

# Gluconeogenesis & Cori cycle Glycogen: the making the breaking

By Niki Brzezinski



BIOCHEMISTRY

# The agenda

~ 1 hour

Overview

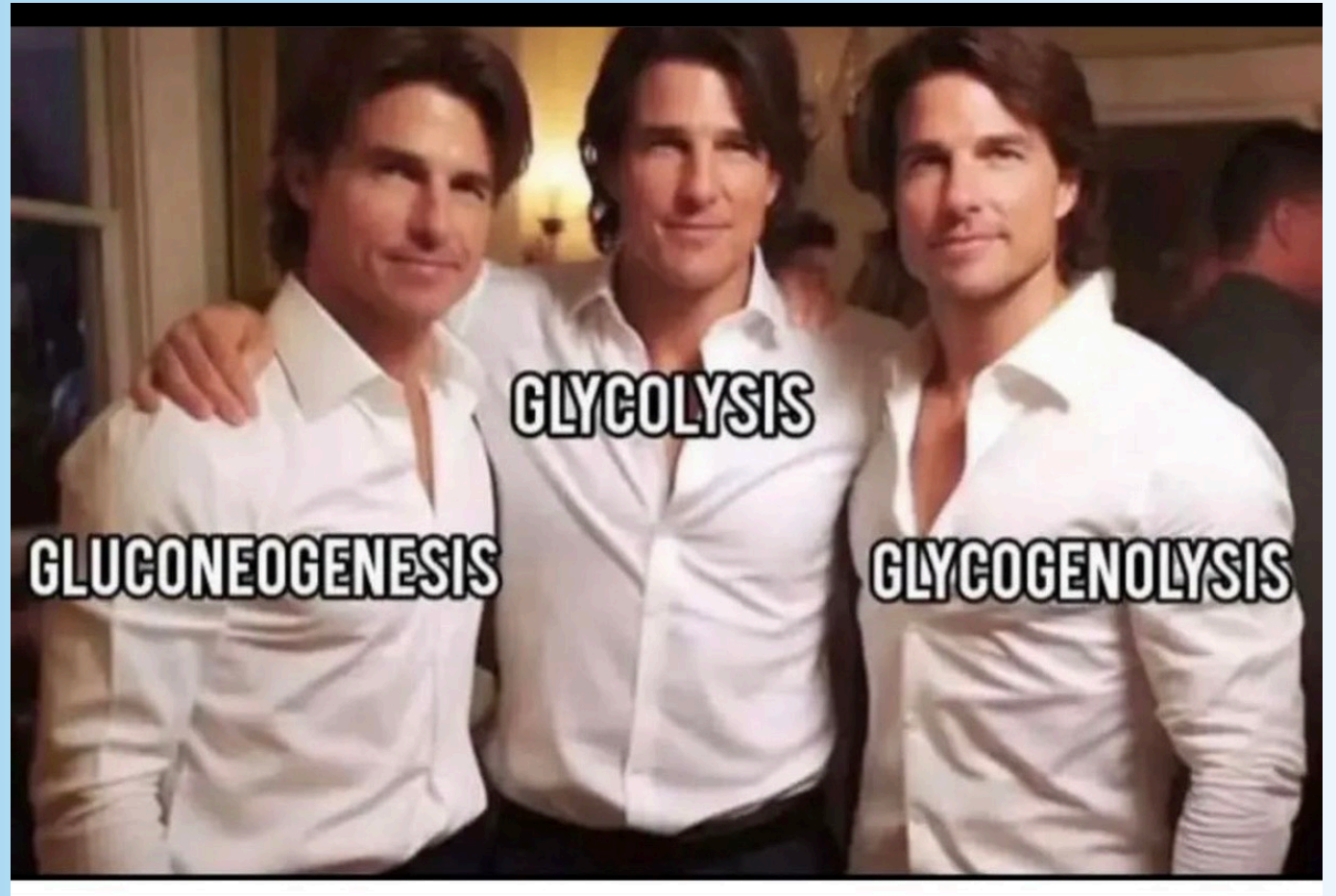
Gluconeogenesis

BREAK

Glycogenolysis

Glycogenesis

Deficiencies

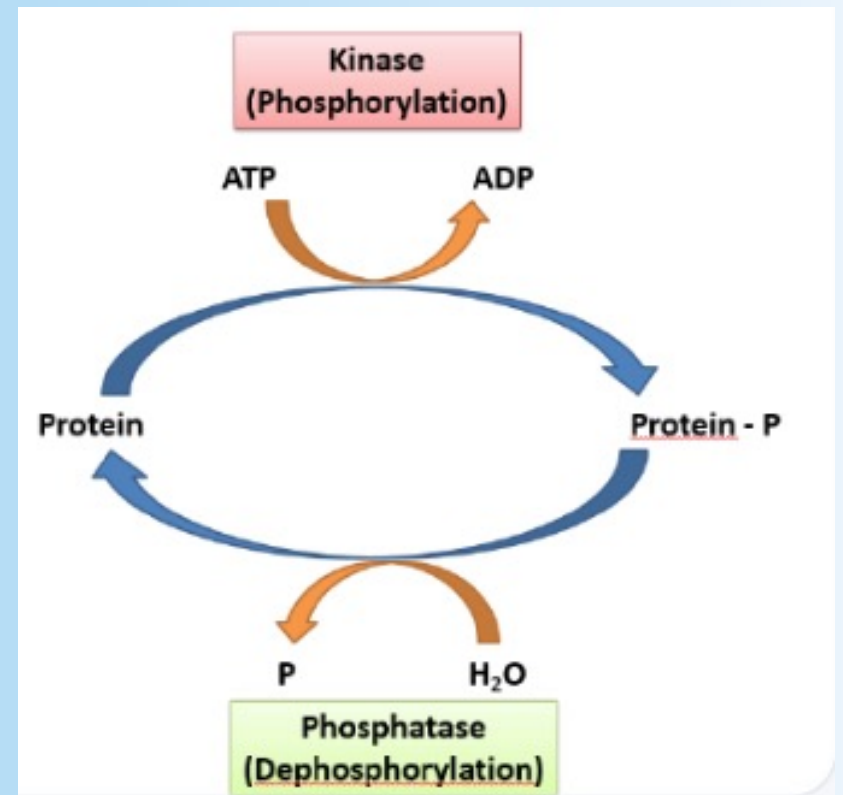


# Terminology

Kinase: Add phosphate from ATP + (P)

Phosphorylase: phosphate (P) between compounds

Phosphatase: Use water to remove phosphate - (P)



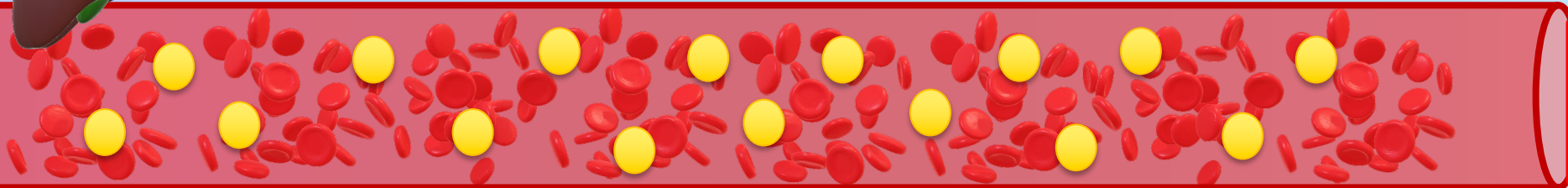
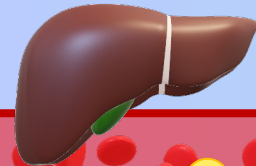
# Take

- Glycolysis
- Glycogenesis

↑ Insulin  
↓ Glucagon  
↓ Epinephrin

# Homeostasis

**Blood Glucose Range  
70-100 mg/dL**



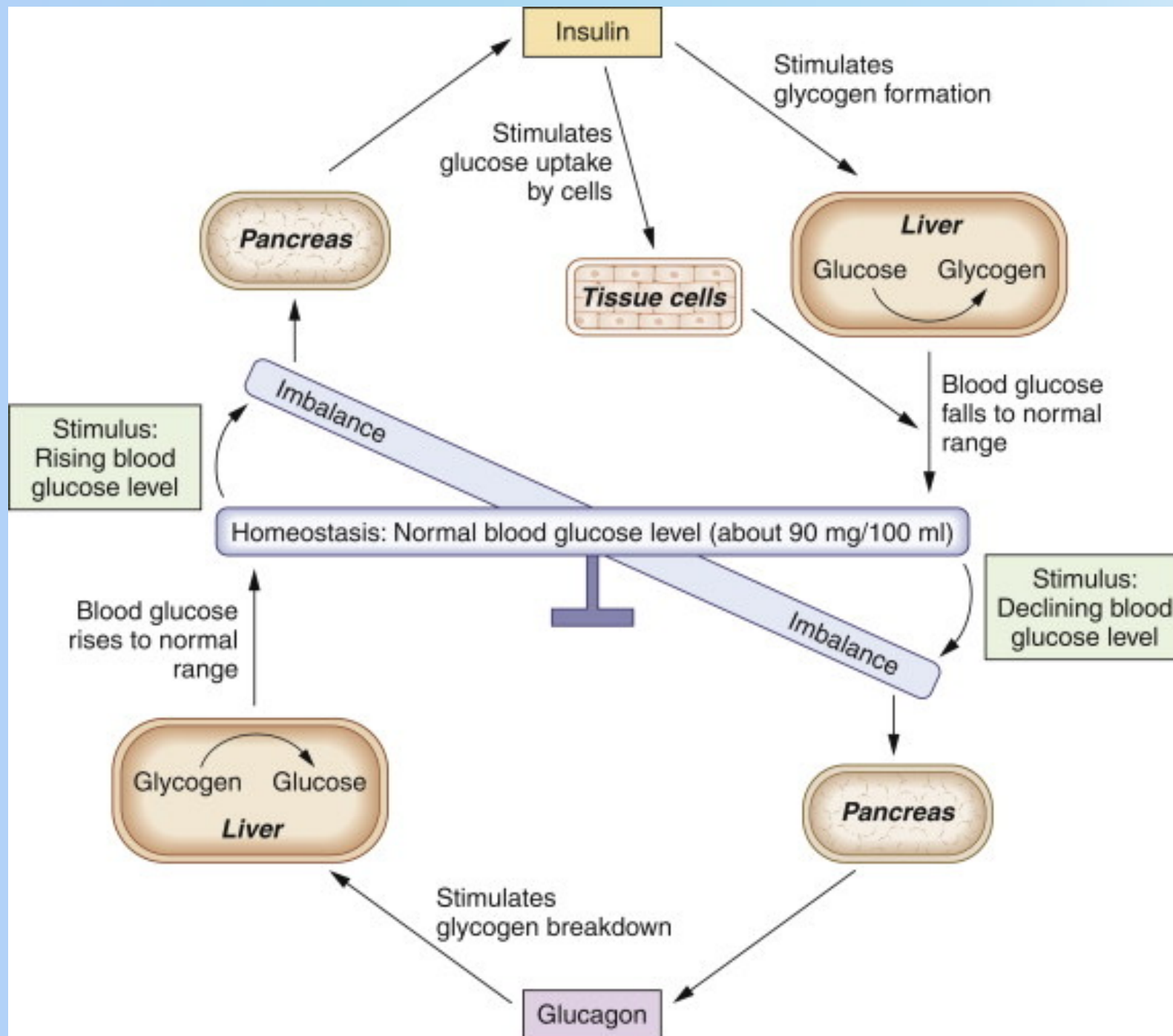
● Glucose

↓ Insulin  
↑ Glucagon  
↑ Epinephrin

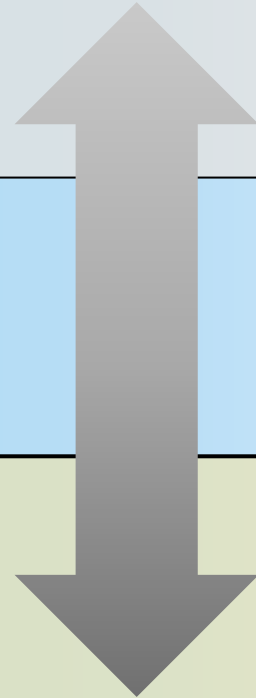
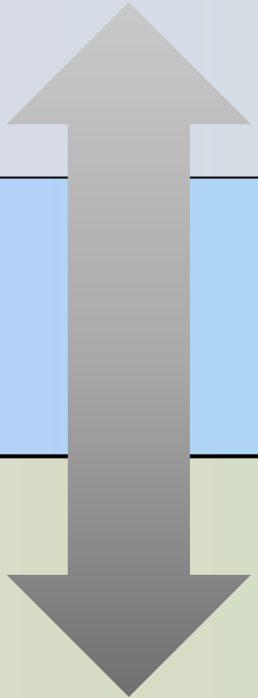
# Make

- Gluconeogenesis
- Glycogenolysis

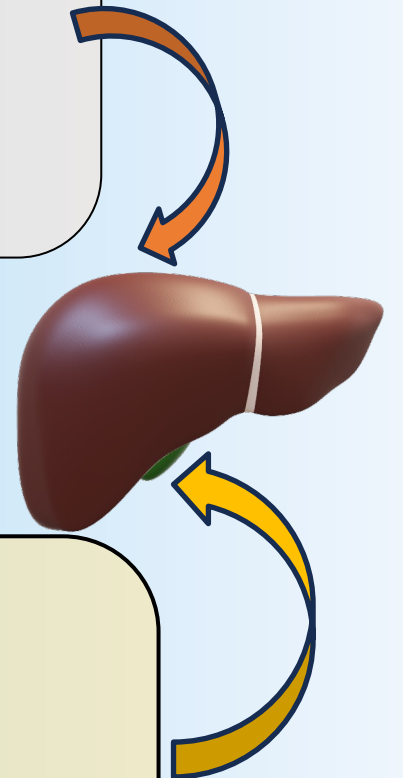




Glycogenesis + Glycolysis



Glycogenolysis + Gluconeogenesis



## Blood Glucose Range 70-100 mg/dL



As you eat,  $\uparrow$  glucose which releases  $\uparrow$  insulin

Insulin helps cells grab glucose from the blood as it travels through your body.

Your body breaks down glucose into energy - glycolysis.

While your glucose is  $\uparrow$  your liver will store some away 'just in case' - glycogen (leftovers).

As time goes by, more and more glucose leaves the blood and glucose levels drop.

When glucose  $\downarrow$  then *glucagon*  $\uparrow$  which signals the body to make glucose to maintain the balance range.

Your body makes glucose in 2 ways:

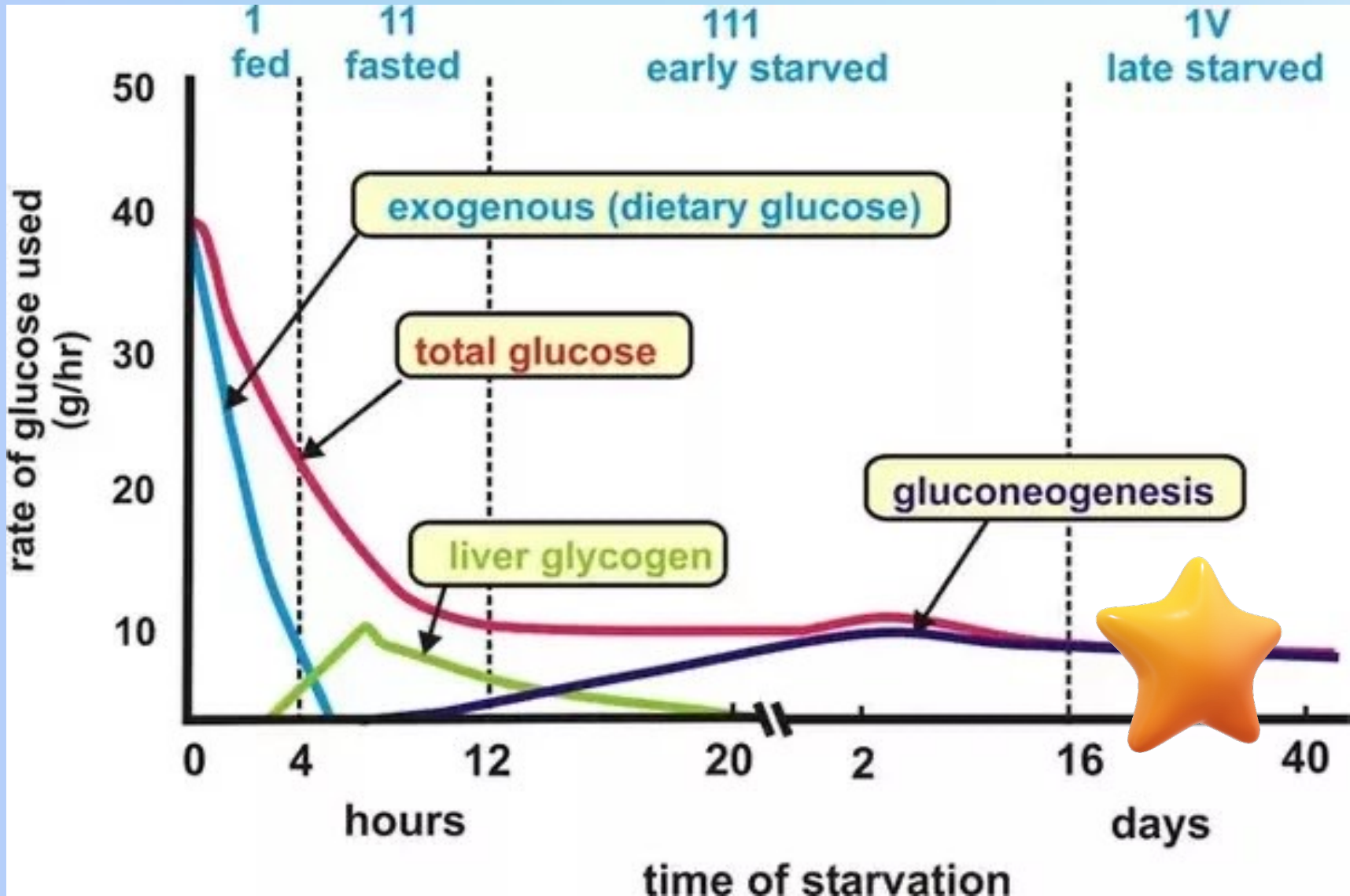
- Gluconeogenesis (from 3 precursors)
- Glycogenolysis

# Gluconeogenesis

precursor → Glucose

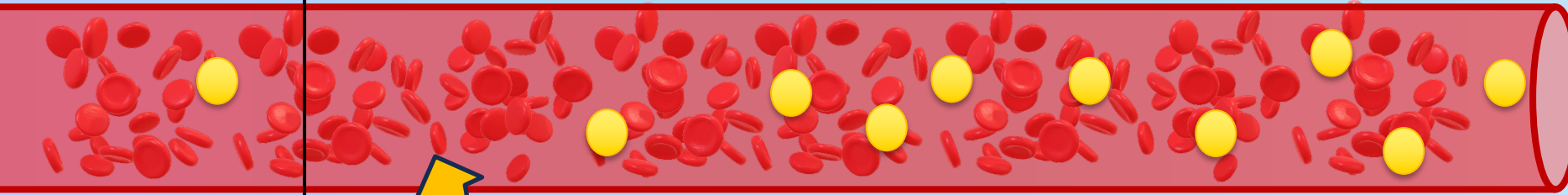


Glucose: ↓  
Glucagon: ↑



# Make

Fasting/Starved



**Blood Glucose Range  
70-100 mg/dL**

## Gluconeogenesis

Majority occurs in liver; little bit in kidney

Making Glucose from 3 precursors

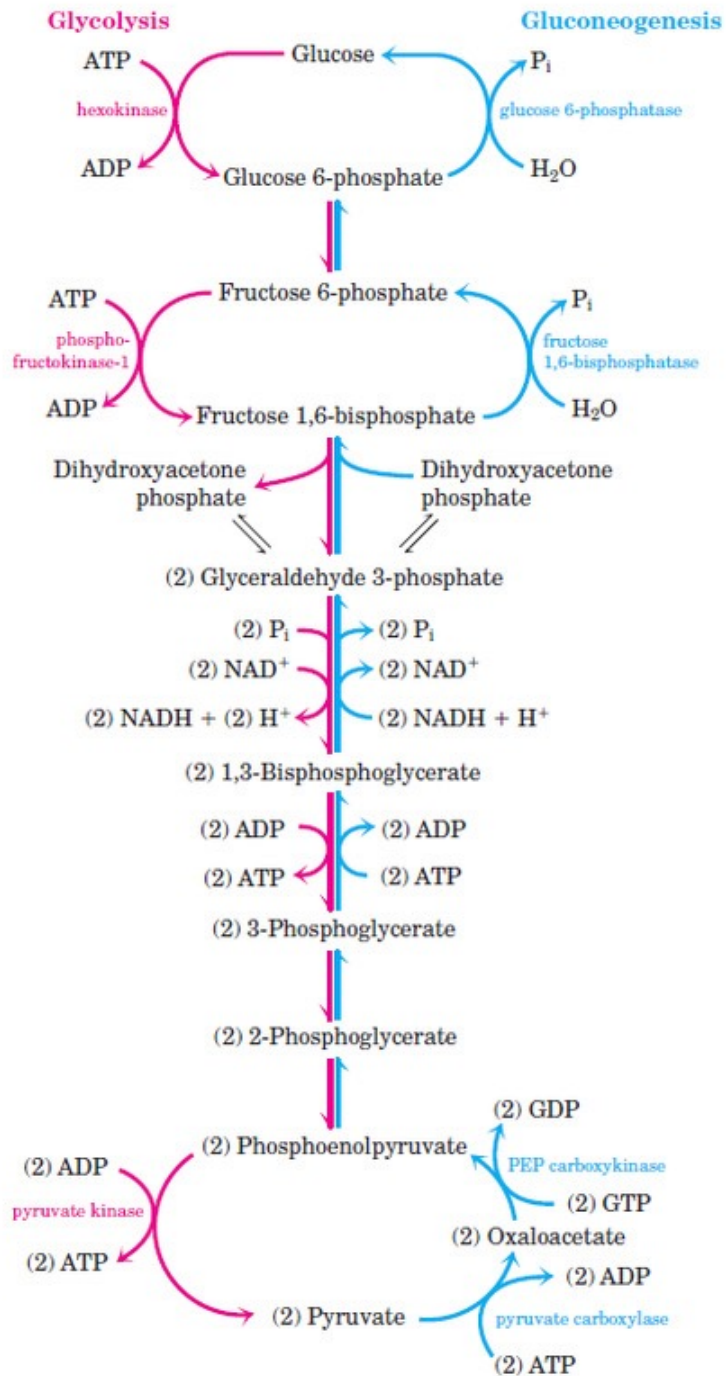
1. Lactate
2. Amino Acids
3. Glycerol

Must override 3 enzymes

Need 2 pyruvate per glucose

↓ Insulin  
↑ Glucagon  
↑ Epinephrin

# 3 Enzyme bypass



3

Glucokinase\* → glucose-6-phosphatase

Hexokinase is in muscle and muscles do not contain glucose-6-phosphatase

2

Phosphofructokinase → Fructose 1,6-bisphosphatase

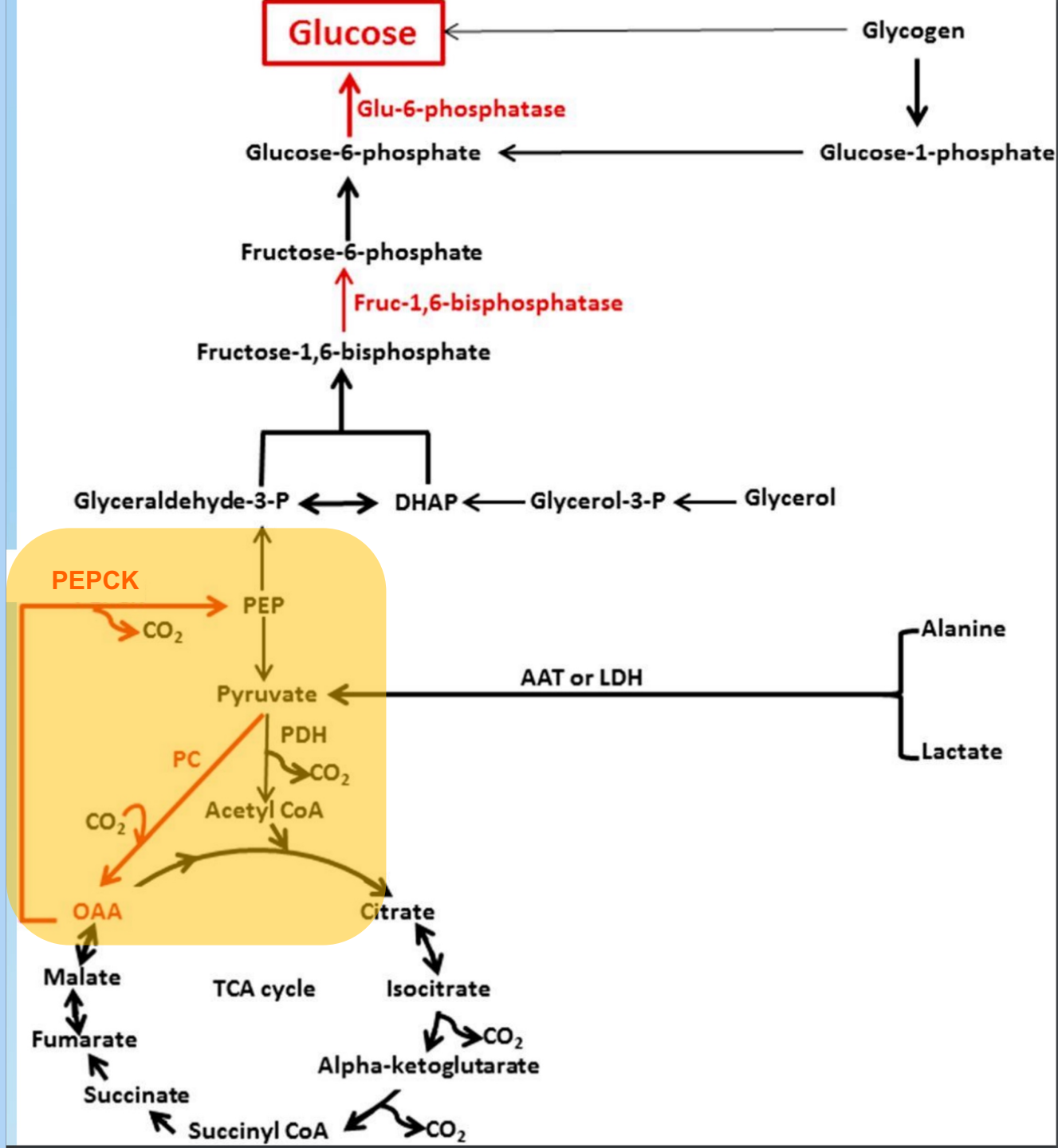
The 3 irreversible rxn enzymes that need to be bypassed

1

Pyruvate Kinase → (a) Pyruvate carboxylase + (b) Phosphoenolpyruvate carboxyl kinase (PEP Carboxyl Kinase)



