Predicting Diabetes in the Pima Indians: An Investigation into Classification Strategies

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1 Introduction

1.1 Aim

The aim of this study is to investigate methods for predicting the future onset of diabetes mellitus (or simply diabetes), with relevance to females over 21 and of Pima Indian heritage.

1.2 Relevance

This study is important because the classifiers created have the potential to forewarn individuals of their risk to diabetes, and to be used as an easy clinical tool for early prevention. This is particularly important because, if left untreated, diabetes can lead to many serious long-term health implications such as cardiovascular disease, stroke, diabetic ketoacidosis and even death [2].

2 Data

The dataset used throughout this paper originates from the National Institute of Diabetes and Digestive and Kidney Diseases and was first used in a demonstration of the ADAP Learning Algorithm in 1988 [12]. It consists of 768 non-diabetic females aged at least 21 years old and of Pima Indian heritage. There are 9 columns per row, the first 8 of which are biometric measurement attributes whilst the final one is the class consisting of whether or not the individual with be diagnosed with diabetes. A description of each column in the dataset is shown in Table 1. To maintain consistency the dataset has been cleaned to remove any missing values.

Table 1: A synopsis of the dataset's columns with those selected by CFS highlighted.

Description	**Units**
Number of times pregnant	n/a
Plasma glucose concentration at 2 hours in an oral glucose tolerance test	mg/dL
Diastolic blood pressure	mm Hg
Triceps skin fold thickness	mm
Serum insulin level	μU/mL
Body mass index (BMI)	kg/m^2
Diabetes pedigree function (likelihood of diabetes based on family history)	n/a
Age	years
Is diabetes diagnosed between 1 and 5 years after the above measurements are recorded?	n/a

2.1 Attribute Selection

The Correlation-based Feature Selection (CFS) method is a way of determining a representative set of attributes which are highly correlated with the class but uncorrelated with each other. This can improve the training of a classification model by removing features that are not predictive of the class.

Using the CFS algorithm [7] implemented in Weka 3.8.5 [5], the attributes that were selected are plasma glucose concentration, serum insulin level, BMI, diabetes pedigree function and age, and are additionally highlighted in Table 1.

3 Results and Discussion

3.1 Classifier Accuracy

The canonical Naïve Bayes (NB) and Decision Tree (DT) classification algorithms were implemented with tie decisions resulting in a 'yes' and are hereafter referred to as MyNB and MyDT respectively. 10-fold stratified cross validation was then performed on these algorithms and 12 other inbuilt Weka algorithms using the dataset described in section 2 after normalisation and discretisation for the numeric and nominal classification algorithms respectively.

Tables 2 and 3 present all the resulting accuracy figures for each tested classification algorithm, shown in percentage (%) to 4 d.p., using both the full dataset and the dataset after CFS, and coloured for ease of comparison.

Table 2: The 10-fold stratified cross validation accuracy in percentage (%) of each tested *numeric* classification algorithm using the dataset with and without CFS.

Numeric Data	ZeroR	1R	1NN	5NN	NB	MLP	SVM	MyNB
No feature selection	65.1042	70.8333	67.8385	74.4792	75.1302	75.3906	76.3021	75.2614
CFS	65.1042	70.8333	69.0104	74.4792	76.3021	75.7813	76.6927	76.0407

Table 3: The 10-fold stratified cross validation accuracy in percentage (%) of each tested *nominal* classification algorithm using the dataset with and without CFS.

Nominal Data	DT unpruned	DT pruned	MyDT	Bagg	Boost	RF
No feature selection	75.0000	75.3906	73.4484	74.8698	76.1719	73.1771
CFS	79.4271	79.4271	78.3869	78.5156	78.6458	78.9063

3.2 DT Diagrams

Decision trees were built on the full discretised dataset using three different algorithms: MyDT, and two DT classifiers from Weka (DT unpruned and DT pruned). The MyDT tree was built using the ID3 algorithm (without pruning), which recursively builds a tree based on maximum information gain. The two Weka variants were built using J48 (an implementation of the C4.5 algorithm) with default parameters, but differ in that one has been pruned in addition to the other [5]. The DT diagrams are displayed in Figures 2, 3 and 4 in section 6.

