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No association evidence between schizophrenia and dystrobrevin-binding protein 1 (DTNBP1) in Taiwanese families

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Abstract

Several linkage studies have shown significant linkage of schizophrenia to chromosome 6p region, which includes the positional candidate genes, Dystrobrevin-binding protein 1 (DTNBP1). The aim was to examine the association evidence of the candidate gene in 693 Taiwanese families with at least two affected siblings of schizophrenia. We genotyped nine SNPs of this gene with average intermarker distance of 17 kb. Intermarker linkage disequilibrium was calculated with GOLD. Single locus and haplotype association analyses were performed with TRANSMIT program. We found no significant association between schizophrenia and DTNBP1 either through single locus or haplotype analyses. We failed to replicate the association evidence between DTNBP1 and schizophrenia and this gene may not play a major role in the etiology of schizophrenia in this Taiwanese family sample.

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1. Introduction

Schizophrenia is a serious mental illness affecting 1% of the general population. Family, twin, and adoption

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studies have shown that schizophrenia is predominantly genetically determined and has high heritability (McGuffin et al., 2003). A multilocus model is favored and assumes that there are several genes, each having a small effect and acting in epistasis, responsible for schizophrenia (Risch, 1990). Using linkage analyses, a number of positive findings have been reported on chromosome 6p (Antonarakis et al., 1995; Arolt et al., 1996; Bailer et al., 2000; Brzustowicz et al., 1997; Matthysse et al., 2004; Maziade et al., 2001; Moises et al., 1995; Schwab et al., 1995, 2000; Straub et al., 2002b, 1995, 1996; Wang et al., 1995). Furthermore, suggestive linkage evidence for chromosome 6p was reported in our earlier report using Taiwanese family sample (Hwu et al., 2000).

There have been several reports implicating DTNBP1 in the etiology of schizophrenia. Straub et al. (2002a) presented the original evidence for a significant association between schizophrenia and SNPs within DTNBP1 in a sample of 270 multiply affected Irish pedigrees. In that study, eight SNPs across the gene, as well as several three-marker haplotypes, showed significant over-transmission to affected offspring across a range of different diagnostic categories. Significant genetic association evidence has also been produced by several investigations of various ethnic samples using different study designs (Fallin et al., 2005; Funke et al., 2004; Gornick et al., 2005; Kirov et al., 2004; Li et al., 2005; Numakawa et al., 2004; Schwab et al., 2003; Tang et al., 2003; Tochigi et al., 2006; van den Oord et al., 2003; Williams et al., 2004), however, several others have failed to replicate the result (De Luca et al., 2005; Hall et al., 2004; Holliday et al., 2006; Joo et al., 2006; Morris et al., 2003). It has also been reported that the gene is significantly associated with schizophrenic patients with positive family history (Van Den Bogaert et al., 2003), and associated with patients with high levels of negative symptoms (DeRosse et al., 2006; Fanous et al., 2005).

DTNBP1 shows widespread expression in the human brain (Weickert et al., 2004). Talbot et al. (2004) found that the level of presynaptic dysbindin-1 are reduced in schizophrenia and are related to glutamatergic alterations in intrinsic hippocampal formation connections. Numakawa et al. (2004) found that, in neuronal culture, over-expression of dysbindin induced expression of SNAP25 and synapsin-I, promoted phosphorylation of Akt and increased glutamate release. Conversely, knockdown of dysbindin expression resulted in lower pre-synaptic protein expression and a decrease in glutamate release (Numakawa et al., 2004). Bray et al. (2005) showed that a defined schizophrenia risk haplotype tags one or more *cis*-acting variants that results in a relative reduction in DTNBP1 mRNA expression in human cerebral cortex, indicating variation in the DTNBP1 gene confers susceptibility to schizophrenia through reduced expression.

Our aim here was to examine the association evidence between schizophrenia and DTNBP1 in a large family sample of 693 Taiwanese families with at least two siblings affected with schizophrenia.

2. Materials and methods

2.1. Subjects

The subjects were recruited from two sample collection programs; the Multi-dimensional Psychopathology Study of Schizophrenia (MPSS) from 1993 to 2001 (Hwu et al., 2002) and the Taiwan Schizophrenia Linkage Study (TSLS) (Hwu et al., 2005) from 1998 to 2002. A total of 693 families with at least two affected siblings with schizophrenia were used for this study, of which 86 families were from MPSS and 607 were from TSLS.

