Cortical surfaces mediate the relationship between polygenic scores for intelligence and general

intelligence

Tristram A. Lett<sup>1#</sup>\*, Bob O. Vogel<sup>1#</sup>, Stephan Ripke<sup>1,2,3</sup>, Carolin Wackerhagen<sup>1</sup>, Susanne Erk<sup>1</sup>, Swapnil

Awasthi<sup>1,3</sup>, Vassily Trubetskoy<sup>1,3</sup>, Eva J. Brandl<sup>1</sup>, Sebastian Mohnke<sup>1</sup>, Ilya M. Veer<sup>1</sup>, Markus M.

Nöthen<sup>4,5</sup>, Marcella Rietschel<sup>6</sup>, Franziska Degenhardt<sup>4,5</sup>, Nina Romanczuk-Seiferth<sup>1</sup>, Stephanie H. Witt<sup>6</sup>,

Tobias Banaschewski<sup>7</sup>, Arun L.W. Bokde<sup>8</sup>, Christian Büchel<sup>9</sup>, Erin B. Quinlan<sup>10</sup>, Sylvane Desrivières<sup>10</sup>,

Herta Flor<sup>11,12</sup>, Vincent Frouin<sup>13</sup>, Hugh Garavan<sup>14</sup>, Penny Gowland<sup>15</sup>, Bernd Ittermann<sup>16</sup>, Jean-Luc

Martinot<sup>17</sup>, Marie-Laure Paillère Martinot<sup>18</sup>, Frauke Nees<sup>7,11</sup>, Dimitri Papadopoulos Orfanos<sup>13</sup>, Tomáš

Paus<sup>19</sup>, Luise Poustka<sup>20</sup>, Juliane H. Fröhner<sup>21</sup>, Michael N. Smolka<sup>21</sup>, Robert Whelan<sup>22</sup>, Gunter Schumann<sup>10</sup>

and the IMAGEN consortium, Heike Tost<sup>6</sup>, Andreas Meyer-Lindenberg<sup>6</sup>, Andreas Heinz<sup>1</sup>, Henrik

Walter<sup>1</sup>\*

# Shared first authorship

\* Corresponding authors:

Address: Division of Mind and Brain Research, Department of Psychiatry and Psychotherapy CCM,

Charité - Universitätsmedizin Berlin; Charitéplatz 1, D-10117 Berlin, Germany.

Email: tristram.lett@charite.de; henrik.walter@charite.de

Telephone: +49 30 450 517 141

Running title: Brain mediators of polygenic score for intelligence

**Keywords**: Intelligence, Genetics, Mediation, Cortical thickness, Surface area

1

- Department of Psychiatry and Psychotherapy CCM, Charité Universitätsmedizin Berlin, corporate member of Freie Universität Berlin, Humboldt-Universität zu Berlin, and Berlin Institute of Health, Berlin, Germany
- 2 Analytic and Translational Genetics Unit, Massachusetts General Hospital, Boston MA 02114, USA
- 3 Stanley Center for Psychiatric Research, Broad Institute of MIT and Harvard, Cambridge MA 02142, USA
- 4 Department of Genomics, Life & Brain Center, University of Bonn, Sigmund-Freud-Str. 25, 53127 Bonn, Germany
- <sup>5</sup> Institute of Human Genetics, University of Bonn, Sigmund-Freud-Str. 25, 53127 Bonn, Germany
- <sup>6</sup> Central Institute of Mental Health, University of Heidelberg, Square J5, 68159 Mannheim, Germany
- <sup>7</sup> Department of Child and Adolescent Psychiatry and Psychotherapy, Central Institute of Mental Health, University of Heidelberg, Square J5, 68159 Mannheim, Germany
- <sup>8</sup> Discipline of Psychiatry, School of Medicine and Trinity College Institute of Neuroscience, Trinity College Dublin
- <sup>9</sup> University Medical Centre Hamburg-Eppendorf, House W34, 3.OG, Martinistr. 52, 20246, Hamburg, Germany
- <sup>10</sup> Medical Research Council Social, Genetic and Developmental Psychiatry Centre, Institute of Psychiatry, Psychology & Neuroscience, King's College London, United Kingdom
- Department of Cognitive and Clinical Neuroscience, Central Institute of Mental Health, Medical Faculty Mannheim, University of Heidelberg, Square J5, 68159 Mannheim, Germany
- <sup>12</sup> Department of Psychology, School of Social Sciences, University of Mannheim, 68131 Mannheim, Germany
- <sup>13</sup> NeuroSpin, CEA, Université Paris-Saclay, F-91191, Gif-sur-Yvette, France
- <sup>14</sup> Departments of Psychiatry and Psychology, University of Vermont, 05405 Burlington, Vermont, USA
- <sup>15</sup> Sir Peter Mansfield Imaging Centre School of Physics and Astronomy, University of Nottingham, University Park, Nottingham, United Kingdom
- <sup>16</sup> Physikalisch-Technische Bundesanstalt (PTB), Abbestr. 2 12, Berlin, Germany
- <sup>17</sup> Institut National de la Santé et de la Recherche Médicale, INSERM Unit 1000 "Neuroimaging & Psychiatry", University Paris Sud, University Paris Descartes Sorbonne Paris Cité; and Maison de Solenn, Paris, France
- <sup>18</sup> Institut National de la Santé et de la Recherche Médicale, INSERM Unit 1000 "Neuroimaging & Psychiatry", University Paris Sud, University Paris Descartes; Sorbonne Université; and AP-HP, Department of Child and Adolescent Psychiatry, Pitié-Salpêtrière Hospital, Paris, France
- <sup>19</sup> Bloorview Research Institute, Holland Bloorview Kids Rehabilitation Hospital and Departments of Psychology and Psychiatry, University of Toronto, Toronto, Ontario, M6A 2E1, Canada
- <sup>20</sup> Department of Child and Adolescent Psychiatry and Psychotherapy, University Medical Centre Göttingen, von-Siebold-Str. 5, 37075, Göttingen, Germany
- <sup>21</sup> Department of Psychiatry and Neuroimaging Center, Technische Universität Dresden, Dresden, Germany
- <sup>22</sup> School of Psychology and Global Brain Health Institute, Trinity College Dublin, Ireland

#### **Abstract**

Recent large-scale, genome-wide association studies (GWAS) have identified hundreds of genetic loci associated with general intelligence. The cumulative influence of these loci on brain structure is unknown. We examined if cortical morphology mediates the relationship between GWAS-derived polygenic scores for intelligence (PS<sub>i</sub>) and *g*-factor. Using the effect sizes from one of the largest GWAS meta-analysis on general intelligence to date, PS<sub>i</sub> were calculated among ten p-value thresholds. PS<sub>i</sub> was assessed for the association with *g*-factor performance, cortical thickness (CT), and surface area (SA) in two large imaging-genetics samples (IMAGEN N=1,651; IntegraMooDS N=742). PS<sub>i</sub> explained up to 5.1% of the variance of *g*-factor in IMAGEN (F<sub>1,1640</sub>=12.2-94.3; P<0.005), and up to 3.0% in IntegraMooDS (F<sub>1,725</sub>=10.0-21.0; P<0.005). The association between polygenic scores and *g*-factor was partially mediated by SA and CT in prefrontal, anterior cingulate, insula, and medial temporal cortices in both samples (P<sub>FWER-corrected</sub><0.005). The variance explained by mediation was up to 0.75% in IMAGEN and 0.77% in IntegraMooDS. Our results provide evidence that cumulative genetic load influences *g*-factor via cortical structure. The consistency of our results across samples suggests that cortex morphology could be a novel potential biomarker for neurocognitive dysfunction that are among the most intractable psychiatric symptoms.

#### Introduction

General intelligence (*g*-factor) is the primary component and predictor of performance on diverse psychometric tasks (Carroll 1993; Gray and Thompson 2004). These neurocognitive tasks are intercorrelated with one component consistently predicting approximately 40-45% of the variance (Carroll 1993; Jensen 1998a). Some life outcomes correlate with *g*-factor including physical and mental health, as well as job performance (Strenze 2007; Deary et al. 2018). Full-scale IQ measures and *g*-factor are distinct measures of intelligence in that IQ results from summation of standardized scores across several tests. These measures are generally highly correlated. However, *g*-factor is an important component of IQ, but IQ is a specific mixture of cognitive abilities and skills that may not be represented by *g*-factor (Colom et al. 2002).

