



Key words

- energy sources: carbohydrates, proteins, fats, ATP, aerobicanaerobic systems
- types of energy: mechanical energy, heat energy, chemical energy, electromagnetic energy, nuclear energy, kinetic energy, potential energy, gravitational potential energy, energy conversion
- Law of Conservation of Energy (photosynthesis)

Fuel Summary

- CHO: used anaerobically and aerobically, low amount stored in body
- Fats: used only aerobically: large amounts stored in body, can only be used if CHO is available
- Protein: only used in starvation states



Forms of Energy Transfer

- The ATP-CP system relying on the "Phosphogens".
 anaerobic
- The glycolytic (lactic acid) system relying on

 anaerobic breakdown of CHO.

Creatine Phosphate (CP or PC system) In the ATP-CP system, P_i is separated from CP through the action of creatine kinase (enzyme that adds P). Energy yield is 1 mole of ATP per 1 mole of CP.

- The P_i can then combine with ADP to reform ATP.
- the change in free energy (∆G °') (pH 7.0) for the hydrolysis of PCr is -45.0 kJ/mol compared with -31.8 kJ/mol for ATP,







Glycolysis

- The glycolytic system involves the process of glycolysis, through which glucose is broken down to pyruvic acid via glycolytic enzymes.
- When conducted without oxygen, the pyruvic acid is converted to lactic acid.
- 1 mole of glucose yields 2 moles of ATP, but 1 mole of glycogen yields 3 moles of ATP.
- Key processes:
- Gluconeogenesis: the process by which protein or fat is converted into glucose.
- Glycogenesis: the process by which glycogen is synthesized from glucose.
- Glycogenolysis: breakdown of glycogen for ATP production.







As for all parts of this lecture: It's not about human physiology – but, to know the systems in order to be able to make use of it ('translate' and apply) from the bioengineering point of view !

Without its knowledge, no innovative and creative ideas for its potential bioengineering applications !



Carbohydrates

- glucose provides energy for the <u>brain</u> and ½ of energy for muscles and tissues
- glycogen is stored glucose
- glucose is immediate energy
- glycogen is reserve energy

Carbohydrates

- all plant food
- milk
- carbohydrates are not equal
 - simple carbohydrates
 - complex carbohydrates













<u>Hydrolysis</u>

- breaking a disaccharide
 - water molecule splits
 - occurs during digestion

<u>Maltose</u>

- 2 glucose units
- produced when starch breaks down
- not abundant

Structure of a Disaccharide









Complex (larger/longer) Carbohydrates

- polysaccharides
 - glycogen and starch (amylose (linear) and amylopectin (branch))
 - built entirely of glucose
 - fiber
 - variety of monosaccharides and other carbohydrate derivatives

<u>Glycogen</u>

- limited in meat and not found in plants
 - not an important dietary source of carbohydrate
- BUT
 - all glucose is stored as glycogen
 - long chains allow for
 - hydrolysis and release
 - of energy



Starches

(amylose (linear, α (1-4)-D-Glucose) and amylopectin (branch, α (1-4)-D-Glucose and α (1-6)-D-Glucose))

- stored in plant cells
- body hydrolyzes plant starch to glucose



<u>Fiber</u>

- structural parts of plants
 found in all plant-derived food
- bonds of fibers cannot be broken down during the digestive process
 - minimal or no energy available





- found in grains and vegetables

Carbohydrate Digestion

break down into glucose

- body is able to absorb and use
- large starch molecules
 - extensive breakdown
- disaccharides
 - broken once
- monosaccharides
 - don't need to be broken down

Carbohydrate Digestion

- begins in mouth
 - chewing releases saliva
 - enzyme amylase hydrolyzes starch to polysaccharides and maltose
- stomach
 - no enzymes available to break down starch
 - acid does some breakdown
 - fibers in starch provide feeling of fullness

Enzymes involved in CHO digestion / break down

- small intestine
 - majority of carbohydrate digestion takes place here
 - pancreatic amylase reduces carbs to glucose chains or disaccharides
 - specific enzymes finish the job
 - maltase
 - maltose into 2 glucose
 - sucrase
 - sucrose into glucose and fructose
 - lactase
 - lactose into glucose and galactose

