

Glycogen Metabolism

Dr. Diala Abu-Hassan

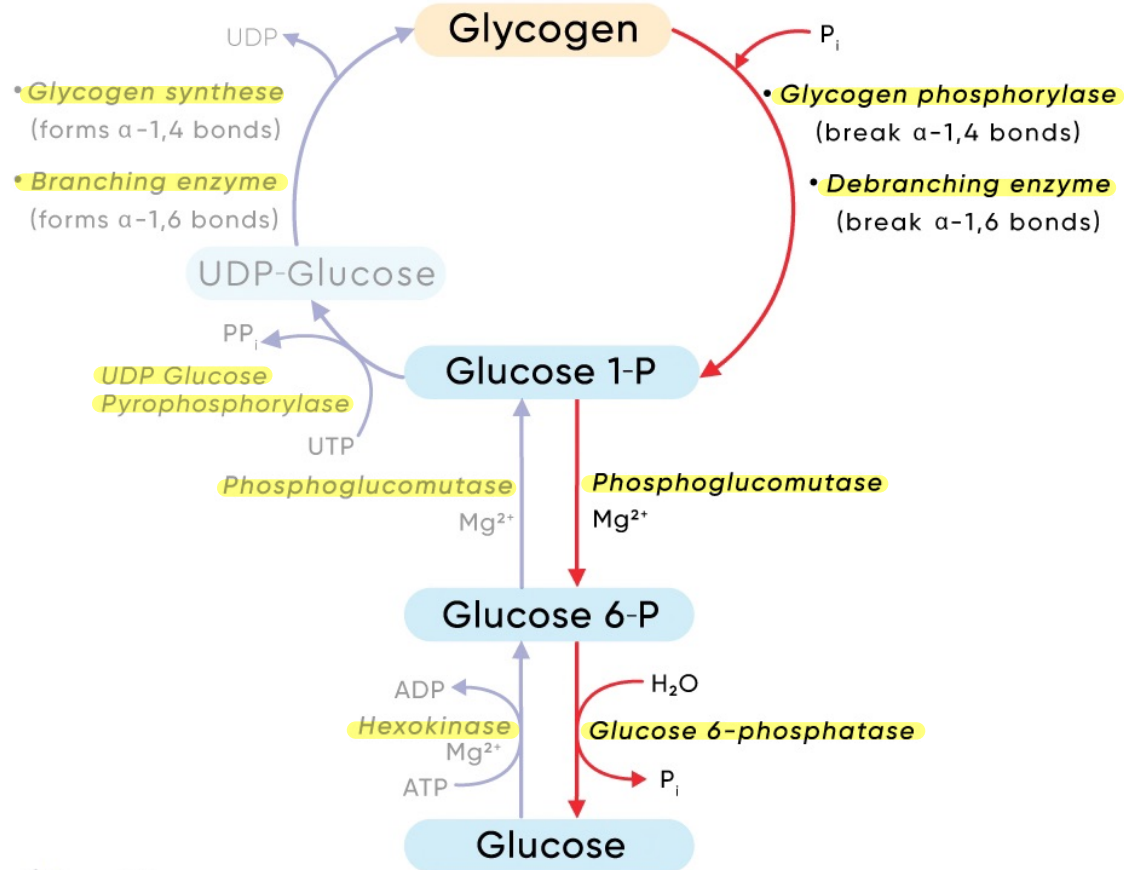
Textbook

Lippincott's Illustrated reviews: Biochemistry

الجليكوجين في الكبد

سياتي كذا انه glycogen تخزن كميات
 قليلة في liver والسبب بيت وزنها
 بيتا كميات اكر في muscle ولكن
 اللي في muscle (muscle) فيه جليكوجين
 كبر طاقته to do exercise بيها الكبر
 بيخبر بال fats اللي عند كبر طاقته
 وبالناك بجليكوجين brain and RBCs
 كمان نقطة لما ينزل مستوى السكر بالجسم
 بتلحق الجليكوجين اللي فانت كيفة توفيه
 بتسبح السكر من مصادر من كبد ، وسيتا
 انه كيفة glycogen in liver is not enough
 بتسبح الوقت هاي العلية ابرها وقت ، انال

Glycogenolysis



ScienceFacts.net

<https://youtu.be/369E4m7GW7s?si=9f11DnAdV4vdFoYP>

<https://youtu.be/sjs4M14KMdw?si=DRA6wdnZLCgvh-wq>

علية السبب
 علية الدم

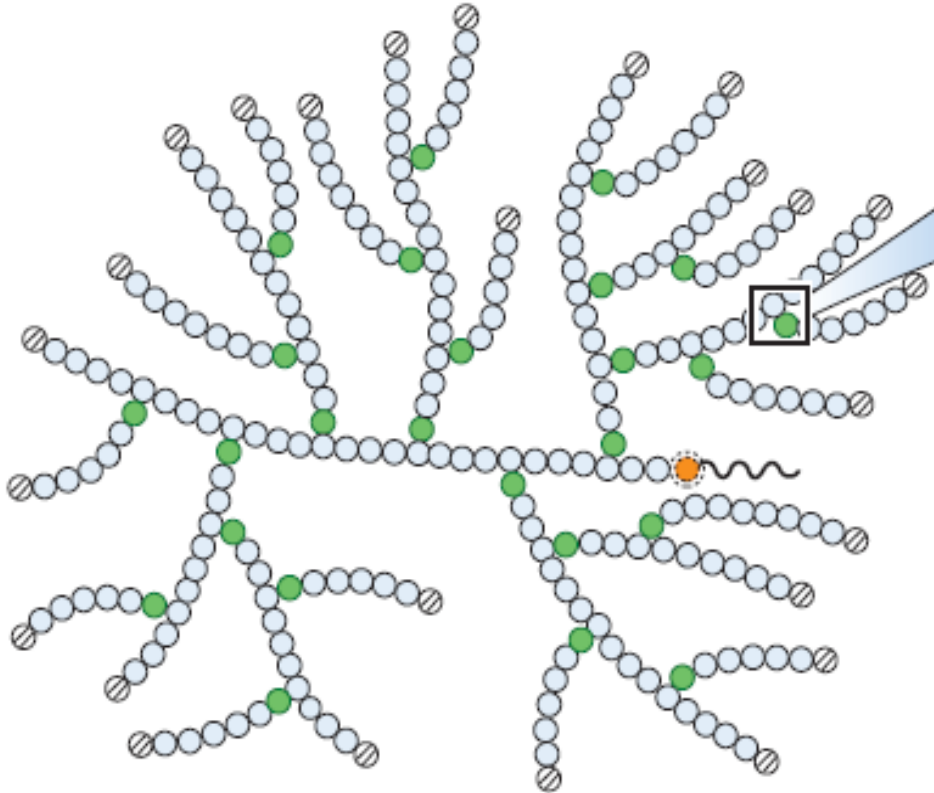
بشكل جانا بتسبح ال جليكو جين مع بين ما تسبح

Sources of Blood Glucose

- Diet
 - Starch, mono and disaccharides, glucose
 - Sporadic, depend on diet
- Gluconeogenesis
 - Sustained synthesis
 - Slow in responding to falling blood glucose level (11 steps).
- Glycogen
 - Storage form of glucose
 - Rapid response
 - Limited amount
 - Important energy source for exercising muscle

– Quick source of glucose because of non-reducing end where breakdown of it occur resulting in glu. residue

