Dissecting the genetic overlap between severe mental disorders and markers of cellular aging:

identification of pleiotropic genes and druggable targets

Claudia Pisanu^{1,*}, Donatella Congiu¹, Anna Meloni¹, Pasquale Paribello^{2,3}, George P Patrinos^{4,5,6}, Giovanni Severino¹, Raffaella Ardau⁷, Caterina Chillotti⁷, Mirko Manchia^{2,3,8}, Alessio Squassina^{1,*}

¹ Department of Biomedical Sciences, Section of Neuroscience and Clinical Pharmacology, University of Cagliari, Cagliari, Italy.

² Section of Psychiatry, Department of Medical Sciences and Public Health, University of Cagliari, Cagliari, Italy.

³ Unit of Clinical Psychiatry, University Hospital Agency of Cagliari, Cagliari, Italy.

Section of Psychiatry, Department of Medical Sciences and Public Health, University of Cagliari, Cagliari, Italy.

⁴ Laboratory of Pharmacogenomics and Individualized Therapy, School of Health Sciences, Department of Pharmacy, University of Patras, Patras, Greece.

⁵ College of Medicine and Health Sciences, Department of Genetics and Genomics, United Arab Emirates University, Al-Ain, Abu Dhabi, UAE.

- ⁶ Zayed Center for Health Sciences, United Arab Emirates University, Al-Ain, Abu Dhabi, UAE.
- ⁷ Unit of Clinical Pharmacology, University Hospital Agency of Cagliari, Cagliari, Italy

⁸ Department of Pharmacology, Dalhousie University, Halifax, NS, Canada

* **Corresponding authors**: Claudia Pisanu, Laboratory of Pharmacogenomics, Department of Biomedical Sciences, Section of Neuroscience and Clinical Pharmacology, University of Cagliari, Cagliari, Italy. Sp 8 Sestu-Monserrato, Km 0.700, 09042, Monserrato (Italy). E-mail: <u>claudia.pisanu@unica.it</u>; phone: +39 070 675 4317;

Alessio Squassina, Laboratory of Pharmacogenomics, Department of Biomedical Sciences, Section of Neuroscience and Clinical Pharmacology, University of Cagliari, Cagliari, Italy. Sp 8 Sestu-Monserrato, Km 0.700, 09042, Monserrato (Italy). E-mail: squassina@unica.it; phone: + 39 070 675 4323.

Abstract

Patients with severe mental disorders such as bipolar disorder (BD), schizophrenia (SCZ) and major depressive disorder (MDD) show a substantial reduction in life expectancy, increased incidence of comorbid medical conditions commonly observed with advanced age and alterations of aging hallmarks. While severe mental disorders are heritable, the extent to which genetic predisposition might contribute to accelerated cellular aging is not known. We used bivariate causal mixture models to quantify the trait-specific and shared architecture of mental disorders and 2 aging hallmarks (leukocyte telomere length [LTL] and mitochondrial DNA copy number), and the conjunctional false discovery rate to detect shared genetic loci. We integrated gene expression data from brain regions from GTEx and used different tools to functionally annotate identified loci and investigate their druggability. Aging hallmarks showed low polygenicity compared with severe mental disorders. We observed a significant negative global genetic correlation between MDD and LTL ($r_g = -0.14$, p = 6.5E-10), and no significant results for other severe mental disorders or for mtDNA-cn. However, conditional QQ plots and bivariate causal mixture models pointed to significant pleiotropy among all severe mental disorders and aging hallmarks. We identified genetic variants significantly shared between LTL and BD (n = 17), SCZ (n = 55) or MDD (n = 19), or mtDNA-cn and BD (n = 4), SCZ (n = 12) or MDD (n = 1), with mixed direction of effects. The exonic rs7909129 variant in the SORCS3 gene, encoding a member of the retromer complex involved in protein trafficking and intracellular/intercellular signaling, was associated with shorter LTL and increased predisposition to all severe mental disorders. Genetic variants underlying risk of SCZ or MDD and shorter LTL modulate expression of several druggable genes in different brain regions. Genistein, a phytoestrogen with anti-inflammatory and antioxidant effects, was an upstream regulator of 2 genes modulated by variants associated with risk of MDD and shorter LTL. While our results suggest that shared heritability might play a limited role in contributing to accelerated cellular aging in severe mental disorders, we identified shared genetic determinants and prioritized different druggable targets and compounds.

Introduction

Patients with severe mental disorders such as bipolar disorder (BD), schizophrenia (SCZ) and major depressive disorder (MDD) show premature mortality and decreased life expectancy, up to 10-20 years compared with the general population, mainly due to increased incidence of aging-related conditions such as cardiovascular and metabolic disorders [1]. In addition, severe mental disorders have also been associated with a steeper agerelated declined in executive function, as well as with changes in brain structure commonly associated with aging, such as ventricular enlargement, loss of grey matter in the cerebellum and hippocampus, and decreased volume of the prefrontal cortex [2-4] These findings led to hypothesize that severe mental disorders might be characterized by accelerated biological aging, a condition in which the rate of biological aging is increased as compared to chronological aging. Accordingly, a large number of studies reported alterations of markers of accelerated cellular aging, such as leukocyte telomere length (LTL) and mitochondrial DNA copy number (mtDNA-cn) in patients with severe mental disorders [5]. Telomeres are specialized and highly-conserved DNA-protein structures consisting in multiple (TTAGGG)n repeats and associated proteins called shelterins. These specialized structures prevent chromosome shortening and chromosome end fusion, ensuring chromosome stability. While telomeres shorten after each cell division in most somatic tissues, with this progressive decline leading to cell senescence, this physiological shortening can be accelerated by different stressors such as inflammation or oxidative stress [6]. Most studies to date investigated LTL, a practical measure that correlates with telomere length in different tissues [7]. Mitochondrial dysfunction, which results in alteration in energy production and increased levels of reactive oxygen species, is another widely investigated hallmark of cellular aging [8,9]. mtDNA-cn is a biomarker of mitochondrial function which has been repeatedly associated with overall mortality and age-related diseases. This double-stranded DNA molecule is strongly affected by aging-associated mutations due to its high replicative index, oxidative environment with reactive oxygen species generated by mitochondria during ATP synthesis, and limited DNA repair capacity due to its lack of protective histones [8]. While under physiological conditions the mtDNA-cn remains relatively stable, a decrease in mtDNA-cn has been described in different disorders characterized by oxidative stress and dysfunctions of the respiratory chain in mitochondria [9]. However, an increase in mtDNA-cn in these conditions has also been described, possibly due to a compensative upregulation aimed at overcoming the bioenergetic defects caused by some mtDNA mutations [10].

While a growing number of studies suggested that patients with severe mental disorders show biological features suggestive of accelerated cellular aging such as shorter LTL or altered mtDNA-cn, contrasting results have also been reported and there is scarce knowledge on the factors that might accelerate or rather counteract accelerated cellular aging in these patients. For instance, some studies showed longer LTL in patients with BD compared with non-psychiatric controls, with this finding potentially explained by a putative protective effect of the mood stabilizer lithium against accelerated cellular aging [11-13]. In the case of mtDNA-cn, while some studies reported a reduction in patients with severe mental disorders compared with controls [14], other studies reported results in the opposite direction or no significant difference [15,16].

Both mental disorders and hallmarks of aging have a genetic component. The largest GWAS of LTL was conducted in 472,174 well-characterized participants in the UK Biobank [7]. This study identified 197 variants associated with LTL at 138 genomic loci (108 of which were novel). In addition, genetically determined LTL was associated with multiple biological traits (e.g. bone marrow function) as well as a number of diseases spanning neoplastic, vascular and inflammatory disorders [7]. A recent study that derived mtDNA_cn in 383,476 UK Biobank participants of European ancestry using the AutoMitoC pipeline, which leverages single nucleotide polymorphisms (SNP) array probe intensities, identified 71 loci significant at a genome-wide threshold [17]. Few studies have tried to assess whether the putative relationship between mental disorders and hallmarks of aging might be affected by genetic determinants. In a previous study, we used two-sample mendelian randomization analysis to evaluate the bidirectional association between genetically determined LTL (using summary statistics from a GWAS including genetic data for 37,684 individuals [18]) and predisposition to BD (using data from PGC BD freeze 2, including 20,352 cases and 31,358 controls [19]) and reported negative results [12]. Consistently, another study did not find any significant association between polygenic risk for BD, MDD or SCZ and LTL in a sample including 351 participants characterized for depression using self-reported measures [20]. However, a recent study conducted in the larger UK Biobank cohort for which LTL measurements are now available, reported a polygenic risk score (PRS) for depression to be associated with shorter telomeres ($\beta = -0.006$, adjusted p = 0.001) [21], suggesting the existence of a possible link between mental disorders and genetically predicted LTL. To our knowledge, no study explored shared genetic bases between severe mental disorders and mtDNA-cn.

Thanks to the development of analytical methods based on pleiotropy, novel genetic variants associated with severe mental disorders as well as genetic determinants shared with related traits, have been identified [22-26]. However, to date this approach has never been applied to LTL or mtDNA-cn. In this study, we used state-of-the-art approaches to quantify the genetic overlap between severe mental disorders and LTL or mtDNA-cn and identify shared genetic determinants and their direction of effect (i.e. whether they predispose patients to accelerated cellular aging or rather play a counteractive role). We used MiXeR to quantify the trait-specific and shared architecture of mental disorders and hallmarks of aging and the conditional / conjunctional false discovery rate (condFDR/conjFDR) method to detect shared genetic loci. Finally, we integrated gene expression data from brain regions and used different tools to functionally annotate and prioritize identified loci and investigate their druggability. Our results elucidate genetic markers shared between severe mental disorders and markers of cellular aging.

Materials and Methods

GWAS samples

We conducted a cross-trait analysis using the largest publicly available releases of GWAS summary statistics from PGC for BD and SCZ, or PGC and iPSYCH for MDD [27-29] and for two markers of biological aging (LTL and mtDNA-cn) from UK Biobank [7,17]. For BD and MDD, to avoid sample overlap, we used the GWAS summary statistics excluding participants from UK Biobank. The BD sample included 40,463 cases from 56 cohorts collected in Europe, North America and Australia and 313,436 controls of European origin [30]. The SCZ sample included 53,386 cases and 77,258 controls of European origin [28], while the MDD sample 166,773 cases and 507,679 controls of European origin [29]. GWAS summary statistics for genetically determined LTL [7] and for mtDNA-cn (ascertained using the AutoMitoC pipeline, which leverages SNP array probe intensities) [17] were obtained for 472,174 and 383,476 UK Biobank participants, respectively. For all GWAS datasets, ethical approval was obtained by the original GWAS studies and quality control procedures, including adjustment for population stratification, were performed by the original studies. Analyses were conducted on autosomal variants common to GWAS on mental disorders and LTL or mtDNA-cn, after exclusion of ambiguous variants (A/T and C/G) or variants located in regions characterized by strong LD such

as the MHC region (chr6:25119106-33854733), chromosome 8p23.1 (chr8:7200000–12500000) and the *MAPT* gene (chr17:40000000–47000000).

Global genetic correlation analysis

Global genetic correlation analysis was conducted using LDSC [31]. To this aim, summary statistics were converted into the LDSC format, while linkage disequilibrium scores were computed using 1000 Genomes European data [31,32]. The cross-trait LDSC method represents an extension of single-trait LDSC to estimate heritability and genetic correlation from GWAS summary statistics. This method allows to study the genetic correlation globally, considering the average of the shared signals across the genome, including the contribution of SNPs that do not reach genome-wide significance [32], taking into account possible sample overlap and population stratification.

Bivariate causal mixture model (MiXeR)

We used bivariate causal mixture model (MiXeR, v. 1.3) to study shared genetic bases between severe mental disorders and LTL or mtDNA-cn beyond genetic correlation. This method quantifies the genetic overlap between two traits estimating the total number of shared and trait-specific genetic variants [33]. We first constructed conditional QQ plots, which represent modified versions of the standard QQ plots that allow to visualize the cross-trait polygenic enrichment. These plots are constructed by creating subsets of SNPs based on the level of association with the secondary phenotype (using three thresholds $p \le 0.10$, $p \le 0.01$ and $p \le 0.001$). Under the null hypothesis, nominal p-values follow the straight line, while under cross-trait polygenic enrichment deflections. Next, we applied causal mixture models to quantify the genetic overlap between mental disorders and markers of biological aging. We first computed univariate estimates to quantify trait-influencing loci for each trait of interest. Next, we computed bivariate estimates of genetic overlap between each mental disorder and markers of biological aging. Detailed information on the modelling of genetic effects is available in the original MiXeR article [33]. Briefly, additive genetic effects are modeled as a mixture of components that are plotted in Venn diagrams and that represent SNPs not associated with only one trait or with both. In addition, we computed the Dice

coefficient (DC), which represents the proportion of SNPs shared between two traits out of the total number of SNPs estimated to be associated with both traits.

Conditional and conjunctional false discovery rate analysis

To identify shared loci between mental disorders and markers of biological aging, we used the condFDR/conjFDR method implemented in pleioFDR [34,35]. This method represents a complementary approach compared with MiXeR as the first offers information about the total amount the genetic overlap between pairs of traits, while the condFDR/conjFDR method allows to identify the specific shared genetic variants. Specifically, this method allows to re-adjust the GWAS statistics in a primary phenotype (e.g. BD) by leveraging pleiotropic enrichment with a GWAS in a secondary phenotype (e.g. LTL). For each p-value in the primary phenotype, condFDR estimates are obtained by calculating the stratified empirical cumulative distribution function of the p-values [36]. The strata are obtained by the enrichment of SNP associations depending on increased p-values in a secondary phenotype [36]. The conjFDR method is an extension of condFDR aimed at discovering SNPs associated with two phenotypes simultaneously. After inverting the roles of the primary and secondary phenotypes, the conjFDR is defined as the maximum of the two condFDR values. A conjFDR < 0.05 was considered to be significant, as in previous studies [36-39].

