

# Improving Medication Safety

Analyzing adverse drug reactions on patients

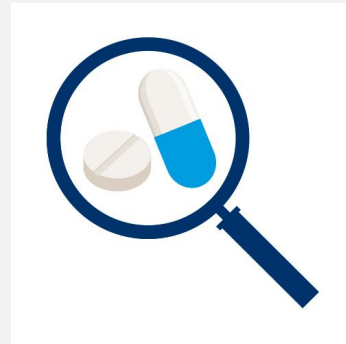
**STAT GR5243 Project 1**

Stella Dai, Liang Zhao, Siwei Chen, Wenwei Kuang



# Introduction

## Motivation

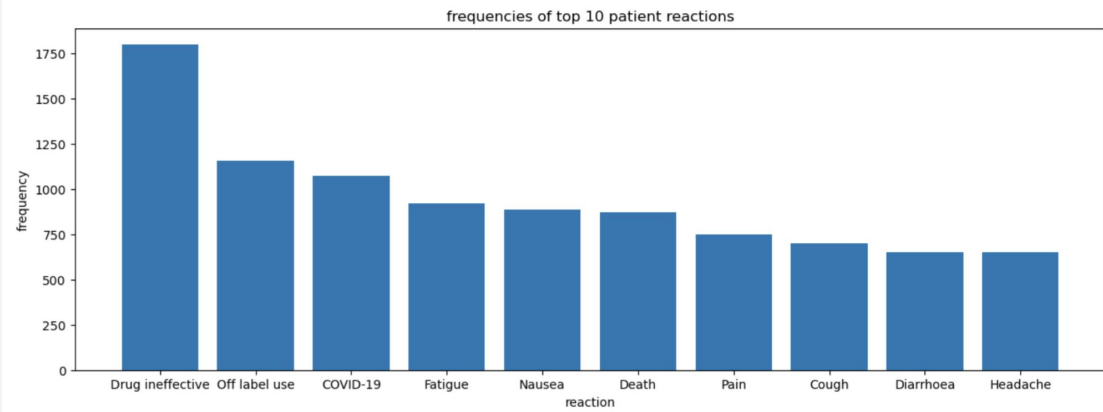
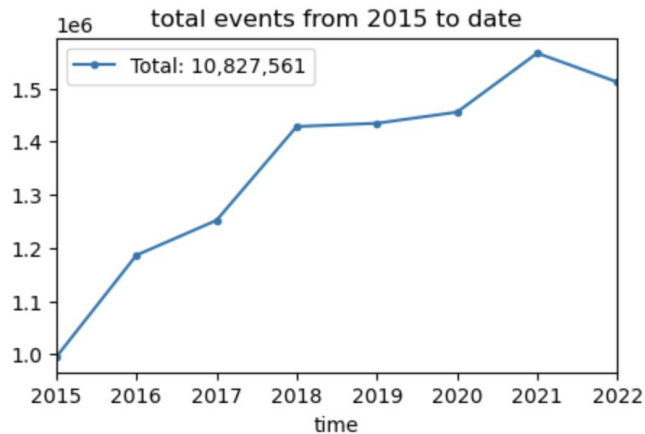


- Adverse drug reactions (ADRs) remain a challenge in modern healthcare field.
- In this project, we will be using FDA's Adverse Drug Events Database to explore the side effects and ADRs among the global FDA-approved drugs.
- Our goal is to investigate the adverse reactions experienced by patients and thus boost medication safety.
- In order to achieve the goal, we will develop effective machine learning models to analyze and predict the seriousness of adverse reaction results as the response variable, using the background information of patients and the different types of drugs taken.
- In other words, how to keep patients safe while taking drugs as a treatment?

