

Carbohydrates Metabolism

Review of Carbohydrates

Digestion¹ and absorption² of carbohydrates

Suggested Readings:

1: Lippincot's Illustrated reviews: Biochemistry

2: Marks' Basic Medical Biochemistry

Stage I:

Hydrolysis of complex molecules to their component building blocks

Proteins

Polysaccharides

Lipids

Amino acids

Monosaccharides

Glycerol, fatty acids

Stage II:

Conversion of building blocks to acetyl CoA (or other simple intermediates)

Acetyl CoA

Stage III:

Oxidation of acetyl CoA; oxidative phosphorylation

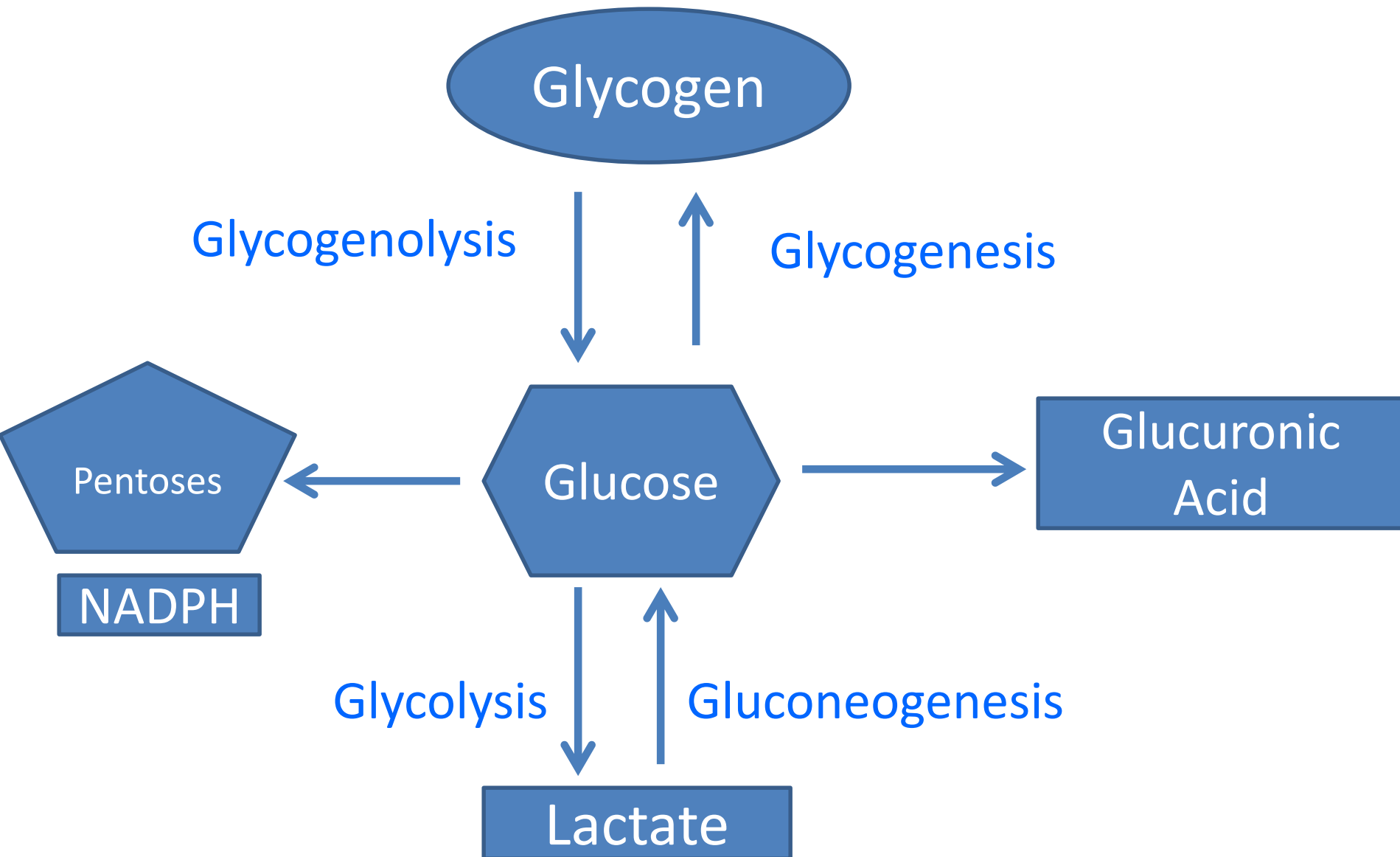


ATP
CO₂

Carbohydrates Metabolism

- Objectives
 - 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

An Over-all Picture



Dietary Carbohydrates

40 – 50 % of caloric intact

60% of the carbohydrate → starch

Sucrose

small amount of Fru , Glu , in fruits , honey , Veg.

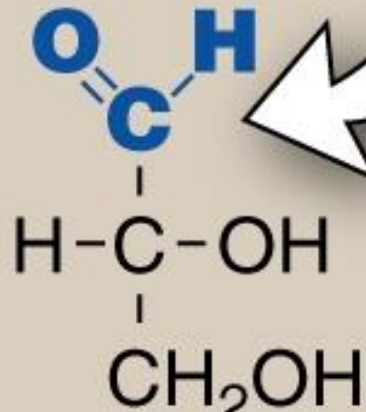
Lactose in milk

No specific sugar is required

All sugars are interconverted

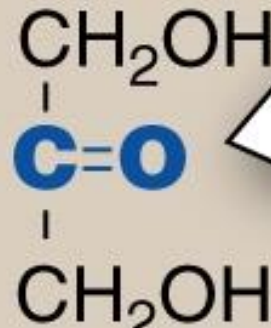
Examples of an aldose and ketose

A Aldehyde group



Ribose
Glucose

B Keto group



Ribulose
Fructose

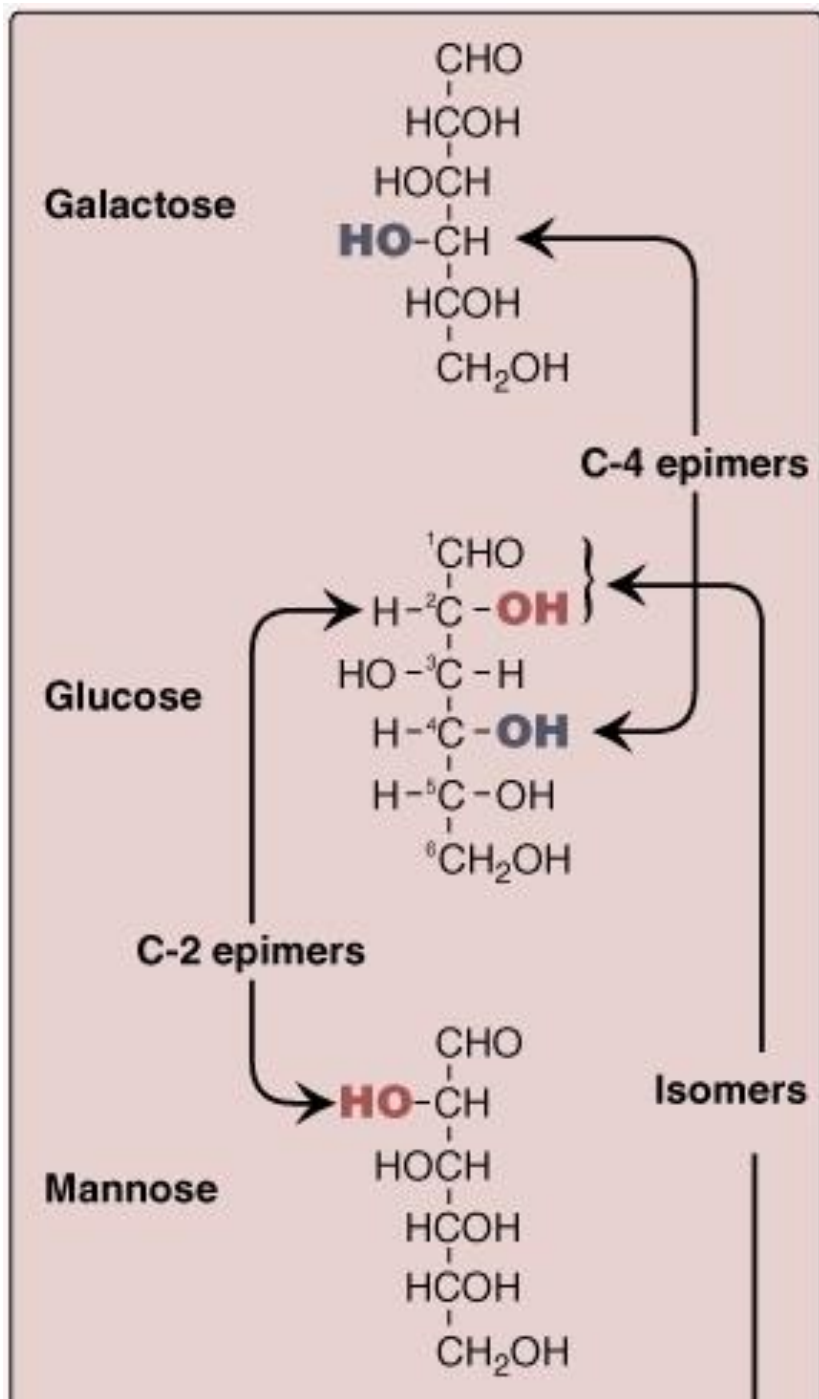
Examples of monosaccharides found in human

