

# Genes and environment: The complex etiology of psychiatric disorders

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# Outline

- The issue of Gene-Environment Interactions: Why are they important?
- Methods in psychiatric genetics
- Psychiatry in a nutshell: Dementia, Schizophrenia, Depression, Bipolar Disorder, Personality disorders.
- Implementation of genetic results: Pharmacogenetics, drug development, prevention.

# Case presentation

- 23 year old female patient presents herself at the Department after a family debate.
- Chief complaints: „I am treated brutally by my family... I think people on the street mean bad to me...”
- Following examination: symptoms of anxiety, paranoid and religious delusions, acoustic hallucinations (I heard the voice of Jesus.)

**Question: What is the cause of her psychiatric problems according to the patient? According to you?**

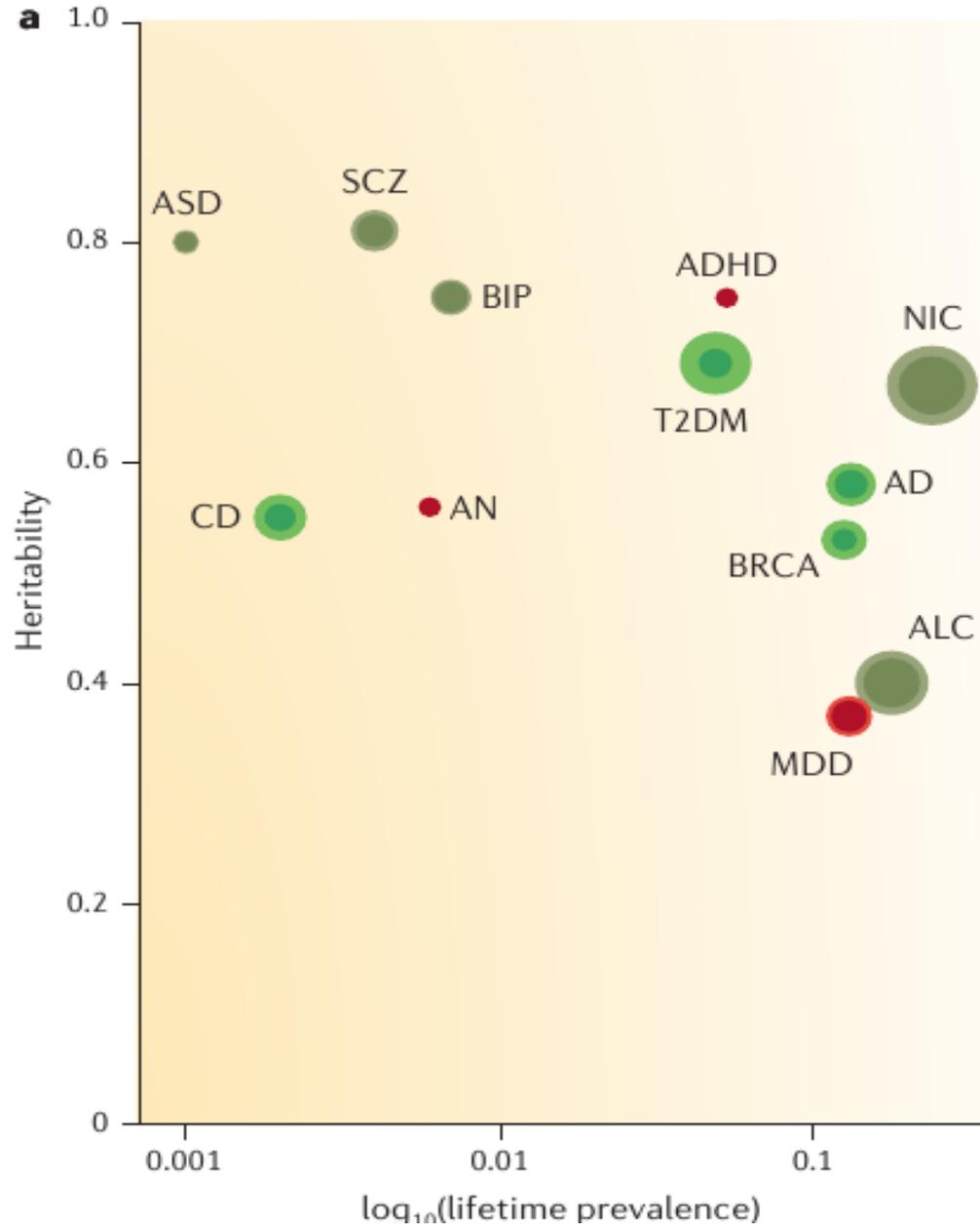
# Questions

- How do we call the described condition?
- What is the most probable diagnosis?
- What other diagnoses should we think of?
- What is the cause of her psychiatric problems according to the patient?
- According to you?
- The fundamental question of etiology: What causes the disorder? Environmental or genetic factors?

# Psychiatric disorders

- Mental disorders: significant dysfunction in an individual's cognitions, emotions, or behaviors
- Diagnoses based on behavioral assessment, no lab tests or biomarkers are available (except for organic psychosyndromes)
- Why do we think that they have anything to do with genes?

# Heritability of psychiatric disorders



ASD: autism spectrum disorders  
AD: Alzheimer dementia  
ADHD: attention-deficit hyperactivity disorder  
AN: anorexia nervosa  
ALC: alcohol dependence  
BIP: bipolar disorder  
BRCA: breast cancer  
CD: Crohn disorder  
MDD: major depressive disorder  
NIC: nicotine dependence  
SCZ: schizophrenia  
T2DM: type 2 diabetes mellitus

From: Sullivan et al, 2012. Genetic architectures of psychiatric disorders: the emerging picture and implications. *Nature*

# Genetic studies

- Population genetics:
  - Family studies
  - Twin studies
  - Adoption studies
- Epidemiologic studies:
  - Genetic cohorts
- Molecular methods
  - Linkage studies
  - Association studies
  - Expression studies
  - (epigenetic analyses)
- Animal models

# A typical genetic analysis workflow

Population studies



Molecular methods



Candidate genes  
(polymorphisms)



