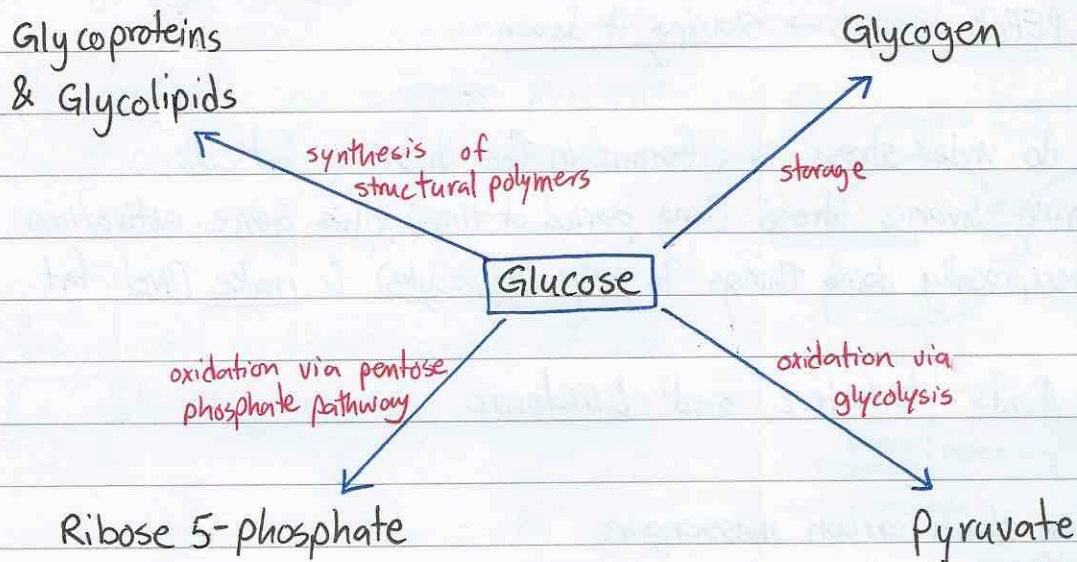


Week 7 - Carbohydrate Metabolism I

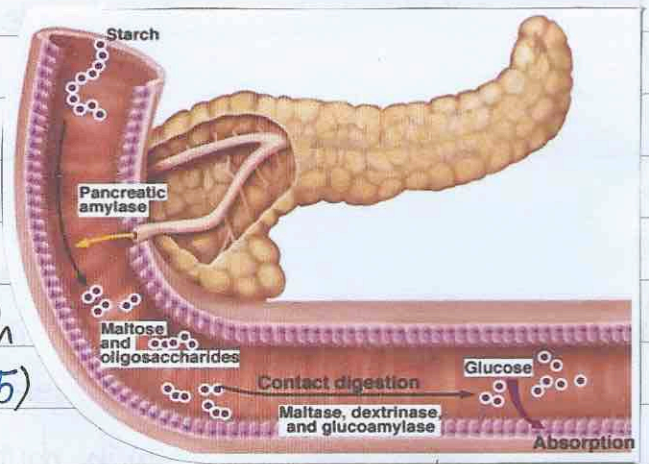


Carbohydrate Digestion in Small Intestine

- mastication (chewing up food) is to increase surface area

- salivary amylase is released in the mouth & is the beginning of carbohydrate metabolism

are inactivated once it reaches the stomach (since it's acidic \rightarrow if pH is less than 4.5)



- 50% of dietary starch is digested before it reaches the small intestine
- the pancreas however will produce amylase later on to continue digestion of sugars

Starch \rightarrow Maltose & oligosaccharides \rightarrow Glucose
(polysaccharide) (disaccharide) (monosaccharide)

- the brush border enzymes act upon: oligosaccharides, maltose, sucrose, lactose & fructose

- lactose digestion is not an issue before the age 4 (depends on genetic background)

✓ if after age 4 they can't digest lactose → they lack lactase

Maltose: 2 units of glucose joined in α 1-4 bond

Sucrose: 1 unit of glucose + 1 unit of fructose

lactose: 1 unit of glucose + 1 unit of galactose

- after digestion in the gut, the sugar directly in the blood stream

Carbohydrate Absorption

● are glucose transporters

- a glucose coming in requires Na^+ for assistance

- Sodium-glucose transporter proteins

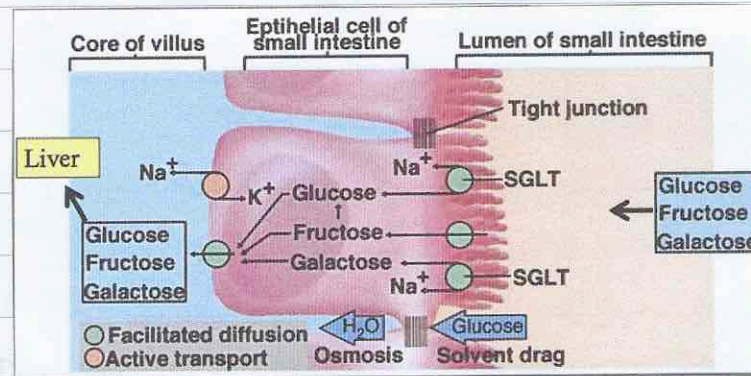
(SGLT) in the membrane help absorption of both glucose & galactose

- Fructose is absorbed by facilitated diffusion → then converted to glucose inside the cell

are integral membrane proteins that speed up the absorption process

• many sugars can get in to cells → but too slow for the metabolic demands of the cell

- the sugars need to be exported out of the cell by another transporter (assuming the epithelial cell didn't use the glucose for itself)



- the extra Na^+ that came in as a symporter with the sugars is managed through the sodium-potassium pump

