



Medical Committee
The University of Jordan



SLIDE



SHEET

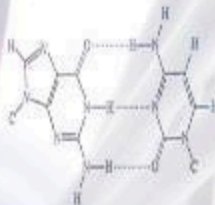


SLIDE : 1



DR.NAME: Nayef Kradshah

Biochemistry



Majida Al-Foqaraa'

Origin of the Acetyl Group

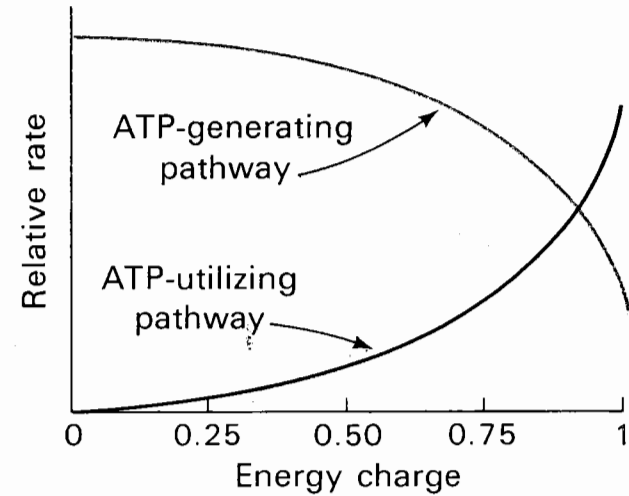
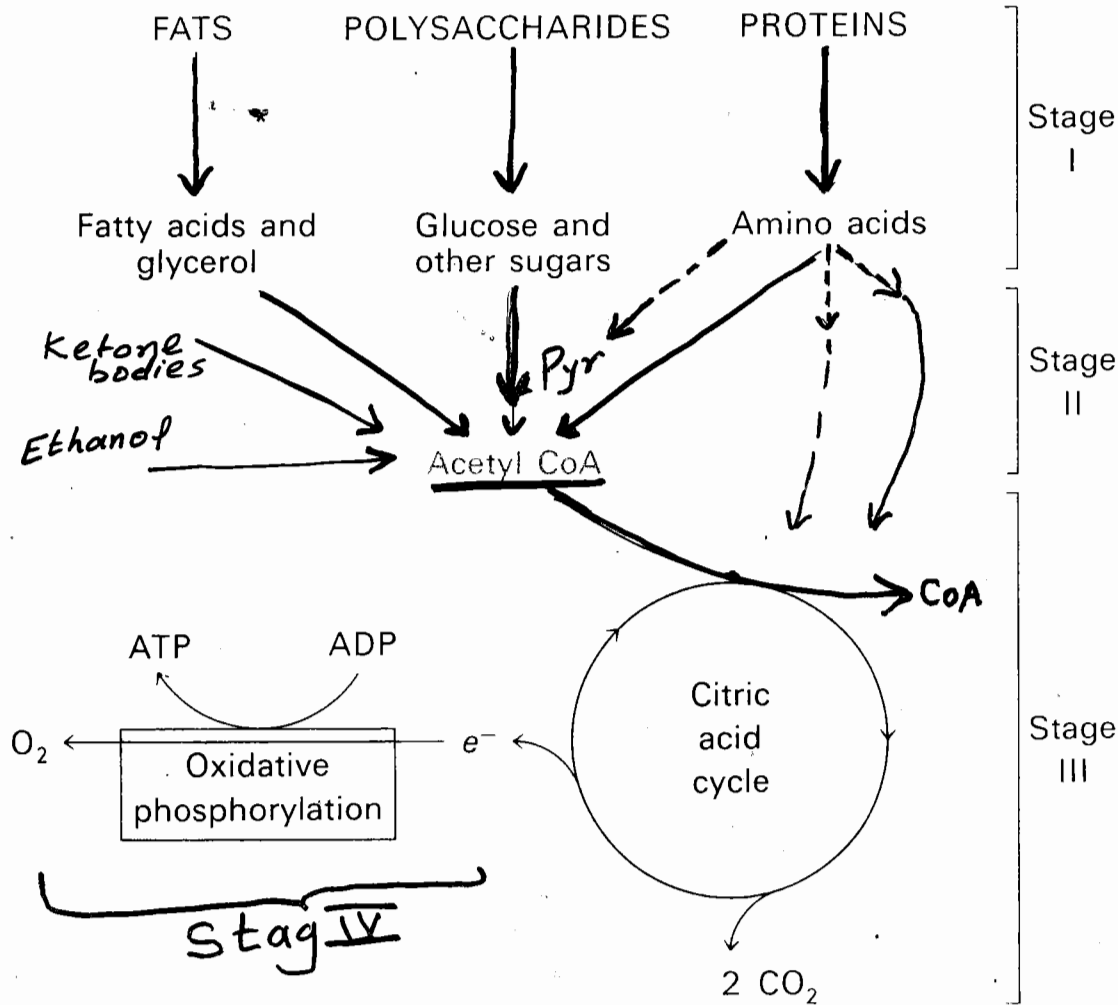


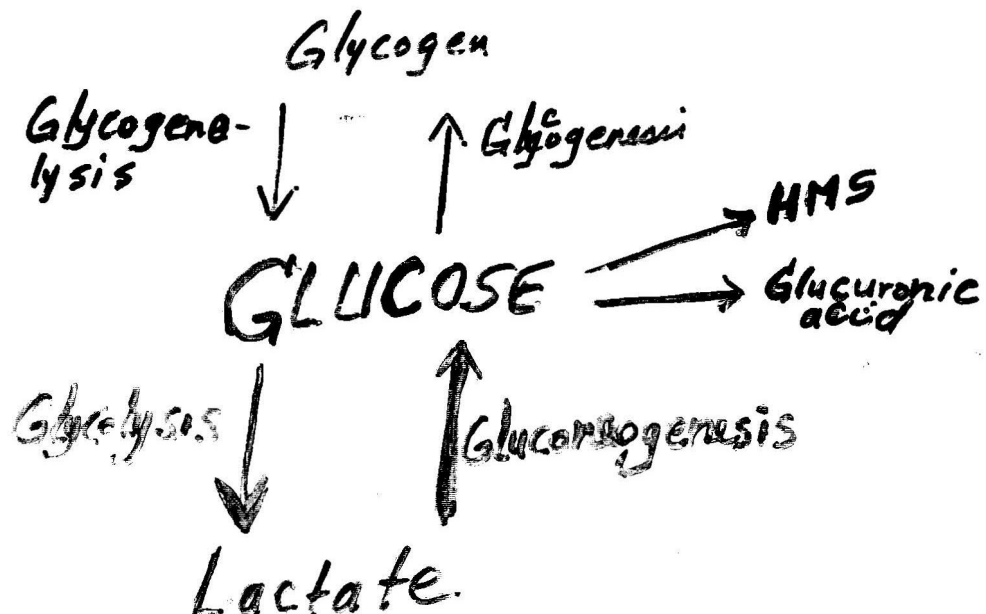
Figure 17-15, page 455; Figure 17-16, page 457

