Novel approaches to the pathophysiology of late-life depression

By

Dr Harris A Eyre

MBBS with Honours, James Cook University, 2011

Fulbright Scholar, UCLA, 2014/2015

PhD Candidate in the Discipline of Psychiatry

Submitted to the Faculty of Health Sciences in partial fulfillment of the requirements for the degree of Doctor of Philosophy

University of Adelaide

2016

Faculty of Health Sciences

This dissertation is written by

Dr Harris A Eyre

This dissertation was supported by:

Primary supervisor: Professor Bernhard Baune, MD, PhD, Chair and Professor of Psychiatry, Discipline of Psychiatry, University of Adelaide

External co-supervisor: Assistant Professor David Merrill, MD, PhD, Department of Geriatric Psychiatry, UCLA

External co-supervisor: Professor Helen Lavretsky, MD, MS, Professor-in-Residence,

Department of Geriatric Psychiatry, UCLA

Abstract

Novel approaches to the pathophysiology of late-life depression

Harris A Eyre, MBBS (Hons.), Fulbright (UCLA)

University of Adelaide, 2015

The growing impact of under-recognised and under-treated late-life depression (LLD) stands to negatively affect our societies within the context of an ageing world. LLD is a complex disorder where past studies have explored a narrow set of characteristics in isolation (e.g. clinical, neuropsychological, brain imaging, genomics and proteomics). These isolated analyses have yielded useful findings, and continue to do so, however they are limited given the neurobiological mechanisms of LLD are complex and involve interplay between many brain systems, and can manifest in various investigative modalities. Fortunately, there are novel methods for advancing mental health research. In this dissertation, a variety of novel approaches are used to develop a more comprehensive understanding of the pathophysiology of LLD. This is achieved by exploring discreet studies of peripheral biomarkers (i.e. immunology and genomics), as well as neuroimaging biomarkers (i.e. functional and molecular imaging), and contextualising them against each other. Novel applications of these principles and research tools including machine learning may yield more effective diagnostic, treatment and preventive options for LLD.

Thesis declaration

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name, in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and, where applicable, any partner institution responsible for the joint award of this degree.

I give consent to this copy of my thesis when deposited in the University Library, being made available for loan and photocopying, subject to the provisions of the Copyright Act 1968.

The author acknowledges that copyright of published works contained within this thesis resides with the copyright holder(s) of those works.

I also give permission for the digital version of my thesis to be made available on the web, via the University's digital research repository, the Library Search and also through web search engines, unless permission has been granted by the University to restrict access for a period of time.

Table of Contents

Abstract					
Abstract Thesis Declaration					
List of Tables					
List of Figures					
List of Abbreviations					
1.0 Introduction					
1.1 Spec	cific studi	es	17		
1.2 Outline of chapters					
2.0 Introdu	action and	l overview of the pathophysiology of late-life depress	sion		
			21		
2.1	Diagnosi	s and definition of late-life depression	21		
2.2	den of late				
life depression					
2.3	Burden,	prevalence and incidence of late-life depression	23		
2.4	Risk fact	ors for late-life depression	24		
2.5	Clinical	staging in late-life depression	25		
2.6	Depressi	on as a risk factor for dementia	26		
2.7	Reviewi	ng the pathophysiology of late-life depression	26		
3.0 Periph	eral biom	arkers and their role in understanding the pathophysic	ology of		
late-life dep	ression		30		
3.1	Reviewi	ng the role of inflammation in the pathophysiology of	f late-life		
depression.			30		
	3.1.1	The effect of inflammation on neurotransmission	30		
	3.1.2	The effect of inflammation on the hypothalamo-pitu	itary-		
adre	enal axis		31		
	3.1.3	The effect of inflammation on neurogenesis	31		
	3.1.4	The effect of inflammation on amyloid and tau depo			
			32		
	3.1.5	Limitations of the inflammatory hypothesis of depre			
			32		
	Introduct	tion to the role of chemokines in the pathophysiology			
depression.			33		
	A meta-a	analysis on the role of chemokines in the pathophysic			
depression.			36		
		Statement of authorship	37		
		Abstract	41		
		Aims and rationale	42		
		Methods and materials	42		
		Results	46		
		Discussion	60		
		Conclusion	65		
		Conflict of interest declaration	66		
		Acknowledgements	66		
3.4 Genomic predictors of remission to antidepressant treatment in geriatric					
depression		ome-wide expression analyses: a pilot study	67		
		Statement of authorship	68		
		Abstract	71		
		Introduction	72		
	344	Aim and rationale	73		