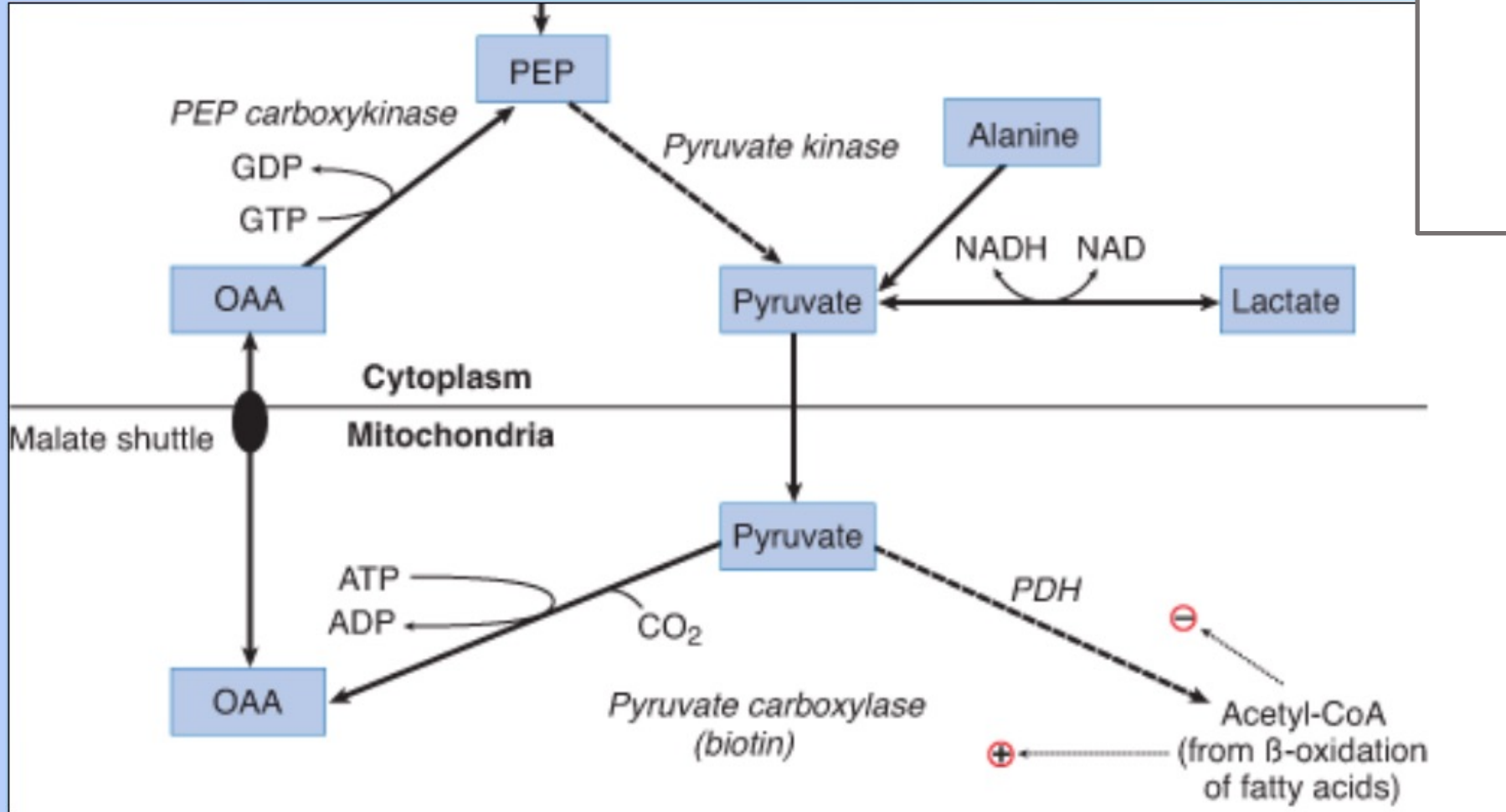
# 3 Enzyme bypass



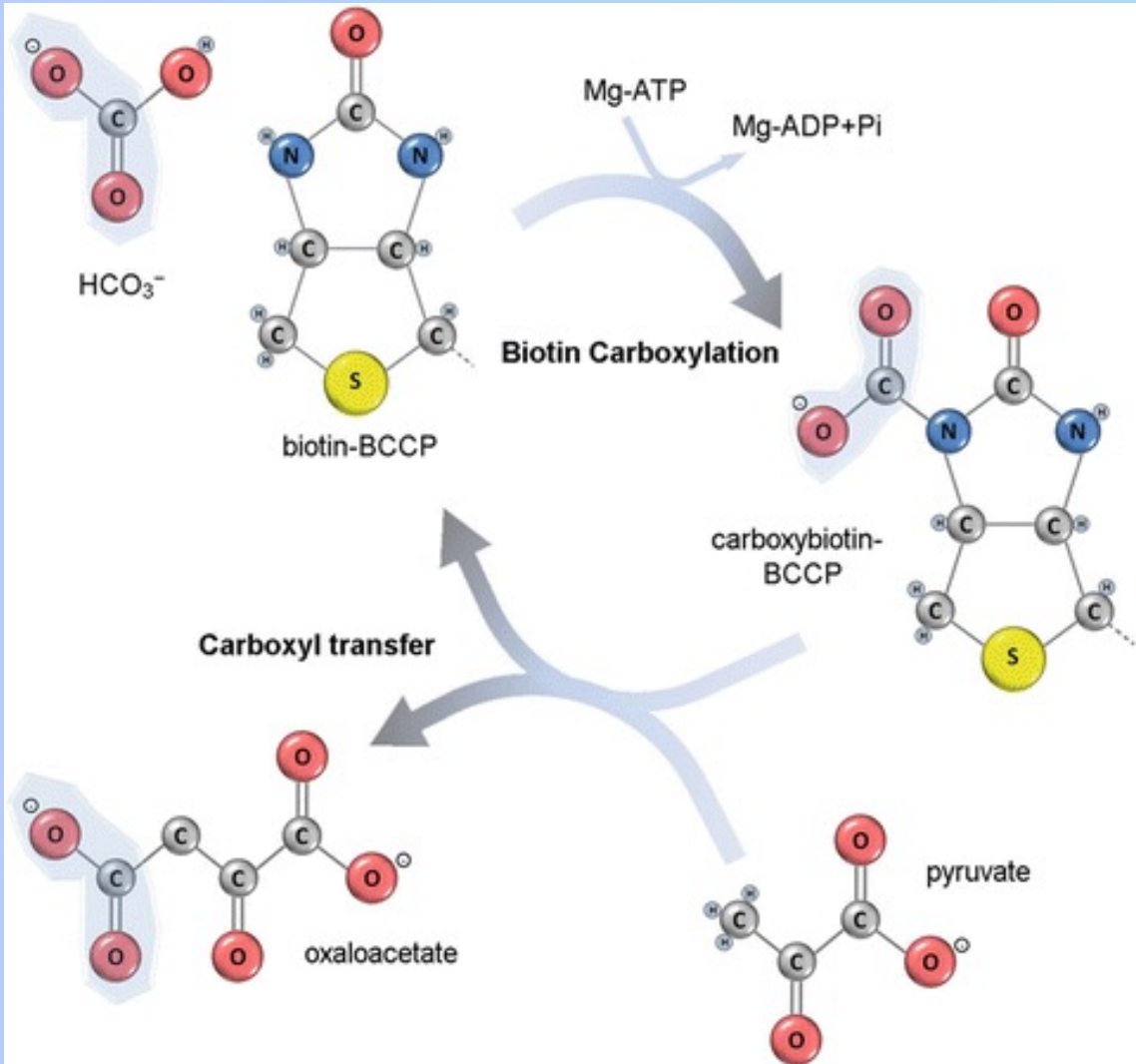
# 3 Enzyme bypass

## 1<sup>st</sup> Bypass:

Energy: **ATP, GTP**  
PC needs Biotin  
High CoA: **GO**  
Low CoA: **STOP**



# Why is biotin important?

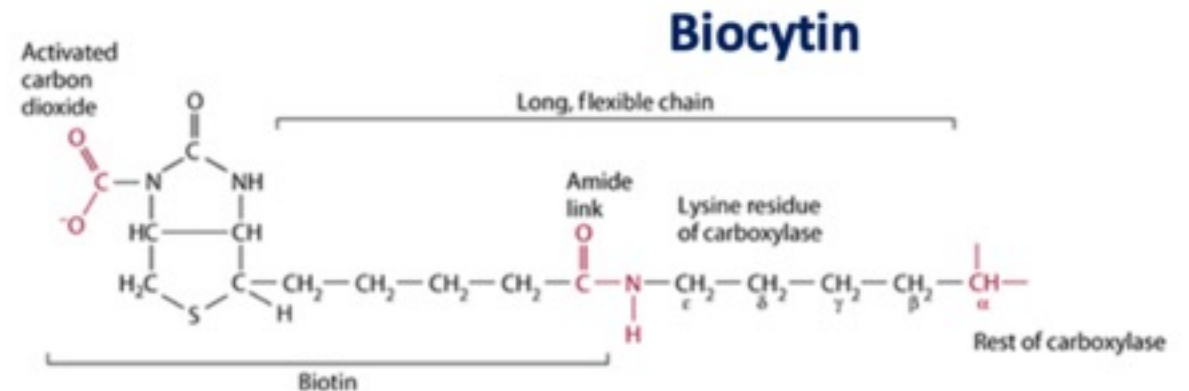


Biotin + bicarbonate (uses ATP)  $\rightarrow$  carboxybiotin

”loads the enzyme with carboxyl”

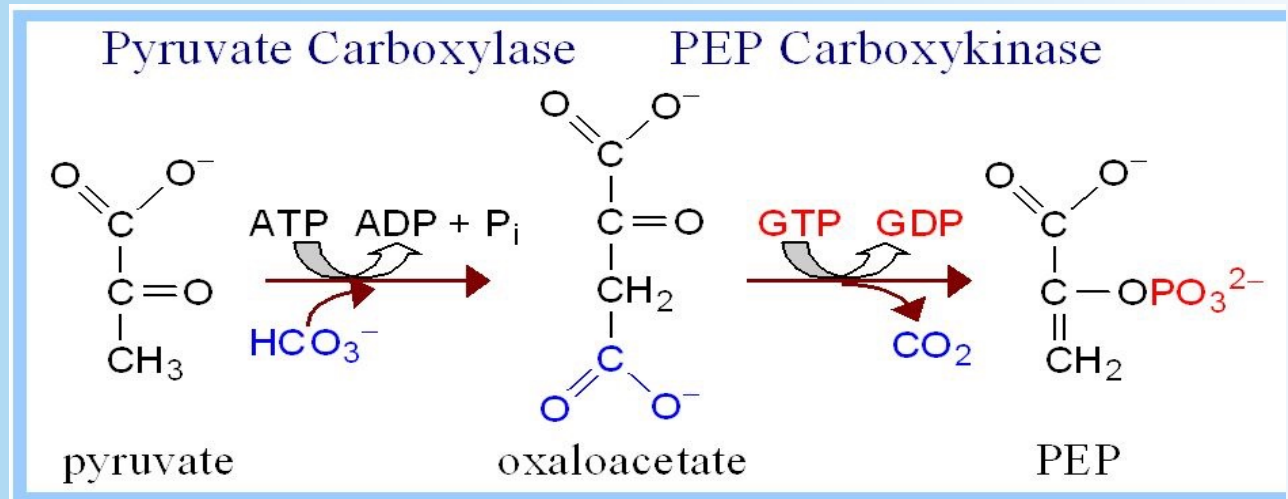
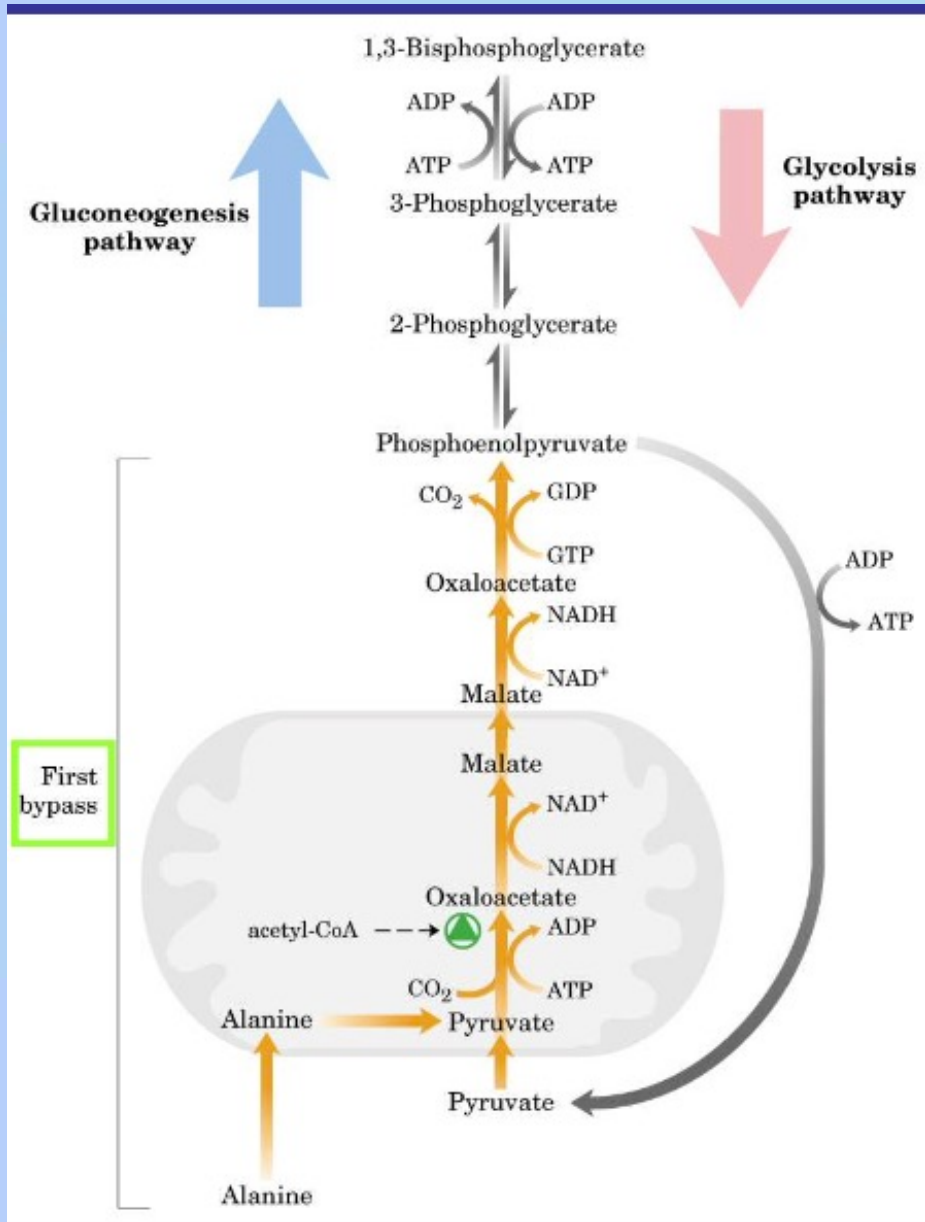
Pyruvate carboxylase then adds carboxyl to pyruvate  $\rightarrow$  OAA

Occurs in mitochondria



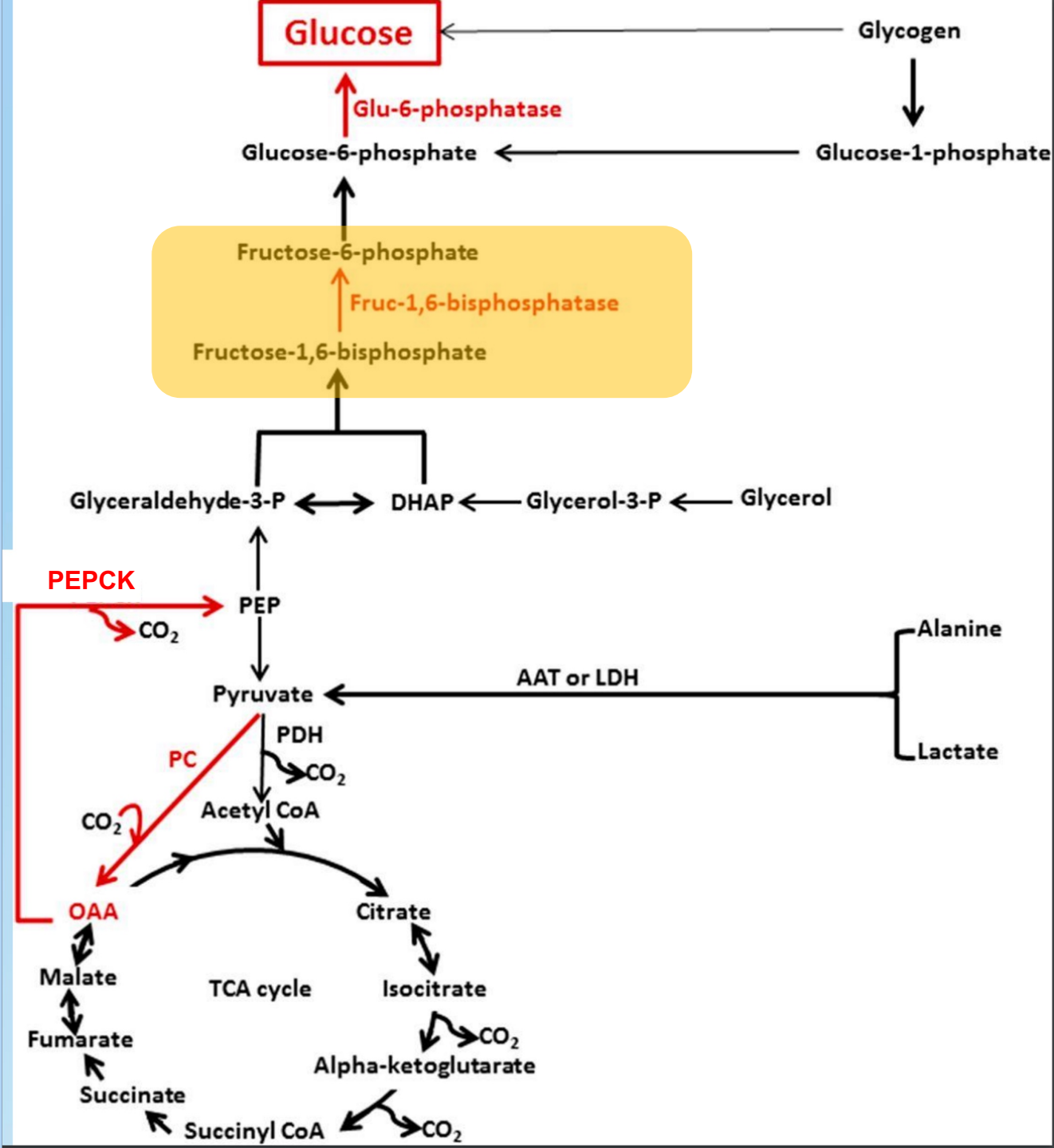
# 3 Enzyme bypass

## 1<sup>st</sup> Bypass



Pyruvate Carboxylase	PEP carboxykinase
Occurs in mitochondria	Occurs in cytosol
Pyruvate → Oxaloacetate	Oxaloacetate → Phosphoenolpyruvate (PEP)
Adds Carbon Requires ATP	Removes the added carbon Requires GTP
<b>Cofactor: Biotin</b> <b>Acetyl CoA regulates this enzyme</b>	

# 3 Enzyme bypass



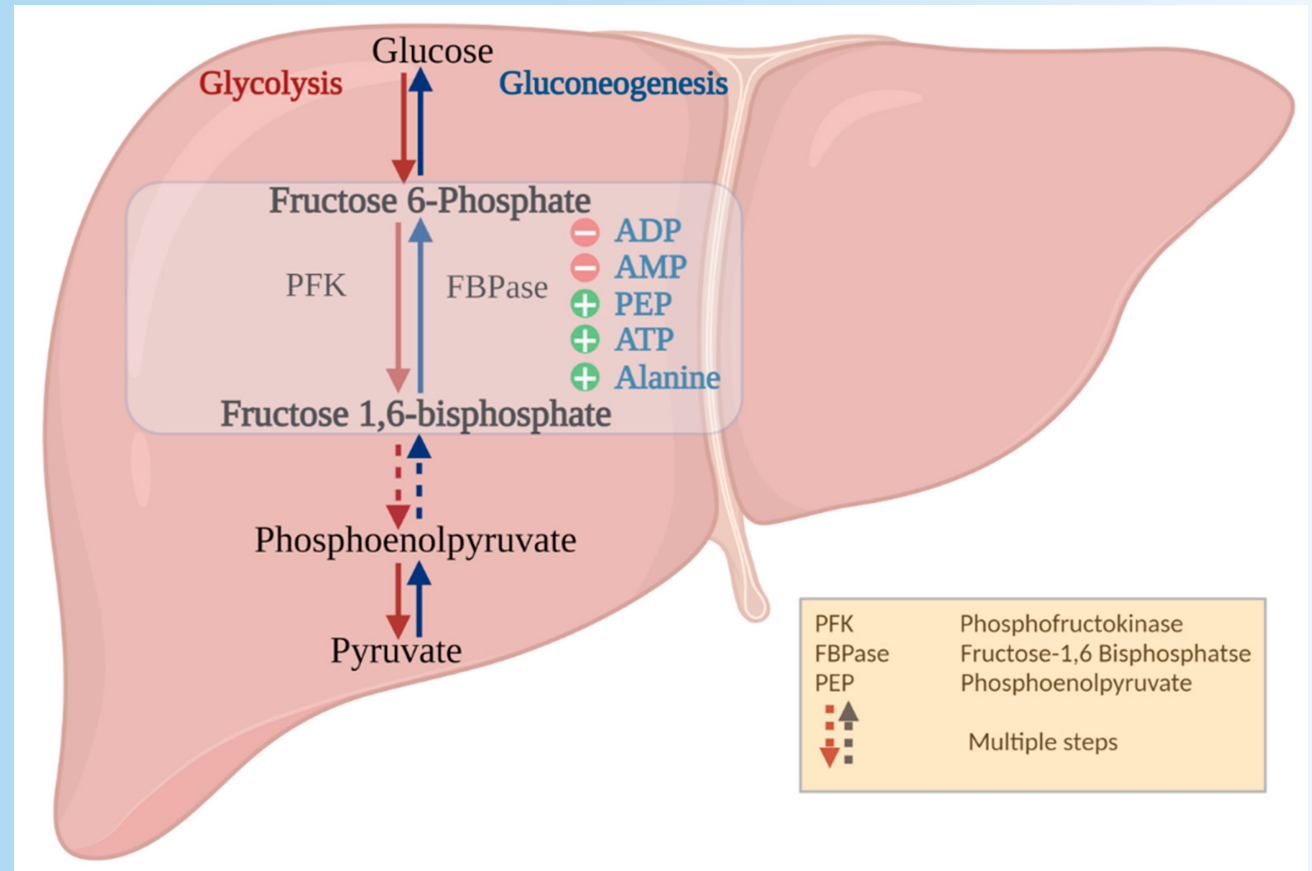
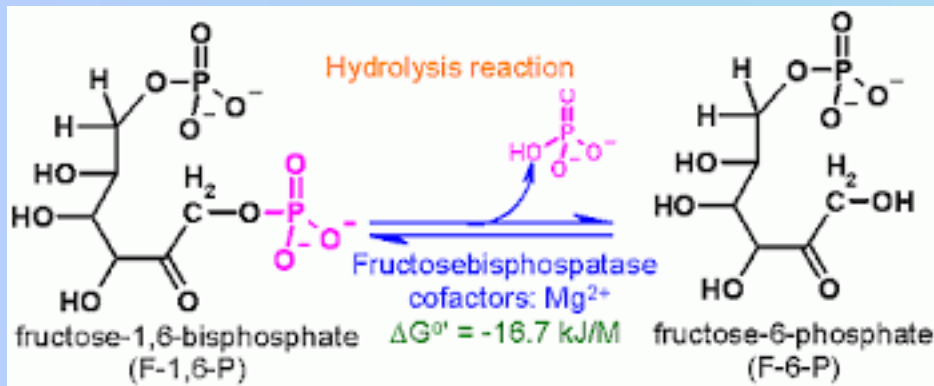


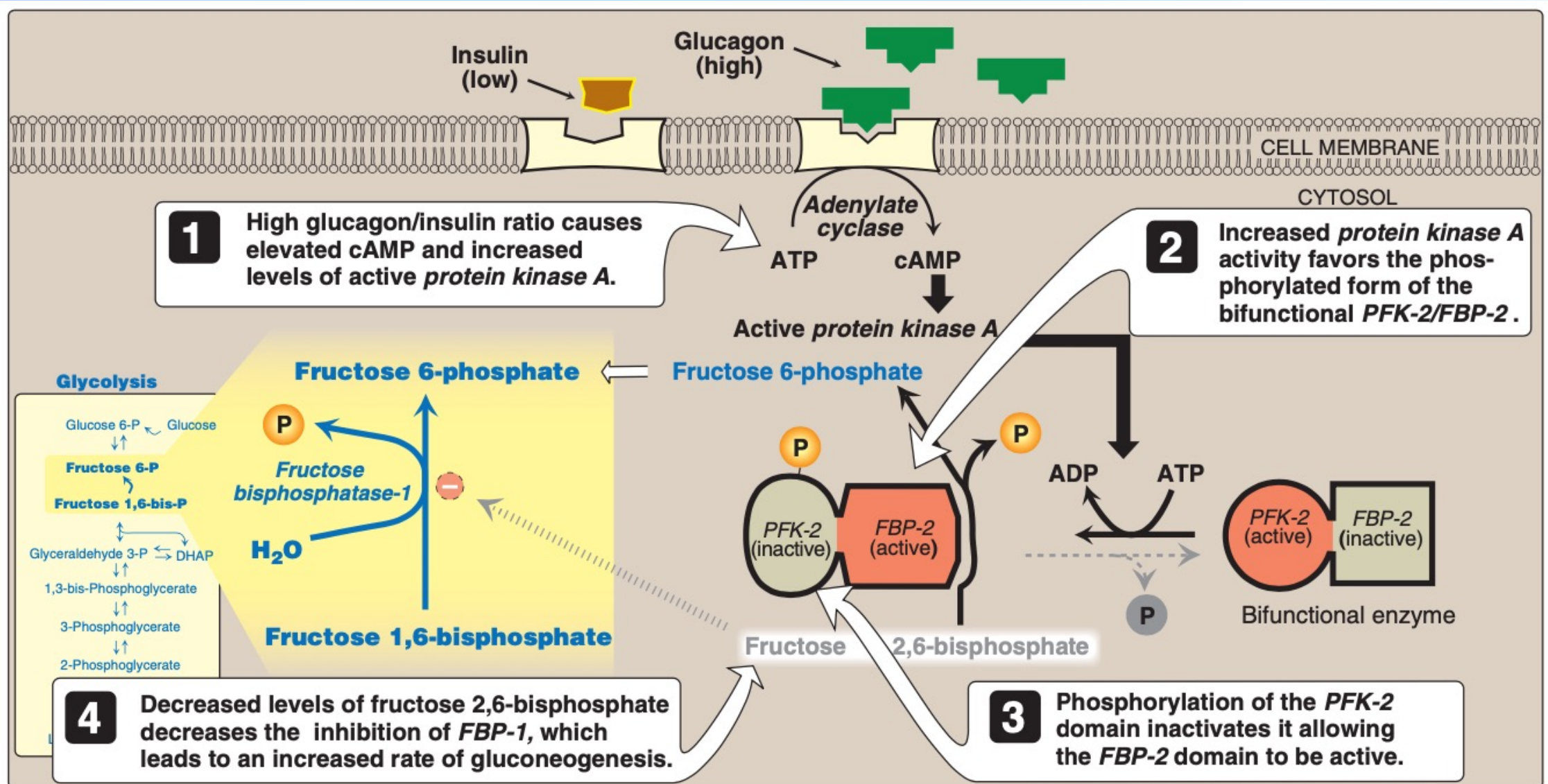
# 2nd Bypass: Fructose 1,6 biphosphatASE

Bypasses phosphofructokinase-1  
RATE LIMITING ENZYME

**Inhibited by AMP & F2,6BP**

Cytosol



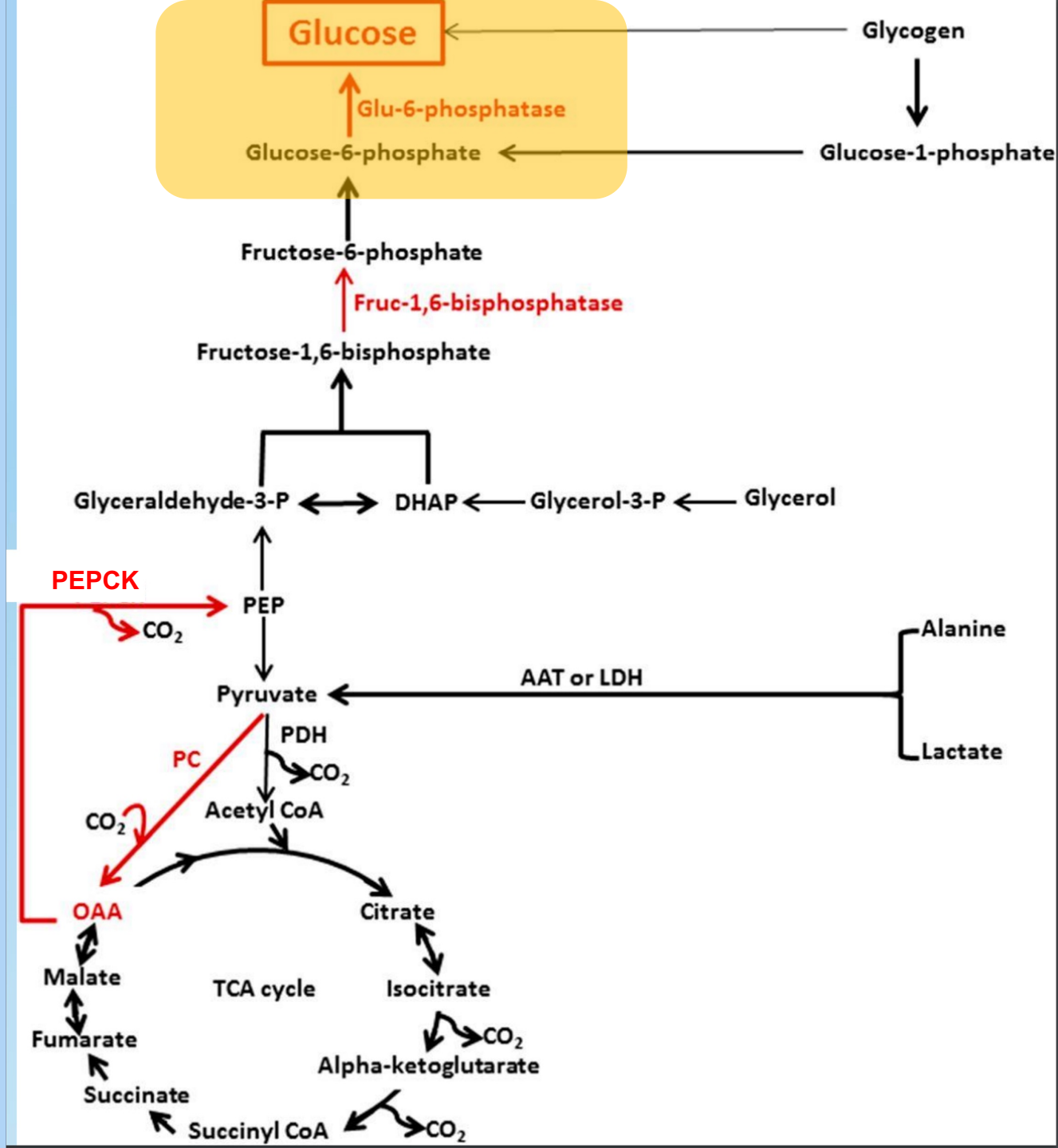


**Figure 10.5**

Effect of elevated glucagon on the intracellular concentration of fructose 2,6-bisphosphate in the liver. *PFK-2* = phosphofructokinase-2; *FBP-2* = fructose biphosphatase-2.



# 3 Enzyme bypass



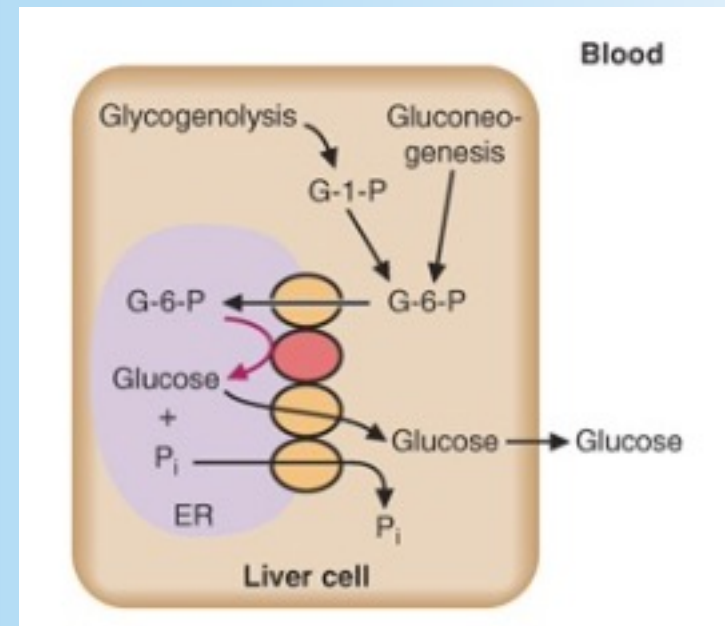
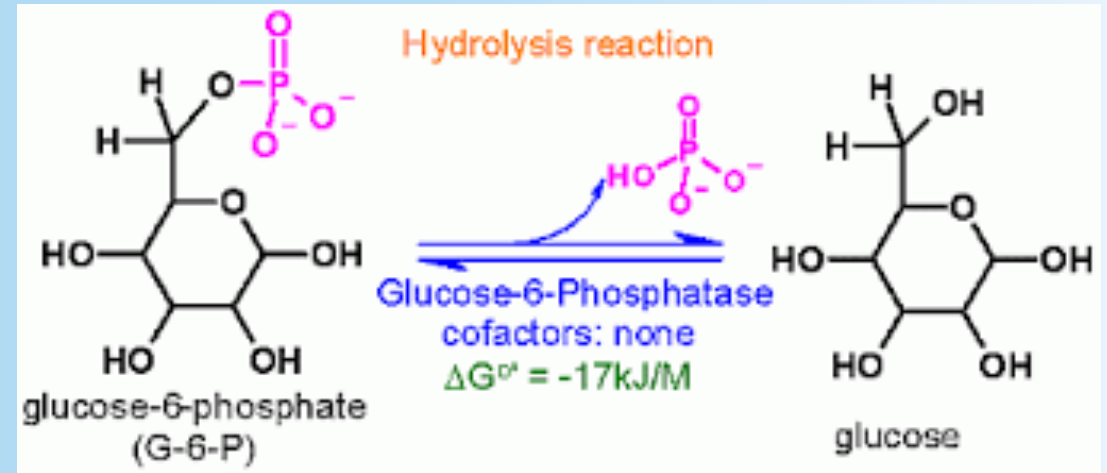
# 3<sup>rd</sup> Bypass: Glucose-6-phosphatASE

Bypasses Glucokinase

**Only** present in liver and kidney

Makes glucose

Occurs in the endoplasmic reticulum then transported back to cytosol.



