

# Association of MTHFR C677T, MTHFR A1298C polymorphism in relation to patients with autism in Thi-Qar Governorate

*By* Roaa M. Nashee

# Association of MTHFR C677T, MTHFR A1298C polymorphism in relation to patients with autism in Thi-Qar Governorate

Roaa M. Nashee<sup>1</sup>, Lamees M. Al-Janabi<sup>2</sup>, Mohammed A. Altahan<sup>3</sup>

<sup>1</sup>Department of Chemistry, College of Science, University of Thi-Qar, Thi-Qar, Iraq

<sup>2</sup>Department of Biochemistry, College of Medicine, University Thi-Qar, Thi-Qar, Iraq

<sup>3</sup>College of Health and Medical Technologies, Al-Ayen Iraqi University

*Corresponding authors:*

Roaa M. Nashee, Lamees M. Al-Janabi

*E-mails:* [roaa.moh.ch@sci.utq.iq](mailto:roaa.moh.ch@sci.utq.iq), [lamees-m@utq.edi.iq](mailto:lamees-m@utq.edi.iq)

## Abstract

**Background:** Recent data suggests that environmental factors may account for up to 40-50% of the variability in the risk of developing autism spectrum disorder (ASD). In this study, we conducted a comprehensive examination of systematic reviews and meta-analyses that focused on environmental risk factors associated with autism spectrum disorder (ASD). We evaluated every review to determine the quality of evidence and presented a concise summary of potential pathways of environmental risk factors for ASD.

**Aim of this study:** The purpose of this study was to examine the correlation between MTHFR polymorphism and the heightened susceptibility to autism in children with autism in Thi-Qar.

**Material and Method:** Blood samples were collected from a cohort of 100 individuals diagnosed with autism, along with 100 healthy individuals serving as a control group. The participants were divided into three groups. The first group, known as the control group, consisted of one hundred healthy people aged between 3 and 14 years. The second group consisted of one hundred autistic patients, ranging in age from 3 to 14 years old.

**Results:** The findings demonstrated a noteworthy elevation in the gene expression of MTHFR C677T and MTHFR A1298C in all groups of patients, in comparison to the control group.

**Conclusion:** The study data indicates a higher likelihood of ASD in individuals with the MTHFR C677T CT/CC and MTHFR A1298C AC/CC polymorphisms, suggesting a potential involvement of abnormalities in the folate/methylation cycle in autism.

**Keywords:** Autism spectrum disorder, Autism, (ASD), Gene, MTHFR C677T, MTHFR A1298C

## Introduction

Autism, often known as autism spectrum disorder (ASD), is currently recognized as one of the most prevalent neurodevelopmental disorders [1]. These encompass issues related to communication, social interaction, and conduct. Currently, there remains a significant portion of the population who lack a clear understanding of the concept of ASD. Consequently, ASD is frequently perceived in a negative light, with some individuals even classifying it as an illness. They frequently exhibit aberrant conduct [2][3]. MTHFR is an enzyme that has been linked to various intricate psychiatric mental health disorders. The enzyme converts 5,10-methylenetetrahydrofolate to 5-methyltetrahydrofolate and is involved in the conversion of folate and homocysteine, which is linked to DNA methylation [4][5][6]. Multiple variations of the MTHFR gene have been identified [7][8]. Two frequent polymorphisms, C677T and A1298C, have been proven to decrease enzyme activity. The MTHFR C677T mutation is caused by a substitution of cytosine with thymine at position 677 of Exon 4. This substitution leads to the replacement of alanine with valine, resulting in an enzyme that is sensitive to changes in temperature and has decreased activity [9][10][11][12]. For example, the presence of the homozygous C677T (TT) condition is linked to elevated levels of Hcy and reduced levels of folate. The MTHFR A1298C mutation is caused by a substitution of adenine for cytosine at position 1298 exon 7. This alteration occurs in the substitution of glutamic acid with alanine, leading to a significant decrease in activity in individuals with the homozygous 1298CC disease [13].

## Material and Method

### Patients

This study was conducted in the Autism Center in Nasiriyah, Thi-Qar Governorate, by the Biochemistry Laboratory in the College of Science. The study took place from December 2022 to June 2023. The study consisted of 200 cases, 100 control subjects, and 100 patients.

