

“Predictive Modeling For Heart Disease”

A Project Report Submitted to
Department Of Statistics,
Shivaji University,
Kolhapur.



Submitted by,
Mr. Patil Omkar Deelip
M.Sc.II
Department Of Statistics,
Shivaji University,
Kolhapur.

Under The Guidance
Dr. D.M.Sakate

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CERTIFICATE

This is to certify that the project entitled “*Predictive Modeling For Heart Disease*”, being submitted by Mr. Patil Omkar Deelip, as a partial fulfillment for the award of degree of M.Sc. in statistics of Shivaji University, Kolhapur, is a record of bonafide work carried out by him under my supervision and guidance. To the best my knowledge the matter presented in the project has not been submitted earlier.

Place : Kolhapur

Dr. D.M.Sakate

Dr. H.V.Kulkarni

Date :

Project Guide

Head of Department,

Department of Statistics,

Shivaji University,

Kolhapur.

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1. Introduction:-

We know that, day by day the competition has been increasing. Everybody is chasing to get more and more. Today's life is not a bed of rose. It has become a race. There are a number of lifestyle choices that can increase the risk of heart disease. People do not have time to maintain their health. So many people has been getting victims of heart disease. The main reason behind it is that they do not take seriously the causes of heart disease. So, the main objective of this project is to predict the person will suffer from heart disease or not.

Heart disease is the leading cause of death for both men and women. Likewise there are so many factors which affect on heart. In this project there are 13 factors included. Those are, age, sex, chest pain (cp), resting blood pressure (restbps), serum cholesterol (chol), fasting blood sugar (fbs), resting electrocardiographic (rest ecg), maximum heart rate achieved, exercise induced angina , ST depression induced by exercise relative to rest , the slope of the peak exercise ST segment, number of major vessels colored by fluoroscopy, thalassemia. There is one response variable as target which indicates that the person is diseased by heart or not (i.e. 1 or 0 respectively). Having any of these risk factors greatly increases the risk of heart disease.

In this project, historical data on 303 instances is analyzed. I have implemented various classification algorithms namely logistic regression, artificial neural network, decision tree and random forest to predict the probability of person diseased by heart.

2.About data:

2.1 Data source:

The data set used for this project is obtained from
<https://www.kaggle.com/ronitf/heart-disease-uci>.

2.2 Data description:

In this data there are 303 instances and the continuous, categorical as well as binary variables coded as 0 or 1 and one of the binary variable is our response variable named as target. The list of variable is as follows,

Sr. No.	Variable Name	Type
1	Age (year)	Continuous
2	Sex (1=male, 0=female)	Binary
3	Chest Pain Type (cp) i. Typical Anginas ii. Atypical Anginas iii. Non Anginal Pain iv. Asymptomatic	Categorical
4	Resting Blood Pressure (trestbps)	Continuous
5	Serum cholesterol (chol)	Continuous
6	Fasting Blood Sugar (fbs, 1=true, 0= false)	Binary
7	Resting Electrocardiographical Results(restecg) i. 0:Normal ii. 1:Having STT wave abnormality iii. 2:Showing probable or definite left ventricular hypertrophy by Estes' criteria 20 ekgmo.	Categorical
8	Maximum Heart Rate Achieved (thalach)	Continuous
9	Exercise Induced Angina (exang, 1=yes, 0=no)	Binary
10	ST depression induced by exercise relative to rest(Oldpeak)	Continuous
11	Slope(The slope of the peak exercise ST segment) i. Upsloping ii. Flat iii. Downsloping	Categorical

12	Number of Major Vessels (ca)	Categorical
13	Thalassemia (thal) i. Normal ii. Fixed Defect iii. Reversible defect	Categorical
14	Target (1=Diseased, 0=Non diseased)	Binary

2.3 Statistical tools:-

➤ Logistic Regression

➤ Data mining classifiers:

- Artificial Neural Network
- K-nearest neighbor
- Decision Tree
- Random Forest classifier

3. Objective:-

To classify whether the person is suffering from heart disease or not.

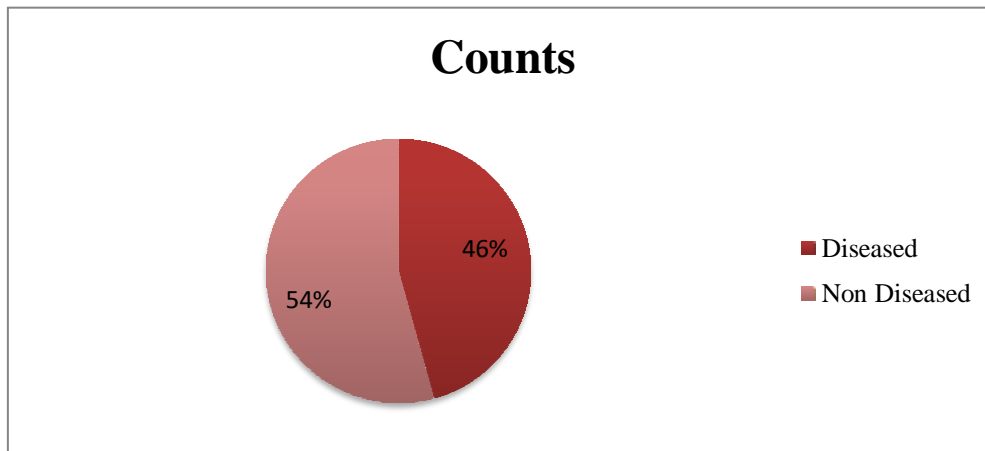
4. Statistical and data mining software:-

- R
- Python
- MS-Excel

5. Analysis:

Before doing analysis we have to check the data is balanced or not.

- **Distribution of diseased and non diseased person:**

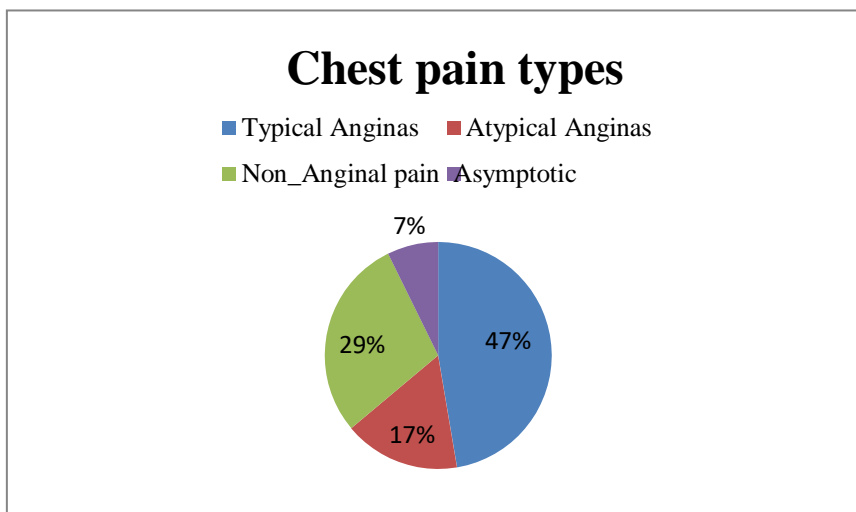


From this pie chart it is clear that, In this data set there are 54% persons are non diseased and 46% persons are diseased by heart.

- **Distribution of chest pain types**

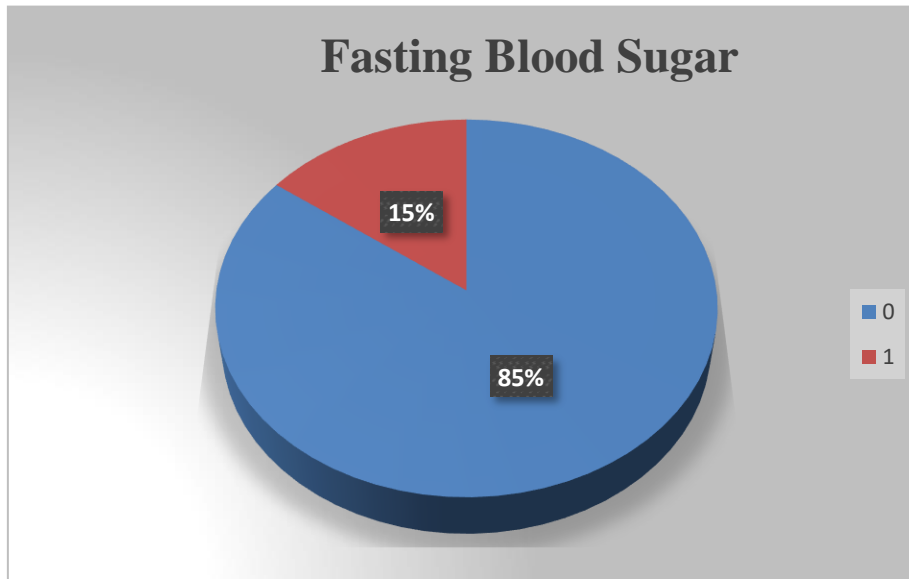
We have to check which chest pain type more occur the by diagrammatically perform as follows;

The following figure shows which chest pain type mostly occur.



