

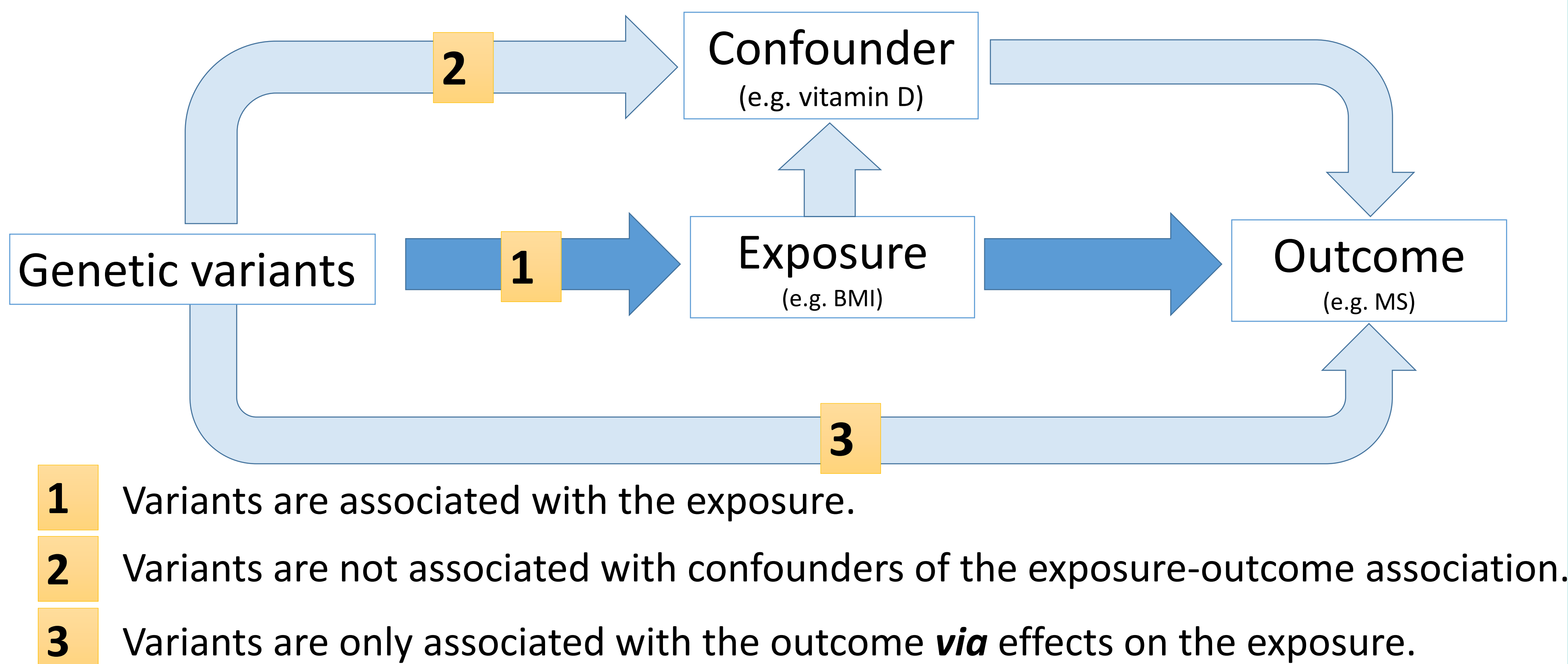
BMI and low serum vitamin D are independent causal risk factors for MS: A Mendelian Randomisation study

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Background

- Observational studies have shown that low serum vitamin D and elevated BMI (especially during adolescence) increase MS risk.
- These associations could be due to a causal relationship, confounding, or reverse causation.
- Mendelian Randomisation (MR) uses genetic variants which are associated with an exposure (e.g. vitamin D level) as proxy instruments .
- MR can be used to determine whether associations observed in cohort and case-control settings are due to a **causal** relationship.
- This approach will help to inform MS prevention studies by distinguishing causal risk factors from exposures associated with the disease.

