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# Influence of cerebral glucose metabolism by chronic pain-mediated cognitive impairment in adolescent rats

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1	Influence of Cerebral Glucose Metabolism by Chronic Pain–Mediated Cognitive
2	Impairment in Adolescent Rats.
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#### 20 Abstract

21 Chronic pain during adolescence can lead to mental health disorders in adulthood, but the underlying 22 mechanism is still unclear. Furthermore, the homeostasis of cerebral glucose metabolism and 23 neurotransmitter metabolic kinetics are closely associated with cognitive development and pain 24 progression. The present study investigated changes in cognitive function and glucose metabolism in 25 adult rats, which had experienced chronic pain during their adolescence. Here, spared nerve injury (SNI) 26 surgery was conducted in 4-week-old male rats. Mechanical nociceptive reflex thresholds were analyzed, 27 and SNI chronic pain (SNI-CP) animals were screened. Based on animal behavioral tests (open field, 28 three-chambered social, novel object recognition, and the Y maze), the SNI-CP animals showed learning 29 and memory impairment and anxiety-like behaviors, compared to SNI no chronic pain (SNI-NCP) 30 animals. The cerebral glucose metabolism in the prefrontal cortex and hippocampus of adult SNI-CP 31 animals was decreased with positron emission tomography/computed tomography. GABA2 and Glu4 32 levels in the metabolic kinetics study were significantly decreased in the hippocampus, frontal cortex and 33 temporal cortex, and the expression of GLUT3 and GLUT4 was also significantly downregulated in the 34 prefrontal cortex and hippocampus of adult rats in the SNI-CP group. These findings suggest that the rats 35 which suffered chronic pain during adolescence have lower cerebral glucose metabolism in the cortex 36 and hippocampus, which could be related to cognitive function during the development of the central 37 nervous system. 38 Keywords: Neuropathic pain; Hippocampus; Cortex; Cognitive impairment; Glucose metabolism;

39 Metabolic kinetics

#### 41 Introduction

42 Chronic pain (such as neuropathic pain, postsurgical pain, visceral pain) is recognized as a 43 multidimensional and subjective experience, which includes sensory, affective, and cognitive 44 components, and can have a serious negative impact on quality of life [1-3]. Psychiatric comorbidities 45 including anxiety [4], depression [5], poor sleep [6] and cognitive impairment [7] are always associated 46 with chronic pain. Functional cognitive disorder has also been reported as one of the most common 47 complications of chronic pain [7], which supports the notion that chronic pain and cognitive impairment 48 share some common pathogenetic mechanisms [8,9]. For example, previous studies have demonstrated 49 that chronic pain preferentially engages the regions involved in cognition and emotion modulation related 50 to pain, such as the medial prefrontal cortex (mPFC), anterior cingulate cortex (ACC), amygdala and 51 hippocampus, leading to comorbid cognitive and emotional deficits [10-13]. The development of chronic 52 pain involves long-term multiple changes, including peripheral, spinal cord and brain neural pain 53 networks [14]. The integration of pain information transmitted from peripheral to central perception leads 54 to complex neuroanatomical, neurochemical and emotional changes [15,16] Multiple brain regions that 55 are involved in processing pain are also implicated in processing affective, motivational, and emotional 56 events [17,18].

57 Chronic pain during childhood and adolescence has been shown to contribute to a heightened risk 58 of anxiety disorders, impaired emotional decision-making, and working memory loss in adulthood [19], 59 which is associated with blocked structural development in brain regions [20], abnormal cerebral 60 metabolism [21,22], hormonal changes [23], central sensitization [24], *etc.* Among these changes, the 61 variations of glucose metabolism and neurotransmitters in affective and somatosensory regions induced 62 by SNI may play a crucial role in the onset and development of cognitive and negative affective

63	components, such as anxiety and depression [25,26]. Research has shown that glucose metabolism in
64	patients with chronic pain was reduced in the dorsal prefrontal cortex and primary motor cortex, possibly
65	due to pain duration [21]. There is also increasing evidence suggesting that glutamatergic and
66	GABAergic neurons contribute to the majority of oxidative glucose metabolism in the brain [27,28].
67	Another study showed that the SNI model induced, overall, decreased activity in mPFC pyramidal
68	neurons with a subsequent reduction in glutamate levels correlated with pain-related depression-like
69	behavior and cognitive impairments [29,30]. To our knowledge, there is no study that has investigated
70	the long-term consequences of chronic pain on brain metabolism and metabolic kinetics on individuals
71	suffering from chronic pain since adolescence.
72	Here, we defined the period of adolescence in rats based on the criteria outlined in the reference
73	[31], which suggests that adolescence begins roughly around PND28. Consequently, four-week-old
74	Sprague-Dawley rats were used as experimental subjects to establish the spared nerve injury (SNI) model
75	A comprehensive set of animal behavioral studies were implemented at the time of eight weeks after SNI.
76	Then, the cerebral glucose metabolism and glucose transporter protein expressions were initially
77	estimated, and the metabolic dynamics in glutamatergic/GABAergic neurons in the hippocampus and
78	mPFC were investigated using nuclear magnetic resonance (NMR) spectroscopy. The results showed that
79	rats which experienced chronic pain during adolescence had lower glucose metabolism and
80	neurotransmitter disorders in the hippocampus and mPFC in adulthood, which could be the mechanism
81	for chronic pain-mediated cognitive impairment during adolescence, and thus, provide basic neuronal
82	mechanisms for developing novel drugs to treat chronic pain associated with cognitive impairment.
83	

