

L'incorporation biologique des différences socioéconomiques dans la santé

Dr. PD Silvia STRINGHINI

Research Associate (Maître Assistant)

IUMSP

*Institute of Social and Preventive Medicine, Lausanne University Hospital,
Lausanne, Switzerland*





Outline

- Social inequalities in health
- Mechanisms explaining social inequalities in health
 - ✓ Biological mechanisms linking the social environment to health outcomes
- Socioeconomic status and gene regulation of the immune function
 - ✓ The Human Social Genomics
- Perspectives
- Conclusions

Outline

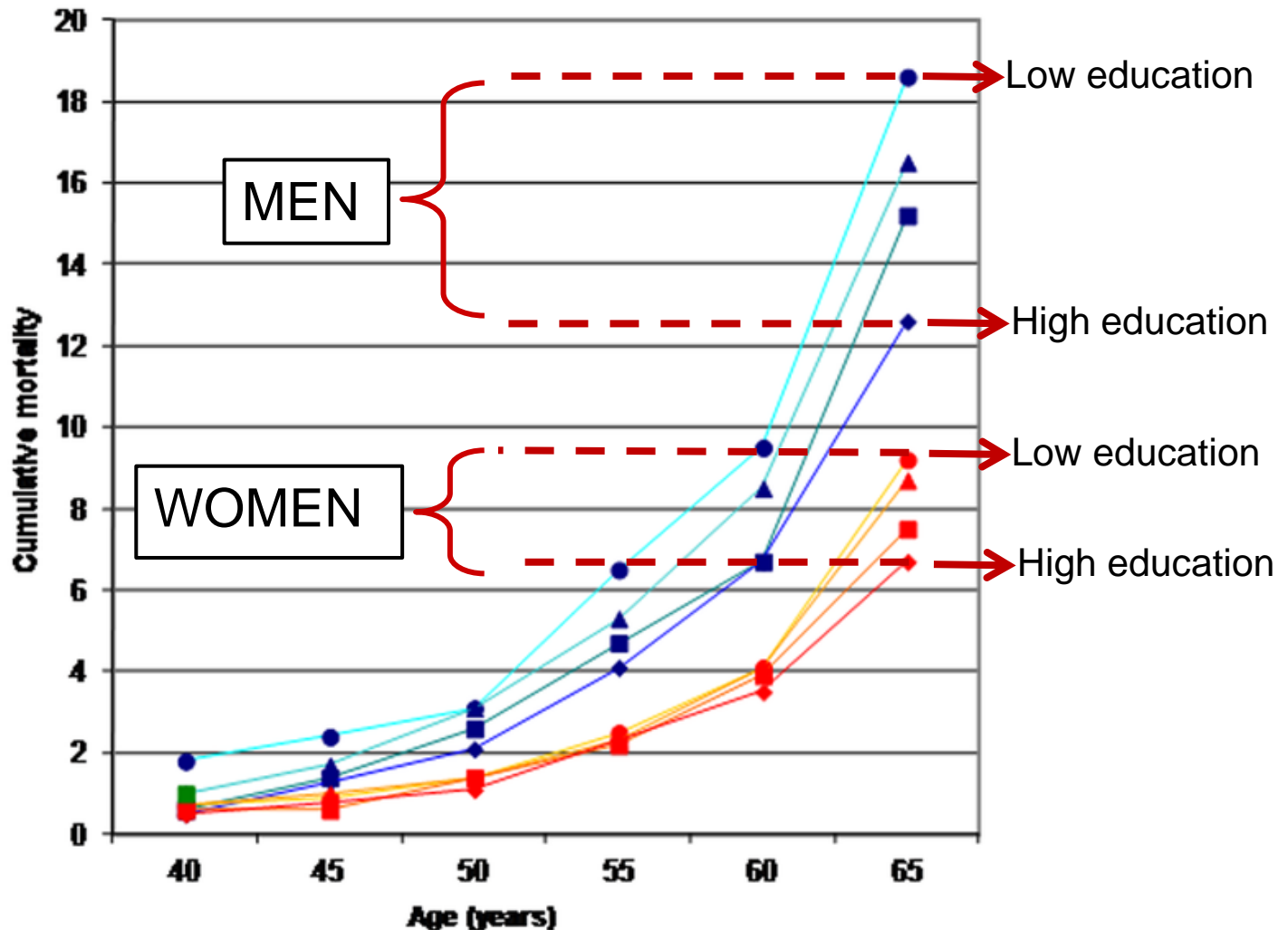
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Health inequalities between and within countries: male life expectancy at birth

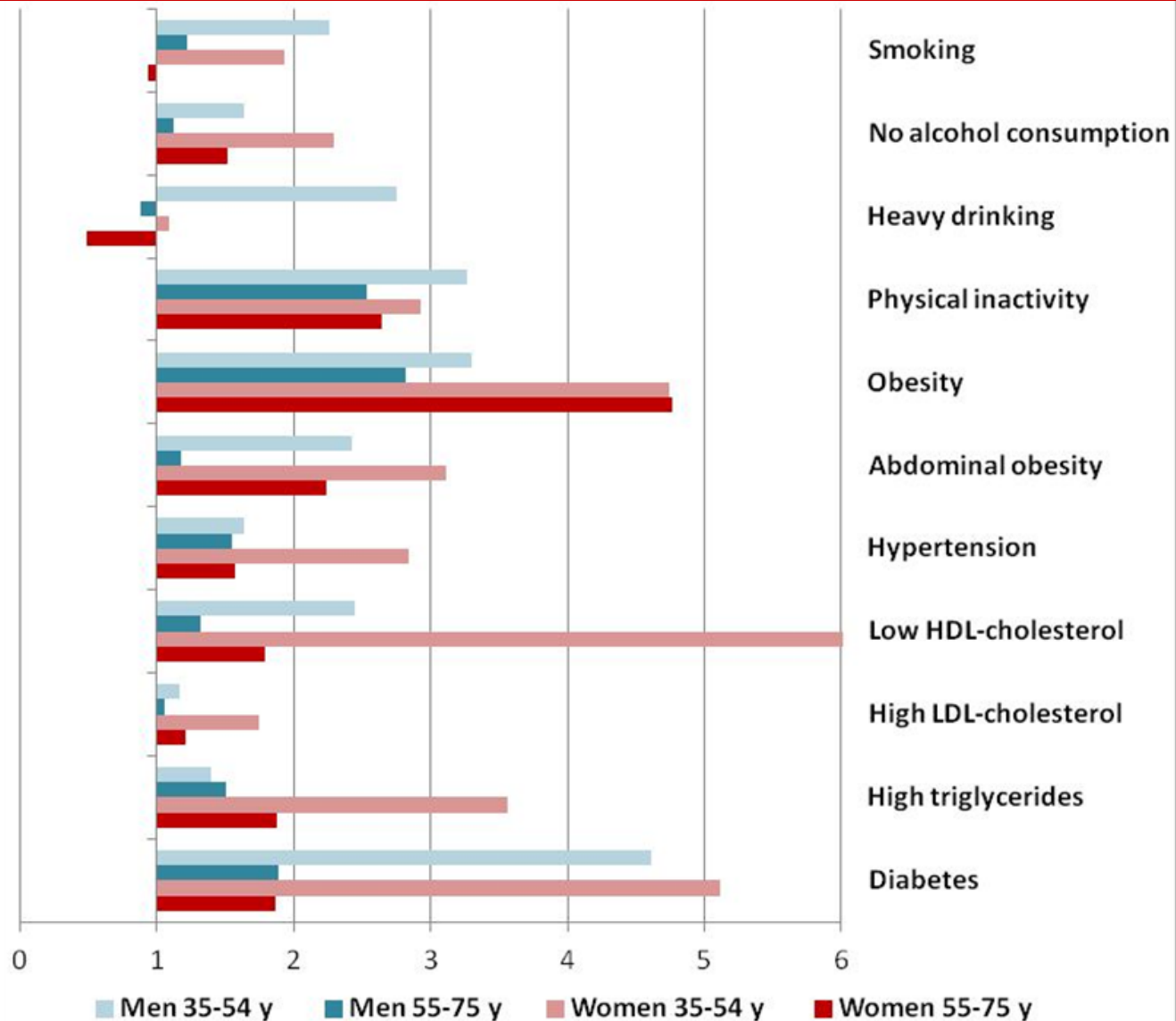
Country	Male life expectancy
Angola	40 
UK, Glasgow (Calton)	54 
India	62
US, Washington D.C. (Black)	63
Bolivia	64
Lithuania	65
Mexico	72
United States	75
Cuba	76
Switzerland	79 
US, Montgomery County (White)	80
UK, Glasgow (Lenzie N.)	82 

Educational inequalities in mortality

Education and cumulative mortality in Europe (EPIC, 371,295 participants, 9 countries)

