Genetic and Environmental Epidemiology of Attention Deficit Hyperactivity Disorder in Young Australian Adults

Jane Ebejer

Bachelor of Psychology (Honours)

University of New England 2008

A dissertation submitted for the degree of Doctor of Philosophy of the University of New England August 2013 I certify that the substance of this dissertation has not already been submitted for any degree and is not currently being submitted for any other degree or qualification. I certify that any help received in preparing this dissertation and all sources used have been acknowledged in this dissertation.

Acknowledgements

I am deeply grateful to David Duffy and Sarah Medland for the support and encouragement they have provided for the duration of this work. And thankyou to Julius van der Werf for facilitating my departmental move at UNE and transition into behaviour genetics. The unique expertise of each of my supervisors has added a richness to my experience for which I am indebted. I cannot exclude the contribution made by each of the students, post-doctoral fellows and research staff working in genepi. Thankyou to Miguel for your consistency, Robyn for your liveliness and Natalie for your warmth and concern. Matthew's comments have made me laugh and Aniket and Gabrielle were kind enough to help out with computer code when I was lost. Lui has been inspiring and Yvonne, Michelle and Ada have provided me with warmth and conversation that has kept me sane at times. Thankyou to Lorelle, Kim, Kerrie and Narelle for your stability and to Nick for your brilliance and charisma and for providing me with the opportunity to do this work. All our daily interactions have soothed me and provided a diversion from the glare of the computer screen. And last but not least, I would be lost without the friends who have walked with me on this profound journey.

Table of Contents

Title Page i	
Declarationii	
Acknowledgements	
Table of Contentsiv	
List of Figuresxii	
List of Tablesxiii	
List of Equationsxv	
Abstractxvi	
Introduction and Literature Review: Genetic and Environmental Epidemiology of	
Attention-Deficit Hyperactivity Disorder in Young Australian Adults	17
1.1. Introduction to Attention-Deficit Hyperactivity Disorder	
1.2. Medical Recognition of ADHD Symptoms	
1.2.1. History of ADHD	
1.2.2. Diagnostic Criteria for ADHD	
1.3. International Prevalence Rates for Adult ADHD	
1.4. Measurement of Symptoms	22
1.4.1. Rater Effects	
1.4.1.1. Rater Effects on the Prevalence of ADHD	2 3
1.4.1.2. Rater Effects on the Heritability of ADHD	2 3
1.4.2. Scales and Interviews	24
1.4.2.1. Interviews	24
1.4.2.1.1. The Diagnostic Interview Schedule	24
1.4.2.1.2. The Semi-Structured Assessment for the Genetics of	
Alcoholism	24
1.4.2.2. Scales	25
1.4.2.2.1. The Conner's Adult ADHD Rating Scale	25
1.4.2.2.2. The ADHD Rating Scale	
1.4.2.2.3. The Strengths and Weaknesses of ADHD and Normal	

Behaviour Scale	25
1.4.3. Categorical and Dimensonal Representation of Symptoms	26
1.5. The Aetiology of ADHD	27
1.5.1. Environmental Risk Factors	27
1.5.1.1. Family Conflict	28
1.5.1.2. Physical and Emotional Neglect	28
1.5.1.3. Low Socio-economic Status	28
1.5.2. Gene-Environment Interactions	29
1.5.3. Genetic Risk Factors	29
1.5.3.1. Catechol-O-Methyltransferase (COMT)	30
1.5.3.2. Dopamine Receptor D1 (DRD1)	30
1.5.3.3. Dopamine Receptor D2 Isoform (DRD2)	30
1.5.3.4. Dopamine Receptor D4 (DRD4)	31
1.5.3.5. Dopamine Receptor D5 (DRD5)	31
1.5.3.6. Monoamine Oxidase (MAOA)	32
1.5.3.7. Solute Carrier Family 6 Noradrenalin Transporter (SLC6A2)	32
1.5.3.8. Solute Carrier Family 6 Dopamine Transporter (SLC6A3)	32
1.5.3.9. Solute Carrier Family 6 Serotonin Transporter (SLC6A4)	33
1.5.3.10. Solute Carrier Family 9 Subfamily A (SLC9A9)	33
1.5.3.11. Synaptosomal Associated Protein (SNAP25)	34
1.5.4. Summary of ADHD Genes	34
1.6. Methodology	34
1.6.1. Latent Class Analysis	34
1.6.2. Biometrical Genetics	36
1.6.2.1. Transmission Genetics	36
1.6.2.2. Hardy-Weinberg Equilibrium	37
1.6.2.3. Calculating Genetic Effects	38
1.6.3. Twin Methodology	38
1.6.4. Genome-Wide Association Studies	41
1.7. Summary Of Review and Methods	42
Attention-Deficit Hyperactivity Disorder in Australian Adults: Prevalence,	

