

# Genomic imprinting in the development and evolution of psychotic spectrum conditions

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## ABSTRACT

I review and evaluate genetic and genomic evidence salient to the hypothesis that the development and evolution of psychotic spectrum conditions have been mediated in part by alterations of imprinted genes expressed in the brain. Evidence from the genetics and genomics of schizophrenia, bipolar disorder, major depression, Prader-Willi syndrome, Klinefelter syndrome, and other neurogenetic conditions support the hypothesis that the etiologies of psychotic spectrum conditions commonly involve genetic and epigenetic imbalances in the effects of imprinted genes, with a bias towards increased relative effects from imprinted genes with maternal expression or other genes favouring maternal interests. By contrast, autistic spectrum conditions, including Kanner autism, Asperger syndrome, Rett syndrome, Turner syndrome, Angelman syndrome, and Beckwith-Wiedemann syndrome, commonly engender increased relative effects from paternally expressed imprinted genes, or reduced effects from genes favouring maternal interests. Imprinted-gene effects on the etiologies of autistic and psychotic spectrum conditions parallel the diametric effects of imprinted genes in placental and foetal development, in that psychotic spectrum conditions tend to be associated with undergrowth and relatively-slow brain development, whereas some autistic spectrum conditions involve brain and body overgrowth, especially in foetal development and early childhood. An important role for imprinted genes in the etiologies of psychotic and autistic spectrum conditions is consistent with neurodevelopmental models of these disorders, and with predictions from the conflict theory of genomic imprinting.

*Key words:* schizophrenia, psychosis, autism, genomic imprinting, evolution, genomic conflict.

## CONTENTS

I. Introduction .....	442
II. The natural history and genetics of psychosis .....	442
III. The imprinted brain theory of psychosis and autism .....	444
IV. The nature of imprinted genes .....	446
V. Oligogenic, chromosomal and x-linked effects on risk of psychosis and autism .....	448
(1) Prader-Willi and Angelman syndromes .....	448
(2) X chromosome aneuploidies and <i>MeCP2</i> alterations .....	452
(a) Turner syndrome and XXX trisomy .....	452
(b) Klinefelter syndrome .....	452
(c) Rett syndrome and PPM-X syndrome .....	453
VI. Polygenic effects: genome scan and genetic association data .....	454
(1) Regions with imprinted genes and parent-of-origin effects in their linkages to psychosis .....	454
(a) 2p12 and the <i>LRR1M1</i> gene .....	456
(b) 6q16-q26 and the <i>GRIK2</i> gene .....	456
(c) 14q32 and the <i>DLK1</i> gene .....	456
(d) 18p11.2 and the <i>GNAL</i> gene .....	457

(2) Regions with imprinting effects and linkages to psychosis .....	457
(a) 1q42 and the <i>DISC1</i> gene .....	457
(b) 1p36 and the <i>TP73</i> gene .....	458
(c) 6p21.3 and the <i>HLA-DRB1</i> gene .....	458
(d) 6p22.3 and the <i>DTNBP1</i> gene .....	459
(e) 7q21-q22 and the <i>SGCE</i> , <i>MAGI2</i> , and <i>RELN</i> genes .....	459
(f) 7q31 and the <i>FOXP2</i> gene .....	460
(g) 7q35 and the <i>CNTNAP2</i> gene .....	460
(h) Parent-of-origin effects at 8q24 .....	461
(i) Parent-of-origin effects at 10p12-p14 .....	461
(j) 10q26 and the <i>INPP5F</i> gene .....	461
(k) 11p13 and the <i>BDNF</i> and <i>PAX6</i> genes .....	461
(i) 11p15.5 and the <i>CDKN1C</i> gene .....	462
(m) 16p13.3 and the <i>GRIN2A</i> gene .....	462
(n) 19q13.3-q13.4: imprinted and 'imprinter' genes .....	462
(o) 20q13 and the <i>GNAS</i> locus .....	463
(3) Parent-of-origin effects in linkages to psychosis .....	464
VIII. Discussion .....	464
IX. Conclusions .....	465
X. Acknowledgements .....	466
XI. References .....	466

## I. INTRODUCTION

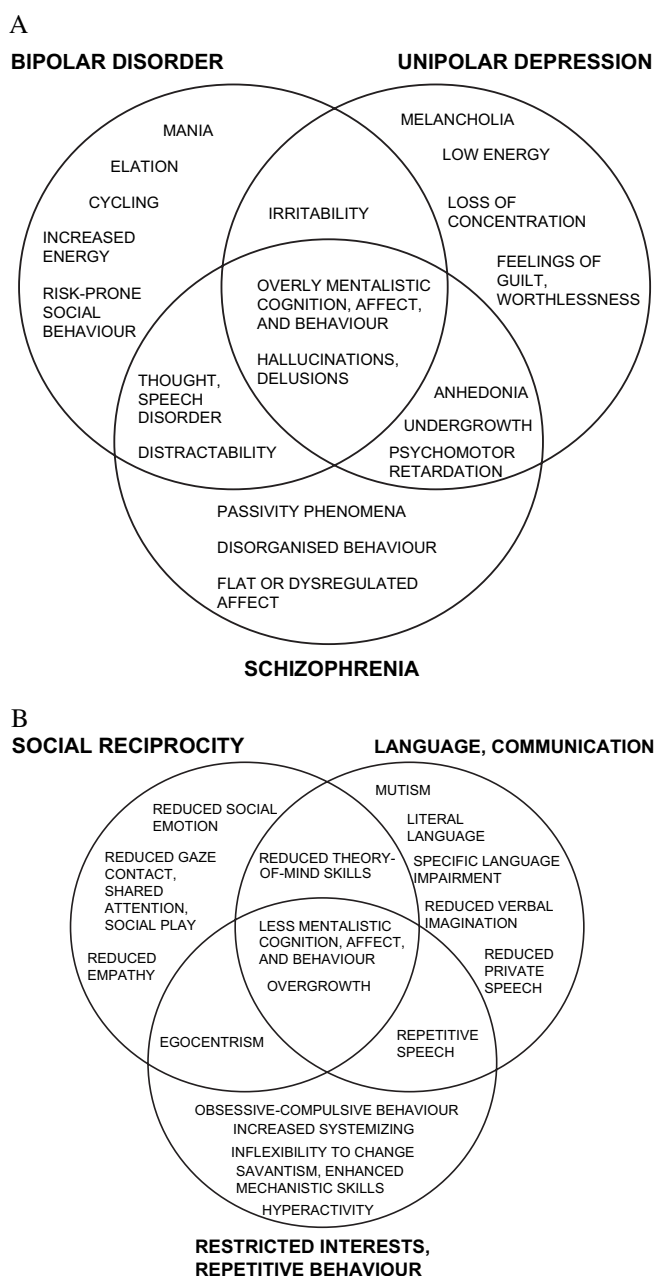
Analyses of the genetic basis of major disorders of human social cognition, including schizophrenia, bipolar disorder, major depression, and autism, have been characterised by difficulties in replication and small effect sizes (Abdolmaleky, Thiagalingam & Wilcox, 2005; Bacchelli & Maestrini, 2006; Karayiorgou & Gogos, 2006; Norton, Williams & Owen, 2006). A number of genes have recently been reliably associated with these disorders (e.g. Santangelo & Tsatsanis, 2005; Norton *et al.*, 2006), but there is a growing realization that substantial progress is best facilitated by studies that integrate genetic data with aspects of neurophysiology, neuroanatomy, cognition, and behaviour (Goldberg & Weinberger, 2004). The only major discipline largely missing from integrative, genetically-based studies of mental disorders is evolution (but see Crow, 1995*a,b*, 1997, 2004; Horrobin, 1998*a,b*, 2001). The general absence of evolutionary biology from molecular psychiatry may be due to the history of the field as empirically driven (Keller & Miller, 2006) and a lack of consensus concerning how psychiatric conditions can be understood in terms of dysfunction in adaptive mechanisms, such as components of the 'social brain' in schizophrenia (Burns, 2004, 2006) or cognitive sexual differentiation in autism (Baron-Cohen, Knickmeyer & Belmonte, 2005). The usefulness of evolutionary biology in this field may be gauged by the insight it can provide into the genetic and physiological bases of mental disorders, by directing research along productive pathways.

Herein I review the genetic, epigenetic and genomic evidence salient to a role for genomic imprinting in the development of psychotic spectrum conditions (Marneros & Akiskal, 2006; Badcock & Crespi, 2006; Crespi & Badcock, 2008). I first provide an overview of the phenotypic features and genetic basis of psychotic spectrum conditions. Next, I

describe a recently developed model, based on alterations in imprinted genes as important contributing causes to the development of autism and psychosis (Badcock & Crespi, 2006; Crespi & Badcock, 2008). By this hypothesis, psychosis and autism can be broadly characterised as spectra of conditions mediated in part by imbalances towards increased relative expression or activity of maternally expressed and paternally expressed imprinted genes, respectively (Crespi & Badcock, 2008). Third, I describe the features of imprinted genes pertinent to evaluating the hypothesis in the context of Haig's (2000*a*, 2004*a*) conflict theory for the evolution and functions of imprinted genes. The next section is devoted to reviewing evidence regarding the roles of genomic imprinting in polygenic, oligogenic, chromosomal, and single-gene effects in the development and forms of psychosis. A similar analysis for the etiology of autism was published by Badcock & Crespi (2006), and Schanen (2006) provides additional evidence of a role for imprinting effects in the etiology of autism.

## II. THE NATURAL HISTORY AND GENETICS OF PSYCHOSIS

Psychosis is literally a disordering of the psyche (Crow, 1995*a*; Tamminga & Holcomb, 2005). In schizophrenia, such disordering commonly involves delusions and auditory hallucinations, loss of coherence and logic in thought and discourse, and emotionality ('affect') inappropriate to social context (Fig. 1A). Delusions usually engender some combination of paranoia, over-interpretation of external events with reference to impact on the self, obsessions, or grandiosity (e.g. Baethge *et al.*, 2005; Niehaus *et al.*, 2005). Auditory hallucinations, a primary symptom found in over



**Fig. 1.** (A) Depiction of the psychotic spectrum in terms of its three main conditions, schizophrenia, bipolar disorder, and major depression, that grade into one another, and into normality, and exhibit partial overlap in their phenotypic expression and genetic underpinnings. (B) Visualization of the autistic spectrum in terms of three suites of traits, the DSM-IV criteria for autism, that partially overlap in their phenotypic expression and genetic underpinnings.

60% of people diagnosed with schizophrenia, are also common in bipolar disorder, which involves cycling between manic and depressive states (Baethge *et al.*, 2005). Bipolar disorder and major depression also involve other psychotic symptoms, as well as symptoms related to dysregulated emotionality (Boks *et al.*, 2007b).

Schizophrenia, bipolar disorder and major depression are not discrete disorders (Crow, 1995a; 1998; Horrobin, 1998a; Hamshere *et al.*, 2005; Kempf, Hussain & Potash, 2005; Peralta & Cuesta, 2005; Schürhoff *et al.*, 2005)(Fig. 1A). Their symptoms grade into one another, with some intermediate conditions involving combinations of psychotic, affective and manic features, and they share underlying genetic risk factors to an increasingly recognised degree (Salem & Kring, 1998; van Os *et al.*, 1999; Craddock & Forty, 2006; Blackwood *et al.*, 2007). Specific symptoms of schizophrenia, such as auditory hallucinations and delusions, are also common in non-clinical settings (Bentall, 2003). Indeed, a continuous scale of 'schizotypy', schizophrenia-like cognition, runs from schizophrenia itself into so-called normality (Freedman *et al.*, 2002; Rossi & Daneluzzo, 2002; Mata *et al.*, 2003; Mason *et al.*, 2004), and some schizotypal traits such as belief in supernatural beings (and other aspects of 'magical ideation') are taken for granted in modern society.

Like autistic spectrum conditions (Fig. 1B, Table 1), psychotic spectrum conditions are highly heterogeneous phenotypically (e.g. Niehaus *et al.*, 2005). For example, multivariate analyses of schizophrenia symptoms indicate a useful subdivision of the condition into three main categories: 'positive' symptoms (e.g. hallucination, delusion, and paranoia), 'negative' symptoms (e.g. loss or alteration of emotional affect, loss of will, and loss of pleasure-seeking), and cognitive or 'disorganised' symptoms (e.g. incoherent speech, perseveration) (Tamminga & Holcomb, 2005; Boks *et al.*, 2007b). Schizophrenia and bipolar disorder exhibit a lifetime prevalence of 1-3% (Crow, 1993; Horrobin, 1998a; Tamminga & Holcomb, 2005), across virtually all cultures and racial groups, and they are considered unique to humans, in contrast to most other major psychiatric conditions which appear to exhibit non-human equivalents (Jablensky *et al.*, 1992; Crow, 1995a, 1997; Horrobin, 1998a).

Herein, I refer to schizophrenia, bipolar disorder, major depression and several other conditions simply as the psychotic spectrum (Table 1), in keeping with the term 'autistic spectrum' used for Kanner (infantile) autism, Asperger syndrome, Rett syndrome, and some other conditions (Table 1). I thus refer to 'psychosis' throughout this paper in a general sense as disordered cognition, emotionality, or both, commonly involving some component of positive symptoms such as paranoia, delusions, auditory hallucinations, and disordered thought or mood, as found primarily in schizophrenia, schizoaffective disorder, bipolar disorder, and major depression. The 'psychotic-affective spectrum' would be a more accurate term, though less concise. Like the autistic spectrum, conditions on the psychotic spectrum exhibit strong genetic components to their expression, but with many genes involved and different combinations of these genes capable of contributing to the phenotypes (Rapoport *et al.*, 2005; Tamminga & Holcomb, 2005). Autism, schizophrenia, schizotypy, bipolar disorder, and major depression usually exhibit a polygenic and idiopathic (cause unknown) basis (Crespi 2009), but they may also be associated with specific syndromes involving losses or gains of genes or chromosomal regions, or alterations to imprinting (Table 1). 'Autistic' behaviour has

Table 1. The suite of conditions that characterizes the psychotic spectrum and the autistic spectrum

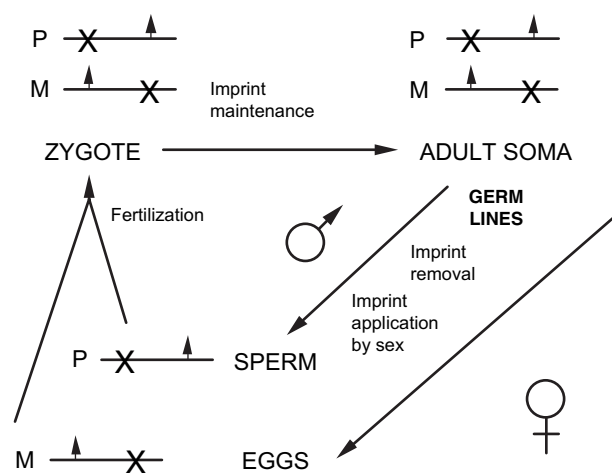
Condition	Cause	References
<b>PSYCHOTIC SPECTRUM</b>		
Schizophrenia	Idiopathic	Tamminga & Holcomb (2005)
Bipolar disorder	Idiopathic	Craddock & Forty (2006)
Major (unipolar) depression	Idiopathic	Craddock & Forty (2006)
Schizotypal personality disorder	Idiopathic	Claridge (1997)
Klinefelter syndrome	47,XXY in males	Boks <i>et al.</i> (2007a)
Velocardiofacial syndrome	Deletion at 22q11.2	Feinstein <i>et al.</i> (2002)
Prader-Willi syndrome	Imbalanced imprinting, 15q11-q13	Soni <i>et al.</i> (2007, 2008)
Dyslexia	Idiopathic	Condray (2005)
<b>AUTISTIC SPECTRUM</b>		
Kanner (infantile) autism	Idiopathic	Happé <i>et al.</i> , (2006)
Asperger syndrome	Idiopathic	Frith (2004)
Rett syndrome	Mutations in <i>MeCP2</i> gene	LaSalle <i>et al.</i> , (2005)
Angelman syndrome	Imbalanced imprinting, 15q11-q13	Cohen <i>et al.</i> (2005)
Beckwith-Wiedemann syndrome	Imbalanced imprinting, chromosomes 7,11	Kent <i>et al.</i> (2008)
Fragile X syndrome	Lost expression of <i>FMR1</i> gene	Belmonte & Bourgeron (2006)
Turner syndrome	45,X in females	Skuse (2005)
Williams syndrome region, duplication	Duplication at 7q11.23	Berg <i>et al.</i> (2007)
Potocki-Lupski syndrome	Duplication at 17p11.2	Potocki <i>et al.</i> (2007)
Specific language impairment	Idiopathic	Conti-Ramsden <i>et al.</i> (2006)
Hyperlexia	Idiopathic	Newman <i>et al.</i> (2007)

been described for Klinefelter syndrome, velocardiofacial syndrome and Prader-Willi syndrome, but these psychiatric phenotypes apparently reflect personality premorbid for schizophrenia or aspects of negative schizotypy and they are not underlain by autistic-spectrum neurological or physiological traits (Eliez 2007; Feinstein and Singh 2007; Crespi & Badcock 2008). As for autism, the psychotic spectrum can be considered as a highly convergent set of conditions, with strong genetic, epigenetic and environmental heterogeneity yielding a relatively limited range of phenotypes (Keverne, 1999; Seeman *et al.*, 2005; Badcock & Crespi, 2006; Crespi, 2009). By the hypothesis discussed here, one underlying cause of these convergent phenotypes is dysregulation of imprinted genes that influence cognition and behaviour.

### III. THE IMPRINTED BRAIN THEORY OF PSYCHOSIS AND AUTISM

Genomic imprinting refers to epigenetic silencing of alleles in an individual according to their parent-of-origin (Haig 2000b, 2004a,b; Burt & Trivers, 2006) (Fig. 2). The conflict theory of imprinting (Haig, 2000a,b, 2004b) posits that such genes are selected to be expressed or silenced depending on their parent-of-origin and their effects on the growth and fitness of mothers, offspring, and other asymmetrically-related kin (Haig, 2000a,b; de la Casa-Esperón & Sapienza, 2003; Day & Bonduriansky, 2004; Wilkins, 2005). Thus, for a gene that enhances offspring fitness at a cost to mothers and other maternal kin (such as by enhancing foetal growth), the paternally inherited allele should be expressed but the maternal copy should be silenced, *via* methylation or histone modifications (Haig, 2000a,b). Conversely, mater-

nally inherited alleles that restrain such 'selfish' effects are selected to be expressed, while such paternal alleles are silenced. This differential imprinting of alleles is due ultimately to intragenomic conflict, driven primarily by lower genetic relatedness among a mother's offspring for paternally inherited genes than for maternally inherited



**Fig. 2.** Depiction of how genomic imprinting involves the expression of a gene or transcript from only the paternally inherited allele or the maternally inherited allele. Imprints are actively maintained during somatic development (or during particular stages of development), then erased and reset (according to the sex of the individual) during gametogenesis. Two hypothetical loci are shown, the left-hand one maternally expressed (with an arrow) and paternally imprinted (as shown by an X), and the other paternally expressed (maternally imprinted).