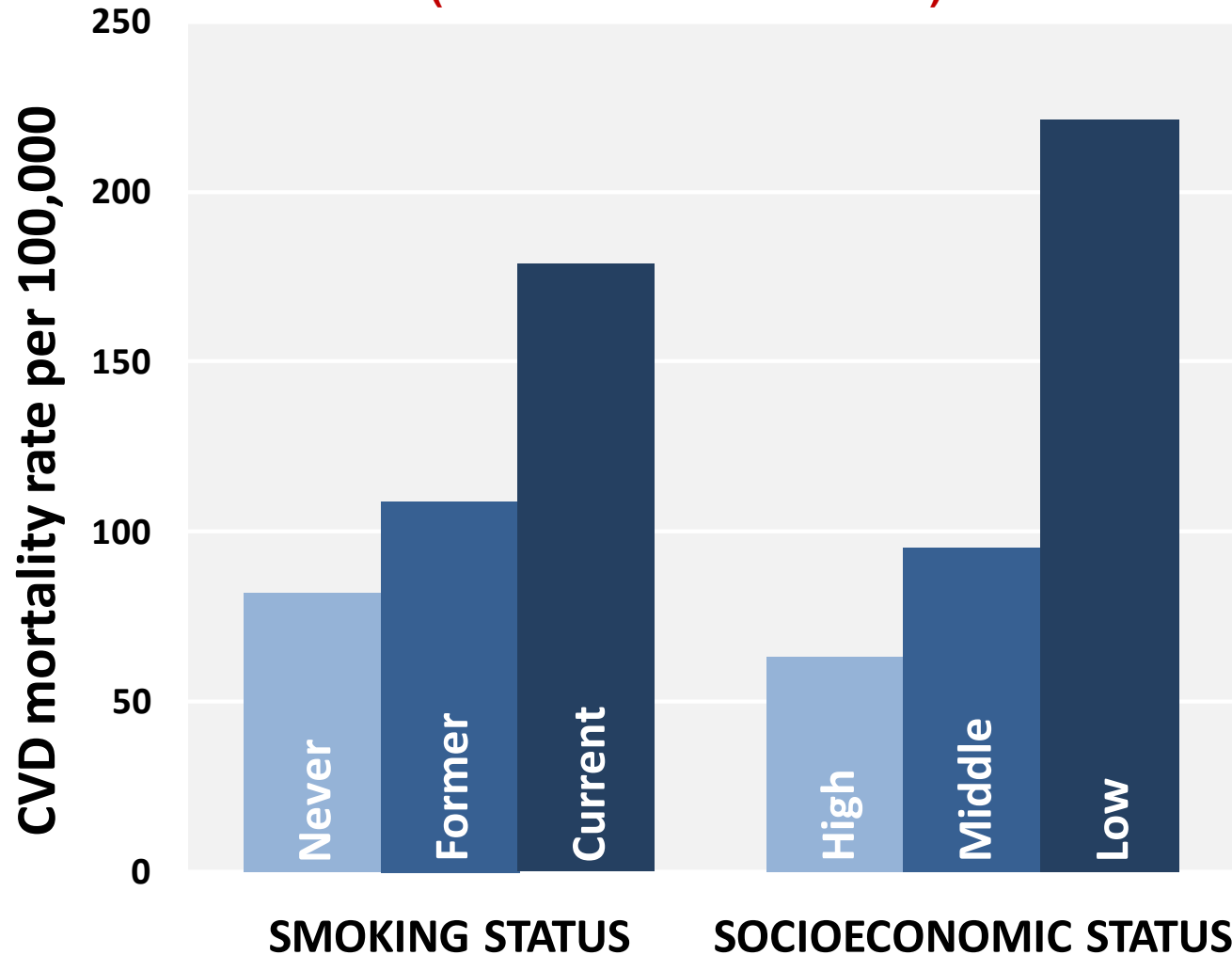


Educational inequalities in cardiovascular risk factors



Social inequalities in health

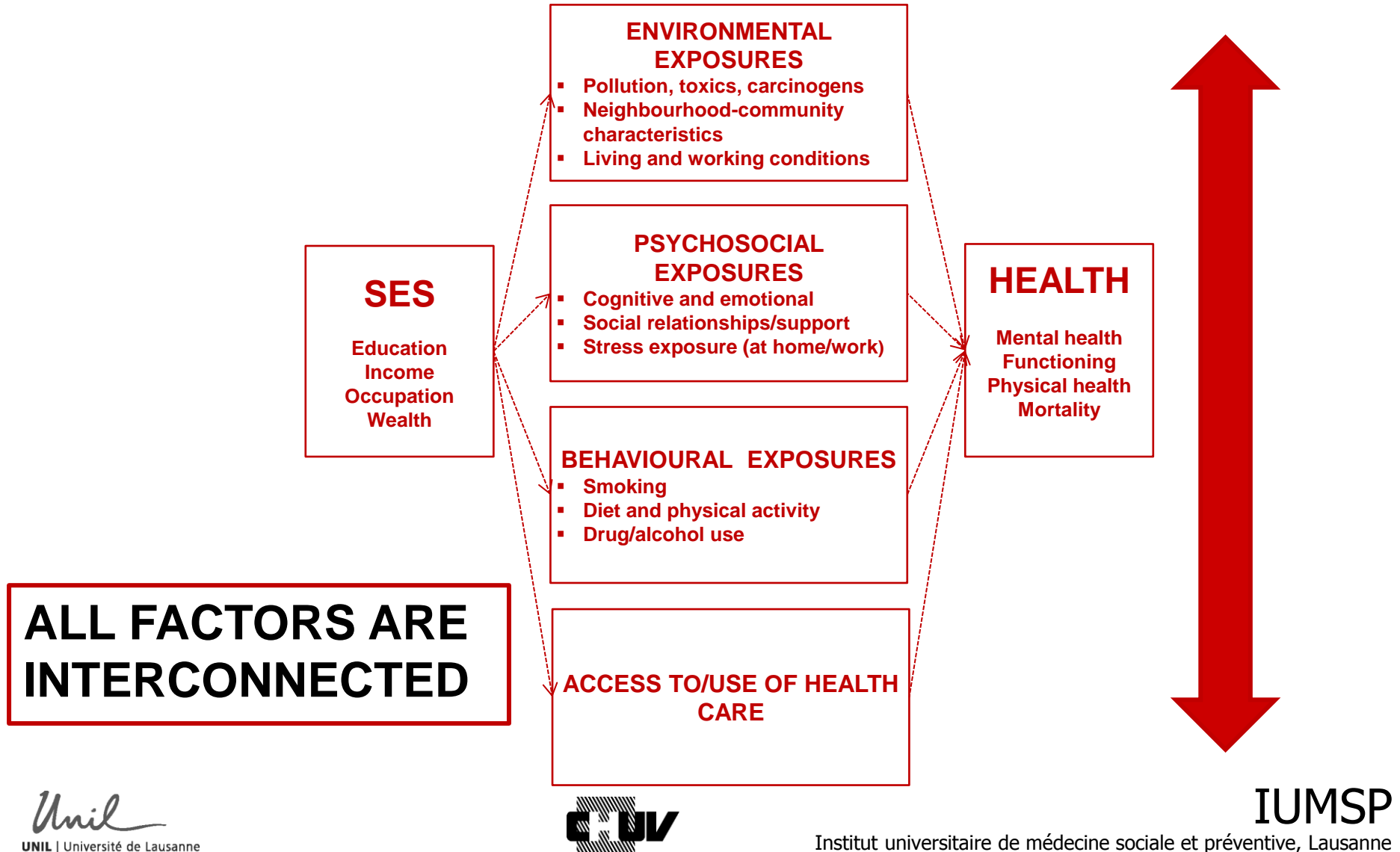
Cardiovascular disease mortality by smoking status and socioeconomic status (British Whitehall II cohort)



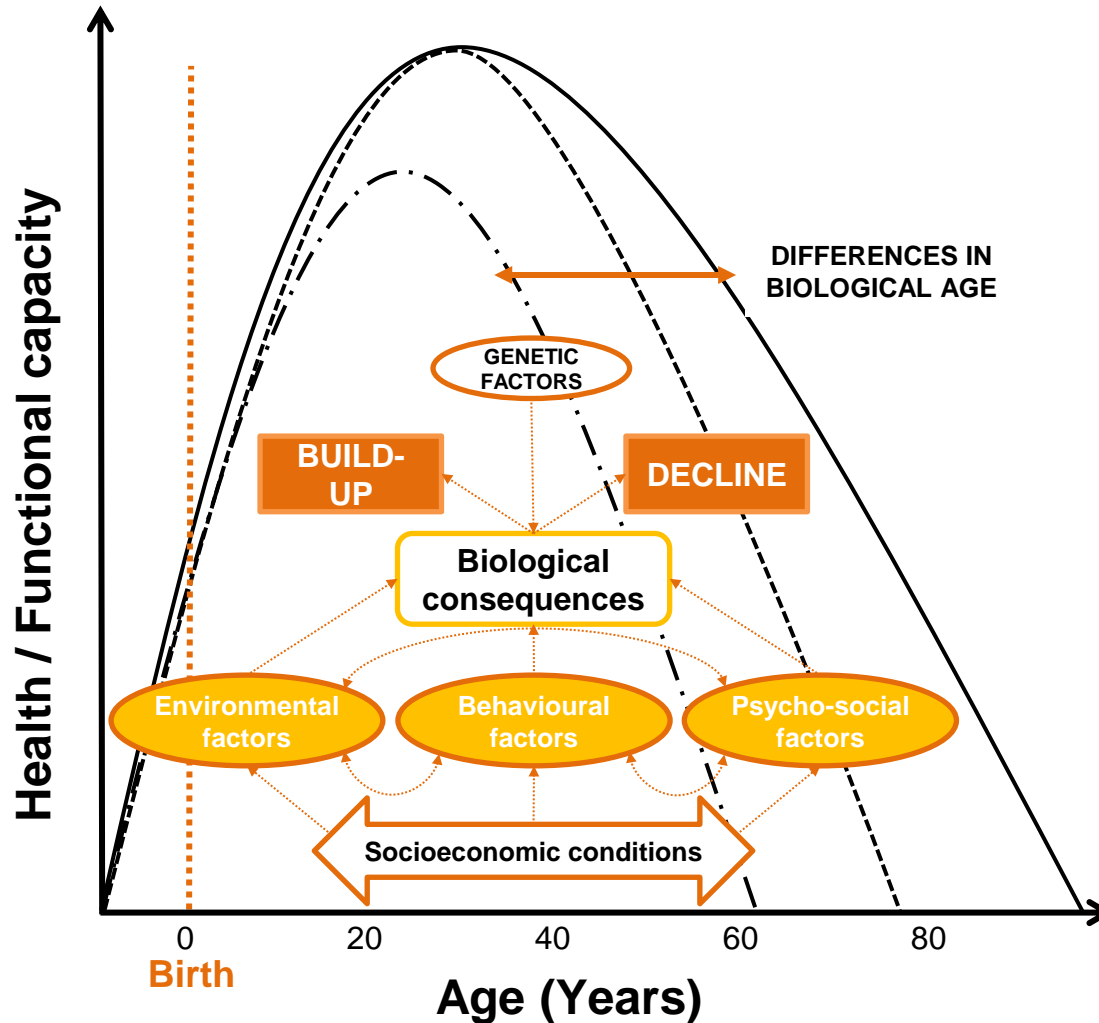
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Causal explanations for social inequalities in health



