Research on the Classification of Risk of Coronary Heart Disease

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Keywords: Cardiovascular Disease, Machine Learning, Data Exploration, Neural Network.

Abstract: The majority issue of current death is heart disease. Due to the growing information technology, data is generated and has to be collected in daily life. The data could be converted as knowledge and wisdom by applying different algorithm in data analysis. Some of medical professionals in the area of heart disease are not able to predict the probability of getting heart disease with high accuracy due to their own limitations. The paper seeks to enhance the predictive accuracy of cardiovascular disease by using linear, logistic and neural network models to classifies the people whether they have cardiovascular disease or not based on recorded information.

1 INTRODUCTION

The load of cardiovascular diseases is quickly growing all over the world from the past decade. Approximately one person dies per minute due to cardiovascular disease. As time goes by, data is created and has to be collected daily due to the rapidly increasing information technology. According to the World Health Organization (WHO), it has roughly computed 12 millions deaths due to cardiovascular disease for every single year crossing the world (Cardiovascular diseases 2020). In the most developed countries, half of deaths are due to cardiovascular disease. In the field of heart disease, many medical professionals and exports have their own limitations, and they are not able to predict the possibility of getting cardiovascular disease up to high accuracy.

The motivation for this topic exploration is driven by the desire to improve the coronary heart disease predict accuracy and to enhance awareness and knowledge on our health. By using data analysis, the collected data is converted into knowledge by using different algorithms. Although these diseases have been found as the primary source of death, coronary heart disease has been demonstrated as the manageable and avoidable disease. The early prognosis of coronary heart disease enables relief and aid in making decisions on lifestyle changes in high risk patients and in lessening the complications. This presents an opportunity to further conversation of cardiovascular disease prediction by using logistic regression, Fisher's Linear Discriminant, and Neural Networks. To determine the most relevant/risk factors of coronary heart disease, and to identify if the subjects have 10-year risk of future coronary heart diseases or not are necessary to explore the relationship between human lifestyles/behavior and their impacts on potential coronary heart disease.

2 DATA SOURCE AND ACQUISITION

The dataset as an open source on the Kaggle website is published in .csv format which comes from a continuous cardiovascular study on residents of the town of Framingham and Massachusetts in the United States (Linear discriminant analysis 2020). To predict whether the subjects have a 10-year chance of coronary heart disease (CHD) is the classification goal/desired target.

Quantity: In this dataset, it offers the information of patients, including 15 attributes (risk factors) along with 4240 records in the .csv file. Each attribute is a possible risk factor for coronary heart disease.

There are four majority risk factors in this dataset: Demographic: Sex, Age, Education

Behavioral: Current Smoker, Cigarettes Per Day

Information on medical History: BP Meds (Blood pressure medication), Prevalent Stroke, Prevalent hypertensive, Diabetes

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Kong, F. and Lin, Y. Research on the Classification of Risk of Coronary Heart Disease. DOI: 10.5220/0011371600003438 In Proceedings of the 1st International Conference on Health Big Data and Intelligent Healthcare (ICHIH 2022), pages 424-428 ISBN: 978-989-758-596-8 Copyright © 2022 by SCITEPRESS – Science and Technology Publications, Lda. All rights reserved Information on present medical condition: Total cholesterol level, systolic blood pressure, diastolic blood pressure, Body Mass Index, Heart Rate, Glucose level.

All the attributes will be classified as either nominal or continuous.

Quality: From the beginning glance, the "Education" was one irrelevant attribute in our dataset which could affect the quality of the results. There is no significant difference between "Education" and the CHD risk when applying the histogram of the dataset.

There are several missing values in different attributes. To impute those missing values, the dataset was computed by mean for categorical variables and numerical variables. The dataset was cleaned to improve its quality before performing the classification analysis. The dataset was randomly splitted with 20% of testing data and 80% of training data. Since there is no noisy data, data quality could go through this step.

3 THREE MACHINE LEARNING MODELS

3.1 Logistic Regression Description

Logistic regression is the statistical method to predict and calculate the probability of the outcome. When the data collection was finished, the dataset was imported from a CSV file into a pandas dataframe to build a regression model. Python processes data cleaning and analysis. Python packages pandas, NumPy, matplotlib, statsmodels.api, scipy.stats, seaborn, and sklearn were applied for the regression model and visualization. To simplify the data cleaning process, it can be seen that drop the attribute "Education." To impute missing values, the dataset was replaced with "N/A" to the mean values. For instance, if there is a missing numerical value in BMI, then the dataset was replaced with "N/A" to mean values.

