Mendelian randomization extension in the twin study design

Seminar - The University of Tennessee Health Science Center (UTHSC)

Luis Castro-de-Araujo[1]

Virginia Institute for Psychiatric and Behavioral Genetics

September 19, 2022

[1]Post-doc T32. luis.araujo@vcuhealth.org

Outline

- Introduction
- Mendelian randomization
- Equivalence to SEM
- Twin study design
- MRDoC2 paper
- Modeling with longitudinal data

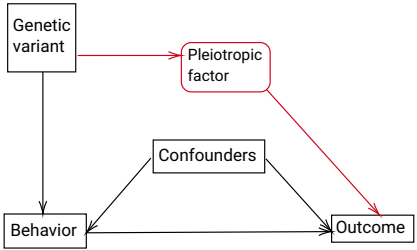
Introduction

- Causal inference, gold standard: randomized controlled trial
- Not always feasible, ethics[2]
  - E.g. exposure to trauma $\rightarrow$ substance abuse
- Mendelian randomization,[3] helps with these cases.

[2] Ohlsson, (2020), "Applying Causal Inference Methods in Psychiatric Epidemiology," *JAMA Psychiatry*.
[3] Katikireddi, (2018), "Assessing Causal Relationships Using Genetic Proxies for Exposures," *Addiction*.

Mendelian randomization[4]

- Uses genetic variants as instrumental variables
- Helps understand causation, but has strong assumptions
  1. G (instrument) is robustly associated with X ("relevance");
  2. G does not share common causes (C) with Y (Outcome) ("independence" or "exchangeability"); and
  3. G affects Y exclusively through its effect on X ("exclusion restriction").



[4]Richmond, (2022), "Mendelian Randomization," *Cold Spring Harb Perspect Med*.

Mendelian Randomization[5]

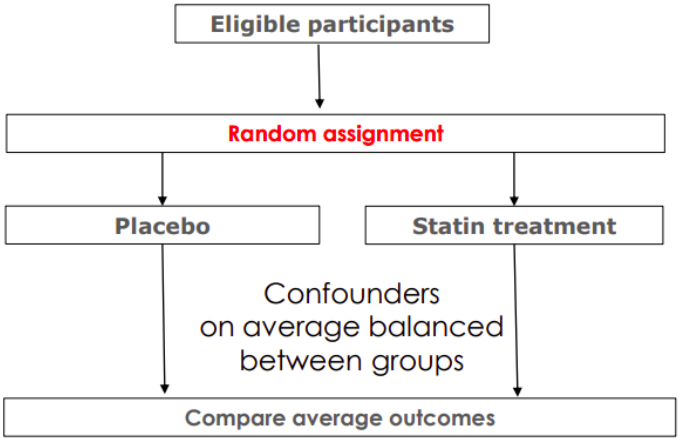
- Depends on intruments sufficiently predictive of exposure
- Psychiatric disorders polygenicity, weak instrument bias
- Cause is (typically) assessed in one direction

Table 4. Extensions to the basic Mendelian randomization (MR) approach

Method	Description	Directed acyclic graphs (DAGs)	Applications
Bidirectional or reciprocal MR (Timpson et al. 2011)	Used to evaluate the causal direction(s) of effect between two traits X and Y, with the use of valid instruments G_X and G_Y	$G_1 \rightarrow X \rightarrow Y$ $G_2 \rightarrow Y \rightarrow X$	Body mass index (BMI) and vitamin D (Vimaleswaran et al. 2013)

