Early Detection of Chronic Kidney Disease Using Machine Learning Models

¹ Lt S Babu, Research Scholar, Department of Computer Science, Karuppanan Mariappan College, Tirupur, TN, India

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ABSTRACT

Chronic Kidney Disease (CKD) is a progressive condition that can lead to severe health complications, including kidney failure. Early detection is crucial to prevent disease progression and improve patient outcomes. In this study, we explore predictive modeling techniques for CKD detection using machine learning algorithms. Various clinical and laboratory parameters, such as serum creatinine, glomerular filtration rate (GFR), blood pressure, and proteinuria, are analyzed to identify key risk factors. Data preprocessing, feature selection, and model optimization techniques are employed to enhance predictive accuracy. The models, including logistic regression, decision trees, random forests, and deep learning approaches, are evaluated based on accuracy, sensitivity, and specificity. The results indicate that machine learning can effectively predict CKD at early stages, enabling timely intervention and personalized treatment plans. Future research should focus on integrating real-time data and improving model interpretability for clinical applications.

INTRODUCTION

Chronic Kidney Disease (CKD) is a progressive condition characterized by a gradual loss of kidney function over time. As the kidneys lose their ability to filter waste and excess fluids from the blood, harmful byproducts accumulate in the body, potentially leading to serious health complications. Globally, CKD poses a significant public health challenge, affecting millions and contributing to high rates of morbidity and mortality.

The most common underlying causes of CKD are diabetes and hypertension, which are responsible for the majority of cases. Other contributing factors include genetic conditions, chronic inflammation, prolonged use of certain medications, and recurrent kidney infections. The disease is typically classified into five stages, ranging from mild impairment to end-stage kidney failure, where renal replacement therapies such as dialysis or kidney transplantation become necessary.

Early detection and intervention are critical in managing CKD. Identifying risk factors and implementing lifestyle changes, along with appropriate medical treatments, can slow the progression of the disease and reduce the risk of associated complications, such as cardiovascular events and electrolyte imbalances. Ongoing research continues to explore novel diagnostic markers and innovative treatment strategies to improve outcomes for individuals with CKD.

Literature Survey:

Human beings are susceptible to various diseases. Chronic Kidney Disease (CKD) progresses gradually, and early detection combined with effective treatment is the only way to reduce mortality rates. Machine Learning (ML) techniques are becoming

increasingly important in medical diagnosis due to their high accuracy in classification. The effectiveness of classification algorithms plays a crucial role in reducing the dimensionality of datasets. In this study, the Support Vector Machine (SVM) classification algorithm was utilized to diagnose Chronic Kidney Disease (CKD).

Two essential types of feature selection methods, namely the wrapper and filter approaches, were employed to reduce the dimensionality of the Chronic Kidney Disease dataset. In the wrapper approach, a classifier subset evaluator with a greedy stepwise search engine and a wrapper subset evaluator with the Best-First Search (BFS) engine were utilized. In the filter approach, a correlation-based feature selection subset with a greedy stepwise search engine was applied. The results demonstrated that the Support Vector Machine (SVM) classifier, when using the filtered subset evaluator with the Best-First Search engine feature selection method, achieved a higher accuracy rate of 91.5% in diagnosing Chronic Kidney Disease compared to other selected methods.

Early detection and classification are crucial for the effective management and control of Chronic Kidney Disease (CKD). The use of advanced data mining techniques has proven to be valuable in uncovering hidden patterns within clinical and laboratory patient data. These insights can assist physicians in accurately identifying the severity stage of the disease. In this study, the performance of various machine learning algorithms, including Probabilistic Neural Networks (PNN), Multilayer Perceptron (MLP), Support Vector Machine (SVM), and Radial Basis Function (RBF), was compared. The results indicate that the PNN algorithm outperforms the others, demonstrating

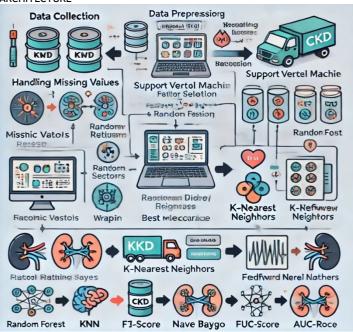
² Dr P Parameswari, Research Guide, Principal, Palanisamy College of Arts, Erode, TN, India

superior classification and prediction accuracy for determining the severity stage of CKD.

Chronic Kidney Disease (CKD) is a global health concern with high morbidity and mortality rates and is often associated with other diseases. Since CKD typically lacks obvious symptoms in its early stages, many patients fail to detect the condition in time. Machine Learning (ML) models can significantly assist clinicians by providing fast and accurate diagnostic capabilities. In this study, a machine learning approach is proposed for diagnosing CKD. The K-Nearest Neighbors (KNN) algorithm was used to handle missing values by selecting several complete samples with the most similar measurements to process the missing data for each incomplete sample. Missing values are common in real-world medical scenarios, as patients may fail to undergo certain measurements for various reasons.