84 Materials and Methods

#### 85 Animal preparation

86 The experimental protocol was approved by the Animal Ethics Committee of Zhongnan Hospital of 87 Wuhan University (Ethics approval number: ZN2021097), and all experiments were performed in 88 accordance with the National Institutes of Health Guidelines for the Care and Use of Laboratory Animals. 89 The animal experiments were performed in the Animal Experiment Center of Zhongnan Hospital of 90 Wuhan University and complied strictly with the guidelines accepted by the International Association for 91 the Study of Pain. Male Sprague-Dawley rats were purchased from Beijing Vital River Laboratory 92 Animal Technology (4 weeks old, weighing 80-100 g). The rats were group-housed under controlled 93 temperature  $(23 \pm 3 \text{ °C})$  and a 12-h light-dark cycle and had free access to food and water. 94 **Animal surgery** 95 Spared nerve injury (SNI) surgery was performed according to the experimental scheme of a 96 previous work [32]. Briefly, the rats were anesthetized with isoflurane, the fur was shaved on the lateral 97 surface of the left thigh, and the area was disinfected with iodophor. A longitudinal incision was made 98 through the skin caudal to the femur to expose the sciatic nerve and its three terminal branches: sural, 99 common peroneal and tibial nerves. The common peroneal and tibial nerves were delicately dissected 100 and separated from the surrounding tissue. Distal to the trifurcation of the sciatic nerve, sutures (4-0 101 sutures) were applied to ligate the two branches (the tibial and common peroneal nerves). Sectioned distal 102 to the ligation, 2 to 4 mm of the distal nerve stump was removed. During the entire experiment, the 103 operators were very careful not to touch the sural branch, to ensure it was left completely intact. The 104 mechanical paw withdrawal threshold (MPWT) was used to detect hyperalgesia in rats 28 days after the 105 establishment of the model. The rats were divided into two groups: the SNI chronic pain (SNI-CP) group 106 and the SNI nonchronic pain (SNI-NCP) group.

### 107 Mechanical paw withdrawal threshold

108	The mechanical paw withdrawal threshold (MPWT) was assessed one day before the surgery and
109	on Days 1, 3, 7, 14, 28, 42 and 56 postsurgery using an electronic von Frey aesthesiometer (Fig. 1). The
110	withdrawal threshold of the left hind paw was measured in response to a mechanical stimulus. The rats
111	were placed in suspended Perspex frames in a quiet environment at room temperature. The bottom of the
112	frame was covered with wire mesh that had evenly distributed round holes with a diameter of
113	approximately 0.5 cm, which gave access to the plantar surface of the hind paw. Animals were left to
114	habituate to the environment for 30 min. A plastic tip attached to the aesthesiometer was applied to the
115	lateral region of the left plantar surface, which is mostly innervated by the sural nerve through the floor
116	below. Brisk withdrawal and paw flinching were considered positive responses. The withdrawal
117	threshold was determined as the average force $(g)$ required to withdraw the stimulated paw in three trials,
118	with 30 s intervals between the trials.
119	Behavioral tests
120	All animals gradually underwent different behavioral studies from postsurgery Day 56 to Day 63
121	(Fig. 1). Between tests, the boxes were wiped with 75% ethanol to eliminate olfactory cues.
122	Open field test
123	The open field test was performed in a gray polyvinylene box ( $100 \times 100 \times 40$ cm) as previously
124	described [33]. Rats were brought into the testing room 2 h prior to the start of testing to acclimate to the
124 125	described [33]. Rats were brought into the testing room 2 h prior to the start of testing to acclimate to the environment. The box was divided into 25 equal squares virtually, with a central area ( $60 \times 60$ cm) and a
124 125 126	described [33]. Rats were brought into the testing room 2 h prior to the start of testing to acclimate to the environment. The box was divided into 25 equal squares virtually, with a central area ( $60 \times 60$ cm) and a peripheral area ( $20$ cm on each side). Each rat was gently placed in the center of the field and observed
124 125 126 127	described [33]. Rats were brought into the testing room 2 h prior to the start of testing to acclimate to the environment. The box was divided into 25 equal squares virtually, with a central area ( $60 \times 60$ cm) and a peripheral area ( $20$ cm on each side). Each rat was gently placed in the center of the field and observed for 5 min. The activities of the rats were recorded by a camera fixed above the box. The total distance
124 125 126 127 128	described [33]. Rats were brought into the testing room 2 h prior to the start of testing to acclimate to the environment. The box was divided into 25 equal squares virtually, with a central area ( $60 \times 60$ cm) and a peripheral area ( $20$ cm on each side). Each rat was gently placed in the center of the field and observed for 5 min. The activities of the rats were recorded by a camera fixed above the box. The total distance moved, and the time spent in the central zone were quantified.

#### 129 Three-chambered social test

130 The three-chambered social test was conducted in a chamber ( $90 \times 40 \times 30$  cm) made from acrylic 131 resin to assess social interaction and social novelty [34]. Rats were allowed to acclimate to the 132 environment in the center chamber for 5 min and were then confined to the central compartment. For 133 social interaction testing, an empty wire cup and a wire cup with an unfamiliar sex-matched rat (S1) were 134 placed on the left or right side of the chamber, and the walls were removed to allow the testing rat to 135 explore for 10 min. For social novelty testing, another strange rat (S2) was introduced to the previous 136 empty cup, and the behaviors of the rat being tested were recorded for 10 min. The time spent in each 137 chamber was recorded. For social interaction testing, the social preference index (SPI) was calculated as 138 follows: time sniffing S1 divided by time sniffing S1 plus time sniffing empty cup (EC). For the social 139 novelty testing, the social preference index (SPI) was calculated as follows: time sniffing S2 divided by 140 time sniffing S1 plus time sniffing S2.

#### 141 Novel object recognition (NOR) test

The NOR test was performed according to our previous experiment [33]. Before the experiment, every rat was randomly placed in the apparatus (100 cm×100 cm×40 cm) for 5 min to adapt to the new environment, and then the animals were allowed to freely explore two similar objects for 5 min. Twentyfour hours later, one object was replaced with a novel object with a different shape and color, but the other properties were the same. Every rat was allowed to explore for 5 min. A computer system recorded the movement of the rats. The recognition index (RI) was calculated as follows: time spent exploring a new object divided by time spent exploring a new object plus time spent exploring a familiar object.

149 Y maze test

150 The Y maze test consisted of two tests to assess spatial memory [35]. In the first test, one arm was 151 randomly selected as the novel arm and was closed. The rat was placed at the starting arm and allowed 152 to freely explore the other two arms for 10 min. After 1 hour, a second test was conducted. All the arms 153 were opened, and the rats were put back in the same starting arm and allowed to move freely among the 154 three arms for 5 min. The behaviors of rats were recorded using a video camera. The time spent in each 155 arm, the total entries into the novel arm and the total distance moved were analyzed. The percentage of 156 the residence time in the new arm divided by the residence time in the new arm and in the familiar arm was taken as the preference index of the new arm. 157

158 <sup>18</sup>F-FDG PET/CT scan

159 <sup>18</sup>F-FDG PET/CT scans were performed 56 days after the surgery. The rats were fasted for 12 h before scanning. Then, approximately  $500 \pm 25 \ \mu \text{Ci}^{18}\text{F-FDG}$  was injected through the tail vein with 2% 160 161 isoflurane. After a 45-min uptake period of <sup>18</sup>F-FDG, rats were placed on the scanning bed and subjected 162 to PET-CT scanning (Raycan Technology Co., Ltd., Suzhou, China). The PET-CT images were obtained 163 using the following parameters: PET scan mode, static; scan time, 10 min; CT scan mode, normal; scan 164 time, 3.5 min; PET reconstruction algorithm, OSEM3D/PSF; iterations, 2; subsets, 12; post filter, slightly; 165 CT reconstruction algorithm, FDK; image size, 256; TFOV scale, 1. The PET images were reconstructed 166 using the three-dimensional (3D) OSEM method with a voxel size of  $0.5 \times 0.5 \times 0.5$  mm<sup>3</sup>. The AMIDE 167 software package (Free Software Foundation, Inc., Boston, Massachusetts, USA) was used to perform 168 the region-of-interest (ROI) analysis. The average glucose uptake of the ROI is presented as the mean 169 standardized uptake value (SUV = mean pixel value with decay-corrected ROI activity ( $\mu$ Ci/kg)/(injected 170 dose [µCi]/weight [kg])).

171 <sup>1</sup>H-NMR

172	Brain sample preparation: According to our previous study [36], before the experiment, all animals
173	were fasted overnight and only had free access to water (16-18 hours) in order to reduce endogenous
174	glucose levels. On the following experimental day, the rats were anesthetized with 2.0% isoflurane, and
175	a PE50 tube (Intech, PA, USA) was catheterized into the tail vein for the infusion of [1-13C] glucose
176	(Qingdao Tenglong Weibo Technology Co., LTD, Qingdao, P.R. China). After the rat had recovered for
177	approximately 15 min and began moving freely, one end of the infusion tube was connected to a swivel
178	(Instech, PA, USA), and the other side of the swivel was connected to the pump (Fusion 100, Chemyx,
179	TX, USA) using PE50 tubing. Finally, [1- <sup>13</sup> C] glucose was infused through the lateral tail vein in 2 min
180	at a fixed infusion rate (the dosage was based on the previous infusion protocol [37]) under awake and
181	free moving states. The rats were allowed to move freely in the cages for approximately 20 min. Then,
182	all animals were deeply anesthetized with isoflurane and euthanized using head-focused microwave
183	irradiation (Tangshan Nanosource Microwave Thermal Instrument Manufacturing Co. Ltd., China). The
184	brains were manually dissected into 12 different regions: the left frontal cortex (FC <sub>L</sub> ), right frontal cortex
185	$(FC_R)$ , left temporal cortex $(TC_L)$ , right temporal cortex $(TC_R)$ , left parietal cortex $(PC_L)$ , right parietal
186	cortex (PC <sub>R</sub> ), left occipital cortex (OC <sub>L</sub> ), right occipital cortex (OC <sub>R</sub> ), hippocampus (HIP), thalamus
187	(THA), midbrain (MID) and cerebellum (CE). The tissue was weighed and immediately frozen at -80 $^\circ$ C
188	for further processing.
189	<i>Metabolite extraction</i> : Briefly, the brain tissue samples were mixed with 400 $\mu$ L of HCl/methanol

190 (0.1 M) and homogenized with a Tissuelyser (QIAGEN, Germany) for 90 s at a frequency of 20 Hz. 191 Then, 800  $\mu$ L of ethanol (60%, vol/vol) was added, and the mixture was homogenized again. The 192 homogenate was centrifuged at 14,000 g for 10 min, and the supernatant was collected. The above 193 process was repeated twice with 1200  $\mu$ L of 60% ethanol for adequate extraction. Then, the supernatant was collected and lyophilized (Thermo Scientific, Germany) after removal of organic solvents (methanol and ethanol) in a vacuum environment at 45 °C. The dry product was dissolved with a D<sub>2</sub>O buffer solution ( $600 \mu$ L of D<sub>2</sub>O with 0.2 M Na<sub>2</sub>HPO<sub>4</sub>/NaH<sub>2</sub>PO<sub>4</sub>, pH=7.2) for [<sup>1</sup>H-<sup>13</sup>C]-NMR analysis, and the chemical TMSP (3-(trimethylsilyl) propionic-2,2,3,3-d4 acid sodium salt, 5 mM) was selected as the internal standard chemical in the buffer.

- 199*NMR spectrum acquisition*: All NMR spectra were obtained at 298 K with a BrukerAvance III 500200MHz NMR spectrometer (BrukerBioSpin, Germany). With POCE (proton-observed carbon editing, <sup>1</sup>H-201 $[^{13}C]$ -NMR) pulse sequence, the <sup>13</sup>C enrichment of metabolites was presented as the subtraction between202one spin-echo measurement without inversion pulse applied at the <sup>13</sup>C frequency (the total metabolite203concentrations, <sup>12</sup>C+<sup>13</sup>C) and the other with the inversion pulse (the difference of metabolites, <sup>12</sup>C-<sup>13</sup>C).204The collection parameters used were described in our previous study: number of scans, 64; repetition205time, 20 s; sweep width, 20 ppm; acquisition data, 64 K; and echo time, 8 ms.
- *NMR data processing*: The phase and baseline correction of the NMR spectra were manually
  performed in Topspin (Version 2.1, Bruker BioSpin, Germany). Then, all the spectra were automatically
  processed and analyzed with the homemade software NMRSpec based on MATALAB (freely available
  by request: jie.wang@wipm.ac.cn). After the peak alignment in NMRSpec, the <sup>13</sup>C enrichment in
  different kinds of metabolites was automatically integrated and calculated.
- 211 Western blotting

The rats in different groups were anesthetized with isoflurane, and the frontal cortex and hippocampus were collected at 4 °C and stored at -80 °C. Tissue proteins were extracted using RIPA total protein lysate with proteinase inhibitor. The protein concentrations were measured by the BCA Protein Assay Kit. Then, the mixed loading buffer samples were denatured in 95 °C water for 10 minutes. Equal amounts of protein samples were separated by electrophoresis on 8-15% SDS–PAGE gels and
transferred onto PVDF membranes (Aspen). After incubation with western blotting-specific blocking
solution (5% skimmed milk powder (AS1107, Aspen, China) diluted in TBST), the PVDF membranes
were incubated with anti-GLUT4 (1:1000, AGT-024, Alomone), anti-(extracellular) GLUT3 (1:1000,
AGT-023, Alomone) and anti-β-actin (1:10,000, Aspen) antibodies at 4 °C overnight. Then, the blots
were washed, incubated with HRP-conjugated secondary antibody for 1.5 h and detected by a
chemiluminescent imaging system (Tanon, China).

#### 223 Immunofluorescence

224 The rats were anesthetized with isoflurane, transcardially perfused with PBS and subsequently 225 incubated with 4% paraformaldehyde. The fixed brain was then rapidly removed, postfixed in 226 paraformaldehyde at 4 °C for 48 h, embedded, and sectioned for immunofluorescence. The tissue sections 227 were washed and incubated with IF-specific blocking solution (10% goat serum (AR0009, Booster, 228 China) diluted in PBS) for 30 min. The sections were incubated with anti-GLUT3 (1: 100, AGT-023, 229 Alomone) and anti-GLUT4 (1: 200, AGT-024, Alomone) overnight at 4 °C. After three washes with PBS, 230 the sections were incubated with Cy3 goat anti-rabbit secondary antibody (1:50, AS-1109, Aspen) at 231 37 °C for 2 h in the dark. The sections were imaged using an Aperio VERSA 8 microscope (Leica, 232 Germany), and the fluorescence intensity of the images was analyzed using imaging software. 233 Statistical analysis

- 234 Statistical analysis was performed using SPSS 21.0 statistical software (IBM, New York, USA).
- 235 Student's t-test was used to compare the differences between the 2 groups. Two-way analysis of variance
- was applied to calculate the values of the mechanical paw withdrawal threshold (MPWT). P < 0.05 was
- 237 considered statistically significant. All results are expressed as the mean  $\pm$  SEM.

#### 239 Results

#### 240 Chronic pain and nonchronic pain following SNI

241 Mechanical hyperalgesia was assessed one day before the surgery and on Days 1, 3, 7, 14, 28, 42 242 and 56 postsurgery using the electronic von Frey aesthesiometer. The mechanical paw withdrawal 243 threshold (MPWT) was used to separate the rats with chronic pain from those with nonchronic pain at 244 28 days after establishment of the model. All animals were divided into two groups: the SNI chronic pain 245 (SNI-CP) group and the SNI nonchronic pain (SNI-NCP) group. The results suggest that mechanical 246 hypersensitivity did not develop continuously in approximately one-quarter of the rats, and MPWT 247 gradually recovered to baseline within one week. The rats in the SNI-CP group developed marked 248 hypersensitivity to stimulation with von Frey filaments from the first day after surgery that lasted until 249 two months after SNI surgery (Fig. 2a).

#### 250 Effect of chronic pain in adolescence on animal behaviors

251 The open field test was used to evaluate emotion-related behaviors. The results indicate that SNI-252 CP rats spent less time in the central zone than SNI-NCP rats did (Fig. 2b). The three-chamber social test 253 was used to assess the sociability and social novelty of the animals. For the sociability test, compared 254 with that of SNI-NCP rats, the SNI-CP group exhibited a significantly lower social preference index 255 (SPI). For the social novelty test, rats in the SNI-CP group did not show a preference for the Stranger 2 256 chamber (S2), and the social preference index (SPI) in the SNI-CP group was lower than that in the SNI-257 NCP group (Fig. 2c). The novel object recognition test (NOR) and Y maze test were used to estimate the 258 recognition memory and spatial memory of the rats. In the novel object recognition test, the recognition 259 index (RI), which is calculated as the time spent exploring a new object divided by the time spent 260 exploring a new object plus the time spent exploring a familiar object, was used as a measure of NOR.

- 261 Compared to that of the SNI-NCP group, the SNI-CP group exhibited a significantly lower RI (Fig. 2d).
- 262 In the Y maze test, the SNI-CP group spent less time in the novel arm than the SNI-NCP rats did (Fig.
- 263 2e). These data suggest that the chronic pain in adolescence induced anxiety-like behaviors, social
- deficits and recognition and spatial memory deficits in adulthood.

#### 265 Effect of chronic pain in adolescence on cerebral glucose metabolism

266 To evaluate the changes in regional glucose metabolic activities between the two groups, we performed an <sup>18</sup>F-FDG PET/CT scan to detect glucose uptake at 56 days postsurgery (n=4), and the data 267 268 were semi-quantitatively analyzed from the images after attenuation correction. Representative brain 269 images of <sup>18</sup>F-FDG PET/CT of the two groups are shown in Fig. 3a (coronal section, sagittal section and 270 horizontal section, from left to right). The results show that SUVs in the prefrontal cortex (PFC), motor 271 cortex (MC), somatosensory cortex (SC), and hippocampus (HIP) of both the left and right sides were 272 lower in SNI-CP rats than in SNI-NCP rats (Fig. 3b). We also compared the SUVs between the left and 273 right brain regions from the SNI-NCP and SNI-CP groups, and the results demonstrate that there was no 274 difference between the left and right brain regions in the SNI-NCP group and the SNI-CP group (Fig. 3c, 275 *p*>0.05).

#### 276 Effect of chronic pain in adolescence on cerebral metabolic kinetics

Here, a POCE NMR pulse sequence was employed to investigate the metabolic composition of the brain extracts. Examples of NMR spectra from the prefrontal cortex in two different groups are illustrated in Fig. 4a. The relative concentrations of the metabolites were obtained from the PQN normalized nonedited spectrum (upper two spectra), and the total concentrations of <sup>13</sup>C-labeled metabolites were calculated by subtracting the two series of spectra in POCE data, which are shown in the lower two spectra. The NMR spectrum demonstrate that the enrichment rates of metabolites in SNI-CP were lower than those in SNI-NCP. The differences in metabolites between the two groups are shown by the heat map (Fig. 4b), and the statistical *t* values of metabolites for different brain regions between the two groups are illustrated by the color of every grid in the heat map, in which the grid with a white point is considered statistically significant (p<0.05). The heat map directly indicates the types of metabolites that are statistically significant between the two groups in the studied brain regions. These results show that it is necessary to further analyze the data in order to obtain more detailed implications.

289 With the infusion of  $[1-1^{3}C]$ -glucose, glucose-related metabolites were gradually labeled through 290 tricarboxylic acid (TCA) cycle flux in neurons and astrocytes. In the first cycle, Glu<sub>4</sub> was labeled in 291 glutamatergic neurons, GABA<sub>2</sub> in GABAergic neurons and Gln<sub>4</sub> in astroglia. Compared with that of the 292 SNI-NCP group, the results confirm that Glu<sub>4</sub> enrichment in the SNI-CP group was significantly 293 decreased in the FCL, FCR, TCL, TCR, HIP, THA, MID and CE (Fig. 4c), while GABA2 enrichment in 294 the SNI-CP group was decreased in the FCL, FCR, TCL, TCR, HIP, THA and CE (Fig. 4d). Glx<sub>3</sub> (Glu + 295 Gln) enrichment in the SNI-CP group was significantly lower in the FC<sub>L</sub>, FC<sub>R</sub>, TC<sub>L</sub>, TC<sub>R</sub>, HIP and THA 296 than the enrichment in the SNI-NCP group (Fig. 4e). Gln<sub>4</sub> enrichment was significantly decreased in the 297 FC<sub>L</sub>, FC<sub>R</sub>, TC<sub>L</sub>, TC<sub>R</sub>, HIP, THA and CE in the SNI-CP group relative to the SNI-NCP group (Fig. 4f). 298 We also compared the differences in metabolites between the left and right frontal cortex (FC), temporal 299 cortex (TC), parietal cortex (PC) and occipital cortex (OC) in the SNI-NCP and SNI-CP groups, and the 300 results indicate that there was no significant difference in metabolites between the left and right cortex 301 in SNI-NCP and SNI-CP rats (Fig. 5a, b, p > 0.05), which is also similar to the former PET study. 302 Effect of chronic pain in adolescence on GLUT3 and GLUT4 protein expression in the 303 hippocampus and frontal cortex.

304	Glucose metabolism in neurons is closely related to glucose transporters, especially for GLUT3 and
305	GLUT4; thus, the influence of these two transporters on chronic pain in adolescence was further
306	investigated to disclose the reason for the suppression of glucose utilization and metabolic kinetics in the
307	hippocampus and frontal cortex in adult rats. As shown in Fig. 6a-c, immunofluorescence staining
308	revealed a significant decrease in GLUT3 and GLUT4 levels in the hippocampus and prefrontal cortex
309	of the SNI-CP group compared with the SNI-NCP group. Western blot analysis showed that the SNI-CP
310	group rats had lower GLUT3 protein expression (Fig. 6d, e) and GLUT4 protein expression (Fig. 6d, f)
311	in both the hippocampus and prefrontal cortex than that of SNI-NCP rats.
312	
313	Discussion
314	Clinical studies have demonstrated that the majority of children and adolescents who suffer from
315	chronic pain also experience cognitive impairment and mood disorders [38-42], but the underlying
316	mechanisms remain largely unclear. Some studies have proposed neuroplasticity, competing limited
317	resources, or dysregulated neurochemistry to explain the potential mechanisms involved in pain-related
318	cognitive impairment [43,9]. In this study, we found that chronic pathologic pain during adolescence
319	resulted in the impairment of emotion-related cognition (anxiety-like behaviors and social interaction
320	deficits), working memory and spatial memory loss (novel object recognition test and Y maze test) in
321	adult rats, which was further supported by the finding that the SNI-CP group had reduced glucose uptake
322	and transport in the PFC and hippocampus and inhibited <sup>13</sup> C enrichment of GABA <sub>2</sub> and Glu <sub>4</sub> in the PFC
323	and HIP. Our results offer greater evidence of chronic pain, not peripheral nerve injury or transient pain,
324	mediating cognitive impairment and mood disorders, which could be attributed to energy deficiency and
325	disorder of neurotransmitters.

326 In addition to pain sensory symptoms, neuropsychological functioning is affected by SNI [25], and 327 the complex forebrain network is considered the substrate for negative affective states and cognitive 328 impairments [44]. However, in young animals that do not have a mature immune system, tactile allodynia 329 and microglial activation are not evident and do not develop until the rats are at least 4 weeks old at the 330 time of SNI induction [45,46]. Here, we screened pain and no pain animals in 4-week-old SNI rats and 331 tested whether behavioral function in adulthood was influenced by chronic pain. We found that the 332 adolescent rats with chronic pain exhibited anxiety and depression-like behaviors and cognitive impairment on Day 56 after SNI surgery. Interestingly, no behavioral abnormalities were observed in 333 334 adult SNI-NCP animals who showed initial mechanical hypersensitivity immediately after surgery that 335 returned to baseline thresholds within one week.

336 The brain is an organ with the most abundant energy metabolism in the human body. The high 337 energy consumption in the brain dominantly derived from glucose metabolism makes it vulnerable to 338 impaired energy metabolism [22]. Deficits in glucose metabolism heavily affect human brain health, 339 especially cognitive function [47]. Substantial evidence has also shown that in aging subjects, 340 performance deficits on a series of cognitive tasks during training are due to insufficient cerebral glucose 341 supply [48,49]. Previous studies proposed that decreased regional glucose metabolism was closely 342 correlated with cognitive impairments [50]. <sup>18</sup>F-FDG PET imaging revealed that patients with cognitive 343 impairments exhibited significantly lower metabolism in the right cerebellar posterior lobe, left cerebellar 344 anterior lobe, bilateral thalamus and left limbic lobe and hypometabolic changes in the temporoparietal and posterior cingulate cortices [51]. Individuals with regional brain glucose hypometabolism have an 345 346 increased risk of incident cognitive dysfunctions compared to those with normal glucose metabolism 347 [48]. Impaired brain glucose metabolism compromises transmembrane ion transport, vesicle recycling,

348 neurotransmitter release and synaptic signaling, leading to hyperexcitability, excitatory-inhibitory 349 imbalance and functional impairment of cortical networks, which further compromises the brain's energy 350 efficiency [52]. Insufficient neuronal glucose and mitochondrial energy generation compromise the 351 clearance of neurotoxic proteins from the brain. Energy deficits and neurotoxic protein accumulation 352 mutually aggravate one another in a vicious cycle, accelerating the development of cognitive dysfunction 353 [53]. It was demonstrated that glucose metabolism was contralaterally reduced in the dorsal prefrontal 354 cortex and primary motor cortex in patients with chronic pain who were diagnosed with complex regional 355 pain syndrome (CRPS) [21]. In SNL rats, regional cerebral glucose metabolism was decreased in the 356 thalamus, left primary somatosensory cortex and right cerebellum [54]. In the present study, chronic pain 357 impaired glucose metabolism in the PFC and hippocampus, with no difference between left and right 358 glucose metabolism, leading to more profound task-associated depletion of local brain glucose correlated 359 with impaired cognitive performance. Increased local glycolytic metabolism is key to supporting the 360 energy demands of the Na<sup>+</sup>/K<sup>+</sup> ATPase and promoting enhanced cellular excitability and synaptic 361 plasticity.

362 The developing rat brain undergoes a series of functional and anatomic changes that affect its rate 363 of cerebral glucose utilization. The cellular expression of glucose transporter proteins is rate limiting for 364 cerebral glucose utilization during early postnatal development in rats [55]. Glucose transport across the 365 plasma membrane is the most upstream and one of the most important processes in cellular glucose 366 metabolism, and evidence indicates that GLUT3 and GLUT4 are altered in cognitive development [56,57], which could also explain the cellular machinery fueling the transmembrane transport of 367 368 glutamate through glycolytic enzymes and glucose transporters in a model of chronic pain. The increase 369 in GLUT3 expression is further seen in the brain regional variation in the GLUT3 expression pattern

with maturation, which coincides with the increased need for the supply of fuel to meet these demands
[58]. Our results show that chronic pain in adolescent rats decreased both GLUT3 and GLUT4 expression
in the hippocampus and mPFC. Demonstrations of the decreased glucose transport and glycolysis provide
further confirmation of cognitive impairment associated with chronic pain.

374 Glucose is required to provide precursors for neurotransmitter synthesis. Glucose metabolism 375 provides fuel for physiological brain function through the generation of ATP, the foundation for neuronal 376 and nonneuronal cellular maintenance, as well as the generation of neurotransmitters [28]. A proposed 377 mechanism of chronic pain is dysregulation between the main inhibitory (GABA) and excitatory 378 (glutamate) neurometabolites of the central nervous system [59]. GC J's studies showed that pain-related 379 plasticity in the BLA and synaptic inhibition of mPFC pyramidal cells were glutamate driven, which 380 impairs mPFC function and produces cognitive decision-making deficits [60]. Pain-related inhibition of 381 mPFC neurons depends on mGluR1-mediated endogenous activation of GABA(A) receptors [61]. At the 382 same time, hippocampal glutamatergic synapses were significantly impaired after peripheral nerve injury 383 [62]. Human brain imaging studies have revealed consistent cortical and subcortical networks that are 384 activated by pain, including the primary somatosensory cortex (S1), secondary somatosensory cortex 385 (S2), anterior cingulate cortex (ACC), insula, prefrontal cortex (PFC), thalamus and cerebellum [11]. 386 Findings from studies using proton magnetic resonance spectrometry show increased glutamate levels 387 and decreased neuronal marker N-acetyl aspartate in the frontal cortices of patients with chronic back 388 pain and fibromyalgia. In our study, we found that the dynamics information of Glu<sub>4</sub> (FC<sub>L</sub>, FC<sub>R</sub>, TC<sub>L</sub>, 389 TC<sub>R</sub>, HIP, THA, MID, and CE), GABA<sub>2</sub> (FC<sub>L</sub>, FC<sub>R</sub>, TC<sub>L</sub>, TC<sub>R</sub>, HIP, THA, and CE), Glx<sub>3</sub> (FC<sub>L</sub>, FC<sub>R</sub>, TC<sub>L</sub>, 390 TC<sub>R</sub>, HIP, and THA) and Gln<sub>4</sub> (FC<sub>L</sub>, FC<sub>R</sub>, TC<sub>L</sub>, TC<sub>R</sub>, HIP, THA, and CE) were significantly reduced in SNI-CP rats. This can quantitatively be observed by considering the relationship between 391

neurotransmitter glutamate-glutamine cycling and glucose metabolism determined over a large range ofneural activities.

394 Furthermore, lactate acts as a signaling molecule in the brain linking metabolism, substrate 395 availability, blood flow and neuronal activity [63]. It can modulate various neuronal functions, including 396 excitability, plasticity and memory consolidation [64], and homeostatic functions [65]. Unfortunately, 397 the present study is an *in vitro* study, the lactate concentration and its metabolism are very unstable 398 [66,67], and its concentration is significantly increased due to post-mortem changes. To decrease these 399 consequences, the head focused microwave method [67] was utilized to fix the brain and immediately 400 cease the metabolism. Thus, the changes of lactate kinetics in the brain regions were not studied in this 401 study.

402 In conclusion, th

In conclusion, this study confirmed that animals experience chronic pain in adolescence with induced anxiety and social deficits, as well as recognition and spatial memory defects. GABA and glutamate neurometabolites in the mPFC and hippocampus were impacted by glucose transporters and metabolism, which could be the key parameters of cognitive impairment associated with chronic pain in adolescence. Our findings suggest that elevated glucose metabolism in neurons should be considered a new effective strategy for the treatment of cognitive impairment in patients with chronic pain.

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411

#### 412 Author Contributions

413 Yuanyuan Fang, Chang Chen, Jie Wang, and Zongze Zhang designed the study; Yuanyuan Fang,

414	Qi Zhong, Lirong Wang, Zhu Gui, and Jinpiao Zhu performed the experiments; Yuanyuan Fang, Chang
415	Chen, Jie Wang, and Fuqiang Xu contributed to the data. Yuanyuan Fang, Chang Chen, Jie Wang,
416	Zongze Zhang, and Anne Manyande wrote the manuscript. The content of this manuscript has been
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422	
423	Availability of data and materials
424	All raw data and materials during the current study are available from the corresponding author
425	upon reasonable request.
426	Compliance with Ethical Standards
427	All animal procedures were carried out in accordance with the National Institutes of Health
428	Guidelines for the Care and Use of Laboratory Animals and were approved by the Animal Ethics
429	Committee of Zhongnan Hospital of Wuhan University (Ethics approval number: ZN2021097).
430	
431	Conflict of interest
432	All authors claim that there are no conflicts of interest.
433	
434	Consent to Participate Not applicable.
435	

#### 436 Consent for Publication

437 All authors have read the manuscript and agreed for its publication.

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- 645 Figure legends
- 646 Fig. 1 Illustration of the experimental design. SNI surgery was performed on 4-week-old male SD rats
- at D1. The mechanical paw withdrawal threshold (MPWT) was assessed at D0, D1, D3, D7, D14, D28,
- 648 D42 and D56. PET/CT and NMR were performed at D56 (n=8). We harvested brain tissue (hippocampus
- and prefrontal cortex) at D56 for western blot (WB) and immunofluorescence (IF) experiments. Two
- 650 groups of rats (n=8) were used for behavioral tests from D56 to D63.
- 651

652	Fig. 2 Chronic pain in adolescence induces anxiety-like behaviors and cognitive impairment in
653	adulthood. (a) The mechanical paw withdrawal threshold was measured by an electronic Von Frey. (b)
654	Representative traces in two groups in the open field test (left panel). Quantification of the time spent in
655	the central zone (right histogram). (c) Quantification of the social preference index (SPI) in the social
656	interaction test (left histogram); quantification of the social preference index (SPI) in the social novelty
657	test (right histogram). (d) Representative traces in the two groups during the testing phase of the novel
658	object recognition test (left panel). Quantification of the recognition index (RI) (right histogram) during
659	the testing phase. (e) Representative tracing heatmap during the testing phase of the Y maze test (left
660	panel). Quantification of novel arm preference (right histogram) during the testing phase. Data are
661	presented as the mean $\pm$ SEM. * $p < 0.05$ , ** $p < 0.001$ , *** $p < 0.0001$ , compared to the SNI-NCP group, n=
662	8 per group.

664	Fig. 3 The effect of chronic pain in adolescence on glucose metabolism in adulthood. (a)
665	Representative images of <sup>18</sup> F-FDG PET/CT of a rat brain in each group (coronal section, sagittal section
666	and horizontal section, from left to right). (b) Quantification of glucose metabolism in different brain
667	regions from the two groups. (c) Comparison of SUVs in the left and right brain regions from the SNI-
668	NCP group (left histogram); comparison of SUVs in the left and right brain regions from the SNI-CP
669	group (right histogram). Data are presented as the mean $\pm$ SEM. * <i>p</i> <0.05, compared to the SNI-NCP
670	group, $n=4$ per group.

672	Fig. 4 The effect of chronic pain in adolescence on cerebral metabolic kinetics in adulthood. (a)
673	Examples of NMR spectra for total metabolites ( <sup>12</sup> C+ <sup>13</sup> C, upper panel) and <sup>13</sup> C-labeled metabolites
674	(2*13C, lower panel) from the hippocampus in the two groups. Note: Asp: aspartate; Cre: creatine; GABA:
675	γ-aminobutyric acid; Gln: glutamine; Glu: glutamate; Glx: glutamine + glutamate; NAA: N-
676	acetylaspartate; Subscript number: <sup>13</sup> C labeled positions in different metabolites. (b) The difference in
677	metabolites between the two groups in the heat map; the statistical $t$ value of the metabolites in different
678	brain regions between the two groups is illustrated by the color of every grid in the heat map in which
679	the grid with a white origin was considered statistically significant between the two groups ( $p$ <0.05). (c-
680	<b>f)</b> The enrichment of $\text{Glu}_4$ (c), $\text{GABA}_2$ (d), $\text{Glx}_3$ (e) and $\text{Gln}_4$ (f) in different brain regions in the two
681	groups. Values represent the mean $\pm$ SEM. * $p < 0.05$ , ** $p < 0.001$ , compared to the SNI-NCP group. n= 8
682	per group.

- Fig. 5 Comparison of metabolites between the left and right cortex (FC, TC, PC, and OC) in the
- 685 SNI-NCP group and the SNI-CP group. (a) Comparison of metabolites between the left and right
- 686 cortex (FC, TC, PC, and OC) in the SNI-NCP group. (b) Comparison of metabolites between the left and
- fight cortex (FC, TC, PC, and OC) in the SNI-CP group. Data are presented as the mean  $\pm$  SEM. n= 8
- 688 per group. Note: FC: frontal cortex; TC: temporal cortex; PC: parietal cortex; OC: occipital cortex.
- 689

690 Fig. 6 The protein expression of GLUT3 and GLUT4 in the hippocampus and prefrontal cortex.

- 691 (a) Fluorescent images showing GLUT3 expression in neurons of the hippocampal CA1 area and
- **692** prefrontal cortex (scale bars, 50μm). (**b**, **c**) Quantification of GLUT3 and GLUT4 intensity in the CA1
- 693 region of the hippocampus and prefrontal cortex in the two groups. (d) WB analysis of GLUT3 and
- 694 GLUT4 protein expression in the hippocampus and prefrontal cortex in the two groups. (e, f) Histograms
- showing the quantification of GLUT3 and GLUT4 blots in the hippocampus and prefrontal cortex. n= 4
- 696 per group. \*P < 0.05 versus the SNI-NCP group. Data are presented as the mean  $\pm$  SEM.