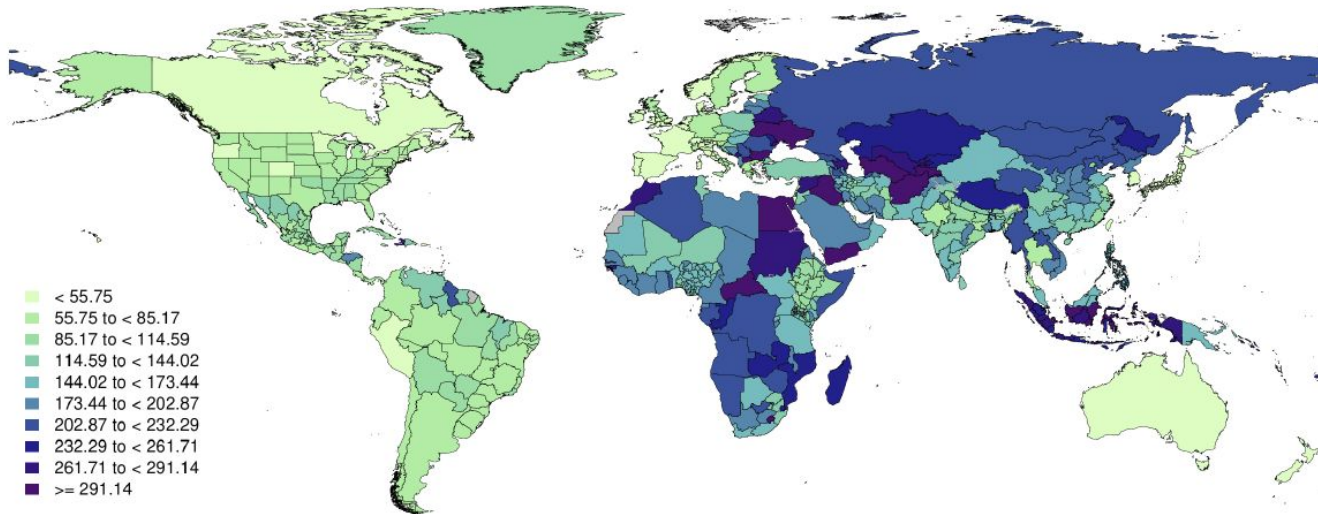




HMS 520 Final Project: Predicting High Blood Pressure in USA using NHANES data

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CVD mortality attributable to high systolic blood pressure per 100,000 in 2022



**Despite large burden of high
blood pressure, many locations do
not have
population-representative data on
measured blood pressure**

—

**Project goal: predict measured
high blood pressure from
interview responses alone**

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National Health and Nutrition Examination Survey (NHANES)

- Nationally representative study in the United States designed to study health and nutrition
- Began in the early 1960s, became a continuous program
- Combines interviews and physical examinations
 - Including systolic and diastolic blood pressure measurements
- Limitation: does not report data at the state-level



https://www.cdc.gov/nchs/images/nhanes/nhanes_apple_color_tagline.jpg

Part 1: Data processing



Demographics data

```
# Label race/ethnicity codes
data[, race_ethnicity := ifelse(RIDRETH3==1, 'Mexican American',
                               ifelse(RIDRETH3==2, 'Other Hispanic',
                                       ifelse(RIDRETH3==3, 'Non-Hispanic White',
                                             ifelse(RIDRETH3==4, 'Non-Hispanic Black',
                                                   ifelse(RIDRETH3==6, 'Non-Hispanic Asian',
                                                         ifelse(RIDRETH3==7, 'Other or Multi-Racial', NA))))))] ]
```

- Label codes for:
 - Sex
 - Race/ethnicity
 - Education
 - Marital status
- Create:
 - Proportion of time lived in US
- Subset:
 - Age



Examination data

- Create:
 - Average of 3 systolic blood pressure readings
 - Average of 3 diastolic blood pressure readings

- If only one blood pressure reading was obtained, that reading is the average. If there is more than one blood pressure reading, the first reading is always excluded from the average.
- If only two blood pressure readings were obtained, the second blood pressure reading is the average.
- If all diastolic readings were zero, then the average would be zero. Exception: If there is one diastolic reading of zero and one (or more) with a number above zero, the diastolic reading with zero is not used to calculate the diastolic average.
- If two out of three diastolic readings are zero, the one diastolic reading that is not zero is used to calculate the diastolic average.

