



Genetics of obsessive-compulsive disorder

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Nora Strom

LMU München, Humboldt Universität zu Berlin,
Karolinska Institutet, Aarhus University





What is obsessive-compulsive disorder?



Types of genetic variation



Genetics of OCD – Insights from GWAS



Clinical translation

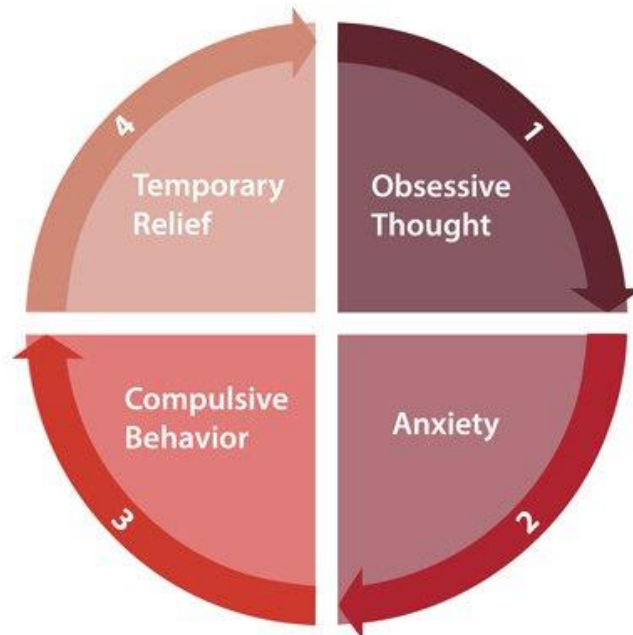
Obsessive-compulsive disorder (OCD)

Cycle of obsessions and/or compulsions

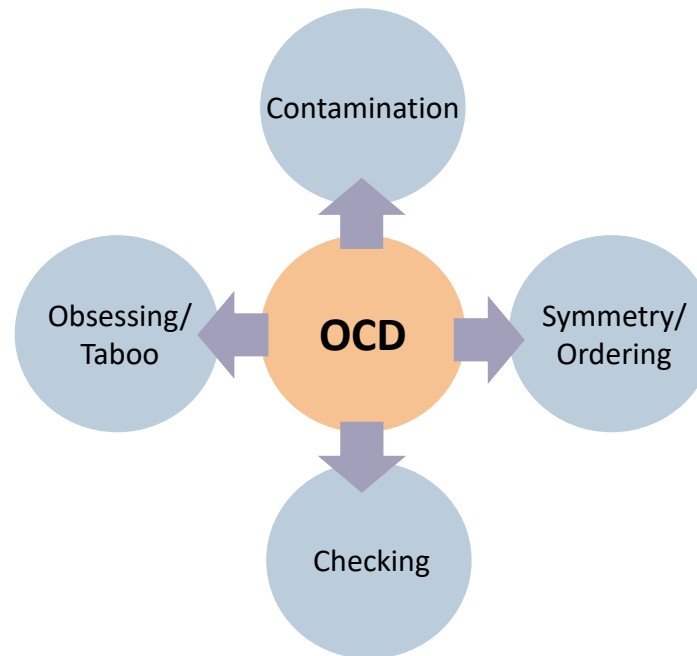
Variety of different symptoms in clusters

Cortico-striato-thalamo-cortical circuits

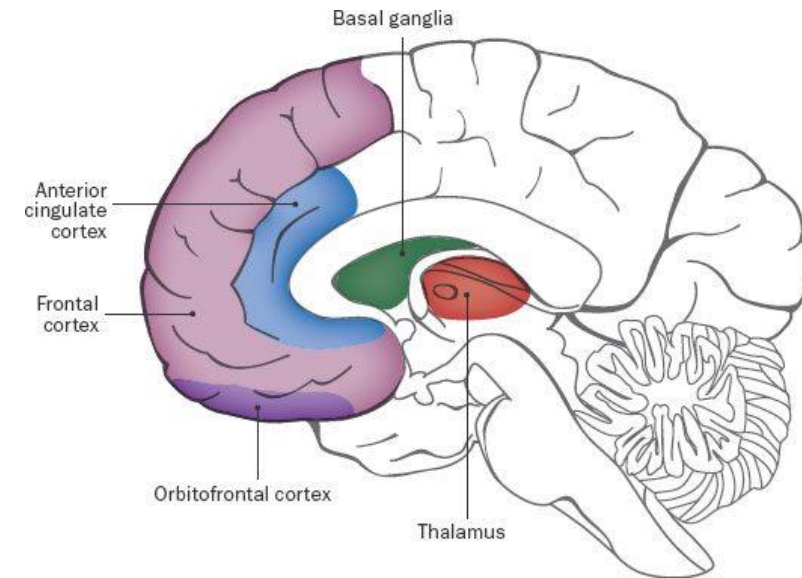
The Vicious Cycle of OCD



<https://helpguide.org/>



Strom, N.I., et al. (2021). Transl Psychiatry



<https://iocdf.org/>

Obsessive-compulsive disorder (OCD)

Bimodal age of onset, sex differences in prevalence change with age



Adapted from: Anholt, G., et al (2014). Psychological Medicine

Treatment

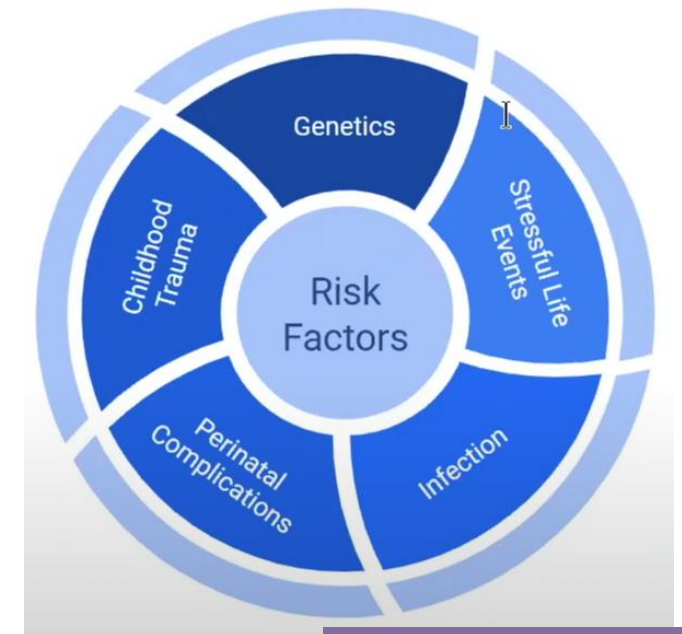


CBT: Exposure and response prevention



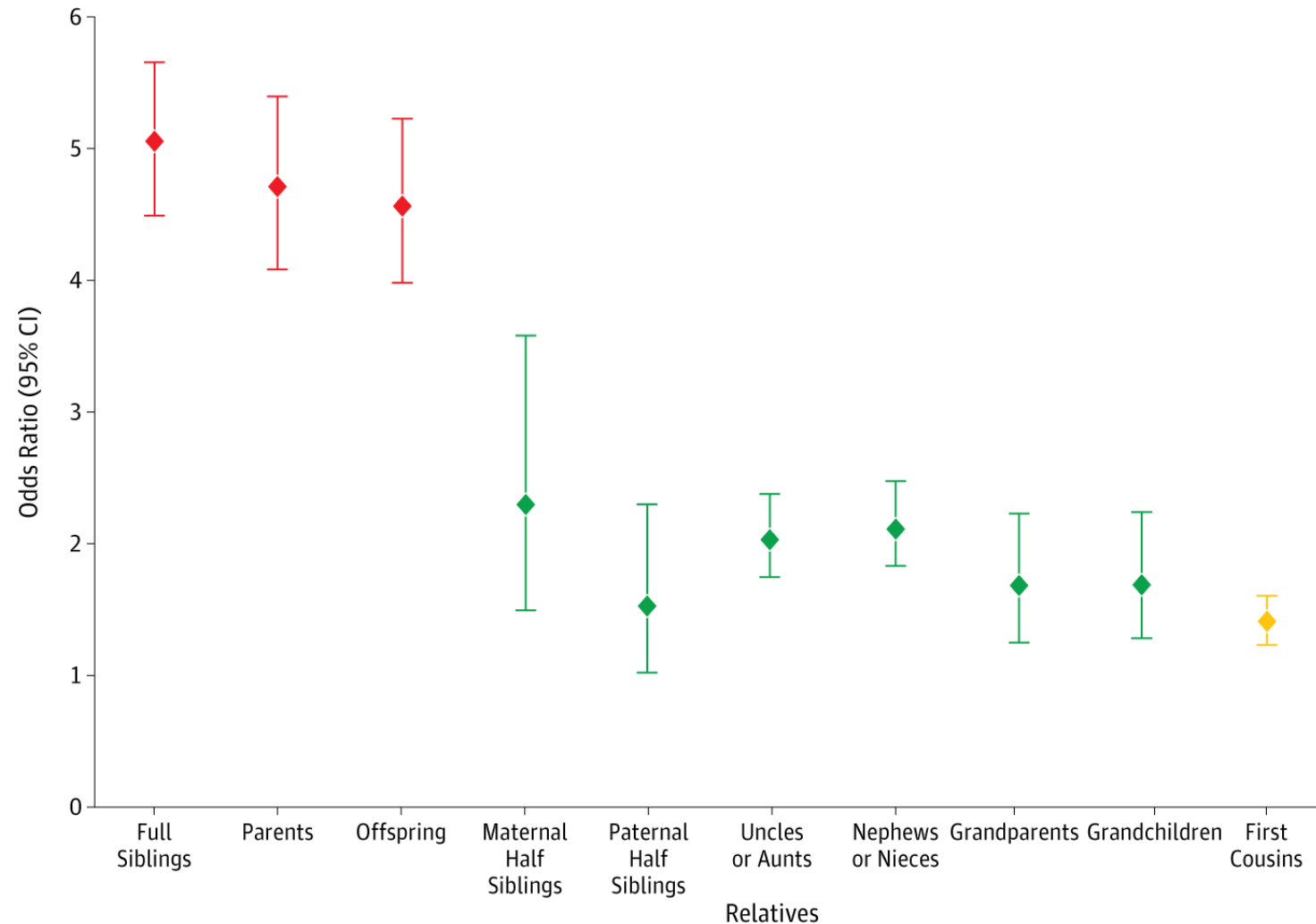
Medication: Serotonin reuptake inhibitors (SSRIs)

Many different risk factors



Heritability of OCD

Population-based, multigenerational family clustering study of obsessive-compulsive disorder



OCD: Genetic risk (or heritability) about 50%

Monogenic vs. Polygenic disorders

Monogenic: genetic variation in a single gene (or a few sequences on the chromosome) leads to the disease. **Very Complicated**

