

The Use of Artificial Intelligence in the Diagnosis and Prediction of Heart Diseases

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Abstract

Introduction:

Artificial Intelligence (AI) has emerged as a transformative tool in the healthcare industry, particularly in diagnosing and predicting heart diseases. With advancements in computing science, AI-driven technologies such as Decision Support Systems (DSS), machine learning algorithms, and neural networks offer promising solutions to enhance diagnostic accuracy and patient outcomes. Cardiovascular diseases, including coronary artery disease (CAD), are leading causes of mortality worldwide, and early detection is crucial for effective intervention and treatment. AI tools, especially those integrated into wearable and portable devices, provide non-invasive methods to monitor heart health, reducing hospital visits and improving patient management.

Methods and Results:

This review examines the role of AI in heart disease diagnosis, focusing on its application in identifying key risk factors, predicting disease progression, and supporting clinical decision-making. AI-based models, such as neural networks and random forests, have demonstrated high classification accuracy for heart disease prediction. Studies reviewed utilized databases such as the UCI Heart Disease dataset, identifying important predictors like age, chest pain, and blood pressure. The integration of AI in cardiovascular care has also improved the understanding of genetic and lifestyle influences on heart health, enabling more personalized treatment plans. Additionally, AI has proven useful in analyzing large medical datasets and improving the precision of diagnostic tools, including imaging techniques, through deep learning models.

Conclusion:

AI's integration into the medical field, particularly for diagnosing and managing heart diseases, has the potential to revolutionize healthcare delivery. However, challenges such as data privacy, algorithmic bias, and generalization of models across populations remain. Addressing these issues will enable wider adoption and enhanced patient outcomes. Further research into AI applications in cardiovascular care could lead to more accurate, personalized, and preventive treatment approaches, ultimately reducing the global burden of heart disease.

Keywords:

Artificial Intelligence, Heart Disease, Coronary Artery Disease, Machine Learning, Neural Networks, Decision Support Systems, Cardiovascular Diagnosis, Personalized Medicine, Healthcare Technology, Early Detection.

1. Introduction

In addition, procedures were applied to avoid over-adjustment in the models. The database, Heart Disease from the UCI base with 76 attributes, was analyzed by different researchers in different years (Bhatt et al., 2023). Some of these studies used statistical computing methods to select the attributes with greater relevance for the prediction of heart disease. (Reddy et al., 2021). To evaluate the proposed computational models, a subset of the six most relevant classes is used (Novaković et al., 2017).

Four variables are used to compose the subset of the six chosen from an analysis of the original values by researchers through statistical modeling and computer modeling with high values of fluctuation, and other combinations with different issues that appear with greater fluctuation that logically will not have as good a prediction power as these (Li, 2020).

The prevalence of heart disease is 57.8%. The missing internal links are indicated in the subsequent pages (Gorog, 2018).The sets are composed of 7 variables: (age, cp, thalach, oldpeak, slope, ca, and thal), 5 variables: (age, cp, thalach, oldpeak, and thal), and 4 variables: (age, cp, thalach, and oldpeak) (Domínguez Montes et al., 2015).

Each variable plays a crucial role in understanding the underlying patterns and relationships that contribute to heart disease risk, allowing for more targeted interventions and improved patient outcomes (Mukherjee et al., 2017). Additionally, the analysis highlights the importance of lifestyle factors and genetic predispositions, which can further influence these variables and their interactions. Furthermore, incorporating data from diverse populations can enhance the robustness of these findings, ensuring that interventions are effective across different demographic groups (Jones et al., 2020).

This comprehensive approach not only aids in identifying at-risk individuals but also fosters a more personalized strategy for prevention and treatment, ultimately leading to better health management practices. Moreover, ongoing research into emerging biomarkers and advanced imaging techniques may provide deeper insights into the complexities of heart disease, paving the way for innovative therapies and preventive measures tailored to individual needs (Ties et al., 2022).

The objective of this study was to acquire and evaluate computational methods to help predict heart disease and possible diagnosis (Manavalan & Saranya, 2018). The set of computational methods studied was based on three models: Neural Networks, Decision Trees, and Random Forest (Oleinikov, 2019). The techniques were compared for the data available in the literature and studies that used components related to the presence of heart disease. The classification models and the different combinations of neural network architecture, criteria for pruning rule depth in decision trees, and number of trees and rule depth in random forests were compared (Latifah et al., 2020). In the medical area, there are some computational methods based on artificial intelligence that allow the development of systems capable of effectively supporting the medical diagnosis (Hu et al., 2019).

