Elevated dietary ω-6 polyunsaturated fatty acids induce reversible peripheral nerve dysfunction that exacerbates comorbid pain conditions

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Chronic pain is the leading cause of disability worldwide1 and is commonly associated with comorbid disorders2. However, the role of diet in chronic pain is poorly understood. Of particular interest is the Western-style diet, enriched with ω-6 polyunsaturated fatty acids (PUFAs) that accumulate in membrane phospholipids and oxidise into pronociceptive oxylipins3,4. Here we report that mice administered an ω-6 PUFA-enriched diet develop persistent nociceptive hypersensitivities, spontaneously active and hyper-responsive glabrous afferent fibres and histologic markers of peripheral nerve damage reminiscent of a peripheral neuropathy. Linoleic and arachidonic acids accumulate in lumbar dorsal root ganglia, with increased liberation via elevated phospholipase (PLA)2 activity. Pharmacological and molecular inhibition of PLA2G7 or diet reversal with high levels of ω-3 PUFAs attenuate nociceptive behaviours, neurophysiologic abnormalities and afferent histopathology induced by high ω-6 intake. Additionally, ω-6 PUFA accumulation exacerbates allodynia observed in preclinical inflammatory and neuropathic pain models and is strongly correlated with multiple pain indices of clinical diabetic neuropathy. Collectively, these data reveal dietary enrichment with ω-6 PUFAs as a new aetiology of peripheral neuropathy and risk factor for chronic pain and implicate multiple therapeutic considerations for clinical pain management.

Although medical recommendations about diet are made for cardiovascular disease2, diabetes5 and autoimmunediseases6, this is not the case for most pain disorders. Poor nutrition certainly could be a risk factor for chronic pain conditions, especially with excess intake of ω-6 PUFAs, including linoleic acid (LA) and arachidonic acid (AA). Cellular membrane levels of these essential fatty acids are regulated by dietary intake and necessitate ~1% of total calories. The average daily Western diet, however, contains 10–20-fold greater ω-6 PUFA levels6. This discrepancy may have considerable clinical importance as ω-6 PUFAs undergo oxidation into pronociceptive oxylipins8,14. Elevated ω-6 levels are associated with pain conditions such as irritable bowel syndrome9, rheumatoid arthritis10 and headache11. Therefore, we evaluated the role of dietary ω-6 PUFAs in the development of persistent pain.

To determine whether elevated dietary ω-6 PUFAs affect nociceptive thresholds, we administered either a diet high in ω-6 PUFAs (H6D) composed of 11.8% kcal per kg ω-6 PUFAs or an isocaloric diet low in ω-6 PUFAs (L6D) composed of 0.4% kcal per kg ω-6 PUFAs to male and female mice for 24 weeks (Supplementary Table 1). Strikingly, both males and females on the H6D developed persistent hypersensitivity to mechanical and heat stimulation, which peaked at 8 weeks (Extended Data Fig. 1). Additional testing at 8 weeks revealed that mice fed the H6D exhibited mechanohypersensitivity across a range of stimulus intensities, including dynamic brush-evoked stimulation (Fig. 1a,b). H6D-fed mice also demonstrated hypersensitivity to noxious cold and heat (Fig. 1c,d). Saturated fatty acid (SFA) content but not monounsaturated or ω-3 PUFA levels was modified to compensate for the different ω-6 PUFA levels in each diet (Supplementary Table 1). As SFAs can affect physical properties of cell membranes, it is possible that changes in dietary content could contribute to the observed phenotype. However, before receiving the L6D or the H6D, mice were maintained on a standard chow diet (2.9% ω-6 PUFA levels, 0.8% SFA levels) and exhibited behavioural responses that were indistinguishable from responses of mice on the L6D (Extended Data Fig. 1).

We performed single-fibre electrophysiologic recordings from ex vivo glabrous skin–tibial nerve preparations to characterise the effect of the H6D after 8 weeks on detection and firing properties of peripheral afferent fibres. Interestingly, we found that 40.9% of recorded fibres from mice fed the H6D exhibited spontaneous firing as compared to only 5.8% of those in mice fed the L6D (Fig. 1e,f). The H6D increased mechanical-evoked activity in C and A fibres as well as post-stimulus afterdischarge (Fig. 1g,h and Extended Data Fig. 1a,b). Moreover, using a Peltier thermal delivery system, we determined that heat-activated fibres from mice fed the H6D had reduced activation thresholds, increased firing frequency and prolonged post-stimulus activity (Fig. 1i,j and Extended Data Fig. 2c). Conduction velocities for both C and AM fibres were unchanged between diet groups (Extended Data Fig. 2d). Overall, the H6D-induced hyper-responsiveness of afferent fibres to mechanical and heat stimuli parallels mechanical- and heat-evoked hypersensitivities observed behaviourally in the same plantar hindpaw tissue.

We subsequently evaluated histologic markers of peripheral nerve damage to determine the presence of diet-induced neuronal damage. Mice fed the H6D exhibited a significant reduction in intraepidermal nerve fibre (IENF) density, an established marker of preclinical and clinical peripheral neuropathy18,19, in glabrous skin after 8 weeks on the diet (Fig. 1k and Extended Data Fig. 2e).

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More perikarya from dorsal root ganglia (DRG) as well as trigeminal ganglia from mice fed the H6D expressed the neuronal stress marker NeuN and activating transcription factor 3 (ATF3) compared to those from mice fed the L6D for at least 8 weeks (Fig. 11 and Extended Data Fig. 2f,g). By contrast, immunolabelling of the lumbar spinal cord with IBA1 and c-FOS, markers for microglial and spinal neuron activation, respectively, was not different between groups (Extended Data Fig. 2h,i). Together, the reduction in glabrous IENF density and upregulation of ATF3 in DRG and trigeminal ganglia demonstrate the onset of peripheral nerve damage in mice within 8 weeks on the H6D. In total, behavioural, neurophysiologic and pathohistologic data indicate that mice quickly develop a peripheral neuropathy-like phenotype when fed an ω-6 PUFA-enriched Western-style diet.
Given that high-fat diet consumption is commonly associated with dyslipidaemia, insulin insensitivity and glucose dysregulation\textsuperscript{22–24}, we tested whether the H6D triggered onset of diabetes and subsequent neuropathy. Blood glucose and haemoglobin (Hb)A1c levels from mice fed the H6D were comparable to those of mice given the L6D or normal chow, while db/db diabetic mice exhibited elevated levels of both (Extended Data Fig. 3a,b). Additionally, weekly food consumption and body weights in mice fed the H6D were no different than those observed in mice fed the L6D (Extended Data Fig. 3c,d). Therefore, the observed neuropathy-like phenotype does not result from the induction of diabetes.

Rats previously given an H6D showed LA and AA accumulation in multiple tissues, including the brain\textsuperscript{25}. As diet-induced nociceptive behaviours can be peripherally and/or centrally mediated\textsuperscript{12–13,28–31}, we next evaluated changes in lipid composition for lumbar DRG and spinal cords of mice fed the H6D after 8 weeks using unbiased shotgun lipidomics. Striking changes were observed across lipid classes in lumbar DRG but not spinal cords for both male and female mice fed the H6D compared to those in mice fed the L6D (Extended Data Fig. 4a,b). We quantified total ω-6 lipids in each tissue and found that both LA and AA levels were elevated but only in DRG from mice fed the H6D (Fig. 2a,b). Subprofiling revealed non-uniform accumulation of LA and AA across lipid classes, with robust increases among membrane-associated lipids, whereas ω-3 PUFAs remained largely unchanged (Extended Data Fig. 4c,d). Interestingly, we observed marked increases in lysophospholipid levels in DRG of mice fed the H6D (Fig. 2c). Lysophospholipids arise in abundance following enzymatic cleavage of sn-2 fatty acids by PLA2 enzymes and are known to be elevated in diabetes, coronary heart disease\textsuperscript{32} and even neuropathic pain\textsuperscript{33}. The release of sn-2-localised LA and AA from membrane phospholipids by PLA2 initiates their conversion into oxidised, proinflammatory metabolites\textsuperscript{34,35}. Thus, we hypothesised that increased release of ω-6 fatty acids by PLA2 in DRG neurons elevates production of proinflammatory metabolites that underlie the H6D-associated neuropathic phenotype.

Expression and activity of PLA2 isozymes govern the release of membrane phospholipid-bound LA and AA\textsuperscript{36}. We first assessed whether the H6D altered Pla2 isoform expression in lumbar DRG. Previous single-cell RNA-sequencing identified Pla2g7 as the most prominent isoform in lumbar DRG neurons\textsuperscript{37}, accounting for 70–90% of Pla2 transcripts across all sensory neuron subclasses (Extended Data Fig. 5a). We replicated these findings with quantitative (q)PCR using whole-DRG RNA extracts as well as by immunolabelling Pla2g7 expression across established afferent neuron subclasses (Extended Data Fig. 5b–c). Surprisingly, expression of Pla2g7 and other prominent isoforms was unchanged in DRG from H6D-fed mice (Fig. 2d). Circulating Pla2g7 levels also were not different between L6D- and H6D-fed mice, despite increased LA levels in plasma from H6D-fed mice (Extended Data Fig. 5g). As the H6D did not alter PLA2 expression, we proceeded to evaluate changes in activity.

