



Preliminary Evidence That CD38 Moderates the Association of Neuroticism on Amygdala-Subgenual Cingulate Connectivity

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CD38 genetic variation has been associated with autism spectrum disorders and social anxiety disorder, which may result from CD38's regulation of oxytocin secretion. Converging evidence has found that the rs3796863 A-allele contributes to increased social sensitivity compared to the CC genotype. The current study examined the moderating role of CD38 genetic variants (rs3796863 and rs6449182) that have been associated with enhanced (or reduced) social sensitivity on neural activation related to neuroticism, which is commonly elevated in individuals with social anxiety and depression. Adults ($n = 72$) with varying levels of social anxiety and depression provided biological samples for DNA extraction, completed a measure of neuroticism, and participated in a standardized emotion processing task (affect matching) while undergoing fMRI. A significant interaction effect was found for rs3796863 x neuroticism that predicted right amygdala-subgenual anterior cingulate cortex (sgACC) functional connectivity. Simple slopes analyses showed a positive association between neuroticism and right amygdala-sgACC connectivity among rs3796863 A-allele carriers. Findings suggest that the more socially sensitive rs3796863 A-allele may partially explain the relationship between a known risk factor (i.e., neuroticism) and promising biomarker (i.e., amygdala-sgACC connectivity) in the development and maintenance of social anxiety and depression.

Keywords: CD38, fMRI, functional connectivity, neuroticism, psychopathology, oxytocin

INTRODUCTION

The multifunctional protein CD38 (Cluster of Differentiation 38) contributes to individual differences in social cognition and behavior, which may result from CD38's regulation of oxytocin secretion (Jin et al., 2007). The majority of human research associating CD38 genetic variation and social phenotypes has focused on two genetic variants of interest, rs3796863 (located in intron 7 on chromosome 4p15; Malavasi et al., 2008), and rs6449182 (located in a regulatory region in

Q6 115 intron 1; Ferrero et al., 1999). Compared to individuals with the
 116 rs3796863 CC genotype, A-allele carriers have been associated
 Q7 117 with enhanced social sensitivity in the form of increased
 118 parental sensitivity (Feldman et al., 2012), higher levels of
 119 empathy and altruism (Liu et al., 2017), and decreased risk
 120 of social impairments and autism spectrum disorders (Lerer
 121 et al., 2010; Munesue et al., 2010). Individuals carrying the
 122 A-allele have shown greater CD38 gene expression (Lerer
 123 et al., 2010) and higher levels of unextracted plasma oxytocin
 124 (Feldman et al., 2012) in comparison to individuals with
 125 the CC genotype. However, contrary to previous results
 126 demonstrating beneficial socioemotional outcomes associated
 127 with the rs3796863 A-allele, our research group found that among
 128 individuals who experienced higher levels of interpersonal stress,
 129 A-allele carriers had *higher* levels of social anxiety and depression
 130 over a 6-year period compared to those with the CC genotype
 131 (Tabak et al., 2016).

132 As research on oxytocin, and oxytocin system related genes
 133 such as CD38, has progressed paradoxical results such as these
 134 have led to the hypothesis that oxytocin enhances sensitivity to
 135 positive *or* negative social stimuli (Olf et al., 2013; Shamay-
 136 Tsoory and Abu-Akel, 2015). Work focusing on oxytocin system
 137 genes has shown that variants associated with enhanced social
 138 sensitivity may contribute to positive or negative outcomes
 139 depending on relevant environmental factors and individual
 140 differences (Tabak, 2013). For example, several studies focused on
 141 variation in the oxytocin receptor gene polymorphism rs53576
 142 have found that G-allele carriers who experienced childhood
 143 maltreatment were at greater risk for mental health concerns
 144 (Bradley et al., 2011; McQuaid et al., 2013; Andreou et al., 2018),
 145 even though the majority of research examining this SNP has
 146 found the G-allele to be beneficial or protective. Further research
 147 focusing on variations in oxytocin system genes has shown
 148 that alleles previously associated with beneficial social outcomes
 149 may also be related to psychopathology when accounting for
 150 relevant moderators (Kushner et al., 2018). Together, studies such
 151 as these demonstrate that variation in oxytocin system genes,
 152 including CD38, may contribute to enhanced levels of social
 153 sensitivity, which can exacerbate the effects of environmental
 154 stressors that contribute to the development and maintenance
 155 of psychopathology (Tabak, 2013). This is particularly relevant
 156 because positive associations between oxytocin and human
 157 social processes have often overshadowed evidence of the
 158 potential role of oxytocin in the development of psychopathology
 159 (McQuaid et al., 2014).

