

# Chronic Heart Failure and Risk Factors in Myocardial Infarction Dataset

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# Section 1

## Introduction

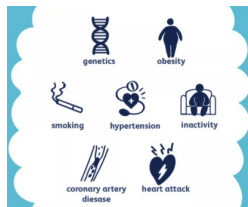
# Chronic heart failure (CHF)

According to CDC,

- More than 6 million adults in the USA have heart failure.



- About half of Americans (47%) have at least one of key risk factors.



(Figure(up): <https://www.disability-benefits-help.org/resources/medical-evidence/chronic-heart-failure>)

(Figure(down):<https://www.verywellhealth.com/heart-failure-causes-and-risk-factors-1746181>)

**Question:** How are the predictors of our interest associated with Chronic heart failure?

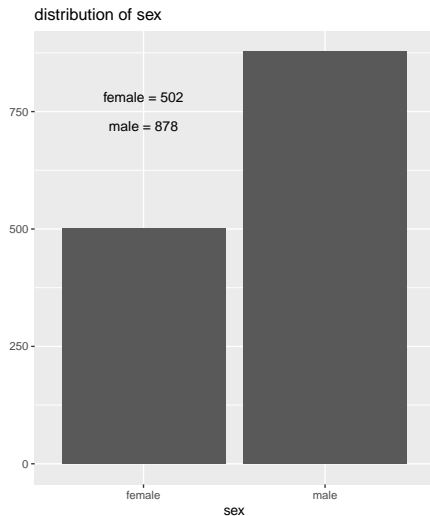
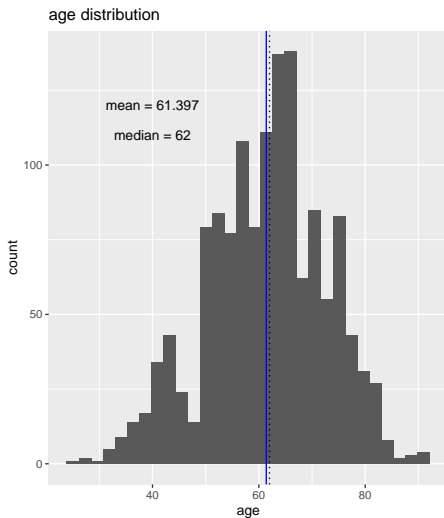
- Test independence of demographics with regards to CHF
- Association of duration of arterial hypertension and CHF
- Build a multiple logistic regression model by adding more predictors and identify the best model
- Modeling the relationship between death outcome and selected variables

## Section 2

### Dataset Overview

# Descriptive statistics

## • Demographic information



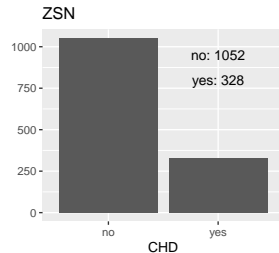
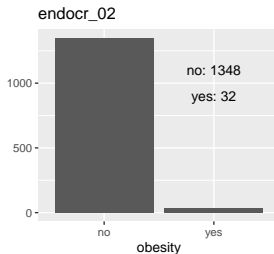
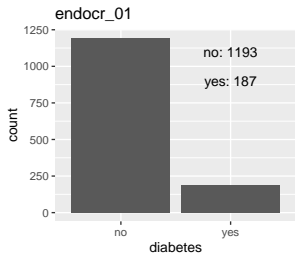
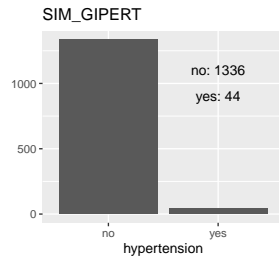
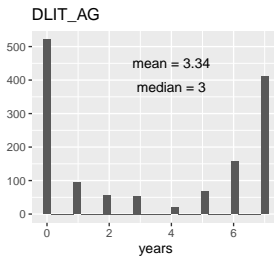
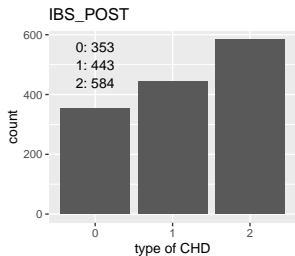
# Descriptive statistics

- Patient physiological attributes
- IBS\_POST: coronary heart disease in recent weeks before admission to hospital
  - 0: there was no CHD
  - 1: exertional angina pectoris
  - 2: unstable angina pectoris
- DLIT\_AG: duration of arterial hypertension
  - 0: there was no arterial hypertension
  - 1: one year
  - 2: two years
  - 3: three years
  - 4: four years
  - 5: five years
  - 6: 6-10 years
  - 7: more than 10 years