A recent clinical trial reported increased plasma PLA2G7 activity in patients on an 8-week LA-rich diet\textsuperscript{38}. Thus, we investigated changes in PLA2 activity from afferent neurons from H6D-fed mice by exposing purified DRG homogenates to a phospholipid reporter containing dual fluorogenic boron dipyrromethene (BODIPY) acyl chains (Fig. 2e). DRG homogenates from H6D-fed mice exhibited greater fluorescence output compared to those from L6D-fed mice, indicating elevated PLA2 activity (Fig. 2f and Extended Data Fig. 6a). Expression of annexins, established repressors of PLA2 activity, in DRG from H6D-fed mice was unchanged (Extended Data Fig. 6b). However, there was an accumulation of PLA2G7 protein in the cytosolic fraction of DRG homogenates from H6D-fed mice, implying an H6D-induced change in intracellular PLA2G7 turnover (Extended Data Fig. 6c).

To assess the contribution of PLA2G7, DRG lysates were pre-incubated with the selective inhibitor darapladib\textsuperscript{39} before BODIPY exposure. PLA2 activity was reduced in a concentration-dependent manner, with 80% maximal inhibition, suggesting that PLA2G7 mediates the majority of PLA2 activity in DRG (Fig. 2f and Extended Data Fig. 6d,e). Lipidomics showed that ω-6 lipids accumulate in the glabrous skin of H6D-fed mice, similar to DRG (Extended Data Fig. 6f). Therefore, we next tested whether inhibition of PLA2G7 in glabrous skin attenuates H6D-induced nociceptive behaviours. Administration of a local, intraplantar injection of darapladib dose dependently reversed both heat and mechanical hypersensitivity in H6D-fed mice (Fig. 2g and Extended Data Fig. 6g). To validate selective inhibition of PLA2G7 with darapladib, we administered intrathecally (i.t.) Pla2a7-directed small interfering (si)RNA, which reduced Pla2g7 expression in DRG and the spinal cord (Extended Data Fig. 6h,i). As with darapladib, Pla2a7 knockdown reversed H6D-induced heat and mechanical hypersensitivities, whereas no effect was observed with scrambled siRNA (Fig. 2h). Glabrous IENF densities was unaffected by siRNA treatment (Extended Data Fig. 6j). Pla2g7 siRNA reduced transcript expression in L6D-fed mice, but no effect was observed behaviourally. To further link elevated ω-6 PUFA release to nociceptive hypersensitivity, darapladib and Pla2g7 siRNA treatments were tested on db/db mice, and both attenuated the observed mechanical allodynia (Extended Data Fig. 6k–n). These collective data indicate that blocking oxylipin generation through inhibition of the predominant PLA2 isoform in lumbar DRG is sufficient to reverse H6D-induced hypersensitivity.

As blocking PLA2-mediated lipid release reversed hypersensitivity, we next tested whether balancing lipid membrane content through dietary intervention would also reverse the phenotype. It is well documented that ω-3 PUFA oxylipins exhibit anti-inflammatory and anti-nociceptive effects, which directly counter pro-inflammatory, pronociceptive effects caused by oxidised ω-6 metabolites\textsuperscript{35,40–41}. It is unclear, however, whether re-establishing the ω-6–ω-3 balance with diet could reverse the H6D-induced neuropathy phenotype. To test this, mice were fed the H6D for 8 weeks, at which point they were switched to a diet high in ω-3 PUFA (H3D) or the L6D or continued on the H6D for another 8 weeks (Fig. 3a and Supplementary Table 1). Mice given the L6D demonstrated marginally improved nociceptive thresholds compared to H6D-fed mice, whereas switching to the H3D completely rescued behavioural hypersensitivities (Fig. 3b,c). H3D-fed mice exhibited fewer spontaneously active glabrous afferent fibres, and both C and A fibres demonstrated recoveries in mechanical responsiveness, post-stimulus afterdischarge and heat thresholds (Fig. 3d–g and Extended Data Fig. 7a,b). H3D IENF densities and DRG ATF3 expression recovered relative to historical levels in mice on the L6D (Fig. 3h,i and Extended Data Fig. 7c,d). Furthermore, LA levels and PLA2 activity in DRG of H3D-fed mice were reduced (Fig. 3j,k). In sum, switching to the H3D rescued behavioural, electrophysiologic, pathohistologic and metabolic alterations associated with the H6D-induced neuropathy phenotype.

Despite the translational potential here, patients struggle to implement dietary and behavioural changes into their daily routines\textsuperscript{42}. Nutritional supplementation may represent a more practical alternative to daily regulation of dietary PUFAs. To investigate this, mice were placed on the H6D for 8 weeks and then began receiving a daily ω-6 or ω-3 fatty acid supplement via gavage while also continuing the H6D (Fig. 3l). Interestingly, after 4 weeks of gavage, mice receiving the ω-3 fatty acid supplement exhibited partial recoveries of their pre-H6D nociceptive thresholds (Fig. 3m,n). Continued supplementation maintained these recoveries for the final 4 weeks of testing. These ω-3 fatty acid–supplementation data, along with H3D reversal data, indicate that both increasing ω-3 fatty acid
The H6D increases membrane loading of ω-6 PUFAs and stimulates PLA2 activity in peripheral afferent neurons. a, Heatmap of LA- and AA-esterified lipid species in lumbar DRG from male (♂) and female (♀) mice on either diet. Lipid classes are designated above the heatmap. The scale bar represents z-score transformations for each lipid species (n = 3 mice per sex per diet). CL, cardiolipin; FA, fatty acid; lyso-PC, lysophosphatidylcholine; lyso-PE; lysophosphatidylethanolamine; PA, phosphatidic acid; PC, phosphatidylinositol; PI, phosphatidylinositol; PS, phosphatidylserine; pPE, plasmalogen; PG, phosphatidylglycerol; Pla2g7, phospholipase A2 group 7 isoform transcript expression. b, c, Total accumulation of LA and AA (b) and lysophospholipids (c) in lumbar DRG and spinal cords of mice on either diet (n = 6 mice per group). ****P < 0.0001 (b), ***P = 0.0002 (c), lyso-PC, lysophosphatidylinositol), **P = 0.0044 (c, lysophosphatidylethanolamine), ***P < 0.0001 for H6D, 0.15 and 0.5 μM darapladib versus L6D, 0.15 μM darapladib and H6D, 0.5 μM darapladib versus L6D, 0 μM darapladib; ****P < 0.0001 for L6D, 1.5 μM darapladib versus H6D, 0 μM darapladib; 2.5 μM darapladib; ****P = 0.0005 for L6D, 0.15 μM darapladib versus L6D, 0 μM darapladib; 2.5 μM darapladib versus H6D, 0 μM darapladib; 2.5 μM darapladib versus H6D, 0 μM darapladib. Max, maximum; min, minimum; RFU, relative fluorescence units. d, PLA2 isozyme transcript expression in lumbar DRG (n = 6 mice per group). e, Schematic detailing changes to a fluorogenic BODIPY substrate following sn-2 bond cleavage by PLA2 enzymes. FRET, fluorescence resonance energy transfer. f, PLA2 activity in DRG homogenates in response to pretreatment with vehicle (dimethyl sulfoxide (DMSO)) or the PLA2G7-selective inhibitor darapladib (n = 3 biologically independent mouse samples per group). ****P < 0.0001 for H6D, 0 μM darapladib versus L6D, 0 μM darapladib; ****P < 0.0001 for L6D, 1.5 μM darapladib versus L6D, 0 μM darapladib; 2.5 μM darapladib; ****P = 0.0005 for L6D, 0.15 μM darapladib versus L6D, 0 μM darapladib; 2.5 μM darapladib versus H6D, 0 μM darapladib; 2.5 μM darapladib versus H6D, 0.5 μM darapladib. Max, maximum; min, minimum; RFU, relative fluorescence units. g, Acute effects (30 min) of intraplantarly (i.pl.) injected darapladib (DARA) on heat- and mechanical-evoked nociception. Bold lines represent mean ± s.e.m. determined from individual animal responses (faint lines) before and after treatment (L6D, n = 9; H6D, n = 8). ***P = 0.0003 (left), ****P < 0.0001 (right). BL, baseline. h, Withdrawal responses to heat and mechanical stimulation following daily i.t. (once a day (q.d.) × 3 d) injection with either scrambled or Pla2g7-directed siRNA (L6D, scrambled, n = 9; H6D, scrambled, n = 10; L6D, Pla2g7, n = 9; H6D, Pla2g7, n = 9). ***P < 0.0001 (scrambled). All data are mean ± s.e.m. Error bars may be within the size of the symbol. Statistical tests used were two-way ANOVA (b, c), mixed-effects ANOVA (g) and one-way ANOVA (f, h), all with Sidak’s post hoc test.
Fig. 3 | An ω-3 fatty acid–enriched diet rescues the H6D-induced neuropathy-like phenotype. a, Schematic of the diet-reversal paradigm, showing mice after 8 weeks on the H6D either continuing on the H6D, receiving the L6D or receiving a high 7.3% ω-3 PUFA diet (H3D) for 8 additional weeks. b–c, Effects of the H3D reversal on H6D-induced heat (b) and mechanical (c) hypersensitivities (H6D, n = 11; L6D, n = 12; H3D, n = 12). ***P < 0.0001 for H3D, 16 weeks versus H6D, 16 weeks (b,c); ****P < 0.0008 for H3D, 12 weeks versus H6D, 12 weeks (b); ***P < 0.0008 for H3D, 12 weeks versus H6D, 12 weeks (c); **P < 0.0036 for H3D, 10 weeks versus H6D, 10 weeks (c); **P < 0.0014 for L6D, 16 weeks versus H6D, 16 weeks (c); *P < 0.0352 for L6D, 16 weeks versus H6D, 16 weeks (b); *P < 0.0285 for L6D, 12 weeks versus H6D, 12 weeks (c). Percentage of spontaneously active fibres (H6D, n = 30; H3D, n = 41). e, Discharge frequencies of mechanical-responsive C fibres during stimulation (H6D, n = 11; H3D, n = 12). **P = 0.0072 (H3D, 150 mN), **P = 0.0094 (H3D, 100 mN), *P = 0.0285 (H3D, 75 mN). f, Percentage of fibres exhibiting post-stimulus (post-stim) afterdischarge following mechanical force application (H6D, n = 30; H3D, n = 41). g, Heat thresholds of heat-responsive fibres (H6D, n = 13; H3D, n = 14). *P = 0.0466. h, IENF densities (H6D, n = 4; H3D, n = 4). **P = 0.003. i, Percentage of ATF3+ neurons in lumbar DRG (H6D, n = 3; H3D, n = 3). *P = 0.0169. Dotted lines (h,i) reflect historical mean IENF density and percent ATF3+ neurons, respectively, from C57BL6/J mice on the L6D. j, Total accumulation of LA and AA in mouse lumbar DRG (H6D, n = 4; H3D, n = 4). **P < 0.0001 (LA). k, PLA2 activity in DRG homogenates (H6D, n = 6; H3D, n = 5). *P = 0.0043. l, Schematic of the 16-week H6D with supplementation paradigm, showing that, after 8 weeks on the H6D, mice begin to receive either an additional ω-6 or ω-3 fatty acid supplement daily via gavage in addition to the H6D. p.o., per os. m,n, Effects of ω-6 and ω-3 fatty acid supplements on H6D-induced heat (m) and mechanical (n) hypersensitivities (ω-6, n = 4; ω-3, n = 4). *P = 0.0023 (m, 4 weeks), *P = 0.0243 (m, 6 weeks), *P = 0.0194 (m, 8 weeks), *P = 0.0333 (n, 4 weeks), *P = 0.0205 (n, 6 weeks), *P = 0.0492 (n, 8 weeks). All data are mean ± s.e.m. Statistical tests used were mixed-effects ANOVA with Geisser-Greenhouse’s correction and Tukey’s post hoc test (b,c), two-way ANOVA with Sidak’s post hoc test (e,j,m,n) and unpaired two-tailed Student’s t-test with Welch’s correction (g–k).
levels and decreasing ω-6 fatty acid levels are required to reverse the H6D-induced phenotype.