	Dep. Variable:	Те	nYearCHD	No. O	bservat	ions:	4240
	Model:		Logi	t / C	of Resid	uals:	4233
	Method:		MLE	= /	Df M	odel:	6
	Date:	Tue, 01	Dec 2020	D Pse	eudo R-	squ.:	0.1089
	Time:		21:57:43	3 Log	g-Likelih	:booi	-1609.5
	converged:		True	e		Null:	-1806.1
	Covariance Type:		nonrobus	t I	LLR p-v	alue: 7	.859e-82
	INCE AND	coef	std err		P> z	[0.025	0.975]
	const	-8.4658	0.390	-21.727	0.000	-9.230	-7.702
	male	0.4863	0.097	5.004	0.000	0.296	0.677
	age	0.0648	0.006	10.932	0.000	0.053	0.076
	cigsPerDay	0.0214	0.004	5.560	0.000	0.014	0.029
	prevalentStroke	1.0470	0.436	2.401	0.016	0.192	1.902
	sysBP	0.0171	0.002	8.528	0.000	0.013	0.021
	glucose	0.0076	0.002	4.644	0.000	0.004	0.011

Figure 1: Chi Square Test

When exploratory analysis, there are 3596 patients without cardiovascular disease (CHD = 0) and 644 patients with risk of cardiovascular disease (CHD = 1). Initially, the plan was to use the chisquare test to calculate each attribute's P-value, showing the relationship with the probability of coronary heart disease. However, some of the P-value attributes greater than the preferred alpha, which is 5%. And therefore, it shows a statistically insignificant connection between attribute and coronary heart disease. To avoid finding little impact attributes on the model and select only those crucial features, backward elimination as a good approach is applied to eliminate those attributes with the highest P-value. It is then followed by running the regression again and again until P-values of all attributes are fewer than 5% (Figure 1).

Here, notice that such attributes have a statistically significant relationship with the chance of cardiovascular disease, including Sex_male, age, cigsPerDay, prevalentStroke, sysBP, glucose. Those featured attributes can generate as a logistic regression equation:

To take forward into the results, we interpret the outcomes from Figure 1 with the probability ratio, confidence intervals, and P-values. While keeping other attributes consistent, this fitted model (Figure 2) indicates that the probability of receiving a diagnosis with the cardiovascular disease of males (male = 1) is higher than that of females (male = 0), which is exp(0.4863) = 1.626283. Regarding the percentage, the fitted model demonstrates that males' probability is 62.63% higher than that of females. Similar to age, the coefficient of age shows that the chance of receiving a diagnosis with cardiovascular disease has grown 6.69% within one year, which is exp(0.0648)= 1.066915. Also, people smoke with one additional cigarette, and there is further 2.17% growth in the probability of having cardiovascular disease. Notice that there are no apparent changes in both systolic blood pressure (sysBP) and glucose level. However, there is a significant growth in prevalentStroke, which is exp(1.0470) = 2.849160. The chance of cardiovascular disease is 184.92% growth.

	CI 95%(2.5%)	CI 95% (97.5%)	Probability Ratio	P-value
const	0.000098	0.000452	0.000211	0.00
male	1.344229	1.967520	1.626283	0.00
age	1.054597	1.079377	1.066915	0.00
cigsPerDay	1.013972	1.029406	1.021660	0.00
prevalentStroke	1.211914	6.698256	2.849160	0. 02
sysBP	1.013229	1.021208	1.017210	0.00
glucose	1.004389	1.010833	1,007606	0.00

Figure 2: CI, Probability Ratio, P-Value

To train the data and gather the model's accuracy, the dataset was randomly split with 20% of testing data and 80% of training data. And we get that the accuracy of the model is 85.14%.

3.2 Fisher's Linear Discriminant Description

 $(\vec{x} - \vec{\mu}_0)^T \Sigma_0^{-1} (\vec{x} - \vec{\mu}_0) + \ln |\Sigma_0| - (\vec{x} - \vec{\mu}_1)^T \Sigma_1^{-1} (\vec{x} - \vec{\mu}_1) - \ln |\Sigma_1| > T$ Fisher's Linear Discriminant is a statistical method used to find the regression matrix w such that this corresponding projection of the input vector. This resulting combination can be used as a classifier for classification problems.

When the classifier is used for binary classification, the classification would be based on whether the log-likelihood is more significant than a threshold T. Matlab package fisheries was applied for the regression model and visualization.

3.3 Neural Network Description

Neural Network is a machine learning method that is based on a series of connected neurons. By training the Neural Networks Classification with processing examples, each instance of the subject contains an input and an output (a labeled instance). And then, we stored the probability-weighted results on the net as we trained the network.

The Neural Network contains three layers: an input layer, an output layer, and a hidden layer. The numbers of the input layer and the output layer are 14 and 1, respectively. The hidden layer number of 8, which is $\frac{2}{3}$ of the input layer + the number of output layers = 8.