Cortical brain volumes are associated with *g*-factor (Thompson et al. 2001; Posthuma et al. 2002; Haier et al. 2004; Mcdaniel 2005). Although global effects have been reported, *g*-factor performance is most commonly associated with the dorsolateral prefrontal cortex (DLPFC), medial temporal lobes, anterior and posterior cingulate, and inferior parietal lobes (Haier et al. 2004; Toga and Thompson 2005; Narr et al. 2006; Basten et al. 2015). The heritability observed in *g*-factor and IQ may be shared among volumetric measures of cortical structure (Posthuma et al. 2002; Davies et al. 2018a; Elliott, Sharp, et al. 2018; Savage et al. 2018), and potentially epigenetic variation (Kaminski et al. 2018). However, the association with cortical volume and *g*-factor may be more complex as cortical thickness (CT) and surface area (SA) have distinct genetic contributions and developmental trajectories (Panizzon et al. 2009; Winkler et al. 2010; Hogstrom et al. 2013; Jha et al. 2018). CT and SA also have been associated with intelligence throughout the lifespan (Narr et al. 2006; Karama et al. 2011; Schnack et al. 2015; Schmitt et al. 2019). In particular, changes in CT in frontotemporal and inferior parietal regions during development have been shown to mediate the heritability of IQ. The heritability of *g*-factor has also been associated

with brain volume differences in the same cortical regions, and these regions may partially share the genetic influences of neuropsychiatric disorders on brain structure (Toga and Thompson 2005).

The interindividual differences in g-factor performance have significant genetic and environmental contributions (Deary et al. 2009; Plomin et al. 2012). A conservative estimate for the heritability of g-factor is approximately 40% (Bouchard and McGue 1981; Deary et al. 2010; Haworth et al. 2010; Plomin and Deary 2015; Kaminski et al. 2018). Until recently, the contribution of common genetic variants accounting for this heritability was unclear. Several smaller GWAS identified tens of independent genetic loci associated with cognitive functioning (Davies et al. 2011, 2015, 2016; Benyamin et al. 2014; Kirkpatrick et al. 2014; Lencz et al. 2014; Lam et al. 2017; Sniekers et al. 2017; Trampush et al. 2017). More recently, a large genome-wide association meta-analysis uncovered 205 associated genomic loci and 1,016 genes that were statistically related to general intelligence in 269,867 participants (Savage et al. 2018). Another study with large sample overlap with Savage et al. (2018), identified 148 independent loci and 709 genes influencing general cognitive function in 300,486 individuals (Davies et al. 2018b). Polygenic scores based on the recent GWAS studies explained approximately 2.0-5.2% of the variance in general intelligence (Davies et al. 2018b; Savage et al. 2018). There was also a robust genetic correlation, but with small effect size (r<sub>o</sub>~-0.20), of polygenic scores for intelligence with neuropsychiatric disorders with prominent cognitive symptoms including schizophrenia (SCZ) (Ohi et al. 2018; Savage et al. 2018). It has been reported that the genetic correlation with general cognitive function may be protective or mitigate the diagnosis of psychiatric disorders (Lam et al. 2017; Sniekers et al. 2017; Trampush et al. 2017; Davies et al. 2018b; Savage et al. 2018). These genetic findings represent an important step to further elucidating the architecture of human intelligence and potential neurobiological mechanisms underlying cognitive impairment in psychiatric disorders.

Lower *g*-factor scores and IQ impairment have been reported among many neuropsychiatric disorders including SCZ (Heinrichs and Zakzanis 1998; Heaton et al. 2001), bipolar disorder (BPD) (Bora

and Pantelis 2015), major depressive disorder (MDD) (Rock et al. 2014), attention deficit hyperactivity disorder (Hill et al. 2016), and autism spectrum disorder (ASD) (Millan et al. 2012). The neurocognitive domains contributing to lower g-factor scores vary among individuals and clinical subpopulations of these diseases. Moreover, the causes of neurocognitive impairment may be different between these disorders. For instance, an MDD patient may have dysfunction due an acute depressive episode in contrast to persistent cognitive symptoms in some chronic schizophrenia patients. Among psychiatric patients, neurocognitive symptoms have a negative impact on quality of life, social functioning, and occupational functioning (Green 2006; McIntyre et al. 2013). Cognitive impairments are particularly severe in some patients with ASD and SCZ in which cognitive deficits are a core feature of the disorders that are highly prevalent, manifest early, are relatively stable over time, and correlate with overall symptom severity (Seidman 2006; Savilla et al. 2008; Hill et al. 2016). Impairment is also present in first-degree relatives of patients suggesting a genetic component that is not a downstream effect of the disease process (Clark et al. 2005; Snitz et al. 2006; Bora et al. 2009; Gau and Shang 2010; Rommelse et al. 2011). Therefore, g-factor has been argued to be an important endophenotype among psychiatric populations (e.g. Burdick et al. 2009).

In the present study, we used genome-wide, whole-brain neuroimaging, and neurocognitive performance data from two large independent samples: the naturalistic adolescent development cohort IMAGEN study (N=1,651), and the cross-psychiatric disorder IntegraMooDS sample (N=742) that includes healthy controls, as well as patients and first-degree relatives of patients with MDD, BPD, and SCZ. Our primary goal was to investigate the mechanistic relationship among the polygenic intelligence scores (PS<sub>i</sub>), derived from the Savage et al. 2018 intelligence, wave 2 study (Savage et al. 2018), cortical structure, and *g*-factor performance which requires a number of intermediary steps. First, we aimed to validate the association between polygenic scores and *g*-factor. Second, we assessed the association of *g*-factor performance with vertex-wise measures of CT and SA. Third, we established which PS<sub>i</sub>

(thresholds ranging from  $P_T < 5.0 \times 10^{-8}$  to  $P_T = 1.0$ ) were associated with CT and SA. Last, we aimed to use vertex-wise putative causal models to assess if the association between  $PS_i$  and g-factor performance was mediated by cortical brain structure in youths, adults, relatives of patients, and patients.

#### **Materials and Methods**

## **Subjects**

We analyzed two independent samples with neuroimaging, neurocognitive and genome-wide genotype data. The first sample (IMAGEN; <a href="www.imagen-europe.com">www.imagen-europe.com</a>; N=1,651) is a large-scale, longitudinal European imaging genetics study. It is a community-based sample of adolescents with Caucasian origin that was collected at eight different sites in Europe: Berlin, Germany (N=214); Dresden, Germany (N=239); Dublin, Ireland (N=154); Hamburg, Germany (N=215); London, England (N=186); Mannheim, Germany (N=192); Nottingham, England (N=257); and Paris, France (N=194). The average age was 13.9  $\pm$  0.45 including 817 males and 834 females. A detailed description of the IMAGEN sample has been provided in earlier publications (Schumann et al. 2010; Kaminski et al. 2018). The ethics committees approved the study among clinical sites. Legal guardians of participants provided written informed consent prior to commencement of the study.

The newly completed, cross-psychiatric disorder IntegraMooDS sample (N=742) consists of healthy controls (N=339), first degree relatives of MDD (rel-MDD; N=91), BPD (rel-BPD; N=69) and SCZ (rel-SCZ; N=67), and independent subgroups of patients with MDD (pat-MDD; N=67), BPD (pat-BPD; N=60), and SCZ (pat-SCZ; N=50; Table S1). The Structured Clinical Interview of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) Axis-I Disorders (SCID-I) (First and Spitzer 2002) was used to confirm diagnosis of patients and to ensure that relatives and controls never suffered from a psychiatric disorder. Symptom severity was assessed using the SCL-90-R (Derogatis 1979) (Table S1). All participants reported having grandparents of European origin. Medication

information is listed in Table S2. Data of IntegraMooDS participants was collected across three different German research institutions: Central Institute of Mental Health at the University of Heidelberg, Mannheim; Department of Psychiatry and Psychotherapy, University of Bonn, Bonn; and the Department of Psychiatry and Psychotherapy at Charité-Universitätsmedizin Berlin. The ethics committees of the participating centers approved the study and all participants provided written informed consent prior to commencement of the study. IMAGEN and IntegraMooDS were both conducted in accordance with the Declaration of Helsinki.

## General Intelligence

Using standard methods (Spearman 1904; Mackintosh 2011; Davies et al. 2016; Savage et al. 2018), g-factor was defined as the first principal component among psychometric neurocognitive batteries encompassing multiple dimensions of cognitive functioning. Since IMAGEN and IntegraMooDS have different neurocognitive batteries, we conducted a principal component analysis (PCA) of the different cognitive tests available and selected the first unrotated component independently in each sample. In IMAGEN, g-factor was calculated from the WISC-IV (Feis 2010) including: matrix reasoning, block design, digit span backward and forward, similarities and vocabulary. In IntegraMooDS, we conducted PCA from the Hamburg-Wechsler Adult Intelligence Scale (HAWIE-R) (Wechsler 2008) subtests digit span memory test (forwards and backwards), matrix reasoning, digit symbol and additional neurocognitive tests including verbal fluency (Aschenbrenner et al. 2000), verbal intelligence (Lehrl 1993), verbal learning and memory (Helmstaedter 2001), trail making test version a and b (Giovagnoli et al. 1996), and d2 concentration performance (Brickenkamp and Zillmer 1998). In both samples, the factor loadings of individual neurocognitive tests followed a typical pattern (Deary et al. 2010) and correlated highly with the extracted g-factor (all r>0.47; Figure S1). In general, g-factor scores are relatively stable even when calculated from a variety of cognitive tests (Jensen 1998b). For instance, g-factor scores

obtained from different domains of cognitive tests correlate highly (Johnson et al. 2004, >0.98; 2008). In previous studies, *g*-factor generally accounts for 40% or more of the variance across different cognitive domains (Carroll and B. 1993; Deary et al. 2010). A detailed description of the different neuropsychological tests used in both samples is shown in the intelligence measures section of the Supplementary Material.

