Utilization of Rough Sets Method with Optimization Genetic Algorithms in Heart Failure Cases

Silfia Andini¹, Rianto Sitanggang², Anjar Wanto³, Harly Okprana³, Achmad Daengs GS⁴, Solly Aryza⁵

¹Universitas Putra Indonesia YPTK, Padang, Indonesia
²Universitas Sari Mutiara, Medan, Indonesia
³STIKOM Tunas Bangsa, Pematangsiantar, Indonesia
⁴Universitas 45 Surabaya, Surabaya, Indonesia
⁵Universitas Pembangunan Panca Budi, Medan, Indonesia

*silfiaandini68@upiyptk.ac.id

Abstract. Rough Set is a machine learning method capable of analyzing dataset uncertainty to determine essential object attributes. At the same time, genetic algorithms can solve estimates for optimization and search problems. Therefore, this study aims to extract information from the rough set method with genetic algorithm parameters using the Rosetta application in heart failure cases. The research dataset was a collection of Clinical Heart Failure Record Data obtained from the UCI machine learning repository. There are 13 attributes contained in the dataset. Still, two features are removed, namely sex and time. It becomes 11 to reduce the amount of time and memory needed and make data easier to visualize, and help reduce irrelevant features. This research produces eight reducts and 77 rules based on the 20 sample data used. This study concludes that the use of genetic algorithm parameters can optimize the standard rough set method in generating rules.

1. Introducing
Heart failure is one of the most common reasons for people over 60 to be hospitalized [1]. This disease is the leading cause of increased mortality worldwide, with about 50% of patients dying within five years of being diagnosed with heart failure, which exceeds cancer [2]. So it is not surprising that the number of heart failure patients continues to increase worldwide [3], mainly if things such as hypertension, diabetes and obesity cannot be controlled properly [4]. This paper will classify and predict patients with heart failure using a machine learning algorithm. Machine learning algorithms can be used to optimize computer or system performance based on pre-existing sample data [5]. There are seven steps in machine learning, including collecting data, preparing input data, analyzing input data, human involvement, training, testing and using them. Machine Learning (ML) is one part of the artificial intelligence algorithm [6]. Many machine learning methods are often used to solve computing problems [7]. Machine learning algorithms have brought about significant changes in the AI field. Machine learning especially supports human discernment [8]. Among some of the well-known machine learning algorithms include: rough set [9], Support vector machine [10], naive bayes algorithm [11], logistic regression [12], KNN [13], decision tree [14], random forest [15], boosted tree [16], etc.
This paper will discuss using the Rough Set method, which will be optimized using genetic algorithms. The rough set is a mathematical technique developed by Pawlak and used for data classification analysis in table form [17], and extracting ambiguity in exchange for the boundary of membership values [18]. This method is efficient for handling uncertain information [19]. The Rough set method is excellent when used in the field of artificial intelligence, as it can be applied as a component of a hybrid solution in data mining and machine learning [20]. Meanwhile, the genetic algorithm can represent the optimization problem as a set of variables. In the genetic algorithm, each issue will be optimized according to the chromosome of each gene based on the problem variable [21]. Many studies discuss Rough Sets and genetic algorithms to solve many problems, including research that presents a method of evaluating rock slope stability in freeze-thaw mountains combined with hierarchical analysis, rough sets, and genetic algorithms. This study used a dataset of Fifty stone road slopes in the Taishun area, China, which were selected as examples. The results and conclusions obtained from this study are that combining rough set theory, analytical process hierarchy and genetic algorithms with reduced evaluation knowledge and approximate reasoning, default reasoning can improve the intelligence of predictive accuracy of rock slope instability in frozen-thaw mountains [22]. Furthermore, catastrophe classification study on the analysis of medical rescue methods based on rough sets and genetic algorithms. In this paper, Medical characteristics triggered by different forms of sudden disasters are used as benchmarks in this paper to create a table of medical disaster rescue decisions based on the rough set theory. Then, using genetic algorithms, the general points of different disaster medical features are analyzed, resulting in several disaster classifications. The available features and characteristics of the disaster medical rescue personality operation are investigated, and based on the disaster classification features, formal guidelines for medical emergency rescue management are proposed. These findings help the creation of traditional disaster response classifications, plans, and rescue operations on a theoretical level [23]. Following that, research proposes a high-dimensional reduction function model in medical images based on the precision of rough set variables and genetic algorithms by adding values, loosening the rigid inclusion of the method for conventional rough sets, and designing three types of experiments by constructing decision knowledge tables from PET/CT features for ROI lung tumors. The high-dimensional feature selection algorithm based on genetic algorithms and variable precision rough set can solve the multi-objective optimization problem well, according to these experiments [24].