CARBOHYDRATE METABOLISM

- OBJECTIVE :-

- Utilization of Glu \rightarrow Energy
- Non-Carbohydrate \rightarrow Glu
- Storage of Glu \rightarrow Glycogen
- Release of Glu from Glycogen
- HMS \rightarrow NADPH \rightarrow GSH
- Glucuronic acid \rightarrow Drug metabolism
- Interconversion of Sugar

- Over-all Picture :-



Dietary Carbohydrates:-

→ 40-50% of caloric intake

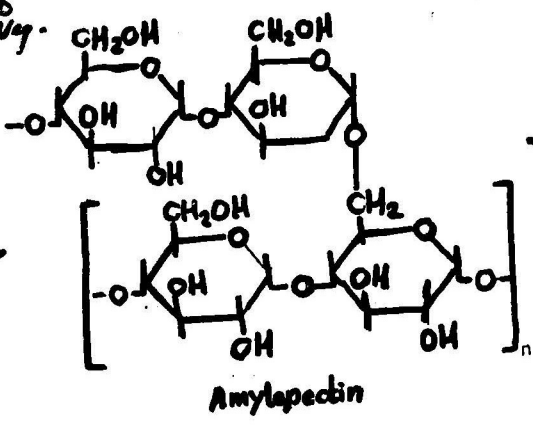
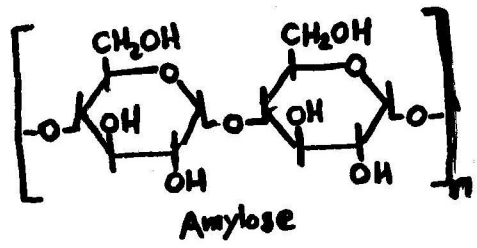
60% of Carbohydrate → STARCH

Sucrose, small amount of Fru, Glu - Fruit, honey, Veg.

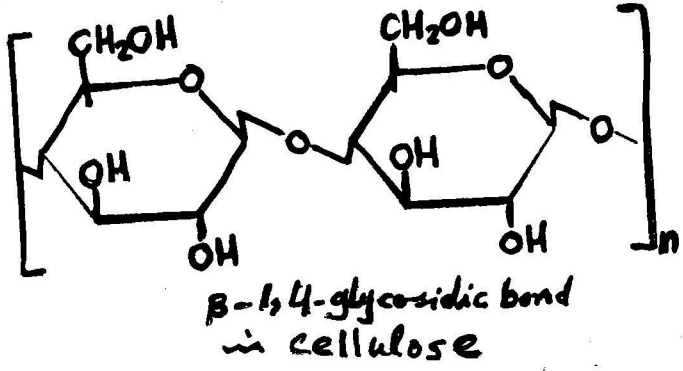
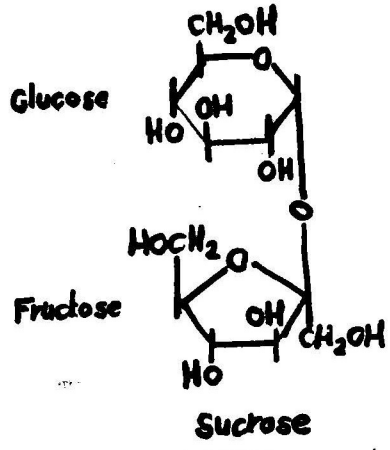
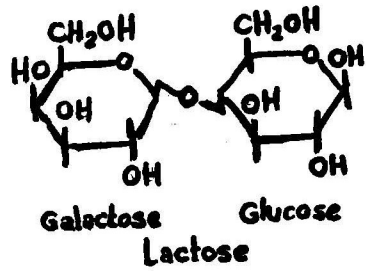
Lactose (animal)

