

Evaluation of IFN- γ and T-bet Expression Levels as Possible Molecular Markers of Schizophrenia

Roghayeh Lorestani¹, Sohrab Boozarpour^{1*}, Sakineh Alijanpour¹, Leila Ahangar²

¹Department of Biology, Faculty of Basic Sciences, Gonbad kavous University, Gonbad kavous, Golestan, Iran

²Department of Plant Production, Collage of Agriculture Science and Natural Resource, Gonbad kavous University, Gonbad kavous, Golestan, Iran

Received 12 February 2020

Accepted 2 March 2020

Abstract

Schizophrenia is an irritating mental disorder that affects around 1% of the world's population. The immune system contributes to the onset of the disease, particularly through production and secretion of some cytokines. In patients with schizophrenia, the balance of Th1 to Th2 ratio is often altered. In the present study, we investigated these changes by measuring the gene expression levels of IFN- γ and T-bet as Th1 indicators, as well as IL-4 and GATA-3 as representatives for Th2. Blood samples of schizophrenic patients (n=25) and healthy individuals (n=10) were obtained. Total RNA was extracted from leukocytes and cDNA synthesis was performed based on provided protocols. Real-time PCR technique was utilized for the assessment of gene expression levels. Results indicated a significant increase in the expression of IFN- γ and its transcription factor, T-bet, while IL-4 gene expression was reduced significantly. The expression level of GATA-3 gene revealed no meaningful changes. Altogether, results confirmed the relative shift of Th1 to Th2 status in the patient with schizophrenia and re-emphasize the importance of the inflammatory events in the incidence of the disease. Moreover, a new index was introduced based on the IFN- γ and T-bet genes expression, which can determine healthy condition with total accuracy of 79%.

Keywords: Molecular marker, Schizophrenia, Th1, Th2, IFN- γ , T-bet

Introduction

Schizophrenia is a disturbance in the executive and sensory functions of the central nervous system (Ajami et al., 2014), which affects about one percent of the world's population (Rajasekaran et al., 2016). The onset of the disease usually occurs in late adolescence or early adulthood with a wide range of symptoms, including hallucinations, delusions, affective disorders and cognitive impairments (Srinivasan et al., 2016).

A substantial genetic contribution was demonstrated for familial cases of schizophrenia (Ayalew et al., 2012). Previous investigations were reported 41 to 65 percent risk of schizophrenia for monozygotic twins who have an affected brother or sister and 28 percent risk of disease for children with affected parents (Cardno and Gottesman, 2000). It has been illustrated that schizophrenia is a very complex genetic disorder and various genes

are involved in its pathogenesis (Kumar et al., 2019). Some immune system disorders, such as infections and autoimmune inflammatory diseases could be considered as other risk factors (Benros and Mortensen, 2020; Benros et al., 2011; Eaton et al., 2006), which explain the impact of immune system imbalance on the pathology of the disease. Furthermore, it was evidenced that different types of cytokines play significant roles in the stimulation, production, and secretion of neurodegenerative modulators (Chang and Bistran, 1998; Sonti et al., 1996). In various psychiatric disorders such as schizophrenia, changes in the balance of cytokine regulations can disrupt the balance of T-helper 1 (Th1) to T-helper 2 (Th2) cells (Macedo, 2019; Potvin et al., 2008).

Some cytokines play a role in the differentiation of T helper cells from CD4⁺T cells. Interferon gamma (IFN- γ) is the major cytokine that mediates the differentiation of CD4⁺T cells into Th1 ones (Lazarevic et al., 2013); and, simultaneously, prevents their differentiation into Th2 cells. In contrast, IL-4 promotes the differentiation of naive CD4⁺T cells into Th2 cells (Dai et al., 2009; Myles et al., 2017). So, IFN- γ and IL-4 are Th1 and Th2

* Corresponding author's e-mail address:
so.boozarpour@gmail.com

specific cytokines, respectively (Annunziato et al., 1999; Katsikis et al., 1995). While, they are not suitable candidates for assessment of Th2 to Th1 ratio, since some other cells also produce and release them (Chakir et al., 2003).