The MPSS families were recruited mainly from the Department of Psychiatry, National Taiwan University Hospital and the University-affiliated Taoyuan Psychiatric Center. The families came mostly from northern Taiwan. Data collection was initiated after informed consent had been obtained from the identified study subjects and their families. All family members were personally interviewed by research psychiatrists using the Psychiatrist Diagnostic Assessment (PDA) (Hwu, 1999). The final diagnostic assessment was formulated by integrating the PDA data and clinical information obtained from the medical chart records. The final diagnosis used criteria specified by the Diagnostic and Statistical Manual of Mental Disorders fourth edition (DSM-IV) (APA, 1994).

The TSLS families were recruited from hospitals all over Taiwan, except for the above two institutions. Data collection was initiated after informed consent had been obtained from the identified study subjects and their family members. All the family members were interviewed by well-trained assistants using the Mandarin Chinese version of the Diagnostic Interview for Genetic Studies (DIGS) (Chen et al., 1998). The final diagnostic assessment was formulated by integration of the DIGS data and clinical information from the medical chart records by two board-certified research psychiatrists independently. Research diagnosis was made based on DSM-IV criteria. All data schedules and medical records for subjects with inconsistent diagnoses from these two independent research diagnosticians were evaluated further by the senior researcher (H-G Hwu) to achieve final diagnosis. Detailed information has been previously published about the recruitment procedures (Hwu et al., 2005). Both projects of sample recruitment have been approved by the ethics committee of National Taiwan University Hospital.

The diagnoses were comparable between the two sample collection programs, because they were both made based on DSM-IV criteria. Clinical symptoms were rated using schedule for assessment of negative symptoms (SANS) (Andreasen, 1983) and schedule for assessment of positive symptoms (SAPS) (Andreasen, 1984) with satisfactory reliability. The comparison of age at onset between the affected individuals of the two samples was not significant. The severity of positive and negative symptoms were comparable and the severity of positive symptoms are with low mean values of 1.31 and 1.63 for MPSS and TSLS sample, respectively, and the severity of negative symptoms are of 1.92 and 1.65 for MPSS and TSLS sample, respectively. Under the sensitive statistical method of generalized estimating equations (GEE) model, for related affected sibpairs, with large sample size, the positive symptoms of TSLS sample were significantly more severe than those of MPSS sample. On the contrary, the negative symptoms of TSLS sample were significantly less severe than those of MPSS sample. We judged that the small differences, though significant, of clinical symptoms between the two samples would contribute little to subsequent genetic analyses.

Through the procedures described above and elsewhere, we enrolled a total of 693 multiplex (i.e. at least two affected siblings) schizophrenic nuclear families, incorporating a total of 2787 individuals from whom DNA was available. This sample is a representative family sample, which includes about 40% of all multiplex schizophrenic families in Taiwan (Hwu et al., 2005). The family structure detailed by the number of affected offspring and parent genotyped is presented in Table 1. A total of 1487 individuals were

Table 1

Distribution of families by number of affected offspring and parents genotyped

Affected offspring	Parents		Total	
genotyped	0	1	2	
1	3	5	5	13
2	22	283	325	630
3	2	36	10	48
4	0	2	0	2
Total	27	326	340	693

The list of primer	s and probes of the nine validated SNPs used in MALDI-TOF me	por	
dbSNP ID	Forward primer	Backward primer	Probe
rs909706	ACGTTGGATGAAACCATCCTGGGAGATCAG	ACGTTGGATGGTCAAGTCAGTTTCCAAGGG	AGAGACATGCCAAAGGGATCT
rs1018381	ACGTTGGATGAATGACTGCTGAGATCTGCC	ACGTTGGATGCCTCACCTTTCCTAATAGCC	GCCGGTGATTCAACAGC
rs2619522	ACGTTGGATGAATAGCTGGCAGAAGCAGTG	ACGTTGGATGGCTCTTATGTCTACCTTTCC	GCAGTGAGTGAGAGCTGACA
rs2005976	ACGTTGGATGTCCTGACCTCAAGTGATCTG	ACGTTGGATGTGTCAGTCTTCAGGGAAACG	GATTATAGGTATGAGCCAC
rs2619528	ACGTTGGATGCCATTCTTAAGCTTAGTAGTG	ACGTTGGATGGAGTTTTTGGGATTGGATGC	TTAAGCTTAGTAGTGCTGAGTAC
rs1011313	ACGTTGGATGATTCACAGGCTACAGAATGG	ACGTTGGATGCCAAGTTACTGCACACAAGC	CTACAGAATGGATGTTGC
rs2619539	ACGTTGGATGATGCACCAAGTAGCTTAGAG	ACGTTGGATGATAACTAGTCTGACATGGTC	ATAATCCTATTAGCTATGATAGT
rs3829893	ACGTTGGATGAGGTTGTTCTCTACCTCCTC	ACGTTGGATGGGATTCTGACTTTTGAGGTC	GCCTCTAAATGAGCTGAAA
rs742106	ACGTTGGATGCAAGGAGCAGACTCAAATGG	ACGTTGGATGCCGGTAACTTTGGTGAGTTG	GACTCAAATGGATTTCTGG