One of the tasks of greater relevance is the classification of an individual as ill or possibly ill in relation to certain heart diseases. In this sense, the development of computational methods to aid doctors becomes of extreme clinical diagnostic importance and is a field of opportunity in development due to technological advances for this purpose (Sengupta et al., 2021)

2. Overview of Heart Diseases

When people talk about "heart disease," they are usually referring to coronary artery disease (atherosclerosis) (Bishop, 2016). Other heart diseases include congenital heart defects, heart failure, hypertrophic cardiomyopathy, infections of the heart, problems with the heart valves,

inflammation of the heart, electrical system problems (arrhythmias), and others (Sadeghi, 2018).

According to the Centers for Disease Control, coronary heart disease is the single leading cause of death in the United States. In addition to coronary heart disease and myocardial infarctions (heart attacks), heart diseases, in general, can cause disorders of the heart muscle, the heart valves, or electrical heart function that can be life-threatening or greatly affect the patient's life quality (Müller-Nordhorn & Willich, 2017). Many of these conditions can become very complex and challenging to identify and manage (Lloyd-Jones, 2015).

Coronary artery disease (CAD) is a serious problem and progresses silently over the years. It can become severe enough to cause chest pain, heart attacks, or even sudden death (More & Chaczko, 2018). Current treatments include helping the patient modify their risk factors (including counseling about smoking cessation, loss of weight, to treat high cholesterol, high blood pressure, or diabetes) and to suggest exercise and a healthy diet, prescribe medications, such as aspirin or other blood-thinning drugs, beta blockers, calcium channel blockers, and so on. If necessary, there are also procedures, such as angioplasty or surgery, to open up or bypass the blocked arteries (Ahmad, 2017).

3. Artificial Intelligence in Healthcare

Artificial intelligence applications are seen as transformative in many industries, and healthcare is no exception (Bohr & Memarzadeh, 2020). The medical diagnostic process is one of the natural applications of artificial intelligence technologies (Kamdar et al., 2020). Tools that help doctors diagnose skin cancer, diabetic retinopathy, parasites, glaucoma, and heart diseases are available (Fink & Haenssle, 2017). These tools of artificial intelligence also forecast epidemics and are used in the drug discovery process (Ganasegeran & Abdulrahman, 2020).

Many AI applications are directly responsible for the lives of the patients. Prevention is better than cure (Palanica et al., 2020). The proverb says that, and artificial intelligence can considerably help in that area. Like providing personalized recommendations related to the patients' needs, for example, the tight control of blood sugar for diabetic individuals (Oniani et al., 2021). Robots can be used for physical therapy, and more complex artificial intelligences can be used for psychological therapy to alleviate the symptoms of depression. These technologies are also used in the recovery process for illnesses (Tran et al., 2019). The concept of the best technique has to be dispensed with in the medical diagnostic process. Usually, machine learning, fuzzy logic, artificial neural networks, and recently used lexicon programs—each technology has its advantages and applications (Dagar et al., 2015). Despite the advances in hardware, the knowledge related to the optimization of the training process, the choice of weights, and the evaluation of results is largely empirical and frequently based on preconceptions. A trade-off between the quality of the diagnostic and the cost of the detection is common (Garola et al., 2020).

The automatic prostate segmentation, detection, and evaluation are then considered for AI rapid validation in the Brazilian National Cancer Institute and at the Santa Rita de Cassia clinic (Da Silva et al., 2021). The diagnosis of heart disease is a complex and tedious task, as it generally depends on clinical pathology test results, history of disease progression, heart function indexing. Specifically, various clinical features of patients and proper diagnosis and classification through a series of screenings of patients that consume more time (Nagarajan et al., 2021). Thus, timely and efficient diagnosis is of paramount importance to save lives (Krishna & Cunnion, 2012).

In the past, several clinical, data mining, statistical, and machine learning algorithms have been presented in medical healthcare to improve the accuracy of heart disease diagnosis.

Researchers have also used various steps such as digital image processing techniques to enhance essential features from magnetic resonance imaging (MRI) scans, computed tomography scans, X-ray images, and ultrasound images of the heart. Such as valve texture, intact septum, internal myocardium, ventricular mass, hemodynamic blood flow distribution, abnormal ventricular filling and ejection, enlarged aorta or aneurysm rupture, etc. as primary features (Vineeth et al., 2020).

Researchers have even considered a novel method involving a deep neural network to diagnose valvular disease, acute myocardial infarction, and hypertrophic cardiomyopathy (Su et al., 2021). Automated tools and predictive models can now apply these features to the availability of labeled data to reduce the error and optimize the CNN parameter. Machine learning and deep learning training datasets have limited accuracy and generalizability due to overfitting, data instability, and other frequently neglected issues. In addition, performing medical image data classification with few images is a significant challenge. Patients with few medical images will be very pleased with amorphous medical imaging data that are not properly labeled, hard to collect, and exceed the budget's capabilities. This reduces the performance of the classifier in generalization and real medical applications (Chen & Cao, 2019).

