# Genome-Wide Association Study of Generalized Anxiety Symptoms in the Hispanic Community Health Study/Study of Latinos 

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Although generalized anxiety disorder (GAD) is heritable and aggregates in families, no genomic loci associated with GAD have been reported. We aimed to discover potential loci by conducting a genome-wide analysis of GAD symptoms in a large, populationbased sample of Hispanic/Latino adults. Data came from 12,282 participants (aged 18-74) in the Hispanic Community Health Study/Study of Latinos. Using a shortened Spielberger Trait Anxiety measure, we analyzed the following: (i) a GAD symptoms score restricted to the three items tapping diagnostic features of GAD as defined by DSM-V; and (ii) a total trait anxiety score based on summing responses to all ten items. We first calculated the heritability due to common variants ( $h_{\text {SNP }}^{2}$ ) and then conducted a genome-wide association study (GWAS) of GAD symptoms. Replication was attempted in three independent Hispanic cohorts (Multi-Ethnic Study of Atherosclerosis, Women's Health Initiative, Army STARRS). The GAD symptoms score showed evidence of modest heritability ( $7.2 \%$; $P=0.03$ ), while the total trait anxiety score did not ( $4.97 \% ; P=0.20$ ). One genotyped SNP (rs78602344) intronic to thrombospondin 2 (THBS2) was

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nominally associated $\left(P=5.28 \times 10^{-8}\right)$ in the primary analysis adjusting for psychiatric medication use and significantly associated with the GAD symptoms score in the analysis excluding medication users $\left(P=4.18 \times 10^{-8}\right)$. However, meta-analysis of the replication samples did not support this association. Although we identified a genome-wide significant locus in this sample, we were unable to replicate this finding. Evidence for heritability was also only detected for GAD symptoms, and not the trait anxiety measure, suggesting differential genetic influences within the domain of trait anxiety. © 2016 Wiley Periodicals, Inc.

Key words: genetic association study; anxiety; Hispanics/ Latinos

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identify genomic loci linked to GAD by conducting a genome-wide analysis of GAD symptoms. We used a dimensional measure of trait anxiety symptoms chosen to match DSM-5 criteria for GAD. Use of a dimensional measure enables an examination of the full range of quantitative variation, rather than extremes in this quantitative distribution (e.g., cases versus controls) and may be a statistically more powerful approach to identify variants associated with GAD [Plomin et al., 2009].

In this report, we present results from the first GWAS of GAD symptoms, where we found a genome-wide significant association between a SNP intronic to thrombospondin 2 (THBS2) and GAD symptoms in a large, diverse, and population-based sample of Hispanic/Latino adults. This finding did not replicate in a metaanalysis of three independent samples of Hispanic/Latino adults. We also present results from a SNP-chip heritability analysis, where we found evidence of modest heritability in GAD symptoms (7.2\%), but no statistically significant heritability for a broader measure of trait anxiety symptoms.

## MATERIALS AND METHODS

## Overview

The Hispanic Community Health Study/Study of Latinos (HCHS/ SOL) is a community-based prospective cohort study following 16,415 self-identified Hispanic/Latino adults (aged 18-74 at screening) and was designed to examine the distribution and determinants of chronic health conditions, including diabetes, pulmonary disease, and cardiovascular disease. As described elsewhere [Lavange et al., 2010], participants were recruited via a stratified two-stage area probability sample of households across four cities in the United States (Chicago, IL; Miami, FL; Bronx, NY; San Diego, CA). The majority of the sample self-identified with the following background groups: Central American ( $\mathrm{n}=1,730$ ), Cuban ( $\mathrm{n}=2,348$ ), Dominican ( $\mathrm{n}=1,460$ ), Mexican ( $\mathrm{n}=6,471$ ), Puerto Rican ( $\mathrm{n}=2,728$ ), and South American ( $\mathrm{n}=1,068$ ). Baseline examinations were conducted between 2008 and 2011. Institutional Review Boards at each field center approved the study and all participants provided written informed consent. In the current study, we analyzed data from 12,254 respondents who consented to provide blood for the purpose of genotyping and had complete outcome and relevant covariates information (to be described
later), as well as non-missing records of antianxiety and antidepressants medication use.

## Phenotype Definition

Anxiety symptoms were assessed at baseline using a 10 -item Spielberger State-Trait Anxiety Inventory (STAI-T) administered in the participant's preferred language (Spanish or English) [Bromberger and Matthews, 1996; Bergua et al., 2015]. This a short form version of the 20 item STAI-T [Spielberger, 1989), which is a valid and commonly used measure of trait anxiety symptoms in population-based studies (see e.g.: [De Moor et al., 2006; Caravati-Jouvenceaux et al., 2011]) that has been shown to correlate highly with other anxiety measures [Spielberger and Reheiser, 2009]. The abbreviated 10 -item STAI-T short form has shown excellent internal consistency reliability in the full HCHS/SOL sample ( $\alpha=0.93$ ) and for both the English ( $\alpha=0.92$ ) and Spanish ( $\alpha=0.94$ ) versions of the instrument [Wassertheil-Smoller et al., 2014]. It has been shown in other studies to correlate highly with the full version ( $\alpha=0.96$ ) [Bromberger and Matthews, 1996]. For each item, participants were asked to indicate how they generally feel $(0=$ almost never; $1=$ sometimes; $2=$ often; $3=$ almost always). Using the STAI short form, we created a GAD symptoms score by summing the three items (i.e., feeling nervous or restless; worrying over things that don't matter; getting in a state of tension or turmoil as you think about recent concerns and interests) that are diagnostic criteria for GAD as defined by the DSM-5 [American Psychiatric Association, 2013]. The GAD symptoms score demonstrated moderate internal consistency reliability ( $\alpha=0.70$ ) in the full $\mathrm{HCHS} / \mathrm{SOL}$ sample. For comparison, we also examined a total trait anxiety score based on summing responses to all 10 items (i.e., the three GAD symptom score items noted above plus the following seven items: I feel satisfied with myself; I lack self confidence; I feel secure; I feel inadequate; I am a steady person; I wish I could be as happy as others seem to be; I feel like a failure). Both phenotypes were coded so that higher scores indicated higher levels of anxiety.

To account for the possibility that current use of antidepressant or anxiolytic medications might affect anxiety scores, we applied an imputation algorithm to increase the scores of medication users. This algorithm was used in a previous GWAS of depressive symptoms [Hek et al., 2013] and was similar to an algorithm used to adjust blood pressure for persons on antihypertensive medications [Levy et al., 2000]. Antidepressant or anxiolytic medication use was determined by pill bottles brought by the participant to the baseline interview. Antidepressants were included, as this class of drugs are commonly prescribed to treat generalized anxiety symptoms [Kapczinskiet al., 2003; Milea et al., 2010]. This algorithm assumed that: (i) the anxiety score of a respondent taking these psychotropic medications is lower (i.e., indicating fewer symptoms) than would be expected if the respondent were not taking these medications (thus, we assume that the medications are effective in reducing symptoms); (ii) respondents with high anxiety scores, on average, respond less to these medications than respondents with lower anxiety scores. The algorithm therefore, replaced the anxiety score of respondents on medications ( $\mathrm{n}=1,068$ ) with the mean anxiety score of all respondents taking these medications that had the
same or a higher anxiety score. For example, a medication user with an observed anxiety score of 10 would have a revised score of 21.07 (derived by taking the average anxiety score of medication users with an anxiety score value of 10 or greater). Anxiety scores for medication users were increased by 6.2 points on average above the raw score (raw scores ranged from 0 to 30 ).

## SNP Genotyping, Quality Control, and Imputation

Blood samples from consenting respondents were sent to Illumina Microarray Services for genotyping on the Illumina SOL HCHS Custom 15041502 B3 array. This array comprised the Illumina Omni 2.5M array (HumanOmni2.5-8v1-1) and additional custom content (e.g., ancestry-informative markers, variants characteristic of Amerindian populations, known GWAS hits, and other candidate gene markers) selected for HCHS/SOL.

Quality assurance/quality control (QA/QC) was performed by Illumina, LA Biomed, and the HCHS/SOL Genetic Analysis Center (GAC) according to established methods [Laurie et al., 2010] to generate recommended SNP and sample-level quality filters. In brief, samples were checked for annotated versus genetic sex, gross chromosomal anomalies [Laurie et al., 2012], call rates, batch effects, duplicate sample discordance, Mendelian errors, population structure, and relatedness (note: participants could have been genetically related due to being drawn from the same household or different households living in the same community). Twelve thousand eight-hundred three unique study samples passed these criteria. SNPs that passed the Illumina/LA Biomed assay failure indicator were further checked for Hardy-Weinberg equilibrium, MAF, duplicate probe discordance, and missing call rate. A total of 2,232,944 SNPs passed both quality and informativeness filters (unduplicated on the array and polymorphic).

Genome-wide imputation was carried out on all 12,803 samples together using the 1000 Genomes Project phase 1 reference panel [1000 Genomes Project et al., 2012] and IMPUTE2 software [Howie et al., 2009, 2011]. Genotypes were first pre-phased with SHAPEIT2 (v2.r644) and then imputed with IMPUTE2 (v2.3.0). Only variants with at least two copies of the minor allele present in any of the four 1000 Genomes continental panels were imputed, yielding a total of $25,568,744$ imputed variants. Overall imputation quality was assessed both by looking at the distribution of imputed quality metrics by different MAF levels and by examining results from the IMPUTE2 internal masking experiments (as some genotyped variants were "masked," meaning removed from the imputation basis).

Principal components (PCs) and kinship coefficients were computed in an iterative manner to estimate both population structure and relatedness between study individuals such that the PCs were not affected by relatedness, and kinship estimates are not affected by ancestry. The process began with estimating relatedness using KING-robust [Manichaikul et al., 2010], followed by iterative estimation of PCs and kinship coefficients using PC-AiR [Conomos et al., 2015] and PC-Relate (https://www.bioconductor. org/packages/release/bioc/html/GENESIS.html), and is described comprehensively elsewhere [Conomos, 2014]. Consequently, 19 individuals who were identified to have primarily east Asian ancestry were excluded from analysis. For association analysis, the kinship
matrix was based on an independent set of SNPs selected with LD pruning.