Glycogen Structure



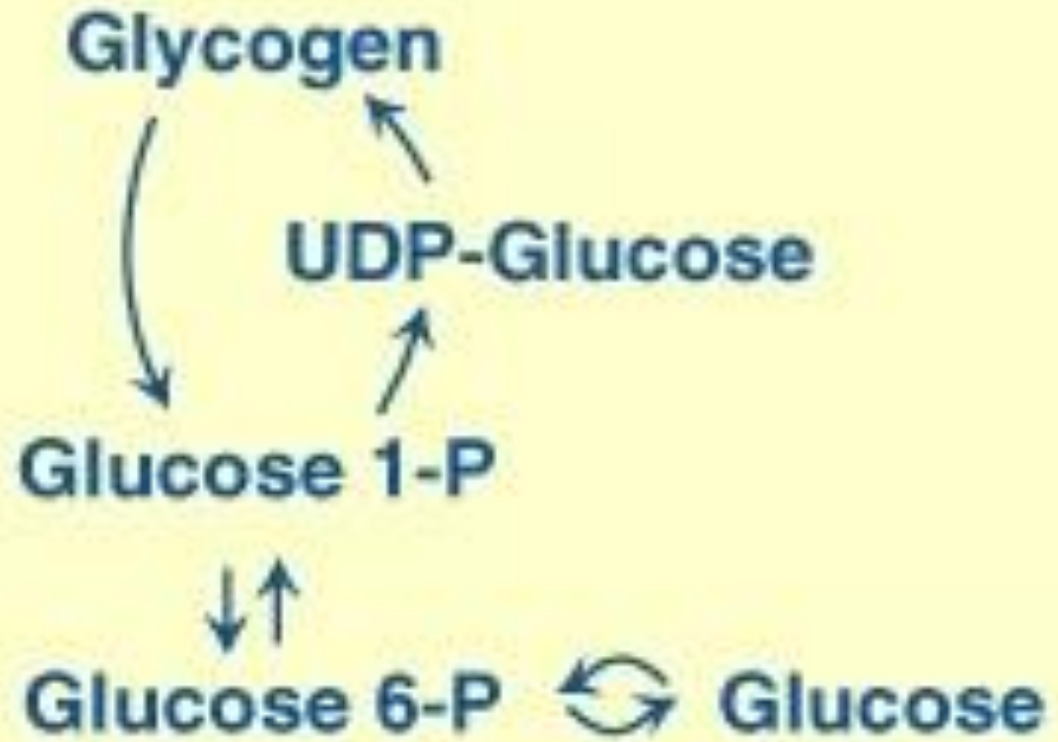
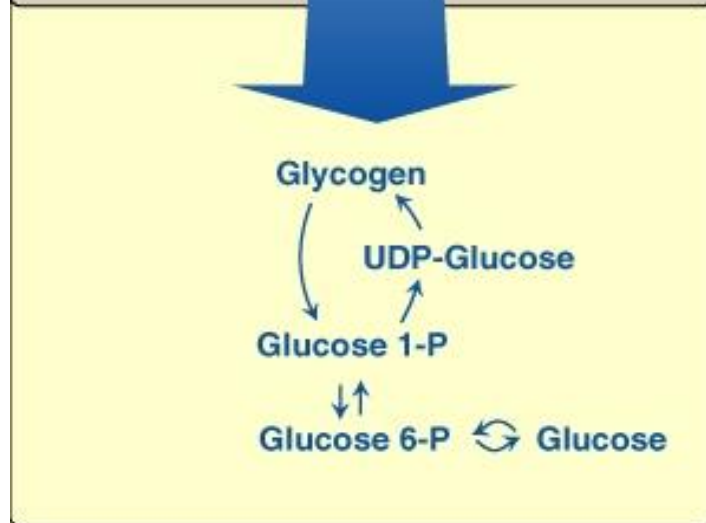
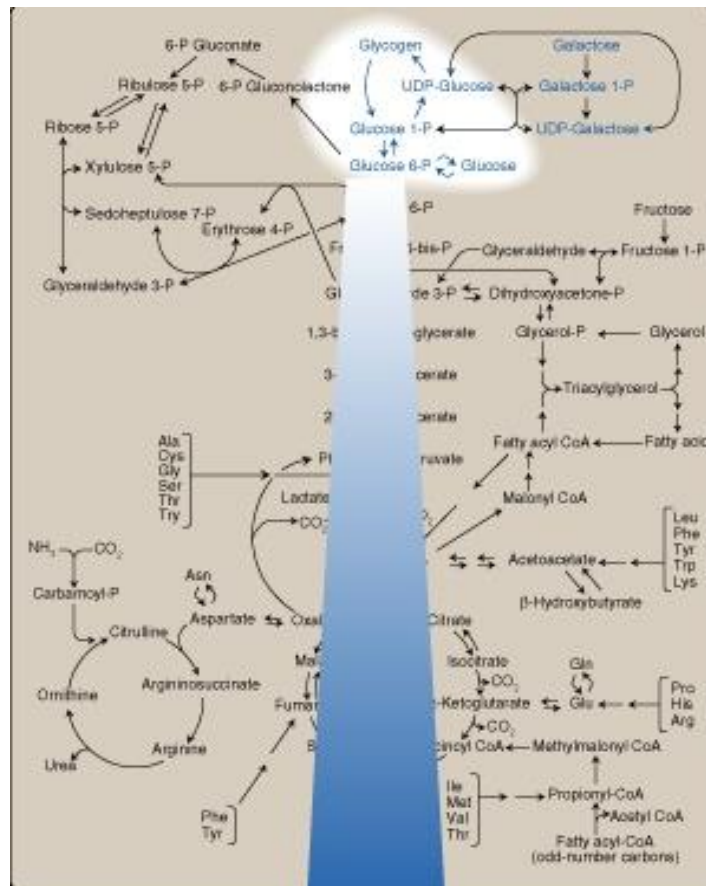
* Extensively branched
homopolysaccharide

*glucose residue connecting by $\alpha(1-4)$
while branching occurs through $\alpha(1-6)$*

* One molecule
consists of hundreds of
thousands of glucose
units

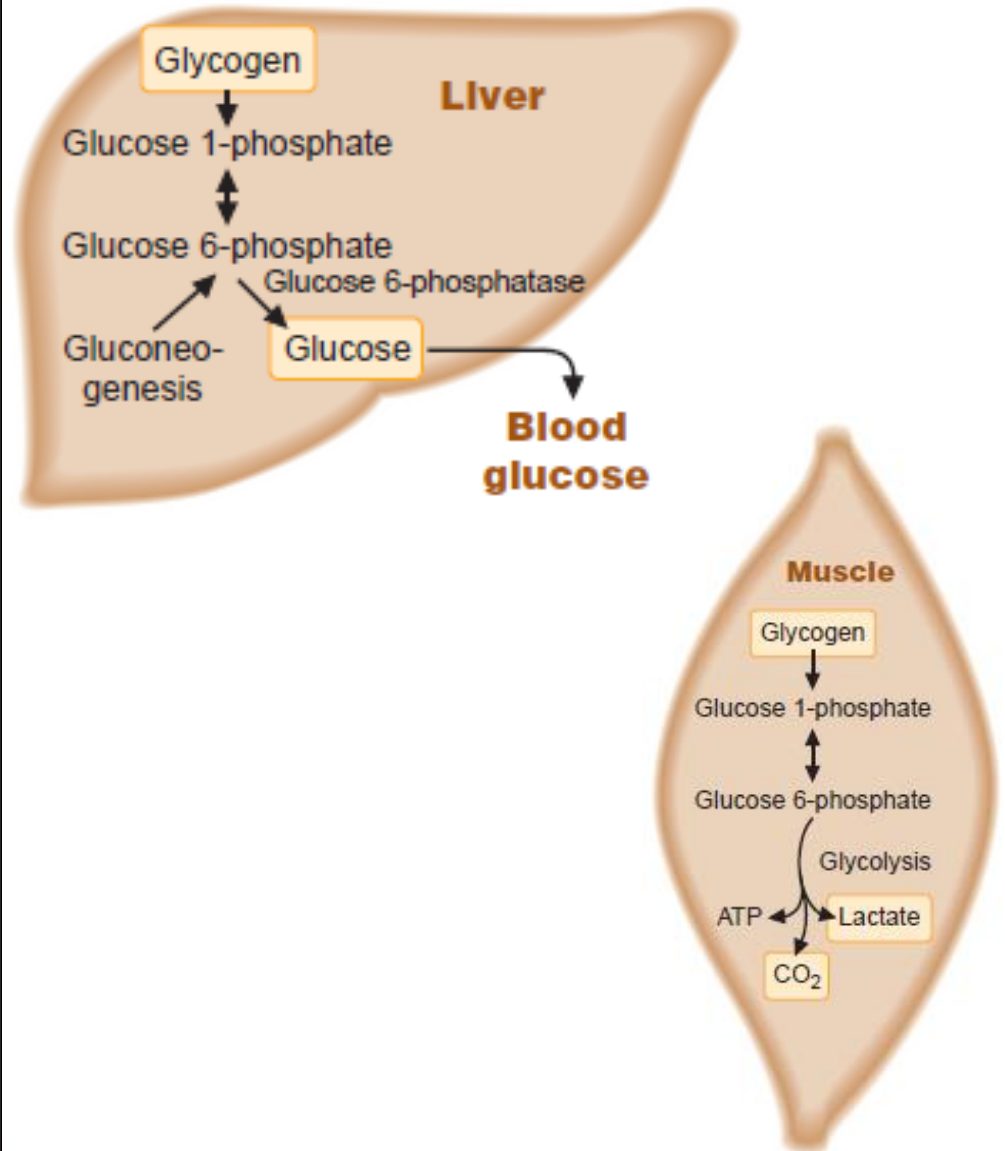
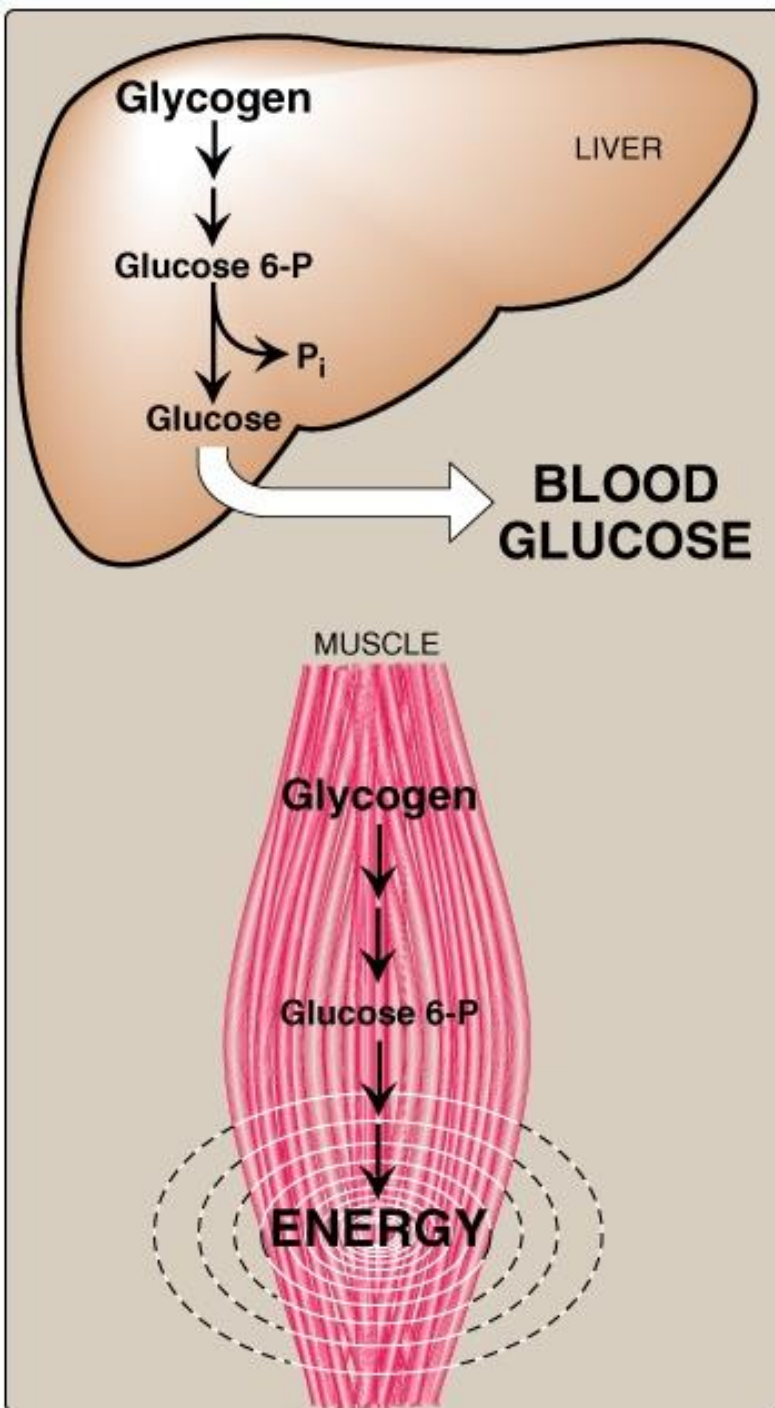
— It branches every ten residue

Glycogen synthesis & degradation



the degradation of glycogen occurs through a single step by non-reducing end resulting in α -D-Glc-1-P which will be isomerized to α -D-Glc-6-P ending in α -D-Glc.

