A Preoptic Neurocircuit That Modulates Metabolic Flexibility

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Abstract

Precise, dynamic control of metabolic fuel usage in response to environmental challenges such as altered food availability or temperature change is essential for animal survival. In mammals, metabolic flexibility—the capacity to shift cellular metabolism between carbohydrate and fatty acid oxidation—is understood to be largely regulated by circulating hormones such as insulin and glucagon. However, the role of the central nervous system in coordinating fuel selection and tissue metabolic tuning remains underexplored. Here, we investigated the mechanisms that mediate metabolic reprogramming following the acute activation of torpor-associated glutamatergic Adcyap1+ torpor-regulating neurons in the anteroventral preoptic area (avPOA$^{\text{Vglut2/PACAP}}$). The activation of these neurons rapidly shifts whole-body fuel use from glucose to fatty acids, irrespective of fuel/food availability. This shift is associated with reduced glucose utilization stemming from the transient induction of selective insulin resistance in skeletal muscle. We find that this reduction in skeletal muscle glucose metabolism does not require direct muscle innervation but is rather mediated in part via corticosterone. In contrast to their activation, avPOA$^{\text{Vglut2/PACAP}}$ neuronal silencing results in improved glucose tolerance, demonstrating powerful bidirectional control of tissue-specific glucose metabolism, whole-body glucose levels, and fuel usage. Together, our findings uncover a novel POA -skeletal muscle pathway that dynamically controls glucose utilization and metabolic flexibility.

Introduction

Dynamic control of metabolism is essential for homeostatic maintenance in response to changing environments, including altered temperature, food availability, and stress. For example, in the context of nutrient deficit or increased energetic demands, fuel usage shifts from mixed fatty acid and carbohydrate oxidation to near complete reliance on fat metabolism to preserve glucose for use by the brain and prevent hypoglycemia[1,2]. Metabolic inflexibility, the inability to efficiently switch between these fuel sources, has been linked to obesity, diabetes, and metabolic disease[3,4].

Baseline regulation of blood sugar and fuel usage is largely controlled by the circulating pancreatic hormones insulin and glucagon, with insulin resistance representing a key aspect of disease-associated metabolic inflexibility[3–5]. While these hormonal regulators of metabolic flexibility and their peripheral effectors have been extensively studied, less is known concerning the role of the central nervous system (CNS) in dynamic top-down metabolic control. The ventromedial hypothalamus (VMH) is the primary nucleus in the brain known to control systemic glucose usage. Activation of counterregulatory steroidogenic factor 1 (SF-1)- or Cholecystokinin B receptor (CCKBR)-expressing neurons in the VMH drives increased levels of systemic glucose and peripheral tissue insulin sensitivity[6,7]. In addition, brain-body signaling via the hypothalamic-pituitary-adrenal (HPA) axis has long been known to play a crucial role in stress-induced metabolic responses, influencing insulin sensitivity and energy balance[8,9]. Yet, which neuronal populations and brain-body axes mediate dynamic metabolic reprogramming in response to various environmental challenges remain to be fully characterized.

In response to prolonged periods of food deprivation, a wide range of mammalian species, including laboratory mice (*Mus musculus*), have evolved the capacity to suspend or override canonical fasting metabolism to enter protective hypometabolic states such as daily torpor and hibernation[10]. Fasting-induced daily torpor in mice is characterized by a reduction of metabolic rate by approximately 60%[2,10] and an accompanying reduction in body temperature from 37°C to near ambient levels. It has long been appreciated that entry into and maintenance of these states requires utilization of internal fat stores as a primary energy source, shifting metabolism almost entirely towards fatty acid oxidation[2]. Recent work from our group and others has shown that torpor entry is centrally controlled by the activity of glutamatergic neurons within the anteroventral preoptic area of the hypothalamus (avPOA^{Vglut2} neurons). The activation of this

neuronal population results in a dramatic reduction in energy expenditure even in the absence of

caloric restriction, suggesting that these neurons are powerful modulators of systemic metabolic

flexibility [11,12,13]. Discrete activation of this circuit thus provides a means to dissect a central

pathway for controlling metabolic flexibility, without the confounding metabolic effects of

prolonged fasting.

Here, we leverage the power of targeted opto- and chemogenetic circuit manipulation to

probe the metabolic effects of avPOA^{Vglut2} neuronal activation in the mouse and trace

downstream consequences for peripheral organ-specific glucose regulation. We show that

avPOA^{Vglut2} neuronal activation drives a preferential reduction in whole-body glucose

metabolism and a shift to a fatty acid oxidative state stemming from acute tissue-specific skeletal

muscle and brown adipose tissue insulin resistance. Moreover, acute inhibition of this population

improves glucose tolerance, nominating avPOA^{Vglut2} neurons as powerful bidirectional regulators

of glucose homeostasis. The resulting reduction in skeletal muscle glucose uptake and systemic

glucose intolerance is not dependent on the decrease in core body temperature, nor direct muscle

innervation, but rather is hormonally driven by the adrenal gland secretion of corticosterone.

Furthermore, these effects are recapitulated by the Adcyap1^{+} (PACAP-expressing) subpopulation

of avPOA^{Vglut2} neurons. Together, these findings identify avPOA^{Vglut2} neurons as a significant

unappreciated CNS glucoregulatory population intimately involved in the regulation of the

overall metabolic state. Targeted manipulation of this neuronal population and its downstream

effectors may thus prove relevant to the amelioration of disorders of metabolic inflexibility, such

as obesity, diabetes, and metabolic syndrome.

Results

avPOA^{Vglut2} neurons control systemic metabolic fuel usage independent of changes in body

temperature

Torpor is canonically understood as a strategy for energetic conservation during times of

nutrient deprivation[2]. While it is well-appreciated that fasting induces a shift from carbohydrate

oxidation (CHO) to fatty acid oxidation (FAO)[14], how torpor entry affects CHO versus FAO

utilization relative to surrounding periods of fasting at euthermic body temperatures remains less

well characterized. To monitor shifting fuel usage during fasting-induced torpor, 8-week-old

wild-type C57Bl/6J mice were implanted intraperitoneally with telemetric temperature probes,

fasted in metabolic cages for 24 hours, and monitored for changes in body temperature (T_b), gas exchange, and respiratory exchange ratio (RER) — an established measure of CHO versus FAO utilization (**Figure 1a**). RER levels were found to decrease substantially during periods of torpor relative to the fed state and surrounding periods of euthermic fasting (**Figure 1a, b**), consistent with an acute shift away from CHO and towards FAO during torpor.

   We previously demonstrated that chemogenetic stimulation of avPOA neurons phenocopies the decreased T_b and metabolic rate observed during natural torpor, thereby providing a model to decouple avPOA neuronal activity from fasting-induced metabolic changes[11]. To determine the metabolic consequences of avPOA neuronal activation, we stereotactically introduced a neuronally targeted adeno-associated virus (AAV) expressing Gq-DREADD[15] (AAV-hSyn-hM3D(Gq)-mCherry) into the avPOA of C57Bl/6J mice (**Figure 1c**). The Gq-DREADD-activating ligand Clozapine-N-Oxide (CNO) was administered intraperitoneally to these non-fasted animals, resulting in substantial decreases in both body temperature and metabolic rate following CNO injection as compared to saline-injected control animals (**Figures 1d-e, Supplementary Figures 1a,b**). These decreases were accompanied by dramatic reductions in other metabolic parameters, including food intake, VCO_2, and VO_2 (**Supplementary Figures 1b-f**), as well as a marked shift in RER, from 0.86 ± 0.01 to 0.66 ± 0.02 (**Figure 1d**), consistent with a shift in metabolic fuel usage from mixed metabolism (carbohydrate and fat) to primarily fat catabolism[3,16]. Moreover, utilizing the method of Frayn[16] to quantify the relative contribution of CHO and FAO to overall energy expenditure, we confirmed that upon avPOA stimulation animals transition from a mixed fuel state to nearly exclusively using FAO for energy generation (**Figure 1g**). Together, these results demonstrate that avPOA[Vglut2] neuronal activation alone is sufficient to induce the alterations in fuel usage, independent of caloric deprivation.

   To determine whether the observed Gq-DREADD-driven RER effect was mediated by decreased T_b, we increased the ambient temperature (T_a) from 24°C to 32°C, reasoning that increased T_a would prevent the T_b decrease accompanying avPOA[Vglut2] neuron activation. Indeed, we observed that the average T_b of CNO-stimulated animals at this elevated ambient temperature was 35.7 ± 0.24°C as compared with 29.8 ± 0.22°C when stimulated at $T_a = 24$°C (**Figure 1h, Supplementary Figure 1e**). Strikingly, despite the absence of a large T_b drop, stimulated animals exhibited a dramatic decrease in RER nearly identical to that observed at

24°C (**Figure 1h**), indicating that the observed metabolic shift is not a secondary consequence of

T_b reduction.

avPOA^{Vglut2} neurons regulate blood glucose homeostasis and drive metabolic inflexibility

To gain deeper insight into the metabolic consequences of avPOA neuronal stimulation,

we performed polar serum metabolomics analyses to identify changes in circulating metabolites

accompanying avPOA stimulation. Having previously identified glutamatergic avPOA

(avPOA^{Vglut2}) neurons as the primary drivers of torpid hypometabolism, we sought to target this

neuronal population more specifically. To this end, we transduced the avPOA of telemetric

probe-implanted *Vglut2-IRES-Cre* animals with AAV expressing either a Cre-dependent Gq-

DREADD or mCherry control. After collecting tail blood to establish a baseline for comparison,

animals were administered CNO, and blood samples were collected 15, 30, 60, and 120 minutes

post-injection, while continuously measuring T_b. We then performed plasma separation and polar

metabolome analysis on these samples, examining longitudinal changes in the abundance of

polar plasma metabolites in Gq-DREADD mice as compared with their mCherry counterparts

(**Figure 2a**). This analysis identified 4 significantly increased and 34 significantly decreased

polar plasma metabolites across all time points in avPOA^{Vglut2} neuron-stimulated animals

(**Figure 2b**). Observed changes involved significant decreases in key glycolytic and citric acid

cycle metabolites, including lactate, pyruvate, and 3-phosphoglycerate, accompanied by

increases in beta-hydroxybutyrate (**Figure 2b, Supplementary Figures 2a-d**). These changes

were monotonic across the duration of the experiment, suggesting continued suppression of

glucose metabolism (**Supplementary Figure 2a**), and were consistent with a state in which low

blood glucose levels lead to decreased glycolysis and a compensatory increase in FAO.

However, instead of a decrease in blood glucose levels, we observed an increase in serum

glucose (**Figure 2a**), suggesting that avPOA^{Vglut2} stimulation suppresses glucose metabolism

downstream of glucose availability. This suppression of glucose metabolism generates a

metabolically inflexible state, wherein animals rely nearly completely on fatty acid oxidation for

energy production.

Blood glucose levels are dynamically regulated by balancing glucose production through

hepatic gluconeogenesis and glycogenolysis with tissue glucose uptake via insulin-independent

and -responsive glucose transporters[17,18]. To test whether avPOA^{Vglut2} neuron stimulation resulted

in reduced glucose uptake, we subjected control (mCherry-injected) and experimental (Gq-

DREADD-injected) animals to a modified glucose tolerance test (GTT) following CNO

stimulation. Briefly, animals were fasted for 3 hours, administered CNO, and injected

intraperitoneally with a bolus of glucose (2 g/kg) 1 hour post-CNO stimulation (**Figure 2c**).

Strikingly, avPOA^{Vglut2} neuron-stimulated animals were significantly hyperglycemic at the end of

the test relative to their control counterparts (**Figures 2d-f**), indicating that avPOA^{Vglut2} neuron

stimulation induces pronounced systemic glucose intolerance. Consistent with our previously

observed effects on RER (**Figure 1f**), this glucose intolerance effect was not dependent on

decreased body temperature, as raising the ambient temperature ($T_a = 32°C$) failed to restore

glucose tolerance in these torpid mice (**Figure 2e-f**).