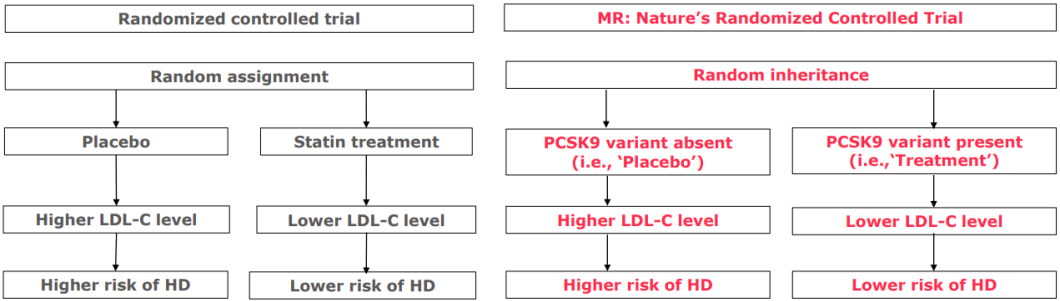
[5]Ibid.

Randomized controlled trials[6]



[6] Camelia, 2017, "Mendelian Randomization," (VIPBG 2017).

Analogy RCT - Mendelian Randomization[7]



[7] Ibid.

Two-stage least squares (2SLS)

- Stage 1: regress exposure on instrument and get predicted values
- Stage 2: use predicted exposure to predict the outcome

Two-stage least squares (2SLS)[8]

Stage 1

$$X_i = \beta_0 + \beta_1 * GV_i + \epsilon_i$$

- Regress exposure on GV & obtain **predicted** values

Stage 2

$$Y_i = g_0 + g_1 * \hat{X}_i + \epsilon_i$$

- Regress outcome on predicted exposure

  g_1 difference in outcome per unit change in (genetically-predicted) exposure

Genetically determined exposure → "randomized" → can ascribe causality (if assumptions are met)

[8] Ibid.

Structural equation modeling - equivalence to 2SLS

- SEM solutions have been shown to recover exact estimates as 2SLS[9]
  - less convergence in weak instruments
  - slightly worse performance in ML-SEM
- For a quick and dirty demonstration using OpenMx, see:
  `https://tbates.github.io/models/1970/09/13/models-IV.html`

[9] Maydeu-Olivares, (2019), "Instrumental Variables Two-Stage Least Squares (2SLS) Vs. Maximum Likelihood Structural Equation Modeling of Causal Effects in Linear Regression Models," *Structural Equation Modeling: A Multidisciplinary Journal*.

Structural equation modeling - equivalence to 2SLS

- SEM solutions have been shown to recover exact estimates as 2SLS[10]
  - less convergence in weak instruments
  - slightly worse performance in ML-SEM
- For a quick and dirty demonstration using OpenMx, see:
  `https://tbates.github.io/models/1970/09/13/models-IV.html`

What about in the twin-design?

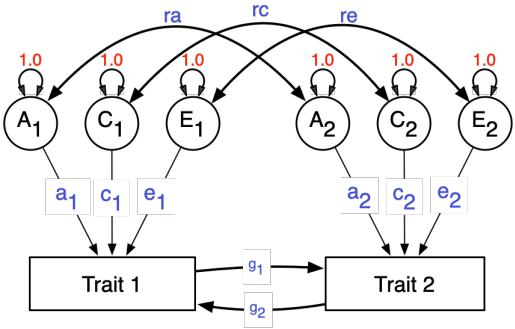
- Use of *structural equation modeling* to complement *mendelian randomization*, inspired by Direction of Causation (DoC) model[11]

[10] Ibid.

[11] Minică, (2018), "Extending Causality Tests with Genetic Instruments," *Behav Genet*.

Classic Direction of Causation model - reciprocal causation[12]

Model specification



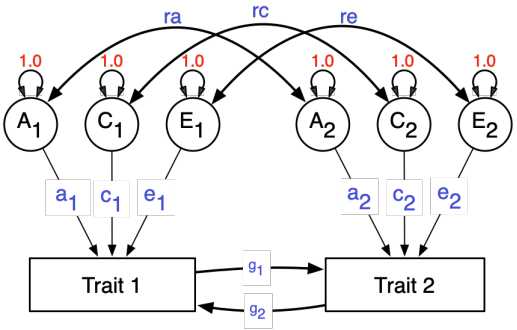
Path diagram representing a Bidirectional DoC for one twin.