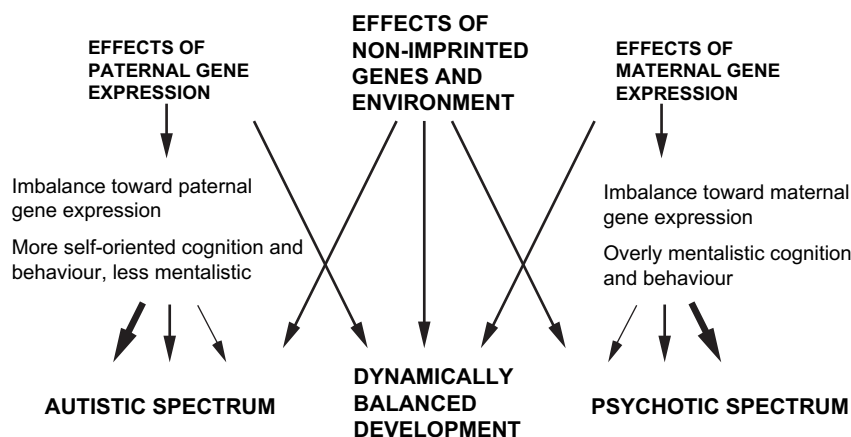
genes under an evolutionary history that deviates from strict monogamy (Burt & Trivers, 2006).

The conflict theory of genomic imprinting has been supported by an extensive body of genetic and physiological evidence, and it provides the only comprehensive theory for the observed patterns of imprinted gene expression and function in humans, mice, plants and other organisms (Tycko & Morison, 2002; Cattanach, Beechey & Peters, 2004; Haig, 2000*a,b*; 2004*a*; Plagge *et al.*, 2004; Weinstein *et al.*, 2004; Chen *et al.*, 2004; Kelsey, 2007). Most studies of genomic imprinting in humans have focused on genes expressed during placental and embryonic development, where many known imprinted genes exert their effects, and many such genes are known to cause placental and foetal growth enhancement or suppression (Goos & Silverman, 2001; McMinn *et al.*, 2006; Angiolini *et al.*, 2006; Wagschal & Feil, 2006). The dynamically balanced, 'tug-of-war' nature of genomically imprinted systems in placentation, with paternally expressed imprinted genes enhancing growth but maternally expressed genes repressing it, generates conditions where disruption of imprinted gene expression may result in functionally opposite disorders of pregnancy, such as foetal growth restriction *versus* foetal overgrowth (Tycko, 2006). Indeed, such diametric conditions are a general property of systems mediated by imprinted genes, which can be perturbed genetically or epigenetically towards increased effects from alleles that are normally either paternally or maternally expressed.

Most known imprinted genes are expressed during placentation, but a considerable number are expressed primarily or entirely in the brain (Isles & Wilkinson, 2000; Tycko & Morison, 2002; Davies, Isles & Wilkinson, 2001, 2005; Davies *et al.* 2007, 2008; Kishino, 2006; Wilkinson, Davies & Isles, 2007). In theory, this pattern of tissue expression fits with a role for genomic conflict in imprinting, given that both the placenta and brain play key roles in the transfer of fitness-limiting resources between individuals that bear genes with partially divergent interests (Haig, 1993, 1996, 1999; Goos & Silverman, 2001; Crespi &

Semeniuk, 2004; Burt & Trivers, 2006). Despite the central role of imprinted genes in development of the placenta and foetus, and evidence that the brain represents a strong secondary nexus of imprinted-gene effects on development, previous reviews of brain-expressed imprinted genes (e.g. Davies *et al.*, 2007, 2008) have not evaluated predictions of the conflict theory of imprinting in any comprehensive manner. By analogy with placental conditions showing diametric effects, some cognitive conditions are expected, by this theory, to exhibit phenotypes that engender increased *versus* decreased demands on the mother. Badcock & Crespi (2006) and Crespi & Badcock (2008) describe genetic, physiological, neurological, psychological and behavioural evidence relevant to the hypothesis that the development of autism is mediated in part by imbalances in brain development that lead to increased effects of paternally expressed genes at loci subject to imprinting, relative to maternally expressed ones (Fig. 3). Such paternally expressed genes are expected not just to enhance early growth, but also to drive cognition and behaviour towards more-demanding phenotypes (Haig, 2000*b*; 2004*b*; Baron-Cohen *et al.*, 2005), as seen clearly in Asperger syndrome where reciprocal social behaviour is impaired and self-oriented cognition and behaviour predominate (Rinehart *et al.*, 2002; Fitzgerald, 2004, pp. 30-41; Constantino & Todd, 2005; Badcock & Crespi, 2006), and in Beckwith-Wiedemann syndrome, which is caused by biases towards increased relative effects of paternally expressed imprinted genes, and involves overgrowth and an increased incidence of autism (Eggermann, Eggermann & Schönherr, 2008; Kent *et al.*, 2008).

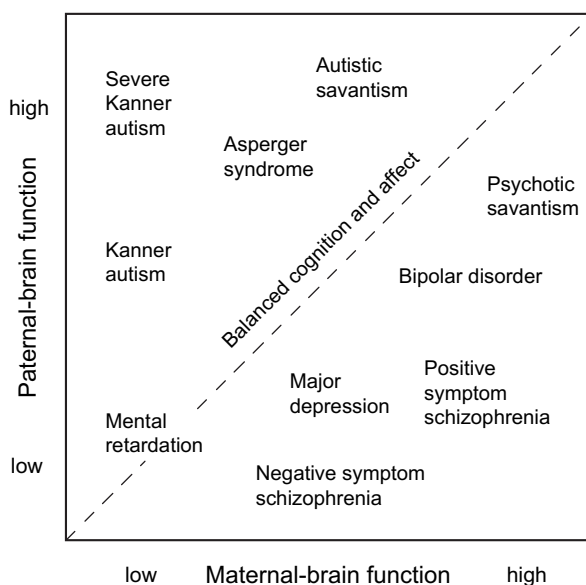
The psychotic spectrum involves a large suite of developmental, neuroanatomical, cognitive, and behavioural traits, that can be interpreted as diametric opposites to those observed on the autistic spectrum (Crespi & Badcock, 2008). This pattern, and evidence for reduced fitness demands on mothers in the development of relatively schizotypal offspring (Crespi & Badcock, 2008), imply that the etiology of psychosis is underlain in part by imbalances in brain development that lead to increased effects of



**Fig. 3.** The imprinted brain model of psychotic spectrum and autistic spectrum conditions, considered in terms of how effects of imprinted genes, non-imprinted genes, and the environment mediate neurodevelopment.

maternally expressed genes at loci subject to imprinting, relative to paternally expressed ones (Fig. 3). As for conditions of gestation that are mediated by imprinting or parent-offspring conflict, relatively large genetic and epigenetic deviations are expected to be pathological and reduce the inclusive fitness of both mother and child; by contrast, small deviations may either benefit the child at a cost to the mother (for imprinted genes with a relative paternal bias in expression), or benefit the mother at a cost to the child (with a maternal bias) (e.g. Naeye, 1981; Moore, 1997; Haig, 1993, 1999; Oudejans *et al.*, 2004; Tycko, 2006; Petry, Ong & Dunger, 2007). The degree to which such imprinted-gene effects on the development of psychotic spectrum conditions represent pathological pleiotropic effects of undergrowth due to maternal-gene biases, or direct effects of dysregulated brain-expressed imprinted genes on neurodevelopment, cognition and behaviour that benefit maternal interests, remains unclear (Abel, 2004; Crespi & Badcock, 2008). The imprinted brain hypothesis is fully compatible with current neurodevelopmental models of autism and schizophrenia (Rapoport *et al.*, 2005; Geschwind & Levitt, 2007), whereby variation in many genes contributes to altered prenatal brain development that manifests during childhood or early adulthood, but it posits a specific role for dysregulation of dynamically balanced maternal-gene effects and paternal-gene effects as brain and behaviour develop (Fig. 3).

The imprinted brain theory of autistic and psychotic spectrum conditions can also be visualised with reference to the concepts of the Kevernian paternal (limbic) brain



**Fig. 4.** Depiction of the imprinted brain theory of psychotic spectrum and autistic spectrum conditions, whereby the different conditions can be visualised by their hypothesized positions and degrees of deviation from a line representing normal, balanced cognition and affect. This model is highly conceptual and heuristic. Crespi and Badcock (2008) discuss autistic and psychotic savantism.

and maternal (mainly neocortical) brain, the brain regions showing differential expression of paternally expressed imprinted genes and maternal imprinted genes respectively, in chimeric mice (Allen *et al.*, 1995; Keverne *et al.*, 1996; Keverne, 2001; Wilkinson *et al.*, 2007) (Fig. 4). In these mice, cells with exclusively paternal gene expression differentially contribute to development of the limbic system (the hypothalamus, amygdala, and other structures of the emotional 'paternal' brain that mediates basic drives such as hunger, fear and aggression), and cells with exclusively maternal gene expression differentially proliferate in the neocortex (the executive 'maternal' brain involved in language, social reciprocity, planning, and behavioural inhibition). By the conceptualization of Crespi & Badcock (2008), increased paternal-brain effects and a relatively normal maternal brain are associated with Asperger syndrome, whereas decreased maternal-brain effects, with relatively normal or increased paternal-brain function, characterize Kanner (infantile) autism, which involves a notable degree of mental retardation. By contrast, positive schizotypy and positive-symptom schizophrenia are associated in this model with increased relative maternal-brain effects and a relatively normal paternal brain, whereas decreased paternal-brain functions, and relatively normal or increased maternal-brain effects, characterize negative schizotypy, negative-symptom schizophrenia, and major depression. This heuristic model represents a considerable over-simplification but it provides a useful framework for conceptualising the roles of imprinted genes in the brain, especially the tendency for paternally-expressed imprinted genes to impact differentially the development and function of the hypothalamus (Davies *et al.*, 2008), and for impaired development and function of the hypothalamus to be associated with the etiology of psychosis in some conditions, such as Prader-Willi syndrome (Davies *et al.*, 2007; Soni *et al.*, 2008).

I have collected and synthesised available information on imprinted-gene effects in psychotic spectrum conditions and their developmental, physiological and neurological bases. The main goal is to evaluate a core prediction of the conflict theory of imprinting for understanding social behaviour and disorders of the human social brain: that brain-expressed imprinted genes mediate, to some degree, the neurodevelopmental underpinnings of schizophrenia and other psychotic-spectrum conditions. In particular, this theory predicts that psychotic spectrum conditions should be associated with some combination of decreased expression or activity of paternally expressed genes, or increased expression or activity of maternally expressed genes. Evaluation of these hypotheses requires consideration of the special nature of imprinted genes.

#### IV. THE NATURE OF IMPRINTED GENES

Alterations of imprinted genes may be epigenetic, genetic or genomic in origin (Zogel *et al.*, 2006; Heijmans *et al.*, 2007), and they may take place during neurodevelopment (especially in the foetal stage when many key events in



brain morphogenesis take place) or later, *via* influences on aspects of synaptic transmission, pruning, or plasticity. Such alterations may involve imbalances towards increased phenotypic effects of either maternally expressed or paternally expressed genes, *via* overexpression of these genes or higher activity of their products, or *via* reduced gene expression or activity. For example, a bias towards maternal expression may be due to increased expression of a maternally expressed imprinted gene, decreased expression of a paternally expressed imprinted gene, or both.

Imprinted genes are unusual in several important ways. First, genes may be imprinted only in certain brain regions or cell lineages (Kishino, 2006), and at particular stages during development, such as the foetal stage (e.g. Weinstein, 2001). Imprinting status may also be polymorphic within populations (such that imprinting abnormalities are familial), and paternal *versus* maternal allele expression need not be all or nothing (Weinstein, 2001; de la Casa-Esperón & Sapienza, 2003; Sandovici *et al.*, 2003; Buettner *et al.*, 2004; Croteau *et al.*, 2005). The direction (paternal *versus* maternal) of imprinting can also be specific to multiple isoforms generated from a given gene, such that maternal, paternal, and biallelic expression of different splicing variants can be produced by the same locus (e.g., Weinstein *et al.*, 2007).

Second, most imprinted genes are highly pleiotropic and epistatic in their effects (Morison, Ramsay & Spencer, 2005; Varrault *et al.*, 2006), and many are involved in growth promotion or retardation, often *via* effects on growth factors, growth-factor-binding proteins, or glucose or lipid metabolism (Chen *et al.*, 2005; Charalambous, da Rocha & Ferguson-Smith, 2007). The expression or silencing of imprinted genes may be driven by effects of non-imprinted genes and 'imprinter' genes (genes that apply, maintain, or remove imprints) (Wilkins, 2005), and their developmental and metabolic effects may cause non-imprinted genes to act imprinted, as for *IGF1* (Cattanach *et al.*, 2004) or *HTR2C* (Kishore & Stamm, 2006). Moreover, imprinted and non-imprinted genes can interact in the determination of disease phenotypes, such as in Beckwith-Weidemann syndrome (Murrell *et al.*, 2004). Although imprinted genes are present at low frequency (roughly 1%) among protein-coding genes in the genome, and apparently at about this frequency for genes that generate regulatory, non-coding RNAs (Royo *et al.*, 2006; Royo & Cavallé, 2008), many such genes exert strong, diverse effects on growth and development from multiple isoforms and promoters (e.g. Riedel, 2004), and within a metabolic pathway 'the influence of a single gene by each of the parental genomes may be sufficient for parent-offspring conflict to be enacted' (Smith, Garfield & Ward, 2006, p. 279).

Third, imprinting patterns are established in male and female gametes each generation, and perpetuated in an allele-specific manner after zygote formation (Fig. 2). Imprints are thus inherited somatically but with a high mutation rate compared to nucleotides, where mutation refers to epigenetic modification of CpG islands (genomic regions with high frequencies of CG dinucleotides) *via* methylation, and effects on histone modifications that modulate gene expression (Jacob & Moley, 2005; Wilkins,

2005). Indeed, genomic imprinting provides a hypothesis for the strong paternal age effects on schizophrenia risk (Malaspina, 2001; Sipos *et al.*, 2004; Malaspina *et al.*, 2005) and autism risk (Lauritsen, Pedersen & Mortensen, 2005; Reichenberg *et al.*, 2006), given that mutations during spermatogenesis appear insufficient to explain such patterns (Farrer *et al.*, 1992; Reik *et al.*, 1993; Tiemann-Boege *et al.*, 2002), and unlike oocytes, spermatogonia undergo many mitotic divisions after imprints are applied (Bestor, 2003). Methylation status can also be affected by diet, such as in L-methionine influences on expression of the *RELN* gene, some epigenetic alterations such as chromatin modifications exhibit environmentally-induced positive and negative feedbacks that result in shifts between alternative states, and some environmentally induced epigenetic modifications can persist across generations (Jacob & Moley, 2005). The genotype of the mother can also influence the epigenotype of her offspring *via* factors present in egg cytoplasm, resulting in parent-of-origin effects that are not due to imprinting (Pickard *et al.*, 2001) but should also engender genomic conflict.

Finally, imprinted genes exert especially important effects on the expression of a wide range of metabolic, reproductive and psychiatric conditions (Nicholls, 2000; Davies *et al.*, 2001; Morison *et al.*, 2005; Charalambous *et al.*, 2007; Crespi & Badcock, 2008) for several reasons: (1) they are functionally haploid, such that mutant alleles are exposed more directly to selection, (2) alterations of imprinting can lead to complete loss of gene function, or doubling of expression, which represent extreme mutational effects, (3) altered expression can be due not just to mutations, but also to epigenetic changes or alterations in the mechanisms of imprint application, maintenance and removal (Wilkins, 2005), (4) such genes are often developmental, such that the effects of altered expression can amplify during growth and differentiation, (5) many imprinted genes are directly involved in systems of cell proliferation, apoptosis, and differentiation, such that the effects of altered expression are extensive, (6) the most common tissue for expression of imprinted genes is the placenta (Tycko & Morison, 2002; Ferguson-Smith *et al.*, 2006), and placental effects on foetal development often have life-long consequences for physiological systems (Gluckman *et al.*, 2005; Isles & Humby, 2006), and (7) imprinted genes are subject to intragenomic conflicts, which may generate tugs-of-war over resources or antagonistic coevolution, both of which can result in deleterious byproducts (Haig, 2004b; Burt & Trivers, 2006).

Known imprinted genes have been catalogued by Morison *et al.* (2005), candidate murine imprinted genes from gene-expression studies [which include non-coding DNAs, but also non-imprinted genes regulated by imprinted genes, and so have limited reliability (Ruf *et al.*, 2006)] have been compiled by Nikaido *et al.* (2004), coding genes predicted to be imprinted, from analysis of local genomic structure, are listed by Allen *et al.* (2003), Luedi, Hartemink & Jirtle (2005) and Luedi *et al.* (2007), and the known physiological functions of imprinted genes are described in Tycko & Morison (2002). It is also important to note that parent-of-origin effects on disease risk may be

caused not just by imprinting, but also by effects of mitochondrial DNA, immunological interactions in pregnancy, recombination rates differing between the sexes, maternal effects (Hager, Cheverud & Wolf, 2008) or germline mutations biased by sex. Verification of imprinted gene status, for a given tissue at a given stage of development, requires analyses of gene expression coupled with data on parental origin of the alleles (Luedi *et al.*, 2007).

## V. OLIGOGENIC, CHROMOSOMAL AND X-LINKED EFFECTS ON RISK OF PSYCHOSIS AND AUTISM

Oligogenic and chromosomal effects on neurodevelopmental disorders involve gains or losses of a contiguous set of genes. These gains or losses can be associated with imprinting effects given the known or predicted locations and expression patterns of genes subject to imprinting. Table 2 summarises the available information on effects of imprinting, and links to disorders, for three of the main sets of oligogenic, chromosomal and X-linked disorders associated with psychosis and autism: Prader-Willi and Angelman syndromes, Klinefelter and Turner syndromes, and Rett and PPM-X syndromes. These disorders are discussed in detail below.

### (1) Prader-Willi and Angelman syndromes

Prader-Willi syndrome (PWS) has three main genetic causes: (1) a paternally inherited deletion of a region on chromosome 15 (15q11-q13) that contains multiple imprinted genes, (2) disomy (two copies) of maternal chromosome 15, or (3) a defect in the Prader-Willi region imprinting centre, which disrupts the application of imprints (Nicholls & Knepper,

2001; Goldstone, 2004; Whittington & Holland, 2004; Bittel & Butler, 2005). The common element in all three cases is loss of expression for (normally) paternally expressed imprinted genes in this region.

