Methylation of inflammatory and stress related genes associated with maternal depression and premature birth

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Motivation & Introduction

Background

- Latina women are uniquely stressed because of immigration status, racism, and sexism
- This population has
 - Largest rise in birthrate
 - Slowest decrease in premature births
 - Three to four times as likely to develop perinatal depression compared to the general population
- Studies have shown that maternal depression leads to higher risk of preterm birth

Age, years	
Mean (SD)	27.6 (6.35)
Marital status	
Married	34.7%
Not married but living with partner	39.5%
Single	25.8%
Education	
High school or less	85.0%
Some college	8.2%
Other	6.8%
Household income (Yearly)	
< \$25,000	79.6%
\$25,000 = 39,999	19.7%
> \$40,000	0.7%
Nativity	
Non-US born	83.7%
US-bom	16.3%
Years living in US	
Mean (SD)	12.0 (7.27)

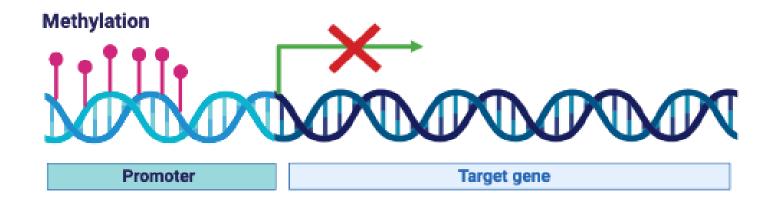
Background

DEPRESSION Experiencing discrimination is associated with increased methylation CHRONIC CHRONIC STEROID of stress-related genes STRESS RESISTANCE INFLAMMATION such as BDNF **HPA AXIS** ACTIVATION OXTR methylation levels are GLUCOCORTICOSTEROIDS associated with social behaviors

Increased expression of proinflammatory biomarkers such as TNF α are associated with preterm births

Ł. P. Szałach, et. al. Arch. Immunol. Ther. Exp. (Warsz)., 2019.

Methylation



Methylation turns off gene expression

- Individual sites are binary: methylated or not
- Samples are measured in percent methylation per CpG site
- Use to calculate an average per gene



Motivation



Preceding studies look at one-to-one correlations between methylated genes and survey scores



Mainly focus on psychopathological effects on premature birth



Goal is to provide results that enable the planning of interventions in at risk communities

Methodology

Dataset Description

- 1. 151 entries for pregnant women of Hispanic Background
- 2. Blood Samples

Inflammatory Related Genes

Stress Related Genes

3. Psychological Assessments based on surveys (pre and postnatal)

Inventory of Depression and Anxiety Symptoms (IDAS)

General Anxiety Disorder (GAD-7)

Bi-dimensional Acculturation Scale (BAS)

Everyday Discrimination Scale (EDS)

Economic Hardship Measure (EDM)

