Project Name: Heart Disease Predictor

Goal: To predict if one is prone to developing CHD within the next decade.

Dataset = Geeks for Geeks cardiovascular study dataset (
https://media.geeksforgeeks.org/wp-content/uploads/20240307152534/framingham.csv
)

About the Project: Heart Diseases are extremely common these days, and also may prove to be fatal when treated late. So, its important to detect a possibility of a heart disease developing in the future, so that we can take early steps by changing our lifestyle and also medications in necessary to avoid any worse scenario.

To facilitate this, we design a Machine Learning Model, which will be provided with data regarding various determining factors, and will provise us with assistance in recognising a possibility of developing a Heart Disease in the future.

Section 1: Collecting the Data

```
In [1]: import pandas as pd
import numpy as np
import matplotlib.pyplot as plt
import seaborn as sns
data = pd.read_csv(r"C:\Users\goura\Desktop\Data Science\Datasets\Heart Disease.
data.dropna(axis = 0, inplace = True)
data
```

Out[1]:		male	age	education	currentSmoker	cigsPerDay	BPMeds	prevalentStroke	pre
	0	1	39	4.0	0	0.0	0.0	0	
	1	0	46	2.0	0	0.0	0.0	0	
	2	1	48	1.0	1	20.0	0.0	0	
	3	0	61	3.0	1	30.0	0.0	0	
	4	0	46	3.0	1	23.0	0.0	0	
	•••								
	4233	1	50	1.0	1	1.0	0.0	0	
	4234	1	51	3.0	1	43.0	0.0	0	
	4237	0	52	2.0	0	0.0	0.0	0	
	4238	1	40	3.0	0	0.0	0.0	0	
	4239	0	39	3.0	1	30.0	0.0	0	

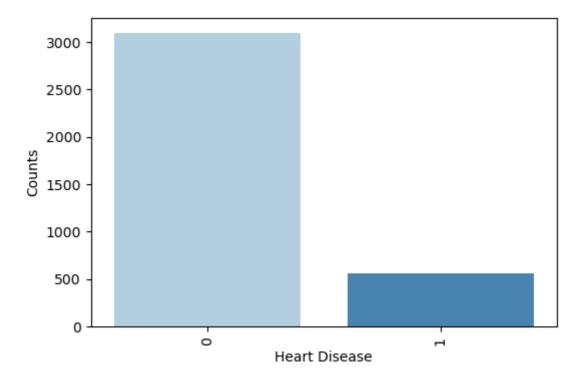
3658 rows × 16 columns



Section 2: Data Manipulation / Cleaning

```
In [2]: columns = [ i for i in data.columns ]
    features = columns [:-1]
label = columns [-1]

In [3]: counts = data[label].value_counts()
    temp_df = pd.DataFrame({
        "Heart Disease": counts.index,
        "Counts": counts.values})
    palette = sns.color_palette("Blues", len(temp_df))
    plt.figure(figsize=(6,4))
    sns.barplot(x = "Heart Disease", y = "Counts", data = temp_df,palette=palette)
    plt.xticks(rotation=90)
    plt.show()
```



```
In [4]: data[label].value_counts()
```

Out[4]: TenYearCHD 0 3101 1 557

Name: count, dtype: int64

We can see there's a disparity is the number of instances between the label values, with one value constituting over 80% of the instances.

This may cause a bit of bias during our prediction, leading to incorrect predictions when the actual value should be 1.

We need to split the data into different parts, on the basis of

- Features, Label [to distinguish the columns used to make predictions and the column to be predicted]
- Train, Test [to distinguish data we will train our model on and data we will test the trained model on]

We will use the **Stratified Shuffle Split**, due to such splits being a representatinve of the entire dataset.

```
In [5]: from sklearn.model_selection import StratifiedShuffleSplit
    split = StratifiedShuffleSplit(n_splits = 1, test_size = 0.2, random_state = 42)
    for train_index, test_index in split.split(data, data[label]):
        train_set = data.iloc[train_index]
        test_set = data.iloc[test_index]
In [6]: X_train = train_set[features]
    X_test = test_set[features]
    Y_train = train_set[label]
    Y_test = test_set[label]
```

```
X = pd.concat([X_train, X_test])
Y = pd.concat([Y_train, Y_test])
```

In [7]: X_train

Out[7]:		male	age	education	currentSmoker	cigsPerDay	BPMeds	prevalentStroke	pre
	3492	1	38	1.0	1	30.0	0.0	0	
	990	1	39	2.0	0	0.0	0.0	0	
	3091	1	53	3.0	1	20.0	0.0	0	
	417	0	45	2.0	0	0.0	0.0	0	
	808	0	47	2.0	1	10.0	0.0	0	
	•••								
	2005	1	36	1.0	1	15.0	0.0	0	
	1953	1	46	1.0	0	0.0	0.0	0	
	607	0	54	1.0	0	0.0	0.0	0	
	2541	0	48	3.0	1	9.0	0.0	0	
	964	0	39	2.0	1	15.0	0.0	0	

2926 rows × 15 columns



Lets have a look at allI the created parts of the dataset.

