

Final Project

Introduction to Machine Learning — 2024/25

a project by Carl George-Lembach and Jelena Meyer

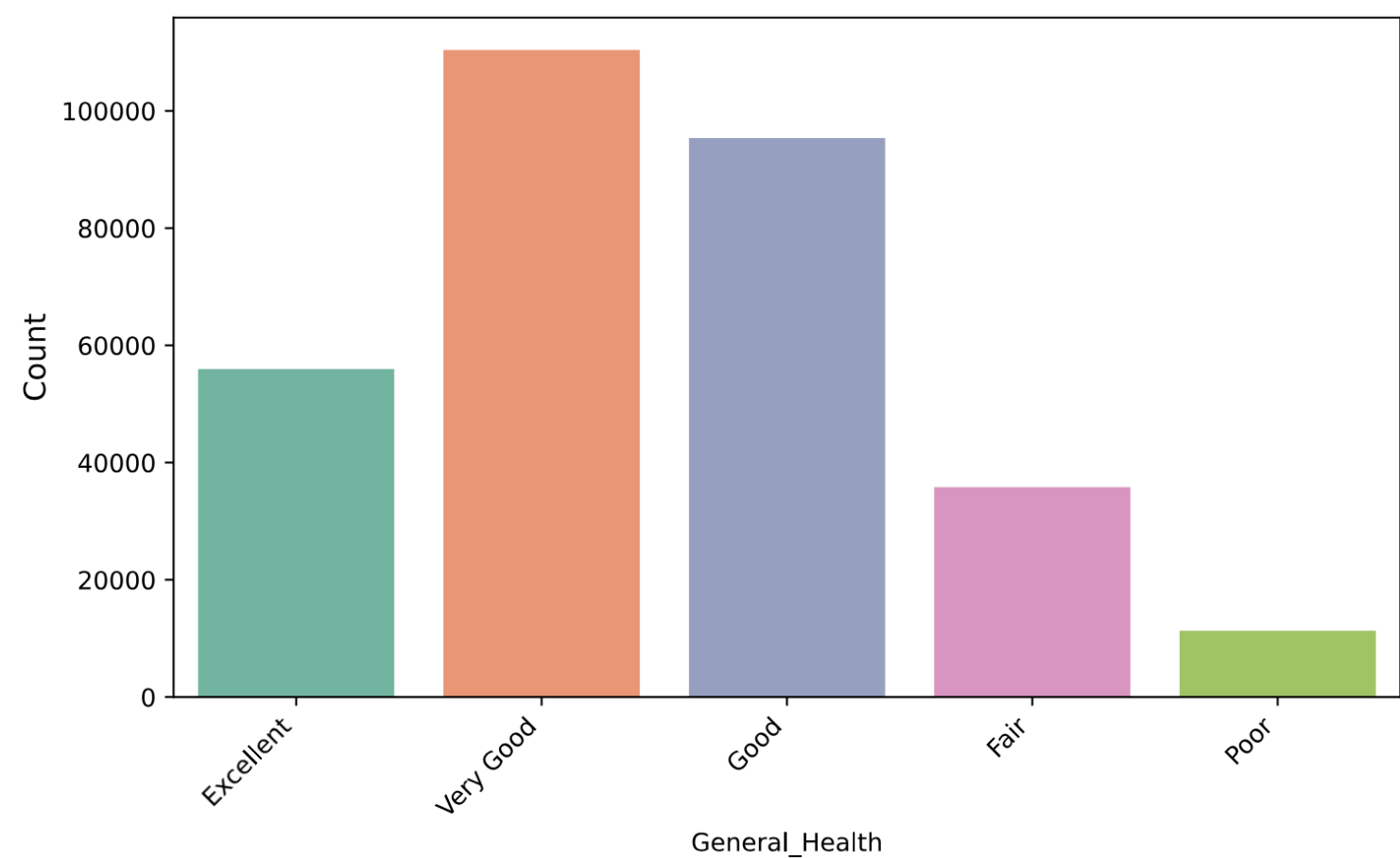
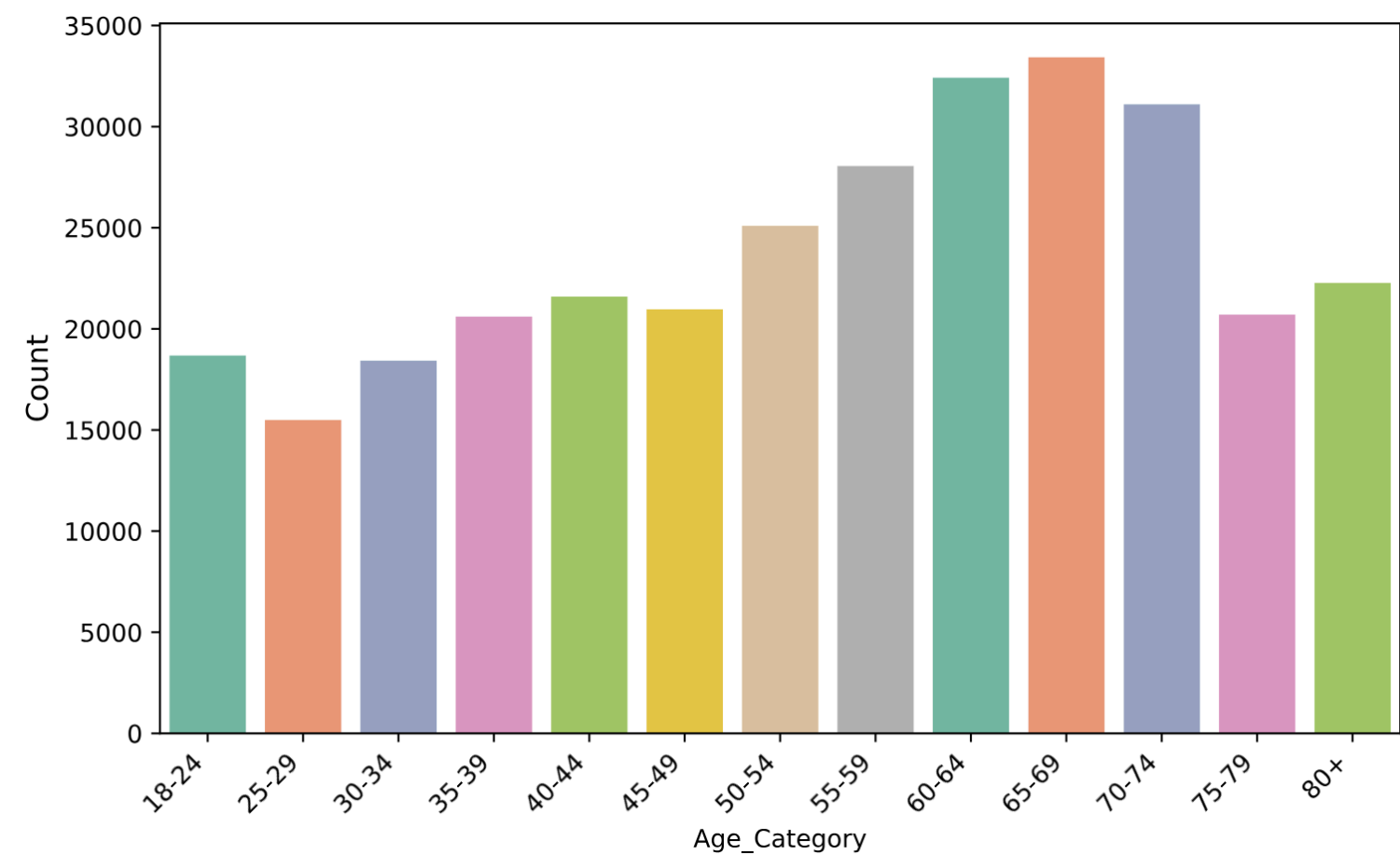
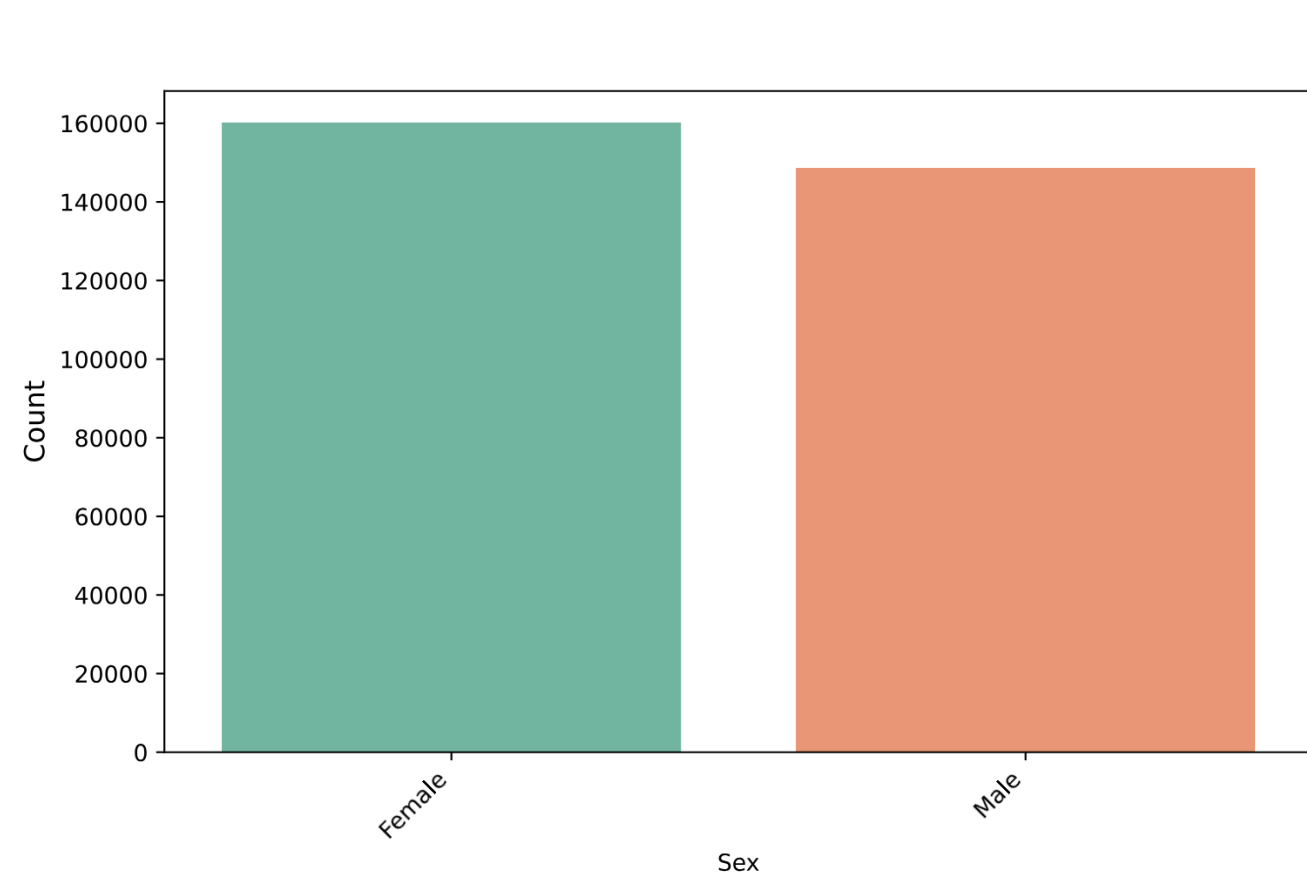
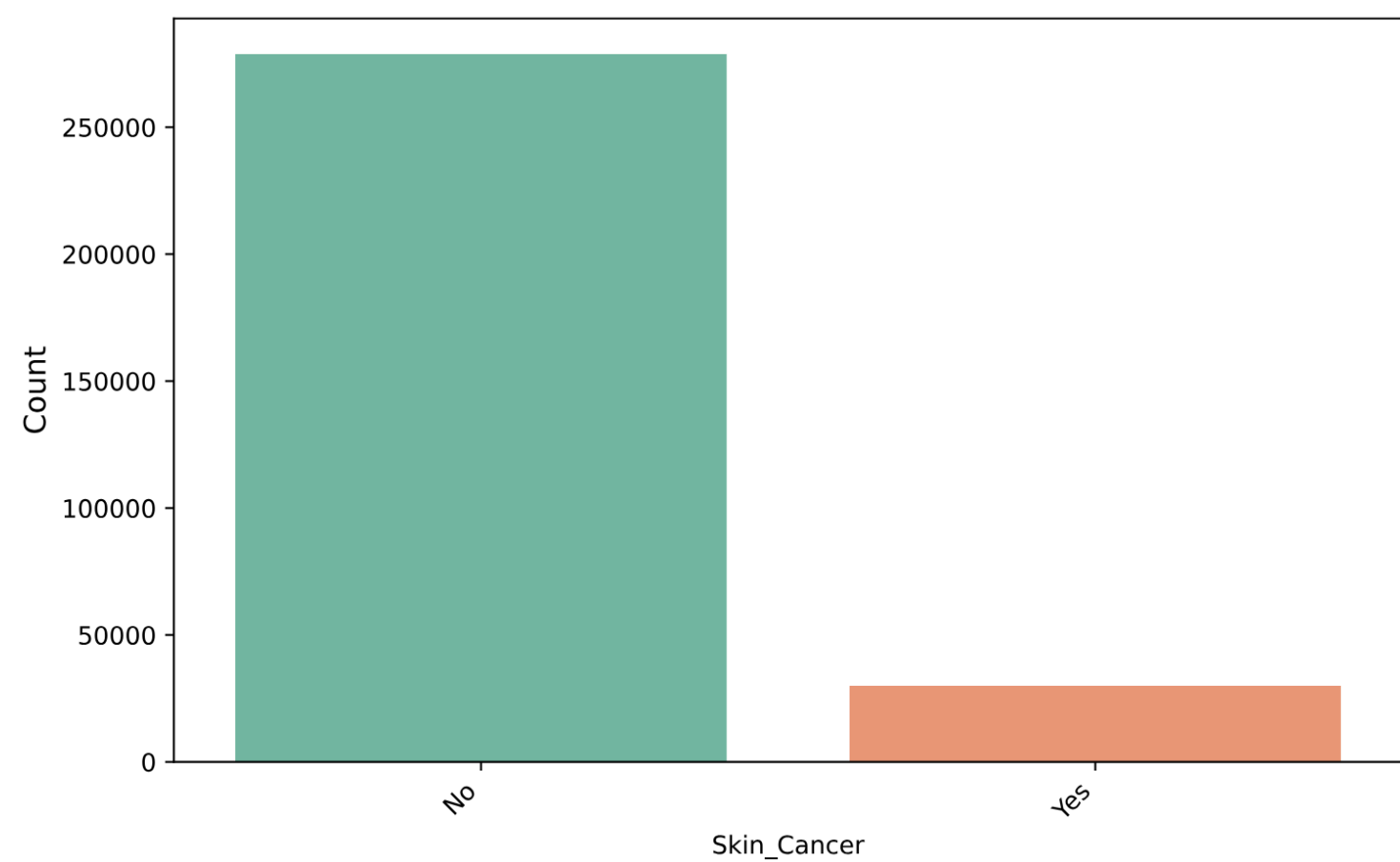
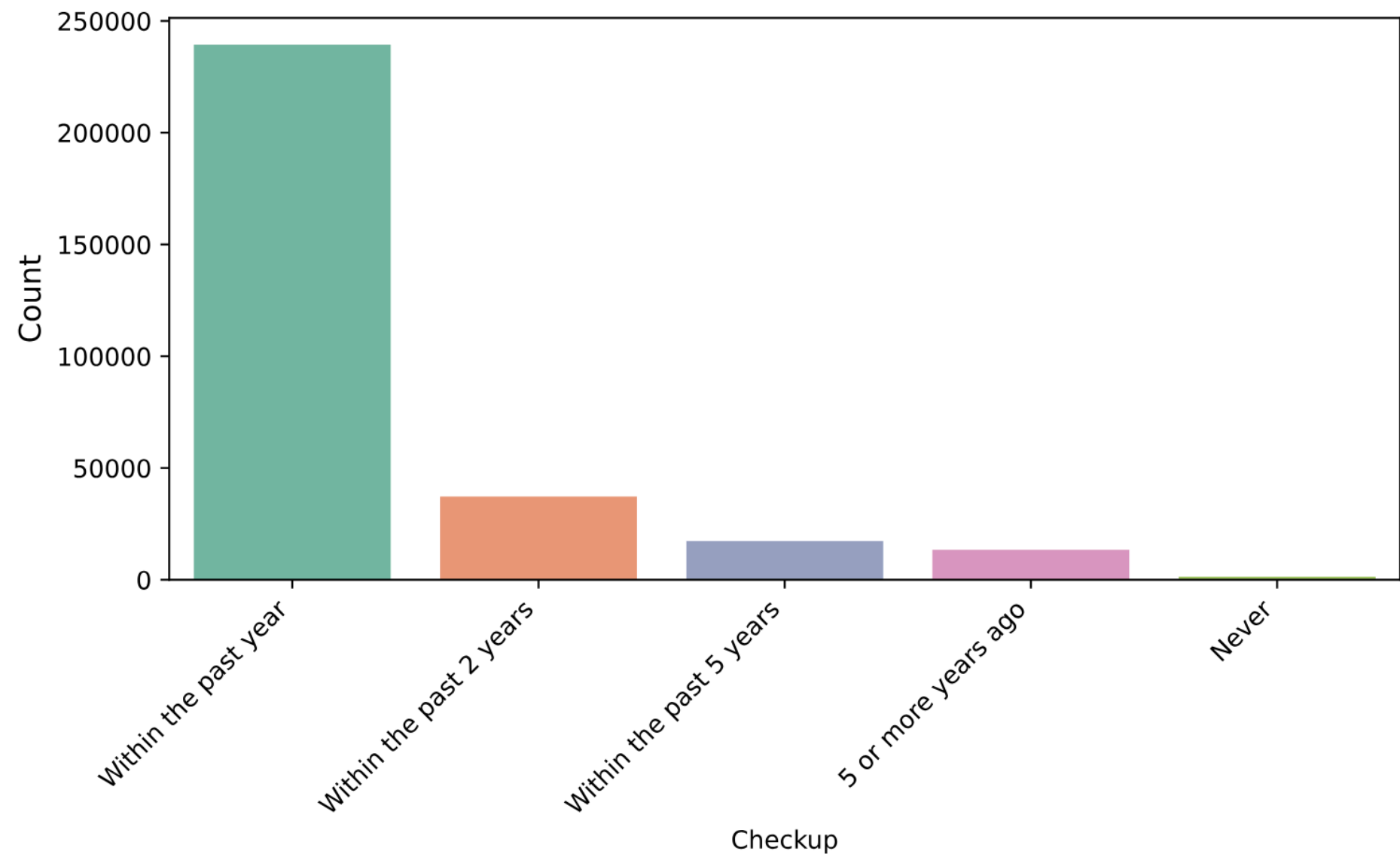
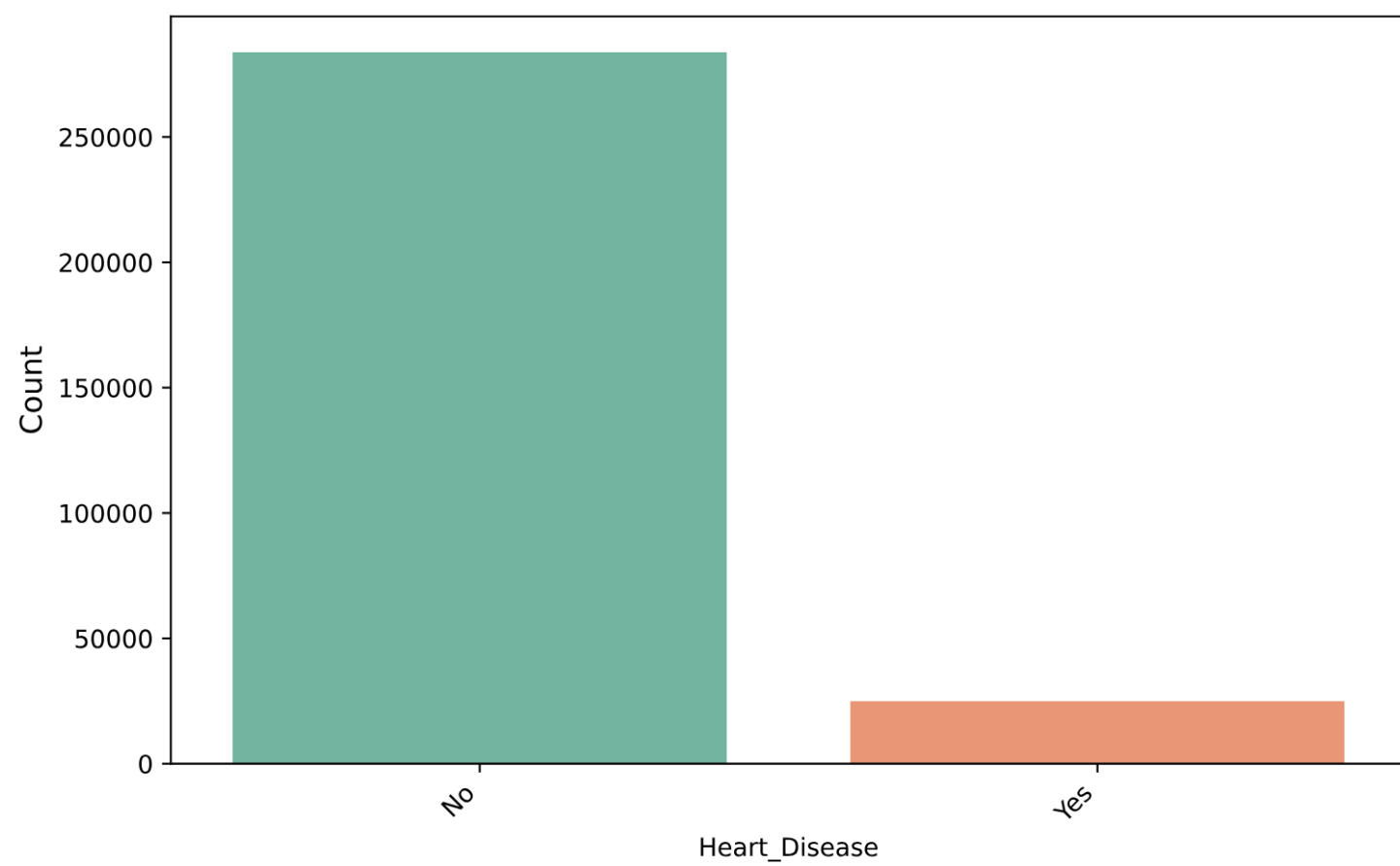
Business Understanding