## **Genetics**

Quality control, imputation and analysis of the genetic data for both the IMAGEN and IntegraMooDS samples was performed according to the standards of the Psychiatric Genomics Consortium (PGC; http://www.med.unc.edu/pgc; for further details see Supplementary Material, Genetics section). IMAGEN was a minor contribution to the original study conducted by Savage et al. (2018). To avoid bias, we were provided with the summary statistics by the authors excluding IMAGEN. This resulted in 268,524 individuals from the original GWAS with 9,270,275 SNPs instead of the 269,867 individuals included in the publication. Polygenic scores are used to summarize genome-wide effects among sets of genetic variants that may not achieve significance alone in large-scale association studies (Dudbridge 2013). Among genetically complex phenotypes, in which thousands of genetic polymorphisms may be contributing to the trait, these aggregated polygenic scores increase the predictive power that would not be achievable by a single variant alone (Dudbridge 2013). We used the latest general intelligence meta-analysis conducted by Savage et al. (2018) to calculate PS; for each individuals in both samples as the weighted sum of the alleles associated with lower general intelligence. For each individual, we calculated ten PS<sub>i</sub> deciles at p-value thresholds ranging from p=1 to p<0.5x10<sup>-8</sup>. Our thresholds, and the method in general, are standard among PGC publications (For further details, Supplementary Material, Genetics section) (Ripke et al. 2014; Cross-Disorder Group of the PGC 2013; Purcell et al. 2009). Genetic population stratification was assessed among the first four genetic principal components (IMAGEN: Figure S3; IntegraMooDS: Figure S4).

## **Image Acquisition**

In IMAGEN, the image acquisition parameters and preprocessing steps have been described in detail in a prior publication (Schumann et al. 2010), and they are summarized in the image acquisition section of the Supplementary Material. In IntegraMooDS, scans were acquired using three Siemens Trio 3T MR (Siemens, Erlangen, Germany) scanners at Charité Universitätsmedizin Berlin, at the Life and Brain Center of the University of Bonn, and at the Zentralinstitut für seelische Gesundheit, Mannheim. Image acquisition parameters and processing of structural images are described in detail in prior publications (Lett et al. 2017; Vogel et al. 2018), and in the methods section of the Supplementary Material.

## Statistical Analysis

Our statistical models were different in IMAGEN and IntegraMooDS. In IMAGEN, we included sex, age, site and the top four principal components (PCs) from the population stratification analysis as covariates. In IntegraMooDS, we additionally included the subgroups (healthy controls, rel-MDD, rel-BPD, rel-SCZ, pat-MDD, pat-BPD, and pat-SCZ) as covariates along with sex, age, site, and the top four PCs from the population stratification analysis. In follow-up analyses, we determined if we should be including the cross-diagnostic subgroups in IntegraMooDS as an interacting variable with each PS<sub>i</sub> for both the main effects (i.e. PS<sub>i</sub> on cortical structure), as well as the mediation effects (i.e. PS<sub>i</sub> on *g*-factor via cortical structure). In both samples, linear regression was applied to investigate the association between PS<sub>i</sub> and general intelligence. In IntegraMooDS, we followed-up this analysis examining PS<sub>i</sub> by subgroup interactions.

## Neuroimaging analysis

For vertex-wise analyses of cortical surfaces, the TFCE\_mediation toolbox (Lett et al. 2017) was used (https://github.com/trislett/TFCE\_mediation). The toolbox performs threshold-free cluster enhancement (TFCE) transformation on vertex-wise statistic images (Smith and Nichols, 2009). Significance of the TFCE transformed statistic image is assessed via permutation testing after correcting for family-wise error rate ( $P_{FWER-corrected}$ ). The toolbox also allows for cortex-wise mediation analyses. For all neuroimaging analyses, significance was determined after 10,000 permutations at a  $P_{FWER-corrected}$ <0.05 and  $P_{FWER-corrected}$ <0.05 for analyses that included  $PS_i$ .

Cortex-wise mediation is explained in detail in the Supplementary Material, as well as in prior publications (Lett et al. 2016, 2017, 2018). This analysis allowed us to determine if the associations between PS<sub>i</sub> and *g*-factor were independent of differences in SA and CT, or if SA and CT were mediating the effect. The mediation models in IMAGEN and IntegraMooDS were performed with PS<sub>i</sub> as independent variable, vertex-wise SA or CT were the mediator variables, and *g*-factor was the dependent variable. At each vertex, the indirect effect was assessed using the Sobel Test Z-statistic (Sobel 1986). The Z-statistic images then underwent TFCE, and significance of cortex-wise mediation was determined after 10,000 permutations.

## <u>Post hoc</u> estimation of effect sizes

To estimate the degree of partial mediation, we used the effect sizes (partial  $\eta^2$ ) of the top cluster from the vertex-wise mediation analyses among all significant PS<sub>i</sub> thresholds. We calculated the direct effect (PS<sub>i</sub> on *g*-factor), the effect of PSi on the mean cluster values, the effect of the mean cluster values on *g*-factor, and the indirect effect of PS<sub>i</sub> on *g*-factor including the top clusters as additional covariates. Furthermore, we calculated the percentage of the explainable variance (see formula below) in *g*-factor performance that is explained by the indirect effect (see Table S9). Neuroimaging *post hoc* effects estimations are inflated; however, this bias is reduced in larger sample sizes (Reddan et al. 2017; Geuter et al. 2018).

#### **Results**

#### General intelligence

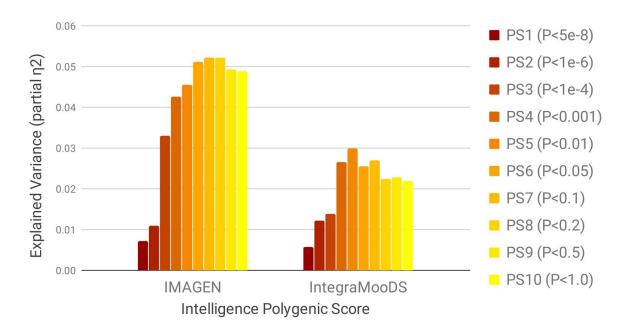
In IMAGEN, g-factor explained 41.1% variance, and 41.7% of the variance in IntegraMooDS (Figure S1). In both samples, g-factor explained a similar amount of variance across various cognitive tests (Table S3; Figure S2). Within IntegraMooDS, g-factor was significantly different between subgroups ( $F_{6,726}$ =9.34, P=1.8x10<sup>-9</sup>, Figure S5). Pairwise comparisons revealed that g-factor was significantly lower in rel-SCZ, pat-BPD and pat-SCZ compared to healthy controls, with the greatest difference in pat-SCZ compared to control subjects (Table S4).

# Polygenic intelligence score

In both samples,  $PS_1$  to  $PS_{10}$  correlated positively with each other after correction for multiple testing indicating a relatively high degree of collinearity among  $PS_i$  (IMAGEN: r=0.23-0.99, P<1.2x10<sup>-20</sup>; IntegraMooDS: r=0.30-0.99, P<8.5x10<sup>-17</sup>; Figure S6). In IntegraMooDS, the  $PS_1$  to  $PS_{10}$  did not differ significantly between subgroups ( $F_{6.727}$ =0.33-1.86, P>0.05).

## Association of polygenic scores with general intelligence

In the IMAGEN sample,  $PS_1$  to  $PS_{10}$  were associated with g-factor with  $PS_6$  to  $PS_8$  explaining approximately 5.1% of the variance ( $F_{1,1640}$ =12.23-94.30; P<0.005; Figure 1). In the IntegraMooDS sample,  $PS_2$  to  $PS_{10}$  were associated with g-factor with  $PS_5$  explaining 3.0% of the variance ( $F_{1,725}$ =9.99-20.98; P<0.005; Figure 1). In follow-up analyses, we included the interaction between  $PS_1$  and IntegraMooDS subgroups. There were no significant subgroup by  $PS_1$  interactions on g-factor at all  $PS_1$  thresholds ( $F_{6,720}$ =0.31-1.03, P>0.05).



