Chapter 15

DNA methylation in bipolar disorder

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15.1 Introduction

15.1.1 DNA methylation

The discovery of potential biomarkers in the diagnosis and treatment of bipolar disorder has investigated the role of both inherited (e.g., genetic) and environmental (e.g., lifestyle, diet, etc.) differences. The study of epigenetics offers a distinct approach to analyzing the interface of genetics and environment. Epigenetics refers to changes in gene expression that are not due to changes in the underlying deoxyribonucleic acid (DNA) code itself. These include chromatin remodeling, ribonucleic acid-based (RNA) mechanisms such as noncoding RNA and DNA methylation. DNA methylation is the most commonly and wellstudied form of epigenetic modification and refers to the addition of a methyl group to the 5' position of a cytosine nucleotide (referred to as 5-methylcytosine). DNA methylation can occur at any cytosine throughout DNA, however, is particularly concentrated at C-G dinucleotides (CpG). Additionally, groups of CpG methylation can occur in different locations in the gene but are thought to be most important when they are highly concentrated (called CpG islands) at promoter and transcription start areas. Other DNA methylation, called CpH where H refers to adenine, cytosine, or thymine nucleotides, are not as widely studied since it is not known fully how much control they exert on DNA expression. Nevertheless, some evidence does suggest that CpH methylation, particularly in gene bodies within certain tissues, may have a role in controlling gene expression (Guo et al., 2014). DNA methylation occurs through an enzymatic process and demethylation occurs in both passive and active forms. The majority of DNA methylation research has concentrated on the aforementioned 5-methylcytosine, however, recent work has shown that other "alternative" marks that occur on the pathway of demethylation may play a critical role in gene regulation. These alternative marks include 5-hydroxymethylcytosine (5-hmC), 5-formylcytosine (5-fC), and 5-carboxylcytosine (5-caC). Research studies into these alternative marks are at their infancy, particularly in bipolar disorder research. This chapter will refer to 5-methylcytosine when we say "DNA methylation" unless stated otherwise.

15.1.2 Measurement of DNA methylation

DNA methylation can be measured in several forms (Gouil & Keniry, 2019). There are three primary categories of measurements: (1) global, (2) regional, and (3) single nucleotide. Global DNA methylation refers to a measurement of the entire genome's methylation status at a given time. This is generally expressed as a percentage of methylation or global methylation percentage. Several technologies exist for estimating global DNA methylation including mass spectrometry, restriction enzyme, enzyme-linked immunosorbent assay (ELISA), and sequencing of repetitive elements. Global methylation provides information of potential methylation changes occurring at a broad, genome level, however, it provides no information regarding region or gene-specific DNA methylation changes.

Regional methylation refers to measurements of DNA methylation across a specified number of nucleotides typically covering a targeted region of a gene like a CpG island or promoter. The primary method for measurement of regional DNA methylation is Polymerase Chain Reaction (PCR)-based assays (e.g., high resolution melting, methylation-specific quantitative PCR). Regional methylation measurements provide information on specific gene regions, however, it does not provide information at the single-nucleotide or individual CpG level.

Several technologies exist for the measurement of DNA methylation at the single-nucleotide and gene-specific level that includes Sanger sequencing, Illumina sequencing, pyrosequencing, single-molecule sequencing, and nanopore sequencing. Many sequencing-based strategies rely on manipulation of the DNA to "expose" the DNA methylation mark such as bisulfite treatment or immunoprecipitation. Bisulfite treatment is commonly and reliably performed with many commercial kits available. This process changes nonmethylated cytosine to uracil which is then part of the signal analysis during sequencing by measuring the ratio of converted cytosine to nonconverted cytosine. An additional method of single-nucleotide DNA methylation analysis is by array technology often used in genomic and transcriptomic studies. Commonly referred to as epigenome-wide association studies, the most common array is the Illumina HumanMethylation platform for the analysis of human DNA methylation. Originally developed to measure $\sim 27,000$ CpG sites (27 K array), the array has undergone a few rounds of updates and now measures ~800,000 sites (HumanMethylation EPIC array). DNA methylation analysis at the single-nucleotide level provides the advantage of

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individual cytosine information, which when performed by array or whole-genome approaches, can be utilized to assess regional and genomic location differences as well. These latter whole-genome approaches can be cost and bioinformatic intensive while smaller-scale sequencing methods (i.e., bisulfite pyrosequencing) can require more assay design, optimization, and troubleshooting. The methods of DNA methylation measurement have grown over the past 10 years and can provide distinct or overlapping information. The choice of technology is dependent on the research design, available expertise and instrumentation, and funds.

15.1.3 Sample source for DNA methylation analysis

Like work on the transcriptome evaluating gene expression, the choice of sample or tissue for analysis of DNA methylation can have important implications on analysis and interpretation since methylation is cell-type specific. This is particularly important in the context of DNA methylation analysis in bipolar disorder where often the tissue of interest, the brain, is not available for analysis (Bakulski et al., 2016). This means that clinically accessible sample sources like blood and saliva are often used. This has advantages and disadvantages in biomarker research but often it is assumed to reflect some process of the brain or disease itself. Some work has looked at correlation between various epigenetic signatures across tissues (e.g., Roadmap Epigenomic Project support by the NIH, etc.) which is a further level of information required to validate peripheral DNA methylation biomarkers. Novel strategies have also been pursued in bipolar disorder and other psychiatric disorders including the use of postmortem brain samples which again, have their advantages and disadvantages. Finally, some approaches to measure DNA methylation in the periphery such as the blood can use statistical methods to control for cell type and thus give a more clear representation of the DNA methylation being measured through the removal of the confounding effect of multiple cell types present in the blood (Kaushal et al., 2017). Work on all levels will be required to develop DNA methylation biomarkers that truly represent the disease and/or treatment but are clinically accessible for future implementation at the bedside or in the clinic.

15.1.4 Role of DNA methylation in bipolar disorder

Given the heritability estimates of bipolar disorder, DNA methylation, which theoretically captures the interaction of genes and the environment, is a useful strategy in the discovery of biomarkers that predict disease risk, disease outcome, and treatment response in bipolar disorder. The investigation of DNA methylation in bipolar disorder has been extensive and diverse with nearly 100 peer-reviewed studies reported on this topic. This chapter will highlight findings in bipolar disorder DNA methylation biomarker research and provide a listing of studies within tables that can be further pursued

based on one's interests in regard to: (1) diagnosis, (2) treatment response, and (3) animal/preclinical model studies.