T-bet is one of the main regulatory transcription factors which mediates the differentiation of CD4⁺T cells to Th1 subset (Tullius et al., 2014). Also, it is a direct inhibitor of the GATA-3 gene expression (Kanhare et al., 2012). In turn, GATA-3 stimulates the differentiation of naïve CD4⁺T cells into Th2 cells and prevents the differentiation of these cells to Th1 clones through the inhibition of STAT4 and T-bet. Considering the fact that T-bet and GATA-3 act as upstream factors for IFN- γ and IL-4 cytokine production, respectively (Wang et al., 2010), their expression levels were also investigated for accurate measurement of Th1 to Th2 ratio in schizophrenic patients.

Materials and Methods

Blood sample collection and RNA isolation

A total of 25 blood samples were obtained from 20 male and 5 female patients, diagnosed for schizophrenia according to the clinical interview, in the ages of 22 to 57. 10 healthy samples were also taken as controls. EDTA¹ was applied to prevent clotting of the samples. Leukocytes were obtained following the rupturing of red blood cells (RBCs). Therefore, 10 ml RBC lysis buffer (pH= 7.5) was added to 5 ml blood, after centrifuge at 5000 rpm for 20 min, pellet was isolated. For purifying leukocytes, the washing procedure was repeated twice. Total RNA extraction was carried out for leukocytes via Tripure reagent (Roche, Germany) according to standard protocols provided by the manufacturers. Then, quantitative and qualitative features of RNA samples were evaluated using nanodrop device, Picodrop. Also, the integrity of RNA samples was evaluated by agarose gel electrophoresis. In the following step, DNase I treatment (Sinaclon, Iran) performed based on the manufacturer's instructions, to ensure the elimination of genomic DNA.

Synthesis of cDNA and quantitative real-time PCR

A mixture of oligo (dT) and random hexamers was utilized for the synthesis of cDNA by the application of PrimScriptTM RT reagent kit (TAKARA, Japan). Samples were diluted 25 folds

before further applications. For assessment of IFN- γ , IL-4, T-bet and GATA-3 genes expression, specific primers were designed using GeneRunner and Primer-BLAST online software (Table 1). Gene expression experiments were performed via the Step One Plus Real-time PCR TM device and Premix Ex TaqTM II SYBR reagent (TAKARA, Japan). The final volume of each reaction was 15 μ l containing 7.2 μ l of SYBR Premix Taq II (2X) (TAKARA, Japan), 0.3 μ l ROX (50X), 3 pmol of each primer and 2 μ l (diluted) of desired cDNA sample. DNA amplification performed using the following program: initial denaturation for 30 s, followed by 40 PCR cycles consisting of 95°C for 5 s, annealing and extension at 60°C for 30 s.

Statistical analyses

Relative gene expression levels were calculated through $2^{-\Delta Ct}$ (formula 1) (Schmittgen and Livak, 2008). Finally, data analysis was performed by Excel and R, using logistic regression.

Formula 1:

ΔCt Healthy = mean (Ct target - Ct control)

ΔCt Patient = mean (Ct target - Ct control)

Ratio = $2^{-\Delta Ct}$ Patient / $2^{-\Delta Ct}$ Healthy

Considering the relationship of IFN- γ and T-bet gene expressions, Index 1 was introduced for different ratios of gene expression; and their differences were evaluated for patients versus healthy subjects.

$$\text{Index 1} = \frac{\text{IFN}\gamma + \text{Tbet}}{\text{IFN}\gamma - \text{Tbet}}$$

The strength and ability of the index were evaluated using logistic regression. The frequency of predicted classes versus observed ones was evaluated for model performance evaluations in the separation of dependent variable classes.

To predict the status of different individuals based on the model, predicted values were classified based on the default value of critical probability, which is equal to 0.5. The logistic regression model was evaluated based on different criteria including classification accuracy, classification specificity, classification sensitivity, and performance. Furthermore, the predictive power of the model was evaluated using the criterion of the area below ROC (Receiver Operating Characteristic) Curve (Hosmer et al., 2013; Metz, 1978).