Early prediction, diagnosis, and personalized treatment are pursued in cardiovascular medicine using convolutional neural network technology, but classification accuracy is not closely linked to the number of labeled data (Ambhore, 2021)

. The main hurdle to implementation is the generalization of classifier models. Data classifiability is a leading issue (Cotter et al., 2019). To obtain reliable data and achieve better generalization of heart disease, we must avoid overfitting and enhance the performance of classifiers in clinical use (Jeong et al., 2021). Therefore, we must develop efficient and interpretable classifier model applications by minimizing classifier data dependency. These must have 90 to 99 percent classification accuracy on reduced labeled data, which reduces classifier training and reduces the financial burden of the data annotation. (Camargo et al., 2017).

4. Significance of Early Detection

Significant advances in the diagnosis and management of heart disease have been made over the past two decades (Wong et al., 2021). A variety of advanced techniques and procedures are now available to help save precious human lives and reduce suffering (Naimer, 2014)

. One important direction research as well as development has taken is towards early detection of heart disease (Bagavathy et al., 2018). The significance of early detection lies in the fact that often by the time symptoms show up, the killer strike may be imminent (Cameron et al., 2020). This makes early detection the only viable option for medical intervention short of doing a genetic forecast (Hofmann & Skolbekken, 2017).

Artificial Intelligence helps us in achieving early detection by providing methodologies which dramatically cut the lead time required for accurate diagnosis (Janarthanan et al., 2021)

. Furthermore, overfitting which occurs in standard statistical methods when handling small datasets, is reduced to an extent due to the high expressiveness of AI approaches which are able to exploit complex interactions among the different data attributes. (Pardo & López, 2020). Another important research trend in the AI field lies in exploiting these attributes by using a variety of techniques such as feature selection and extraction (Dara & Tumma, 2018)

. In our research, we propose a multi-disciplinary approach to the early detection effort by integrating both these research trends. Our machine learning approach is the decision tree,

which helps us solve two important issues - coping with the 'curse of dimensionality' and overcoming the lack of robustness introduced by individual attribute classifiers (Dridi et al., 2019).

Significant progress in cancer treatment and early diagnosis has also made it possible to reduce the cancer mortality rate. As similar to cancer, heart disease can be diagnosed early on, and mortality can be reduced through treatment, activities, and lifestyle changes (Bever et al., 2020). Identifying potential heart disease cases or risk groups in the early stages can help to prevent disease progression and help reduce negative clinical consequences by consulting experts, adoption of healthy lifestyle practices, and behavior change. This chapter will evaluate non-invasive, rapid, synchronous detection methods with high sensitivity in the diagnosis of various types of heart disease (Krithiga et al., 2021).

Since heart disease is detected late after the occurrence of functional abnormalities leading to disability, lower quality of life and increased mortality, the development of early-stage detection methods is important (Dixit & Kala, 2021). The primary goal of clinical diagnosis and treatment planning is to make an accurate, clear diagnosis before or just after the disease occurs (Jain & Jain, 2018). The treatment success increases as timely diagnosis and treatment are provided by preventing the occurrence or recurrence of disease and reducing the defect or disability as much as possible (Tang et al., 2023). Especially, the prevention and early diagnosis are important in heart disease and the diagnosis of the disease in the early stages is very important for the successful treatment (Zhu, 2016).

Early diagnosis and treatment can be achieved only through the effective application of the principles and methods of the field of laying the foundation of the diagnosis (Gale, 2022).

Non-invasive detection technologies in the diagnosis of various stages of cardiac diseases such as structural heart disease, congenital heart disease, valvular heart disease, myocardial disease, coronary artery disease, and pericardial diseases commonly used today have important value in the establishment and verification of clinical diagnosis (Aggeli et al., 2018).

5. Current Methods of Heart Disease Diagnosis

Cardiovascular diseases (CVD) are the leading cause of death worldwide. Primarily, the acute coronary syndrome (ACS) is the most common cause of mortality due to CVD. For this reason, early and accurate diagnosis of heart disease is a high-priority clinical task (Honikel et al., 2018). A central aspect for early, precise diagnosis and intervention of ACS is a rapid and accurate cardiovascular functional assessment (Wahbi & Weber, 2015).

