

Sex-Stratified GWAS of Multisite Chronic Pain in UK Biobank

- Past genetic work in chronic pain often focuses on specific pain sites or syndromes – may be more powerful to study chronic pain as a complex trait in its own right
- Sex as a biological variable has wide-ranging effects, including on resultant phenotype, in many complex traits [1,2]
- Chronic pain is twice as prevalent in women compared to men [3-5]
- Recent work in animal and cell models highlights sex differences in immune-cell modulation of pain mechanisms [6-8]

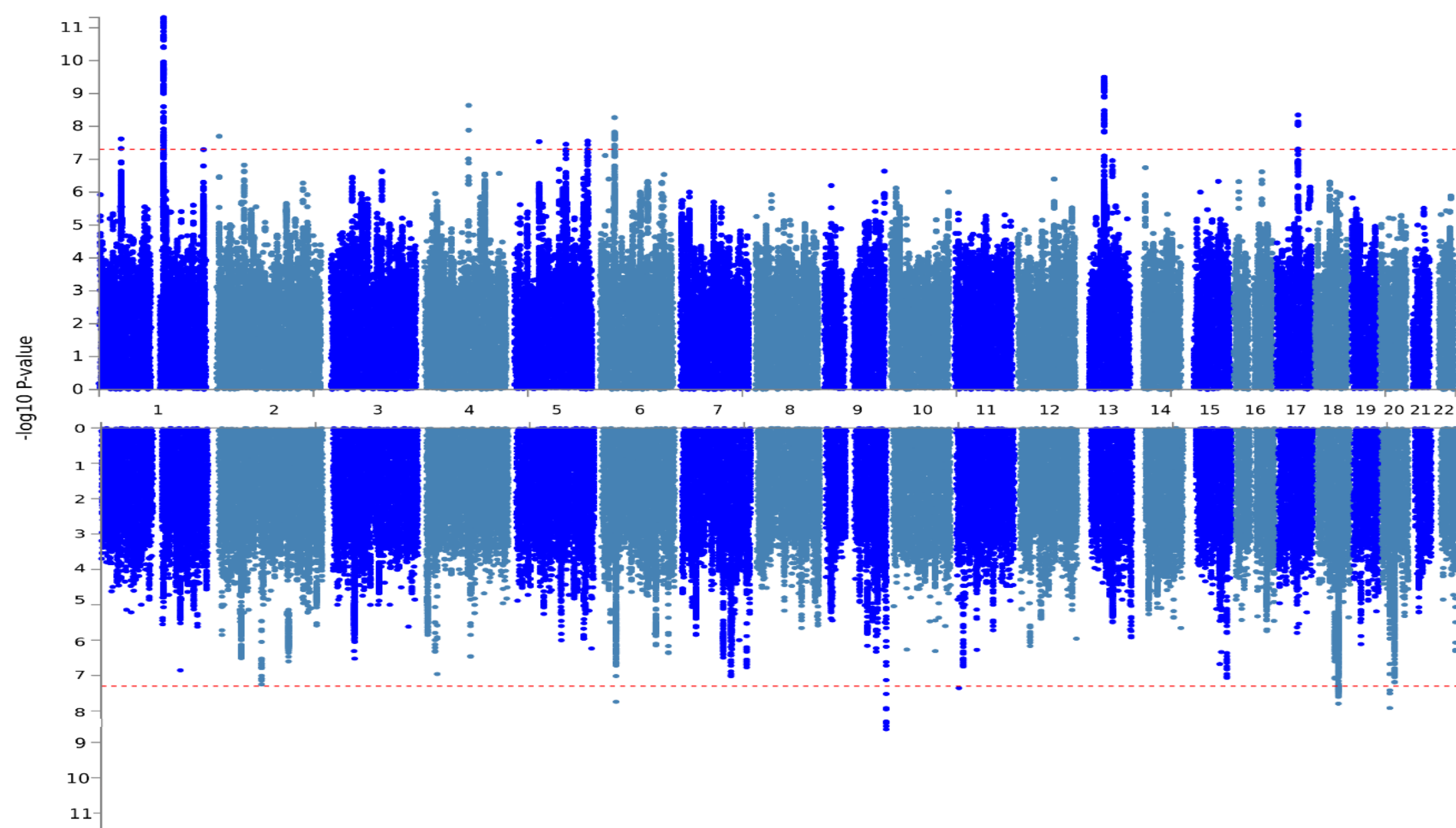


Figure 1: Manhattan Plot. Upper panel: female sex-stratified GWAS, lower panel: male sex-stratified GWAS. X-axis = chromosome Y-axis = log-transformed p value for SNP association with MCP