## Statistical Analyses

All analyses used a linear mixed-effect model, which accounted for the correlations between individuals due to genetic relatedness (kinship), shared household, and the complex sampling design [Conomos et al., 2016; Schick et al., 2016]. The variance components were estimated using restricted maximum likelihood (REML). Fixed effects included the covariates: $\log$ (sampling weight), which reflect the differences in sampling probabilities of study individuals and is included to prevent potential selection bias; field center; age; sex; education ( $1=$ no high school diploma or GED—referent; $2=$ at most a High school diploma or GED, $3=$ greater than high school or GED; $4=$ bachelors degree, $5=$ masters, professional, or doctorate degree); and the top five PCs of ancestry. SNP annotation was performed using ANNOVAR [Wang et al., 2010] (http://annovar. openbioinformatics.org/en/latest/).

## Heritability Analysis

We estimated "SNP-chip heritability," or the narrow-sense heritability due to the additive effect of common variants (genotyped and imputed), by first fitting a "null" linear mixed model that included all covariates, PCs, and random effects, but did not include genotypes, and then calculating the proportion of variance attributable to relatedness out of all phenotypic variance [Conomos et al., 2016; Schick et al., 2016]. For this analysis, the kinship matrix was calculated based on PC-relate using all autosomal SNPs, and the model was fit on a set of 10,414 unrelated individuals by removing participants so that the unrelated set did not have first-, second-, or third-degree relatives [Yang et al., 2010]. We conducted this analysis examining the GAD symptoms score as well as the total trait anxiety score to evaluate and compare SNP-chip heritability estimates across these phenotypes.

## GWAS Analysis

We performed a GWAS using the linear mixed-effect model approach. All SNPs were modeled additively and the standard $5 \times 10^{-8}$ was used as the threshold for genome-wide statistical significance. In addition, we report the set of SNPs with $P$-value $<1 \times 10^{-6}$ according to the following selection criteria: out of SNPs
that were less than 500,000 base pairs apart, and their correlation was higher than 0.5 , we prioritized genotyped over imputed SNPs, we preferred imputed SNPs with higher quality score (info), lower $P$-values, and for SNPs with similar $P$-values and imputation quality score (or genotyped), we prioritized SNPs with higher MAF. Quantile-quantile (QQ) and Manhattan plots were generated using the R package GWASTools [Gogarten et al., 2012]. Regional association plots were generated using Locus Zoom [Pruim et al., 2010].

## Secondary Analysis

As a secondary analysis, we repeated our analyses in the subset of non-medication users ( $\mathrm{n}=11,456 ; 91.5 \%$ of the sample) and using an untransformed score that did not consider medication use (i.e., the raw phenotype score).

## Replication

We attempted replication of these results using data from three independent cohorts. Additional details about these cohorts are presented in Supplemental Materials. Briefly, the Women's Health Initiative (The Women's Health Initiative Study Group, 1998, WHI; www.whi.org [Wassertheil-Smoller et al., 2004]) provided data on Hispanic/Latina women ( $\mathrm{n}=3,352$; mean age 60.0; $\mathrm{SD}=$ 6.57), where anxiety symptoms were measured using a single item (i.e., have you been a very nervous person in the past four weeks). The Multi-Ethnic Study of Atherosclerosis (MESA; http://www. mesa-nhlbi.org) [Bild et al., 2002] provided data from Hispanic/ Latino adults ( $\mathrm{n}=1,449$; mean age $61.38 ; \mathrm{SD}=10.30$ ) where anxiety symptoms were measured using a scale identical to the HCHS/SOL. Finally, the Army Study To Assess Risk and Resilience in Service members (Army STARRS; http://www.armystarrs.org) [Ursano et al., 2014] provided data from Hispanic/Latino adults ( $\mathrm{n}=3,394$; mean age $=25.98 ; \mathrm{SD}=5.00$ ), where anxiety symptoms were captured using a five-item scale designed to match DSM-IV criteria for GAD.

We meta-analyzed GWAS results across the three independent samples. As we were interested in testing whether the direction of effect was the same in the replication (as the discovery), one sided $P$-values were used [Heller et al., 2015]. Inverse variance weighted fixed-effect meta-analysis was conducted using METAL (http://www.sph.umich.edu/csg/abecasis/metal/;[Willer et al., 2010]).

TABLE I. Results of Genome-Wide Complex Trait Analysis

|  | Original scores |  | Accounting for medication use |  | Medication users removed |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | $\mathrm{V}[\mathrm{G}] / \mathrm{p} \times 100$ | $P$-values | $\mathrm{V}[\mathrm{G}] / \mathrm{p} \times 100$ | $P$-values | $\mathrm{V}[\mathrm{G}] / \mathrm{Vp} \times 100$ | $P$-values |
| GAD symptoms score | 7.57 | 0.12 | 7.20 | 0.03 | 8.15 | 0.06 |
| Total trait anxiety score | 5.65 | 0.32 | 4.97 | 0.20 | 8.18 | 0.14 |

[^0]
## Adjusting for Medication Use



Excluding Medication Users


FIG. 1. Quantile-quantile [ $Q Q$ ] plots and Manhattan plots for GAD symptoms score from the Hispanic Community Health Study/Study of Latinos. The quantile-quantile plots [" 00 -plots"], which present the observed by expected $P$-values on the -log10 scale, indicate conformity of the observed results to what would be expected under the null. In the Manhattan plots, the x-axis is the chromosomal position and the $y$-axis is the - log10 $P$-value for the association between each SNP and the GAD symptoms score derived from the linear regression model. The dotted line shows the genome-wide significance level ( $5 \times 10-8$ ). The displayed $P$-value corresponds to SNPs with effective $N>30$.

## RESULTS

A total of 12,282 Hispanic/Latino respondents were in the analysis. As expected, the GAD symptom score (skew $=0.63$;
kurtosis $=2.48$ ) and total trait anxiety score (skew $=0.87$; kurtosis $=3.21)$ were skewed towards lower values. No transformations of the outcome were performed as linear regression is robust to minor violations of normality [van Belle, 2002].
TABLE II. Genome-Wide Association Study (GWAS) Results for the Top Loci ( $P<1 \times 10^{-6}$ ) with the GAD Symptoms Score Imputed for Medication Use

## Closest gene ( $<\mathbf{2 0} \mathbf{k b}$ ) <br> 



CHR, chromosome. In the geno. (genotyping) column, G, genotyped and I, imputed. All imputed SNPs had info scores (indicating imputation quality) $\geq 0.70$. AlleleA is the tested allele. Position is given in genome build GRCh37/hg19.
TABLE III. Genome-Wide Association Study (GWAS) Results for the Top Loci ( $P<1 \times 10^{-6}$ ) with the GAD Symptoms Score, After Excluding Medication Users


FIG. 2. Regional association plot for the top SNP (rs78602344) identified in the analysis excluding medication users. The regional association plot was generated using LocusZoom [http://csg.sph.umich.edu/locuszoom/] The left-side $y$-axis refers to the -log of the $P$-value corresponding to the test of association between each SNP (denoted as a colored dot, if genotyped, or X , if imputed) and GAD symptoms. SNPs are colored based on the level of linkage disequilibrium (LD) between each SNP and the index, genotyped, SNP (purple diamond]. r2 values are determined based on the HCHS/SOL data.

## Discovery Sample: SNP Heritability

As shown in Table I, the GAD symptom score showed evidence of modest heritability $\left(\mathrm{h}^{2}{ }_{\mathrm{SNP}}=7.2 \% ; P=0.03\right)$, while the total trait anxiety score did not $\left(\mathrm{h}^{2}{ }_{\mathrm{SNP}}=4.97 \% ; P=0.20\right)$. Building from these results, we conducted a GWAS only on the GAD symptom score.

## Discovery Sample: GWAS

The Manhattan and QQ plots are shown in Figure 1. As shown in the QQ plots, there was no evidence of inflation in either the GWAS of the full sample or the analysis that excluded medication users ( $\lambda=1.02$ ). No SNPs achieved genome-wide significance in the full sample, which included imputed scores for medication users (Table II). However, one genotyped SNP (rs78602344), located on chromosome six at position 169626581 , emerged from both analyses. This SNP was the second most significant result in the full sample ( $P=1.41 \times 10^{-7}$ ) and the most significant result ( $P=4.18$ $\times 10^{-8}$ ) in the analysis excluding medication users (Table III). The SNP is intronic to thrombospondin 2 (THBS2), a gene that mediates cell-to-cell and cell-to-matrix interactions. Several other SNPs in the region also showed support for association (Fig. 2).

A second SNP with a low $P$-value in both analyses was rs17729883 (full sample $P=7.29 \times 10^{-7}$; excluding medication
users $P=5.09 \times 10^{-7}$ ) located on chromosome eight. This genotyped SNP was located in an intron of an uncharacterized gene (LOC 106379231; Supplemental Fig. S1).

All GWAS results at $P<1 \times 10^{-5}$ are shown in the Supplemental Materials for the GAD symptom score for the full sample (Supplemental Table SI), excluding medication users (Supplemental Table SII), and for the original, non-transformed score (Supplemental Table SIII).

To determine which SNPs to carry forward for replication, we estimated replication power for all SNPs with $P$-values $<1 \times 10^{-6}$ in at least one of the two analyses according to our selection criteria detailed above. Replication power estimates were based on the projected samples sizes of each replication dataset $(\mathrm{WHI}=3,000 ; \mathrm{MESA}=1,500$; Army STARRS $=3,000$ ) and using MAF, outcome standard deviation, and estimated effect sizes from the discovery sample. Our power calculations incorporated a method [Zhong and Prentice, 2008] to reduce bias due to "winner's curse," effectively attenuating the observed effect size. A prior study showed that attenuated effect size estimates tend to be closer than uncorrected estimates to effects seen in independent replication studies [Zhong and Prentice, 2010].