No sp. sugar required

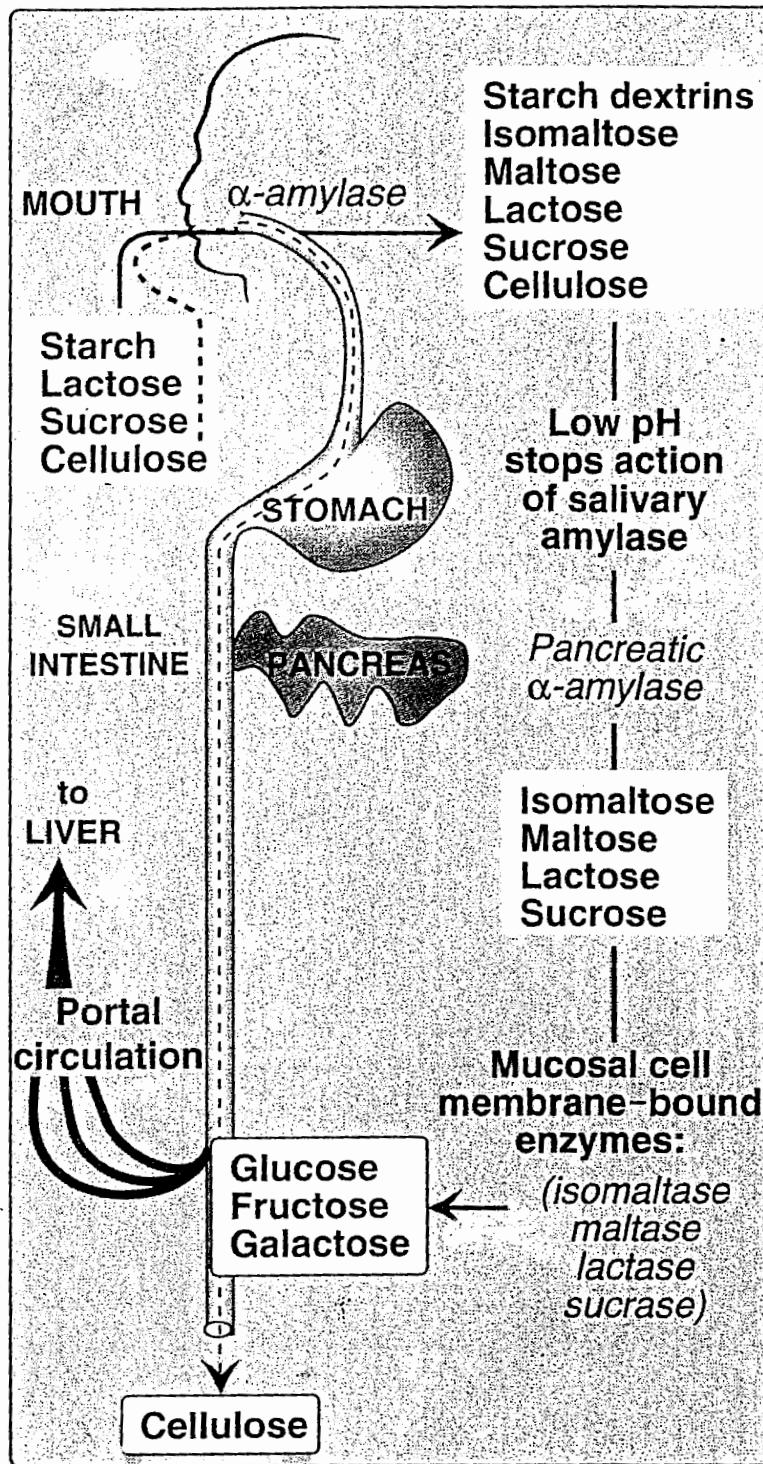
Glu ↔ all other Sugars



} STARCH



Digestion of Carbohydrate 3a



- Isomaltase:-
 $\alpha-1\rightarrow6$ in Isomaltose
- Maltase
 $\alpha-1\rightarrow4$ in maltose and maltotriose
- Sucrase
 $\alpha-1\rightarrow2$ in sucrose
- Lactase
 $\beta-1\rightarrow4$ in Lactose
- Trehalase
 $\alpha-1\rightarrow1$ in trehalose in mushrooms and other fungi