Mendelian randomisation: assumptions



Methods

SNP associations with trait

- Childhood BMI
 - Adult BMI
 - Vitamin D
- From EGG consortium, GIANT, and SUNLIGHT GWAS

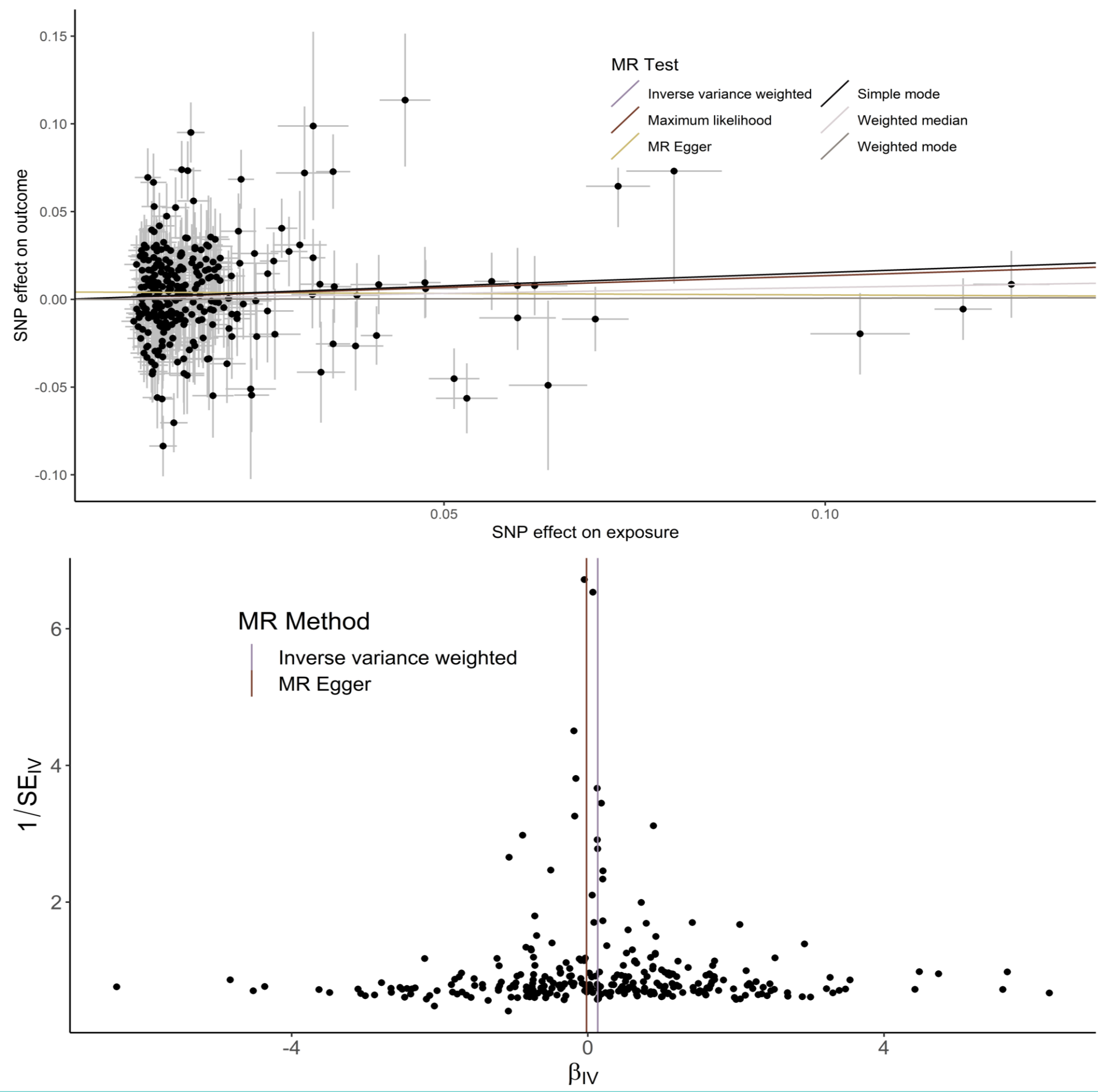
SNP associations with outcome (MS)
From IMSCG discovery phase MS Chip

Univariate MR to test for trait-outcome association
Inverse-variance weighted meta-analysis as primary, followed by secondary sensitivity analyses.