15.2 DNA methylation and bipolar disorder diagnosis

Most of the work in DNA methylation in bipolar disorder has looked at the role of DNA methylation in the development of the illness. This has primarily proceeded by case-control studies of peripheral blood, saliva, or postmortem brain samples in bipolar disorder patients compared to healthy controls. The three main epigenetic approaches, aligning with our description above, have been used to assess global methylation, whole-genome or epigenome-wide methylation and gene-specific, targeted methylation (Tables 15.1 and 15.2).

15.2.1 Global methylation studies of bipolar disorder

The analysis of global methylation status based on bipolar diagnosis has been reported in several studies that used peripheral blood as their DNA source. Five studies identified a decrease in global methylation while one study identified no difference in global methylation (Ceylan et al., 2018; Huzayyin et al., 2014; Li et al., 2018; Li et al., 2019; Murata et al., 2020; Soeiro-de-Souza et al., 2013) in bipolar disorder patients versus healthy controls. Additionally, one of the studies that found a decrease in global methylation in bipolar disorder patients identified this at two surrogate sites in their analysis while they found an increase at another site (Li et al., 2019). The reason for this discrepancy could be that this was the only study to evaluate global methylation using Alu repetitive elements which are less commonly utilized markers of global methylation. The other studies used either ELISA or LINE-1 repetitive elements as a marker of global methylation. These studies seem to point to decreased global methylation in the peripheral blood of bipolar disorder patients versus healthy controls. Future work linking global methylation to bipolar disorder symptomatology could increase its potential utility as a biomarker.

15.2.2 Whole-genome analyses

In addition to global methylation, several whole-genome methylation analyses have investigated methylation differences between bipolar disorder patients and healthy controls (Table 15.2). These studies were performed on blood and brain samples in a case-control design and the most common technology used genome-wide technology was the Illumina HumanMethylation arrays followed by methylation DNA immunoprecipitation (MeDIP) or bisulfite treatment paired with genome sequencing. MeDIP utilizes immunoprecipitation of methylated cytosine for enrichment followed by sequencing in contrast to bisulfite treatment which treats and sequences the entire DNA to estimate methylation fractions. In the studies utilizing postmortem brain samples from bipolar disorder

Gene	Main	Technology	Citation	Gene	Main	Technology

		asca				asea	
ALOX12	ND	qPCR	Rao et al. (2012)	IL-1B	ND	NGS	Duffy et al. (2019)
ARHGAP26	ND	PSQ	Sugawara et al. (2018)	IL-6	ND	NGS	Duffy et al. (2019)
ARNTL	1	NGS	Bengesser et al. (2019)	ITGB5	ND	PSQ	Chagnon et al. (2020)
BDNF	↑↓ ND	PSQ, qPCR, Mass Spec, NGS	Rao et al. (2012), Duffy et al. (2019), Carlberg et al. (2014), Dell'Osso et al. (2014), Nassan et al. (2020),	KITLG	\	450 K	He et al. (2018)

NR3C1

NF-KB

OXTR

ND

NGS

qPCR

PSQ

Citation

Duffy

et al. (2019)

Rao et al.

(2012)

Rubin et al. (2016)(Continued)

	findings	used			findings	used
ALOX12	ND	qPCR	Rao et al. (2012)	IL-1B	ND	NGS

Stenz et al. (2015), Strauss et al.

Abdolmaleky et al. (2006), Nohesara

Starnawska et al. (2016)

(2013)

et al. (2011)

Rao et al. (2012)

Mass Spec

qPCR

qPCR

CACNA1C

COMT

COX-2

TABLE 15.1 Studies of bipolar disorder disease associations with global and gene-specific methylation.

Gene Main

DTNBP1

FAM63B

FKBP5

FZD3

GAD-1

network^a

TABLE 15.1 (Continued)

	. 0	
CREB	ND	qPCR
CTAGE11P	ND	PSQ
DBNL	1	qPCR

 $\uparrow \downarrow$

ND

↓ ND

findings

used

Technology

27 K, qPCR

PSQ, Mass

Spec

PSQ

PSQ

450 K

Sugawara et al. (2018)

Sugawara et al. (2018), Starnawska

Fries et al. (2014), Saito et al. (2020)

Citation

Rao et al. (2012)

Rao et al. (2012)

et al. (2016b)

(2015)

Chagnon et al. (2020)

Ruzicka, Subburaju, and Benes

Abdolmaleky et al. (2015)

PDYN PPIEL-1

Gene

P450

SLC1A2

SMS

SPCS3

SYN1

SYN2

Epoxygenase

Main

ND

ND,

ND

SNPc

findings

qPCR **PSQ**

PCR

PSQ

PSQ

Mass Spec

Mass Spec

Technology

used

qPCR

(2008)et al. (2020)

Jia et al.

(2017)Kuratomi

Citation

Rao et al.

D'Addario et al. (2018)

Kuratomi et al.

(2012)

et al. (2008)

Chagnon

Cruceanu et al. (2016)

Cruceanu

et al.