As for the program's implementation, we initially set up the number of hidden layers and specify the percentages of training and testing. And then start to train and test the Neural Network. Matlab applies the Deep Learning Toolbox to the neural network and visualization (M. Saw, T, 2020).

4 **RESULTS AND ANALYSIS**

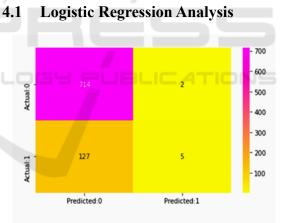


Figure 3: Confusion Matrix

After the data cleaning, attributes with P-values of fewer than 5% illustrate the significant and important roles in the cardiovascular disease prediction, including male, age, cigsPerDay, prevalentStroke, sysBP, and glucose level. Based on the model, males have more easily to get cardiovascular disease than females. When the subjects' age gets older, subjects who have previously had a stroke and smoked the number of cigarettes on average in one day have a larger chance of getting cardiovascular disease. Notice that there is a significant increase in the subject who have previously had a stroke. But there are no obvious changes in both systolic blood pressure (sysBP) and glucose level. By using 20% of testing data, the model accuracy is 84.79%. To compute the model, the confusion matrix was applied to the dataset (Figure 3). The confusion matrix demonstrates that the model with 5 (TP) + 714 (TN) =719 is correct, and 2 (FP) + 127(FN) = 129 is not correct. The negative predictive value is also less correct than the positive predictive value, which is 85% < 71%. The sensitivity is 3.79%, and specificity is 99.72% indicating that the model has lower sensitivity than specificity. With the accuracy of the model, the model could get better with more data.

4.2 Fisher's Linear Discriminant Analysis

	Actual O	Actual 1
Predict 0	699	129
Predict 1	13	13

Figure 4: Fisher's Linear Discriminant Confusion Matrix

For this model, the general accuracy rate is 83.37%. The sensitivity is 9.15%, and the specificity is 98.17%. Overall, this algorithm yields higher accuracy and specificity, but lower sensitivity. The positive predictive value is 84.42%, greater than the negative predictive value of 50%.

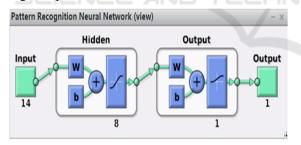


Figure 5: Neural Network Diagram.

4.3 Neural Network Analysis

For the Neural Network algorithm, the general accuracy is 85.7%. The sensitivity is 14.5%, and the specificity is 97.1%. Overall, the neural network algorithm shows that it has higher accuracy and specificity, but lower sensitivity. The positive predictive value is 87.7%, which is far greater than the negative predictive value of 44.7%.

5 CONCLUSIONS

Based on the results, all algorithms behave better on the specificity than the sensitivity. With the accuracy of the model, three algorithms could get better with more data. In addition, both logistic regression and neural networks' accuracy are slightly higher than those of the fisher's linear discriminant. Therefore, those two algorithms can determine the risky factors of cardiovascular disease.

The neural network puts its testing process in a black box, so further investigation of attribution is needed (Larry Hardesty 2020). As the algorithm runs one more time, one distinct attribute would be manually dropped, and the accuracy of the test set would be recorded. The neural network shows that the most significant tier of attributes includes: male, age, diabetes, sysBP, and BMI. The second most significant tier of attributes includes: cigsPerDay, BPMeds, prevalentStroke, prevalentHyp, and totChol.

Logistic regression can evaluate the significance of the attributes in the CHD based on the P-value. After the data cleaning, attributes with P-value less than 5% illustrate the significant and vital roles in the cardiovascular disease prediction, including male, age, cigsPerDay, prevalentStroke, sysBP, and glucose level.

The most relevant and risk factors of coronary heart disease should be male, age and sysBP since these attributes were demonstrated as the most significant factors in both logistic regression and neural network algorithms. Besides, since their Pvalues are less than 5% in the logistic regression and their accuracy in the neural network, both "cigsPerDay" and "prevalentStroke" are relatively risky factors for coronary heart disease.

All three of the methods have their advantages. Although the accuracies of Logistic Regression and Neural Network are slightly higher than the accuracy of Fisher's Linear Discriminant, Fisher's Linear Discriminant still provided a decent accuracy. Individually, Logistic Regression provided a chance to evaluate the significance of the attributes directly through the p-values. Fisher's Linear Discriminant is easy to understand and implement for the beginner to start with a vast machine learning project since it can quickly provide a working model. Neural Network generally has high accuracy and robustness, which can functionally operate with high volume and data dimensions. The layer sizes are flexible. And therefore, under the right scenarios, each one of the algorithms can be optimal.

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