Business Understanding

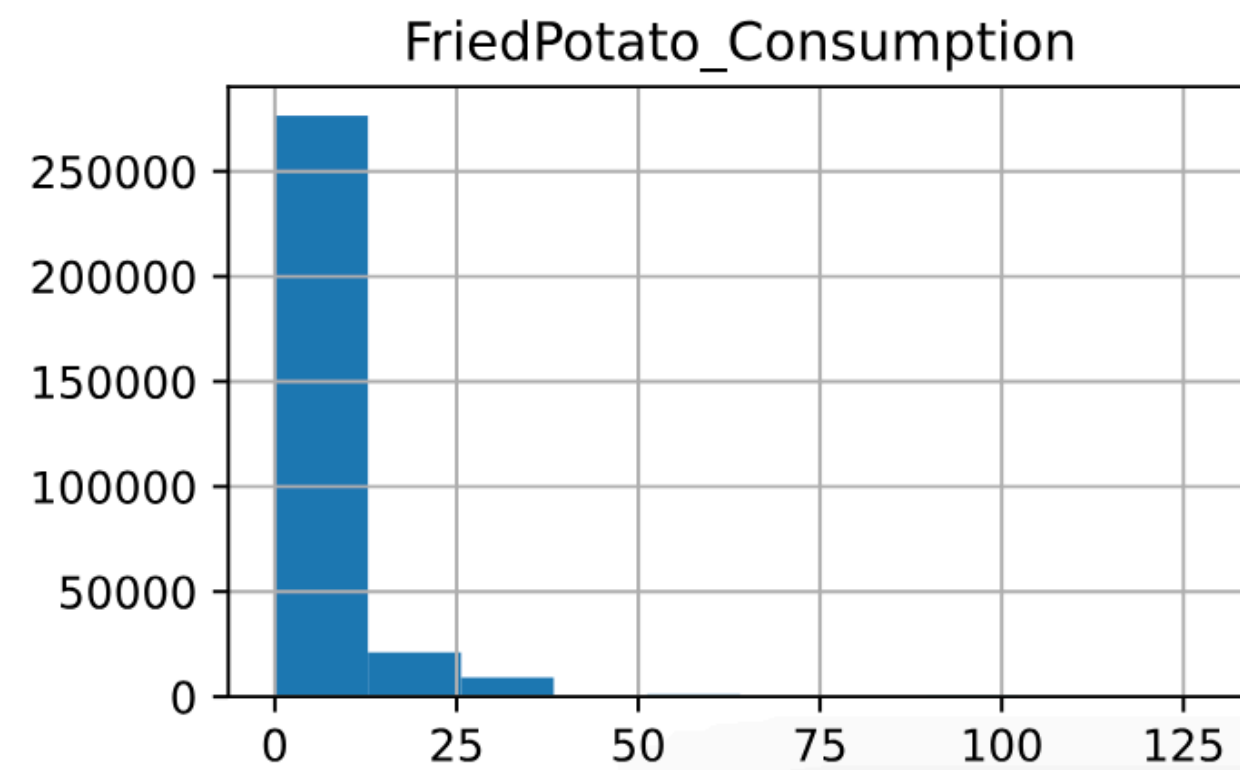
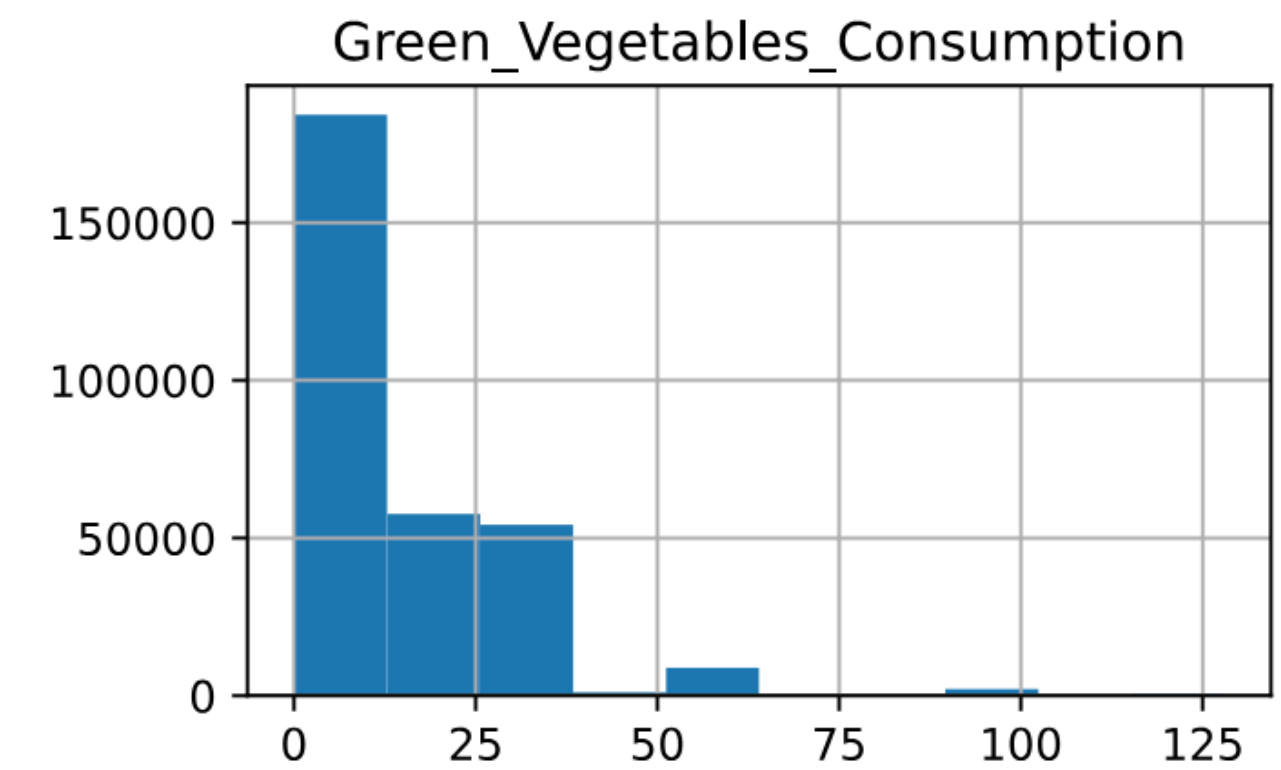
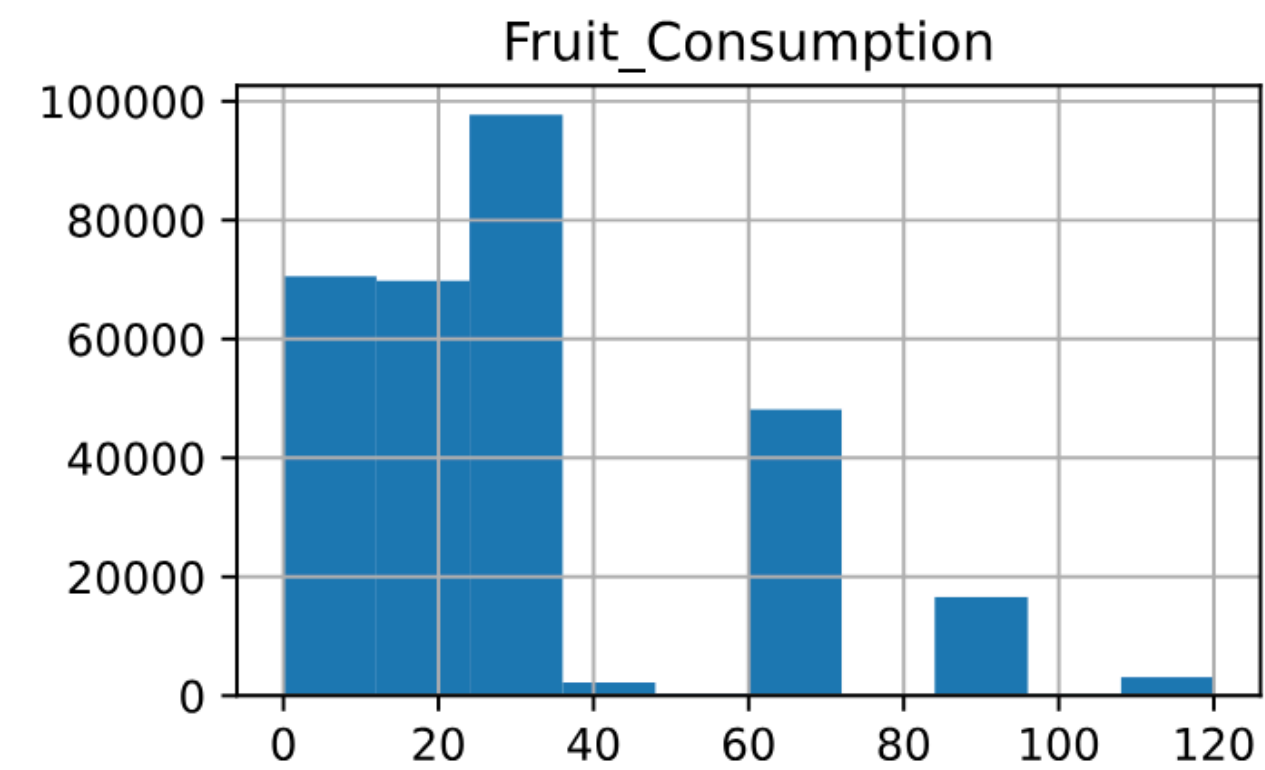
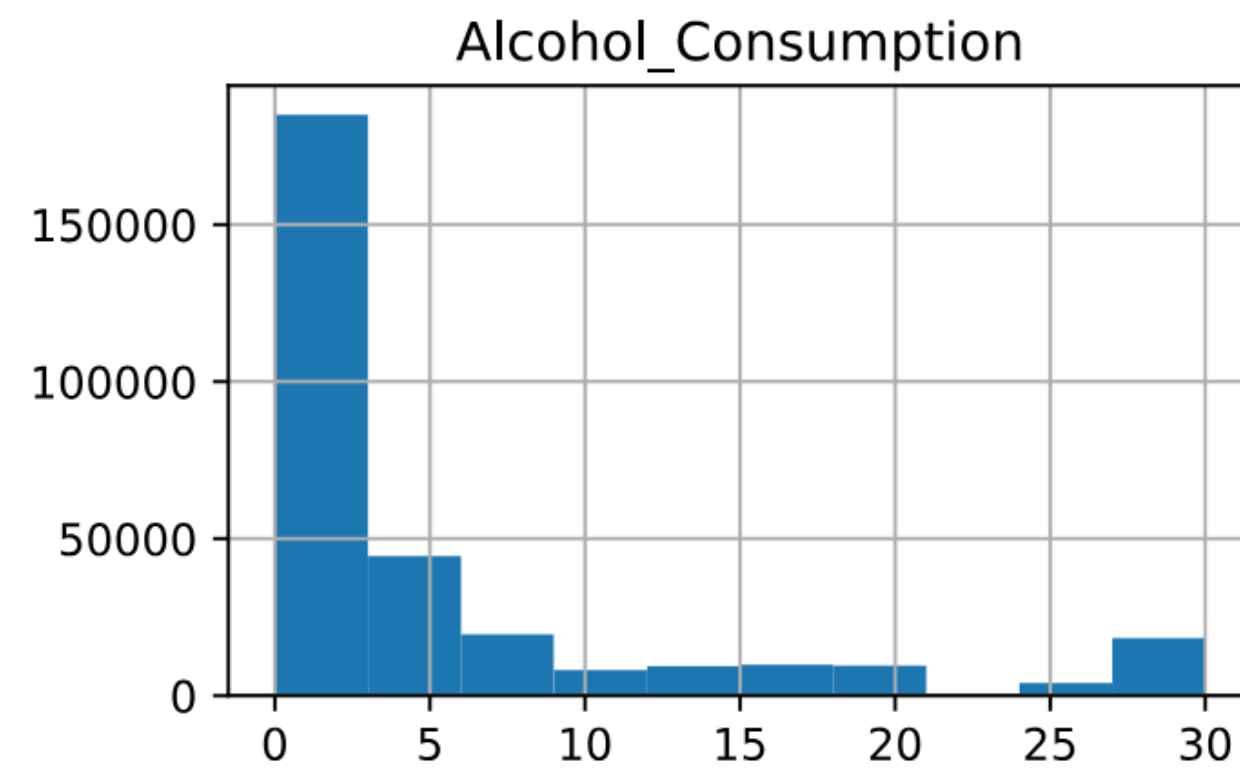
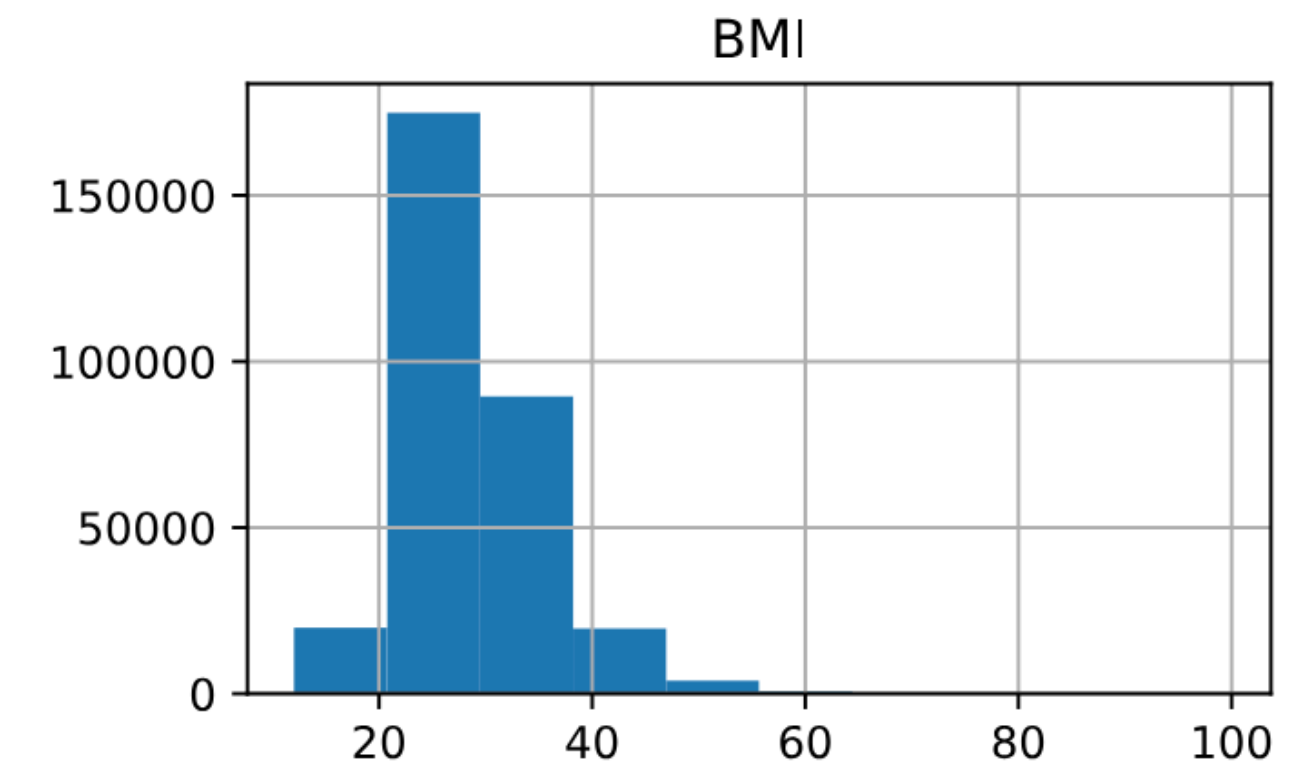
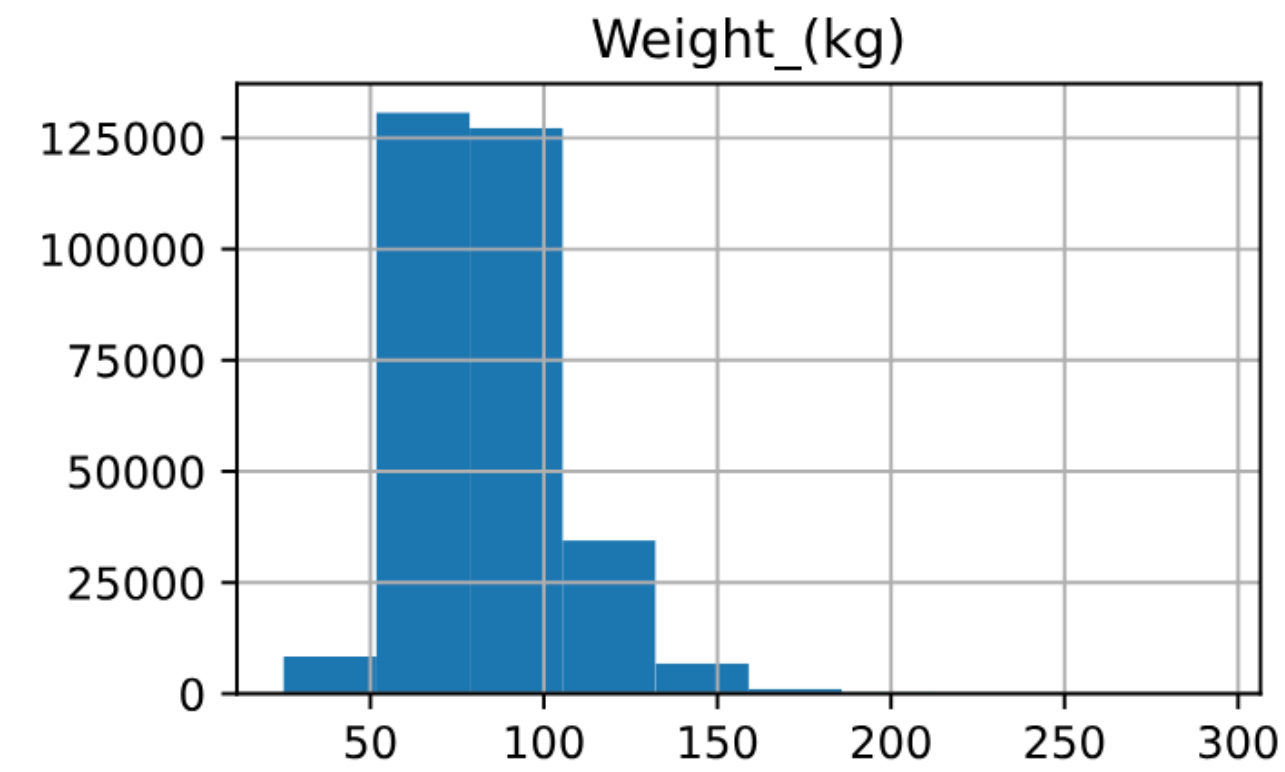
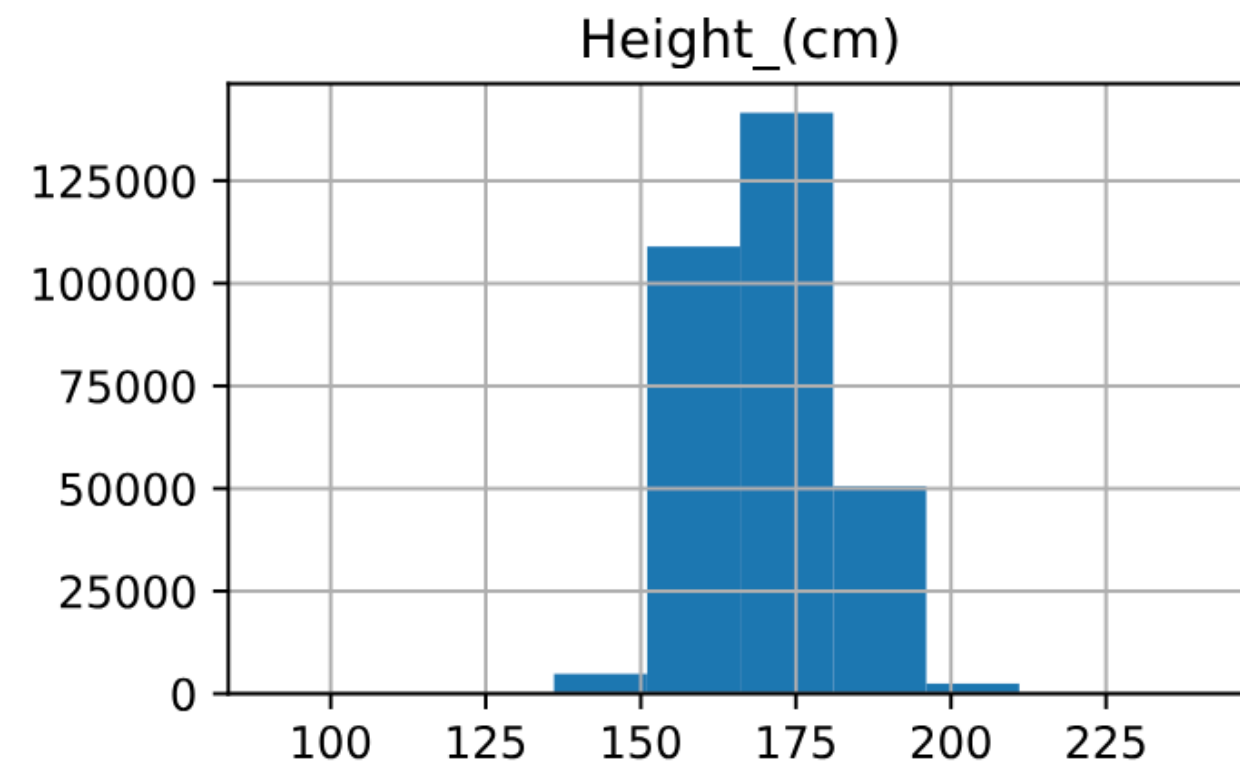
- **Goal:** Predict cardiovascular disease risk using dataset.
- **Data Exploration:** Descriptive analysis of 19 health-related features to understand their distribution and meaning.
- **Experimentation:** Investigate the impact of missing values and preprocessing techniques on results.
- **Supervised Learning:** Apply machine learning algorithms to derive prediction rules for heart disease.
- **Unsupervised Learning:** Form and analyse clusters to uncover patterns related to heart disease.
- **Outcome:** Demonstrate how machine learning provides actionable insights for early diagnosis and prevention of heart disease.