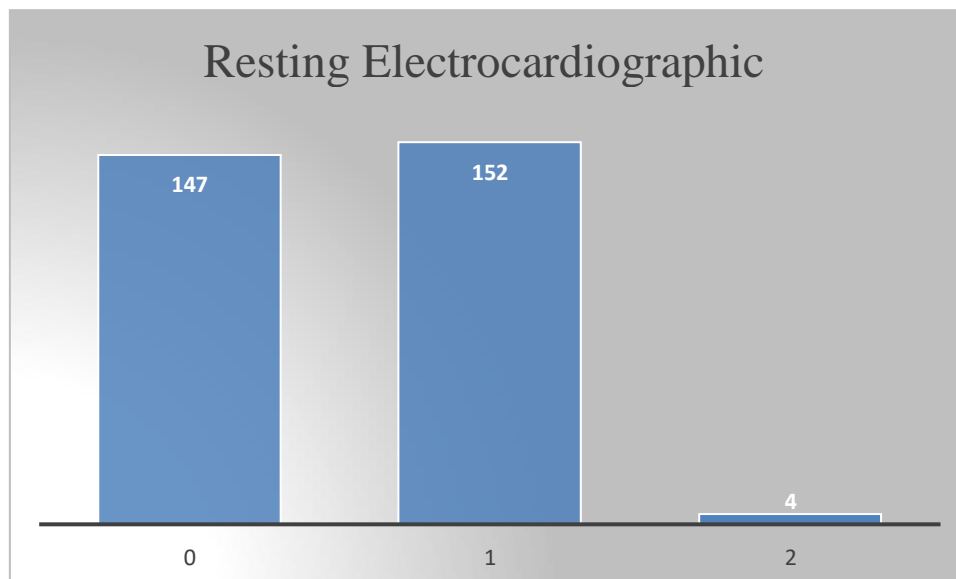
From the above pie chart it is clear that the chest pain type "Typical Anginas" is highly obtained as compare to the chest pain types.

- **Fasting Blood Sugar**



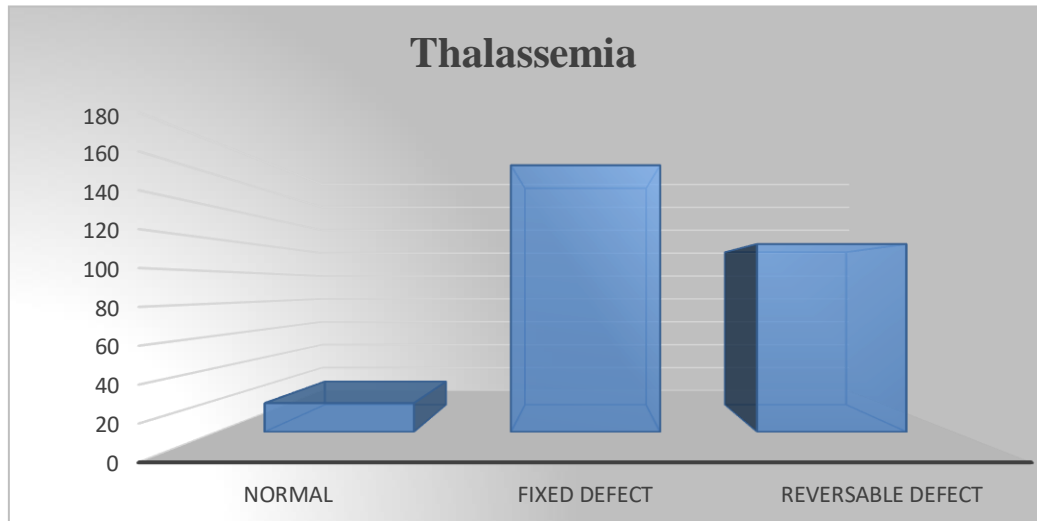
From above graph, we conclude that only 15% persons suffering from fasting blood sugar problem.

- **Resting Electrocardiographic**



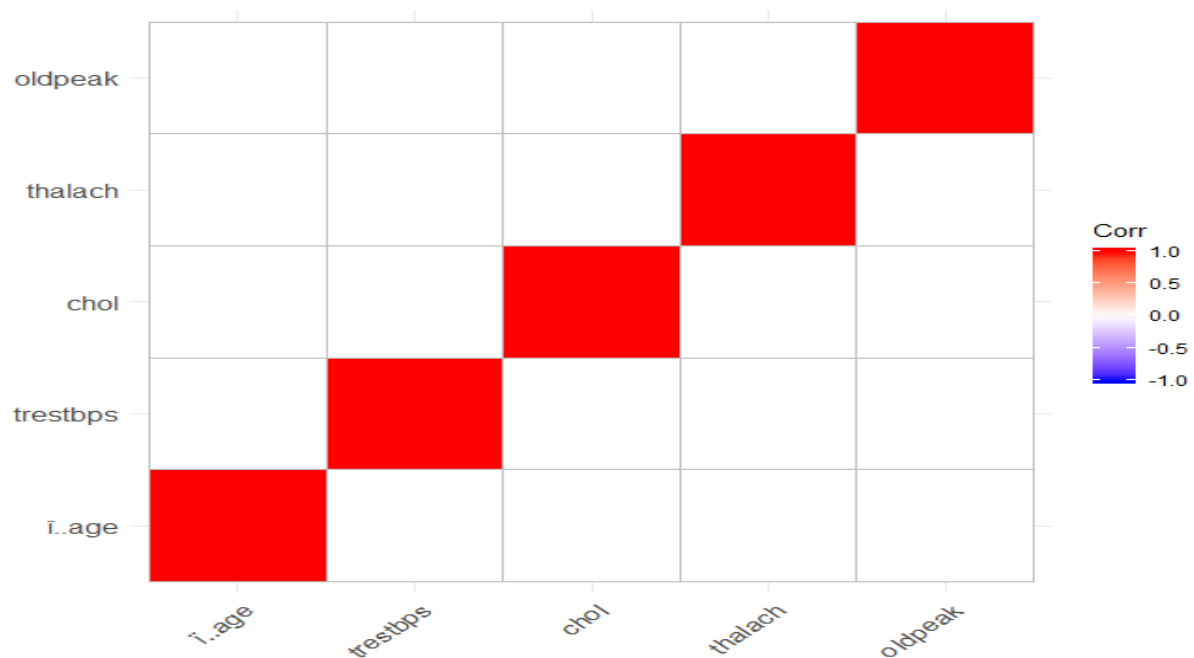
From above bar diagram, we conclude that value 0 and 1 are highly occurred. Value 0 represents the restecg is normal and value 1 represents the restecg having ST-T wave abnormality.

- **Thalassemia:**



From the above graph it is clear that fixed defects and reversal defect are more occurs.

Correlation Matrix:



The above correlation plot which can show that there is no correlation between continuous predictors.

➤ Some Evaluation Measures:

- **Confusion matrix:**

	Predicted		
Actual	Class Label	Positive Class	Negative Class
	Positive Class	TRUE Positive (TP)	FALSE Negative (FN)
	Negative Class	False Positive(FP)	True Negative (TN)

1. Accuracy: $(TP+TN) / (TP+TN+FP+FN)$
2. Sensitivity: True Positive Rate = $TP / (TP+FN)$
3. Specificity: True Negative Rate = $TN / (TN+FP)$
4. ROC Curve: Plot of sensitivity against (1-specificity)

6. Data preprocessing and model building techniques:-

Logistic Regression:

Logistic regression is the appropriate regression analysis to conduct when the dependent variable is dichotomous (binary). It is a statistical method for analyzing a dataset in which there are one or more independent variables that determine an outcome. Logistic regression does not try to predict the value of a numeric variable given a set of inputs. Instead, the output is a probability that the given input point belongs to a certain class. While logistic regression is a powerful modeling tool, it assumes that the response variable is linear in the coefficients of the predictor variable.