Definition of genetic loci and functional enrichment

Independent significant genetic loci were defined according to the FUMA protocol [40]. Lead SNPs were defined by double clumping (a clumping of SNPs significant and independent at $r^2 < 0.6$, and a secondary clumping of these SNPs at $r^2 < 0.1$). Loci separated by a distance lower than 250 kb were merged. 1000 genome phase 3 was used as a reference panel to compute linkage disequilibrium in FUMA. The direction of allelic effects for significant variants was evaluated by comparing betas reported in the original GWAS. Positional and functional annotation of lead SNPs was performed using different tools. The CADD score, which predicts how deleterious a variant is on protein structure/function by contrasting variants that survived natural selection with simulated mutations, was computed in FUMA [41]. RegulomeDB rank (from 1 to 7, with 1 being associated with highest evidence of functional effects) was calculated using RegulomeDB in FUMA [42] based on known and predicted regulatory elements including regions of DNase hypersensitivity, binding sites of

transcription factors and promoter regions. Next, we searched whether SNPs acted as eQTLs based on genotyping and gene expression data (obtained from a range of 114 - 209 samples) from Genotype-Tissue Expression (GTEx) v.8 in brain regions. While aging is multifactorial process associated with changes at a multiple-organ level, we chose to specifically focus on genes predicted to be modulated in brain regions in order to select targets with the highest probability of playing a relevant role for both phenotypes under study (aging and severe mental disorders), also based on the fact that this list of genes was used as input to investigate druggability. In the GTEx project, gene expression was measured with Illumina TrueSeq RNA sequencing or Affymetrix Human Gene 1.1 ST Expression Array, while genotyping data were obtained with whole genome sequencing, whole exome sequencing, Illumina OMNI 5M, 2.5M or Exome SNP arrays [43]. We reported cis eQTLs in a +/- 1Mb cis window around the transcription start site (TSS) and significant based on FDR. For genes for which expression levels are modulated by SNPs associated with increased risk of mental disorders and shorter LTL or lower mtDNA-cn, we tested the functional enrichment for gene ontology (GO) terms using enrichR [44], adjusting results based on FDR. In addition, we investigated whether proteins encoded by the identified genes showed significant PPI enrichment using STRING [45]. A significant PPI indicates that the identified proteins have more interactions among themselves than would be expected for a random set of proteins of the same size and degree distribution drawn from the genome. Genes modulated by SNPs associated with increased predisposition to mental disorders and shorter LTL or lower mtDNA-cn were searched in DGIdb [46] to assess whether they are known targets of existing drugs (drug-gene interactions) or 'potentially druggable' based on their involvement in selected pathways, molecular functions or gene families [46]. The DGIdb database classifies genes in categories based on information retrieved from different drug target repositories (DrugBank, PharmGKB, Chembl, Drug Target Commons, Therapeutic Target Database and others). In addition, we searched for upstream regulators of prioritized genes using IPA (Ingenuity System Inc, USA). Upstream regulators are defined as genes, microRNAs, transcription factors or chemical compounds that affect the genes of interest through effects on expression, transcription, activation, molecular modification, transport or binding events according to the Ingenuity Knowledge Base, a large collection of observations in various experimental contexts. P-values of overlap for each upstream regulator based on Fisher's exact test calculated by IPA were adjusted for multiple testing with FDR (a q-value < 0.05 was considered to be significant).

Results

Pleiotropic enrichment and quantification of genetic overlap

Among mental disorders, only MDD showed a significant negative global genetic correlation with LTL ($r_g = -0.14$, p = 6.5E-10). Conversely, global genetic correlation between LTL and BD ($r_g = -0.03$, p = 0.18) or SCZ ($r_g = 0.00$, p = 0.98) was not significant. LTL and mtDNA-cn were significantly positively correlated ($r_g = 0.12$, p = 9.4E-04), while mtDNA-cn was not significantly correlated with any mental disorder (BD: $r_g = -0.005$, p = 0.88; SCZ: $r_g = 0.02$, p = 0.82, MDD: $r_g = 0.01$, p = 0.74).

On the other hand, conditional QQ plots suggested cross-phenotype polygenic enrichment between all severe mental disorders and genetically determined LTL (Supplementary Figure 1). As shown in Supplementary Figure 2, analyses conducted with MiXeR showed a much larger polygenicity for severe mental disorders than for markers of aging. Nonetheless, based on the positive AIC reported in Table 1, for both LTL and mtDNA-cn, the model fitted by MiXeR was found to explain the GWAS signal better than a model considering the maximum possible polygenic overlap given a trait's architecture (i.e. a model in which the causal variants of the least polygenic trait form a subset of the causal variants of the most polygenic trait, best vs max AIC) or a model with the minimal possible polygenic overlap (i.e. a model constrained to a specific value of the genetic correlation, best vs min AIC), supporting the existence of a polygenic overlap.

A large proportion of variants estimated to be associated with markers of biological aging were also associated with severe mental disorders (Table 1). Namely, of variants associated with LTL, 66%, 40% and 91% were also shared with BD, SCZ and MDD, respectively. A lower but still substantial proportion of variants associated with mtDNA-cn was shared with severe mental disorders (from 27% for SCZ and MDD to 30% for BD. Conversely, when considering variants associated with severe mental disorders, only a limited proportion (from 1% to 3%) was also shared with markers of biological aging (Table 1).

Table 1. Propor	tion of overla	ipping genetic v	ariants on the total p	orygenicity of each tr	alt	
			% of variants	% of variants		
			associated with mental	associated with aging		best vs
			disorders and shared	markers and shared	best vs	max
Trait 1	Trait 2	Dice, mean (se)	with aging markers	with mental disorders	min AIC	AIC
BD	LTL	0.05 (0.02)	3%	66%	12.91	10.03
BD	mtDNA-cn	0.02 (0.01)	1%	30%	1.87	3.45
SCZ	LTL	0.03 (0.01)	2%	40%	6.03	9.08
SCZ	mtDNA-cn	0.01 (0.01)	1%	27%	2.44	6.91
MDD	LTL	0.07 (0.01)	3%	91%	2.09	3.45
MDD	mtDNA-cn	0.01 (0.01)	1%	27%	2.06	5.33

Table 1. Proportion of overlapping genetic variants on the total polygenicity of each trait

best vs max AIC: comparison of the best model fitted by MiXeR vs the model with maximum possible polygenic overlap given trait's genetic architecture. A positive value means that best model explains the observed GWAS signal better than the max model, despite its additional complexity (due to the fact that MiXeR has to find the value of the polygenic overlap). best vs min AIC: best model vs the model with the minimal possible polygenic overlap. Abbreviations: AIC, Akaike Information Criterion; BD, bipolar disorder; LTL, leukocyte telomere length; MDD, major depressive disorder; mtDNA-cn, mitochondrial DNA copy number; se, standard error; SCZ, schizophrenia

Genetic loci shared between severe mental disorders and markers of aging

Fifteen genetic loci including 17 lead SNPs were shared between BD and LTL at a conjFDR < 0.05 (Supplementary Table 1). Of the 17 lead SNPs, 6 were associated with increased risk of BD and shorter LTL (while 11 with increased risk of BD and increased LTL). Six of the 17 lead SNPs were found to act as expression quantitative trait loci (eQTL) for different genes in at least one brain region (Supplementary Table 1). However, only the intergenic SNP rs10822056, suggested to act as an eQTL for the *ADO* gene in the caudate brain region, was associated with increased predisposition to BD and shorter LTL, while all the other SNPs acting as eQTLs were associated with BD and longer LTL. Four genetic loci including 4 lead SNPs were shared between BD and mtDNA-cn at a conjFDR < 0.05 (Supplementary Table 1). The allele associated with increased predisposition to BD was associated with lower mtDNA-cn for 2 SNPs and with higher mtDNA-cn for the other 2 SNPs. Only one SNP (rs3208937) was found to act as an eQTL for different genes in different brain regions (Supplementary Table 1).

A total of 52 loci were shared between SCZ and LTL at a conjFDR < 0.05 (Supplementary Table 2). Of the 55 lead SNPs, 33 were associated with increased risk of SCZ and shorter LTL. Twenty-eight of the 55 lead SNPs were found to act as eQTLs for different genes in at least one brain region (Supplementary Table 2). Of these, 16 SNPs were associated with increased predisposition to SCZ and shorter LTL, while the other SNPs acting as eQTLs with increased predisposition to SCZ and longer LTL. Genes modulated by SNPs associated with increased predisposition to SCZ and longer LTL. Genes modulated by SNPs associated with increased predisposition to SCZ and longer LTL. Genes modulated by SNPs associated with increased predisposition to SCZ and shorter LTL were enriched for 2 cellular component and 9 molecular GO terms (Supplementary Table 3). Proteins encoded by the identified genes also showed a significant protein-protein interaction (PPI) enrichment (PPI enrichment p-value: 1.0E-05, Supplementary Table 2). Of these, 3 SNPs were associated with increased risk of SCZ and shorter mtDNA-cn and all acted as eQTLs for different genes in at least one brain region (Supplementary Table 2). Genes modulated by these SNPs were

enriched for 4 biological processes GO terms: Negative Regulation Of Cell Population Proliferation (GO:0008285, p = 7.3E-04, FDR = 0.04, OR = 22.4, genes: *EIF2AK2, CDK10, GAS8*); Negative Regulation Of Cellular Process (GO:0048523, p = 0.002, FDR = 0.04, OR = 15.6, genes: *EIF2AK2, CDK10, GAS8*); Regulation Of Cell Population Proliferation (GO:0042127, p = 0.006, FDR = 0.04, OR = 10.8, genes: *EIF2AK2, CDK10, GAS8*); Cellular Component Assembly (GO:0022607, p = 0.007, FDR = 0.04, OR = 19.1, genes: *FANCA, GAS8*).

Finally, 19 loci were shared between MDD and LTL at a conjFDR < 0.05 (Supplementary Table 4). Of the 19 lead SNPs, 13 were associated with increased risk of MDD and shorter LTL and 6 were significant eQTLs for different genes in at least one brain region (Supplementary Table 4). Four of the 6 eQTLs were associated with increased predisposition to MDD and shorter LTL. Genes modulated by these SNPs were significantly enriched for 5 biological process different GO terms (Supplementary Table 5). Only 1 locus with rs4955411 as the lead SNP was shared between MDD and mtDNA-cn. This SNP was found to be a significant eQTL for several genes in different brain regions (Supplementary Table 4).

Druggable genes and upstream regulators

The *ADO* gene, which was modulated by SNPs associated with BD and increased biological aging, is not part of the druggable genome based on the Drug Gene Interaction Database (DGIdb). Conversely, 14 and 7 genes modulated by SNPs associated with shorter LTL and SCZ (Table 2) or MDD (Table 3), respectively, were druggable.

Chr	Lead SNP	Location	EA / OA	beta SCZ	beta LTL	eQTL in brain regions (GTEx v. 8)	Druggable genes
1	rs4844621	Clorf132	A/G	0.05	-0.01	<i>CD46</i> (amygdala, anterior cingulate cortex, caudate, cerebellum, cortex, frontal cortex, hyppocampus, hypothalamus, nucleus accumbens, putamen, substantia nigra)	CD46
10	rs17883150	GSTO1	G/A	0.04	-0.01	<i>RP11-127L20.3</i> (amygdala, anterior cingulate cortex, caudate, cerebellum, cortex, frontal cortex, hippocampus, hypothalamus, nucleus accumbens, putamen); <i>GSTO2</i> (amygdala, anterior cingulate cortex, caudate, cerebellum, cortex, frontal cortex, hippocampus,	GSTO2

Table 2. Druggable genes modulated by SNPs associated with SCZ and shorter LTL or lower mtDNA-cn

