

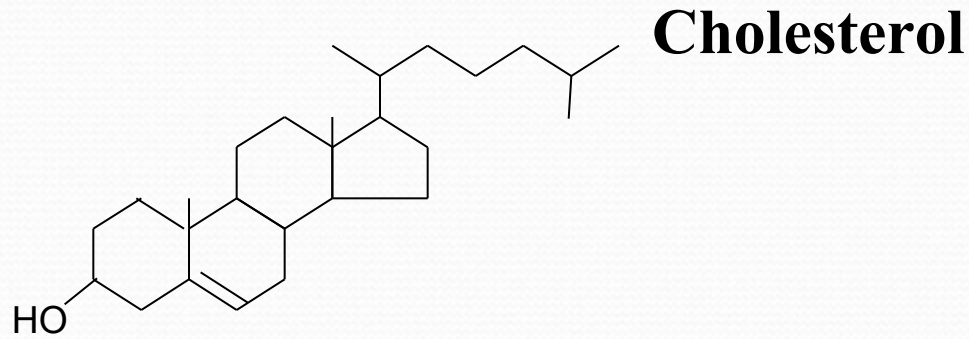
# Lipids & Lipoprotein Metabolism

**Dr. Alaa Kamal Jabbar Alhamd**  
**M Sc. & Ph. D. In Clinical Biochemistry**

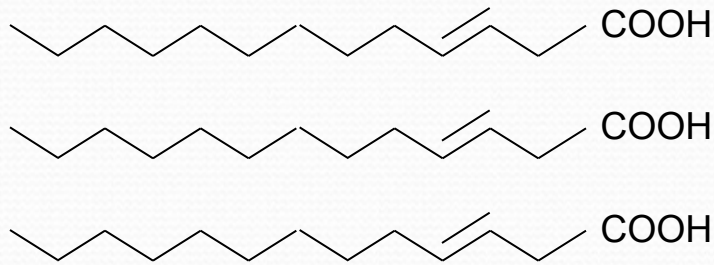
*Ph D. Course-Biology*  
*Department of Chemistry*  
**College of Sciences\ University of**  
**Almustansirya**  
**2016-2017**

1. Lehninger Principle of Biochemistry , David Nelson , 4th Edition (2008).
2. Biochemistry , Lubbert Stryer,6th edition (2006).
3. Harpers Illustrated Biochemistry , Robbert Murray, 26th edition (2003).
4. The Chemical basis of Life , George Schimd , 2th edition (1985).

# Lipid Structure

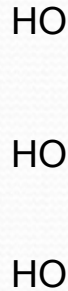


## Fatty Acids

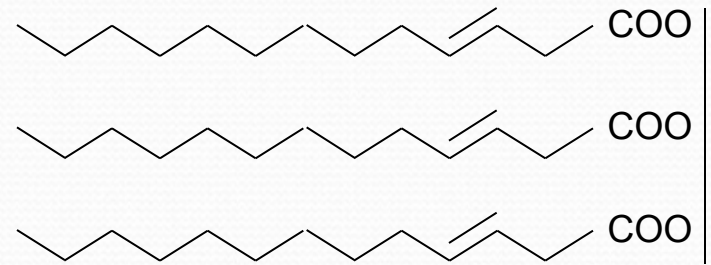


+

## Glycerol

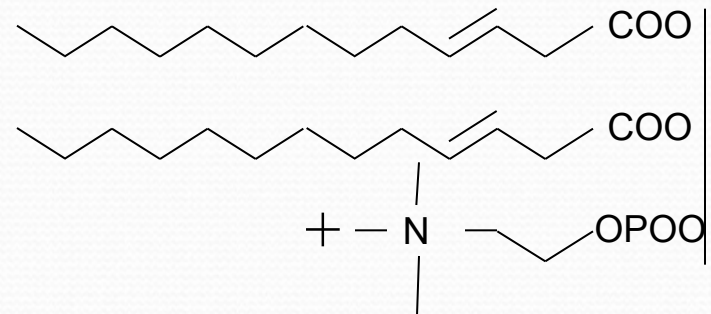


## Triglycerides

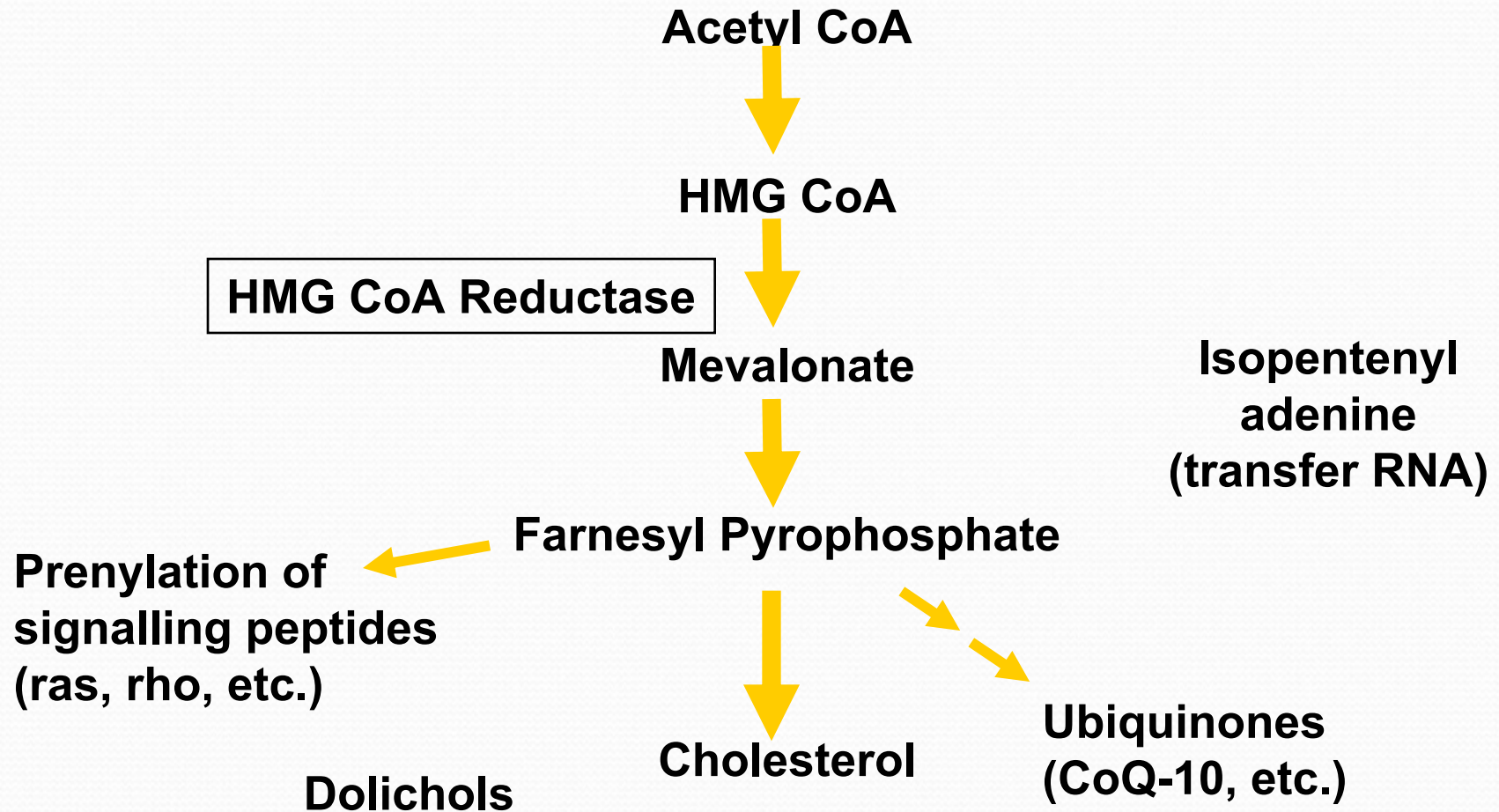


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## Phospholipid: Lecithin

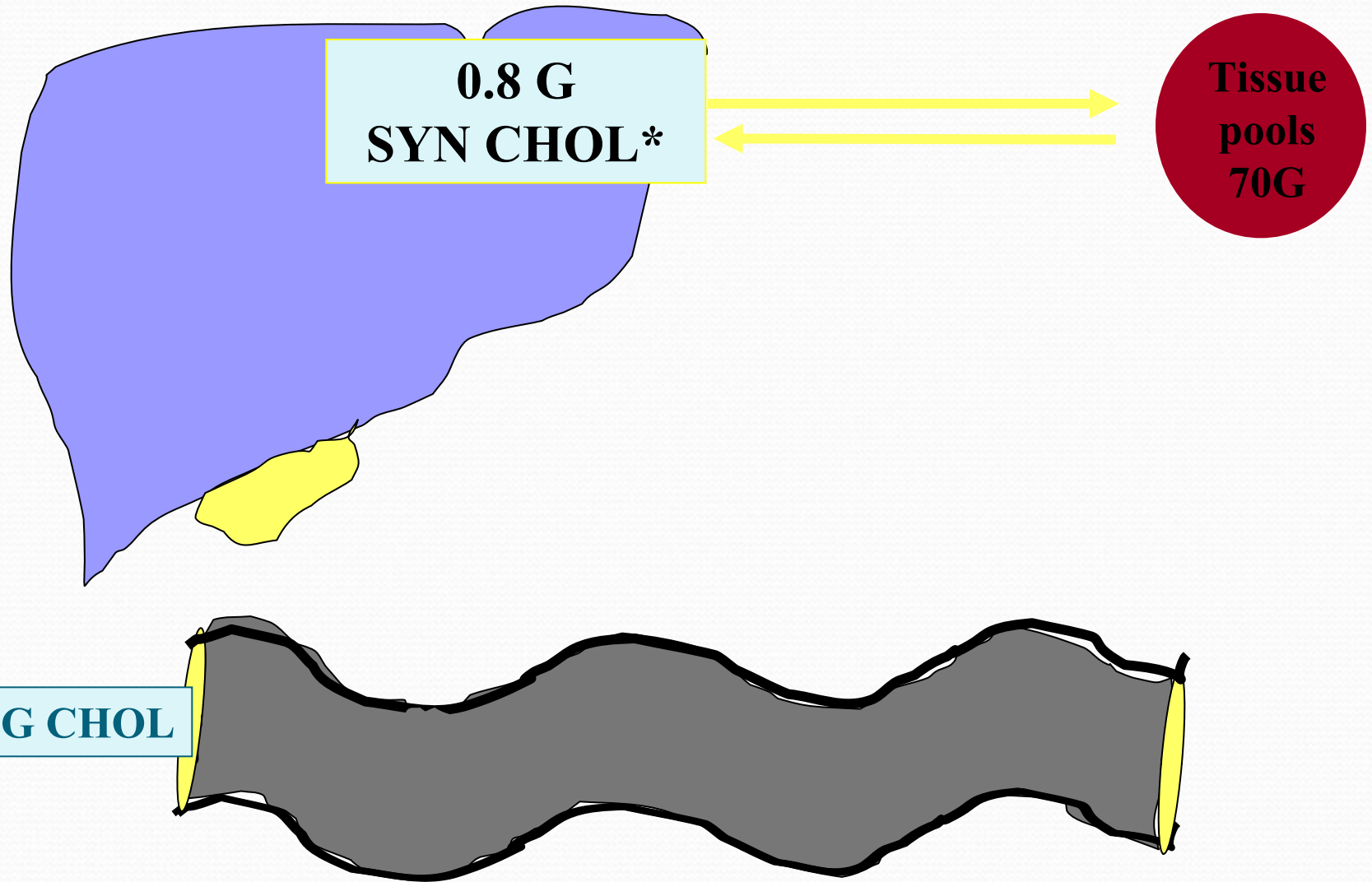


# HMG CoA Reductase (More Than Cholesterol Synthesis)



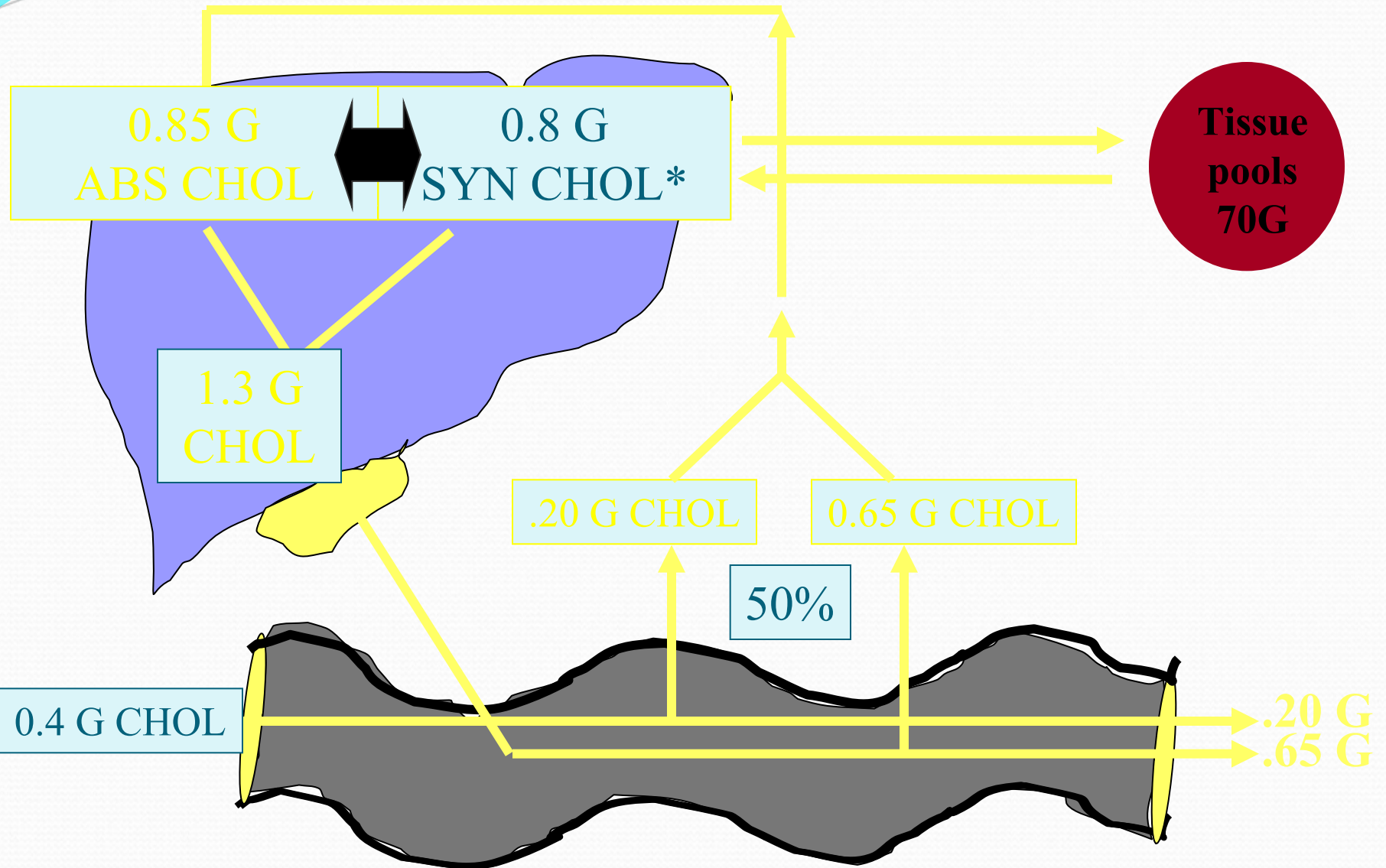
Inhibition of other key products of mevalonate may relate to nonlipid effects & rare side effects of statins.

# NORMAL CHOLESTEROL METABOLISM



**\*SYN CHOL = CHOLESTEROL SYNTHESIS**

# NORMAL CHOLESTEROL METABOLISM



\*SYN CHOL = CHOLESTEROL SYNTHESIS

# NORMAL CHOLESTEROL METABOLISM

## ➤Key concepts: synthesis

➤Primary synthetic sites are extrahepatic, but liver is key regulator of homeostasis

## ➤Key concepts: absorption

➤Largest source is biliary secretion, not diet.

➤Normal absorption: 50%

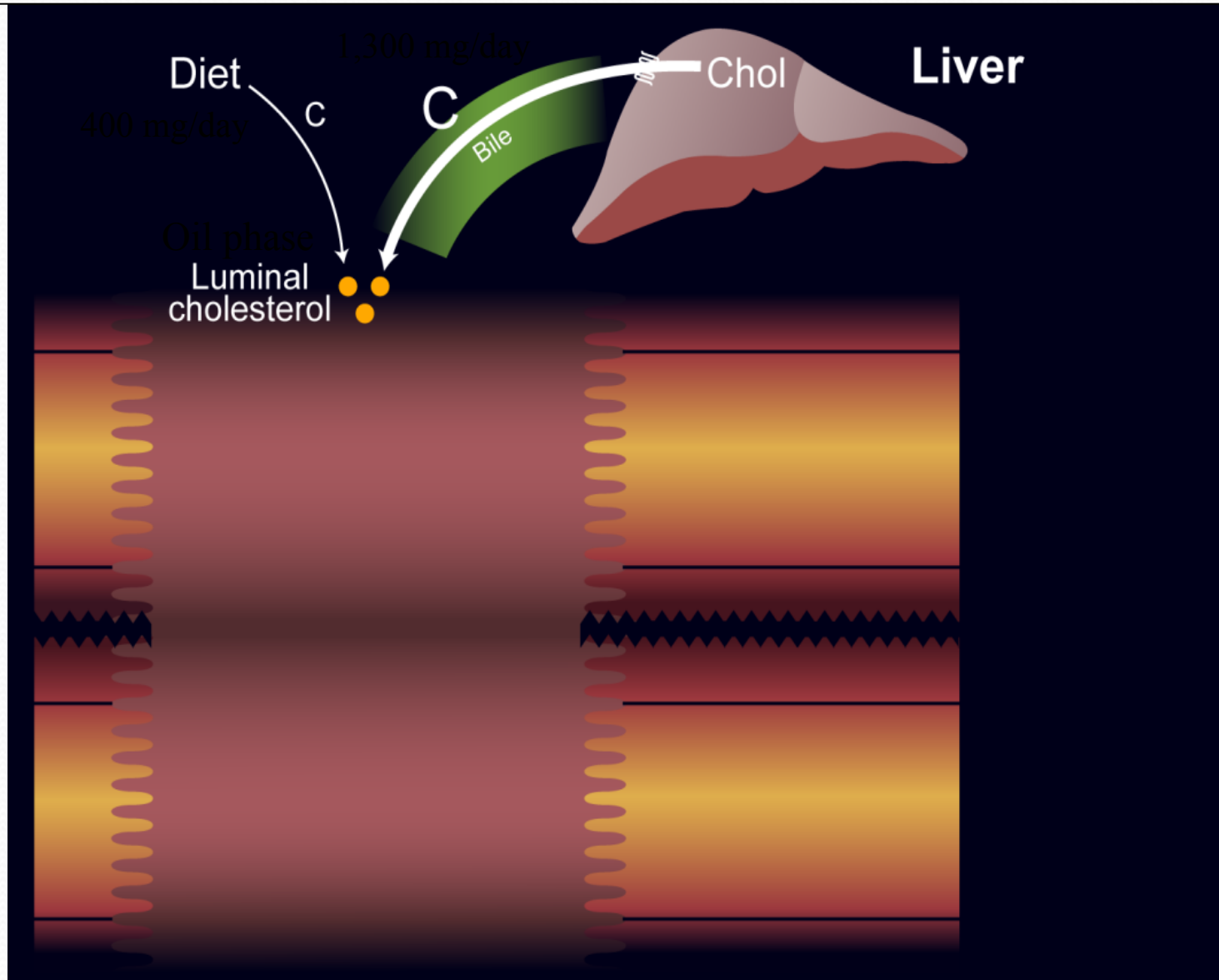
➤For cholesterol to be absorbed it must:

➤undergo hydrolysis (de-esterification by esterases)