**Figure 1.** Effect sizes (partial eta squared) of associations between polygenic scores for general intelligence ranging from PS<sub>1</sub> to PS<sub>10</sub> and *g*-factor performance. All polygenic scores were significantly associated with *g*-factor after Bonferroni correction for ten multiple comparisons (IMAGEN:  $F_{1,1640}$ = 12.23-94.30; IntegraMooDS:  $F_{1,725}$ = 9.99-20.98; all  $P_{\text{corrected}} < 0.05$ ) except PS<sub>1</sub>, which was nominally associated with *g*-factor in IntegraMooDS ( $F_{1,725}$ = 5.09; P < 0.05).

## Association among g-factor, cortical thickness and surface area

In IMAGEN, vertex-wise analysis of CT and SA revealed a positive association with g-factor throughout the cortex ( $P_{FWER-corrected}$ <0.05; Figure S7). This global effect was also observed in IntegraMooDS where increased CT and SA were associated with g-factor performance ( $P_{FWER-corrected}$ <0.05; Figure S7).

## Association of polygenic scores and brain structure

Cortical Thickness

Within IMAGEN, PS<sub>3</sub> to PS<sub>8</sub> ( $P_T$ <1.0x10<sup>-4</sup> to  $P_T$ <0.2) were associated with higher CT ( $P_{FWER-corrected}$ <0.005; Table 1, Table S5) in the prefrontal cortices, anterior cingulate, insula, medial temporal cortex, and inferior parietal cortex (Figure S8 for PS<sub>4</sub>). Within the IntegraMooDS sample, PS<sub>2</sub>, PS<sub>4</sub>, and PS<sub>5</sub> were associated with higher CT in similar regions as in IMAGEN (bilateral prefrontal cortex, anterior cingulate, insula, temporal cortex and inferior parietal cortex;  $P_{FWER-corrected}$ <0.005; Table 1, Table S5, Figure S8 for PS<sub>4</sub> vertex-wise results). Vertex-wise results for PS<sub>1</sub> scores at  $P_{FWER-corrected}$ <0.05 and  $P_{FWER-corrected}$ <0.005 are available in the Supplementary Material under Online Vertex-wise Results. In follow-up analysis, there was no significant PS<sub>1</sub> by subgroup interaction in the IntegraMooDS sample ( $P_{FWER-corrected}$ <0.05).

## Surface Area

In IMAGEN, higher  $PS_3$  to  $PS_5$  were associated with larger SA ( $P_{FWER-corrected} < 0.005$ ; Table 1). The positive association between  $PS_i$  and SA was prominently observed in the frontal cortices, including bilateral DLPFC, as well as the anterior cingulate, insula, medial temporal cortex, and the inferior parietal cortex (Figure SB for  $PS_4$  vertex-wise results). In IntegraMooDS, higher  $PS_2$ ,  $PS_4$ ,  $PS_5$ , and  $PS_8$  were associated with larger SA in similar regions as in IMAGEN (prefrontal cortices, anterior cingulate, insula, temporal cortex and inferior parietal cortex) ( $P_{FWER-corrected} < 0.005$ ; Table 1; Table  $SB_6$ ). Vertex-wise results for  $PS_i$  scores at  $P_{FWER-corrected} < 0.05$  and  $P_{FWER-corrected} < 0.005$  are available in the Supplementary Material under Online Vertex-wise Results. Follow-up analysis revealed that there were no significant  $PS_i$  by subgroup interactions in the IntegraMooDS sample ( $P_{FWER-corrected} > 0.05$ ).

	Cortical Thickness		Surface Area	
Main Effect	IMAGEN	IntegraMooDS	IMAGEN	IntegraMooDS
$PS_1 (P_T < 5.0 \times 10^{-8})$	-	*	-	-
$PS_2 (P_T < 1.0 \times 10^{-6})$	*	***	*	***
$PS_3 (P_T < 1.0 \times 10^{-4})$	***	*	***	*
$PS_4 (P_T < 0.001)$	***	***	***	***

1	1		1	
$PS_5 (P_T < 0.01)$	***	***	***	***
$PS_6 (P_T < 0.05)$	***	*	***	*
$PS_7 (P_T < 0.1)$	***	*	*	*
$PS_8 (P_T < 0.2)$	***	*	*	***
$PS_9 (P_T < 0.5)$	*	*	*	*
$PS_{10} (P_T < 1.0)$	*	*	-	*
Indirect Effect	IMAGEN	IntegraMooDS	IMAGEN	IntegraMooDS
$PS_1 (P_T < 5.0 \times 10^{-8})$	-	***	-	-
$PS_2 (P_T < 1.0 \times 10^{-6})$	*	***	*	***
$PS_3 (P_T < 1.0 \times 10^{-4})$	***	***	***	***
$PS_4 (P_T < 0.001)$	***	***	***	***
$PS_5 (P_T < 0.01)$	***	***	***	***
$PS_6 (P_T < 0.05)$	***	*	***	*
$PS_7 (P_T < 0.1)$	***	*	***	***
$PS_8 (P_T < 0.2)$	***	*	***	***
$PS_9 (P_T < 0.5)$	*	*	*	***
$PS_{10} (P_T < 1.0)$	*	*	-	***

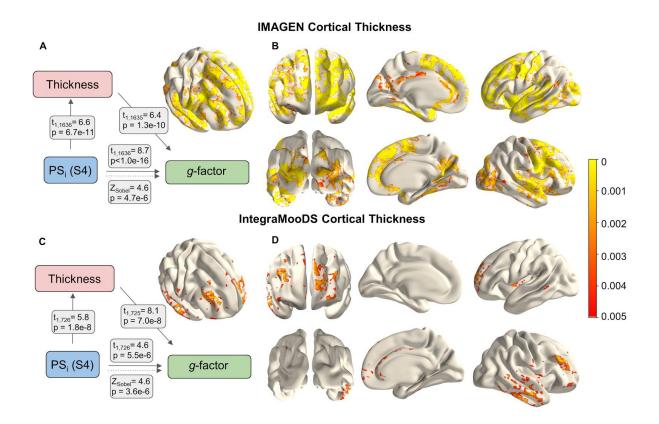
**Table 1.** Associations of polygenic scores for general intelligence and surface area as well as cortical thickness in IMAGEN and IntegraMooDS at two different thresholds, separately for main effects and mediation analyses (indirect effect). \*, represents the familywise error rate corrected significance threshold ( $P_{FWER-corrected} < 0.05$ ). \*\*\*, represents significant p values after correcting for ten multiple comparisons as well as familywise error rate ( $P_{FWER-corrected} < 0.005$ ).  $P_{T}$ , polygenic score threshold.

# Cortex-wise mediation analyses

#### Cortical Thickness

In IMAGEN, CT partially mediated the relationship between  $PS_3$  to  $PS_8$  and g-factor ( $P_{FWER-corrected} < 0.005$ ; Table 1; Table S7). The mediation was primarily in the prefrontal cortices, anterior cingulate, insula, medial temporal cortex, and inferior parietal cortex (Figure 2 for  $PS_4$ ). Within the IntegraMooDS sample, CT mediated the relationship between  $PS_2$  to  $PS_5$  and g-factor in similar regions as IMAGEN ( $P_{FWER-corrected} < 0.005$ ; Table 1; Table S7; Figure 2 for  $PS_4$ ). Vertex-wise results for  $PS_i$  scores at  $P_{FWER-corrected} < 0.05$  and  $P_{FWER-corrected} < 0.005$  are available in the Supplementary Material under Online

Vertex-wise Results. We did not include IntegraMooDS subgroup as an interacting variable in the mediation model because there was no significant PS<sub>i</sub> by subgroup interaction on CT ( $P_{FWER-corrected} > 0.05$ ).

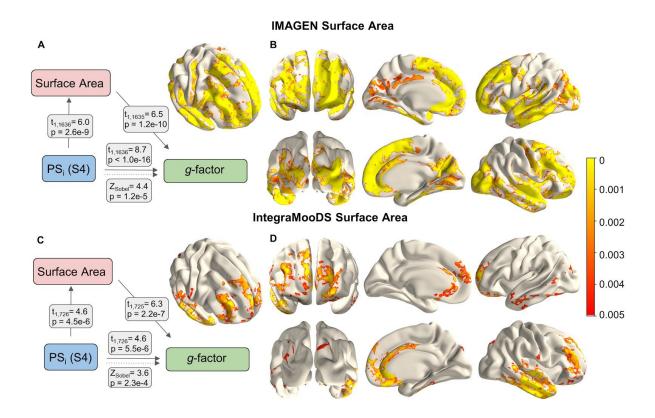


**Figure 2.** The association of PS<sub>4</sub> ( $P_T < 0.001$ ) and g-factor is mediated by cortical thickness in key regions associated with general intelligence in IMAGEN (N = 1,651) and IntegraMooDS (N = 742). Significant vertices are shown ranging from  $P_{FWER-corrected} < 0.005$  (red) to  $P_{FWER-corrected} < 0.001$  (yellow). (**A**) Mediation model statistics from the largest significant cluster (Supplementary Table S7) for associations among PS<sub>4</sub>, cortical thickness and g-factor in IMAGEN. Solid arrows represent direct effects, the dotted arrow represents the indirect effect of PS<sub>4</sub> on g-factor. (**B**) Brain orientation labels in clockwise direction: rostral, left, superior, inferior, right, caudal. (**C**) Mediation model statistics from the largest significant cluster (Supplementary Table S7) for associations among PS<sub>4</sub>, cortical thickness and g-factor in IntegraMooDS.