Preprocessing

1st Dataset

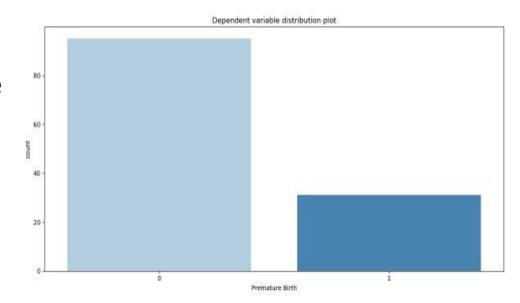
151 records and 714 features

2nd Dataset

152 records and 727 features

Calculated for premature birth and appended feature

• Due date and actual birth date

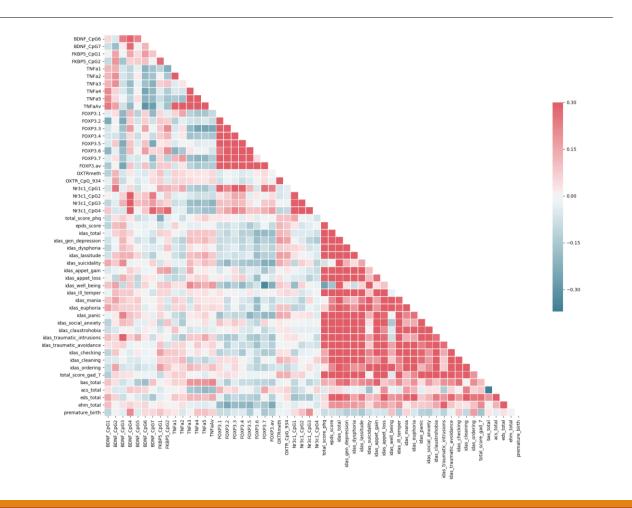


Data Exploration

Correlation between inflammatory related genes

Correlation between stress related genes

Correlation between Acculturative Stress and Acculturation with Stress Related Genes



Prediction







Read into the model's feature importance and the permutation feature importance to predict depression Created a similar model, to see how our features can help predict discrimination score using the model's attributes

After analyzing these relations, we further looked into how our features affect or correlate with premature birth

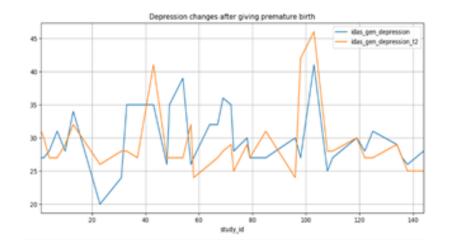
Classification

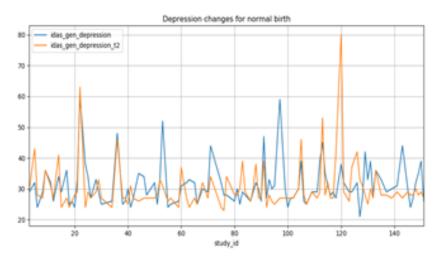
Experiments with Random Forest, SVM, Logistic Regression and Gradient **Booster**

Initially, results not as expected because of the bias in the data

Modified the class weights in Random Forest and got better **results**

Since it is a binary classifier, we used not only accuracy, but also precision, recall, and area under curve





Regression

- Trained Random Forest and Gradient Booster Regressors to predict depression and discrimination scores
- Used mean squared error, mean absolute error, r squared error and variance score for evaluation
- For depression, both produced marginally close models, but not the best
- For discrimination, we didn't get great results

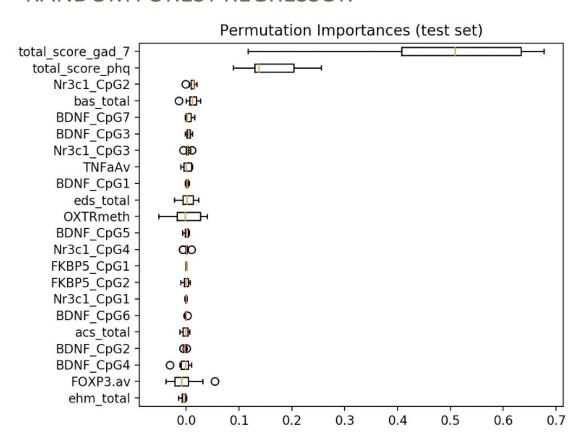
Results

Permutation Importance Plots For Predicting Depression

GRADIENT BOOSTING REGRESSOR:

Permutation Importances (test set) total score gad 7 total score phg bas total BDNF CpG3 400 Nr3c1 CpG2 OIIO FKBP5 CpG2 1 BDNF CpG5 BDNF CpG2 H H BDNF CpG7 $\overline{\Box}$ BDNF CpG1 1 Nr3c1 CpG1 BDNF CpG4 OH FKBP5 CpG1 Nr3c1 CpG3 **TNFaAv** eds total $+\Box$ BDNF CpG6 O ehm total 407 FOXP3.av OHI acs total Nr3c1 CpG4 **OXTRmeth** 0.0 0.1 0.2 0.3 0.4 -0.1