# EDA

## Overview

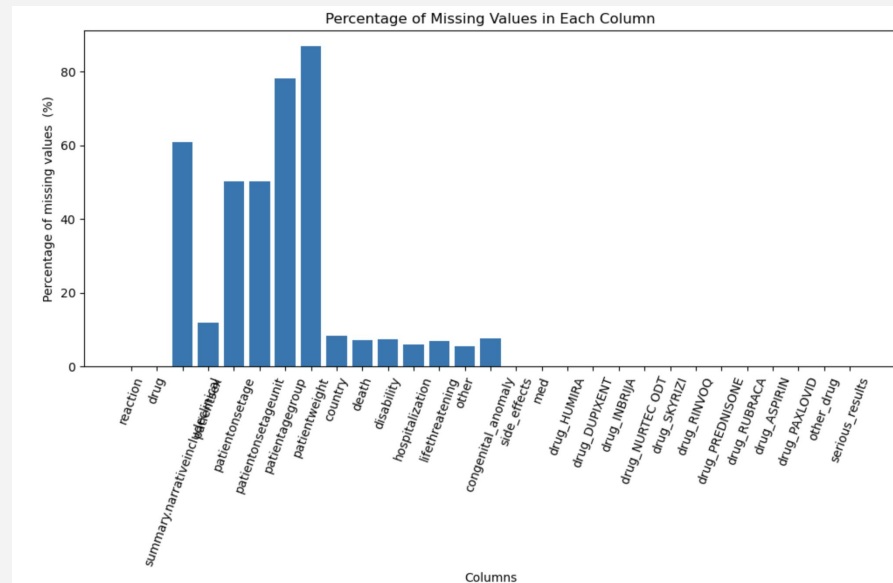
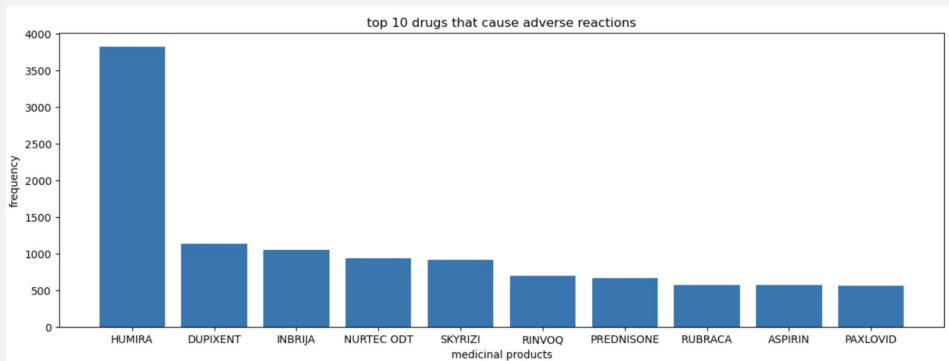
- Number of medical records over years in the FDA database
- The latest 26000 records from Open FDA API including 27 features
- Top 10 adverse reactions: 14.633% of all reactions



# EDA

## Overview and Data Wrangling

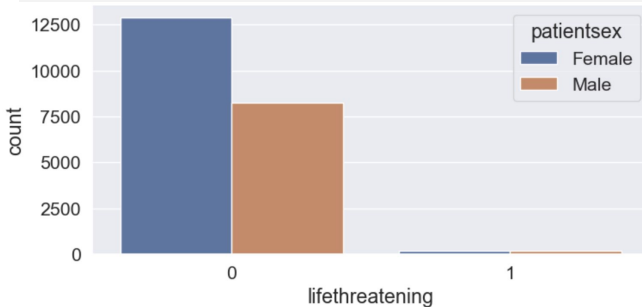
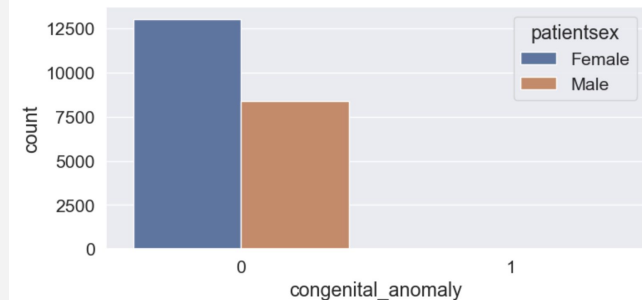
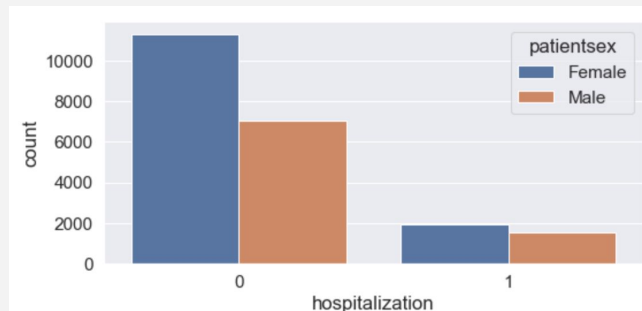
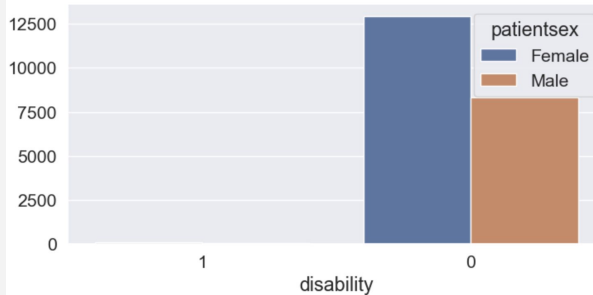
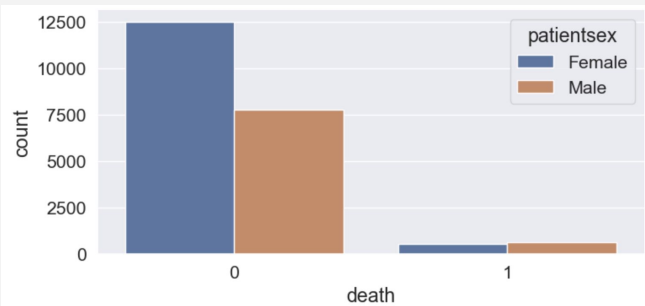
- Top 10 drugs (16.4678% of all drugs) that cause adverse reactions
- Missing values – mainly in columns not used for modeling