Fates of Glucose that results from glycogen degradation



Glycogen Degradation

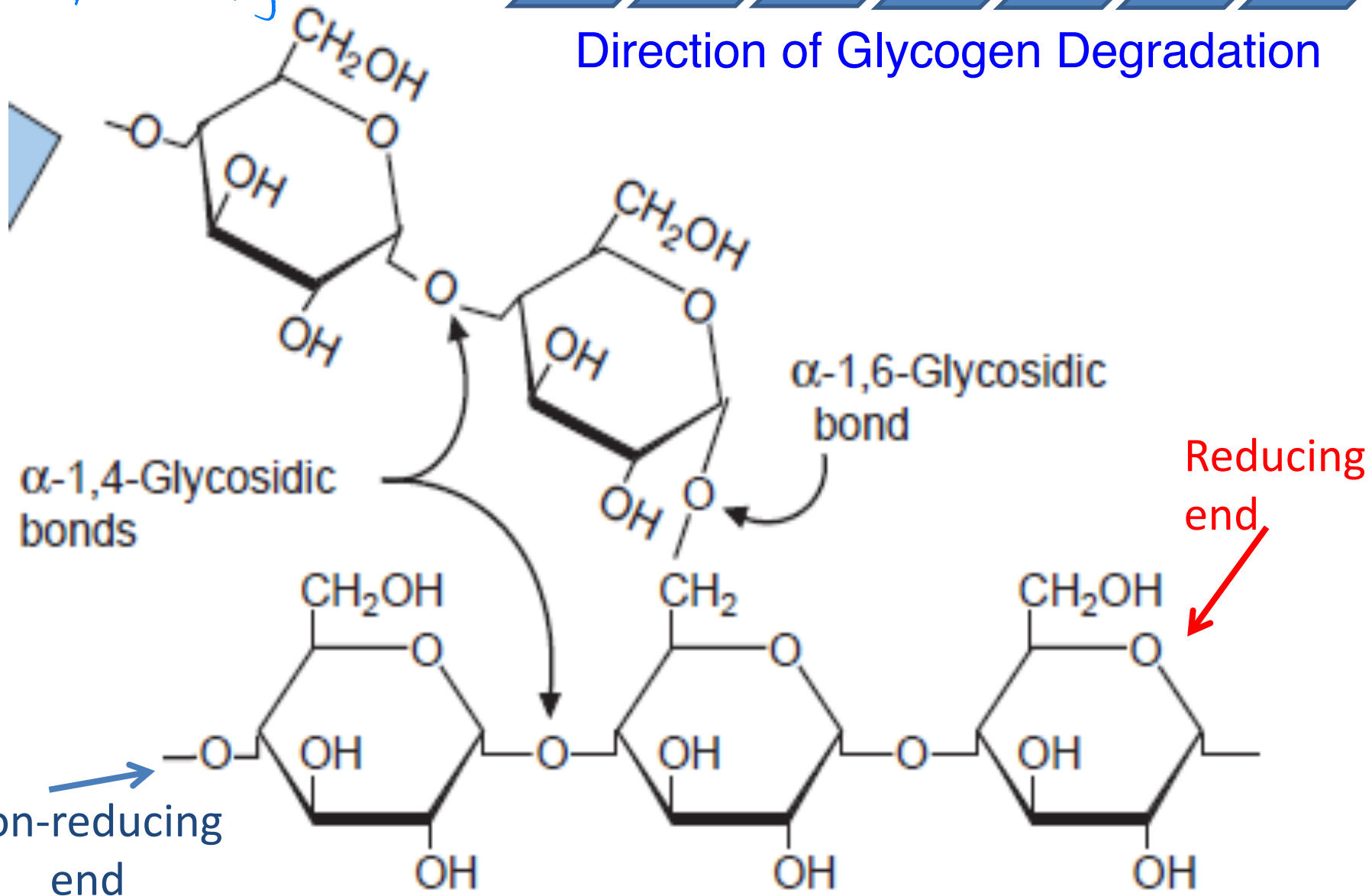
- Liver glycogen stores increase during the well-fed state and are depleted during fasting
- Muscle glycogen is not affected by short periods of fasting (a few days) and is only moderately decreased in prolonged fasting (weeks).

- There is no phosphatase in the muscle, so the degradation pathway will stop after we isomerization Glu-1-P to Glu 6-P so it could enter the glycolytic pathway and provide energy to muscle.

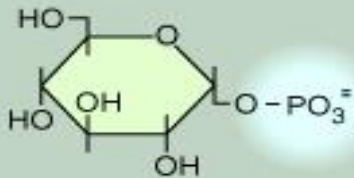
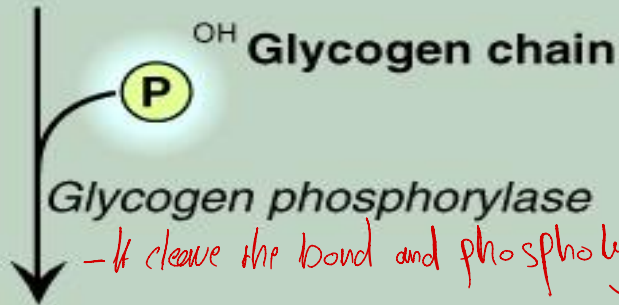
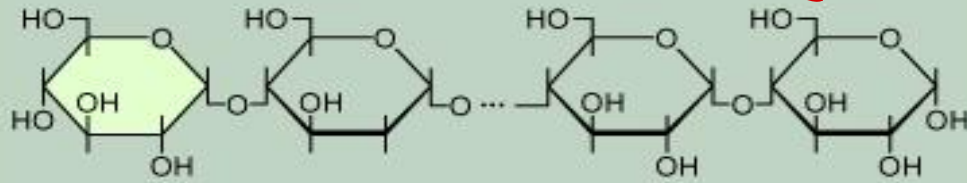
- In the unit time there is high
Conc. of released glucose.



Direction of Glycogen Degradation



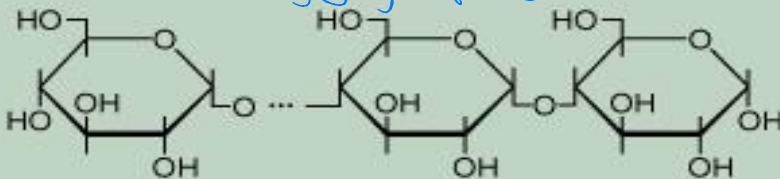
How do we deal with non-branching chain



Glucose 1-P

then the isomerization to glu 6p. will be occurred then the phosphatase will convert it to glucose
glycogen gets into liquid

+



Remaining glycogen

Degradation of glycogen (Glycogenolysis)

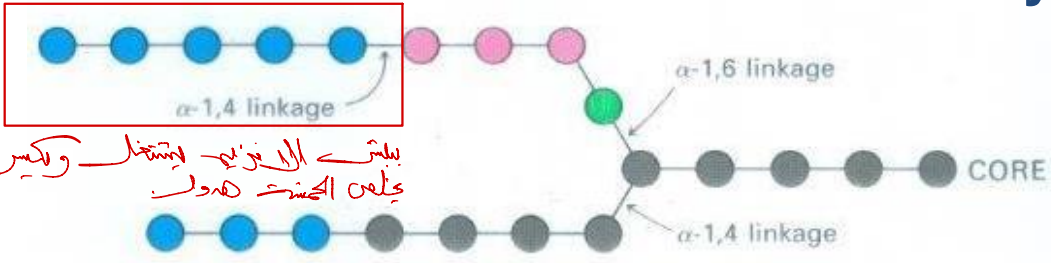
Degradation of glycogen
One glucose unit is removed at a time

Starts from the non-reducing ends

Released in the form of glucose 1-phosphate

Glycogen Degradation

GLYCOGEN DEGRADATION

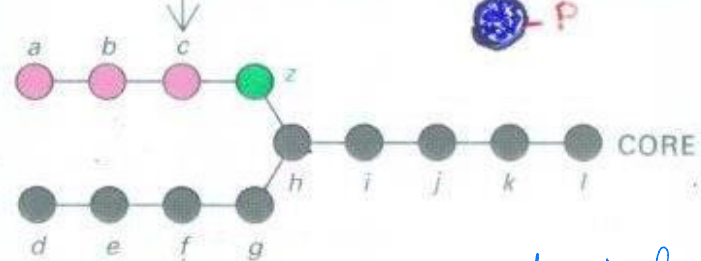


يحلل الجليكوجن كسلا
 يفتتح الى فروع
 ويكسر حوت

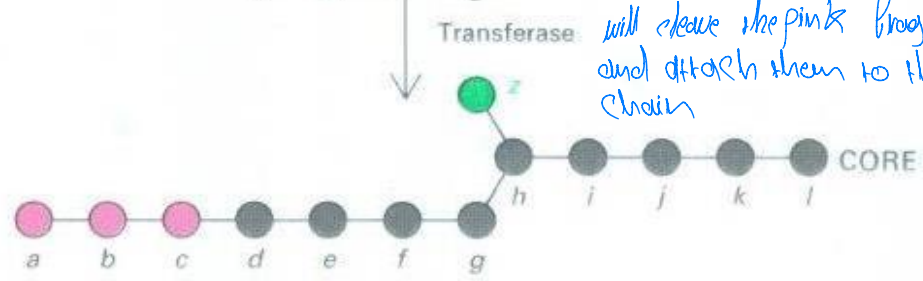
هو كذا وقف الانزيم

Limit dextrin
 Stop the function
 of the enzyme

Phosphorylase
 (Eight glucose 1-phosphates released)

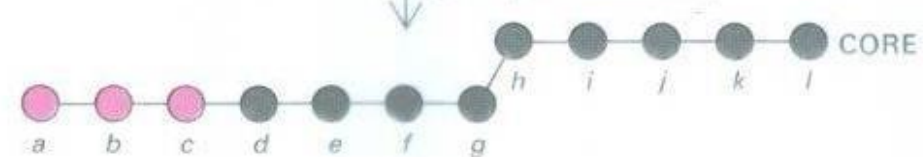


Transferase will cleave the pink fragments and attach them to the main chain



Debranching enzyme

alpha-1,6-Glucosidase
 (One glucose released)



G-1-P is converted in the cytosol to G-6-P by phosphoglucomutase

Another pathway for degradation.