Based on previous studies, this paper proposes using the Rough Set method with genetic algorithm optimization for the classification and prediction of patients with heart failure. Because the rough set method has weaknesses, including producing too many rules if enough attributes from the dataset are used [25], and genetic algorithms are able to optimize the ruling results.

2. Method

2.1. Sample Data

The research dataset was a collection of Clinical Heart Failure Record Data obtained from the UCI machine learning repository [26]. The data contains 299 records and 13 attributes (age, anaemia, creatinine _phosphokinase, diabetes, ejection_fraction, high_blood_pressure, platelets, serum_creatinine, serum_sodium, sex, smoking, time, and Death_Event as target attributes).

| No | Age | Anaemia | Creatinine | Phosphokinase | Diabetes | Ejection Fraction | High Blood Pressure | Platelets | Serum Creatinine | Serum Sodium | Sex | Smoking | Time | DEATH EVENT |
|----|-----|---------|------------|---------------|----------|------------------|---------------------|-----------|------------------|-------------|-----|---------|-----|------------|
| 1  | 75  | 0       | 582        | 0             | 20       | 1                | 265000              | 1.9       | 100              | 0           |     |         |     | 4            |
| 2  | 55  | 0       | 7861       | 0             | 38       | 0                | 263358              | 1.1       | 136              | 0           | 6   |         |     | 1            |
| 3  | 65  | 0       | 146        | 0             | 20       | 0                | 162000              | 1.3       | 129              | 1           |     |         | 1   | 7            |
| 4  | 50  | 1       | 111        | 0             | 20       | 0                | 210000              | 1.9       | 137              | 1           | 7   |         |     | 1            |
| 5  | 65  | 1       | 160        | 1             | 20       | 0                | 327000              | 2.7       | 116              | 0           |     |         | 8   | 1            |
| ...| ... | ...     | ...        | ...           | ...      | ...              | ...                 | ...       | ...              | ...         |     | ...     |     | ...          |
| 295| 62  | 0       | 61         | 1             | 38       | 1                | 155000              | 1.1       | 143              | 1           |     | 270     |     | 0           |
| 296| 55  | 0       | 1820       | 0             | 38       | 0                | 270000              | 1.2       | 139              | 0           |     |         | 271 | 0           |
This study only took 20 sample data which would then be processed using the Rough Set method and genetic algorithms. Of the 13 attributes contained in the dataset, two features were removed, namely, sex and time, because they were considered not too important so that they became 11 attributes (10 condition attributes and one decision attribute) to reduce the amount of time and memory needed, and make the data easier to visualize and helps reduce irrelevant features. Age will be grouped into six sections as is often used in the health section (40-49 years: group 1, 50-59 years: group 2, 60-69 years: group 3, 70-79 years: group 4, 80-89 years: group 5, and > 90 years: group 6) [27]. Attribute of Creatinine_phosphokinase attribute will be changed to normal (1) if the value is 10 to 120 micrograms per litre (mcg / L); otherwise, it is abnormal (2) [28]. Atribut of ejection_fraction juga akan diganti nilai nya menjadi range 1-4. 50-70% = Normal (1), 40-49% = Slightly below normal (2), 35-39% = Moderately below normal (3) and Less 35% = Severely below normal (4) [29][30]. Attribute Platelets will also be converted into six categories. Normal platelets → 150.000 - 450.000 µl (1), mild thrombocytopenia → 100.000 - 149.000 µl (2), moderate thrombocytopenia → 75.000 - 99.000 µl (3), thrombocytosis > 450.000 µl (4), critical thrombocytopenia < 50.000 µl (5) and severe thrombocytopenia → 50.000 - 74.000 µl (6) [31]. The serum creatinine records were converted into 2 groups: 0,5 - 1,35 (Normal) = 1, > 1,35 (Abnormal) = 2 [32]. The serum_sodium attribute is changed to Normal (1) → 135-145/147 mEq/L and other than that Abnormal (2) [33].

