

# Project Background



The Heart Disease Dataset

# Agenda

- 1) Problem Statement
- 2) The Importance of this Research
- 3) The Dataset
- 4) Previous Models and Research
- 5) Research Gaps
- 6) Our Contribution and Next Steps

# Problem Statement

Goal: Develop machine learning models to predict future heart disease occurrences

- Analyze significance of predictive factors
- Utilize machine learning to create a predictive model
- Implement model in a clinical environment

# Importance

## Heart Disease:

- Leading cause of death in both men and women of most racial and ethnic groups for 100 years (Over 17.9 Million deaths annually worldwide)
- Cost people anywhere from billions to trillions of dollars (US spends \$219 billion per year (CDC))
- In the United States a heart attack happens every 40 seconds, 1 in 5 of those are silent
- Early Detection reduces mortality by 30-40%

### Sources:

- <https://www.cdc.gov/heart-disease/data-research/facts-stats/index.html>
- <https://newsroom.heart.org/news/more-than-half-of-u-s-adults-dont-know-heart-disease-is-leading-cause-of-death-despite-100-year-reign>

# The Dataset

Name: Heart Disease Classification:

- 14 Columns (Test Results)
- 302 Rows (Patients)

# Variables

**Age:** Patients age

**Sex:** Patients gender

**cp:** Chest Pain Type

- **0:** Asymptomatic (no chest pain)
- **1:** Typical angina (chest pain related to the heart)
- **2:** Atypical angina (chest pain that isn't clearly heart-related)
- **3:** Non-anginal pain (chest pain not related to the heart at all)

**trestbps:** Resting blood pressure (in mm Hg on admission to the hospital)

**chol:** Serum cholesterol in mg/dl

**fbs:** Fasting Blood Sugar (fasting blood sugar > 120 mg/dl)

- 0 = false
- 1 = true

# Variables

**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

**thalach:** Total Maximum Heart Rate Achieved

**exang:** Exercise-Induced Angina

- 0 = no
- 1 = yes

**oldpeak:** ST depression induced by exercise relative to rest - (depression: falling below the baseline)

- ST segment: The period where the ventricles are fully contracted but before they start to relax and "reset" for the next beat.

# Variables

**slope:** Slope of the peak exercise ST segment

- Value 0: upsloping
- Value 1: flat
- Value 2: downsloping

**ca:** Number of major vessels (0-3) colored by fluoroscopy

**thal:** Thallium Stress Test Results (?)

- 0 = error (in the original dataset 0 maps to NaN's)
- 1 = fixed defect
- 2 = normal
- 3 = reversible defect

**target:** Whether or not the subject has Heart Disease



# Previous Models

The National Library of Medicine has conducted a previous study on CVD using machine learning techniques

- Used classifiers such as K-NN, Support Vector Machine, Logistic Regression, Random Forest, and more...
- Study concluded that an optimized XGBoost model had the most desirable outcomes
  - 98.5% accuracy
  - 99.1% recall
  - 98.7% F1 score

# Past Work — Other Approaches

Logistic Regression :

- Simple interpretable , ~80-85% accuracy

Decision Trees

- Easy to explain, but overfits

Random Forest

- More Robust, Higher Accuracy, Less Interpretable

Neural Networks

- Powerful, but “Black Box” & resource-intensive

# Gaps in Past Research

- Small Datasets = Limited generalization
- Focus on accuracy, not interpretability or client usability
- High-Performing models can be too complex for real world use
  - XGBoost, Neural Networks
- Some models require heavy computation
  - Not practical for clinics
- Need for systematic comparison under same conditions

# Our Contribution and Next Steps

We plan to:

- Test and compare multiple models
  - Logistic Regression, Decision Tree, Random Forest, Neural Network
- Evaluate accuracy + interpretability side by side
- Explore which health factors matter most in predictions
- Provide insights that can guide clinicians in real world practice

# Summary

Overall:

- Heart Disease is urgent and costly
  - Prevention is key
- Machine Learning shows promise for prediction
- Previous work highlights high accuracy but with gaps
- Our project aims to bridge accuracy and interpretability