160 In the present study, we sought to build on our previous
 161 findings (Tabak et al., 2016) by investigating the underlying
 162 mechanisms that connect CD38, social sensitivity, and
 163 psychopathology. To examine this question, we focused on
 164 how CD38 genetic variation moderated a neural circuit that
 165 includes regions that have been associated with hyperactivation
 166 in both depression and social anxiety; specifically, we examined
 167 connectivity between the subgenual anterior cingulate cortex
 168 (sgACC) and the amygdala.

169 A host of neuroimaging research has focused on the
 170 sgACC and amygdala in depressed individuals (for review see
 171 Ressler and Mayberg, 2007). There is evidence of heightened

172 activation in the amygdala and sgACC in individuals with
 173 depression when viewing negative stimuli, and post-treatment
 174 decreases in depression symptoms have been associated with
 175 decreased activation in these regions (Ressler and Mayberg,
 176 2007). Studies have also confirmed connectivity between the
 177 amygdala and sgACC (Stein et al., 2007) and this neural circuit
 178 has important relevance for emotion dysregulation, a prominent
 179 characteristic of mood disorders (Joormann and Vanderlind,
 180 2014). Findings have shown greater positive amygdala-sgACC
 181 functional connectivity in depressed adolescents during resting-
 182 state (Connolly et al., 2013) and while processing fearful facial
 183 stimuli (Ho et al., 2014) compared to healthy controls. Similar
 184 results have emerged in relatives of individuals diagnosed with
 185 major depressive disorder (Wackerhagen et al., 2017). Studies of
 186 individuals with social anxiety disorder have also found increased
 187 amygdala activation during emotional face processing (Ball et al.,
 188 2012) and when viewing negative (e.g., fearful or threatening)
 189 stimuli compared to healthy controls (Freitas-Ferrari et al.,
 190 2010; Gentili et al., 2016). In addition, meta-analytic effects for
 191 increased activation in the sgACC have been found in individuals
 192 with social anxiety disorder (Gentili et al., 2016). Thus, there
 193 is evidence for amygdala and sgACC hyperactivation in both
 194 depression and social anxiety disorder, and evidence for altered
 195 functional connectivity between these regions in depression.

196 Elevated levels of neuroticism are a risk factor for depression
 197 and anxiety, including social anxiety (Kotov et al., 2010).
 198 Therefore, neuroticism is often examined as a trait level
 199 individual difference that is positively associated with current
 200 levels of anxiety and depression, as well as potentially higher
 201 future levels of psychopathology. Neuroticism is also associated
 202 with more negative responses to stress, increased reactivity
 203 to threatening stimuli (Barlow et al., 2014), and heightened
 204 activation in the amygdala and sgACC (Haas et al., 2007).
 205 Given the relationship between neuroticism, psychopathology,
 206 and threat reactivity, it is important to note that a meta-analysis
 207 of neuroimaging studies examining neuroticism and emotion
 208 processing did not find an association between neuroticism and
 209 amygdala activation (Servaas et al., 2013). Rather, findings from
 210 Servaas et al. (2013) suggest that the role of neuroticism in
 211 amygdala activation appears to be related to altered connectivity
 212 between the amygdala and frontal regions that result in emotion
 213 dysregulation (Servaas et al., 2013). Indeed, Cremers et al.
 214 (2010) found more inverse functional connectivity in the left
 215 amygdala and anterior cingulate cortex among individuals with
 216 higher levels of neuroticism when viewing negative stimuli.
 217 Previous work by Pezawas et al. (2005) also found that inverse
 218 connectivity between the amygdala and sgACC was associated
 219 with increased harm avoidance (a construct highly correlated
 220 with neuroticism that has been associated with affective disorder
 221 symptomology; Jylhä and Isometsä, 2006) in short allele carriers
 222 in the 5-HTTLPR polymorphism. In sum, previous findings
 223 suggest that higher levels of neuroticism and altered connectivity
 224 between the amygdala and sgACC may represent a common
 225 neurobiological mechanism underlying the development of social
 226 anxiety disorder and major depression.

227 In the present study, based on the associations between CD38
 228 genetic variation and affective reactivity (Sauer et al., 2012),

229 social anxiety, and depression (Tabak et al., 2016), we examined
 230 the relationship between amygdala-sgACC connectivity and
 231 neuroticism in individuals with varying levels of social anxiety
 232 and depression. Using an *a priori* seed-based approach, we
 233 used psychophysiological interaction (PPI) analysis to investigate
 234 whether CD38 moderates the relationship between neuroticism
 235 and amygdala-sgACC connectivity. We hypothesized that higher
 236 levels of neuroticism would be related to positive connectivity
 237 in this neural circuit in individuals with genotypes (i.e., the
 238 rs3796863 A-allele) that have been associated previously with
 239 enhanced social sensitivity. We also examined variation in a
 240 second CD38 SNP, rs6449182, since there is evidence that this
 241 polymorphism is functional and the G allele is associated with
 242 increased CD38 expression (Jamroziak et al., 2009; Polzonetti
 243 et al., 2012; but see Riebold et al., 2011).