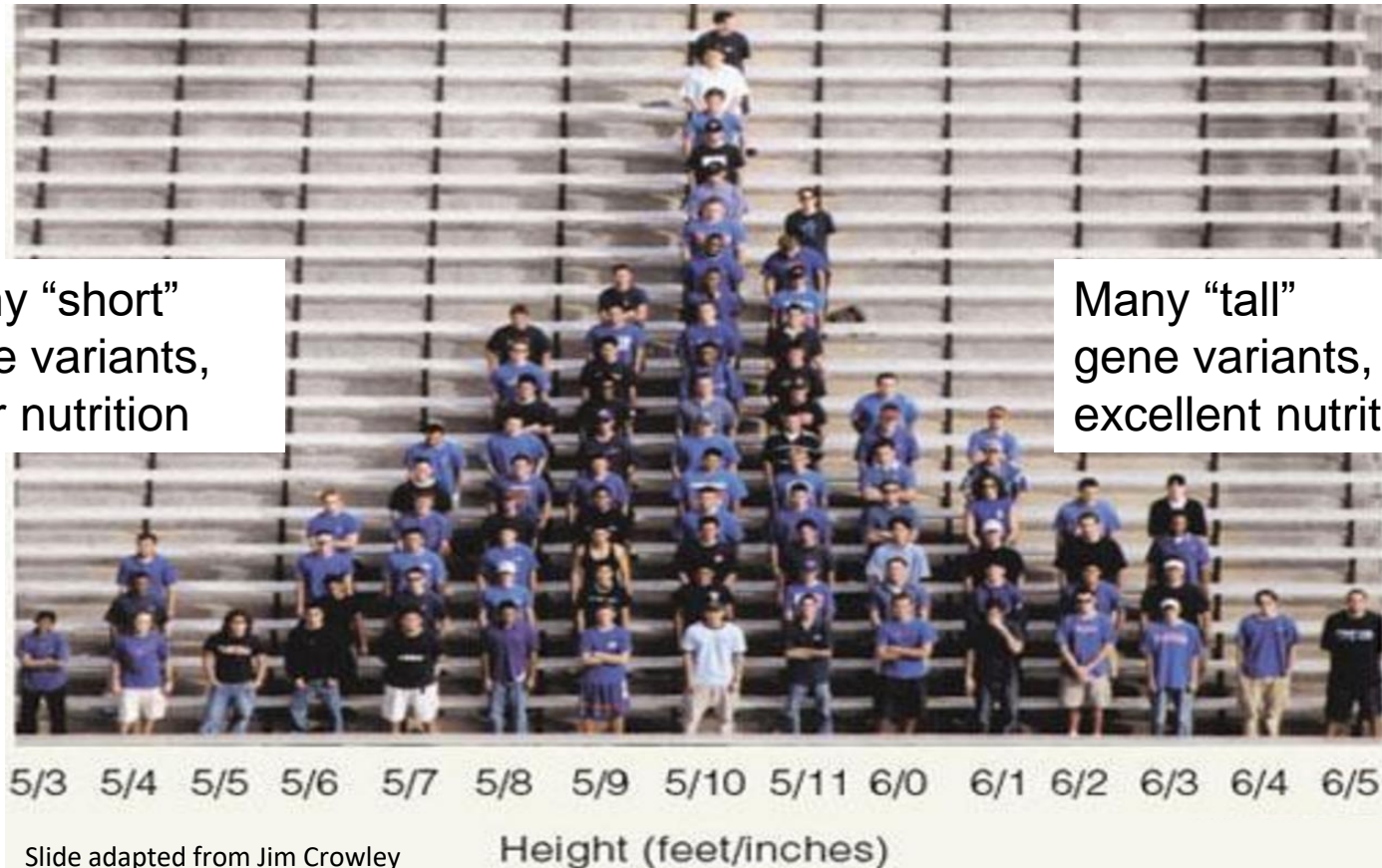
Polygenic: genetic variation in/regulating multiple genes (and its consequences on the gene products) can, in combination, lead to disease.

RA Fisher (1918), polygenic model:

If **many genes affect a trait**, and alleles at each gene are **randomly sampled each generation**, the effects of alleles at these genes are small and produce a **continuous, normally distributed trait** in the population.

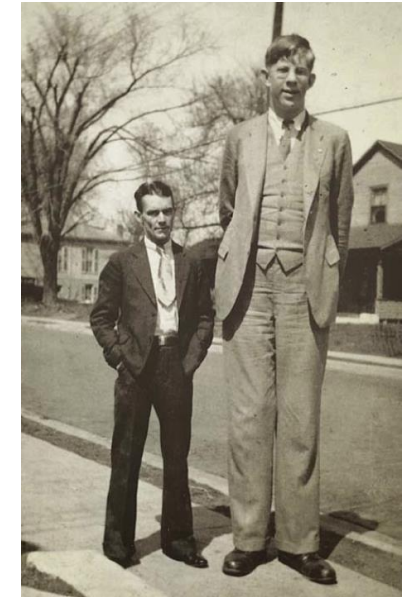


Many “short” gene variants, poor nutrition



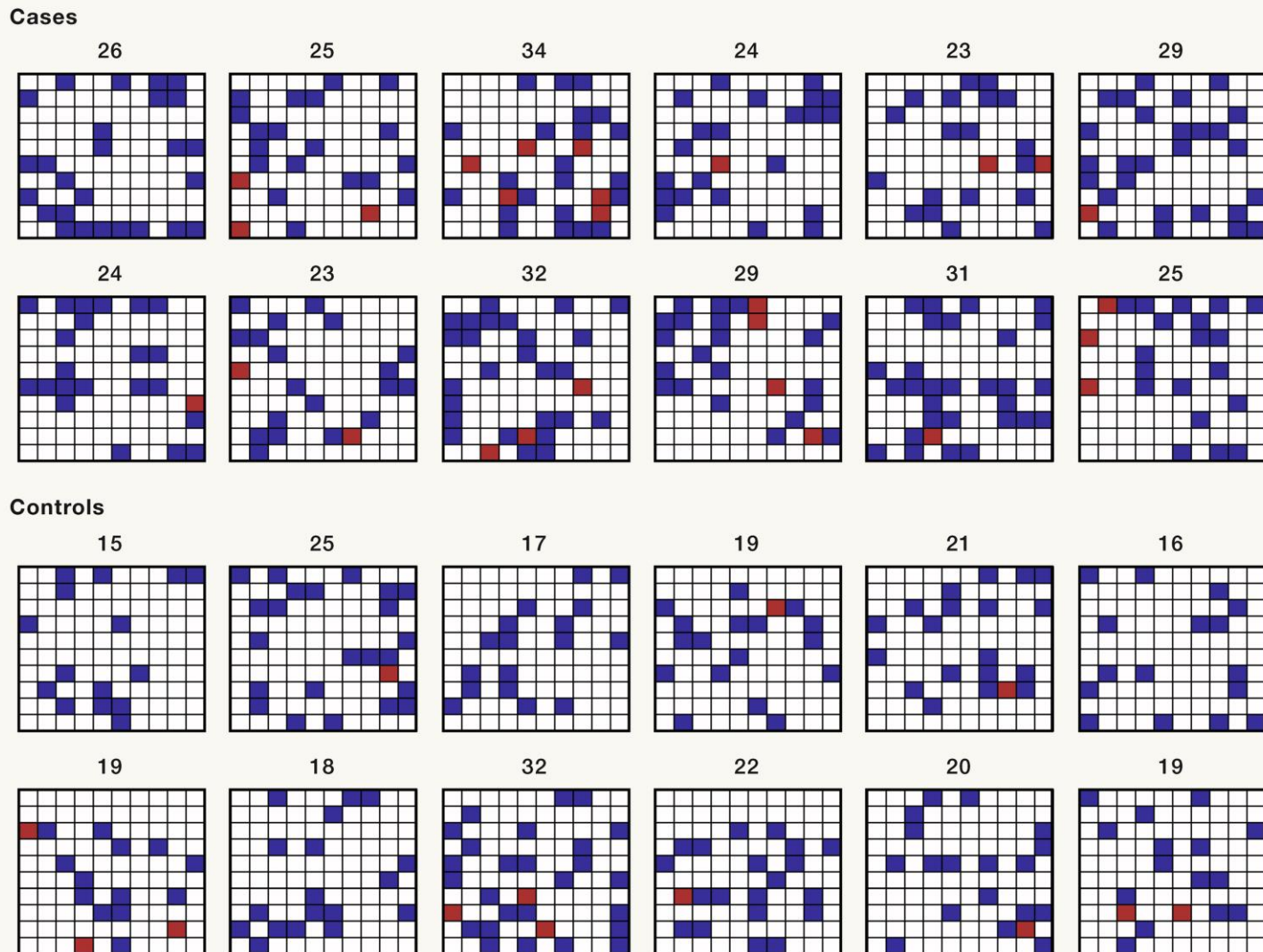
Slide adapted from Jim Crowley

Many “tall” gene variants, excellent nutrition



...or one major variant

Combinatorial effects



Disease risk is influenced by effects at 100 loci

Each box represents 1 risk locus

White = 0 risk alleles

Blue = 1 risk allele

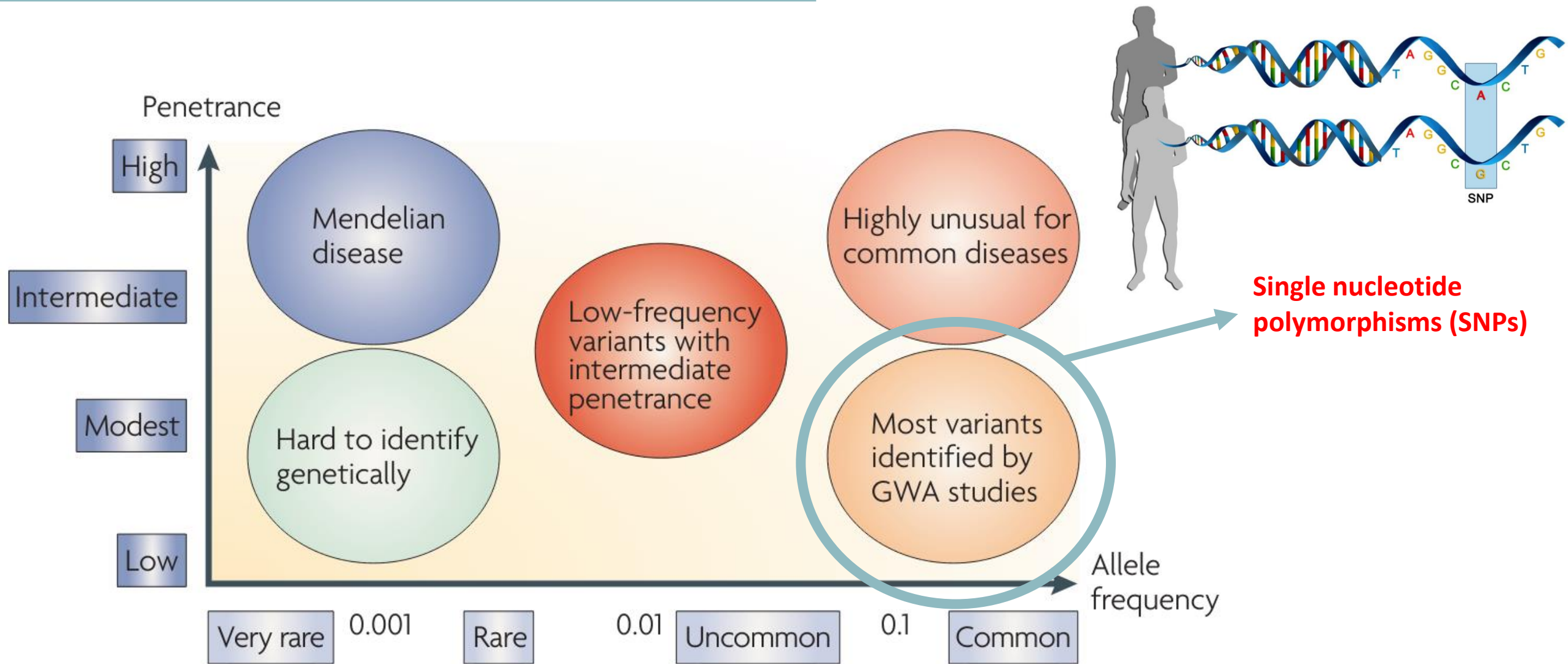
Red = 2 risk alleles

Cases don't look drastically different from controls!

→ **Heterogeneity!**

- Cases look more different from other cases than we would think!
- This gets exponentially „worse“ as polygenicity increases.