In this project the response is binary that is the person is diseased or not diseased. So, the logistic regression is used in this project. By using “Minitab” the summary as,

Term	Coef	SE Coef	95% CI	Z-Value	P-Value
Constant	0.18	3.7	(-7.08, 7.44)	0.05	0.962
age	0.0278	0.0254	(-0.0220, 0.0776)	1.09	0.274
trestbps	-0.0261	0.0119	(-0.0495, -0.0027)	-2.19	0.029
chol	-0.00428	0.00424	(-0.01260, 0.00403)	-1.01	0.313
thalach	0.02	0.0119	(-0.0032, 0.0433)	1.69	0.091
oldpeak	-0.397	0.242	(-0.872, 0.078)	-1.64	0.101
sex					
1	-1.861	0.571	(-2.980, -0.741)	-3.26	0.001
cp					
1	0.865	0.578	(-0.268, 1.997)	1.5	0.135
2	2.003	0.529	(0.965, 3.040)	3.78	0
3	2.416	0.719	(1.006, 3.826)	3.36	0.001
fbs					
1	0.445	0.588	(-0.708, 1.597)	0.76	0.45
restecg					
1	0.46	0.4	(-0.323, 1.243)	1.15	0.249
2	-0.72	2.77	(-6.14, 4.71)	-0.26	0.796
exang					
1	-0.778	0.452	(-1.664, 0.107)	-1.72	0.085
slope					
1	-0.775	0.88	(-2.500, 0.951)	-0.88	0.379
2	0.69	0.947	(-1.167, 2.546)	0.73	0.467

ca					
1	-2.342	0.527	(-3.375, -1.308)	-4.44	0
2	-3.482	0.812	(-5.073, -1.891)	-4.29	0
3	-2.242	0.939	(-4.082, -0.403)	-2.39	0.017
4	1.27	1.72	(-2.10, 4.64)	0.74	0.461
thal					
1	2.64	2.68	(-2.62, 7.90)	0.98	0.326
2	2.37	2.6	(-2.72, 7.45)	0.91	0.362
3	0.91	2.6	(-4.18, 6.01)	0.35	0.725

Regression Equation

$$P(Y'=1) = P(\text{Getting Heart Disease}) = \exp(Y') / (1 + \exp(Y'))$$

$$\begin{aligned}
Y' = & 0.18 + 0.0278 \text{ age} - 0.0261 \text{ trestbps} - 0.00428 \text{ chol} + 0.0200 \text{ thalach} \\
& - 0.397 \text{ oldpeak} + 0.0 \text{ sex}_0 - 1.861 \text{ sex}_1 + 0.0 \text{ cp}_0 + 0.865 \text{ cp}_1 \\
& + 2.003 \text{ cp}_2 + 2.416 \text{ cp}_3 + 0.0 \text{ fbs}_0 + 0.445 \text{ fbs}_1 + 0.0 \text{ restecg}_0 \\
& + 0.460 \text{ restecg}_1 - 0.72 \text{ restecg}_2 + 0.0 \text{ exang}_0 - 0.778 \text{ exang}_1 + 0.0 \text{ slope}_0 \\
& - 0.775 \text{ slope}_1 + 0.690 \text{ slope}_2 + 0.0 \text{ ca}_0 - 2.342 \text{ ca}_1 \\
& - 3.482 \text{ ca}_2 - 2.242 \text{ ca}_3 + 1.27 \text{ ca}_4 + 0.0 \text{ thal}_0 + 2.64 \text{ thal}_1 + 2.37 \text{ thal}_2 \\
& + 0.91 \text{ thal}_3
\end{aligned}$$

Goodness of fit test:-

Test	DF	Chi-Square	P-Value
Deviance	279	179.62	1.00
Hosmer-Lemeshow	8	14.25	0.075

Here it is clear that the P-Value corresponding to the Deviance test and Hosmer-Lemeshow is >0.05 , thus both tests are appropriate fit to the given problem.

Odds Ratios for Continuous Predictors

	Odds Ratio	95% CI
age	1.0282	(0.9782, 1.0807)
trestbps	0.9742	(0.9517, 0.9973)
chol	0.9957	(0.9875, 1.0040)
thalach	1.0202	(0.9968, 1.0442)
oldpeak	0.6722	(0.4181, 1.0808)

Odds Ratios for Categorical Predictors

Factor	Level A	Level B	Odds Ratio	95% CI
sex	1	0	0.1556	(0.0508, 0.4765)
cp	1	0	2.3744	(0.7650, 7.3699)
	2	0	7.4076	(2.6250, 20.9043)
	3	0	11.2017	(2.7358, 45.8654)
	2	1	3.1198	(0.8555, 11.3776)
	3	1	4.7178	(0.9403, 23.6703)
	3	2	1.5122	(0.3782, 6.0469)
fbs	1	0	1.5599	(0.4928, 4.9378)
restecg	1	0	1.5846	(0.7241, 3.4676)
	2	0	0.4889	(0.0022, 110.7385)
	2	1	0.3085	(0.0014, 70.0622)
exang	1	0	0.4592	(0.1894, 1.1134)
slope	1	0	0.4609	(0.0821, 2.5873)
	2	0	1.9927	(0.3112, 12.7623)
	2	1	4.324	(1.6284, 11.4821)
ca	1	0	0.0962	(0.0342, 0.2703)
	2	0	0.0307	(0.0063, 0.1509)
	3	0	0.1062	(0.0169, 0.6686)
	4	0	3.5521	(0.1221, 103.3662)
	2	1	0.3198	(0.0639, 1.5993)
	3	1	1.1044	(0.1686, 7.2358)
	4	1	36.937	(1.1173, 1221.0992)
	3	2	3.4538	(0.3689, 32.3329)
	4	2	115.5173	(2.5745, 5183.1433)
	4	3	33.446	(0.7665, 1459.4247)

thal	1	0	13.9531	(0.0725, 2684.7999)
	2	0	10.6688	(0.0659, 1726.8719)
	3	0	2.4941	(0.0153, 407.0827)
	2	1	0.7646	(0.1532, 3.8165)
	3	1	0.1788	(0.0366, 0.8718)
	3	2	0.2338	(0.0978, 0.5590)

➤ Age:

- If the unit change corresponding to the continuous variable age then the chance of getting heart disease is increased by 0.0282%.

➤ Resting Blood Pressure:

- If the unit change corresponding to the continuous variable tresbps then the chance of getting heart disease is decreased by 0.0258%.

➤ ST depression induced by exercise relative to rest:

- If the unit change corresponding to the oldpeak then the chance of getting heart disease is decreased by 0.33%.

➤ Gender:

- Chance of occurring heart diseases in male 84.44% lesser than the female.