Data Understanding

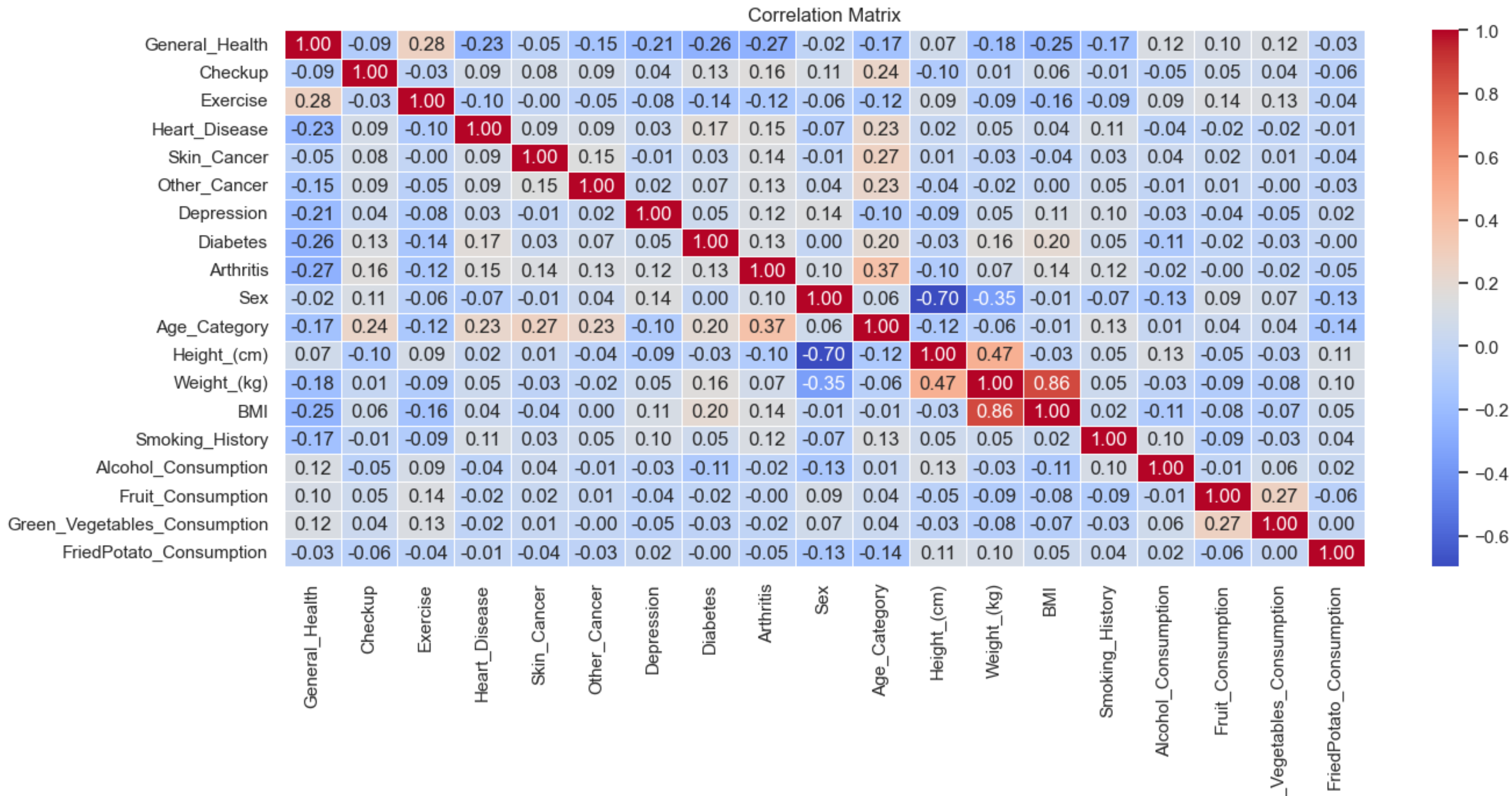
categoric features



continuous features



correlations



regression

Accuracy: 0.9188080771015682

Confusion Matrix:

[[84649 452]

[7071 485]]

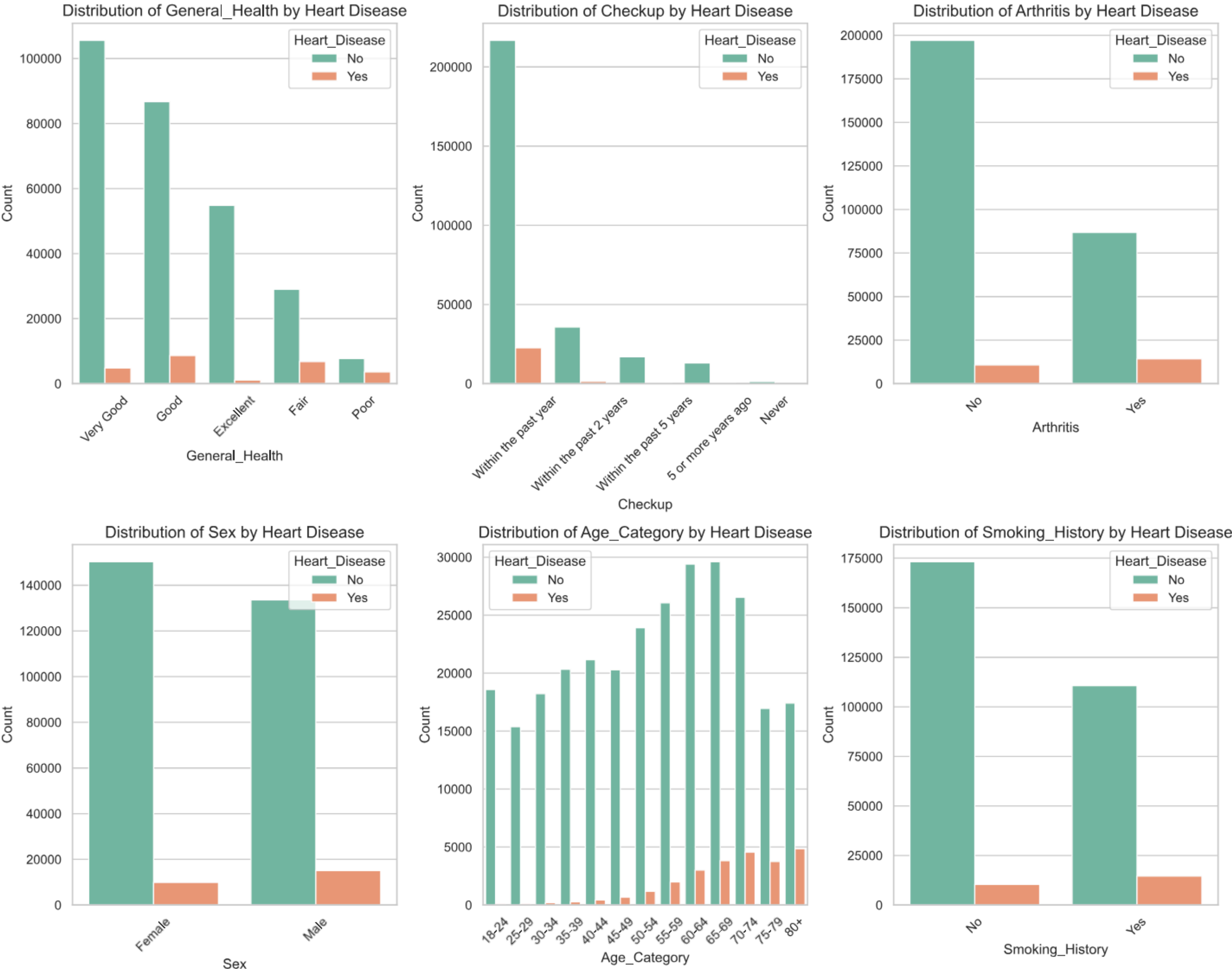
Classification Report:

	precision	recall	f1-score	support
0	0.92	0.99	0.96	85101
1	0.52	0.06	0.11	7556
accuracy			0.92	92657
macro avg	0.72	0.53	0.54	92657
weighted avg	0.89	0.92	0.89	92657

Dep. Variable:	Heart_Disease	No. Observations:	308854
Model:	Logit	Df Residuals:	308835
Method:	MLE	Df Model:	18
Date:	Sat, 07 Dec 2024	Pseudo R-squ.:	0.2099
Time:	20:25:14	Log-Likelihood:	-68536.
converged:	True	LL-Null:	-86739.
Covariance Type:	nonrobust	LLR p-value:	0.000

	coef	std err	z	P> z	[0.025	0.975]
const	-4.2351	0.488	-8.677	0.000	-5.192	-3.279
General_Health	-0.5835	0.008	-75.708	0.000	-0.599	-0.568
Checkup	0.1935	0.014	14.237	0.000	0.167	0.220
Exercise	-0.0207	0.016	-1.266	0.206	-0.053	0.011
Skin_Cancer	0.1121	0.020	5.682	0.000	0.073	0.151
Other_Cancer	0.0449	0.019	2.311	0.021	0.007	0.083
Depression	0.2506	0.018	13.859	0.000	0.215	0.286
Diabetes	0.5252	0.017	31.652	0.000	0.493	0.558
Arthritis	0.2659	0.015	17.358	0.000	0.236	0.296
Sex	-0.8398	0.021	-40.093	0.000	-0.881	-0.799
Age_Category	0.0550	0.001	84.946	0.000	0.054	0.056
Height_(cm)	-0.0047	0.003	-1.682	0.093	-0.010	0.001
Weight_(kg)	5.474e-05	0.003	0.021	0.983	-0.005	0.005
BMI	0.0023	0.007	0.317	0.751	-0.012	0.017
Smoking_History	0.3965	0.015	26.838	0.000	0.368	0.425
Alcohol_Consumption	-0.0100	0.001	-10.920	0.000	-0.012	-0.008
Fruit_Consumption	-1.741e-06	0.000	-0.006	0.996	-0.001	0.001
Green_Vegetables_Consumption	0.0008	0.001	1.571	0.116	-0.000	0.002
FriedPotato_Consumption	-0.0008	0.001	-0.919	0.358	-0.002	0.001

feature distributions grouped by heart disease



Summary

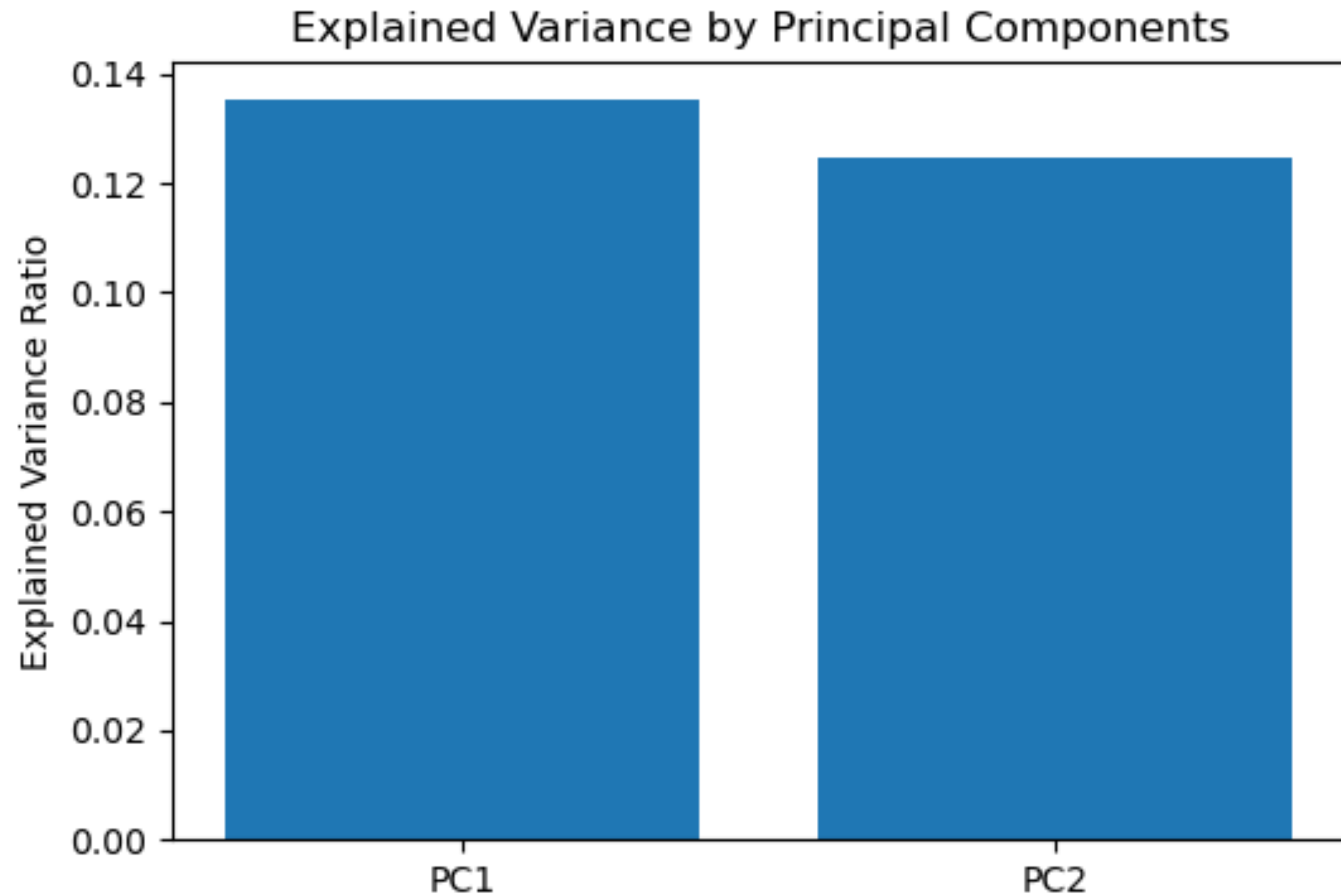
- **some features (including target feature) have heavily skewed distributions**
- **correlations, regressions and distribution of subpopulations show that general health, diabetes, arthritis, smoking history, exercise and age category have closest relation to heart disease**
- **fruit, vegetable, potato and alcohol consumption can not be interpreted reliably**

Data Preparation

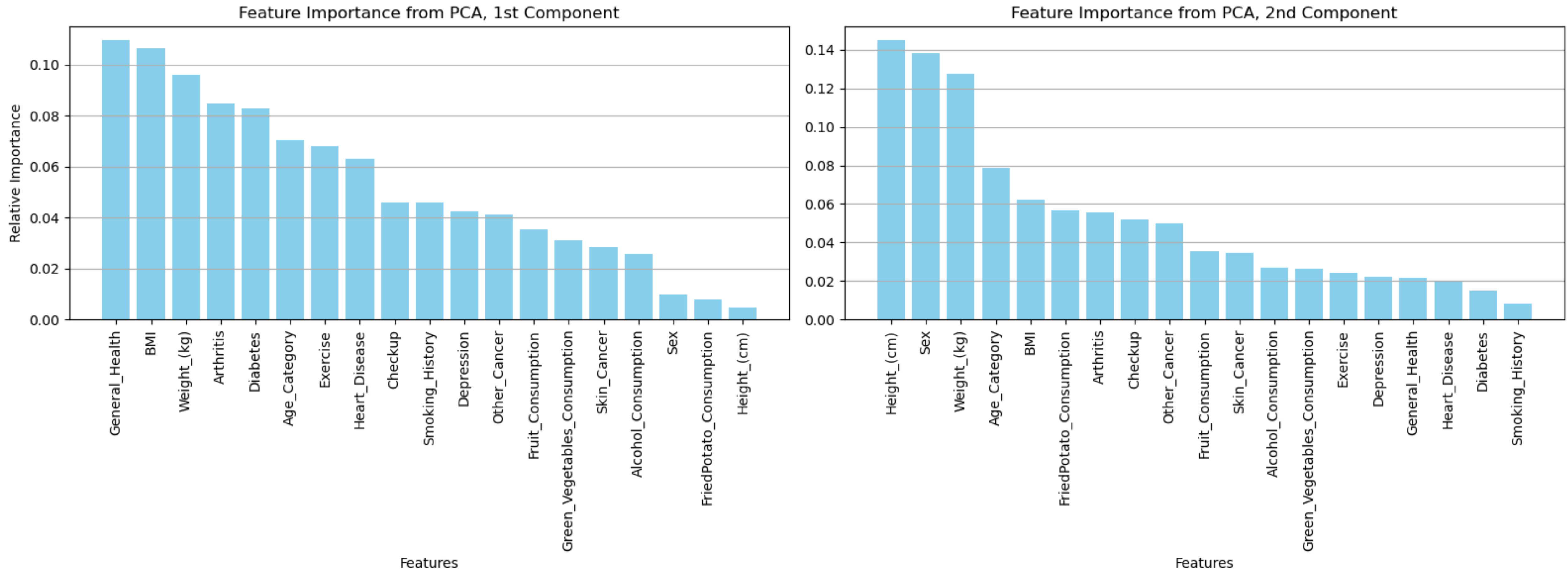
Data preparation

- **data normalisation**
- **data reduction**
 - PCA
 - dimensionality reduction
- **data discretization**
- **data balancing**
- **handling data with 10% / 20% NAs**
 - CCA
 - mean imputation
 - multiple imputation

