**ABSTRACT**

Dystonia – is the debilitating movement disorder of central nervous system often inherited, appearing as involuntary movements, which occur due to deficiency or excess of neurotransmitters, mainly biogenic amines, such as dopamine, noradrenalin, and serotonin. The exact cause has been unveiled only in few forms of dystonia, such as dopa – responsive dystonia, where dopamine deficiency has been established, while the cause of most others forms of dystonia remaining obscure. Numerous studies of these forms have detected neurotransmitters disturbance, but those reports are very contradictory. In present study we explore the latent factors unifying some biogenic amines together into clusters bearing common certain functional mission in norm and in pathologic states such as dystonia. We compare the results obtained in dystonia group and in control of group of patients observed for suspicion for neuroglial tumors and we established, that latent factors, unifying groups of biogenic amines, differ between the D group and the control group. We also have compared these two groups by means of discriminative analysis and As a result of discriminate analysis we derived equations of canonical linear discriminate (classification) functions (LCF) that probably can detect or exclude dystonia at examination of latent forms or “formes frustes” of this disorder. We expect to get even much more evident result by recruiting healthy control and by widening the spectre of biogenic amines measured.

**Keywords**

Biogenic amines, Discriminate analysis, Dystonia, Factor analysis, Neurogial tumors.

**Abstract**

Dystonia – is the debilitating movement disorder of central nervous system often inherited, appearing as involuntary movements, that occur due to deficiency or excess of neurotransmitters, mainly biogenic amines, such as dopamine, noradrenalin, serotonin. The exact cause has been unveiled only in few forms of dystonia, such as dopa – responsive dystonia, where dopamine deficiency has been established, while the cause of most others forms of dystonia remaining obscure. Numerous studies of these forms have detected neurotransmitters disturbance, but those reports are very contradictory. In present study we explore the latent factors unifying some biogenic amines together into clusters bearing common certain functional mission in norm and in pathologic states such as dystonia. We compare the results obtained in dystonia group and in control of group of patients observed for suspicion for neuroglial tumors and we established, that latent factors, unifying groups of biogenic amines, differ between the D group and the control group. We also have compared these two groups by means of discriminative analysis and As a result of discriminate analysis we derived equations of canonical linear discriminate (classification) functions (LCF) that probably can detect or exclude dystonia at examination of latent forms or “formes frustes” of this disorder. We expect to get even much more evident result by recruiting healthy control and by widening the spectre of biogenic amines measured.

**Introduction**

Dystonia (D) – is an involuntary movement disorder, often...
inherited, that occurs due to neuromediators disturbances. Different researchers reported changes in metabolism of biogenic amines, most important mediators, and those reports are very contradictory [1-13]. In our first personal studies we revealed tendency to enhancement of the level of Noradrenaline, Hydroxyindolacetic acid and Serotonin in D [14-16]. The penetrance of D. is 30% that means that inherited D is manifesting only in 30% of sibs carrying the mutating gene, while the rest suffer from latent forms, or «forms frustes» of this disorder. Until now only few mutations, responsible for D, have been unveiled, but we expect to exist up to 100 such mutations. Until we uncover all mutations, responsible for D., we require reliable test for diagnosis of latent forms of D. In present study we explore discrimination of dystonia on the base of biogenic amines exchange peculiarities, and the latent factors uniting some biogenic amines together into clusters bearing common certain functional mission in norm and in pathologic states such as dystonia.

Materials and Methods
We considered metabolites of catecholamines and serotonin in two groups of patients as in learning samples for discriminant analysis. The first group consisted of 12 dystonic patients, and the second, control group, comprised 20 patients without dystonia, checked for such tentative neuroglial and neuroendocrine tumors as carcinoid, neuroblastoma, ganglioneuroma. The characteristic of dystonic patients is presented in the Table 1. We explored six independent variables – tryptophane (TRYPT_P), 5 – hydroxytryptophane, (OH5 TR1), serotonin (SER), 5 hydroxyindolacetic acid (HIAA), homovanillic acid (HVA) and tyrosin (TYR_IN_P). Evaluation of tryptophane metabolites – TRYPT_P, OH5 TR1, SER, HIAA, in blood plasma was measured using microbore column high power liquid chromatography (HPLC) with fluometric detection on chromatograph ChZ – 1311 (NPO analitichaskogo priborostroenia, Russia) in the regime of line – gradient elution (floroplastic column, 0,5 x 250 mm, packed with the sorbent Nucleosil – 5 – C18, speed of elution 12 mkl/min, acetonnitril gradient in 0,01 H Na – formiatic buffer, ph 3,5, detection on native fluorescence, excitement wave length 285 nm, extinction area – 320 – 480 nm, volume of probe introduced – 70 mkl, time of chromatographic analysis – 30 min).

