

# Characterizing Acyl-carnitine Biosignatures for Schizophrenia: A Longitudinal Pre- and Post-**Treatment Study**

<u>Bing Cao<sup>1</sup></u>; Dongfang Wang<sup>1</sup>; Zihang Pan<sup>2</sup>; Elisa Brietzke<sup>2</sup>; Roger S. McIntyre<sup>2, 3</sup>; Jingyu Wang<sup>1</sup> <sup>1</sup>Peking University, Beijing, China; <sup>2</sup>University Health Network, TORONTO, ON; <sup>3</sup>Brain and Cognition Discovery Foundation, TORONTO, ON

## Introduction

- Subjects with schizophrenia have high risks of metabolic abnormalities and bioenergetic dysfunction.
- > Acyl-carnitines involved in bioenergetic pathways provide potential biomarker targets for identifying early changes and onset characteristics in subjects with schizophrenia.

#### **Results 3- Carnitines Concentrations**

Carnitines	Pretreatment (n = 156)	Posttreatment (n = 156)	q <sup>a</sup>	FC <sup>b</sup>	VIP <sup>c</sup>	ROC	95% CI		
Concentration (µmol/L), median (IQR)									
<b>C0</b>	45.74 (34.22-60.09)	38.51 (28.57-56.16)	0.03	0.84	0.97	0.574	0.511, 0.638		
<b>C2</b>	10.29 (6.92-15.18)	7.62 (5.98-9.78)	$3.44 \times 10^{-08}$	0.74	0.9	0.677	0.618, 0.736		
C3	0.42 (0.31-0.58)	0.55 (0.40-0.77)	$1.74 \times 10^{-09}$	1.31	1.65	0.669	0.610, 0.729		
C4	0.17 (0.13-0.23)	0.25 (0.18-0.40)	$4.54 \times 10^{-11}$	1.47	1.82	0.708	0.651, 0.766		
$C4-OH(C3-DC)(10^{-2})$	3.62 (1.95-7.81)	1.83 (1.34-2.79)	$2.53 \times 10^{-13}$	0.51	1.54	0.734	0.678, 0.790		
$C5(10^{-2})$	8.30 (6.16-11.65)	9.94 (7.33-12.99)	$1.93 \times 10^{-03}$	1.2	1.67	0.591	0.528, 0.654		
$C6(10^{-2})$	7.11 (4.02-10.68)	5.49 (3.57-8.00)	$7.05 \times 10^{-04}$	0.77	0.9	0.621	0.559, 0.683		
$C6:1(10^{-2})$	0.67 (0.48-1.02)	0.58 (0.43-0.85)	0.002	0.87	0.61	0.581	0.518, 0.644		
$C8(10^{-2})$	13.78 (7.13-24.22)	9.11 (6.19-16.04)	0.004	0.66	0.77	0.605	0.542, 0.668		
$C10(10^{-2})$	17.9 (7.83-28.41)	9.61 (6.58-18.74)	$7.05 \times 10^{-04}$	0.54	0.72	0.622	0.560, 0.684		
$C10:1(10^{-2})$	19.78 (10.51-31.22)	13.07 (8.35-21.66)	$2.43 \times 10^{-04}$	0.66	0.75	0.632	0.570, 0.693		
$C10:2(10^{-2})$	1.97 (1.24-2.9)	1.71 (1.06-2.66)	0.04	0.87	0.92	0.562	0.499, 0.626		
$C12(10^{-2})$	4.70 (2.31-7.5)	3.35 (2.05-5.62)	0.01	0.71	0.96	0.596	0.532, 0.659		
$C12:1(10^{-2})$	8.38 (3.97-11.83)	4.67 (2.75-8.13)	$1.63 \times 10^{-04}$	0.56	0.78	0.64	0.578, 0.701		
$C14(10^{-2})$	1.36 (0.93-2.01)	1.17 (0.88-1.61)	0.008	0.86	1.14	0.588	0.525, 0.651		
$C14:1(10^{-2})$	6.85 (3.63-10.23)	4.01 (2.3-7.23)	$1.59 \times 10^{-05}$	0.59	0.76	0.655	0.594, 0.715		
$C14:1-OH(10^{-2})$	0.59 (0.28-0.83)	0.36 (0.2-0.57)	$4.30 \times 10^{-05}$	0.61	0.74	0.646	0.585, 0.708		
$C14:2(10^{-2})$	7.62 (3.68-11.4)	4.50 (2.48-8.41)	$1.06 \times 10^{-04}$	0.59	0.77	0.641	0.580, 0.703		
$C14:2-OH(10^{-2})$	0.28 (0.14-0.45)	0.19 (0.09-0.34)	$7.05 \times 10^{-04}$	0.68	0.77	0.618	0.556, 0.681		
$C16(10^{-2})$	9.32 (7.32-11.47)	7.64 (6.2-9.52)	$8.04 \times 10^{-07}$	0.82	0.83	0.655	0.595, 0.716		
$C16:1(10^{-2})$	2.92 (1.97-3.98)	1.99 (1.34-2.77)	$1.14 \times 10^{-08}$	0.68	0.78	0.696	0.637, 0.754		
C16:1-OH (10 <sup>-2</sup> )	0.19 (0.11-0.3)	0.13 (0.07-0.21)	$9.36 \times 10^{-05}$	0.68	0.77	0.64	0.579, 0.701		
$C16:2(10^{-2})$	1.37 (0.83-1.9)	0.81 (0.48-1.4)	$4.34 \times 10^{-07}$	0.59	0.82	0.677	0.618, 0.736		
C16:2-OH (10 <sup>-2</sup> )	0.48 (0.3-0.65)	0.34 (0.22-0.53)	$2.20 \times 10^{-04}$	0.71	0.77	0.632	0.571, 0.694		
$C16-OH(10^{-2})$	0.15 (0.09-0.23)	0.13 (0.08-0.18)	0.02	0.87	1.21	0.583	0.520, 0.646		
$C18(10^{-2})$	1.96 (1.62-2.6)	1.69 (1.28-2.11)	$9.99 \times 10^{-08}$	0.86	0.64	0.641	0.580, 0.701		
C18:1 (10 <sup>-2</sup> )	12.23 (9.84-15.07)	8.20 (5.62-11.20)	$2.53 \times 10^{-13}$	0.67	1.08	0.734	0.678, 0.790		
C18:1-OH (10 <sup>-2</sup> )	0.21 (0.12-0.30)	0.12 (0.06-0.19)	$1.37 \times 10^{-06}$	0.57	0.74	0.688	0.629, 0.746		
$C18:2(10^{-2})$	13.31 (11.01-16.46)	9.91 (7.95-14.44)	$2.19 \times 10^{-07}$	0.74	0.69	0.665	0.603, 0.727		

