

HEART DISEASE DIAGNOSTIC ANALYSIS

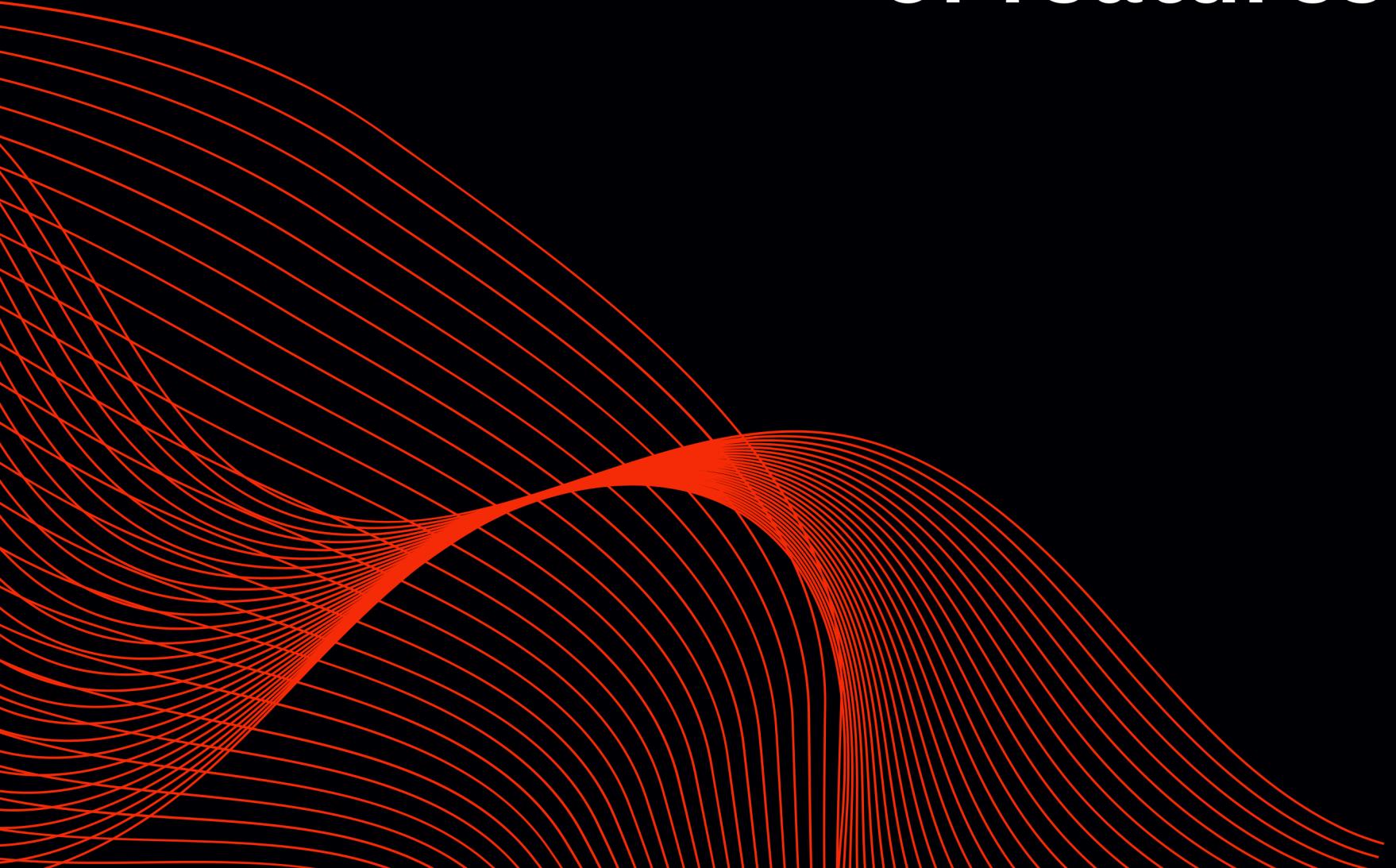
Presented by:
Smruti priyadarsani Swain

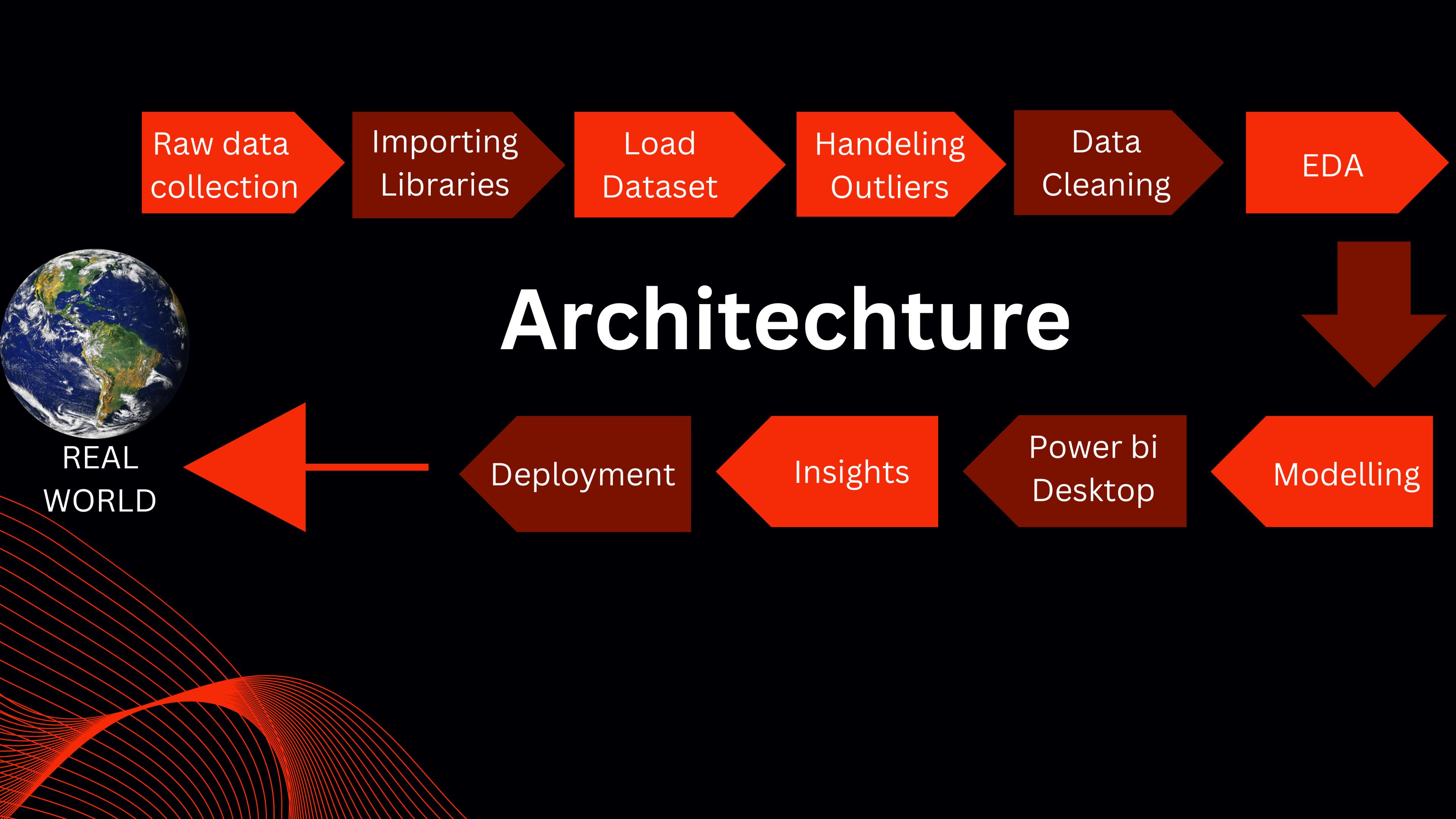
PROJECT DETAILS

- Project Title- Heart Disease Diagnostic Analysis
- Technologies- Data Science
- Domain- Healthcare
- Project Difficulties level- Intermediate
- Programming Language - Python
- Tools Used-Jupyter Notebook, Ms-excel, Power bi

OBJECTIVES

The goal of this project is to analyse the heart disease occurrence, based on a combination of features that describes the heart disease.





DATASET INFORMATION

age: The person's age in years

exang: Exercise induced angina \ 1 =y\#z 0 nol

sex: The person's sex (1 male, 0- female)

cp: The chest pain experienced (Value): typical angina.
Value 2: atypical angina, Value 3: non-anginal pain, Value
4: asymptomatic)

oldpeak: ST depression induced by exercise neiative to
rest

tresibps: The person is resting blood pressure (mm Hg
on admission to the hospita)

chol: The person's cholesterol measurement in mg/dl

slope: the slope of the peak exercise ST segment (Value
1: upsloping. Value 2: fiat, Value 3: down sloping)

j = j fbs: The person's fasting blood sugar p > 120mg / d * l, 1
true: Omega = f*phi(so)

ca: The number of major vessels (0-3)

restecg: Resting electrocardiographic measurement (normal, 1-
naving ST-1 left ventricular wave abnormality 0.2 = varsigma