References

- Perloff, D. Grim, Carlene, G. Flack J. et al. Human blood pressure determination by sphygmomanometry. Circulation. 1993; 88:2460-2469

<https://wwwn.cdc.gov/Nchs/Nhanes/1999-2000/BPX.htm>


```

# create function for averaging BP readings following NHANES protocol from 1999-2002
avgbp <- function(x, diastolic) {
  # initialize argument of whether to drop first reading
  drop_first <- T
  # remove missing measurements
  x <- na.omit(x)
  # for diastolic readings, drop 0s when there is at least one non-zero reading
  if(diastolic & (0 %in% x)){
    if(length(x[x!=0]) > 0){
      if(x[1] == 0){
        # if first reading was a 0, this will be removed here, so first reading does not have to be dropped later
        drop_first <- F
      }
      x <- x[x!=0]
    }
  }
  if(length(x) == 0){
    # return NA if there are no measurements
    return(as.double(NA))
  } else if (length(x) == 1){
    # if there is only one measurement, return that
    return(x)
  } else {
    if(drop_first){
      # if there are multiple measurements, drop the first reading
      # (as long as first reading was not a 0, in which case it would have been removed already)
      x <- x[2:length(x)]
    }
    # return mean of readings
    return(mean(x))
  }
}

```



Questionnaire data

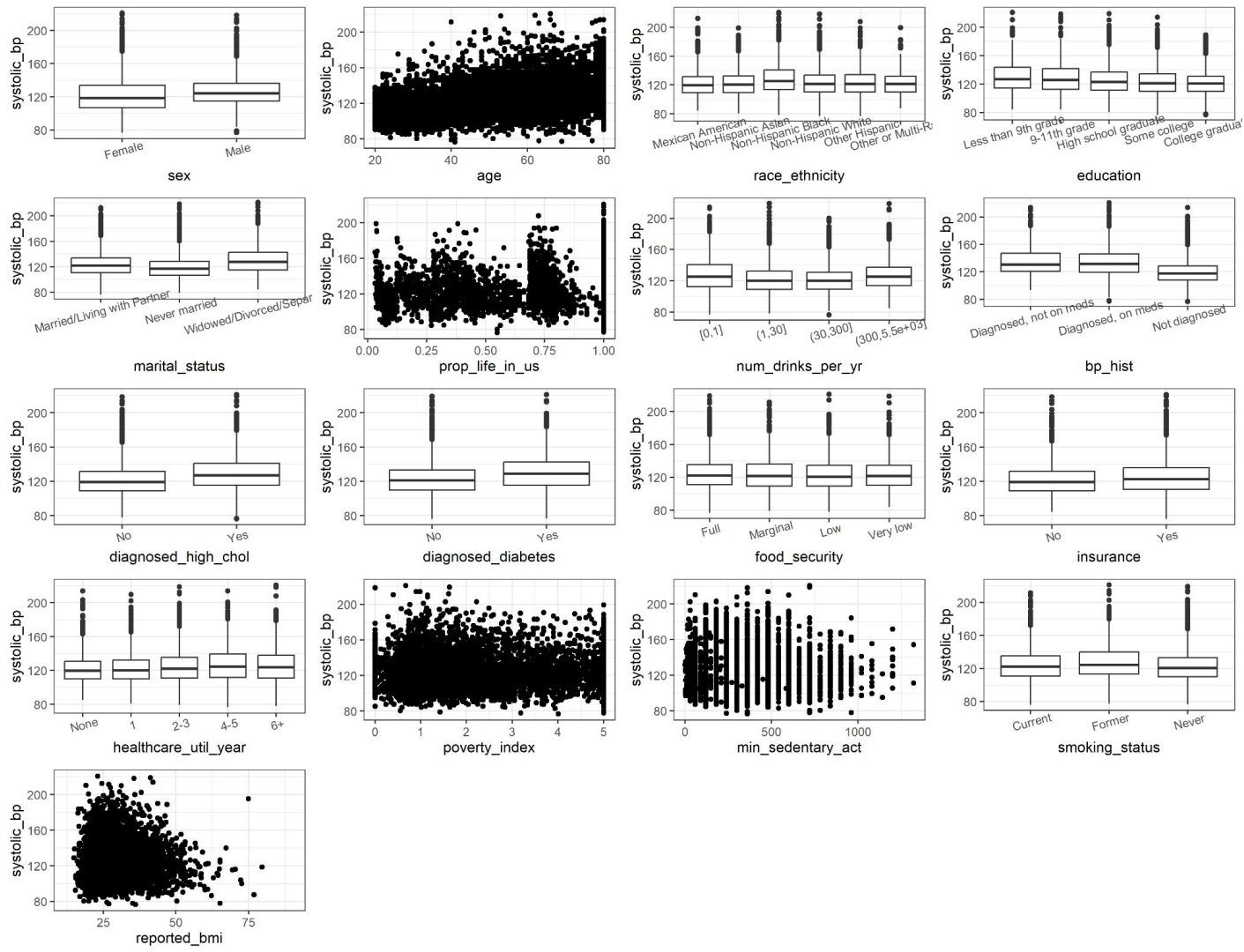
- Label codes for:
 - Diagnosed high cholesterol
 - Diagnosed diabetes
 - Food security
 - Insurance status
 - Healthcare utilization
- Create:
 - Number of alcoholic drinks consumed in a year
 - Blood pressure history
 - Smoking status
 - Self-reported BMI
- Deal with missing codes:
 - Minutes of sedentary activity
- Rename:
 - Poverty index