This finding led us to hypothesize that the effect of these neurons could be bidirectional,

and that inhibition of these neurons may improve glucose tolerance. To test this idea, we

transduced *Vglut2-IRES-Cre* animals with a Cre-dependent inhibitory Gi-DREADD (AAV-

hSyn-DIO-hM4D(Gi)-mCherry). To confirm effective targeting, we fasted Gi-DREADD-

transduced animals and observed that, as expected, upon CNO administration, Gi-DREADD-

mediated silencing of avPOA^{Vglut2} neurons was sufficient to prevent torpor entry

(**Supplementary Figures 2e, f**). To investigate the effects of avPOA^{Vglut2} neuronal silencing on

glucose tolerance, we first performed a baseline GTT in which mice were pretreated with PBS

and after one week of recovery, the same animals were pretreated with CNO and administered a

second GTT. Remarkably, acute inhibition of avPOA^{Vglut2} neurons resulted in increased glucose

tolerance, as peak glucose levels were significantly lower following CNO injection as compared

to PBS (PBS Glucose$_{Max}$ = 361.7 ± 11.4 mg/dL, CNO Glucose$_{Max}$ = 296.9 ± 12.4 mg/dL), and

remained consistently lower throughout the duration of the assay (**Figures 2h, i**). These findings

suggest that avPOA^{Vglut2} neuronal activity can bidirectionally control systemic glucose tolerance.

To examine the kinetics of this induced glucose intolerance, we transduced the avPOA of

Vglut2-IRES-Cre mice with AAV expressing either a Cre-dependent Channelrhodhopsin-2

(ChR2) (AAV-DIO-ChR2(H134R)-EYFP) or an EYFP (AAV-DIO-EYFP) control, and

subsequently implanted an optic fiber above the avPOA (**Figure 2j**). After surgical recovery, we

monitored plasma glucose and T_b over the course of 40 minutes of optogenetic blue light

stimulation (16 Hz, 8.5 mW, 1s on 1s off) as well as for an additional 40 minutes post-

stimulation. Optogenetic stimulation of avPOA^{Vglut2} neurons resulted in the anticipated decrease

in body temperature, as well as a rapid, monotonic increase in blood glucose not observed in the

EYFP controls (**Figures 2k-l, Supplementary Figure 2f**). Notably, upon light cessation, blood

glucose levels and T_b rapidly returned to normal, demonstrating that glucose intolerance is a

rapid, transient, and reversible effect of avPOA^{Vglut2} neuronal stimulation. Together, our findings

identify avPOA^{Vglut2} neurons as a significant glucoregulatory population that contributes to rapid,

reversible modulation of glucose homeostasis, drives a torpor-associated metabolic shift from

glucose metabolism towards fatty acid catabolism upon stimulation, and bidirectionally regulates

glucose tolerance upon activation or inhibition.

avPOA^{Vglut2} neuronal activation drives insulin resistance and reduces glucose uptake

Dysregulation of glucose homeostasis is often secondary to either reduced insulin

secretion or reduced insulin action on peripheral tissues in response to glucose challenge[17]. To

test whether the observed avPOA^{Vglut2} neuron-induced dysregulation of glucose clearance was a

consequence of reduced insulin secretion, we assessed circulating insulin levels in the context of

our GTT experimental paradigm. Remarkably, we observed no significant differences in insulin

levels in CNO-stimulated Gq-DREADD-expressing animals relative to mCherry controls

(**Supplementary Figure 3a**), suggesting that glucose-stimulated insulin secretion (GSIS) is

unaffected by avPOA^{Vglut2} neuronal stimulation. These findings were further confirmed by

monitoring GSIS in both Gq-DREADD-expressing and control mice in the context of a

hyperglycemic clamp[19] (**Supplementary Figure 3b**). Indeed, even the elevated insulin levels

observed in Gq-DREADD-expressing mice could not normalize plasma glucose in these animals

following CNO-stimulation, suggesting that avPOA^{Vglut2} neuron stimulation induces systemic

insulin insensitivity.

To further investigate this avPOA^{Vglut2} neuronal stimulation-induced insulin insensitivity,

we performed hyperinsulinemic-euglycemic clamp studies in Gq-DREADD-expressing *Vglut2-*

IRES-Cre mice and corresponding mCherry control animals following CNO stimulation (**Figure**

3a). Briefly, in both Gq-DREADD- and mCherry-expressing animals, we induced

hyperinsulinemia via constant insulin infusion while concomitant glucose infusion at a variable

rate was used to maintain euglycemia[20]. Importantly, all animals were partially restrained during

these studies for the purposes of blood sampling. This afforded us an ability to control for the

reduced locomotor activity of avPOA^{Vglut2} neuron-stimulated mice as compared to their

unstimulated control counterparts (see **Methods**).

Although euglycemia was achieved in both the Gq-DREADD-expressing and control

cohorts, the glucose-infusion rate (GIR) to maintain euglycemia during the insulin clamp

experiments in Gq-DREADD-expressing animals was significantly lower than that of controls,

indicating reduced insulin sensitivity (**Figures 3b, c**). Moreover, while hepatic glucose

production during the insulin clamp was unaffected by avPOA^{Vglut2} neuronal stimulation, both

whole-body glucose turnover and glycolysis were dramatically reduced (**Supplementary**

Figures 3f-i), consistent with our observed metabolomics results in which circulating glycolytic

and TCA cycle metabolites were reduced by avPOA^{Vglut2} neuron stimulation. Taken together, our

findings show that avPOA^{Vglut2} neuronal activation induces systemic insulin resistance in mice,

thereby contributing to reduced glucose metabolism in these animals.

avPOA^{Vglut2} neurons control organ-specific changes in glucose uptake

To characterize the individual organs responsible for systemic insulin resistance, a bolus

of the non-metabolizable glucose analogue, ^{14}C-2-deoxy-glucose (^{14}C-2DG), was intraperitonelly

injected during the hyperinsulinemic-euglycemic clamp experiments. At the conclusion of the

experiments, animals were sacrificed, and liver, brain, white adipose tissue (WAT), brown

adipose tissue (BAT), heart, and gastrocnemius muscle were collected for biochemical analysis

of their ^{14}C-2DG-6-phosphate content. Scintillation counting revealed no significant changes in

the insulin-stimulated glucose uptake rate of heart, WAT, and brain. However, there was a

marked reduction in glucose uptake in both gastrocnemius muscle and BAT from avPOA^{Vglut2}

neuron-stimulated animals (**Figures 3d, e**), indicating organ-specific changes in insulin action

and glucose metabolism.

We calculated total glucose uptake in the presence or absence of avPOA^{Vglut2} neuronal

stimulation for each of the six tested tissues based on our measured rates of glucose uptake and

tissue weights. Consistent with prior findings that skeletal muscle accounts for ~80% of post-

prandial glucose utilization, and up to 75% of glucose disposal upon infusion[21], this analysis

revealed that diminished skeletal muscle glucose uptake accounts for a large fraction of the total

glucose utilization deficit observed in avPOA^{Vglut2} neuron-stimulated animals (**Figure 3f**),

suggesting that effects on skeletal muscle are the major contributor to the avPOA^{Vglut2} neuron-

driven impairment of insulin sensitivity. Importantly, we confirmed that this decrease in skeletal

muscle glucose uptake was not dependent on body temperature changes (**Figures 4a, b**). In

addition, comparative phospho-proteomic analysis of gastrocnemius samples from avPOA^{Vglut2}

neuron-stimulated and control animals provided evidence of avPOA^{Vglut2} neuron-driven

suppression of skeletal muscle insulin signaling (**Supplementary Figure 4c-f**). Given these

findings, we focused our subsequent investigation of the peripheral effects of avPOA^{Vglut2} neuron

activation on skeletal muscle.

avPOA^{Vglut2} neuronal control of muscle glucose uptake occurs independent of muscle

innervation

We next sought to determine the manner by which avPOA^{Vglut2} neurons convey

glucoregulatory signals to the periphery (**Figure 4a**). In this regard, skeletal muscle is innervated

by both sympathetic nervous system (SNS) and motor nervous system (MNS) fibers[22], and

sympathetic activation has been previously shown to enhance skeletal muscle glucose uptake via

the β-adrenergic signaling, primarily through β2-adrenergic receptors[23]. We therefore employed

a genetic approach to test the requirement for β-adrenergic sympathetic signaling in avPOA^{Vglut2}

neuron-driven changes in glucose tolerance, utilizing mice lacking β$_1$- and β$_2$-adrenergic

receptors (β$_{1/2}$-KO). For these studies, a *CaMKIIa* promoter-driven AAV (AAV-CaMKIIa-

hM3D(Gq)-mCherry) was used to achieve selective Gq-DREADD expression in excitatory

avPOA neurons of β$_{1/2}$-KO and wild-type control mice. To ensure that our results with this

CaMKIIa approach were consistent with our *Vglut2-IRES-Cre* experiments, we compared

expression patterns and GTT results of *CaMKIIα*-Gq-injected animals with those of Cre-

dependent *Vglut2-IRES-Cre* animals and found no significant differences in expression nor

glucose intolerance between cohorts (**Supplementary Figure 4g**). Following CNO stimulation,

we performed a GTT assay on these animals, which revealed no significant differences in CNO-

stimulated glucose intolerance between Gq-DREADD-expressing β$_{1/2}$-KO and wild-type animals

(**Figure 4c**), suggesting that β$_{1/2}$ adrenergic receptors were not required for avPOA^{Vglut2}

glucoregulatory signaling. As an orthogonal approach, we also performed chemical sympathetic

inhibition in Gq-DREADD-expressing *Vglut2-IRES-Cre* mice via the sympatholytic drug

guanethidine, which enters noradrenergic terminals and displaces norepinephrine from synaptic

vesicles to suppress norepinephrine release[24]. As expected, given its vasodilatory properties,

guanethidine treatment alone increased baseline glucose tolerance compared with PBS.

However, despite SNS inhibition by guanethidine, avPOA^{Vglut2} activation still induced glucose

intolerance (**Figure 4d**). Taken together, these genetic and pharmacological studies strongly

suggest that SNS activity is dispensable for avPOA^{Vglut2} neuron-driven glucose intolerance.

Motor innervation and movement also serve as well-appreciated regulators of glucose

metabolism[18]. To test the role of motor innervation on glucose uptake during avPOA^{Vglut2}

neuronal stimulation, we performed unilateral sciatic nerve denervations in mCherry control and

Gq-DREADD-transduced *Vglut2-IRES-Cre* mice[25]. This approach allowed us to compare, within

the same animal, the effects of avPOA^{Vglut2} neuron stimulation on muscle glucose uptake in the

innervated and the denervated limb (**Figure 4e**). Unilaterally denervated animals were injected

with CNO 1 hour prior to administration of the nonmetabolizable radioactive glucose analog ^{3}H-

2-Deoxyglucose. The animals were then monitored for changes in blood glucose and radioactive

substrate availability for 30 minutes, sacrificed, and their ipsi- and contra-lateral gastrocnemius

muscles processed for scintillation counting of ^{3}H-2-DG-6-Phosphate. As expected, denervated

gastrocnemius muscle exhibited reduced glucose uptake relative to the contralateral innervated

muscle under basal conditions (**Figure 4f**). Importantly, both innervated and denervated muscles

exhibited similarly pronounced reductions in glucose uptake following CNO-mediated

avPOA^{Vglut2} neuronal stimulation, with no significant differences in the ratio of CNO-stimulated

to baseline glucose uptake in the innervated and denervated muscle (**Figure 4f**). Taken together,

these results demonstrate that sympathetic innervation and direct motor innervation are

dispensable for avPOA^{Vglut2} neuron-driven changes in muscle glucose uptake.

