

Heart Disease Prediction Model

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Abstract

Heart disease, one of the major causes of impermanence worldwide, can be diminished by early heart disease diagnosis. Various studies gives only a glance into predicting heart disease with Machine Learning techniques. Two available datasets-Stat log and Cleveland both are used to build the model. In this paper, we present a unfamiliar method that targets at finding useful features by applying machine learning techniques results in improving the perfection in the prediction of cardiovascular disease. This prediction model is introduced with many known classification techniques and different sets of features. We build up high performance level with an accuracy level of 90% through this prediction model for heart disease. Therefore, early treatment is preferable to prevent the deaths caused by later heart disease diagnosis.

Keywords: Heart disease, disease prediction model, Machine Learning.

1. INTRODUCTION

Heart disease is a cardiovascular disease (CVD) and it is difficult to identify heart disease because of several contributory risk factors such as high blood pressure, diabetes, abnormal pulse rate, high cholesterol and several other factors. Heart disease is a condition when plate like on arterial walls can block the flow of blood and cause a heart attack or stroke and also several risk factors that can lead to heart disease include unhealthy diet, excessive use of tobacco and alcohol, and physically inactive. The severity of the heart disease is classified based on various methods like K-Nearest Neighbor Algorithm (KNN), Decision Trees (DT), and Naive Bayes (NB) etc. We introduce neural networks using heart rate time series and this includes Right bundle branch block (RBBB), Left bundle branch block (LBBB). Machine learning based clinical decision making have been recently applied in healthcare area and machine learning algorithms (MLAs) are chaos firefly algorithm, Multi Layer Perceptron (MLP), Back Propagation Neural Network (BPNN)etc. We also introduce Computer Aided Decision Support System (CADSS) in the field of medicine and research.

• Performance analysis and comparison with other models:

we presented the statistical estimation to confirm the spouse of our model as compared to other models.

• The Original case system development:

Our developed system can be used as a practical guideline for the healthcare practitioners.

We conduct experiments used to identify the features of a Machine Learning Algorithm with a hybrid method and this hybrid method has stronger capability to predict heart disease compared to existing methods.



Figure 1: Machine Learning Algorithm with a hybrid method

2. STUDY REPORT

Several studies tells of the development of heart disease diagnosis based on machine learning models with the target of providing this model with advanced performance. Two available heart disease datasets such as Stat Log and

Cleveland, have used to compare the performance of prediction models among the researchers. The report says that females have less chance for heart disease compared to males. In heart diseases, correct diagnosis is main thing. But, the established approaches are insufficient for correct prediction and diagnosis. The developed model was then compared with other models such as NB, SVM and ANN.

The results revealed that the proposed model achieved the highest performance among all the models with accuracy, sensitivity, and specificity of 86.8%, 82.9%, and 92.3%, respectively. The BPNN (RS-BPNN) was proposed by Nahato et al in 2015. Verma et al in 2016 developed a hybrid prediction model based on co relation feature subset (CFS), MLP, K-means clustering and particle swam optimization (PSO). The results showed that the proposed hybrid model achieved accuracy of up to 91.28%.

Finally, we also design and develop the HDCDSS to help doctors or clinicians diagnose the patient's heart disease status based on their current condition. Thus, earlier treatment could be conducted to prevent the risks further.







3. DATASETS

The proposed Heart Disease Prediction Model was developed to provide high level performance prediction in the presence or absence of heart disease as given in the current condition of the datas. The UCI dataset is used for conducting the experiments of the proposed method, which resulted in 86.4% accuracies in the prediction of heart disease. The Probabilistic Principal Component Analysis (PPCA) method is proposed for evaluation, based on three data sets of Cleveland, Switzerland, and Hungarian in UCI respectively.

The feature selection with minimizing dimension is provided to a radial basis function. The results of the methods are 81.18%, 84.82% and 90.30% of UCI data sets of Cleveland, Switzerland and Hungarian respectively [29]. The hybrid method combining Linear regression (LR), ANN is introduced with rough set techniques and is the main contribution of this paper.

The detailed steps, including datasets and modules descriptions are presented in the following subsections. In addition, the performance of the proposed model with other models are evaluated and the results are presented in the results and discussion section. Finally, we ensure the applicability of the proposed model by converting the HDPM into the HDCDSS to diagnose heart disease status based on their condition.

