

DYSAUTONOMIA INTERNATIONAL



AWARENESS



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# Mitochondria and Dysautonomia

Richard G. Boles, M.D.

Medical Director, Courtagen Life Sciences, Inc.

Woburn, Massachusetts

Medical Geneticist in Private Practice

Pasadena, California

Dysautonomia International; 18-July, 2015

Herndon, Virginia



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# Disclosure: Dr. Boles wears many hats

Dr. Boles is a consultant for Courtagen, which provides diagnostic testing.



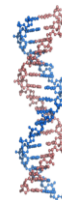
- Medical Director of Courtagen Life Sciences Inc.
  - Test development
  - Test interpretation
  - Marketing



- Researcher with prior NIH and foundation funding
  - Studying sequence variation that predispose towards functional disease
  - Treatment protocols



- Clinician treating patients
  - Interest in functional disease (CVS, autism)
  - Geneticist/pediatrician 20 years at CHLA/USC
  - In private practice since 2014



**Mitochondrial and  
Molecular Medicine**

Richard G. Boles, M.D.  
Medical Genetics  
Pasadena, California



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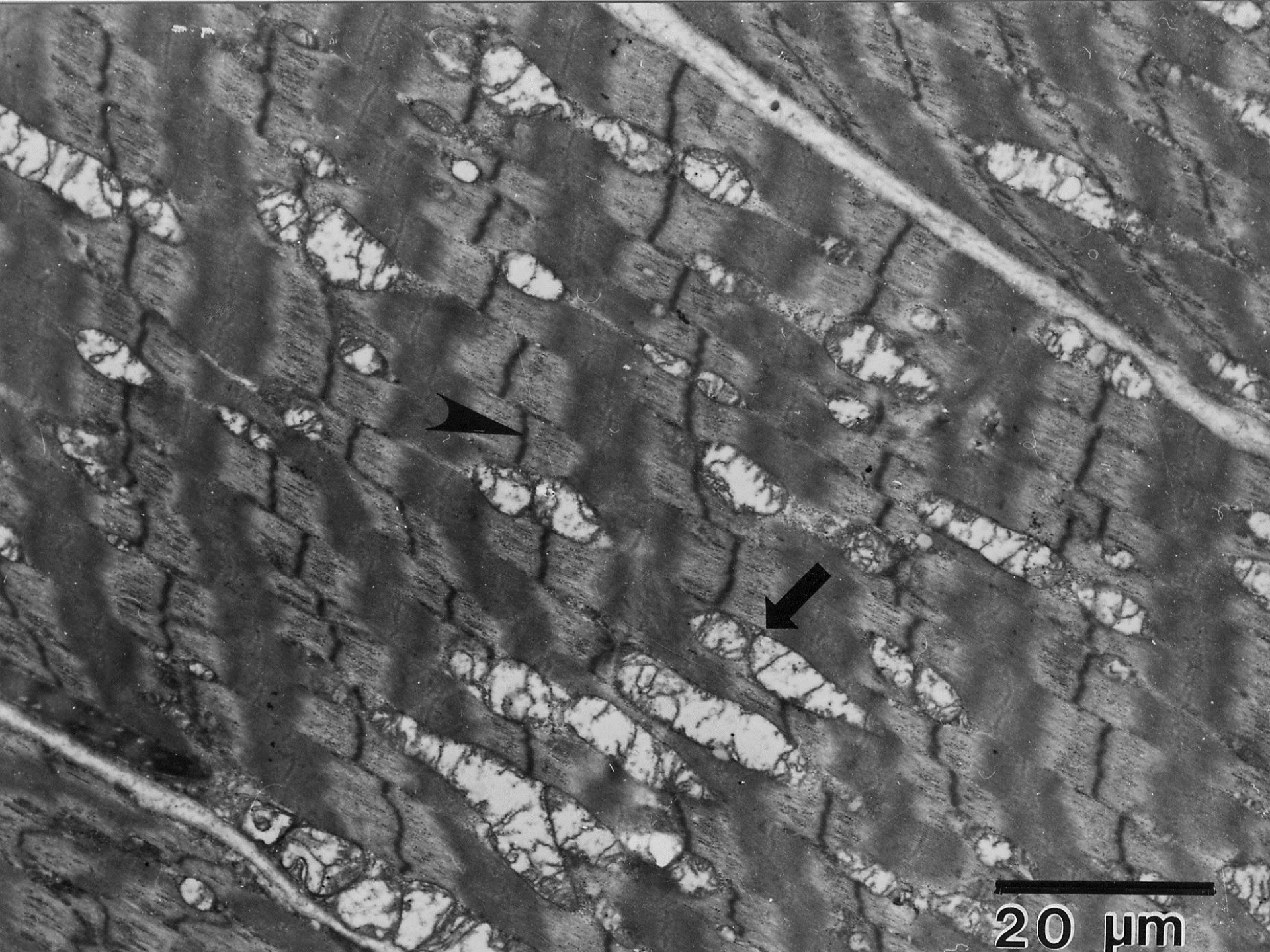
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## Disclosure: Off-label Indications

There are no approved treatments for mitochondrial disease.  
Everything is “off label”



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## Payton, 15-year-old

- Presented to my clinic at age 11 years.
- Cyclic vomiting syndrome from ages 1-10 years, with 2-day episodes twice a month of nausea, vomiting and lethargy.
- Episodes had morphed into daily migraine.
- Chronic pain throughout her body.
- Chronic fatigue syndrome = chief complaint.
- Substantial bowel dysmotility/IBS
  - Multiple admissions for bowel clean-outs.
- Excellent student
- Pedigree: probable maternal inheritance





## *TRAP1-Related Disease (T1ReD)* *Mitochondrion, 2015*

- NextGen sequencing at age 14 years revealed the p.Ile253Val variant in the *TRAP1* gene.
- *TRAP1* encodes a **mitochondrial chaperone involved in antioxidant defense**.
- This patient is one of 26 unrelated cases identified by Courtagen to date who have previously unidentified disease associated with mutations in the ATPase domain.
- The common feature recognized at present is **chronic pain, fatigue and GI dysmotility**.
- **Tachycardia/palpitations and dizziness may also be common**.
- That variant comes from Payton's father, who himself has frequent pain, fatigue and diarrhea.
- In these patients, chronic pain and fatigue improved greatly on aggressive antioxidant therapy.
- **On aggressive antioxidant therapy, all manifestations of disease in Payton were substantially improved**. Issues remaining included chronic abdominal pain and moderate fatigue. She became functional in life, but still on a shortened school schedule.



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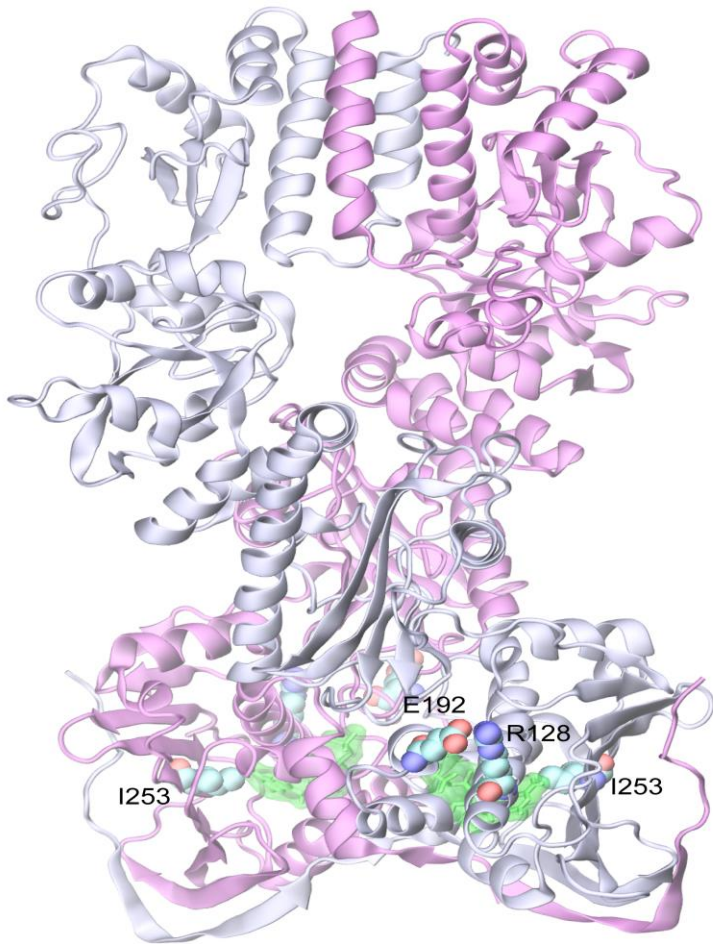


