

Ch 2, part 1: Cell Respiration & Cell Metabolism

Powerpoint updated Aug 20, 2022

Objectives:

1. Understand what molecules our cells metabolize for energy.

Carbohydrates (first!)

Lipids (next)

amino acids (routine & emergency)

lactic acid (routine & emergency)

2. Understand the basics of cell respiration.

3. Become familiar with anaerobic & aerobic cell respiration

4. Become familiar with metabolism of lipids, carbohydrates, and amino acids.

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1. Types of Cell Metabolism

i) Carbohydrate metabolism – making or breaking down carbohydrates (ex. Glucose and glycogen).

ii) Lipid metabolism – making or breaking down lipids (ex. Ketones, fatty acids, triglycerides)

iii) Protein metabolism (amino acids) – making or breaking down protein.

iv) Lactic acid metabolism – making or breaking down lactic acid.

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What conditions occur to make following happen in body?

- Lactic acid metabolism occurs when
Skeletal muscle activity
- Lipogenesis occurs when making lipids
consume fats or have excess glucose in cells.
- Lipolysis occurs lipid breakdown
body needs energy (ATP) and carbohydrates not available.
- Amino acid metabolism occurs
making or breaking down protein.

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Glucose metabolism: done by glycolysis, to make ATP

Glycolysis = use glucose to make ATP in body cell

Glycogen metabolism:

Glycogenesis = making glycogen from glucose
(happens in liver & skeletal muscle)

Glycogenolysis = breaking down glycogen into glucose



(Ques: what do you remember from Ch 1 about this process?)

What pancreatic hormone can stimulate this in the liver? Glucagon

Lipid metabolism :

Lipogenesis = making lipids.

Lipolysis = breaking down lipids

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Glycogenesis = creation of glycogen from glucose molecules
 (enzyme in liver & skeletal muscle)

Synthesis = make

-enzyme

glycogen synthase

Glucose + glucose → **Glycogen**

Glycogenolysis = breakdown of glycogen into glucose
 (enzyme in liver & skeletal muscle)

Phosphorylate - break down

glycogen phosphorylase

glycogen → **glucose 6-phosphate** → **free glucose**
enzyme (enzyme in liver only!)
glucose 6-phosphatase
 ↳ blood

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Glycogen metabolism Click [HERE](#) for blank flow diagram. Click [HERE](#) for key.

If insulin is present the liver takes up blood glucose and can undergo glycogenesis.

Glucose + Glucose → Glycogen

What enzyme is needed for this to happen?

If glucagon is present, the liver can breakdown glycogen into free glucose (glycogenolysis)

Glycogen → Glucose 6 phosphate → free glucose

What enzyme is needed for this to happen?

What enzyme does the liver have (but not skeletal muscles) for this to happen?

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Diabetes (Type 2) = insulin - resistance

Treatments:

1. Diet & exercise (doesn't always work, especially with genetic predisposition).

2. Pharmaceuticals:

Ex.

Ozempic (semaglutide injection) OR *Rybelsus* (semaglutide pill form)
= increases insulin production AND inhibits glucagon

Click [here](#) for Wiki mechanism of action



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2. Basics of Cell Respiration – use of glucose in cell respiration:
Pg 27 – 29 Wiki text

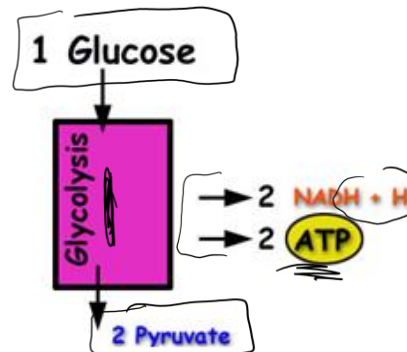
Glycolysis

= 1st step in use of glucose for cell respiration to make ATP

- Occurs in cell cytoplasm

- Conversion of 1 glucose molecule into:

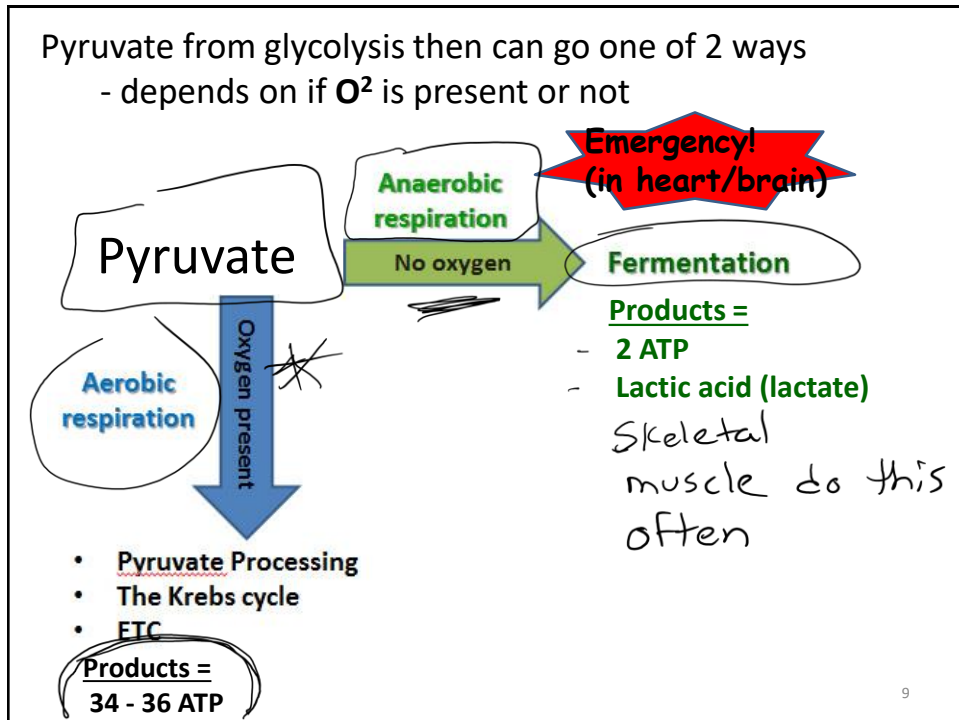
- > 2 pyruvate
- > 2 ATP
- > 2 NADH₂



Pyruvate then can go one of 2 ways
- depends on if O_2 is present or not

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Ischemia, Serum Lactate, and Heart Attack

Ischemia & Angina Pectoris – Click [HERE](#) for Clinical App reading.

“Ischemia” = interrupted blood flow

Loss of blood flow to heart:

- without arterial blood & O₂ heart resorts to anaerobic respiration. Loss of blood & O₂ to heart can cause ...

“angina pectoris” = pain in chest & left arm

with ↑ lactate from cardiac ischemia.

- Prelude to “**myocardial infarction**” (heart attack)

- Normal serum lactate = 1- 0.5 mmol/L

- **Hyperlactatemia** = high blood lactate => 4mmol/L

Serum Lactate as a Marker of Acute Myocardial Infarction
<http://www.aafp.org/afp/1998/0415/p1993.html>

Insufficient blood flow to the heart muscle from narrowing of coronary artery may cause angina (chest pain)

Plaque in coronary artery

ADAM

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Aerobic respiration

3 Steps of aerobic respiration (AFTER GLYCOLYSIS):

- 1. Pyruvate processing (pyruvate conversion)**
 2 pyruvate enter → 2 Acetyl CoA, 2 NADH, 2 CO₂
- 2. Kreb's cycle (citric acid cycle)**
 2 Acetyl CoA enter → 2 ATP, 6 NADH, 2 FADH₂, 4 CO₂
- 3. Electron transport chain (ETC)**
 2 NADH₂, 6 NADH₂, 2 FADH₂ enter → 30-32 ATP, 10 NAD⁺, 2 FAD⁺, 12 H₂O
 Plus 2 NADH₂ from glycolysis and 2 NADH₂ from pyruvate processing

