Schizophrenia and bipolar disorder are highly heritable disorders with clinical similarities and a complex, overlapping polygenic architecture. In contrast, a large-scale genome-wide association study (GWAS) identified two genome-wide significant loci differentiating schizophrenia from bipolar disorder. Although schizophrenia displays cognitive dysfunctions and reduced hippocampal volumes, there are somewhat limited data on these impairments in bipolar disorder. Genetic overlaps of risk for schizophrenia with cognitive impairments and reduced hippocampal volumes have been reported. These findings suggest that the two disorders would be distinct diagnoses, with disorder-specific genetic factors related to clinical phenotypes. However, it remains unknown whether a genetic factor differentiating schizophrenia from bipolar disorder can explain the dissimilarities in cognitive functions and hippocampal volumes. Here, we explored whether the genetic factor differentiating component is genetically associated with psychiatric disorders, cognitive phenotypes and hippocampal volumes.

Method

To calculate genetic correlations attributable to genome-wide single nucleotide polymorphisms (SNPs) (polygenicity; many small genetic effects) between the genetic factor differentiating schizophrenia from bipolar disorder and psychiatric disorders, cognitive phenotypes and hippocampal volumes, we obtained GWAS summary statistics for the following: schizophrenia versus bipolar disorder, psychiatric comorbidities and psychiatric disorders, cognitive phenotypes and hippocampal volumes, we obtained GWAS summary statistics for the following: schizophrenia versus bipolar disorder, psychiatric comorbidities and psychiatric disorders, cognitive phenotypes and hippocampal volumes. For each GWAS, an LDSC was carried out by regressing the genetic SNP correlations (\( r_g \)) from GWASs onto each SNP’s linkage disequilibrium score. Genetic correlations were calculated by LDSC. This study was approved by each local ethical committee of the relevant institutions. Informed consent was obtained from all participants and/or their families in each study cohort. The detailed information in each GWAS and LDSC analysis have been described previously, and are briefly summarised in the Supplementary Material available at https://doi.org/10.1192/bjo.2021.1086.

Results

As expected, the genetic component differentiating schizophrenia from bipolar disorder was positively correlated with the risk of schizophrenia (\( r_g \pm s.e. = 0.53 \pm 0.03, P = 1.21 \times 10^{-15} \)), and negatively correlated with the risk of bipolar disorder (\( r_g \pm s.e. = -0.28 \pm 0.04, P = 5.04 \times 10^{-13} \) (Fig. 1(a))). Among other psychiatric disorders, there was positive genetic correlation between the differentiating genetic factor and ASD (\( r_g \pm s.e. = 0.16 \pm 0.05, P = 2.90 \times 10^{-4} \)). There were no significant genetic correlations of the differentiating genetic factor with MDD or ADHD (\( P > 0.05 \)). The genetic factor differentiating schizophrenia from bipolar disorder was genetically negatively correlated with all examined cognitive phenotypes and hippocampal volumes (Fig. 1(a)); general cognitive function (\( r_g \pm s.e. = -0.23 \pm 0.04, P = 6.80 \times 10^{-11} \)), childhood IQ (\( r_g \pm s.e. = -0.21 \pm 0.08, P = 7.30 \times 10^{-4} \)), educational attainment (\( r_g \pm s.e. = -0.13 \pm 0.03, P = 2.66 \times 10^{-2} \)) and hippocampal volume (\( r_g \pm s.e. = -0.22 \pm 0.08 \)).
### Table 1: Demographic information of each genome-wide association study