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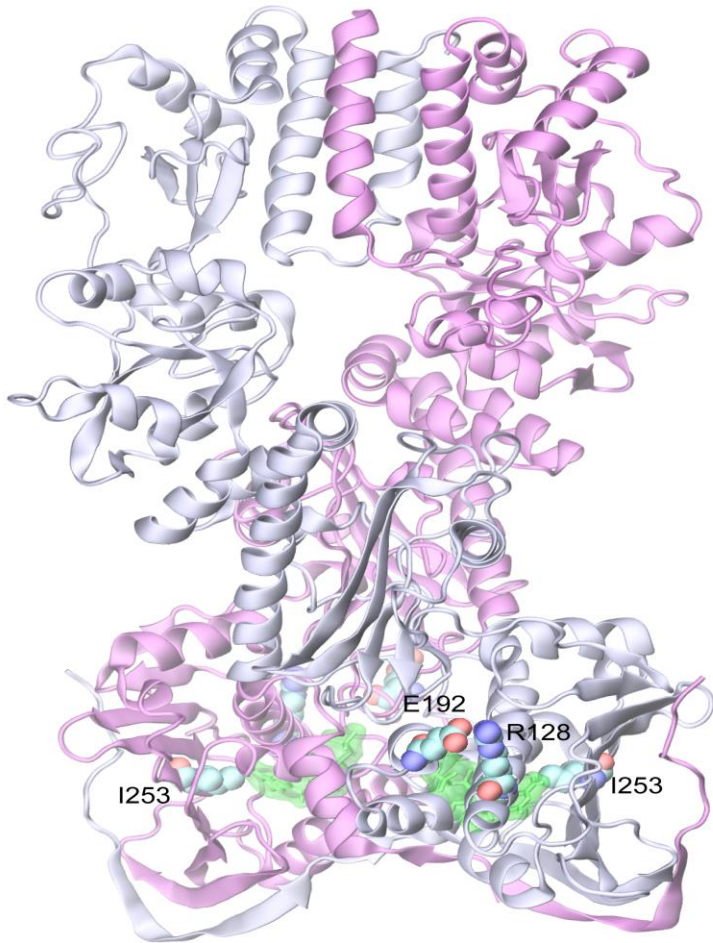
# Molecular structure of TRAP1 *TRAP1-Related Disease (T1ReD)*



- 1. An ATPase domain hydrolyze the energy-rich triphosphate bond of ATP to convert into mechanical work of folding proteins.
- 2. The two homodimers of TRAP1 are shown in grey and pink.
- 2. ATP bound in its pocket is shown in green, in each dimer.
- 3. The “common mutation” p.Ile253Val is labeled in each dimer.
- 4. The “salt bridge” mutations, R128H (p.Arg128His) and E192K (p.Glu192Lys), are labeled in one dimer.
- 5. These 3 variants have odds ratios of about 6 for both chronic pain and GI dysmotility.
- 6. Together, about 2 percent of people with European heritage have one of these variants.



# Molecular structure of TRAP1 *TRAP1-Related Disease (T1ReD)*



- Can we design a therapy that blocks ATP entrance into mutant TRAP1, but not normal TRAP1?
- Computer modeling was performed based on the human TRAP1 crystal structure by Jeffrey Skolnick at the Georgia Institute of Technology.
- The result suggested that one drug, granisetron, binds far more strongly to the valine-253 mutant protein than to the isoleucine-253.
- Granisetron was tried in Payton, with near-“miraculous” results in terms of the resolution of most signs and symptoms of disease.





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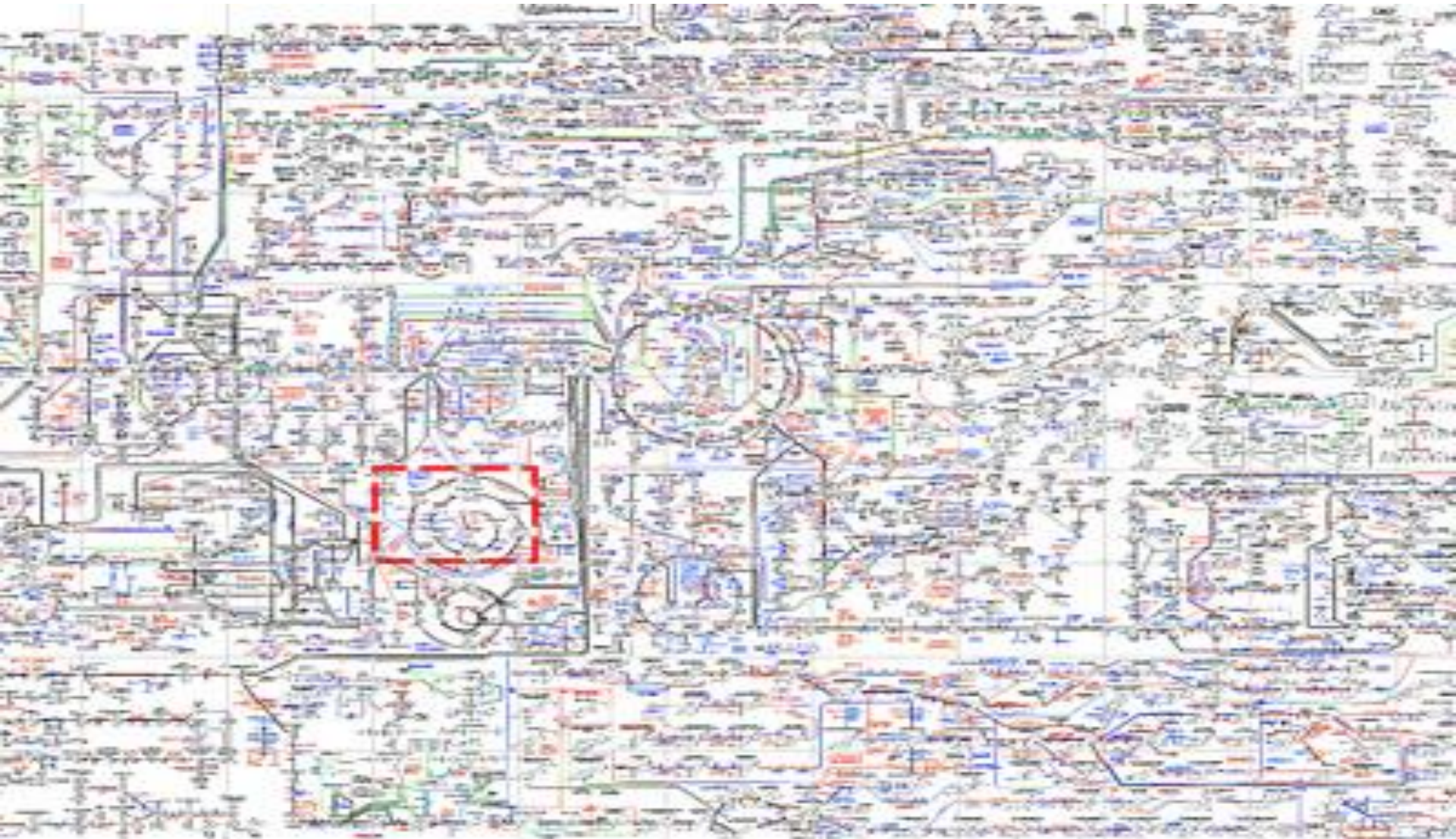


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# Metabolic Pathways





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“Any sufficiently advanced technology is indistinguishable from magic.”

Clarke’s Third Law





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# Next Generation Sequencing Illumina MiSeq





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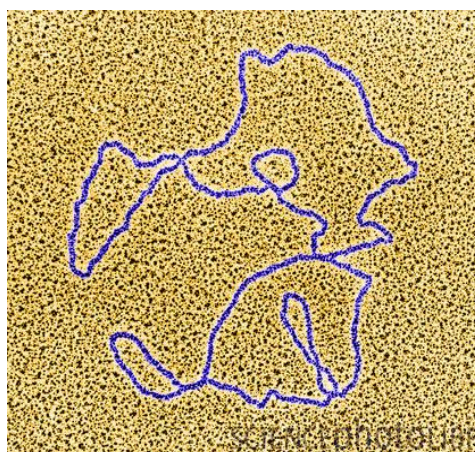


