

Carbohydrates Metabolism

Dr. Diala Abu-Hassan

Review of Carbohydrates

Digestion and absorption of carbohydrates

Suggested Readings:

1: Lippincott's Illustrated reviews: Biochemistry

2: Marks' Basic Medical Biochemistry

Metabolism differ from Digestion.

Digestion :- Some thing about GI system, How the food molecule will be degraded into smaller (absorbable)

Molecules → (مركبات كبيرة) → كثيرة → passage of these molecule into intestinal lumen through intestinal cells to the portal circulation.

- While Metabolism :- what happen to these molecules inside the cells (تجزئة الجزيئات من ديف ابيو ال Molecules)
• another sources is Diet من اكل ←

- The definition of carbohydrate :- They are poly hydroxy keton or Aldehyde

- Most of sugar are Aldoses.

- The simplest Aldehyde has a Chiral center while the simplest keton hasn't

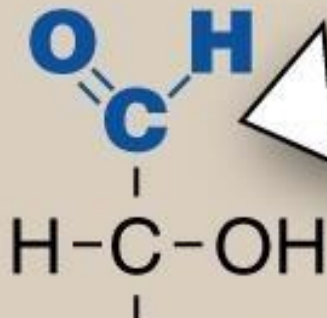
So we don't have stereoisomer for Dihydroxyacetone (DHAP)

Carbohydrates Metabolism Topics

- Utilization of Glucose → Energy
- Non-Carbohydrates → Glucose
- Storage of Glucose → Glycogen
- Release of Glucose from Glycogen
- Reducing Power NADPH >> GSH
- Glucuronic acid >> Drug metabolism
- Interconversion of sugars

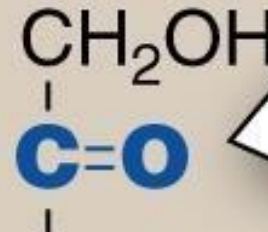
Sugars are either aldoses or ketoses

A Aldehyde group



Ribose
Glucose

B Keto group



Ribulose this suffix will
present in Ketoses
Fructose

Examples of monosaccharides found in

pentoses or hexoses *لبن السكر البسيط* - human

Generic names

3 carbons: trioses
4 carbons: tetroses
5 carbons: pentoses
6 carbons: hexoses
7 carbons: heptoses
9 carbons: nonoses

Examples

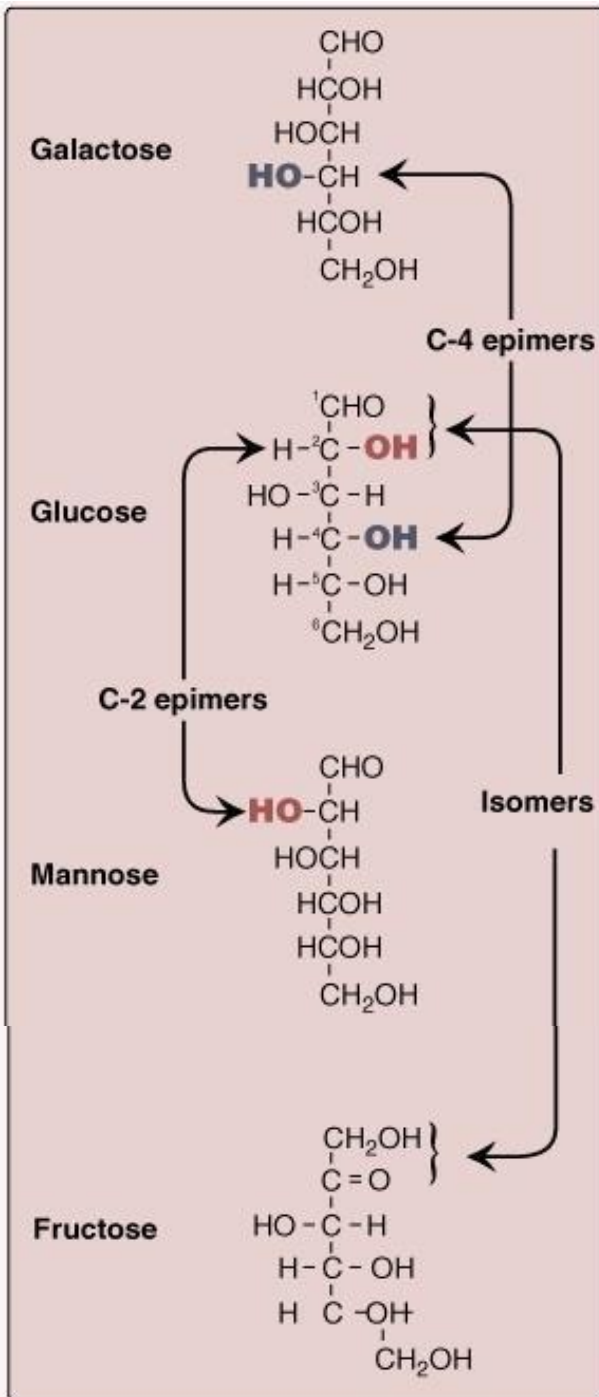
Glyceraldehyde
Erythrose
Ribose
Glucose
Sedoheptulose
Neuraminic acid

Sugars have Isomers

Epimers are isomers:

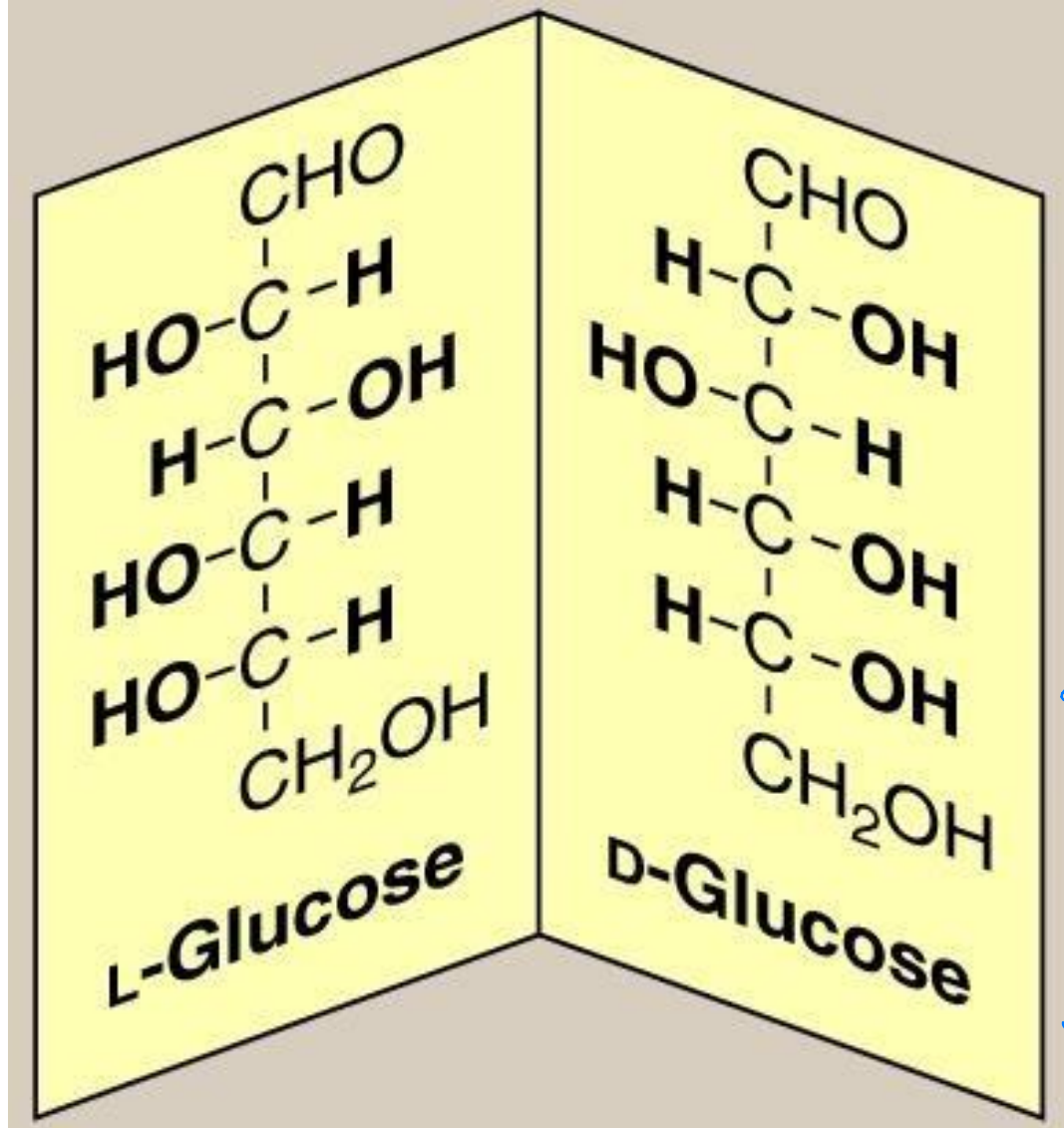
Changing the orientation of one hydroxyl group will produce a different sugar