Lysosomal degradation of glycogen

- lysosome is an acidic environment (5 pH) comparing to 7 pH cytosol, this is why the enzyme in lysosome should be work in acid environment.

- A small amount (1–3%) of glycogen is degraded by the lysosomal enzyme, $\alpha(1-4)$ -glucosidase (acid maltase).
- The purpose of this pathway is unknown.
- A deficiency of this enzyme causes accumulation of glycogen in vacuoles in the lysosomes (Type II: Pompe disease) glycogen storage disorder.

- Extra info: - The glycogen is degraded in the lysosomes, an enzyme called glycogenase is used to break down glycogen.

* مع الهامس ، دكتور دلالا تومسكم بالانتباه لموضوع الامتحان الورداني
صحت لو كان الامتحان ناجر !!

Glycogen Synthesis

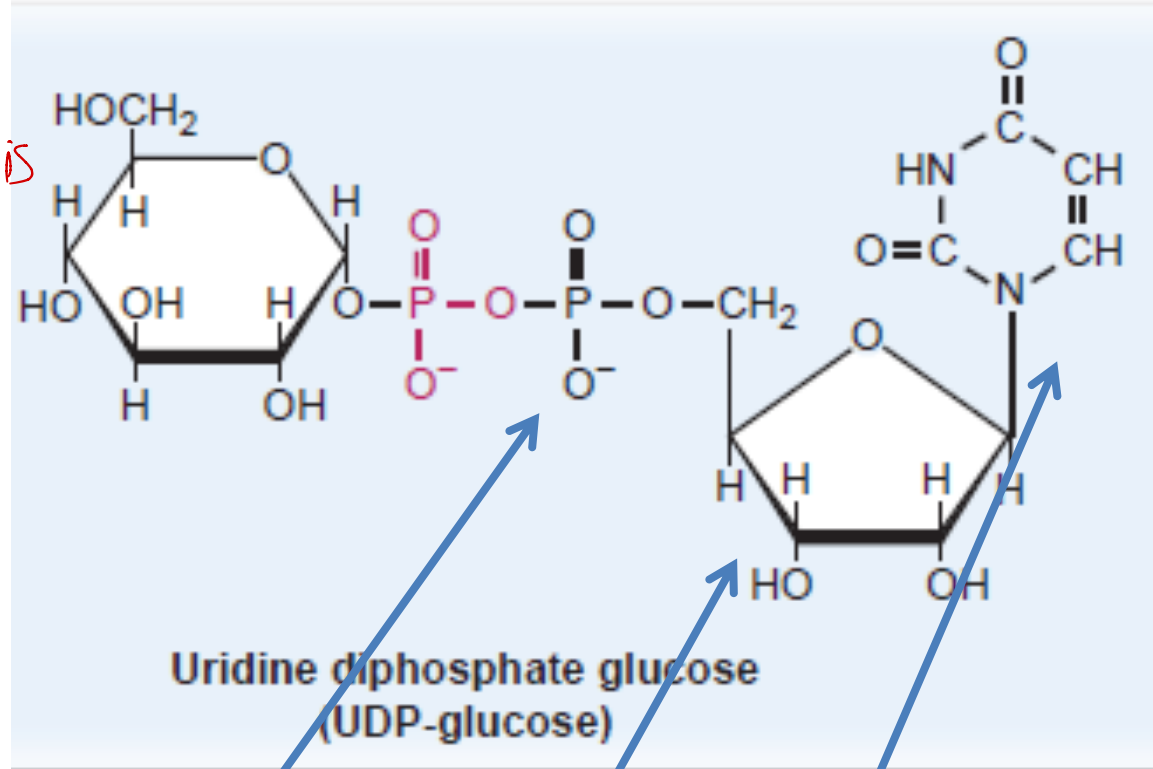
— Here we are in the well fed state, so we generate glycogen.

Glycogen is synthesized by adding glucose one by one

UDP-Glucose is the active donor of glucose units

*The form of glucose
which we use to synthesis
Glycogen.*

Glycogenesis



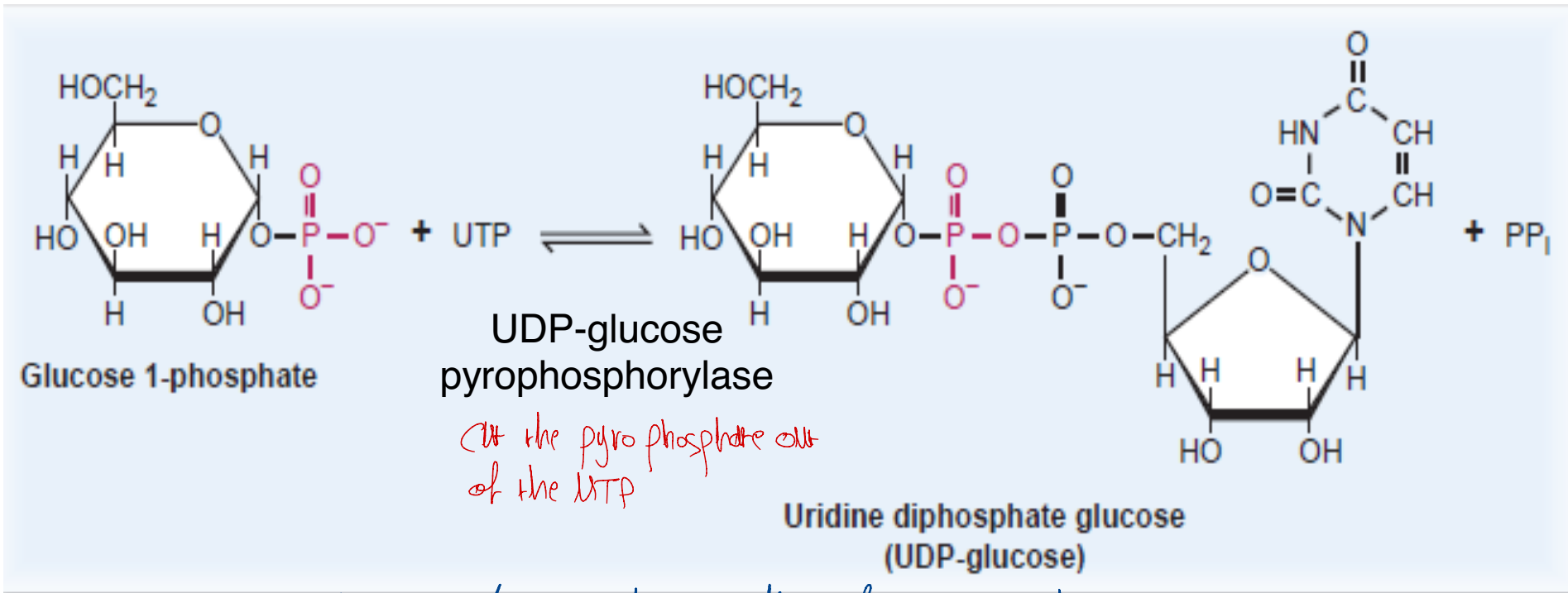
Phosphate

Ribose

Uracil

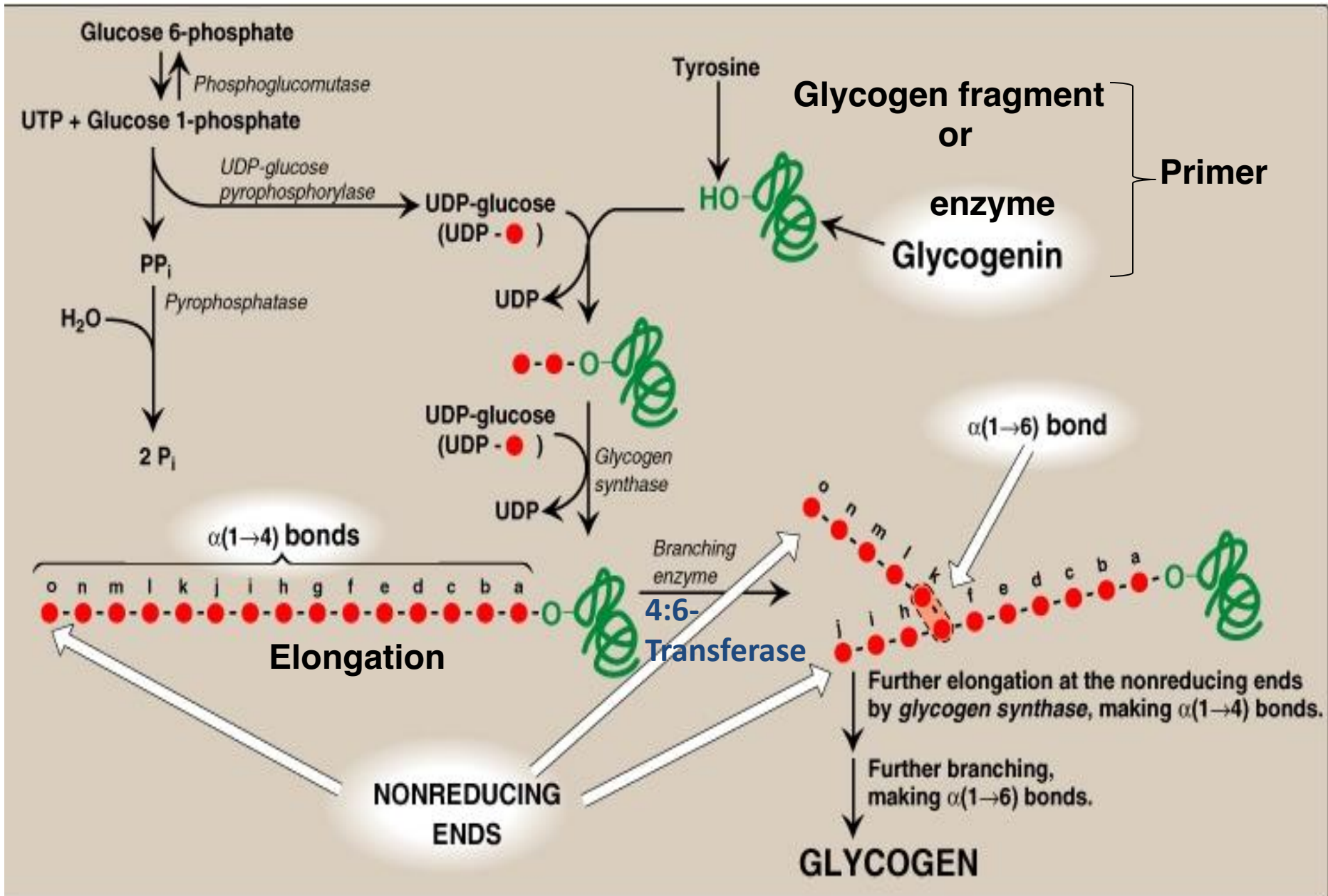
Formation of UDP-Glucose

- As we know, we are in well fed state, so the conc. of glucose is high ~ we will phosphorylate it either by (gluco or holo) kinase, to become glucose 6 phosphate when it will be isomerized by mutase to be glucose 1 pho.



