# STROKE RISK PREDICTION

## **Team Members:**

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Course Code: CSE3045
Predictive Analytics

Slot: A2

Professor: Dr. Ilanthenral Kandasamy

#### 1. Introduction:

Stroke is a blood coagulation or drains in the cerebrum, which can make super durable harm that affects versatility, perception, sight or correspondence. Stroke is considered as clinical pressing circumstance and can cause long haul neurological harm, difficulties and frequently death. Stroke is the secondary driving reason for death and primary driving reason for grown-up inability worldwide with 400-800 strokes per 100,000, 15 million new acute strokes every year, 28,500,000 disability adjusted life-years and 28-30-day case fatality ranging from 17% to 35%. The burden of stroke will probably deteriorate with stroke and heart illness related deaths projected to increment to 5,000,000 out of 2020, contrasted with 3,000,000 of every 1998. This will be an aftereffect of proceeding with wellbeing and segment progress bringing about expansion in vascular infection risk factors and population of older people. Passing from stroke is because of comorbidities or potential difficulties. Stroke can occur in anyone regardless of race, gender or age however the chances of having a stroke increase if an individual has certain risk factors that can cause a stroke. The most effective way to safeguard oneself as well as other people is to comprehend individual gamble and how to oversee it. Complexities of stroke might emerge at various time-frames. Every 4 minutes someone passes away due to stroke, but up to 80% of it can be stopped if we can predict the presence of stroke in its early stage. The goal of this project is to work on the best machine learning algorithm to predict such strokes and prevent the number of deaths due to it.

## 2. Literature Review Summary Table

Authors and Year	Title (Study)	Concept / Theoretical model/ Framework	Methodology used/ Implementation	Dataset details/ Analysis	Relevant Finding	Limitations/Future Research/Gaps identified
Matthew Chun, Robert Clarke, Benjamin J. Cairns (May 2021)	Stroke risk prediction using machine learning	This research compares Cox models, machine learning (ML), and ensemble models.	Compared discrimination and calibration of Cox regression, logistic regression, supporting vector machines, random survival forests, gradient boosted trees (GBT), and multilayer perceptron, benchmarking performance against the 2017 Framingham Stroke Risk Profile	The dataset included 143 risk factor indicators in addition to incident stroke cases and a time-to-event for each stroke event.	Among the included study participants, the mean (SD) age was 51.9 (10.6) years and 59% were women. The incidence of stroke was higher in men than in women (9.5% vs 7.9%) and varied by more than 5-fold between the 10 study areas.	Atrial fibrillation (AF), which is commonly included in risk scores for CVD and stroke,10,13 was not recorded in the CKB and could not be included in the models.
Vamsi Bandi, Debnath Bhattach aryya, Divya M.	Prediction of Brain Stroke Severity Using Machine Learning	A Stroke Prediction (SPN) algorithm is proposed by using the improvised random forest in analysing the levels of risks obtained within the strokes.	Algorithm 1: Random Forest  Algorithm 2: AdaBoost:  Boosting is the technique of combining all the weak classifiers under a single strong classifier.	The data set used in this research work includes a total of 4,799 subjects which contains 3,123 males and 1,676 females.	The Random Forest classifier was found out to be the best performer with an accuracy of 94.23%, 92.16% sensitivity, 95.07 specificities, 0.04% low error rate results.	In this research work, the authors have done only a classification of various types of strokes. This leads to improper classification and we do not attain decent accuracy to predict the stroke severity. So, there is a gap identified for predicting the risk levels of stroke factors which are low, moderate, high and severe.