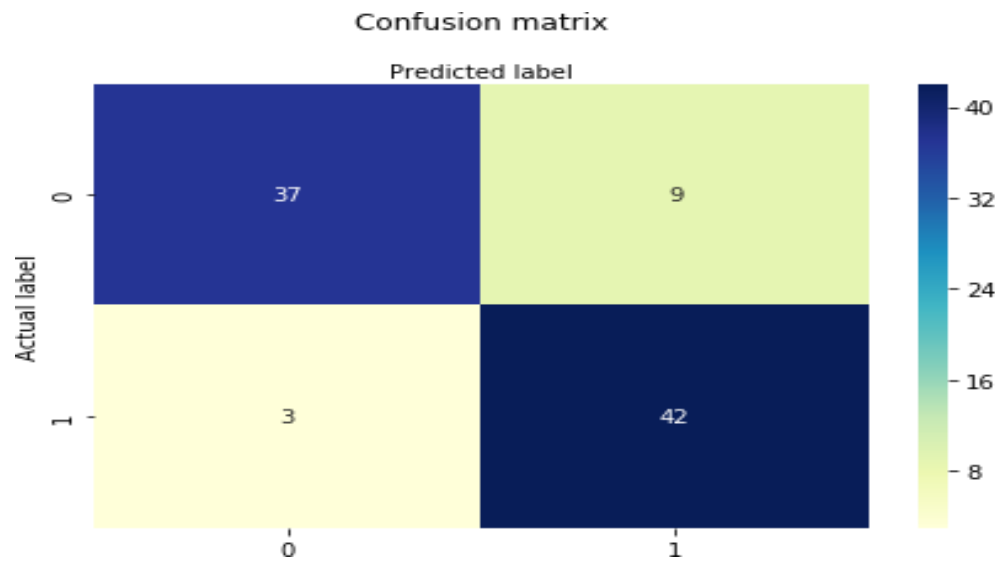
➤ Chest Pain:

- The chance of occurring heart disease in a person who has atypical angina chest pain is 2.37 fold more than the person having typical angina chest pain.
- The chance of occurring heart disease in a person who has non-atypical angina chest pain is 7.41 fold more than the person having typical angina chest pain.
- The chance of occurring heart disease in a person who has asymptotical angina chest pain is 11.20 fold more than the person having typical angina chest pain.

- The chance of occurring heart disease in a person who has non-atypical chest pain is 3.12 fold more than the person having atypical angina chest pain.
 - The chance of occurring heart disease in a person who has asymptotical angina chest pain is 4.72 fold more than the person having atypical angina chest pain.
 - The chance of occurring heart disease in a person who has asymptotical angina chest pain is 51% more than the person having non-atypical angina chest pain.
- Fasting blood sugar:
- The chance of occurring heart disease in a person who has fasting blood sugar is 55% more than the person do not having fasting blood sugar.
- Resting electrocardiographic results:
- The chance of occurring heart disease in a person whose resting electrocardiographic results contain STT wave abnormality is 58% more than the person whose result is normal.
 - The chance of occurring heart disease in a person whose resting electrocardiographic results showing probable or definite left ventricular hypertrophy by Esters Criterial 20 ekgmo is 51.11% lesser than the person whose result is normal.
 - The chance of occurring heart disease in a person whose resting electrocardiographic results showing probable or definite left ventricular hypertrophy by Esters Criterial 20 ekgmo is 69.15% lesser than the person whose result contain STT wave abnormality.
- Exercise induced angina:
- The chance of occurring heart disease in a person who do exercise is decreased by 54% than the person who don't.

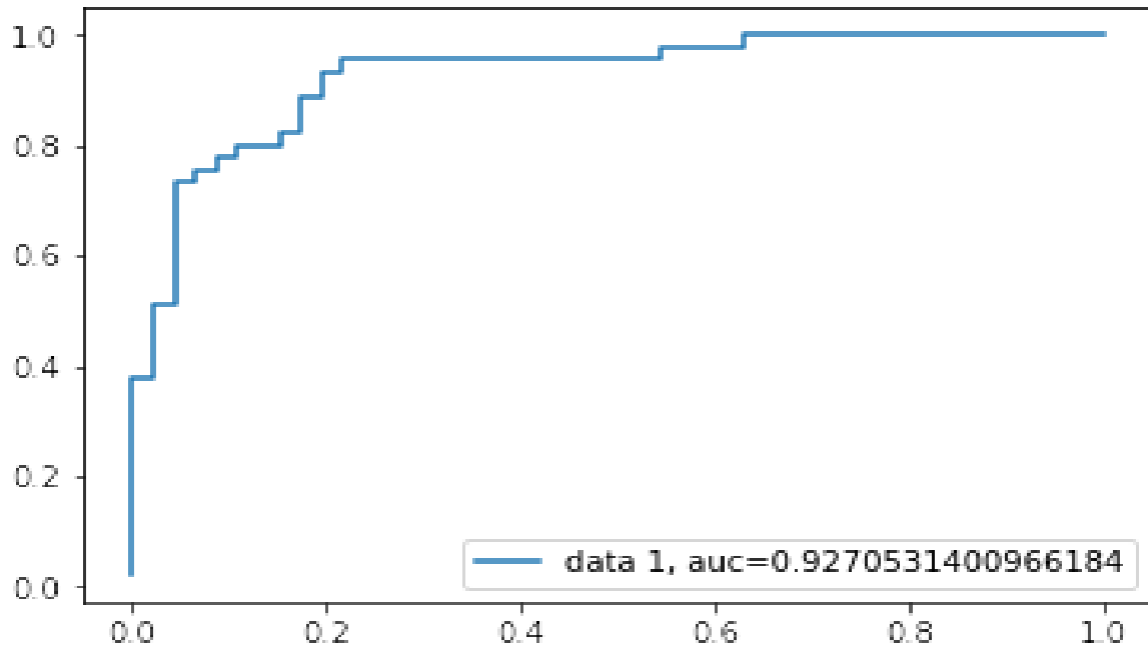
Confusion matrix in logistic regression

Measures	Test Data in %
Accuracy	86.81
Sensitivity	93.33
Specificity	80.43



ROC curve for logistic regression

ROC stands for Receiver Operating Characteristic. ROC curves are a nice way to see how any predictive model can distinguish between the true positives and negatives. ROC curve does this by plotting the true positive rate (Sensitivity) in function of the false positive rate (100-Specificity) for different cut-off points of a parameter. The area under the ROC curve (AUC) is a measure of how well a parameter can distinguish between two diagnostic groups (diseased/ non-diseased).

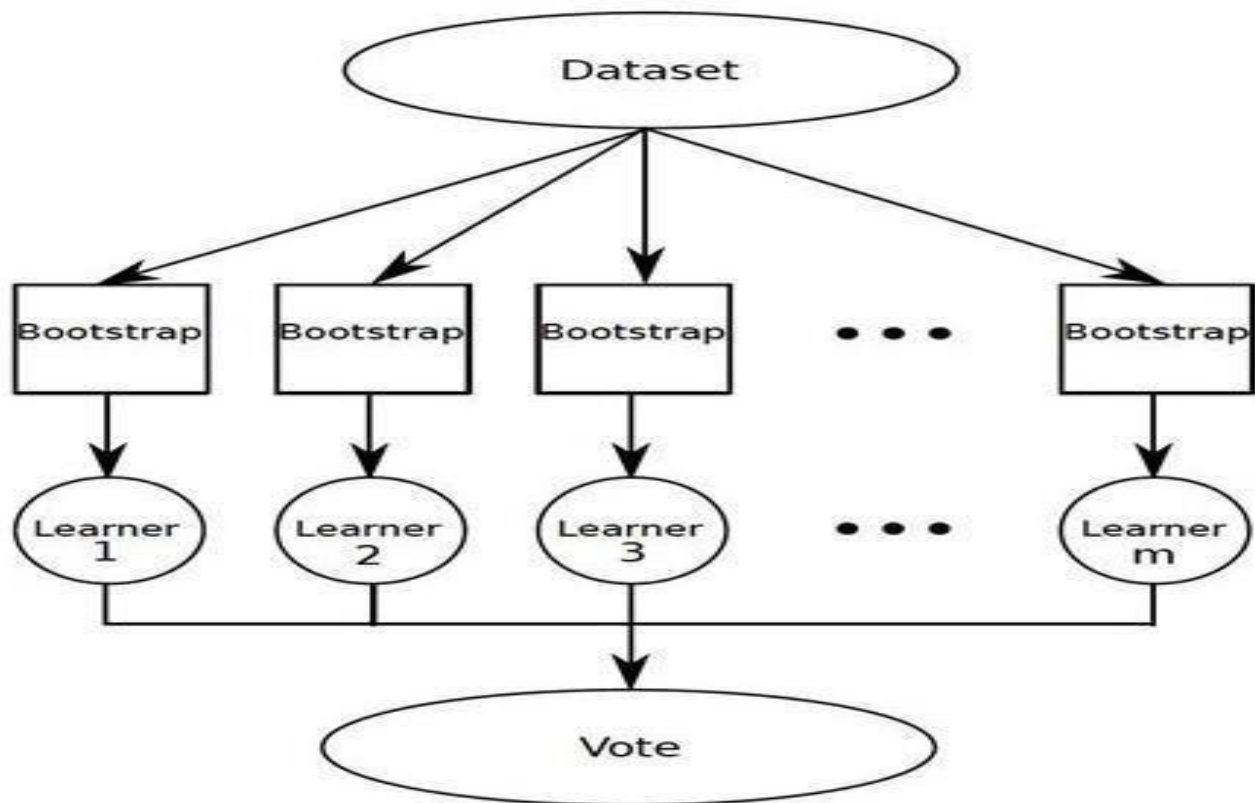


Fitted logistic regression classifier has accuracy 86.81%, sensitivity 93.33 and specificity 80.43 with ROC curve having area under curve 0.9246. From all these accuracy measures we conclude that model fits good for train data and also works well for test data.