- causal paths are estimated affording information from the cross-twin cross-trait correlations.
- Cross-twin covariance between additive genetic effects is 0.5 (not shown) for DZ twins, as DZs are expected to share 50% of the genetic effects.
- Standard SEM symbology is used.

[12] Heath, (1993), "Testing Hypotheses About Direction of Causation Using Cross-Sectional Family Data," *Behav Genet*; Arumäe, (2021), "Two Genetic Analyses to Elucidate Causality Between Body Mass Index and Personality," *Int J Obes (Lond)*.

Classic Direction of Causation

Model specification



Problems

- Not identified as depicted
- Bias at the phenotypic level[a]
- Bias due to E confounding[b]
- Better detection of cause with different variance component proportions for each phenotype

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[a] Gillespie, (2003), "Direction of Causation Modeling Between Cross-Sectional Measures of Parenting and Psychological Distress in Female Twins," *Behav Genet*.

[b] Rasmussen, (2019), "A Major Limitation of the Direction of Causation Model," *Twin Res Hum Genet*.

MR-DoC[13]

Fig. 4 Path diagrammatic representation of the MR-DoC model in DZ twins. The parameter x equals the standard deviation of the observed instrument, i.e., PGS in the circle is standardized. The model as depicted is not identified (see Table 1)

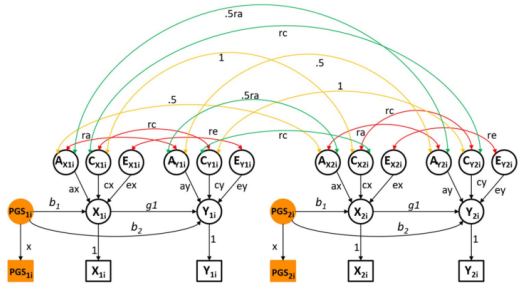
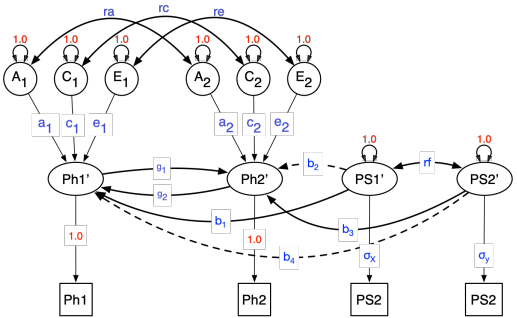


Figure 1: MR-DoC extension. Some confounding, not bidirectional. Not identified as depicted.

[13] Camelia C. Minică, Conor V. Dolan, Dorret I. Boomsma, Eco de Geus, and Michael C. Neale, "Extending Causality Tests with Genetic Instruments."

MR-DoC2[14]

Model specification



Modified MR-DOC

- Path diagram of the MR-DoC2 model for an individual.
- The model includes the effects of additive genetic (A), common environment (C) and specific environment (E) factors for both X and Y, and their effects may correlate (parameters ra, rc and re).

[14] Dolan, 2020, "Introducing Polygenic Risk Scores into the Twin Design," (Boulder 2020).

Results

- Which parameters drive power?

Revisiting limitations

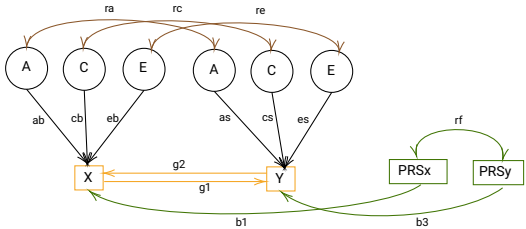
- Do we need phenotypes with distinct inheritance patterns
- What about measurement error at the phenotypic level?
- How robust it is regarding pleiotropy

Which parameters drive power?