biological hypotheses



Epidemiologic analyses

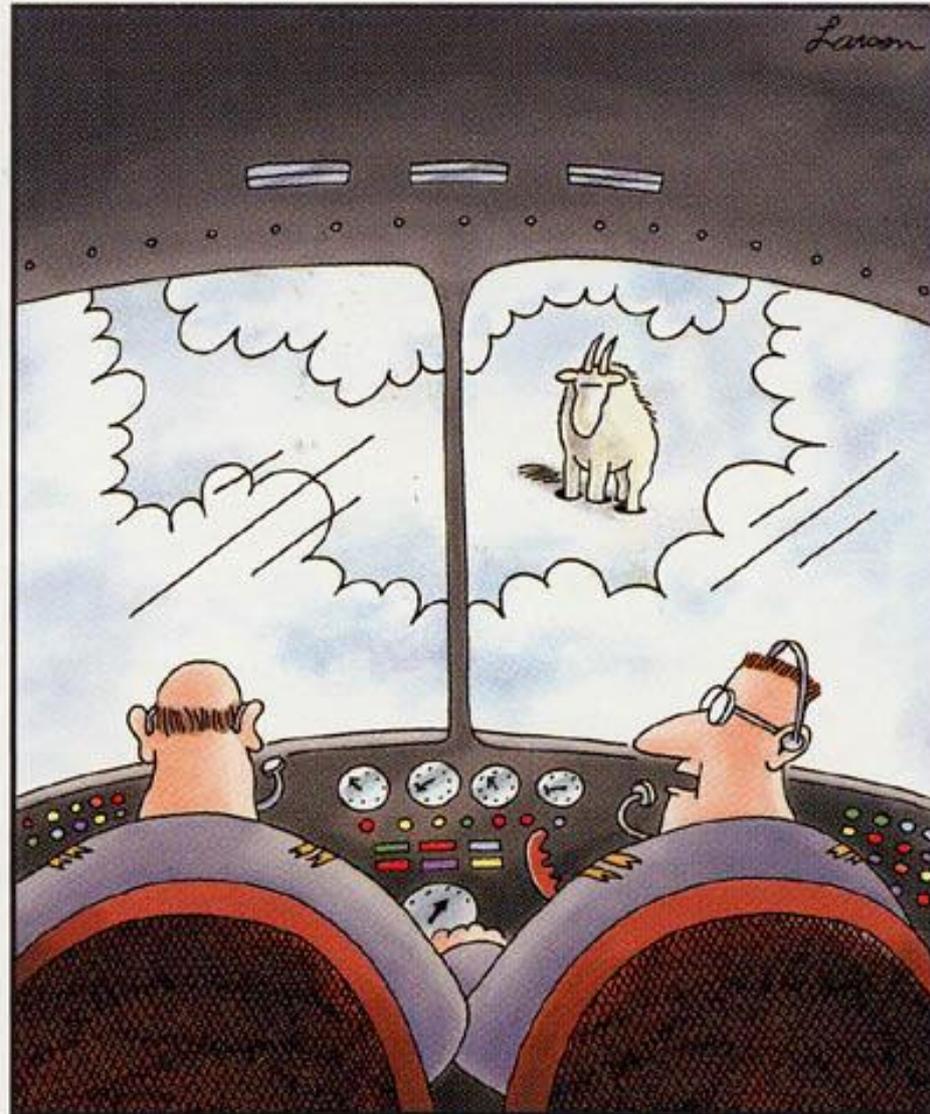


Genetic Risk

# Results of Psychiatric GWAS Studies

Phenotype	SNP	Location	Discovery GWAS (cases/controls)	Largest meta-analysis (cases/controls)	P value	Odds ratio	Nearest gene
Alzheimer's disease	rs3818361	chr1:207784968	2,018/5,324 (REF. 34)	<19,870/39,846 (REF. 35)	$3.7 \times 10^{-14}$	1.18	CR1
	rs744373	chr2:127894615	3,006/14,642 (REF. 193)	<19,870/39,846 (REF. 35)	$2.6 \times 10^{-14}$	1.17	BIN1
	rs9349407	chr6:47453378	8,309/7,366 (REF. 36)	18,762/29,827 (REF. 36)	$8.6 \times 10^{-9}$	1.11	CD2AP
	rs11767557	chr7:143109139	8,309/7,366 (REF. 36)	18,762/35,597 (REF. 36)	$6.0 \times 10^{-10}$	1.11	EPHA1
	rs11136000	chr8:27464519	3,941/7,848 (REF. 33)	8,371/26,965 (REF. 193)	$1.6 \times 10^{-16}$	1.18	CLU
	rs610932	chr11:59939307	6,688/13,251 (REF. 35)	>19,000/38,000 (REF. 35)	$1.2 \times 10^{-16}$	1.10	MS4A cluster
	rs3851179	chr11:85868640	3,941/7,849 (REF. 33)	8,371/26,966 (REF. 193)	$3.2 \times 10^{-12}$	1.15	PICALM
	rs3764650	chr19:1046520	5,509/11,531 (REF. 35)	>17,000/34,000 (REF. 35)	$5.0 \times 10^{-21}$	1.23	ABCA7
	rs2075650	chr19:45395619		8,371/26,966 (REF. 193)	$1 \times 10^{-295}$	2.53	APOE, TOMM40
rs3865444	chr19:51727962	8,309/7,366 (REF. 36)	18,762/29,827 (REF. 36)	$1.6 \times 10^{-9}$	1.10	CD33	
Alcohol consumption	rs1229984	chr4:100239319	REF. 102		$1.3 \times 10^{-11}$		ADH1B
	rs6943555	chr7:69806023	REF. 101		$4.1 \times 10^{-9}$		AUTS2
	rs671	chr12:112241766	REF. 100		$3 \times 10^{-211}$		ALDH2
Bipolar disorder	rs12576775	chr11:79077193	7,481/9,251 (REF. 60)	11,974/51,793 (REF. 60)	$4.4 \times 10^{-8}$	1.14	ODZ4
	rs4765913	chr12:2419896	7,481/9,250 (REF. 60)	11,974/51,792 (REF. 60)	$1.5 \times 10^{-8}$	1.14	CACNA1C
	rs1064395	chr19:19361735	682/1300 (REF. 194)	8,441/35,362 (REF. 194)	$2.1 \times 10^{-9}$	1.17	NCAN
Nicotine consumption	rs1329650	chr10:93348120	38,181 (REF. 93)	73,853 (REF. 93)	$5.7 \times 10^{-10}$		LOC100188947
	rs1051730	chr15:78894339	38,181 (REF. 93)	73,853 (REF. 93)	$2.8 \times 10^{-73}$		CHRNA3
	rs3733829	chr19:41310571	38,181 (REF. 93)	73,853 (REF. 93)	$1.0 \times 10^{-8}$		EGLN2, CYP2A6
Smoking cessation	rs3025343	chr9:136478355	41,278 (REF. 93)	64,924 (REF. 93)	$3.6 \times 10^{-8}$	1.13	DBH
Smoking initiation	rs6265	chr11:27679916	74,035 (REF. 93)	143,023 (REF. 93)	$1.8 \times 10^{-8}$	0.94	BDNF
Schizophrenia	rs1625579	chr1:98502934	9,394/12,462 (REF. 59)	17,839/33,859 (REF. 59)	$1.6 \times 10^{-11}$	1.12	MIR137
	rs2312147	chr2:58222928		18,206/42,536 (REF. 195)	$1.9 \times 10^{-9}$	1.09	VRK2
	rs1344706	chr2:185778428	479/2,937 (REF. 174)	18,945/38,675 (REF. 196)	$2.5 \times 10^{-11}$	1.10	ZNF804A
	rs17662626	chr2:193984621	9,394/12,463 (REF. 59)	17,839/33,860 (REF. 59)	$4.6 \times 10^{-8}$	1.20	PCGEM1
	rs13211507	chr6:28257377	3,322/3,587 (REF. 70)	18,206/42,536 (REF. 195)	$1.4 \times 10^{-13}$	1.22	MHC
	rs7004635	chr8:3360967	9,394/12,465 (REF. 59)	17,839/33,862 (REF. 59)	$2.7 \times 10^{-8}$	1.10	MMP16
	rs10503253	chr8:4180844	9,394/12,464 (REF. 59)	17,839/33,861 (REF. 59)	$4.1 \times 10^{-8}$	1.11	CSMD1
	rs16887244	chr8:38031345	3,750/6,468 (REF. 68)	8,133/11,007 (REF. 68)	$1.3 \times 10^{-10}$	1.19	LSM1
	rs7914558	chr10:104775908	9,394/12,466 (REF. 59)	17,839/33,863 (REF. 59)	$1.8 \times 10^{-9}$	1.10	CNNM2
	rs11191580	chr10:104906211	9,394/12,467 (REF. 59)	17,839/33,864 (REF. 59)	$1.1 \times 10^{-8}$	1.15	NT5C2
	rs11819869	chr11:46560680	1,169/3,714 (REF. 197)	3,738/7,802 (REF. 197)	$3.9 \times 10^{-9}$	1.25	AMBRA1
	rs12807809	chr11:124606285		18,206/42,536 (REF. 195)	$2.8 \times 10^{-9}$	1.12	NRGN
	rs12966547	chr18:52752017	9,394/12,468 (REF. 59)	17,839/33,865 (REF. 59)	$2.6 \times 10^{-10}$	1.09	CCDC68
	rs9960767	chr18:53155002		18,206/42,537 (REF. 195)	$4.2 \times 10^{-9}$	1.20	TCF4

...the interpretation



"Say ... what's a mountain goat doing way up here in a cloud bank?"

My Lord, they  
have discovered  
the human  
genome!

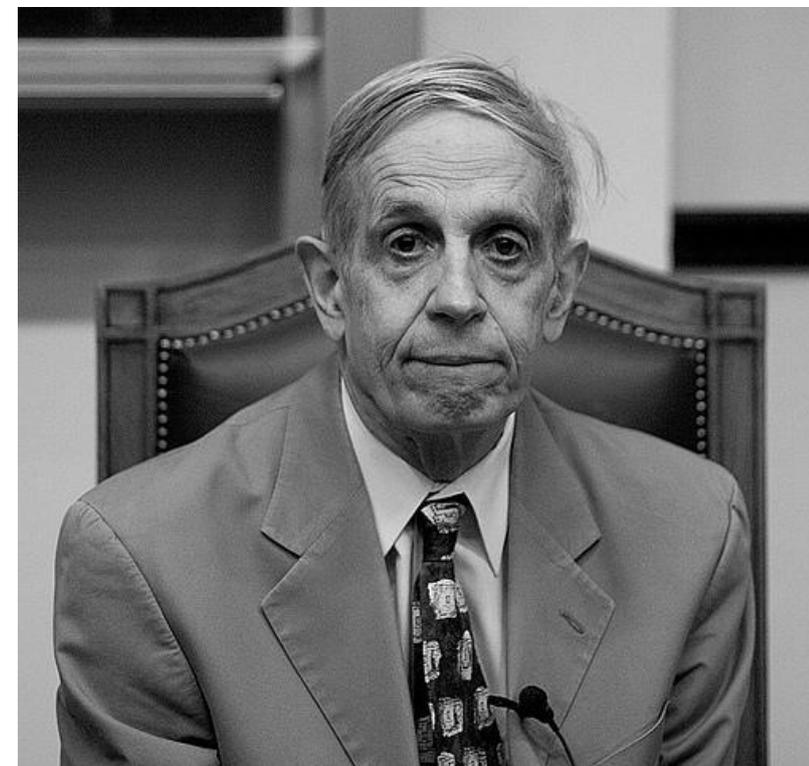
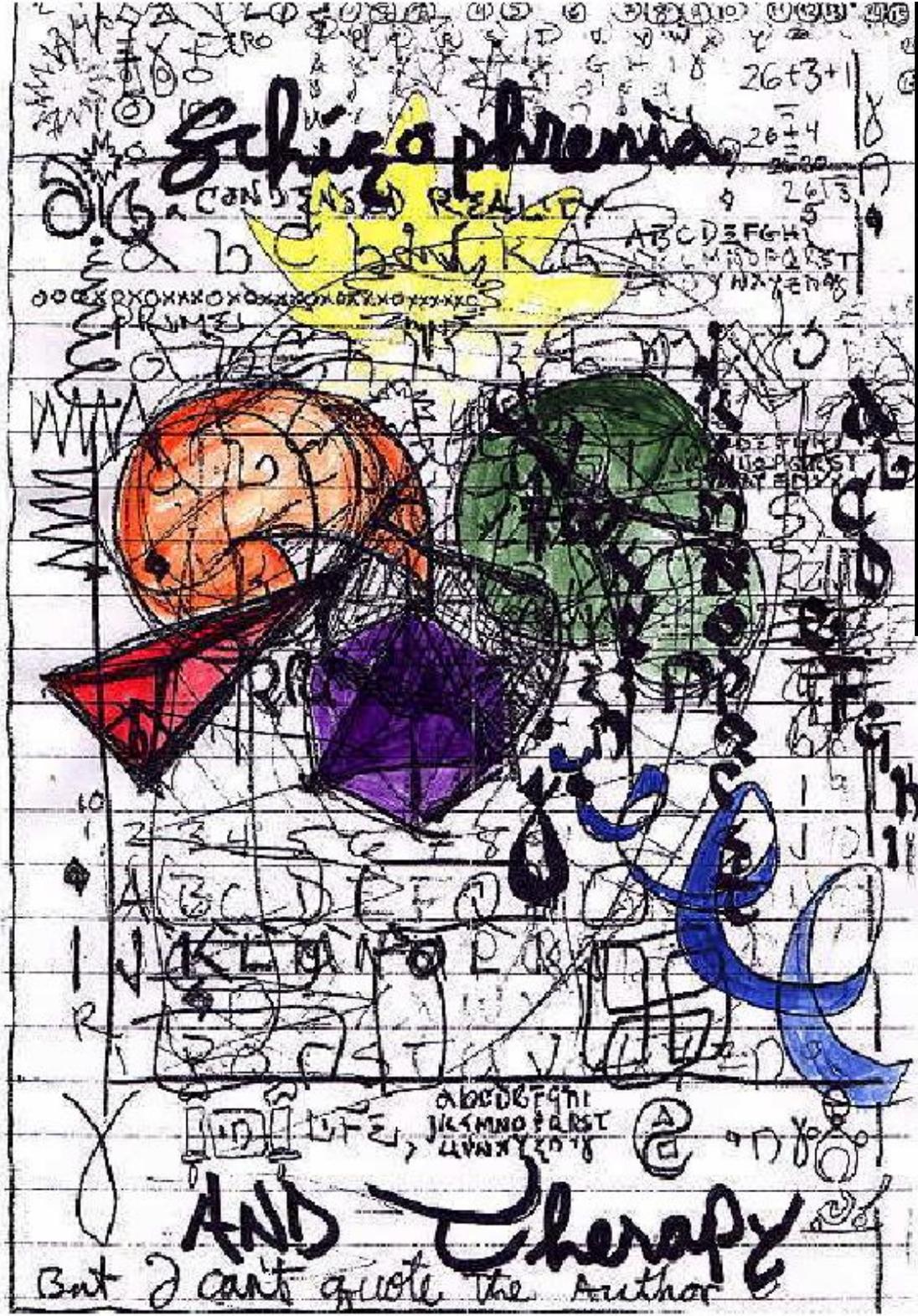
Damn hackers,  
I will have to  
change the  
password now.



GEDDA E.

ACADEMY AWARDS  
2001 Including  
**4 BEST PICTURE**

OWN THE AWARDS EDITION VIDEO OR 2-DISC DVD JUNE 25th



# Schizophrenia

- Main symptoms: delusions, hallucinations, disorganized thoughts and behavior
- Familial transmission is straightforward (heritability: 0.8, MZ twins: 48-59%, DZ twins: 16% concordance)
- Referred to as the totally unsuccessful example of linkage and association studies
- GWAS studies did not replicate previously implicated candidate genes, and significant markers only explain 3% of the heritability -> “missing heritability”

# Candidate genes in schizophrenia

Gene <sup>1</sup>	Description	OMIM <sup>2</sup>	Cytogenetic Band	Cytogenetic Abnormalities	Genome Scan Meta-Analysis <sup>3</sup>	Linkage Evidence <sup>4</sup>	Association Study Support <sup>5</sup>	Expression in PFC <sup>6</sup>	Functional Studies: Plausibility?
<i>AKT1</i>	V-AKT murine thymoma viral oncogene homolog 1	164730	14q32.33	No	No	No	2+ & 1- studies	++	Yes
<i>COMT</i>	Catechol-O-methyltransferase	116790	22q11.21	Yes	Yes	Yes	Some studies +	++	Yes
<b><i>DISC1</i></b>	<b>Disrupted in schizophrenia 1</b>	605210	1q42.2	Yes	No	Yes	Multiple studies +	+	Yes
<i>DRD3</i>	Dopamine receptor D3	126451	3q13.31	No	No	Inconsistent	Meta-analysis +	-	Yes
<b><i>DTNBP1</i></b>	<b>Dystrobrevin binding protein 1</b>	607145	6p22.3	No	Yes	Yes	Multiple studies +	++	Yes
<i>G30/G72</i>	Putative proteins LG30 & G72	607415	13q33.2	No	No	Inconsistent	Multiple studies +		Insufficient data
<i>HTR2A</i>	Serotonin receptor 2A	182135	13q14.2	No	No	Inconsistent	Meta-analysis +	++	Yes
<b><i>NRG1</i></b>	<b>Neuregulin 1</b>	142445	8p12	No	Nearby	Yes	Multiple studies +	+	Yes
<i>PRODH</i>	Proline dehydrogenase 1	606810	22q11.21	Yes	Yes	Yes	-	++	Yes
<b><i>RGS4</i></b>	<b>Regulator of G-protein signaling 4</b>	602516	1q23.3	No	Yes	Yes	Multiple studies +	++	Yes
<i>SLC6A4</i>	Serotonin transporter	182138	17q11.2	No	Nearby	Inconsistent	Meta-analysis +	+	Yes
<i>ZDHHC8</i>	Zinc finger/DHHC domain protein 8	608784	22q11.21	Yes	Yes	Yes	2+ & 1- studies	++	Yes

# Question

Which character suffers from schizophrenia in one of Shakespeare's dramas?



