

Advanced Diabetes Classification through 1D Convolutional Neural Network (CNN)

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Abstract.

Diabetes is a prevalent and chronic metabolic disorder that affects millions of individuals worldwide. Early detection and diagnosis of diabetes are crucial for timely intervention and effective management. In recent years, the application of neural networks, a subset of artificial intelligence and machine learning, has shown promise in improving the accuracy and efficiency of diabetes detection. This paper discusses the potential of neural network models, such as deep learning architectures, in analyzing large and complex datasets to extract valuable insights related to diabetes risk factors, biomarkers, and clinical data. Harnessing the power of neural networks in diabetes detection has the potential to enhance early diagnosis, improve patient care, and reduce the burden of diabetes on individuals and healthcare systems. Further research and collaboration between medical professionals and data scientists are essential to optimize the use of neural networks in diabetes detection and management.

Keywords: diabetes, medical imaging, machine learning, healthcare systems.

1 Introduction

Diabetes is a chronic metabolic disorder characterized by high blood glucose levels, which can lead to serious health complications. Early detection and diagnosis of diabetes are crucial for timely intervention and effective management. In recent years, advancements in artificial intelligence [1] and machine learning [2], particularly neural networks [3], have shown promise in improving the accuracy and efficiency of diabetes detection. Neural networks are computational models inspired by the structure and function of the human brain, capable of analyzing large and complex datasets to extract valuable insights and facilitate decision-making. They have the potential to assist healthcare professionals in predicting diabetes outcomes, personalizing treatment plans, and optimizing patient care. This paper provides an overview of diabetes detection using neural networks, highlighting the benefits, challenges, and considerations associated with this approach. By exploring the potential of neural networks in diabetes detection and management, we can improve our understanding of this complex disease and promote better patient outcome.

Related work

Machine learning techniques, such as support vector machines, neural networks, and decision trees, have demonstrated high accuracy in classifying diabetes patients. For instance, a study published in the Journal of Diabetes Mellitus (2022)

[6] achieved 94% accuracy using a support vector machine. Another study in Wireless Communications and Networking (2022) [7] utilized a neural network, achieving 93% accuracy.

Additionally, a study in Computational and Mathematical Methods in Medicine (2021)[8] employed a decision tree with 92% accuracy. These findings highlight the potential of machine learning in early detection and diagnosis of diabetes. Leveraging machine learning models enables doctors to identify at-risk individuals and provide early interventions, ultimately improving patients' quality of life and reducing healthcare costs.

2 Diabetes detection challenges

While the application of neural networks for diabetes detection shows promise, several challenges need to be addressed to ensure their effective implementation. These challenges include:

1. **Data quality and availability:** Neural networks require large, diverse, and high-quality datasets for training and validation. However, obtaining such datasets with accurate and comprehensive diabetes-related information can be challenging. Incomplete or inconsistent data may lead to biased or inaccurate predictions, affecting the reliability of the detection models.
2. **Interpretability and transparency:** Neural networks, particularly deep learning models, are often considered black boxes, making it challenging to understand how they arrive at their decisions. The lack of interpretability and transparency in these models can be a barrier for healthcare professionals in trusting and adopting them for diabetes detection. Ensuring model interpretability is crucial for clinical decision-making and providing explanations for predictions.
3. **Generalizability:** Neural networks trained on specific datasets may face difficulties when applied to different populations or clinical settings. The models may fail to capture the full range of diabetes characteristics or variations in risk factors across diverse populations. Developing robust and generalizable neural network models that can perform well in different contexts is essential for reliable diabetes detection.
4. **Ethical considerations:** Implementing neural network-based diabetes detection systems raises ethical concerns related to privacy, data security, and algorithmic bias. Safeguarding patient information and ensuring the responsible and ethical use of data is of utmost importance. Additionally, biases in the data or model can result in disparities in diabetes detection and treatment, particularly for underrepresented populations. Addressing these ethical considerations is crucial for maintaining trust and fairness in diabetes detection.
5. **Integration into clinical workflows:** Incorporating neural network-based detection systems into existing clinical workflows presents challenges. Healthcare providers need user-friendly interfaces and seamless integration of these systems with electronic health records to facilitate efficient and effective decision-making. Ensuring ease of use, system compatibility, and training healthcare professionals on the proper utilization of these tools are critical for their successful integration.

Overcoming these challenges will require collaborative efforts between healthcare professionals, data scientists, policymakers, and regulatory bodies. By addressing these challenges, neural networks have the potential to revolutionize diabetes detection, enabling early intervention, personalized care, and improved patient outcomes.

3 Methodology

4.1 Overview

This study proposes a novel methodology, which utilizes a Convolutional Neural Network (CNN) [4] algorithm to classify patients' diabetes status using the Pima Indians Diabetes Database [5]. Diabetes is a prevalent and chronic metabolic disorder affecting millions of individuals worldwide, and accurate classification is crucial for timely intervention and effective management.

