

# COMPLEX HEREDITARY DISEASES

# COMPLEX HEREDITARY DISEASES

- **Diverse group** of frequently encountered genetic disorders.
- Major cause of **morbidity** in human populations.
- **Polygenic** (i.e. complex).

# Complex hereditary disease

```
graph TD; A[Complex hereditary disease] --> B[Multifactorial]; A --> C[Do not follow a clear cut pattern of Mendelian inheritance]; A --> D[Concentrate in families]; B --> E[Genetic factors]; B --> F[Environmental factors]; D --> G[No clear explanations why some family members develop the disease but others don't.];
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The diagram is a flowchart on a black background. At the top is a 3D rectangular box with a yellow-to-orange gradient containing the text 'Complex hereditary disease'. Three arrows point downwards from this box to three purple octagonal boxes. The leftmost octagon contains 'Multifactorial'. The middle octagon contains 'Do not follow a clear cut pattern of Mendelian inheritance'. The rightmost octagon contains 'Concentrate in families'. From the 'Multifactorial' octagon, two arrows point downwards to two blue rounded rectangular boxes: 'Genetic factors' on the left and 'Environmental factors' on the right. From the 'Concentrate in families' octagon, an arrow points downwards to a blue rounded rectangular box containing the text 'No clear explanations why some family members develop the disease but others don't.'

Multifactorial

Do not follow a clear cut pattern of Mendelian inheritance

Concentrate in families

Genetic factors

Environmental factors

No clear explanations why some family members develop the disease but others don't.

# Factors differentiating complex hereditary disorders from single gene defects

Complex hereditary disorders (multifactorial)

