Persistent low-grade inflammation, SARS-CoV-2 infection and mental health deterioration signs impact on systemic levels of aminoacid neurotransmitter precursors

Supplementary Material

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# Supplementary Methods

## Software

Proteome and metabolome data were analyzed with R version 4.2.0. General data transformation tasks were accomplished with the *tidyverse* package bundle (1), *rlang* (2) and the development package *trafo* (<https://github.com/PiotrTymoszuk/trafo>). Statistical data testing was done with the packages *rstatix* (3), *ggpubr* (4) along with the development package *ExDA* (<https://github.com/PiotrTymoszuk/ExDA>). In linear modeling, base R functions, the development packages *lmqc* (<https://github.com/PiotrTymoszuk/lmqc>) and *caretExtra* (<https://github.com/PiotrTymoszuk/caretExtra>), and the package *caret* (5) were utilized.

Results were visualized with tools provided by the packages *ggplot2* (6), *cowplot* (7) and *ExDA*. Manuscript and supplementary tables were created with *flextable* (8). Supplementary Material file was written in the *rmarkdown* environment (9) and rendered with the *knitr* (10) and *bookdown* (11) packages.

## INCOV cohort data import and transformation

Proteome and metabolome data in form of normalized, age- and sex-adjusted, log2-transformed serum levels as well as clinical information (sex, SARS-CoV-2 infection status, COVID-19 severity, timepoint, post-COVID-19 syndrome status and particular symptoms) for the INCOV cohort were extracted from supplementary tables accompanying the report by Su and colleagues (12).

Characteristic of the INCOV cohorts is presented in **Table 2**. Numbers of available INCOV cohort samples and the sampling timepoints are shown in **Supplementary Table S1**.

## Variable distribution and transformation

Distribution normality and variance homogeneity of normalized cytokine and metabolite serum levels was assessed by Shapiro-Wilk and Levene test, respectively. The distribution testing revealed substantial deviations from normality for multiple study parameters. For this reason statistical hypothesis testing in the INCOV dataset was done with non-parametric tests. For SIMMUN cohort metabolite and inflammation marker levels (KYN, KYN/TRP ratio, PHE, TYR and PHE/TYR ratio, NEO, CRP, IL6, anti-RBD IgG) used in analysis of correlation with age and mental disorder scoring, comparison between participants stratified by SARS-CoV-2 infection status or gender as well as for linear modeling, logarithm and square root transformations was used, which improved both normality and variance homogeneity.

## Statistical hypothesis testing

Comparison of normalized serum cytokine and metabolite levels between uninfected controls and COVID-19 individuals from the INCOV cohort at consecutive timepoints after symptom onset was done with Kruskal-Wallis test. Differences between SARS-CoV-2-negative controls and consecutive timepoints of COVID-19 were investigated with Mann-Whitney post-hoc U test corrected for multiple testing with Benjamini-Hochberg method (13).

Correlation of serum cytokine and metabolite levels in uninfected controls and COVID-19 individuals at consecutive timepoints in the INCOV and SIMMUN datasets was analyzed by Spearman test. Correlation of serum cytokine and metabolite levels with scores of anxiety, depression and stress was assessed by Spearman test. Correlation of SIMMUN dataset metabolite levels with age was assessed by Pearson test.

Comparison of SIMMUN dataset metabolite and inflammatory marker levels between participants stratified by SARS-CoV-2 infection status or gender was done with two-tailed T test.

## Multi-parameter linear regression with backwards elimination

Effects of the representative inflammation marker (NEO), SARS-CoV-2 infection status, titre of immunoglobulin gamma against the receptor binding domain of the S1 SARS-CoV-2 protein (anti-RBD IgG), anxiety (HADS), depression (HADS) and stress scoring (PSS-4), age and gender on systemic levels of aminoacid neurotransmitter precursor and their decay products (TRP, KYN, KYN/TRP ratio, PHE, TYR and PHE/TYR ratio) was assessed by multi-parameter linear regression with backwards elimination. Modeling responses and numeric explanatory variables were transformed with log or squared root functions to improve normality and normalized.