(2016)

	·	elements, ELISA, Mass spec	(2014), Ceylan et al. (2018), Soeiro- de-Souza et al. (2013), Li et al. (2018), Murata et al. (2020)			·	et al. (2016)	
GR-1F	ND	PSQ	Sch ü r et al. (2018)	SYNE1	SNPc	450 K	Li et al. (2019)	
HCG9	↑ ↓	NGS, PSQ	Kaminsky et al. (2012), Pal et al. (2016)	SYP	ND	qPCR	Rao et al. (2012)	
HT2RA	↓	NGS, qPCR	Ghadirivasfi et al. (2011)	TBC1D22A	1	PSQ	Sugawara et al. (2018)	
HTR3AR ↓ PSQ Perroud et al. (2016)								
citation. The "C Abbreviations: A translocator like prostaglandin-e binding protein decarboxylase 1	Global" line ref ALOX12, arach e; BDNF, brain ndoperoxide sy 1; FAM63B, fa 1; GR-1F, nucle	ers to all studies of g nidonate 12-lipoxyge -derived neurotroph onthase 2; CREB, CR mily with sequence ear receptor subfami	e primary finding of methylation with bipolar d global methylation regardless of technology used enase, 12S type; ARHGAP26, rho GTPase activatic factor; CACNA1, calcium voltage-gated chan EB binding protein; CTAGE11P, CTAGE family similarity 63 member B; FKBP5, FK506 binding lly 3 group C member 1; HCG9, HLA complex 1-6, interleukin 6; ITGB5, integrin subunit beta 5	d to measure global sting protein 26; AR nel subunit alpha1 member 11, pseudo g protein 5; FZD3, f group 9; HT2RA, 5-	methylation. NTL, aryl hydr C; COMT, cate ogene; DBNL, e rizzled class re hydroxytryptar	ocarbon receptor no echol-O-methyltrans drebrin like; DTNBI ceptor 3; GAD-1, g nine receptor 2A; H	uclear sferase; COX-2, P1, dystrobrevin lutamate ITR3AR,	

nuclear receptor subfamily 3 group C member 1; NF-KB, nuclear factor kappa B; OXTR, oxytocin receptor; P450 epoxygenase, cytochrome P450; PDYN,

prodynorphin; *PPIEL-1*, peptidylprolyl isomerase E-like pseudogene; *PSQ*, pyrosequencing; *SLC1A2*, solute carrier family 1 member 2; *SMS*, spermine synthase; *SNPc*, correlation with SNP in same gene; *SPCS3*, signal peptidase complex subunit 3; *SYN1*, synapsin I; *SYN2*, synapsin II; *SYN3*, synapsin III; *SYN5*, synapsin II; *SYN5*, synapsin III; *SYN5*, synapsin III; *SYN5*, synapsin II; *SYN5*, synapsin III; synapsin III;

SYN3

ND

Mass Spec

Cruceanu

Li et al. (2019a), Huzayyin et al.

Global

Repetitive

^aGAD1-network genes included 27 genes of interest.

TABLE 15.2 Whole-genome methylation studies of bipolar diagnosis.

Lead author Methylome-wide technology	IABLE 15.2 Whole-genome methylation studies of bipolar diagnosis.							
lack of brain laterality differences of TGHFBR2 gene in BD while differences found in HC Comes et al. (2020) EPIC 34,776 Nominally significant sites but no single site was significant after correction for multiple testing Dempster et al. (2011) Dempster et al. (2011) 27 K Networks of genes related to neurological disease, psychological disorders, genetic disease, nutritional disease, and gene control. Top 8 genes included: GPR24, TLE6, STAB1, PPYR1, CTNNA2, ST6GALNAC1, C1orf35, and IQCH Fries et al. (2017) 450 K 64 Sites were differentially methylated in both high-risk offspring and BD patients vs HCs and were found in PQLC2L, PCNX, MAGI2, HOOK2, SLC45A4, GLUL, PGCP, LCE2D, NLK, and ZNF195 Gaine et al. (2019) NGS Increased methylation in PDCD1 and ADAM21P1 and decreased methylation in MYOM2, CES1P1, and ARHGEF38 in BD Ho et al. (2019) 450 K Broad differential methylation found based on brain region within BD vs HC Jeremian et al. (2017) Broad differential methylation in MPP4, TRE2/ BUB2/CDC16 and increased methylation in NUP133 Li et al. (2015) MeDIP 56 Genes including DNMT1, CACNA1S, PRAME, MYT1L, and STAB1 Mill et al. (2008) Custom microarray Increased RPP21, KEL, WDR18, and RPL39 in female BD; MEK1 associated with lifetime antipsychotic use	Lead author	•	Highlighted findings					
single site was significant after correction for multiple testing Dempster et al. (2011) Dempster et al. (2011) 27 K Networks of genes related to neurological disease, psychological disease, psychological disorders, genetic disease, nutritional disease, and gene control. Top 8 genes included: GPR24, TLE6, STAB1, PPYR1, CTNNA2, ST6GALNAC1, C1orf35, and IQCH Fries et al. (2017) 450 K 64 Sites were differentially methylated in both high-risk offspring and BD patients vs HCs and were found in PQLC2L, PCNX, MAGI2, HOOK2, SLC45A4, GLUL, PGCP, LCE2D, NLK, and ZNF195 Gaine et al. (2019) NGS Increased methylation in PDCD1 and ADAM21P1 and decreased methylation in MYOM2, CESIP1, and ARHGEF38 in BD Ho et al. (2019) 450 K Broad differential methylation found based on brain region within BD vs HC Jeremian et al. (2017) Jeremian et al. (2015) MeDIP 56 Genes including DNMT1, CACNA15, PRAME, MYT1L, and STAB1 Mill et al. (2008) Custom microarray Increased RPP21, KEL, WDR18, and RPL39 in female BD; MEK1 associated with lifetime antipsychotic use Ruzicka, 450 K 195 Differentially methylated positions	/	27 K	lack of brain laterality differences of TGHFBR2 gene in BD while differences					
disease, psychological disorders, genetic disease, nutritional disease, and gene control. Top 8 genes included: GPR24, TLE6, STAB1, PPYR1, CTNNA2, ST6GALNAC1, C1orf35, and IQCH Fries et al. (2017) 450 K 64 Sites were differentially methylated in both high-risk offspring and BD patients vs HCs and were found in PQLC2L, PCNX, MAGI2, HOOK2, SLC45A4, GLUL, PGCP, LCE2D, NLK, and ZNF195 Gaine et al. (2019) NGS Increased methylation in PDCD1 and ADAM21P1 and decreased methylation in MYOM2, CES1P1, and ARHGEF38 in BD Ho et al. (2019) 450 K Broad differential methylation found based on brain region within BD vs HC Jeremian et al. (2017) Decreased methylation in MPP4, TRE2/BUB2/CDC16 and increased methylation in NUP133 Li et al. (2015) MeDIP 56 Genes including DNMT1, CACNA1S, PRAME, MYT1L, and STAB1 Mill et al. (2008) Custom microarray Increased RPP21, KEL, WDR18, and RPL39 in female BD; MEK1 associated with lifetime antipsychotic use Ruzicka, 450 K 195 Differentially methylated positions		EPIC	single site was significant after correction					
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in female BD; MEK1 associated with lifetime antipsychotic use Ruzicka, 450 K 195 Differentially methylated positions	Li et al. (2015)	MeDIP						
, , , , , , , , , , , , , , , , , , ,	Mill et al. (2008)	Custom microarray	in female BD; MEK1 associated with					
Benes (2017)	Subburaju, and	450 K	195 Differentially methylated positions					
Ruzicka et al. 450 K 42 Significant sites in B patients distributed across genome		450 K	· ·					
Sabunciyan et al. 450 K Increased methylation of <i>CYP11A1</i> in BD vs (2015) HC validated by pyrosequencing	,	450 K	•					
(Continued)			(Continued)					