Table 1: Variance explained in statistical power (non-centrality parameter; NCP) by model parameters.

	g1 = 0	g2 = 0	g1 = g2 = 0
g1	0.517	0.000	0.289
g2	0.000	0.517	0.289
b1	0.365	0.000	0.181
b3	0.000	0.365	0.181
ra	0.000	0.000	0.000
rc	0.000	0.000	0.000
re	0.002	0.002	0.000
rf	0.041	0.041	0.000
ay	0.002	0.000	0.001
ax	0.000	0.002	0.001
cy	0.002	0.000	0.001
cx	0.000	0.002	0.001
Total R2	0.929	0.929	0.945

- Distinct inheritance patterns from phenotypes - not needed
- b1, b2, g1, and g2 are what drives power
- slightly better power without C variance

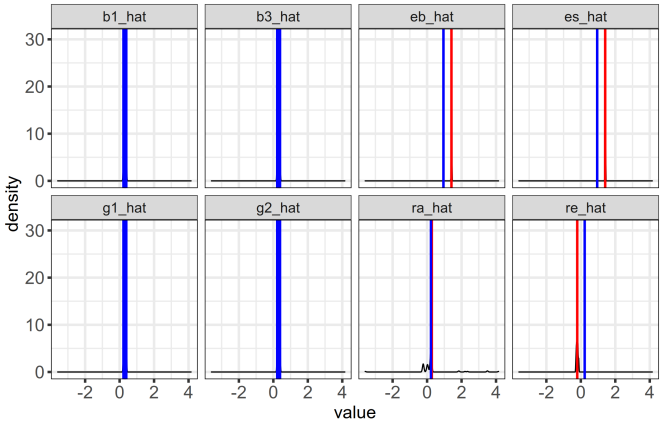


Factorial design simulation - factors

θ	Design 1 (ACE)	Design 2 (AE)	Design 3 (AE)
b1	$\sqrt{0.025}$, $\sqrt{0.05}$	$\sqrt{0.025}$, $\sqrt{0.05}$, $\sqrt{0.075}$	$-\sqrt{0.075}$, $-\sqrt{0.03}$, $\sqrt{0.03}$, $\sqrt{0.075}$
b3	$\sqrt{0.025}$, $\sqrt{0.05}$	$\sqrt{0.025}$, $\sqrt{0.05}$, $\sqrt{0.075}$	$-\sqrt{0.075}$, $-\sqrt{0.03}$, $\sqrt{0.03}$, $\sqrt{0.075}$
g1	$\sqrt{0.020}$, $\sqrt{0.05}$	$\sqrt{0.020}$, $\sqrt{0.04}$, $\sqrt{0.06}$	$-\sqrt{0.050}$, $-\sqrt{0.020}$, $\sqrt{0.050}$, $\sqrt{0.020}$
g2	$\sqrt{0.020}$, $\sqrt{0.05}$	$\sqrt{0.020}$, $\sqrt{0.04}$, $\sqrt{0.06}$	$-\sqrt{0.050}$, $-\sqrt{0.020}$, $\sqrt{0.050}$, $\sqrt{0.020}$
ra	*0.25, 0.50*	*0.0, 0.25, 0.50*	0.3
rc	*0.25, 0.50*	*0*	0
re	*0.25, 0.50*	*0.0, 0.25, 0.50*	0.3
rf	*0.25, 0.50*	*0.0, 0.25, 0.50*	0.3
ax	$\sqrt{0.10}$, $\sqrt{0.25}$	$\sqrt{0.10}$, $\sqrt{0.25}$	$\sqrt{0.5}$
ay	$\sqrt{0.10}$, $\sqrt{0.25}$	$\sqrt{0.10}$, $\sqrt{0.25}$	$\sqrt{0.3}$
cx	$\sqrt{0.10}$, $\sqrt{0.25}$	0	0
cy	$\sqrt{0.10}$, $\sqrt{0.25}$	0	0
Total cells	2^{12}=4096	3^7*2^2= 8748	4^4=256

Parameter levels on the three factorial designs, with respective total number of cells for each design simulation. Also, ex was specified as as $\sqrt{1 - ax^2 - cx^2}$ and ey as $\sqrt{1 - ay^2 - cy^2}$.