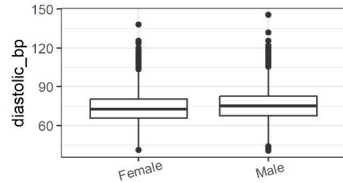
```
# Create numeric value of number of days of alcohol consumption in last year
data[ALQ111 == 2 | ALQ121 == 0, num_days_drunk := 0]
data[ALQ121 == 1, num_days_drunk := 365]
data[ALQ121 == 2, num_days_drunk := (5.5/7) * 365]
data[ALQ121 == 3, num_days_drunk := (3.5/7) * 365]
data[ALQ121 == 4, num_days_drunk := (2/7) * 365]
data[ALQ121 == 5, num_days_drunk := (1/7) * 365]
data[ALQ121 == 6, num_days_drunk := 2.5 * 12]
data[ALQ121 == 7, num_days_drunk := 12]
data[ALQ121 == 8, num_days_drunk := (7 + 11)/2]
data[ALQ121 == 9, num_days_drunk := (3 + 6)/2]
data[ALQ121 == 10, num_days_drunk := (1 + 2)/2]

# Create numeric value of average number of drinks per day consumed
setnames(data, 'ALQ130', 'avg_drinks_per_day')
data[avg_drinks_per_day %in% c(777, 999), avg_drinks_per_day := NA]
data[ALQ111 == 2 | ALQ121 == 0, avg_drinks_per_day := 0]

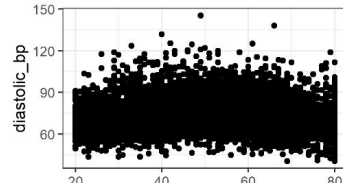
# Create categories for alcohol consumption
data[, num_drinks_per_yr := num_days_drunk * avg_drinks_per_day]
data[, num_drinks_per_yr := as.factor(cut(num_drinks_per_yr, c(0, 1, 30, 300, 5500),
include.lowest = T))]
```