Clinically, the development of one pain condition markedly increases the risk of developing additional pain comorbidities\(^7\). Thus, we next questioned whether the H6D would exacerbate and/or prolong nociceptive hypersensitivity under conditions of inflammatory or neuropathic injury. To model persistent inflammatory or neuropathic injury. To model persistent inflammatory pain\(^4,44\), L6D-, H6D- and H3D-fed mice were injected with complete Freund’s adjuvant (CFA). The H6D prolonged CFA-induced heat and mechanical hypersensitivities threefold compared to those in L6D- and H3D-fed mice (Fig. 4a,b). We again used db/db mice to model type 2 diabetes–associated peripheral neuropathy\(^11,46\). Diabetic mice on the H6D for only 6 weeks developed a greater mechanical allodynia compared to db/db mice on the L6D, whereas those on the H3D did not exhibit mechanical allodynia but rather mechanical responses commensurate with those

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**Fig. 4** | Diet-specific modulation of nociceptive behaviours associated with inflammatory and neuropathic pain. **a, b.** Time course of L6D-, H6D- and H3D-specific changes to withdrawal responses from mechanical (**a**) and heat (**b**) stimulation following administration of CFA. The change from baseline was calculated for each mouse as mean pre-CFA baselines differing across groups. Right (**a, b**), areas under the curve (AUC) (L6D, n = 10; H6D, n = 9; H3D, n = 7). Time courses (comparisons to the H6D): ****P < 0.0001 for H3D, 7 d (**a**); ***P = 0.0013 for H3D, 5 d (**a**); **P = 0.0021 for H3D, 10 d (**a**); **P = 0.0032 for H3D, 14 d (**a**); ****P < 0.0001 for L6D, 7 d (**a**); ***P = 0.0095 for L6D, 10 d (**a**); *P = 0.0334 for L6D, 14 d (**a**); ***P = 0.0003 for H3D, 14 d (**a**); **P = 0.0174 for H3D, 5 d (**b**); **P = 0.0266 for H3D, 10 d (**b**); ****P < 0.0001 for L6D, 7 or 10 d (**b**); ***P = 0.0013 for L6D, 14 d (**b**); **P = 0.0021 for L6D, 15 d (**b**). AUC (comparisons to the H6D): ****P < 0.0001 for H3D (**a**), ****P < 0.0001 for L6D (**a**), *P = 0.0472 for H3D (**b**), **P = 0.0045 for L6D (**b**). **c.** Mechanical force–response curves (left) with EF\(_{50}\) values (right) determined with nonlinear regression for 12-week-old db/db mice fed either the L6D, the H6D or the H3D for 6 weeks (L6D, n = 5; H6D, n = 8; H3D, n = 7). The dotted line (EF\(_{50}\) plot) reflects the historical mean EF\(_{50}\) value for C57BL6/J mice on the L6D. ****P < 0.0001 for L6D and H6D versus H3D, *P = 0.0244 for L6D versus H6D. **d.** Paw-withdrawal latencies in response to radiant heat stimulation. **P = 0.0064 for L6D versus H6D, **P = 0.0035 for H3D versus H6D. **e-g.** Scatterplots of LANSS Pain Scale scores (**e**), NPSI total scores (**f**) and hallux vibration-detection thresholds (**g**) (arbitrary units) for controls (purple) and participants with diabetic neuropathy (orange) (control, n = 12; diabetic, n = 16). ****P < 0.0001 (e-g), ****P = 0.0005 (**f**). **h, i.** Total LA content in skin biopsies from the lateral malleolus. Participants are grouped based on diagnosis (**h**) or whether they were actively prescribed a neuropathic pain pharmacotherapy regimen (**i**). ****P = 0.0002 (**h**), ****P = 0.0005 (**i**). Data are mean ± s.e.m. (a–d) or mean ± 95% confidence intervals (e–i). Error bars for some data points are within the size of the symbol. Statistical tests used were two-way ANOVA with Geisser–Greenhouse's correction and Tukey's post hoc test (a, time), b, (time), one-way ANOVA with Tukey's post hoc test (a, AUC), (b, AUC), c, d, unpaired two-tailed Mann–Whitney test (e, g) and unpaired two-tailed Student's t-test (h, i).
from historical C57BL6/J control mice on normal chow (Fig. 4c). Interestingly, db/db mice given either the L6D or the H3D exhibited normal responses to noxious heat stimulation, contrasting the hypersensitivity induced by the H6D (Fig. 4d). Together, these data suggest that an H6D risks prolonged and/or exacerbated pain when coupled with persistent inflammation or neuropathic injury but also can be ameliorated with an H3D supplement.

These findings could have far-reaching clinical importance. Considering the clinical link between dietary LA intake and diabetes5, along with our findings in diabetic mice, we next tested for associations between skin ω-6 fatty acid levels and pain symptoms reported by participants with diabetes and painful neuropathy (Supplementary Table 2). Compared to age-matched non-diabetic controls, participants with diabetic neuropathy reported more neuropathic pain-related symptoms, based on scores derived from the Leeds assessment of neuropathic symptoms and signs (LANSS) Pain Scale and the Neuropathic Pain Symptom Inventory (NPSI) questionnaire, and exhibited diminished vibration-detection thresholds of the halluces (Fig. 4e–g). Moreover, total LA content was substantially elevated in ankle skin biopsies from participants with diabetic neuropathy (Fig. 4h), and exhibited diminished vibration-detection thresholds of the halluces (Fig. 4e–g). 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A PL2AG7 inhibitor would diminish concomitant diet therapy, for example, future exploration is still needed, given the lack for effective analogues for so many prevalent pain conditions.

**Methods**

**Animals.** All animal experiments conformed to the Guidelines for the Use of Animals in Research as put forward by the International Association for the Study of Pain and were approved by the University of Texas Health Science Center at San Antonio (UTHSCSA) Animal Care and Use Committee. Mouse experiments were initiated at 8–10 weeks of age in both male and female C57BL6/J mice (000664, Jackson Laboratory). Male BKS.Cg-Dock7+/+ Lepr+/− (db/db56, 000642, Jackson Laboratory) mice 16 weeks of age were used as positive controls to model a diabetic neuropathy phenotype. Mice were housed in groups of four to five, were maintained on a 12-h light–dark cycle with ambient temperatures between 20 and 22 °C and had free access to food and water.