Full models including the complete set of explanatory variables listed above were constructed (function make\_lm(), package *lmqc*) and optimized by Bayesian information criterion (AIC) driven backwards elimination of non-significant terms (method step(), package *lmqc*). Normality and homogeneity of distribution of the model residuals was checked by Shapiro-Wilk and Levene test, respectively (method summary(type = 'assumptions'), package *lmqc*) and visually inspected in standard diagnostic plots of model residuals (residuals vs fitted, quantile-quantile plots, method plot() called for the model objects). Fit stats ( and root mean squared error [RMSE]) were retrieved from the model objects by calling summary(type = 'fit') (package *lmqc*). Validity of the optimized models was determined by likelihood-ratio test (LRT) versus the respective null models (method anova()). Reproducibility and proper parameterization of the optimized multi-parameter models was investigated by repeated cross-validation (50 repeats, 10 folds, function train(method = 'lm'), package *caret*) and by comparison of the RMSE and statistics obtained with in the training dataset and in cross-validation (method summary(), package *caretExtra*). As presented in **Supplementary Figure S5A**, similar values of error fit in the training and cross-validation data suggest good reproducibility of the optimized models and lack of over-parameterization.

## Data and code availability

Anonymized local cohort data will be made available upon request to the corresponding author. The INCOV cohort data are publicly available. The study pipeline code is available at <https://github.com/PiotrTymoszuk/SIMMUN_validation>.

# Supplementary Tables

Table 1: Number of available samples and sampling timepoints in the INCOV cohort.

| **Time point** | **Days post infectiona** | **Sample number** |
| --- | --- | --- |
| healthy |  | 440 |
| acute | 11 [7.9 - 16] | 205 |
| sub-acute | 17 [12 - 23] | 187 |
| recovery | 64 [53 - 90] | 127 |
| aMedian with interquartile range, days after symptom onset. | | |