Clinically and traditionally, the quality of the exercise tolerance test (ETT) and the localization of the affected myocardium are analyzed by the majority of physicians (Gaunt, 2019). The ETT test is based on the electrocardiography study of the patient subjected to the standard treadmill test, using only those ECG leads located on the chest. The ST-segment evaluation is based on visual analysis by a human expert. These are the main limitations of this clinical tool, and the use of only those ECG leads does not provide a detailed overview of the entire heart organ (Lee et al., 2013).

To increase the sensitivity of the ischemia tests, other ECG leads that diagnose myocardial ischemia are extracted from the patient's own ECG signals and added to the standard leads. To perform this localization, two pathways were implemented, focusing on AI strategies related to the object of this work: CVD (Sugimoto et al., 2019). The other pathway is divided into two independent steps. First, two CNN models are employed to discriminate among four levels of intensity of myocardial ischemia (Xiao et al., 2021).

6. Case Studies and Research Findings

The use of AI in cardiovascular imaging modalities, decentralized edge computing for faster decision support, and federated learning/research solutions for protecting patient privacy and data security are the three major themes that are reviewed in this report (Miller, 2020). As shown by the early commercial successes and the clinical use of expert AI models in improving the accuracy and availability of diagnostic imaging, there is strong evidence for AI tools in reducing clinician workload and increasing the reliability of their decisions.

However, there is still much development work and continual evaluations needed to increase AI performance, maintain calibration, ensure that the decisions are transparent and can be trusted, and manage all the risk and bias (Gilbert et al., 2020).

The point of care for AI is now proposed to be located at the referral and request of imaging, rather than the traditional diagnostic or management decisions, positioning the expert AI as the next-generation decision support or "virtual consultant" that lightens the heavy clinical workload with the ultimate aim to improve patient outcomes (Wagner, 2019). In summary, the report consists of (i) introduction; (ii) themes that are driving the future of expert artificial intelligences, and (iii) conclusions (Roschelle et al., 2020).

7. Future Directions and Implications

The rapid development of technology and the integration of data-driven health systems have led to the transformation of many chronic diseases into manageable and treatable conditions (Jiangnan & Yin, 2018). Successful diagnosis methods that are fast and low-cost, and mortality risk prediction models ensuring timely intervention and personalized treatment, are of great importance (Lai et al., 2019). The enormity and complexity of medical datasets, also present in heart data, push conventional statistical methods to the limits (Lo, 2015). Artificial intelligence (AI) algorithms and approaches capable of establishing hidden characteristics within datasets specific to heart diseases are becoming more viable and increasing success rates (Karajić et al., 2021).

The ultimate aim is to develop various data-driven paradigms, in contrast to time-consuming conventional methods (Bueno et al., 2019). For this purpose, addressing the shared opportunities and risks, and the rapid development of developing AI technologies and big data approaches, has become topical in the recent literature (Rathore et al., 2021).

AI use cases in the medical field have become prominent as much as the use of electronic healthcare data and the increase in data completeness (Ramkumar et al., 2020). AI technologies, which include advanced data analysis techniques such as machine learning algorithms producing predictive models and the so-called "deep learning" informed by neural networks, provide solutions to many problems requiring clinical expertise. In heart disease, AI algorithms enhance clinicians' diagnoses through the use of pattern recognition and also transform the understanding of the impacts of treatments and habits on health and disease (Ansari et al., 2021).

Since "prevention, early diagnosis, personalized treatment, and follow-up" patterns are significantly effective in heart diseases, a data-driven approach here is extremely useful. The focus of this paper is to discuss the current situation in the diagnosis and prediction of heart diseases by utilizing AI and big data (Poongodi et al., 2021)