Principal Component Analysis



Principal Component Analysis

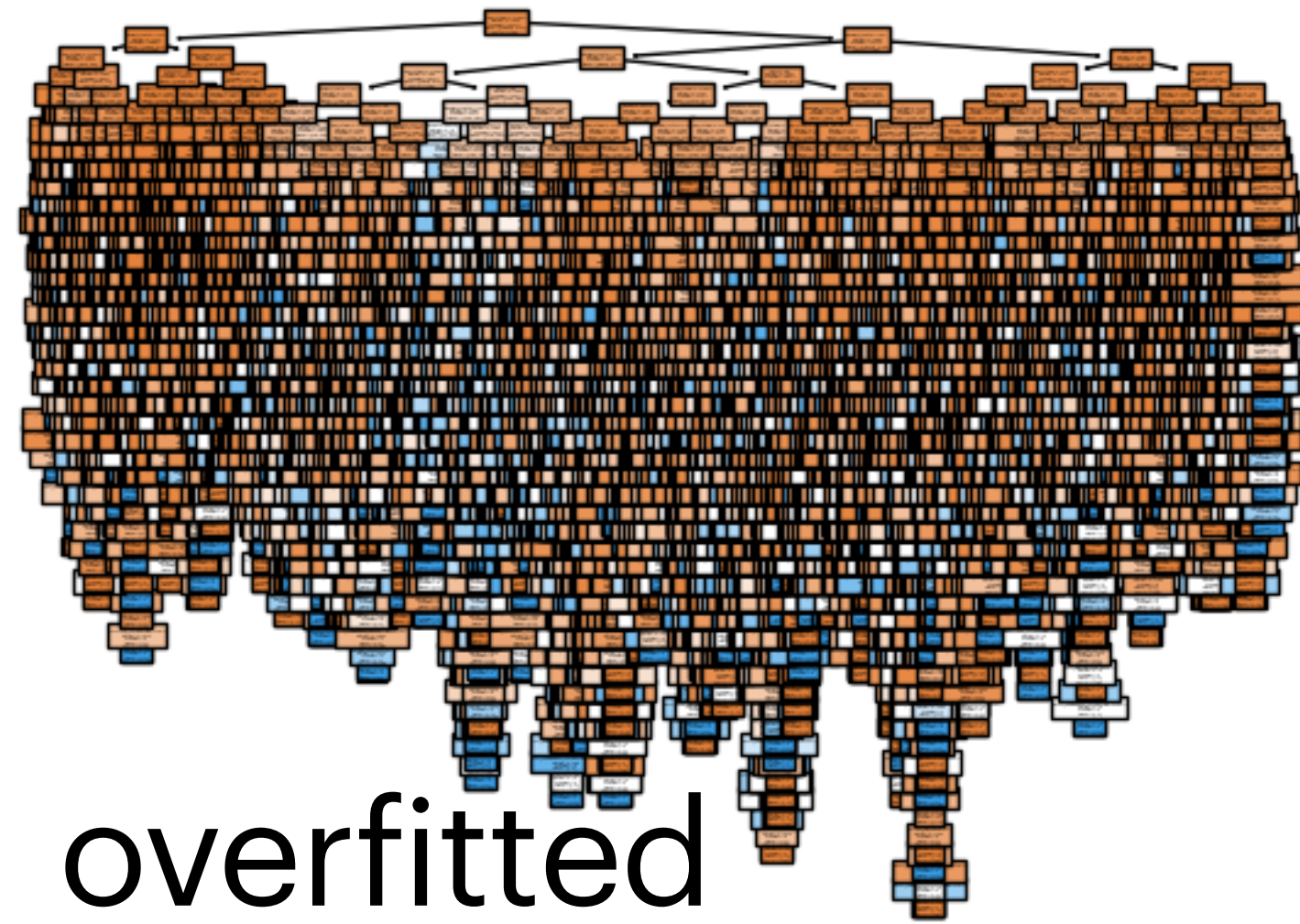


Modeling

Supervised Algorithms

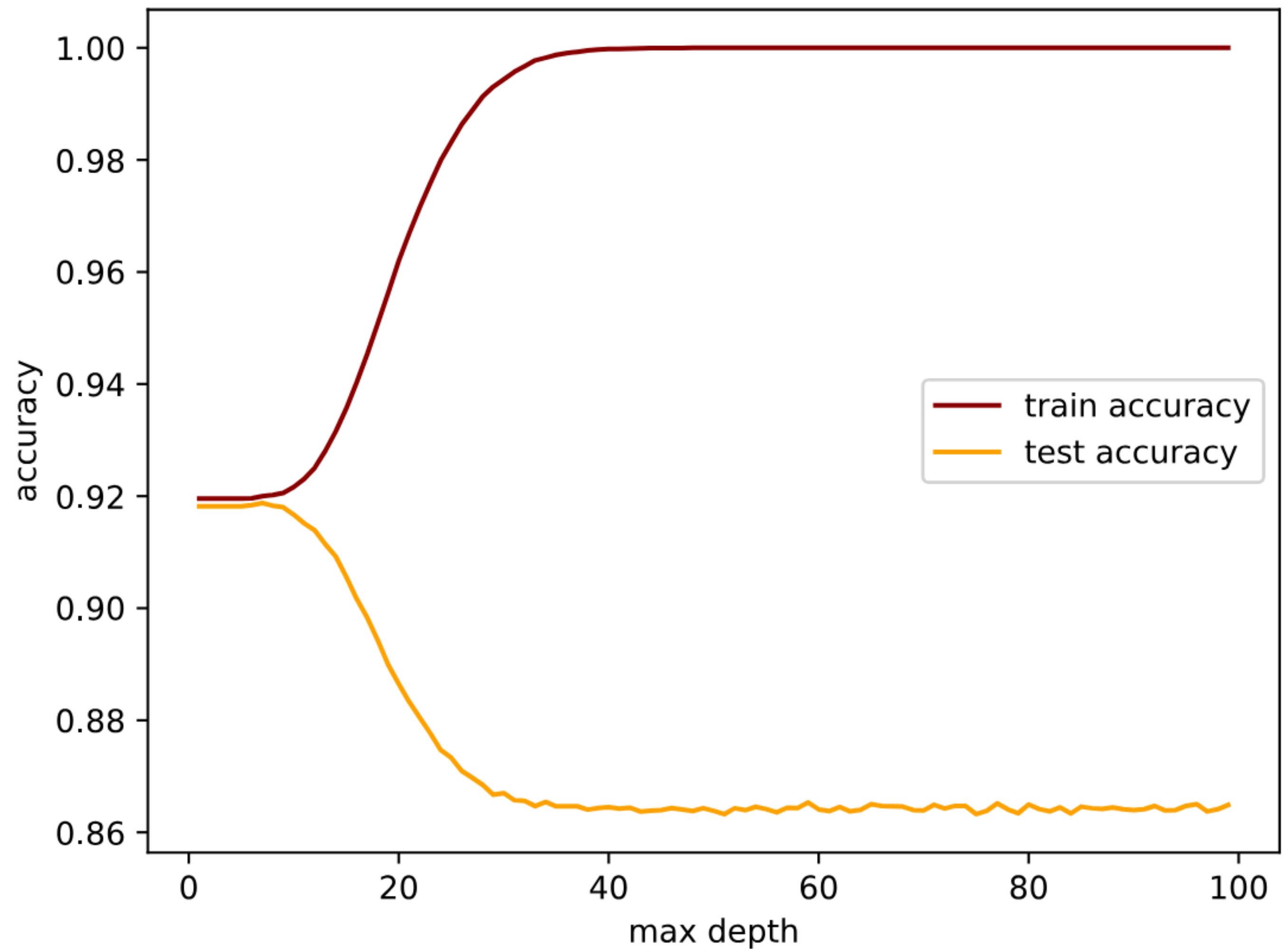
Predicting heart disease

Decision Trees



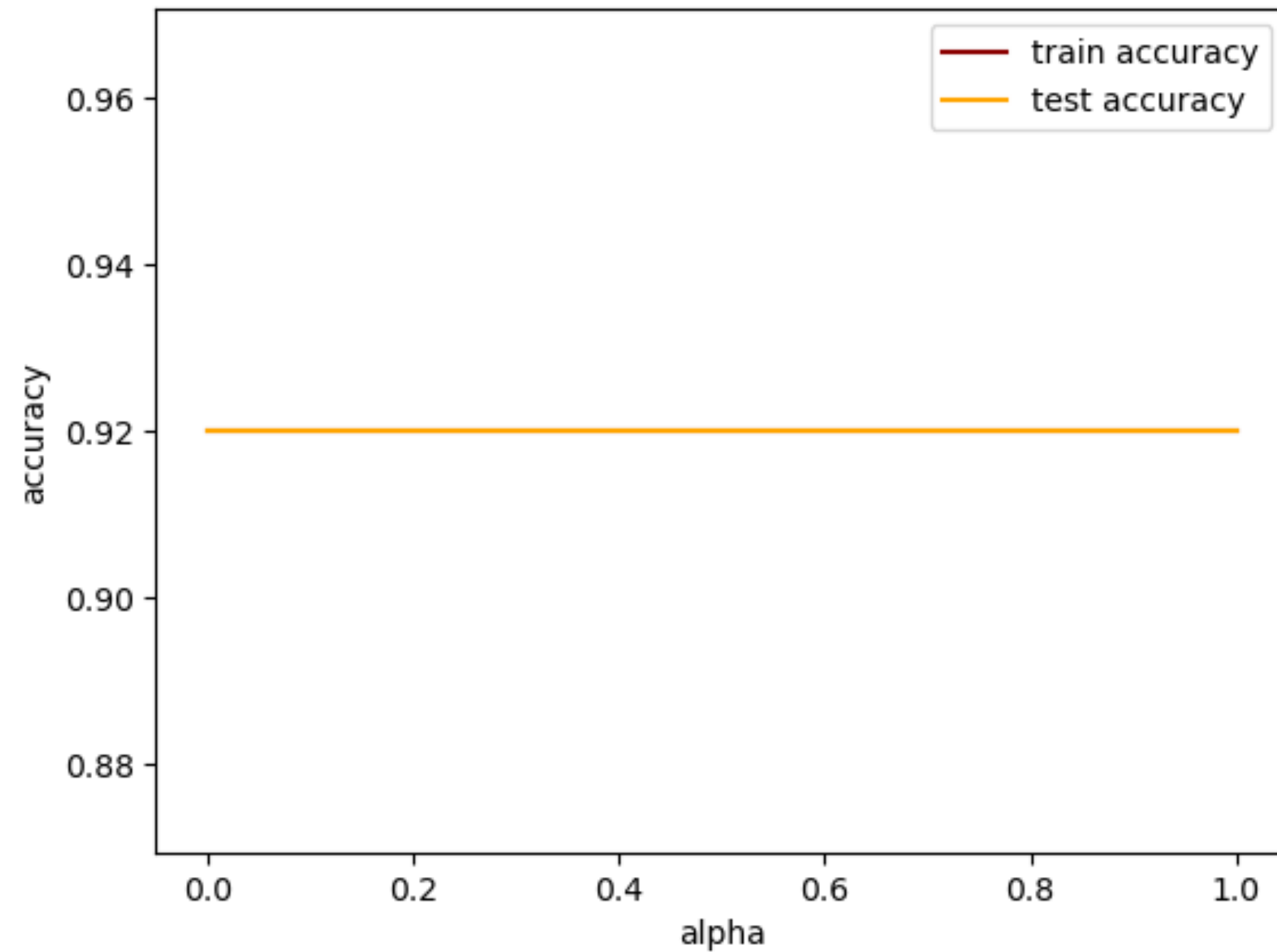
determine best
tree depth:

accuracy of prediction depend on the max depth of the decision tree.

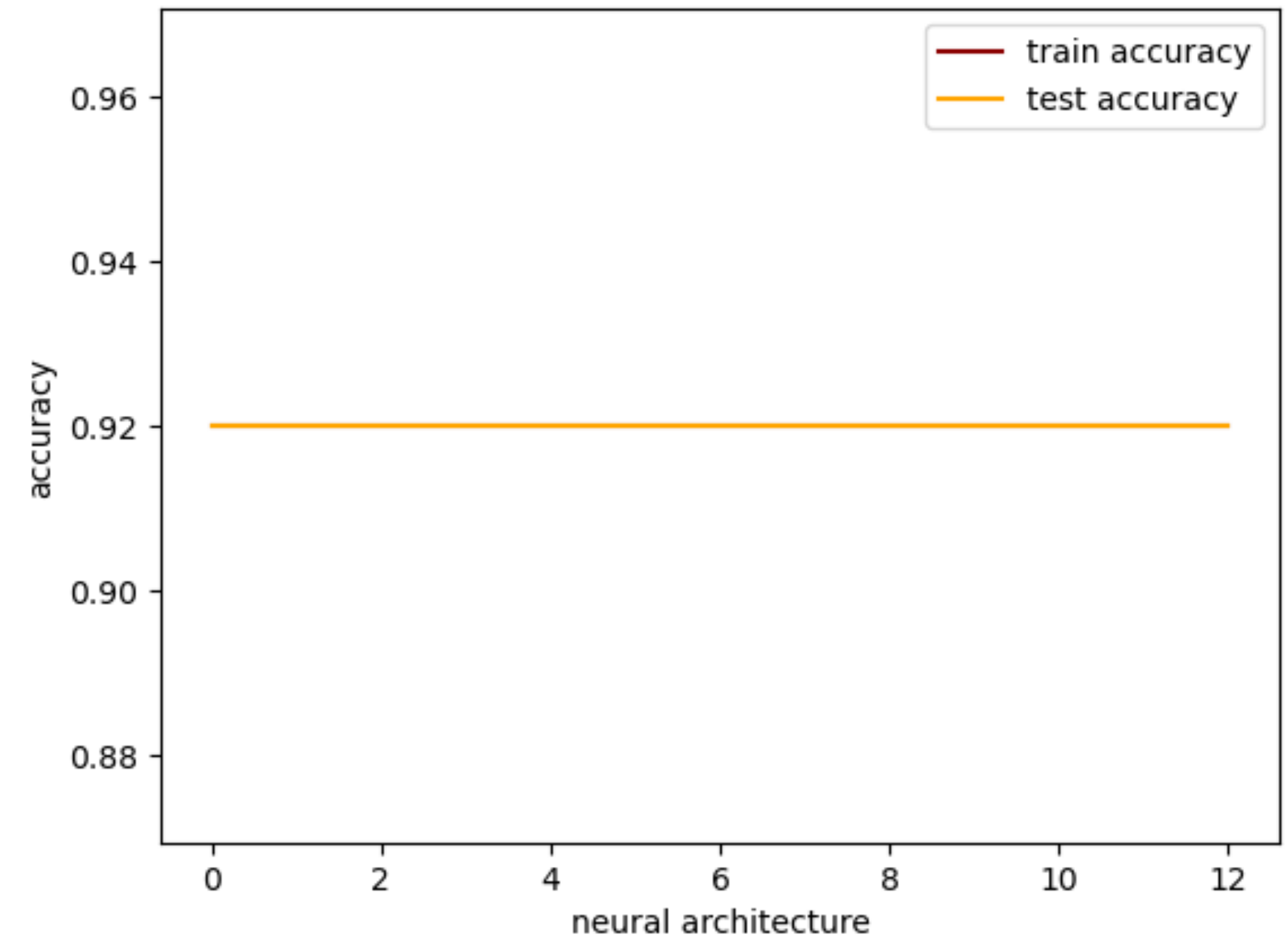


Multi-layer perceptron

accuracy of prediction dependend on the learning rate og the Neural Network.

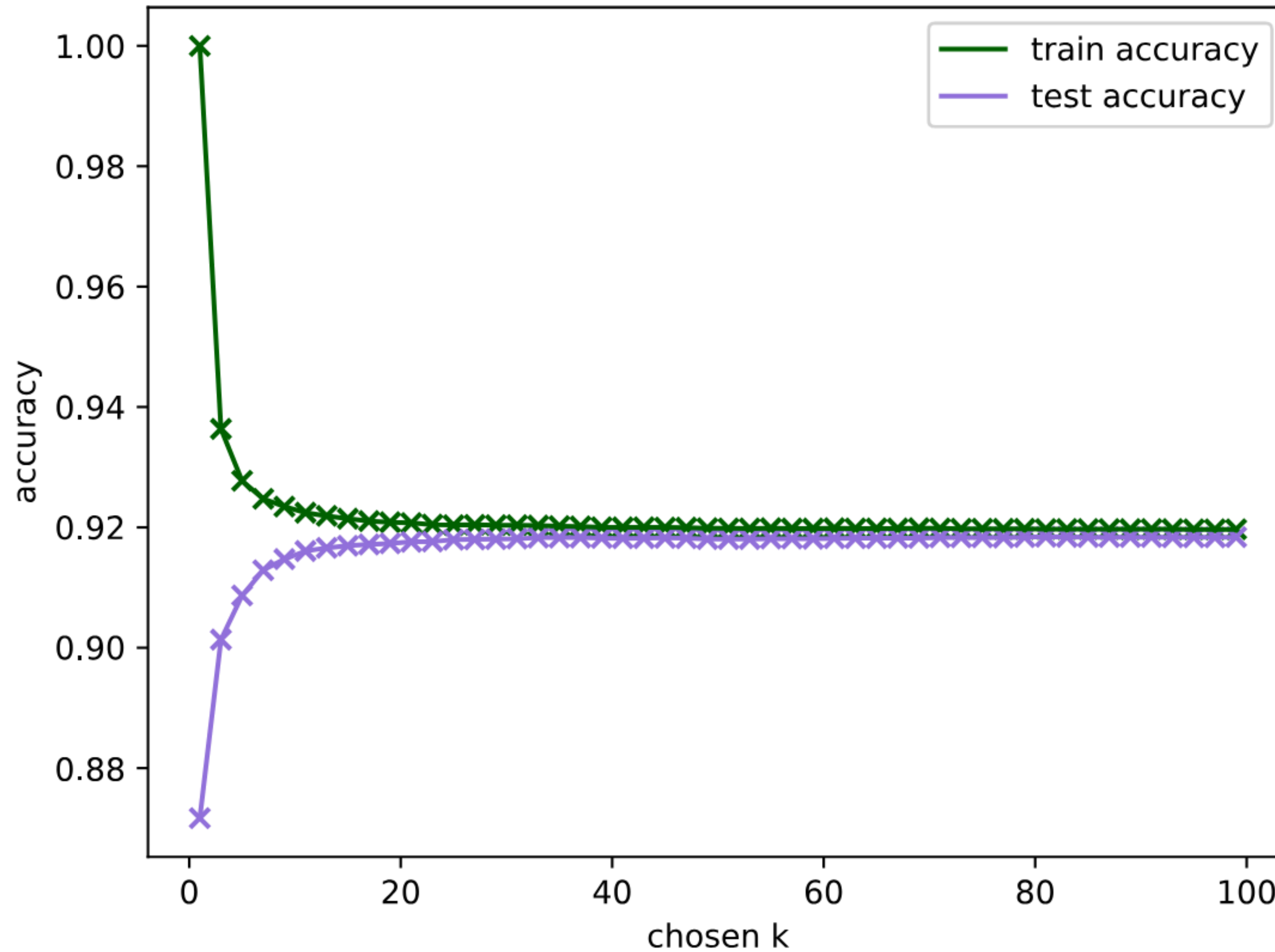


accuracy of prediction dependend on neural architechture of the Neural Network.