# Supplementary Figures

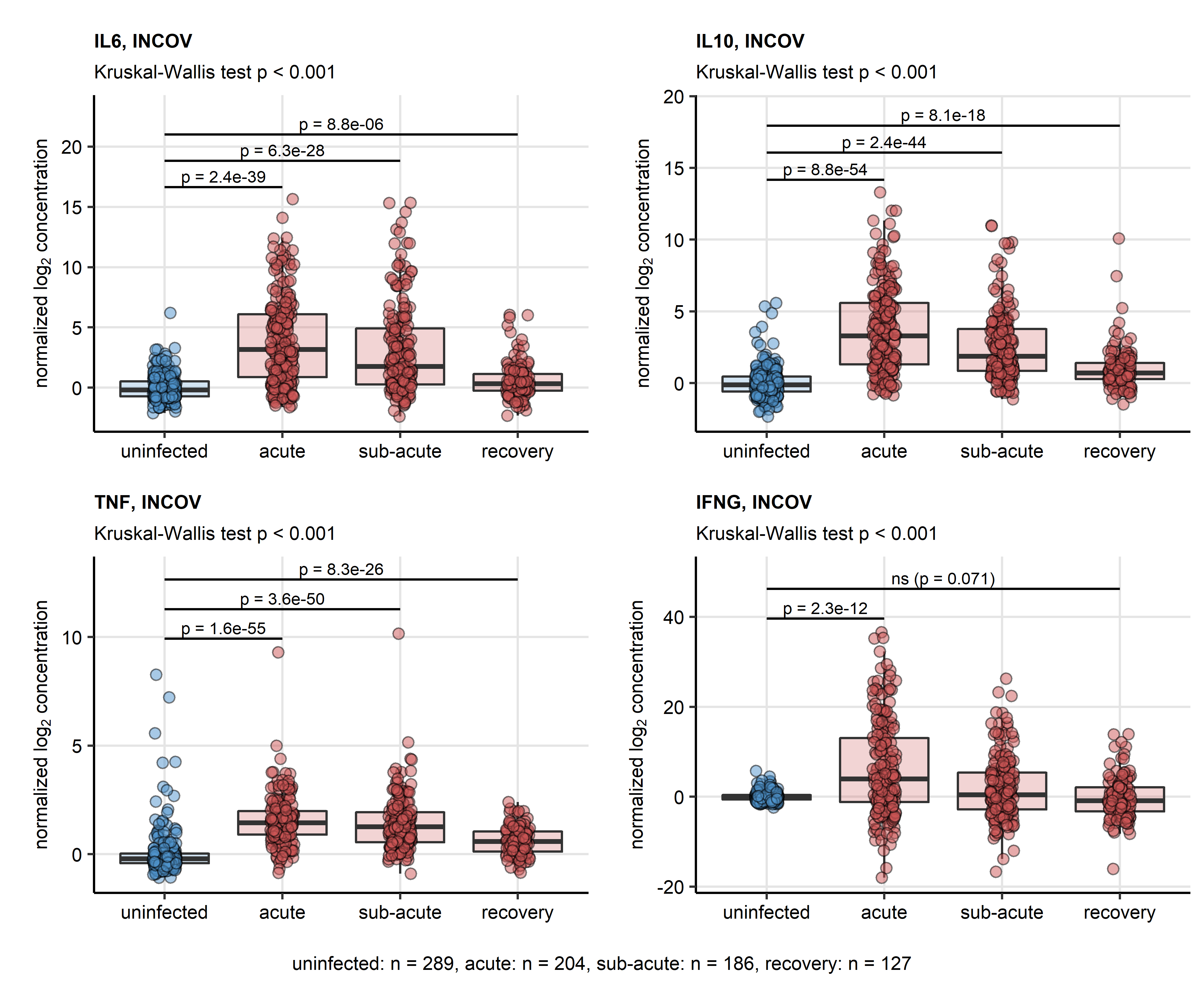


Figure 1: Serum levels of inflammatory cytokines in course of COVID-19 and recovery, INCOV cohort.

**Supplementary Figure S1. Serum levels of inflammatory cytokines in course of COVID-19 and recovery, INCOV cohort.**

*Serum levels of interleukin 6 (IL6), interleukin 10 (IL10), tumor necrosis factor alpha (TNF) and interferon-gamma (IFN) in serum of uninfected controls and COVID-19 individuals during acute, sub-acute and recovery phase of the disease in the INCOV cohort. Statistical significance was determined by Kruskal-Wallis test with Benjamini-Hochberg-corrected Mann-Whitney U test. Normalized serum level concentrations are presented in box plots. Points represent single samples. The Kruskal-Wallis test results are indicated in the plot captions. Results of the post-hoc tests are indicated in the plots. Numbers of complete observations are displayed under the plots.*