showing probable or definite left hypertrophy by Estes criteria)

that: A blood disorder called thalassemia (3 normal: 6 fixed
detect: 7-

reversible defect)

thalach: The person's maximum heart rate achieved

num: Heart disease (0) = cap O r =yes)

WHY THIS PARAMETERS ARE USED?

Age: Age is the most important risk factor in developing cardiovascular or heart disease, with approximately a 1% increase in risk with each decade of life. Coronary fatty streaks can begin to form in adolescence; it is estimated that 82 percent of people who die of coronary heart disease are 45 and older. Simultaneously, the risk of stroke doubles every decade after age 55.

Sex: Men are at greater risk of heart disease than pre-menopausal women. Once past menopause, it has been argued that a woman's risk is similar to a man's although more recent data from the WHO and UN disputes this. If a female has diabetes, she is more likely to develop heart disease than a male with diabetes.

Resting Blood Pressure: Over time, high blood pressure can damage arteries that feed your heart. High blood pressure that occurs with other conditions, such as obesity, high cholesterol or diabetes, increases your risk even more.

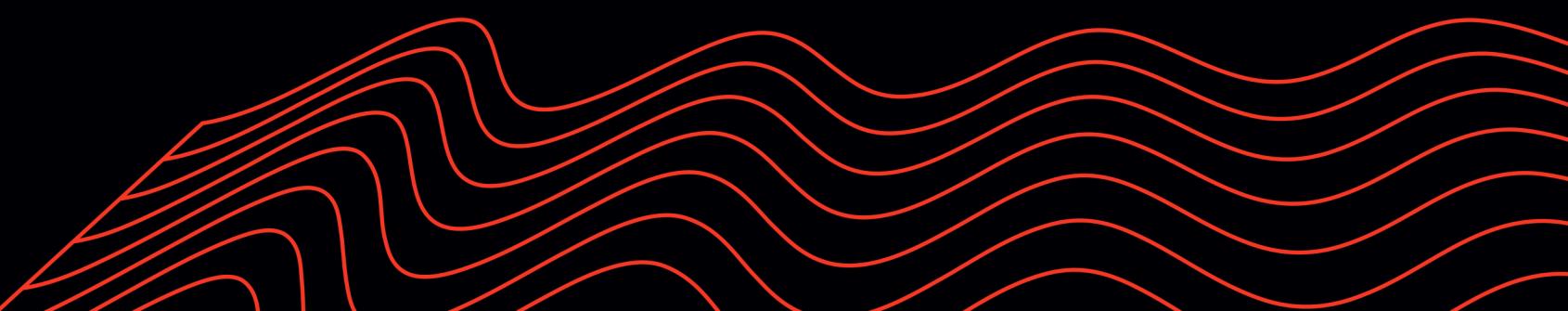
Fasting Blood Sugar: Not producing enough of a hormone secreted by your pancreas (insulin) or not responding to insulin properly causes your body's blood sugar levels to rise, increasing your risk of heart attack.