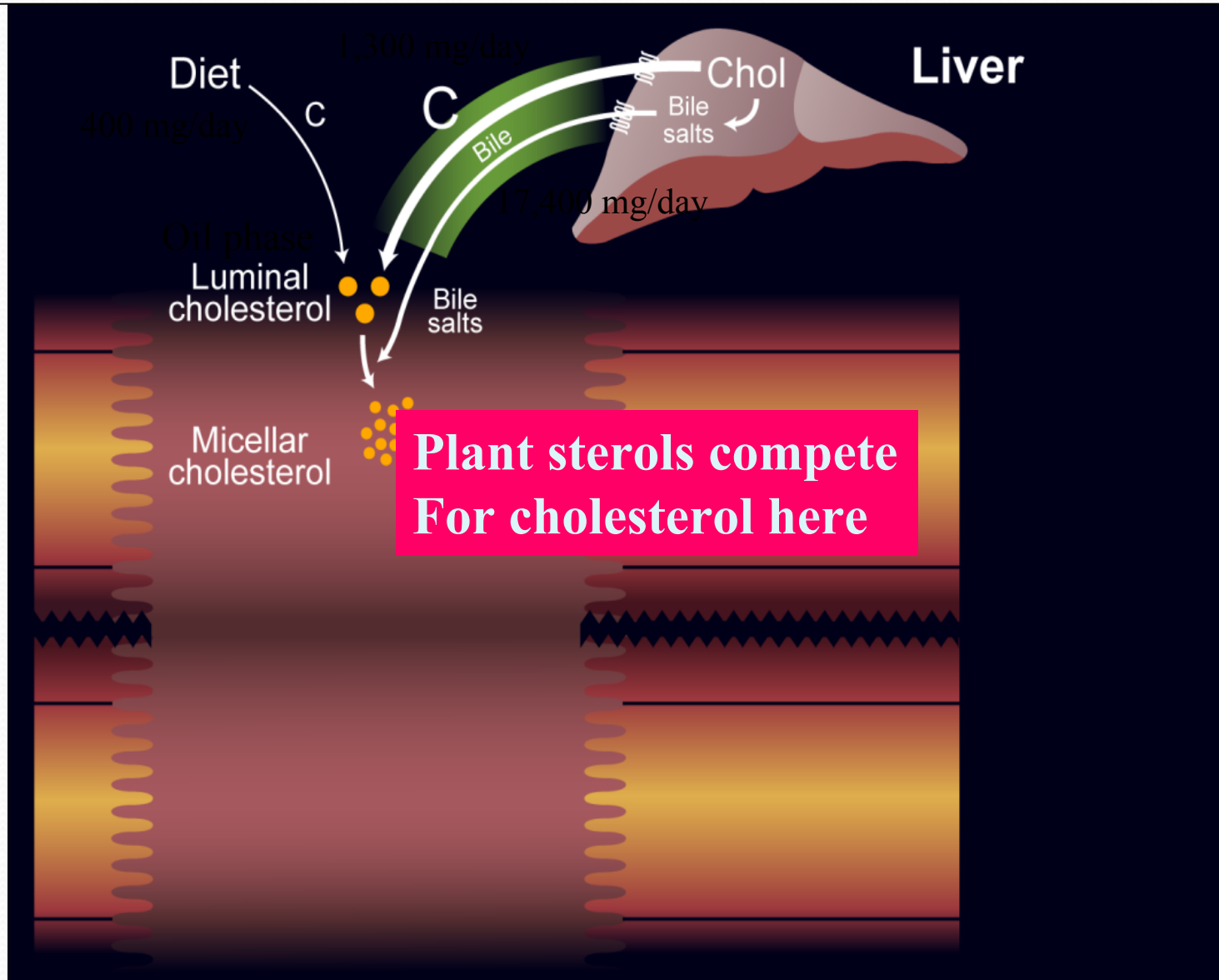
➤be incorporated into micelles

➤be taken up by cholesterol transporter

# NORMAL CHOLESTEROL ABSORPTION

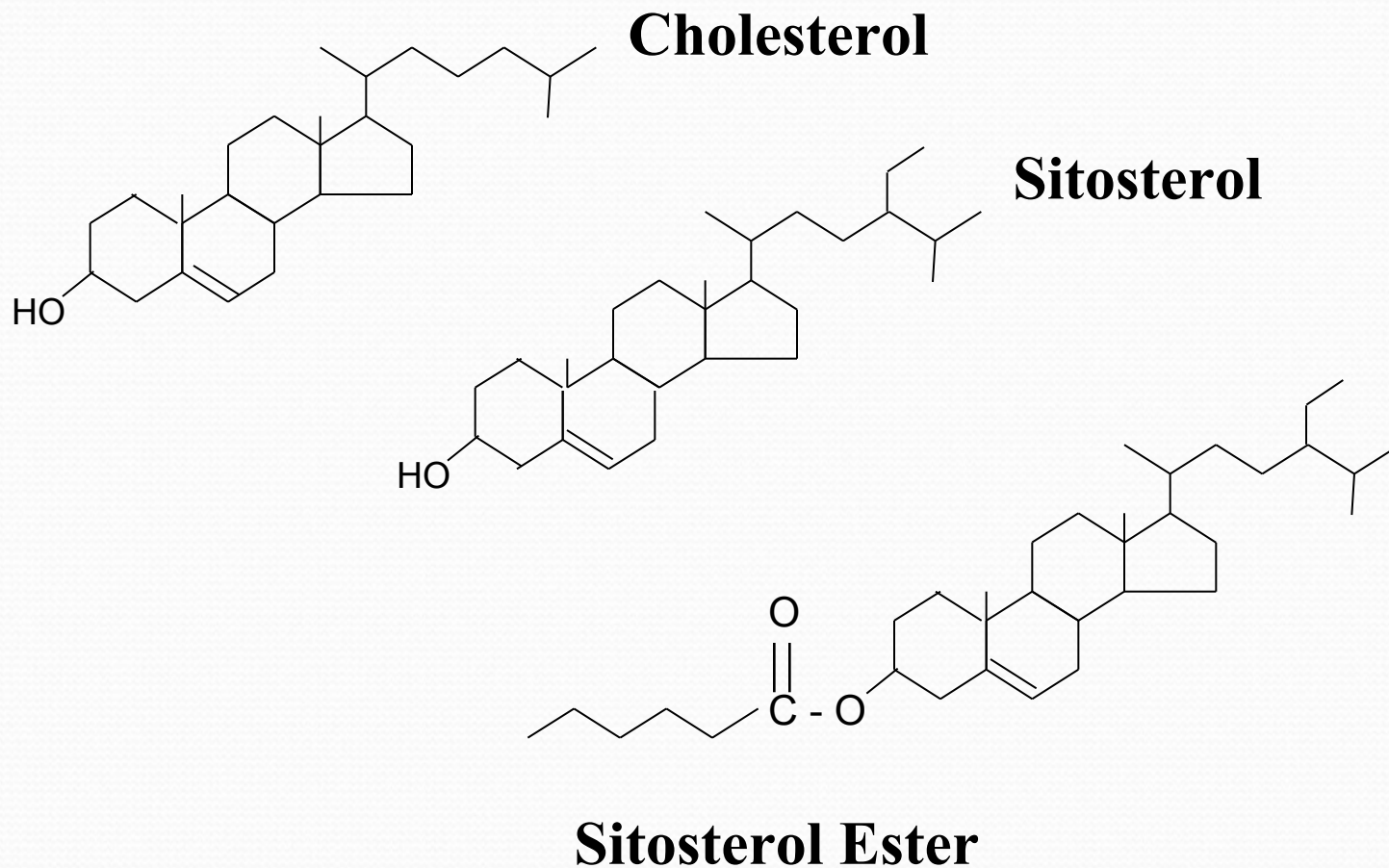


# NORMAL CHOLESTEROL ABSORPTION

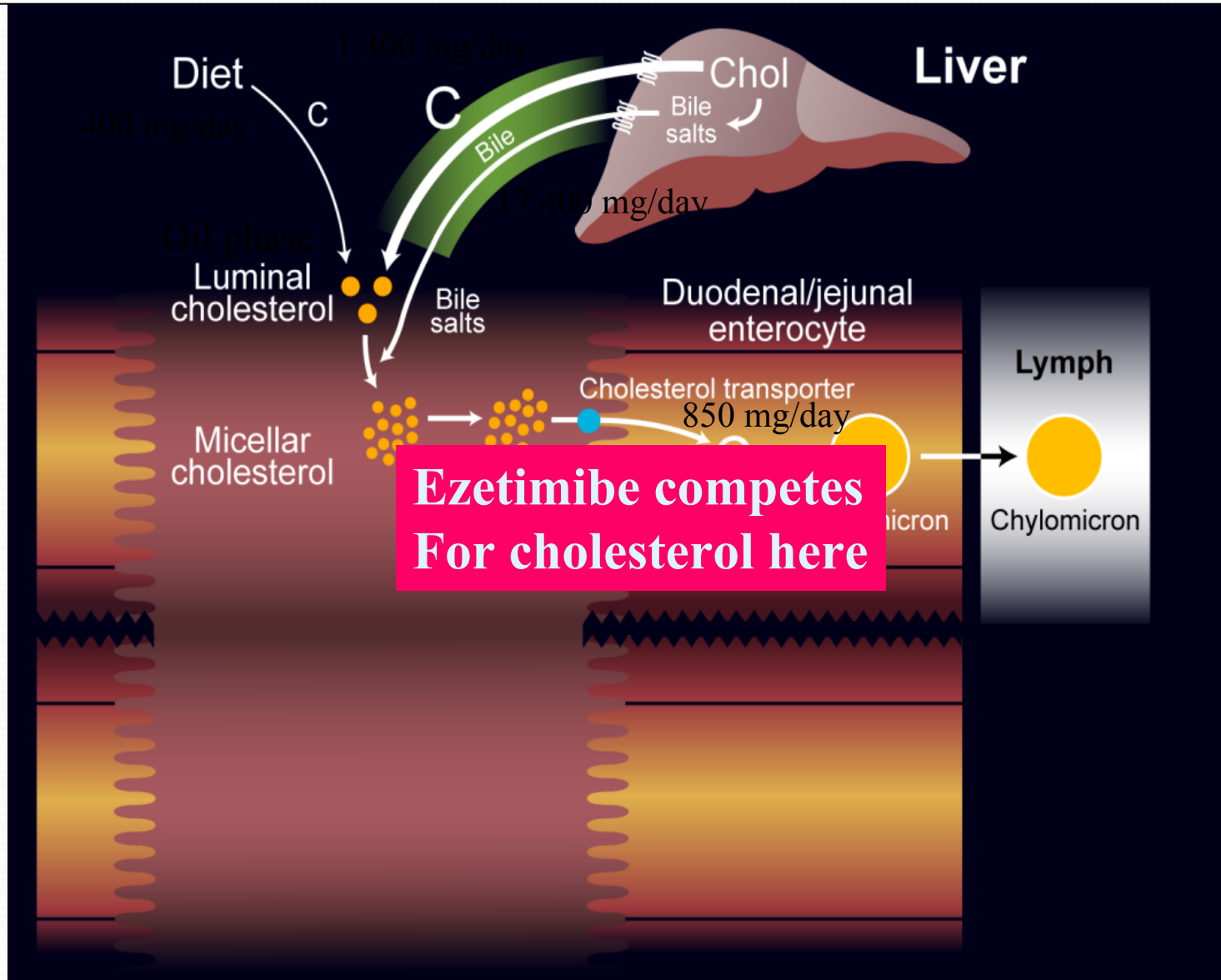




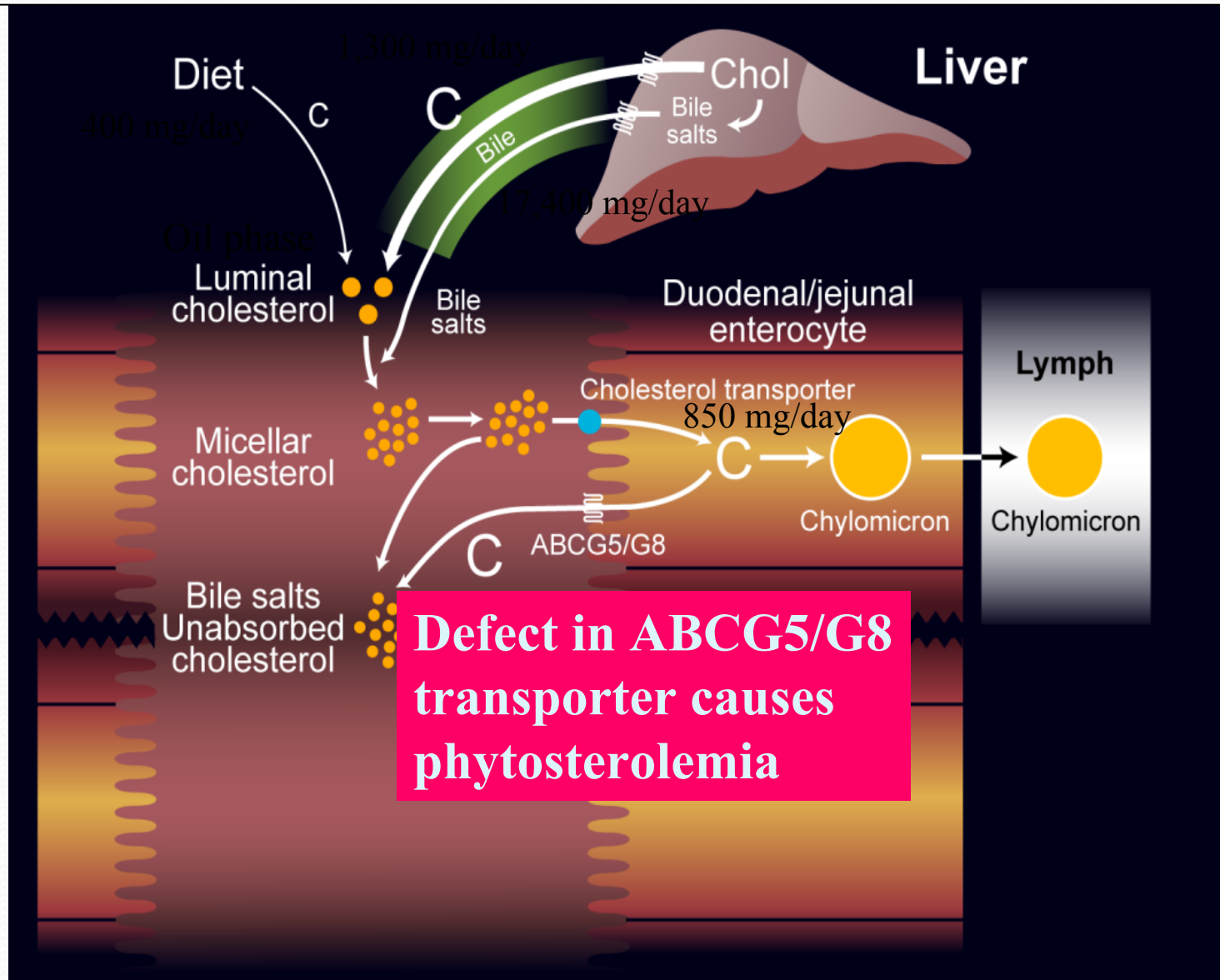
# STRUCTURE OF PLANT STEROL ESTERS



# NORMAL CHOLESTEROL ABSORPTION



# NORMAL CHOLESTEROL ABSORPTION



# NORMAL CHOLESTEROL METABOLISM

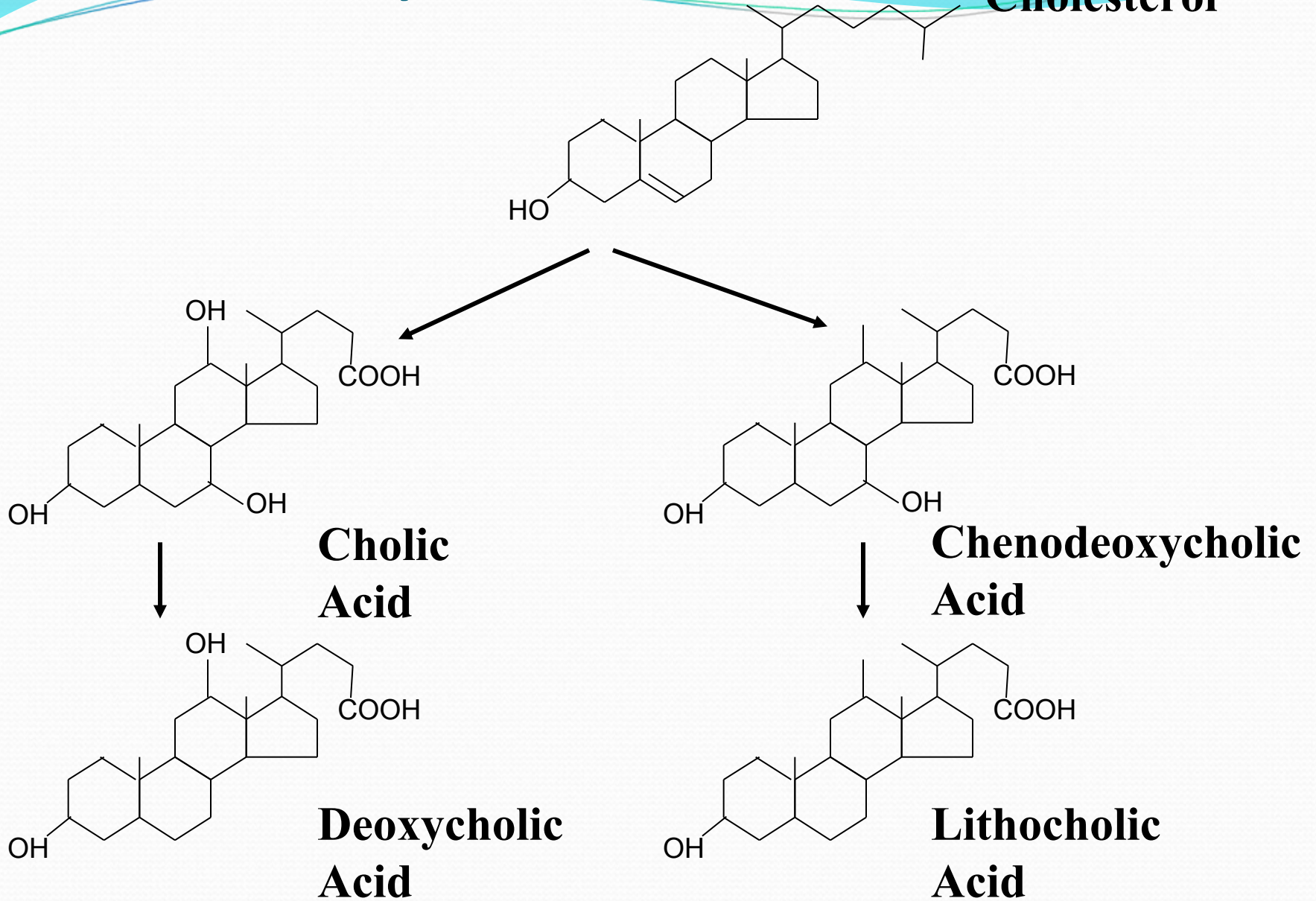
Role of Bile Salts, cholesterol, phospholipids in gall stone formation. •

Importance of Bile Salts for cholesterol absorption •

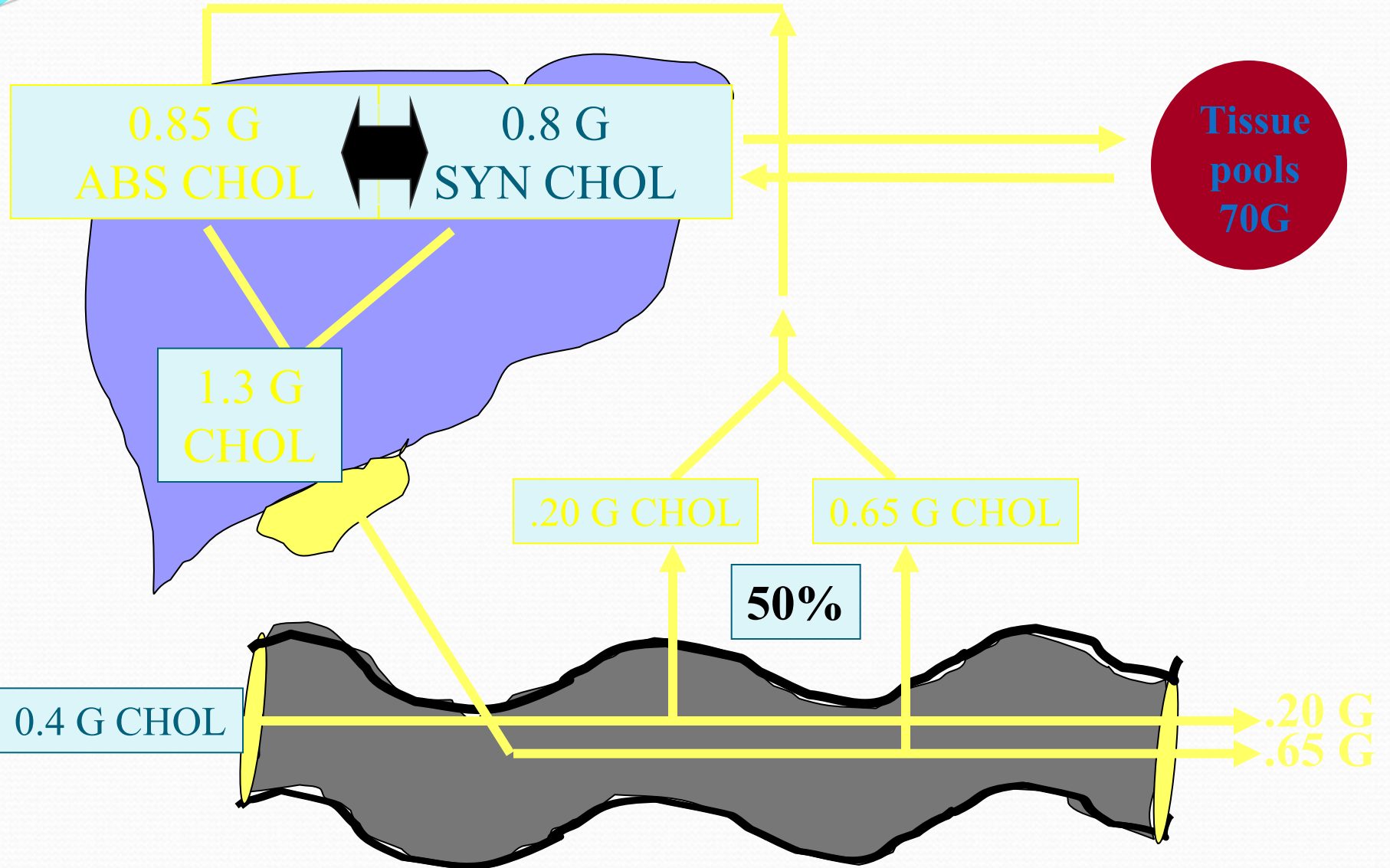
- Key concepts: bile salt absorption inhibitors
  - Bile acid binding compounds:
    - Welchol
    - Cholestyramine
    - Colestipol
    - Fiber
  - Surgery: Partial ileal bypass.