						hypothalamus, nucleus accumbens,	
11	rs10838843	Intergonic	G/T	0.07	0.01	<i>EOLH1</i> (condate, coreballum, nucleus,	FOLHI
11	1810636643	Intergenic	U/ I	-0.07	0.01	accumbens, putamen)	FOLIII
12	rs73230058	PITPNM2	C/T	0.06	-0.01	ABCB9 (cerebellum): KMT5A	ABCB9
						(cerebellum)	
15	rs16969894	IREB2	C/T	0.07	-0.01	CHRNA3 (caudate, nucleus	CHRNA3,
						accumbens); CHRNA5 (nucleus	CHRNA5
						accumbens)	
15	rs4702	FURIN	G/A	0.08	-0.01	FURIN (frontal cortex)	FURIN
20	rs310653	SRMS	T/C	-0.04	0.01	<i>PTK6</i> (caudate)	PTK6
22	rs4822000	RP11-12M9.4	T/C	-0.04	0.01	MCHR1 (cerebellum); RP11-12M9.4	MCHR1,
						(cerebellum); SLC25A17 (cerebellum,	SLC25A17
						nucleus accumbens); ZC3H7B	
22	100000			0.05	0.01	(cerebellum)	CDELDA
22	rs138832	BRD1	A/G	-0.05	0.01	ALG12 (hippocampus, nucleus	CRELD2
						(hypothalamus); <i>PP3</i> 52217.6	
						(cerebellum): <i>ZRED4</i> (cerebellum)	
Chr	Lead SNP	Location	EA /	beta	beta	eOTL in brain regions (GTEx v. 8)	
			<u> </u>	607	mot DNIA	· · · · · · · · · · · · · · · · · · ·	
			OA	SUL	muDNA-		
			OA	SCZ	nnDNA- cn		
2	rs11899117	EIF2AK2	OA G/A	0.04	-0.01	NDUFAF7 (cerebellum); EIF2AK2	EIF2AK2
2	rs11899117	EIF2AK2	OA G/A	0.04	-0.01	<i>NDUFAF7</i> (cerebellum); <i>EIF2AK2</i> (cerebellum)	EIF2AK2
2 16	rs11899117 rs164749	EIF2AK2 Intergenic	G/A T/G	0.04 -0.04	nntDINA- cn -0.01 0.01	NDUFAF7 (cerebellum); EIF2AK2 (cerebellum) SPATA33 (anterior cingulate cortex,	EIF2AK2 CDK10
2 16	rs11899117 rs164749	EIF2AK2 Intergenic	G/A T/G	0.04 -0.04	nnDNA- cn -0.01 0.01	<i>NDUFAF7</i> (cerebellum); <i>EIF2AK2</i> (cerebellum) <i>SPATA33</i> (anterior cingulate cortex, caudate, cerebellum, cortex,	EIF2AK2 CDK10
2 16	rs11899117 rs164749	<i>EIF2AK2</i> Intergenic	G/A T/G	0.04 -0.04	ntDNA- cn -0.01 0.01	NDUFAF7 (cerebellum); EIF2AK2 (cerebellum) SPATA33 (anterior cingulate cortex, caudate, cerebellum, cortex, hippocampus); LINC02166 (anterior	EIF2AK2 CDK10
2 16	rs11899117 rs164749	EIF2AK2 Intergenic	G/A T/G	0.04 -0.04	ntDNA- cn -0.01 0.01	NDUFAF7 (cerebellum); EIF2AK2 (cerebellum) SPATA33 (anterior cingulate cortex, caudate, cerebellum, cortex, hippocampus); LINC02166 (anterior cingulate cortex, caudate, cortex, puglaus accumbane); GAS8 (anterior	EIF2AK2 CDK10
2	rs11899117 rs164749	EIF2AK2 Intergenic	G/A T/G	0.04 -0.04	ntDNA- cn -0.01 0.01	NDUFAF7 (cerebellum); EIF2AK2 (cerebellum) SPATA33 (anterior cingulate cortex, caudate, cerebellum, cortex, hippocampus); LINC02166 (anterior cingulate cortex, caudate, cortex, nucleus accumbens); GAS8 (anterior cingulate cortex, cerebellum, cortex	EIF2AK2 CDK10
2 16	rs11899117 rs164749	EIF2AK2 Intergenic	G/A T/G	0.04 -0.04	ntDNA- cn -0.01 0.01	NDUFAF7 (cerebellum); EIF2AK2 (cerebellum) SPATA33 (anterior cingulate cortex, caudate, cerebellum, cortex, hippocampus); LINC02166 (anterior cingulate cortex, caudate, cortex, nucleus accumbens); GAS8 (anterior cingulate cortex, cerebellum, cortex, nucleus accumbens, putamen):	EIF2AK2 CDK10
2 16	rs11899117 rs164749	EIF2AK2 Intergenic	G/A T/G	0.04 -0.04	ntDNA- cn -0.01 0.01	NDUFAF7 (cerebellum); EIF2AK2 (cerebellum) SPATA33 (anterior cingulate cortex, caudate, cerebellum, cortex, hippocampus); LINC02166 (anterior cingulate cortex, caudate, cortex, nucleus accumbens); GAS8 (anterior cingulate cortex, cerebellum, cortex, nucleus accumbens, putamen); CDK10 (cerebellum); FANCA	EIF2AK2 CDK10
2 16	rs11899117 rs164749	EIF2AK2 Intergenic	G/A T/G	0.04 -0.04	0.01	NDUFAF7 (cerebellum); EIF2AK2 (cerebellum) SPATA33 (anterior cingulate cortex, caudate, cerebellum, cortex, hippocampus); LINC02166 (anterior cingulate cortex, caudate, cortex, nucleus accumbens); GAS8 (anterior cingulate cortex, cerebellum, cortex, nucleus accumbens, putamen); CDK10 (cerebellum); FANCA (cerebellum); VPS9D1 (cortex)	EIF2AK2 CDK10
2 16 22	rs11899117 rs164749 rs41297816	EIF2AK2 Intergenic TBX1	G/A T/G A/G	0.04 -0.04 -0.05	0.01 0.01	NDUFAF7 (cerebellum); EIF2AK2 (cerebellum) SPATA33 (anterior cingulate cortex, caudate, cerebellum, cortex, hippocampus); LINC02166 (anterior cingulate cortex, caudate, cortex, nucleus accumbens); GAS8 (anterior cingulate cortex, cerebellum, cortex, nucleus accumbens, putamen); CDK10 (cerebellum); FANCA (cerebellum); VPS9D1 (cortex) DGCR12 (amygdala); TXNRD2	EIF2AK2 CDK10 TXNRD2

Table 3. Druggable genes modulated by SNPs associated with MDD and shorter $\ensuremath{\text{LTL}}$

Chr	Lead SNP	Gene	EA /	heta	beta	eOTL in brain regions	Druggable
CIII	Leuu Si (I	Gene	OA	MDD	LTL	(GTEx v. 8)	genome
1	rs4653448	Intergenic	A/G	0.02	-0.03	PARP1 (cerebellum)	PARP1
3	rs34614773	RNF123	T/G	0.03	-0.01	<i>FAM212A</i> (cerebellum); <i>GMPPB</i> (cerebellum, cortex, hyppocampus, putamen); <i>HYAL3</i> (cerebellum), <i>MST1R</i> (caudate, cerebellum, cortex); <i>RBM6</i> (amygdala, anterior cingulate cortex, caudate, cerebellum, cortex, hippocampus, hypothalamus, nucleus accumbens, putamen, substantia nigra); <i>RNF123</i> (amygdala, anterior cingulate cortex, caudate, cerebellum, cortex, hypothalamus, nucleus accumbens)	HYAL3, MST1R, RNF123
11	rs112181005	C11orf49	G/A	0.03	-0.01	<i>LPR4</i> (caudate, nucleus accumbens, putamen): <i>MADD</i>	NR1H3

accumbens)	22 rs729	90458 I	Intergenic	T/C	-0.02	0.01	(cerebellum); <i>NR1H3</i> (caudate, nucleus accumbens) <i>ZC3H7B</i> (cerebellum); <i>MCHR1</i> (cerebellum); <i>RP11-</i> <i>12M9.4</i> (cerebellum); <i>SLC25A17</i> (nucleus accumbens)	MCHR1, SLC25A17
------------	----------	---------	------------	-----	-------	------	---	--------------------

After multiple testing correction, significant upstream regulator of genes modulated by SNPs associated with SCZ and shorter LTL included 1 drug, 1 microRNA and 5 other genes 1(Supplementary Table 6). A network of these regulators and the 6 modulated genes is shown in Figure 1.

Conversely, significant upstream regulators of genes modulated by SNPs associated with MDD and shorter LTL included 20 drugs, 20enzymes, 5 transcription regulators, 30 chemical compounds and 37 other genes (Supplementary Table 7). Among upstream regulators drugs, genistein has been suggested to exert antiinflammatory and antioxidant effects, as well as to be a promising therapeutic compound in different agerelated disorders. A subset of the network including this drug, the 2 genes of our list suggested to be modulated by this drug (*HYAL3* and *CTSF*) as well as other significant modulators or transcription regulators of these 2 genes are shown in Figure 2.

Discussion

In this study, we explored pleiotropy between severe mental disorders and two hallmarks of aging. Using global genetic correlation, we found only MDD to be significantly associated with shorter LTL (r_g = -0.14, p = 6.5E-10). This result is in line with a recent study suggesting shorter LTL in individuals with depression in UK Biobank as well as a significant association between a PRS for depression and shorter LTL [21]. However, using a method able to identify specific genetic loci between two traits, rather than just investigating genetic correlation at a global level, we identified significant cross-trait enrichment between all the investigated severe mental disorders and genetically determined LTL or mtDNA-cn. Interestingly, a high percentage of identified loci showed lead SNPs with a direction of effect unexpected based on the hypothesis that severe mental disorders are characterized by accelerated cellular aging. Specifically, only 35%, (6/17), 60% (33/55) and 68% (13/19) of lead SNPs were associated with increased risk of BD, SCZ or MDD, respectively, and shorter LTL. BD showed the highest percentage of loci with an unexpected direction of effect. Interestingly, among mental disorders, BD is the one for which the most conflicting results have been reported as regards to shorter LTL.

compared with individual without mental illness. Indeed, a number of studies has observed longer LTL in patients with BD compared with controls [12,47]. While treatment with the mood stabilizer lithium might exert a potential counteractive effect on telomere shortening [11,48], it might also be the case that some genetic variants associated with increased risk of BD might protect patients from accelerated telomere shortening. Among lead SNPs associated with shorter LTL but reduced risk of BD, we found the rs12919664 SNP, located in the *TERF2* gene. This gene encodes a telomere specific protein which is a component of the telomere nucleoprotein complex, plays a key role in the protective activity of telomeres and is a negative regulator of telomere length. The C allele, that we found to be associated with increased risk of BD and longer LTL, reduces levels of the *TERF2* gene in the cerebellum and in the cortex (Supplementary Table 1).

Among SNPs with a functional effect associated with higher risk of BD and cellular aging, the rs11556924 SNP in the ZC3HC1 gene and the rs7909129 SNP in the SORCS3 gene, were predicted to exert a detrimental effect on proteins based on the Combined Annotation Dependent Depletion (CADD) score. In particular, the rs11556924 in the ZC3HC1 gene is an exonic non-synonymous variant with a CADD score of 30 (variants with scores above 20 are predicted to be among the 1.0% most deleterious substitutions in the human genome) [41,49]. In our data, the rs11556924 C allele was associated with reduced risk of BD and reduced LTL. The latter observation is in accordance with results from a recent study linking the in ZC3HC1 rs56179563 SNP (which is in linkage disequilibrium with rs11556924, D' = 0.95, $R^2 = 0.87$) with overall survival. Namely, the rs56179563 A allele, which is correlated with the rs11556924 T allele, was associated with increased lifespan in a mortality risk-factor-informed GWAS [50]. The other SNP with a potential detrimental effect, located in the SORCS3 gene, was associated with shorter LTL and increased predisposition to all three mental disorders (Supplementary Tables 1-3). This gene has been previously implicated in different mental disorders [51-53] as well as in Alzheimer's disease [53,54]. The protein encoded by this gene is a member of the vacuolar protein sorting 10 (Vps10) family of receptors, which represent cargos of the retromer complex and are involved in protein trafficking and intracellular/intercellular signaling in neuronal and non-neuronal cells [55,56]. The retromer is a complex of proteins that control the reverse transport of molecules from the endosomes trans-Golgi network or to the cell surface, thus potentially playing a relevant role in different neurodegenerative diseases. Besides their roles as cargo proteins of the retromer complex, members of the Vps10 receptor family such as SORCS3 have been shown to modulate neurotrophic signaling pathways [56]. Based on this evidence, SORCS3 represents an interesting target that might be involved in the molecular mechanisms underlying accelerated cellular aging in severe mental disorders. In addition, four loci with rs11588837, rs11638445, rs12629701 and rs2345964 as lead SNPs, were associated with longer LTL and predisposition to both BD and SCZ. Three of these variants are significant eQTLs for a variety of genes in different brain regions. Among genes modulated by these variants, rs11588837 can affect the expression of *VPS45* (a gene encoding another protein involved in trafficking through the endosomal system [57]) in the frontal cortex.

SCZ was the severe mental disorder for which we identified the highest number of genetic loci shared with LTL (52 loci with 55 lead SNPs) or mtDNA-cn (12 loci with 12 lead SNPs), with around half of these SNPs found to act as significant eQTLs for a variety of genes in at least one brain region (Supplementary Table 2). Genes modulated by SNPs associated with increased predisposition to SCZ and shorter LTL were enriched for GO terms related to Acetylcholine Receptor Activity and S-adenosylmethionine-dependent Methyltransferase Activity. Genes included in this GO term encoded two subunits of the cholinergic receptor (*CHRNA3* and *CHRNA5*) that we found to be modulated by the rs16969894 SNP in brain regions. Specifically, the rs16969894 C allele, that we found to be associated with increased risk of SCZ and reduced LTL, increases expression of *CHRNA3* in the caudate and of both genes in the nucleus accumbens. Analyses conducted with IPA showed proteins included in the neuregulin (NRG) family to be significant upstream regulators of both *CHRNA3* and *CHRNA5* (Supplementary Table 6). Genetic variation at the *CHRNA3/5* locus has been previously associated with lifespan [58,59]. However, it is unclear whether this effect might be entirely or only partially mediated by nicotine dependence, by an increased vulnerability to smoking effects [58], or also by other factors.

MDD was the disorder for which most SNPs showed the expected direction of effect (the allele associated with increased predisposition to MDD was also associated with shorter LTL). This observation is in line with the finding of a significant negative global genetic correlation between MDD and LTL. Using the list of 7 genes modulated by SNPs associated with MDD and shorter LTL as input, we found genistein (4',5,7-trihydroxyisoflavone) as a common upstream regulator of *HYAL3* and *NR1H3*, two genes for which the MDD risk allele induced lower expression in either cerebellum (*HYAL3*) or caudate and nucleus accumbens (*NR1H3*) (Table 5). Genistein is a plant-derived phytoestrogen part of the flavonoid family. Due to its chemical structure similar to that of the mammalian estrogens, this compound can modulate endogenous estrogens via binding to

the estrogen receptors [60,61]. Genistein is gaining high interest due to its suggested antiproliferative [62,63], anti-inflammatory [60] and antioxidant [64] effects in *in-vitro* models and in preclinical studies, leading to explore its potential pharmacological effects in a range of disorders characterized by a state of chronic inflammation or microinflammation, such as metabolic [65], cardiovascular [66] and neurodegenerative diseases [67]. Indeed, a chronic state of low-grade inflammation and oxidative stress have been hypothesized to play a role in the pathogenesis of severe mental disorders as well as of age-related disorders. A recent study using a system biology approach based on the analysis of metabolomic and gut microbiota data, suggested genistein to be among the most potentially promising novel compounds to treat MDD [68], supporting previous observation of antidepressants effects in rats [69]. While randomized human clinical trials will be needed to establish potential clinical utility and safety of genistein, it might be speculated that this molecule with anti-inflammatory properties might be especially useful for patients with MDD with high genetic load for accelerated cellular aging.