		3.4.5 Methods	75		
		3.4.6 Results	79		
		3.4.7 Discussion	87		
		3.4.8 Conclusion	90		
		3.4.9 Conflict of interest declaration	90		
		3.4.10 Acknowledgements	90		
4.0	The ro	ole of neuroimaging in understanding the pathophysiology of			
	ression	ite of neuronnaging in understanding the pathophysiology of	91		
ucpi	4.1	Structural neuroimaging in the pathophysiology of late-life	-	n.	
	4.1	Structural neuronnaging in the pathophysiology of late-ine	92	Ш	
	4.2	Functional neuroimaging in the pathophysiology of late-life	depressi 93	on	
	4.3	Tract neuroimaging in the pathophysiology of late-life depre			
			94		
	4.4	Molecular neuroimaging in the pathophysiology of late-life	depression 95	on	
	4.5	Altered resting-state functional connectivity in late-life depr	ression: a	ì	
	cros	ss-sectional study	97		
		4.5.1 Statement of authorship	98		
		4.5.2 Abstract	103		
		4.5.3 Aim and rationale	104		
		4.5.4 Methods	104		
		4.5.5 Results	107		
		4.5.6 Discussion	117		
		4.5.7 Conclusion	121		
		4.5.8 Conflict of interest declaration	122		
		4.5.9 Acknowledgements	122		
	4.6	Neural correlates of apathy in late-life depression: a pilot [18]		JР	
PET	study	recursive contentions of upumy in the depressions a prior [123	12	
1 1 1	study	4.6.1 Statement of authorship	124		
		4.6.2 Abstract	128		
		4.6.3 Introduction	129		
		4.6.4 Aim and rationale	131		
		4.6.5 Methods	131		
		4.6.6 Results	132		
		4.6.7 Discussion	130		
		4.6.8 Conclusion	143		
		4.6.8 Conflict of interest declaration	144		
5 0	т	4.6.10 Acknowledgements	144		
		ations in multimodal approaches for exploring the pathophysi			
late-		pression	145		
	5.1	Role of machine learning in multimodal research analyses in	n psychia 145	ıtry	
		5.1.1 Example studies using machine learning m		and	
	mul		147	and	
6.0	11				
	6.0 Summary and conclusions 150 7.0 References 153				
8.0			155 169		
0.0	8.0 Other academic outputs during PhD period 169				

List of tables

- Table 1: Quality assessment of studies included in the meta-analysis
- Table 2: Sociodemographic characteristics of MCP-1 concentrations in depression
- Table 3: Clinical characteristics of MCP-1 concentrations in depression
- Table 4: Sociodemographic characteristics of IL-8 concentrations in depression
- Table 5: Clinical characteristics of IL-8 concentrations in depression
- Table 6: Comparison of clinical and socio demographic factors at baseline
- Table 7: Gene ontology outputs from DAVID analysis for biologically significant functions of relevant early remitters
- Table 8: Microarray genomic regulation differences between non-remitter and early remitter groups at baseline
- Table 9: Demographic and clinic characteristics for depression and healthy control subjects
- Table 10: Clinical and demographic characteristics at baseline

List of figures

- Figure 1: Study selection and inclusion process for meta-analyses
- Figure 2: Forest plot showing individual and combined effect size estimates and 95% confidence intervals for all trials in the analysis for monocyte chemoattractant protein-
- Figure 3: Forest plot showing individual and combined effect size estimates and 95% confidence intervals for all trials in the analysis for interleukin-8
- Figure 4: Change in gene expression in early remitters versus non-remitters
- Figure 5: Default Mode Network engagement in a cross-sectional study of late-life depression as compared to control
- Figure 6: Visual network engagement in a cross-sectional study of late-life depression as compared to control
- Figure 7: Auditory network engagement in a cross-sectional study of late-life depression as compared to control
- Figure 8: Superior parietal and occipital network engagement in a cross-sectional study of late-life depression as compared to control
- Figure 9: Associations between amyloid and tau binding in the anterior cingulate cortex and apathy

List of Abbreviations

2-(1-{6-[(2-Connor-Davidson Enzyme-linked [¹⁸F]fluoroethyl)(meth Resilience Scale (CDimmunosorbent assay yl)-amino]-2-RISC) (ELISA) naphthyl}ethylidene) C-reactive protein **FMRIB Software** malononitrile (CRP) Library (FSL) ([18F]FDDNP) **Cumulative Illness** Fractional anisotropy Alzheimer's disease Rating Scale-Geriatric (FA) (AD) (CIRS-G) Geriatric Depression Amyloid β (A β) Scale (GDS) Cytometric bead array Anterior cingulate (CBA) Global burden of cortex (ACC) Database for disease (GBD) **Apathy Evaluation** Annotation, Glucocorticoid Scale (AES) Visualization and receptor (GR) **Integrated Discovery Beck Depression** (DAVID) **Hamilton Anxiety** Inventory (BDI) Scale (HAS or HAM-Default Mode Network Blood brain barrier A) (DMN) (BBB) **Hamilton Depression** Diagnostic and Body mass index Rating Scale (HDRS or Statistical Manual HAM-D) (BMI) (DSM) cAMP responsive Hypothalamus-Diffusion tensor element binding pituitary-adrenal imaging (DTI) protein (CREB) (HPA) Dopamine (DA) Central nervous system Hypoxia-inducible (CNS) Dorsal anterior factors (HIF) cingulate cortex Cerebrospinal fluid Independent (dACC) (CSF) components analysis Dorsolateral prefrontal (ICA) Chronic traumatic cortex (DLPFC) encephalopathy (CTE) Indoleamine 2,3 Echo-planar imaging dioxygenase (IDO) Citalopram (CIT) (EPI) Induced pluripotent Clinical Global Effect size (ES) stem cells (iPS) Impression (CGI) Electrocardiogram Institutional Review Cognitive control (ECG) Board (IRB) network (CCN)