245 METHODS

247 Participants

249 The present study includes a subsample from a randomized
 250 controlled trial examining the effectiveness of two types of
 251 psychotherapy for social anxiety disorder plus a healthy control
 252 comparison group (see Craske et al., 2014 for full methods).
 253 The current study focused on measurements obtained at
 254 baseline before any intervention began and included participants
 255 who provided a saliva sample for genotyping and fMRI data
 256 ($n = 81$). Therefore, methods refer to only this aspect of the
 257 study for these participants. Participants were 18–45 years old,
 258 right-handed, and English speaking. They were either free of
 259 medications, or stabilized on medication, and were not currently
 260 involved in behavioral therapy (see Craske et al., 2014 for full
 261 exclusion criteria).

262 No genotype could be determined for three participants and
 263 six participant's fMRI data were removed due to high levels
 264 of motion-induced noise ($>10\%$ of images had a global signal
 265 intensity >2.5 SD of mean, or were affected by motion of
 266 >2.5 mm in any direction; Young et al., 2017). This resulted
 267 in 72 participants (39 male; 33 female; *Mean age* = 27.56;
 268 *Age range* = 18–43). Participants self-identified as Caucasian
 269 (45.8%), Asian American (25%), Hispanic (13.9%), and Other
 270 (15.3%). This study was carried out in accordance with the
 271 recommendations of the UCLA Office for the Protection
 272 of Human Research Subjects and approved by the UCLA
 273 Institutional Review Board. All participants provided written
 274 informed consent in accordance with the Declaration of Helsinki.

275 Materials

276 Neuroticism

278 The 12-item Eysenck Personality Questionnaire–Revised Short
 279 form (EPQR–S; Eysenck and Eysenck, 1992) was used to measure
 280 neuroticism ($\alpha = 0.86$).

281 Psychiatric Diagnosis

283 Even though we focused on trait levels of neuroticism, the
 284 majority of participants ($n = 57$) met diagnostic criteria for
 285 social anxiety disorder. Fifteen additional participants did not

286 meet criteria for any diagnosis (i.e., they were a healthy control
 287 comparison group). Diagnoses were based on the Diagnostic and
 288 Statistical Manual of Mental Disorders, 4th Edition through the
 289 use of the Anxiety Disorders Interview Schedule–IV (Brown et al.,
 290 1994) that were conducted by trained interviewers. Individuals
 291 who met criteria for a clinical disorder all had a current diagnosis
 292 of social anxiety disorder that was either principal or co-principal,
 293 with a clinical severity rating of four or higher (Craske et al.,
 294 2014). Healthy controls did not have a current or previous
 295 psychiatric diagnosis. Among participants who met criteria for
 296 social anxiety disorder, 13.9% (rs3796863 CC $n = 7$, A carrier
 297 $n = 3$; rs6449182 CC $n = 8$, G carrier $n = 2$) were currently
 298 taking medication for anxiety, depression, or “another emotional
 299 problem” (see Burklund et al., 2015 for additional details).

300 Genotyping

302 Participants provided saliva samples using Salivettes (Sarstedt,
 303 Germany). DNA Extraction and genotyping was performed by
 304 Genomeadvisors Inc., La Mirada, CA, United States. CD38
 305 SNPs were genotyped using Taqman SNP Genotyping Assays
 306 (rs6449182: C__1216863_10; rs379663: C__1216944_10) with
 307 the ABI 7900 Sequence Detection System.

308 Procedure

310 The EPQR–S was administered 1–2 weeks before participants
 311 completed their fMRI session. Before beginning the fMRI
 312 procedure, participants practiced the reactivity task that involved
 313 viewing and matching images of emotional facial expressions
 314 and geometric shapes (Hariri et al., 2002). In the present study,
 315 our interest was in examining neural reactivity to negative
 316 stimuli (angry, disgusted, or fearful emotional expressions)
 317 obtained from the NimStim Face Stimulus set (Tottenham et al.,
 318 2009). We collapsed across facial expressions in analyses to
 319 examine responses to negative facial expressions in general
 320 compared to shape matching. This resulted in two conditions:
 321 affect match and shape match. Our focus of analysis was
 322 on the contrast between matching affect vs. matching shapes,
 323 which is a well-validated method of assessing neural activation
 324 associated with viewing emotionally evocative human stimuli
 325 while controlling for attention and motoric responses (as
 326 described in Burklund et al., 2015). This task has been used
 327 in previous research examining amygdala-sgACC functional
 328 connectivity and depression (Pezawas et al., 2005). Participants
 329 also completed two other conditions in which they were asked
 330 to engage in affect labeling or gender labeling of the face stimuli
 331 (see Burklund et al., 2015 for further details). Regressors for
 332 these stimuli were included in first level models, but as they are
 333 not the focus of the current investigation, are not reported on
 334 here. A previous study by our research group (Burklund et al.,
 335 2015) also examined neural activation across different clinical
 336 subgroups compared to healthy controls in the bilateral amygdala
 337 as well as right ventral lateral prefrontal cortex during affect
 338 match vs. shape match. In contrast, the current study examined
 339 trait levels of neuroticism and focused on functional connectivity
 340 between the amygdala and sgACC.