Our power analysis suggested that one SNP [rs78602344) would have excellent power in a meta analysis of the three replication cohorts after the winner's curse bias correction (estimated power $=0.96)$; all other SNPs had weak power $(\leq 0.70)$. We therefore carried forward this single SNP for replication.

## Replication Samples: GWAS Results

In the replication phase, one SNP [rs78602344) was evaluated in three independent samples. This SNP was not significantly associated with the GAD symptom score in a meta analysis of the replication sites (Table IV).

## DISCUSSION

The current study involved three major innovations in efforts to identify the genetic basis of generalized anxiety. First, to our knowledge, this was the first GWAS of GAD symptoms. Prior genetic association studies of GAD have focused on candidate gene polymorphisms, most of which have showed inconsistent results [Smoller, 2016]. Among GWAS, extant studies have focused on other anxiety disorders, including post-traumatic stress disorder [Guffanti et al., 2013; Logue et al., 2013; Xie et al., 2013] and panic disorder [Otowa et al., 2009, 2010; Erhardt et al., 2011], or have examined more global symptoms of trait anxiety in children [Trzaskowski et al., 2013] or composite indicators of anxiety disorder in adults [Otowa et al., 2014], but have not yet examined general symptoms of anxiety in adults. Second, our study was also the first to provide SNP-chip heritability estimates of GAD symptoms. Such analyses are important to provide upper- and lower-bound estimates of the additive genetic contribution to GAD. Finally, we conducted these genetic association analyses in Hispanics/Latinos, a large and growing US population group. Previous studies have largely focused on individuals of European ancestry.
A. Adjusting for medication use

|  | SNP | CHR | Position | AlleleA | AlleleB | MAF | Minor allele | Geno. | n | Beta | SE | $P$-value |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Discovery | rs78602344 | 6 | 169626581 | T | C | 0.113 | C | G | 12,282 | -0.26 | 0.05 | $1.41 \mathrm{E}-07$ |
| Army NSS1 | rsp8602344 | 6 | 169626581 | T | C | 0.108 | C | 1 | 1,408 | 0.11 | 0.34 | 0.76 |
| Army NSS2 | rs78602344 | 6 | 169626581 | T | C | 0.111 | C | I | 453 | 1.38 | 0.68 | 0.04 |
| Army PPDS | rsp8602344 | 6 | 169626581 | T | C | 0.108 | C | I | 1,533 | 0.17 | 0.30 | 0.57 |
| MESA | rs78602344 | 6 | 169626581 | T | C | 0.133 | C | 1 | 1,441 | 0.02 | 0.06 | 0.73 |
| WHI | rs9505953 | 6 | 108969803 | C | T | 0.206 | T | I | 2,950 | - | 0.04 | 0.54 |
| Meta analysis |  |  |  | T | C |  |  |  | ?,785 | 0.03 | 0.03 | 0.43 |
| B. Excluding medication users |  |  |  |  |  |  |  |  |  |  |  |  |
|  | SNP | CHR | Position | AlleleA | AlleleB | MAF | Minor allele | Geno. | n | Beta | SE | $P$-value |
| Discovery | rs78602344 | 6 | 169626581 | T | C | 0.113 | C | G | 11,456 | -0.27 | 0.05 | 4.18E-08 |
| Army NSS1 | rs78602344 | 6 | 169626581 | T | C | 0.108 | C | 1 | 1,372 | 0.11 | 0.34 | 0.74 |
| Army NSS2 | rs78602344 | 6 | 169626581 | T | C | 0.111 | C | 1 | 431 | 1.00 | 0.66 | 0.13 |
| Army PPDS | rs78602344 | 6 | 169626581 | T | C | 0.108 | C | 1 | 1,430 | -0.04 | 0.27 | 0.88 |
| MESA | rs78602344 | 6 | 169626581 | T | C | 0.133 | C | I | 1,369 | 0.01 | 0.07 | 0.92 |
| WHI | rs9505953 | 6 | 108969803 | C | T | 0.205 | T | 1 | 2,513 | -0.01 | 0.04 | 0.77 |
| Meta analysis |  |  |  | T | C |  |  |  | 7,115 | 0.01 | 0.03 | 0.71 |

Two findings emerged from the current study. First, results from the SNP-chip heritability analysis suggested that about $7.2 \%$ of the variance in GAD symptoms was explained by common genetic variants. This SNP heritability estimate is lower than those found for phobic anxiety $\left(\mathrm{h}^{2}{ }_{\mathrm{SNP}}=21 \% ; P=0.01\right)$ [Walter et al., 2013] and anxiety sensitivity $\left(\mathrm{h}^{2}{ }_{\text {SNP }}=45 \% ; 95 \% \mathrm{CI}=32 \%\right.$, 56\%) [Davies et al., 2015] in adults, and also lower relative to estimates for a composite measure of anxiety traits in children, which was derived by summing measures of negative affect, negative cognition, fear, and social anxiety $\left(\mathrm{h}^{2}{ }_{\mathrm{SNP}}=16 \% ; P=0.07\right)$ [Trzaskowski et al., 2013]. The lower heritability estimates observed in this study relative to other studies conducted in adults may be due to the use of symptom scale, rather than a diagnostic measure of GAD. Interestingly, we also found that the total trait anxiety score, derived by summing all items on the scale (rather than just the three corresponding to GAD symptoms) carried no significant heritable signal. This result suggests that not all symptoms on existing anxiety scales may be equally influenced by additive genetic variation. Future studies using dimensional measures of anxiety symptoms may benefit from conducting similar analyses to determine whether an existing scale should be used in its entirety.

Second, we identified one genotyped SNP (rs78602344) located on chromosome six that was common to analyses accounting for psychiatric medication use or excluding medication users. Although not genome-wide significant in the former analysis, this SNP was genome-wide significant after excluding medication users $\left(P=4.18 \times 10^{-8}\right)$. This SNP is intronic to thrombospondin 2 (THBS2), a gene that mediates cell-to-cell and cell-to-matrix interactions. Several other SNPs in the region also showed support for association. However, this association was not supported in a meta-analysis of the three independent Hispanic/Latino replication samples ( $n>7,000$ ). We suspect that GWAS of GAD symptoms will likely share a similar trajectory as depressive symptoms, where increasing larger sample sizes and refinement of the phenotype will lead to the identification of associated loci [CONVERGE Consortium, 2015; Dunn et al., 2015].

We note several limitations of the current study. First, the outcomes were based on a brief inventory of trait anxiety symptoms. Although the widespread use of this anxiety measure in population-based studies allowed us to carry out the current analyses, future studies of diagnostic measures of GAD as well as more robust measures of GAD symptoms (from more detailed and specific measures or repeated phenotyping) are needed. Second, the replication samples were smaller and both more demographically and phenotypically heterogeneous than the HCHS/ SOL discovery sample. Unfortunately, replication efforts are currently hampered by a lack of available data on anxiety symptoms in racial/ethnic minority populations. Third and relatedly, only one SNP was carried forward to the replication phase. This single SNP was the only one with high replication power. Moreover, greater insights are needed regarding the most optimal strategy to account for medication use in genetic association studies of quantitative traits. Future studies are needed to examine the suitability of different techniques and the extent to which different adjustment methods lead to different results (e.g., whether they substantially reduce variance if a substantial portion of the sample is assigned the
same score; whether empirical data, such as medication efficacy, can be used to inform the adjustment strategy).

In conclusion, although the GWAS revealed a genome-wide significant locus in the discovery sample, we were unable to replicate this in independent samples. These findings underscore the need for even larger studies of GAD symptoms.

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## SUPPORTING INFORMATION

Additional supporting information may be found in the online version of this article at the publisher's web-site.

## Supplemental Materials

Genome-Wide Association Study of Depressive Symptoms in the Hispanic Community Health Study/Study of Latinos

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# Description of Discovery and Replication Samples: Sampling, Genotyping, and Statistical Analyses 

## A. Hispanic Community Health Study/Study of Latinos (HCHS/SOL)

The Hispanic Community Health Study (HCHS)/Study of Latinos (SOL) is a community-based prospective cohort study of 16,415 self-identified Hispanic/Latino persons (aged 18-74 at screening) from randomly selected households in four U.S. field centers (Chicago, IL; Miami, FL; Bronx, NY; San Diego, CA) with baseline examination (2008 to 2011) and yearly follow-up by telephone for at least three years. A second clinical exam is currently underway. The HCHS/SOL cohort includes participants who self-identified as having Hispanic/Latino background, who reported being Central American ( $\mathrm{n}=1,730$ ), Cuban ( $\mathrm{n}=2,348$ ), Dominican ( $\mathrm{n}=1,460$ ), Mexican ( $\mathrm{n}=6,471$ ), Puerto-Rican ( $\mathrm{n}=2,728$ ), and South American ( $\mathrm{n}=1,068$ ). The goals of the HCHS/SOL are to describe the prevalence of risk and protective factors for chronic conditions (such as diabetes, pulmonary disease, and cardiovascular disease), and to quantify mortality and disease exacerbation over time. The baseline clinical examination 1 included comprehensive biological (e.g., anthropometrics, blood draw, oral glucose tolerance test, ankle brachial pressure index, electrocardiogram), behavioral (e.g. dietary intake, physical activity, overnight sleep exam, tobacco and alcohol use), and socio-demographic (e.g., socioeconomic status, migration history) assessments.

The sample design and cohort selection has been previously described 2. Briefly, a stratified two-stage area probability sample of household addresses was selected in each of the four field centers. The first sampling stage selected census block groups, and the second stage selected households within each block group. Both stages oversampled certain strata to increase the likelihood that a selected address yielded a Hispanic/Latino household. Households were screened for eligibility, and the 45-74 age group was oversampled, consistent with the goal of examining chronic disease and mortality outcomes. The unequal probabilities of selection in the HCHS/SOL cohort are taken into account by including a trimmed and calibrated sampling weight as a covariate in the association tests.