Before the usual age of weaning at age two or three, Prader-Willi syndrome involves lack of appetite, poor suckling ability, a weak cry, inactivity, and sleepiness; by contrast, after this age, it involves extreme and unselective overeating, as well as various obsessive-compulsive behaviours (Dykens, Modapp & Finucane, 2000; Holland, Whittington & Hinton, 2003; Whittington & Holland, 2004). Haig & Wharton (2003) have suggested that these features of Prader-Willi syndrome reflect extreme manifestations of traits that benefit the mother by making the baby less demanding on her resources, both before weaning (when food intake and energetic demands are reduced) and after weaning (when ingestion of any solid food available may ease food provisioning). Prader-Willi syndrome also involves growth hormone deficiency and low birth weight (Gillesen-Kaesbach *et al.*, 1995; Goldstone, 2004), which are consistent with increased metabolic effects from maternally expressed imprinted genes, and its primary neurological correlate is dysregulated development of the hypothalamus (Goldstone, 2004, 2006; Hong *et al.*, 2006).

Prader-Willi syndrome engenders a very high incidence (on the order of 50-100%) of psychotic spectrum conditions in adulthood (Boer *et al.*, 2002; Verhoeven, Tuinier & Curfs, 2003; Vogels *et al.*, 2003, 2004), in cases of maternal uniparental disomy as well as paternal deletion (Soni *et al.*, 2007). Soni *et al.* (2008) show that deletion cases are characterised primarily by non-psychotic affective disorders, while disomy cases involve mainly forms of bipolar disorder, sometimes with psychotic symptoms. The genetic differences between disomy and deletion include: (a) higher expression levels of maternally expressed imprinted genes in disomy, for genes in the PWS region, (b) possible haploinsufficiency of non-imprinted genes in this region,

Table 2. Links of psychosis and autism with genetic, genomic, and epigenetic alterations involving imprinted genes at 15q11-q13, the X chromosome, and the *MeCP2* gene

Locus	Link with psychosis	Link with autism
Prader-Willi/ Angelman region at 15q11-q13, with cluster of imprinted genes	High rates of psychosis in Prader-Willi syndrome (due to paternal deletion or maternal duplication of this region) (1-4)	High rates of autism in Angelman syndrome (due to maternal deletion or paternal duplication of this region, notably <i>UBE3A</i> loss of expression (5-7)
X chromosome	47,XXX and 47,XXY show high rates of psychosis (8-11)	Turner syndrome (45,X) shows high rates of autism (12-13), low rates of bipolar disorder plus schizophrenia (14)
<i>MeCP2</i> gene, at Xq28	Some mutations of <i>MeCP2</i> in males lead to PPM-X syndrome, which involves psychosis as a core component (15,16)	Many mutations of <i>MeCP2</i> in females can lead to Rett syndrome (17,18); <i>MeCP2</i> can regulate imprinting (18,19); <i>MeCP2</i> alleles have also been linked with idiopathic autism (20-24)

References: (1) Boer *et al.* (2002); (2) Verhoeven *et al.* (2003); (3) Vogels *et al.* (2004); (4) Soni *et al.* (2007, 2008); (5) Peters *et al.* (2004); (6) Trillingsgaard & Østergaard (2004); (7) Cohen *et al.* (2005); (8) DeLisi *et al.* (1994); (9) DeLisi *et al.* (2005); (10) van Rijn *et al.* (2005); (11) Boks *et al.* (2007a); (12) Skuse (2000); (13) Skuse (2005); (14) Mors *et al.* (2001); (15) Cohen *et al.* (2002); (16) Klauck *et al.* (2002); (17) Jédele (2007); (18) LaSalle (2007); (19) Nomura *et al.* (2008); (20) Samaco *et al.* (2004, 2005); (21) Makedonski *et al.* (2005); (22) Shibayama *et al.* (2004); (23) Coutinho *et al.* (2007); (24) Loat *et al.* (2008).



in deletion cases, and (c) complete loss of expression, in disomy, of any paternally expressed genes on chromosome 15 outside the PWS region (Whittington & Holland, 2004; Bittel *et al.*, 2003). Soni *et al.* (2008) suggest that the high rates of affective disorder in Prader-Willi deletion cases are mediated by the absence of paternally expressed imprinted gene product, while the even higher rates of affective and psychotic symptoms in disomy are due to combined effects from loss of paternal gene products and over-expression of one of more maternally expressed imprinted genes, probably *UBE3A*.

The finding of high rates of affective disorders and psychosis in Prader-Willi syndrome, and especially in cases with maternal disomy (which exhibit a greater overall deviation towards maternal-gene influence) supports the hypothesis that excessive effects from maternally expressed imprinted genes, and reduced or absent expression of paternal genes, are involved in the development of psychosis in this syndrome. The roles of specific genes at 15q11-q13 in the development of Prader-Willi syndrome phenotypes remain unclear (Davies *et al.*, 2008), but a role for the *necdin* gene *NDN* is indicated by the strong expression of this gene in the placenta and hypothalamus (MacDonald & Wevrick 1997; Lee *et al.*, 2005), the functions of *necdin* in neural development (Lee *et al.*, 2005; Andrieu *et al.*, 2006; Kuwajima, Nishimura & Yoshikawa, 2006) and adipocyte differentiation (Tseng *et al.*, 2005), the phenotypic features of an *NDN*-deficient mouse model (Muscatelli *et al.*, 2000; Andrieu *et al.*, 2006), and its genome-scan and functional linkages with schizophrenia (Fallin *et al.*, 2003; Lee *et al.*, 2005; Le-Niculescu *et al.*, 2007).

The absence of PWS patients with simple single-gene alterations at 15q11-q13, and evidence from mouse models, suggests that the syndrome is underlain not solely by loss of *necdin*, but by loss of product for two or more paternally expressed genes (Johnstone *et al.*, 2006). Direct evidence for this hypothesis comes from Bischof, Stewart & Wevrick (2007) and Kozlov *et al.* (2007) who found that mice deficient for expression of the paternally expressed imprinted gene *MAGEL2* exhibit neonatal growth retardation, hypotonia, excessive weight gain after weaning, increased adiposity, altered sexual development, and altered circadian rhythms, all traits that recapitulate important features of PWS but are not found in *necdin*-mutant mouse models of this condition.

A third locus implicated in the development of Prader-Willi syndrome is the HBII-85 cluster of small, non-coding paternally expressed RNAs, which shows loss of expression in several cases resembling Prader-Willi syndrome that are due to paternally inherited translocation breakpoints or deletions localised to this region, with the *NDN* and *MAGEL2* genes apparently unaffected (Wirth *et al.*, 2001; Gallagher *et al.*, 2002; Ding *et al.*, 2005; Sahoo *et al.*, 2008). At least some of the HBII-85 non-coding RNAs appear to regulate alternative mRNA splicing of target genes, and of 104 inferred target genes for these RNAs (Bazeley *et al.*, 2008), five genes exhibit variants that have been associated with schizophrenia (*GRM8*, *IL-2*, *FGFR1*, *CTNNA2/LRRTM1*, and *SLC18A2*) (Takaki *et al.*, 2004; Schwarz *et al.*, 2006; Francks *et al.*, 2007; Jungerius *et al.*, 2007; Talkowski *et al.*, 2008), three genes have been associated

with forms of mental retardation (*RPS6KA6*, *CTNND2* and *ZDHHC15*) (Yntema *et al.*, 1999; Medina *et al.*, 2000; Mansouri *et al.*, 2005), and one is an imprinted gene that been associated with risk of Alzheimer's disease (*CTNNA3*) (Miyashita *et al.*, 2007). These findings suggest that loss of expression of the HBII-85 RNA genes may also be sufficient to cause some or most of the major features of PWS, although the molecular mechanisms require further study. By contrast, loss of expression for imprinted *snoRNA* genes in the *HBII-52* cluster at 15q11-q13 apparently does not play a major role in Prader-Willi syndrome (Runte *et al.*, 2005), despite the observation that one of these RNAs regulates splicing of the serotonin receptor gene *HTR2C* (Kishore & Stamm, 2006), which has been implicated in obesity (e.g. Pooley *et al.*, 2004) and risk of schizophrenia (Castensson *et al.*, 2005).

Fourth, polymorphisms in *UBE3A* and *ATP10C* have been linked with childhood-onset schizophrenia (Sporn *et al.*, 2004), *UBE3A* has been linked with schizophrenia risk (Iossifov *et al.*, 2008) and single-nucleotide polymorphisms of *ATP10C* have been linked with autism (Nurmi *et al.*, 2003). Both the *UBE3A* gene and *ATP10C* at 15q11-q13 are imprinted and maternally expressed in regions of the human brain (Albrecht *et al.*, 1997; Samaco, Hogart & LaSalle, 2005). These observations suggest that the *UBE3A* locus represents a nexus of imprinting conflict that can mediate the expression of both autism and psychosis.

Finally, the presence of psychotic symptoms in a subset of Prader-Willi cases due to paternal deletions has allowed inference of a genetic interval spanning the contiguous *GABRG3* and *OCA2* genes that influences the expression of psychosis (Webb *et al.*, 2008). The *OCA2* gene has been implicated in schizophrenia risk in a recent genome-scan study (Iossifov *et al.*, 2008; see also DeLong 2007), and replicated associations between eye colour (underlain by *OCA2* alleles) and behavioural inhibition (shyness) in childhood (Rosenberg & Kagan, 1987, 1989) suggest pleiotropic effects of this gene on brain and eye development, as for the *PAX6* gene discussed below.

Conditions closely resembling Prader-Willi syndrome can also be caused by a suite of genetic and epigenetic alterations to regions other than 15q11-q13 (Table 3, and Fig. 5). Comparisons of the genetic causes and developmental effects of these diverse alterations with Prader-Willi syndrome mediated by 15q11-q13 provide insight into the molecular-genetic, developmental and physiological etiology of this syndrome, given that different, independent genetic and epigenetic changes result in convergent phenotypes. Thus, the deletions at 1p36, 2q37, 9q34 and 10q26 that result in Prader-Willi phenotypes each contains a gene that is under-expressed in Prader-Willi syndrome due to 15q11-q13 alterations, as does the duplicated region at 3p25.2-p26.2. Most of these genes are expressed in the hypothalamus, and some of them interact with the known paternally expressed imprinted genes *NDN*, *DLK1*, and *HBII-85* snoRNA, or the predicted imprinted genes *NOTCH1* and *SIM2* (Luedi *et al.*, 2007)(Fig. 5); taken together, these findings suggest that Prader-Willi phenotypes are mediated by a suite of alternative modifications to a developmental network centred on the hypothalamus and influenced by altered expression of

Table 3. Evidence that Prader-Willi syndrome and related phenotypes are caused by a wide range of genetic, epigenetic or genomic alterations that affect development of the hypothalamus, the nexus of the paternal brain

Location and alteration causing PWS phenotype	Association with 15q11-q13 or imprinting	Comments
1p36 deletion (1,2)	Gene <i>GABRD</i> in deletion region, also down-regulated in PWS mediated by 15q11-q13 (3)	<i>GABRD</i> expressed in hypothalamus (4), considered 'good candidate' for psychiatric phenotype of 1p36 deletion subjects (5); <i>GABRD</i> upregulated in Fragile X syndrome (6)
2q37 deletion (7)	Gene <i>HTR2B</i> in region, also downregulated in PWS mediated by 15q11-q13 (3)	<i>HTR2B</i> expressed in hypothalamus, involved in serotonin metabolism and hyperphagia (8)
3p25.2-p26.2 duplication (9)	Gene <i>OXTR</i> in region, also downregulated in PWS mediated by 15q11-q13 (3)	<i>OXTR</i> expressed throughout brain, involved in social behavior, food intake (10); <i>OXTR</i> coexpressed with imprinted <i>SNRPN</i> gene at 15q12 (11)
6q16-q21 deletion, translocation (12,13)	<i>SIMI</i> gene in region	<i>SIMI</i> essential for development of hypothalamus in mice, regulates food intake (14); <i>SIMI</i> interacts with <i>NDN</i> product neccin (15) and with product of predicted imprinted gene <i>SIM2</i> (16); <i>SIM2</i> mediates neuroendocrine secretion (17)
9q34 deletion (18)	Gene <i>NOTCH1</i> in deletion region, downregulated in 15q11-q13 PWS (3); <i>EHMT1</i> gene also in this region, causes major features of 9q34 syndrome (19,20)	<i>NOTCH1</i> expressed in hypothalamus (21), regulates neurogenesis (22), interacts with paternally expressed imprinted gene <i>DLK1</i> (23); <i>NOTCH1</i> variants associated with risk of bipolar disorder and schizophrenia (24); <i>EHMT1</i> gene involved in histone methylation processes that regulate imprinting (19,20,25)
10q26 deletion (26,27)	Gene <i>ADAM8</i> in region, also downregulated in 15q11-q13 PWS (3); Imprinted <i>INPP5F_v2</i> gene in region (28,29)	<i>ADAM8</i> essential for function of <i>CHLI</i> , which regulates neurite outgrowth (30) and exhibits variants linked with schizophrenia risk (31); <i>INPP5F_v2</i> brain-expressed but function unknown
Maternal uniparental disomy 14, <i>DLK1</i> (14q32) alteration (32,33)	Lost or reduced expression of paternally-expressed gene <i>DLK1</i> (32-35)	<i>DLK1</i> and <i>NDN</i> coexpressed in mouse development (36); <i>DLK1</i> expressed in hypothalamus (37), interacts with <i>NOTCH1</i> (23)
Alterations to Xq21.1-Xq21.31 (38)	Region contains gene <i>RPS6KA6</i> , one of five X-linked genes predicted to be spliced by a paternally expressed <i>snoRNA</i> in HBII-85, at 15q11-q13 (39)	<i>RPSKA6</i> (also called <i>RSK4</i> ) highly expressed in brain and testis, its deletion is implicated in mental retardation (40); mutations of close homolog <i>RSK2</i> cause Coffin-Lowry syndrome, which involves mental retardation, growth retardation, and psychosis (41)
Alterations to Xq26-Xq28 region including <i>FMRI</i> gene; loss of <i>FMRI</i> , FMRP expression in Fragile X syndrome (42)	FMRP protein interacts with product of <i>CYFIP1</i> gene at 15q11.2 (42); FMRP involved in function of microRNAs (43); microRNAs at 15q11-q13 and 14q32 are imprinted	Links of phenotype with FMRP, <i>CYFIP1</i> , or imprinted microRNAs are speculative
RAI1 gene at 17p11.2; Smith-Magenis syndrome due to reduced RAI1 expression (44,45)	Unknown	Some cases resemble PWS with regard to presence of infantile hypotonia, hyperphagia, short stature, small hands and feet, skin picking, sleep disruption, unstable mood and 'bipolar episodes', and high pain threshold (44-47)

Kleine-Levin syndrome; idiopathic (48,49)	Unknown	Resembles PWS with regard to common presence of hyperphagia, hypersomnia, and psychotic spectrum phenotypes (48,49); etiology involves dysregulated hypothalamus (50)
'Hyperphagic short stature syndrome'; idiopathic (51)	Unknown	Resembles PWS with regard to presence of hyperphagia, short stature, hypotonia, sleep alterations, and learning disability; appears to be due to hypothalamic insufficiency (51)

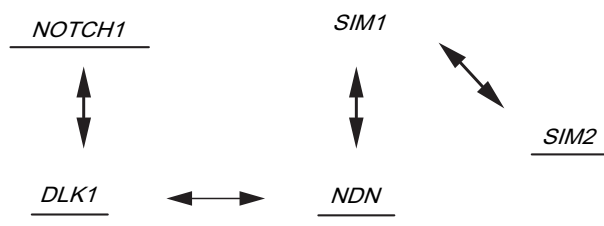
References: (1) Battaglia (2005); (2) D'Angelo *et al.* (2006); (3) Bittel *et al.* (2007b); (4) Pirker *et al.* (2000); (5) Windpassinger *et al.* (2002); (6) Bittel *et al.* (2007b); (7) Casas *et al.* (2004); (8) Duxon *et al.* (1997); (9) Bittel *et al.* (2006); (10) Takayanagi *et al.* (2008); (11) H. K. Lee *et al.* (2004); (12) Faivre *et al.* (2002); (13) Varela *et al.* (2006); (14) Michaud *et al.* (2001); (15) Friedman & Fan (2007); (16) Luedi *et al.* (2007); (17) Goshu *et al.* (2004); (18) Cormier-Daire *et al.* (2003); (19) Kleefstra *et al.* (2006); (20) Stewart & Kleefstra (2007); (21) Lindsell *et al.* (1996); (22) Breunig *et al.* (2007); (23) Baladrón *et al.* (2005); (24) Iossifov *et al.* (2008); (25) Fournier *et al.* (2002); (26) Lukusa & Fryns (2000); (27) Courtens *et al.* (2006); (28) Choi *et al.* (2005); (29) Wood *et al.* (2007); (30) Naus *et al.* (2004); (31) Chen *et al.* (2005); (32) Kotzot (2004, 2007); (33) Temple *et al.* (2007); (34) Buiting *et al.* (2008); (35) Kagami *et al.* (2008); (36) Varrault *et al.* (2006); (37) da Roche *et al.* (2007); (38) Gabbett *et al.* (2008); (39) Bazeley *et al.* (2008); (40) Yntema *et al.* (1999); (41) Sheffler *et al.* (2006); (42) Nowicki *et al.* (2007); (43) Plante *et al.* (2006); (44) Dykens & Smith (1998); (45) Bi *et al.* (2006); (46) Girirajan *et al.* (2005); (47) Bersani *et al.* (2007); (48) Gau *et al.* (1996); (49) Arnulf *et al.* (2005); (50) Hong *et al.* (2006); (51) Gilmour *et al.* (2001).

imprinted genes, involving a relative maternal-gene expression bias *via* reduced expression of paternally expressed imprinted genes (Fig. 5).

Given the status of the hypothalamus as the neurological nexus of the paternal brain (Keverne *et al.*, 1996), these patterns provide important links between reduced paternal-gene expression, impaired development of the paternal brain, and Prader-Willi syndrome phenotypes including, in the syndrome itself, a high incidence of psychotic spectrum conditions (Soni *et al.*, 2007, 2008). Psychiatric phenotypes have yet to be investigated in most Prader-Willi phenotypes that are not due to 15q11-q13 alterations, although patients with deletions at 1p36, 6q16-q21 and 9q34 have been reported to exhibit behavioural phenotypes that include tantrums, intolerance to frustration, and self-injury (Cormier-Daire *et al.*, 2003; Battaglia, 2005; Kurosawa *et al.*, 2005; D'Angelo *et al.*, 2006; Varela *et al.*, 2006). Clear psychotic spectrum behaviour is, however, found in two conditions that resemble Prader-Willi syndrome for other morphological

and behavioural traits: Smith-Magenis syndrome (Girirajan *et al.*, 2006; Bersani *et al.*, 2007) and Kleine-Levin syndrome (Arnulf *et al.*, 2005). The diversity of causes for ascertained cases of Prader-Willi phenotypes suggests that such phenotypes may grade more or less smoothly into normal development, and represent an important axis of human development underlain in part by variable expression of imprinted, paternally expressed genes in the hypothalamus.