We conducted a large cross-trait analysis between severe mental disorders and markers of cellular aging using state-of-the-art methods. Some limitations have to be taken into consideration when interpreting our results. Firstly, our analyses were restricted to participants of European origin. It is therefore possible that these results might not be directly transferable to participants with a different origin. Secondly, aging is a multifactorial process driven by genetic and environmental factors, including lifestyle factors that have not been the focus of this study. Future expansions of this work might include taking into account environmental exposure to factors previously shown to be associated with accelerated aging, as well as testing the association between severe mental disorders and epigenetic measures of aging. Finally, while we evaluated the functional effect of the identified genetic variants on gene expression in brain regions, our analyses were restricted to peripheral markers of biological aging. Future expansions of this work might focus on other aging hallmarks with brain relevance, such as brain age. Our study leveraged the largest publicly available GWAS summary statistics for BD, SCZ and MDD to gain insights on the genetic determinants specifically shared between each of these severe mental disorders and markers of aging. However, genetic determinants of psychiatric disorders have been shown to transcend diagnostic boundaries, thus supporting the utility of cross-disorder analyses to enable the discovery of novel variants [70] and dissect molecular mechanisms underlying different disorders. A recent cross-disorder study reported that genes shared between different mental disorders are disproportionately associated with biological pathways related to neurodevelopment and show distinctive gene expression patterns [71]. Since similar differences might also be observed in the association between mental disorders and accelerated cellular aging, future expansions of our study will include evaluating the association between crossdisorder genes and markers of aging, in order to discover novel genetic determinants potentially underlying accelerated cellular aging in mental disorders as well as better dissect differences between cross-disorder and disorder-specific mechanisms.

While the present study has leveraged large GWAS summary statistics, future studies to be conducted in datasets with individual genotype data might allow to explore additional relevant aspects related to cellular aging in severe mental disorders such as the role of gene-gene interactions as well as the aggregated effects of sets of genetic variants. In addition, while we conducted in-silico analyses to identify genetic variants acting as eQTLs, future studies might assess whether genes predicted to be modulated by these variants show differences in gene expression, either in peripheral or brain tissues, in patients with severe mental disorders compared with non-psychiatric controls. Finally, the increased availability of cellular models such as neurons and neural precursors cells derived from induced-pluripotent stem lines might allow to gain insights on the potential brain relevance of identified targets. Our results support the existence of shared genetic loci between severe mental disorders and markers of biological aging and prioritize functional loci and druggable targets for further investigation. Based on the direction of effect of identified variants, shorter LTL in patients with SCZ or BD could be at least partly counteracted by genetic factors. In addition, our data point to the retromer complex and intracellular protein trafficking as interesting cross-disorder molecular mechanisms potentially underlying the shared genetic bases between severe mental disorders and markers of biological aging.

Authors' contributions

CP, conceptualization, data curation, data analysis, visualization, writing and review; DC, writing – review & editing; AM, writing – review & editing; PP, visualization, writing – review & editing; GPP, writing – review & editing; GS, writing – review & editing; RA, writing – review & editing; CC, writing – review & editing; MM, visualization, writing – review & editing; AS, conceptualization, writing – review & editing. All authors read and approved the final manuscript.

Funding

None

Competing interests The authors have nothing to disclose

References

- 1 Goldfarb M, De Hert M, Detraux J, Di Palo K, Munir H, Music S, et al. Severe Mental Illness and Cardiovascular Disease: JACC State-of-the-Art Review. J Am Coll Cardiol. 2022;80(9):918-33.
- 2 Fries GR, Bauer IE, Scaini G, Valvassori SS, Walss-Bass C, Soares JC, et al. Accelerated hippocampal biological aging in bipolar disorder. Bipolar Disord. 2019.
- 3 Cole JH, Ritchie SJ, Bastin ME, Valdes Hernandez MC, Munoz Maniega S, Royle N, et al. Brain age predicts mortality. Mol Psychiatry. 2018;23(5):1385-92.
- 4 Olabi B, Ellison-Wright I, McIntosh AM, Wood SJ, Bullmore E, Lawrie SM. Are there progressive brain changes in schizophrenia? A meta-analysis of structural magnetic resonance imaging studies. Biol Psychiatry. 2011;70(1):88-96.
- 5 Squassina A, Pisanu C, Vanni R. Mood Disorders, Accelerated Aging, and Inflammation: Is the Link Hidden in Telomeres? Cells. 2019;8(1).
- 6 Kordinas V, Ioannidis A, Chatzipanagiotou S. The Telomere/Telomerase System in Chronic Inflammatory Diseases. Cause or Effect? Genes (Basel). 2016;7(9).
- 7 Codd V, Wang Q, Allara E, Musicha C, Kaptoge S, Stoma S, et al. Polygenic basis and biomedical consequences of telomere length variation. Nat Genet. 2021;53(10):1425-33.
- 8 Lopez-Otin C, Blasco MA, Partridge L, Serrano M, Kroemer G. Hallmarks of aging: An expanding universe. Cell. 2023;186(2):243-78.
- 9 Castellani CA, Longchamps RJ, Sun J, Guallar E, Arking DE. Thinking outside the nucleus: Mitochondrial DNA copy number in health and disease. Mitochondrion. 2020;53:214-23.
- 10 Filograna R, Mennuni M, Alsina D, Larsson NG. Mitochondrial DNA copy number in human disease: the more the better? FEBS Lett. 2021;595(8):976-1002.
- 11 Martinsson L, Wei Y, Xu D, Melas PA, Mathe AA, Schalling M, et al. Long-term lithium treatment in bipolar disorder is associated with longer leukocyte telomeres. Transl Psychiatry. 2013;3:e261.
- 12 Pisanu C, Congiu D, Manchia M, Caria P, Cocco C, Dettori T, et al. Differences in telomere length between patients with bipolar disorder and controls are influenced by lithium treatment. Pharmacogenomics. 2020.
- 13 Van Gestel H, Franke K, Petite J, Slaney C, Garnham J, Helmick C, et al. Brain age in bipolar disorders: Effects of lithium treatment. Aust N Z J Psychiatry. 2019;53(12):1179-88.
- 14 Yamaki N, Otsuka I, Numata S, Yanagi M, Mouri K, Okazaki S, et al. Mitochondrial DNA copy number of peripheral blood in bipolar disorder: The present study and a meta-analysis. Psychiatry Res. 2018;269:115-17.
- 15 de Sousa RT, Uno M, Zanetti MV, Shinjo SM, Busatto GF, Gattaz WF, et al. Leukocyte mitochondrial DNA copy number in bipolar disorder. Prog Neuropsychopharmacol Biol Psychiatry. 2014;48:32-5.
- 16 Fries GR, Bauer IE, Scaini G, Wu MJ, Kazimi IF, Valvassori SS, et al. Accelerated epigenetic aging and mitochondrial DNA copy number in bipolar disorder. Transl Psychiatry. 2017;7(12):1283.
- 17 Chong M, Mohammadi-Shemirani P, Perrot N, Nelson W, Morton R, Narula S, et al. GWAS and ExWAS of blood mitochondrial DNA copy number identifies 71 loci and highlights a potential causal role in dementia. Elife. 2022;11.
- 18 Codd V, Nelson CP, Albrecht E, Mangino M, Deelen J, Buxton JL, et al. Identification of seven loci affecting mean telomere length and their association with disease. Nat Genet. 2013;45(4):422-7, 27e1-2.

- 19 Bipolar D, Schizophrenia Working Group of the Psychiatric Genomics Consortium. Electronic address drve, Bipolar D, Schizophrenia Working Group of the Psychiatric Genomics C. Genomic Dissection of Bipolar Disorder and Schizophrenia, Including 28 Subphenotypes. Cell. 2018;173(7):1705-15 e16.
- 20 Palmos AB, Breen G, Goodwin L, Frissa S, Hatch SL, Hotopf M, et al. Genetic Risk for Psychiatric Disorders and Telomere Length. Front Genet. 2018;9:468.
- 21 Mutz J, Lewis CM. Telomere length associations with clinical diagnosis, age and polygenic risk scores for anxiety disorder, depression and bipolar disorder. Biological Psychiatry Global Open Science. 2022.
- 22 Pisanu C, Congiu D, Severino G, Ardau R, Chillotti C, Del Zompo M, et al. Investigation of genetic loci shared between bipolar disorder and risk-taking propensity: potential implications for pharmacological interventions. Neuropsychopharmacology. 2021;46(9):1680-92.
- 23 Andreassen OA, Hindley GFL, Frei O, Smeland OB. New insights from the last decade of research in psychiatric genetics: discoveries, challenges and clinical implications. World Psychiatry. 2023;22(1):4-24.
- 24 Hindley G, Shadrin AA, van der Meer D, Parker N, Cheng W, O'Connell KS, et al. Multivariate genetic analysis of personality and cognitive traits reveals abundant pleiotropy. Nat Hum Behav. 2023.
- 25 Karadag N, Shadrin AA, O'Connell KS, Hindley GFL, Rahman Z, Parker N, et al. Identification of novel genomic risk loci shared between common epilepsies and psychiatric disorders. Brain. 2023;146(8):3392-403.
- 26 Steen NE, Rahman Z, Szabo A, Hindley GFL, Parker N, Cheng W, et al. Shared Genetic Loci Between Schizophrenia and White Blood Cell Counts Suggest Genetically Determined Systemic Immune Abnormalities. Schizophr Bull. 2023.
- 27 Mullins N, Forstner AJ, O'Connell KS, Coombes B, Coleman JRI, Qiao Z, et al. Genomewide association study of more than 40,000 bipolar disorder cases provides new insights into the underlying biology. Nat Genet. 2021;53(6):817-29.
- 28 Trubetskoy V, Pardinas AF, Qi T, Panagiotaropoulou G, Awasthi S, Bigdeli TB, et al. Mapping genomic loci implicates genes and synaptic biology in schizophrenia. Nature. 2022;604(7906):502-08.
- 29 Als TD, Kurki MI, Grove J, Voloudakis G, Therrien K, Tasanko E, et al. Depression pathophysiology, risk prediction of recurrence and comorbid psychiatric disorders using genome-wide analyses. Nat Med. 2023;29(7):1832-44.
- 30 Mullins N, Forstner AJ, O'Connell KS, Coombes B, Coleman JRI, Qiao Z, et al. Genomewide association study of over 40,000 bipolar disorder cases provides novel biological insights. 2020:2020.09.17.20187054.
- 31 Bulik-Sullivan BK, Loh PR, Finucane HK, Ripke S, Yang J, Schizophrenia Working Group of the Psychiatric Genomics C, et al. LD Score regression distinguishes confounding from polygenicity in genome-wide association studies. Nat Genet. 2015;47(3):291-5.
- 32 Bulik-Sullivan B, Finucane HK, Anttila V, Gusev A, Day FR, Loh PR, et al. An atlas of genetic correlations across human diseases and traits. Nat Genet. 2015;47(11):1236-41.
- 33 Frei O, Holland D, Smeland OB, Shadrin AA, Fan CC, Maeland S, et al. Bivariate causal mixture model quantifies polygenic overlap between complex traits beyond genetic correlation. Nat Commun. 2019;10(1):2417.
- Andreassen OA, Thompson WK, Schork AJ, Ripke S, Mattingsdal M, Kelsoe JR, et al. Improved detection of common variants associated with schizophrenia and bipolar disorder using pleiotropy-informed conditional false discovery rate. PLoS Genet. 2013;9(4):e1003455.
- 35 PleioFDR. <u>https://github.com/precimed/pleiofdr</u>. Accessed 18 March 2021.
- 36 Smeland OB, Frei O, Shadrin A, O'Connell K, Fan CC, Bahrami S, et al. Discovery of shared genomic loci using the conditional false discovery rate approach. Hum Genet. 2020;139(1):85-94.

- 37 Smeland OB, Frei O, Kauppi K, Hill WD, Li W, Wang Y, et al. Identification of Genetic Loci Jointly Influencing Schizophrenia Risk and the Cognitive Traits of Verbal-Numerical Reasoning, Reaction Time, and General Cognitive Function. JAMA Psychiatry. 2017;74(10):1065-75.
- 38 Smeland OB, Shadrin A, Bahrami S, Broce I, Tesli M, Frei O, et al. Genome-wide Association Analysis of Parkinson's Disease and Schizophrenia Reveals Shared Genetic Architecture and Identifies Novel Risk Loci. Biol Psychiatry. 2021;89(3):227-35.
- 39 Smeland OB, Wang Y, Frei O, Li W, Hibar DP, Franke B, et al. Genetic Overlap Between Schizophrenia and Volumes of Hippocampus, Putamen, and Intracranial Volume Indicates Shared Molecular Genetic Mechanisms. Schizophr Bull. 2018;44(4):854-64.
- 40 Watanabe K, Taskesen E, van Bochoven A, Posthuma D. Functional mapping and annotation of genetic associations with FUMA. Nat Commun. 2017;8(1):1826.
- 41 Rentzsch P, Witten D, Cooper GM, Shendure J, Kircher M. CADD: predicting the deleteriousness of variants throughout the human genome. Nucleic Acids Res. 2019;47(D1):D886-D94.
- 42 Dong S, Boyle AP. Predicting functional variants in enhancer and promoter elements using RegulomeDB. Hum Mutat. 2019;40(9):1292-98.
- 43 Consortium GT. The GTEx Consortium atlas of genetic regulatory effects across human tissues. Science. 2020;369(6509):1318-30.
- 44 Kuleshov MV, Jones MR, Rouillard AD, Fernandez NF, Duan Q, Wang Z, et al. Enrichr: a comprehensive gene set enrichment analysis web server 2016 update. Nucleic Acids Res. 2016;44(W1):W90-7.
- 45 Szklarczyk D, Gable AL, Lyon D, Junge A, Wyder S, Huerta-Cepas J, et al. STRING v11: protein-protein association networks with increased coverage, supporting functional discovery in genome-wide experimental datasets. Nucleic Acids Res. 2019;47(D1):D607-D13.
- 46 Cotto KC, Wagner AH, Feng YY, Kiwala S, Coffman AC, Spies G, et al. DGIdb 3.0: a redesign and expansion of the drug-gene interaction database. Nucleic Acids Res. 2018;46(D1):D1068-D73.
- 47 Squassina A, Manchia M, Pisanu C, Ardau R, Arzedi C, Bocchetta A, et al. Telomere attrition and inflammatory load in severe psychiatric disorders and in response to psychotropic medications. Neuropsychopharmacology. 2020;45(13):2229-38.
- 48 Squassina A, Pisanu C, Congiu D, Caria P, Frau D, Niola P, et al. Leukocyte telomere length positively correlates with duration of lithium treatment in bipolar disorder patients. Eur Neuropsychopharmacol. 2016;26(7):1241-7.
- 49 Kircher M, Witten DM, Jain P, O'Roak BJ, Cooper GM, Shendure J. A general framework for estimating the relative pathogenicity of human genetic variants. Nat Genet. 2014;46(3):310-5.
- 50 Timmers PR, Mounier N, Lall K, Fischer K, Ning Z, Feng X, et al. Genomics of 1 million parent lifespans implicates novel pathways and common diseases and distinguishes survival chances. Elife. 2019;8.
- 51 Wu Y, Cao H, Baranova A, Huang H, Li S, Cai L, et al. Multi-trait analysis for genome-wide association study of five psychiatric disorders. Transl Psychiatry. 2020;10(1):209.
- 52 Bigdeli TB, Fanous AH, Li Y, Rajeevan N, Sayward F, Genovese G, et al. Genome-Wide Association Studies of Schizophrenia and Bipolar Disorder in a Diverse Cohort of US Veterans. Schizophr Bull. 2021;47(2):517-29.
- 53 Ni H, Xu M, Zhan GL, Fan Y, Zhou H, Jiang HY, et al. The GWAS Risk Genes for Depression May Be Actively Involved in Alzheimer's Disease. J Alzheimers Dis. 2018;64(4):1149-61.
- 54 Blue EE, Thornton TA, Kooperberg C, Liu S, Wactawski-Wende J, Manson J, et al. Noncoding variants in MYH11, FZD3, and SORCS3 are associated with dementia in women. Alzheimers Dement. 2021;17(2):215-25.