Single gene defect

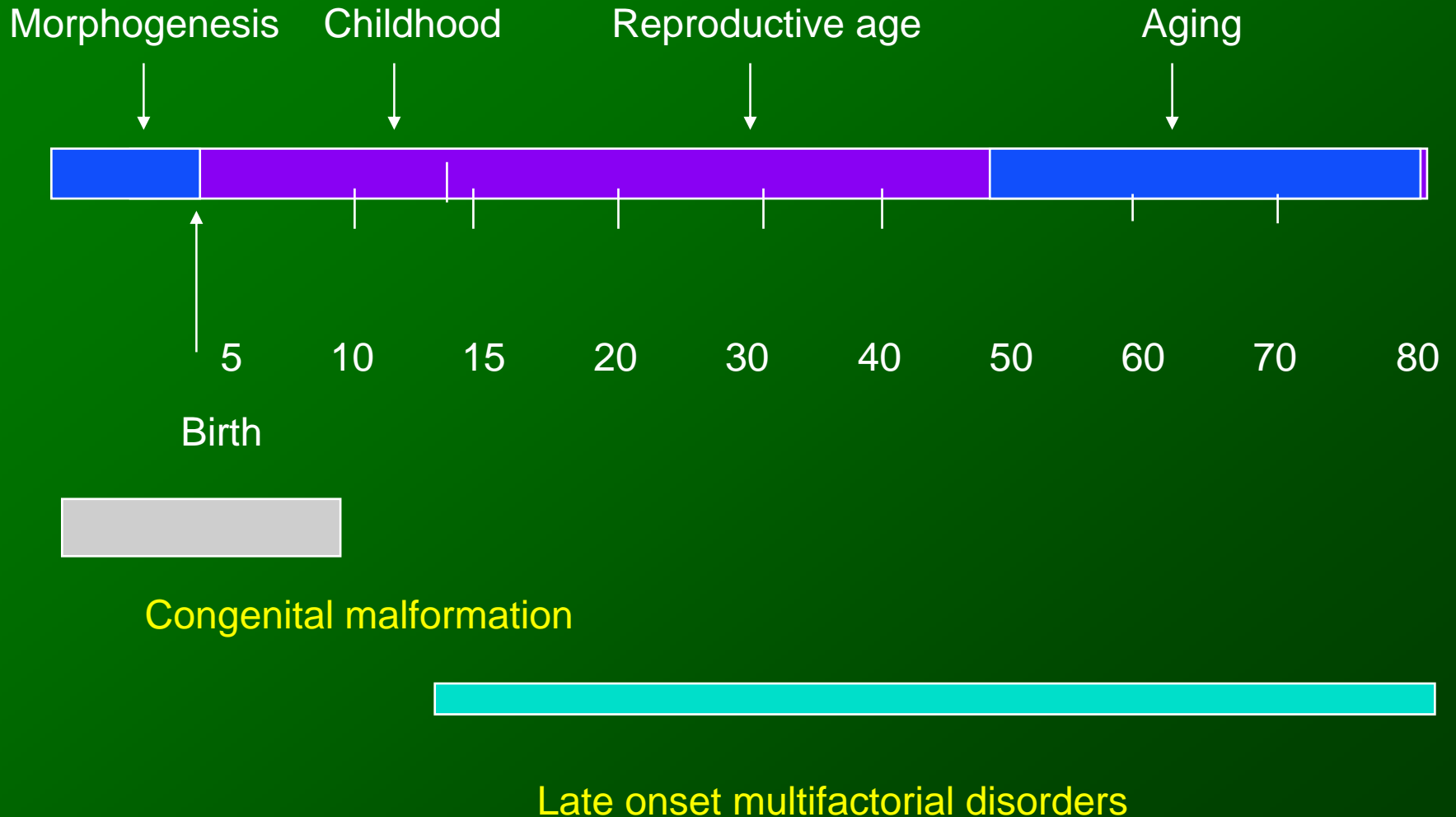
- Age of onset
- Frequency
- Latency
- Sex difference
- Influence of migration
- Secular changes
- Pedigree
- Monozygotic twin concordance
- Risk to relatives

- Neonatal post-pubertal
- Common
- (Overall-15%) long
- Frequent
- Yes
- Yes
- Non-diagnostic
- <100% but >sibs
- Usually low - moderate

- Pre-pubertal
- Rare
- (Overall-1%) short
- Occasional
- No
- No
- Often diagnostic
- 100%
- Often high

# Types of Complex Genetic Diseases

# CHRONOLOGY OF COMPLEX DISORDERS IN A LIFE SPAN



# Examples of some complex hereditary diseases

## Congenital malformation

- Cleft lip ( $\pm$  cleft palate)
- Club foot
- Neural tube defect
- Congenital dislocation of hip
- Congenital pyloric stenosis
- Anencephaly
- Spina bifida
- Congenital heart disease

## Adult onset disorders

- Schizophrenia
- Asthma
- Ankylosing spondylitis
- Coronary heart disease
- Hypertension
- Peptic ulcer
- Diabetes mellitus
- Multiple sclerosis
- Obesity



**DEVELOPMENT  
OF COMPLEX  
HEREDITARY  
DISEASES**



Development of complex hereditary diseases

```
graph TD; A[Development of complex hereditary diseases] --> B[Context-dependent affect]; B --> C[Interaction among genes]; B --> D[Interaction between genes and environmental factors]; C --> E[Genetic epistasis]; D --> F[Gene-environmental interaction];
```

Context-dependent affect

Interaction among genes

Interaction between genes and environmental factors

Genetic epistasis

Gene-environmental interaction

# CONTRIBUTING GENETIC LOCI FOR COMMON HEREDITARY DISEASES

## Contributing Loci

- Diabetes Mellitus (IDDM)

- HLA-DR3
- HLA-DR4
- 14q
- 11p (nr. insulin gene)

- Coeliac disease

- HLA-DR3
- HLA-DR7
- HLA-DPB 4.2
- HLA-DPB 3

Contd.....