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Sergio Penafi El, Nelson Baloia, Horacio Sanson, Jose Pino (Novemb er 2020)	Predicting Stroke Risk with an Interpretabl e Classifier	In this work, they presented the development of a prediction method which not only outperforms some other existing ones but also gives information about the most probable causes of high stroke risk. It is based on the Dempster-Shafer theory of plausibility.	For the case of disease history, the data is presented like a log showing the time when a patient was diagnosed with certain disease. This representation cannot be inputted directly into the vector; instead, we can consider to have a column for each disease and mark it as 1 if the patient had the disease in the past and 0 if not.	The dataset had 27876 patients' records, 22140 of them did not have strokes (79.4%), and 5736 had (20.6%).	The model performanc e was tested using a 5-fold experiment over the dataset. For each fold, the following indicators were calculated: accuracy, sensitivity, specificity, F1 macro, and the area under the ROC curve.	One of the limitations of all proposed representations is the lack of interpretability; the authors emphasize that this is an important aspect in the medical field but currently its coverage is very low among existing proposed solutions.
Xuemen g Li, Di Bian, Jinghui Y, Mei Li3 and Dongshe ng Zhao (2019)	Using machine learning models to improve stroke risk level classification methods of China national stroke screening	In this paper, they have used 2017 national stroke screening data to develop stroke risk classification models based on machine learning algorithms to improve the classification efficiency.	Training set and test sets were separated and then they performed logistic regression model, Naïve Bayesian model, Bayesian network model, decision tree model, neural network model, random forest model, bagged decision tree model, voting model and boosting model with decision trees to classify stroke risk levels.	They used five different heart disease datasets, four breast cancer datasets, two diabetes datasets, two liver disease datasets and one hepatitis dataset.	Ten-fold cross validation method was used to evaluate results.  Random Forest: Precision: 97.3% Recall: 98.44% F1-score: 97.88 AUC: 99.94%	Unknown factors which can cause stroke cannot be tracked right now with the current technology and hence the model is not that reliable right now. This paper does not analyse the classification level of stroke levels.

Nugroho Sinung Adi, Richas Farhany, Rafidah Ghina, Herlina Napitupu lu (2021)	Stroke Risk Prediction Model Using Machine Learning	The research uses three machine learning algorithm models, including Naive Bayes, Decision Tree, and Random Forest. The prediction uses patient health history as the attribute in each mode.	The procedure performed in testing the algorithms consists of six steps. Including (1) collecting data, (2) data labeling, (3) data preparation, (4) data partitioning, (5) data classification, and (6) evaluation. Knime Analytics Platform was used.	The stroke dataset was used to classify stroke prediction s and it was taken from Kaggle in Septembe r 2021. It consists of attributes including gender, age, hypertensi on etc.	The highest accuracy value was obtained by Random Forest with a result of 94.26%.	This model does not consider the factors such as recent strenuous activity and occupation.
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- **3. Objective of the project:** Stroke is the subsequent driving reason for death worldwide and stays a significant wellbeing trouble both for the people and for the public medical care frameworks. Possibly modifiable risk factors for stroke incorporate hypertension, heart infection, diabetes, and dysregulation of glucose digestion, atrial fibrillation, and way of lifestyle factors. Thus, the objective of our project is to apply standards of Machine Learning and AI over enormous dataset collections to actually foresee the stroke in light of possibly modifiable risk factors. The next objective is to provide the user with a web interface to check whether there is a risk of stroke or not by entering the required input values.
- **4. Innovation component in the project:** This project involves the working of 5 different machine learning algorithms to predict the risk of stroke. The usage of 5 different ML algorithms and then deploying the web application based on it is innovative as it will help to predict the risk of stroke very accurately. After finding the best algorithm, an application is created by deploying it on the web. On entering the input values such as gender, age, BMI, etc. the web application works on the best performance algorithm and calculates whether there is a risk of stroke or not. The algorithm diagnoses the risk of stroke based on the given inputs.