Generic names

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

Examples

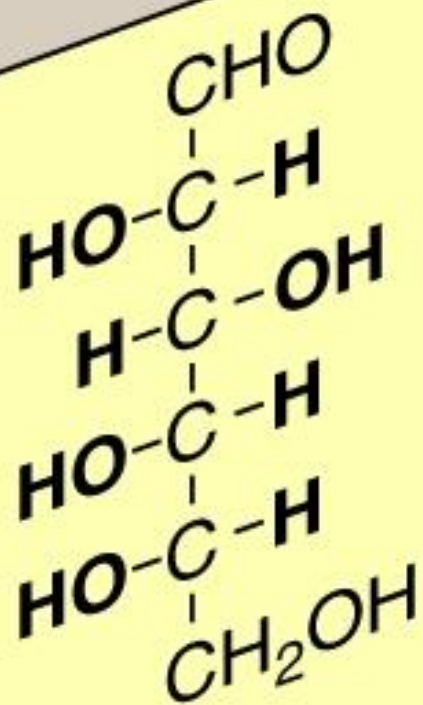
Glyceraldehyde
Erythrose
Ribose
Glucose
Sedoheptulose
Neuraminic acid



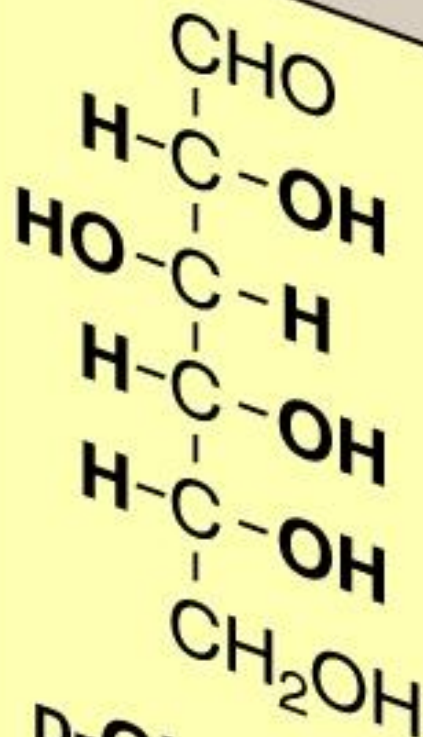
Isomers

Epimers are isomers:

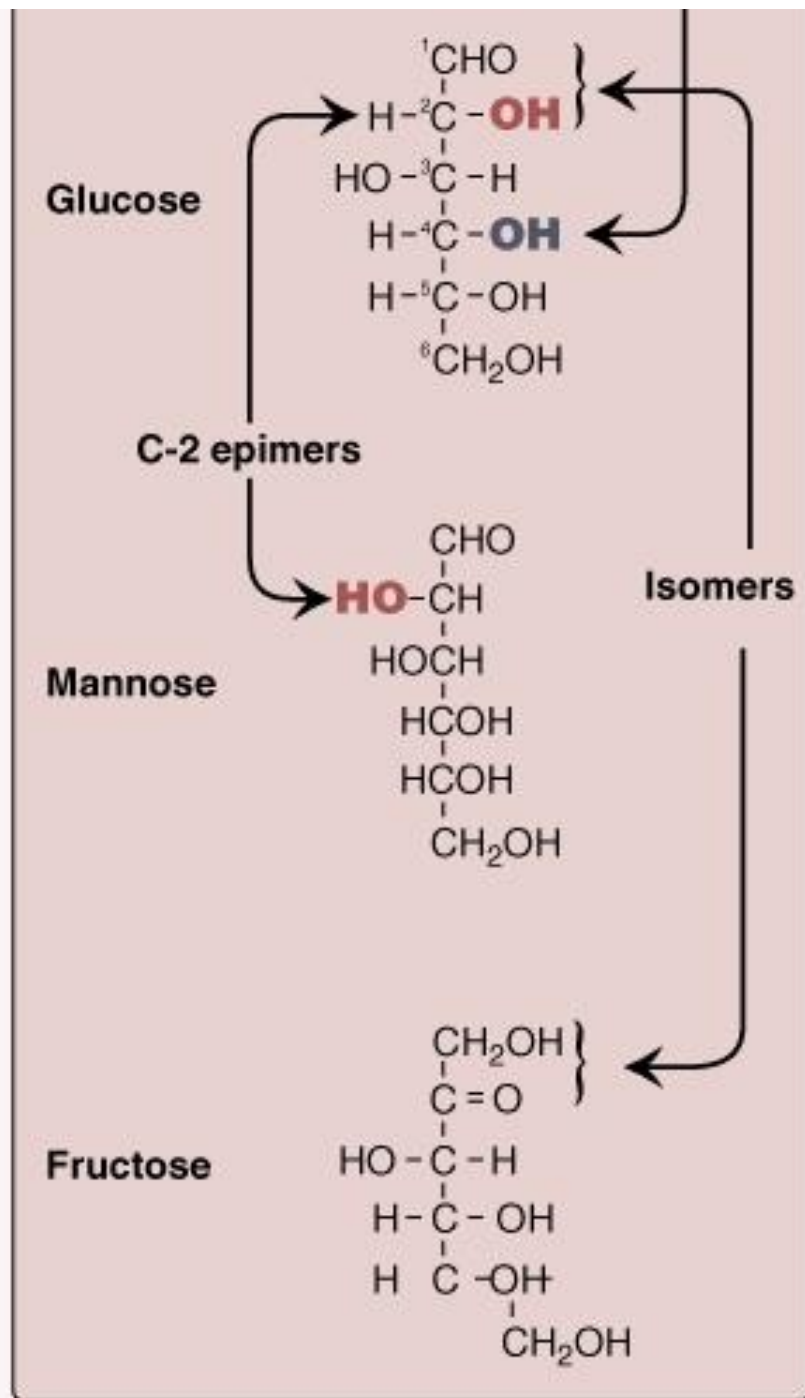
Changing the orientation of one hydroxyl group will produce different sugar