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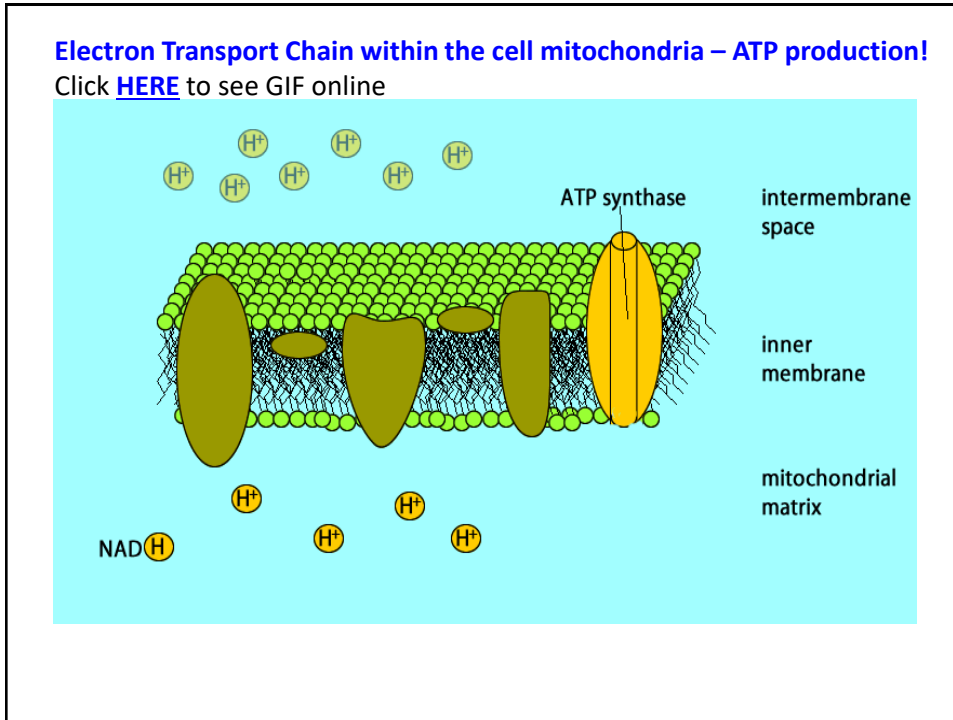
Click [HERE](#) for blank Glycolysi flow chart