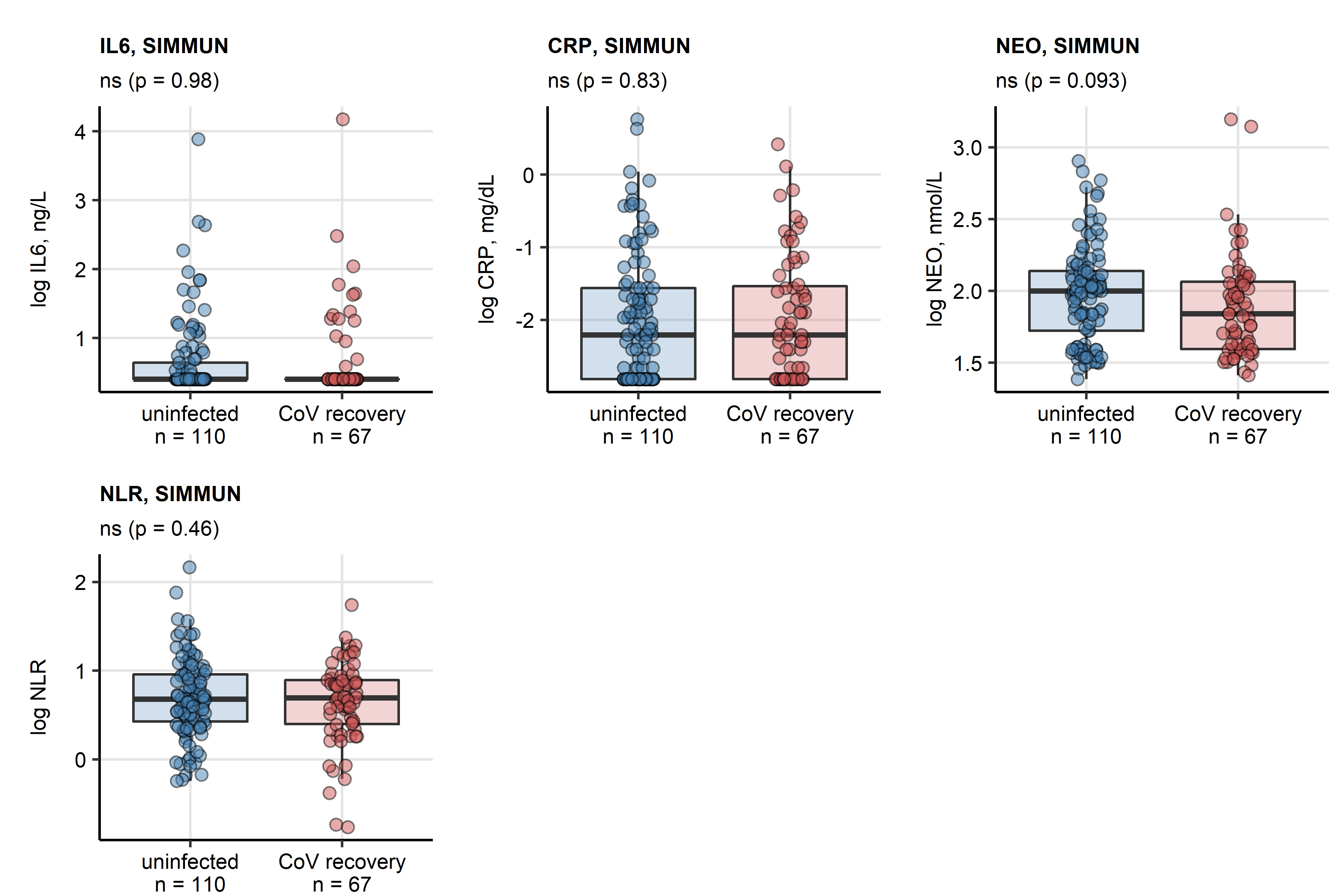


Figure 2: Association of inflammatory markers with SARS-CoV-2 infection convalescence in the SIMMUN cohort

**Supplementary Figure S2. Association of inflammatory markers with SARS-CoV-2 infection convalescence in the SIMMUN cohort**

*Serum levels of interleukin 6 (IL6), C-reactive protein (CRP), neopterin (NEO), and neutrophil-leukocyte ratio (NLR) in the SIMMUN study participants stratified by SARS-CoV-2 infections status. Statistical significance was determined by two-tailed T test. Serum levels are shown in box plots. Points represent single observations. Significance p values are displayed in the plot captions, numbers of complete observations are indicated in the plot X axes.*