• Sucrase + isomaltase

single protein $\xrightarrow{\text{split}}$

two associated subunits complexed

• maltase + exoglucosidase (glucoamylase) $\xrightarrow{\text{no split}}$

similar complex

$\alpha-1,4$ in limit dextrins

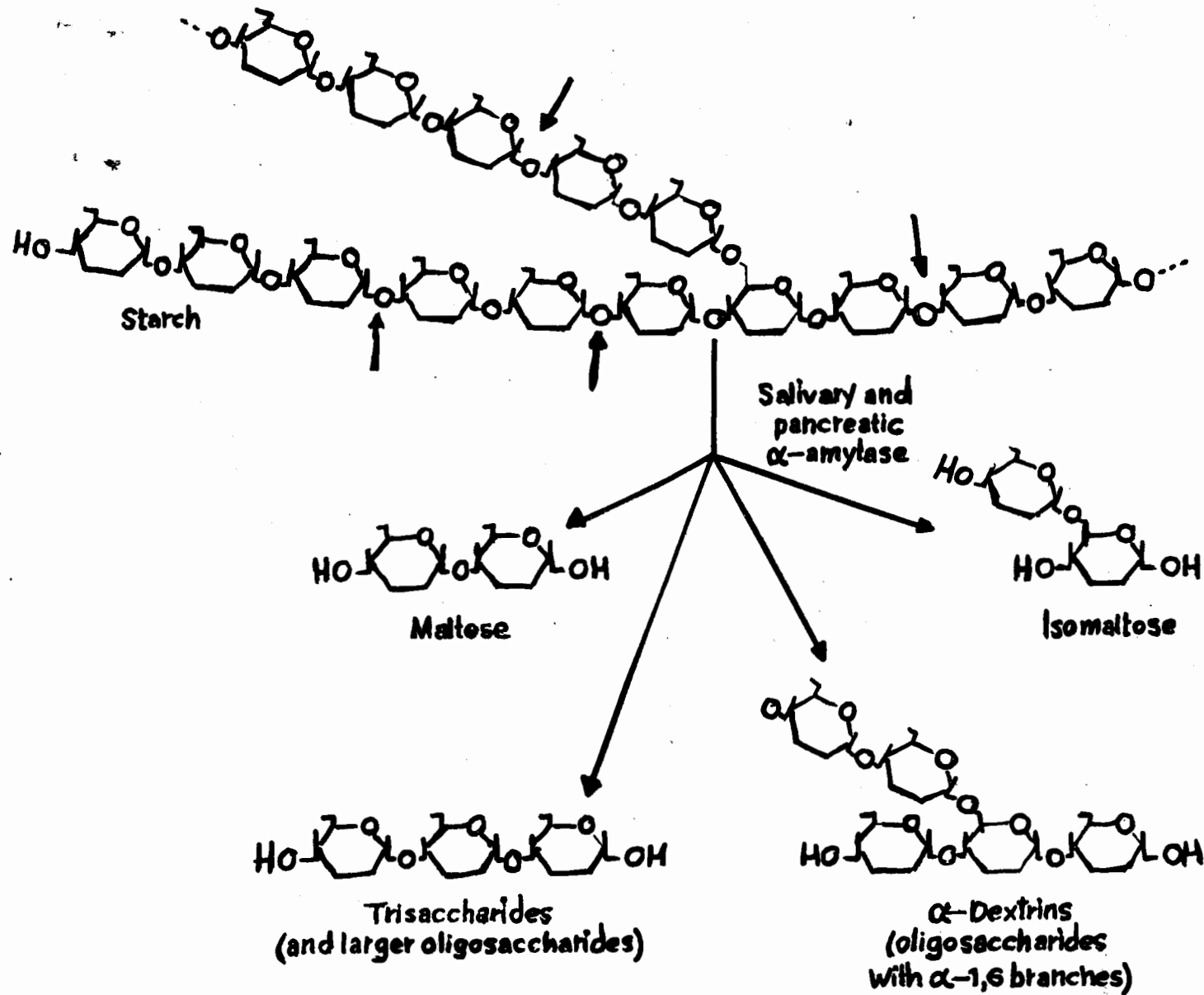


Fig. 25.12. Action of salivary and pancreatic α -amylase, on STARCH

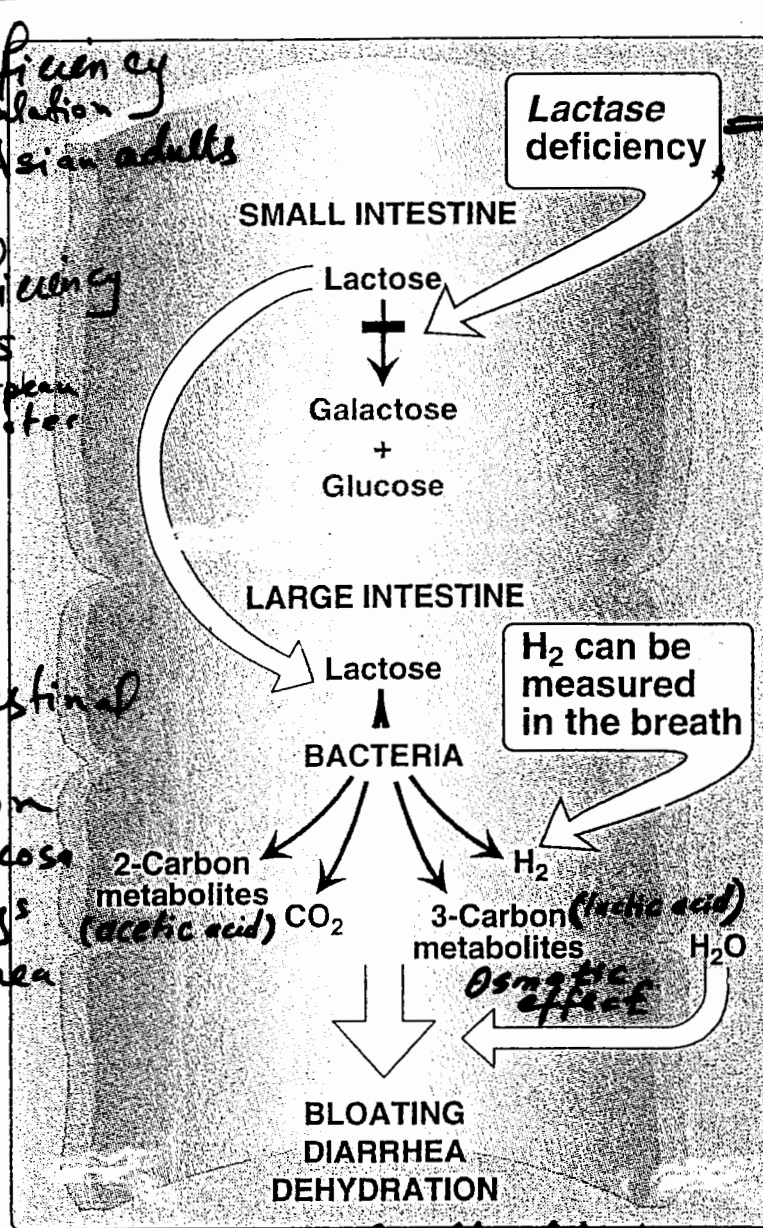
Abnormal Degradation of Disaccharides

- Lactase deficiency
- $\frac{1}{2}$ World's population
- 90% African + Asian adults

- ^{isomaltase} Sucrase deficiency
- 10% Eskimos
- 2% North European are heterozygotes

Causes:-

- Genetics
- Variety of Intestinal diseases
- Malnutrition
- Injury of mucosa e.g. by drugs
- Severe diarrhea

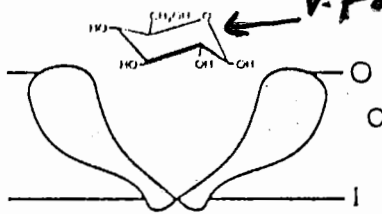


1L of extra cellular fluid lost per 9 gr of lactose in 1 glass of milk.

Maximal activity → 1 month of age
 declines → adult level at 5 to 7 yr. age
 (10% of Infant level)

Absorption of Sugars

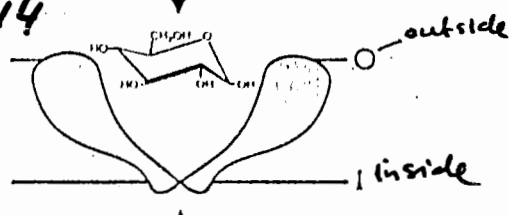
A. Na^+ -independent facilitated diffusion transport



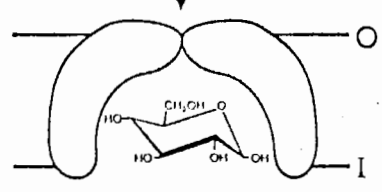
V. Polar cannot diffuse
multiple gr. on protein bind -OH of glu - close behind it

- Glut-1 \rightarrow Glut-14

- Glu movements follow conc. gradient

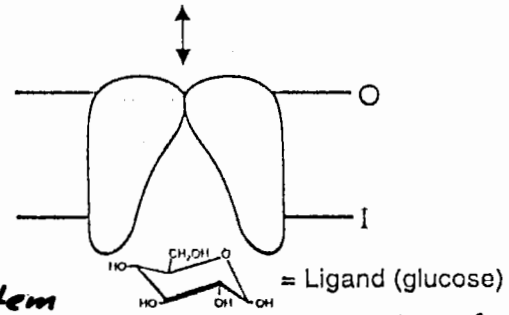


- two conformational states



two conformational states
close behind

B. Na^+ (SGLT) mono saccharide cotransporter system



Low glucose

Lumen
Mucosal side

facilitated
Glut-5 Gal Fructose Glucose Na⁺ Galactose SGLT

High Na⁺

high glucose



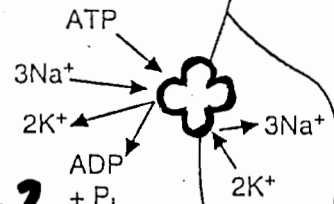
Brush border

low Na⁺

SGLT:-
- Energy requiring process
- occurs in intestinal & renal tubules epithelial cells

GLUT5 (fru)