John William Waterhouse:  
Ophelia



Edgar - Tom O'Bedlam  
(King Lear)

# Origins of magic: review of genetic and epigenetic effects

BMJ 2007;335:1299-301  
doi:10.1136/bmj.39414.582639.BE

Accepted: 16 November 2007

Sreeram V Ramagopalan,<sup>1,2</sup> Marian Knight,<sup>3</sup> George C Ebers,<sup>1,2</sup> Julian C Knight<sup>1</sup>

## ABSTRACT

**Objective** To assess the evidence for a genetic basis to magic.

**Design** Literature review.

**Setting** Harry Potter novels of J K Rowling.

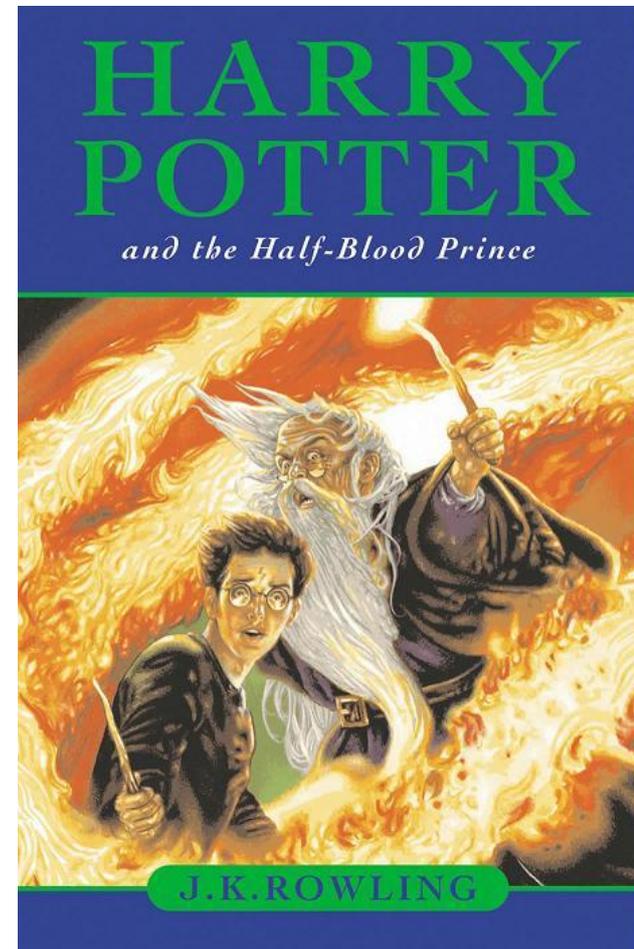
**Participants** Muggles, witches, wizards, and squibs.

**Interventions** Limited.

**Main outcome measures** Family and twin studies, magical ability, and specific magical skills.

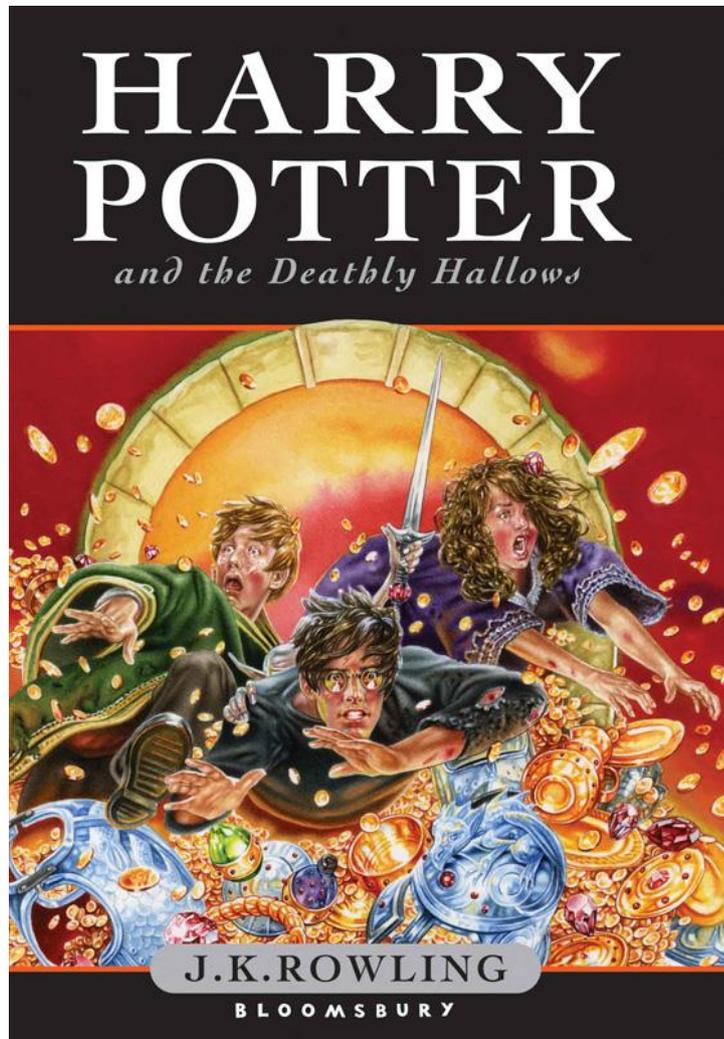
**Results** Magic shows strong evidence of heritability, with familial aggregation and concordance in twins. Evidence suggests magical ability to be a quantitative trait. Specific magical skills, notably being able to speak to snakes, predict the future, and change hair colour, all seem heritable.

**Conclusions** A multilocus model with a dominant gene for magic might exist, controlled epistatically by one or more loci, possibly recessive in nature. Magical enhancers regulating gene expression may be involved, combined with mutations at specific genes implicated in speech and hair colour such as FOXP2 and MCR1.



Without population based studies to confirm our points these findings should be treated with caution, but using the information available we can be certain that some aspects of magical ability are heritable. We await with bated breath the results of a **genome wide association study** for magic.

We thank the three underage witches who gave specialist advice on more technical aspects of the Harry Potter novels and David Dyment, Blanca Herrera, Emma Walton, and Claire Vandiedonck for helpful comments.



## GLOSSARY

*Assortative mating*—people tending to mate with others like themselves

*Chromatin*—complex of DNA and protein that constitute chromosomes

*Epigenetics*—heritable changes in gene function not involving changes in DNA sequence

*Epistasis*—action of one gene modified by another

*Founder effect*—increase in gene frequency when a population has only a small number of original settlers (founders), one or more of whom had that gene

*HapMap project*—haplotype (series of correlated alleles) map of the human genome, currently being analysed in populations of African, Asian, and European ancestry

*Histones*—main protein components of chromatin

*House elves*—human-like creatures with distinctive magical abilities who are bound to, and act as servants for, several magical families

*Metamorphmagus*—someone with the ability to change their physical appearance

*Muggle*—someone with no magical abilities

*Parseltongue*—ability to talk to snakes

*Pureblood*—someone whose ancestors all possess magical abilities

*Seer*—someone who can predict the future

*Squib*—someone with virtually no magical abilities who comes from a magical family

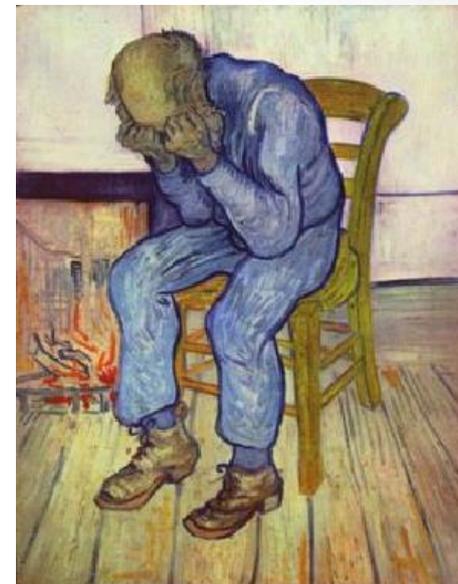


# Alzheimer dementia

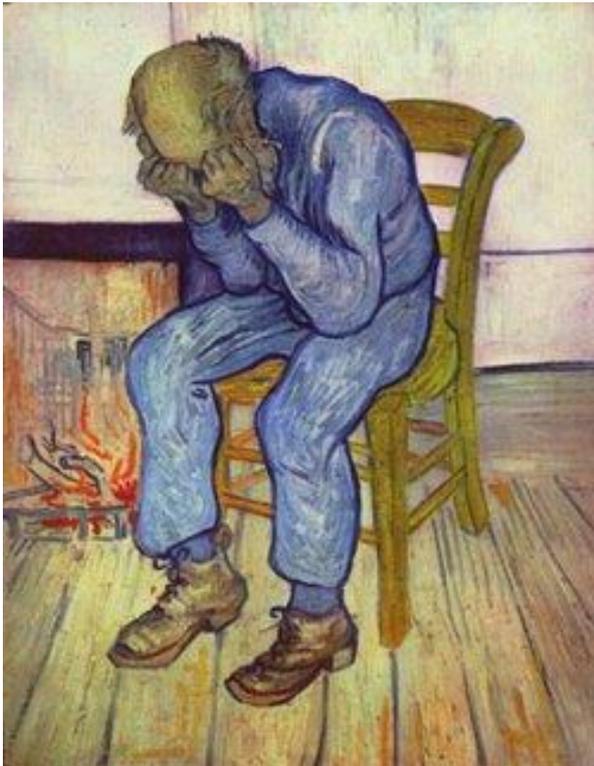
- Main symptoms: Progressive deterioration of cognitive abilities, agitation, hallucinations.
- Neurodegenerative disease, EC: neuritic plaque, IC: neurofibrillar filaments, beta-amyloid
- Familial AD (5%): mendelian transmission, dominant, early manifestation: APP (amyloid precursor protein), presenilin1, presenilin 2
- Sporadic AD (95%): polygenic, late-onset: apolipoprotein E e4 allele risk factor, GWAS replicated
- APP gene on chromosome 21- association with Down-trisomy

# Mood disorders

- Depression: depressed mood, performance problems, somatic symptoms (loss of appetite, sleep problems)
- Mania: elevated mood, hyperactivity, decreased critical insight
- Bipolar disorder: cycles of depression and mania, social disability, family problems, high suicide risk



**DEPRESSION: abnormal sadness, loss of joy and motivation, decreased energy, desperation, and suicide**



Van Gogh



Hemingway

# Genetics of mood disorders

- Highly prevalent disorders (MDD~15%, BD~6%)
- Familial transmission straightforward in BD ( $h^2$ : 0.8, MZ: 65%, DZ: 14%), moderate in MDD ( $h^2$ : 0.39, MZ:50%, DZ:18%)
- GWAS studies yielded a few significant markers in BD with only 1 gene in concert with linkage results (CACNA1C, OR=1.14), again explaining only 2% of heritability variance
- No markers reached significance in MDD, and the main candidate gene (SLC6A4) association was dismissed by recent meta-analyses

What is the explanation? Why can't we find the genes for schizophrenia, dementia, or depression?

- Although psychiatric disorders have a high heritability we couldn't identify individual genes or polygenic models.
- Gene-gene interactions? Epistatic and other regulatory mechanisms?
- Is there any other factor that we should consider?