Biotechnological applications



CHO digestion

- large intestine
 - 1-4 hours for sugars and starches to be digested
 - only <u>fibers remain</u>
 - attract water, which softens stool
 - bacteria ferment some fibers
 - water, gas, short-chain fatty acids (used for energy)



Carbohydrate Absorption

- glucose can be absorbed in the mouth
- majority absorbed in small intestine
 - active transport
 - glucose
 - facilitated diffusion
 - fructose
 - smaller rise in blood glucose

Lactose Intolerance

- more lactose is consumed than can be digested
 - lactose molecules attract water
 - cause floating, abdominal discomfort, diarrhea
 - intestinal bacteria feed on undigested lactose
 - produce acid and gas



Lactose Intolerance



- age, damage, medication, diarrhea, malnutrition
- management requires dietary change
 - 6 grams (1/2 cup) usually tolerable
 - take in gradually
 - hard cheeses & cottage cheese
 - enzyme drops or tablets
- lactose free diet is extremely difficult to accomplish



Carbohydrate Metabolism

- 1/3 of body's glycogen is stored in liver
 - released as glucose to bloodstream
- 1. eat intake glucose
- 2. liver condenses extra glucose to glycogen
- 3. blood glucose falls
- 4. liver hydrolyzes glycogen to glucose

Glycogen is bulky, so we store only so much: short term energy supply

Fat is the long term energy supply.

Glucose for Energy

- enzymes break apart glucose yielding energy
- inadequate supply of carbohydrates
 - ketone bodies (fat fragments) are an alternate energy source during starvation
 - excess ketones can lead to ketosis: imbalance of acids in body
- minimum of 50 100 grams of carbs/day are needed to avoid ketosis

Glucose Homeostasis

• maintaining an even balance of glucose is controlled by insulin and glucagon

- insulin

 moves glucose into the blood (ensures proper usage/uptake of glucose by the various cells/tissues/organs – if ---> diabetes)

- glucagon

• brings glucose out of storage

• maintaining balance

- balanced meals at regular intervals
 - fiber and some fat slow the digestive process down
 - glucose gets into the blood slow and steady

3 or 5, doesn't matter --- but energy input ~ energy output





Imbalance

• diabetes

- after food intake, blood glucose rises and is not regulated because insulin is inadequate (---> use of ketobodies)
- hypoglycemia
 - blood glucose drops dramatically
 - too much insulin, activity, inadequate food intake, illness
 - diet adjustment includes fiber-rich carbs and protein





- ½ comes from natural sources, ½ from refined and added
 - sucrose, corn syrup, honey
- excess can lead to nutrient deficiencies and tooth decay
 - empty calories
 - sugar and starch break down in the mouth

Starch and Fiber

- diet that includes starch, fiber and natural sugars
 - whole grains, vegetables, legumes, fruits
 - may protect against heart disease and stroke
 - reduces the risk of type 2 diabetes
 - enhances the health of the large intestine
 - can promote weight loss

Starch and Fiber starch intake 45-65% 225 - 325 grams (DV (daily value) is 300 grams) 900-1300 kcal/2000 kcal RDA (Recommended Daily Allowance) is 130 grams

- fiber intake
- Daily Value (DV) is 25 grams/2000 kcal

Fiber Characteristics	Major Food Sources	Actions in the Body	Health Benefits
Viscous, soluble, more fermentable • Gums and mucilages • Pectins • Psyllium ^a • Some hemicelluloses	Whole-grain products (barley, oats, oat bran, rye), fruits (apples, citrus), legumes, seeds and husks, vegeta- bles; also extracted and used as food additives.	 Lower blood cholesterol by binding bile. Slow glucose absorption. Slow transit of food through upper GI tract. Hold moisture in stools, softening them. Yield small fat molecules after fermentation that the colon can use for energy. 	 Lower risk of heart disease. Lower risk of diabetes.
Norviscous, insoluble, less fermentable • Cellulose • Lignins • Psyllium ^a • Resistant starch • Many hemicelluloses	Brown rice, fruits, legumes, seeds, vegetables (cabbage, carrots, brussels sprouts), wheat bran, whole grains; also extracted and used as food additives.	 Increase fecal weight and speed fecal passage through colon. Provide bulk and feelings of fullness. 	 Alleviate constipation. Lower risks of diverticulosis, hemorrhoids, and appendicitis. May help with weight management.





