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3 **Online-Only Material**

4 **Interaction of Variants in the *FKBP5* Gene and Adverse Life Events in Predicting the**
5 **First Depression Onset: Results from a Ten-Year Prospective**
6 **Community Study**

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35 **Methods**

36 **Sociodemographic characteristics of the EDSP Sample**

37 47.7% of the 996 EDSP respondents were males and 52.3% females aged between 21 and 34 years (md=26) at
38 the time of T3. 7.8% attended secondary general school, 23.6% intermediate secondary school, and 67.2%
39 grammar school. At T3, 0.6% were still at school, 2.7% made an apprenticeship, 34.9% attended university,
40 46.8% were employed, and 4.2% unemployed. 19.6% were living with their parents, 27.1% alone, and 42.7%
41 with their partner/spouse. The majority of the respondents were classified as middle (58.7%) or upper middle
42 class (26.7%) reflecting the population of Munich. When comparing the 996 individuals participating in the
43 molecular-genetic project with the rest of the T3-sample (n=1214), we found no difference in the prevalence of
44 mental disorders, adverse events, or sociodemographic factors but one; respondents with a lower educational
45 level were less likely to participate (OR=0.7; 95%CI=0.47-0.91). To exclude a selection bias of our findings, we
46 tested for an association between educational level and 'incident MDE' in the total sample of T3 (N=2210) and
47 found no association (OR=1.1; 95%CI=0.81-1.40).

48 **Definition of the covariates**

49 The category "anxiety disorder" included the following DSM-IV diagnoses: panic disorder, agoraphobia,
50 specific phobia, phobia NOS, social phobia, generalized anxiety disorder, obsessive compulsive disorder,
51 PTSD). "Substance use disorders (SUD" was composed of DSM-IV alcohol abuse/dependence, nicotine
52 dependence and illicit drug abuse/dependence.

53 **Frequency of traumatic events**

54 The following 7 traumatic events were assessed: 1) "war" (n=2; 0.2%), 2) "physical threat/violence" (n=49;
55 5.5%), 3) "rape" (n=7; 0.8%), 4) "sexual abuse as child" (n=12; 1.4%), 5) "natural disaster" (n=4; 0.5%), 6)
56 "serious accident" (n=56; 6.3%), and 7) "being kidnapped" (n=1; 0.1%). "Any trauma" comprises all traumatic
57 events (n=118; 13.4%). "

58 **Power calculation**

59 Power calculation for the GxE analysis was conducted using Quanto Version 1.2.3 (<http://hydra.usc.edu/gxe/>).
60 Model estimates were derived from the present data set (population disease risk: .20; prevalence of adverse
61 events: .30; minor allele frequency: .3; alpha level of significance: .005, 2-sided). Following a log-additive
62 model and assuming genetic and environmental main effects with a relative risk of 1.5 and 2.0, respectively, we
63 calculated a power of 80% to detect GxE effects with a relative risk of at least 1.55, which is between the limit of
64 a small (1.22) and medium effect (1.86) according to the classification by Cohen¹.

65 **Diagnostic assessment in the replication samples**

66 In the Dunedin study, MDE was evaluated with the Diagnostic Interview Schedule (DIS)^{2,3} when study members
67 were ages 18, 21, 26, and 32 years. At ages 18 and 21 years diagnoses followed the then-current DSM-III-R, and
68 at ages 26 and 32 years diagnoses followed DSM-IV.

69 In the E-Risk study, MDE was evaluated with the Diagnostic Interview Schedule (DIS)³ following DSM-IV
70 criteria when study members were ages 33, 35, 38, and 40 years.

71 **Results**

72 **Associations between MDE and adverse events**

73 Compared to respondents without baseline adversity, respondents with exposure to any adverse event prior to
74 baseline were more likely to report the first onset of MDE during follow-up (21.1% vs. 16.4%; OR=1.5;
75 95%CI=1.01-2.09; p=0.039). Associations with separation events (21.5% vs. 16.8%; OR=1.4; 95%CI=0.97-
76 2.09; p=0.071) and trauma (22.9% vs. 17.2%; OR=1.6; 95%CI=0.96-2.52; p=0.067) were not significant, but
77 severe trauma was associated with MDE onset (26.7% vs. 17.0%; OR=1.9; 95%CI=1.16-3.22; p=0.011)
78 withstanding correction for multiple testing (for two independent event categories; p_{corrected}=0.022).

79 **Associations between genotype and adverse events**

80 Presence of potential gene-environment correlations (rGE) were tested by evaluating the association between
81 *FKBP5* polymorphisms and the exposure to adverse events (**eTable 1**). Associations at the nominal level of
82 significance were almost exclusively found for rs4713916 with carriers of the major allele (AG/GG) being less
83 frequently exposed to adverse events compared to non-carriers (AA). No effect withstood correction for multiple
84 testing.

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References

1. Cohen J. *Statistical Power Analysis for the Behavioral Sciences*. 2nd ed. Hillsdale, NJ, USA: Lawrence Erlbaum Assoc Inc; 1988.
2. Robins LN, Helzer JE, Cottler L, Goldring E. *Diagnostic Interview Schedule, Version III-R*. St Louis, MO: Washington University School of Medicine; 1989.
3. Robins LN, Cottler L, Bucholz KK, Compton W. *Diagnostic Interview Schedule for DSM-IV*. St Louis, MO: Washington University School of Medicine; 1995.