# EDA

## Overview and Data Wrangling

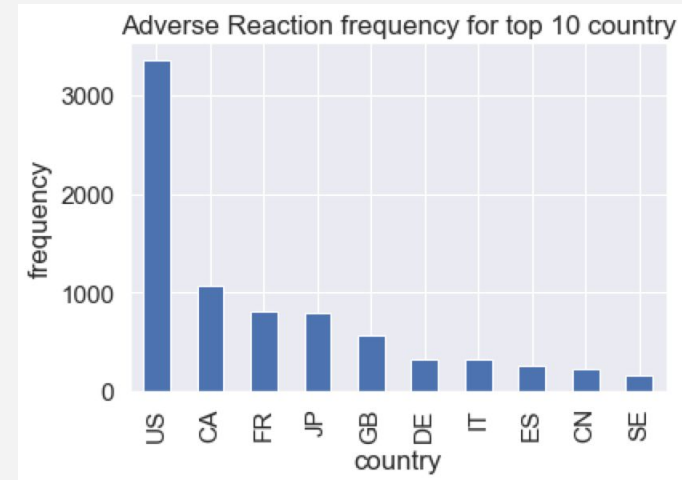
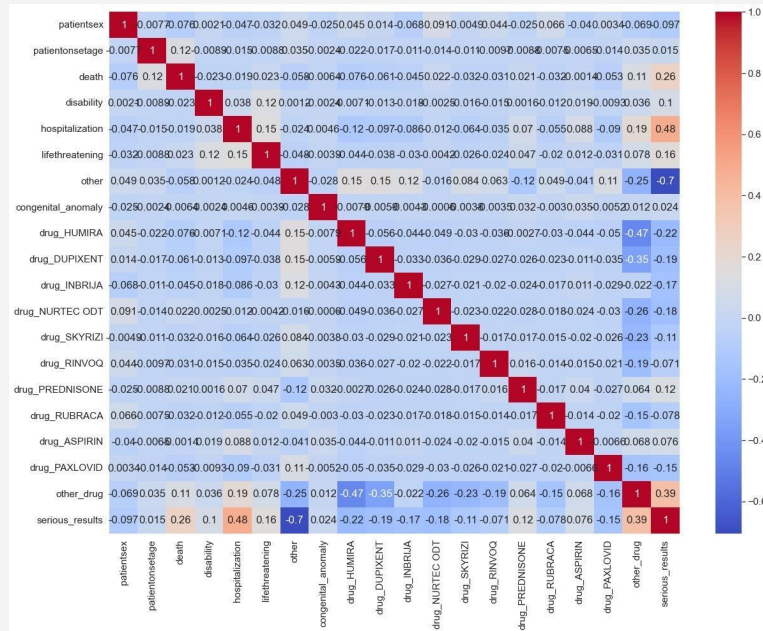
- Response variable “seriousness” includes the following adverse reactions
- Potential bias: gender — 60% of records are females vs 40% males
- 0 stands for non-severe effects
- Gender has an effect



