Metabolic relationships

Seminar No. 5

- Chapter 16 -

Transformation of energy in human body

energy input = chemical energy of nutrients = work + heat

energy of nutrients = BM + phys. activity + reserves + heat

work

BM = basal metabolism

Reserves = chemical energy of adip. tissue, liver/muscle glycogen, and cca $\frac{1}{3}$ of muscle proteins

Basal metabolism depends on

- sex (in females by cca 10 % lower)
- age (diminishes with age)
- body temperature (increase by 1 °C increases BM by 12 %)
- hormones thyroxine, adrenalin increase BM
- long-term starvation BM goes down (lowering diets, anorexia nervosa)

BM estimation (see p. 90)

$4.2 \text{ MJ} / \text{m}^2 / \text{day}$

0.1 MJ / kg / day

Energy expenditure in various conditions (MJ/day)

| BM - anorexia nervosa | 1-2 |
|-----------------------|--------------------|
| BM - lowering diets | 4-5 |
| BM - females | 6-7 |
| BM - males | 7-8 |
| Light work | 8-11 |
| Medium hard work | 11-14 total energy |
| Hard work | 14-18 |

Main sources of nutrients

| Nutrient | Food source |
|-------------|--|
| Saccharides | starch, sugar (sucrose) |
| Lipids | oils, lard, bacon, butter, margarines etc. |
| Proteins | meat, egg, milk, (cottage) cheese, beans |
| | |

Energy content in nutrients

| Nutriont | Heat of combustion (kJ/g) | | |
|-------------|---------------------------|----------|--|
| | Biological | Physical | |
| Lipids | 38 | 38 | |
| Saccharides | 17 | 17 | |
| Proteins* | 17 🗲 | 24 | |

* In calorimeter, AA are oxidized to $CO_2 + H_2O + N_2$. In human body, AA are catabolized to $CO_2 + H_2O$ + urea.

Recommended intake of nutrients

Saccharides 50-55 % (mainly starch)

Lipids 25-30 % (10 % PUFA)

Proteins 10-15 % (esenc. AA)

Essential FA: linoleic, α-linolenic
Conditionally esent. FA: arachidonic
Essential AA: Phe, Trp, Val, Leu, Ile, Met, Thr, Lys
Conditionally esent. AA: His, Arg, Ala, Gln

Energy reserves in adult man (70 kg)

| Nutrient | Tissue | Mass (g) | Energy (MJ) |
|----------|----------|----------|-------------|
| Glycogen | liver | 70 | 1,2 |
| Glycogen | muscle | 120 | 2,0 |
| Glucose | ECF | 20 | 0,3 |
| Lipids | adip. t. | 15 000 | 570 |
| Proteins | muscle | 6 000 | 102/3=34 |

Q. 1 (p. 95)

What is the performance of an active student in seminar if his body surface is 1.73 m²? Express it in Watts.

Use the data from the chart on p. 90.

A. 1 medium hard work Energy expenditure of a student = ~ 4 MJ/d basal expenditure (= BM) + activity in seminar $4.2 \times 1.73 + 4 = 11.266 \text{ MJ/day} =$ $11\ 266\ 000\ \text{J/day}\ =\ \frac{11266000}{86400}\ (\text{J/s})\ =\ 130\ \text{J/s}\ =\ \underline{130\ \text{W}}$

Q.2 (p. 95)

The rate of energy expenditure in a fasting man (70 kg) without physical activity is 7 MJ/d.

How long do his energy stores last?



Body mass index $BMI = \frac{mass (kg)}{[height (m)]^2}$

| BMI | Classification |
|-------|--------------------|
| < 16 | severe underweight |
| 16-20 | underweight |
| 20-25 | optimal weight |
| 25-30 | light obesity |
| 30-40 | marked obesity |
| >40 | severe obesity |

Basic facts on metabolism

- ATP is immediate source of energy in cells
- ATP is derived from metabolic oxidation of nutrients: glycolysis + β -oxidation of FA \rightarrow acetyl-CoA \rightarrow CAC \rightarrow resp. chain \rightarrow ATP
- ATP and glucose levels in body have to be reasonably constant
- glucose is necessary for brain and RBC
- glucose is necessary for utilization of lipids for energy:
 Glc → pyruvate → oxalacetate → CAC
- glucose cannot be made from FA

Relationships between nutrients

glucose \rightarrow lipids \checkmark

 $FA \rightarrow glucose \times$

glucogenic AA \rightarrow glucose \checkmark

Glc (pyruvate, CAC intermed) \rightarrow C skeleton of non-essential AA \checkmark

AA \rightarrow lipids \checkmark

lipids \rightarrow AA \bigstar



Glucose in liver (well fed state)

- Glc \rightarrow glycogen
- Glc \rightarrow pyruvate \rightarrow acetyl-CoA \rightarrow CAC \rightarrow energy
- Glc \rightarrow pyruvate \rightarrow acetyl-CoA \rightarrow FA \rightarrow TAG (VLDL)
- considerable amount of Glc just passes through into blood
- small portion of Glc is converted into specialized products (pentoses + NADPH, galactose, glucuronate)
- excess of Glc → lipids (VLDL) → blood → adipose tissue
 → obesity

