


Genetics of ADHD – risk loci and genetic overlap with other phenotypes

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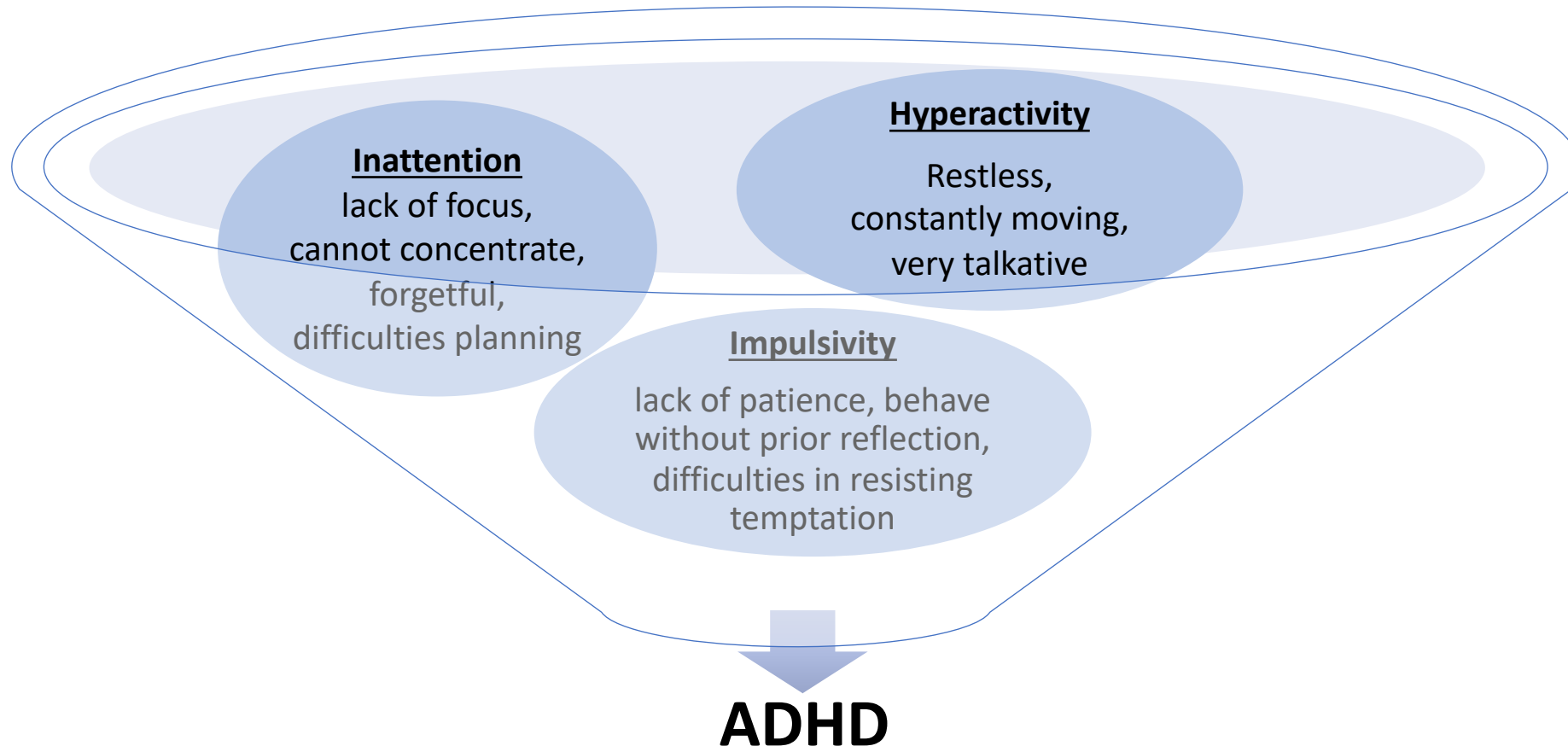
<https://biomed.au.dk/demontisgroup>

Outline

- The role of common genetic variants in ADHD
- The role of rare genetic variants in ADHD
- Genetic heterogeneity among ADHD subgroups
- Polygenic architecture of childhood maltreatment across psychiatric disorders

ADHD – core symptoms

Attention-deficit hyperactivity disorder (ADHD) is a common childhood neurodevelopmental disorder affecting 5% of children and around 2.5% of adults

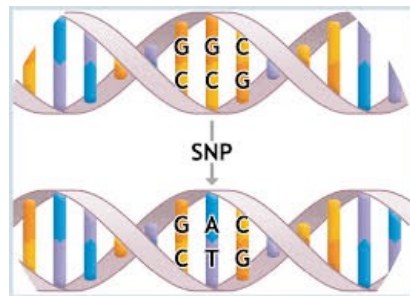
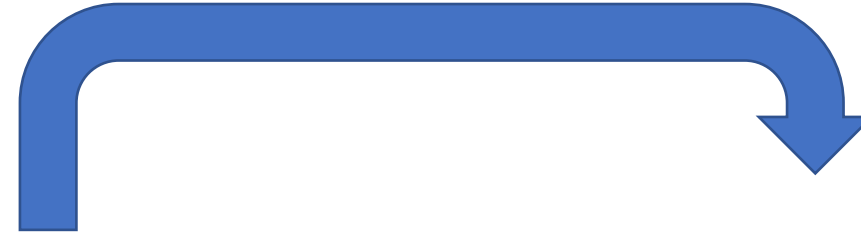
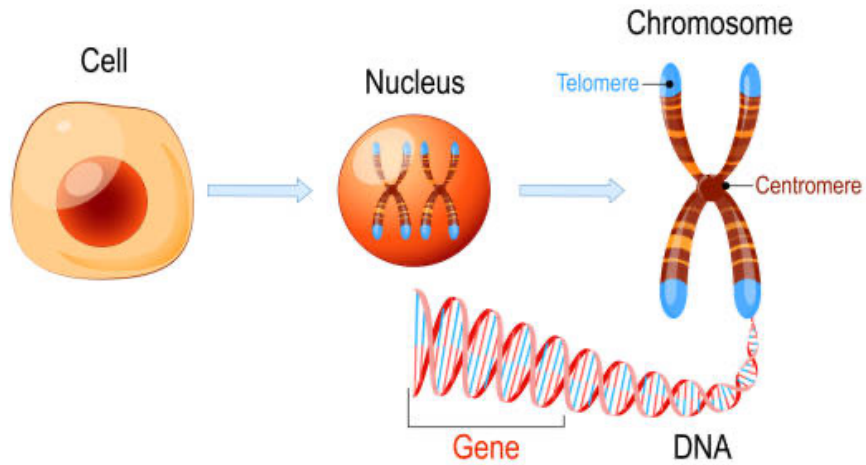


ADHD is strongly influenced by genetics

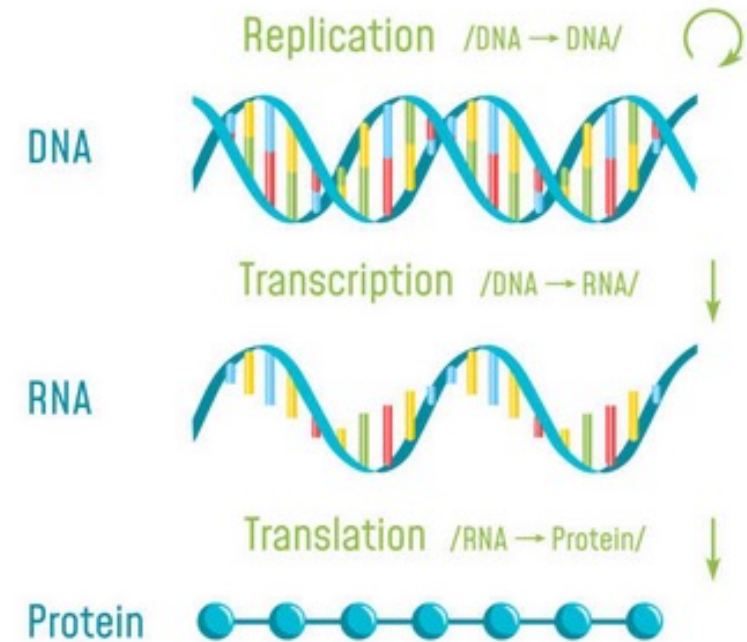
- the twin heritability has been estimated to 0.74

(Faraone and Larsson Molecular Psychiatry 2019)

From DNA to protein



An example of a genetic variant
(Single nucleotide polymorphism (SNP)
enkelt base substitution)



Genetic variants involved in ADHD

Genome-wide association studies (GWAS)



Common genetic variants (variants with small effect on disease)

+

Whole-exome/genome sequencing



Rare genetic variants (variants with larger effect on disease)

+

Whole-exome/genome sequencing



De novo mutations (variants with larger effect on disease)

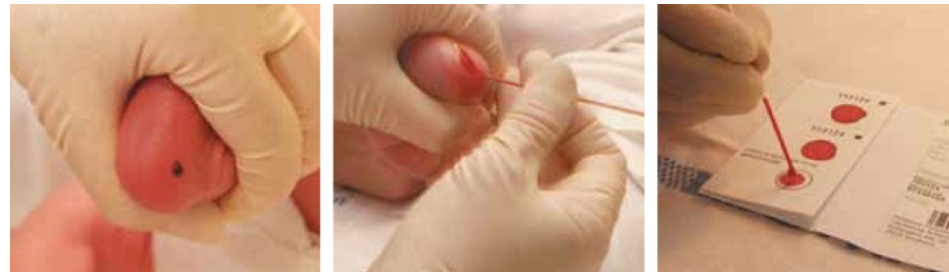
iPSYCH

Lundbeck Foundation Initiative for Integrative Psychiatric Research

- Nationwide population-based case-cohort with genetic information on 140,000 individuals
- Includes practically all born in Denmark from 1981-2008 that are diagnosed with at least one of 6 major psychiatric disorders
- 50,000 controls



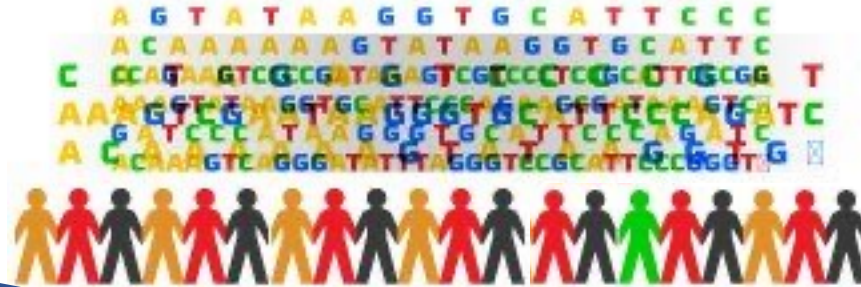
iPSYCH Pis: Anders Børglum, Ole Mors, David Hougaard, Preben Bo Mortensen, Merete Nordentoft, Thomas Werge



Biological samples from individuals in the iPSYCH cohorts were obtained from the Newborn Screening Biobank at Statens Serum Institute

The role of common genetic variants in ADHD

Genome-wide
association studies
(GWAS)



Common genetic variants
(variants with small effect on disease)

+

Whole-exome/genome
sequencing



Rare genetic variants
(variants with larger effect on disease)

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Whole-exome/genome
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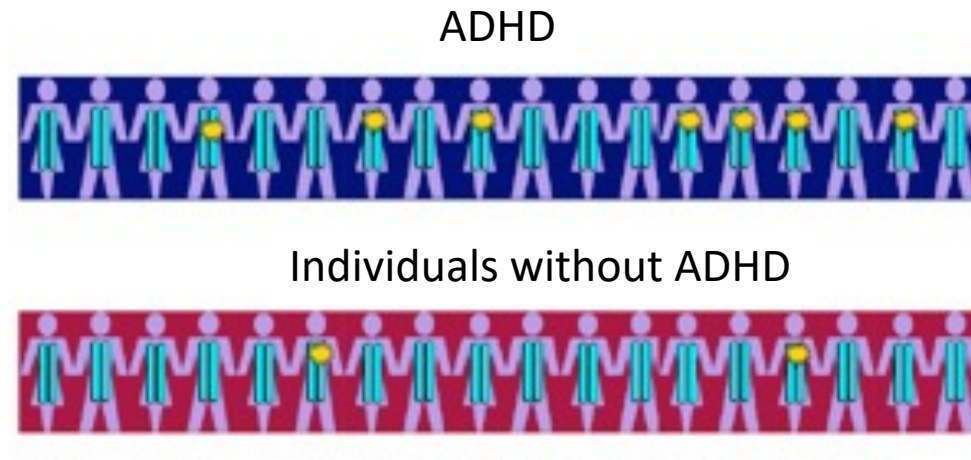


De novo mutations
(variants with larger effect on disease)

How do we find common genetic variants involved in ADHD?