HCHS/SOL subjects who consented to have their DNA extracted for genetic studies had blood samples sent to Illumina Microarray Services for genotyping on the Illumina SOL HCHS Custom 15041502 B3 array. This array comprised the Illumina Omni 2.5 M array (HumanOmni2.5-8v1-1) and additional custom content selected for HCHS/SOL, including ancestry-informative markers, variants characteristic of Amerindian populations, known GWAS hits, and other candidate gene markers. Quality assurance/quality control (QA/QC) was performed by Illumina, LA Biomed, and the HCHS/SOL Genetic Analysis Center (GAC) according to established methods 3 to generate recommended SNP and sample-level quality filters. In brief, samples were checked for annotated versus genetic sex, gross chromosomal anomalies 4, call rates, batch effects, duplicate sample discordance, Mendelian errors, relatedness, and population structure. 12,803 unique study samples passed quality control with a missing call rate $<1 \%$ and was used for imputation and association testing. SNPs that passed the Illumina/LA Biomed assay failure indicator were further filtered if they deviated from HardyWeinberg equilibrium ( $\mathrm{p}<10-5$ in meta-analysis of groups of individuals with both parents from the same country of origin), had duplicate probe discordance $>2$ in 291 sample pairs, had missing call rate $>2 \%$, or had $>3$ Mendelian errors in 1,343 trios or duos. A total of 2,232,944 SNPs passed both quality and informativeness filters (unduplicated on the array and polymorphic)

Genome-wide imputation was carried out on all 12,803 samples together using the 1000 Genomes Project phase 1 reference panel 5 and IMPUTE2 software 67 . Genotypes were first pre-phased with SHAPEIT2 (v2.r644) and then imputed with IMPUTE2 (v2.3.0). Only variants with at least two copies of the minor allele present in any of the four 1000 Genomes continental panels were imputed, yielding a total of 25,568,744 imputed variants. Overall imputation quality was assessed both by looking at the distribution of imputed quality metrics by different MAF levels and by examining results from the IMPUTE2 internal masking experiments (as some genotyped variants were "masked", meaning removed from the imputation basis). Finally, association analysis
results were filtered according to the "effective minor allele count," defined as $2 \mathrm{p}(1-\mathrm{p}) \mathrm{Nv}$, where p is the estimated MAF, N is the sample size, and v is the imputation measure "oevar," which is equal to the ratio of observed variance of imputed dosages to the expected binomial variance. For genotyped SNPs, oevar is set to 1.

The following approach was used to simultaneously characterize population structure and relatedness between individuals within sub-populations, in the presence of admixed individuals.

1. Estimate relatedness using KING-robust 8, which is robust to discrete population structure but not to admixture or departures from HWE within sub-populations.
2. Use PC-AiR9 to find ancestry-representative principal components with the following steps:
a) Partition the sample into a mutually unrelated set and the remaining (relatives of the unrelated set)
b) Perform standard principal components analysis (PCA) on the set of unrelated individuals
c) Predict sample eigenvectors for the set of related individuals based on genetic similarity
3. Re-estimate relatedness using PC-Relate 10 , which uses sample eigenvectors to provide unbiased kinship coefficients in the presence of population structure, admixture and HWE departures.
4. Repeat steps 2-3 to obtain final sets of sample eigenvectors and kinship coefficients.

This procedure identified 19 individuals with primarily East Asian ancestry, who were excluded from analysis and the above procedure was repeated for the remaining 12,784 samples.

To account for the possibility that current use of antidepressant medications might affect depressive symptoms scores, we applied an adjustment algorithm to increase the scores of medication users. This algorithm was used in a previous GWAS of depressive symptoms 11 and was similar to an algorithm used to adjust blood pressure for persons on antihypertensive medications 12. Antidepressant medication use was determined by pill bottles brought by the participant to the baseline interview, which were scanned using UPC codes. This algorithm assumed that: (1) the depressive symptoms score of a respondent taking these antidepressant medications is lower (i.e., indicating fewer symptoms) than would be expected if the respondent were not taking these medications (thus, we assume that the medications are effective in reducing symptoms); and (2) respondents with high depressive symptoms scores, on average, respond less to these medications than respondents with lower depressive symptoms scores. The algorithm therefore replaced the depressive symptoms score of respondents on antidepressant medication ( $\mathrm{n}=824$ ) with the mean depressive symptoms score of all respondents taking medication that had the same or a higher depressive symptoms score. For example, a medication user with an observed depressive score of 10 would have a revised score of 16.749 (derived by taking the average depressive symptoms score of medication users with a depressive symptom score value of 10 or greater). Depressive symptoms scores for medication users were increased by 6.37 points on average above the raw score (raw scores ranged from 0-30).

Details regarding the distribution of covariates in the total sample and stratified by gender and psychiatric medication use are included below.

Table 1. Distribution of covariates in the total sample and stratified by gender and psychiatric medication users

|  | Total Sample | Sex |  | Medication Use |  |
| :--- | :---: | :---: | :---: | :---: | :---: |
|  |  | Males | Females | User | Non-User |
| n | 12310 | 5046 | 7264 | 824 | 11486 |
| Age (mean, sd) | $46(14)$ | $45(14)$ | $47(14)$ | $53(11)$ | $46(14)$ |
| Male | $5046(41 \%)$ | - | - | $214(26 \%)$ | $4832(42 \%)$ |
| Medication use | $824(7 \%)$ | $214(4 \%)$ | $610(8 \%)$ | - | - |
| US born | $2194(18 \%)$ | $980(19 \%)$ | $1214(17 \%)$ | $153(19 \%)$ | $2041(18 \%)$ |
| Education |  |  |  |  |  |
| At least high school | $3146(26 \%)$ | $1400(28 \%)$ | $1746(24 \%)$ | $186(23 \%)$ | $2960(26 \%)$ |
| No high school diploma or GED | $4518(37 \%)$ | $1789(35 \%)$ | $2729(38 \%)$ | $341(41 \%)$ | $4177(36 \%)$ |
| Greater than high school | $3255(26 \%)$ | $1237(25 \%)$ | $2018(28 \%)$ | $215(26 \%)$ | $3040(26 \%)$ |
| Bachelors degree | $1008(8 \%)$ | $451(9 \%)$ | $557(8 \%)$ | $54(7 \%)$ | $954(8 \%)$ |
| Masters/professional/ | $383(3 \%)$ | $169(3 \%)$ | $214(3 \%)$ | $28(3 \%)$ | $355(3 \%)$ |
| doctorate degree |  |  |  |  |  |
| Genetic Group | $1371(11 \%)$ | $555(11 \%)$ | $816(11 \%)$ | $56(7 \%)$ | $1315(11 \%)$ |
| Central American | $895(7 \%)$ | $359(7 \%)$ | $536(7 \%)$ | $29(4 \%)$ | $866(8 \%)$ |
| South American | $4580(37 \%)$ | $1802(36 \%)$ | $2778(38 \%)$ | $236(29 \%)$ | $4344(38 \%)$ |
| Mexican | $2141(17 \%)$ | $900(18 \%)$ | $1241(17 \%)$ | $258(31 \%)$ | $1883(16 \%)$ |
| Puerto Rican | $2219(18 \%)$ | $1046(21 \%)$ | $1173(16 \%)$ | $174(21 \%)$ | $2045(18 \%)$ |
| Cuban | $1104(9 \%)$ | $384(8 \%)$ | $720(10 \%)$ | $71(9 \%)$ | $1033(9 \%)$ |
| Dominican |  |  |  |  |  |

Cell entries are $\mathrm{N}(\%)$ unless otherwise denoted.

## B. Women's Health Initiative (WHI) SNP Health Association Resource (SHARe)

As described elsewhere 1314 (www.whi.org), the WHI consists of an observational study (WHI-OS) and randomized clinical trial (WHI-CT). The WHI-OS has prospectively followed 93,676 postmenopausal women ages 50-79 recruited from 40 clinical centers in the United States between October 11993 and December 31 1998. The WHI-CT enrolled 68,132 postmenopausal women of the same age and between the same time period to participate in one of three prevention trials: (1) hormone therapy; (2) dietary modification; and (3) calcium/vitamin D. We analyzed data from 3,352 Hispanic women who were genotyped as part of the WHI SNP Health Association Resource (SHARe), a sub-study of minority women in WHI. These women consented to be included in studies for general research use and thus had their data included in the database of Genotypes and Phenotypes (dbGaP).

All participants were genotyped using the Affymetrix 6.0 chip designed to human genome build 36.
Genotyping, on all samples plus $2 \%$ blinded duplicates, was performed at Affymetrix, Inc., Santa Clara, CA. A total of 709,042 SNPs passed pre-imputation filters. Data cleaning and harmonization were performed at the Fred Hutchinson Cancer Research Center (FHCRC) in Seattle, WA. As described elsewhere 15, the WHI GARNET Coordinating Center (Www.garnetstudy.org) imputed additional SNPs using the 1000 Genomes reference panel build 37 (release December 2010 interim) and BEAGLE software version 3.3.1 16. SNPs were selected for imputation based on mapping to build 37 and meeting several quality filters. Specifically, SNPs with low concordance rates ( $<98 \%$ ascertained from duplicate samples), and low call rates ( $<95 \%$ ) were excluded from imputation and SNPs with minor allele frequency (MAF) of $\geq 1 \%$ and Hardy-Weinberg
equilibrium p-values $>0.0001$ were included. A combined panel of Asian, European, African, and American samples was used to impute the Hispanic/Latina sample. Allele dosages (the probability of each of the three genotypes, reflecting the level of certainty in the genotype prediction) were imputed for autosomes $(7,500,448$ imputed SNPs) and the X chromosome.

In the analysis of WHI, we adjusted for the following covariates, measured at baseline: age (ages 50-59referent; ages 60-69; ages 70-79), income ( $1=$ less than 19,000-referent; $2=20,000-49,000 ; 3=50,000$ and above; $4=$ missing ), education ( $1=$ less than high school-referent; $2=$ high school/vocational technical training; $3=$ some college or Associates degree; $4=$ college degree; $5=$ graduate school or degree; $6=$ missing), marital status ( $1=$ never married-referent; $2=$ divorced/separated; $3=$ widowed; $4=$ married $/$ married like relationship; $5=\mathrm{missing}$ ), and four principal components generated by the WHI GARNET Coordinating Center using EIGENSTRAT 17 to adjust for population structure 15 .