Corticosterone contributes to the avPOA^{Vglut2}-induced reduction of muscle glucose uptake

Given the apparent dispensability of direct muscle innervation for avPOA^{Vglut2} neuron-to-

skeletal muscle signaling, we examined the potential involvement of known circulating

glucoregulatory hormones, assessing insulin, glucagon, leptin, and corticosterone plasma levels

in Gq-DREADD- and mCherry-transduced animals by ELISA following treatment with CNO

(**Figure 5a**). While no significant differences in insulin, glucagon, or leptin levels were

associated with avPOA^{Vglut2} neuronal stimulation (**Figure 5a**), we observed a ~2.5-fold increase

in plasma corticosterone levels in Gq-DREADD-expressing animals up to 2 hours post-CNO

stimulation, as compared with baseline (**Figure 5a**). The increase in corticosterone tracked well

with the observed increase in glucose levels (**Figure 5b**), suggesting a potential role for

circulating corticosterone levels in avPOA^{Vglut2} neuron-induced glucose uptake changes.

To directly test the contribution of corticosterone to avPOA^{Vglut2} neuron-induced glucose

intolerance, we utilized metyrapone, an inhibitor of corticosterone synthesis (**Figure 5c**)[26].

Baseline blood samples from unstimulated Gq-DREADD-expressing *Vglut2-IRES-Cre* mice

confirmed that metyrapone administration significantly decreased serum corticosterone levels

relative to saline-treated controls (**Figure 5d**). Subsequent GTT assays showed that metyrapone

treatment significantly attenuated CNO-induced glucose intolerance in Gq-DREADD-expressing

animals (**Figures 5e**). Although incomplete, this reversal of glucose intolerance in metyrapone-

treated animals identifies adrenal-derived corticosterone as a major regulator of glucose

homeostasis downstream of avPOA^{Vglut2} neuronal activation.

avPOA^{PACAP} neuronal activity is sufficient to drive avPOA glucoregulatory effects

Having outlined this POA-to-muscle glucoregulatory signaling axis, we sought to better

define the neuronal population within the POA that underlies these glucoregulatory effects. To

begin to address this question, we performed axon terminal and monosynaptic anterograde

mapping of downstream avPOA^{Vglut2} target regions (**Figure 6a, Supplementary Figures 5a,**

b)[27]. Both mapping approaches revealed the dorsomedial hypothalamus (DMH) and Raphe

Pallidus (RPa) as densely innervated by avPOA^{Vglut2} neurons. These regions have been heavily

implicated in control of metabolic rate and thermogenesis[28,29]. To test their role in avPOA^{Vglut2}

neuron-driven regulation of glucose homeostasis, we optogenetically stimulated axonal terminals

of avPOA^{Vglut2} neurons transduced with Cre-dependent ChR2 in either the DMH or RPa and

analyzed the effects on blood glucose tolerance. Despite dense axonal labeling in the RPa,

stimulation of avPOA^{Vglut2} neuron terminals in this region failed to induce glucose intolerance

(**Figure 6c**). By contrast, stimulation of DMH-projecting neurons fully phenocopied the glucose

intolerance induced by avPOA soma stimulation (**Figure 6c**), indicating that excitatory

avPOA->DMH projections are sufficient to drive acute glucose intolerance.

In addition to the anatomical heterogeneity of its projections, the avPOA glutamatergic

neuronal population is comprised of molecularly diverse neuronal subpopulations that could

mediate distinct effects on physiology[30]. In this regard, we initially focused on Adcyap1

(PACAP)- and Leptin Receptor (LepR)-expressing neurons given the established involvement of

these two largely excitatory POA neuronal subpopulations in metabolic and thermoregulatory

programs[13,31]. Integrated analysis of our prior single-nucleus transcriptomic data[11], showed that

Adcyap1+ neurons largely constitute a subset of POA glutamatergic neurons present throughout

the anatomical length of the POA, whereas LepR+ neurons form a distinct but molecularly

overlapping population with *Adcyap1* neurons located primarily in the anterior portion of the

POA (**Figures 6d, e**). To determine whether chemogenetic stimulation of one or both of these

subpopulations was sufficient to give rise to avPOA^{Vglut2}-associated glucoregulatory effects, we

stereotactically introduced our Cre-dependent AAV expressing Gq-DREADD into the avPOA of

Adcyap1-2A-Cre (avPOA^{PACAP}) or *Lepr-IRES-Cre* (avPOA^{LepR}) animals. Subsequent

chemogenetic stimulation of both avPOA^{PACAP} and avPOA^{LepR} neurons fully phenocopied the

glucose intolerance observed upon avPOA^{Vglut2} neuronal stimulation (**Figures 6f-h**),

demonstrating that either avPOA^{PACAP} or avPOA^{LepR} neuronal stimulation is sufficient to give

rise to the glucoregulatory effects of the broader avPOA^{Vglut2} population.

Given these results implicating PACAP^{+} avPOA neurons in the regulation of blood

glucose homeostasis, we sought to demonstrate their importance in regulating organismal

metabolic flexibility. To this end, we repeated our prior polar metabolomics approach done in

Vglut2-IRES-Cre animals with *PACAP-2A-Cre* mice that were stereotactically transduced with

Cre-dependent mCherry or Gq-DREADD AAVs, and upon recovery subjecting these animals to

blood collection and metabolic profiling following CNO stimulation. Consistent with the results

observed under avPOA^{Vglut2} neuronal stimulation, we observed significant decreases in the

abundance of major glycolytic and citric acid cycle metabolites when comparing avPOA^{PACAP}

Gq-DREADD-stimulated and control avPOA^{mCherry} animals 120 minutes after CNO

administration, including pyruvate, citrate, succinate, lactate, and malate (**Figure 6i**). Moreover,

consistent with increased reliance on fatty acid oxidation for fuel, we observed significant

increases in β-hydroxybutyrate in Gq-DREADD-stimulated avPOA^{PACAP} animals. There was

also a modest but non-significant increase in glucose abundance in these same animals 120

minutes post-stimulation. Analysis of earlier time points revealed a significant increase in blood

glucose in Gq-DREADD- vs. mCherry-expressing avPOA^{PACAP} animals at the 60-minute time

point (**Supplementary Figures 5d, e**), consistent both with our results in *Vglut2-IRES-Cre*

animals and a model in which avPOA^{PACAP} neurons directly regulate glucose tolerance. Finally,

we observed significant increases in the abundance of palmitate and α-lipoic acid at this time

point, indicating an increased mobilization of fat reserves to provide fuel via FAO during

avPOA^{PACAP} neuron stimulation. These results, coupled with our previous metabolomics

experiments in *Vglut2-IRES-Cre* animals, confirm that avPOA^{Vglut2} neurons are powerful

regulators of metabolic flexibility, and that avPOA^{PACAP} neurons are a Vglut2$^+$ subtype sufficient

to drive this metabolic switch from carbohydrate to fatty acid catabolism.

Discussion

410   The ability to dynamically switch between metabolic fuel sources in the face of changing

nutrient availability and energetic demands is an essential feature of metabolic regulation.

Classically, this metabolic flexibility was understood to be driven mainly by circulating

hormonal factors, such as insulin and glucagon, with less known regarding the role of the central

nervous system in the control of whole-body and organ-specific fuel usage. Here, we focus on a

population of neurons associated with torpor and heat-defense to probe the mechanisms by

which CNS signals drive rapid systemic metabolic reprogramming in response to environmental

challenge. Surprisingly, we find that avPOA^{Vglut2} neuronal activation not only regulates whole-

body metabolic flexibility, but also controls fuel uptake and catabolism in an organ-specific

manner. Through a variety of interventions, we show that these effects are mediated via the

induction of acute insulin insensitivity in skeletal muscle and brown adipose tissue. In skeletal

muscle, this effect does not require sympathetic nervous system or motor neuron input. Rather,

the glucoregulatory effects of avPOA^{Vglut2} neurons appear to be mediated, at least in part by

corticosterone. Strikingly, acute silencing of this avPOA^{Vglut2} population was also found to

improve glucose tolerance, demonstrating that these neurons exert bidirectional control over

systemic glucose homeostasis and metabolic flexibility. While circuits regulating glucose

homeostasis and the counter-regulatory response to fasting have been described in other brain

regions[6,7,32], it is notable that the effects of avPOA^{Vglut2} activation and silencing on plasma

glucose levels exceed those of other known glucoregulatory circuits, suggesting that avPOA^{Vglut2}

neurons may be among the most potent central regulators of glucose homeostasis identified to

date.

431   Torpor is the primary physiological paradigm in which avPOA^{Vglut2} neuron function has

been described, and represents a dramatic challenge to normal thermal and metabolic

homeostasis[11,12]. In addition to their glucoregulatory capacities, activation of these neurons

results in profound hypothermia and hypometabolism, which are understood to be protective

adaptations for organismal survival[2]. One core aspect of this hypometabolism has been

hypothesized to be the preservation of glucose for the brain via reduction in peripheral organ

glucose uptake. However, until recently, it was unclear whether these neurons played an active

role in shaping specific, regulated aspects of this hypometabolic state, or if torpid metabolism

was secondary to decreases in T_b. Notably, a recent study examining a molecularly distinct

subpopulation of avPOA^{Vglut2} neurons expressing the neuropeptide QRFP (avPOA^{QRFP} neurons)

found that activation of this subpopulation results in both torpor-induction and impaired

glucoregulation, similar to avPOA^{Vglut2} neurons described in this work[33]. However, unlike our

findings, the researchers reported that avPOA^{QRFP} glucoregulation is secondary to body

temperature decreases. Our work shows that this is not a general principle of avPOA^{Vglut2}

neuron-mediated glucoregulation. Metabolic cage, GTT, and tissue-specific glucose uptake

experiments performed at elevated T_a, where animal T_b minimally decreases during avPOA^{Vglut2}

neuronal stimulation, all failed to ameliorate the observed glucose intolerance and uptake

defects. These divergent results suggest that there may be distinct subpopulations of avPOA^{Vglut2}

neurons which have temperature-dependent and -independent effects on glucose homeostasis.

Our data suggest a model in which activation of avPOA$^{Vglut2/PACAP}$ neurons contributes to

the reduction of glucose uptake in two of the primary consumers of glucose – skeletal muscle

and brown adipose tissue – thereby conserving glucose for uptake by the brain. Reduction of

glucose uptake in these tissues, coupled with peripheral reliance on fat stores and ketone bodies,

may allow for the stabilization of glucose levels such that the animal has sufficient available

energy stores to forage for food upon exit from torpor. While our results agree with studies of

overnight fasting that demonstrate relative insulin resistance and glucose intolerance compared

to mice with ad-libitum access to food[34], several glucoregulatory modalities (including changes

to insulin and glucagon levels) regulate glucose levels during fasting. Thus, further studies will

be needed to better understand the physiological benefit of avPOA$^{Vglut2/PACAP}$-mediated

glucoregulation during torpor. Moreover, avPOA^{PACAP} neurons have been implicated in

glucoregulation during warm challenge[35], and are involved in diverse behaviors, including sleep,

thirst, and cold-defense[31-37]. Future studies should examine the extent to which these neurons

regulate metabolic flexibility across these diverse physiological states.

An interesting aspect unaddressed by this study is what sensory modalities serve to

engage the activity of these neurons. Do these neurons respond directly to changes in circulating

hormone levels or metabolite abundance to trigger glucoregulatory metabolic shifts? Are there

ascending interoceptive neurocircuits that signal whole-body or tissue-specific nutrient

requirements to avPOA[Vglut2/PACAP] neurons? Future studies will be required to determine the

extent to which the glucoregulatory effects of these neurons impact mouse physiology during

these and other phenomenologically diverse states, and which sensory modalities trigger their

activation.

Intriguingly, this hypothalamic circuitry is largely conserved in non-torpid mammals,

including humans. Indeed, activation of avPOA[Vglut2] neurons has been shown to induce torpor-

like hypometabolic state in the rat, a non-torpid animal[12]. Moreover, single-cell profiling of

avPOA subpopulations in non-human primates, such as marmosets, has revealed the presence of

avPOA[Vglut2/PACAP] neurons in the preoptic area of these animals (**Supplementary Figure 6**)[38,39].

