# Data Audit Report: Health Data Analysis

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## 1 Executive Summary

This report presents a comprehensive analysis of two interconnected health datasets containing information about 2,000 patients. The analysis focuses on various health metrics, lifestyle factors, and their relationships with blood pressure abnormalities.

## 2 Dataset Overview

### 2.1 Dataset Characteristics

The analysis comprises two datasets:

- Dataset 1: Contains 14 variables including demographic information, health metrics, and lifestyle factors
- Dataset 2: Contains physical activity data (steps per day) for each patient over multiple days

## 2.2 Data Quality Assessment

Missing data analysis revealed:

- Pregnancy data: 1,558 missing values (77.9%)
- Alcohol consumption: 242 missing values (12.1%)
- Genetic Pedigree Coefficient: 92 missing values (4.6%)
- All other variables: Complete data

# 3 Demographic Analysis

## 3.1 Age Distribution

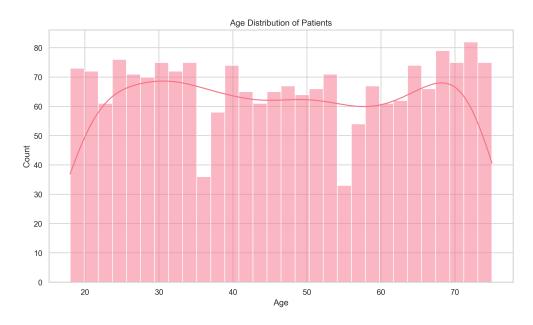


Figure 1: Age Distribution of Patients

The age distribution shows:

Age range: 18-75 yearsMean age: 46.56 years

• Relatively uniform distribution across age groups

• Slight increase in frequency for older age groups (65-75 years)

## 3.2 Gender and Blood Pressure

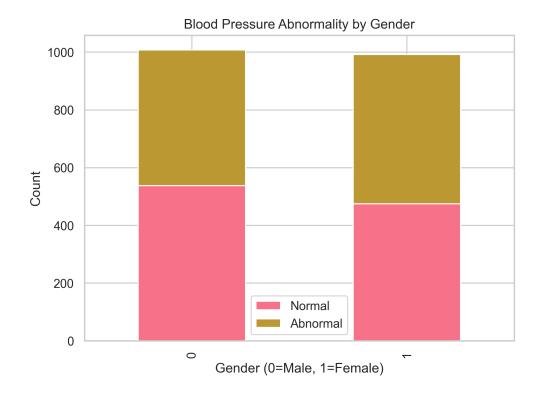


Figure 2: Blood Pressure Abnormality by Gender

### Gender analysis revealed:

- $\bullet$  Significant gender difference in blood pressure abnormalities (p=0.0159)
- Females show slightly higher prevalence of blood pressure abnormalities
- $\bullet$  Males: 46.6% abnormal BP
- $\bullet$  Females: 52.1% abnormal BP

## 4 Health Metrics Analysis

## 4.1 BMI Distribution

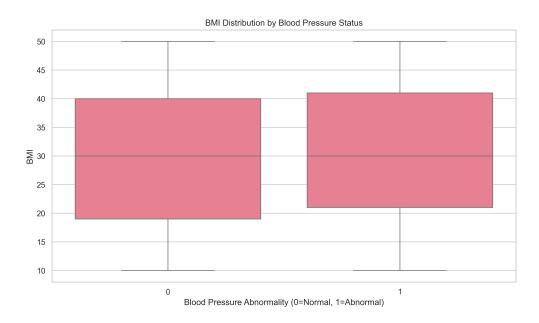


Figure 3: BMI Distribution by Blood Pressure Status

## Key findings:

- Mean BMI: 30.08 (indicating overweight population)
- Higher BMI slightly associated with blood pressure abnormalities
- $\bullet$  Large proportion (51.2%) of patients classified as obese
- Significant variation in BMI across all blood pressure groups

### 4.2 Correlation Analysis

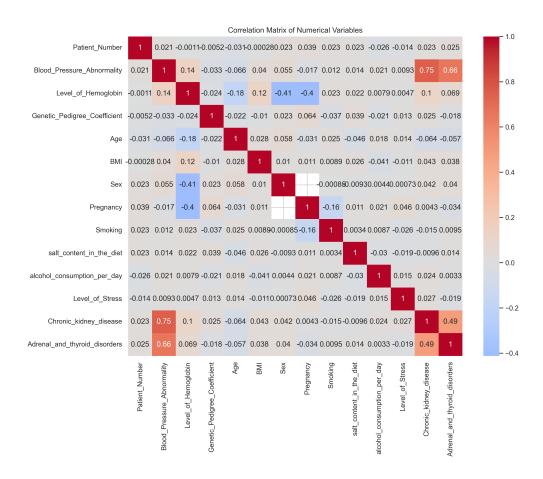


Figure 4: Correlation Matrix of Numerical Variables

#### Notable correlations:

- Strong correlation between BP abnormality and chronic kidney disease (0.75)
- Strong correlation between BP abnormality and thyroid disorders (0.66)
- Moderate negative correlation between hemoglobin and sex (-0.41)
- Weak correlations between lifestyle factors and BP