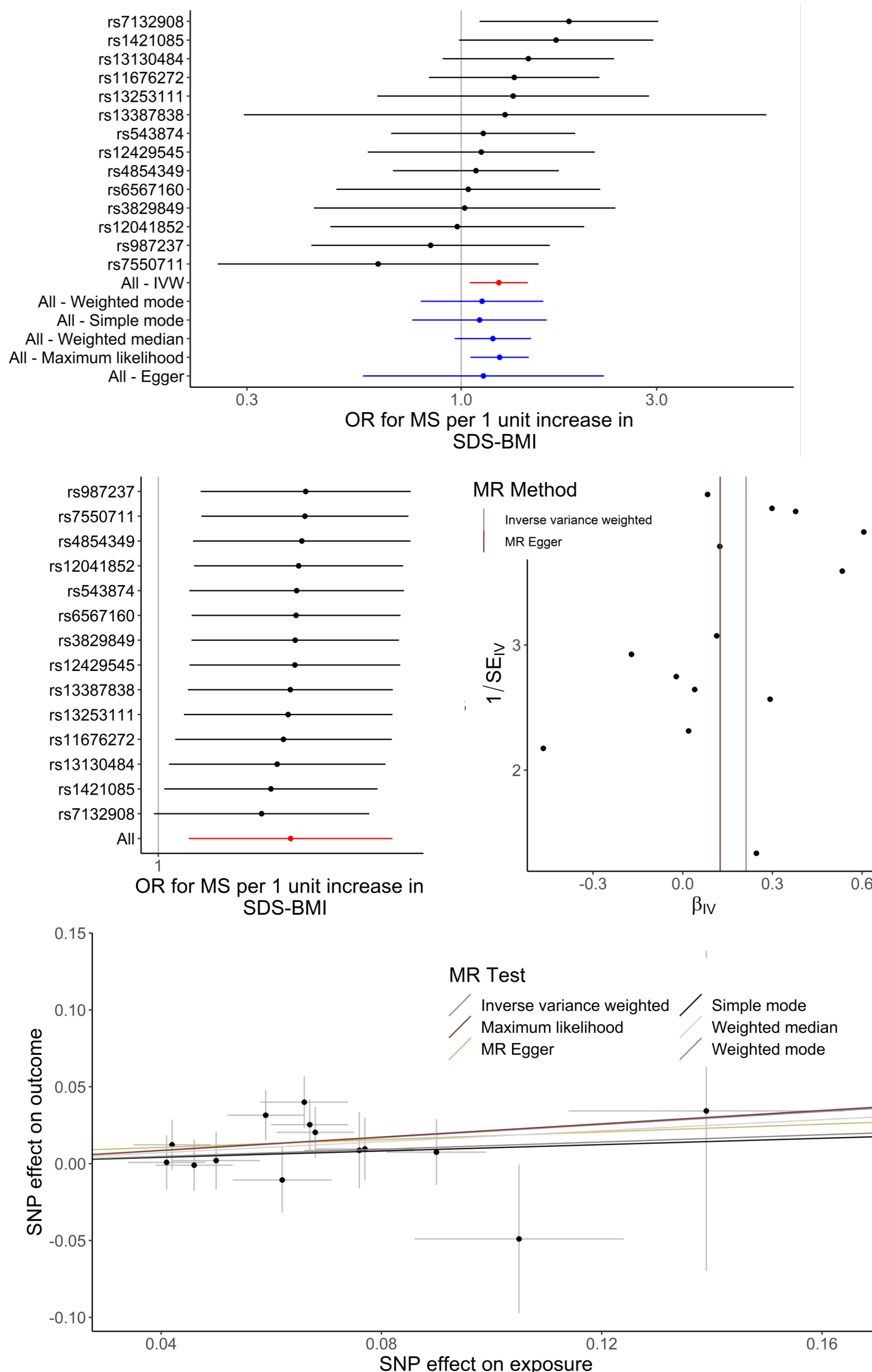
Multivariate MR to test for trait-outcome association **correcting for confounding**
Regression of outcome on confounder, followed by regression of residuals from regression 1 on exposure of interest.