- SIM\_GIPERT: systematic hypertension; 0 - no, 1 - yes
- endocr\_01: diabetes mellitus in the anamnesis; 0 - no, 1 - yes
- endocr\_02: obesity in the anamnesis; 0 - no, 1 - yes
- ZSN: chronic heart failure; 0 - no, 1 - yes



# Descriptive statistics



## Section 3

### Tests for Independence of Demographics

# Analysis of Sex and Chronic Heart Failure: Overview

Question: Is there an association between sex and chronic heart failure?

Sex	Chronic Heart Failure	
	No	Yes
Female	353	149
Male	699	179

# Analysis of Sex and Chronic Heart Failure: Tests

Pearson  $\chi^2$  Test of Independence:

X-squared  
14.71773

p-value = 0.00012

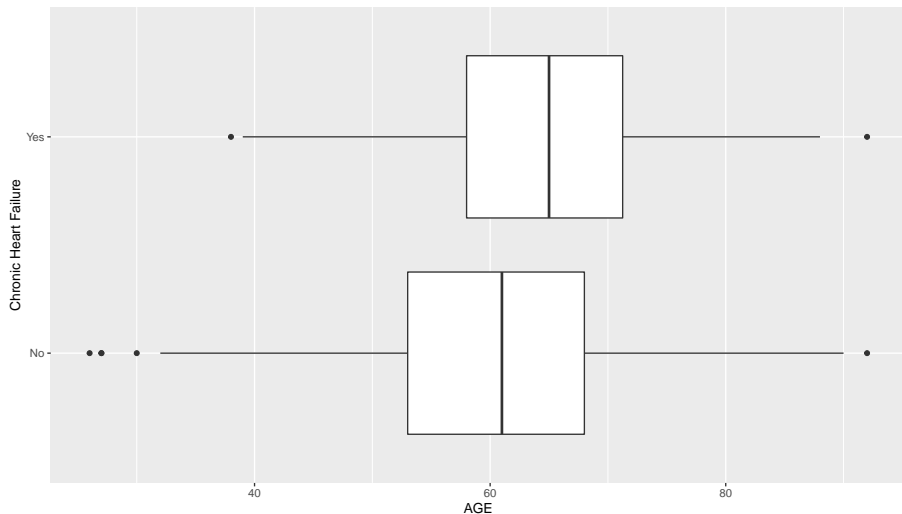
Likelihood Ratio Test of Independence:

G  
14.93905

p-value = 0.00011

# Analysis of Age(Continuous) and Chronic Heart Failure: Overview

Question: Is there an association between age and chronic heart failure?



# Analysis of Age(Continuous) and Chronic Heart Failure: Summary Statistics

	Chronic Heart Failure	
	No	Yes
Min.	26	38
1st Qu.	53	58
Median	61	65
Mean	60.42586	64.51220
3rd Qu.	68.00	71.25
Max	92	92

# Analysis of Age(Continuous) and Chronic Heart Failure: Test

Analysis was done using a two sided Wilcoxon Rank Sum Test to test if there is a difference in Chronic Heart Failure outcome across age.

W

136546.5

p-value = 1e-08

# Analysis of Age(Categorical) and Chronic Heart Failure: Overview

Question: Is there an association between age(decade) and chronic heart failure?

Age	Chronic Heart Failure	
	No	Yes
20s	3	0
30s	44	2
40s	114	24
50s	294	67
60s	365	126
70s	197	86
80s	32	22
90s	3	1



# Analysis of Age(Categorical) and Chronic Heart Failure: Test

Pearson  $\chi^2$  Test of Independence:

X-squared

35.41942

p-value = 1e-05

Likelihood Ratio Test of Independence:

G

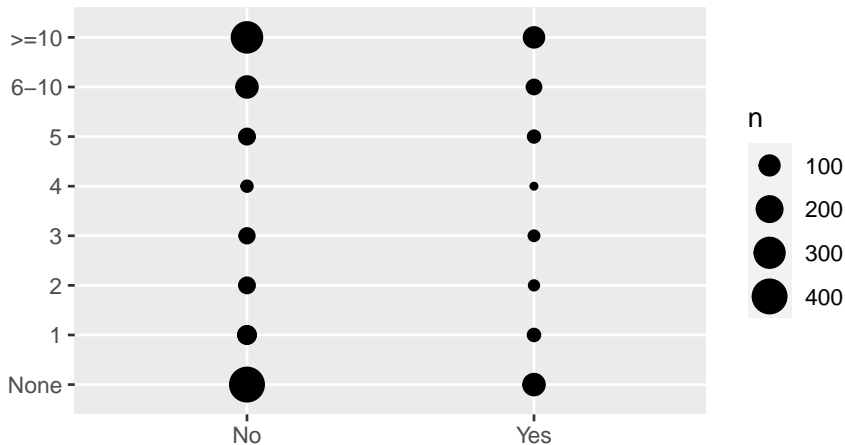
38.86163

p-value = 2.08e-06

## Section 4

# Association of duration of arterial hypertension and CHF

# Examining the relationship between Duration of Arterial Hypertension and CHF



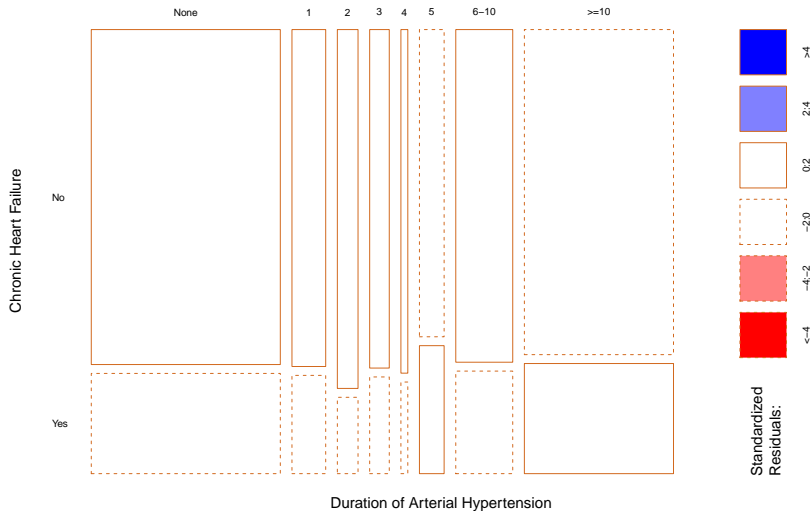
- The two classes of CHF have similar count distributions across the levels of duration of arterial hypertension.
- We will further test the hypothesis that there is an association between the two variables

# Inference for contingency table.

Table 1: Duration of Arterial Hypertension by Chronic Heart Failure

	No	Yes
None	401	120
1	72	21
2	47	10
3	42	12
4	15	4
5	48	20
6-10	120	37
$\geq 10$	307	104

# Examining the Standerdized residuals.



For  $I \times 2$  tables, testing for a linear trend in either response category, we use the Cochran-Armitage trend test.

Cochran-Armitage test for trend

```
data:  dlitag  
Z = -0.99455, dim = 8, p-value = 0.32  
alternative hypothesis: two.sided
```

Issues to consider: Ordinal variable with unequal intervals so trend test on the original classification provides information about the direction but ignores the unequal spacing in the last two categories.

# Logistic Regression model

x - Duration of Arterial Hypertension.

Table 2: Parameter Estimates for Logit link

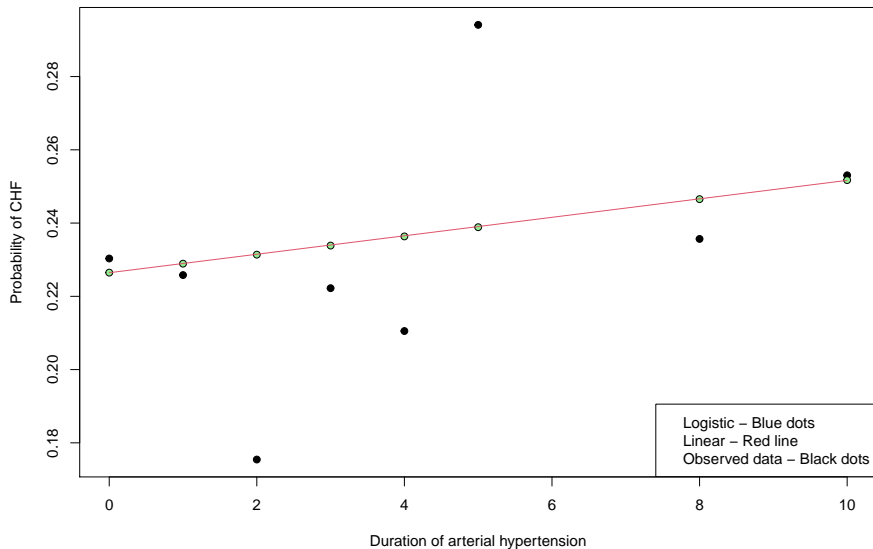
	Estimate	Std. Error	z value	$\Pr(> z )$
(Intercept)	-1.2283412	0.0915051	-13.4237468	0.0000000
x	0.0138949	0.0143812	0.9661872	0.3339505

