 2. Our machine learning algorithm can now classify patients with Heart Disease. Now we can properly diagnose patients, & get them the help they needs to recover. By diagnosing detecting these features early, we may prevent worse symptoms from arising later.
 3. Our Random Forest algorithm yields the highest accuracy, 80%. Any accuracy above 70% is considered good, but be careful because if your accuracy is extremely high, it may be too good to be true (an example of Over fitting). Thus, 80% is the ideal accuracy!



8 Prediction

Using the predicted model, we will be able to predict whether a patient has heart disease by providing selected features. For example, if a patient develops some symptoms as listed features, & you could input his vitals into the trained ML model to quickly obtain his risk of heart disease. Those vitals, including chest pain, resting blood pressure, fasting blood sugar, etc, are usually easily measured in smaller clinic. Based on this information, you can classify this patient with Heart Disease. early diagnosis of heart disease patient reduces the severe aftermath of heart disease by taking actions.