341 As described by Burklund et al. (2015) we used a block design
 342 for stimuli presentation with four blocks per condition (affect

343 match, shape match, affect label, gender label; all conditions
 344 were counterbalanced) and six trials per block (trials lasted
 345 5 s, resulting in 30 s blocks). Preceding the stimuli blocks
 346 were 10 s fixation crosshairs and 3 s instruction cues. The
 347 present analyses build on the prior work published in Burklund
 348 et al. (2015) by examining genetic contributions to functional
 349 connectivity between areas as a function of neuroticism rather
 350 than focusing on group differences in neural activation as was
 351 done in the prior work. A Macintosh MacBook Pro computer
 352 with MacStim software (WhiteAnt Occasional Publishing)¹ and
 353 high-resolution goggles (Resonance Technology, Inc.) were used
 354 to present stimuli. Responses were collected with an fMRI-
 355 compatible button box through a custom USB interface.

356 fMRI Image Acquisition

358 Magnetic resonance images were acquired using a Trio 3.0
 359 Tesla Siemens MRI scanner at the UCLA Ahmanson-Lovelace
 360 Brain Mapping Center. For each participant, a high-resolution
 361 structural T2-weighted echoplanar imaging volume (spin-echo,
 362 TR = 5000 ms, TE = 34 ms, matrix size = 128 × 128,
 363 resolution = 1.6 mm × 1.6 mm × 3 mm, FOV = 200 mm, 36
 364 slices, 3 mm thick, flip angle = 90°, bandwidth = 1302 Hz/Px)
 365 was acquired coplanar with the functional scans. Four functional
 366 runs were acquired, with a total of 344 volumes (gradient-echo,
 367 TR = 3000 ms, TE = 25 ms, flip angle = 90°, matrix size = 64 × 64,
 368 resolution = 3.1 mm × 3.1 mm × 3.0 mm, FOV = 200 mm, 36 axial
 369 slices, 3 mm thick, bandwidth = 2604 Hz/Px).

371 fMRI Pre-processing and Analysis

372 Imaging data were analyzed using SPM8 (Wellcome Trust
 373 Centre for Neuroimaging, University College London,
 374 United Kingdom)². Functional images for each participant
 375 were realigned to correct for head motion, co-registered to the
 376 high-resolution structural images, normalized into a standard
 377 stereotactic space as defined by the Montreal Neurological
 378 Institute and smoothed with an 8 mm Gaussian kernel FWHM.
 379 Experimental blocks were modeled using a boxcar function
 380 convolved with the canonical hemodynamic response. Motion
 381 parameters were included in the model as regressors of no
 382 interest. Linear contrasts for affect match vs. shape match
 383 were computed at the first-level for each participant using a
 384 fixed-effects model. PPI analyses (Friston et al., 1997) were
 385 implemented using generalized PPI (gPPI) within SPM8
 386 (McLaren et al., 2012). These analyses were used to examine
 387 whether the interaction between neuroticism and CD38 variation
 388 predicted functional connectivity between the amygdala and the
 389 sgACC. The right and left amygdala were used as separate seed
 390 regions for these analyses [anatomically defined ROI; Automated
 391 Anatomical Labeling (AAL) library]. We conducted both an
 392 ROI-based analysis and a whole-brain analysis to investigate
 393 general alterations in right and left amygdala connectivity,
 394 focusing on the sgACC. A spherical sgACC ROI (6 mm radius)
 395 was created based on coordinates in a previous study examining
 396 the moderating role of genetic variation on amygdala-sgACC
 397