Fructose Glucose Na⁺ Galactose



Intestinal epithelium

Serosal side

GLUT-2 Glut-2 to capillaries

High Na⁺

= Na⁺-glucose cotransporters
SGLT

= Facilitated glucose transporters
GLUT

= Na⁺,K⁺-ATPase

Transporter
Occurrence
Function
I Sodium dependent-Transporter:- SGLT

Small intestine
and kidney

Active uptake from lumen of
intestine, reabsorption of
glu in proximal tubule of kidney
against conc. gradient

II Facilitative Bidirectional Transporters

GLUT-1 Erythrocyte + uptake of Glu
Blood-brain barrier, also
retinal, placental, testis-
barriers $K_m = 1 \text{ mM}$

GLUT-2 Liver, Pancreatic β -cell Rapid uptake and
small intestine, kidney release of Glu
(serosal surface) $K_m = \sim 15 \text{ mM}$
• High V_{max}
• Glucose sensor

GLUT-3 brain, kidney, placenta uptake of Glu
(Major transporter in CNS) $K_m = \sim 1 \text{ mM}$
(High affinity)

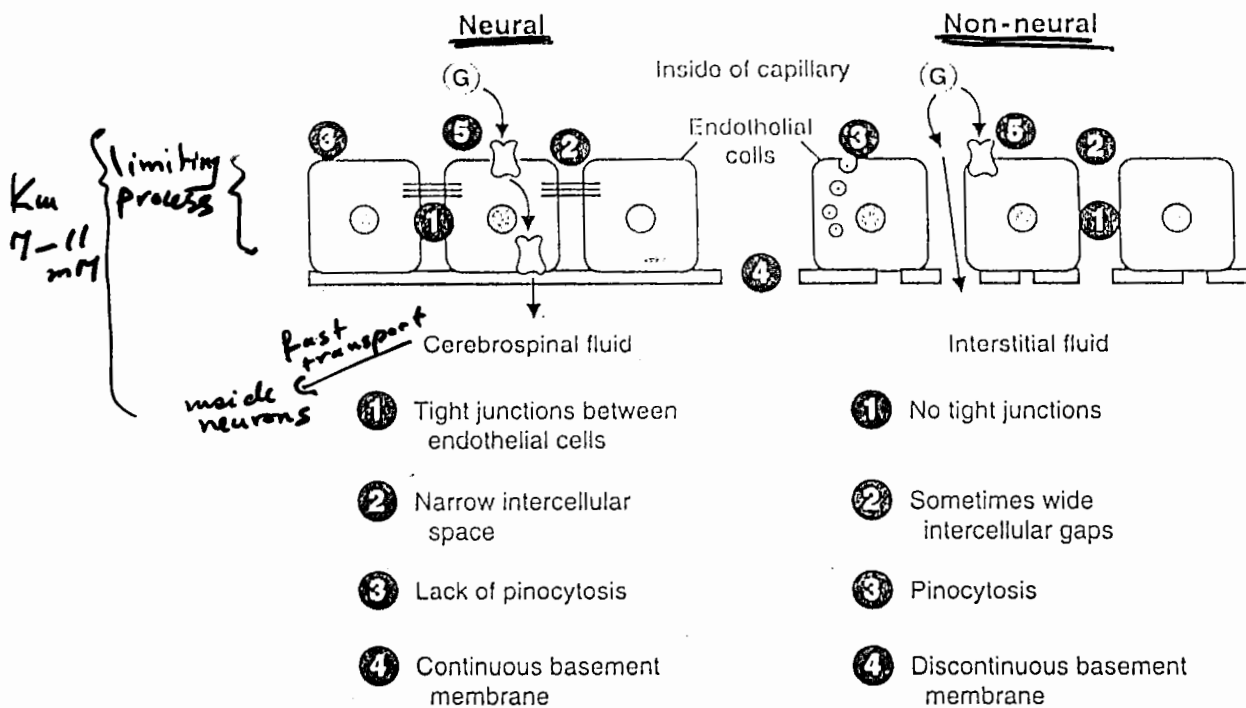
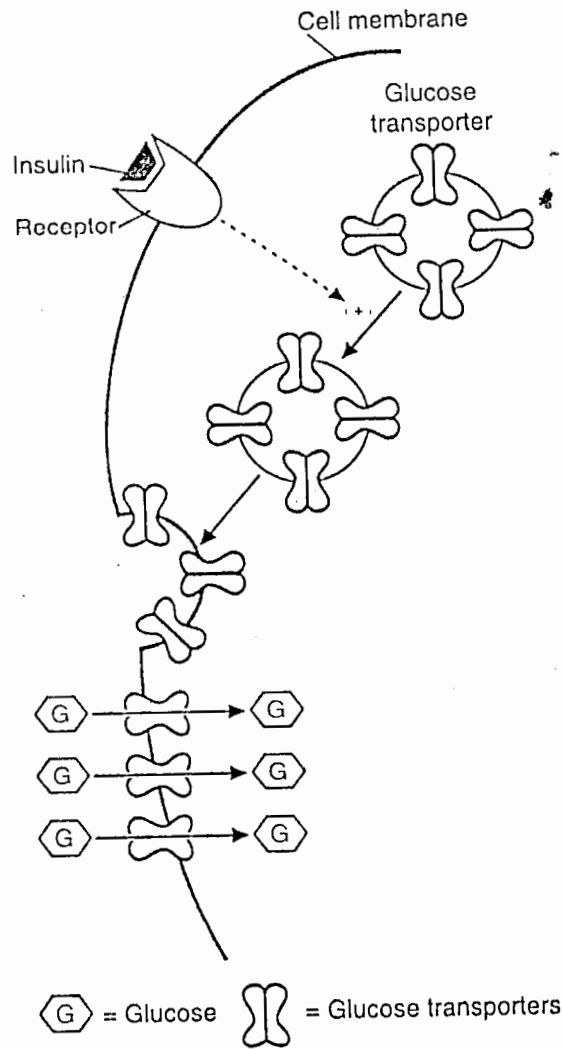
GLUT-4 Heart and skeletal muscle, Insulin stimulated
adipose tissue uptake of glu
 $K_m = \sim 5 \text{ mM}$

GLUT-5 Small intestine absorption of fru
& spermatozoa

GLUT-7 at endoplasmic reticulum
membrane of glucogenic tissue
(liver and kidney)