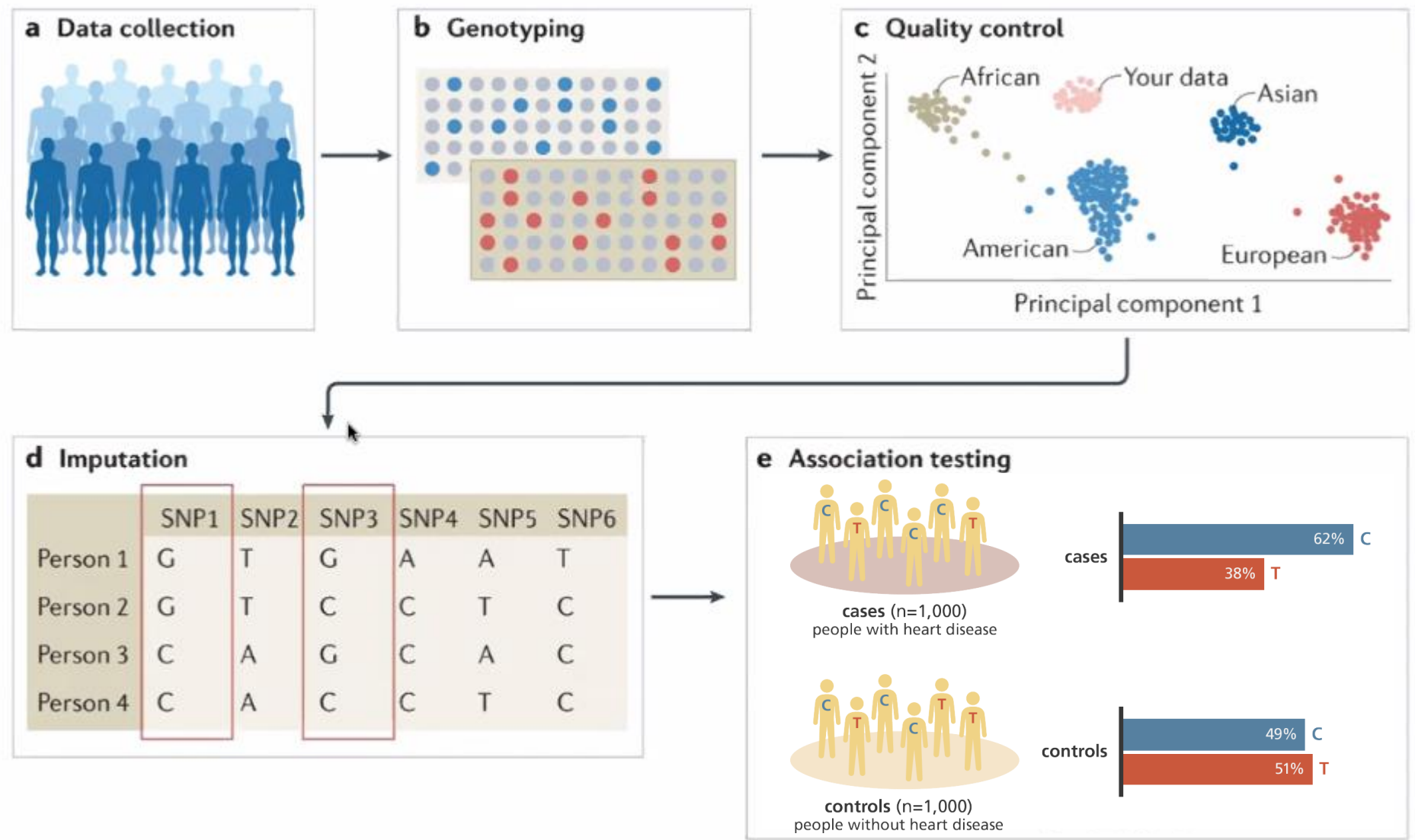
Allele frequency, effect size, types of variation



Genome-wide association study

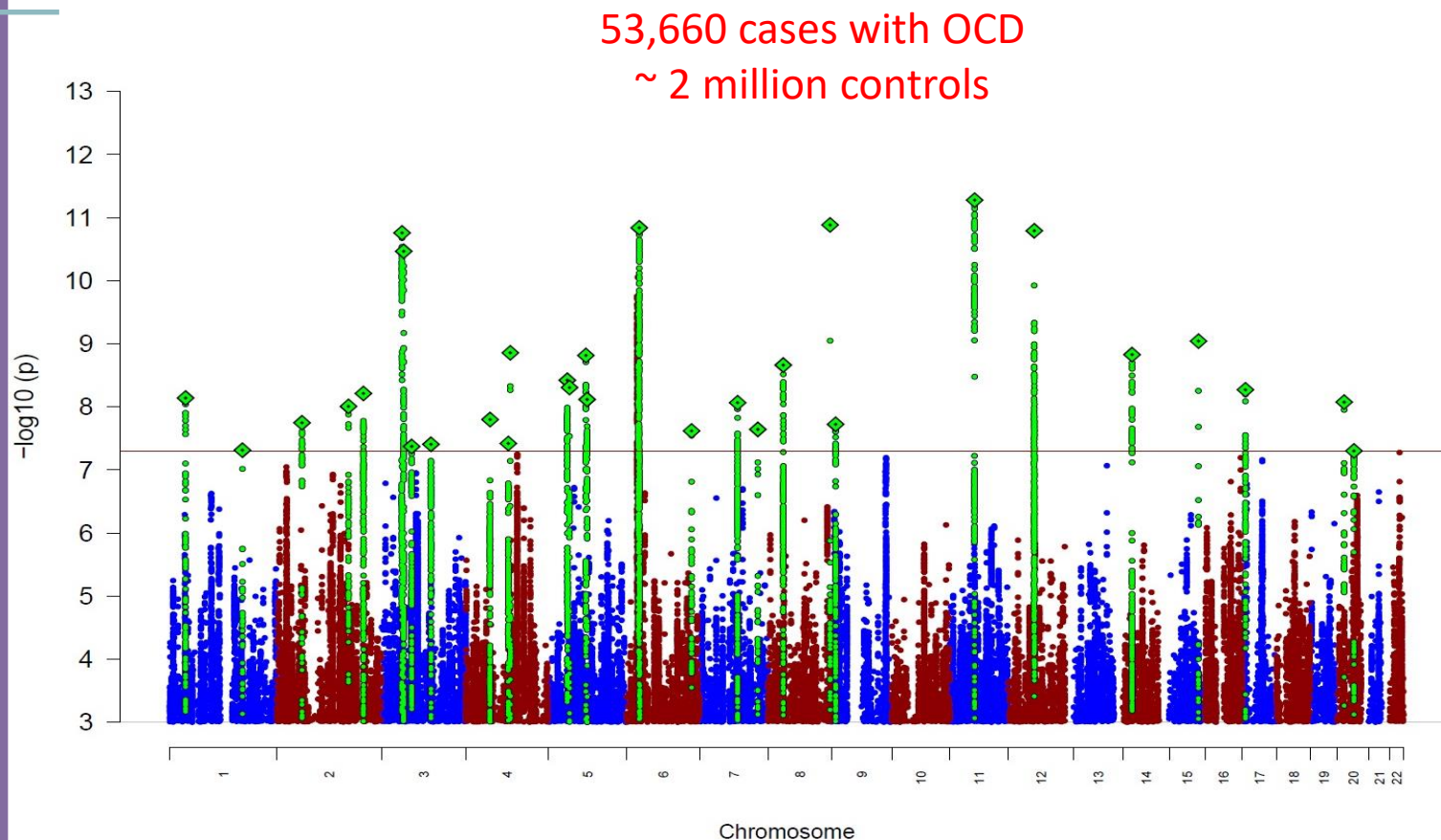
Logistic regressions
for each SNP
comparing cases vs
controls

$P < 5 \times 10^{-8}$



OCD GWAS results

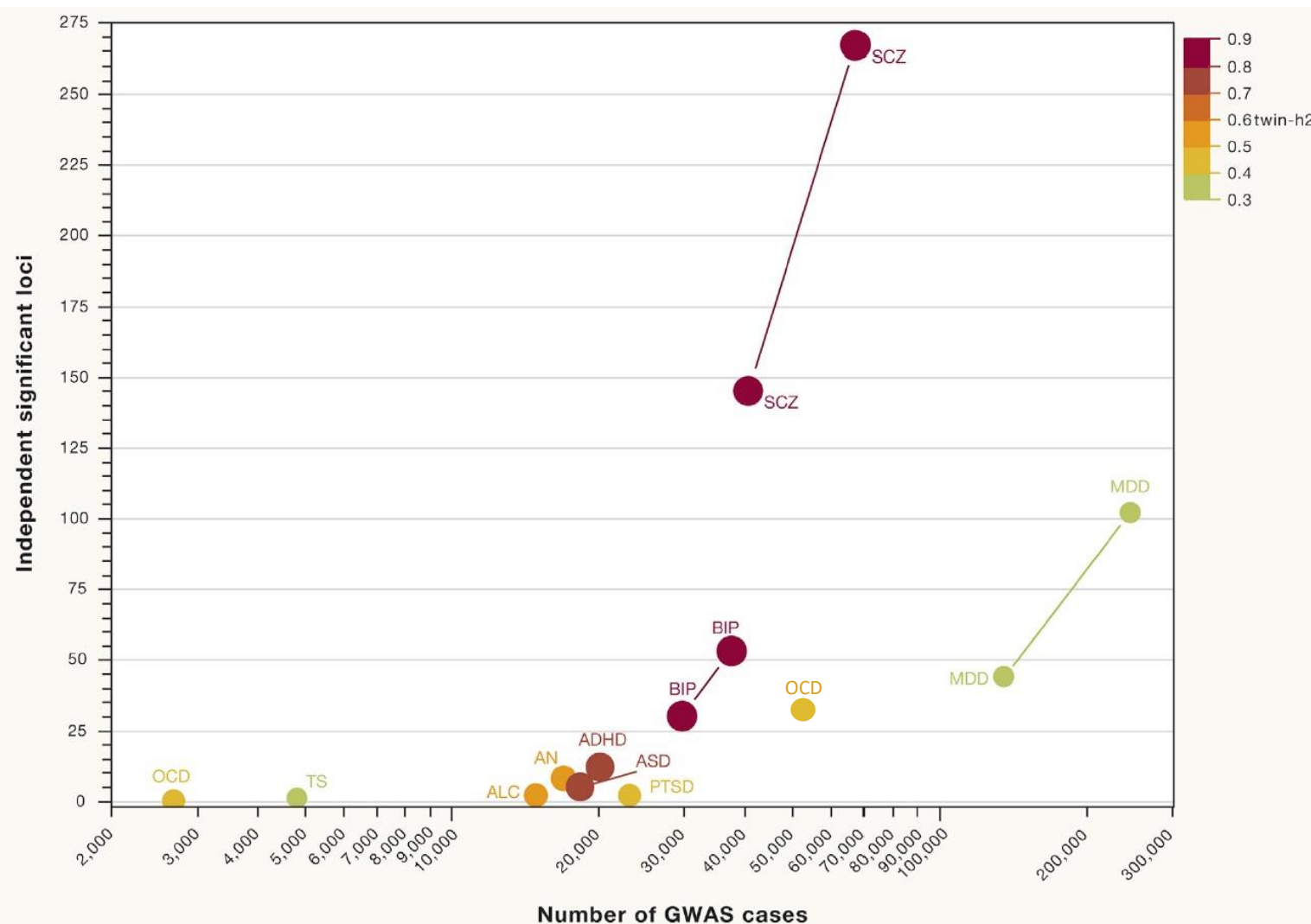
Meta-analysis of 28 cohorts identified 30 significant loci



All participating cohorts:

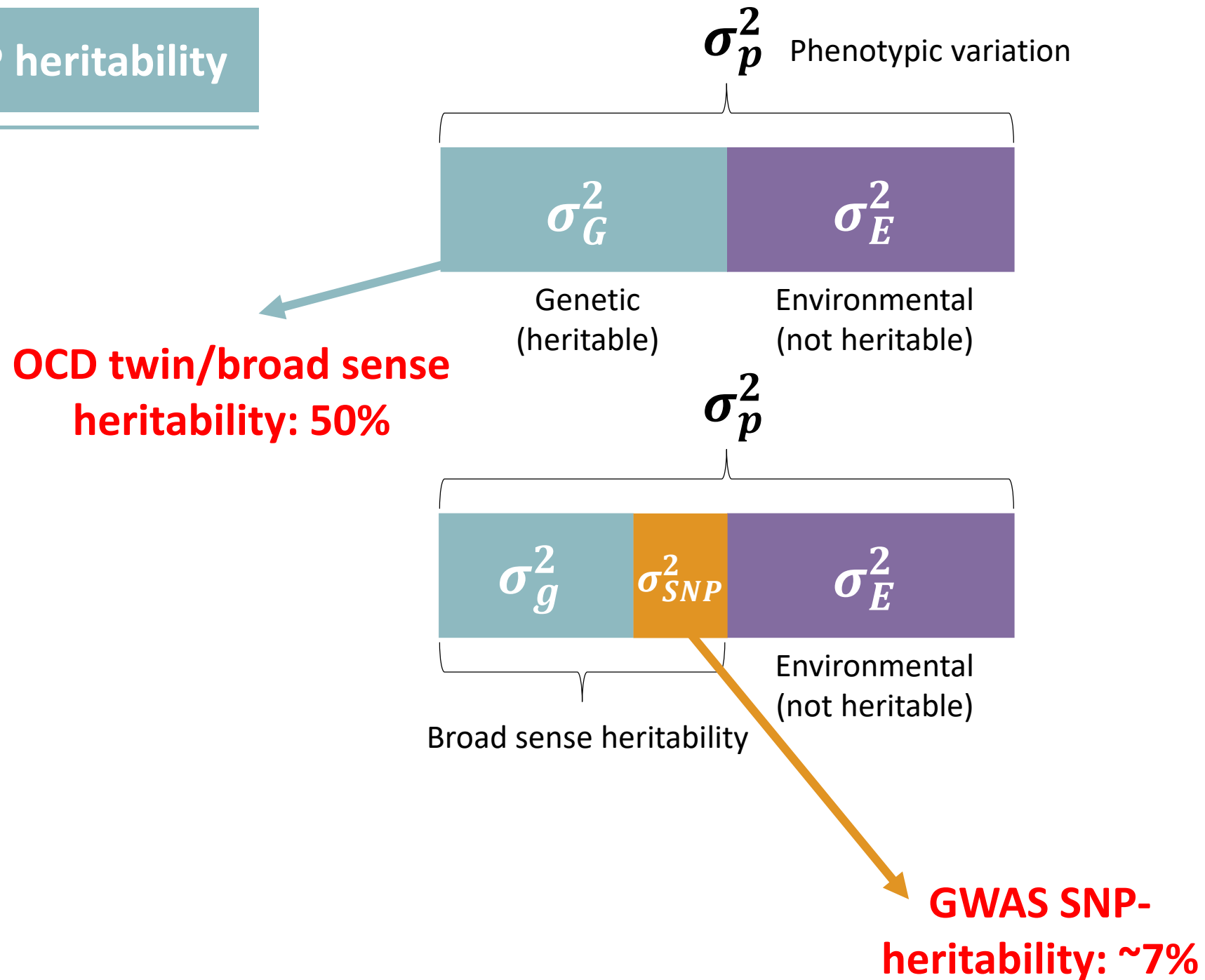
23andMe
MVP
OCGAS
IOCDF
UKBB
NORDiC
EGOS
iPSYCH
AGDS/QIMR
bioVU
EstBB
FinnGen
HUNT
MoBa
Michigan/Toronto
YalePenn
Chop
Coga
EPOC
Würzburg
PsychBroad

Relationship between N_{cases} in GWAS and significant loci



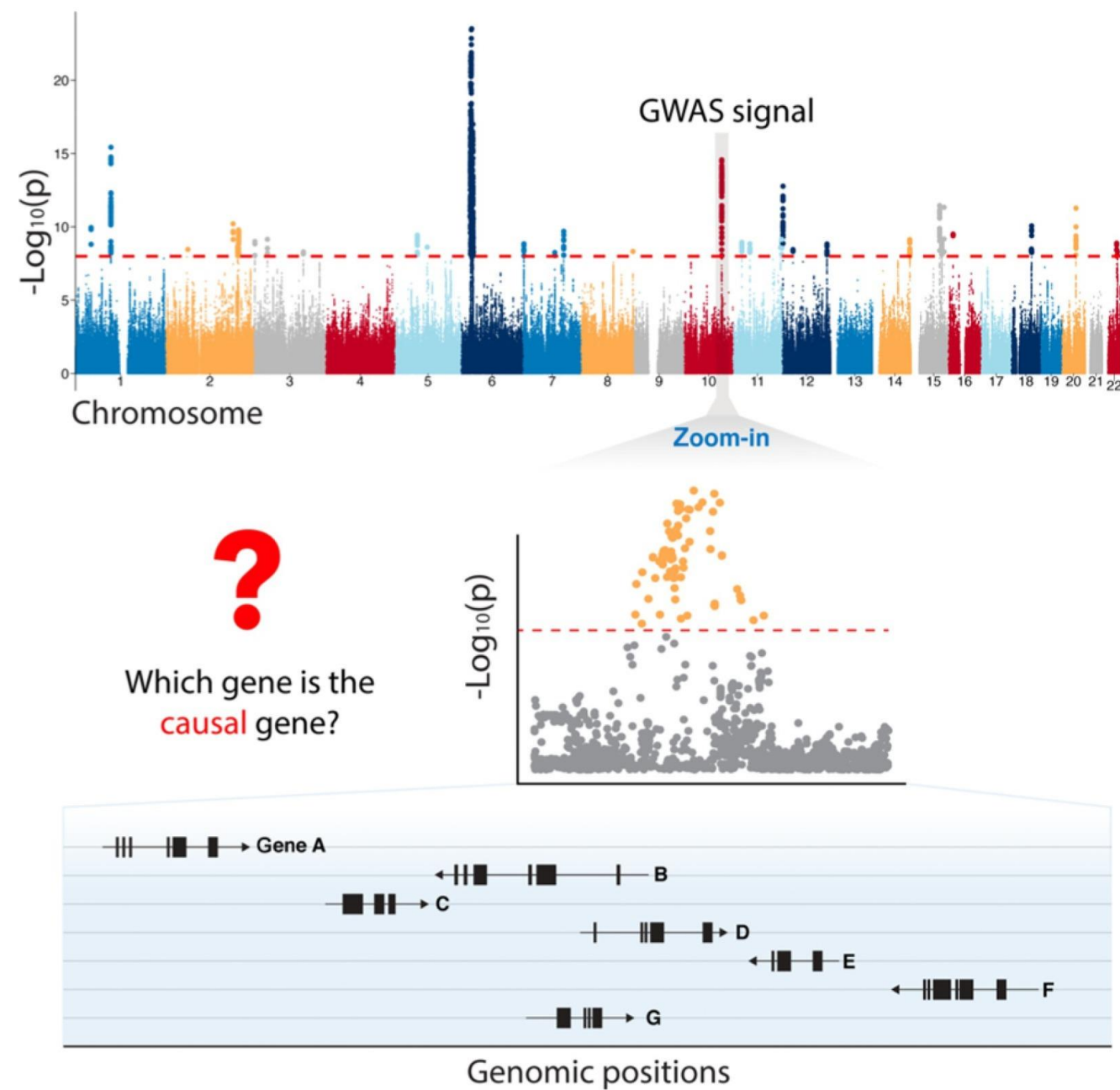
P Sullivan & D Geschwind Defining the Genetic, Genomic, Cellular, and Diagnostic Architectures of Psychiatric Disorders (2019), Cell

OCD SNP heritability



Finding causal genes

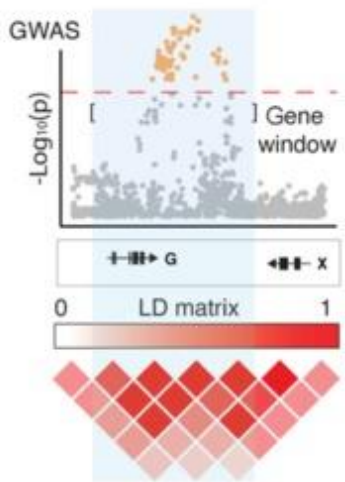
Mapping is very complicated



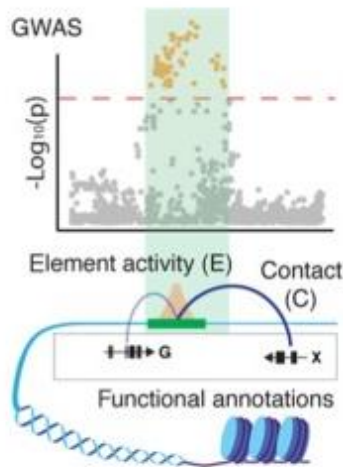
- Low mapping resolution (many correlated SNPs in one locus)
- Primarily non-coding
- Gene regulation

