# Study of the Role of Brain-Derived Neurotrophic Factor (BDNF) Val66Met Genetic Polymorphism and Serum BDNF in the Phenotypic Expression of Mood disorders in a Sample of Egyptian Patients

#### Thesis

Submitted in partial fulfillment of M.D Degree in Psychiatry

By

Dina Badie Taher Kattaria

M.B.B.Ch and M.Sc in Psychiatry and Neurology

Supervised By

## Prof. Lamis Ali El Ray

Professor of Psychiatry
Faculty of Medicine- Cairo University

## Prof. Mona Yehia Rakhawy

Professor of Psychiatry
Faculty of Medicine- Cairo University

### **Prof. Mohamed Nasreldin Sadek**

Professor of Psychiatry
Faculty of Medicine - Cairo University

#### Dr. Walaa Ahmed Rabie

Lecturer of Clinical and Chemical Pathology Faculty of Medicine - Cairo University

Faculty of Medicine Cairo University 2015

#### Abstract

**Background:** There is substantial evidence that Brain Derived Neurotrophic Factor is involved in the aetiology of mood disorders, however genetic studies assessing the relationship between BDNF and these disorders have produced conflicting results

**Aim of the study:** to investigate the association of BDNF Val66Met polymorphism and serum BDNF with mood disorders per se as well with specific phenotypic aspects in these disorders in a sample of Egyptian patients

Methods: A case control study including 62 patients with the diagnoses of bipolar and major depression disorders and 31 controls. The two groups of patients were assessed clinically and were subjected to Hamilton Depression Rating scale, Young Mania Rating scale and Child Traumatic Questionnaire, in addition to the neurocognitive and personality assessment which were administrated to all participants. Serum BDNF levels were determined by using ELISA and Genotyping of Val66Met polymorphism by Real Time Polymerase Chain Reaction(PCR) Results: The serum BDNF level in the control group was found higher than both groups of patients, and this difference was statistically significant between the bipolar group and the control group as well as between the bipolar and the major depression groups of patients .No statistical significant difference between the 3 groups regarding the three genotypes of the Val 66 Polymorphism, but there was a statistical significant difference concerning the relation between the risky genotypes in both groups of patients and certain clinical aspects and some of the Wisconsin indices of the WCST.

**Conclusion:** Lower serum BDNF level may be considered a state dependent biomarker of mood episodes in patients with Bipolar disorder. This study suggests that the Val66Met polymorphism is not associated with both bipolar and unipolar disorders but related to certain clinical features and executive dysfunction in these disorders in a sample of Egyptian patients. Childhood abuse is a risk factor for more severe clinical characteristics in patients with bipolar and major depression disorders

**Keywords:** BDNF-Serum - Polymorphism - Bipolar -Major depression -WCST-Childhood abuse

# Acknowledgment

I would like to start by thanking GOD, the merciful for making this work possible specifically and for all success in my life generally.

I am greatly honored to express my deep gratitude to Prof. Dr. Lamis Ali El Ray, Professor of Psychiatry, Faculty of Medicine, Cairo University for her meticulous constructive advice and support. Her patience and encouragement were indispensable for the completion of this work.

I would like to express my sincere respect and gratitude to Professor. Dr. Mona Yehia EL-Rakhawy, Professor of Psychiatry, Faculty of Medicine, Cairo University for her consistent help, inspiring guidance, creative ideas and valuable suggestions.

I would like to express my sincerely felt and profound gratitude to Prof. Dr. Mohamed Nasreldin Sadek, Professor of Psychiatry, Faculty of Medicine, Cairo University for his continuous support, encouragement, valuable guidance, enthusiasm and revision of all details.

I would like to express my sincere respect and gratitude to Dr. Walaa Ahmed Rabie, Lecturer of Clinical and Chemical Pathology, Faculty of Medicine, Cairo University for her support in the research and for her sincere follow up of the work.

I am also very grateful to the great support and advice received from Dr. Nagwan Madbouly, lecturer of Psychiatry

I would like to express my sincere gratitude to Dr. Alia Adel Abdel Fattah, Lecturer of Psychiatry, Faculty of medicine, Cairo University for her valuable help, guidance and generous support with resources used in this study.