Results

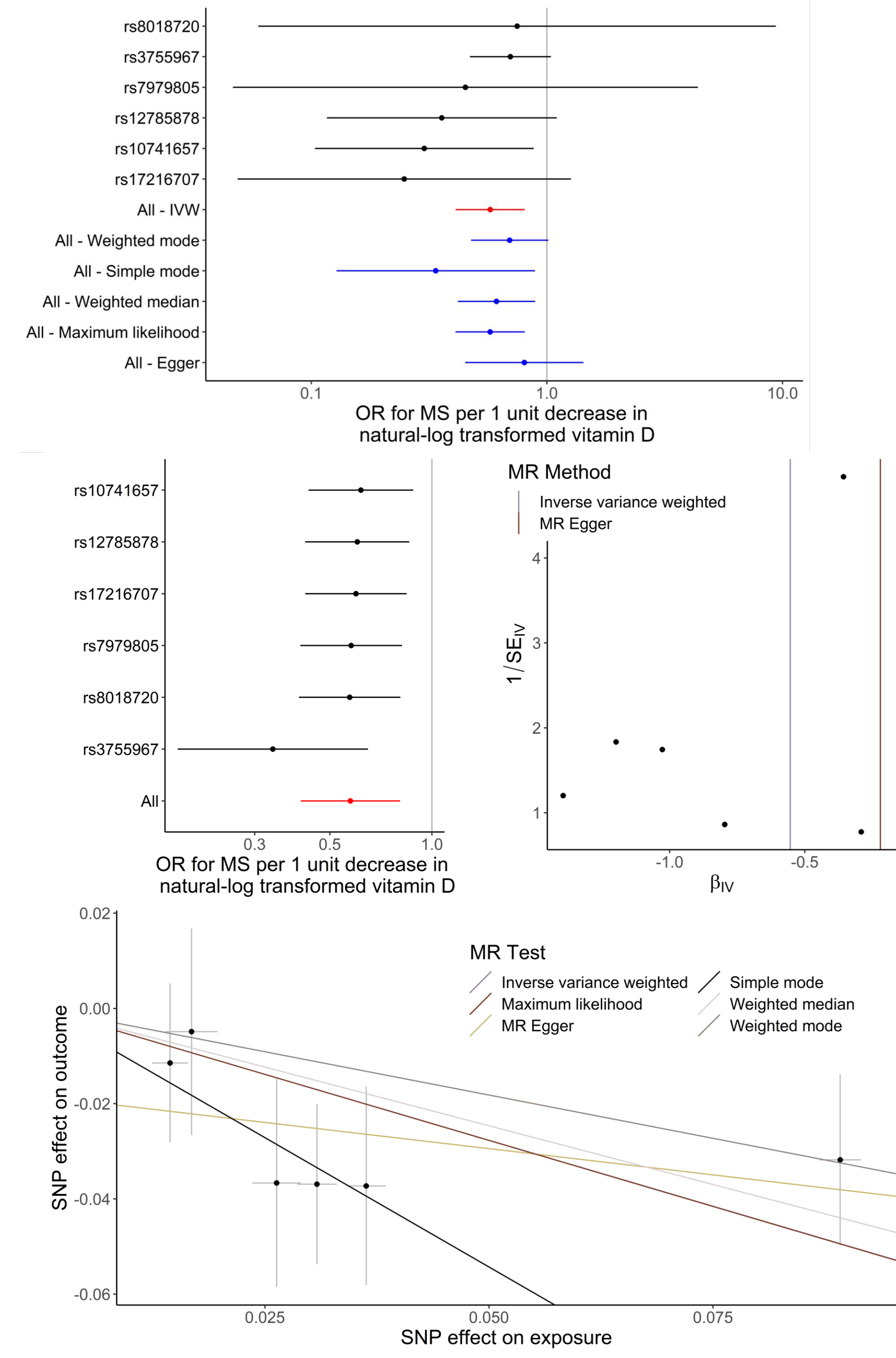
Genetically-increased adult BMI is associated with increased MS risk