Stimulation by Insulin of Glucose Transport into muscle and adipose Tissues

7a

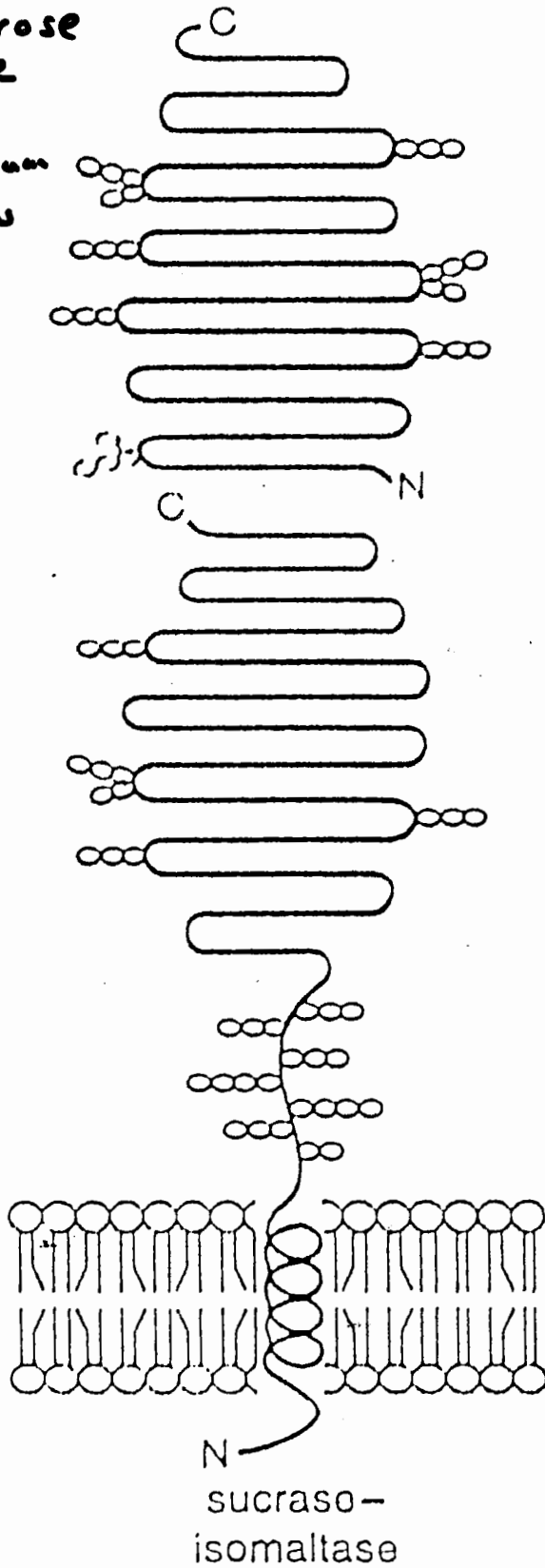


Glucose transport through the Capillary Endothelium

Sucrase-Isomaltase Complex

Specificity:-
maltose, sucrose
and Isomaltose

Location:-
rich in jejunum
and lower below



sucrase (only sucrase activity)
+ high maltose and
maltotriose activity

} → they account for more
than 50% of maltase activity

isomaltase (performs most of
the hydrolysis)
+ high maltose and
maltotriose activity

Connecting
segment (stalk)

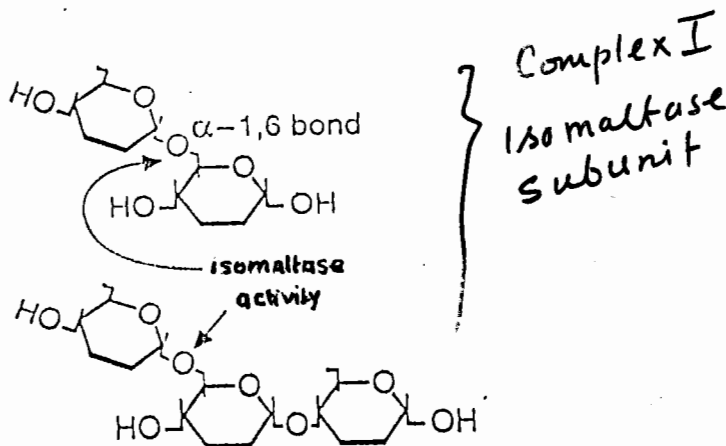
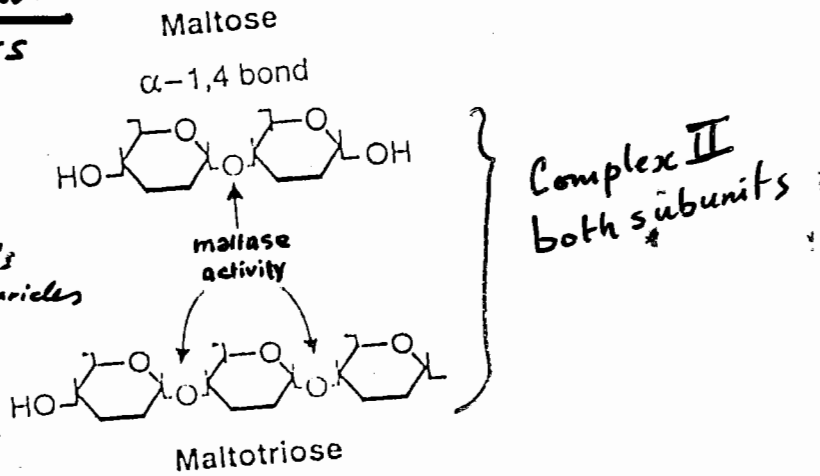
Transmembrane
segment of absorptive
cell

Cytoplasmic
domain

→ lumen of the
intestine

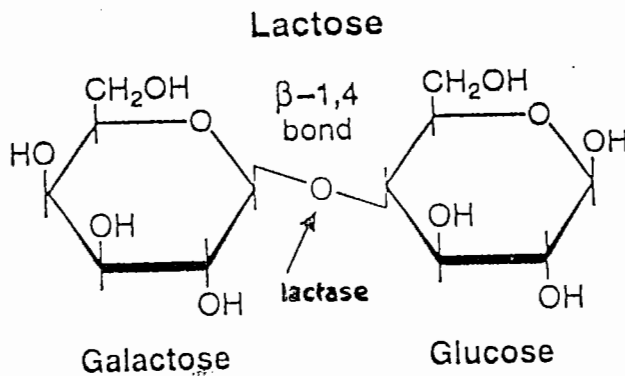
II. Glucosylase Complex

- two different subunits
- small difference in specificity
- Exoglucosidase activities → hydrolysis of α-1,4 bonds in oligosaccharides
- Also maltase activity
- Location:
Jejunum