398 ¹www.Brainmapping.org/WhiteAnt

399 ²http://www.fil.ion.ucl.ac.uk

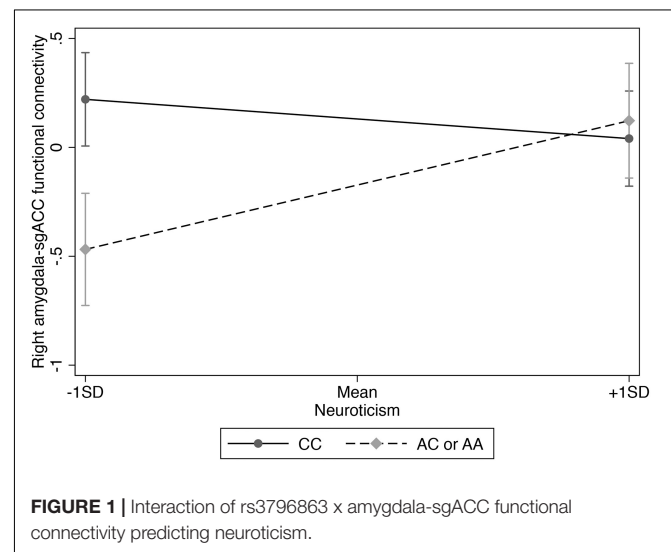
connectivity during the same affect match task used in the
 present study (Pezawas et al., 2005; MNI coordinates: $x = 0$,
 $y = 37$, $z = -2$).

Statistical Analysis

ROI analyses: All continuous independent variables and
 covariates were mean centered before analyses. Using hierarchical
 multiple linear regression, separate analyses were conducted
 for each CD38 SNP that included the following predictors
 of right (or left) amygdala-sgACC connectivity: (a) the main
 effect of genotype, (b) the main effect of neuroticism, and
 (c) the interaction effect of genotype × neuroticism. Following
 the recommendations of Keller (2014) we also ran analyses
 with the inclusion of additional covariates to assess the
 robustness of findings including: self-reported race/ethnicity
 (Asian, Hispanic, Other; Caucasians were designated as the
 comparison group), gender, age, medication status, group (i.e.,
 clinical vs. healthy controls), and all genotype × covariate as
 well as neuroticism × covariate interactions. The addition of all
 robustness covariates and their interactions did not alter the
 significance of any primary interaction effects.

Significant interactions were followed by simple slopes
 analyses to examine the main effects of neuroticism for each
 genotype group. Analyses were conducted using SPSS 24 and the
 PROCESS macro (Hayes and Little, 2017). **Figure 1** was created
 using Stata version 14. Bonferroni correction was used to correct
 for multiple testing for the four primary gene × neuroticism tests
 (i.e., rs3796863 × neuroticism for left and then right amygdala,
 and the same two tests for rs6449182), resulting in a threshold
 of $p < 0.0125$.

As in previous studies (Feldman et al., 2012; Sauer et al.,
 2012; Tabak et al., 2016), we used dominant coding for rs3796863
 (CC = 0; A-allele carriers [AC and AA] = 1). Based on previous
 work (Jamrozik et al., 2009; Polzonetti et al., 2012), rs6449182
 was also coded in a dominant manner (CC = 0; G-allele carriers
 [CG or GG] = 1). Genotype frequencies for the total sample of



457 participants who provided genetic and fMRI data were in Hardy-
 458 Weinberg Equilibrium (rs3796863: $\chi^2 = 2.6$, $p = 0.11$, rs6449182:
 459 $\chi^2 = 2.4$, $p = 0.12$).

460 Whole brain analyses: Group level whole brain multiple
 461 regression analyses were conducted, entering connectivity SPM
 462 images for the contrast “Affect Match – Shape Match.”
 463 Regressors included in the model were the CD38 genotype,
 464 neuroticism, and CD38 x neuroticism interaction effects.
 465 Gender, age, race/ethnicity, medication status, group, and
 466 all genotype x covariate as well as neuroticism x covariate
 467 interactions were entered as covariates of no interest.

468

469

470 RESULTS

471

472 **Table 1** displays sample demographics, means, standard
 473 deviations, and genotype frequencies. Our interest in focusing
 474 on neuroticism as a trait level individual difference that reflects
 475 anxiety and depression symptoms was confirmed by high
 476 correlations ($r_s = 0.73$) between neuroticism and the General
 477 Distress Anxiety and Depression scales from the Mood and
 478 Anxiety Symptoms Questionnaire (Watson et al., 1995). We
 479 first examined the correlation between CD38 genotype and
 480 neuroticism (including gender, age, race/ethnicity, medication
 481 status, and group as covariates) and found no associations
 482 between rs3796863 genotype (A/C or A/A genotypes coded 1;
 483 C/C genotype coded 0) ($r = 0.02$, $p = 0.88$) or rs6449182 genotype
 484 and neuroticism (G/G or C/G genotypes coded 1; C/C genotype
 485 coded 0) ($r = 0.05$, $p = 0.71$).

486

487 CD38 Variant rs3796863

488

489 We used hierarchical multiple linear regression analysis and
 490 found a main effect of CD38 rs3796863 genotype on right
 491 amygdala-sgACC functional connectivity ($p = 0.017$), but no
 492 main effect of neuroticism (see **Table 2**). However, there was
 493 also a significant rs3796863 x neuroticism effect ($p = 0.002$) that
 494 maintained significance following multiple test correction. As
 495 shown in **Table 2** and **Figure 1**, simple slopes analysis showed
 496 a positive association between neuroticism and right amygdala-
 497 sgACC connectivity, but the simple slope for individuals with the
 498 CC genotype was not significant. There were also no main or
 499 interaction effects of genotype or neuroticism when examining
 left amygdala-sgACC connectivity (See **Table 2**).