Persistence, Conduct Problems and Disadvantage	43
2.1. Introduction	44
2.1.1. Risk Factors and Disadvantage	44
2.1.2. ADHD Prevalence in Adults	44
2.1.3. Hypotheses	45
2.2. Method	45
2.2.1. Participants	45
2.2.1.1. Ethics Statement	46
2.2.2. Measures	47
2.2.2.1. Sociodemographic Variables	47
2.2.2.2. Attention-Deficit Hyperactivity Disorder	48
2.2.2.3. Conduct Problems	48
2.2.3. Interview Procedures	49
2.3. Analyses	49
2.3.1. Missing Values	49
2.3.2. Prevalence and Rates of Persistence	48
2.3.3. Regression of ADHD Symptoms onto Sociodemographic	
Variables	50
2.4 Results	50
2.4.1. The Prevalence and Persistence of ADHD in Adulthood	50
2.4.1.1. DSM-IV ADHD: Full Criteria	50
2.4.1.2. DSM-IV ADHD: No age of onset	51
2.4.1.3. Persisting ADHD Problem Symptoms	52
2.4.2. Career Outcomes Inattention, Hyperactivity-Impulsivity and Conduct	
Problems	53
2.4.3. Childhood Risk, Inattention, Hyperactivity-Impulsivity and Conduct	
Problems	53
2.4.4. Health Outcomes, Inattention, Hyperactivity-Impulsivity and Conduct	
Problems	56
2.5. Discussion	57
2. Statement of Originality	60

Latent Classes of Attention-Deficit Hyperactivity Disorder in Adults Vary With Sex and
Environmental Adversity62
3.1. Introduction
3.1.1. Heterogeneity in ADHD63
3.1.2. Benefits of Latent Class Analysis
3.1.3. This Study64
3.2. Method
3.2.1. Participants
3.2.2. Interview Procedures
3.2.3. Measures
3.2.3.1. Attention-Deficit Hyperactivity Disorder
3.2.3.2. Conduct Problems66
3.2.3.3. Childhood Risk Variables67
3.2.3.4. Health-Related Variables67
3.3. Analyses67
3.3.1. Principal Components Analysis
3.3.2. Latent Class Analysis
3.3.3. Odds-Ratio for Twin Class Concordance
3.4. Results
3.4.1. Principal Components Analysis
3.4.2. Latent Class Structure of ADHD and Conduct Disorder by Sex69
3.4.3. Clinical Relevance of Latent Classes
3.4.4. Odds-Ratio Indicating Twin Concordance for Latent Classes and
DSM-IV ADHD75
3.4.5. Latent Class Regression onto Childhood Risk Factors75
3.4.6. Latent Class Regression onto Health Variables76
3.5. Discussion
3. Statement of Originality
3. Author's contribution