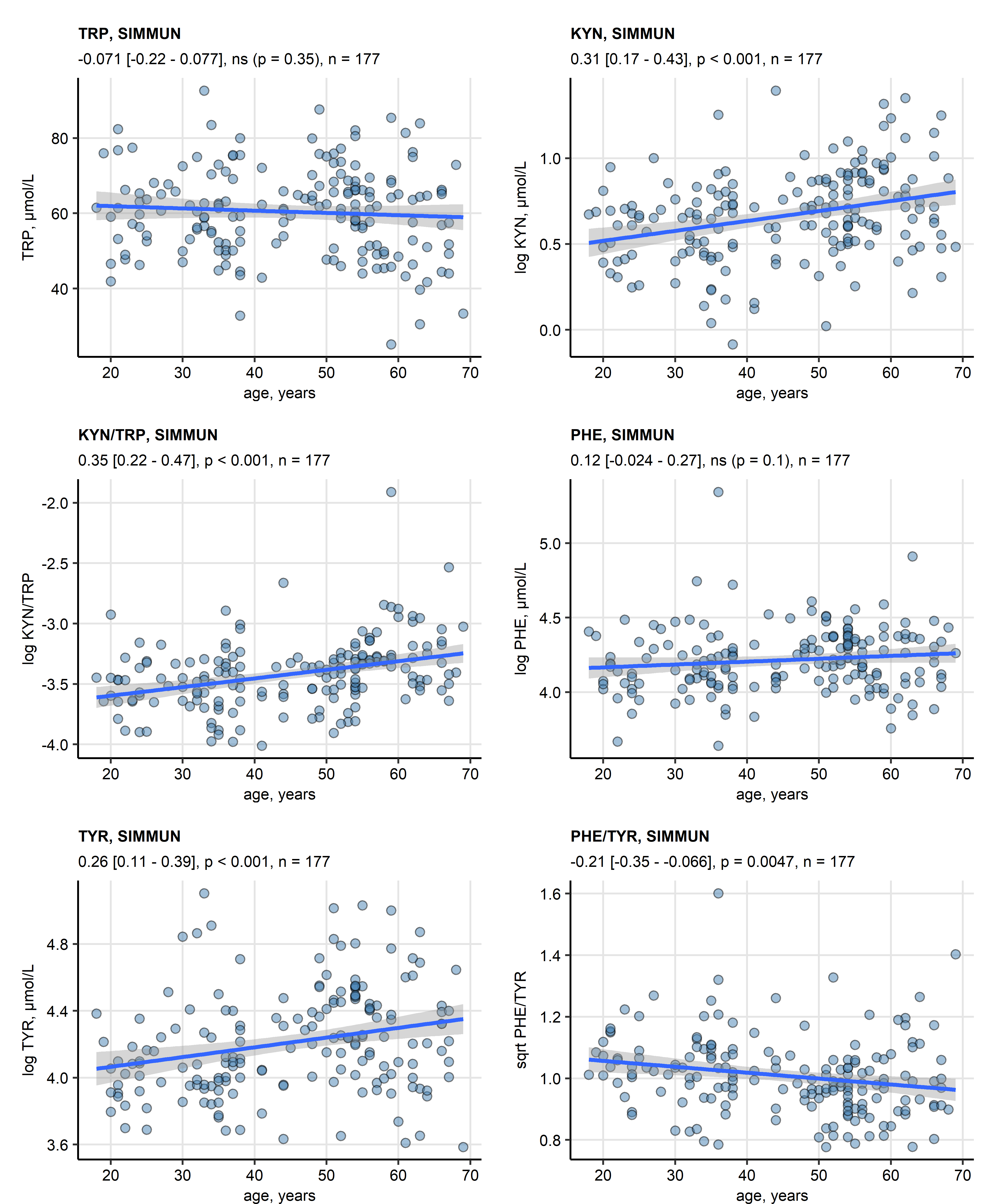


Figure 3: Correlation of aminoacid neurotransmitter precursors and their decay products with age.

**Supplementary Figure S3. Correlation of aminoacid neurotransmitter precursors and their decay products with age.**

*Correlation of tryptophan (TRP), kynurenine (KYN), kynurenine/tryptophan ratio (KYN/TRP), phenylalanine (PHE), tyrosine (TYR) and phenylalanine/tyrosine ratio (PHE/TRP) with age in the SIMMUN cohort was investigated by Pearson test. Points represent single observations, blue lines with gray ribbons depict fitted linear trends with 95% confidence intervals. Values of correlation coefficients with 95% confidence intervals, significance and numbers of complete observations are indicated in the plot captions.*