While the function of these neurons in marmoset thermo- and gluco-regulation remains

unexplored, the anatomical and molecular conservation of these neurons in the preoptic area

suggests that they could have similar roles in regulating marmoset metabolic flexibility and

metabolic homeostasis. In humans, metabolic inflexibility is primarily understood within

pathological states such as diabetes, obesity, and metabolic syndromes, in which desensitization

mechanisms render peripheral tissues unable to respond to physiological levels of

glucoregulatory hormones such as insulin and leptin[21,36]. However, our findings raise the

possibility that such metabolic states can also be initiated or augmented by top-down

hypothalamic signaling. Future investigation will determine whether systematic changes in the

activity of these circuits over time predispose individuals to these disorders and facilitate the

development of metabolic pathologies.

Methods and Materials

Mice

Animal experiments were approved by the National Institutes of Health, Massachusetts Institute

of Technology's Committee on Animal Care (CAC), and Beth Israel Deaconess Medical

Center's IACUC following ethical guidelines described in the US National Institutes of Health

Guide for the Care and Use of Laboratory Animals. For initial metabolic cage experiments, we

used adult (8-12-week-old) C57BL/6J mice (The Jackson Laboratory, Stock 000664). For

natural, chemogenetic, and optogenetic torpor experiments, we used 8-12-week-old *Vglut2-*

IRES-Cre (The Jackson Laboratory, Stock 028863), *Adcyap1-2A-Cre* (The Jackson Laboratory,

Stock 030155), and *Lepr-IRES-Cre* (The Jackson Laboratory, Strain 008320) mice. For

adrenergic necessity experiments, we utilized 8-12-week-old $\beta1/\beta2$-KO animals (The Jackson

Laboratory, Stock 003810). All mice were housed at 22°C under a standard 12 h light/dark cycle

until they were subjected to surgery, at which point they were housed under a reversed 12 h

light/dark cycle. Power analysis was used to predetermine sample size, where appropriate (e.g

radioactive glucose uptake as well as hyperinsulinemic-euglycemic clamp experiments). Mice

were randomly assigned to experimental groups before surgery. Where possible, investigators

were blinded during analysis.

Telemetric monitoring of core body temperature and gross motor activity

Mice were implanted abdominally with telemetric temperature and activity probes (Unified

Information Devices, UCT-2112). After at least four days of recovery, animals were singly

housed and recorded in standard cages placed onto a radiofrequency receiver platform (Unified

Information Devices, UID Mouse Matrix). Core body temperature and gross motor activity were

logged every 300 ms based on animal movement and averaged over either 1- or 5-minute

windows, as appropriate. Temperature data were collated and exported from the MouseMatrix

Software (Unified Information Devices, MouseMatrix 1.6.2) for downstream processing.

Analysis of temperature data was performed in R (R Core Team) using a custom-written R

Script.

Metabolic cage experiments

Metabolic cage data was collected on individually housed mice placed in a Promethion

indirect calorimeter (Sable Systems) with a temperature-controlled cabinet (Pol-Eco) and

provided with ad libitum food (Labdiet 5008) and water purified by reverse osmosis. Starr

Scientific telemetry receiver bases were placed beneath the Promethion Cages to match the

implanted probes. Mice were maintained under 12 h light/dark photoperiods (0600–1800) at an

ambient temperature of 23 ± 0.2°C. Position and physical activity were collected every second.

Rates of oxygen consumption (VO_2) and carbon dioxide production (VCO_2) were measured

every 2 min. Energy expenditure was calculated with the Weir equation[40].

Fasting-inducted torpor

Telemetric temperature probe-implanted adult (8-18-week-old) mice were singly housed before

the induction of torpor. Each mouse was moved to a new individual cage containing water and

nesting material but devoid of bedding and food at the beginning of the dark cycle (ZT 11.5).

Initial bouts of torpor were observed after approximately 8-12 h of fasting. Mice were returned to

their standard cages containing food 24 h after the start of the fast. The ambient temperature of

the facility was maintained at ~22°C.

Stereotactic viral injection and fiber implantation

For injections, mice were anaesthetized with 3% isoflurane and placed in a stereotaxic head

frame (Kopf Instrument, model 1900). Animals were kept constantly sedated using 1-1.5%

isoflurane, and either Buprenorphine SR (1.0 mg/kg) or Ethiqa SR (3.25 mg/kg) were

administered for analgesia. The skull was leveled in the AP and ML directions, and bore holes

were drilled using a stereotaxic drill (David Kopf Instruments). For chemogenetic experiments,

unless otherwise specified, craniotomies and viral administration were bilateral. For

optogenetics, craniotomies and viral administration were unilateral. An air-based injection

system built with Digital Manometer (Grainger, 9LHH8) was used to infuse the virus through

pulled glass capillaries. Virus was administered at the following coordinates - POA: AP +0.4

mm, ML ±0.5 mm, DV −5.02 mm, PVH: AP -1.0 mm, ML ±0.1 mm, DV −4.5mm, DMH: AP -

1.8 mm, ML ±0.5 mm, DV −5.02 mm, PAG: AP -3.25 mm, ML ±0..25 mm, DV −1.8 mm, RPa:

AP -5.5 mm, ML ±0.0 mm, DV −5.75 mm. Virus was infused at approximately 100 nL min^{-1},

and the needle was kept at the injection site for 10 min before withdrawal. Unless otherwise

specified, 100 nL of virus was administered per site (unilateral: 100 nL total, bilateral 200 nL

total). Following needle removal, the incision was closed using 4-0 monocryl adsorbable suture

(Ethicon) with alternating box knots in an interrupted pattern.

For optic fiber implantation for optogenetics, 400 μm, 0.37 NA borosilicate mono fiber

optic cannulae (Doric, MFC_400/430-0.37_###_MF1.25_FLT, where ### corresponds to fiber

length) were implanted approximately 500 μm above the injection site. Fibers were initially

fixed to the head using superglue (Gorilla Super Glue Gel), followed by Metabond (CB

Metabond S380) to ensure the stability of the implant. For optogenetics experiments, 100 nL of a

1:1 mixture of AAV8-hSyn-DIO-hM3D(Gq)–mCherry, or AAV8-hSyn-DIO-hM3D(Gq)–

mCherry and AAV8-EF1a-ChR2(H134R)-EYFP, respectively, were injected unilaterally into the

POA. Chemogenetic stimulation of POA neurons followed by monitoring of core temperature

decreases was used to validate injection accuracy. Animals not demonstrating temperature

reductions upon administration of CNO were removed from the analysis.

Viral constructs

AAV8-hSyn-DIO-hM3D(Gq)-mCherry (Addgene, 44361-AAV8), AAV-hSyn-fDIO-

hM3D(Gq)-mCherry-WPREpA (Addgene, 154868-AAV8), pAAV-EF1a-double floxed (DIO)-

hChR2(H134R)-EYFP-WPRE-HGHpA (Addgene, 20298-AAV1), pAAV-hSyn-DIO-

hM4D(Gi)-mCherry (Addgene, 44362-AAV8), AAV-CaMKIIa-hM3D(Gq)-mCherry (Addgene,

50476-AAV8), AAV-hSyn-hM3D(Gq)-mCherry (Addgene, 50474-AAV8), AAV-hSyn-DIO-

mCherry (Addgene, 50459-AAV8), and pAAV-hSyn-DIO-EGFP (Addgene, 50457-AAV8) were

obtained from Addgene. AAV-EF1a-DIO-EYFP (AAV2) was prepared by the UNC Viral Core.

AAV-DIO-TK-P2A-EGFP and HSV-H129-ΔTK-tdTomato were prepared by the University of

California Irvine Viral Core.

All AAV viruses were diluted with PBS to a final concentration between 5×10^{12} and $1 \times$

10^{13} genome copies per mL before stereotactic delivery into the mouse brain. HSV-H129-ΔTK-

tdTomato was administered at 5×10^8 PFU per mL (100 nL unilaterally).

Chemogenetic induction and inhibition of torpor

Induction

Cre-expressing animals were bilaterally transduced with AAV8-hSyn-DIO-hM3D(Gq)-mCherry.

Gq-DREADD-transduced animals were implanted with telemetric temperature probes and

allowed to recover for a minimum of 5 days post-surgery. Following this recovery window,

animals were injected with CNO, and body temperature was monitored to confirm accuracy of

injection. Animals were considered to be torpid if their body temperatures decreased below 34°C

upon CNO administration.

CNO solution was prepared by initially dissolving CNO hydrochloride (Sigma-Aldrich,

SML2304) in H_2O to generate a stock solution of 5 mg/mL. The stock solution was diluted with

PBS to a final concentration of 0.2 mg/mL, and approximately 125 μL was injected

intraperitoneally per mouse for a final injection concentration of 1 mg kg^{-1} in bilaterally injected

animals. Unilaterally injected animals received concentrations of 2 mg kg^{-1}.

Inhibition

Cre-expressing animals were bilaterally transduced with AAV8-hSyn-DIO-hM4D(Gi)-mCherry.

Gi-DREADD-transduced animals were implanted with telemetric temperature probes and

allowed to recover for a minimum of 5 days post-surgery. Following this recovery window,

animals were first fasted overnight starting in the dark phase (ZT12-12). Animals were injected

with PBS at ZT22, right before the onset of the light phase, and body temperature was monitored

to confirm accuracy of injection. Animals were considered to be torpid if their body temperatures

decreased below 34°C. Animals were recovered for 7 days, and subjected to this fasting

paradigm again, except CNO (10 mg/kg) was injected at ZT22. Injections were considered

successful if animals entered torpor when injected with PBS, but did not when injected with

CNO. If entry into torpor was not inhibited by CNO the animals were excluded from further

experiments.

Optogenetic stimulation of avPOA^{Vglut2} neurons

Animals expressing either ChR2(H134R) or an EYFP control, and implanted with a fiber optic

cannula, were allowed to recover 5 days post-surgery before confirming proper injection location

via CNO stimulation. Animals that failed to demonstrate a body temperature decrease were

excluded from further analysis. After a 2-week post-surgery recovery period to allow for

adequate viral expression, awake, freely moving animals were tethered to a fiber optic patch cord

(Doric) and placed in a deep-well cage (WPI) with free access to food and water. Animals were

allowed to acclimate to the new environment for 1 h prior to the start of stimulation. To deliver

light pulses a PulsePal2 (SanWorks) was utilized as a pulse train generator, which was connected

to a desktop computer via USB and controlled via a custom Python script. Pulses from the

controller were conveyed via a 455 nm fiber-coupled LED (ThorLabs M455F3) connected to the

mouse via patch cords connected through a rotary joint (ThorLabs RJ1) to allow for

unencumbered movement of the animal. For ChR2 experiments, the stimulation paradigm was as

follows: 8.5 mW, 10 μs pulse, 50 μs interval (16 Hz), Duty Cycle 1s ON 1s OFF. Power output

was confirmed at the fiber tip via a power meter (ThorLabs PM100D) prior to each experiment.

For fasting experiments, such as GTT or overnight fasting, an identical setup was utilized, but

the animal was not given food (access to water was maintained).

Following the completion of optogenetic experiments, animals were sacrificed, perfused with 4%

PFA, and their brains were sectioned to confirm the accuracy of fiber placement.

Intraperitoneal glucose tolerance tests (GTT)

For chemogenetic glucose tolerance testing, Gq-DREADD or Gi-DREADD-expressing and

control animals were weighed and moved to a clean cage containing a bedding square and water,

but no food, prior to the beginning of the dark cycle (ZT 11.5), and placed onto telemetric

temperature platforms. After 3 hours of fasting and a "Pre-CNO" blood glucose reading (Bayer

Onetouch), animals were injected with 1 mg kg^{-1} CNO and returned to their cage for 60 minutes.

A baseline blood glucose reading was subsequently taken (t = 0), and animals were injected with

2 g/kg glucose (10*Body Weight 20% glucose). Blood glucose readings were then taken at 15,

30, 45, 60, 90, and 120 minutes post-glucose injection prior to returning animals to their home

cages.

