# The association of MAOB and APOE single nucleotide polymorphisms in Alzheimer's disease

# Mirjana Babić Leko<sup>1,2</sup>, Matea Nikolac Perković<sup>3</sup>, Gordana Nedić Erjavec<sup>3</sup>, Nataša Klepac<sup>4</sup>, Dubravka Švob Štrac<sup>3</sup>, Fran Borovečki<sup>4</sup>, Nela Pivac<sup>3</sup>, Patrick R. Hof<sup>5</sup>, Goran Šimić<sup>1\*</sup>

STEU ZAGRA <sup>1</sup>Department of Neuroscience, Croatian Institute for Brain Research, University of Zagreb Medical School, Zagreb, Croatia, <sup>2</sup>Department of Medical Biology, University of Split, School of Medicine, Split, Croatia, <sup>3</sup>Department of Molecular Medicine, Institute Ruder Bošković, Zagreb, Croatia, <sup>4</sup>Department of Neurology, University Hospital Centre Zagreb, Zagreb, Croatia, <sup>5</sup>Nash Family Department of Neuroscience, Friedman Brain Institute, and Ronald M. Loeb Center for Alzheimer's Disease, Icahn School of Medicine at Mount Sinai, New York, USA, \* Correspondence: Goran Šimić, gsimic@hiim.hr

#### INTRODUCTION

The normal functioning of dopaminergic system is compromised during Alzheimer's disease (AD). The activity of monoamine oxidase B (MAOB), enzyme involved in degradation of dopamine, is also disturbed in AD. It was observed that MAOB activity is increased during AD. Also, increased expression of MAOB was detected in hippocampus and cortex of people who suffered from AD. It was observed that MAOB rs1799836 polymorphism can affect MAOB transcription, consequently influencing also protein translation and MAOB activity. Our recent study showed that the levels of cerebrospinal fluid (CSF) amyloid  $\beta_{1-42}$  (A $\beta_{1-42}$ ) were decreased in patients carrying A allele in *MAOB* rs1799836 polymorphism. The goal of this study was to compare MAOB rs1799836 polymorphism with APOE, the only confirmed genetic risk factor for sporadic AD.

### MATERIALS AND METHODS

Study included 253 participants of whom 127 suffered from AD, 57 were mild cognitive impairment patients, 11 were healthy controls and 58 suffered from other primary causes of dementia. Genomic DNA was extracted from peripheral blood using the salting-out method. MAOB rs1799836 single nucleotide polymorphism (SNP) and APOE SNPs (rs7412 and rs429358) were determined using TaqMan SNP Genotyping Assays (Applied Biosystems, Foster City, CA, USA).

#### RESULTS

There was significant increase in the frequency of APOE  $\varepsilon 4/\varepsilon 4$ homozygotes among patients carrying AA MAOB rs1799836 genotype in comparison to patients carrying other MAOB rs1799836 genotypes (Figure 1) or G allele carriers (Figure 1; Figure 2). Also, there was significantly higher frequency of APOE  $\varepsilon 4$  carriers ( $\varepsilon 4/\varepsilon 4 + \varepsilon 4/\varepsilon x$  genotypes) among AA MAOB rs1799836 homozygotes (Figure 3). Since MAOB gene is located on X chromosome, we analysed if distribution of MAOB rs1799836 genotypes between patients with different APOE genotypes but with MAOB rs1799836 genotypes being adjusted for sex (Table 1). Logistic regression model revealed that AA MAOB rs1799836 genotype had significant association with APOE  $\varepsilon$ 4 allele, APOE  $\varepsilon$ 4/ $\varepsilon$ 4 and APOE  $\varepsilon$ 4/ $\varepsilon$ x genotype even when adjusted for sex (Table 1).