Click [HERE](#) for KEY to Glycolysi flow chart

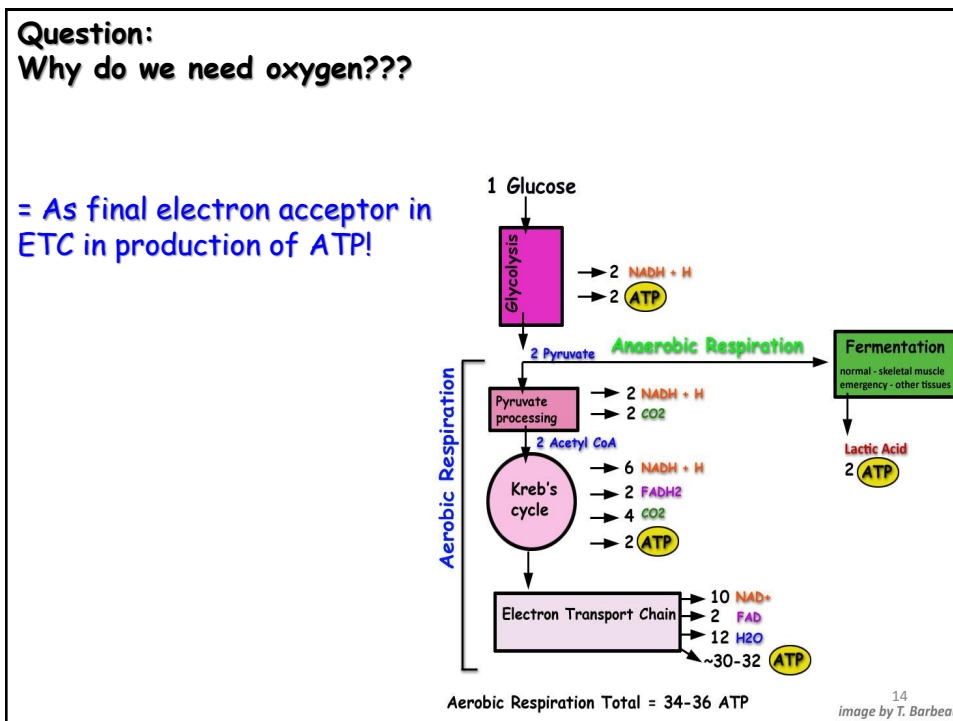
Aerobic Respiration Total = 34-36 ATP

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image by T. Barbeau

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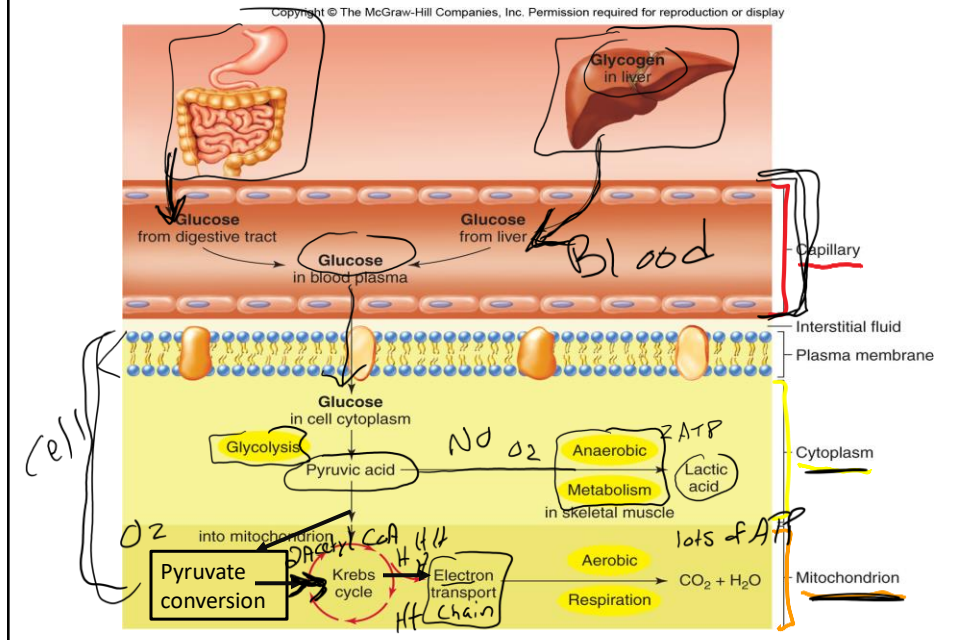
When aerobic respiration goes wrong!

[Read online Clinical App: cyanide](#)



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Where Cell Respiration Occurs

