DNA methylation differences at the glucocorticoid receptor gene in depression are related to functional alterations in hypothalamic–pituitary–adrenal axis activity and to early life emotional abuse

Chloë Farrell\textsuperscript{a,*}, Kelly Doolin\textsuperscript{a}, Niamh O’Leary\textsuperscript{a}, Chaitra Jairaj\textsuperscript{a}, Darren Roddy\textsuperscript{a}, Leonardo Tozzi\textsuperscript{b}, Derek Morris\textsuperscript{a}, Andrew Harkin\textsuperscript{d}, Thomas Frodl\textsuperscript{b}, Zsófia Nemoda\textsuperscript{a}, Moshe Szyff\textsuperscript{d}, Linda Booij\textsuperscript{g,h}, Veronica O’Keane\textsuperscript{a,i}

\textsuperscript{a} Department of Psychiatry, School of Medicine, Trinity College Institute of Neuroscience, Trinity College Dublin, Dublin 2, Ireland
\textsuperscript{b} Department of Psychiatry and Psychotherapy, Otto von Guericke University Magdeburg, Magdeburg, Germany
\textsuperscript{c} Discipline of Biochemistry, NUI Galway, Galway, Ireland
\textsuperscript{d} School of Pharmacy and Pharmaceutical Studies, Trinity College Institute of Neuroscience, Trinity College Dublin, Dublin 2, Ireland
\textsuperscript{e} Department of Medical Chemistry, Molecular Biology and Pathobiocchemistry, Semmelweis University, Budapest, Hungary
\textsuperscript{f} Department of Pharmacology and Therapeutics, McGill University, Montreal, Quebec, Canada
\textsuperscript{g} Department of Psychology, Concordia University, Montreal, Quebec, Canada
\textsuperscript{h} Sainte-Justine Hospital Research Centre, Montreal, Quebec, Canada
\textsuperscript{i} Trinity Centre for Health Sciences, AMNCH (Tallaght Hospital), Tallaght, Dublin 24, Ireland

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\textbf{ABSTRACT}

Depression is associated with alterations in hypothalamic–pituitary–adrenal (HPA) axis activity. A proposed mechanism to explain these alterations are changes in DNA methylation levels, secondary to early life adversity (ELA), at stress-related genes. Two gene regions that have been implicated in the literature, the glucocorticoid receptor gene (\textit{NR3C1}) exon 1F and the \textit{FKBP5} gene intron 7 were examined in 67 individuals (33 depressed patients and 34 controls). We investigated whether cortisol concentrations, evaluated in 25 depressed patients and 20 controls, and measures of ELA were associated with the degree of methylation at these candidate gene regions. Mean \textit{NR3C1} exon 1F DNA methylation levels were significantly increased in the depressed cohort and the degree of methylation was found to be positively associated with morning cortisol concentrations. DNA methylation levels at specific CG sites within the \textit{NR3C1} exon 1F were related to childhood emotional abuse severity. DNA methylation at CG38 was related to both HPA axis and childhood emotional abuse measures in the depressed group. No \textit{FKBP5} differences were revealed. Our findings suggest that hypermethylation at the \textit{NR3C1} exon 1F may occur in depression. This locus-specific epigenetic change is associated with higher basal HPA axis activity, possibly reflecting acquired glucocorticoid receptor resistance.

\section{1. Introduction}

Major depressive disorder (MDD) is a debilitating mood disorder with a lifetime prevalence rate of approximately 17\% (Kessler et al., 2005). Despite extensive research, there are no established biological markers for the diagnosis of depression (Mossner et al., 2007). Longitudinal studies indicate that many adulthood-onset diseases are associated with adverse developmental or biological events experienced early in life. The latency between exposure to adversity and development of a disorder can span years, and even decades in some instances (Shonkoff et al., 2009). Exposure to early life adversity (ELA) has been identified as a major risk factor in the development of almost all psychiatric disorders (Kessler et al., 2010), including MDD (Kessler and Magee, 1993). It has been reported that adult patients with MDD have a two-fold higher rate of ELA compared to healthy controls and that ELA has been shown to predict earlier-onset depression, a higher risk of recurrent depression, more severe course of illness, greater chronicity and suicide (Williams et al., 2016). MDD patients with a history of ELA show different treatment responses reinforcing the idea of diverse pathways to the loose clinical syndrome of depression, one of which is
ELA (Nemeroff et al., 2003).