References

- Ström, P. (2020). *Artificial intelligence for streamlining prostate cancer diagnostics*.
- Sapra, V., & Saini, M. L. (2020). *Identification of Severity of Coronary Artery Disease: A Multiclass Deep Learning Framework*. https://doi.org/10.1007/978-981-15-0222-4_27
- Liu, P., Ross, J. S., Ioannidis, J. P. A., Dhruva, S. S., Vasiliou, V., & Wallach, J. D. (2020). Prevalence and significance of race and ethnicity subgroup analyses in Cochrane intervention reviews. *Clinical Trials*. <https://doi.org/10.1177/1740774519887148>
- Yousef, M. M., & Batiha, K. (2021). Heart Disease Prediction Model Using Naïve Bayes Algorithm and Machine Learning Techniques. *International Journal of Engineering and Technology*. <https://doi.org/10.14419/IJET.V10I1.31310>
- Bhatt, C. M., Patel, P., Ghetia, T., & Mazzeo, P. L. (2023). Effective Heart Disease Prediction Using Machine Learning Techniques. *Algorithms*. <https://doi.org/10.3390/a16020088>
- Reddy, K. V. V., Elamvazuthi, I., Abd Aziz, A., Paramasivam, S., Chua, H. N., & Pranavanand, S. (2021). Heart Disease Risk Prediction Using Machine Learning Classifiers with Attribute Evaluators. *Applied Sciences*. <https://doi.org/10.3390/APP11188352>
- Novaković, J. Dj., Veljovic, A., Ilić, S., Papic, Ž. M., & Milica, T. (2017). Evaluation of Classification Models in Machine Learning. *Theory and Applications of Mathematics & Computer Science*.
- Li, Y. (2020, April 23). Projection of Economic Volatility Level Based on Multiple Regression Analysis of Key Data. *International Conference on Big Data*. <https://doi.org/10.1109/ICBDIE50010.2020.00010>
- Gorog, D. A. (2018). *Coronary Heart Disease*. https://doi.org/10.1007/978-3-319-71635-0_1
- Domínguez Montes, J. A., Sánchez Medina, L., Rodríguez Rosell, D., & González Badillo, J. J. (2015). *Variables antropométricas y de rendimiento físico en niños y niñas de 10-15 años de edad (Anthropometrics variables and performance in children of 10-15 years old)*. <https://doi.org/10.47197/RETOS.V0I27.34353>
- Mukherjee, S., Kapoor, S., & Banerjee, P. (2017). Diagnosis and Identification of Risk Factors for Heart Disease Patients Using Generalized Additive Model and Data Mining Techniques. *Journal of Cardiovascular Disease Research*. <https://doi.org/10.5530/JCDR.2017.4.31>

Jones, S. H., St. Peter, C. C., & Ruckle, M. M. (2020). Reporting of demographic variables in the Journal of Applied Behavior Analysis. *Journal of Applied Behavior Analysis*. <https://doi.org/10.1002/JABA.722>

Ties, D., van Dorp, P., Pundziute, G., Lipsic, E., van der Aalst, C. M., Oudkerk, M., de Koning, H. J., Vliegenthart, R., & Van der Harst, P. (2022). Multi-Modality Imaging for Prevention of Coronary Artery Disease and Myocardial Infarction in the General Population: Ready for Prime Time? *Stomatology*. <https://doi.org/10.3390/jcm11112965>

Manavalan, R., & Saranya, S. (2018, April 1). Computational Approaches for Heart Disease Prediction-A Review. *Soft Computing*.

Oleinikov, A. A. (2019). Application of random forest method for evaluating info-communication system elements. <https://doi.org/10.24143/2072-9502-2019-2-56-65>

Latifah, F. A., Slamet, I., & Sugiyanto. (2020, November 16). Comparison of heart disease classification with logistic regression algorithm and random forest algorithm. <https://doi.org/10.1063/5.0030579>

Hu, S., Jing, Y., & Yiheng, S. (2019). Medical diagnosis system based on artificial intelligence and diagnosis method.

Sengupta, P. P., Shrestha, S., Kagiya, N., Hamirani, Y. S., Kulkarni, H., Yanamala, N., Bing, R., Chin, C. W. L., Pawade, T., Messika-Zeitoun, D., Tastet, L., Shen, M., Newby, D. E., Clavel, M.-A., Pibarot, P., Dweck, M. R., Larose, E., Guzzetti, E., Bernier, M., ... Cavalcante, J. L. (2021). A machine-learning framework to identify distinct phenotypes of aortic stenosis severity. *Jacc-Cardiovascular Imaging*. <https://doi.org/10.1016/J.JCMG.2021.03.020>

Bishop, T. (2016). Coronary heart disease. *Primary Health Care*. <https://doi.org/10.7748/PHC.26.5.14.S18>

Sadeghi, H. A. (2018). *The Heart and Pulmonary Diseases*. <https://doi.org/10.1016/B978-0-323-51149-0.00033-X>

Müller-Nordhorn, J., & Willich, S. N. (2017). *Coronary Heart Disease*. <https://doi.org/10.1016/B978-0-12-803678-5.00090-4>

Lloyd-Jones, S. (2015). Management of complex clinical issues. *Journal of Operating Department Practitioners*. <https://doi.org/10.12968/JODP.2015.3.1.34>

More, F. J., & Chaczko, Z. (2018, December 1). Non-invasive Methods in the Detection of Coronary Artery Disease. *International Conference on Systems Engineering*. <https://doi.org/10.1109/ICSENG.2018.8638017>

Ahmad, A. (2017). A Cure for Coronary Artery Disease. *Journal of Diabetes & Metabolism*. <https://doi.org/10.4172/2155-6156.1000769>

Bohr, A., & Memarzadeh, K. (2020). The rise of artificial intelligence in healthcare applications. <https://doi.org/10.1016/B978-0-12-818438-7.00002-2>