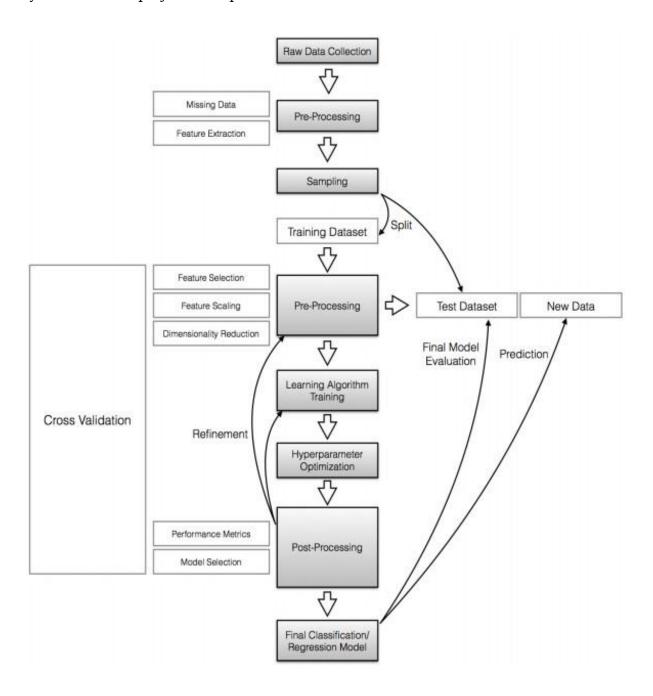
## 5. Work done and implementation

**a. Methodology adapted:** Our project uses machine learning algorithms such as Decision Tree, Logistic Regression, KNN, Random Forest, Support Vector Machine. The process starts with collection of data and pre-processing it. The dataset is collected from Kaggle and it includes 12 attributes. Exploratory Data Analysis is performed for the important variables and data is visualized. The pre-processing includes removal of

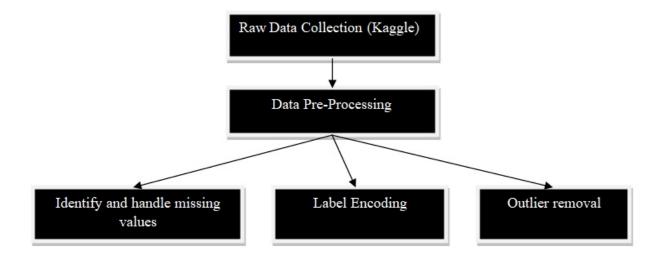
missing data, label encoding and feature extraction. Outliers are also removed during this process. The dataset is then divided into training and testing data. We have considered 80 % - 20 % ratio. After this, the algorithm is applied to the data and the performance measures are compared.

The hardware requirements for this project includes a Windows/Linux PC. The software requirements include Python, Jupyter Notebook, Pandas, Seaborn and other libraries.

By the end of the project the expected architecture is as follows:



The architecture based on our current progress is:



#### b. Dataset used:

- a. The dataset used is Stroke-Prediction dataset. It has been obtained from Kaggle. This dataset is used to predict whether a patient is likely to get stroke based on the input parameters like gender, age, various diseases, and smoking status. Each row in the data provides relevant information about the patient. The data contains 5110 observations with 12 attributes. He attributes include id, gender, age, hypertension, heart disease, ever married, work type, Residence type, avg glucose level, bmi, smoking status, stroke.
- b. The project is not based on any paper but the topic is inspired from a research paper from CMRIT, Bangalore where the authors have worked on "Prediction of Stroke Using Machine Learning". They have worked on the algorithms like Naïve Bayes, Artificial Neural Network to predict the risk. We have used other ML algorithms like SVM, Logistic Regression, KNN, Random Forest to compute the accuracy and then deploy a web application to predict the stroke risk by computing the input values.
- c. This project differs from the reference project by working on other ML algorithms like Decision Tree, Logistic Regression, KNN, Random Forest, Support Vector Machine. The aim is to compare these 5 algorithms and find out the best performance metrics to successfully predict the stroke risk. A web application is also developed to check the risk by entering the input values like age, gender, BMI, etc.

