

Máster Universitario en Estadística Computacional y Ciencia de Datos para la Toma de Decisiones

Asignatura: Técnicas de Visualización de Datos

Entrega 3 <u>Diagrama de Árbol</u>

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Previo a crear el árbol...

Before creating the tree...

Instalamos Librerías

We install the libraries

```
library(rpart)
library(tidyverse)
library(rpart)
library(rpart.plot)
library(rattle)
library(titanic)
library(readr)
library(paletteer)
```

We load the data from the selected dataset, in this case, the Heart Disease dataset from Kaggle.

Cargamos los datos del dataset seleccionado, en este caso es Heart Disease de Kaggle.

```
heart <- read.csv("heart.csv")
head(heart)</pre>
```

Description: df [6 x 12]

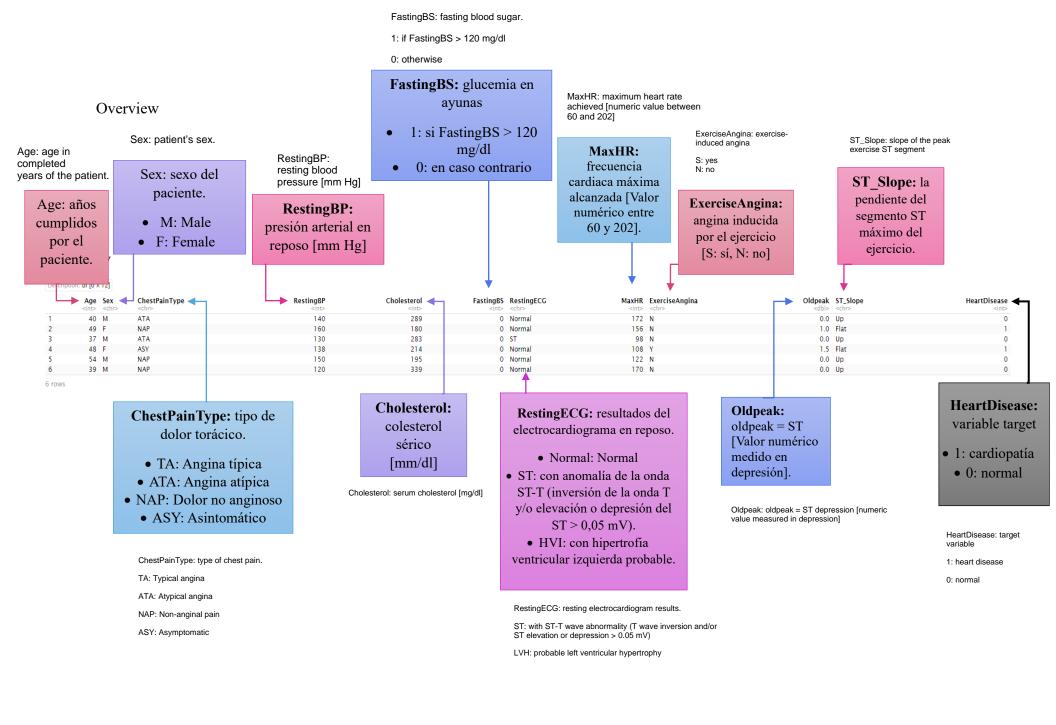
	Age <int></int>	Sex <chr></chr>	ChestPainType <chr></chr>	RestingBP <int></int>	Cholesterol <int></int>		RestingECG <chr></chr>		ExerciseAngina <chr></chr>		ST_Slope <chr></chr>	HeartDisease <int></int>
1	40	M	ATA	140	289	0	Normal	172	N	0.0	Up	0
2	49	F	NAP	160	180	0	Normal	156	N	1.0	Flat	1
3	37	M	ATA	130	283	0	ST	98	N	0.0	Up	0
4	48	F	ASY	138	214	0	Normal	108	Y	1.5	Flat	1
5	54	M	NAP	150	195	0	Normal	122	N	0.0	Up	0
6	39	М	NAP	120	339	0	Normal	170	N	0.0	Up	0

6 rows

If we want to see how our data is composed

Si queremos observar cómo están compuestos nuestros datos.

str(heart)



Nuestra data tiene 918 observaciones y 12 variables.