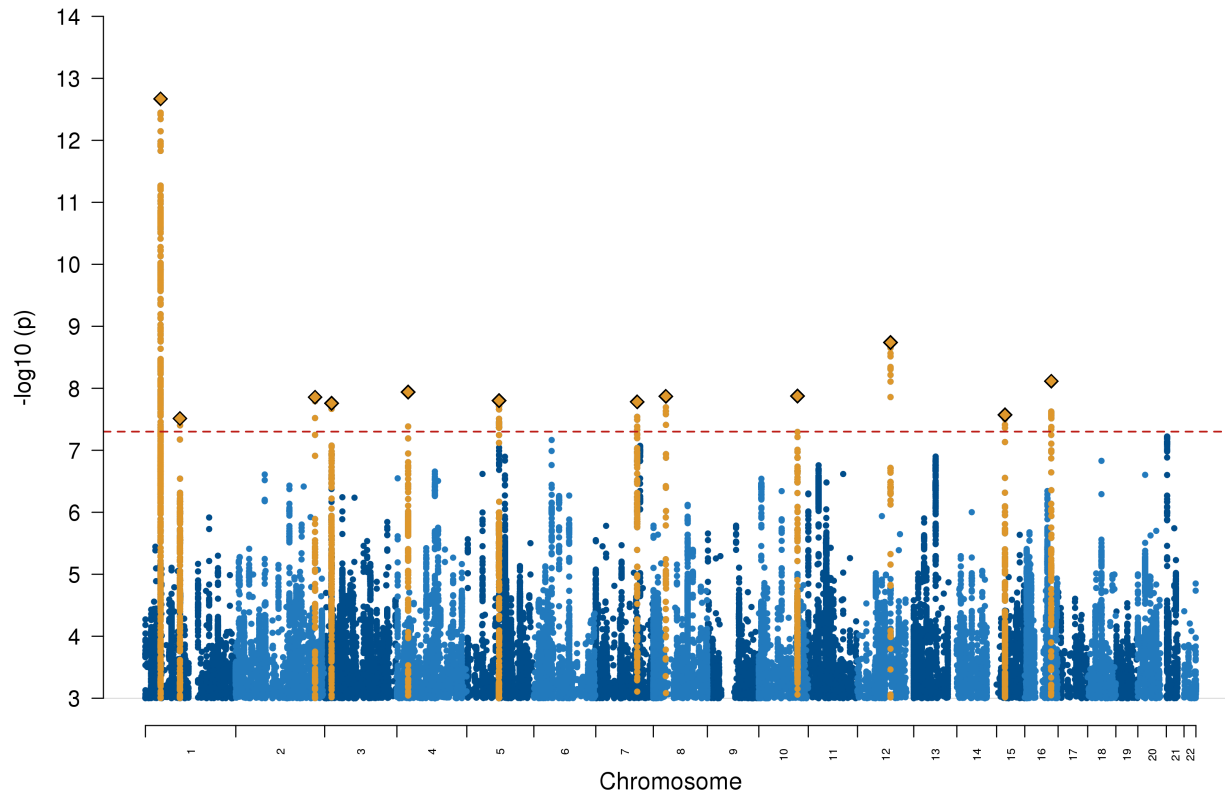
Genome-wide associations study (GWAS)

Genome-wide screening of around 8 million variants in thousands of individuals



Identify variants that are seen more often in individuals with ADHD compared to those without

GWAS meta-analysis ADHD



12 genome-wide significant loci
20,183 individuals with ADHD and 35,191 controls,
~8 million genetic variants

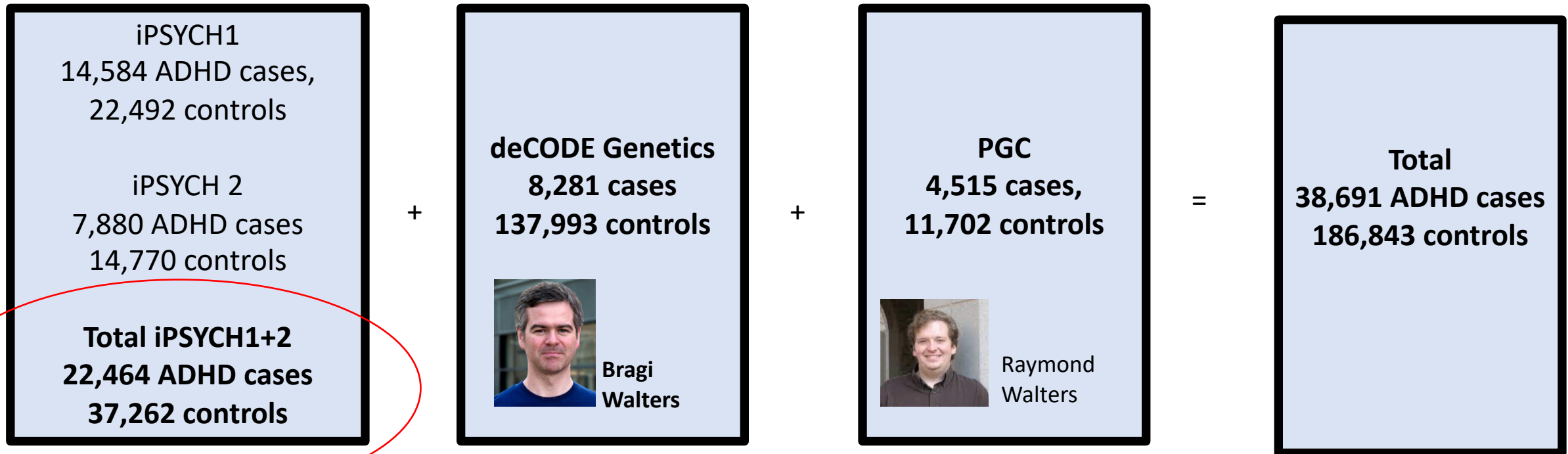
Discovery of the first genome-wide significant risk loci for attention deficit/hyperactivity disorder

Ditte Demontis^{1,2,3,69}, Raymond K. Walters^{4,5,69}, Joanna Martin^{5,6,7}, Manuel Mattheisen^{1,2,3,8,9,10}, Thomas D. Als^{1,2,3}, Esben Agerbo^{1,11,12}, Gísli Baldursson¹³, Rich Belliveau⁴, Jonas Bybjerg-Grauholm^{1,14}, Marie Bækvad-Hansen^{1,14}, Felecia Cerrato⁵, Kimberly Chambert⁵, Claire Churchhouse^{4,5,15}, Ashley Dumont⁵, Nicholas Eriksson¹⁶, Michael Ganda^{1,17,18,19,20}, Jacqueline I. Goldstein^{4,5,15}, Katrina L. Grasby²¹, Jakob Grove^{1,2,3,22}, Olafur O. Gudmundsson^{13,23,24}, Christine S. Hansen^{1,14,25}, Mads Engel Hauberg^{1,2,3}, Mads V. Hollegaard^{1,14}, Daniel P. Howrigan^{4,5}, Hailiang Huang^{4,5}, Julian B. Maller^{5,26}, Alicia R. Martin^{4,5,15}, Nicholas G. Martin²⁷, Jennifer Moran⁵, Jonatan Pallesen^{1,2,3}, Duncan S. Palmer^{4,5}, Carsten Bøcker Pedersen^{1,11,12}, Marianne Giørtz Pedersen^{1,11,12}, Timothy Poterba^{4,5,15}, Jesper Buchhave Poulsen^{1,14}, Stephan Ripke^{4,5,27}, Elise B. Robinson^{4,28}, F. Kyle Satterstrom^{4,5,15}, Hreinn Stefansson²³, Christine Stevens⁵, Patrick Turley^{4,5}, G. Bragi Walters^{23,24}, Hyejung Won^{1,17,18}, Margaret J. Wright²⁹, ADHD Working Group of the Psychiatric Genomics Consortium (PGC)³⁰, Early Lifecourse & Genetic Epidemiology (EAGLE) Consortium³⁰, 23andMe Research Team³⁰, Ole A. Andreassen³¹, Philip Asherson³², Christie L. Burton³³, Dorret I. Boomsma^{34,35}, Bru Cormand^{36,37,38,39}, Seren Dalsgaard⁴⁰, Barbara Franke⁴⁰, Joel Gelernter^{41,42}, Daniel Geschwind^{1,17,18,39}, Hakon Hakonarson⁴³, Jan Haavik^{4,4,45}, Henry R. Kranzler^{46,47}, Jonna Kuntsi³², Kate Langley⁴⁸, Klaus-Peter Lesch^{49,50,51}, Christel Middeldorp^{34,52,53}, Andreas Reif⁵⁴, Luis Augusto Rohde^{55,56}, Panos Roussos^{57,58,59,60}, Russell Schachar³³, Pamela Sklar^{57,58,59}, Edmund J. S. Sonuga-Barke⁵¹, Patrick F. Sullivan^{6,62}, Anita Thapar⁷, Joyce Y. Tung¹⁶, Irwin D. Waldman⁶³, Sarah E. Medland²¹, Kari Stefansson^{23,24}, Merete Nordentoft^{1,64}, David M. Hougaard^{1,14}, Thomas Werge^{1,25,65}, Ole Mors^{1,66}, Preben Bo Mortensen^{1,2,11,12}, Mark J. Daly^{4,5,15,67}, Stephen V. Faraone^{68,70*}, Anders D. Berglum^{1,2,3,70*} and Benjamin M. Neale^{4,5,15,70*}



ADHD working group of the Psychiatric Genomics Consortium

New ADHD GWAS meta-analysis



GWAS meta-analysis of ADHD

naturegenetics

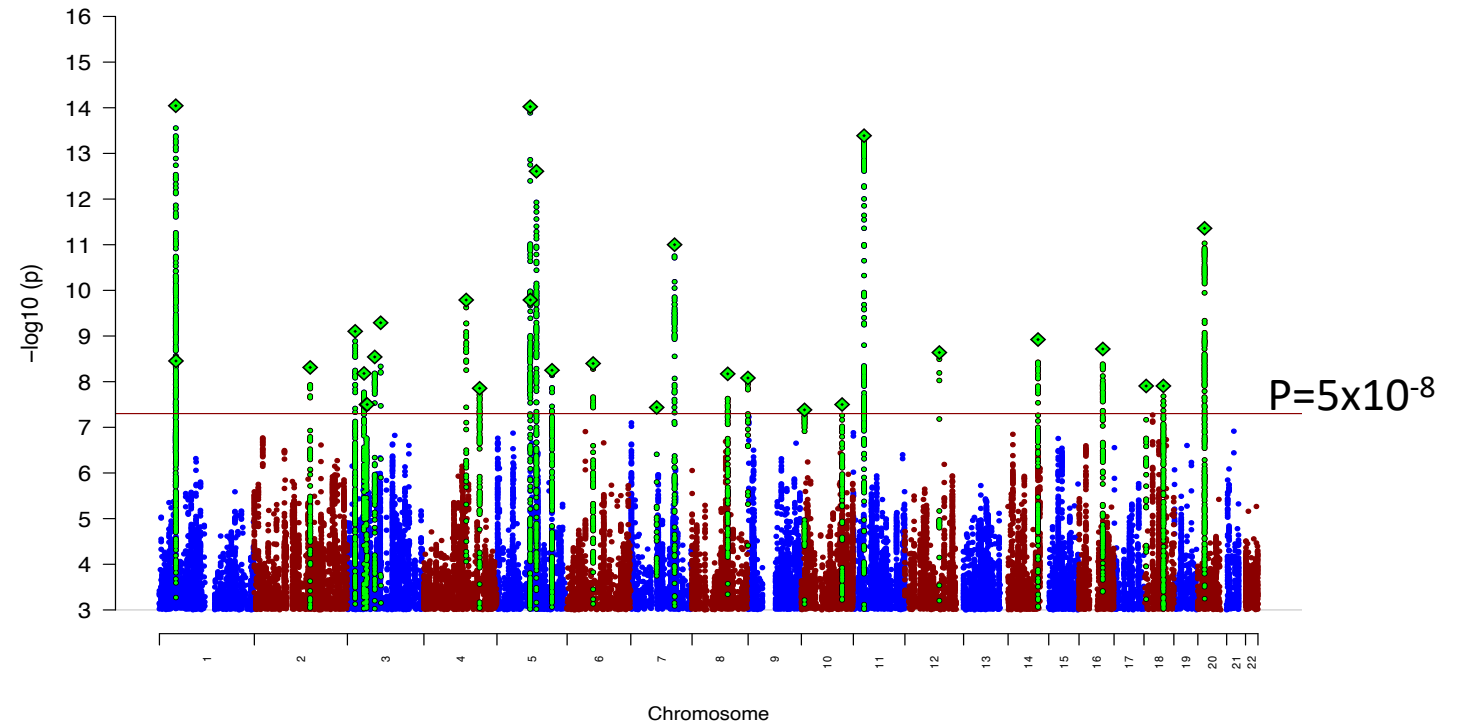
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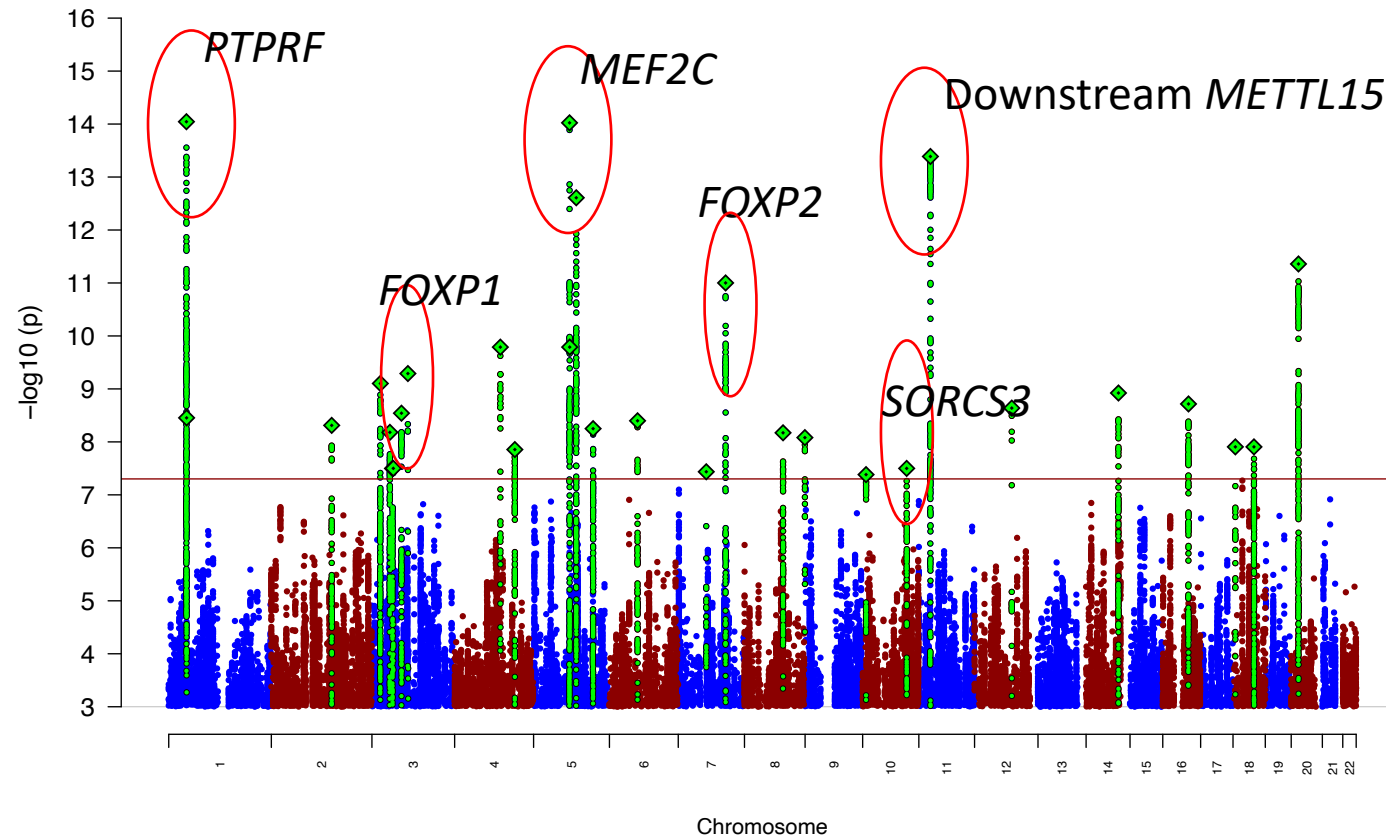
Genome-wide analyses of ADHD identify 27 risk loci, refine the genetic architecture and implicate several cognitive domains