# EDA

## Overview and Data Wrangling

- Frequency of adverse reactions for top 10 countries
- Correlation matrix: all below 0.7 – no collinearity problems



# Data Preprocessing

## Data cleaning:

- Remove NaN values for predictor variables and the unnecessary columns
- Standardize the age group using min\_max scaler
- Check for duplicates
- Create dummy variables for top 10 drugs (and other drugs) using one-hot encoding

## Train\_test\_split:

- Stratify based on the distribution of male and female (6:4)

```
#train-test split: using stratify
from sklearn.model_selection import train_test_split
X_train, X_test, y_train, y_test = train_test_split(X, y, stratify=y, random_state=0, train_size=0.8)
```

## Final Dataframe for Modeling

- Our dataframe contains 12578 observations and 14 variables.
- We aim to use patient age, sex, and type of drugs intake to predict the seriousness level of adverse reaction.

|       | serious_results | age_label | patientsex | drug_HUMIRA | drug_DUPIXENT | drug_INBRIJA | drug_NURTEC<br>ODT | drug_SKYRIZI | drug_RINVOQ | drug_PREDNISONE |
|-------|-----------------|-----------|------------|-------------|---------------|--------------|--------------------|--------------|-------------|-----------------|
| 3     | 1               | 4         | 0          | 0           | 0             | 0            | 0                  | 0            | 0           | 0               |
| 8     | 0               | 4         | 1          | 0           | 0             | 0            | 0                  | 0            | 0           | 0               |
| 9     | 1               | 4         | 0          | 0           | 0             | 0            | 0                  | 0            | 0           | 0               |
| 10    | 1               | 5         | 0          | 0           | 0             | 0            | 0                  | 0            | 0           | 0               |
| 12    | 0               | 2         | 1          | 0           | 0             | 0            | 0                  | 0            | 0           | 0               |
| ...   | ...             | ...       | ...        | ...         | ...           | ...          | ...                | ...          | ...         | ...             |
| 25994 | 1               | 4         | 1          | 0           | 0             | 0            | 0                  | 0            | 0           | 0               |
| 25995 | 1               | 4         | 1          | 0           | 0             | 0            | 0                  | 0            | 0           | 0               |
| 25996 | 1               | 5         | 0          | 0           | 0             | 0            | 0                  | 0            | 0           | 0               |
| 25997 | 1               | 4         | 1          | 0           | 0             | 0            | 0                  | 0            | 0           | 0               |
| 25999 | 0               | 5         | 1          | 0           | 0             | 0            | 0                  | 0            | 0           | 0               |