Solid arrows represent direct effects, the dotted arrow represents the indirect effect of  $PS_4$  on g-factor. (**D**) Brain orientation labels in clockwise direction: rostral, left, superior, inferior, right, caudal.

## Surface Area

In IMAGEN, the association between PS<sub>1</sub> and g-factor was partially mediated by SA, particularly in the prefrontal cortices, including bilateral DLPFC, as well as anterior cingulate, insula, medial temporal cortex, and inferior parietal cortex (Figure 3 for PS<sub>4</sub> vertex-wise results). SA mediated the relationship between PS<sub>4</sub> to PS<sub>8</sub> and g-factor ( $P_{FWER-corrected}$ <0.005; Table S8). Within the IntegraMooDS sample, SA mediated the relationship between PS<sub>2</sub> to PS<sub>5</sub> and PS<sub>6</sub> to PS<sub>10</sub> and g-factor in similar regions as IMAGEN ( $P_{FWER-corrected}$ <0.05; Table 1; Table S8; Figure 3 for PS<sub>4</sub>). Vertex-wise results for PS<sub>1</sub> scores at  $P_{FWER-corrected}$ <0.05 and  $P_{FWER-corrected}$ <0.005 are available in the Supplementary Material under Online Vertex-wise Results. We did not include IntegraMooDS subgroup as an interacting variable in the mediation model because there was no significant PS<sub>1</sub> by subgroup interaction on SA ( $P_{FWER-corrected}$ <0.05).



**Figure 3.** The association of  $PS_4$  ( $P_T < 0.001$ ) and g-factor is mediated by surface area in key regions associated with general intelligence in IMAGEN (N = 1,651) and IntegraMooDS (N = 742). Significant vertices are shown ranging from  $P_{FWER-corrected} < 0.005$  (red) to  $P_{FWER-corrected} < 0.001$  (yellow). (**A**) Mediation model statistics from the largest significant cluster (Supplementary Table S8) for associations among  $PS_4$ , surface area and g-factor in IMAGEN. Solid arrows represent direct effects, the dotted arrow represents the indirect effect of  $PS_4$  on g-factor. (**B**) Brain orientation labels in clockwise direction: rostral, left, superior, inferior, right, caudal. (**C**) Mediation model statistics from the largest significant cluster (Supplementary Table S8) for associations among  $PS_4$ , surface area and g-factor in IntegraMooDS. Solid arrows represent direct effects, the dotted arrow represents the indirect effect of  $PS_4$  on g-factor. (**D**) Brain orientation labels in clockwise direction: rostral, left, superior, right, caudal.

## Post hoc estimation of the mediation effects

We estimated the *post hoc* effect sizes from the mean top cluster values of the vertex-wise mediation analyses (Table 1, Figures 2-3, and Tables S6-S8). For the direct effect, associations between PS<sub>i</sub> and *g*-factor, the partial  $\eta^2$  of the ranged from 0.007-0.054 in IMAGEN and 0.014-0.028 in IntegraMooDS (Figure 1, Table S9). The variance explained for PS<sub>i</sub>, on CT ranged from partial  $\eta^2$ =0.009-0.017 in IMAGEN, and partial  $\eta^2$ =0.019-0.034 in IntegraMooDS, and the variance explained for PS<sub>i</sub> on SA ranged from partial  $\eta^2$ =0.005-0.013 in IMAGEN, and partial  $\eta^2$ =0.012-0.023 in IntegraMooDS (Table S9).

The indirect effect of PS<sub>i</sub> and *g*-factor via the top CT clusters ranged from partial  $\eta^2 = 0.0028$  to 0.0075 in IMAGEN, and partial  $\eta^2 = 0.0019$ -0.0076 in IntegraMooDS (Table S9). Of the explainable variance in *g*-factor by PS<sub>i</sub>, the indirect effect explained ranged between 10.7%-24.9% in IMAGEN, and 12.2%-41.0% in IntegraMooDS. The indirect effect of PS<sub>i</sub> and *g*-factor via CT ranged from partial  $\eta^2 = 0.0021$ -0.0065 in IMAGEN, and partial  $\eta^2 = 0.0029$ -0.0062 in IntegraMooDS (Table S9). Of the explainable variance in *g*-factor, the indirect effect of the SA explained between 6.3%-18.9% in IMAGEN, and 17.7%-32.3% in IntegraMooDS (Table S9).

#### **Discussion**

It has been reported that the genetic contribution to general intelligence is partially shared with the genetics of cortical structure (Grasby et al. 2018; Savage et al. 2018). To the best of our knowledge, we provide first direct evidence that the genetic influence of common variants on general intelligence is partially mediated by its intermediate effect on CT and SA. Individuals with higher PS<sub>1</sub> scores, particularly at the P<sub>T</sub><0.001 threshold (PS<sub>4</sub>), had higher CT and SA in the frontotemporal, inferior parietal, and anterior cingulate regions that putatively led to better g-factor performance. These results were remarkably consistent among 14-year-old adolescents in the IMAGEN sample, as well as among the adult subgroups of the IntegraMooDS sample, suggesting that PS<sub>1</sub> may be independent of the subject population. Moreover, we potentially validate the functional effect of our SNP-derived PS<sub>1</sub> since the

cortical regions that mediate genetic effects on g-factor are similar to the regions associated with intelligence identified in twin-based heritability studies. All in all, we provide functional evidence that the cortical regions associated with the  $PS_i$  may be integral to inter-individual differences in g-factor performance.

Among the IMAGEN and IntegraMooDS samples, we found remarkably consistent associations among: (1) PS<sub>i</sub> and g-factor, (2) PS<sub>i</sub> and cortical structure, and (3) cortical structure and g-factor. We demonstrated consistent associations between PS; and g-factor performance in IMAGEN and IntegraMooDS with variance explained maximizing around the P<sub>T</sub><0.001 threshold (PS<sub>4</sub>). Importantly, it should be noted that we derived our PS<sub>i</sub> from a subsample of the meta-analysis that excluded IMAGEN. We replicated the Savage et al. (2018) PS<sub>i</sub> association with intelligence in the cross-disorder IntegraMooDS sample, and in both samples the maximum PS, was around P<sub>T</sub><0.001 polygenic threshold (PS<sub>4</sub>) (Savage et al. 2018). Importantly, PS<sub>5</sub> was also robustly associated with CT and SA in prefrontal, medial temporal, anterior cingulate, parietal, and insular cortices in both samples even after correcting for ten PS<sub>i</sub> thresholds and FWER across all vertices (approximately 3 million vertices in total). The topography of these associations is consistent with regions that have been heavily implicated by structural and functional neuroimaging studies in neurocognitive capacity (Deary et al. 2010; Basten et al. 2015; Pietschnig et al. 2015). The associated regions are also consistent to previously reported areas that have high heritability and are associated with general intelligence (Thompson et al. 2001; Gray and Thompson 2004; Toga and Thompson 2005; Narr et al. 2006). Within our samples, there were brain-wide positive correlations among CT and SA and g-factor performance. The unspecific effect of cortex morphology on g-factor performance is consistent with recent meta-analytic data demonstrating robust associations between general cognitive function and total brain volume (Elliott, Belsky, et al. 2018). This result is also consistent with general associations with most structural MRI phenotypes (Ritchie et al. 2015) and intelligence including CT (Shaw et al. 2006; Karama et al. 2011) and SA (Lencz et al. 2014). Therefore, a natural question is if there is a latent association among these three correlations.