**Diet.** Randomised groups of mice were fed isocaloric diets containing 10% g per kg total fat with an energy density of 22.9% kcal per g for at least 8 weeks to maintain equivalency of nutrient and calorie intake. The L6D, H6D and H3D were formulated by Dyets based on the AIN-93G diet5 and modified to control the amount of ω-6 or ω-3 PUFAs (Supplementary Table 1). As described previously, the H6D consisted of 11.8% kcal per g ω-6 PUFAs, 1.0% kcal per g ω-3 PUFAs, 2.2% kcal per g MUFA and 7.9% kcal per g SFA (Dyets, 181198), and the L6D consisted of 0.4% kcal per g ω-6 PUFAs, 1.0% kcal per g ω-3 PUFAs, 1.2% kcal per g MUFA and 20.3% kcal per g SFA (Dyets, 180784). The H3D consisted of 0.9% kcal per g ω-6 PUFAs, 8.6% kcal per g ω-3 PUFAs, 6.0% kcal per g MUFA and 7.0% kcal per g SFA (Dyets, 104593). For rescue experiments, mice were placed on the H6D for 8 weeks and then switched to either the H6D or the H3D for at least another 8 weeks. All diets were stored at −20 °C and used for no longer than 6 months. Food was replaced weekly. Animals and food were weighed weekly to monitor changes in body weight and food consumption. Weekly food intake (per cage of five mice) was calculated by the change in food weight measured at the beginning and end of each week. Normal chow consisting of 2.6% kcal per g ω-6 PUFAs, 0.3% kcal per g ω-3 PUFAs, 1.3% kcal per g MUFA and 0.8% kcal per g SFA (Teklad LM-485, Envigo) was given to control and db/db mice for metabolic comparison.

For the oral gavage experiment, following 8 weeks on the H6D, mice received orally 200 µl (q.d., p.o.) of either high LA safflower oil (BodyBio, SPIO25, −424 mg LA daily) or an over-the-counter fish oil (Carlson, the Very Finest Fish Oil, Norwegian, −64 mg ω-3 fatty acid daily, 32 mg EPA, 20 mg DHA) on Mondays through Fridays in addition to the H6D ad libitum for 8 weeks. A recovery period was allowed on Saturdays and Sundays to not overly stress the mice from gavage volume.

**Behavioural testing.** All experiments were performed by blinded observers, and the assay order was randomised on each testing day.

**Mechanical stimulation assays.** Paw withdrawal thresholds in response to noxious mechanical stimulation were evaluated using the Ugo Basile Dynamic Plantar Aesthesiometer equipped with an 0.8-mm rigid von Frey filament as previously described6. Briefly, animals were randomised into plastic observation boxes on an acrylic grid platform and acclimated for 60 min. The aesthesiometer was positioned under the mouse to stimulate the mid-plantar area of the hindpaw with a continuous force ramp up to 15 g for at least 1 s. The force at which withdrawal occurred was recorded. All animals were tested a minimum of three times, and the average was used for statistical analysis. To more thoroughly characterise mechanical hypersensitivity, a range of von Frey fibres from 0.008 to 4 g (11 fibres) were used as described previously6. Briefly, mice were acclimated in observation boxes on a wire-mesh floor for 60 min. Von Frey fibres contacted the mid-plantar surface of the hindpaw until slight buckling of the filament was observed and then were held for 2 s. Each fibre was probed five times per mouse with at least 30 s between applications. Withdrawal of the paw was noted as a positive response, and no movement was considered a negative response. Values were recorded as percent response for each fibre. Force–response curves were generated using nonlinear least-squares regression of the mean and used to calculate the EF50 (ref. 6). The EF50 was used for statistical analysis.

**Brush test.** Dynamic tactile response was assessed using a cotton swab brushed quickly across the plantar surface of the hindpaw as described previously. Animals were acclimated for 30–60 min in boxes above mesh-grid flooring. The ‘puffed out’ cotton swab was used to brush the length of the ventral hindpaw in a continuous motion. Positive responses were defined as withdrawal or rapid shaking of the paw. Each animal was tested five times on each paw with a minimum of 30 s between tests.

**Heat-stimulation assay.** Paw withdrawal latency (s) in response to heat stimulation was assessed using the radiant heat test7. Animals were acclimated in plastic observation boxes for 30–60 min before testing. The mid-plantar surface of the mouse hindpaw was exposed to a radiant heat source through a glass floor until paw withdrawal. The intensity of the heat source was adjusted to produce
The lipid extraction protocol was adapted from a previously described protocol\(^6\). Mice were placed in plastic observation boxes on top of a 3/16-inch tempered glass flooring and allowed to acclimate for at least 30 min. A 10-ml syringe was sectioned above the bell and tightly packed with finely crushed dry ice. The syringe was pressed firmly on the bottom of the tempered glass directly below the hindpaw while measuring paw-withdrawal latency (s) with a stop watch. Thickness of tempered glass and syringe size were selected to establish baseline measurements of ~8 s. Each animal was tested three times on each paw with a minimum of 1 min between tests.

**Complete Freund’s adjuvant pain model.** CFA (Sigma) was diluted 1:1 with saline and injected intraplategorously into the right hindpaw of mice using a 30G insulin syringe filled to 20 µl. Thermal and mechanical readings were taken before injection and then at 0.25, 1, 2, 3, 5, 7, 10, 14 and 21 d after injection. Animals were followed until they returned to the original baseline thresholds. As pre-CFA baselines were different between diet cohorts, data were normalised as the change from the baseline withdrawal response.

**Blood sampling.** HbA1c and fasting blood glucose levels were measured in mice after 8 weeks on either the H6D, the L6D or the H3D. Whole blood was collected from the submandibular branch of the jugular vein into EDTA-coated Microvette CB 300 collection tubes (Kent Scientific). HbA1c levels were determined using a mouse whole-blood assay kit according to the manufacturer’s instructions (83010, Crystal Chem). Briefly, whole blood was mixed with lysis buffer for 10 min and then mixed with protease buffers and incubated at 37 °C for 5 min. Absorbance was measured on a VersaMax microplate reader (SoftMax Pro 7.1, Molecular Devices). To measure fasting blood glucose levels, mice first were fasted for 5 h to optimise the physiological context\(^3\). Next, a single drop of blood was collected from the submandibular branch of the jugular vein on a blood glucose test strip and analysed with the AlphaTRAK2 Blood Glucose Monitoring System. Blood from wild-type and db/db mice on normal chow served as negative and positive controls, respectively.

**Shotgun lipidomics.** DRG and spinal cord tissues were homogenised in 0.5 ml 10X diluted PBS in 2.0 ml cryogenic vials (Corning) by using the Precellys Evolution homogeniser (Bertin). Protein assay homogenates were performed using a BCA protein assay kit (Thermo Scientific) with BSA as the standard. The total of the homogenate was accurately transferred into a disposable glass culture test tube, and a mixture of lipid internal standards was added before lipid extraction for quantification of all reported lipid species. Lipid extraction was performed by using a modified Bligh and Dyer procedure as described previously\(^4\). Individual lipid classes were separated in a vial of 400 µl chloroform–methanol (1:1, vol/vol) per mg protein and flushed with nitrogen, capped and stored at −20 °C for lipid analysis. For shotgun lipidomics, lipid extracts were further diluted to a final concentration of ~500 µmol l\(^{-1}\), and mass spectrometric analysis was performed on a QQQ mass spectrometer (Thermo TSQ Quantiva) equipped with an automated nanospray device in a Hybrid Q-Exactive (Thermo Scientific) as previously described\(^5\). Identification and quantification of lipid molecular species were performed using an automated software programme (Xcalibur)\(^6\). Data were normalised to protein levels (per mg). All membrane-bound lipids (defined as lipids attached to membrane-anchoring headgroups) were then grouped together, and total concentrations of α-6 fatty acids, LA (18:2) and AA (20:4), were determined between L6D and H6D and used for statistical analysis.

**Quantification of total tissue lipid levels.** The lipid extraction protocol was adapted from the Bligh–Dyer method\(^7\). Briefly, frozen tissue samples were weighed and then sectioned on a cryostat at 16 µm and collected into cold-acclimated glass test tubes. Each tube was then triturated in liquid nitrogen, received 2 ml of methanol (25% chloroform, 20% ddH\(_2\)O, 0.02% butylated hydroxytoluene), was spiked with an internal standard (5 µl ml\(^{-1}\) LA-d\(_4\), 1 µl ml\(^{-1}\) AA-d\(_3\), 1 µl ml\(^{-1}\) EPA-d\(_{15}\), 1 µl ml\(^{-1}\) DHA-d\(_{18}\) and 5 µg ml\(^{-1}\) α-linolenic acid-d\(_{18}\)) and was vortexed for 30 s every 5 min for 15 min. Samples were centrifuged at 5,000 g for 4 °C for 10 min, and the bottom organic phase was collected in a separate glass tube. The aqueous phase was re-extracted with 1 ml extraction buffer, and, following collection of the second bottom phase, samples were dried down under a steady stream of nitrogen. To analyse total lipid pools, samples next underwent base-catalysed saponification as described previously\(^8\). Briefly, dried samples were resuspended with 850 µl methanol–chloroform solution (8:1) and 150 µl 40% potassium hydroxide solution, placed under nitrogen and heated to 37 °C for 60 min. Following this, samples received 700 µl 0.05 M phosphate buffer and 300 µl 1 M HCl (pH <5) and then were extracted twice with 2 ml hexane. Both upper phases were combined and then dried down under nitrogen. Samples were stored at −80 °C until processing with LC–MS/MS. Dried samples were reconstituted with 150 µl ethanol and transferred to 1-ml autosampler vials for LC–MS/MS. A Waters Acquity UPLC system was used to perform reversed-phase separation of free fatty acids. A Thermo Electron BDS Hypersil C18 column (50-mm × 2.1-mm i.d.) with a particle size of 3 µm was held at 45 °C. Solvent A was 5 mM ammonium acetate in water, and solvent B was acetonitrile, with 10% 2-propanol and 0.2% acetic acid, and the following Linear Gradient Optimta LC–MS–MS. The gradient was set up as follows: 0 min (40% A:60% B), 4 min (5% A:95% B), 4.5 min (5% A:95% B), 4.6 min (40% A:60% B), 6.5 min (40% A:60% B). The autosampler was held at 5 °C. The injection volume was 5 µl, and the flow rate was constant at 0.5 ml min\(^{-1}\). A TQD tandem quadrupole mass spectrometer (orbitrap evrimator) was used to determine free fatty acid concentrations. An ESI source in negative ion mode was used with the capillary voltage set to 1.5 kV. The source temperature was set at 150 °C with a desolvation temperature of 400 °C. Argon was used as the collision gas for CID at 0.10 ml min\(^{-1}\), and nitrogen was used for the cone gas flow at 121 °C and the desolvation gas flow at 600 l h\(^{-1}\). Multi-reaction monitoring channels were used for both LA and AA, but, as LA does not produce detectable ions, the chromatograms of each channel were subtracted from 279.2 Da for the fragment ion as well. This excludes species of the same mass that do produce fragment ions. AA multi-reaction monitoring transitions were 303.2 → 205 (m/z) and 303.2 → 259 (m/z). The collision energy for LA and AA was 16 eV. Waters software Targetlynx was used to perform channel integration and smoothing. Analytical standards of LA and AA (Cayman Chemical) were used to establish calibration curves. The calibration ranged from 10 ppm to 10 ppb for each standard.
baseline within 90s. Intervals of at least 5 min were given between heating to prevent sensitisation or desensitisation of the isolated RF, (4) conduction velocity (a 2.0-MΩ parylene-coated tungsten metal stimulating electrode (TM330B20, World Precision Instruments) was positioned within the RF of interest, a stimulus isolator (A365, World Precision Instruments) and pulse generator (A310, World Precision Instruments) were used to deliver electrical pulses to the RF. Upon electrical stimulation of the fibre, digital calipers were used to measure the conduction distance (in mm) between the RF and the recording electrode. Conduction velocity was calculated by dividing this distance by the latency of the firing fibre from the stimulating artefact and was represented in units of m·s⁻¹.