[Ditte Demontis](#) ✉, [G. Bragi Walters](#), [Georgios Athanasiadis](#), [Raymond Walters](#), [Karen Therrien](#), [Trine Tollerup Nielsen](#), [Leila Farajzadeh](#), [Georgios Voloudakis](#), [Jaroslav Bendl](#), [Biau Zeng](#), [Wen Zhang](#), [Jakob Grove](#), [Thomas D. Als](#), [Jinjie Duan](#), [F. Kyle Satterstrom](#), [Jonas Bybjerg-Grauholm](#), [Marie Bækved-Hansen](#), [Olafur O. Gudmundsson](#), [Sigurdur H. Magnusson](#), [Gisli Baldursson](#), [Katrín Davídsdóttir](#), [Gyða S. Haraldsdóttir](#), [Esben Agerbo](#), [Gabriel E. Hoffman](#), [ADHD Working Group of the Psychiatric Genomics Consortium](#), [iPSYCH-Broad Consortium](#), ... [Anders D. Børglum](#) ✉



27 independent genome-wide significant loci
38,691 ADHD cases; 186,843 controls

GWAS meta-analysis of ADHD

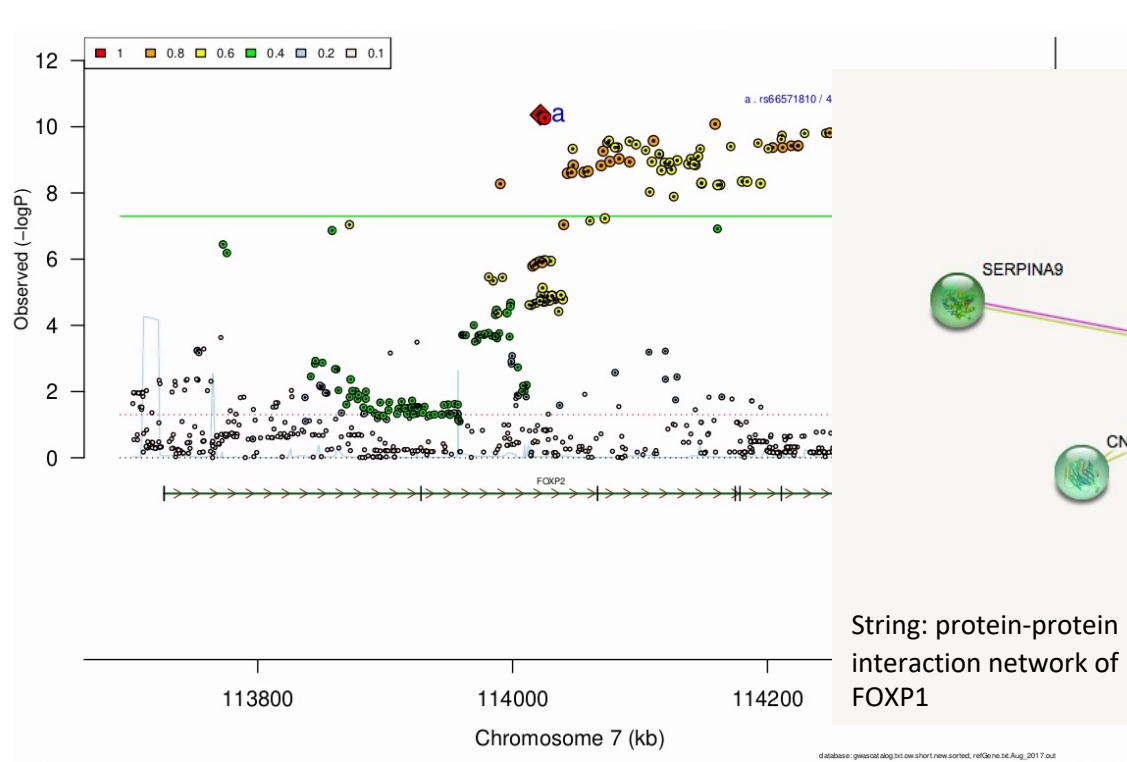


27 independent genome-wide significant loci
38,691 ADHD cases; 186,843 controls

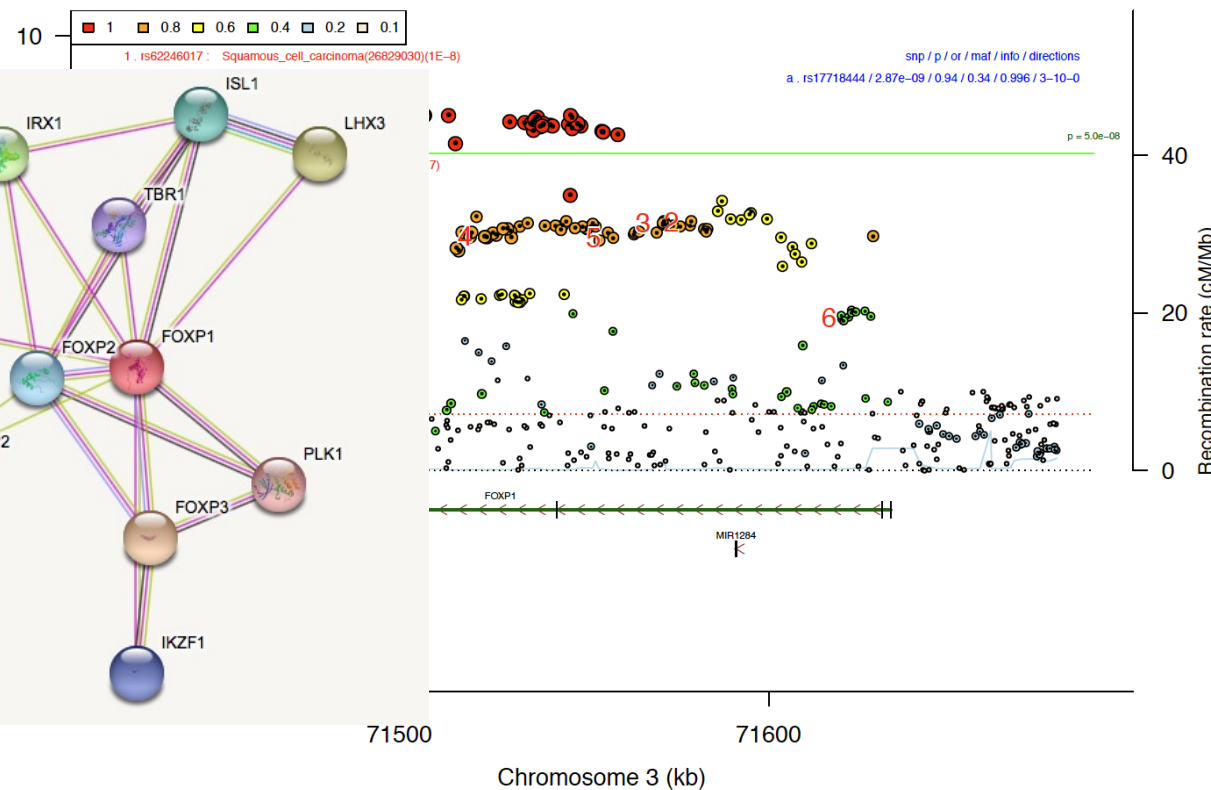
ADHD risk loci

Known locus – *FOXP2* on chr 7

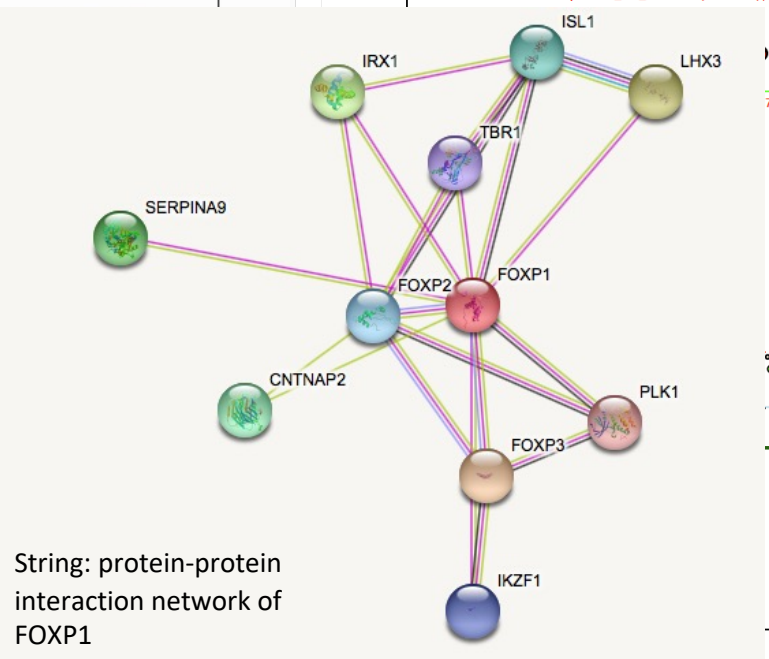
New locus – *FOXP1* on chr 3



rs6671810; OR=1.07; P=4.37x10⁻¹¹



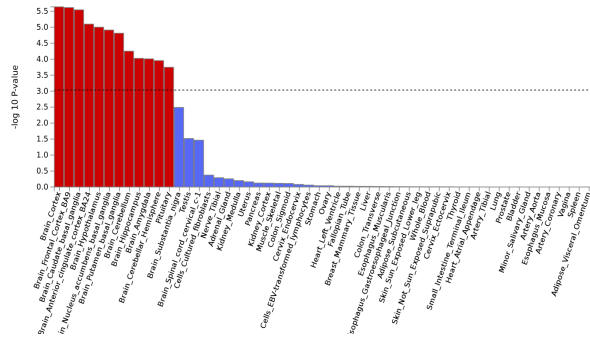
rs17718444; OR=1.06; P=2.87x10⁻⁹



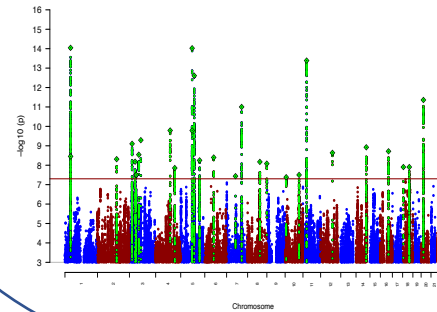
String: protein-protein interaction network of FOXP1

What have our analyses revealed about genes involved in ADHD?

