



OHBM 2024 educational course on normative modeling

Characterizing brain-body relationships using normative modeling

Ye Ella Tian, PhD

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The University of Melbourne



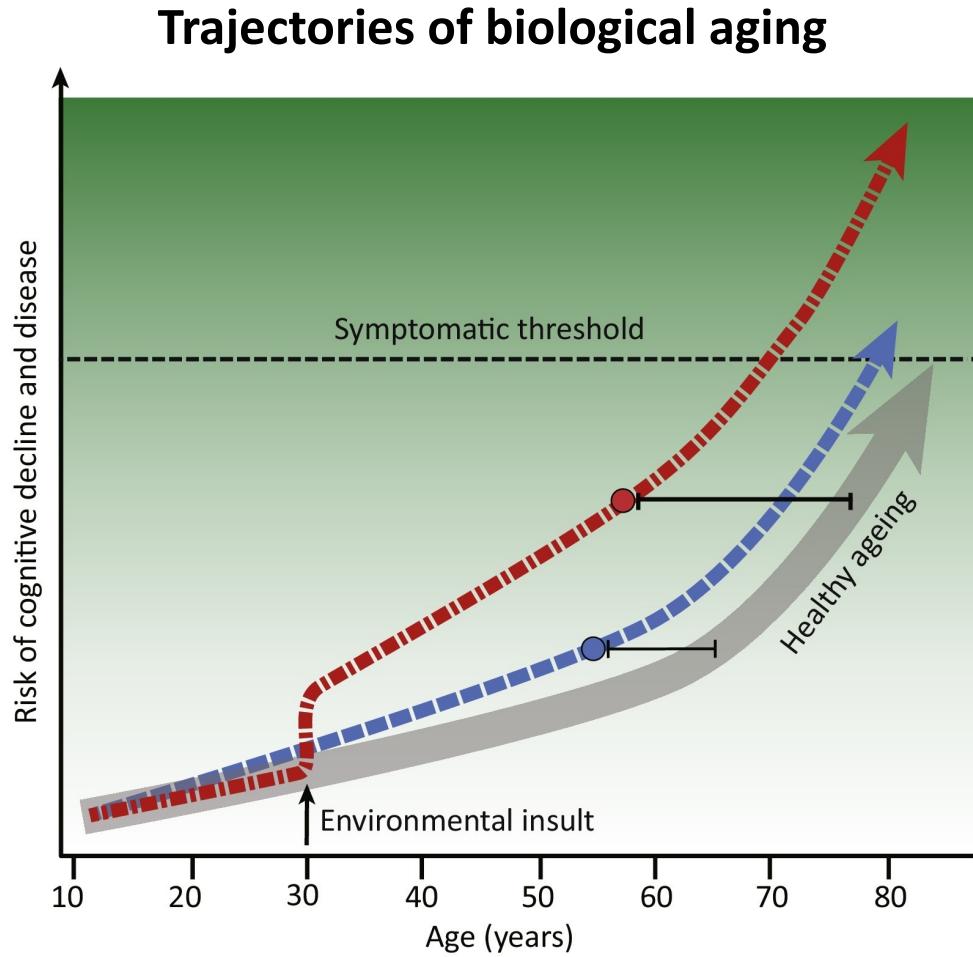


Outline

Part 1: Estimating the biological age of brain and body systems using normative modeling

Part 2: Evaluating brain-body health in mental illness using normative modeling

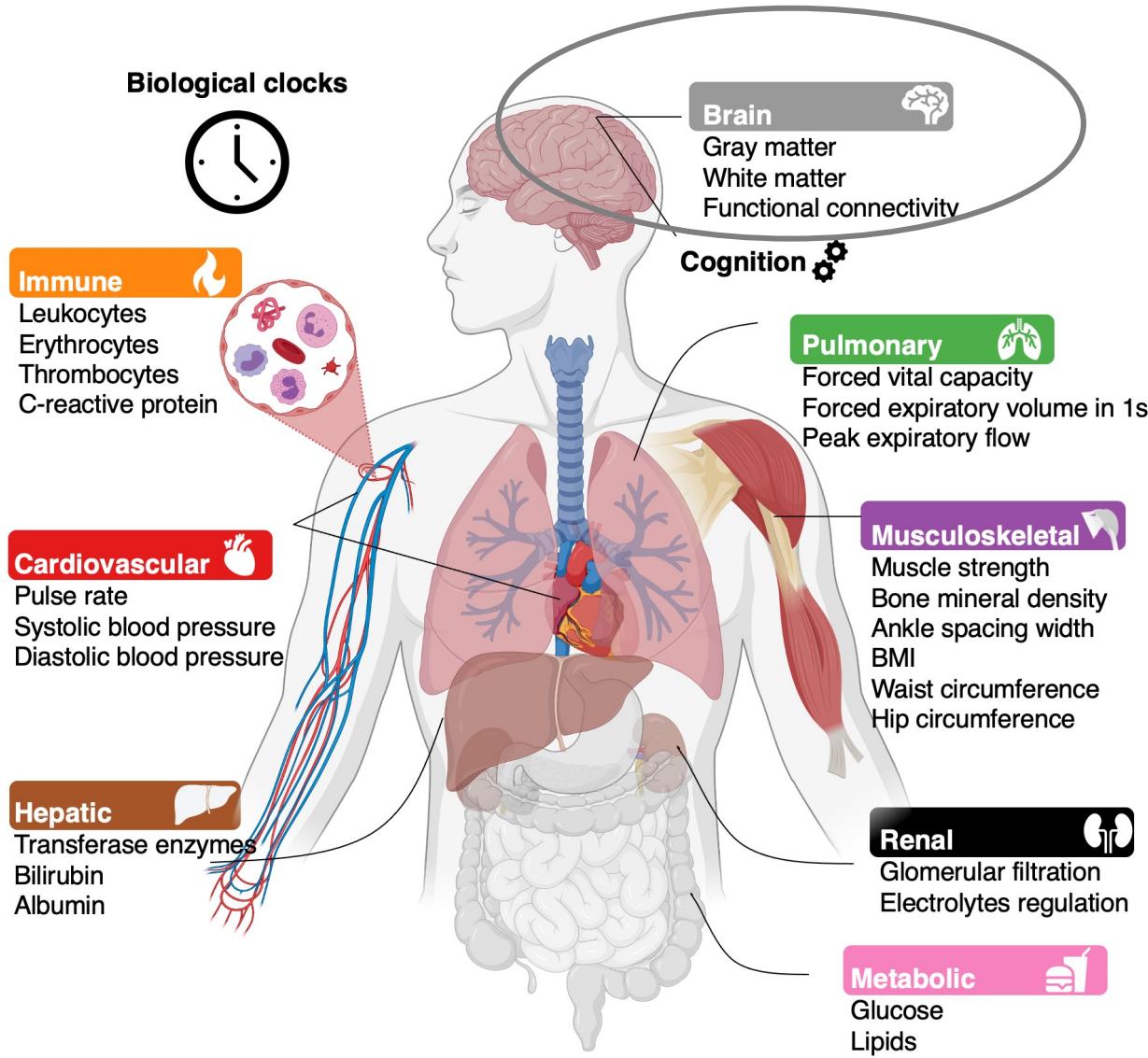
Part 1: Biological age



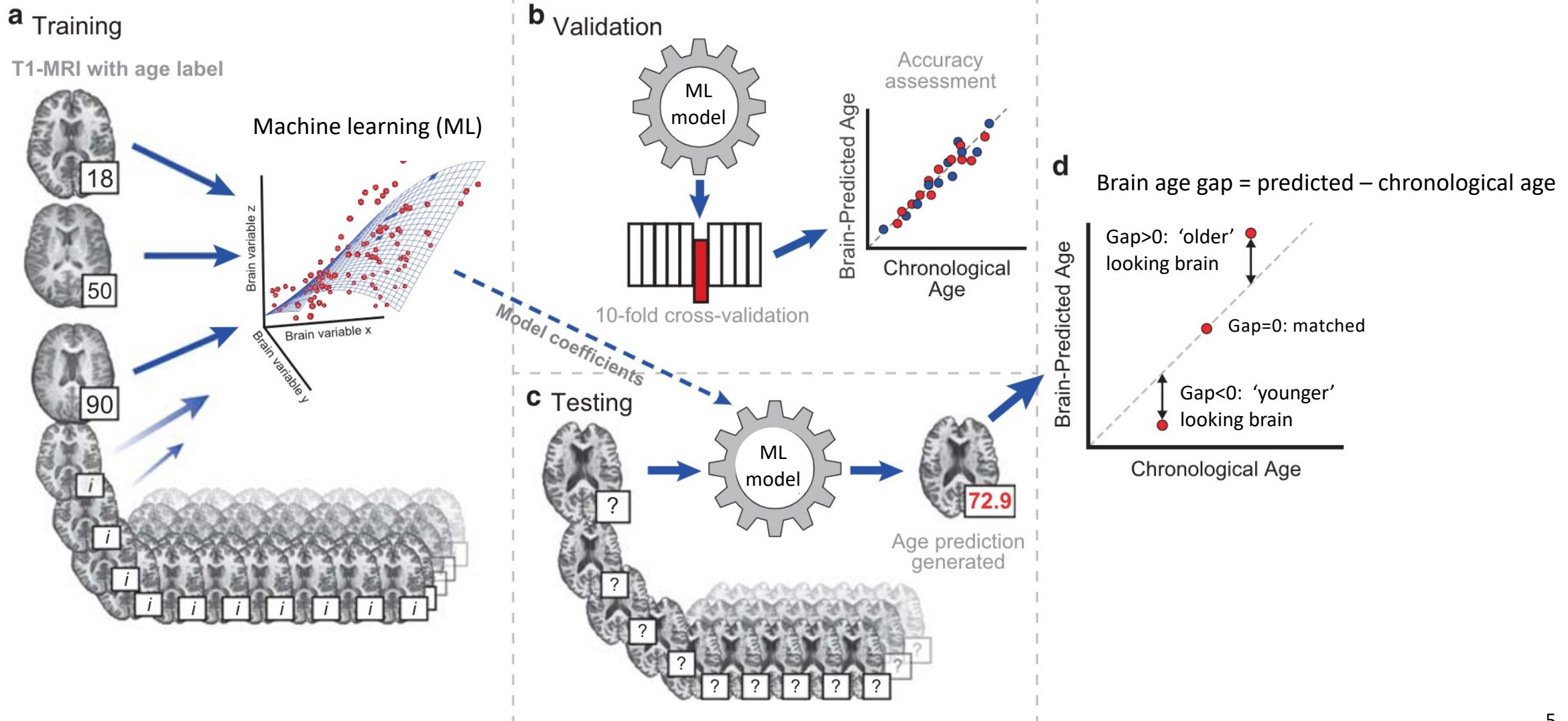
Biological age:

- The hypothetical underlying age of an organism, defined by measuring some aspect of the organism's biology.
- Biological age may differ from the organism's chronological age and may be a better indicator of residual lifespan, functional capacity, and risk of age-associated changes/diseases.