500

501 CD38 Variant rs6449182

502

503 We followed the same steps and conducted hierarchical multiple
 504 linear regression analysis and found no main or interaction effects
 involving CD38 rs6449182 genotype (see **Table 3**).

505

506 Whole Brain Analyses

507

508 Full results of whole brain analyses are presented in
 509 **Supplementary Tables S1, S2**).

510

511 DISCUSSION

512

513 The present findings are the first showing evidence of a
 moderating role for CD38 genetic variation on the association

between neuroticism and amygdala-sgACC connectivity. 514
 Specifically, there was a positive association between neuroticism 515
 and right amygdala-sgACC functional connectivity among 516
 rs3796863 A-allele carriers. Thus, A-allele carriers with 517
 lower levels of neuroticism showed more inverse functional 518
 connectivity between right amygdala and sgACC whereas 519
 A-allele carriers with higher levels of neuroticism showed more 520
 positive connectivity. For illustrative purposes, we created 521
Supplementary Figure S1 to decompose patterns of functional 522
 connectivity. Results suggested that the present findings may 523
 be driven by A-allele carriers with lower levels of neuroticism, 524
 potentially due to better regulation of the amygdala. This finding 525
 suggests that results from our previous work, in which we 526
 found increased risk for social anxiety and depression over time 527
 among rs3796863 A-allele carriers who experienced greater 528
 interpersonal stress, may have been specific to individuals with 529
 higher levels of neuroticism, who were oversampled (Tabak et al., 530
 2016). These results also follow the pattern shown by McQuaid 531
 et al. (2016) who found higher levels of depression and suicidal 532
 ideation among individuals with the rs3796863 AA genotype 533
 compared to C-allele carriers (but see Parris et al., 2018; Handley 534
 et al., 2019). Results also suggest that accounting for neuroticism 535
 in future studies of CD38 genetic variation may help to explain 536
 discrepant associations of the rs3796863 A-allele with outcomes 537
 such as greater empathy and altruism (Liu et al., 2017), reduced 538
 risk of autism spectrum disorders (Munesue et al., 2010), but also 539
 higher levels of depression and suicidal ideation (McQuaid et al., 540
 2016). Since the directionality of associations among A-allele 541
 carriers has differed across studies, further research that accounts 542
 for levels of neuroticism is needed. More broadly, the present 543
 finding adds to results from previous studies suggesting a role for 544
 oxytocin system genetic variants in enhanced social sensitivity 545
 (Tabak, 2013).

The present results are also in agreement with studies showing 547
 increased connectivity between the amygdala and sgACC in 548
 individuals with depression during a facial affect recognition 549
 task for fearful stimuli (Ho et al., 2014) and among adult first- 550
 degree relatives of individuals with major depressive disorder 551
 when performing a negative affect matching task (Wackerhagen 552
 et al., 2017). In addition, the same neural circuit examined in 553
 the present study has also been shown to be moderated by 554
 genetic variation in the serotonin system (i.e., more inverse 555
 amygdala-sgACC connectivity was related to higher levels of 556
 harm avoidance among 5-HTTLPR short allele carriers; Pezawas 557
 et al., 2005). In a previous study examining the relationship 558
 between neuroticism and amygdala-anterior cingulate cortex 559
 (ACC) connectivity, Cremers et al. (2010) found that neuroticism 560
 was related to more inverse functional connectivity between the 561
 left amygdala and ACC. In the present study, our analyses did 562
 not identify a significant relationship between the left amygdala 563
 and the ACC; however, whole brain analyses showed a significant 564
 interaction effect of rs3796863 x neuroticism predicting positive 565
 functional connectivity between the right amygdala and the 566
 ACC. One potential explanation for the discrepancy between 567
 the present results and those from Cremers et al. (2010) 568
 is that the sample in the study by Cremers and colleagues 569
 included all healthy individuals, whereas our sample included 570

TABLE 1 | Descriptive statistics for rs3796863, rs6449182, and major study variables.