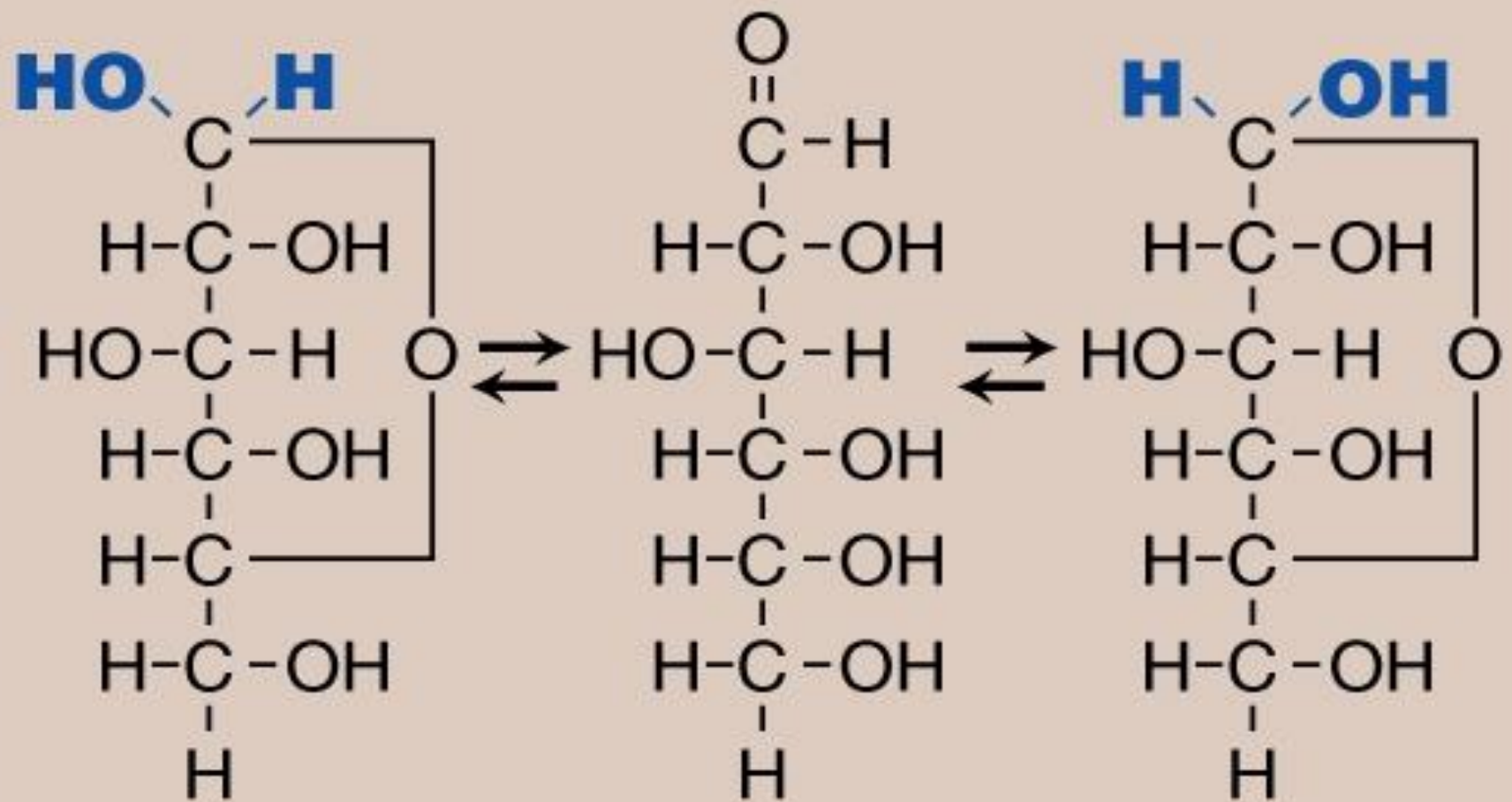
L-Glucose



D-Glucose



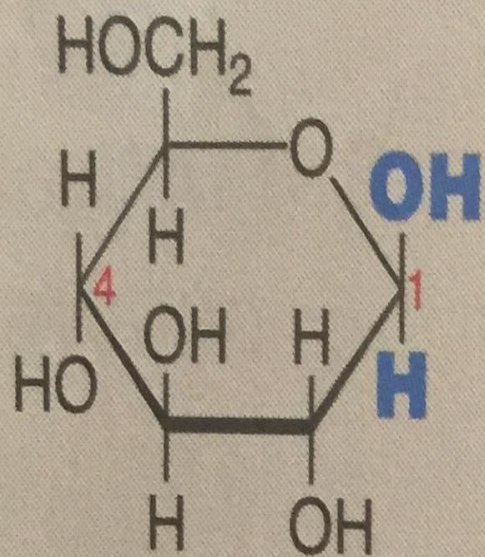
Glucose and
Fructose are
isomers



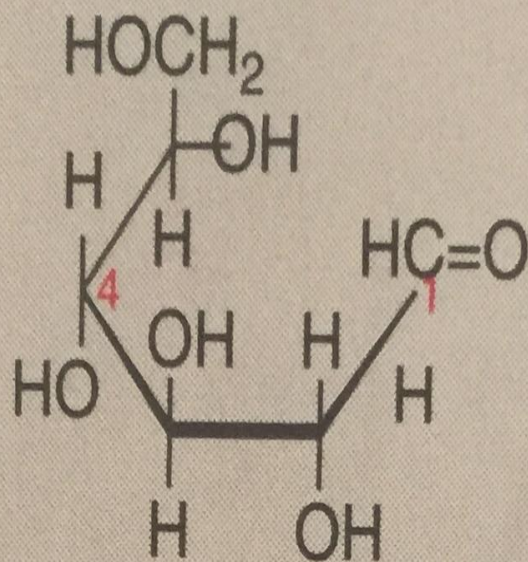
β -D-Glucopyranose

D-Glucose

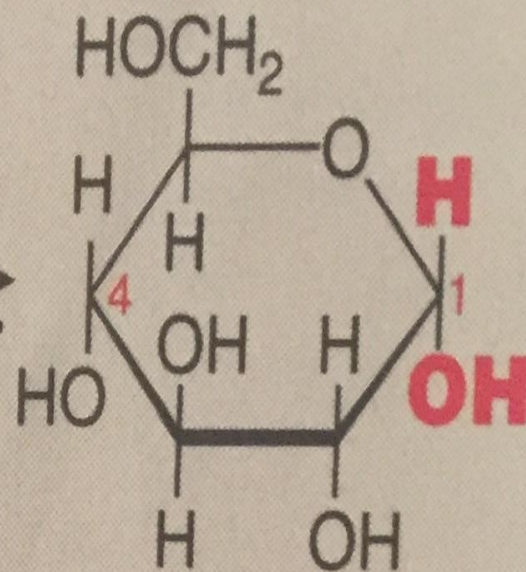
α -D-Glucopyranose



β -D-Glucopyranose



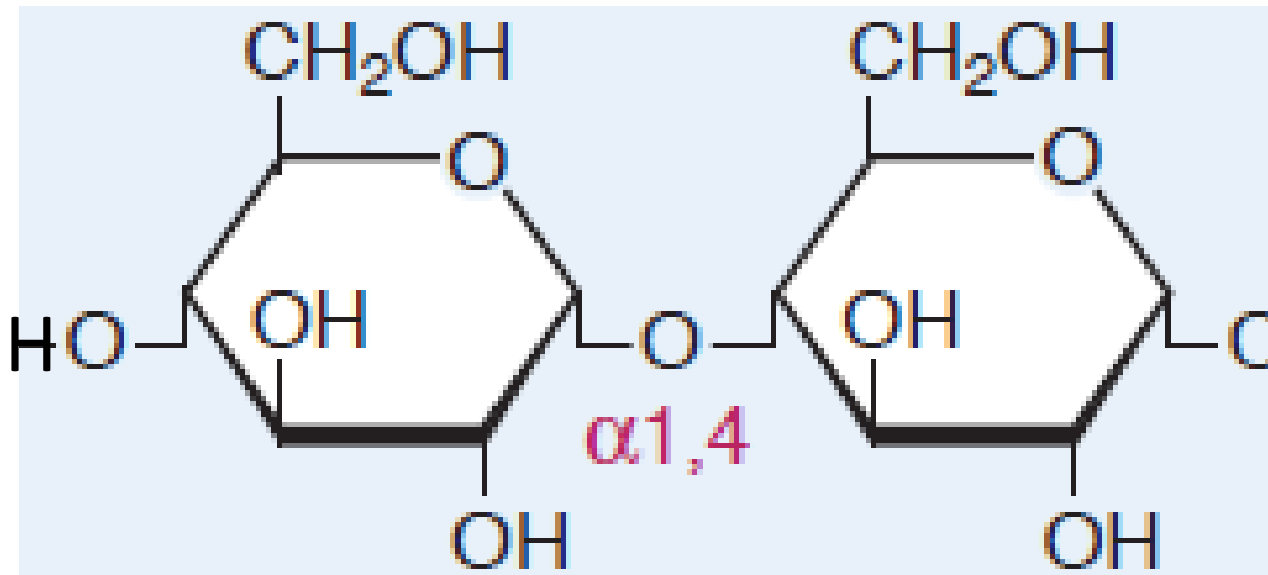
D-Glucose



α -D-Glucopyranose

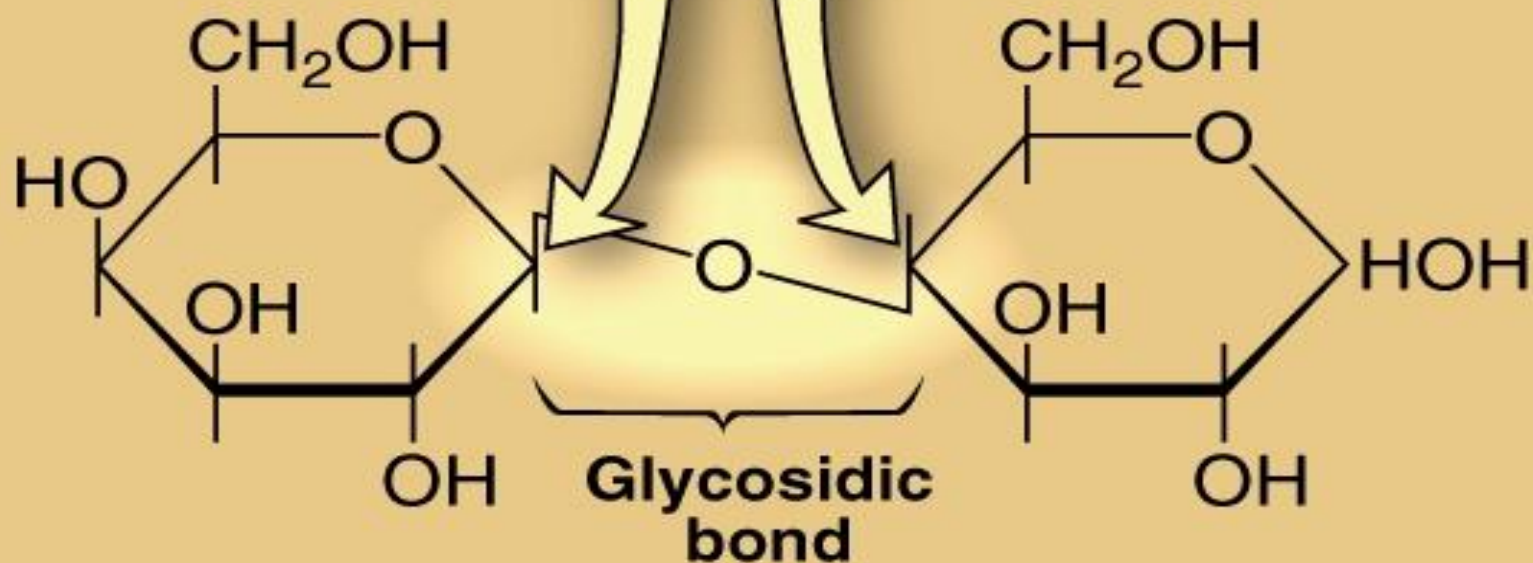
Disaccharide: A sugar made of two sugar units joined by glycosidic bond

