

**ENVIRONMENTAL-RISK (E-RISK) LONGITUDINAL TWIN STUDY
CONCEPT PAPER FORM**

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Provisional Paper Title: *Methylome-wide association study of major depressive disorder in the Psychiatric Genetics Consortium*

Date: 25/09/21

Objective of the study and its significance:

Major Depressive Disorder (MDD) is a heterogeneous psychiatric disorder with a polygenic architecture (McIntosh et al., 2019). Recent genome-wide association studies (GWAS) have uncovered a large number of genetic risk variants, with polygenic risk scores (PRS) explaining 1.5-3.2% of the variation in MDD (Howard et al., 2019). However, PRS may not capture larger environmental contributions to MDD risk. DNA methylation has become increasingly important in the prediction of MDD, with methylation risk scores explaining ~1.75% of the variance in MDD, acting additively to PRS (Barbu et al., 2020). Recent methylome-wide association studies (MWAS) of depressive (Davies et al 2014, Jovanova et al., 2018; Starnawska et al., 2019) have identified a number of methylome-wide and suggestive cytosine-phosphate-guanine (CpG) sites, with several that are annotated to genes participating in brain-related phenotypes. However, additional studies are needed to replicate and extend these findings

We plan to contribute summary results from the MWAS of MDD to the Psychiatric Genomics Consortium's (PGC) ongoing meta-analysis of MDD MWAS, led by Prof Andrew McIntosh at the University of Edinburgh. The PGC meta-analysis will leverage summary level data from individual MWAS in contributing cohorts to identify CpG sites associated with MDD (as a binary phenotype) in the largest MDD MWAS meta-analysis conducted to date. Eligible studies must have methylation from blood samples from either the Illumina 450k or EPIC arrays and have some measure of broad depression (self-reported diagnosis, electronic health records, symptoms questionnaire for probable MDD DSM diagnosis etc). Planned follow-up analyses of the PGC MDD meta-analysis will include Mendelian randomization and calculation of methylation-based risk scores for prediction.

Statistical analyses:

Current depression status (binary yes/no) will be based on participants who meet the criteria for a major depressive episode according to DSM4 (previously derived), using reports at age 18. Separate MWAS, with step-wise adjustment for covariates, will be conducted in R using a process based on the package limma and methylation M-values as the outcome. We will adjust for multiple testing using both Bonferroni adjustment, as a conservative threshold, and the false discovery rate (FDR), as a threshold for more suggestive associations.

Several lifestyle factors have been shown to have large effects on DNA methylation and may therefore confound associations between mental health measures and DNA methylation. The most well studied of these factors, considered to have the largest effect on DNA methylation is smoking status (Zeilinger et al. 2013). Additionally, alcohol consumption (Liu et al 2018) and BMI (Dick et al. 2014) have also been shown to have substantial effects. To assess the degree to which these factors may confound associations we will perform stepwise adjustments for these as covariates in each MWAS, returning summary results from a total of three different models to the PGC. In the base model, we will include sex as a covariate, as well as adjustments for estimated cell-counts, technical batch and any cohort-related technical variables. We will also use principal components analysis (PCA) to calculate PCs on the methylation data, which will then be adjusted for as covariates. We will also adjust for family-relatedness as a random effect given the relatedness structure of the sample. In the second model, we will adjust for BMI, alcohol consumption (drinks per week) and smoking (using either self-reported smoking or if missing in too many subjects, then AHRH CpG methylation as a proxy) additionally.

As an example, the simplified formula for fully adjusted model will be;

DNA methylation ~ MDD + sex + BMI + alcohol consumption + smoking status + PCs + cell types, cluster = FamilyID

Post-MWAS analyses, which will be conducted by the meta-analysis centre based on results of the PGC meta-analysis. They will include pathway analysis (GO and KEGG pathway enrichment) and annotation of any CpGs that survive multiple testing adjustment, to genes/genomic regions.

Variables Needed at Which Ages (names and labels):

Study:

FAMILYID (ID Family)
ATWINID (ID Twin 1)
BTWINID (ID Twin 2)
SAMPSEX (Sex of twins)
ZYGOSITY (Zygoty of twins)
RORDERP5 (Random order variable)
SESWQ35 (Social class composite)

Age 5:

Age 7:

Age 10:

Age 12:

Age 18:

Covariates

BMIE18 (BMI - P18 – Elder)

BMIY18 (BMI - P18 – Younger)

ALCVOLE18 (Alcohol - num of drinks per week (past year) - P18 – Elder)

ALCVOLY18 (Alcohol - num of drinks per week (past year) - P18 – Younger)

TAGEE18 (Age at Interview - P18 – Elder (and Younger))

TAGEGE18 (Age at Interview (Grouped) - P18 – Elder (and Younger))

SMKPKYRE18 (Smoking - pack years, ages 12 to 18)

SMKCNUME18 (Smoking - current number of cigarettes)

Methylation data

Illumina EPIC DNA methylation data from peripheral blood at age-18 + related variables (probes, batch number, methylation array control probe principal components, chipID etc) for both elder and younger twin.

Depression

DXMDEE18 Major depressive episode, dsm4 - P18 - Elder

DXMDEY18 Major depressive episode, dsm4 - P18 - Younger

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Data Security Agreement

Provisional Paper Title	Methylome-wide association study of major depressive disorder (MDD) in the Psychiatric Genomics Consortium
Proposing Author	Ryan Arathimos & Chloe Wong
Today's Date	06/09/21

Please keep one copy for your records

(Please initial your agreement)

- _RA_ I am familiar with the King's College London research ethics guidelines (<https://www.kcl.ac.uk/innovation/research/support/ethics/about/index.aspx>) and the MRC good research practice guidelines (<https://www.mrc.ac.uk/research/policies-and-guidance-for-researchers/good-research-practice/>).
- _RA_ My project has ethical approval from my institution.
- _RA_ I am familiar with the EU General Data Protection Regulation (<https://mrc.ukri.org/documents/pdf/gdpr-guidance-note-3-consent-in-research-and-confidentiality/>), and will use the data in a manner compliant with its requirements.
- _RA_ My computer is (a) encrypted at the hard drive level, (b) password-protected, (c) configured to lock after 15 minutes of inactivity, AND (d) has an antivirus client which is updated regularly.
- _RA_ I will treat all data as "restricted" and store in a secure fashion.
- _RA_ I will not share the data with anyone, including students or other collaborators not specifically listed on this concept paper.
- _RA_ I will not merge data from different files or sources, except where approval has been given by the PI.
- _RA_ I will not post data online or submit the data file to a journal for them to post. Some journals are now requesting the data file as part of the manuscript submission process. The E-Risk Study cannot be shared because the Study Members have not given informed consent for unrestricted open access. Speak to the study PI for strategies for dealing with data sharing requests from Journals.
- _RA_ Before submitting my paper to a journal, I will submit my draft manuscript and scripts for data checking, and my draft manuscript for co-author mock review, allowing three weeks.
- _RA_ I will submit analysis scripts and new variable documentation to project data manager after the manuscript gets accepted for publication.
- _RA_ I will delete the data after the project is complete.
- _ - _ **For projects using location data:** I will ensure geographical location information, including postcodes or geographical coordinates for the E-Risk study member's homes or schools, is never combined or stored with any other E-Risk data (family or twin-level data)
- _RA_ **For projects using genomic data:** I will only use the SNP and/or 450K data in conjunction with the phenotypes that have been approved for use in this project at the concept paper stage.

Signature:  