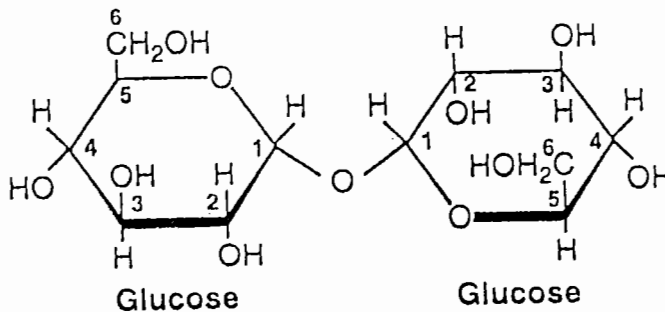
III. β-Glycosidase (Lactase)

- Location - as for sucrase
- Activity - low and rate limiting for lactose absorption
- Highest upto 5-7yr.
- Secondary lactase deficiency



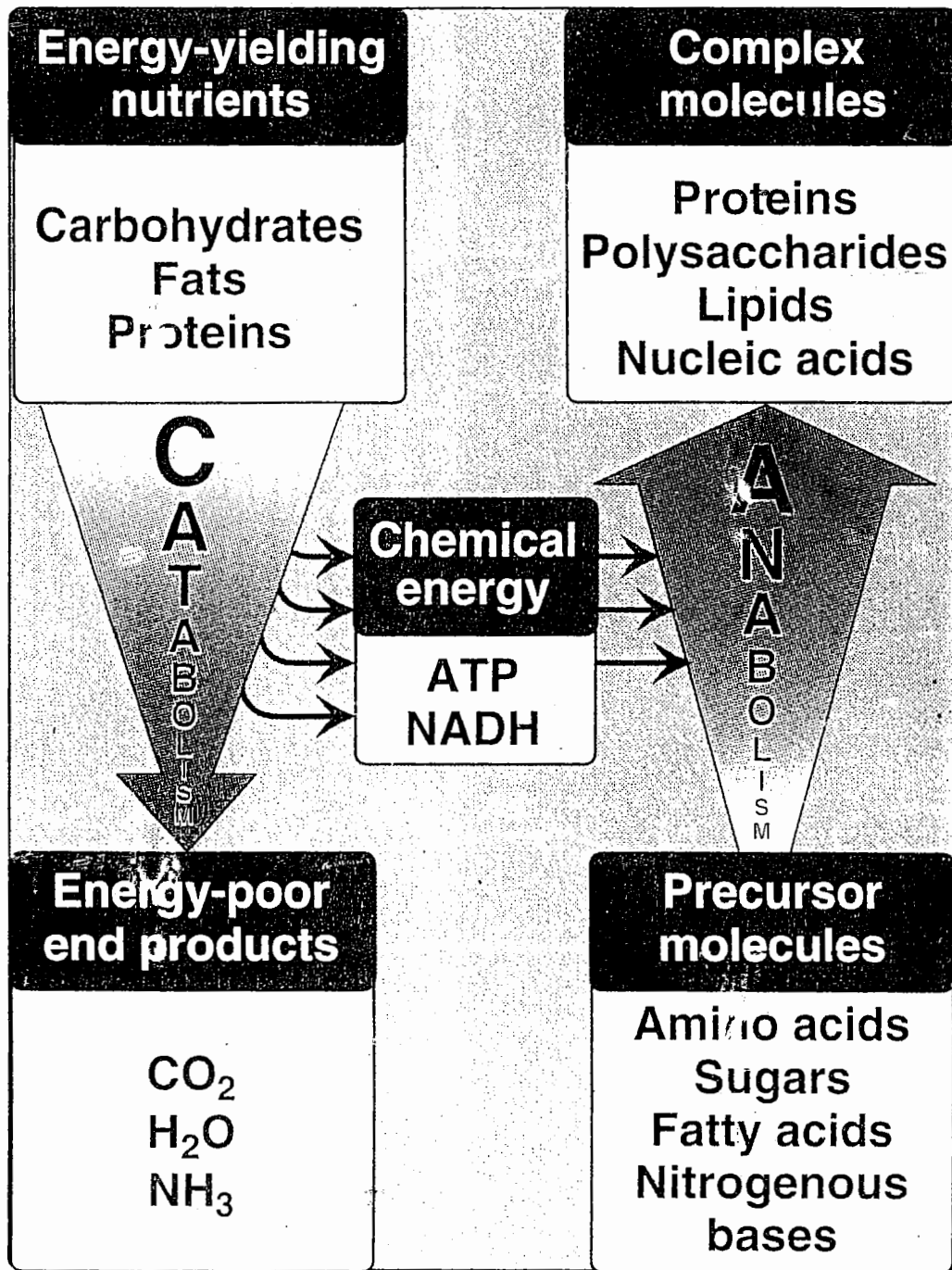
IV. Trehalase

Trehalose (sugar in insects, algae, mushroom)



GLYCOLYSIS

- INTRODUCTION



Regulation of Metabolism:-

- Signals from within the cell
- Communication between cells (intercellular)

• SECOND MESSENGER SYSTEMS

- Ca^{2+} / phosphatidylinositol system
- Adenyl cyclase system

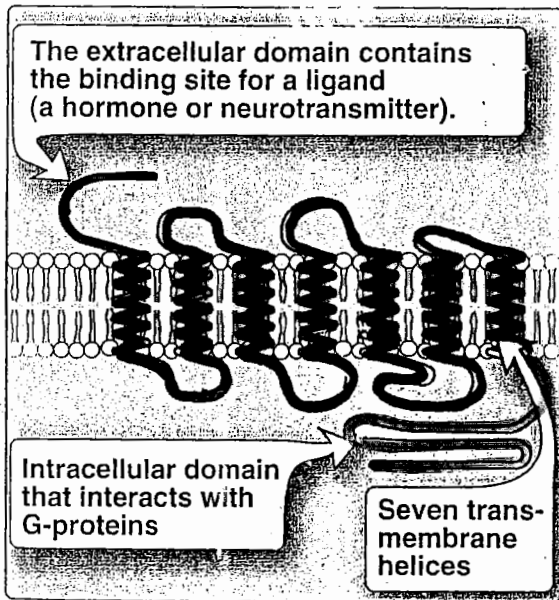


Figure 8.6
Structure of a typical membrane receptor.

