





Ancestry-specific effects of lipid-lowering medications on atopic dermatitis: Evidence from Mendelian Randomisation and a Nested Case-Control Study

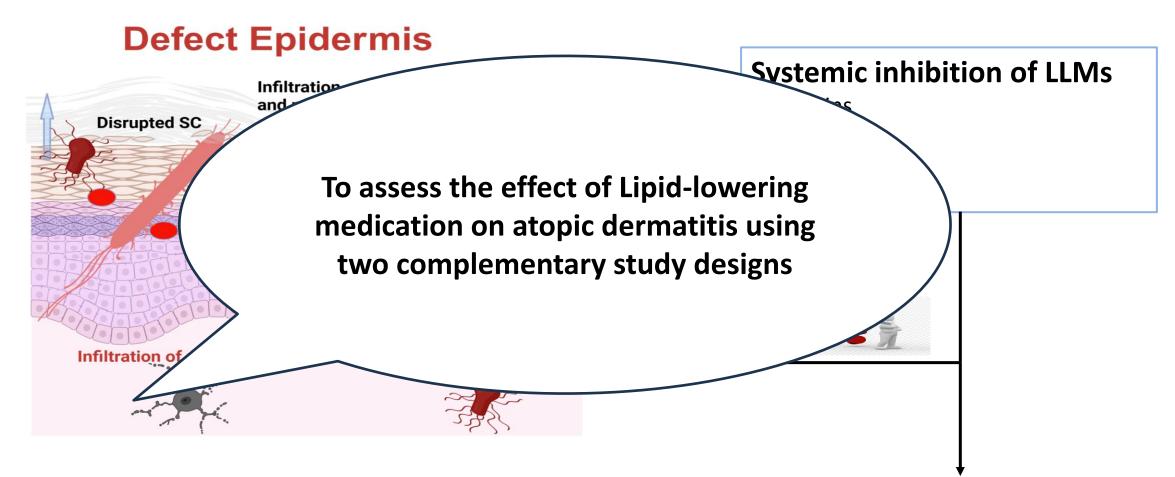
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INTRODUCTION





Reduce pro-inflammatory cytokines like IL-4 and IL-13





METHOD – 2SMR



- ➤ Mendelian Randomisation (2SMR) design
- MR uses genetic variants as instrumental variables to proxy causal effects of exposures on outcome
- Drug target
 - HMGCR, NPC1L1, PCSK9, and CETP genes
- Genome-wide association studies (Cholesterol traits)
 - Low-density lipoprotein (LDL)
 - Total cholesterol
 - High-density lipoprotein (HDL)
 - Non-HDL cholesterol
 - Triglycerides

- GWAS Atopic Dermatitis
 - 60,653 AD cases and 804,329 controls of European
 - 31,245 AD cases and 432,874 controls from FinnGen
 - 2,385 AD cases and 209,651 controls from East Asian
 - 7,063 AD cases and 15,879 controls from Africa
- ➤ Fixed-effect inverse-variance weighted analysis and derived pooled estimates through meta-analysis
- Pleiotropy and Colocalisation analyses were performed

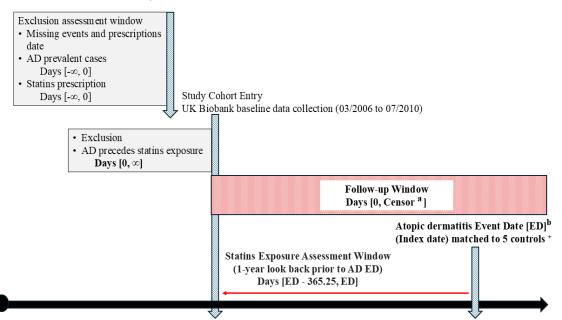






METHOD – NCCS

- Nested case-control study using UK Biobank (UKB) data
- ➤ Predominantly European ancestry (≈ 96% of UKB)
- Statins exposure



- Incident AD cases were matched to 5 controls on;
 - ✓ date of cohort entry (±6 months),
 - √ age (±2 years),
 - ✓ sex, and
 - ✓ centre
- Odds ratio was estimated using conditional logistic regression

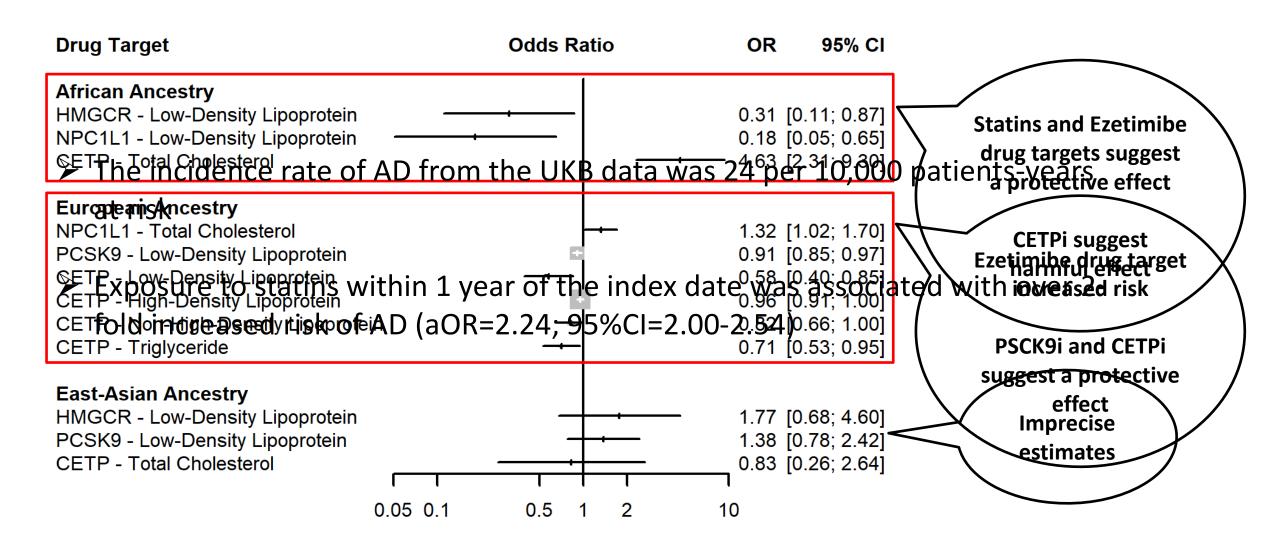
Adjusting for potential confounders using sIPTW





RESULTS









CONCLUSION



- > Indicate that lipid-lowering medications ware page an eastry-specific effects on AD risk
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- > Highlight statins initiation as a potential reason for onset of AD/n European ancestry