The APOE ε2 Allele Increases the Risk of Earlier Age at Onset in Machado-Joseph Disease

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Objective: To investigate a modulating effect of the apo-lipoprotein E (APOE) polymorphism on age at onset of Machado-Joseph disease (MJD).

Design: We collected blood samples from 192 patients with MJD and typed the APOE polymorphism.

Patients: The 192 patients with MJD included 59 from the Azores, 73 from mainland Portugal, and 60 from Brazil.

Setting: Academic research center.

Results: Cases with the ε2/ε3 genotype had an earlier onset compared with those with the ε3/ε3 or the ε3/ε4 genotype. In this series of patients, the presence of an APOE ε2 allele implies a decrease of nearly 5 years in the age at onset. When combining several other predictors in a general linear model, namely, the presence/absence of the APOE ε2 allele, with the size of the (CAG)n in expanded alleles, the model was significantly improved and the explanation of onset variance was raised from 59.8% to 66.5%. Furthermore, the presence of the ε2 allele was associated with an onset before age 39 years (odds ratio, 5.00; 95% CI, 1.18-21.14).

Conclusion: The polymorphism at the APOE gene plays a role as a genetic modifier of MJD phenotype.

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apoE isoforms differentially regulate synaptic plasticity and repair.22

The APOE ε4 allele has been consistently associated, for example, with increased risk23,24 and a lower onset in sporadic Alzheimer disease,24 increased risk of cognitive impairment,25,26 and a more unfavorable outcome after traumatic brain injury.27,28 On the other hand, the ε2 allele has been associated with a higher prevalence29 and earlier onset of sporadic Parkinson disease,30,31 increased risk of frontotemporal dementia,32 and an earlier onset in Huntington disease.33 The main goal of this work was to investigate a modulating effect of APOE on the MJD phenotype.

### METHODS

Blood samples from 192 patients with MJD (59 from the Azores, 73 from mainland Portugal, and 60 from Brazil) were collected after informed consent. We extracted DNA from all samples using standard procedures. The size of the (CAG)_n tract was determined following a method previously reported,34 and the APOE polymorphism was typed according to previously described conditions.35 For the total series of patients, data on the age at onset was collected as close as possible to the first patient reports of gait instability or diplopia (the 2 most consistent initial symptoms in MJD, according to the extensive study by Coutinho8). Patients with several years of disease progression were asked for the age at onset of the mentioned symptoms. The self-reported age was compared with the one stated by their close relatives (usually caregivers), and, whenever possible, additional information from previous records was also taken into account to get an age at onset as accurate as possible.

We tested conformity with the Hardy-Weinberg equilibrium using the exact probability without bias. An exact test of differentiation evaluated differences in APOE genotypic frequencies among the 3 groups of patients, as well as between the patients’ groups and the corresponding populations of origin (previously published for the populations of the Azores,33 mainland Portugal,36,37 and Brazil38,39). All analyses were performed using the Arlequin software package.40

Age at onset for the 3 most frequent APOE genotypes was adjusted for the mean number of CAG repeats in the expanded ATXN3 allele after fitting a linear regression model. Differences in the adjusted age at onset between APOE genotypes were analyzed using the t test calculator of OpenEpi, version 2.3.1 (http://www.openepi.com). We used multivariate linear regression analyses to test the effect of several variables on age at onset: number of CAGs in expanded and normal alleles, presence or absence of the APOE ε2 allele, population of origin, and sex. To account for kinship among some patients of the Azorean series, we also applied a generalized estimating equation model. The risk of developing MJD before age 39 years (mean age at onset for the present series) among patients with the APOE ε2 allele was estimated as an odds ratio using logistic regression analysis, with onset before age 39 years vs at 39 years or older as the dependent variable. All analyses were performed using commercially available software (SPSS, version 15.0).41

### RESULTS

The APOE genotypic frequencies were in conformity with Hardy-Weinberg expectations. No significant differences were detected in the genotypic frequencies among the groups of patients (from the Azores, mainland Portugal, or Brazil) or between the patients’ groups and the corresponding populations of origin.