# CONTRIBUTING GENETIC LOCI FOR COMMON HEREDITARY DISEASES

## Contributing Loci

.....Contd

- Rheumatoid arthritis
  - HLA-DR4
- Premature vascular disease
  - Lipoproteins
- Multiple sclerosis
  - HLA-DR2
  - HLA-DQ ( $\beta$ -1B)
  - TCR ( $\beta$ )
- Myasthenia gravis
  - HLA-DR3
  - HLA-DQ ( $\beta$ )

# RISK FACTORS FOR CARDIOVASCULAR DISEASES

## RISK FACTORS

### Traditional

### Non-Traditional

Age

Sex

Cigarettes

Diabetes

Family history of CVD

High fat/cholesterol diet

Hypertension

High LDL cholesterol level

High LDL-L/HDL-L ratio

Obesity

Physical inactivity

Stress

Endothelial dysfunction

Homocysteine

Hemostatic markers

High triglyceride

Inflammation

Infectious agents

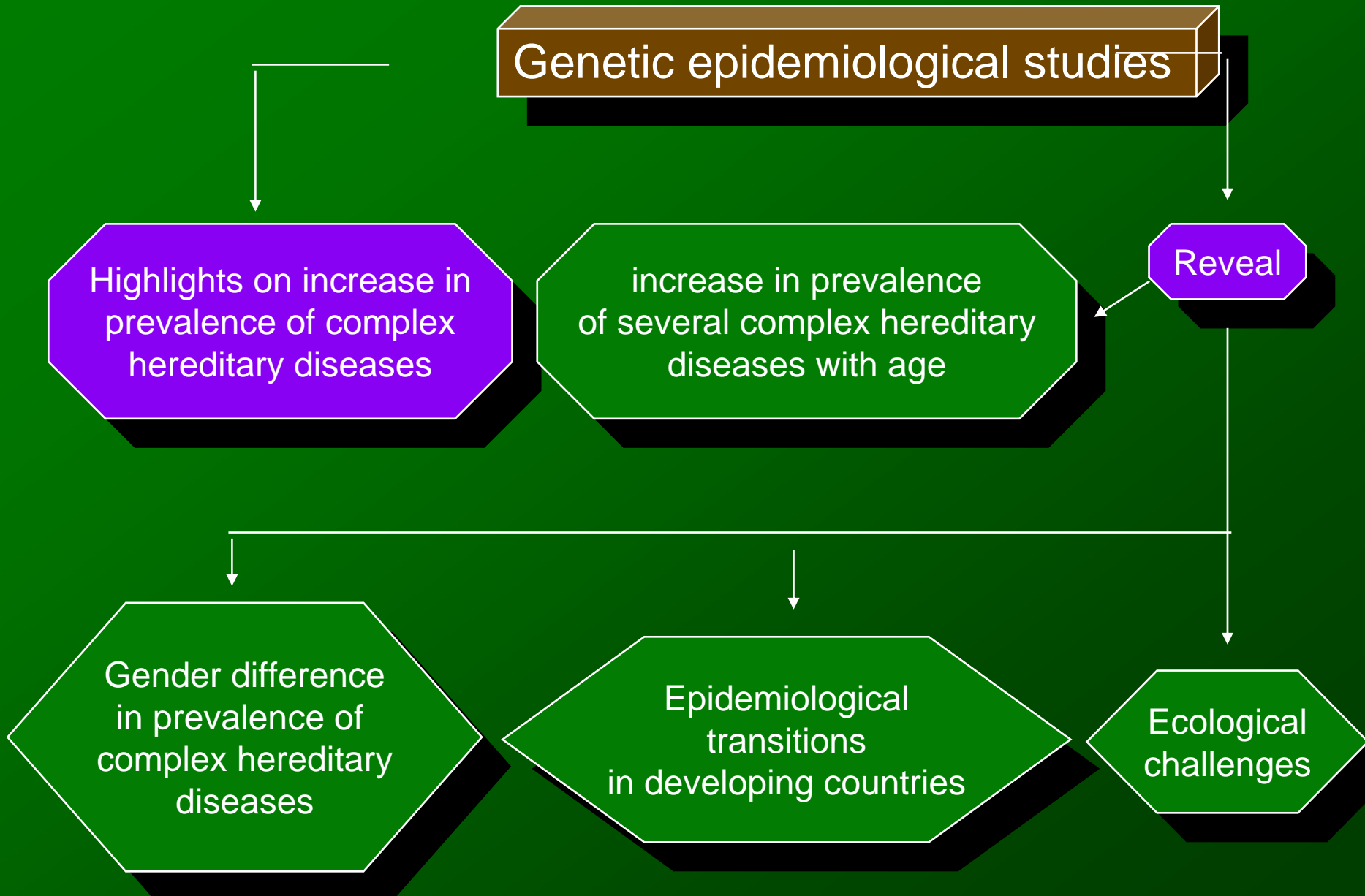
Lipoprotein a [(Lp(a)]

Oxidative stress

Small, dense LDL particles

Others

# SITUATION ANALYSIS



# **EPIDEMIOLOGICAL TRANSITION**

# COMPLEX HEREDITARY DISEASES: EPIDEMIOLOGICAL TRANSITION

## Early 20th Century

High prevalence of *infectious diseases* and *nutrition-related disorders*

Over-shadowed *genetic diseases*

An epidemiological transition took place

Improvement  
in health care

Better  
hygiene

Availability  
of antibiotics

Vaccination

Better  
nutrition

Decrease in *infectious diseases* and *nutrition-related disorders*

## EPIDEMIOLOGICAL TRANSITION .....(Contd)

Decrease in *morbidity and mortality* due to infectious disease and nutrition-related disorders



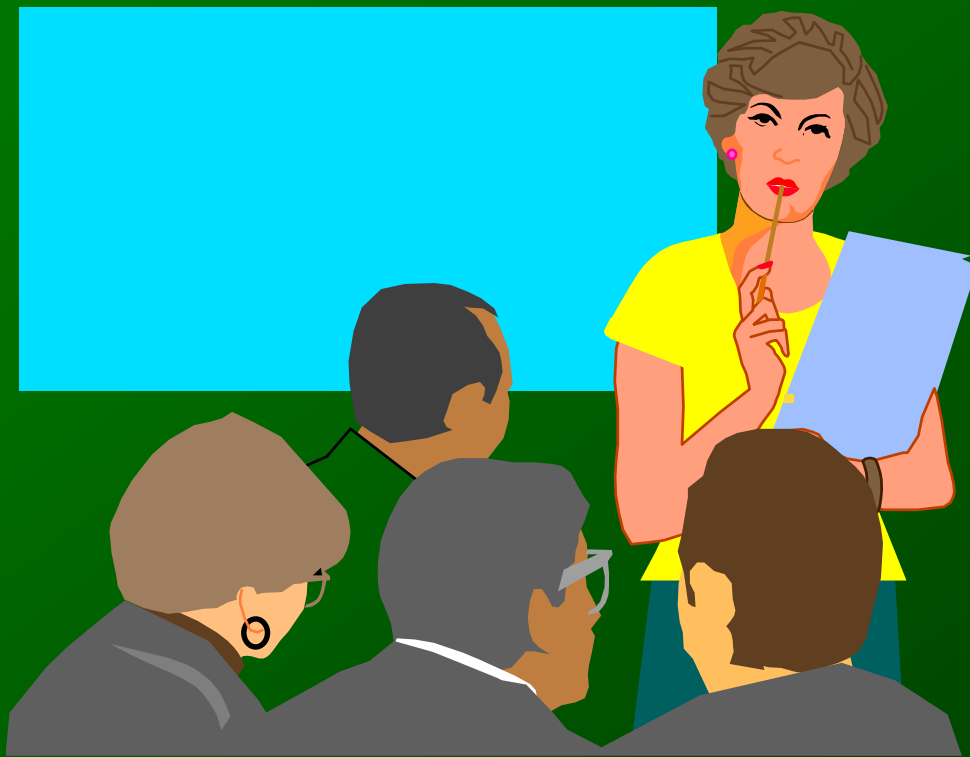
*Surfacing of Genetic disease* as a major cause of childhood and adult morbidity and mortality in developed and developing countries



Complex hereditary disorders are significantly more prevalent than single gene disorders



# EPIDEMIOLOGY



# PREVALENCE OF COMPLEX HEREDITARY DISEASES

- Distributed *world-wide*.
