UNIVERSITY OF BASRAH AL-ZAHRAA MEDICAL COLLEGE



MINISTRY OF HIGHER EDUCATION AND SCIENTIFIC RESEARCH

The module: Metabolism

Session 2, Lecture 2

Duration : 1 hr

Carbohydrate Metabolism 1.

Module staff

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Marks Essentials of Medical Biochemistry. Ganong's Review of Medical Physiology. For more discussion, questions or cases need help please post to the session group



Learning outcomes

- **1.** General structures and functions of carbohydrates.
- **2.** How dietary carbohydrates are digested and absorbed.
- **3.** Why cellulose is not digested in the human gastrointestinal tract.
- **4.** The glucose-dependency of some tissues.
- **5.** The key features of glycolysis.
- Why lactic acid (lactate) production is important in anaerobic glycolysis.
- 7. How the blood concentration of lactate is controlled.





General structure of carbohydrates : LO 1

- Carbohydrate: Is a Large class of compounds that are polyhydroxy aldehyde, polyhydroxy ketone or substances that yield such compounds on acid hydrolysis.
- The empirical formula is C n(H₂O)n
- E.g. Glucose C₆H₁₂O₆





- CHO usually involves only **two functional groups**:
 - The carbonyl group of an aldehyde or ketone.
 - The alcohol hydroxy group.







The classification of CHO:







- Polysaccharides serve for the storage of energy e.g. starch (in plants), glycogen (in human).
- 2. Structural components e.g.
 Cellulose in plants
 Chitin in arthropods

CARBOHYDRATES

Provide the Body with <u>ENERGY</u>







3. 5-carbon monosaccharide ribose is an important component of :

 a) coenzymes e.g. ATP (Adenosine triphosphate), FAD (Flavin adenine dinucleotide)
 NAD (Nicotinamide adenine dinucleotide)

b) The backbone of the genetic molecule RNA and DNA.

 Saccharides and their derivatives play key roles in the: Immune system, Fertilization, Blood clotting and development.









Monosaccharides (simple sugar molecules)

- These can contain from 3 to 9 C-atoms.
- > They are either :
 - aldoses (derived from glyceraldehyde).
 - ketoses (derived from dihydroxyacetone).





Since the monosacch. Can exist in several different

forms. So it's important to provide the complete name.





D-glucose & L-glucose: same chemical formula C₆H₁₂O₆



L enantiomer \rightarrow asymmetric C farthest from carbonyl has OH on left

Almost all sugars occurring in humans are D enantiomers



Epimers of glucose











Disaccharides :

LO 1



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Polysaccharides :

| | Collulaça | Starch | | Chusenen |
|----------|--------------|---------------|---------------------------|---------------------------|
| | Centrose | Amylose | Amylopectin | Grycogen |
| Source | Plant | Plant | Plant | Animal |
| Subunit | β-glucose | a-glucose | α-glucose | α-glucose |
| Bonds | 1-4 | 1-4 | 1-4 and 1-6 | 1-4 and 1-6 |
| Branches | No | No | Yes (~per 20 subunits) | Yes (~per 10 subunits) |
| Diagram | <u>60000</u> | 6.6.6. | 5-5-5-5 | |
| Shape | | 2222 | All | |



What is the main suger in blood ?









The major sugar found in blood is glucose.

In addition, fructose and galactose may appear for short periods depending on the dietary intake of fruit and dairy products.







- Excessive amounts of galactose and fructose in the blood are associated with a number of clinical problems (e.g. Galactosaemia, Fructose intolerance)
- As are the persistently high levels of glucose seen in untreated diabetes.



Stage 1 of Carbohydrate metabolism:





Sugar absorption :

- Essentially all CHO are absorbed in the form of monosaccharides.
 - ✤80% glucose
 - 20% fructose and galactose
- Glucose and galactose are transported by sodium cotransport mechanism.
- Fructose transported by facilitated diffusion.
- The absorbed monosaccharides leaves the epithelial cells by facilitated diffusion and enter the blood.











Glucose enters the cell with Na⁺ on the SGLT symporter and exits on GLUT2. Fructose enters on GLUT5 and exits on GLUT 2.

 Transport from the absorptive cells into the blood and from the blood into tissues is by facilitated diffusion and involves a family of glucose transport proteins (GLUT 1-GLUT 5).