3.3 Discussion

3.3.1 Comparison of Classifiers

Overall, the accuracy of the 14 classifiers ranged roughly between 65% and 80% with a mean of ~74.5%.

The best performing numeric classifier was the SVM, both with and without feature selection, where it achieved an accuracy of ~76.7% and ~76.3% respectively. Similar in performance were MyNB, NB and MLP, with accuracies roughly within 1% of the SVM. This small difference in accuracies ranging

from 75% to 77% is not necessarily indicative of algorithmic superiority but may be the effect of random noise in the testing dataset.

On the other hand, the worst performing numeric classifiers were ZeroR, 1R and 1NN, achieving accuracies between 65% and 71%. These simple algorithms are clearly not complex enough to capture patterns in the data, but are instead good points for comparison as to what is easily achievable (for example by predicting the majority class in ZeroR).

Within the nominal classifiers, the highest accuracy was ∼79.4%, and was obtained by both the pruned and unpruned DT using feature selection. Despite this, all of the nominal classifiers performed well using feature selection, with accuracies ranging roughly between 78% and 79.5%. Without feature selection, the best performing nominal classifier was Boost with an accuracy of ∼76.2%.

The worst performing nominal classifier was MyDT, with and without feature selection, where it achieved an accuracy of ∼78.3% and ∼73.4% respectively.

The 6 nominal classifiers clearly performed much better than the 8 numeric ones with a mean accuracy of ∼76.8% compared to ∼72.8%. In addition, using CFS improved or equalled the performance of every classifier, with an average improvement in accuracy of ∼2.1%.

The implementations of MyNB and Weka's NB only differ in terms of their running time performance. In fact, the minimal differences in accuracies evident in Table 2 are most likely the result of different 10-fold data stratifications used in the cross validation accuracy calculations. On the other hand, the implementations of MyDT and Weka's two DTs differ profoundly. MyDT is built using the ID3 algorithm without pruning, whilst Weka uses J48 (an implementation of the 8th revision of the C4.5 algorithm [5]) which is very similar to ID3 but using the normalised information gain ratio as its splitting criterion. This resulted in Weka's two DTs performing better than MyDT with and without feature selection.

3.3.2 Feature Selection

The feature selection method (CFS) selected a subset of 5 features from the original 9. As is highlighted in Table 1, these were, in no particular order:

- Plasma glucose concentration
- Serum insulin level
- BMI
- Diabetes pedigree function
- Age

It makes sense that this selected subset is highly correlated with the onset of diabetes but also mutually uncorrelated.

In fact, having diabetes is defined for the dataset in question as obtaining a plasma glucose concentration of at least 200 mg/dL, 2 hours after the ingestion of 75mg of carbohydrate solution [12]. So it is no surprise that CFS claims that glucose concentration is a strong predictor of the onset of diabetes. Furthermore, the level of insulin has been found to be one of the strongest predictors of the onset of diabetes in numerous studies containing a wide range of attributes [3, 1, 9, 8]. Although glucose concentration and insulin levels often exhibit a significant inversely-correlated relationship when measured via an oral glucose tolerance test (OGTT) and insulin release test (IRT) respectively [14], the original dataset description is vague as to how the insulin level was recorded. In fact, Figure 1 shows that all of the 5 selected attributes in the CFS subset are mutually uncorrelated, as expected.

Furthermore, BMI and other weight-related features have also previously been found to be good predictors of the onset of diabetes [3, 9, 8]. Specifically within our dataset, the weight-related features

are BMI and triceps skin fold thickness, which are known to be significantly correlated [4]. However, BMI has a higher association with health-related risk factors than triceps skin fold thickness [11, 6], which explains why it was prioritised in the CFS subset.

The two other features selected by CFS are also known to have a high correlation with diabetes. In particular, age has been shown to be both a strong predictor [13] and also relatively uncorrelated with other features, as demonstrated by its inclusion in principal component analysis (PCA) in a different paper using the same dataset [9]. Family history of diabetes has also been shown to be a relatively strong and independent predictor of diabetes [10].