Angelman syndrome, the imprinted sister-syndrome to Prader-Willi (Crespi & Badcock 2008), is usually caused by loss or reduction of functional gene product of the gene *UBE3A* at 15q11.2, which is maternally expressed in three brain regions: the cerebellum, hippocampus and olfactory bulb (Albrecht *et al.*, 1997). Like Prader-Willi syndrome, Angelman syndrome exhibits a suite of convergent causes and similar conditions indicative of common dysregulated neurodevelopmental pathways (Williams, Lossie & Driscoll, 2001). In particular, Angelman syndrome shows striking phenotypic overlap for diverse traits with Rett syndrome (Jedele, 2007), and both syndromes involve very high rates of autism (Peters *et al.*, 2004; Trillingsgaard & Østergaard, 2004; Cohen *et al.*, 2005; Bonati *et al.*, 2007; LaSalle, 2007). *UBE3A* has also been implicated in idiopathic autism (Samaco *et al.*, 2005; see also Kato *et al.*, 2008), as has *MeCP2*, the X-linked gene that directly underlies Rett syndrome, as described below (Shibayama *et al.*, 2004; Nagarajan *et al.*, 2006; Coutinho *et al.*, 2007; Loat *et al.*, 2008). The neurological underpinnings of Angelman and Rett syndrome involve differential effects on the cerebral cortex (leading to acquired microcephaly) and the cerebellum (leading to tremor, abnormal gait, and ataxia); both of these brain regions can be considered as key components of the maternal brain, especially given their correlated evolution in primates (Whiting & Barton, 2003), their strong reciprocal connections and shared functions in the regulation of emotion and cognition (Schmahmann, Weilburg & Sherman, 2007), and their joint expansion in the human lineage (Weaver, 2005).



**Fig. 5.** A network showing patterns of direct gene-product interaction (thick arrows) and gene co-expression (thin arrow) (Varrault *et al.*, 2006) of paternally expressed imprinted genes (double-underlined) and genes that are predicted to be imprinted (single-underlined) (Luedi *et al.* 2007). This network provides evidence that a suite of genes, some imprinted, interact in the development of the hypothalamus and can be dysregulated by multiple independent means to generate Prader-Willi syndrome phenotypes.

## (2) X chromosome aneuploidies and *MeCP2* alterations

Haig (2006*a,b*) predicted that because X-linked genes spend two-thirds of their evolutionary history in females and only one-third in males, non-imprinted X-linked genes are expected to exhibit a bias favouring females, and a bias favouring maternally inherited interests. Thus, like maternally expressed imprinted genes, X chromosome genes are expected to inhibit demand for resources from mothers; this hypothesis is consistent with reduced placental and embryonic growth in mice with 46,XX *versus* 45,X or 46,XY karyotypes (Burgoyne *et al.*, 1995; Ishikawa *et al.*, 2003).

The most common disorders involving sex chromosome aneuploidy in humans are Turner syndrome (usually 45,X) and trisomy (47,XXX) in females (Good *et al.*, 2003; Rovet, 2004), and Klinefelter syndrome in males, which involves one or more extra X chromosomes, usually 47,XXY (Simpson *et al.*, 2003). To the extent that neurodevelopment imbalanced towards a paternal bias (due to reduced expression of X-linked genes) tends to cause autistic spectrum conditions, and maternal biases (due to elevated expression of X-linked genes, as shown by Vawter, Harvey & DeLisi, 2007) tend to cause psychotic spectrum conditions (Badcock & Crespi, 2006; Crespi & Badcock, 2008), Turner syndrome should involve elevated rates of autistic behaviour and conditions, and Klinefelter syndrome should engender higher rates of psychotic spectrum behaviour and conditions.

### (a) Turner syndrome and XXX trisomy

Turner syndrome (usually 45,X) involves notably increased rates of autism, predominantly or exclusively in cases where females retain the maternally inherited X, rather than the paternal X, intact (Skuse *et al.*, 1997; Cresswell & Skuse, 1999; Skuse, 2000, 2005). Skuse *et al.* (1997) attributed these results to the presence of an X-linked imprinted gene whose expression affects the risk of autism, but such a gene or genes has yet to be identified in humans. Alternatively, higher rates of autism in Turner syndrome females with the maternal X intact may be associated with higher rates of pure X monosomy (45,X, as opposed to karyotypes involving additional X-chromosome material) in such females, compared to females with the paternal X intact (Crespi, 2008).

Mors, Mortensen & Ewald (2001) reported a significantly lower incidence of schizophrenia and bipolar disorder (considered together) in Turner females, compared to normal 46,XX females. An increased incidence of schizophrenia has been described in some studies of Turner syndrome females, but these reported increases are apparently due almost exclusively to cases that involve mosaic karyotypes, such that females exhibit some mixture of 45,X, 46,XX, and 47,XXX chromosome complements (Beumont & Mayou, 1971; Fishbain & Vilasuso, 1981; Kunugi, Lee & Nanko, 1999; Donnelly *et al.*, 2000; Prior, Chue & Tibbo, 2000; van Rijn *et al.*, 2005). These findings, and reports of increased rates of schizophrenia in 47,XXX females (DeLisi *et al.*, 1994; Kumra *et al.*, 1998), suggest that psychosis in sex-chromosome anomalous females is due entirely or predominantly to X trisomy (DeLisi *et al.*, 1994;

Patwardhan *et al.*, 2002). A higher incidence of schizophrenia in 47,XXX females is also supported by imaging studies showing that such females exhibit three features of brain anatomy characteristic of schizophrenia: (1) reduced brain volume and enlarged ventricles (Warwick *et al.*, 1999; Patwardhan *et al.*, 2002); (2) reduced asymmetry of the prefrontal and temporal lobes (data in Tables 3 and 4 of Warwick *et al.*, 1999), and (3) a reduction in amygdala size (Patwardhan *et al.*, 2002). 47,XXX females also score higher than 46,XX females on tests of schizotypy (Warwick *et al.*, 1999).

### (b) Klinefelter syndrome

Klinefelter syndrome (usually 47,XXY) is associated with impairment of verbal abilities, especially in language processing and working verbal memory (Graham *et al.*, 1988; Fales *et al.*, 2003; Itti *et al.*, 2003, 2006; Simpson *et al.*, 2003; DeLisi *et al.*, 2005). This syndrome also involves a four to tenfold increase in liability to psychosis (Mizukami *et al.*, 1989; DeLisi *et al.*, 1994, 2005; Everman & Stoudemire, 1994; Kebers *et al.*, 2002; van Rijn *et al.*, 2005, 2006*a*; Boks *et al.*, 2007*a*). Psychosis in Klinefelter syndrome normally involves a relatively high incidence of positive features, such as auditory hallucinations and paranoia, rather than the negative features more common in affected 46,XY males, and it also exhibits a later, female-typical age of onset (Pinabel, Gorwood & Ades, 1997; DeLisi *et al.*, 2005; van Rijn *et al.*, 2005).

As in X trisomy, Klinefelter syndrome individuals exhibit aspects of neuroanatomy similar to those in schizophrenia, including smaller whole-brain volume, reduced or reversed asymmetry of the prefrontal and temporal lobes, a higher incidence of mixed or left-handedness, and a reduced volume of the amygdala (Warwick *et al.*, 1999, 2003; Patwardhan *et al.*, 2002; Itti *et al.*, 2003; DeLisi *et al.*, 2005; van Rijn *et al.*, 2006*a*; Ross *et al.*, 2008). Itti *et al.* (2003) also found that less functionally lateralised Klinefelter's patients exhibited lower scores on tests of verbal ability, and Itti *et al.* (2006) documented smaller left temporal lobes in this condition, which were associated with reduced language ability. Klinefelter syndrome also involves an uneven emotional profile of hyperfunctional emotional experience and reactivity, but hypofunctional ability to identify and verbalise emotions, which resembles the pattern seen in schizophrenia (van Rijn *et al.*, 2005, 2006*b*).

X trisomy and Klinefelter syndrome apparently involve parallel effects on brain anatomy, verbal abilities, and liability to psychosis, which may be due in both cases to the extra X chromosome. Thus, in both XXX and XXY, the presence of an additional X is associated with: (1) impaired verbal abilities, (2) neuroanatomical features similar to those found in schizophrenia, including reduced or reversed lateralization and a smaller amygdala, and (3) notably increased liability to schizophrenia (DeLisi *et al.*, 1994, 2005; Laval *et al.*, 1998; Geschwind *et al.*, 1998; Warwick *et al.*, 2003), which may be related to left-hemisphere deficits mediated by increased dosage of X-linked genes (and perhaps also homologous X-Y genes) that are not inactivated (Williams *et al.*, 2006; Vawter *et al.*, 2007).

Table 4. Data from genome scans showing specific regions that exhibit linkages to psychotic spectrum conditions, and evidence for imprinting or parent-of-origin effects for these same regions. Table 5 shows information regarding regions 1q42, 6p21.3, 6p22.3, 7q31, and 7q35

Region	Association with psychosis	Evidence for imprinting effects
1p36	Schizophrenia and bipolar (1-5)	Imprinted gene <i>TP73</i> ; <i>MTHFR</i> gene regulates methylation
6q16-q26	Schizophrenia and bipolar (6-13)	Maternal parent-of-origin effect in linkage to bipolar disorder (8)
7q21-q22	Schizophrenia and bipolar (14-17); autism (18-21)	Imprinted gene cluster that includes <i>SGCE</i> gene; parent-of-origin effects in autism linkage (19)
8q24	Schizophrenia and bipolar (7,11,22-25)	Predicted and confirmed imprinted genes (26)
10p12-p14	Schizophrenia and bipolar (9,17, 27-29); autism (30)	Parent-of-origin effects (for same markers as linked to schizophrenia, bipolar, and autism), in studies of obesity (31-33); gene imprinted in mice ( <i>Sfmbt2</i> ) in this region in humans (34)
10q26	Schizophrenia and bipolar (22,23,35-39); autism (40); handedness (41); homosexuality (42)	Imprinted genes in this region (43,44); maternal parent-of-origin effect in homosexuality linkage (42)
11p13	Schizophrenia and bipolar (45,46); autism (47-49)	Predicted and confirmed imprinted genes (26,50); parent-of-origin effect (51)
11p15.5	Bipolar, major depression (15,52,53); autism (47)	Large imprinted gene cluster
14q32	Schizoaffective bipolar and anxiety (22,54-56)	Imprinted gene cluster including brain-specific RNAs; maternal uniparental disomy of chromosome 14 resembles Prader-Willi syndrome (57,58)
16p13.3	Schizophrenia and bipolar (15,59,60); autism (20,40,61)	Presence of imprinting effects inferred from uniparental disomies (62,63), parent-of-origin effects in other disorders (64-66), the presence of differentially-methylated CpG islands (44), and the EICO database (67)
18p11.2	Schizophrenia and bipolar (5,68-74)	Parent-of-origin effects in schizophrenia and bipolar linkages (68-70), imprinted gene <i>GNAL</i> (70)
19q13.3-q13.4	Schizophrenia, schizoaffective and bipolar (12,17,23,73,75-79); autism (30,80)	Cluster of imprinted genes; <i>DNMT1</i> 'imprinter' gene
20q13	Schizophrenia and bipolar (7,11,23,81,82)	<i>GNAS</i> cluster of imprinted genes

References: (1) Abecasis *et al.* (2004); (2) Kohn *et al.* (2004); (3) Schumacher *et al.* (2005); (4) McGuffin *et al.* (2005); (5) Escamilla *et al.* (2007); (6) Middleton *et al.* (2004); (7) Park *et al.* (2004); (8) Schulze *et al.* (2004); (9) Lambert *et al.* (2005); (10) Levi *et al.* (2005); (11) McQueen *et al.* (2005); (12) Pato *et al.* (2004); (13) Shaltiel *et al.* (2008); (14) Ekelund *et al.* (2000); (15) McInnis *et al.* (2003a); (16) Paunio *et al.* (2004); (17) Faraone *et al.* (1998); (18) Smalley *et al.* (2005); (19) Lamb *et al.* (2005); (20) IMGSAC (2001a); (21) Barrett *et al.* (1999); (22) Cichon *et al.* (2001); (23) McInnis *et al.* (2003b); (24) Dick *et al.* (2003); (25) Walss-Bass *et al.* (2006); (26) Luedi *et al.* (2007); (27) DeLisi *et al.* (2002); (28) Straub *et al.* (2002); (29) Schwab *et al.* (2000); (30) Schellenberg *et al.* (2006); (31) Lindsay *et al.* (2001); (32) Gorlova *et al.* (2003); (33) Dong *et al.* (2005); (34) Kuzmin *et al.* (2008); (35) Kelsoe *et al.* (2001); (36) Ewald *et al.* (2002a); (37) Ewald *et al.* (2002b); (38) Bulayeva *et al.* (2007); (39) Williams *et al.* (2003); (40) Phillippe *et al.* (1999); (41) van Agtmael *et al.* (2003); (42) Mustanski *et al.* (2005); (43) Choi *et al.* (2005); (44) Strichman-Almashanu *et al.* (2002); (45) Suarez *et al.* (2006); (46) McInnis *et al.* (1996); (47) Duvall *et al.* (2007); (48) Trikalinos *et al.* (2006); (49) Szatmari *et al.* (2007); (50) Luedi *et al.* (2005); (51) Muglia *et al.* (2003); (52) Zandi *et al.* (2003); (53) Zubenko *et al.* (2003); (54) Segurado *et al.* (2003); (55) Ogden *et al.* (2004); (56) Middeldorp *et al.* (2008); (57) Kotzot (2004); (58) Falk *et al.* (2005); (59) Yamada *et al.* (2004a); (60) Maziade *et al.* (2005); (61) IMGSAC (2001b); (62) Yong *et al.* (2002); (63) Eggermann *et al.* (2004); (64) Zerres & Rudnik-Schöneborn (1995); (65) Deichmann *et al.* (1998); (66) Wyszynski & Panhuysen (1999); (67) Nikaido *et al.* (2004); (68) Schwab *et al.* (1998b); (69) Kato (2001); (70) Corradi *et al.* (2005); (71) Mukherjee *et al.* (2006); (72) Detera-Wadleigh *et al.* (1999); (73) Fallin *et al.* (2004); (74) Bennett *et al.* (2002); (75) Badenhop *et al.* (2002); (76) Macgregor *et al.* (2004); (77) Hamshire *et al.* (2005); (78) Wijsman *et al.* (2003); (79) Kaufmann *et al.* (1998) (80) Liu *et al.* (2001); (81) Freedman *et al.* (2001); (82) Garver *et al.* (2001).

### (c) Rett syndrome and PPM-X syndrome

The X chromosome harbours the gene *MeCP2* at Xq28, which codes for a methyl-CpG binding protein that regulates the expression of other genes, including the imprinted gene *miR-184* (Bapat & Galande, 2005; Horike *et al.*, 2005; Pescucci, Meloni & Renieri, 2005; Zoghbi, 2005; Nomura *et al.*, 2008). Diverse mutations in the *MeCP2* gene cause the autistic condition Rett syndrome, which

involves normal infant development followed by developmental regression at 6-18 months leading to absence of speech, mental retardation, repetitive movements, and other clinical features shared with Angelman syndrome and autism (Christodoulou & Weaving, 2003; Glaze, 2004; Neul & Zoghbi, 2004; Rogers, 2004; Weaving *et al.*, 2005). The severity of Rett syndrome is strongly mediated by the degree of skew in X-inactivation, which determines levels of functional *MeCP2* gene product.

Horike *et al.* (2005) identified the gene *DLX5*, which has been reported as imprinted with maternal expression in humans (as was *DLX6*, Okita *et al.*, 2003) as a specific target gene for regulation by *MeCP2*, with *DLX5* expressed biallelically in lymphoblastoid cells of subjects with Rett syndrome, and in the brains of *MeCP2*-deficient mice, due to apparent loss of imprinting. However, Schüle *et al.* (2007) describe evidence that expression of *DLX5* and *DLX6* is biallelic in normal individuals, and is not affected by levels of *MeCP2* (see also Itaba-Matsumoto *et al.*, 2007).

Makedonski *et al.* (2005) demonstrated that *MeCP2* deficiency leads to increased production of the paternally expressed *UBE3A* antisense transcript, and reduced levels of the maternally expressed gene *UBE3A*. Samaco *et al.* (2005) provided independent support for a link between *MeCP2* expression and *UBE3A*, showing that *UBE3A* levels are significantly reduced in brains of *MeCP2*-deficient mice, as well as in autism, Angelman syndrome and Rett syndrome, and Hogart *et al.* (2007) showed reduced *UBE3A* expression in post mortem brains, for Rett syndrome. These epigenetic disruptions of *UBE3A*, due to reduced *MeCP2* expression, result in relatively paternally-biased imprinted-gene expression, which is predicted for these autistic spectrum conditions under the conflict theory (Badcock & Crespi 2006); these findings may help to explain the phenotypic similarities between Rett syndrome and Angelman syndrome described above. Similar considerations may apply to the autistic condition Fragile X syndrome, which involves reduced expression of the key X-linked gene *FMR1* and thus may generate a bias favouring paternal-gene interests.

In contrast to these effects on autistic spectrum conditions, one mutation in the *MeCP2* gene, *A140V*, can result in PPM-X syndrome (psychosis, pyramidal signs, macroorchidism), which involves manic-depressive psychosis in males (Lindsay *et al.*, 1996; Cohen *et al.*, 2002; Klauck *et al.*, 2002; Kleefstra & Hamel, 2005). The finding that different mutations in the same X-linked gene, involved in the regulation of imprinted genes, can lead to either an autistic condition or psychosis suggests that brain-expressed imprinted genes can play key roles in neural development and psychiatric conditions.

## VI. POLYGENIC EFFECTS: GENOME SCAN AND GENETIC ASSOCIATION DATA

Schizophrenia, bipolar disorder and major depression are highly heritable, although various epigenetic and environmental factors mediate their expression (Sullivan, Kendler & Neale, 2003; Craddock, O'Donovan & Owen, 2005; Fanous & Kendler, 2005; Harrison & Weinberger, 2005; Rapoport *et al.*, 2005). The development of these conditions is normally affected by genes at multiple loci, but different genes can contribute within and between human populations. Schizophrenia, bipolar disorder and major depression are known to share susceptibility genes (Park *et al.*, 2004; Kohn & Lerer, 2005; Maziade *et al.*, 2005; Blackwood *et al.*, 2007), although the degree of genetic overlap is as yet unclear.