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# Mitochondrial Genetics

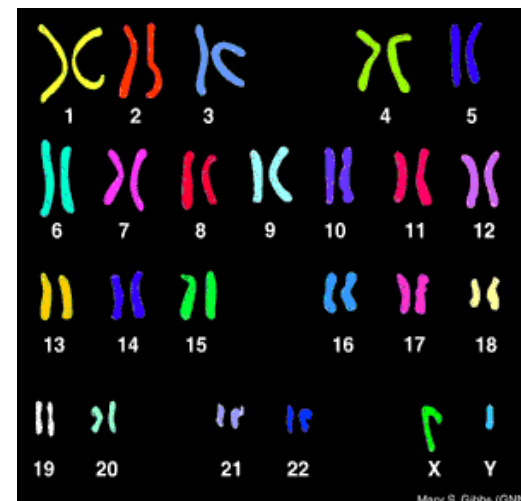
## The Basics

### Mitochondrial DNA

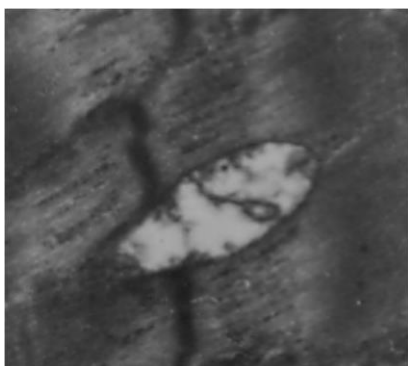
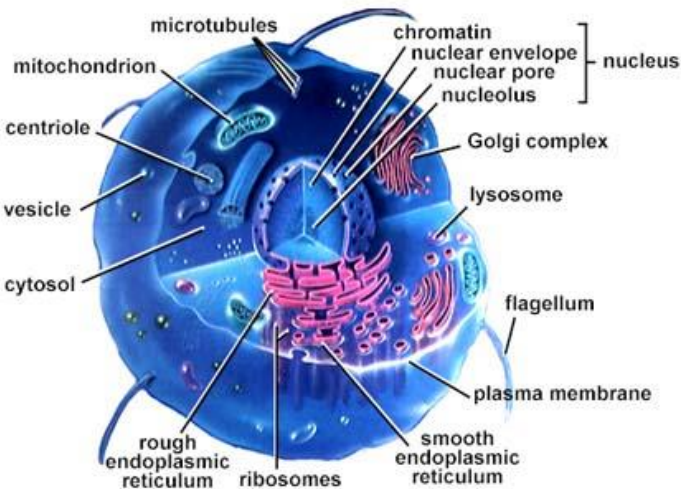


- 37 genes
- 16,000 base pairs
- Maternal inheritance

### Nuclear DNA



- ~22,000 genes
- 3,000,000,000 base pairs
- 1,013 genes encode mitochondrial proteins
- Autosomal recessive
- Autosomal dominant
- X-linked





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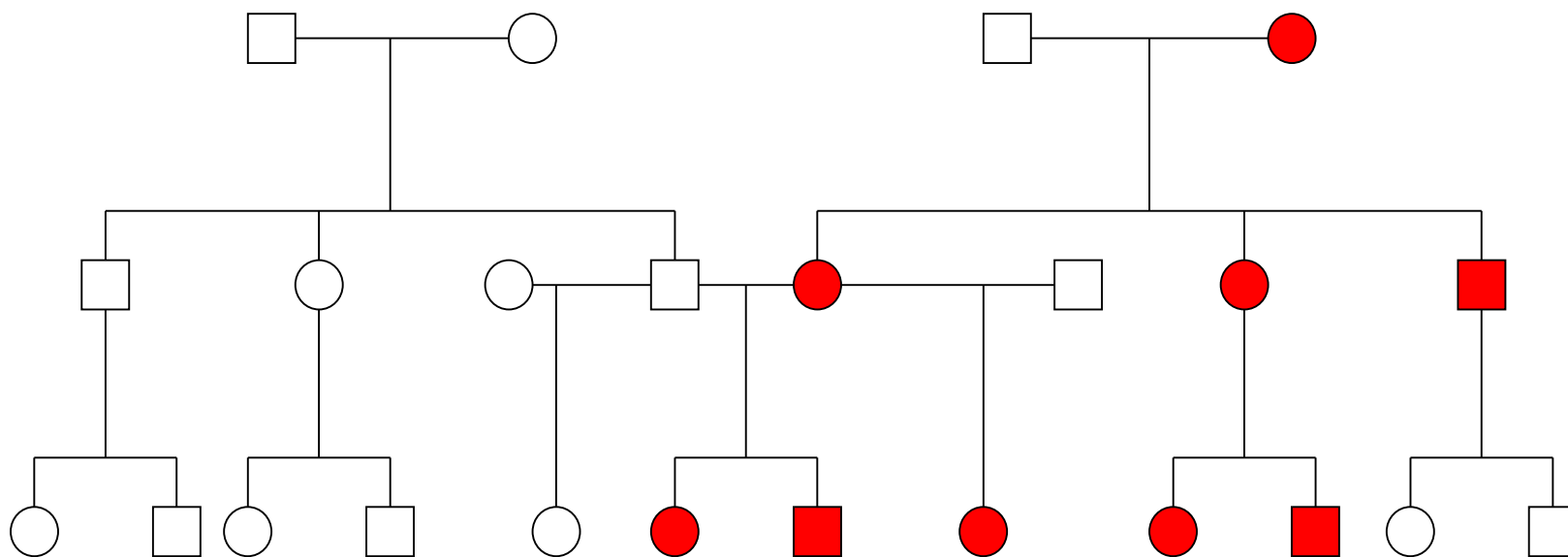


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## Maternal Inheritance



mtDNA is inherited exclusively from the mother.  
There is no recombination.

Thus, all relatives with red symbols have exactly the same mtDNA sequence, in the absence of a new mutation.

# Mitochondrial Medicine

## The Spectrum of Mito

### **Brain**

- Developmental delays
- Dementia
- Neuro-psychiatric disturbances
- Migraines
- Autistic Features
- Mental retardation
- Seizures
- Atypical cerebral palsy
- Strokes

### **Nerves**

- Weakness (may be intermittent)
- Absent reflexes
- Fainting
- Neuropathic pain
- Dysautonomia - temperature instability

### **Muscles**

- Weakness
- Cramping

- Gastrointestinal problems
- Dysmotility
- Irritable bowel syndrome
- Hypotonia
- Muscle pain
- Gastroesophageal reflux
- Diarrhea or constipation
- Pseudo-obstruction

### **Kidneys**

- Renal tubular acidosis or wasting

### **Heart**

- Cardiac conduction defects (heart blocks)
- Cardiomyopathy

### **Liver**

- Hypoglycemia (low blood sugar)
- Liver failure

### **Ears & Eyes**

- Visual loss and blindness
- Ptosis
- Ophthalmoplegia
- Optic atrophy
- Hearing loss and deafness
- Acquired strabismus
- Retinitis pigmentosa

### **Pancreas & other glands**

- Diabetes and exocrine pancreatic failure (inability to make digestive enzymes)
- Parathyroid failure (low calcium)

### **Systemic**

- Failure to gain weight
- Fatigue
- Unexplained vomiting
- Short stature
- Respiratory problems



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## Dysautonomia In Mitochondrial Disease

- Accommodative failure
- Photophobia
- Hyper/hypothermia
- Hyper/hypoventilation
- Tachy/bradycardia
- Hyper/hypotension
- Palpitations
- POTS/syncope
- Complex regional pain syndrome
- Dysphagia
- GI dysmotility
- Constipation/diarrhea
- Urinary obstruction
- Urinary urgency
- Sexual dysfunction
- Abnormal sweating
- Pregnancy-related conditions
- SIDS



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Most common is parasympathetic failure







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## 20 “Functional” Disorders:

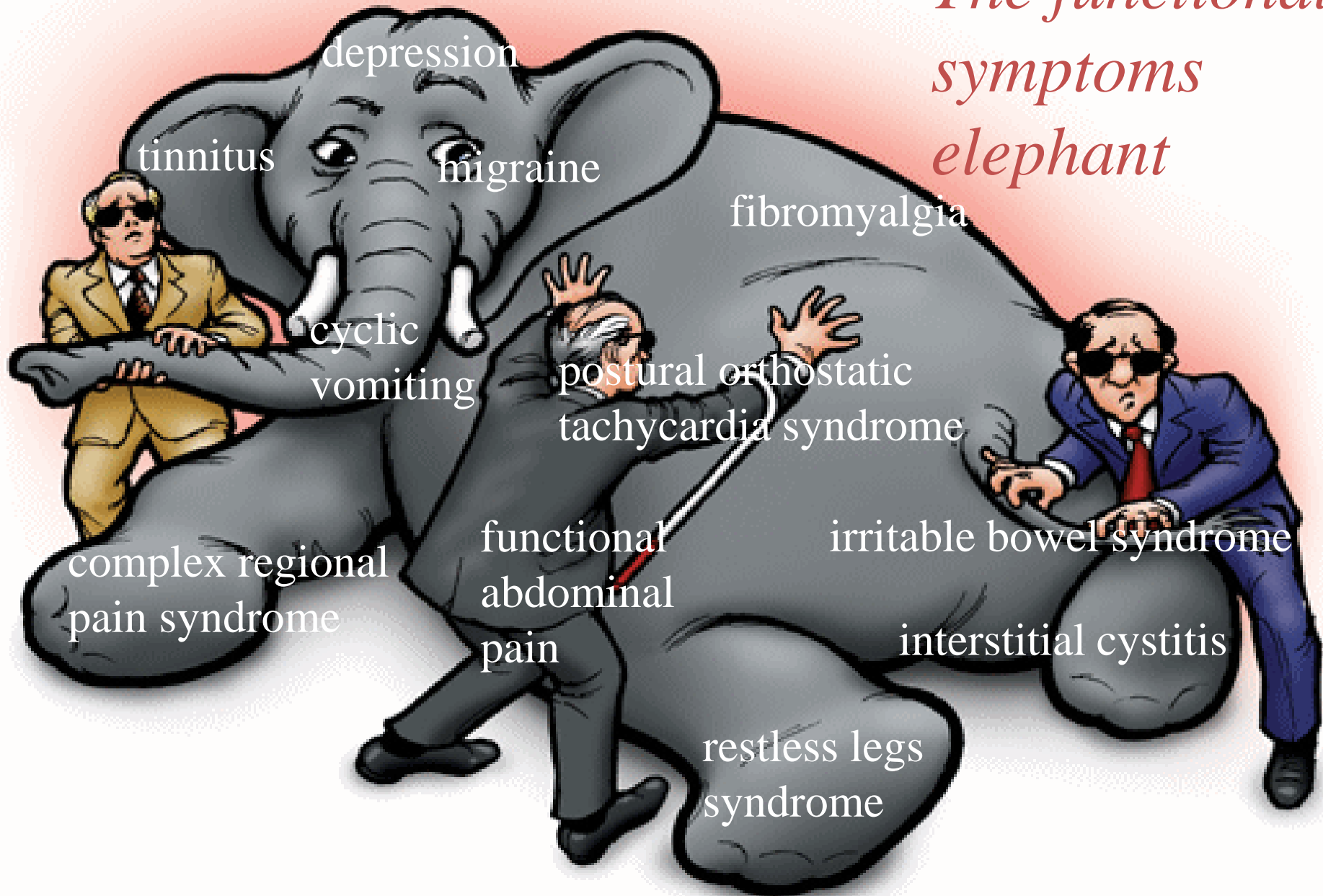
- Attention deficit hyperactivity disorder
- Anxiety disorder
- Autistic spectrum disorders
- Chronic fatigue syndrome
- Complex regional pain syndrome
- Cyclic vomiting syndrome
- Depression (MDD)
- Fibromyalgia
- Functional abdominal pain
- Interstitial cystitis
- Insomnia (chronic, severe)
- Irritable bowel syndrome
- Migraine
- Panic disorder
- Post-traumatic stress disorder
- Postural orthostatic tachycardia syndrome
- Restless legs syndrome
- Temporomandibular disorder
- Tinnitus
- Vulvovaginitis syndrome