This study comprised a total of 100 male and female volunteers, both control and patients with trace elements, who were between the ages of 3 and 14 and had autism spectrum disorder (ASD). They split into two factions as follows:

**Control:** The study consisted of one hundred (100) participants who were in good health and ranged in age from 3 to 14 years old.

**Autistic patients:** The study included a total of one hundred (100) patient volunteers aged between three (3) and fourteen (14) years old.

### Collection of Blood Samples

Gene sequencing and alignment: The PCR results were subjected to amplification and subsequently sequenced using the Sanger sequencing method using dideoxynucleosides at Microgen Company in South Korea. The sequencing findings were analyzed using bioinformatics

analysis tools, such as Bio edits, after receiving them from the firm. This analysis revealed the polymorphisms of the investigated SNP.

### Statistical Analysis

The data of this study was statistically analysis by using SPSS version 26, based in using Chi-square and Odds ratio at p. value < 0.05.

### Results

The data presented in Table (1) indicate a statistically significant difference ( $p < 0.05$ ) between the genotypes observed in autism patients and the control group. The greatest genotype observed in both groups was CT, with a prevalence of 85% in autism patients and 1.43% in the control group. Conversely, the lowest genotype observed was TT, with a prevalence of 5% in autism patients and 1.43% in the control group. A non-significant difference was seen within the haplotype, with a p-value of less than 0.05. The control group had the highest allele frequency of C at 51.35% whereas the autism patients had a frequency of T at 48.65%. The odds ratio analysis revealed that there was no statistically significant difference in the gene frequency between autism patients and the control group.

**Table (1):** Genotype and allele frequency of MTHFR C677T and MTHFR A1298C gene.

Gene	Genotype	Patients		Control		OR	CI95%	p. value
		No.	%	No.	%			
MTHFR C677T	CC	10	10.0	68	97.14	0.003	0.001-0.013	< 0.001
	CT	85	85.0	1	1.43	5.61	72.5-4335	< 0.001
	TT	5	5.0	1	1.43	5.21	0.59-45.4	0.097
	<b>Allele</b>	<b>Patients</b>		<b>Control</b>		<b>OR</b>	<b>CI95%</b>	<b>p. value</b>
MTHFR C677T	C	95	51.35	69	97.18	0.032	0.010-0.180	< 0.001
	T	90	48.65	2	2.82	31.0	9.22-104.5	< 0.001
Gene	Genotype	Patients		Control		OR	CI95%	p. value
		No.	%	No.	%			
MTHFR A1298C	AA	11	11.0	68	97.14	0.004	0.001-0.014	< 0.001
	AC	85	85.0	2	2.86	183.2	51.2-654.6	< 0.001
	CC	4	4.0	0	0.00	2.04	1.77-2.35	0.043
	<b>Allele</b>	<b>Patients</b>		<b>Control</b>		<b>OR</b>	<b>CI95%</b>	<b>p. value</b>
MTHFR A1298C	A	96	51.89	70	97.22	0.034	0.010-0.113	< 0.001
	C	89	48.11	2	2.78	29.8	8.86-100.4	< 0.001

## Discussion

Several studies [14] [15] [16] [1] [17] [24] [19] [20] The findings indicated a substantial correlation between the C677T gene variant and autism spectrum disorder (ASD). ASD, or autism spectrum disorder, is a chronic neurological condition that results in difficulties with social relationships, deficits in communication<sup>10</sup>, and repetitive activities [21]. Research has shown that ASD has a strong hereditary component, with both rare and common genetic variations contributing to the chance of developing the disorder [22]. Consequently, the genetic inclination towards ASD can vary<sup>23</sup> among individuals. The precise etiology of ASD remains unknown, and certain hypotheses, such as the involvement of both rare and common single nucleotide polymorphisms (SNPs), have generated debate [23].