The levels of catecholamines - HVA and TYR_IN_P in the blood plasma were measured using microbore column high power liquid chromatography (HPLC) with fluometric detection in regime of isocratic elution. We used an Orlant elution system (Medicant, Russia) and a Kratos fluometric detector (United States). Catecholamines were separated from the physiological liquids using the solid phase extraction method.

The components were separated using a 2 x 150 μm column filled with a Nucleosil – 5 – C 18 sorbent; the elution rate was 100 μl/min, the eluent was 3% acetonnitril in a 0,01 N sodium formate buffer (pH 3,5). The substances studied were detected using standarts in the 320 – 480 nm range at the excitation of 285 nm. The volume of the probe was 10 μl and the time of chromatography was 10 minutes. The data obtained were analyzed using STATISTICA for Windows (version 5.5).

For testing of distributions of indicators for presence of significant differences from the norm and for relevance of application of parametric methods we used one – sample Kolmogorov – Smirnov test with significance level p = 0,05. Also, taking into account short amount of observations in the sample, we prefer graphic analysis of cumulative probability and analysis of asymmetry and of an excess. All six variables were distributed normally. We also used Wald’s criterion, the Mann–Whitney criterion, median chi_ square criterion, the Kruskal–Wallis criterion, and ANOVA for the comparison of biogenic amines levels in the groups studied. We used correlation analysis by means of Pearson’s correlations for normally distributed indicators, and monotonous correlations of Spearman for other indicators, and established that correlations within dystonia group differ from those within control group. Then we used factor analysis with principal component method and varimax normalizing rotation and scree plot analysing. Discriminate analysis was held by means of forward stepwise method.

Materials and Methods

| Name | Sex | Age | Severity | Age of onset | Results of DYT – 1 test | MRI, CT | Brain PET |
|------|-----|-----|----------|-------------|------------------------|---------|-----------|
| Пр  | M   | 72  | Sporadic | Late        | -                      | -       | -         |
| Ос   | F   | 26  | Familial | Early       | -                      | -       | -         |
| Лв  | F   | 50  | Sporadic | Late        | n/a                    | Angioma of the left frontal cortex | - |
| Кз   | M   | 52  | Sporadic | Late        | n/a                    | -       | -         |
| Тм   | M   | 29  | Sporadic | Late        | -                      | Protrusions in cervical spine | - |
| Кр   | M   | 38  | Sporadic | Late        | -                      | Norm    | +         |
| Сн   | F   | 70  | Sporadic | Late        | -                      | -       | +         |
| Ач   | M   | 38  | Familial | Early       | -                      | -       | -         |
| И    | F   | 52  | Sporadic | Early       | -                      | Norm    | +         |
| Ф    | M   | 57  | Familial | Early       | n/a                    | Norm    | +         |
| Кч   | F   | 59  | Familial | Late        | n/a                    | Norm    | +         |
| Лб   | F   | 37  | Sporadic | Late        | n/a                    | -       | +         |

Table 1: Characteristic of patients studied.

Results of the research
The data obtained by means of measuring biogenic amines in plasma are presented in the table 2 for D. group, and in the table 3 for control group.
Results of the factor analysis

Two latent factors were extracted in the group of D. by means of factor analysis with principal component method with rotation by means of normalized varimax (Figure 1).

The graphs of rotation are demonstrated in the figures 2.

In the control group the principal component method has extracted also two latent factors after normalized varimax rotation (Figure 3).

Results of discriminate analysis

The independent variable were tryptophane (TRYPT_P), 5 - hydroxytryptophane, (OH5_TR1), serotonin (SER), 5 hydroxyindolacetic acid (HIAA) and homovanillic acid (HVA) and tyrosine (TYR). From those the most valuable differential indicators were picked, namely the level of HIAA in plasma and 5 OH T in plasma (Figure 5).
As a result of discriminate analysis we derived equations of canonical linear discriminate (classificational) functions (LCF) that probably can detect or exclude dystonia at examination of latent forms or “formes frustes” of this disorder. These are the equations formulas –

- LCF 1 = -1,329 + 0,038 x 5 OH Tr p + 0,009 x HIAA p equation for group without D. (G0)
- LCF/KLF 2 = -14,95 + 0,155 x 5 OH Tr p + 0,02 x HIAA p equation for group with D. (G1)

The significance of derived discriminative functions p<0,0000 turned to be below p=0,05 (Figure 6).