2.2. Eligibility Criteria Analysis
The condition attributes used in the study were Age, Anaemia, Creatinine Phosphokinase, Diabetes, Ejection Fraction, High Blood Pressure, Platelets, Serum Creatinine, Serum Sodium, and Smoking. Meanwhile, the attribute of the decision is DEATH EVENT. The following is a list of features used in determining cases of heart failure.

Table 2. Attributes Used

| Criteria                              | Data Class Type | Data Class Used |
|---------------------------------------|-----------------|-----------------|
| Age                                   | Nominal         | 1, 2, 3, 4, 5, 6|
| Anaemia                               | Nominal         | 0, 1            |
| Creatinine_Phasokinase                | Nominal         | 1, 2            |
| Diabetes                              | Nominal         | 0, 1            |
| Ejection_Fraction                     | Nominal         | 1, 2, 3, 4      |
| High_Blood_Pressure                   | Nominal         | 0, 1            |
| Platelets                             | Nominal         | 1, 2, 3, 4, 5, 6|
| Serum_Creatinine                      | Nominal         | 1, 2            |
| Serum_Sodium                          | Nominal         | 1, 2            |
| Smoking                               | Nominal         | 0, 1            |
| DEATH_EVENT                           | Nominal         | 0, 1            |

2.3. Research procedure
The procedure of the Rough Set method with the optimization of genetic algorithm parameters can be represented as shown in Figure 1.
Initial Data in Figure 1 describes data input stages for patients with heart failure as many as 20 records. At this stage, the data obtained is still in the form of original data, and data has not been sorted; after that, then proceed to the Pre-Processing stage. The Pre-Processing stage is carried out to eliminate problems that can interfere with the results of the data process, because sometimes in the data, various issues can interfere with the results of the process of extracting information from the data itself, such as missing values, redundant data, outliers, or data formats. Incompatible with the system. In this case, the sex and time attributes are omitted. Besides, the record for the age attribute was changed to a value of 1-6, Creatinine_phosphokinase was changed to a value of 1 and 2, ejection_fraction to a value of 1-4, Platelets was changed to a value of 1-6, serum creatinine was altered to 1 and 2 and serum_sodium was also changed to a value of 1 and 2.

Furthermore, this data is processed using the Rosetta application. The next step is to carry out the reduction process by using the rough set method from the table that has been inputted with the genetic algorithm parameters to produce reducts. The decision rules were then concluded based on this Reduct process. The next stage is testing a sample of heart failure patient data using Rosetta's tools to produce proper knowledge based on the data that has been tested.

3. Results and Discussion

Analysis results are in the form of an explanation of the Rough Set method's problem-solving algorithm with the optimization of the genetic algorithm based on Figure 1, which has been presented previously.

3.1. Initial Data

Initial data were obtained from table 1 (sample heart failure patient data). This data still needs to be sorted to get the appropriate attributes so that it can be processed to the next stage.

3.2. Pre-Processing

Pre-Processing of Samples Data on heart failure patients were performed to remove attributes deemed unnecessary, such as sex and time, and classify age, creatinine_phosphokinase, ejection_fraction, platelets, serum creatinine and serum_sodium to a value of 1-6. The results of pre-processing data for heart failure patients can be seen in table 3. Then the data from the pre-processing results were entered into Rosetta's tools.
3.3. Reduce
At this stage, Reduce is selected using the rough set method with genetic algorithm parameters.

3.4. Reduct
Reduct results will appear after the Reduce process is complete.

The reductions that have been done have resulted in 8 Reducts, namely: 

- \{Age, High_blood_pressure\},
- \{Age, Creatinine_phosphokinase\},
- \{Creatinine_phosphokinase, Serum_creatinine\},
- \{Creatinine_phosphokinase, High_blood_pressure, Smoking\},
- \{Age, Anemia, Platelets, Ejection_fraction, \},
- \{Creatinine_phosphokinase, High_blood_pressure, Serum_sodium\} and 
- \{Age, Platelets, Serum_sodium\}.
3.5. Testing Data
The steps taken after the reduct process is complete is data testing. Data testing is carried out to obtain generate rules, which can be seen in Figure 5.