¹ Ethylene diamine tetraacetic acid

Table 1. Sequences and characteristics of primer pairs which were applied for Real-time PCR experiments

Product length	Sequence	Accession number NCBI	Genes
136 bp	F:5'-GAATTGGAAAGAGGAGAGTGACAGA-3' R:5'-GACATTCATGTCTTCCTTGATGGTC-3'	NG_015840.1	<i>IFN-γ</i>
130 bp	F:5'-GCTGCCTCCAAGAACAACACTG-3' R:5'-TGTGCCTGTGGAAGTCTGTG-3'	NG_023252.1	<i>IL-4</i>
141 bp	F:5'-GACGGCGGATGTTCCCATT-3' R:5'-TGTGCCTGTGGAAGTCTGTG-3'	NG_012166.1	<i>T-bet</i>
136 bp	F:5'-TCATTAAGCCCAAGCGAAGG-3' R:5'-GTCCCCATTGGCATTCTC-3'	NG_015859.1	<i>GATA3</i>
123 bp	F:5'-GTGAACCATGAGAAGTATGACAAC-3' R:5'-CATGAGTCCTTCCACGATACC-3'	NG_007073.2	<i>GAPDH</i>

The criteria of the model performance were reliable while they were calculating based on new data which were not used in the fitted model. In the present study, the "leave-one-out" method was applied for validation of the regression model.

Results

Ratio of optical absorbance of RNA samples at 260/280 wavelengths was about 1.9 and agarose gel electrophoresis showed the integrity of RNAs with desirable quality. Comparative gene expression analysis between patient and healthy individuals represented increment in *IFN-γ* (*p*-value = 0.068) and *T-bet* (*p*-value = 0.007) expression levels. While, no significant changes observed in *GATA-3* (*p*-value > 0.05) expression. The expression of *IL-4* was not evidenced here. Index 1, which shows combined effects of *IFN-γ* and *T-bet* genes in the frame of a numerical ratio, was significantly different between healthy and disease conditions, when it was evaluated based on the Mann-Whitney test (*p*-value = 0.015). Descriptive statistics of index 1 are presented in table 2.

Table 2. Descriptive statistics of index 1

	Mean	Min	Max
Healthy	1	-1.3	6.2
Schizophrenic cases	-2.8	-27	2

In the present study, *IFN-γ*, *T-bet* and index1 were introduced as independent variables which entered

into the logistic regression model. Parameter estimates, odd ratios and statistical significance of regression coefficients are presented in table 3. The regression equation is:

$$\text{Log}\left(\frac{p}{1-p}\right) = 1.363 + 3.311(\text{IFN}\gamma) - 0.68(\text{Tbet}) - 0.832(\text{index})$$

According to table 3, *IFN-γ*, *T-bet* and index 1 explain a significant amount of variations in the probability of healthy status. Although, *IFN-γ* gene and intercept were not significant according to Wald test, these variables were significant based on likelihood ratio test (*p*-value = 0.02) and the corresponding model with these variables showed a lower AIC (Akaike information criterion) than the reduced model.

Table 3. Parameter estimates, odd ratios and statistical significance of regression coefficients

Variables in model	Coefficient	Standard deviation	Odds ratio	<i>p</i> -value
Intercept	1.363	0.764	3.908	0.065
<i>IFN-γ</i>	3.311	2.311	27.417	0.068
<i>T-bet</i>	-0.68	0.383	0.506	0.007
Index1	-0.832	0.372	0.435	0.001

It was estimated that for every one-unit increase in the introduced index, the odds ratio is reduced to 0.43.

Table 4. Logistic regression model evaluation using leave-one-out validation method.

Accuracy classification	Classification feature	Sensitivity classification	Area under the ROC curve	R2Nagelkerke
0.79	0.25	1	0.76	0.19

According to the classification table which was obtained from the validation test (Table 4), the overall accuracy of the model was 79%. The area under the ROC curve was 76% and the pseudo-R2 value was 19%. These are indicatives of a fairly good prediction of the fitted model. Therefore, the introduced index in the present study, not only indicates a statistically significant difference at the confidence level of 5% (Mann-Whitney test) but also, it has a good classification capability for the diagnosis of patients with schizophrenia.