For optogenetic glucose tolerance tests, ChR2(H134R)- or EYFP-expressing animals were

weighed and connected to a fiber optic patch cord and placed in a clean cage with a nesting

square and water but no food. Animals were fasted for 3 hours, sampled for blood, and injected

with a volumetrically equivalent amount of saline to CNO that would have been injected in a

chemogenetic GTT (i.e. 5 μL saline/g of mouse). After a 60-minute interval, a baseline blood

sample was taken, and animals were injected with 2 g/kg glucose. Immediately upon glucose

injection, blue light (455 nm) stimulation commenced. Blue light stimulation was continued

throughout the duration of the experiment, and blood was sampled at the time points previously

described. Blue light stimulation was terminated after t = 120 minutes, and animals were

disconnected and returned to their home cages.

Data were recorded, graphed, and analyzed in GraphPad Prism. AUC calculations were

performed using GraphPad Prism analytical tools.

Radioactive glucose uptake

Radioactive glucose uptake assay

Male 8-12-week-old *Vglut2-IRES-Cre* animals were transduced with either mCherry or Gq-

DREADD. After validating Gq-DREADD animals' ability to undergo chemogenetic topor,

animals were weighed, transferred to a new cage, and fasted for 3 hours. Animals were

administered CNO and allowed to equilibrate body temperature for 60 minutes, upon which time

initial blood glucose and scintillation counting samples were taken and animals were injected

with a mixture of 20 µCi 2-[1,2-^{3}H(N)]-Deoxy-D-glucose (^{3}H-2-DG), 0.5 U/kg Insulin, and 1

mM 2-Deoxy-Glucose as per Møller et al[41]. Animals were then placed in a new cage, and 3 µL

of blood were taken for scintillation counting along with 1 drop for blood glucose measurements

at 5, 10, 20, and 30 minutes post-injection. Blood collected for scintillation counting was added

to 5 mL of Opti-Fluor (Perkin-Elmer), mixed, and placed into a Perkin-Elmer Imager for

scintillation counting. Following 30-40 minutes of uptake, animals were euthanized, and their

gastrocnemius, soleus, and BAT were dissected and snap-frozen in liquid nitrogen. Scintillation

samples were measured for tritium over 1 minute, and plasma tritium concentration were

recorded as disintegrations per minute (DPM).

Determination of tissue-specific glucose uptake rate

To determine tissue-specific glucose uptake rate, we performed chromatographic

separation of ^{3}H-2-DG from ^{3}H-2-DG-6-Phosphate, based on a protocol developed by Kim et

al[20]. Using ^{3}H-2-DG-6-Phosphate as a proxy for tissue-specific uptake is predicated on the fact

that ^{3}H-2-DG is metabolized to ^{3}H-2-DG-6-Phosphate almost immediately upon entry into the

cell, which then precludes its exit from the tissue. Measurement of total ^{3}H-2-DG includes

interstitial, unmetabolized ^{3}H-2-DG, and is therefore susceptible to artefactual over- or under-

estimation of glucose uptake based on state-dependent differences in tissue perfusion. To avoid

this confound, we utilized Poly-Prep anion exchange columns (Bio-Rad, 731-6211) to isolate the

^{3}H-2-DG-6-Phosphate. Briefly, tissues were weighed and homogenized in 10 volumes of sterile,

deionized water. Homogenized tissues were then heated to 95°C for 10 minutes, cooled to room

temperature, vortexed, and centrifuged for 10 minutes at 21430 RCF. Subsequently, 33.3 μL of

homogenate was added to 4.967 mL of Opti-Fluor for scintillation counting. During this time,

the Poly-Prep anion exchange column was equilibrated with 6 mL of sterile deionized water.

Following equilibration, 333 μL of homogenate was applied to the columns and allowed to flow

through by gravity. The column was subsequently washed 3 times with 2 mL of sterile,

deionized water, and the flowthrough was collected in scintillation vials as the "wash" fraction.

Finally, the ^{3}H-2-DG-6-Phosphate was eluted from the column using a 0.3 M Formic Acid/0.5 M

NH_4CH_3COO elution buffer. Elution was accomplished via 3 washes of 2 mL using the elution

buffer and collected in scintillation vials. The wash and elution (500 μL) were added to 5 mL of

Opti-Fluor, and the samples were vortexed and analyzed via scintillation counting.

For quantitation of tissue-specific glucose uptake rates, we employed a method modified

from Møller et al[41]. Briefly, the DPM of the eluate, representing the ^{3}H-2-DG-6-Phosphate

concentration in the tissue, was related to the time of uptake and weight of tissue to obtain a

DPM g^{-1} min^{-1} value, representing tissue-specific uptake rate. The time-weighted ^{3}H-2-DG

appearance was then extrapolated from the DPM of ^{3}H-2-DG in the blood and divided by the

time-weighted total glucose concentration to obtain the specific activity of ^{3}H-2-DG in the blood

(DPM/μmol). The glucose uptake index for the tissue was then calculated by dividing the tissue

uptake rate by the specific activity, and expressing this value as nmol g^{-1} min^{-1}.

Immunoblotting

Male, 8-12-week-old *Vglut2-IRES-Cre* animals validated to have body temperature drops and

glucose intolerance when stimulated with CNO were subdivided into three cohorts, injected with

either saline, CNO (1 mg/kg), or insulin (0.5 IU/kg), respectively, and monitored for blood

glucose changes over a 45-minute period. After 45 minutes, animals were sacrificed, and

gastrocnemius, soleus, quadriceps, liver, and BAT were dissected and snap-frozen. These tissues

were then homogenized in Radioimmunoprecipitation (RIPA) Buffer composed of 150 mM

NaCl, 1.0% (w/v) Triton X-100, 0.5% (w/v) Sodium Deoxycholate, 0.1% (w/v) sodium

dodecylsulfate, 50 mM Tris (pH 8), EDTA-free protease inhibitor (Roche), and PhosSTOP

phosphatase inhibitor (Roche), using a BioRuptor (Qiagen). Lysates were cleared by

centrifugation in a microcentrifuge (21430 RCF for 10 min at 4°C), and protein concentrations

were quantified using the Pierce BCA Protein Assay Kit (Thermo Fisher). Lysate samples were

prepared by the addition of 5× Laemelli Buffer (0.242 M Tris, 10% SDS, 25% glycerol, 0.5 M

dithiothreitol (DTT) and bromophenol blue), resolved by Bis-Tris SDS–PAGE, and analyzed by

immunoblotting. Antibodies and concentrations used for immunoblotting include Insulin

Receptor β (4B8) Rabbit mAb #3025 (Cell Signaling Technologies) 1:1000, Akt Antibody #9272

(Cell Signaling Technologies) 1:1000, and Phospho-Akt (Ser473) Antibody #9271 (Cell

Signaling Technologies) 1:500. Proteins were visualized using an Anti-rabbit IgG HRP-linked

Antibody #7074 (Cell Signaling Technologies) 1:3000 in combination with the

chemiluminescent Pierce™ ECL Western Blotting Substrate (ThermoFisher) using an X-OMAT

film processor.

Sciatic nerve denervation

Sciatic nerve denervation procedures were modeled on those described in Volodin et al[42].

Briefly, animals were anesthetized with 3% isoflurane and administered analgesics. The sciatic

nerve was then accessed via the back right flank of the animal and severed at both distal and

proximal ends, such that there was no reattachment of nerve fibers during the course of recovery.

Accuracy of the cut was validated via observation of the animal post-operation. Severing the

sciatic nerve causes a stereotyped dragging of the ipsilateral limb. Animals confirmed to have

successful denervations were included in experimental cohorts, whereas those that retained limb

mobility were excluded. Animals were allowed to recover for 72 hours prior to use in radioactive

glucose uptake assays previously described.

When dissecting organs for analysis of tissue-specific glucose uptake, both innervated

and denervated gastrocnemius muscles were harvested. These tissues were processed in an

identical manner, and the ratio of innervated:denervated glucose uptake was used as a metric for

the reduction in glucose uptake in the same animal that resulted from denervation.

Blood collection

Tail blood was collected from animals by opening a small hole in the tail of the animal

and manually extracting 20 μL of blood into a Lithium Heparin Microvette (Sarsdedt). For

longitudinal assays, no more than 150 μL of blood was removed from an animal. Following

blood extraction, microvettes were placed on ice for no longer than 60 minutes, and then

centrifuged in a microcentrifuge for 5 minutes at 2000 RCF to separate blood cells from plasma.

Plasma was extracted from these tubes, aliquoted, snap-frozen in liquid N_2, and placed at -80°C

for long-term storage.

ELISA assays

All assays were performed according to manufacturers' instructions, as briefly described below:

Insulin

Following plasma separation, 10 µL plasma from each mouse was used for the Mouse Ultra-

Sensitive ELISA Assay (Crystal Chem), plated in 5 µL duplicates. Samples were compared

against a standard curve and analyzed using a Spectramax iD3 plate reader with a reference

wavelength of 630 nm and a measured wavelength of 450 nm. Data were fit using a linear curve,

and cohort analysis was performed using two-tailed t-tests.

Glucagon

Following plasma separation, 20 µL plasma from each mouse was used for the Mouse Glucagon

ELISA Assay (Crystal Chem), plated in 10 µL duplicates. Samples were compared against a

standard curve and analyzed using a Spectramax iD3 plate reader with a reference wavelength of

630 nm and a measured wavelength of 450 nm. Data were fit using a 4-parameter logistic curve,

and cohort analysis was performed using two-tailed t-tests.

Leptin

Following plasma separation, 10 µL plasma from each mouse was used for the Mouse Leptin

ELISA Assay (Crystal Chem), plated in 5 µL duplicates. Samples were compared against a

standard curve and analyzed using a Spectramax iD3 plate reader with a reference wavelength of

630 nm and a measured wavelength of 450 nm. Data were fit using a 4-parameter logistic curve,

and cohort analysis was performed using two-tailed t-tests.

Corticosterone

Following plasma separation, 5 µL plasma from each mouse was used for the Corticosterone

ELISA Assay (Enzo Life Sciences). Samples were enriched for steroids using the provided

Steroid Displacement Reagent and plated in duplicate. Samples were compared against a

standard curve and analyzed using a Spectramax iD3 plate reader with a reference wavelength of

580 nm and a measured wavelength of 405 nm. Data were fit using a 4-parameter logistic curve,

and cohort analysis was performed using two-tailed t-tests.

Polar serum metabolomics

To begin, 10 μL aliquots of plasma from blood samples was combined with 90 μL of
75:25:0.2 acetonitrile:methanol:formic acid containing 0.2 μg/mL internal standards and
vortexed for 5 minutes as 4°C. Subsequently, the samples were spun at 21430 RCF for 10
minutes in a refrigerated centrifuge at 4°C. Supernatant was taken, and 15 μL was added to
LC/MS vials for analysis.

Analysis was conducted on a QExactive benchtop Orbitrap mass spectrometer equipped
with an Ion Max source and a HESI II probe, which was coupled to a Dionex UltiMate 3,000
UPLC system (Thermo Fisher Scientific). External mass calibration was performed using the
standard calibration mixture every 7 days. Chromatographic separation was achieved using the
following conditions: buffer A was 20 mM ammonium carbonate, 0.1% ammonium hydroxide;
buffer B was acetonitrile. The column oven and autosampler tray were held at 25°C and 4°C,
respectively. The chromatographic gradient was run at a flow rate of 0.150 mL min−1 as
follows: 0–20 min: linear gradient from 80% to 20% B; 20–20.5 min: linear gradient from 20%
to 80% B; 20.5–28 min: hold at 80% B. The mass spectrometer was operated in full-scan,
polarity switching mode with the spray voltage set to 3.0 kV, the heated capillary held at 275°C,
and the HESI probe held at 350°C. The sheath gas flow was set to 40 units, the auxiliary gas
flow was set to 15 units, and the sweep gas flow was set to 1 unit. The data acquisition was
performed over a range of 70–1,000 m/z, with the resolution set at 70,000, the automatic gain
control target at 10E6, and the maximum injection time at 20 ms. Relative quantitation of polar
metabolites was performed with TraceFinder 2.2 (Thermo Fisher Scientific) using a 5 p.p.m.
mass tolerance and referencing an in-house library of chemical standards.