Maltose: a disaccharide made from two glucose units



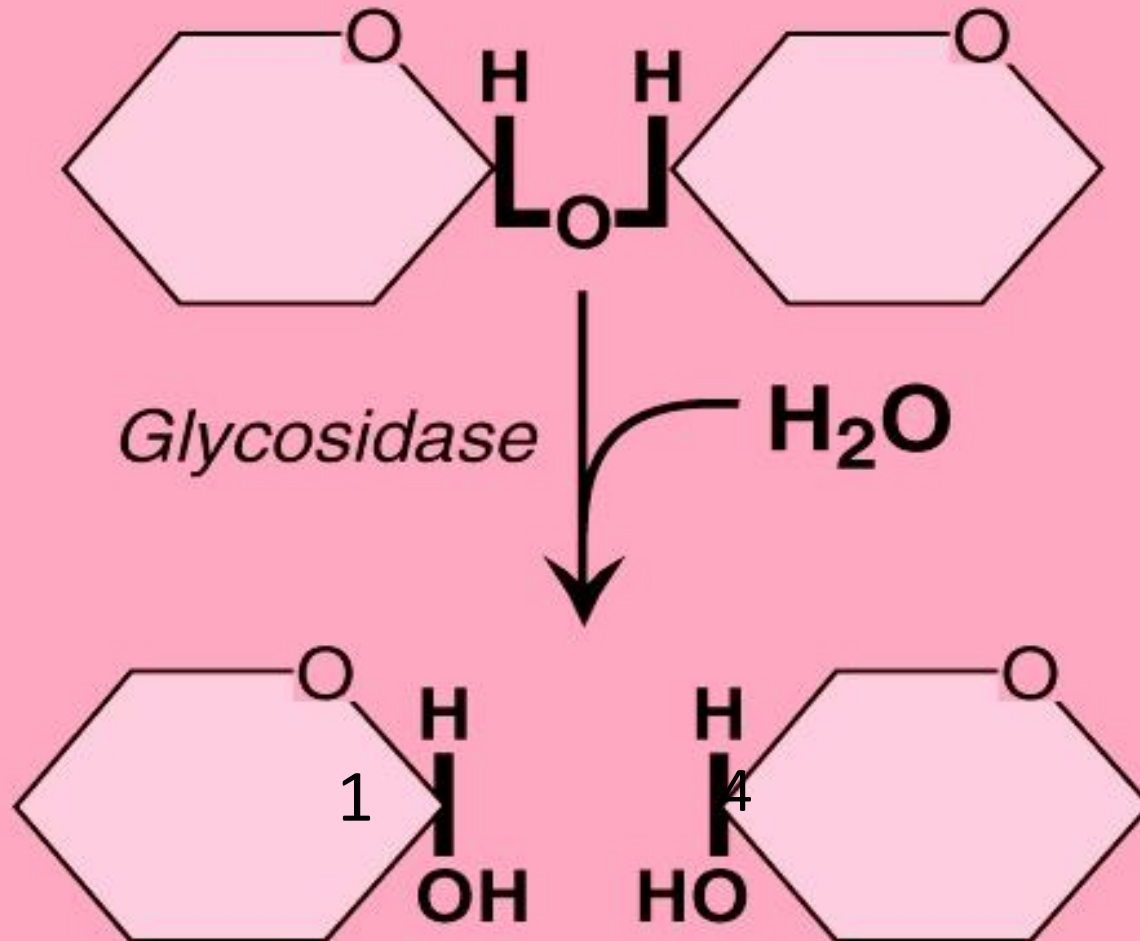
**Carbon 1 of
galactose**

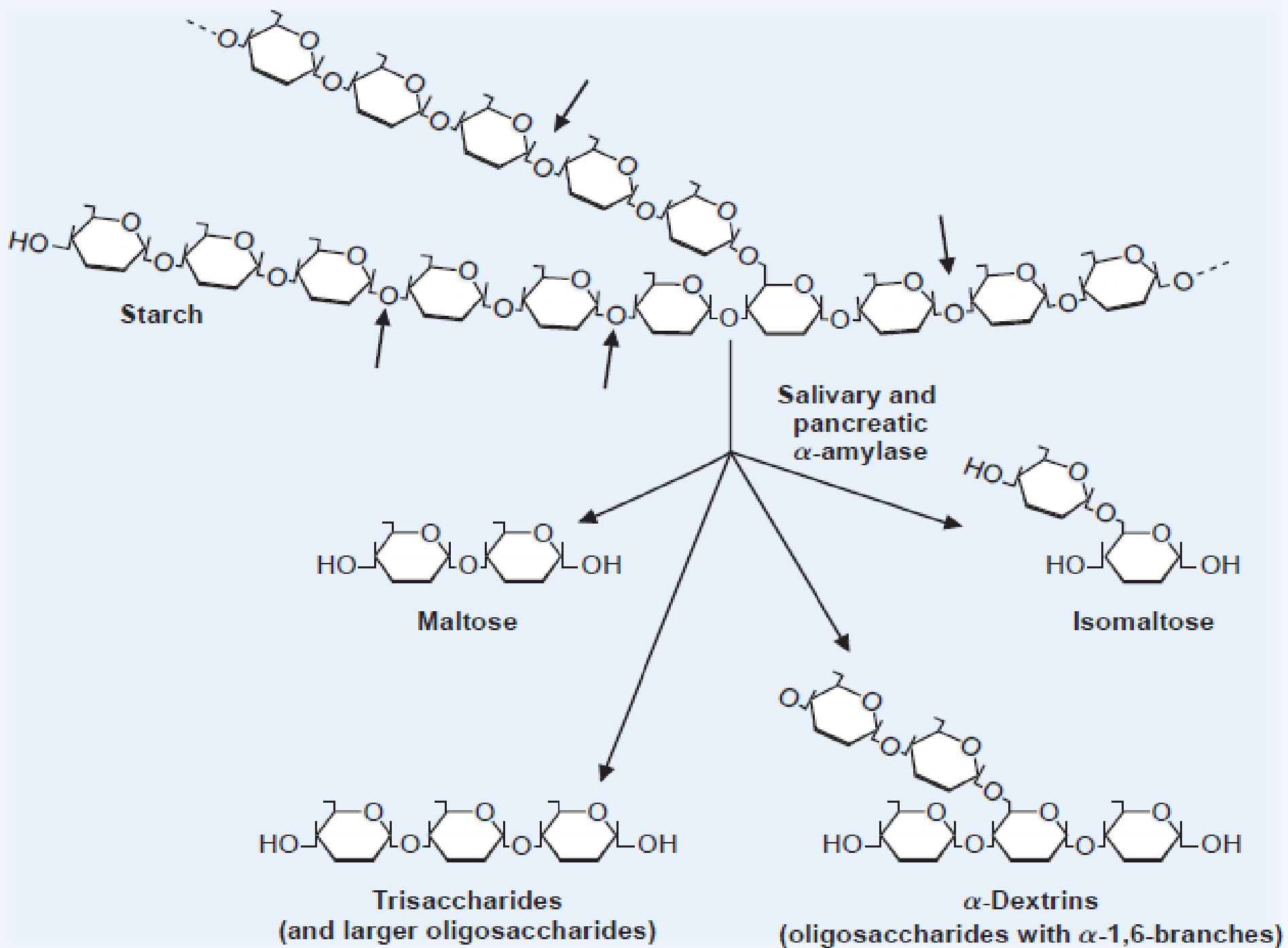
**Carbon 4 of
glucose**

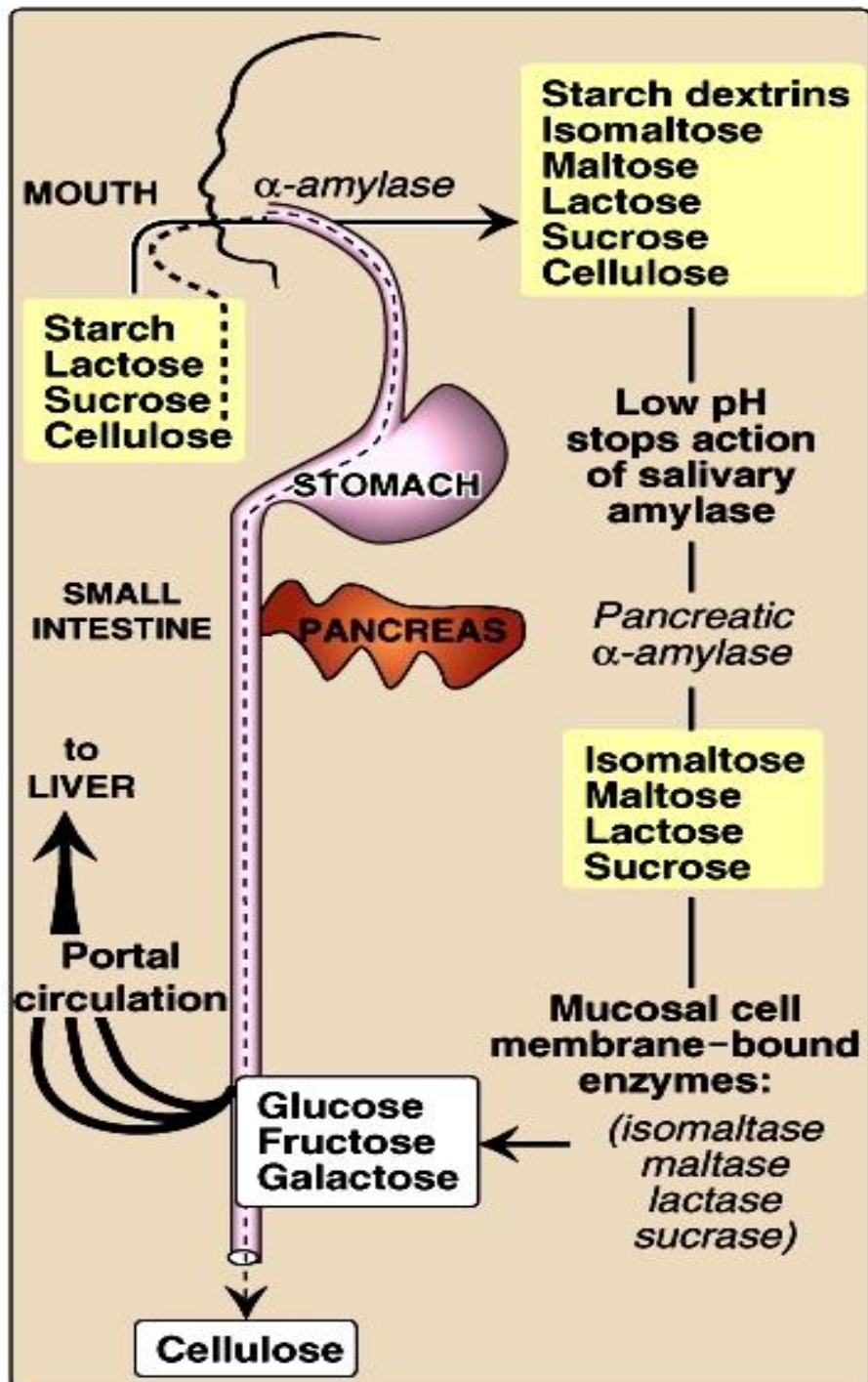


Lactose: galactosyl- $\beta(1 \rightarrow 4)$ -glucose

Glycosidic bond is cleaved by glycosidase



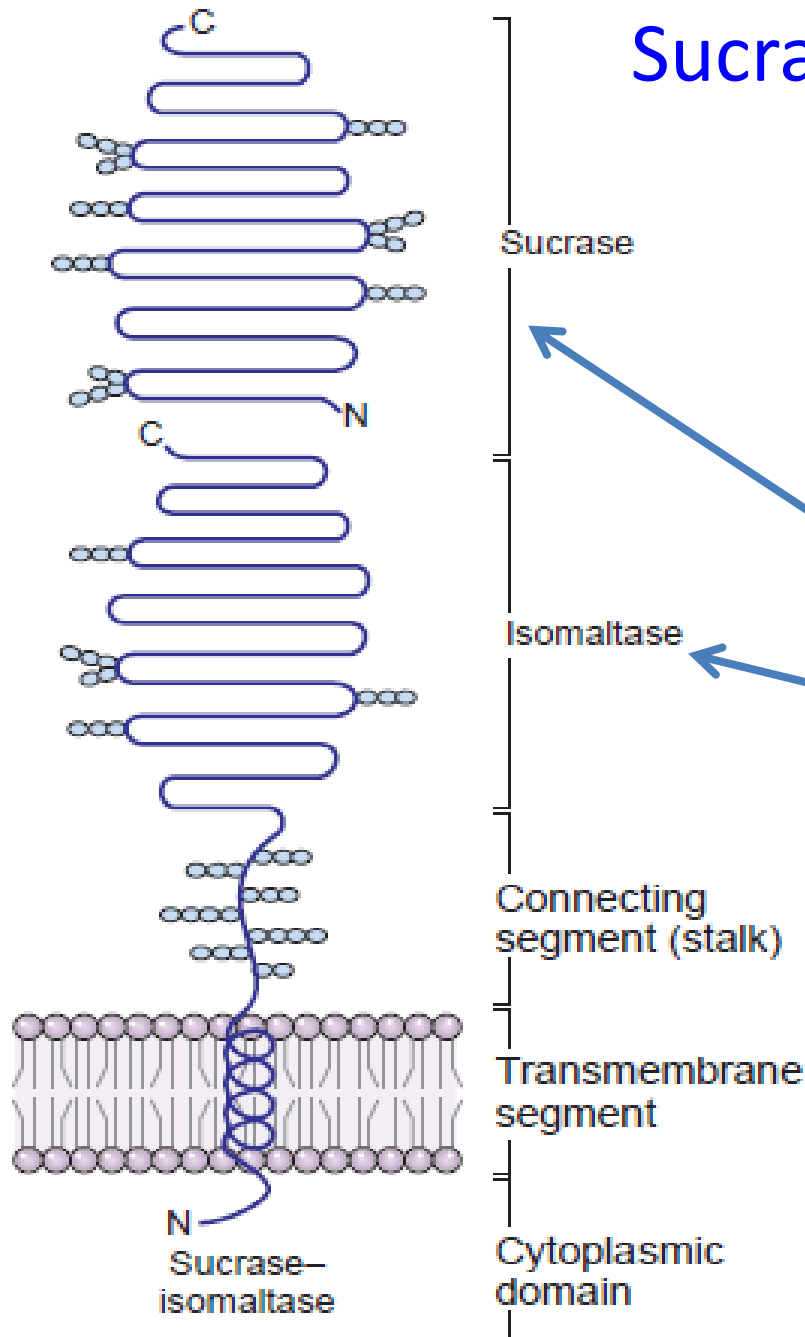




Mucosal cell membrane-bound enzymes

ENZYME	Bond Cleaved	Substrates
Isomaltase	α 1 $\rightarrow$ 6	Isomaltose
Maltase	α 1 $\rightarrow$ 4	Maltose
Sucrase	α 1 $\rightarrow$ 2	Sucrose
Lactase	β 1 $\rightarrow$ 4	Lactose
Trehalase	α 1 $\rightarrow$ 1	Trehalose
Exoglucosidase	α 1 $\rightarrow$ 4	Glucoamylose

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 + exoglucosidase (glucoamylase): no split