# Bile Acid Synthesis

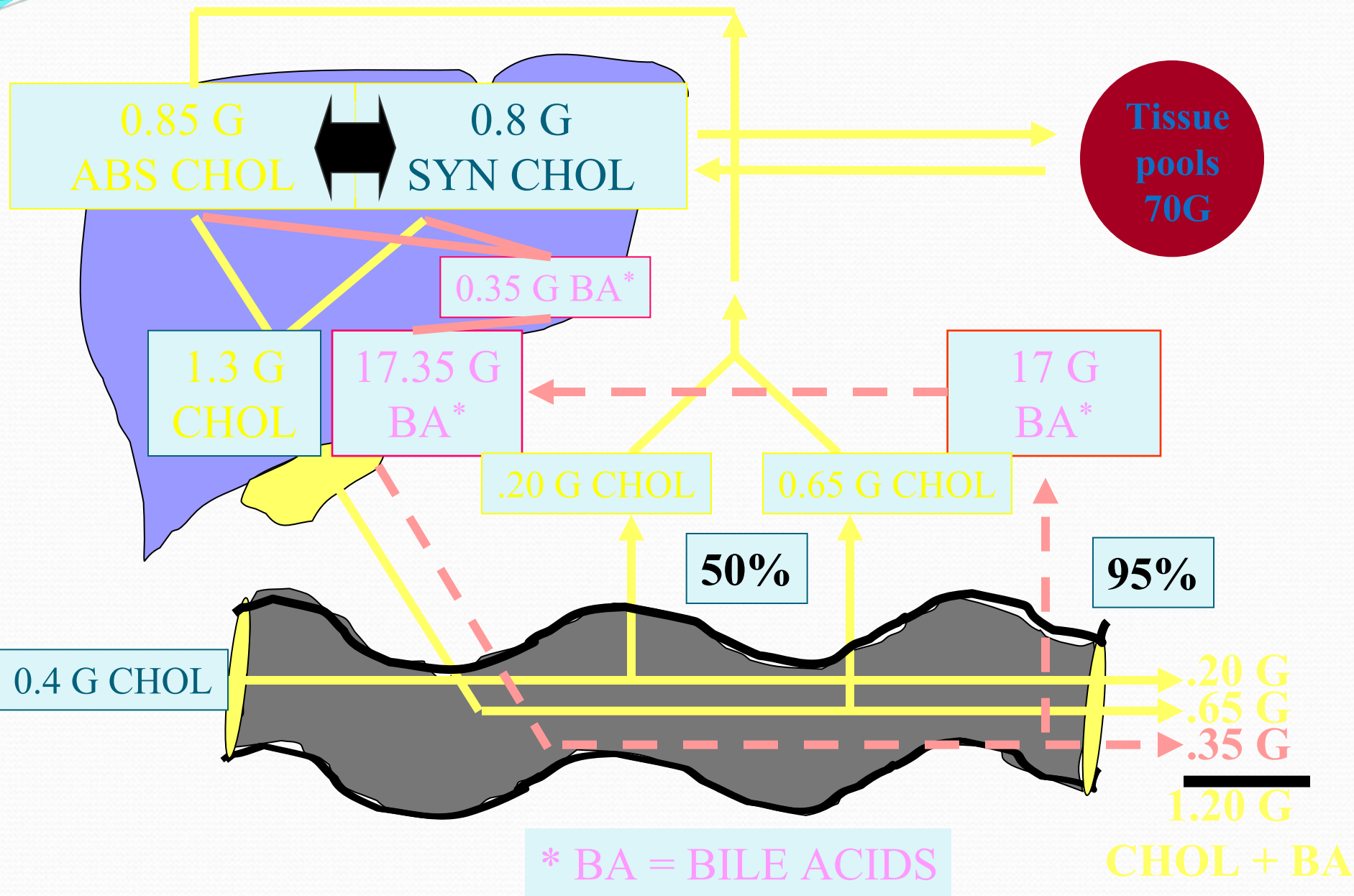
**Cholesterol**



# NORMAL CHOLESTEROL METABOLISM



# NORMAL CHOLESTEROL METABOLISM



# NORMAL TRIGLYCERIDE METABOLISM

## Key concepts: absorption ●

- Triglyceride (i.e. energy) assimilation is key to the survival of the organism.
- Dietary triglyceride must be hydrolyzed to fatty acids, mono-glycerides and glycerol prior to absorption.
- Fatty acids must partition to micellar phase for absorption.
- For transport, triglyceride must be reconstituted from glycerol and fatty acid and incorporated into chylomicrons.



# Structures of Fatty Acids



18:0



cis-18:1 ω-6



trans-18:1 ω-6



18:2 ω-6



18:3 ω-3

# Structures of Fatty Acids

16:0 (palmitic)

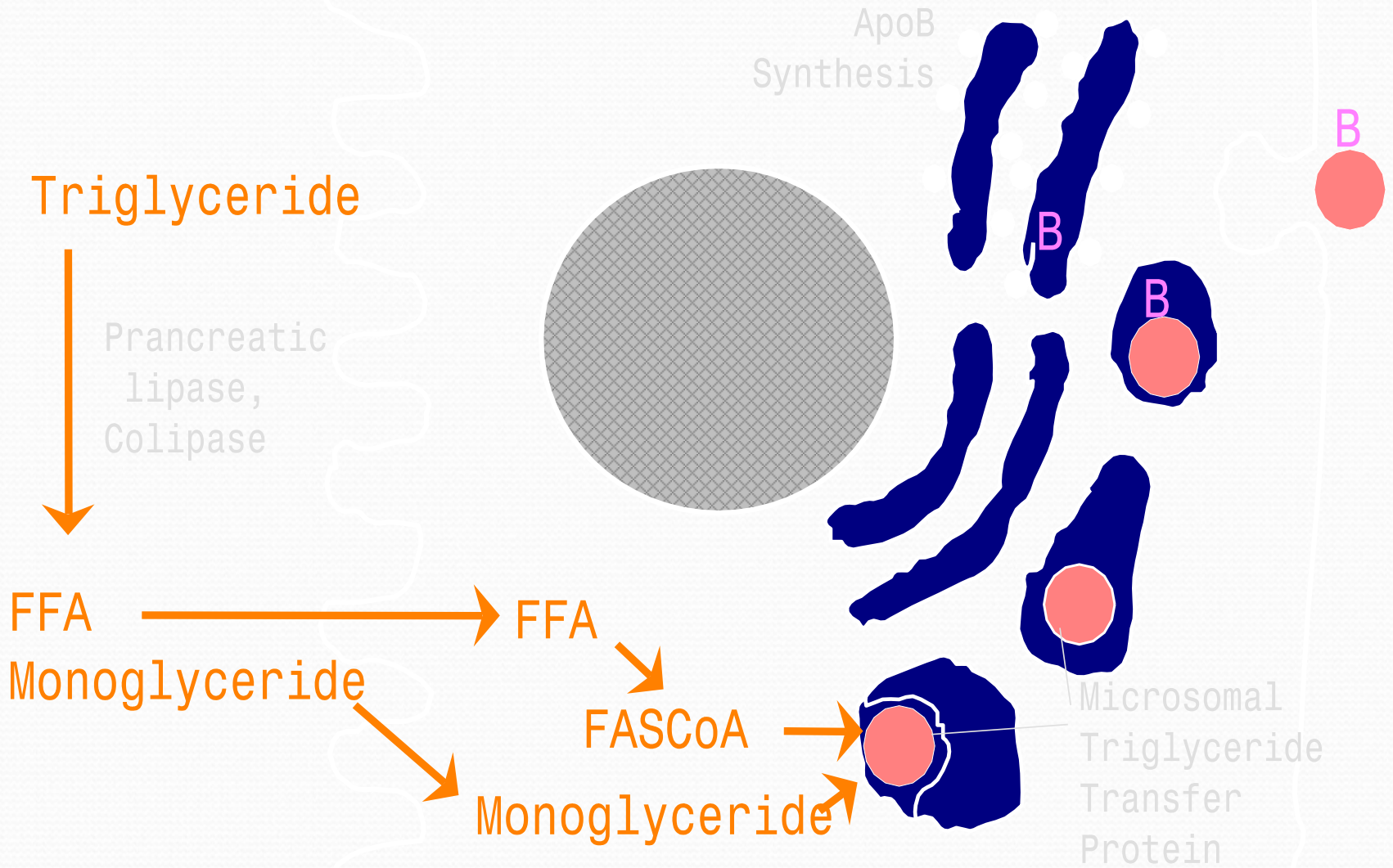
cis-18:1  $\omega$ -6 (oleic)

trans-18:1  $\omega$ -6 (elaidic)

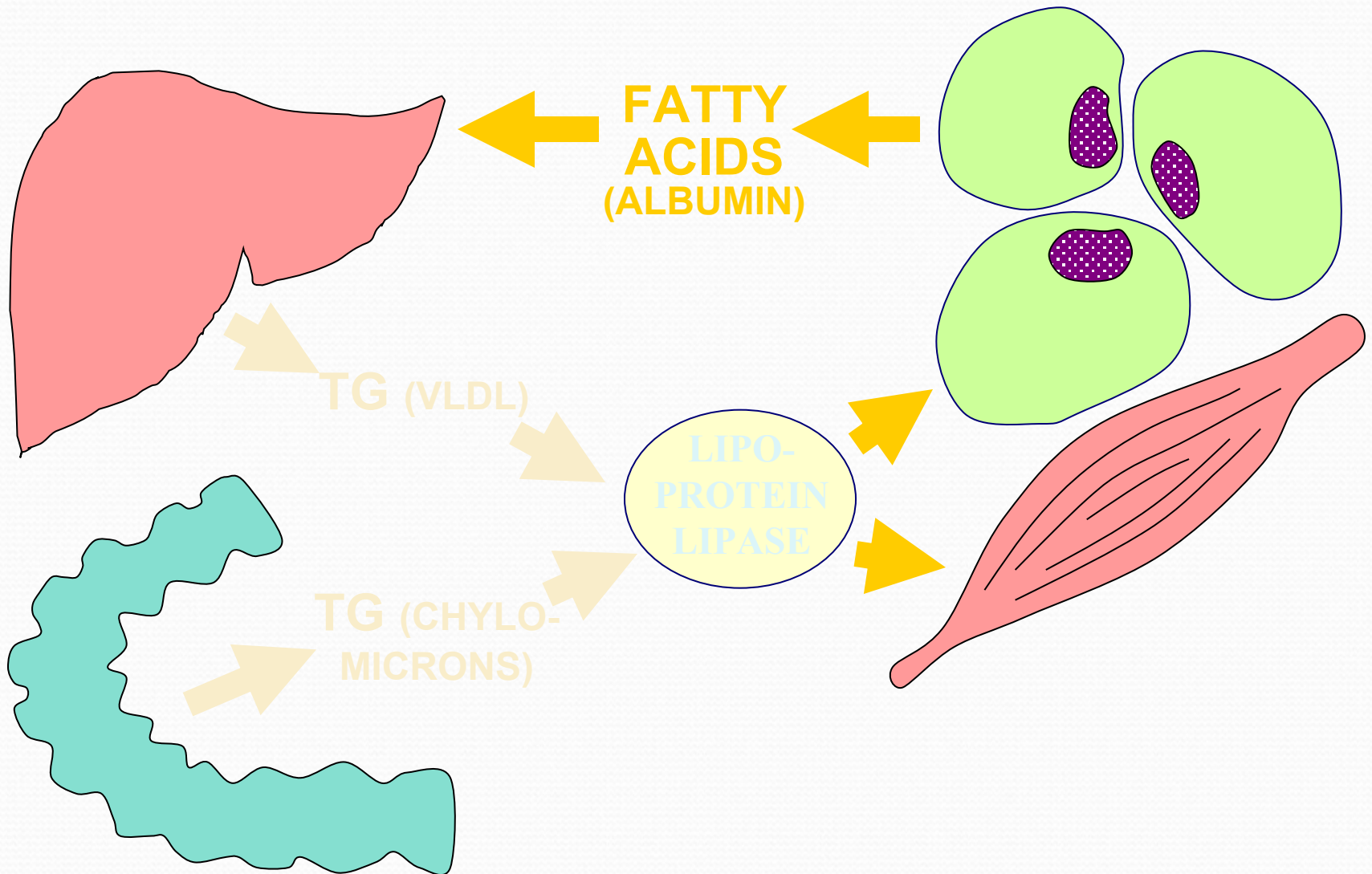
18:2  $\omega$ -6 (linoleic)

18:3  $\omega$ -3 (alpha linolenic)

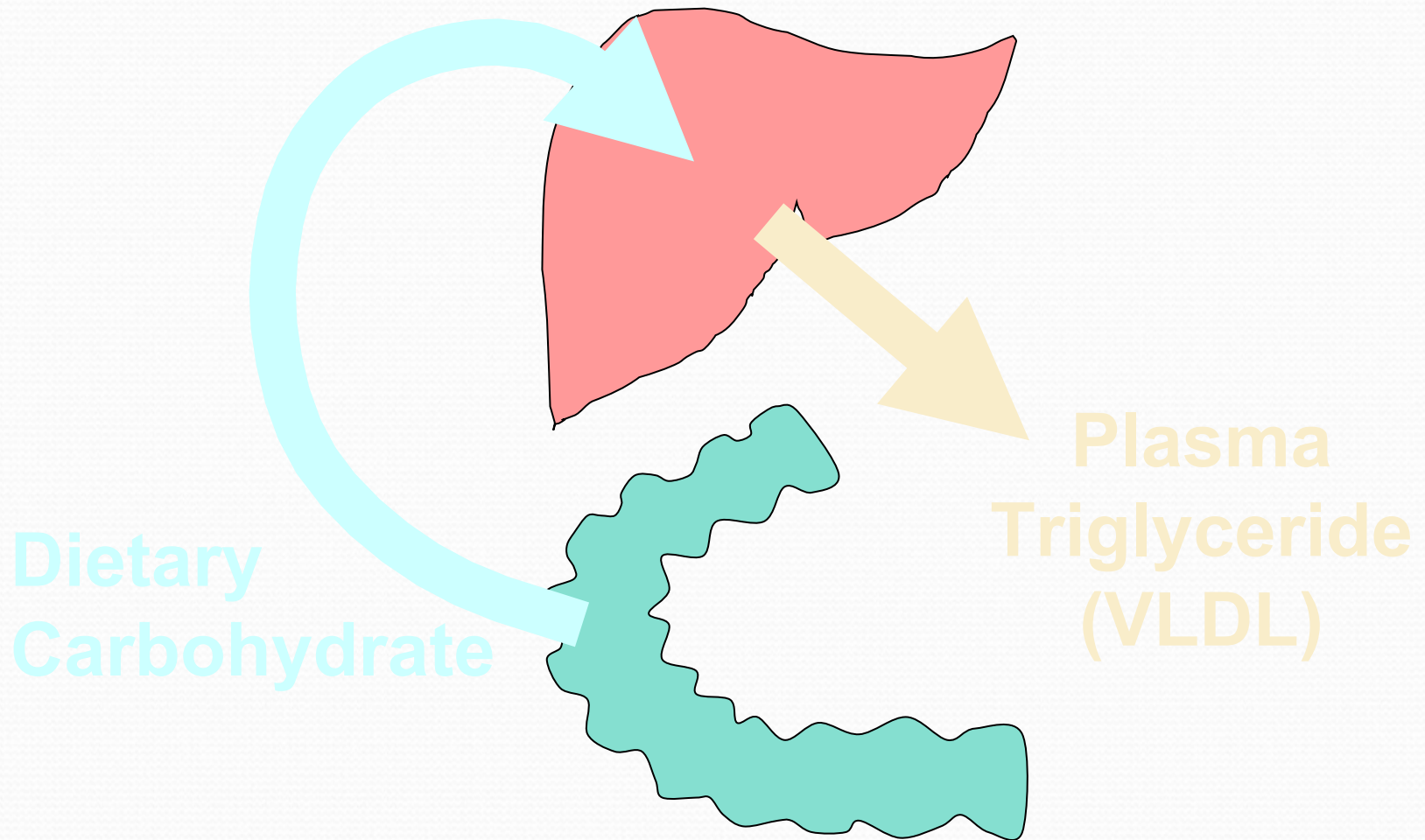
20:5  $\omega$ -3 (EPA)