Interferon (IFN) Mini-Mental State Posterior superior temporal sulcus Examination (MMSE) Interferon γ-induced (pSTS) protein (IP) Mitogen-activated protein kinase Preferred reporting Interleukin (IL) (MAPK) items for systematic reviews and meta-International Monocyte chemotactic analyses (PRISMA) Classification of protein (MCP) Diseases (ICD) Reactive oxygen Montgomery-Asberg species (ROS) Janus kinase (JNK) **Depression Rating** Scale (MADRS) Regions of interest Late-life depression (ROIs) (LLD) Multivariate **Exploratory Linear** Relative distribution Macrophage Decomposition into volume (DVR) inflammatory protein Independent (MIP) Relative risk (RR) Components Macrophages (MELODIC) Resting-state migration inhibitory functional magnetic Neural stem factor (MIF) resonance imaging (rscells (NSCs) fMRI) Major depressive Neurofibrillary tangles disorder (MDD) Selective serotonin (NFTs) reuptake inhibitors Major Noradrenaline (NA) (SSRIs) histocompatibility complex, class II, DR Nuclear factor-κB Selenium binding β 5 (HLA-DRB5) protein 1 (SELENBP1) $(NF-\kappa B)$ Medial prefrontal Nucleus accumbens Serotonin (5-HT) cortex (mPFC) (NAcc) Serotonin Medial temporal lobe noradrenaline reuptake Peripheral blood (MTL) mononuclear cells inhibitors (SNRIs) (PBMC) **Medical Outcomes** Sialic acid binding Study Short Form 36-Pittsburgh Compound immunoglobulin-like Item Health Survey B (PiB) lectin, pseudogene 3 (SF-36)(SIGLECP3) Positron emission Methylphenidate tomography (PET) Signal transducer and (MPH) activator of Posterior cingulate transcription (STAT) Mild cognitive cortex (PCC) impairment (MCI)

SMA- and MADrelated protein 7 (SMAD 7)

Standard deviation (SD)

Statistical parametric mapping (SPM)

Stress-activated protein kinase (SAPK)

TGFβ activated kinase-1 (TAK-1)

T-helper (T_h)

Tumour necrosis factor (TNF)

Tumour, node, metastasis (TNM)

Udvalg for Kliniske Undersogelser (UKU) Uncinated fasciculus (UF)

White matter lesions or hyperintensities (WMH)

World Health Organization (WHO)

Years lived with disability (YLD)

PREFACE

There are many, many people to thank in the completion of this PhD dissertation, which has taken me from tropical Townsville, to Adelaide, Los Angeles and finally Melbourne.

Firstly, I would like to thank Professor Bernhard T Baune for his support and mentorship not only during this PhD period, but also since the initiation of my engagement in research some 7 years ago. Prof Baune has supported me tirelessly through my development as a medical student, researcher, intern and now psychiatry registrar. During this time, I have developed not only as a researcher and clinician but also on a personal level. If it was not for his ongoing support, I may not have made it this far. It is through Prof Baune's work in psychiatric neuroscience that I have found tremendous meaning – the complexities of the brain, the importance of high quality science, and the benefits of a rich convergence or transdisciplinary approach to enquiry. Prof Baune has been supportive in enabling me to pursue my interests in travelling to the United States of America on a Fulbright Scholarship, as well as my settling back in Melbourne, Australia. This kind of unwavering support is very rare as I have asked a lot through this unique research career, and I will be forever grateful.

Following, I would like to thank Prof Helen Lavretsky for her generosity in supporting my Fulbright Scholar period at the UCLA Division of Geriatric Psychiatry with her research group. My goal was to spend 12 months living the USA working with world class experts in a variety of fields. I certainly found this in spades within Prof Lavretsky's group. This period at UCLA and in California has spurred me on in my career to continue exploring novel pathways of 'adding

value' to patient care. Through Prof Lavretsky's group, I have particularly taken stock of innovations in positive psychiatry, as well as evidence generation in novel fields (e.g. integrative psychiatry). This has been fascinating and enriching to observe, and in small part, contribute to.

Also, I would like to thank A/Prof David Merrill for his support through the articulation of the convergence psychiatry concept, which has developed through much iteration. A/Prof David Merrill has been supportive in helping me understand convergence psychiatry as it applies to research, as well as clinical medicine. A/Prof Merrill and I have many years of interesting work ahead of us.

To all collaborators, I am most grateful. From collaborators within the Discipline of Psychiatry at the University of Adelaide to those from Prof Lavretsky's research group and the Brain Mapping Centre at UCLA.

Particular thanks also goes to the Australia-America Fulbright Commission who supported my travel and living in Los Angeles for 12 months. This period of time was life changing and enriching, with tremendous exposure to new scientific fields, the Californian bioentrepreneurial scene, many new friends and collaborators.