RANDOM FOREST REGRESSOR

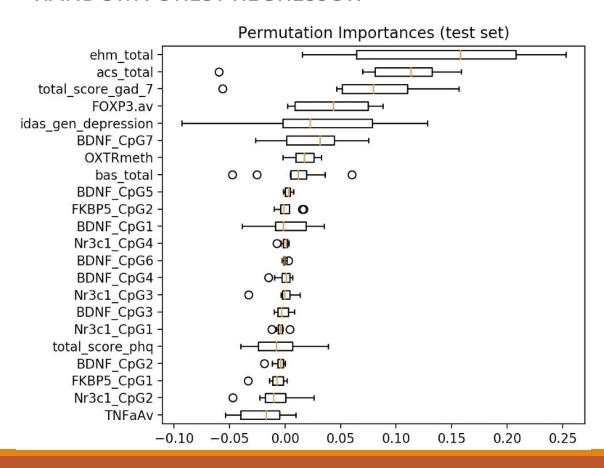


Permutation Importance Plots For Predicting Discrimination

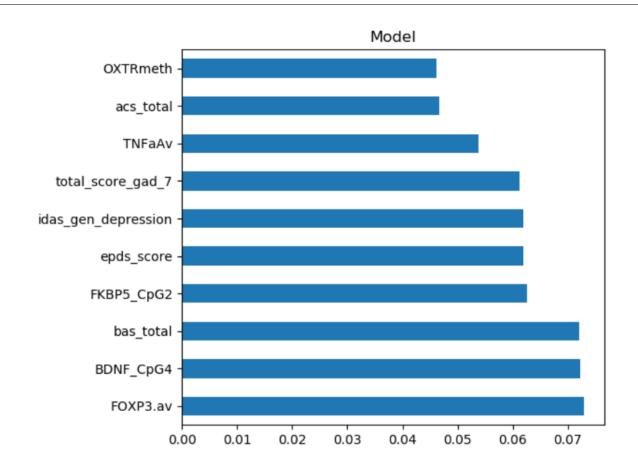
GRADIENT BOOSTING REGRESSOR:

Permutation Importances (test set) ehm total total score gad 7 acs total 0 FOXP3.av **OXTRmeth** idas gen depression BDNF CpG7 BDNF CpG4 0 FKBP5 CpG2 - $+\Box$ BDNF CpG1 BDNF CpG2 HIO Nr3c1 CpG4 Nr3c1 CpG1 BDNF CpG5 bas total BDNF CpG3 · FKBP5 CpG1 · 0 1 Nr3c1 CpG3 0 1 Nr3c1 CpG2 BDNF CpG6 -HIO TNFaAv · 0 total score phq 0.1 0.2 0.3 -0.20.0 0.4 -0.1

RANDOM FOREST REGRESSOR



Feature Importance Plot For Preterm Birth



Evaluation Metrics For Regression Models

Regressor	Dependent Variable	Mean Squared Error	Mean Absolute Error	Variance	R-Score
Gradient Boosting	Depression	28.088	4.048	0.427	0.407
	Discrimination	9.978	2.397	0.291	0.073
Random Forest	Depression	23.280	3.712	0.514	0.508
	Discrimination	10.008	2.454	0.308	0.070

Evaluation Metrics For The Classification Model

Evaluation Parameters	Results
Accuracy Score	0.769
Precision for preterm birth	0.50
Recall for preterm birth	0.17
F1-Score for preterm birth	0.25
Support for preterm birth	6
ROC score	0.55833

Conclusions & Discussion



Extracted and interpreted correlations between **the features responsible for** depression and discrimination **prediction**.



Identified the significant features affecting the Preterm birth.



Determined significant associations between features and their importance in affecting depression and discrimination



Observed that the depression scores grow stronger after giving preterm birth

Limitations and Future Work

Limitations:

- Unbalanced distributions in our dataset
- Depression scores were similarly distributed
- Premature birth values were highly imbalanced

Future Work:

- Use the MScore of the epigenetic markers
- Categorize Depression/Discrimination scores
- Analyze specific IDAS subgroup scores with respect to depression and discrimination
- See specific APGAR score distribution for premature and normal birth

References

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Questions?