Glucose and Fructose are isomers



Enantiomers

The predominant isomer in our cells is D-sugar.



الذات كير :-

Enantiomers في حالة
بعض الكيرتيس الـ
ببارة موه D موه L

Diastereomers في حالة
تغير الـ موه
glucose vs. mannose.

في حال ما انكس
ايجاد كل الـ OH، مجرد
كنا، هذه انكسوا

نبي العارفة Diastereomer

في عازق مت
بكون الـ epimers

لما يتغير ايجاد OH ووه

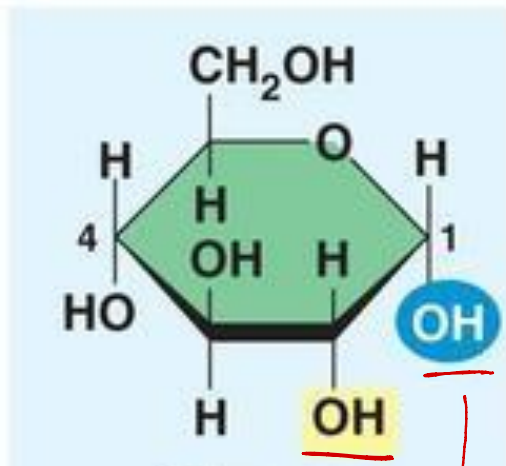
Chiral center (يعني بس)

ووه غير على تافير

تال على العارفة بين
glucose vs. galactose.

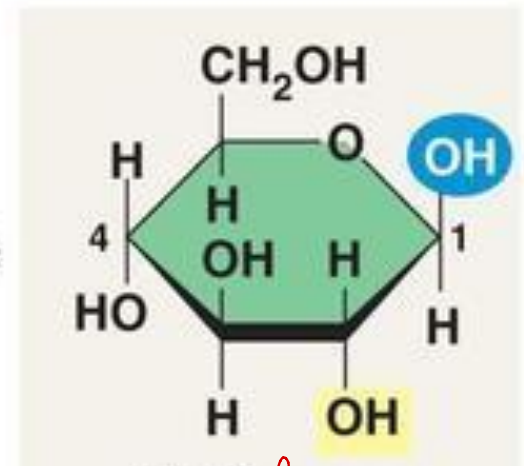
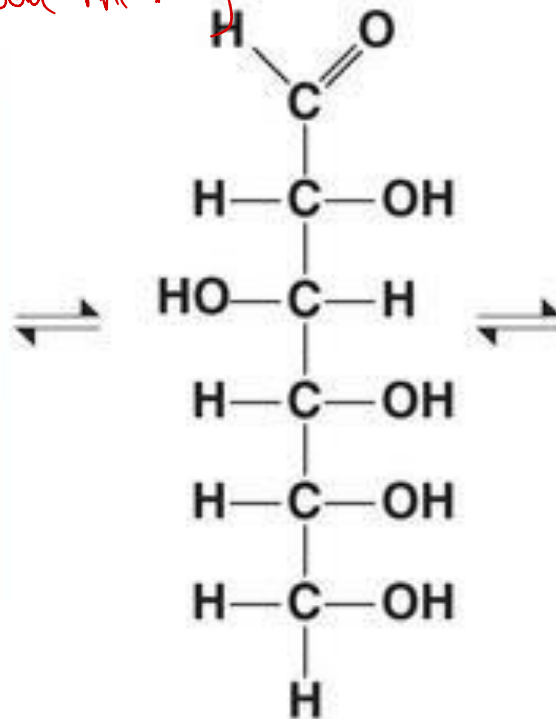
Alpha and Beta Sugars (Anomers)

- Here the OH oriented in two forms = ① below the ring which called α
 ② above the ring which called β



- α just less stable than β , but it's stable.

close together



- It stays in β form because it is more stable. Due to the less sterick hindrance.