Finding causal genes

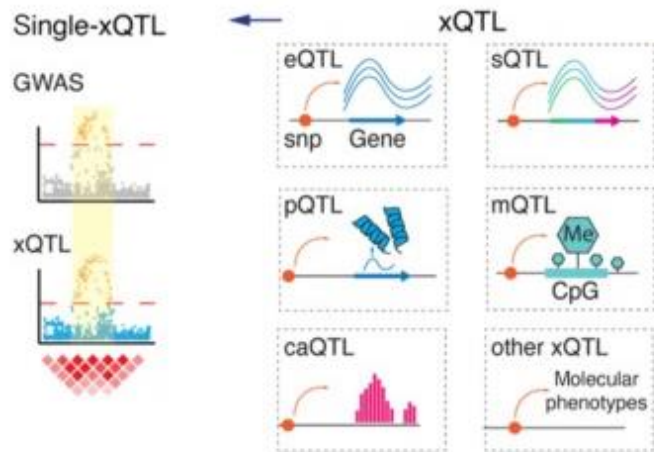
(A) Gene-based association test



(B) Enhancer-gene connection maps



(C) Integrative analysis of GWAS and xQTL data



7

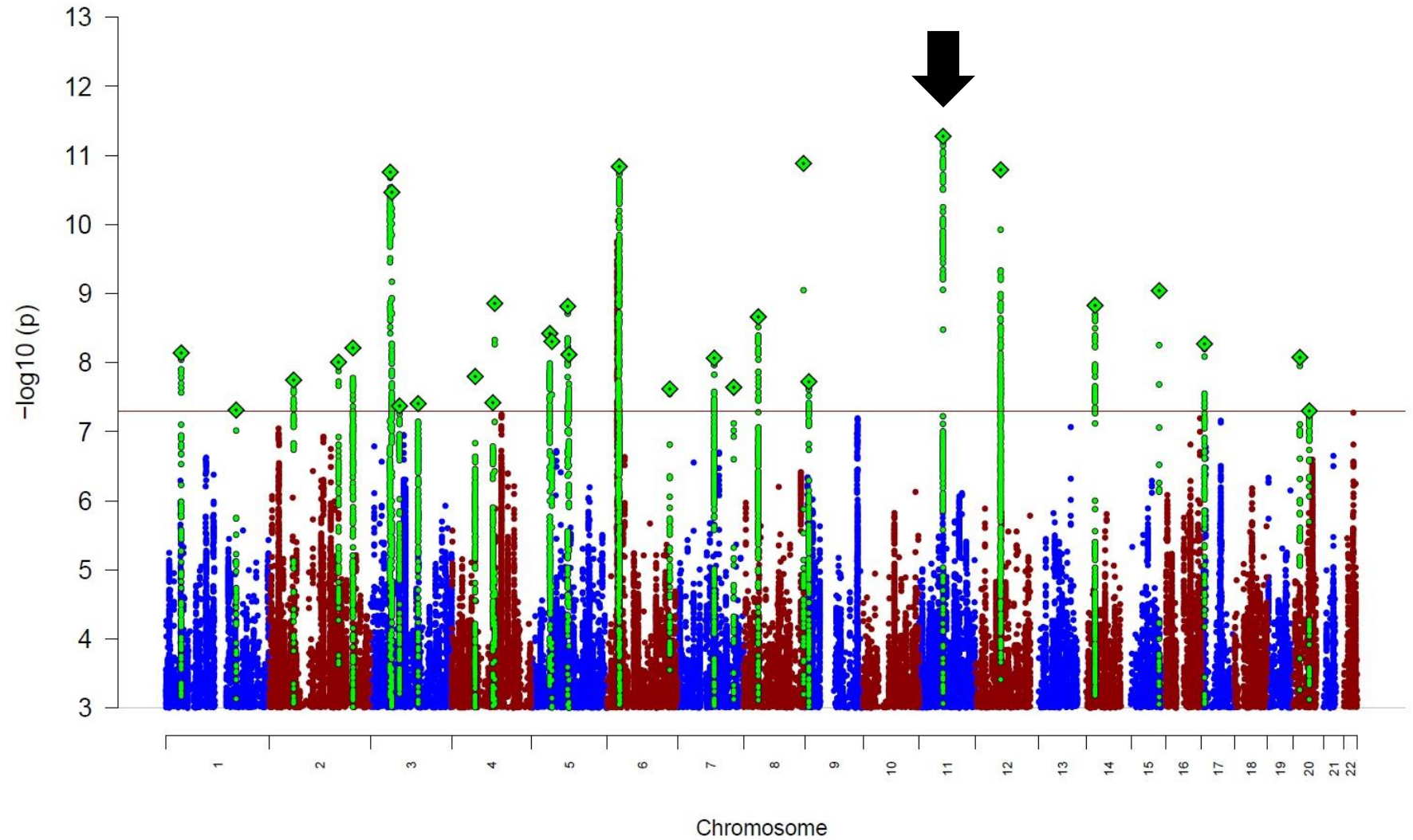
Conduct a series of positional and functional gene mapping analyses to prioritise OCD risk genes

Gene	Gene-based approach							Association filter		Summary		
	mBAT-combo	TWAS (Brain)	SMR		PWAS	PsyOPS	Cond. Ind.	COLOC	HEIDI	>1 gene-based approach	Association filter	Prioritized gene association
A										✓	✓	✓
B												
C										✓	✓	✓
D										✓		
E										✓		
F										✓	✓	✓

Strom NI et al., Genome-wide association study identifies 30 obsessive-compulsive disorder associated loci, accepted at Nature Genetics, 2025