Two main lines of genomic evidence can be used in evaluating the role of imprinted genes in psychotic spectrum conditions: (1) genome scans that link psychotic spectrum conditions with chromosomal regions harbouring imprinted genes, and (2) genetic association studies, that relate these conditions to variants of specific imprinted genes. As for autism, genome-scan and association studies have often been subject to inconsistency of replication among studies, due to genetic heterogeneity, clinical heterogeneity, and low statistical power (Tager-Flusberg & Joseph, 2003; Bartlett *et al.*, 2005; Veenstra-Vanderweele, Christian & Cook, 2004). Thus, failure of replication in genomic studies cannot be taken as unambiguous falsification unless accompanied by negative results from other approaches or from multiple large, independent scans or association studies. Imprinting can also be implicated in psychosis by parent-of-origin effects, or by showing altered gene expression patterns for brain-expressed imprinted genes, in individuals with psychosis *versus* controls. However, relatively few studies have included tests for parent-of-origin effects (Strauch *et al.*, 1999; Knapp & Strauch, 2004; Shete & Zhou, 2005), and gene-expression studies have yet to target imprinted genes and the developmental and metabolic systems within which they are embedded. It is also difficult to relate parent-of-origin effects directly to biases toward increased relative effects from either maternally or paternally expressed imprinted genes, because it is usually unknown whether mutations or epigenetic alterations lead to decreased or increased gene expression or activity of gene products.

I synthesise three levels of data salient to imprinting effects in the development of psychotic spectrum conditions, in order of decreasing strength of the evidence: (1) regions with imprinted genes and parent-of-origin effects in their linkages to psychotic spectrum conditions, (2) regions with imprinted genes or imprinting effects and linkages to psychosis, but an absence of data on parent-of-origin effects, and (3) regions with parent-of-origin effects in their linkages to psychosis, but an absence of data on a role for imprinted genes. Given that regions with imprinted genes, regions linked with psychosis, and regions showing parent-of-origin effects each encompass a very small proportion of the human genome, coincidences of these genomic patterns are unexpected under a null model of no differential role for imprinting in psychosis; statistical assessment of this prediction requires better knowledge of the loci underlying psychotic spectrum conditions, and of which genes are actually imprinted. Data on imprinting effects in genome-scan and genetic-association studies of psychosis are summarised in Tables 4 and 5, which also list associations of these regions and genes with autism. The strength of the evidence for any given gene or region is in large part a function of the degree to which multiple, independent lines of evidence support a hypothesis of imprinting effects on the development of psychosis.

### (1) Regions with imprinted genes and parent-of-origin effects in their linkages to psychosis

The genomic regions at 2p12-q11, 6q16-q21, 14q32 and 18p11 are known to exhibit brain-expressed imprinted



Table 5. A suite of genes associated with psychotic spectrum conditions that are also subject to effects from genomic imprinting

Genes	Evidence for association with psychosis	Main evidence for imprinting effects	Comments
<i>BDNF</i>	Multiple replicated associations with schizophrenia (1,2)	Parent-of-origin effect (3) and bioinformatic prediction (4)	Gene is upregulated in autism (5–7), down-regulated in psychosis (8–10); also linked genetically with autism (11)
<i>CNTNAP2</i>	Deletions are associated with schizophrenia (12)	Parent-of-origin effect in linkage to autism (13)	Gene linked to autism (13, 14)
<i>DISC1</i>	Multiple replicated association studies for schizophrenia, bipolar disorder (15)	Bioinformatic predictions (4,16); interaction with imprinted domain (17)	Not imprinted in humans, in one study (18); gene also associated with Asperger syndrome (19)
<i>DTNBP1</i>	Multiple replicated association studies (e.g. 20, 21)	Imprinting effect with maternal transmission (22)	Effect was sex-specific (22)
<i>FOXP2</i>	One association study (23); cytogenetic evidence (24)	Maternal and paternal uniparental disomies differ in expression of <i>FOXP2</i> and in presence of dyspraxia (25)	<i>FOXP2</i> has also been associated with autism (26–28); same markers linked with autism and schizophrenia (23,26)
<i>GNAL</i>	Association studies (29)	Differential methylation, parent-of-origin effects (29)	Parent-of-origin effect also found in study of ADHD (30)
<i>GRIK2</i>	One association study (31)	Maternal parent-of- origin effect (31)	Maternal parent-of-origin effect also found in linkage with autism (32)
<i>GRIK3</i>	Association study and copy number variation (33–35)	Parent-of-origin effect (36)	Predicted imprinted in mice (4)
<i>HLA-DRB1</i>	Association studies (37,38)	Parent-of-origin effects in autism linkage (39)	Higher DR4 frequency, lower DR13 frequency in autism (39–42); reverse in schizophrenia (37,38)
<i>LRRTM1</i>	Association study (43)	Imprinted with paternal expression (43)	Also associated with mixed handedness (43)
<i>NECDIN-FEZ1-PCM-DISC1</i>	High rate of psychosis in Prader-Willi syndrome; loss of necdin expression from <i>NDN</i> gene (44)	Necdin is imprinted (paternally expressed)	<i>FEZ1</i> , <i>PCMI</i> and <i>DISC1</i> , which have been linked with schizophrenia in genetic association studies (15,45–48), interact with necdin (44)
<i>MAGI2</i>	Association study and functional linkages (49); copy-number variation (50)	Predicted imprinted, maternal expression (16)	Highly expressed in brain, anti-proliferative function consistent with maternal expression (51)
<i>RELN</i>	Genetic association studies (52,53); functional studies (54,55)	(a) parent-of-origin effects in autism linkage (56,57); differential expression (maternal X versus paternal X) in Turner syndrome mouse model (58); bioinformatic prediction (59)	<i>RELN</i> is also linked genetically with autism (60,61)
<i>RGS4</i>	Genetic and functional studies (62–64)	Bioinformatic prediction (65)	Genetic-association evidence is heterogeneous (64)
<i>SGCE</i>	Mutations cause movement disorder with high incidence of psychosis and depression (66–68)	Imprinted (paternally expressed)	Highly heterogeneous with regard to psychiatric correlates of mutations (67)
<i>UBE3A</i> & <i>ATP10C</i>	One study of childhood onset schizophrenia (69) one of schizophrenia, for <i>UBE3A</i> (70)	Imprinted (maternally expressed)	Both genes have also been linked with autism (71–74)

References: (1) Neves-Periera *et al.* (2005); (2) Rosa *et al.* (2006); (3) Muglia *et al.* (2003); (4) Luedi *et al.* (2005); (5) Miyazaki *et al.* (2005); (6) Tsai (2005); (7) Connolly *et al.* (2006); (8) Hashimoto *et al.* (2005); (9) Weickert *et al.* (2005); (10) Palomino *et al.* (2006); (11) Nishimura *et al.* (2007); (12) Friedman *et al.* (2008); (13) Arking *et al.* (2008); (14) Alarcón *et al.* (2008); (15) Chubb *et al.* (2008); (16) Luedi *et al.* (2007); (17) Ling *et al.* (2006); (18) Hayesmoore *et al.* (2008); (19) Kilpinen *et al.* (2008); (20) Breen *et al.* (2006); (21) Riley & Kendler (2006); (22) Schwab *et al.* (2006); (23) Sanjuán *et al.* (2006); (24) Moon *et al.* (2006); (25) Feuk *et al.* (2006); (26) Gong *et al.* (2004); (27) Li *et al.* (2005); (28) Marui *et al.* (2005); (29) Corradi *et al.* (2005); (30) Laurin *et al.* (2006); (31) Bah *et al.* (2004); (32) Jamain *et al.* (2002); (33) Begni *et al.* (2002); (34) Wilson *et al.* (2006); (35) Shibata *et al.* (2006); (36) Shiffer & Heinemann (2007); (37) Wright *et al.* (2001); (38) Li *et al.* (2001); (39) Torres *et al.* (2002); (40) Warren *et al.* (1996); (41) Lee *et al.* (2006); (42) Torres *et al.* (2006); (43) Francks *et al.* (2007); (44) Lee *et al.* (2005); (45) Yamada *et al.* (2004b); (46) Gurling *et al.* (2006); (47) Lipska *et al.* (2006); (48) Roberts (2007); (49) Buxbaum *et al.* (2008); (50) Walsh *et al.* (2008); (51) Hu *et al.* (2007); (52) Goldberger *et al.* (2005); (53) Shifman *et al.* (2008); (54) Fatemi (2005); (55) Kundakovic *et al.* (2007); (56) Rampersaud *et al.* (2006); (57) Dutta *et al.* (2007); (58) Davies *et al.* (2006); (59) Nikaïdo *et al.* (2004); (60) Skaar *et al.* (2005); (61) Serajee *et al.* (2006); (62) Talkowski *et al.* (2006); (63) Levitt *et al.* (2006); (64) Chowdari *et al.* (2008); (65) Allen *et al.* (2003); (66) Lauterbach *et al.* (1994); (67) Doheny *et al.* (2002); (68) DeBerardinis *et al.* (2003); (69) Sporn *et al.* (2004); (70) Iossifov *et al.* (2008); (71) Nurmi *et al.* (2003); (72) Jiang *et al.* (2004); (73) Kato *et al.* (2008); (74) Kim *et al.* (2008).

genes in humans, and thus they represent strong candidates for imprinting effects on the development of psychosis.

(a) *2p12 and the LRRTM1 gene*

A paternal parent-of-origin effect on both schizophrenia and relative hand skill has been found for 2p12-q11 by Francks *et al.* (2003b), who anticipated the imprinted-brain hypothesis for psychosis and autism in stating that their findings, implicating a common, functional, imprinted allele in schizophrenia, suggest that 'lateralized development of the human brain, and complex human cognitive abilities, have been subject to a parental conflict over investment' (p. 3227). The largest schizophrenia linkage meta-analysis to date showed that the 2p11-q14 region was the strongest in the genome, and the only one reaching genome-wide significance (Lewis *et al.*, 2003). The 2p11-q14 region has also been strongly associated with bipolar disorder (Willour *et al.*, 2007; Goes *et al.*, 2007), for linked markers overlapping with those of Francks *et al.* (2003a,b).

Francks *et al.* (2007) identified *LRRTM1* as a paternally expressed imprinted gene that apparently underlies these linkages of 2p12 with schizophrenia and handedness. This gene is expressed throughout the brain, but expression levels from the risk *versus* protective haplotypes have yet to be investigated; reduced expression would result in a relative maternal gene-expression bias, as predicted under the imprinted brain theory.

(b) *6q16-q26 and the GRIK2 gene*

The region at 6q16-q21, which shows evidence of a maternal-transmission parent-of-origin effect (Schulze *et al.*, 2004; see also Dick *et al.*, 2003), includes the maternally expressed gene *c6orf66* at 6q16.1 that regulates cell proliferation in the brain and other tissues (Okita *et al.*, 2003). The region 6q24-q26 includes several known imprinted genes, including the paternally expressed *ZAC1* gene, which plays an important role in embryonic growth and brain development, with strong post-natal expression in GABA ( $\gamma$ -aminobutyric acid)-ergic limbic-system neurons of mice (Valente, Junyent & Auladell, 2005; Varrault *et al.*, 2006). Linkage to schizophrenia as well as bipolar disorder has been found for 6q16-q26 in multiple studies (Cao *et al.*, 1997; Dick *et al.*, 2003; Lerer *et al.*, 2003; McInnis *et al.*, 2003a; Middleton *et al.*, 2004; Park *et al.*, 2004; Schulze *et al.*, 2004; Kohn & Lerer, 2005; Lambert *et al.*, 2005; Levi *et al.*, 2005), implying shared susceptibility to psychotic spectrum conditions in this large region.

A candidate gene in this region, *GRIK2* at 6q16 (coding for the glutamate receptor *GLUR6*), is involved in glutamatergic neurotransmission, exhibits multiple splice variants in the hippocampus (Barbon, Vallini & Barlati, 2001), and is downregulated in the hippocampus in schizophrenia (Benes, Todtenkopf & Kostoulakos, 2001; Porter, Eastwood & Harrison, 1997). Variants of this gene appear to be associated with both psychoses and autism: Phillippe *et al.* (1999) found linkage of autism to 6q16 in a genome scan, and Jamain *et al.* (2002) found evidence for enhanced maternal transmission of *GRIK2* genetic variants in autism in an

association study; Shuang *et al.* (2004) and Kim *et al.* (2007) also found associations of *GRIK2* variants with autism, but they did not test for parent-of-origin effects. Bah *et al.* (2004) reported a maternal transmission effect in an association of *GRIK2* with susceptibility to schizophrenia, and Laje *et al.* (2007) found an association between levels of suicidal ideation in major depression and a single-nucleotide polymorphism in this gene, but did not test for parent-of-origin effects.

*GRIK3* (at 1p34), which codes for the glutamate receptor *GLUR7*, shows allelic and copy-number variants associated with schizophrenia (Begni *et al.*, 2002; Wilson *et al.*, 2006; Shibata *et al.*, 2006; but see also Lai *et al.*, 2005) as well as altered expression in the frontal cortex of schizophrenics (Sokolov, 1998; Meador-Woodruff, Davis & Haroutunian, 2001). Schiffer *et al.* (2000) describe evidence of unequal allelic expression of *GLUR7* mRNA in human brains that they interpret as possibly indicating an imprinting effect. Schiffer & Heinemann (2007) demonstrate a parent-of-origin effect in their genetic-association study that linked *GRIK3* with major depression and bipolar disorder, and Luedi *et al.* (2005) predicted this gene to be imprinted with maternal expression (in mice) in a bioinformatic study. Another glutamate-receptor gene, *GRIK4* (at 11q22), has recently been linked genetically with schizophrenia and bipolar disorder (Pickard *et al.*, 2006), but parent-of-origin effects were not evaluated in this case. The associations of *GRIK2*, *GRIK3* and *GRIK4* with psychosis support a role for disrupted glutamatergic neurotransmission in these disorders (Pickard *et al.*, 2006), as in autism (Carlsson, 1998; Szatmari *et al.*, 2007).

(c) *14q32 and the DLK1 gene*

The region 14q32 has been implicated in bipolar disorder with paternal inheritance (Cichon *et al.*, 2001) as well as showing linkage with bipolar and schizoaffective disorder (Segurado *et al.*, 2003; Ogden *et al.*, 2004), anxiety (Middeldorp *et al.*, 2008), and reading disability and attention deficit hyperactivity (ADHD) (Gayán *et al.*, 2005). This region contains a small cluster of imprinted genes including the paternally expressed gene *DLK1*, the maternally expressed *GTL2* gene, the paternally expressed *DIO3* gene, several other imprinted genes (Tierling *et al.*, 2006), and a large set of brain-specific, maternally expressed snoRNAs and microRNAs (Cavaillé *et al.*, 2002; Seitz *et al.*, 2004a,b; Croteau *et al.*, 2005; Tierling *et al.*, 2006). The *DLK1* gene is less than 1Mb from the linkage peak of Cichon *et al.* (2001).

Functional links of the 14q32 region to psychosis are suggested by three findings: First, expression of *DLK1* and dopamine beta-hydroxylase (DBH) is tightly correlated in neuroblastoma cells, and *DBH* genotype is associated with paranoid ideation in patients with major depression (Wood *et al.*, 2002). Second, *DLK1* expression is associated with differentiation of dopaminergic midbrain neurons (Christophersen *et al.*, 2007), and such neurons have been postulated to play a central role in the etiology of schizophrenia (Seeman *et al.*, 2005; Lavolette, 2007). Finally, the deiodinase gene *DIO3* is paternally expressed in mice and it appears to be also imprinted in humans (Hernandez *et al.*,

2004); the product of this gene inactivates thyroid hormones (with knockouts leading to hypothyroidism in mice) (Hernandez *et al.*, 2006), and hypothyroidism represents a notable physiological cause of psychosis (Heinrich & Grahm, 2003), as described in more detail below for the *GNAS* locus. The suite of imprinted genes at 14q32 has also been demonstrated to undergo interactions directly indicative of genomic conflict (Davis *et al.*, 2005), as for the *IGF1-H19* region (Lewis & Redrup, 2005).

Maternal uniparental disomies of chromosome 14 (UPD14) exhibit a distinctive phenotype that resembles Prader-Willi syndrome for several traits, including low birth weight, poor neonatal suckling, delayed motor development, obesity, and in a few cases skin picking or skill with jigsaw puzzles (Berends *et al.*, 1999; Hordijk *et al.*, 1999; Manzoni *et al.*, 2000; Shimoda *et al.*, 2002; Kotzot, 2004, 2007; Falk *et al.*, 2005). Maternal UPD14 can also involve language and developmental delay (Worley *et al.*, 2001; Kotzot, 2004), hypothyroidism (Manzoni *et al.*, 2000), and higher verbal than non-verbal IQ (Manzoni *et al.*, 2000). These traits in maternal UPD14 are apparently related to reduced expression of paternally expressed genes at 14q32, with *DLK1* as a primary candidate for phenotypic effects (Sutton & Shaffer, 2000; Temple *et al.*, 2007; Buiting *et al.*, 2008; Kagami *et al.*, 2008).

#### (d) 18p11.2 and the *GNAL* gene

This region has also been repeatedly associated in genome scans with schizophrenia and bipolar disorder (Schwab *et al.*, 1998b; Detera-Wadleigh *et al.*, 1999; Kato, 2001; Segurado *et al.*, 2003; Fallin *et al.*, 2004; Lin *et al.*, 2005; Escamilla *et al.*, 2007 and references therein), as well as exhibiting linkages to a psychosis endophenotype in bipolar disorder and schizophrenia (Mukherjee *et al.*, 2006), prepulse inhibition (Palmer *et al.*, 2003) and dyslexia (Fisher *et al.*, 2002a), which exhibits strong neuroanatomical and cognitive links to psychosis (Shapleske *et al.*, 1999; Heim *et al.*, 2004; Bersani *et al.*, 2006; Edgar *et al.*, 2006). Paternal and maternal parent-of-origin effects have been reported by most studies in these linkages to schizophrenia and bipolar disorder (see Stine *et al.*, 1995; Gershon *et al.*, 1996; Schwab *et al.*, 1998b; Nöthen *et al.*, 1999; Turecki *et al.*, 1999; Kato, 2001; Corradi *et al.*, 2005; Mülle *et al.*, 2007).

Corradi *et al.* (2005) describe evidence (including the presence of differentially methylated regions) that the *GNAL* gene at 18p11.2 exhibits imprinting, and is responsible for these parent-of-origin effects. This hypothesis is supported by the finding that most of the linkages of 18p11.2 to psychiatric conditions centre at or near a single genetic marker, D18S53, which is directly adjacent (0.5 cM) to the *GNAL* locus (Schwab *et al.*, 1998b; Turecki *et al.*, 1999; Fisher *et al.*, 2002a). Allelic variation at the *GNAL* locus has been associated with major depression in females (Zill *et al.*, 2002) and with ADHD (Laurin *et al.*, 2006), and Bickeboller, Kistler & Scholz (1997) found a possible association with bipolar disorder; the former two studies also reported evidence for parent-of-origin effects. By contrast, Zill *et al.* (2003) found no evidence of association in a study of patients with bipolar disorder.