Organ-specific biological age



Brain age prediction



Adapted from Cole et al 2018

Biological clocks



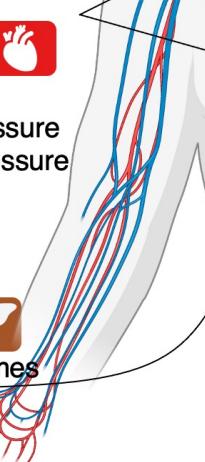
Immune

Leukocytes
Erythrocytes
Thrombocytes
C-reactive protein



Cardiovascular

Pulse rate
Systolic blood pressure
Diastolic blood pressure



Hepatic

Transferase enzymes
Bilirubin
Albumin



Brain

Gray matter
White matter
Functional connectivity

Cognition

Pulmonary

Forced vital capacity
Forced expiratory volume in 1s
Peak expiratory flow

Musculoskeletal

Muscle strength
Bone mineral density
Ankle spacing width
BMI
Waist circumference
Hip circumference

Renal

Glomerular filtration
Electrolytes regulation

Metabolic

Glucose
Lipids

biobank^{uk}

- Physical assessments
- Physiological assessments
- Blood hematology, biochemistry and urine assays
- Multi-modal brain imaging (T1w, dMRI, fMRI)

Time of assessment

Body (t_0)

2006-2010

Body (t_1)

2012-2013

Brain (t_0)

2014-2020

Brain (t_1)

2019-2021

N=500,000

N=20,000

N=50,000

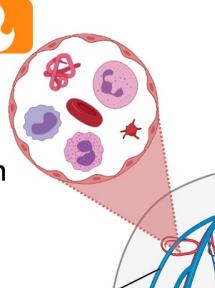
N=1500

Biological clocks



Immune

Leukocytes
Erythrocytes
Thrombocytes
C-reactive protein

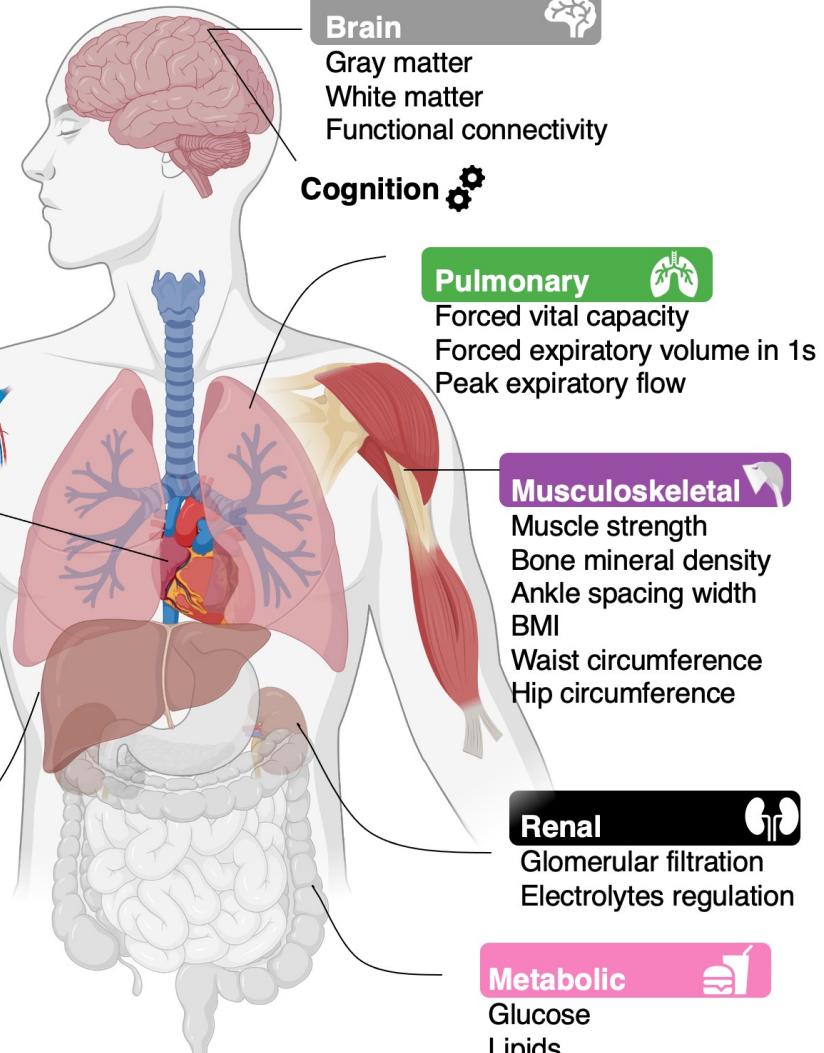


Cardiovascular

Pulse rate
Systolic blood pressure
Diastolic blood pressure

Hepatic

Transferase enzymes
Bilirubin
Albumin



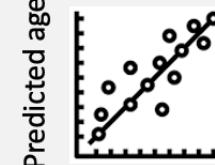
UK Biobank

Body: n=143,423
Brain: n=36,901

Medical history screening:
Self-report, hospital in-patient and primary care records

Healthy individuals

Training
20-fold



Individuals with diseases

Test

$$\text{Age gap index} = \text{predicted age} - \text{chronological age}$$

Younger (age gap < 0)



Older (age gap > 0)

Aging profile



16 chronic brain & body diseases

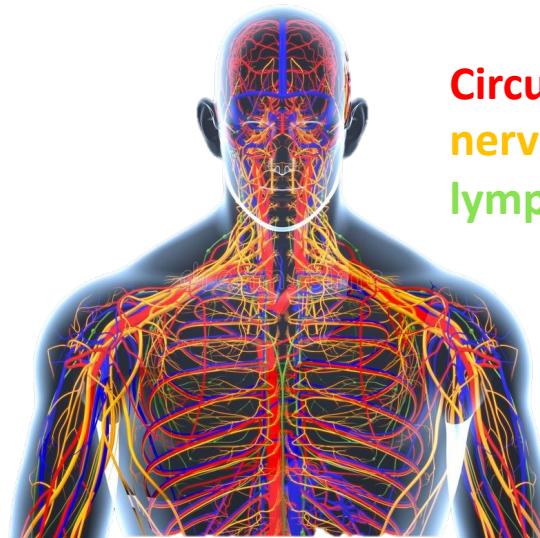
Gene & Environment



Mortality prediction

- 5- and 10-year survival
- Premature death

Multiorgan aging network

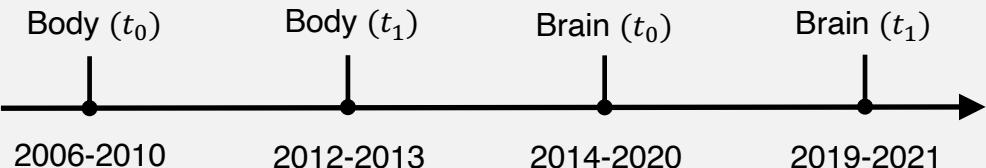


**Circulatory,
nervous and
lymphatic** networks

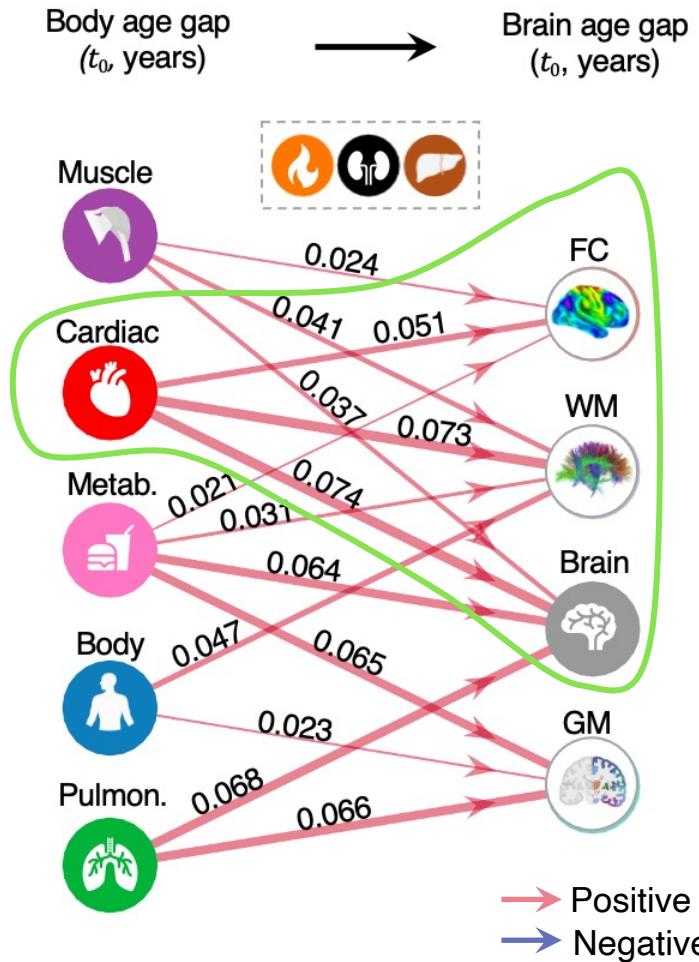
Hypothesis:

An organ's biological age would influence the aging of other connected organ systems

Time of assessment

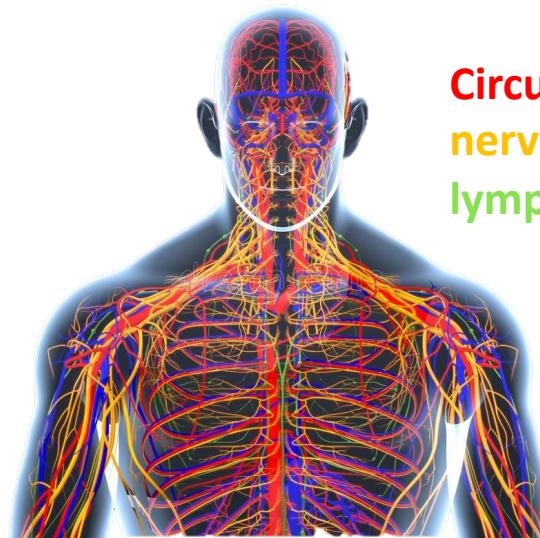


Structural Equation Modeling



Cardiovascular age shows the strongest influence on brain age, where a one-year increase in cardiovascular age explains a 0.074 year (i.e., 27 day) increase in overall brain age, and 19 and 27 day increases in FC and WM ages, respectively.

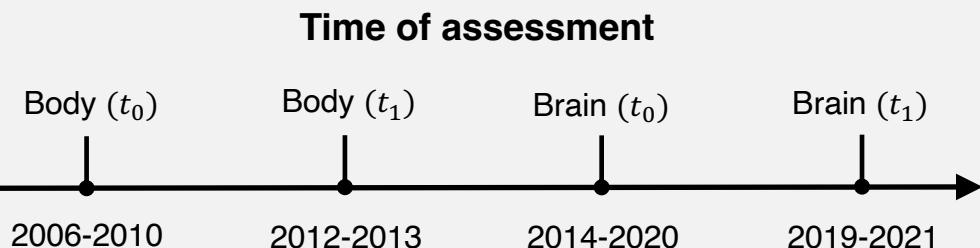
Multiorgan aging network



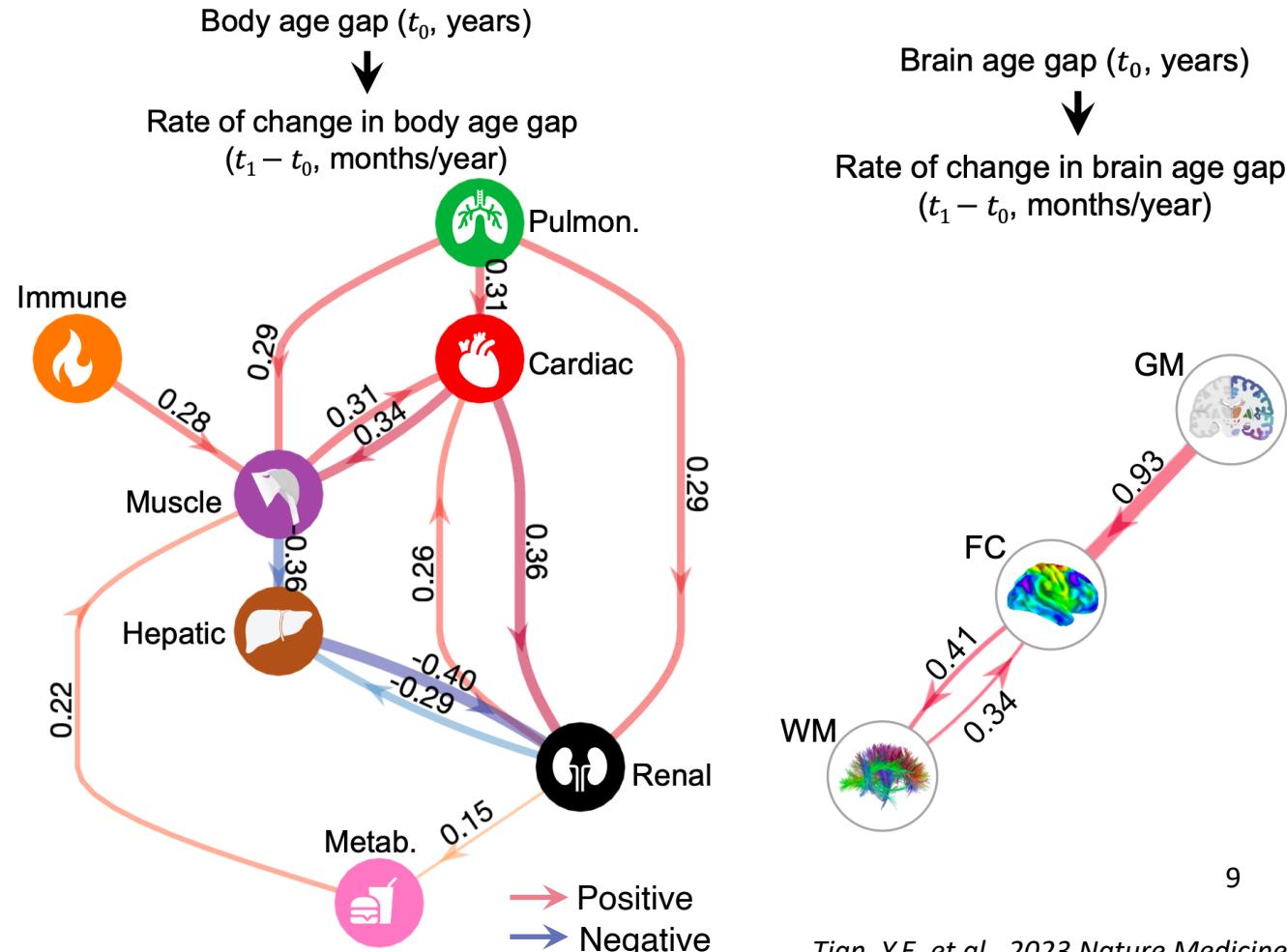
**Circulatory,
nervous and
lymphatic** networks