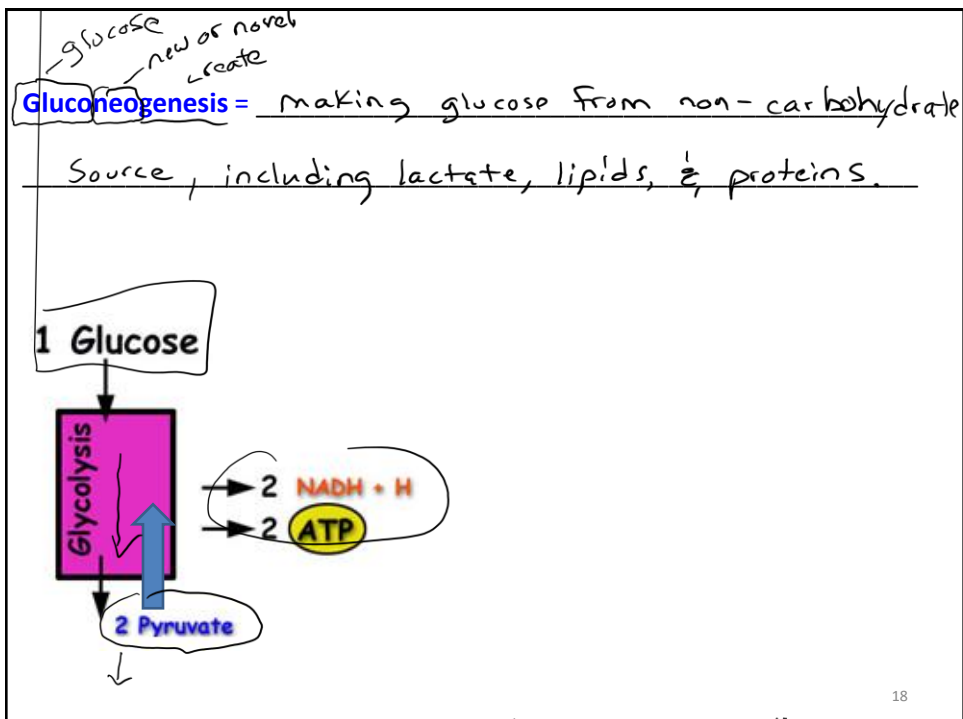


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Review (Whew! That's a lot!)

- Our cells can metabolize **carbohydrates, lipids, protein, and lactic acid**
- Carbohydrate metabolism includes:
 - Glucose metabolism for ATP (**glycolysis** during cell respiration)
 - Glycogen metabolism
 - Making glycogen (**glycogenesis**), requires enzyme glycogen synthase
 - Breaking down glycogen (**glycogenolysis**), requires enzyme **glycogen phosphorylase** in skeletal muscle & liver, and **glucose 6 phosphatase** in liver.
- Glycolysis is conversion of glucose into 2 ATP, 2 NADH₂, and 2 pyruvate
- Pyruvate can either go through aerobic respiration or anaerobic respiration
- In aerobic respiration, **pyruvate** goes thru **pyruvate conversion** to make 2 Acetyl CoA, 2 NADH₂, 2 CO₂
- **2 Acetyl CoA** enters **Krebs cycle** to make 6 NADH₂, 2 FADH₂, 4 CO₂
- **H ions** enter **electron transport chain** to make ~ 30 – 32 ATP, 6 NADH⁺, 2 NADH⁺, and 12 H₂O.
- Altogether aerobic respiration of 1 glucose yields 34 – 36 ATP
- Glycolysis occurs in cytoplasm, but pyruvate conversion, Krebs cycle, and ETC occurs in mitochondria

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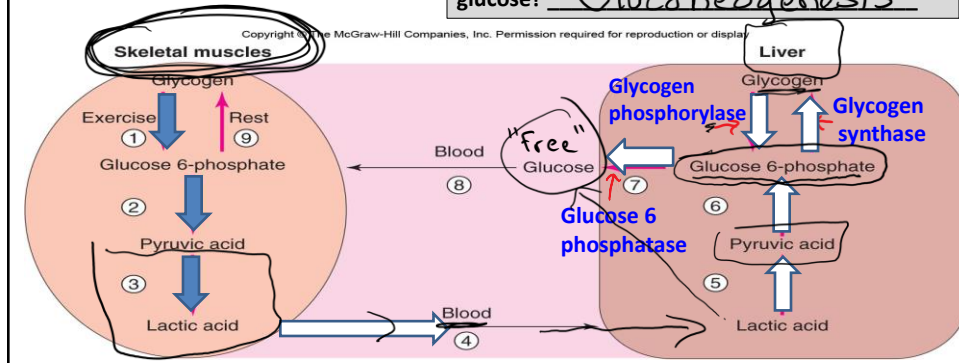
Lactic acid (lactate) metabolism = "The Cori cycle"

= lactic acid (from skeletal muscle activity & anaerobic respiration) can cause "metabolic acidosis" and drive blood pH ↓

Liver "recycles" lactic acid in blood into:

- Free glucose (to be returned to blood stream)
(due to enzyme only in liver – *glucose 6 phosphatase*)
- Stored glycogen (for future need)
- Reverses metabolic acidosis

What is the term for when non-carbohydrate molecules (like lactic acid) are turned into glucose? Gluconeogenesis



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Lipid Metabolism:

"Lipogenesis" = making lipids

"Lipolysis" = breaking down lipids

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Lipid Metabolism:

“**Lipogenesis**” = conversion of excess glucose into white fat (triglycerides) in adipose & liver. Stimulus = “insulin”

1. Extra blood **Glucose** enters glycolysis to produce pyruvate

2. **Pyruvate** goes through pyruvate conversion into Acetyl CoA

3. **Acetyl CoA** used by liver to make:

a) **cholesterol** – for cell membranes, for steroid hormones, for bile

b) **ketones** – fat used for energy
(are acidic)

c) **fatty acids** – precursor to stored white fat (triglycerides)

estrogen
testosterone

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Lipid Metabolism:

“**Lipolysis**” = conversion of white fat (triglycerides) into molecules that can be used for energy (ATP).

A) **Triglycerides** turned into Ketones by liver

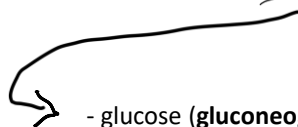
Process of making ketones = Ketogenesis

Ketones metabolized for energy (ATP) if no carbs

Process of using ketones for energy, or ketones in blood = Ketosis

B) **Triglycerides** turned into fatty acids, if needed, can be converted *back* into Acetyl CoA & enter kreb's cycle to make ATP & H's

OR Acetyl CoA can be converted back into Pyruvate and then changed into:



- glucose (gluconeogenesis)

- glucose can be stored as glycogen (glycogenesis)

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SODIUM	21
POTASSIUM	16
CHLORIDE	1.04
CARBON DIOXIDE	15
UREA NITROGEN	6.1
CREATININE	3.0
BUN/CREATININE RATIO	9.7
URIC ACID	
PHOSPHORUS	64
CALCIUM	3.7
CHOLESTEROL, TOTAL	
HDL CHOLESTEROL	112
CHOLESTEROL/HDL RATIO	7.6
LDL CHOL, CALCULATED	8
See footnote 1	
TRIGLYCERIDES	
PROTEIN, TOTAL	

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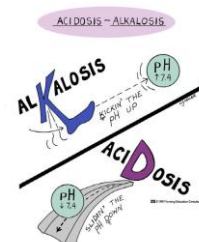
Lipid Metabolism, contin...

Ketogenesis = making ketones

Ketosis = ketones in blood for energy source.
Click [HERE](#) for clinical app on ketosis.

Ketoacidosis = ↓ blood pH from ketosis

Metabolic acidosis = ↓ blood pH from metabolism of acidic molecules.



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Nutritional Ketosis vs Diabetic Ketoacidosis

Don't memorize

Nutritional Ketosis *what you eat*

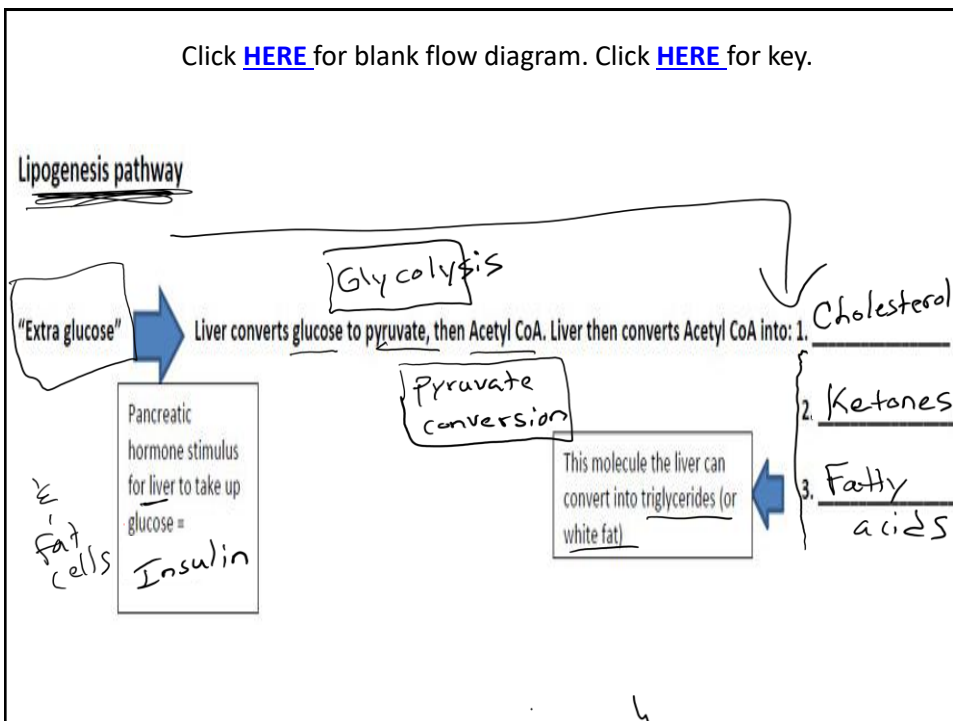
1. Carbohydrates are restricted
2. Insulin levels lower
3. Stored fats enter the bloodstream
4. Fat is broken down in the liver and converted to ketones *lose fat*
5. Blood glucose is low and blood ketones are elevated

