

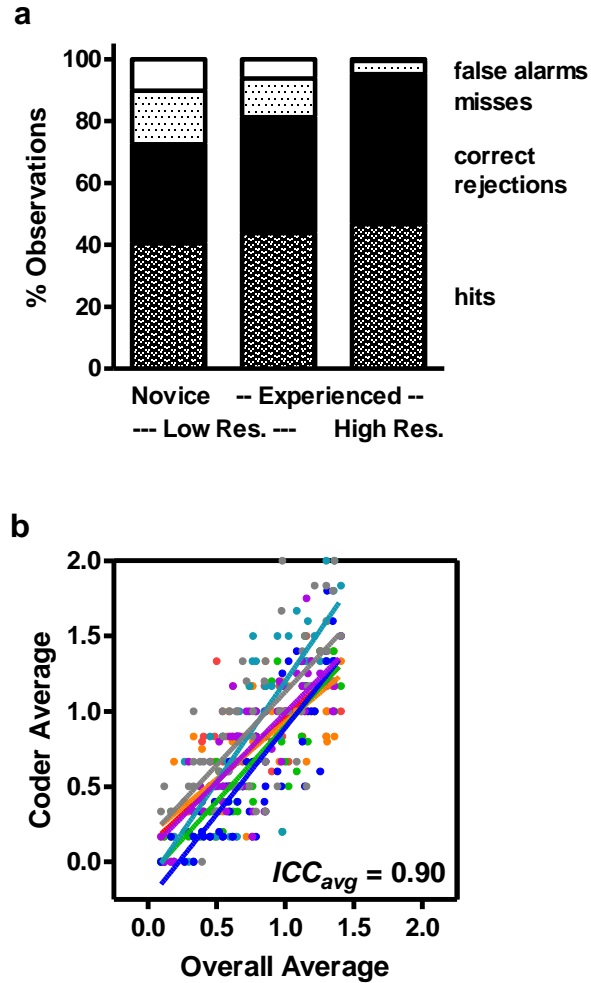
## Coding of facial expressions of pain in the laboratory mouse

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Supplementary figures and text:

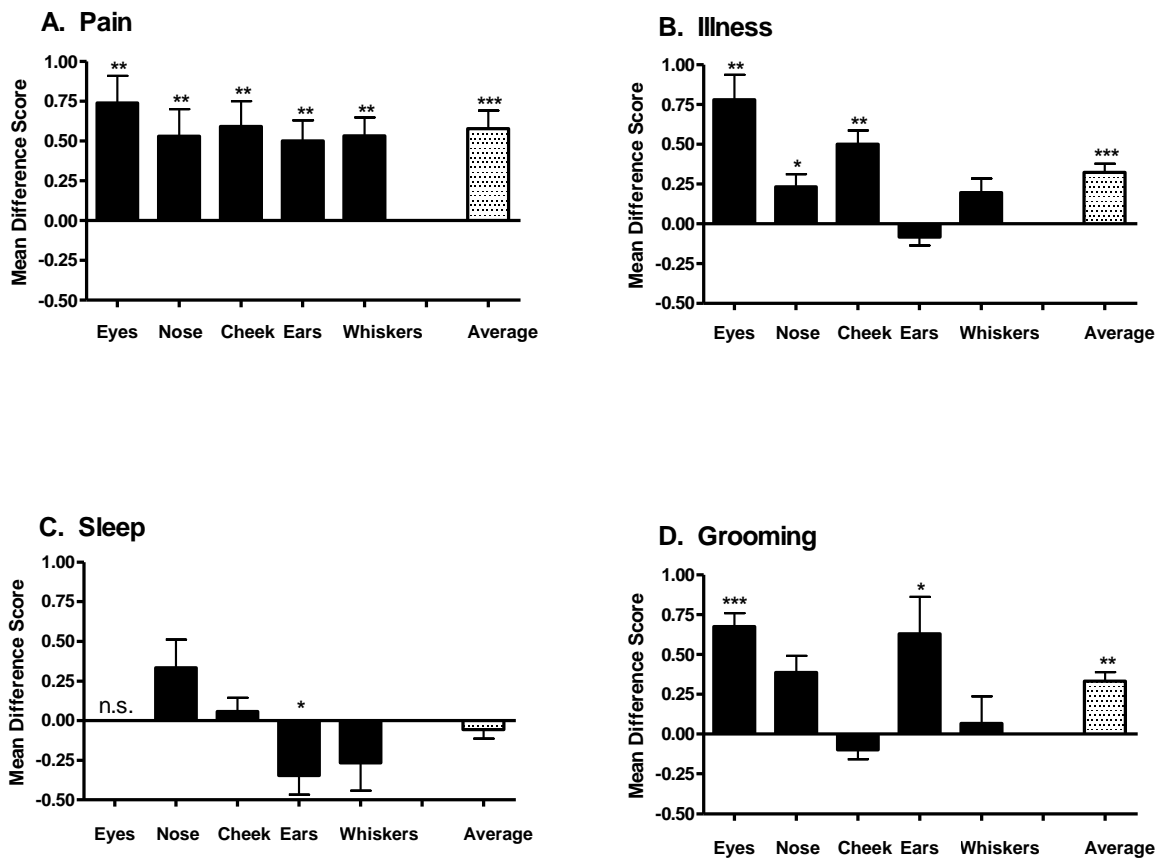
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| <b>Supplementary Figure 1</b> | Accuracy and reliability of the MGS.                |
| <b>Supplementary Figure 2</b> | Specificity of the MGS to pain versus other states. |
| <b>Supplementary Figure 3</b> | Detection of acetaminophen analgesia by the MGS.    |

## Supplementary Figure 1



**Supplementary Fig. 1.** Accuracy and reliability of the Mouse Grimace Scale. **(a)** Signal detection of novice and experienced coders on the abdominal constriction test, and the improvement in accuracy obtained using a high-definition (1920 x 1080) video camera (High Res.), using a selection of 64 randomized (*pain* and *no pain*) photographs. **(b)** Interrater reliability of the MGS scale. The mean MGS scores of each of six novice coders were compared to the average of all coders.  $ICC_{avg}$  = average intraclass correlation coefficient (see **Online Methods**).