The *GNAL* locus codes for two transcripts, *Gαolf* and *XLGαolf*, that localise to diverse brain regions (Belluscio *et al.*, 1998), including several regions associated with psychosis, such as the prefrontal cortex, nucleus accumbens, and striatum, as well as exhibiting expression in the olfactory bulb (Zill *et al.*, 2002; Corradi *et al.*, 2005). Activity of *GNAL* transcripts is functionally coupled to the dopamine D1 and adenosine A2a receptors, which modulate dopaminergic neurotransmission and show functional and genetic links with psychosis (Lara *et al.*, 2006; Ottoni *et al.*, 2005; Lara, 2002; Abdolmaleky *et al.*, 2005; Corradi *et al.*, 2005; Dmitrzak-Weglarz *et al.*, 2006; Ravyn & Bostwick, 2006). The *Gαolf* transcript is also upregulated in the striatum in response to psychostimulants (in mice, Corvol *et al.*, 2007) and antidepressants (in rats, Taoka *et al.*, 2006), which implicates its cAMP-signalling effects in affective and psychotic conditions (Hattori *et al.*, 2005; Avissar & Schreiber, 2006).

Most details of the parental and tissue expression patterns and molecular functions of *GNAL* transcripts remain to be elucidated. The *Gαolf* protein shares extensive homology with the *GNAS* transcript *Gαs*, and it likewise influences dopaminergic neurotransmission *via* the cAMP pathway (Vuoristo *et al.*, 2000). Mice homozygous for a null mutation of *Gαolf* exhibit greatly-impaired olfaction, most are 'unable to nurse and die within two days of birth' (Belluscio *et al.*, 1998, p. 69), and survivors are hyperactive; adult females exhibit impaired maternal behaviour, apparently due to olfactory deficits (Belluscio *et al.*, 1998). This study concluded that *Gαolf* plays a key role in olfactory signal transduction, as well as influencing behaviour *via* the dopaminergic system. These findings are of interest because deficits and alterations in olfaction are a well-documented characteristic of schizophrenia (Moberg *et al.*, 2006).

## (2) Regions with imprinting effects and linkages to psychosis

The genomic regions at 1q42, 1p36, 6p21.3, 6p22.3, 7q21-q22, 7q31, 7q35, 8q24, 10p12-p14, 10q26, 11p13, 11p15.5, 16p13.3, 19q13.3-q13.4, and 20q13 have been linked with psychotic spectrum conditions and also exhibit known imprinted genes, parent-of-origin effects, or genes directly influenced by imprinted genes (Tables 4 and 5).

#### (a) 1q42 and the *DISC1* gene

The *DISC1* gene exhibits one of the best-replicated associations with psychotic spectrum conditions including schizophrenia, bipolar disorder and depression (Chubb *et al.*, 2008), as well as showing linkage in one study with Asperger syndrome (Kilpinen *et al.*, 2008). Luedi *et al.* (2007) have predicted *DISC1* to be imprinted with maternal expression based on bioinformatics, but the presence or absence of parent-of-origin effects has not been reported for this gene, and Hayesmoore *et al.* (2008) demonstrated that *DISC1* is not imprinted in adult human brain. These findings indicate that the bioinformatics prediction appears inaccurate in this case, but independent evidence from chromosome-capture experiments indicates that *DISC1*

expression may be affected by trans-acting chromosomal regulation mediated by the imprinted *IGF2-H19* locus (Zhao *et al.*, 2006). Similar considerations apply to the *NFI* gene, which has been linked with autism (Mbarek *et al.*, 1999; Marui *et al.*, 2004); this gene is not known to be imprinted, but its expression is modulated by an inter-chromosomal interaction with the paternal allele of the *IGF2-H19* imprinted domain (Ling *et al.*, 2006). These findings suggest that *DISC1* and *NFI* comprise part of an 'extended genotype' for these imprinted genes (Smits & Kelsey, 2006), which may influence the risk of disease.

#### (b) *1p36 and the TP73 gene*

The 1p36 region has been linked in genome scans to schizophrenia (Abecasis *et al.*, 2004; Kohn *et al.*, 2004; Escamilla *et al.*, 2007), dyslexia (Grigorenko *et al.*, 2001; Tzenova *et al.*, 2004), speech disorder (Smith *et al.*, 2005), bipolar disorder (Schumacher *et al.*, 2005), and major depression (McGuffin *et al.*, 2005). The three independent linkages to schizophrenia and dyslexia exhibit their highest logarithm of odds (LOD) scores at the same marker, D1S507, at 1p36.21 (Grigorenko *et al.*, 2001; Tzenova *et al.*, 2004; Kohn *et al.*, 2004), or very close nearby (Abecasis *et al.*, 2004; Smith *et al.*, 2005; McGuffin *et al.*, 2005), and Stefansson *et al.* (2002) also found suggestive evidence of a peak in this region for schizophrenia.

Two genes directly involved in imprinting effects are also found in the 1p36 region: *TP73*, an imprinted gene at 1p36.32 that is maternally expressed in humans, and *MTHFR* at 1p36.22, which regulates folate and homocysteine metabolism, and thus affects methylation of imprinted genes.

*TP73* is transcribed from multiple promoters and exhibits multiple isoforms with opposing pro-apoptotic and anti-apoptotic effects (A. F. Lee *et al.*, 2004; Ramadan *et al.*, 2005; Cabrera-Socorro *et al.*, 2006; Boominathan, 2007). It is tightly coexpressed with reelin (the *RELN* gene product) in Cajal-Retzius cells in the developing foetal neocortex of mice (Meyer *et al.*, 2002; Cabrera-Socorro *et al.*, 2006), which may explain the maternal-expression status of *RELN* reported in the Expression-based Imprint Candidate Organizer (EICO) database of putative imprinted genes (Nikaido *et al.*, 2004). The gene product of *TP73* trans-activates target genes of the key apoptosis-related gene *TP53*, which has been linked with schizophrenia (Ni *et al.*, 2005).

Mice deficient in p73 proteins exhibit increased apoptosis in cortical and hippocampal neurons, impaired olfaction, and chronic inflammation (Yang *et al.*, 2000; Cabrera-Socorro *et al.*, 2006). Terminal deletions at 1p36 (many of which include the *TP73* gene) lead to monosomy for this region and represent the most common terminal deletion in humans (Heilstedt *et al.*, 2003). Such deletions result in mental retardation, delayed myelination, hypothyroidism, hearing loss, and impaired vision (as well as epilepsy, hypotonia, language impairment and heart defects) (Heilstedt *et al.*, 2003; Battaglia, 2005; D'Angelo *et al.*, 2006). D'Angelo *et al.* (2006) also noted that terminal deletions at 1p36.33 are associated with a suite of physiological and

behavioural traits similar to Prader-Willi syndrome, and Moon *et al.* (2006) reported that alterations in copy number of chromosomal segments at 1p36.33 are found relatively commonly in schizophrenia. The set of phenotypes found in human 1p36 deletion resembles those seen in p73-deficient mice, and such disruptions may be due in part to reduced expression of reelin and a dramatic size reduction of the (transferrin-secreting) choroid plexus (Meyer *et al.*, 2004; Cabrera-Socorro *et al.*, 2006).

*TP73* gene products also regulate two maternally expressed, imprinted genes at 11p15.5, *CDKN1C* and *KCNQ1* (Blint *et al.*, 2002), which may account for the growth retardation commonly seen in 1p36 deletion. Wu *et al.* (1999) note a lack of apparent differences between paternal *versus* maternal deletions at 1p36, but their study did not take account of the fact that only some such deletions include the *TP73* gene. Individuals with 1p36 deletions have not been examined for neuroanatomical, psychiatric or formal language-related phenotypes; individuals with maternal deletions including *TP73* may be expected to differ from others for such traits.

*MTHFR* codes for the enzyme methylenetetrahydrofolate reductase, which exhibits functional polymorphisms that have been associated with schizophrenia, bipolar disorder, depression, and autism, with some gender-specific effects (Lewis *et al.*, 2005; McGuffin *et al.*, 2005; Muntjewerff *et al.*, 2005; Sazci *et al.*, 2005; James *et al.*, 2006; Zintzaras, 2006). Each of these conditions is associated with the TT genotype of the C677T polymorphism, which reduces the availability of folate metabolites for methylation and may thereby cause defects in the expression of imprinted genes and other genes regulated by methylation of promoter regions (Zogel *et al.*, 2006; Axume *et al.*, 2007). The effects of these polymorphisms on psychiatric conditions may be mediated in part by maternal folate status during pregnancy, which also affects the methylation status of imprinted genes (Shields *et al.*, 1999; Ingrosso *et al.*, 2003; Picker & Coyle, 2005; Zogel *et al.*, 2006). *MTHFR* deficiency has also been shown in a case study to lead to a condition that mimics Angelman syndrome (Williams *et al.*, 2001), and transmission ratio disruption for this gene suggests effects of the A1298C genotype on embryonic survival (Infante-Rivard & Weinberg, 2005).

#### (c) *6p21.3 and HLA-DRB1 gene*

Schizophrenia and autism involve dysregulation of the neuroimmune and immune systems (Wright *et al.*, 1996b, 2001; Benasich, 2002; Torres *et al.*, 2002; Engstrom *et al.*, 2003; Cohly & Panja, 2005; Croen *et al.*, 2005; Ashwood, Wills & Van de Water, 2006). In particular, these conditions involve strongly altered ratios of cytokines and other immune-system components that are indicative of Th1 (cell-mediated) *versus* Th2 (humoral) systems of immunity (Schwarz *et al.*, 2001; Hu *et al.*, 2006; Molloy *et al.*, 2006; Riedel *et al.*, 2007), and significantly altered frequencies of immune and autoimmune diseases in affected individuals and relatives (Comi *et al.*, 1999; Holden & Pakula, 1999; Sweeten *et al.*, 2003; Boulanger & Shatz, 2004; Ashwood *et al.*, 2006; Ashdown *et al.*, 2006; Eaton *et al.*, 2006).

Differences in autoimmune disorders include a strikingly decreased frequency of rheumatoid arthritis in schizophrenics (Eaton, Hayward & Ram, 1992; Torrey & Yolken, 2001; Gorwood *et al.*, 2004) and an increased frequency in families with autistic members (Comi *et al.*, 1999; Sweeten *et al.*, 2003). Gorwood *et al.* (2004) also found a significantly decreased level of paranoid ideation, a measure of positive schizotypy, in rheumatoid arthritis patients.

Immune-disorder effects in autism, schizophrenia, and rheumatoid arthritis appear to be mediated at least in part by class II Human Leukocyte Antigen (HLA) loci at 6p21.3, with notable effects from HLA-DR4 and HLA-DR13 alleles at the locus *HLA-DRB1*. Thus, autism is strongly associated with an increased frequency of DR4 alleles, especially in the linked haplotype combination B44-SC3-DR4 (Warren *et al.*, 1992, 1996; Torres *et al.*, 2002, 2006; Lee *et al.*, 2006; but see also Guerini *et al.*, 2006); autism also involves a significantly reduced frequency of DR13 alleles at the *HLA-DRB1* locus (Torres *et al.*, 2002). There is evidence for a decreased frequency of the DR4 allele in schizophrenia in some populations (in patients and their mothers; Wright *et al.*, 1996a, 1998; Arinami *et al.*, 1998; reviewed in Wright *et al.*, 2001) although some studies did not replicate this difference (Hawi *et al.*, 1999; Akaho *et al.*, 2000; Li *et al.*, 2001). Moreover, one study noted strong preferential transmission of the DR13 allele in schizophrenia (Li *et al.*, 2001), such that this allele is positively associated with the disorder. The *HLA-DRB1* locus also exhibits significantly differential expression in the central nervous system and in blood for schizophrenia patients *versus* controls (Glatt *et al.*, 2005).

One means of analysing the robustness of these associations is by using epidemiological and genetic data that link these same HLA alleles with rheumatoid arthritis, as this autoimmune disorder is found at much lower rates in schizophrenia, but shows evidence of a higher frequency in autism (and in relatives), as noted above. In rheumatoid arthritis, DR4 exhibits an increased frequency (Wright *et al.*, 2001; Newton *et al.*, 2004; Kapitány *et al.*, 2005; Roudier, 2006), as do the A2-B44 and A2-B44-DR4 haplotypes (McDermott *et al.*, 1986; Ollier *et al.*, 1986) and the autism-associated B44-SC30-DR4 haplotype (Fraser *et al.*, 1990). A hypervariable-region sequence HRV-3, found preferentially in DR4 haplotypes, is also strongly associated with both autism and rheumatoid arthritis (Warren *et al.*, 1996). These findings are consistent with patterns of genetic and epidemiological connection between autism, schizophrenia, rheumatoid arthritis, and DR4 alleles of the DRB1 locus, although further studies involving analysis of extended haplotypes, and epidemiological analyses targeted at the apparent associations, are clearly needed.

Parent-of-origin effects have been noted in the inheritance of DR4 and DR13 alleles in autism (Torres *et al.*, 2002), and 6p21.3 harbours four potentially imprinted genes (Nikaido *et al.*, 2004). Interpretation of these parent-of-origin effects is complicated by the presence of maternal-foetal immunological interactions, especially given that non-inherited maternal alleles may also influence offspring phenotypes (Johnson, 2003; Hsieh *et al.*, 2006); in this case (Torres *et al.*, 2002), DR4 alleles were preferentially inherited from the father, and fewer DR13 alleles than

expected were inherited from the mother. Analyses of the effects of genes in the 6p21.3 region are also complicated by strong linkage disequilibrium in this region (Blomhoff *et al.*, 2006), such that it is difficult to ascribe phenotypic effects to particular alleles, and also by evidence for recent positive selection at this locus for some human populations (Raymond *et al.*, 2005; Windsor *et al.*, 2005; Voight *et al.*, 2006). Moreover, phylogenetic analyses of the suite of alleles at *HLA-DRB1* indicates that this locus has diversified very recently compared to other class II HLA loci (which generally predate the chimpanzee-human split) (von Salomé, Gyllenstein & Bergström, 2007), and DR4 has evolved very recently (within the past 250,000 years), with its allelic variants evolving especially rapidly (Bergström *et al.*, 1998; Hohjoh *et al.*, 2003).

#### (d) 6p22.3 and the *DTNBP1* gene

The dysbindin gene *DTNBP1* at 6p22.3 exhibits a well-replicated genetic and functional association with the risk of schizophrenia (Riley & Kendler, 2006), and genetic variants of this gene have also been linked with bipolar disorder (Breen *et al.*, 2006; Pae *et al.*, 2006). Schwab *et al.* (2006) describe evidence for a sex-specific imprinting effect in the association of this gene with schizophrenia in an abstract; previous studies of this gene have not reported tests for parent-of-origin effects. The report by Schwab *et al.* (2006) is partially corroborated by the presence of an allele-specific protein-DNA interaction involving *DTNBP1* (Maynard *et al.*, 2008), but further studies are required for definitive inferences.

#### (e) 7q21-q22 and the *SGCE*, *MAGI2*, and *RELN* genes

The region 7q21-q22 has been linked to schizophrenia (Ekelund *et al.*, 2000; Paunio *et al.*, 2004; see also Moises *et al.*, 1995; Blouin *et al.*, 1998; Faraone *et al.*, 1998), bipolar disorder (McInnis *et al.*, 2003a), and autism (IMGSAC, 2001a; Lamb *et al.*, 2005; Smalley *et al.*, 2005). In addition, a chromosomal breakpoint at 7q21 (0.5 Mb from the imprinted region here) was associated with childhood-onset schizophrenia and paranoia in a case study (Yan *et al.*, 2000). Dysregulation of three imprinted or putatively imprinted genes in this region may underlie these genetic associations with psychosis.

First, mutations or cytogenetic abnormalities involving the paternally expressed imprinted gene *SGCE* at 7q21 (Piras *et al.*, 2000; Grabowski *et al.*, 2003; Okita *et al.*, 2003) are associated with one form of the movement disorder myoclonus dystonia. This disorder, when due to functional mutations of *SGCE* (which cause a maternal gene-expression bias, since paternal-gene activity is reduced), engenders high rates of psychotic symptoms including paranoia and hallucinations, in addition to anxiety, panic attacks, and depression (Lauterbach *et al.*, 1994; Doheny *et al.*, 2002; DeBerardinis *et al.*, 2003).

Second, the gene *MAGI2*, about 15 Mb distant from *SGCE* at 7q21, is predicted as imprinted and maternally expressed in humans by Luedi *et al.* (2007), a report that is supported in part by the presence of an allele-specific

protein-DNA interaction involving this gene (Maynard *et al.*, 2008). *MAGI2* is highly expressed in the brain, where it exerts anti-proliferative effects *via* regulation of the *PTEN* and *NRG1-ERBB* growth-signalling pathways (Hu *et al.*, 2007; Buxbaum *et al.*, 2008). *MAGI2* alleles have been associated with schizophrenia risk by Buxbaum *et al.* (2008), and Walsh *et al.* (2008) reported an association between disruption of this gene *via* a duplication and a case of schizophrenia, in an analysis of copy number variants.

Third, the gene *RELN*, at 7q22, codes for the extracellular matrix protein reelin which is secreted by GABA-ergic interneurons, and its expression is regulated *via* promoter methylation by *DNMT1*, a methyltransferase 'imprinter' gene that may itself be subject to genomic conflicts over expression pattern (Veldic *et al.*, 2005; Wilkins, 2005; Grayson *et al.*, 2006). Reelin is dysregulated in both schizophrenia and autism, primarily *via* changes in its methylation status (Dong *et al.*, 2005a; Fatemi, 2005; Fatemi *et al.*, 2005; Grayson *et al.*, 2005; Guidotti *et al.*, 2005), and it has also been linked *via* genetic association studies with schizophrenia (Goldberger *et al.*, 2005; Shifman *et al.*, 2008) and autism (Persico *et al.*, 2001; Zhang *et al.*, 2002; Bonora *et al.*, 2003; Devlin *et al.*, 2004; Bartlett *et al.*, 2005; Skaar *et al.*, 2005; Serajee *et al.*, 2006; Li *et al.*, 2008). Three lines of evidence suggest imprinting effects in *RELN* expression: (1) the EICO database of potentially imprinted genes (Nikaido *et al.*, 2004), (2) parent-of-origin effects in linkage of *RELN* with autism (Dutta *et al.*, 2007; Rampersaud *et al.*, 2007), and (3) studies of a mouse model for Turner syndrome in which *RELN* is differentially expressed between mice with a paternal *versus* maternal X chromosome (Davies *et al.*, 2006); however, there is no direct evidence of imprinting for this gene.

#### (f) 7q31 and the *FOXP2* gene

This region has been linked with autism and the related condition Specific Language Impairment (O'Brien *et al.*, 2003; Schellenberg *et al.*, 2006), and with schizophrenia (Detera-Wadleigh *et al.*, 1999). Genetic mapping and mutational studies of a three-generation pedigree of the 'KE' family, who exhibit autosomal dominant speech and language impairment, led to the identification of *FOXP2* at 7q31.2 as the causative gene for Specific Language Impairment (Fisher & Marcus, 2006). Allelic variants of *FOXP2* have been linked with autism in some studies (Newbury *et al.*, 2002; Gong *et al.*, 2004; Li *et al.*, 2005; Marui *et al.*, 2005), but other studies have found no evidence of association (Wassink *et al.*, 2002; Gauthier *et al.*, 2003). This gene may thus play a minor role in the etiology of autism, or its role may be restricted to effects on language skills that are also commonly affected in autism.