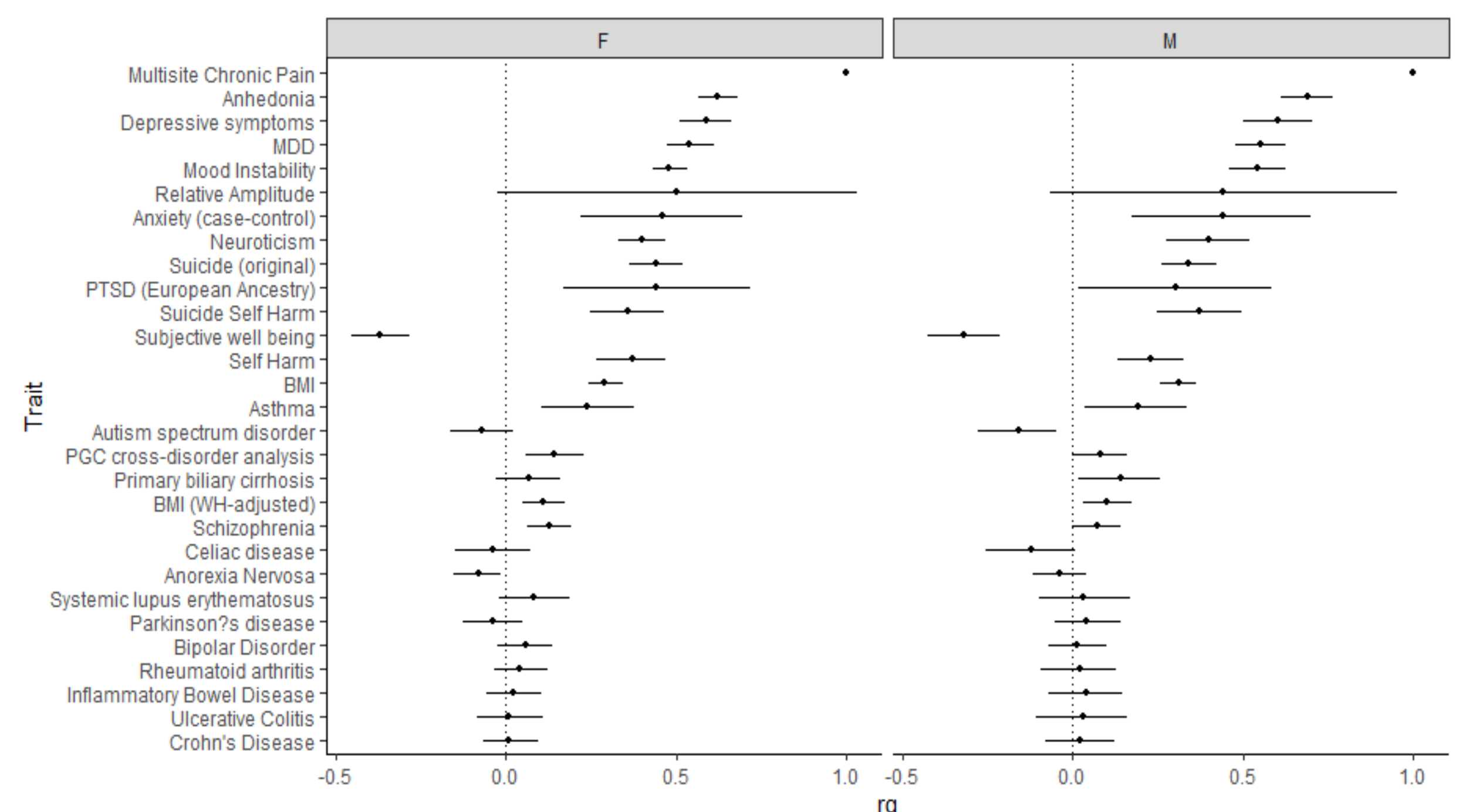


Figure 2: LD Score regression (genetic correlation). r_g = genetic correlation coefficient value. M = male MCP, F = female MCP. 95% confidence intervals for r_g shown. NB trait Multisite Chronic Pain = non-stratified MCP