Cholesterol: A high level of low-density lipoprotein (LDL) cholesterol (the "bad" cholesterol) is most likely to narrow arteries. A high level of triglycerides, a type of blood fat related to your diet, also increases the risk of heart attack. However, a high level of high-density lipoprotein (HDL) cholesterol (the "good" cholesterol) lowers your risk.

Electrocardiogram (ECG): For people at low risk of cardiovascular disease, the USPSTF concludes with moderate certainty that the potential harms of screening with resting or exercise ECG do not exceed the potential benefits. For people at intermediate to high risk, current evidence is insufficient to assess the balance of benefits and harms of screening.

Max heart rate achieved: The increase in the cardiovascular risk associated with the acceleration of heart rate, was comparable to the risk observed with high blood pressure. It has been shown that an increase in heart rate by 10 beats per minute was associated with an increase in the risk of cardiac death by at least 20%, and this increase in the risk is similar to the one observed with an increase in systolic blood pressure by 10 mm Hg.

ST Depression: in unstable coronary artery disease ST-segment depression is associated with a 100% increase in the occurrence of three-vessel/left main disease and to an increased risk of subsequent cardiac events, in these patients an early invasive strategy substantially decreases death/myocardial infarction.



INSIGHTS

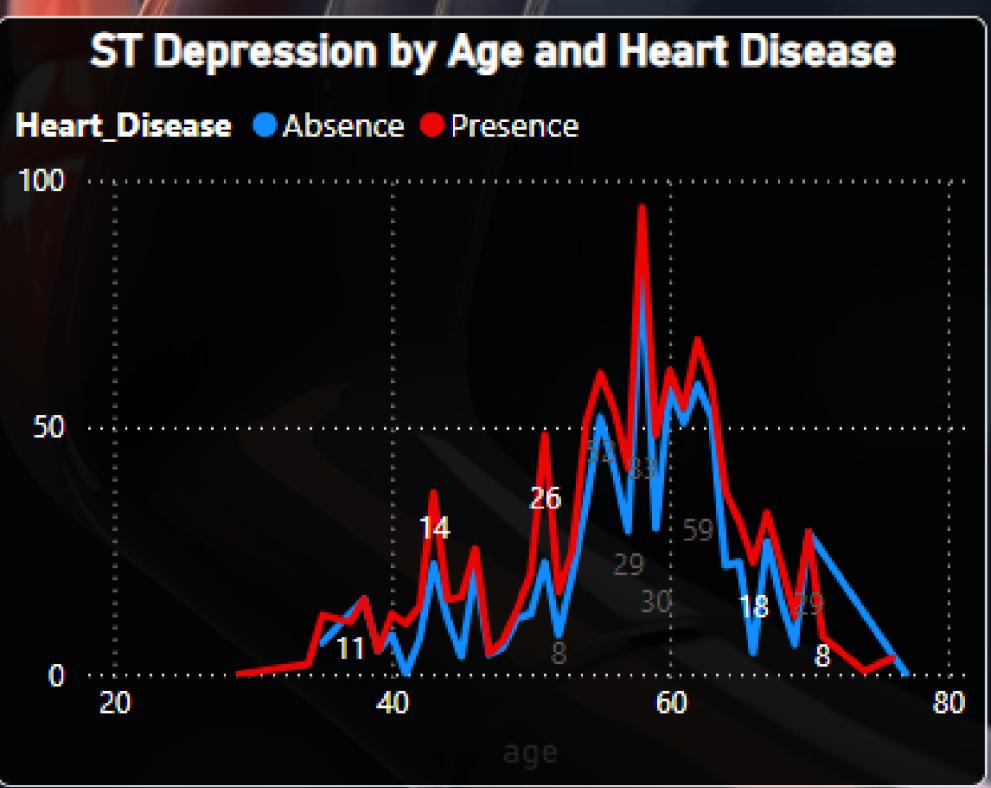
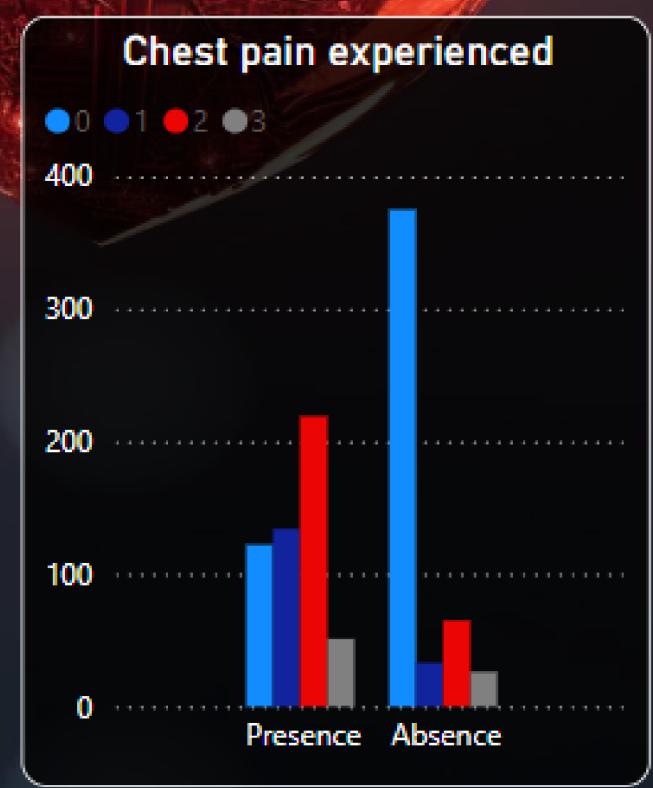
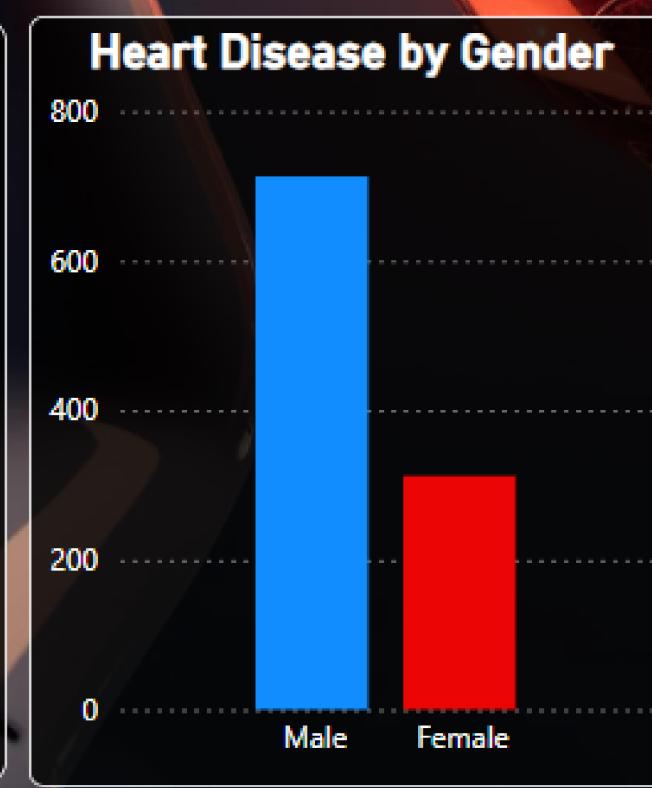
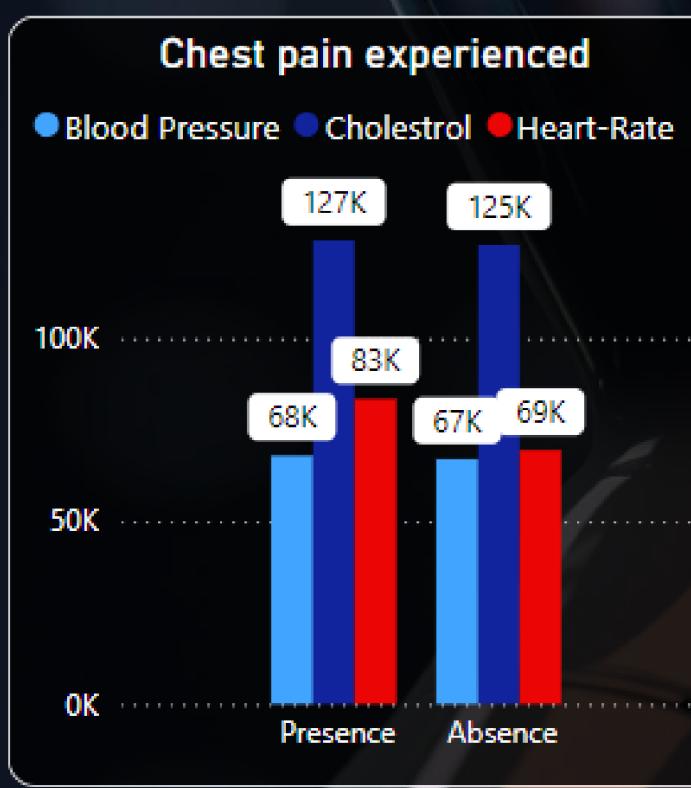
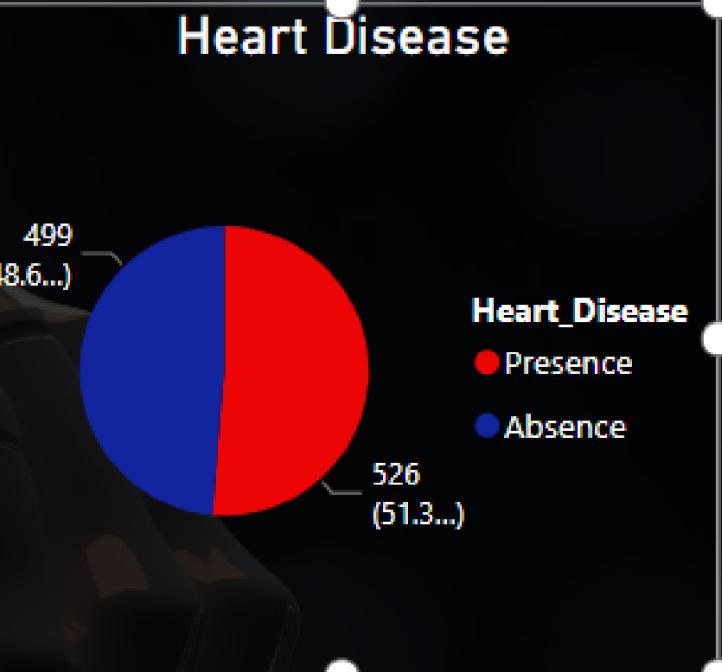
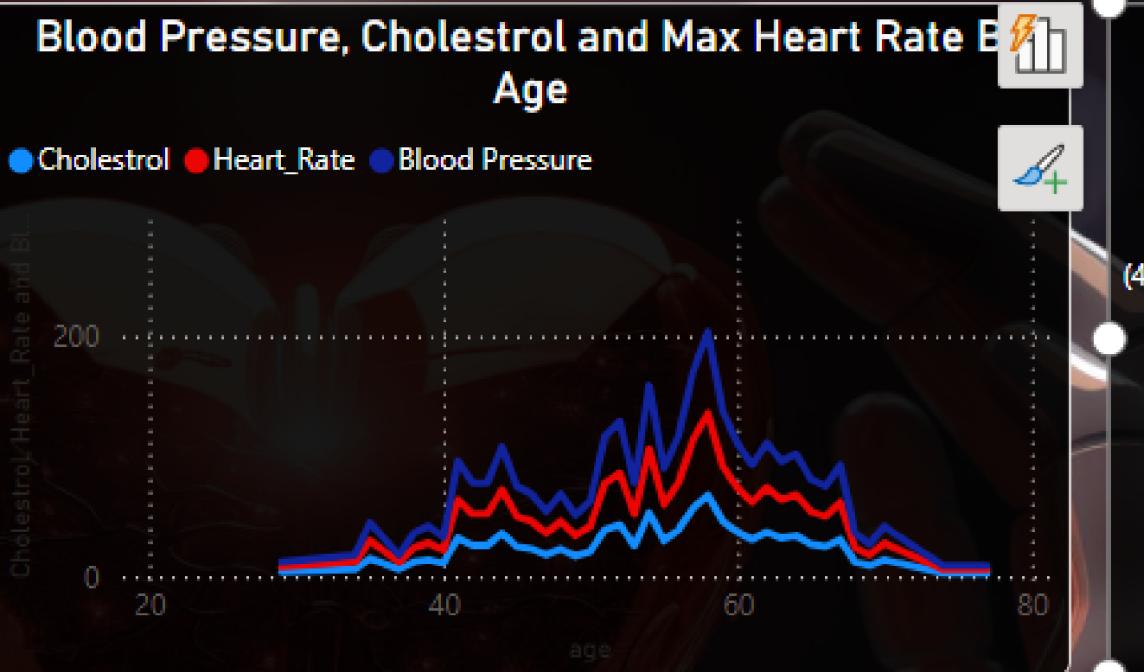
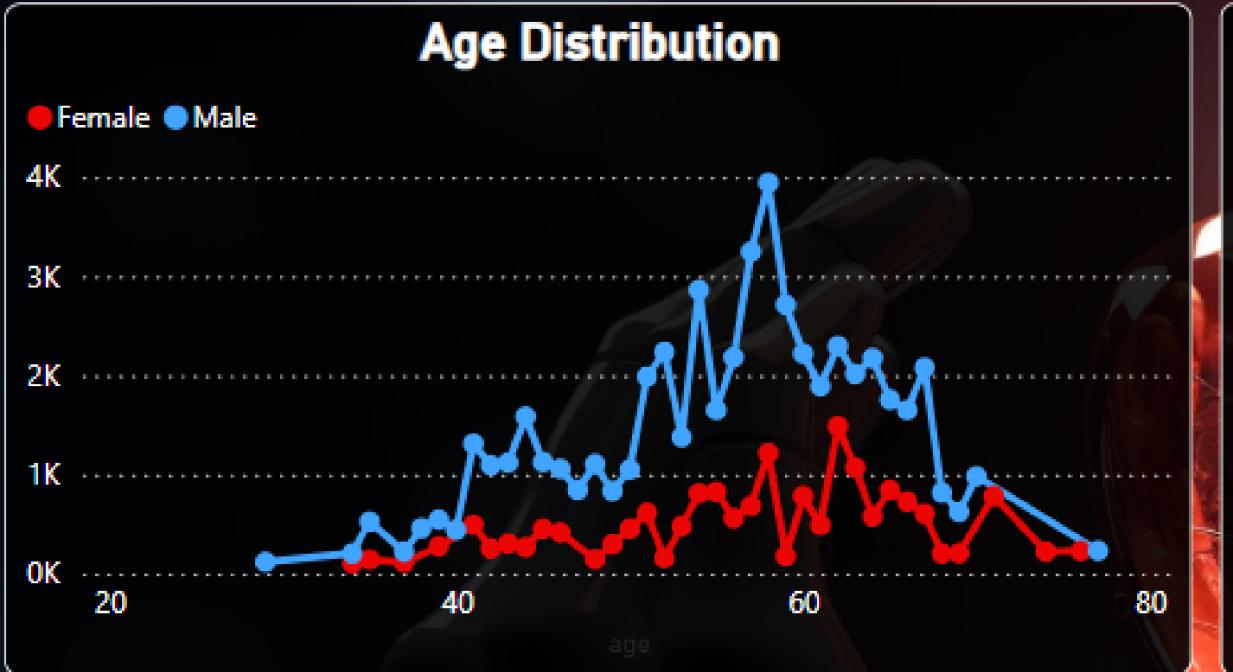
Heart Disease Diagnostic Analysis