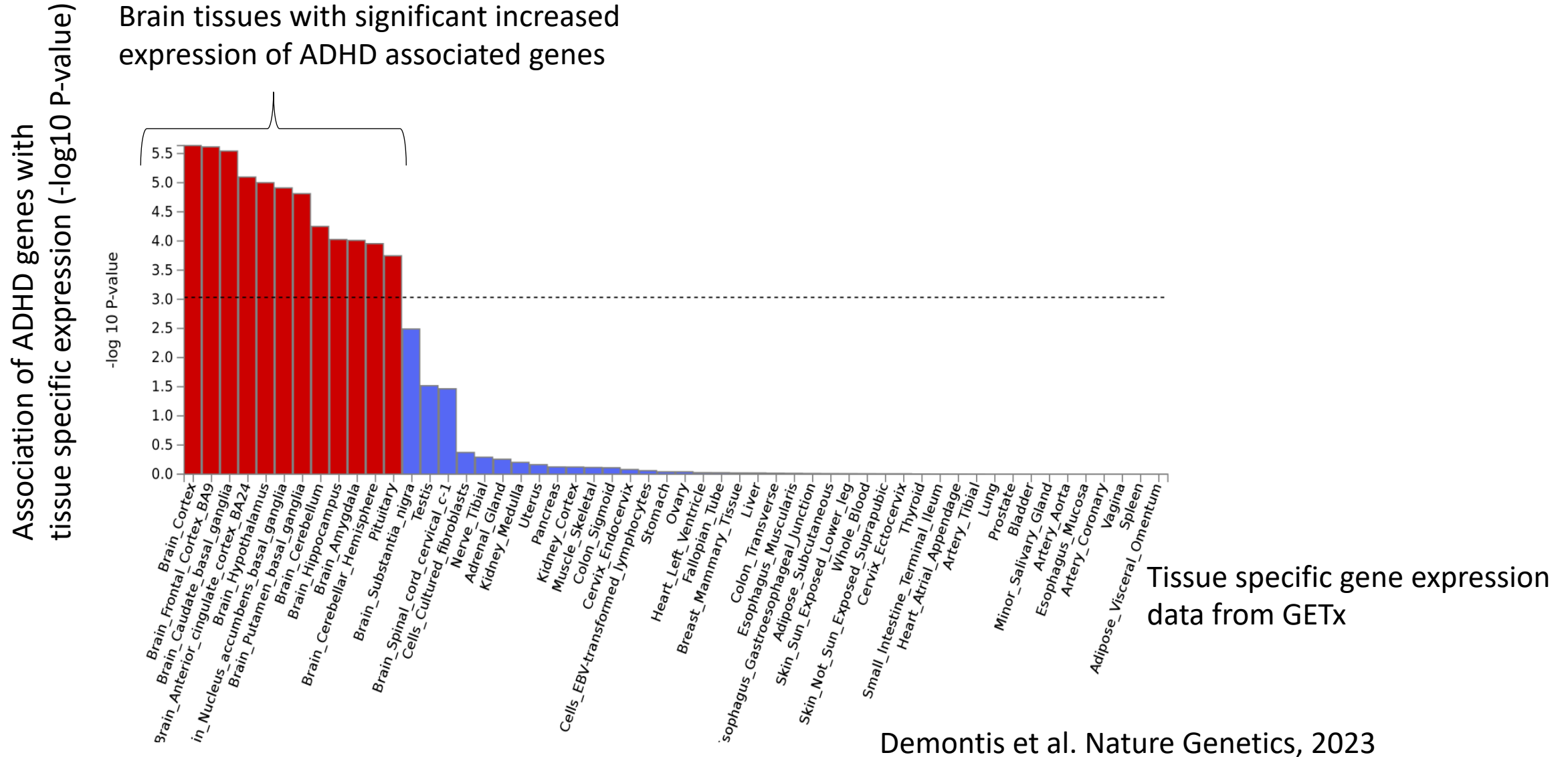
- ADHD risk genes have high expression in almost all brain regions



ADHD genetic risk variants

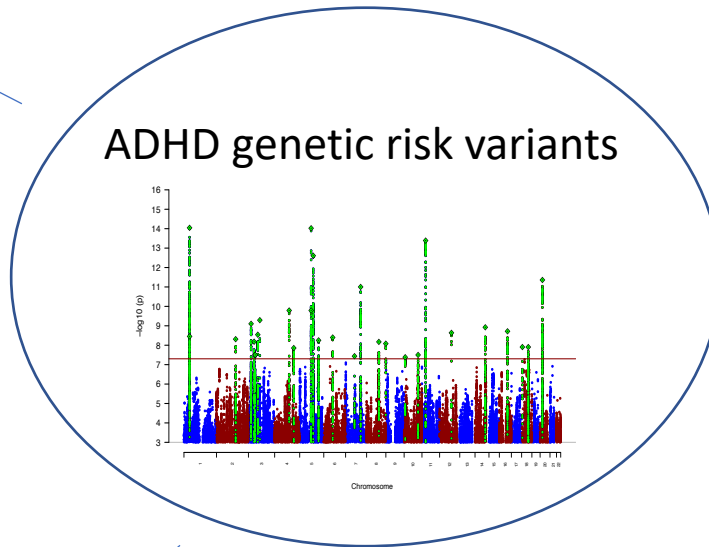
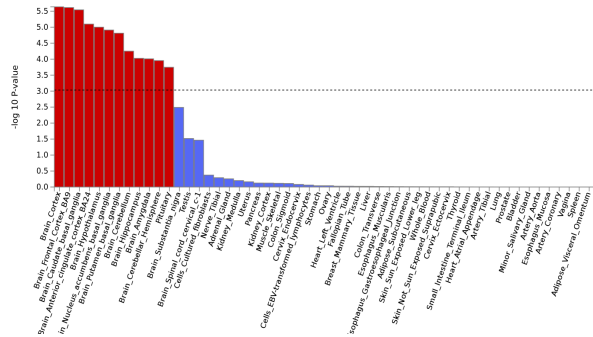


- ADHD risk genes have high expression in almost all brain regions

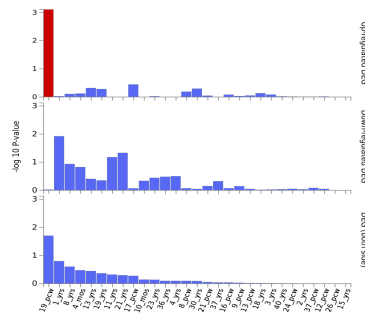


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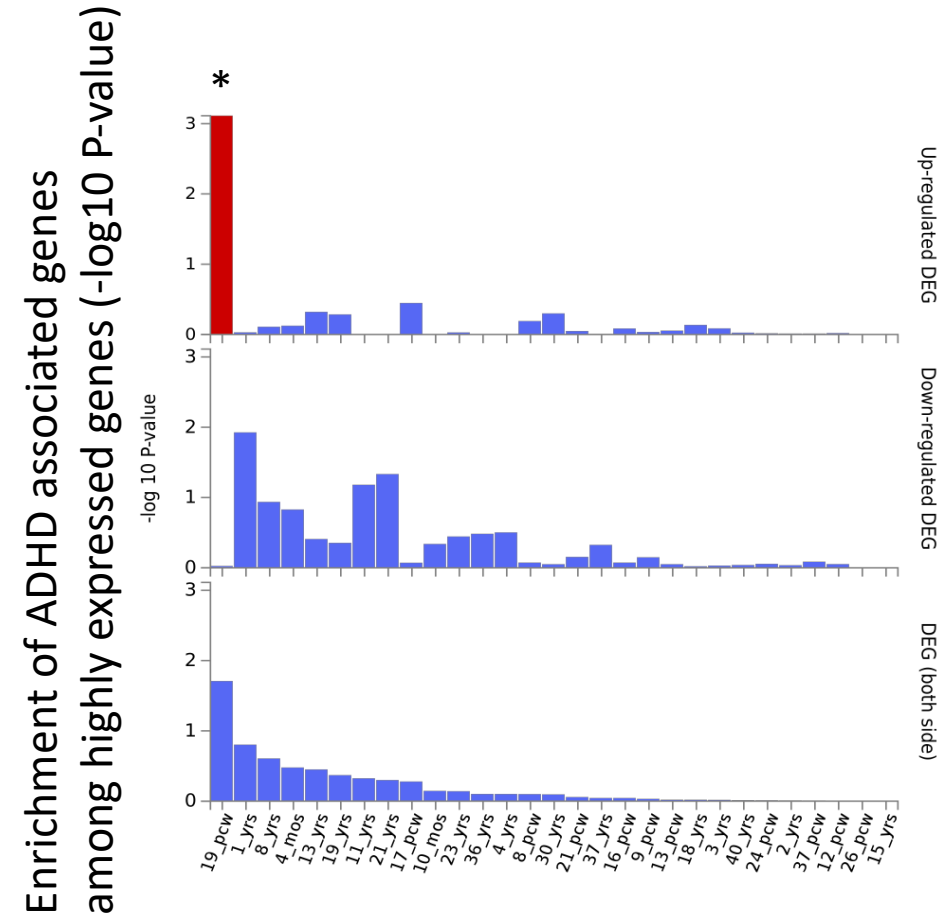
- ADHD risk genes have high expression in almost all brain regions



- ADHD risk genes enriched among genes expressed in early brain development (19th postconceptional week)



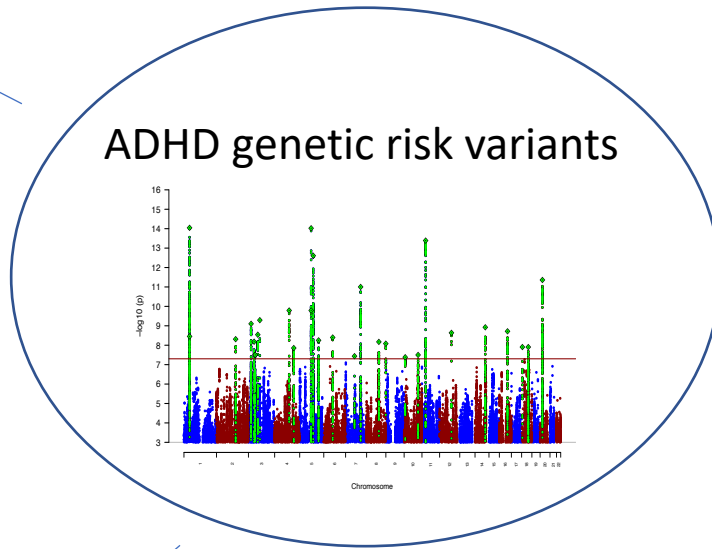
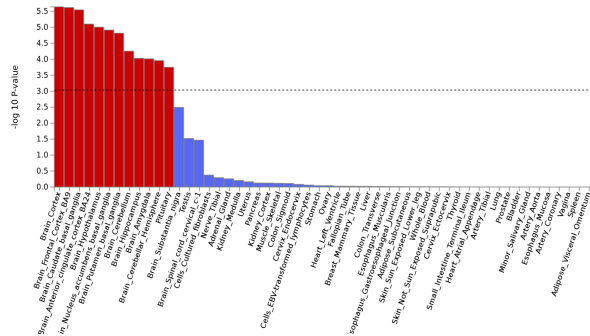
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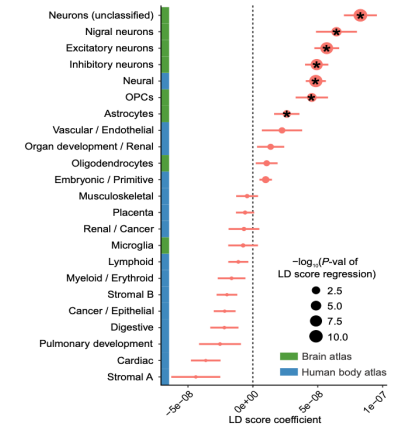
Brain developmental stages (BrainSpan data)

What have our analyses revealed about genes involved in ADHD?

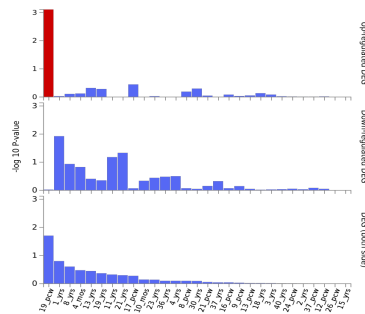
- ADHD risk genes have high expression in almost all brain regions



- ADHD risk variants enriched in genomic regions effecting genes with expression in neuronal cell types.