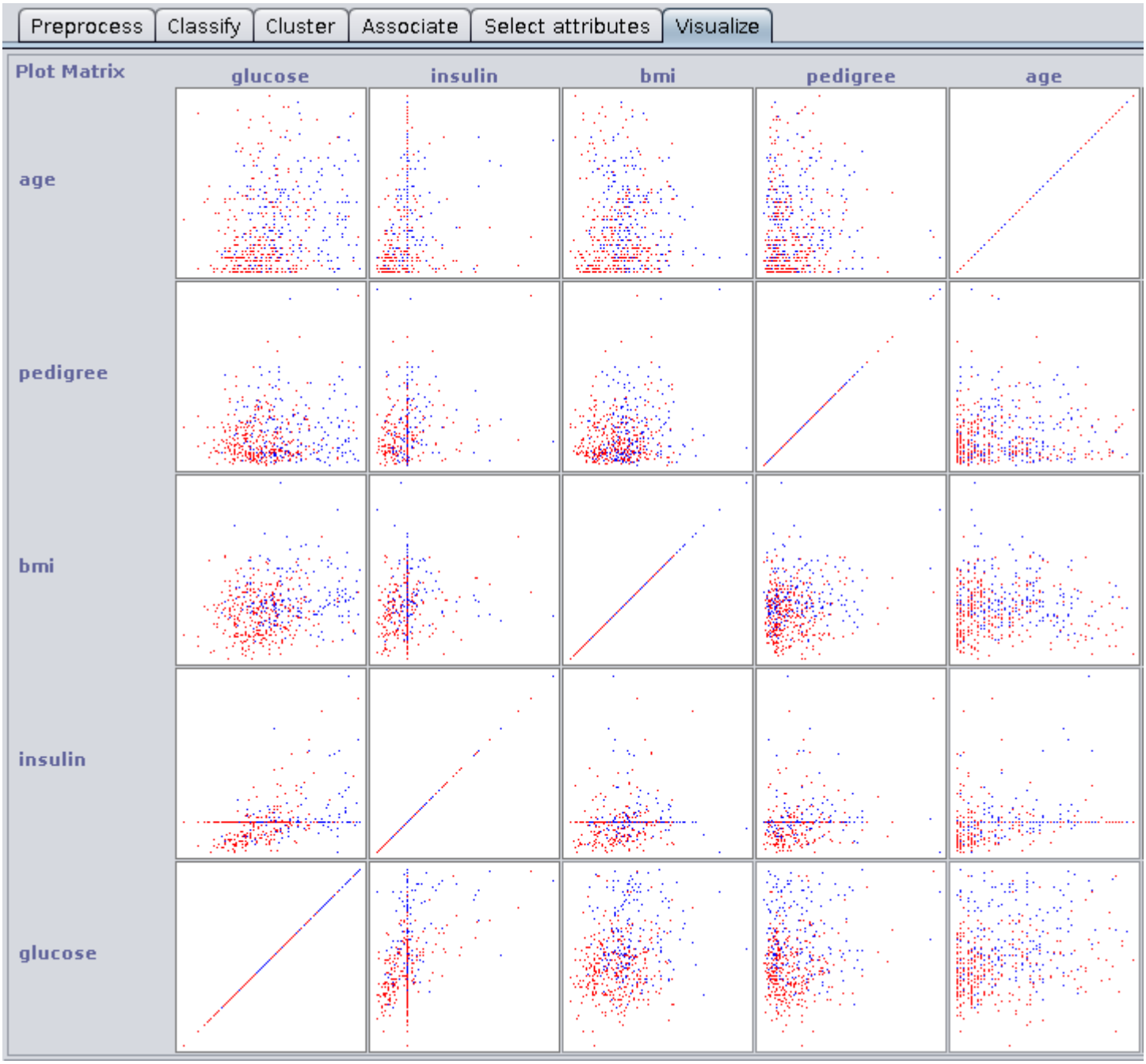

Figure 1: Scatter plot matrix using Weka with each variable from CFS.