TABLE 15.2 (Continued

Lead author	Methylome-wide technology	Highlighted findings
Walker et al. (2016)	450 K	One CpG site in <i>NBEAL2</i> (decreased) and one site in <i>FANCI</i> (increased) found to be differentially methylated in affected patients vs HCs
Watkeys et al. (2020)	450 K	Polymethylomic profile scores including 362–1208 CpG sites did not significantly associate with BD diagnosis after correction for multiple testing
Xiao et al. (2014)	MeDIP	Identified several significant sites including: PPP3CC, DNMT1, DTNBP1, NOS1, HTR1E, GRM5, PRIMA1, HTR2A, and HTR2A; COL1A2, LMO1, and IGDCC4 I
Zhao et al. (2015)	MeDIP	Large differential methylation broadly impacting promoter elements, CpG islands, noncoding RNAs, and repetitive elements within introns

Table includes author/citation, technology utilized for whole-genome methylation and highlighted findings. Please consult the primary literature for further findings and complete descriptions of findings. Abbreviations: 27 K, Illumina HumanMethylation 27 K Array; 450 K, Illumina HumanMethylation 450 K Array; ADAM21P1, ADAM metallopeptidase domain 21 pseudogene 1; ARHCEF38, rho guanine nucleotide exchange factor 38; BD, bipolar disorder; BUB2, mitotic check point protein; C1orf35, chromosome 1 open reading frame 35; CACNA1S, calcium voltage-gated channel subunit alpha1 S; CCND1, cyclin D1; CDC16, cell division cycle 16; CES1P1, carboxylesterase 1 pseudogene 1; COL1A2, collagen type I alpha 2 chain; CTNNA2, catenin alpha 2; CYP11A1, cytochrome P450 family 11 subfamily A member 1; DNMT1, DNA methyltransferase 1; DTNBP1, dystrobrevin binding protein 1; EPIC, Illumina HumanMethylation Epic Array; FANCI, Fanconi anemia complementation group I; GLUL, glutamate-ammonia ligase; GPR24, melanin concentrating hormone receptor 1; GRM5, glutamate metabotropic receptor 5; HC, healthy control; HOOK2, hook microtubule tethering protein 2; HTR1E, 5-hydroxytryptamine receptor 1E; HTR2A, 5-hydroxytryptamine receptor 2A; IGDCC4, immunoglobulin superfamily DCC subclass member 4; IQCH, IQ motif containing H; KEL, Kell blood group, metalloendopeptidase; LCE2D, late cornified envelope 2D; LMO1, LIM domain only 1; MAGI2, membrane-associated guanylate kinase, WW and PDZ domain containing 2; MeDIP, methylated DNA immunoprecipitation; MEK1, mitogen-activated protein kinase kinase 1; MPP4, membrane palmitoylated protein 4; MYOM2, myomesin 2; MYT1L, myelin transcription factor 1 like; NBEAL2, neurobeachin-like 2; NLK, nemo-like kinase; NOS1, nitric oxide synthase 1; NUP133, nucleoporin 133; PCNX, pecanex 1; PDCD1, programmed cell death 1; PGCP, carboxypeptidase Q; PPP3CC, protein phosphatase 3 catalytic subunit gamma; PPYR1, neuropeptide Y receptor Y4; PQLC2L, PQ loop repeat containing 2 like; PRAME, preferentially expressed antigen in melanoma; PRIMA1, prolinerich membrane anchor 1; RPL39, ribosomal protein L39; RPP21, ribonuclease P/MRP subunit p21; SLC45A4, solute carrier family 45 member 4; ST6GALNAC1, ST6 N-acetylgalactosaminide alpha-2,6sialyltransferase 1; STAB1, stabilin 1; TGHFBR2, transforming growth factor beta receptor 2; TLE6, transducin-like enhancer of split 6; TRE2, ubiquitin-specific peptidase 6; WDR18, WD repeat domain 18; ZNF195, zinc finger protein 195.

patients and healthy controls numerous gene methylation differences have been identified. For example, Xiao et al. performed a genome-wide methylation analysis using MeDIP on seven frontal cortex samples from bipolar patients and six frontal cortex samples from healthy controls (Xiao et al., 2014). In bipolar disorder patients, one area of the cortex revealed more hypomethylated genes (BA9)