Hypothesis:

An organ's biological age would influence the aging of other connected organ systems



Structural Equation Modeling



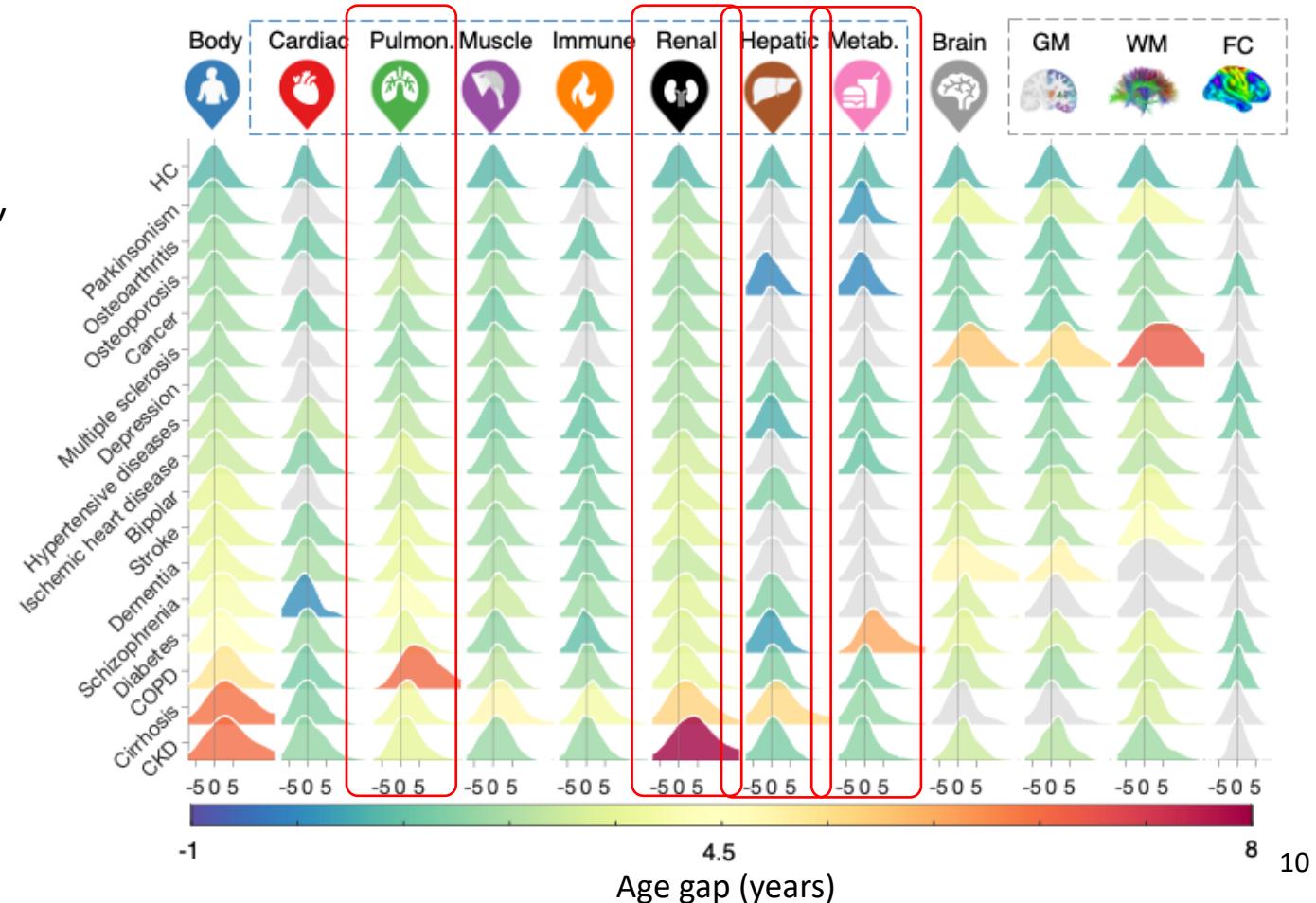
Multiorgan aging profile in chronic diseases

Lifelong contribution to brain-associated illness burden

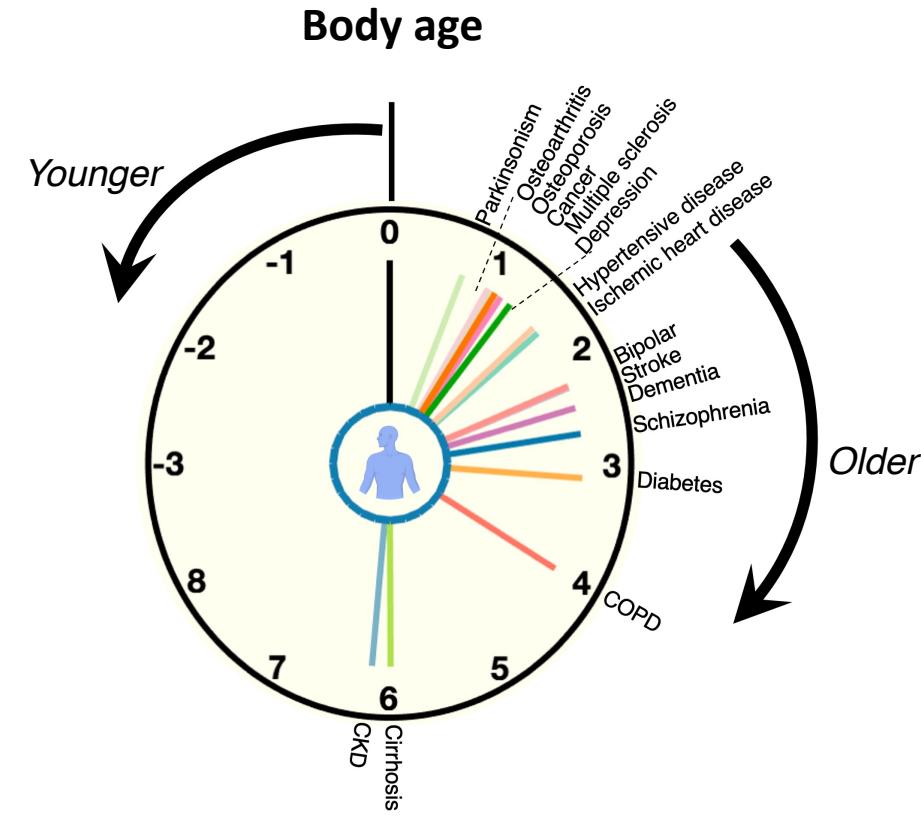
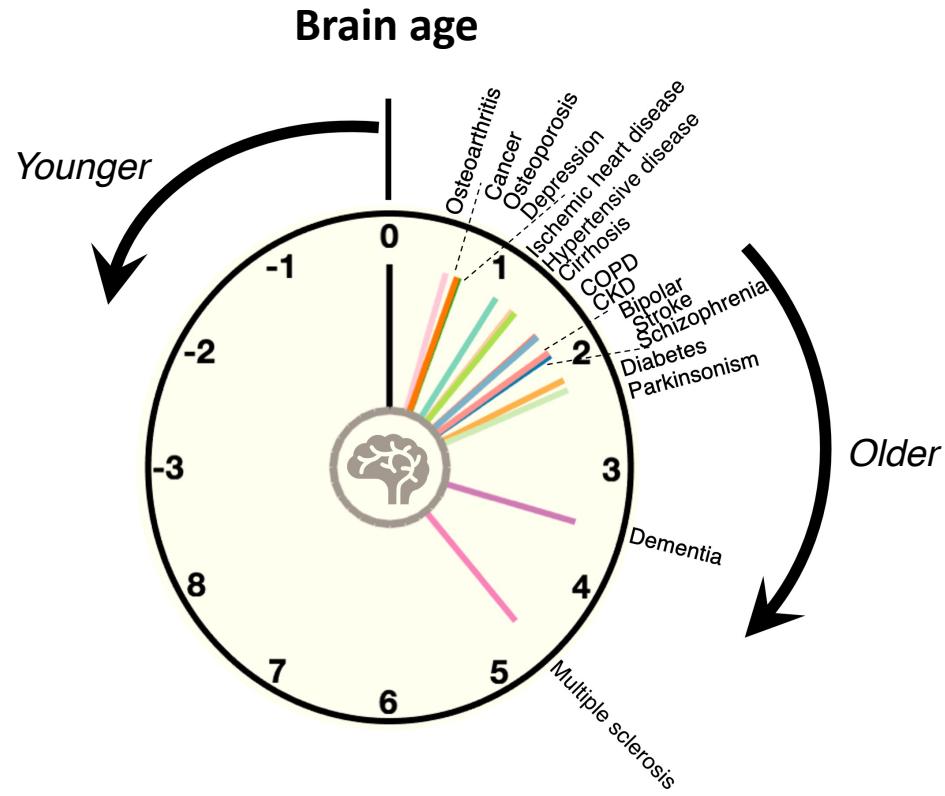
- Depression
- Bipolar disorder
- Schizophrenia

Significant health burden in older adults (e.g., disability and premature mortality)

- Parkinsonism
- Multiple sclerosis
- Stroke
- Dementia
- Ischemic heart disease
- Hypertensive diseases
- Chronic obstructive pulmonary disease (COPD)
- Chronic kidney disease (CKD)
- Diabetes
- Cirrhosis
- Osteoarthritis
- Osteoporosis
- Cancer



Multiorgan aging profile in chronic diseases



- Chronic diseases are characterized by unique organ aging profiles
- Across 16 common, chronic diseases, advanced biological aging extends from the organ of primary disease pathology to multiple organ systems