Effects of Sex and Maternal Versus Self-Report on Heritability Estimates of

Attention-Deficit Hyperactivity Disorder	83
4.1. Introduction	84
4.1.1. Symptoms Change with Age and Sex	84
4.1.2. Heritability Changes with Age and Rater	84
4.1.3. Study Aims	85
4.2. Method	85
4.2.1. Participants	85
4.2.2. Measures	86
4.2.2.1. Measurement in the Melanocytic Naevi Study	86
4.2.2.2 Measurement in the Nineteen-Up Study	89
4.2.3. Zygosity Determinations	89
4.2.4. Ethics Approval.	89
4.2.5. Analyses	90
4.2.5.1. Twin Methodology	90
4.2.5.2. Assumption Tests	91
4.2.5.3. Testing For Sex Difference in ADHD	91
4.2.5.4. Estimating Shared and Unique Rater Variance	92
4.3. Results	93
4.3.1. Principal Components Analysis	93
4.3.2. Latent Class Analysis	94
4.3.3. Twin Correlations	96
4.3.4. Assumption Testing	96
4.3.5. Sex-Limited Analysis	97
4.3.6. Common Factors Rater Model	97
4.4. Discussion	99
4. Statement of Originality	103
4. Author's Contribution	104
Genome-Wide Association Study of Inattention and Hyperactivity-Impulsivity	
Measured As Quantitative Traits	105
5.1. Introduction	106
5.1.1. ADHD as a Quantitative Trait	106

5.1.2. Genome-Wide Association Studies of ADHD as a Quantitative	
Trait	106
5.1.3. Study Aims	107
5.2. Method	107
5.2.1. Participants	107
5.2.2. Measures	109
5.2.2.1. Measurement in the Study of Melanocytic Naevi (MN)	110
5.2.2.2. Measurement in the Nineteen-Up Study (NU)	110
5.2.3. Genotyping	110
5.2.4. Statistical Analyses	112
5.2.4.1. Genome-Wide Association Study	112
5.2.4.2. Meta-Analysis	113
5.3. Results	113
5.3.1. Q-Q Plots for Cohort Level Analysis	113
5.3.2. Meta-Analysis: Genome-Wide Association Studies	114
5.3.3. Cross-Study Comparison	118
5.4. Discussion	119
5. Statement of Originality	122
5. Author's Contribution	123
General Discussion and Conclusions.	124
Review	124
6.2. Prevalence and Persistence of ADHD in Australian Adults	124
6.2.1. DSM-IV Diagnostic Criteria	124
6.2.2. Prevalence of Latent Classes Compared to DSM-IV Test Revision	125
6.2.3. Prevalence of ADHD Latent Classes	125
6.3. Environmental Aetiology of ADHD in Australian Adults	127
6.3.1. Environmental Associations for Inattentive and Hyperactive-	
Impulsive Symptoms	127
6.3.2. Environmental Associations for ADHD Latent Classes	127
6.3.3. Environmental Effects Evident in Twin Study	128
6.3.3.1. Environmental Effects in Sex-Limited Analysis	128

6.3.3.2. Environmental Effects in Rater Measurement Model	128
6.4. Genetic Aetiology of ADHD in Australian Adults	129
6.4.1. Genetic Effects in Twin Study	129
6.4.1.1. Genetic Effects in Sex-Limited Analysis	129
6.4.1.2. Genetic Effects in Rater Measurement Model	129
6.4.2. Result of Genome-Wide Association Study	129
6.5. General Limitations.	130
6.6. Conclusions and Future Directions	130
Thesis Revisions	132
7.1. Chapter 1	132
7.2. Chapter 2	132
7.3. Chapter 3	132
7.4. Chapter 4	133
7.5. Chapter 5	133
7.6. Chapter 6	133
References	134
Appendix A	159
Appendix B	164
Appendix C	166

List of Figures

1.1	Representation of the phenotypic deviation between genotypes for an allelic pair	
	at one locus. 0 represents the mean of the two homozygotes and the position of	
	the heterozygote assuming only additive genetic effects; h represents the	
	phenotypic deviation due to non-additive genetic effects	38
1.2	Univariate twin model estimating the degree to which additive genetic (A),	
	shared environment (<i>C</i>) and unique environmental experience (<i>E</i>) account	
	for variation in ADHD symptoms	40
2.1	Flow chart representing the proportion of participants to possible participants. The	e family
	participation rate was 63.7% and the rate for individuals was 48.3% 46	
2.2	Probability of ADHD persistence and pattern of remission for each categorisation	
	by sex	. 52
3.1	The proportion of participants within each latent class reporting each ADHD	
	and conduct disorder symptom by sex. X-axis labels represent the nine inattentive	,
	six hyperactive, three impulsive and thirteen conduct disorder items included in	
	analyses	.70
3.2	Dispersion of ADHD latent classes across principal components of ADHD and	
	conduct disorder scale items; PC1 = hyperactivity-impulsivity, PC2 = conduct	
	problems and PC3 = inattention	72
4.1	Recruitment of participants into the BLTS and sub-studies in which they	
	participated	.88
4.2	General Sex-limitation model including a male-specific polygenic effect and	
	variation in the magnitude of genetic and environmental paths loading onto	
	SWAN measured ADHD related subtypes and latent classes for males and	
	Females	92
4.3	Measurement model for maternal and self-reported ADHD related behaviours.	
	D was replaced with C when this environmental factor provided a better fit for	
	our data	. 93
4.4	Pattern of latent class item endorsement for the maternal-report of SWAN	
	items within the MN and self-reported data from NU. The percentage of the	
	total sample within each class is shown in the legend	95