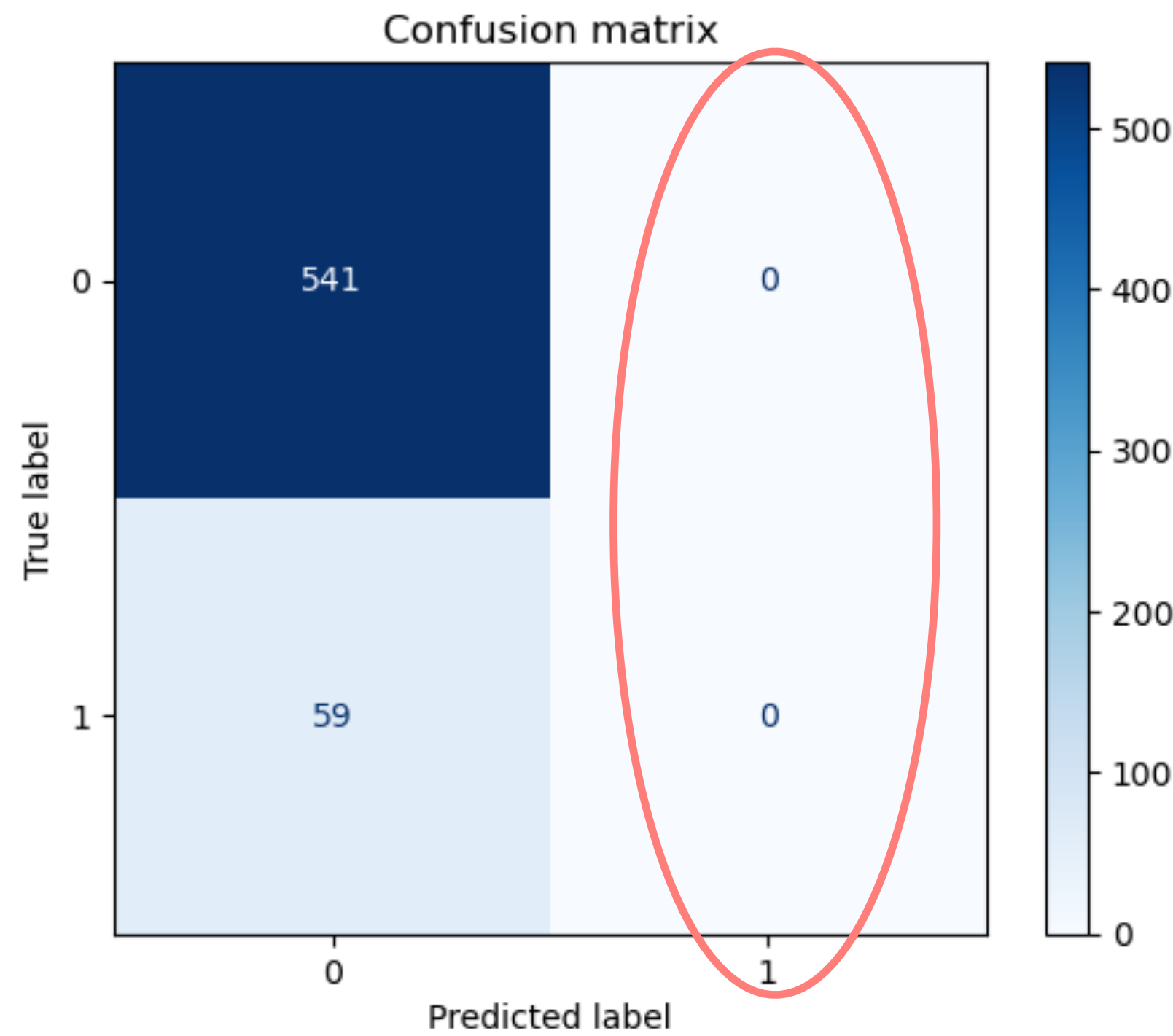
k-Nearest Neighbours

accuracy of k-nn predictions dependend on chosen k.

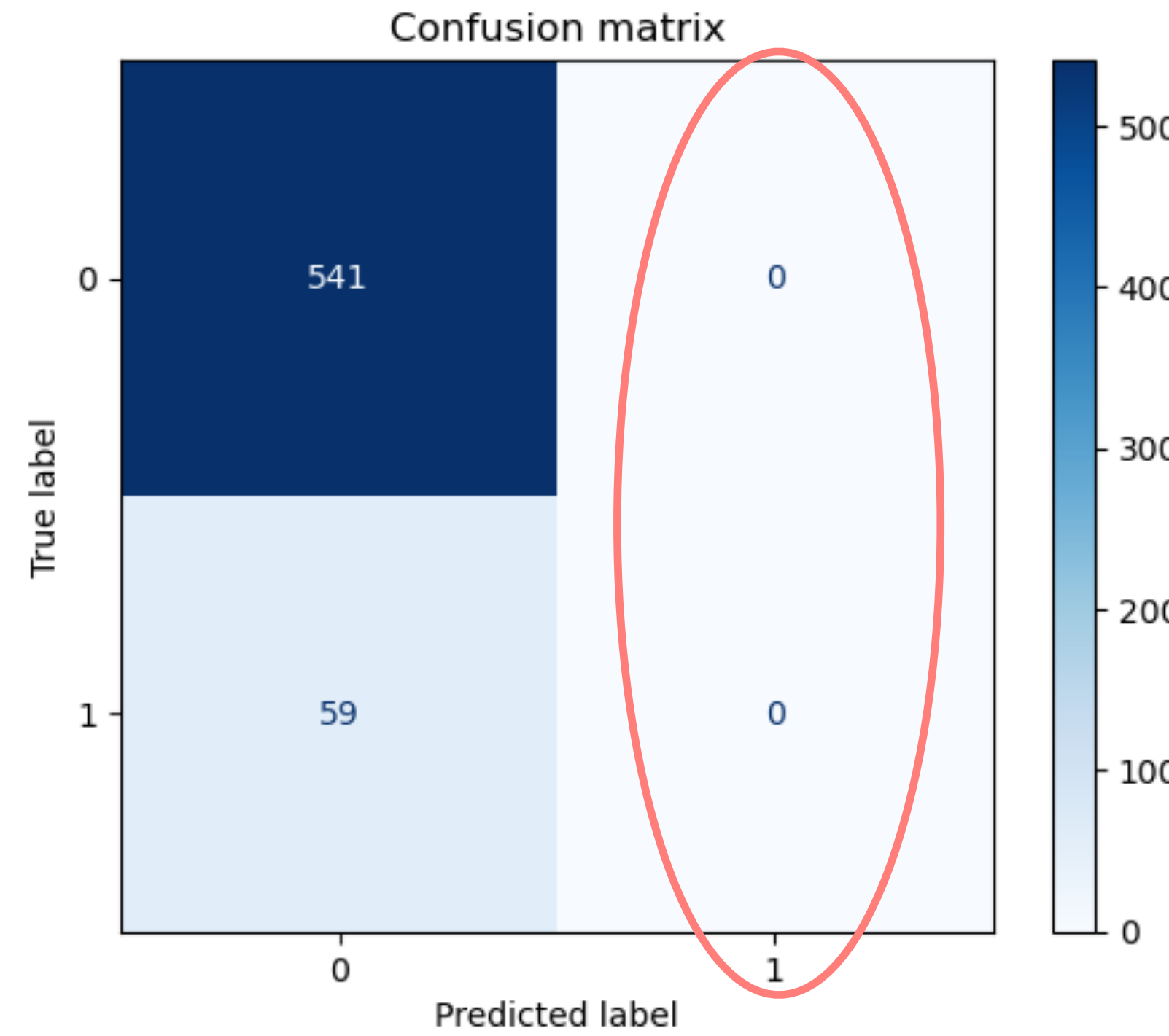


overall performance and problem

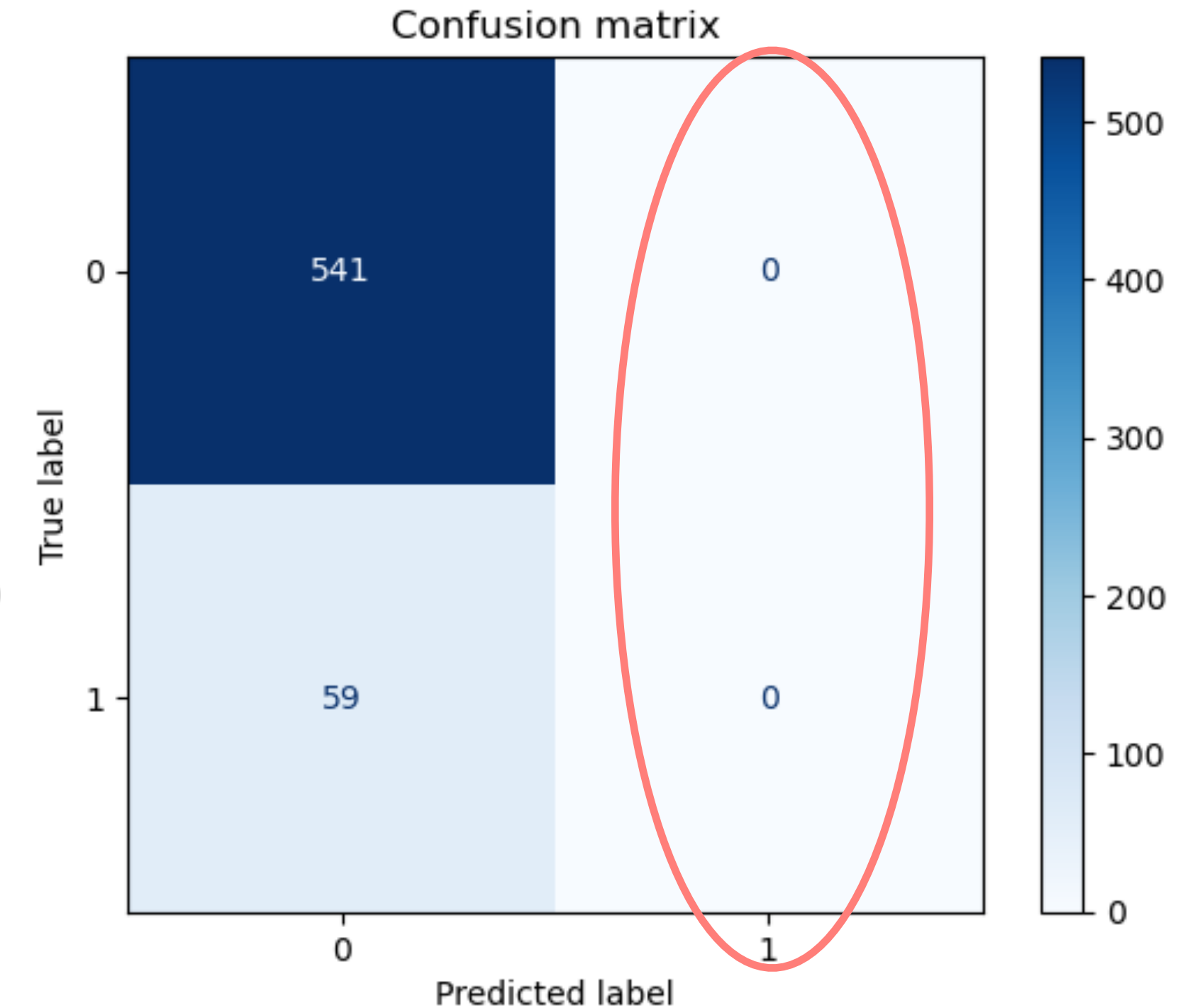
Decision Tree



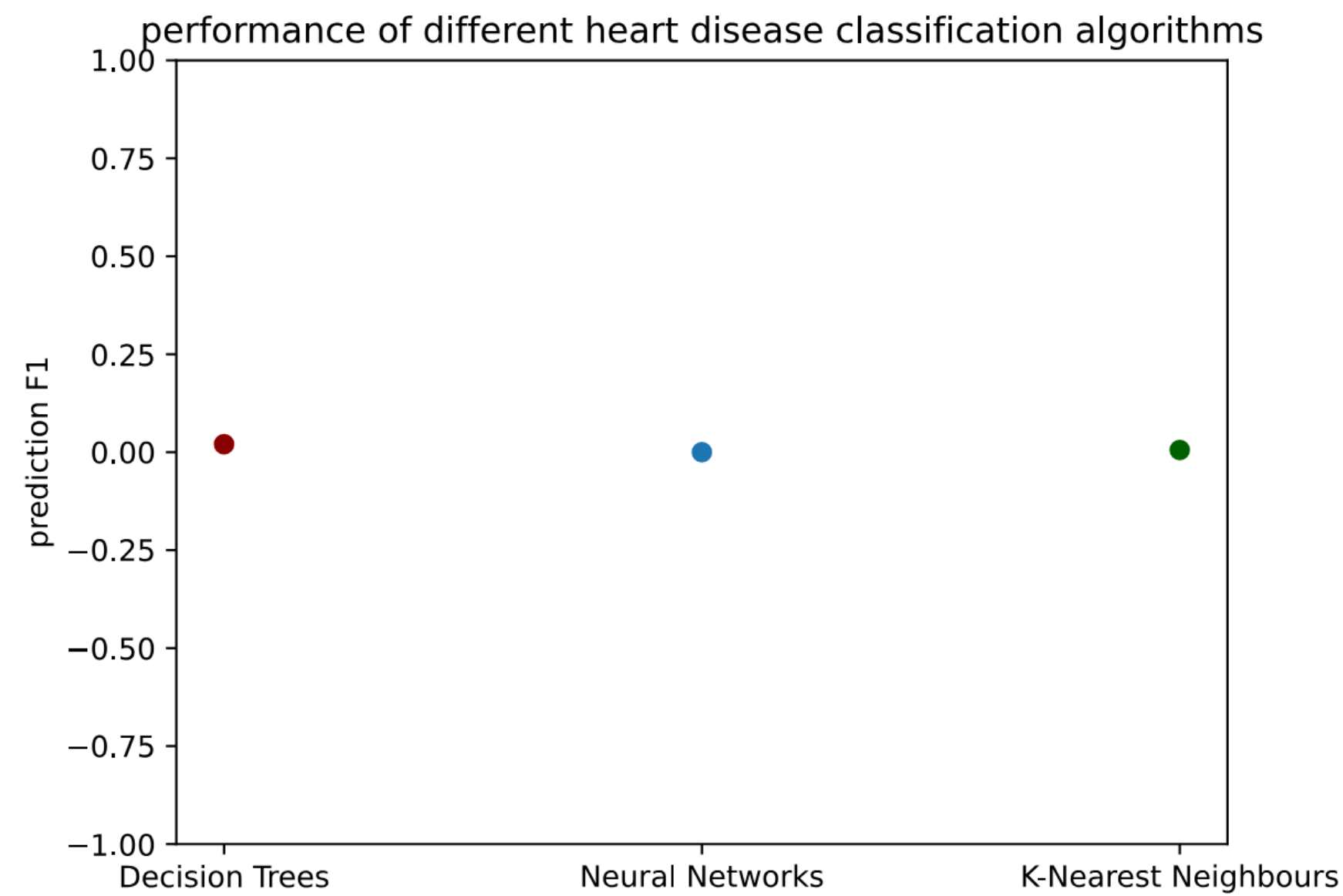
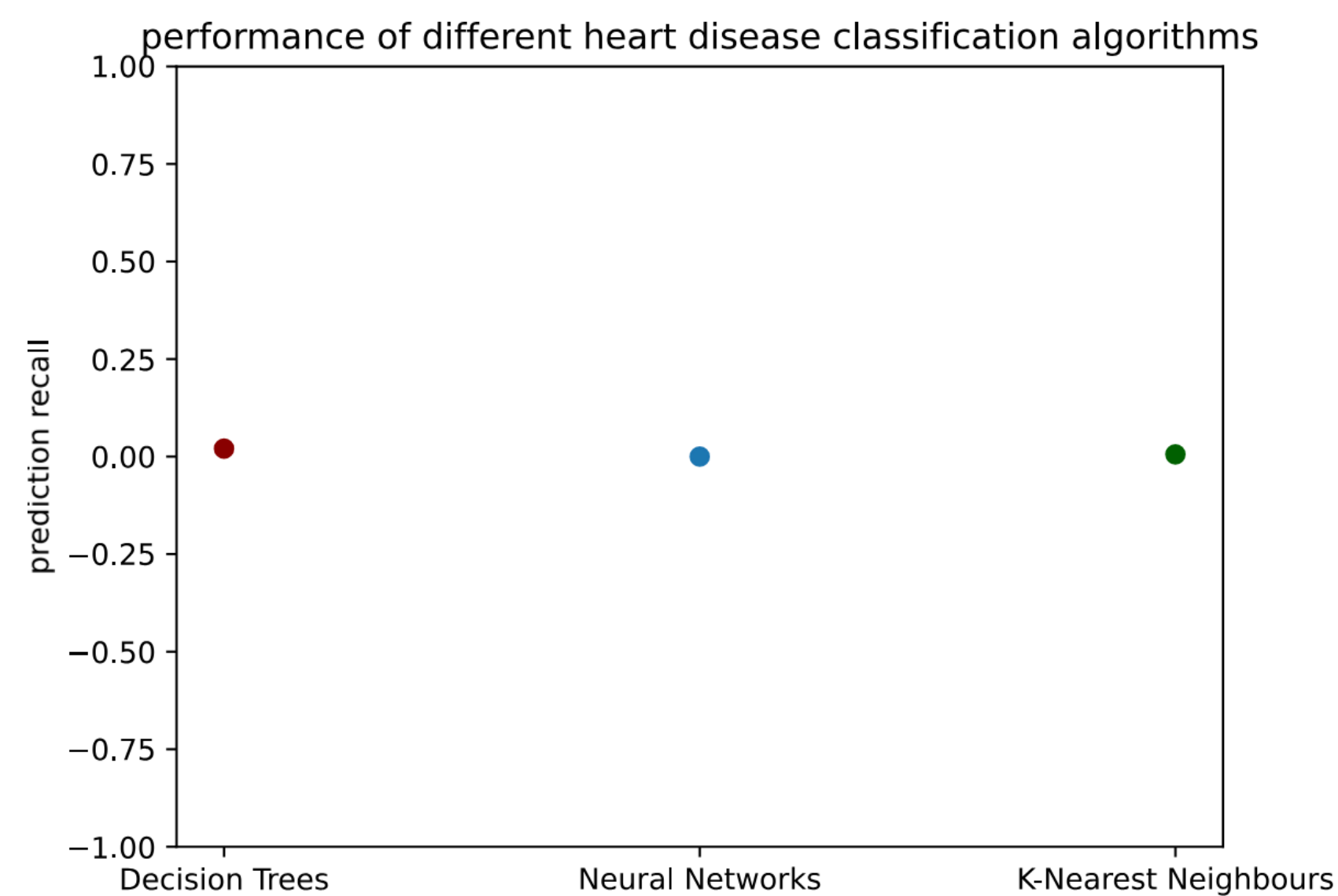
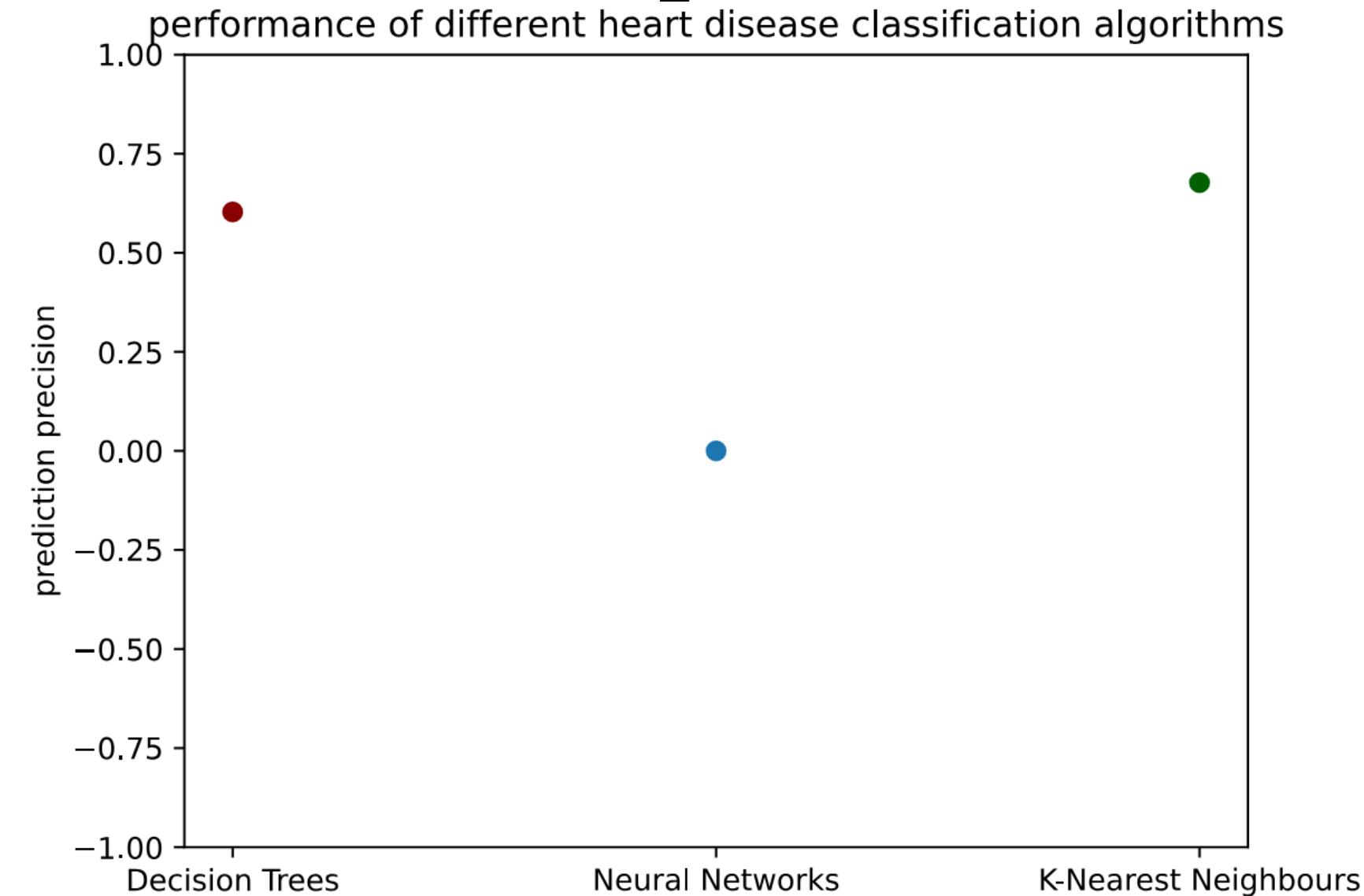
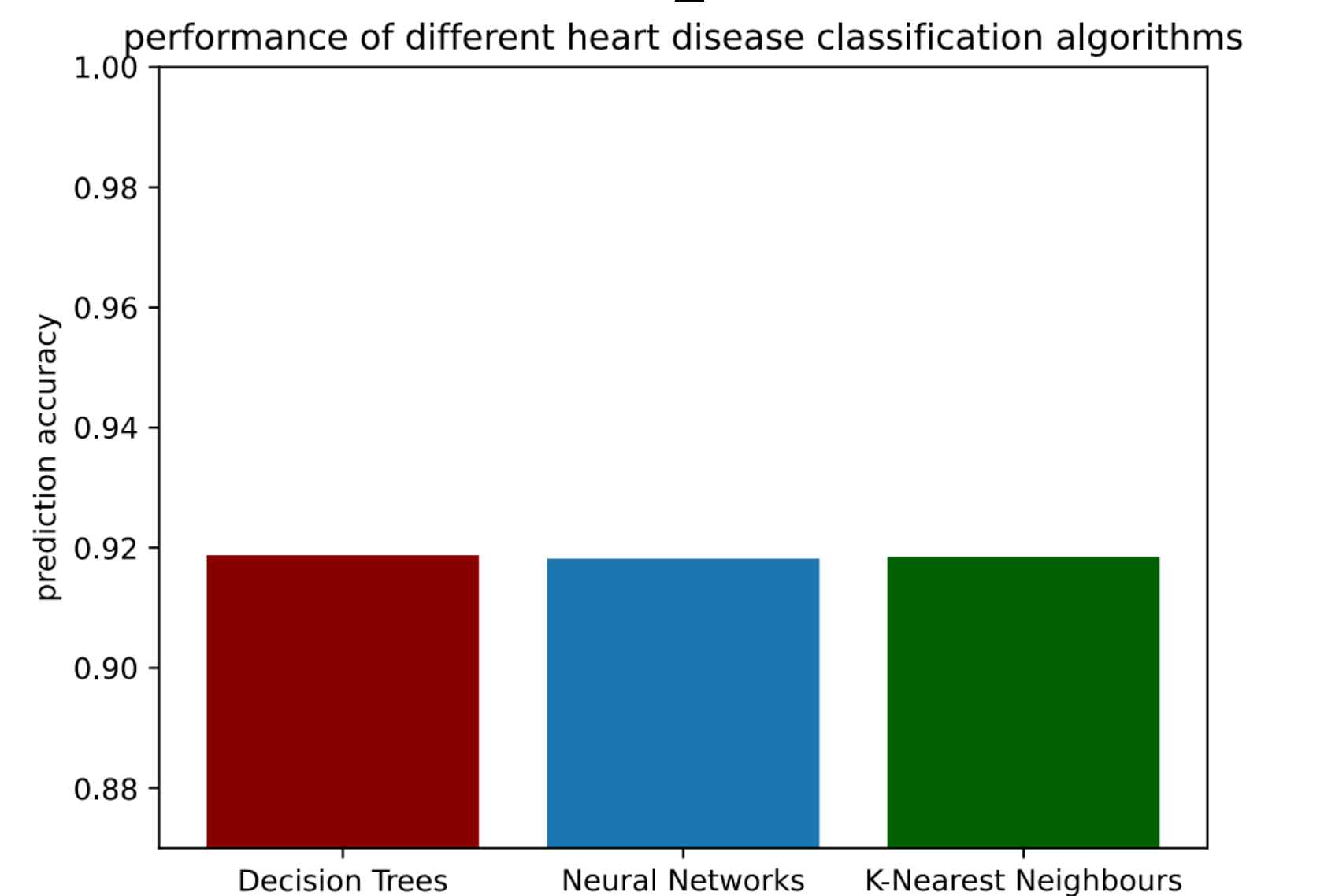
MLP