Table 3: Parameter Estimates for Identity link

	Estimate	Std. Error	z value	$\Pr(> z )$
(Intercept)	0.2264438	0.0160982	14.0664047	0.0000000
x	0.0025212	0.0026207	0.9620338	0.3360326



## Predicted probabilities for the fitted models and the observed data.



We tested the Linear probability model for the subset: Duration of arterial hypertension between 1 and 5.

Table 4: Parameter Estimates for subset analysis

	Estimate	Std. Error	z value	$\Pr(> z )$
(Intercept)	0.1850895	0.0483670	3.826774	0.0001298
DLIT_AG_N	0.0167632	0.0161478	1.038107	0.2992204

The p-value for the goodness of fit went down sharply (0.16) but still didn't reach significance level to reject the null of no-fit.

# Conclusions

- There is no significant association between CHF and the duration of arterial hypertension.
- By itself, duration of arterial hypertension is not predictive of CHF.

## Section 5

# Multiple Logistic Regression and Model Selection

# Multiple Logistic Regression

- Coefficient estimates of the multiple logistic regressions of all predictors

	Estimate	Std. Error	z value	Pr(> z )
(Intercept)	-3.02031	0.46737	-6.46239	0.00000
AGE	0.03221	0.00671	4.79990	0.00000
SEX	-0.17273	0.15006	-1.15112	0.24968
IBS_POST	-0.03283	0.08284	-0.39632	0.69187
DLIT_AG_N	-0.02809	0.01632	-1.72118	0.08522
SIM.fyes	-0.40006	0.40869	-0.97888	0.32764
endocr_01.fyes	0.75213	0.17773	4.23174	0.00002
endocr_02.fyes	0.15009	0.41093	0.36525	0.71493

- Only AGE and endocr\_01 are statistically significant.
- The P-value for the overall test is much less than 0.0001, thus there is strong evidence that at least one predictor has an effect.

# Multiple Logistic Regression - Goodness of Fit

Fit a multiple logistic regression model by adding AGE and endocr\_01 to the logistic regression model with only DLIT\_AG:

$$\text{logit}[P(ZSN = 1)] = \alpha + \beta_1 DLIT\_AG + \beta_2 AGE + \beta_3 endocr\_01.f.$$

- Goodness of Fit

G.square	df	P-value
1458.899	1376	0.0591161

The model has  $G^2 = 1459$  with degree of freedom  $df = 1376$  (P-value= 0.059 > 0.05), which indicates a decent fit.

# Multiple Logistic Regression - ANOVA test

Comparing this additive model with the initial model with DLIT\_AG only,

- ANOVA Result

Resid. Df	Resid. Dev	Df	Deviance	Pr(>Chi)
1378	1512.63	NA	NA	NA
1376	1458.90	2	53.73	0

the likelihood ratios test statistic is 53.73 with degree of freedom 2, producing very tiny p-value ( $P < 0.001$ ). Thus, the model with AGE and endocr\_01 in addition to DLIT\_AG improves the goodness-of-fit.

# Multiple Logistic Regression - Model selection

We perform stepwise model selection to see if there is effect of interaction between predictors.

- Backward selection

Step	Df	Deviance	Resid. Df	Resid. Dev	AIC
	NA	NA	1372	1450.891	1466.891
- DLIT_AG_N:AGE:endocr_01.f	1	0.225	1373	1451.116	1465.116
- AGE:endocr_01.f	1	0.594	1374	1451.710	1463.710
- DLIT_AG_N:AGE	1	0.421	1375	1452.131	1462.131



# Multiple Logistic Regression - Model selection

- Forward selection

Step	Df	Deviance	Resid. Df	Resid. Dev	AIC
	NA	NA	1379	1513.563	1515.563
+ AGE	-1	34.509	1378	1479.054	1483.054
+ endocr_01.f	-1	17.399	1377	1461.655	1467.655
+ DLIT_AG_N	-1	2.755	1376	1458.899	1466.899
+ DLIT_AG_N:endocr_01.f	-1	6.769	1375	1452.131	1462.131