- Variables enteras (6)
- Variables caracteres (5)
- Variable Numérica (1)

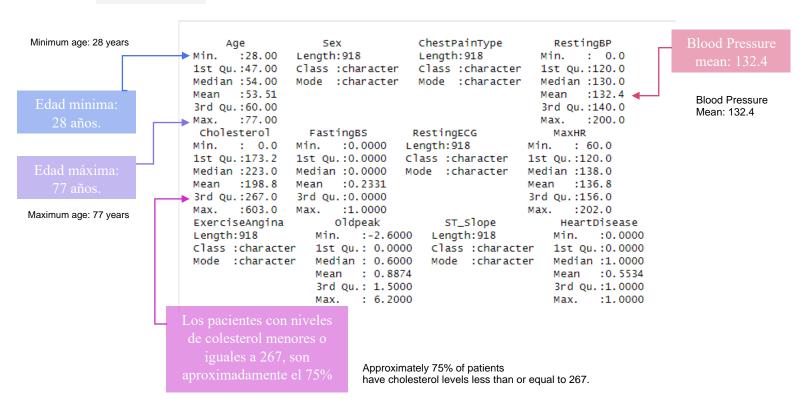
Our data has 918 observations and 12 variables.

Integer variables (6)

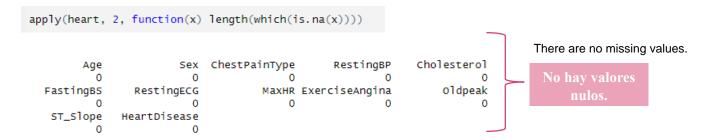
Character variables (5)

Numeric variable (1)

summary(heart)



Revisamos la existencia de valores nulos



We convert values to 0 and 1.

Convertimos valores a 0 y 1

We transform variables to factors and numeric types.

Transformamos las variables a factor y numéricas

```
heart$Sex <- as.factor(heart$Sex)
heart$ExerciseAngina <- as.factor(heart$ExerciseAngina)
heart$FastingBS <- as.factor(heart$FastingBS)
heart$HeartDisease <- as.factor(heart$HeartDisease)
heart$RestingBP <- as.numeric(heart$RestingBP)
heart$Age <- as.numeric(heart$Age)
heart$Cholesterol <- as.numeric(heart$Cholesterol)
heart$MaxHR <- as.numeric(heart$MaxHR)
```

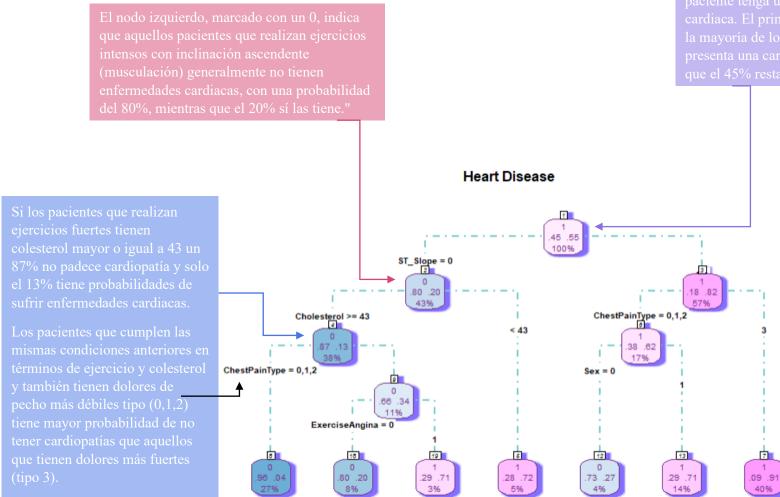
Creamos el árbol y damos formato para que nuestro diagrama sea más visual.