Hyperinsulinemic-euglycemic clamp

Survival surgery, to place an indwelling intravenous catheter, was performed 5~6 days prior to
the insulin clamp experiments[20]. On the day of the euglycemic clamp experiment, mice were
placed in a rat restrainer with their tails tape-tethered at one end to minimize animal stress and
allow access to tail blood sampling during the experiment. Mice were allowed to acclimatize to
this state for 2 hours prior to the insulin infusion. During this 2-h acclimation period, D-[3-³H]
glucose was infused (0.05 μCi/min) using a microdialysis pump to assess the basal rate of whole-

body glucose turnover (i.e, basal hepatic glucose production). Subsequently, a baseline blood

sample (60 μL) was collected for the measurement of basal plasma glucose, insulin, and [³H]

glucose concentrations[20].

Following the basal period, a 2-h hyperinsulinemic-euglycemic clamp was conducted

with a primed (150 mU/kg body weight) and continuous infusion (2.5 mU/kg/min) of human

insulin to raise plasma insulin within a physiological range (approximately 300 pM)[20]. Blood

samples (10 μL) were collected at 10~20-minute intervals for the measurement of plasma

glucose levels. Based on plasma glucose levels, 20% glucose was infused at variable rates to

maintain euglycemia (~120 mg/dL) throughout the clamp. To determine insulin-stimulated

whole-body glucose turnover, continuous infusion of [3-³H] glucose was applied throughout the

clamp (0.1 μCi/min). To estimate insulin-stimulated glucose uptake in individual organs, a bolus

of 2-deoxy-d-[1-¹⁴C] glucose (2-[¹⁴C]DG) (10 μCi) was administered at 75 min after the start of

the clamp[20]. Blood samples (10 μL) were taken at 80, 85, 90, 100, 110, and 120 min for the

measurement of plasma [³H] glucose, ^3H_2O, and 2-[¹⁴C] DG concentrations. A final blood

sample (20 μL) was taken at the end of the clamp to measure plasma insulin concentrations.

At the end of the insulin clamp, mice were anesthetized, and skeletal muscles (gastrocnemius and

quadriceps) from both hindlimbs, white and brown adipose tissues, liver, brain, and heart were

collected for biochemical analysis[20]. The tissues were rapidly frozen in liquid N_2, and stored at

−80°C until biochemical analysis was performed. Tissue-specific uptake was determined as

described in **Radioactive glucose uptake** above.

Phosphoproteomics

Proteolytic digestion and peptide extraction

Tissues were lysed at 70°C for 15 min in 1 mL 1X SDS lysis buffer (5 % (w/v) SDS, 100 mM

TEAB pH 8.5, 40 mM CAA, 10 mM TCEP, protease inhibitor cocktail, phosphatase inhibitor

cocktail) in Low Protein Binding Microcentrifuge Tubes (Thermo Scientific, Waltham, MA,

USA). Cellular debris was removed by centrifugation at 15,000 x g for 5 min. Protein (600 μg)

was purified via the SP3 method as in Hughes et al[43]. Proteins were bound to 120 μL SP3 beads

by adding 2.4 mL 100 % (v/v) ethanol followed by three washing steps with 1 mL 80 % (v/v)

ethanol. Samples were digested with trypsin/LysC mix (1:50) in 300 μL 100 mM TEAB, and

proteins were digested overnight in a shaking incubator at 37°C at 115 RPM. The following day,

an additional 6 μg trypsin/Lys-C mix was added in 6 μL 100 mM TEAB and the digestion

continued for 4 hours at 37°C. Peptide digests (240 μg) were dried in a speed-vac concentrator

and resuspended in 40 μL 100 mM TEAB. Peptides were labeled with 500 μg TMTpro label

resuspended in 20 μL anhydrous acetonitrile. TMTpro-labeled samples were quenched for 30

min at room temperature with 5 μL 5% hydroxylamine in 100 mM TEAB. Labeled peptides

were pooled together and desalted on a 500 mg C18 SepPak column (Waters, Milford, MA,

USA).

The TMTpro pooled sample was split, with one part used for proteome analysis and the other

part used for phosphopeptide enrichment. The proteome sample was fractionated using a Strong

Anion Exchange column (Thermo Scientific, Waltham, MA, USA). Increasing concentrations of

ammonium acetate (0, 20, 50, 100, 200, 500 mM) were used for elution. Low salt fractions (0,

20, 50 mM ammonium acetate) and high salt fractions (100, 200, 500 mM ammonium acetate)

were pooled, respectively, and lyophilized. The phosphopeptide sample was enriched using the

High Select™ TiO_2 phosphopeptide enrichment kit according to the manufacturer's instructions

(Thermo Scientific, Waltham, MA, USA). All TiO_2 flowthrough and wash fractions were

pooled, lyophilized, and further enriched using the High Select™ Fe-NTA phosphopeptide

enrichment kit according to the manufacturer's instructions (Thermo Scientific, Waltham, MA,

USA). The low salt and high salt proteome samples, as well as both phosphopeptide-enriched

samples, were then fractionated with the High pH Reversed-Phase Peptide Fractionation Kit

(Thermo Scientific, Waltham, MA, USA) using the following 12-step gradient of increasing

acetonitrile concentrations: 5, 7.5, 10, 12.5, 15, 17.5, 20, 22.5, 25, 27.5, 30, 60%. The following

fractions were then pooled together and lyophilized: 1+7, 2+8, 3+9, 4+10, 5+11, 6+12.

Lyophilized fractions were resuspended in 12 μL 0.2% formic acid in MS-grade water for LC-

MS analysis.

LC-MS data collection:

Mass spectrometry was performed using an Orbitrap Eclipse mass spectrometer equipped with a

FAIMS Pro source, connected to a Vanquish Neo nLC chromatography system using an

EasySpray ES902 column (75 μm x 25 cm, 100 Å), all from Thermo Fisher Scientific (Waltham,

MA, USA). Peptides were separated at 300 nL/min on a gradient of 3–25% B for 90 min, 25–

40% B for 30 min, 40–95% B for 10 min, 95% B over 6 min, using 0.1% FA in water for A and

0.1% FA in 80% acetonitrile for B. The Orbitrap and FAIMSpro were operated in positive ion

mode with a positive ion voltage of 2100 V, an ion transfer tube temperature of 305°C, and a 4.2

L/min carrier gas flow, using standard FAIMS resolution and compensation voltages of -45, –55,

and –65 V. Full scan spectra were acquired in profile mode at a resolution of 120,000 (MS1 and

MS2), with a scan range of 400–1400 m/z, custom maximum fill time (200 ms), custom AGC

target (100% MS1, 250% MS2), isolation windows of m/z 0.7, intensity threshold of 2.0e4, 2–6

charge state, dynamic exclusion of 60 seconds, and 35% HCD collision energy.

Proteomic and Phosphoproteomic Data Analysis

Proteome data were analyzed using the PEAKS Studio 10.6 software package. Raw data

extracted from .raw files were pre-processed with the following settings: scans were merged

within a 10 ppm retention time window and a 10 ppm precursor m/z tolerance, including

precursor mass and charge states (z = 2-8). Pre-processing steps included automatic centroiding,

deisotoping, and deconvolution.

Protein identification was performed using a mouse protein FASTA database (Uniprot Taxon ID

10090), with the following parameters: parent mass error tolerance set to 10 ppm, fragment mass

error tolerance set to 0.05 Da, retention time shift tolerance of 5.0 minutes, and semispecific

trypsin enzyme specificity. TMT was applied as an unvariable modification, while the variable

modifications considered included carbamidomethylation (C), oxidation (M), phosphorylation

(P), and deamidation (NQ). Non-specific cleavage at one terminus was allowed, with up to three

missed cleavages and a maximum of three variable posttranslational modifications per peptide.

The false discovery rate (FDR) was estimated using the decoy-fusion approach, with peptides

having an FDR ≤ 1% and a significance threshold of 20 (-10lgP) considered confidently

identified. For protein quantification, at least two high abundant peptide signals were selected to

calculate raw protein peak areas. The software computed phosphosite data by using the

abundances of multiple peptides for each phosphorylation.

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J.M.R and S.H conceptualized the project. J.M.R, S.H., E.C.G, J.K.K, F.S, and A.S.B devised

experimental methodologies. J.M.R, M.A, N.N, H.W, M.M, M.W, B.L, B-Y.K, and B.K

executed experiments. J.M.R, S.H, M.A, N.N, and H.W contributed to data visualization. S.H

and E.C.G acquired funding. S.H and E.C.G administered and supervised the project. J.M.R,

S.H, and E.C.G wrote the initial manuscript draft. J.M.R, S.H, E.C.G, M.A, N.N, H.W, A.S.B,

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1030

1031   **Competing Interests:**

1032   The authors declare they have no competing interests

1033

Data and Material Availability:

All data needed to evaluate conclusions made in both main text and supplementary figures in this

paper will be made available upon reasonable request.

Supplementary Materials

Materials and Methods

Figs S1 to S7

Figures

Figure 1: avPOA^{Vglut2} neurons regulate fuel usage in natural and induced torpor. **(A)** *(Left)*
Schematic for respirometry experiments involving natural torpor. Probe-implanted wild-type
C57Bl6/J mice were monitored throughout a 24-hour fast (ZT12-ZT12, denoted by horizontal
line). *(Right)* Representative traces of respiratory exchange ratio (RER, bottom, solid line) and

1044 body temperature (T_b, top, dashed line) for an animal undergoing natural fasting-induced torpor.

1045 Traces were classified into distinct states based on food availability and T_b: *Fed*, ad libitum

1046 access to chow; *Initial Fast*, <6 h post-food withdrawal; *Fasted Non-torpid*, >6 h fasting and T_b >

1047 34.5°C; Torpid –fasted, T_b < 34.5°C, and ΔT_b < 0; *Arousal*, T_b < 35.5°C and ΔT_b > 0. Shaded

1048 gray portions denote dark cycle times (ZT12-24). **(B)** State-dependent quantification of RER for

1049 fasted mice as in (A) (n = 8 animals, 4 male, 4 female, * = p < 0.05). **(C)** (*Left)* Schematic for

1050 bilateral stereotactic transduction of avPOA neurons with Gq-DREADD. *(Right)* Experimental

1051 paradigm for stimulating avPOA-transduced animals with either saline or CNO (1 mg/kg) at T_a =

1052 24°C. **(D-F)** Quantification of T_b **(D)**, VO_2 **(E)**, and RER **(F)** in Gq-DREADD-expressing mice

1053 for 300 minutes pre- and post-CNO stimulation (dashed vertical line). Traces and shading

1054 indicate mean ± SEM (n = 8 animals). **(G)** Calculation of carbohydrate oxidation (CHO) and

1055 fatty acid oxidation (FAO) percentages for 300 minutes pre- and post-CNO injection (dashed

1056 vertical line) based on the method of Frayn (see Methods). **(H)** (*Left*) Following acclimation at

1057 elevated T_a (32°C), Gq-DREADD-expressing mice were administered either saline or CNO and

1058 monitored for gas exchange and T_b. *(Right)* RER and T_b changes in Gq-DREADD-expressing

1059 mice in response to CNO stimulation or saline control. Dashed vertical line indicates timing of

1060 the injection. Ambient temperature denoted by horizontal dashed line (T_a = 32°C). **(I)**

1061 Quantitation of RER 300 min following CNO or saline control injections at T_a = 24°C or 32°C

1062 (**** = p < 0.00005, n = 8 mice).

Figure 2: avPOA^{Vglut2} neuronal regulation of whole-body glucose homeostasis is rapid and reversible. (A) Schematic of blood sampling protocol for plasma metabolomics from mCherry-

and Gq-DREADD-transduced *Vglut2-IRES-Cre* mice pre- and post-CNO administration. n = 8

mice (4 female, 4 male) per cohort. Blood samples were taken 0, 15, 30, 60, and 120 min post-

CNO injection (1 mg/kg) for plasma separation, LC/MS, and polar metabolomics analysis. **(B)**

(*Left*) Volcano plot of differentially altered metabolites 120 min post-CNO administration.