Sucrase + isomaltase

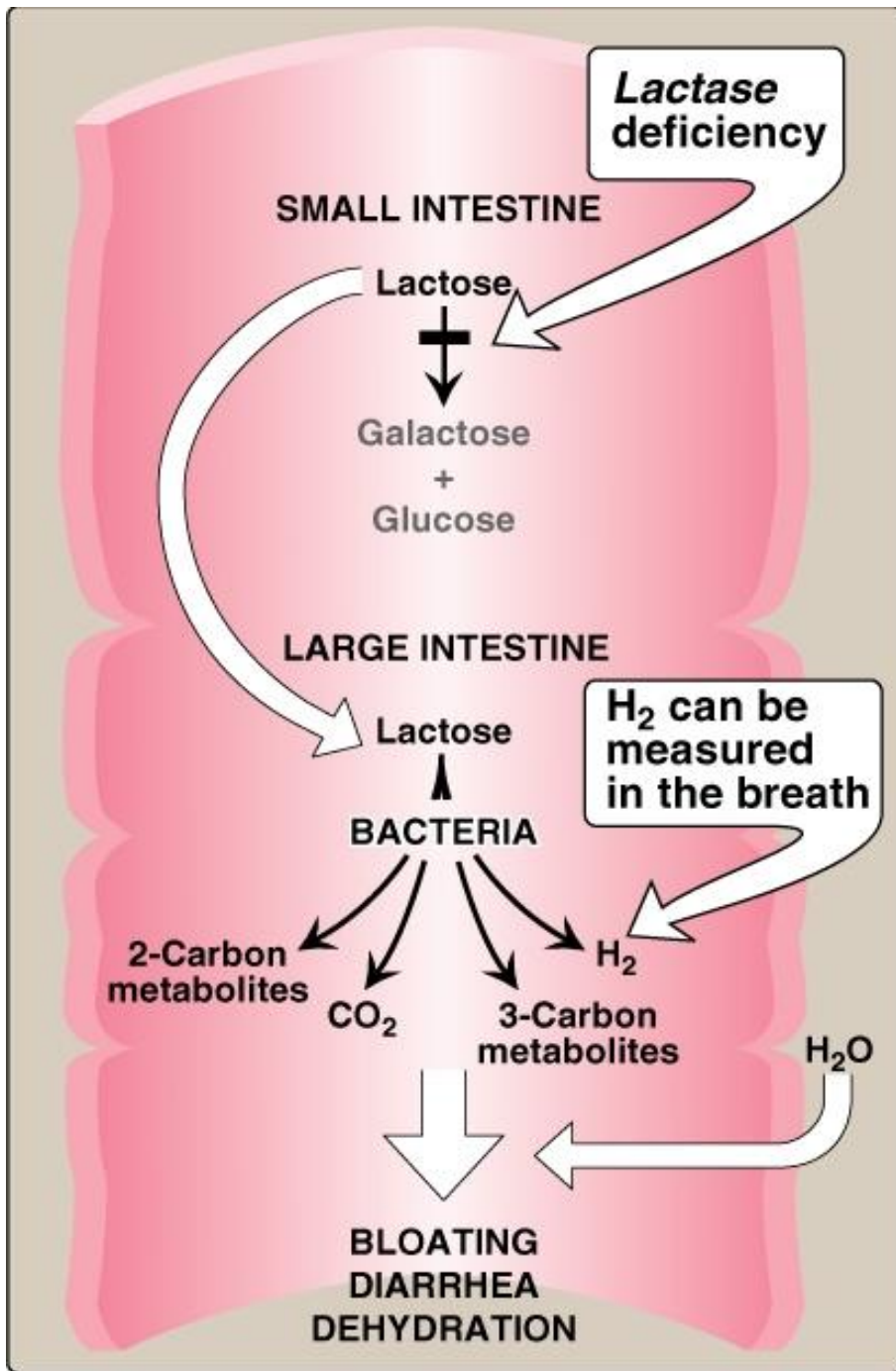
FIG. 27.5. The major portion of the sucrase–isomaltase complex, containing the catalytic sites, protrudes from the absorptive cells into the lumen of the intestine. Other domains of the protein form a connecting segment (stalk) and an anchoring segment that extends through the membrane into the cell. 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*.

Maltase + exoglucosidase (glucoamylase , α -1,4 in limit dextrins) No split

Trehalsae

Abnormal Degradation of disaccharides

- Lactase deficiency:
 - $\frac{1}{2}$ world's population
 - 90% of African and Asian Adults
- Sucrase isomaltase deficiency:
 - 10% of Eskimos; 2% North European are heterozygotes
- Causes:
 - Genetics
 - Variety of intestinal diseases
 - Malnutrition
 - Injury of mucosa ie by drugs
 - Severe diarrhea



Maximal activity @ 1 month of age

Adult Hypolactasia

(lactase deficiency)

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

10 % of infant level

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

Absorption of Sugars

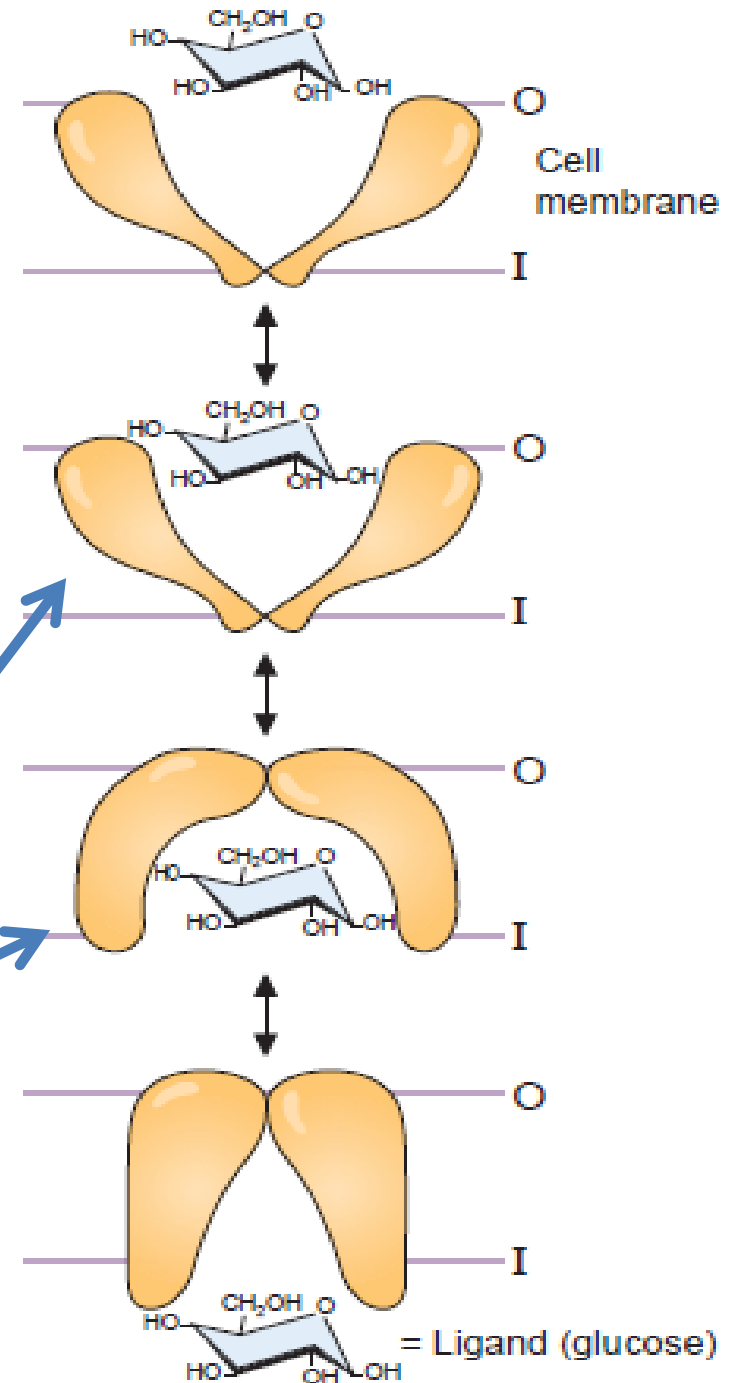
Polar molecules can not diffuse

A: Na^+ -independent facilitated diffusion transport

GLUT 1-----GLUT 14

Glc. Movement follows concentration gradient

Two conformation states



Na⁺ monosaccharide cotransporter system (SGLT)

- * Against concentration gradient.
- * Small intestine: Active uptake from lumen of intestine.
- * Kidney: reabsorption of glucose in proximal tubule.