We create the tree and format it to make our diagram more visual.

```
tree1 <- rpart(HeartDisease ~ .,
    data = heart, method = "class")

rpart.plot(tree1, extra = 104,
    box.palette = "BuPu",
    branch.lty = 4,
    branch.col = "darkslategray2",
    branch.lwd = 4,
    shadow.col = "slateblue1",
    nn = TRUE, type = 4, main = "Heart Disease",
    cex = 0.65, |
    col = "mediumorchid4")</pre>
```

The left node, marked with a 0, indicates that patients who perform intense exercise with an upward slope (strength training) generally do not have heart disease, with a probability of 80%, while 20% do have it.



En la cima del árbol, se refleja la probabilidad global de que un paciente tenga una enfermedad cardiaca. El primer nodo indica que a mayoría de los pacientes (55%) presenta una cardiopatía, mientras que el 45% restante no la padece.

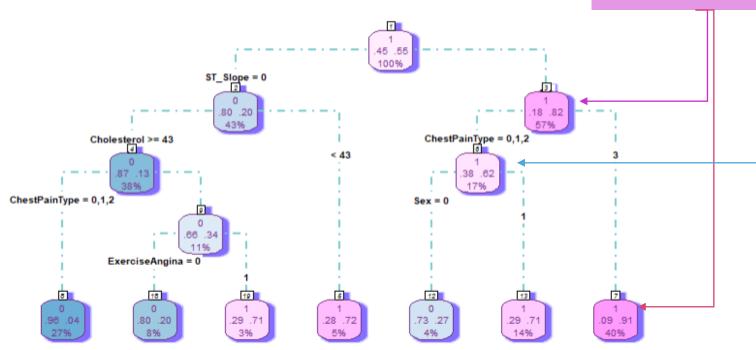
At the top of the tree, the overall probability that a patient has heart disease is reflected. The first node indicates that most patients (55%) have heart disease, while the remaining 45% do not.

If patients who perform intense exercise have cholesterol greater than or equal to 43, 87% do not suffer from heart disease, and only 13% have a probability of having heart disease. Patients who meet the same previous conditions in terms of exercise and cholesterol and also have milder types of chest pain (0, 1, 2) have a higher probability of not having heart disease than those with more severe chest pain (type 3).

On the other hand, patients who exercise with lower intensity (right node), that is, with flat or downward slope, suffer from heart disease in 82% of cases, while 18% do not. For patients who perform less intense exercise and experience type 3 (severe) chest pain, it is more likely that they have heart disease (91%) compared to those who experience type 0, 1, and 2 chest pain (62%).

Por otro lado, los pacientes que se ejercitan con menor intensidad (nodo derecho), es decir, con pendiente de inclinación plana o descendente, padecen enfermedades cardiacas en un 82%, mientras que el 18% no las tiene. En el caso de los pacientes que realizan ejercicios menos intensos y experimentan dolores de pecho tipo 3 (fuertes), es más probable que presenten cardiopatías (91%) en comparación con aquellos que experimentan dolores de tipo 0, 1 y 2 (62%).

Heart Disease



In general terms, patients who perform less intense exercise, experience severe chest pain, and are male tend to have heart disease. Conversely, those who exercise more intensely, have cholesterol levels greater than or equal to 43, and experience milder chest pain tend not to have heart disease.

En términos generales, los pacientes que realizan ejercicios menos intensos experimentan dolores de pecho fuertes y son de sexo masculino tienden a tene cardiopatías. Por otro lado, aquellos que realizan ejercicios más intensos, tienen niveles de colesterol mayores o iguales a 43 y experimentan dolores de pecho más leves tienden a no tener enfermedades

The other characteristics do not appear to be as relevant for the analysis, as evidenced by the percentages associated with them.

Las demás características no parecen ser tan relevantes para el análisis, como se evidencia en los porcentajes asociados a las mismas.