- The glucose-1 pho. will react with UTP where it taking from UTP the sugar, one phosphate group and the uridin group to attach them with phosphate on C1. to get the UDP-glucose and releasing pyro phosphate pp.

Glycogen Synthesis



This UDP-glucose built on the base not randomly, so we have primer which could be either a fragment of glycogen or an enzyme called glycogenin and this enzyme through its tyrosine can be connected to the first glucose to start building, and then it will be removed.

- The enzyme which going to add glucose residue on glycogen fragment called glycogen synthase.

- UDP is going to release and only glucose will be added to glycogen

- As you can see in the photo above after those steps we just have linear chain with no branching so!!

Here we will see the role of branching enzyme (4,6 transferase) in branching by transfer the fragments from 1-4 linkage to 1-6 linkage.

↳ glyc. synthase, branching ↳ 2,4 transferase ↳ subunit joining

Glycogen Storage Diseases

problems may be in synthesis or in degradation.

- Genetic diseases
- Defect in an enzyme required for synthesis or degradation →
- Accumulation of excessive amount of abnormal glycogen (synthesis) or normal glycogen (degradation)
- In one or more tissue
- Severity: FATAL in Infancy..... Mild disorder

1

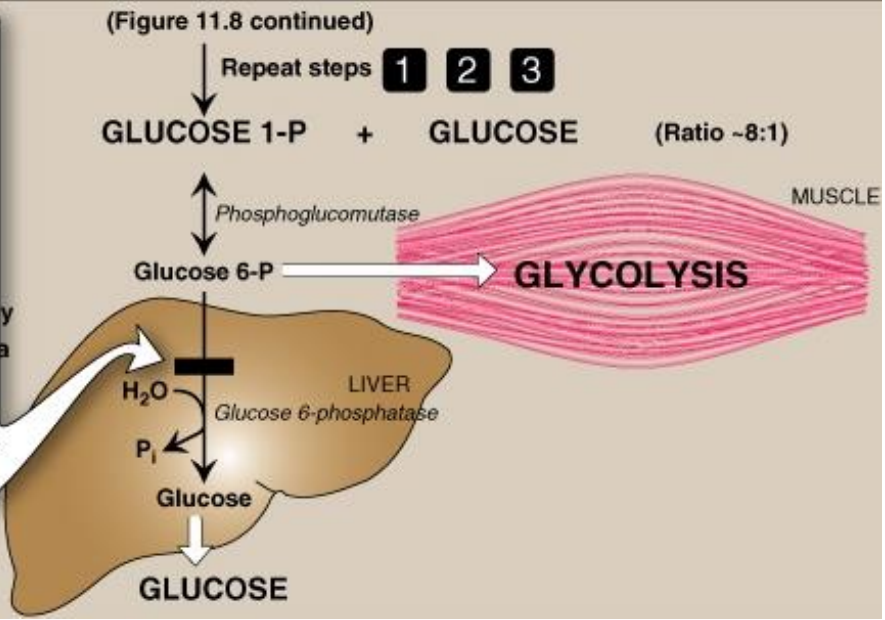
Glycogen Storage Diseases

1 Glucose-6-phosphatase (von Gierke disease)

گیا
- نتہ کرانہ
غیر موجود
میں
لہذا ماہیات

TYPE Ia: VON GIERKE DISEASE (GLUCOSE 6-PHOSPHATASE DEFICIENCY)
Type Ib: GLUCOSE 6-PHOSPHATE TRANSLOCASE DEFICIENCY

- Affects liver, kidney, and intestine
- Fasting hypoglycemia—severe
- Fatty liver, hepatomegaly
- Progressive renal disease
- Growth retardation and delayed puberty
- Hyperlactacidemia and hyperuricemia
- Normal glycogen structure; increased glycogen stored
- Treatment: Nocturnal gastric infusions of glucose or regular administration of uncooked cornstarch



- Liver, kidney and intestine.
- Severe fasting hypoglycemia →
- Hepatomegaly fatty liver. →
- Normal glycogen structure.
- Progressive renal disease.
- Growth retardation.

تھنکم بجم الکب

- نزدیک سے ع نامیہ نقطہ شروع :-
 شروع میں ایک کثیر انرجیٹک گلیکوزائیڈ ہے جس سے
 شروع کرنے والے الفاڈ، ع ہیں ماہیات
 gluconeogenesis

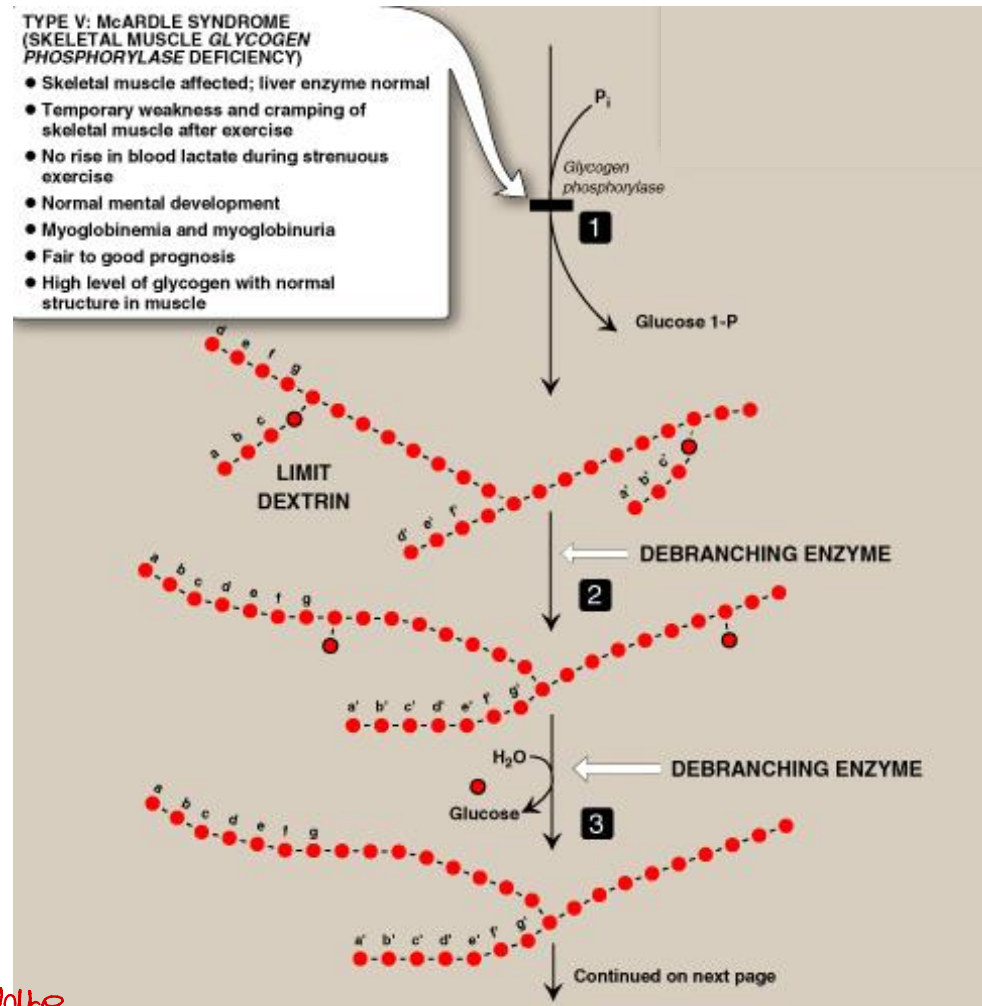
2 Glycogen Storage Diseases

- affect the isoform of enzyme which present in the muscle only.