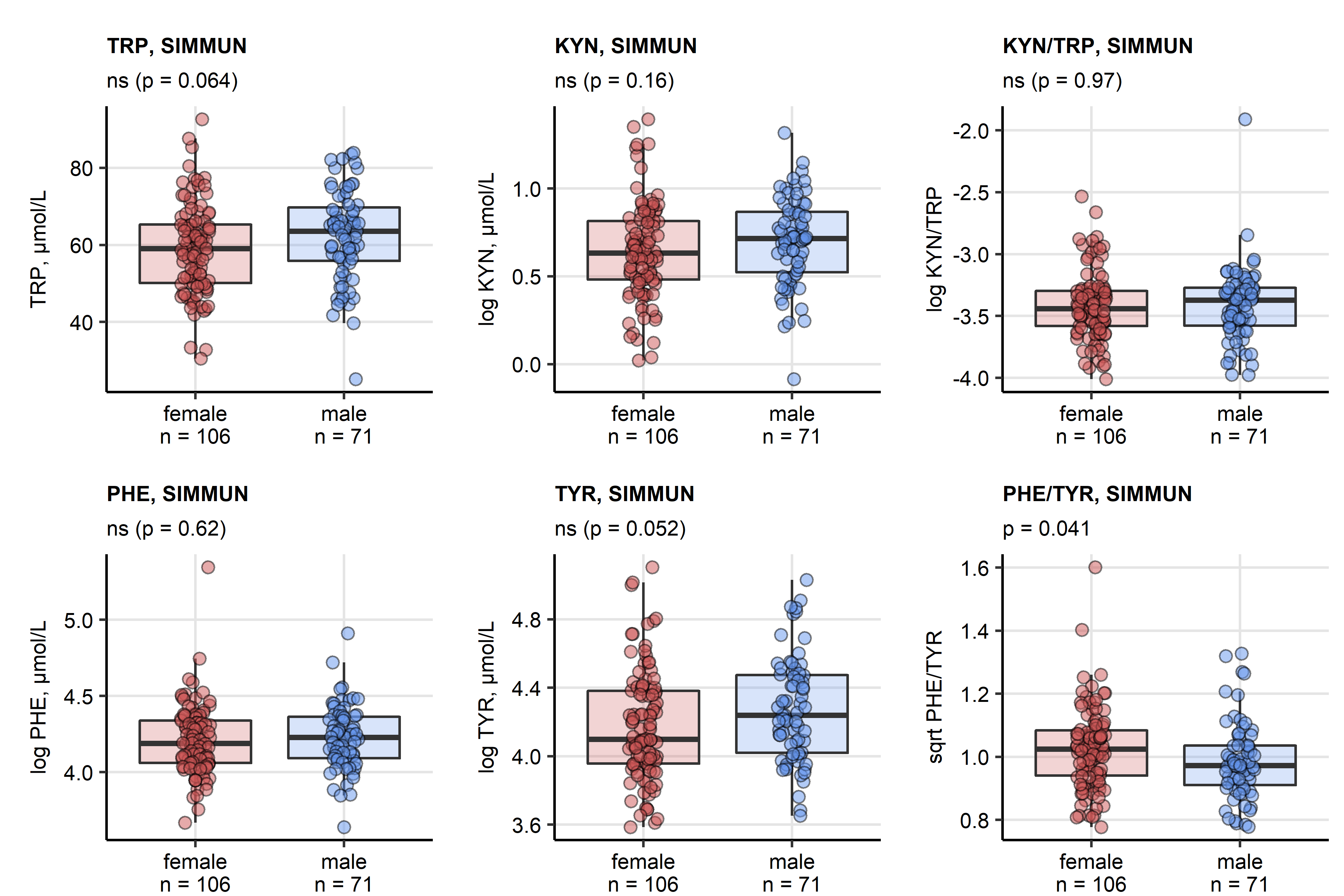


Figure 4: Levels of aminoacid neurotransmitter precursors and their decay products in females and males.

**Supplementary Figure S4. Levels of aminoacid neurotransmitter precursors and their decay products in females and males.**

*Serum concentrations of tryptophan (TRP), kynurenine (KYN), kynurenine/tryptophan ratio (KYN/TRP), phenylalanine (PHE), tyrosine (TYR) and phenylalanine/tyrosine ratio (PHE/TRP) in female and male participants of the SIMMUN study. Statistical significance was assessed by two-tailed T test. Serum levels are shown in box plots. Points represent single observations. Significance p values are displayed in the plot captions. Numbers of complete observation are indicated in the plot X axes.*