To date, the majority of neuroimaging and genetics studies examining cognition have focused on pairwise relationships among genetics-cognition, genetics-brain, or brain-cognition. We performed vertex-wise mediation analysis of CT and SA among ten PS, thresholds in two independent samples linking genetics, brain structure and general intelligence. Our cortex-wise mediation findings are in-line with the few studies that have examined genetics-brain-cognition relationships. We observed a consistent mediation particularly in frontal regions, such as the DLPFC, as well as the anterior cingulate cortex, posterior cingulate cortex, and medial temporal lobes, where cortical structure mediated the effect of PS<sub>i</sub> on g-factor. Our results are spatially similar to twin-based heritability studies. In virtually identical regions, cortical grey matter volume mediated the association of the genetic influence on g-factor (Gray and Thompson 2004). More recently, frontotemporal cortical thickness, as well as change in cortical thickness during adolescence were also demonstrated to mediate the genetic association with full-scale IQ (Schmitt et al. 2019). Therefore, the genetic influence estimated by GWAS meta-analysis derived PS<sub>i</sub> or twin-based heritability both support a shared associations of genetics and brain structure on intelligence. Furthermore, a meta-analysis across four independent samples found a weak but consistent mediation effect among polygenic scores derived from an education attainment GWAS (Davies et al. 2016), total brain volume, and cognitive performance (Elliott, Belsky, et al. 2018). These previous findings on total brain volume mediation are consistent with our results given the relatively strong, GWAS-derived, genetic correlation between intelligence and educational attainment ( $r_g \sim 0.70$ ) (Rietveld et al. 2013; Savage et al. 2018). Our mediation findings are also consistent with the association between intelligence and brain activation during cognitive demand in lateral prefrontal, insular, parietal, temporal, motor, as well as posterior and anterior cingulate regions (Basten et al. 2015; Hearne et al. 2016; Saxe et al. 2018). Since we observed a more specific mediation effect in frontotemporal, and insular regions, it could be speculated that the relatively weak total brain volume mediation could be too general of a phenotype.

There are some important limitations to this study. Mediation analyses inherently imply causal inference; however, we are cautious of this implication. We had a strong a priori hypothesis of the direction of our mediation models: genetics likely determine brain structure (and not vice versa), and brain structure likely determines g-factor; however, in both IMAGEN and IntegraMooDS the PS only explained 3-5% of the variance in g-factor performance. We are only explaining a portion of the genetic contribution to intelligence (for example, the SNP-based heritability of general intelligence is approximately 20% (Marioni et al. 2014; Davies et al. 2018b; Savage et al. 2018)). Moreover, while we observed widespread and strongly significant associations among CT, SA and g-factor, these structures explained only 2-3% of the variance of g-factor after including PS; as a covariate. Together these explain why the maximum amount of the variance mediated by CT and SA was only around 0.7%. However, it should be noted that 0.7% represents 20-40% of the initial PS<sub>i</sub> association with g-factor in IMAGEN and IntegraMooDS, respectively. While in the context of imaging-genetics studies of behavior phenotypes this amount of explained variance is not trivial, we cannot infer direct conclusions explaining g-factor performance. Therefore, our results should not be viewed as a causal gene-brain-behavior mechanism, but rather as an insight to cortical regions that directly related to PS<sub>i</sub> and g-factor performance that are more specific than either of these associations alone. Further, our subgroups were too small to make definitive conclusions about the patient groups. Within IntegraMooDS, our results were consistent across patient and relative subgroups suggesting the genetic association is independent from psychiatric diagnosis, nevertheless these results need to be confirmed in larger patient samples. Moreover, both our samples were of European descent, therefore, we are unable to assess the effect of PS, in other ethnic subgroups. Last, there is a known interaction among age, surface area, cortical thickness and intelligence (Narr et al. 2006; Karama et al. 2014). We observed consistent genetic effects on cortical structure in adolescents and

adults. However, a sample designed to assess across-the-lifespan effects would be needed to assess any neurodevelopmental effects.

Our findings support a direction of effect in which GWAS-derived PS<sub>i</sub> effects cortical structure, which in turn, correlates with *g*-factor performance. In particular, it supports an intermediate role of cortical morphology in the relationship between cumulative genetic load for general intelligence and *g*-factor performance. Although polygenic scores are unlikely to account for all of the genetically explained variance in *g*-factor performance, PS<sub>i</sub> appears to be an interesting factor collectively influencing cortical structure and neurocognition.

## **Funding**

This research was supported by the German Ministry for Education and Research (BMBF) grants NGFNplus MooDS 01GS08148, e:Med program O1ZX1314B and O1ZX1314G as well as Forschungsnetz AERIAL 01EE1406A and 01EE1406B. Further, this work is supported by a NARSAD Distinguished Investigator Grant to H.W. and S.R., B.O.V. is funded by BMBF Grant 01EE1407 and T.A.L. is funded by DFG grant Wa 1539/11-1, ER 724/4-1. Further, this work received support from the following sources: the European Union-funded FP6 Integrated Project IMAGEN (Reinforcement-related behaviour in normal brain function and psychopathology) (LSHM-CT- 2007-037286), the Horizon 2020 funded ERC Advanced Grant 'STRATIFY' (Brain network based stratification of reinforcement-related disorders) (695313), ERANID (Understanding the Interplay between Cultural, Biological and Subjective Factors in Drug Use Pathways) (PR-ST-0416-10004), BRIDGET (JPND: BRain Imaging, cognition Dementia and next generation GEnomics) (MR/N027558/1), the FP7 projects IMAGEMEND(602450; IMAging GEnetics for MENtal Disorders) and MATRICS (603016), the Innovative Medicine Initiative Project EU-AIMS (115300-2), the Medical Research Council Grant 'c-VEDA' (Consortium on Vulnerability to Externalizing Disorders and Addictions) (MR/N000390/1), the Swedish Research Council FORMAS, the Medical Research Council, the National Institute for Health Research (NIHR) Biomedical Research Centre at South London and Maudsley NHS Foundation Trust and King's College London, the Bundesministeriumfür Bildung und Forschung (BMBF grants 01GS08152; 01EV0711; eMED SysAlc01ZX1311A; Forschungsnetz AERIAL 01EE1406A, 01EE1406B), the Deutsche Forschungsgemeinschaft (DFG grants, SM 80/7-2, SFB 940/2), the Medical Research Foundation and Medical research council (grant MR/R00465X/1). Further support was provided by grants from: ANR (project AF12-NEUR0008-01 - WM2NA, and ANR-12-SAMA-0004), the Fondation de France, the Fondation pour la Recherche Médicale, the Mission Interministérielle de Lutte-contre-les-Drogues-et-les-Conduites-Addictives (MILDECA), the Fondation pour la Recherche

Médicale (DPA20140629802), the Fondation de l'Avenir, Paris Sud University IDEX 2012; the National Institutes of Health, Science Foundation Ireland (16/ERCD/3797), U.S.A. (Axon, Testosterone and Mental Health during Adolescence; RO1 MH085772-01A1), and by NIH Consortium grant U54 EB020403, supported by a cross-NIH alliance that funds Big Data to Knowledge Centres of Excellence.

# Acknowledgements

None

#### **Conflicts of Interest**

T.B. has served as an advisor or consultant to Bristol-Myers Squibb, Desitin Arzneimittel, Eli Lilly, Medice, Novartis, Pfizer, Shire, UCB, and Vifor Pharma; he has received conference attendance support, conference support, or speaking fees from Eli Lilly, Janssen McNeil, Medice, Novartis, Shire, and UCB; and he is involved in clinical trials conducted by Eli Lilly, Novartis, and Shire; the present work is unrelated to these relationships. M.M. has been a member of the scientific advisory boards for the Lundbeck Foundation and Robert-Bosch-Stiftung, is a member of the Medical-Scientific Editorial Office of Deutsches Ärzteblatt, has received travel support from Shire Deutschland GmbH, and receives a salary from and holds shares in Life and Brain GmbH. A.M-L. discloses speaker and/or advisor or authorship fees from Astra Zeneca, Servier, Bristol-Myers Squibb GmbH & Co.KGaA, Desitin Arzneimittel GmbH, Defined Health, F. Hoffmann-La Roche Ltd., Lilly Deutschland GmbH, Gerson Lehrmann Group (GLG), Pricespective, Elsevier, Alexza Pharmaceuticals Inc., Outcome Sciences Inc., Pfizer Pharma GmbH, Janssen-Cilag EMEA. H.W. received a speaker honorarium from Servier (2014). The other authors report no financial interest or potential conflicts of interest.