The accuracy of the fitted logistic model was 86.81% which is good enough, but we want to improve the accuracy, thus we move to bagging ensemble method.

Bagging method:

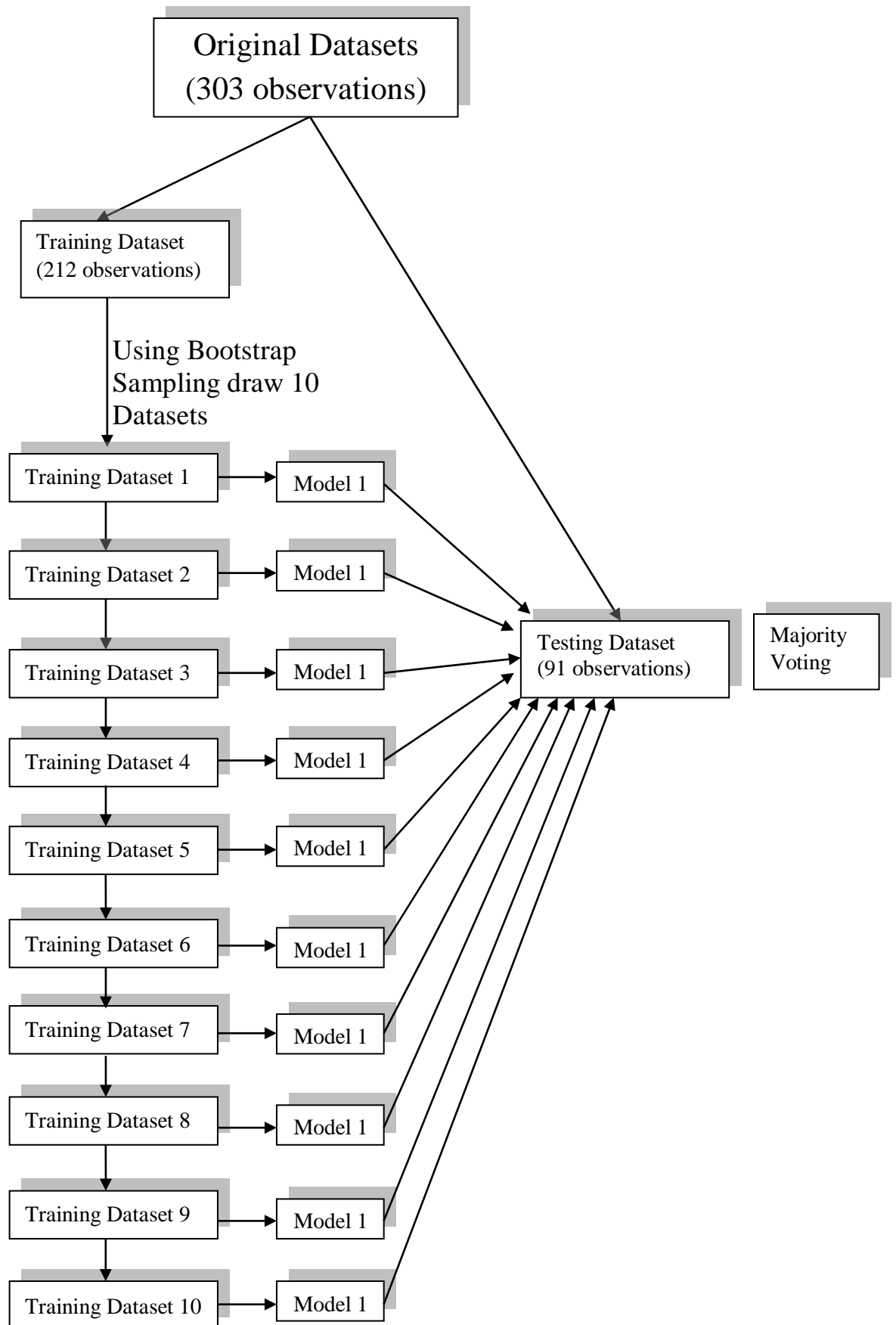
Bagging is a simple but powerful ensemble algorithm that facilitates the increased stability & accuracy of classification models. The Bagging process works by generating multiple training datasets via random sampling with replacement, applying the same model to each training dataset, and then taking the majority vote amongst the models to determine data classifications. Bagging is a particularly popular method because it reduces variance, helps to prevent over fitting (i.e. forced applicability of random irrelevant data), and it can be easily parallelized for application to large datasets.



7. Model Building:-

Fortunately in our data there are no missing values are present. Firstly we find majority class and minority class counts of the response variable which is the particular person is suffering from heart disease or not. In the data we have 303 person under study. Out of which 165 are heart disease patients and remaining 138 are not a heart disease patients. Thus, we have a approximately balanced data. Now first we have to partition the original dataset into 70%(training dataset) and 30%(testing dataset). Now generating 10 multiple training datasets via random sampling with replacement from the training data set, applying the same logistic regression model to each training dataset. Then these 10 models are test on the test data which gives classification for the each tuple of test dataset and then taking the majority vote amongst the models to determine classification of the each tuples of the test data. When we use these models on the test data then for each tuples gives a prediction probability and we use 0.5 cut off point for the classifying the tuples. By using ROC curve we find optimal cut off point and calculate the accuracy of the model for which classification error is minimum and which is nearly same for the 0.5 cut off point. Similarly these 10 models are used for the whole data which gives classification of the each tuples of the whole data and then taking majority vote amongst the models to determine classification for each tuples of whole dataset here also use 0.5 cut off value for each model for classifying the tuples of the whole data. For both test and whole data the confusion matrix and evaluation measures are calculated.

The diagrammatical representation of model building is as follows;



The 10 fitted model to the 10trained data

The model is

Y(target) ~ Intercept + age + sex + cp + trestbps + chol + fbs + restecg + thalach +
exang + oldpeak + slope + ca + thal

Model 1:

	Estimate	Std. Error	z value	Pr(> z)	
(Intercept)	6.582479	3.732707	1.763	0.07782	.
i.age	-0.064336	0.035754	-1.799	0.07195	.
sex	-4.274488	0.901966	-4.739	2.15E-06	***
cp	1.278542	0.262769	4.866	1.14E-06	***
trestbps	-0.037008	0.012388	-2.987	0.00281	**
chol	-0.008085	0.006449	-1.254	0.20996	
fbs	-0.493522	0.721314	-0.684	0.49385	
restecg	0.072506	0.487145	0.149	0.88168	
thalach	0.049841	0.018305	2.723	0.00647	**
exang	-1.499422	0.583551	-2.569	0.01019	*
oldpeak	-0.247114	0.274474	-0.9	0.36795	
slope	0.976874	0.451236	2.165	0.0304	*
ca	-0.471144	0.291119	-1.618	0.10558	
thal	-1.03432	0.354432	-2.918	0.00352	**

Model 2:

	Estimate	Std. Error	z value	Pr(> z)	
(Intercept)	-0.88718	3.652858	-0.243	0.8081	
i.age	0.011157	0.029358	0.38	0.70392	
sex	-2.62794	0.667521	-3.937	8.26E-05	***
cp	0.880773	0.243015	3.624	0.00029	***
trestbps	-0.0196	0.012421	-1.578	0.11454	
chol	-0.00656	0.00576	-1.14	0.25448	
fbs	-0.09183	0.685933	-0.134	0.8935	
restecg	0.338404	0.467252	0.724	0.46892	
thalach	0.047014	0.016613	2.83	0.00466	**
exang	-0.50914	0.555091	-0.917	0.35902	
oldpeak	-0.54651	0.261108	-2.093	0.03634	*
slope	0.620424	0.475871	1.304	0.19231	
ca	-0.76845	0.231895	-3.314	0.00092	***
thal	-0.60351	0.355782	-1.696	0.08983	.

