

Article

TwinsCan — Gene-Environment Interaction in Psychotic and Depressive Intermediate Phenotypes: Risk and Protective Factors in a General Population Twin Sample

Lotta-Katrin Pries¹, Clara Snijders¹, Claudia Menne-Lothmann¹, Jeroen Decoster^{1,2,3}, Ruud van Winkel^{1,2}, Dina Collip¹, Philippe Delespaul¹, Marc De Hert², Catherine Derom^{4,5}, Evert Thiery⁶, Nele Jacobs^{1,7}, Marieke Wichers^{1,8}, Sinan Guloksuz^{1,9}, Jim van Os^{1,10,11} and Bart P. F. Rutten¹

¹Department of Psychiatry and Neuropsychology, School for Mental Health and Neuroscience, Maastricht University Medical Centre, Maastricht, the Netherlands, ²Department of Neurosciences, University Psychiatric Centre KU Leuven, KU Leuven, Belgium, ³Brothers of Charity, University Psychiatric Centre Sint-Kamillus Bierbeek, Bierbeek, Belgium, ⁴Centre of Human Genetics, University Hospitals Leuven, KU Leuven, Leuven, Belgium, ⁵Department of Obstetrics and Gynecology, Ghent University Hospitals, Ghent University, Ghent, Belgium, ⁶Department of Neurology, Ghent University Hospital, Ghent University, Ghent, Belgium, ⁷Faculty of Psychology and Educational Sciences, Open University of the Netherlands, Heerlen, the Netherlands, ⁸Department of Psychiatry, Interdisciplinary Center Psychopathology and Emotion Regulation (ICPE), University of Groningen, University Medical Center Groningen, Groningen, the Netherlands, ⁹Department of Psychiatry, Yale School of Medicine, New Haven, CT, USA, ¹⁰Department of Psychiatry, Brain Centre Rudolf Magnus, University Medical Centre Utrecht, Utrecht, the Netherlands and ¹¹Department of Psychosis Studies, Institute of Psychiatry, King's Health Partners, King's College London, London, UK

Abstract

Meta-analyses suggest that clinical psychopathology is preceded by dimensional behavioral and cognitive phenotypes such as psychotic experiences, executive functioning, working memory and affective dysregulation that are determined by the interplay between genetic and nongenetic factors contributing to the severity of psychopathology. The liability to mental ill health can be psychometrically measured using experimental paradigms that assess neurocognitive processes such as salience attribution, sensitivity to social defeat and reward sensitivity. Here, we describe the TwinsCan, a longitudinal general population twin cohort, which comprises 1202 individuals (796 adolescent/young adult twins, 43 siblings and 363 parents) at baseline. The TwinsCan is part of the European Network of National Networks studying Gene-Environment Interactions in Schizophrenia project and recruited from the East Flanders Prospective Twin Survey. The main objective of this project is to understand psychopathology by evaluating the contribution of genetic and nongenetic factors on subclinical expressions of dimensional phenotypes at a young age before the onset of disorder and their association with neurocognitive processes, such as salience attribution, sensitivity to social defeat and reward sensitivity.

Keywords: Psychosis; depression; genetics; environment; salience attribution; social defeat; stress sensitivity; reward sensitivity; general population; twins

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The early and prodromal stages of psychopathology are marked with the expression of intermediate phenotypes, including subtle, non-clinical psychotic experiences (Dominguez et al., 2009; Guloksuz et al., 2015; Rossler et al., 2011); cognitive impairment (Ahern & Semkowska, 2017; Dominguez et al., 2010; Reichenberg et al., 2010) and affective dysregulation (Fusar-Poli et al., 2014; Häfner et al., 2005). In the general population, subclinical phenotypes may display low levels of correlation, whereas increased multidimensional psychopathology can be found at the level of psychiatric services (Goes et al., 2012; Lamers et al., 2011; van Os et al., 2010). Psychotic experiences are more severe in the presence of other

dimensional phenotypes such as affective dysregulation (McGrath et al., 2016; Pries et al., 2018) and are linked to the severity of psychopathology (Guloksuz et al., 2015; Kelleher et al., 2014; Navarro-Mateu et al., 2017). Furthermore, studies show that the genetic and environmental vulnerabilities that are commonly associated with major mental disorders are also nonspecifically associated with different intermediate phenotypes (Brainstorm Consortium et al., 2018; Guloksuz et al., 2015; Misiak et al., 2017; Nivard et al., 2017; van Os et al., 2010; van Os, van der Steen et al., 2017). In addition, greater exposure to genetic and environmental risks drives greater co-occurrence of phenotypes and increased severity of psychopathology (Guloksuz et al., 2015; Pries et al., 2018). Based on this, much attention has been given to the study of nonclinical multidimensional psychopathology to understand the development of mental ill health.