| Study Description                                      | Sample Sizes                                                                 |
|--------------------------------------------------------|------------------------------------------------------------------------------|
| Schizophrenia versus bipolar disorder                  | **Genome-wide significant loci** | **Total** | **Cases** | **Controls** |
| Ruderfer et al (2018)                                  | 2                              | 38,855    | 23,385    | 15,270       | 1,064,728    |
| Ripke et al (2014)                                     | 7                              | 82,315    | 35,476    | 46,839       | 1,125,108    |
| Stahl et al (2016)                                     | 10                             | 51,710    | 20,352    | 31,358       | 1,110,247    |
| Wray et al (2018)                                      | 44                             | 173,005   | 59,851    | 113,154      | 1,110,699    |
| Grove et al (2019)                                     | 5                              | 46,390    | 18,381    | 27,969       | 1,069,649    |
| Demontis et al (2019)                                  | 12                             | 55,374    | 20,183    | 35,191       | 1,204,339    |
| Davies et al (2018)                                    | 148                            | 282,014   | --        | --           | 804,043      |
| Benyamin et al (2014)                                  | 0                              | 12,441    | --        | --           | 1,177,103    |
| Lee et al (2018)                                       | 1271                           | 1,131,881 | --        | --           | 1,161,732    |
| Hibar et al (2015)                                     | 2                              | 13,163    | --        | --           |                |
| **Autism spectrum disorder**                           |                                |           |           |              |                |
| **Attention-deficit/hyperactivity disorder**           |                                |           |           |              |                |
| **Major depression disorder**                          |                                |           |           |              |                |
| **General cognitive ability**                          |                                |           |           |              |                |
| **Childhood IQ**                                       |                                |           |           |              |                |
| **Educational attainment**                             |                                |           |           |              |                |
| **Hippocampus volume**                                 |                                |           |           |              |                |

a. Controls or pseudocontrols from family trio samples.

b. Schizophrenia.

c. Bipolar disorder.

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**Fig. 1** (a) Genetic correlations ($r_g$) of genetic factor differentiating schizophrenia from bipolar disorder with psychiatric disorders, cognitive functions and hippocampal volumes. Error bars show s.e. of the $r_g$. (b) Genetic correlations ($r_g$) across genome-wide association study results. The colour scale represents the $r_g$ values. Genetic correlations were estimated with linkage disequilibrium score regression. *P < 0.05, **P < 0.01, ***P < 0.001.
We revealed genetic overlaps of the genetic variants differentiating schizophrenia from bipolar disorder with risk of ASD, low general cognitive ability, low childhood IQ, low educational attainment and reduced hippocampal volumes. These genetic overlaps may be attributed to genetic risks for schizophrenia or bipolar disorder, or both. We further found that the genetic correlations of the genetic factor differentiating schizophrenia from bipolar disorder with low general cognitive ability and reduced hippocampal volumes are associated with risk of schizophrenia, and the genetic correlations of the genetic factor differentiating bipolar disorder from schizophrenia with high childhood IQ and educational attainment are associated with risks of bipolar disorder and/or ASD. The disorder-specific genetic liability could contribute to the clinical dissimilarities between schizophrenia and bipolar disorder. Current schizophrenia diagnoses may aggregate at least two subtypes: patients who resemble high intelligence and bipolar disorder (similarities), and patients who show cognitive impairments that are independent of bipolar disorder (dissimilarities). However, it remained unclear whether low intelligence causes schizophrenia or schizophrenia causes intelligence decline. Using summary data-based Mendelian randomisation, we recently demonstrated that low intelligence was bidirectionally associated with a high risk of schizophrenia, whereas the schizophrenia-specific genetic factors might be mainly affected by impairment in premorbid intelligence. Future study is required to reveal causal association between reduced hippocampal volumes and risk of schizophrenia.

Interestingly, there were no significant correlations between the genetic factor differentiating schizophrenia from bipolar disorder and MDD or ADHD. Comparing genetic correlations between schizophrenia and MDD with those between bipolar disorder and MDD, and genetic correlations between schizophrenia and ADHD with those between bipolar disorder and ADHD, both schizophrenia and bipolar disorder correlations with MDD and ADHD were similar. The absence of MDD or ADHD correlations with the differentiating feature might reflect similar degrees of these genetic correlations with schizophrenia and bipolar disorder.

Our findings suggest that cognitive impairments and reduced hippocampal volumes could genetically distinguish schizophrenia from bipolar disorder, and may be useful for improving diagnosis and treatment.

**Data availability**

The data that support the findings of this study are available from the corresponding author, K.O., on reasonable request.

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**Author contributions**

K.O. supervised the entire project, collected the data, wrote the manuscript and was critically involved in the design, analysis and interpretation of the data. All authors were responsible for performing the literature review. All authors were intellectually contributed to data interpretation and approved the final manuscript for publication.

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**Declaration of interest**

None.

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