**Heritability- Note: First-degree relatives are parents, siblings or offspring only**

**Schizophrenia-**

Concordance rates are higher in monozygotic twins than in dizygotic twins- note: the existence of substantial discordance rates in monozygotic twins also indicates the importance of environmental factors. Some relatives of individuals with Schizophrenia may also have an increased risk for a group of mental disorders termed the schizophrenia spectrum- it probably includes Schizoaffective D/O and Schizotypal Personality D/O.

A child with one parent with Schizophrenia- 15x greater chance of developing Schizophrenia then the general population.

Person with Schizophrenia- siblings about 10x greater than that in the general population, uncles and aunts 2% greater, nephews and nieces, 2.2 % greater, grandchildren 2.8% greater, half siblings 3.2% greater

**Schizoaffective D/O**- Increased risk for Schizophrenia in first degree biological relatives of individuals with Schizoaffective D/O- relatives of individuals with Schizoaffective D/O are at increased risk for Mood disorders.

**Delusional D/O**- There is limited evidence that Avoidant and Paranoid Personality D/Os may be especially common among first-degree biological relatives of individuals with Delusional Disorder.

**Major Depressive D/O**- 1.5-3 times more common among first-degree biological relatives of persons with this disorder than among the general population. Also evidence for an increased risk of Alcohol Dependence in adult first-degree biological relatives, and there may be an increased incidence of an Anxiety D/O or ADHD in the children of adults with this disorder.

**Dysthymic D/O-** more common among first-degree biological relatives of people with Major Depressive D/O than among the general population. In addition, both Dysthymic D/O and Major Depressive D/O are more common in the first-degree relatives of individuals with Dysthymic D/O.

**Bipolar I D/O**- first degree relatives have elevated rates of Bipolar I D/O- ( 4%- 24%), Bipolar II D/O (1%-5%) and Major Depressive D/0 ( 4%-24%) Twin and adoption studies provide strong evidence of a genetic influence for Bipolar I D/O.

**Bipolar II D/O-**  Some studies have indicated that first-degree biological relatives of individuals with Bipolar II D/O have elevated rates of Bipolar II D/O, Bipolar II D/O, and Major Depressive D/O compared with the general population.

**Panic D/O**- First-degree biological relatives with Panic D/O are up to 8 times more likely to develop Panic D/O. If the age of onset of the Panic D/O is before 20, first-degree relatives have been found to be up to 20 times more likely to have Panic D/O. ( in clinical settings, as many as one half to three quarters of individuals with Panic D/O do not have an affected first biological relative) Twin studies indicate a genetic contribution to the development of Panic Disorder.

**Specific Phobia**- Increased risk for Specific Phobias in family members of those with Specific Phobias. Also, there is some evidence to suggest there may be an aggregation within families by type of phobia. Fears of blood and injury have particularly strong familial patterns.

**Social Phobia**- Appears to occur more frequently among first-degree biological relatives of those with the disorder compared with the general population. Evidence for this is strongest with the Generalized subtype.

**OCD-** Concordance rate for OCD is higher for monozygotic twins than it is for dizygotic twins. The rates of OCD in first-degree biological relatives of individuals with OCD and in first-degree relatives of individuals with Tourette's D/O is higher than in the general population.

**PTSD-** Evidence of a heritable component to the transmission of PTSD. Also, a history of depression in first-degree relatives has been related to an increased vulnerability to developing PTSD.

**GAD**- Twin studies suggest a genetic contribution to the development of this disorder. Genetic factors influencing risk of GAD may be closely related to those for Major Depressive D/O.