The hypothalamic-pituitary-adrenal (HPA) axis is the main stress response system (Bellavance and Rivest, 2014). Through glucocorticoid receptors (GR) cortisol mediates a myriad of tissue-specific effects (Young et al., 2003). Importantly, cortisol signaling via GR is responsible for negative feedback inhibition of the HPA axis. A frequently replicated finding in depression research is the association of depression with hyperactivity of the HPA axis (Pariante and Lightman, 2008). It has been hypothesized that the increased HPA axis activity results from dysfunctional feedback because of reduced efficacy of central GR function (Young et al., 2003). The cortisol awakening response (CAR), the brisk increase of cortisol levels within 20–30 min of awakening in the morning (Fries et al., 2009), provides a naturalistic test for a cortisol stress response. Several studies have demonstrated an increased CAR in currently depressed individuals (Suzuki et al., 2013; Vreeburg et al., 2009), as well as in recovered patients with depression (Bhagwagar et al., 2003).

The GR co-chaperone protein FK506 binding protein 5 (FKBP5) is an immunophilin protein that accompanies the inactive GR complex in the cytoplasm. FKBP5 reduces the affinity of the GR complex for cortisol and thus decreases overall GR signaling (Rao et al., 2016). It is hypothesized that genetic variants within the FKBP5 gene may influence individuals’ susceptibility to depression, with certain variants associated with increased FKBP5 protein levels (Szczepankiewicz et al., 2014), and consequently with relative decrease in GR complex activity. A recent meta-analysis supports the association between specific FKBP5 genetic variants and an increased risk of depression (Rao et al., 2016).

Epigenetic mechanisms are essential for the regulation of gene expression as they can modulate events at the level of transcription and translation (Portela and Esteller, 2010). Epigenetic mechanisms may provide an etiological link between ELA and the syndrome of depression (Dalton et al., 2014). The addition of a methyl group to the cytosine within a CG site in a critical regulatory region can inhibit transcriptional activity (Farrell and O’Keane, 2016).

In relation to MDD and alterations in HPA axis activity, an interesting epigenetic modification is methylation of a nerve growth factor-inducible protein A (NGFI-A) binding site located in exon 1F of the GR gene, the nuclear receptor subfamily 3 group C member 1 (NR3C1) (Swirnoff and Milbrandt, 1995), that is associated with ELA. Alterations at or near this NGFI-A binding site may explain one of the biological links between ELA and the development of depressive illnesses (Smart et al., 2015). NR3C1 exon 1F hypermethylation in relation to ELA has been demonstrated in peripheral tissues, including cord blood, white blood cells and whole blood (Oberlander et al., 2008; Perroud et al., 2011; Radtke et al., 2011,2015) and would potentially result in dysregulation of HPA axis negative feedback were it occurring in the brain. It is possible that this hypermethylation is indeed occurring centrally as increased DNA methylation has been reported in the hippocampus of the orthologue 1F site in stressed rats (Weaver et al., 2004) and in the hippocampus of abuse victims who died by suicide (McGowan et al., 2009).

FKBP5 has recently attracted attention as a protein possibly implicated in the area of epigenetic-mediated gene-childhood trauma interaction leading to adult mental illness. Kneggel et al. performed the first human study examining gene-ELA interaction and methylation at FKBP5. They showed that individuals suffering from post-traumatic stress disorder (PTSD) who were exposed to ELA and who carried a functional FKBP5 risk T allele at rs1360780 had decreased levels of methylation at intron 7 of the FKBP5 gene. This intronic demethylation was associated with an increase in FKBP5 induction by GR activation, leading to symptoms of GR resistance (Klengel et al., 2013). One study examining FKBP5 methylation in individuals with the risk T allele and remitted depression revealed a (non-significant) trend towards higher methylation levels compared to healthy controls (Höhne et al., 2015). There are a few more studies that examined FKBP5 methylation association to ELA but the direction of effect was inconsistent (Needham et al., 2015; Tyrka et al., 2015).