My thanks to Mr. Hamed Hussein and Miss Fatma Badawy, the psychologists who helped me a lot in the practical part of the thesis.

I would like to offer my deepest gratitude to all my senior staff, and my colleagues (residents and assistant lecturers), in the Department of Psychiatry, Faculty of medicine, Cairo University for their help, support and encouragement to accomplish this work.

I would like to express my appreciation and gratitude to all the participants in this research whom without their participation this work would not be accomplished.

Lastly, words cannot describe my gratefulness and gratitude to my family for their help, love, support and encouragement to me always all throughout my life.

#### List of Abbreviations

ABCC1 : ATP-Binding cassette, subfamily c, member 1

ACC : Anterior cingulate cortex
ACTH : Adrenocorticotropic hormone

AD : Alzheimer's disease

ADHD : Attention deficit hyperactivity disorder

ADRB1 : Beta-1-adrenergic receptor AM : Autobiographical memory

AMPA : α-Amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid

ANK3 : Ankyrin-3

APOE : Apolipo-protein E
ATP : Adenosine triphosphate
AVP : Arginine vasopressin

BA : Brodmann area

BAD : Bcl-2-associated death promoter

Bcl-2 : B-cell lymphoma 2

bcl-2 : B-cell lymphoma protein-2 BCST : Berg Card Sorting Test

BDNF : Brain-derived neurotrophic factor
BMAL1 : Brain and Muscle ARNT-like Protein-1

BPD : Bipolar disorder

: Region I of hippocampus proper (cornus ammonis)

CACNA1C : Calcium channel, voltage-dependent, L type, alpha 1C subunit

CBF : Cerebral blood flow CGT : Cambridge Gamble Test

Clock : Circadian Locomotor Output Cycles Kaput.

cM : Centimorgans

COMT : Catechol-o-methyltransferase

COS-7 : CV-1 in Origin with SV40 genes(African Green

Monkey Cercopithecus aethiops Fibroblast-like Kidney Cells

CREB1 : cAMP responsive element binding protein 1

CRH : Corticotrophin-releasing hormone

CRHR1 : Corticotropin-releasing hormone receptor 1

CRP : C-reactive protein

CSDS : Chronic social defeat stress

CSF : Cerebrospinal fluid

CTQ : Child Traumatic Questionnaire

DA : Dopamine

DGKH : Di-acyl-glycerol kinase eta
 DISC1 : Disrupted in schizophrenia 1
 DLPC : Dorsolateral prefrontal cortex

DNA : Deoxyribonucleic acid DNMTs : DNA methyltransferases DRD2 : Dopamine receptor D2

DSM- IV- : Diagnostic and Statistical Manual of Mental Disorders-

TR Fourth Edition- text revision
DTNBP1 : Dystrobrevinbinding- protein 1

DZ : Dizygotic

eCB : Endocannabinoid system ECT : Electroconvulsive therapy

ELS : Early life stress

EPQ : Eysenck's Personality Questionnaire

ERK-MAP : Extracellular-signal-regulated kinases- mitogen activated protein

FKBP5 : Glucocorticoid receptor-regulating cochaperone

FKBP5 : FK506 binding protein 5 GABA : γ-aminobutyric acid

GENDEP : Genome-based Therapeutic Drugs for Depression GenRED : Genetics of Recurrent Early-Onset Depression

GFAP : Glial fibrillary acidic protein GHQ – 12 : General health Questionnaire-12

GluR1 : Glutamate receptor 1
GR : Glucocorticoid receptor

GRIK4 : Glutamate receptor, ionotropic, kainate 4

GRM7 : Glutamate receptor metabotropic 7

GSK : Glycogen synthase kinase
GSK-3 : Glycogen synthase kinase 3

GWAS : Genome wide association studies

H3K27 : Histone 3 lysine 27

HATs : Histone acetyltransferasesHDAC5 : Histone deacetylase 5HDACs : Histone deacetylases