Across all models, the accuracy either improved or stayed the same after using CFS compared to no feature selection, with an average improvement in accuracy of ∼2.1%. This effect was most apparent with tree-based models, with the accuracy improving by ∼5% for DT pruned and unpruned, MyDT and RF. This is likely due to a reduction in over fitting, stemming from the removal of features that did not add much information or were otherwise terrible predictors of the onset of diabetes.

Another advantage of CFS is the reduction in memory size and computational time. This is espe-

cially noticeable when pruning large datasets that have many features which are highly correlated with each other or poorly correlated with the target classification. In our dataset for example, the number of features was reduced by over 40%. Not only does this allow for smaller file sizes and therefore faster training and testing, but it can also increase the interpretability of models as there are less features being used when visualising decision trees.

3.3.3 Decision Trees

- similarity: glucose was used as first split for all trees, second split level is also similar - difference: much larger than equivalent unpruned, also less accurate suggesting overfitting - then segway into generic desc of pruning. how it works, how it leads to shorter tree and still has more accuracy

3.3.4 Tree-based Classifiers

how is this different from overall comparison of classifiers? basically just a comparison of nominal stuff dont wanna overlap too much i guess overall focuses on nominal vs numeric, and looks at best / worst overall

which DT method was used for bagg/boost/rf? J48. RF probs unpruned DT with some subset of features.

comparison of accuracies + reasons why

- boosting good even without CFS. try to speculate why. literature? is there a clear link between algos? boosting creates an iterative ensemble(?) of trees that focus on rows that we failed to predict, this is similar to having a number of uncorrelated features/trees QED? and then once CFS is used this advantage goes away - RF bad? if this uses very short trees we can blame this on inability to capture complexity similar to numeric data. - read literature about DFS J48 to figure out why its much better than other algos / MyDT. prob just generically list the "improvments" over ID3 and just go therefore it performs better. - similar to bagging? bagging good bc reduces overfitting therefore good. if using small trees => still not able to fully capture complexity, therefore not as good as full J48 but better than RF. what tree does this use? if it uses full ID3 trees then this doesn't hold since its worse than them.

3.3.5 ?Anything else that we consider important

Nominal better? Weird?? Discussion point? or is the data being predicted here actually different? if not its probs just overfitting (to noise) or something when given more DOF(?) and thats something to mention.

could also talk about why J48 DT is the best. again, look into specifics of J48 and try to justify that it had all advantages of DT without disadvantages (+ advantages that other algos had).

4 Conclusion

The main findings of our results include that CFS is hugely beneficial for all non-trivial classifiers but especially for tree-based classifiers. CFS also highlighted the attributes with the best predictive power for the onset of diabetes, including age which is quite interesting. In fact, younger Pima Indian females were less likely to develop diabetes given a medium glucose level according to the pruned decision tree in Figure 4 than older females.

Furthermore, nominal classifiers performed significantly better than numeric classifiers on this dataset with a $\sim$4% higher mean accuracy. This suggests that perhaps relationships in the dataset between different attributes and the onset of diabetes is highly discrete and non-continuous.

Finally, it was also found that

Future work to be done includes using deep learning methods to try and develop a more accurate classifier on this dataset. As well as, investigating the same 14 classifiers but on a completely new and unrelated dataset in order to draw more well-rounded conclusions.

5 Reflection

The most important thing that I have learned throughout this assignment is the power of feature selection, namely CFS, in increasing the performance of classifiers whether numeric or nominal. I also learned a lot about Latex formatting and working in a group using GitHub. I also discovered how interesting ensemble methods can be such as boosting and bagging.