- Prevalence for several disorders estimated in the developed countries and in some developing ones.
- e.g. in the U.S.
  - ~ 50% of all deaths (~ 1 million/year) are due to diseases of heart and circulation.
  - ~25% of all deaths are due to cancer.
  - ~16 million Americans suffer from Diabetes.
  - ~ 4 million Americans suffer from Alzheimer's disease

# Impact of genetic diseases on child health

Genetic components  
in Childhood mortality\*

Genetic disorders among  
pediatric hospital admission\*\*

Chromosomal

Single  
gene

Polygenic

Chromosomal

Single  
gene

Polygenic

2.5%

8.5%

31.0%

0.6%

3.9%

48.9%

\* Roberts et al. Arch. Dis. Child 1970; 48: 33-38

\*\* Hall et al. Am J Med. Genet 1978; 1: 417-438

# BURDEN OF SOME ADULT ONSET DISEASES

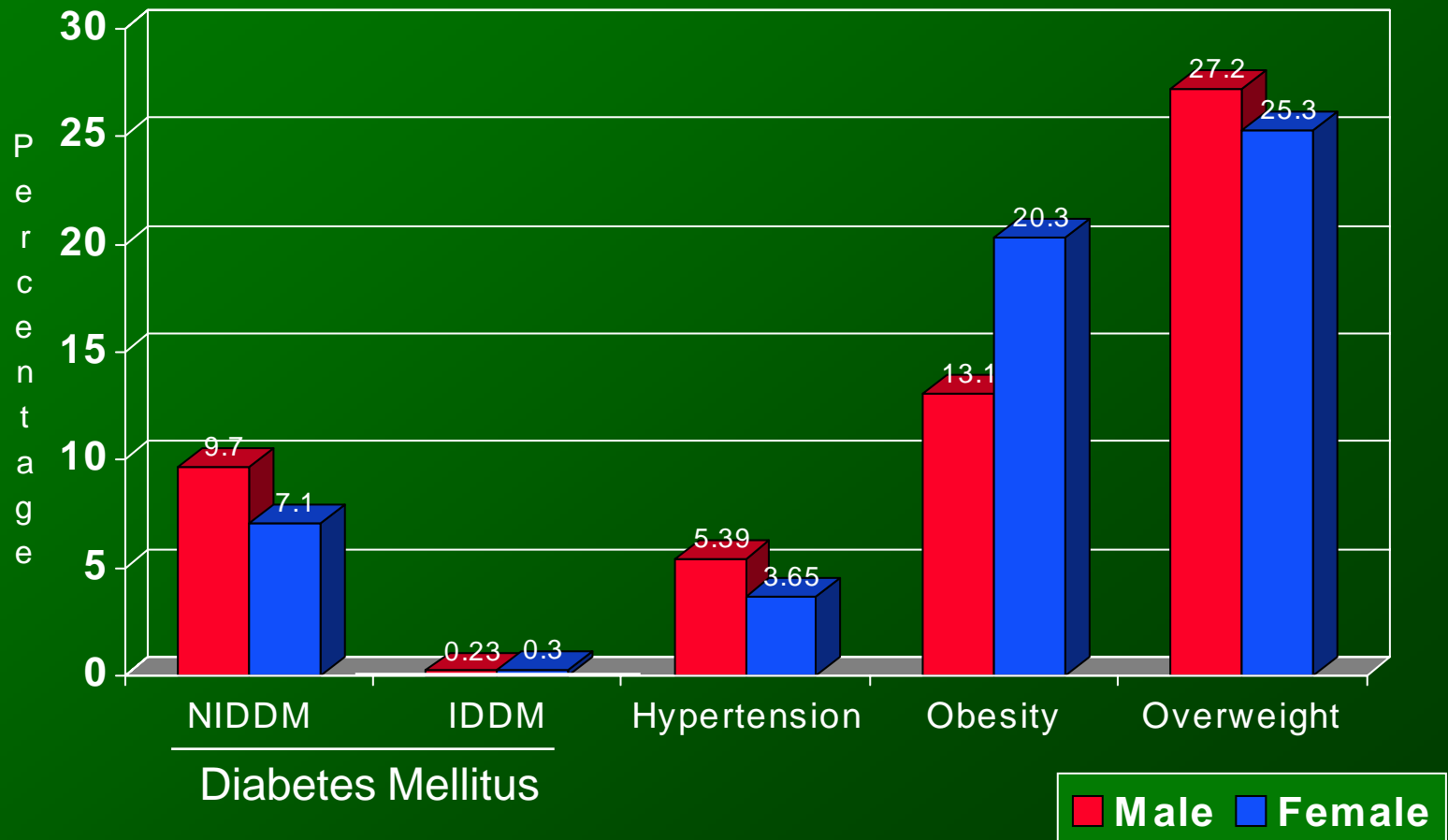
Disease	Incidence per 1000	Risk for 1st degree relative
Diabetes Mellitus		
IDDM	2	2-5 fold
NIDDM	20-70	10 fold
Hypertension	30-100	10 fold-
Inflammatory bowel disease		
Crohn's disease	0.2	13 fold
Ulcerative colitis	0.3	8-10 fold
Atherosclerosis	17 (male) 11 (female)	2 fold 2 fold
Epilepsy	20	8
Manic-depressive psychosis	4-10	-
Peptic ulcer disease	40-50	10

Contd.....

