

# Stroke Risk Prediction Based on Patient Health Indicators

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# Problem Statement



# Project Objectives

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## Goals:

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Develop a machine learning model to predict stroke risk.

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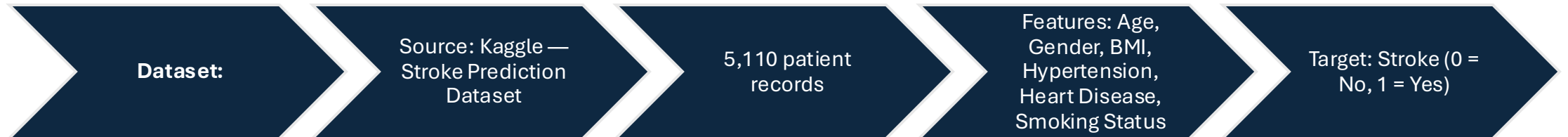
Use health indicators like age, glucose level, hypertension.

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Support preventive healthcare and decision-making.

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# Dataset Overview



# Data Preparation

## **Steps Taken:**

- Imputed missing values (BMI) using median.
- Encoded categorical features with one-hot encoding.
- Standardized numerical features.
- Train-test split: 70% training / 30% testing (stratified).

# Models Built

## **Algorithms:**

- Logistic Regression
- Random Forest Classifier
- Support Vector Machine (SVM)

## **Hyperparameter Tuning:**

- GridSearchCV optimization for Random Forest and SVM.

# Model Performance

- **Model Metrics Summary:**

Model	Accuracy	Recall (Stroke)	F1- Score	ROC AUC
Logistic Regression	0.74	0.76	0.22	0.84
Random Forest (Tuned)	0.87	0.31	0.19	0.92
SVM (Tuned)	0.71	0.73	0.20	0.81

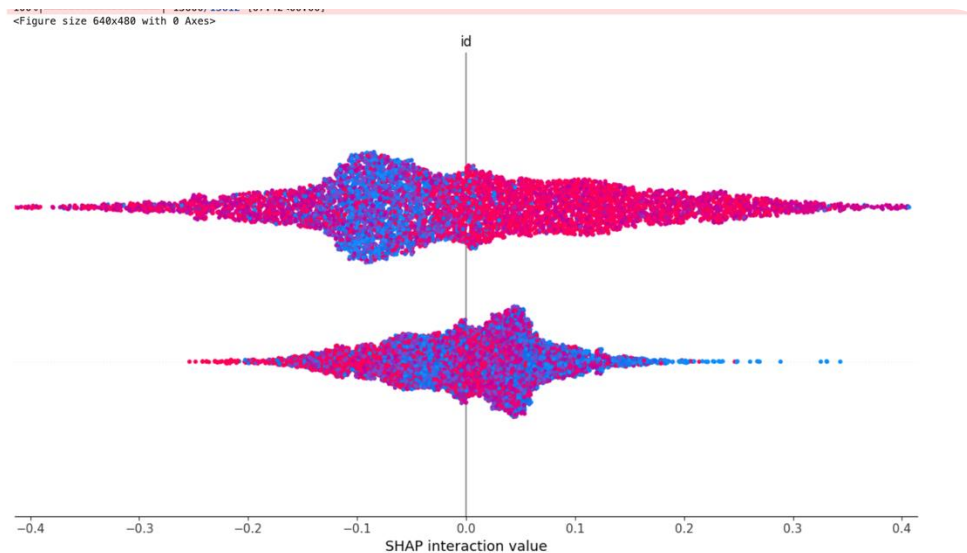
# Key Insights

## **Findings:**

- Age, Average Glucose Level, Heart Disease were top predictors.
- Class imbalance affected recall despite high overall accuracy.
- SHAP analysis improved model interpretability for clinical use.



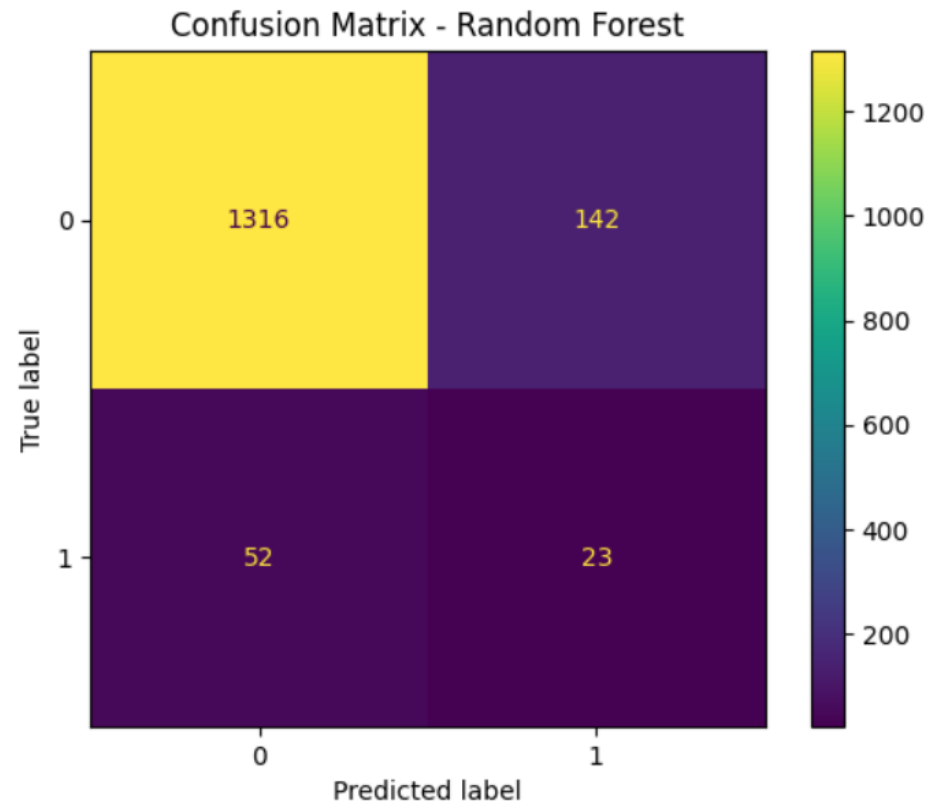
# SHAP Feature Importance Plot



*"Feature importance derived from SHAP analysis. Age, average glucose level, and heart disease status were the strongest predictors of stroke risk."*

# Confusion Matrix for Final Model (Random Forest)

Model: Random Forest		precision	recall	f1-score	support
	0	0.96	0.90	0.93	1458
	1	0.14	0.31	0.19	75
accuracy				0.87	1533
macro avg		0.55	0.60	0.56	1533
weighted avg		0.92	0.87	0.90	1533



*"Confusion Matrix showing Random Forest model performance. While 'No Stroke' cases are classified accurately, 'Stroke' prediction remains challenging due to class imbalance."*

# Challenges & Limitations

## **Challenges:**

- Severe class imbalance (only ~5% positive stroke cases).
- Limited feature set (missing deeper clinical history).

## **Future Work:**

- Apply SMOTE for better balance.
- Test advanced models (e.g., XGBoost).
- Expand dataset with more clinical features.