Model 3:

	Estimate	Std. Error	z value	Pr(> z)	
(Intercept)	4.832807	3.393402	1.424	0.154395	
i..age	0.000155	0.02864	0.005	0.995671	
sex	-0.69942	0.504951	-1.385	0.166013	
cp	0.805177	0.247102	3.258	0.00112	**
trestbps	-0.0029	0.012371	-0.234	0.814728	
chol	-0.00728	0.005548	-1.312	0.189436	
fbs	-0.30431	0.597841	-0.509	0.610738	
restecg	0.924971	0.435999	2.121	0.03388	*
thalach	-0.00085	0.014943	-0.057	0.954727	
exang	-1.23043	0.50775	-2.423	0.01538	*
oldpeak	-0.9457	0.287062	-3.294	0.000986	***
slope	0.954642	0.443769	2.151	0.031459	*
ca	-0.98104	0.234063	-4.191	2.77E-05	***
thal	-1.1671	0.386096	-3.023	0.002504	**

Model 4:

	Estimate	Std	. Error	z value	Pr(> z)	
(Intercept)	4.327551	4.059874		1.066	0.28645	
i..age	-0.02295	0.034362		-0.668	0.50418	
sex	-1.12639	0.549813		-2.049	0.04049	*
cp	1.684479	0.319024		5.28	1.29E-07	***
trestbps	-0.02834	0.015625		-1.814	0.06972	.
chol	-0.00638	0.005983		-1.065	0.28667	
fbs	0.008341	0.664493		0.013	0.98998	
restecg	1.654339	0.513931		3.219	0.00129	**
thalach	0.015352	0.016231		0.946	0.34423	
exang	-1.28485	0.580062		-2.215	0.02676	*
oldpeak	-0.47095	0.310887		-1.515	0.1298	
slope	0.640052	0.502246		1.274	0.20253	
ca	-0.41699	0.22237		-1.875	0.06076	.
thal	-0.51674	0.362035		-1.427	0.15349	

Model 5:

	Estimate	Std. Error	z value	Pr(> z)	
(Intercept)	7.034091	3.729894	1.886	0.059313	.
ï.age	-0.04051	0.035128	-1.153	0.248846	
sex	-2.44931	0.65649	-3.731	0.000191	***
cp	0.626871	0.237475	2.64	0.008297	**
trestbps	-0.02309	0.014661	-1.575	0.115208	
chol	-0.01184	0.005495	-2.154	0.031208	*
fbs	0.331173	0.686544	0.482	0.629539	
restecg	0.495468	0.429371	1.154	0.248525	
thalach	0.038231	0.014405	2.654	0.007955	**
exang	-1.98239	0.651799	-3.041	0.002355	**
oldpeak	-0.64266	0.267145	-2.406	0.016143	*
slope	0.458838	0.426635	1.075	0.282159	
ca	-0.04267	0.244453	-0.175	0.861435	
thal	-1.41175	0.39361	-3.587	0.000335	***

Model 6:

	Estimate	Std. Error	z value	Pr(> z)	
(Intercept)	3.695416	3.401484	1.086	0.277296	
ï.age	-0.00607	0.031611	-0.192	0.847825	
sex	-1.68651	0.51151	-3.297	0.000977	***
cp	0.615086	0.219874	2.797	0.005151	**
trestbps	-0.01505	0.011958	-1.259	0.208184	
chol	-0.0029	0.005726	-0.507	0.612322	
fbs	-0.41837	0.598814	-0.699	0.484763	
restecg	0.444597	0.430098	1.034	0.301271	
thalach	0.017077	0.013622	1.254	0.209969	
exang	-1.85134	0.536282	-3.452	0.000556	***
oldpeak	-0.58627	0.25304	-2.317	0.020509	*
slope	0.38392	0.363377	1.057	0.290725	
ca	-0.38286	0.217469	-1.761	0.078321	.
thal	-0.92235	0.3441	-2.68	0.007352	**

Model 7:

	Estimate	Std. Error	z value	Pr(> z)	
(Intercept)	-0.72922	4.132885	-0.176	0.85995	
ï.age	0.002954	0.031439	0.094	0.92514	
sex	-1.45811	0.699587	-2.084	0.03714	*
cp	0.931154	0.309415	3.009	0.00262	**
trestbps	-0.00433	0.016323	-0.265	0.79068	
chol	-0.00947	0.006621	-1.431	0.15246	
fbs	-1.31458	0.748869	-1.755	0.07919	.
restecg	0.984569	0.51722	1.904	0.05697	.
thalach	0.044324	0.017825	2.487	0.0129	*
exang	-1.14401	0.674495	-1.696	0.08987	.
oldpeak	-0.41313	0.337818	-1.223	0.22135	
slope	1.001533	0.453825	2.207	0.02732	*
ca	-1.26729	0.278085	-4.557	5.18E-06	***
thal	-1.38135	0.432228	-3.196	0.00139	**

Model 8:

	Estimate	Std. Error	z value	Pr(> z)	
(Intercept)	-2.7912	3.478643	-0.802	0.422333	
ï.age	-0.0005	0.027814	-0.018	0.985754	
sex	-1.41691	0.538808	-2.63	0.008546	**
cp	0.763821	0.226641	3.37	0.000751	***
trestbps	-0.01448	0.012235	-1.183	0.2367	
chol	-0.00702	0.005663	-1.24	0.21501	
fbs	0.938163	0.707921	1.325	0.185093	
restecg	0.510158	0.444416	1.148	0.250998	
thalach	0.044785	0.014691	3.048	0.002301	**
exang	-0.36551	0.515248	-0.709	0.478083	
oldpeak	-0.32683	0.265414	-1.231	0.218175	
slope	1.19898	0.44369	2.702	0.006886	**
ca	-0.87827	0.255576	-3.436	0.000589	***
thal	-0.50684	0.354476	-1.43	0.152765	

Model 9:

	Estimate	Std. Error	z value	Pr(> z)	
(Intercept)	4.457772	3.422573	1.302	0.19276	
i.age	-0.00128	0.030877	-0.041	0.96697	
sex	-1.53799	0.54838	-2.805	0.00504	**
cp	0.578928	0.212109	2.729	0.00635	**
trestbps	-0.04249	0.01373	-3.095	0.00197	**
chol	-0.00568	0.005539	-1.025	0.30537	
fbs	0.547923	0.705302	0.777	0.43724	
restecg	0.679168	0.440004	1.544	0.1227	
thalach	0.033438	0.014298	2.339	0.01936	*
exang	-1.59403	0.54985	-2.899	0.00374	**
oldpeak	-0.39629	0.260668	-1.52	0.12844	
slope	0.782593	0.441204	1.774	0.0761	.
ca	-0.84075	0.296382	-2.837	0.00456	**
thal	-0.89338	0.360767	-2.476	0.01327	*

Model 10:

	Estimate	Std. Error	z value	Pr(> z)	
(Intercept)	-0.86068	4.233468	-0.203	0.8389	
i.age	0.02721	0.033722	0.807	0.41973	
sex	-2.17838	0.793632	-2.745	0.00605	**
cp	0.690605	0.261338	2.643	0.00823	**
trestbps	-0.03438	0.015394	-2.233	0.02553	*
chol	-0.00393	0.007524	-0.523	0.60105	
fbs	-0.32956	0.808129	-0.408	0.68342	
restecg	0.232705	0.513874	0.453	0.65066	
thalach	0.05307	0.017968	2.954	0.00314	**
exang	-1.49412	0.644955	-2.317	0.02052	*
oldpeak	-0.52017	0.339665	-1.531	0.12567	
slope	1.313905	0.492827	2.666	0.00767	**
ca	-0.7983	0.278139	-2.87	0.0041	**
thal	-1.08822	0.397504	-2.738	0.00619	**

Confusion matrix :

For Test data		Predicted		
		0	1	T
Actual	0	38	6	44
	1	4	43	47
	T	42	49	91

Measures	Test Data in %
Accuracy	89.01
Sensitivity	91.49
Specificity	86.36

Conclusion:

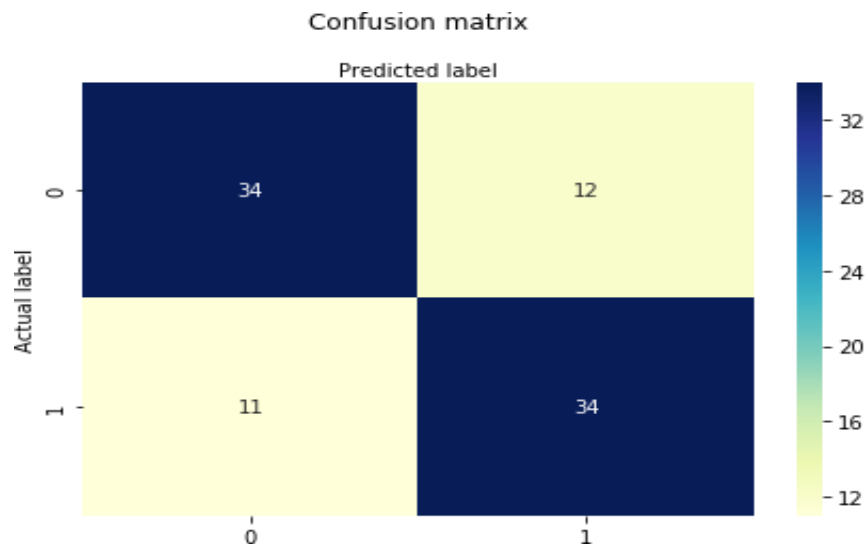
The model has accuracy 89.01, sensitivity 91.49 and specificity 86.36. From all these accuracy measures we conclude that model fits good for traindata and also works well for test data.

k- Nearest Neighbors

Nearest neighborhood classifier is based on learning by analogy i.e. by comparing a given test tuple with training tuples that are similar to it. The training tuples are described by n attribute. Each tuple represents a point in n-dimensional space. In this way all the training tuples are stored in an n-dimensional pattern space

When given an unknown tuple, a k-nearest neighborhood searches the pattern space for k-training tuples that closest to the unknown. These k training all the a k-nearest neighbors of the unknown tuple.

Confusion matrix



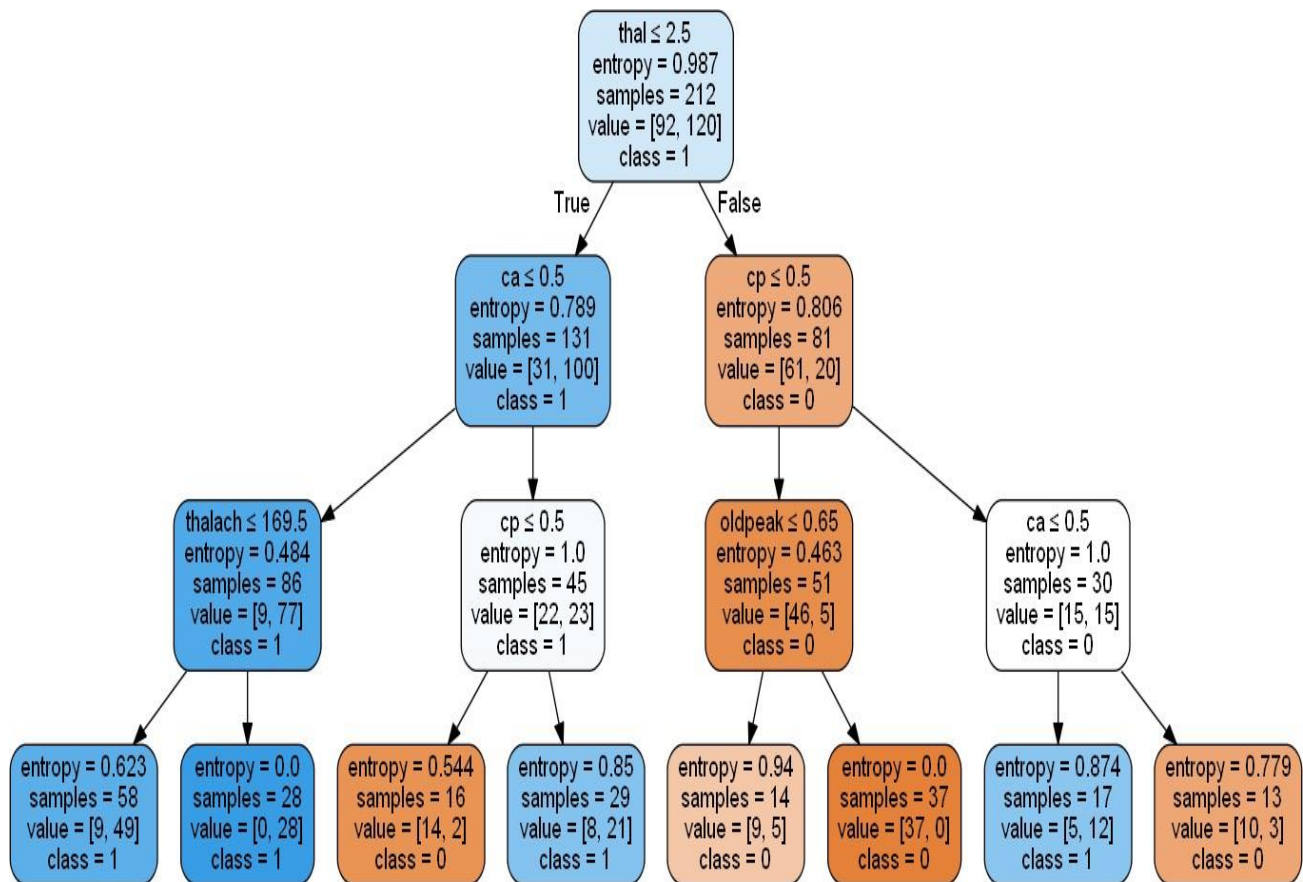
Measures	Test Data in %
Accuracy	74.72
Sensitivity	75.55
Specificity	73.91

Fitted k- Nearest Neighbor classifier has accuracy 74.72%, sensitivity 75.55 and specificity 73.91 with ROC curve having area under curve 0.9246. From all these accuracy measures we conclude that model fits good for train data and also works well for test data.

Decision Tree

A decision tree is a classifier expressed as a recursive partition of the instance space. The decision tree consists of nodes that form a rooted tree, meaning it is a directed tree with a node called “root” that has no incoming edges. All other nodes have exactly one incoming edge. A node with outgoing edges is called an internal or test node. All other nodes are called leaves (also known as terminal or decision nodes).

Given a tuple, for which the associated class label is unknown, the attribute values of the tuple are tested against the decision tree. A path is traced from the root to the leaf node, which holds the class prediction for that tuple. Decision trees can easily be converted to classification rules