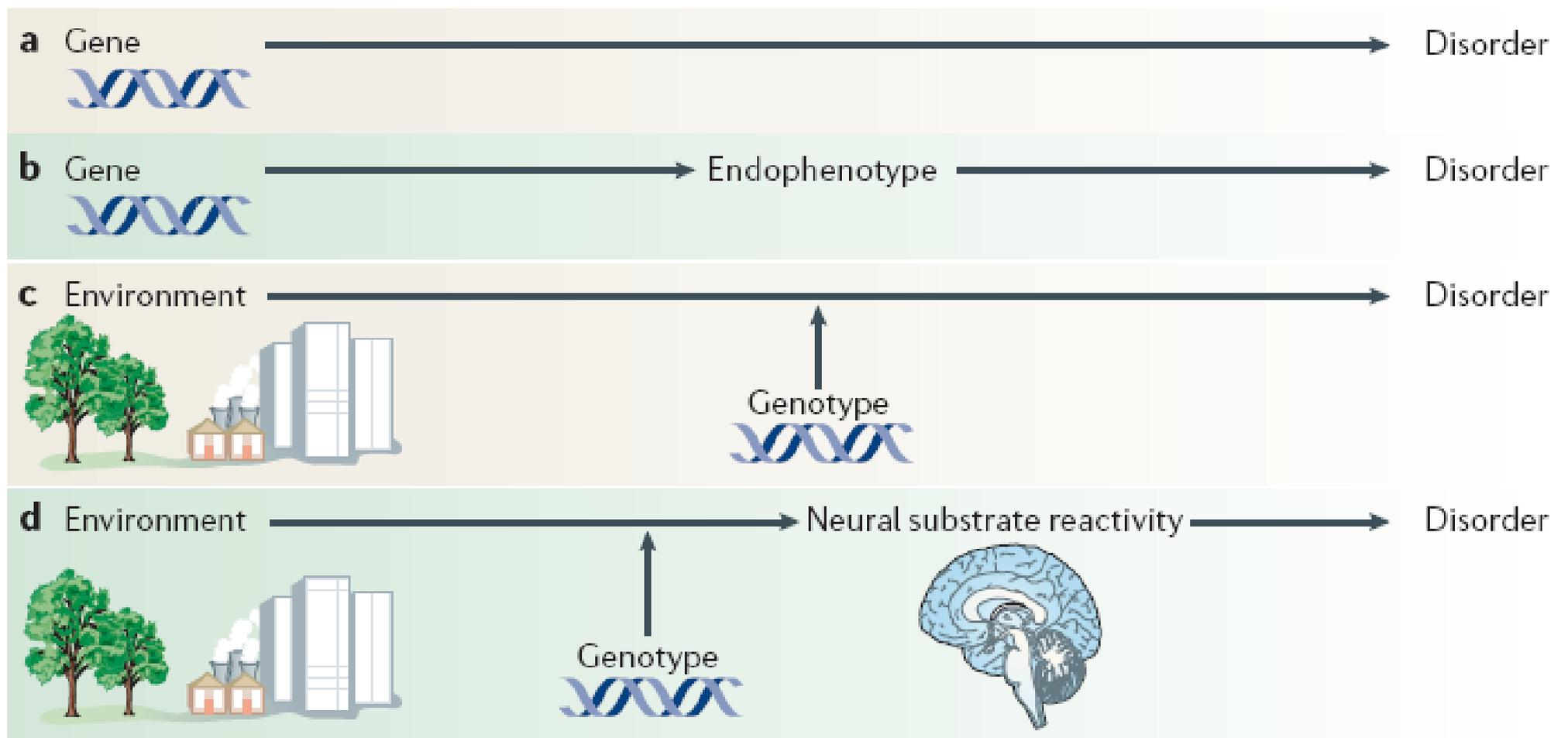
## *Health Tip*

**Obesity doesn't run in family. The main problem is nobody runs in the family.**



# Gene-Environment Interactions

- Refers to the phenomenon where genetic and environmental factors both play a role in the etiology of a disease and possibly strengthen each others effect.
- Especially important in chronic non-communicable diseases and psychiatry.
- Elucidating GxE interactions can lead to better
- prevention and therapeutic measures.
- The field is connected closely to psychiatric
- genetics.

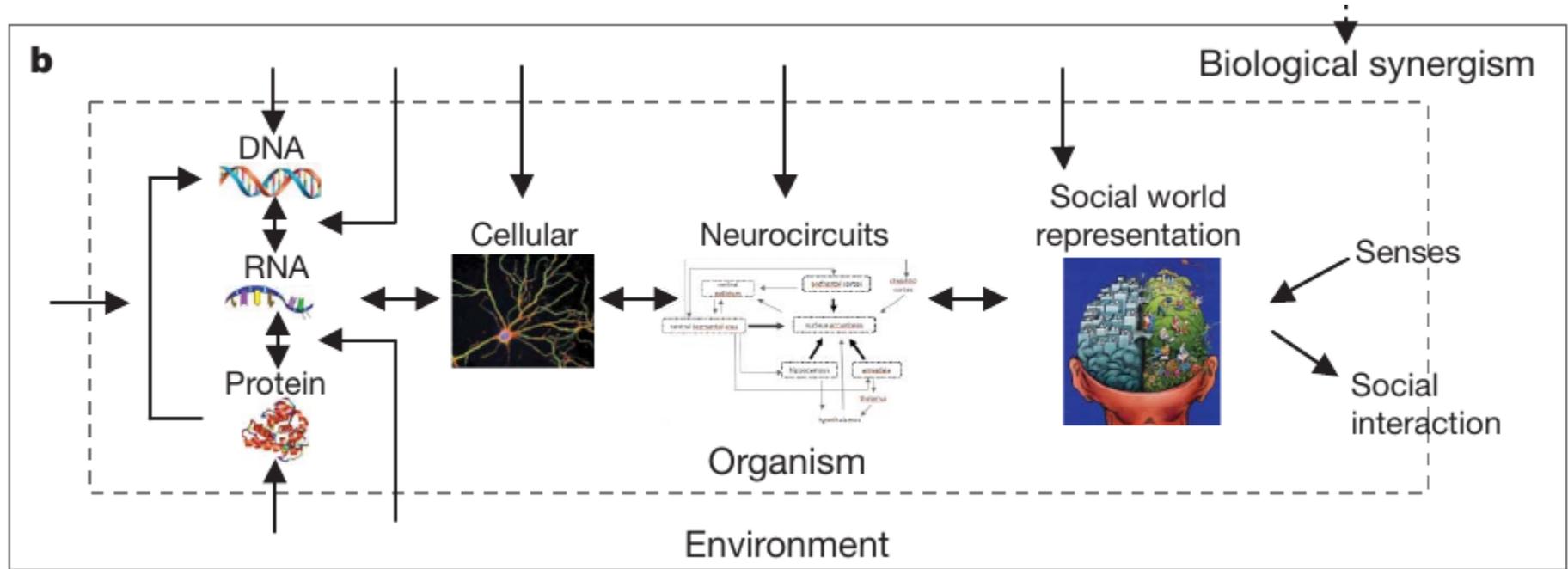


**Figure 1 | Approaches to psychiatric genetics research.** **a** | The gene-to-disorder approach assumes direct linear relations between genes and disorder. **b** | The endophenotype approach replaces the disorder outcomes with intermediate phenotypes. **c** | The gene–environment interaction approach assumes that genes moderate the effect of environmental pathogens on disorder. **d** | Neuroscience complements the latter research by specifying the proximal role of nervous system reactivity in the gene–environment interaction.

# Gene-Environment Interactions

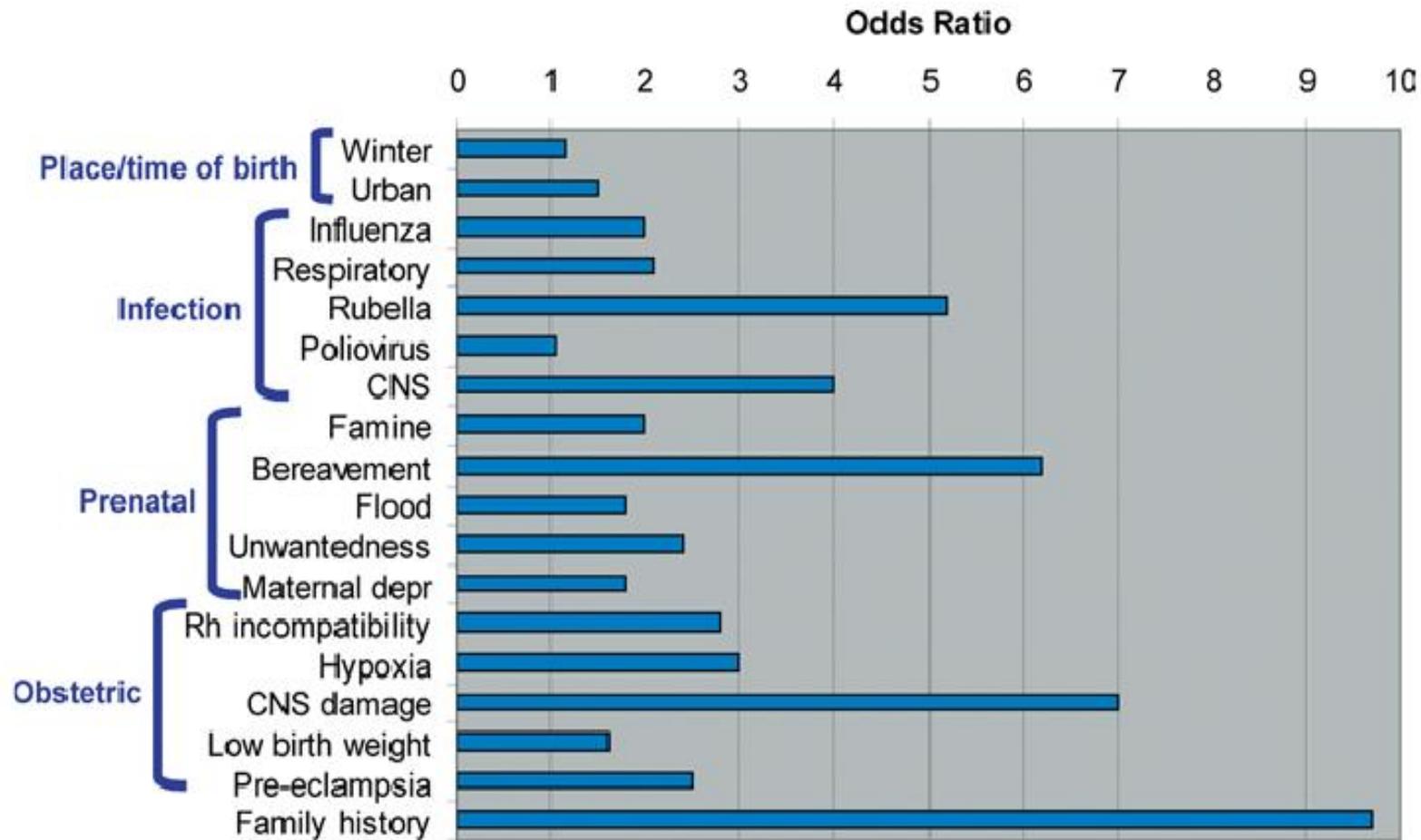
- Synergistic: G and E factors enhancing each others' effect
- Antagonistic: G and E suppress each other
- Vulnerability model: G predispose a sensitivity towards E stressors
- Plasticity model: G may confer susceptibility, but can be beneficial in optimal E