A summary of descriptive statistics for the MJD patients undergoing evaluation is given in the Table. When we adjusted age at onset for the (CAG)_n size, patients with the ε2/ε3 genotype had an earlier onset than the other 2 groups (Table). This difference was statistically significant between the ε2/ε3 and ε3/ε3 genotypes (2-tailed t test, P = .02) but did not reach statistical significance between the ε2/ε3 and ε3/ε4 genotypes (2-tailed t test, P = .10).

The (CAG)_n size in the expanded ATXN3 alleles is

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**Table. Descriptive Statistics for the Study Patients With Machado-Joseph Disease**

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<tbody>
<tr>
<td>Patients, No. (%)</td>
<td>20 (10.4)</td>
<td>134 (69.8)</td>
<td>33 (17.2)</td>
<td>3 (1.6)</td>
<td>2 (1.0)</td>
<td>192 (100.0)</td>
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<tr>
<td>Population, No. (%)</td>
<td></td>
<td></td>
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<tr>
<td>Portugal</td>
<td></td>
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<tr>
<td>The Azores</td>
<td>6 (10.2)</td>
<td>42 (71.2)</td>
<td>11 (18.6)</td>
<td>0</td>
<td>0</td>
<td>59 (100.0)</td>
</tr>
<tr>
<td>Mainland</td>
<td>9 (12.3)</td>
<td>52 (71.2)</td>
<td>11 (15.1)</td>
<td>1 (1.4)</td>
<td>0</td>
<td>73 (100.0)</td>
</tr>
<tr>
<td>Brazil</td>
<td>5 (8.3)</td>
<td>40 (66.7)</td>
<td>11 (18.3)</td>
<td>2 (3.3)</td>
<td>2 (3.3)</td>
<td>60 (100.0)</td>
</tr>
<tr>
<td>Sex, No. (%)</td>
<td></td>
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</tr>
<tr>
<td>Male</td>
<td>10 (10.3)</td>
<td>71 (73.2)</td>
<td>13 (13.4)</td>
<td>2 (2.1)</td>
<td>1 (1.0)</td>
<td>97 (100.0)</td>
</tr>
<tr>
<td>Female</td>
<td>10 (10.5)</td>
<td>63 (66.3)</td>
<td>20 (21.1)</td>
<td>1 (1.1)</td>
<td>1 (1.1)</td>
<td>95 (100.0)</td>
</tr>
<tr>
<td>Age at onset, y</td>
<td></td>
<td></td>
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<tr>
<td>Mean (SE) [range]</td>
<td>37.0 (2.8)</td>
<td>39.3 (1.1)</td>
<td>37.7 (1.8)</td>
<td>33.3 (10.9)</td>
<td>36.5 (16.5)</td>
<td>38.7 (0.9)</td>
</tr>
<tr>
<td>Adjusted, mean (SE)b</td>
<td>39.47 (2.27)</td>
<td>39.16 (0.67)</td>
<td>39.69 (1.11)</td>
<td>39.08 (1.11)</td>
<td>39.08 (1.11)</td>
<td>39.3 (1.0)</td>
</tr>
<tr>
<td>CAG repeat length, No.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Normal, mean (SE) [range]</td>
<td>23.45 (1.02)</td>
<td>21.92 (0.41)</td>
<td>21.82 (0.94)</td>
<td>15.67 (1.67)</td>
<td>26.00 (3.00)</td>
<td>22.01 (0.35)</td>
</tr>
<tr>
<td>Expanded, mean (SE) [range]</td>
<td>71.85 (0.80)</td>
<td>72.75 (0.34)</td>
<td>73.30 (0.54)</td>
<td>74.00 (1.53)</td>
<td>75.50 (3.50)</td>
<td>72.80 (0.27)</td>
</tr>
</tbody>
</table>

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**a** Percentages have been rounded and might not total 100.