Discussion

Inflammatory events of the central and peripheral nervous systems are important determinants of various stages of schizophrenia (Khandaker et al., 2015). Perhaps, it can render acceptable molecular markers through deep monitoring of the immune system's performances in schizophrenic patients.

The immune system plays a significant function in the incidence, pathogenesis and treatment of mental illnesses (Rosenblat, 2019; Tomasik et al., 2016), in a cytokine-mediated manner (Chang and Bistrain, 1998; Sonti et al., 1996). The association of immune encountered genes' polymorphisms, especially for *IFN- γ* , *TNF- α* , *IL-4* and *IL-10* genes with the incidence of schizophrenia has been reported (Noto et al., 2015; Na and Kim, 2007). Also, modifications in the expression levels of several immune-related genes have been reported in schizophrenic patients (Chan et al., 2011; He et al., 2020; Kim et al., 2004; Momtazmanesh et al., 2019; Potvin et al., 2008). According to the "equilibrium hypothesis", there is a balance in the ratio of Th1 to Th2 cells in healthy individuals (Kidd, 2003). This equilibrium lost its balanced status during various psychiatric disorders (Solek et al., 2018; Cox et al., 2015; de Witte et al., 2014). It was demonstrated that in schizophrenic patients, serum expression levels of *IFN- γ* and *IL-4*, as an indicator of Th1 to Th2 ratio, increased in comparison to control cases (Kim et al., 2004). Moreover, the higher activity of Th1 cells is associated with the reduced activity and less production of *IL-4* and *IL-10*, as the representatives of Th2 cells' activity (Mansur et al., 2012).

In the present study, the gene expression profile of schizophrenic patients regarding their cytokine balance was investigated. So, *IFN- γ* and *IL-4* were selected as the main cytokines of Th1 and Th2 cells, respectively. The expression of *T-bet* and *GATA-3* transcription factors were also evaluated. Results indicated a significant increase in the activity of Th1 cells in comparison to Th2 population, which means that in patients with schizophrenia, inflammatory events are increased prominently (Kelsven et al., 2020). Several factors, such as severe infection, autoimmune disorders and high smoking rates can lead to genetic changes, especially in case of schizophrenia, which clarifies more than ever the function of inflammatory events in this disease (Shi et al., 2009; Stolz et al., 2019). Likewise, the therapeutic effects of anti-inflammatory drugs and genetic, biochemical and immunological findings indicate the important role of inflammation in schizophrenia (Muller et al., 2015; Upthegrove and Khandaker, 2020).

An important step in providing appropriate treatment strategies is to identify molecular biomarkers that can be applied for early detection or prediction of schizophrenia (Liu et al., 2017; Trovao et al., 2019; Vatankhah et al., 2019). Although the use of post-mortem brain biopsies provides an opportunity for direct work on patient's neurons, this is not an ideal method, for reasons such as reduced mRNA integrity, and consequently reduced credibility and usefulness of biomarkers (Modai and Shomron, 2016). On the other hand, neurological-based assessments are costly (Kahn and Sommer, 2015). Thus, in recent years, the search for blood sample-based biomarkers of schizophrenia has been considered as a valid alternative (Bahn and Chan, 2015; He et al., 2019; Tasic et al., 2019). These biomarkers were classified into different categories and were discovered through various approaches (Lai et al., 2016). Although a variety of blood markers were examined and introduced, more than 70% of these markers for schizophrenia are playing a role during inflammatory responses (Chan et al., 2011). It should be noted that only a small number of previous studies have been identified the sensitivity and specificity of their introduced markers (Al Awam et al., 2015; Sun et al., 2015; Li et al., 2012).