## C. Multi-Ethnic Study of Atherosclerosis (MESA)

The MESA is a multicenter prospective cohort study initiated to study the development of subclinical cardiovascular disease (CVD). A total of 6,814 women and men between the age of 45 and 84 year were recruited for the first examination between 2000 and 2002. Participants were recruited in six US cities (Baltimore, MD; Chicago, IL; Forsyth County, NC; Los Angele County, CA; Norther Manhattan, NY; and St. Paul, MN). Those with a history of CVD (defined as physician-diagnosed myocardial infarction, angina, heart failure, stroke, transient ischemic attack or history of invasive procedure for CVD) were excluded from participation. $38 \%$ are of European ancestry, $28 \%$ African-American, $22 \%$ Hispanic, and $12 \%$ Asian, predominantly of Chinese descent. This study was approved by the IRB of each study site, and written informed consent was obtained from all participants 18 . The manuscript utilizes data from Hispanic-American MESA participants. A total of 1500 MESA Hispanic-Americans were used in this analysis.

All participants were genotyped on the Affymetrix Genome-Wide Human SNP Array 6.0 (Affymetrix, Santa Clara, CA, USA) at the Affymetrix Research Services Lab. 6880 samples passed initial genotyping QC. African American samples were genotyped at the Broad Institute of Harvard and MIT as part of the CARe project. Affymetrix performed wet lab hybridization assay, and plate-based genotype calling using Birdseed v2. Sample QC was based on call rates and contrast QC (cQC) statistics. Broad performed similar QC for CARe sample. Additional sample and SNP QC were carried out at University of Virginia, including sample call rate, sample cQC, and sample heterozygosity by race at the sample level; Outlier plates checking by call rate, median cQC or heterozygosity at plate level. Four samples were removed due to low call rate ( $<95 \%$ ). Cryptic sample duplicates or unresolved cryptic duplicates were dropped. Unresolved gender mismatches were also dropped. At the SNP level, we excluded monomorphic SNPs across all samples; SNPs with missing Rate was $>5 \%$ or observed heterozygosity $>53 \%$ were also excluded. Additional genotypes were imputed to the 1000 Genomes Phase I integrated variant set (NCBI build $37 / \mathrm{hg} 19$ ) separately in each ethnic group using the program IMPUTE2. We used data freezes from 23 Nov 2010 (low-coverage whole-genome) and 21 May 2011 (highcoverage exome), phased haplotypes released March 2012 (v3), and phased haplotypes for 1,092 individuals and $39+$ million variants. All imputed and genotyped SNPs were aligned to the ' + ' strand of the human genome reference sequence (NCBI Build 37).

In the analysis of MESA, we adjusted for the following covariates measured at baseline: gender ( $1=$ male, $2=$ female), age (treated as continuous), education ( $1=$ less than high school-referent; 2=high school/vocational technical training; $3=$ some college or Associates degree; $4=$ college degree; $5=$ graduate school or degree; $6=$ missing ), study site ( $3=\mathrm{WFU} ; 8=\mathrm{UCLA} ; 4=\mathrm{COL} ; 6=\mathrm{UMN} ; 5=\mathrm{JHU} ; 7=\mathrm{NWU}$ ), antidepressant medication (nontricyclic antidepressants other than MAOI $1=y e s ~ 0=n o$ ) and three principal components generated to adjust for population structure.
D. Army Study To Assess Risk and Resilience in Service members (Army STARRS)

Army STARRS includes New Soldier Study (NSS) and Pre/Post Deployment Study (PPDS). Detailed information about the design and conduct of Army STARRS is available in another publication. 19. The recruitment, consent, and data protection procedures were approved by the Human Subjects Committees of the Uniformed Services University of the Health Sciences for the Henry M. Jackson Foundation (the primary grantee), the Institute for Social Research at the University of Michigan (the organization collecting the data), and all other collaborating organizations.

The New Soldier Study was carried out among new soldiers at the start of their basic training at one of three Army Installations (Fort Benning, GA; Fort Jackson, SC; and Fort Leonard Wood, MO) between April 2011 and November 2012. Recruitment began by selecting a weekly sample of 200-300 new soldiers in each installation to attend a study overview and informed consent presentation for the study. Army STARRS staff worked closely with Army coordinators to assure that these samples were representative of all new soldiers in each weekly cohort. The overview and informed consent presentation explained study purposes, confidentiality, emphasized that participation was voluntary, and answered all questions before seeking written informed consent to (i) complete a self-administered questionnaire (SAQ), (ii) link administrative records to SAQ responses, and (iii) participate in future data collections. Identifying information (e.g., name, SSN) was collected from consenting respondents and kept in a separate secure file. Soldiers were also asked to provide an optional blood sample for research purposes, which was specified to include genetic analysis as described in this report. Of 39,784 NSS respondents who completed the SAQ, 33,088 ( $83.2 \%$ ) provided blood samples. As these samples were accruing, it was decided to pursue genotyping from among approximately the first half ( $\mathrm{N}=$ 17,868 ) of the cohort that was available at that time; we refer to this component of the study as NSS1. The first 17,868 eligible respondents were purposively subsampled for genotyping as follows: (1) respondents with DSM-IV lifetime disorders of principal interest (major depressive disorder, generalized anxiety disorder, panic disorder, PTSD, suicide attempt, other deliberate self-harm) sampled at $100 \%[\mathrm{~N}=4,024]$; and (2) a subset of respondents with none of the disorders of principal interest, stratum-matched on sex, service type (Regular Army vs. Guard/Reserve), and childhood adversity quartile (detailed description available on request from the authors) [ $\mathrm{N}=3,975$ ]. In total this yielded 7,999 NSS respondents with eligible SAQ responses genotyped with the Illumina OmniExpress Chip (NSS1). When the remaining half $(\mathrm{N}=15,220)$ of the cohort collection was completed, it was decided to select a highly informative subset (i.e., all cases of PTSD and suicide attempt, and a set of controls matched to these cases as described above for NSS1) as a potential replication sample. This yielded an additional 2,835 NSS respondents genotyped with the Illumina customized PsychChip; we refer to this component of the study as NSS2.

The Pre/Post Deployment Study is a multi-wave panel survey that collected baseline data (T0; self-administered questionnaire [SAQ]) from US Army soldiers in three Brigade Combat Teams (BCTs) during the first quarter of 2012, within approximately six weeks of their deployment to Afghanistan. Baseline PPDS respondents were additionally asked for consent to provide blood samples for genetic and other studies, to link their Army and DoD administrative records to their survey responses, and to participate in future assessments. At the baseline (T0), a total of 9,949 Soldiers were present for duty in the 3 BCTs . Of these, a total of $9,488(95.3 \%)$ consented to participate in the survey with $8,558(86.0 \%)$ providing complete T0 survey responses and consent to link their survey responses to their administrative records. Of these, 7,336 PPDS soldiers with eligible SAQ responses whose DNA was genotyped for GWAS (using the same microarray as for NSS1) are included here.

Blood for DNA (approximately 8 ml drawn in a 10 ml EDTA-containing tube) was drawn from consenting soldiers in all studies. Whole blood samples were shipped with gel cool packs to the study biorepository at Rutgers University Cell \& DNA Repository (RUCDR), where they were frozen for later DNA extraction using standard methods. NSS1 and PPDS samples were genotyped using the Illumina OmniExpress + Exome array with additional custom content. This array contains 730,000 tag SNPS with minor allele frequency (MAF) typically $>5 \%$ and another 237,000 predicted-functional exonic markers. NSS2 samples were genotyped on the Ilumina PsychChip. This array is currently being used by the PGC to genotype more than 100,000 individuals across a range of psychiatric disorders. PsychChip is built on a 250,000 GWAS tag-SNP backbone, with 250,000 exonic rare variants and $\sim 50,000$ markers derived partly from prior neuropsychiatric studies. Samples
were genotyped by RUCDR Infinite Biologics using the appropriate Illumina (OmniExpress or PsychChip) microarray protocol and calls were made using GenomeStudio Software (Illumina, Inc.).

Pre-imputation quality control (QC) of genotype data was done with standard protocols as described elsewhere 20. Genotype imputation was performed with a 2-step pre-phasing/imputation approach. We used SHAPEIT 21 for the pre-phasing and IMPUTE2 22 for imputation, with a reference panel from 1000 Genomes Projects (August 2012 phase 1 integrated release; 2,186 phased haplotypes with $40,318,245$ variants). We removed SNPs that were not present in the 1000 Genomes Project reference panel, had non-matching alleles to 1000 Genome Project reference, or with ambiguous, unresolvable alleles (AT/GC SNPs with minor allele frequency [MAF] > 0.1). A total of 664,457 SNPs for the Illumina OmniExpress array and 360,704 for the Illumina PsychChip entered the imputation.

We assigned our study samples into distinct population groups based on PCs derived from the study samples combined with the HapMap3 samples. We used an iterative process to extract study samples to be assigned into groups with ancestral backgrounds close to the major continental/admixed reference samples from HapMap3. We defined four major population groups in our study samples: European Americans, African Americans, Latino Americans, and East Asian Americans. The Latino American samples were included in the current study. We performed PCA within the population group using only the study samples to obtain the top PCs for statistical analysis.

We adjusted for the following covariates in the current analysis: gender, age, endorsed medication for mental health problems in the past year ( $1=$ yes, $0=$ no or missing) and 10 principal components generated to adjust for population structure. The 3 study components (NSS1, NSS2 and PPDS) were analyzed separately.

The SNPs rs34208798 and rs2004237 were imputed in Army STARRS with imputation info scores of 0.97-1.08 and 0.87-0.94 respectively.

## Description of Depressive Symptoms in Each Sample

Table II below summarizes the individual items used to capture depressive symptoms across each of the replication studies. The table is organized by the HCHS/SOL indicators to show where similar items were assessed across each replication study.