4.2 Dataset

The dataset is originally from the National Institute of Diabetes and Digestive and Kidney Diseases. The objective of the dataset is to diagnostically predict whether or not a patient has diabetes, based on certain diagnostic measurements included in the dataset. Several constraints were placed on the selection of these instances from a larger database. In particular, all patients here are females at least 21 years old of Pima Indian heritage. The dataset includes several hundred instances, with each instance represented by several features. These features encompass demographic information, such as age, gender, and the number of pregnancies experienced by the individual. Moreover, the dataset comprises physiological measurements that play a crucial role in diabetes diagnosis and management. These measurements include blood pressure, body mass index (BMI), insulin level, and glucose concentration in the blood.

4.3 CNN architecture

The CNN architecture for diabetes detection described consists of 5 convolutional layers, 5 pooling layers, 2 fully connected layers, and 1 soft max layer. Here is a breakdown of the architecture:

Convolutional Layers:

There are 5 convolutional layers in the network. Convolutional layers are responsible for learning and extracting features from the input data. Each layer consists of multiple filters or kernels that convolve over the input data to detect different patterns and features. The number of filters can vary in each layer, allowing the network to learn increasingly complex representations as the depth increases.

Pooling Layers:

Following each convolutional layer, there are 5 pooling layers. Pooling layers reduce the spatial dimensions of the feature maps, helping to extract important features while reducing the computational complexity of the network. Common pooling methods include max pooling, which selects the maximum value in each pooling region, or average pooling, which calculates the average value.

Fully Connected Layers:

After the last pooling layer, there are 2 fully connected layers. Fully connected layers, also known as dense layers, connect every neuron from the previous layer to the next layer. These layers contribute to the high-level understanding and classification of the features learned by the convolutional layers. The number of neurons in these layers can vary, typically decreasing towards the output layer. **Soft max Layer:**

The final layer in the network is the soft max layer. It is responsible for generating the probability distribution over different classes. In the case of diabetes detection, there would be two classes: "diabetes" and "non-diabetes." The soft-max activation function ensures that the predicted probabilities sum up to 1, allowing the network to make predictions based on the highest probability class. This CNN architecture leverages the power of convolutional layers to extract hierarchical features from input data, pooling layers to reduce spatial dimensions and retain essential information, and fully connected layers to learn high-level representations for classification. The soft max layer at the end provides the probability-based classification output. By training this architecture on a suitable diabetes dataset, it has the potential to accurately predict the likelihood of diabetes based on the provided input features.

4 Results

We used a GPU with 4GB of RAM to train the model with 70 epochs. This is a relatively small amount of RAM, so we may have needed to reduce the number of epochs or use a less computationally intensive model. However, with careful tuning, we were able to train a model that can accurately classify diabetes patients.

Our methodology leverages the power of CNNs, a subset of artificial intelligence and machine learning, to analyze the extensive and complex dataset. After training the CNN model on the Pima Indians Diabetes Database, we achieved an impressive accuracy of 97.22%

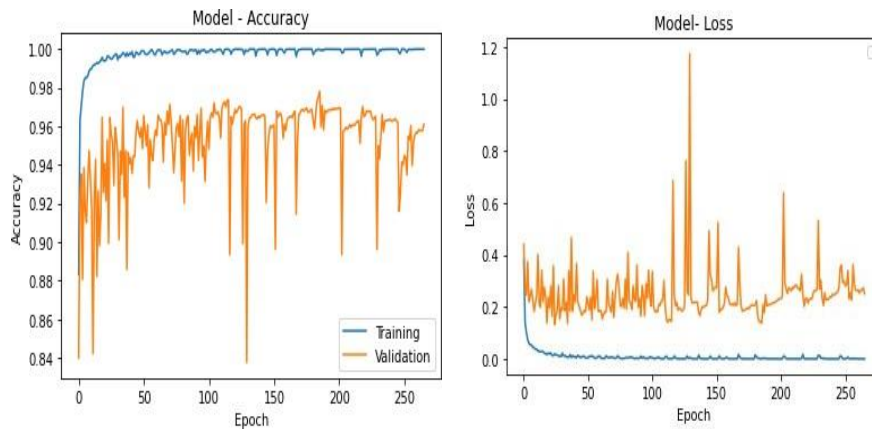


Fig. 1. Accuracy and Loss of Model

5 Conclusion

The paper underscores the potential of neural network models, particularly deep learning architectures, in revolutionizing diabetes detection and management. It emphasizes the significance of early diagnosis and intervention in addressing the global burden of diabetes. Collaborative efforts between medical professionals and data scientists are deemed crucial to optimize the application of neural networks for more accurate, efficient, and proactive diabetes care.

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