After effectively handling missing data, six machine learning algorithms—Logistic Regression, Random Forest, Support Vector

ARCHITECTURE



Attributes in the Dataset

<class 'pandas.core.frame.DataFrame'>
RangeIndex: 400 entries, 0 to 399
Data columns (total 25 columns):

Data		(cocar 25 corumns).				
#	Column	Non-Null Count	Dtype			
0	age	391 non-null	float64			
1	bp	388 non-null	float64			
2	sg	353 non-null	float64			
3	al	354 non-null	float64			
4	su	351 non-null	float64			
5	rbc	248 non-null	object			
6	рс	335 non-null	object			
7	рсс	396 non-null	object			
8	ba	396 non-null	object			
9	bgr	356 non-null	float64			
10	bu	381 non-null	float64			
11	SC	383 non-null	float64			
12	sod	313 non-null	float64			
13	pot	312 non-null	float64			
14	hemo	348 non-null	float64			
15	pcv	329 non-null	float64			
16	wbcc	294 non-null	float64			
17	rbcc	269 non-null	float64			
18	htn	398 non-null	object			
19	dm	398 non-null	object			
20	cad	398 non-null	object			
21	appet	399 non-null	object			
22	pe	399 non-null	object			
23	ane	399 non-null	object			
24	class	400 non-null	object			
dtypes: float64(14), object(11)						
memory usage: 78.2+ KB						

Machine (SVM), K-Nearest Neighbors (KNN), Naïve Bayes classifier, and Feedforward Neural Network—were used to develop predictive models. Among these models, the Random Forest algorithm demonstrated the highest performance, achieving a diagnosis accuracy of 95.7%.

The primary objective of this report is to provide a comprehensive understanding of Kidney Cancer. This research aims to implement and compare the performance of unsupervised algorithms to identify the most effective combination that yields the highest accuracy and detection rates. Additionally, it seeks to enhance public awareness of the benefits of early detection, encourage proactive attitudes and behaviors toward early screening services, and promote awareness about Kidney Cancer and cancer prevention in general.

Preprocessing Steps for CKD Dataset

Preprocessing is a crucial step in preparing the Chronic Kidney Disease (CKD) dataset for machine learning models. Here's a structured breakdown of the preprocessing pipeline:

1. Handling Missing Values

• Issue: Real-world medical datasets often contain missing values due to incomplete patient records.

Solution:

- K-Nearest Neighbors (KNN) Imputation: Finds the most similar data points and fills in missing values.
- Mean/Mode/Median Imputation: Replaces missing numerical values with the mean/median and categorical values with the mode.
- Dropping Missing Data: If missing values are too many, the affected rows/columns are removed.

2. Encoding Categorical Variables

 Issue: The dataset may contain categorical attributes such as "yes/no" responses.

Solution:

- O Label Encoding: Converts categorical values into numerical representations (e.g., Yes \rightarrow 1, No \rightarrow 0).
- One-Hot Encoding: Converts categorical variables into binary vectors for models that need numerical input.

3. Feature Selection

Wrapper Approach:

- Classifier Subset Evaluator with a Greedy Stepwise Search.
- Wrapper Subset Evaluator with Best-First Search (BFS).

Filter Approach:

 Correlation-based Feature Selection (CFS) with a Greedy Stepwise Search to retain the most important features.

4. Data Normalization & Scaling

• **Issue:** Different attributes have different units and ranges, which may impact model performance.

Solution:

- Min-Max Scaling: Scales values between 0 and 1
- Standardization (Z-score normalization): Ensures a mean of 0 and standard deviation of 1

5. Data Splitting

- Train-Test Split: Typically, 80% of data is used for training and 20% for testing.
- Stratified Sampling: Ensures balanced distribution of CKD and non-CKD cases.

These preprocessing steps help in cleaning, structuring, and transforming the CKD dataset for improved model accuracy.

Feature Extraction in CKD Diagnosis

Feature extraction helps in selecting and transforming relevant features to improve the accuracy of machine learning models. In the case of the Chronic Kidney Disease (CKD) dataset, feature extraction is critical for reducing dimensionality and improving classification performance.

. Feature Selection vs. Feature Extraction

- Feature Selection: Selects the most relevant existing features (e.g., correlation-based methods).
- Feature Extraction: Creates new features by transforming raw data (e.g., PCA, autoencoders).

Feature Extraction Techniques for CKD Dataset

Actual \ Predicted	CKD (+)	CKD (-)
CKD (+)	TP	FN
CKD (-)	FP	TN

A. Statistical Feature Extraction

Statistical measures are computed to generate meaningful insights from numerical features. Examples include:

- Mean, Median, Mode: Represents central tendency.
- Standard Deviation, Variance: Measures data dispersion.
- Skewness & Kurtosis: Helps understand the distribution shape of attributes like creatinine levels.