k-NN



overall performance and problem

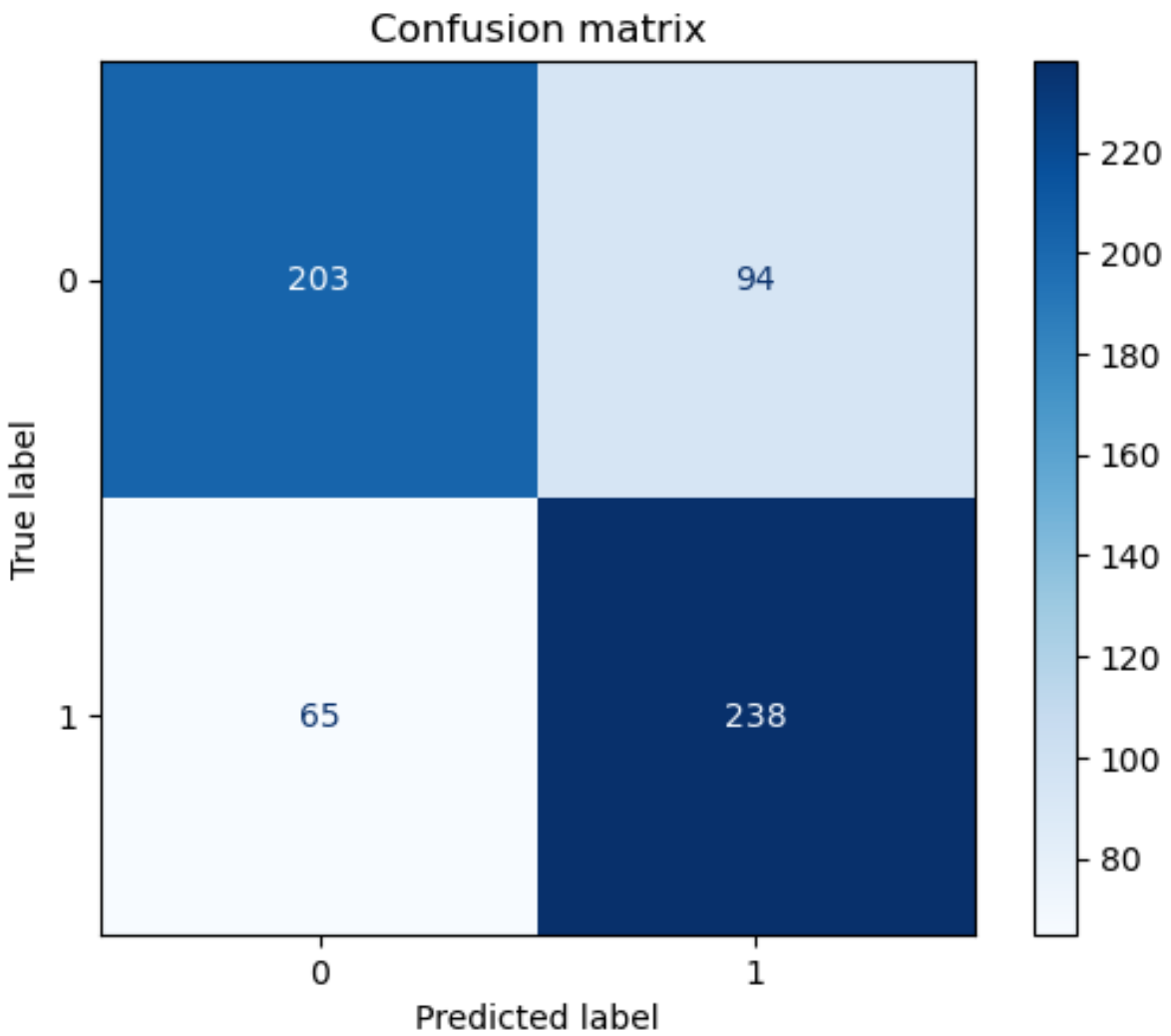
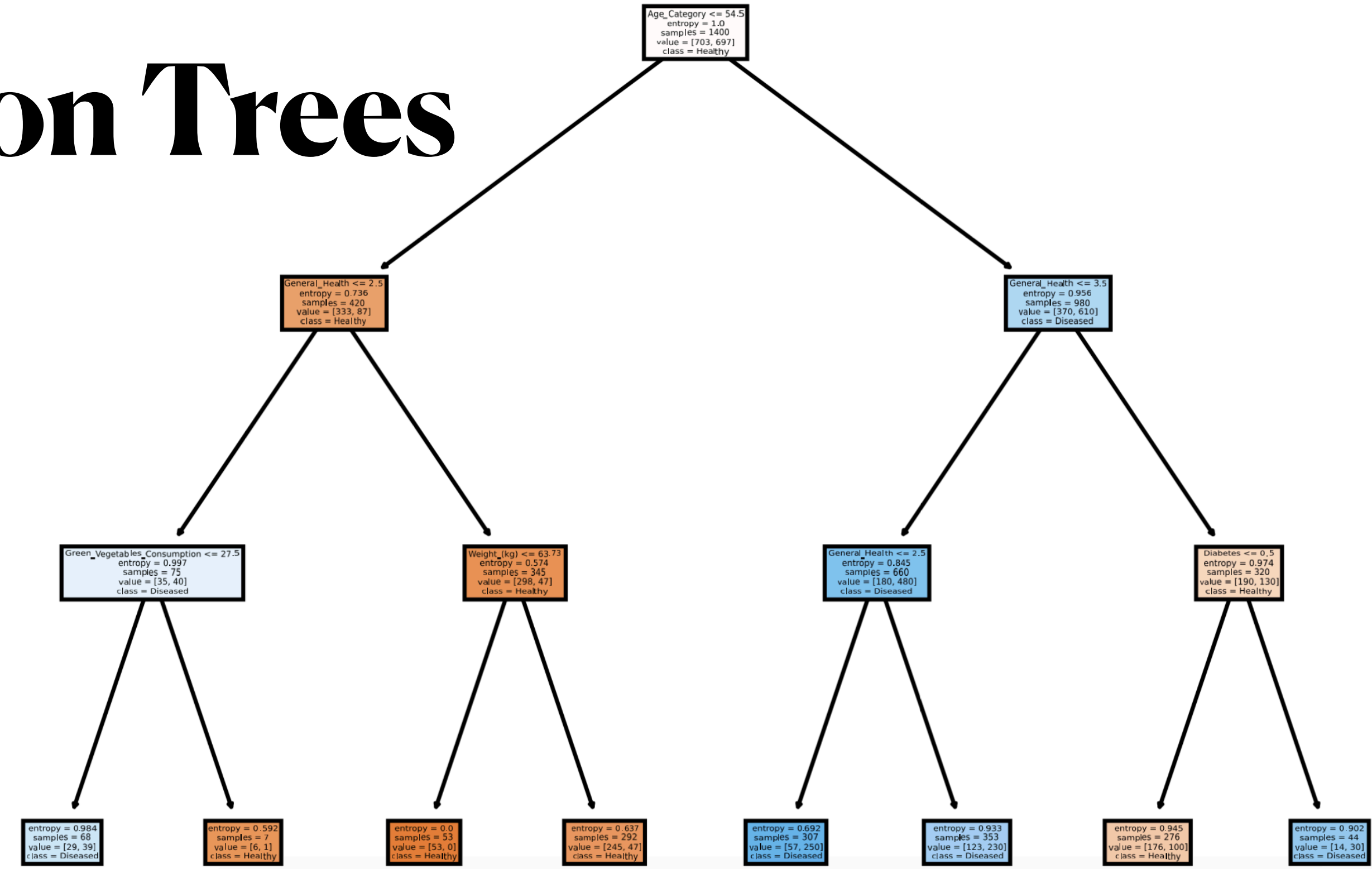
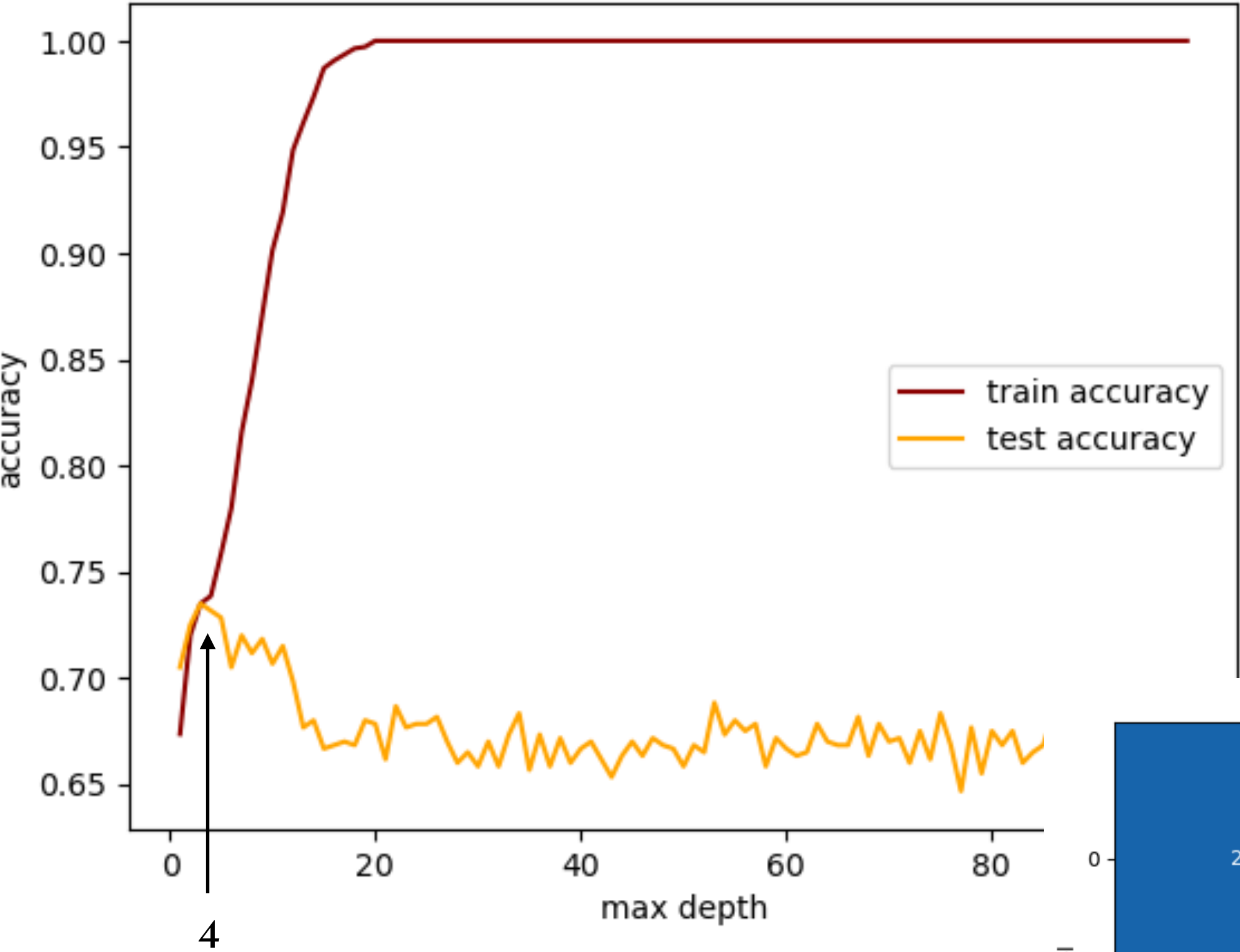


Solution:

Using the balanced data set

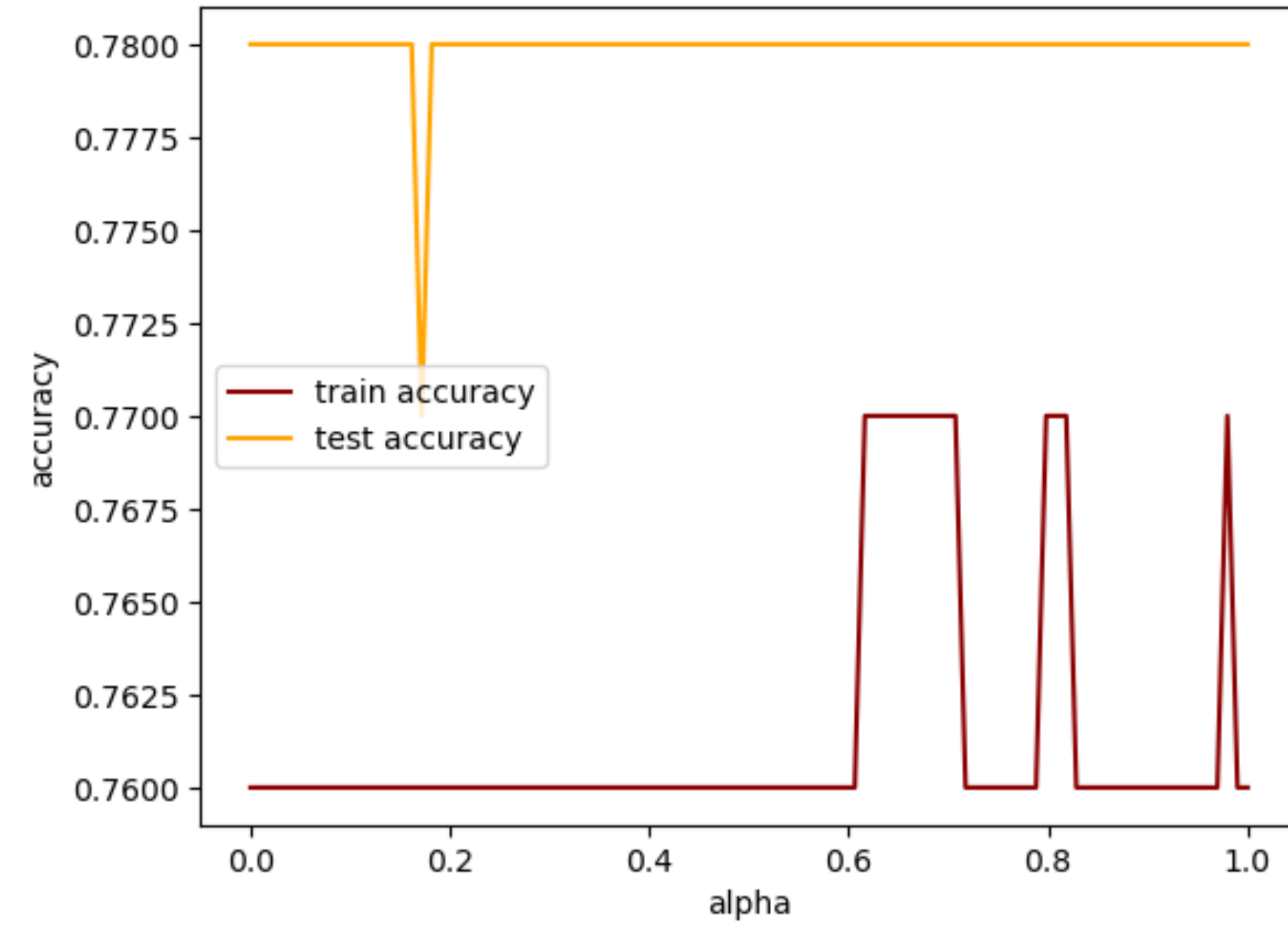
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accuracy of prediction dependend on the max depth of the decision tree.