# Fatty Acid and Triglyceride Flux

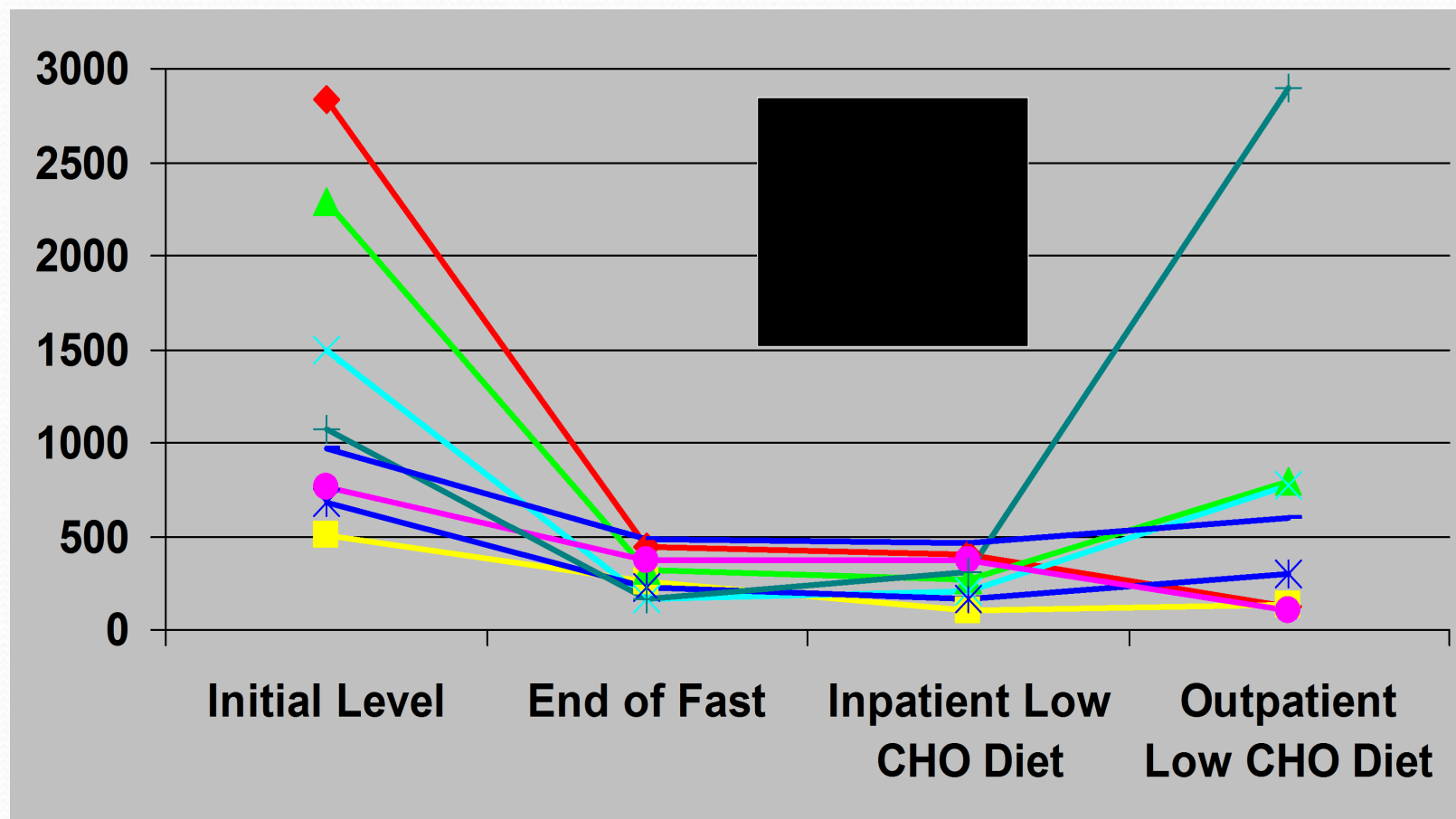


# Dietary Carbohydrate Increases VLDL Production



# Effect of Carbohydrate Restriction on Carbohydrate-Induced Hypertriglyceridemia

**Treatment: Fast for average 5 days, then consume low CHO diet.**

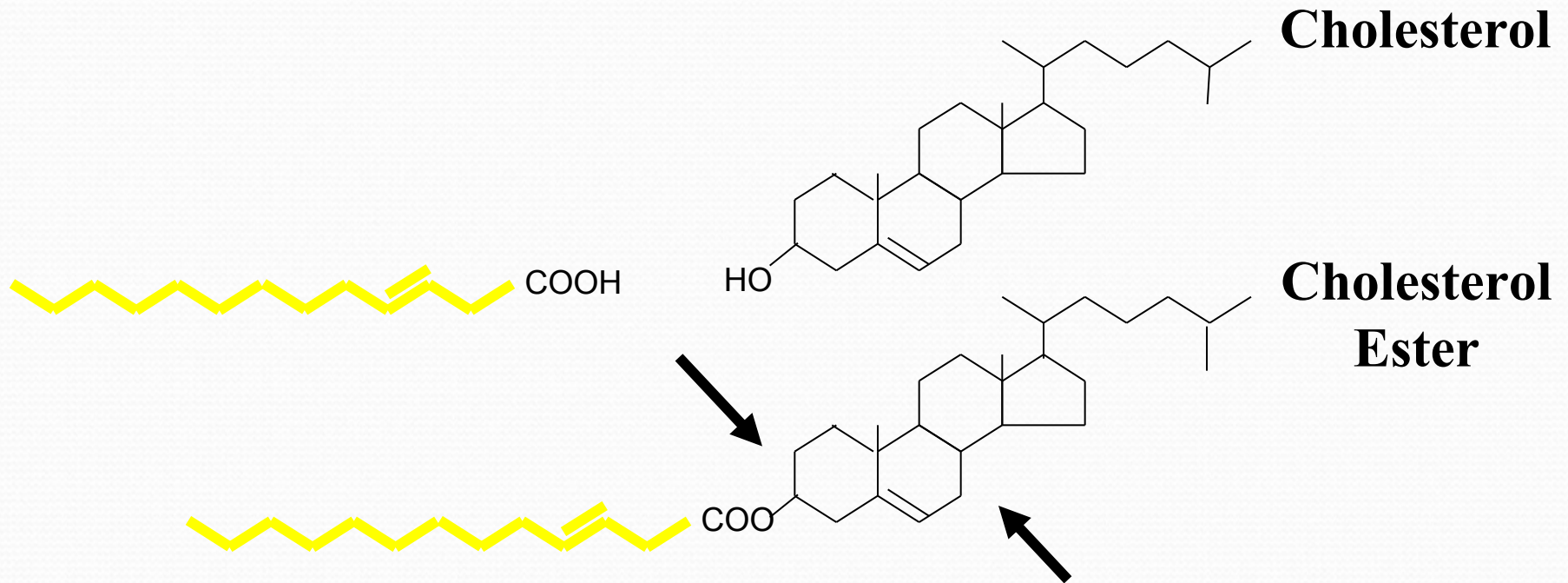




# Lipoprotein Metabolism

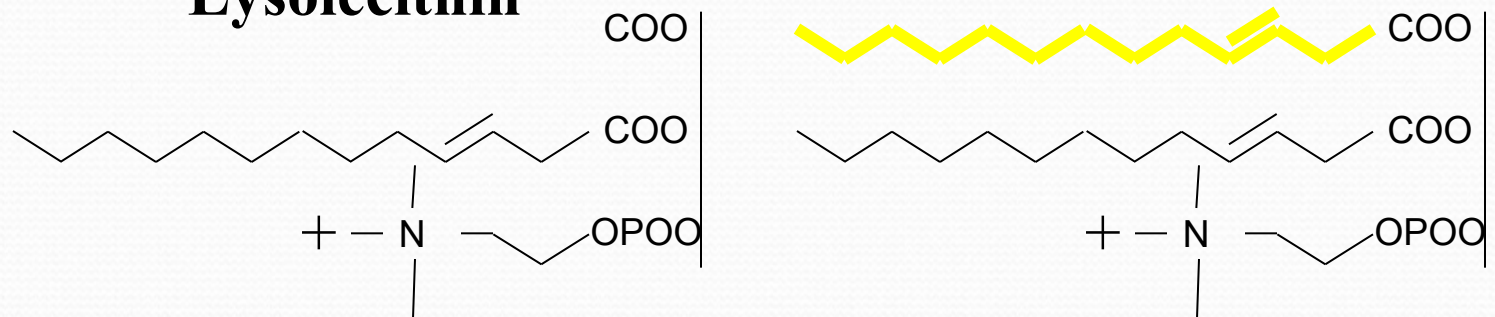
# Cholesterol Ester Synthesis

## Acyl-Cholesterol Acyl Transferase (ACAT)



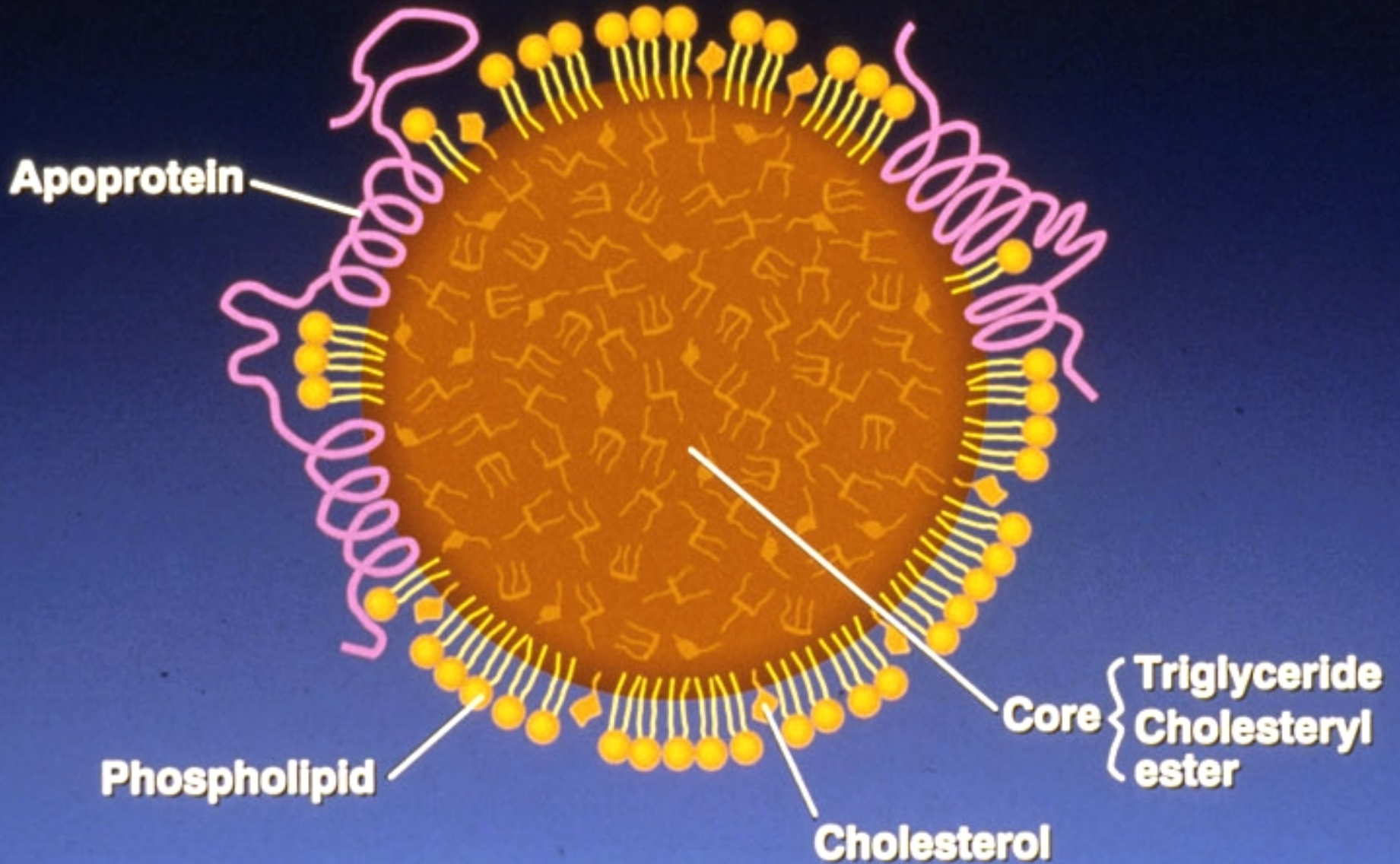
## Lecithin-Cholesterol Acyl Transferase (LCAT)

### Lysolecithin





# LIPOPROTEIN STRUCTURE



# FUN IN THE ULTRACENTRIFUGE



**Fat Floats**  
Chylomicrons & VLDL  
are triglyceride-rich



**Cholesterol In-between**  
LDL is cholesterol-rich



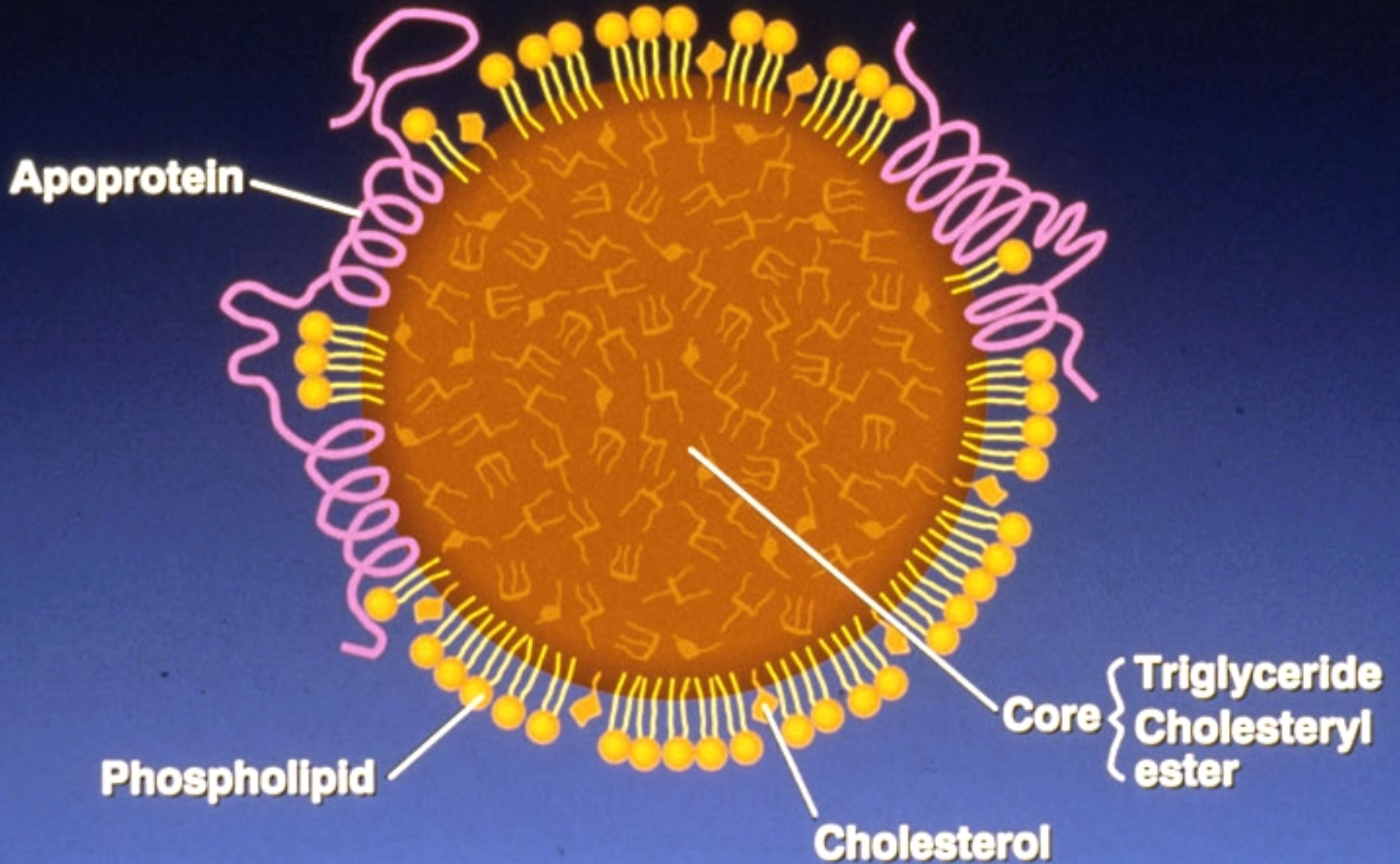
**Protein Sinks**  
HDL is protein-rich




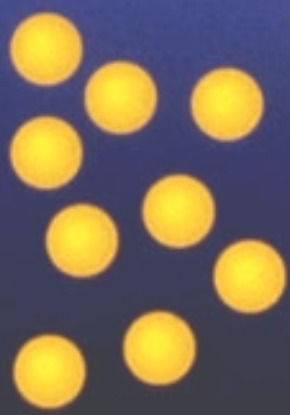
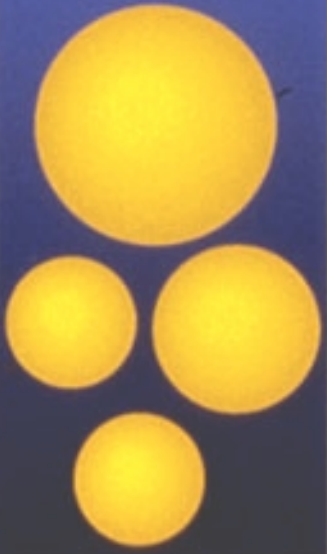

*Jan Redden*

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# LIPOPROTEIN STRUCTURE



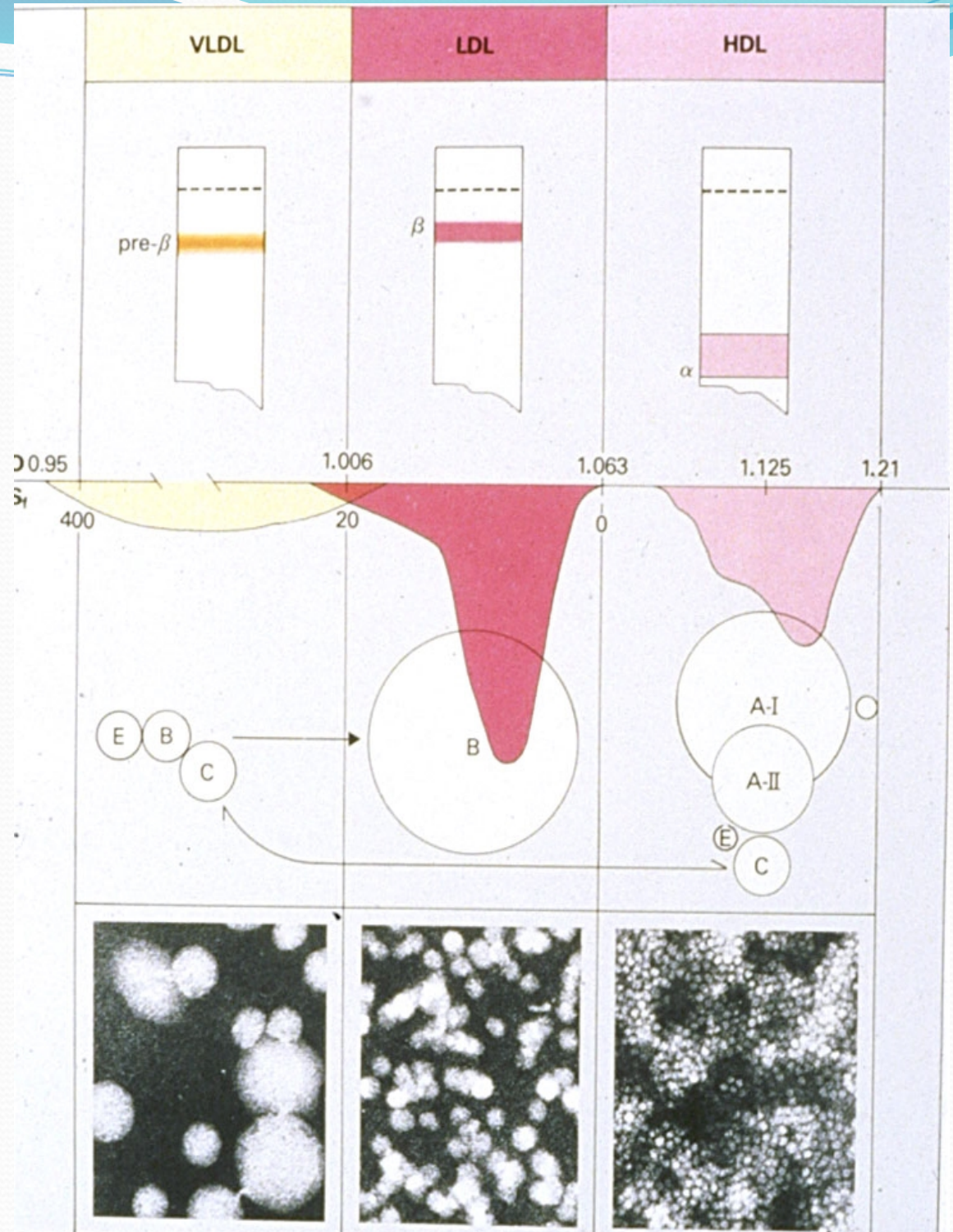
# FOUR MAJOR LIPOPROTEIN CLASSES

	High Density	Low Density	Very Low Density	Chylo-microns
<b>Apolipo-proteins</b>	A-I, A-II E, Cs	B-100	B-100, Cs, E	B-48, Cs, E, A-I, A-II
<b>Major core lipids</b>	Cholesteryl ester	Cholesteryl ester	Triglyceride	Triglyceride
<b>Relative sizes</b>	 <p>HDL<sub>2</sub> HDL<sub>3</sub></p>			

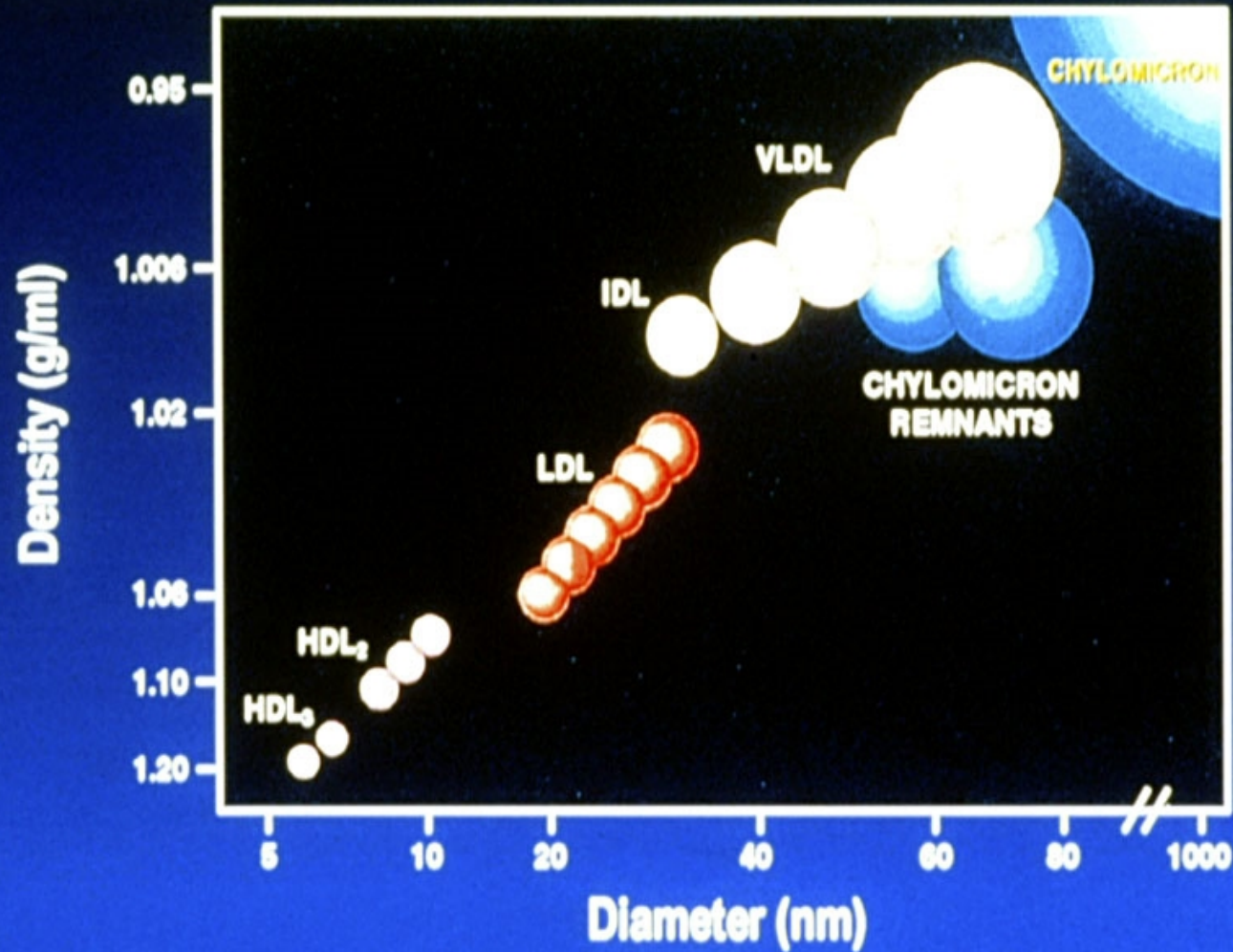
# Lipoproteins: Separation by – Electrophoresis