- 55 Reitz C. The role of intracellular trafficking and the VPS10d receptors in Alzheimer's disease. Future Neurol. 2012;7(4):423-31.
- 56 Reitz C. The role of the retromer complex in aging-related neurodegeneration: a molecular and genomic review. Mol Genet Genomics. 2015;290(2):413-27.
- 57 Frey L, Zietara N, Lyszkiewicz M, Marquardt B, Mizoguchi Y, Linder MI, et al. Mammalian VPS45 orchestrates trafficking through the endosomal system. Blood. 2021;137(14):1932-44.
- 58 Joshi PK, Fischer K, Schraut KE, Campbell H, Esko T, Wilson JF. Variants near CHRNA3/5 and APOE have age- and sex-related effects on human lifespan. Nat Commun. 2016;7:11174.
- 59 Joshi PK, Pirastu N, Kentistou KA, Fischer K, Hofer E, Schraut KE, et al. Genome-wide meta-analysis associates HLA-DQA1/DRB1 and LPA and lifestyle factors with human longevity. Nat Commun. 2017;8(1):910.
- 60 Goh YX, Jalil J, Lam KW, Husain K, Premakumar CM. Genistein: A Review on its Anti-Inflammatory Properties. Front Pharmacol. 2022;13:820969.
- 61 Jiang T, Dong Y, Zhu W, Wu T, Chen L, Cao Y, et al. Underlying mechanisms and molecular targets of genistein in the management of type 2 diabetes mellitus and related complications. Crit Rev Food Sci Nutr. 2023:1-13.
- 62 Spagnuolo C, Russo GL, Orhan IE, Habtemariam S, Daglia M, Sureda A, et al. Genistein and cancer: current status, challenges, and future directions. Adv Nutr. 2015;6(4):408-19.
- 63 Tuli HS, Tuorkey MJ, Thakral F, Sak K, Kumar M, Sharma AK, et al. Molecular Mechanisms of Action of Genistein in Cancer: Recent Advances. Front Pharmacol. 2019;10:1336.
- 64 Yoon GA, Park S. Antioxidant action of soy isoflavones on oxidative stress and antioxidant enzyme activities in exercised rats. Nutr Res Pract. 2014;8(6):618-24.
- 65 Zamani-Garmsiri F, Emamgholipour S, Rahmani Fard S, Ghasempour G, Jahangard Ahvazi R, Meshkani R. Polyphenols: Potential anti-inflammatory agents for treatment of metabolic disorders. Phytother Res. 2022;36(1):415-32.
- 66 Jafari S, Shoghi M, Khazdair MR. Pharmacological Effects of Genistein on Cardiovascular Diseases. Evid Based Complement Alternat Med. 2023;2023:8250219.
- 67 Li R, Robinson M, Ding X, Geetha T, Al-Nakkash L, Broderick TL, et al. Genistein: A focus on several neurodegenerative diseases. J Food Biochem. 2022;46(7):e14155.
- 68 Teng F, Lu Z, Gao F, Liang J, Li J, Tian X, et al. Systems biology approaches to identify potential targets and inhibitors of the intestinal microbiota to treat depression. Sci Rep. 2023;13(1):11225.
- 69 Chang M, Zhang L, Dai H, Sun L. Genistein acts as antidepressant agent against chronic mild stress-induced depression model of rats through augmentation of brain-derived neurotrophic factor. Brain Behav. 2021;11(8):e2300.
- 70 Coleman JRI, Gaspar HA, Bryois J, Bipolar Disorder Working Group of the Psychiatric Genomics C, Major Depressive Disorder Working Group of the Psychiatric Genomics C, Breen G. The Genetics of the Mood Disorder Spectrum: Genome-wide Association Analyses of More Than 185,000 Cases and 439,000 Controls. Biol Psychiatry. 2020;88(2):169-84.
- 71 Cross-Disorder Group of the Psychiatric Genomics Consortium. Electronic address pmhe, Cross-Disorder Group of the Psychiatric Genomics C. Genomic Relationships, Novel Loci, and Pleiotropic Mechanisms across Eight Psychiatric Disorders. Cell. 2019;179(7):1469-82 e11.

Figure legends

Figure 1. Network of upstream regulators of genes modulated by SNPs associated with increased risk of SCZ and shorter LTL



The figure shows a network constructed based on significant upstream regulators of genes modulated by SNPs associated with increased risk of SCZ and shorter LTL (shown in blue). Among upstream regulators, drugs are shown in yellow while other regulators in grey.

Figure 2. Network of upstream regulators of genes modulated by SNPs associated with increased risk of MDD and shorter LTL



The figure shows a network constructed based on the drug genistein, the 2 genes in our dataset (shown in blue) predicted to be modulated by this compound as well as other upstream regulators of these genes. Among upstream regulators, drugs are shown in yellow while genes in grey.



Supplementary Figure 1. Conditional QQ plots suggesting cross-phenotype polygenic enrichment between mental disorders and markers of biological aging

The figure shows conditional QQ plots of observed versus expected -log10 p-values in the primary

trait (e.g. LTL) based on significance of association with a secondary trait (e.g. BD) at $p \le 0.1$ (orange solid line), $p \le 0.01$ (green solid line), or $p \le 0.001$ (red solid line). The blue line indicates all SNPs. Dashed lines indicate model prediction at each p level. The black dotted line indicates the expected QQ plot under the null hypothesis (no SNP associated with the phenotype).

The progressive leftward deflection from the null line as levels of SNP associations with the secondary phenotype increase shows significant cross-trait enrichment between primary and secondary phenotype

Supplementary Figure 2. Venn diagrams showing unique and shared trait-influencing variants associated with markers of biological aging and severe mental disorders



The Venn diagrams show the estimated number of causal variants (in thousands), explaining 90% of heritability for two markers of biological aging (LTL and mtDNA-cn) and for severe mental disorders. Shared variants are colored in gray, variants specific for markers of biological aging in blue, while variants specific for mental disorders in orange. The size of the circles reflects the degree of polygenicity of each trait. The genetic correlation for each pair as estimated by MiXeR (r_g) is indicated in blue (negative correlation) or red (positive correlation).

Abbreviations: BD, bipolar disorder; LTL, leukocyte telomere length; MDD, major depressive disorder; mtDNA-cn, mitochondrial DNA copy number; SCZ, schizophrenia

Supplementary Figure 3. Protein-protein interaction network of genes modulated by SNPs associated with increased predisposition to SCZ and shorter LTL



Nodes represent genes, lines of different colors represent different types of evidence used by STRING to predict the association.

	-	Supplementary	Table 1	. Genetic l	oci and lea	ad SNPs	associated	with 1	risk of	BD and	1 LTL	or mtDNA	-cn
--	---	---------------	----------------	-------------	-------------	---------	------------	--------	---------	--------	-------	----------	-----

Chr	Start locus	Stop locus	Lead SNP	Nearest gene (Kb)	EA/O	beta BD	beta I TI	conjFD R		RDB rank	eQTL in brain regions (GTEx v. 8)
1	149999764	150514149	rs11588837	PLEKHO1 (46.9)	A/G	0.06	0.01	0.035	5.25	6	VPS45 (frontal cortex)
1	163582980	163766672	rs2345964	<i>RP4-640E24.1</i> (12)	A/G	0.05	0.01	0.030	1.68	6	
1	226613126	226702300	rs1299858	CDKN2AIPNLP1 (15.3)	T/C	0.05	-0.02	0.023	0.03	NA	-
2	210043728	210322212	rs34842775	MEAF6P1 (102.6)	A/C	0.04	0.01	0.039	1.72	7	-
3	52277445	52838402	rs12629701	PBRM1	T/C	0.06	0.01	0.033	0.14	7	<i>GNL3</i> (cerebellum, hypothalamus, putamen) <i>RP5-966M1.7</i> (cerebellum, cortex, putamen) <i>PPM1M</i> (cerebellum); <i>NEK4</i> (cerebellum); <i>GLYCTK</i> (cerebellum); <i>ITIH4</i> (cortex, hypothalamus, putamen); <i>POC1A</i> (putamen)
5	11920763	12037477	rs11968174	<i>RP3-420J14.1</i> (88.6)	T/C	-0.07	0.01	0.032	6.29	6	-
7	129663496	129685597	rs11556924	ZC3HC1	C/T	0.04	-0.01	0.049	28.00	1f	-
0	64451233	64556238	rs10822056	ALDH7A1P4 (13)	C/T	-0.05	0.01	0.010	1.03	6	ADO (caudate)
0	106453550	106560225	rs7909129	SORCS3	A/G	-0.04	0.01	0.034	14.63	7	-
5	74099922	74161676	rs4886643	RP11-8P11.3 (40.5)	C/T	-0.04	-0.01	0.013	1.06	5	-
15	84703470 69141138	85344550 69432250	rs11638445 rs12919664	<i>LINC00933</i> (14.3) <i>TERF2</i>	C/A T/C	-0.05	-0.02	0.009	3.24 1.45	5	GOLGA2P7 (amygdala, anterior cingulate cortex, caudate, cerebellum, cortex, hippocampus, hypothalamus, nucleus accumbens, putamen); CSPG4P12 (anterior cingulate cortex, cerebellum, cortex, hippocampus, hypothalamus, putamen); LINC00933 (anterior cingulate cortex, caudate, cortex); GOLGA6L5P (anterior cingulate cortex, caudate, cortex, putamen, substantia nigra); NMB (caudate); DNM1P51 (frontal cortex); RP11-182J1.14 (cortex), EFTUD1P1 (hypothalamus) VPS4A (anterior cingulate cortex, caudate,
10	09141136	09432230	1812919004	TERT2	1/C	-0.03	-0.02	0.004	1.45	,	cortex, hypothalamus, nucleus accumbens, putamen); <i>TERF2</i> (cerebellum, cortex); <i>SNTB2</i> (cerebellum), <i>NIP7</i> (nucleus accumbens); <i>UTP4</i> (nucleus accumbens)
18	52297945	52504252	rs117201218	RAB27B	T/G	-0.14	-0.02	0.016	3.01	6	-
18	52297945	52504252	rs56162185	RAB27B	C/T	-0.04	-0.01	0.030	1.83	7	-

20	33224174	33360785	rs6059976	PIGU	G/A	-0.04	-0.01	0.049	2.62	6	MAP1LC3A (anterior cingulate cortex, caudate, cerebellum, cortex, hypothalamus, nucleus accumbens); MYH7B (cerebellum); ACSS2 (cerebellum, cortex); EDEM2 (cortex); MMP24-AS1 (cortex)
20	35488246	35503978	rs75438122	SOGA1 (4.1)	T/C	0.11	-0.02	0.019	2.16	7	-
20	35488246	35503978	rs1291117	RN7SL156P (3.4)	A/G	-0.06	-0.02	0.047	5.00	3a	
Chr	Start locus	Stop locus	Lead SNP	Nearest gene (Kb)	EA/O	beta	beta	conjFD	CADD	RDB	eQTL in brain regions (GTEx v. 8)
					Α	BD	mtDNA	R	score	rank	
							-cn				
1	172371151	172453840	rs4916266	Clorf105 (12.8)	C/A	-0.04	0.01	0.015	2.61	5	-
2	21216815	21239667	rs62122481	AC012361.1 (155.4)	C/A	-0.04	0.01	0.029	1.88	7	-
22	31536133	32043630	rs3208937	RNF185	A/G	0.04	0.01	0.045	0.56	NA	<i>LIMK2</i> (anterior cingulate cortex, caudate, cortex, nucleus accumbens); <i>SFI1</i> (caudate, cortex, hippocampus, putamen); <i>RNF185</i> (cerebellum, cortex); <i>LINC01521</i> (cortex)
22	12106762	42410447	700 (000	DI CCUIO	a	0.04	0.01	0.00	0.00	~	

Loci reported in bold are concordant with the hypothesis of higher predisposition to BD being associated with shorter LTL or lower mtDNA-cn.

The nearest gene column indicates the nearest gene and the distance in Kb in case for SNPs located in an intergenic region.