5.1	Recruitment process leading to collection of SWAN measured ADHD data used	
	in this study	. 108
5.2	QQ-Plots for combined symptoms, inattention and hyperactive-impulsive	
	ADHD symptoms generated separately for data collected within the Study of	
	Melanocytic Naevi (MN) and the nineteen-Up (NU) Study	. 114
5.3	Manhattan plot for meta-analysis of MN and NU GWAS indicating the strongest	
	associations between the 22 autosomes and combined symptoms, inattention	
	and hyperactive-impulsive behaviours.	115
5.4	Combined results of this study with the meta-analysis of Neale et al. (2010)	
	indicated the association between the SNP located in genomic position	
	6038981-96438981 on chromosome 7 of build 18 and SWAN measured ADHD	
	neared genome-wide significance (9.9 x 10^{-8}) for combined symptoms and	
	(7.4 x 10 ⁻⁸) for hyperactivity-impulsivity	119
C1	Manhattan plot of GWAS results for Melanocytic Naevi Study maternal-report	
	SWAN ADHD data showing strength of genetic associations	. 166
C2	Manhattan plot of GWAS results for Nineteen-Up self-reported SWAN data	
	Showing strength of genetic associations	.166

List of Tables

1.1	Diagnostic Criteria for Attention-Deficit Hyperactivity Disorder (ADHD)	18
1.2	International Prevalence of Diagnosed DSM-IV ADHD in Adulthood	21
1.3	Reliability of Measures for Adult ADHD	26
2.1	Participant Mean Age at Assessment, Sex and Zygosity	46
2.2	Raw Prevalence of ADHD in Adulthood by Sex and Educational Attainment	
	With Adjusted Totals	51
2.3	Odds-Ratio (CI) for ADHD Symptoms With and Without CP Within Career	
	Related Categories.	54
2.4	Odds-Ratio (CI) for ADHD Symptoms with and Without CP for Childhood Risk	
	Factors	55
2.5	Odds-Ratio (CI) for ADHD Symptoms with and Without CP within Health	
	Related Categories.	56
3.1	Latent Class Model Fit Indices.	71
3.2	Mean Symptom Count for ADHD and CP Given Latent Class Membership	
	By Sex	71
3.3	Z-Score Indicating the Probability for Class Membership Given Reported Sympt	oms
	Across Sex	73
3.4	Proportion (%) of Participants Meeting DSM-IV Criteria for ADHD and / or	
	Conduct Disorder (CD) Within Each Latent Class	74
3.5	Odds-Ratio Indicating Within Pair MZ and DZ Latent Class Concordance	75
3.6	Z-Scores (SE) Indicating Associations between Latent Class Membership and	
	Childhood Risk Factors Between Ages 6 and 13 by Sex	76
3.7	Z-Score (SE) Indicating Associations between Latent Class Membership and	
	Health Variables by Sex	77
4.1	Descriptive Statistics for Family Members Providing SWAN Measured	
	ADHD Data within Melanocytic Naevi Study (MN)	87
4.2	Phenotypic Principal Components of SWAN Measured Maternal and Self-	
	Reported ADHD Related Behaviours	94
4.3	Reported ADHD Related Behaviours Best Fitting Model for Sex-Limited Analysis of Maternal and Self-Reported ADF	