HDRS : Hamilton Depression Rating scale
 HPA : Hypothalamic-pituitary-adrenal axis
 HPA : Hypothalamic-pituitary-adrenocortical

HSPA5 : Heat shock protein A5
HVA : Homovanillic acid
IGT : Iowa Gambling Task

IL : Interleukin

IL1B : Interleukin 1-beta

IMP : Inositol monophosphataseJAM3 : Junctional adhesion molecule 3

Kb : Kilobase

LCSPT : Limbic-cortical-striatal-pallidal-thalamic circuits

LOD : Logarithm of the odds

MAOA : Monoamine oxidase isoenzyme A

MARS : Munich Antidepressant Response Signature

MDD : Major depression disorder

MEK : Mitogen extracellular signal-regulated kinase

Met : Methionine

MHPG : 3-methoxy-4-hydroxyphenylglycol

MMP : Matrix metalloproteinase
 MPFC : Medial prefrontal cortex
 MRI : Magnetic resonance imaging
 mRNA : Messenger ribonucleic acid

MRS : Magnetic resonance spectroscopy mTOR : Mammalian target of rapamycin

MZ : MonozygoticNAA : N-acetyl-aspartateNE : NorepinephrineNGF : Nerve growth factor

NMDA : N-methyl-D-aspartate receptor

NMDA : N-methyl-D-aspartate NOS : Nitric oxide synthase

NR3C1 : Nuclear receptor subfamily 3, group C, member 1

NT-3 : Neurotrophin-3 NTFs : Neurotrophic factors NTR : Neurotrophin receptor

NTRK2 : Neurotrophic tyrosine kinase receptor, type 2

PAG : Periaqueductal gray

PCR : Polymerase Chain Reaction
PDE : Pyridoxinedependent epilepsy

PDLIM5 : PDZ and LIM domain 5 PDs : Personality disorders

PER 1 : Period circadian protein homolog 1

PFC : Prefrontal cortex

PI-3K : Phosphatidylinositol 3-kinase

PKA : Protein kinase A
PKC : Protein kinase C

POE : Parent-of-origin effect

PPIEL : Peptidylprolyl isomerase E-like

proBDNF : Pro-brain-derived neurotrophic factor

PTSD : Post-traumatic stress disorder

PVN : Paraventricular nucleus

Raf : Rapidly Accelerated Fibrosarcoma

Ras : GTP-binding switch protein (rat sarcoma)

REM : Rapid eye movement
RORA : Related orphan receptor A
ROS : Reactive oxygen species

rs : Reference single nucleotide polymorphism

SCID : Structured Clinical Interview for DSM-IV Axis I Disorders

SCN : Suprachiasmatic nucleus

sgACC : Subgenual anterior cingulate cortex

SLC39A3 : Solute Carrier Family 39 (Zinc Transporter), Member 3

SNP : Single nucleotide polymorphism

SSAT1 : Spermidine/spermine N (1)-acetyltransferase

SSRIs : Selective serotonin reuptake inhibitors

STAR\*D : Sequenced Treatment Alternatives to Relieve Depression

STEP : Systematic Treatment Enhancement Program

SZ : Schizophrenia T4 : Thyroxine

TCAs : Tricyclic antidepressants
TNF : Tumor necrosis factor

ToM : Theory of Mind

TPH2 : Neuronal tryptophan hydroxylase
 Trk : Tropomyosin-related kinase
 TrkB : Tropomyosin receptor kinase B

UCLA : University of California, Los Angeles

UST : Uronyl-2-solfotransferase gene

UTR : Untranslated region

uVNTR : Upstream variable number tandem repeat region.