while another region (BA24) revealed more hypermethylated genes. Some notable differentially methylated regions they identified were in the following genes: protein phosphatase 3 catalytic subunit gamma (PPP3CC), DNA methyltransferase 1 (DNMT1), dystrobrevin binding protein 1 (DTNBP1), nitric oxide synthase 1 (NOS1), 5-hydroxytryptamine receptor 1E (HTR1E), glutamate metabotropic receptor 5 (GRM5), proline-rich membrane anchor 1 (PRIMA1), 5-hydroxytryptamine receptor 2A (HTR2A), collagen type I alpha 2 chain (COL1A2), LIM domain only 1 (LMO1), and immunoglobulin superfamily DCC subclass member 4 (IGDCC4). These genes play a role in methylating DNA (DNMT1), protein regulation (PPP3CC), the serotonin pathway (HTR1E, HTR2A), and neurotransmitters activity (GRM5, PRIMA1). Additionally, Ho et al. analyzed postmortem cortex gray matter from bipolar disorder patients and healthy controls using the Illumina HumanMethylation 450 K array (Ho et al., 2019). When comparing the methylation profiles between bipolar disorder and healthy control samples, differential methylation was identified in pathways related to glutamatergic dysregulation, synaptogenesis, and synaptic plasticity although none reached the threshold for genome-wide significance. Furthermore, area-specific differences were identified based on diagnosis. Similarly, but in another tissue, Li et al. investigated genome-wide methylation differences by MeDIP in peripheral blood of bipolar disorder patients versus healthy controls (Li et al., 2015). They identified 56 genes including DNMT1, calcium voltagegated channel subunit alpha1 S (CACNA1S), PRAME nuclear receptor transcriptional regulator (PRAME), myelin transcription factor 1 like (MYT1L), and stabilin 1 (STAB1) that were differentially methylated based on diagnosis. Finally, Comes et al. performed an analysis with the HumanMethylation EPIC array on bipolar disorder patients and healthy controls to evaluate the diagnostic and longitudinal methylation differences (Comes et al., 2020). They found 34,776 sites that were significant at a nominal level (P < .05), however, after correction for confounders and multiple testing, none of the sites reached genome-wide statistical significance cutoffs. Altogether the wholegenome analyses of bipolar disorder have identified a diverse set of potential methylation markers that are candidates for further gene-specific replication in longitudinal designs. Such replication is critical to support novel gene findings and to strengthen these findings which have been limited by small sample sizes.

15.2.3 Gene-specific analyses

Exploration into the methylation biomarkers of bipolar disorder disease pathophysiology and risk has also employed targeted and hypothesis-driven analysis of genes (Table 15.1). This has included genes implicated previously in bipolar disorder from genetic variation studies, epigenetic genes such as those that code for the enzymes involved in methylation as well as novel or rarely studied genes identified from genome-wide methylation studies.

A particular gene of interest is BDNF which codes for the brain-derived neurotrophic factor protein that plays a role in nerve growth and has activity in both the central nervous system and periphery. It has been implicated in the development of various psychiatric disease states and their treatment including bipolar disorder and major depressive disorder as well as other disease states (e.g., insulin resistance). BDNF methylation has been evaluated in a series of studies comparing methylation in various regions within the gene (promoter methylation, exon methylation, and methylation surrounding the val66met polymorphism) in peripheral blood from bipolar disorder patients compared to healthy controls. Findings have differed across the studies with decreases (Dell'Osso et al., 2014), increases (Nassan et al., 2020; Stenz et al., 2015; Strauss et al., 2013), and no differences (Carlberg et al., 2014) in BDNF methylation observed in bipolar disorder patients compared to healthy controls. Importantly, Stentz et al. demonstrated that BDNF methylation was highly correlated between brain and peripheral blood suggesting that the measurement of this gene's methylation in the periphery may reflect its methylation status in the brain (Stenz et al., 2015).

Another gene of interest is the HLA complex group 9 (HCG9) gene which is a nonprotein coding gene that lies in the major histocompatibility complex I region. This gene was identified as a potential gene of importance in bipolar disorder from previous genome-wide methylation assessments and may play a role in stress response and apoptosis pathways (Seidl et al., 2010). Kaminsky et al., who originally discovered the HCG9 gene in a full genome scan of methylation markers in psychosis (Mill et al., 2008) validated their findings by pyrosequencing showing decreased methylation in HCG9 in postmortem brain of bipolar disorder patients compared to healthy controls (Kaminsky et al., 2012). Another investigation by Pal et al. utilized deep (>30×) bisulfite sequencing of the HCG9 gene in postmortem brain to evaluate the degree of DNA methylation at both CpG and non-CpG sites (Pal et al., 2016). Although not a readily studied due to the theory that methylation is far less common, non-CpG methylation (also called CpH where the H refers to A, C, or T nucleotides) may have a stronger role in the body of the gene as compared to CpG's role in the promoter regions of the gene (Jang et al., 2017). Pal demonstrated increased CpH methylation on both DNA strands in bipolar disorder patients compared to control that was particularly prevalent on CpA dinucleotides. In contrast to the Kaminsky study described above, they found a decrease in CpG methylation within the HCG9 gene.

The MINDY lysine 48 deubiquitinase 2 gene (*MINDY2*), more commonly referred to as *FAM63B*, codes for a protein with an unclear function but may be related to circadian rhythm control. This gene was originally discovered as a schizophrenia-risk gene but has been studied in bipolar disorder due to some possible shared comorbidities between the disorders (Aberg et al., 2014). Starnawska et al. demonstrated decreased methylation of *FAM63B* in the

peripheral blood of bipolar patients versus healthy controls (Starnawska et al., 2016). This finding was replicated in another study of peripheral blood of bipolar patients compared to healthy controls (Sugawara et al., 2018). This novel gene may represent a useful future biomarker of bipolar disorder risk with future work validating these findings and connecting them to mechanisms, disease progression, or treatment response.

There are several other genes that have been investigated in a gene-specific manner within bipolar disorder including *CACNA1C*, FKBP prolyl isomerase 5 (*FKBP5*) (Saito et al., 2020), catechol-O-methyltransferase (*COMT*) (Abdolmaleky et al., 2006; Nohesara et al., 2011), and more. Future work replicating the findings with these studied genes will be the next step in understanding their utility as a future biomarker in bipolar disorder.

15.3 DNA methylation and treatment response in bipolar disorder

DNA methylation regarding treatment of bipolar disorder has been evaluated in terms of its role as an explanatory mechanism and as a biomarker that can be used to predict response (efficacy or side effects) to treatment. Like the investigations of DNA methylation with bipolar disorder disease development and risk, the investigations of treatment response have utilized a wide range of DNA methylation technologies and assessed several different medication types including mood stabilizers and antipsychotics (Table 15.3).