Density

Size by  
Electron Microscopy



# Distribution of Lipoproteins along a Density Continuum



# LIPOPROTEIN PATHWAYS

## Exogenous

Chylomicron  
remnant uptake

Chylomicron  
remnant

CAPILLARIES

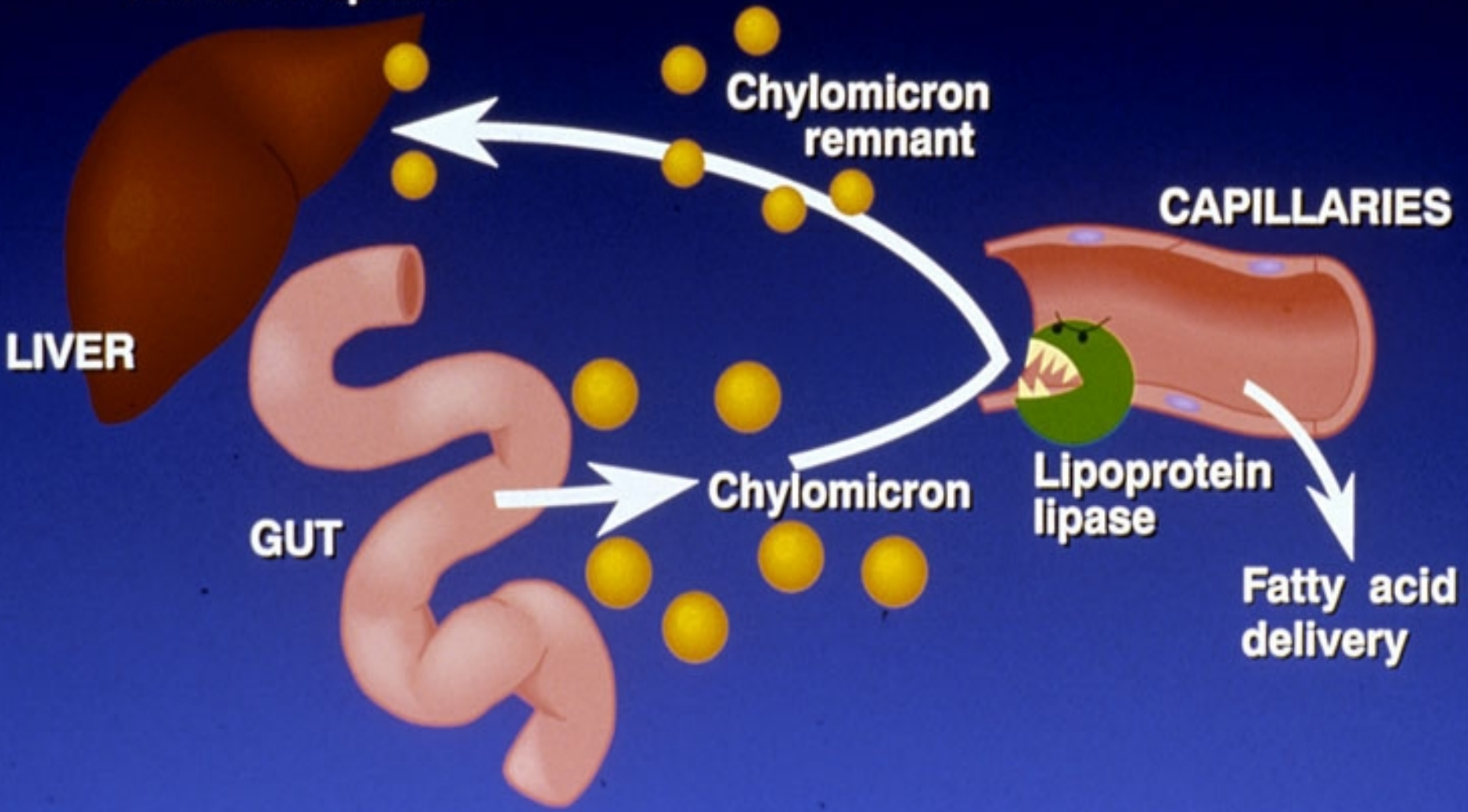
LIVER

GUT

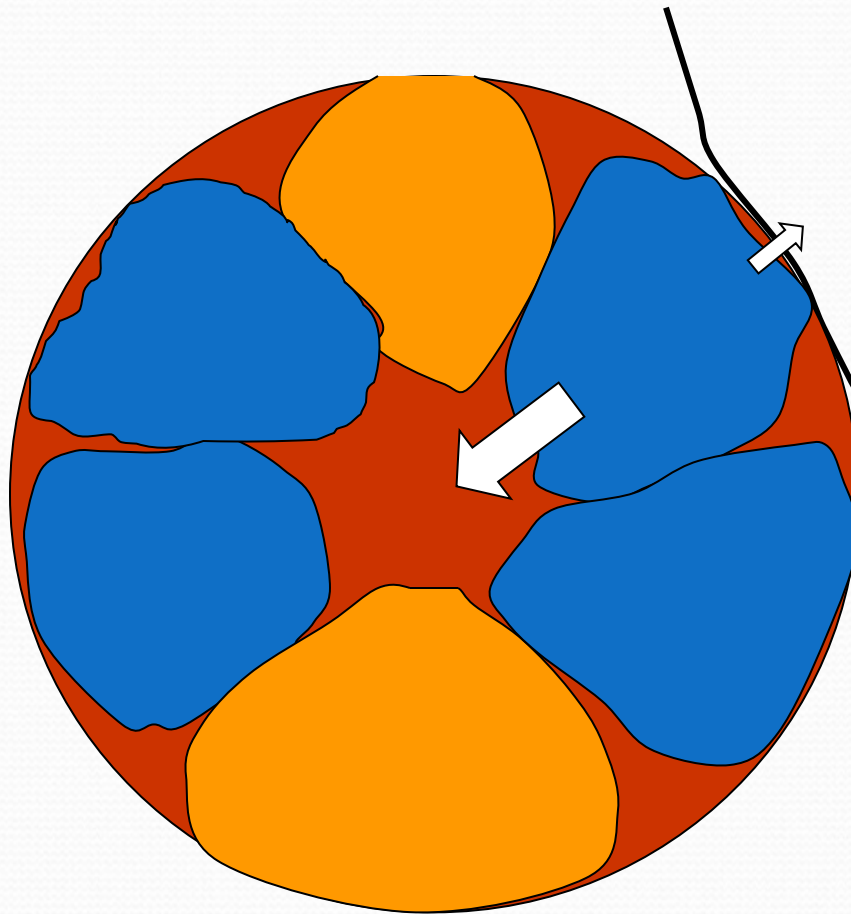
Chylomicron

Lipoprotein  
lipase

Fatty acid  
delivery



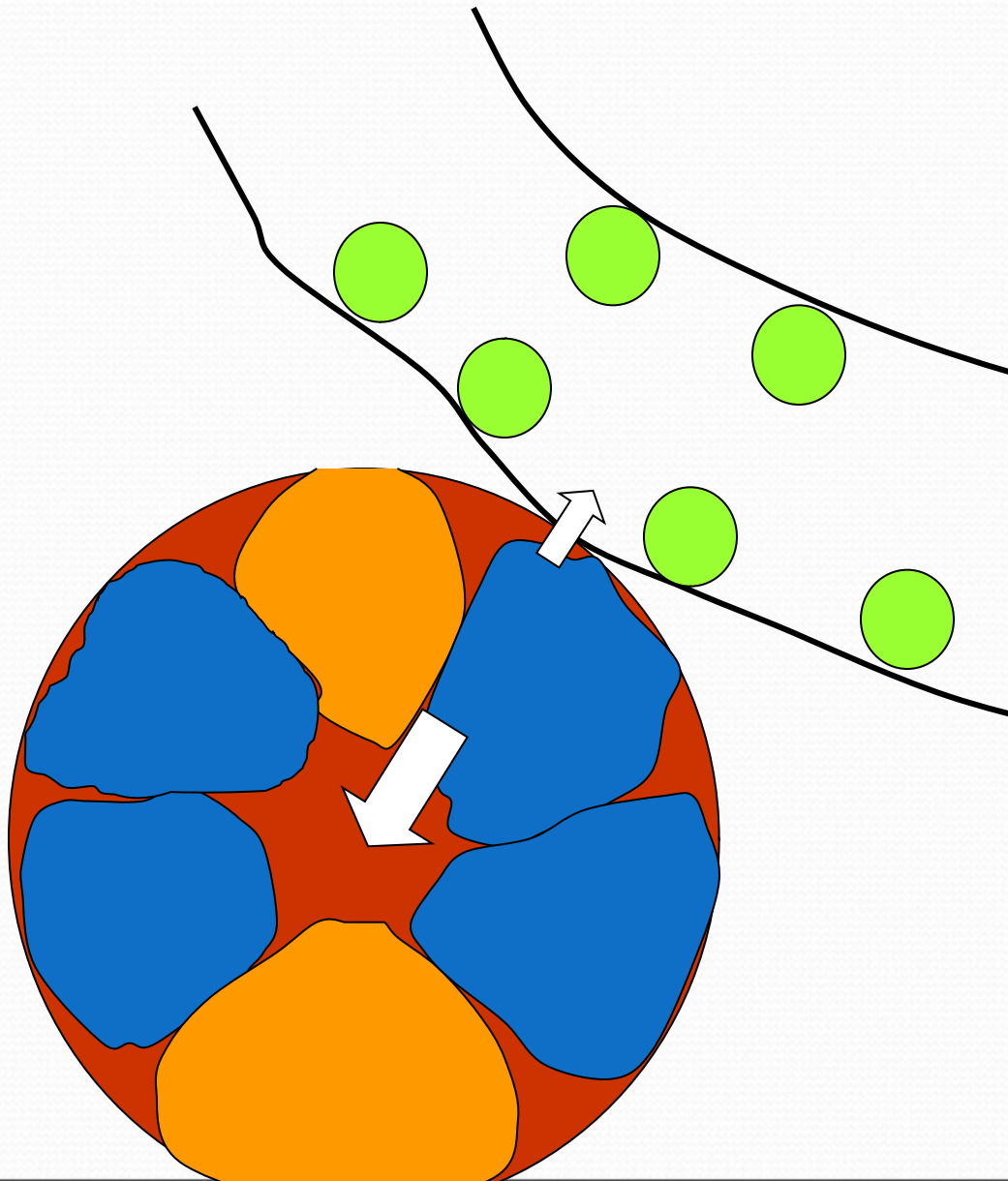
# Pancreatic Lipase Movement



**Most pancreatic lipase is secreted into the pancreatic duct, but some moves back into capillaries.**



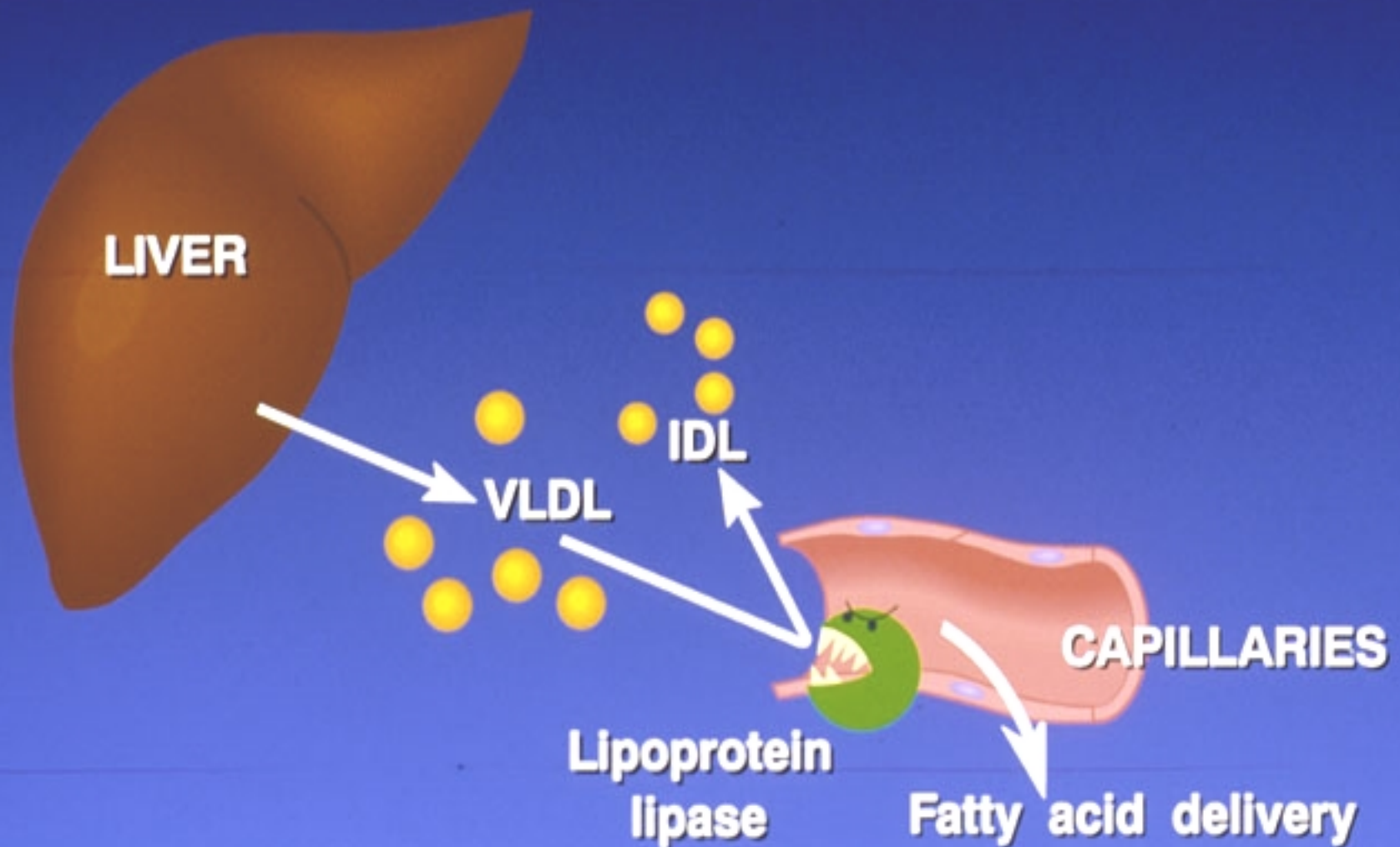
# Chylomicron Role in Pancreatitis



Pancreatic lipase acts on chylomicrons adherent to capillary endothelium, producing fatty acid anions, or soaps. By detergent action, cell membranes are disrupted, releasing more lipase, and additional fatty acid anions are produced in a vicious cycle.