#### c. Tools to be used:

The tools required are Python, Jupyter Notebook and libraries like Matplotlib, Seaborn, Pandas. RStudio is used for data visualization.

Python language is used to write the code for Machine Learning algorithms. Jupyter notebook is used as a platform to write the Python code.

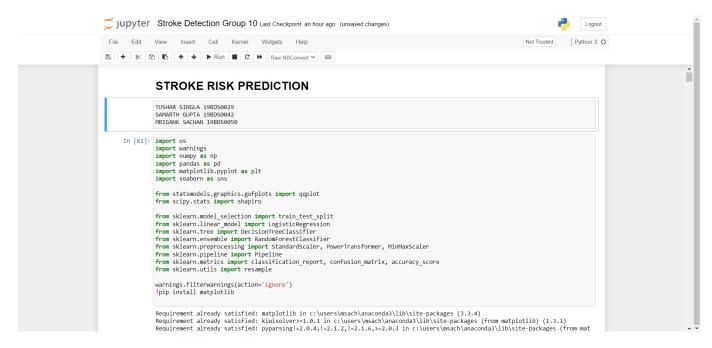
Matplotlib is a plotting library for the Python programming language. It provides an object-oriented API for embedding plots into applications.

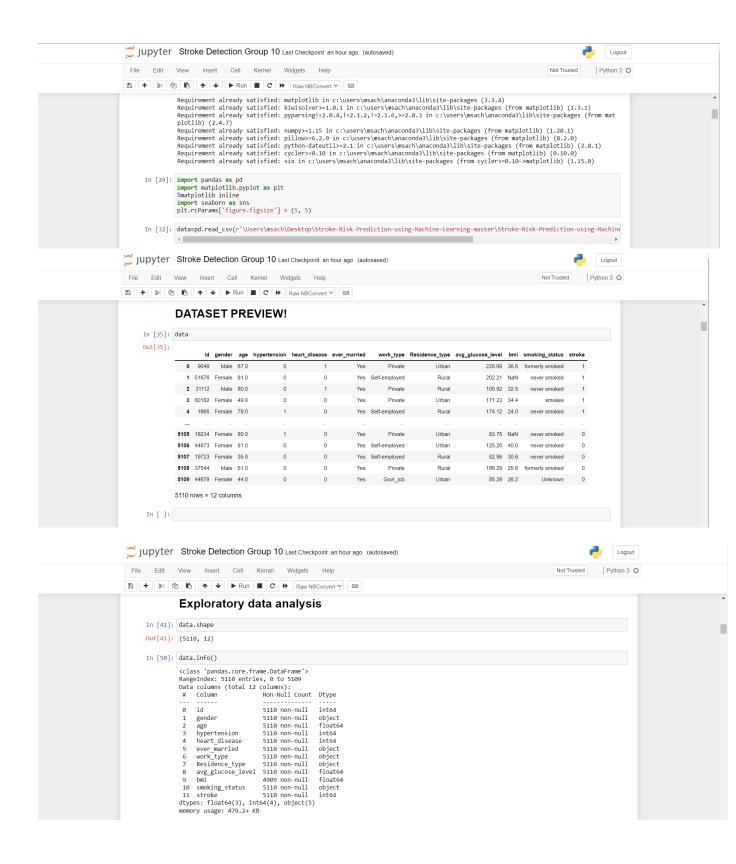
Seaborn is a Python data visualization library based on matplotlib. It provides a high-level interface for drawing attractive and informative statistical graphics.