# **Online Supplementary Material**

• Online Vertex-wise Results

#### References

- Aschenbrenner S, Tucha O, Lange KW. 2000. Regensburger Wortflüssigkeits-Test: RWT; Handanweisung.
- Basten U, Hilger K, Fiebach CJ. 2015. Where smart brains are different: A quantitative meta-analysis of functional and structural brain imaging studies on intelligence. Intelligence. 51:10–27.
- Benyamin B, Pourcain B, Davis OS, Davies G, Hansell NK, Brion M-JA, et al. 2014. Childhood intelligence is heritable, highly polygenic and associated with FNBP1L. Mol Psychiatry. 19:253–258.
- Bora E, Pantelis C. 2015. Meta-analysis of Cognitive Impairment in First-Episode Bipolar Disorder: Comparison With First-Episode Schizophrenia and Healthy Controls. Schizophr Bull. 41:1095–1104.
- Bora E, Yucel M, Pantelis C. 2009. Cognitive endophenotypes of bipolar disorder: a meta-analysis of neuropsychological deficits in euthymic patients and their first-degree relatives. J Affect Disord. 113:1–20.
- Bouchard TJ Jr, McGue M. 1981. Familial studies of intelligence: a review. Science. 212:1055–1059. Brickenkamp R, Zillmer E. 1998. The d2 test of attention. Hogrefe & Huber Pub.
- Burdick KE, Gunawardane N, Woodberry K, Malhotra AK. 2009. The role of general intelligence as an intermediate phenotype for neuropsychiatric disorders. Cogn Neuropsychiatry. 14:299–311.
- Carroll JB. 1993. Human Cognitive Abilities: A Survey of Factor-Analytic Studies. Cambridge University Press.
- Carroll JB, B. CJ. 1993. Human Cognitive Abilities: A Survey of Factor-Analytic Studies. Cambridge University Press.
- Clark L, Sarna A, Goodwin GM. 2005. Impairment of executive function but not memory in first-degree relatives of patients with bipolar I disorder and in euthymic patients with unipolar depression. Am J Psychiatry. 162:1980–1982.
- Colom R, Abad FJ, Garcia LF, Juan-Espinosa M. 2002. Education, Wechsler's full scale IQ, and g. Intelligence. 30:449–462.
- Davies G, Armstrong N, Bis JC, Bressler J, Chouraki V, Giddaluru S, et al. 2015. Genetic contributions to variation in general cognitive function: a meta-analysis of genome-wide association studies in the CHARGE consortium (N=53949). Mol Psychiatry. 20:183–192.
- Davies G, Lam M, Harris SE, Trampush JW, Luciano M, Hill WD, et al. 2018a. Study of 300,486 individuals identifies 148 independent genetic loci influencing general cognitive function. Nat Commun. 9:2098.
- Davies G, Lam M, Harris SE, Trampush JW, Luciano M, Hill WD, et al. 2018b. Study of 300,486 individuals identifies 148 independent genetic loci influencing general cognitive function. Nat Commun. 9:2098.
- Davies G, Marioni RE, Liewald DC, Hill WD, Hagenaars SP, Harris SE, et al. 2016. Genome-wide association study of cognitive functions and educational attainment in UK Biobank (N=112 151). Mol Psychiatry. 21:758–767.
- Davies G, Tenesa A, Payton A, Yang J, Harris SE, Liewald D, et al. 2011. Genome-wide association studies establish that human intelligence is highly heritable and polygenic. Mol Psychiatry. 16:996–1005.
- Deary IJ, Harris SE, Hill WD. 2018. What genome-wide association studies reveal about the association between intelligence and physical health, illness, and mortality. Curr Opin Psychol. 27:6–12.
- Deary IJ, Johnson W, Houlihan LM. 2009. Genetic foundations of human intelligence. Hum Genet. 126:215–232.

- Deary IJ, Penke L, Johnson W. 2010. The neuroscience of human intelligence differences. Nat Rev Neurosci. 11:201–211.
- Derogatis LR. 1979. Symptom Checklist-90-Revised (SCL-90-R). Lyndhurst, NJ: NCS Pearson.
- Dudbridge F. 2013. Power and predictive accuracy of polygenic risk scores. PLoS Genet. 9:e1003348.
- Elliott ML, Belsky DW, Anderson K, Corcoran DL, Ge T, Knodt A, et al. 2018. A Polygenic Score for Higher Educational Attainment is Associated with Larger Brains. Cereb Cortex.
- Elliott, Sharp K, Alfaro-Almagro F, Shi S, Miller KL, Douaud G, et al. 2018. Genome-wide association studies of brain imaging phenotypes in UK Biobank. Nature. 562:210–216.
- Feis YF. 2010. Wechsler Intelligence Scale for Children-IV (WISC-IV). In: Encyclopedia of Cross-Cultural School Psychology. p. 1030–1032.
- First MB, Spitzer RL. 2002. Gibbon Miriam, and Williams, Janet BW Structured Clinical Interview for DSM-IV-TR Axis I Disorders, Research Version, Non-patient Edition. SCIDI/NP) New York: Biometrics Research, New York State Psychiatric Institute.
- Gau SS-F, Shang C-Y. 2010. Executive functions as endophenotypes in ADHD: evidence from the Cambridge Neuropsychological Test Battery (CANTAB). J Child Psychol Psychiatry. 51:838–849.
- Geuter S, Qi G, Welsh RC, Wager TD, Lindquist MA. 2018. Effect Size and Power in fMRI Group Analysis.
- Giovagnoli AR, Del Pesce M, Mascheroni S, Simoncelli M, Laiacona M, Capitani E. 1996. Trail making test: normative values from 287 normal adult controls. Ital J Neurol Sci. 17:305–309.
- Grasby KL, Jahanshad N, Painter JN, Colodro-Conde L, Bralten J, Hibar DP, et al. 2018. The genetic architecture of the human cerebral cortex. bioRxiv.
- Gray JR, Thompson PM. 2004. Neurobiology of intelligence: science and ethics. Nat Rev Neurosci. 5:471–482.
- Green MF. 2006. Cognitive impairment and functional outcome in schizophrenia and bipolar disorder. J Clin Psychiatry. 67:e12.
- Haier RJ, Jung RE, Yeo RA, Head K, Alkire MT. 2004. Structural brain variation and general intelligence. Neuroimage. 23:425–433.
- Haworth CMA, Wright MJ, Luciano M, Martin NG, de Geus EJC, van Beijsterveldt CEM, et al. 2010. The heritability of general cognitive ability increases linearly from childhood to young adulthood. Mol Psychiatry. 15:1112–1120.
- Hearne LJ, Mattingley JB, Cocchi L. 2016. Functional brain networks related to individual differences in human intelligence at rest. Sci Rep. 6:32328.
- Heaton RK, Gladsjo JA, Palmer BW, Kuck J, Marcotte TD, Jeste DV. 2001. Stability and Course of Neuropsychological Deficits in Schizophrenia. Arch Gen Psychiatry. 58:24–32.
- Heinrichs RW, Zakzanis KK. 1998. Neurocognitive deficit in schizophrenia: a quantitative review of the evidence. Neuropsychology. 12:426–445.
- Helmstaedter C. 2001. VLMT Verbaler Lern- und Merkfähigkeitstest: Manual.
- Hill WD, Davies G, CHARGE Cognitive Working Group, Liewald DC, McIntosh AM, Deary IJ. 2016. Age-Dependent Pleiotropy Between General Cognitive Function and Major Psychiatric Disorders. Biol Psychiatry. 80:266–273.
- Hogstrom LJ, Westlye LT, Walhovd KB, Fjell AM. 2013. The structure of the cerebral cortex across adult life: age-related patterns of surface area, thickness, and gyrification. Cereb Cortex. 23:2521–2530.
- Jensen AR. 1998a. The g factor: The science of mental ability. Praeger Westport, CT.
- Jensen AR. 1998b. Human evolution, behavior, and intelligence. The g factor: The science of mental ability. Westport, CT, US.
- Jha SC, Xia K, Schmitt JE, Ahn M, Girault JB, Murphy VA, et al. 2018. Genetic influences on neonatal cortical thickness and surface area. Hum Brain Mapp. 39:4998–5013.
- Johnson W, Bouchard TJ, Krueger RF, McGue M, Gottesman II. 2004. Corrigendum to "Just one g:

- consistent results from three test batteries." Intelligence.
- Johnson W, Nijenhuis J te, Bouchard TJ. 2008. Still just 1 g: Consistent results from five test batteries. Intelligence. 36:81–95.
- Kaminski JA, Schlagenhauf F, Rapp M, Awasthi S, Ruggeri B, Deserno L, et al. 2018. Epigenetic variance in dopamine D2 receptor: a marker of IQ malleability? Transl Psychiatry. 8:169.
- Karama S, Bastin ME, Murray C, Royle NA, Penke L, Muñoz Maniega S, et al. 2014. Childhood cognitive ability accounts for associations between cognitive ability and brain cortical thickness in old age. Mol Psychiatry. 19:555–559.
- Karama S, Colom R, Johnson W, Deary IJ, Haier R, Waber DP, et al. 2011. Cortical thickness correlates of specific cognitive performance accounted for by the general factor of intelligence in healthy children aged 6 to 18. Neuroimage. 55:1443–1453.
- Kirkpatrick RM, McGue M, Iacono WG, Miller MB, Basu S. 2014. Results of a "GWAS Plus:" General Cognitive Ability Is Substantially Heritable and Massively Polygenic. PLoS One. 9:e112390.
- Lam M, Trampush JW, Yu J, Knowles E, Davies G, Liewald DC, et al. 2017. Large-Scale Cognitive GWAS Meta-Analysis Reveals Tissue-Specific Neural Expression and Potential Nootropic Drug Targets. Cell Rep. 21:2597–2613.
- Lehrl S. 1993. Mehrfachwahl-Wortschatz-Intelligenztest: MWT-B; [Manual zum MWT-B].
- Lencz T, Knowles E, Davies G, Guha S, Liewald DC, Starr JM, et al. 2014. Molecular genetic evidence for overlap between general cognitive ability and risk for schizophrenia: a report from the Cognitive Genomics consorTium (COGENT). Mol Psychiatry. 19:168–174.
- Lett TA, Kennedy JL, Radhu N, Dominguez LG, Chakravarty MM, Nazeri A, et al. 2016. Prefrontal White Matter Structure Mediates the Influence of GAD1 on Working Memory. Neuropsychopharmacology. 41:2224–2231.
- Lett TA, Mohnke S, Amelung T, Brandl EJ, Schiltz K, Pohl A, et al. 2018. Multimodal neuroimaging measures and intelligence influence pedophile child sexual offense behavior. Eur Neuropsychopharmacol. 28:818–827.
- Lett TA, Waller L, Tost H, Veer IM, Nazeri A, Erk S, et al. 2017. Cortical surface-based threshold-free cluster enhancement and cortexwise mediation. Hum Brain Mapp. 38:2795–2807.
- Mackintosh NJ. 2011. IQ and Human Intelligence. Oxford University Press.
- Marioni RE, Davies G, Hayward C, Liewald D, Kerr SM, Campbell A, et al. 2014. Molecular genetic contributions to socioeconomic status and intelligence. Intelligence. 44:26–32.
- Mcdaniel M. 2005. Big-brained people are smarter: A meta-analysis of the relationship between in vivo brain volume and intelligence. Intelligence. 33:337–346.
- McIntyre RS, Cha DS, Soczynska JK, Woldeyohannes HO, Gallaugher LA, Kudlow P, et al. 2013. Cognitive deficits and functional outcomes in major depressive disorder: determinants, substrates, and treatment interventions. Depress Anxiety. 30:515–527.
- Millan MJ, Agid Y, Brüne M, Bullmore ET, Carter CS, Clayton NS, et al. 2012. Cognitive dysfunction in psychiatric disorders: characteristics, causes and the quest for improved therapy. Nat Rev Drug Discov. 11:141–168.
- Narr KL, Woods RP, Thompson PM, Szeszko P, Robinson D, Dimtcheva T, et al. 2006. Relationships between IQ and Regional Cortical Gray Matter Thickness in Healthy Adults. Cereb Cortex. 17:2163–2171.
- Ohi K, Sumiyoshi C, Fujino H, Yasuda Y, Yamamori H, Fujimoto M, et al. 2018. Genetic Overlap between General Cognitive Function and Schizophrenia: A Review of Cognitive GWASs. Int J Mol Sci. 19:3822.
- Panizzon MS, Fennema-Notestine C, Eyler LT, Jernigan TL, Prom-Wormley E, Neale M, et al. 2009. Distinct genetic influences on cortical surface area and cortical thickness. Cereb Cortex. 19:2728–2735.

- Pietschnig J, Penke L, Wicherts JM, Zeiler M, Voracek M. 2015. Meta-analysis of associations between human brain volume and intelligence differences: How strong are they and what do they mean? Neurosci Biobehav Rev. 57:411–432.
- Plomin R, Deary IJ. 2015. Genetics and intelligence differences: five special findings. Mol Psychiatry. 20:98–108.
- Plomin R, DeFries JC, Knopik VS, Neiderhiser JM. 2012. Behavioral Genetics. Worth Publishers.
- Posthuma D, De Geus EJC, Baaré WFC, Hulshoff Pol HE, Kahn RS, Boomsma DI. 2002. The association between brain volume and intelligence is of genetic origin. Nat Neurosci.
- Reddan MC, Lindquist MA, Wager TD. 2017. Effect Size Estimation in Neuroimaging. JAMA Psychiatry. 74:207–208.
- Rietveld CA, Medland SE, Derringer J, Yang J, Esko T, Martin NW, et al. 2013. GWAS of 126,559 individuals identifies genetic variants associated with educational attainment. Science. 340:1467–1471.
- Ripke S, Neale BM, Corvin A, Walters JTR, Farh K-H, Holmans PA, et al. 2014. Biological insights from 108 schizophrenia-associated genetic loci. Nature. 511:421.
- Ritchie SJ, Booth T, Valdés Hernández MDC, Corley J, Maniega SM, Gow AJ, et al. 2015. Beyond a bigger brain: Multivariable structural brain imaging and intelligence. Intelligence. 51:47–56.
- Rock PL, Roiser JP, Riedel WJ, Blackwell AD. 2014. Cognitive impairment in depression: a systematic review and meta-analysis. Psychol Med. 44:2029–2040.
- Rommelse NNJ, Geurts HM, Franke B, Buitelaar JK, Hartman CA. 2011. A review on cognitive and brain endophenotypes that may be common in autism spectrum disorder and attention-deficit/hyperactivity disorder and facilitate the search for pleiotropic genes. Neurosci Biobehav Rev. 35:1363–1396.
- Savage JE, Jansen PR, Stringer S, Watanabe K, Bryois J, de Leeuw CA, et al. 2018. Genome-wide association meta-analysis in 269,867 individuals identifies new genetic and functional links to intelligence. Nat Genet. 50:912–919.
- Savilla K, Kettler L, Galletly C. 2008. Relationships between cognitive deficits, symptoms and quality of life in schizophrenia. Aust N Z J Psychiatry. 42:496–504.
- Saxe GN, Calderone D, Morales LJ. 2018. Brain entropy and human intelligence: A resting-state fMRI study. PLoS One. 13:e0191582.
- Schmitt JE, Raznahan A, Clasen LS, Wallace GL, Pritikin JN, Lee NR, et al. 2019. The Dynamic Associations Between Cortical Thickness and General Intelligence are Genetically Mediated. Cereb Cortex.
- Schnack HG, van Haren NEM, Brouwer RM, Evans A, Durston S, Boomsma DI, et al. 2015. Changes in thickness and surface area of the human cortex and their relationship with intelligence. Cereb Cortex. 25:1608–1617.
- Schumann G, Loth E, Banaschewski T, Barbot A, Barker G, Büchel C, et al. 2010. The IMAGEN study: reinforcement-related behaviour in normal brain function and psychopathology. Mol Psychiatry. 15:1128–1139.
- Seidman LJ. 2006. Neuropsychological functioning in people with ADHD across the lifespan. Clin Psychol Rev. 26:466–485.
- Shaw P, Greenstein D, Lerch J, Clasen L, Lenroot R, Gogtay N, et al. 2006. Intellectual ability and cortical development in children and adolescents. Nature. 440:676–679.
- Sniekers S, Stringer S, Watanabe K, Jansen PR, Coleman JRI, Krapohl E, et al. 2017. Genome-wide association meta-analysis of 78,308 individuals identifies new loci and genes influencing human intelligence. Nat Genet. 49:1107–1112.
- Snitz BE, Macdonald AW 3rd, Carter CS. 2006. Cognitive deficits in unaffected first-degree relatives of schizophrenia patients: a meta-analytic review of putative endophenotypes. Schizophr Bull.

- 32:179–194.
- Sobel ME. 1986. Some New Results on Indirect Effects and Their Standard Errors in Covariance Structure Models. Sociol Methodol. 16:159–186.
- Spearman C. 1904. "General Intelligence," Objectively Determined and Measured. Am J Psychol. 15:201.
- Strenze T. 2007. Intelligence and socioeconomic success: A meta-analytic review of longitudinal research. Intelligence. 35:401–426.
- Thompson PM, Cannon TD, Narr KL, van Erp T, Poutanen VP, Huttunen M, et al. 2001. Genetic influences on brain structure. Nat Neurosci. 4:1253–1258.
- Toga AW, Thompson PM. 2005. GENETICS OF BRAIN STRUCTURE AND INTELLIGENCE. Annu Rev Neurosci. 28:1–23.
- Trampush JW, Yang MLZ, Yu J, Knowles E, Davies G, Liewald DC, et al. 2017. GWAS meta-analysis reveals novel loci and genetic correlates for general cognitive function: a report from the COGENT consortium. Mol Psychiatry. 22:1651–1652.
- Vogel BO, Lett TA, Erk S, Mohnke S, Wackerhagen C, Brandl EJ, et al. 2018. The influence of MIR137 on white matter fractional anisotropy and cortical surface area in individuals with familial risk for psychosis. Schizophr Res. 195:190–196.
- Wechsler D. 2008. WAIS-IV Administration and Scoring Manual.
- Winkler AM, Kochunov P, Blangero J, Almasy L, Zilles K, Fox PT, et al. 2010. Cortical thickness or grey matter volume? The importance of selecting the phenotype for imaging genetics studies. Neuroimage. 53:1135–1146.