**b** Adjusted for the mean size of expanded CAG repeats in the patient sample; not estimated for the ε2/ε4 and ε4/ε4 genotypes owing to the small number of patients with these genotypes.
known to be inversely correlated with the age at onset of MJD (present series, $r=-0.77 \ [P<.001]$). Given the earlier onset observed for APOE ε2/ε3 genotype, the presence or absence of the APOE ε2 allele was tested in a general linear model in addition to the (CAG)$_n$ size in expanded alleles. When the APOE ε2 status was taken into account (given the impossibility to dissociate the effect of the ε2 from that of the ε4 allele, the 3 patients with ε2/ε4 genotype were excluded), the percentage of explanation of the onset variance significantly increased from 59.8% to 60.9% ($F=6.46 \ [P=.011]$). In this series of patients, the presence of APOE ε2 decreased the age at onset by nearly 3 years. When we added the number of CAGs in normal ATXN3 alleles, the model was not significantly improved; however, the population background (the Azores, mainland Portugal, and Brazil) ($F=19.51 \ [P<.001]$) and sex of patients ($F=8.26 \ [P=.003]$) ameliorated the outcome of the APOE ε2 allele in the model ($F=8.71 \ [P=.004]$), improving the explanation of onset variance to 66.5%. Even taking into account the fact that the subseries of patients from the Azores contained related patients, the effect of the APOE ε2 allele was still statistically significant (Wald $x^2=7.12 \ [P=.008]$). When patients were divided according to mean age at onset ($<39$ vs $\geq39$ years), an association was found between the presence of the ε2 allele and an earlier onset (odds ratio, 5.00 [95% CI, 1.18-21.14]).

**COMMENT**

The present results indicate that the APOE ε2 allele influences the MJD phenotype, increasing the risk for earlier onset. When the ε2 allele status was accounted for (in addition to the CAG repeat size in expanded alleles), an apparent discrepancy between the approximately 5-year earlier onset in ε2 allele carriers and the minimal (but statistically significant) improvement of only about 1% in the explanation of onset variance was detected. This observation probably occurs because the number of patients with the ε2 allele was not very large ($n=20$). Notwithstanding, in our series of patients, the risk of developing MJD before age 39 years is 5 times higher in carriers of the ε2 allele compared with the risk in noncarriers.

The APOE ε4 allele is associated with an increased risk for Alzheimer disease, whereas the ε2 allele may be protective. In contrast, having at least 1 copy of the ε4 allele may protect against age-related macular degeneration or may delay vision loss, whereas having at least 1 copy of the ε2 allele may increase the risk for this disease or for an earlier onset. This was in agreement with the effect we observed in MJD. Some MJD patients may present a Parkinson disease–like phenotype, which may indicate a shared neuropathologic mechanism. In Huntington disease, the influence of the APOE genotype is still controversial; nevertheless, in agreement with our results, Kehoe and coworkers found that male patients with the ε2/ε3 genotype had an earlier onset than those with other APOE genotypes. In the face of the present results, and taking into account the postulated differential efficiency of different apoE isoforms in cholesterol transport, one can speculate that apoE2 may be less efficient, leading to earlier neuronal damage and MJD onset.

Using the rat as a model, Rapp et al postulated that neurons and astrocytes express different apoE receptors. Astrocytes preferentially express the low-density lipoprotein receptor in contrast to neurons, for which the principal receptor is low-density lipoprotein receptor–related protein. In hippocampal astrocytes, the efficiency of apoE3- and apoE4-mediated cholesterol uptake is similar, whereas it is reduced for apoE2. This low affinity of apoE2 for low-density lipoprotein receptors in astrocytes could contribute to the altered homeostasis of cholesterol in the brain, which may ultimately be associated with the earlier manifestation of MJD in ε2 allele carriers.

These results support a role of APOE as a modulator of MJD phenotypic variability, in addition to the known effect of the CAG tract size in the expanded allele.

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References