Synthesis of some transporters is enhanced by insulin, e.g, GLUT4 in muscles and adipose tissues.





Cellulose is not digested in the human gastrointestinal tract. Why?

- It is not digested by the human or the bacteria of the human gut because absence of the cellulase enzyme.
 - It provides the fiber necessary for the process of defecation.
 - It can be digested in herbivores, such as cows and horses at which the intestinal bacteria have cellulase that can breakdown (β -1,4) glucosidic bond. 24



The minimum amount of glucose required by a healthy adult on a normal diet is **~180 g/day**:

~40 g for RBCs, WBCs, kidney medulla and lens of the eye (Only use Glucose).

> 140 g for NS (Prefer Glucose for energy production).

Variable amounts are required by some tissues for

example adipose tissue to synthesize Triacylglycerols



Glycolysis :

Glycolysis is a series of reactions that extract energy from glucose by splitting it into two three-carbon

molecules called pyruvates.

Glyco = sugar lysis = break

Glycolysis takes place in the cytosol of a cell.

Glycolysis is the ONLY source of ATPs in:

- Cornea and lens of the eye.
- Renal medulla and.
- **RBCs**.





Glycolysis is one of the main processes involved in LO 5 cellular respiration.

- Cellular respiration is a set of metabolic reactions to yield ATP in the mitochondria
- Cellular respiration:
 - 1. glycolysis.
 - 2. Pyruvate oxidation.
 - 3. Citric acid cycle.
 - 4. Oxidative phosphorylation.

Two main phases in Glycolysis:

- 1. the energy investment phase.
- 2. the energy-releasing phase.





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LO 5

Three fates of pyruvate produced by glycolysis





Regulation of glycolysis

| Enzyme | Activator | inhibitor | |
|---------------------|---------------------|----------------------------|---|
| Hexokinase | AMP/ ADP | G6P | Glucose ATP ADP ADP Glucose-6-phosphate |
| Phosphofructokinase | AMP/ ADP Insulin | ATP Citrate Glucagon | Fructose-6-phosphate ADP phospho- fructokinase-1 Fructose-1,6-bisphosphate |
| Pyruvate kinase | AMP/ ADP | ATP AcetylCoA | Phosphoenolpyruvate ADP Pyruvate kinase Pyruvate |



Overview of Aerobic Respiration Diagram





Total energy yield of aerobic glycolysis

| Stage | Source | Number of ATP |
|--------------------|---------|---------------|
| Glycolysis | Direct | 2 |
| | 2 NADH | 6 |
| Pyruvate Oxidation | 2NADH | 6 |
| Citric Acid Cycle | Direct | 2 |
| | 6 NADH | 18 |
| | 2 FADH2 | 4 |
| Total | | 38 |

All NADH and FADH2 converted to ATP during Electron Transport Chain (ETC) and Oxidative Phosphorylation stage of cellular respiration.

- Each NADH converts to 3 ATP.
- Each FADH2 converts to 2ATP
 (enters the ETC at a lower level than NADH).



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Aerobic Respiration vs. Anaerobic Respiration





| | Anaerobic | Aerobic |
|--------------|--|--|
| Reactants | Glucose | Glucose and oxygen |
| Combustion | Incomplete | Complete |
| Energy Yield | Low (2 ATP) | High (36 – 38 ATP) |
| Products | Animals: Lactic acid Yeast: Ethanol + CO ₂ | CO ₂ and H ₂ O |
| Location | Cytoplasm | Cytoplasm and mitochondrion |
| Stages | Glycolysis Fermentation | Glycolysis Link reaction Krebs cycle Electron transport chain |



Importance of lactate production.

Production of lactate is essential to continue glycolysis when oxygen supply is insufficient for example during contraction of muscle.

> About 50g/day of lactate are produced from RBCs, muscle under anaerobic conditions.

Go to the liver for synthesis of glucose or the heart muscle to be oxidized to pyruvate then CO₂



Situations in which there may be a marked increase in plasma lactate due to:

Increased production include:

1.strenuous exercise (up to 10

g/min)

2. sepsis

3.shock

4. congestive heart disease.

Decreased utilization occur:

- 1. liver disease
- 2. thiamine deficiency
- 3. alcohol metabolism.



Significance of lactate production





Cellular Respiration