# Gluconeogenesis: summary

## Pyruvate → PEP (repeated 2x/glucose):

- Pyruvate → oxaloacetate in mitochondria
- Oxaloacetate → malate for export to cytoplasm
- Malate → oxaloacetate in cytoplasm
- Oxaloacetate → PEP
- Hydrolysis of 1 ATP & 1GTP
- Irreversible pyruvate kinase reaction bypassed by PC & PEPCK
- Lactate & glucogenic aminoacids enter at this stage

## PEP → Fructose-6P (PEP→Glyc-3P repeated 2x/glucose):

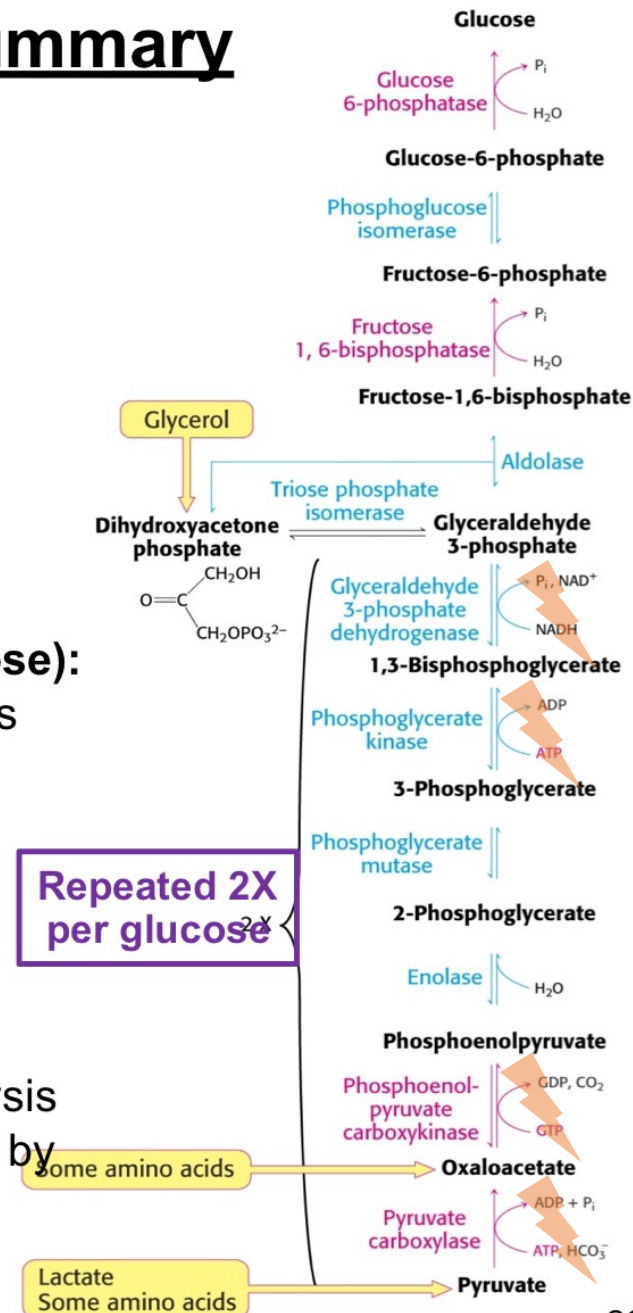
- PEP → Fructose-1,6-BP reactions shared with glycolysis
- Hydrolysis of 1 ATP & oxidation of 1 NADH
- Irreversible PFK-1 reaction bypassed by Fructose-1,6-Biphosphatase
- Glycerol enters at this step

## Fructose-6-P → Glucose:

- Fructose-6P → Glucose-6P reaction shared with glycolysis
- Irreversible glucokinase reaction of glycolysis bypassed by glucose-6-phosphatase

\*\*Reactions shared with glycolysis

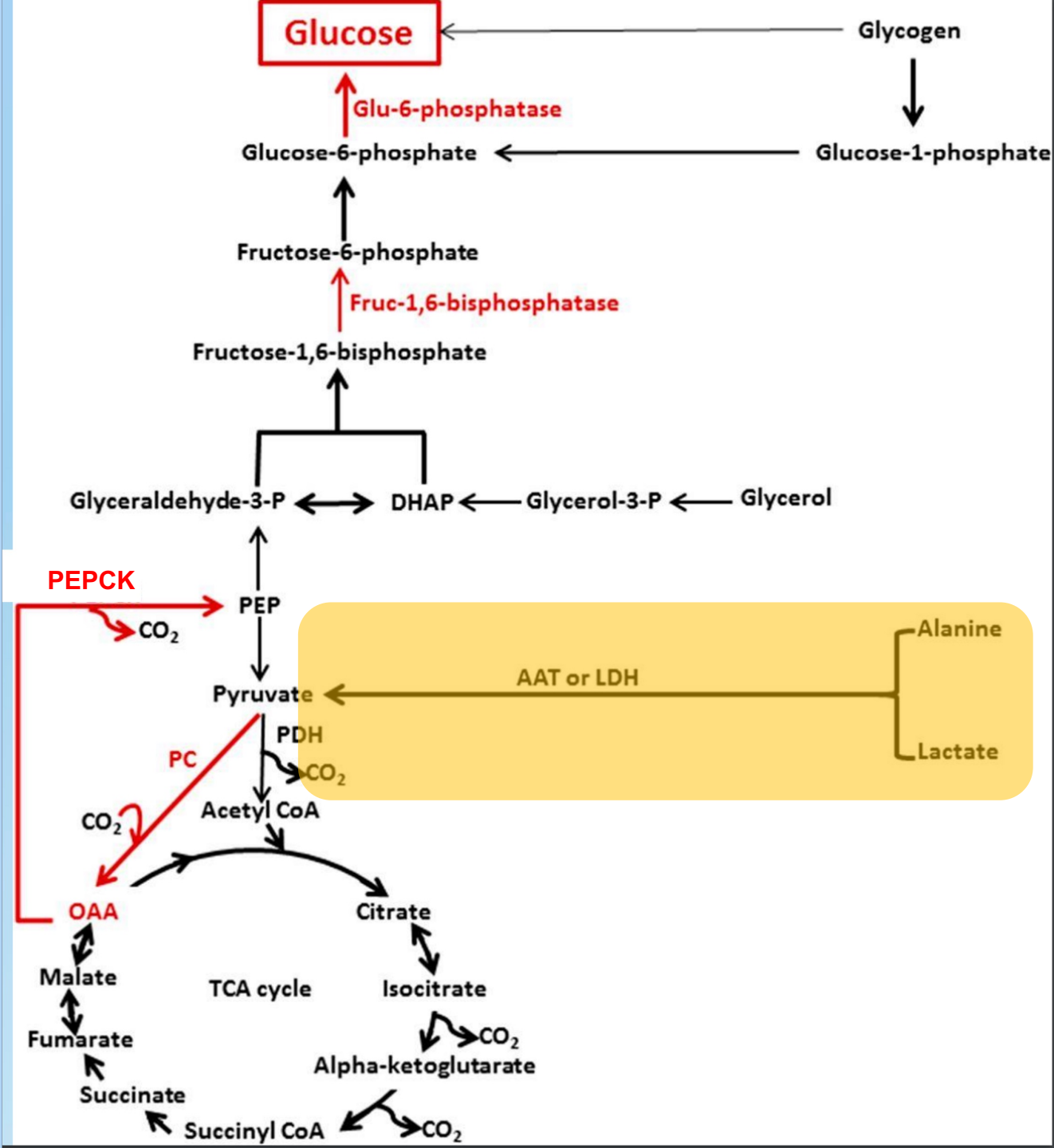
\*\*Reactions unique to gluconeogenesis



**TOTAL ENERGY USED**

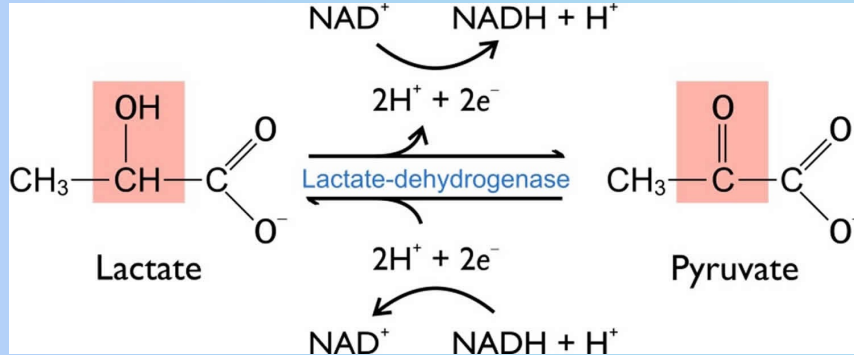
⚡ 4 ATPs  
2 GTPs  
2 NADHs

# Precursor



# Lactate → Pyruvate

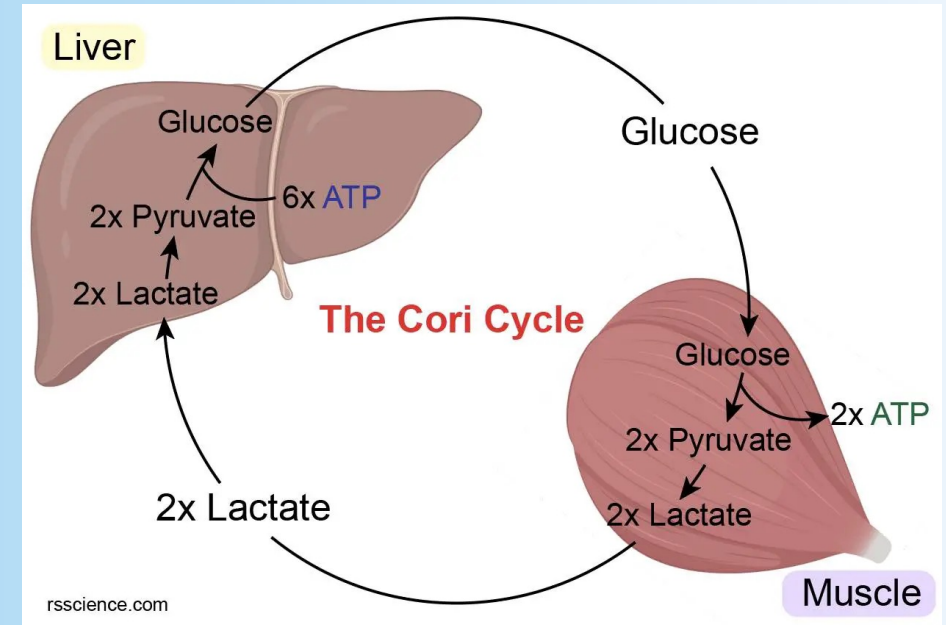
## *Lactate dehydrogenase*



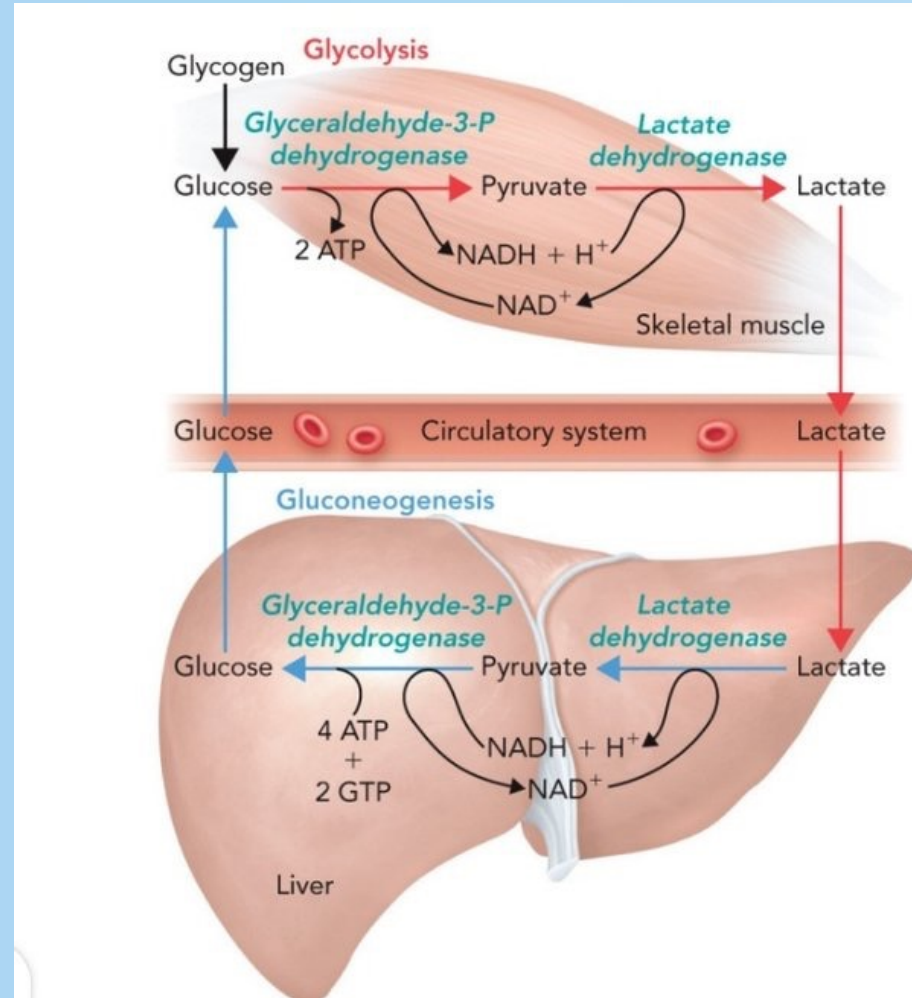
Muscles and RBC (lack of mitochondria) make lactate when body needs glucose during hypoxia, ischemia, tumors, high-intensity exercise or rapid energy needs, like fight-or-flight.

Want to avoid  $\uparrow$  lactate build up because leads to  $\downarrow$  drop in pH (acidosis).

Take the lactate and turn it into pyruvate.



# Cori cycle





# Amino Acid precursor: Alanine

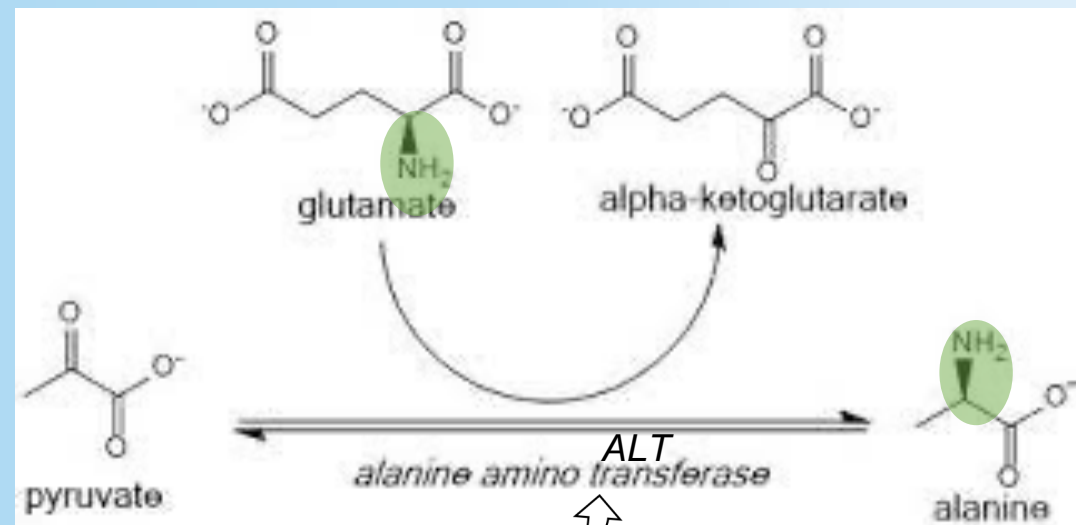
↑ Acetyl-CoA (from fatty acid oxidation)  $\circledR$  pyruvate dehydrogenase  
Which leads to ↑ build up of pyruvate

Excess pyruvate → alanine

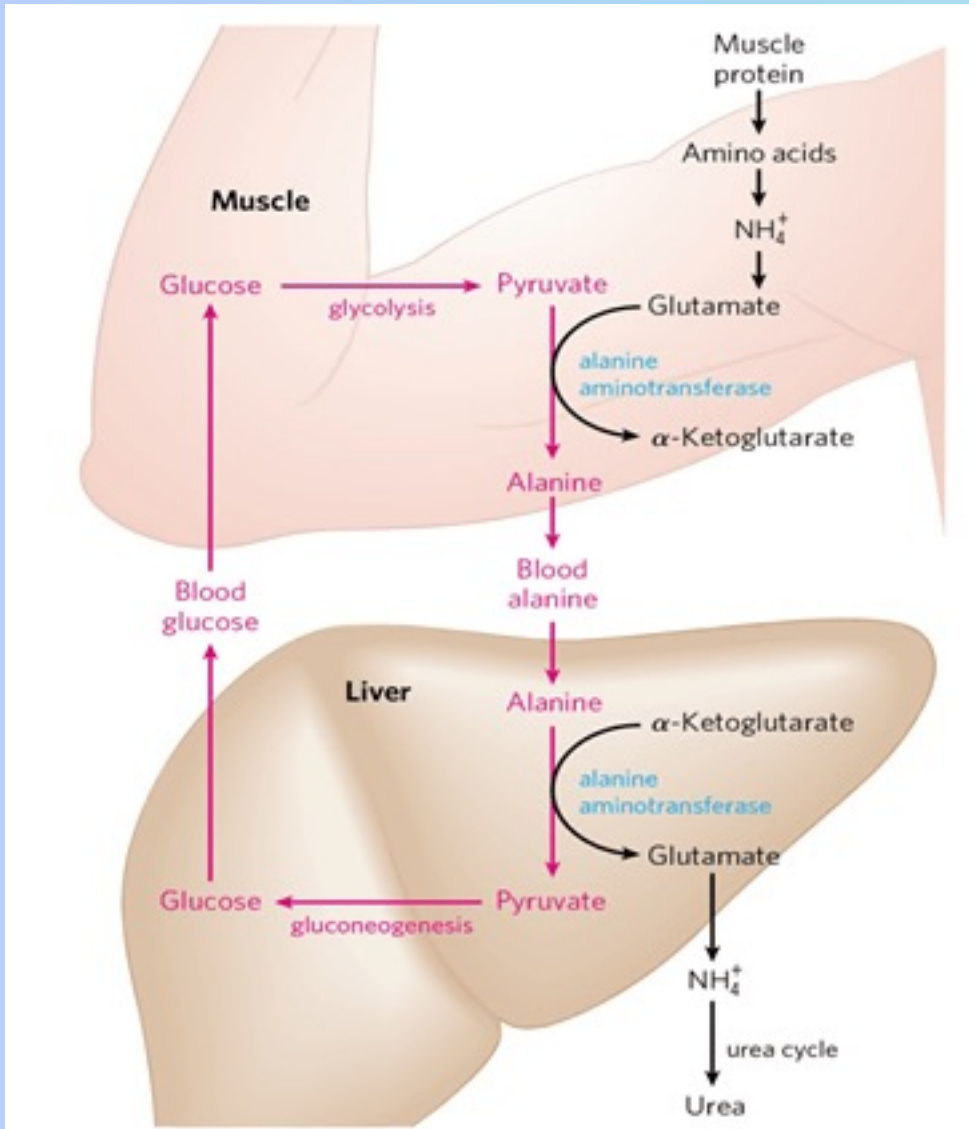
***Alanine amino transferase (ALT)***

To be transported to liver and transaminases back to pyruvate

Aids in  $\text{NH}_4^+$  out of the  
body through urea cycle

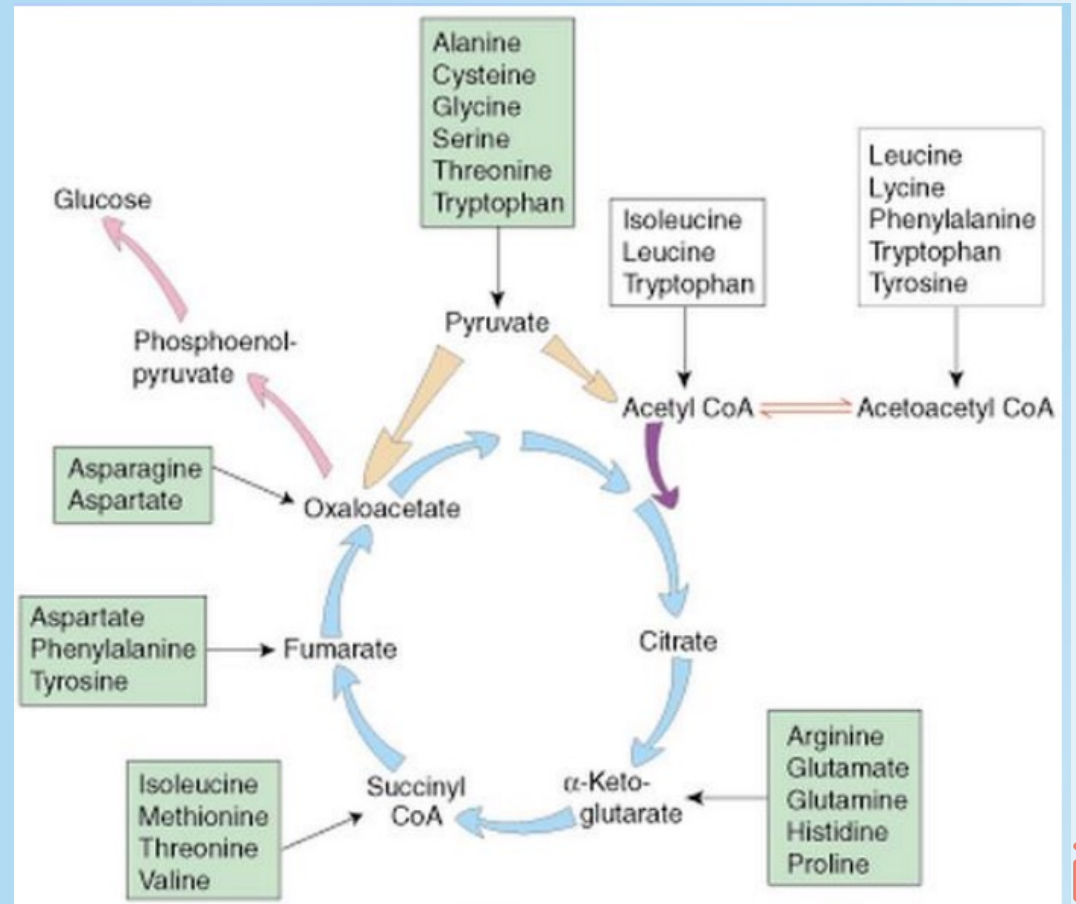


IRL: Marker of liver damage; as hepatocytes  
are damaged, enzymes get released into blood

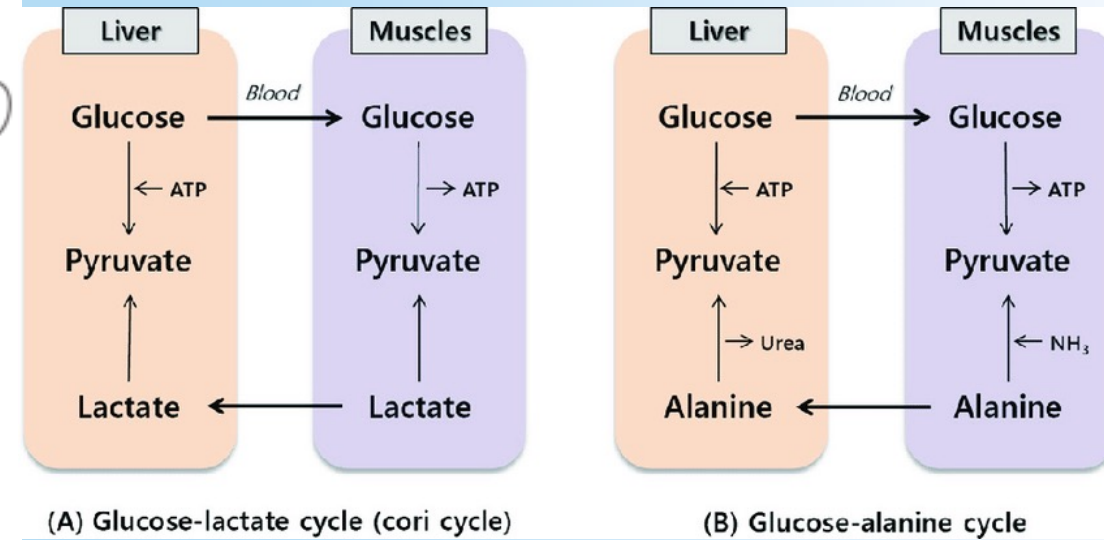
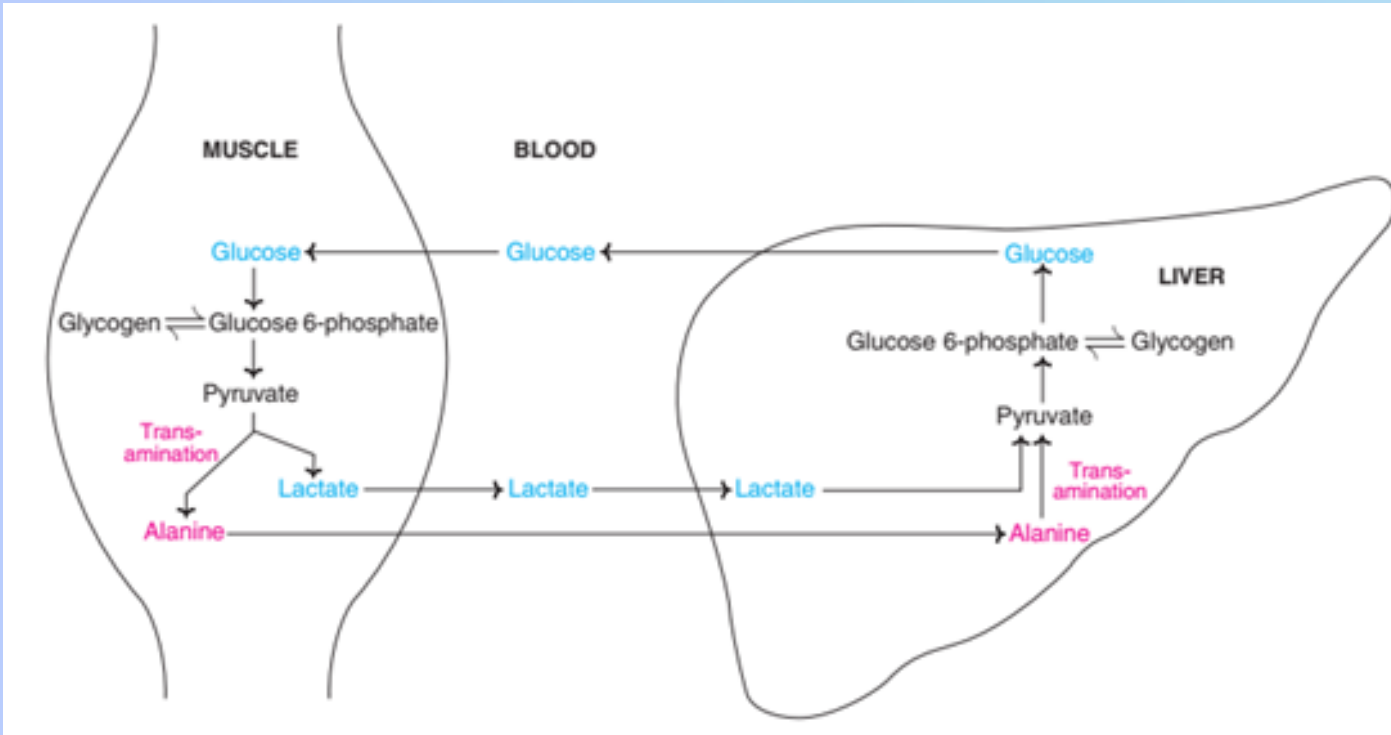


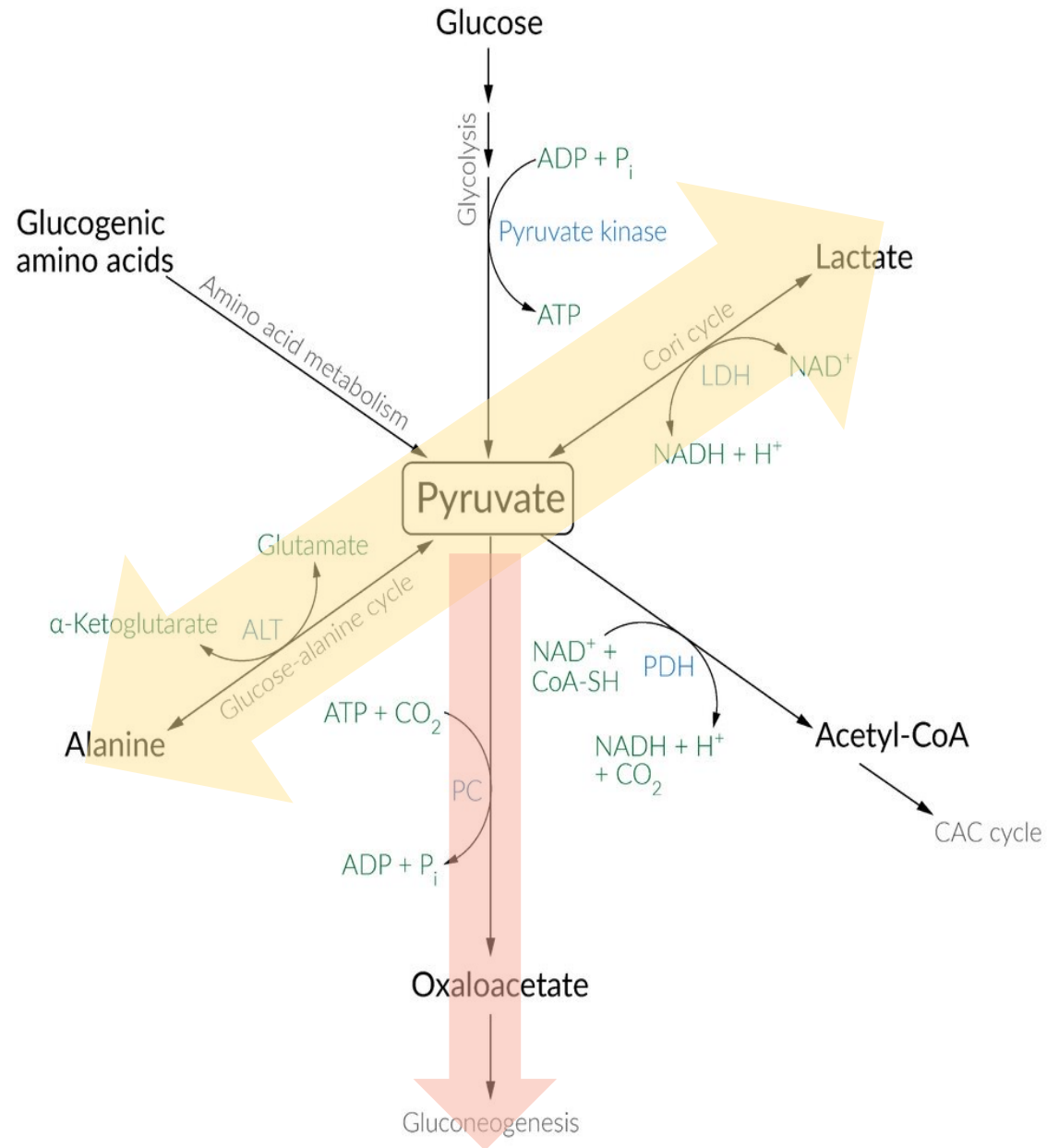
Main amino acid = ALALINE

Can use others as they enter through TCA cycle  $\rightarrow$  Oxaloacetate EXCEPT for Leucine and Lysine

