

Purpose of the Behavioral Health Genetic Panel

- Identifying nutrient deficiencies that may be contributing to mood disorders
- Revealing genetic factors that make individuals susceptible to depression and anxiety

What is Included in the Panel?

- 1. **COMT -** A mutation in the catechol-O-methyltransferase gene (COMT) has been extensively studied for its effect on levels of anxiety. The COMT gene codes for a protein that is essential for the breakdown of several moodassociated neurotransmitters, most notably dopamine. Scientific research has demonstrated that a common mutation in COMT, the conversion of the amino acid valine to methionine at position 158, causes a dramatic reduction in its ability to break down neurotransmitters. 2-4
- 2. MTHFR The enzyme known as methylenetetrahydrofolate reductase (MTHFR) is essential in the conversion of folate to its active form. Many people carry mutations in the gene coding for this enzyme that substantially reduce its functionality, and in turn, lead to reduced plasma levels of the activated form of folate.5 In work dating back to the 1960's, scientists have observed an association between folate deficiency and mood disorders.⁵⁻⁷
- 3. Mutations affecting Vitamin B12 Vitamin B12 is an essential co-factor in numerous metabolic reactions, and many observational studies have found that deficiency is a risk factor for the development of depression.^{5,8-9} Vitamin B12 supports the synthesis of a molecule known as S-adenosylmethionine (SAM) which is critical in regulating levels of neurotransmitters in the brain. Scientific research suggests that B12 deficiency may contribute to a reduction in SAM leading to chemical imbalances in the brain resulting in depression.¹⁰
- 4. Mutations affecting Vitamin D Although vitamin D is known for its importance in calcium absorption and regulation, it is also implicated in mental health. Vitamin D plays essential roles in regions of the brain that are associated with mood regulation including the hippocampus, amygdala, and thalamus.11

References:

- www.who.int/mediacentre/factsheets/fs369/en/
- Enoch MA et al. Genetic origins of anxiety in women: a role for a functional catechol-O-methyltransferase polymorphism. Psychiatr Genet. 2003; 13:33-41.
- 3. Woo JM et al. The association between panic disorder and the L/L genotype of catechol-O-methyltransferase. J Psych Res. 2004; 38:365-370.
- 4. Smolka MN et al. Catechol-O-Methyltransferase val158met genotype affects processing of emotional stimuli in the amygdala and prefrontal cortex. J Neuro-sci. 2005; 25:836-842.
- 5. Lok A. et al. The one-carbon-cycle and methylenetetra- hydrofolate reductase (MTHFR) C677T polymorphism in recurrent major depressive disorder; influence of antidepressant use and depressive state? Journal of Affective Disorders. 2014; 166:115 - 123.
- 6. Gilbody S et al. Methylenetetrahydrofolate reductase (MTHFR) genetic polymorphisms and psychiatric disor- ders: a HuGE review. Am J Epidem. 2007; 165:1-13.
- 7. Lewis SJ et al. The thermolabile variant of MTHFR is as-sociated with depression in the British Women's Heart and Health Study and a meta-analysis. Molec Psychiat. 2006; 11:352-360.
- 8. Henning T et al. Vitamin B12, folate, and homocysteine in depression: The Rotterdam Study. Am J Psychiatr. 2002; 159:2099-2101.
- 9. Hazra A et al. Common variants of FUT2 are associat- ed with plasma vitamin B12 levels. Nat Genet. 2008; 40:1160-1162.
- 10. Mischoulon D et al. Role of S-adenosyl-L-methionine in the treatment of depression: a review of the evidence. Am J Clin Nutr. 2002; 76:1158S-1161S.
- 11. Ganji V et al. Serum vitamin D concentrations are related to depression in young adult US population: the Third National Health and Nutrition Examination Survey. Int Arch Med. 2010; 3:29.



Toll Free: 1-877-879-1815