4.4	Measurement Model Comparing ADHD Standardised Subtypes, Principal
	Components Derived From Maternal and Self-Report Data
5.1	Endorsement Probabilities for Listed SWAN Items within the Melanocytic
	Naevi (MN) and Nineteen-up (NU) Studies
5.2	Descriptive Statistics for SWAN Scale Data Collected During the Twin Study of
	Melanocytic Naevi (MN) and the Nineteen-up (NU) Study112
5.3	Top 25 Markers for MN and NU Data Meta-analysis of Combined Symptoms,
	Inattention and Hyperactivity-Impulsivity
5.4	Gene-Based Test Results for SNP Effects from Meta-Analysis of MN and NU
	Combined, Inattentive and Hyperactive-Impulsive Symptoms
5.5	Top SNPs Identified by Neale et al. (2010) and SNP Effects within This Study
	Combined in Metal
6.1	Prevalence of Latent Classes Across four Samples
A1	Career Related Variables Predicting ADHD Subtypes
A2	Family Variables Predicting ADHD Subtypes160
A3	Health Variables Predicting ADHD Subtypes
B1	Sex-Limited Analysis with Contrast Effect for Maternal-report ADHD subtypes
	and Latent Class Membership – Raw Unstandardised Paths
B2	Sex-Limited Analysis with Contrast Effects for Self-reported ADHD Subtypes
	and Latent Class Membership – Raw Unstandardised Paths
C1	Descriptive Statistics for GWAS Indicating Strongest 25 SNP Associations with
	SWAN Measured ADHD Subtypes in Study of Melanocytic Naevi
C2	Descriptive Statistics for GWAS Indicating Strongest 25 SNP Associations with
	SWAN Measured ADHD Subtypes in Nineteen-Up Study

List of Equations

1.1	Equation for calculating probability of latent class membership	35
1.2	Probability density function for distribution of latent classes	35
1.3	Likelihood function for latent class membership	36
1.4	Equation for calculating genotypic mean	38
1.5	Equation for calculating genotypic variance	38
1.6	Path analytic model used in classical twin modelling	39
1.7	Parameterization of MZ and DZ twin variance/covariance matrices	40
1.8	Probability density function for twin variance/covariance matrices	40
1.9	Likelihood function for twin variance/covariance matrices	40
1.10	Regression model for genetic association	41

Abstract

The inattentive and hyperactive-impulsive behaviours that comprise attention-deficit hyperactivity disorder (ADHD) have been documented by physicians over the last two centuries. It is well established that ADHD is associated with mild to severe disadvantage across multiple domains such as peer and family relations, academic achievement, emotional and physical health, driving behaviours and employment opportunities, alcohol abuse and dependence, increased divorce and lost work productivity. There are often comorbid conduct problems that compromise development and increase symptom related disadvantage, around 50% of children affected by ADHD continue to be disadvantaged by this syndrome as adults. However less work has been done to characterise ADHD in adults' and few studies have examined the occurrence of this syndrome in Australian adults. A series of four studies were conducted; the first study shows the persistence of symptoms into adulthood was 55.3%, resulting in a prevalence of 1.1% for a young adult sample. This study also indicated women with ADHD reported greater exposure to environmental adversity during childhood than men with ADHD (p < .001 and p > .05respectively). Within the second study, latent class analyses provided an alternative perspective to the disadvantage associated with different groups of symptoms and showed women with inattention, combined symptoms and conduct problems experienced greater difficulties than men with the same symptoms. Additionally there was a higher monozygotic than dizygotic twin concordance for symptoms of hyperactivity-impulsivity (z = 4.42) and conduct problems (z =2.19) suggesting a genetic component to class membership. The third study used classical twin methodology to show unique environmental factors accounting for variation in ADHD differed by sex (p < .05), supporting the results of the preceding studies. This study also explored differences in heritability estimates and self, versus mother's report of ADHD symptoms indicating that the drop in heritability that occurs in adulthood is due to greater error variance in self-reported symptoms and a genetic component influencing maternal report of symptoms. The fourth study utilised a unique dimensional measure of ADHD for genome-wide association, there were no significant genetic associations between inattentive, hyperactive-impulsive or combined type behaviours. The strongest association was between symptoms of hyperactivityimpulsivity and rs2110267 (4.62 x 10^{-7}).