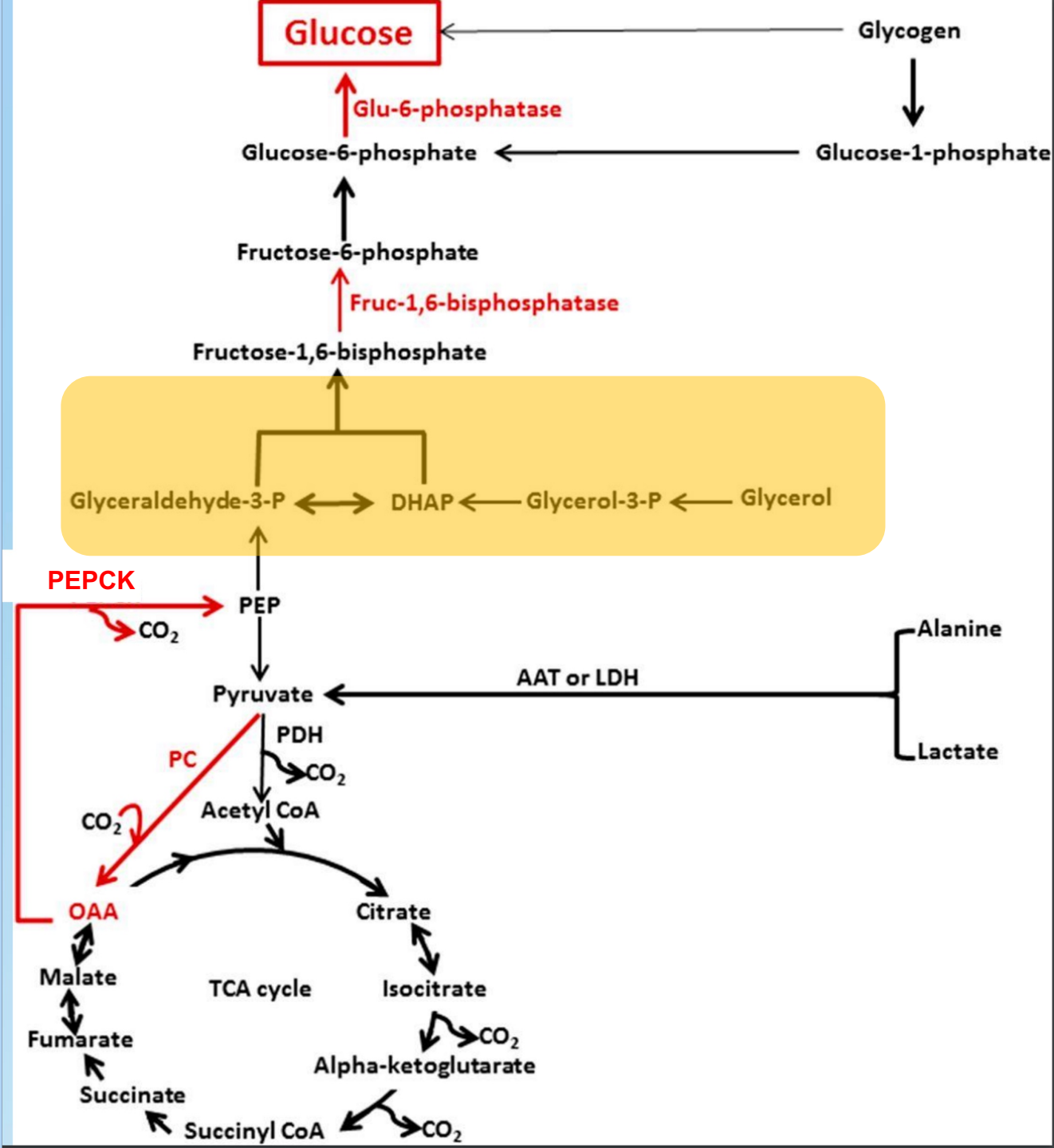


# Comparing Cori Cycle & Alanine cycle





# Precursor



# Glycerol precursor

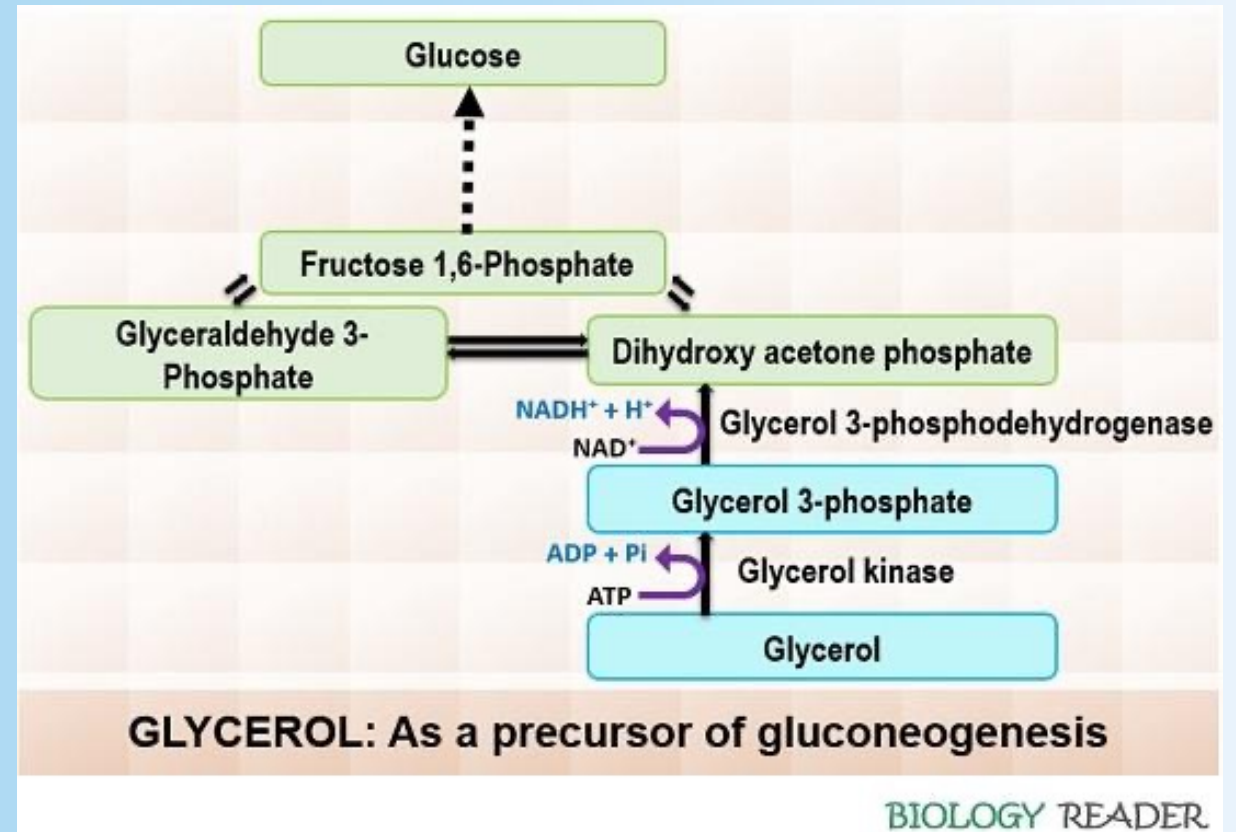
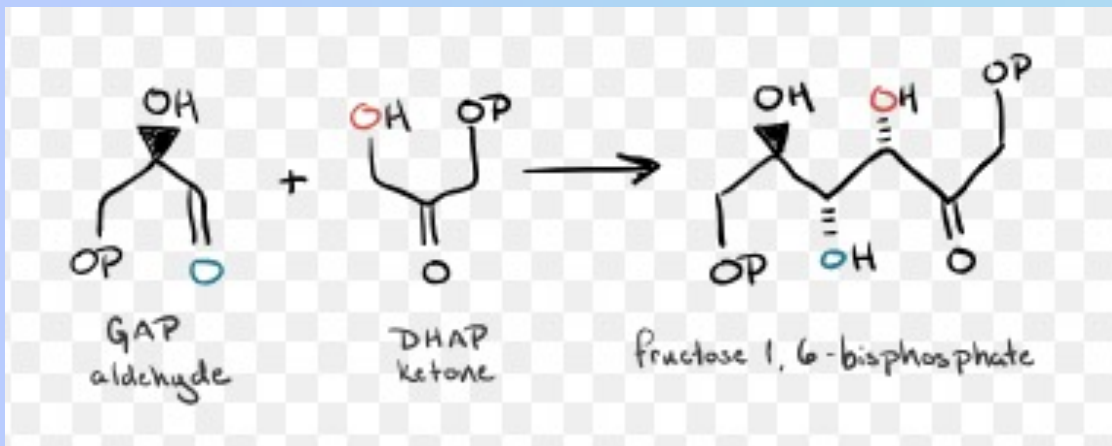
## Enzymes

Glycerol kinase (adds P)

only found in liver/kidney

Uses an ATP

Glycerol phosphate dehydrogenase



Precursors ✓

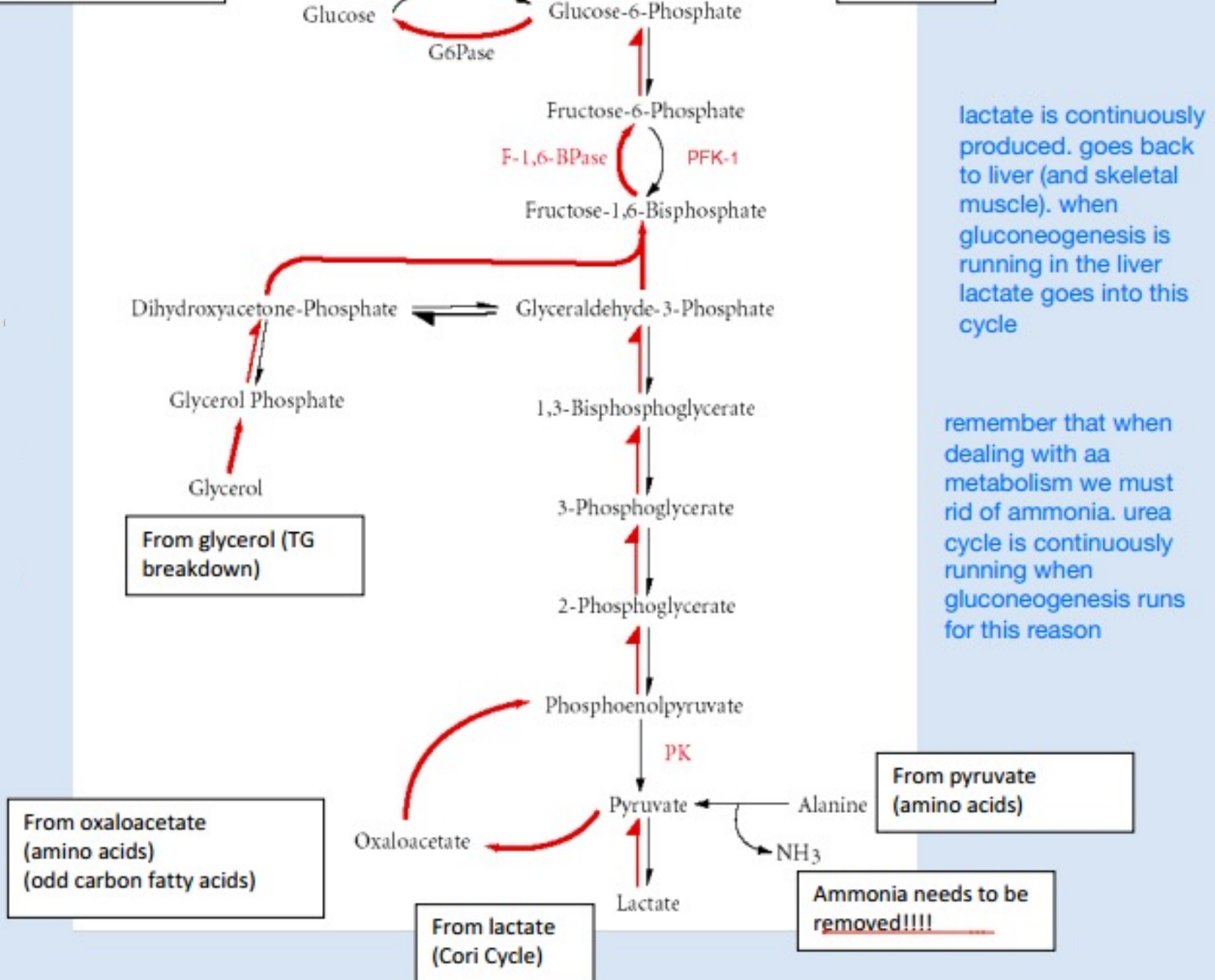
→ steps of gluconeogenesis

**LIVER**  
(kidney)

↓ Insulin  
↑ Glucagon  
↑ Epinephrin

Gluconeogenesis

Glycolysis



lactate is continuously produced. goes back to liver (and skeletal muscle). when gluconeogenesis is running in the liver lactate goes into this cycle

remember that when dealing with aa metabolism we must rid of ammonia. urea cycle is continuously running when gluconeogenesis runs for this reason

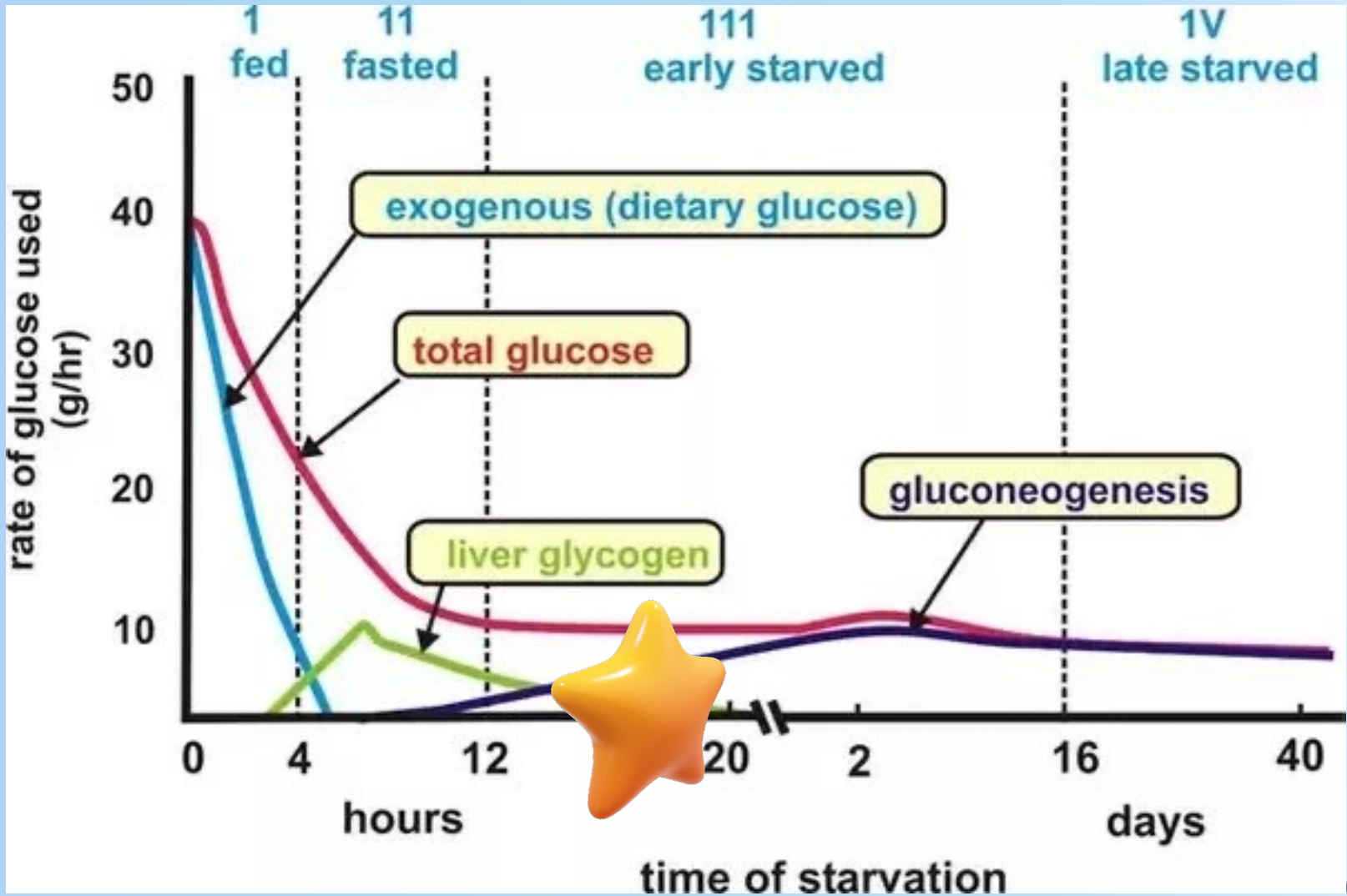
# Glycogenolysis

Glycogen → Glucose

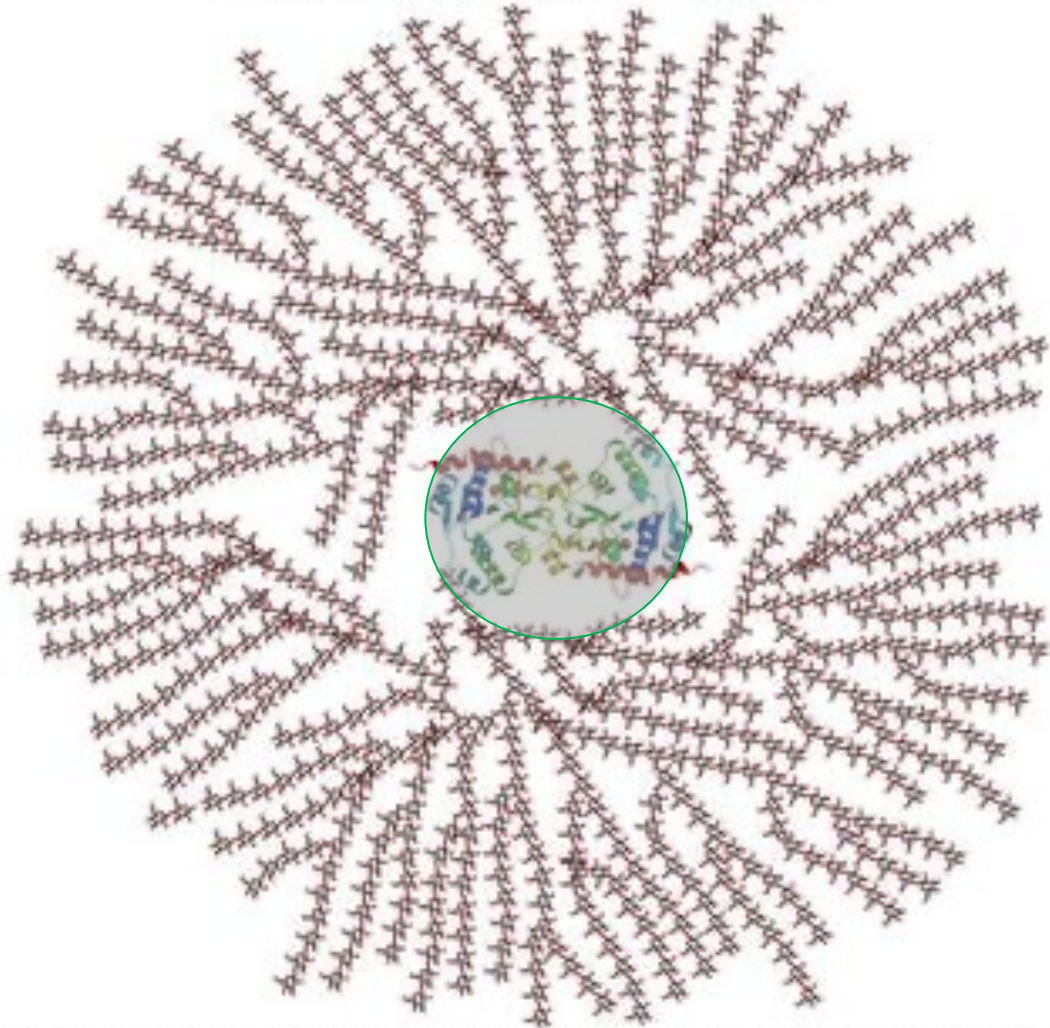


# Glycogenolysis

Glucose: ↑  
Glucagon & Epinephrine: ↑



## Glycogen structure



A core protein of glycogenin is surrounded by branches of glucose units. The entire globular complex may contain approximately 30,000 glucose units.

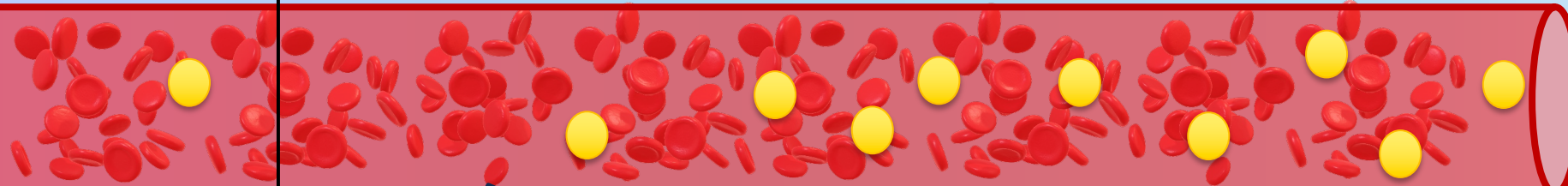
- Glycogen is smaller and more efficient to store
- Fats aren't adequate source, lead to ketone bodies which lowers pH = acidosis
- Glycogen exists as granules in cell cytoplasm with enzymes for both glycogenesis and glycogenolysis.