The significance of the present study is its ability for prediction of the disease condition using a logistic regression based on the measurement of candidate cytokines. Although our index is weak to identify normal individuals, which may be due to the small sample size and some other factors that affect the immune system. It could be promising to introduce a novel indicator for screening of schizophrenic patients with high accuracy. However, we are aware that there should be certainly more additional tests for better confirmation of the results. Nevertheless, it is the first study of its kind in Iran.

Acknowledgements

We would like to express our sincere appreciation to Dr. Shaaban Ghalandarayeshi (Gonbad Kavous University), for carrying out statistical analyses and introducing indices.

Conflict of Interest

The authors report no conflicts of interest in this work.

References

Ajami A., Abedian F., Hosseini S. H., Akbarian E., Alizadeh-Navaei R. and Taghipour M. (2014) Serum TNF- α , IL-10 and IL-2 in Schizophrenic Patients Before and After Treatment with Risperidone and Clozapine. *Iranian Journal of Immunology* 11:200-209.

Al Awam K., Haussleiter I. S., Dudley E., Donev R., Brune M., Juckel G. and Thome J. (2015) Multiplatform metabolome and proteome profiling identifies serum metabolite and protein signatures as prospective biomarkers for schizophrenia. *Journal of Neural Transmission (Vienna)* 122 Suppl 1:S111-122.

Anunziato F., Cosmi L., Galli G., Beltrame C., Romagnani P., Manetti R., Romagnani S. and Maggi E. (1999) Assessment of chemokine receptor expression by human Th1 and Th2 cells in vitro and in vivo. *Journal of Leukocyte Biology* 65:691-699.

Ayalew M., Le-Niculescu H., Levey D. F., Jain N., Changala B., Patel S. D., Winiger E., Breier A., Shekhar A., Amdur R., Koller D., Nurnberger J. I., Corvin A., Geyer M., Tsuang M. T., Salomon D., Schork N. J., Fanous A. H., O'Donovan M. C. and Niculescu A. B. (2012) Convergent functional genomics of schizophrenia: from comprehensive

understanding to genetic risk prediction. *Molecular Psychiatry* 17:887-905.

Bahn S. and Chan M. K. (2015) What Can We Learn About Depression from Gene Expression in Peripheral Tissues? *Biological Psychiatry* 77:207-209.

Benros M. E. and Mortensen P. B. (2020) Role of Infection, Autoimmunity, Atopic Disorders, and the Immune System in Schizophrenia: Evidence from Epidemiological and Genetic Studies. *Current Topics in Behavioral Neurosciences* 44:141-159.

Benros M. E., Nielsen P. R., Nordentoft M., Eaton W. W., Dalton S. O. and Mortensen P. B. (2011) Autoimmune diseases and severe infections as risk factors for schizophrenia: a 30-year population-based register study. *American Journal of Psychiatry* 168:1303-1310.

Cardno A. G. and Gottesman, II. (2000) Twin studies of schizophrenia: from bow-and-arrow concordances to star wars Mx and functional genomics. *American Journal of Medical Genetics* 97:12-17.

Chakir H., Wang H., Lefebvre D. E., Webb J. and Scott F. W. (2003) T-bet/GATA-3 ratio as a measure of the Th1/Th2 cytokine profile in mixed cell populations: predominant role of GATA-3. *Journal of Immunological Methods* 278:157-169.

Chan M. K., Guest P. C., Levin Y., Umrانيا Y., Schwarz E., Bahn S. and Rahmoune H. (2011) Converging evidence of blood-based biomarkers for schizophrenia: an update. *International Review of Neurobiology* 101:95-144.

Chang H. R. and Bistrain B. (1998) The role of cytokines in the catabolic consequences of infection and injury. *Journal of Parenteral and Enteral Nutrition* 22:156-166.

Cox D., Chan M. K. and Bahn S. (2015) The potential of immune biomarkers to advance personalized medicine approaches for schizophrenia. *Journal of Nervous and Mental Disease* 203:393-399.