Revisiting limitations: Error at the phenotypic level



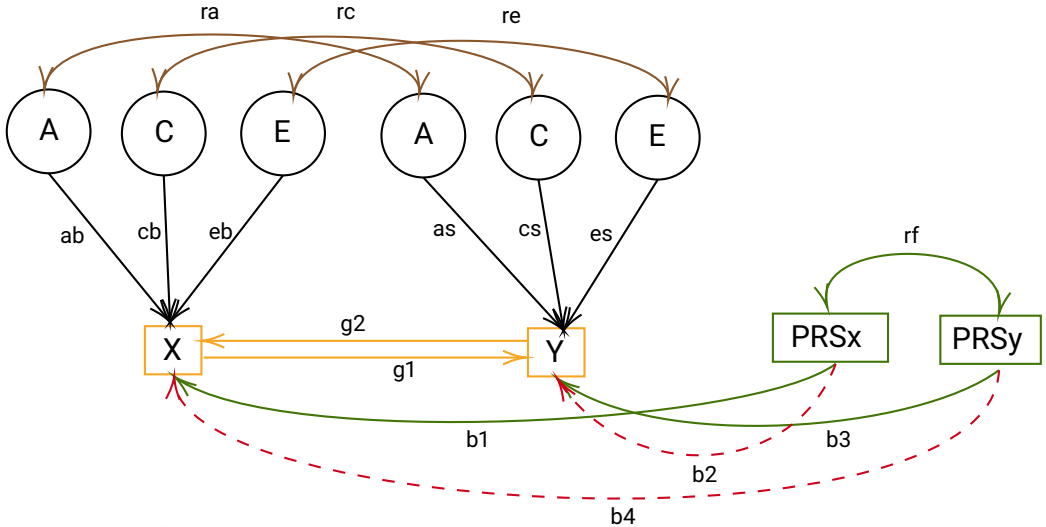
θ = {b1 = c(sqrt(.05), sqrt(.1), sqrt(.15)), b3 = c(sqrt(.05), sqrt(.1), sqrt(.15)), g1 = c(sqrt(.05), sqrt(.1), sqrt(.15)), g2 = c(sqrt(.05), sqrt(.1), sqrt(.15)), abs= .05, ass = 0.05, cbs=0.05, css=0.05, ra=.224, rc=.224, re=.224, rf=.224, reliability =c(.0, .1, .2, .3, .4)

Reliability

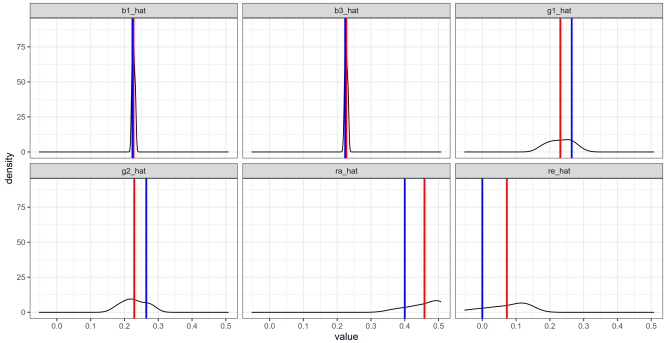
```
relB = var(B) / {var(B) + var(errorB)}
relS = var(S) / {var(S) + var(errorS)}
```