Variable	All participants	rs3796863 A-Allele Carriers	rs3796863 CC Homozygotes	rs6449182 G-Allele Carriers	rs6449182 CC Homozygotes
Gender		$t = -1.34$ (70)		$t = -0.478$ (69)	
Female	34 (47.2%)	16 (57.1%)	18 (40.9%)	10 (52.6%)	24 (46.2%)
Male	38 (52.8%)	12 (42.9%)	26 (59.1%)	9 (47.4%)	28 (53.8%)
Age	27.56 (6.51)	26.21 (6.33)	28.44 (6.54)	29.14 (7.13)	26.94 (6.3)
Neuroticism	6.83 (3.59)	6.75 (3.72)	6.89 (3.54)	7.00 (2.85)	6.90 (3.76)
Race/ethnicity		$\chi^2 = 2.53$ (3, 72)		$\chi^2 = 2.02$ (3, 71)	
Caucasian	33 (45.8%)	15 (53.6%)	18 (40.9%)	10 (52.6%)	22 (42.3%)
Hispanic/Latino	10 (13.9%)	2 (7.1%)	8 (18.2%)	2 (10.5%)	8 (15.4%)
Asian American/Pacific Islander	18 (25%)	6 (21.4%)	12 (27.3%)	3 (15.8%)	15 (28.8%)
Other	11 (15.3%)	5 (17.9%)	6 (13.7%)	4 (21.1%)	7 (13.5%)
CD38 genotype					
AA	8 (11.1%)	–	–	–	–
AC	20 (27.8%)	–	–	–	–
CC	44 (61.81%)	–	–	–	–

* $p < 0.05$.

TABLE 2 | (a) CD38 rs3796863 and neuroticism predicting right amygdala-sgACC functional connectivity. (b) CD38 rs3796863 and neuroticism predicting left amygdala-sgACC functional connectivity.

Independent variable	<i>b</i>	β	SE	R ²
(a)				
CD38 genotype	-0.312*	-0.282	0.128	0.066
Neuroticism	0.020	0.132	0.018	0.097
Genotype x Neuroticism	0.107**	0.798	0.033	0.217
<i>Simple Slope for A-allele carriers</i>				
Neuroticism	0.082**	0.608	0.021	0.370
<i>Simple Slope for C/C genotype</i>				
Neuroticism	-0.025	-0.162	0.024	0.026
(b)				
CD38 genotype	0.005	0.005	0.125	0.000
Neuroticism	-0.003	-0.020	0.017	0.000
Genotype x Neuroticism	0.052	0.409	0.035	0.032
<i>Simple Slope for A-allele carriers</i>				
Neuroticism	0.028	0.244	0.022	0.060
<i>Simple Slope for C/C genotype</i>				
Neuroticism	-0.024	-0.151	0.024	0.023

The addition of robustness covariates or their interactions did not alter the significance of the primary interaction effects or the significance of simple slopes. * $p < 0.05$; ** $p < 0.005$.

healthy individuals as well as individuals with anxiety and depressive disorders.

Although previous studies have examined the role of genetic variation in 5-HTTLPR and neuroticism (Pluess et al., 2010; Kuepper et al., 2012), to date, there is limited research examining oxytocin related genetic variants and neuroticism. This seems like an important oversight since, in addition to its role in social processes, oxytocin is associated with stress responsivity (Engert et al., 2016; Alley et al., 2019) and evidence suggests that early life adversity can alter the oxytocin system (Bradley et al., 2011; Grimm et al., 2014; Smearman et al., 2016). In

addition, neuroticism not only predicts psychopathology over time (Kendall et al., 2015), but it's also associated with negative interpersonal outcomes such as increased reactivity to stressful events following conflict (Suls et al., 1998), a tendency to use negative forms of coping following interpersonal stress (Gunthert et al., 1999), and negative marital outcomes including divorce (Kelly and Conley, 1987). As studies continue to elucidate potential relationships between oxytocin and psychopathology (McQuaid et al., 2014; Gottschalk and Domschke, 2018), the present results suggest that neuroticism should be a target of future oxytocin research. This enhanced focus on neuroticism

TABLE 3 | (a) CD38 rs6449182 and neuroticism predicting right amygdala-sgACC functional connectivity. (b) CD38 rs6449182 and neuroticism predicting left amygdala-sgACC functional connectivity.

Independent variable	<i>b</i>	β	<i>SE</i>	R^2
(a)				
CD38 genotype	-0.011	-0.009	0.149	0.000
Neuroticism	0.023	0.145	0.019	0.021
Genotype x Neuroticism	-0.061	-0.382	0.050	0.042
<i>Simple Slope for G-allele carriers</i>				
Neuroticism	-0.027	-0.200	0.033	0.040
<i>Simple Slope for C/C genotype</i>				
Neuroticism	0.033	0.207	0.023	0.043
(b)				
CD38 genotype	0.095	0.083	0.138	0.007
Neuroticism	-0.001	-0.005	0.018	0.007
Genotype x Neuroticism	0.016	0.107	0.048	0.009
<i>Simple Slope for G-allele carriers</i>				
Neuroticism	0.013	0.060	0.051	0.004
<i>Simple Slope for C/C genotype</i>				
Neuroticism	-0.003	-0.026	0.018	0.001

The addition of robustness covariates or their interactions did not alter the significance of the primary interaction effects or the significance of simple slopes. * $p < 0.05$; ** $p < 0.01$.

would be consistent with elevated levels of anxiety and emotional reactivity to negative events that have been seen in mice with deletion of the CD38 gene (Martucci et al., 2019).