Several neuropsychological processes have been proposed to index vulnerability and resilience for mental disorders. For

Author for correspondence: Bart P. F. Rutten, Email: b.rutten@maastrichtuniversity.nl

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example, experiences of subtle alterations in salience attribution in response to environmental information may result in paranoid ideation, hallucinatory experiences and thought interference (Catalan et al., 2014; Galdos et al., 2011). Similarly, experiences of social defeat are highly stressful for young people and increase the risk for psychopathology (Eisenberger et al., 2006; Nesdale & Lambert, 2007; Sandstrom et al., 2003). Furthermore, stress sensitivity and reward sensitivity, that is, negative affect and positive affect in response to environmental inputs, are crucial mechanisms in both psychotic and nonpsychotic disorders (Delespaul, 1995; Lataster et al., 2009; Myin-Germeys & van Os, 2007; Wichers et al., 2007b). On the other hand, experiencing positive emotions such as reward can be protective for psychopathology (Rutten et al., 2013; Wichers et al., 2007a). Therefore, individuals who are particularly skilled in experiencing and seeking such positive experiences can be hypothesized to be less prone to develop a mental disorder than people who are less reward sensitive.

The current cohort was specifically sampled to further evaluate the mechanism of dimensional phenotypes at the early stages of psychopathology. The TwinsCan sample is a unique cohort of a young twin population. It provides deep phenotyping of subclinical symptoms, thorough assessment of putative risk factors (i.e. genetic and nongenetic) and experimental tests to evaluate underlying neuropsychological processes, for example, salience attribution, social defeat, stress sensitivity and reward sensitivity. Therefore, this project is well equipped to investigate not only cross-sectional differences of psychopathology and resilience but also dynamic moment-to-moment variations, as well as long-term trajectories. The primary objective of the project is to investigate risk and protective factors for the development of psychopathology and the role of genetic and nongenetic factors contributing to intermediate phenotypes. Further, it aims to examine whether variations of (1) salience attribution, (2) reward sensitivity, (3) stress sensitivity and (4) the level of subtle psychotic experience and affective dysregulation in daily life are associated with genetic vulnerability, exposure to environmental factors and gene-environment interactions.

Sample Characteristics and Assessments

Participants were sampled from the East Flanders Prospective Twin Survey (EFPTS), a prospective, population-based registry of multiple births in the province of East Flanders, Belgium (Derom et al., 2019). The TwinsCan project was recruited across three waves (baseline and two follow-ups). Baseline data were assessed from April 2010 to April 2014 (Pries, Guloksuz, Menne-Lothmann et al., 2017), including male and female twins in the age range of 15–35 years, their singleton siblings and their parents. It included 839 participants: 292 monozygotic twins (MZ), 486 dizygotic twins (DZ), 18 triplets and 43 siblings. Furthermore, data from 363 parents were assessed. At baseline, 60% of the participants were female (MZ: 63%; DZ: 57%; triplets: 61%; siblings: 70%). The mean age was 17.4 ($SD = 3.6$) years (MZ: 18.0 [$SD = 4.2$]; DZ: 16.9 [$SD = 2.8$]; triplets: 16.8 [$SD = 2.0$]; and siblings: 20.1 [$SD = 4.7$]), and most participants had an upper secondary education (primary education: 0.1%; lower secondary education: 6%; upper secondary education: 68%; tertiary education: 26%). For the second wave, 60% of the twins and siblings were reassessed. Sequential analysis based on sex, fetal membranes, umbilical cord blood groups, placental alkaline phosphatase and DNA fingerprints was used to determine zygosity (Derom et al., 2013).

