

وَيُقَالَ المَسْ الْمُعْلَمُ الْمُ



#### Ahmed Salem, MD, MSc, PhD, FRCR



Carbohydrates metabolism II Aerobic metabolism    1.Gluce Synthe glycero      3. Elec    3. Elec      4.Inhibit phosph    9.000000000000000000000000000000000000	sis of glucose from lactate, amino acids and s cycle tron transport and oxidative phosphorylation itors of electron transport and oxidative norylation
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يتع استنغاذح

## **Gluconeogenesis:** Definition

- Metabolic process by which glucose in synthesised from noncarbohydrate precursors:
  - Lactate ( Lactete ) يصنع بال ( muscle ) يرج على ال ( liver ) يتعول إلى ( Lactate )
- gluconeogenesis) JU Glycerol (part of TAG) Glucogenic amino acids (major source of glucose after glycogen is depleted) 🔶 المعس

الجواب بکر نہ

leucine lysine : Le

Odd chain fatty acids (rare); Propionyl coA (minor source)

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\* كمية ال (660) بالجم قليلة جدًا

\* لو صار في فقدا نه كبير ومستمر لل (Glucose) زك مثلا فترات المجاعة المستمرة الدماني بصير مستخم ال (Kctonebodies) بديلاً للا (Glucose)

# Physiological importance

- Maintains blood glucose level especially in starvation
  - Brain has a minimum obligatory requirement of 120g glucose/ day -> provided in case of starvation via gluconeogenesis
    - Appx 60% of total CHO intake by body is metabolized by brain
  - Glucose main source of energy for anaerobic tissues (RBCs, muscles during exercise)
- Control of acid-base balance
  - Production of lactate in excess to clearance  $\rightarrow$  metabolic acidosis
  - Re-synthesis of glucose from lactate is a major route for lactate disposal
- Glucose required in adipose tissue as a precursor of glycerol
- Glucose is precursor of milk sugar lactose in mammary gland
- Glucose is needed to maintain the intermediates of the TCA

Krebs Cycle

(glacose or its metabolism) cies

# Important facts about gluconeogenesis - <u>سوال نوالام</u> • Sites of occurrence: partially in mitochondria and partially in cytosol of liver (85-90%) & kidney cortex (اندر الارام)

- Conditions characterised by active gluconeogenesis:
  - Prolonged fasting/ starvation → starts 6-8 h after last meal and fully active 12-18 (after depletion of liver glycogen)
  - Cushing's syndrome (high cortisol level)/ DM
  - Cortisone and ACTH therapy

  - Unbalanced diet (low CHO, high fat) (Ketogenic diet)

After an overnight fast, glycogenolysis and gluconeogenesis make approximately equal contributions to blood glucose. As glycogen reserves become increasingly depleted, gluconeogenesis becomes progressively more important

# Gluconeogenic pathway ( (Glycolysis))

• Pretty much the reversal of glycolysis (but not just reversal of glycolysis)

• Gluconeogenesis & glycolysis need to be reciprocally regulated (when glycolysis is active, gluconeogenesis is shut down)

الفوارة. • 3 irreversible reactions of glycolysis need to be overcome:





بدنا نفكر من (4) منطلقات:

الأوال لِنَّبَا يَتَ مَرُولَانَ (Alactate) والتربيس (NAC) وكما أعلم أنن أحناج (2) معان معد (20) والملجر (20) اذا أناساً بتر الأوال لِنَبَا يَتَ مَنُ (lactate) وبعد هيك صندعت (Glucose) وبعد هيك حرقته بال(krebs cycle) و المصبيلي ال(NADH) ؟

الكاني أنه بدي أحول من (Pyrovate) ، إلى ( Glucose ) عند طريقة ال ( Cpyrovate) والتي متسلك من (Cpyrovate) ومتستصلك (Cpyrovate) وتستصلك (Cpyrovate) وتستصلك (Cpyrovate) وتستصلك (Cpyrovate)

الثالث أنه أناعث ند ادخه ب (Krebs Cycle) بدي ( Acetyl Cod و أنا عارف أنه بالا ( Glucose) مند ( Glucose) بالى ( Pyrovate ) بنتيج عندي (Rrebs Cycle) بالت

يحني (FATP) ، ولما أحول عنه ( Pyrovate ) , الى ( Accty I COA ) ينتج عنه نا (Accty I COA ) ينتج عنه نا

الوابع وجو ( Krebs cycle ) محل ( Arctsl coa) ينتج عند نا ( ATP م) 20 ATP م)

المحصلة : استصلكنا الملام وأنتجنا ( F + Z + 5 + 7 )	

26 = 11 - 37

( Pyro vate and AcetylcoA) لحدة الآمد غير (structures مناو تعرف ( Pyro vate and AcetylcoA) لحدة الآمد غير