# Gene-Environment Interactions



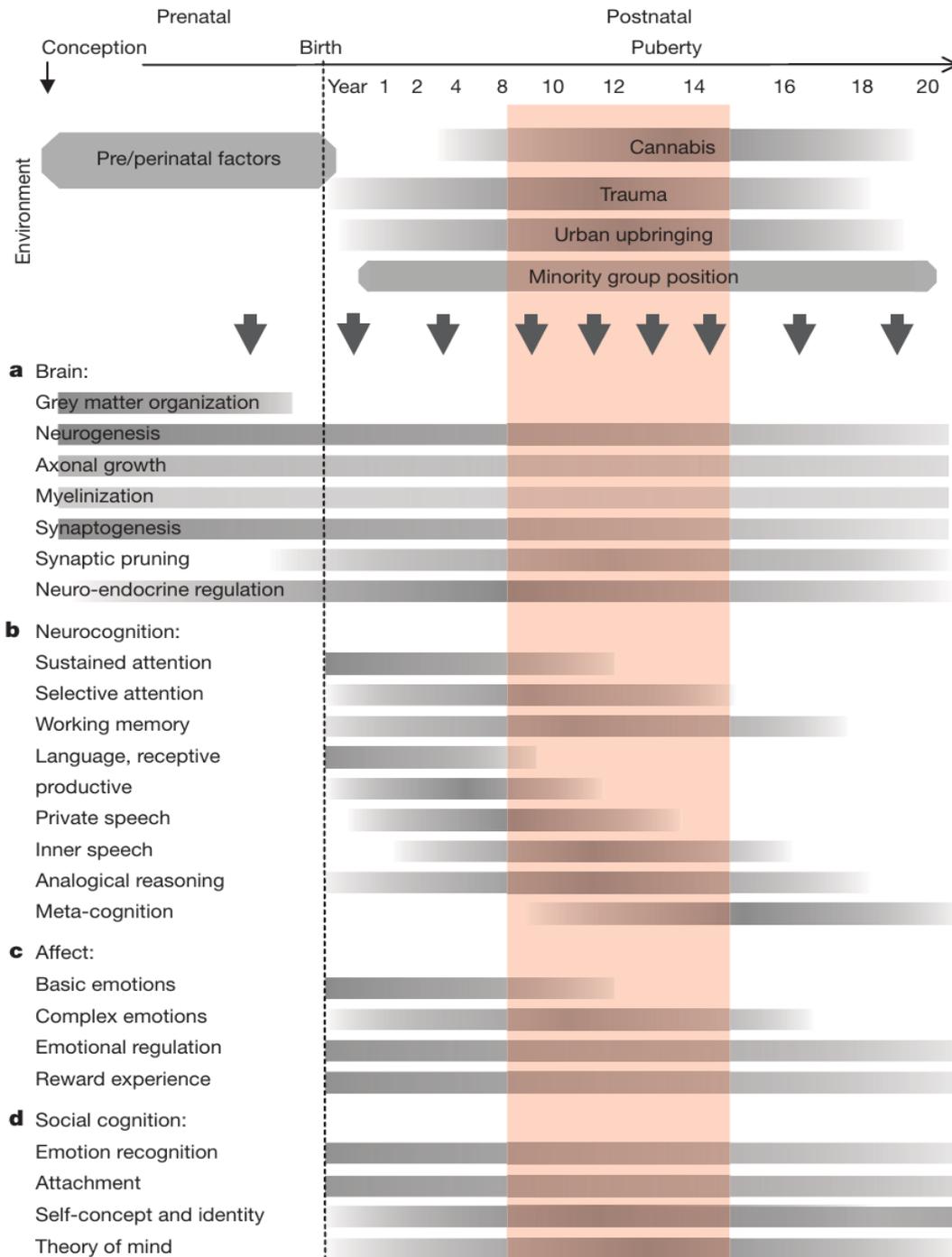
From: van Os et al., 2010. The environment and schizophrenia. *Nature*

# Environmental risk factors in schizophrenia



From: Sullivan, 2005. The Genetics of Schizophrenia. *PloS Medicine*

# Environmental risk factors in schizophrenia



From: van Os et al., 2010. The environment and schizophrenia. *Nature*

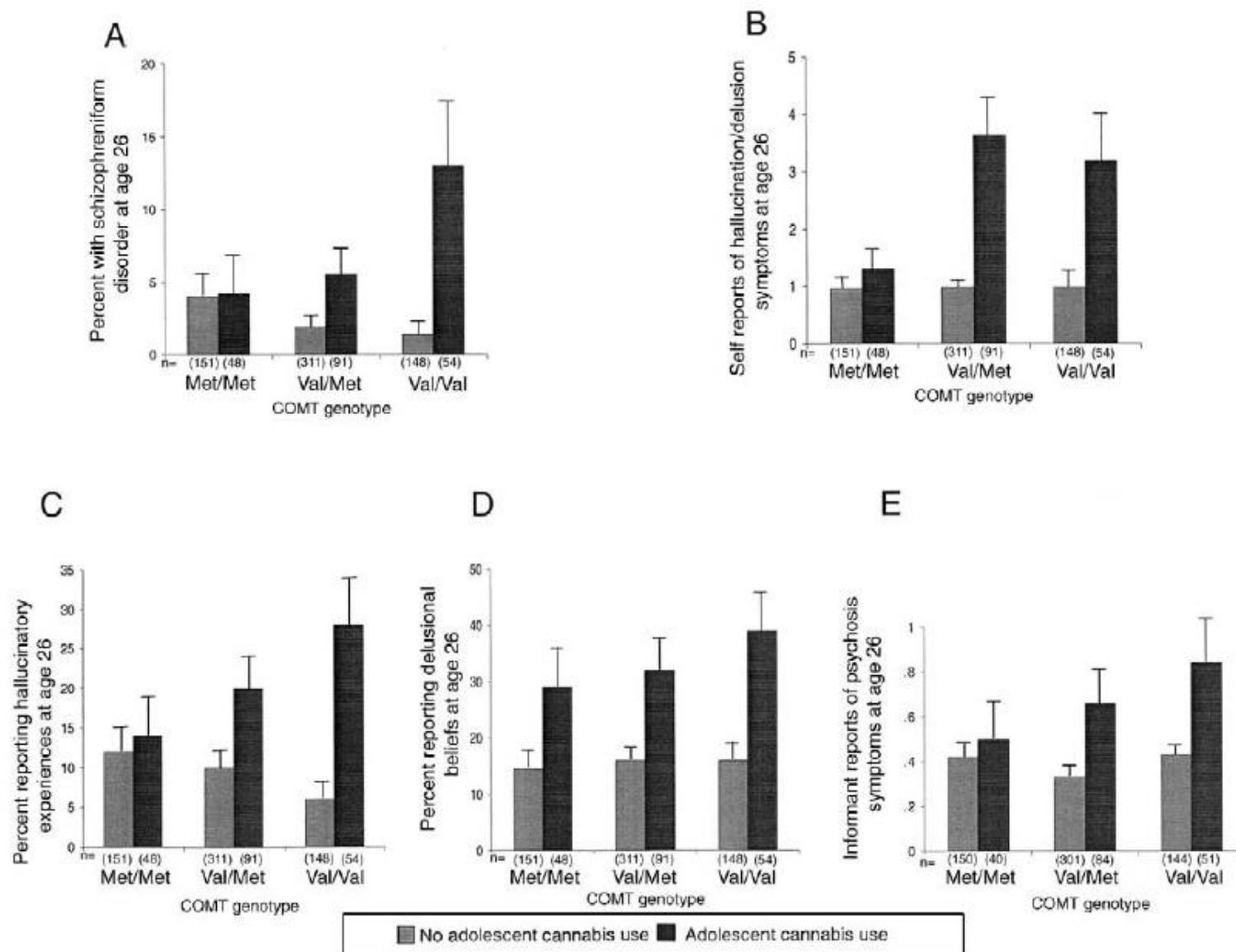


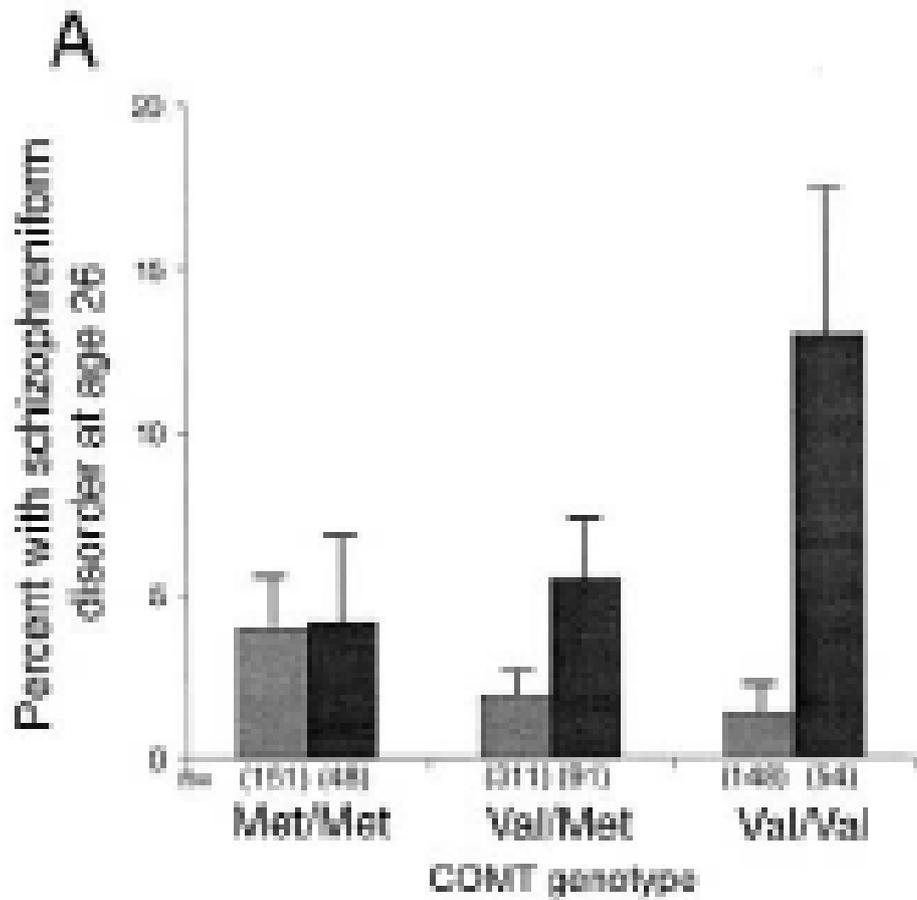
## Moderation of the Effect of Adolescent-Onset Cannabis Use on Adult Psychosis by a Functional Polymorphism in the Catechol-O-Methyltransferase Gene: Longitudinal Evidence of a Gene X Environment Interaction

- Epidemiological cohort study: Dunedin (New-Zeeland)
- Catecholamin-O-methyltransferase: role in the break-down of dopamine
- missense mutation that generates a valine (Val) to methionine (Met) substitution at codon 158 (Val<sup>158</sup>Met),

Caspi et al, 2005

# The influence of adolescent-onset cannabis use on adult psychosis is moderated by variations in the COMT gene



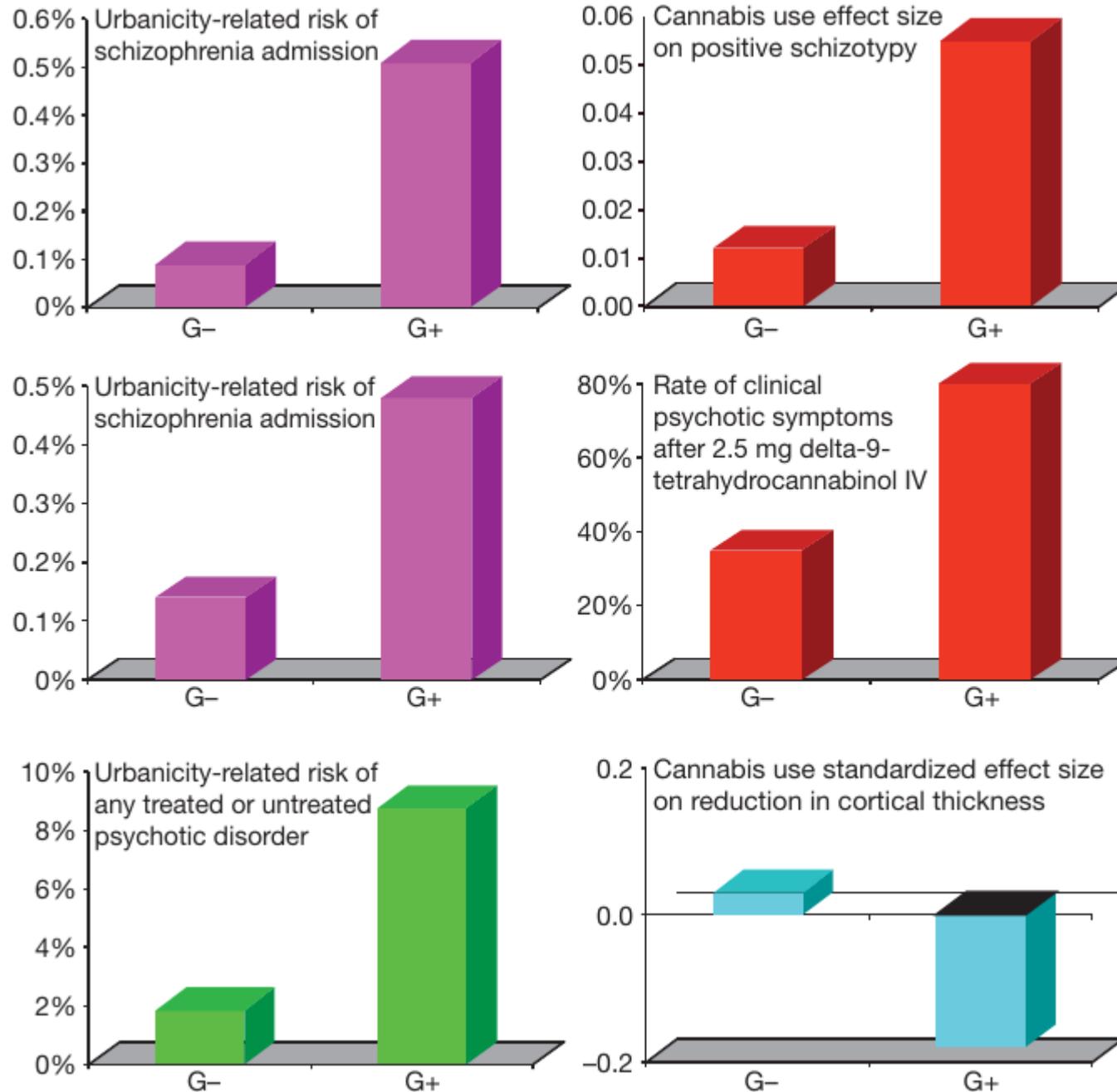


13% of individuals carrying the Val/Val genotype and using cannabis had schizophreniform disorder

Good idea to genotype yourself before you fly to Amsterdam.