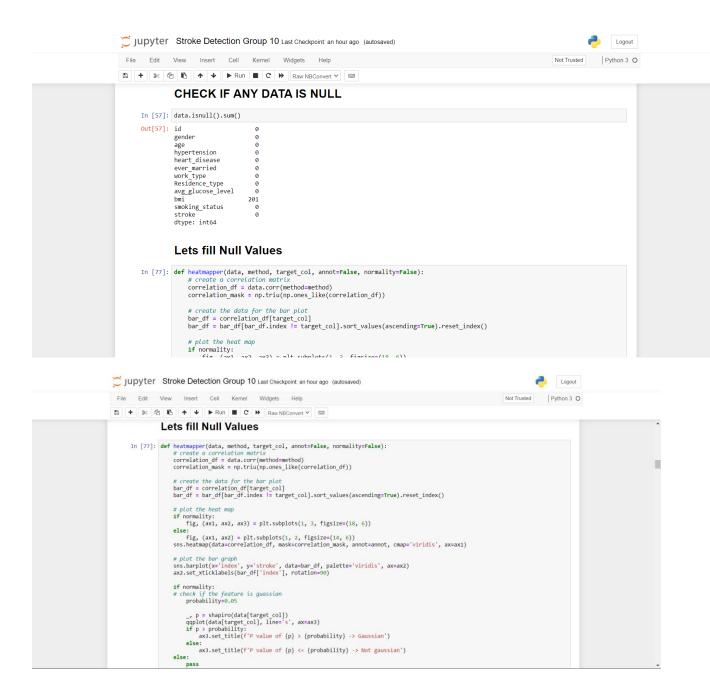
Pandas is a software library written for the Python programming language for data manipulation and analysis. In particular, it offers data structures and operations for manipulating numerical tables and time series.

The RStudio IDE is a set of integrated tools designed to be more productive with R and Python. R is a free software environment for statistical computing and graphics. It compiles and runs on a wide variety of UNIX platforms, Windows and MacOS.