Val : Valine VPA : Valproate

VTA : Ventral tegmental area

WAIS-R : Wechsler Adult Intelligence Scale- Revised

WCST : Wisconsin Card Sorting TestWGS : Wide genome scan studiesWMH : White matter hyper-intensities

WTCCC : Wellcome Trust Case Control Consortium

YMRS : Young Mania Rating Scale
5-HIAA : 5-hydroxyindoleacetic acid
5HT1B : Serotonin receptor 1B
5HT3A : Serotonin receptor 3A

5HTT LPR : Serotonin-transporter-linked polymorphic region

# List of Figures

Figure No.	Title	Page No.
1.	Dysregualtion of neural circuits in mood disorders	10
2.	Neural circuits in depression	11
3.	Areas of prefrontal cortex involved in MDD	13
4.	Abnormalities in metabolism and structure in mood disorders	16
5.	Neurophysiological imaging abnormalities in mood disorders	17
6.	The hypothalamic-pituitary-adrenal (HPA axis)	21
7.	Cellular plasticity cascades in bipolar disorder	29
8.	Neuroplasticity and cellular resilience in mood disorders	32
9.	The synthesis of brain-derived neurotrophic factor (BDNF) from	36
10.	Structure of pro-brain-derived neurotrophic factor (BDNF) protein	38
11.	Mechanisms underlying the impact of stress or depression on the BDNF system and the potential effects of antidepressant drugs	42
12.	Heritability estimates of mental health disorder	49
13.	Allelic discrimination plot	118
14.	Eysenck Personality Questionnaire in the 3 groups	126
15.	Cognitive subtests of WAIS in the 3 groups	128
16.	Cognitive subtests of WMS in the 3 groups	128
17.	WCST by subjects of the three groups	130
18.	The three genotypes of the Val 66 Polymorphism in the three groups	132
19.	Serum BDNF in the three groups	134
20.	Risky versus Non- Risky Genotypes: Clinical Variables in Major Depressive Group	146
21.	Risky versus Non- Risky Genotypes: clinical data in the Major Depression group	148
22.	Comparison between Hetero – Homo and Wild genotypes as regards CTQ domains in the major depression group	156
23.	Comparison between the Hetero – Homo and Wild genotypes as regards Wisconsin domains in the Major Depression group	160
24.	Comparison between the Hetero – Homo and Wild genotypes as regards Wisconsin domains in the Bipolar group	167

## List of Tables

Table No.	Title	Page No.
1.	Gender and Relationship status distribution in the three groups of the sample	120
2.	Duration of the current episode, Duration of entire illness, Number of episodes Age of onset of first episode) in both groups of patients	122
3.	YMRS Young mania rating scale in the bipolar group	123
4.	Hamilton rating scale of Depression in the Major depression group	124
5.	Childhood Trauma Questionnaire in bipolar disorder and major depression groups	125
6.	Descriptive data of Eysenck Personality Questionnaire in the three groups	125
7.	Descriptive data of Cognitive subtests of WAIS and WMS in the three groups	127
8.	Descriptive data of WCST in the three groups	129
9.	Descriptive data of the three genotypes of the Val 66 Polymorphism in the three groups	131
10.	Descriptive data of the risky and non risky genotypes of the Val 66 Polymorphism in the three groups	133
11.	Serum BDNF in the three groups	133
12.	Allele frequency of the Val 66 polymorphism in the three groups of patients	134
13.	Risky versus Non risky Genotypes :Comparison as regards the EPQ in Control group	135
14.	Risky versus Non risky Genotypes: Comparison as regards subtests of WAIS and WMS in the Control group	137
15.	Risky versus Non risky Genotypes: Comparison as regards Wisconsin subtests in the Control group	138
16.	Risky versus Non risky Genotypes: Comparison as regards serum BDNF in the Control group	138
17.	Risky versus Non risky Genotypes :Comparison as regards clinical variables in the Bipolar group	139
18.	Risky versus Non risky Genotypes : Comparison as regards clinical variables in the Bipolar group	140
19.	Risky versus Non risky Genotypes: Comparison as regards CTQ severity in the Bipolar group	140
20.	Risky versus Non risky Genotypes :Comparison as regards YMRS Subscales in Bipolar group	141
21.	Risky versus Non risky Genotypes: Comparison as regards YMRS in the Bipolar group	141