Table 3
Detailed description of the validated SNPs for DTNBP1 and the single locus association analysis results

dbSNP ID.	Location ^b	Intermarker	Polymorphism ^c	Minor allele	Single locus association	
(alternative SNP name) ^a		distance (kb)		frequency	Chi-square	<i>p</i> -value
rs909706 (P1583)	Intron 1	_	T/C	0.40	0.13	0.71
rs1018381 (P1578)	Intron 1	3.8	C/T	0.07	0.33	0.56
rs2619522 (P1763)	Intron 1	3.4	A/C	0.08	0.11	0.74
rs2005976 (P1757)	Intron 3	2.8	G/A	0.08	0.11	0.74
rs2619528 (P1765)	Intron 3	1.0	G/A	0.08	0.10	0.75
rs1011313 (P1325)	Intron 4	16.4	C/T	0.19	3.09	0.079
rs2619539 (P1655)	Intron 5	12.6	C/G	0.39	0.20	0.66
rs3829893	Intron 5	5.2	G/A	0.32	0.10	0.76
rs742106 (P1328)	Intron 9	91.2	T/C	0.42	0.63	0.43

^a The SNP number in the study of Straub et al. (2002a).

^b The SNP location for DTNBP1 was determined based upon the m-RNA accession no. NM_032122.

^c Second allele under oblique line (/) is the minor allele.

diagnosed schizophrenic; the mean age was $36.0 (\pm 9.6)$ years and 61.1% were male. The mean age at onset was $22.9 (\pm 6.8)$ years. The mean age of the unaffected subjects was $55.7 (\pm 15.4)$ years with 48.4% male.

2.2. SNP selection and validation

A total of 18 SNPs for DTNBP1 were selected from the previous studies (Straub et al., 2002a) and a public database (http://www.ensembl.org/Homo_sapiens/ martview) for initial validation. A sample subset of 31 trios and one independent individual was used to validate the 18 selected SNPs. Considering the power of further linkage disequilibrium test, we required SNPs to have a minor allele frequency above 10% to be genotyped in the full sample.

2.3. SNP genotyping

All SNP genotypings were performed by the method of matrix-assisted laser desorption/ionization-time of flight mass spectrometry (MALDI-TOF MS) (Rodi

et al., 2002). Primers and probes flanking the SNPs were designed by using SpectroDESIGNER software (Sequenom, San Diego, CA, USA). A DNA fragment (100–300 bp) encompassing the SNP site was amplified using the four-plexed polymerase chain reaction (PCR) with GeneAmp 9700 thermocycler (Applied Biosystems, Foster city, CA, USA) under the condition of 95 °C for 15 min, then 45 cycles of denaturing at 95 °C for 20 s, annealing at 56 °C for 30 s, and extension at 72 °C for 1 min, and finally 72 °C for 3 min according to the manufacturer's instruction.