## d. Screenshot and Demo along with Visualization:





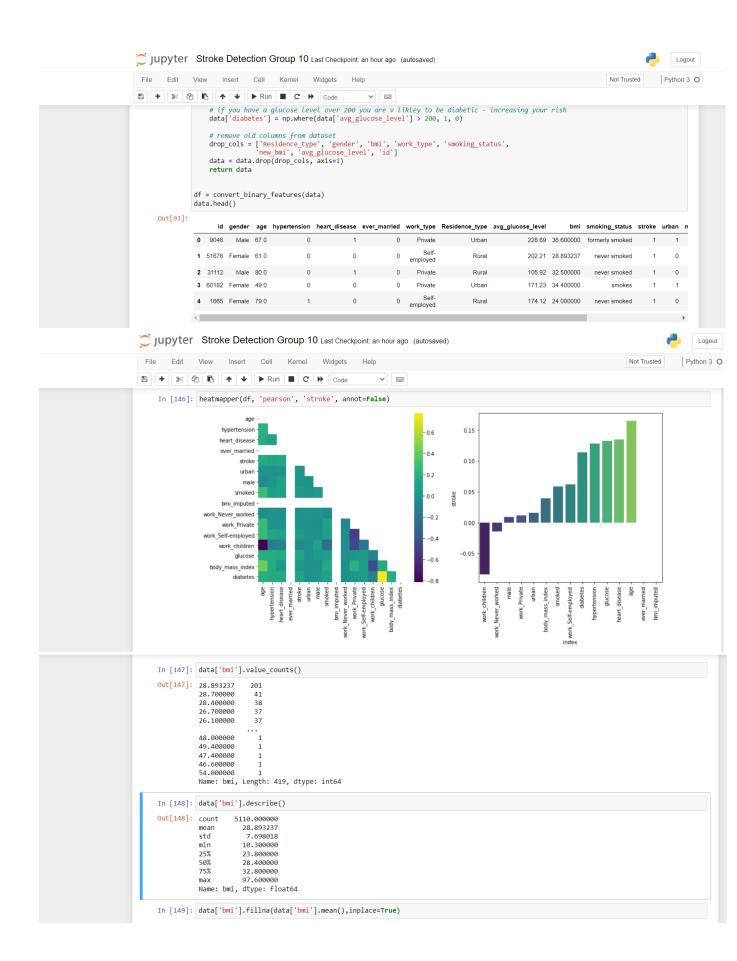


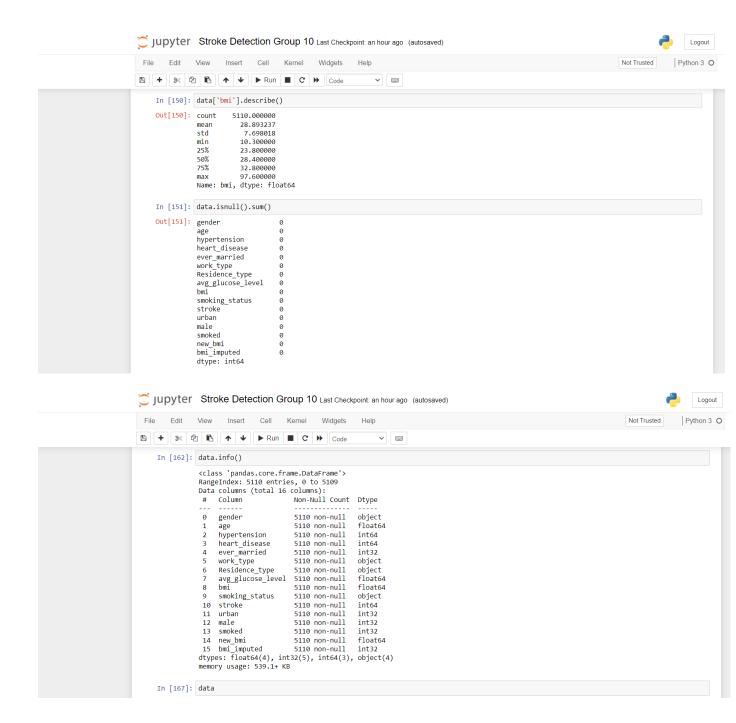
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# create the data for the bar plot
bar_df = correlation_df[target_col]
bar_df = bar_df[bar_df.index != target_col].sort_values(ascending=True).reset_index()
                                                                          # plot the heat map
if normality:
    fig, (ax1, ax2, ax3) = plt.subplots(1, 3, figsize=(18, 6))
                                                                         rig, (axi, axz, axs) = pit.subplots(1, 3, figsize=(18, 6))
else:
    fig, (axi, ax2) = plt.subplots(1, 2, figsize=(14, 6))
sns.heatmap(data=correlation_df, mask=correlation_mask, annot=annot, cmap='viridis', ax=ax1)
                                                                         # plot the bar graph
sns.barplot(x='index', y='stroke', data=bar_df, palette='viridis', ax=ax2)
ax2.set_xticklabels(bar_df['index'], rotation=90)
                                                                         if normality:
# check if the feature is guassian
    probability=0.05
                                                                                  _, p = shapiro(data[target_col])
qqplot(data[target_col], line='s', ax=ax3)
if p > probability:
    ax3.set_title(f'P value of {p} > {probability} -> Gaussian')
                                                                                 else:

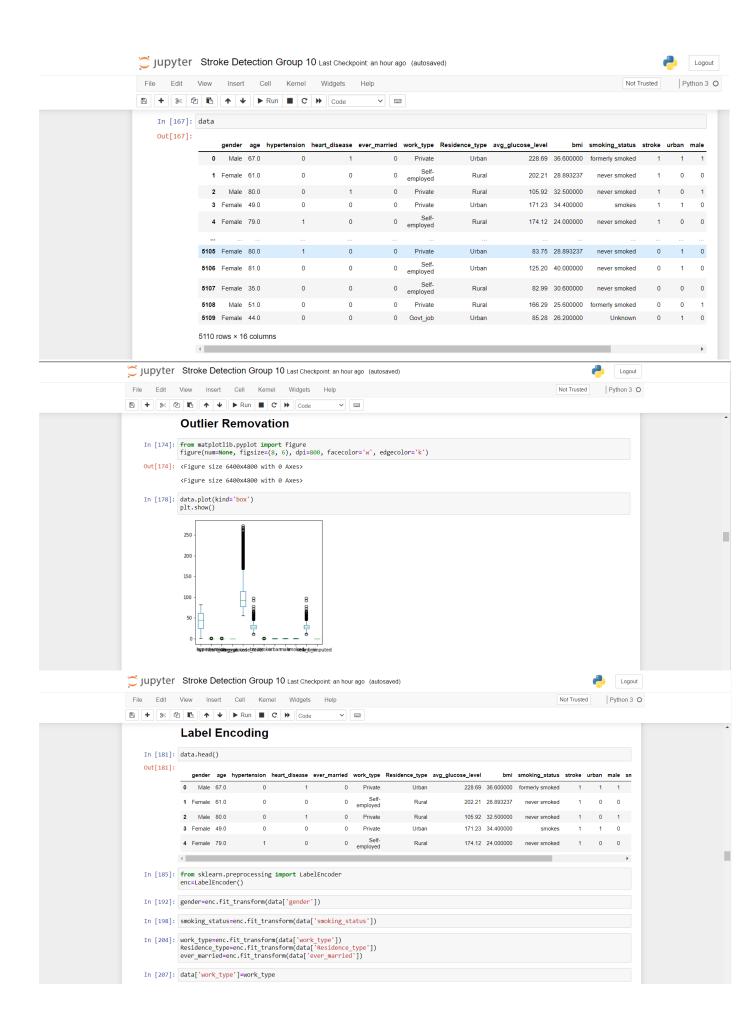
ax3.set_title(f'P value of {p} <= {probability} -> Not gaussian')
                                                                          return plt.show()
                                                                  heatmapper(data, 'pearson', 'stroke')
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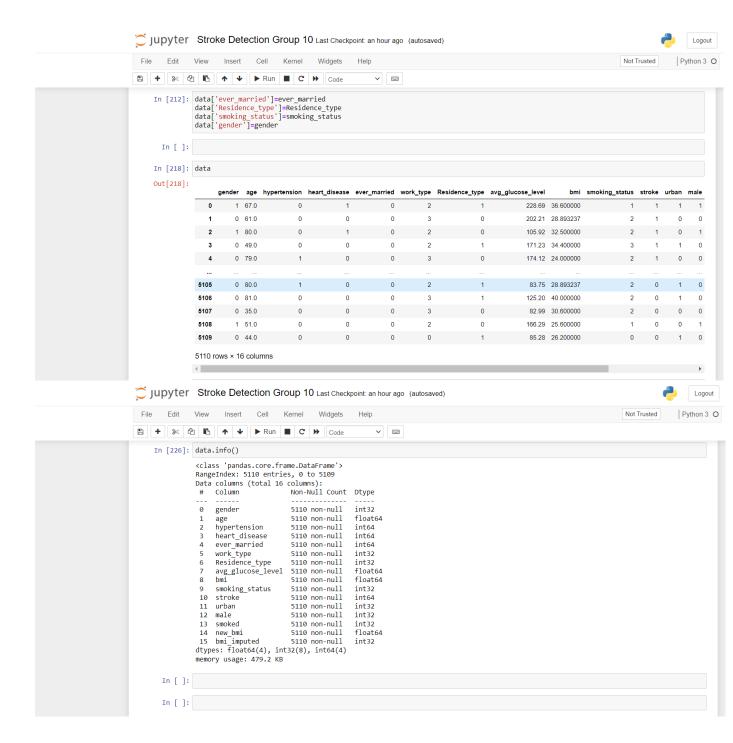
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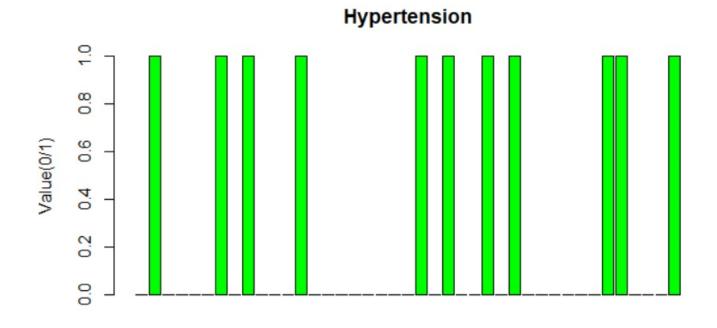
             In [93]: def convert_binary_features(data):
                                            # convert the binary fields into 1/0
data['ever_married'] = np.where(data['ever_married'] == 'Yes', 1, 0)
data['urban'] = np.where(data['Residence_type'] == 'Urban', 1, 0)
data['male'] = np.where(data['gender'] == 'Male', 1, 0)
                                             # Convert if ever smoked into a binary field
smoking_list = ['formerly smoked', 'smokes']
data['smoked'] = np.where(data['smoking_status'].isin(smoking_list), 1, 0)
                                            # BMI is the only null column, for now try imputing the mean value
median_bmi = data['bmi'].median()
mean_bmi = data['bmi'].mean()
data['new_bmi'] = np.where(data['bmi'].isnull(), mean_bmi, data['bmi'])
                                             data['bmi_imputed'] = np.where(data['bmi'].isnull(), 1, 0)
                                             # get dummies for work features
                                             work_dummies = pd.get_dummies(data['work_type'], drop_first=True, prefix='work')
data = pd.merge(left=data,
                                                                                   right=work_dummies,
                                                                                  how='left',
left_index=True,
                                                                                   right_index=True)
                                            # standardise glucose and BMI
data['glucose'] = (data['avg_glucose_level'] - data['avg_glucose_level'].mean()) / data['avg_glucose_level'].std()
data['body_mass_index'] = (data['new_bmi'] - data['new_bmi'].mean()) / data['new_bmi'].std()
data['age'] = np.log(data['age'])
                                             # if you have a glucose level over 200 you are v likley to be diabetic - increasing your rish
data['diabetes'] = np.where(data['avg_glucose_level'] > 200, 1, 0)
                                             # remove old columns from dataset
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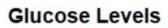