No studies, to our knowledge, have examined NR3C1 and FKBP5 methylation in the same individuals, and the possible associations between their DNA methylation levels and HPA axis function. The aims of this study were to determine if DNA methylation at the NR3C1 exon 1F and/or FKBP5 intron 7 were altered in individuals with depression compared to controls. We also explore possible relationships between NR3C1 and FKBP5 DNA methylation and HPA axis function as assessed through the CAR (Fig. 1).

2. Methods and materials

2.1. Patient recruitment and assessment

Depressed patients were recruited from the Tallaght Mental Health Services. Any patient presenting with depression was considered for the study. They were screened for eligibility by a consultant psychiatrist. Screening involved assessing whether patients fulfilled criteria for a Major Depressive Episode (MDE) from the Mini International Neuropsychiatric Interview (M.I.N.I) (Sheehan et al., 1997; scored > 17 on the Hamilton Depression Rating 21-Item Scale (HAM-D-21) (Hamilton, 1960), indicative of moderate depression; were not suffering from a psychotic or substance abuse disorder or from any chronic medical illnesses and were not taking any steroid medications, excluding the contraceptive pill. Healthy, control individuals were screened and recruited from the general population. Screening involved establishing that individuals had never experienced a mental health disorder, scored ≤ 7 on the HAM-D-21, were not suffering from any chronic medical illnesses, and were not taking any steroid medications, except the oral contraceptive pill. For both groups, 45 years, considered the beginning of middle age (Stevenson, 2010), was selected as the maximum age for inclusion to reduce the possibility of age-related effects on biological data. The groups were balanced for age and sex. If individuals met inclusion and exclusion criteria, they were invited to participate. If, following a thorough explanation of the study, and they remained willing to participate, they gave written informed consent. As this was not an intervention study, all treatment was continued as usual. Detailed demographic information was collected. The International Standard Classification of Education (ISCED) is a standardized scale used to gather information on educational achievement (UNESCO, 2011) and was used to grade participants’ level of education. Participants were then administered a battery of clinical instruments: Centre for Epidemiological Studies Depression Rating Scale (CES-D) (Orme et al., 1986), suicidality module (Module C) of the M.I.N.I (Sheehan et al., 1997) and the Childhood Trauma Questionnaire (CTQ) (Bernstein et al., 1997). The CTQ is a retrospective, self-report measure of ELA. The CTQ contains five subscales; three assessing abuse
(emotional, physical and sexual) and two assessing neglect (emotional and physical). Other traumatic events (deaths, bullying etc.) that may have occurred during childhood were not assessed. The study was approved by the Tallaght Hospital/ St. James’s Hospital Joint Research Ethics Committee (2013/23/02) following the principles in the 1964 Declaration of Helsinki (World Medical Association, 2013).

### 2.5. Statistical analysis

Data are presented as mean with standard deviation (SD) or standard error of the mean (SEM) where appropriate. All data were tested for normality using the Shapiro–Wilk test. DNA methylation and cortisol values were log transformed to normalize distribution. DNA methylation and cortisol data were analyzed using analyses of variance with covariates where appropriate. In our preliminary analysis it was observed that smoking and education were driving differences in DNA methylation between the two groups, and were therefore included as covariates in the final analysis. Similarly, in the preliminary cortisol analysis, it was observed that BMI and education were driving differences between the two groups, and therefore were included as covariates in the final analysis. Non-parametric data were analyzed using the Mann-Whitney U test. Associations between categorical variables were tested using the Chi-Square ($\chi^2$) test. Correlational analysis was carried out using Spearman’s rho statistics. Given the exploratory nature of the correlational analyses, Bonferroni corrections were not applied due to the heightened risk of Type II errors associated with such corrections. Statistical analyses were considered significant when $p \leq 0.05$. Graphs were generated using GraphPad Prism Software Version 6.00 (La Jolla, California). All data were analyzed using SPSS Version 22 (IBM, Armonk, New York).