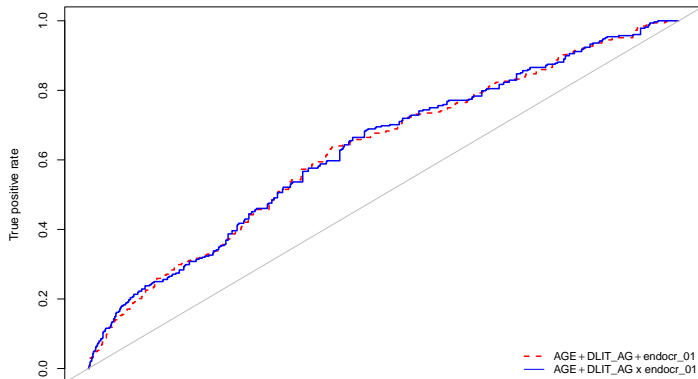
Based on the AIC, both backward elimination and forward selection choose the model of

$$\text{logit}[P(ZSN = 1)] = \alpha + \beta_1 DLIT\_AG + \beta_2 AGE + \beta_3 endocr\_01.f + \beta_4 DLIT\_AG * endocr\_01.f.$$

# Predictive Power - ROC curves

- ROC curves of the selected model with interaction and the additive model

`## Warning: package 'ROCR' was built under R version 4.0.4`



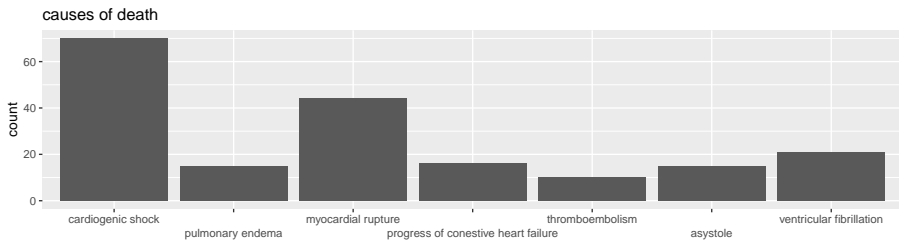
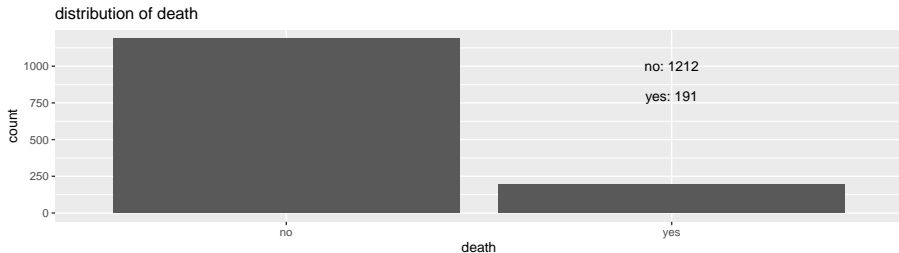
## Section 6

Modeling the relationship between death outcome and selected variables

# Secondary analysis - modeling the relationship between death outcome and selected variables

- The dataset includes one variable indicating the causes of lethal outcome for the patients
  - LET\_IS: causes of lethal outcome
    - 0: survive
    - 1: cardiogenic edema
    - 2: pulmonary edema
    - 3: myocardial rupture
    - 4: progress of congestive heart failure
    - 5: thromboembolism
    - 6: asystole
    - 7: ventricular fibrillation
- Build a logistic regression model to predict death of the patients by turning LET\_IS to a binary variable “death”
- Build model with multinomial response to investigate the cause of death

# Secondary analysis - modeling the relationship between death outcome and selected variables



## Secondary analysis

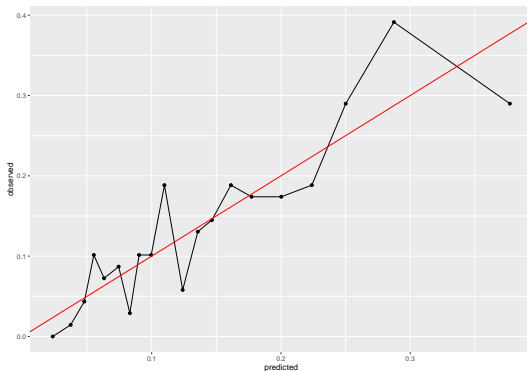
- Full model contains continuous variables AGE, DLIT\_AG, categorical variables SEX, IBS\_POST, SIM\_GIPERT, endocr\_01, endocr\_02, and the interaction terms between AGE and all the other variables.
- Used stepwise step() to select the best model.
- The best model selected:

$$\log \frac{\pi_i}{1-\pi_i} = -6.018 + 0.058 \times AGE + 0.073 \times I(IBM = 1) + 0.696 \times I(IBM = 2) + 0.726 \times I(SIM = 1) + 0.476 \times I(endocr01 = 1) + 1.081 \times I(endocr02 = 1)$$