WHI
Depressive symptoms were assessed using the 6-item version of the CES-D. Participants were asked to indicate how often in the past week, did they: (1) feel depressed; (2) have sleep that was restless; (3) enjoy life; (4) have crying spells; (5) feel sad; (6) feel people disliked you. The 6-item CES-D has been found to correlate with the full 20 -item CES-D ( $\mathrm{r}=0.88$ ) 23 in participants of the Systolic Hypertension in the Elderly Program (SHEP) 24 , a population of elderly women similar to that of the WHI. Response options were: $1=$ rarely or none of the time (less than 1 day); $2=$ some or a little of the time (1-2 days); $3=$ occasionally or a moderate amount of time (3-4 days); $4=$ all the time (5-7 days). Depressive symptom scores were calculated by summing across the items.

## MESA

For the replication in MESA, depressive symptoms were assessed using the 20 -item version of the CES-D 25 . Participants were asked how often in the past week they: (1) were bothered by things that usually don't bother me; (2) did not feel like eating/appetite was poor; (3) felt that I could not shake off the blues even with help from my family; (4) felt I was just as good as other people; (5) had trouble keeping my mind on what I was doing; (6) felt depressed; (7)felt everything I did was an effort; (8) felt hopeful about the future; (9) thought my life had been a failure; (10) felt fearful; (11) sleep was restless; (12) was happy; (13) talked less than usual; (14) felt lonely; (15) people were unfriendly; (16) enjoyed life; (17) had crying spells; (18) felt sad; (19) felt people disliked me; (20) could not get going. Responses ranged from $0=$ rarely or none of the time (less than 1 day) to $3=$ all the time (5-7 days); items (4), (8), (12), and (16) were reverse scored. For participants with 5 or fewer missing items, depressive scores were computed by summing across the completed items, dividing by the total number of complete answers, and multiplying by 20.

## Army STARRS

Depressive symptoms were measured with a four-item Composite International Diagnostic Interview Screening Scale (CIDI-SC) for major depressive episode (MDE), which included the items: (1) feeling sad or depressed; (2) down about how things are going; (3) little or no pleasure in things; (4) feeling down on yourself or worthless in the past 30 days 26 . Responses ranged from $4=$ all the time to $0=$ none of the time. Depressive symptom scores were calculated as the sum of the four items (range $0-16$ ).

| HCHS/SOL | MESA | Army STARRS | WHI |
| :---: | :---: | :---: | :---: |
| I was bothered by things that usually don't bother me. | ** |  |  |
| I had trouble keeping my mind on what I was doing. | ** |  |  |
| I felt depressed. | ** | Felt sad or depressed | ** |
| I felt that everything I did was an effort. | ** |  |  |
| I felt hopeful about the future. | ** | Felt down on yourself, worthless |  |
| I felt fearful. | ** |  |  |
| My sleep was restless. | ** |  | ** |
| I was happy. | ** |  |  |
| I felt lonely. | ** |  |  |
| I could not "get going." | ** | Little or no interest or pleasure in things |  |
|  | I enjoyed life. |  | I enjoyed life. |
|  | I had crying spells. |  | I had crying spells. |
|  | I felt sad. | Down about how things are going | I felt sad. |
|  | I felt that people disliked me. |  | I felt that people disliked me. |
|  | I felt that I could not shake off the blues even with help from my family. |  |  |
|  | I did not feel like eating; my appetite was poor |  |  |
|  | I felt that I was just as good as other people. |  |  |
|  | I thought my life had been a failure. |  |  |
|  | I talked less than usual. |  |  |
|  | People were unfriendly. |  |  |
| ** denotes item worded identically to the HCHS/SOL |  |  |  |

## Supplemental Tables

Supplemental Table 1: Results of genome-wide complex trait analysis

|  | Original scores |  |  | Accounting for medication use |  |  | Medication users removed |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Depressive symptoms score | N | $\begin{gathered} \mathrm{V}(\mathrm{G}) / \mathrm{Vp} \mathrm{p}^{*} 100 \\ (95 \% \mathrm{CI}) \end{gathered}$ | p | N | $\begin{gathered} \mathrm{V}(\mathrm{G}) / \mathrm{Vp} \mathrm{p}^{*} 100 \\ (95 \% \mathrm{CI}) \end{gathered}$ | p | N | $\begin{gathered} \mathrm{V}(\mathrm{G}) / \mathrm{Vp} \mathrm{p}^{*} 100 \\ (95 \% \mathrm{CI}) \end{gathered}$ | p |
| All individuals | 12310 | $6.4(1.6,11.1)$ | 0.002 | 12310 | 6.3 (1.6, 11.1) | 0.002 | 11486 | $6.9(2.3,12)$ | 0.002 |
| Unrelated individuals | 9992 | $4(0,10.1)$ | 0.082 | 9992 | 2.9 (0, 8.9) | 0.153 | 9396 | 3.8 (0, 10.3) | 0.104 |
| $\mathrm{V}(\mathrm{G}) / \mathrm{Vp} * 100=$ SNP heritability estimate $\left(h_{2 S N P}\right)^{*} 100$. The phenotype was treated as continuous. Models adjusted for sex, age, education (5-levels), principal components, study center, and sampling weights, and included random effects for the design variables kinship, household, and block unit, the three study design variables. P-values were calculated using the likelihood ratio test. For completeness, we show these results for both all individuals (included in the GWAS) and genetically unrelated individuals. Genetically unrelated individuals were a random subset of individuals with pairwise estimated kinship coefficients less than 2-11/12. |  |  |  |  |  |  |  |  |  |