# BURDEN OF SOME ADULT ONSET DISEASES

Disease	Incidence per 1000	Risk for 1st degree relative
.....Contd		
Psoriasis	10-20	10
Rheumatoid arthritis	20	-
Schizophrenia	10	10
Leprosy	Various	-
Ankylosing spondylitis	0.2 - 2 (male)	-
Autism	0.5	-
Glaucoma	5	20
Myasthenia gravis	0.1	-
Multiple sclerosis	0.5	-
Parkinson's disease	10-30	-

# PREVALENCE OF SOME COMPLEX HEREDITARY DISEASE IN ADULT SAUDI POPULATION



# GENDER DIFFERENCES



# COMPLEX HEREDITARY DISEASES: GENDER DIFFERENCES AND DEMOGRAPHY

Several hereditary diseases show a unequal sex ratio

## Pyloric stenosis

- 5/1000 males
- 1/1000 female

## Congenital dislocation of hip

- 1/1000 male
- 6/1000 female

## Peptic Ulcer

- 2/1000 male
- 1/1000 female

## Rheumatoid Arthritis

- 1/1000 male
- 3/1000 female



The incidence is increased  
in the relatives of the  
affected individuals i.e.

***“Heritability”*** (proportion of  
the etiology ascribed to  
genetic factors as opposed  
to environmental factors)

# RISK OF COMPLEX HEREDITARY DISEASES

- If a disorder is frequent in males, then the relatives of an affected female have higher recurrence risk than the relatives of an affected male.
- Risk to relatives of an affected person :
  - *increases if the prevalence in general population decreases;*
  - *if the severity of the disease increases;*
  - *if the number of affected relatives is higher;*

**HERETABILITY**

# HERITABILITY OF SOME COMPLEX HEREDITARY DISEASES

Disease	Freq. in general population(%)	Heritability
<b>(a) <u>Common congenital malformation</u></b>		
- Cleft lip ( $\pm$ cleft palate)	0.1	76
- Club foot	0.1	68
- Neural tube defect	0.2	-
- Congenital dislocation of the hip (female only)	0.2	60
- Congenital pyloric stenosis (males only)	0.5	75
- Anencephaly and spine bifida	0.5	60
- Congenital heart disease	0.5	35
<b>(b) <u>Adult onset disorders</u></b>		
- Schizophrenia	1.0	85
- Asthma	4.0	80
- Ankylosing spondylitis	0.2	70
- Coronary heart disease	3.0	65
- Hypertension	5.0	62
- Peptic ulcer	4.0	37
- Diabetes mellitus	4.0	62

# TWIN CONCORDANCE FOR SOME DISCONTINUOUS TRAITS

Trait	Concordance	
	Monozygotic (%)	Dizygotic (%)
• Cancer	17	11
• Cleft lip ± cleft palate	35	5
• Congenital dislocation of the hip	41	3
• Diabetes mellitus (IDDM)	30-40	6
• Diabetes mellitus (NIDDM)	100	10
• Hypertension	30	10
• Ischaemic heart disease	19	8
• Manic depression	70	15
• Multiple sclerosis	20	30
• Pyloric stenosis	15	2
• Rheumatoid arthritis	30	5
• Schizophrenia	45	12
• Spine bifida	6	3



**ECOLOGICAL  
CHALLENGE**

# COMPLEX HEREDITARY DISEASES ECOLOGICAL CHALLENGES

Ecology plays an essential role in the development of complex diseases

e.g.