Glucose around glycogenin in

- linear  $\alpha$  1,4 bonds
- branched  $\alpha$ 1,6 bonds

# Make

Fasting/Starved



**Blood Glucose Range  
70-100 mg/dL**



## Glycogenolysis

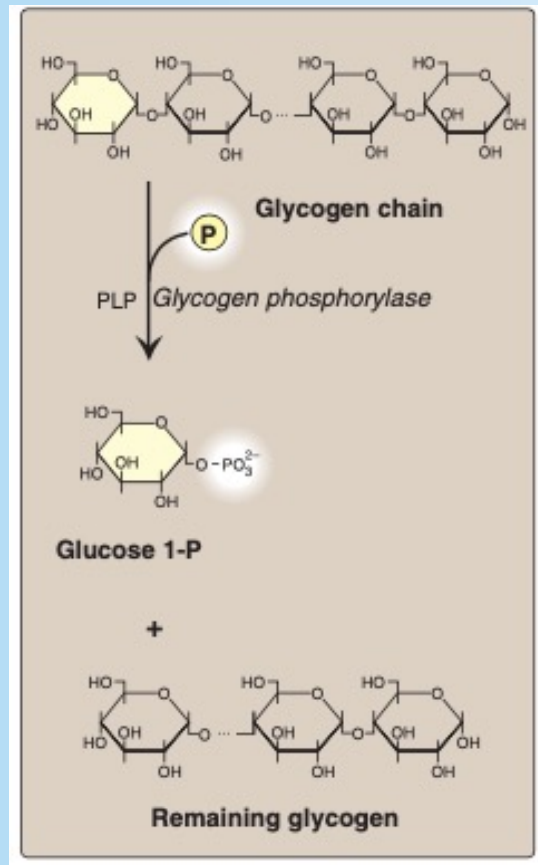
Break down glycogen → glucose

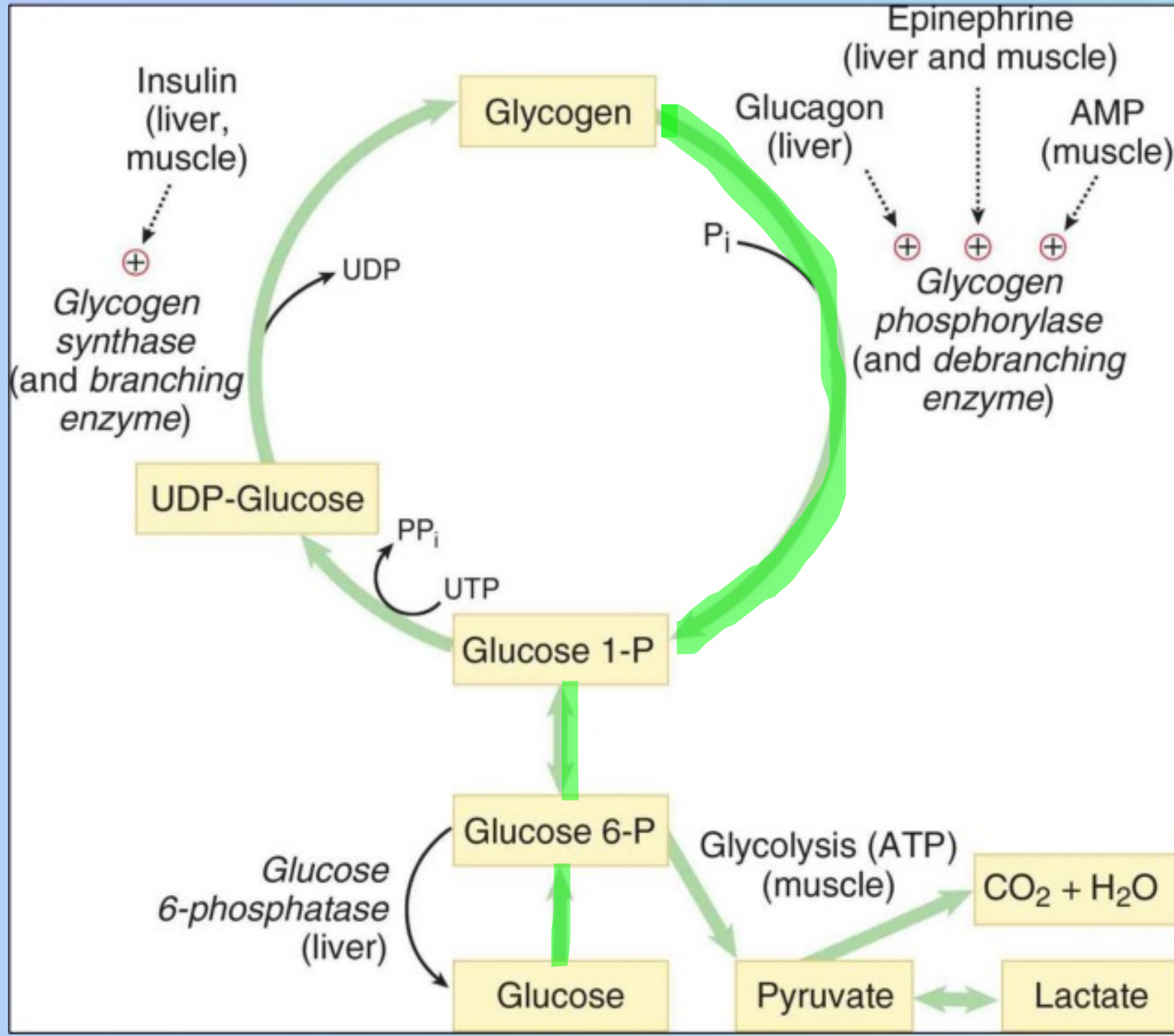
$\alpha$ 1,6 bonds = free glucose

$\alpha$ 1,4 bonds = glucose-1-phosphate

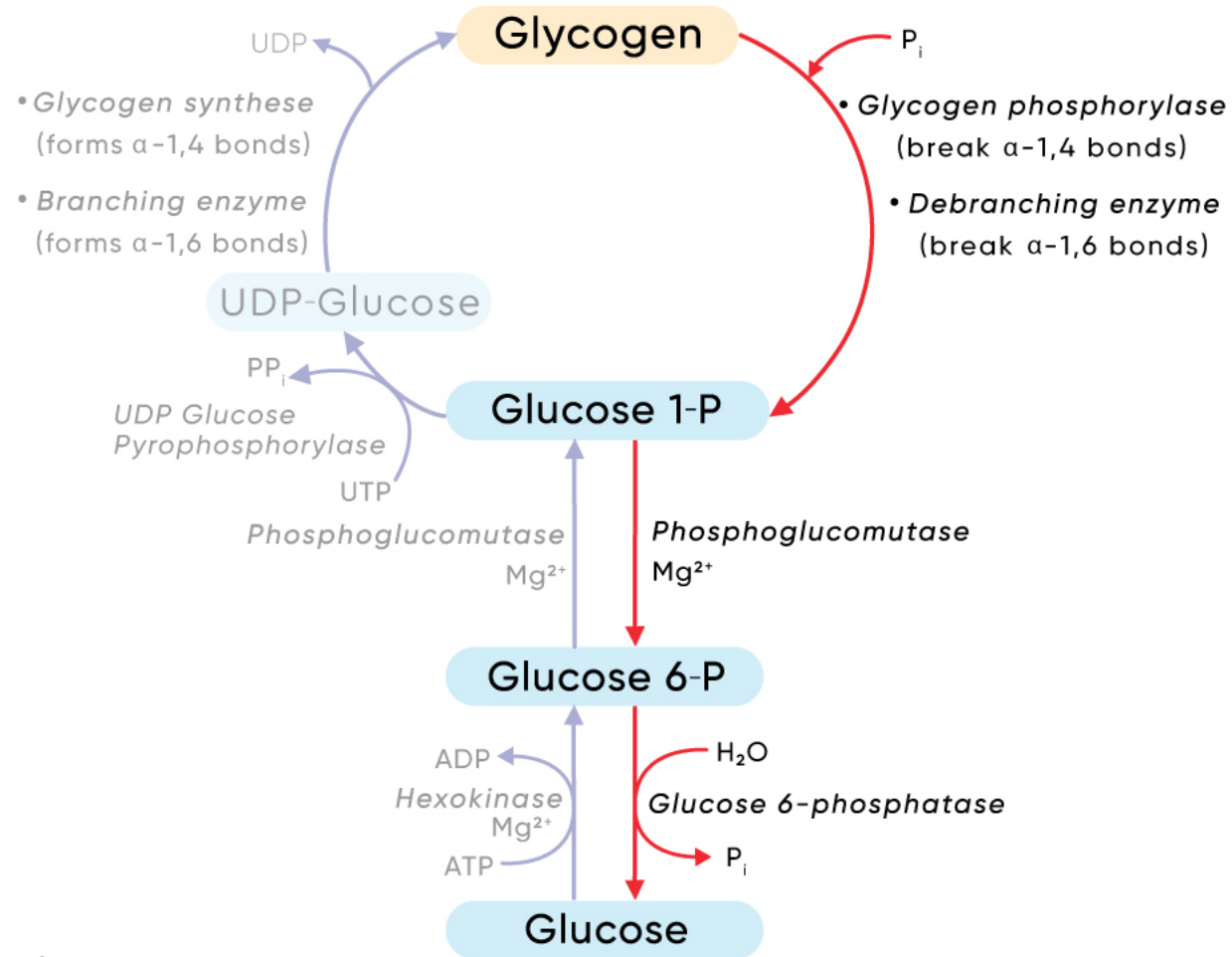
Convert G1P → Glucose

↓ Insulin  
↑ Glucagon  
↑ Epinephrin

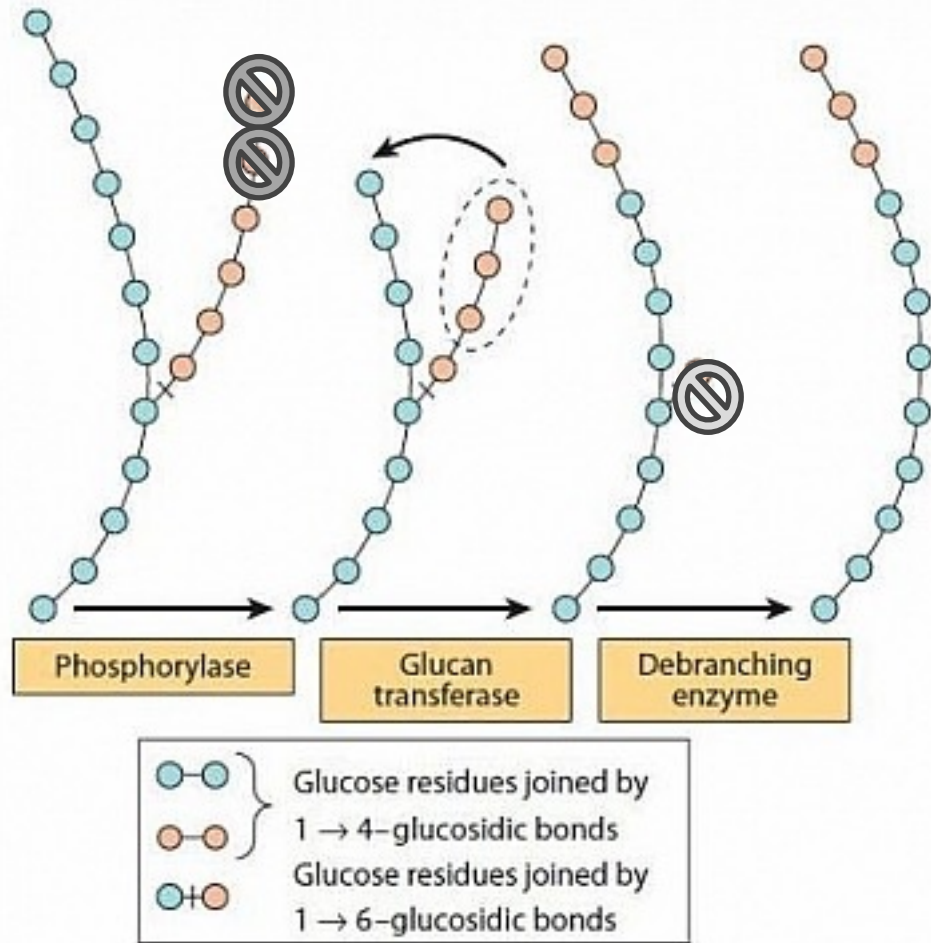




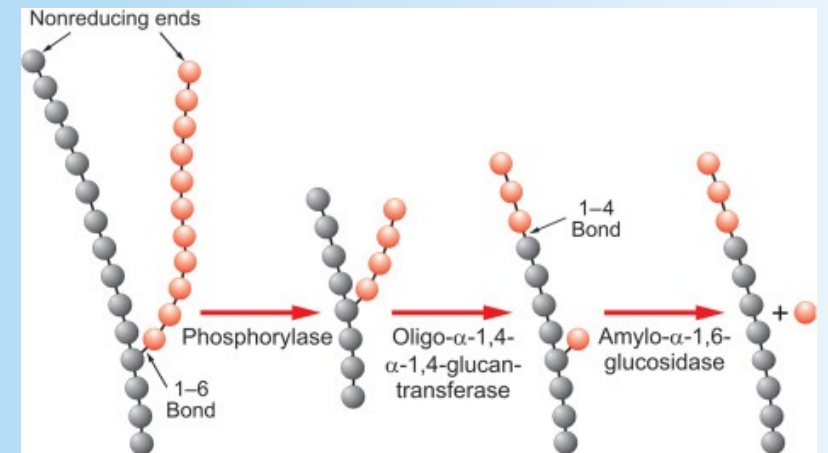
# Glycogenolysis



# Glycogenolysis step simplified



Take them off 1 at a time till we get to 4  
→ Move over 3, leaving 1  
→ Cut the 1 leftover  
→ Repeat



# Glucagon Phosphorylase

## RATE LIMITING STEP

Glycogen Phosphorylase has A and B

a = Active

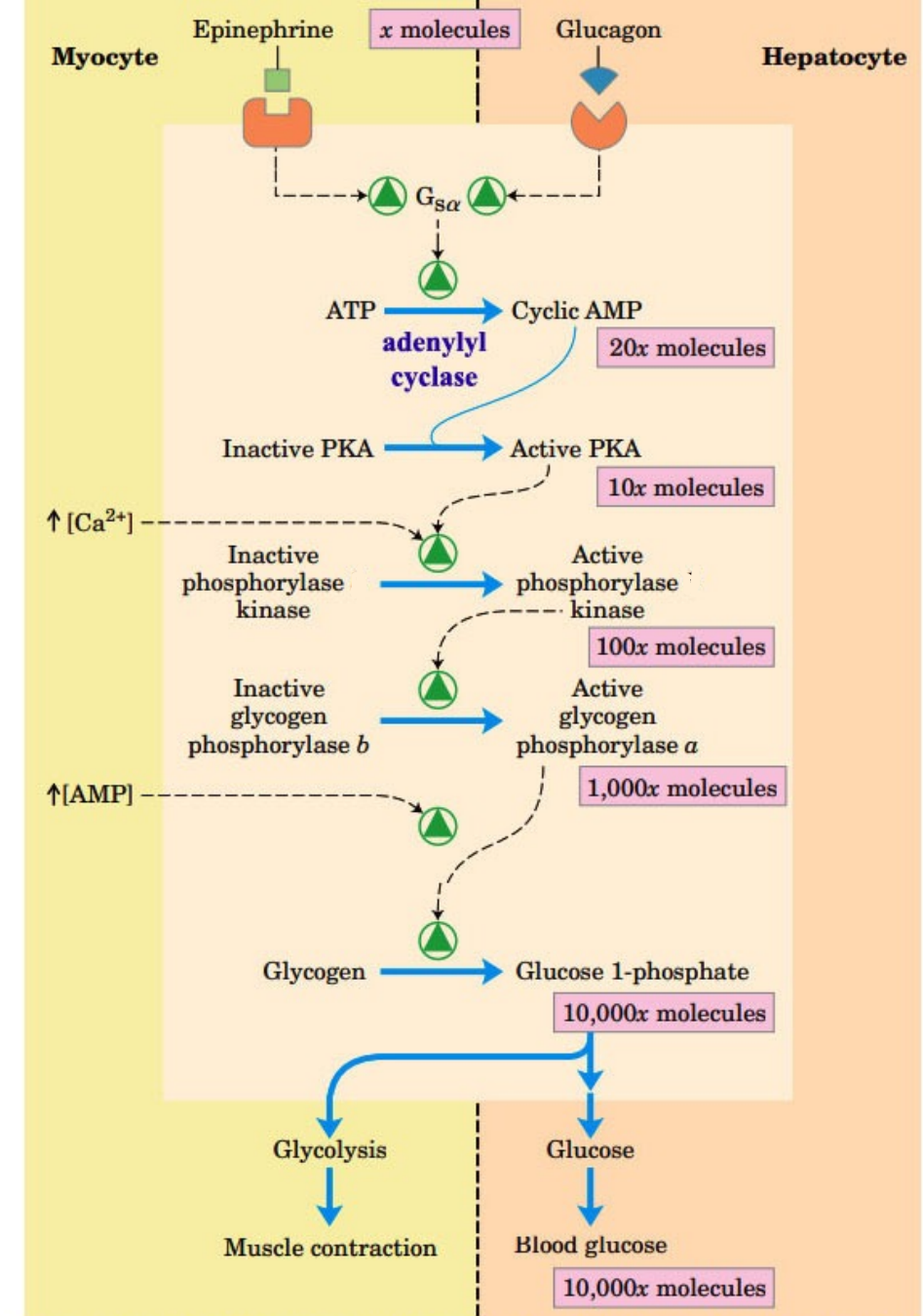
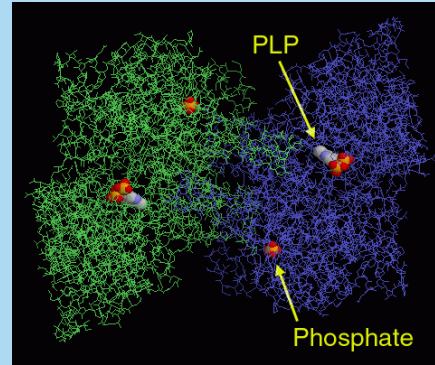
b = inactive

Has to be phosphorylated to be active

Phosphorylase kinase (adds P) turns it “on”

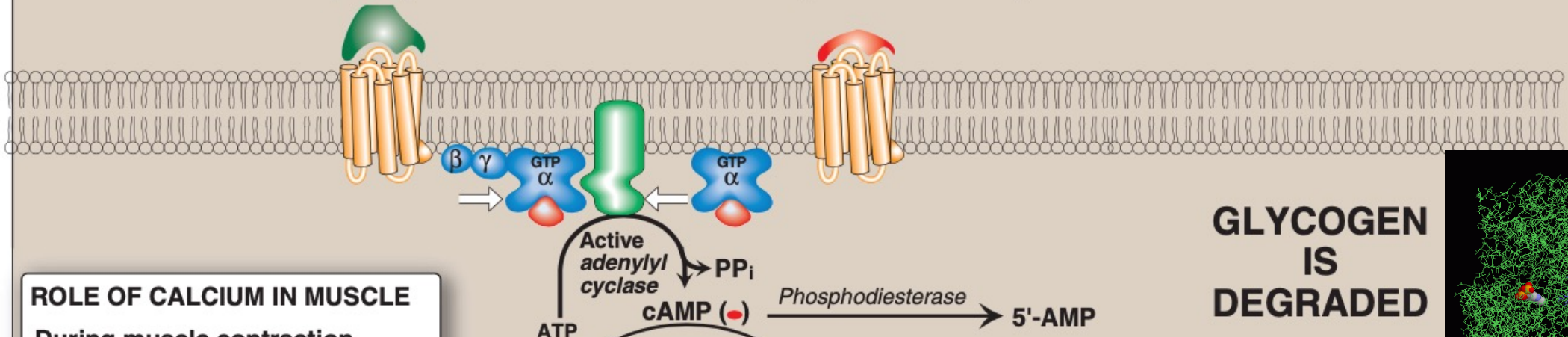
Phosphorylase Kinase b also needs to be activated so needs to be phosphorylated too

PKA (protein kinase A) adds P; turns it “on”



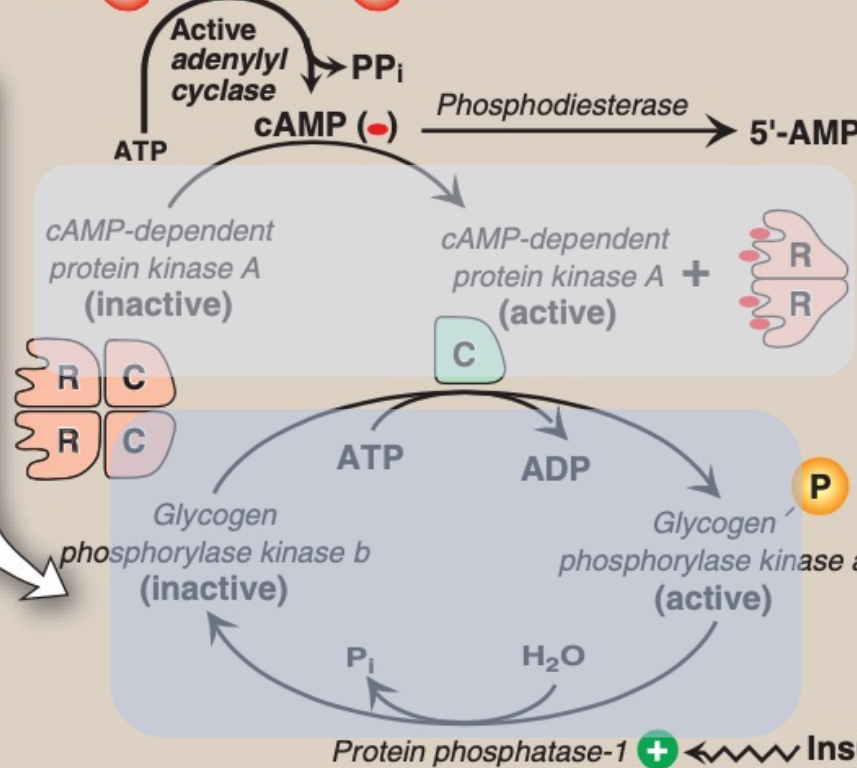
Glucagon bound to glucagon receptor  
(LIVER)

Epinephrine bound to  $\beta$ -adrenergic receptor  
(MUSCLE and LIVER)

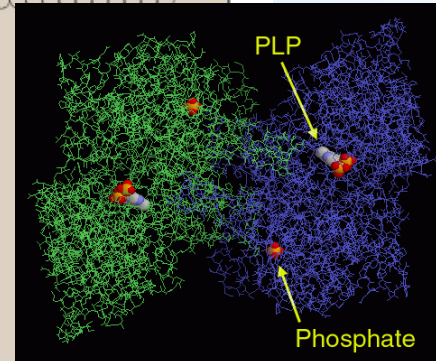
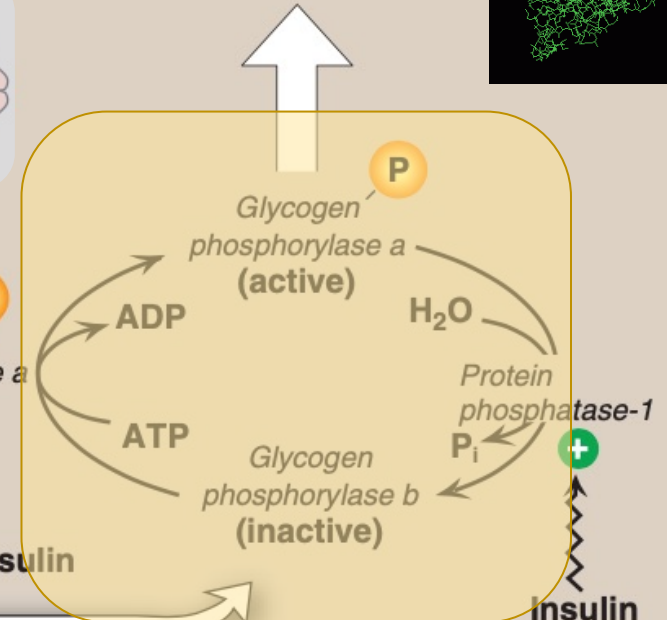


**ROLE OF CALCIUM IN MUSCLE**

During muscle contraction,  $\text{Ca}^{2+}$  is released from the sarcoplasmic reticulum.  $\text{Ca}^{2+}$  binds to the calmodulin subunit of *phosphorylase kinase*, activating it without phosphorylation. *Phosphorylase kinase* can then activate *glycogen phosphorylase*, causing glycogen degradation.



**GLYCOGEN IS DEGRADED**



**ROLE OF AMP IN MUSCLE**

In muscle under extreme conditions of anoxia and depletion of ATP, AMP activates *glycogen phosphorylase b* without it being phosphorylated.





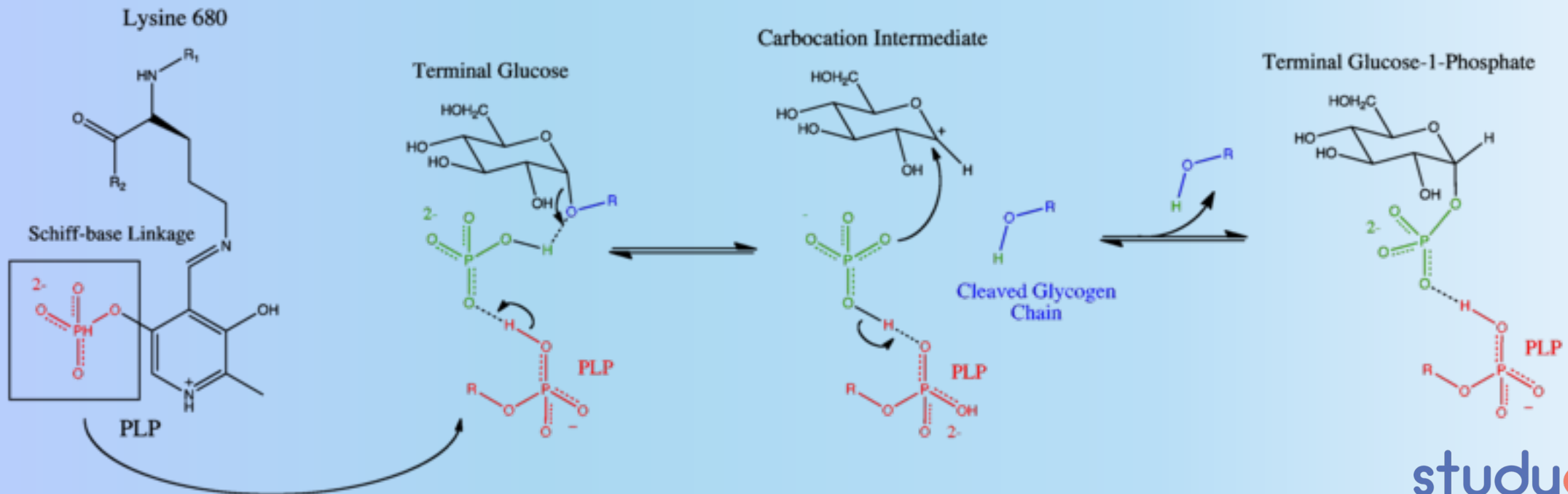
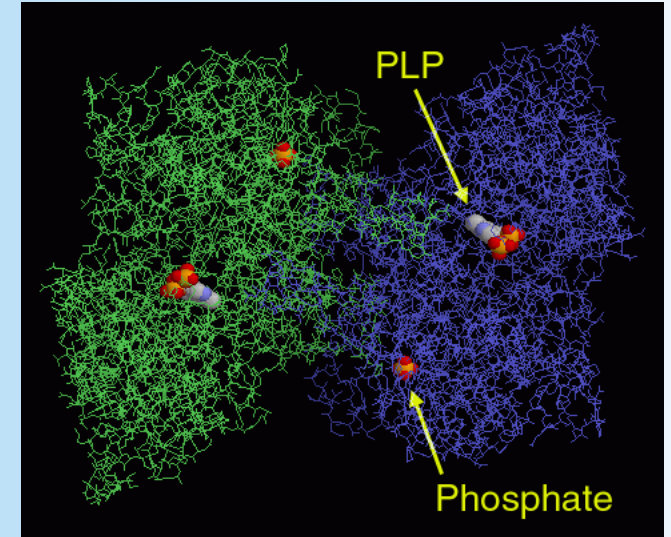
# Glucagon Phosphorylase

Phosphate between compounds

Breaks  $\alpha 1,4$  bonds

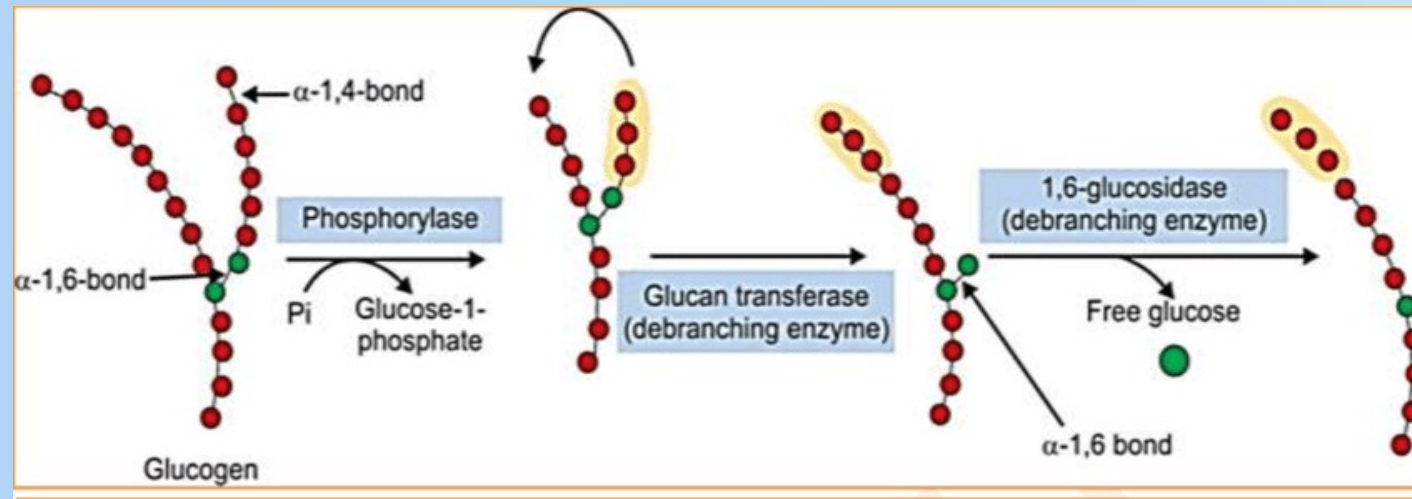
Requires a coenzyme: PLP (derivative of B6)

Phosphate form is active



# Debranching enzyme

Enzyme with 2 catalytic sites



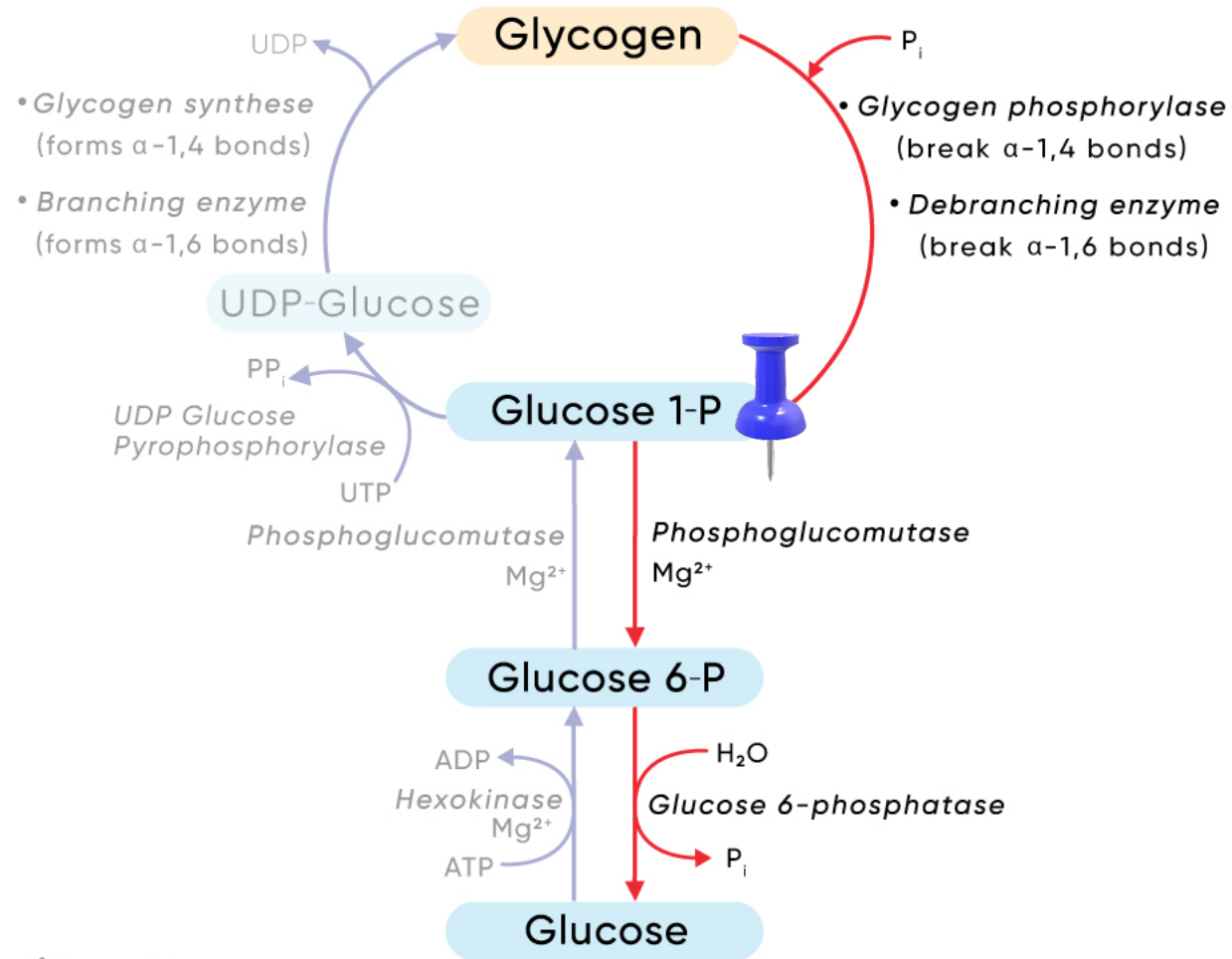
## Glucan Transferase Activity

- Moves trisaccharide unit

## 1,6 Glycosidase Activity

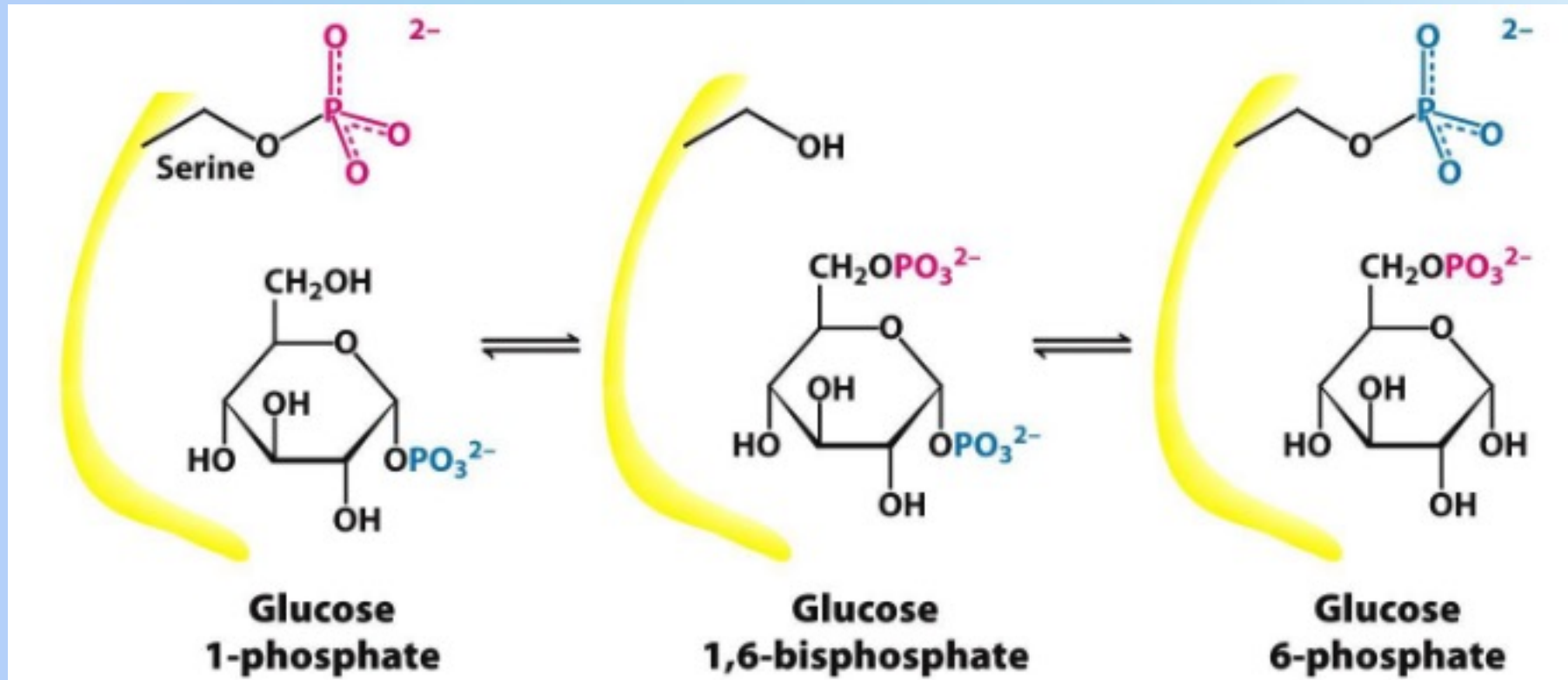
- Cleaves branch and leaves free glucose