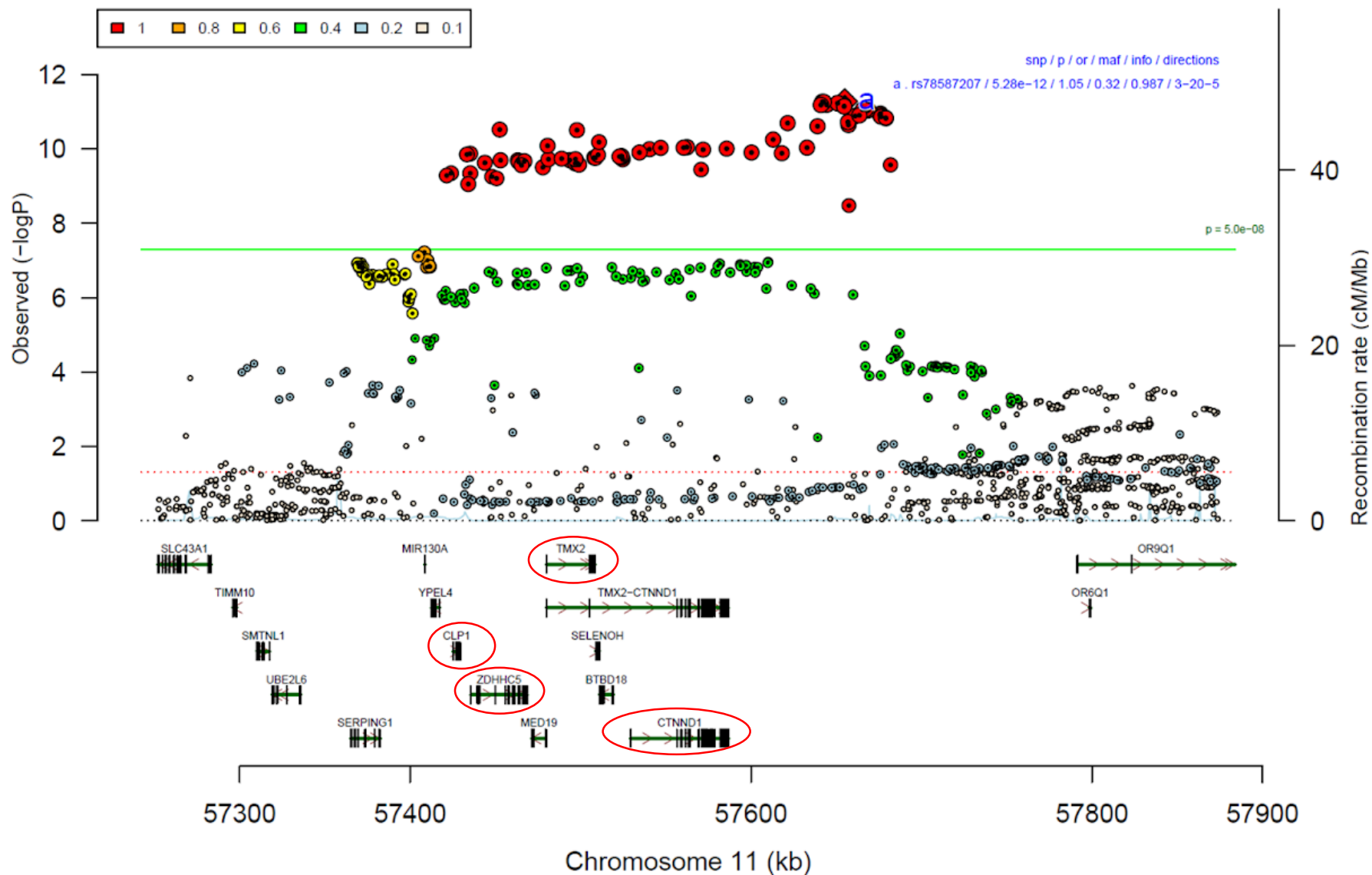
OCD GWAS results

Closer look at
significant regions



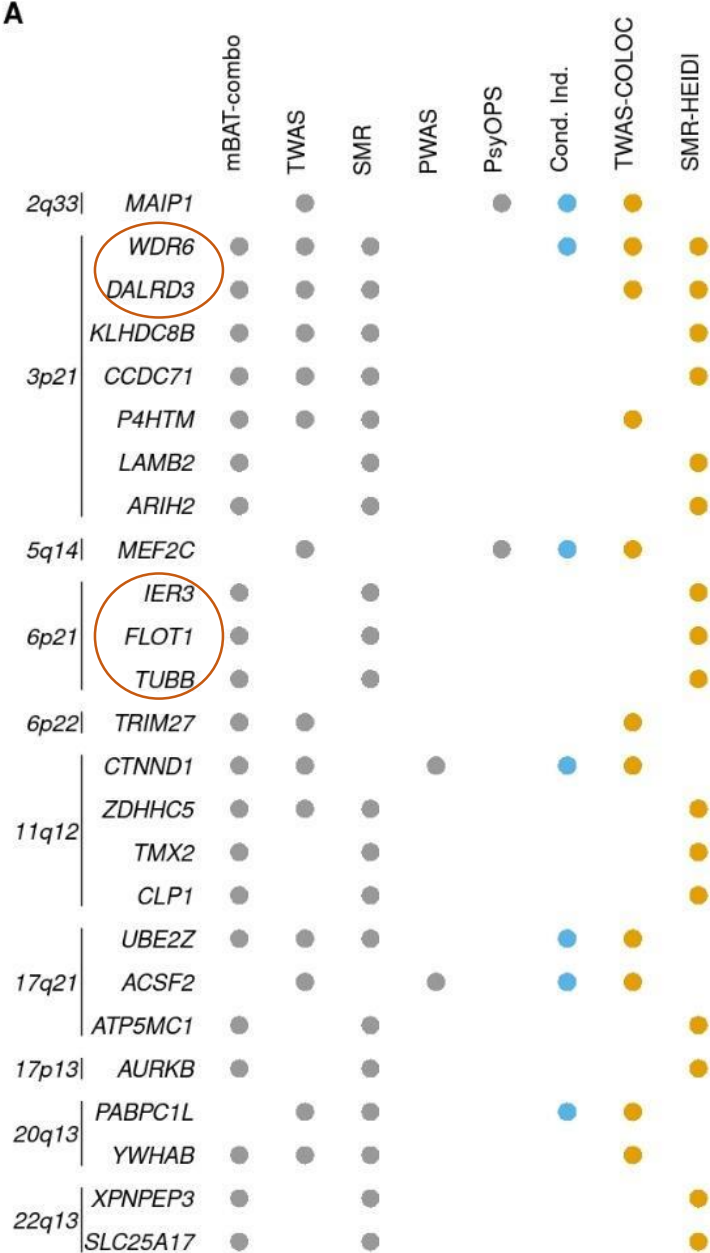
Zooming in

SNP rs78587207:
4 putative causal
genes: *CTNND1*,
CLP1, *TMX2*,
ZDHC5

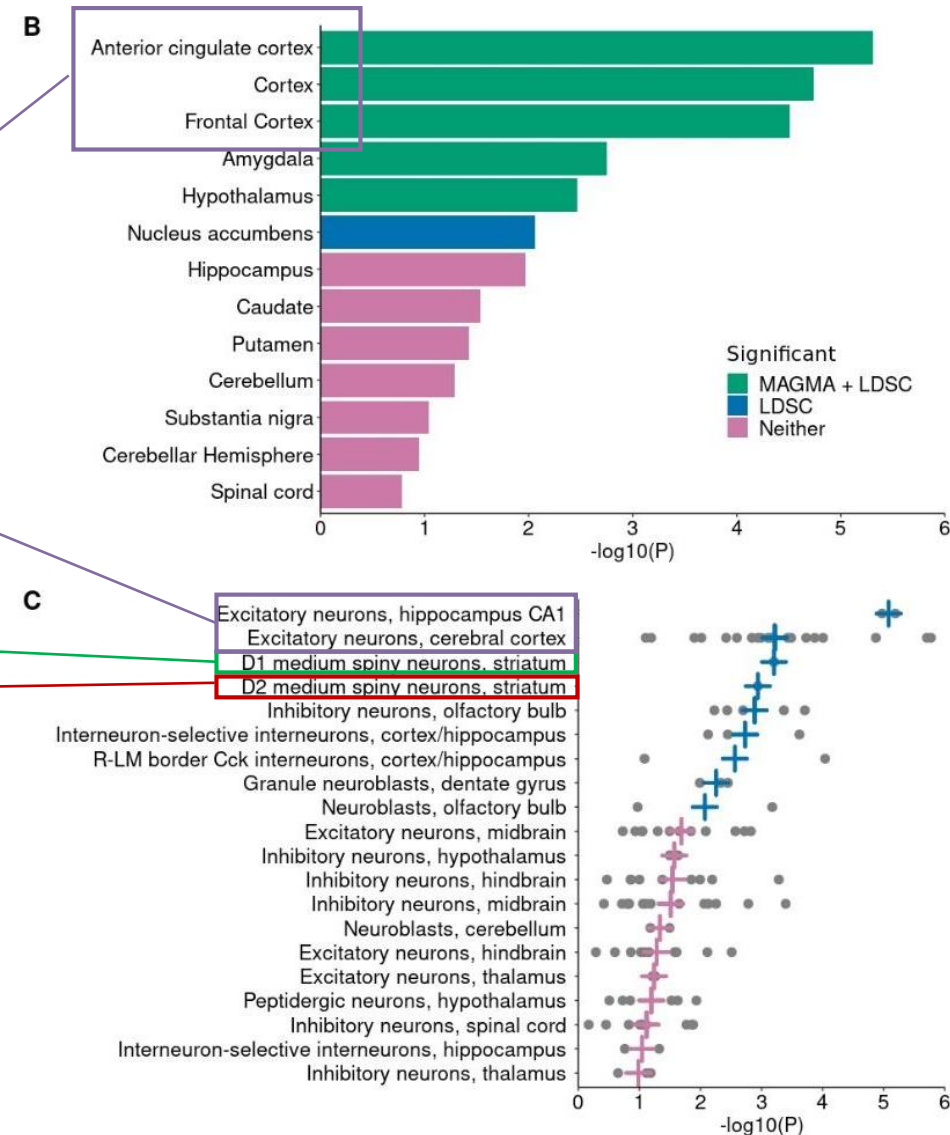
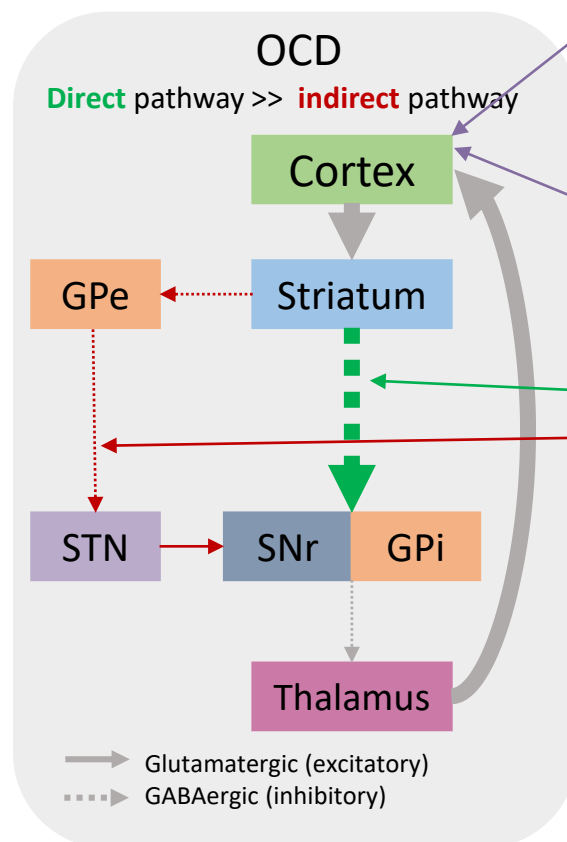
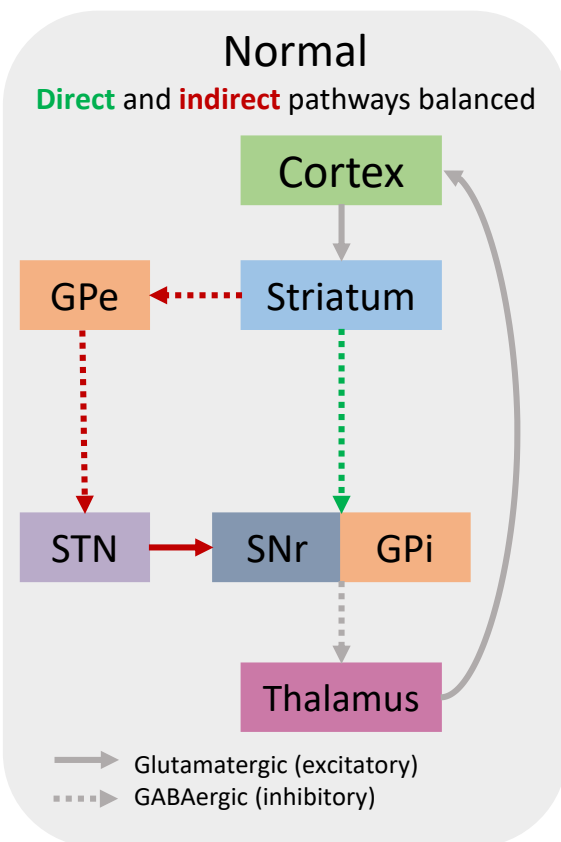


Gene-based results

25 likely causal genes

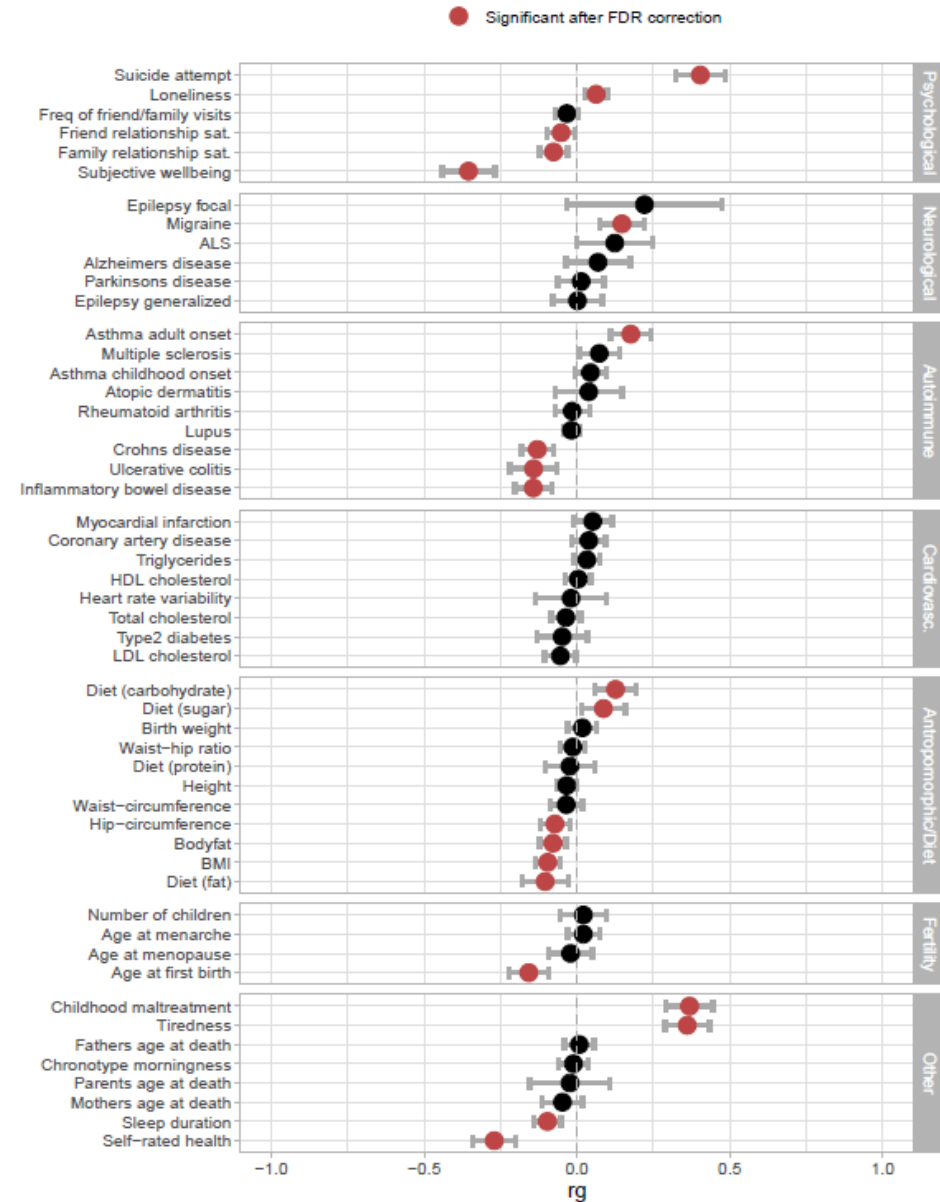
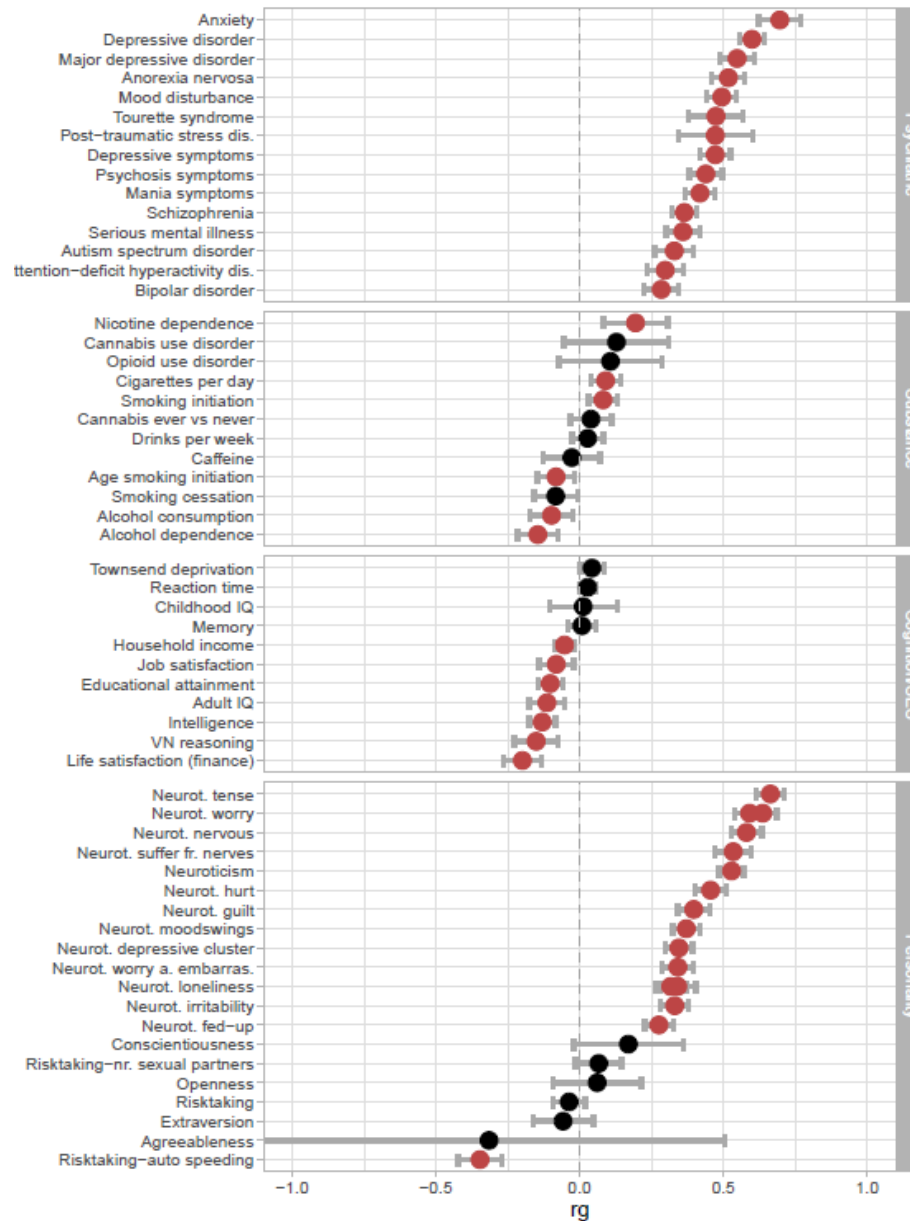