Genetically susceptible individuals  
(with several predisposing alleles) each with small, additive effect

Environmental  
precipitating  
factors

Increasing age

DISEASE

# MULTIPLE SCLEROSIS

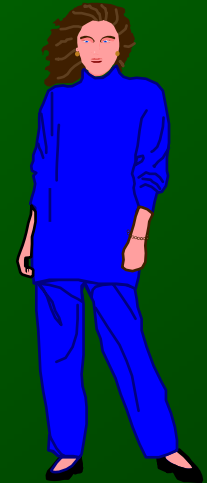
5-10 years old

≥ 35 years old



Viral infection

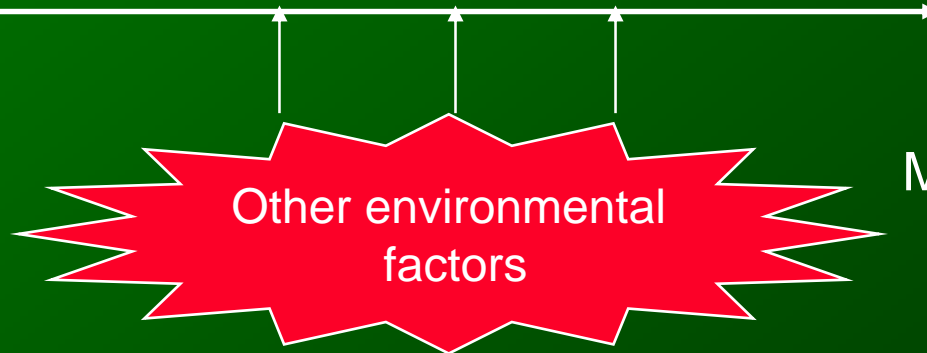
≥ 30 years later



Genetically  
susceptible  
child

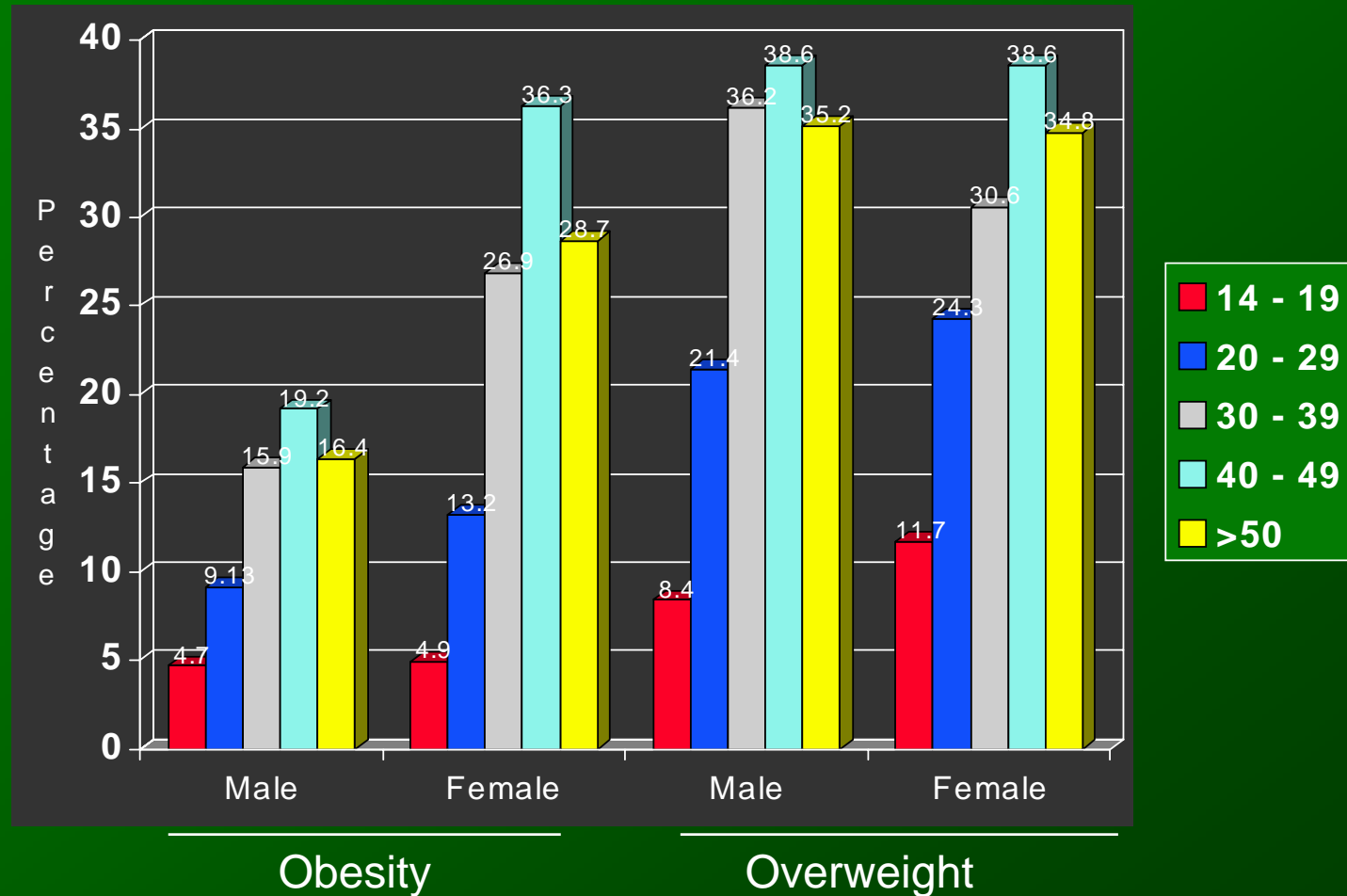
Other environmental  
factors

Multiple sclerosis





# INCREASE IN THE PREVALENCE OF OBESITY AND OVERWEIGHT WITH AGE IN SAUDIS



**IDENTIFICATION  
OF  
SUSCEPTIBLE  
INDIVIDUALS**

# **GENES AND MARKERS LINKED TO COMPLEX HEREDITARY DISEASES**

## EXAMPLES OF GENES AND MARKERS LINKED TO DIABETES MELLITUS, HYPERTENSION, OBESITY & CARDIOVASCULAR

### Diseases

### Linked genes/markers

- **NIDDM**

- Glucokinase
- Glucose transporter
- Glycogen receptor
- Insulin (11p15)
- Insulin receptor (19p13.3-p 13.2)
- Insulin HVR (11p15)
- Apo A1 (11q13-qter)

- **IDDM**

- HLA DQ (6p21.3)
- HLA-DR4 (6p21.3)
- HLA-DR3 (6p21.3)
- Insulin HVR (11p15)

Contd.....