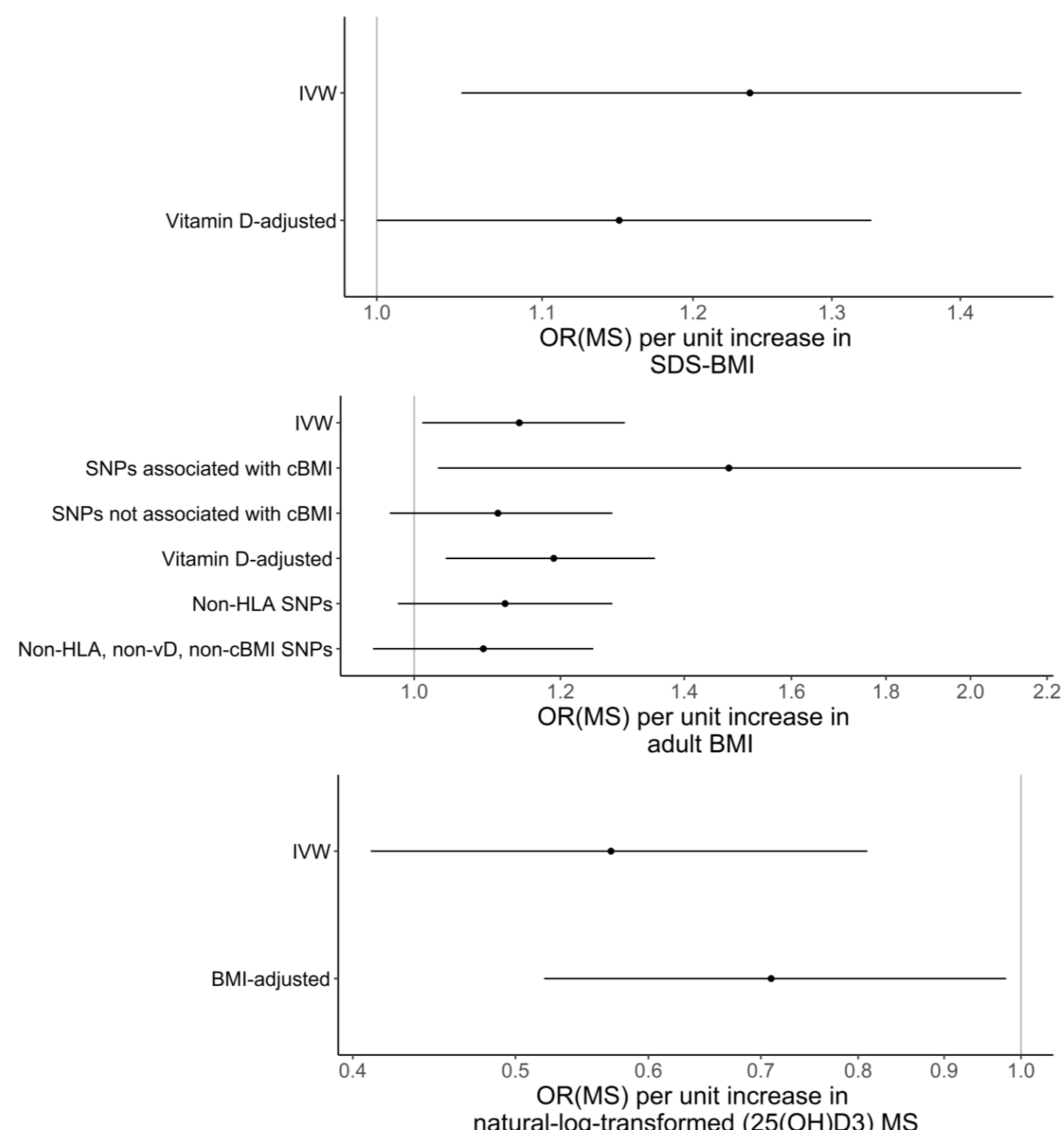
Genetically-increased childhood BMI is associated with increased MS risk



Genetically-decreased vitamin D is associated with increased MS risk



The causal effects of genetically-determined BMI on MS risk are not confounded by effects on vitamin D, and vice-versa



Conclusions

- Mendelian randomisation supports the hypothesis that BMI (especially during childhood) and lowered serum vitamin D are causal risk factors for MS.
- Multivariate MR, controlling for the effects of variants on possible confounding factors, confirms that the causal effects of vitamin D and BMI are independent of each other.
- These findings support targeting childhood obesity and avoiding vitamin D deficiency, especially in high-risk individuals, as measures to prevent MS.

References

- Felix, J. F. et al. Genome-wide association analysis identifies three new susceptibility loci for childhood body mass index. *Hum. Mol. Genet.* 25, 389–403 (2016).
- Yengo, L. et al. Meta-analysis of genome-wide association studies for height and body mass index in ~700,000 individuals of European ancestry. *Hum. Mol. Genet.* 27, 3641–3649 (2018).
- Jiang, X. et al. Genome-wide association study in 79,366 European-ancestry individuals informs the genetic architecture of 25-hydroxyvitamin D levels. *Nat. Commun.* 9, 260 (2018).
- Locke, A. E. et al. Genetic studies of body mass index yield new insights for obesity biology. *Nature* 518, 197–206 (2015).
- Baranzini, S. E., Santaniello, A., Shostari, P. & Cotsapas, C. The Multiple Sclerosis Genomic Map: Role of peripheral immune cells and resident microglia in susceptibility. *BioRxiv* (2017).
- Burgess, S. & Thompson, S. G. Multivariable Mendelian randomization: the use of pleiotropic genetic variants to estimate causal effects. *Am. J. Epidemiol.* 181, 251–260 (2015).

