

Altered $GR\alpha/\beta$ expression in monocytes of schizophrenic and bipolar patients

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Background and Hypothesis

Individuals with mood disorders exhibit altered function of the HPA axis in response to stress. The glucocorticoid receptor (GR) plays an important role in the negative feedback regulation of the HPA-axis. There are two protein isoforms of GR, $GR\alpha$ and $GR\beta$, which have distinct biological activity. Immune cells of depressed patients showed reduced response to dexamethasone (Calfa *et al.*, 2003) and are in a state of activation.

Hypothesis: The expression of $GR\alpha$ and $GR\beta$ is aberrant in monocytes of SCZ and BD patients and expression levels correlate to the state of activation recently reported by us (R. Drexhage et al. 2010)

Results

Glucocorticoid receptor isoform expression in SCZ and BD

| | SC | Z | BD | | |
|------------|---------|-------|---------|---------|--|
| | mean FC | | mean FC | p-Value | |
| GR α | 0.83 | 0.030 | 0.94 | 0.263 | |
| $GR \beta$ | 1.78 | 0.003 | 1.56 | 0.194 | |

В Grβ/GRα ratio St Dev p-Value mean SCZ 11.7 22.1 0.003 HC 3.6 4.4 BD 1.6 0.9 0.032

Figure 1

HC

Α

A) mRNA of 32/22 SCZ/BD patients and 34/22 age/gender matched controls (HC) was analyzed for GR α and GR β expression via qPCR and revealed down-regulated GR α (= active form) and up-regulated GR β (= inactive form) expression in SCZ and BD patients. B) GR α / β ratio calculation revealed that there's an increased ratio for in SCZ (over BD) indicating glucocorticoid resistance in the monocytes of these patients.

0.5

Inflammatory monocyte gene fingerprints in SCZ and BD

| | Schizophrenia | | Bipolar disorder | | | Schizophrer | | nia Bipolar disorder | |
|------------|---------------|--------|------------------|--------|---|-------------|--------|----------------------|--------|
| Cluster 1A | (1) | | 77 | | 000000000000000000000000000000000000000 | | | | |
| DUSP2 | 5.36 | < 0.01 | 4.96 | < 0.01 | Cluster 2 | _ | | _ | |
| ATF3 | 3.50 | < 0.01 | 3.55 | < 0.01 | hePTP | 0.78 | 0.04 | 2.04 | < 0.01 |
| PDE4B | 3.91 | < 0.01 | 3.00 | < 0.01 | NAB2 | 0.76 | 0.21 | 2.58 | < 0.01 |
| IL6 | 7.89 | < 0.01 | 5.39 | < 0.01 | MAPK6 | 1.21 | < 0.01 | 1.80 | < 0.01 |
| 1L1B | 9.20 | < 0.01 | 6.45 | < 0.01 | EMP1 | 0.97 | 0.88 | 2.19 | < 0.01 |
| TNF | 3.91 | < 0.01 | 1.87 | < 0.01 | STX-1A | 0.64 | 0.22 | 3.04 | < 0.01 |
| TNFAIP3 | 3.22 | < 0.01 | 2.31 | < 0.01 | DHR53 | 1.08 | 0.51 | 1.87 | 0.08 |
| BCL2A1 | 2.39 | < 0.01 | 3.30 | < 0.01 | CCL2 | 1.60 | < 0.01 | 3.83 | < 0.01 |
| PTX3 | 2.51 | < 0.01 | 2.63 | < 0.01 | CCL7 | 1.12 | < 0.01 | 8.47 | < 0.01 |
| PTGS2 | 4.34 | < 0.01 | 3.20 | < 0.01 | CDC42 | 1.49 | < 0.01 | 1.99 | < 0.01 |
| CCL20 | 23.53 | < 0.01 | 10.63 | < 0.01 | FABP5 | 1.08 | 0.75 | 1.21 | 0.09 |
| CXCL2 | 3.76 | < 0.01 | 5.31 | < 0.01 | CD9 | 1.49 | 0.59 | 2.16 | < 0.01 |
| EREG | 7.36 | < 0.01 | 2.31 | < 0.01 | HSPAIA | 1.06 | 0.93 | 0.79 | 0.40 |
| CXCL3 | 3.99 | < 0.01 | 3.33 | < 0.01 | CCR2 | 0.85 | 0.53 | 0.62 | 0.10 |
| Cluster 1B | | | | | | | | | |
| MXD1 | 1.49 | < 0.01 | 1.43 | 0.06 | | | | | |
| F3 | 5.56 | < 0.01 | 1.87 | 0.02 | | | | | |
| MAFF | 5.10 | < 0.01 | 2.95 | 0.01 | | | | | |
| EGR 3 | 5.36 | < 0.01 | 2.52 | 0.16 | | | | | |
| THBS | 4.31 | < 0.01 | 2.02 | 0.05 | | | | | |
| PAI-2 | 1.84 | < 0.01 | 1.10 | 0.06 | | | | | |
| RGC32 | 0.85 | 0.07 | 2.61 | < 0.01 | | | | | |

Table 1

The quantitative value obtained from q-PCR is a cycle treshold (CT). The fold change values between different groups were determined from normalized CT values (CT gene-CT housekeeping gene), via the $\Delta\Delta$ CT method (User Bulletin, Applied Biosystems). The fold change of the HC was set to 1. Data are expressed relative to this HC value. HC SCZ: n=32; HC BD: n=48. Values >1: patients have a higher expression than control group. Boxes indicate significantly up-regulated. Values <1: patients have a lower expression than control group. Grey shaded box indicates significantly down-regulated. P-tested by univariate ANCOVA vs. control subjects; age and gender are included in this model.

GRa/GRB correlation analysis for SCZ, BD and healthy controls

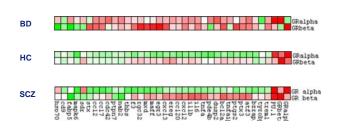
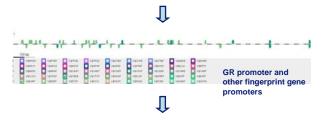


Figure 2

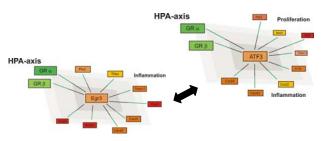
Spearman ranking revealed strong correlation between $GR\alpha$ and $GR\beta$ expression in SCZ and BD patients and healthy controls (HC). $GR\alpha$ and $GR\beta$ expression correlate strongly to the fingerprint genes in healthy controls but the correlation of $GR\alpha$ expression to the fingerprint genes is lost in both SCZ and BD patients' monocytes indicating that the aberrant expression of $GR\alpha$ and $GR\beta$ coincides with the pro-inflammatory status of both SCZ and BD patient monocytes.

Outlook

Binding site prediction



Identification of ATF3 and Egr3 regulatory network via ChIP Seq (next generation sequencing of ChIP samples



— Conclusions and Perspectives —

- 1. GRa/β expression is reduced in monocytes of SCZ patients (and to a certain extent also in BD patients),
- Up-regulated GRβ expression correlates to the inflammatory gene expression found in the monocytes of SCZ patients.

New hypothesis: Since Egr3 and ATF3 are important transcription factors of the inflammatory signature (Weigelt et al, submitted) analysis of transcriptional regulation by ATF3 and Egr3 of the GR promoter will unravel pathways relating pro-inflammatory monocyte activation to steroid resistance.