## EXAMPLES OF GENES AND MARKERS LINKED TO DIABETES MELLITUS, HYPERTENSION, OBESITY & CARDIOVASCULAR

Diseases	Linked genes/markers
● CHD	<ul style="list-style-type: none"><li>- Apo B</li><li>- Apo E</li><li>- Lipoprotein(a)</li><li>- Apo-A-1 (Pst-1)</li><li>- ApoA-1/CIII (Sst-1)</li><li>- Homocysteine</li></ul>
● Hyperlipidaemia	<ul style="list-style-type: none"><li>- Apo-II (Mspl)</li><li>- Apo B (Taq I)</li><li>- Apo B (Puv II)</li><li>- Apo B (EcoR 1)</li><li>- Apo B (Xba I)</li><li>- Apo C-II (Taq I)</li></ul>

Contd.....

## EXAMPLES OF GENES AND MARKERS LINKED TO DIABETES MELLITUS, HYPERTENSION, OBESITY & CARDIOVASCULAR

Diseases	Linked genes/markers
• Hypertension	<ul style="list-style-type: none"><li>- Erythrocyte Li-Na countertransport</li><li>- SA</li><li>- ACE</li><li>- Angiotensinogen</li><li>- Rennin</li></ul>
• Obesity	<ul style="list-style-type: none"><li>- Leptin</li><li>- Leptin receptor</li><li>- Pro-opiomelanocortin</li><li>- Melanocortin-4-receptor gene</li><li>- Carboxypeptidase E</li><li>- Agoate signaling protein</li><li>- Tumor necrosis factor</li></ul>

# MOLECULAR DIAGNOSIS SERVICES FOR COMPLEX HEREDITARY DISEASES

Prior to provision of molecular diagnosis services for pre-symptomatic diagnosis



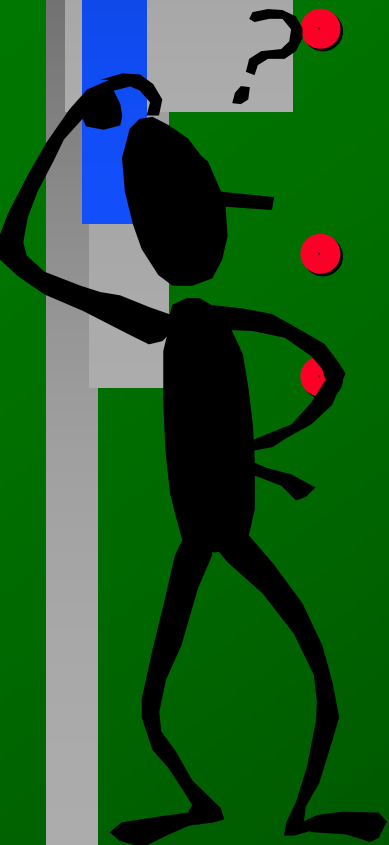
All gene alterations associated with the complex trait have to be identified

This is an *enormous undertaking* as the genes involved are many and mutations in these genes are numerous

# WHERE DO WE GO?

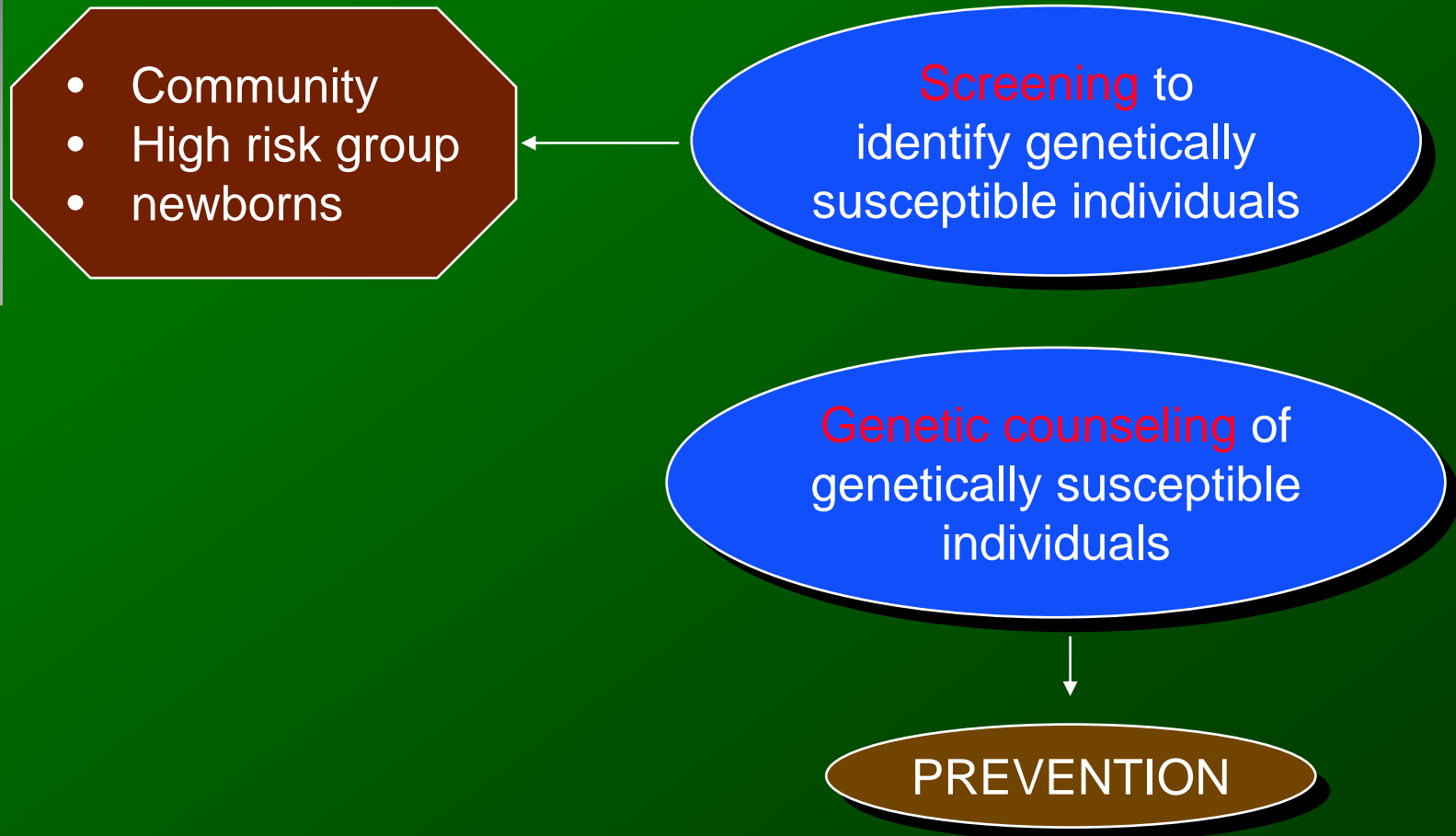
- Complex hereditary diseases affect a high percentage of the population.