The lifecourse perspective



Models of lifecourse perspective

- **Latency model:**

- Exposure to adverse SES in critical/sensitive periods alters biological parameters permanently (fetal programming; traumatic events during first year etc.)

- **Cumulation model:**

- Cumulative effect of exposure to low SES (and its associated factors) across the lifecourse

- **Pathway model:**

- Low SES in early life influence social mobility pathways and behaviours

Outline

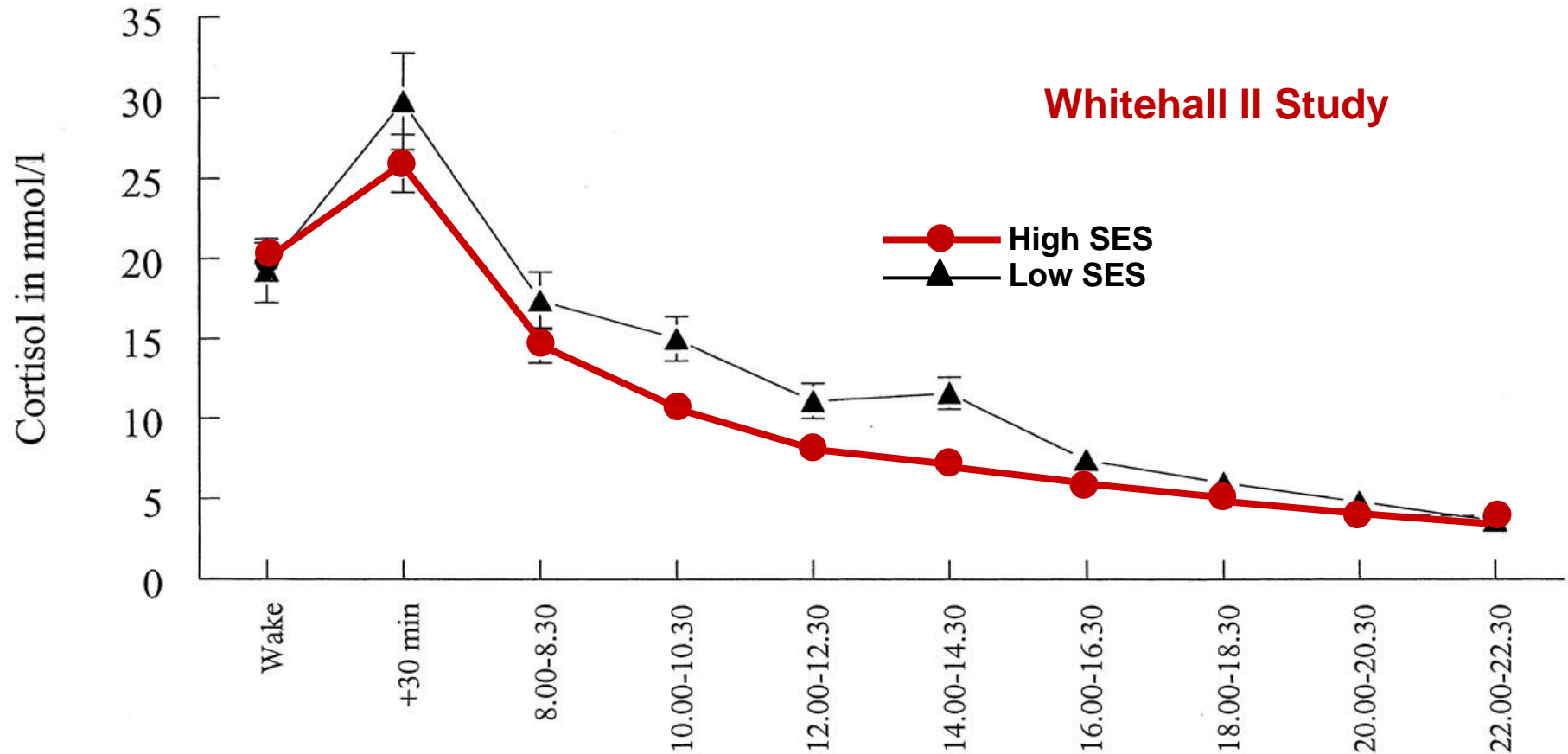
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SES and biomarkers

Hypothalamic-pituitary-adrenal axis	Cortisol - Saliva, urine Dehydroepiandrosterone sulfate - Blood
Sympathetic neuro-hormonal system	Norepinephrine/Epinephrine - Urine Alpha-amylase - Saliva
Parasympathetic neuro-hormonal system	Heart rate variability - Pulse rate recording
Inflammatory/Immune system	C-reactive protein - Blood Erythrocyte sedimentation rate - Blood Interleukins - Blood Lymphocyte number and function - Blood Circulating serum albumin - Blood, saliva
Cardiovascular	Diastolic/systolic blood pressure Resting heart rate
Glucose metabolism	Fasting glucose - Blood Glycosylated hemoglobin - Blood Fasting insulin - Blood
Lipid metabolism	Cholesterol and lipoprotein fractions - Blood BMI, waist to hip ratio Total body fat - DXA scan
Hematological	Serum hemoglobin - Blood Clotting factors and clotting time - Blood
Renal	Creatinine - Serum or 24h urine Urine albumin leakage - Urine Cystatin C - Serum or dried blood spot
Hepatic	Circulating serum albumin - Blood, saliva
Reproductive	Serum testosterone/estradiol - Blood Follicle-stimulating hormone - Blood
Pulmonary	Arterial oxygen saturation - Pulse oximeter Peak expiratory flow - Spirometer
Bone	Bone density - DXA scan Bone turnover markers - Blood, fasting urine
Muscle	Skeletal muscle mass - DXA scan, body impedance Grip strength - Dynamometer
DNA	Epigenetic markers

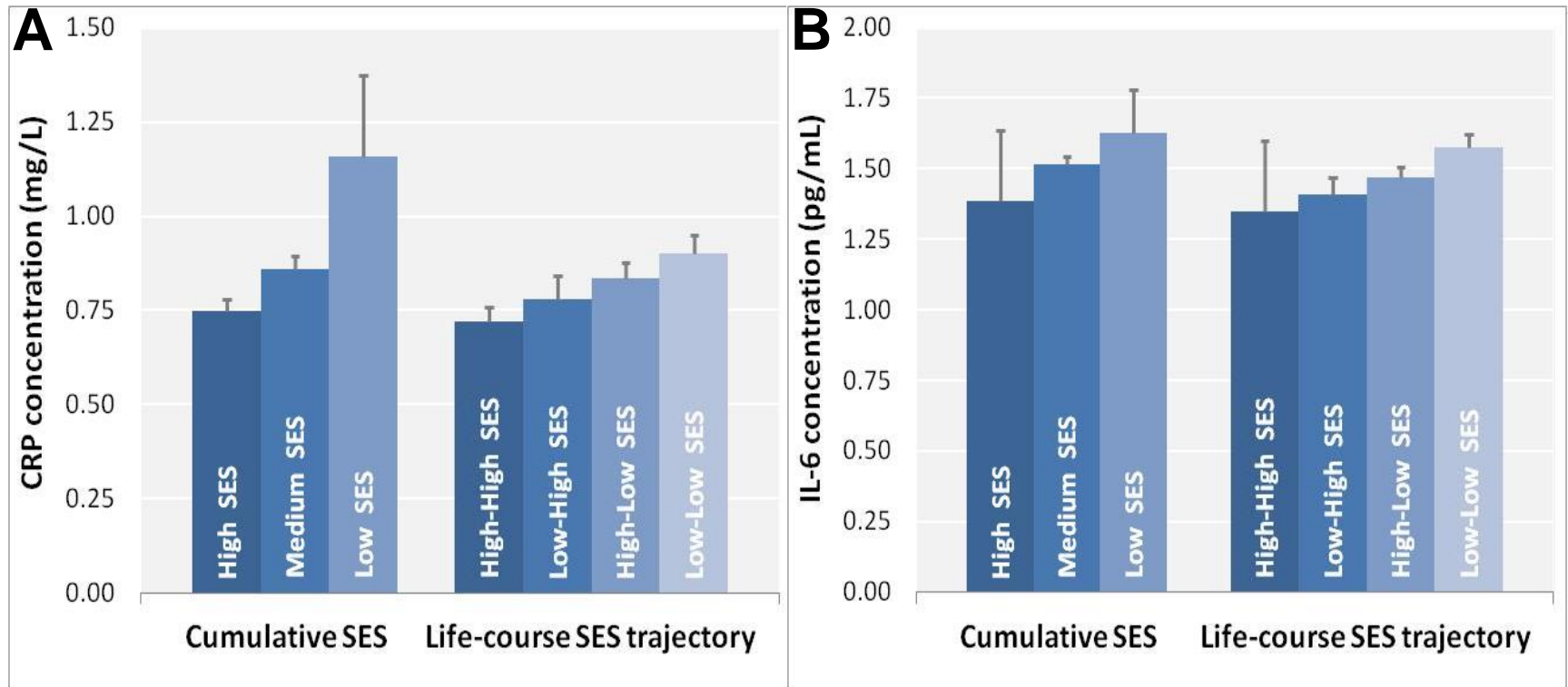
SES and HPA-axis dysregulation

Mean saliva-free cortisol sampled on waking up, 30 minutes later, and then at 2-hour intervals