Sanjuán *et al.* (2006) found significant differences in *FOXP2* genetic variants between controls and schizophrenia patients with auditory hallucinations; this effect may be mediated by interleukin-2 (*IL-2*), given that *FOXP2* binds to the *IL-2* promoter (Wang *et al.*, 2003) and *IL-2* has been linked with schizophrenia genetically and physiologically (Schwarz *et al.*, 2006). The polymorphic sites linked to schizophrenia in the study of Sanjuán *et al.* (2006), rs1456031 and rs2396753, were the same two sites linked

to autism by Gong *et al.* (2004), and they have not been genotyped in other studies. Further studies using these two polymorphic sites are required for robust interpretation of these associations. The only other evidence salient to an association between *FOXP2* and schizophrenia is data from Moon *et al.* (2006, their Table 3) suggesting that increased copy number of chromosomal segments at 7q31.2, including *FOXP2*, may be relatively common in this disorder.

Feuk *et al.* (2006) found that a lack of paternally inherited *FOXP2* is associated with reduced expression of some isoforms of this gene, and speech and language impairment, in patients with maternal uniparental disomy for chromosome 7. By contrast, paternal uniparental disomy of this chromosome does not lead to reduced *FOXP2* expression, or impaired speech and language. These authors suggest that imprinting effects may mediate this difference, but they also note that there is no evidence regarding differential expression or methylation of the paternal and maternal copies of this gene. There are no imprinted genes known from this region, although imprinted-gene clusters are found at 7q21.3 and 7q32.3. Crespi (2007) suggested that human speech and language may have evolved partially in the context of genomic conflict over resources provided by parents to young children, given the preliminary evidence for imprinting effects on the expression of *FOXP2* (Feuk *et al.*, 2006) and its interaction partner *FOXP1* (Nikaido *et al.*, 2004), recent positive selection on *FOXP2* in the human lineage (Enard *et al.*, 2002), and the apparent role of this gene in the evolution of speech.

Polymorphisms in a second gene in the 7q31 region, the metabotropic glutamate receptor *GRM8*, have been associated with schizophrenia (Takaki *et al.*, 2004) and autism (Serajee *et al.*, 2003; but see also Li *et al.*, 2008). *GRM8* haplotypes were also associated with variation in language and stereotypy phenotypes in autism, and such linkages were highly significant for maternal transmission but there was no evidence of association for paternal transmission (Serajee *et al.*, 2003). These data are suggestive of imprinting. *GRM8* is not known to be imprinted, but it is a short distance (3Mb) from the imprinted-gene cluster at 7q32. Different polymorphic markers were used in each study, and Takaki *et al.* (2004) did not test for parent-of-origin effects.

#### (g) 7q35 and the *CNTNAP2* gene

Deletions of the gene *CNTNAP2* has been linked with schizophrenia in three unrelated subjects (Friedman *et al.*, 2007), and allelic variants of this gene have recently been linked with autism (Alarcón *et al.*, 2008; Arking *et al.*, 2008). Arking *et al.* (2008) reported a strong parent-of-origin effect, such that the 'common variant [was] a disease variant only when inherited through the female germline' (Arking *et al.*, 2008, p. 162), and both studies also found that the associations with autism were notably stronger for male than female patients. The *CNTNAP2* gene is strongly expressed in anterior brain regions of humans (but not rodents) (Abrahams *et al.*, 2007), and it is down-regulated in a variety of cancers (McAvoy *et al.*, 2007). Imprinted genes or parent-of-origin effects have apparently not been reported for the region harbouring this gene.



*(h) Parent-of-origin effects at 8q24*

The region at 8q24.3 has been associated with schizophrenia (Walss-Bass *et al.*, 2006), with the highest LOD score at D8S1836, surrounded by a cluster of four genes predicted to be imprinted (Luedi *et al.*, 2007), and within 3Mb of the known, brain-expressed imprinted gene *KCNK9*. Linkages to bipolar disorder have been reported for 8q24.13 (Cichon *et al.*, 2001; Park *et al.*, 2004) and 8q24.22 (Dick *et al.*, 2003; McInnis *et al.*, 2003b); Cichon *et al.* (2001) and McInnis *et al.* (2003b) did not find evidence for parent-of-origin effects for these sites, the other studies did not test for such effects, and there are no known or predicted imprinted genes in these regions.

*(i) Parent-of-origin effects at 10p12-p14*

Markers in this region have been linked with schizophrenia (Schwab *et al.*, 1998a; Straub *et al.*, 2002, for D10S1423), schizophrenia and schizoaffective disorder (DeLisi *et al.*, 2002, for D10S189), bipolar disorder (Lambert *et al.*, 2005, for D10S197), and autism (Lamb *et al.*, 2005, for D10S189), but these studies did not test the markers for parent-of-origin effects; Arking *et al.* (2008) also found linkage of 10p13-p14 to autism. Significant parent-of-origin effects have, however, been reported for these same markers in studies of obesity or body mass index: at D10S189 (Lindsay *et al.*, 2001), D10S1423 (Gorlova *et al.*, 2003), and D10S197 (Dong *et al.*, 2005b). The gene *Sfnbt2* at 10p14, about 0.5 Mb from D10S189, is imprinted with paternal expression in mouse placenta and embryos (Kuzmin *et al.*, 2008), and the predicted imprinted gene *GATA3* is a further 0.9 Mb from D10S189. *Sfnbt2* has yet to be studied in humans, but in mice it is one of 11 genes strongly upregulated in response to treatment with the mood-stabilizing drug sodium valproate, a standard treatment for bipolar disorder (Chetcuti *et al.*, 2006).

*(j) 10q26 and the INPP5F gene*

This region has been linked with schizophrenia and bipolar disorder (Cichon *et al.*, 2001; Kelsoe *et al.*, 2001; Ewald *et al.*, 2002a,b; Lerer *et al.*, 2003; McInnis *et al.*, 2003b; Williams *et al.*, 2003; Bulayeva *et al.*, 2007), and with ADHD (Fisher *et al.*, 2002b), autism (Philippe *et al.*, 1999), and handedness (Van Agtmael *et al.*, 2003). Mustanski *et al.* (2005) reported linkage of 10q26 to homosexuality with a maternal parent-of-origin effect, but Cichon *et al.* (2001) and McInnis *et al.* (2003b) tested for, but did not find, significant parent-of-origin effects. Homosexuality, schizophrenia and schizotypy appear to engender significant increases in mixed handedness and left handedness, although some results are inconclusive (e.g. Blanchard *et al.*, 2006; Narr *et al.*, 2007). Many of the studies cited above (Philippe *et al.*, 1999; Cichon *et al.*, 2001; Kelsoe *et al.*, 2001; Ewald *et al.*, 2002b; McInnis *et al.*, 2003b; Mustanski *et al.*, 2005) note linkages to the same genetic marker, D10S217 at 10q26.2, although in some cases few markers were used. Patients with subterminal deletions of 10q (which includes deletion of D10S217) exhibit low birth weight and behavioural problems that 'suggest the diagnosis of pediatric bipolar disorder' (Courtens *et al.*, 2006).

Evidence for imprinting effects at 10q26 comes from Choi *et al.* (2005), who found that an isoform of the inositol

phosphatase gene *INPP5F* was paternally expressed in brain tissue of mice, and from Wood *et al.* (2007), who showed paternal expression for this gene in humans (in foetal brain and other tissues). Stopkova *et al.* (2004) independently suggested that the *INPP5F*(=*SAC2*) gene at 10q26.11 might be associated with schizophrenia and bipolar disorder, based on its genomic location and function in the PI3K (phosphatidylinositol 3-kinase) growth-signalling pathway (see Kalkman, 2006). Strichman-Almashanu *et al.* (2002) reported a differentially methylated region in humans at 10q26.3 and a 'similarly-methylated region' at 10q26.11 (near *INPP5F*), and Hou (2003) suggested that 10q26 trisomy involves effects from imprinting, based on apparent higher survival in trisomy from paternal than maternal translocations. Finally, Luedi *et al.* (2005) noted that the murine analog of the human homeobox gene *NKX6-2*, at 10q26 near 10S217, exhibits high expression in the brain and is predicted to be imprinted with maternal expression, based on their bioinformatic analysis.

*(k) 11p13 and the BDNF and PAX6 genes*

This region has been associated in genome scans with schizophrenia (Suarez *et al.*, 2006) bipolar disorder (McInnes *et al.*, 1996), and autism (Trikalinos *et al.*, 2006; Duvall *et al.*, 2007; Szatmari *et al.*, 2007). The region is of particular interest because it harbours the *BDNF* gene, for brain-derived neurotrophic factor, a neuronal growth factor involved in neurodevelopment as well as dopaminergic and serotonergic transmission (Guillin, Demily & Thibaut, 2007), and the *PAX6* gene, a transcription factor that regulates development of the brain, eye, and pancreas (Mo & Zecevic, 2007; Davis *et al.*, 2008).

Imprinting effects on *BDNF* are suggested based on several lines of evidence: (1) bioinformatics sequence analysis predicting it to be imprinted in mice (Luedi *et al.*, 2005), (2) parent-of-origin effects for *BDNF* in its linkage to schizophrenia (Muglia *et al.*, 2003), (3) paternally biased transmission of the *BDNF* Val66Met polymorphism in ADHD (Kent *et al.*, 2005), although Schimmelmarmann *et al.* (2007) could not replicate this finding, (4) regulation of expression of *BDNF* by the gene *MeCP2* (Wade, 2004), and (5) the presence of two imprinted genes, *AWT1* (the Wilm's tumour gene) and *WAT-AS* at 11p13, about 4.6 Mb distant (Naumova, Greenwood & Morgan, 2001; Hancock *et al.*, 2007). However, there is no direct evidence of imprinting involving this gene.

*BDNF* is overexpressed in autism, at least among children (Miyazaki *et al.*, 2005; Tsai, 2005; Connolly *et al.*, 2006; Hashimoto *et al.*, 2006; Nishimura *et al.*, 2007) but it exhibits reduced expression in schizophrenia in almost all studies (Weickert *et al.*, 2003, 2005; Angelucci, Brenè & Mathé, 2005; Hashimoto *et al.*, 2005; Palomino *et al.*, 2006; Buckley *et al.*, 2007; Guillin *et al.*, 2007; see also Peet, 2004). Polymorphisms within the *BDNF* gene have been associated genetically with autism in the single such study conducted to date (Nishimura *et al.*, 2007). Many studies have reported associations of *BDNF* genetic variants with schizophrenia (Sklar *et al.*, 2002; Neves-Periera *et al.*, 2005; Rosa *et al.*, 2006; Qian *et al.*, 2007) and bipolar disorder (Lohoff *et al.*, 2005; Craddock & Forty, 2006) and a promotor polymorphism variant that reduces expression has been linked

with bipolar disorder (Okada *et al.*, 2006). By contrast, other studies show a lack of association and recent meta-analyses yielded mixed results (Gratacos *et al.*, 2007; Xu *et al.*, 2007).

*PAX6*, about 4Mb distant from *BDNF*, is predicted as imprinted with maternal expression by Luedi *et al.* (2007); *PAX6*, and the predicted-imprinted gene *WTT1*, flank the known imprinted gene *WT1*. Loss of function mutations of *PAX6* have been associated with autism in conjunction with ocular disorders involving the iris, and WAGR (Wilms tumour, Aniridia, ambiguous Genitalia, mental Retardation) syndrome, due to deletion of multiple genes in this region, also involves high rates of autism (Davis *et al.*, 2008). Phenotypic variation in iris characteristics, apparently due in part to allelic variation in *PAX6* and involving pleiotropic effects on brain and eye development, has also been associated with cognitive traits on the autistic spectrum (Larsson, Pedersen & Stattin, 2007). Loss of expression of a maternally expressed imprinted gene is predicted to be associated with autism under the imprinted brain theory (Badcock & Crespi, 2006; Crespi & Badcock, 2008), as it results in a bias towards increased effects from paternal genes. *PAX6* is coexpressed with the schizophrenia-linked gene *OLIG2* (Georgieva *et al.*, 2006) in the human brain (Mo & Zecevic, 2007), but it has yet to be examined with regard to the risk of psychotic-spectrum conditions.

(i) *11p15.5 and the CDKN1C gene*

This location has been linked in genome scans with bipolar disorder (McInnis *et al.*, 2003a; Zandi *et al.*, 2003; see also Craddock & Lendon, 1999), major depression (Zubenko *et al.*, 2003), autism (Duvall *et al.*, 2007) and dyslexia (Hsiung *et al.*, 2004). The region also contains a large cluster of imprinted genes, some of which are expressed in the brain, as well as genes implicated in psychosis or autism but not known to be subject to imprinting; these include *SCT* (Alamy *et al.*, 2004; Köves *et al.*, 2004; Toda *et al.*, 2006), *HRAS* (see Hsiung *et al.*, 2004), *TH* (the gene for tyrosine hydroxylase) (e.g. Seeman *et al.*, 2005) and *DRD4* (Lung, Tzeng & Shu, 2002; Xing *et al.*, 2003; Abdolmaleky *et al.*, 2005). *DRD4* shows evidence of maternal transmission of repeat-allele markers in bipolar disorder (Muglia *et al.*, 2002) and paternal transmission in ADHD (Hawi *et al.*, 2005), but no direct evidence of imprinting.

The maternally expressed imprinted gene *CDKN1C* at 11p15.5 represents a 'rheostat for embryonic growth' (Andrews *et al.*, 2007, p. 8), and its protein product p57kip2 regulates *Nurr1*, a nuclear receptor essential for the maturation of midbrain dopamine cells; in turn, *Nurr1* regulates the expression of *BDNF* (Volpicelli *et al.*, 2007). *Nurr1* levels are reduced in prefrontal cortex in schizophrenia and bipolar disorder (Xing *et al.*, 2006), and mice with reduced *Nurr1* levels have been proposed as an animal model for schizophrenia (Rojas *et al.*, 2007).

(m) *16p13.3 and the GRIN2A gene*

This region has been linked with bipolar disorder and schizophrenia (McInnis *et al.*, 2003a; Yamada *et al.*, 2004a; Maziade *et al.*, 2005; Cassidy *et al.*, 2007), as well as autism

(Phillipe *et al.*, 1999; IMGSAC, 2001a,b; Liu *et al.*, 2001) and ADHD (Smalley *et al.*, 2002; Ogdie *et al.*, 2003). Smalley *et al.* (2005) also highlight this region as one of four jointly implicated in autism and ADHD. Rubenstein-Taybi syndrome, which is due to deletions or translocations involving 16p13.3, also exhibits a high incidence of bipolar-disorder symptoms (Hellings *et al.*, 2002). The presence of imprinted genes on chromosome 16, and in this specific region, is suggested by the placental growth-restriction effects of maternal uniparental disomies (Yong *et al.*, 2002; Eggermann *et al.*, 2004), by the presence of parent-of-origin effects or differentially methylated CpG islands at 16p12-p13 (Zerres & Rudnik-Schöneborn, 1995; Deichmann *et al.*, 1998; Wyszynski & Panhuysen, 1999; Strichman-Almashanu *et al.*, 2002), and by the bioinformatic predictions of Luedi *et al.* (2007) for imprinting of eight genes at 16p13.3.

A candidate gene for these genome scan findings is the N-methyl-d-aspartate (NMDA) receptor subunit gene *GRIN2A*; mouse knockouts of this gene exhibit strongly altered learning and memory (Bannerman *et al.*, 2004; see also de Quervain & Papassotiropoulos, 2006). This gene is found at 16p13.3, and variants have been associated with autism (Barnby *et al.*, 2005), ADHD (Turic *et al.*, 2004), schizophrenia (Iwayama-Shigeno *et al.*, 2005; Tang *et al.*, 2006) and bipolar disorder (Itokawa *et al.*, 2003). None of these studies discusses the presence or absence of parent-of-origin effects.

(n) *19q13.3-q13.4: imprinted and 'imprinter' genes*

Badenhop *et al.* (2002) linked 19q12-q13 with bipolar disorder in a genome scan, Macgregor *et al.* (2004) provided evidence for 19q13 linkage with schizophrenia, and 19q13 has also been strongly linked with Specific Language Impairment (SLI Consortium, 2002).

An important cluster of imprinted genes is found at 19q13.4, including *PEG3*, *APeg3*, *ITUP1* and *ZIM2*, which are expressed in the brain (Yamaguchi *et al.*, 2002; J. Kim *et al.*, 2004; Maegawa *et al.*, 2004; Glasgow *et al.*, 2005). *PEG3* and *APeg3* are known to affect oxytocin and vasopressin production, and affiliative mother-offspring interactions, in rodents (Li *et al.*, 1999; Glasgow *et al.*, 2005; Isles & Holland, 2005). In humans, GABA modulates the release of oxytocin in the brain, oxytocin mediates aspects of learning, memory, and affiliative behaviour (Depue & Morrone-Strupinsky, 2005), oxytocin levels affect dopaminergic and glutamatergic regulation of prepulse inhibition, and reduced oxytocin receptor expression has been proposed as a primary correlate of social-behaviour deficits in schizophrenia (Feifel & Reza, 1999; Liu, Pappas & Carter, 2005). Vasopressin also regulates aspects of human social behaviour, emotion, and cognition, in part *via* interaction with the dopaminergic and serotonergic systems, and alterations of the vasopressinergic system are associated with schizophrenia and autism (Jentsch, Arguello & Anzolino, 2003; Matsuoka *et al.*, 2005), and affect prepulse inhibition in animal models (Egashira *et al.*, 2005). Autism has been associated with genetic variation in the vasopressin receptor gene *AVPR1a* (Yirmiya *et al.*, 2006), and the oxytocin receptor gene *OXTR* (Wu *et al.*, 2005; see also Ylisaukko-oja

*et al.*, 2006), apparently *via* their effects on social behaviour. The importance of oxytocin and vasopressin in modulating social interaction, their genetic and physiological links with autism and schizophrenia, and the effects of imprinted genes on their expression suggest that these neuropeptides play a role in these two conditions.

The 'imprinter' gene *DNMT1* at 19q13.3 codes for a methyltransferase involved in the maintenance of the methylation patterns that regulate the expression of imprinted and non-imprinted genes (see Wilkins, 2005). Like *MeCP2* and the related genes *MBD1*, 2 and 3, *DNMT1*, it is highly expressed in the brain (Tucker, 2001). Wilkins (2005) describes the forms of genomic conflict that can be associated with the application and removal of imprints regulating gene expression, depending upon the *cis*- and *trans*- arrangements of genes that are paternally or maternally expressed. Such conflicts involving 'imprinter' genes represent a potential arena for epigenetic disruption distinct from that involving imprinted genes themselves (see Burt & Trivers, 1998; Reik & Walter, 2001; Wilkins & Haig, 2001, 2002). Other methyltransferase genes such as *MBD3* have been suggestively implicated in autism (Wimpory, Nicholas & Nash, 2002).