Abbreviations: BD, bipolar disorder; CADD, Combined Annotation Dependent Depletion; Chr, chromosome; conjFDR, conjunctional false discovery rate; EA, effect allele;

eQTL, expression quantitative trait locus; LTL, leukocyte telomere length; mtDNA-cn, mitochondrial DNA copy number; OA, other allele; RDB, RegulomeDB

Chr	Start locus	Stop locus	Lead SNP	Nearest gene (Kb)	EA /	beta	beta	conjFDR	CADD	RDB	eQTL in brain regions (GTEx v. 8)
					OA	SCZ	LTL		score	rank	
1	92664966	93035020	rs10874656	GFI1	T/C	-0.05	0.01	0.043	8.13	4	<i>EVI5</i> (amygdala, caudate, cortex, hyppocampus, hypothalamus, putamen, substantia nigra); <i>RP4- 621B10.8</i> (cerebellum, cortex); <i>FAM69A</i> (cerebellum); <i>C1orf146</i> (cerebellum)
1	146919919	146984386	rs1874422	OR13Z3P (10.2)	A/G	-0.05	-0.01	0.035	0.29	5	-
1	149999764	150514149	rs11588837	PLEKHO1 (46.9)	A/G	0.06	0.01	0.026	5.25	1f	VPS45 (cortex)
1	153768740	154162493	rs7521047	NUP210L	T/C	0.04	0.01	0.038	7.97	3a	CREB3L4 (caudate); SLC27A3 (cerebellum)
1	163582980	163766672	rs2345964	RP4-640E24.1 (12)	A/G	0.05	0.01	0.022	1.68	5	-
1	207917499	208049502	rs4844621	C1orf132	A/G	0.05	-0.01	0.012	9.88	4	<i>CD46</i> (amygdala, anterior cingulate cortex, caudate, cerebellum, cortex, hyppocampus, hypothalamus, nucleus accumbens, putamen, substantia nigra)
1	226694849	226694849	rs58787117	CDKN2AIPNLP1 (13.7)	A/G	-0.06	-0.01	0.032	5.53	5	-
2	48178775	48324044	rs11891807	AC079807.4	T/G	0.04	-0.01	0.036	15.08	5	<i>FOXN2</i> (caudate, cerebellum, frontal cortex, nucleus accumbens, putamen)
2	53864496	54497500	rs7583622	GPR75-ASB3	G/A	0.05	-0.01	0.015	0.49	5	-
2	53864496	54497500	rs7567556	ACYP2	C/T	-0.11	0.07	0.022	3.26	5	-
2	58872553	58991868	rs7591382	LINC01122	T/C	-0.04	0.01	0.023	5.48	7	-
3	48446237	49631585	rs12107252	CELSR3	T/C	-0.06	-0.01	0.013	15.51	1f	NCKIPSD (anterior cingulate cortex, caudate, cerebellum, cortex, nucleus accumbens, putamen); WDR6 (caudate, cerebellum, cortex, nucleus accumbens, putamen); CCDC71 (cerebellum); PFKFB4 (cerebellum); TREX1 (cortex, nucleus accumbens)
3	52277445	52838402	rs12629701	PBRM1	T/C	0.06	0.01	0.024	0.14	7	<i>GNL3</i> (cerebellum, cortex, hypothalamus, putamen); <i>RP5-966M1.7</i> (cerebellum, cortex, putamen); <i>PPM1M</i> (cerebellum); <i>NEK4</i> (cerebellum); <i>GLYCTK</i> (cerebellum); <i>ITIH4</i> (cortex, hypothalamus, putamen); <i>POC1A</i> (putamen)
4	48342682	48697149	rs34386102	SLAIN2 (56)	T/C	0.04	-0.01	0.041	1.49	4	-
4	102766892	102931290	rs34208976	BANK1	G/T	-0.04	-0.01	0.013	5.45	5	-
4	105375274	105443381	rs10034519	CXXC4	A/C	0.04	-0.01	0.018	0.09	6	-
4	153018256	153101286	rs35296212	RP11-18H21.2	T/G	0.04	0.01	0.025	0.47	5	-

Supplementary Table 2. Genetic loci and lead SNPs associated with risk of SCZ and LTL or mtDNA-cn

6	11957303	12038979	rs209809	<i>RP3-420J14</i> .1 (101.5)	G/T	0.05	-0.01	0.046	0.92	4	-
6	24905311	24998665	rs77386029	FAM65B	C/T	0.12	0.03	0.025	1.83	5	GPLD1 (cortex)
7	23600173	23881813	rs798641	AC006026.9 (17.1)	G/A	-0.06	0.02	0.022	1.28	5	FAM221A (caudate, nucleus accumbens)
8	70943083	70990615	rs3750228	PRDM14	T/C	-0.05	-0.02	0.037	18.69	5	-
9	34081331	34130435	rs11557154	DCAF12	C/T	0.05	0.03	0.043	25.30	5	UBAP1 (substantia nigra)
9	96181075	96381916	rs564	FAM120A	T/C	0.04	0.01	0.028	17.04	2b	-
9	138378856	138378856	rs2078266	PPP1R26	A/G	0.07	0.01	0.022	15.10	3a	-
10	78741559	78763297	rs11001965	KCNMA1	G/A	-0.04	0.01	0.030	15.27	5	-
10	104697781 106003861	104741114	rs12414777 rs17883150	CNNM2 GSTO1	C/T G/A	0.08	-0.01 -0.01	0.010	0.46	7	AS3MT (amygdala, anterior cingulate cortex, caudate, cerebellum, cortex, hypothalamus, nucleus accumbens, putamen, substantia nigra); <i>RPARP-AS1</i> (caudate, cerebellum, cortex, nucleus accumbens); <i>BORCS7</i> (cerebellum, cortex); <i>RPL22P17</i> (cerebellum); <i>RP11-724N1.1</i> (cerebellum) <i>RP11-127L20.3</i> (amygdala, anterior cingulate cortex, caudate, cerebellum, cortex, hippocampus, hypothalamus, nucleus accumbens, putamen); <i>GSTO2</i> (amygdala, anterior cingulate cortex, caudate, cerebellum, cortex, hippocampus, hypothalamus, nucleus accumbens, putamen); <i>ITPRIP</i> (cortex)
10	106453550	106560225	rs7909129	SORCS3	A/G	-0.05	0.01	0.009	14.63	5	
11	46330604	47207362	rs61882672	CREB3L1 (3.2)	C/A	-0.09	0.01	0.001	0.04	4	Cllorf49 (cerebellum)
11	47925962	49248150	rs10838843	OR4B2P (10.5)	G/T	-0.07	0.01	0.048	1.51	6	<i>FOLH1</i> (caudate, cerebellum, nucleus accumbens, putamen)
12	53730164	54028059	rs34169640	RP11-793H13.8	A/G	-0.12	0.02	0.032	3.51	5	-
12	57486647	57492996	rs4559	STAT6	C/T	-0.04	0.01	0.029	5.37	2b	-
12	110229434	110229434	rs117145318	TRPV4	C/A	-0.12	0.02	0.039	0.23	7	-
12	122804256	123144293	rs7952868	CLIP1	A/G	-0.04	0.02	0.020	3.34	5	-
12	123421902	123897177	rs73230058	PITPNM2	C/T	0.06	-0.01	0.028	0.06	5	ABCB9 (cerebellum); KMT5A (cerebellum)
12	123421902	123897177	rs1727302	PITPNM2	G/A	0.07	-0.02	1.0E-07	4.12	4	<i>PITPNM2</i> (cerebellum); <i>RP11-282018.3</i> (cerebellum); <i>KMT5A</i> (cerebellum); <i>ZCCHC8</i> (cerebellum); <i>CCDC62</i> (cerebellum)
13	79855297	80159615	rs3187338	RBM26	C/T	0.05	0.01	0.048	12.36	3a	<i>RBM26</i> (cerebellum); <i>LINC01068</i> (cerebellum)
14	104332759	104363528	rs10139856	CTD-2134A5.4 (8.1)	T/C	0.05	-0.01	0.027	2.90	5	TDRD9 (caudate, cerebellum, cortex)
15	38820606	38869666	rs28582094	RASGRP1	A/G	-0.04	0.01	0.029	7.58	6	-

15	78712119	78858400	rs16969894	IREB2	C/T	0.07	-0.01	0.001	0.53	5	<i>CHRNA3</i> (caudate, nucleus accumbens); <i>CHRNA5</i> (nucleus accumbens)
15	82827938	83406857	rs783522	CPEB1	A/G	-0.05	-0.01	0.019	0.30	5	GOLGA2P10 (amygdala, caudate, cerebellum); GOLGA6L9 (anterior cingulate cortex, caudate, cerebellum, cortex, hippocampus, nucleus accumbens); GOLGA6L10 (caudate, cerebellum, cortex, hippocampus, putamen, substantia nigra); CSPG4P10 (caudate, cerebellum); ADAMTS7P1 (cerebellum); RPS17 (cortex, frontal cortex, hippocampus); CPEB1 (cortex); AP3B2 (cortex)
15	84703470	85344550	rs11638445	<i>LINC00933</i> (14.3)	C/A	0.06	0.01	0.007	3.24	5	GOLGA2P7 (amygdala, anterior cingulate cortex, caudate, cerebellum, cortex, hypothalamus, nucleus accumbens, putamen); CSPG4P12 (anterior cingulate cortex, cerebellum, cortex, hippocampus, hypothalamus, nucleus accumbens, putamen); DNM1P51 (cortex); EFTUD1P1 (hypothalamus); GOLGA6L5P (anterior cingulate cortex, caudate, cortex, putamen, substantia nigra); LINC00933 (anterior cingulate cortex, caudate, cortex); NMB (caudate); RP11-182J1.14 (cortex)
15	91416550	91429042	rs4702	FURIN	G/A	0.08	-0.01	0.040	17.36	4	FURIN (frontal cortex)
16	68285847	68419298	rs61593058	PRM17	T/C	-0.06	-0.01	0.003	4.89	6	<i>PRM17</i> (caudate, cortex, nucleus accumbens, putamen, substantia nigra)
16	69141138	69432250	rs8049057	RNU6-22P	G/T	-0.04	-0.02	0.014	0.82	1d	<i>COG8</i> (cortex); <i>NIP7</i> (cortex, nucleus accumbens, putamen); <i>SNTB2</i> (cerebellum); <i>TERF2</i> (cerebellum); <i>UTP4</i> (nucleus accumbens); <i>VPS4A</i> (anterior cingulate cortex, caudate, cortex, nucleus accumbens, putamen)
16	90109372	90120171	rs3743824	URAHP	G/A	0.05	-0.01	0.001	0.76	4	-
18	4930206	5038613	rs4798275	RP11-172F10.1	G/A	0.04	-0.01	0.047	0.10	5	-
18	9129337	9414607	rs2902839	RP11-888D10.3	C/T	-0.08	-0.02	0.034	1.86	1f	-
20	32903904	33294945	rs6059779	ITCH	C/T	0.04	0.01	0.015	0.15	4	ACSS2 (cerebellum); EDEM2 (cortex); ITCH (cortex); MAP1LC3A (anterior cingulate cortex, caudate, cerebellum, cortex, hypothalamus, nucleus accumbens, putamen); MMP24-AS1 (cortex, nucleus accumbens, substantia nigra); MYH7B (cerebellum)
20	62127121	62171556	rs1741617	EEF1A2	T/C	-0.05	0.02	0.006	2.71	4	-

20	62127121	62171556	rs310653	SRMS	T/C	-0.04	0.01	0.020	1.09	4	PTK6 (caudate)
22	29162506	29358802	rs6005928	CTA-292E10.6 (11.7)	T/C	-0.04	-0.01	0.019	2.10	5	-
22	41411804	41613303	rs4822000	RP11-12M9.4	T/C	-0.04	0.01	0.004	14.31	7	<i>MCHR1</i> (cerebellum); <i>RP11-12M9.4</i> (cerebellum); <i>SLC25A17</i> (cerebellum, nucleus accumbens); <i>ZC3H7B</i> (cerebellum)
22	50162136	50321623	rs138832	BRD1	A/G	-0.05	0.01	0.026	3.27	1f	ALG12 (hippocampus, nucleus accumbens); CRELD2 (hypothalamus); RP3-522J7.6 (cerebellum); ZBED4 (cerebellum)
22	50978504	50982272	rs58111256	CTA-384D8.35	C/T	-0.08	0.02	0.008	2.79	4	-
Chr	Start locus	Stop locus	Lead SNP	Nearest gene (Kb)	EA / OA	beta SCZ	beta mtDNA	conjFDR	CADD score	RDB rank	eQTL in brain regions (GTEx v. 8)
					~ / .		-cn		0.01		
1	150246070	150500107	rs6670974	PRPF3	G/A	0.05	0.01	0.043	0.34	7.00	<i>RPRD2</i> (caudate, cerebellum, cortex, hippocampus, hypothalamus); <i>ECM1</i> (cerebellum); <i>SEMA6C</i> (cerebellum)
2	37368452	37409499	rs11899117	EIF2AK2	G/A	0.04	-0.01	0.019	8.30	4.00	<i>NDUFAF7</i> (cerebellum); <i>EIF2AK2</i> (cerebellum)
4	102766892	102841949	rs11931658	BANK1	T/C	-0.05	-0.01	0.003	10.25	7.00	-
5	60588572	60824235	rs4276369	CTC-436P18.3 (65.1)	A/G	-0.05	-0.01	0.020	4.28	2b	-
10	53813181	53822301	rs75062856	PRKG1	A/C	0.08	0.02	0.041	3.19	7.00	-
10	104318966	104318966	rs7893954	SUFU	A/G	0.04	0.01	0.044	0.74	5.00	<i>MFSD13A</i> (caudate, cerebellum, cortex, hypothalamus, putamen); <i>ACTR1A</i> (caudate, putamen); <i>RPARP-AS1</i> (cortex, nucleus accumbens)
12	110501407	111278708	rs7960988	ATP2A2	G/A	0.06	0.01	0.045	2.37	3a	<i>FAM216A</i> (cerebellum); <i>VPS29</i> (hippocampus); <i>ATP2A2</i> (substantia nigra)
16	89682006	89771870	rs164749	DPEP1 (3.4)	T/G	-0.04	0.01	0.038	1.21	NA	SPATA33 (anterior cingulate cortex, caudate, cerebellum, cortex, hippocampus); LINC02166 (anterior cingulate cortex, caudate, cortex, nucleus accumbens); GAS8 (anterior cingulate cortex, cerebellum, cortex, nucleus accumbens, putamen); CDK10 (cerebellum); FANCA (cerebellum); VPS9D1 (cortex)
17	2022191	2211343	rs216196	SMG6	T/C	-0.04	-0.01	0.033	3.68	NA	SRR (cerebellum)
17	17747289	18030240	rs4925133	AC087163.3	A/G	-0.04	-0.01	0.022	8.70	4.00	TOM1L2 (cerebellum)
20	1610201	1684221	rs4813190	RP11-77C3.3	A/G	0.05	0.01	0.012	0.93	7.00	-
22	19761025	19766782	rs41297816	TBX1	A/G	-0.05	0.01	0.040	1.43	4.00	DGCR12 (amygdala); TXNRD2 (caudate)

Loci reported in bold are concordant with the hypothesis of higher predisposition to SCZ being associated with shorter LTL or lower mtDNA-cn. The nearest gene column indicates the nearest gene and the distance in Kb in case for SNPs located in an intergenic region.