Participants were included if they clearly understood and were able to verbally assent to the study procedures and when they voluntarily agreed to participate by means of written informed consent. Signed consent of the parent(s) was required when participants were younger than 18 years. Participation was not possible if caregivers indicated the presence of a pervasive mental disorder. Participants were excluded from the sample if the instructor, study coordinator or neuropsychological tester confirmed they were not able to complete testing and gave invalid, unreliable data on questionnaires, structured interviews and experimental tests. The local ethics committee approved the study (Commissie Medische Ethiek van de Universitaire ziekenhuizen KU Leuven, Nr. B32220107766).

A broad range of variables were assessed using validated self-report questionnaires, structured interviews and experimental tests. Placenta, blood and saliva samples have been stored at -80°C in biobanks. DNA has been isolated from saliva for all subjects. DNA from placenta and blood is available for the monozygotic twins. A study battery summary of clinical, biological, social-demographics, physical, environmental exposures, cognitive, psychological and experimental measures is reported in Table 1.

Findings

Genetic and Nongenetic Risk Factors

Several studies examined how childhood adversity (CA) and genetic liability for psychopathology may affect mental ill health in the TwinsCan cohort. Lecei et al. (2019) explored whether gene-environment correlation may explain the association previously found between CA and psychopathology. In other words, they tested whether genetic liability for psychopathology made individuals also more likely to experience CA, which would result in a mechanism referred to as genetic confounding of the association between CA and psychopathology. Within-twin differences of CA were regressed on within-twin differences of psychopathology (assessed with the Symptom Checklist-90-R; SCL-90; Derogatis et al., 1976) in MZ twins. As MZ twins have identical DNA, the researchers argued that associations between within-twin differences indicate that the association between CA and psychopathology cannot be attributed only to genetic predisposition. CA in the whole sample as well as within-twin differences in CA was associated with psychopathology. These results suggest that at least part of the association between CA and psychopathology is independent from genetic predisposition and therefore genetic confounding cannot explain the association between CA and psychopathology.

Following this, Pinckaers et al. (2019) examined whether CA interacted with proxy genetic liability and affected psychopathology in the TwinsCan cohort. Genetic liability was approximated by estimating the co-twins' psychopathology scores on the SCL-90. Genetic vulnerability moderated the association between CA and the negative dimension of the Community Assessment of Psychic Experiences (CAPE; Stefanis et al., 2002). The association with the total CAPE score approached near significance, whereas neither of the other associations, that is, with the subscales positive and depression symptom dimension, showed a significant interaction effect. The results suggest that genetic vulnerability complicated by CA affects subthreshold expression of psychosis, especially in the negative symptom dimension.

While much attention is given to macro levels of psychopathological changes, which can occur over periods of years or months,

Table 1. TwinssCan Study battery summary

	Variable/purpose	Instruments
Clinical and biological	Positive, negative and depressive symptoms	Community Assessment of Psychic Experiences (CAPE) ^a (Stefanis et al., 2002)
	Somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism	The Symptom Checklist-90-R (SCL-90) ^a (Derogatis et al., 1976)
	Schizotypy	Structured Interview for Schizotypy – Revised (SIS-R; Vollema & Ormel, 2000)
	Depression, psychosis, mania and PTSD	Composite International Diagnostic Interview (CIDI-12) ^a (World Health Organization, 1990)
	Autism spectrum	Autism-spectrum Quotient (AQ) ^a (Hoekstra et al., 2008)
	Hearing impairment	Short questionnaire
	DNA and epigenetic	Blood sample, placenta and cheek swabs
	Cortisol	Salivary cortisol (within the protocol of the digi-SPEE; Menne-Lothmann et al., 2017)
Social-demographics	Date of birth, gender, marital state, housing, income, job, education, number of siblings, mother tongue, native country of (grand)parents, age of parents, education of parents, marital status of parents, ethnicity, grade of urbanicity, religion/spirituality	The General Demographic Questionnaire
Environmental exposures	Substance-use and alcohol-use	Composite International Diagnostic Interview (CIDI-12) ^a (World Health Organization, 1990)
	Cannabis-use	Urine drug screen
	Obstetric complications	Obstetric complications
	Childhood adversity	Childhood Trauma Questionnaire – short form (JTV-SV; Bernstein et al., 2003)
	Bullying	Retrospective Bullying Questionnaire (RBQ) ^a (Schäfer et al., 2004)
	Stressful life events	Life Events Questionnaire ^a (Paykel, 1997)
	Differential sibling experiences	The Sibling Inventory of Differential Experiences (SIDE; Daniels & Plomin, 1985)
	Self-perception of social rank	Social Comparison Scale (SCS; Allan & Gilbert, 1995)
Physical	Habitual physical activity	Baecke questionnaire on physical activity (Baecke et al., 1982) ^a
Cognitive and psychological	Neuroticism and extraversion	Eysenck Personality Questionnaire (EPQ-RSS) ^a (Sanderman et al., 1995)
	Prosocial behavior	Prosocial Tendencies Measure (PTM) ^a (Carlo & Randall, 2002)
	Wellbeing	Amsterdamse Psychological Well Being (AWB) ^a (Ryff, 1989)
	Coping	Utrecht Coping list (UCL) ^a (Schreurs et al., 1993)
	Self-esteem	Rosenberg Self-esteem Scale (RSE) ^a (Rosenberg, 1965)
	Positive and negative affect	Positive and Negative Affect Scales (PANAS; Watson et al., 1988; within the protocol of the digi-SPEE)
	Perceived parenting	Parental Bonding Instrument (PBI; Parker et al., 1979)
	IQ	WAIS – Verbal Fluency, Letter Number Sequencing, Visual Memory Span/Spatial Span (Krabbendam et al., 2005; Wechsler, 1997)