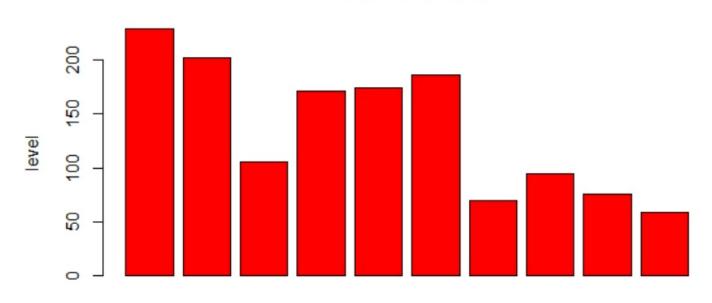




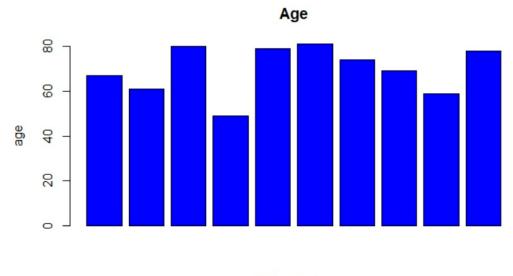


Dataset value





Dataset value



Dataset value

## 6. Expected Results

By the end of the project, we would be selecting the best algorithm with highest accuracy to predict the risk of stroke prediction based on the stroke prediction dataset. We also aim to develop a web application to instantly prompt the user if he or she has a probability of stroke based on the input values like age, gender, smoking status, BMI, hypertension and other similar parameters.

### 7. References - IEEE std.

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