Na⁺ monosaccharide cotransporter system (SGLT)

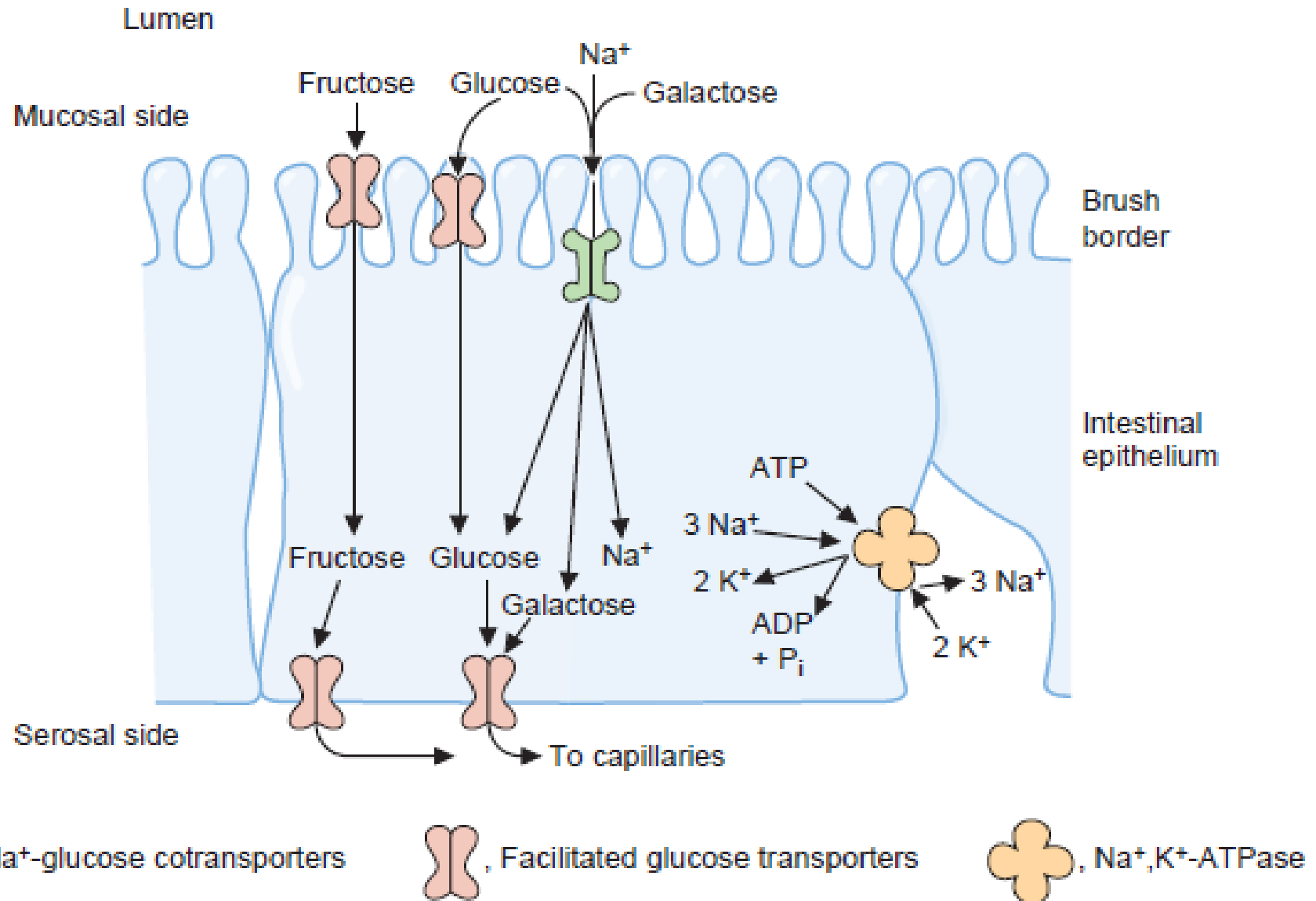
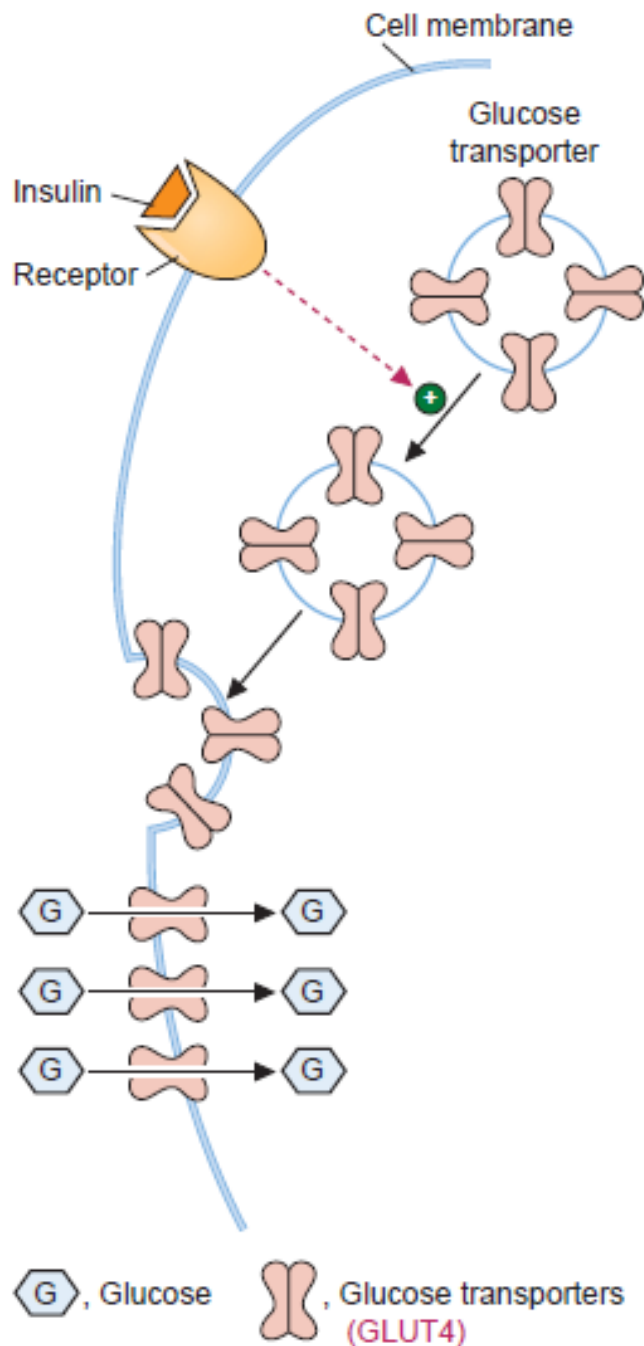