- X (all rows of feature columns),
- Y (all rows of label column),
- X_train (training rows of feature columns),
- X_test (testing rows of feature columns),
- Y_train (training rows of label column),
- Y_test (testing rows of label column)

Section 3: Model Selection & Training

Now, we define both the set of models we will use as well as the error function. We will introduce 3 classification models in our project, to compare their performances and choose the best possible outcome.

```
In [9]: from sklearn.model_selection import cross_val_score
    from sklearn.svm import SVC
    from sklearn.naive_bayes import GaussianNB
    from sklearn.ensemble import RandomForestClassifier
    from sklearn.metrics import accuracy_score,confusion_matrix
```

The below function is to test the accuracy of predictions for any particular "True value". This is introduced due to suspicion of biased desicion making, as mentioned earlier.

```
In [10]: def bayes(A,B,x,y):
           t=0
           c=0
           for a,b in zip(A,B):
               if b==y:
                  t += 1
                  if a==x:
                     c+=1
           return float(c)/float(t)
In [11]: def cv_scoring(estimator,X,Y):
           return accuracy_score(Y,estimator.predict(X))
In [12]: models = {
           "SVC" : SVC(),
           "GaussNB" : GaussianNB(),
           "RFC" : RandomForestClassifier(random_state=18)
In [13]: for model_name in models:
           model = models[model_name]
           scores = cross_val_score(model,X,Y,cv=5, scoring = cv_scoring)
           print("=="*30)
           print(model_name)
           print(f"Scores: {scores}")
           print(f"Mean Score: {np.mean(scores)}")
       ______
      Scores: [0.84836066 0.84699454 0.84699454 0.84815321 0.84678523]
      Mean Score: 0.8474576334536865
       ______
      GaussNB
      Scores: [0.81967213 0.82923497 0.82923497 0.81532148 0.82079343]
      Mean Score: 0.8228513975166887
       _____
      Scores: [0.84562842 0.83743169 0.84699454 0.85088919 0.84678523]
      Mean Score: 0.8455458126826789
```

As we can see, all three models make reasonable & nearly equally accurate predictions. But, can we dive deeper into these predictions?

It is a important task to make good predictions in the medical field, because a person's life may depend on what just seems a number to us.

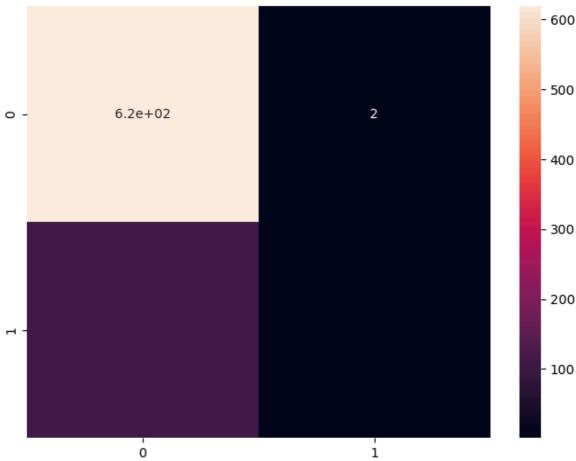
Lets test the accuracy of each model, for when the actual values is known.

```
In [14]: svm_model = SVC()
         svm_model.fit(X_train,Y_train)
         preds = svm_model.predict(X_test)
         train_accuracy = accuracy_score(Y_train, svm_model.predict(X_train)) * 100
         print(f"Accuracy on train data by SVM Classifier: {train_accuracy:.2f}%")
         print("Bayes on 1/1 by SVM Classifier: ",bayes(svm_model.predict(X_train),Y_trai
         print("Bayes on 0/0 by SVM Classifier: ",bayes(svm_model.predict(X_train),Y_trai
         test_accuracy = accuracy_score(Y_test, preds) * 100
         print(f"Accuracy on test data by SVM Classifier: {test_accuracy:.2f}%")
         print("Bayes on 1/1 by SVM Classifier: ",bayes(svm_model.predict(X_test),Y_test,
         print("Bayes on 0/0 by SVM Classifier: ",bayes(svm_model.predict(X_test),Y_test,
         cf_matrix = confusion_matrix(Y_test, preds)
         plt.figure(figsize=(8,6))
         plt.title("Confusion Matrix for SVM Classifier on Test Data")
         sns.heatmap(cf_matrix,annot=True)
         plt.show()
```