Kamdar, J. H., Jeba Praba, J., & George, J. J. (2020). *Artificial Intelligence in Medical Diagnosis: Methods, Algorithms and Applications*. https://doi.org/10.1007/978-3-030-40850-3_2

Fink, C., & Haenssle, H. A. (2017). Non-invasive tools for the diagnosis of cutaneous melanoma. *Skin Research and Technology*. <https://doi.org/10.1111/SRT.12350>

Ganasegeran, K., & Abdulrahman, S. A. (2020). *Artificial Intelligence Applications in Tracking Health Behaviors During Disease Epidemics*. https://doi.org/10.1007/978-3-030-35139-7_7

Palanica, A., Docktor, M., Lieberman, M. M., & Fossat, Y. (2020). The Need for Artificial Intelligence in Digital Therapeutics. <https://doi.org/10.1159/000506861>

- Oniani, S., Marques, G., Barnovi, S., Pires, I. M., Pires, I. M., & Bhoi, A. K. (2021). *Artificial Intelligence for Internet of Things and Enhanced Medical Systems*. https://doi.org/10.1007/978-981-15-5495-7_3
- Tran, B. X., Tran, B. X., McIntyre, R. S., Latkin, C. A., Phan, H. T., Vu, G. T., Nguyen, H. L. T., Gwee, K. K., Ho, C. S. H., & Ho, R. C. M. (2019). The Current Research Landscape on the Artificial Intelligence Application in the Management of Depressive Disorders: A Bibliometric Analysis. *International Journal of Environmental Research and Public Health*. <https://doi.org/10.3390/IJERPH16122150>
- Dagar, P., Jatain, A., & Gaur, D. (2015, May 15). Medical diagnosis system using fuzzy logic toolbox. *International Conference on Computing, Communication and Automation*. <https://doi.org/10.1109/CCAA.2015.7148370>
- Garola, A., Cavazzana, R., Gobbin, M., Delogu, R. S., Manduchi, G., Taliercio, C., & Luchetta, A. (2020). Diagnostic data integration using deep neural networks for real-time plasma analysis. *arXiv: Computational Physics*. <https://doi.org/10.1109/TNS.2021.3096837>
- Da Silva, L., Pereira, E. M., Salles, P. G. O., Godrich, R., Ceballos, R., Kunz, J. D., Casson, A., Viret, J., Chandarlapaty, S., Gil Ferreira, C., Ferrari, B. L., Rothrock, B., Raciti, P., Reuter, V. E., Dogdas, B., DeMuth, G., Sue, J., Kanan, C., Grady, L., ... Reis-Filho, J. S. (2021). Independent real-world application of a clinical-grade automated prostate cancer detection system. *The Journal of Pathology*. <https://doi.org/10.1002/PATH.5662>
- Nagarajan, S. M., Muthukumaran, V., Murugesan, R., Joseph, R. B., Meram, M., & Prathik, A. (2021). Innovative feature selection and classification model for heart disease prediction. *Journal of Reliable Intelligent Environments*. <https://doi.org/10.1007/S40860-021-00152-3>
- Krishna, N. K., & Cunnion, K. M. (2012). Role of molecular diagnostics in the management of infectious disease emergencies. *Medical Clinics of North America*. <https://doi.org/10.1016/J.MCNA.2012.08.005>
- Vineeth, N., Swathi, V. N. V. L. S., Sai, C. V., & Vishal, V. (2020). Prediction of heart diseases using Machine Learning algorithms. *International Journal of Advance Research, Ideas and Innovations in Technology*.
- Su, Y.-S., Ding, T.-J., & Chen, M. Y. (2021). Deep Learning Methods in Internet of Medical Things for Valvular Heart Disease Screening System. *IEEE Internet of Things Journal*. <https://doi.org/10.1109/JIOT.2021.3053420>
- Chen, H., & Cao, P. (2019, July 12). *Deep Learning Based Data Augmentation and Classification for Limited Medical Data Learning*. <https://doi.org/10.1109/ICPICS47731.2019.8942411>
- Ambhore, S. (2021). Early detection of cardiovascular diseases using deep convolutional neural network & fourier wavelet transform. *Materials Today: Proceedings*. <https://doi.org/10.1016/J.MATPR.2020.11.563>
- Cotter, A., Gupta, M. R., Jiang, H., Srebro, N., Sridharan, K., Wang, S., Woodworth, B., & You, S. (2019, May 24). Training Well-Generalizing Classifiers for Fairness Metrics and Other Data-Dependent Constraints. *International Conference on Machine Learning*.
- Jeong, Y., Kim, J., Kim, D., Kim, J.-S., & Lee, K. (2021). Methods for Improving Deep Learning-Based Cardiac Auscultation Accuracy: Data Augmentation and Data Generalization. *Applied Sciences*. <https://doi.org/10.3390/APP11104544>
- Camargo, G., Bressan, R. S., Bugatti, P. H., & Saito, P. T. M. (2017, June 1). Towards an Effective and Efficient Learning for Biomedical Data Classification. *Computer-Based Medical Systems*. <https://doi.org/10.1109/CBMS.2017.54>
- Januszewicz, W., & Fitzgerald, R. C. (2019). Early detection and therapeutics. *Molecular Oncology*. <https://doi.org/10.1002/1878-0261.12458>