Abbreviations: CADD, Combined Annotation Dependent Depletion; Chr, chromosome; conjFDR, conjunctional false discovery rate; EA, effect allele; eQTL, expression quantitative trait locus; LTL, leukocyte telomere length; mtDNA-cn, mitochondrial DNA copy number; OA, other allele; RDB, RegulomeDB; SCZ, schizophrenia

Term	р	FDR	OR	Genes
Cellular component GO terms				
Acetylcholine-Gated Channel Complex (GO:0005892)	2.43E-04	0.010	106.7	CHRNA3, CHRNA5
Monoatomic Ion Channel Complex (GO:0034702)	0.002	0.041	34.5	CHRNA3, CHRNA5
Molecular function GO terms				
Ligand-Gated Channel Activity (GO:0022834)	2.1E-04	0.011	117.4	CHRNA3, CHRNA5
Acetylcholine-Gated Monoatomic Cation-Selective Channel Activity (GO:0022848)	3.7E-04	0.011	83.8	CHRNA3, CHRNA5 CHRNA3, CHRNA5
Postsynaptic Neurotransmitter Receptor Activity (GO:0098960)	5.3E-04	0.011	69.0	CHRNA3, CHRNA5
Acetylcholine Receptor Activity (GO:0015464)	5.9E-04	0.011	65.2	CHRNA3, CHRNA5
Ligand-Gated Monoatomic Ion Channel Activity (GO:0015276)	7.8E-04	0.012	55.9	CHRNA3, CHRNA5
Excitatory Extracellular Ligand-Gated Monoatomic Ion Channel Activity (GO:0005231)	10.0E-04	0.012	48.9	CHRNA3, CHRNA5
Transmitter-Gated Monoatomic Ion Channel Activity Involved In Regulation Of Postsynaptic Membrane Potential (GO:1904315)	0.002	0.018	36.6	CHRNA3, CHRNA5
Monoatomic Ion Gated Channel Activity (GO:0022839)	0.002	0.022	30.8	CHRNA3, CHRNA5
S-adenosylmethionine-dependent Methyltransferase Activity (GO:0008757)	0.004	0.030	24.4	AS3MT, KMT5A

Supplementary Table 3. Functional enrichment for genes modulated by SNPs associated with increased predisposition to SCZ and shorter LTL

Abbrevations: FDR, false discovery rate; OR, odds ratio

Chr	Start locus	Stop locus	Lead SNP	Nearest gene	EA /	Beta MDD	Beta L TI	conjFDR	CADD	RDB ronk	eQTL in brain regions (GTEx v. 8)
1	92661882	93440937	rs6691038	EVI5	T/C	0.03	0.01	0.041	0.13	6	EVI5 (caudate, cortex, putamen)
1	226596686	226700980	rs4653448	RP11-118H4.3	A/G	0.02	-0.03	0.011	7.363	4	PARP1 (cerebellum)
				(13.5)							
2	51503072	51600949	rs7599039	AC007682.1	T/C	0.02	-0.01	0.038	1.823	7	-
2	210065783	210223837	rs12470898	MEAF6P1 (101.2)	A/G	-0.02	0.01	0.008	0.179	6	-
3	18611283	18824298	rs4364183	AC144521.1	G/A	-0.02	0.01	0.042	4.316	NA	-
3	49734229	49960388	rs34614773	RNF123	T/G	0.03	-0.01	0.000	14.7	3a	<i>FAM212A</i> (cerebellum); <i>GMPPB</i> (cerebellum, cortex, hyppocampus, putamen); <i>HYAL3</i> (cerebellum), <i>MST1R</i> (caudate, cerebellum, cortex); <i>RBM6</i> (amygdala, anterior cingulate cortex, caudate, cerebellum, cortex, hippocampus, hypothalamus, nucleus accumbens, putamen, substantia nigra); <i>RNF123</i> (amygdala, anterior cingulate cortex, caudate, cerebellum, cortex, hypothalamus, nucleus accumbens)
3	101297772	101337565	rs10049146	RNU6-1256P	C/A	0.03	-0.01	0.044	2.347	5	
6	152201464	152265522	rs4458702	ESR1	A/G	0.03	-0.01	0.002	4.062	7	
9	96181075	96381916	rs10992790	PHF2	C/T	0.03	0.01	0.001	1.35	5	
10	106453550	106560225	rs7909129	SORCS3	A/G	-0.03	0.01	0.008	14.63	7	-
11	46708196	47367371	rs112181005	C11orf49	G/A	0.03	-0.01	0.008	7.897	6	<i>LPR4</i> (caudate, nucleus accumbens, putamen); <i>MADD</i> (cerebellum); <i>NR1H3</i> (caudate, nucleus accumbens)
14	64649894	64871010	rs1152577	ESR2	T/G	-0.02	-0.01	0.028	1.865	NA	-
15	38820606	38925195	rs56059718	RASGRP1	C/A	-0.02	0.01	0.025	0.318	7	-
15	40878474	41053250	rs2263551	RAD51-AS1	G/A	-0.02	-0.01	0.029	0.798	7	
15	91416550	91429042	rs4702	FURIN	G/A	0.03	-0.01	0.039	17.36	5	
18	51779019	51958169	rs1657890	STARD6	C/T	-0.02	-0.01	0.021	1.552	7	POLI (cerebellum)
18	52369516	52470679	rs1833307	RAB27B	A/C	-0.02	-0.01	0.001	0.794	5	-
18	74505929	74604088	rs62112159	RP11-162A12.2	G/A	-0.02	0.01	0.032	5.891	4	-
22	41411804	41627775	rs7290458	<i>RP11-12M9.4</i> (5.1)	T/C	-0.02	0.01	0.001	1.221	1f	<i>ZC3H7B</i> (cerebellum); <i>MCHR1</i> (cerebellum); <i>RP11-12M9.4</i> (cerebellum); <i>SLC25A17</i> (nucleus accumbens)

Supplementary Table 4. Genetic loci and lead SNPs associated with risk of MDD and LTL or mtDNA-cn

Chr	Start locus	Stop locus	Lead SNP	Nearest gene	EA /	beta MDD	beta mtDNA	conjFDR	CADD	RDB ronk	eQTL in brain regions (GTEx v. 8)
				(KU)	UA	MDD	nndna- cn		score	ганк	
3	48724599	49604904	rs4955411	USP19	A/G	0.03	0.01	0.0007	3.36	NA	AMT (anterior cingulate cortex, caudate, cerebellum, cortex, hippocampus, hypothalamus, nucleus accumbens, putamen, susbtantia nigra); BSN-AS2 (cortex, putamen); CCDC71 (caudate, cerebellum, cortex, nucleus accumbens, putamen); DALRD3 (cerebellum, cortex); GMPPB (amygdala, anterior cingulate cortex, cerebellum, hippocampus, hypothalamus, nucleus accumbens, putamen, substantia nigra); GPX1 (anterior cingulate cortex, caudate, cerebellum, cortex, nucleus accumbens, putamen); MRPS18AP1 (cerebellum); MST1 (cerebellum); NCKIPSD (amygdala, anterior cingulate cortex, caudate, cerebellum, cortex, hippocampus, hypothalamus, nucleus accumbens, putamen, substantia nigra); NICN1 (cerebellum, cortex, nucleus accumbens); P4HTM (caudate, cerebellum, cortex, hippocampus, hypothalamus, nucleus accumbens, putamen); PRKAR2A (substantia nigra); QRICH1 (caudate, cerebellum, cortex, nucleus accumbens); RP11-694I15.7 (cerebellum); USP4 (cerebellum); WDR6 (amygdala, cerebellum, hippocampus, nucleus accumbens, putamen, substantia nigra)

Loci reported in bold are concordant with the hypothesis of higher predisposition to MDD being associated with shorter LTL or lower mtDNA-cn.

The nearest gene column indicates the nearest gene and the distance in Kb in case for SNPs located in an intergenic region. Abbreviations: CADD, Combined Annotation Dependent Depletion; Chr, chromosome; conjFDR, conjunctional false discovery rate; EA, effect allele; eQTL, expression quantitative trait locus; LTL, leukocyte telomere length; MDD, major depressive disorder; mtDNA-cn, mitochondrial DNA copy number; OA, other allele; RDB, RegulomeDB

Supplementary Table 5. Functional enrichment for biological process GO terms for genes modulated by SNPs associated with increased predisposition to MDD and shorter LTL

Term	р	FDR	OR	Genes
Phagocytosis (GO:0006909)	8.9E-4	0.045	54.1	NR1H3, MST1R
Negative Regulation Of Defense Response (GO:0031348)	0.002	0.045	32.9	PARP1. NRH13
Negative Regulation Of Response To External Stimulus (GO:0032102)	0.004	0.045	25.1	PARP1. NRH13
Transcription By RNA Polymerase II (GO:0006366)	0.007	0.045	18.9	PARP1. NRH13
Excitatory Extracellular Ligand-Gated Monoatomic Ion Channel Activity (GO:0005231)	0.010	0.045	15.7	PARP1. NRH13

Abbrevations: FDR, false discovery rate; OR, odds ratio

Supplementary Table 6. Significant upstream regulators of genes modulated by SNPs associated with increased risk of SCZ and shorter LTL

Upstream regulator	Molecule type	p-value of overlap	q	Target molecules
NRG (family)	group	3.06E-04	3.52E-02	CHRNA3, CHRNA5
HIF1A,EPAS1:PTK6 Gene	complex	1.08E-03	3.52E-02	PTK6
PTK6	complex	1.08E-03	3.52E-02	PTK6
Gene:EPAS1:NR3C1:Glucocorticoid				
ligand:PELP1				
SMAD2,3:SMAD4	group	1.08E-03	3.52E-02	FURIN
PF-3758309	chemical drug	1.08E-03	3.52E-02	PTK6
miR-502-5p (and other miRNAs w/seed UCCUUGC)	mature microRNA	1.08E-03	3.52E-02	KMT5A
LLGL1	other	1.08E-03	3.52E-02	CD46
ARMCX3	other	2.16E-03	5.47E-02	CHRNA3
H4C14	other	2.16E-03	5.47E-02	CHRNA5
ERG	transcription regulator	3.44E-03	7.84E-02	CHRNA3, EVI5, FOLH1
DGKE	kinase	5.39E-03	9.21E-02	CD46
ITSN1	other	5.39E-03	9.21E-02	FOLH1
Meis1	transcription regulator	5.39E-03	9.21E-02	EVI5
Miat	other	6.46E-03	9.21E-02	FURIN
corticotropin	biologic drug	6.46E-03	9.21E-02	FURIN
PHOX2A	transcription	6.46E-03	9.21E-02	CHRNA3
	regulator			
GRK3	kinase	7.53E-03	9.54E-02	CD46
PMCH	other	7.53E-03	9.54E-02	MCHR1
HFE	transmembrane receptor	8.02E-03	9.63E-02	CRELD2, FURIN
HCFC1	transcription regulator	8.60E-03	9.67E-02	KMT5A
KLF11	transcription regulator	8.91E-03	9.67E-02	CHRNA3,CHRNA5
TFR2	transporter	1.07E-02	1.11E-01	FURIN
Histone h4	group	1.15E-02	1.14E-01	CHRNA3, CHRNA5
CD38	enzyme	1.41E-02	1.34E-01	CRELD2, EVI5
dimethyl sulfone	chemical drug	1.61E-02	1.47E-01	PTK6
PAK4	kinase	1.71E-02	1.50E-01	PTK6
estradiol valerate	chemical drug	1.82E-02	1.54E-01	FURIN
FREY1	other	2.03E-02	1.59E-01	CD46
GRK2	kinase	2.03E-02	1.59E-01	CD46
TGFB2	growth factor	2.09E-02	1.59E-01	CD46,FURIN
fluconazole	chemical drug	2.24E-02	1.65E-01	ABCB9
ELF5	transcription	2.35E-02	1.67E-01	FOLH1
TAL1	transcription	2.48E-02	1.69E-01	CHRNA5, EVI5
WDR77	transcription regulator	2.56E-02	1.69E-01	РТК6
HIF1A	transcription regulator	2.66E-02	1.69E-01	FOLH1, FURIN, PTK6
EXOSC3	enzyme	2.67E-02	1.69E-01	ZCCHC8
BCL6	transcription	2.79E-02	1.70E-01	ITPRIP, SLC25A17
	regulator	-	-	,
nicotine	chemical drug	2.86E-02	1.70E-01	CHRNA3, CHRNA5
ZNF507	transcription regulator	2.98E-02	1.70E-01	FURIN