Accuracy on train data by SVM Classifier: 84.83%
Bayes on 1/1 by SVM Classifier: 0.672645739910314 %
Bayes on 0/0 by SVM Classifier: 99.95967741935485 %
Accuracy on test data by SVM Classifier: 84.70%
Bayes on 1/1 by SVM Classifier: 0.900900900900909 %
Bayes on 0/0 by SVM Classifier: 99.6779388083736 %

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As we noticed earlier, the accuracy is a decent 84%.

But, there is one more detail that comes to notice, that is -

The performance of the model is **extremely poor** when it comes to predicting someone prone to a heart disease.

The accuracy being a extremely low 0.67%

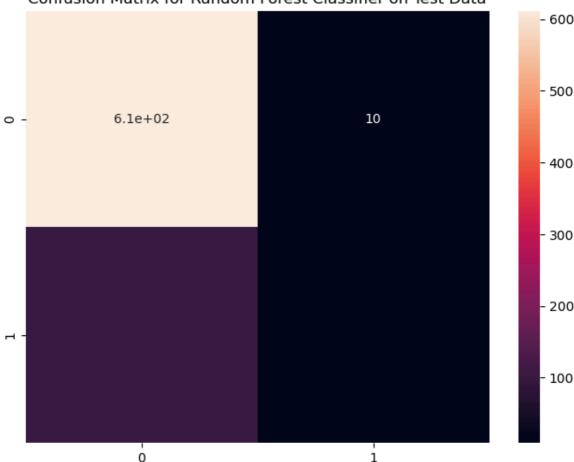
This detail is a concerning fault of our model, because failing to recognise a person's probable illness may lead to delays in treatment, which may prove to have **severe concequences**.

Lets check how the other models are performing in this regard.

```
cf_matrix = confusion_matrix(Y_test, preds)
plt.figure(figsize=(8,6))
plt.title("Confusion Matrix for Random Forest Classifier on Test Data")
sns.heatmap(cf_matrix,annot=True)
plt.show()
```

Accuracy on train data by Random Forest Classifier: 100.00% Bayes on 1/1 by RF Classifier: 100.0 % Bayes on 0/0 by RF Classifier: 100.0 % Accuracy on test data by Random Forest Classifier: 84.70% Bayes on 1/1 by RF Classifier: 8.108108108108109 % Bayes on 0/0 by RF Classifier: 98.38969404186795 %

Confusion Matrix for Random Forest Classifier on Test Data



While the results of the RFC model is much better for detecting illnesses, while maintaining a similar overall and healthy person predicting capability, the accuracy is still far too low than what is desired.

Lets have a look at our last model.

```
In [16]: nb_model = GaussianNB()
    nb_model.fit(X_train,Y_train)
    preds = nb_model.predict(X_test)

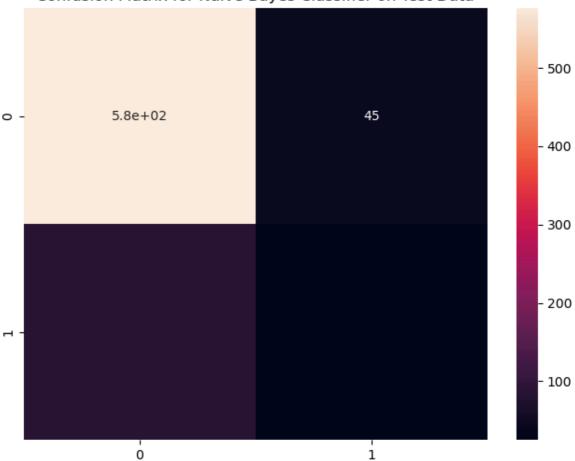
train_accuracy = accuracy_score(Y_train, nb_model.predict(X_train))*100
    print(f"Accuracy on train data by GaussianNB Classifier: {train_accuracy:.2f}%")
    print("Bayes on 1/1 by GaaussNB Classifier: ",bayes(nb_model.predict(X_train),Y_print("Bayes on 0/0 by GaaussNB Classifier: ",bayes(nb_model.predict(X_train),Y_test_accuracy = accuracy_score(Y_test, nb_model.predict(X_test)) * 100
    print(f"Accuracy on test data by GaussianNB Classifier: {test_accuracy:.2f}%")
    print("Bayes on 1/1 by GaaussNB Classifier: ",bayes(nb_model.predict(X_test),Y_t
```

```
print("Bayes on 0/0 by GaaussNB Classifier: ",bayes(nb_model.predict(X_test),Y_t

cf_matrix = confusion_matrix(Y_test, preds)
plt.figure(figsize=(8,6))
plt.title("Confusion Matrix for Naive Bayes Classifier on Test Data")
sns.heatmap(cf_matrix,annot=True)
plt.show()
```