Diabetic Ketoacidosis *Type 2*

1. Insulin is chronically elevated
2. The cell loses the ability to communicate with insulin to let glucose in
3. The body senses starvation and rapidly produces ketones
4. Blood glucose and ketones are elevated

ketogenic.com

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Amino acid metabolism

- Amino acids = building blocks of protein
- Essential a.a. = that which we need to consume in diet because body doesn't make
- Nonessential a.a. = ones our body can make.
- Excess a.a. converted by liver into pyruvate or other acids. These can be used:
 - 1) in Kreb's cycle for ATP (when pyruvate goes thru conversion to make Acetyl CoA)
 - 2) a.a. converted into fat (process called Lipogenesis)
 - or a.a. converted into glucose (process called gluconeogenesis)

Un-used a.a. (excess or what body absolutely cannot use) *slide updated 1/15/25*

> liver converts a.a. into **ammonia & Urea**, which is excreted by kidneys.

- blood panels include **BUN** (blood urea nitrogen) to determine kidney function. *protein byproduct*
- Normal BUN = 10 – 20 mg/dl. Higher BUN called "**azotemia**" and can indicate excess a.a. metabolism and /or kidney failure. *BUN is NOT the only test for kidney function. If BUN is high, a diagnostic blood and urine creatine test is also run.*

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slide added 1/15/25

KIDNEY FUNCTION TESTS (RENAL FUNCTION TESTS)

- BLOOD UREA NITROGEN (BUN)
- SERUM CREATININE
- ESTIMATED GFR
- SERUM ALBUMIN
- URINALYSIS

BACKGROUND

- * PRODUCT of PROTEIN METABOLISM EXCRETED in URINE
- ~ MEASURE of KIDNEY FUNCTION
- ~ SYNTHESIZED in LIVER from AMMONIA, WASTE PRODUCT from AMINO ACID METABOLISM



DIAGNOSIS

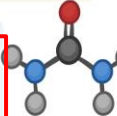
- * **BUN TEST**
 - ~ MEASURES UREA NITROGEN in BLOOD
 - ~ REFLECTS NITROGEN COMPONENT of UREA (NOT WHOLE UREA MOLECULE)
 - ~ NORMAL RANGE: 5 – 20 mg/dL or 1.8 – 7.1 mmol/L
- * **BLOOD TESTS**
 - ~ CREATININE MORE PRACTICAL than BUN as UREA PRODUCTION CAN VARY INDEPENDENTLY to KIDNEY FUNCTION


TREATMENT

- * **LOW**
 - ~ GENERALLY NOT CONCERN
 - ~ ↑↑ PROTEIN INTAKE
 - ~ UNDERLYING LIVER DISEASE: STOP ALCOHOL or LOSE WEIGHT
- * **HIGH**
 - ~ ↓↓ PROTEIN INTAKE
 - ~ STOP PROTEIN SUPPLEMENTS
 - ~ ↑↑ HYDRATION
 - ~ UNDERLYING KIDNEY DISEASE: TREATMENT of UNDERLYING DISEASES (e.g. HYPERTENSION or DIABETES MELLITUS) or COMPLICATIONS (e.g. ELECTROLYTE ABNORMALITIES, TOXIN ACCUMULATION, or BONE ABNORMALITIES)
 - ~ SEVERE KIDNEY DISEASE: DIALYSIS or KIDNEY TRANSPLANT