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Nomenclature

μU/mL Micro enzyme units per millilitre

1R One Rule

Bagg Bagging

Boost Boosting

CFS Correlation-based feature selection

d.p. decimal points

DT Decision Tree

IRT Insulin release test

kg/m^2 Weight in kilograms per height in metres squared

kNN k-Nearest Neighbours

mg/dL Milligrams per decilitre

MLP Multilayer Perceptron

mm Millimetres

mm Hg Millimetres of mercury

n/a Not applicable

NB Naïve Bayes

OGTT Oral glucose tolerance test

PCA Principal component analysis

RF Random Forest

SVM Support Vector Machines

ZeroR Classifier that always predicts the majority class

6 Appendix

```
glucose = very high
| insulin = high
| | bmi = high
| | | npreg = high
| | | | pedigree = high: yes (16.0/0.0)
| | | | pedigree = low
| | | | | blood = high: yes (12.0/3.0)
| | | | | blood = low: yes (3.0/1.0)
| | | npreg = low
| | | | age = high
| | | | | pedigree = high
| | | | | | triceps = high
| | | | | | | blood = high: yes (10.0/5.0)
| | | | | | | blood = low: yes (1.0/1.0)
| | | | | | triceps = low: yes (1.0/0.0)
| | | | | pedigree = low
| | | | | | blood = high
| | | | | | | triceps = high: yes (14.0/2.0)
| | | | | | | triceps = low: yes (3.0/0.0)
| | | | | | blood = low
| | | | | | | triceps = high: yes (3.0/0.0)
| | | | | | | triceps = low: yes (1.0/1.0)
| | | | age = low
| | | | | pedigree = high: yes (12.0/0.0)
| | | | | pedigree = low
| | | | | | triceps = high
| | | | | | | blood = high: yes (7.0/2.0)
| | | | | | | blood = low: yes (3.0/0.0)
| | | | | | triceps = low
| | | | | | | blood = high: yes (1.0/0.0)
| | | | | | | blood = low: no (1.0/0.0)
| | bmi = low
| | | age = high
| | | | triceps = high
| | | | | npreg = high
| | | | | | pedigree = high
| | | | | | | blood = high: yes (1.0/1.0)
| | | | | | | blood = low: yes (1.0/0.0)
| | | | | | pedigree = low: yes (2.0/0.0)
| | | | | npreg = low
| | | | | | blood = high: yes (1.0/1.0)
| | | | | | blood = low: yes (1.0/1.0)
| | | | triceps = low: yes (3.0/0.0)
| | | age = low
| | | | blood = high
| | | | | triceps = high: no (1.0/0.0)
| | | | | triceps = low: yes (1.0/1.0)
| | | | blood = low: no (1.0/0.0)
| insulin = low
| | pedigree = high: yes (1.0/0.0)
| | pedigree = low: no (2.0/0.0)
```

```
glucose = high
| bmi = high
| | age = high
| | | pedigree = high
| | | | blood = high
| | | | | npreg = high: yes (12.0/2.0)
| | | | | npreg = low
| | | | | | triceps = high
| | | | | | | insulin = high: yes (9.0/4.0)
| | | | | | | insulin = low: yes (1.0/0.0)
| | | | | | triceps = low: yes (1.0/0.0)
| | | | blood = low
| | | | | npreg = high: no (2.0/0.0)
| | | | | npreg = low: yes (1.0/1.0)
| | | pedigree = low
| | | | insulin = high
| | | | | triceps = high
| | | | | | blood = high
| | | | | | | npreg = high: yes (9.0/6.0)
| | | | | | | npreg = low: no (12.0/11.0)
| | | | | | blood = low
| | | | | | | npreg = high: yes (3.0/0.0)
| | | | | | | npreg = low: yes (2.0/1.0)
| | | | | triceps = low
| | | | | | npreg = high: no (1.0/0.0)
| | | | | | npreg = low
| | | | | | | blood = high: yes (1.0/1.0)
| | | | | | | blood = low: no (1.0/0.0)
| | | | insulin = low: yes (1.0/0.0)
| | age = low
| | | triceps = high
| | | | pedigree = high
| | | | | blood = high: yes (6.0/5.0)
| | | | | blood = low: no (3.0/2.0)
| | | | pedigree = low
| | | | | blood = high: no (12.0/8.0)
| | | | | blood = low: yes (4.0/3.0)
| | | triceps = low
| | | | blood = high: no (3.0/0.0)
| | | | blood = low
| | | | | insulin = high
| | | | | | pedigree = high: yes (1.0/1.0)
| | | | | | pedigree = low: no (1.0/0.0)
| | | | | insulin = low: no (1.0/0.0)
| bmi = low
| | triceps = high
| | | insulin = high
| | | | pedigree = high: no (5.0/0.0)
| | | | pedigree = low
| | | | | age = high
| | | | | | blood = high: no (5.0/1.0)
| | | | | | blood = low: no (2.0/0.0)
| | | | | age = low
```