15.3.1 Global methylation

Studies have looked at the associations between global methylation and treatment in bipolar disorder and found contrasting findings depending on the study. Work by Backlund et al. investigated global methylation by ELISA and did not find differences when comparing bipolar patients on any treatment compared to matched healthy controls without regard to treatment (Backlund et al., 2015). However, they found decreased global methylation in patients on lithium monotherapy while increased global methylation was detected in patients on lithium plus valproic acid or lithium plus an antipsychotic. The latter hypermethylation in patients on lithium plus an antipsychotic did not remain when controlling for age and sex. Increased global methylation (including changes in alternative methylation such as 5-hydroxymethylation) with antipsychotic monotherapy has also identified in other studies including a study of methylation in skeletal muscle (Burghardt et al., 2019) yet, decreased methylation has been identified in other studies (Burghardt et al., 2015). Bromberg et al. utilized a restriction enzyme-based approach coupled with radio-labeled extension and found that there were no differences in peripheral blood global DNA methylation between bipolar patients on valproic acid and lithium or a combination of the two as

	Studied	study	пррисцего		
Abdolmaleky et al. (2011)	AP and VPA	Gene specific	HTR2A	qPCR	Methylation at <i>HTR2A</i> surrounding -1438 G/A variant was higher in AP-free vs HCs. Methylation at <i>HTR2A</i> surrounding T102C variant was decreased in patients on APs and VPA vs HCs
Abdolmaleky et al. (2014)	AP	Full genome	NA	27 K; 450 K	No differences based on diagnosis but higher methylation in AP-free SCZ patients vs BD patients or HCs
Backlund et al. (2015)	AAP, Ms, and Li	Global	NA	ELISA	No difference between BD patients and HC. Decreased methylation in Li patients, increased in Li + VPA and Li + AAP

and Ms treatment

Ms group

No difference in global methylation

patients but not Ms-treated patients

Increased methylation vs HC with significant association with Li

Identified decreased FAR2 gene methylation (validated by PSQ)

Decreased global methylation in AAP group vs Ms group

associated with increased insulin resistance in AAP-treated

Increased AKT1 and AKT2 in AAP-treated group compared to

(Continued)

PSQ

Radio-labeled

extension assay

Enzyme based

Restriction

450 K

qPCR

Gene specific

Global

Global

Full genome

Gene specific

ARNTL

NA

NA

NA

AKT1,

AKT2,

AKT3

Bengesser

Bromberg

Burghardt

Burghardt

Burghardt

et al. (2018)

et al. (2009)

et al. (2015)

et al. (2016)

et al. (2018)

Li and MS

AAP and MS

AAP and MS

AAP and MS

MS

applicable

studied methylation

Lead author Type of Genes, if

Medications Technology Summarized results

TABLE 15.3 DNA methylation studies of bipolar disorder pharmacotherapy.

TABLE 15.3 (Continued)

Schröter et al.

AAP, Ms, Li,

and AD

Lead author	studied	methylation study	applicable	lechnology	Summarized results
Burghardt et al. (2019)	AAP and MS	Global	NA	ELISA	Increased 5-mC and 5-fC (not 5-hmC) in bipolar patients vs healthy controls. Hypermethylation (5-mC and 5-fC) in AAP-treated patients while no differences observed for those on Ms
D'Addario et al. (2012)	Ms, Li, and AD	Gene specific	BDNF	qPCR	AD increased methylation vs Li and VPA. Increased methylation in BDII vs control but no difference for BDI
Dell'Osso et al. (2014)	AAP, Ms, Li, and AD	Gene specific	BDNF	qPCR	Increased methylation (not significant) with AAP, pregabalin, and AD therapy vs Li and VPA. Increased methylation in MDD and RDII patients vs RDI

et al. (2014)	and AD				and BDII patients vs BDI
Houtepen et al. (2016)	AAP, MS	Gene specific		27 K; 450 K	Quetiapine and VPA have significantly altered methylation profiles. Only one site in <i>GABRA1</i> was significant with carbamazepine treatment after correction for multiple tests.
Kaminsky	Li and VPA	Gene specific	KCNQ2	PSQ	Decreased KCNQ3 methylation in BD patients vs HCs after

et al. (2016)					profiles. Only one site in <i>GABRA1</i> was significant with carbamazepine treatment after correction for multiple tests.
Kaminsky et al. (2015)	Li and VPA	Gene specific	KCNQ2 and KCNQ3	PSQ	Decreased KCNQ3 methylation in BD patients vs HCs after correcting for Ms use suggesting Ms treatment may increase methylation to "control" levels

BDNF

Gene specific

MDD, major depressive disorder; Ms, mood stabilizer; SCZ, schizophrenia; VPA, valproic acid.

Table provides study/citation, treatment evaluated, type of methylation approach, genes studied (if applicable), methylation technology, and summarized findings. Abbreviations: 5-fc, 5-formylcytosine; 5-hmC, 5-hydroxymethylcytosine; 5-mC, 5-methylcytosine; AP, antipsychotic; AAP, atypical antipsychotics; AD, antidepressants; AKT1, AKT serine/threonine kinase 1; AKT2, AKT serine/threonine kinase 2; AKT3, AKT serine/threonine kinase 3; AP, antipsychotics; ARNTL, aryl hydrocarbon receptor nuclear translocator like; BD, bipolar disorder; BDNF, brain-derived neurotrophic factor; GABRA1, gamma-aminobutyric acid type A receptor subunit alpha1; HC, healthy control; HTR2A, 5hydroxytryptamine receptor 2A; KCNQ2, potassium voltage-gated channel subfamily Q member 2; KCNQ3, potassium voltage-gated channel subfamily Q member 3; Li, lithium;

Pyrosequencing

average methylation across all sites being higher in AD-treated (2020)patients.

Decreased methylation in BD vs MDD patients at one site with

281

compared to age and gender-matched controls (Bromberg et al., 2009). Although this work suggests possible effects by several different bipolar disorder pharmacotherapies, total sample sizes are relatively small using cross-sectional or case-control designs so further confirmation is needed utilizing similar approaches to measure global methylation and in prospective treatment designs.