- With epidemiological transition, the prevalence is increasing.
- With age the prevalence increases.
- There is a major burden on health care services.

*What to do???????*





# CONTROL AND PREVENTION OF COMPLEX DISEASES - “PRIMARY PREVENTION”



Screening and counseling are important components of control and prevention programs

Threat of Complex  
Diseases to mankind is  
enormous



FUTURE PROSPECTUS

Control, Prevention  
and  
Treatment of Complex  
Hereditary Disease

# AVOIDANCE OF ECOLOGICAL CHALLENGES

- For genetically susceptible individuals an ecological challenge always persists.
- Avoidance of these ecological factors, even in the presence of genetic susceptibility leads to:

Delay or inhibition of development of disease state

**CONTROL AND PREVENTION**

# COMPLEX HEREDITARY DISEASES - CONTROL AND PREVENTION

It is mandatory to adopt steps to prevent the initial development of the disorder by appropriate means

Avoiding the precipitating factors

Adequate nutrition

Life style adjustment

**EXAMPLES OF STEPS  
ADOPTED TO AVOID THE  
DEVELOPMENT OF  
CONGENITAL  
MALFORMATION AND  
ADULT ONSET DISEASES**

## PREVENTIVE MEASURES FOR SOME COMPLEX DISORDERS

### Diseases

### Preventive Measure

- **Congenital Malformation**

- **Folate** supplementation prior to and during pregnancy
- Control of **maternal diabetes mellitus**
- Vaccination against **rubella infection**
- Adequate **vitamins, iron and iodine** prior to and during pregnancy

Contd.....

## PREVENTIVE MEASURES FOR SOME COMPLEX DISORDERS

Disorder	Preventive Measure
<ul style="list-style-type: none"><li>• <b>Adult onset disorders</b></li></ul>	<ul style="list-style-type: none"><li>- Control of plasma lipids (cholesterol/triglycerides)</li><li>- Control of LDL-C/HDL-C ratio</li><li>- Body weight control (BMI &lt;25)</li></ul>
e.g.	
(Diabetes mellitus	
Coronary heart disease-	- Physical exercise (aerobic)
Hypertension	- Stop cigarette smoking
Obesity	- Stop alcohol intake
Hyperlipidaemia)	- Healthier food choices
	- Control of B.P.
	Systolic: < 140 mmHg
	Diastolic: < 95 mmHg
	- Optimal glycaemic control
	- Aspirin



**THE HUMAN  
GENOME  
PROJECT**



**MONDAY, 26 JUNE, 2000**

Human Genome Project

“The entire human genetic code  
has been assembled

Dr. Francis Collins stated “In a few years it will be possible to identify individuals susceptible to heart disease, schizophrenia or high blood pressure and it may be possible to cure these diseases”

# THE HUMAN GENOME PROJECT

- “The time is not far when each newborn will have his/her **DNA sequence** soon after birth”.
- This will reveal any **gene defect** present and will be used to **correct gene defect** if possible.

# A NEW ERA OF GENETIC MEDICINE

Decoding the human genome will lead to new ways to prevent, diagnose, treat and cure diseases. This information will be able to:

- Alert individuals that they are at risk for certain diseases.
- Reliably predict the course of disease.
- Precisely diagnose disease and ensure the most effective treatment.
- Help to develop new treatment, at the molecular level.

“DNA microchips” for  
Identification of genes linked to  
Complex Hereditary Diseases

A breakthrough  
technology

Time saving

Several gene defects  
can be analyzed at  
the same time

Cost  
effective

Can be applied  
for large scale  
screening

# **THE WORLD HEALTH ORGANIZATION**

**“HEALTH FOR ALL  
IN THE TWENTY-FIRST  
CENTURY”**