Irreversible steps in glycolysis	Corresponding key gluconeogenic enzymes	
Pyruvate kinase (Step 9)	Pyruvate carboxylase; Phosphoenol pyruvate- carboxy kinase	
Phosphofructokinase (Step 3)	Fructose-1,6- bisphosphatase	
Hexokinase (Step 1)	Glucose-6-phosphatase	

#### 1) FROM LACTATE & PYRUVATE: This requires:

#### (A) Reversal of Pyruvate Kinase Reaction: (Dicarboxylic acid <u>shuttle</u>).

- Pyruvate generated in cytosol is transported to mitochondria and converted to oxaloacetate
- Pyruvate carboxylase like many CO2 fixing enzymes needs biotin





 Aspartate shuttle does not require preliminary reduction step, depends of availability of glutamate and α ketoglutartae (B) **Reversal of the phosphofructokinase reaction:** 

Fructose-1, 6-bisphosphatase is the KEY ENZYME of gluconeogenesis.



Fructose-1, 6-bisphosphatase enzyme is not found in heart, smooth muscle or adipose tissue, so gluconeogenesis does not occur in these sites.

× فالقلب بتعمل ال ( Ketone bodies ) لأنه ال ( Metone bodies ) مش موجودة عنده

#### (C) **Reversal of the Hexokinase Reaction:**

- G-6-phosphatase is present in the liver & (kidney, & intestines) lesser extent
  - Liver provides >85% of glucose produced in body
    - This proportion  $\downarrow$  in prolonged starvation  $\rightarrow$  kidney production  $\uparrow$
  - Totally absent in brain, muscles and adipose tissues
- In skeletal muscles gluconeogenesis ends in G-6-P which cannot leave the cell, but G-6-P can form glycogen



# Gluconeogenic precursors

#### • Lactate

- End product of anaerobic metabolism of glucose in muscle, RBCs
- It is transported from muscle, RBCs to liver where it is reoxidised by LDH to pyruvate which is converted to glucose

#### Cori cycle

- Occurs between [RBCs and muscles in vigorous exercise] and liver
- Clears blood and tissues from lactate to give glucose in the liver
- → prevents lactic acidosis



#### Cori Cycle (Lactic Acid Cycle)

Liver and kidney

Gluconeogenesis

Blood Glucose 70-110 mg/dl (3.5-6 mmol/l)

Cori Cycle: in fasting, insulin level is decreased while glucagon, adrenaline and cortisol levels increase. This stimulates gluconeogenesis in the liver and kidney tubules, which converts lactate into glucose to maintain blood level. Most of the glucose is directed to the brain and red blood cells. Less amounts go to skeletal muscles, which rely on ketone bodies and fatty acids for energy. Red cells convert glucose all the time to lactate but brain and skeletal muscles also produce lactate under anaerobic conditions which in the brain could be contributed to by morphine respiratory depressants. Lactate is released to the blood and taken by the liver to be reconverted back to glucose.

> Lactic acid 2-5 mmol/l (Increased in lactic acidosis)





Skeletal muscles



Red blood cells

### **Glucose from amino acids:**

All glucogenic and mixed amino acids can give glucose (i.e. all amino acid except leucine and lysine)

- Amino acids give <u>pyruvate</u> or <u>intermediates of Krebs' cycle</u>
  - → both can be converted to oxaloacetate which by PEPCK can give phosphoenolpyruvate (PEP)
  - PEP by reversal of glycolysis can form glucose or glycogen

(glucose and glycogen



## **Glucose-Alanine cycle**

- Alanine is transported from muscle to liver, transaminated → pyruvate → glucose
- Glucose can enter glycolytic pathway to form pyruvate which is transaminated  $\rightarrow$  alanine
- Glucose-alanine cycle is of primary importance in conditions of starvation

#### • Importance

- Transfer if 3C of pyruvate to the liver to give glucose
- Transfer of NH3 in non-toxic form from muscle to liver to be converted to urea
- Related to Cori cycle



#### **GLUCOSE FROM GLYCEROL:**

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- Glycerol results from hydrolysis of TAG in adipose tissue
  - In liver & kidney, glycerol is converted to glycerol 3-P
    Adipose tissue cannot utilise glycerol as it lacks glycerol kinase enzyme
- نقطح المنول إلى • DHAP is point of entry into gluconeogenesis
- Glycerol release from adipose tissue is  $\uparrow$  in stress

عدانه حل الموعنده (stress) مغروز نه بسرعة

#### GLUCOSE FROM ODD CHAIN FATTY ACIDS: It is rare conversion

م ادر لأنه جمعنا كل اللي في صعر (Even)



# Energy requirements for gluconeogenesis



- Gluconeogenesis is a costly metabolic process
- Energy requirements for gluconeogenesis depends on starting point:

استصلاك الطاقة

- If start with pyruvate → 6 ATP
- If start with oxaloacetate → 4 ATP
- If start with glycerol → 2 ATP



# Regulation of gluconeogenesis

- Gluconeogenesis and glycolysis are reciprocally regulated
  - Inhibition of glycolysis  $\rightarrow$  stimulation of gluconeogenesis
- 4 key enzymes of gluconeogenesis:
  - Pyruvate carboxylase (PC)
  - Phosphoenolpyruvate carboxykinase (PEPCK)
  - Fructose 1, 6 Bisphosphatase (F-1, 6-BPtase; the key enzyme)
  - Glucose-6-phosphatase (G-6-Ptase)
- Types of regulation
  - Allosteric regulation
  - Hormonal regulation

# Allosteric regulation: Pyruvate carboxylase

• Allosterically activated by acetyl coA according to different conditions:

, like cofactor in Krebs cucle

- Low energy status of cell  $\rightarrow$  important to replenish oxaloacetate for directing TCA to provide ATP
- نقعت الجلومحوز بلام <u>Hyp</u>oglycaemia -> acetyl coA produced from lipolysis & β oxidation of FAs:
  - Promotes oxaloacetate synthesis (gluconeogenesis)



- $\underbrace{Carbohydrate} \rightarrow Glycolysis} \rightarrow \underbrace{Pyrovate}_{\text{High energy status of cells (excess CHO)}} \rightarrow \uparrow acetyl coA \rightarrow \uparrow in oxaloacetate (via)$
- stimulation of pyruvate carboxylase)  $\rightarrow$  to form citrate  $\rightarrow$  enables FA synthesis

### Allosteric regulation: fructose 1,6 biphosphatase

 The key enzyme of gluconeogenesis: F-1, 6-Bisphosphatase which is <u>allosterically inhibited by F-2, 6–BP</u>

 Fructose-2, 6-Bisphosphate: [F-2, 6–BP] is formed by phosphorylation of F-6-P by the enzyme phosphofructokinase–2 (PFK-2) • Fructose-2, 6-Bisphosphate plays an important role in regulation of glycolysis and gluconeogenesis.

- CHO feeding  $\rightarrow \uparrow \uparrow$  F-2, 6-BP  $\rightarrow$ 
  - it allosterically stimulates PFK-1 and
  - inhibits F-1, 6-BPtase → stimulates Glycolysis and inhibits
    Gluconeogenesis
  - So, glycolysis and Gluconeogenesis can't occur at the same time.



### Hormonal regulation

- Induce synthesis of 4 key gluconeogenic enzymes
  - Pyruvate carboxylase, PEPC, G-6- phosphatase, F 1,6 bisphophatase
- Repression/ inhibition of 3 key glycolytic enzymes (pyruvate kinase, PFK-1, glucokinase)
- - Release of glycerol → gives glucose in liver

#### Glucocorticoids:

• promotes proteolysis of muscle protein  $\rightarrow$  release of free AA  $\rightarrow$  oxidation of AA  $\rightarrow$  intermediates for gluconeogenesis

( Huconeogenesis) Il june

- Induces transaminases
- Insulin  $\rightarrow$  inhibits gluconeogenesis
  - Repressor of gluconeogenic enzymes
  - Inducer of glycolytic enzymes





Fig. 9.32. Reciprocal regulation of PFK (glycolytic enzyme) and Fructose-1,6-bisphosphatase (gluconeogenic enzyme)

Table 9.8. Regulatory enzymes ofgluconeogenesis (compare with Table 9.3)			
Enzyme	Activation	Inhibition	
РС	Cortisol, Glucagon Adrenalin, Acetyl CoA	Insulin, ADP	
PEPCK	Cortisol, Glucagon Adrenalin, Acetyl CoA	Insulin	
F-1,6-bis-1 phosphatase	Cortisol, Glucagon Adrenalin, Acetyl CoA	F-1,6-BP, AMP F-2,6-BP	
G-6-phos- phatase	Cortisol, Glucagon Adrenalin, Acetyl CoA	Insulin	

### Impaired gluconeogenesis

- Decreased gluconeogenesis → lactic acidosis & hypoglycaemia (could cause brain damage)
  - Blood glucose levels below 30-40mg/dL → severe hypoglycaemia
- Causes of impaired gluconeogenesis
  - Insufficiency of glucocorticoids, glucagon
  - Severe liver disease ((انه الر (المعيد الأسلس في الر (الانه الر ())
  - Inherited deficiency of fructose 1,6 biphosphatase (hypoglycaemia, lactic acidosis, ketosis)
  - Glucose 6-phosphatase deficiency (von Gierk's disease ) → severe hypoglycaemia\*\*, lactic acidosis and hepatomegaly

فت ال (fasting )