**Spindle detection and analysis.** Recordings were analysed with offline template matching in Spike2 version 8.14 (Cambridge Electronic Design). Settings for spike template matching required a minimum of 70% of sampling points within a template and a minimum change in amplitude to be reached. Spikes were interpolated linearly. The high-pass filter time constant was set to 6.4 ms. Triggers were set at least three times the baseline noise level. Conduction velocity, calculated by dividing the conduction distance over the spike electrical latency, was used to classify fibre type according to the following cutoffs: C fibres <0.8 m·s⁻¹, AM fibres 1.1–2.5 m·s⁻¹ (ref. 40). Spontaneously active fibres were defined with a minimum unprovoked discharge frequency of 0.1 Hz. Mechanical discharge frequencies were determined for each force application as the number of firings within the 10-s ramp period. Post-stimulus afterdischarge was identified as persistent activity occurring after completion of any force ramp. For heat responses, total afferent activity was calculated using the discharge frequency recorded in the 1.2 ms following the stimulus over the last 20 ms of the episode. The conduction distance (in mm) between the RF and the recording electrode. Heat threshold temperatures were identified as the temperature that initiated the first afferent activity during a heat ramp. Post-stimulation activity was calculated as the number of action potentials during the time period, defined as the point when the recovering temperature reached a fibre's heat threshold through to baseline.

**Immunohistochemistry and imaging.** L3–L5 DRG and 3-mm biopsies of glabrous hindpaw skin were immediately dissected after killing. Tissues were fixed by immersion in 4% paraformaldehyde in 0.1 M phosphate buffer for 2 h. Tissue blocks were washed for 15 min three times with phosphate buffer, immersed in 4% paraformaldehyde in 0.1 M phosphate buffer for 2 h. Tissue blocks were then washed for 10 min three times with MAXwash, DAPI (0.02 mg·L⁻¹), all at a dilution of 1:500 from stock. After washing, 647 AffiniPure donkey anti-guinea pig IgG (H + L), Alexa Fluor 561.4-nm diode-pumped solid state and 639-nm diode lasers. Objectives (Nikon) were used to inject specific antibodies from stock, 121411, Thermo Fisher) was used during primary incubation as a negative control. Heat threshold temperatures were identified as the temperature that initiated the first afferent activity during a heat ramp. Post-stimulation activity was calculated as the number of action potentials during the time period, defined as the point when the recovering temperature reached a fibre's heat threshold through to baseline.

**ATF3 quantification.** To measure changes in the expression of the transcription factor ATF3 as a marker of neuronal injury, the number of ATF3⁺ neurons in immunolabelled sections from L3–L5 DRG were counted. Images underwent thresholding before manual counting of stained nuclei. The number of ATF3⁺-labelled neurons was calculated by dividing total ATF3⁺ neurons by total NeuN⁺ neurons and multiplying by 100. Using Fiji, quantifications were performed on three to five non-overlapping sections per mouse to determine individual means. Group mean ± s.e.m. were calculated using individual means from three to four mice per group.

**PLA2 activity assay.** DRG from H6D⁻, L6D⁻ and H3D-fed animals were dissected, placed into cold lysis buffer (50 mM Tris-HCl, pH 8, 2 mM dithiothreitol, 1 mM MgCl₂, Complete Mini Protease Inhibitor) and incubated on ice for 15 min. DRG were then homogenised using a 2 ml Dounce homogeniser, transferred to 1.5 ml tubes and centrifuged for 20 min at 15,000 g and 4°C. Supernatants were collected into new 2-ml tubes. Total protein concentration was determined using the Bio-Rad Bradford protein assay kit according to the manufacturer's instructions (Thermo Fisher Scientific, 22325). An adapted BODIPY (Invitrogen, A10072) assay was used for continuous monitoring of PLA2 activity from homogenates based on the lipase/green fluorescence and a previous publication. Briefly, 10 µL of Red and Green BODIPY PC-AC2 was prepared in DMSO. To prepare the liposome mixture, equal volumes of 10 mM DOPC, 10 mM DOPG and 1 mM BODIPY dye were mixed in a microcentrifuge tube and slowly injected into assay buffer while rapidly stirring. DRG lysates were added to microplate wells at appropriate concentrations. A buffer-only well was used as a negative control, and bee venom (PLA2G3) was used as a positive control. The liposome mixture was then added at a dilution of 1:1 to the microplate wells. PL2A inhibitor experiments, the drug was incubated with the DRG lysate for 15 min before addition of the liposomal substrate. A FlexStation 3 with SoftMax Pro 4.3 (Molecular Devices) was set to 37°C and used for kinetic recording of 520 nm and 570 nm emission for 30 min. Peak minimum minus maximum fluorescence signals for each wavelength (arbitrary units) were used for statistical analysis of each sample.

**In vivo treatment.** All drugs were prepared in coded syringes on the day of injection by an individual not performing behavioural testing to blind the experimenter. AO1, a vehicle was initially administered to observation boxes on top of thermal or mechanical platforms for a minimum of 30 min before collection of baseline recordings. After baselines, animals were administered vehicle or compound. Darapladib (Selleckchem, SB-480848) was dissolved in DMSO and Tween-20 and then diluted in PBS to 2% for each of final concentrations of 300 mM of AO1. Control animals received an equivalent volume of the darapladib vehicle.

**Knockdown of Pla2g7.** Knockdown of Pla2g7 was performed using Dharmacon SMARTpool siRNA against four separate Pla2g7 target sequences. Control groups received non-targeting scrambled siRNA (Dharmacon). Pla2g7 or scrambled siRNA was injected i.t. (2 µg) for 3 consecutive days for a cumulative dose of 6 µg. Behaviour was tested 2 d after the final injection by blinded observers, followed by collection of DRG for protein and transcript quantification.

**Quantitative PCR.** L3–L5 DRG were collected and immediately frozen on dry ice and then stored at −80°C. DRG tissue was homogenised as described previously in adult mice. RNA was isolated according to the manufacturer's instructions (Qiagen, RNeasy Plus Universal Mini Kit, 73404). Briefly, 100 µg DNA gelatin and 180 µg chloroform were added to each tube and shaken for 15 s. Tubes were centrifuged at 12,000 g for 15 min, and the top aqueous phase was removed for further purification with ethanol and wash buffers and elution with RNase-free water (NanoDrop, Thermo). cDNA was then synthesised from 1 µg RNA using the SuperScript III First-Strand Synthesis kit (Invitrogen, 18080051). Amplification of target sequences was performed using TaqMan Fast Advanced Master Mix (Applied Biosystems, 4444557), according to the manufacturer's instructions, and selected primers for R11b (Mm09289980_g1, Thermo Fisher), Pla2g3 (Mm00553594_m1, Thermo Fisher), Pla2g6 (Mm004796, Thermo Fisher), Pla2g7 (Mm00479105_m1, Thermo Fisher), Pla2g12 (Mm01316982_m1, Thermo Fisher), Pla2g15 (Mm00450255_m1, Thermo Fisher), Anxa1 (Mm01402252_m1, Thermo Fisher), Anxa2 (Mm0150673_m1, Thermo Fisher), Anxa3 (Mm0042685_m1, Thermo Fisher), Anxa5 (Mm01293059_m1, Thermo Fisher), and Anxa6 (Mm00587966_m1, Thermo Fisher). qPCR was performed using the StepOnePlus Real-Time...
西部 blot. Reinforced screw-cap microtubes (2 ml) filled with 2.8-mm ceramic beads (19-628, Omni International) were filled with 900 μl RIP buffer (Thermo Fisher, 89000) with cOmplete Mini Protease Inhibitors (Roche, 11861645001). Thawed DRG tissue samples were then transferred to bead tubes and placed on ice. The processing chamber of a Bead Ruptor 24 (Omni International, 19-040E) was precooled to 0 °C with an attached BR-Cryo Cooling Unit (Omni International, 19-8005). Samples were placed in the tube carriage, homogenised for 30 s at 7.10 m s⁻¹ and then placed on ice for 5 min. Samples were transferred to fresh tubes and centrifuged for 3 min at 8,000 g and 4 °C. Supernatants were collected and stored at −80 °C until use. After total protein determination, supernatants were prepared for SDS–PAGE on 4–12 % gradient Bis–Tris gels according to the NuPAGE protocol (Novex). Proteins were transferred to PVDF membranes via the iBlot 2 device (Thermo Fisher). Immunoblots were probed with polyclonal rabbit anti-PLA2G7 antibody (1:500, 15256-1-AP, Proteintech). GAPDH levels were measured as a loading control with a monoclonal mouse anti-GAPDH antibody (1:1,000, sc-32233, Santa Cruz). Donkey anti-rabbit IR800 and donkey anti-mouse IR680 secondary antibodies (11,000, LI-COR Biosciences) were used to detect PL2G7 and GAPDH, respectively. Immunoblots were imaged using a LI-COR Odyssey infrared imager, and relative band intensities were quantified using Image Studio (LI-COR Biosciences).

