

# Final Project

Zhuodiao Kuang(zk2275)

## **Prompt Two – Sex and Genetic Risk Factors for Cognitive Impairment in Late Middle-Aged Adults**

### **Statistical Analysis: (214 words)**

A meticulous process was used to analyze cognitive impairment data, specifically addressing missing values and ensuring the accuracy of statistical models. Variables used in the analysis are all presented and explained in **Table 1**. Due to the categorical character of important variables such as APOE- $\epsilon$ 4 carrier statuses and sex, nonparametric procedures like the Wilcoxon Two-sample test and the Kruskal-Wallis test were mainly employed to compare distributions among different groups. Before conducting ANOVA tests, the data was assessed for normality and equality of variances to confirm the assumptions of parametric testing. The Chi-squared test was employed to examine the correlation between diabetes and A $\beta$  positive, offering insights into potential comorbidities that may impact cognitive health. The significance levels were set at  $p < 0.05$  for all statistical tests, indicating that results with a probability of occurring by chance less than 5% were considered statistically significant (See **Table2**). In addition, a generalized linear model (GLM) was created to investigate the correlation between sex, genetic risk factors, and the presence of Alzheimer's disease (AD) neuropathology. This model systematically integrated specific covariates to account for potential confounding factors revealed through a comprehensive examination. The statistical analyses were performed using SAS Studio, a web-based interface allowing quick data management and execution of complex models.

### **Results (250 words):**

The analysis revealed significant variations in mean A $\beta$  levels by APOE- $\epsilon$ 4 genotype statuses (F-value = 14.01,  $p < 0.001$ , **Figure 1**). Post-hoc comparisons using Dunnett's Test indicated that individuals with two copies of the  $\epsilon$ 4 allele had significantly higher mean A $\beta$  levels than those with one or no copies ( $p < 0.05$ ). Besides, significant differences were found between sexes in mean A $\beta$  levels (F-value = 42.85,  $p < 0.001$ ).

The chi-squared analysis supported no association between diabetes and A $\beta$  positivity ( $p$ -value = 0.2888). There is no strong evidence to support that, depending on APOE- $\epsilon$ 4 genotype carrier statuses, the cortical thickness is significantly different ( $p$ -value = 0.6162). However, the one-way ANOVA test provided strong evidence to support that, depending on sexes, cortical thickness is significantly different ( $p$ -value = 0.0012). Additionally, interaction effects between genotype and sex were not statistically significant (F-value = 0.24  $p$  = 0.7879).

Lastly, GLM models were built to evaluate risk factors for vascular dementia. Two outcomes, mean A $\beta$  levels and cortical thickness, are chosen for creating different models. A correlation matrix was made to eliminate multicollinearity between covariates first. When mean A $\beta$  levels were the response variable,

APOE- $\epsilon$ 4 genotype carrier status and sex were considered as main covariates; when the cortical thickness was treated as the response, age could be the confounder, sexes still have a significant impact with several covariates we are interested in (**Figure 2**). The use of log transformation could potentially lead to more accurate and robust modeling results, and both models fit well with the data.

### Discussion (90 words):

The analysis underscores the profound impact of genetic factors, particularly APOE- $\epsilon$ 4 alleles, on cognitive functions, aligning with the hypothesis that genetic predispositions significantly contribute to AD neuropathology risks. The study's methodology, particularly the use of GLM to account for confounders, provides a robust framework for examining these relationships. However, the results are constrained by the inherent limitations of observational data and the selected cohort's demographic characteristics. Future research should expand to longitudinal studies and include a more comprehensive range of genetic and environmental factors to enhance understanding of AD pathogenesis.

**Table 1.** Variables explored for analysis of sex and genetic risk factors for cognitive impairment in late middle-aged adults.

| Variable           | Description   | Levels/Summary  |
|--------------------|---|---|
| id                 | Participant ID  | Total of 266 participants   |
| sex                | Sex of the participant  | 1 = Male, 2 = Female  |
| IPAQtotal          | Total physical activity score from the IPAQ (International Physical Activity Questionnaire), measured in MET-minutes/week | 7777 = Unknown, 8888 = Refusal, 9999 = Not Applicable   |
| IPAQcat            | IPAQ categorical score  | 1 = Low; 2 = Moderate; 3 = High; 7777 = Unknown; 8888 = Refusal; 9999 = Not Applicable                              |
| phq9               | PHQ-9 depression assessment   | Numeric scale: 0 = no symptoms, 1 = minimal symptoms, 2 = mild symptoms, 3 = moderate symptoms, 4 = severe symptoms |
| APOEgeno           | APOE- $\epsilon$ 4 carrier statuses   | 0 = no copy of $\epsilon$ 4; 1 = single copy of $\epsilon$ 4; 2 = double copies of $\epsilon$ 4                     |
| neuro-degeneration | Cortical thickness in Alzheimer's disease signature regions: average of several measures related to cortical thickness    | Min=2.40 median=2.71 mean=2.71 max=2.91 std=0.09  |
| global_mean_ab     | Global mean amyloid $\beta$ (A $\beta$ ) SUVR: average of several measures related to A $\beta$ SUVR from different parts | Min=1.00 median=1.11 mean=1.10 max=1.35 std=0.05  |
| education          | Years of education completed by the participant   | Min=0.00 median=11.00 mean=10.44 max=19.00 std=3.73   |
| age                | Age of the participant in years   | Min=56.26 median=64.00 mean=64.00 max=70.56 std=3.43  |
| waist              | Waist circumference (cm)  | Min=69.40 median=96.40 mean=96.05 max=134.70 std=10.75  |