### Objective

- > Compare levels of 29 carnitines between baseline (pretreatment) and after 8 weeks of treatment (posttreatment).
- > Find potential abnormalities of metabolic pathways involving acyl-carnitines to further explore the connection between schizophrenia and metabolism.

#### Participants

- 156 subjects with Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition criteria (DSM-IV)-defined schizophrenia
- All subjects were either first psychotic episode and drug-naïve or had recurrent schizophrenia and had not taken any antipsychotic drugs for a minimum of 4 weeks before hospitalization.
- Inclusion criteria: (1) age from 18 to 60 years old; (2) absence of diabetes mellitus, hyperlipidemia, cardiovascular disease, or any other severe or unstable medical illness; (3) absence of comorbidity with other psychiatric disorders, including alcohol and substance use disorders.

Materials							
Sample Preparation	Lab Analysis	Statistical Analysis					
• Carnitines were extracted from a 45µL plasma sample	<ul> <li>Waters BEH Amide column</li> <li>(2.1 × 100 mm, 1.7 μm)</li> </ul>	• $\chi^2$ test, paired Student's t- test or Wilcovon signed-rank					

<sup>a</sup> q values were FDR corrections for p values which were calculated from two-tailed paired t-test of log10-transformed data. <sup>b</sup> Fold changes were calculated as the ratios of median metabolite levels (posttreatment patients/pretreatment patients). <sup>c</sup> Variable importance in the projection (VIP) values were obtained from cross-validated PLS-DA models with a threshold of 1.0.