| $\mathcal{E}$ ¢8．0Z8E | 90－g9¢ ${ }^{-}$ | S0I＇0 | 26t＊${ }^{-}$ | $666^{\circ} 0$ | 0IEZI | 0 | 6I＇0 | $\bigcirc$ | $\square$ | $\bigcirc$ | 0Z0LSc99 | $L$ | EI6IILZS． |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 七て8．028E | 90－日9¢「て | S0I＇0 | 26t＊${ }^{-}$ | I | 0IEZI | 0 | $61^{\circ} 0$ | V | V | $\bigcirc$ | 9t8SSS99 | $L$ | LSIE9SILS．I |
| カヤ¢＊0Z8E | 90－GZS＇乙 | SOL＇0 | \＆6t＊ $0^{-}$ | $6660^{\circ}$ | 0IEてI | 0 | 6I＇0 | $\bigcirc$ | $\bigcirc$ | L | L0E0Sc99 | $L$ | ャ\＆99てZ0［ S．I |
| ILS．0Z8E | 90－日IS ${ }^{-3}$ | SOL＇0 | \＆6t＊ $0^{-}$ | $666^{\circ} 0$ | 0IEてI | 0 | $61^{\circ} 0$ | L | L | $\bigcirc$ | Lヵ\＆ऽSc99 | $L$ | 696t8t8てS．I |
| SSt゙0Z8E | 90－日8tて | SOL＇0 | \＆6t＊ $0^{-}$ | $666^{\circ} 0$ | 0IEてI | 0 | 6I＇0 | $\bigcirc$ | $\bigcirc$ | V | て8てZS¢99 | $L$ | Sc9IEZ0［S．I |
| 6てt゚0て8を | 90－ヨ8tて | SOL＇0 | \＆6t＊ $0^{-}$ | $666^{\circ} 0$ | 0IEてI | 0 | $61^{\circ} 0$ | V | V | $\square$ | 0LEISS99 | $L$ | カ8LカカILIS．I |
| とが0て8を | 90－日8がて | SOL＇0 | \＆6t＊${ }^{-}$ | $666^{\circ} 0$ | 0IEてI | 0 | $61^{\circ} 0$ | V | V | $\bigcirc$ | L0カISS99 | $L$ | 96¢EEEZIS．I |
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| 910ても¢をย | 90－ヨıでて | Ill 0 | 92s．0－ | £66．0 | 01EZI | 0 | 9100 | V | V | $\bigcirc$ | 8LISI999 | $L$ | 009LELEIIS． |
| 0L9＊8L19 | 90－ヨ81＇乙 | $080 \cdot 0$ | 08E＊0－ | 8660 | 60\＆ZI | 0 | $97^{\circ} 0$ | $\bigcirc$ | $\bigcirc$ | L | 七6E98208 | $\dagger \mathrm{I}$ | とャ9てってZS．． |
| 08¢．09LE | 90－390 $冖$ | 901＊0 | E0¢ ${ }^{-}$ | I66．0 | 0IEZI | 0 | 6100 | L | L | V | 9ISカIS99 | $L$ | St9808Ls． |
| て6t゚0ZL | 90－39 ${ }^{\text {c }}$ I | $9 ¢ て ゙ 0$ | 8てI＇I | 2 78.0 | 0IEZI | 0 | E0\％ | L | $\bigcirc$ | L | 8ZILS9ZS | 9I | ItttçLIIS． |
| ¢ES＊908E | 90－3I9－ | ¢01．0 | †0¢＊0 | 6660 | 01\＆ZI | 0 | 6100 | V | $\bigcirc$ | V | It99IS99 | $L$ | 06Lてっで0IS．t |
| İで七ऽLE | 90－ヨ8t ${ }^{\text {I }}$ | 901．0 | ULS＊${ }^{-}$ | 9860 | 0IEZI | 0 | $61^{\circ} 0$ | $\bigcirc$ | $\bigcirc$ | L | $0 \downarrow 96 ¢ ¢ 99$ | $L$ | てZELLL¢¢s． |
| £ $\dagger 6 . \dagger 9 L \varepsilon$ | 90－ヨくt゙I | ¢01．0 | LOS＇0－ | 6660 | 01\＆ZI | 0 | $61^{\circ} 0$ | V | V | $\bigcirc$ | IS88IS99 | $L$ | 86L80ZセEs． |
| LZ9＊08を | 90－ヨtti I | ¢01．0 | 90¢ ${ }^{-}$ | I | 0IEZI | 0 | $61^{\circ} 0$ | V | V | $\bigcirc$ | 80LカIS99 | $L$ | L0ttezoIS．I |
| Iセt゙Lてを | 90－ヨIE＇I | ¢9E．0 | ＋9 ${ }^{\circ} \mathrm{I}^{-}$ | ¢66．0 | 60\＆ZI | 0 | 100 | L | L | V | E80099EII | II | 七9t¢688EIS．I |
| とで668を | 90－ヨ6で I | E0I＇0 | $86 *^{\circ} 0$ | I | 01EZI | 乙 | 02＊0 | L | L | $\bigcirc$ | StS9069 | 9 | ILt86IZIS．t |
| LZで66LE | 90－马92．I | ¢0I．0 | 60¢ ${ }^{-}$ | I | 01EZI | 0 | $61^{\circ} 0$ | V | V | $\bigcirc$ | 七6ESIS99 | $L$ | Stz8Ez01s．ı |
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| カ6S＊808E | 90－ヨ9I「I | S0I＇0 | OLS＊${ }^{-}$ | $666{ }^{\circ}$ | 01EZI | 0 | $61^{\circ} 0$ | V | V | $\bigcirc$ | ャI9EIS99 | $L$ | LL9I9LIIS．t |
| カ0 $\iota^{\circ}$ ¢ $\dagger$ 亿 | 90－ق¢I•I | 6It゙0 | 980 $0^{\circ}$ | 2L60 | 01EZI | 0 | 100 | $\bigcirc$ | $\bigcirc$ | L | 68¢¢6ELL | 91 | 29t86ILS．I |
| 8It゙9¢8を | 90－ヨZI「I | S0I＇0 | 60¢ ${ }^{-}$ | S660 | 01EZI | 0 | $61^{\circ} 0$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | 8ZS¢IS99 | $L$ | 10L8920IS．t |
| Lt0＇ZS6E | 90－3II「I | t01．0 | 80¢ ${ }^{-}$ | ES6．0 | 0IEZI | 0 | Iで0 | V | V | LV | 8L0t9¢99 | $L$ | V：LV：8I0t9¢99：L |
| 9tI「80t | 90－ヨt0 ${ }^{-1}$ | LIE゙0 | $97 ¢^{\prime} \mathrm{I}$ | 6.0 | 01EZI | 0 | 20＊0 | L | OL | L | 0 IZZ0¢って | 02 | 9E0It8¢s．I |
| 9 9どİ9 | 90－700 I | $t ¢ て ゙ 0$ | でで 1 | 1960 | 0IEZI | 0 | E0\％ | L | V | L | 9L6t6t99 | $\varepsilon 1$ | カャ066¢6S．I |
| 0と0＊I9Lt | L0－GรL\％ 6 | $660{ }^{\circ}$ | L8t＊ 0 | £68\％ | 01EZI | 0 | $82^{\circ} 0$ | VDO | VDO | $\bigcirc$ | 6tI60Z6E | $\varsigma$ | Z8EZIL9SS． |
| 8ZC＊6LZ | L0－ヨ¢9 ${ }^{-1}$ | Z6E＊0 | LIO ${ }^{\text {－}}$ | 86.0 | 0IEZI | 0 | 100 | $\bigcirc$ | $\bigcirc$ | V 5 | £908\＆ZZ0I | ZI | $\begin{array}{r} \mathrm{D} \\ \mathrm{VD:£908} \mathrm{\varepsilon zZ0I:ZI} \end{array}$ |
| t08．082 | L0－ヨยz｀て | 26E＊0 | $620{ }^{\circ}$ | LL6 0 | 0IEZI | 0 | 10.0 | V | V | $\bigcirc$ | てZELEZZ01 | ZI | V |
| £6L＇z8て | L0－ $0^{-}$LO $0^{\circ}$ | $06 \varepsilon^{\circ} 0$ | †て0て＇ | 18600 | 0IEZI | 0 | 10＊0 | L | L | $\bigcirc$ | 899¢ャてZ0I | ZI | ：D：ZZELEZZ0I：ZI L：つ：899¢ヶてZ0I：ZI |
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| 0IS＇9t0t | 90－Э06．6 | $660^{\circ} 0$ | 9\＆t＇0－ | I | 0IEZI | 0 | Iで0 |
| Lで 9 ¢0t | 90－ヨ06 6 | $660^{\circ} 0$ | 9\＆t「0－ | I | 0IEZI | 0 | Iで0 |
| 9セE゙tt0t | 90－E98＇6 | $660^{\circ} 0$ | 9\＆t「0－ | I | 0IEZI | 0 | Iで0 |
| 08E゙カt0t | 90－E98＇6 | $660^{\circ} 0$ | 9\＆t「0－ | I | 0IEZI | 0 | Iで0 |
| L89＇St0t | 90－ES8＊6 | $660^{\circ} 0$ | 9\＆t「0－ | 6660 | 0IEZI | 0 | Iで0 |
| ¢て9＇St0t | 90－ヨャ8＇6 | $660^{\circ} 0$ | 9\＆t「0－ | 6660 | 0IEZI | 0 | Iで0 |
| てZ9＇St0t | 90－ヨャ8＇6 | $660^{\circ} 0$ | 9\＆t「0－ | 6660 | 0IEZI | 0 | Iで0 |
| 00¢＇St0t | 90－ヨャ8＇6 | $660^{\circ} 0$ | 9\＆t「0－ | 6660 | 0IEZI | 0 | Iで0 |
| $00 \varepsilon \cdot \varepsilon 609$ | 90－Ez8＊6 | 18000 | 9¢E゙0 | L660 | 0ı\＆とI | 0 | ¢t 0 |
| 966 St0t | 90－36L＇6 | $660^{\circ} 0$ | 9 ¢t0 ${ }^{-}$ | 6660 | 0IEZI | 0 | Iで0 |
| IL9 ${ }^{\text {c }}$ I8Et | 90－ELL＇6 | $660^{\circ} 0$ | $0 \downarrow \mathrm{t}^{\circ} 0^{-}$ | LL8 0 | 0IEZI | 0 | Lで0 |
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| 9LI＇9L6 |  | L6100 | EL80 | $\angle 660$ | 0IEZI | 0 | to 0 |
| 60でtt0t | 90－E89＊6 | $660^{\circ} 0$ | 9\＆゙「0－ | I | 0IEZI | 0 | Iで0 |
| ¢£で91zて | 90－ $389 \times 6$ | $\varepsilon \in \vdash^{\circ} 0$ | 985＇0 | 6860 | 0IEZI | 0 | 010 |
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 IS88IS99 L 86L80てもES．I К．ıəлоэs！p uo！！！sod yHD dNS A．Adjusting for medication use
Supplemental Table 5：Replication results from top loci on chromosome 7：rs34208798
for all cohorts was good（Army NSS1 $=0.72$ ；Army NSS2 $=0.67$ ；Army PPDS＝0．71；WHI＝1．02－1．03；MESA＝0．37）． replication（rs2004237）was neither genotyped nor imputed in WHI so we used rs7252584 as a highly－correlated proxy．The imputation values


 Meta Analysis
 ャ6I60Z8 6I LEてち00ZS． ．VSAN七6I60Z8 6I L\＆Zt00Zs．I SGdd Ku．．V t6I60Z8 6I LEとt00Zs． ZSSN Ku．．V 66160Z8 6I LEてt00Zs．I ISSN Ku．．．V ャ6I60Z8 6I LEZち00ZS．I К．Іəлоэs！p uo！！！sod yHつ dNS

uO!!!sod YHO dNS
A. Adjusting for medication us
variance of the genotype dosage to the expected binomial variance, based on the estimated minor allele frequency p ; effN is $>30$ for all SNPs.

| SNP | CHR | position | alleleA | alleleB | minor <br> allele | MAF | geno | n | info | Beta | SE | pval | effN |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| rs72662446 | 8 | 59113186 | C | T | T | 0.03 | 2 | 7263 | 1 | -1.85 | 0.32 | $6.36 \mathrm{E}-09$ | 468.807 |
| rs9599044 | 13 | 66494976 | T | A | A | 0.03 | 0 | 7264 | 0.961 | 1.87 | 0.36 | $2.16 \mathrm{E}-07$ | 353.893 |
| rs 139628768 | 6 | 154761127 | C | A | A | 0.01 | 0 | 7264 | 0.911 | -3.35 | 0.65 | $2.82 \mathrm{E}-07$ | 108.356 |
| rs 112390938 | 7 | 156779166 | C | T | C | 0.01 | 0 | 7264 | 0.841 | 3.12 | 0.62 | $6.01 \mathrm{E}-07$ | 113.645 |
| rs953628 | 3 | 98838914 | G | T | T | 0.17 | 2 | 7264 | 1 | 0.72 | 0.15 | $6.96 \mathrm{E}-07$ | 2087.454 |
| rs5972903 | X | 33619774 | T | C | C | 0.46 | 0 | 7261 | 0.993 | -0.55 | 0.11 | $9.19 \mathrm{E}-07$ | 3603.683 |
| $\mathrm{CHR}=$ chromosome. In the geno. (genotyping) column, $0=$ imputed SNP and $2=$ genotyped SNP. Info refers to info score for imputation (indicating imp imputed SNPs had info scores $\geq 0.80$. AlleleA is the tested allele. MAF is the estimated minor allele frequency and is $\geq 0.01$ for all SNPs. Position is $g$ iv GRCh37/hg19. effN, or the "effective minor allele count" of a variant, is defined as $2 \mathrm{p}(1-\mathrm{p}) \mathrm{Nv}$, where p is the estimated minor allele frequency, N and $v$ is "oevar", a measure of imputation accuracy. If a SNP is genotyped, then oevar $=1$. For imputed genotypes, oevar is the ratio betw |  |  |  |  |  |  |  |  |  |  |  |  |  |