Artificial Sweeteners

- help keep sugar and energy intake down
- anything we eat has FDA (food and drug administration) approval
 - saccharin
 - aspartame
 - acesulfame potassium
 - sucralose
 - neotame



TABLE H4-1	Sweeteners				
				Average Amount	
	Relative	Energy	Acceptable	to Replace	
Sweeteners	Sweetnessa	(kcal/g)	Daily Intake	1 tsp Sugar	Approved Uses
Approved Sweete Saccharin	ners 450	0	5 mg/kg body weight	12 mg	Tabletop sweeteners, wide range of foods, beverages, cosmetics, and pharmaceutical products
Aspartame	200	4 ^b	50 mg/kg body weight ^c Warning to people with PKU: Contains phenylalanine	18 mg	General purpose sweetener in all foods and beverages
Acesulfame-K	200	0	15 mg/kg body weight ^d	25 mg	Tabletop sweeteners, puddings, gelatins, chewing gum, candies, baked goods, desserts, alcoholic beverages
Sucralose	600	0	5 mg/kg body weight	6 mg	Carbonated beverages, dairy products, baked goods, coffee and tea, fruit spreads, syrups, tabletop sweeteners, chewing gum, frozen desserts, salad dressing
Neotame	8000	0	18 mg/day	0.5µg	Baked goods, nonalcoholic beverages, chewing gum, candies, frostings, frozen desserts, gelatins, puddings, jams and jellies, syrups
Tagatose	0.8	1.5	7.5 g/day	1 tsp	Baked goods, beverages, cereals, chewing gum, confections, dairy products, dietary supplements, health bars, tabletop sweetener
Sweeteners with A Alitame	Approval Pending 2000	4 ^e	_		Proposed Uses Beverages, baked goods, tabletop sweeteners, frozen desserts
Cyclamate	30	0	-		Tabletop sweeteners, baked goods
^a Relative sweetness is di tute with the sweetness temperature, acidity, an relative sweetness. ^b Aspartame provides 4 energy contribution is n every so a Liburan parke	etermined by comparing th of pure sucrose, which has id other flavors of the foods kcalories per gram, as does legligible. In powdered form it may nrovide 4 kcalories	e approximate swe been defined as 1. in which the subst protein, but becau n it is sometimes m	etness of a sugar substi- 0. Chemical structure, ance occurs all influence se so little is used, its ixed with lactose, how-	^c Recommendations from the Wo aspartame intake to 40 milligram ^d Recommendations from the Wo per kilogram of body weight. ^e Alitame provides 4 kcalories per contribution is negligible.	rid Health Organization and in Europe and Canada limit s per kilogram of body weight. Id Health Organization limit acesullame-K intake to 9 milligrams gram, as does protein, but because so little is used, its energy











Pyridoxal phosphate (PLP) is held at the active site by a **Schiff base** linkage, formed by reaction of the aldehyde of PLP with the ε -amino group of a **lysine** residue.

In contrast to its role in other enzymes, the **phosphate** of PLP is involved in acid/base catalysis by Phosphorylase.



PLP then takes back the H⁺ as the phosphate O attacks C1 of the cleaved glucose to yield glucose-1-phosphate.











Uridine diphosphate glucose (UDP-glucose) is the immediate precursor for **glycogen synthesis**.

As glucose residues are added to glycogen, UDP-glucose is the substrate and UDP is released as a reaction product.

Nucleotide diphosphate sugars are precursors also for synthesis of other complex carbohydrates, including oligosaccharide chains of glycoproteins, etc.



UDP-glucose is formed from glucose-1-phosphate:

- glucose-1-phosphate + UTP → UDP-glucose + PP_i
- $PP_i + H_2O \rightarrow 2P_i$

Overall:

glucose-1-phosphate + UTP → UDP-glucose + 2 P_i

Spontaneous hydrolysis of the \sim P bond in PP_i (P \sim P) drives the overall reaction.

Cleavage of PP_i is the only energy cost for glycogen synthesis (<u>one</u> ~P bond per glucose residue).



Glycogenin is an enzyme that catalyzes the attachment of a **glucose** molecule to one of its own **tyrosine** residues.

Glycogenin is a **dimer**, and evidence indicates that the 2 copies of the enzyme glucosylate one another.





A **glycosidic bond** is formed between the anomeric C1 of the glucose moiety derived from UDP-glucose and the hydroxyl oxygen of a **tyrosine** side-chain of **Glycogenin**.

UDP is released as a product.



Glycogenin then catalyzes glucosylation at C4 of the attached glucose (UDP-glucose again the donor), to yield an O-linked disaccharide with $\alpha(1\rightarrow 4)$ glycosidic linkage.

This is repeated until a **short linear glucose polymer** with $\alpha(1\rightarrow 4)$ glycosidic linkages is built up on Glycogenin.

Glycogen Synthase then catalyzes **elongation** of glycogen chains initiated by Glycogenin.

Question: Where would you expect to find Glycogenin within a cell?

Answer: Most of the Glycogenin is found associated with **glycogen particles** (branched glycogen chains) in the cytoplasm.

Glycogen Synthase catalyzes transfer of the glucose moiety of UDP-glucose to the hydroxyl at C4 of the terminal residue of a glycogen chain to form an $\alpha(1 \rightarrow 4)$ glycosidic linkage:

glycogen_(n residues) + UDP-glucose → glycogen_(n +1 residues) + UDP

A **branching enzyme** transfers a segment from the end of a glycogen chain to the C6 hydroxyl of a glucose residue of glycogen to yield a branch with an $\alpha(1\rightarrow 6)$ linkage.



Both synthesis & breakdown of glycogen are spontaneous.

If both pathways were active simultaneously in a cell, there would be a "futile cycle" with cleavage of one ~P bond per cycle (in forming UDP-glucose).

To prevent such a futile cycle, Glycogen Synthase and Glycogen Phosphorylase are **reciprocally regulated**, by allosteric effectors and by phosphorylation.

Glycogen Phosphorylase in **muscle** is subject to allosteric regulation by AMP, ATP, and glucose-6-phosphate.

A separate isozyme of Phosphorylase expressed in liver is less sensitive to these allosteric controls.

- AMP (present significantly when ATP is depleted) activates Phosphorylase, promoting the relaxed conformation.
- ATP & glucose-6-phosphate, which both have binding sites that overlap that of AMP, inhibit Phosphorylase, promoting the tense conformation.
- Thus glycogen breakdown is <u>inhibited</u> when ATP and glucose-6-phosphate are plentiful.





The cAMP cascade results in **phosphorylation** of a serine hydroxyl of **Glycogen Phosphorylase**, which promotes transition to the **active** (relaxed) state.

The phosphorylated enzyme is **less sensitive to allosteric inhibitors**.

Thus, even if cellular ATP & glucose-6-phosphate are high, Phosphorylase will be active.

The glucose-1-phosphate produced from glycogen in liver may be converted to free **glucose** for release to the blood.

With this hormone-activated regulation, the needs of the organism take precedence over needs of the cell.

The **cAMP cascade** induced in liver by glucagon or epinephrine has the **opposite effect on glycogen synthesis**, it promotes the breakdown of glucogen to glucose by Glycogen Phosphorylase

Glycogen Synthase is **phosphorylated** by Protein Kinase A as well as by Phosphorylase Kinase.

Phosphorylation of Glycogen Synthase promotes the "b" (less active) conformation.

The cAMP cascade thus inhibits glycogen synthesis.

Instead of being converted to glycogen, glucose-1-P in liver may be converted to glucose-6-P, and dephosphorylated for release to the blood.





The conformation of Glycogen Synthase induced by the allosteric activator glucose-6-phosphate is susceptible to dephosphorylation by Protein Phosphatase.