Table No.	Title	Page No.
22.	Risky versus Non risky Genotypes:Comparison as regards CTQ in Bipolar group	142
23.	Risky versus Non risky Genotypes: Comparison as regards EPQ in Bipolar group	143
24.	Risky versus Non risky Genotypes :Comparison as regards subtests of WAIS and WMS in Bipolar group	143
25.	Risky versus Non risky Genotypes :Comparison as regards Wisconsin indices in the Bipolar group	144
26.	Risky versus Non risky Genotypes :Comparison as regards Serum BDNF in the Bipolar group	144
27.	Risky versus Non risky Genotypes: Comparison as regards the Clinical Variables in Major Depressive Group	145
28.	Risky versus Non risky Genotypes:Comparison as regards CTQ severity in Major Depression group	147
29.	Risky versus Non risky Genotypes: clinical data in the Major Depression group	148
30.	Risky versus Non risky Genotypes: Comparison as regards the HDRS in the Major Depression group	149
31.	Risky versus Non risky Genotypes:: Comparison as regards Hamilton Severity in the Major Depression group	149
32.	Risky versus Non risky Genotypes: Comparison as regards CTQ in The Major Depression group	150
33.	Risky versus Non risky Genotypes: Comparison as regards EPQ in The Major Depression group	150
34.	Risky versus Non risky Genotypes: Comparison as regards subtests of WAIS and WMS in Major Depression group	151
35.	Risky versus Non risky Genotypes: Comparison as regards Wisconsin indices in the Major Depression group	152
36.	Risky versus Non risky Genotypes:Comparison as regards as regards serum BDNF in the Major Depression group	152
37.	Risky versus Non risky Genotypes :Comparison as regards Medication status in the bipolar group & Medication status in the Major Depression group	153
38.	Comparison between Hetero – Homo and Wild genotypes as regards the clinical variants in the Major Depression group	154
39.	Comparison between Hetero – Homo and Wild genotypes as regards CTQ severity in the Major Depression group	155
40.	Comparison between Hetero – Homo and Wild genotypes as regards the Duration of entire illness and Age of onset of first episode in the Major Depression group	155

Table No.	Title	Page No.
41.	Comparison between Hetero – Homo and Wild genotypes as regards CTQ domains in the major depression group	156
42.	Comparison between Hetero – Homo and Wild as regards EPQ domains in the Major Depression group	157
43.	Comparison between Hetero – Homo and Wild genotypes as regards cognitive subtests of WAIS and WMS in the Major Depression group	158
44.	Comparison between the Hetero – Homo and Wild genotypes as regards Wisconsin domains in the Major Depression group	159
45.	Comparison between the Hetero – Homo and Wild genotypes as regards Serum BDNF in the Major Depression group	161
46.	Comparison between the Hetero – Homo and Wild genotypes as regards clinical variants in the Bipolar group	162
47.	Comparison between the Hetero – Homo and Wild genotypes as regards CTQ severity in the Bipolar group	163
48.	Comparison between the Hetero – Homo and Wild genotypes as regards the Duration of entire illness and Age of onset of first episode in the Bipolar group	163
49.	Comparison between the Hetero – Homo and Wild genotypes as regards CTQ domains in the Bipolar group	164
50.	Comparison between the Hetero – Homo and Wild genotypes as regards EPQ domains in the Bipolar group	164
51.	Comparison between the Hetero – Homo and Wild genotypes as regards cognitive subtests of WAIS and WMS in the Bipolar group	165
52.	Comparison between the Hetero – Homo and Wild genotypes as regards Wisconsin domains in the Bipolar group	166
53.	Correlation between serum BDNF and Wisconsin domains in the Control group	168
54.	Correlation between serum BDNF and clinical data in the Bipolar group	169
55.	Correlation between serum BDNF and YMRS in the Bipolar group	169
56.	Correlation between serum BDNF and the CTQ in the Bipolar group	169
57.	Correlation between serum BDNF and the CTQ in the Bipolar group	170
58.	Correlation between serum BDNF and EPQ Scales in the bipolar group	170
59.	Correlation between serum BDNF and cognitive subtests of WAIS and WMS in the bipolar group	171
60.	Correlation between serum BDNF and Wisconsin domains in the Bipolar group	171