Advanced pulmonary, immune, renal and hepatic age increases mortality risk

Cox proportional hazard regression

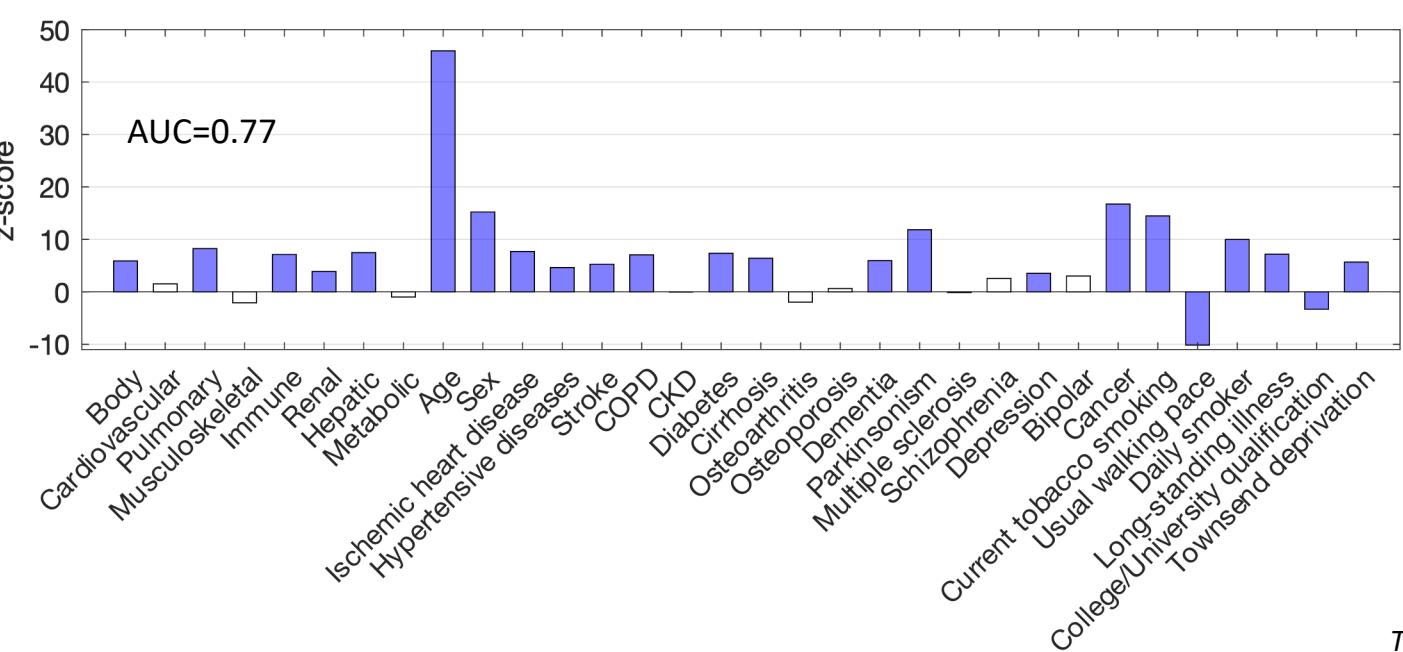
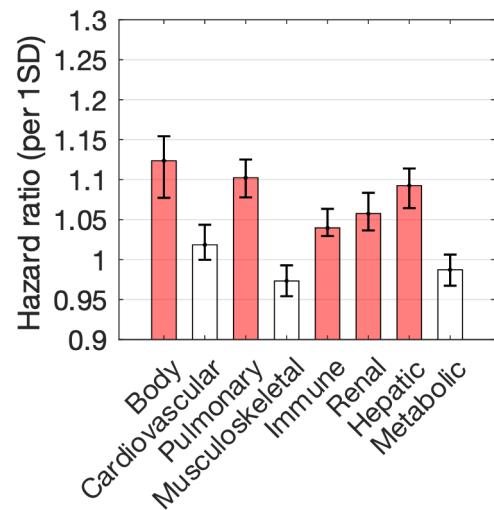
Body function assessment: 2006-2010

Survival: up to 13.41 years

Mortality data (4 March 2021)

Deceased: n=8,190

Non-deceased: n=135,314



Advanced brain age “dose not” increase mortality risk

Cox proportional hazard regression

Brain imaging: 2014-2020

Survival: up to 6.07 years

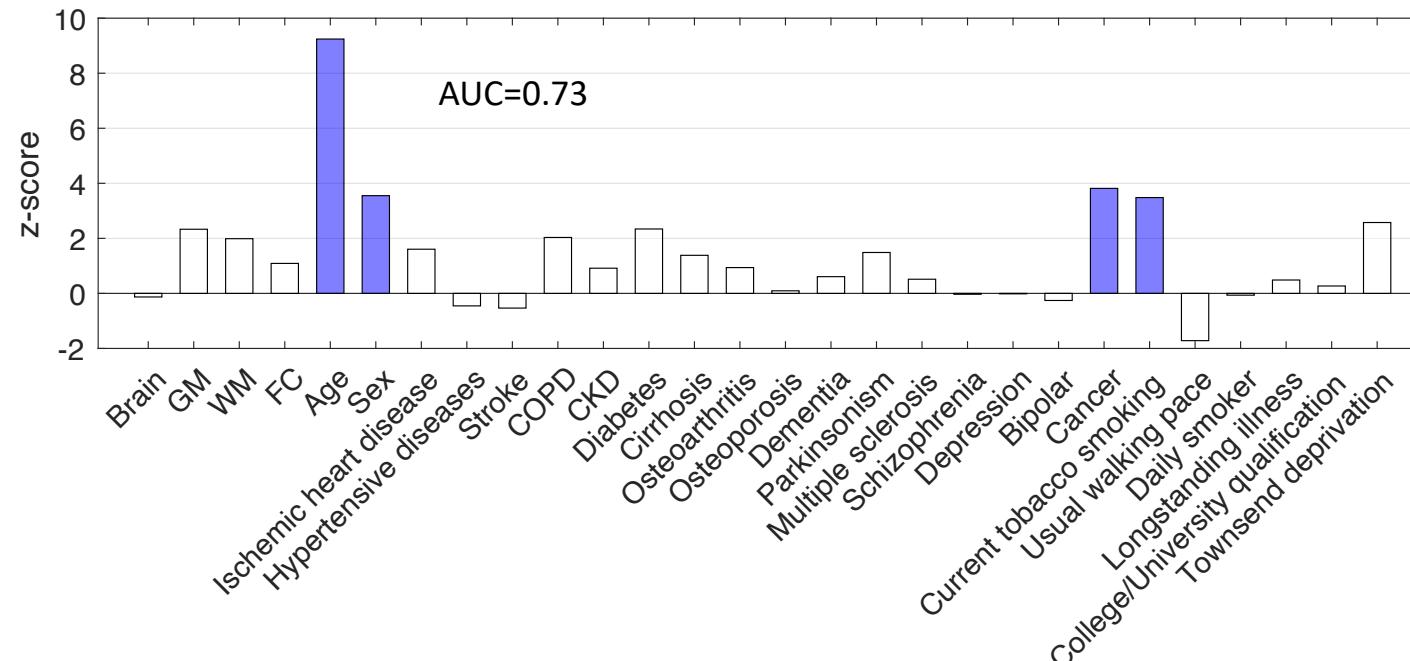
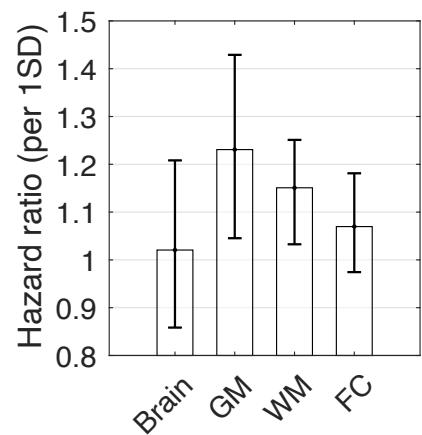
Mortality data (4 March 2021)

Deceased: n=330

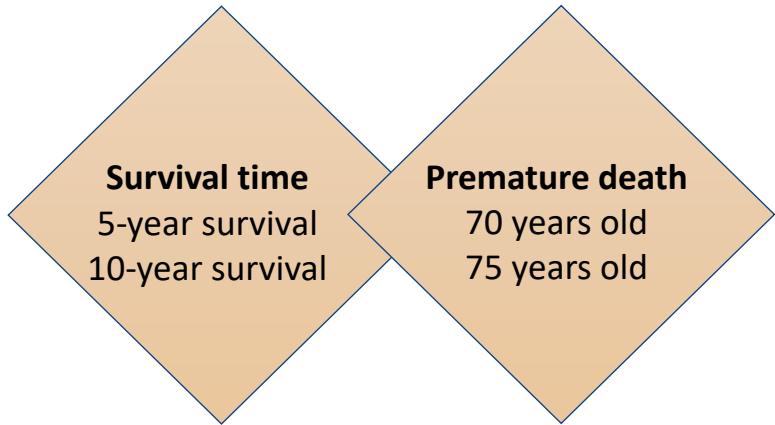
Non-deceased: n=36,571



- Low mortality rate (UKB: 0.009 vs Lothian Birth Cohort: 0.11)
- Continued follow-up

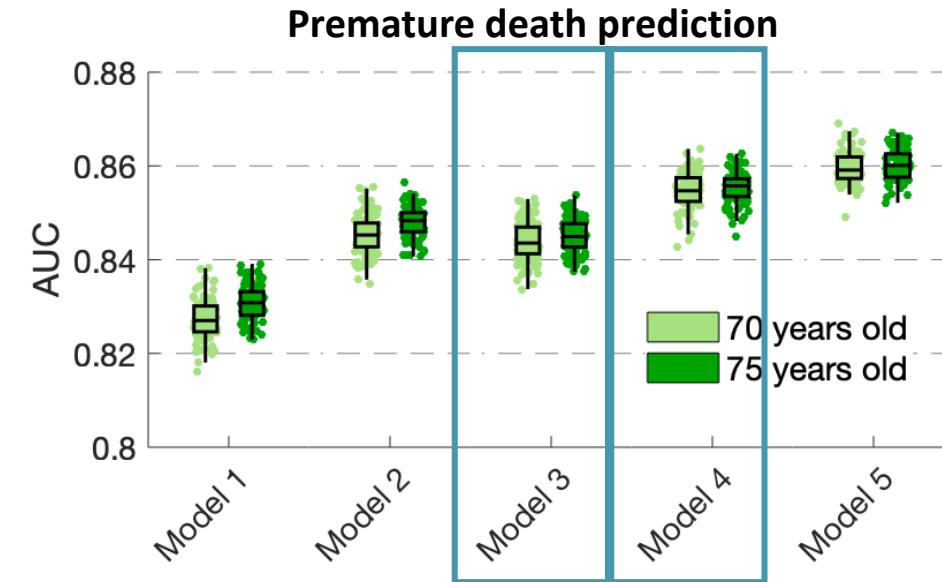
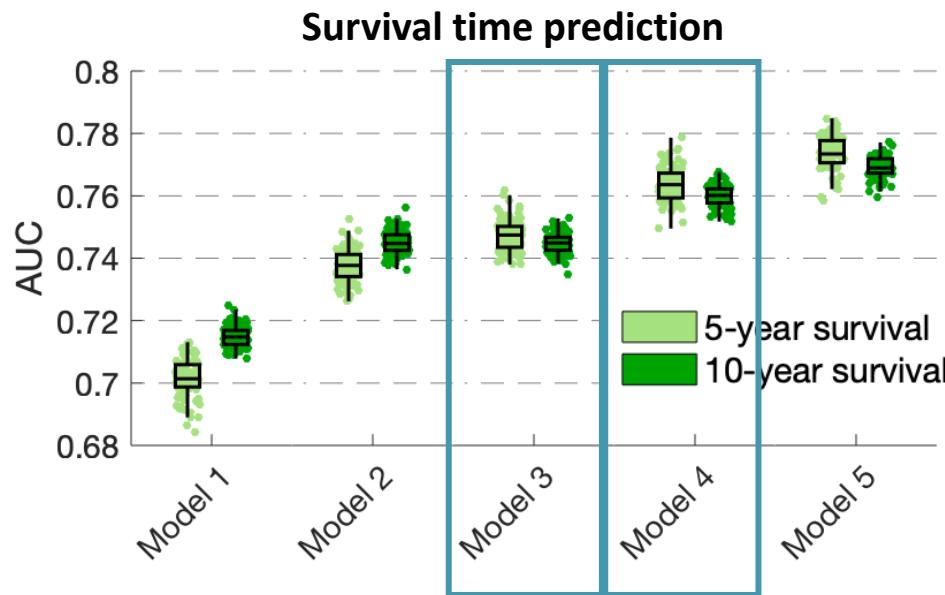