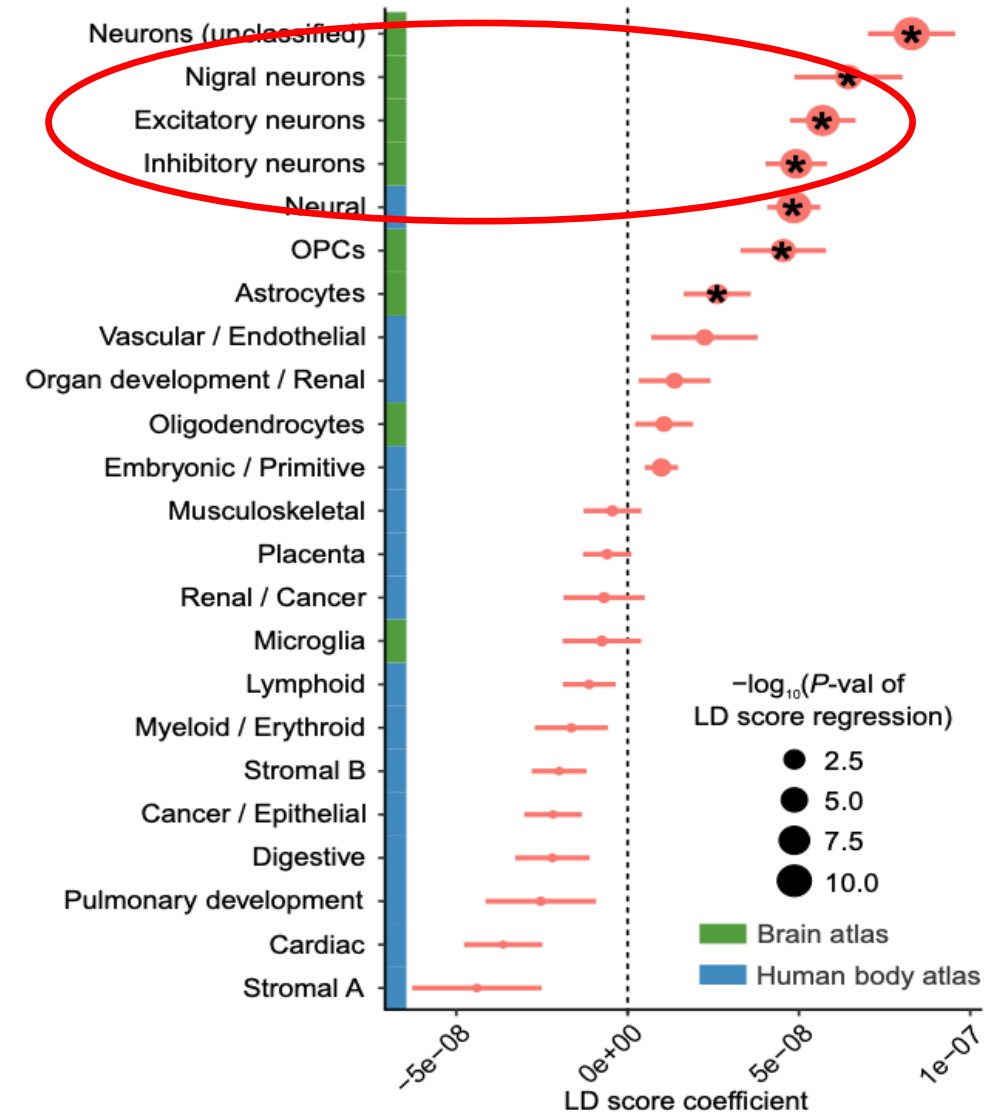


- ADHD risk genes enriched among genes expressed in early brain development (19th postconceptional week)



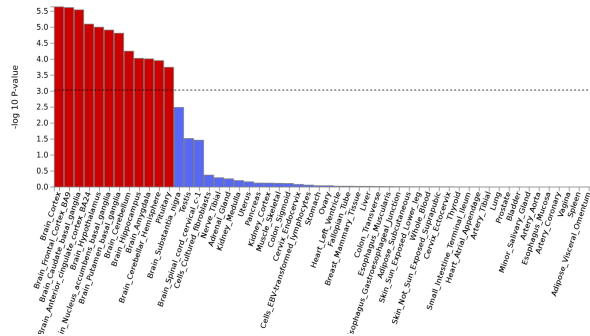
- ADHD risk variants enriched in regulatory regions effecting genes with expression in neuronal cell types.

Enrichment in the SNP-heritability of risk variants in cell-specific regulatory regions

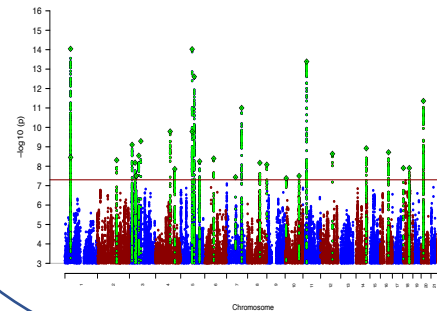


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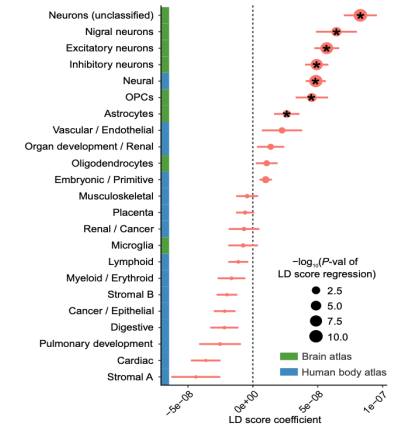
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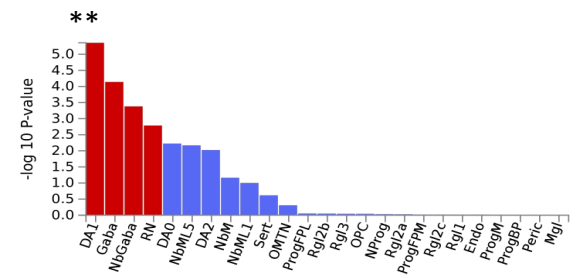
ADHD genetic risk variants



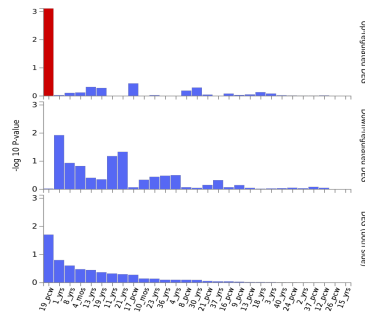
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- ADHD risk genes have significant increased expression in dopaminergic neurons

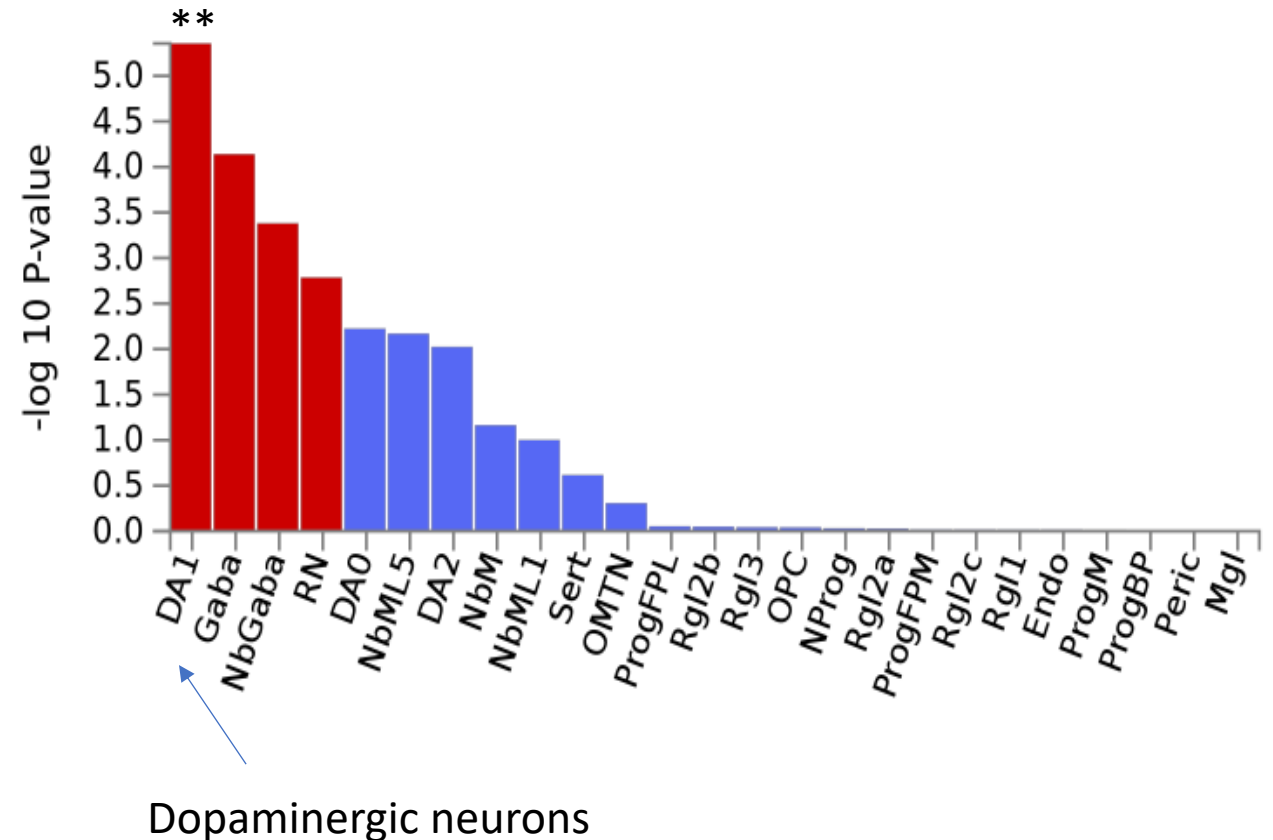


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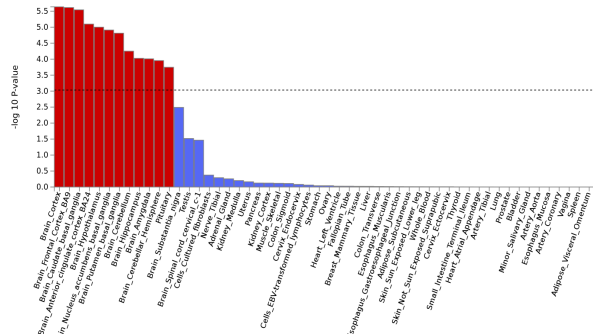
- ADHD risk genes have significant increased expression in dopaminergic neurons

Association of ADHD risk genes with cell-type specific gene expression

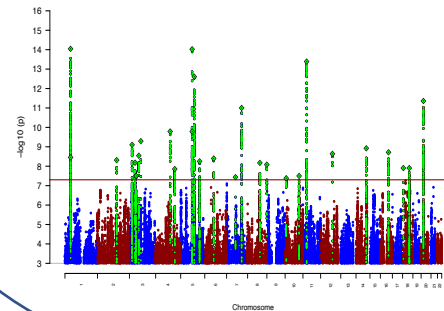


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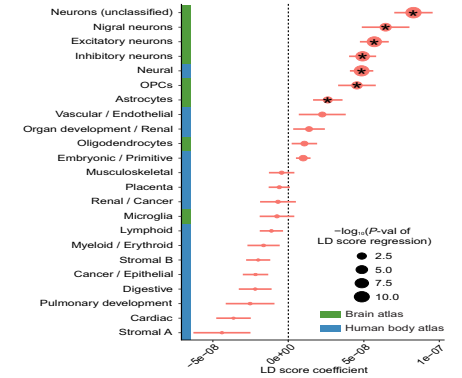
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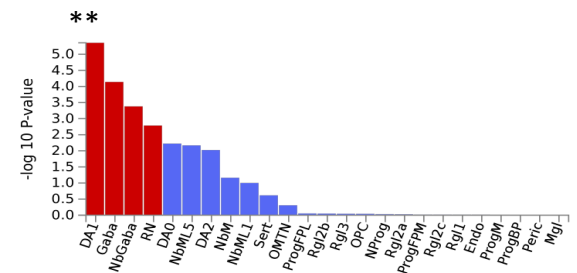
ADHD genetic risk variants



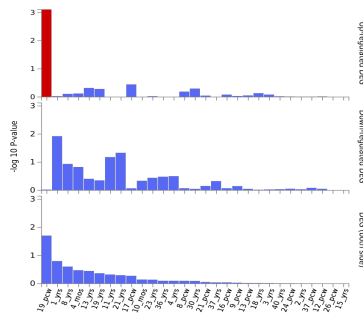
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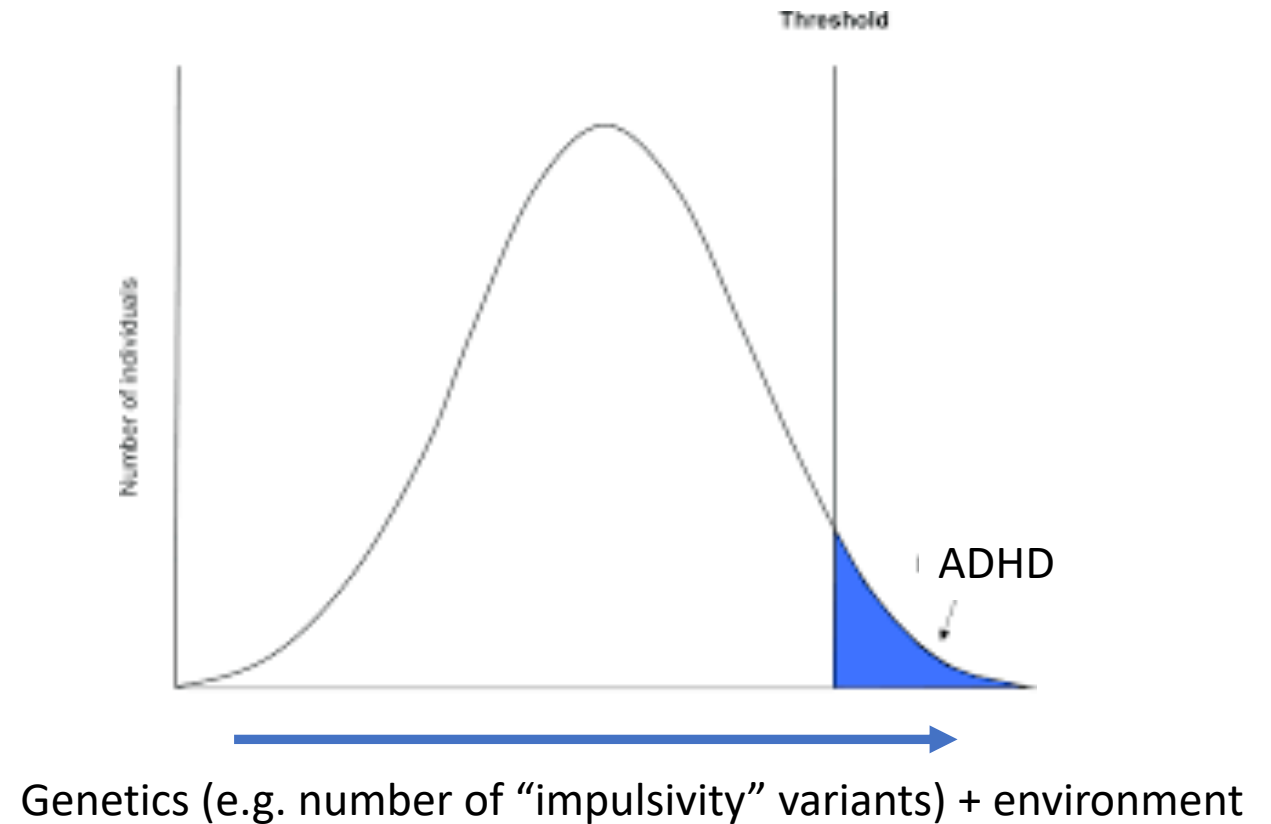
- ADHD risk genes enriched among genes expressed in early brain development (19th postconceptional week)