# Glycogenolysis

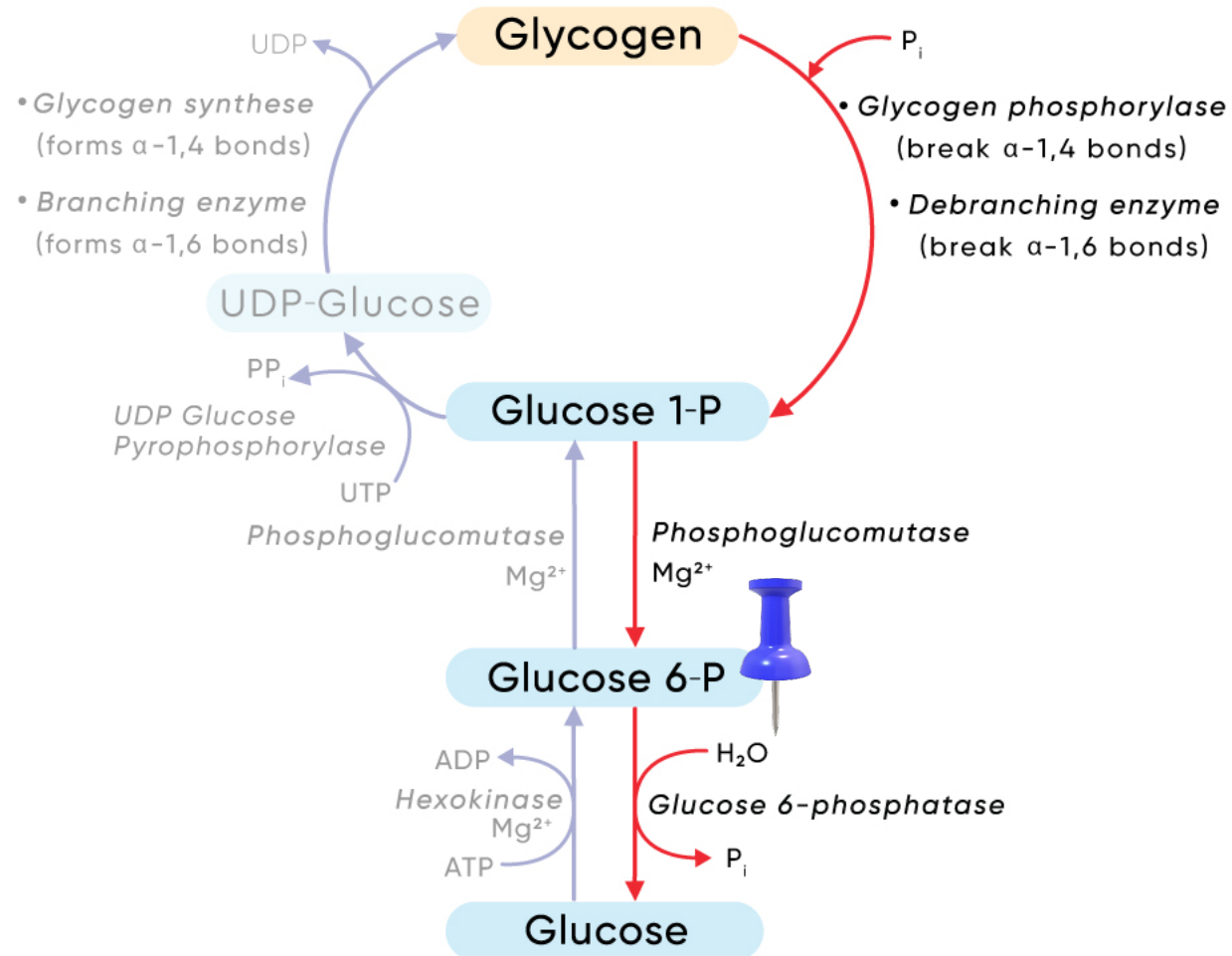


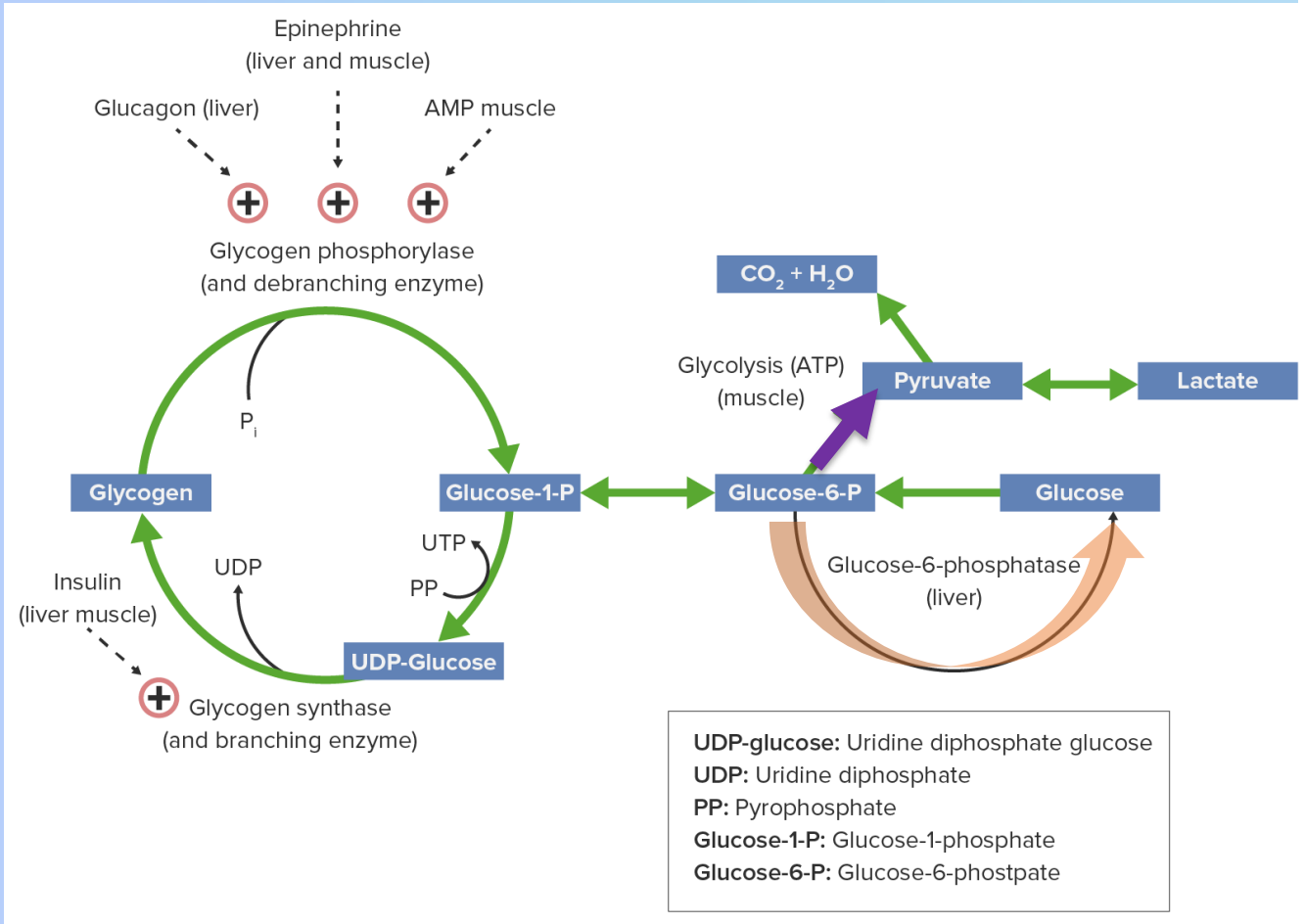
# Phosphoglucomutase

Phosphate          glucose          mutate  
“mutate the phosphate on the glucose”



# Glycogenolysis





**Phosphoglucomutase**  
**Glc-1-P** -----> **Glc-6-P** -----> Glycolysis

- Immediate source in muscle, goes straight to glycolysis

- Remember Glucose-6-phosphatase is **ONLY** in liver
- Only liver can provide glucose to bloodstream

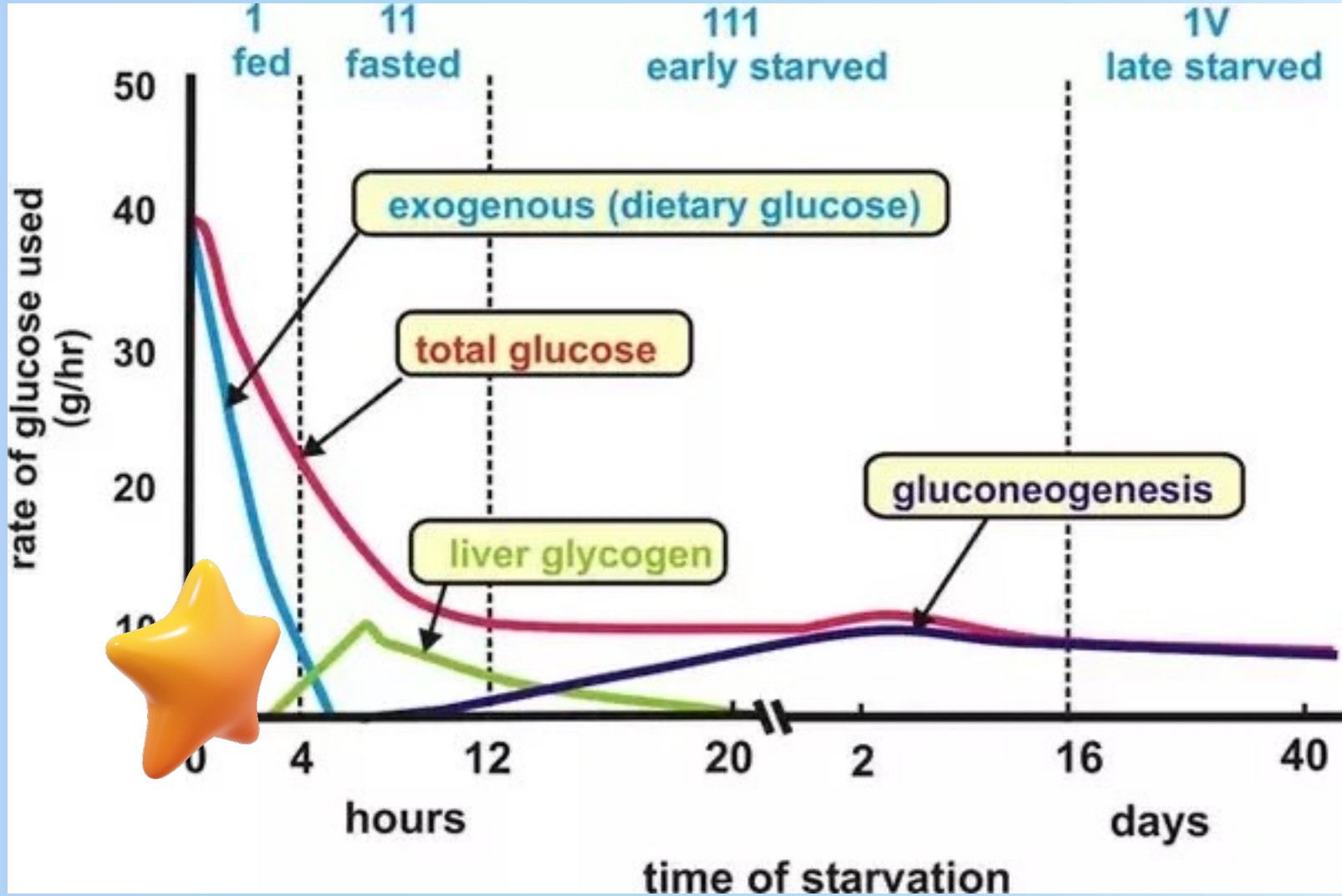
**Phosphoglucomutase**      **Glucose-6-Phosphatase**  
**Glc-1-P** -----> **Glc-6-P** -----> **Glucose**

# Glycogenesis

Glucose → Glycogen

# Glycogenesis

Glucose: ↑  
Insulin: ↑





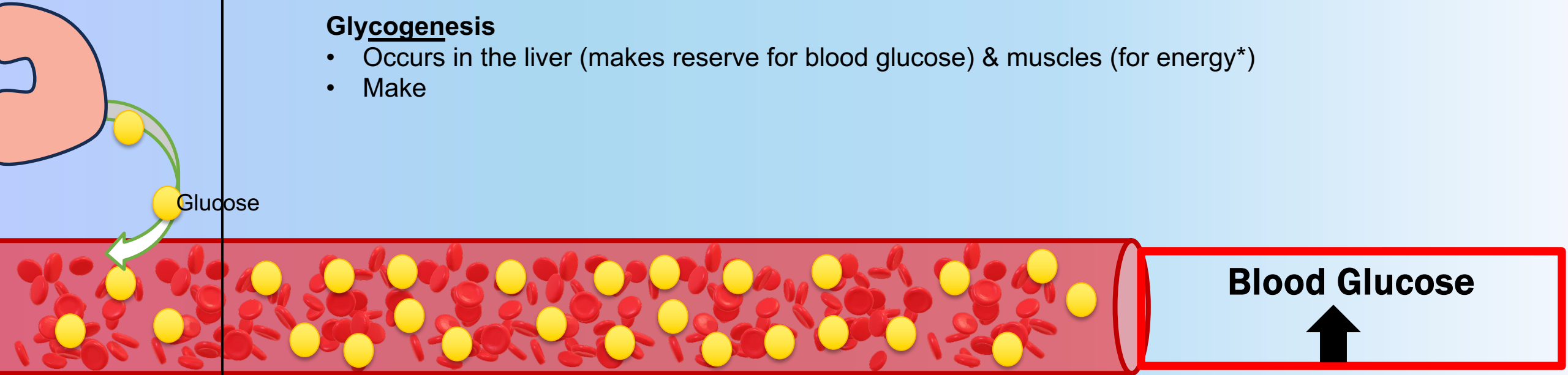
After meal/ Fed state

# TAKE

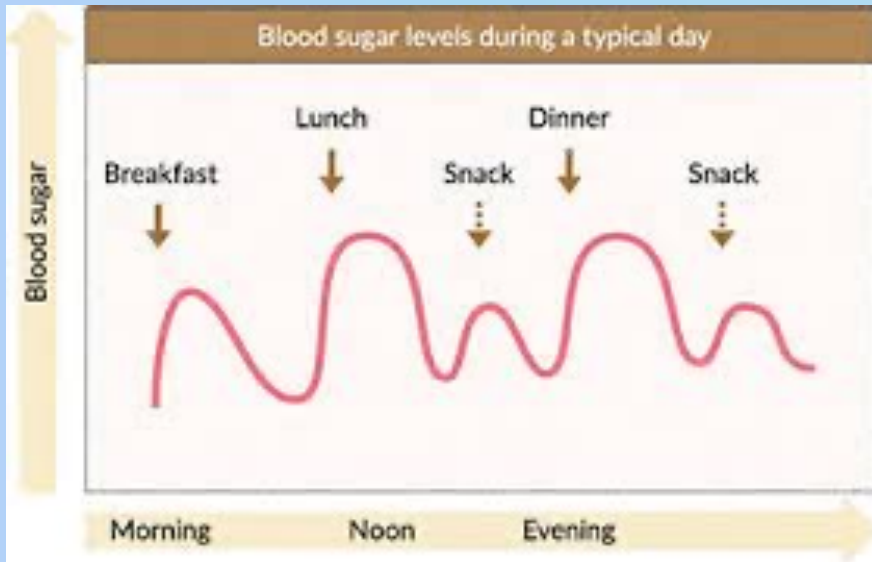
*Glycolysis (just learned)*

## Glycogenesis

- Occurs in the liver (makes reserve for blood glucose) & muscles (for energy\*)
- Make

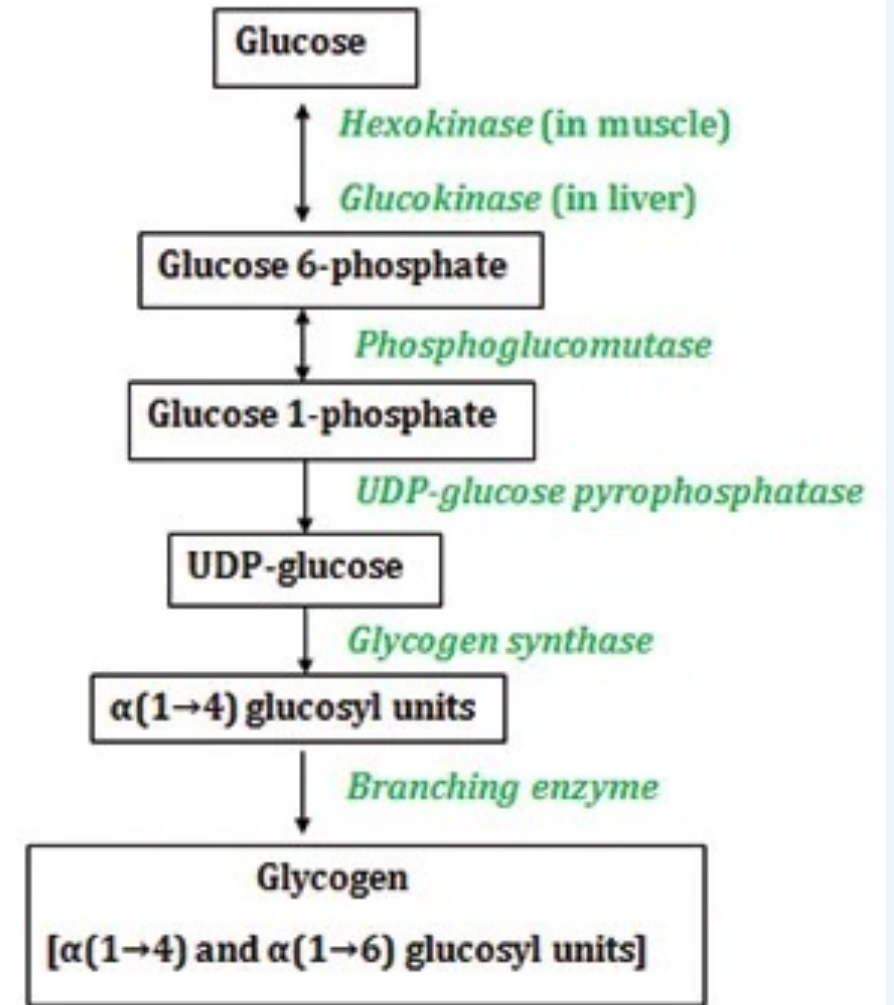
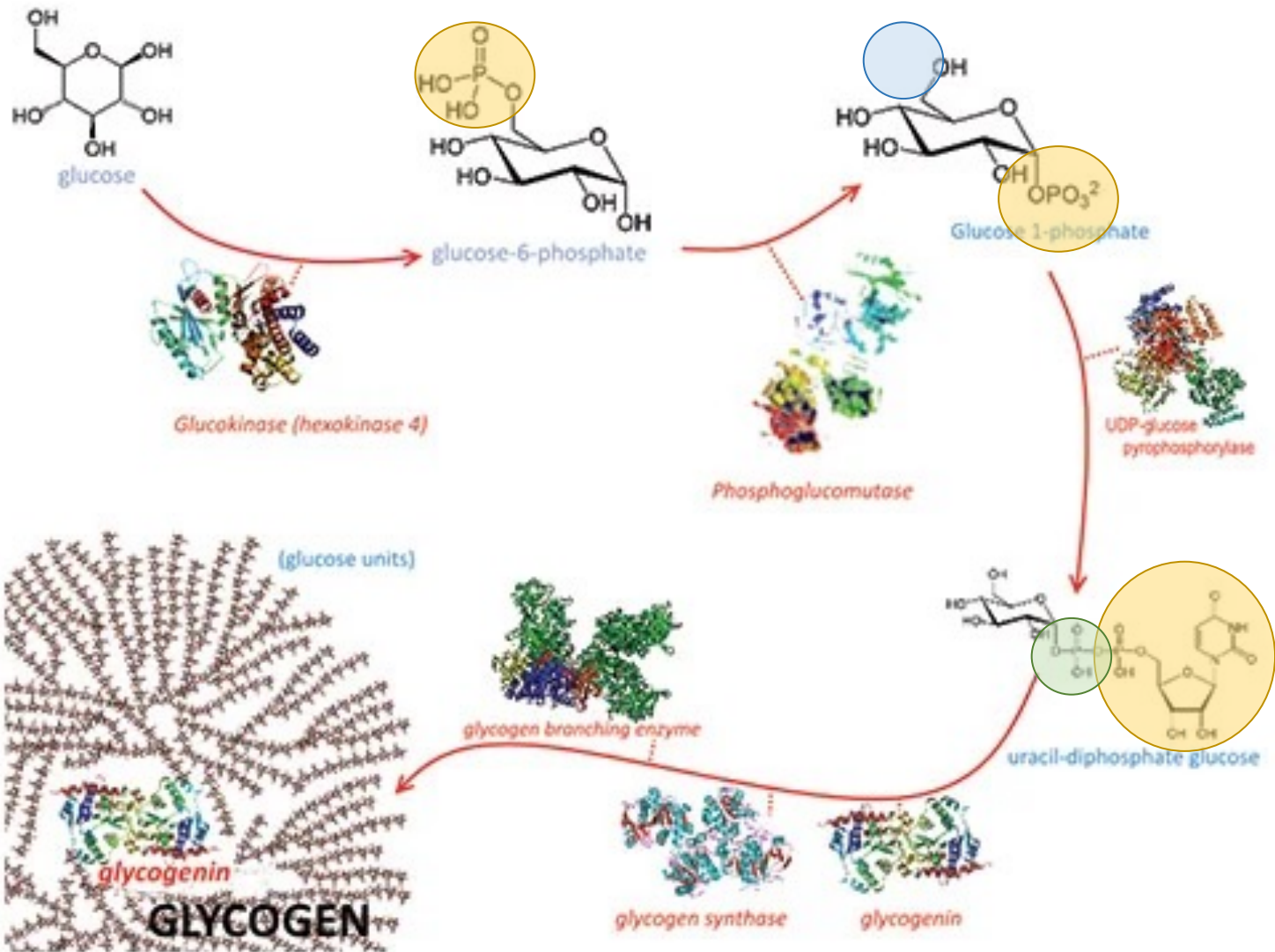


↑ Insulin  
↓ Glucagon  
↓ Epinephrin



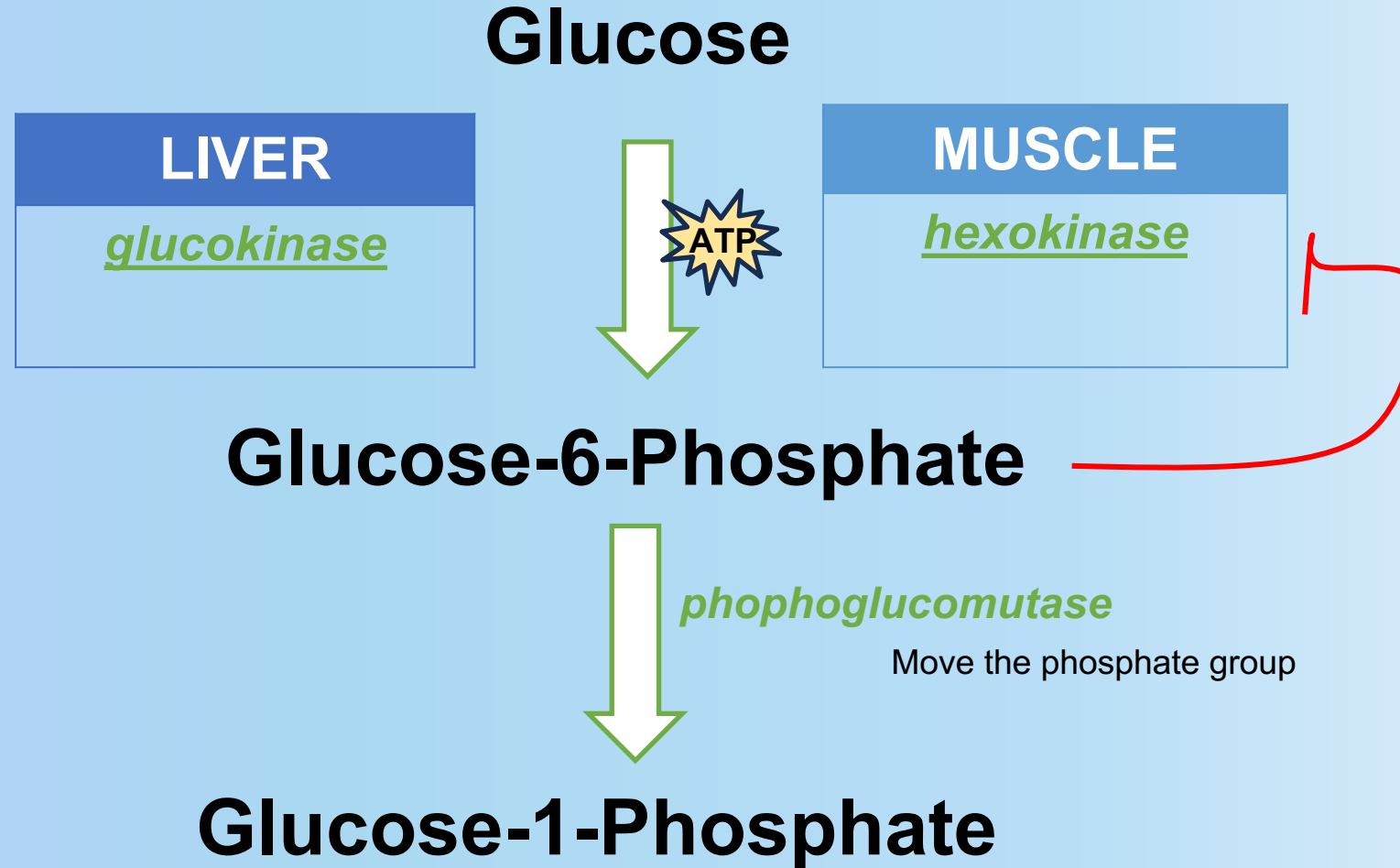
**TABLE 18-1 Storage of Carbohydrate in a 70-kg Person**

	Percentage of Tissue Weight	Tissue Weight	Body Content (g)
Liver glycogen	5.0	1.8 kg	90
Muscle glycogen	0.7	35 kg	245
Extracellular glucose	0.1	10 L	10



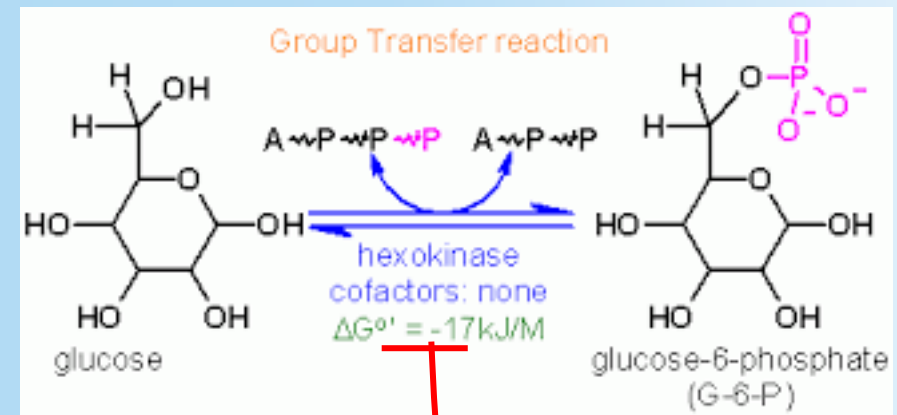
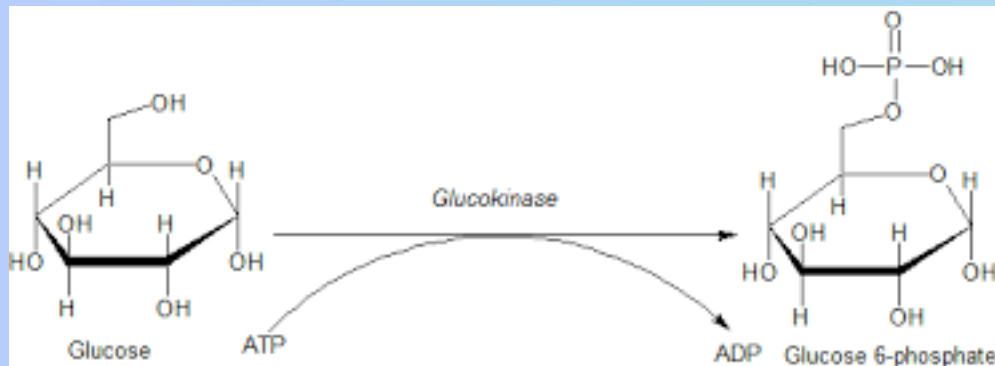
# Glycogenesis

# How do we make glycogen? “Glycogenesis”



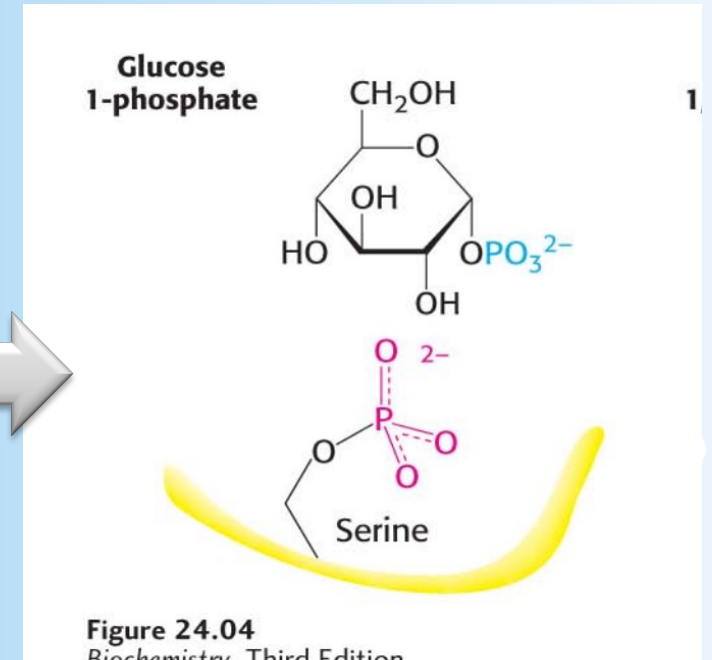
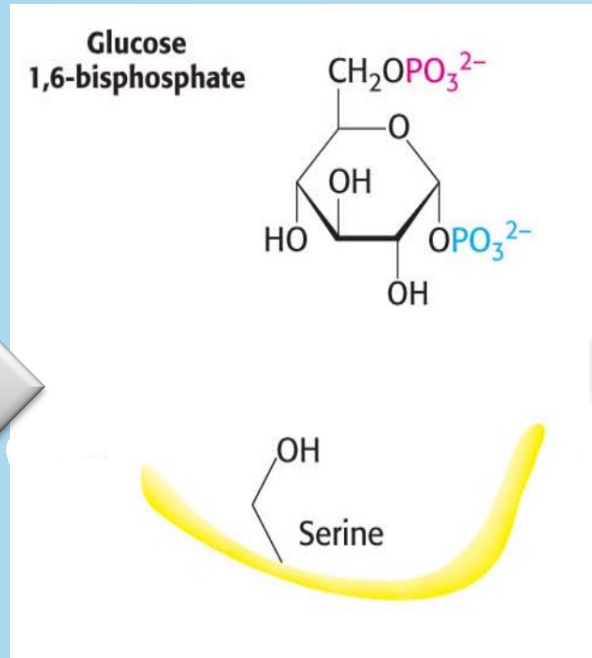
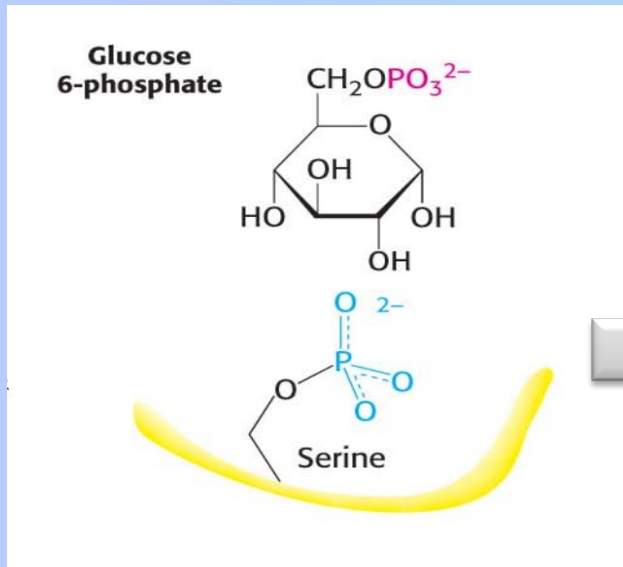
# Glucokinase/Hexokinase