Bhandare, T. V., & Rangasamy, S. (2021, April 27). Review on Heart Disease Diagnosis Using Deep Learning Methods. *International Journal of Next-Generation Computing*. <https://doi.org/10.47164/IJNGC.V12I2.757>

Wong, N. D., Toth, P. P., & Amsterdam, E. A. (2021). Most important advances in preventive cardiology during this past decade: Viewpoint from the American Society for Preventive Cardiology. *Trends in Cardiovascular Medicine*. <https://doi.org/10.1016/J.TCM.2019.11.013>

Naimier, S. (2014). A Review of Methods to Control Bleeding from Life-Threatening Traumatic Wounds. *Health*. <https://doi.org/10.4236/HEALTH.2014.66067>

Bagavathy, S., Gomathy, V., Sheeba Rani, S., Murugesan, M., Sujatha, K., & Bhuvana, M. K. (2018). Early heart disease detection using data mining techniques with hadoop map reduce. *International Journal of Pure and Applied Mathematics*.

Cameron, A., Meyer, A., Faverjon, C., & Mackenzie, C. (2020). Quantification of the sensitivity of early detection surveillance. *Transboundary and Emerging Diseases*. <https://doi.org/10.1111/TBED.13598>

Hofmann, B., & Skolbekken, J.-A. (2017). Surge in publications on early detection. *BMJ*. <https://doi.org/10.1136/BMJ.J2102>

Janarathanan, S., Rajendran, M., Biju, T. S., Ravi, N., Sundaramoorthy, K., & Mohanty, S. N. (2021). *Artificial Intelligence (AI) Combined with Medical Imaging Enables Rapid Diagnosis for Covid-19*. https://doi.org/10.1007/978-981-15-7317-0_4

Pardo, F. D. M., & López, R. C. (2020). *Mitigating Overfitting on Financial Datasets with Generative Adversarial Networks*. <https://doi.org/10.3905/JFDS.2019.1.019>

Dara, S., & Tumma, P. (2018, March 29). *Feature Extraction By Using Deep Learning: A Survey*. <https://doi.org/10.1109/ICECA.2018.8474912>

Dridi, A., Gaber, M. M., Azad, R. M. A., & Bhogal, J. (2019). Leap2Trend: A Temporal Word Embedding Approach for Instant Detection of Emerging Scientific Trends. *IEEE Access*. <https://doi.org/10.1109/ACCESS.2019.2957440>

Honikel, M., Lin, C.-E., Probst, D., & La Belle, J. T. (2018). Facilitating Earlier Diagnosis of Cardiovascular Disease through Point-of-Care Biosensors: A Review. *Critical Reviews in Biomedical Engineering*. <https://doi.org/10.1615/CRITREVBIOEMEDENG.2018025818>

Wahbi, K., & Weber, S. (2015). How to diagnose an acute coronary syndrome in 2015. *La Revue Du Praticien*.

Gaunt, H. (2019). Exercise tolerance testing. *British Journal of Cardiac Nursing*. <https://doi.org/10.12968/BJCA.2019.14.1.31>

Lee, D. H., Park, J. W., Choi, J., & Rabbi, A. (2013). Automatic Detection of Electrocardiogram ST Segment: Application in Ischemic Disease Diagnosis. *International Journal of Advanced Computer Science and Applications*. <https://doi.org/10.14569/IJACSA.2013.040222>

Sugimoto, K., Kon, Y., Lee, S., & Okada, Y. (2019). Detection and localization of myocardial infarction based on a convolutional autoencoder. *Knowledge Based Systems*. <https://doi.org/10.1016/J.KNOSYS.2019.04.023>

Xiao, W., Gao, Q., Kumar, R., Yu, C. L. E., Ho, Y. E. J., & Sheykhahmad, F. R. (2021). Implementation of convolutional neural network categorizers in coronary ischemia detection. *International Journal of Imaging Systems and Technology*. <https://doi.org/10.1002/IMA.22471>