- All selected predictors increase the probability of death.
  - $\exp(\text{beta\_age}) = 1.06$
  - $OR(IBM\_POST = 1 \text{ vs. } IBM\_POST = 0) = 1.08$  ( $p = 0.77 > 0.5$ )
  - $OR(IBM\_POST = 2 \text{ vs. } IBM\_POST = 0) = 2.01$
  - $OR(\text{hypertension vs. non hypertension}) = 2.07$  ( $p = 0.065 > 0.5$ )
  - $OR(\text{diabetes vs. non diabetes}) = 1.61$
  - $OR(\text{obese vs. not obese}) = 2.95$

## Secondary analysis

- Goodness of fit check with Hosmer-Lemeshow test by grouping the observations into 20 groups. The test statistic is 0.4291, indicating an adequate fit of the model to the dataset.
- Plotted the predicted value against the observed value of the 20 groups. Overall the dots follow the diagonal.



## Secondary analysis

- Fit baseline category logit model on cause of death. Used predictors selected in the previous analysis.

$$\log \frac{\pi_j(x)}{\pi_J(x)} = \beta_{0j} + \beta_{1j} \times AGE + \beta_{2j} \times I(IBM = 1) + \beta_{3j} \times I(IBM = 2) + \beta_{4j} \times I(SIM = 1) + \beta_{5j} \times I(endocr01 = 1) + \beta_{6j} \times I(endocr02 = 1), j = 1, \dots, 6$$

where J = cardiogenic shock, j = 1 pulmonary edema, 2 myocardial rupture, 3 progress of congestive heart failure, 4 thromboembolism, 5 asystole, 6 ventricular fibrillation

```
multi.mod <- multinom(LET_IS ~ AGE + as.factor(IBM_POST) + as
```

```
## # weights: 56 (42 variable)
## initial value 371.668838
## iter 10 value 312.126386
## iter 20 value 300.807784
## iter 30 value 300.010607
## iter 40 value 299.933289
## iter 50 value 299.931699
```



## Secondary analysis

```
##      intercept          AGE IBS_POST = 1 IBS_POST = 2 SIM_GIPEP
## 2 -5.208477  0.05003237    0.4172287   -0.2605801   -14.8802
## 3 -2.662446  0.04515371   -0.8725386   -1.3250667    -0.0125
## 4 -3.189649  0.02970654   -0.3969242   -0.7216065    0.0040
## 5  1.046965 -0.03766681   -0.2262002   -1.5074724   -16.1651
## 6 -2.551705  0.03088585   -2.0391936   -1.3081214   -16.8835
## 7  2.872844 -0.05676433   -0.5333366   -0.2875964    0.2570
##      endocr_02 = 1
## 2      -14.0286129
## 3         0.6681173
## 4     -15.2277093
## 5     -16.3110403
## 6         0.7648381
## 7     -15.7083009
```

## Secondary analysis

Estimated  $\exp(\beta_{ij})$ :

##		intercept	AGE	IBS_POST = 1	IBS_POST = 2	SIM_GIPF
## 2		0.005469998	1.0513051	1.5177496	0.7706045	3.4482
## 3		0.069777345	1.0461887	0.4178893	0.2657852	9.8748
## 4		0.041186340	1.0301522	0.6723850	0.4859709	1.0040
## 5		2.848990047	0.9630338	0.7975584	0.2214691	9.5399
## 6		0.077948656	1.0313678	0.1301336	0.2703274	4.6510
## 7		17.687253718	0.9448167	0.5866443	0.7500642	1.2930
##	endocr_02 = 1					
## 2		8.080734e-07				
## 3		1.950562e+00				
## 4		2.436071e-07				
## 5		8.245276e-08				
## 6		2.148646e+00				
## 7		1.506509e-07				

## Section 7

### Conclusion

- Age and Sex are associated with CHF
- Duration of Arterial Hypertension is predictive when included in a multivariate model
- The final multivariable model for CHF is not rejected
- Jadey