Attribute	Description	Туре
Age	Patient's age in completed years	Numeric
Sex	Patient's Gender (male represented as1 and fe-	Nominal
	male as 0)	
Cp	The type of Chest pain categorized into 4 values:	Nominal
	1. typical angina, 2. atypical angina, 3. non-	
-	anginal pain and 4. asymptomatic	
Trestbps	Level of blood pressure at resting mode (in	Numeric
Chal	Sorry abalastoral in mg/dl	Numaria
EBS	Blood sugar levels on fasting $> 120 \text{ mg/dl}$ rappa	Nominal
1.03	sented as 1 in case of true, and 0 in case of false	ryonniai
Resting	Results of electrocardiogram while at rest are	Nominal
l	represented in 3 distinct values: Normal state	
	is represented as Value 0, Abnormality in ST-T	
	wave as Value 1, (which may include inversions	
	of T-wave and/or depression or elevation of ST	
	of > 0.05 mV) and any probability or certainty	
	of LV hypertrophy by Estes' criteria as Value 2	
Thali	The accomplishment of the maximum rate of	Numeric
-	heart	xz · ,
Exang	Angina induced by exercise. (0 depicting 'no'	Nominal
Oldpaak	Exercise induced ST depression in comparison	Numeric
Ощреак	with the state of rest	Ivumente
Slope	ST segment measured in terms of the slope dur-	Nominal
P-	ing peak exercise depicted in three values: 1.	
	unsloping, 2. flat and 3. downsloping	
Ca	Fluoroscopy coloured major vessels numbered	Numeric
	from 0 to 3	
Thal	Status of the heart illustrated through three dis-	Nominal
	tinctly numbered values. Normal numbered as 3,	
	fixed defect as 6 and reversible defect as 7.	
Num	Heart disease diagnosis represented in 5 values,	Nominal
	with 0 indicating total absence and 1 to 4 repre-	
	senting the presence in different degrees.	

Figure 3: Data set

3.1 HEART DISEASE DATASET:

We used two heart disease datasets Stat log and Cleveland are termed as datasets I and II respectively, to investigate how heart disease can be identified by applying the machine learning technique model. The proposed model is then applied to those two datasets and with the expectation of providing this prediction model.

The original value range from 0 to 4. The 0 value is used to represent the absence of heart disease while the values from 1 to 4 are used to represent the presence of heart disease with its stage condition. In this study, we followed previous studies converting the class value from a multi-class variable to a binary-class variable.



International Research Journal of Engineering and Technology (IRJET)



Figure 4: Comparision of Datasets

4. PROPOSED METHOD

4.1 Classification Modelling:

The bunch of datasets is done on the basis of the variables and Decision Tree (DT) features.

4.2 DECISION TREES:

These trees are simple and fast constructed in a top down recursive divide and conquer (DAC) approach. Tree pruning is performed to remove the irrelevant samples on D.

Entropy = -Xm j=1 pij log2 pij

Algorithm 1 Decision Tree-Based Partition

Require: Input: D dataset – features with a target class

Volume: 09 Issue: 07 | July 2022

for \forall features do

for Each sample do

Execute the Decision Tree algorithm

end for

Identify the feature space f1, f2, ..., fx of dataset UCI.

end for

Obtain the total number of leaf nodes l1, l2, l3,....dn ln with its constraints (10) Split the dataset D into d1, d2, d3,.., dn based on the leaf nodes constraints.

Output: Partition datasets d1, d2, d3,...dn

5. RESULT

The proposed heart disease prediction model was applied to both datasets and showed positive results for correct predictions as compared to other models. The classification rules generated based on the rule after data pre-processing is done. After pre-processing, the data's best two techniques are chosen and the results are generated.

All the features selected in this model provides the best results.



Figure 5: Result of the Proposed system

6. CONCLUSION

We proposed an effective heart disease prediction model (HDPM) for heart disease diagnosis. Identifying the process of raw healthcare data of heart information will help in the saving of human lives and early detection of abnormalities in heart conditions and also Machine learning techniques were used in this work to work on raw data and provide a new and new perception towards the heart disease. Further, with the concerns about privacy, security, many concepts could be further studied with the goal of improving the medical clinical decision support system. For this model, we have not got any feedback from heart specialist yet. In the future, dataset and comments are collected from heart specialist for verifying dataset and prediction model could be presented.

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