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شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم





جامعة عين شمس

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The Role of Serum Uric Acid as a Biomarker in Patients with Mood Disorders and Schizophrenia

Thesis

Submitted for Partial Fulfillment of Master Degree in **Neuropsychiatry**

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Tist of Contents

| <u>Title</u> Pag | je No. |
|--|--------|
| List of Tables | 5 |
| List of Figures | 6 |
| List of Abbreviations | 7 |
| Introduction | 1 - |
| Hypothesis and Rationale | 12 |
| Aim of the Study | 13 |
| ■ The Purinergic Pathway, Serum Uric Acid and Major Mental Illness | |
| ■ The Link between Purinergic Pathway and Major Mental Illness | |
| Clinical Implications of Purinergic Pathway on Major Mental Illness | |
| Subjects and Methods | 60 |
| Results | 68 |
| Discussion | 81 |
| Conclusion | 87 |
| Strengths & Limitations | 88 |
| Recommendations | 89 |
| Summary | 90 |
| References | 92 |
| Arabic Summary | |

Tist of Tables

| Table No. | Title | Page | No. |
|-----------|--|---------------------------------|---------|
| Table 1a: | Socio-demographic data of Schizophi Bipolar disorder and Major Depre Disorder (MDD) cases and healthy co | ession ontrol | 60 |
| Table 1b: | group | renia, ession ontrol | |
| Table 2: | The Severity of symptoms in bipatients by Young Mania Rating (YMRS), Hamilton depression scale (ID) and Positive and Negative Sync | polar Scale HAM- Irome | |
| Table 3: | Scale (PANSS) in the sample: Uric acid values in Bipolar in relaticontrol | on to | 72 74 |
| Table 4: | Uric acid values in MDD in relation control | on to | |
| Table 5: | Uric acid values in Schizophreni relation to control. | a in | |
| Table 6: | Uric acid values in relation sociodemographic data | . to | |
| Table 7a: | The difference in serum uric acid in mental illness and controls | major | |
| Table 7b: | The difference in serum uric acid in mental illness and controls controlling of gender as a confour factor | major with nding | |
| Table 8: | Correlation between Uric acid level severity of symptoms in each illness | and | |

List of Figures

| Fig. No. | Title | Page No. |
|-----------|---|----------|
| Figure 1: | Metabolism and receptors of adenosine derivatives | |
| Figure 2: | Schematic model of the extracellular adenosine | |
| Figure 3: | Uric acid | 23 |

Tist of Abbreviations

| Abb. | Full term |
|------------------------|---|
| ADA | Adenosine deaminase |
| | Adenosine deaminase Adenosine monophosphate |
| | Adenosine-5'-triphosphate |
| BD | |
| | |
| CAT | Barratt Impulsiveness Scale-11 |
| | Cararase Cerebrospinal fluid-contacting neurons |
| | Certeorospinai fiata-contacting neurons Central nervous system |
| | Centrat nervous system Ecto-5'nucleotidase |
| | Adenosine deaminase |
| <i>E-ADA E-NPPases</i> | |
| E-NTPDases | |
| | General health Questionnaire |
| | Glutathione peroxidase |
| | Hamilton Depression Rating Scale |
| | Homeostatic Model Assessment of Insulin |
| 110111111 | Resistance |
| HPST | Hypoxanthine-guanine |
| 111 ~ 1 | phosphoribosyltransferase |
| <i>IMP</i> | Inosine monophosphate |
| | Major depressive disorder |
| | N-methyl-D-aspartate receptor |
| - | Nucleoside triphosphate |
| 1,11 2 0 000 | diphosphohydrolases |
| PANSS | Positive and Negative Syndrome Scale |
| | Purine nucleoside phosphorylase |
| RC | |
| | Reactive oxygen species |
| | S-adenosylhomocysteine hydrolase |
| | Structured Clinical Interview for DSM-IV |
| | Axis I Disorders |
| <i>SD</i> | Standard deviation |
| | Single nucleotide polymorphism |
| | - · · · · · · · · · · · · · · · |

Tist of Abbreviations cont...

| Abb. | Full term |
|-------------|--|
| SOD | Superoxide dismutase |
| | Statistical package for Social Science |
| | Selective Serotonin Re-Uptake Inhibitors |
| <i>UA</i> | $Uric\ acid$ |
| VTA | Ventral tegmental area |
| | X anthine-oxidase |
| <i>YMRS</i> | Young Mania Rating Scale |

Introduction

Tric acid is an end product from the purinergic metabolism of both adenosine and guanosine. It has been hypothesized that uric acid might be a marker of dysfunctions in adenosine transmission and antioxidant system, in different mental disorders, increased serum levels of uric acid may be a sign of an amplified purinergic turnover and a reduced adenosine transmission, opposite variation in serum levels of uric acid in Major depressive disorder and bipolar disorder. a reduced adenosinergic activity, mostly at A1 receptors (with an increase in uric acid levels), is associated with the complex network of changes on neurotransmitters pathways related to manic behavior (Bartoli et al., 2018; Bartoli et al., 2016; Albert et al., 2015) as the purinergic system was found involved in the regulation of mood, motor activity, cognitive function, sleep, and behavior, individuals with increased uric acid levels who do not have any psychiatric diagnosis were found to have high impulsivity and hyperthymic and irritable temperaments (Asit et al., 2014).

Studies found that the purinergic modulator allopurinol, a xanthine oxidase inhibitor used for the treatment of gout and hyperuricemia, is effective in treating acute mania when used adjunctively with mood stabilizers, besides its antimanic effect as an add-on treatment, it has been reported to reduce aggressive behavior in patients with dementia and refractory



aggression in psychiatric inpatients (Oliveira et al., 2019; Bartoli et al., 2018).

Circulating uric acid levels are dependent mainly on the nucleotide catabolism and cell turnover. However, uric acid can be oxidized non- enzymatically, and has proven to be a selective antioxidant. Membrane pathology, similar to that of RBC in response to free radicals was found in brains of schizophrenic patients, and so, the membrane dysfunction has been linked to free radical-mediated pathology and may contribute to specific aspects of schizophrenic symptomatology and complications of its treatment (Yao et al., 1998).

As evidence indicates that dysfunction in the purinergic system is involved both in bipolar disorder (BD) and in the pathophysiology and treatment of schizophrenia, However, uric acid levels were found to be lower in both chronic schizophrenia patients and newly diagnosed schizophrenia patients than healthy individuals, despite increased uric acid levels shown in both chronic BD patients and first episode mania patients (Asit et al., 2014).

Purinergic system dysfunction was incriminated in major depressive disorder (MDD) as well. studies conducted with these patients reported lower serum uric acid levels than healthy controls. Additionally, it was reported that those levels returned to normal ranges after 5 weeks of antidepressant treatment. In the former study, a strong inverse relation was