## Comorbidity: Functional Conditions Are Often Found Together

- 44% of patients with interstitial cystitis also have symptoms suggestive of irritable bowel syndrome (IBS) (v. 12% of controls).
- 59% of patients with cyclic vomiting syndrome met the standardized questionnaire criteria for a generalized anxiety disorder.
- 67% of migraineurs fulfilled criteria for chronic fatigue syndrome.
- 75% of patients with cyclic vomiting syndrome are projected to develop migraine by age 18.
- 20% to 80% of patients with temporomandibular disorders suffer from additional chronic pain disorders such as headache, low back pain, fibromyalgia, and irritable bowel syndrome.

*The functional  
symptoms  
elephant*



*The elephant is lying down due to chronic fatigue*



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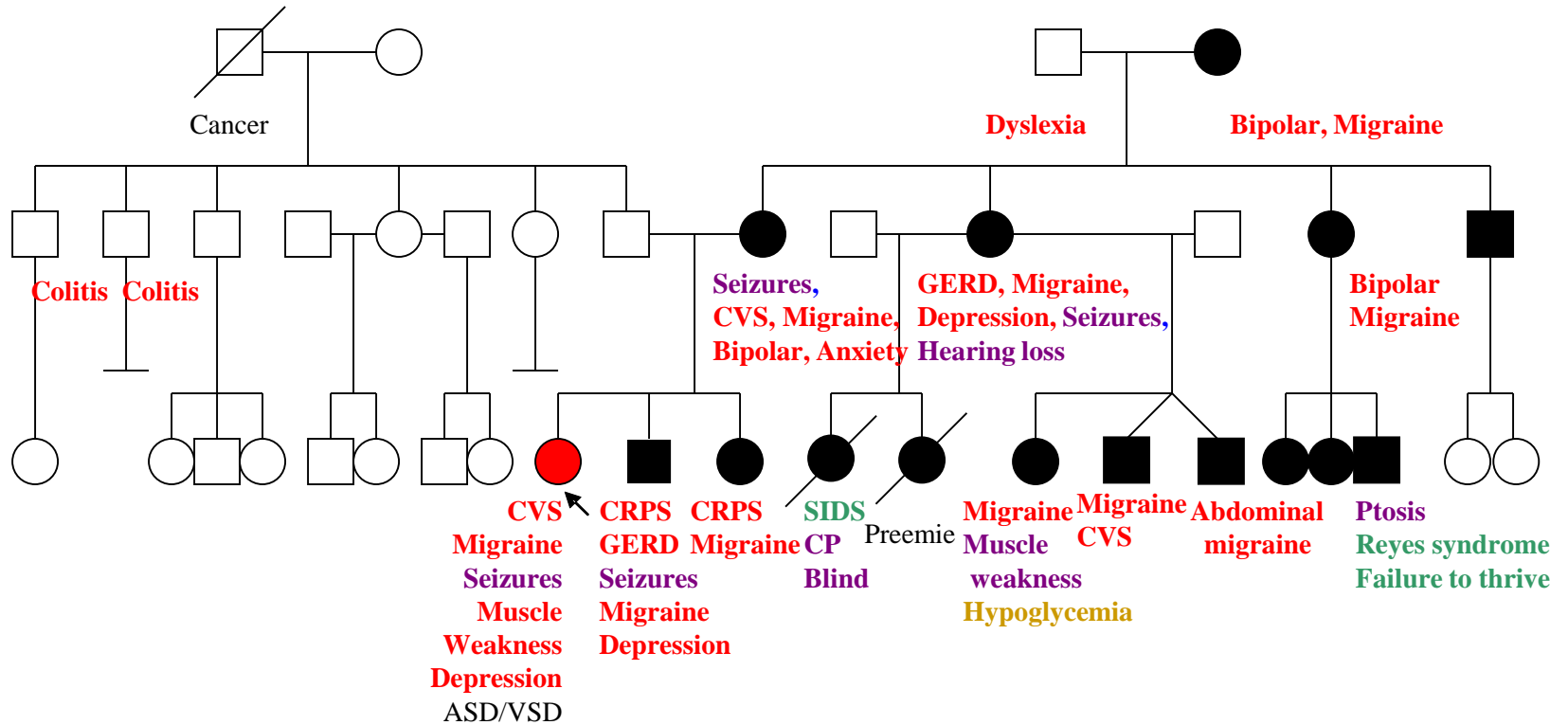


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# Maternal Inheritance of Functional Disorders - 1





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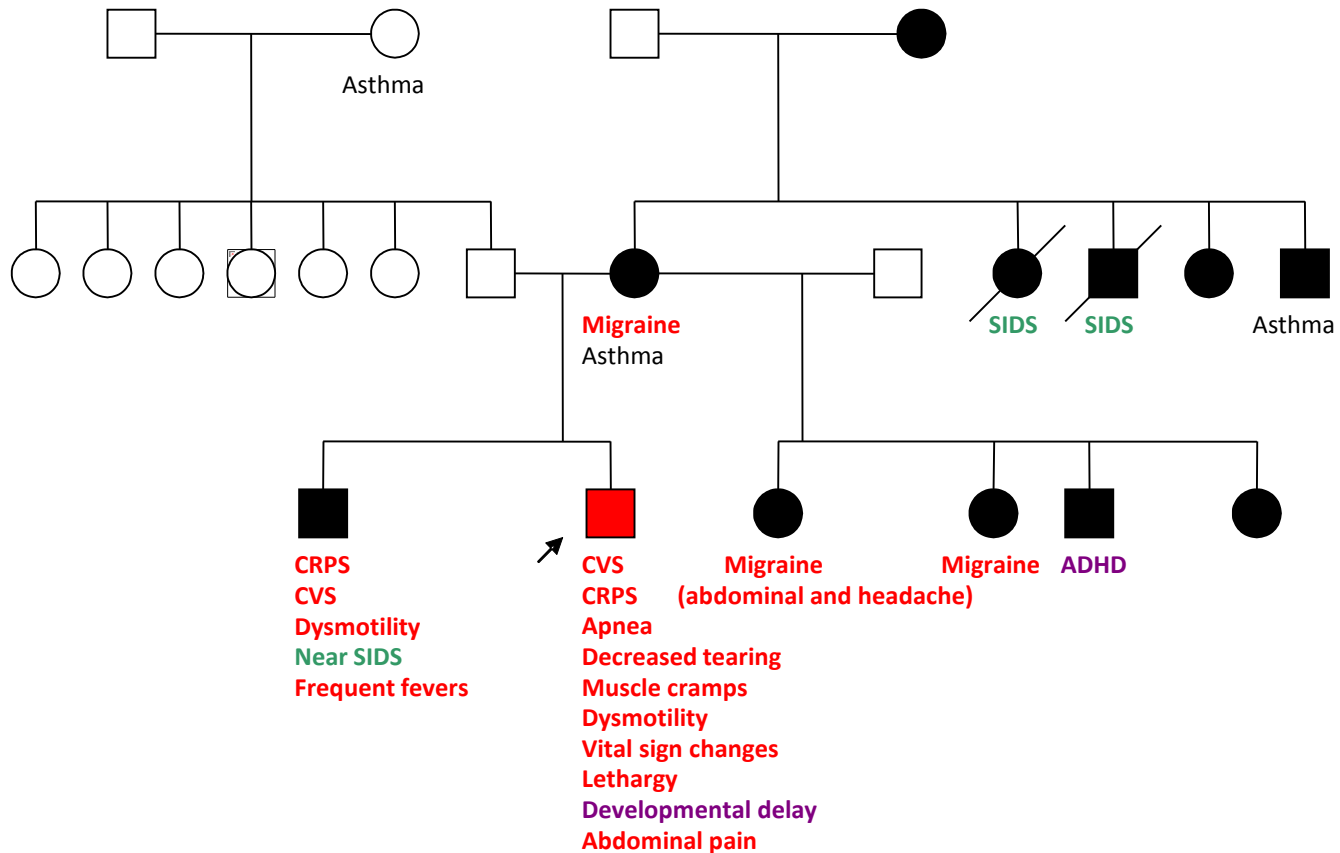