- V Muscle glycogen phosphorylase (McArdle syndrome)
- Skeletal muscle glycogen phosphorylase deficiency
 - Only muscle is affected;
 - Weakness and cramping of muscle after exercise
 - no increase in [lactate] during exercise

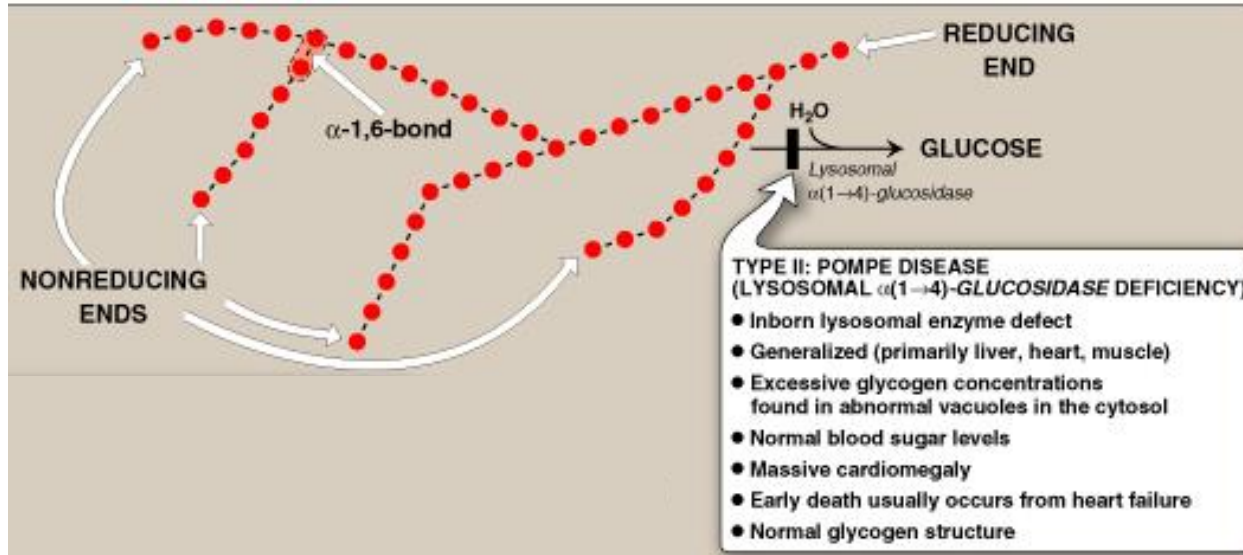
TYPE V: McARDLE SYNDROME (SKELETAL MUSCLE GLYCOGEN PHOSPHORYLASE DEFICIENCY)

- Skeletal muscle affected; liver enzyme normal
- Temporary weakness and cramping of skeletal muscle after exercise
- No rise in blood lactate during strenuous exercise
- Normal mental development
- Myoglobinemia and myoglobinuria
- Fair to good prognosis
- High level of glycogen with normal structure in muscle



there is pyruvate to be converted to lactate.

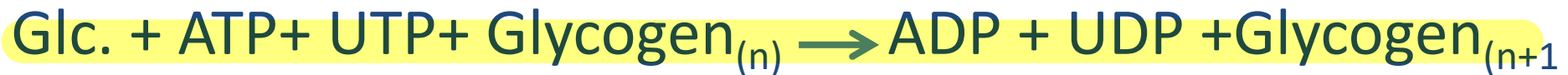
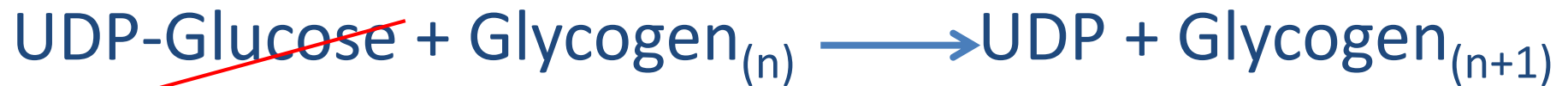
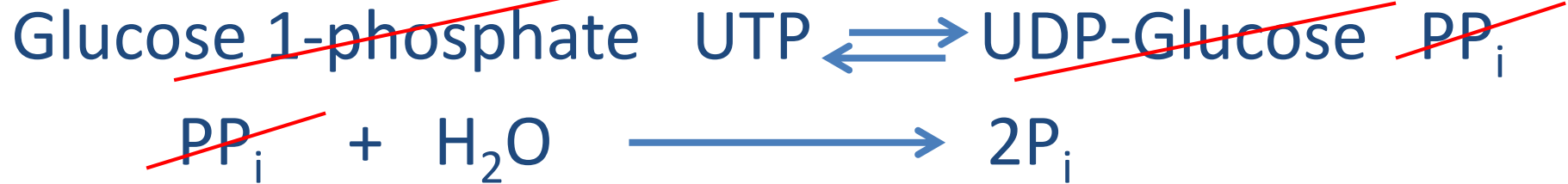
3 Glycogen Storage Diseases



So many
Anouns about
this pathway

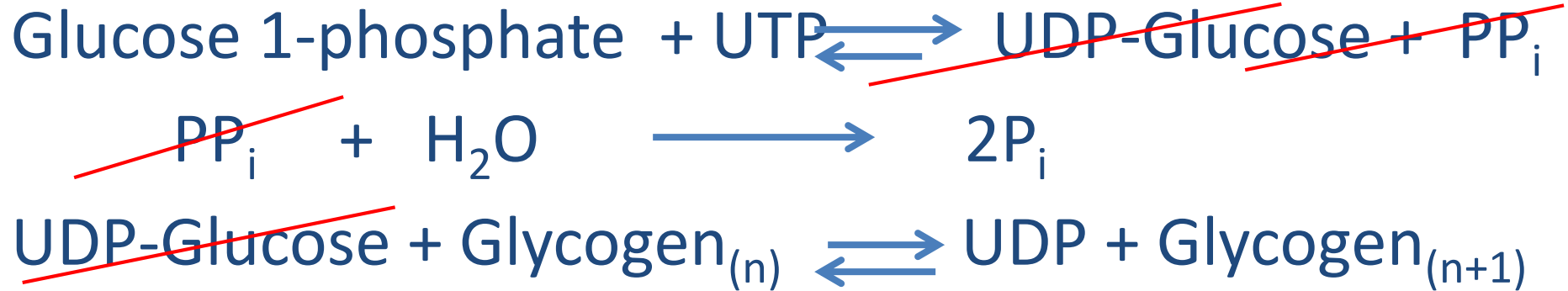
- II Lysosomes α (1 \rightarrow 4) glucosidase \rightarrow POMPE Disease
- Degradation of glycogen in the lysosomes
- \approx 3% of glycogen is degraded in the lysosomes
- Affects liver, heart and muscle
- Excessive glycogen in abnormal vacuoles in the lysosomes
- Massive cardiomegaly
- Normal blood sugar, normal glycogen structure
- Early death from heart failure.

Energy needed for glycogen synthesis



To add one glucose we need 2 ATP.

The net reaction in glycogen synthesis and degradation



In term of Glu 1 phosphate we need one ATP molecule.

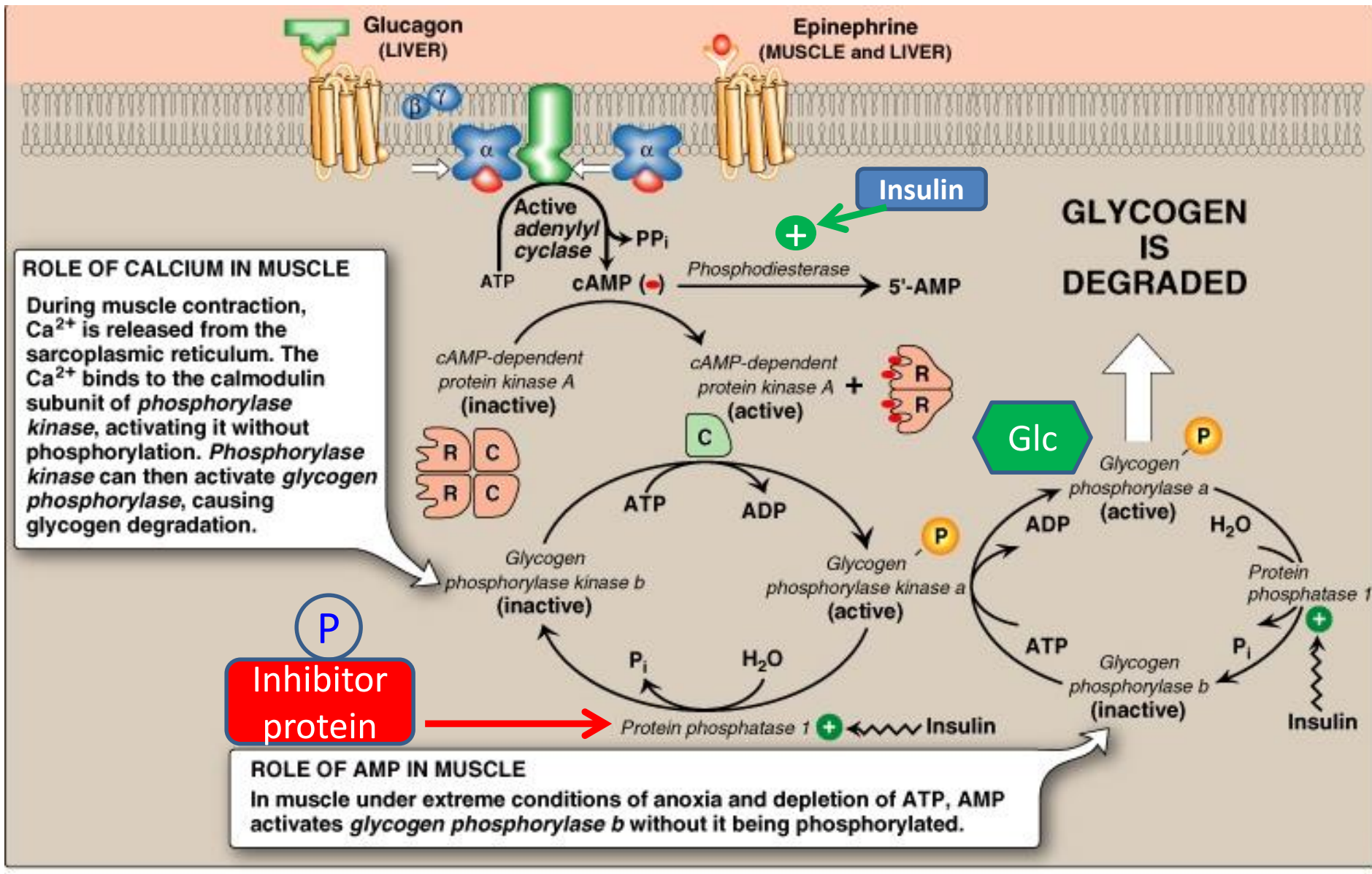
Degradation



https://youtu.be/2XBVUKn_l5w?si=H8ze4ADhQSb4Wdyj

اعلوا recap الـ دراسته
من هاد الفيديو، الى الامتحان.