To neutralize the un-incorporated deoxynunleotide triphosphate (dNTP), the PCR reaction mixture was treated with shrimp alkaline phosphatase (SAP) at 37 °C for 20 min. The un-incorporated dNTP was converted to deoxynucleotide diphosphate (dNDP). The reaction mixture was incubated at 85 °C for 5 min to inactivate SAP activity. Then primer extension was performed by adding the probe, Thermo Sequenase (Amersham Pharmacia, Piscataway, NJ, USA) and appropriate dideoxynucleotide triphosphate (ddNTP)/dNTP mixture, and followed by 55 cycles of denaturing at 94 °C for 5 s, annealing at 52 °C for 5 s, and extension at 72 °C for 5 s, and ext

Table 4 Intermarker D' value of the nine SNPs of DTNBP1 calculated by GOLD

				2					
	rs909706	rs1018381	rs2619522	rs2005976	rs2619528	rs1011313	rs2619539	rs3829893	rs742106
rs909706	_								
rs1018381	.91	_							
rs2619522	.91	.99	_						
rs2005976	.90	.98	.99	_					
rs2619528	.91	.99	.99	.98	_				
rs1011313	.88	.83	.78	.78	.78	_			
rs2619539	.95	.92	.74	.74	.74	.89	_		
rs3829893	.93	.84	.83	.81	.81	.87	.92	_	
rs742106	.18	.39	.35	.36	.36	.58	.18	.14	-

 Table 5

 Haplotype association analysis using TRANSMIT

Haplotypes of rs2005976-rs1011313-rs3829893	Haplotype frequency	Chi-square	<i>p</i> -value
G-C-G	0.42	1.06	0.30
G-C-A	0.31	0.22	0.64
G-T-G	0.18	4.12	0.042
A-C-G	0.08	0.053	0.82

5 s. Different extension products were differentiated by mass through MALDI-TOF. The primers of validated SNPs used for amplification and probes for extension in the MALDI-TOF method were listed in Table 2.

This genotyping method has been applied to a broad variety of clinical applications, since it fulfills criteria such as accuracy of SNP detection, sensitivity to score SNPs using a small amount of template throughput capacity, flexibility of the procedure, and cost-effectiveness (Tost and Gut, 2005).

2.4. Statistical analysis

We used PEDCHECK version 1.1 (O'Connell and Weeks, 1998) and UNKNOWN version 5.23 (Terwilliger and Ott, 1994) to check for Mendelian inheritance of SNPs and the Procedure ALLELE in SAS/GENETICS release 8.2 (Institute, 2002) to test for Hardy-Weinberg equilibrium. Linkage disequilibrium (LD) among markers was measured with coefficient D' (Hedrick, 1987), which was used to define haplotype blocks. A graphic presentation of block pattern was completed using GOLD software (Abecasis et al., 2000; Abecasis and Cookson, 2000). Both single point and haplotype association analyses were carried out using TRANSMIT version 2.5.4 (Clayton, 1999). SNPtagger (Ke and Cardon, 2003) was used to screen for minimal sets of SNPs (haplotype tagging SNPs, htSNPs) to represent the haplotype block structure. Power estimation was calculated with PBAT (Lange et al., 2004) using the real family structure available for genotyping. The type I error was set at 0.01. Two inherited models, additive and multiplicative, were set up with the parameters of disease gene frequency 0.05 and population prevalence 0.003 based upon previous epidemiological study (Hwu et al., 1989).

3. Results

At the stage of SNP validation, nine out of the eighteen SNPs, of which eight are overlapping with the SNPs studied in the initial association study (Straub et al., 2002a), with average intermarker distance of

17 kb met the validation criterion of minor allele frequency above 10%. Table 3 gives a detailed description of the validated SNPs.

The single SNP association analyses showed no significant evidence for any SNP of DTNBP1 (Table 3). The intermarker LD assessed by coefficient D' is presented in Table 4. The eight SNPs from rs909706 to rs3829893 showed intermarker D' above 0.7 and constituted a haplotype block. Three SNPs, rs2005916 (P1757), rs1011313 (P1325), and rs3829893, were selected as htSNPs using SNPtagger (Ke and Cardon, 2003). The haplotype association analysis using the three htSNPs showed marginally significant preferential transmission of G-T-G haplotype to affected individuals (p=0.042). The detailed haplotype frequency and analysis results are shown in Table 5. We also analyzed the 2-SNP, 3-SNP haplotype associations within the 8-SNP haplotype block using moving window strategy and the results were all negative (data not shown).

4. Discussion

This SNP fine mapping study revealed no significant association in the single locus analysis. In the haplotype association analysis, the haplotype G–T–G of the three SNPs, rs2005916 (P1757), rs1011313 (P1325), and rs3829893, had preferential transmission to affected individuals only at marginally significant level, and was not significant after correction for multiple tests. We failed to replicate the association evidence between DTNBP1 and schizophrenia in this Taiwanese family sample.