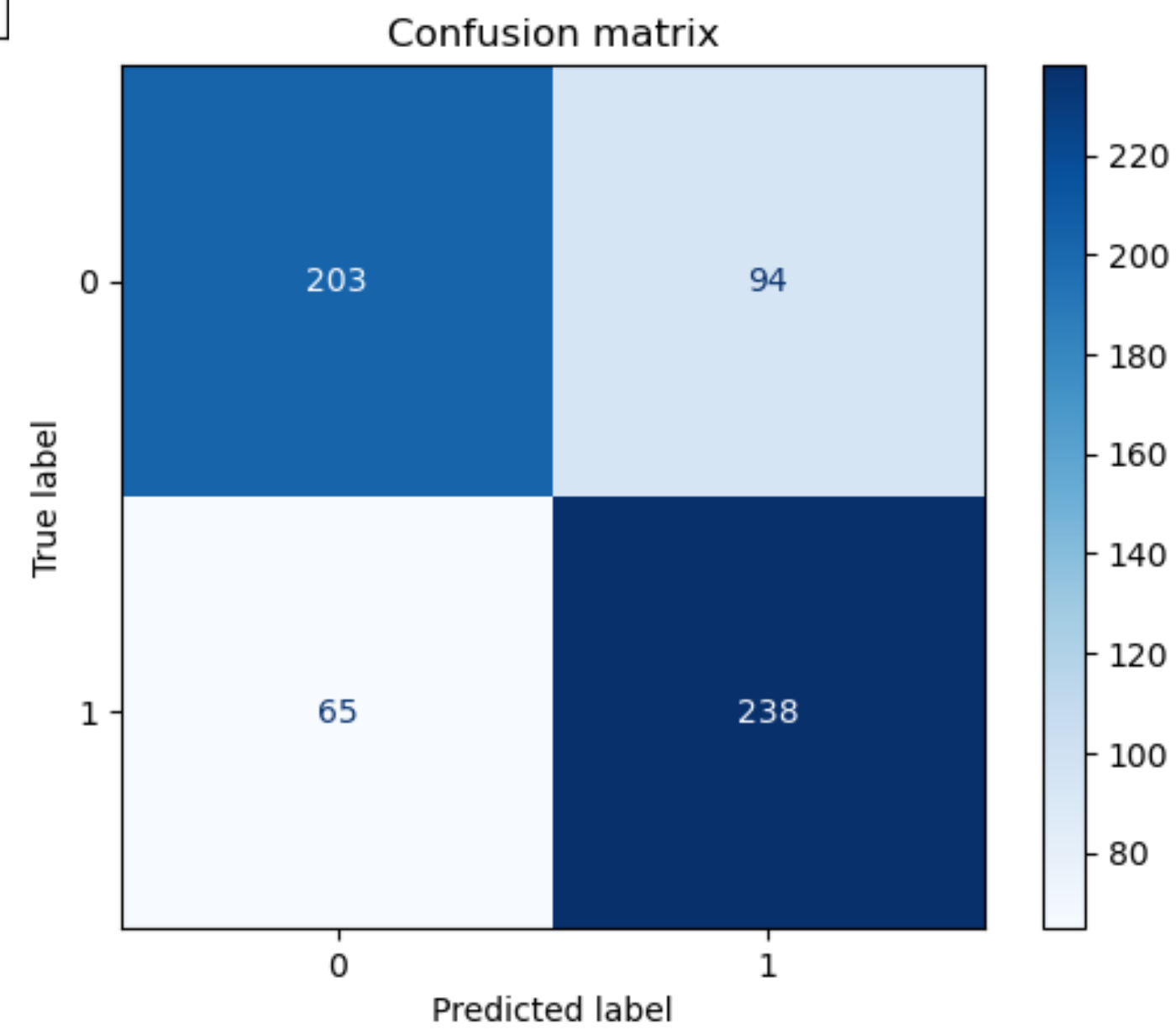
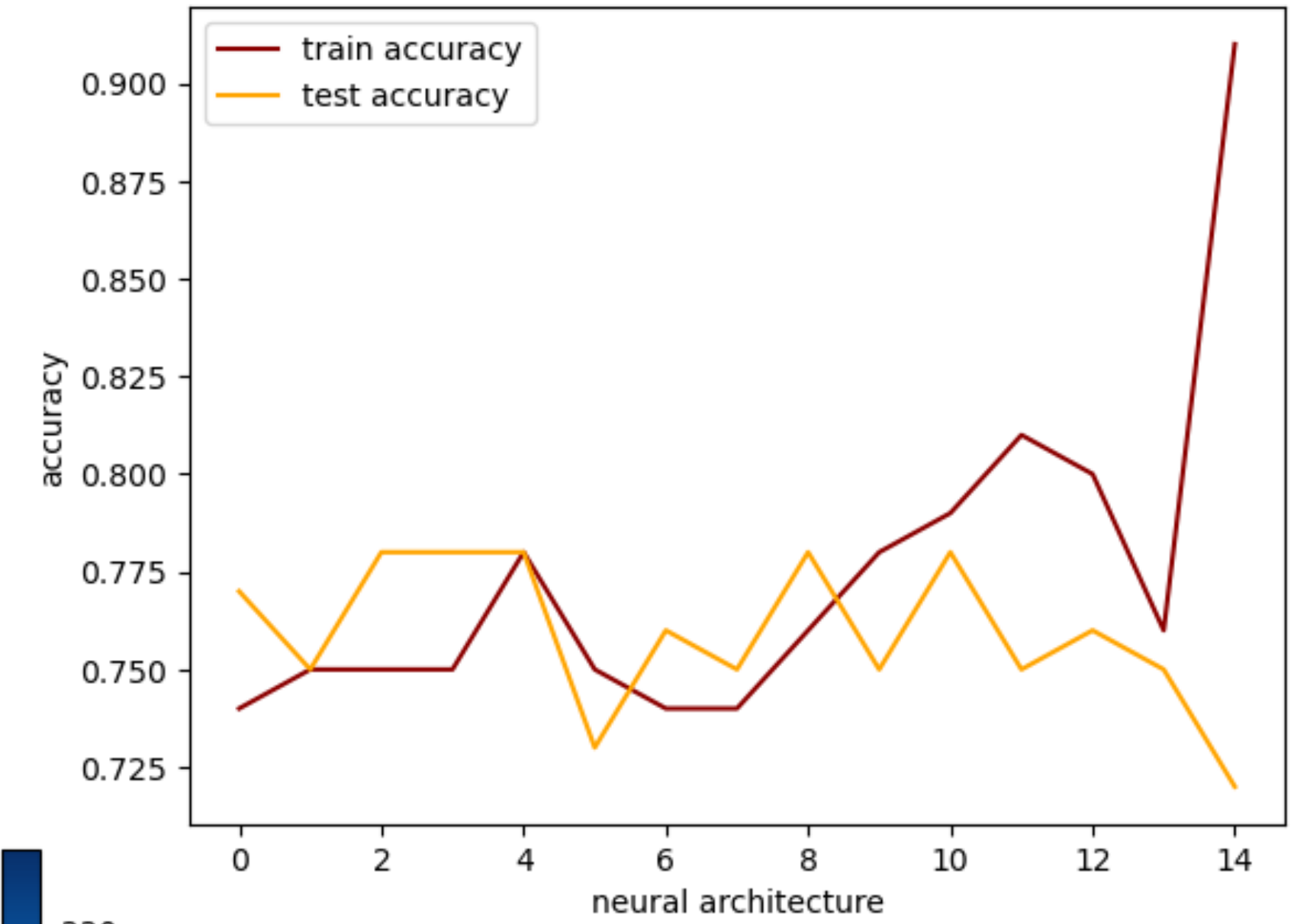


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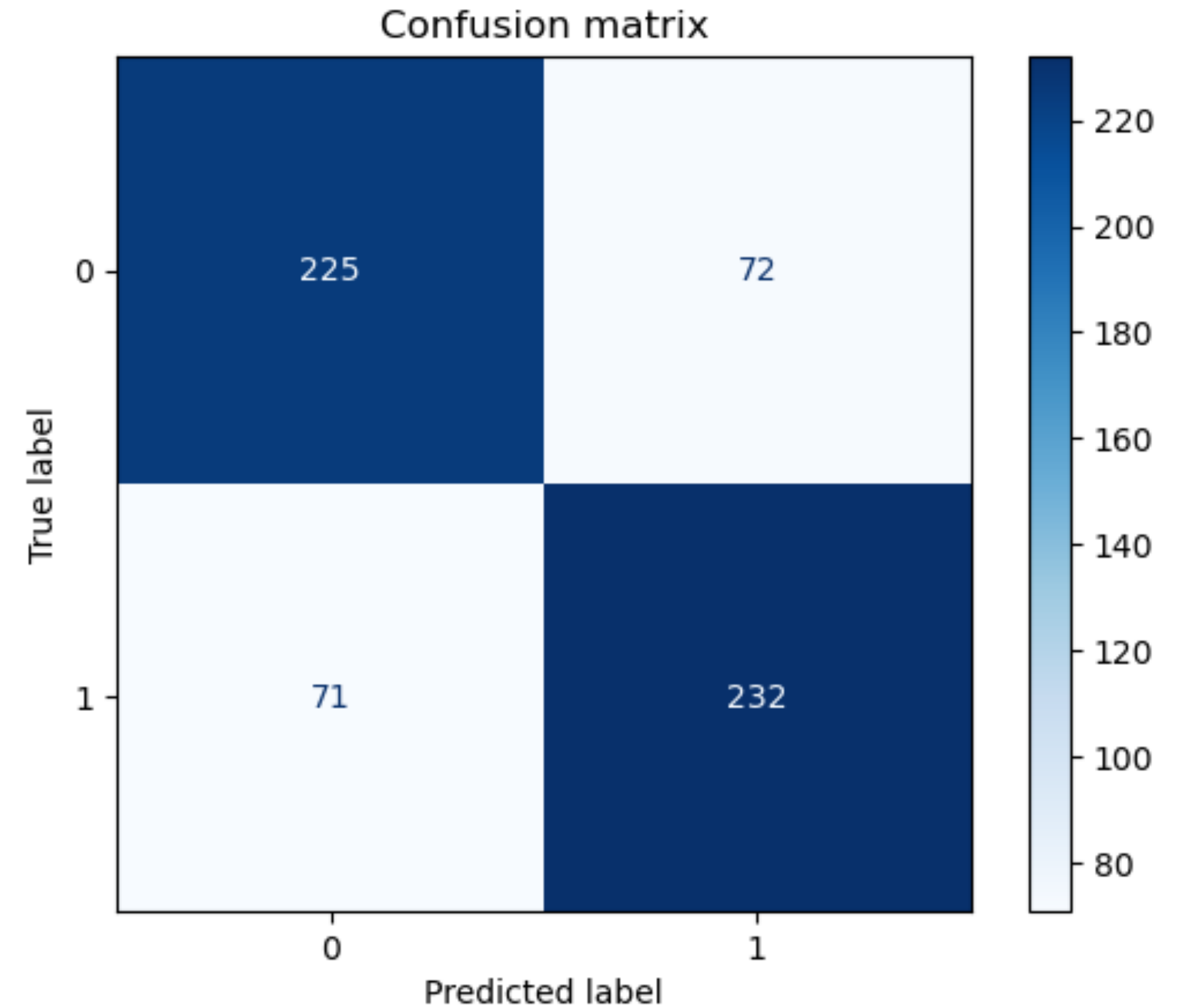
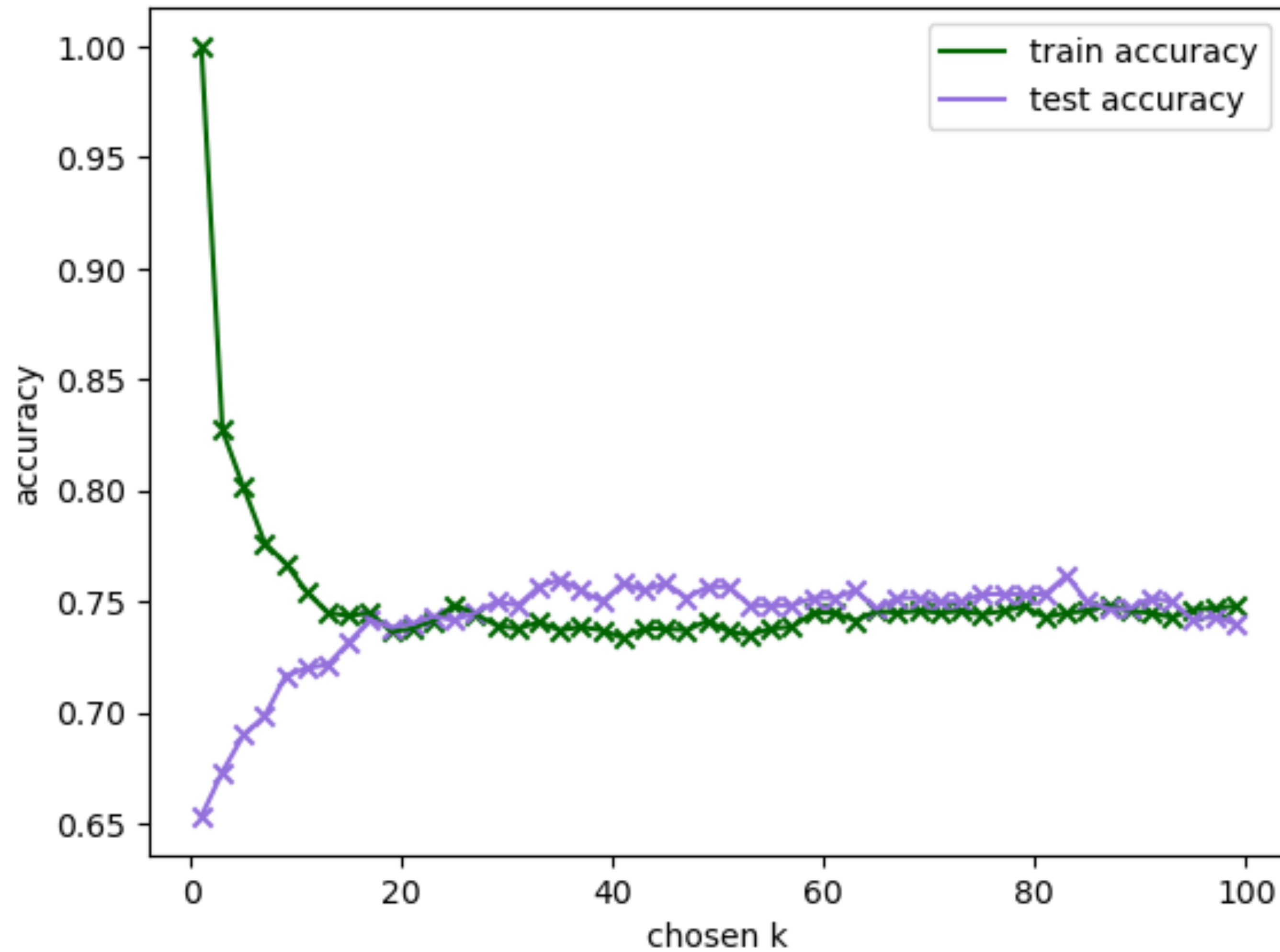