HSP90AB1	enzyme	2.98E-02	1.70E-01	PTK6
choline fenofibrate	chemical drug	3.09E-02	1.72E-01	FURIN
MAC	complex	3.40E-02	1.85E-01	ITPRIP
imipramine blue	chemical drug	3.50E-02	1.86E-01	GSTO2
NOTCH4	transcription	3.71E-02	1.86E-01	FURIN
	regulator			
THBS4	other	3.71E-02	1.86E-01	CRELD2
miR-24-3p (and other miRNAs w/seed	mature microRNA	3.82E-02	1.86E-01	FURIN
GGCUCAG)				
PHF6	transcription	3.92E-02	1.86E-01	AS3MT
	regulator			
miR-7a-5p (and other miRNAs w/seed	mature microRNA	3.92E-02	1.86E-01	KMT5A
GGAAGAC)		4.005.00	1.055.01	CURNING
CHRNA7	transmembrane	4.02E-02	1.8/E-01	CHRNA3
	receptor	4 225 02	1.005.01	
ELF3	transcription	4.33E-02	1.98E-01	FOLHI
DILACTD 1	regulator	4 54E 02	2.02E.01	מומתדו
PHACIRI	other	4.54E-02	2.03E-01	IIPRIP
PXR/RXRA/pxr ligand/retinoic acid	complex	4.64E-02	2.04E-01	ABCB9

Supplementary Table 7. Significant upstream regulators of genes modulated by SNPs associated with increased risk of MDD and shorter LTL

Unstroom resulta-	Moloonla 4a	n vol-s - f	~	Tongot malaged -
Upstream regulator	woiecule type	p-value of	q	rarget molecules
	aamnlau	overlap	1.975.02	MCT1D
AKNI/HIFIA	complex	5.40E-04	1.8/E-02	MSTIR
NK1H3 gene:LXR:RXR:LXR	complex	2.70E-04	1.8/E-02	INK1H3
ligands	1	2 705 04	1.975.02	NID 1112
NR1H3 MRNA:miR-613 RISC	complex	2.70E-04	1.87E-02	NKIH3
	other	2.70E-04	1.8/E-02	PARPI
veliparib	chemical drug	5.40E-04	1.87E-02	PARPI
MIR585	microRNA	5.40E-04	1.87E-02	PARPI
RECQL5	enzyme	5.40E-04	1.87E-02	PARP1
MCC	other	8.09E-04	2.46E-02	PARP1
24(S),25-epoxycholesterol	chemical - endogenous mammalian	2.16E-03	2.48E-02	NR1H3
cyanidin 3-O-glucoside	chemical - endogenous non-mammalian	2.16E-03	2.48E-02	NR1H3
Snhg20	other	1.62E-03	2.48E-02	PARP1
TACSTD2	other	2.96E-03	2.48E-02	PARP1
UCHL5	peptidase	2.43E-03	2.48E-02	PARP1
AKR1C3	enzvme	1.62E-03	2.48E-02	PARP1
ZNF365	other	1.08E-03	2.48E-02	PARP1
CHFR	enzyme	1.35E-03	2.48E-02	PARP1
VEGFA	growth factor	2.95E-03	2.48E-02	PARP1, SLC25A17
FUT4	enzyme	1 35E-03	2.48E-02	PARP1
HNRNPUL1	other	1.89E-03	2.48E-02	PARP1
UTS2R	G-protein coupled	2 43E-03	2.10E 02 2.48E-02	NR1H3
0152K	receptor	2.4512-05	2.46E-02	
РМСН	other	1.89E-03	2.48E-02	MCHR1
AEBP1	peptidase	2.70E-03	2.48E-02	NR1H3
CDKN1C	other	2.70E-03	2.48E-02	PARP1
darglitazone	chemical drug	2.96E-03	2.48E-02	NR1H3
lidocaine	chemical drug	2.96E-03	2.48E-02	PARP1
ORIN1001	chemical drug	1.62E-03	2.48E-02	NR1H3
myristic acid	chemical - endogenous mammalian	1.62E-03	2.48E-02	NR1H3
tyrphostin AG 127	chemical drug	2.43E-03	2.48E-02	PARP1
sphingomyelin	chemical - endogenous	2.96E-03	2.48E-02	NR1H3
sp	mammalian	2.702 05	2.102 02	
LDL	complex	3.21E-03	2.60E-02	NR1H3, PARP1
triciribine	chemical drug	4.04E-03	2.68E-02	PARP1
orotic acid	chemical - endogenous mammalian	4.04E-03	2.68E-02	NR1H3
beta-estradiol	chemical - endogenous mammalian	4.53E-03	2.68E-02	HYAL3, MCHR1,NR1H3, PARP1
echinomycin	chemical drug	4.04E-03	2.68E-02	MST1R
Mek	group	3.56E-03	2.68E-02	MST1R, NR1H3
PX 478	chemical drug	4.58E-03	2.68E-02	PARP1
FABP2	transporter	3.50E-03	2.68E-02	NR1H3
DIRAS3	enzyme	4 31E-03	2.68E-02	PARP1
OSBPI 8	transporter	4 31E-03	2.001-02 2.68F_02	NR1H3
7-L11-CHO	chemical - protesse	4.51E-05	2.001-02 2.68F_02	MST1R PARP1
	inhibitor	-1.0-L-03	2.001-02	11011IN, 17INI 1
deguelin	chemical drug	4.04E-03	2.68E-02	PARP1
0	. 0		-	

oxysterol	chemical - endogenous mammalian	4.58E-03	2.68E-02	NR1H3
1-	chemical drug	4.85E-03	2.74E-02	NR1H3
(carboxymethylthio)tetradecane	enzyme	5 12E-03	2 78F-02	NR1H3
aonistoin	chamical drug	5.12E-03	2.78E-02	UVAL2 ND1U2
		5.10E-03	2.78E-02	DADD1
PARG	enzyme	5.65E-03	2.92E-02	PARPI
FDFT1	enzyme	5.65E-03	2.92E-02	NR1H3
miR-218-5p (and other miRNAs w/seed UGUGCUU)	mature microRNA	6.19E-03	3.13E-02	PARP1
SAR1B	enzyme	6.73E-03	3.34E-02	NR1H3
YTHDF2	other	7.53E-03	3.39E-02	NR1H3
MST1	growth factor	7.00E-03	3.39E-02	MST1R
MAFG	transcription regulator	7 26E-03	3 39E-02	PARP1
PEL A	transcription regulator	7.53E 03	3 30E 02	MST1R DARD1
linolonic acid	chamical and ganous	7.53E-05	3.37E-02	ND1U2
	mammalian	7.55E-05	5.59E-02	
Ppar	group	8.60E-03	3.48E-02	NR1H3
JINK1/2	group	8.07E-03	3.48E-02	PARP1
FSTL1	other	8.60E-03	3.48E-02	NR1H3
LTB4R	G-protein coupled receptor	8.60E-03	3.48E-02	NR1H3
stearic acid	chemical - endogenous	8.34E-03	3.48E-02	NR1H3
7-ketocholesterol	chemical - endogenous mammalian	8.60E-03	3.48E-02	NR1H3
NCF1	enzyme	8 87E-03	3 53E-02	HYAL3
C10 (family)	aroup	0.07E 03	3.57E 02	
	group	9.41E-03	3.37E-02	r AKF I ND 1112
		9.41E-03	5.57E-02	
L-triiodothyronine	chemical - endogenous mammalian	9.31E-03	3.57E-02	NR1H3, PARPI
asoprisnil	chemical drug	9.68E-03	3.62E-02	PARP1
CRTC2	other	1.02E-02	3.64E-02	NR1H3
HSD11B1	enzyme	$1.05E_{-}02$	$3.64E_{-}02$	NR1H3
EARD/	transportor	1.05E-02	3.64E 02	ND1U2
		1.05E-02	3.04E-02	
	enzyme	1.05E-02	5.04E-02	
22(R)-hydroxycholesterol	chemical - endogenous mammalian	1.05E-02	3.64E-02	NR1H3
arginine	chemical - endogenous mammalian	1.07E-02	3.68E-02	PARP1
SP1	transcription regulator	1.12E-02	3.70E-02	MST1R, PARP1
KEAP1	other	1.13E-02	3.70E-02	MST1R
SN-38	biologic drug	1.13E-02	3.70E-02	PARP1
SRSF2	transcription regulator	1.15E-02	3.74E-02	MST1R
CSE1R	kinase	1 18E-02	3 78E-02	NR1H3
THRS1	other	1.10E 02	3.81E 02	DARD1
hannal is othis success		1.21E-02	2.02E.02	
benzyl isolniocyanate	non-mammalian	1.20E-02	3.93E-02	MSTIK
BCAP31	transporter	1.29E-02	3.96E-02	NR1H3
carrageenan	chemical drug	1.39E-02	4.24E-02	PARP1
EIF2AK4	kinase	1.45E-02	4.29E-02	PARP1
nitroprusside	chemical drug	1.45E-02	4.29E-02	PARP1
SFRP1	transmembrane	1.47E-02	4.31E-02	NR1H3
TGFB1	growth factor	1.49E-02	4.31E-02	MST1R, NR1H3, PARP1
KAT2B	enzyme	1.53E-02	4.32E-02	NR1H3
mir-24	microRNA	1.53E-02	4.32E-02	PARP1
pravastatin	chemical drug	1.63E-02	4.57E-02	NR1H3
r				

TNF	cytokine	1.66E-02	4.58E-02	MST1R, NR1H3,
				PARP1
STAR	transporter	1.71E-02	4.68E-02	NR1H3
panobinostat	chemical drug	1.98E-02	5.06E-02	PARP1
LCK	kinase	1.95E-02	5.06E-02	NR1H3
MMP2	peptidase	1.93E-02	5.06E-02	NR1H3
NDRG1	kinase	1.98E-02	5.06E-02	PARP1
napabucasin	chemical drug	1.93E-02	5.06E-02	PARP1
gemfibrozil	chemical drug	1.98E-02	5.06E-02	NR1H3
NOD2	other	2.03E-02	5.09E-02	NR1H3
KCNIP3	transcription regulator	2.03E-02	5.09E-02	NR1H3
ATM	kinase	2.11E-02	5.24E-02	PARP1
cholic acid	chemical - endogenous mammalian	2.14E-02	5.25E-02	NR1H3
IDH1	enzyme	2.17E-02	5.26E-02	NR1H3
MACROH2A1	other	2.19E-02	5.27E-02	PARP1
olaparib	chemical drug	2.25E-02	5.30E-02	PARP1
SRSF1	other	2.25E-02	5.30E-02	MST1R
FEV	transcription regulator	2.32E-02	5.43E-02	MCHR1
MAP3K14	kinase	2.48E-02	5.75E-02	NR1H3
DMRT1	transcription regulator	2.59E-02	5.84E-02	NR1H3
niacinamide	chemical - endogenous mammalian	2.62E-02	5.84E-02	PARP1
olanzapine	chemical drug	2.64E-02	5.84E-02	MCHR1
romidepsin	biologic drug	2.59E-02	5.84E-02	PARP1
clofibrate	chemical drug	2.64E-02	5.84E-02	NR1H3
bezafibrate	chemical drug	2.69E-02	5.90E-02	NR1H3
NR1H2	ligand-dependent	2.80E-02	6.07E-02	NR1H3
	nuclear receptor			
adavosertib	chemical drug	2.88E-02	6.19E-02	MST1R
miR-3648 (miRNAs w/seed GCCGCGG)	mature microRNA	2.93E-02	6.25E-02	MST1R
trichostatin A	chemical drug	2.96E-02	6.26E-02	NR1H3, PARP1
glutamine	chemical - endogenous mammalian	3.09E-02	6.42E-02	PARP1
Rxr	group	3.06E-02	6.42E-02	NR1H3
plicamycin	chemical drug	3.12E-02	6.42E-02	MST1R
KRAS	enzyme	3.17E-02	6.42E-02	MST1R, PARP1
apigenin	chemical - endogenous non-mammalian	3.17E-02	6.42E-02	PARP1
TGFBR1	kinase	3.27E-02	6.57E-02	MST1R
KAT2A	enzyme	3.33E-02	6.62E-02	NR1H3
ERBB2	kinase	3.37E-02	6.62E-02	MCHR1, NR1H3
fatty acid	chemical - endogenous mammalian	3.38E-02	6.62E-02	NR1H3
uric acid	chemical - endogenous mammalian	3.43E-02	6.67E-02	PARP1
SPOP	other	3.46E-02	6.67E-02	PARP1
FGF1	growth factor	3.51E-02	6.71E-02	NR1H3
MAVS	other	3.61E-02	6.86E-02	MST1R
RIPK2	kinase	3.64E-02	6.86E-02	NR1H3
lysophosphatidylcholine	chemical - other	3.72E-02	6.89E-02	SLC25A17
ciglitazone	chemical drug	3.74E-02	6.89E-02	PARP1
semaxinib	chemical drug	3.69E-02	6.89E-02	PARP1
ADAM10	peptidase	3.80E-02	6.94E-02	MCHR1
ACOX1	enzvme	3.85E-02	6.98E-02	NR1H3
RIGI	enzyme	3.90E-02	7.02E-02	MST1R
ciprofibrate	chemical drug	3.93E-02	7.02E-02	NR1H3
•				-

mir-223	microRNA	3.98E-02	7.06E-02	PARP1
MIF	cytokine	4.03E-02	7.10E-02	NR1H3
NLRP3	enzyme	4.08E-02	7.14E-02	PARP1
ERN1	kinase	4.16E-02	7.22E-02	NR1H3
DUSP1	phosphatase	4.29E-02	7.40E-02	PARP1
MSTN	growth factor	4.39E-02	7.47E-02	NR1H3
FGFR1	kinase	4.39E-02	7.47E-02	NR1H3
MAPK9	kinase	4.71E-02	7.94E-02	NR1H3
torkinib	chemical drug	4.84E-02	8.10E-02	PARP1
BRCA1	transcription regulator	4.91E-02	8.12E-02	PARP1
dopamine	chemical - endogenous mammalian	4.91E-02	8.12E-02	MCHR1
STING1	ion channel	4.96E-02	8.15E-02	MST1R