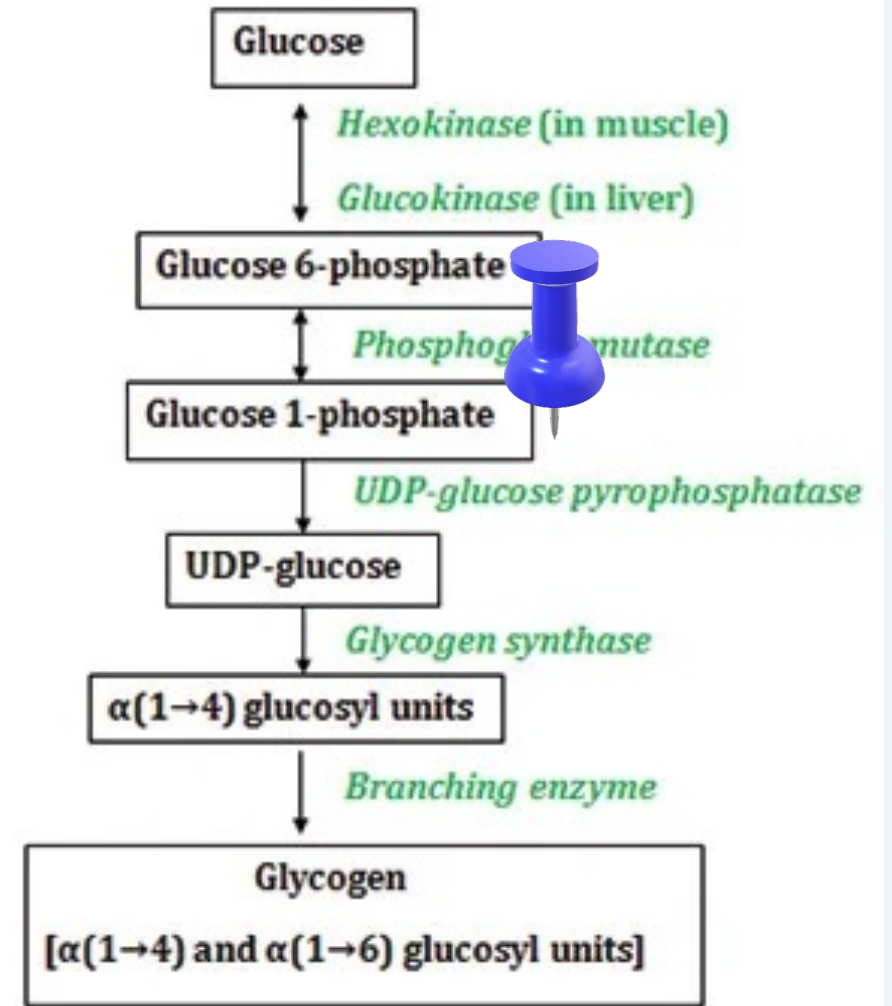
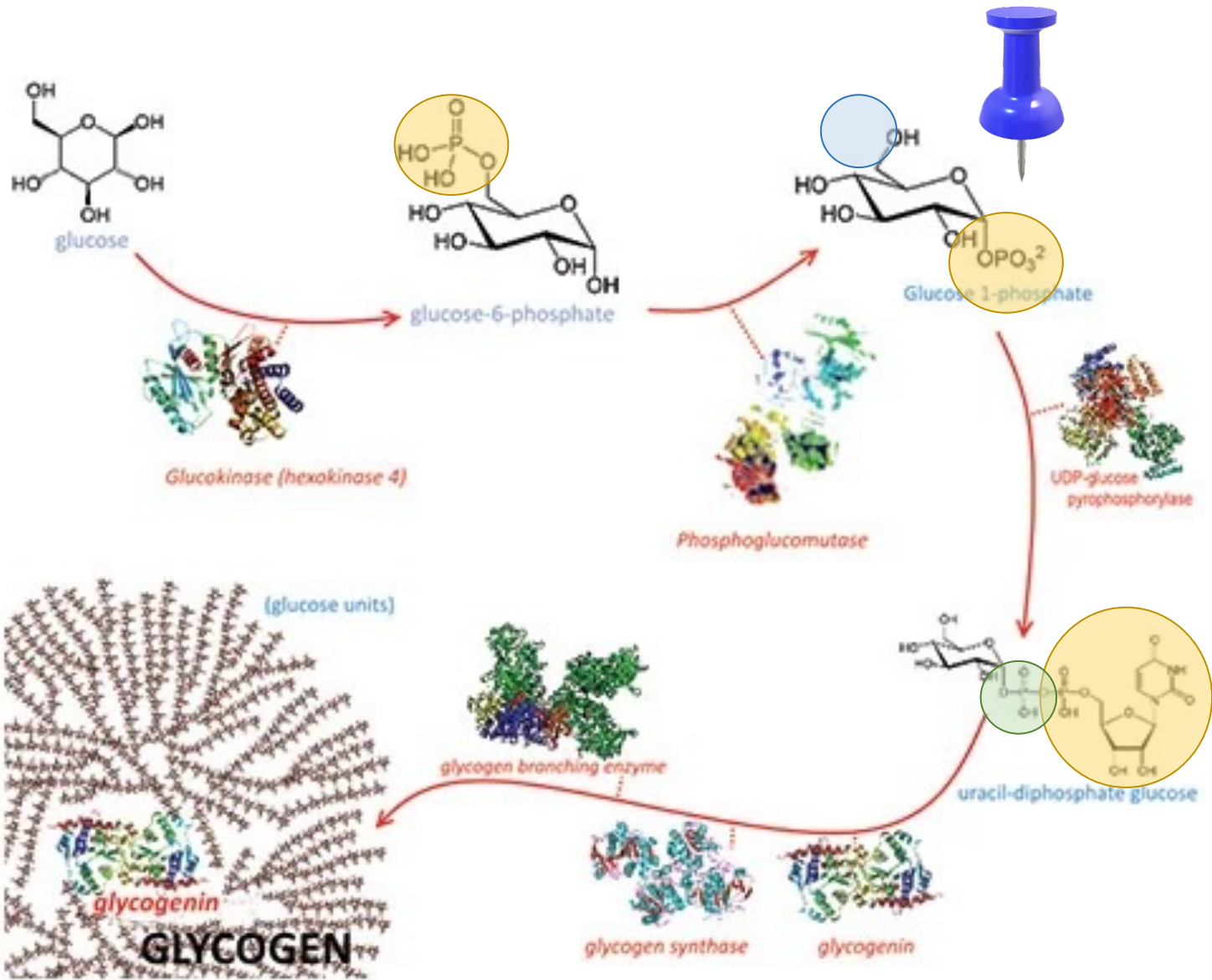
- Add phosphate group to C6 



# Phosphoglucomutase

Phosphate glucose mutate  
“mutate the phosphate on the glucose”

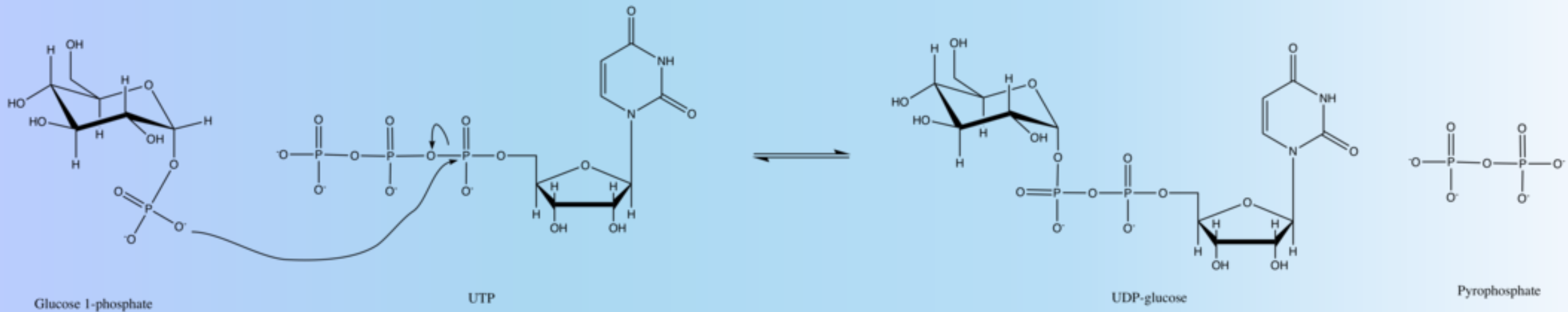




# Glycogenesis

# *UDP Glucose pyrophosphatase*

- G1P → UDP glucose
- “activates” the glucose



# UDP Glucose pyrophosphorylase

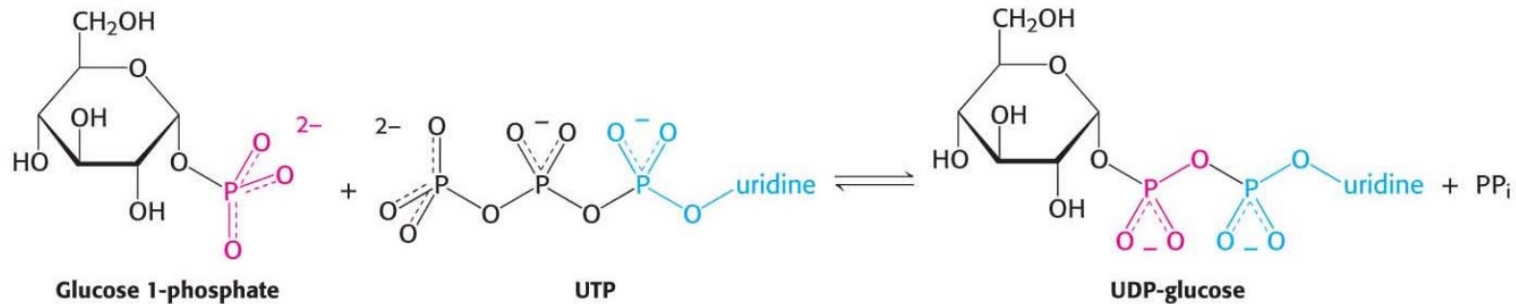
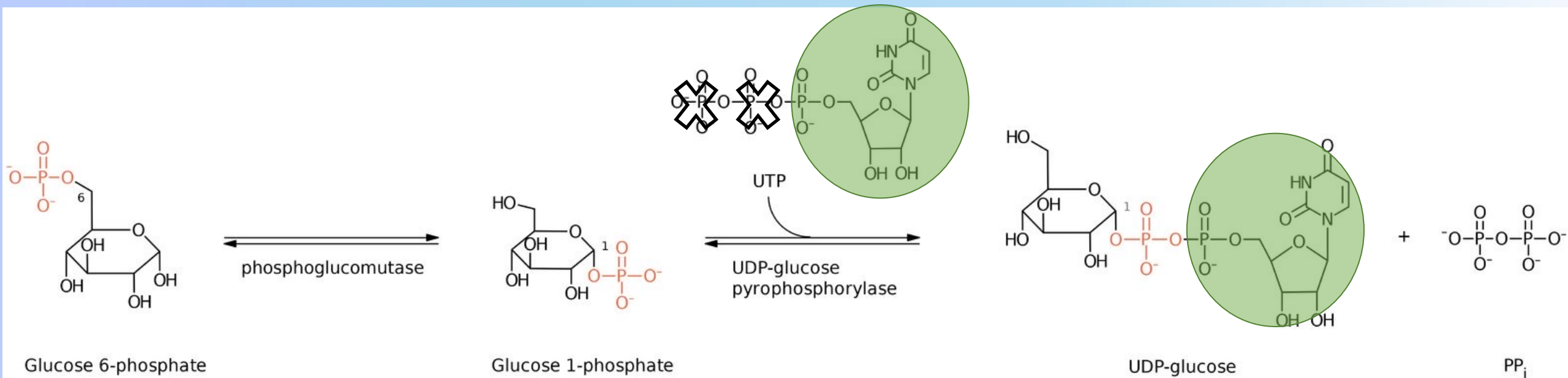
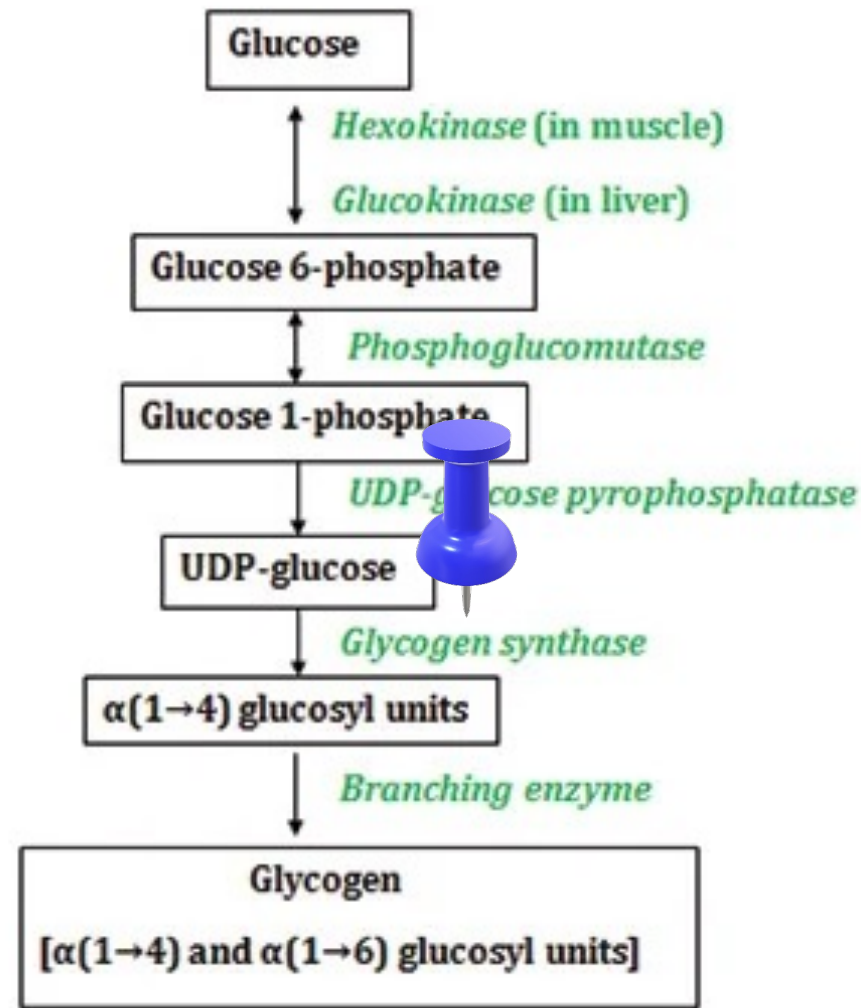
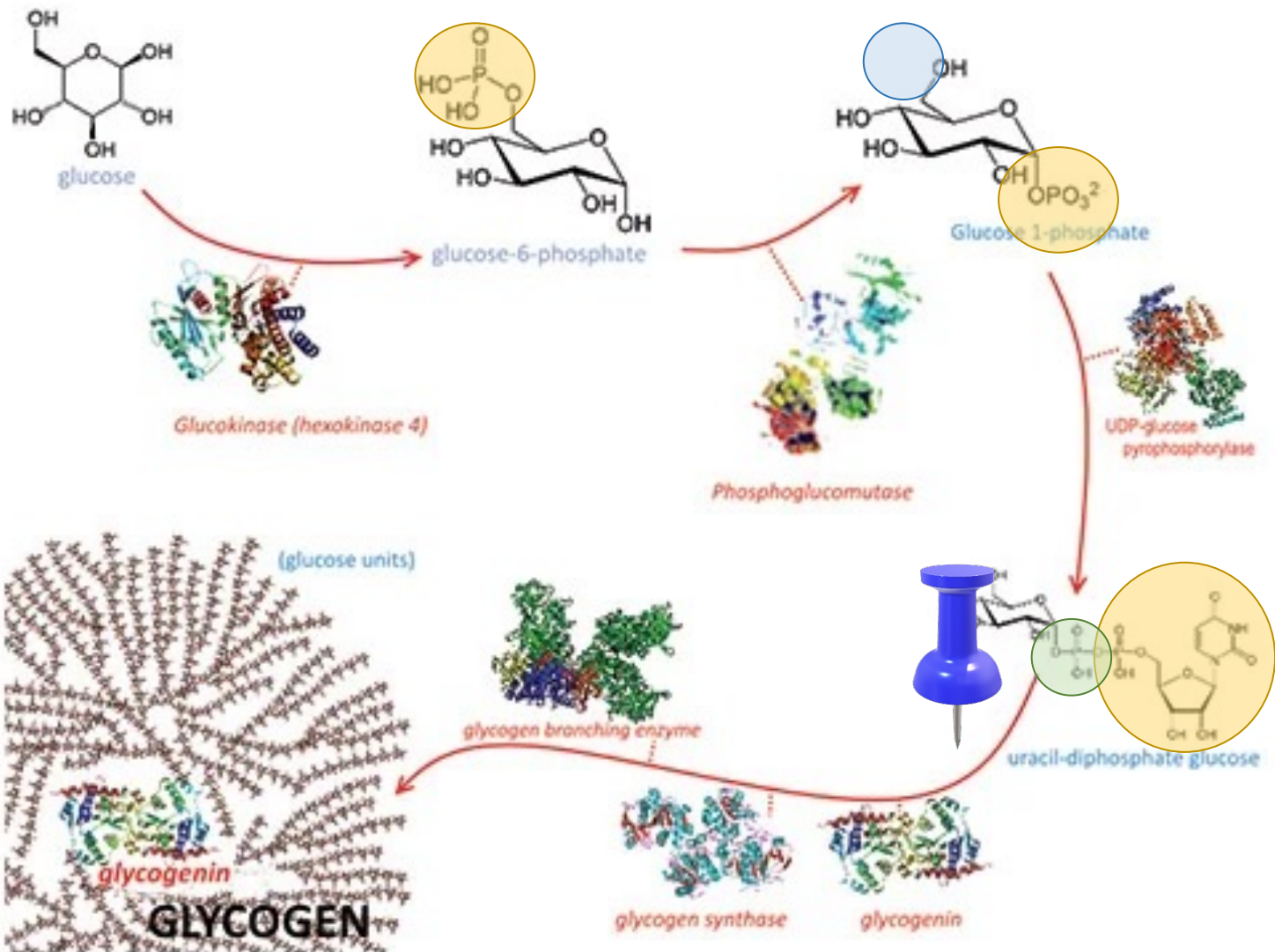


Figure 25.CO\_UN02



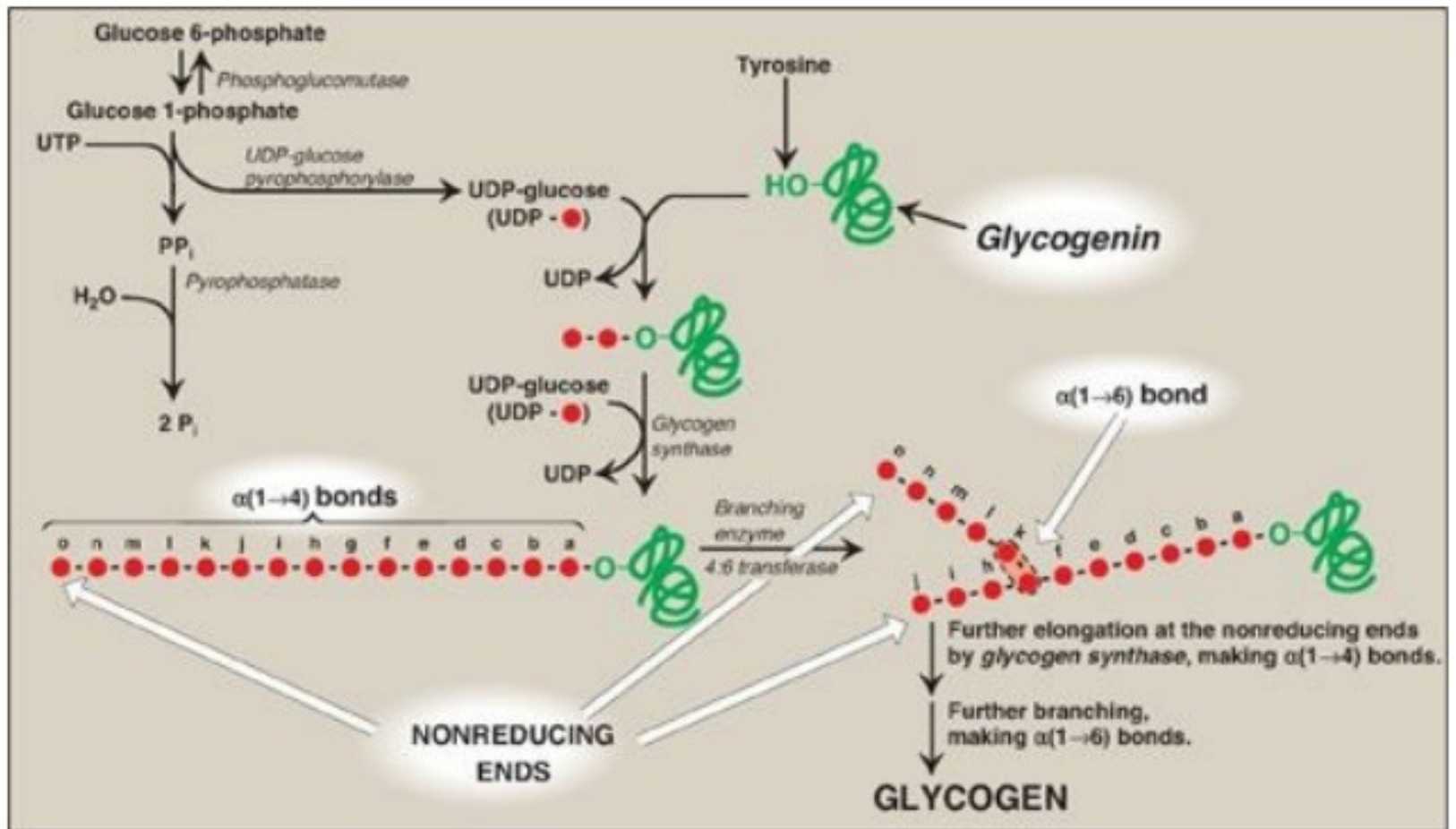


# Glycogenesis

# Glycogenin

Protein and enzyme

Autoglucosylation: adds glucose onto itself



# Putting it all together

1. Add glucose to pre-existing glycogen fragment
2. If no fragment, glycogenin makes fragment, then we elongate:

## STRAIGHT CHAIN ( $\alpha 1,4$ )

Glycogen synthase

$\alpha 1,4$  glycosidic bonds

Hydroxyl group of C1 of activated glucose to the C4 of the accepting glucose chain

Can only elongate an existing chain

**RATE LIMITING STEP**

**ACTIVE** WITHOUT phosphate\*

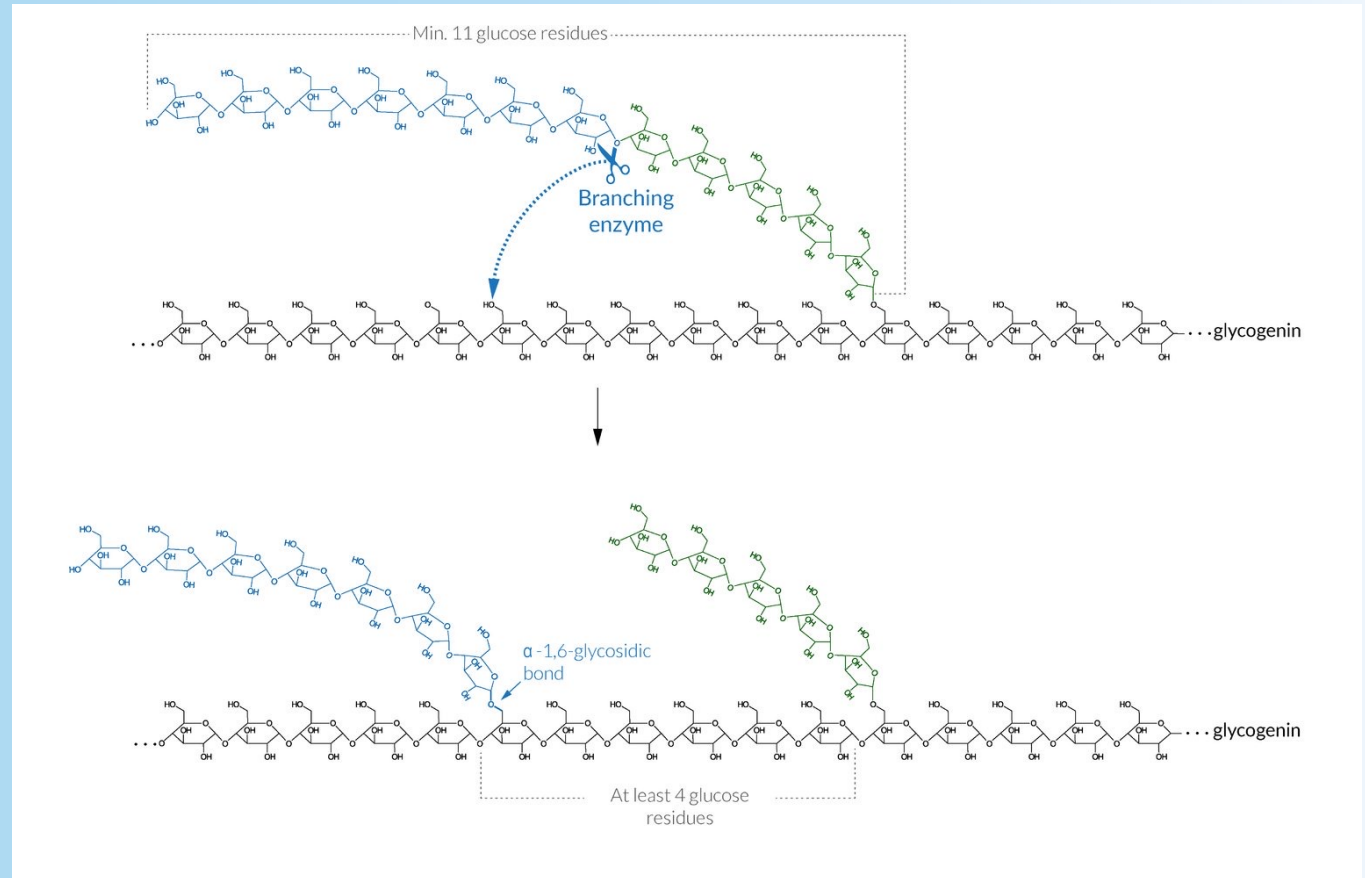
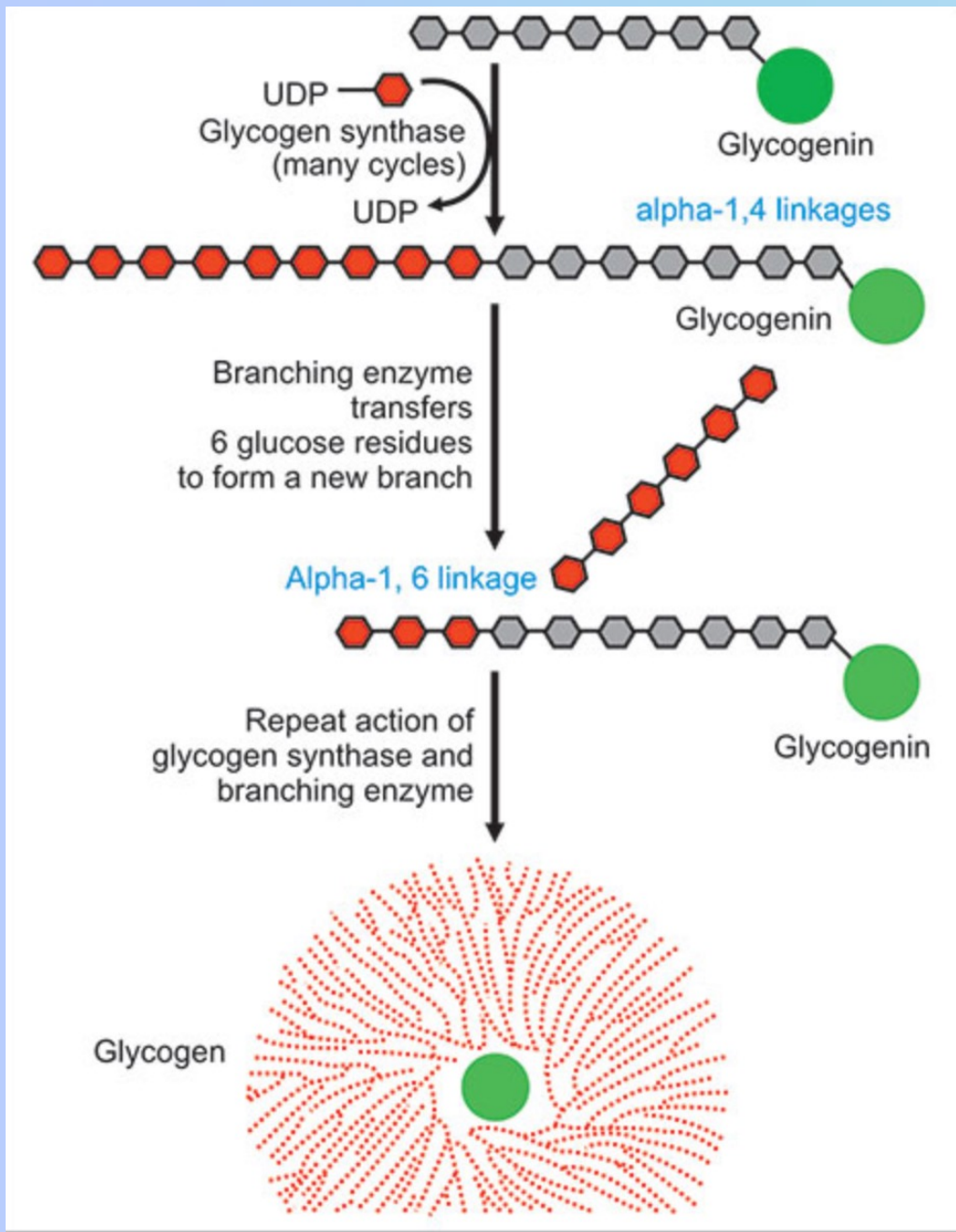
## BRANCHED CHAIN ( $\alpha 1,6$ )

Branching enzyme

Branches every 8-12 glucose residues

Attaches as  $\alpha 1,6$  glycosidic bonds.