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# Maternal Inheritance of Functional Disorders - 2





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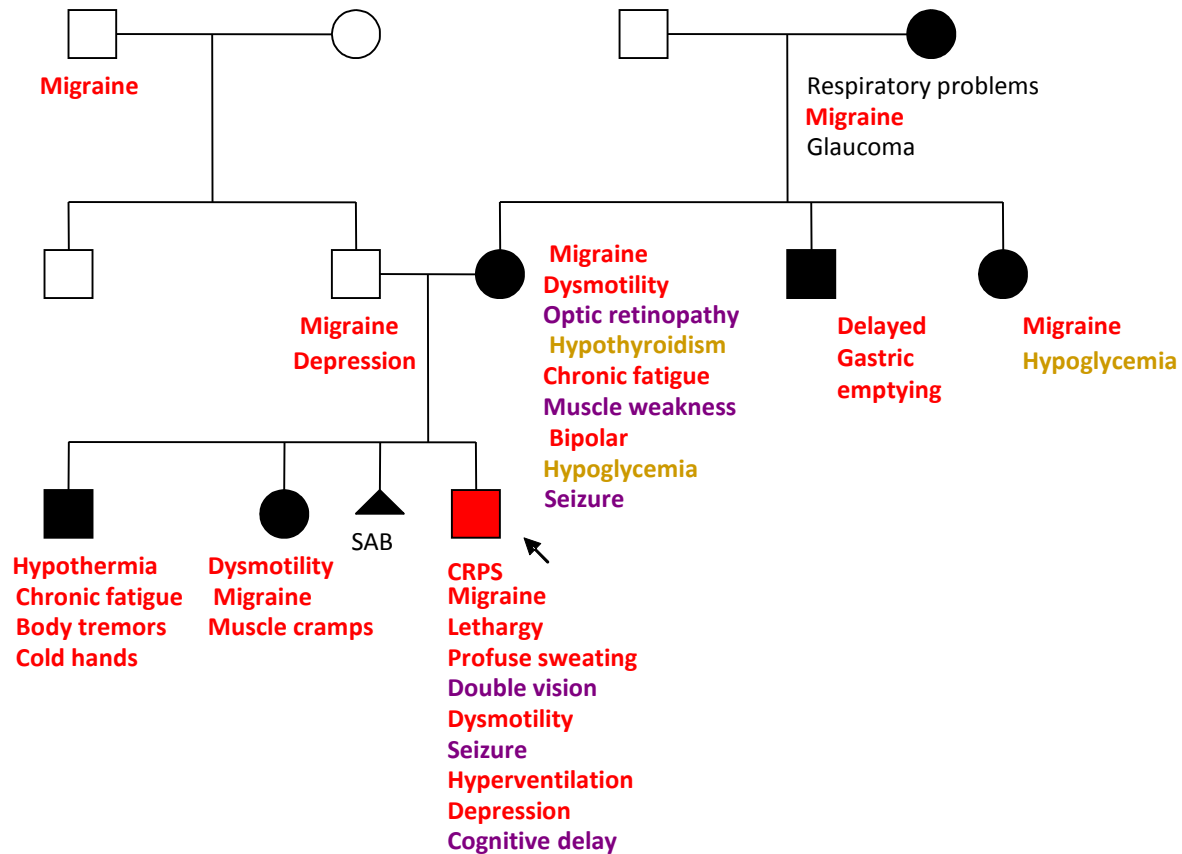


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# Maternal Inheritance of Functional Disorders - 3





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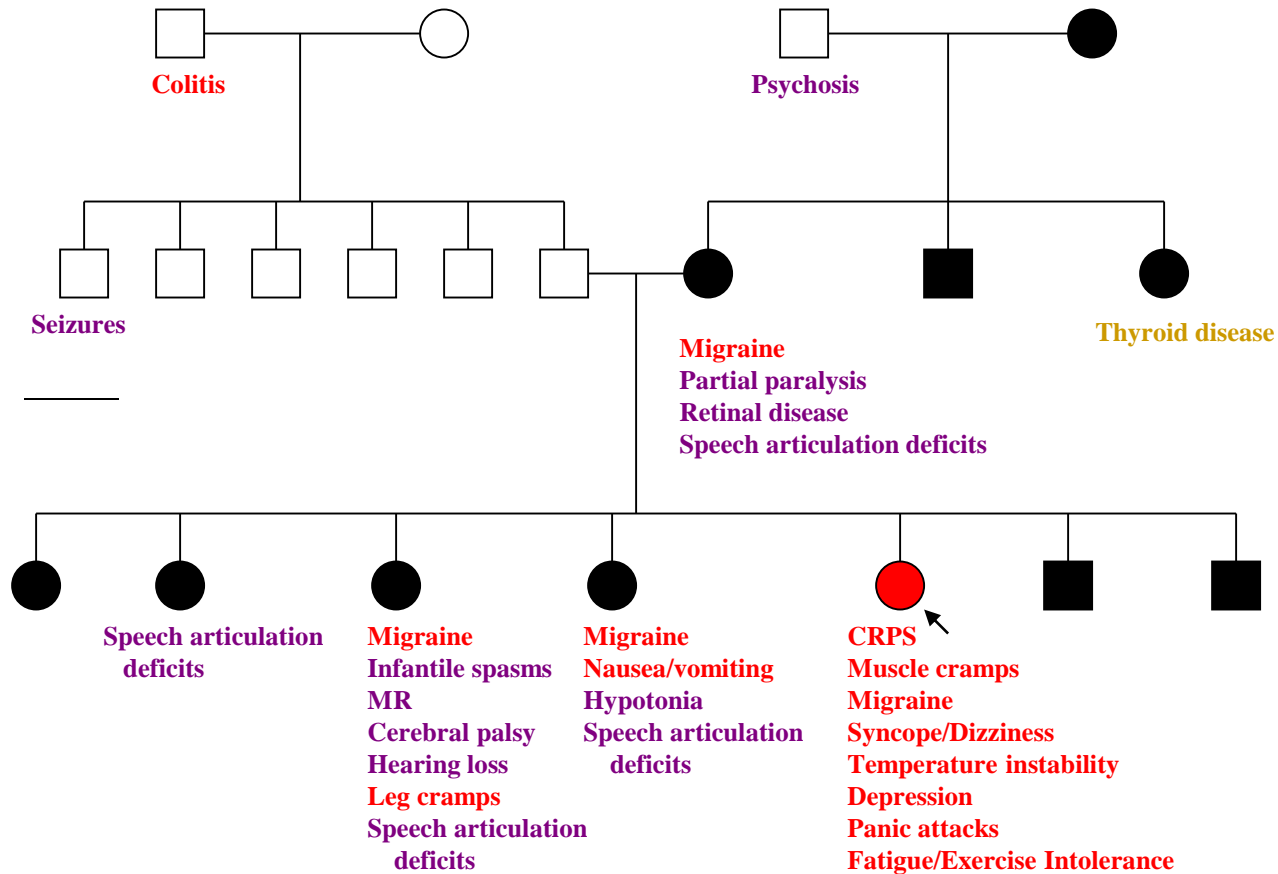


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# Maternal Inheritance of Functional Disorders - 4