*DNMT1* is upregulated in cortical GABAergic interneurons in schizophrenia and bipolar disorder, which results in hypermethylation and decreased expression of reelin and GAD67 (glutamic acid decarboxylase) in prefrontal cortex and hippocampus (Dong *et al.*, 2005a; Grayson *et al.*, 2005; Noh *et al.*, 2005; Veldic *et al.*, 2005; Grayson *et al.*, 2006). Such epigenetic dysregulation may influence the development and symptoms of psychosis (Grayson *et al.*, 2005), given that it involves changes in gene expression that 'impinge on several pathways, including expression of imprinted genes, cell-cycle control, growth factor/receptor signal transduction, and mobilization of retroelements' (Jackson-Grusby *et al.*, 2001, p. 31). The degree to which imprinting conflict over gene expression mediates or potentiates such effects remains to be addressed. However, Bestor (2003) provides evidence that genomic conflict drives the remarkably high levels of *Dnmt1*o (a protein produced from *DNMT1*) in oocytes, and may be involved in cases of Beckwith-Wiedemann syndrome due to loss of imprinting for the gene *KCNQ1OT1*. Other 'imprinter' genes, many of which are found in genomic locations linked with schizophrenia or mood disorders in genome scans (Abdolmaleky *et al.*, 2004), may be subject to similar effects.

#### (o) 20q13 and the *GNAS* locus

This region has been linked with bipolar disorder (McInnis *et al.*, 2003; Park *et al.*, 2004; McQueen *et al.*, 2005) and schizophrenia (Freedman *et al.*, 2001; Garver *et al.*, 2001) in genome scans, and it also contains a cluster of imprinted genes at the *GNAS* locus. *GNAS* is a complex imprinted locus whose expression involves use of multiple promoters to produce several gene products, some maternally and some paternally expressed (Weinstein *et al.*, 2004, 2007; J. Liu *et al.*, 2005; Peters *et al.*, 2006). These alternatively imprinted transcripts exert divergent, opposing effects on energy metabolism, providing strong support for the conflict theory

of imprinting (Plagge *et al.*, 2004; Chen *et al.*, 2005; Weinstein *et al.*, 2007). Further support for the presence of genomic conflict mediated by alleles at this locus comes from effects of paternal inactivation of *GNAS* in proximal renal tubule, which are explicable in terms of maternal-foetal conflict over calcium used in bone mineralisation (Haig, 2004a).

Three lines of evidence implicate the *GNAS* locus in the etiologies of schizophrenia and autism, and their constituent phenotypes.

First, the *GNAS* locus codes for a protein product, *Gαs*, predominantly from the maternal allele in some tissues (including the pituitary and proximal renal tubules) and from both alleles in other tissues (Weinstein *et al.*, 2001). *GNAS* alleles have been linked to schizophrenia in a case-control study (Minoretti *et al.*, 2006). In particular, the TT genotype of the T393C polymorphism, which is associated with relatively high *Gαs* expression, increases risk of schizophrenia with negative symptoms. These data, and the development of mouse mutants that constitutively express this transcript as a model for sensorimotor gating deficits in schizophrenia (Gould *et al.*, 2004), suggest that higher levels of this maternally-biased imprinted gene are associated with schizophrenia in this case.

Multiple studies have documented higher levels of *Gαs* in patients with bipolar disorder than in controls, but lower levels in unipolar depression (Avissar & Schreiber, 2006). Proximate mechanisms for such effects of *Gαs* expression on psychiatric phenotypes may involve altered levels of neuronal apoptosis in the brain (Minoretti *et al.*, 2006), dysregulation of dopamine D1 receptor activity (Jin, Wang & Friedman, 2001; Gould *et al.*, 2004), effects on the hypothalamic-pituitary-adrenal axis (HPA) axis (Goldman & Mitchell, 2004; Strawn *et al.*, 2004), and dysregulation of the cAMP signalling system more generally (Hattori *et al.*, 2005).

Second, the *GNAS* locus also generates the maternally expressed transcript that codes for NESP55, a neuroendocrine secretory protein of unknown molecular function (Eder *et al.*, 2004). NESP55 is highly expressed in various brain regions, including the hypothalamus, serotonergic neurons of the dorsal raphe nucleus, and the locus coeruleus, whose activity mediates the norepinephrine-adrenergic system (Ischia *et al.*, 1997; S. J. Kim *et al.*, 2000; Plagge *et al.*, 2004). This protein functions as a specific antagonist of the 5-HT<sub>1B</sub> serotonin receptor, leading to reduced anxiety in a mouse model (Ischia *et al.*, 1997; Grimaldi *et al.*, 1999). NESP55 knockout mice (which have reduced maternal-gene expression) show normal growth patterns, but are hyperactive and also show abnormally high avoidance of novel environments (Plagge *et al.*, 2005). One interpretation of this pattern is that these mice are exhibiting two autistic phenotypes: aversion to novelty is a core feature of this disorder (e.g. Gomot *et al.*, 2006), and hyperactivity is notably common in autism, especially in childhood (Gillberg & Billstedt, 2000; Lee & Ousley, 2006). However, differences in cognition and behaviour between humans and mice severely limit the strength of such inferences, and loss of NESP55 expression in humans is not associated with any obvious phenotypic effects (S. J. Kim

*et al.*, 2000; Liu *et al.*, 2000). *GNAS* also interacts with *FMR1*, the causative gene for the autism spectrum condition Fragile X syndrome (see Fig. 1 in Bittel, Kibiryeve & Butler, 2007a), although the nature of the interaction is unknown.

Third, some mutations and epigenetic alterations at the *GNAS* locus lead to disordered thyroid metabolism (Bastepe & Jüppner, 2005; Germain-Lee *et al.*, 2005; Linglart *et al.*, 2005), including hypothyroidism due to altered expression of a *GNAS* transcript in the thyroid (Germain-Lee *et al.*, 2002). Hypothyroidism (due to multiple causes), and hyperparathyroidism, pseudohypoparathyroidism and pseudopseudohypoparathyroidism (due in some cases to alterations at the *GNAS* locus) have been causally linked with forms of psychosis (Hay & Jolley, 1974; Hay, Jolley & Jones, 1974; Preskorn & Reveley, 1978; Arnold, 2003; Heinrich & Grahm, 2003), including Capgras syndrome, the delusional misidentification of others as imposters (Hirstein & Ramachandran, 1997), which is found most commonly in paranoid schizophrenia (Mann & Foreman, 1996; Oyebode & Sargeant, 1996). However, although psychosis is a relatively common feature of hypothyroidism (Heinrich & Grahm, 2003), it is not characteristic of the two main human disorders of *GNAS* dysregulation, McCune-Albright syndrome and Albright hereditary osteodystrophy, and the nature of functional links between the expression levels of different *GNAS* transcripts, thyroid disorders, and psychosis requires further study.

### (3) Parent-of-origin effects in linkages to psychosis

Genome scans for bipolar disorder have inferred linkages with maternal parent-of-origin effects for 1q41 and 13q12 (McInnis *et al.*, 2003b), 2p24-p21 and 2q31-q32 (Cichon *et al.*, 2001), and 22q13.1 (Petronis *et al.*, 2002). By contrast, paternal parent-of-origin effects have been found for 16q21-q23 (Cichon *et al.*, 2001), 18p11 (Kato, 2001; see also Corradi *et al.*, 2005), and 18q21-q22 (McMahon *et al.*, 2001; McInnis *et al.*, 2003b; Schulze *et al.*, 2003). Luedi *et al.* (2007) also present evidence for linkage of predicted imprinted genes with schizophrenia, bipolar disorder, and autism, including putative imprinting of the schizophrenia-linked genes *OLIG2* (Georgieva *et al.*, 2006) and *DGCR6* (Liu *et al.*, 2002), the autism-linked gene *CENTG2* (Wassink *et al.*, 2005), and the gene *NR3C1*, which has been associated with major depression (Zobel *et al.*, 2008).

Lan *et al.* (2007) reviewed genetic models for inheritance of bipolar disorder, and found evidence consistent with strong parent-of-origin effects. By contrast, DeLisi *et al.* (2000) reported an absence of evidence for parent-of-origin effects in the inheritance of schizophrenia, although they noted 'a trend for more maternal than paternal inheritance' at  $P < 0.08$ . Scans for schizophrenia have detected maternal parent-of-origin effects for 18p11 (Schwab *et al.*, 1998b) and 22q12 (DeLisi *et al.*, 2002); the latter authors suggest that their discovery of an imprinting effect at this locus indicates that this disorder is primarily epigenetic (due to altered gene expression) rather than a result of variation in DNA sequence.

## VIII. DISCUSSION

Evidence for effects of imprinted genes and genomic conflicts on the etiologies of psychotic and autistic spectrum conditions includes: (1) the contrast between high rates of psychotic spectrum conditions in Prader-Willi syndrome and high rates of autism in Angelman, Beckwith-Wiedemann, and Rett syndromes, (2) high rates of psychotic spectrum conditions in Klinefelter syndrome and XXX trisomy, but elevated rates of autism in Turner syndrome, and (3) imprinted-gene effects and parent-of-origin effects in the development of psychosis and autism identified or inferred from genome scans and genetic-association studies. These diverse findings are broadly consistent with the hypothesis that psychotic spectrum conditions commonly involve genetic and epigenetic imbalances towards increased relative effects of genes favouring maternal interests (*via* reduced expression of paternally expressed genes, increased expression of maternally expressed genes, both effects, or increased expression of X-linked genes), while autistic spectrum conditions more commonly entail the opposite: increased relative effects of paternally expressed genes.

The hypothesis that imprinted genes contribute to the etiologies of psychosis and autism is consistent with current neurodevelopmental models for these conditions, in that autism involves constrained overgrowth of the body, head or both (Courchesne & Pierce, 2005; Redcay & Courchesne, 2005; Mraz *et al.*, 2007; Sacco *et al.*, 2007; van Daalen *et al.*, 2007; Webb *et al.*, 2007; Kent *et al.*, 2008), whereas schizophrenia is characterised by effects of slow development, undergrowth, and altered patterns of apoptosis and synaptic pruning (Rapoport *et al.*, 2005; Kalkman, 2006). Such diametric patterns are directly parallel to those generated by dysregulation of imprinted gene effects in placentation and foetal development, where biases towards paternal expression of imprinted genes enhance growth and maternal biases reduce it (Haig, 2004a,b; McMinn *et al.*, 2006; Angiolini *et al.*, 2006). An important difference between imprinting effects on growth in the placenta and brain, however, is that imprinting effects on brain development are expected to involve local and regional effects on brain structure and function, as well as influences on general growth (Crespi & Badcock, 2008). In particular, reduced effects from paternally expressed genes are expected to engender impaired development and function of limbic-system regions (Keverne *et al.*, 1996; Davies *et al.*, 2007), and possibly also reduced cerebral lateralization, both of which have been associated with the expression of psychosis in a suite of studies (Crespi & Badcock 2008). The simplest neuroanatomical correlates of psychotic spectrum conditions are reduced functionality of the hypothalamus, the core of the paternal brain, in Prader-Willi syndrome, and reduced hemispheric lateralization in schizophrenia (e.g. Ceccherini-Nelli, Turpin-Crowther & Crow, 2007), as apparently mediated in part by the paternally expressed gene *LRRTM1* (Francks *et al.*, 2007). By contrast, in Angelman and Rett syndromes the cerebral cortex and cerebellum are differentially affected, leading to differential loss of maternal-brain functions and high rates of mental retardation.

Whereas imprinted-gene conflicts in placental development may sometimes be physiologically straightforward, as in the *IGF2-IGF2R* system that regulates growth in mice (e.g. Smith *et al.*, 2006), or conflicts regarding production and sharing of body heat in neonatal rodents (Haig, 2008), conflicts in brain development are likely to be considerably more complex, and they may only be recognisable as such once the functions of brain-expressed imprinted genes are much better understood. The degree to which risks of autistic or psychotic spectrum conditions are mediated directly by such imprinted-gene expression effects on neurological function and childhood or adult behaviour, as opposed to indirectly *via* secondary effects on early growth of the brain and body, also remains to be investigated (Crespi & Badcock, 2008; Goos & Ragsdale, 2008).

There is at present no substantiated alternative to Haig's conflict theory that offers an evolutionary or developmental explanation or basis for the genomic imprinting effects that are observed in psychotic and autistic spectrum conditions (Davies *et al.*, 2007; Wilkinson *et al.*, 2007). The primary logical basis of this hypothesis is that considerable evidence implicates imprinted genes in conflicts over maternal resources, a substantial proportion of imprinted genes exert brain-specific effects, and conflicts over maternal resources should involve not just placentation and foetal development, but also cognition and behaviour throughout childhood (Crespi & Badcock 2008). The main evidence contra-indicating the hypothesis that imprinted genes, and genes regulating imprinting, partially mediate the risk of such conditions is that few of the genes that have been linked thus far with schizophrenia, bipolar disorder, major depression, or autism are imprinted. It is difficult to evaluate this observation, given that few genes have been definitively associated with these conditions as yet, only a small proportion of genetic-association and genome-scan studies of these conditions has tested for parent-of-origin effects, and only a proportion of imprinted genes, or genes controlled by imprinted genes, have been identified as such (Luedi *et al.*, 2005, 2007; Royo *et al.*, 2006). However, where imprinted-gene effects have been documented and characterised, as in Prader-Willi syndrome, Beckwith-Wiedemann syndrome, Angelman syndrome, and *SGCE* and *LRRTM1* mutations, they exhibit notably-strong effects on the expression of psychosis or autism, and there is no reason to expect the absence of comparable yet smaller effects from genetic, genomic and epigenetic alterations throughout the genome. The possibility of such pervasive, convergent effects, varying in magnitude, is supported by the multiple, independent causes of Prader-Willi syndrome phenotypes described here, and by the presence of psychotic spectrum *versus* autistic spectrum conditions in pairs of genomic sister-syndromes mediated by deletions *versus* duplications of the same genomic region, as in Smith-Magenis syndrome, Williams syndrome, and Velocardiofacial syndrome (Crespi & Badcock, 2008).

The main implications of this review are threefold. First, and most generally, these findings, taken together, suggest an important role for genomic conflict in the evolution of human cognitive architecture, given that psychotic and autistic spectrum phenotypes appear to reflect diametrically altered development of the human social brain (Crespi &

Badcock 2008). Neurodevelopment, like placental and foetal development, may thus proceed under a dynamic balance between the conflicting interests of maternally and paternally imprinted genes, with the development of any given individual mediated in part by genetic and epigenetic variation affecting their position on a spectrum from maternal-gene bias, to balanced development, to paternal-gene bias (Fig. 3). Whereas small deviations from balanced development are expected, under the conflict theory of imprinting, to benefit either the mother or the child at some cost to the other, larger deviations become more likely to be maladaptive for both, and contribute to the deleterious clinical phenotypes of autistic and psychotic spectrum conditions.

Second, consideration of a role for imprinted genes in neurodevelopmental conditions should motivate a focus on the further recognition and functional characterisation of imprinted brain-expressed genes, especially imprinted genes active in early foetal development, and genes such as *DNMT1*, *DNMT3a* and *MeCP2* that can regulate imprinting effects (Wilkins, 2005; Horsthemke & Buiting, 2008). A notable strength of the imprinted brain hypothesis is that it makes clear, falsifiable, *a priori* predictions about the expected effects on cognitive and behavioural phenotypes of alterations in imprinted genes, towards either a maternal or a paternal bias.

Third, future genome scans and genetic-association studies of psychotic and autistic spectrum conditions should include an emphasis on analyzing genetic and epigenetic variants in brain-expressed imprinted genes. A primary motivation for an enhanced focus on imprinted genes in neurodevelopmental disorders is that such genes are known to be especially important in brain development (Davies *et al.*, 2007, 2008; Wilkinson *et al.*, 2007), they are more-readily subject to major dysregulation than non-imprinted genes, and the well-supported conflict theory of imprinting predicts that their dysregulation should impact strongly upon the development and function of the human social brain (Crespi & Badcock, 2008). The conflict theory of imprinting thus provides a conceptual link of evolutionary theory with genes, genomes, development, and behaviour that should help to guide research in understanding the major disorders of human social cognition.

## IX. CONCLUSIONS

(1) Disorders mediated by imprinted genes tend to exhibit diametric phenotypes, because dysregulated epigenesis may tip gene expression towards increased relative effects from either maternally or paternally imprinted genes. Examples include placental and foetal overgrowth *versus* undergrowth, Beckwith-Wiedemann syndrome *versus* Silver-Russell syndrome, and Angelman syndrome *versus* Prader-Willi syndrome. In each case, a paternal imprinted-gene bias leads to relatively increased growth and demands on the mother, and a maternal bias leads to relatively decreased growth and demands.

(2) Previous studies have implicated increased relative effects of paternally expressed imprinted genes in some

autism spectrum conditions. By the conflict theory of genomic imprinting, psychotic spectrum conditions (including schizophrenia, bipolar disorder, and major depression) should be mediated in part by increased relative effects from maternal imprinted-gene expression (or other maternal-gene interests), given that these conditions involve many phenotypes that are notably diametric to those observed on the autism spectrum.

(3) The high incidence of psychosis in Prader-Willi syndrome can be attributed to a bias towards decreased relative effects of paternally expressed imprinted genes. By contrast, high rates of autism in Angelman syndrome and Beckwith-Wiedemann syndrome may be associated with a bias towards increased relative effects from paternally expressed imprinted genes. Klinefelter syndrome (47,XXY) and 47,XXX trisomy involve increased rates of psychosis, which contrast with the relatively high rates of autism observed in Turner syndrome (45,X). These effects of X chromosome aneuploidy on psychosis and autism may be mediated by genomic conflict effects, given that X-linked genes are, like maternally expressed imprinted genes, expected to favour matrilineal interests.

(4) Genome-scan and genetic-association studies demonstrate that parent-of-origin and imprinted-gene effects are commonly found in analyses of the genetic basis of schizophrenia and bipolar disorder. In some cases (e.g. the genes *SGCE* and *GNAS*) these disorders can be traced to increased expression of maternal genes, or reduced expression of paternal genes, each of which creates a bias towards effects of imprinted genes with maternal expression. In other cases (e.g. *BDNF*, *CNTNAP2*, *DISC1*, *GRIK2*, *GRM8*, *FOXP2*, *HLA-DRB1*, *MeCP2*, *RELN* and *UBE3A*), genetic variants of the same gene have been linked with both autism and psychosis. This pattern is consistent with diametric genetic and epigenetic effects in autism and psychosis to the extent that gene expression is differentially altered in these two sets of disorders, as for *BDNF*, a brain growth factor which tends to be over-expressed in autism and under-expressed in schizophrenia compared to controls.

(5) The conflict theory of imprinting provides a clear conceptual link of evolutionary biology with genes, development, and behaviour that should help to guide empirical research aimed at understanding the causes of the major disorders of human social cognition, including schizophrenia, bipolar disorder, major depression, and autism. The primary implication of this theory, and its empirical support to date, is that increased emphasis on the recognition and analysis of brain-expressed imprinted genes is vital to further progress in understanding human neurodevelopment, behaviour and evolution.

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