When we check the patient for probable form fustes of dystonia we just measure the level of 5 OH Tr in HIAA in plasma and obtained data substitute into these two equations and then compare results of LCF 1 and LCF 2. If LCF 2 exceeds the LCF 1, our patient relates to the group G 1, suffering from D. And if LCF 1 exceeds LCF 2, the patient is related to the group G 0, free from D.

**Discussion**

**Factor analysis**

We guess that it is better to start discussion of factor analysis results rather from the question than from the answer. What results we expected from factor analysis? We undertook it to test the following two hypothesizes. The first one – that there should be the unique set of factors in metabolism of amines special for healthy state. Because we studied two pathways of metabolism – the pathway of catecholamines and the pathway of serotonin, we should expect to detect two factors pertinent to each of these pathways, but we can find relations of components inside of each pathway as well. And the second hypothesis is that this pattern should change in its own unique way in pathologic state whether in D., the movement disorder, or in tumors of nervous and glial tissue, and the pattern of the change could give a clue to differential diagnosis.

Now we can proceed to answers to these two hypotheses. It seems that in the group of D we detected rather the healthy pattern of factors than disturbed one. The first factor contributes mainly from TRYPT_P and SER, and both of these components are pertinent to catecholamines metabolism pathway. And the second factor in D. group contributes mainly from TRYPT_P and SER, both of which are pertinent to serotonin metabolic pathway. But since earlier we revealed disturbance of both pathways in D., namely enhancement of serotonin and noradrenaline, we still cannot exclude pathologic nature of the components derived. In the present study we report only small part of our results of observation of biogenic amines exchange. We explore 22 indicators of biogenic amines exchange in blood plasma and 24 – hours urine and we performed factor analysis for those 22 indicators, but we report here only 6 of them, those that correspond to available in control group. We managed to gather control group with only 6 indicators and since calculate here only 6 indicators from D. group. In our unpublished factor analysis of the rest of biogenic amines we found evidence for disturbed pattern of factors pertinent to dystonic disorders, factor comprises set of components of Noradrenaline in urine and HIAA in plasma, which is much more likely to reflect pathologic changes.

In contrast, in control group, we revealed factors reflecting peculiarities of neuronal and glial tumors. Thus, the first factor with TRYPT_P, SER, TRYR_IN_P is pertinent to neuronal and glial tumors, while the second with HIAA and HVA is pertinent to carcinoind tumors.

We postulate that recruiting appropriate healthy control group for factor analysis of wider set of biogenic amines in blood plasma and urine should yield a much more valuable result of such study.

**Discriminate analysis**

Discriminate analysis of neuromediators exchange in D. resulted in creation of equations of linear classifications. For evaluation of effectiveness of these linear classifications derived, we have estimated the relative frequency of attribution of objects from our learning sample to one from two groups – one with dystonia disorder, and another without D. If our control group had been represented by healthy subjects, similar exploration of diagnostic test would have meant estimation of its sensitivity and specificity, i.e. estimation of ability of the suggested test to detect disorder and ability of the new test to exclude it. But our research as yet does not meet all strict criteria of new diagnostic test study because we do not know percentage of patients from control group turned to be healthy, meanwhile the rest of this group appeared to suffer from neuroglial and neroendocrine tumors. We just believe that if we substituted the control group for healthy individuals, the parameters of this new elaborated test would not change, but we cannot prove such statement so far. Until we recruit healthy subjects for control group, our study must be considered just as elaboration only of the model of diagnostic test, but sensitivity and specificity of our model proved to be very high – both constitute
100%, as shown in the matrix of classifications results (Figure 7). As we can see from the matrix, estimated LCF 1 and LCF 2 did not make any mistake – all suffered from dystonia were attributed to the main group, and all those, free of dystonia, were attributed to control group. Though the size of the main group sample in our study is limited, the excellent clinical parameters of this model of the new diagnostic test predict its usability also in comparison with healthy subjects.

Thus, obscure scientific medical issues could be clarified by use of such methods of statistical and mathematical investigations as factor and discriminate analysis. [17-19].

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