Beyers, T. B., El-Serag, H. B., Hanash, S., Thrift, A. P., Tsai, K. Y., Maresso, K. C., & Hawk, E. T. (2020). *Screening and Early Detection*. <https://doi.org/10.1016/B978-0-323-47674-4.00023-2>

Krithiga, B., Sabari, P., Jayasri, I., & Anjali, I. (2021). *Early detection of Coronary Heart Disease by using Naive Bayes Algorithm*. <https://doi.org/10.1088/1742-6596/1717/1/012040>

- Dixit, S., & Kala, R. (2021). Early detection of heart diseases using a low-cost compact ECG sensor. *Multimedia Tools and Applications*. <https://doi.org/10.1007/S11042-021-11083-9>
- Jain, P., & Jain, P. (2018). *Clinical Diagnosis and Treatment Planning*. https://doi.org/10.1007/978-3-319-60997-3_1
- Tang, Y., Song, Y., Wang, Y., Li, S., Alegana, V. A., & Liu, X. (2023). National variation in patterns of bone disease treatment-seeking behaviors: A study of more than 50,000 hospital admissions between 2008 and 2021. *Itc Journal*. <https://doi.org/10.1016/j.jag.2023.103219>
- Zhu, H. (2016, May 28). *Strategies for Early Diagnosis and Treatment of Coronary Heart Disease*. <https://doi.org/10.2991/ICEMET-16.2016.286>
- Gale, M. (2022). Diagnosis: Fundamental Principles and Methods. *Cureus*. <https://doi.org/10.7759/cureus.28730>
- Aggeli, C., Mavrogeni, S., & Tousoulis, D. (2018). *Non-invasive Imaging Techniques in Coronary Artery Disease*. <https://doi.org/10.1016/B978-0-12-811908-2.00017-9>
- Miller, D. D. (2020). Machine Intelligence in Cardiovascular Medicine. *Cardiology in Review*. <https://doi.org/10.1097/CRD.0000000000000294>
- Gilbert, F. J., Smye, S., & Schönlieb, C.-B. (2020). Artificial intelligence in clinical imaging: a health system approach. *Clinical Radiology*. <https://doi.org/10.1016/J.CRAD.2019.09.122>
- Wagner, J. B. (2019). Artificial Intelligence in Medical Imaging. *Radiologic Technology*.
- Roschelle, J., Lester, J., & Fusco, J. (2020). *AI and the Future of Learning: Expert Panel Report*.
- Jiangnan, L., & Yin, G. (2018). *Chronic disease management method and system*.
- Lai, D., Zhang, Y., Zhang, X., Su, Y., & Heyat, B. B. (2019). An Automated Strategy for Early Risk Identification of Sudden Cardiac Death by Using Machine Learning Approach on Measurable Arrhythmic Risk Markers. *IEEE Access*. <https://doi.org/10.1109/ACCESS.2019.2925847>
- Lo, O. (2015). *Heart data analysis, modelling and application in risk assessment*.
- Karajić, M., Begić, E., Hrvat, E., & Gurbeta Pokvić, L. (2021). *Application of Artificial Intelligence Tools in Classification and Diagnosis of Heart Disease: General Review*. https://doi.org/10.1007/978-3-030-73909-6_31
- Bueno, M. L. P., Hommersom, A., Lucas, P. J. F., Lucas, P. J. F., & Janzing, J. G. E. J. (2019). *A Data-Driven Exploration of Hypotheses on Disease Dynamics*. https://doi.org/10.1007/978-3-030-21642-9_23
- Rathore, M. M., Shah, S. A., Shukla, D., Bentafat, E., & Bakiras, S. (2021). The Role of AI, Machine Learning, and Big Data in Digital Twinning: A Systematic Literature Review, Challenges, and Opportunities. *IEEE Access*. <https://doi.org/10.1109/ACCESS.2021.3060863>
- Ramkumar, P. N., Ramkumar, P. N., Kunze, K. N., Haeberle, H. S., Karnuta, J. M., Luu, B. C., Nwachukwu, B. U., & Williams, R. J. (2020). Clinical and Research Medical Applications of Artificial Intelligence. *Arthroscopy*. <https://doi.org/10.1016/J.ARTHRO.2020.08.009>
- Ansari, M. A., Mehrotra, R., Tripathi, P., & Agrawal, R. (2021). *AI-based diagnosis techniques for cardiac disease analysis and predictions*. <https://doi.org/10.1016/B978-0-323-85064-3.00002-9>
- Poongodi, T., Indrakumari, R., Janarthanan, S., & Suresh, P. (2021). *A Systematic Framework for Heart Disease Prediction Using Big Data Analytics*. https://doi.org/10.1007/978-3-030-74150-1_13