Multiorgan age predicts mortality



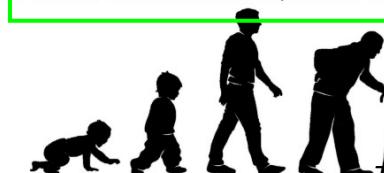
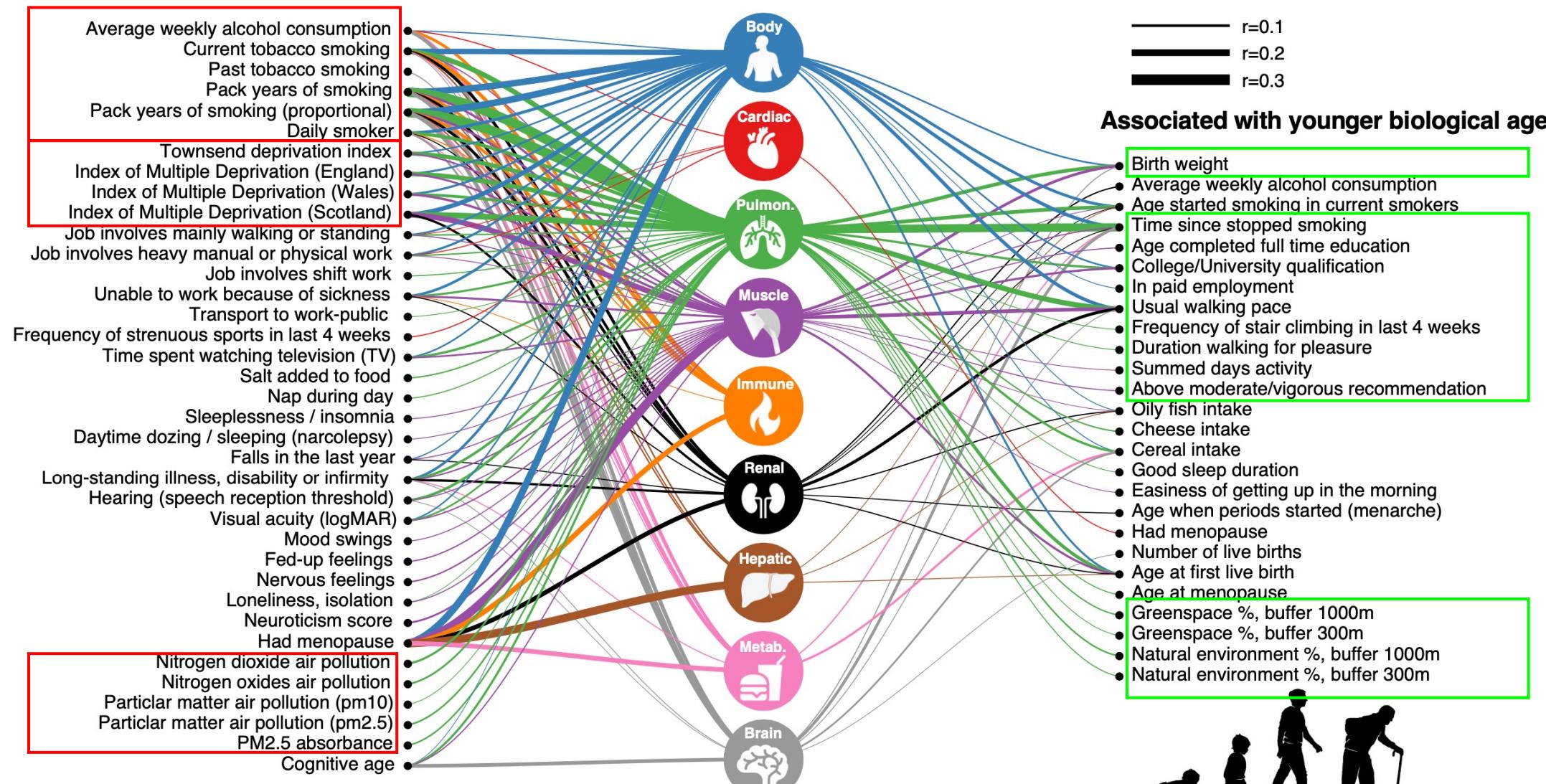
Logistic regression and 10-fold cross-validation

- Model 1: Age + Sex
- Model 2: Age + Sex + Body age gap
- Model 3: Age + Sex + Existing diagnoses
- Model 4: Age + Sex + Body age gap + Existing diagnoses
- Model 5: Age + Sex + Body age gap + Existing diagnoses + Lifestyle



Environmental and lifestyle factors associate with brain and body age

Associated with older biological age



Summary

nature medicine

Article

<https://doi.org/10.1038/s41591-023-02296-6>

Heterogeneous aging across multiple organ systems and prediction of chronic disease and mortality

Received: 26 September 2022

Ye Ella Tian  ¹, Vanessa Cropley¹, Andrea B. Maier^{2,3,4},
Nicola T. Lautenschlager^{5,6}, Michael Breakspear^{7,8} & Andrew Zalesky  ^{1,9} 

Accepted: 9 March 2023

Published online: 06 April 2023

 Check for updates

Biological aging of human organ systems reflects the interplay of age, chronic disease, lifestyle and genetic risk. Using longitudinal brain imaging and physiological phenotypes from the UK Biobank, we establish normative

- We establish normative models of biological age for three brain and seven body systems.
- Multiorgan aging network
- An organ's biological age selectively and characteristically influences the aging of other organ systems. Brain age is most strongly influenced by the biological age of the cardiovascular, pulmonary and metabolic systems, whereas the musculoskeletal system is an in-degree hub of the aging network.

- Multiorgan aging profile in chronic disease, where advanced biological aging extends from the organ of primary disease pathology to multiple organ systems
- Advanced biological age predicts mortality

Part 2: Brain-body health in psychiatry

The *Lancet Psychiatry* Commission: a blueprint for protecting physical health in people with mental illness



EDITORIAL

Joseph Firth, Najma Siddiqi*, Ai Koyanagi*, Dan Siskind*, Simon Rosenbaum*, John M. Campbell*, Cherie Galletly*, Stephanie Allan, Constanza Caneo, Rebekah Carney, Andre F Carvalho, Mary Lou Chatterton, Christoph U Correll, Jackie Curtis, Fiona Gaughran, Adrian Heald, Erin Hoare, Sarah E Jackson, Steve Kisely, Karina Lovell, Mario Maj, Patrick D McGorry, Catherine Mihalopoulos, Hannah Myles, Brian O'Donoghue, Toby Pillinger, Jerome Sarris, Felipe B Schuch, David Shiers, Lee Smith, Marco Solmi, Shui-Ting Sun, Peter Tse, John Torous, Tim Usherwood, Davy Vancampfort, Nicola Veronese, Philip Ward, Alison Yiu, and the Lancet Psychiatry Commission

Physical health care in persons with severe mental illness: a public health and ethical priority

WPA EDUCATIONAL MODULE

Physical illness in patients with severe mental disorders
I. Prevalence, impact of medications and disparities in health care

MARC DE HERT¹, CHRISTOPH U. CORRELL², JULIO BOBES³, MARCELO CEFKOVICH-BAKMAS⁴, DAN COHEN⁵, ITSUO ASA⁶, JOHAN DETRAUX¹, SHIV GAUTAM⁷, HANS-JURGEN GRUNER⁸, JOHN W. NEWCOMER¹⁰, RICHARD UWAKWE¹¹, STEFAN LEUCHT¹²

- ~2-3 folds increased risk of chronic physical illness, e.g., heart disease, stroke, diabetes

President, World Psychiatric Association

Open Access

Research

in physical comorbidity: a longitudinal comparative cohort study in people with severe mental illness

Siobhan Reilly,¹ Ivan Oliver,² Claire Planner,³ Tim Doran,⁴ David Reeves,⁵ Darren M Ashcroft,⁶ Linda Gask,³ Evangelos Kontopantelis^{3,7}

Original Investigation

Association of Mental Disorders With Subsequent Chronic Physical Conditions
World Mental Health Surveys From 17 Countries

Kate M. Scott, MA(ClinPsych), PhD; Carmen Lim, MSc; Ali Al-Hamzawi, MD; Jordi Alonso, MD, DrPH; Ronny Bruffaerts, PhD; José Miguel Caldas-de-Almeida, MD, PhD; Silvia Florescu, MD, PhD; Giovanni de Girolamo, MD; Chiyi Hu, PhD; Peter de Jonge, PhD; Norito Kawakami, MD, DMSc; Maria Elena Medina-Mora, PhD; Jacek Moskalewicz, PhD; Fernando Navarro-Mateu, MD, PhD; Siobhan O'Neil, MPsychSc, PhD; Marina Piazza, ScD, MPH; José Posada-Villa, MD; Yolanda Torres, MPH, DraHC; Ronald C. Kessler, PhD

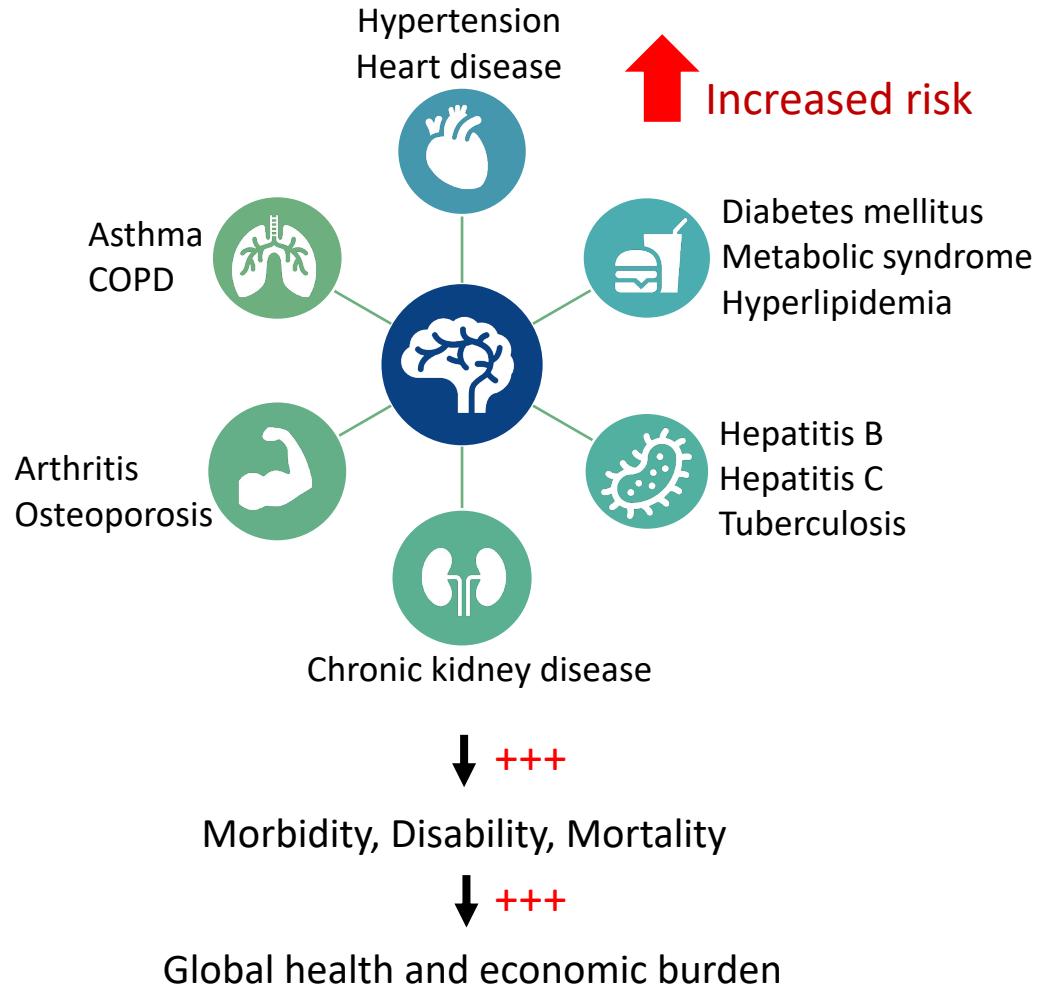
The temporal relationship between severe mental illness diagnosis and chronic physical comorbidity: a UK primary care cohort study of disease burden over 10 years

Naomi Launders, Leah Kirsh, David P J Osborn, Joseph F Hayes

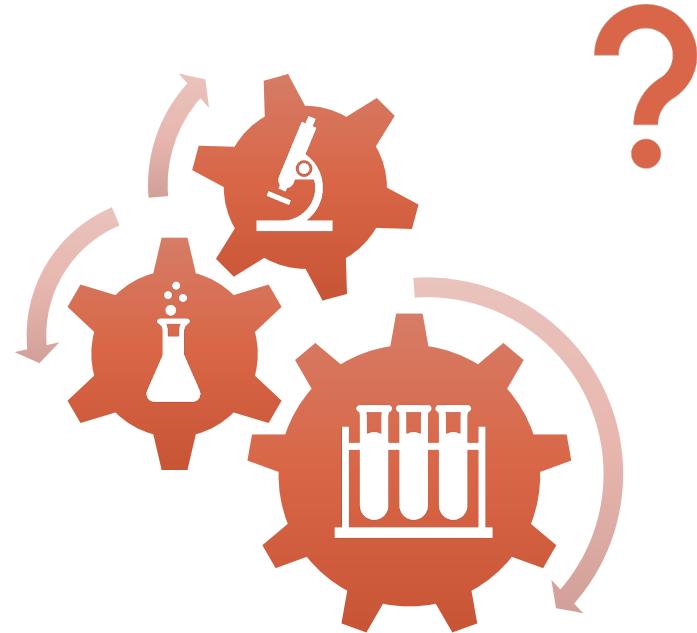


Epidemiological links vs Biological origins

Epidemiological links

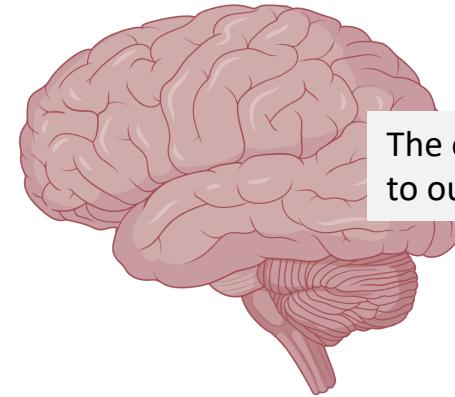


Biological origins & sequela

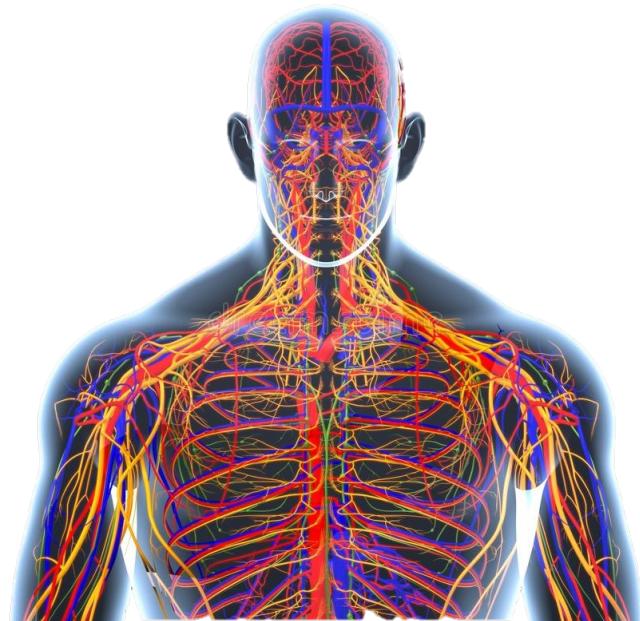


Disparities in health care for people with mental illness:

- Lack of access to adequate primary care
 - Diagnostic overshadowing
 - Difficulties with acknowledging and reporting medical problems
- ...
¹⁸



The origin of mental illness
to our knowledge to date

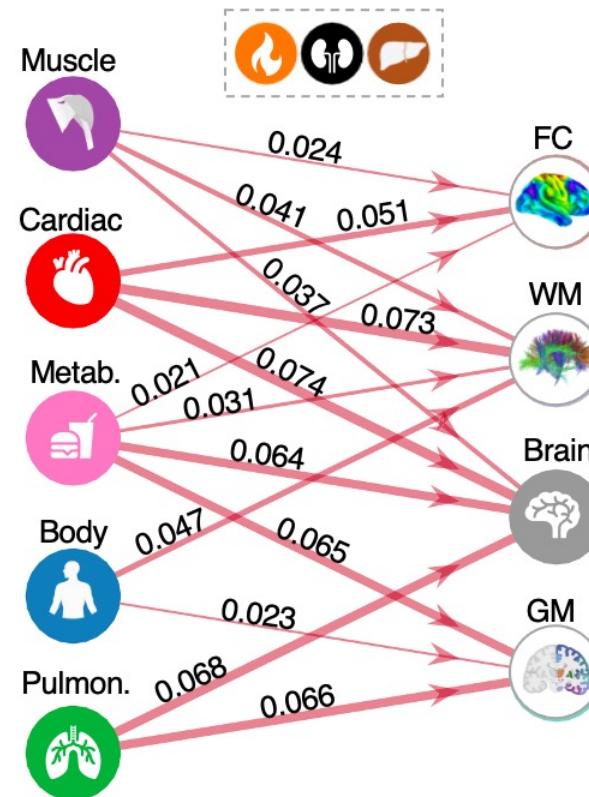


Circulatory, nervous, lymphatic networks

Multiorgan aging network

Structure equation modeling

Body age gap → Brain age gap

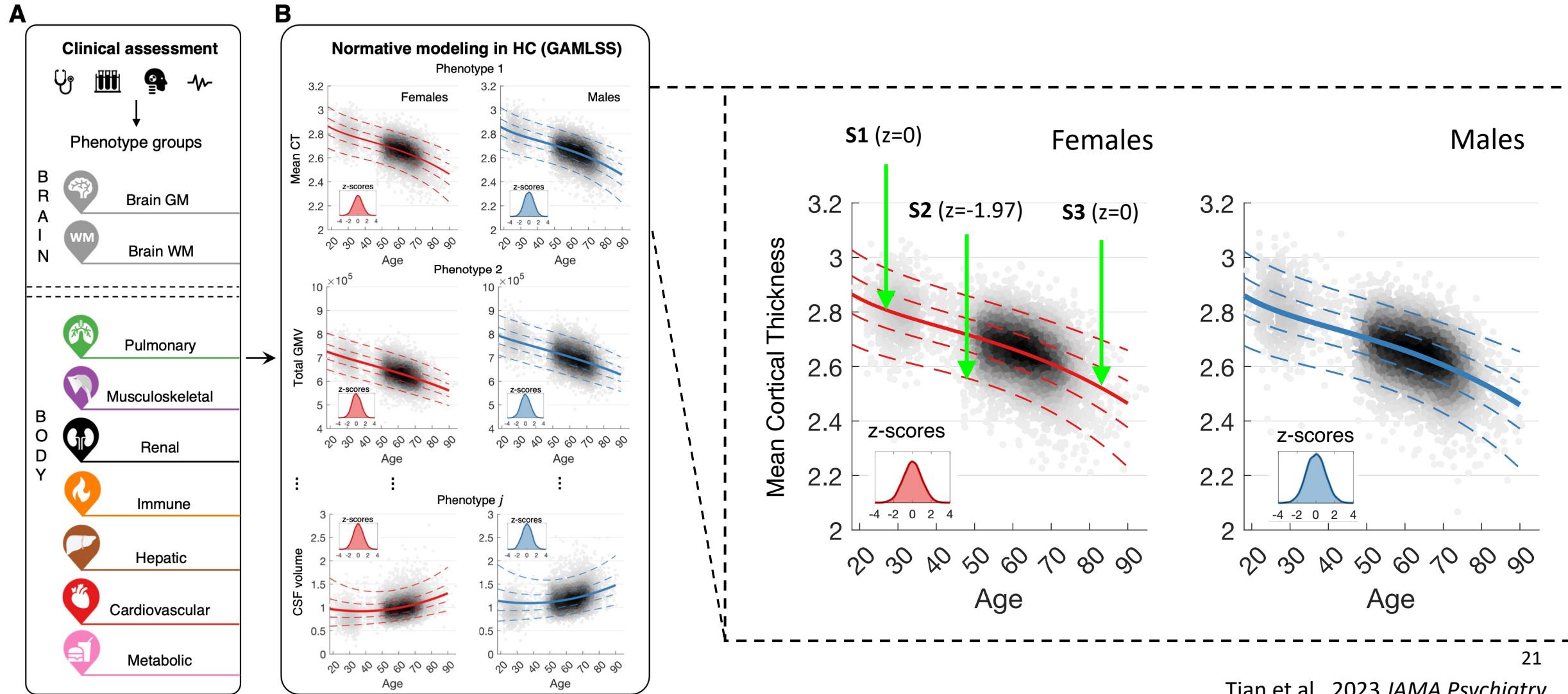


Neuropsychiatric disorders

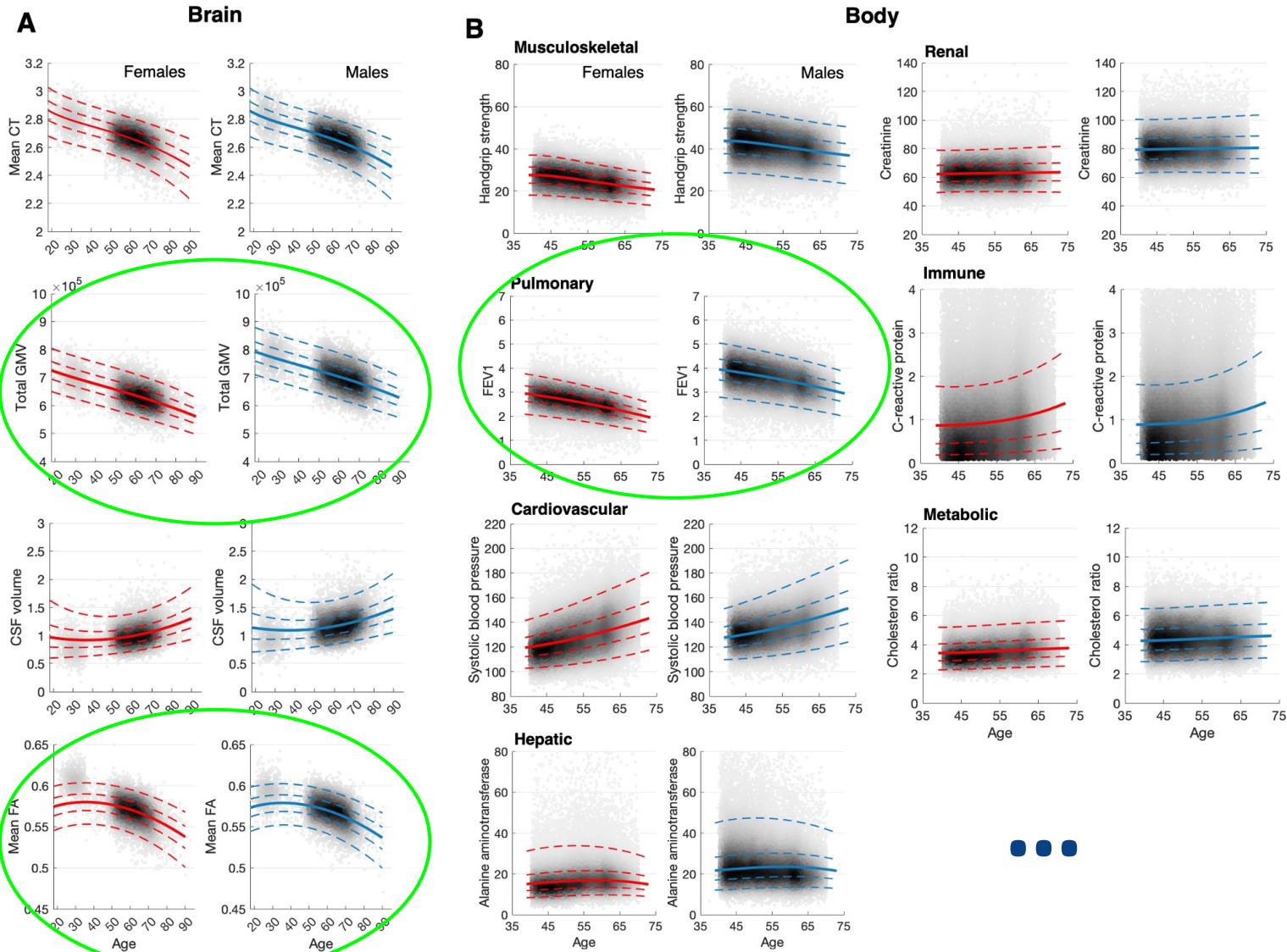
- Schizophrenia
 - UK Biobank
 - Australian Schizophrenia Research Bank (ASRB)
- Bipolar disorder
 - Australian Imaging, Biomarkers and Lifestyle flagship study of ageing (AIBL)
- Depression
 - Alzheimer's Disease Neuroimaging Initiative (ADNI)
- Generalized anxiety disorder
 - Prospective Imaging Study of Ageing (PISA)
- Dementia
 - Human Connectome Project Young Adult (HCP-YA)
 - Human Connectome Project Aging (HCP-A)

$N > 100,000$ adults (age range: 18-90 years)