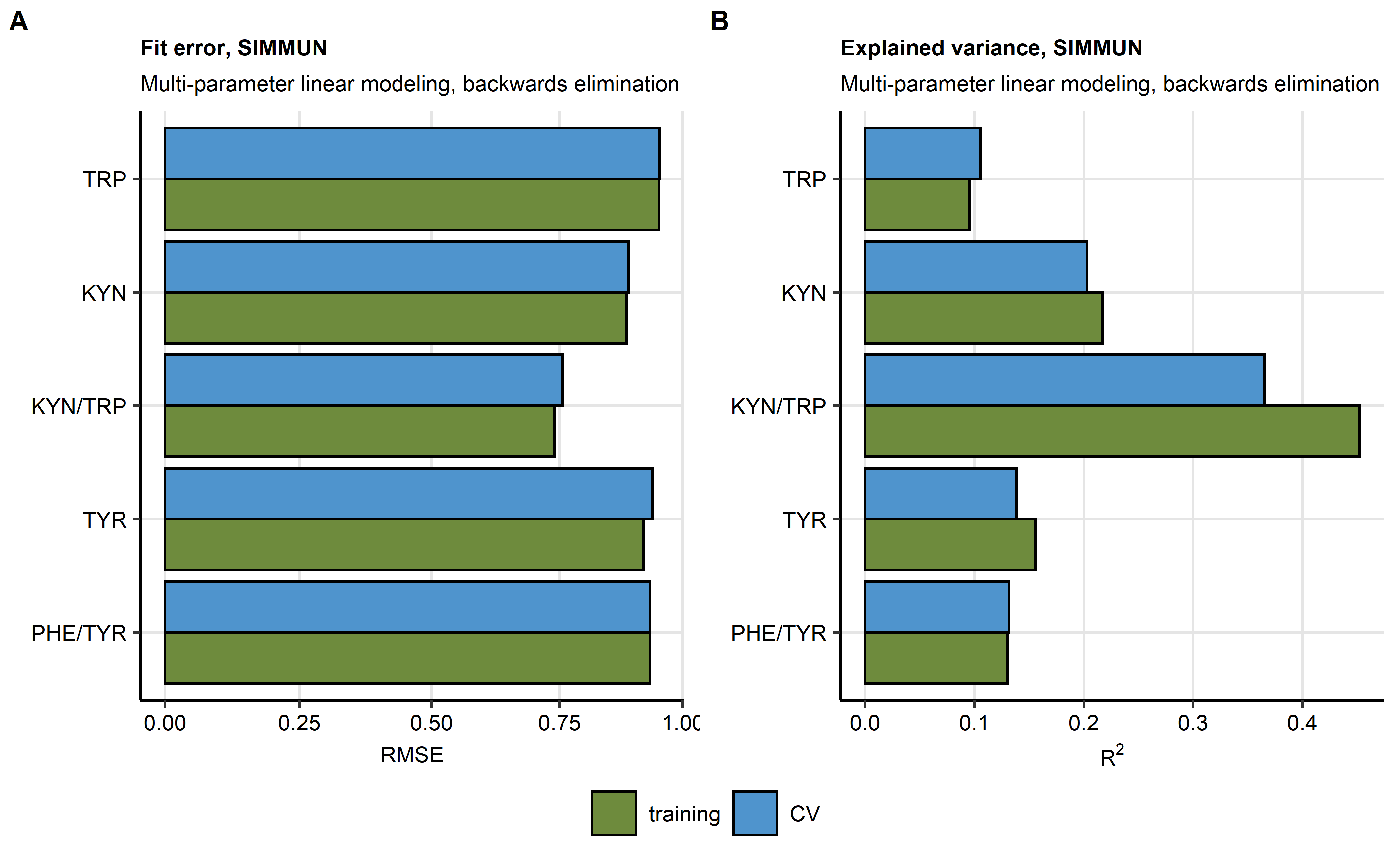


Figure 5: Root mean square error and R-squared statistics for multi-parameter linear models of aminoacid neurotransmitter precursors and their decay products in the SIMMUN cohort

**Supplementary Figure S5. Root mean square error and R-squared statistics for multi-parameter linear models of aminoacid neurotransmitter precursors and their decay products in the SIMMUN cohort.**

*Multi-parameter linear regression models of serum levels of tryptophan (TRP), kynurenine (KYN), kynurenine/tryptophan ratio (KYN/TRP), phenylalanine (PHE), tyrosine (TYR) and phenylalanine/tyrosine ratio (PHE/TRP) in the SIMMUN models were optimized by backwards elimination and their reproducibility was tested by repeated cross-validation (CV, 50 repeats, 10 folds). Values of root mean square error (RMSE, A) and (B) in the training data set and CV are plotted.*

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