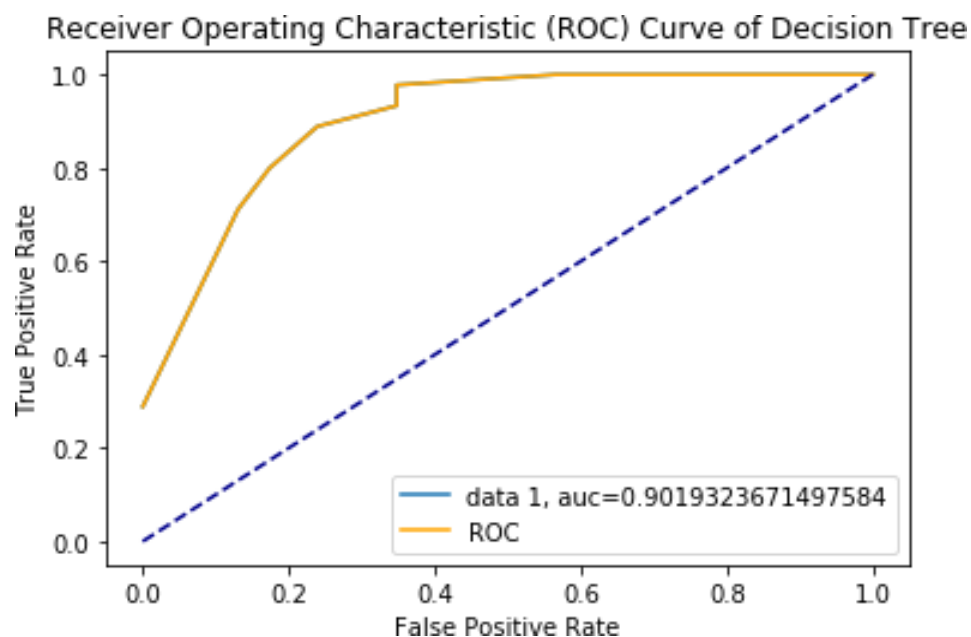


- **Confusion matrix:-**

For Test data		Predicted		
		0	1	T
Actual	0	35	11	46
	1	5	40	45
	T	40	51	91

Measures	Test Data in %
Accuracy	82.42
Sensitivity	88.89
Specificity	76.08

ROC curve for Decision Tree



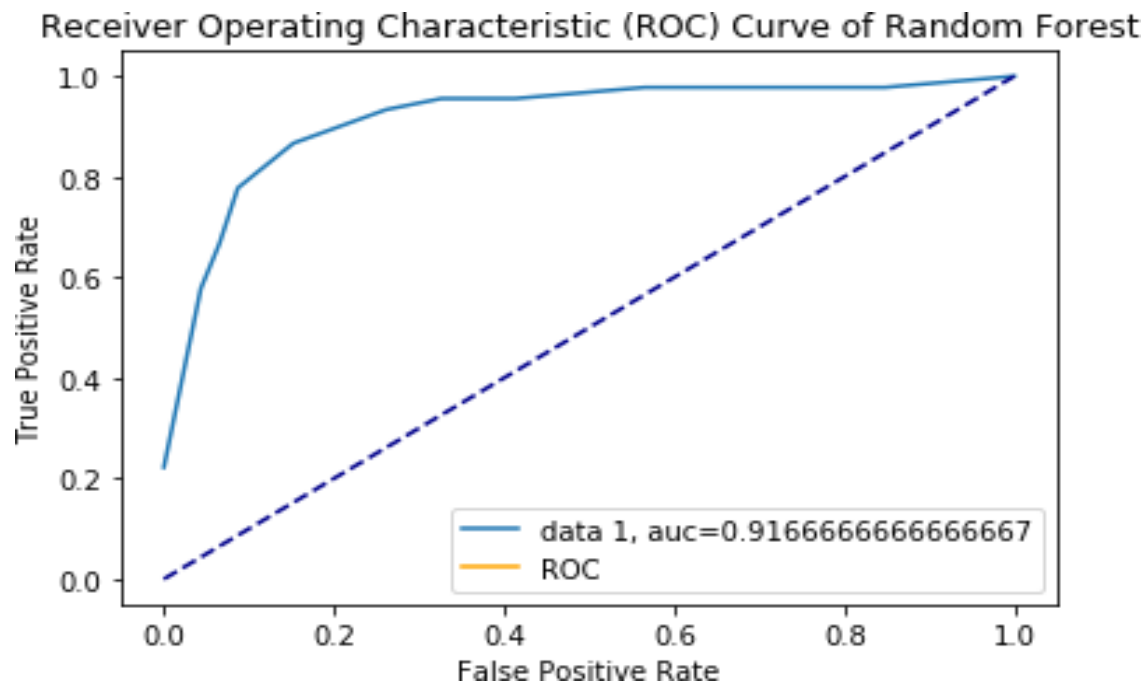
Fitted Decision Tree has accuracy 82.42%, sensitivity 88.89 and specificity 76.08 with ROC curve having area under curve 0.9020. From all these accuracy measures we conclude that model fits good for train data and also works well for test data.

Random Forest

- **Confusion matrix:-**

For Test data		Predicted		
		0	1	T
Actual	0	39	7	46
	1	6	39	45
	T	45	46	91

Measures	Test Data in %
Accuracy	85.71
Sensitivity	86.67
Specificity	84.78



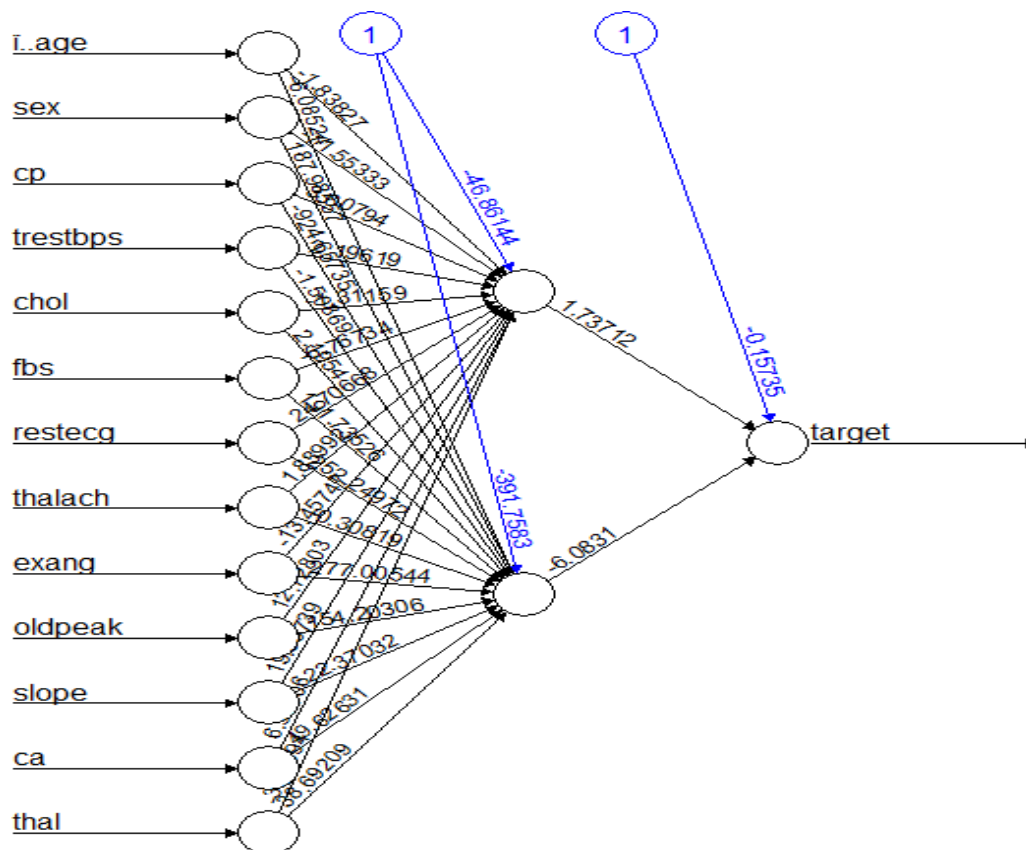
Fitted Random Forest classifier has accuracy 86.81%, sensitivity 86.67 and specificity 84.78 with ROC curve having area under curve 0.9167. From all these accuracy measures we conclude that model fits good for train data and also works well for test data.

Artificial Neural Network:

Neural network is a set of connected input/output units in which each connection has a weight associated with it. During the learning phase, the network learns by adjusting the weights so as to be able to predict the class label of the input tuples.

Neural network consist of an input layer, one or more hidden layers, threshold value and an output layer. It learns by iteratively processing a data set of training tuples, comparing the network's prediction for each tuple with the actual known target value (threshold value). The target value may be the known class label of the training tuple or a continuous value. For each training tuple, the weights are modified so as to minimize the mean-squared error between the network's prediction and the actual target value.

Fitted model



For Test data		Predicted		
		0	1	T
Actual	0	32	9	41
	1	14	36	50
	T	46	45	91

Measures	Test Data in %
Accuracy	74.72
Sensitivity	72.00
Specificity	78.04

Fitted Artificial Neural Network model has accuracy 74.72%, sensitivity 72.00 and specificity 78.04. From all these accuracy measures we conclude that model fits good for train data and also works well for test data.

8.Benefits and Limitations:-

- **Benefits:** If a person who is going to suffer a heart attack is predicted earlier preminitive measure can be taken to avoid heart attack.
- **Limitations:** This study is limited on this data only and can not be universal applicable.

9.Refference:-

- **Data Mining: Concepts and Techniques,**
-Jiawei Han, Micheline Kamber, Jian Pei (2011). Third Edition.

10.Appendix:-

This project code at this site

<https://github.com/patilod/Predictive-Modelling-For-Heart-Disease>