![Generate Rules Process](image)

**Figure 5.** Generate Rules Process

3.6. Useful Knowledge
Reduct results obtained are used to produce Knowledge by referring to table 1. A decision System is an Information System that already has a decision or impact based on assumptions based on its attributes that meet the terms and conditions. The value of each existing result attribute comes from a sample of data that is converted into the eligibility criteria.
Figure 6 is useful knowledge that yields 77 rules. After conducting the test, the results of the analysis can produce optimal decisions in predicting kidney failure patients who can experience death. The resulting choices are in the form of rules or rules patterns that are formed so that they become helpful information in decision making.

4. Conclusion

It can be concluded that the application of the Rough Set method with genetic algorithm parameters on the dataset of heart failure patients can produce more optimal rules than the standard rough set method. The Rough Set method with genetic algorithm parameters using Rosetta can create information to make more optimal decisions so that they can provide policies for patients with kidney failure. The use of the Rough Set method with genetic algorithm parameters in determining the death of kidney failure patients resulted in new knowledge, namely the possibility of death due to kidney failure; there are eight reducts with 77 rules.

References

[1] P. Rossignol, A. F. Hernandez, S. D. Solomon, and F. Zannad, “Heart failure drug treatment,” *The Lancet*, vol. 393, no. 10175, pp. 1034–1044, 2019.
[2] C. Riehle and J. Bauersachs, “Small animal models of heart failure,” *Cardiovascular Research*, vol. 115, no. 13, pp. 1838–1849, 2019.
[3] H. M. Choi, M. S. Park, and J. C. Youn, “Update on heart failure management and future directions,” *Korean Journal of Internal Medicine*, vol. 34, no. 1, pp. 11–43, 2019.
[4] F. Zannad, “Rising incidence of heart failure demands action,” *The Lancet*, vol. 391, no. 10120, pp. 518–519, 2018.
[5] S. Badillo *et al.* “An Introduction to Machine Learning,” *Clinical Pharmacology and Therapeutics*, vol. 107, no. 4, pp. 871–885, 2020.
[6] X.-D. Zhang, *Machine Learning*. In: *A Matrix Algebra Approach to Artificial Intelligence*. 2020.
[7] J. Tang, X. Zhang, W. Yin, Y. Zou, and Y. Wang, “Missing data imputation for traffic flow based on combination of fuzzy neural network and rough set theory,” *Journal of Intelligent*
Transportation Systems: Technology, Planning, and Operations, vol. 0, no. 0, pp. 1–16, 2020.

[8] N. Dutta, U. Subramaniam, and S. Padmanaban, “Mathematical models of classification algorithm of Machine learning,” International Meeting on Advanced Technologies in Energy and Electrical Engineering, pp. 1–2, 2019.

[9] T. M. Hossain, J. Watada, I. A. Aziz, and M. Hermana, “Machine Learning in Electrofacies Classification and Subsurface Lithology Interpretation: A Rough Set Theory Approach,” Applied Sciences (Switzerland), vol. 10, no. 5940, pp. 1–16, 2020.

[10] D. A. Pisner and D. M. Schnyer, Support vector machine. Elsevier Inc., 2019.

[11] H. Zhang, L. Jiang, and L. Yu, “Class-specific attribute value weighting for Naive Bayes,” Information Sciences, vol. 508, pp. 260–274, 2020.

[12] L. Connelly, “Logistic Regression,” MEDSURG Nursing, vol. 29, no. 5, p. 353, 2020.

[13] S. K. Nayak, M. Panda, and G. Palai, “Realization of optical ADDER circuit using photonic structure and KNN algorithm,” Optik - International Journal for Light and Electron Optics, vol. 212, no. 164675, pp. 1–8, 2020.

[14] M. M. Ghiasi, S. Zendehboudi, and A. A. Mohsenipour, “Decision tree-based diagnosis of coronary artery disease: CART model,” Computer Methods and Programs in Biomedicine, vol. 192, no. 105400, pp. 1–14, 2020.

[15] M. Schonlau and R. Y. Zou, “The random forest algorithm for statistical learning,” Stata Journal, vol. 20, no. 1, pp. 3–29, 2020.

[16] R. T. Selvi and I. Muthulakshmi, “Modelling the map reduce based optimal gradient boosted tree classification algorithm for diabetes mellitus diagnosis system,” Journal of Ambient Intelligence and Humanized Computing, pp. 1–14, 2020.

[17] J. H. Sihotang, “Analysis of Service Satisfaction Level Using Rough Set Algorithm,” Infokum, vol. 8, no. 2, pp. 50–56, 2020.