Human study and sample collection. Clinical sensory data and skin biopsies collected from 12 control participants and 16 participants with type 2 diabetes and diabetic neuropathy (all aged >30 years) were included as part of an ongoing observational trial at theUTHSCSA. Regulatory approval was obtained from the Human Subjects Institutional Review Board at the UTHSCSA (20160027HU). Participant information is available in Supplementary Table 2. Informed consent was obtained from participants according to protocol guidelines set by the Institutional Review Board. Participants completed self-reported pain questionnaires for LANSS and NPSI assessments, followed by sensory testing as previously described. Vibration-detection thresholds were then determined for both hallucs for each patient, followed by collection of a skin punch biopsy. Study data were collected and managed using REDCap electronic data-capture tools hosted at the UTHSCSA.

For vibration testing, a Rydel-Seiffer tuning fork (US Neurologicals) was used on left and right hallucs (that is, great toes). The principal neurologist placed the base of the tuning fork, with dopers facing the researcher, on the bony prominences. To create a vibration, tynes were pressed together between the thumb and the index finger and then released such that the illusion of two triangles was visible on each dumper marked on a scale from 0 to 8. As the intensity of the vibration diminished, the two triangles moved closer together and the point of intersection moved slowly upward. Each patient vocalised once the vibration could not be detected, and the intensity score was recorded. This procedure was repeated four times per halluc, with the first reading being discarded and the last three being recorded.

Lastly, following injection with a 2% lidocaine–epinephrine (Hospira) solution to anaesthetise the skin, 10-mm biopsies were taken 1 cm proximal to the lateral malleolus of the ankle to a depth of 4 mm with a sterile 4-mm circular punch. Biopsies were collected in sterile 2-ml cryotubes and immediately snap frozen on liquid nitrogen. Samples were stored at −80 °C until processing for total lipid analysis.

Statistical analysis and reproducibility. Prism 9.0 (GraphPad) was used for statistical analysis. Statistical tests used are specified at the end of each figure legend. Generally, unequal, two-tailed Student’s t-tests were used for analyses between two groups, whereas one-way or two-way ANOVA coupled with a specific multiple-comparisons test was used for multiple groups and/or conditions. Sample sizes were designed to generate 80 % power at two-sided p < 0.05. Unless otherwise specified, all data are presented as mean ± s.e.m., with values derived from ≥3 independent biological replicates. Information pertaining to use of technical replicates can be found in the Methods (for example, qPCR, HPLC–MS/MS, IHC). Results from all experiments that used males and females were tested for possible sex differences, and if none were observed, animals were combined for further analysis. OmnimGraffle version 7.18.1 (the Omni Group) was used for illustrations and figure organisation.

Reporting Summary. Further information on research design is available in the Nature Research Reporting Summary linked to this article.

Data availability

Data that support the findings of this study are available from the corresponding author upon request. Source data are provided with this paper.

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Author contributions
J.T.B., P.M.L., S.R.R. and K.M.H. conceived and designed the studies; J.T.B., P.M.L., M.R.B. and M.T. conducted behavioural experiments; A.R.F., P.M.L. and F.-M.C. conducted single-fibre electrophysiology; P.M.L. and J.T.B. performed histology; Q.L., F.-M.C. and P.M.L. performed BODIPY experiments; P.M.L., D.A.A. and M.T. performed total tissue lipid extractions; M.E.C., G.M.S. and S.B.H.B. conducted quantitative LC–MS/MS; P.M.L. and F.-M.C. performed western blots; E.E.L. and A.T. conducted neurological assessments on trial participants and collected skin punch biopsies; J.T.B., P.M.L. and K.M.H. performed data analysis for all experiments; P.M.L. and J.T.B. prepared figures, images and illustrations; P.M.L., J.T.B. and K.M.H. wrote the manuscript; all authors revised the manuscript.

Competing interests
The authors declare no competing interests.

