

# Metabolism of lipids III: Degradation of fatty acids

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#### Resources



- This lecture
- Lippincott's Biochemistry, Ch. 16



## Release of fatty acids from TAG

## **Hormonal regulation**





## Perilipin



Hormone-sensitive lipase

Perilipin (in red) coats fat droplets blocking HSL. It is phosphorylated by PKA releasing it.

Fasting Feeding Pancreas epinephrine insulin SNS AR Glucagon Brain Glucose cAMP/PKA TG Akt ATGL DG TG TG HSL Expression VLDL Chylomicron Ketogenesis Gluconeogenesi MG MGL G3P<del><X</del> Glycerol ▲ Acetyl-CoA Glycerol TG FFA 🔶 ACC 3-phosphate oxidation LPL Lipogenesis Albumin thermogenesis DGAT TG FFA FFA capillaries TG TG ATGL: Adipose triglyceride lipase HSL: Hormone-sensitive lipase Muscle MGL: Monoacylglycerol lipase Oxidation

#### Glyceroneogenesis





#### Fatty acid *β*-oxidation



## LCFA is mitochondrial

PP; + AMP 🗲

ATP

CYTOSOL

CoA



L-Carnitine

Acyl-CoA

Acyl L- Carnitine

#### More on carnitine...sources





## **Carnitine deficiencies**



- Primary carnitine deficiency
  - Defects in a membrane transporter: No uptake of carnitine by cardiac and skeletal muscles and the kidneys, causing carnitine to be excreted.
    - Treatment: carnitine supplementation.
- Secondary carnitine deficiency
  - Taking valproic acid (antiseizure)  $\rightarrow$  decreased renal reabsorption
  - Defective fatty acid oxidation  $\rightarrow$  acyl-carnitines accumulate  $\rightarrow$  urine
  - Liver diseases  $\rightarrow$  decreased carnitine synthesis
  - CPT-I deficiency: affects the liver; no use of LCFA, no energy for glucose synthesis during fasting → severe hypoglycemia, coma, and death
  - CPT-II deficiency: affects the liver, cardiac muscle, and skeletal muscle
    - Treatment: avoidance of fasting and adopting a diet high in carbohydrates and low in fat but supplemented with medium-chain TAG.



#### SCFAs and MCFAs





#### **β-Oxidation of fatty acids**





#### Induction of gluconeogenesis and fates of acetyl CoA





## Synthesis vs. degradation

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VARIABLE	SYNTHESIS	DEGRADATION
Greatest flux through pathway	After carbohydrate-rich meal	In starvation
Hormonal state favoring pathway	High insulin/glucagon ratio	Low insulin/glucagon ratio
Major tissue site	Primarily liver	Muscle, liver
Subcellular location	Cytosol	Primarily mitochondria
Carriers of acyl/acetyl groups between mitochondria and cytosol	Citrate (mitochondria to cytosol)	Carnitine (cytosol to mitochondria)
Phosphopantetheine-containing active carriers	Acyl carrier protein domain, coenzyme A	Coenzyme A
Oxidation/reduction coenzymes	NADPH (reduction)	NAD <sup>+</sup> , FAD (oxidation)
Two-carbon donor/product	Malonyl CoA: donor of one acetyl group	Acetyl CoA: product of β-oxidation
Activator	Citrate	
Inhibitor	Palmitoyl CoA (inhibits acetyl CoA carboxylase)	Malonyl CoA (inhibits carnitine palmitoyltransferase-I)
Product of pathway	Palmitate	Acetyl CoA
Repetitive four-step process	Condensation, reduction dehydration, reduction	Dehydrogenation, hydration dehydrogenation, thiolysis



## MCAD deficiency



- There are 4 isozymes of fatty acyl CoA dehydrogenase for SCFA, MCFA, LCFA, and VLCFA.
- Medium-chain fatty acyl CoA dehydrogenase (MCAD) deficiency,
  - An autosomal-recessive disorder
  - Solution Most common inborn error of  $\beta$ -oxidation (1:14,000 births worldwide)
  - Higher incidence in Caucasians of Northern European descent
  - Decreased ability to oxidize MCFAs (lack of energy)
  - Severe hypoglycemia and hypoketonemia
  - Treatment: avoidance of fasting

#### Oxidation of odd-numbered FAs



Note: Loss of electrons

### Monounsaturated fatty acid β-oxidation





## **Polyunsaturated fatty acid β-oxidation**

Fatty acyl-CoA

trans- $\Delta^2$ .cis- $\Delta^4$ 

Fatty acyl-CoA

trans-A3

S-CoA

S-CoA

NADPH + H<sup>+</sup>

NADP<sup>+</sup>

- Oxidation of a double bond at <u>an even-numbered carbon</u>, such as 18:2(9,12) (linoleic acid), requires an NADPH-dependent 2,4-dienoyl CoA reductase in addition to the *isomerase*.
- Note: loss of electrons

2.4-dienovI-CoA

reductase



#### **Peroxisomal** β-oxidation





- Zellweger syndrome: a peroxisomal biogenesis disorder
- X-linked adrenoleukodystrophy: dysfunctional transport VLCFA across the peroxisomal membrane

#### **Accumulation of VLCFAs**

#### **Peroxisomal** α-oxidation





#### **Peroxisomal** α-oxidation

- Phytanic acid is a breakdown product of Chlorophyl.
- It is activated by CoA, transported into peroxisome, hydroxylated by phytanoyl CoA αhydroxylase (PhyH), and carbon 1 is released as CO2.
- When fully degraded, it generates formyl-CoA, propionyl-CoA, acetyl-CoA, and 2-methylpropionyl-CoA from the methyl-end.
- Refsum disease is an autosomal-recessive disorder caused by a deficiency of peroxisomal PhyH.



## **ω-Oxidation**



- ω-Oxidation is a minor pathway of the SER
- It generates dicarboxylic acids.
- It is upregulated in certain conditions such as MCAD deficiency.



## Lipids and energy



- TAGs are the body's major fuel storage reserve.
- The complete oxidation of fatty acids to CO<sub>2</sub> and H<sub>2</sub>O generates 9 kcal/g of fat (as compared to 4 kcal/g protein or carbohydrate). Why?

	carbohydrates	lipids
Stored as?	Starch - plants Glycogen - animals	Fats & oils (plants Fat (animals)
Long/short term storage?	Starch: long-term Gylcogen: short-term	Long term
Ease of digestion/ release of energy?	Easy to release energy	Harder to release energy (needs more oxygen)
Energy per gram?	17kJ/g	38kJ/g
Solubility in water? (and consequence)	Soluble	Not soluble
Use of oxygen in metabolism? (and consequence)	Needs less oxygen, useful for high-demand activity	Needs more oxygen, less efficient to release energy

#### **Exercise and sources of energy**