### 3. Results

#### 3.1. Demographic and clinical data of patients with depression and healthy controls

There were no significant differences in age, gender or BMI between the groups. The depressed group had a higher prevalence of smokers ($p = 0.02$) and lower duration of education ($p < 0.001$), compared to that of the control group. Consistent with a diagnosis of depression, patients with MDD had significantly higher HAM-D-21 and CES-D scores compared to healthy controls. A score of 19–22 in the HAM-D-21 is considered to represent severe depression. The mean HAM-D-score in the patient group was 21.94 (SD = 5.49) indicating that overall this group was severely depressed. Furthermore, a score of 9–16 in the suicidality module of the M.I.N.I indicated that there was a moderate suicide risk. The mean score in the patient group was 10.06 (SD = 12.16), thus indicating a moderate risk for a suicide. Any participant who met criteria for “moderate” severity on any of the CTQ subscales was considered to have experienced ELA. The depressed group had a higher prevalence of individuals who had ELA, and had significantly higher CTQ global, emotional abuse, physical abuse, emotional neglect and physical neglect compared to the control group. Within the depressed sample, 20 individuals were receiving pharmacological treatment for depression at the time of recruitment. Of these, 14 were taking selective serotonin reuptake inhibitors (SSRIs), two were taking serotonin-noradrenaline reuptake inhibitors (SNRIs) and four were receiving other antidepressant treatments [Table 1].

#### 3.2. DNA methylation levels of NR3C1 exon 1F in depressed patients and healthy controls

Mean DNA methylation at NR3C1 exon 1F was significantly higher in the depressed patients relative to healthy controls ($F = 3.89$, $d = 0.49$, $p = 0.05$). There were no significant differences in DNA methylation at any of the individual CG sites measured [Table 2].

#### 3.3. DNA methylation levels of FKBP5 intron 7 promoter in depressed patients and healthy controls

There were no statistically significant differences in overall, or individual CG site, DNA methylation at FKBP5 intron 7 in depressed patients relative to healthy controls [Table 2]. At the analysis of rs1360780 the homozygous TT samples were rare in our group, therefore they were grouped with CT samples. In the depressed group, 16 possessed the CC genotype and 17 possessed the CT/TT genotype. In the control group, 21 possessed the CC genotype and 13 possessed the CT/TT genotype. There was no significant difference in the prevalence of the risk allele between the groups. There were no significant differences in methylation when individuals were divided based on their FKBP5 rs1360780 allele status [Table 3].
3.4. Salivary cortisol levels in depressed patients and healthy controls

Out of the 67 participants recruited into the study with DNA methylation data available, 45 (25 depressed patients and 20 healthy controls) had corresponding cortisol data [Table S1]. Twenty-four significant increases in evening cortisol values between the groups [Table 4].

3.5. Associations between cortisol concentrations and NR3C1 DNA methylation

There was a significant relationship between methylation at the NR3C1 exon 1F CG38 site and cortisol levels at T0, and with average morning cortisol output in depressed patients compared to healthy controls. There were no differences in evening cortisol values between the groups [Table 4].

3.6. Associations between ELA and NR3C1 DNA methylation

Spearman’s rho correlation analysis revealed a significant positive association between the severity of emotional maltreatment experienced during childhood and the degree of DNA methylation at NR3C1 exon 1F CG37 (r = 0.53, p = 0.01) and CG38 (r = 0.43, p = 0.04) [Fig. 2]. This finding was only present in depressed individuals who reported ELA and not in the overall sample. No associations were revealed between NR3C1 DNA methylation and physical/sexual abuse or emotional/physical neglect. No associations were revealed between FKBP5 DNA methylation and any adversity parameter examined.