Glycogen Metabolism Regulation



we start with degradation of glycogen what happen under fasting condition, or in fight and flight (activation of sympathetic nervous system), more epinephrin will be released and bind to GPCR (Just like glucagon but each has its own receptor)

Once bound they activate a subunit, that activating adenylyl cyclase, that producing cAMP, and cAMP activate protein kinase A, which has two targets (bifunctional enzyme and pyruvate kinase), and now we will know the third target which related to glycogen degradation (glycogen phosphorylase kinase) which is not involve directly in the glycogen metabolism, but it is a regulatory enzyme.

So protein kinase A phosphorylate this enzyme leading to convert it into active state and then, the phosphorylate form of (glycogen phosphorylase kinase) will phosphorylate glycogen phosphorylase to activate it.

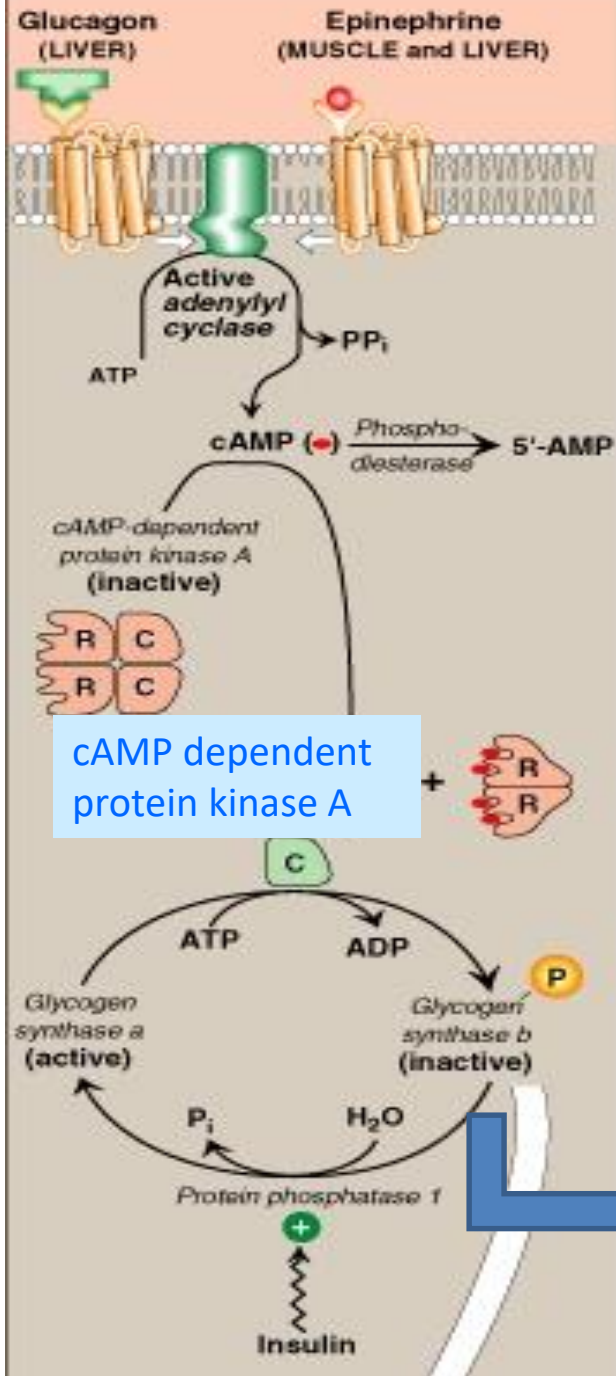
- In well fed state \rightarrow insulin bind to its receptor tyrosin kinase receptor, leading to activate phosphatase in order to dephosphorylation of glycogen phosphorylase so glycogen degradation become inactive. - phosphodiesterase which activated by insulin convert cAMP to AMP \rightarrow

Regulation of Glycogen Synthesis

Phosphorylation at several sites

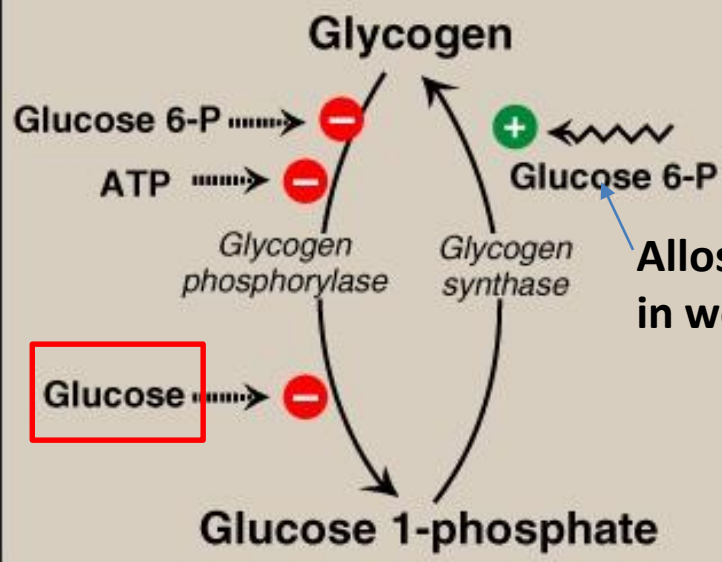
Inhibition is proportional to the degree of phosphorylation

Phosphorylation or dephosphorylation
which leads to more inhibition or activation.



GLYCOGEN SYNTHESIS IS INHIBITED

A LIVER

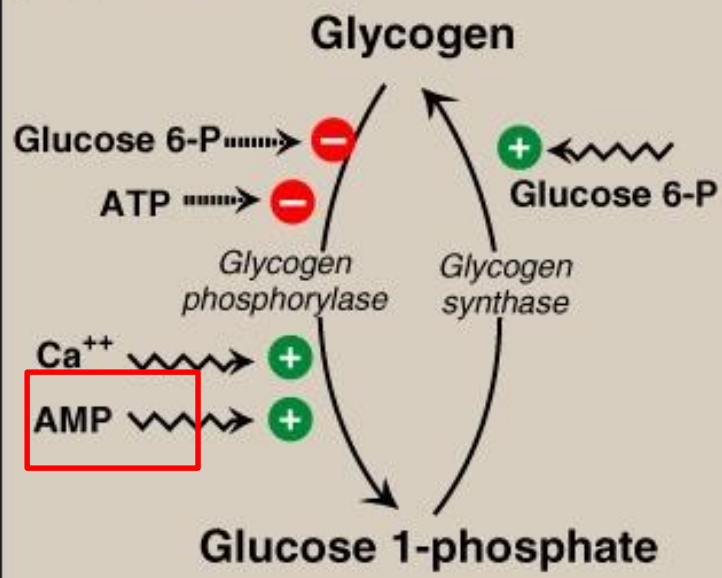


Allosteric activator in well-fed state

Allosteric Regulation of Glycogen Metabolism

Rapid response to cell's needs
Available substrate and ATP → synthesis

B MUSCLE



↓↓ Glucose and ↓ ATP → Glycogenolysis

- Glu 6 phosphate will inhibit degradation in liver and muscle because it is considered as feedback inhibition.

- ATP indicate high energy amount which mean there is no need to degrade glycogen.

- Glucose also inhibit degradation in liver just!! as we say the muscle hasn't phosphatase which converts glucose 6.p to glucose If it has it will inhibited all time because of glucose.

- Muscles have Ca^{+} and AMP as activators which they absent in liver, why? because the Ca^{+} released in contraction (so it is indicate need of energy) (muscle is active)

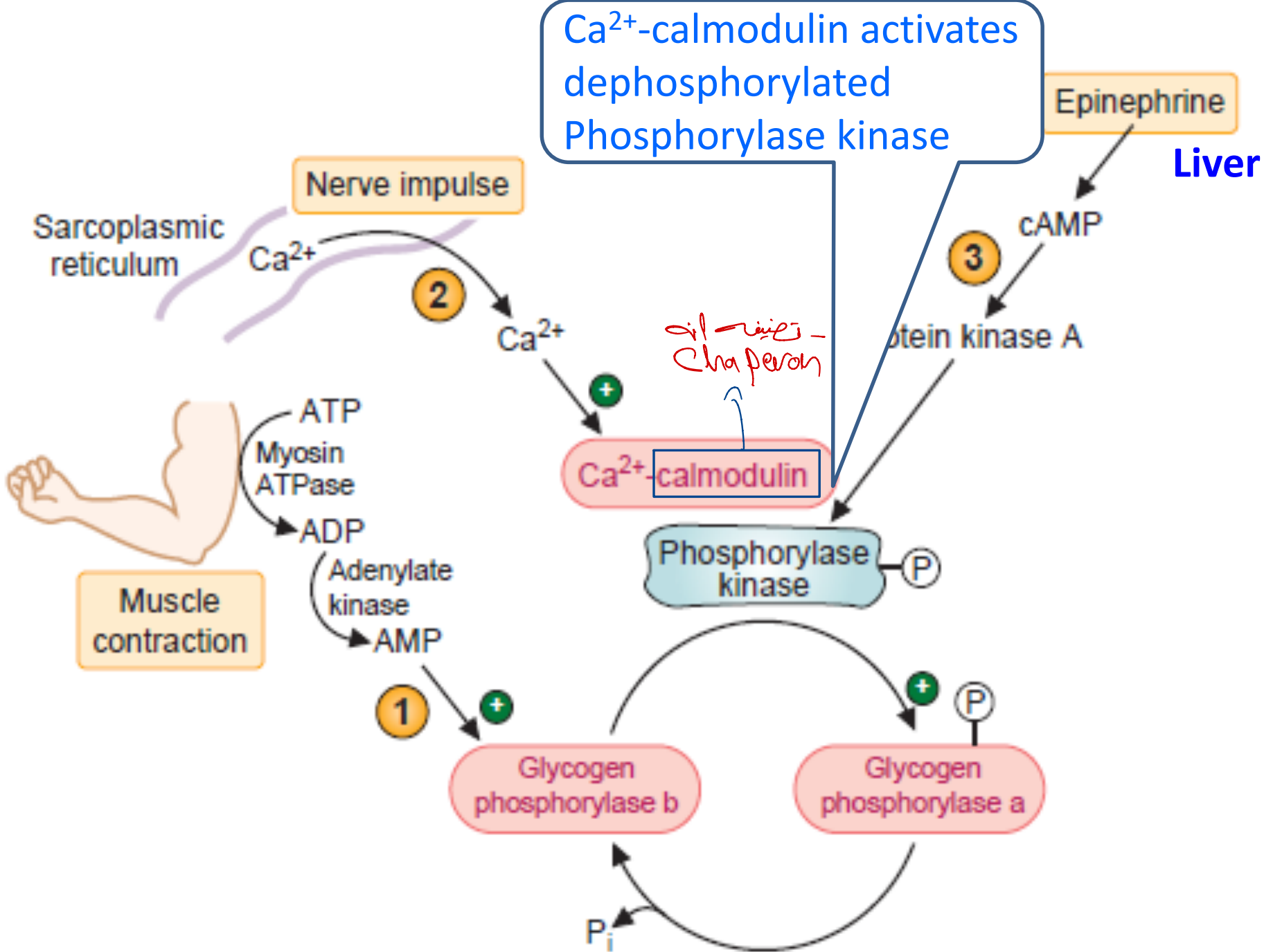
and AMP indicate low energy, but why the liver doesn't use AMP as an indicator?