15.3.2 Whole-genome analyses

In addition to analyses of bipolar disorder treatment on global methylation, two studies have analyzed whole-genome or epigenome-wide DNA methylation associations with treatment in bipolar disorder. Houtepen et al. utilized the Illumina HumanMethylation 27 K and 450 K arrays to analyze whole blood DNA methylation in subjects on either mood stabilizer or atypical antipsychotic therapy (Houtepen et al., 2016). Overall, they found that treatment with valproic acid and quetiapine was associated with significantly altered DNA methylation signatures when adjusting for cell composition differences inherent in whole blood. Despite promising models, none of the associations between any treatment and a single-array CpG site remained significant after correcting for multiple testing possibly due to limited sample sizes. The only significant site that remained after multiple testing correction was in the gamma-aminobutyric acid type A receptor subunit alpha1 (GABRA1) gene with carbamazepine treatment. This gene codes for the receptor of the associated inhibitory neurotransmitter and has been linked to epilepsy in genetic variation studies. Finally, the authors also performed a "targeted" analysis of set of candidate genes pulled from the array, however, no associations were statistically significant. These candidate genes covered transporters, brain-associated proteins, neurotrophins, and factors potentially associated with medication side effects. The second study by Burghardt et al. utilized the 450 K array on peripheral blood samples from bipolar patients on atypical antipsychotics or lithium to detect associations with antipsychotics-induced insulin resistance (Burghardt et al., 2016). They found two genome-wide significant hits in a discovery sample (bipolar patients on antipsychotics) within the FAR2 gene and an intergenic probe that was significantly associated with insulin resistance in atypical antipsychotic-treated bipolar patients. They then replicated their findings in an additional sample of bipolar patients on either atypical antipsychotics or lithium monotherapy and found decreased FAR2 methylation with increased insulin resistance in only patients on atypical antipsychotics.

15.3.3 Gene-specific studies

A series of studies have also investigated DNA methylation of candidate or target genes in bipolar disorder treatment. Three studies have looked at *BDNF* methylation in peripheral blood of bipolar patients on combination

mood stabilizer with antipsychotic treatment compared to healthy controls (D'Addario et al., 2012; Dell'Osso et al., 2014; Schröter et al., 2020). In studies by Dell'Osso and D'Addario, regional BDNF methylation was studied by qPCR methods in a cross-sectional sample of bipolar disorder patients and controls (D'Addario) or depressed patients (Dell'Osso). These studies identified increased BDNF methylation in patients on antidepressant therapy while lithium and valproic acid therapy had decreased methylation, albeit not in a statistically significant manner. D'Addario also identified increased BDNF methylation in patients with bipolar II diagnoses which appeared to be driven by antidepressant treatment (no different in bipolar I vs controls). Similarly, Dell'Osso, found increased BDNF methylation in patients with major depressive disorder and bipolar II when comparing to bipolar I, again suggesting a possible role for antidepressant treatment. Schroter et al. investigated BDNF methylation in bipolar disorder and depressed patients before and after treatment response by pyrosequencing. They observed a significant decrease in BDNF methylation in bipolar patients compared to depressed patients at one CpG site (of 24 sites studied) and identified, with all patients combined, a significant increase in average methylation across CpG sites with antidepressant treatment.

In addition to possible pharmacodynamic target genes like BDNF, two studies by Abdolmakey et al. investigated the pharmacodynamic candidates of serotonin transporter and receptor gene methylation by MSqPCR and array (27 K combined with 450 K array) respectively, in saliva and brain samples of bipolar patients versus healthy controls (Abdolmaleky et al., 2011; Abdolmaleky et al., 2014). In their former study, they found serotonin 2A receptor (5HTR2A) methylation was significantly increased in bipolar disorder patients versus healthy controls in methylation sites around a nearby, common genetic variant within the same gene called -1438A/G. This methylation was also elevated in antipsychotic-free patients while valproic acid did not have an effect. In contrast, methylation around another genetic variant called T102C was decreased in bipolar patients versus healthy controls with no detectable effect of treatment. In the latter study using the array technology to evaluate serotonin transporter (SLC6A4) methylation, they found no differences based on diagnosis but identified an increase in methylation for antipsychotic-free schizophrenia patients when compared to bipolar disorder patients.

Finally, a group of studies have evaluated several different genes including aryl hydrocarbon receptor nuclear translocator like (*ARNTL*), AKT serine/threonine kinases (*AKT1/2/3*), potassium voltage-gated cChannel genes (*KCNQ1/2*), and FA complementation group A (*FANC*) in bipolar disorder patients. Bengesser et al. analyzed *ARNTL* gene methylation, a gene that codes for a transcription activator, by pyrosequencing and identified increased methylation in bipolar patients versus healthy controls with effects on methylation detectable by both lithium and mood stabilizer (Bengesser et al., 2018). Burghardt et al.

evaluated AKT gene methylation (three isoforms involved in protein activation and numerous pathways) in skeletal muscle biopsies of patients on atypical antipsychotic and mood stabilizer therapy (Burghardt et al., 2018). They found increased AKT1 and AKT2 gene methylation in patients taking atypical antipsychotics but not mood stabilizers which are the two isoforms thought to be involved in the process of glucose uptake in the muscle. This may demonstrate a possible connection between atypical antipsychotic-induced metabolic side effect and gene methylation. Notably, AKT3, the isoform predominately involved in central nervous system activity, was not differentially methylated in the skeletal muscle between bipolar patients on antipsychotic compared to mood stabilizers. Kaminsky et al. analyzed KCNQ2 and KCNQ3 methylation in postmortem brain samples of bipolar patients and healthy controls (Kaminsky et al., 2015). This family of genes codes for the proteins that make up voltage-gated potassium channels and has been subject to investigation as a possible cause of bipolar disorder illness (Judy & Zandi, 2013). They identified significantly decreased methylation in KCNQ3 (not KCNQ2) in bipolar disorder patients. Furthermore, their analyses identified that mood stabilizers including valproic acid, "restored" KCNQ3 methylation back to healthy control levels (i.e., increased KCNQ3 methylation) in human postmortem brain samples but not in rodent samples treated with the same drugs. Lithium did not have an effect on KCNQ3 methylation and these patients still had significantly lower methylation compared to healthy controls.

The work to discover DNA methylation biomarkers that assist with the prediction of medication response in bipolar disorder is still an ongoing endeavor. Like the investigation into disease biomarkers in the previous section, BDNF appears to be a promising gene that may prove clinically useful with additional replication and analysis in prospective studies before and after treatment.