Normative modeling



Normative modeling

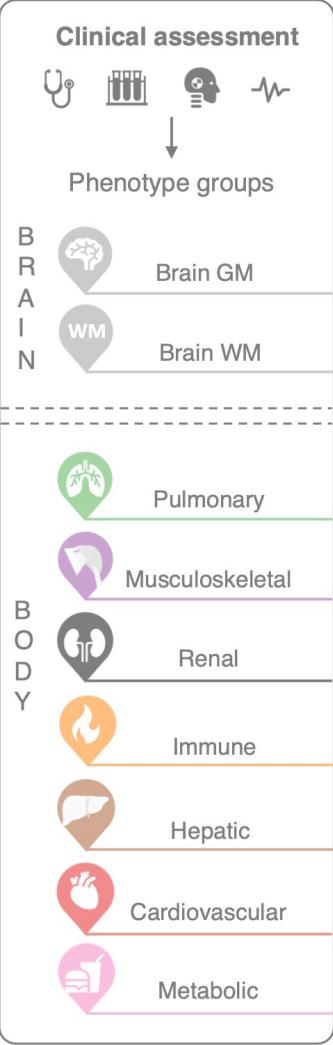


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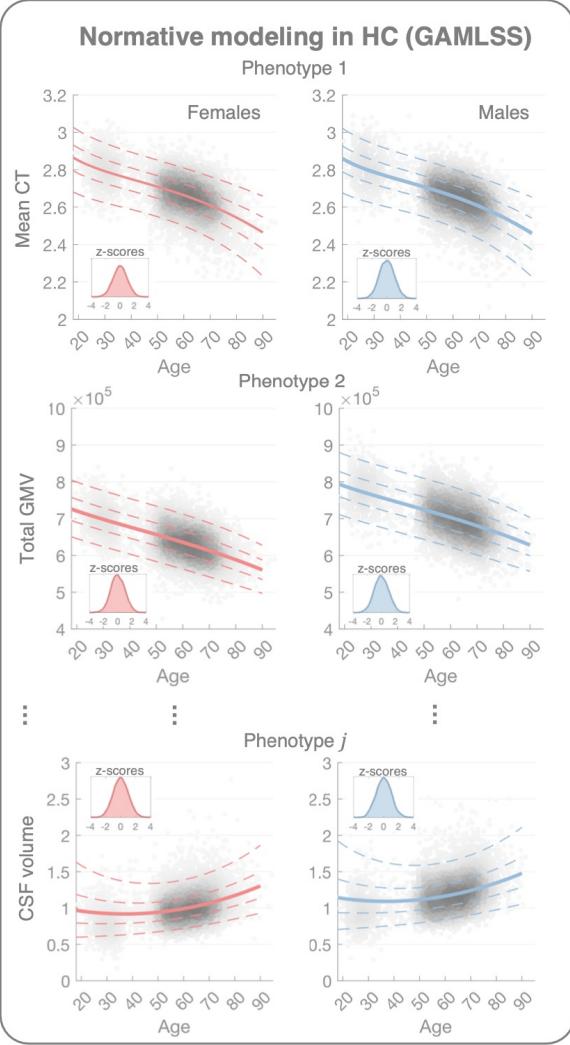


Organ health score

A



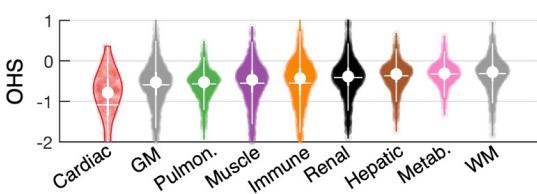
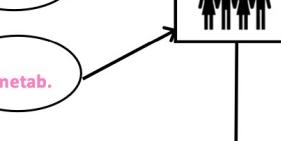
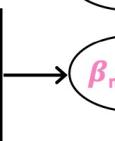
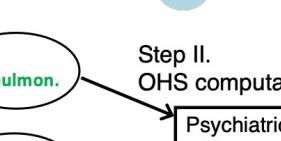
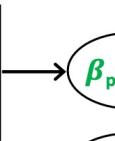
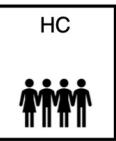
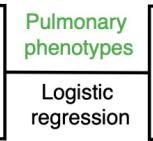
B



C

Health score calculation for each organ system

Step I.
Phenotype weight estimation

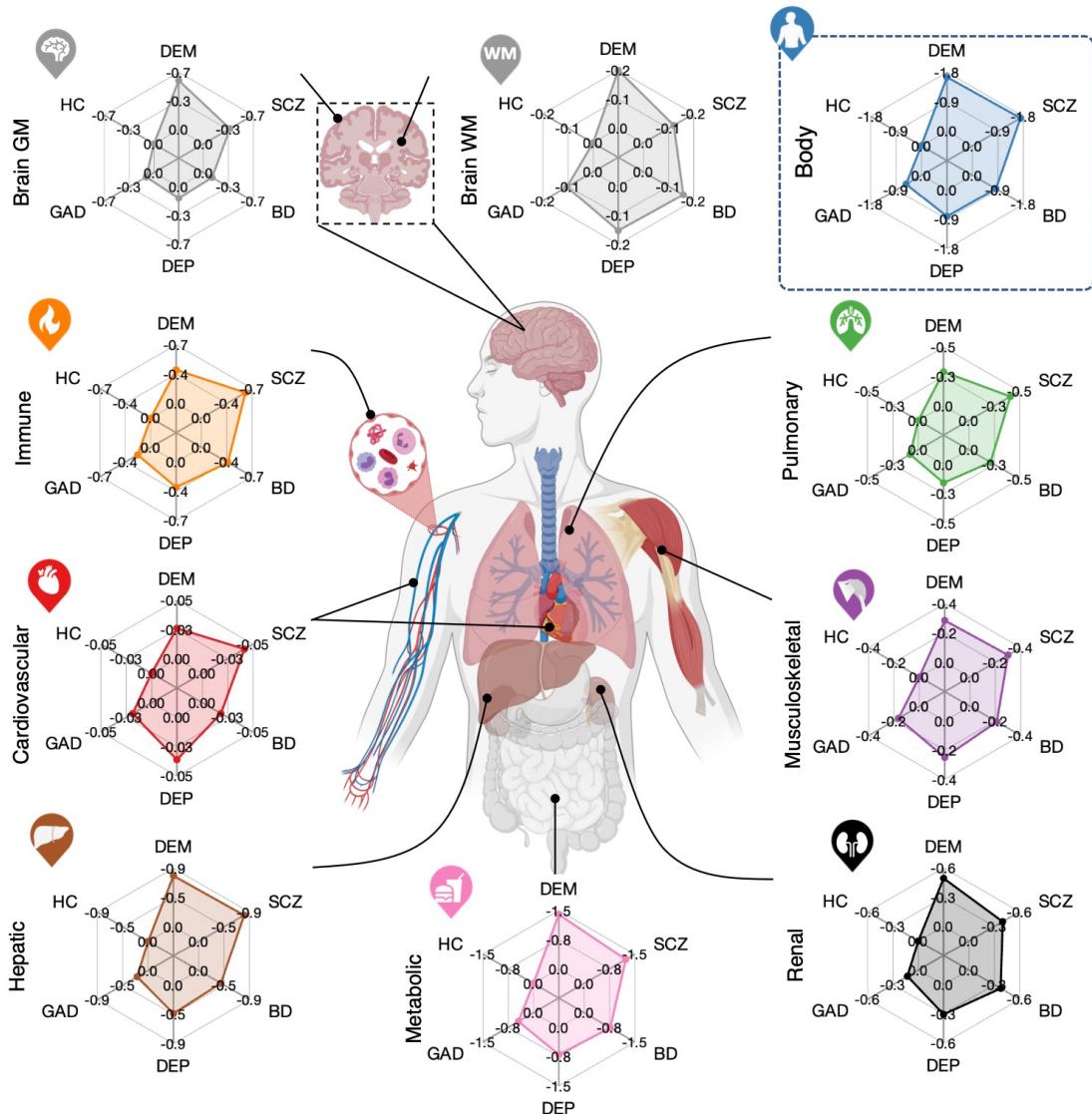


$$OHS(n, k) = - \left(w_0^k + \sum_{j=1}^J w_j^k x_j(n) \right)$$

OHS: Weighted sum of deviation scores (z-scores) across organ-specific phenotypes.

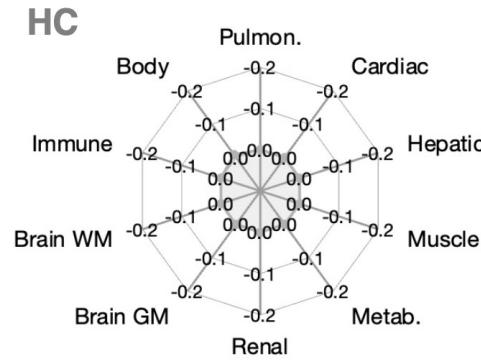
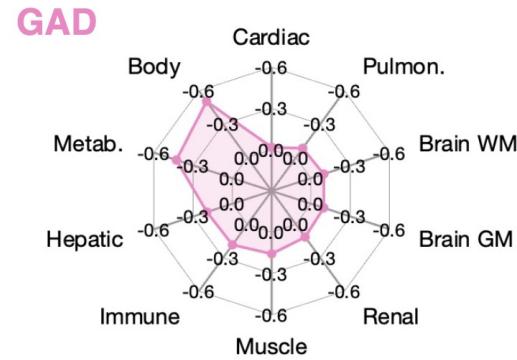
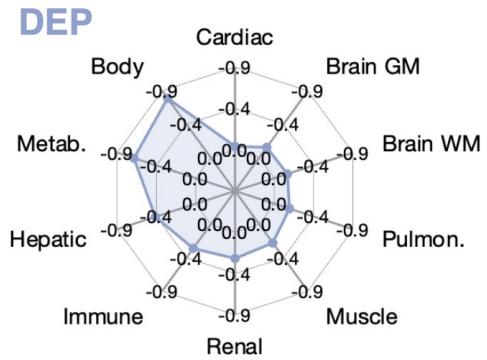
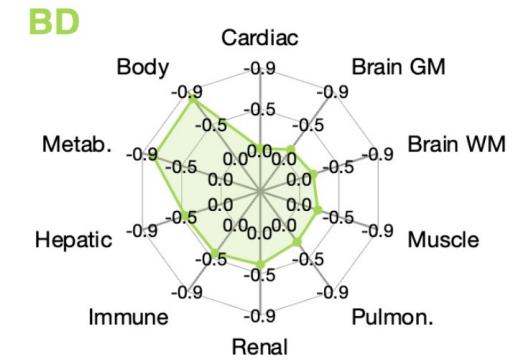
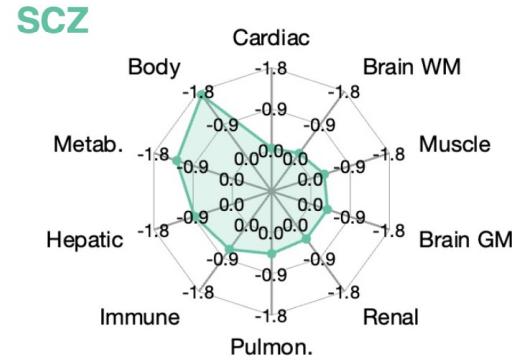
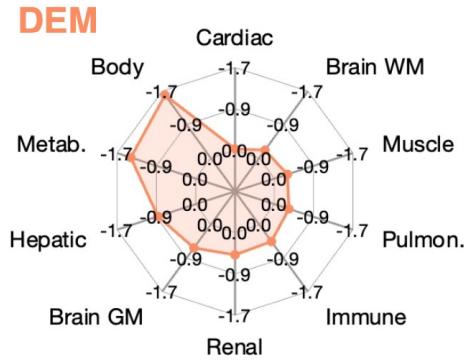
0 Normal
— Poorer

Multisystem health profile in neuropsychiatric disorders



- Organ-specific health scores are on average significantly lower in individuals with neuropsychiatric disorders compared to age- and sex-matched healthy peers.
- Body health scores are markedly lower for dementia, schizophrenia, bipolar disorder, depression and generalized anxiety disorder, compared to healthy individuals

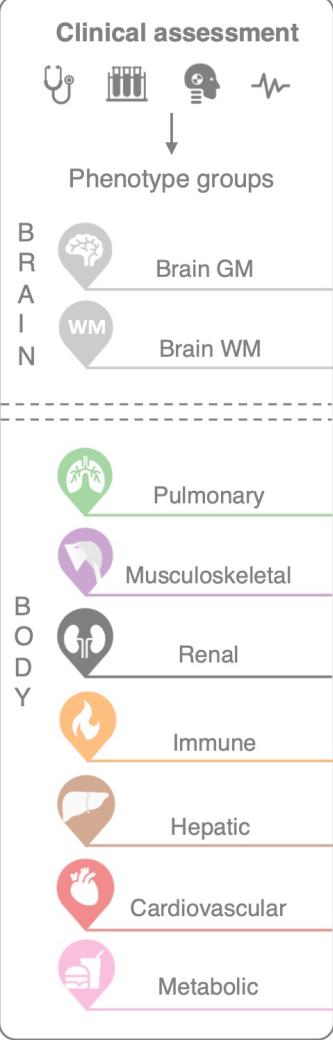
Multisystem health profile in neuropsychiatric disorders