SES and immune system biomarkers

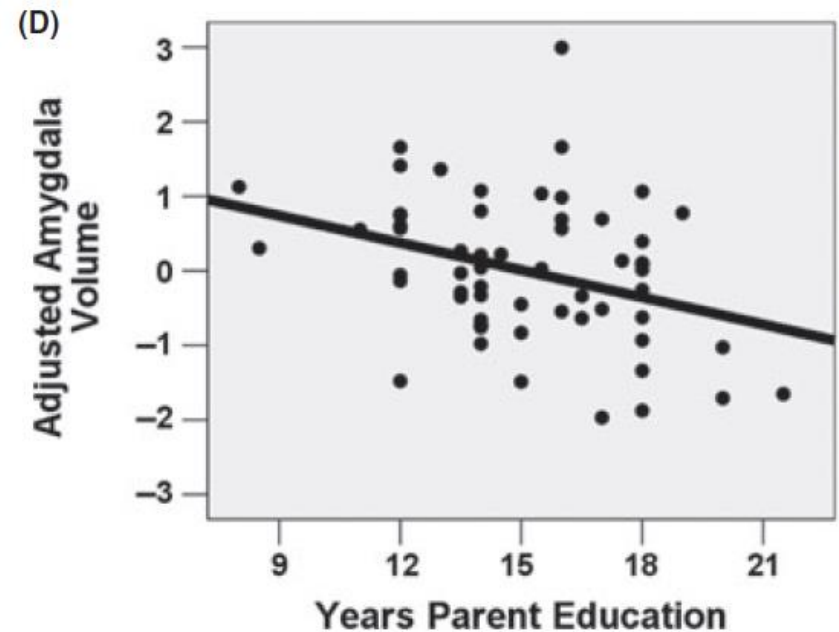
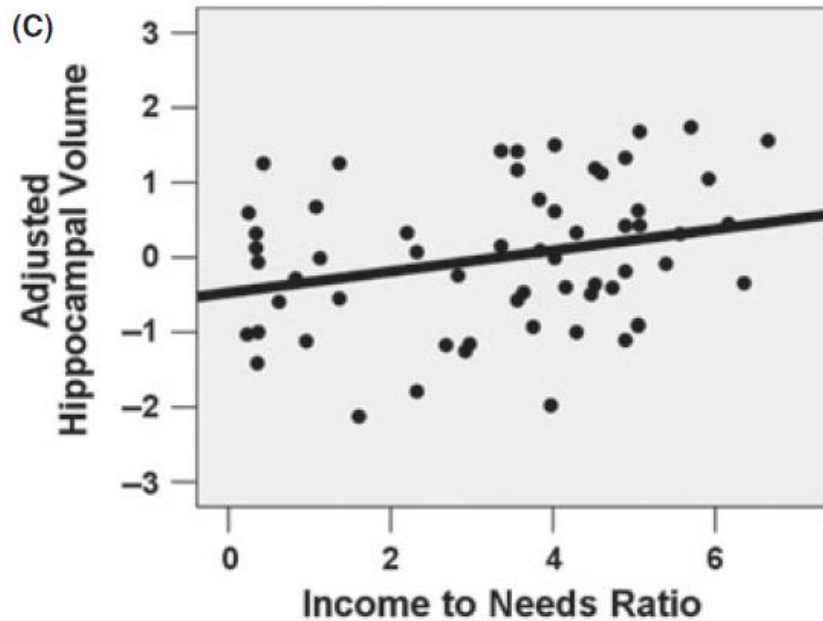
Lifecourse SES and CRP and IL-6 concentration



Whitehall II Study

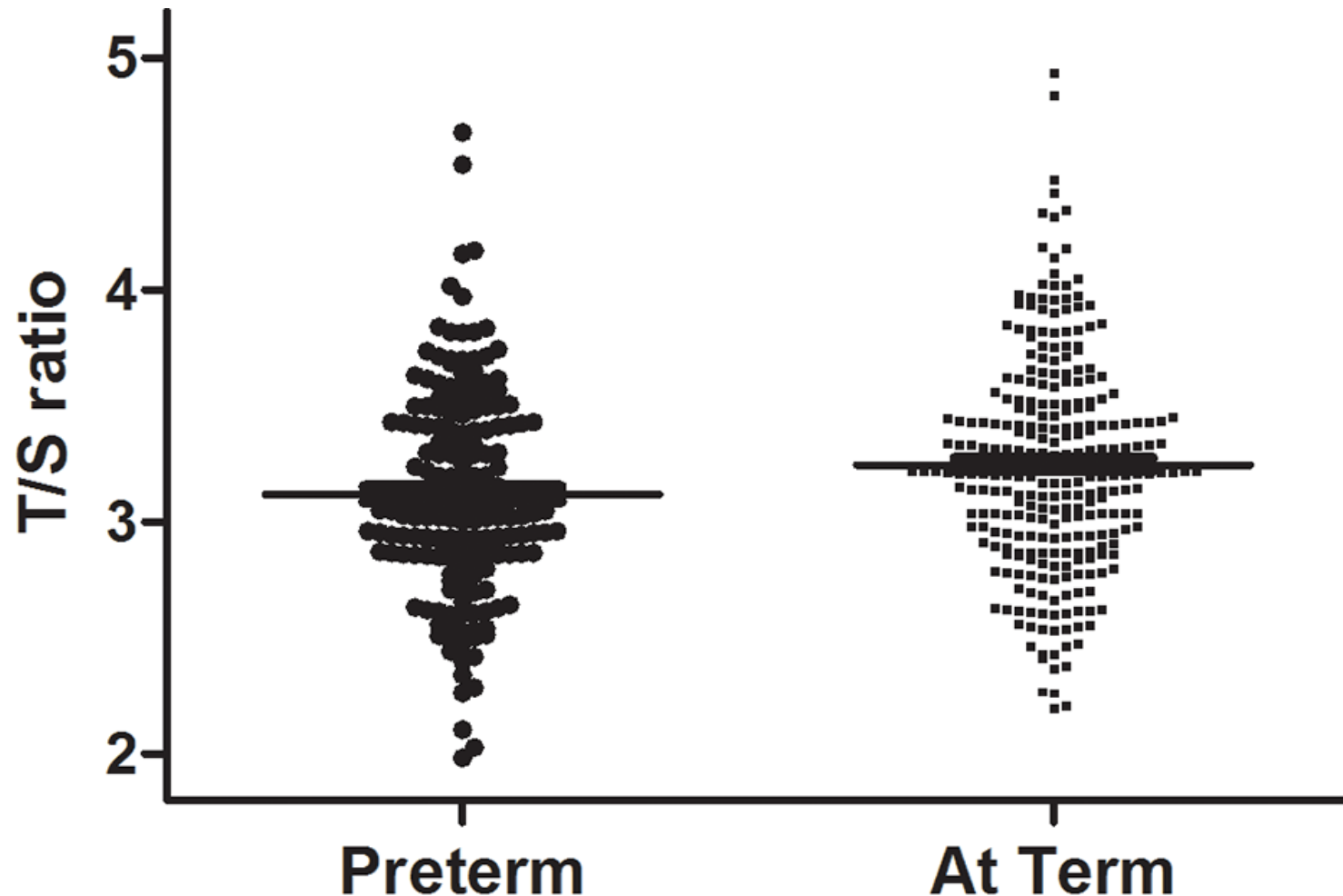
SES and neural structure

60 typically developing, native English speaking children (US)



Stressful events in early life generally related to lower hippocampal and higher amygdala volume