12578 rows x 14 columns

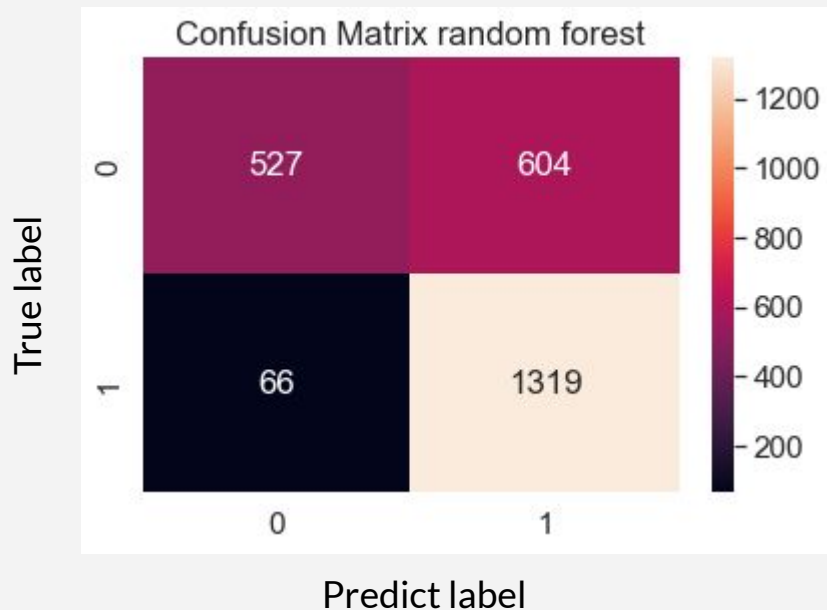




# Data Modeling

## Random Forest

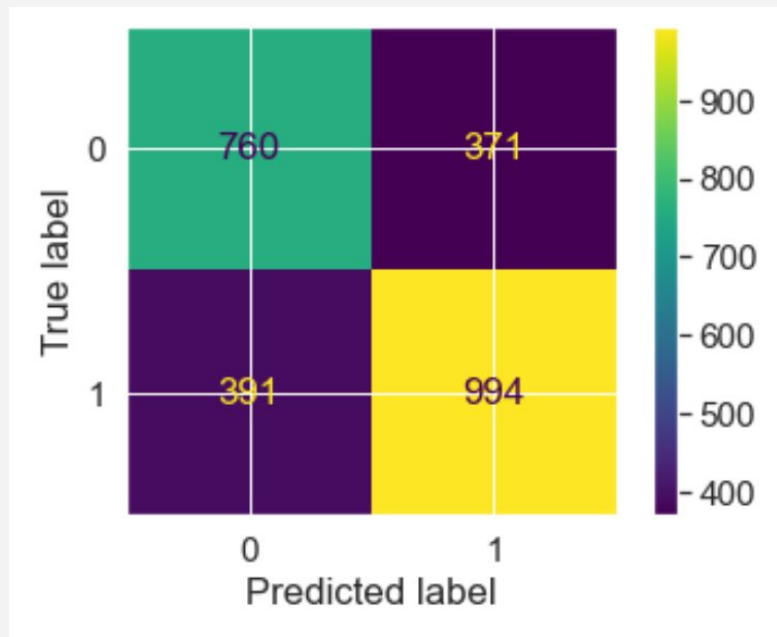
- Random Forest Accuracy: 0.7337
- Precision: 0.6859
- Recall: 0.9523
- F1 score: 0.7974
- Random Forest MSE: 0.2662



# Data Modeling

## KNN (K-Nearest Neighbors Algorithm)

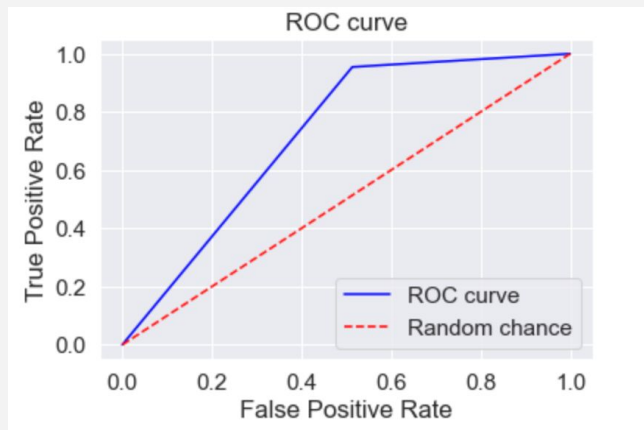
- Accuracy: 0.6971
- Precision: 0.7282
- Recall: 0.7176
- F1 score: 0.8038
- Problem:  
Large number of false positive cases: serious adverse reaction(1) predicted to be non-serious(0).