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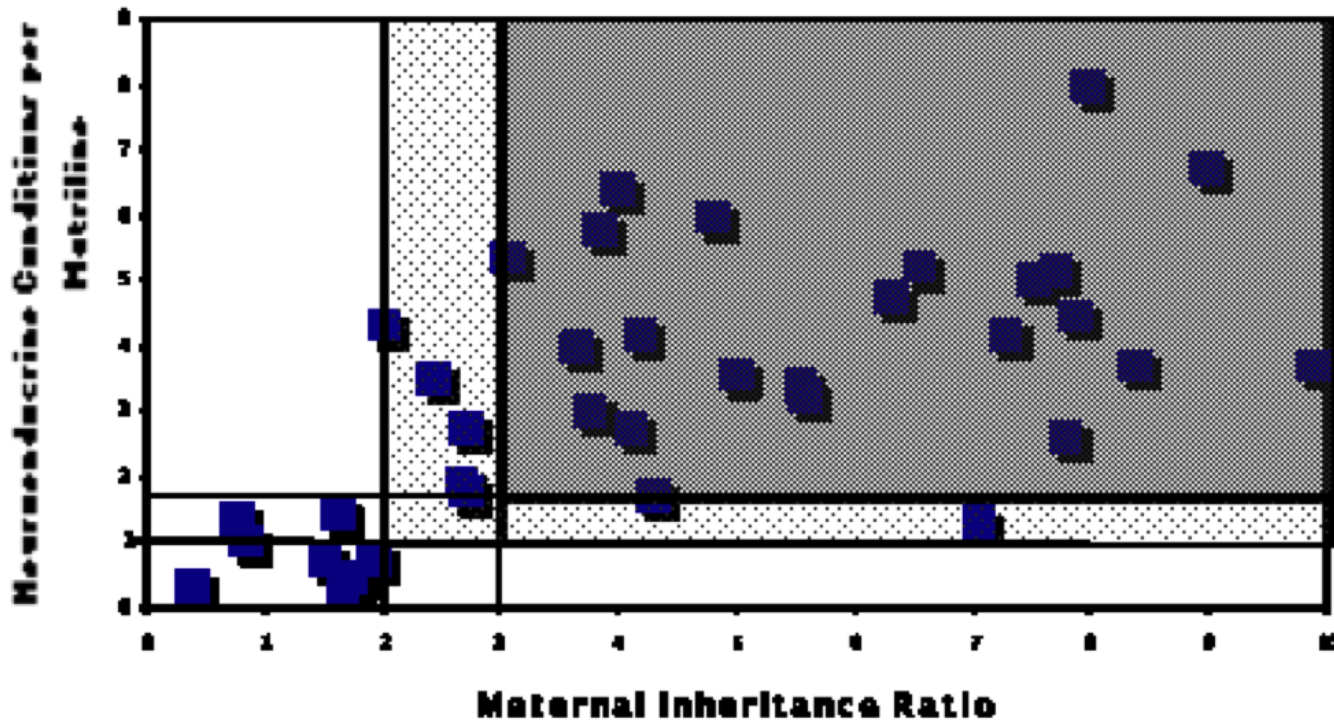


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# Quantitative Pedigree Analysis In Cyclic Vomiting Syndrome







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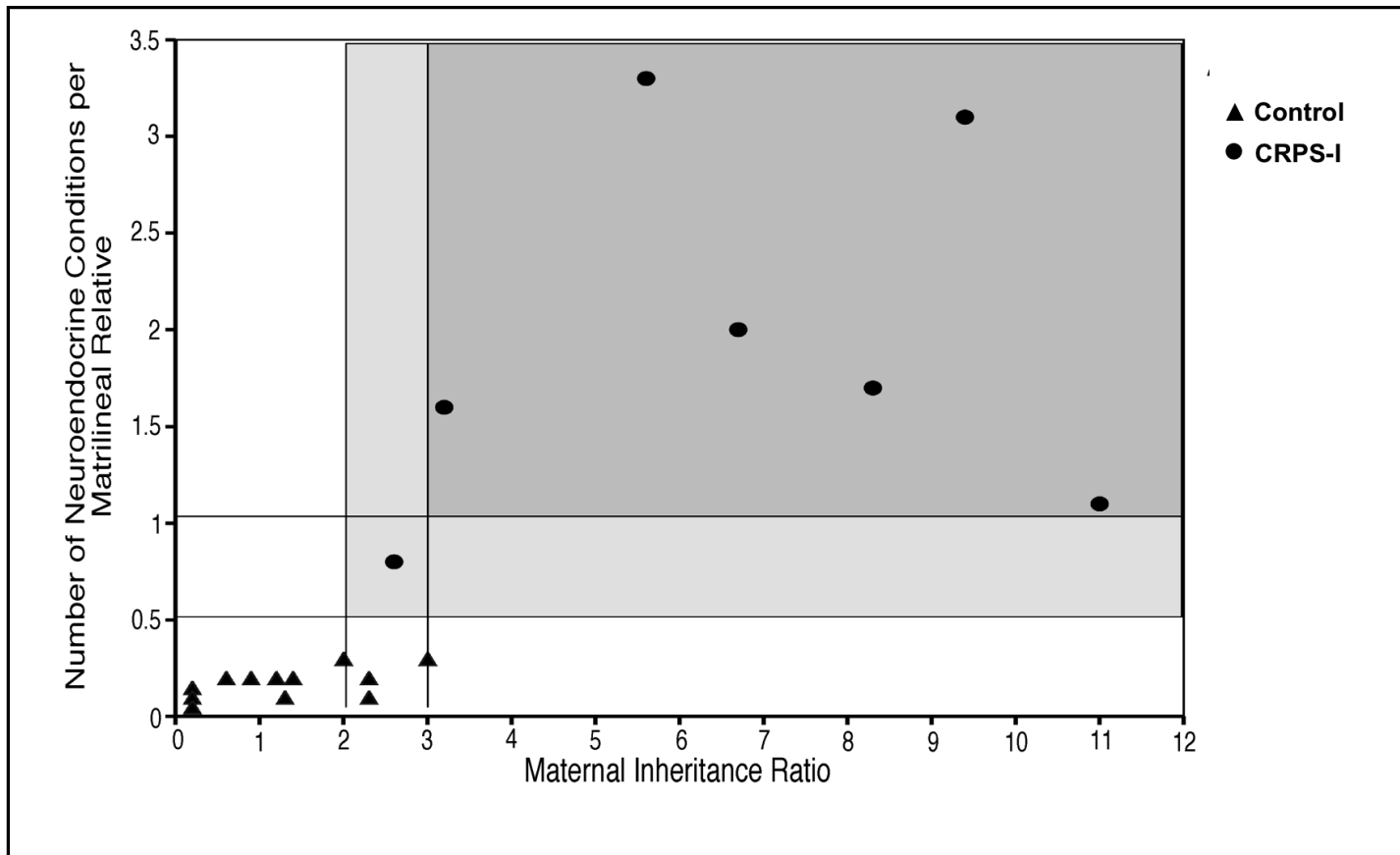
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# Quantitative Pedigree Analysis In Complex Regional Pain Syndrome

**Figure 2: Labeling of pedigrees as “probable maternal inheritance,” “probable non-maternal inheritance,” or “indeterminate.”**





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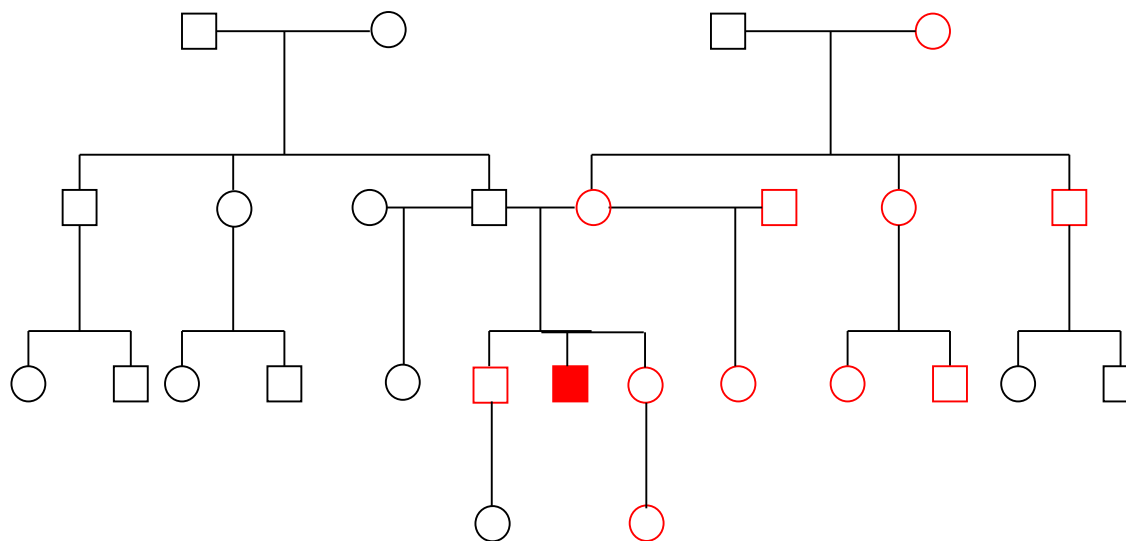


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# Maternal Inheritance in Major Depressive Disorder

Bergemann and Boles, 2010

- 672 pedigrees from the Genetics of Recurrent Early-Onset Depression project
- Analyzed for 5 matrilineal/non-matrilineal pairs controlled for sex, age and autosomal gene contribution