α -D-Glucopyranose

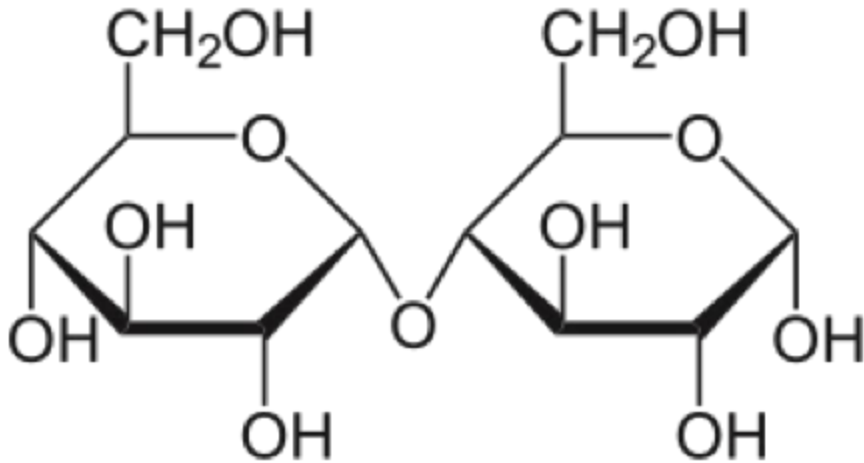
D-Glucose

β -D-Glucopyranose

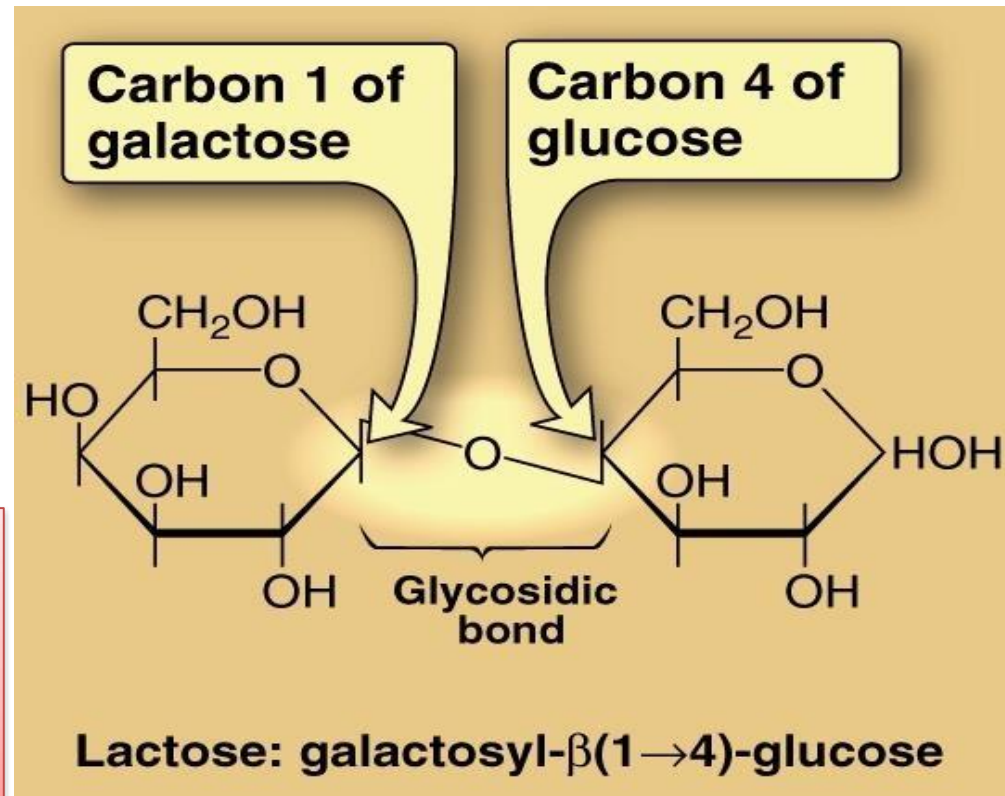
* Sugars they are ring structure more than linear because of the reaction between OH group and carbonyl group
 * The ring structure more stable.

Disaccharides

Sugars made of two monosaccharide units joined by a glycosidic bond



Maltose: a disaccharide made from two glucose units (α 1-4 linkage)



- Homo disaccharide which has the same monosaccharides residue

Glycosidic bond is cleaved by glycosidase enzyme

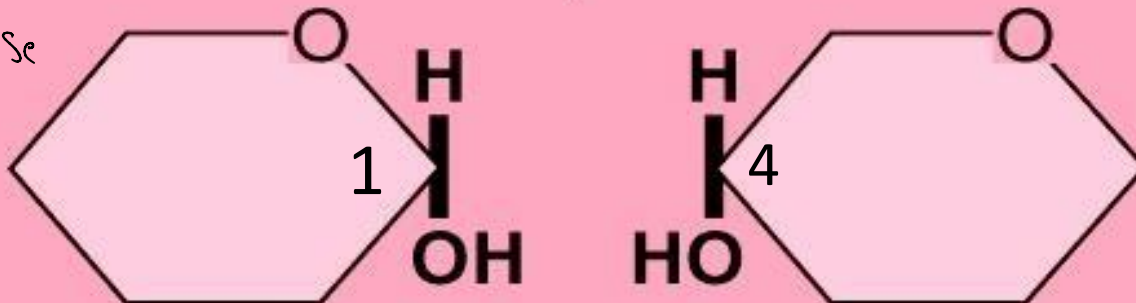
-once I want to break it and this what happen in digestion I will add water molecule.

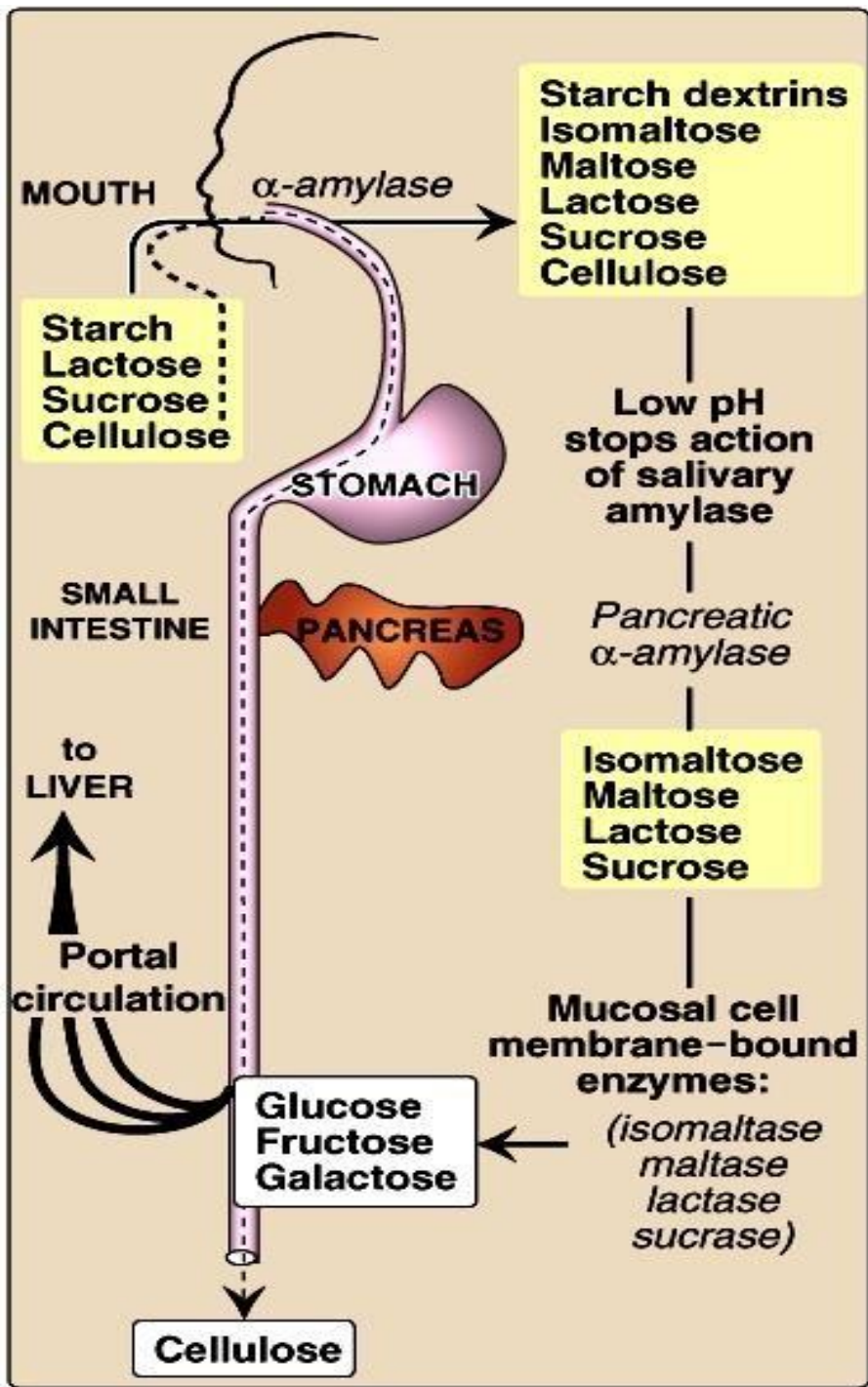


Glycosidase

H₂O

-Collection of enzymes which catalyze those reactions.





Digestion of Carbohydrates

How does digestion occur for Carbs? اول تقيل ان اكلت حليب

- The sugars enter into oral cavity where we have α -amylase that act on α 1-4 linkage between glucose residue \rightsquigarrow Maltose and starch (هنا الارتباط) But this enzyme \rightarrow starch من starch

- This enzyme is an endoglycosidase which act on the inside linkage and break it down randomly which usually result in Disaccharides production (Sometime monosaccharides).