Selected overrepresented and underrepresented metabolites labeled in red and blue, respectively.

p-values calculated using two-tailed t-test, red lines corresponding to FDR-corrected $p < 0.05$,

and |Log_2-Fold change| > 0.6. **(C)** Fold-change in glucose abundance in Gq-DREADD-

expressing vs. mCherry control mice at 120 min post-CNO injection. (n = 8 animals, mean

±SEM, ** = $p<0.005$, two-tailed t-test). **(D)** Schematic for intraperitoneal glucose tolerance test

(GTT) in Gq-DREADD and mCherry control mice. Animals were fasted for 3h prior to baseline

glucose measurement and CNO administration. Subsequent to a 60-minute interval following

CNO administration, a baseline blood sample was taken, animals were injected with glucose (2

g/kg), and subsequent blood samples for changes in glucose levels were obtained at 15, 30, 60,

and 120 min post glucose administration. **(E)** Glucose tolerance testing of mCherry (Ctrl) or Gq-

DREADD-expressing animals at $T_a = 24°C$ or $32°C$ (24°C: n = 13 mCherry, n = 14 Gq; 32°C: n

= 14 mCherry, n=16 Gq *Vglut2-IRES-Cre* animals, mean ±SEM). **(F)** Area under the curve

(AUC) quantification of (E) in all cohorts (** = $p < 0.005$, student's two-tailed t-test, mean

±SEM). **(G)** Schematic for GTT in Gi-DREADD-transduced *Vglut2-IRES-Cre* animals. Gi-

DREADD-expressing animals were injected with either PBS or CNO (10 mg/kg) prior to GTT,

and blood was collected as in other GTT experiments. **(H)** Glucose tolerance testing of PBS- and

CNO-injected Gi-DREADD animals (n = 8 PBS, n = 8 CNO, mean ±SEM). **(I)** AUC

quantification of GTT in (H) for PBS- and CNO-injected experiments (** = $p < 0.005$, student's

paired two-tailed t-test, mean ±SEM). **(J)** Schematic of unilateral stereotactic administration of

AAV-DIO-ChR2(H134R)-EYFP or AAV-DIO-EYFP to the avPOA of *Vglut2-IRES-Cre* mice

(n=4 EYFP, n= 5 ChR2). **(K)** Representative image of (J), showing ChR2-EYFP signal in an

experimental animal (Scale bar = 250 μm). **(L)** Plasma glucose sampling of ChR2- and EYFP-

expressing mice for 80 min at 5 min intervals (Light ON 0-40 minutes, indicated by blue

shading; Light OFF 41-80 minutes, indicated by no shading, mean ±SEM). **(M)** AUC

quantification of (L) (** = $p < 0.005$, Students two-tailed t-test, n = 4 EYFP, n = 5 ChR2 *Vglut2-*

IRES-Cre animals).

Figure 3: avPOA ^{Vglut2} neurons coordinate whole-body glucose hypometabolism and organ-specific defects in glucose uptake. (A) Schematic for hyperinsulinemic-euglycemic clamp and tissue-specific glucose uptake measurements. Gq-DREADD- or mCherry-transduced animals were implanted with indwelling catheters, mildly restrained, and subjected to continuous infusion of glucose, insulin, ^{3}H-glucose, and ^{14}C-2-deoxyglucose over the course of the two-hour experiment. Glucose levels were maintained at approximately 120 mg/dL to ensure clamp effectiveness. Animals were sacrificed, and the displayed tissues were taken for radioactive ^{14}C-2-Deoxyglucose-6-Phosphate uptake analysis. **(B)** Glucose levels 60 min after CNO stimulation (Basal) were significantly elevated in Gq-DREADD-expressing animals as compared to control animals (* = $p<0.05$, student's two-tailed t-test, mCherry = 149.4 ± 8.8 mg/dL; Gq = 207.5 ± 22.2 mg/dL, mean $\pm$SEM, n= 9 mCherry, n=10 Gq *Vglut2-IRES-Cre* animals). Conversely, during the hyperinsulinemic clamp, Gq-DREADD- and mCherry-expressing animals maintained nearly identical levels plasma glucose (Gq: 130.9 ± 7.2 mg/dL, mCherry: 129.1 ± 3.4 mg/dL), indicating successful clamping of plasma glucose. **(C)** Glucose Infusion Rate (GIR) of control (mCherry) and Gq-DREADD-transduced animals throughout the 120-minute duration of the experiment (** = $p < 0.005$, student's two-tailed t-test, mean $\pm$SEM). **(D)** Organs in which avPOA stimulation had no significant effect on insulin-stimulated glucose uptake (ns = $p > 0.05$, student's two-tailed t-test, mean $\pm$SEM). **(E)** Gastrocnemius and BAT exhibited reductions of 61.1% and 55.3% in ^{14}C-2-DG-6-Phosphate uptake (Glucose Uptake), respectively, between Gq-DREADD- and mCherry-expressing animals (* = $p < 0.05$, ** = $p< 0.005$, student's two-tailed t-test, mean $\pm$SEM). **(F)** Calculated mass-dependent glucose uptake in each of the six examined organs based on average tissue weights of control and Gq-DREADD-expressing animals and tissue-specific glucose uptake rates (Mass-Dependent Uptake (nmol/min) = Average Tissue Mass (g) * Glucose Uptake Rate (nmol/min/g tissue)).

Figure 4: Determination of peripheral effectors of avPOA^{Vglut2}-induced skeletal muscle

insulin resistance. (A) Schematic for potential temperature-regulated effects of avPOA^{Vglut2}

neuronal stimulation on skeletal muscle glucose uptake. **(B)** (*Left*) Schematic for radioactive

glucose (^{3}H-2-deoxyglucose-6 phosphate) uptake assay in *Vglut2-IRES-Cre* animals injected

with either Cre-dependent mCherry (avPOA$^{Vglut2-mCherry}$) or Gq-DREADD (avPOA$^{Vglut2-Gq}$), then

pretreated with CNO and subjected to radioactive glucose uptake assay at T_a = 24°C or 32°C.

(*Right)* results of Radioactive glucose (^{3}H-2-deoxyglucose-6 phosphate) uptake assay in

gastrocnemius muscles of control (avPOA$^{Vglut2-mCherry}$) or Gq-DREADD (avPOA$^{Vglut2-Gq}$) mice

housed at T_a =24°C or 32°C (** = p < 0.005, student's two-tailed t-test, mean ±SEM, n = 9

mCherry 24°C , n = 6 Gq 24°C, n = 4 mCherry 32°C, n=6 Gq 32°C *Vglut2-IRES-Cre* animals).

(C) Glucose tolerance testing of control mCherry-expressing mice (mCherry), mice transduced

with AAV-CaMKIIa-hM3D(Gq)-mCherry (CaMKIIa-Gq), and CaMKIIa-Gq-transduced

Adrb1/2$^{-/-}$ mice (CaMKIIa-Gq Adrb1/2$^{-/-}$). AUC calculation shown on right (* = p < 0.05,

student's two-tailed t-test, mean ±SEM, n = 6 Vglut-mCherry, n = 6 CaMKIIa-Gq, n = 4

CaMKIIa-Gq Adrb1/2$^{-/-}$ animals). **(D)** Pair-matched glucose tolerance tests in animals injected

with saline, CNO (1 mg/kg), Guanethidine (50 mg/kg), or Guanethidine and CNO (ns = p > 0.05,

** = p < 0.005, paired student's two-tailed t-test, mean ±SEM, n = 6 mice per condition). **(E)**

Schematic of sciatic nerve denervation paradigm to test the requirement for motor innervation

for avPOA-induced skeletal muscle insulin resistance. Unilateral denervation allows for a

matched innervated internal control. **(F)** Radioactive glucose uptake assay in innervated or

denervated gastrocnemius muscle in CNO-treated control mCherry- and Gq-DREADD-

expressing animals (mCherry innervated = 171.0±26.9, Gq innervated = 57.6±14.5, mCherry

denervated = 97.1±23.2, Gq denervated = 26.3±5.3 nmol/g/min). (*Right*) Ratio of

denervated:innervated gastrocnemius glucose uptake in mCherry animals (59.9±1.5%) and Gq

animals (49.0±7.3%).

Figure 5: avPOA-induced insulin intolerance requires corticosterone. (A) Concentrations of plasma leptin, glucagon, insulin, and corticosterone 60 minutes following CNO administration in fed mCherry- and Gq-DREADD-expressing animals. (Leptin: n = 5 mCherry, n = 5 Gq; Glucagon: n= 5 mCherry, n = 6 Gq; Insulin: n = 5 mCherry, n = 5 Gq; Corticosterone: n = 5 mCherry, n = 7 Gq animals, ** = p < 0.005). **(B)** Longitudinal monitoring of glucose and corticosterone in fed mCherry- and Gq-expressing mice injected with 1 mg/kg CNO. Blood plasma taken 0, 15, 30, 60, and 120 minutes post-injection (n = 7 Gq, n = 5 mCherry Vglut2-IRES-Cre animals). **(C)** Schematic for metyrapone treatment during glucose tolerance testing. Animals were fasted for 120 minutes before baseline blood glucose levels were taken. Animals were then injected with 50 mg/kg metyrapone, and CNO was administered 2 hours following metyrapone injection. Subsequently, the GTT proceeded as previously described. **(D)** Corticosterone ELISA on blood sampled from animals prior to metyrapone injection (Base) or 2 hours post-injection (Met) (**** = p<0.00005, student's two-tailed t-test, mean ±SEM, n = 6 samples per condition). **(E)** Glucose tolerance test of Gq-DREADD-transduced *Vglut2-IRES-Cre* animals injected with saline, CNO (1 mg/kg), saline + metyrapone (50 mg/kg), or CNO (1 mg/kg) + metyrapone (50 mg/kg). (*Right*) AUC quantitation of results (* = p < 0.05, student's two=tailed t-test, mean ±SEM, n = 6 *Vglut2-IRES-Cre* animals).

Figure 6: avPOA^{PACAP} and avPOA^{LepR} neuronal subsets function as regulators of metabolic flexibility. (A) Immunostaining of axonal fibers in *Vglut2-IRES-Cre* mice transduced with Gq-DREADD (AAV-hSyn-DIO-hM3D(Gq)-mCherry). Axonal projections were identified in a variety of downstream regions, including the paraventricular thalamus (PVT), paraventricular hypothalamus (PVH), dorsomedial hypothalamus (DMH), periacqueductal grey (PAG), locus coeruleus (LC), and raphe pallidus (RPa). **(B)** Optogenetic branch stimulation of hindbrain-projecting avPOA^{Vglut2} neurons. Blue bars correspond to regions targeted for optogenetic stimulation via cannula implantation and subsequent exposure to 455 nm blue light. **(C)** (*Left*) Glucose tolerance testing of *Vglut2-IRES-Cre* animals transduced with a Cre-dependent ChR2 (AAV-DIO-ChR2(H134R)-EYFP) or EYFP (AAV-DIO-EYFP) with optic fibers placed

unilaterally above either the POA, POA→DMH-projecting neurons, or POA→RPA-projecting

neurons. *(Right)* AUC of GTT for each cohort described (ns = p > 0.05, **** = p < 0.005, student's

two-tailed t-test, mean ±SEM, n = 4 EYFP, n = 4 POA, n = 3 POA→DMH, n = 3 POA→RPa

Vglut2-IRES-Cre animals). **(D)** UMAP plot and Leiden clustering of all avPOA^{Vglut2} neurons

identified in Hrvatin et al., 2020. **(E)** UMAP plot of avPOA^{Vglut2} neurons colored by *Adcyap1*

and *LepR* expression. **(F)** Schematic showing four groups of animals: mCherry (mCherry-

transduced *Vglut2-IRES-Cre,* n = 11), Vglut2 (Gq-DREADD transduced *Vglut2-IRES-Cre*)

(n=10), PACAP (Gq-DREADD-transduced *PACAP-2A-Cre*) (n=11), and LepR (Gq-DREADD-

transduced *LepR-IRES-Cre* (n=3) animals injected with 1 mg/kg CNO. **(G)** Glucose tolerance

test of mCherry (avPOA$^{Vglut2-mCherry}$), Vglut2 (avPOA$^{Vglut2-Gq}$), PACAP (avPOA$^{PACAP-Gq}$), and

LepR (avPOA$^{LepR-Gq}$), animals from (F). **(H)** AUC analysis for (G) (**** = p < 0.05, student's two-

tailed t-test, mean ±SEM, n=7 avPOA$^{Vglut2-mCherry}$, n = 10 avPOA$^{Vglut2-Gq}$, n = 11 avPOA$^{PACAP-Gq}$,

n = 3 avPOA$^{LepR-Gq}$ animals). **(I)** Volcano Plot of 120-minute polar metabolomics of *PACAP-2A-*

Cre animals transduced with a Cre-dependent Gq-DREADD and injected with either PBS or

CNO (1 mg/kg). Animals were treated as in **Figures 2a-c**. Selected overrepresented and

underrepresented metabolites labeled in red and blue, respectively. p-values calculated using

two-tailed t-test; red lines corresponding to p-value and Log$_2$-Fold changes set at p < 0.05 and

|Log$_2$-Fold change| > 0.6.