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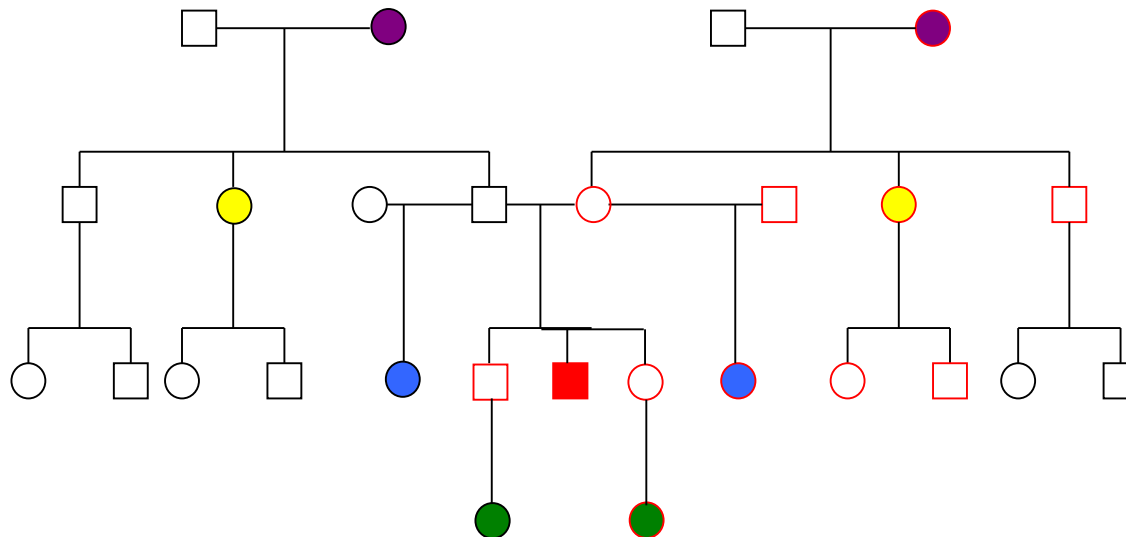


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## Maternal Inheritance in Major Depressive Disorder

Bergemann and Boles, 2010

- 672 pedigrees from the Genetics of Recurrent Early-Onset Depression project
- Analyzed for 5 matrilineal/non-matrilineal pairs controlled for sex, age and autosomal gene contribution
- Matrilineal relatives (with the same mtDNA sequence as the proband) were significantly more likely to suffer from a mood disorder than were non-matrilineal relatives (with another mtDNA sequence); **OR 2.0, 95% CI: 1.5-2.6,  $P = 3 \times 10^{-6}$ .**





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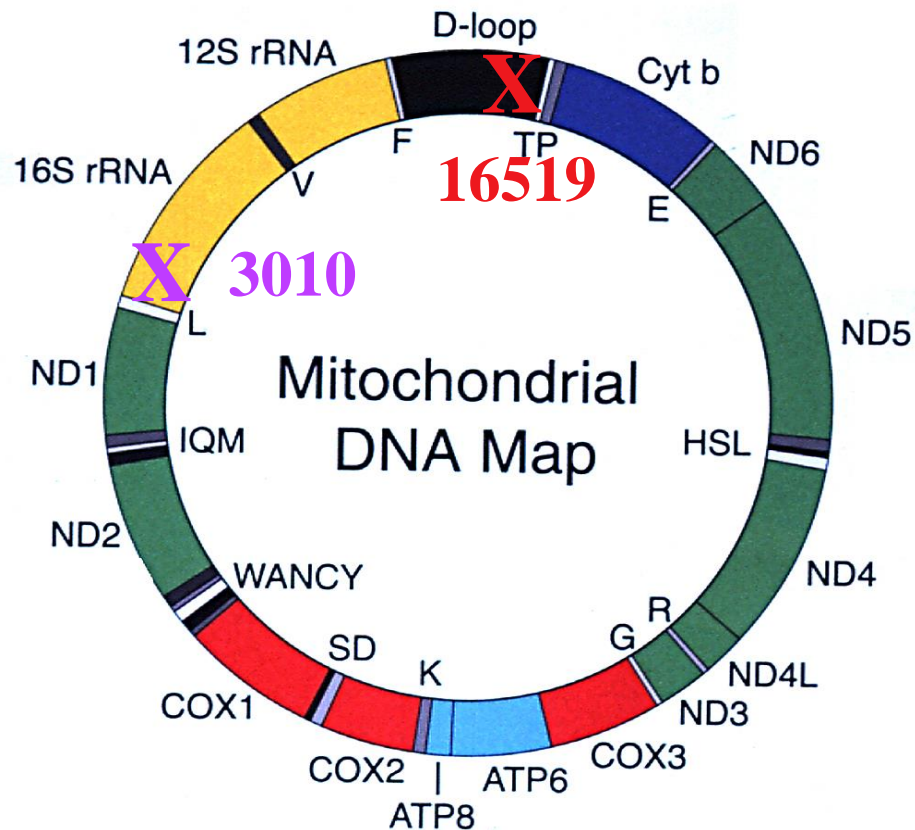


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# Functional Disorder-Associated mtDNA Polymorphisms



16519 C>T

mtDNA control region

*~25% of population*

3010 G>A

16S-ribosomal RNA gene

*~30% of population*



# Do Maternally Inherited mtDNA polymorphisms constitute a “Unified Theory” of Functional Disease?

- 16519T is statistically associated with:
  - Migraine headache (*odds ratio 4*)
  - Cyclic vomiting syndrome (*odds ratio 6*)
  - Chronic fatigue syndrome (*odds ratio 2*)
  - Complex regional pain syndrome (*odds ratio 2*)
  - Irritable bowel syndrome with maternal inheritance (*odds ratio 6*)
  - Atypical autism (*odds ratio 2.5*)
  - SIDS subset with low hepatic glucose
- 3010A is statistically associated with:
  - Migraine headache in patients with 16519T (*odds ratio 15*)
  - Cyclic vomiting syndrome in patients with 16519T (*odds ratio 17*)
  - Constipation-type irritable bowel syndrome
  - Non-specific abdominal pain (*odds ratio 3*)
  - Functional co-morbidity in chronic fatigue syndrome (*OR 4-6*)
  - SIDS (common glucose-normal type) (*odds ratio 3*)
- 3010G is statistically associated with:
  - Atypical autism (*odds ratio 3*)
  - GI co-morbidity in major depressive disorder
  - Total functional symptomatology in high school students



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# Cyclic Vomiting and Migraine Prevalence of Two mtDNA Common Variants in Haplogroup H Individuals With Functional Disorders

	Cyclic Vomit Syndr.	Odds Ratio (95% C.I.)	Migraine w/o Aura	Odds Ratio (95% C.I.)	Ctrl
16519T	21/30 70%	6.2 (2.7-14)	58/112 52%	3.6 (2.2-5.9)	63/231 27%
3010A	9/30 30%	N/A	37/112 33%	N/A	143/444 32%
3010A among pts with 16519T	6/24 29%	<b>17</b> (2-156)	15/58 26%	<b>15</b> (1.9-117)	1/63 1.6%



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# Chronic Fatigue Syndrome The 3010A mtDNA Variant Predicts a Several-fold Increase in Functional Symptoms.

	Headache	Fainting or Dizziness	Muscle Pain	Muscle Weakness	Sleep Problems	Numbness or Tingling
3010A	14/21 67%	11/21 52%	19/21 90%	17/21 81%	19/22 86%	12/21 57%
3010G	8/25 32%	5/28 18%	16/28 57%	17/28 61%	13/27 48%	6/24 25%
Chi Square	$P = 0.04$	$P = 0.02$	$P = 0.03$	$P = 0.22$	$P = 0.01$	$P = 0.06$
Odds Ratio (95% C.I.)	<b>4.0</b> (1.1-18)	<b>4.7</b> (1.2-23)	<b>5.9</b> (1.2-54)	NA	<b>6.0</b> (1.4-38)	<b>3.7</b> (0.95-18)
T-test	$P = 0.004$	$P = 0.06$	$P = 0.005$	$P = 0.03$	$P = 0.016$	$P = 0.03$



# Thomas, age 22 years POTS

- Presented as the lesser-affected brother of a girl with multi-system presumed “mitochondrial disease”.
- Had mild “functional” symptoms only in first decade, such as occasional pain, fatigue and dysautonomia.
- Episode of complex regional pain syndrome following removal of benign tumor on back.
- In early adolescence, developed episodes of POTS/pre-syncope that were dramatic, occurred with little warning, often in school.
- Episodes appeared like grand-mal seizures, paramedics called to school often.
- Episodes became frequent, sometimes followed by severe dysautonomia failure that required ICU admissions for up to a few weeks.
- Effectively disabled by his condition.
- Asked me for medical clearance to go SCUBA diving with his high-school class from a remote base on Catalina Island.