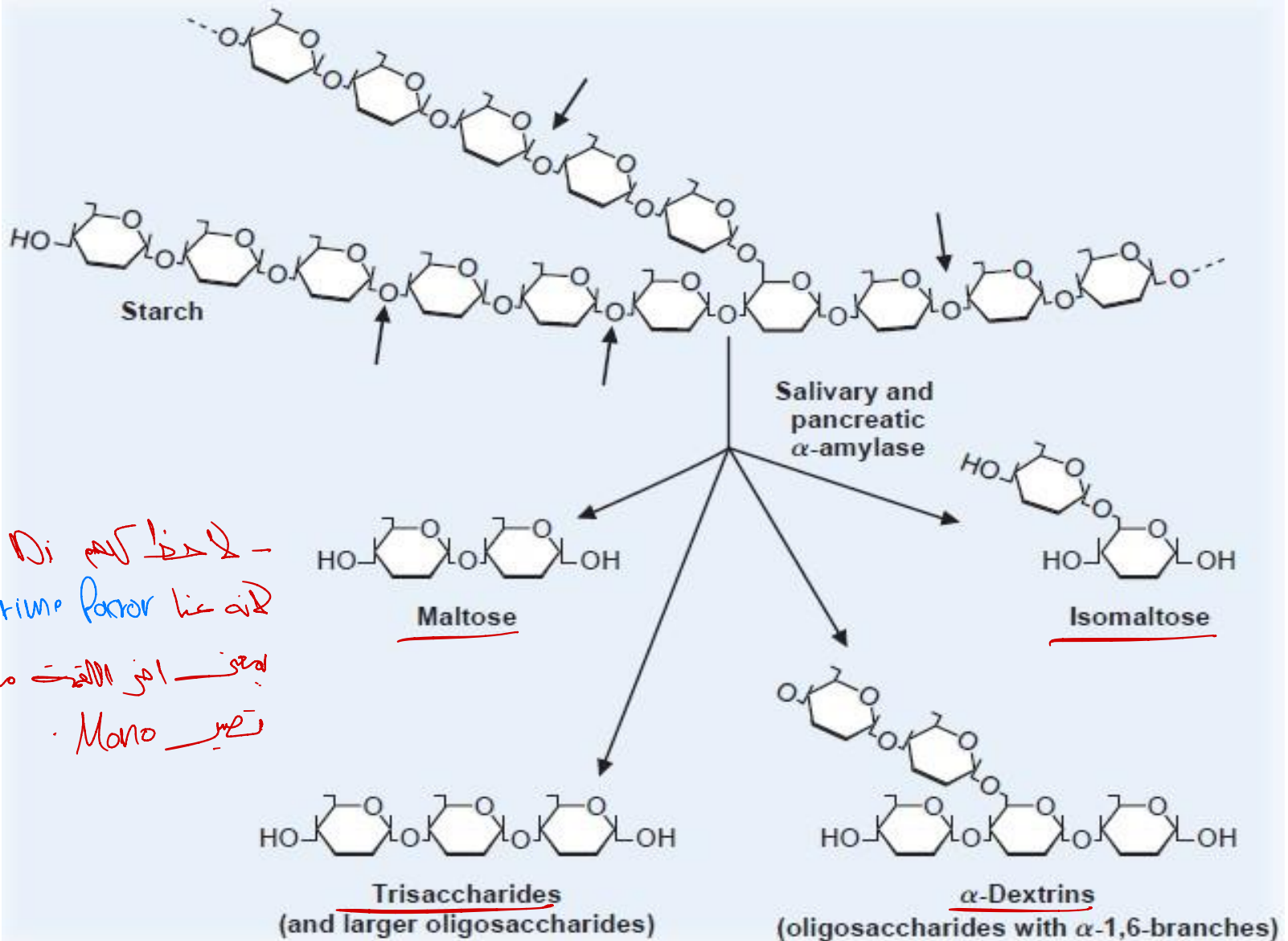
- The second step is \Rightarrow after we break down this starch, the mixture of sugars will move to the stomach (The acidic environment where the pepsin enzyme there) but pepsin is a hydrolyze enzyme for proteins **Not carbs!** So no thing happen to carbs in stomach.

- The 3rd step \Rightarrow They move to the **Duodenum** (where the pancreatic secretions are released) pancreatic acid is a mixture of enzymes (amylase, lipase, protease) amylase digest starch.

- The resulting disaccharides will move deeper to small intestine where they encounter the intestinal **mucosal enzymes**. pancreas من جيب من جيب من intestine من جيب من جيب من

لوفى الى جود
سببها يترك

Starch Digestion



لا حيا كيم دي مينو Mono
 كيم كيم فكتور كيم
 بعض افر اللغز ما تابع
 تيسر Mono

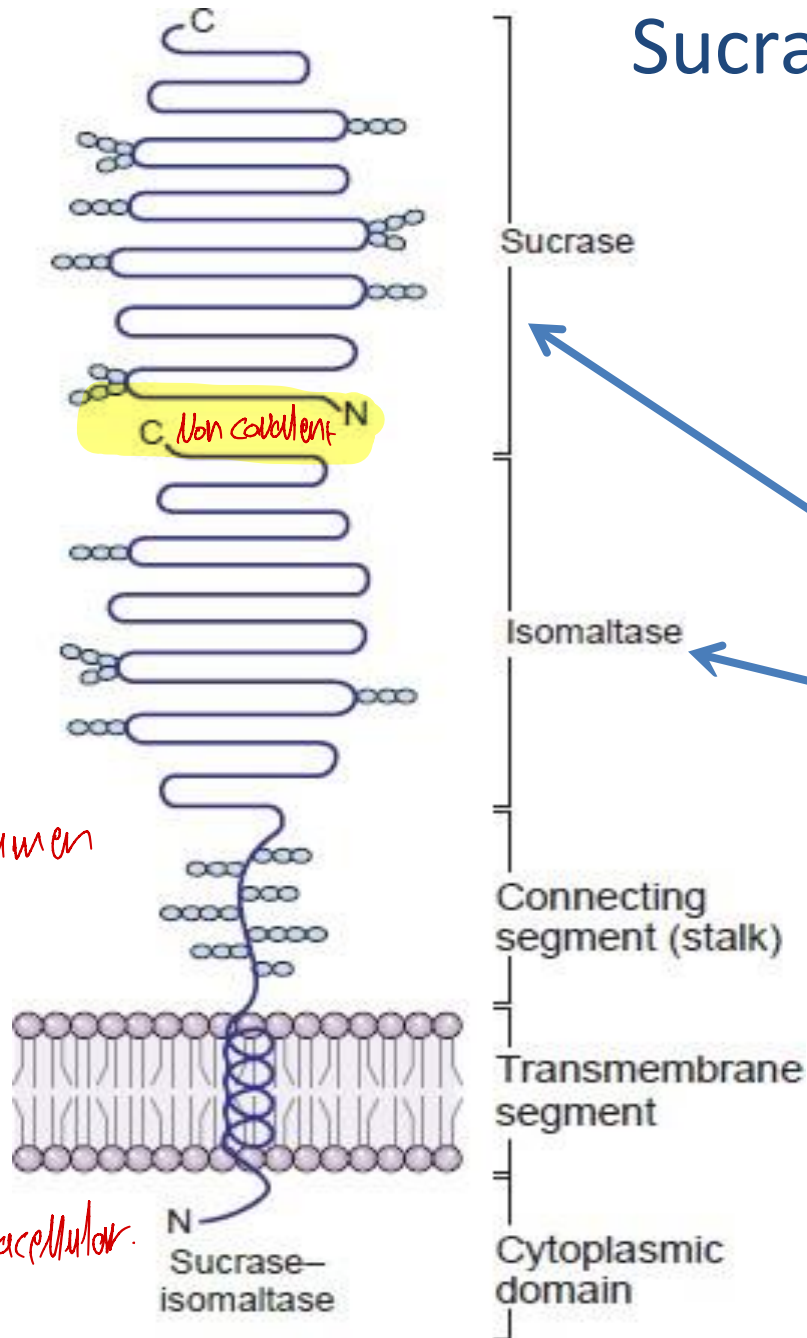
متعلقہ مع القاصت ← الی بہیہ کہ سکر انتراب فی مستوى الكادہ ہ
 affinity of binding to its receptors.