- power reduces
- but no bias in estimation of b1, b3, g1, g2

Horizontal pleiotropy



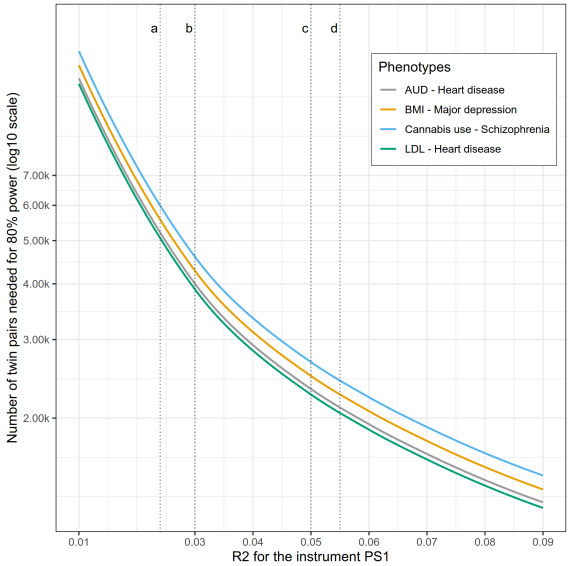
Not robust to pleiotropy (b2 and b4 !=0)



The solid red lines indicate the observed mean of the distribution of the estimated v while the blue lines indicated the simulated value for the parameter. If the solid red line is on the right of the dotted blue line, then the parameter is overestimated and if the solid red line is on the left of the dotted blue line the parameter is underestimated.

Results from simulation with 1024 replications, with variation on the factor level of b2 and b4 (0, $\sqrt{.001}$, $\sqrt{.002}$, $\sqrt{.003}$, $\sqrt{.004}$).

Reasonable sample sizes in relevant scenarios



A and C variances for the groups:

1. alcohol use (a^2 49%, c^2 10%) (Verhulst et al., 2015) and heart disease (a^2 22%, c^2 0%) (Wu et al., 2014);
2. BMI (a^2 72%, c^2 3%) (Rokholm et al., 2011) and major depression (a^2 37%, c^2 1%) (Scherrer et al., 2003);
3. cannabis use (a^2 51%, c^2 20%) (Verweij et al., 2010) and schizophrenia (a^2 81%, c^2 11%) (Sullivan et al., 2003);
4. dyslipidemia (LDL) (a^2 60%, c^2 28%) (Zhang et al., 2010) and heart disease (a2 22%, c^2 0%) (Wu et al., 2014).

- Vertical lines were added to represent R2 for four PSs reported in recent papers: a, smoking (Pasman et al., 2022); b, BMI (Furlong and Klimentidis, 2020); c, LDL (Kuchenbaecker et al., 2019); d, attention deficit hyperactivity disorder (ADHD) (Demontis et al., 2019).

Online biorXiv, BeGe[15]

MR-DoC2: bidirectional causal modeling with instrumental variables and data from relatives

Luis FS Castro-de-Araujo, Madhurbain Singh, Yi (Daniel) Zhou, Philip Vinh, Brad Verhulst, Conor V Dolan, Michael C Neale

doi: https://doi.org/10.1101/2022.03.14.484271

This article is a preprint and has not been certified by peer review [what does this mean?].

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Abstract

Establishing causal associations is an essential step towards developing interventions for psychiatric, substance use and many other disorders. While randomized controlled trials (RCTs) are considered the gold standard for causal inference, they are unethical in many scenarios. Mendelian randomization (MR) can instead be used, but both methods focus on

[15]Castro-de-Araujo, March 2022, "MR-DoC2," (2022).

Conclusion

MR-DoC2

- Can complement MR within twin studies framework with a bidirectional causal model
- Improves on some limitations of classic DoC

Future directions

- Apply MR-DoC2 and the versions of CLPM to real data

Acknowledgements

Team

- Madhur Singh.
- Daniel Zhou.
- Philip Vinh.
- Brad Verhulst.

- Conor V Dolan.
- Michael C Neale.
- NIH grant no R01 DA049867 and 5T32MH-020030

Contact