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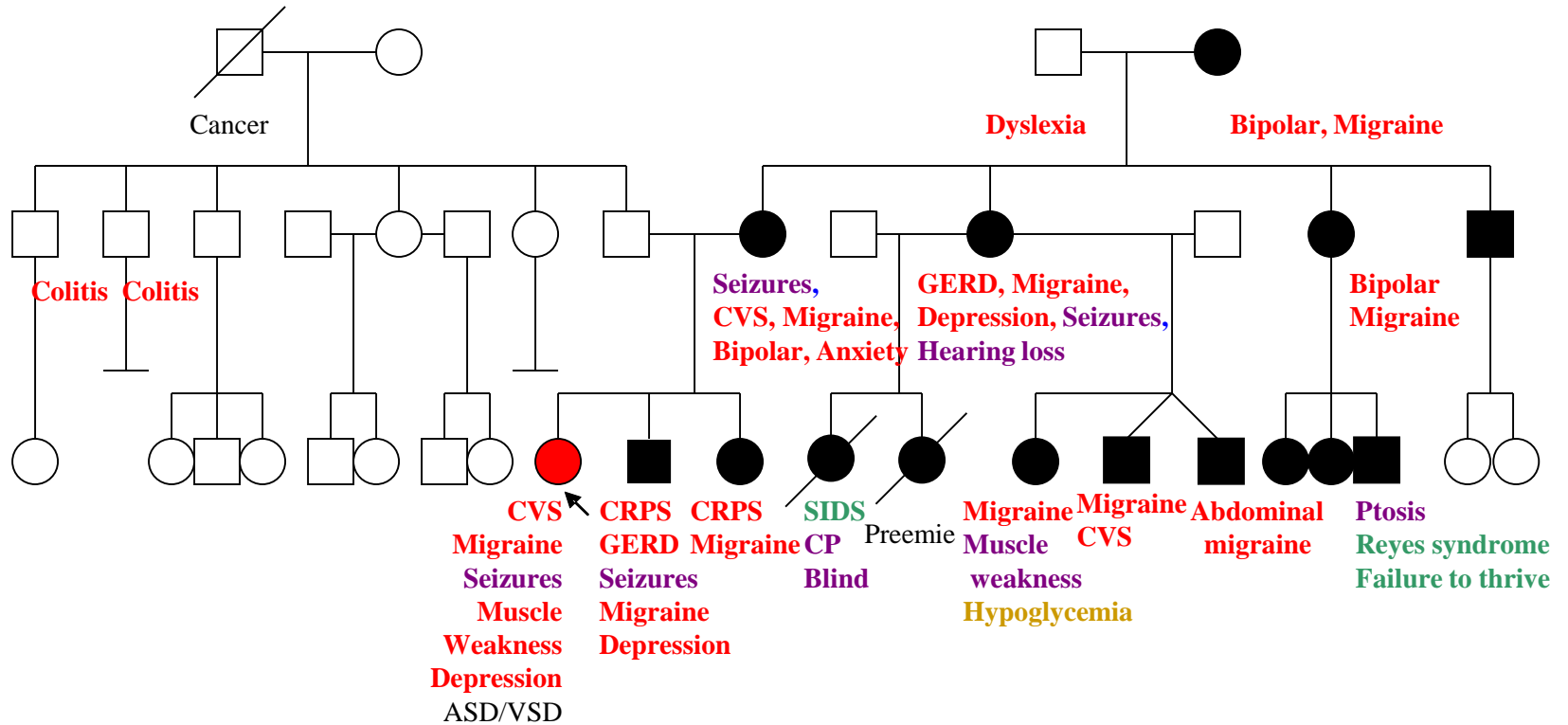


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# Maternal Inheritance of Functional Disorders - 1





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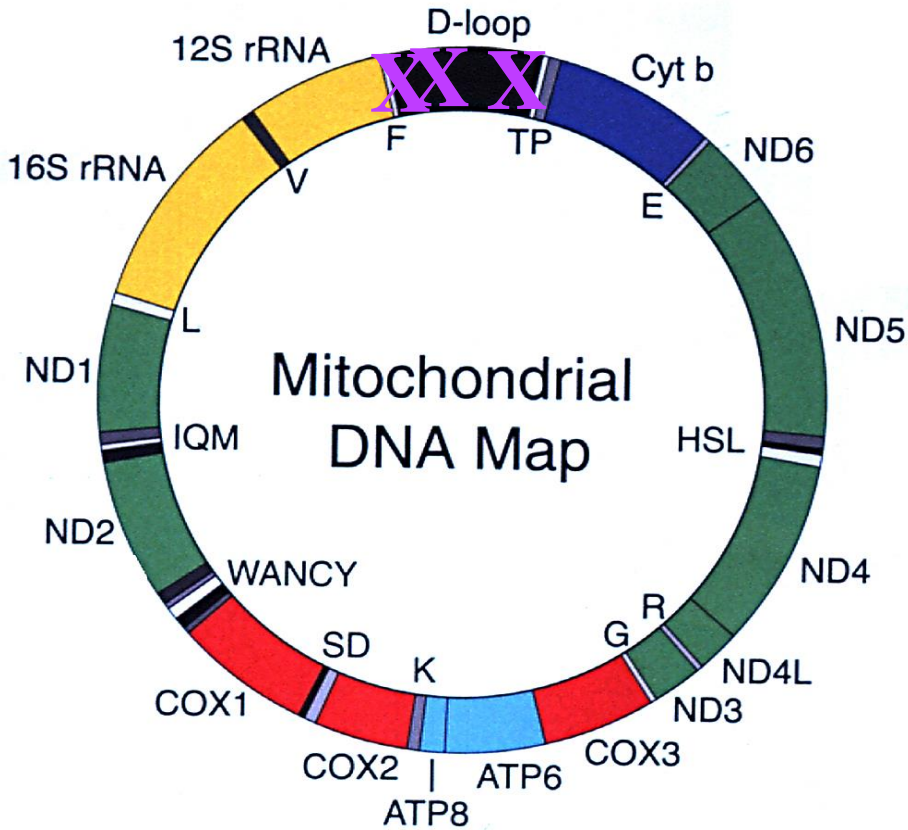


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## Thomas' mtDNA



Three different length heteroplasmic variants mtDNA control region – area involved in replication and transcription of mtDNA



## Thomas, age 22 years POTS

- Placed on L-arginine supplementation, which dramatically improved his POTS to about one episode a year.
- L-arginine is an amino acid, part of natural protein. It is involved with nitric oxide synthesis, which dilates blood vessels. It is very effective in preventing stroke in MELAS.
- He DID go SCUBA diving with his class!
- On sequencing of nuclear-encoded mitochondrial proteins he was found to have a mutation in the *TRAP1* gene, p.Tyr229\*
- His affected sisters and affected mother have the same mutation.
- Doing very well at present, essentially normal other than chronic fatigue (sleeps 10-11 hours at night) and some pain.



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## Karl, age 27 years Abdominal migraine

- Presented with cyclic episodes of abdominal pain, nausea, vomiting and pallor.
- Episodes became very frequent and coalesced to near-continuous.
- Status-post cholecystectomy and appendectomy
- On narcotics, fully disabled, and labeled as a drug addict
- Other issues: migraine headaches, fatigue, GERD, anxiety
- Seen in my clinic at age 23 and placed on amitriptyline, coenzyme Q10 and L-carnitine. Initial success with only rare episodes.
- Stopped treatment, and at age 26 was refractory to above therapy, including episodes every 4 to 7 days for several hours; again disabled. Had 10-15 ER visits in 5 months.
- Family history is negative.



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- Stopped treatment, and at age 26 was refractory to above therapy, including episodes every 4 to 7 days for several hours; again disabled. Had 10-15 ER visits in 5 months.
- nucSEEK sequencing revealed 3 known mutations in the *RYR2* gene.
- The patient was placed on propranolol.
- Dramatic improvement with the resolution of episodes.



- Ryanodine receptor 2
- Encodes a stress-induced calcium channel across the endoplasmic reticulum
- Links with VDAC on the outer mitochondrial membrane to link ER directly with mitochondria
- Dominant mutations are associated with adrenergic-triggered arrhythmia (often fatal) and right-sided cardiomyopathy
- Channel also present in neurons
- Highly-conserved variants are associated with cyclic vomiting
- Have “functional triad” as well – common in CVS
- All are VERY nervous people, with stress-triggered disease
- Disease responds favorably to beta blockade (propranolol)



## When to Suspect Mitochondrial Disease?

Suspect mitochondrial/metabolic disease if there are two or more of the following “**Red Flags**”:

- Autistic spectrum disorder/pervasive developmental disorder
- Loss of milestones/regression
- Movement disorder (including ataxia, dystonia, chorea, tics)
- Stroke or stroke-like episodes
- Myopathy, especially ocular or cardiac
- Chronic bowel dysmotility (especially if severe or at more than one level)
- Cyclic vomiting
- Dysautonomia (including POTS, frequent tachycardia, unexplained fevers)
- Chronic pain condition (including migraine, myalgia)
- Chronic fatigue
- Mood disorders
- Waxing and waning clinical course (including altered mental status or psychosis)
- Hypoglycemia
- Metabolic acidosis (either renal tubular loss and/or anion gap)
- Elevated liver transaminases (including only trace elevated, if frequent)