# 4.1/4.2 An Overview of Classification

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### **Examples of Classification Problems**

- 1. A person arrives at the emergency room with a set of symptoms that could possibly be attributed to one of three medical conditions. Which of the three conditions does the individual have?
- 2. An online banking service must be able to determine whether or not a transaction being performed on the site is fraudulent, on the basis of the user's IP address, past transaction history, and so forth.
- 3. On the basis of DNA sequence data for a number of patients with and without a given disease, a biologist would like to figure out which DNA mutations are deleterious (disease-causing) and which are not.

#### Classification Problems

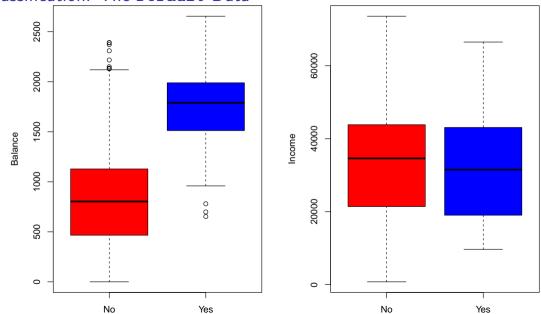
- ▶ The data is going to look very similar to the data used in regression.
- ► However, now Y will be categorical.

#### Classification: The Default Data

This is a simulated dataset with variables

- ▶ default, whether an individual defaulted
- ▶ balance, credit card balance
- income

### Classification: The Default Data



### Why not Linear Regression?

Why not just code the categorical output as numbers?

That is, for three diagnoses: stroke, overdose, and epileptic seizure, let

$$Y = \begin{cases} 1 & \text{if stroke} \\ 2 & \text{if overdose} \\ 3 & \text{if epileptic seizure} \end{cases}$$

What problems might this cause? What are we assuming about the diagnoses that's different if we let

$$Y = \begin{cases} 1 & \text{if overdose} \\ 2 & \text{if stroke} \\ 3 & \text{if epileptic seizure} \end{cases}$$

## What if Y only has two categories?

Can we use a dummy variable?

Suppose we are only interested in whether a patient has had a stroke.

$$Y = I(stroke)$$

- ▶ This seems reasonable: we could just run the regression and predict
  - **stroke** if  $\hat{Y} > 0.5$
  - no stroke otherwise
- ► This works out ok, but we'd like to be able interpret the output as the *probability* of a stroke.
  - ▶ However, in this scenario  $\hat{Y}$  can take values outside of [0,1].