# GxE effect on psychotic outcomes



From: van Os et al., 2010. The environment and schizophrenia. *Nature*

# The „multiple-hit” neurobiological model of schizophrenia

„First hit”

Genetic risk, prenatal risk



„Second hit”

Manifestation of the disease



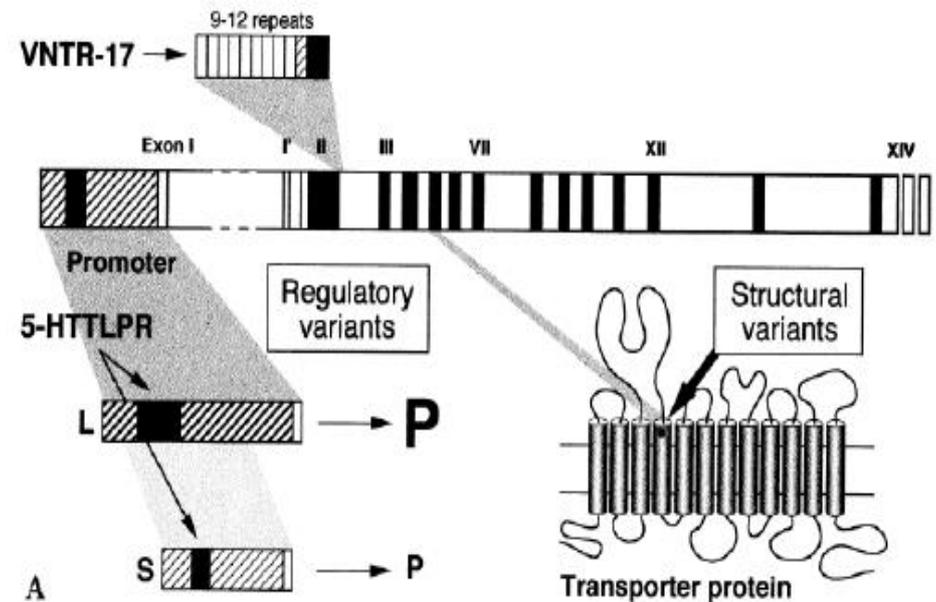
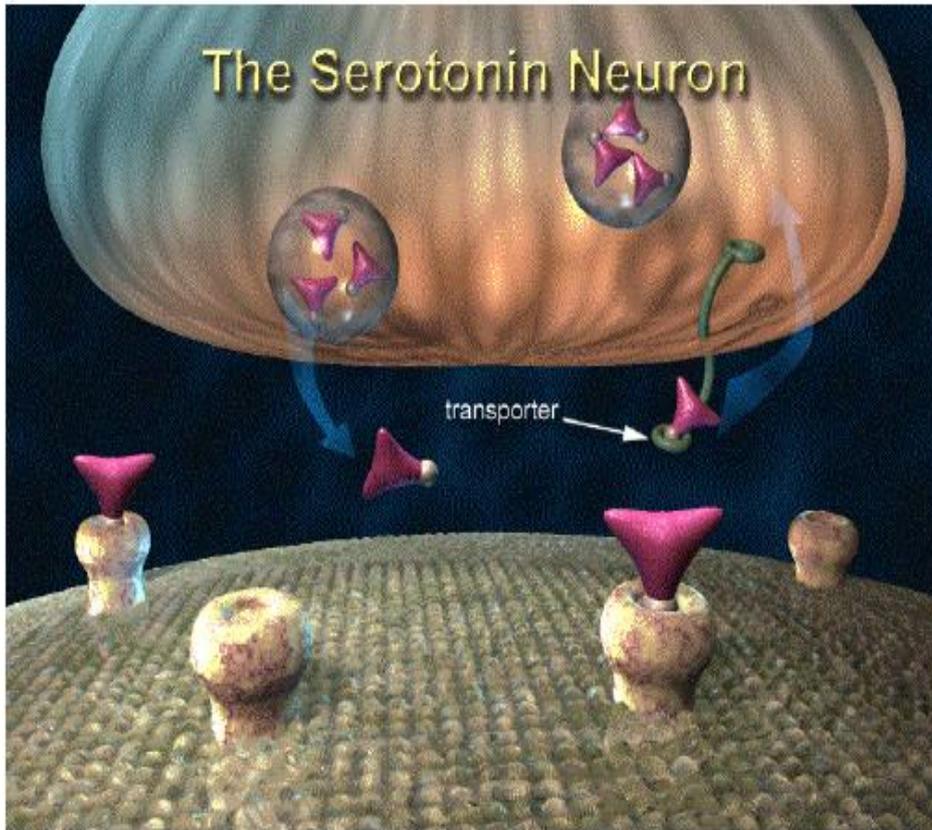
„Third hit”

Deficit-schizophrenia



Non Deficit-schizophrenia

# Serotonin transporter (SLC6A4, 5-HTT)



Lesch et al, 1998

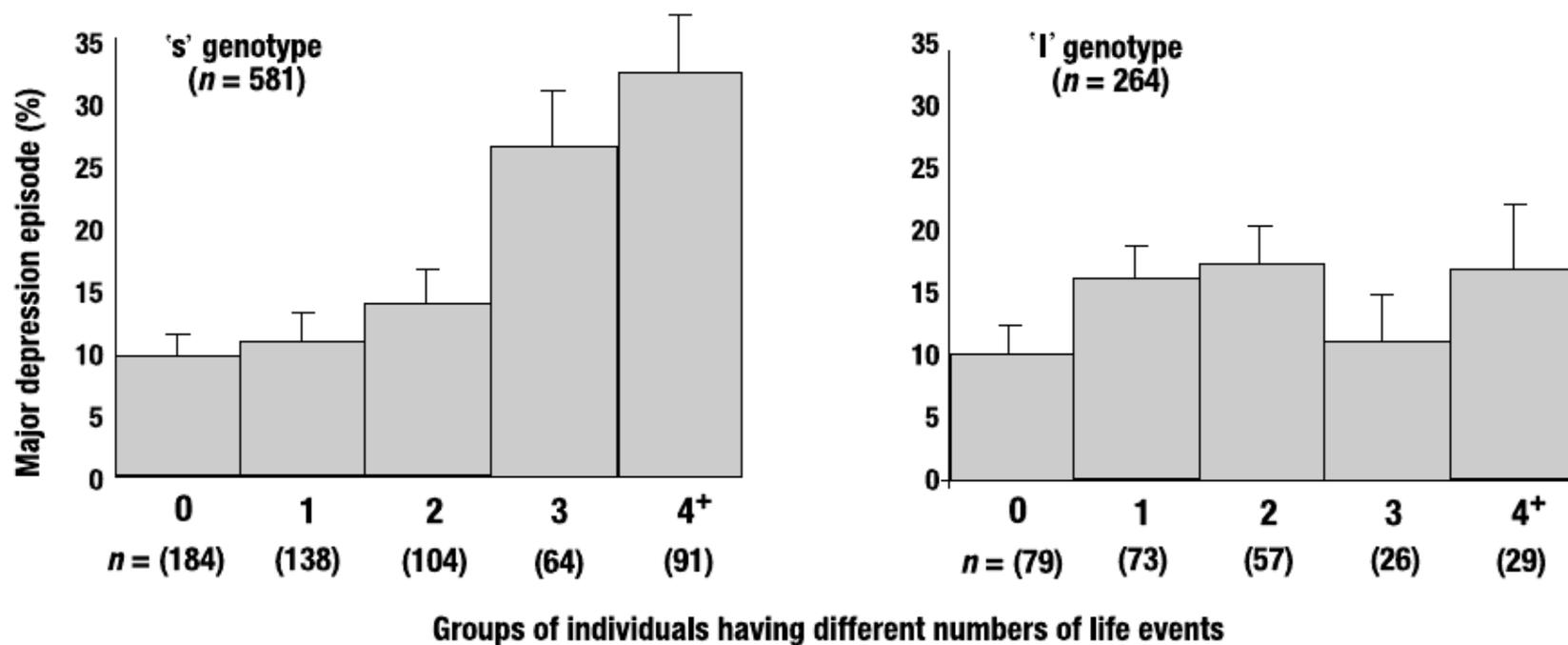
Location: 17q11.2

Major regulatory element in the serotonin transmission and primary target of antidepressant (SSRI) medications

S allele (14 repeats) -> reduced expression level and slower serotonin turnover

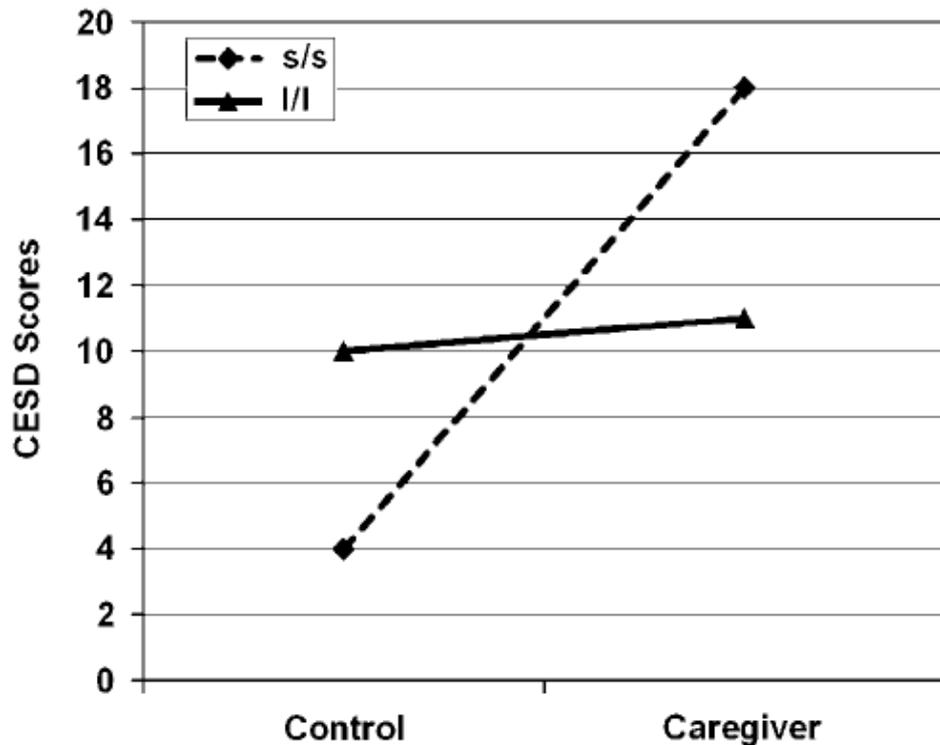
L allele (16 repeats) -> normal expression level and serotonin turnover