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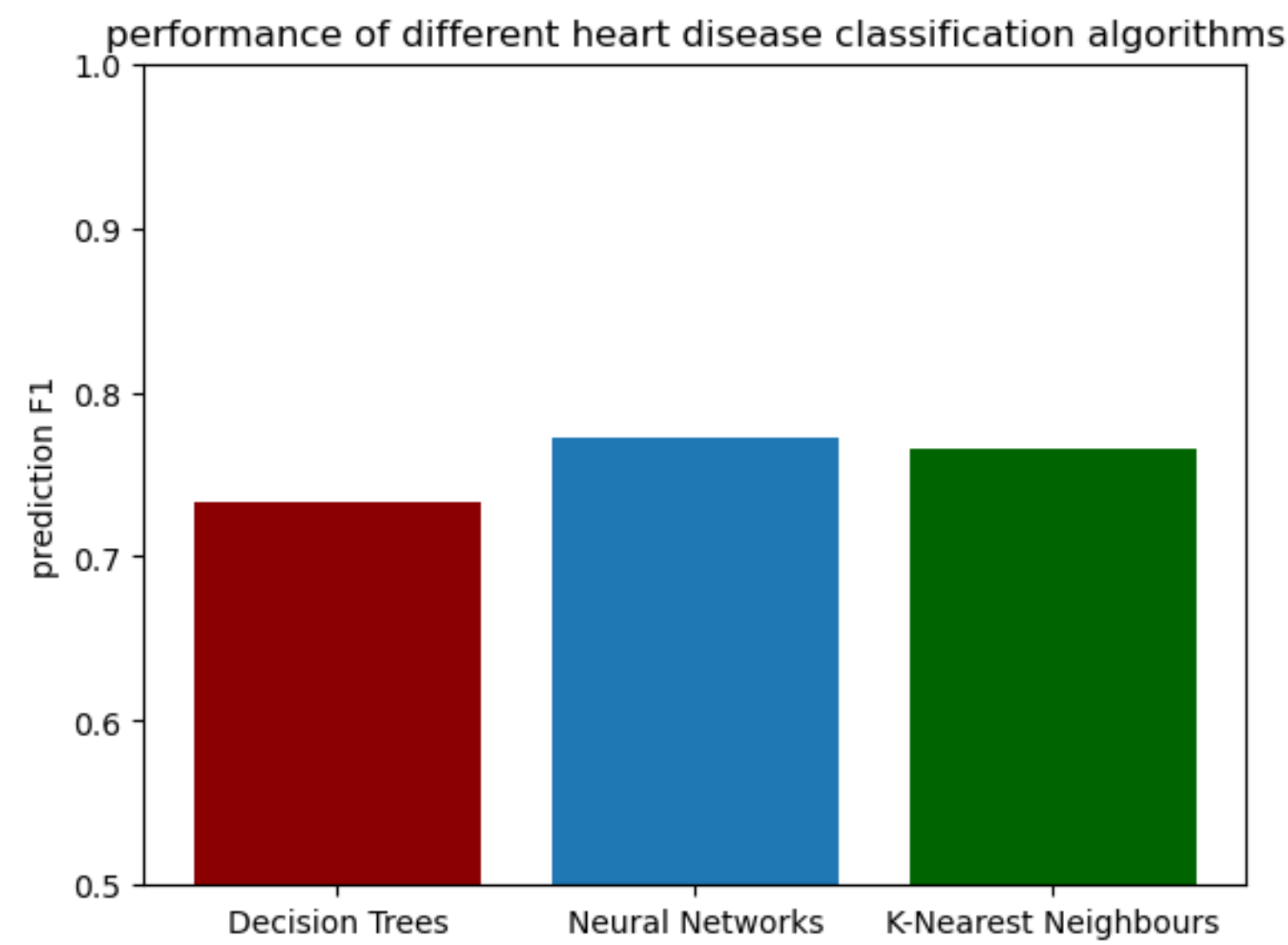
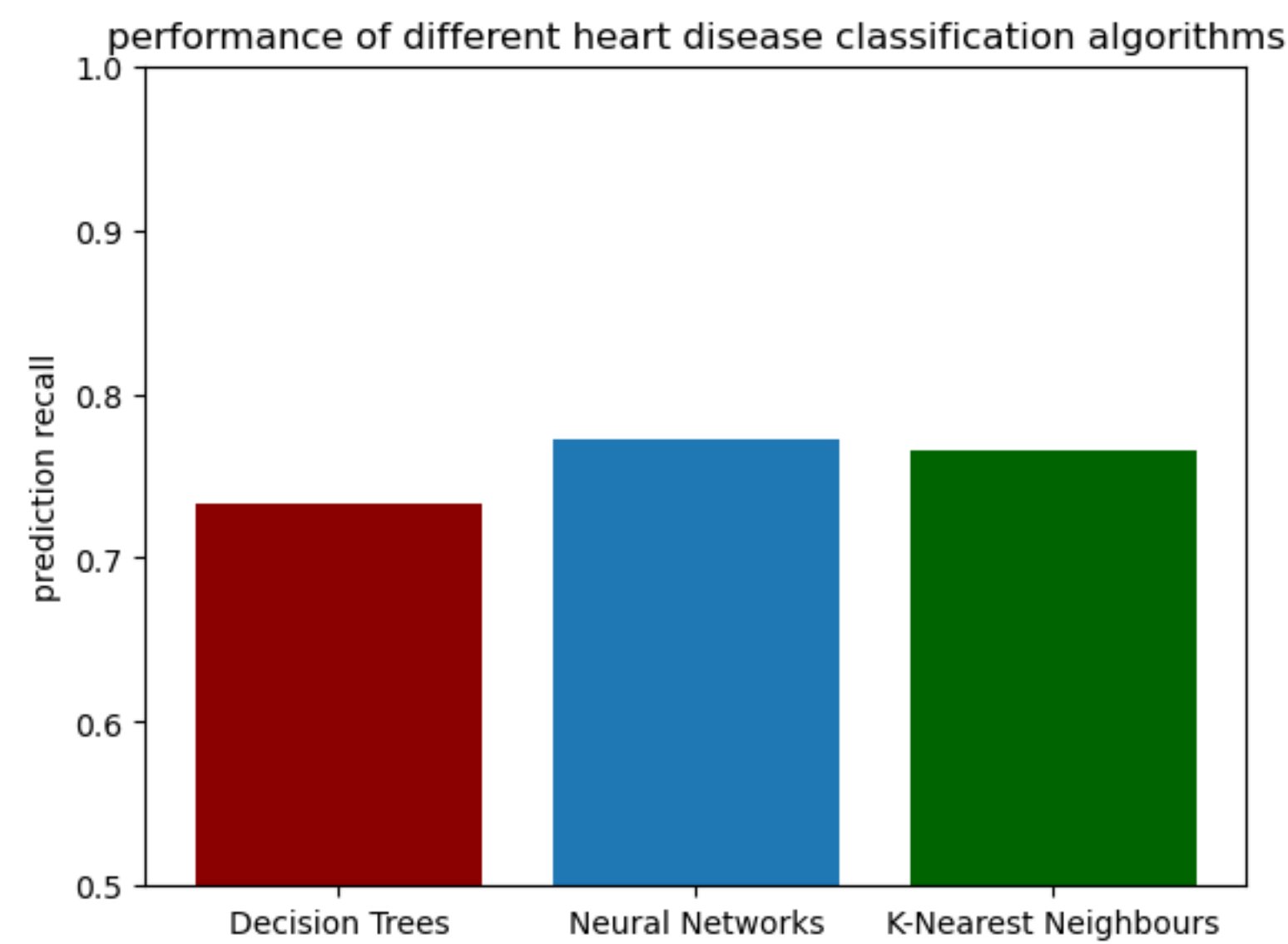
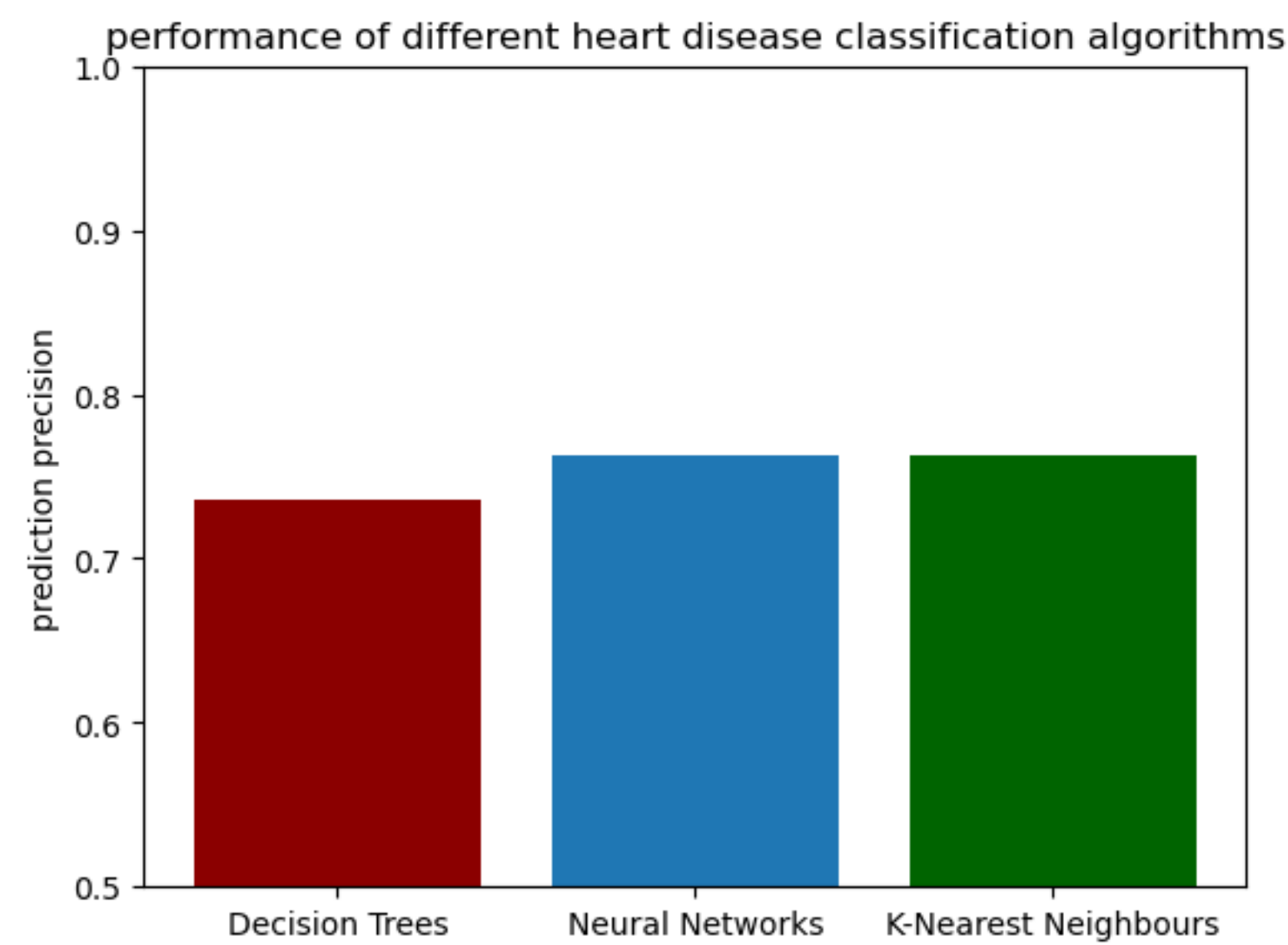
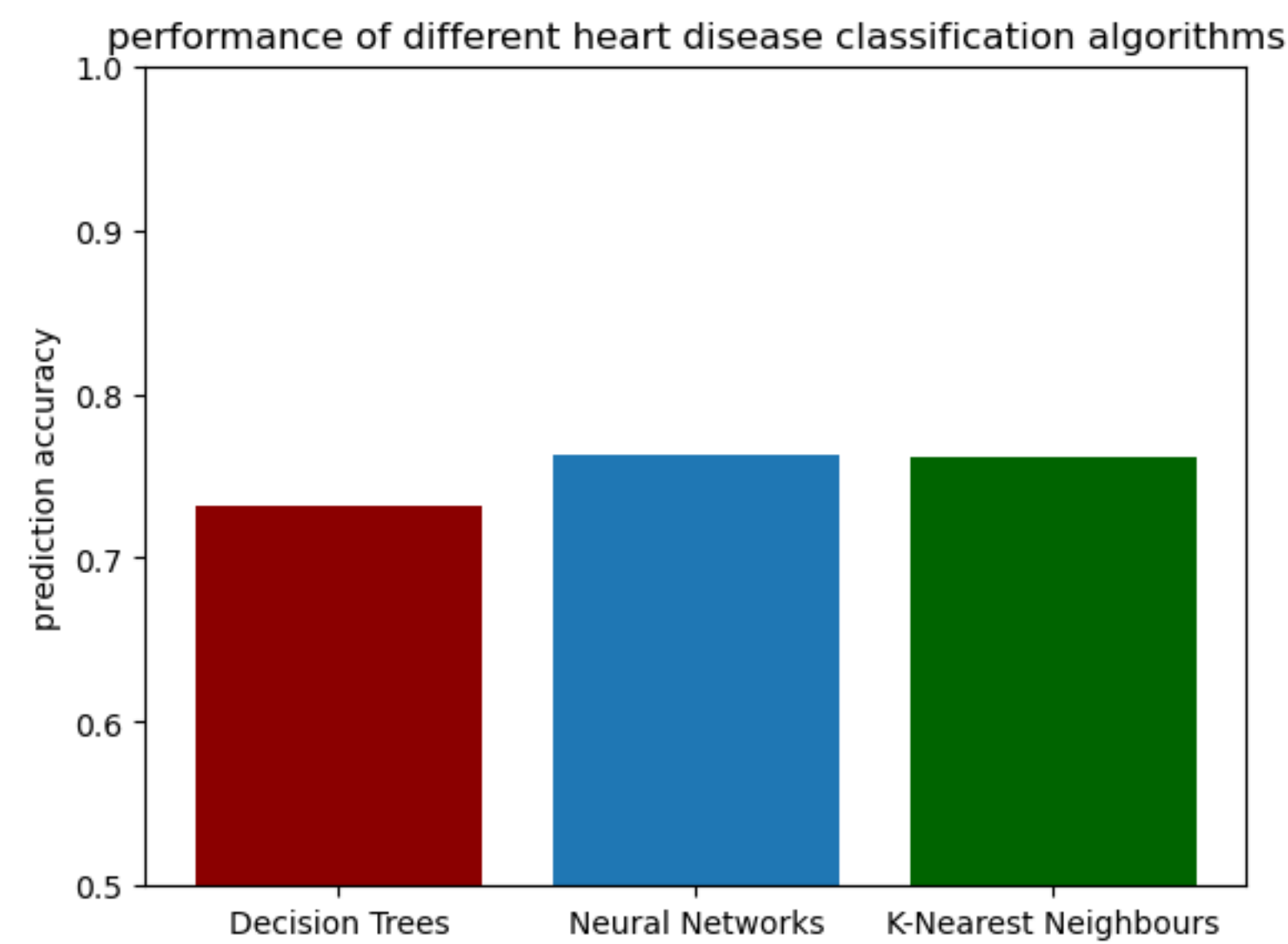


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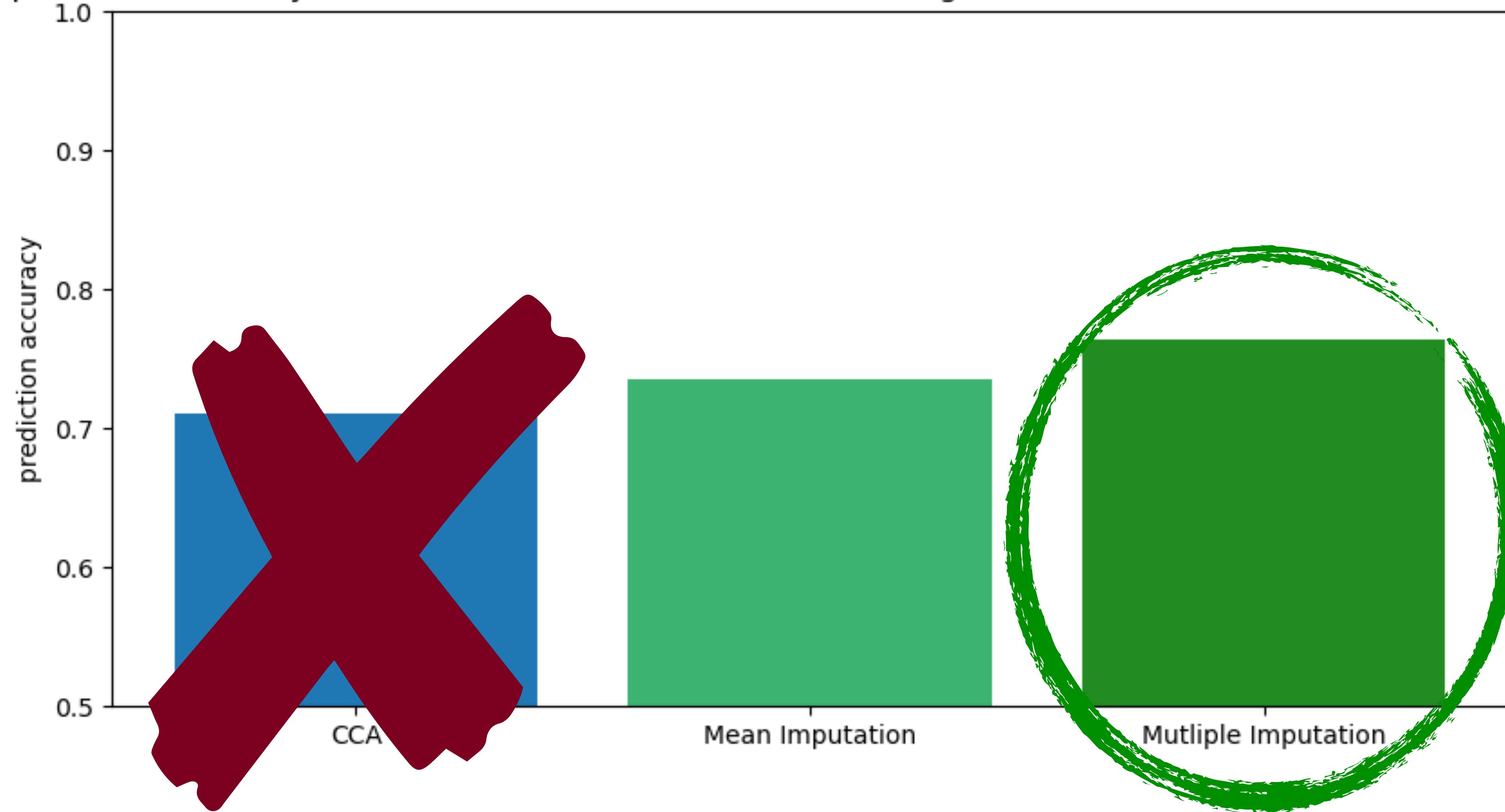
overall performance



Data with NAs

comparing NA handling techniques

average prediction accuracy of different heart disease classification algorithms with three different NA handling techniques

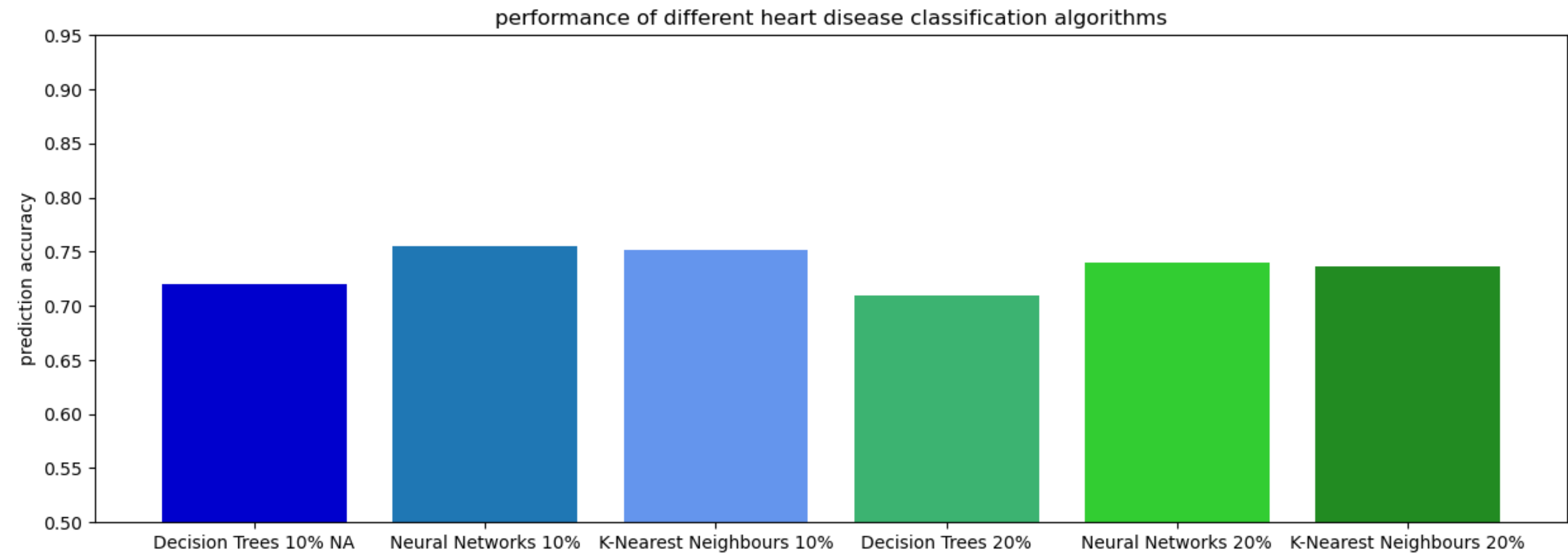


only 3% of the data left after CCA

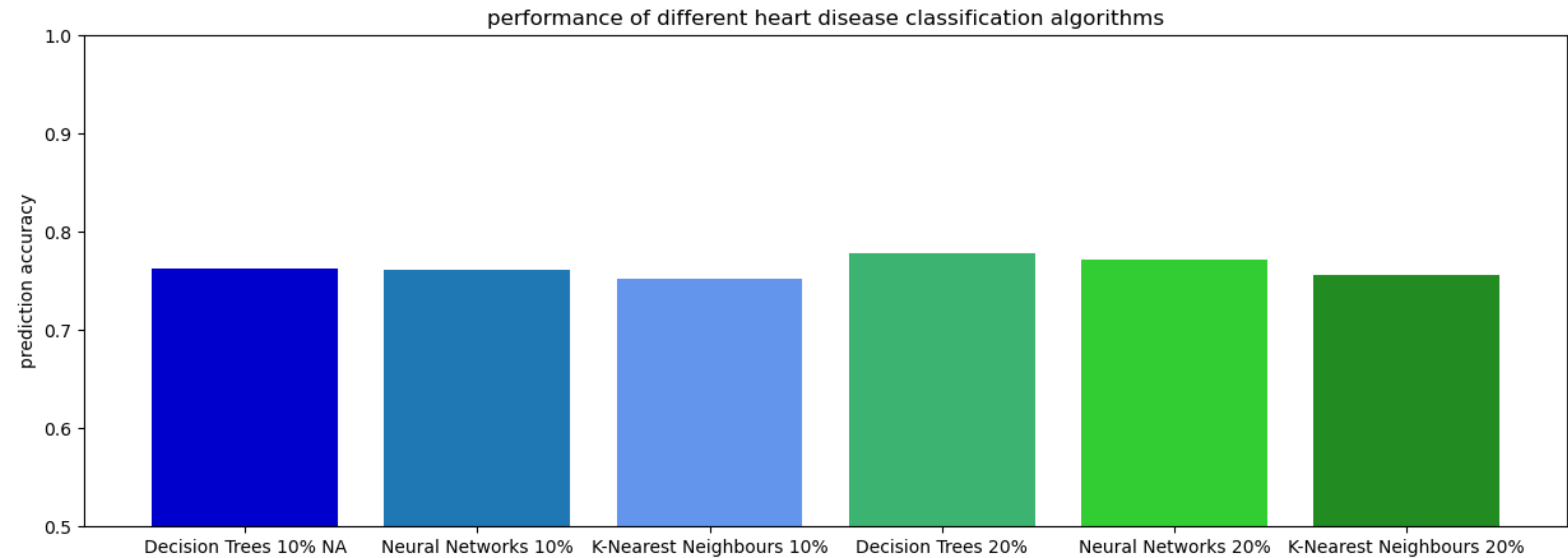
Multiple Imputation is highest performing technique

comparing NA handling techniques with different algorithms

mean imputation



multiple imputation



Unsupervised Algorithms

**Clustering the data &
finding relations to heart disease**

K-Means

DB-Scan

Evaluation & Deployment

key take aways

- misbalance in the target variable heavily impacts prediction performance
- most successful NA handling technique:
multiple imputation
- supervised algorithms similar in performance
- what tell clusters us?
- how to prevent heart disease?