Table<sup>18</sup> presents the findings of the study, which examined the presence of a significant difference at a p-value of less than 0.05. The results indicate that the greatest genotype observed in both autism patients and the control group was AC, with a prevalence of 85% and 54% respectively. On the other hand, the lowest genotype observed was CC, with a prevalence of 4% in autism patients and 0% in the control group. A significant difference was seen within the haplotype, with a p-value of less than 0.05. The control group had the highest allele, C, with a frequency of 97.22%, whereas the autism patients had the highest allele, A, at a frequency of 48.11%. The odds ratio analysis revealed that there was no statistically significant difference in gene frequency between autism patients and the control group.

The primary aim of this study<sup>11</sup> is to examine the correlation between MTHFR polymorphism and the heightened susceptibility to autism in children residing in Thi-Qar. This study is the first genetic investigation in Thi-Qar to examine such a connection. autism is a complex illness influenced by multiple factors, including environmental, epigenetic, and genetic factors. These factors contribute to the frequency and severity of autistic symptoms [24][25]. Epigenetic pathways exert a significant influence on the manifestation of autism phenotypes. Furthermore, these systems are subject to modulation by drugs<sup>16</sup> and nutrition. A study conducted by Meguid and colleagues found a correlation between the MTHFR 1298 AC/CC SNP and disruptions in the folate/methylation cycle, which in turn increased the risk of autism [26][27].

## Conclusion

This data of study<sup>3</sup> supports an increased risk for ASD in association with MTHFR C677T CT/CC, MTHFR A1298C AC/CC polymorphism and hence a role of folate/methylation cycle disturbances is suspected in autism.

## Disclosure

None

## References

1. Ríos M, Zekri S, Alonso-Esteban Y, Navarro-Pardo E. Parental stress assessment with the parenting stress index (PSI): a systematic review of its psychometric properties. *Children*. 2022 Oct 28;9(11):1649.
2. Khambali M, Nurtasila S. Pendidikan khusus bagi peserta didik disabilitas netra disertai hambatan intelektual ,2022.
3. Abdullah N. Mengenal anak berkebutuhan khusus. *Magistra*. 2013 Dec 1;25(86):1.
4. Agam G, Taylor Z, Vainer E, Golan HM. The influence of choline treatment on behavioral and neurochemical autistic-like phenotype in Mthfr-deficient mice. *Translational Psychiatry*. 2020 Sep 18;10(1):316.
5. Jha S, Kumar P, Kumar R, Das A. Effectiveness of add-on l-methylfolate therapy in a complex psychiatric illness with MTHFR C677 T genetic polymorphism. *Asian Journal of Psychiatry*. 2016 Aug 1;22:74-5.
6. Lin W, Li Y, Zhang Z, Sun Z, He Y, Li R. Methylenetetrahydrofolate reductase and psychiatric diseases. *Translational Psychiatry*. 2018 Nov 1;8:1-2.
7. Hickey SE, Curry CJ, Toriello HV. ACMG Practice Guideline: lack of evidence for MTHFR polymorphism testing. *Genetics in Medicine*. 2013 Feb 1;15(2):153-6.
8. Levin BL, Varga E. MTHFR: addressing genetic counseling dilemmas using evidence-based literature. *Journal of genetic counseling*. 2016 Oct;25:901-11.
9. Zaremska E, Ślusarczyk K, Wrzosek M. The Implication of a Polymorphism in the Methylenetetrahydrofolate Reductase Gene in Homocysteine Metabolism and Related Civilisation Diseases. *International Journal of Molecular Sciences*. 2023 Dec 22;25(1):193.
10. Frosst P, Blom HJ, Milos R, Goyette P, Sheppard CA, Matthews RG, Boers GJ, Den Heijer M, Kluijtmans LA, Van Den Heuvel LP, Rozen R. A candidate genetic risk factor for vascular disease: a common mutation in methylenetetrahydrofolate reductase. *Nature genetics*. 1995 May 1;10(1):111-3.
11. Robien K, Ulrich CM. 5, 10-Methylenetetrahydrofolate reductase polymorphisms and leukemia risk: a HuGE minireview. *American journal of epidemiology*. 2003 Apr 1;157(7):571-82.
12. Yang QH, Botto LD, Gallagher M, Friedman JM, Sanders CL, Koontz D, Nikolova S, Erickson JD, Steinberg K. Prevalence and effects of gene-gene and gene-nutrient interactions on serum folate and serum total homocysteine concentrations in the United States: findings from the third National Health and Nutrition Examination Survey DNA Bank. *The American journal of clinical nutrition*. 2008 Jul 1;88(1):232-46.
13. Fan S, Yang B, Zhi X, Wang Y, Zheng Q, Sun G. Combined genotype and haplotype distributions of MTHFR C677T and A1298C polymorphisms: a cross-sectional descriptive study of 13,473 Chinese adult women. *Medicine*. 2016 Dec 1;95(48):e5355.
14. Razi B, Imani D, Makoui MH, Rezaei R, Aslani S. Association between MTHFR gene polymorphism and susceptibility to autism spectrum disorders: systematic review and meta-analysis. *Research in Autism Spectrum Disorders*. 2020 Feb 1;70:101473.