# Influence of Life Stress on Depression: Moderation by 5-HTTLPR

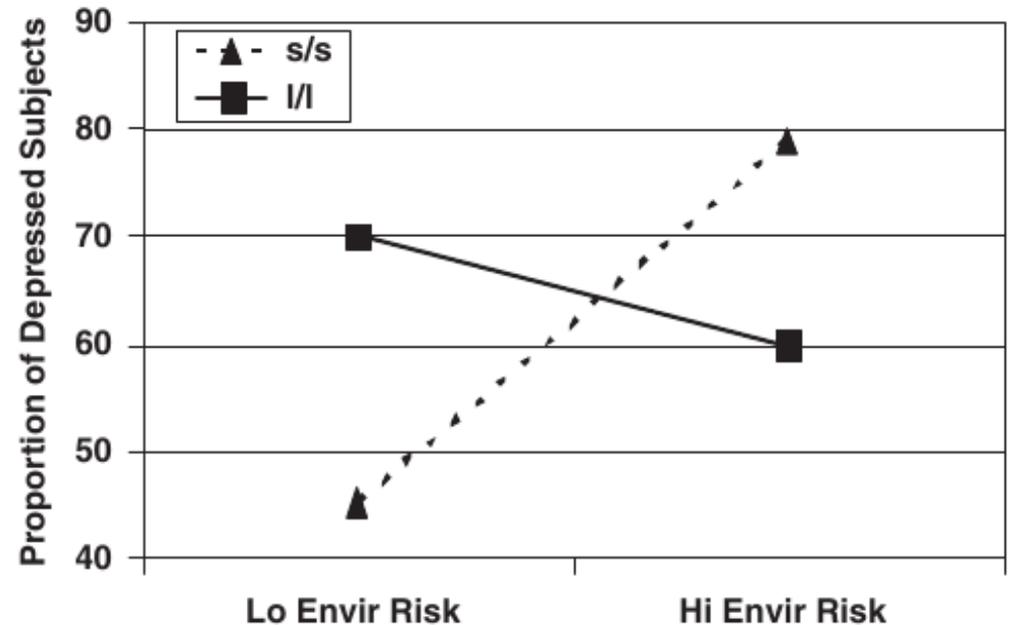


From: Caspi et al, 2003. Science

# Influence of 5-HTTLPR on Depression: Moderation by Environmental Risk

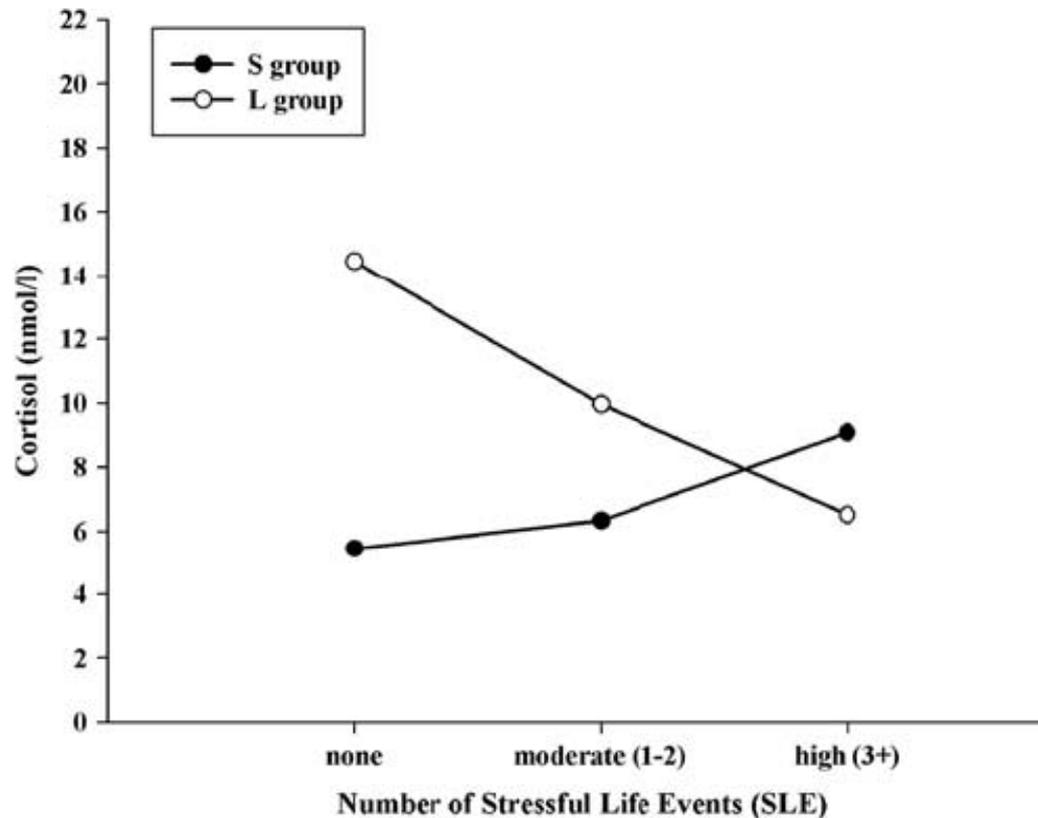


**Figure 1** Center for Epidemiological Studies-Depression (CESD) scores for female caregivers and non-caregiver controls by 5-HTTLPR genotype (Brummett *et al.*<sup>27</sup>).



**Figure 2** Proportion of female participants with a high level of depression by environmental risk group and 5-HTTLPR genotype (Eley *et al.*<sup>28</sup>).

# Influence of 5-HTTLPR on Stress-Reactivity: Moderation by Environmental Risk



From: Muller et al, 2011. Interaction of Serotonin Transporter Gene-Linked Polymorphic Region and Stressful Life Events Predicts Cortisol Stress Response. *Neuropsychopharmacology*

# Sounds good so far, but...

Reanalysis of the original data, and new data from the 30 year follow-up study (Dunedin cohort)(Fergusson et al, 2012, Munafò et al., 2009, Risch et al, 2009) don't support the original interaction between 5-HTTLPR and stressful life events.



# The interface of GXE: The epigenome

- Epigenome: Characteristics of the genome that are not related to the DNA-sequence (DNA methylation pattern, histon acethylation or methylation, chromatin structure)
- Many changes in early phases of development (malnutrition, parebtal neglect, abuse)
- Tissue-specific
- Epigenetic changes can be inherited up to 3 generations

# Epigenetics findings

- Methylation status of BDNF promoter is associated with MDD in a Japanese sample (Fuchikami et al, 2011).
- Voluntary exercise in mice induces demethylation in neurons (Pinilla-Gomez, 2012)
- Intense exercise and IL-1 $\beta$ , TNF- $\alpha$  change in humans predicts remission of patients with depression (Rethorst et al., 2012)

## Gene Tests for Psychiatric Risk Polarize Researchers

A small California company is the first to venture into psychiatric gene testing. But is the science ready?

Critics of the scientific community: Current results don't support the use of genetical testing for diagnostic purposes.  
Ethical problems!

### Players in the Psychiatric Gene-Testing Business

Company	Test available	Disease	Type of test	Number of genes
NeuroMark	mid-2008	Major depression	Risk of suicidality from antidepressants	4
Psynomics	now	Bipolar disorder	Diagnosis and response to antidepressants	2*
SureGene	mid-2009	Schizophrenia	Risk of psychosis and response to antipsychotics	6

\* Psynomics plans to add five more genes early this year.



**Psynomics**<sup>™</sup>  
genomics for the *new* psychiatry

## Welcome to Psynomics

Psynomics is the first and only company in the world to offer DNA-based diagnostic and therapeutic tests to help millions of people suffering from mental illness.

**Our first two products:**

**Psynome**<sup>™</sup> – tests for two mutations of a gene that are associated with bipolar disorder.

**Psynome2**<sup>™</sup> –tests for gene mutations in the Promoter L allele gene that predicts patient response to serotonin-based drugs, the most commonly prescribed drug therapies in psychiatry today. These tests are useful to your doctor in making a timely and accurate diagnosis of your condition and prescribing the right medication. The tests can be ordered individually or combined.

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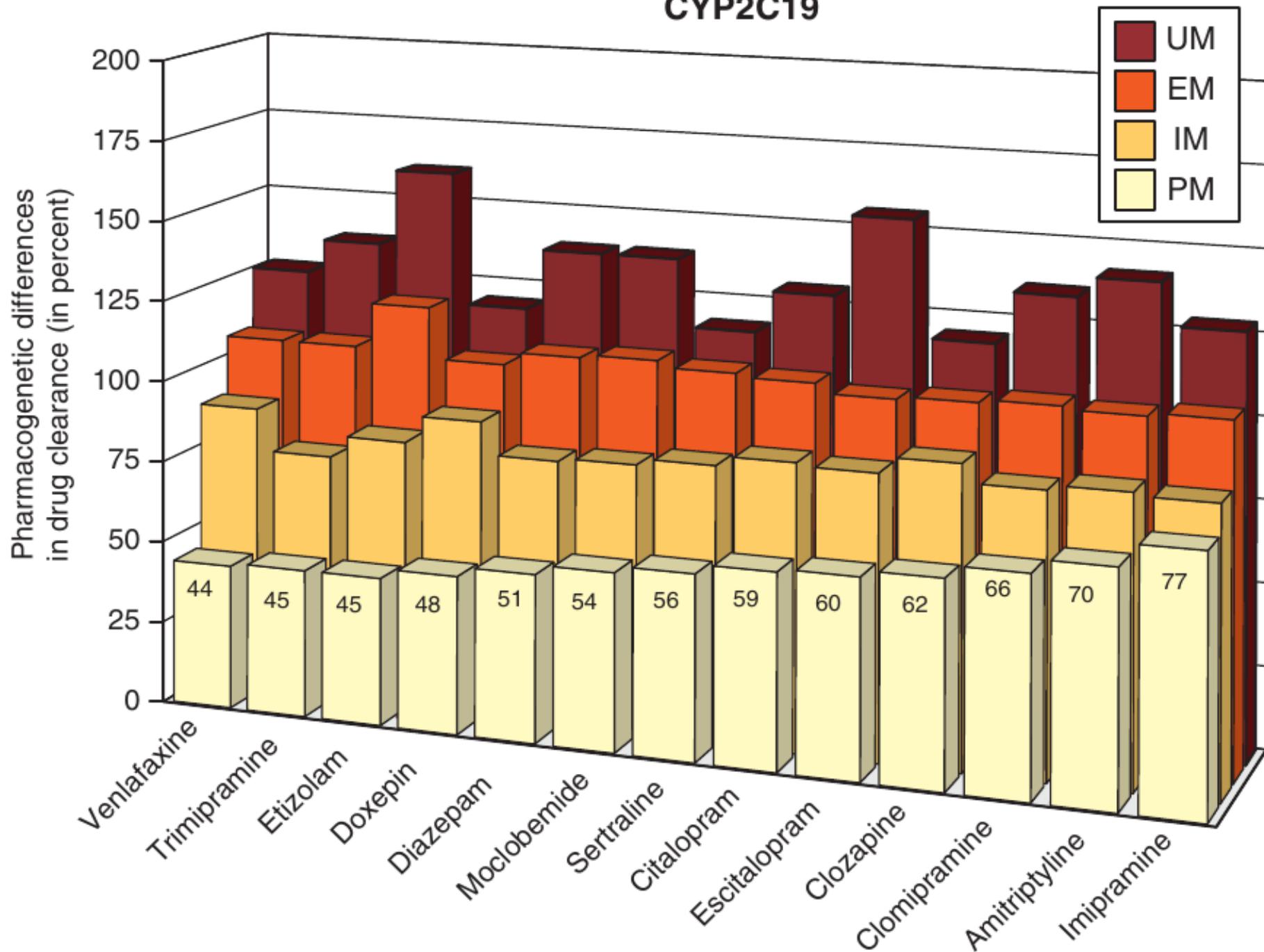
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# GxE and Therapy