Exploratory whole brain analyses showed main effects of neuroticism on regions that are considered part of the default mode network, such as the temporoparietal junction, precuneus, and sgACC (Menon, 2011; Li et al., 2014). These findings are consistent with prior work demonstrating altered connectivity of functional brain networks, including the default mode network, in anxiety disorders and depression (Sylvester et al., 2012; Zhu et al., 2012). Future work exploring altered network connectivity in the context of oxytocin would be of much interest in this regard. Additional whole brain analyses suggested that the interaction of genotype and neuroticism might impact a other neural networks, including the ACC, dorsal medial prefrontal cortex, and inferior frontal gyrus regions. These regions have been implicated in a variety of functions including the explicit regulation of emotional reactivity in limbic brain regions (Ochsner and Gross, 2008). The current study was not designed to investigate emotion regulation, instead focusing on emotional reactivity to negative stimuli, but investigation of how neuroticism and CD38 variants interact to impact regulation of emotional reactions would be of interest in future research.

The present study has several strengths including a sample of participants with a wide range of social anxiety and depression levels, the focus on a continuous measure of psychopathology risk (i.e., neuroticism), and the examination of genetic variation of a neural circuit through functional connectivity analysis. In addition, the significant gene x neuroticism interaction effect found in the present study withstood multiple test correction and the addition of many robustness covariates and their interaction effects. However, several limitations must also be noted. Although the present sample is slightly larger than other studies examining CD38 genetic moderation of

neural activation (Sauer et al., 2012, 2013), based on current recommendations (Duncan and Keller, 2011), our sample is small for a GxE interaction study. In addition, the size of the interaction effect found in the present study ($R^2 = 0.11$ with robustness covariates; $R^2 = 0.217$ without robustness covariates) is much larger than current estimates for typical GxE effects (Duncan and Keller, 2011). Another limitation is our racially/ethnically heterogeneous sample. To account for this in our statistical analysis, we included race/ethnicity and genotype x race/ethnicity interactions as covariates, which is an established method to statistically reduce the potential effects of population stratification (Keller, 2014). However, the size of our sample prevented us from conducting additional analyses to examine the generalizability of effects within and across racial/ethnic subgroups. Based on these limitations, replication studies with a larger sample size are necessary, and the present results should be viewed as preliminary in nature.

There is evidence that CD38 gene expression is positively associated with levels of endogenous oxytocin (Kiss et al., 2011), but the way in which CD38 SNP rs3796863 may influence genetic expression is not yet known. Therefore, the present findings suggest that rs3796863 may be tagging a functional SNP that was not genotyped in our study (Lin et al., 2007). In contrast, several studies have found evidence for a functional role for rs6449182 (Jamroziak et al., 2009; Polzonetti et al., 2012), but variation in this SNP was not associated with our outcome. The present study also did not include a direct measurement of endogenous oxytocin, which precludes us from examining the relationship between CD38 genetic variation, circulating levels of oxytocin, and neuroticism. However, previous work has found an association between CD38 genetic variation and differences in levels of unextracted oxytocin (Feldman et al., 2012).

Conclusion

In sum, we found a positive association between neuroticism and right amygdala-sgACC functional connectivity in rs37896863 A-allele carriers. Given the correlational nature of functional connectivity analysis, the extent to which the right amygdala is affecting the sgACC or vice versa cannot be determined. However, the present results suggest that the more socially sensitive rs3796863 A-allele may partially explain the relationship between a known risk factor (i.e., neuroticism) and promising biomarker (i.e., amygdala-sgACC connectivity) in the development and maintenance of social anxiety and depression.

DATA AVAILABILITY STATEMENT

The datasets for this manuscript are not publicly available because consent was not obtained from participants for this purpose during the randomized controlled trial from which this data came (Craske et al., 2014). Requests to access the datasets should be directed to MC, MCraske@mednet.ucla.edu.

ETHICS STATEMENT

The studies involving human participants were reviewed and approved by the UCLA Office for the Protection of Human Research Subjects and the UCLA Institutional Review Board. The patients/participants provided their written informed consent to participate in this study.

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AUTHOR CONTRIBUTIONS

LB, ML, and MC designed the original study. BT conceptualized the present study. BT, KY, JT, and BW analyzed the data. BT and KY wrote the first draft of the manuscript. BT, KY, BW, LB, NE, ML, and MC contributed to the manuscript revision, read, and approved the submitted version.

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SUPPLEMENTARY MATERIAL

The Supplementary Material for this article can be found online at: <https://www.frontiersin.org/articles/10.3389/fnins.2020.00011/full#supplementary-material>

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