As for the negative result in our sample, we would give the following comments. Though we reported suggestive linkage evidence to 6p22.3 (Hwu et al., 2000) in a sub-sample of this study, of which 22 families

Table 6

Comparison of allele frequencies of the SNPs between our samples, those of Straub et al. (2002a) and Li et al. (2005)

dbSNP ID.	Common allele	Straub	Li et al.	(2005)
(alternative SNP name) ^a	(allele frequency) in our samples	et al. (2002a)	Scottish	Chinese
rs909706 (P1583)	T (0.60)	C (0.62)	C (0.61)	T (0.63)
rs1018381 (P1578)	C (0.93)	C (0.92)	C (0.90)	-
rs2619522 (P1763)	A (0.92)	A (0.85)	A (0.80)	A (0.92)
rs2005976 (P1757)	G (0.92)	G (0.83)	G (0.79)	G (0.92)
rs2619528 (P1765)	G (0.92)	G (0.83)	G (0.80)	G (0.93)
rs1011313 (P1325)	C (0.81)	C (0.91)	C (0.92)	C (0.80)
rs2619539 (P1655)	C (0.61)	C (0.54)	G (0.53)	C (0.66)
rs3829893	G (0.68)	_	_	_
rs742106 (P1328)	T (0.58)	C (0.62)	-	_

^a The SNP number in the study of Straub et al. (2002a).

were overlapped, the peak of non-parametric linkage score was on the marker D6S285, 3.5 Mb from DTNBP1. This suggested that DTNBP1 might not be within the candidate region. The single point and haplotype association analyses in this sub-sample were also not significant (data not shown).

Ethnic differences might contribute to our failure to replicate prior studies. The comparison of allele frequencies of the SNPs between our samples, those of Straub et al. (2002a) and Li et al. (2005) was listed in Table 6. The allele frequencies of the SNPs in our Taiwan Chinese sample were similar to those of Han Chinese (Li et al., 2005) and different from those of Irish sample (Straub et al., 2002a) and Scottish sample (Li et al., 2005). However, the risk haplotypes 'G-G' of P1757-P1765 and 'G-A-C' of P1757-P1765-P1325 reported to have significant association evidence in Li et al. (2005) were not significant in our sample (Chi-square=0.10, df=1, p>0.05; Chi-square=1.1, df=1, p>0.05, respectively). The risk haplotype of 'G-T-C-A' of P1655-P1763-P1578-P1583 reported to have significant association evidence in another Han Chinese sample (Tang et al., 2003) were also not significant in our sample (Chi-square=2.14, df=1, p > 0.05). Mutation screening study could not identify any mutation and/or polymorphism in the 5' promoter region or the protein-coding sequences of DTNBP1 in a Taiwanese Han Chinese sample (Liao and Chen, 2004). These differing results suggest that genetic heterogeneity exists in the susceptibility genes across different ethnic groups.

The powers to detect association for each relative risk of 1.4, 1.5, and 1.6, were 0.50, 0.73, and 0.89, respectively, in the additive model. The powers for the same relative risk were 0.52, 0.76, and 0.91, respectively, in the multiplicative model. These results indicated that the study has enough power to detect the association with the relative risk over 1.6. Therefore, the negative results in our study may not result from inadequate power to detect gene of moderate genetic effects.

Considering the different statistical strategies across studies, we also used the moving window strategy in addition to SNPtagger program to detect all the possible haplotypes with significant association and the results were still not significant. We genotyped only one SNP in the distal genomic region of the gene; therefore, we cannot exclude completely the possibility of association with the distal genomic region of DTNBP1 in our sample.

Another reason for failure to replicate in our sample may be due to a complex pattern of allelic associations that are not sufficiently captured by the SNPs employed in the present study. This is consistent with the observation that different haplotypes from this gene seem to be contributing to different populations (Schwab et al., 2003). Our samples come from families with at least two affected siblings. We failed to replicate the finding that DTNBP1 is particularly involved in schizophrenic cases with a familial genetic loading (Van Den Bogaert et al., 2003).

In summary, we failed to replicate the association evidence between DTNBP1 and schizophrenia and this gene may not play a major role in the etiology of schizophrenia in this Taiwanese family sample.

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