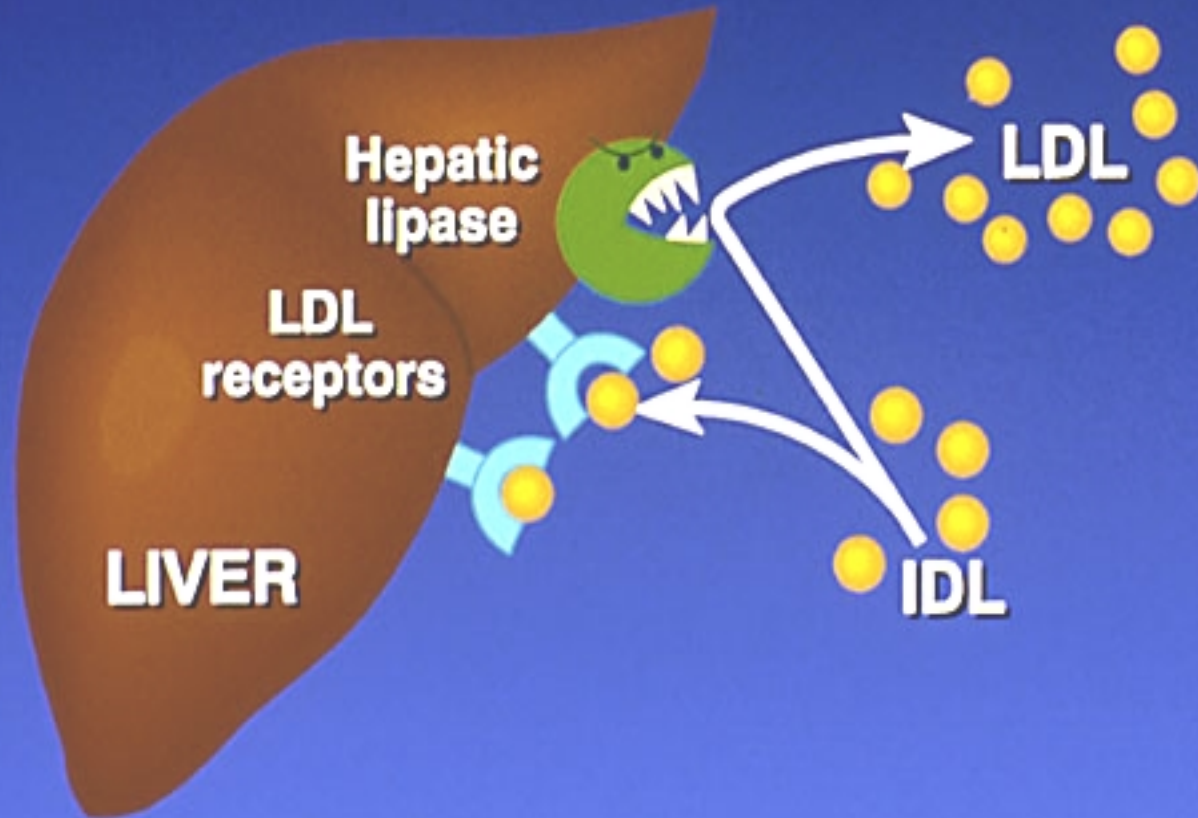
# LIPOPROTEIN PATHWAYS

## Endogenous (VLDL-IDL)



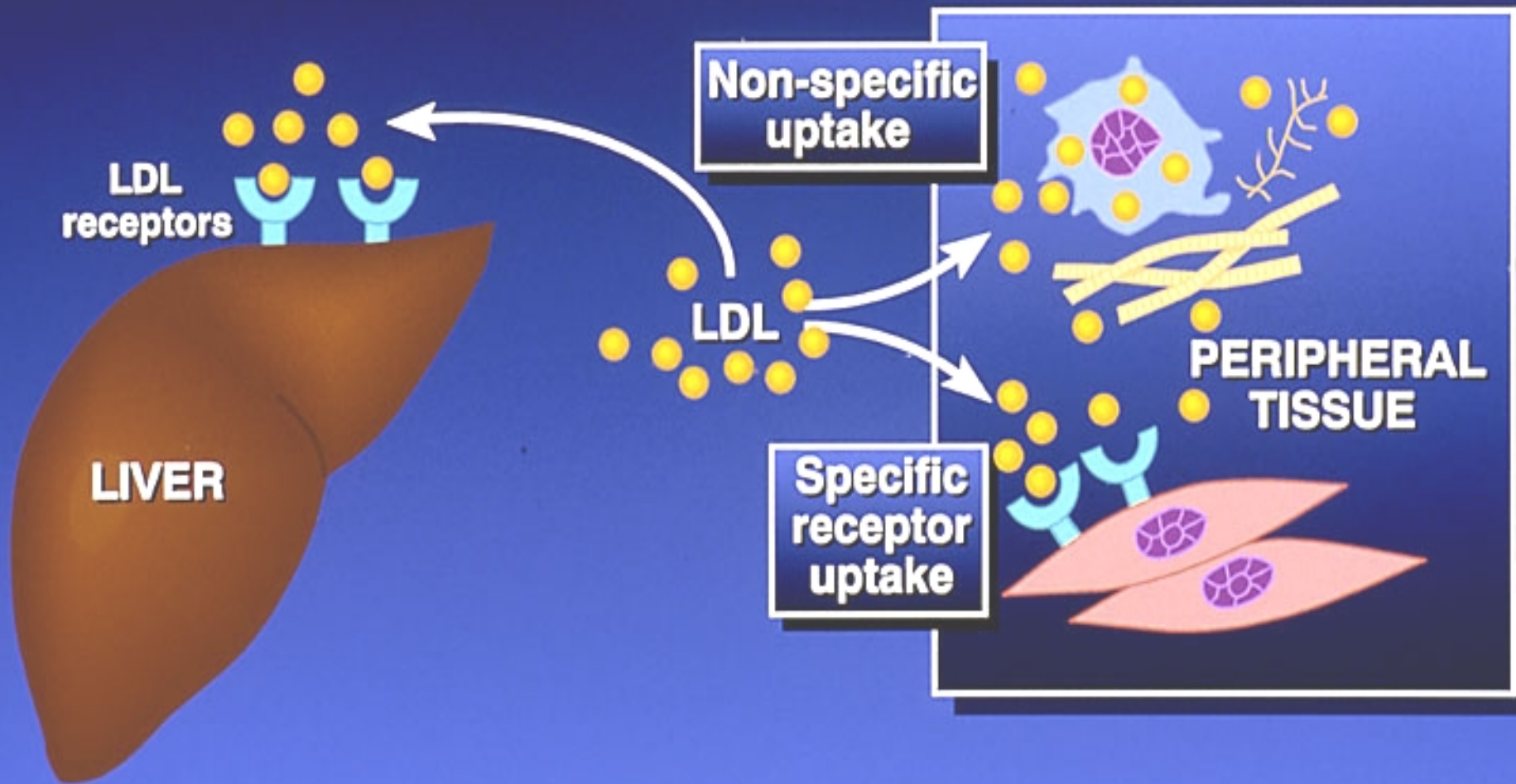
# LIPOPROTEIN PATHWAYS

## Endogenous (IDL-LDL)



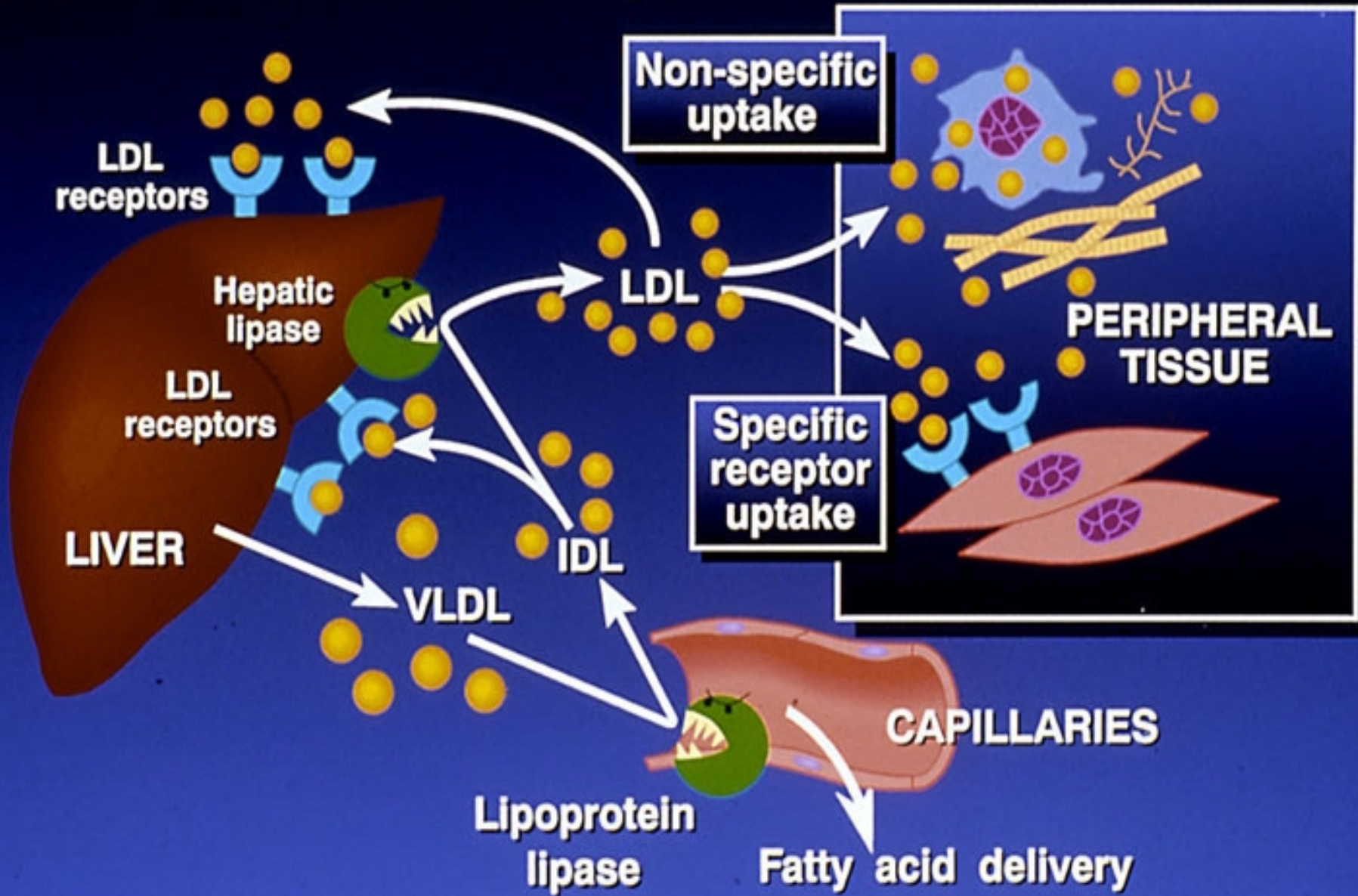
# LIPOPROTEIN PATHWAYS

## Endogenous (LDL Uptake)



# LIPOPROTEIN PATHWAYS

## Endogenous

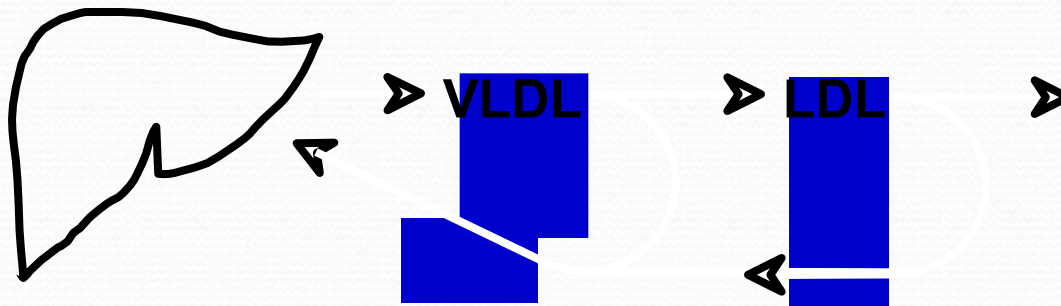


# Apolipoproteins

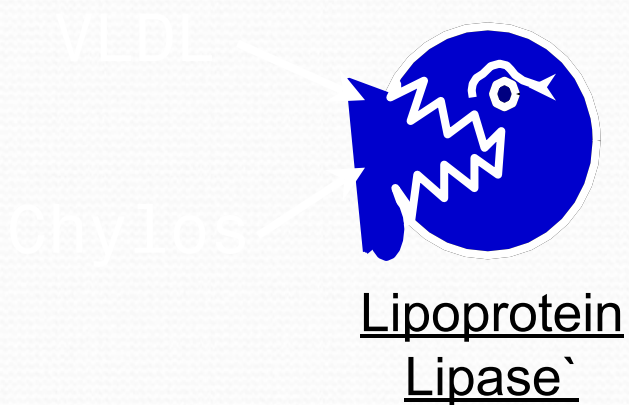
apoA-I	HDL structural protein; LCAT activator; RCT
apoA-II	HL activation
apoA-IV	Tg metabolism; LCAT activator; diet response
apoB-100	Structural protein of all LP except HDL
apoB-48	Binding to LDL receptor
apoC-I	Inhibit Lp binding to LDL R; LCAT activator
apoC-II	LpL activator
apoC-III	LpL inhibitor; antagonizes apoE
apoE	B/E receptor ligand *E2:IDL; *E4: Diet Responsivity

# Metabolic Relationships Among Lipoproteins

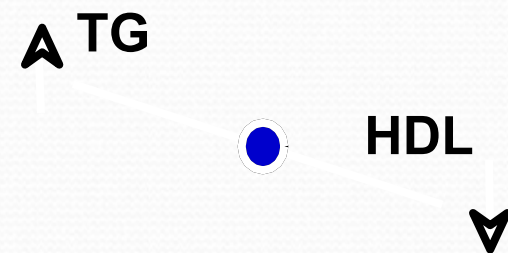
1.



2.



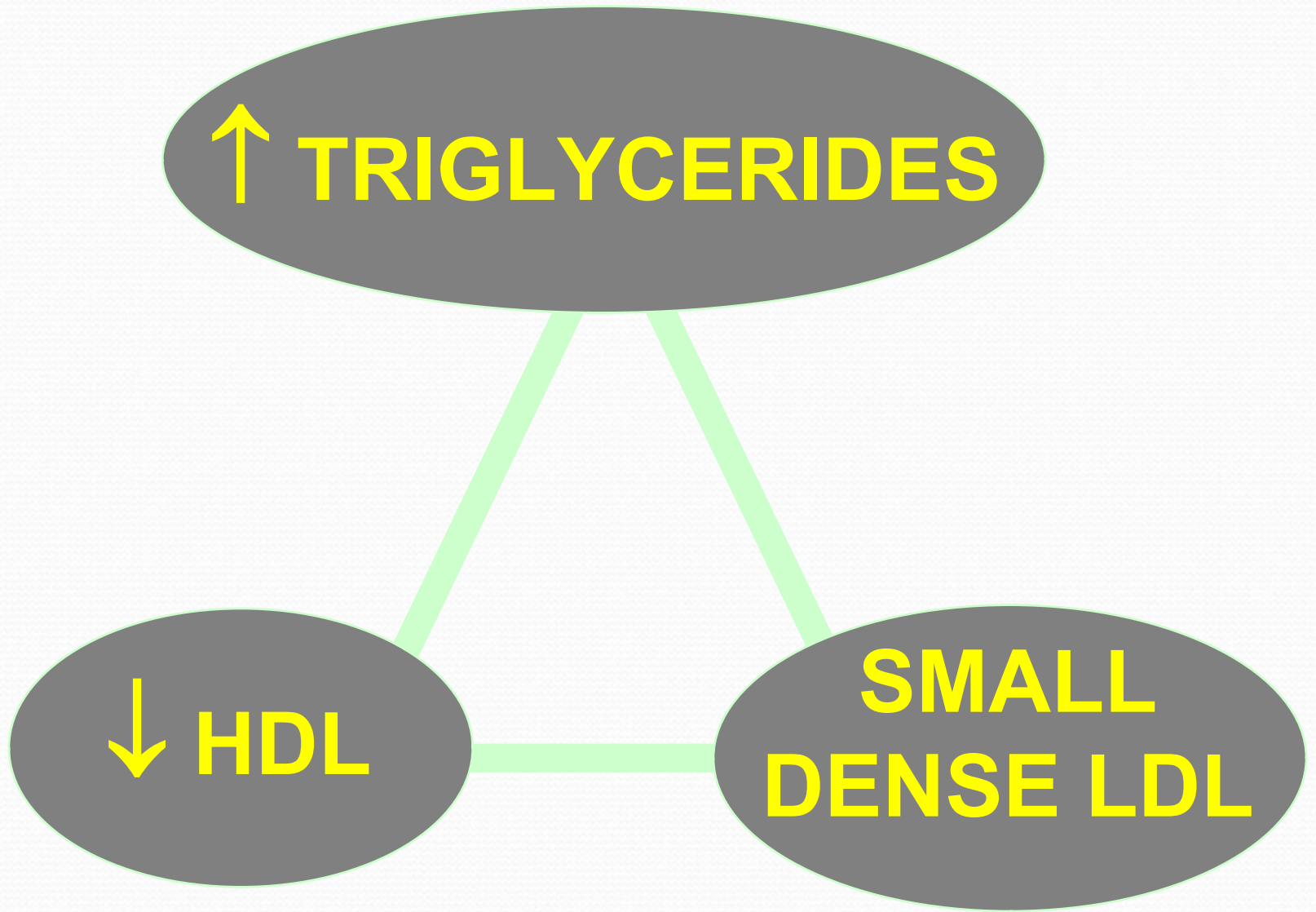
3.