4. Discussion

This study sought to determine whether there were differences in DNA methylation levels at the NR3C1 exon 1F and/or the FKBP5 intron 7 were present in a sample of depressed individuals, and if so, whether these differences were associated with changes in HPA axis measures, as measured by the CAR/diurnal cortisol-HPA axis test. The overall percentage of methylation at the NR3C1 exon 1F region was significantly increased in the depressed patients relative to healthy controls. The degree of this methylation was related to increased cortisol

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Demographic and clinical data for all recruited depressed patients and healthy controls.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients (n = 33)</td>
<td>Controls (n = 34)</td>
</tr>
<tr>
<td>Age (years)</td>
<td>28.27 (8.77)</td>
</tr>
<tr>
<td>Gender (M/F)</td>
<td>9/24</td>
</tr>
<tr>
<td>BMI</td>
<td>26.31 (6.89)</td>
</tr>
<tr>
<td>Smoking (Y/N)</td>
<td>4/30</td>
</tr>
<tr>
<td>ISCED Education</td>
<td>10.25 (4.28)</td>
</tr>
<tr>
<td>HAM-D-21</td>
<td>21.94 (5.49)</td>
</tr>
<tr>
<td>CES-D</td>
<td>34.00 (9.54)</td>
</tr>
<tr>
<td>CTQ Global Score</td>
<td>29.35 (7.81)</td>
</tr>
<tr>
<td>CTQ SA</td>
<td>6.74 (2.21)</td>
</tr>
<tr>
<td>CTQ EN</td>
<td>5.50 (1.58)</td>
</tr>
<tr>
<td>ELA (Y/N)</td>
<td>3/31</td>
</tr>
<tr>
<td>Suicidality</td>
<td>10.06 (12.16)</td>
</tr>
</tbody>
</table>

Data expressed as mean with SD in parentheses. Statistical analysis was performed using a Mann Whitney U test (Age, BMI, Education, HAM-D, CES-D, ISCED = International Standard Classification of Education; HAM-D = Hamilton Rating Scale for Depression; CES-D = Center for Epidemiologic Studies Depression Scale; CTQ = Childhood Trauma Questionnaire; EA = Emotional Abuse; PA = Physical Abuse; SA = Sexual Abuse; EN = Emotional Neglect; PN = Physical Neglect. *p ≤ 0.05, **p ≤ 0.01, ***p ≤ 0.001 vs. control.

<table>
<thead>
<tr>
<th>Table 2</th>
<th>NR3C1 exon 1F and FKBP5 intron 7 methylation data for depressed patients and healthy controls.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients (n = 33)</td>
<td>Controls (n = 34)</td>
</tr>
<tr>
<td>Mean NR3C1F*</td>
<td>4.07 (0.57)</td>
</tr>
<tr>
<td>NR3C1F CG36</td>
<td>2.72 (1.24)</td>
</tr>
<tr>
<td>NR3C1F CG37</td>
<td>3.12 (1.02)</td>
</tr>
<tr>
<td>NR3C1F CG38</td>
<td>5.58 (0.94)</td>
</tr>
<tr>
<td>NR3C1F CG39</td>
<td>5.38 (0.76)</td>
</tr>
<tr>
<td>NR3C1F CG41</td>
<td>3.57 (1.74)</td>
</tr>
<tr>
<td>Mean FKBP5</td>
<td>60.11 (4.50)</td>
</tr>
<tr>
<td>FKBP5 CG6</td>
<td>60.35 (1.17)</td>
</tr>
<tr>
<td>FKBP5 CG7</td>
<td>57.99 (5.43)</td>
</tr>
</tbody>
</table>

Data expressed as mean whole blood DNA methylation percentage with SD in parentheses. Statistical analysis was performed using analysis of variance, with smoking and education as covariates, on log transformed methylation data. d = Cohen’s d.
concentrations at T0, as well as overall morning cortisol secretion in the entire study cohort. Within the NR3C1 exon 1F, DNA methylation levels at CG38 were related to the same two cortisol measures. CG38 DNA methylation was also related to childhood emotional abuse severity in the depressed group. No significant differences between depressed and control groups, in the total group and when stratifying for a risk polymorphism, were seen in FKBP5 DNA methylation measures.