Supplementary Figures

Supplementary Figure 1: avPOA stimulation regulates diverse metabolic parameters. (A-D) Quantitation of (A) Food Intake, (B) Energy Expenditure, (C) VCO₂, and (D) VO₂ throughout different phases of avPOA stimulation described in Figures 1c-f. Baseline = pre-CNO stimulation, Entry = 60 minutes post-CNO stimulation, Torpor = duration of torpor bout, Recovery = post-torpor period before returning to euthermia (**** = $p < 0.00005$, mean ±SEM, student's two-tailed t-test, n = 8 WT C57Bl/6J mice). (E) Quantitation of animal body temperature following 300 minutes of saline or Gq-DREADD stimulation at either T_a =24°C or 32°C (n = 8, mean ±SEM).

Supplementary Figure 2: TCA cycle and glycolytic metabolite abundance is altered following CNO stimulation. (A) Major glycolytic metabolites, including pyruvate and lactate, are monotonically decreased by CNO stimulation of Cre-dependent mCherry- or Gq-DREADD-transduced *Vglut2-IRES-Cre* mice as compared to their saline-injected counterparts. Conversely, glucose is monotonically increased upon CNO stimulation as compared to saline injection (** = $p < 0.005$, **** = $p < 0.00005$, student's two-tailed t-test, mean ±SEM, n = 8 animals). **(B)** Significantly downregulated TCA cycle metabolites include fumarate, succinate, malate, and α-ketoglutarate (**** = $p < 0.00005$, student's two-tailed t-test, mean ±SEM, n = 8 animals). Sample values reported as cohort-specific baseline-normalized fold change. Blood was collected

at 0, 15, 30, 60, 120 minutes post-injection. **(C)** β-hydroxybuyrate levels are significantly

increased in CNO-injected animals as compared to controls (* = p < 0.05, student's two-tailed t-

test, mean ±SEM, n = 8 animals). **(D)** Quantitation of (C) 120 minutes after CNO stimulation in

mCherry and Gq animals (* = p < 0.05, student's two-tailed t-test, mean ±SEM, n = 8 animals).

(E) Quantification of minimal T_b measured during fasting-induced torpor in Gi-DREADD-

transduced *Vglut2-IRES-Cre* animals. Animals were fasted for 24 hours at the beginning of the

dark cycle (ZT 12), and either PBS or CNO (10 mg/kg) was injected 10 hours after fasting began

(ZT 22) (** = p < 0.005, student's two tailed t-test, n = 8 PBS, n = 8 CNO, same animals, mean

±SEM). **(F)** Longitudinal trace of animals in (E), demonstrating that Gi-DREADD animals

injected with CNO do not go into torpor due to inhibition of avPOA^{Vglut2} neurons, whereas PBS-

injected animals enter normally. Arrow corresponds to time of CNO or PBS injection. Gray

shading indicates dark cycle (ZT12-24). Horizontal dashed line at 34.5°C corresponds to the

temperature threshold for torpor entry. **(G)** Stimulation of avPOA^{Vglut2} neurons with 455 nm light

decreases body temperature in ChR2-, but not EYFP-expressing animals over the 40-minute time

period of blue light stimulation (* = p < 0.05, student's two-tailed t-test, mean ±SEM, n = 4

EYFP and n = 5 ChR2 animals).

Supplementary Figure 3: Hyperinsulinemic-euglycemic clamp physical and clamp parameters. (A) Quantification of glucose and insulin levels in plasma of fed *Vglut2-IRES-Cre* animals expressing Cre-dependent mCherry or Gq-DREADD in the avPOA, 60 minutes post-CNO injection ($p<0.005$ = **). **(B)** Hyperglycemic clamp experiment monitoring plasma insulin levels for 120 minutes during administration of various concentrations of glucose. Blood samples were taken at 0, 30-, 60-, 90-, and 120-minute time points throughout the experiment (n = 9 mCherry, n = 10 Gq-DREADD animals). **(C-K)** correspond to the hyperinsulinemic-euglycemic clamp described in **Figure 3**. **(C)** Lean mass of animals analyzed by Dual X-ray Absorptiometry (DEXA) prior to beginning of the clamp. **(D)** Fat mass analyzed by DEXA prior to beginning of the clamp. **(E)** Average temperature of animals throughout the duration of the clamp. **(F)** Glycogen synthesis calculated during the clamp based on relative incorporation of ^{3}H into hepatic glycogen pool. **(G)** Hepatic Glucose Production (HGP) prior to initiation of the clamp as determined by the ratio of basal ^{3}H-Glucose infusion to the specific activity of plasma glucose prior to the initiation of the clamp. **(H)** Insulin-stimulated Hepatic Glucose Production during the clamp, determined by the difference between glucose infusion and whole-body glucose turnover rates. Insulin-stimulated HGP reflects the action of insulin on the liver specifically. **(I)** Glucose infusion rate (GIR) for each cohort. GIR was taken as an average over the duration of the experiment. Decreased GIR in Gq-DREADD-expressing animals indicates insulin insensitivity. Two control animals were excluded from analysis, as GIR measurements were highly irregular. **(J)** Glucose turnover in each cohort throughout the duration of the clamp, calculated as the ratio of ^{3}H-glucose infusion to plasma glucose specific activity during the final 30 minutes of the clamp. **(K)** Whole-body glycolysis estimated based on glycogen synthesis, GIR, and glucose clearance rates throughout the experiment (n = 9 mCherry, n = 10 Gq-DREADD, * = $p < 0.05$, ** = $p < 0.005$, *** = $p < 0.0005$, **** = $p < 0.00005$, two-tailed t-test).

Supplementary Figure 4: Phosphoproteomic analysis of skeletal muscle reveals avPOA-induced defects in insulin signaling. (A) Schematic depicting the insulin signaling pathway and relevant downstream consequences of its activation with respect to glucose uptake. **(B)** Western blot of gastrocnemius muscle lysates obtained from mice injected with either saline, insulin, or CNO showing reduced Akt phosphorylation in CNO-injected animals as compared to saline-injected animals. **(C)** Volcano plot of differentially phosphorylated peptides in the gastrocnemius muscles of *Vglut2-IRES-Cre* mice transduced with Cre-dependent Gq-DREADD in the avPOA and injected with CNO as compared with saline. Significance threshold of $p < 0.05$ and Log_2FC of 0.6 used to determine significantly "hyperphosphorylated" or "hypophosphorylated" peptides. Red points correspond to peptides hyperphosphorylated in CNO relative to saline control, while blue correspond to hypophosphorylated peptides. **(D)** Kinase-substrate enrichment analysis score

of various kinases identified within the dataset in CNO vs. saline control animals. Kinases whose

substrates demonstrated hyperphosphorylation in CNO vs. saline control muscles were scored

higher, and those that were significant are shown in red. Kinases whose substrates demonstrated

hypophosphorylation in CNO vs. saline control were scored lower, and those that were

significant are shown in blue. Z-score cutoff of |1.5| was used to determine significance. **(E)**

Saline-normalized phosphorylation of individual residues in key proteins in the insulin signaling

pathway (n = 3 animals per cohort, * = $p < 0.05$, ** = $p < 0.005$, student's two-tailed t-test). **(F)**

GO-Term analysis of peptides that demonstrated significant ($p < 0.05$) hypophosphorylation in

CNO vs. control animals. **(G)** Comparison of the efficiency of avPOA^{Vglut2} stimulation during a

GTT using a CaMKIIa-Gq as compared with a DIO-Gq (AAV-hSyn1-DIO-hM3D(Gq)-

mCherry) used in B6 and *Vglut2-IRES-Cre* animals, respectively. No statistically significant

difference was observed between the two cohorts.

Supplementary Figure 5: avPOA neurons project to diverse regions, which may have distinct effects on body temperature and blood glucose. (**A**) (*Left*) Schematic for administration of AAV helper virus and HSV anterograde tracer to the avPOA of *Vglut2-IRES-Cre* animals. Mice were first transduced with a complementary helper AAV (AAV-DIO-TK-2A-EGFP), and after a two-week recovery period were transduced in the same region with HSV-H129-ΔTK-tdTomato, and sacrificed 65 hours following injection (n=3 *Vglut2-IRES-Cre* animals). (*Right*) (*Top*) Representative image of the starter region of the avPOA and (*Bottom*) one of the downstream targets of avPOA^{Vglut2} neurons in the dorsomedial hypothalamus (DMH). HSV$^+$ cells labeled in red, AAV-DIO-TK-EGFP$^+$ starter cells labeled in green. Note: in the DMH, HSV$^+$ cells predominantly are observed in the ventral portion of the DMH (DMV). (**B**) Representative images of the same regions as **Figure 6a** in mice transduced with the anterograde monosynaptic tracer HSV-H129-ΔTK-tdTomato. (**C**) Quantitation of HSV expression in (B). Regions were defined in accordance with the Paxinos Reference Atlas, and the number of HSV-positive cells as a fraction of total DAPI cells was calculated for each region (n = 3 *Vglut2-IRES-Cre* animals, mean ±SEM). (**D**) Fold change in plasma glucose concentrations of *PACAP-2A-Cre* animals described in **Figure 6i** injected with either PBS or CNO at t = 0, 15, 30, 60, and 120 minutes post-injection relative to baseline (** = $p < 0.005$, student's two tailed t-test, n = 8 PBS, n = 8 CNO, mean ±SEM). (**E**) Quantification of glucose levels of individual animals from (D) at t = 60 minutes post-injection (** = $p < 0.005$, student's two tailed t-test, n = 8 PBS, n = 8 CNO, mean ±SEM).

Supplementary Figure 6: avPOA expression of *Vglut2* and *Adcyap1* in the marmoset brain.

(A) RNA fluorescence *in situ* hybridization (FISH) image of *Vglut2* RNA expression in coronal

marmoset brain region corresponding to mouse avPOA. Purple puncta indicate *Vglut2* RNA

expression. **(B)** Magnification of (A) to show the avPOA and LPO regions that correspond to the

mouse brain, demonstrating that avPOA^{Vglut2} expression is anatomically conserved between

species. **(C)** RNA FISH image of *Adcyap1* RNA expression in coronal marmoset brain region

corresponding to mouse avPOA. Purple puncta indicate *Adcyap1* RNA expression. **(D)**

Magnification of (C) to show the avPOA and LPO regions that correspond to the mouse brain,

demonstrating that avPOA^{Adcyap1} expression is anatomically conserved between species. Images

adapted from: https://gene-atlas.brainminds.jp/

1300