| | | | | | blood = high: no (1.0/0.0)
| | | | | | blood = low: yes (2.0/2.0)
| | | insulin = low
| | | | pedigree = high: yes (1.0/0.0)
| | | | pedigree = low: no (1.0/0.0)
| | triceps = low: no (9.0/0.0)
glucose = medium
| age = high
| | bmi = high
| | | pedigree = high
| | | | npreg = high: yes (13.0/0.0)
| | | | npreg = low
| | | | | triceps = high
| | | | | | blood = high: yes (9.0/7.0)
| | | | | | blood = low: yes (3.0/3.0)
| | | | | triceps = low: yes (2.0/0.0)
| | | pedigree = low
| | | | insulin = high
| | | | | blood = high
| | | | | | npreg = high: no (14.0/12.0)
| | | | | | npreg = low
| | | | | | | triceps = high: no (18.0/11.0)
| | | | | | | triceps = low: yes (1.0/1.0)
| | | | | blood = low
| | | | | | triceps = high
| | | | | | | npreg = high: yes (3.0/3.0)
| | | | | | | npreg = low: yes (5.0/4.0)
| | | | | | triceps = low: no (2.0/1.0)
| | | | insulin = low: no (5.0/0.0)
| | bmi = low
| | | blood = high
| | | | npreg = high: no (13.0/0.0)
| | | | npreg = low
| | | | | pedigree = high: no (3.0/0.0)
| | | | | pedigree = low
| | | | | | triceps = high: no (2.0/1.0)
| | | | | | triceps = low: no (2.0/0.0)
| | | blood = low
| | | | npreg = high: yes (1.0/0.0)
| | | | npreg = low
| | | | | triceps = high: no (5.0/0.0)
| | | | | triceps = low: no (2.0/1.0)
| age = low
| | bmi = high
| | | triceps = high
| | | | npreg = high: yes (1.0/1.0)
| | | | npreg = low
| | | | | pedigree = high
| | | | | | blood = high
| | | | | | | insulin = high: no (12.0/2.0)
| | | | | | | insulin = low: no (3.0/0.0)
| | | | | | blood = low
| | | | | | | insulin = high: yes (3.0/3.0)

| | | | | | | insulin = low: yes (1.0/0.0)
| | | | | pedigree = low
| | | | | | blood = high
| | | | | | | insulin = high: no (20.0/5.0)
| | | | | | | insulin = low: no (3.0/0.0)
| | | | | | blood = low
| | | | | | | insulin = high: no (18.0/2.0)
| | | | | | | insulin = low: no (5.0/1.0)
| | | triceps = low
| | | | pedigree = high
| | | | | blood = high: no (4.0/0.0)
| | | | | blood = low
| | | | | | insulin = high: no (3.0/1.0)
| | | | | | insulin = low: no (2.0/0.0)
| | | | pedigree = low: no (14.0/0.0)
| | bmi = low
| | | pedigree = high
| | | | insulin = high: no (5.0/0.0)
| | | | insulin = low
| | | | | blood = high: no (1.0/0.0)
| | | | | blood = low: yes (1.0/1.0)
| | | pedigree = low: no (34.0/0.0)
glucose = low
| bmi = high
| | insulin = high
| | | age = high
| | | | pedigree = high
| | | | | blood = high
| | | | | | npreg = high
| | | | | | | triceps = high: yes (2.0/1.0)
| | | | | | | triceps = low: no (1.0/0.0)
| | | | | | npreg = low
| | | | | | | triceps = high: no (1.0/0.0)
| | | | | | | triceps = low: yes (1.0/0.0)
| | | | | blood = low: yes (1.0/0.0)
| | | | pedigree = low
| | | | | triceps = high
| | | | | | npreg = high
| | | | | | | blood = high: no (8.0/1.0)
| | | | | | | blood = low: no (1.0/0.0)
| | | | | | npreg = low
| | | | | | | blood = high: no (11.0/2.0)
| | | | | | | blood = low: no (3.0/1.0)
| | | | | triceps = low: no (1.0/0.0)
| | | age = low
| | | | blood = high: no (18.0/0.0)
| | | | blood = low
| | | | | triceps = high
| | | | | | pedigree = high: no (5.0/1.0)
| | | | | | pedigree = low: no (9.0/3.0)
| | | | | triceps = low: no (7.0/0.0)
| | insulin = low
| | | blood = high

```
| | | | age = high: no (12.0/0.0)
| | | | age = low
| | | | | triceps = high
| | | | | | pedigree = high: yes (1.0/0.0)
| | | | | | pedigree = low: no (5.0/1.0)
| | | | | triceps = low: no (6.0/0.0)
| | | blood = low: no (23.0/0.0)
| bmi = low: no (66.0/0.0)
```