[18] M. Riaz, B. Davvaz, A. Firdous, and A. Fakhar, “Novel concepts of soft rough set topology with applications,” Journal of Intelligent and Fuzzy Systems, vol. 36, no. 4, pp. 3579–3590, 2019.

[19] W. Wei and J. Liang, “Information fusion in rough set theory: An overview,” Information Fusion, vol. 48, pp. 107–118, 2019.

[20] W. Li, X. Jia, L. Wang, and B. Zhou, “Multi-objective attribute reduction in three-way decision-theoretic rough set model,” International Journal of Approximate Reasoning, vol. 105, pp. 327–341, 2019.

[21] S. Mirjalili, J. Song Dong, A. S. Sadiq, and H. Faris, Genetic algorithm: Theory, literature review, and application in image reconstruction, vol. 811. Springer International Publishing, 2020.

[22] J. Xu, Y. Liu, and Y. Ni, “Hierarchically weighted rough-set genetic algorithm of rock slope stability analysis in the freeze-thaw mountains,” Environmental Earth Sciences, vol. 78, no. 227, pp. 1–14, 2019.

[23] T. Li et al., “Analysis of medical rescue strategies based on a rough set and genetic algorithm: A disaster classification perspective,” International Journal of Disaster Risk Reduction, vol. 42, no. 101325, pp. 1–15, 2020.

[24] Z. Tao, L. Huiling, F. Hu, S. Qiu, and W. Cuifying, “A Model of High-Dimensional Feature Reduction Based on Variable Precision Rough Set and Genetic Algorithm in Medical Image,” Mathematical Problems in Engineering, vol. 2020, pp. 1–18, 2020.

[25] W. Chang, X. Yuan, W. Wu, S. Zhou, J. Lei, and Y. Xiao, “Decision-Making Method based on Mixed Integer Linear Programming and Rough Set: A Case Study of Diesel Engine Quality and Assembly Clearance Data,” Sustainability (Switzerland), vol. 11, no. 3, pp. 1–21, 2019.

[26] UCI, “Heart failure clinical records Data Set,” Machine Learning Repository, 2020. [Online]. Available: http://archive.ics.uci.edu/ml/machine-learning-databases/00519/. [Accessed: 10-Mar-2021].

[27] F. L. Tianyi, V. N. Agbor, and A. K. Njamnshi, “Prevalence, awareness, treatment, and control
of hypertension in Cameroonian aged 50 years and older: A community-based study,” *Health Science Reports*, vol. 1, no. 5, pp. 1–7, 2018.

[28] M. Encyclopedia, “Creatine phosphokinase test,” *MedlinePlus*, 2019. [Online]. Available: https://medlineplus.gov/ency/article/003503.htm. [Accessed: 26-Feb-2021].

[29] C. Clinic, “Ejection Fraction,” *Cleveland Clinic medical professional*, 2019. [Online]. Available: https://my.clevelandclinic.org/health/articles/16950-ejection-fraction. [Accessed: 26-Feb-2021].

[30] Healthwise, “Heart Failure With Reduced Ejection Fraction (Systolic Heart Failure),” *Michigan Medicine*, 2020. [Online]. Available: https://www.uofmhealth.org/health-library/tx4090abc#tx4090abc-sec. [Accessed: 26-Feb-2021].

[31] I. A. Weil, P. K. Id, S. Seicean, D. Neuhauser, and A. S. Id, “Platelet count abnormalities and peri-operative outcomes in adults undergoing elective, non-cardiac surgery,” *PLoS ONE*, vol. 14, no. 2, pp. 1–13, 2019.

[32] Mayo_Clinic_Staff, “Creatinine tests,” *Mayo Clinic*, 2021. [Online]. Available: https://www.mayoclinic.org/tests-procedures/creatinine-test/about/pac-20384646. [Accessed: 26-Feb-2021].

[33] Y. Shimizu, H. Yamanashi, S. Fukui, S. Y. Kawashiri, Y. Nagata, and T. Maeda, “Association between serum sodium level within normal range and handgrip strength in relation to hypertension status: a cross-sectional study,” *Scientific Reports*, vol. 11, no. 1, pp. 1–9, 2021.

[34] Z. Abbas and A. Burney, “A Survey of Software Packages Used for Rough Set Analysis,” *Journal of Computer and Communications*, vol. 4, no. 9, pp. 10–18, 2016.