

Role of PVN-sympathetic-adipose circuit in depression and insulin resistance under chronic stress

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Dear Dr. Liu

Thank you for the submission of your manuscript to EMBO reports. We have now received the full set of referee reports that is pasted below.

As you will see, the referees acknowledge that the findings are potentially interesting. However, they also raise several concerns that should be addressed.

Referee 1 points out that the conclusion that PVN activation connects depression and insulin resistance/autonomic changes in fat is not appropriate. Please make sure that all overinterpretations are removed from the manuscript. Also, the experimental methods need to be described in more detail and more thoroughly.

Both referees 1 and 3 mention that CRH and CORT levels should be analyzed. In principle, all referee concerns should be addressed, but please let me know in case you disagree, and we can discuss the revisions further, also in a video chat, if you wish. For example, not all points raised by referee 3 might have to be addressed.

I would thus like to invite you to revise your manuscript with the understanding that the referee concerns must be fully addressed and their suggestions taken on board. Please address all referee concerns in a complete point-by-point response. Acceptance of the manuscript will depend on a positive outcome of a second round of review. It is EMBO reports policy to allow a single round of major revision only and acceptance or rejection of the manuscript will therefore depend on the completeness of your responses included in the next, final version of the manuscript.

We realize that it is difficult to revise to a specific deadline. In the interest of protecting the conceptual advance provided by the work, we recommend a revision within 3 months (20th Jul 2023). Please discuss the revision progress ahead of this time with the editor if you require more time to complete the revisions.

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- 1) A data availability section providing access to data deposited in public databases is missing. If you have not deposited any data, please add a sentence to the data availability section that explains that.
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When submitting your revised manuscript, please carefully review the instructions that follow below. Failure to include requested items will delay the evaluation of your revision.

1) a .docx formatted version of the manuscript text (including legends for main figures, EV figures and tables). Please make sure that the changes are highlighted to be clearly visible.

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4) a .docx formatted letter INCLUDING the reviewers' reports and your detailed point-by-point responses to their comments. As part of the EMBO Press transparent editorial process, the point-by-point response is part of the Review Process File (RPF), which will be published alongside your paper.

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6) Please note that all corresponding authors are required to supply an ORCID ID for their name upon submission of a revised

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7) Before submitting your revision, primary datasets produced in this study need to be deposited in an appropriate public database (see <https://www.embopress.org/page/journal/14693178/authorguide#datadeposition>). Please remember to provide a reviewer password if the datasets are not yet public. The accession numbers and database should be listed in a formal "Data Availability" section placed after Materials & Method (see also <https://www.embopress.org/page/journal/14693178/authorguide#datadeposition>). Please note that the Data Availability Section is restricted to new primary data that are part of this study. * Note - All links should resolve to a page where the data can be accessed. *

If your study has not produced novel datasets, please mention this fact in the Data Availability Section.

8) At EMBO Press we ask authors to provide source data for the main manuscript figures. Our source data coordinator will contact you to discuss which figure panels we would need source data for and will also provide you with helpful tips on how to upload and organize the files.

9) Our journal also encourages inclusion of *data citations in the reference list* to directly cite datasets that were re-used and obtained from public databases. Data citations in the article text are distinct from normal bibliographical citations and should directly link to the database records from which the data can be accessed. In the main text, data citations are formatted as follows: "Data ref: Smith et al, 2001" or "Data ref: NCBI Sequence Read Archive PRJNA342805, 2017". In the Reference list, data citations must be labeled with "[DATASET]". A data reference must provide the database name, accession number/identifiers and a resolvable link to the landing page from which the data can be accessed at the end of the reference. Further instructions are available at <https://www.embopress.org/page/journal/14693178/authorguide#referencesformat>

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The following points must be specified in each figure legend:

- the name of the statistical test used to generate error bars and P values,
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- the nature of the bars and error bars (s.d., s.e.m.),
- If the data are obtained from n Program fragment delivered error ``Can't locate object method "less" via package "than" (perhaps you forgot to load "than"?) at //ejpvfs23/sites23b/embor_www/letters/embor_decision_revise_and_review.txt line 56.' 2, use scatter blots showing the individual data points.

Discussion of statistical methodology can be reported in the materials and methods section, but figure legends should contain a basic description of n, P and the test applied.

- Please also include scale bars in all microscopy images.

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Yours sincerely,

Esther Schnapp, PhD
Senior Editor
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Referee #1:

In the manuscript, "Role of PVN-sympathetic-adipose circuit in depression and insulin resistance under chronic stress" the authors describe experiments showing behavioral and physiological changes in response to chronic restraint stress and activation of neurons in the PVN. The experiments nicely show that activation of a population of neurons that are activated by stress in the PVN can cause changes in autonomic innervation of white adipose tissue. They also show that chronic restraint stress causes changes in depressive like behavior. However, the central premise of the paper is that there is a mechanistic connection between behavioral changes caused by stress, and physiological changes in the periphery, which is not addressed experimentally in the paper. Moreover, the results from gene expression and CHIP analysis in fat do not provide any mechanistic insight into the connection between behavioral and physiologic changes caused by chronic stress. While many of the experiments are very innovative and difficult, without demonstrating a connection between behavioral and physiologic changes, the primary assertion of the paper - that it connects depression and insulin resistance/autonomic changes in fat- is not an appropriate conclusion. Below I list the major and minor issues that led me to this conclusion:

Major issues:

1. The premise of the paper is that there is a PVN-sympathetic-adipose circuit that mediates both behavioral and physiologic responses to restraint stress. However, in many cases it seems that PVN activation can drive physiologic changes without altering behavior. This is the most evident in the dreadd activation experiments where PVN neurons were chronically activated, which resulted in physiologic changes in the fat as well as changes in glucose tolerance, but did not alter behavior. The authors do show that PVN neuron activation sensitizes animals to restraint induced changes in behavior, suggesting that behavioral changes only occur with activation of the complete repertoire of stress responses evoked by restraint. The other experiment that suggests behavioral and physiological changes are not causally linked is the beta antagonist experiment, in which behavioral changes were ameliorated but WAT innervation was unchanged. Together these results suggest that, while PVN activation is common to behavioral and physiologic changes, they most likely are parallel phenomena and may not be causally linked. If the authors were to provide experimental evidence that behavioral changes are due to changes in the periphery (which I believe is their assertion), I would be more supportive of the manuscript.
2. The PVN is well known as the source of stress-released CRF, which drives HPA axis activity leading to elevated levels of circulating corticosterone. It is likely that the neurons that are activated by stress, and that the authors manipulate using dreadds, are, in part, CRF neurons that drive elevations of Cort. Cort can have profound effects on transcription in target tissues, such as fat. The authors describe changes in gene expression in fat in response to chronic restraint stress but never discuss or test the relative importance of changes in Cort compared with sympathetic innervation. By not addressing Cort as a possible mediator of correlated behavioral and physiological influences of the PVN, the authors leave a gap in their study. The authors should provide some experiments that address how manipulation of PVN neurons with dreadds alters Cort levels, and potentially how cort modulates gene expression in WAT to address this omission.

Minor issues:

1. In all of the figures, pictures of the brains should be at higher magnification and include landmarks of the areas of interest. As presented, it is hard to see colocalization of the markers being tested.
2. For the pseudorabies tracing experiments, it is unclear how many synapses are transited by the virus before it reaches the PVN. The timing after infection is critical, and maybe the authors could show a time course that would indicate the number of synapses between the PVN and adipose tissue.
3. In the description of the chronic dreadd activation experiment, it is unclear when CNO was injected to chronically activate/inhibit PVN neurons. Was CNO given once per day for each of 42 days?
4. The manuscript should be edited for English usage. Although it is clearly written, there are many grammatical errors.

Referee #2:

In this manuscript, the Authors explore the role of PVN-sympathetic-adipose circuit in depression and insulin resistance under chronic stress. The Authors note that chronic restraint stress increases sympathetic innervation in white adipose tissue (WAT) and is associated with impaired glucose and insulin metabolism as well as depressive-like behaviors. The Authors also determine that restraint stress activates neurons in the PVN and that chemogenetic activation of the PVN is sufficient to upregulate sympathetic innervation in WAT. Given that sympathetic innervation activates β 3-adrenergic receptor signaling in adipocytes, the Authors further show that pharmacological blockade of the β 3-adrenergic receptor ameliorates depressive-like behaviors and insulin metabolism in a chronic restraint model. The Authors also characterize the expression of several adipokines in the chronic restraint and PVN activation models and further explore their transcriptional regulation. The manuscript under review addresses a timely topic and represents a welcome addition to the literature linking chronic stress

with depression and metabolic disorders. The manuscript is, therefore, of potential interest to a broad readership, ranging from the fields of metabolism to neuroscience and physiology.

Given the interesting nature of the topic at hand, it is my opinion that the Authors could improve several aspects of this manuscript:

- In Figure 2B, the Authors show colocalization of neurons traced from the white adipose tissue (WAT) with neurons activated (cFos positive) by restraint stress. It would be important to show whether this experimental model induces any neuronal activation even without exposure to stress. PRV tracing plus cFos staining in control mice would be informative.
- In Figure 2D, the experimental details are not clear. The Authors should clarify whether the CNO injection was performed just one time or daily for 42 days. Along the same line, in Figure 2G and 2H the experimental details are not sufficiently explained. It is not clear whether the experimental mice were injected with the CNO during the additional 6 days of restraint stress or not. It is also not obvious to what procedures the control mice were subjected. Similarly, in Figure 2K and 2L, it is not clear whether the GTT and ITT was performed without the additional restraint stress regimen or not. It is difficult to interpret the results without confirming the experimental details.
- L748337 is a β 3-adrenergic receptor antagonist and this information could be added to the manuscript. In Figure 3, the Authors could explain better the experimental details. It is not clear whether the L748337 was administered daily and to what procedures the control mice were subjected.
- In the sub-chapter "Regulation of adipokines related to depression and insulin resistance under chronic restraint stress", the Authors conclude: "Taken together, the findings suggested that decreased levels of adipokines, including leptin, adiponectin, Angptl4 and Sfrp5, may account for the depressive-like behaviours and insulin resistance induced by chronic stress or chronic activation of PVN neurons". While this correlation seems to be correct for the observed WAT changes in chronic restraint stress model, it is not entirely accurate for the PVN activation. The adiponectin levels in WAT (both gene expression and protein) were increased in mice expressing activatory DREADDs in the PVN. The Authors should acknowledge and discuss these discrepancies.
- It is well established that activation of the sympathetic outputs in WAT drives lipolysis. It would be interesting to see whether the lipolytic pathway in adipocytes and the FFA levels in the blood are affected in the chronic restraint stress and PVN activation models. The Authors show convincing images of WAT sympathetic innervation, but what happens to WAT histology and the mass of WAT in both experimental models?

Other points on the accompanying material:

- In plots showing the RT-PCR data it is not clear how the relative gene expression was calculated.
- Figure legends should include information about the statistical analyses that were used.
- In Figure 1A, the timeline should be labeled with "days"
- There is a typo in Figure 2J ("locomptor")

The Authors are encouraged to correct some grammar/text issues; examples:

- "Chronically activation of PVN neurons responding..."
- "These ChIP results may could explain"

Referee #3:

This manuscript uncovers a new circuitry composed by PVH-SNS-adipose tissue, regulating insulin resistance and depression in a context of chronic restraint stress. It shows how these comorbidities have in common the adipose tissue as an endocrine organ involving the secretion of different adipokines, and how the innervation of this tissue by the SNS is also orchestrated by the PVH.

The authors performed elegant techniques, and experimental designs to show how the stress restraint induced morphological changes in the adipose tissue, as well as to elucidate the central regulation of this process. The manuscript is well written and relevant. Some comments need to be addressed.

1. Overall, the manuscript could better benefit from a more elaborated explanation on how this chronic stress restraints translate into "depression" or a "depressive" state of the mice. The authors wanted to emphasize the transnationality of their study to human depressive states and insulin resistant and I am not quite sure if the model used, as well as the behavioral test performed, are the most suitable ones. The authors can still point out on discussion the relation to depression and insulin resistance.
2. One limitation is that authors after the pseudorabies virus tracing experiment plus the cFos staining go directly to the PVH. I guess there should be also other brain regions receiving inputs from the SNS (such as DMH or VMH, as the authors pointed in the introduction), as well as other cFOS positive brain areas after the chronic restraint. Including more brain regions images with positive retrotracing or cFOS positive neurons, would increase the quality of the paper.
3. In accordance with the previous point, knowing other brain areas that are not involved in this restraint activation of neuronal populations (performing activating, or inhibiting neuronal experiments in these areas with the same viral approach than the PVH), would strengthen the conclusions.
4. For GTT and ITT analysis, showing the area under the curve or performing HOMA-IR analysis would reinforce results.

5. The PVH also receives inputs from the ARC, and it is also involved in the regulation of food intake. Could the authors also provide food intake data on their chronic restraint paradigm?
6. It is also mentioned through the manuscript the HPA axis might also have a role in regulating chronic stress and depression. Could the authors provide some data on how is the state of this axis on their models? Have authors assayed CRH mRNA and/or protein levels in the PVH? Circulating ACTH or CORT levels?
7. Do the authors have any guess on which neuronal population might be mediating the effects of chronic restraint within de PVH? In keeping with the former point, could CRH neurons be involved?
8. In the experimental paradigm of the β -antagonist, it is unclear the frequency of the treatment, please explain in the Methods or the Figure Legend. Also, please indicate in Figure 5, if the stress paradigm is the same than the previous one, It is not really clear in the text.
9. Could the authors provide some insight on why restraint induce a negative regulation of adiponectin (both at RNA and protein levels) but chronic activation of PVH neurons, induced the opposite effect?

Referee #1:

In the manuscript, "Role of PVN-sympathetic-adipose circuit in depression and insulin resistance under chronic stress" the authors describe experiments showing behavioral and physiological changes in response to chronic restraint stress and activation of neurons in the PVN. The experiments nicely show that activation of a population of neurons that are activated by stress in the PVN can cause changes in autonomic innervation of white adipose tissue. They also show that chronic restraint stress causes changes in depressive like behavior. However, the central premise of the paper is that there is a mechanistic connection between behavioral changes caused by stress, and physiological changes in the periphery, which is not addressed experimentally in the paper. Moreover, the results from gene expression and CHIP analysis in fat do not provide any mechanistic insight into the connection between behavioral and physiologic changes caused by chronic stress. While many of the experiments are very innovative and difficult, without demonstrating a connection between behavioral and physiologic changes, the primary assertion of the paper - that it connects depression and insulin resistance/autonomic changes in fat- is not an appropriate conclusion. Below I list the major and minor issues that led me to this conclusion:

Major issues:

1. The premise of the paper is that there is a PVN-sympathetic-adipose circuit that mediates both behavioral and physiologic responses to restraint stress.

However, in many cases it seems that PVN activation can drive physiologic changes without altering behavior. This is the most evident in the dread activation experiments where PVN neurons were chronically activated, which resulted in physiologic changes in the fat as well as changes in glucose tolerance, but did not alter behavior. The authors do show that PVN neuron activation sensitizes animals to restraint induced changes in behavior, suggesting that behavioral changes only occur with activation of the complete repertoire of stress responses evoked by restraint. The other experiment that suggests behavioral and physiological changes are not causally linked is the beta antagonist experiment, in which behavioral changes were ameliorated but WAT innervation was unchanged. Together these results suggest that, while PVN activation is common to behavioral and physiologic changes, they most likely are parallel phenomena and may not be causally linked. If the authors were to provide experimental evidence that behavioral changes are due to changes in the periphery (which I believe is their assertion), I would be more supportive of the manuscript.

We are deeply thankful for the critiques and suggestions. The paraventricular thalamic nucleus (PV) activated under restraint stress which wasn't labelled by pseudorabies virus (PRV) until the 6th day since PRV was injected into iWAT or eWAT (Fig EV4A-4F). Chronical activation of PV with the same viral approach than the PVN didn't affect the sympathetic innervation in WAT (Fig EV4G-4L), the depression level or insulin sensitivity (Fig EV4M-4R). These

results suggested a correlation between increased sympathetic innervation of adipose and depressive-like behaviours and insulin resistance, and highlighted the importance of PVN in the increased sympathetic innervation, depressive-like behaviours and insulin resistance under chronic restraint stress. To draw the conclusion that the increased sympathetic innervation and depressive-like behaviours are causally linked, further studies are needed.

2. The PVN is well e expression in fat in response to chronic restraint stress but never discuss or test the relative importance of changes in Cort compared with sympathetic innervation. By not addressing Cort as a possible mediator of correlated behavioral and physiological influences of the PVN, the authors leave a gap in their study. The authors should provide some experiments that address how manipulation of PVN neurons with dreadds alters Cort levels, and potentially how cort modulates gene expression in WAT to address this omission.

We are grateful to the reviewer by this valuable advice. As the HPA axis also has a role in regulating insulin resistance and depression, we assayed the CRH mRNA and protein in the PVN, the serum ACTH and CORT levels, under both chronic restraint stress and PVN activation paradigms (Fig EV5). Our results showed that chronic restraint treatment increased the serum CORT level (Fig EV5E), while chronical activation of PVN didn't affect the serum CORT level (Fig EV5J). Previous studies suggested that CORT inhibited the expression of adiponectin^{1,2}. In our study, the serum CORT level increased,

while the expression of adiponectin was inhibited (Figure 5, C), under chronic restraint stress. For the PVN activation paradigm, the serum CORT level was unchanged, while the expression of adiponectin unchanged in eWAT (Figure 5, G lower), even increased in iWAT (Figure 5, G upper). Taken together, these data indicated that increased CORT level played a crucial role in the downregulation of adiponectin under chronic restraint stress.

Reference:

1. Kaikaew K, Steenbergen J, van Dijk TH, Grefhorst A, Visser JA (2019) Sex Difference in Corticosterone-Induced Insulin Resistance in Mice. *Endocrinology* 160(10):2367-2387.
2. Dang TQ, Yoon N, Chasiotis H, Dunford EC, Feng Q, He P, Riddell MC, Kelly SP, Sweeney G (2017) Transendothelial movement of adiponectin is restricted by glucocorticoids. *J Endocrinol* 234(2):101-114.

Minor issues:

1. In all of the figures, pictures of the brains should be at higher magnification and include landmarks of the areas of interest. As presented, it is hard to see colocalization of the markers being tested.

We are deeply thankful for the suggestions. We added landmarks for the brain areas of interest in all figures (Fig 2, Fig 3 and EV1). For the colocalization of PRV and c-fos in PVN, both low and high magnification of photomicrograph were shown in the Fig EV2.

2. For the pseudorabies tracing experiments, it is unclear how many synapses are transited by the virus before it reaches the PVN. The timing after infection is critical, and maybe the authors could show a time course that would indicate the number of synapses between the PVN and adipose tissue.

We are deeply thankful for the suggestions. We performed retrograde tracing to show the time course of infection by PRV (Fig EV1).

3. In the description of the chronic dREADT activation experiment, it is unclear when CNO was injected to chronically activate/inhibit PVN neurons. Was CNO given once per day for each of 42 days?

We thank the reviewer for raising these important points. For chronic activation/inhibition of PVN neurons, CNO was intraperitoneally injected once every 2 days for 42 days (Page 6, line 163-164).

4. The manuscript should be edited for English usage. Although it is clearly written, there are many grammatical errors.

We are grateful to the reviewer by this suggestion. The flow and writing of our manuscript have been improved with assistance from native English speakers.

Referee #2:

In this manuscript, the Authors explore the role of PVN-sympathetic-adipose circuit in depression and insulin resistance under chronic stress. The Authors note that chronic restraint stress increases sympathetic innervation in white adipose tissue (WAT) and is associated with impaired glucose and insulin

metabolism as well as depressive-like behaviors. The Authors also determine that restraint stress activates neurons in the PVN and that chemogenetic activation of the PVN is sufficient to upregulate sympathetic innervation in WAT. Given that sympathetic innervation activates β 3-adrenergic receptor signaling in adipocytes, the Authors further show that pharmacological blockade of the β 3-adrenergic receptor ameliorates depressive-like behaviors and insulin metabolism in a chronic restraint model. The Authors also characterize the expression of several adipokines in the chronic restraint and PVN activation models and further explore their transcriptional regulation. The manuscript under review addresses a timely topic and represents a welcome addition to the literature linking chronic stress with depression and metabolic disorders. The manuscript is, therefore, of potential interest to a broad readership, ranging from the fields of metabolism to neuroscience and physiology.

Given the interesting nature of the topic at hand, it is my opinion that the Authors could improve several aspects of this manuscript:

- In Figure 2B, the Authors show colocalization of neurons traced from the white adipose tissue (WAT) with neurons activated (cFos positive) by restraint stress. It would be important to show whether this experimental model induces any neuronal activation even without exposure to stress. PRV tracing plus cFos staining in control mice would be informative.

We thank the reviewer for raising these important points. Following the reviewer's instruction, we have performed experiment to address this issue (Fig EV2).

- In Figure 2D, the experimental details are not clear. The Authors should clarify whether the CNO injection was performed just one time or daily for 42 days. Along the same line, in Figure 2G and 2H the experimental details are not sufficiently explained. It is not clear whether the experimental mice were injected with the CNO during the additional 6 days of restraint stress or not. It is also not obvious to what procedures the control mice were subjected. Similarly, in Figure 2K and 2L, it is not clear whether the GTT and ITT was performed without the additional restraint stress regimen or not. It is difficult to interpret the results without confirming the experimental details.

We thank the reviewer for raising these important points. For Figure 2D, CNO was intraperitoneally injected once every 2 days for 42 days (Page 6, line 163-164). In Figure 2G-2J, the experimental mice weren't injected with the CNO during the additional 6 days of restraint stress (Page 7, line 175-179). In Figure 2K and 2L, the GTT and ITT was performed without the additional restraint stress regimen (Page 7, line 179-180).

- L748337 is a β 3-adrenergic receptor antagonist and this information could be added to the manuscript. In Figure 3, the Authors could explain better the experimental details. It is not clear whether the L748337 was administered daily and to what procedures the control mice were subjected.

We are grateful to the reviewer by this suggestion. The information that L748337 is a β 3-adrenergic receptor antagonist had been added to the revised manuscript (Page 8, line 214-216). The Restraint+L748337 group mice received L748337 administration daily during the chronic restraint treatment (Page 8, line 214-215), while both control and restraint groups were injected same volume phosphate buffered saline (PBS).

- In the sub-chapter "Regulation of adipokines related to depression and insulin resistance under chronic restraint stress", the Authors conclude: "Taken together, the findings suggested that decreased levels of adipokines, including leptin, adiponectin, Angptl4 and Sfrp5, may account for the depressive-like behaviours and insulin resistance induced by chronic stress or chronic activation of PVN neurons". While this correlation seems to be correct for the observed WAT changes in chronic restraint stress model, it is not entirely accurate for the PVN activation. The adiponectin levels in WAT (both gene expression and protein) were increased in mice expressing activatory DREADDs in the PVN. The Authors should acknowledge and discuss these discrepancies.

We are deeply thankful for the critiques and suggestions. In our revised manuscript, we acknowledged and discuss these discrepancies mentioned above (Page 9, line 240-252). As the HPA axis also has a role in regulating insulin resistance and depression, we assayed the HPA activity under both chronic restraint stress and PVN activation paradigms (Fig EV5). Our results

showed that chronic restraint treatment increased the serum CORT level (Fig EV5E), while chronic activation of PVN didn't affect the serum CORT level (Fig EV5J). Previous studies indicated that CORT inhibited the expression of adiponectin^{1,2}. In our study, the serum CORT level increased (Fig EV5E), while the expression of adiponectin was inhibited (Fig 5C), under chronic restraint stress. For the PVN activation paradigm, the serum CORT level was unchanged (Fig EV5J), while the expression of adiponectin increased in iWAT (Fig 5G upper) and was unchanged in eWAT (Fig 5G lower). Taken together, these data indicated that increased CORT level played a crucial role in downregulation of adiponectin under chronic restraint stress.

Reference:

1. Kaikaew K, Steenbergen J, van Dijk TH, Grefhorst A, Visser JA (2019) Sex Difference in Corticosterone-Induced Insulin Resistance in Mice. *Endocrinology* 160(10):2367-2387.
2. Dang TQ, Yoon N, Chasiotis H, Dunford EC, Feng Q, He P, Riddell MC, Kelly SP, Sweeney G (2017) Transendothelial movement of adiponectin is restricted by glucocorticoids. *J Endocrinol* 234(2):101-114.

- It is well established that activation of the sympathetic outputs in WAT drives lipolysis. It would be interesting to see whether the lipolytic pathway in adipocytes and the FFA levels in the blood are affected in the chronic restraint stress and PVN activation models. The Authors show convincing images of WAT sympathetic innervation, but what happens to WAT histology and the

mass of WAT in both experimental models?

We thank the reviewer for raising these important points. Previous studies showed that acute activation of the sympathetic outputs in WAT induced lipolysis under cold exposure or fasting, in which leptin served an important role^{3,4}. In the chronic restraint stress and PVN activation models, the serum leptin levels decreased (Fig 5B and 5F), while there were no significant difference in both the serum FFA levels and the mass of WAT (Fig EV3). Decreased serum leptin levels may counter the lipolysis of WAT induced by sympathetic activation.

Reference:

3. Wang P, Loh KH, Wu M, Morgan DA, Schneeberger M, Yu X, Chi J, Kosse C, Kim D, Rahmouni K, et al (2020) A leptin-BDNF pathway regulating sympathetic innervation of adipose tissue. *Nature* 583(7818):839-844.
4. Zeng W, Pirzgalska RM, Pereira MM, Kubasova N, Barateiro A, Seixas E, Lu YH, Kozlova A, Voss H, Martins GG, et al (2015) Sympathetic neuro-adipose connections mediate leptin-driven lipolysis. *Cell* 163(1):84-94.

Other points on the accompanying material:

- In plots showing the RT-PCR data it is not clear how the relative gene expression was calculated.

The housekeeping gene β -tubulin was used as a reference gene for normalization of gene expression. The $2^{-\Delta\Delta Ct}$ method was used to calculate the relative gene expression⁵ (Page21, line584-587).

Reference:

5. Livak KJ, Schmittgen TD (2001) Analysis of relative gene expression data using real-time quantitative PCR and the $2^{-\Delta\Delta C(T)}$

Method. *Methods* 25(4):402-408.

- Figure legends should include information about the statistical analyses that were used.

We are grateful to the reviewer by this suggestion. We have added the information about the statistical analyses that were used in the Figure legends.

- In Figure 1A, the timeline should be labeled with "days"
- There is a typo in Figure 2J ("locomptor")

The Authors are encouraged to correct some grammar/text issues; examples:

- "Chronically activation of PVN neurons responding..."
- "These ChIP results may could explain

We thank the reviewer for pointing out these mistakes. All typos/grammar errors have been corrected in the revised manuscript.

Referee #3:

1. Overall, the manuscript could better benefit from a more elaborated explanation on how this chronic stress restraints translate into "depression" or a "depressive" state of the mice. The authors wanted to emphasize the transnationality of their study to human depressive states and insulin resistant and I am not quite sure if the model used, as well as de behavioral test

performed, are the most suitable ones. The authors can still point out on discussion the relation to depression and insulin resistance.

We are grateful to the reviewer by this suggestion. All overinterpretations are removed from the manuscript.

2. One limitation is that authors after the pseudorabies virus tracing experiment plus the cFos staining go directly to the PVH. I guess there should be also other brain regions receiving inputs from the SNS (such as DMH or VMH, as the authors pointed in the introduction), as well as other cFOS positive brain areas after the chronic restraint. Including more brain regions images with positive retrotracing or cFOS positive neurons, would increase the quality of the paper.

We are grateful to the reviewer by this suggestion. We performed retrograde tracing to show the time course of infection by pseudorabies virus (PRV) (Fig EV1). Indeed, there were cFOS positive brain regions under restraint which weren't traced by PRV (Fig EV4A-4F).

3. In accordance with the previous point, knowing other brains areas that are not involved in this restraint activation of neuronal populations (performing activating, or inhibiting neuronal experiments in these areas with the same viral approach than the PVH), would strengthen the conclusions.

We are deeply thankful for this suggestion. The paraventricular thalamic nucleus (PV) activated under restraint stress which wasn't labelled by pseudorabies virus on the 6th day (Fig EV4A-4F). Chronical activation of PV

with the same viral approach than the PVH didn't affect the sympathetic innervation in WAT (Fig EV4G-4L), and didn't induce depressive-like behaviours and insulin resistance (Fig EV4M-4R). These results highlighted the importance of PVH in the increased sympathetic innervation, depressive-like behaviours and insulin resistance induced by chronic restraint stress.

4. For GTT and ITT analysis, showing the area under the curve or performing HOMA-IR analysis would reinforce results.

We are grateful to the reviewer by this valuable advice. All the GTT and ITT analysis showed the area under the curve in our revised manuscript.

5. The PVH also receives inputs from the ARC, and it is also involved in the regulation of food intake. Could the authors also provide food intake data on their chronic restraint paradigm?

We are grateful to the reviewer by this suggestion. We have measured the amount of accumulative of 24h food intake after chronic restraint treatment (Fig EV3A).

6. It is also mentioned through the manuscript the HPA axis might also have a role in regulating chronic stress and depression. Could the authors provide some data on how is the state of this axis on their models? Have authors assayed CRH mRNA and/or protein levels in the PVH? Circulating ACTH or CORT levels?

We are deeply thankful for the suggestions. We have assayed the CRH mRNA and protein in the PVH, the serum ACTH and CORT levels (Fig EV5).

7. Do the authors have any guess on which neuronal population might be mediating the effects of chronic restraint within de PVH? In keeping with the former point, could CRH neurons be involved?

We thank the reviewer for raising these important points. Activation of HPA axis is a hallmark of the physiological reaction to stress. It is indicated that there are several neuron types in the PVH that respond to stress, including corticotropin releasing hormone (CRH) neurons which initiate HPA axis activity through releasing CRH. The end-hormones of HPA axis, corticosterone (CORT), is involved in the occurrence and development of depression and insulin resistance. The negative feedback effect of HPA activity is mediated by glucocorticoid receptors at all levels of the HPA axis^{6,7}. Our results showed that chronic restraint treatment increased the serum CORT level (Fig EV5E) and decreased adrenocorticotropin (ACTH) (Fig EV5D), while the expression of CRH in the PVH was unchanged (Fig EV5A-5C). The expression of ACTH and CRH may be inhibited through the negative feedback loop of the HPA axis. Chronical activation of PVN didn't affect the serum CORT level (Fig EV5J). Previous studies indicated that CORT inhibited the expression of adiponectin^{1,2}. In our study, the expression of adiponectin was inhibited (Fig 5C), under chronic restraint stress. For the PVN activation paradigm, the expression of adiponectin was unchanged in eWAT (Fig 5G lower), even

increased in iWAT (Fig 5G upper). These results indicated that increased CORT level played a crucial role in downregulation of adiponectin under chronic restraint stress. Taken together, these data suggested that both autonomic and neuroendocrine (CRH neurons) compartments of PVN were involved in mediating the effects of chronic restraint.

Reference:

1. Kaikaew K, Steenbergen J, van Dijk TH, Grefhorst A, Visser JA (2019) Sex Difference in Corticosterone-Induced Insulin Resistance in Mice. *Endocrinology* 160(10):2367-2387.
2. Dang TQ, Yoon N, Chasiotis H, Dunford EC, Feng Q, He P, Riddell MC, Kelly SP, Sweeney G (2017) Transendothelial movement of adiponectin is restricted by glucocorticoids. *J Endocrinol* 234(2):101-114.
6. Herman JP, McKlveen JM, Ghosal S, Kopp B, Wulsin A, Makinson R, Scheimann J, Myers B (2016) Regulation of the Hypothalamic-Pituitary-Adrenocortical Stress Response. *Compr Physiol* 6(2):603-21.
7. Jiang Z, Rajamanickam S, Justice NJ (2019) CRF signaling between neurons in the paraventricular nucleus of the hypothalamus (PVN) coordinates stress responses. *Neurobiol Stress* 10;11:100192.
8. In the experimental paradigm of the β -antagonist, it is unclear the frequency of the treatment, please explain in the Methods or the Figure Legend. Also,

please indicate in Figure 5, if the stress paradigm is the same than the previous one, it is not really clear in the text.

We thank the reviewer for raising these important points. In Figure 4, the Restraint+L748337 group mice received L748337 administration each day during the chronic restraint treatment, while both Control and Restraint groups were injected same volume phosphate buffered saline (PBS). In Figure 5, the stress paradigm is the same than the previous one.

9. Could the authors provide some insight on why restraint induce a negative regulation of adiponectin (both at RNA and protein levels) but chronic activation of PVH neurons, induced the opposite effect?

We thank the reviewer for raising these important points. As the HPA axis might also have a role in regulating insulin resistance and depression, we assayed the HPA activity under both chronic restraint stress and PVH activation paradigms (Fig EV5). Previous studies indicated that CORT reduced the expression of adiponectin^{1,2}. In our study, the serum CORT level increased (Fig EV5E), while the expression of adiponectin was inhibited (Fig 5C), under chronic restraint stress. For the PVH activation paradigm, the serum CORT level was unchanged (Fig EV5J), while the expression of adiponectin increased in iWAT (Fig 5G upper) and was unchanged in eWAT (Fig 5G lower). Taken together, these data indicated that increased CORT level played a crucial role in downregulation of adiponectin under chronic restraint stress.

Reference:

1. Kaikaew K, Steenbergen J, van Dijk TH, Grefhorst A, Visser JA (2019) Sex Difference in Corticosterone-Induced Insulin Resistance in Mice. *Endocrinology* 160(10):2367-2387.
2. Dang TQ, Yoon N, Chasiotis H, Dunford EC, Feng Q, He P, Riddell MC, Kelly SP, Sweeney G (2017) Transendothelial movement of adiponectin is restricted by glucocorticoids. *J Endocrinol* 234(2):101-114.

Dear Dr. Liu,

My colleague Esther is currently out of office. Therefore, I stepped in as the secondary handling editor of your manuscript.

Thank you for submitting your revised manuscript. It has now been seen by referees #1 and #3. Referee #1 also assessed the response to the initial concerns of referee #2.

As you can see, the referees find that the study is significantly improved during revision and recommends publication. However, I need you to address the points below before we can accept the manuscript.

- Please address the remaining concerns of referee #1.
- We note that there are currently 6 keywords, yet we can accommodate up to 5. Please remove one of the keywords.
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- Author Contributions section needs to be removed from the manuscript.
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- In addition, please provide an image for the synopsis. This image should provide a rapid overview of the question addressed in the study but still needs to be kept fairly modest since the image size should be 550 pixels wide and 300-600 pixels tall.
- Our production/data editors have asked you to clarify several points in the figure legends (see attached document). Please incorporate these changes in the attached word document and return it with track changes activated.

Thank you again for giving us to consider your manuscript for EMBO Reports, I look forward to your minor revision.

Kind regards,

Deniz Senyilmaz Tiebe

--

Deniz Senyilmaz Tiebe, PhD
Editor
EMBO Reports

Referee #1:

Review of revised manuscript:

I have carefully reviewed the manuscript. The authors have made substantial improvements, primarily through the addition of figures that address the concerns that I had. In addition, the authors have provided clarifications and additions that address the comments of reviewer 2. I feel that the revised manuscript is now ready for publication. I think the manuscript could be improved by incorporating the Cort data into the main figures instead of putting it in the supplemental figures, as this is a critical piece of data that informs on the potential mechanisms by which the PVN influences gene transcription in WAT.

After looking at the supplemental figure including Cort measurements from plasma samples, it seems that the quantification is perhaps off by an order of magnitude. Cort normally circulates in the 30-50ng/ml range, and peaks in the 200-300ng/ml range. This should be recalculated and the figure should be corrected.

Referee #3:

All my comments have been addressed.

Referee #1:

I have carefully reviewed the manuscript. The authors have made substantial improvements, primarily through the addition of figures that address the concerns that I had. In addition, the authors have provided clarifications and additions that address the comments of reviewer 2. I feel that the revised manuscript is now ready for publication. I think the manuscript could be improved by incorporating the Cort data into the main figures instead of putting it in the supplemental figures, as this is a critical piece of data that informs on the potential mechanisms by which the PVN influences gene transcription in WAT.

After looking at the supplemental figure including Cort measurements from plasma samples, it seems that the quantification is perhaps off by an order of magnitude. Cort normally circulates in the 30-50ng/ml range, and peaks in the 200-300ng/ml range. This should be recalculated and the figure should be corrected.

We thank the reviewer for pointing out this mistake. We have retested the serum Cort using the original samples and same reagent (Fig EV 5E and 5J).

Referee #3:

All my comments have been addressed.

We are deeply thankful for your comments and suggestions.

Dear Dr. Liu,

Thank you for sending the revised ms files. It looks good now, except that I think that the abstract should be slightly rewritten. Do you agree with the following abstract, and please rewrite the one sentence where I left a comment:

Chronic stress induces depression and insulin resistance, between which there is a bi-directional relationship. However, the mechanisms underlying this comorbidity remain unclear. White adipose tissue (WAT), innervated by sympathetic nerves, serves as a central node in the interorgan crosstalk through adipokines. Abnormal secretion of adipokines is involved in mood disorders and metabolic morbidities. We describe here a brain-sympathetic nerve-adipose circuit originating in the hypothalamic paraventricular nucleus (PVN) with a role in depression and insulin resistance induced by chronic stress. A subset of PVN neurons are traced by pseudorabies virus (PRV) 'from WAT and activated by restraint' [the second half of the sentence is not clear. Please rewrite]. Chemogenetic manipulations suggest a role for the PVN in depression and insulin resistance under chronic stress. Chronic stress increases the sympathetic innervation of WAT and downregulates several antidepressant and insulin-sensitizing adipokines, including leptin, adiponectin, Angptl4 and Sfrp5, and chronic activation of the PVN has similar effects. β -adrenergic receptors translate sympathetic tone into an adipose response, inducing downregulation of those adipokines and depressive-like behaviours and insulin resistance. We finally show that AP-1 has a role in the regulation of adipokine expression under chronic stress.

I also made a few minor changes to the blurb and bullet points. Please let me know whether you agree with:

Under chronic stress, the PVN increases sympathetic innervation of adipose tissues and represses adipokine expression through AP-1, which contributes to the development of depression and insulin resistance.

1. Chronic activation of PVN neurons responding to restraint stress contributes to the development of depression and insulin resistance.
2. Chronic activation of PVN neurons responding to restraint stress increases sympathetic innervation of adipose tissues.
3. The β -adrenergic receptors translate sympathetic tone into the expression regulation of some adipokines, including leptin, adiponectin, Angptl4, Sfrp5 and Fbn1.
4. AP-1 proteins have a role in the regulation of adipokine expression by the PVN-sympathetic nerve pathway.

Regarding the synopsis image, the text in the image could be slightly larger, if possible. Also, is the cell in the lower right corner of the image a white adipose cell? If yes, please label the cell in the image.

We also noticed now that several of the figures of your ms are too long. All main and EV figures should fit onto one page and all text needs to be readable at the final size.

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EV1: is too long

EV4: too long

Can you please send us new figures? If you decide to split some of the figures into 2, please also send us a new, corrected manuscript file. I am sorry that we missed this before.

I look forward to seeing a final version of your manuscript as soon as possible.

Best regards,
Esther

Esther Schnapp, PhD

Senior Editor
EMBO reports

The authors have addressed all minor editorial requests.

Dr. Bin Liu
Binzhou Medical University Hospital
No. 661 Huanghe 2nd Road
Binzhou, Shandong 256603
China

Dear Dr. Liu,

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- plots include clearly labeled error bars for independent experiments and sample sizes. Unless justified, error bars should not be shown for technical
- if $n < 5$, the individual data points from each experiment should be plotted. Any statistical test employed should be justified.
- Source Data should be included to report the data underlying figures according to the guidelines set out in the authorship guidelines on Data

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Include a statement about blinding even if no blinding was done.	Yes	Materials and Methods
Describe inclusion/exclusion criteria if samples or animals were excluded from the analysis. Were the criteria pre-established?	Not Applicable	
If sample or data points were omitted from analysis, report if this was due to attrition or intentional exclusion and provide justification.		
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