Dai J., Megjugorac N. J., Gallagher G. E., Yu R. Y. and Gallagher G. (2009) IFN- λ 1 (IL-29) inhibits GATA3 expression and suppresses Th2

responses in human naive and memory T cells. *Blood* 113:5829-5838.

de Witte L., Tomasik J., Schwarz E., Guest P. C., Rahmoune H., Kahn R. S. and Bahn S. (2014) Cytokine alterations in first-episode schizophrenia patients before and after antipsychotic treatment. *Schizophrenia Research* 154:23-29.

Eaton W. W., Byrne M., Ewald H., Mors O., Chen C. Y., Agerbo E. and Mortensen P. B. (2006) Association of schizophrenia and autoimmune diseases: linkage of Danish national registers. *American Journal of Psychiatry* 163:521-528.

He K., Guo C., Guo M., Tong S., Zhang Q., Sun H., He L. and Shi Y. (2019) Identification of serum microRNAs as diagnostic biomarkers for schizophrenia. *Hereditas* 156:23.

He X., Ma Q., Fan Y., Zhao B., Wang W., Zhu F., Ma X. and Zhou L. (2020) The Role of Cytokines in Predicting the Efficacy of Acute Stage Treatment in Patients with Schizophrenia. *Neuropsychiatric Disease and Treatment* 16:191-199.

Hosmer D. W., Lemeshow S. and Sturdivant R. X. 2013. *Applied logistic regression*. Wiley, Hoboken, New Jersey. xvi, 500 pages pp.

Kahn R. S. and Sommer I. E. (2015) The neurobiology and treatment of first-episode schizophrenia. *Molecular Psychiatry* 20:84-97.

Kanhere A., Hertweck A., Bhatia U., Gökmen M. R., Perucha E., Jackson I., Lord G. M. and Jenner R. G. (2012) T-bet and GATA3 orchestrate Th1 and Th2 differentiation through lineage-specific targeting of distal regulatory elements. *Nature Communications* 3:1268.

Katsikis P. D., Cohen S. B., Londei M. and Feldmann M. (1995) Are CD4+ Th1 cells pro-inflammatory or anti-inflammatory? The ratio of IL-10 to IFN-gamma or IL-2 determines their function. *International Immunology* 7:1287-1294.

Kelsven S., de la Fuente-Sandoval C., Achim C. L., Reyes-Madrigal F., Mirzakhani H., Domingues I. and Cadenhead K. (2020) Immuno-inflammatory changes across phases of early psychosis: The impact of antipsychotic medication and stage of illness. *Schizophrenia Research*.

Khandaker G. M., Cousins L., Deakin J., Lennox B. R., Yolken R. and Jones P. B. (2015) Inflammation and immunity in schizophrenia: implications for pathophysiology and treatment. *Lancet Psychiatry* 2:258-270.

Kidd P. (2003) Th1/Th2 balance: the hypothesis, its limitations, and implications for health and disease. *Alternative Medicine Review* 8:223-246.

Kim Y. K., Myint A. M., Lee B. H., Han C. S., Lee H. J., Kim D. J. and Leonard B. E. (2004) Th1, Th2 and Th3 cytokine alteration in schizophrenia. *Progress in Neuro-Psychopharmacology & Biological Psychiatry* 28:1129-1134.

Kumar A., Pareek V., Singh H. N., Faiq M. A., Narayan R. K., Raza K. and Kumar P. (2019) Altered Expression of a Unique Set of Genes Reveals Complex Etiology of Schizophrenia. *Frontiers in Psychiatry* 10:906.

Lai C. Y., Scarr E., Udawela M., Everall I., Chen W. J. and Dean B. (2016) Biomarkers in schizophrenia: A focus on blood based diagnostics and theranostics. *World Journal of Psychiatry* 6:102-117.

Lazarevic V., Glimcher L. H. and Lord G. M. (2013) T-bet: a bridge between innate and adaptive immunity. *Nature Reviews Immunology* 13:777-789.

Li Y., Zhou K., Zhang Z., Sun L., Yang J., Zhang M., Ji B., Tang K., Wei Z., He G., Gao L., Yang L., Wang P., Yang P., Feng G., He L. and Wan C. (2012) Label-free quantitative proteomic analysis reveals dysfunction of complement pathway in peripheral blood of schizophrenia patients: evidence for the immune hypothesis of schizophrenia. *Molecular BioSystems* 8:2664-2671.