Increases solubility and density



# Putting it all together

1. Add glucose to pre-existing glycogen fragment
2. If no fragment, glycogenin makes fragment, then we elongate:

## STRAIGHT CHAIN ( $\alpha 1,4$ )

Glycogen synthase

$\alpha 1,4$  glycosidic bonds

Hydroxyl group of C1 of activated glucose to the C4 of the accepting glucose chain

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**RATE LIMITING STEP**

**ACTIVE** WITHOUT phosphate\*

## BRANCHED CHAIN ( $\alpha 1,6$ )

Branching enzyme

Branches every 8-12 glucose residues

Attaches as  $\alpha 1,6$  glycosidic bonds.

Increases solubility and density

# Glycogen synthase

Insulin inhibits GSK3 (glycogen synthase kinase 3)

keeps synthase without P

Has two forms: A and B

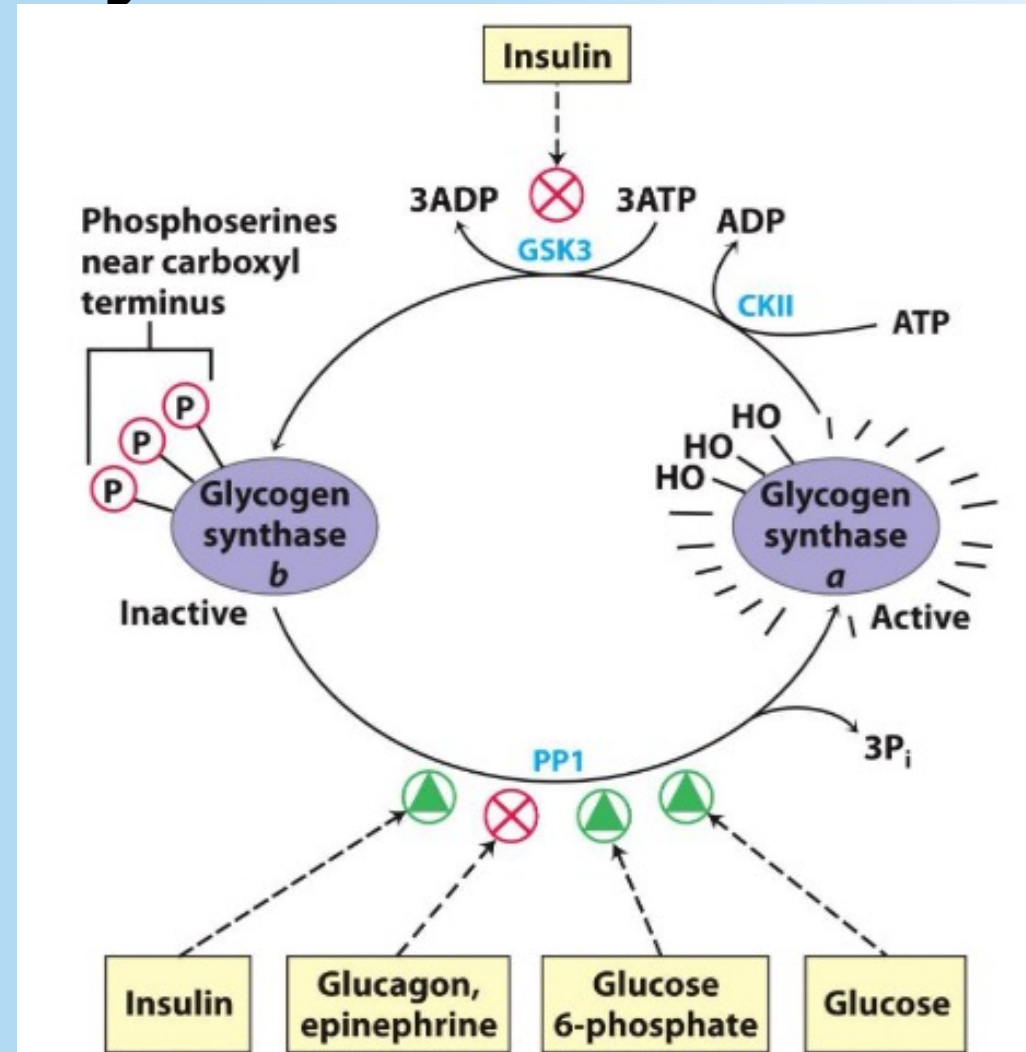
\*\*\* tricky\*\*\*\*\*

In general

A = active form


B = nonactive

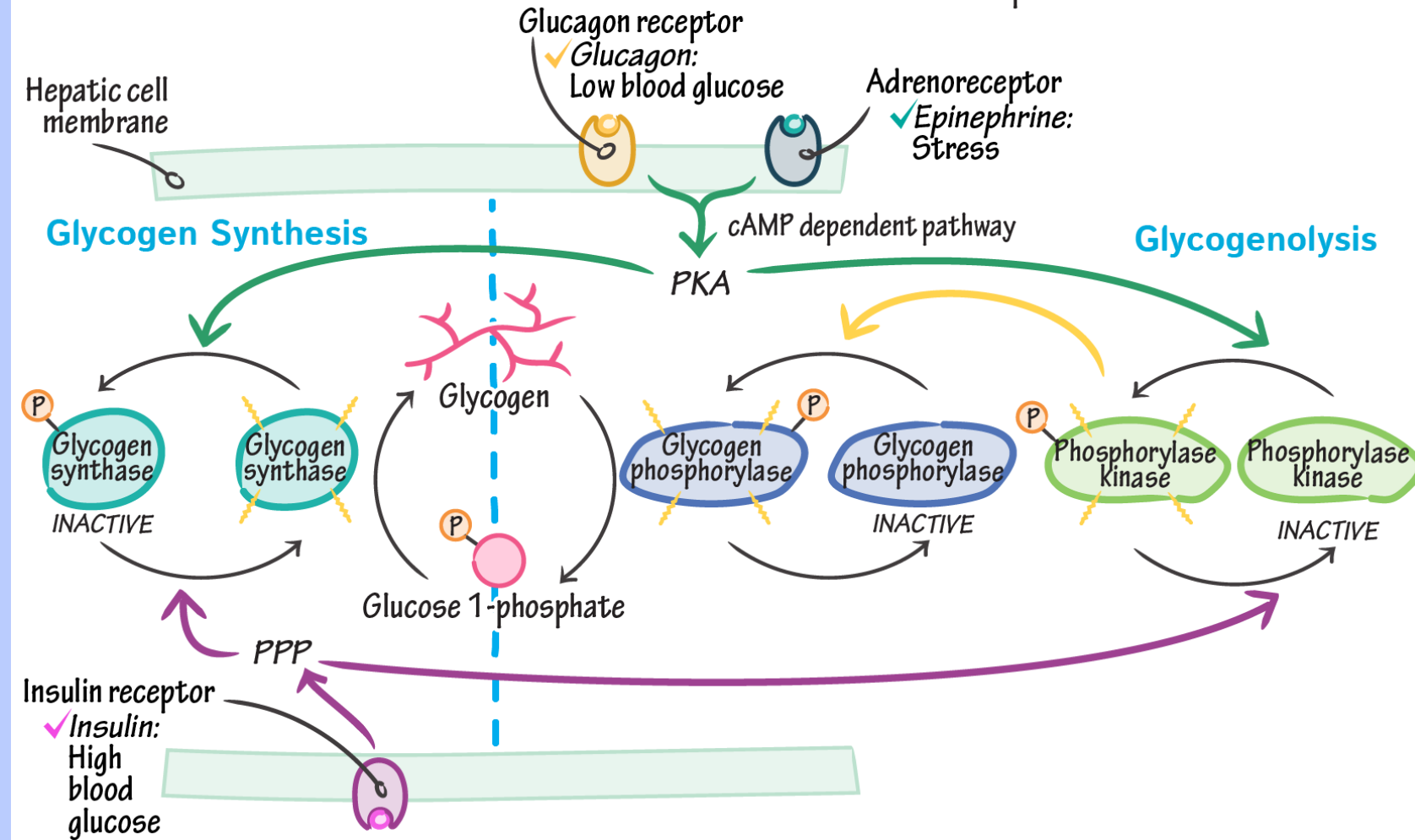
BUT the unphosphorylated form is the form wanted for glycogenesis.



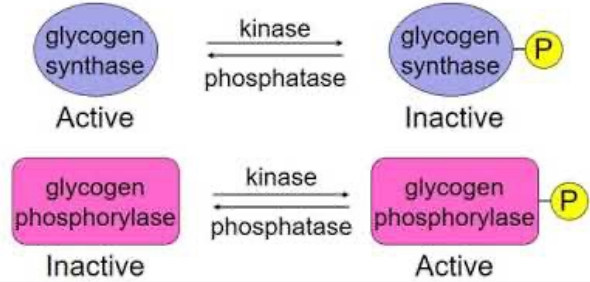
# Glycogen Metabolism

## Hormonal Regulation

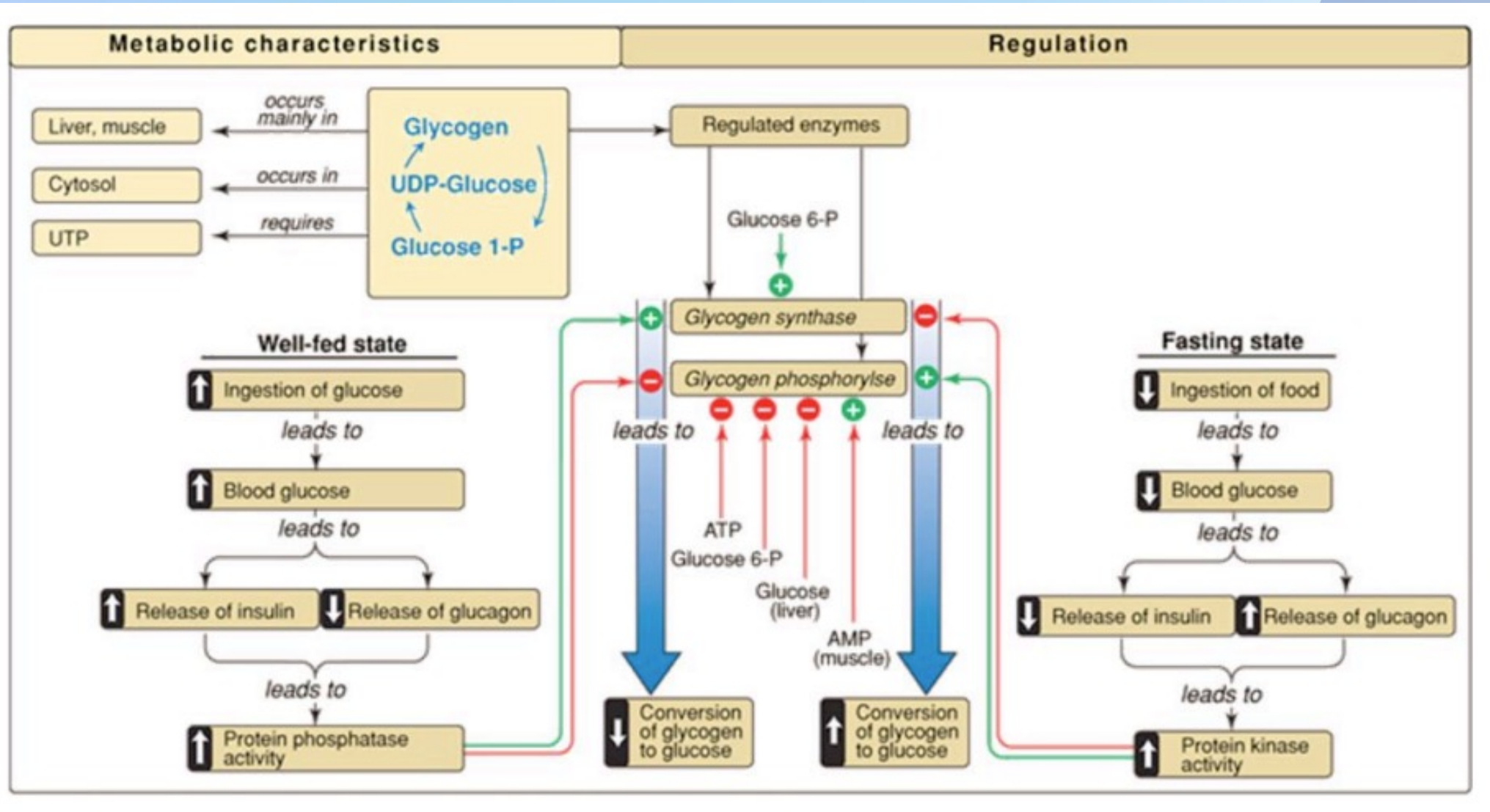
 Muscle cells lack glucagon receptors: Only promote glycogenolysis in response to stress



### Control by phosphorylation in liver & muscle



Hormone causing dephosphorylation	Tissue	Hormones causing phosphorylation
Insulin	Liver	Glucagon, epinephrine
Insulin	Muscle	Epinephrine





# Deficiencies

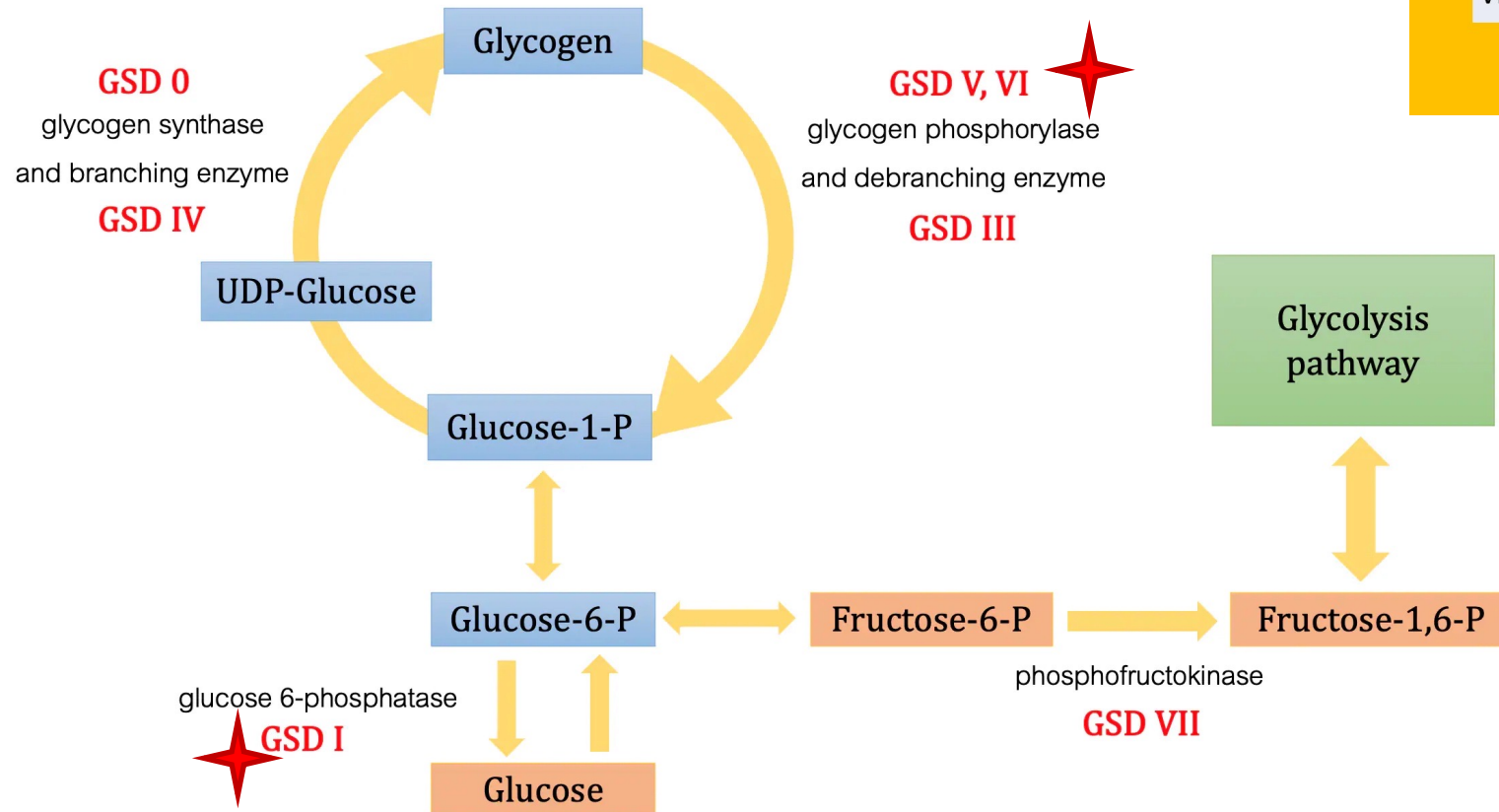
# Glycogen Storage Disorders

## Glycogen Storage Diseases

Type	Deficient Enzyme
I - Von Gierke	Glucose -6- Phosphate
II - Pompe	Lysosomal $\alpha$ 1,4 glycosidase
III - Cori	Debranching Enzyme
IV - Anderson	Branching Enzyme
V - McArdle	Muscle Glycogen Phosphorylase
VI - Hers	Hepatic Glycogen Phosphorylase

@ Villainous President Called And Molested Her.

[www.dentaldevotee.blogspot.com](http://www.dentaldevotee.blogspot.com)



# Type 1: Von Gierke Disease

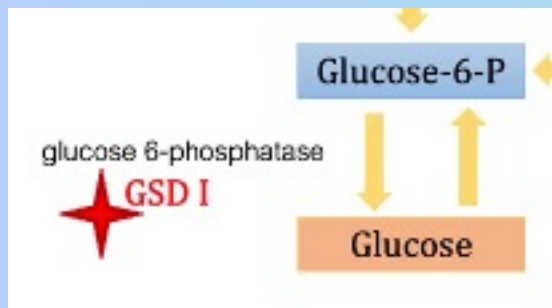
## Glucose-6-phosphatase deficiency

Glucose can't be made

Inherited as autosomal recessive disorder  
(both parents have to be carriers)

Deficient in liver, kidney and intestinal  
mucosa

- Glycogen and fat accumulate in liver → hepatomegaly
- No glucose = hypoglycemia



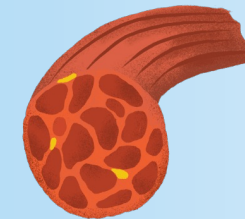
# Type 2: Pompe Disease

## Lysosomal GAA deficiency

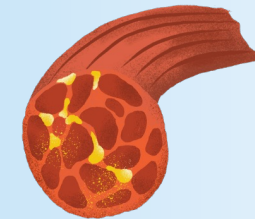
Most severe disease

Affects muscle

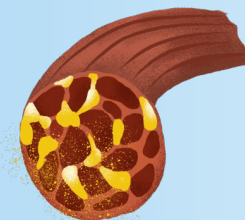
Glycogen can't be broken down and  
accumulates - especially in heart muscle



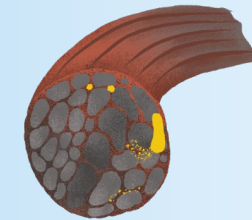
Lysosomes begin to fill with glycogen within muscle fibers



Glycogen buildup increases, causing lysosomes to enlarge



Lysosomes rupture, releasing glycogen and waste matter into the cell



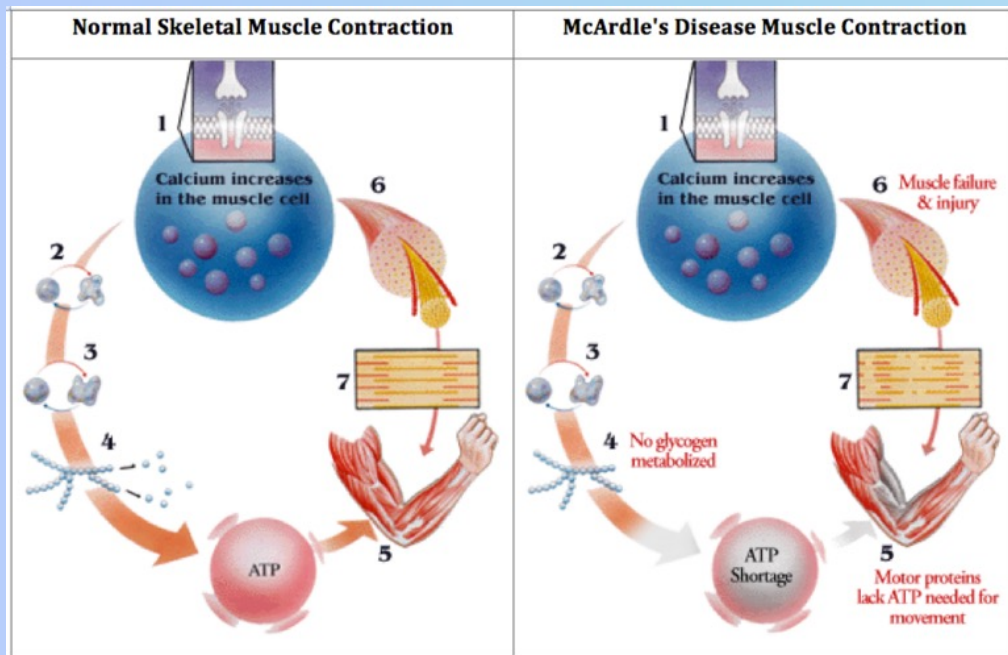
Muscle fibers become damaged and lose function

# Type V: McArdle's Disease Myophosphorylase Deficiency

Autosomal recessive

Can't break down glycogen

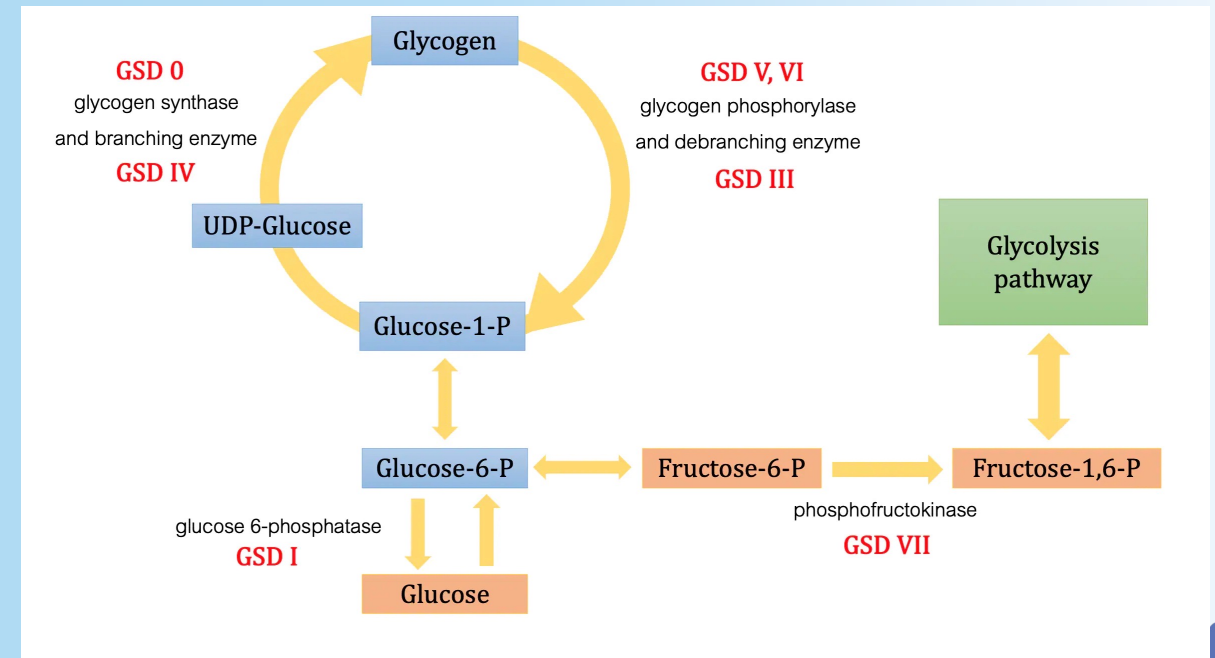
Deficiency of phosphorylase in MUSCLE

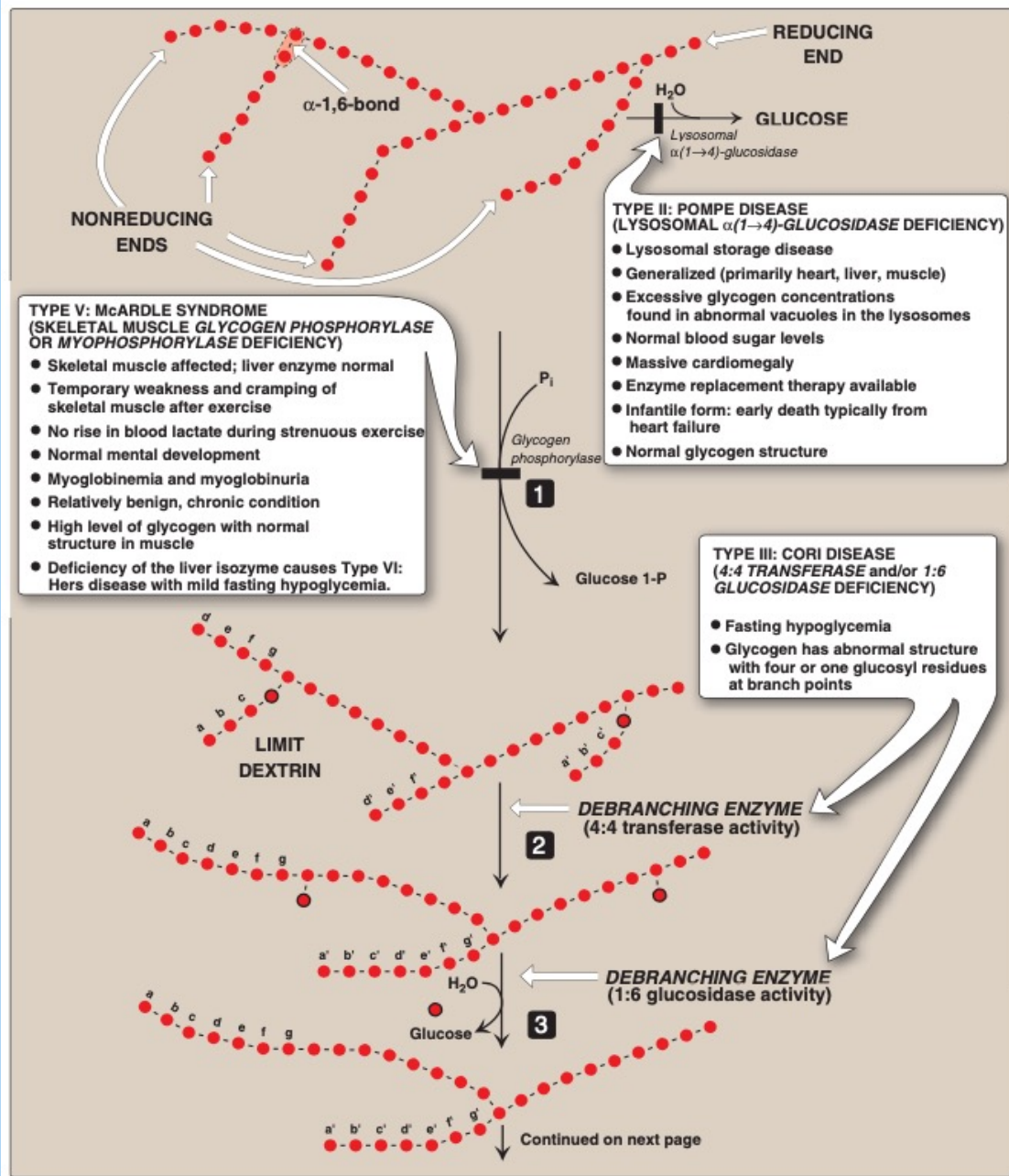


# Type VI: Hers Disease Liver Phosphorylase Deficiency

Autosomal recessive (most) OR X-linked recessive

Can't break down glycogen in LIVER





**Figure 11.8**

Glycogen degradation, showing some of the glycogen storage diseases (GSD). [Note: A GSD can also be caused by defects in *branching enzyme*, an enzyme of synthesis, resulting in Type IV: Andersen disease and causing death in early childhood.](Continued on next page.)

Type	Deficient enzyme	Signs and symptoms
<b>I: Von Gierke</b> (90% of all GSDs)	Glucose-6-phosphatase	<ul style="list-style-type: none"> <li>- <b>Severe hypoglycemia</b> → hyperlipidemia</li> <li>- <b>Lactic acidosis</b></li> <li>- Hepatomegaly</li> <li>- Hyperuricemia</li> <li>- Short stature/doll-like facies/protruding abdomen</li> </ul>
<b>II: Pompe</b>	<b>Lysosomal</b> enzyme defect (acid maltase)	<ul style="list-style-type: none"> <li>- <b>Cardiomegaly</b> → death by age 2</li> <li>- <b>Hepatomegaly</b></li> <li>- Muscle weakness</li> </ul>
<b>III: Cori disease</b>	Debranching enzyme	<ul style="list-style-type: none"> <li>- Mild hypoglycemia and hepatomegaly</li> </ul>
IV: Andersen disease	Branching enzyme	<ul style="list-style-type: none"> <li>- Infantile hypotonia, cirrhosis and death by 2 years</li> </ul>
<b>V: McArdle</b>	Muscle glycogen phosphorylase (myophosphorylase)	<ul style="list-style-type: none"> <li>- Muscle cramps and weakness on exercise</li> <li>- Myoglobinuria</li> <li>- No rise in lactate during exercise</li> <li>- Recovery or «second wind» after 10-15 minutes of exercise</li> </ul>
VI: Hers	Hepatic glycogen phosphorylase	<ul style="list-style-type: none"> <li>- Mild fasting hypoglycemia (compensated by gluconeogenesis)</li> <li>- Hepatomegaly and cirrhosis</li> </ul>

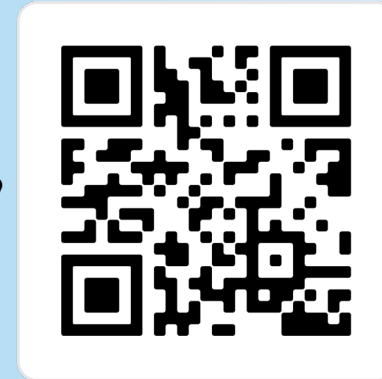
# Extra Resources



*Ninja Nerd*



*AKLectures*



*Osmosis*