Mucosal cell membrane-bound enzymes

ENZYME	Bond Cleaved	Substrates
Isomaltase	α 1 \rightarrow 6 <i>between glucose and glucose</i>	Isomaltose
Maltase	α 1 \rightarrow 4 <i>between glucose and glucose</i>	Maltose
Sucrase	α 1 \rightarrow 2 <i>between glucose and fructose</i>	Sucrose
Lactase	β 1 \rightarrow 4 <i>between glucose and galactose</i>	Lactose
Trehalase	α 1 \rightarrow 1 <i>between glucose and glucose</i>	Trehalose
Exoglycosidase <i>تکسیر عنہ الہیڈرولائٹ</i>	α 1 \rightarrow 4	Glucoamylose

-Trehalose: Disaccharide that is made of two glucose and the linkage is (α 1-1) between 2 anomers
 -has protective role in body. (مرفع السكر و سہولت)
 نصیب خاطر کیلینا.

Sucrase-isomaltase complex and Glucoamylase



* **Sucrase + isomaltase**
Single protein → complex
of two associated subunits

- Sucrase-**maltase**
- Isomaltase-**maltase**

Together 80% of the
maltase activity

* **Maltase + exoglycosidase**
(glucoamylase): no split

Sucrase-isomaltase complex

FIG. 27.5. The major portion of the sucrase–isomaltase complex, containing the catalytic sites, protrudes from the absorptive cells into the lumen of the intestine. Other domains of the protein form a connecting segment (stalk) and an anchoring segment that extends through the membrane into the cell. The complex is synthesized as a single polypeptide chain that is split into its two enzyme subunits extracellularly. Each subunit is a domain with a catalytic site (distinct sucrase–maltase and isomaltase–maltase sites). In spite of their maltase activity, these catalytic sites are often called just *sucrase* and *isomaltase*.

Clinical Hint: Abnormal Degradation of disaccharides

1. Sucrase-isomaltase deficiency:

يعتبر يكون بالوليد الطبيعي
سواءً دائماً أو العكس تماماً.

all or non

• يتكبد عام دائماً لما تنكروا بـ mutation ما توقعوها انها

• Causes:

لا عادي في mutations ممكن تأثر مع 90% من عمل الجين
ويعتبر مع 20% د هكنا.