Accuracy on train data by GaussianNB Classifier: 82.37% Bayes on 1/1 by GaaussNB Classifier: 23.094170403587444 % Bayes on 0/0 by GaaussNB Classifier: 93.0241935483871 % Accuracy on test data by GaussianNB Classifier: 82.10% Bayes on 1/1 by GaaussNB Classifier: 22.52252252252 % Bayes on 0/0 by GaaussNB Classifier: 92.7536231884058 %

Confusion Matrix for Naive Bayes Classifier on Test Data



While the results of the GaussianNB model is much better than RFC model for detecting illnesses, it has a significant drop in accuracy of detecting healthy people, and the accuracy is still far too low than what is desired.

Section 4: Prediction Combination / Finalization

We have yet acheived the highest accuracy of 22% for detecting people with potential heart diseases in the future.

One way to improve this percentage would be the combine the predictions of all 3 models, and considering the overall prediction to be 1, if atleast one or more predictions is 1.

Why? because the chance of all three predictions being 0, when the actual value is 1, would be between **22% and 30%**

```
0.99 * 0.92 * 0.77 = \{ 0.3 \}  { [P(0|1) - svm] * [P(0|1) - rfc] * [P(0|1) - gnb] }
```

The percentage would've been 30% if all three predicions were iid, but they are not. So the percentage is less than 30%, but more than 22%

Lets have a look at the results we get.

```
In [17]: nb_pred = nb_model.predict(X_test)
    rf_pred = rf_model.predict(X_test)
    svm_pred = svm_model.predict(X_test)
    coll = [[i,j,k] for i,j,k in zip(nb_pred,rf_pred,svm_pred)]
    final_pred = [max(i) for i in coll]

In [18]: test_accuracy = accuracy_score(Y_test, final_pred)
    test_accuracy

Out[18]: 0.8169398907103825

In [19]: bayes(final_pred,Y_test,1,1)*100

Out[19]: 25.225225225225223

In [20]: bayes(final_pred,Y_test,0,0)*100
```

Out[20]: 91.78743961352657

Our efforts have led the accuracy to rise from 22% to 25%.

While any rise in accuracy would be effective in helping more people in need of immediate help, the accuracy still needs to be higher than what it is as of now.

We know, a Regression Model wont be making a 0 or 1 classification. But we can use Regression to help with some predictions.

Logic: The higher the value of the Regression Prediction, the more likely it is for the actual value to be equal to 1.

So, we can set a threshold. If the predicted value is more than that value, the prediction would be considered to be 1, else it will be considered 0

Lets use RandomForestRegressor for this purpose

Lets try out our approach with the threshold to be 0.25

```
In [22]: rfg_pred = rfg_model.predict(X_test)
    rfg_pred = [ 1 if i>0.25 else 0 for i in rfg_pred ]

In [23]: test_accuracy = accuracy_score(Y_test, rfg_pred)
    test_accuracy*100

Out[23]: 76.63934426229508

In [24]: bayes(rfg_pred,Y_test,1,1)*100

Out[24]: 49.549549549546

In [25]: bayes(rfg_pred,Y_test,0,0)*100

Out[25]: 81.48148148148148
```

As we can see, the accuracy for this approach is much higher than the other 3 models, individually and combined.

If we add the new predictions to the previous 3 prediction combination, the accuracy for detecting possible disease would reach a even higher accuracy.

```
In [26]: abs_pred = [ max(i,j) for i,j in zip(final_pred, rfg_pred) ]
In [27]: test_accuracy = accuracy_score(Y_test, abs_pred)
    test_accuracy*100
Out[27]: 75.27322404371584
In [28]: bayes(abs_pred,Y_test,1,1)*100
Out[28]: 52.25225225225
In [29]: bayes(abs_pred,Y_test,0,0)*100
Out[29]: 79.38808373590982
```

Section 4.5: Accuracy Trade-off

It is observable that increasing the accuracy for detecting people with possibility of developing diseases (*bayes 1/1*) comes with a decrease in accuracy of clearning people with no diseases (*bayes 0/0*). So, the desicion to take is how much accuracy would we like to sacrifise for each group of people.