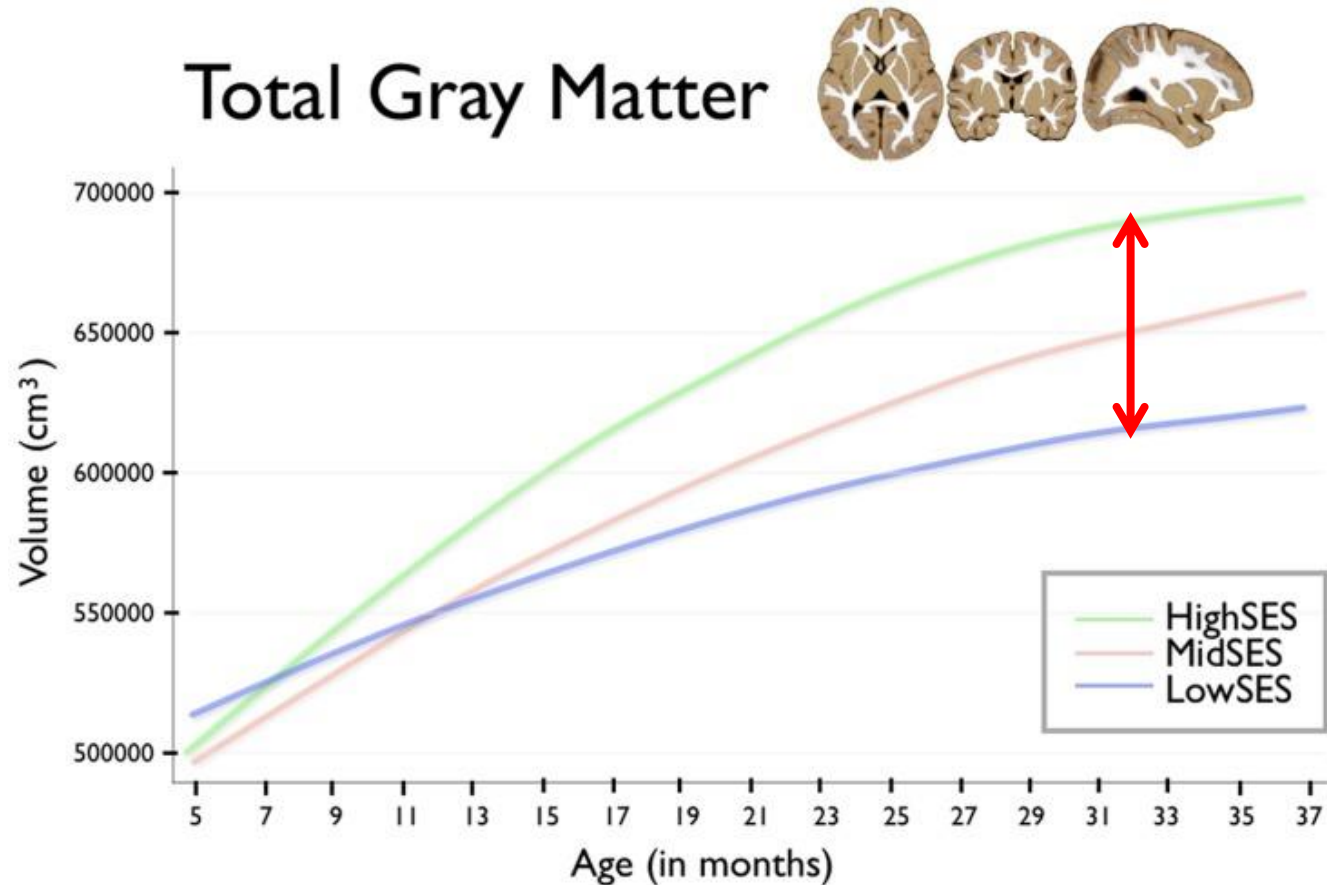
Preterm birth and telomere length



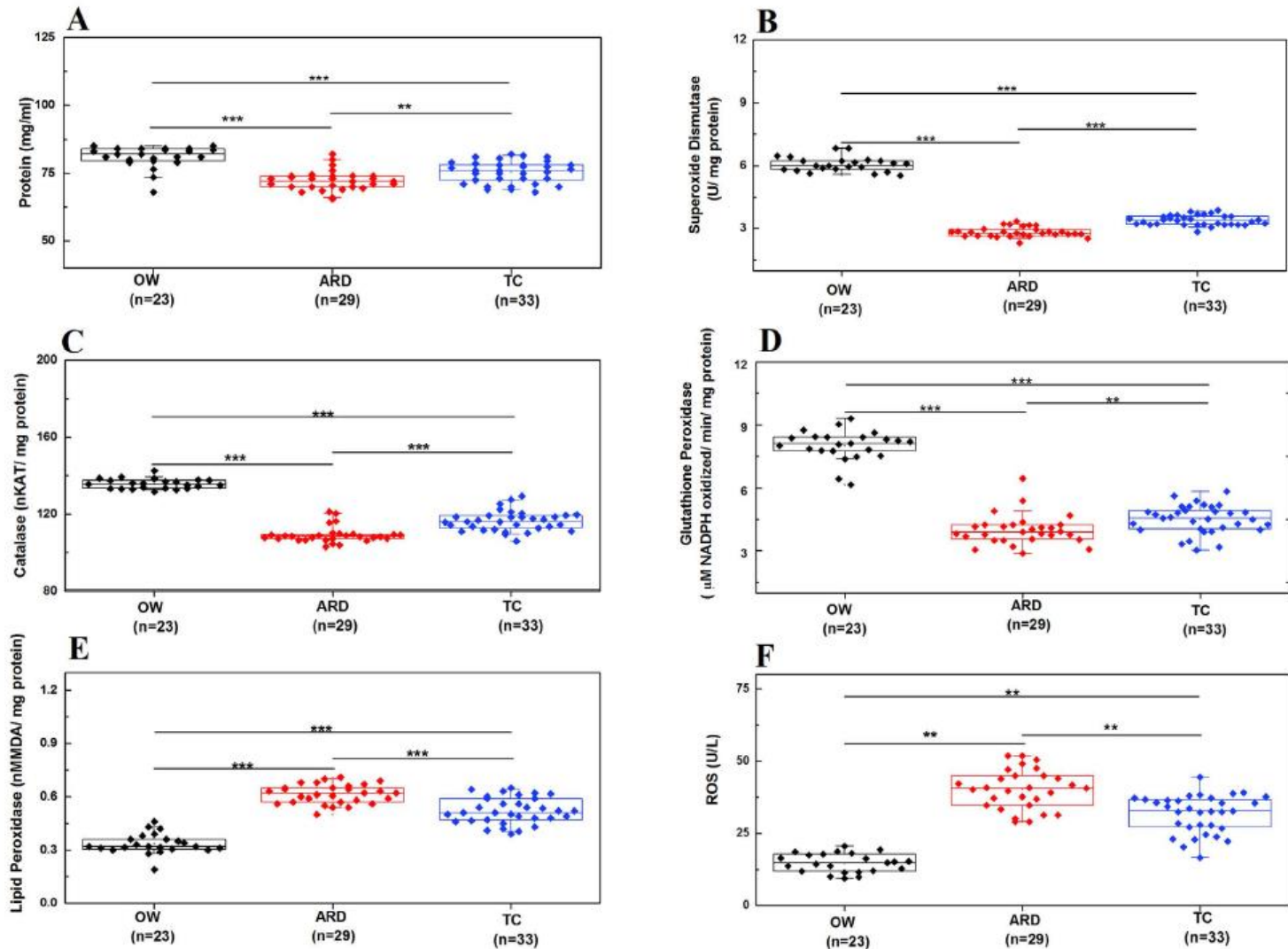
T/S ratio = Telomere to single-gene copy ratio. Preterm = gestational age <37 weeks. The horizontal bars represent the mean values.

Social factors and brain development

US NIH MRI Study of Normal Brain Development, N=55 healthy children



Occupational exposures and oxidative stress



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SES and gene regulation

Low early-life social class leaves a biological residue manifested by decreased glucocorticoid and increased proinflammatory signaling

Social environment is associated with gene regulatory variation in the rhesus macaque immune system

Int. J. Epidemiol. Advance Access published October 20, 2011

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International Journal of Epidemiology 2011;1–13
doi:10.1093/ije/dyr147

Associations with early life socio-economic

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International Journal of Epidemiology 2012;41:151–160
doi:10.1093/ije/dyr215

