

Modified Q18: Is there a difference in how pain behavior testing should be conducted in mice with aging-related OA vs other types of OA models?

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Recommendation: YES. Naturally occurring osteoarthritis (OA) with age can affect multiple joints while other models are most often unilateral affecting, a single joint. These differences are important to consider when measuring pain-related behaviors. The slow temporal development of pain-related behaviors in aging models makes blinding of the experimenter more difficult. While some types of behavioral changes can be found in all models of OA including knee hyperalgesia, hind paw mechanical allodynia, and changes in spontaneous locomotion, other behavioral tests such as static weight-bearing cannot be performed in spontaneous aging models because both knees are at equal risk of developing OA. In addition, for assays monitoring functional limb use, the variables that are affected may change across the animal's lifespan due to a variety of factors. Therefore, validation is required to link a particular variable to pain.

Level of Evidence: Moderate

Delegate Vote:

Rationale:

A PubMed search was conducted using the search terms: ((behavior) OR (pain) OR (hyperalgesia) OR (allodynia) OR (locomotion) OR (mechanical sensitization)) AND (osteoarthritis) AND (mice) AND (pain) AND ((spontaneous) OR (aging) OR (ageing) OR (age-associated)), which yielded 136 results. These search results were manually curated and papers reporting behavioral changes associated with spontaneous aging in mice were summarized. These results were supplemented with additional web searches to identify papers reporting mechanical sensitization in aged mice and other mouse models of OA.

Unilateral vs. Systemic Models

Different types of osteoarthritis (OA) mouse models have been developed to incorporate risk factors relevant to OA disease pathology, including aging, prior joint injury, and obesity ^{1,2}. Unilateral mouse models intervene in one joint, typically the knee, to induce OA in that joint. Systemic models, such as those that seek to model aging, result in increased structural damage risk in both knees and also the spine. In general, systemic models require lengthier time courses than unilateral induced models to develop appreciable structural damage, and the onset and progression of structural damage can often occur with greater heterogeneity. To address these issues, sometimes these models are combined such that a unilateral injury is superimposed on a systemic model, such as aging + surgery in one knee ³ or high fat diet + surgery in one knee ⁴.

Behavioral Phenotypes Observed in Aging Mice

Assays used to test for mechanical sensitization include hind paw mechanical allodynia or knee mechanical hyperalgesia, and these tests have been used for both unilateral and systemic mouse models of OA⁵⁻²². Lower mechanical withdrawal thresholds in the hind paw have been observed in naïve mice by the age of 18-20 months ^{23, 24} relative to younger mice, but other studies assessing earlier time points did not find this (9-18 months) ^{25, 26}. A study examined the effect of monoiodoacetate (MIA) injection into the knees of mice of different ages and found that 22-month old mice did not develop as much mechanical allodynia during the initial inflammatory phase (0-10 days), while the late phase of MIA-induced mechanical allodynia was comparable between age groups ²⁷. Lower response thresholds to pressure applied to the knee joint have also been reported in 16-20-month old mice compared to younger mice, indicative of greater knee hyperalgesia ^{23, 28, 29}. Temperature sensitization can be assessed by hot plate or Hargreave's test for thermal sensitivity or by cold plate or acetone test for cold sensitivity. Mouse models of aging have reported cold sensitivity by using the acetone test ^{26, 30}.

Other types of tests evaluate changes in limb use, such as grip strength, burrowing, and the Rotarod test. Changes in these measures may be affected by muscle weakness, axial stretching, or other functional debilitation in addition to pain associated with OA development. Grip strength has been shown to decrease

with age in mice ^{23, 25, 31}. Overall spontaneous activity levels assessed using systems such as LABORAS, BlackBox, AnyMaze, or other activity monitoring platforms have been shown to decrease with age ^{25, 32-34}, which may be due to multiple factors, not solely OA joint pain. Notably, it remains unclear which specific spontaneous activity-related parameters are most closely associated with OA pain, and high heterogeneity in activity patterns across mice makes the implementation of these assessments challenging. Similarly, for gait, dynamic weight-bearing, or other assays monitoring functional limb use, the variables that are affected may change depending on the model and across the animal's lifespan. For example, as mice age, they also gain weight. This can affect the way they ambulate and should be considered for dynamic or gait assessments, as it can make it more difficult to resolve isolated limb changes. One study demonstrated that paw area can change with age in a treadmill-based gait assay without being linked to pain ³⁵. Another study showed that mice can adapt their strategy to perform vertical climbing tasks with age to overcome potential functional limitations ³⁶. Therefore, validation is required to link a particular variable to pain.

Considerations for Behavioral Testing in Aging Mouse Models

Pain-related behavioral changes have been shown to develop in all types of OA mouse models ^{2, 37}, including sensitization as well as changes in spontaneous joint use. While many best practices for behavioral testing apply to all models ^{2, 38}, there are some considerations regarding the type of test performed and the approach to testing that should be adjusted based on the model. For example, the approach to experimenter blinding should be considered differently in the case of systemic aging models compared to unilateral models. In the case of evaluating the effect of age on OA pain, groups of mice at different ages can be compared, but it may be challenging to blind the experimenter to age if the overt appearance of the animal changes or if cohorts of mice are tested as they become available. For studies where a variable such as a treatment or genetic knock-out is being tested, mice at the same age should be compared in a blinded manner ^{5, 13}. Because it has been described that pain-related behaviors are different with age, all control groups should always be age-matched. Further, assessments of pain-related behaviors across age or experimental groups should be conducted in parallel and by the same investigator to minimize confounding variables.

Another challenge for evoked sensitization assays is that it can be more difficult to distinguish what is an individual animal's way of responding to a mechanical stimulus. In the case of a unilateral model, the contralateral uninjured limb is useful to calibrate an animal's normal response in mechanical sensitization assays to rule out responses due to stress or anxiety. In the case of aging models, this is not possible because both hind limbs are at equal risk of developing OA. Validation that the behavior is reversible in response to an analgesic can help to demonstrate that the behavior is not solely due to a stress or anxiety response in the animal. Observing similar magnitude responses in both hind limbs as well as across testing days within a period of days-weeks for a particular animal is another approach to validate a pain-relevant measurement in aging models, as a pain response should not change within a short period of time.

Finally, in the case of assays assessing limb use, hind limb weight-bearing asymmetry measured using a static incapacitance meter is not possible in models where both limbs are at equal risk of developing OA (e.g. aging). Methods that measure dynamic weight bearing could be helpful as they can identify load shifting not only from side-to-side, but from hindlimbs to forelimbs and the tail ^{22, 39}, but this still requires more validation in aging OA models. Additionally, because models of aging result in not only spontaneous OA but also other co-morbidities, intra-articular delivery of an analgesic as an experimental control may help to directly link a given outcome measure to OA pain in a specific limb, as opposed to being caused by pain in other body parts, functional deficit, muscle weakness, neuropathy, stress, anxiety, or other reasons. Tracking the development of the behavior and relating the change to degree of structural damage development is another strategy to link the behavior to spontaneous OA pain ^{23, 25, 32}.

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