15.4 DNA methylation and animal and preclinical model studies of bipolar disorder

Although the analysis of DNA methylation biomarkers in bipolar disorder is the most useful when pursued in human populations for a variety of reasons including specific genetic and environmental influences, the use of preclinical and animal models is an important step to establishing the molecular mechanisms underlying any identified biomarker and supporting their theoretical basis as a biomarker. Here we will highlight a few studies (Table 15.4) to demonstrate the work in this area but direct the reader elsewhere for further, in-depth reviews (Fries et al., 2016; Gardea-Resendez et al., 2020; Grayson & Guidotti, 2018).

Preclinical in vitro and in vivo models have been particularly useful in evaluating epigenetic and DNA methylation changes secondary to lithium treatment. For example, in support of the work described above on *BDNF* methylation, Dwivedi et al. investigated the effects of lithium on rat

TABLE 15.4 Summary of studies of DNA methylation in preclinical and animal models of bipolar disorder.

anima models of bipolar disorder.			
Lead author	Type of methylation study	Summarized results	
Asai et al. (2013)	Full genome and gene specific	Epigenetic changes identified with VPA, Li, and carbamazepine and included 41 hypermethylated and 11 hypomethylated genes. For <i>SLC6A4</i> , the third and fourth CpG sites were hypomethylated by all MSs, except for VPA.	
Dong et al. (2019)	Gene specific	Clozapine corrected (decreased) methylation of <i>BDNF</i> , <i>Reln</i> , and <i>Gad1</i> genes in mouse hippocampus. Haloperidol and risperidone had no effect.	
Luoni et al. (2016)	Full genome	Ank3, a candidate gene for BD, showed increased methylation in prefrontal cortex of rats exposed to prenatal stress with concomitant changes in RNA and protein expression. Additional genes from genomewide analysis included Cnga4, Dars2, Gabrg2, Htr4, Lphn2, Slc22a2, and Tiam1.	
Dwivedi and Zhang (2014)	Gene specific	At the dose of 1mM, Li decreased <i>BDNF</i> methylation of exon IV by 38%, whereas at the dose of 2mM, this decrease was 50%.	
Scola et al. (2014)	Full genome	Rotenone treatment, used to induce mitochondrial dysfunction, increased DNA methylation levels. Li prevents this increased DNA methylation and hydroxymethylation in rat cortical primary neurons.	
Dong et al. (2016)	Gene specific	Clozapine and VPA, but not haloperidol, correct promoter hypermethylation of <i>BDNF</i> , <i>Reln</i> , <i>Gad1</i> , and <i>Gad2</i> in the frontal cortex of prenatally stressed mice. In nonstressed mice, clozapine treatment failed to alter the level of promoter methylation in these genes.	
Lee et al. (2015)	Gene specific	Despite upregulation of gene expression of <i>LEPR</i> with Li and VPA treatment in hippocampal tissues, DNA methylation of <i>LEPR</i> was not significantly altered with treatment.	
(Continued)			

TABLE 15.4 (Continued)		
Lead author	Type of methylation study	Summarized results
Aizawa and Yamamuro (2015)	Gene specific	VPA alters the methylation pattern of the distal CpG island of the <i>p21</i> gene. Taql and BstUI sites at the distal CpG island were decreased from 85% to 32% and from 48% to 13%, respectively.
Dong et al. (2008)	Gene specific	Clozapine and sulpiride, but not haloperidol or olanzapine exhibited cortical and striatal demethylation of <i>Reln</i> and <i>Gad1</i> promoters. These effects were further enhanced by administration of VPA.

Table provides study/citation, type of methylation approach, and a summary of results. *Abbreviations: Ank3*, ankyrin 3; *BD*, bipolar disorder; *BDNF*, brain-derived neurotrophic factor; *Cnga4*, cyclic nucleotide-gated channel alpha 4; *Dars2*, aspartyl-tRNA synthetase 2, mitochondrial; *Gabrg2*, gamma-aminobutyric acid type A receptor gamma2 subunit; *Gad1*, glutamate decarboxylase 1; *Gad2*, glutamate decarboxylase 2; *Htr45*, hydroxytryptamine receptor 4; *LEPR*, leptin receptor; Li, lithium; *Lphn2*, adhesion G protein-coupled receptor L2; *Ms*, mood stabilizer; *p21*, cyclin-dependent kinase inhibitor 1A; *ReIn*, reelin; *Slc22a2*, solute carrier family 22 member 2; *Slc6A4*, solute carrier family 6 member 4; *Tiam1*, T-cell lymphoma invasion and metastasis 1; *VPA*, valproic acid.

hippocampal neuronal BDNF methylation (Dwivedi & Zhang, 2014). They identified decreased BDNF methylation in exon IV following lithium treatment with concomitant increases in BDNF gene expression. Lee et al. also analyzed the rat hippocampus for changes in leptin receptor (LEPR) gene methylation secondary to treatment with lithium or valproic acid (Lee et al., 2015). They did not find significant evidence of either drug on DNA methylation of the LEPR gene, a candidate gene chosen based on evidence suggesting a role in both bipolar disorder and response to the drugs commonly used in the treatment of bipolar disorder. Finally, Asai et al. treated human neuroblastoma cell cultures with lithium, valproic acid, and carbamazepine and analyzed genome-wide profiles with the Illumina HumanMethylation 27 K array (Asai et al., 2013). Overall, their analyses showed that the DNA methylation profiles significantly differed between the treatment and control experiments. Specifically, they identified over 100 genes that had increased DNA methylation and over 100 genes that had decreased methylation with lithium compared to controls. They found approximately 60 genes changed in either direction (increased or decreased methylation) for valproic acid and carbamazepine as well.

In summary, the use of preclinical and animal models may prove useful for both discovery and validation of human methylation biomarkers. Both lines of investigation should seek to inform and support each other as candidate biomarkers move from the discovery to application phase.

15.5 Summary

There has been considerable work into the discovery of DNA methylation biomarkers that potentially associate with bipolar disorder disease and treatment. This work is still at its infancy and, as such, is not ready for utilization at the clinical level. Future work concentrating on replication, establishing strong correlation or preferably causation in larger populations will be essential to bringing DNA methylation to the biomarker "toolbox."

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