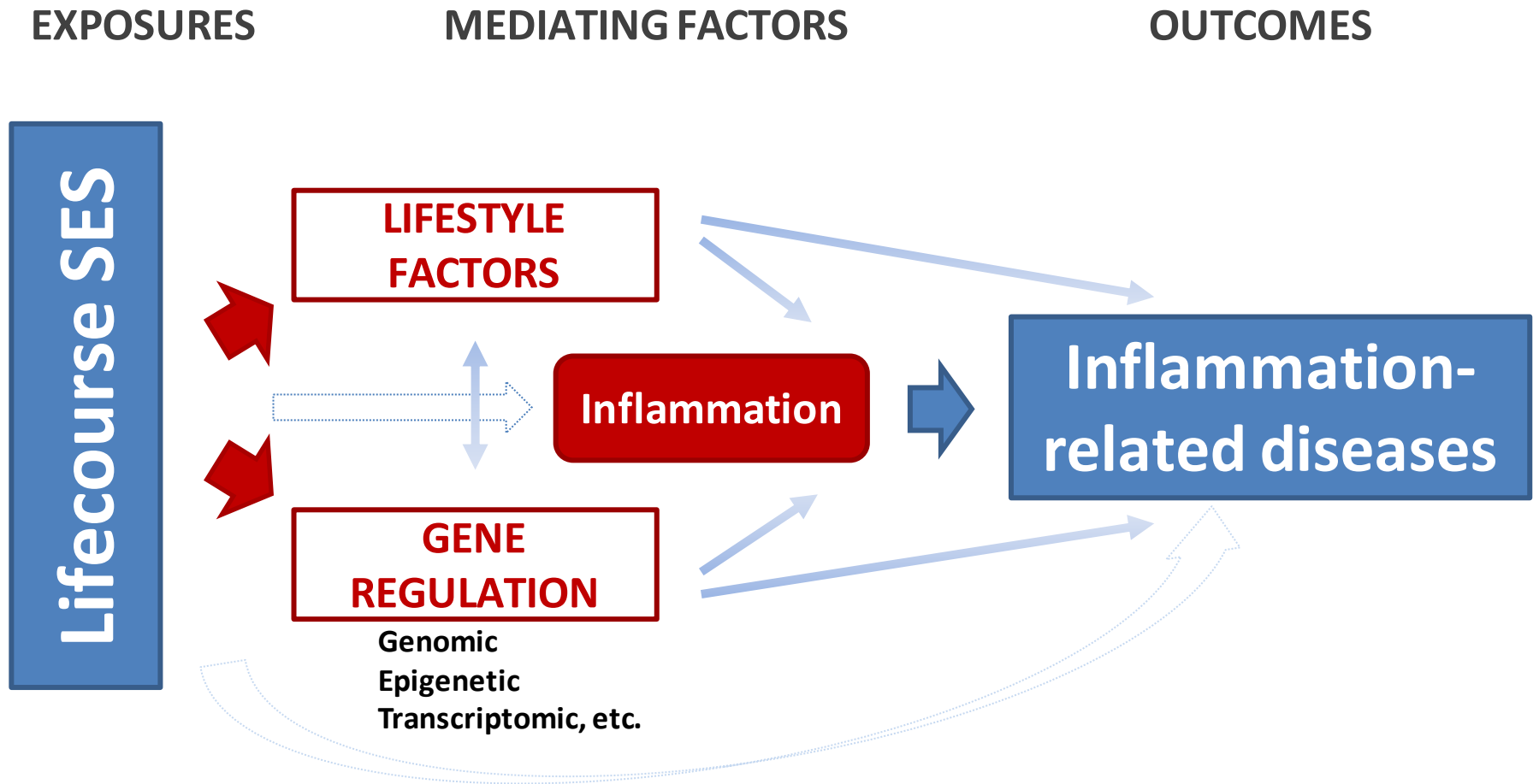
Nada
Marc

¹Sackl
Pharm
Univer
Geneti
Vancou
Biostat

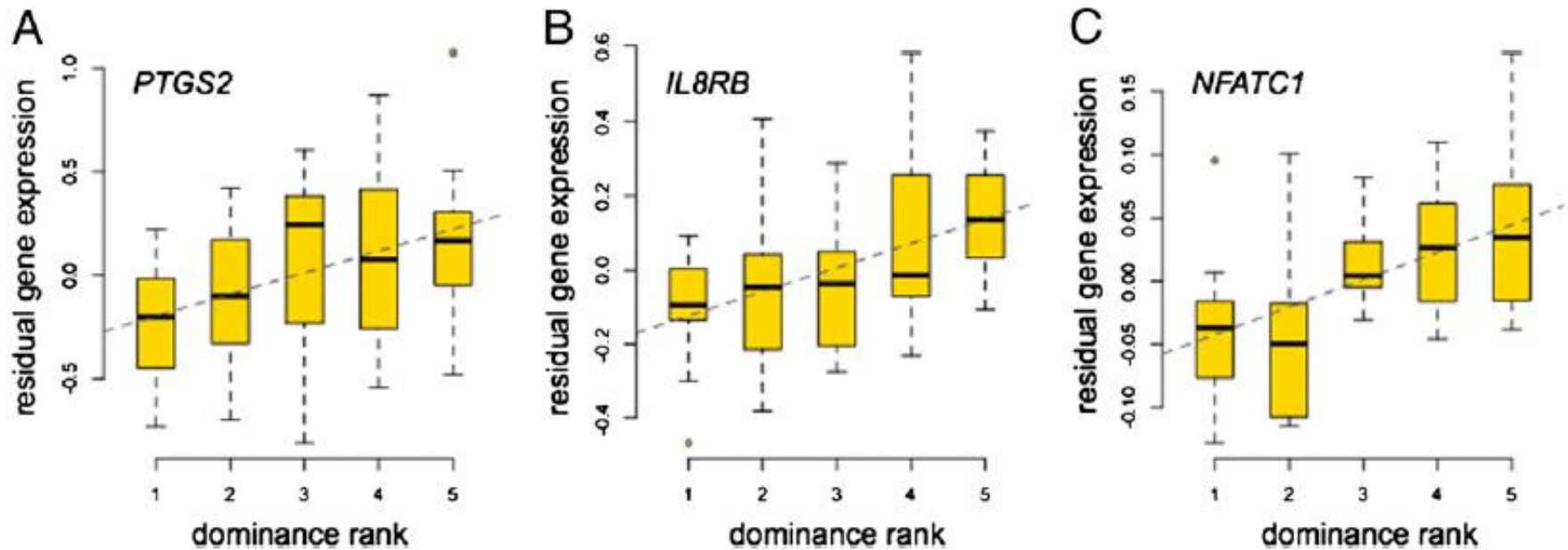
Socio-economic status is associated with epigenetic differences in the pSoBid cohort

Dagmara McGuinness,¹ Liane M McGlynn,¹ Paul CD Johnson,² Alan MacIntyre,¹ G David Batty,³ Harry Burns,⁴ Jonathan Cavanagh,⁵ Kevin A Deans,⁶ Ian Ford,² Alex McConnachie,² Agnes McGinty,⁷ Jennifer S McLean,⁸ Keith Millar,⁵ Chris J Packard,⁷ Naveed A Sattar,⁹ Carol Tannahill,^{8,10} Yoga N Velupillai^{8,11} and Paul G Shiels^{1*}

SES and gene regulation



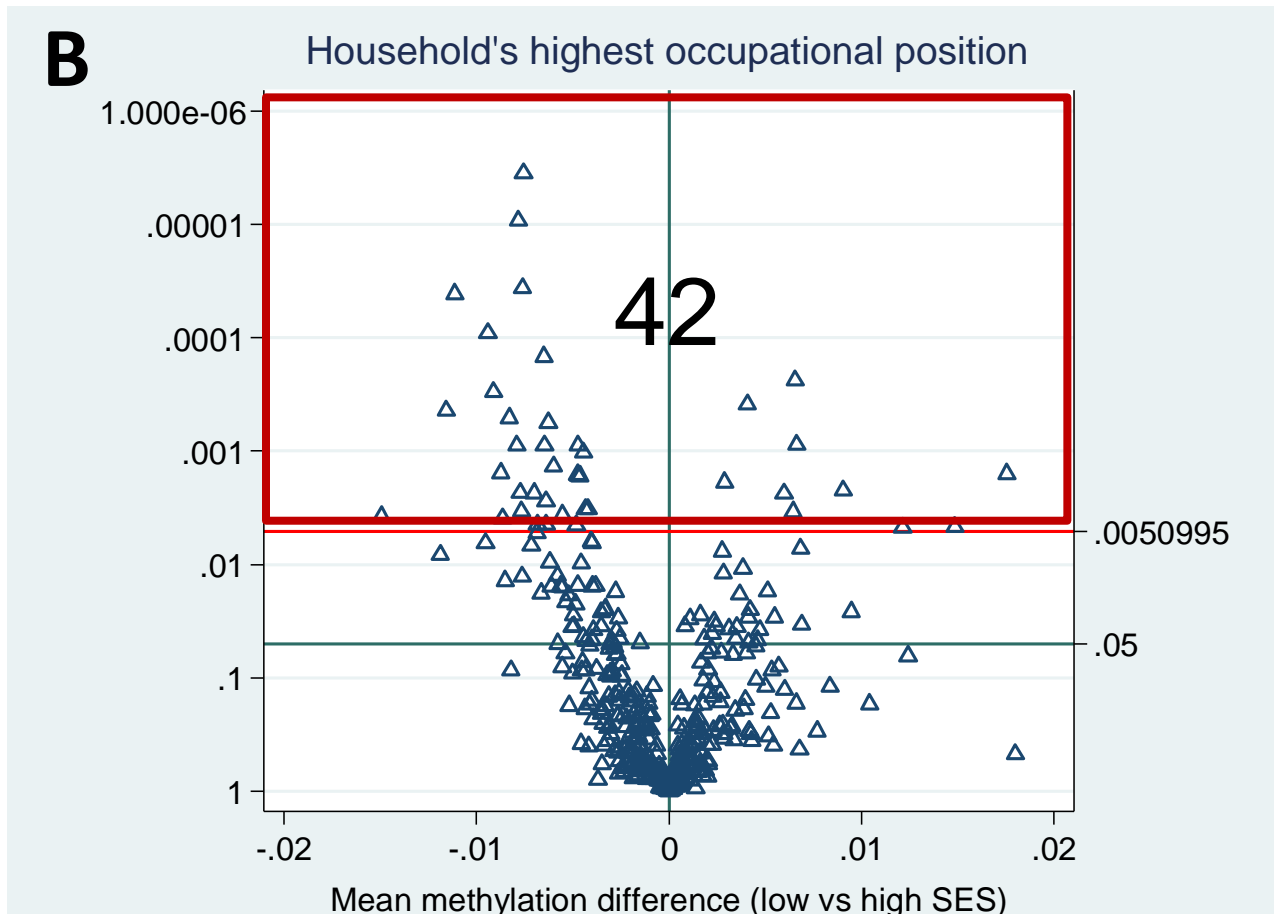
Dominance rank and proinflammatory genes expression (macaques)