Genetic overlap of ADHD with ADHD symptoms in the population

Genetic correlation of diagnosed ADHD with ADHD symptoms in the general population = 0.97

(Demontis & Walters, Nature Genetics 2019)



Genetic overlap of ADHD with other phenotypes

Genetic correlation (r_g) of ADHD with other phenotypes

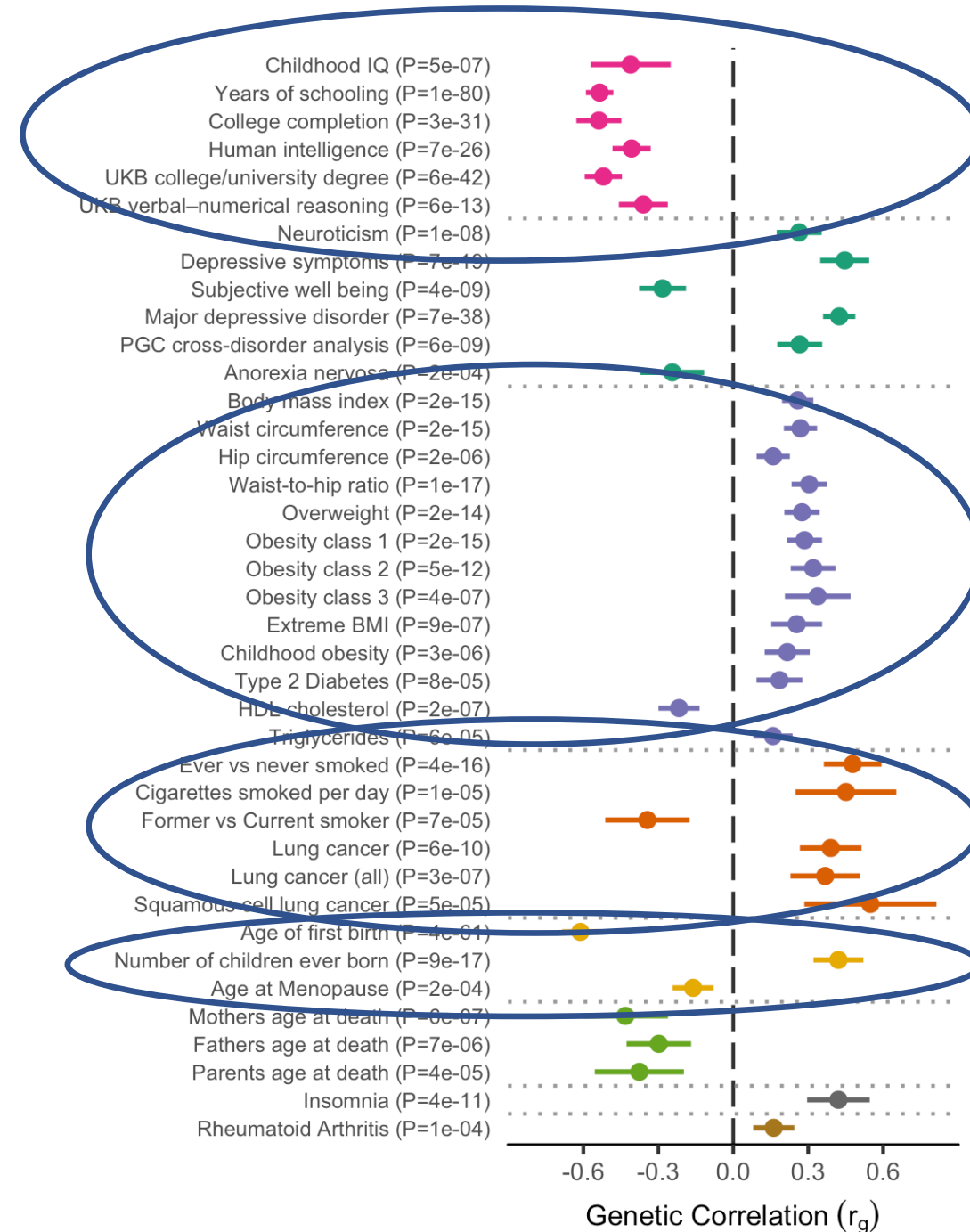
* r_g = the proportion of variance that two traits share due to genetic causes

Cognition, IQ and education

Weight, BMI and obesity

Smoking

Reproduction

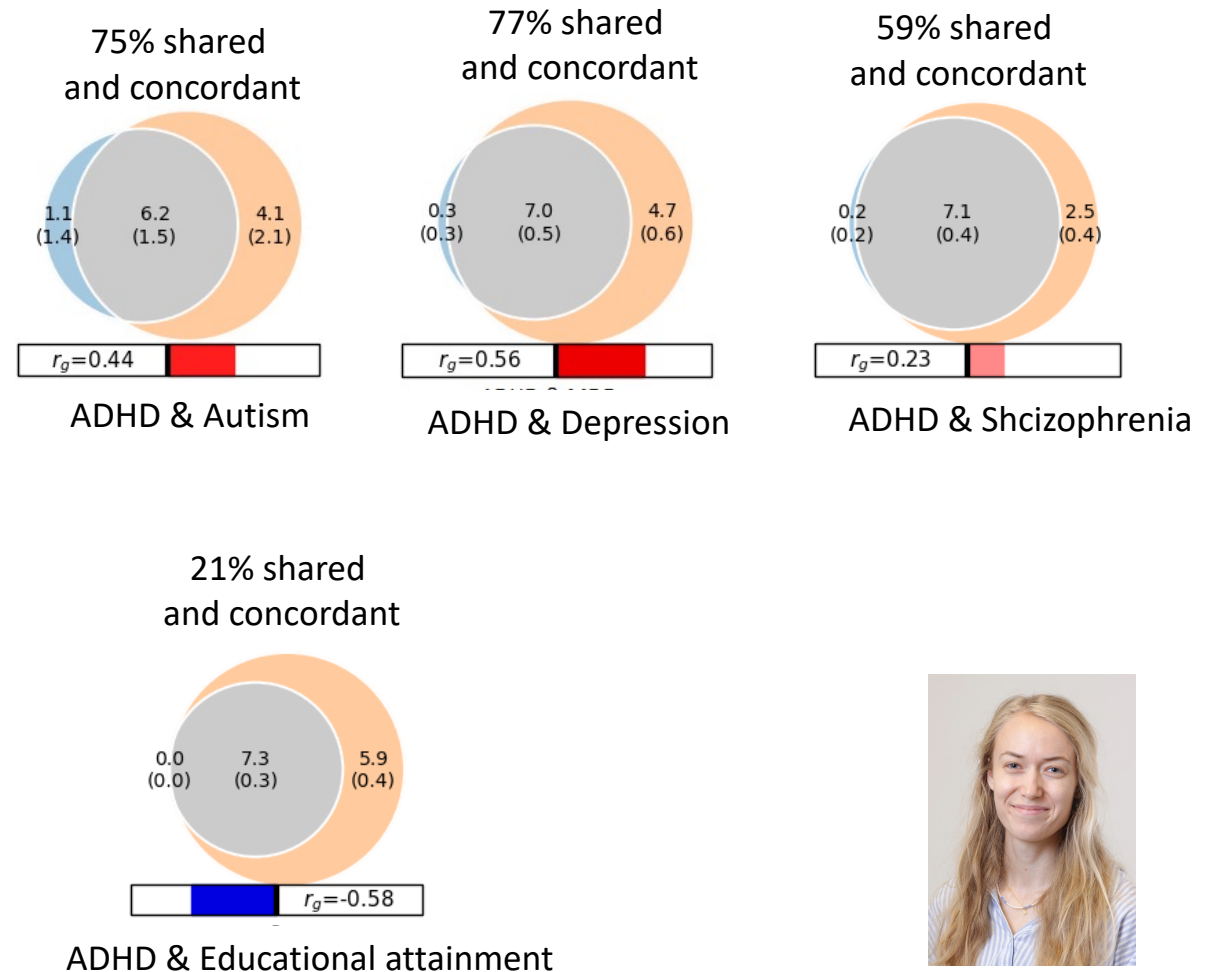


Number of common ADHD risk variants

MiXeR (Frei et al. Nat. Com. 2019) uses bivariate mixture modelling to estimate total number of common variants that influence ADHD:

- **Around 7,300 common variants influence ADHD**

... and number of ADHD specific variants and variants shared with other disorders/phenotypes:



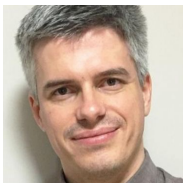
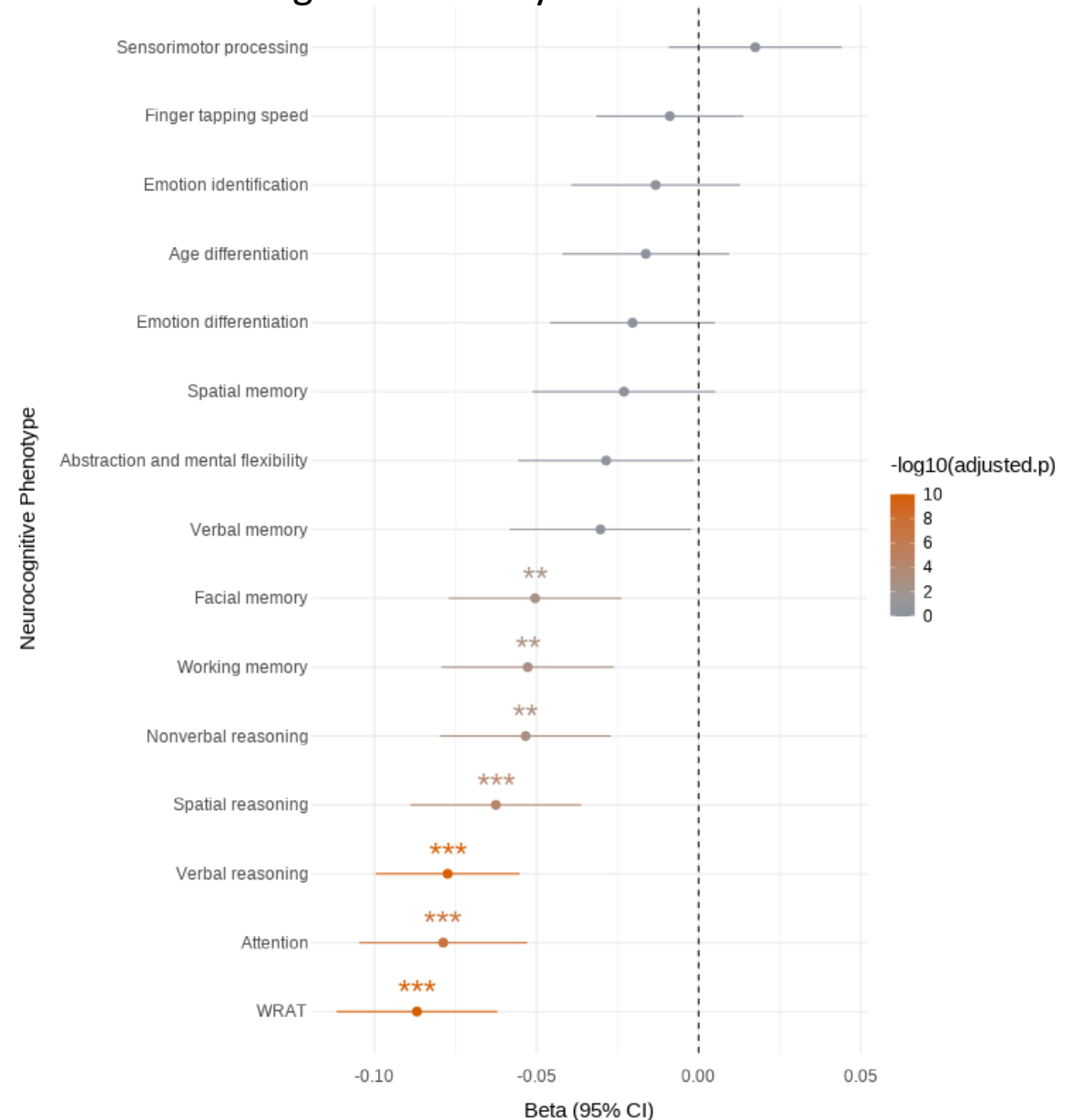
Trine Tollerup Nielsen

Association of ADHD-polygenic score with measures of cognition

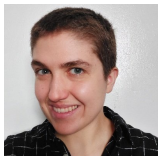
Computerized Neurocognitive Battery measures

Association of ADHD-PGS with measures of cognitive abilities in the Philadelphia neurodevelopmental cohort (N=4,973).