– Genetics

– Variety of intestinal diseases

– Malnutrition

– Injury of mucosa i.e by drugs

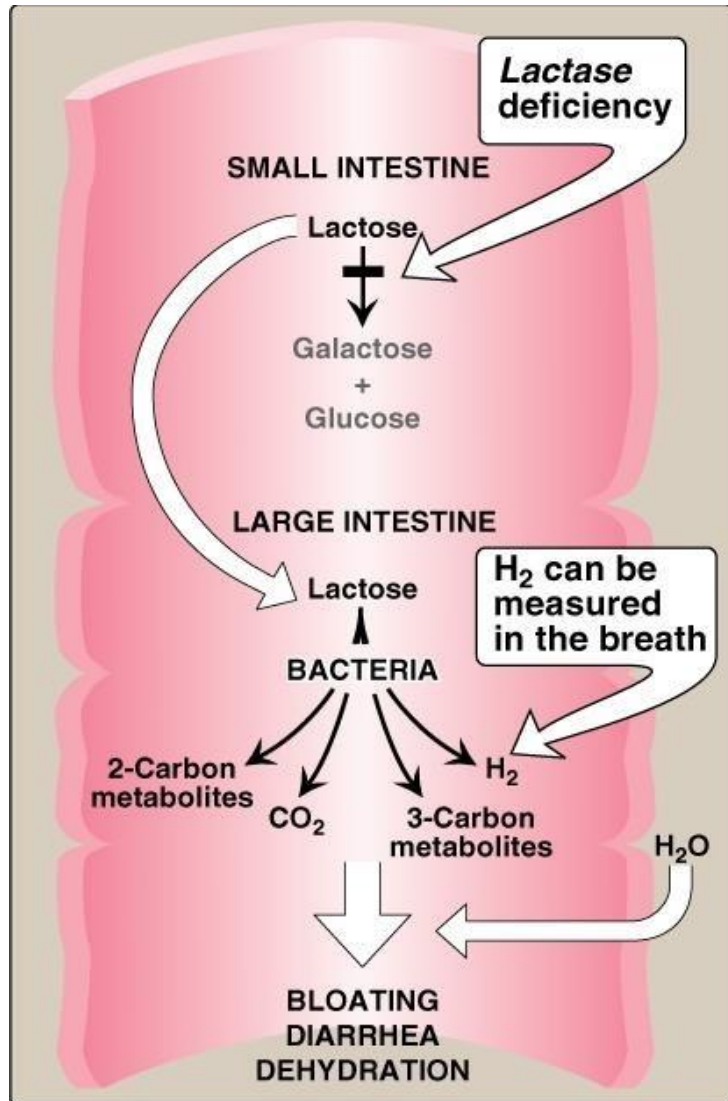
– Severe diarrhea

بأنزوا مع enzyme all

يعتبر من من هضم الكرب
ببالتالي

Clinical Hint: Abnormal Degradation of disaccharides

2. Lactase deficiency: 1/2 world's population *Lactose intolerance*



Lactase reached maximal activity @ 1 month of age

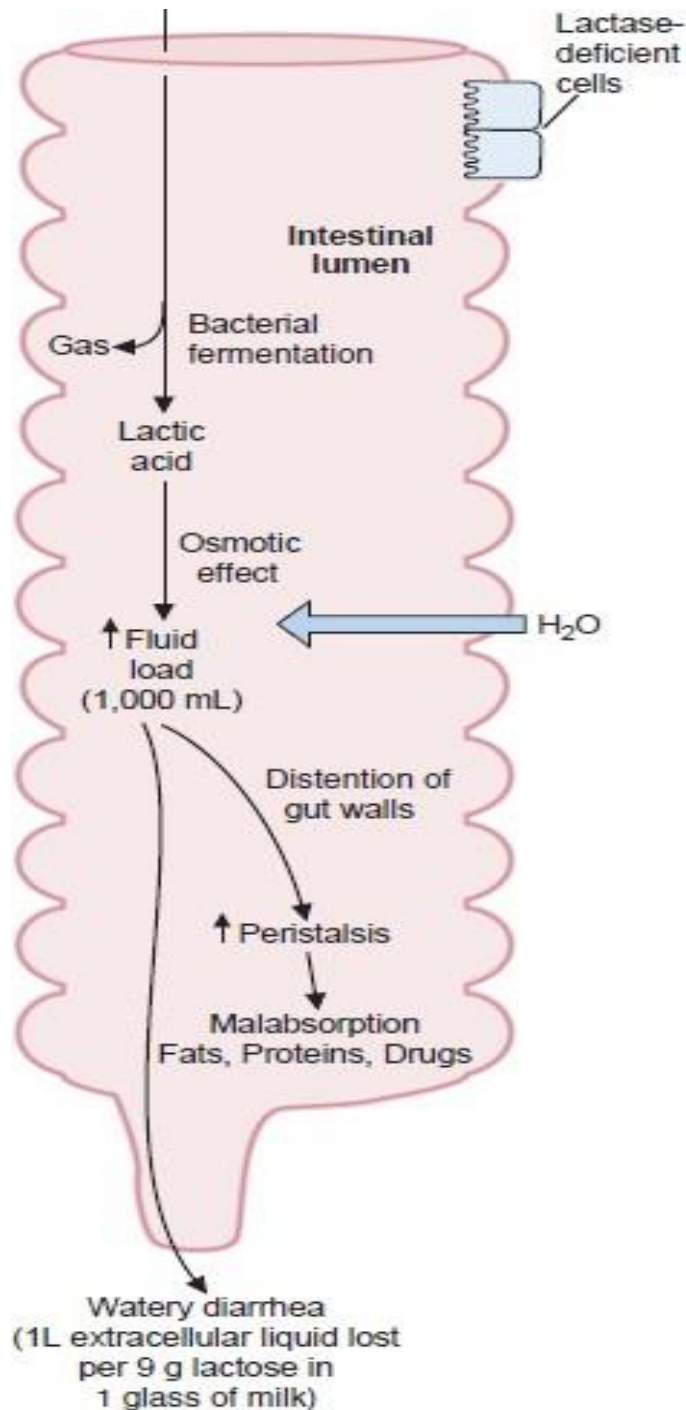
Declines ----- >> adult level at 5 to 7 year of age

10 % of infant level

— normally the infant rely mainly on milk

1 cup of milk (9 grams of lactose) → loss of 1 liter of extracellular fluid

— The osmotic pressure will increase due to drain more H₂O from cells and interstitial fluid to the lumen. (cause diarrhea)



Lactase deficiency

- because of lack of this enzyme *lactase*.
 bacteria will use lactose in its metabolism
 and produce gases (methan, CO₂).

Movement of sugar from the lumen to intestinal cells to portal circulation.

Absorption of Sugars

Here we need sugar to use Monosaccharides.

Polar molecules can not diffuse

A: **Na⁺-independent facilitated diffusion transport**

- No need of energy
- They need carriers.
- Down the gradient.

GLUT 1-----GLUT 14

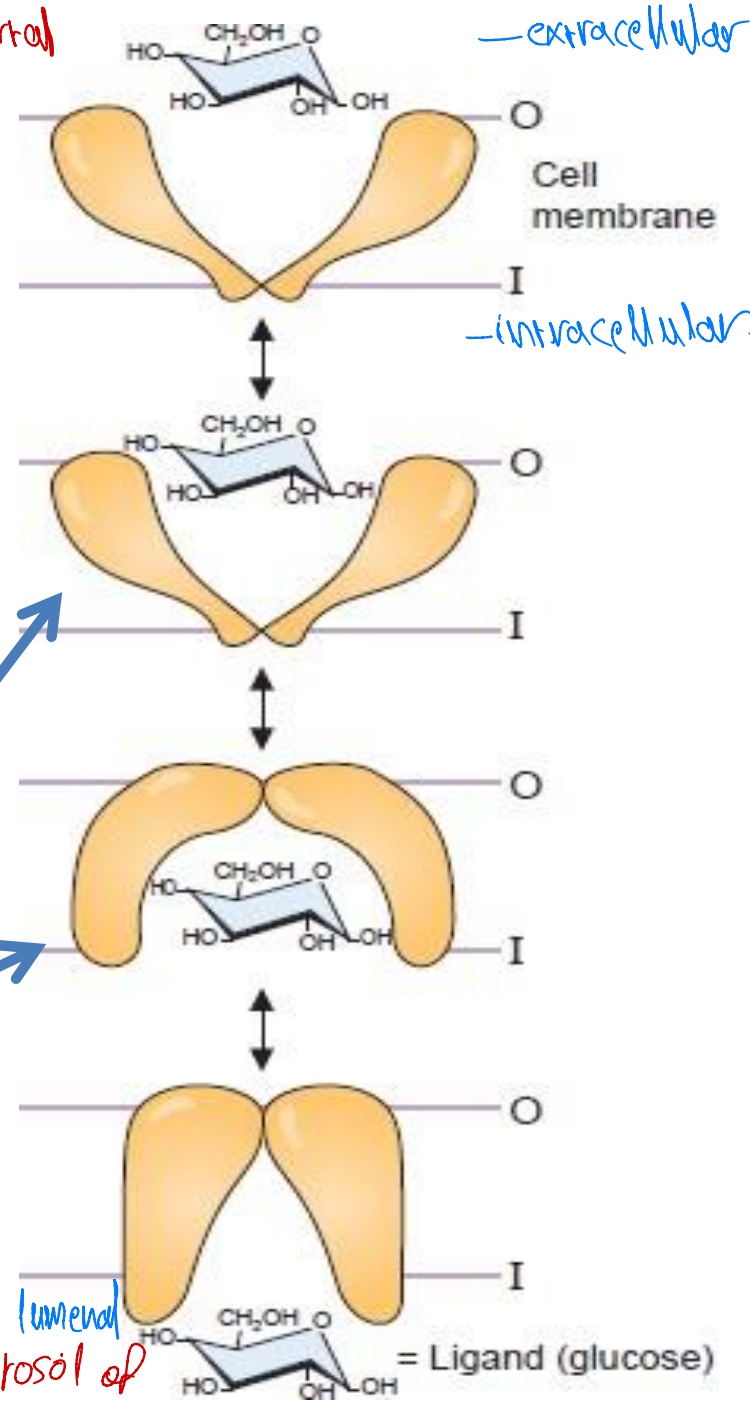
- Glucose transporter
- الناقل بروتين عبر الغلي.

Glc. Movement follows concentration gradient

This type of transporter have:

Two conformational states

OK, the molecules which found in the lumen will bind to the 1st conformation, once bound they going to induce conformational changes that closes the luminal side and open intracellular side result in release them into cytosol of small intestinal cells.