Tissue expression



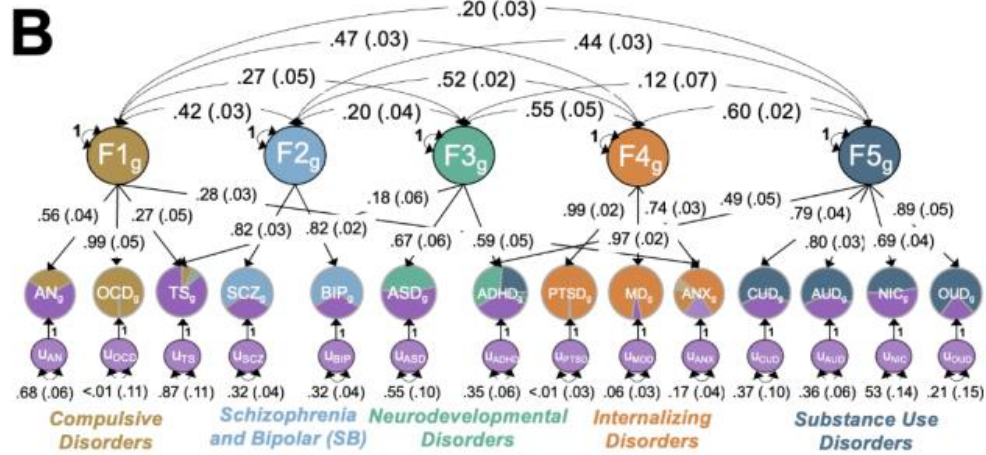
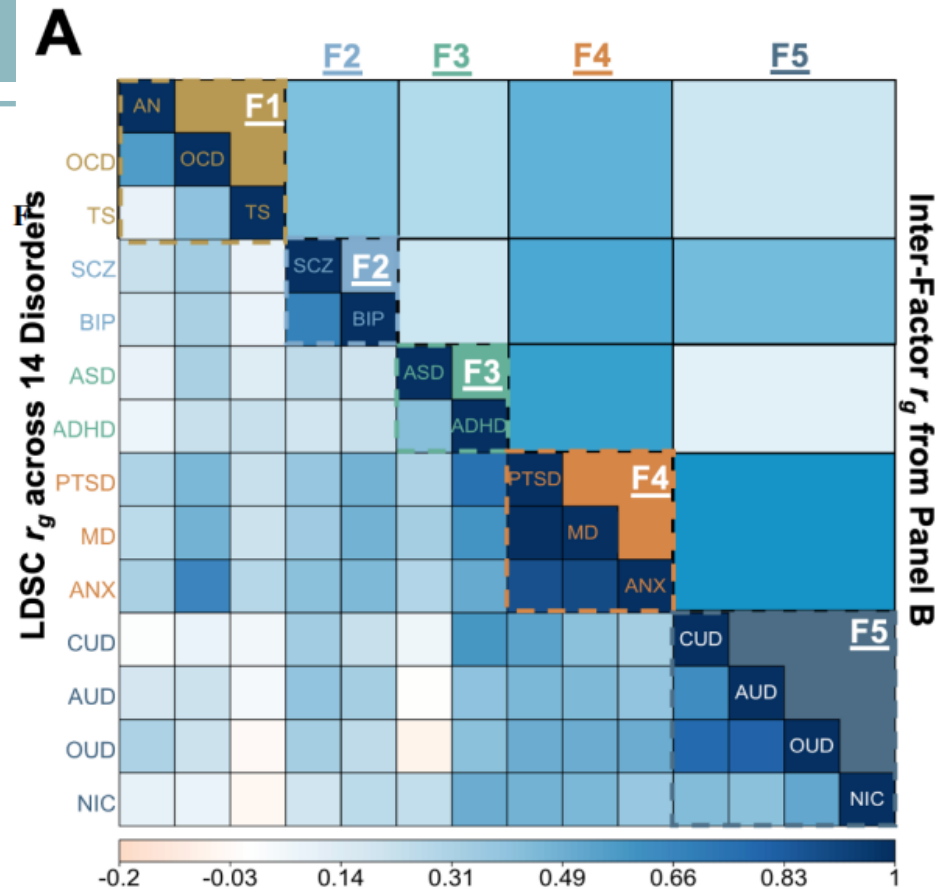
Strom NI et al., Genome-wide association study identifies 30 obsessive-compulsive disorder associated loci, accepted at Nature Genetics, 2025

