

Brain glycogen content is increased in the acute and interictal chronic stages of the mouse pilocarpine model of epilepsy

<u>**Gi Young Seo¹**</u>, Elliott S. Neal¹, Felicity Han¹, Diana Vidovic¹, Fathima Nooru-Mohamed¹, Gerald A. Dienel², Mitchell A. Sullivan³, Karin Borges¹

¹School of Biomedical Sciences, University of Queensland, St Lucia, Brisbane, Australia ²Department of Neurology, Department of Neurology, University of Arkansas for Medical Sciences, Little Rock, Arkansas, USA; the Department of Cell Biology and Physiology, University of New Mexico School of Medicine, Albuquerque, New Mexico, USA ³Glycation and Diabetes Group, Mater Research Institute, Translational Research Institute, The University of Queensland, Brisbane, Queensland, Australia

INTRODUCTION

Astrocytic glycogen is increasingly recognized as an alternative brain fuel in stimulated states, such as in seizures [1]. Studies in rodent models have shown that glycogen is decreased shortly after seizures [2]. However, less is known about glycogen in <u>chronic</u> epilepsy.

This project explores the following hypotheses:

1. Glycogen is chronically elevated in epilepsy 2. Glycogen formed in chronic epilepsy is an insoluble, unmetabolisable type leading to accumulation [see 3] 3. Decreased glutamine synthetase activity underlies channelling of glucosyl units into glycogen synthesis via the TCA cycle [see 3]

1. Glycogen is increased across the brain in the <u>chronic</u> stages of the mouse pilocarpine model of epilepsy, as demonstrated through two extraction methods.



3. Glycogen content is also increased <u>acutely</u> in this model, but this is not associated with a decrease in glutamine synthetase activity.





RESULTS

Fig 1. A, Glycogen as extracted with EtOH-HCI from hippocampi, cortices and cerebelli in naïve, No SE, and SE mice. Glycogen is high SE in hippocampi and cortices. **B**, This increase in glycogen is observed in SE when extracted with GIB-KOH.

2. This accumulation is not associated with altered solubility of the glycogen.



⊸ Fig 3. A, Glycogen is increased acutely in this model also, as demonstrated through **EtOH-HCI** extraction. **B**, This is not accompanied with a decrease in glutamine synthetase activity.

4. In the <u>chronic</u> stages of the model, glycogen synthase kinase 3b expression is decreased.



Fig 2. Ratio of soluble to insoluble glycogen in chronic epileptic mice, as assessed through the GIB-KOH method. No difference is noted in the proportion of insoluble glycogen in the SE mice.

- Fig 4. qPCR panel of glycogen metabolism genes. *Gfap* and *CD11b* are SE markers. There were no notable changes to expression of glycogen metabolism genes except for a decrease in glycogen synthase kinase 3b
- expression.

- results suggest that this is unlikely.
- glycogen synthase.
- the accumulation of glycogen.
- susceptibility.

[1] Dienel GA. Brain glucose metabolism: integration of energetics with function. Physiol Rev. 2019;99(1):949–1045.

[2] Folbergrova J. Changes in glycogen phosphorylase activity and glycogen levels of mouse cerebral cortex during convulsions induced by homocysteine. J Neurochem. 1975;24:15–20. [3] DiNuzzo M, Mangia S, Maraviglia B, Giove F. Does abnormal glycogen structure contribute to increased susceptibility to seizures in epilepsy? Metab Brain Dis. 2015;30:307–16.

ine	
activity	

qPCR assessment of glycogen metabolism genes Genes assessed were:

-	Gfap (glial fibrillary acidic
	protein, marker of
	astrocytosis assoc with
	SE)
-	CD11b (maker of SE)
-	Gys1 (glycogen
	synthase);
-	Gsk3b (glycogen
	eventhese kings 2h)

- synthase kinase 3D) Pygb (glycogen
- phosphorylase brain)
- Pygm (glycogen
- phosphorylase muscle)

DISCUSSION

Not only is glycogen high 1-day post-SE, interictal glycogen content is increased in the hippocampal formation and cerebral cortex. This suggests long-lasting changes in glycogen metabolism. Previous literature has suggested that glycogen accumulation may be a protective metabolic change in response to seizures; this is the first study to show an elevated interictal glycogen. Glycogen solubility in GIB in the cerebral cortex was unchanged. The accumulation has been suggested in the literature to be a result of the glycogen being an unmetabolizable type; these

Gsk3b mRNA levels were reduced chronically in the hippocampus. The acutely increased glycogen is likely attributable to the decreased GSK3b expression, and enzyme that inactivates

Alterations to glutamine synthetase function are unlikely to underlie

Further research should pursue the relevance of glycogen in seizure