CAUSES

- * **LOW**
 - ~ OVERHYDRATION, ↓↓ PROTEIN DIET, PREGNANCY
- * **HIGH**
 - ~ IMPAIRED KIDNEY FUNCTION, ↑↑ PROTEIN DIET, DEHYDRATION, CONGESTIVE HEART FAILURE, ↑↑ PROTEIN BREAKDOWN FROM GI BLEEDING, TRAUMA, or CORTICOID THERAPY





Click [HERE](#) to read more about BUN and kidney function.

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Click [HERE](#) for blank flow diagram. Click [HERE](#) for key.

Amino acid metabolism pathway

“Extra amino acids” → Liver converts to: pyruvate

Extra amino acids that even the liver can't metabolize, liver converts to: Ammonia

* Urea → Kidneys then excrete it in urine. Urea

Pyruvate conversion → Acetyl CoA → Krebs cycle → H⁺ H⁺ → E.T.C. → ATP!

glucose ← glycolysis ← pyruvate

1. How can pyruvate be used to make ATP? _____

2. What else can pyruvate be changed into?

A) lipids (process called Lipogenesis)

B) Glucose (process called Gluconeogenesis)

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Ques:
Metabolism of what molecules can lead to metabolic acidosis?

Answer:

- > fatty acids
- > lactic acid
- > amino acids
- > Ketones
- >
- >

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Disorder in amino acid metabolism:

Phenylketonuria (PKU) – Read online Clinical App:

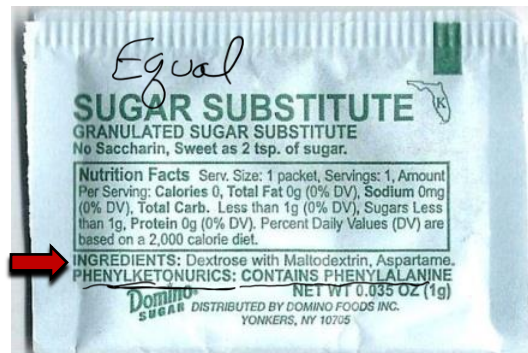
Genetic condition of mutation in gene for enzyme Phenylalanine hydrolase (PAH).

[Need PAH to metabolize amino acid "phenylalanine". Without PAH phenylalanine builds up in body and is converted to "phenylketone", which is excreted in urine.

Phenylketone is toxic, causes seizures.

Treatment:

Restrict phenylalanine in diet.
(nutrition labels have a warning)



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Review

- Metabolism of **lactic acid, lipids, and protein**
- **Lactic acid metabolism** occurs all the time due to skeletal muscle activity
 - Lactic acid in blood causes metabolic acidosis.
 - Liver recycles lactic acid into glucose & glycogen thru the **Cori cycle**. (**Gluconeogenesis**)
- **Lipid metabolism** includes making lipids (**lipogenesis**) and breaking them down (**lipolysis**)
 - **Lipogenesis** involves converting excess glucose into pyruvate (thru glycolysis), and then into Acetyl CoA (thru pyruvate conversion)
 - Acetyl CoA used by liver to make: cholesterol, ketones, & fatty acids.
 - fatty acids converted to triglycerides (white fat) for storage
 - **Lipolysis** is simply going backwards biochemically from triglycerides to fatty acids & ketones, which can be metabolized for energy OR converted to glucose (**gluconeogenesis**)
- **Amino acids** can be converted by liver to urea for excretion by kidneys as ammonia,
 - Liver can also convert excess a.a. into pyruvate and then to glucose (**gluconeogenesis**)
 - If kidneys not functioning, urea build up in the blood causing **azotemia**.
 - **PKU** = genetic problem metabolizing a.a. phenylalanine. Must avoid phenylalanine in diet because body cannot process it and turns it into toxic phenylketones.

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