# Data Modeling

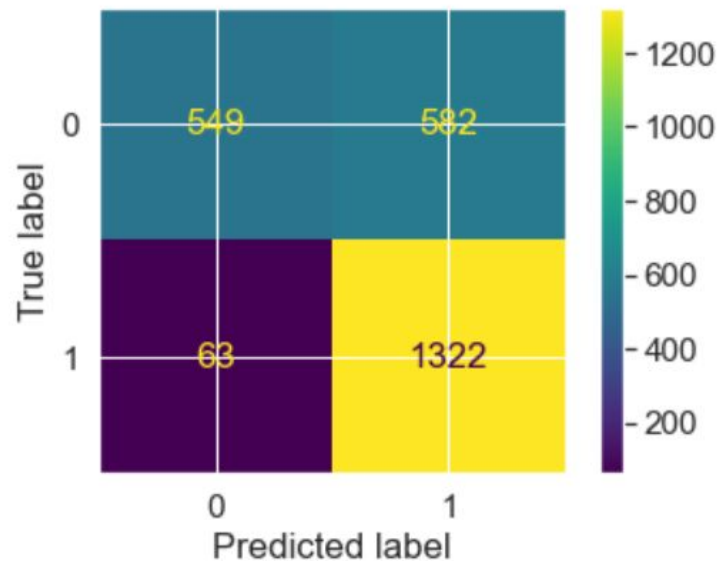
## Logistic Regression

- High accuracy: 0.7345
- Few false positive cases:  $63/2516 = 0.025$
- High precision rate (TP/TP+FP): 0.796
- AUC: 0.72



```
logr mean cv accuracy: 0.7345
Precision: 0.7959596721584106
F1 score: 0.7174350989977455
```

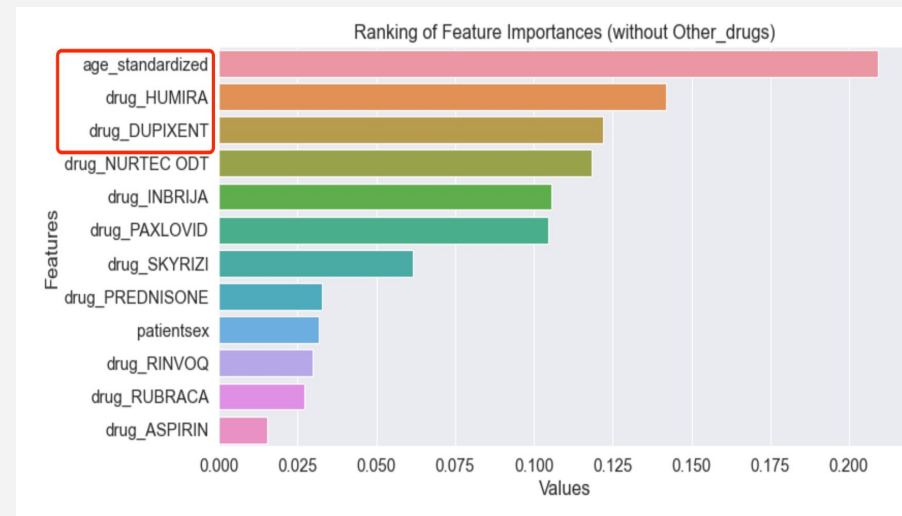
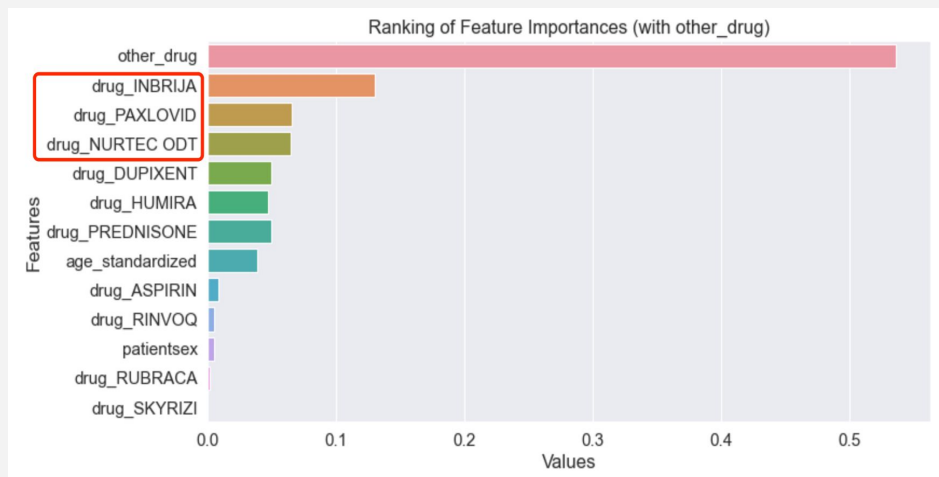
|              | precision | recall | f1-score | support |
|--------------|-----------|--------|----------|---------|
| 0            | 0.90      | 0.49   | 0.63     | 1131    |
| 1            | 0.69      | 0.95   | 0.80     | 1385    |
| accuracy     |           |        | 0.74     | 2516    |
| macro avg    | 0.80      | 0.72   | 0.72     | 2516    |
| weighted avg | 0.79      | 0.74   | 0.73     | 2516    |



# Model Selection

## Why not choose Decision Tree & Random Forest & KNN:

- KNN classification: accuracy lower than the other 3 models.
- A small change can significantly affect the overall performance of the model (variables).
- Decision trees and random forests are both prone to overfitting, and are less efficient when more variables added.