Genetic relatedness



Genetic relatedness

OCD clusters together with Anorexia and Tourette syndrome



Comorbidity

iPSYCH sample

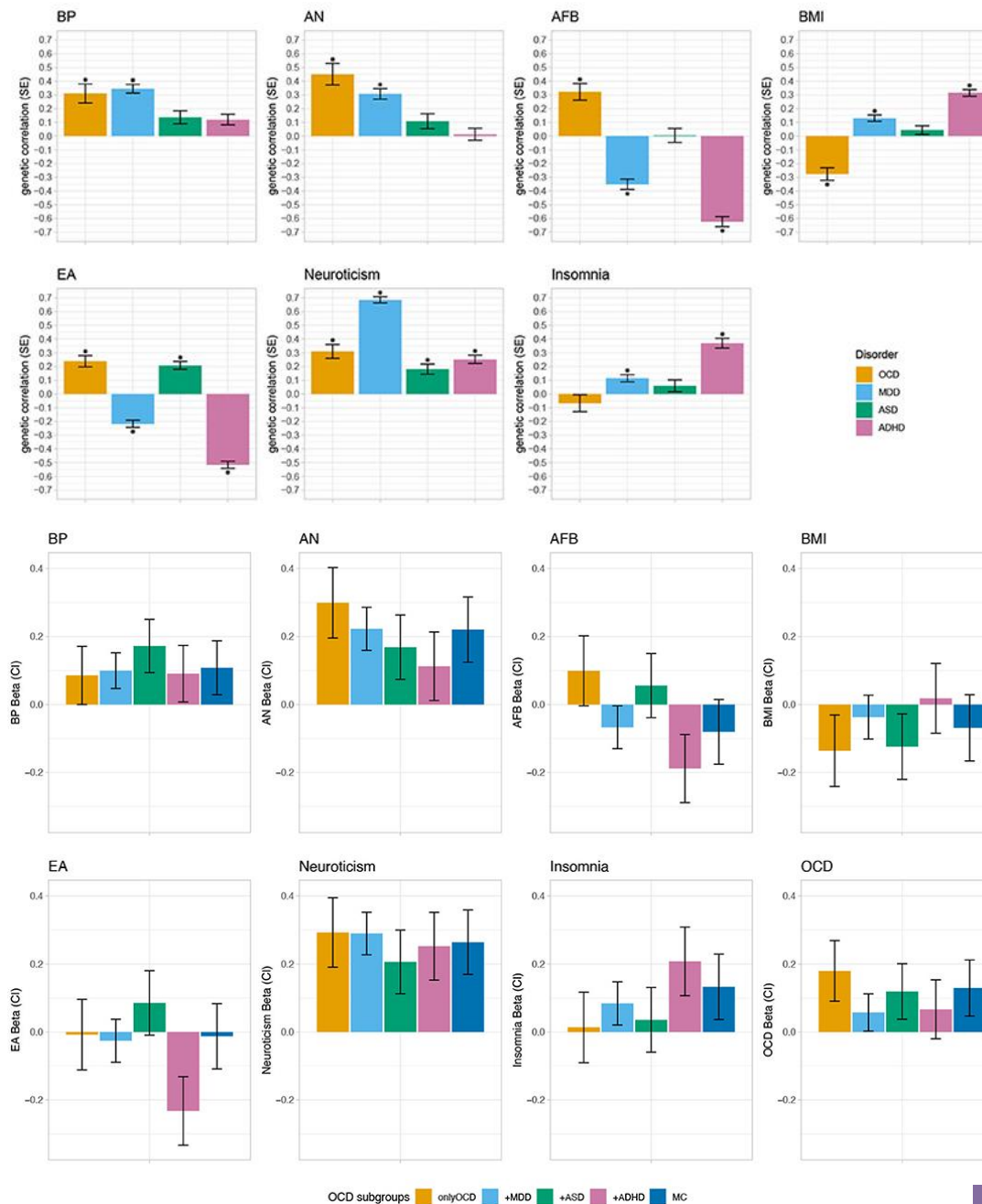
onlyOCD: 366cases

OCD+MDD: 1052 cases

OCD+ASD: 388 cases

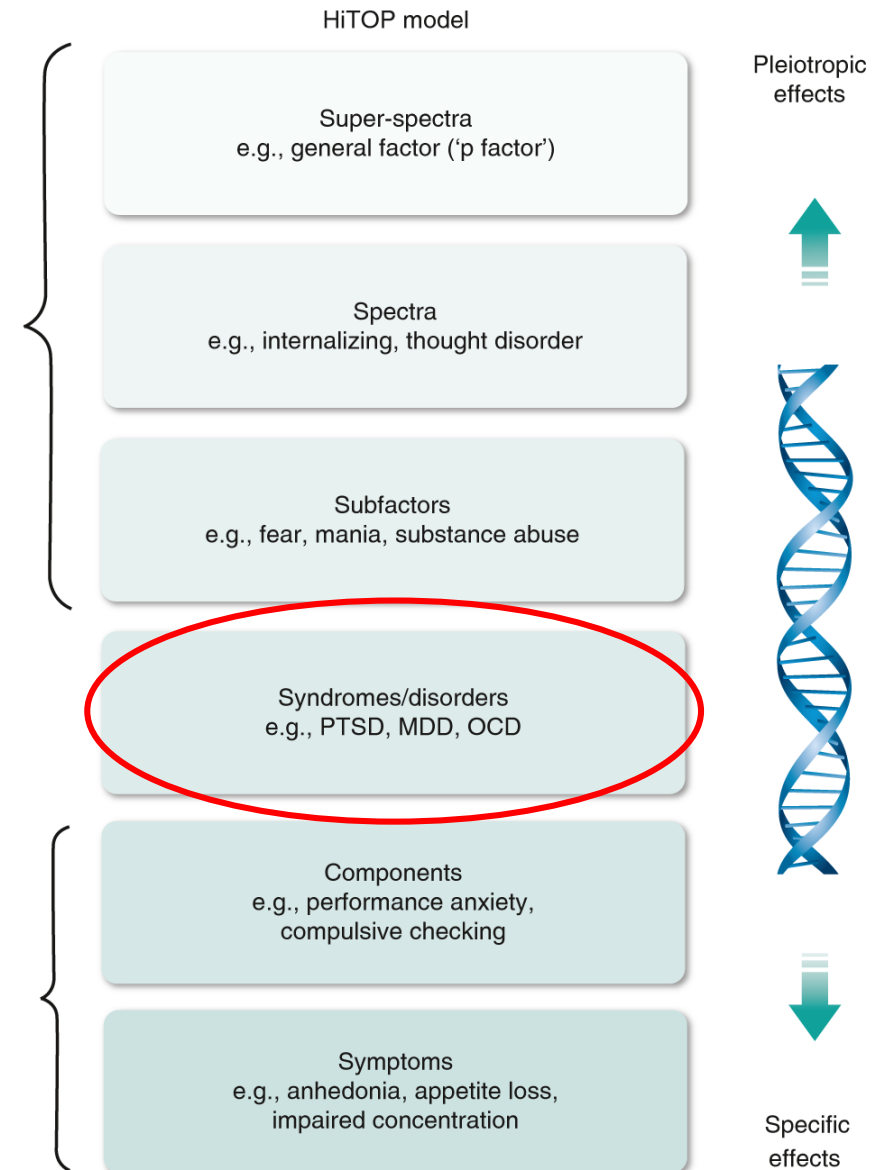
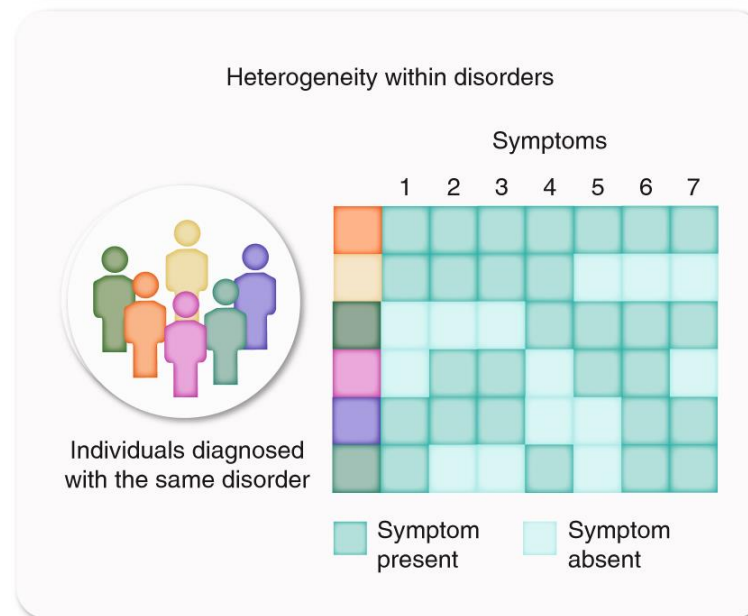
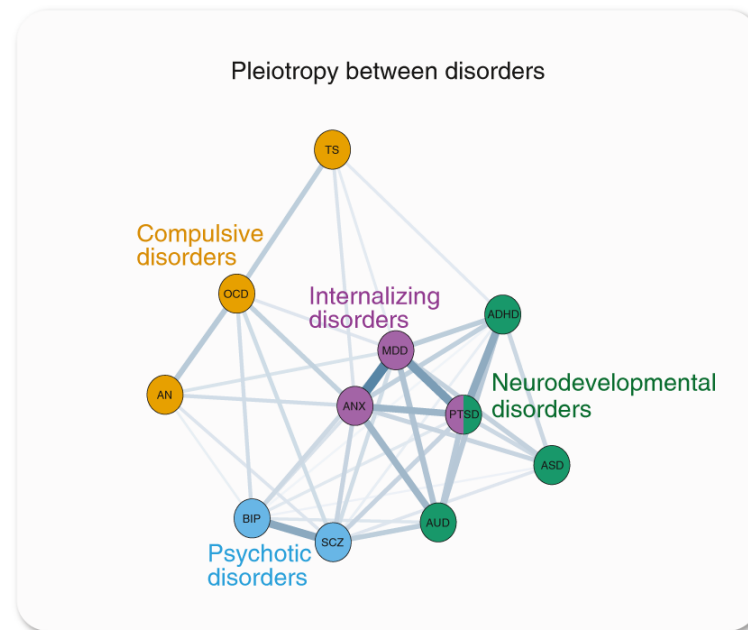
OCD+ADHD: 443 cases

OCD+multiple: 429 cases



Specificity

Genetic risk acts on different levels from very broad (general psychiatric risk) to very specific (symptoms)



~1 in 20 OCD cases have a rare coding variant that substantially contributes to their disorder



Exome sequencing in obsessive-compulsive disorder reveals a burden of rare damaging coding variants

OCD cases = 1313 (trios)
+ 644 additional cases

Small rare genetic variants:

- Rare coding single nucleotide variants (SNVs)
- indels

Halvorsen MW et al., Exome sequencing in obsessive-compulsive disorder reveals a burden of rare damaging coding variants, Nature Neuroscience 2021

Molecular Psychiatry

www.nature.com/mp

ARTICLE OPEN

A burden of rare copy number variants in obsessive-compulsive disorder

OCD cases = 2248

Large rare genetic variants:

- Rare copy number variants (CNVs)

Halvorsen MW et al., A burden of rare copy number variants in obsessive-compulsive disorder, Molecular Psychiatry 2024

We identified the first genetic variants ever associated with OCD

- OCD is highly genetic
 - Twin studies: 50% heritability
 - GWAS: 7% heritability
- We found 30 loci associated with OCD (common SNPs)
- 25 credible genes implicated
- Rare genetic variants also seem to have an impact (less studied)
- Genes expressed in brain areas and cell types involved in the CSCT-circuitry
- Genetically correlated with other traits, especially with Tourette syndrome, anorexia & anxiety

Limitations:

- Mechanistic understanding from gene → disorder still limited
- Many samples not deeply phenotyped (self-reported diagnosis)
- Individuals only from European ancestry

Drug development
including evidence
from human
genetics are twice
as successful

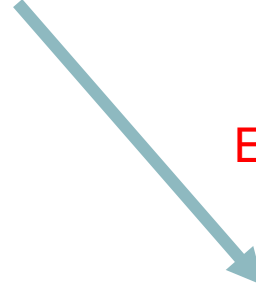
- **Depression GWAS** identified possible new therapeutic targets:
 - anti-cancer therapies,
 - modafinil (reduces daytime sleepiness)
 - pregabalin (pain management)

Using genetic variants to predict a patient's response to a particular drug

CYP2D6 and **CYP2C19** for antidepressants and antipsychotics



Metabolism of
venlafaxine,
fluoxetine, paroxetine

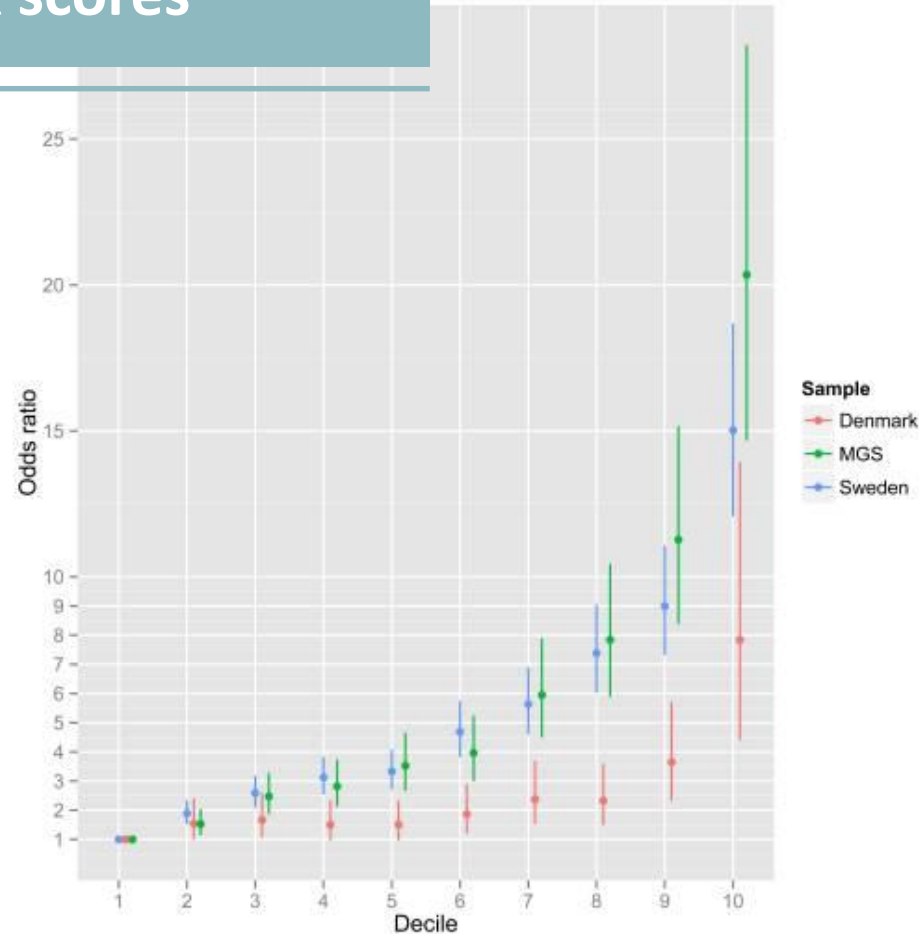


Effects on antidepressants

Metabolism of escitalopram,
citalopram, sertraline (poor
metabolizers increased side
effects, ultrarapid metabolizers)

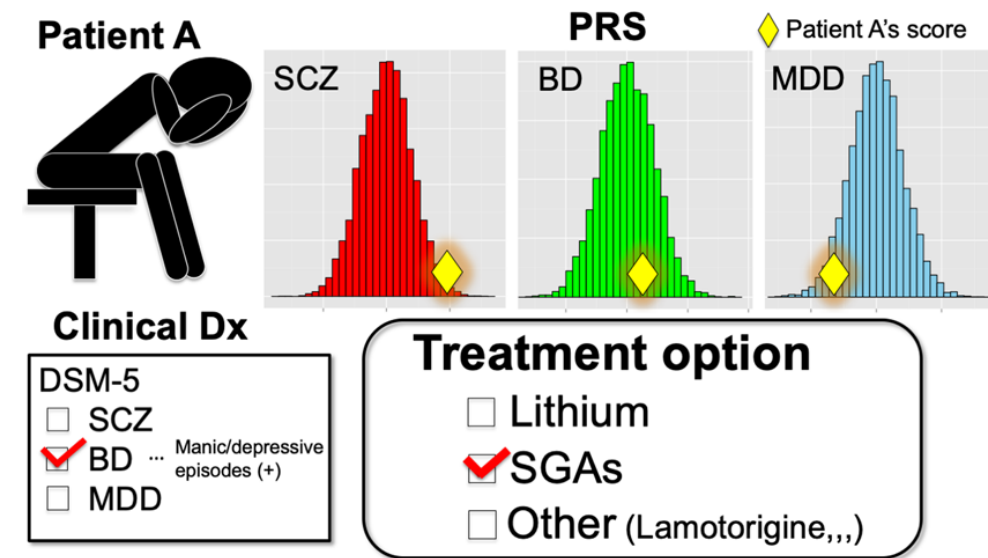
Polygenic risk scores

Common genetic findings are not commonly used in clinical practice



SCZ working group of the PGC. *Nature*, 2014

Genetic risk scores (from **GWAS**) do not have sufficient power for future diagnosis



Ikeda et al., Polygenic risk score as clinical utility in psychiatry: a clinical viewpoint. *Journal of human genetics*, 2020

But they might help to guide differential diagnosis (not used in the clinic yet!).

Genetic testing of rare genetic findings might be useful for some psychiatric disorders

- Known **rare genetic variants** for neurodevelopmental disorders and schizophrenia are of relevance in genetic counselling
- European network: **EnGagE** (Enhancing Psychiatric Genetic Counseling, Testing, and Training in Europe)

Thank you!

We want to thank all participants and individual study sites!

All participating cohorts:

23andMe
MVP
OCAS
IOCDF
UKBB
NORDiC
EGOS
iPSYCH
AGDS/QIMR
bioVU
EstBB
FinnGen
HUNT
MoBa
Michigan/Toronto
YalePenn
Chop
Coga
EPOC
Würzburg
PsychBroad



Dr. Zac Gerring



Dr. Dongmei Yu



Dr. Matthew Halvorsen



Dr. Manuel Mattheisen



Dr. Jeremiah Scharf



Dr. Eske Derks



Dr. Carol Mathews

& many more!



International
OCD
Foundation

Questions?

WHAT O.C.D. IS NOT:

