Age-related microbiome metabolites modulate splicing and chromatin accessibility in the brain

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Abstract

The gut microbiome generates diverse metabolites that can enter the bloodstream and alter host biology, including brain function. Hundreds of physiologically relevant, gut-brain signaling molecules likely exist; however, there has been no systematic, high-throughput effort to identify and validate them. Here, we integrate computational, *in vitro*, and *in vivo* approaches to pinpoint microbiome-derived metabolites whose blood levels change during aging, and that induce corresponding changes in the mouse brain. First, we mine large-scale metabolomics datasets from human cohorts (each $n \geq 1200$) to identify 30 microbiome-associated metabolites whose blood levels change with age. We then screen this panel in an *in vitro* transcriptomic assay to identify metabolites that perturb genes linked to age-related neurodegeneration. We then test four metabolites in an acute-exposure mouse model, and use multi-omic approaches to evaluate their impact on cellular functions in the brain. We confirm the known neurodegeneration-promoting effects of trimethylamine N-oxide (TMAO), including mitochondrial dysfunction, and further discover its disruptive impact on the pathways of glycolysis, GABAergic signaling, and RNA splicing. Additionally, we identify glycodeoxycholic acid (GDCA), a microbiome-derived secondary bile acid, as a potent regulator of chromatin accessibility and suppressor of genes that protect the brain from age-related, neurodegeneration-promoting insults. GDCA also acutely reduces mobility. Taken together, this work identifies microbiome-derived signals relevant to age-related neurodegeneration, and defines a scalable framework for linking microbiome metabolites to host pathologies.

Introduction

Aging is the greatest risk factor for many neurodegenerative diseases. Remarkably, age-related conditions that often precede these diseases, such as mild cognitive impairment (MCI), can be reversible[1,2]. Thus, identifying potentially modifiable age-related factors that promote neurodegeneration could alter and perhaps improve the natural history of disease initiation and progression.

One physiological compartment that changes with aging is the gut microbiome[3–5], likely due to factors such as increased permeability of the gut lining, increased medication usage, immunosenescence, and accumulated exposure to environmental toxins. In light of growing interest in the microbiota-gut-brain axis[6,7], a natural question arises: does "microbiome aging" contribute to "brain aging" and associated pathologies? Fecal microbiota transfers between young and aged mice - which can induce or reverse neuroinflammation and cognitive decline - suggest that it does[8–10]. However, the microbiome-related molecules and underlying molecular mechanisms that drive these phenotypes remain largely uncharacterized in both animals and humans, which limits translation of this knowledge to the clinic. This gap in the gut-brain field is partly due to the underutilization of *in vitro* systems, which can help create a pipeline from hypothesis-generating data analyses to *in vivo* validation.

The microbiome is known to substantially impact the levels of blood metabolites, with hundreds of metabolites differing in abundance between germ-free mice and their conventionally raised counterparts[11,12]. This is significant because blood metabolites enable the proper functioning of host organs; when their levels change, this can have profound effects on physiology[13–15]. We therefore hypothesized that microbiome aging affects brain aging by altering the levels of bioactive blood metabolites. These metabolites could impact the blood-brain barrier - a key regulator of brain homeostasis whose functionality declines with age[16] - and perhaps even cross it to act directly on neurons and glia.

To evaluate this hypothesis, we first leveraged public datasets[12,17–23] to identify a panel of 30 blood metabolites whose levels: 1) change with human aging, and 2) are significantly associated with the presence and/or composition of the gut microbiome. We then screened these candidates *in vitro* for their ability to alter the expression of genes in pathways related to age-related neurodegeneration, and validated four of the most interesting metabolites *in vivo* through multi-omic analyses of the mouse brain. Our results confirm and expand the neurodegeneration-promoting effects of the microbiome-derived metabolite trimethylamine N-oxide (TMAO), including novel effects on RNA splicing. In addition, we find that glycodeoxycholic acid (GDCA), a microbiome-derived bile acid, alters chromatin accessibility and silences many genes that maintain brain homeostasis after stress and injury. Finally, in behavioral experiments, we find that GDCA acutely reduces mobility. Together, our findings on TMAO and GDCA, our curated panel of age- and microbiome-associated blood metabolites, and the integrative framework we present - combining computational, *in vitro*, and *in vivo* approaches - provide a foundation for substantial advances in identifying microbiome-derived molecules that play key roles in host physiology.

Results

Identifying microbiome-associated metabolites whose blood levels change with age

There have been extensive efforts to characterize the specific metabolomic changes that occur with aging[17]. In addition, recent work has identified metabolites associated with microbiome composition and activity[11,12,21–23]. We leveraged these data to build a panel of metabolites for medium-throughput *in vitro* testing (Fig. 1; Supplementary Table 1; Methods).

Specifically, we first referenced a recent review on the metabolomics of aging[17] to identify three large cohort studies[18–20] that each analyzed blood samples from at least 1,200 participants. Pooling data across these studies yielded hundreds of metabolites whose blood levels changed with age in at least one study. Separately, we curated a list of human-associated metabolites that have been reported to be produced by microbes, either alone or via host-microbe "cometabolism" (where both host and microbial metabolism contribute to the final product). Intersecting this curated list with the age-associated metabolites yielded 79 unique overlapping metabolites.

For experimental feasibility, we further narrowed the list, prioritizing metabolites most strongly linked to the gut microbiome. We used two key resources: **(1)** a recent study comparing blood metabolite levels between germ-free and conventionally raised mice[12]; and **(2)** the GUTSY Atlas[22], which reported the proportion of variance in blood metabolite levels "explained" by the gut microbiome for 1,168 metabolites based on paired stool-blood data for over 8,000 humans. Metabolites were retained for the final panel if they met at least one of two criteria: **(1)** showed significantly different blood levels between germ-free and conventionally raised mice[12]; **(2)** ranked in the top 20% of blood metabolites for the GUTSY variance-explained metric.

We eliminated alanine because it is expected to have minimal impact on cellular processes[24], and uridine because its blood levels increased with age in one study[18] but decreased with age in another[20]. The final panel comprised 30 metabolites, 26 of which increased with age and 4 of which decreased with age (Supplementary Table 1). The metabolites encompassed a broad spectrum of categories, spanning six super classes, thirteen classes, and sixteen sub classes within the Human Metabolome Database (HMDB)[25] taxonomy (Fig. S1).

Fig. 1. Workflow used to define a panel of 30 microbiome-associated metabolites whose blood levels change with age. First, metabolites whose blood levels changed with age in large cohort(s) were overlapped with a curated list of metabolites that are producible by microbes, either alone or via host-microbe cometabolism. Metabolites were retained for the final panel if they met at least one of two criteria: **(1)** showed significantly different blood levels in germ-free vs. conventionally raised mice (based on Lai *et al.*, 2021[12]), and/or **(2)** ranked in the top 20% for the proportion of

124   variance in blood levels "explained" by the gut microbiome (metric from the GUTSY Atlas[22]). After
125   excluding alanine and uridine (see Results), the final panel comprised 30 metabolites.

In vitro screening reveals that microbiome-associated metabolites perturb genes and pathways linked to age-related neurodegeneration

While *in vivo* validation remains the gold standard for assessing physiological relevance, we
began with *in vitro* screening, as testing dozens of metabolites *in vivo* for potential effects on the
brain would not have been practically feasible. We chose human brain endothelial cells as our
model system because they line the brain's blood vessels and are the first brain cell type
encountered by blood metabolites. In fact, many blood metabolites never reach other brain cell
types, since endothelial cells are a key component of the blood-brain barrier (BBB), which
selectively regulates entry into the brain parenchyma. Importantly, even metabolites that do not
cross the BBB could significantly impact brain function, since BBB decline is a defining feature of
brain aging and neurodegeneration[16].
137   We chose to use hCMEC/D3 cells, an immortalized human brain endothelial cell line
widely used in BBB studies[26]. To conduct the screen, each metabolite was added individually to
low-passage hCMEC/D3 cells in triplicate, alongside matched vehicle controls containing the
corresponding solvent in the media (Fig. 2A; Supplementary Table 3). After a 3-hour incubation
(chosen over longer timepoints to minimize metabolite clearance), cells were lysed in TRIzol for
downstream RNA extraction and sequencing. Each metabolite was added at a representative
physiological concentration, primarily based on its listed blood concentrations in HMDB (Methods;
Supplementary Table 1). In addition to vehicle controls, we included lipopolysaccharide (LPS)
controls in each sequencing batch, given the known effects of LPS on human brain endothelial
cells[27]. As expected, LPS induced the expression of genes in KEGG pathways associated with
inflammation, such as "TNF signaling pathway" and "NOD-like receptor signaling pathway" (Fig.
2B; Fig. S2; Supplementary Table 2).
149   The number of differentially expressed genes (DEGs), relative to vehicle controls, varied
considerably across the 30 test metabolites, reflecting substantial differences in the magnitude of
their transcriptional impact (Fig. S3; Supplementary Tables 4-5). The median number of DEGs
was 45.5, with an interquartile range (IQR) of 18.5 to 359.5, and a total range of 3 to 6,419 genes
affected. Twelve metabolites perturbed ≥5 genes in the KEGG pathways for "Alzheimer's
Disease" (AD) and/or "Parkinson's Disease" (PD), which are the two most common age-related
neurodegenerative disorders (Fig. 2C; Supplementary Table 6). The affected AD/PD genes
converged on processes including energy metabolism, proteasome-mediated protein
degradation, and inflammatory signaling, whose disruptions are central to neurodegenerative
disease[28].
159   We prioritized four metabolites for *in vivo* validation of their effects on brain function:
indoleacetic acid (IAA), glycodeoxycholic acid (GDCA), trimethylamine N-oxide (TMAO), and
palmitic acid (PA). TMAO's effects on the brain have been studied previously[29], so we included it
partially as a control and also to expand the scope of knowledge about its impact on the brain. All
four chosen metabolites share the following characteristics (Fig. 2D). They **(1)** impact the
expression of at least 5 unique genes in the AD and/or PD KEGG pathways in our transcriptomic
screen (Fig. 2C), **(2)** increase in the blood with age (Supplementary Table 1), **(3)** have been

associated with AD, PD, and/or impaired cognition in humans[29–39], **(4)** are strongly associated
with production or regulation by the gut microbiome[12,22,40,41], and **(5)** have been detected in human
cerebrospinal fluid or brain[42–46].
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Fig. 2. *In vitro* screening reveals that microbiome-associated metabolites perturb genes and
pathways linked to age-associated neurodegenerative disease. **(A)** Schematic illustrating the

setup of the *in vitro* transcriptomic screen. The full panel of 30 metabolites was distributed across
four sequencing batches, with each metabolite included in one batch. Within each batch, at least
n=3 wells were treated with each assigned metabolite, its respective vehicle control, or the LPS
control (see Methods and Supplementary Table 3). **(B)** Top enriched KEGG pathways for the
genes significantly upregulated by the LPS control in the first sequencing batch. The analogous
results for batches #2-4 are presented in Fig. S2. The non-specific "KEGG root term" was filtered
out. **(C)** Number of differentially expressed genes (DEGs) per metabolite in the KEGG pathways
for Alzheimer's Disease (AD) and Parkinson's Disease (PD). Metabolites impacting at least 5
unique AD/PD genes are shown. **(D)** Identity and characteristics of the four metabolites chosen
for subsequent *in vivo* validation of their effects on the brain. IAA = indoleacetic acid, GDCA =
glycodeoxycholic acid, TMAO = trimethylamine N-oxide, PA = palmitic acid, AD = Alzheimer's
Disease, PD = Parkinson's Disease, GF = germ-free, CSF = cerebrospinal fluid. GUTSY refers to
the GUTSY Atlas[22], which reports microbiome-attributable variance in blood levels for 1,168 blood
metabolites. Structure diagrams were produced with rdkit[47]. Relevant studies (e.g., those
reporting metabolite detection in CSF or brain) are cited in the text.

TMAO disrupts transcriptional homeostasis and RNA splicing in the mouse brain

To interrogate the effects of each of the four chosen metabolites on cellular functions in the brain
in vivo, we conducted bulk transcriptomics on mouse brain hemispheres following intravenous
retro-orbital injection of each metabolite or vehicle (2-hour treatment; *n*=4 male mice per injection
group; Fig. 3A). Doses were chosen to reflect physiologically relevant exposures, by converting
blood concentrations observed in seniors[32,34,48–55] to mouse-equivalent doses using well-
established scaling guidelines[56,57]. This experiment design was informed by prior work on
TMAO[58], such that TMAO could serve as a positive control. The main modification was the use
of intravenous retro-orbital injection in place of intraperitoneal injection, to more directly assess
the metabolite's impact on the brain.
For TMAO, the chosen mouse dose was 1.8 mg/kg, the same as the original study[58],
approximating 30µM concentration in human blood. The remaining doses were 22.2 mg/kg for PA
(~100µM human), 1.5 mg/kg for IAA (~10µM human), and 0.4 mg/kg for GDCA (~1µM human).
All human-equivalent concentrations were non-cytotoxic *in vitro* in hCMEC/D3 cells (Fig. S7). For
PA - unlike for the other metabolites - the human-equivalent concentration used for the mouse
experiment was reduced relative to the concentration used in the *in vitro* transcriptomic screen.
This was because the original concentration of 500µM was cytotoxic to hCMEC/D3 cells (Fig. S7),
likely explaining the disproportionately large number of DEGs observed for PA *in vitro* (Figs. 2C
and S3). Overall, the cytotoxicity testing (Fig. S7) ensured that the mouse exposures reflected
physiologically relevant human levels while avoiding human concentrations that are overtly
cytotoxic.
PA and IAA had negligible effects on gene expression in the mouse brain, with fewer than
ten differentially expressed genes per metabolite (Fig. 3B; Supplementary Table 7). By contrast,
TMAO and GDCA each had a significant transcriptional impact in the brain, modulating the
expression of 2,305 and 179 genes, respectively (Fig. 3C; Supplementary Table 7). We first

evaluated the TMAO results to verify concordance with the literature and also to derive additional
insights about the impact of this microbiome metabolite on brain function.
216   In agreement with prior literature[58], we observed a coordinated downregulation of
mitochondrially-encoded genes involved in oxidative phosphorylation, including *mt-Nd1, mt-Nd2,*
mt-Nd3, mt-Co2, mt-Co3, mt-Cytb, mt-Atp6, and *mt-Atp8* (Supplementary Table 7). However,
gene set enrichment analysis (GSEA) based on hallmark gene sets revealed a more complex
rewiring of bioenergetic pathways (Fig. 4A; Supplementary Table 8). Despite the clear
downregulation of mitochondrial oxidative phosphorylation, the term "oxidative phosphorylation"
was positively enriched in GSEA when comparing TMAO-treated brains to controls. This result
was due to the upregulation of several nuclear-encoded genes involved in oxidative
phosphorylation (e.g., *Cox4i1, Cox6a1, Cox6b1, Cox7a2l, Ndufa7, Ndufa8, Ndufb2, Ndufb6,*
Ndufb8, Ndufc2), perhaps reflecting a compensatory response, similar to that observed in patients
with macro-deletion of mtDNA[59].
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Fig. 3. The four metabolites selected for *in vivo* experiments impact brain gene expression to
markedly different extents. **(A)** Schematic illustrating the setup of the *in vivo* transcriptomics

experiment; *n*=4 C57BL/6 male mice were injected with each metabolite or vehicle. **(B)** Volcano
plots showing the results of differential gene expression analysis between PA- and IAA-treated
brains and their vehicle controls. **(C)** Volcano plots showing the results of differential gene
expression analysis between TMAO- and GDCA-treated brains and their vehicle controls. In both
(B) and **(C)**, the y-axis represents the -log10(adjusted *p*-value) from DESeq2, and the x-axis
represents the log2FoldChange vs. vehicle control, after applying the recommended
log2FoldChange shrinkage via lfcShrink[60]. Purple dots represent significantly upregulated genes,
with an adjusted *p* ≤ 0.1 (DESeq2 default) and shrunken log2FoldChange ≥ 0.1. Teal dots
represent significantly downregulated genes (adjusted *p* ≤ 0.1 and shrunken log2FoldChange ≤ -
0.1). The y-axis for the GDCA volcano plot was capped at 30 to avoid distortion by extreme
values; the non-capped, adjusted *p*-values for *Apold1* and *Ccn1* are 1.82E-108 and 3.50E-70,
respectively (Supplementary Table 7).
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In addition, GSEA highlighted the term "glycolysis" as enriched (Fig. 4A). Indeed, eight
glycolytic genes were upregulated by TMAO, including *Hk1* and *Pkm*, which catalyze rate-limiting
steps of glycolysis[61] (Fig. 4B; Supplementary Table 7). Furthermore, *Slc2a1* (i.e., *Glut1*), a major
glucose transporter in the brain that supports glycolytic flux, was the second most significantly
upregulated gene by TMAO (adjusted *p*-value 5.62E-11; Fig. 3C and Supplementary Table 7).
These findings agreed with data from our *in vitro* transcriptomic screen, where TMAO upregulated
human glycolytic genes including *HK1*, *PKM*, *PFKP*, *GPI*, and *ALDOA* (Supplementary Table 5).
Overall, our results align with previous findings that TMAO results in mitochondrial dysfunction in
the brain[29]. Furthermore, our findings demonstrate a previously unreported upregulation of the
glycolytic pathway in the brain.
Mitochondrial dysfunction can cause oxidative stress. Consistent with this, the "reactive
oxygen species pathway" was significantly more highly expressed (Fig. 4A) in the brain
transcriptome of TMAO-exposed animals vs. controls. In addition, *Txnip* - a known inducer of
oxidative stress and activator of the inflammasome[62] - was significantly upregulated by TMAO
(Supplementary Table 7). This finding is consistent with the most enriched GSEA term, "TNFα
signaling via NF-κB" (Fig. 4A), which reflects inflammatory signaling. Together, these results
support previous studies showing that TMAO promotes oxidative stress and inflammation,
including in the brain[29,63,64].
GSEA using the REACTOME pathway database provided additional insights, including
the positive enrichment of genes involved in synaptic transmission and GABAergic signaling,
especially genes related to GABA_B receptor activation (Fig. 4C; Supplementary Table 8). By
contrast, we observed a marked downregulation of genes encoding GABA_A receptors (Fig. S8).
These results suggest that TMAO may shift inhibitory neural circuits from fast GABA_A-mediated
responses towards slower, GABA_B-mediated responses. Although previous literature has
demonstrated negative effects of TMAO on synaptic function[29], this is the first observation, to our
knowledge, of specific perturbation of GABAergic signaling pathways. To assess the extent of
TMAO's impact on neuronal cells vs. other brain cell types, we computed "marker genes" for six
different brain cell classes, using a well-characterized single-cell dataset from the mouse brain[65]
(Methods). TMAO downregulated over 15% of the marker genes for cells in the neuronal lineage,
representing more than twice its impact on any of the other five cell classes (Fig. 4D).

GSEA also highlighted the depletion of genes associated with "mRNA splicing" (Fig. 4C).
Strikingly, several of the genes that were most significantly downregulated by TMAO (e.g., *Tia1*,
Srrm2, *Pnisr*, and *Rbm39*, see Fig. 3C and Supplementary Table 7) regulate alternative splicing[66–
69]. This result was intriguing given the well-established link between changes in splicing patterns
and the development of neurological disease[70].
Given the observed impact of TMAO on splicing-related factors, we sought to determine
whether any genes were differentially spliced in TMAO-treated animals vs. controls. In agreement
with the changes in splicing factor expression, the widely used rMATS-turbo software[71] nominated
126 differential splicing events between TMAO-treated and vehicle-treated brains, which we
narrowed to 44 using conservative filters (Fig. 4E; Supplementary Table 9; Methods). Manual
inspection in Integrative Genomics Viewer (IGV) revealed clear patterns consistent with
differential splicing, including that of *Kmt2b*, a gene whose aberrant splicing has been linked to
dystonia[72,73], a movement disorder that can occur independently or as a symptom of Parkinson's
disease (Fig. S9). *Kmt2b* also exhibited differential expression in TMAO- vs. vehicle-treated brains
(log2FoldChange -0.39, adjusted *p* 0.001; Supplementary Table 7), potentially as a consequence
of its differential splicing.
To our knowledge, this is the first demonstration of TMAO regulating alternative splicing
patterns. Overall, our findings confirm[29,58] and broaden current understanding of TMAO's
neurodegeneration-promoting effects, which we summarize in a unified model (Fig. 4F).
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Fig. 4. TMAO disrupts transcriptional homeostasis and RNA splicing in the mouse brain. **(A)**
Selected significantly enriched terms from gene set enrichment analysis (GSEA) based on
hallmark gene sets; full results in Supplementary Table 8. **(B)** The glycolysis pathway, annotated
with the glycolytic genes upregulated by TMAO. * = genes whose products catalyze rate-limiting

steps of glycolysis. Base figure adapted from Hu *et al.*, 2014[74]. **(C)** Selected significantly enriched
terms from GSEA using the REACTOME pathway database; full results in Supplementary Table
8. **(D)** Percentage of marker genes in each brain cell class that are downregulated by TMAO.
Neuron = neuronal lineage, Astro = astrocyte lineage and stem cells, Epend = ependymal cells,
Vasc = vasculature cells, Olg = oligodendrocyte lineage, Immune = immune cells. **(E)** Results of
differential splicing analysis comparing brains from TMAO-exposed and control mice. Each point
represents a splicing event. The x-axis represents the inclusion level difference (ΔPSI) and the y-
axis represents the -log10(FDR), capped at 15 for visual clarity. Events significantly enriched in
control or TMAO are shown in purple and teal, respectively; non-significant events are shown in
gray. To reduce visual clutter, points were filtered to those with -log10(FDR) > 0. RI = retained
intron, A5SS = alternative 5' splice site, SE = skipped exon. **(F)** Unified model of TMAO's
neurodegeneration-promoting effects on the brain. Asterisks indicate portions of the model that
are novel based on insights derived from this study. TMAO induces mitochondrial dysfunction,
leading to compensatory upregulation of glycolysis and increased production of reactive oxygen
species (ROS). The resulting oxidative stress further promotes neuroinflammation. Perhaps as a
result of the rewired bioenergetic state, TMAO also promotes synaptic dysfunction, including
impairments in GABAergic transmission. In addition, it downregulates splicing factors, resulting in
changes to splicing patterns.

GDCA remodels chromatin and dramatically suppresses genes that protect the brain from stress and injury

319   Like TMAO, GDCA is a well-known microbiome-derived metabolite. It is a secondary conjugated
320   bile acid, formed when the host conjugates microbially produced DCA with glycine. Blood levels
321   of GDCA have been associated with neurodegeneration and/or cognitive impairment in at least
322   five studies[30–34] (summarized in Supplementary Table 10). However, GDCA's brain-specific
323   effects have not, to our knowledge, been experimentally evaluated in mammals.
324   GDCA strongly suppressed the expression of many genes in the mouse brain (Fig. 3C;
Supplementary Table 7). The most significantly downregulated gene was *Apold1*
(log2FoldChange -3.7, adjusted *p*-value 1.82E-108), a gene whose expression is critical for stroke
recovery in mice[75]. *Ccn1*, the second most downregulated gene (log2FoldChange -3.0, adjusted
p-value 3.50E-70), similarly promotes wound healing and tissue repair[76]. This pattern extended
beyond individual genes: many of the genes that were strongly downregulated by GDCA (e.g.,
Klf2, *Klf4*, *Adamts1*, *Akap12*, *Maff*, *Plaur*, *Ddit4*, *Atf3*, *Btg2*) are involved in cellular responses to
injury and stress, including oxidative stress, hypoxia, DNA damage, and stroke[77–85]. These
observations were supported by GSEA based on hallmark gene sets. GSEA demonstrated
significant negative enrichment of the terms "TNFα signaling via NF-κB" and "hypoxia" (Fig. 5A),
as well as nominal negative enrichment of "p53 pathway" (Supplementary Table 8), consistent
with reduced activity of stress-response pathways. The results suggested marked disruption of
endothelial cell homeostasis; for example, the simultaneous reductions of *Klf2* and *Klf4* alone
would be expected to cause severe endothelial dysfunction[86,87]. However, given the use of bulk
RNA-seq, it is unknown whether these decreases originated specifically from endothelial cells, or
from other brain cell types.

GSEA using the REACTOME pathway database (Fig. 5B; Supplementary Table 8)
demonstrated the positive enrichment of several terms related to chromatin dynamics, including
"PKMTs methylate histone lysines," "epigenetic regulation of gene expression," and "chromatin
organization." Based on this result, we postulated that GDCA achieves its notable gene regulatory
effects, including the strong silencing of many genes, by inducing changes in chromatin
organization and accessibility. To test this hypothesis, we conducted bulk ATAC-Seq on the flash-
frozen right brain hemispheres of the GDCA- and vehicle-treated mice.

Consistent with our prediction that GDCA induces chromatin changes, ATAC-seq
identified hundreds of genomic regions with differential accessibility between the brains of GDCA-
and vehicle-treated mice (Figs. 5C-D; Figs. S10A-B; Supplementary Table 11). 200 of the 204
differentially accessible peaks (98%) were less accessible in the GDCA-exposed brains.
Moreover, using HOMER to annotate each differential peak with its nearest gene, we found that
six of the "nearest genes" were also differentially expressed in RNA-seq (Supplementary Table
11). This set of six genes included several known stress-response genes: *Ddit4*[82], *Errfi1*[88], *Rhob*[89],
and *Sgk1*[90]. For all six genes, the direction of change was concordant across datasets - decreased
expression of the gene and decreased accessibility of the nearby peak - providing compelling
evidence that the strong transcriptional changes induced by GDCA are driven, at least in part, by
chromatin remodeling.

We further annotated the differentially accessible peaks based on overlapping genomic
features and compared the proportion of peaks in each category to the proportions expected from
the reference genome. This analysis revealed enrichment of differential peaks in promoters and
introns (Fig. 5E; Fig. S10C; Supplementary Table 11). Promoters and introns frequently harbor
regulatory elements such as enhancers[91]; therefore, the enrichment of these features among
differential peaks further supports a direct link between GDCA-induced changes in chromatin
accessibility and effects on gene expression. Consistent with this interpretation, 4 of the 5 most
significantly differential intronic peaks fully overlapped elements annotated as distal enhancers in
the ENCODE SCREEN database (https://screen.wenglab.org/)[92].

Promoters and enhancers commonly contain motifs that bind transcription factors (TFs)
critical for the regulation of gene expression. We therefore used chromVAR[93] to assess whether
GDCA altered the accessibility of any TF motifs from the "CORE" collection of the well-established
JASPAR[94] database. We found that TF motif accessibility patterns quantified by chromVAR
clearly separated GDCA-exposed brains from controls (Fig. S11A). The TF motif with the highest
variability across samples was MA0007.4, which is recognized by the *Ar* transcription factor that
coordinates the cellular response to androgens (Fig. 5F; Supplementary Table 11). This *Ar* motif
was consistently less accessible in the GDCA-exposed brains than in controls (Fig. S11B).

A recent study showed that certain microbiome-derived bile acids, which share the sterol
structure of androgens, can antagonize the human androgen receptor[95]. Thus, GDCA may block
mouse *Ar* from nuclear translocation and binding to its target motifs, thereby reducing motif
accessibility - since TF binding usually opens chromatin[96] - and suppressing androgen-responsive
transcription. Consistent with this model, several of the genes strongly downregulated by GDCA
(e.g., *Adamts1*, *Akap12*, *Sgk1*) belong to the "Androgen Response" hallmark gene set from
MSigDB. GSEA likewise showed negative enrichment of this gene set (normalized enrichment
score = -2.17; Supplementary Table 8), although this did not reach statistical significance after

multiple testing correction (raw *p* = 0.05, adjusted *p* = 0.16), possibly reflecting a lag between
certain chromatin changes and downstream transcriptional effects.

Fig. 5. GDCA suppresses stress-response genes and remodels chromatin in the brain. **(A)** All
significantly enriched terms from gene set enrichment analysis (GSEA) based on hallmark gene
sets; full results in Supplementary Table 8. **(B)** All significantly enriched terms from GSEA using
the REACTOME pathway database; full results in Supplementary Table 8. **(C)** Volcano plot of
differential chromatin accessibility between GDCA-treated and vehicle control mouse brains,
based on ATAC-seq of flash-frozen right hemispheres from the initial RNA-seq cohort (see
Methods). Y-axis: -log10(adjusted p-value) from DESeq2; x-axis: log2FoldChange vs. vehicle

control. Purple dots represent genomic peaks with higher accessibility in brains from GDCA-exposed mice (adjusted $p \leq 0.1$ and positive log2FoldChange). Teal dots represent genomic peaks with lower accessibility in brains from GDCA-exposed mice (adjusted $p \leq 0.1$ and negative log2FoldChange). **(D)** Coverage heatmap for the 200 genomic peaks that were significantly less accessible in brains from GDCA-exposed mice, vs. control. Each row represents one peak. BAM files for individual brains within each condition were merged prior to visualization (Methods). CPM = counts per million. **(E)** Observed versus expected proportions of differentially accessible peaks overlapping various genomic features. Expected proportions were calculated based on the reference genome. Introns and promoters are significantly enriched among differential peaks, whereas intergenic regions are depleted. The symbol * indicates $p < 0.05$ and *** indicates $p < 0.001$. p-values were calculated by HOMER using a one-sided binomial test (upper-tailed when observed > expected and lower-tailed when observed < expected). **(F)** Transcription factor (TF) motifs with the highest variability in accessibility across ATAC-seq samples, as quantified by chromVAR[93]. Dots represent point estimates of motif variability and horizontal lines indicate the corresponding 95% bootstrap confidence intervals. The color scale shows the significance of variability as -log10(adjusted p-value from chromVAR). To facilitate visualization, -log10(padj) values were capped at 200; the true padj for the variability of MA0007.4_Ar across samples is 0.

GDCA acutely reduces mobility

Growing evidence indicates that androgens support both cognitive and motor function[97–99]. In addition, increased chromatin accessibility can be beneficial for cognitive function[100], in stark contrast to the accessibility reductions observed after GDCA treatment. Therefore, we hypothesized that GDCA impairs cognitive and motor performance and may also influence additional aspects of mouse behavior.

To test this, we first administered GDCA for three days (0.4 mg/kg/day, intravenous retro-orbital injection) and assessed behavior (Fig. 6A). There were no detectable differences between GDCA- and vehicle-treated mice, as assessed in an activity chamber on day 4 or in a Y-maze on day 5 (n=15 male mice per group; see Figs. 6C-E, 6G-H, and Supplementary Table 12). We reasoned that GDCA may have been cleared by the day of testing, and therefore evaluated the impact of acute exposure in a second mouse cohort (Fig. 6B). 10 or 50 mg/kg GDCA was administered via oral gavage, based on prior studies evaluating its impact on obesity and polycystic ovary syndrome[101,102], and previous estimates that only a small percentage (5-10%) of bile acids escape the enterohepatic circulation[103,104].

One hour after administration of GDCA or vehicle, mice were tested in the Y-maze. Like vehicle-treated mice, GDCA-treated mice alternated between maze arms above chance levels (Fig. 6F), indicating no impairment in spatial working memory. However, GDCA reduced mobility in a dose-dependent manner, as evidenced by fewer entries into maze arms and lower total distance moved within the Y-maze (Figs. 6I-L; Supplementary Table 12). At 50 mg/kg GDCA, this was accompanied by a reduction in core body temperature (Fig. 6B and 6M). Total distance moved also trended towards a GDCA-induced reduction within the setup of cohort 1 (p=0.054; Fig. 6H; Supplementary Table 12). These results are intriguing given the association between GDCA and Parkinson's Disease[32], which is characterized by both impaired locomotion[105] and a reduced mesor (rhythm-adjusted mean) of core body temperature[106].

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Fig. 6. GDCA acutely reduces mobility. **(A)** Schematic depicting the initial behavioral experiments
performed. There were *n*=15 mice per group, yielding *n*=30 mice total in this first behavioral
cohort. **(B)** Schematic depicting the second set of behavioral experiments. There were *n*=15 mice

per group, yielding *n*=45 mice total in this second behavioral cohort. Core body temperature was
also measured in this cohort. **(C)** Total distance moved in the periphery of the activity chamber
(cohort 1). Groups were compared using Welch's two-sample, two-sided *t*-test. **(D)** Same as (C),
but for total distance moved in the center of the activity chamber. **(E)** Percent alternation between
maze arms over the 5-minute duration of the Y-maze test (cohort 1). An alternation occurs when,
after exiting one maze arm, the mouse does not enter one of the two arms they just visited, but
rather enters the novel arm. Alternation percentages are defined as 100% * (number of
alternations) / (total number of opportunities to alternate). Statistics compare the alternation
percentages within each group to the chance level (50%[107,108]), using Welch's one-sample, two-
sided *t*-test. **(F)** Same as (E), but for cohort 2. One mouse from the G_50 group was excluded as
it had less than three arm entries and thus had no opportunities to alternate. **(G)** Cumulative
entries into the arms of the Y-maze (cohort 1). **(H)** Distance moved within the Y-maze, minute-
by-minute (cohort 1). **(I)** Same as (G), but for cohort 2. **(J)** Same as (H), but for cohort 2. **(K)**
Boxplot of the data from minutes 0-5 in panel (I). Groups were compared using one-way ANOVA
with Dunnett's post-hoc test. **(L)** Boxplot depicting the total distance traveled in the Y-maze by
cohort 2, calculated as the sum of the values underlying panel (J). Statistics as in (K). **(M)** Core
body temperature (°C) in cohort 2 measured at 0, 10, 30, and 60 min after gavage, six days after
Y-maze testing. Bars show mean ± SEM. All *n*=15 mice per group were measured at time 0; *n*=5
mice per group were measured at each subsequent timepoint. Within each treatment group, time
effects were assessed using one-way ANOVA; when significant, Dunnett's posthoc test was also
applied (statistics shown). In all panels, ns indicates not statistically significant, * indicates *p* ≤
0.05, ** indicates *p* ≤ 0.01, *** indicates *p* ≤ 0.001, and **** indicates *p* ≤ 0.0001. In all boxplots,
boxes represent the interquartile range (IQR), the horizontal line indicates the median and
whiskers extend between (25th percentile - 1.5*IQR) and (75th percentile + 1.5*IQR).
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Discussion

The gut microbiome produces and impacts the systemic concentration of hundreds of metabolites, each of which may profoundly influence host organs, including the brain. However, systematic, high-throughput efforts to identify metabolites relevant to gut-brain signaling are lacking, partly because testing hundreds of molecules in animal models - the most accurate system to assess brain effects - is impractical. In this study, we integrated computational, *in vitro*, and *in vivo* approaches to identify age-related, microbiome-derived blood metabolites that - at physiologically relevant levels - induce significant molecular changes in the mouse brain. Among other changes, we observed impacts on RNA splicing and chromatin accessibility, whose dysregulation is implicated in brain aging and in age-related neurodegeneration[70,109,110]. Furthermore, we found that a microbiome-derived secondary bile acid, GDCA, can reduce mobility, a function that declines with aging and neurodegenerative disease. These findings demonstrate that "microbiome aging" may substantially contribute to "brain aging" through impacts on the blood metabolome, and that targeting the microbiome and its metabolites may offer cognitive benefits during aging.

The aminoxide TMAO has been extensively studied in the context of cardiovascular disease[13,111], and there is a growing body of research on its impact on the brain, where it has been shown to induce mitochondrial dysfunction, oxidative stress, neuroinflammation, and reductions in synaptic plasticity[29,58]. We found that TMAO also upregulates the glycolytic pathway in the brain - perhaps to compensate for mitochondrial dysfunction - and impacts RNA splicing by inducing strong downregulation of splicing factors and driving dozens of differential splicing events. Although prior work has identified splicing changes in the brains of germ-free vs. conventionally raised animals[112], to our knowledge, this is the first demonstration that specific microbiome-derived metabolites can alter host splicing patterns - whether in the brain or in any other host organ. GDCA may also affect splicing (Fig. 5B), raising questions about the relative impacts of each individual microbiome-derived blood metabolite and how these impacts might converge to influence normal brain function and the development of brain pathologies.

Unlike TMAO, little is known about the effects of GDCA on the mammalian nervous system, with prior knowledge limited to its association with neurodegenerative disease and cognitive impairment in several human cohorts[30–34]. Here, we build upon this knowledge, finding that GDCA alters chromatin accessibility, which might be the mechanism by which it also silences genes required for stress and injury response in the mouse brain. Large microbiome perturbations, such as antibiotics and germ-free status, have been shown to impact the brain epigenome[113]; however, previous metabolite-specific work has focused on the impact of short-chain fatty acids[114], leaving open questions about the many other classes of microbial effectors, including bile acids.

Our data suggest that GDCA substantially alters the brain transcriptome and epigenome, largely by antagonizing the host androgen receptor. This may suppress host androgen signaling, a pathway that is generally considered beneficial for cognitive and motor function[97–99]. This hypothesis aligns with our finding that GDCA exposure induces mobility deficits. However, further study - with varied dosing and testing paradigms - will be required to fully elucidate the cognitive and motor impacts of GDCA.

Although our work clearly demonstrates that circulating microbiome-derived metabolites
can induce significant molecular alterations in the brain, it has several limitations. First, we tested
only short-term exposures. However, brain aging and neurodegeneration occur over long periods
of time. It will thus be important to decipher the short- vs. long-term effects of metabolites of
interest. *In vitro*, this may require determining the half-life of each metabolite and ensuring
continuous exposure to the desired concentration. *In vivo*, metabolites may need to be
administered via osmotic minipump or through the diet. To determine the most physiologic dosing
regimens, pharmacokinetic (PK) studies - involving metabolomics at various timepoints - will be
necessary. Indeed, even the limited effects of *acute* exposure to PA and IAA in our study (Fig.
3B) may simply reflect suboptimal bioavailability of the administered formulations, underscoring
the value of PK studies.

Another limitation is that, while our results show that TMAO increases the expression of
glycolytic enzymes, both *in vitro* and *in vivo*, we did not definitively establish changes in glycolytic
flux. This can be investigated using ^{13}C isotope tracing or similar approaches. Additionally, while
we find interesting molecular phenotypes in adult mice, these results may or may not translate to
aged animals. Future *in vivo* work in aged mice will be informative, in this regard, given that age
may modify the brain's response to each metabolite. Relatedly, age-related comorbidities such
as diabetes and cardiovascular disease may impact host response to individual metabolites,
highlighting the importance of testing metabolite effects in the relevant disease models. Finally,
because our multi-omic analyses were conducted using bulk rather than single-cell methods, the
cell-type-specific effects of TMAO and GDCA remain unclear.

Despite these limitations, our work underscores that the gut microbiome, which is
potentially modifiable, is a valuable therapeutic target in the context of brain aging. We identify
specific age-associated microbiome metabolites that impact the transcriptional and epigenetic
landscape of the brain, with likely consequences for brain function, as demonstrated by the
observed impact of GDCA on locomotion. In addition, although we focused on brain aging in this
work, the framework we describe - beginning with metabolomics data analysis, followed by *in vitro*
transcriptomic screening, and concluding with *in vivo* studies of host organs and behavior - can
be applied to identify the microbiome metabolites relevant to any host pathology of interest,
providing a powerful tool for the field of microbe-host interactions.

Methods

Identifying microbiome-associated metabolites whose blood levels change with age

To identify metabolites whose blood levels change with aging, we leveraged data from three large cohort studies[18–20] listed in a recent review[17] on the metabolomics of aging. From Menni *et al.*[18], we retained all metabolites from Table S2, since only metabolites significantly associated with age were included in this table. From Dunn *et al.*[19], we retained metabolites with p adj <= 0.05 under the test labeled "_age.g2" in Supplementary Material 2 ("AGE" tab). From Darst *et al.*[20], we retained metabolites with p_age <= 0.05 in Table S1.

Separately, we curated a list of 329 human-associated metabolites that have been reported to be produced by microbes and/or are the products of host-microbe cometabolism. To create the list, we first downloaded Table S3 from a recent study on interactions between human-associated metabolites and GPCRs[21], and filtered to metabolites that included "Bacteria" in the "Source" column. After filtering, there were 320 metabolites. We then added the following nine metabolites known to be microbially producible and/or producible through host-microbe cometabolism[23,115–118]: acetic acid, butyric acid, indole-3-carboxaldehyde, indolelactic acid, enterolactone, imidazole propionate, p-cresol sulfate, hippuric acid and indoleacetic acid.

Then, we intersected the age-associated metabolites from each study with the curated list of metabolites associated with microbial metabolism. The intersection method was different per study given the differing formats of the tables. Specifically, for Darst *et al.*, we were able to intersect based on HMDB ID. We also noted that there was one metabolite that matched on CAS number but not on HMDB ID, given that it was listed as "ornithine HCl" in our curated list of microbiome-associated metabolites, but simply "ornithine" in the Darst study. So, we added ornithine manually to the intersection output. For the Menni and Dunn datasets, which lacked standardized identifiers, we used fuzzy string matching (via the Python package fuzzywuzzy, v0.18.0) to identify metabolites with similar names, followed by manual curation to confirm true matches. We also added two intersecting metabolites that were missed by fuzzy matching - indoleacetate and hippurate.

This process yielded 114 overlapping metabolites, 79 of which were unique based on HMDB ID. To narrow the list to metabolites most strongly associated with the gut microbiome, we leveraged two additional resources: **(1)** a recent study comparing blood metabolite levels between germ-free and conventionally raised mice[12]; and **(2)** the GUTSY Atlas[22], which reported the proportion of variance in blood metabolite levels "explained" by the gut microbiome for 1,168 metabolites based on paired stool-blood data for over 8,000 humans. Metabolites were retained for the final panel if they met at least one of two criteria: **(1)** showed significantly different blood levels between germ-free and conventionally raised mice[12]; **(2)** ranked in the top 20% of blood metabolites for the GUTSY variance-explained metric. We eliminated alanine and uridine, the former due to its minimal expected impact on cellular processes[24], and the latter because its blood levels increased with age in one study[18] but decreased with age in another[20].

The final table of 30 metabolites and their properties is contained in Supplementary Table 1. The table also specifies the exact product that was ordered for experimental testing.

Of note, at a later date, after conducting the *in vitro* RNA-seq experiments, we discovered
that the p_age values in Table S1 of the Darst study had not been corrected for multiple
hypothesis testing. However, even after we manually corrected for multiple hypothesis testing
(using a False Discovery Rate approach in R v4.3.2), all the metabolites from the Darst study in
our final panel maintained significance using an FDR threshold of padj ≤ 0.1, with all but cholate
(padj = 0.065) and glycodeoxycholate (padj = 0.061) also having a padj ≤ 0.05.

Cell culture

Human cerebral microvascular endothelial cells (hCMEC/D3; Sigma, Cat #SCC066) were
obtained as a gift from the lab of Prof. Mark Kay at Stanford University. Cell line authentication
was conducted using the ATCC Human Cell STR Profiling Service at passage #9 in October
2023, prior to initiating the experiments described in this manuscript. Cultures were maintained in
a 37°C, 5% CO_2 incubator at passage numbers ≤ 22, well below the limit of 35 established by the
developers of the cell line[26]. The cell medium was prepared from the EGM2-MV BulletKit (Lonza,
Catalog #CC-3202). The VEGF supplement was excluded from the medium based on literature
precedent[58,116] and due to VEGF's ability to impair the key barrier-forming properties of the
cells[119]. Cells were passaged every two days and were maintained on tissue culture-treated
plates. Cells were tested for mycoplasma contamination at six-month intervals during periods of
active culture using the ATCC Universal Mycoplasma Detection Kit (ATCC, Cat #30-1012K).

In vitro transcriptomic screen - experimental details

The screen was conducted in four separate batches using 12-well plates. Prior to cell seeding,
each well was coated with 0.5ml of a 1:20 dilution of rat tail collagen (Sigma, Catalog #08-115) in
DPBS (Fisher, Catalog #MT21031CV). Collagen was incubated on the plates at 37°C for 1 hour
and rinsed off twice with DPBS before cell seeding. Cells were seeded at passages #9-10, at a
density of 100,000 cells per well. Seeded cells were grown for six days prior to treatment, based
on prior literature[58,116]. The cell culture medium was refreshed every two days.
Each 12-well plate was organized to include three wells for vehicle controls and nine wells
for testing three metabolites, with three biological replicates per metabolite. All metabolites tested
on a given plate were dissolved in the same solvent (H_2O or DMSO) and vehicle controls included
an equivalent volume (1%) of the solvent in the final media used for the assays. Because urate
was insufficiently soluble in H_2O or DMSO alone, the final treatment media for this metabolite
included a small percentage (approximately 0.1%) of NaOH in addition to 1% H_2O.
Each batch consisted of three 12-well plates, which allowed room for testing nine
metabolites per batch. To allow for inclusion of an LPS control condition per batch, eight candidate
metabolites were tested per batch. Specifically, batches #2-4 tested 8 metabolites each and batch
#1 tested 6, to cover the entire set of 30 metabolites (see Supplementary Table 3). Cells were
treated with a metabolite, vehicle, or LPS for 3h before being harvested in TRIzol and stored at -
20°C for downstream RNA extraction and sequencing.
For each metabolite, we determined a physiologically relevant concentration to add to
cells (Supplementary Table 1), primarily based on information listed in the Human Metabolome
Database (HMDB) as of November 2023. Specifically, for each metabolite, we searched for the
metabolite in HMDB, clicked the "Concentrations" tab of the relevant entry, examined the

concentrations listed for "normal" adult blood samples, and selected a concentration based on
those listings. HMDB did not provide blood concentrations for four metabolites:
glycodeoxycholate, imidazole propionate, methyl indole-3-acetate, and N-acetyl-L-alanine. For
glycodeoxycholate, we chose the concentration based on Table S2 of Qing *et al.*, *Schizophrenia*
2022[120]. For imidazole propionate, a relevant physiological concentration was determined based
on Fig. 1 of Molinaro *et al.*, *Nature Communications* 2020[115]. For methyl indole-3-acetate, we
were not able to find literature on the exact concentrations in adult blood samples. We tested 1µM
because it was between previously reported concentrations of the metabolite in adult urine[121] and
the chosen test concentration of the related metabolite indole-3-acetate. For N-acetyl-L-alanine,
we tested 3µM based on previous literature that included *in vitro* experiments with this metabolite
(Yang *et al.*, *Int J Mol Sci* 2023; Section 2.2[122]).
RNA was extracted using the following protocol. Samples were thawed to room
temperature and incubated for an additional five minutes after thaw. 200µl chloroform was then
added per 1ml of TRIzol used; then, samples were briefly vortexed and incubated 2-3 minutes at
room temperature, prior to a 15-minute centrifugation at 17,000 x g at 4°C. The aqueous phase
was transferred to a new tube. Steps 2-7 of the "Part 1" quick-start protocol for the RNeasy Mini
Kit (Qiagen, Catalog #74106) were then executed, skipping the on-column DNase digestion but
including the optional dry spin. DNase digestion was conducted using TURBO DNase (Fisher
Scientific, Catalog #AM2239). Then, the "RNA cleanup" section of the RNeasy Mini handbook
was executed, using 2 minutes rather than 1 minute for the dry spin. Finally, an ethanol
precipitation was conducted for all samples to clean up any ethanol contamination, based on the
relevant protocol from Cold Spring Harbor Laboratories[123]. RNA samples were sent to Novogene
for quality control, mRNA library preparation (poly A enrichment), and sequencing (NovaSeq
6000, 150bp paired end reads, 6Gb raw data per sample).

In vitro transcriptomic screen - computational analysis

Computational analysis of the *in vitro* RNAseq data was performed separately for each
sequencing batch, as follows. First, FASTQ files from Novogene were trimmed to remove adapter
and low-quality bases using TrimGalore v0.6.10 with the following parameters: -q 30 --fastqc --
stringency 3 --max_n 15 --output_dir trimming_out --cores 2 --retain_unpaired --paired
<SAMPLE>_1.fq.gz <SAMPLE>_2.fq.gz.
Trimmed paired reads were pseudoaligned to the human reference transcriptome using
kallisto v0.48.0[124]. The reference transcriptome was downloaded from Ensembl (release 110,
Homo_sapiens.GRCh38.cdna.all.fa.gz) and an index was built using the kallisto index command.
For pseudoalignment, the kallisto quant command was used with the -b 100 option, corresponding
to 100 bootstraps.
Samples were then grouped based on the solvent included in the media (DMSO or H_2O),
and a principal component analysis (PCA) was performed separately for each solvent group, as
follows. First, transcript abundance tables generated by kallisto were normalized and filtered using
the kallisto_table function from the sleuth R package (v0.30.2), using the options normalized =
TRUE and use_filtered = TRUE. The resulting tables were log-transformed using the natural
logarithm of (x+0.5) prior to PCA, which was conducted using the prcomp function in R v4.3.2.
PCA plots were used to identify potential outlier samples within each group - defined as
samples positioned far from: (1) the vast majority of samples in the plot, and (2) the other

replicates within their treatment condition. Due to the subjective nature of visual outlier
identification, samples were only excluded from downstream analyses if their removal was
additionally supported by deviant quality control (QC) statistics from Novogene. **Note:** The PCA
plots for each sequencing batch are displayed in Figs. S4 and S5, and the corresponding sample
lists and QC statistics are contained in Supplementary Table 3.

Based on the above criteria, the following 5 (out of 138) samples were excluded from
downstream analysis. From batch 2, oxalate replicate #1 and carnitine replicate #2 were removed
(supporting QC statistic: low %GC content compared to the other samples in the batch). From
batch 3, glycodeoxycholate replicate #1 and quinolinate replicate #2 were removed (supporting
QC statistic: low %GC content compared to other samples in the batch). From batch 4 - DMSO
control replicate #5 was removed (supporting QC statistic: low RNA concentration compared to
all other DMSO control samples).

Following PCA and outlier removal, DESeq2[125] v1.42.1 was used to determine
differentially expressed genes between each set of metabolite-treated samples and the
corresponding vehicle controls in the sequencing batch, using the default significance cutoff of
alpha=0.10. As specified in Supplementary Table 3, the number of vehicle controls per solvent
per sequencing batch ranged from three to nine. Gene abundance values were determined from
the per-transcript kallisto outputs using tximport (v1.31.0). When applicable, the corrplot R
package (v0.95) was used to verify that all vehicle controls of the same solvent (e.g., 1% DMSO
controls) on different plates could be grouped, based on strong correlations - Pearson's $r > 0.98$
- of log-transformed gene abundances.

As recommended by the DESeq2 developers, the function lfcShrink[60] was applied to
conservatively shrink log2foldchanges, using the shrinkage estimator 'apeglm.' Additionally, to
avoid overcounting the number of significant hits per metabolite, we filtered the DESeq2 output of
differentially expressed genes to eliminate lines that were exact duplicates of previous lines
besides the Ensembl ID field, which can occur when two different Ensembl gene IDs are mapped
to the same physical gene. Finally, genes with an absolute shrunken log2 fold change ≤ 0.1 were
not counted as DEGs, even if they met the significance threshold of adjusted $p ≤ 0.1$.

The KEGG pathway enrichment analyses shown in Figs. 2B and S2 were conducted using
g:Profiler (https://biit.cs.ut.ee/gprofiler/gost)[126] on August 17, 2025 using the default g:SCS
significance threshold and a custom list of background genes - specifically, all genes that passed
DESeq2's internal filters in the corresponding DESeq2 analysis. For the analysis of DEGs in the
Alzheimer and Parkinson's KEGG pathways (Fig. 2C), the pathway gene lists were retrieved on
July 19, 2025 from https://rest.kegg.jp/link/hsa/path:hsa05010 and
https://rest.kegg.jp/link/hsa/path:hsa05012, respectively. The numbers reported in Fig. 2C
represent numbers of unique genes (based on Entrez ID).

In vitro cytotoxicity testing

hCMEC/D3 cells (passage #22) were seeded on Day 0 at a density of 100,000 cells per well in
12-well plates. Prior to seeding, each well was coated with 23µg rat tail collagen (Sigma, Cat.
#08-115) in 1mL DPBS (Fisher, Catalog #MT21031CV) and rinsed twice with DPBS following a
10-minute incubation at room temperature.

On Day 2, cells were treated for 3 hours with EGM2-MV BulletKit medium (Lonza, Catalog
#CC-3202) excluding the VEGF supplement and supplemented with either: **[1]** metabolites at the

concentrations shown in Fig. S7, **[2]** vehicle control (i.e., 1% DMSO or 1% H_2O), or **[3]** 20%
DMSO (cytotoxic control).
Following treatment, cells were detached with 0.05% trypsin-EDTA (Fisher Scientific,
Catalog #25-300-054), pelleted by centrifugation (100 x g, 5min, 4°C), and resuspended in 150µl
serum-free, phenol red-free EGM2-MV medium (basal medium: Lonza, Catalog #CC-3129;
supplements: Lonza EGM2-MV SingleQuots kit, Catalog #CC-4147, excluding FBS and VEGF).
30µl of Propidium Iodide ReadyFlow reagent (Thermo Fisher, Catalog #R37169) was added to
the suspension, and fluorescence was measured using a NovoCyte Quanteon flow cytometer at
the Stanford Shared FACS Facility.

Animals

Male C57BL/6 mice (3 months old) were obtained from Jackson Laboratories (stock # Jax
000664). All mice were kept on a 12 h-12 h light-dark cycle and provided *ad libitum* access to food
and water. All animal care and procedures complied with the Animal Welfare Act and were in
accordance with institutional guidelines and approved by the institutional administrative panel of
laboratory animal care at Stanford University (PIs of animal protocols: T. Wyss Coray, M.
Shamloo; protocol #s 29100 and 18466).

Mouse brain transcriptomics after metabolite injection

Guided by prior studies investigating TMAO and the microbiome metabolite p-Cresol sulfate[58,116],
we conducted bulk transcriptomics on mouse half-brains following a 2-hour exposure to each
metabolite of interest or the corresponding vehicle control. As detailed in Figs. #2-3 and the
accompanying text, four metabolites were tested in mice - palmitic acid (PA), indoleacetic acid
(IAA), trimethylamine N-oxide (TMAO), and glycodeoxycholic acid (GDCA). Intravenous retro-
orbital injection under isoflurane anesthesia was used as the administration route.
Metabolite dosing was based on precedent from the study on TMAO that guided
experimental design[58]. For TMAO, we used the same dose as the original study, 1.8 mg/kg. This
dose was described as "calculated to approximate human circulating TMAO levels." Thus, for the
remainder of the metabolites, we examined the targeted metabolomics literature[32,34,48–55] to
identify the range of circulating levels in human seniors, and calculated mouse-equivalent doses
of observed human concentrations, using well-established guidelines[56,57]. PA (Sigma, Catalog
#P0500-10G, Lot #0000253065) was administered at a final dose of 22.2 mg/kg (~100µM total
body dose). IAA (Sigma, Catalog #I2886-5G, Lot #0000249926) was administered at a final dose
of 1.5 mg/kg (~10µM total body dose). GDCA (Sigma, Catalog #361311-5GM, Lot #4045885) was
administered at a final dose of 0.4 mg/kg (~1µM total body dose).
Two experiments were conducted in total. **Experiment 1** contained 8 mice; 4 mice
received 1.8 mg/kg TMAO in 100µl saline, and 4 mice received 100µl saline (vehicle control).
Experiment 2 contained 20 mice, in two groups. Group 1 contained 8 mice; 4 mice received 0.4
mg/kg GDCA in 100µl saline, and 4 mice received 100µl saline (vehicle control). Group 2
contained 12 mice; 4 mice received 22.2 mg/kg PA in 100µl saline containing 6% DMSO, 4 mice
received 1.5 mg/kg IAA in 100µl saline containing 6% DMSO, and 4 mice received 100µl saline
also containing 6% DMSO (vehicle control). ***Note:*** unlike TMAO and GDCA, PA and IAA are only
soluble in organic solvents such as DMSO, hence the use of DMSO above.

For sacrifice, mice were anesthetized using 2.5% Avertin (v/v). As per the original TMAO
study[58], mice were transcardially perfused with 0.9% saline after sacrifice and prior to brain
removal, in order to remove contaminating blood. Forceps used for brain extraction were pre-
treated with RNaseZap (Thermo Fisher, Catalog #AM9780) and subsequently rinsed twice with
RNase-free water to minimize the risk of RNA degradation. Brains were sagittally hemisected at
the corpus callosum prior to storage. Left hemispheres were stored in 1ml RNAlater overnight at
4°C, and then dabbed on a Kimwipe to remove excess RNAlater before transfer to a fresh tube
for storage at -80°C. Right hemispheres were either processed in the same manner or flash-
frozen directly at -80°C. Specifically, for the TMAO-treated and corresponding vehicle control
brains - which were part of the first experiment performed - the right hemispheres were processed
identically to the left. In the second experiment, however, the right hemispheres were flash-frozen
at -80°C without RNAlater incubation.
RNA was extracted from frozen left hemispheres using a modified version of the protocol
from the QIAWave RNA Mini Kit (Qiagen, Catalog #74536), as follows. A bead beater (Qiagen
Tissue Lyser II) was used to homogenize the left hemisphere in a collection microtube (Qiagen
Catalog #19560) containing 700µL of pre-chilled QIAzol (Qiagen, Catalog #79306) and stainless
5mm steel bead (Qiagen Catalog #69989). For bead beating, the tube was positioned in between
cold metal blocks prechilled at -20°C. Samples were homogenized at 30Hz for five minutes, kept
on ice for 1 minute, then homogenized at 30Hz for an additional 2 minutes. Following
homogenization, the tube was incubated at room temperature for 3-5 minutes. 200µL was then
set aside for RNA extraction in a DNA LoBind tube; the remaining volume was stored in a fresh
DNA LoBind tube at -80°C. 500µL of additional QIAzol was added to the 200µL tube to make
700µL; then, all the liquid was transferred to a DNA LoBind tube containing 200µL chloroform.
The tube was capped and vortexed for 15 seconds, then incubated at room temperature for 2-3
minutes and centrifuged at 12,000xg for 15min at 4°C. 150µL x 2 times (300µL total) of aqueous
phase was then transferred to a DNA LoBind tube containing 300µL 70% ethanol. The tube was
then inverted 10 times to mix, and briefly centrifuged. ~600µl of sample was transferred to the
RNeasy Mini spin column, then spun at 10,000xg for 30 seconds at room temperature. Flow-
through was discarded, and 350µL RW1 was added to the column. The column was spun at
10,000xg for 30 seconds at room temperature, and the flow-through was again discarded. 500µL
RPE was added to the column, and the column was spun at 10,000xg for 30 seconds at room
temperature, after which flow-through was discarded. The preceding RPE wash and spin was
then repeated for 2 minutes. The tube was then centrifuged at maximum speed for one minute at
room temperature. The column was transferred to a new 1.5ml DNA LoBind tube, to which 50µL
RNAse-free water was added. The lid was closed and the tube was incubated at room
temperature for 1-2 minutes. For elution, the tube was spun for one minute at 10,000xg at room
temperature. The same 50µL of eluate was used to repeat the previous step.
RNA samples were sent to Novogene for quality control, mRNA library preparation (poly
A enrichment), and sequencing (NovaSeq 6000, 150bp paired end reads, 6Gb raw data per
sample). A sample list and QC statistics are included in Supplementary Table 3.

Mouse brain transcriptomics - preliminary data analysis

The following steps were performed separately for each experiment defined above. First, FASTQ
files from Novogene were trimmed to remove adapter and low-quality bases using TrimGalore

v0.6.10 with the following parameters: --fastqc --stringency 3 --max_n 15 --output_dir
trimming_out --cores 2 --retain_unpaired --2colour 30 --paired <SAMPLE>_1.fq.gz
<SAMPLE>_2.fq.gz.
Trimmed paired-end reads were pseudoaligned to the standard mouse transcriptome
index provided with the v1 release of kallisto[124], using kallisto v0.50.1. For pseudoalignment, the
kallisto quant command was used with the -b 100 option, corresponding to 100 bootstraps.
Principal component analysis (PCA) was conducted using the following functions available
in DESeq2 (v1.42.1): vst (setting blind = TRUE) and plotPCA. PCA revealed two key insights that
guided subsequent decisions: (1) For experiment 1 - TMAO replicate #3 was positioned away
from every other TMAO-treated sample along the first two components (Fig. S6A), necessitating
further investigation of this sample prior to downstream analysis. (2) For experiment 2 - PCA
revealed strong separation of samples by RNA extraction batch (Fig. S6B), necessitating the
inclusion of this variable as a covariate in downstream differential expression analysis.
TMAO replicate #3 was ultimately excluded from subsequent analyses, including DESeq2
differential expression analysis, based on three additional facts beyond its placement in PCA.
First, TMAO replicate #3 exhibited high leverage in the initial DESeq2 run; i.e., with TMAO
replicate #3 included, it showed the highest mean Cook's distance, more than 1.5x that of any
other sample, indicating a disproportionate influence on the linear model. Second, DESeq2
differential gene expression analysis comparing TMAO replicate #3 vs. all other samples revealed
enrichment of blood markers (Hba-a1: log_2FC = 2.28, padj = 3.9 × 10E-4; Hbb-bt: log_2FC = 1.72,
padj = 0.03; Supplementary Table 7), suggesting potential incomplete perfusion and/or other
blood contamination. Third, excluding TMAO replicate #3 brought our differential expression
results into closer agreement with those reported by Hoyles *et al.*[58], the study that inspired the
design of this experiment, and with the broader literature on TMAO, strengthening confidence in
the results.
DESeq2[125] v1.42.1 was used to determine differentially expressed genes between
metabolite-treated samples and matched vehicle controls, using the default significance cutoff of
alpha=0.10. For experiment 1, TMAO replicate #3 was excluded for the reasons detailed above,
yielding *n*=3 TMAO brains and *n*=4 control brains for the final differential expression analysis. For
experiment 2, all *n*=4 brains per condition were included in the final analysis, and the RNA
extraction batch was included as a covariate, based on the PCA results described above (Fig.
S6B). As recommended by the DESeq2 developers, the function lfcShrink[60] was applied to
conservatively shrink log2foldchanges, using the shrinkage estimator 'apeglm.' All final DESeq2
differential gene expression results for PA, IAA, TMAO and GDCA are contained in
Supplementary Table 7. Genes with an absolute shrunken log2foldchange ≤ 0.1 were not counted
as DEGs, even if they met the significance threshold. All per-gene abundances for DESeq2
analysis were determined from the per-transcript kallisto outputs using tximport (v1.30.0).

Mouse brain transcriptomics - gene set enrichment analysis

831   Gene set enrichment analysis (GSEA) was conducted using the R package fgsea (v1.28.0). The
832   relevant gene sets (hallmark gene sets and REACTOME pathways for mouse) were downloaded
833   from   https://www.gsea-msigdb.org/gsea/msigdb/mouse/collections.jsp   on July 4, 2025.
834   Enrichments with padj ≤ 0.05 were considered statistically significant.

Mouse brain transcriptomics - marker gene analysis

Marker genes for six different brain cell classes were determined using the following command in the R package Seurat (v5.3.0): FindAllMarkers(seurat_object, group.by = "ident", slot = "data", only.pos = TRUE, min.pct = 0.25, logfc.threshold = 0.5). The resulting marker genes were further filtered to those with adjusted *p*-value ≤ 0.05. The Seurat object was constructed using single cell data from the mouse brain, specifically data from the 8 young mice (age-matched to those in our study) included in Ximerakis *et al.*, 2019[65]. Expression data, and metadata specifying the class of each cell, were downloaded from https://singlecell.broadinstitute.org/single_cell/study/SCP263/aging-mouse-brain on August 22, 2025.

Mouse brain transcriptomics - differential splicing analysis

Differential splicing events were identified using rMATS-turbo[71] (v4.1.1), as follows. First, STAR (v2.7.11b) was used to align trimmed paired-end reads to the mouse genome downloaded from GENCODE (Release M37, i.e., GRCm39). The following command was used: STAR --genomeDir <directory_containing_genome> --readFilesIn <SAMPLE>_1.trimmed.fq.gz <SAMPLE>_2.trimmed.fq.gz --outFileNamePrefix <SAMPLE> --outSAMunmapped Within --outSAMattributes NH HI AS NM MD XS --twopassMode Basic --alignSJDBoverhangMin 1 --alignSJoverhangMin 8 --runThreadN 16 --outSAMtype BAM SortedByCoordinate --outSAMstrandField intronMotif --readFilesCommand zcat.

The resulting bam files were then run through rMATS-turbo using the following command: rmats.py --gtf <path_to_genome_annotation_file> --b1 <file_specifying_saline_bams> --b2 <file_specifying_tmao_bams> --od <output_directory> --tmp <directory_for_tmp_files> -t paired --libType fr-unstranded --readLength 150 --variable-read-length --nthread 10 --cstat 0.1 --novelSS --allow-clipping. Based on the "JCEC" output files, this command initially nominated 126 differential splicing events between TMAO-treated and saline-treated brains (FDR ≤ 0.05), which we further narrowed to 44 using the following four filters: **(1)** ≥ 5 read counts on average per group, **(2)** exclusion of events with average PSI < 0.05 or > 0.95 in both groups, **(3)** FDR ≤ 0.01, and **(4)** ΔPSI ≥ 0.10.

The sashimi plot in Fig. S9A was generated using ggsashimi[127] (v1.1.5).

Bulk ATAC-seq of brains of GDCA-exposed vs. vehicle control mice

As described above under "Mouse brain transcriptomics after metabolite injection," only the left hemisphere of each brain in these experiments underwent RNA-sequencing. The right hemispheres from GDCA-exposed and corresponding vehicle control mice were flash-frozen at -80°C, enabling ATAC-seq.

Mouse brain nuclei were isolated following procedures established for processing mammalian brains[128] and then ATAC-seq was carried out as previously described[129] with some modifications.

Briefly, dissected brain tissue was added to 1 mL nuclei extraction buffer (NEB: 250 mM Sucrose, 65 mM B-glycerol, 1x protein inhibitor, 25 mM KCl, 5 mM MgCl2, 20mM HEPES-KOH, 0.5% IGEPAL CA-630, 1 mM DTT, 0.2 mM Spermine, 0.5 mM Spermidine, 2-5% NGSerum) and

incubated on ice for 10-15 minutes. then dounced 20 times with pestle A and another 20 times
with pestle B. Another 300 µL of NEB was added and the mixture was transferred to a 2mL tube
and incubated on a rotator at 4°C for 5 minutes, then filtered through a 70µm Flowmi strainer
(Sigma, Catalog #BAH136800070) into a fresh 2mL tube. The volume was adjusted to 1,200 µL
with more NEB if necessary and nuclei were lightly crosslinked by adding 6.52 µl of 37% FA,
incubating for 4 minutes at room temperature, and quenching with 133 µL 2.5 M Glycine solution.
Nuclei were finally isolated using density gradient separation, by adding 1,100 µL of O-
50% solution (generated by mixing 18,751 µL O-60%/OptiPrep/iodaxinol solution, 3242 µL H20,
450 µL NGS, and 22.5 µL 1M DTT) in a 5mL Eppendorf tube, then creating a density gradient by
adding 1,000 µL O-44% (8,800 µL O-50% plus 1,200 µL H_2O) to the very bottom of the tube and
500 µL O-22% (2,200 µL O-50% plus 2,800 NEB buffer) in between the O-44% and the top layer
with the nuclei. Tubes were then centrifuged for 30 minutes at 4°C with breaks off (deceleration
0, acceleration 5), and nuclei were extracted from the middle layer in the density gradient.
After nuclei isolation, nuclei were counted and approximately 100,000 were used as input
into each transposition reaction in four technical replicates for each individual mouse brain.
Transposition was carried out in 50 µL transposition mix, consisting of 25 µL 2x TD buffer (20 mM
Tris-HCl pH 7.6, 10 mM MgCl2, 20% Dimethyl Formamide), 22.5 µL nuclease-free H_2O, and 2.5
µL loaded Tn5 transposase (produced and assembled following previously established
protocols[130] by incubation in an Eppendorf ThermoMixer at 37°C at 1,000 rpm for 30 minutes. The
transposition reactions were then stopped immediately by adding 150 µL reverse crosslinking
buffer (1% SDS, 0.1M NaHCO3), and reverse crosslinking was carried out for 8 hours at 65°C.
Transposed DNA was isolated using the MinElute PCR Purification Kit (Qiagen, Catalog
#28004) by adding 600 µL PB Buffer and eluting in 20 µL EB Buffer heated to 65°C, then PCR
amplified by mixing 20 µL transposed DNA, 2.5 µL i5 and 2.5 µL i7 PCR primers, and 25 µL 2x
NEBNext High-Fidelity PCR Master Mix (New England Biolabs, Catalog #M0541L), with the
following settings: 72°C for 5 minutes, 98°C for 30 seconds, followed by 10 cycles of 98°C for 10
seconds, 63°C for 30 seconds, and 72°C for 45 seconds.
Final libraries were purified using the MinElute PCR Purification Kit (Qiagen, Catalog
#28004), QC-ed using a Qubit 1X dsDNA kit (Thermo Fisher Scientific, Catalog #Q33230) and an
Agilent TapeStation (High Sensitivity D1000 Screen Tape® Assay), and sequenced on a NextSeq
550 instrument in a 2x38 format.

ATAC-seq - data analysis

ATAC-seq data analysis was conducted largely as previously described[131], with brief specifics
provided below.
Two replicates were sequenced per brain sample, yielding *n*=16 total replicates from *n*=8
mice, of which *n*=4 were GDCA-exposed mice and *n*=4 were the corresponding vehicle control
mice (Supplementary Table 3).
Forward and reverse reads from each replicate were first trimmed to a length of 36bp
using the script PEFastqToTabDelimited.py available at the following Github repository:
https://github.com/georgimarinov/GeorgiScripts. Trimmed reads were aligned to both the entire
mouse genome (mm10) and to the mitochondrial portion alone (chrM) using bowtie (v1.0.1). The
following parameters were used for alignment to the mitochondrial genome: -p 20 -v 2 -a -t --best

--strata -q -X 1000 --sam --12. The following parameters were used for alignment to the entire
genome: -p 20 -v 2 -k 2 -m 1 -t --best --strata -q -X 1000 --sam --12.
The mitochondrial alignments were used to calculate the fraction of mitochondrial reads
in each replicate (reported in Supplementary Table 3). For all subsequent analyses, the entire-
genome alignments were used, after filtering out reads mapping to chrM.
The remaining, non-mitochondrial reads were deduplicated using the MarkDuplicates tool
from   Picard   Tools   (v1.99)   using   the   following   parameters:
VALIDATION_STRINGENCY=LENIENT   ASSUME_SORTED=true
REMOVE_DUPLICATES=true. The resulting deduplicated .bam files were indexed using
samtools v0.1.18 and converted to .wig using the script makewigglefromBAM-NH.py from the
Github repository linked above. Reads per million (RPM) was used as the normalization method.
The .wig files were converted to .bigWig using wigToBigWig from UCSC Utils (version from 2017-
07-13). TSS enrichment scores reported in Supplementary Table 3 were calculated using the
scripts signalAroundCoordinate-BW.py and ATACTSSscore.py, from the Github repository linked
above. TSS coordinates were based on the UCSC mm10 refFlat gene annotation table (dated
2014-10-26).
Peaks were called for each replicate using the callpeak function from MACS2 (v2.1.1)
using the following parameters: -g mm -f BAMPE --to-large -p 1e-1 --keep-dup all --nomodel.
Then, reproducible peaks between replicates were identified using the previously described
irreproducible discovery rate (IDR) framework[131]. IDR v2.0.4.2 was used for this step. The
required script BAMPseudoReps.py from the Github repository linked above was converted to
Python 3 using the 2to3 Python program prior to use.
The reproducible peaks between replicates per sample were then merged across samples
using the createIterativeOverlapPeakSet.R script available at the following Github repository -
https://github.com/corceslab/ATAC_IterativeOverlapPeakMerging - described in Grandi *et al.*,
Nature Protocols 2022[132]. Blacklist regions provided to the script were downloaded from
https://github.com/Boyle-Lab/Blacklist/tree/master/lists (file mm10-blacklist.v2.bed.gz) on July 11,
2025. The spm was set to 0 because confident peaks had already been identified. Additional
relevant parameters were: --suffix _summits.bed --blacklist mm10-blacklist.v2.bed --genome
mm10 --rule "(n+1)/2" --extend 250. This step yielded a .bed file with the coordinates of the final
set of merged peaks, which was converted to SAF format and used to create a read counts table
(rows = merged peaks, columns = samples) using featureCounts (v2.0.6) as follows:
featureCounts -p --countReadPairs -B -C -T 8 -F SAF -a All_samples_peaks.saf -o
All_Samples.counts   <Brain1.pooled_replicates.sorted.bam>
<Brain2.pooled_replicates.sorted.bam> <Brain3.pooled_replicates.sorted.bam>…
Samples were retained for subsequent analysis if both replicates had TSS enrichment
scores ≥ 10, the standard deemed as "acceptable" under ENCODE guidelines for mm10
(https://www.encodeproject.org/atac-seq/, last accessed July 28, 2025). As per Supplementary
Table 3, 7 samples (*n*=4 from GDCA-exposed mice, and *n*=3 from control mice) passed this filter.
Differentially accessible peaks were determined using DESeq2 (v1.42.1) using the default
significance cutoff of alpha=0.10. These peaks were further annotated using the annotatePeaks.pl
script from HOMER, which was installed using the configureHomer.pl script downloaded from
http://homer.ucsd.edu/homer/ on July 14, 2025. Exact command used: annotatePeaks.pl

sig_peak_file_for_homer.txt mm10 -annStats annotation_stats.txt > annotated_sig_peak_file.txt.
The strand in sig_peak_file_for_homer.txt was specified as "." for all peaks.
Coverage of differentially accessible peaks (Fig. 5D; Fig. S10A-B) was determined as
follows. First, BAM files for individual brains within each condition were merged using samtools
v1.21. The resulting two files (one for control brains and one for GDCA-exposed brains) were
sorted and indexed with samtools v1.21, and subsequently converted to bigWig format using the
bamCoverage function from deepTools v3.3.0, using a bin size of 100 bp and specifying counts
per million (CPM) as the normalization method. Coverage matrices per condition were generated
from each bigWig file using the signalAroundCoordinate-individual.py script available from
https://github.com/georgimarinov/GeorgiScripts, using the previously specified parameters[131],
after conversion to Python 3 using the 2to3 Python program.
chromVAR[93] analysis (Figs. 5F and S11) was conducted using chromVAR 1.24.0,
referencing the 0.99.6 version of the JASPAR 2024 database in R version 4.3.2.

Behavioral testing and measurement of core body temperature

Behavioral testing was conducted at the Stanford Behavioral and Functional Neuroscience
Laboratory. Mice were acclimated to a reverse 12h-12h light-dark cycle for one week prior to
initiation of experiments, ensuring that daytime testing coincided with their naturally active (dark)
phase.
For experiments with mouse cohort 1 (schematized in Fig. 6A), mice were dosed for three
consecutive days with GDCA (0.4 mg/kg) or saline vehicle (n=15 mice per group, n=30 total).
Intravenous retroorbital injection was used as the administration route, with isoflurane as the
anesthetic. The total injection volume was 50µL. Behavioral testing was conducted after the final
injection (activity chamber: one day after final injection, Y-maze: two days after final injection).
Mice were observed for one hour in the activity chamber and for five minutes in the Y-maze.
For experiments with mouse cohort 2 (schematized in Fig. 6B), mice were administered
50 mg/kg GDCA, 10 mg/kg GDCA, or saline vehicle *per os* (n=15 mice per group, n=45 total). Y-
maze testing was conducted one hour post-dosing. Six days after Y-maze testing, all mice were
redosed (keeping the same group assignments), and core body temperature was measured using
a mouse rectal probe. All n=15 mice per group were measured at timepoint 0, prior to dosing; n=5
mice per group were measured at each subsequent timepoint (10min, 30min, and 60min post-
dosing).

Data availability

992 All raw sequencing data are available under NCBI BioProject ID PRJNA1328687[133].

Code availability

994 All software, parameters, and relevant details of custom code are described in the Methods
995 section.

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Author contributions

MC: conceptualization, investigation, methodology, data curation, formal analysis, visualization, writing - original draft, writing - review and editing. **SMS:** investigation, methodology. **IEP:** methodology. **DJR:** investigation, methodology. **GKM:** investigation, methodology, data curation, formal analysis. **AAM:** investigation, writing - review and editing. **JLEB:** investigation, methodology. **AN:** visualization. **JWJ:** methodology. **JCW:** supervision. **SXL:** methodology, supervision. **SMD:** methodology, supervision. **WJG:** supervision. **NLS:** investigation, methodology, data curation, formal analysis. **MS:** methodology, supervision. **AB:** funding acquisition, supervision. **TWC:** supervision. **ASB:** conceptualization, methodology, funding acquisition, supervision, writing - original draft, writing - review and editing. All authors read and approved the manuscript.

Competing interests

The authors declare no competing interests.

Supplementary information

Supplementary Information is available for this paper, as follows:

1. PDF of Supplementary Figures
2. Supplementary Table 1 - Properties of the 30 metabolites in the final screening panel
3. Supplementary Table 2 - Enriched KEGG pathways for genes upregulated by LPS

References

1. Sachdev, P. S. *et al.* Factors predicting reversion from mild cognitive impairment to normal cognitive functioning: a population-based study. *PLoS One* **8**, e59649 (2013).

2. Shimada, H., Doi, T., Lee, S. & Makizako, H. Reversible predictors of reversion from mild cognitive impairment to normal cognition: a 4-year longitudinal study. *Alzheimers Res Ther* **11**, 24 (2019).

3. Badal, V. D. *et al.* The Gut Microbiome, Aging, and Longevity: A Systematic Review. *Nutrients* **12**, (2020).

4. Pang, S. *et al.* Longevity of centenarians is reflected by the gut microbiome with youth-associated signatures. *Nat Aging* **3**, 436–449 (2023).

5. Boehme, M., Guzzetta, K. E., Wasén, C. & Cox, L. M. The gut microbiota is an emerging target for improving brain health during ageing. *Gut Microbiome (Camb)* **4**, (2023).

6. Cryan, J. F. *et al.* The Microbiota-Gut-Brain Axis. *Physiological Reviews* (2019) doi:10.1152/physrev.00018.2018.

7. Loh, J. S. *et al.* Microbiota–gut–brain axis and its therapeutic applications in neurodegenerative diseases. *Signal Transduction and Targeted Therapy* **9**, 1–53 (2024).

8. Parker, A. *et al.* Fecal microbiota transfer between young and aged mice reverses hallmarks of the aging gut, eye, and brain. *Microbiome* **10**, 1–25 (2022).

9. D'Amato, A. *et al.* Faecal microbiota transplant from aged donor mice affects spatial learning and memory via modulating hippocampal synaptic plasticity- and neurotransmission-related proteins in young recipients. *Microbiome* **8**, 1–19 (2020).

10. Boehme, M. *et al.* Microbiota from young mice counteracts selective age-associated behavioral deficits. *Nat Aging* **1**, 666–676 (2021).

11. Wikoff, W. R. *et al.* Metabolomics analysis reveals large effects of gut microflora on mammalian blood metabolites. *Proceedings of the National Academy of Sciences* **106**, 3698–3703 (2009).

12. Lai, Y. *et al.* High-coverage metabolomics uncovers microbiota-driven biochemical landscape of interorgan transport and gut-brain communication in mice. *Nat Commun* **12**, 6000 (2021).

13. Wang, Z. *et al.* Gut flora metabolism of phosphatidylcholine promotes cardiovascular disease. *Nature* **472**, 57–63 (2011).

14. Saeedi Saravi, S. S. *et al.* Gut microbiota-dependent increase in phenylacetic acid induces

endothelial cell senescence during aging. *Nat Aging* **5**, 1025–1045 (2025).

15. Knox, E. G., Aburto, M. R., Clarke, G., Cryan, J. F. & O'Driscoll, C. M. The blood-brain barrier in aging and neurodegeneration. *Molecular Psychiatry* **27**, 2659–2673 (2022).

16. Shi, S. M. *et al.* Glycocalyx dysregulation impairs blood–brain barrier in ageing and disease. *Nature* **639**, 985–994 (2025).

17. Panyard, D. J., Yu, B. & Snyder, M. P. The metabolomics of human aging: Advances, challenges, and opportunities. *Sci Adv* **8**, eadd6155 (2022).

18. Menni, C. *et al.* Metabolomic markers reveal novel pathways of ageing and early development in human populations. *Int J Epidemiol* **42**, 1111–1119 (2013).

19. Dunn, W. B. *et al.* Molecular phenotyping of a UK population: defining the human serum metabolome. *Metabolomics* **11**, 9–26 (2015).

20. Darst, B. F., Koscik, R. L., Hogan, K. J., Johnson, S. C. & Engelman, C. D. Longitudinal plasma metabolomics of aging and sex. *Aging (Albany NY)* **11**, 1262–1282 (2019).

21. Chen, H. *et al.* Highly multiplexed bioactivity screening reveals human and microbiota metabolome-GPCRome interactions. *Cell* **186**, 3095–3110.e19 (2023).

22. Dekkers, K. F. *et al.* An online atlas of human plasma metabolite signatures of gut microbiome composition. *Nat Commun* **13**, 5370 (2022).

23. Bishai, J. D. & Palm, N. W. Small Molecule Metabolites at the Host-Microbiota Interface. *J Immunol* **207**, 1725–1733 (2021).

24. Bröer, S. *et al.* Alanine metabolism, transport, and cycling in the brain. *Journal of neurochemistry* **102**, (2007).

25. Wishart, D. S. *et al.* HMDB 5.0: the Human Metabolome Database for 2022. *Nucleic Acids Res* **50**, D622–D631 (2021).

26. Weksler, B., Romero, I. A. & Couraud, P.-O. The hCMEC/D3 cell line as a model of the human blood brain barrier. *Fluids Barriers CNS* **10**, 16 (2013).

27. Sato, N. *et al.* Porphyromonas gingivalis lipopolysaccharide induces interleukin-6 and c-c motif chemokine ligand 2 expression in cultured hCMEC/D3 human brain microvascular endothelial cells. *Gerodontology* **39**, 139–147 (2022).

28. Wilson 3rd, D. M. *et al.* Hallmarks of neurodegenerative diseases. *Cell* **186**, 693–714 (2023).

29. Xie, H. *et al.* The Role of Gut Microbiota-Derived Trimethylamine N-Oxide in the Pathogenesis and Treatment of Mild Cognitive Impairment. *International Journal of Molecular Sciences* **26**, 1373 (2025).

30. MahmoudianDehkordi, S. *et al.* Altered bile acid profile associates with cognitive impairment in Alzheimer's disease-An emerging role for gut microbiome. *Alzheimers Dement* **15**, 76–92 (2019).

31. Low, D. Y. *et al.* Diet-Related Metabolites Associated with Cognitive Decline Revealed by Untargeted Metabolomics in a Prospective Cohort. *Mol Nutr Food Res* **63**, e1900177 (2019).

32. Chen, S.-J. *et al.* Alteration of Gut Microbial Metabolites in the Systemic Circulation of Patients with Parkinson's Disease. *J Parkinsons Dis* **12**, 1219–1230 (2022).

33. Kijpaisalratana, N. *et al.* White matter hyperintensity severity modifies gut metabolite association with cognitive outcomes. *J Prev Alzheimers Dis* **12**, 100086 (2025).

34. Marksteiner, J., Blasko, I., Kemmler, G., Koal, T. & Humpel, C. Bile acid quantification of 20

plasma metabolites identifies lithocholic acid as a putative biomarker in Alzheimer's disease. *Metabolomics* **14**, 1–10 (2017).

35. Melo, H. M. *et al.* Palmitate Is Increased in the Cerebrospinal Fluid of Humans with Obesity and Induces Memory Impairment in Mice via Pro-inflammatory TNF-α. *Cell Rep* **30**, 2180–2194.e8 (2020).

36. Lin, C.-H., Lin, Y.-N., Lane, H.-Y. & Chen, C.-J. The identification of a potential plasma metabolite marker for Alzheimer's disease by LC-MS untargeted metabolomics. *J Chromatogr B Analyt Technol Biomed Life Sci* **1222**, 123686 (2023).

37. Kalecký, K., German, D. C., Montillo, A. A. & Bottiglieri, T. Targeted Metabolomic Analysis in Alzheimer's Disease Plasma and Brain Tissue in Non-Hispanic Whites. *Journal of Alzheimer's Disease* (2022).

38. Chen, S.-J. *et al.* The Gut Metabolite Trimethylamine N-oxide Is Associated With Parkinson's Disease Severity and Progression. *Movement Disorders* **35**, 2115–2116 (2020).

39. Xu, Z. *et al.* Plasma trimethylamine N-oxide, carnitine, choline, and betaine distinguish cognition impairment in Parkinson's disease. *Parkinsonism Relat Disord* **135**, 107844 (2025).

40. Jonsson, A. L. *et al.* Impact of Gut Microbiota and Diet on the Development of Atherosclerosis in Apoe−/− Mice. *Arteriosclerosis, Thrombosis, and Vascular Biology* **38**, 2318 (2018).

41. Wei, W. *et al.* Psychological stress-induced microbial metabolite indole-3-acetate disrupts intestinal cell lineage commitment. *Cell metabolism* **36**, (2024).

42. Sankowski, B. *et al.* Higher cerebrospinal fluid to plasma ratio of p-cresol sulfate and indoxyl sulfate in patients with Parkinson's disease. *Clin Chim Acta* **501**, 165–173 (2020).

43. Pilitsis, J. G. *et al.* Quantification of Free Fatty Acids in Human Cerebrospinal Fluid. *Neurochemical Research* **26**, 1265–1270 (2001).

44. Sarrias, M. J., Cabré, P., Martínez, E. & Artigas, F. Relationship between serotoninergic measures in blood and cerebrospinal fluid simultaneously obtained in humans. *J Neurochem* **54**, 783–786 (1990).

45. Harnisch, L.-O. *et al.* Quantification of Bile Acids in Cerebrospinal Fluid: Results of an Observational Trial. *Biomedicines* **11**, 2947 (2023).

46. Wang, J. *et al.* Peripheral serum metabolomic profiles inform central cognitive impairment. *Sci Rep* **10**, 14059 (2020).

47. Bento, A. P. *et al.* An open source chemical structure curation pipeline using RDKit. *J Cheminform* **12**, 51 (2020).

48. Djousse, L. *et al.* Serum Individual Nonesterified Fatty Acids and Risk of Heart Failure in Older Adults. *Cardiology* **146**, 351–358 (2021).

49. Cui, Y. *et al.* Gas chromatography-mass spectrometry analysis of the free fatty acids in serum obtained from patients with Alzheimer's disease. *Biomed Mater Eng* **26 Suppl 1**, S2165–77 (2015).

50. Dou, L. *et al.* The cardiovascular effect of the uremic solute indole-3 acetic acid. *J Am Soc Nephrol* **26**, 876–887 (2015).

51. Lin, Y.-T. *et al.* Indole-3 acetic acid increased risk of impaired cognitive function in patients receiving hemodialysis. *Neurotoxicology* **73**, 85–91 (2019).

52. Nho, K. *et al.* Altered bile acid profile in mild cognitive impairment and Alzheimer's disease:
Relationship to neuroimaging and CSF biomarkers. *Alzheimers Dement* **15**, 232–244
(2019).
53. Bain, M. A., Faull, R., Fornasini, G., Milne, R. W. & Evans, A. M. Accumulation of
trimethylamine and trimethylamine- N -oxide in end-stage renal disease patients
undergoing haemodialysis. *Nephrol Dial Transplant* **21**, 1300–1304 (2006).
54. Suzuki, T., Heaney, L. M., Bhandari, S. S., Jones, D. J. L. & Ng, L. L. Trimethylamine N-
oxide and prognosis in acute heart failure. *Heart* **102**, 841–848 (2016).
55. Stubbs, J. R. *et al.* Serum Trimethylamine-N-Oxide is Elevated in CKD and Correlates with
Coronary Atherosclerosis Burden. *J Am Soc Nephrol* **27**, 305–313 (2016).
56. U.S. Department of Health and Human Services, Food and Drug Administration, Center for
Drug Evaluation and Research (CDER). Guidance for Industry: Estimating the Maximum
Safe Starting Dose in Initial Clinical Trials for Therapeutics in Adult Healthy Volunteers.
fda.gov https://www.fda.gov/media/72309/download (2005).
57. Nair, A. B. & Jacob, S. A simple practice guide for dose conversion between animals and
human. *J Basic Clin Pharm* **7**, 27–31 (2016).
58. Hoyles, L. *et al.* Regulation of blood-brain barrier integrity by microbiome-associated
methylamines and cognition by trimethylamine N-oxide. *Microbiome* **9**, 235 (2021).
59. Reinecke, F., Smeitink, J. A. M. & van der Westhuizen, F. H. OXPHOS gene expression
and control in mitochondrial disorders. *Biochim Biophys Acta* **1792**, 1113–1121 (2009).
60. Zhu, A., Ibrahim, J. G. & Love, M. I. Heavy-tailed prior distributions for sequence count
data: removing the noise and preserving large differences. *Bioinformatics* **35**, 2084–2092
(2019).
61. Zuo, J. *et al.* Glycolysis Rate-Limiting Enzymes: Novel Potential Regulators of Rheumatoid
Arthritis Pathogenesis. *Frontiers in Immunology* **12**, 779787 (2021).
62. Zhou, R., Tardivel, A., Thorens, B., Choi, I. & Tschopp, J. Thioredoxin-interacting protein
links oxidative stress to inflammasome activation. *Nat Immunol* **11**, 136–140 (2010).
63. Spector, R. Trimethylamine N-oxide induces inflammation and endothelial dysfunction in
human umbilical vein endothelial cells via activating ROS-TXNIP-NLRP3 inflammasome.
Biochemical and Biophysical Research Communications **481**, 63–70 (2016).
64. Li, D. *et al.* Trimethylamine-N-oxide promotes brain aging and cognitive impairment in mice.
Aging Cell **17**, e12768 (2018).
65. Ximerakis, M. *et al.* Single-cell transcriptomic profiling of the aging mouse brain. *Nat
Neurosci* **22**, 1696–1708 (2019).
66. Del Gatto-Konczak, F. *et al.* The RNA-Binding Protein TIA-1 Is a Novel Mammalian Splicing
Regulator Acting through Intron Sequences Adjacent to a 5′ Splice Site. *Molecular and
Cellular Biology* 6287–6299 (2023).
67. Xu, S. *et al.* SRRM2 organizes splicing condensates to regulate alternative splicing. *Nucleic
Acids Res* **50**, 8599–8614 (2022).
68. Tagawa, T. *et al.* A virus-induced circular RNA maintains latent infection of Kaposi's
sarcoma herpesvirus. *Proceedings of the National Academy of Sciences* **120**,
e2212864120 (2023).
69. Campagne, S. *et al.* Molecular basis of RNA-binding and autoregulation by the cancer-
associated splicing factor RBM39. *Nature Communications* **14**, 1–18 (2023).

70. Tollervey, J. R. *et al.* Analysis of alternative splicing associated with aging and
neurodegeneration in the human brain. *Genome Res* **21**, 1572–1582 (2011).
71. Wang, Y. *et al.* rMATS-turbo: an efficient and flexible computational tool for alternative
splicing analysis of large-scale RNA-seq data. *Nat Protoc* **19**, 1083–1104 (2024).
72. Grosz, B. R. *et al.* A novel synonymous KMT2B variant in a patient with dystonia causes
aberrant splicing. *Molecular Genetics & Genomic Medicine* **10**, e1923 (2022).
73. Haploinsufficiency of KMT2B, Encoding the Lysine-Specific Histone Methyltransferase 2B,
Results in Early-Onset Generalized Dystonia. *The American Journal of Human Genetics*
99, 1377–1387 (2016).
74. Hu, Z.-Y., Xiao, L., Bode, A. M., Dong, Z. & Cao, Y. Glycolytic genes in cancer cells are
more than glucose metabolic regulators. *J Mol Med (Berl)* **92**, 837–845 (2014).
75. Fan, Z. *et al.* The vascular gene Apold1 is dispensable for normal development but controls
angiogenesis under pathological conditions. *Angiogenesis* **26**, 385–407 (2023).
76. Kim, K.-H., Won, J. H., Cheng, N. & Lau, L. F. The matricellular protein CCN1 in tissue
injury repair. *J Cell Commun Signal* **12**, 273–279 (2018).
77. Shi, H. *et al.* Kruppel-like factor 2 protects against ischemic stroke by regulating endothelial
blood brain barrier function. *Am J Physiol Heart Circ Physiol* **304**, H796–805 (2013).
78. Hatipoglu, O. F. *et al.* ADAMTS1 is a unique hypoxic early response gene expressed by
endothelial cells. *J Biol Chem* **284**, 16325–16333 (2009).
79. Seo, J. H. *et al.* AKAP12 Supports Blood-Brain Barrier Integrity against Ischemic Stroke. *Int*
J Mol Sci **21**, (2020).
80. Katsuoka, F. *et al.* Genetic evidence that small maf proteins are essential for the activation
of antioxidant response element-dependent genes. *Mol Cell Biol* **25**, 8044–8051 (2005).
81. Smith, H. W. & Marshall, C. J. Regulation of cell signalling by uPAR. *Nature Reviews*
Molecular Cell Biology **11**, 23–36 (2010).
82. Foltyn, M. *et al.* The physiological mTOR complex 1 inhibitor DDIT4 mediates therapy
resistance in glioblastoma. *Br J Cancer* **120**, 481–487 (2019).
83. Hai, T., Wolfgang, C. D., Marsee, D. K., Allen, A. E. & Sivaprasad, U. ATF3 and stress
responses. *Gene Expr* **7**, 321–335 (1999).
84. Yuniati, L., Scheijen, B., van der Meer, L. T. & van Leeuwen, F. N. Tumor suppressors
BTG1 and BTG2: Beyond growth control. *Journal of Cellular Physiology* **234**, 5379–5389
(2019).
85. Huang, T., Yin, J., Ren, S. 'e & Zhang, X. Protective effects of KLF4 on blood-brain barrier
and oxidative stress after cerebral ischemia-reperfusion in rats through the Nrf2/Trx1
pathway. *Cytokine* **169**, 156288 (2023).
86. Sangwung, P. *et al.* KLF2 and KLF4 control endothelial identity and vascular integrity. *JCI*
Insight **2**, e91700 (2017).
87. Sayed, N. *et al.* Clinical trial in a dish using iPSCs shows lovastatin improves endothelial
dysfunction and cellular cross-talk in LMNA cardiomyopathy. *Sci Transl Med* **12**, (2020).
88. Xu, D. & Li, C. Gene 33/Mig6/ERRFI1, an Adapter Protein with Complex Functions in Cell
Biology and Human Diseases. *Cells* **10**, 1574 (2021).
89. Fritz, G. & Kaina, B. Transcriptional activation of the small GTPase gene rhoB by genotoxic
stress is regulated via a CCAAT element. *Nucleic Acids Res* **29**, 792–798 (2001).
90. Luca, F. *et al.* Adaptive Variation Regulates the Expression of the Human SGK1 Gene in

Response to Stress. *PLOS Genetics* **5**, e1000489 (2009).

91. Meng, F. *et al.* Genomic editing of intronic enhancers unveils their role in fine-tuning tissue-
specific gene expression in Arabidopsis thaliana. *Plant Cell* **33**, 1997–2014 (2021).

92. ENCODE Project Consortium *et al.* Expanded encyclopaedias of DNA elements in the
human and mouse genomes. *Nature* **583**, 699–710 (2020).

93. Schep, A. N., Wu, B., Buenrostro, J. D. & Greenleaf, W. J. chromVAR: inferring
transcription-factor-associated accessibility from single-cell epigenomic data. *Nat Methods*
14, 975–978 (2017).

94. Rauluseviciute, I. *et al.* JASPAR 2024: 20th anniversary of the open-access database of
transcription factor binding profiles. *Nucleic Acids Res* **52**, D174–D182 (2024).

95. Jin, W. *et al.* Microbiota-derived bile acids antagonize the host androgen receptor and drive
anti-tumor immunity. *Cell* **188**, 2336–2353.e38 (2025).

96. Klemm, S. L., Shipony, Z. & Greenleaf, W. J. Chromatin accessibility and the regulatory
epigenome. *Nature Reviews Genetics* **20**, 207–220 (2019).

97. Janowsky, J. S. The role of androgens in cognition and brain aging in men. *Neuroscience*
138, 1015–1020 (2006).

98. Jardí, F. *et al.* Testosterone boosts physical activity in male mice via dopaminergic
pathways. *Sci Rep* **8**, 957 (2018).

99. Davey, R. A. *et al.* Androgen Action via the Androgen Receptor in Neurons Within the Brain
Positively Regulates Muscle Mass in Male Mice. *Endocrinology* **158**, 3684–3695 (2017).

100. Gräff, J. & Tsai, L.-H. The potential of HDAC inhibitors as cognitive enhancers. *Annu Rev*
Pharmacol Toxicol **53**, 311–330 (2013).

101. Zhao, S. *et al.* Post sleeve gastrectomy-enriched gut commensal Clostridia promotes
secondary bile acid increase and weight loss. *Gut Microbes* **17**, 2462261 (2025).

102. Qi, X. *et al.* Gut microbiota–bile acid–interleukin-22 axis orchestrates polycystic ovary
syndrome. *Nature Medicine* **25**, 1225–1233 (2019).

103. Meessen, E. C. E. *et al.* Glycodeoxycholic Acid Inhibits Primary Bile Acid Synthesis With
Minor Effects on Glucose and Lipid Homeostasis in Humans. *J Clin Endocrinol Metab* **110**,
1468–1477 (2025).

104. Monteiro-Cardoso, V. F., Corlianò, M. & Singaraja, R. R. Bile Acids: A Communication
Channel in the Gut-Brain Axis. *Neuromolecular Med* **23**, 99–117 (2021).

105. Taylor, T. N., Greene, J. G. & Miller, G. W. Behavioral phenotyping of mouse models of
Parkinson's disease. *Behavioural Brain Research* **211**, 1–10 (2010).

106. Yalçin, M., Grande, V., Outeiro, T. F. & Relógio, A. Circadian clock dysfunction in
Parkinson's disease: mechanisms, consequences, and therapeutic strategy. *NPJ*
Parkinsons Dis **11**, 213 (2025).

107. Kirshenbaum, G. S., Dachtler, J., Roder, J. C. & Clapcote, S. J. Characterization of
cognitive deficits in mice with an alternating hemiplegia-linked mutation. *Behav Neurosci*
129, 822–831 (2015).

108. Heredia-López, F. J. *et al.* An automated Y-maze based on a reduced instruction set
computer (RISC) microcontroller for the assessment of continuous spontaneous alternation
in rats. *Behav Res Methods* **48**, 1631–1643 (2016).

109. Bendl, J. *et al.* The three-dimensional landscape of cortical chromatin accessibility in
Alzheimer's disease. *Nat Neurosci* **25**, 1366–1378 (2022).

110.Li, X. *et al.* Transcriptional and epigenetic decoding of the microglial aging process. *Nature*
Aging **3**, 1288–1311 (2023).

111.Canyelles, M. *et al.* Gut Microbiota-Derived TMAO: A Causal Factor Promoting
Atherosclerotic Cardiovascular Disease? *Int J Mol Sci* **24**, (2023).

112.Stilling, R. M. *et al.* Social interaction-induced activation of RNA splicing in the amygdala of
microbiome-deficient mice. *Elife* **7**, (2018).

113.Thion, M. S. *et al*. Microbiome Influences Prenatal and Adult Microglia in a Sex-Specific
Manner. *Cell* **172**, 500–516.e16 (2018).

114.Kaur, H., Singh, Y., Singh, S. & Singh, R. B. Gut microbiome-mediated epigenetic
regulation of brain disorder and application of machine learning for multi-omics data
analysis. *Genome* **64**, 355–371 (2021).

115.Molinaro, A. *et al.* Imidazole propionate is increased in diabetes and associated with dietary
patterns and altered microbial ecology. *Nat Commun* **11**, 5881 (2020).

116.Shah, S. N. *et al.* Cerebrovascular damage caused by the gut microbe/host co-metabolite
p-cresol sulfate is prevented by blockade of the EGF receptor. *Gut Microbes* **16**, 2431651
(2024).

117.Ticinesi, A., Guerra, A., Nouvenne, A., Meschi, T. & Maggi, S. Disentangling the Complexity
of Nutrition, Frailty and Gut Microbial Pathways during Aging: A Focus on Hippuric Acid.
Nutrients **15**, (2023).

118.Li, M. *et al.* Gut microbiota metabolite indole-3-acetic acid maintains intestinal epithelial
homeostasis through mucin sulfation. *Gut microbes* **16**, (2024).

119.Mayhan, W. G. VEGF increases permeability of the blood-brain barrier via a nitric oxide
synthase/cGMP-dependent pathway. *Am J Physiol* **276**, C1148–53 (1999).

120.Qing, Y. *et al.* Targeted metabolomics reveals aberrant profiles of serum bile acids in
patients with schizophrenia. *Schizophrenia (Heidelb)* **8**, 65 (2022).

121.Pavlova, T. *et al.* Urinary intermediates of tryptophan as indicators of the gut microbial
metabolism. *Anal Chim Acta* **987**, 72–80 (2017).

122.Yang, B. *et al.* HIV-Differentiated Metabolite N-Acetyl-L-Alanine Dysregulates Human
Natural Killer Cell Responses to Mycobacterium tuberculosis Infection. *International Journal*
of Molecular Sciences **24**, 7267 (2023).

123.Green, M. R. & Sambrook, J. Precipitation of RNA with Ethanol. *Cold Spring Harb Protoc*
2020, 101717 (2020).

124.Bray, N. L., Pimentel, H., Melsted, P. & Pachter, L. Near-optimal probabilistic RNA-seq
quantification. *Nature Biotechnology* **34**, 525–527 (2016).

125.Love, M. I., Huber, W. & Anders, S. Moderated estimation of fold change and dispersion for
RNA-seq data with DESeq2. *Genome Biol* **15**, 550 (2014).

126.Raudvere, U. *et al.* g:Profiler: a web server for functional enrichment analysis and
conversions of gene lists (2019 update). *Nucleic Acids Res* **47**, W191–W198 (2019).

127.Garrido-Martín, D., Palumbo, E., Guigó, R. & Breschi, A. ggsashimi: Sashimi plot revised
for browser- and annotation-independent splicing visualization. *PLoS Comput Biol* **14**,
e1006360 (2018).

128.Liu, B. B. et al. Dissecting regulatory syntax in human development with scalable
multiomics and deep learning.   Preprint at
https://www.biorxiv.org/content/10.1101/2025.04.30.651381v1 (2025).

129. Marinov, G. K., Shipony, Z., Kundaje, A. & Greenleaf, W. J. Genome-Wide Mapping of
Active Regulatory Elements Using ATAC-seq. *Methods Mol Biol* **2611**, 3–19 (2023).
130. Picelli, S. *et al.* Tn5 transposase and tagmentation procedures for massively scaled
sequencing projects. *Genome Res* **24**, 2033–2040 (2014).
131. Marinov, G. K. & Shipony, Z. Interrogating the Accessible Chromatin Landscape of
Eukaryote Genomes Using ATAC-seq. *Methods Mol Biol* **2243**, 183–226 (2021).
132. Grandi, F. C., Modi, H., Kampman, L. & Corces, M. R. Chromatin accessibility profiling by
ATAC-seq. *Nat Protoc* **17**, 1518–1552 (2022).
133. Systematic identification of age-related microbiome metabolites that impact the brain.
National Center for Biotechnology Information.
https://www.ncbi.nlm.nih.gov/bioproject/PRJNA1328687 (2025).
1348