**Table 2.** Results of most tests in the project.

| Test   | Description   | P-value                    |
|--|---|----------------------------|
| ANOVA  | Variations in mean A $\beta$ levels by APOE- $\epsilon$ 4 genotype statuses   | F-value = 14.01, p < 0.001 |
| Dunnett's Test                                   | Individuals with two copies of the $\epsilon$ 4 allele had significantly higher mean A $\beta$ levels than those with one or no copies                    | P-value < 0.05             |
| Wilcoxon Two-Sample Test and KRUSKAL-WALLIS TEST | Significant differences were found between sexes in mean A $\beta$ levels   | F-value = 42.85, p < 0.001 |
| The chi-squared analysis                         | No association between diabetes and A $\beta$ positivity  | P-value = 0.2888           |
| ANOVA  | There is no strong evidence to support that, depending on APOE- $\epsilon$ 4 genotype carrier statuses, the cortical thickness is significantly different | P-value = 0.6162           |
| F-test   | Interaction effects between genotype and sex were not statistically significant   | F-value = 0.24 p = 0.7879  |
| The one-way ANOVA test                           | Depending on sexes, cortical thickness is significantly different   | P-value = 0.0012           |

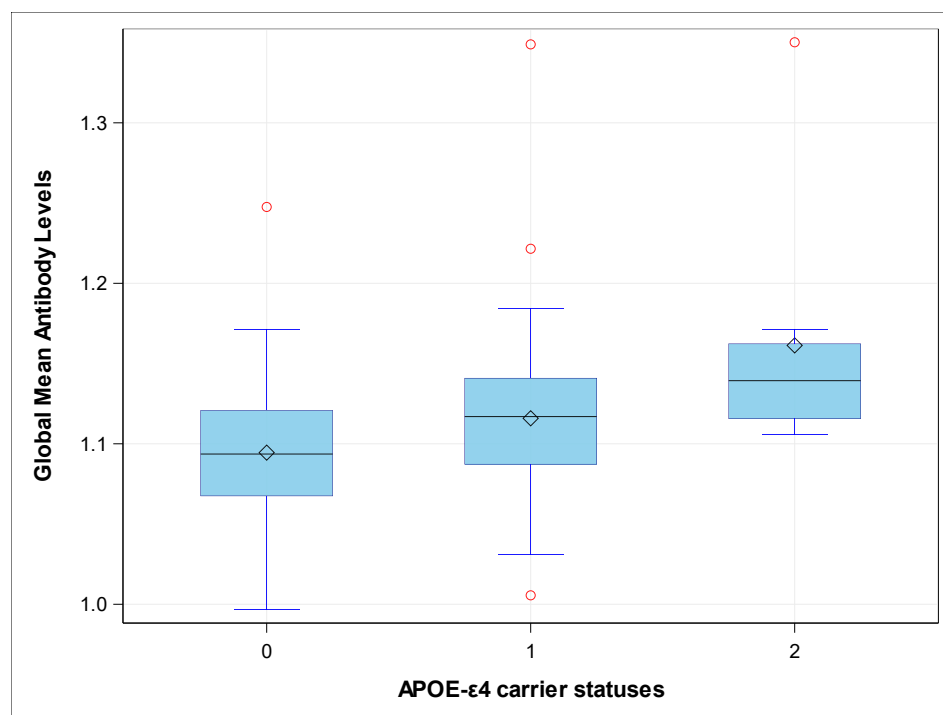


Figure1. Box Plot of Global Mean Amyloid Beta( $\beta$ ) Levels by APOE- $\epsilon$ 4 Carrier Statuses

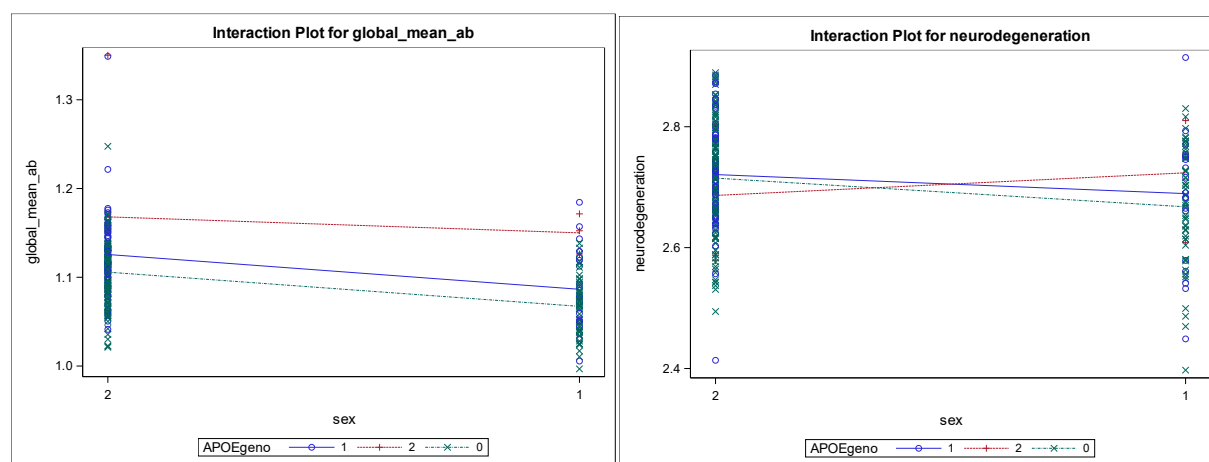


Figure2. Interaction Plots for Global\_mean\_ab and Neurodegeneration