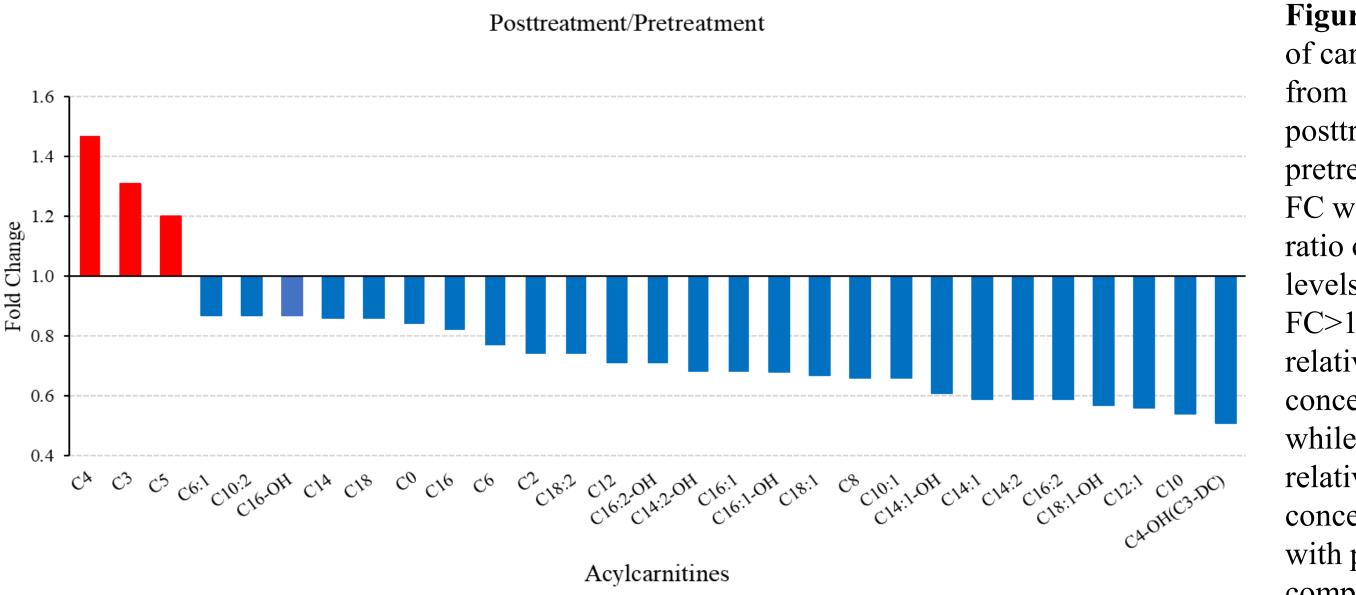
## **Results 4- FC and AUROC**

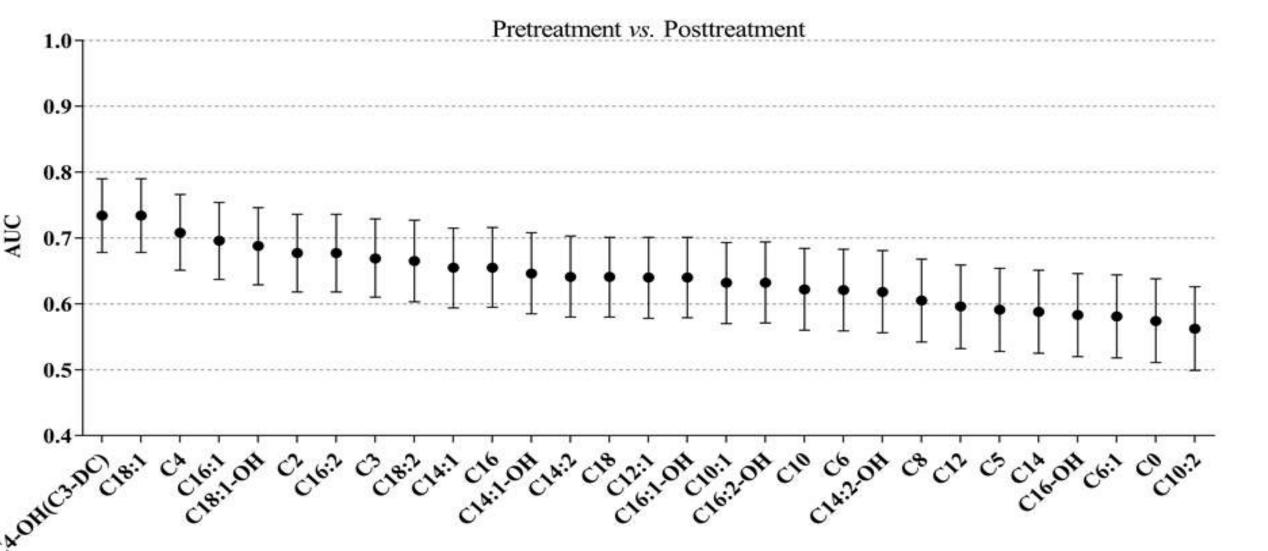
through addition of 135µL of methanol solution (1:3, v/v) mixed with 5.4µL isotopically labeled internal standards (v/v=24/1).