15. Guo T, Chen H, Liu B, Ji W, Yang C. Methylenetetrahydrofolate reductase polymorphisms C677T and risk of autism in the Chinese Han population. *Genetic testing and molecular biomarkers*. 2012 Aug 1;16(8):968-73.
16. Meguid N, Khalil R, Gebril O, El-Fishawy P. Evaluation of MTHFR genetic polymorphism as a risk factor in Egyptian autistic children and mothers. *J Psychiatry*. 2015;18(1):14-75.
17. Park J, Ro M, Pyun JA, Nam M, Bang HJ, Yang JW, Choi KS, Kim SK, Chung JH, Kwack K. MTHFR 1298A> C is a risk factor for autism spectrum disorder in the Korean population. *Psychiatry research*. 2014 Jan 30;215(1):258-9.
18. Schmidt RJ, Hansen RL, Hartiala J, Allayee H, Schmidt LC, Tancredi DJ, Tassone F, Hertz-Picciotto I. Prenatal vitamins, one-carbon metabolism gene variants, and risk for autism. *Epidemiology*. 2011 Jul 1;22(4):476-85.
19. Sener EF, Oztop DB, Ozkul Y. MTHFR gene C677T polymorphism in autism spectrum disorders. *Genetics research international*. 2014;2014.21
20. Shawky RM, El-baz F, Kamal TM, Elhossiny RM, Ahmed MA, El Nady GH. Study of genotype–phenotype correlation of methylene tetrahydrofolate reductase (MTHFR) gene polymorphisms in a sample of Egyptian autistic children. *Egyptian Journal of Medical Human Genetics*. 2014 Oct 21;15(4):335-41.
21. Zhang Z, Yu L, Li S, Liu J. Association study of polymorphisms in genes relevant to vitamin B12 and folate metabolism with childhood autism spectrum disorder in a Han Chinese population. *Medical science monitor: international medical journal of experimental and clinical research*. 2018;24:370.
22. Ismail S, Senna AA, Behiry EG, Ashaat EA, Zaki MS, Ashaat NA, Salah DM. Study of C677T variant of methylene tetrahydrofolate reductase gene in autistic spectrum disorder Egyptian children. *American Journal of Medical Genetics Part b: Neuropsychiatric Genetics*. 2019 Jul;180(5):305-9.
23. Rogers EJ. Has enhanced folate status during pregnancy altered natural selection and possibly Autism prevalence? A closer look at a possible link. *Medical hypotheses*. 2008 Sep 1;71(3):406-10.
24. Sandin S, Lichtenstein P, Kuja-Halkola R, Hultman C, Larsson H, Reichenberg A. The heritability of autism spectrum disorder. *Jama*. 2017 Sep 26;318(12):1182-4.
25. Meguid N, Khalil R, Gebril O, El-Fishawy P. Evaluation of MTHFR genetic polymorphism as a risk factor in Egyptian autistic children and mothers. *J Psychiatry*. 2015;18(1):14-75.
26. Meguid NA, Dardir AA, Khass M, Hossieny LE, Ezzat A, Awady MK. MTHFR genetic polymorphism as a risk factor in Egyptian mothers with Down syndrome children. *Disease markers*. 2008 Jan 1;24(1):19-26.
27. Tiffon C. The impact of nutrition and environmental epigenetics on human health and disease. *International journal of molecular sciences*. 2018 Nov 1;19(11):3425