↳ an antiporter that pumps out Na^+ & in K^+
(trying to maintain osmolarity of the cell)

- after released in the blood stream → liver to be managed

Glucose Transporters

- these different types of glucose transporters have different roles, and are often tissue specific

- GLUT1 is used across all tissues

- the K_m refers to how much glucose the transporter can take up

↳ is higher in erythrocytes (RBCs) but low in the liver

↳ have no mitochondria so they need glucose to maintain their activity via glycolysis
(they live ~150 days)

- GLUT 2 is used in the liver & pancreatic β -cells

- has a much greater activity (K_m is much higher)

- It's trying to maintain blood sugar levels (refer to table)

↳ to either produce insulin or glucagon

Name	Tissue location	K_m	Comments
GLUT1	All mammalian tissues	1 mM	Basal glucose uptake
GLUT2	Liver and pancreatic β cells	15-20 mM	In the pancreas, plays a role in regulation of insulin In the liver, removes excess glucose from the blood
GLUT3	All mammalian tissues	1 mM	Basal glucose uptake
GLUT4	Muscle and fat cells	5 mM	Amount in muscle plasma membrane increases with endurance training
GLUT5	Small intestine	—	Primarily a fructose transporter

- the GLUT 2 is high in hepatocytes (liver cells) and they're not saturated (can slow them down)

because any excess of glucose will be converted into fat

• this particular transporter is important because it also releases glucose to circulation → enables regulation of blood sugar (particularly responding to insulin levels)

- GLUT 3 is pretty much the same as GLUT 1

- but particularly used in brain & nerve tissue when glucose demand is high

- GLUT 4 is seen on muscle & fat cells

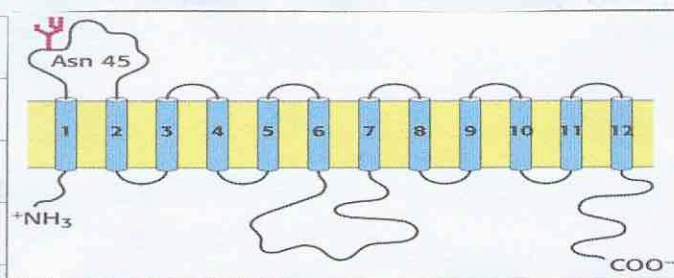
- slightly higher uptake of glucose (K_m of 5mM)

- used for maintenance of activity of muscle & fat cells

- In vesicles, insulin stimulates movement of vesicles

- GLUT 5 is used in the small intestine (page 99)

- mainly a fructose transporter

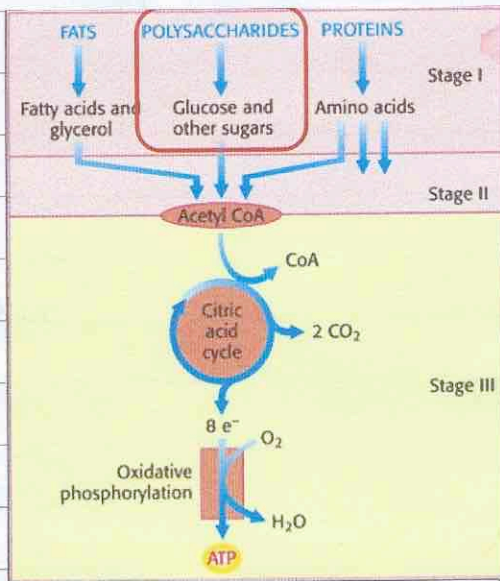


- shows the glucose transporter going through the membrane

- goes through a dozen times

mainly seen on the testis, kidney and sperm

Energy Production



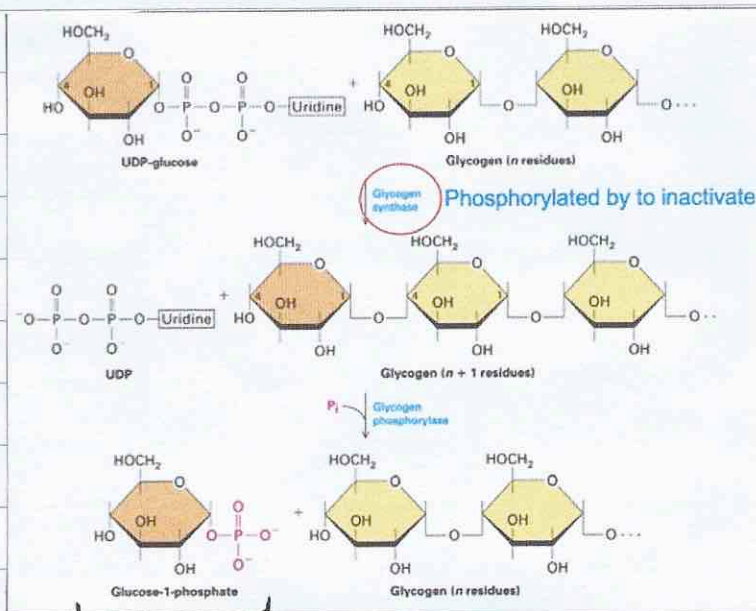
- sugars get converted to Acetyl-CoA

- that enters CAC & ETC in stage III to produce ATP and other by products

Synthesis & Degradation of Glycogen (Glucose polymer)

- muscle do store some sugar, as glycogen, for a short period

- intracellular [glucose] > 0.4 M in mammalian cells would rupture the cell due to increased osmotic pressure (water entering the cell)



- a series of sugars are put together via glycogen synthase

↳ to form a polymer of the sugars

• the sugars can either be used or stored

- they can be reactivated by attaching a P_i to it via glycogen phosphorylase

active sugar → it's still trapped in the cell, until the phosphate is removed