- particles) • Thermo Scientific<sup>TM</sup> Dionex<sup>TM</sup> UltiMate<sup>TM</sup> 3000 Rapid Separation liquid chromatography (RSLC) system
- Thermo Scientific<sup>TM</sup> Q Exactive<sup>TM</sup> hybrid quadrupole Orbitrap mass spectrometer
- test or Wilcoxon signed-rank t-test
- Partial least squaresdiscriminant analysis (PLS-DA)
- Area under the receiveroperating characteristic curve (AUROC)

### **Results 1- Basic Characteristics**

Variables	Pretreatment(n = 156)	Posttreatment (n = 156)	P value *
PANSS scores; mean (SD)			
PANSS total	88.82 (18.23)	50.67 (12.7)	< 0.001
PANSS positive	21.78 (8.09)	9.96(4.00)	< 0.001
PANSS negative	21.15 (7.99)	13.65 (5.25)	< 0.001
General psychopathology	42.84 (12.49)	25.67 (7.94)	< 0.001
BMI (kg/m <sup>2</sup> ); mean (SD)	23.89 (3.96)	24.70 (3.70)	< 0.001
Waist (cm); mean (SD)	88.71 (12.19)	90.63 (11.20)	< 0.001
FBG (mmol/L); mean (SD)	5.62 (1.80)	5.21 (1.00)	0.005
TG (mmol/L); mean (SD)	1.24 (0.82)	1.96 (1.15)	< 0.001
TC(mmol/L); mean (SD)	4.61 (1.08)	4.63 (0.92)	0.821
HDL (mmol/L); mean (SD)	1.42 (0.30)	1.35 (0.32)	0.012
LDL (mmol/L); mean (SD)	2.25 (0.45)	2.29 (0.46)	0.295
VLDL (mmol/L); mean (SD)	0.57 (0.38)	0.91 (0.52)	< 0.001





**Figure 2.** Fold change(FC) of carnitineas between from subjects with posttreatment and pretreatment patients. The FC was calculated as the ratio of the median carnitine levels between two groups. FC>1.0 indicated a relatively higher concentration of carnitines while FC<1.0 indicated a relatively lower concentration in subjects with posttreatment as compared to pretreatment.

Figure 3. The AUROCs and 95% CIs of carnitines for the comparison between posttreatment with pretreatment patients.

Acylcarnitines

\*p values were calculated by two-tailed paired-samples. BMI, body mass index; FBG, fasting blood glucose; TG, triglyceride; TC, total cholesterol; HDL, high density lipoprotein; LDL, low density lipoprotein; VLDL, very low density lipoprotein; SD, standard deviation.