(Continued)

Table 1. (Continued)

	Variable/purpose	Instruments
Experimental tasks	Salience attribution	White Noise Test (Pries, Guloksuz, Menne-Lothmann et al., 2017)
	Salience attribution	Psycho-babble (Hoffman et al., 2007)
	Daily variations of thoughts, feelings, symptoms, the current context and appraisal of that context	Experience Sampling Methodology (ESM; Delespaul, 1995; van Os, Verhagen et al., 2017)
	Implicit self-esteem	Single Target — Implicit Association Task (ST-IAT) for self-esteem (Rudolph et al., 2008)
	Virtual social defeat	Digital Social Peer Evaluation Experiment (digi-SPEE; Menne-Lothmann et al., 2017)
	Reward sensitivity	Signal Detection Task and reversal with reward (adapted version; Pizzagalli et al., 2005)
	Positive or negative interpretations of ambiguous situations	Ambiguous Situations (adapted assessment part; Mathews & Mackintosh, 2000)

^aReassessed during wave 2 and wave 3.

recent concepts of psychopathology acknowledge that the development of mental disorders is best understood when also looking at micro, complex, moment-to-moment dynamic changes (van Os, Verhagen et al., 2017). Therefore, Pries, Klingenberg et al. (2019) investigated whether molecular genetic risk for schizophrenia interacted with CA and daily life stressors to influence moment-to-moment variations of mental states (i.e., negative affect, positive affect and subtle psychosis expression) and stress sensitivity. Molecular genetic vulnerability was expressed through polygenic risk score (PRS) for schizophrenia, which was calculated by summing weighted trait-alleles (EUGEI investigators, 2014; Purcell et al., 2009; Ripke et al., 2014). Momentary mental states were assessed using a structured diary technique, the experience sampling methodology (ESM; Delespaul, 1995; van Os, Verhagen et al., 2017). The results were that exposure to early life events showed a statistical interaction with PRS for schizophrenia, leading to increased psychosis expressions, negative affect, stress-sensitivity and decreased positive affect. However, daily life stressors did not significantly interact with genetic markings for the same outcome variables.

In another study on momentary mental states, Vaessen et al. (2017) used the TwinssCan cohort to evaluate whether sensitivity to daily life stress predicts onset or persistence of psychopathology. The authors used ESM data at baseline to assess affective responses to daily life stress (i.e., stress sensitivity) and found, contrary to previous work, that stress sensitivity was associated with neither persistence nor onset of psychopathology.

Finally, using the network approach, Hasmi et al. (2017) investigated whether CA and proxy genetic liability for psychopathology (measured through co-twin scores on the SCL-90) were associated with network structures of affective regulation in daily life. The researchers compared regression coefficients, density and centrality indices of different networks and found that individuals with low genetic liability showed higher overall and negative affect density between network elements, whereas CA was associated with increased positive affect density and overall density.