Liu S., Zhang F., Shugart Y. Y., Yang L., Li X., Liu Z., Sun N., Yang C., Guo X., Shi J., Wang L., Cheng L., Zhang K., Yang T. and Xu Y. (2017) The early growth response protein 1-miR-30a-5p-neurogenic differentiation factor 1 axis as a novel biomarker for schizophrenia diagnosis and treatment monitoring. *Translational Psychiatry* 7:e998.

Macedo D. (2019) 37. NEUROIMMUNE DYSFUNCTION IN SCHIZOPHRENIA: FROM

BIOMARKERS TO DRUG REPURPOSING.
Schizophrenia Bulletin 45:S147-S147.

Mansur R. B., Zugman A., Asevedo E. M., da Cunha G. R., Bressan R. A. and Brietzke E. (2012) Cytokines in schizophrenia: possible role of anti-inflammatory medications in clinical and preclinical stages. *Psychiatry and Clinical Neurosciences* 66:247-260.

Metz C. E. (1978) Basic principles of ROC analysis. *Seminars in Nuclear Medicine* 8:283-298.

Modai S. and Shomron N. (2016) Molecular Risk Factors for Schizophrenia. *Trends in Molecular Medicine* 22:242-253.

Momtazmanesh S., Zare-Shahabadi A. and Rezaei N. (2019) Cytokine Alterations in Schizophrenia: An Updated Review. *Frontiers in Psychiatry* 10:892.

Muller N., Weidinger E., Leitner B. and Schwarz M. J. (2015) The role of inflammation in schizophrenia. *Frontiers in Neuroscience* 9:372.

Myles A., Gearhart P. J. and Cancro M. P. (2017) Signals that drive T-bet expression in B cells. *Cellular Immunology* 321:3-7.

Na K. S. and Kim Y. K. (2007) Monocytic, Th1 and th2 cytokine alterations in the pathophysiology of schizophrenia. *Neuropsychobiology* 56:55-63.

Nagelkerke N. J. D. (1991) A Note on a General Definition of the Coefficient of Determination. *Biometrika* 78:691-692.

Noto C., Maes M., Ota V. K., Teixeira A. L., Bressan R. A., Gadelha A. and Brietzke E. (2015) High predictive value of immune-inflammatory biomarkers for schizophrenia diagnosis and association with treatment resistance. *World Journal of Biological Psychiatry* 16:422-429.

Potvin S., Stip E., Sepehry A. A., Gendron A., Bah R. and Kouassi E. (2008) Inflammatory cytokine alterations in schizophrenia: a systematic quantitative review. *Biological Psychiatry* 63:801-808.

Rajasekaran A., Shivakumar V., Kalmady S. V., Narayanaswamy J. C., Subbana M., Venugopal D.,

Amaresha A. C., Venkatasubramanian G. and Debnath M. (2016) The impact of IL10 polymorphisms and sHLA-G levels on the risk of schizophrenia. *Asian Journal of Psychiatry* 23:39-43.

Rosenblat J. D. (2019) Targeting the immune system in the treatment of bipolar disorder. *Psychopharmacology (Berl)* 236:2909-2921.

Schmittgen T. D. and Livak K. J. (2008) Analyzing real-time PCR data by the comparative CT method. *Nature Protocols* 3:1101-1108.

Shi J., Levinson D. F., Duan J., Sanders A. R., Zheng Y., Pe'er I., Dudbridge F., Holmans P. A., Whitemore A. S., Mowry B. J., Olincy A., Amin F., Cloninger C. R., Silverman J. M., Buccola N. G., Byerley W. F., Black D. W., Crowe R. R., Oksenberg J. R., Mirel D. B., Kendler K. S., Freedman R. and Gejman P. V. (2009) Common variants on chromosome 6p22.1 are associated with schizophrenia. *Nature* 460:753-757.