Phosphorylase Kinase inactive Insulin, produced in response to high blood glucose, Phosphorylase Kinase-Ca⁺⁺ partly active triggers a separate signal cascade that leads to activation of Phosphoprotein Phosphatase. P-Phosphorylase Kinase-Ca⁺⁺ fully active This phosphatase catalyzes removal of regulatory phosphate residues from Phosphorylase, Ca⁺⁺ also regulates glycogen breakdown in muscle. Phosphorylase Kinase enzymes. During activation of contraction in skeletal muscle, Ca⁺⁺ is Thus insulin antagonizes effects of the cAMP cascade released from the sarcoplasmic reticulum to promote actin/myosin interactions. induced by glucagon & epinephrine. The released Ca⁺⁺ also activates Phosphorylase Kinase, ----> which in muscle includes **calmodulin** as its δ **subunit**. Insulin, inhibits glycogen breakdown. Phosphorylase Kinase is partly activated by binding of Ca⁺⁺ to this subunit.

Phosphorylase Kinase inactive Phosphorylase Kinase-Ca⁺⁺ partly active P-Phosphorylase Kinase-Ca⁺⁺ fully active

Phosphorylation of the enzyme, via a cAMP cascade induced by epinephrine, results in further activation.

These regulatory processes ensure release of phosphorylated glucose from glycogen, for entry into **Glycolysis** to provide **ATP** needed for muscle contraction.

During **extended exercise**, as glycogen stores become depleted, muscle cells rely more on glucose uptake from the blood, and on fatty acid catabolism as a source of ATP.

A **genetic defect** in the isoform of an enzyme expressed in **liver** causes the following **symptoms**:

- After eating a CHO meal, elevated blood levels of glucose, lactate, & lipids.
- During fasting, low blood glucose & high ketone bodies.

Which liver enzyme is defective? Glycogen Synthase

Explain Symptoms:

- After eating, blood glucose is high because liver cannot store it as glycogen. Some excess glucose is processed via Glycolysis to produce lactate & fatty acid precursors.
- During fasting, glucose is low because the liver lacks glycogen stores for generation of glucose.
 Ketone bodies are produced as an alternative fuel.

Ketone Bodies

- Use of fatty acids in the citric acid (Kreb's) cycle requires carbohydrates (CHO) for the production of oxaloacetate (OAA) – 'fat burns in CHO flame'.
- During starvation or diabetes, OAA is used to make glucose
 - Fatty acids are then used to make ketone bodies (acetoacetate and D–3–hydroxybutarate)





diets has been used as a weight loss program by many, intentionally inducing ketosis to consume fat stores, but these

heart disease from increased cholesterol and fat intake

ketogenic diets can cause unwanted side effects related to increased urea production resulting from protein intake and risk of



Question: How would you nutritionally treat deficiency of liver Glycogen Synthase?

- Frequent meals of complex carbohydrates (avoiding simple sugars that would lead to a rapid rise in blood glucose)
- Meals high in protein to provide substrates for gluconeogenesis.

Glycogen Storage Diseases are genetic enzyme deficiencies associated with excessive glycogen accumulation within cells.

Some enzymes whose deficiency leads to glycogen accumulation are part of the interconnected pathways shown here.



Symptoms in addition to excess glycogen storage:

- When a genetic defect affects mainly an isoform of an enzyme expressed in liver, a common symptom is hypoglycemia, relating to impaired mobilization of glucose for release to the blood during fasting.
- When the defect is in muscle tissue, weakness & difficulty with exercise result from inability to increase glucose entry into Glycolysis during exercise.
- Additional symptoms depend on the particular enzyme that is deficient.

Glycogen Storage Disease	Symptoms, in addition to glycogen accumulationhypoglycemia (low blood glucose) when fasting, liver enlargement.	
Type I , liver deficiency of Glucose-6-phosphatase (von Gierke's disease)		
Type IV , deficiency of branching enzyme in various organs, including liver (Andersen's disease)	liver dysfunction and early death.	
Type V , muscle deficiency of Glycogen Phosphorylase (McArdle's disease)	muscle cramps with exercise.	
Type VII, muscle deficiency of Phosphofructokinase .	inability to exercise.	

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