Solution: We **prioritize the accuracy in predicting people who are likely of developing Heart disease**, over the accuracy in clearing people with low chances of disease.

Logic: The value being predicted is "Will the person sustain a Heart Disease in future (within next 10 years)?"

If it is predicted that the person will, it is more likely that a change in lifestyle, such as

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diet, exercise would be recommended. This has **no major side-effects**, unlike wrong medication.

Thus, is a heathy person is wrongly predicted to be at a risk, what happens is **they would** have to follow a stricted lifestyle, which will still benifit them.

While on the other hand, a unhealthy person being wrongly predicted to be safe may lead to a Disease which could've been avoided.

So its better to prioritize the detection of risk than the clearance.

We acheive a higher accuracy by lowering the threshold of *RandomForestRegressor* prediction

```
In [30]: rfg_pred2 = rfg_model.predict(X_test)
In [31]: rfg_det = [ 1 if i>0.1 else 0 for i in rfg_pred2 ]
In [32]: bayes(rfg_det,Y_test,1,1)*100
Out[32]: 80.18018018018019
In [33]: bayes(rfg_det,Y_test,0,0)*100
Out[33]: 47.987117552334944
In [34]: final_preds = [ max(i,j) for i,j in zip(abs_pred, rfg_det) ]
In [35]: final_pred = [0]*len(final_preds)
In [36]: bayes(final_preds,Y_test,1,1)*100
Out[36]: 81.98198198198197
```

We are currently at a state where:

- Accuracy of determing risk: 81%
- Accuracy of determining safety: 46%

We have heavily sacrifised the accuracy of determining safe people. What we can do is to introduce a new parameter, to help with diagnosis of people predicted to be at risk. This parameters would be High Risk/Low Risk, based on the value predicted by Regression.

We set the threshold to be 0.2, for which the accuracy of risk prediction was shown to be 50%.

Section 5: User-Model Interaction Space

Here, we define a user-interactive code which:

- Asks the user if they want to predict or not.
- if Yes, asks for the required values of related attributes.

- Determines if observed person is in risk of developing heart disease or not.
- If there is risk, provides additional information on degree of risk.

Before that, we fit all four required models with the entire dataset to improve the quality of predictions.

```
In [37]: rf_model.fit(X,Y)
         rfg_model.fit(X,Y)
          svm_model.fit(X,Y)
         nb_model.fit(X,Y)
Out[37]:
         ▼ GaussianNB
         GaussianNB()
In [38]:
         ques = [ i for i in features ]
         while True:
             if c==0:
                  print("Do you want to make any predictions?")
              elif c>0:
                  print("Do you want to make any more predictions?")
             print("Enter 1 if Yes, else 0")
             a = int(input("Choice:"))
              if a!=0 and a!=1:
                  print("Invalid Choice")
              elif a==0:
                  print("Choice is No (0)")
                  print("Exit Program")
                  if c>0:
                      print("Thank you for using our services.")
                  break
              elif a==1:
                  print("Choice is Yes (1)")
                  lst = []
                  for i in ques:
                      lst.append(float(input(f"Enter value of {i}: ")))
                  df = pd.DataFrame([1st], columns=ques)
                  rfc_prediction = rf_model.predict(df)
                  gnb_prediction = nb_model.predict(df)
                  svm prediction = svm model.predict(df)
                  rfg_prediction = rfg_model.predict(df)
                  abs prediction = [ 1 if i>0.1 else 0 for i in rfg pred2 ]
                  final_prediction = [max(a,b,c,d) for a,b,c,d in zip(rfc_prediction,abs_p
                  risk = ""
                  if rfg_prediction>0.4:
                      risk="High Risk"
                  elif rfg_prediction>0.2:
                      risk="Medium Risk"
                  elif rfg_prediction<0.2:</pre>
                      risk="Row Risk"
                  print("Reported Parameters: ",lst)
                  print(final prediction[0],risk)
                  c+=1
```

Do you want to make any predictions? Enter 1 if Yes, else 0

Since all our models have been defined, and set to actively accept provided data and provide predictions,

our program is ready to use and the project is complete

Conclusion

This marks the end of our Project.

This program assists us predicting if a person is at risk of developing a heart disease within the next 10 years.

We acheived this by using 4 separate models and combining their predictions to create a final prediction (max strategy), and use one of the models to report additional information about the degree of risk if there is any.

We noticed that the maximum accuracy of predicting people at risk goes up to **85%**, while sacrifising the accuracy of no-risk detection, dropping it to **50%**.

This trade-off was allowed due to the low risk treatment methods followed when a "disease-to-be" is concerned, especially over a long term period of 10 years.