Table No.	Title	Page No.
61.	Correlation between serum BDNF and clinical data in the Major depression group	172
62.	Correlation between serum BDNF and HRSD in the Major depression group	172
63.	Correlation between serum BDNF and the CTQ in the Major depression group	173
64.	Correlation between serum BDNF and EPQ Scales in the Major depression group	173
65.	Correlation between serum BDNF and cognitive subtests of WAIS and WMS in the Major depression group	174
66.	Correlation between serum BDNF and Wisconsin domains in the Major depression group	174
67.	Correlation between childhood traumatic questionnaire and clinical data in bipolar group	175
68.	Correlation between childhood traumatic questionnaire and YMRS-in bipolar group	175
69.	Correlation between childhood traumatic questionnaire and EPQ domains- in bipolar group	176
70.	Correlation between childhood traumatic questionnaire and clinical data in major depression group	177
71.	Correlation between childhood traumatic questionnaire and Hamilton scale in Major depression group	178
72.	Correlation between childhood traumatic questionnaire and EPQ domains- in Major depression group	179
73.	Correlation between childhood trauma and serum BDNF in the Bipolar group	179
74.	Correlation between childhood trauma and serum BDNF in the Major depression group	180
75.	Correlation between serum BDNF and Medication status in both groups of patients	180

# Contents

	Page
Introduction	1
Aim of the work	4
Review of literature:	
■ Chapter I: Neurobiology of Mood Disorders	5
■ Chapter II: Neuronal Plasticity in Mood Disorders	26
Chapter III: Psychiatric Genetics	48
■ Chapter IV: Gene-Environmental Interactions in Mood Disorders	76
Subjects & Methods	106
Results	120
Discussion	181
Conclusion	202
Recommendations	203
Summary	205
Limitations	212
References	213
Appendix	I-XIX
Arabic summary	

## INTRODUCTION

Mood disorders, mostly represented by major depressive disorder (MDD) and bipolar disorder (BPD), are the most prevalent psychiatric conditions. They are also among the most severe and debilitating (*Hashimoto*, 2010).

Major depressive disorder (MDD) is a serious disorder that affects approximately 17% of the population at some point in life, resulting in major social and economic consequences. There is still very little known about the neurobiological alterations that underlie the pathophysiology or treatment of MDD. Several lines of evidence suggest that depression in most people is caused by interactions between a genetic predisposition and some environmental factors (*Belmaker and Agam*, 2008).

Bipolar disorder (BD) is a highly disabling chronic mood disorder characterized by the presence of manic and depressive symptoms and a lifetime prevalence of 3.9% (*Yatham et al.*, 2009). Epidemiological studies indicate a role for both biological and environmental factors in the ethiopathogenesis of BD. Due to the high heritability and familial relative risk reported in BD, there is little doubt that molecular genetics play an important role. However, the genetic basis for this illness remains elusive (*Barnett and Smoller*, 2009).

The precise neurobiology underlying mood disorders is currently unknown. One way to combat these disorders would be to discover novel biomarkers for them, which potentially could revolutionize their recognition and management (*Lakhan et al.*, 2010).

Identification of biomarkers would aid both in the diagnosis, and in the development of effective psychiatric medications to treat them. In addition, biomarkers could provide the basis for early intervention and prevention efforts targeting at-risk individuals.

There are recent findings on the role of brain-derived neurotrophic factor (BDNF) in the pathophysiology of mood disorders (*Hashimoto*, 2010). BDNF is a member of the neurotrophin superfamily responsible for promoting and modifying growth, development, and survival of neuronal populations (*Duman and Monteggia et al.*, 2006).

The BDNF gene, which is located on chromosome11 has become a candidate gene for molecular-genetic studies of mood disorders and schizophrenia, and also for pharmacogenomics of drugs used in the treatment of these conditions, such as mood-stabilizers in bipolar mood disorder, antidepressants in depression, and antipsychotics in schizophrenia. It has been demonstrated that the functional Val66Met polymorphism of the gene can be associated with a number of clinical and pharmacological phenomena in these