Beta values (and standard errors) from linear regression.

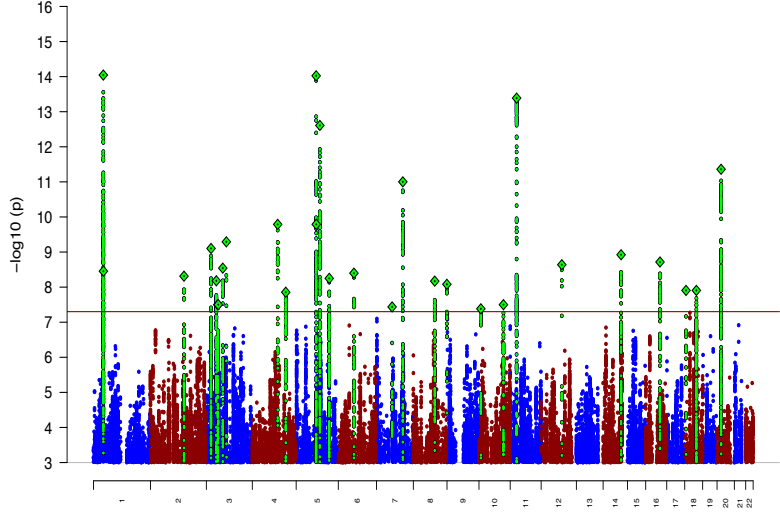


Panos Roussos



Karen Therrien

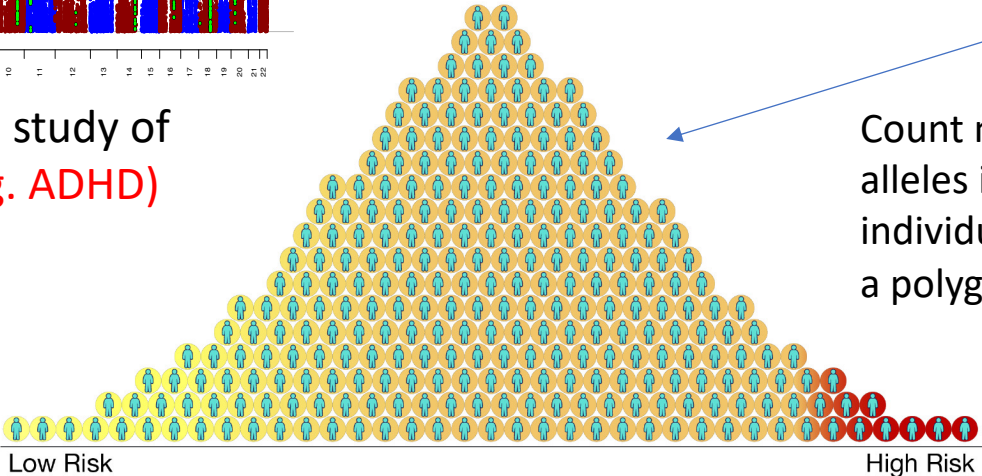
Polygenic score (PGS) – the principle



Identify risk alleles
(not only those that are genome-wide significant!)

- Variant 1: AT
- Variant 2: GC
- Variant 3: GA
- Variant 4: AG
-
-
-
- Variant x: GA

Genome-wide association study of phenotype of interest (e.g. ADHD)



Count number of risk alleles in target individuals and sum to a polygenic risk score

Low number of common risk variants in the genome

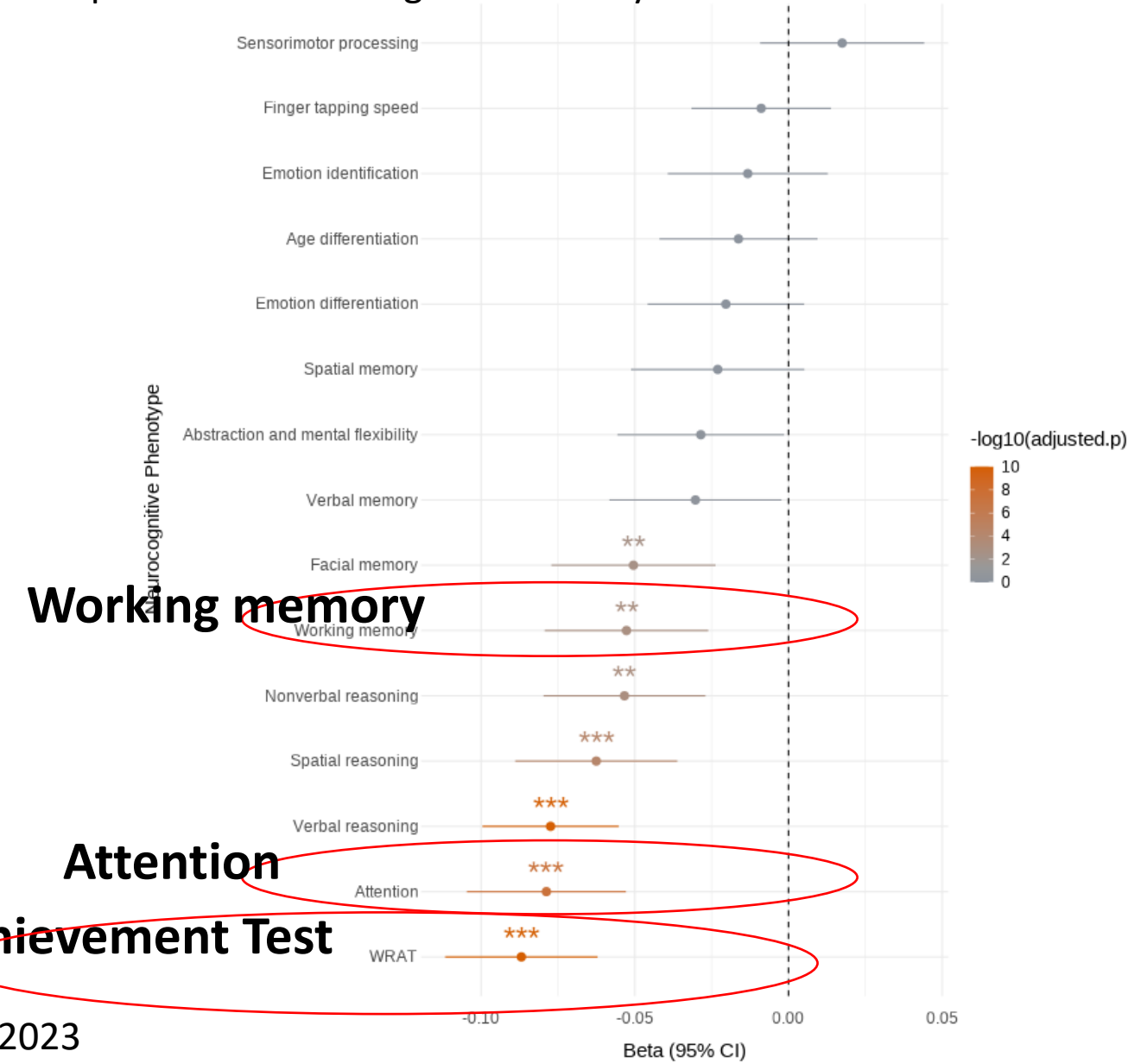
High number of common risk variants in the genome

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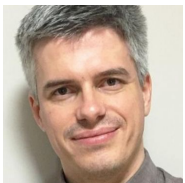
Computerized Neurocognitive Battery measures



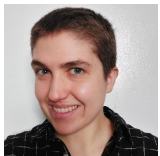
Working memory

Attention

Wide Range Achievement Test



Panos Roussos



Karen Therrien

Summary – common and rare variants

- Common variants explains around 14-22% of the risk for ADHD and involves variants that affect genes with high expression in brain, in early brain development and in neurons
- Large genetic overlap with other psychiatric disorders and cognition related phenotypes

Outline

- The role of common genetic variants in ADHD
- The role of rare genetic variants in ADHD
- Genetic heterogeneity among ADHD subgroups
- Polygenic architecture of childhood maltreatment across psychiatric disorders

Definition of ADHD-sub groups in iPSYCH



Differences in the genetic architecture of common and rare variants in childhood, persistent and late-diagnosed attention-deficit hyperactivity disorder

Veera M. Rajagopal^{1,2,3}, Jinjie Duan^{1,2,3}, Laura Vilar-Ribó^{4,5,6}, Jakob Grove^{1,2,3,7}, Tetyana Zayats^{8,9,10}, J. Antoni Ramos-Quiroga^{4,5,6,11}, F. Kyle Satterstrom^{8,9}, María Soler Artigas^{4,5,6,11}, Jonas Bybjerg-Grauholm^{2,12}, Marie Bækvad-Hansen^{2,13}, Thomas D. Als^{1,2,3}, Anders Rosengren^{1,2,14}, Mark J. Daly^{8,9,15,16}, Benjamin M. Neale^{8,9}, Merete Nordentoft^{2,17}, Thomas Werge^{2,14}, Ole Mors^{2,18}, David M. Hougaard^{2,13}, Preben B. Mortensen^{2,19,20}, Marta Ribasés^{4,5,6,21}, Anders D. Børglum^{1,2,3} and Ditte Demontis^{1,2,3} ✉

Attention-deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder with onset in childhood (childhood ADHD); two-thirds of affected individuals continue to have ADHD in adulthood (persistent ADHD), and sometimes ADHD is diagnosed in adulthood (late-diagnosed ADHD). We evaluated genetic differences among childhood ($n = 14,878$), persistent ($n = 1,473$)

Childhood ADHD, N= 14,878

Persistent ADHD, N=1,473

Late-diagnosed ADHD, N=6,961

18 years of age

Cases = 23,312

Controls = 38,303



Veera Manikandan Rajagopal

SNP-heritability and genetic correlations

SNP-heritability estimates

	H2	Prevalence
Childhood	0.24	0.05
Late diagnosed	0.27	0.03
Persistent	0.29	0.03

GCTA estimates, same controls

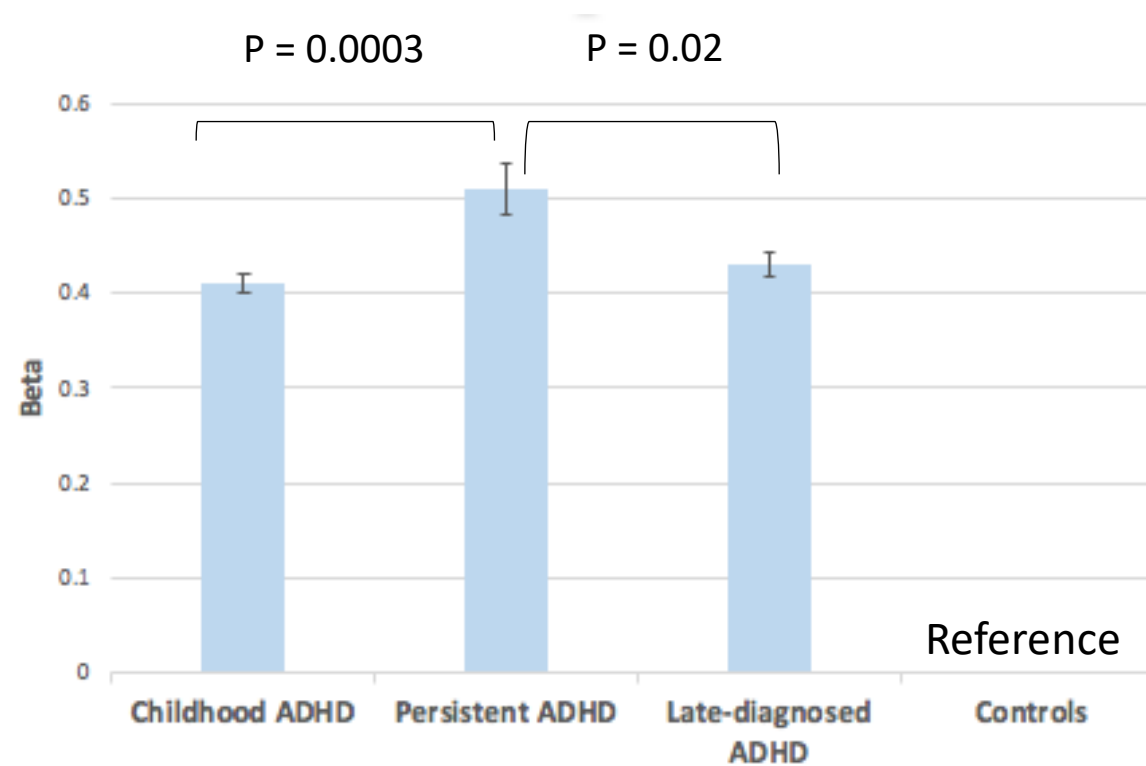
Genetic correlations

	Childhood	Late diagnosed
Childhood	x	
Late diagnosed	0.64 (0.03)	x
Persistent	0.82 (0.08)	0.77 (0.08)