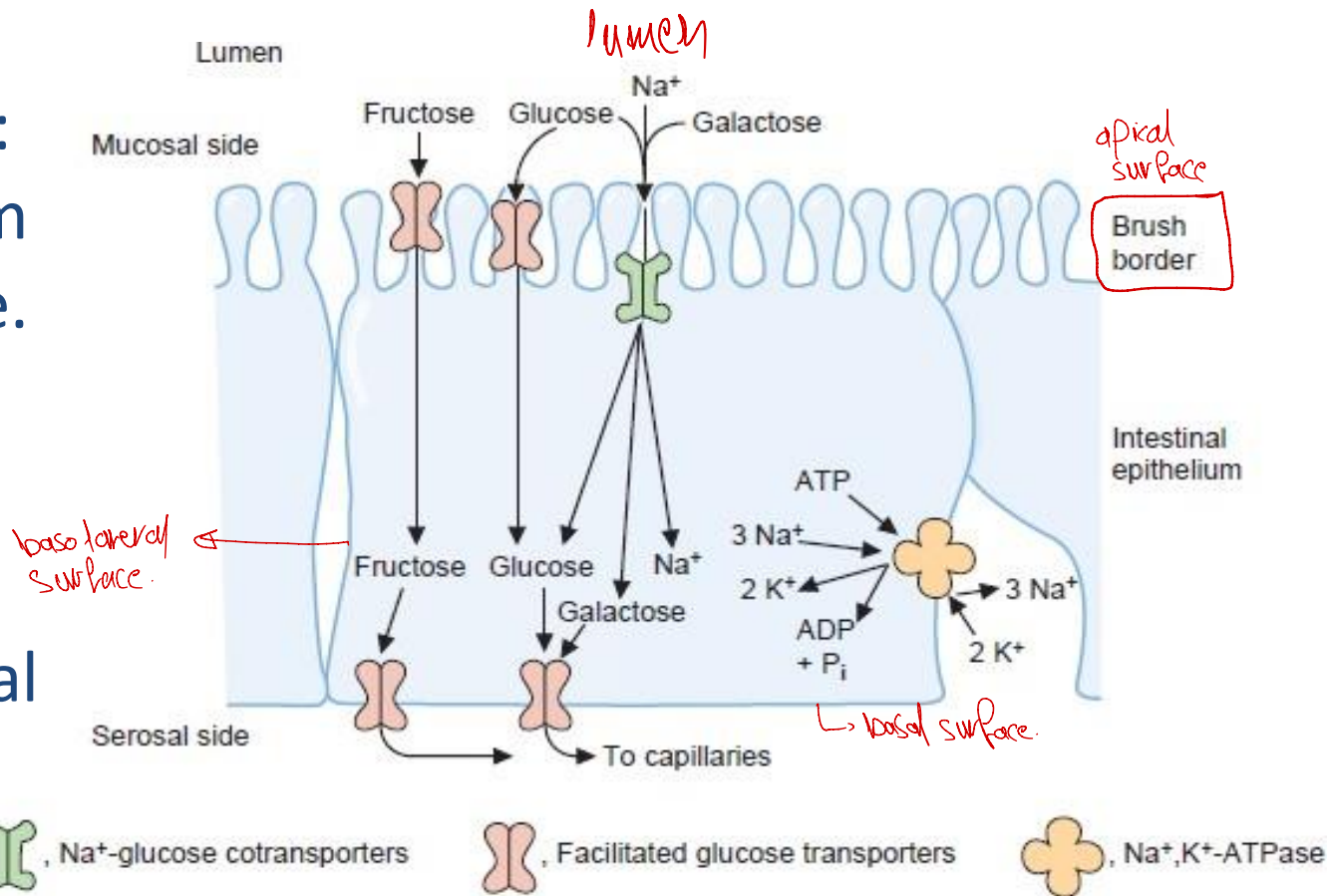


Na⁺ monosaccharide cotransporter system (SGLT)

- Against concentration gradient (requires energy).

* Small intestine:
Active uptake from lumen of intestine.

* Kidney:
reabsorption of glucose in proximal tubule.



- For glucose and galactose absorption

The sugars Continuous to movement from lumen to intracellular space by **Gluts** but in some point the concentration of sugar inside will be more outside which result in stopping the role of those **Gluts**, However the SGLT will help to continue this process by depend on the Na^+ movement inside to move (تألي) sugar inside the cell.

But the movement of Na^+ inside cell will result in accumulation of positive charge intracellular.

ومستأنه اقل من خارج الخلية يحتاج الى جهد الـ Na^+

- The sodium - potassium pump which found on basolateral surface will exit Na^+
- This pump require energy and That is why we need ATP on this type of transport.

- There is no SGLT in basolateral surface but it contain Gluts.

- In kidney we have SGLT, During the formation of urine and still we have fluid in the tubules to reabsorption and excretion, one of the molecule that reabsorbed is

يعني بالفضة الفروسي ما يكون غنا سكر في البول في الوضع الطبيعي، على انه من غير السكر عنده سكر sugar.

* All Gluts are bidirectional → gradient حسب الجزيئات ويدخلوا لا دخلوا

Table 27.5 Properties of the GLUT 1 to GLUT 5 Isoforms of the Glucose Transport Proteins

Transporter	Tissue Distribution	Comments
GLUT 1	Human erythrocyte Blood-brain barrier Blood-retinal barrier Blood-placental barrier Blood-testis barrier	Expressed in cell types with barrier functions; a high-affinity glucose transport system
GLUT 2	Liver Kidney Pancreatic β -cell Serosal surface of intestinal mucosa cells	A high-capacity, low-affinity transporter May be used as the glucose sensor in the pancreas (Basolateral surface)
GLUT 3	Brain (<u>neurons</u>)	Major transporter in the central nervous system, a high-affinity system
GLUT 4	(Normans) Adipose tissue Skeletal muscle Heart muscle	Insulin-sensitive transporter in the presence of insulin, the number of GLUT 4 transporters increases on the cell surface; a high-affinity system
GLUT 5	Intestinal epithelium Spermatozoa	This is actually a fructose transporter Na independent
GLUT 7	Glucogenic tissues	at endoplasmic reticulum membrane

Barriers → حواجز

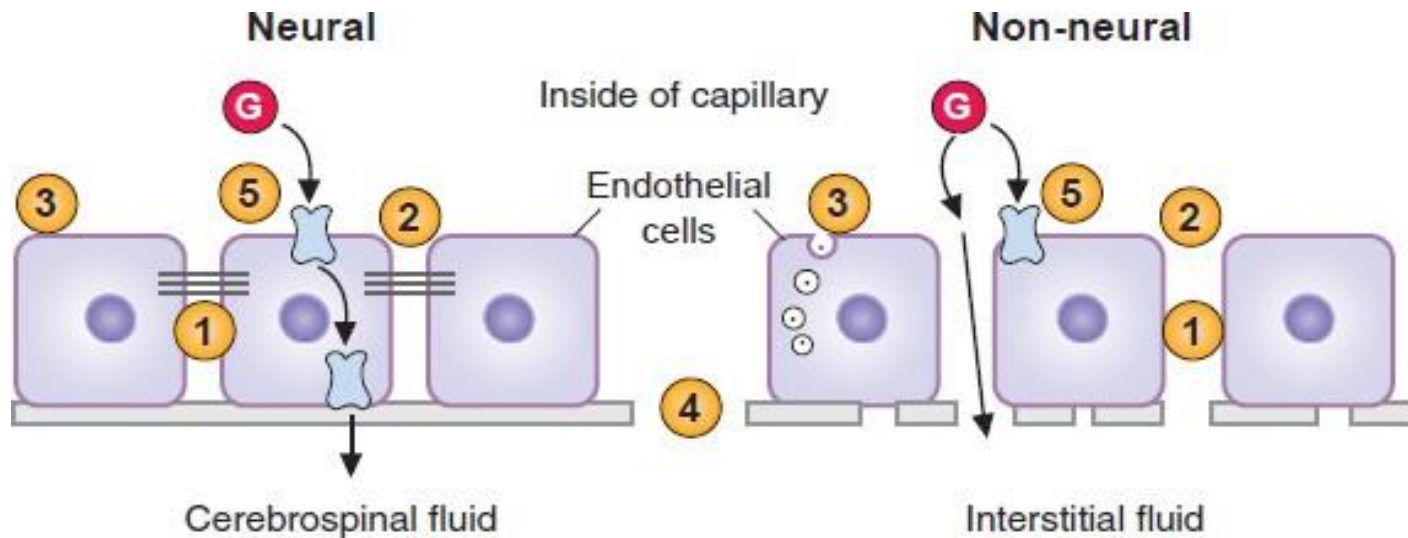
Non specific Glucose, type of galactose and fructose transporter

بداخل كثير انسياب بدون ما يدخل بينهم
مع رائفه اله كتره (السكر الطبيعي
له وقت).

Some cell depend on fructose to get energy as sperm.