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Extended Data Fig. 1 | H6D induces persistent nociceptive hypersensitivities in both male and female mice. a–f, Time courses of changes in mechanical withdrawal threshold (a,c,e) and heat withdrawal latency (b,d,f) for male and female mice on the H6D and L6D. The top two plots (a,b) represent compiled male and female responses (L6D, n = 24; H6D, n = 29). a, ***P = 0.0003 week 4, ****P < 0.0001 weeks 8–24. The middle plots (c,d) are male-only responses (L6D, n = 12; H6D, n = 16). c, *P = 0.0401 week 4, ****P < 0.0001 weeks 8–24. d, ****P < 0.0001 weeks 4–24. The bottom plots (e,f) are female-only responses (L6D, n = 12; H6D, n = 13). e, **P = 0.0055 week 16, 0.0023 week 20, ****P = 0.0009 week 4, 0.0005 week 8, ****P < 0.0001 weeks 12,24. f, **P = 0.0022 week 4, ****P < 0.0001 weeks 8–24. Data are mean ± SEM. Error bars for some data points are within the size of the symbol. The statistical test used was two-way repeated-measures ANOVA with Sidak’s post-hoc test (a–f).
Extended Data Fig. 2 | See next page for caption.
Extended Data Fig. 2 | The H6D sensitizes afferent fibers to mechanical and heat stimuli. a, Representative recording wavemarks from L6D and H6D mice during mechanical force application. The number of action potentials are denoted beneath each stimulation for each recording. b, Percentage of fibers exhibiting post-stimulus afterdischarge following mechanical force application. Values represent the number of fibers exhibiting afterdischarge over the total recorded fibers for each group (L6D, n = 34; H6D, n = 44). **P = 0.0096. c, The Peltier-based heat delivery system setup. d, Conduction velocities determined for recorded C (left) and AM (right) fibers from L6D and H6D mice (L6D-C, n = 19; H6D-C, n = 20; L6D-AM, n = 25; H6D-AM, n = 24). Dotted line represents cut-off value for C fiber classification. e, f, Glabrous IENF densities (e) and percentage of ATF3+ neurons in lumbar DRG (f) after 4 weeks on the L6D or H6D (L6D, n = 3; H6D, n = 3). g, Representative immunofluorescent staining of ATF3 expression in trigeminal ganglia (TG) from L6D and H6D mice co-localized with NeuN, scale bars: 50 μm (n = 2 mice/group). h, i, Immunofluorescent staining of Iba1 (h) and c-Fos (i) expression in the lumbar spinal cord of L6D and H6D mice. Positive control tissue was utilized from db/db mice. White arrowheads designate microglia (h), 10X magnification, scale bar: 50 μm (n = 2 mice/group). Red arrowheads designate c-Fos+ nuclei (i), 20X magnification, scale bar: 50 μm (n = 2 mice/group). All data are mean ± SEM. The statistical test used was a two-sided Fisher’s exact test (b).
Extended Data Fig. 3 | The H6D does not induce a diabetic phenotype. a, b. Scatter plots of fasting blood glucose levels (a) and HbA1c levels (b) from mice on L6D and H6D for 8 weeks. Mice on normal chow (NC) and 16-week-old db/db mice served as negative and positive controls, respectively (NC, n = 5; L6D, n = 5; H6D, n = 5; db/db, n = 5). Dotted lines in each figure represent established cut-offs for type 2 diabetes. ****P < 0.0001 (db/db vs NC). c, d. Weekly monitoring of body weights (c) and food intake (d) for both male and female mice on either L6D or H6D. Data are mean ± SEM. Error bars for some data points are within the size of the symbol. Statistical test used was one-way ANOVA with Tukey's post-hoc test (a, b).
Extended Data Fig. 4 | See next page for caption.
Extended Data Fig. 4 | The H6D alters lipid composition in DRG, but not spinal cord. a, b, Heatmaps of lipid species from lumbar DRG (a) and spinal cord (b) from male (♂) and female (♀) mice on either the H6D or L6D. Lipid classes are designated to the left of each heatmap. Scale bar represents z-score transformations for each lipid species. c, d, Scatter plots of LA- and AA-esterified lipids (c) as well as ω-3 content (d, EPA, DHA levels) in DRG sub-profiled by lipid class for male and female mice on either diet (n = 3 mice/group/sex). c, Acyl carnitine (LA): *P = 0.0346, ***P = 0.0004. Acyl carnitine (AA): *P = 0.0417 (♂), *P = 0.0214 (♀). Ethanolamine plasmalogens (LA): ****P < 0.0001. Ethanolamine plasmalogens (AA): **P = 0.0027, ***P = 0.0007. Fatty acyl chains (LA): **P = 0.0069. Lyso-phosphatidylcholine (LA): ****P < 0.0001. Lyso-phosphatidylcholine (AA): ***P = 0.0003. Phosphatidylcholine (LA): **P = 0.005, *P = 0.0166. Phosphatidylcholine (AA): **P < 0.0001. Phosphatidylethanolamine (LA): **P = 0.0062. Phosphatidylethanolamine (AA): **P = 0.0033. Phosphatidylinositol (AA): ***P = 0.0001. Phosphatidylserine (LA): **P = 0.003. Phosphatidylglycerol: ***P = 0.0062. Data are mean ± SEM. Statistical tests used were two-way ANOVA with Tukey’s post-hoc test (c) and one-way ANOVA with Tukey’s post-hoc test (d).
Extended Data Fig. 5 | See next page for caption.
Extended Data Fig. 5 | PLA2g7 expression predominates in neuronal subpopulations of the lumbar DRG. a, Heatmap indicating PLA2 isozyme expression across established neuronal subpopulations of the mouse lumbar DRG. Single-cell RNA-seq data were reproduced with permission36. b, c, qPCR data showing PLA2 isozyme expression (b) and change in cycle threshold values relative to 18S rRNA (c) in lumbar DRG from H6D and L6D mice (b: n = 3/group. c: L6D, n = 6; H6D, n = 6). d, Representative immunofluorescent staining of PLA2g7 expression in mouse lumbar DRG and co-localization with neuronal subtype-specific markers. No primary controls are included for each marker as designated. The magenta arrows highlight two small diameter neurons, one with high PLA2g7 expression and one with low to moderate expression, that are negative for NFH. White arrows designate cell bodies with PLA2g7+ staining and their co-localization with the respective subtype marker. White arrowheads highlight axons projecting through the ganglia that exhibit virtually no PLA2g7 expression compared to cell bodies. Scale bars: 50 μm (n = 2 mice). e, Representative immunofluorescent staining of lumbar DRG from naïve control mice that received either scrambled or PLA2g7-directed siRNA intrathecally for the purpose of PLA2g7 antibody validation. White arrows highlight PLA2g7+ staining of neuronal cell bodies, whereas the white arrowheads designate cells exhibiting loss of PLA2g7 immunoreactivity. Scale bars: 50 μm, (n = 2 mice/group). f, g, Circulating plasma PLA2g7 levels (f) and plasma LA accumulation (g) from L6D and H6D mice after 8 weeks (L6D, n = 4; H6D, n = 5). **P < 0.0022. Data are mean ± SEM. Error bars for some data points are within the size of the symbol. Statistical test used was unpaired two-tailed Student’s t test (g).
Extended Data Fig. 6 | See next page for caption.
Extended Data Fig. 6 | Pharmacological inhibition and genetic knockdown of PLA2g7 in DRG neurons reduces PLA2 activity and attenuates nociceptive hypersensitivities. a, Optimization of DRG protein concentration used with the PLA2 BODIPY activity assay. H6D DRG homogenates demonstrate increased activity at multiple concentrations compared to L6D (BSA, n = 4; L6D-300, n = 6; L6D-150, n = 7; L6D-75, n = 7; H6D-300, n = 5; H6D-150, n = 7; H6D-75, n = 7 DRG replicates/group). **P = 0.0055 (300), 0.0023 (150). b, qPCR data showing annexin isozyme expression in L6D and H6D DRG (L6D, n = 6; H6D, n = 5). c, Immunoblots of PLA2g7 and GAPDH protein expression in membrane and cytosolic fractions from homogenized DRG (L6D, n = 4 mice; H6D, n = 3 mice). Molecular weight markers (kDa) are adjacent to each target. d, Concentration-response curves for darapladib-mediated inhibition of PLA2 activity for DRG (n = 3/group). e, Darapladib half-maximal inhibitory concentrations (IC50) as determined by nonlinear regression (n = 3/group). f, Total LA and AA levels determined from glabrous hindpaw skin punches (L6D, n = 6; H6D, n = 6). **P = 0.0098 (LA), 0.0071 (AA). g, Dose-response timecourses for i.pl. darapladib on heat- and mechanical-evoked nociception (L6D-VEH, n = 6; L6D-3, n = 4; L6D-30, n = 9; H6D-VEH, n = 6; H6D-3, n = 5; H6D-30, n = 9). h,i, PLA2g7 qPCR data for lumbar DRG (h) and spinal cord (i) following intrathecal siRNA treatment (q.d. x 3d) (h: L6D-scr, n = 7; H6D-scr, n = 6; L6D-PLA2g7, n = 8; H6D-PLA2g7, n = 6. i: n = 3/group). h, *P = 0.0429 (L6D-PLA2g7), 0.0371 (H6D-PLA2g7). i, *P = 0.0333. j, Immunofluorescent images of glabrous IENFs from siRNA-treated mice, scale bar: 50 μm (n = 2 mice/group). k,l, Mechanical force-response curves (k) and EF50 values (l) for 16-week db/db mice injected i.pl. with either vehicle or darapladib (db/db-veh, n = 5; db/db-DARA, n = 6). **P = 0.0020. m,n, Mechanical force-response curves (m) and EF50 values (n) for a different cohort of 16-week db/db mice following i.t. siRNA injections (db/db-veh, n = 5; db/db-darapladib, n = 5). **P = 0.0066. All data are mean ± SEM. Error bars for some data points are within the size of the symbol. Statistical tests used were one-way ANOVA with Sidak’s post-hoc test (a), Tukey’s post-hoc test (d), or Dunnett’s post-hoc test (h,i), two-way ANOVA with Tukey’s post-hoc test (c), and unpaired two-tailed Student’s t test (f,l,n).
Extended Data Fig. 7 | H3D reverses H6D-induced changes in afferent fibers. **a**, Discharge frequencies of spontaneously-active fibers (H6D, n = 30; H3D, n = 41). **b**, Discharge frequencies of AM fibers (H6D, n = 13; H3D, n = 21). *P = 0.0353 (75), 0.0335 (100), **P = 0.0047 (150). **c, d**, Representative immunofluorescence staining of glabrous hindpaw skin IENFs (c) and ATF3 expression in lumbar DRG neurons (d) in H6D and H3D mice. Scale bars: 25 µm (c; n = 4 mice/group), 50 µm (d; n = 3 mice/group). The representative images supplement Figs. 3h and 3i, respectively. Data are mean ± SEM. Error bars for some data points are within the size of the symbol. Statistical test used was two-way ANOVA with Sidak’s post-hoc test (b).
Extended Data Fig. 8 | Increased LA content in skin of diabetic subjects with painful neuropathy. a, Chromatogram snapshots of the endogenous LA peak (labeled A) overlaid with the LA-d4 internal control peak (labeled B) for skin biopsy extracts from diabetic and control subjects. Integrated AUC values (a.u.) for each peak are beneath each chromatogram. b-d, Correlation analyses between subject skin LA levels and their respective LANSS scores (b), NPSI scores (c), and hallux vibration detection thresholds (d) (control, n = 12; diabetic, n = 16). Linear regression identified the best-fit line (solid line) with 95% confidence intervals (dotted lines). Inset boxes contain Spearman coefficients (rs) and corresponding P-values. Statistical test used was two-tailed Spearman correlation.
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Software and code

Policy information about availability of computer code

Data collection
Excel version 16.36 (Microsoft) was used for dataset collection and management. Softmax Pro versions 4.3 and 7.1 [Molecular Devices] were used for HbA1c, total protein, and RODI PY assay measurements. Xcalibur software (ThermoFisher) was used to perform automated lipid detection with shotgun lipidomics. Targetlynx version 4.2 [Waters Corporation] was used for channel detection and smoothing for total tissue lipids. EZ-CIL version 3.80 (Nikon) was used for confocal image acquisition. Image Studio version 3.0 (LI-COR) was used for western blot image acquisition. NanoDrop 2000 software version 1.6.198 (ThermoFisher) was used to measure RNA concentrations and purity. 7500 software version 2.0.5. (Applied Biosystems) was used for qPCR. REDCap version 9.5.22 was used to collect clinical data from study participants.

Data analysis
Excel version 16.36 (Microsoft) was used for dataset compilation, Spike2 version 8.14 [Cambridge Electronic Design] for template-matching and quantification of single-fiber electrophysiology recordings. Targetlynx (Waters Corporation) was used for channel integration and quantification of total lipids. FIJI version 2.0 for image analysis. Image Studio version 3.0 (LI-COR) was used for western blot densitometry. Prism version 9.0 (GraphPad) was used for statistical analyses and data visualization. OmniGraffle version 7.18.1 (The Omni Group) for illustrations and figure organization.