Methods Summary:

- Sex stratified BOLT-LMM GWAS of Multisite Chronic Pain, followed by GWAS meta-analysis (N: 209,093 F, 178,556 M)
- MAGMA gene-based testing, LD-score regression
- MCP-associated gene expression across range of tissues (GTEx), DRG tissue samples, and neural & non-neural human and mouse samples (scRNA)
- Polygenic risk score analysis of female and male MCP and chronic widespread pain

Results:

- Male and female MCP are complex, polygenic traits of moderate SNP-heritability (~10% M vs ~12% F)
- Genetic correlation between male and female MCP was high but significantly lower than 1 ($r_g = 0.92$)
- *DCC* was the only gene found to be associated with both male and female MCP
- sex-differential patterns of pleiotropy were observed – some may be due to sample size and sex-ratio issues, but some (PTSD, SCZ) may represent greater shared genetic factors between female MCP and particular psychiatric traits
- 11 novel loci (in addition to 76 previously found via sex-combined GWAS) associated with MCP
- sex-differential pleiotropy with female MCP, PTSD and schizophrenia was observed
- almost all sex-differential MCP-associated genes were expressed in the DRG, in addition to the brain
- One male-enriched MCP gene, *AMIGO3* was DRG-specific in terms of expression amongst the tissues assessed in human and mouse samples
- Several MCP-associated loci in both sexes linked to immune function
- Polygenic risk for MCP in both sexes is associated with chronic widespread pain

Conclusions:

- Some differences in male and female MCP were observed at the SNP, gene, genetic-correlation and transcript abundance level, but male and female MCP are highly genetically correlated and patterns of genetic correlation with other traits are qualitatively similar between men and women
- Results support a strong central nervous-system component to chronic pain in both sexes, & highlight a role for the DRG and nociception.

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References:

1. Rawlik K, Canela-Xandri O, Tenesa A. Evidence for sex-specific genetic architectures across a spectrum of human complex traits. *Genome Biol* [Internet]. 2016;17(1):1–8. Available from: <http://dx.doi.org/10.1186/s13059-016-1025-x>
2. Khramtsova EA, Davis LK, Stranger BE. The role of sex in the genomics of human complex traits. *Nat Rev Genet* [Internet]. 2019;20(3):173–90. Available from: <http://dx.doi.org/10.1038/s41576-018-0083-1>
3. Bartley EJ, Fillingim RB. Sex differences in pain: A brief review of clinical and experimental findings. *Br J Anaesth*. 2013;111(1):52–8.
4. Fillingim RB, King CD, Ribeiro-Dasilva MC, Rahim-Williams B, Riley JL. Sex, Gender, and Pain: A Review of Recent Clinical and Experimental Findings. *J Pain* [Internet]. 2009;10(5):447–85. Available from: <http://dx.doi.org/10.1016/j.jpain.2008.12.001>
5. Fillingim RB. Biopsychosocial contributions to sex differences in pain. *BJOG An Int J Obstet Gynaecol*. 2015;122(6):769.
6. Sorge RE, Mapplebeck JCS, Rosen S, Beggs S, Taves S, Alexander JK, et al. Different immune cells mediate mechanical pain hypersensitivity in male and female mice. *Nat Neurosci*. 2015;18(8):1081–3.
7. Sorge RE, Totsch SK. Review Sex Differences in Pain. 2017;1281(Febuary 2016):1271–81.
8. Agalave NM, Rudjito R, Farinotti AB, Khoonsari PE, Sandor K, Nomura Y, et al. Sex-dependent role of microglia in disulfide HMGB1-mediated mechanical hypersensitivity. *Pain*. 2020;Articles i.