Part 2: Exploratory analysis

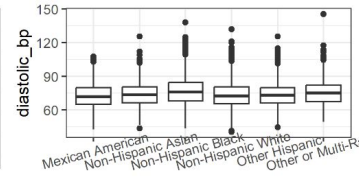




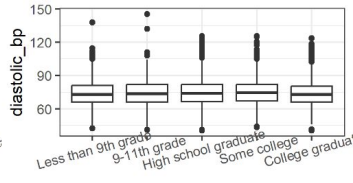
sex



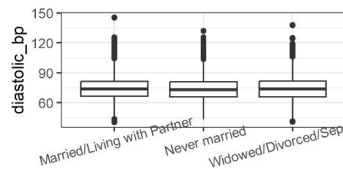
age



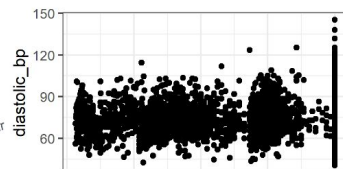
race_ethnicity



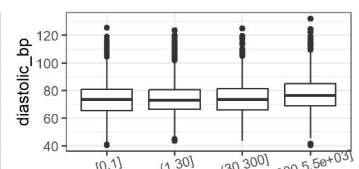
education



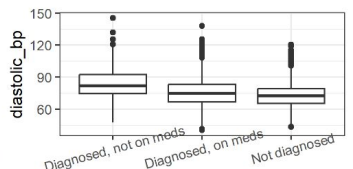
marital_status



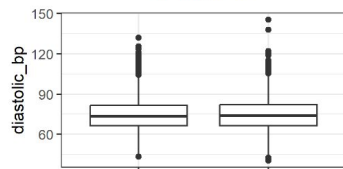
prop_life_in_us



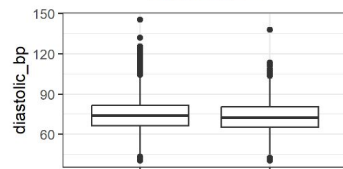
num_drinks_per_yr



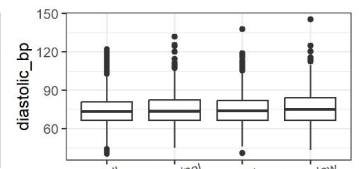
bp_hist



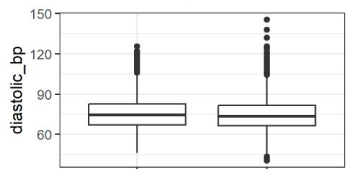
diagnosed_high_chol



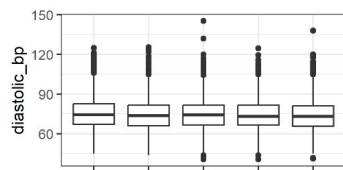
diagnosed_diabetes



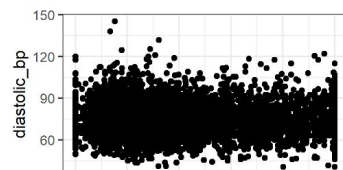
food_security



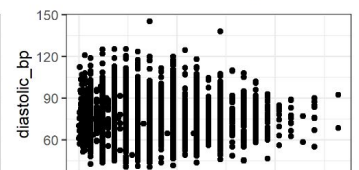
insurance



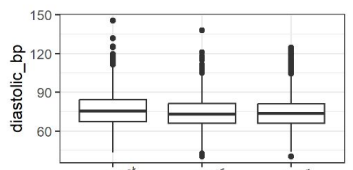
healthcare_util_year



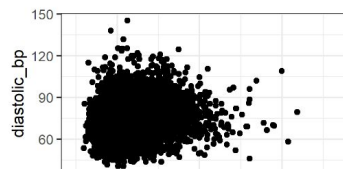
poverty_index



min_sedentary_act



smoking_status



reported_bmi

Part 3: Prediction



Fitting logistic regression model on training data

```
high_measured_bp =
```

```
ifelse(systolic_bp >= 140 | diastolic_bp >= 90, 1,
```

```
      ifelse(systolic_bp < 140 | diastolic_bp < 90, 0, NA))
```

```
glm(high_measured_bp ~ sex + age + race_ethnicity + education + marital_status + prop_life_in_us +
```

```
    num_drinks_per_yr + bp_hist + diagnosed_high_chol + diagnosed_diabetes + food_security + insurance +
```

```
    healthcare_util_year + poverty_index + min_sedentary_act + smoking_status + reported_bmi,
```

```
    family = binomial(link='logit'), data = data[test == 0])
```