liver has not any problem in term of energy (it is provided by fatty acid and it is even larger in amount than producing it from glucose)

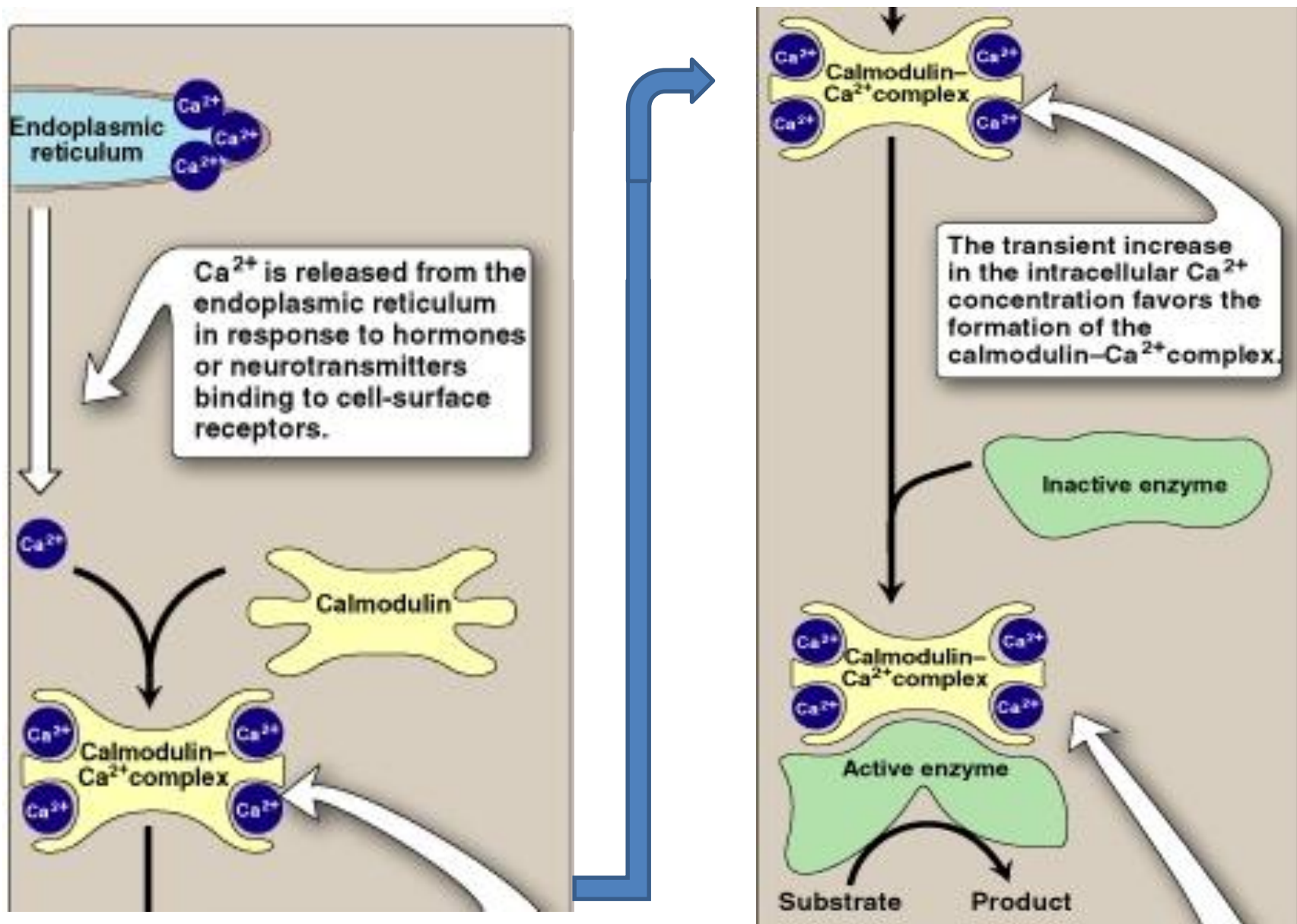
بجاء ذلك ما سكبنا له - انا - غير بالهالت (موتني).

while in muscles we need ATP for contraction.

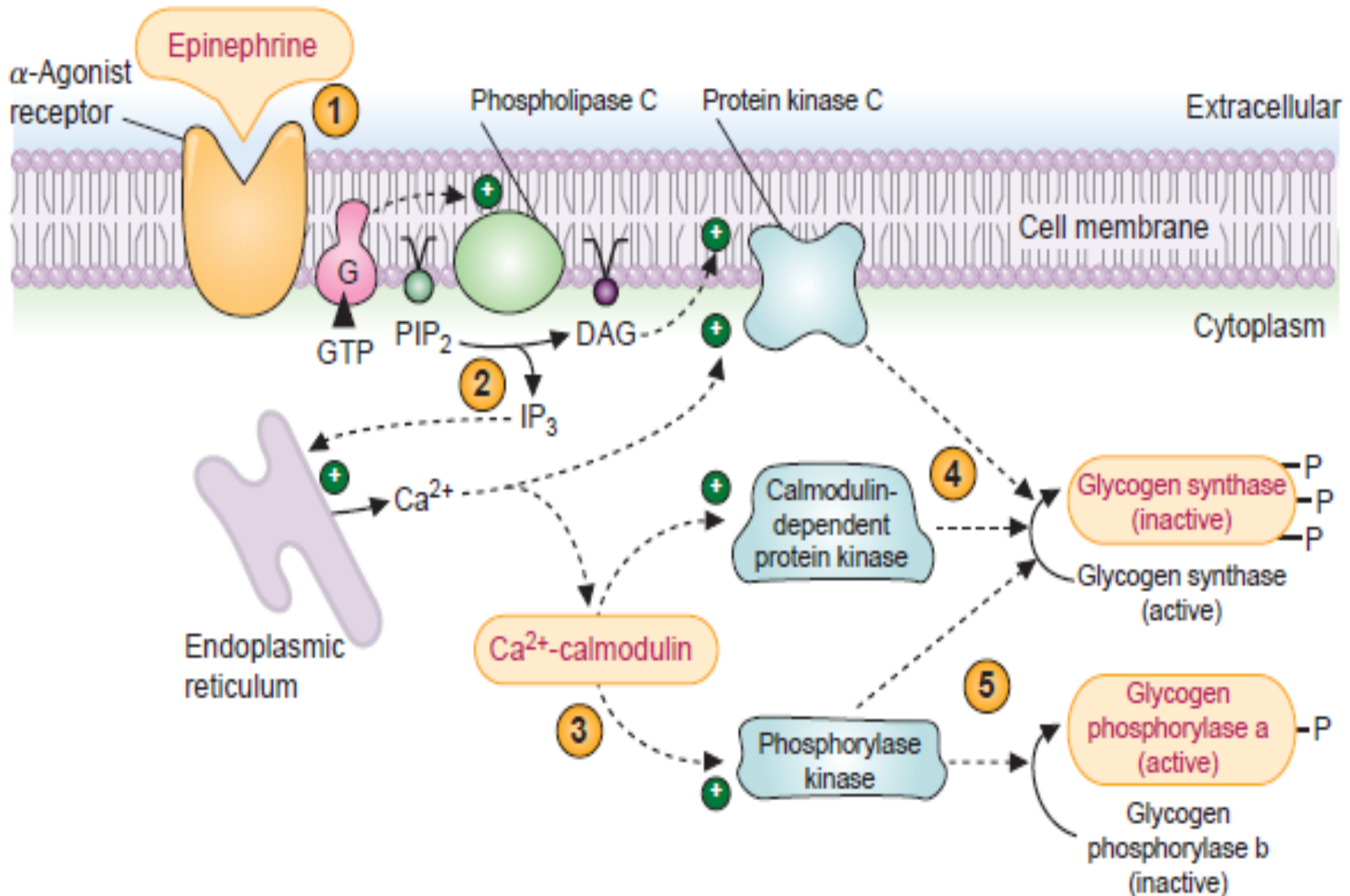
(haji)



Ca²⁺ -Calmodulin Complex Function



Calcium Activation of liver phosphorylase Kinase



once Ca^{2+} released out of cytoplasmic reticulum it bind to protein called **Calmodulin**
So its conformation will be changed to activate other protein by binding to them
the Calmodulin- Ca^{2+} complex will bind to glycogen phosphorylase kinase \rightarrow **دستور است**
شکل دهنده
So it is an activate to start phosphorylation.

How signaling occur under these conditions (under need GPCR), so we
have types of second messenger produced \Rightarrow 1) IP_3 \rightsquigarrow G protein under need GPCR
activate phospholipase C (enzyme that degrade membrane lipids) it degrade specifically
 PIP_2 releasing it into form of IP_3 and **DAG** stays attach to the membrane (hydrophobic)
while the hydrophilic IP_3 will leave to the cytosol as a second messenger where it bind to
gates of channels of Ca^{2+} in the ER (open it resulting in Ca^{2+} releasing)

Ali Ahmad

دستور است Ca^{2+} Calmodulin \rightarrow شکل دهنده
دستور است \rightarrow شکل دهنده