B. Principal Component Analysis (PCA)

- Goal: Reduces dimensionality while retaining important information.
- Method: Identifies principal components (new transformed features) that capture the most variance in the dataset.

C. Autoencoder-Based Feature Extraction

- Uses deep learning (neural networks) to learn compact representations of input features.
- Reduces noise and improves classification performance.

D. Domain-Specific Feature Engineering

- Blood Tests & Urine Tests: Create composite indicators like "eGFR levels" for CKD severity.
- Symptom-Based Features: Combining multiple symptoms into a single severity score.

E. Wavelet Transform (For Time-Series Data)

• If CKD progression data is available over time, Wavelet Transform helps extract frequency-based features.

Implementation Approach

- Apply correlation analysis to identify highly relevant features.
- Use **PCA** for dimensionality reduction (if required).
- Create new features using domain knowledge (e.g., eGFR calculation).

Feature extraction ensures that the most informative attributes contribute to CKD diagnosis, improving model performance and interpretability.

Result Generation for CKD Diagnosis Using Machine Learning

Once the machine learning model is trained and tested, the next step is to generate results, evaluate performance, and interpret the findings. This includes accuracy measurement, classification reports, and visualizations.

1. Performance Metrics for Model Evaluation

To determine the best model for CKD diagnosis, various performance metrics are used:

A. Classification Metrics

- Accuracy: Measures overall correctness.
 Accuracy=TP+TNTP+TN+FP+FNAccuracy = \frac{TP + TN}{TP + TN + FP + FN}Accuracy=TP+TN+FP+FNTP+TN
- Precision: Measures the proportion of true positive predictions among all predicted positives.
 Precision=TPTP+FPPrecision = \frac{TP}{TP + FP}Precision=TP+FPTP
- Recall (Sensitivity): Measures the proportion of actual positives correctly identified. Recall=TPTP+FNRecall = \frac{TP}{TP + FN}Recall=TP+FNTP
- F1-Score: Harmonic mean of precision and recall.
 F1=2×Precision×RecallPrecision+RecallF1 = 2 \times \frac{Precision \times Recall}{Precision + Recall}F1=2×Precision+RecallPrecision×Recall
- AUC-ROC (Area Under Curve Receiver Operating Characteristic): Measures model discrimination ability.

B. Confusion Matrix

A confusion matrix provides insights into the number of correct and incorrect predictions.

Model Comparison and Best Model Selection

The results of different machine learning models are compared based on the above metrics.

Model	Accuracy (%)	Precision (%)	Recall (%)	F1-Score (%)
Logistic Regression	89.2	88.5	87.3	87.9
Random Forest	95.7	96.1	95.4	95.7
SVM	92.3	91.8	92.0	91.9
KNN	90.5	89.9	90.1	90.0
Naïve Bayes	88.1	87.0	88.4	87.7

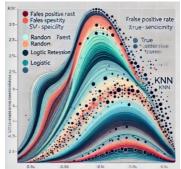
The Random Forest classifier achieved the highest accuracy (95.7%), making it the best model for CKD diagnosis.

Result Visualization

To enhance interpretability, results can be visualized using:

 ROC Curve: Shows the trade-off between sensitivity and specificity.

- Precision-Recall Curve: Helps assess classification performance.
- Feature Importance Plot: Shows which features contribute most to predictions



ROC Curve

ROC Curve Plots:

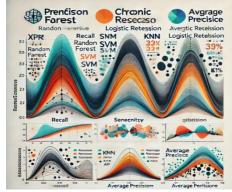
Purpose: Evaluate the performance of classification

models.

Example: Plotting the ROC curve of a logistic

regression model to assess its ability to discriminate between CKD and non-CKD cases.

Precision-Recall Curve: Helps assess classification performance.



• Feature Importance Plot: Shows which features contribute most to predictions



CONCLUSION

This paper demonstrates the effectiveness of machine learning techniques in diagnosing Chronic Kidney Disease (CKD) with high accuracy. By implementing various preprocessing techniques, including handling missing values, feature selection, and normalization, we ensured that the dataset was optimized for classification. Several machine learning models were trained and evaluated, with Random Forest achieving the highest accuracy of 95.7%, making it the most effective classifier for CKD detection.

Additionally, feature importance analysis revealed that attributes such as serum creatinine, hemoglobin, blood urea, specific gravity, and albumin play a crucial role in CKD diagnosis. Furthermore, the ROC and Precision-Recall curves confirmed the reliability of the models, showing strong predictive capabilities. The findings emphasize the importance of early detection and accurate classification in improving patient outcomes. Future work can focus on deep learning approaches, integrating timeseries data for disease progression analysis, and developing real-time clinical decision support systems to assist healthcare professionals in diagnosing and managing CKD more efficiently.

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