Socioeconomic status and DNA methylation

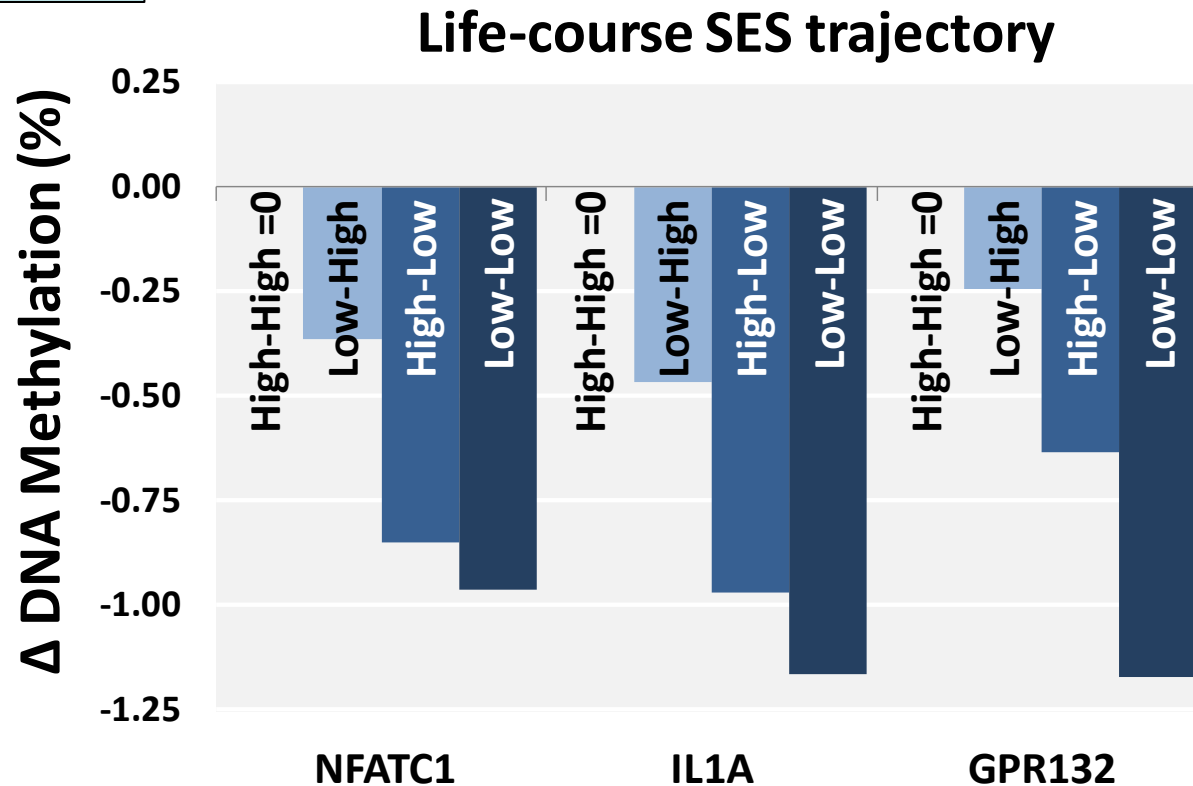
- **Population:** prospective cohort study of 857 individuals, sampled from the 47'749 participants of the EPIC-Italy study
- DNA extracted from white blood cells
- SES in early and adult life + lifecourse SES trajectories
- Genome wide methylation data available (450K)
- 17 genes (403 CpG sites) chosen on the basis of their involvement in SES-related inflammation in previous studies

Main results: household's occupation and DNA methylation



SES trajectory e DNA methylation of proinflammatory genes

EPIC ITALY

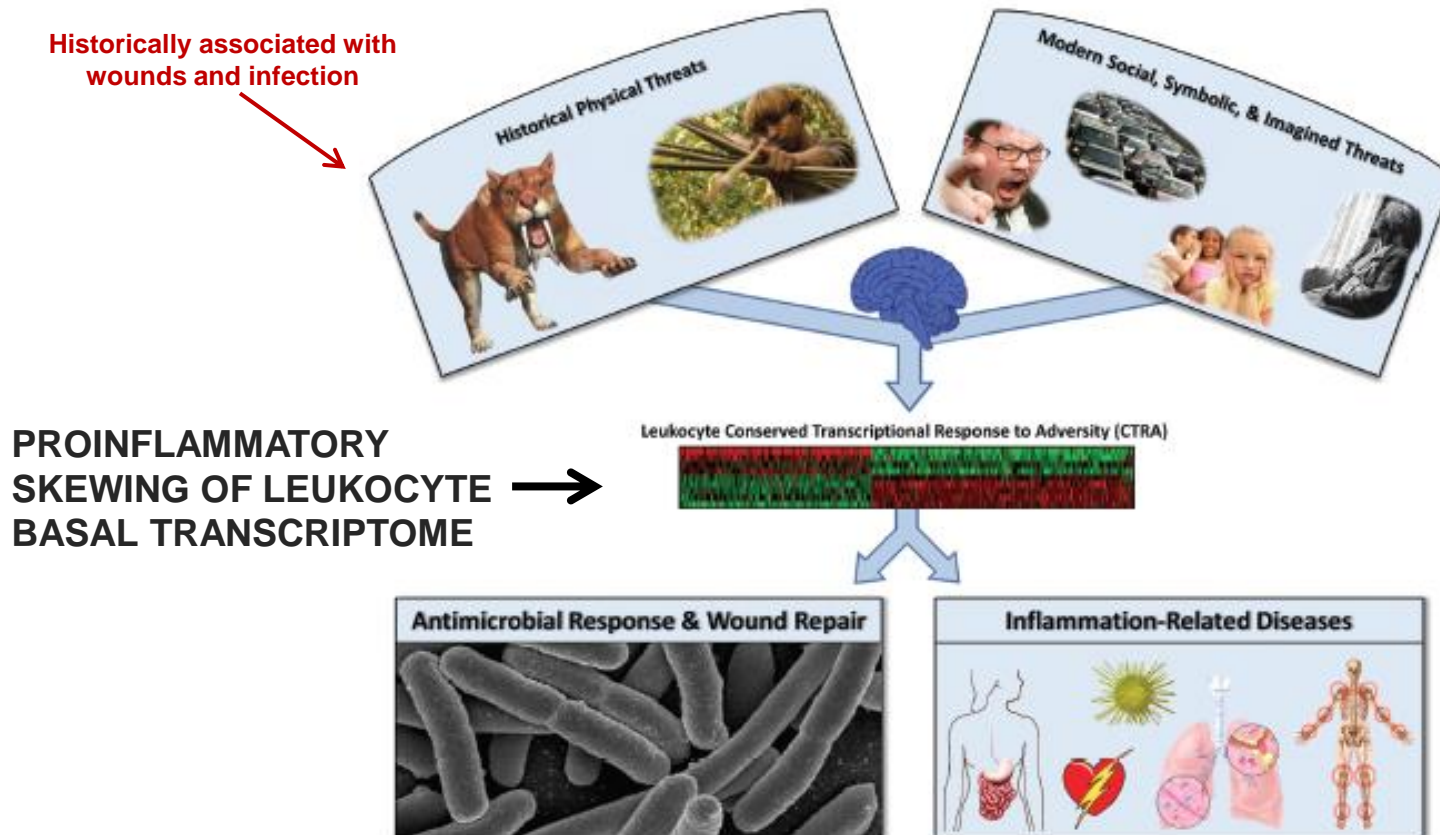


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Conserved transcriptional response to adversity (CTRA)