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eTable 1. Associations between baseline adverse events and SNPs of the *FKBP5* gene

	Proportion of Respondents with Respective Adverse Event ^c among ...			<i>ab vs aa</i> OR (95%CI) ^a	<i>bb vs aa</i> OR (95%CI) ^a	<i>ab vs bb</i> OR (95%CI) ^a
	Subjects Homozygous for the Minor Allele	Heterozygous Subjects	Subjects Homozygous for the Major Allele			
	'aa' n (%) ^a	'ab' n (%) ^a	'bb' n (%) ^a			
Lifetime adverse event until baseline						
<u>rs3800373 (CC/CA/AA)</u>^b						
<i>Any adverse event</i>	29 (40.3)	102 (33.4)	166 (32.9)	0.8 (0.46-1.36)	0.8 (0.45-1.28)	1.0 (0.76-1.41)
<i>Any separation event</i>	19 (26.4)	73 (23.9)	130 (25.8)	0.9 (0.51-1.68)	1.0 (0.57-1.78)	0.9 (0.65-1.29)
<i>Any trauma</i>	14 (19.4)	43 (14.1)	61 (12.1)	0.7 (0.37-1.46)	0.6 (0.31-1.17)	1.2 (0.79-1.87)
<i>Any severe trauma</i>	11 (15.3)	32 (10.5)	47 (9.3)	0.7 (0.33-1.49)	0.6 (0.29-1.23)	1.2 (0.72-1.90)
<u>rs9296158 (AA/AG/GG)</u>^b						
<i>Any adverse event</i>	38 (42.7)	102 (31.5)	158 (33.6)	0.7 (0.40-1.07)	0.7 (0.44-1.13)	0.9 (0.68-1.26)
<i>Any separation event</i>	26 (29.2)	74 (22.8)	123 (26.1)	0.8 (0.44-1.29)	0.9 (0.53-1.47)	0.9 (0.61-1.20)
<i>Any trauma</i>	18 (20.2)	41 (12.7)	59 (12.5)	0.6 (0.33-1.16)	0.6 (0.33-1.09)	1.0 (0.67-1.60)
<i>Any severe trauma</i>	15 (16.9)	29 (9.0)	46 (9.8)	0.5 (0.26-1.04)	0.6 (0.29-1.07)	0.9 (0.57-1.53)
<u>rs1360780 (TT/CT/CC)</u>^b						
<i>Any adverse event</i>	39 (43.3)	105 (32.1)	154 (33.0)	0.7 (0.40-1.06)	0.7 (0.41-1.07)	1.0 (0.72-1.33)
<i>Any separation event</i>	27 (30.0)	75 (22.9)	121 (25.9)	0.7 (0.43-1.24)	0.8 (0.51-1.39)	0.9 (0.62-1.22)
<i>Any trauma</i>	18 (20.0)	43 (13.2)	57 (12.2)	0.7 (0.35-1.22)	0.6 (0.32-1.06)	1.1 (0.72-1.72)
<i>Any severe trauma</i>	15 (16.7)	30 (9.2)	45 (9.6)	0.5 (0.27-1.07)	0.6 (0.29-1.06)	1.0 (0.59-1.60)
<u>rs9470080 (TT/CT/CC)</u>^b						
<i>Any adverse event</i>	41 (39.8)	112 (31.4)	145 (34.2)	0.7 (0.45-1.14)	0.8 (0.51-1.27)	0.9 (0.65-1.21)
<i>Any separation event</i>	29 (28.2)	81 (22.7)	113 (26.7)	0.8 (0.47-1.28)	0.9 (0.58-1.54)	0.8 (0.58-1.14)
<i>Any trauma</i>	20 (19.4)	45 (12.6)	53 (12.5)	0.6 (0.35-1.14)	0.6 (0.34-1.10)	1.0 (0.66-1.58)
<i>Any severe trauma</i>	17 (16.5)	32 (9.0)	41 (9.7)	0.5 (0.27-0.99) [*]	0.6 (0.30-1.04)	0.9 (0.57-1.53)
<u>rs4713916 (AA/AG/GG)</u>^b						
<i>Any adverse event</i>	39 (44.8)	109 (31.9)	150 (33.0)	0.6 (0.36-0.96) [*]	0.6 (0.38-0.99) [*]	1.0 (0.70-1.29)
<i>Any separation event</i>	29 (33.3)	79 (23.1)	115 (25.3)	0.6 (0.36-1.02) [*]	0.7 (0.41-1.13)	0.9 (0.64-1.24)
<i>Any trauma</i>	19 (21.8)	43 (12.6)	56 (12.3)	0.5 (0.28-0.97) [*]	0.5 (0.28-0.93) [*]	1.0 (0.67-1.58)
<i>Any severe trauma</i>	16 (18.4)	31 (9.1)	43 (9.5)	0.5 (0.23-0.88) [*]	0.5 (0.24-0.89) [*]	1.0 (0.59-1.57)

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a "n (%)" = number and percentage of respondents; "OR" = odds ratio of a multiple logistic regression; "CI" = confidence interval;

b minor alleles: rs3800373: C; rs9296158: A; rs1360780: T; rs9470080: T; rs4713916: A;

c reference group: without the respective adverse event until baseline;

* p < 0.05 for an OR controlled for age and gender;