Figure 3. Frequencies of MAOB rs1799836 genotypes (A-C) and MAOB rs1799836 alleles Figure 1. Frequencies of of MAOB rs1799836 genotypes (A-D) and MAOB rs1799836 alleles (AA vs G allele (AA vs G allele [AG + GG]) (D-G) in subjects with different APOE genotype (divided into [AG + GG]) (E-G) in subjects with different APOE genotype (divided into three groups; APOE EXEX, APOE **two groups;** *APOE* ε4+ and *APOE* ε4-). A) χ<sup>2</sup>=8.076; df=2; p=0.018, B) χ<sup>2</sup>=10.086; df=2; p=0.006, **EXE4 and APOE E4E4, x = 2 or 3).** A)  $\chi^2$ =12.815; df=4; p=0.012, B)  $\chi^2$ =14.081; df=4; p=0.007, C)  $\chi^2$ =14.081; df=4; C)  $\chi^2$ =9.828; df=2; p=0.007, D)  $\chi^2$ =6.835; df=1; p=0.009, E)  $\chi^2$ =7.999; df=1; p=0.005, F  $\chi^2$ =9.849; p=0.007, D)  $\chi^2$ =11.509; df=2; p=0.003, E)  $\chi^2$ =13.368; df=2; p=0.001, F)  $\chi^2$ =15.541; df=2; p<0.001, G)  $\chi^2$ =15.541; df=2; df=1; p=0.002, G) χ<sup>2</sup>=9.551; df=1; p=0.002. p<0.001.



Figure 2. Frequencies of of MAOB rs1799836 alleles (AA vs G allele [AG + GG]) in A) AD patients ( $\chi^2$ =12.744; df=4; p=0.013), B) AD and MCI patients ( $\chi^2$ =13.094; df=4; p=0.011), C) AD, MCI patients and HC ( $\chi^2$ =14.535; df=4; p=0.006) and D) all subjects ( $\chi^2$ =16.502; df=5; p=0.006) with different APOE genotypes.

## CONCLUSIONS

The present study sheds light on MAOB rs1799836 polymorphism as potential genetic biomarker of AD. We previously proved the association of this polymorphism with Aβ<sub>1-42</sub> measured in CSF (Babić Leko et al., J Alzheimers Dis, 2020), and now we also showed the association of MAOB rs1799836 polymorphism with APOE genotype. In conclusion, the results of this study together with our previous results indicate that the MAOB rs1799836 polymorphism could be strong genetic biomarker of AD.

Table 1. Multinominal logistic regression analysis in the group of all subjects carrying APOE £4/£4 and APOE £4/£x genotype in comparison to carriers of APOE  $\epsilon x/\epsilon x$  genotype (x = 2 or 3).

| Predictor             | χ2, df, p           | N   | В    | SE    | Wald  | р      | OR    | 95% CI  |
|-----------------------|---------------------|-----|------|-------|-------|--------|-------|---------|
|                       | APOE ε4/ε4 genotype |     |      |       |       |        |       |         |
| MAOB                  | χ2=21.501,          | 249 | 2.54 | 1.109 | 5.256 | 0.022* | 12.70 | 1.446-  |
| rs1799836 AA          | df=6, p=0.001       |     | 2    |       |       |        | 9     | 111.695 |
| genotype <sup>a</sup> |                     |     |      |       |       |        |       |         |
|                       | APOE ε4/εx genotype |     |      |       |       |        |       |         |
| МАОВ                  | χ2=21.501,          | 249 | 1.05 | 0.432 | 5.961 | 0.015* | 2.874 | 1.231-  |
| rs1799836 AA          | df=6, p=0.001       |     | 6    |       |       |        |       | 6.707   |
| genotype <sup>a</sup> |                     |     |      |       |       |        |       |         |

<sup>a</sup>adjusted for sex. APOE, apolipoprotein E; MAOB, monoamine oxidase B. \*p<0.05

#### ACKNOWLEDGEMENTS

This work was funded by The Croatian Science Foundation grant IP-2019-04-3584 ("Role of blood-brain barrier, innate immunity, and tau protein oligomerization in the pathogenesis of Alzheimer's disease") to GŠ and by the Scientific Centre of Excellence for Basic, Clinical and Translational Neuroscience CoRE-NEURO ("Experimental and clinical research of hypoxic-ischemic damage in perinatal and adult brain": GA KK01.1.1.01.0007 funded by the European Union through the European Regional Development Fund).