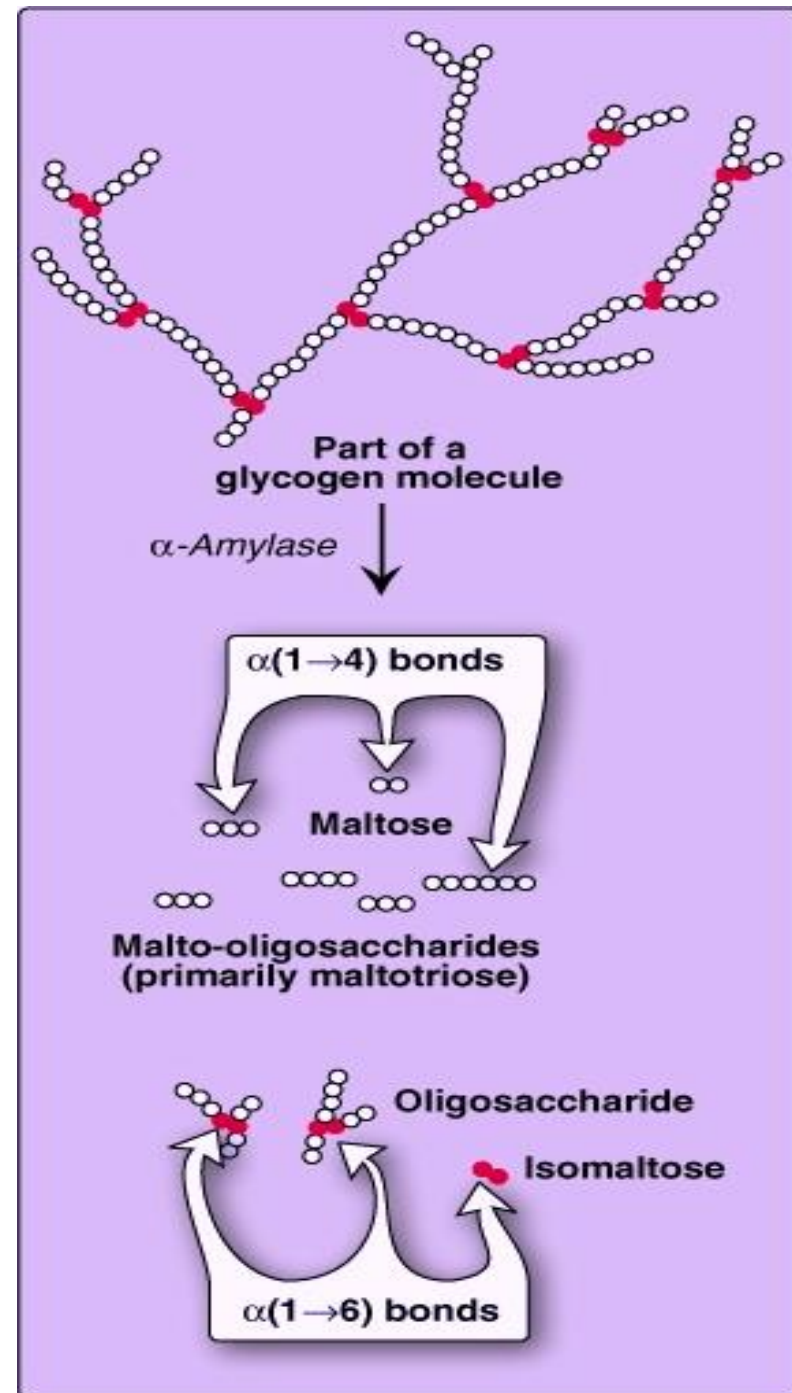
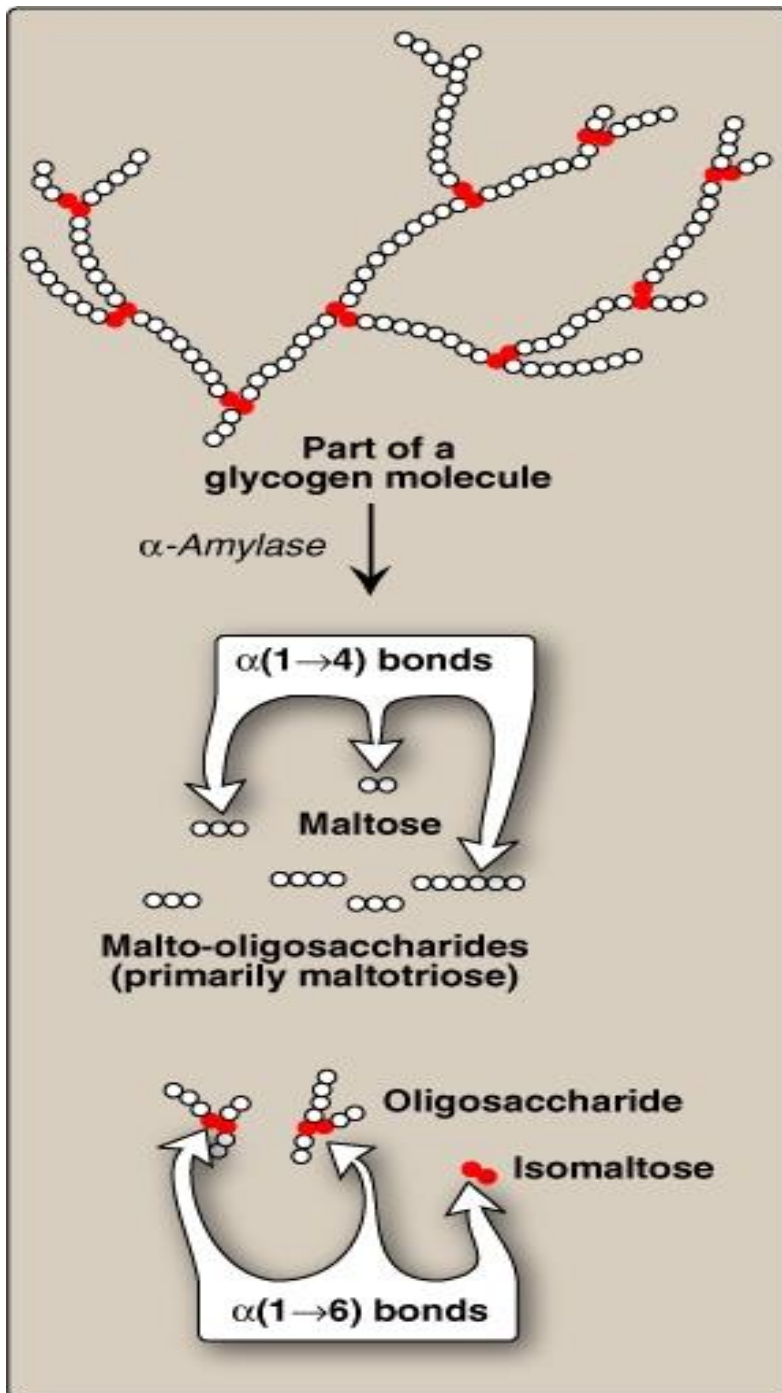
Table 27.5 Properties of the GLUT 1 to GLUT 5 Isoforms of the Glucose Transport Proteins

<i>Transporter</i>	<i>Tissue Distribution</i>	<i>Comments</i>
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
GLUT 3	Brain (neurons)	Major transporter in the central nervous system; a high-affinity system
GLUT 4	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
GLUT 7	Glucogenic tissues	at endoplasmic reticulum membrane

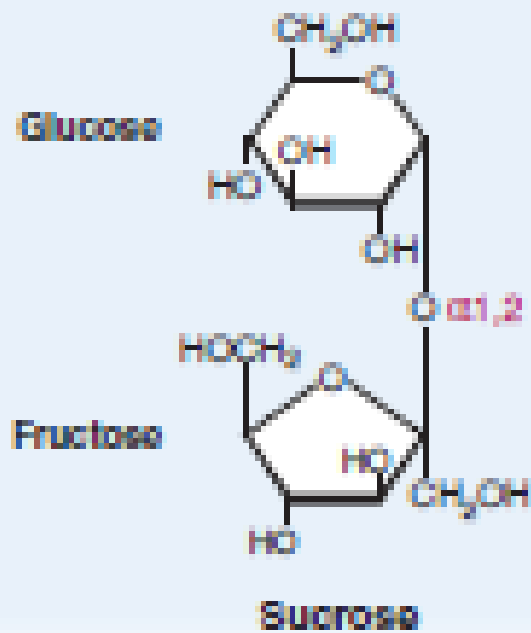
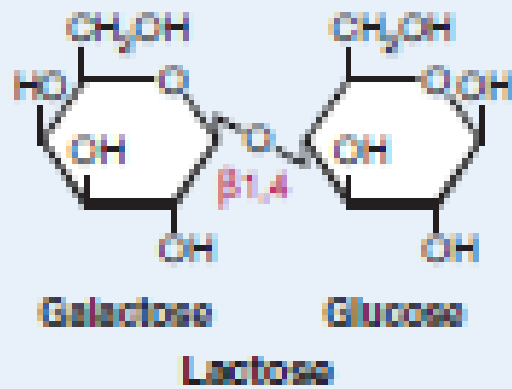


Insulin stimulates transport of glucose into muscle and adipose tissues

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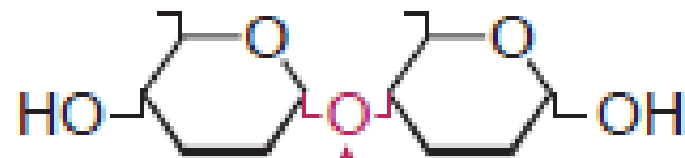


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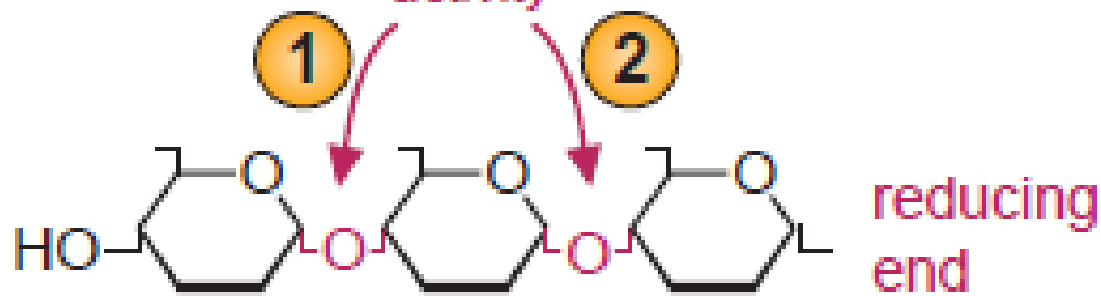


Maltose

α -1,4 bond



maltase
activity



Maltotriose

Lactose