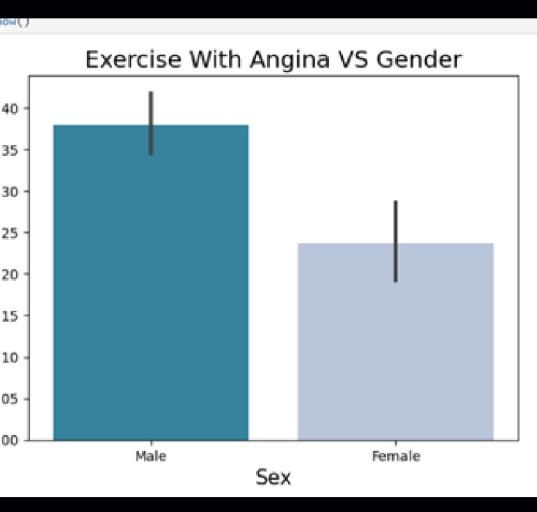
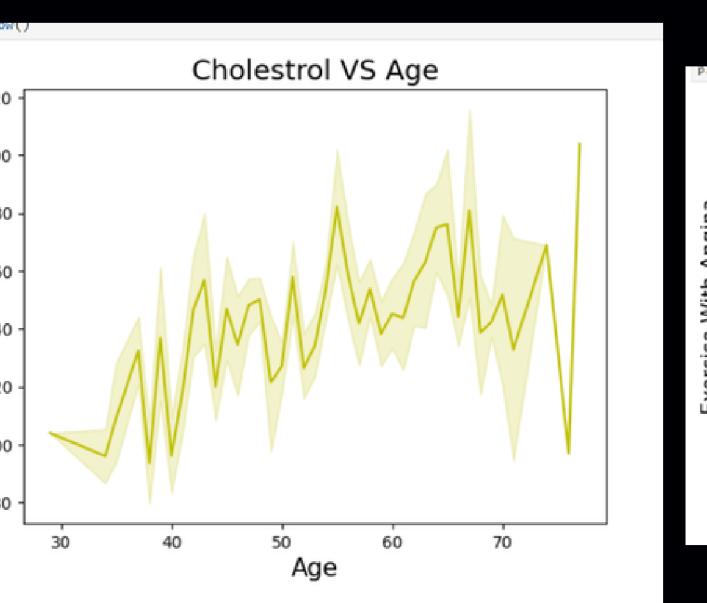
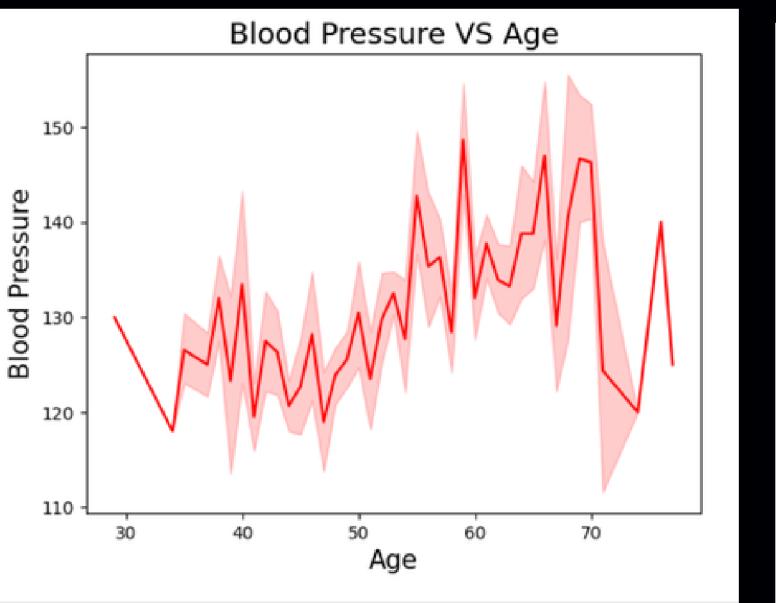
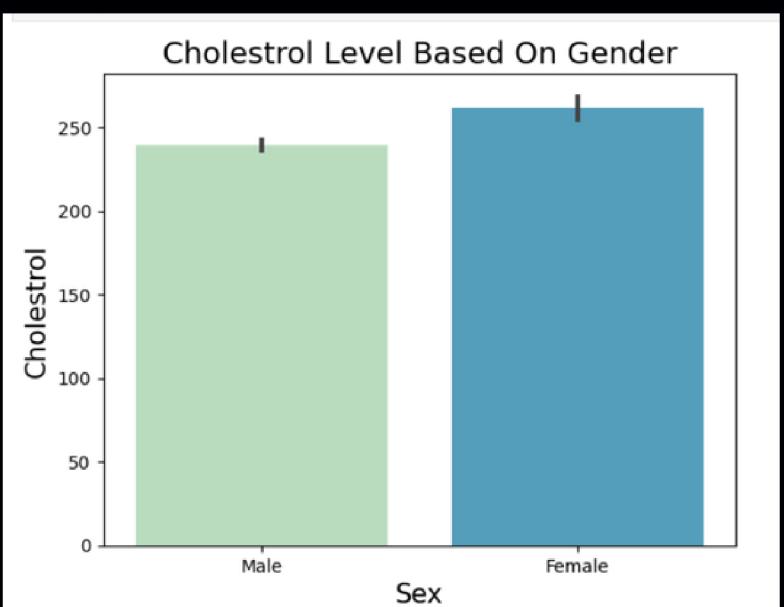
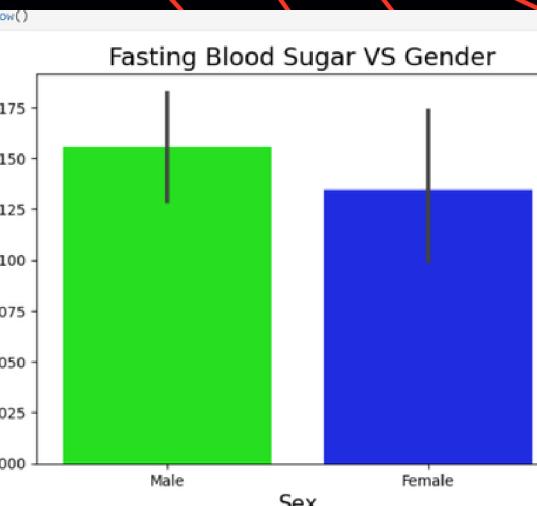
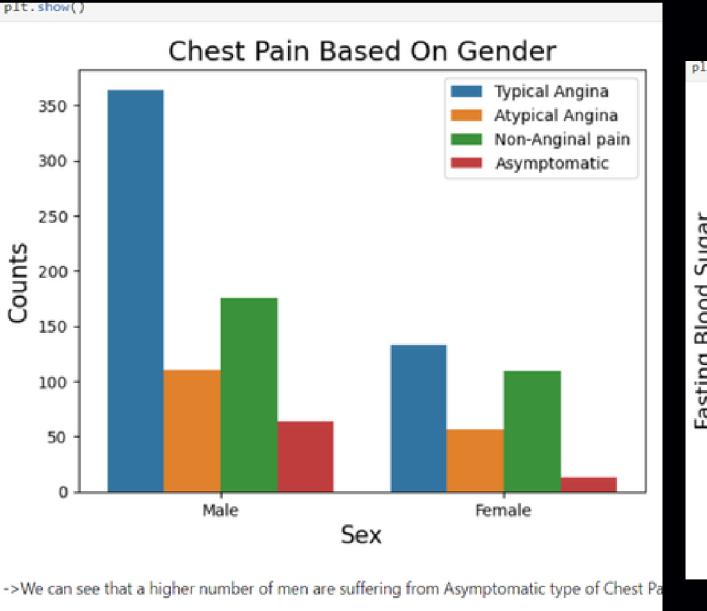
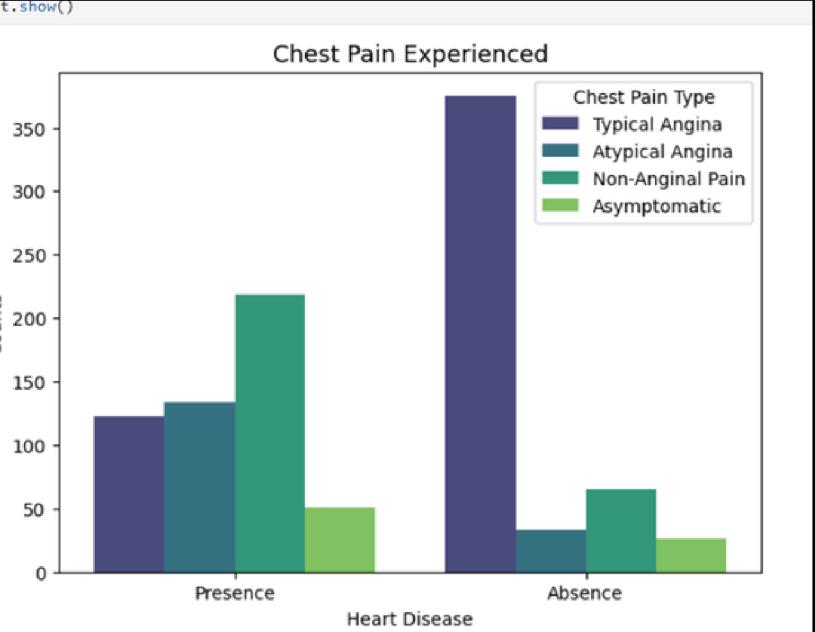
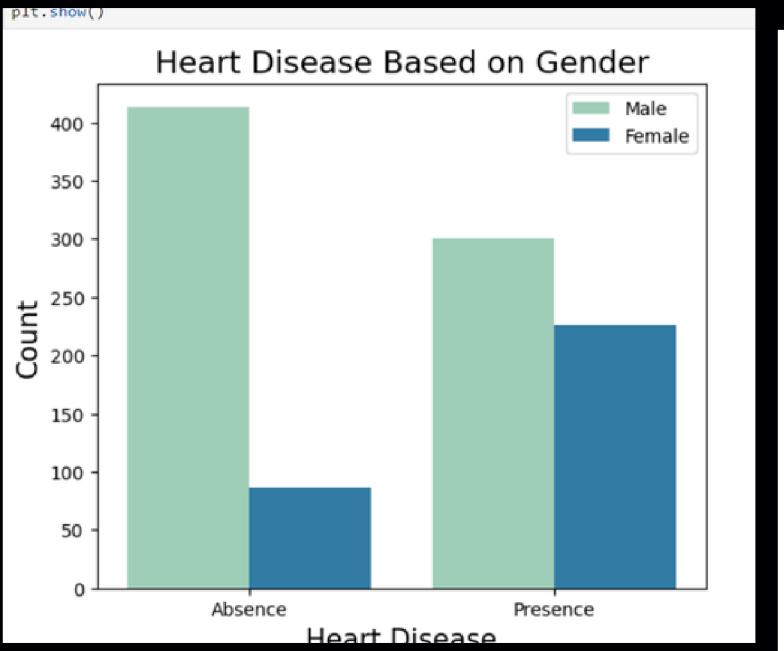
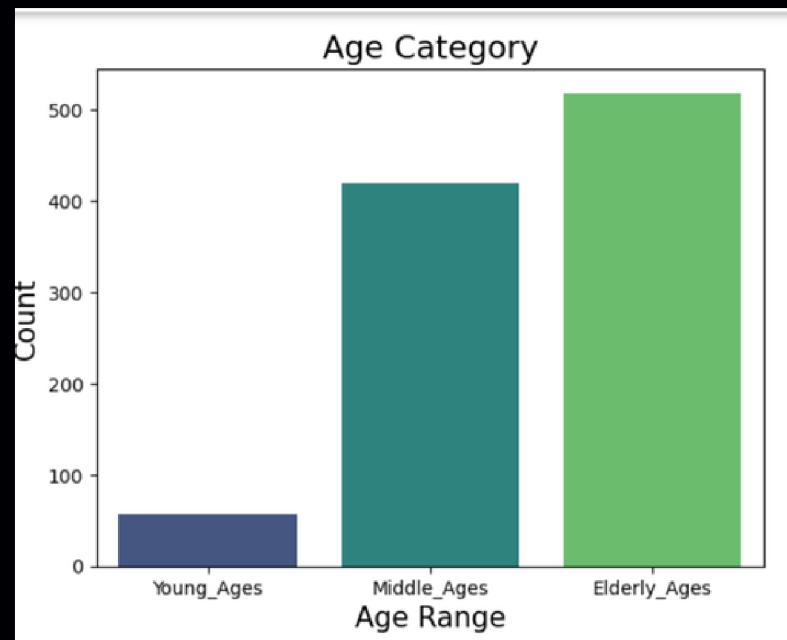
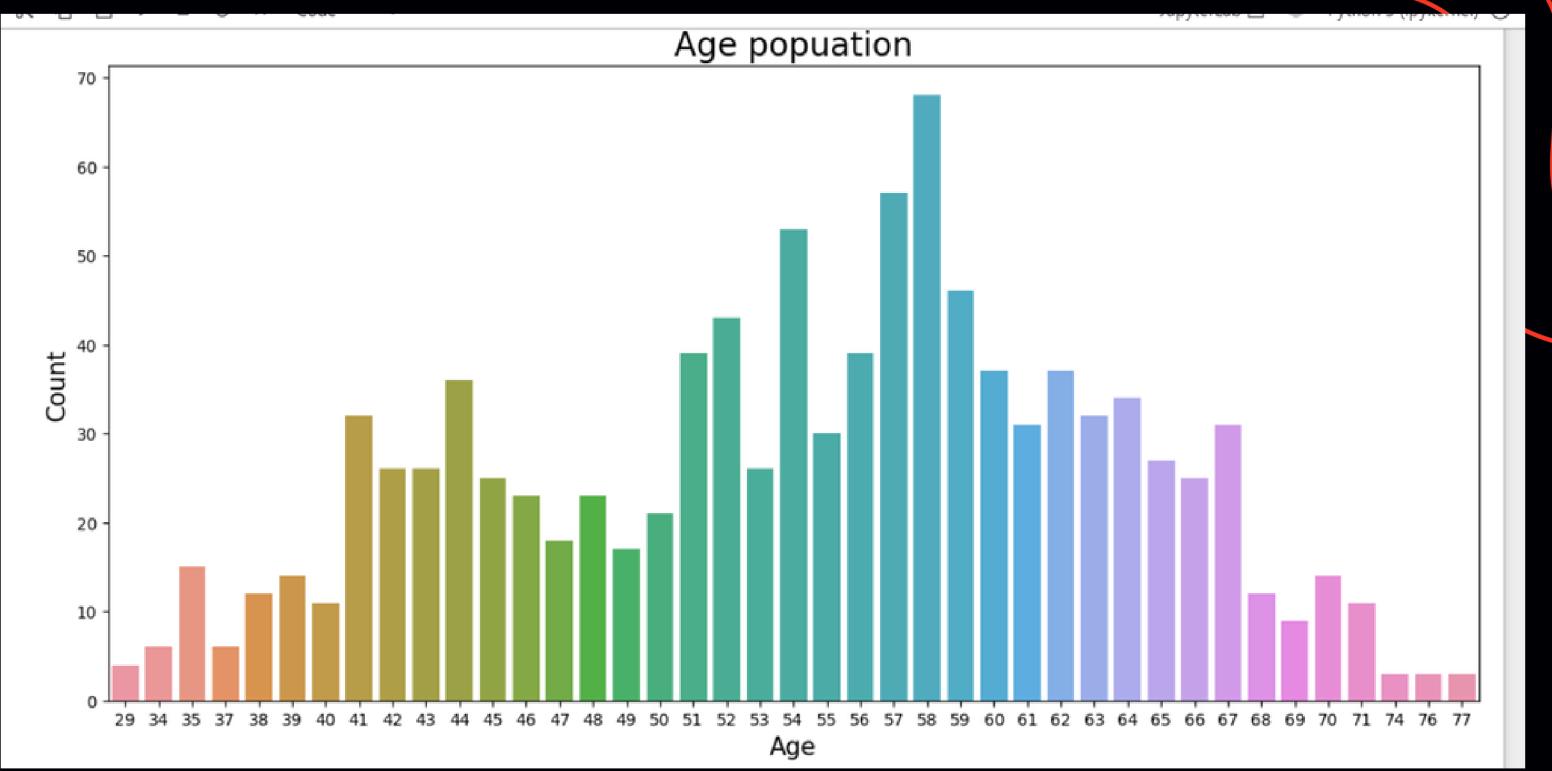
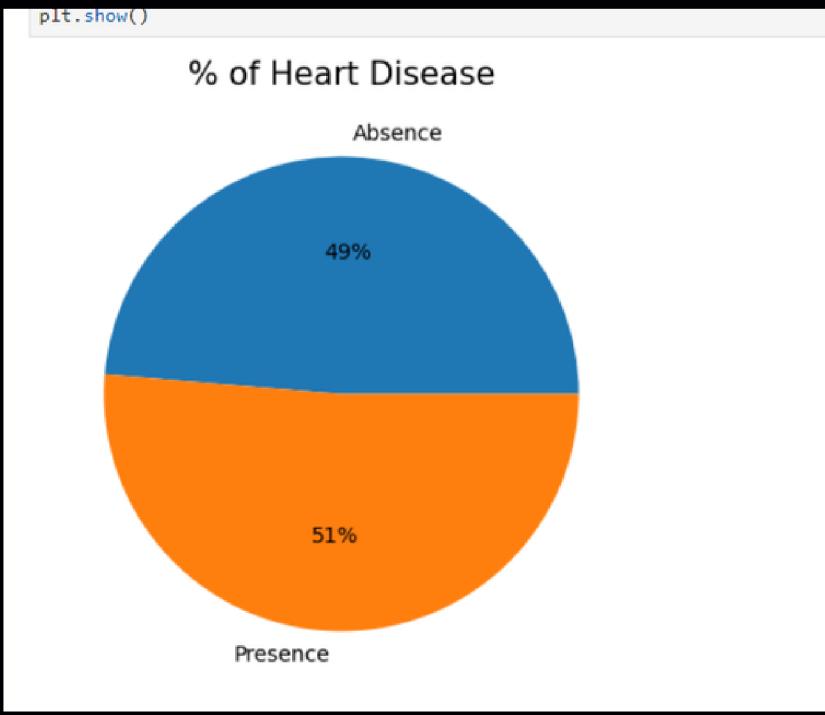


Gender

Male

Female





KEY PERFORMANCE INDICATOR

1. Percentage of People Having Heart Disease
2. Age Distribution including Gender
3. Gender Distribution Based on Heart Disease
4. Chest Pain Experienced by People Suffering from Heart Disease
5. Blood Pressure. Cholesterol Level and Maximum Heart Rate of People According to their Age and Heart Disease Patients.
6. ST Depression Experienced by People According to their age and heart disease.

CONCLUSION

- Elderly Aged Men are more (50 to 60 Years) and Females are more in 55 to 65 Years Category
- Males are more prone to heart disease.
- Elderly Aged People are more prone to heart disease.
- People having asymptomatic chest pain have a higher chance of heart disease.
- High number of cholesterol level in people having heart disease.
- Blood Pressure increases between age of 50 to 60 and somehow continue till 70.
- Cholesterol and maximum heart rate Increasing in the age group of 50-60.
- ST depression mostly increases between the age group of 30-40.

Thank you