Experimental Tests

Three studies used the TwinssCan cohort to validate experimental tasks: the digital social peer evaluation experiment (digi-SPEE) and the white noise test. Menne-Lothmann et al. (2017) used the

digi-SPEE to investigate how negative virtual social evaluation of peers impacts on participants' implicit self-esteem, cortisol levels and positive and negative affects. For this experimental study, participants were assessed twice. During the first session, baseline assessments were collected. Furthermore, participants were told that they would be coupled with other twins for the next session, based on a rating system. They were instructed to rate other participants' profiles on intelligence, appearance and congeniality and were told their profile would be rated as well. During the second session, participants were informed that they were rated too low to be allocated to a group, after which follow-up measures were collected. The findings showed that negative affect and cortisol levels were increased after mild negative evaluations, and positive affect as well as self-esteem were reduced. The findings indicate that the digi-SPEE can be used to study important mechanisms of psychopathology and manipulate biological and implicit as well as explicit mental changes.

Following this, Klippel et al. (2018) evaluated the influence of environmental (i.e., prenatal stress, CA, bullying, and subjective social status) and proxy genetic factors on sensitivity to peer evaluation on the digi-SPEE. Genetic factors and gene-environment interaction did not significantly influence implicit self-esteem, negative affect and positive affect after negative peer evaluation. However, bullying was associated with increased negative affect, and low subjective social status was associated with decreased self-esteem as well as positive affect after peer evaluation.

Pries, Guloksuz, Menne-Lothmann et al. (2017) tested whether subclinical expression of psychotic symptoms was associated with experiencing speech illusions that were assessed using the white noise speech illusion task. To detect speech illusions, participants were exposed to white noise and instructed to indicate whether they heard voices and speech fragments. Subtle expressions of psychotic symptoms were measured through the Structured Interview for Schizotypy — Revised (SIS-R; Vollema & Ormel, 2000) and the CAPE. For this purpose, two methodological approaches, as published previously in the literature (Catalan et al., 2014; Galdos et al., 2011), were applied. However, neither method revealed an association between speech illusions and subclinical psychosis expressions in the general population. The findings indicate that contrary to findings in clinical populations, white noise speech illusion may not be associated with psychosis proneness in the adolescent/young adult general population.

Future Directions

Over recent years, the TwinssCan project resulted in important findings on the effects of genetic and nongenetic exposures on psychopathology. Additionally, researchers evaluated the applicability of the digi-SPEE task (Klippel et al., 2018; Menne-Lothmann et al., 2017) and the white noise speech illusion task (Pries, Guloksuz, Menne-Lothmann et al., 2017) measuring social defeat and salient attribution, respectively. These studies add valuable knowledge that contributes to our current understanding of the complexity of subclinical multidimensional psychopathology, as well as the nonspecific effects of exposures. They highlight the role of gene-environmental interaction focusing both on macro and micro levels of psychopathological changes, that is, changes occurring over month and years (Lecei et al., 2019; Pinckaers et al., 2019; Vaessen et al., 2017) and from moment to moment (Hasmi et al., 2017; Pries, Klingenberg et al., 2019; Vaessen et al., 2017), respectively.

It is increasingly acknowledged that the development of pleiotropic psychopathology depends on a complex network of environmental exposures, that is, the exposome (Guloksuz et al., 2018; Pries, Lage Castellanos et al., 2019), and polygenic vulnerability (Guloksuz et al., 2019), which affect individuals throughout their life. Similarly, resilience is thought to dynamically change and can only be understood by prospectively evaluating different biological and psychological processes (Kalisch et al., 2017; Rutten et al., 2013; Snijders et al., 2018). By benefitting from these recent developments, we recently calculated the exposome score (Pries, Lage-Castellanos et al., 2019), which we aim to apply to the TwinssCan population. Further, new features are under way. The third wave of the TwinssCan project will soon be processed and provided to the researchers. Future work will include evaluation of epigenetic information in combination with genome-wide molecular data. As the multiples are recruited from the EFPTS, stored placenta samples will be used to compare early life epigenetic variations to markings later in life. As the literature highlights the role of epigenetic variations for psychopathology (Pries, Gülöksüz, & Kenis, 2017; Rutten & Mill, 2009) as well as resilience (Rutten et al., 2018; Snijders et al., 2018), these approaches are valuable future targets for investigations aiming to better understand factors and processes underlying mental ill health.

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Conflict of interest. None.

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