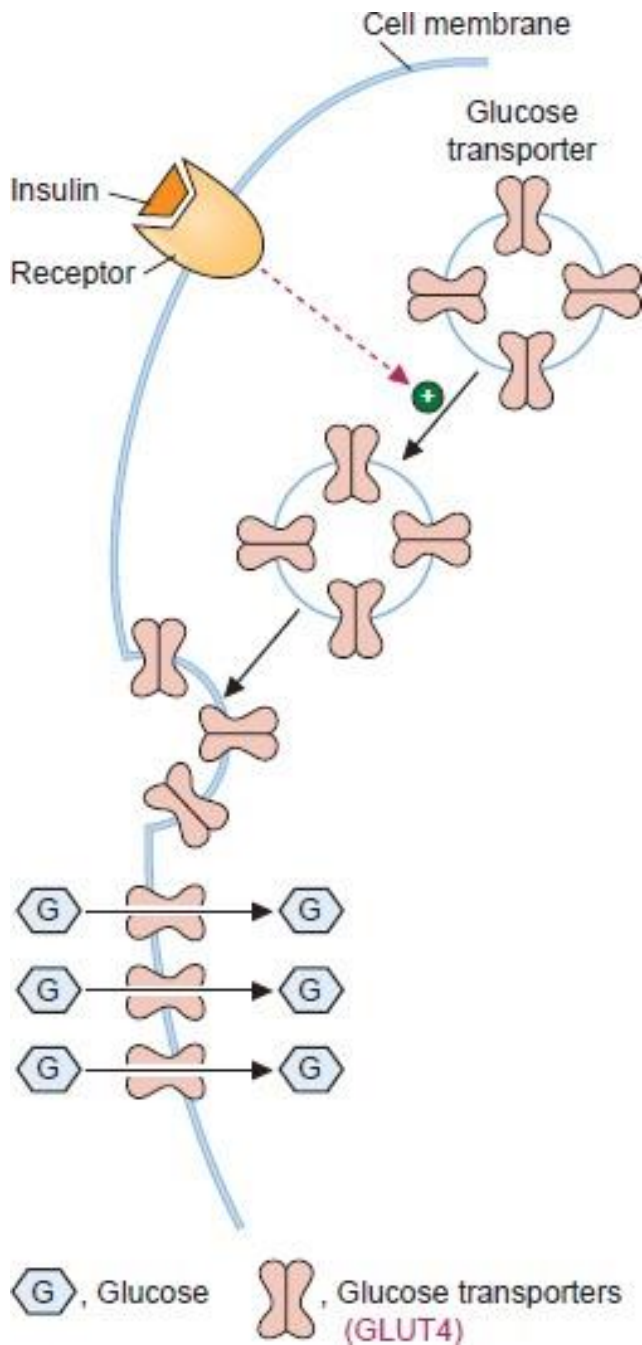
جميع Gluts موجودين في البلازما membrane باستثناء GLUT 7

Glucose transport in neural vs. non-neural cells



- 1 Tight junctions between endothelial cells
- 2 Narrow intercellular space
- 3 Lack of pinocytosis
- 4 Continuous basement membrane
- 5 Glucose transporters in both membranes

- 1 No tight junctions
- 2 Sometimes wide intercellular gaps
- 3 Pinocytosis
- 4 Discontinuous basement membrane
- 5 Glucose can diffuse between cells and into interstitial fluid

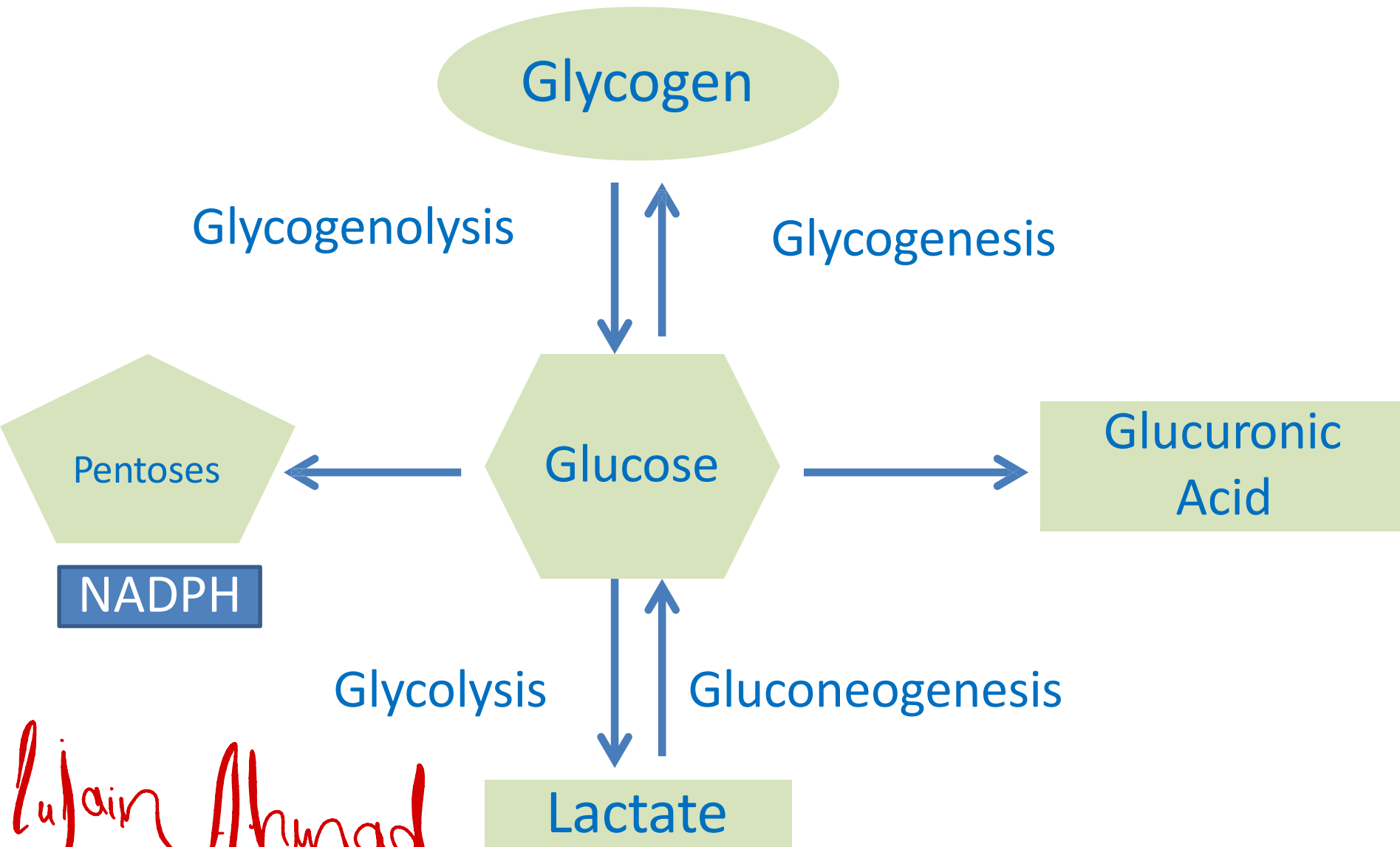


Insulin stimulates transport of glucose into muscle and adipose tissues

- Insulin is going to bind on its receptors on the target cells (receptor tyrosine kinase) activation.

and then activate so many proteins which lead to response in cell that affect the metabolism and activate transcriptional factors which move to the nucleus and bind to a certain sequence to activate the target gene which is GLUT 4

An overview of glucose metabolism



Lujain Ahmad