**↑ TRIGLYCERIDES**

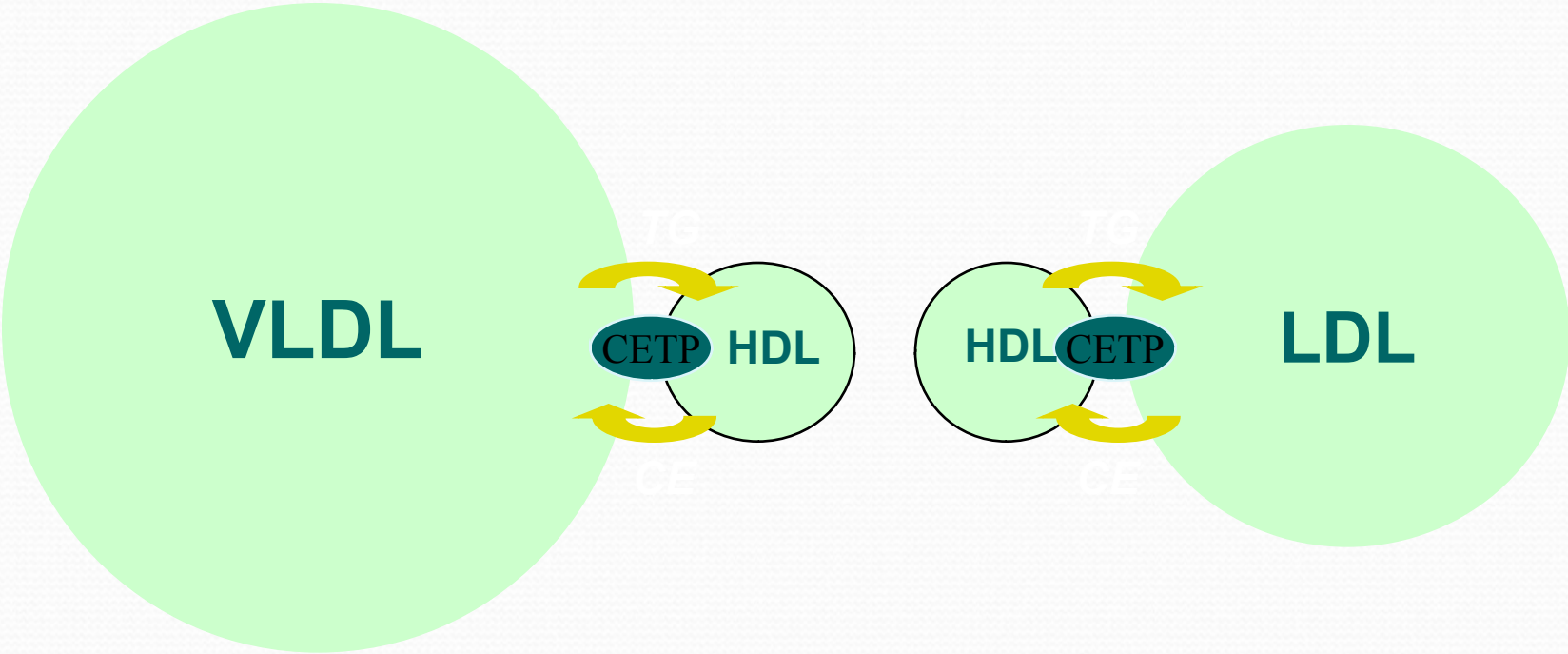
**↓ HDL**

**SMALL  
DENSE LDL**

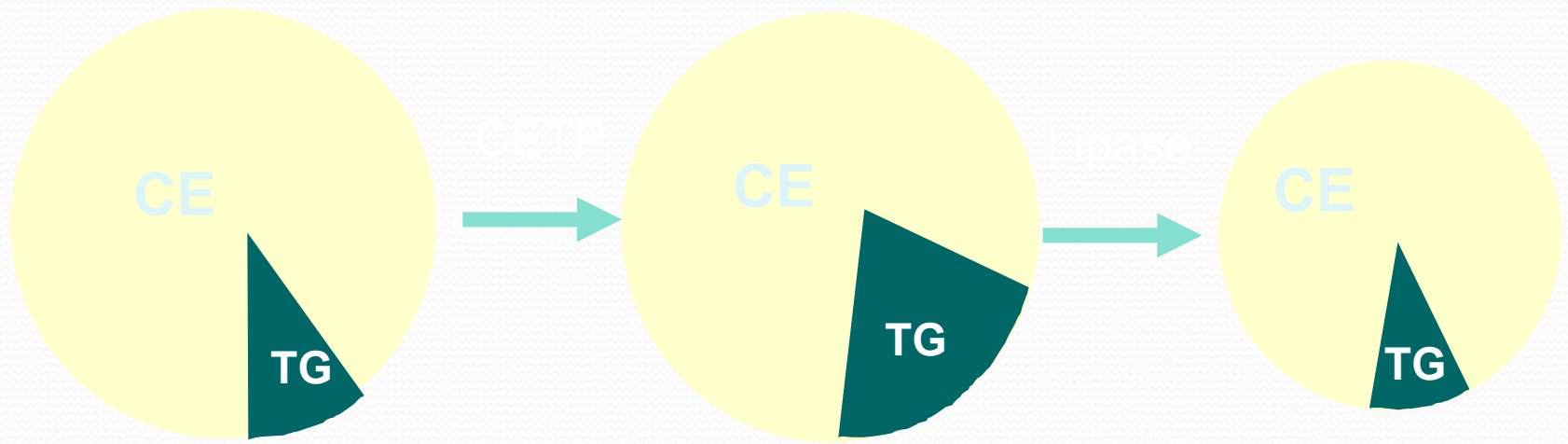




# Role of CETP in Triglyceride/ Cholesteryl Ester Exchange

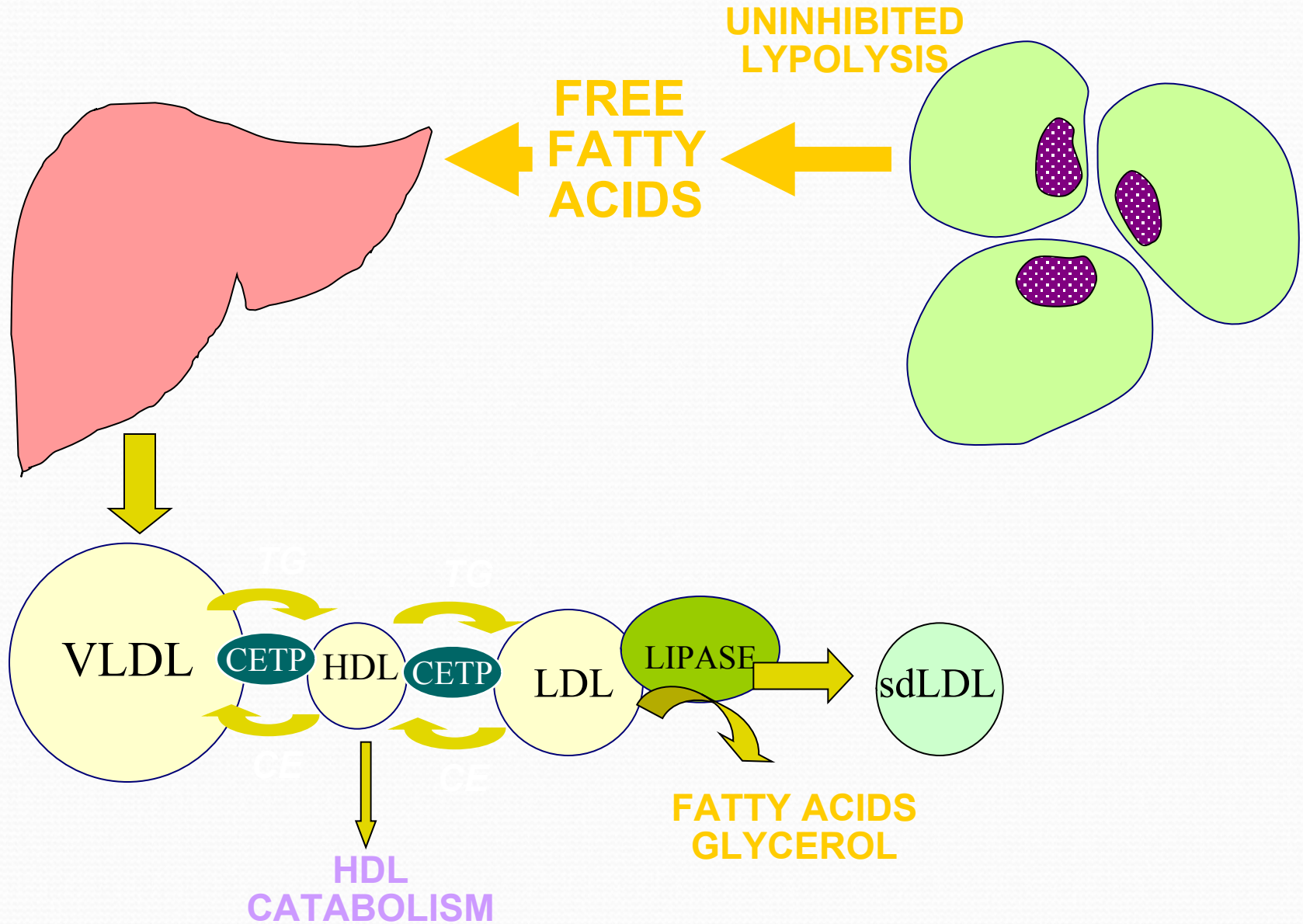


# Role of Triglycerides in Producing Small Dense LDL or HDL

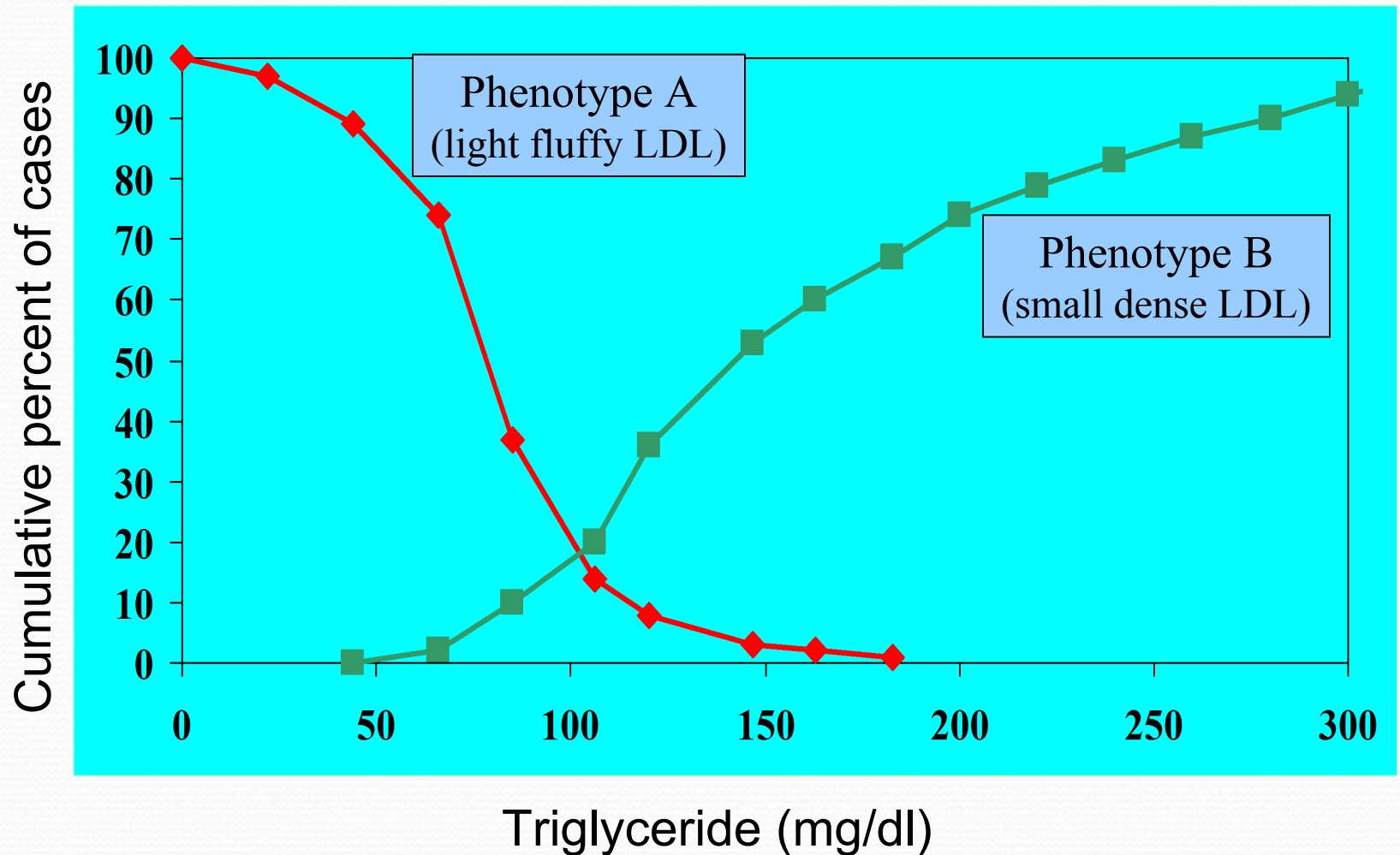


1. CE exchanged for TG
2. TG removed

# Dyslipidemia of Metabolic Syndrome

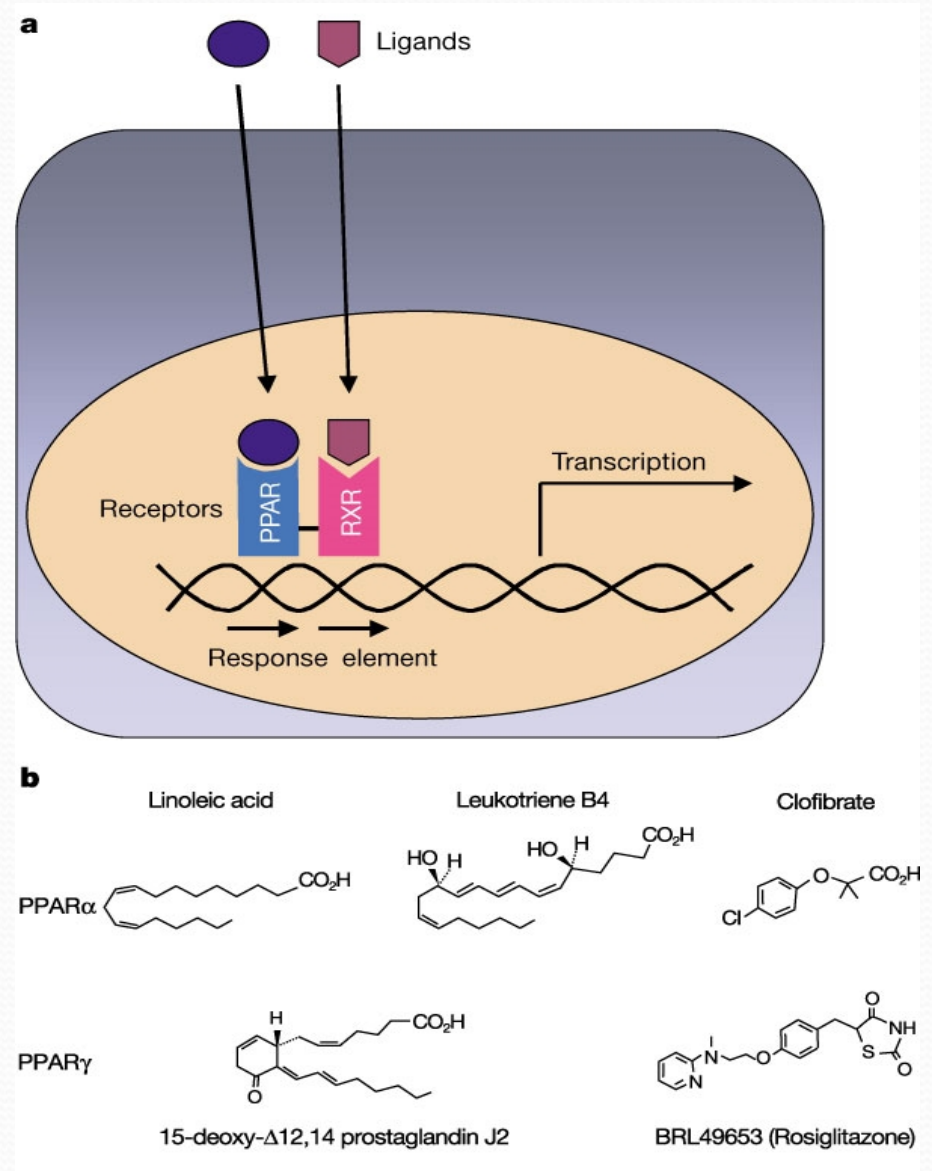


# Distribution of LDL Size Phenotypes According to Triglyceride Levels



# Peroxisome Proliferator-Activated Receptor: A Nuclear Receptor for Metabolic Genes

Basic mechanism of action of nuclear hormone receptors bind to a specific sequence in the promoter of target genes (called hormone response element) to activate transcription upon binding of ligand. Several nuclear hormone receptors, including the retinoic acid receptor, the vitamin D receptor and PPAR, can bind to DNA only as a heterodimer. As shown in some PPAR  $\alpha$  and PPAR  $\gamma$  receptors.



# Role of PPAR\* ✂ and ☎ in VLDL, LDL and HDL metabolism

## PPAR ✂

Tissues: Liver, kidney, heart, muscle.

Ligands: fatty acids, fibrates

Actions: Stimulate production of apo A I, lipoprotein lipase, increase expression of ABC A-1, increase FFA uptake and catabolism, decrease FFA and VLDL synthesis.

## PPAR ☎

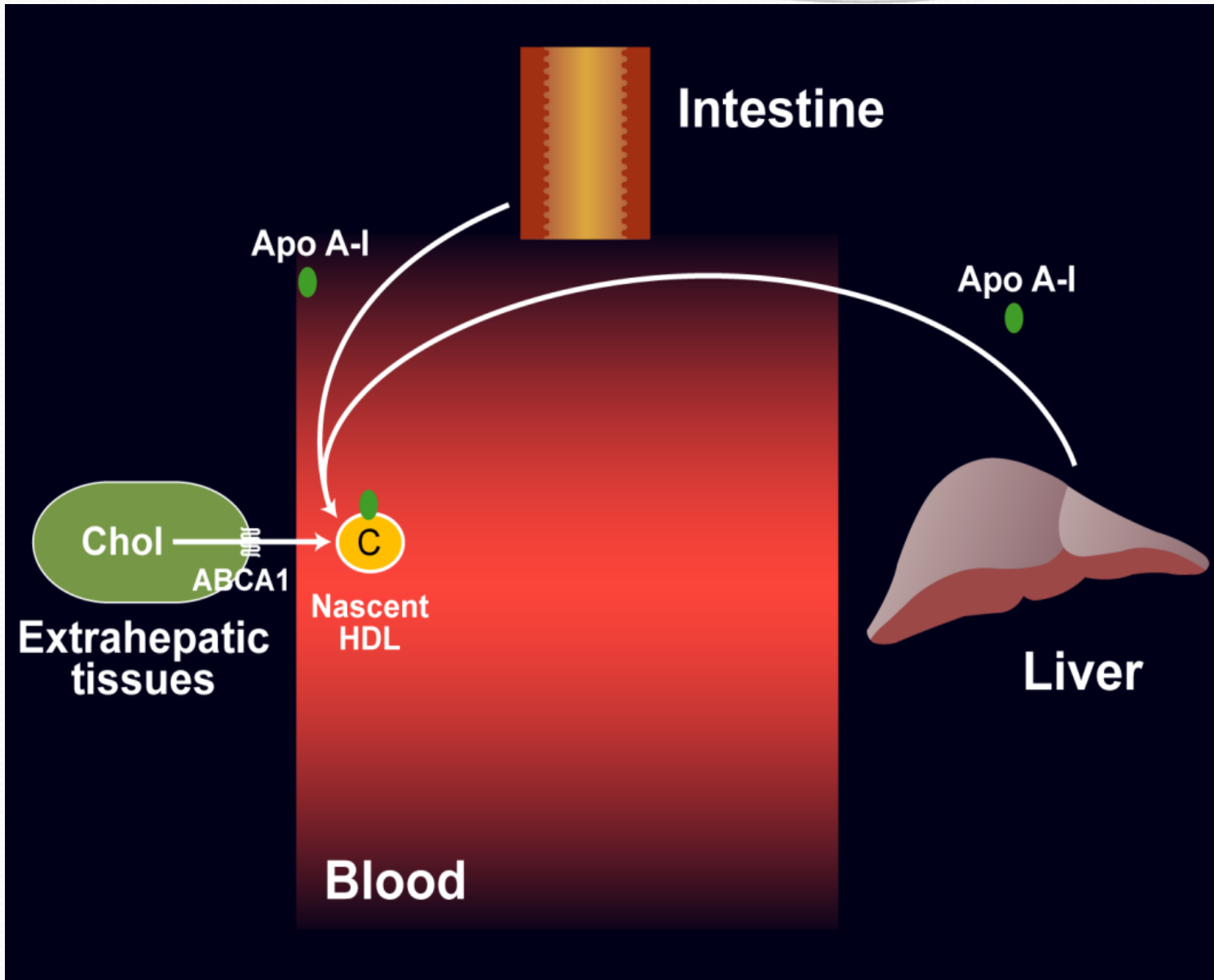
Tissues: Adipose tissue and intestine.

Ligands: arachidonic acid, Glitazones

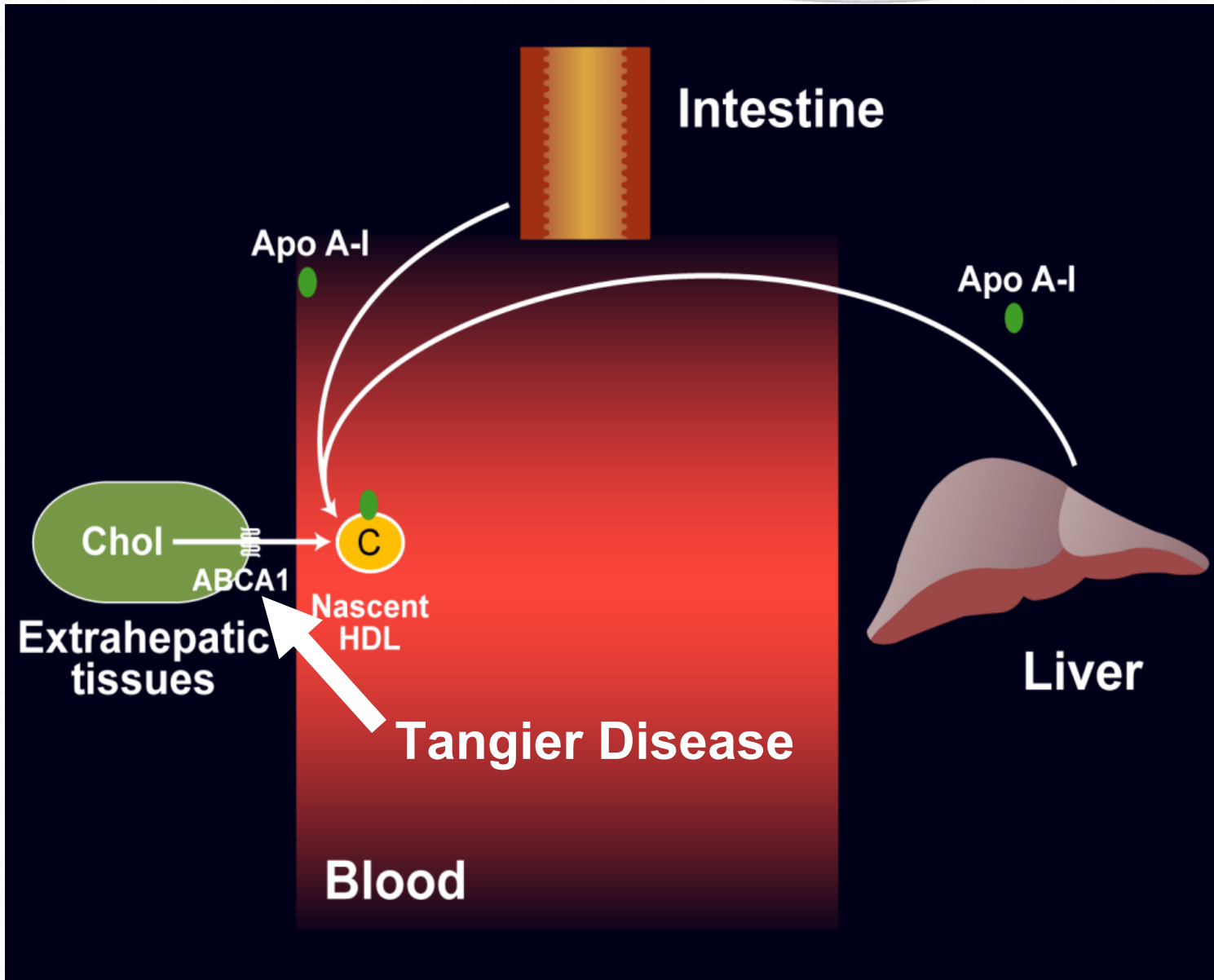
Actions: increase expression of ABC A-1, increase FFA synthesis and uptake by adipocytes, increase insulin sensitivity (?)