# 5 Lifestyle Factors

## 5.1 Physical Activity Analysis

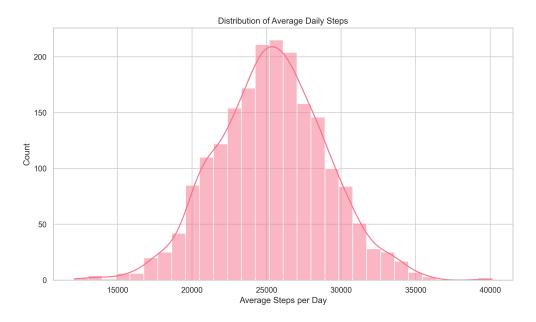


Figure 5: Distribution of Average Daily Steps

## Activity patterns:

 $\bullet$  Mean daily steps: 25,329.72

• Standard deviation: 3,669.63 steps

• Relatively normal distribution of physical activity

• No significant correlation with blood pressure status

## 5.2 BMI vs Physical Activity

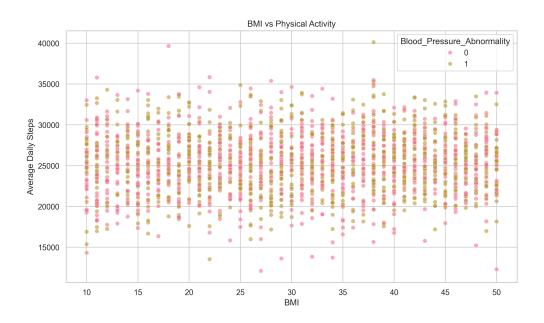


Figure 6: BMI vs Physical Activity by Blood Pressure Status

## Analysis shows:

- Weak correlation between BMI and physical activity (r=0.0345)
- No clear separation between BP groups based on activity levels
- Wide range of activity levels across all BMI categories

## 5.3 Stress and Risk Analysis

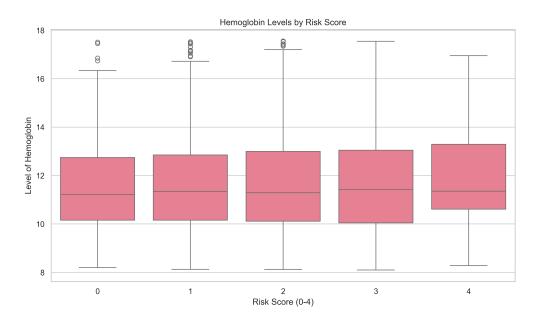


Figure 7: Hemoglobin Levels by Risk Score

#### Risk factor findings:

- Even distribution across stress levels (Low: 33.3%, Normal: 32.2%, High: 34.5%)
- Higher risk scores associated with slightly elevated hemoglobin levels
- No significant correlation between stress levels and BP abnormalities

## 6 Key Findings and Recommendations

### 6.1 Summary of Findings

- 1. **Medical Conditions:** Strongest predictors of BP abnormalities are chronic kidney disease and thyroid disorders
- 2. Demographics: Age and gender show significant but modest associations with BP abnormalities
- 3. Lifestyle Factors: Surprisingly weak correlations between lifestyle factors (smoking, alcohol, salt intake) and BP
- 4. Physical Activity: No significant relationship between activity levels and BP status
- 5. BMI: High prevalence of obesity in the population, but only weak correlation with BP abnormalities

### 6.2 Data Quality Recommendations

- 1. Address high missing data rate in pregnancy variable
- 2. Implement standardized collection methods for alcohol consumption data
- 3. Consider collecting additional lifestyle variables
- 4. Include more detailed physical activity metrics beyond step count

### 6.3 Clinical Implications

- 1. Focus on screening for kidney and thyroid disorders in BP management
- 2. Develop targeted interventions for high-risk demographic groups
- 3. Investigate why traditional risk factors show weak correlations
- 4. Consider more comprehensive lifestyle assessment methods