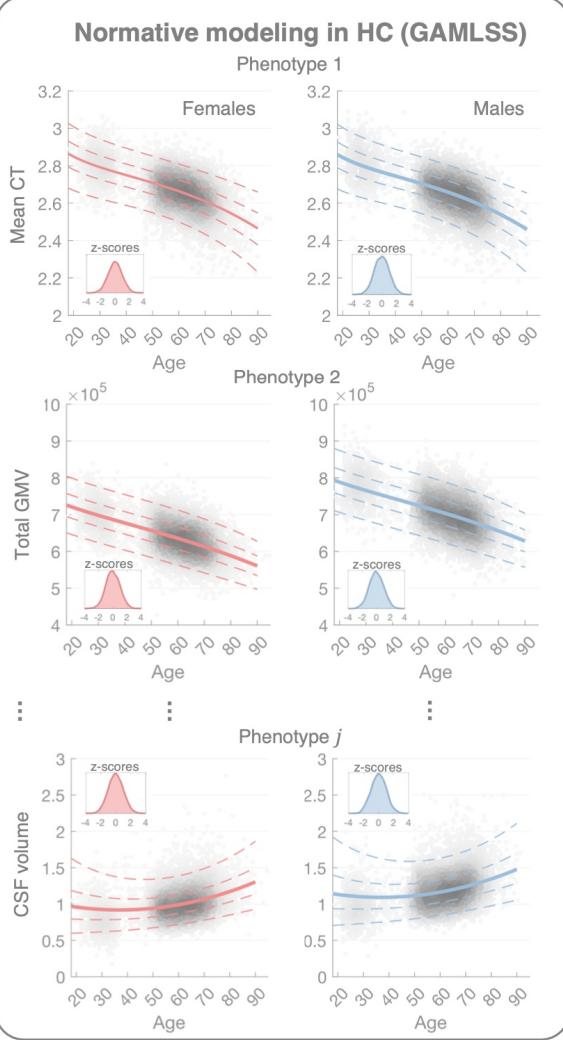
- Poor body health is a more pronounced manifestation of neuropsychiatric illness than brain changes for the disorders studied. Particularly for BD, DEP and GAD.
- Consistent across the 5 disorders, poor organ health is most evident for **metabolic, hepatic, immune and renal** systems.

Diagnostic vs transdiagnostic classification

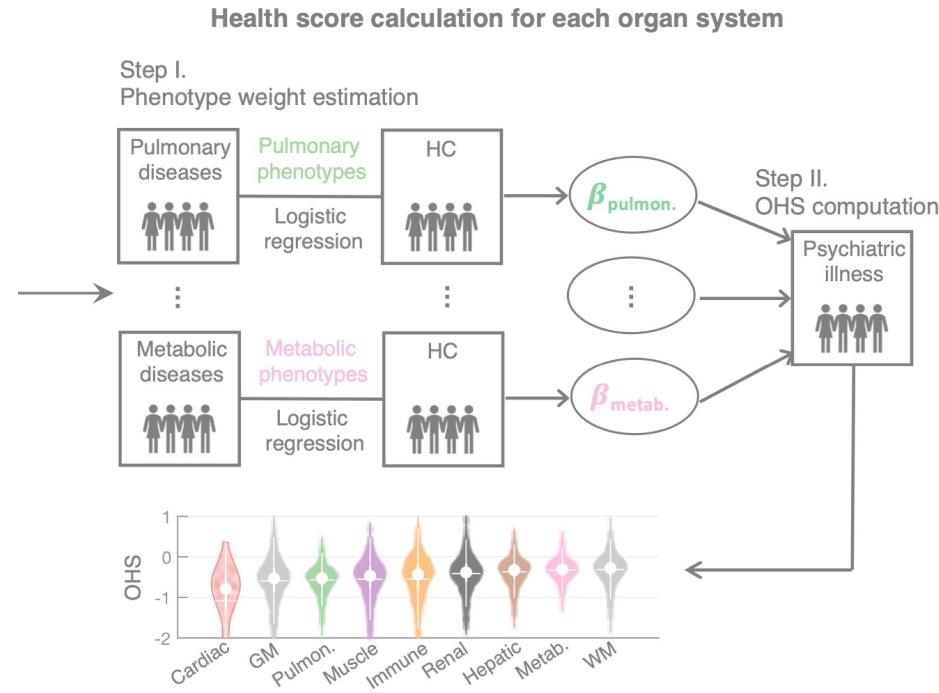
A



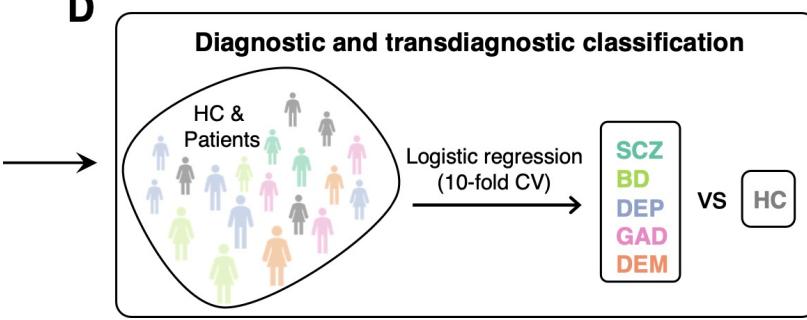
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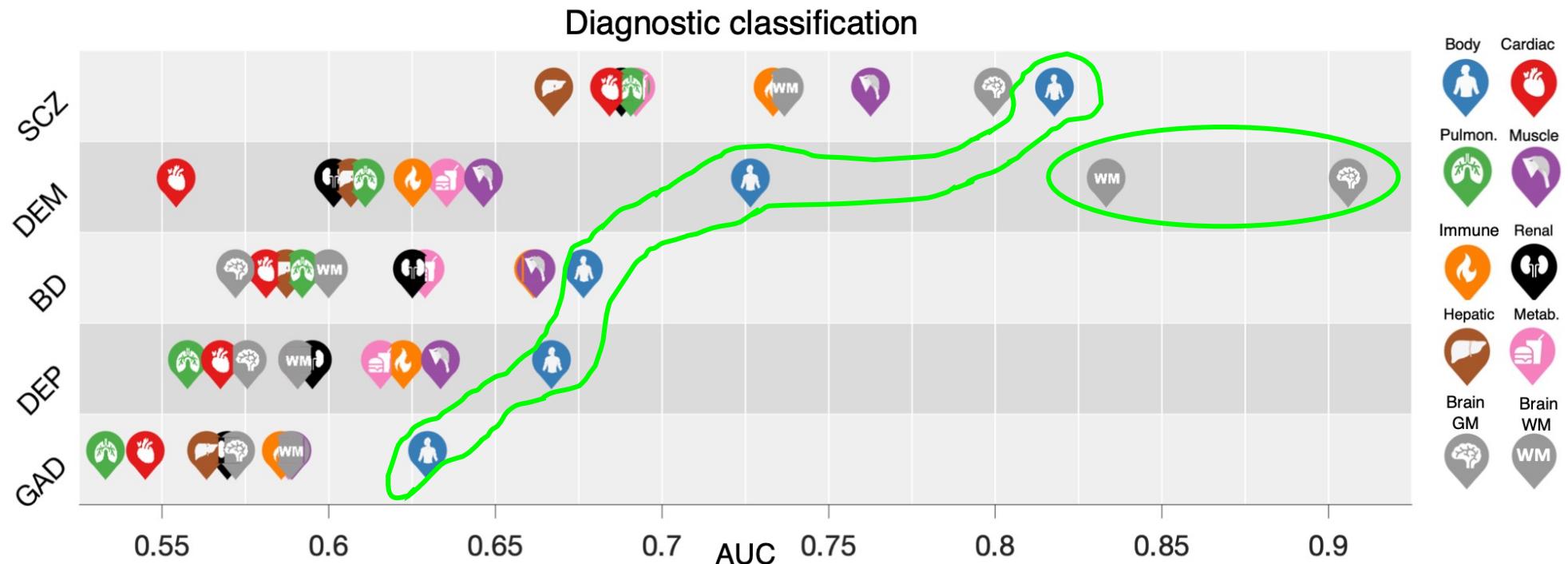
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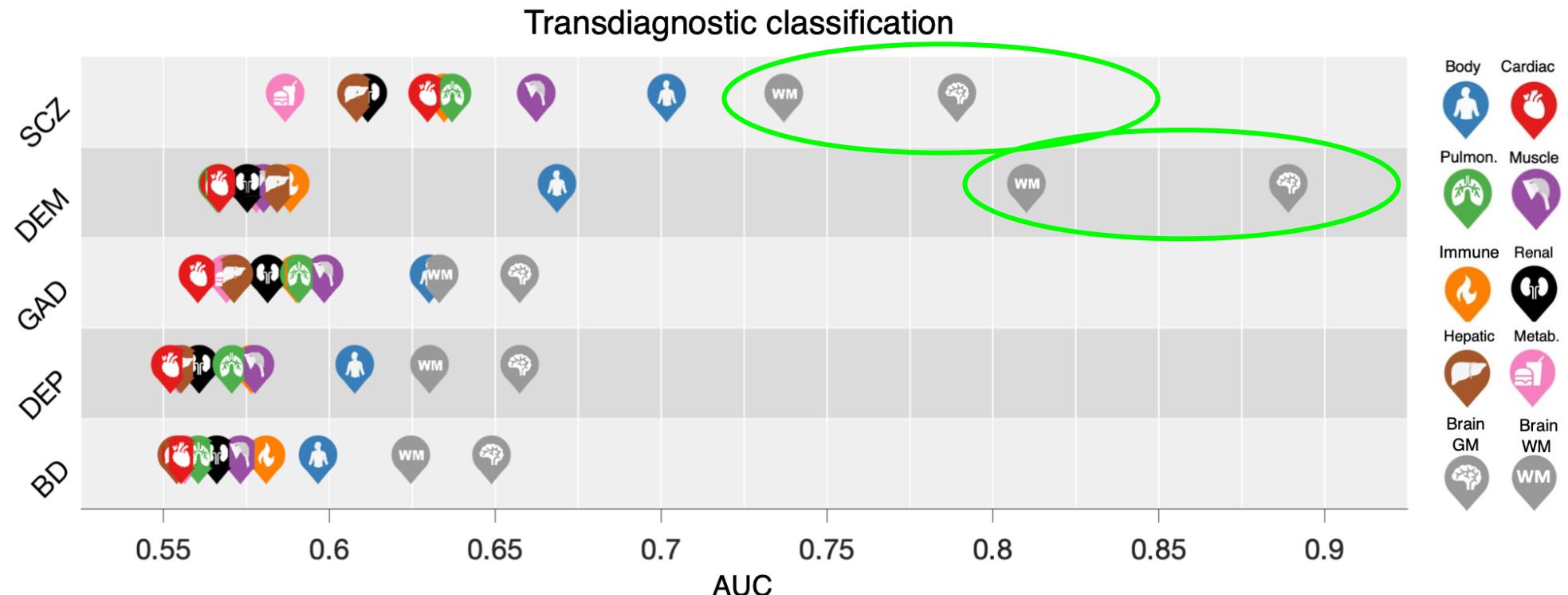


Diagnostic vs transdiagnostic classification



- Body phenotype deviation scores alone allow differentiation of individuals with neuropsychiatric disorders from healthy individuals.

Diagnostic vs transdiagnostic classification



- Brain phenotype deviation scores enable more accurate differentiation between distinct neuropsychiatric diagnoses.

Summary

Research

JAMA Psychiatry | [Original Investigation](#)

Evaluation of Brain-Body Health in Individuals With Common Neuropsychiatric Disorders

Ye Ella Tian, MBBS, PhD; Maria A. Di Biase, PhD; Philip E. Mosley, MD, PhD; Michelle K. Lupton, PhD; Ying Xia, PhD; Jurgen Fripp, PhD; Michael Breakspear, MD, PhD; Vanessa Cropley, PhD; Andrew Zalesky, PhD

- Different neuropsychiatric disorders possess distinct fingerprints of poor brain and body health profile.
- Individuals diagnosed with neuropsychiatric disorders (SCZ, BD, DEP, GAD, DEM) are not only characterized by deviations from normative references ranges for brain phenotypes, but also present considerably poorer physical health across multiple body systems compared to their healthy peers.
- Poor physical health was a more pronounced manifestation of neuropsychiatric illness than brain health.
- Brain phenotypes enabled more accurate differentiation between pairs of neuropsychiatric diagnoses.



Acknowledgment

Characterizing brain-body relationships using normative modeling

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Australian Government
National Health and
Medical Research Council



HUMAN
Connectome
PROJECT



Collaborators

Andrew Zalesky
Vanessa Cropley
Michael Breakspear
Anrea Maier
Nicola Lautenschlager
Maria Di Biase
Philip Mosley
Michelle Lupton
Ying Xia
Jurgen Fripp