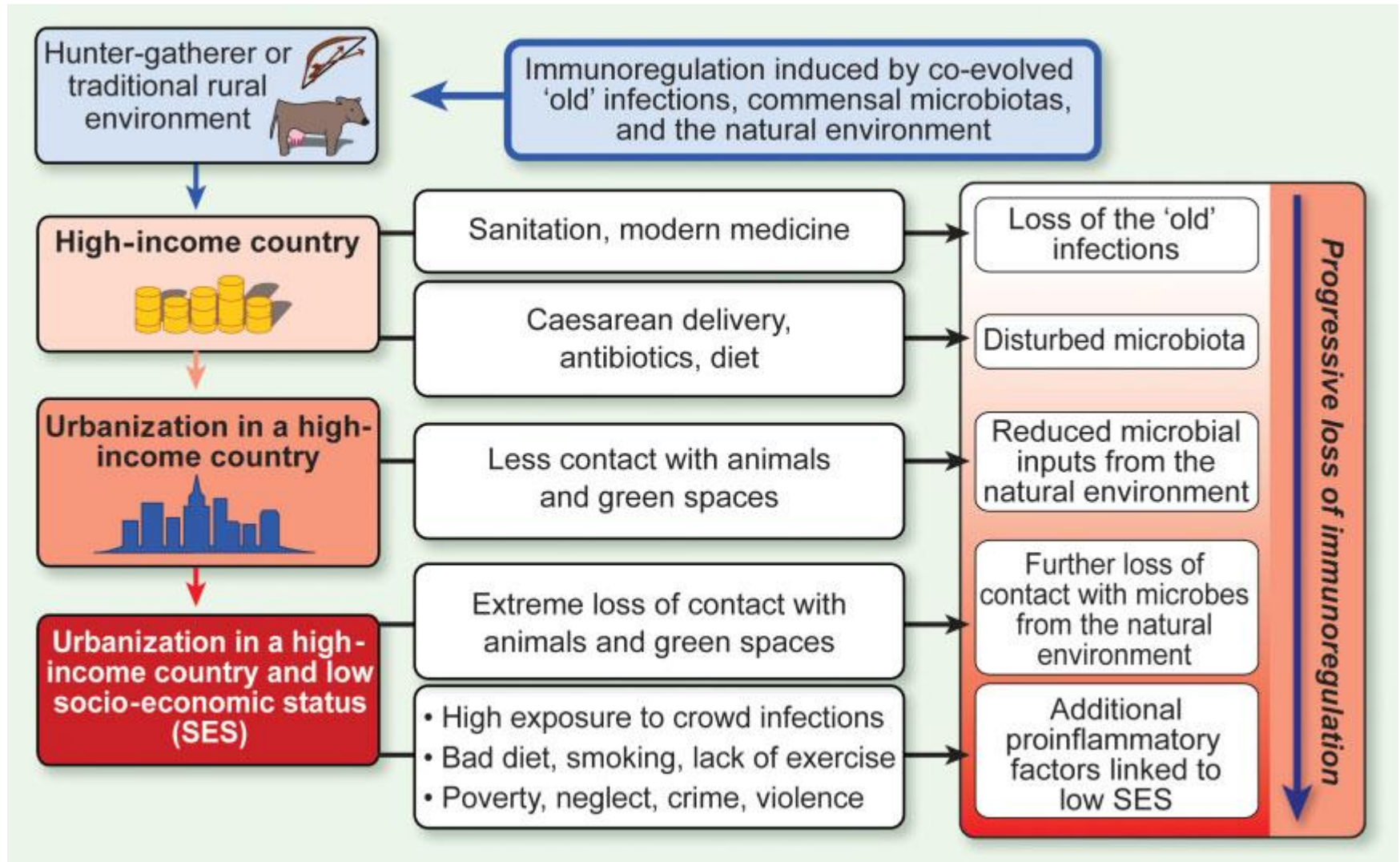
Neurobiological activation of leukocyte inflammatory genes and inhibition of innate antiviral genes in response to subjectively experienced physical or social threat



Human Social Genomics

- Socio-environmental conditions associated with hundreds of «socially-sensitive» genes
 - ✓ urbanity
 - ✓ low socioeconomic status
 - ✓ social isolation
 - ✓ social threat
 - ✓ low or unstable social status
- Majority of studies examined leukocytes or diseases tissues

Other examples of biological embedding



Other examples of biological embedding

- High socioeconomic-status related to alpha-diversity of both the colonic sigmoid mucosa and fecal microbiota (possibly through diet) (Miller et al. 2016)
- C-section related to « less healthy » microbiome, C-section related to SES
- Other examples: exposure to environmental toxics during life in utero

Challenges

- Few studies with biomarkers, fewer with repeated measures of biomarkers, very very few with epigenetics and/or transcriptomics measures with good exposure data
- When data exist, sample is small and not always exposure data is good enough (ie: SES indicators poorly collected)
- Concerning SES-epigenetics:
 - ✓ Need to replicate results on larger studies
 - ✓ Test whether SES differences in methylation translate into differences in gene expression and circulating molecules
 - ✓ Test whether this can partly explain social differences in health
 - ✓ Explore link between SES and gene-regulation in other tissues
- At this stage, no clear policy implications of this research if not for identification of exposures and of critical time windows

Conclusions

- Social factors are integrated biologically from birth (or earlier)
 - ✓ Various pathways of integration
 - ✓ Various windows of integration → of intervention?
 - ✓ Exposures from conception to old age
- Need better data and more interdisciplinary research
- Public health impact as well as phylosophycal/ethical implications not clear

**Thank you for
your attention!**

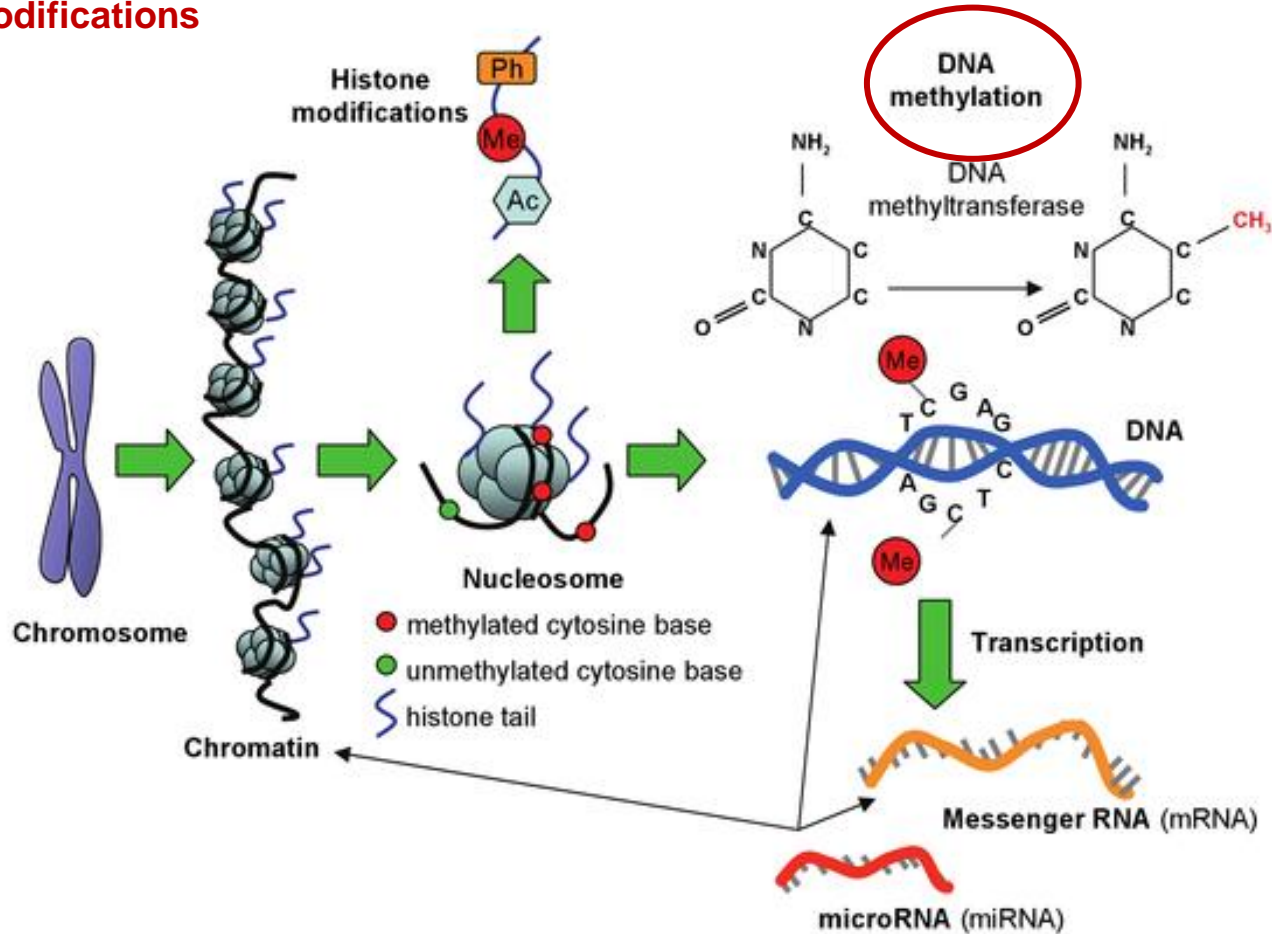
Box 2|The ecology of socioeconomic status

In addition to parenting quality and the *in utero* and home environments, there are other factors that may mediate the effects of socioeconomic status (SES) on neural development. These factors include:

- **Toxin exposure:** low-SES children show increased levels of lead in the blood⁵. Lead is a neurotoxin that affects IQ¹⁴³ and school achievement, particularly affecting reading ability¹⁴⁴.
- **Nutrition:** nutrients and caloric intake influence the neural mechanisms that subserve cognition and emotion¹⁴⁵. Lower-SES families have less access to healthy foods and are more likely to experience food insufficiency and nutritional deficiency⁵.
- **Prenatal drug exposure:** there is little evidence that prenatal drug exposure is a major contributor to the SES disparities noted in this article. Although alcohol and drug use during pregnancy is related to SES, the direction of the relationship varies by substance, and alcohol use in particular is less common in pregnant women of low SES^{146,147}. Furthermore, the effects of prenatal cocaine exposure seem to be relatively small when the effects of other factors, such as the home environment, are controlled for¹⁴⁸.
- **Stress:** stress affects family relationships, including relationships with children. Low-SES families experience increased stress related to social rank, difficulties in providing for the family's needs, living in dangerous neighbourhoods and other factors. This can lead to chronic stress and thereby affect child development^{5,95,149,150}. There is some evidence from research in animals and humans that stress specifically impairs attentional control^{151,152}, and that indicators of chronic stress exposure mediate the relationship between childhood SES and working memory⁴¹.

Epigenetics – DNA methylation

Epigenetic modifications



Relton CL, Davey Smith G (2010) Epigenetic Epidemiology of Common Complex Disease: Prospects for Prediction, Prevention, and Treatment. PLoS Med 7(10): e1000356. doi:10.1371/journal.pmed.1000356