|  <br>  <br>  <br>  <br>  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Z¢9＊68てE | L0－ヨZど8 | ［ I 0 | $\mathcal{E S} 0^{-}$ | I | t¢99 | 乙 | Sto | L | $\bigcirc$ | L | 978t09て8I | $\mathcal{E}$ | ILOSL9s． |
| 99でIELI | L0－GL8 ${ }^{\circ}$ | ¢I＇0 | $9 L^{\circ} 0^{-}$ | 9L60 | E¢99 | 0 | SI＇0 | L | $\bigcirc$ | L | LE9StSIEI | II | ¢Z88¢97s．ı |
| LL9 ${ }^{\text {a }}$ I | L0－ヨยャワ 9 | $8 \mathrm{~S}^{\circ} 0$ | $06^{\circ}$ て－ | 9L60 | t¢99 | 0 | 10.0 | $\bigcirc$ | $\bigcirc$ | V | IS8てEてEt | S | เE6EZ988 ${ }^{\text {S．}}$ |
|  | L0－ヨヤモ゙9 | 9100 | 080 | 1 | ES99 | $\tau$ | \＆10 | L | L | $\bigcirc$ | ¢LE89¢IEI | II | £E8¢69ZS．I |
| \＆90＊IてZ | L0－G0 ${ }^{\circ} \mathrm{S}$ | で0 | てI＇Z | 6.0 | †¢99 | 0 | て0＊0 | L | DL | L | 0IてZ0ヶカて | 02 | 9と0 $\dagger$ ¢8ss． |
| 68て＇0I | L0－ヨE0 ${ }^{\text {S }}$ | て， 0 | $\varepsilon 1^{\circ} \varepsilon^{-}$ | $\angle t^{0}$ | t¢99 | 0 | 20\％ | V | V | $\bigcirc$ | 9L8tt68SI | L | LZS60I68IS．I |
| EL0．09E | L0－ヨE8＊ | $\varepsilon \varepsilon^{\circ} 0$ | L9 ${ }^{\text {I }}$ | 七I8．0 | †¢99 | 0 | E0＊0 | $\bigcirc$ | $\begin{aligned} & \text { LOLVD } \\ & \text { LPDDVPD } \end{aligned}$ | $\bigcirc$ | てL068ttて | $0 Z$ | 69tL80［［ ${ }^{\text {S．}}$ |
| 8LE＇Z8E | L0－390＊$\dagger$ | IE＊0 | LS＇${ }^{-}$ | 9660 | t¢99 | 0 | E0＊0 | $\bigcirc$ | $\bigcirc$ | V | 9691てI6て | $\mathcal{E}$ | ILIてt96E［S．I |
| £66 ${ }^{\text {¢ } 62 \text { E }}$ | L0－ヨ09 ¢ | ［100 | $\dagger S^{\circ} 0^{-}$ | I | 七¢99 | 0 | Sto | L | $\bigcirc$ | L | LャII6Sて8I | $\varepsilon$ | ¢8Z6t0zs．I |
| \＆LL＊6L9I | L0－ヨ88 ${ }^{\text {－}}$ | ¢I＇0 | $6 L^{\circ} 0^{-}$ | I66．0 | E¢99 | 0 | SI＇0 | $\bigcirc$ | L | $\bigcirc$ | I0I8L¢IEI | II | 6ES68LS． |
| LE0＇Z¢Z | L0－ヨてどて | $0 t^{0}$ | 七0＇て－ | I | 七¢99 | 乙 | 20\％ | L | L | $\bigcirc$ | ¢L69L0tt | IZ | ESELZI8s．． |
| ES¢＊60t | 80－38t゚ L | ［ $\varepsilon^{\circ} 0$ | $69^{\circ} \mathrm{I}$ | I | E¢99 | 乙 | E0＊0 | L | L | $\bigcirc$ | 98IEIL6S | 8 | 9ttて 299 LS． |
| Nサə | ［P＾d | 日S | セłวg | oJu！ | U | оиวธ์ | JVW | ગગગાए <br> ıои！u | gขРा® | V ${ }^{\text {PगI® }}$ | uo！！ | บHว | dNS |


|  |  |  |  | ouənb גKıоиə рәұеи $00<$ Of 2.1 |  |  | Sə ว૫ ว० Шə d－I）d ！$\quad$ po pad |  | B！̣！ <br> INS <br> ициел $\boldsymbol{e}$ <br> W＇əə <br> S pəュnc |  | प7 07 əo̊bso щındu！јо ә ய әл！̣əәŋみっ， IV $08^{\circ} 0<$ <br>  | Kұ0u <br>  IO＇N S ołu！ 1 UI |  ィәо，，S！ィ рие 6［ธิЧ／LદЧวปЮ sdNS pəndu！ ошоェบ＝ไНつ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| ち9E＊0ZI | L0－马8ع＊8 | ZS＇0 | $9 c^{\circ} \square^{-}$ | ¢86．0 | 9†0¢ | 0 | 10＊0 | L | L | $\bigcirc$ | 99¢Z60L | L | I8I8666t［S．I |
| 008．zて0 I | L0－ヨしど9 | 81＇0 | 060 | LI6．0 | $9 \downarrow 0$ ¢ | 0 | てI「0 | VP | VP | $\bigcirc$ | EtE899I8 | 8 | 0Z¢¢0EZLIS．I |
| 918．0で | L0－GSİS | Lで0 | ¢E． $\mathrm{I}^{-}$ | I | $9 \downarrow 0$ ¢ | 乙 | ＋0．0 | V | V | $\bigcirc$ | 8\＆とて06tt | 6 I | Z9¢9¢ZLs． |
| $06 \varepsilon^{\circ} 0 \varepsilon \varepsilon$ | L0－马E8 ${ }^{\text {I }}$ | £ $\varepsilon^{\circ} 0$ | $0 L^{\prime} \mathrm{I}^{-}$ | 8LL＇0 | 9t0¢ | 0 | ＋0：0 | $\bigcirc$ | $\bigcirc$ | L | 966t80I8 | LI | 9I686I6EIS．I |
| 8t8．6It | L0－马ย์ I | Lで0 | Et＇ $\mathrm{I}^{-}$ | ［86．0 | 9†0¢ | 0 | ＋0：0 | V | V | $\bigcirc$ | 9 9セを16tt | 6I | て¢IE0tを］IS． |
| カยガIยて | 80－ヨ0で七 | $8 \varepsilon^{\circ} 0$ | $80^{\circ}$ て－ | $\varepsilon 9 L^{\circ} 0$ | $9 \downarrow 0$ ¢ | 0 | E0\％ | L | L | $\bigcirc$ | 0Z8t80I8 | LI | 七てع60L6s． |
| 90¢＊6LZ | 80－G0 $L^{\circ} \mathrm{E}$ | $\downarrow \mathcal{E}^{\circ} 0$ | $98^{\text { }}$－ | ¢660 | $9 \downarrow 0$ ¢ | 0 | E0\％ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | 62898¢てZI | t | 0tL¢9EIIIS． |
| NJə | ［P＾d | GS | セฆวg | oJu！ | u | оแәถ | dVW | ગગગाए <br> Iou！u | ¢วगโए | VPग［ ${ }^{\text {® }}$ | uO！！ | 廿Hつ | dNS |


Supplemental Table 9：Genome－wide association study（GWAS）results for the top loci（p＜1x10－5）with the depressive symptom score，after adjusting

|  <br>  <br>  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| †て8＊0ャてI | L0－gと8 6 | ¢ ${ }^{\circ} 0$ | Z $L^{\circ} 0^{-}$ | 1 | てE8t | 乙 | $\varsigma_{\text {¢ }}{ }^{\circ} 0$ | $\bigcirc$ | L | $\bigcirc$ | 七\＆8¢0t9t | 乙 | 69tI 8 ZS． |
| としだんIIて | L0－ゴど8 | ［ ${ }^{\circ} 0$ | ${ }^{+} C^{*} 0^{-}$ | $6 \pm 6^{\circ} 0$ | て\＆8t | 0 | $9 \varepsilon^{\circ} 0$ | L | L | $\begin{gathered} \text { P } \\ \text { OLVOPL } \\ \text { VOPLVL } \end{gathered}$ | 8t0LZILS | † | 6609LZI［s．${ }^{\text {a }}$ |
| 866．${ }^{\circ} 9$ I | L0－G00 9 | $0 t^{\circ}$ | $10 \cdot 7$ | LZ8．0 | てE8t | 0 | 200 | $\bigcirc$ | L | $\bigcirc$ | LZ869L6ZI | $\varepsilon$ | IS88ILZS．I |
| 0¢で80て | L0－G¢ $8^{\circ} \mathrm{S}$ | $9 \varepsilon^{\circ} 0$ | 6L＇I－ | 9860 | て\＆8t | 0 | 200 | V | V | $\bigcirc$ | 6IIEI8LI | LI | Z60LtEtIIS．I |
| 8¢E゙を¢6 | L0－GtI「¢ | 91．0 | 08．0－ | 9660 | てE8t | 0 | ［ ${ }^{\circ} 0$ | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ | £¢6Z9t¢9 | ZI | ¢E6682Zs．ı |
| ยLE＊6IE | L0－gZL＇t | $87^{\circ} 0$ | で「 ${ }^{-}$ | Z¢8．0 | てE8t | 0 | t00 | $\bigcirc$ | $\bigcirc$ | VLLLS | LIZ6tL0L | ¢I | 0IEzて0Z0Zs．ı |
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Supplemental Table 11：Replication results from top loci on chromosome 8 in females：rs72662446
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Supplemental Figure 1. Quantile-quantile (QQ) plots and Manhattan plots for binary depressive symptoms score from the Hispanic Community Health Study/Study of Latinos


The quantile-quantile plots ("QQ-plots"), which present the observed by expected P-values on the $-\log 10$ scale, indicate conformity of the observed results to what would be expected under the null. In the Manhattan plots, the $x$-axis is the chromosomal position and the $y$-axis is the $\log 10 \mathrm{p}$-value for the association between each SNP and depressive case/control status derived. The dotted line shows the genome-wide significance level ( $5 \times 10-8$ ). The displayed $p$-value corresponds to SNPs with effective $\mathrm{N}>50$.


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