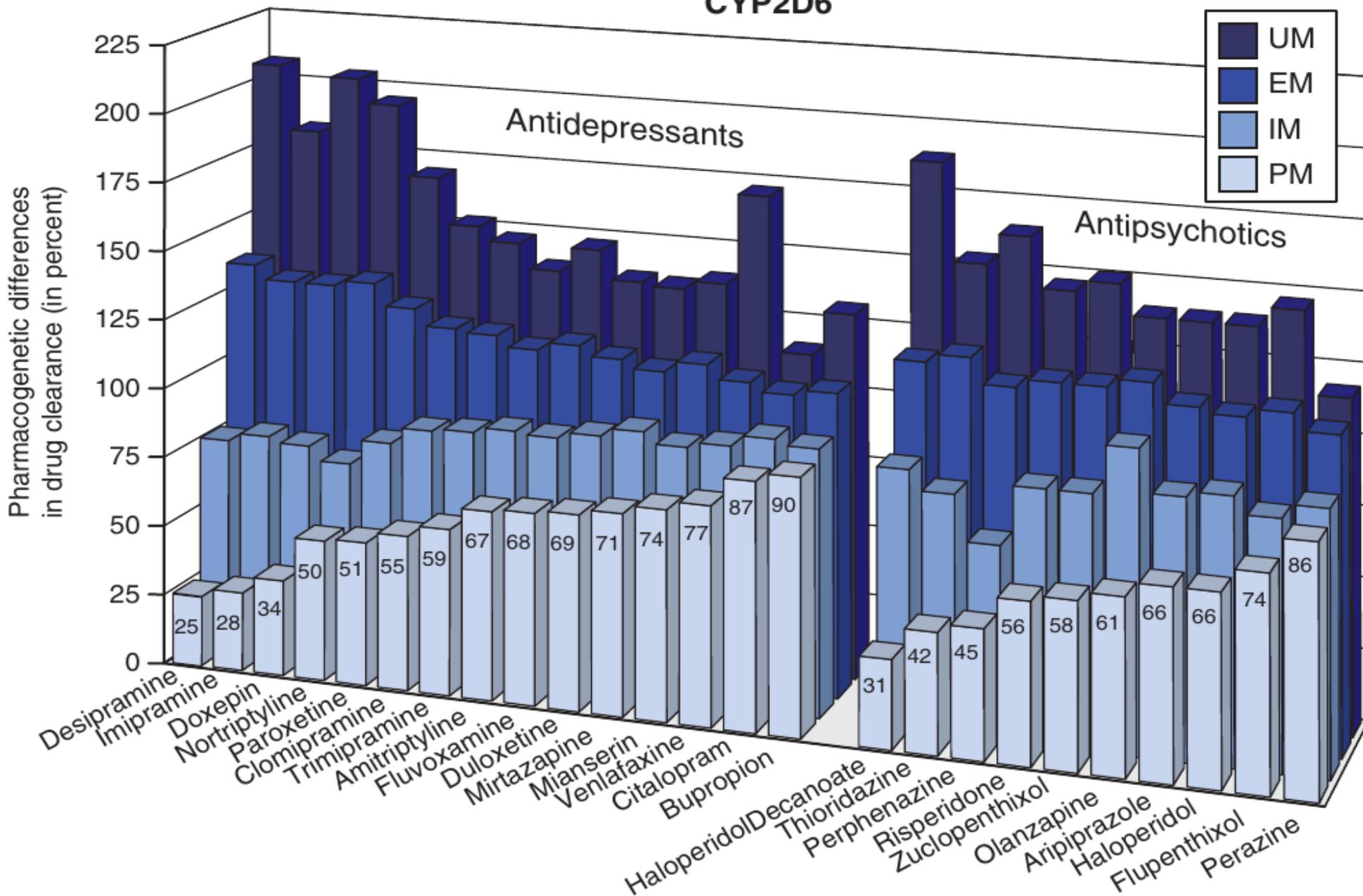
- Therapy itself is an environmental factor, introducing epigenetic modifications
- Pharmacogenetic variations are important in predicting treatment response (eg. COMT Val158Met, CYP2D6, CYP3A4, HTR2A polymorphisms on response to clozapin)
- CYP2D6, CYP2C19 poor or ultrarapid metabolizers need personalized dosage of psychotrop meds

# CYP2C19



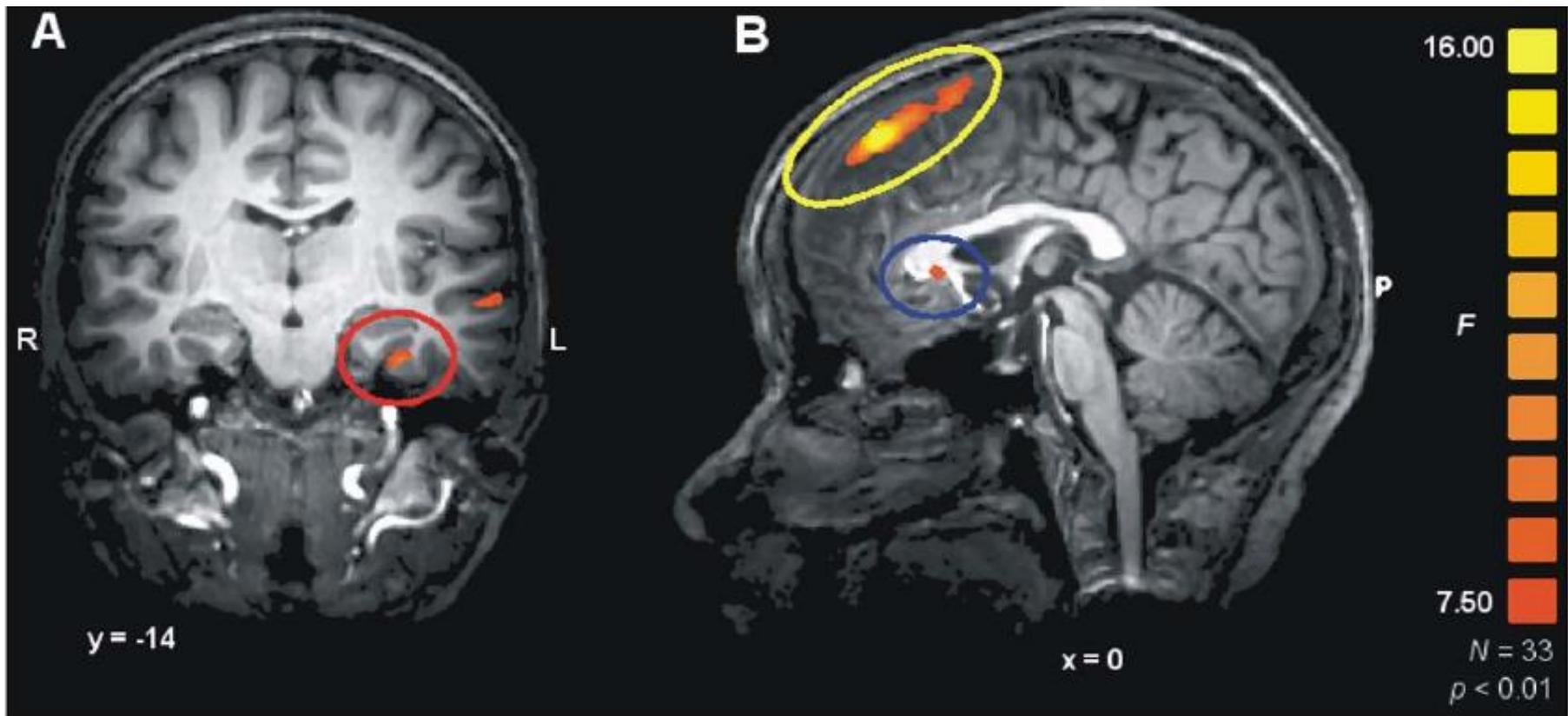
From: JC Stingl et al., Genetic variability of drug-metabolizing enzymes: the dual impact on psychiatric therapy and regulation of brain function. Mol Psych (2012), 1-15

### CYP2D6



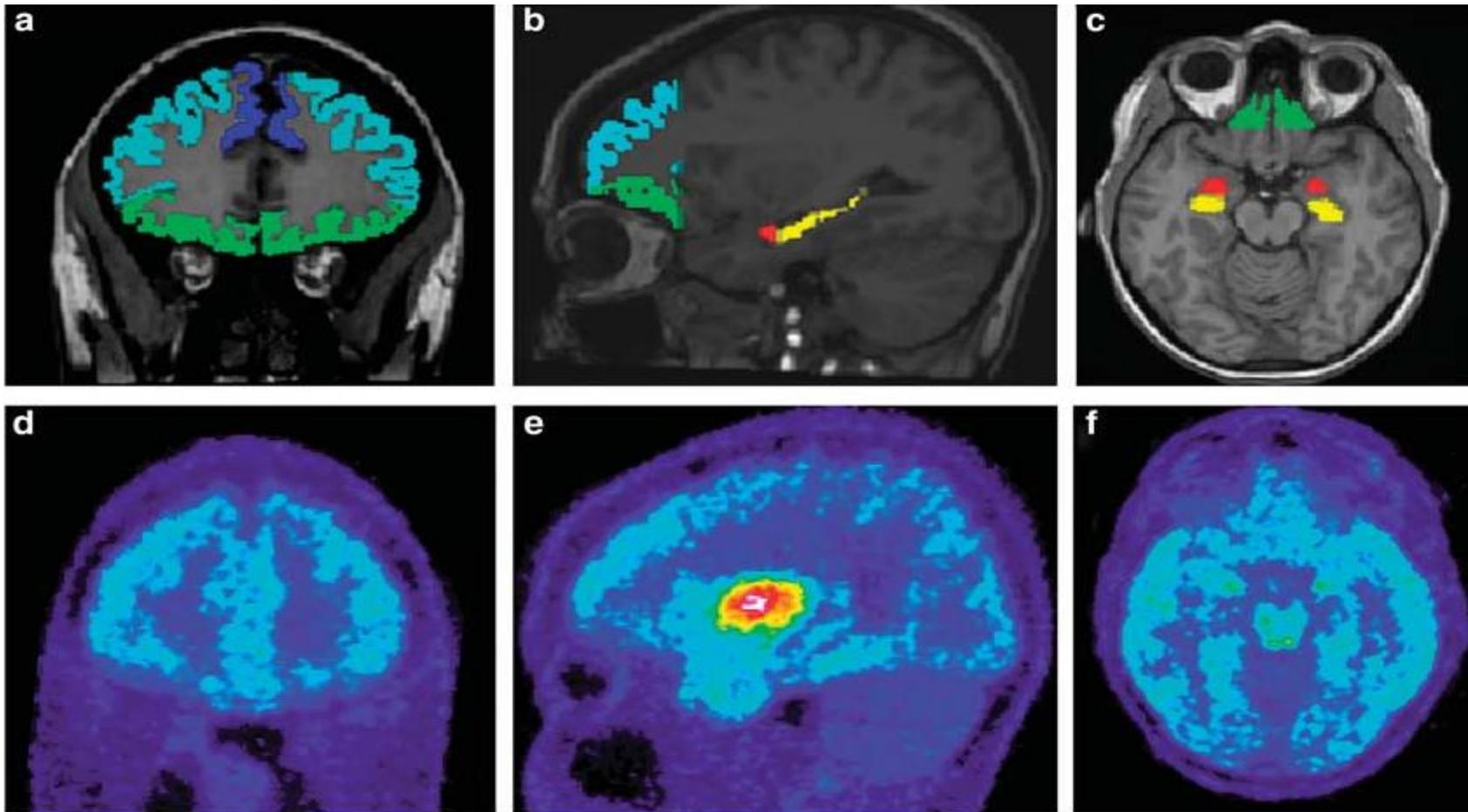
From: JC Stingl et al., Genetic variability of drug-metabolizing enzymes: the dual impact on psychiatric therapy and regulation of brain function. Mol Psych (2012), 1-15

# Changes in activity of amygdala, prefrontal cortex and hippocampus in depressed patients after successful psychodynamic psychotherapy



Buchheim et al., 2012

# Differences in D2 receptor binding after successful cognitive-behavior therapy in patients with social anxiety



From: Cervenka S. et al, 2012

# Take-home messages

- Genetic and environmental factors are both extremely important in the etiology of psychiatric disorders
- Schizophrenia: high heritability, demonstrated gene-environment interactions for urban upbringing and cannabis use.
- Major depression: moderate level of heritability, demonstrated interactions between HTTLPR and stressful life events
- Understanding gene-environment interactions is very important for the treatment as well

Thank you for your attention!

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