4.1. NR3C1 DNA methylation and the HPA axis

Although NR3C1 DNA methylation levels were low in general, the overall percentage methylation at the NR3C1 exon 1F region was significantly increased in the depressed patients relative to healthy controls. This finding is in keeping with the literature generally (Palma-Gudiel et al., 2015), with the same exon 1F region being previously implicated in various stress-related psychopathologies including depression, bipolar disorder and PTSD (Argentieri et al., 2017). The mechanism(s) underlying how ELA produces targeted methylation of specific gene regions is currently unknown. We know that the epigenome is responsive to external influences and it has been hypothesized that this plasticity enables optimal adaptation to changing environmental conditions (Ryan et al., 2016). It is possible that this plasticity gives trauma the opportunity to impact the epigenome in a manner that explains the long-term effects of trauma on the risk of developing psychiatric disorders. Future studies should attempt to elucidate the molecular mechanisms underlying trauma-induced DNA methylation changes at specific gene regions. The depressed group had increased cortisol concentrations upon wakening, as well as an overall increase in morning cortisol output relative to the healthy controls. Although not all previous studies have been consistent (Gunnar and Vazquez, 2001), elevated wakening cortisol levels have often been found in a significant number of previous studies examining the CAR tests in depression (Bhagwagar et al., 2005; Suzuki et al., 2013; Vreeburg et al., 2009). While there were no significant methylation differences between the depressed and control groups at individual NR3C1 exon 1F CG sites, significant relationships were revealed between individual CG sites and CAR parameters, particularly at the CG38 site. Interestingly, the relationship between methylation at the CG38 site and the CAR measures existed for the two CAR values that distinguished the depressed from the control group (i.e. T0 and morning average). It is worth highlighting that CG37 and CG38 are at the location of the NGFI-A binding site (Palma-Gudiel et al., 2015) that has been previously associated with depression pathophysiology (Smart et al., 2015). This indicates a possible functional relationship between DNA methylation alterations at CG38 of the NR3C1 exon 1F and HPA axis activity.

4.2. NR3C1 methylation and ELA

As previously mentioned, ELA has been identified as a major risk factor.
factor in the development of almost all psychiatric disorders (Kessler et al., 2010), including MDD (Kessler and Magee, 1993). To date, a number of studies have shown that increases in DNA methylation at the glucocorticoid receptor gene have been associated with exposure to childhood abuse (McGowan et al., 2009; Perroud et al., 2011; Radtke et al., 2015). Overall, these studies have revealed positive associations with the degree of methylation at the exon 1F region and the severity of abuse exposure during childhood. In our study, we observed a significant positive association between the severity of emotional abuse experienced during childhood and the degree of DNA methylation at NR3C1 exon 1F and CG38 sites. This finding is particularly noteworthy as a diagnosis of depression is more likely to be related to reports of childhood emotional abuse than to physical or sexual abuse (Gibb et al., 2007). This finding was only present in depressed patients who reported ELA and was not present in the overall cohort, suggesting an association between ELA severity, rather than depression per se, and methylation status of the CG37 and CG38 sites NR3C1 exon 1F. As previously mentioned, the CG37 and CG38 sites are at the NGFI-A binding site, which has been implicated in childhood trauma-associated DNA methylation changes (McGowan et al., 2009). The findings of our present study solidifies these previous finding. Overall, although causality cannot be determined, the NR3C1 methylation findings in this group of depressed patients suggests that the CG38 site of exon 1F is methylated in association with emotional abuse in childhood and that this may lead to increased morning HPA axis activity.