Coefficients:

| | Estimate | Std. Error | z value | Pr(> z) | |
|--|------------|------------|---------|----------|-----|
| (Intercept) | -3.4208250 | 0.4235673 | -8.076 | 6.68e-16 | *** |
| sexMale | 0.1018145 | 0.0817531 | 1.245 | 0.212989 | |
| age | 0.0502889 | 0.0033333 | 15.087 | < 2e-16 | *** |
| race_ethnicityNon-Hispanic Asian | 0.3100764 | 0.2069421 | 1.498 | 0.134036 | |
| race_ethnicityNon-Hispanic Black | 0.5166725 | 0.1654794 | 3.122 | 0.001795 | ** |
| race_ethnicityNon-Hispanic white | -0.0950453 | 0.1642887 | -0.579 | 0.562909 | |
| race_ethnicityother Hispanic | 0.1339837 | 0.1922304 | 0.697 | 0.485806 | |
| race_ethnicityother or Multi-Racial | 0.1633541 | 0.2320126 | 0.704 | 0.481387 | |
| education9-11th grade | -0.3016727 | 0.1995761 | -1.512 | 0.130644 | |
| educationHigh school graduate | -0.4531578 | 0.1857923 | -2.439 | 0.014726 | * |
| educationSome college | -0.3444588 | 0.1845061 | -1.867 | 0.061912 | . |
| educationCollege graduate | -0.5409684 | 0.1973912 | -2.741 | 0.006133 | ** |
| marital_statusNever married | 0.2610096 | 0.1214595 | 2.149 | 0.031639 | * |
| marital_statuswidowed/Divorced/Separated | 0.0515478 | 0.0933308 | 0.552 | 0.580734 | |
| prop_life_in_us | 0.4581333 | 0.2472798 | 1.853 | 0.063927 | . |
| num_drinks_per_yr(1,30] | -0.0267692 | 0.0979566 | -0.273 | 0.784641 | |
| num_drinks_per_yr(30,300] | -0.0202755 | 0.1116934 | -0.182 | 0.855953 | |
| num_drinks_per_yr(300,5.5e+03] | 0.3377602 | 0.1249693 | 2.703 | 0.006877 | ** |
| bp_histDiagnosed, on meds | -0.5106574 | 0.1512255 | -3.377 | 0.000733 | *** |
| bp_histNot diagnosed | -1.3362291 | 0.1483811 | -9.005 | < 2e-16 | *** |
| diagnosed_high_cholYes | -0.1657506 | 0.0845748 | -1.960 | 0.050018 | . |
| diagnosed_diabetesYes | -0.0979090 | 0.1013885 | -0.966 | 0.334204 | |
| food_securityMarginal | 0.0565296 | 0.1209213 | 0.467 | 0.640148 | |
| food_securityLow | -0.1564641 | 0.1314336 | -1.190 | 0.233873 | |
| food_securityVery low | 0.0830001 | 0.1420022 | 0.584 | 0.558885 | |
| insuranceYes | 0.0628119 | 0.1310889 | 0.479 | 0.631828 | |
| healthcare_util_year1 | -0.4474173 | 0.1506056 | -2.971 | 0.002970 | ** |
| healthcare_util_year2-3 | -0.5553645 | 0.1403108 | -3.958 | 7.55e-05 | *** |
| healthcare_util_year4-5 | -0.5025630 | 0.1555758 | -3.230 | 0.001236 | ** |
| healthcare_util_year6+ | -0.6992901 | 0.1512854 | -4.622 | 3.79e-06 | *** |
| poverty_index | -0.0339062 | 0.0315153 | -1.076 | 0.281988 | |
| min_sedentary_act | -0.0001526 | 0.0001974 | -0.773 | 0.439713 | |
| smoking_statusFormer | 0.0778065 | 0.1239533 | 0.628 | 0.530195 | |
| smoking_statusNever | 0.1319236 | 0.1153604 | 1.144 | 0.252799 | |
| reported_bmi | 0.0171334 | 0.0056916 | 3.010 | 0.002610 | ** |

Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1

Assessing model performance

- In-sample RMSE: 0.537
- Out-of-sample RMSE: 0.5441
- Measured prevalence of high blood pressure: 22.79%
- Predicted prevalence of high blood pressure: 20.69%