# Final Conclusion

## Logistic Regression

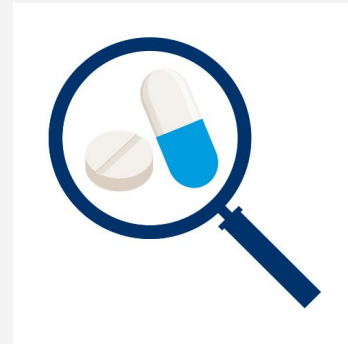
- We mainly use patient age, sex, and types of drugs taken to predict the probability of seriousness level of adverse reactions for each patient.
- All variables are significant in terms of p-values.
- Patients might want to pay extra attention to those drugs that cause significant side effects. (i.e. PREDNISONE, ASPIRIN)

Logit Regression Results

|                         |                  |                          |         |
|-------------------------|------------------|--------------------------|---------|
| <b>Dep. Variable:</b>   | serious_results  | <b>No. Observations:</b> | 10062   |
| <b>Model:</b>           | Logit            | <b>Df Residuals:</b>     | 10049   |
| <b>Method:</b>          | MLE              | <b>Df Model:</b>         | 12      |
| <b>Date:</b>            | Wed, 22 Mar 2023 | <b>Pseudo R-squ.:</b>    | 0.2053  |
| <b>Time:</b>            | 18:14:55         | <b>Log-Likelihood:</b>   | -5501.6 |
| <b>converged:</b>       | True             | <b>LL-Null:</b>          | -6923.3 |
| <b>Covariance Type:</b> | nonrobust        | <b>LLR p-value:</b>      | 0.000   |

|                 | coef    | std err | z       | P> z  | [0.025 | 0.975] |
|-----------------|---------|---------|---------|-------|--------|--------|
| age_label       | 0.0918  | 0.022   | 4.177   | 0.000 | 0.049  | 0.135  |
| patientsex      | -0.2950 | 0.047   | -6.242  | 0.000 | -0.388 | -0.202 |
| drug_HUMIRA     | -1.9641 | 0.119   | -16.516 | 0.000 | -2.197 | -1.731 |
| drug_DUPIXENT   | -2.4945 | 0.167   | -14.946 | 0.000 | -2.822 | -2.167 |
| drug_INBRIJA    | -5.1725 | 0.585   | -8.837  | 0.000 | -6.320 | -4.025 |
| drug_NURTEC ODT | -4.5306 | 0.508   | -8.919  | 0.000 | -5.526 | -3.535 |
| drug_SKYRIZI    | -2.2128 | 0.228   | -9.691  | 0.000 | -2.660 | -1.765 |
| drug_RINVOQ     | -1.3100 | 0.191   | -6.848  | 0.000 | -1.685 | -0.935 |
| drug_PREDNISONE | 1.6162  | 0.171   | 9.454   | 0.000 | 1.281  | 1.951  |
| drug_RUBRACA    | -1.5481 | 0.245   | -6.314  | 0.000 | -2.029 | -1.068 |
| drug_PAXLOVID   | -2.2874 | 0.158   | -14.473 | 0.000 | -2.597 | -1.978 |
| drug_ASPIRIN    | 0.9466  | 0.167   | 5.666   | 0.000 | 0.619  | 1.274  |
| other_drug      | 0.4967  | 0.094   | 5.287   | 0.000 | 0.313  | 0.681  |

# Future improvements



- We can take the amount of drug doses and medicinal content into account.
- We can also consider years of drug taken.
- Since age group is clearly playing an important role in causing side effects, we can fit various models separately for different age groups.
- We can use data from a wider date range.
- Try more hyperparameter tuning techniques.

**Thank you for listening!**