Figure 2: The DT diagram of MyDT trained on the full discretised dataset.

```
glucose = high
| bmi = high
| | triceps = high
| | | npreg = low
| | | | pedigree = high
| | | | | age = high: yes (16.0/5.0)
| | | | | age = low
| | | | | | blood = high: yes (11.0/5.0)
| | | | | | blood = low: no (5.0/2.0)
| | | | pedigree = low
| | | | | blood = high: no (43.0/19.0)
| | | | | blood = low: yes (10.0/4.0)
| | | npreg = high
| | | | blood = high: yes (29.0/8.0)
| | | | blood = low
| | | | | pedigree = high: no (2.0)
| | | | | pedigree = low: yes (3.0)
| | triceps = low: no (13.0/4.0)
| bmi = low: no (29.0/4.0)
glucose = low
| bmi = high
| | insulin = high
| | | age = high
| | | | pedigree = high: yes (7.0/3.0)
| | | | pedigree = low: no (28.0/4.0)
| | | age = low: no (43.0/4.0)
| | insulin = low: no (48.0/2.0)
| bmi = low: no (66.0)
glucose = very high
| insulin = high
| | bmi = high: yes (103.0/16.0)
| | bmi = low
| | | age = high: yes (12.0/3.0)
| | | age = low: no (4.0/1.0)
| insulin = low: no (3.0/1.0)
glucose = medium
| age = high
| | insulin = high
| | | bmi = high
| | | | pedigree = high: yes (37.0/10.0)
| | | | pedigree = low
| | | | | blood = high: no (57.0/24.0)
```

```
| | | | | blood = low
| | | | | | triceps = high: yes (15.0/7.0)
| | | | | | triceps = low: no (3.0/1.0)
| | | bmi = low: no (27.0/3.0)
| | insulin = low: no (8.0)
| age = low
| | bmi = high
| | | npreg = low
| | | | triceps = high
| | | | | pedigree = high
| | | | | | blood = high: no (17.0/2.0)
| | | | | | blood = low: yes (7.0/3.0)
| | | | | pedigree = low: no (54.0/8.0)
| | | | triceps = low: no (24.0/1.0)
| | | npreg = high: yes (2.0/1.0)
| | bmi = low: no (42.0/1.0)
```

Figure 3: The DT diagram of the Weka J48 algorithm *without* pruning and trained on the full discretised dataset.

```
glucose = high
| bmi = high
| | triceps = high: yes (119.0/51.0)
| | triceps = low: no (13.0/4.0)
| bmi = low: no (29.0/4.0)
glucose = low: no (192.0/14.0)
glucose = very high: yes (122.0/24.0)
glucose = medium
| age = high
| | bmi = high
| | | pedigree = high: yes (37.0/10.0)
| | | pedigree = low: no (80.0/33.0)
| | bmi = low: no (30.0/3.0)
| age = low: no (146.0/17.0)
```

Figure 4: The DT diagram of the Weka J48 algorithm *with* pruning and trained on the full discretised dataset.