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Life sciences study design

All studies must disclose on these points even when the disclosure is negative.

| Sample size | Power analysis has been conducted previously for similar preclinical experiments using G*Power version 3.1 (available at: https://www.psychologie.gu.de/arbetsgruppen/allgemeine-psychologie-und-arbeitspsychologie/gpower.html). Experiments were powered to 80% for detecting a 25% effect (2-sided test at P<0.05 using variances from our previous studies). |
| Data exclusions | Mice that died during the course of an experimental paradigm were excluded from analysis. |
| Replication | Experimental replicates are primarily described in the figure legends. Behavioral experiments were replicated at least twice using mice from separate diet cohorts. Ex vivo technical replicates were run in at least triplicate with 3 or more biological replicates. |
| Randomization | After 1 week of acclimation, mice were randomized into diet groups. For the clinical study, participants were placed in either control or diabetic group based on clinical diagnosis. |
| Blinding | Behavioral experiments were blinded by separate lab personnel, including observation box randomization and treatment allocation. Behavioral experiments involving naïve db/db mice were not blinded due to obvious phenotype compared to WT or diet mice. Confocal images were numerically coded for blinding prior to image analysis. Tissues, homogenates, extracts collected for testing were generally coded to maintain blinding. De-identified patient samples were fully processed through HPLC-MS/MS and analysis before un-blinding of group allocation. |

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Materials & experimental systems

| n/a | Involved in the study |
| --- | --- |
| ☑ | Antibodies |
| ☑ | Eukaryotic cell lines |
| ☑ | Palaeontology and archaeology |
| ☑ | Animals and other organisms |
| ☑ | Human research participants |
| ☑ | Clinical data |
| ☑ | Dual use research of concern |

Methods

| n/a | Involved in the study |
| --- | --- |
| ☑ | ChIP seq |
| ☑ | Flow cytometry |
| ☑ | MRI-based neuroimaging |

Antibodies

| Antibodies used |
| --- |
| Confocal Microscopy:  
  Polyclonal Rabbit Anti-PGP9.5 IgG (1:1000 from stock; AB1761-1, Millipore)  
  Monoclonal Rabbit Anti-ATF3 IgG [EPR19488] (1:400 from stock; ab207434, Abcam)  
  Polyclonal Chicken Anti-NeuN IgY [1:500 from stock; A8891, Millipore]  
  Polyclonal Chicken Anti-NPY IgY [1:5000 from stock; B22601, Biolegend]  
  Polyclonal Guinea Pig Anti-TRPV1 IgG (1:700 from stock; GP24100, Neuromics) |
Polyclonal Rabbit Anti-PLA2g7 IgG (1:500 from stock; 15526-1-AP, ProteinTech)
Polyclonal Goat Anti-GFRA2 IgG (1:500 from stock; AF429, R&D Systems)
Polyclonal Rabbit Anti-Ital IgG (1:1500 from stock; 019-19741, Wako Chemicals)
Polycyclic Guinea Pig Anti-C-Fos IgG (1:700 from stock; 226004, Synaptic Systems)
Isocitrate SS-IBA Alexa Fluor® 488 Conjugate (1:800 from stock; 121411, ThermoFisher)
Alexa Fluor® 488 AffiniPure Donkey Anti-Chicken IgY (Igs) (H+L) (1:500 from stock; 703-545-15, Jackson ImmunoResearch)
Alexa Fluor® 488 AffiniPure Donkey Anti-Rabbit IgG (H+L) (1:500 from stock; 711-545-152, Jackson ImmunoResearch)
Alexa Fluor® 647 AffiniPure Donkey Anti-Guinea Pig IgG (H+L) (1:500 from stock; 706-605-148, Jackson ImmunoResearch)
Rhoda mine Red-X AffiniPure Donkey Anti-Goat IgG (H+L) (1:500 from stock; 705-209-147, Jackson ImmunoResearch)
Alexa Fluor® 568 Donkey Anti-Rabbit IgG (H+L) (1:500 from stock; A10042, Thermo Fisher)

Western Blotting:
Polyclonal Rabbit Anti-PLA2g7 IgG (1:500 from stock; 15526-1-AP, ProteinTech)
Monoclonal Mouse Anti-GAPD IgG (1:1000 from stock; sc-32333, Santa Cruz)
IRDye® 800CW Donkey Anti-Rabbit IgG (1:10,000 from stock; 926-32213, LI-COR Biosciences)
IRDye® 680RD Donkey Anti-Mouse IgG (1:10,000 from stock; 926-68072, LI-COR Biosciences)

Validation
Antibodies used in this study are commercially available and have been validated by their corresponding manufacturers (see below). Dilution factors were further optimized in the laboratory by testing multiple dilutions on the target tissues of interest.

Polyclonal Rabbit Anti-GFRA2 IgG - https://www.embddnorth.com/US/en/product/Anti-Protein-In Gene-Product-9.5-
Antibody/MM_MN_A8761-1#
Monoclonal Rabbit Anti-ATF3 IgG (EPR19488) - https://www.abcam.com/af13-antibody-epr19488-chip-grade-ab207434.html
Polycylic Chicken Anti-NeuN IgY - https://www.embddnorth.com/US/en/product/Anti-NeuN-Antibody/MM_NF-ABN91
Monoclonal Chicken Anti-NFH IgY - https://www.biolegend.com/en-us/products/purified-anti-neurofilament-h-ntf-h-antibody-11474
Polycyclic Guinea Pig Anti-TRPV1 IgG - https://www.neuromics.com/GP1400
Polyclonal Rabbit Anti-PLA2g7 IgG - https://www.ptglab.com/products/PLA2G7-Antibody-15526-1-AP.htm
Polycyclic Goat Anti-GFRA2 IgG - https://www.mdsystems.com/products/human-mouse-gf-alpha-2-gdnf-r-alpha-2-antibody_a1429
Polycyclic Rabbit Anti-Iba1 IgG - https://laabchem-wako.fujifilm.us/product/detail/0W1-W001-1974.html
Polycyclic Guinea Pig Anti-C-Fos IgG - https://svsys.com/product/226004
Isocitrate SS-IBA Alexa Fluor® 488 Conjugate - https://www.thermofisher.com/order/catalog/product/1214111#/121411
Alexa Fluor® 488 AffiniPure Donkey Anti-Chicken IgY (Igs) (H+L) - https://www.jacksonimmuno.com/catalog/products/703-545-155
Alexa Fluor® 488 AffiniPure Donkey Anti-Rabbit IgG (H+L) - https://www.jacksonimmuno.com/catalog/products/711-545-152
Alexa Fluor® 647 AffiniPure Donkey Anti-Guinea Pig IgG (H+L) - https://www.jacksonimmuno.com/catalog/products/706-605-148
Rhodamine Red-X AffiniPure Donkey Anti-Goat IgG (H+L) - https://www.jacksonimmuno.com/catalog/products/705-209-147
Alexa Fluor® 568 Donkey Anti-Rabbit IgG (H+L) - https://www.thermofisher.com/antibody/product/Donkey-anti-Rabbit-IgG-H-L-
Highly-Cross-Adsorbed-Secondary-Antibody-Polyclonal/A0042
Monoclonal Mouse Anti-GAPD IgG - https://www.scbt.com/ps/gapdh-antibody-6c5
IRDye® 800CW Donkey Anti-Rabbit IgG - https://www.licor.com/sbi/reagents/irdye-800cw-donkey-anti-rabbit-igg-secondary-
antibody
IRDye® 680RD Donkey Anti-Mouse IgG - https://www.licor.com/sbi/reagents/irdye-680rd-donkey-anti-mouse-igg-secondary-
antibody

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Policy information about studies involving animals. ARRIVE guidelines recommended for reporting animal research

Laboratory animals
Mice utilized include: Male C57Bl/J6 mice, 8-10 weeks of age (#000664, The Jackson Laboratory), Female C57Bl/J6 mice, 8-10 weeks of age (#000664, The Jackson Laboratory), and Male BKS.Cg-Dock7m/+Leprdb/), 16 weeks of age (db/db, #000642, The Jackson Laboratory). Mice were housed in groups of 4-5, maintained on a 12 hour light-dark cycle with ambient temperatures between 20 and 27°C, and with free access to food and water.

Wild animals
Wild animals were not used in this study.

Field-collected samples
There were no field-collected samples in this study.

Ethics oversight
All animal experiments conformed to the Guidelines for the Use of Animals in Research as put forward by the International Association for the Study of Pain, and to protocols approved by the University of Texas Health Science Center at San Antonio Institutional Animal Care and Use Committee.

Note that full information on the approval of the study protocol must also be provided in the manuscript.

Human research participants
Policy information about studies involving human research participants

Population characteristics
Sixteen subjects with a medical diagnosis of painful diabetic neuropathy were enrolled (age range 57-84, 8 males, 8 females), along with twelve non-diabetic subjects to serve as age-matched controls (age range 56-93, 6 males, 6 females). Additional data are found in Supplementary Table 2. Diagnostic criteria for diabetic neuropathy included the presence of two or more symptoms or signs: (1) neuropathic symptoms (e.g., decreased sensation, "asleep numbness," pricking, stabbing, burning, or aching pain) predominantly in the toes, feet, or legs; (2) decreased distal sensation or unequivocally decreased (or absent) ankle reflexes; (3) validated abnormalities based on nerve conduction studies.

Recruitment
The primary sources of accrual were clinician referrals to the study coordinator or responses to IRB-approved advertisements posted in the outpatient neurology clinic. Interested patients were introduced to the study coordinator, who
presented the study and addressed all questions or concerns prior to formal written consent for study entry. Confirmation of
the diagnosis of diabetic polyneuropathy was based on available medical records that were reviewed after informed consent
was obtained. Recruitment of age-matched control subjects occurred through referrals from family or friends of study
participants, and through the advertisements posted. To minimize introduction of bias, clinically-relevant demographics were
withheld until laboratory sample processing was completed.

**Ethics oversight**

Regulatory approval was obtained from the Human Subjects Institutional Review Board at the University of Texas Health
Science Center at San Antonio (#2016007/HU).

Note that full information on the approval of the study protocol must also be provided in the manuscript.