GCTA estimate, nonoverlapping controls

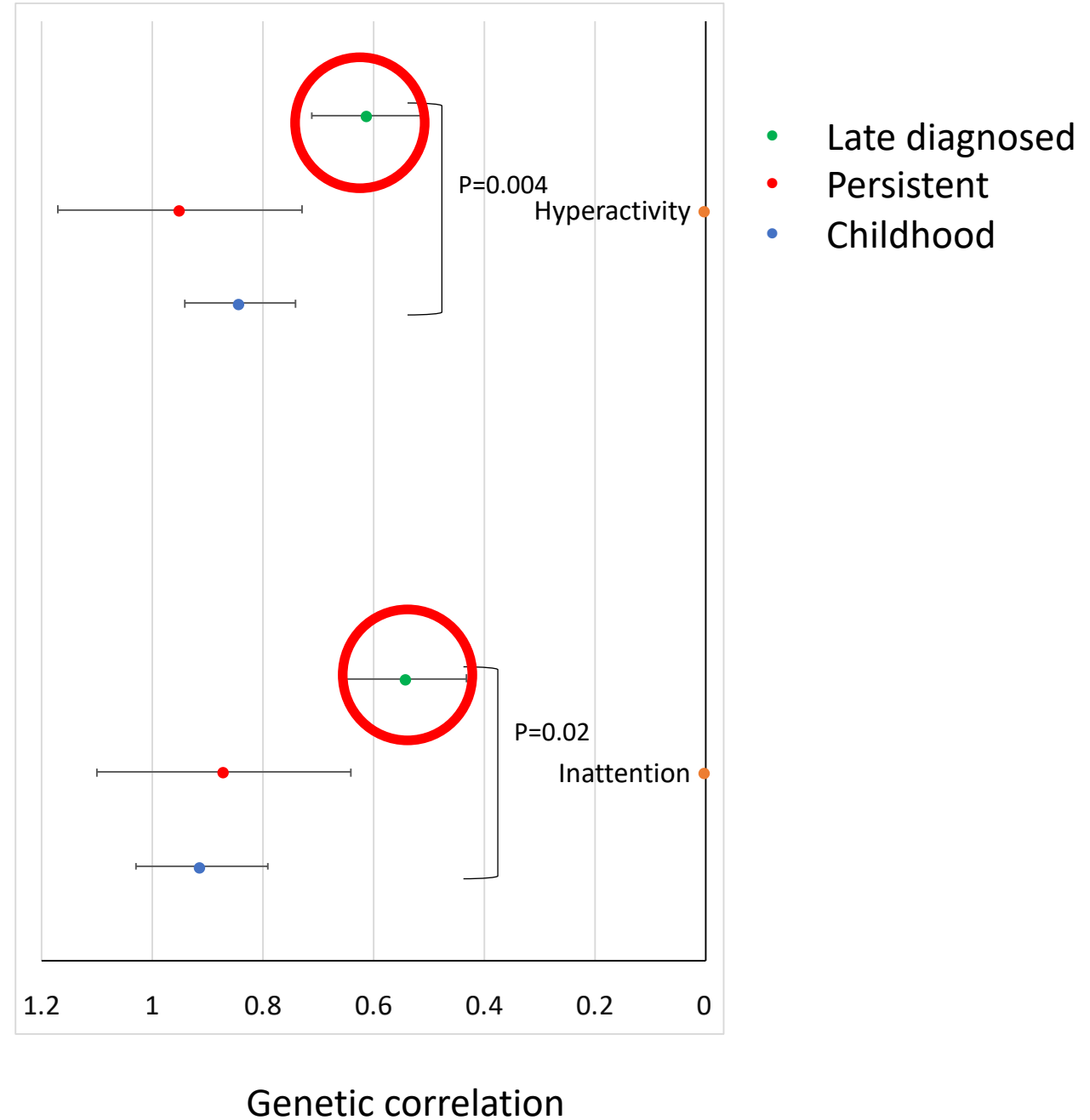
ADHD polygenic risk score analysis

Beta from multiple regression benchmarked against the controls group.



Genetic correlations of ADHD sub-groups with ADHD symptoms

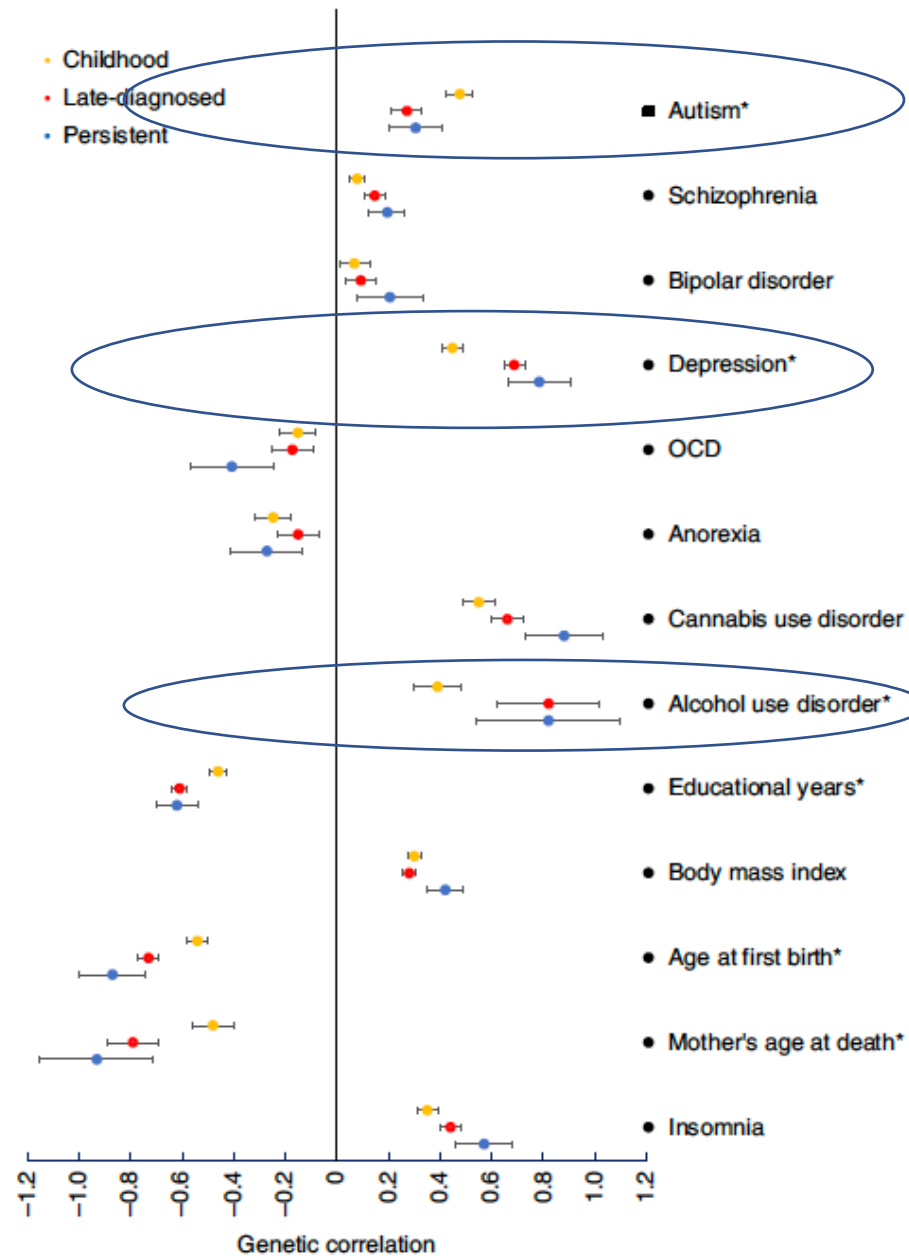
GWAS meta-analysis of ADHD symptoms in the general population (N=37,000) Zayats et al. (unpublished)



Prevalence of comorbid conditions

Comorbid Psych		Controls	Childhood ADHD	Late-diagnosed ADHD	Persistent ADHD
Autism spectrum disorder	Frq	443 (1.1%)	3466 (23.3%)	435 (6.2%)	267 (18.1%)
	Pvalue	REF	0	4.3E-176	0
Schizophrenia	Frq	171 (0.4%)	104 (0.7%)	410 (5.9%)	73 (4.9%)
	Pvalue	REF	0.0003	1.3E-300	2.7E-103
Bipolar disorder	Frq	85 (0.2%)	36 (0.2%)	325 (4.6%)	43 (2.9%)
	Pvalue	REF	0.73	4.1E-282	4E-70
Major depressive disorder	Frq	860 (2.2%)	581 (3.9%)	1009 (27.42%)	292 (19.8%)
	Pvalue	REF	4.9E-26	0	0
Cannabis use disorder	Frq	239 (0.62%)	374 (2.5%)	1313 (18.8%)	255 (17.31%)
	P value	REF	1E-74	0	0
Alcohol use disorder	Frq	104 (0.27%)	45 (0.3%)	447 (6.4%)	53 (3.5%)
	P value	REF	0.6	0	5E-87
Obsessive compulsive disorder	Frq	234 (0.61%)	483 (3.2%)	563 (5.2%)	95 (6.4%)
	P value	REF	2.4E-123	7.1E-210	1.17E-128

Genetic overlap of ADHD-subgroups with other phenotypes



*indicate significant genetic correlation between childhood ADHD and late diagnosed ADHD

Rare variant analysis

Whole exome sequencing data:

Childhood, N=4,987

Persistent, N=748

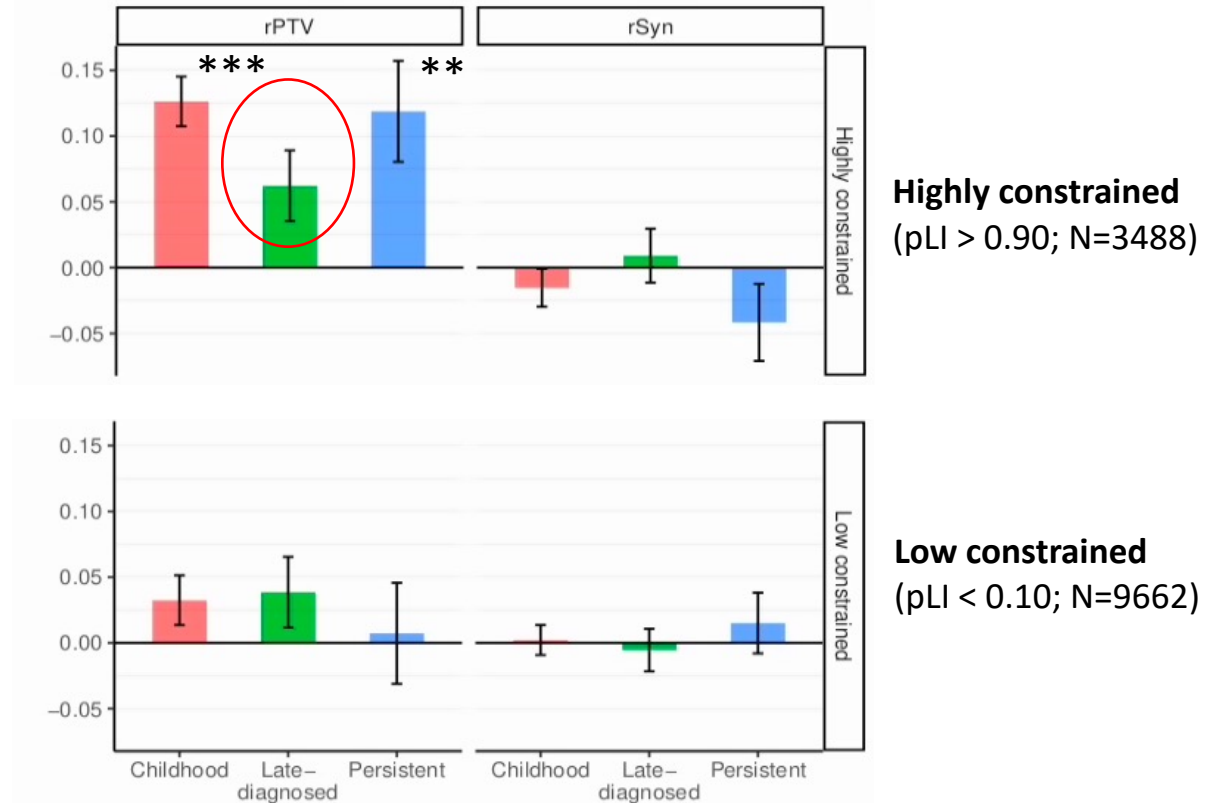
Late-diagnosed, N=1,915

Controls, N=8,649

Rare variants = allele count < 5 in iPSYCH+gnomAD (non-Finish Europeans from the nonpsychiatric exome subset of gnomAD)

Rare protein truncating variants

Rare synonymous variants



Results from multiple logistic regression

Significant enrichment in rPTVs in childhood and persistent ADHD in highly constrained genes compared to controls

($P_{\text{childhood_ADHD}}=2.41 \times 10^{-11}$, $P_{\text{persistent_ADHD}}=1.90 \times 10^{-3}$)

Summary - genetic heterogeneity within ADHD

- Late-diagnosed ADHD has larger genetic overlap with depression and alcohol use disorder than childhood diagnosed ADHD
- Childhood diagnosed ADHD has higher genetic overlap with autism
- Late diagnosed ADHD is less enriched in variants associated with impulsivity and inattention and less burdened with rPTVs compared to the other two groups.

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