## **Results 2 – PLS-DA**

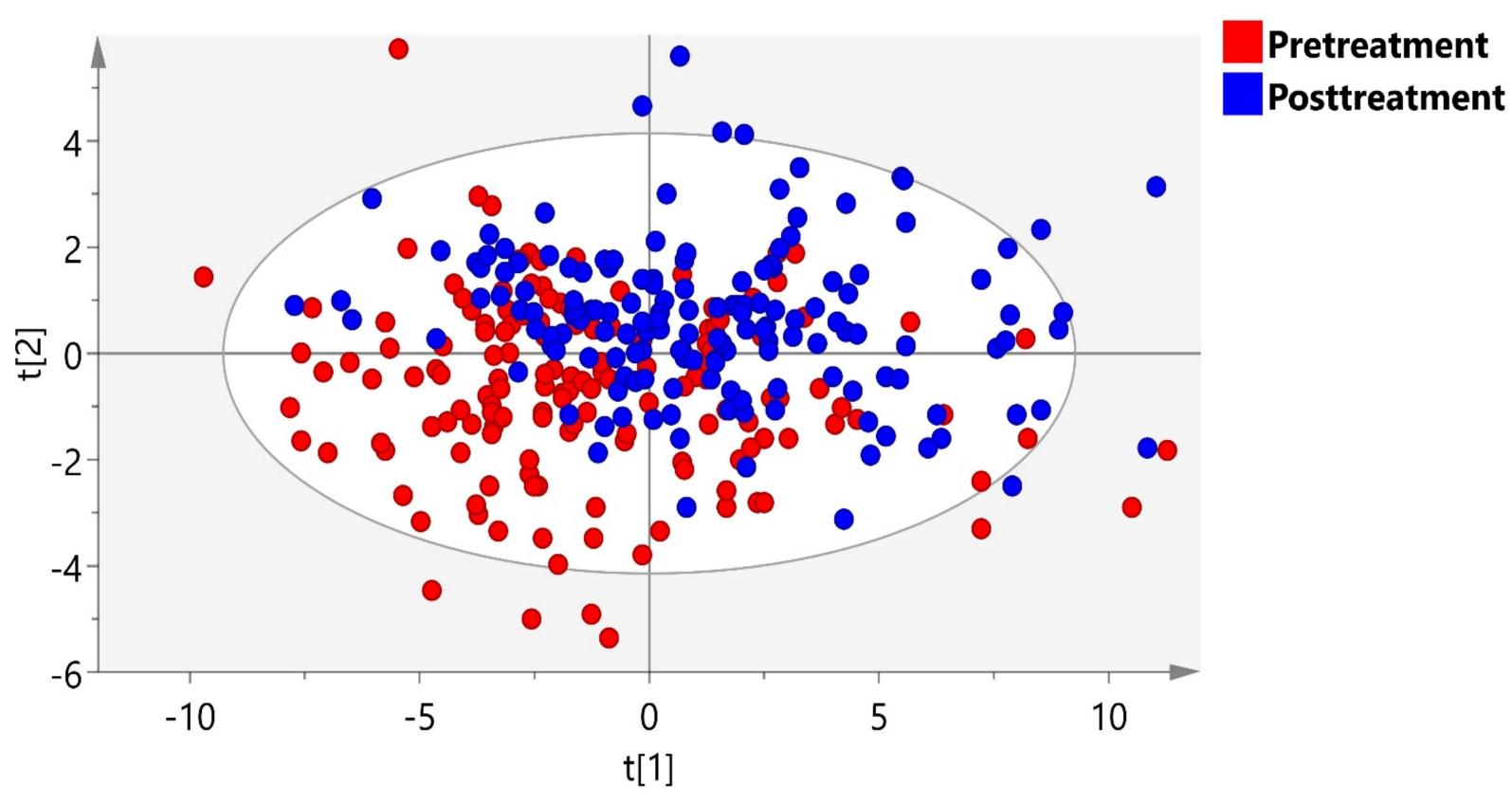


Figure 1. Score plot of the PLS-DA model for the differentiation of pretreatment and posttreatment subjects.  $R^2X$  (cum) = 0.744,  $R^2Y$  (cum) = 0.333,  $Q^2$  (cum) = 0.277

#### Conclusion

- **Pretreatment > Posttreatment**: C4-OH (C3-DC), C6:1, C16 and C16:1
- **Pretreatment < Posttreatment**: C3, C4, C5, C8, C10:1, C10: 2 and C18
- Acyl-carnitines with abnormalities in cellular bioenergetics of schizophrenia.
- Acyl-carnitines can be potential targets for future investigations into their roles in the pathoetiology of schizophrenia.
- Acyl-carnitines present novel treatment and screening opportunities for patients with schizophrenia.

## **Works Cited**

- Suvitaival T, Mantere O, Kieseppa T, Mattila I, Poho P, Hyotylainen T, et al. Serum metabolite profile associates with the development of metabolic co-morbidities in first-episode psychosis. *Transl Psychiatry* 2016; 6(11): e951.
- Wong S, Hannah-Shmouni F, Sinclair G, Sirrs S, Dahl M, Mattman A. Acylcarnitine profile in thyroid disease. Clin Biochem 2013; 46(1-2): 180-183.
- Sun L, Liang L, Gao X, Zhang H, Yao P, Hu Y, et al. Early Prediction of Developing Type 2 Diabetes by Plasma Acylcarnitines: A Population-Based Study. *Diabetes Care* 2016; **39**(9): 1563-1570.
- Kriisa K, Leppik L, Balotsev R, Ottas A, Soomets U, Koido K, et al. Profiling of Acylcarnitines in First Episode Psychosis before and after Antipsychotic Treatment. J Proteome Res 2017; 16(10): 3558-3566.
- Bruno A, Pandolfo G, Crucitti M, Lorusso S, Zoccali RA, Muscatello MR. Acetyl-L-Carnitine Augmentation of Clozapine in Partial-Responder Schizophrenia: A 12-Week, Open-Label Uncontrolled Preliminary Study. Clin Neuropharmacol 2016; 39(6): 277-280.