Glc in other tissues (well fed state)

- Glc is the only fuel for RBC (anaerobic glycolysis)
- Glc is prominent fuel for brain (aerobic glycolysis)
- Glc is source of energy + reserves (glycogen) in muscles
- Glc is source of glycerol-3-P for TAG synthesis in adipose tissues

Lipids in well-fed state (insulin)



Lipids in well-fed state (insulin)

- Exogen. TAG (CM) and endogen. lipids (VLDL) supply peripheral tissues (muscles, myocard, kidney, adip. t.)
- FA are released from TAG by the action of LPL
- FA are fuel for muscles

 $FA \rightarrow acetyl-CoA \rightarrow CAC \rightarrow CO_2 + energy$

• In adipose tiss., FA are substrates for TAG synthesis

Q.

Which extrahepatal tissues utilize glucose in well-fed state? What is the role of insulin in this process?

A.

- most tissues:
- RBC + brain (exclusively in well-fed state)
- muscles + adipose tissue + some other ...

- insulin stimulates the exposition of GLUT4 in muscles and adip. tiss. cell membranes
- Glc can enter these organs

Q.

Why is glucose needed for adipose tissue?

A.

- Glc is the source of **energy** (aerobic glycolysis)
- Glc is the source of **NADPH** +**H**⁺ for FA synthesis (pentose cycle)
- Glc is the source of glycerol-3-P for TAG synthesis

glycerol-3-P \rightarrow 1-acylglycerol-3-P \rightarrow 1,2-diacylglycerol-3-P \rightarrow

1,2-diacylglycerol \rightarrow TAG

Q.

How can FA be formed from glucose?

A.

- Glc \rightarrow 2 pyruvate (aerobic glycolysis)
- pyruvate \rightarrow acetyl-CoA (oxidative decarboxylation)
- acetyl-CoA + CO_2 (biotin) \rightarrow malonyl-CoA (activation)
- $[malonyl-CoA + acetyl-CoA]_{nx} \rightarrow \rightarrow FA$

Q. (p. 91)

Why are KB **<u>not</u>** formed during resorption state?

A.

- there is not enough substrate for KB synthesis
- insulin has **anti-lipolytic action**
 - \Rightarrow not enough FA and acetyl-CoA



Glucose in fasting (glucagon)

- blood Glc level is maintained by <u>two</u> processes:
- (1) liver glycogenolysis

 $(Glc)_n + P_i \rightarrow (Glc)_{n-1} + Glc-1-P$

 $Glc-6-P \rightarrow Glc$

- (2) liver gluconeogenesis from lactate, AA, glycerol
- in muscles + brain, glycolysis is partly anaerobic
 Glc (6C) → 2 lactate (3C)
- the body starts to save glucose





Lipids in fasting (glucagon)

• glucagon stimulates lipolysis in adip. tiss. (HSL)

TAG \rightarrow 3 FA + glycerol

• FA are released to blood, bound to albumin, and trasferred to muscles ($\rightarrow CO_2$ + energy)

to liver (\rightarrow partly CO₂ + energy for liver, partly KB for export)

• KB are metabolic fuel for muscles and partly for brain



Ketone bodies as the source of energy



Q.

In which tissue are KB produced? Which substrate is the source? What is the cause of increased synthesis of KB?

A.

• KB are produced <u>only in liver</u> from acetyl-CoA

• liver is not able to utilize KB

• the metabolic cause:

the shortage of oxaloacetate and excess of acetyl-CoA

Q.

- How does <u>lipoprotein lipase</u> act on fat reserves in body?
- How does hormon sensitive lipase act on fat reserves in body?

| Z | |
|---|---|
| | • |

| Feature | LPL | HSL |
|------------------|-------------------|-----------------------|
| Substrate | TAG in blood | TAG in adipose tissue |
| Fat reserves are | increased | decreased |
| Stimulation by | insulin (inducer) | glucagon + adrenalin |
| | | |
| | | 40 |





Adaptation to prolonged starvation

- muscle proteolysis: $75 \rightarrow 20 \text{ g/d} \Rightarrow \text{decreases}$
- liver gluconeogenesis: $180 \rightarrow 80 \text{ g/d} \Rightarrow \text{decreases}$
- lipolysis: $160 \rightarrow 150 \text{ g/d} \Rightarrow \text{approx}$. the same
- KB production: $60 \rightarrow 57 \text{ g/d} \Rightarrow \text{approx. the same (dif. utiliz.)}$
- energy for brain: Glc (44 g/d) + KB (47 g/d)
- energy for muscle: FA

Q.

Which are the main priorities of metabolism during long starvation?

1. sparing glucose

2. sparing proteins

Q.

How does a long term fasting affect the acid-base balance?

• the accumulation of acetoacetate and β -hydroxybutyrate in ECF leads to the decresase of pH \Rightarrow acidosis

| Acid | р <i>К</i> _А |
|------------------|-------------------------|
| Acetoacetic | 3.52 |
| β-Hydroxybutyric | 4.70 |