\* Peroxisome Proliferator Activated Receptor

# HDL and Reverse Cholesterol Transport

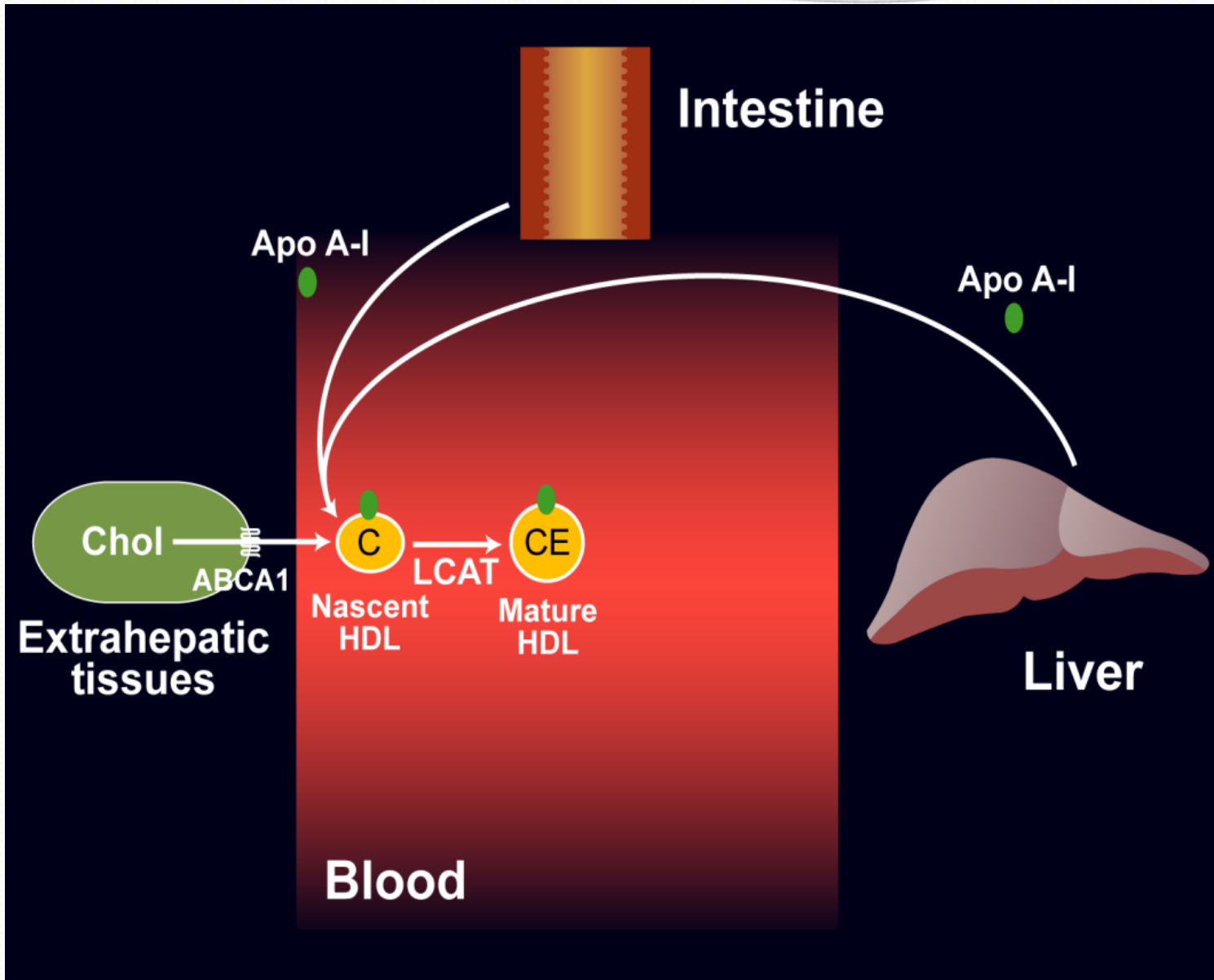


# HDL and Reverse Cholesterol Transport

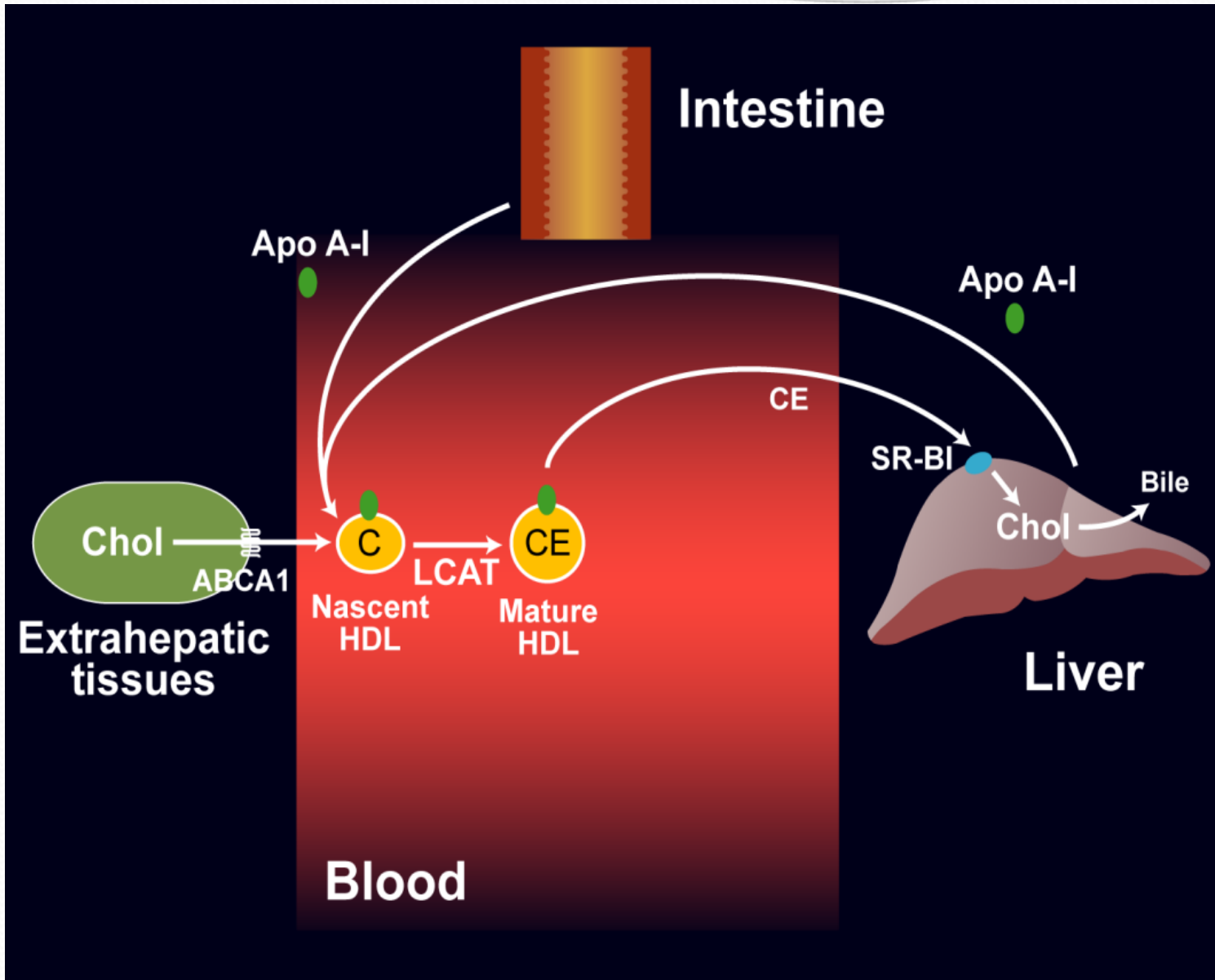




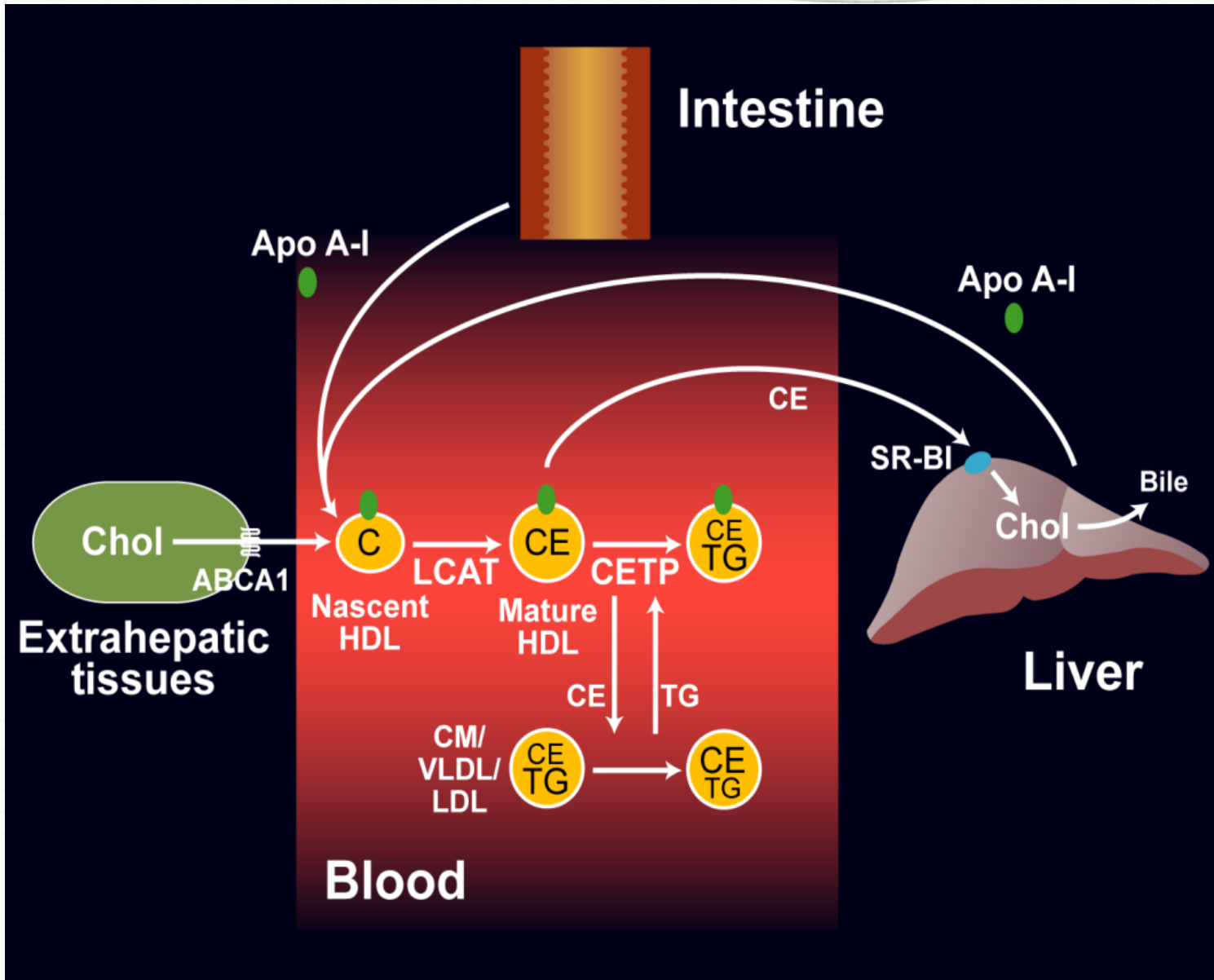
# HDL and Reverse Cholesterol Transport



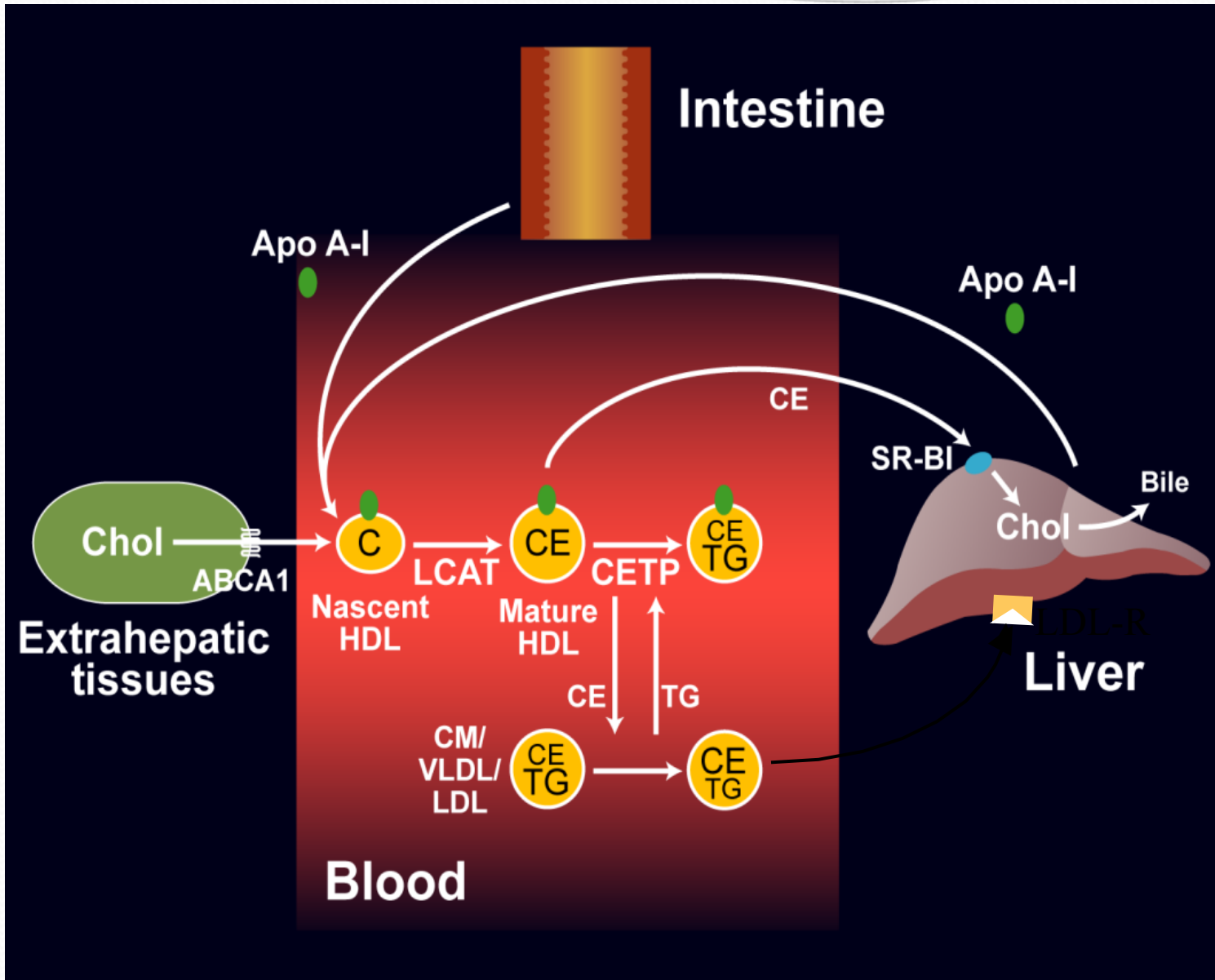
# HDL and Reverse Cholesterol Transport



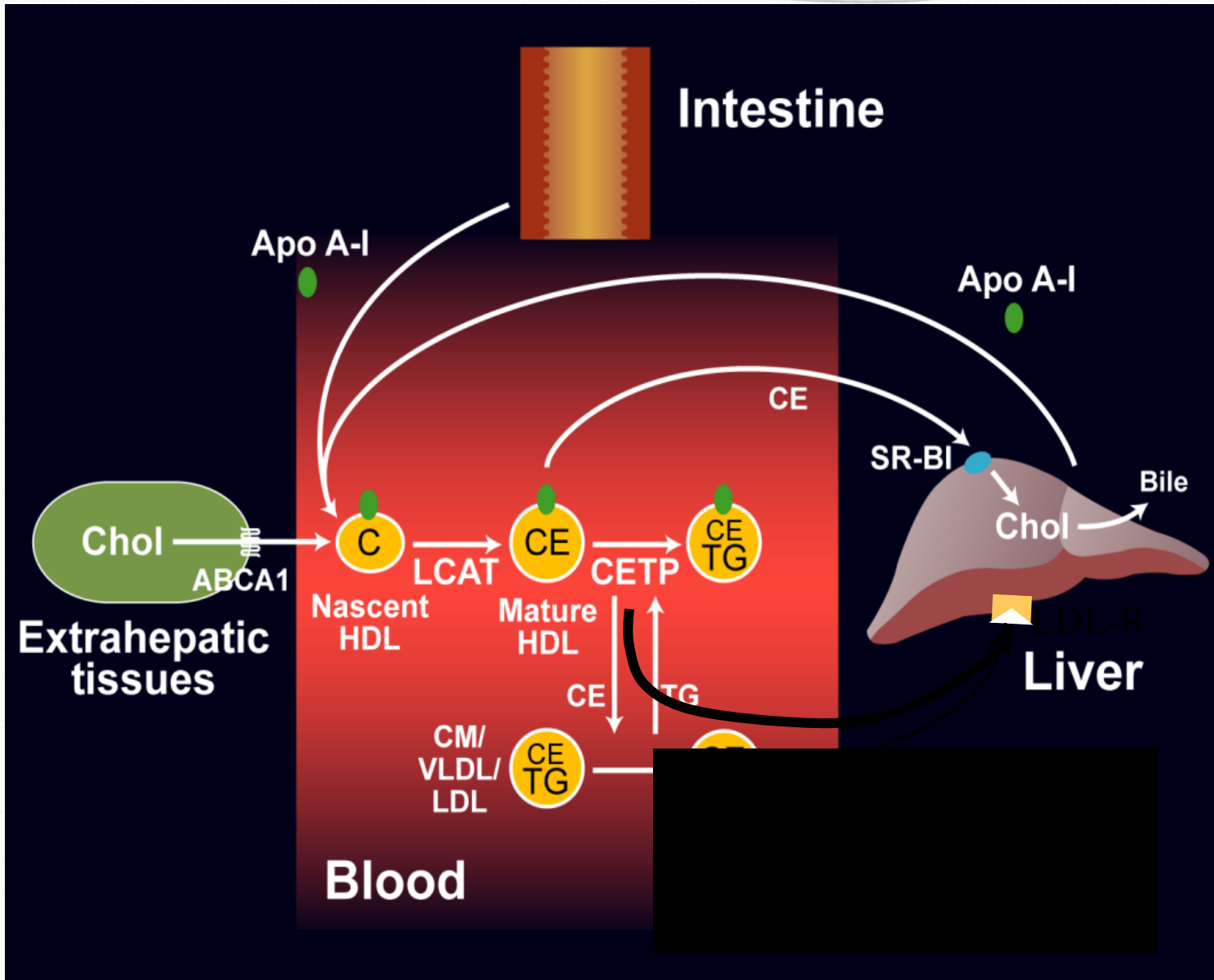
# HDL and Reverse Cholesterol Transport



# HDL and Reverse Cholesterol Transport

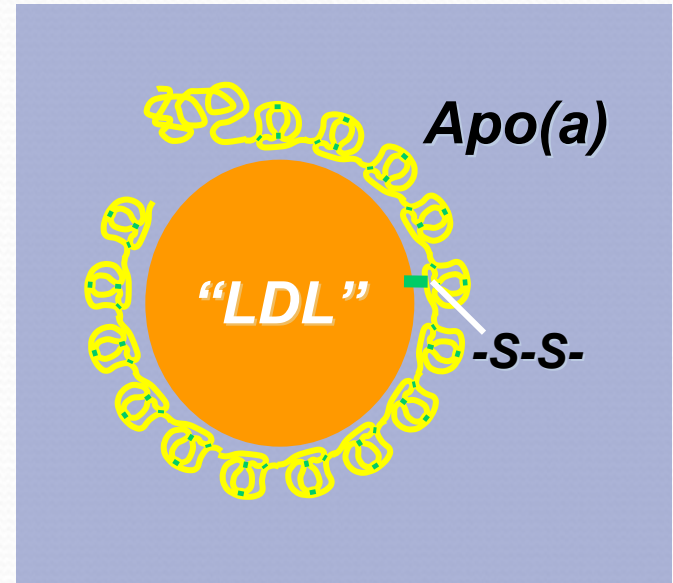


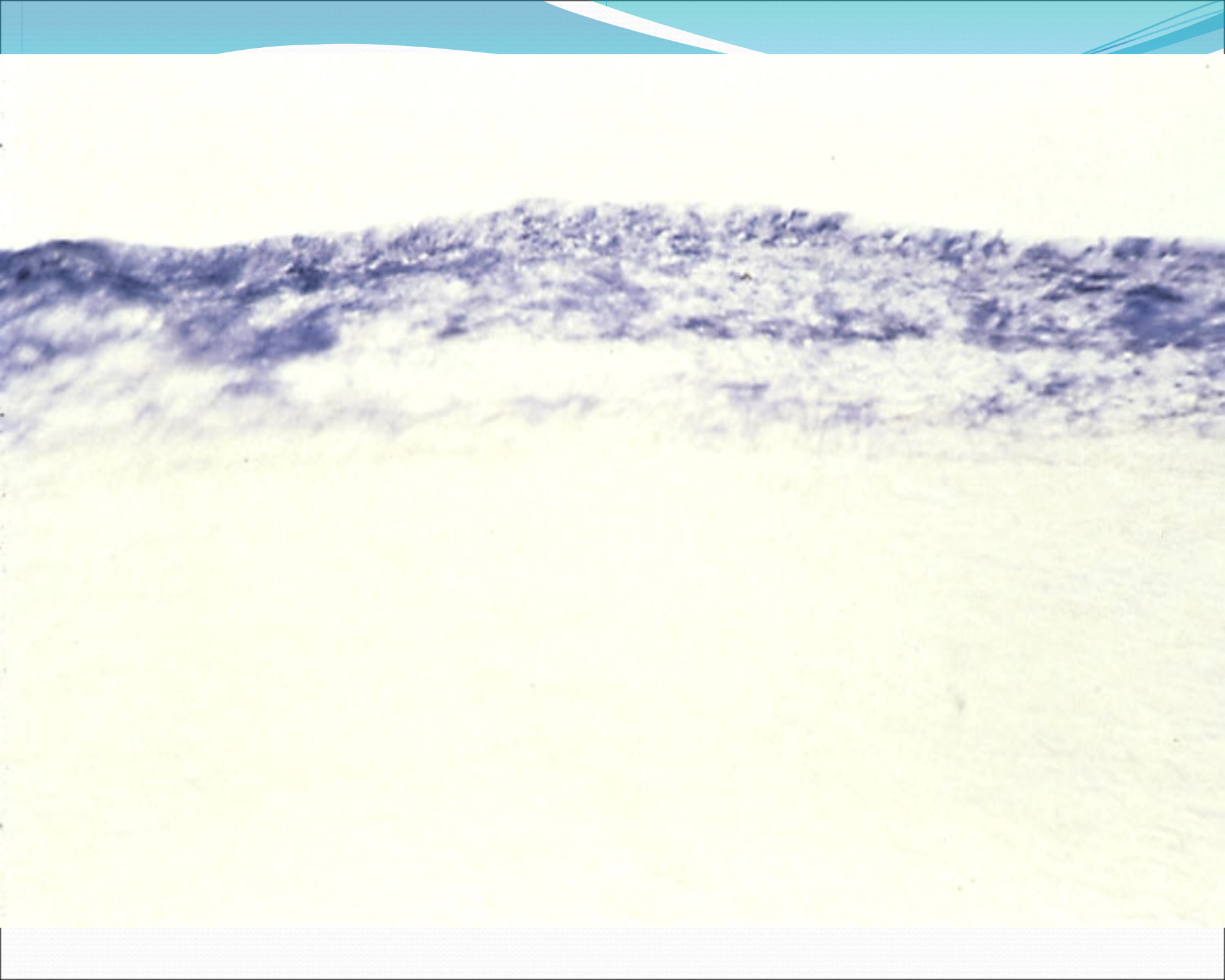
# HDL and Reverse Cholesterol Transport



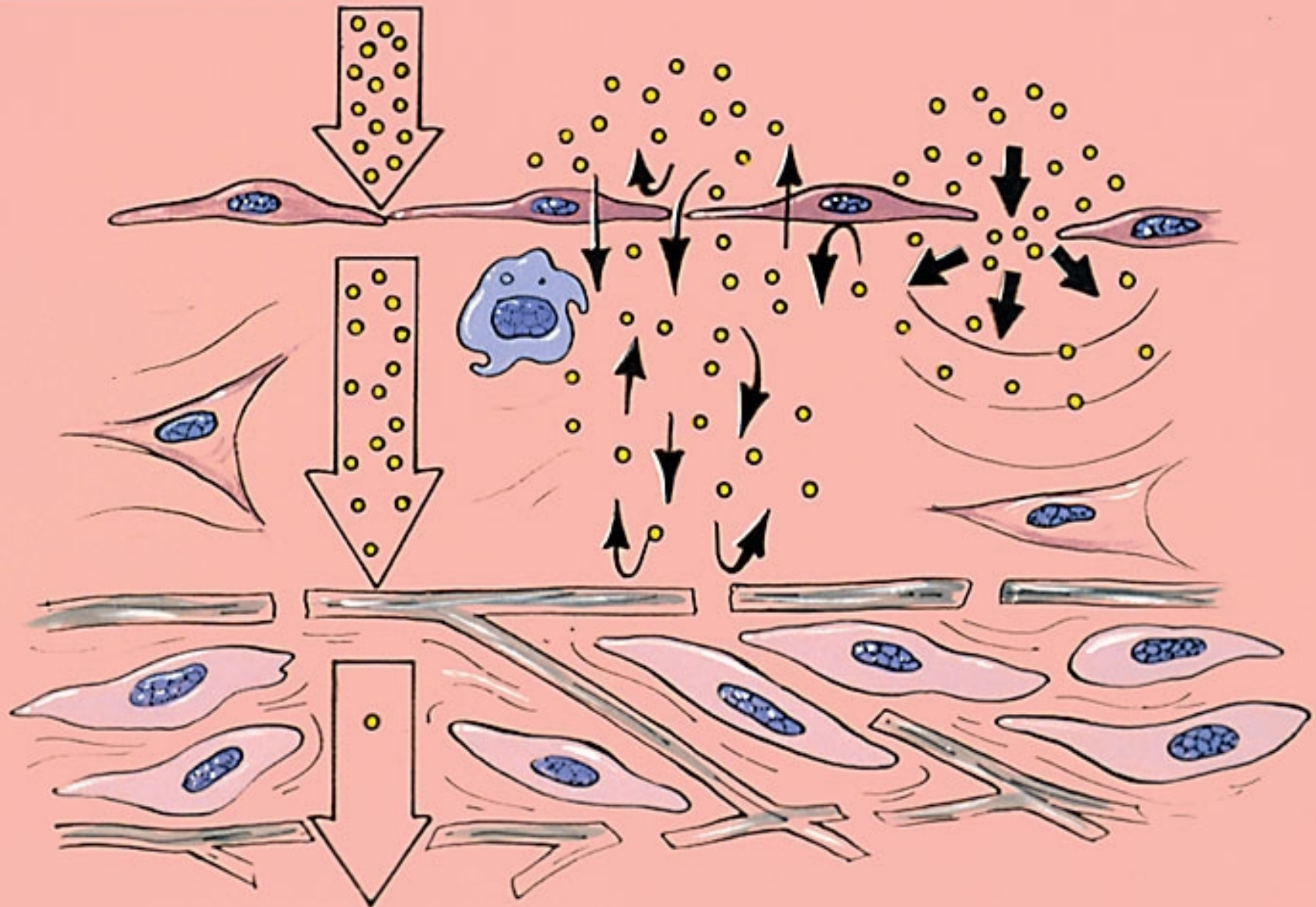
# Lipoprotein(a), or Lp(a)

- An atherogenic lipoprotein containing apo(a) and apoB.
- 20-30% of people have levels suggesting C-V risk.
- Black subjects have Lp(a) normal range twice as high as white and Asiatic subjects.
- Apo(a) sequence similar to plasminogen, and Lp(a) interferes with spontaneous thrombolysis.
- Lp(a) levels highly genetic, resistant to diet and drug therapy, although niacin may help.





# Arterial Lipoprotein Dynamics





# Summary – Lipid and Lipoprotein Metabolism

- Cholesterol absorption, synthesis, and disposition
- Triglyceride/fatty acid transformations and energy metabolism
- Lipoprotein core and surface components
- Lipoprotein origins and destinations governed by apo's
- Derangement in the metabolic syndrome
- Reverse cholesterol transport – the dominant direction
- Lipoprotein(a)
- Lipoproteins in the arterial wall