Solek C. M., Farooqi N., Verly M., Lim T. K. and Ruthazer E. S. (2018) Maternal immune activation in neurodevelopmental disorders. *Developmental Dynamics* 247:588-619.

Sonti G., Ilyin S. E. and Plata-Salaman C. R. (1996) Anorexia induced by cytokine interactions at pathophysiological concentrations. *American Journal of Physiology* 270:R1394-1402.

Srinivasan S., Bettella F., Mattingsdal M., Wang Y., Witoelar A., Schork A. J., Thompson W. K., Zuber V., Schizophrenia Working Group of the Psychiatric Genomics Consortium T. I. H. G. C., Winsvold B. S., Zwart J. A., Collier D. A., Desikan R. S., Melle I., Werge T., Dale A. M., Djurovic S. and Andreassen O. A. (2016) Genetic Markers of Human Evolution Are Enriched in Schizophrenia. *Biological Psychiatry* 80:284-292.

Stolz P. A., Wehring H. J., Liu F., Love R. C., Ellis M., DiPaula B. A. and Kelly D. L. (2019) Effects of Cigarette Smoking and Clozapine Treatment on 20-Year All-Cause & Cardiovascular Mortality in Schizophrenia. *Psychiatric Quarterly* 90:351-359.

Sun X. Y., Lu J., Zhang L., Song H. T., Zhao L., Fan H. M., Zhong A. F., Niu W., Guo Z. M., Dai Y. H., Chen C., Ding Y. F. and Zhang L. Y. (2015)

Aberrant microRNA expression in peripheral plasma and mononuclear cells as specific blood-based biomarkers in schizophrenia patients. *Journal of Clinical Neuroscience* 22:570-574.

Tasic L., Larcerda A. L. T., Pontes J. G. M., da Costa T., Nani J. V., Martins L. G., Santos L. A., Nunes M. F. Q., Adelino M. P. M., Pedrini M., Cordeiro Q., Bachion de Santana F., Poppi R. J., Brietzke E. and Hayashi M. A. F. (2019) Peripheral biomarkers allow differential diagnosis between schizophrenia and bipolar disorder. *Journal of Psychiatric Research* 119:67-75.

Tomasik J., Rahmoune H., Guest P. C. and Bahn S. (2016) Neuroimmune biomarkers in schizophrenia. *Schizophrenia Research* 176:3-13.

Trovao N., Prata J., VonDoellinger O., Santos S., Barbosa M. and Coelho R. (2019) Peripheral Biomarkers for First-Episode Psychosis-Opportunities from the Neuroinflammatory Hypothesis of Schizophrenia. *Psychiatry Investigation* 16:177-184.

Tullius S. G., Bieffer H. R. C., Li S., Trachtenberg A. J., Edtinger K., Quante M., Krenzien F., Uehara H., Yang X., Kissick H. T., Kuo W. P., Ghiran I., de la Fuente M. A., Arredouani M. S., Camacho V., Tigges J. C., Toxavidis V., El Fatimy R., Smith B. D., Vasudevan A. and ElKhal A. (2014) NAD⁺ protects against EAE by regulating CD4⁺ T-cell differentiation. *Nature Communications* 5:5101.

Upthegrove R. and Khandaker G. M. (2020) Cytokines, Oxidative Stress and Cellular Markers of Inflammation in Schizophrenia. *Current Topics in Behavioral Neurosciences* 44:49-66.

Vatankhah V., Mirabzadeh A., Iranpour H., Dieji B., Norouzi M., Karimipour M., Nobakht J., Esmaeili E. and Ayazi M. (2019) Determination of Changes in Blood Biomarker Levels in Antipsychotic Polypharmacy and Aripiprazole Monotherapy in Patients With Long-term Schizophrenia. *Iranian-Rehabilitation-Journal* 17:369-376.

Wang T., Holland J. W., Martin S. A. M. and Secombes C. J. (2010) Sequence and expression analysis of two T helper master transcription factors, T-bet and GATA3, in rainbow trout *Oncorhynchus mykiss* and analysis of their

expression during bacterial and parasitic infection. *Fish & Shellfish Immunology* 29:705-715.

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