Adenyl Cyclase

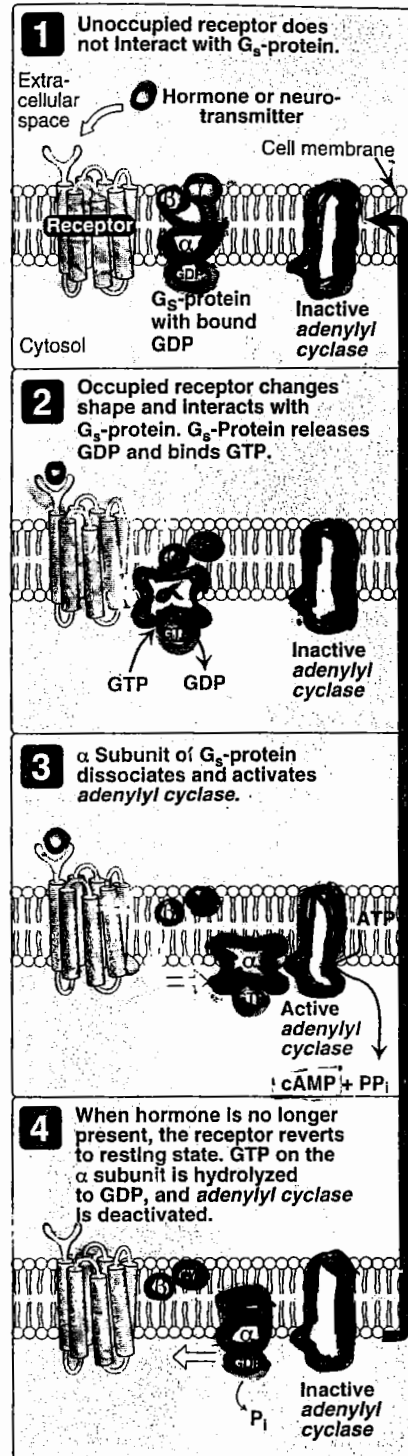
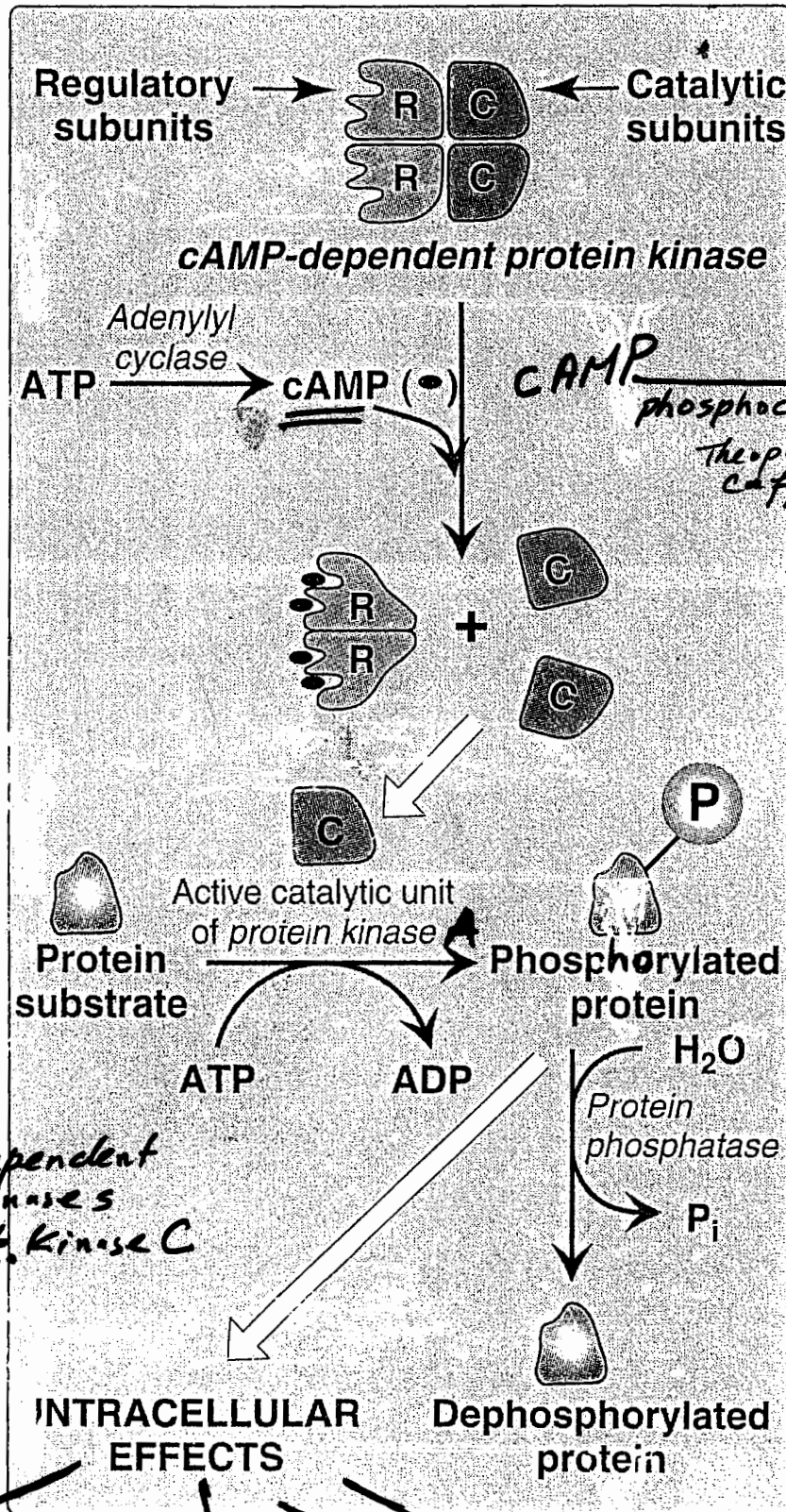


Figure 8.7
The recognition of chemical signals by certain membrane receptors triggers an increase (or, less often, a decrease) in the activity of adenyl cyclase.

Actions of cAMP



- CAMP-independent protein kinases e.g. Prot. Kinase C

bind to promoter regions of DNA
 Cells ion channels
 Inhibited enzymes
 Activated enzymes