4.4. Study limitations and strengths

A limitation of this study is its cross-sectional design. Findings from cross-sectional studies need to be interpreted with caution as it cannot be assumed that model parameters are stable over time (Bowen and Wiersma, 1999). There is extensive evidence that the depressive phenotype changes over the course of an illness (O’Keane et al., 2012), therefore, future longitudinal studies are necessary to solidify these findings. Although this study is at least comparable to similar studies in terms of sample size, the statistical power is limited because of the relatively small sample size. Three saliva samples were collected in the morning to assess individual CAR measurements. We found that subjects were less likely to comply if more than three samples were required. Three samples are deemed to be adequate for the assessment of the CAR (Stalder et al., 2016), but additional morning samples can provide a better overview of HPA axis activity. Furthermore, due to lapses in participant compliance, not all participants had cortisol concentration values. This needs to be considered when interpreting the results of correlation analyses. The study’s relatively small sample size needs to be highlighted as a limitation in the context of statistical power. Underpowered statistical analyses run the risk of Type II errors (i.e. false negative results) and this should be considered when interpreting the results presented in this manuscript. Additionally, given the novelty of DNA methylation analysis in psychiatric research, much of the work presented is exploratory in nature. As a result of this exploratory work, no corrections were made to address multiple comparisons, which run the risk of Type I errors (i.e. false positive results). This should be considered when interpreting the results. Future work should attempt to (i) increase sample size to increase statistical power, and (ii) use conservative post-hoc corrections (i.e. Bonferroni) to ensure the reporting of robust, statistically significant, positive findings. We did not include antidepressant use as a covariate in our analyses as they did not impact upon the DNA methylation or cortisol results across the groups. This could be due to the relatively small sample size, and needs to be considered when interpreting the findings. Finally, this study would have benefited from the inclusion of a higher number of individuals exposed to early life adversity. Future studies should attempt to increase the number of non-depressed controls who have been exposed to early life adversity, in an attempt to disentangle the effects of early life adversity in the pathogenesis of depression.

This study had a number of strengths. To our knowledge, this is the first study to assess both NR3C1 and FKBP5 DNA methylation in the same sample and to examine this methylation in relation to HPA axis activity and ELA in clinically depressed and healthy samples. Another strength of the study is the use of LC-MS/MS for quantification of cortisol concentrations. More commonly used immunoassays are less specific and measure the inactive metabolite cortisol, resulting in false-high cortisol levels being reported in the literature. LC-MS/MS is considered the best available technique for the specific analysis of salivary cortisol (Antonelli et al., 2015). A final strength of the study is the use of whole blood samples. Whole blood is easily accessible in the clinical environment, and may be potentially useful in the future for diagnosis and prognosis of depression. The use of whole blood should also be considered as a limitation as it is known that DNA methylation patterns differ across tissues (Kriebel et al., 2016), and this should be considered when interpreting the findings presented in this manuscript.

5. Conclusion

While there were no differences in DNA methylation levels at the FKBP5 sites of interest, methylation at the NR3C1 exon 1F region was significantly increased in the depressed group. Our findings of increases in morning cortisol concentrations, in a group with MDD compared to controls, are compatible with overall findings of HPA axis hyperactivity in individuals suffering with MDD. This study provides evidence that this hyperactivity is associated with increased methylation at the NR3C1 exon 1F, within which the CG38 was identified as being particularly associated with CAR over-activity. The degree of methylation at CG38 was also specifically associated with childhood emotional abuse severity in depressed patients. The CG38 site resides at a NGFI-A site that has been previously investigated in relation to HPA axis alterations in depression. These results suggest that epigenetic alterations at the NR3C1 gene, but not the FKBP5 gene, may contribute to the finding of both increased morning cortisol levels in depression and ELA. The study provides novel insights into the molecular basis of depression and how this may evolve from ELA.

Author contributions

Veronica O’Keane, Andrew Harkin, Linda Booij, and Thomas Frodl conceived and designed the experiments; Veronica O’Keane screened and recruited all study participants; Chloé Farrell, Kelly Doolin, Niamh
O’Leary, Chaitra Jairaj, Darren Roddy, and Leonardo Tozzi performed sample collection; Zsófia Nemoda designed primers for DNA methylation analysis; Moshe Szyf provided expert advice for all epigenetic methodology and analysis; Derek Morris performed FKBP5 genotyping; Chloë Farrell performed DNA methylation analysis; Chloë Farrell analysed the data; Chloë Farrell wrote the manuscript.

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Supplementary materials


References