## Supplementary Figure 2

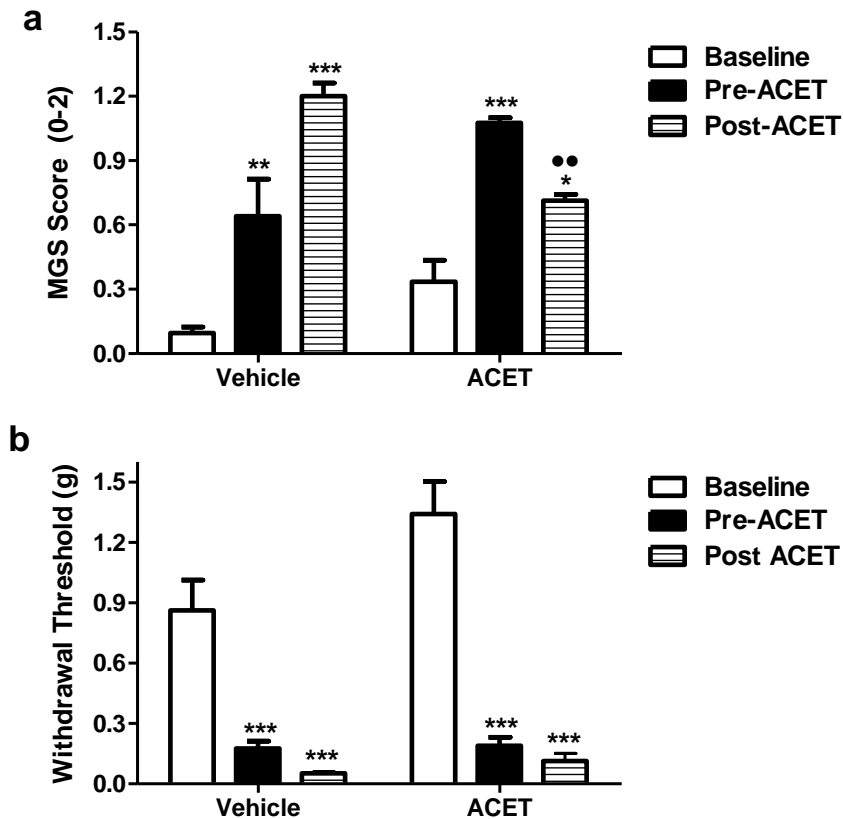


**Supplementary Figure 2.** Mean MGS difference scores by action unit (Eyes: orbital tightening; Nose: nose bulge; Cheek: cheek bulge; Ears: ear position; Whiskers: whisker change; see main text for details) and overall average score for mice (A) injected with 0.9% acetic acid, (B) injected with 100 mg/kg lithium chloride (a dose effectively producing conditioned place aversion<sup>1</sup>), (C) sleeping, and (D) actively exhibiting grooming behavior. Bars represent mean  $\pm$  s.e.m. difference scores. \*Significantly different from zero by one-sample Student's *t*-test (\* $P < 0.05$ , \*\* $P < 0.01$ , \*\*\* $P < 0.001$ ). n.s., not scored.

### Reference

1. Tenk, C.M., Kavaliers, M., & Ossenkopp, K.-P. *Eur. J. Pharmacol.* **515**, 117-127 (2005).

### Supplementary Figure 3



**Supplementary Figure 3.** Detection of the analgesic efficacy of 300 mg kg<sup>-1</sup> acetaminophen (ACET) against zymosan inflammatory nociception by the MGS (**a**) but not von Frey withdrawal testing for mechanical allodynia (**b**). Separate groups of mice ( $n = 4-8/\text{group}$ ) were tested at baseline (for details see **Online Methods**), then injected into the plantar hindpaw (20  $\mu\text{l}$ ) with 5 mg ml<sup>-1</sup> zymosan (100  $\mu\text{g}$ ). From 4-4.5 h post-zymosan, mice were retested, and then injected with 300 mg kg<sup>-1</sup> ACET or vehicle (polyethylene glycol; 10 ml kg<sup>-1</sup>). From 30-60 min post-ACET, mice were tested yet again. Bars represent mean  $\pm$  s.e.m. MGS scores (**a**) and withdrawal thresholds in g (**b**). As can be seen, ACET reduced MGS scores by approximately 50% compared to baseline, but was wholly ineffective against mechanical allodynia, which continued to increase in both vehicle and ACET-treated groups. Note that the 50% reversal of MGS scores is likely an underestimate, because vehicle group data in both experiments reveal the increasing intensity of the noxious stimulus from the pre-ACET to post-ACET time points. One-between (drug) repeated measures ANOVAs revealed a significant drug  $\times$  repeated measure interaction for MGS ( $F_{2,16} = 17.2$ ,  $P < 0.001$ ), but only a significant effect of repeated measure on von Frey withdrawal thresholds ( $F_{2,20} = 28.0$ ,  $P < 0.001$ ). \*  $P < 0.05$ , \*\*  $P < 0.01$ , \*\*\*  $P < 0.001$ .

0.001 compared to within-drug baseline, **••**  $P < 0.01$  compared to within-drug Pre-ACET (post-hoc test for repeated measures; Systat v. 11).