

# chapter 15

## PRINCIPLES OF METABOLIC REGULATION: GLUCOSE AND GLYCOGEN

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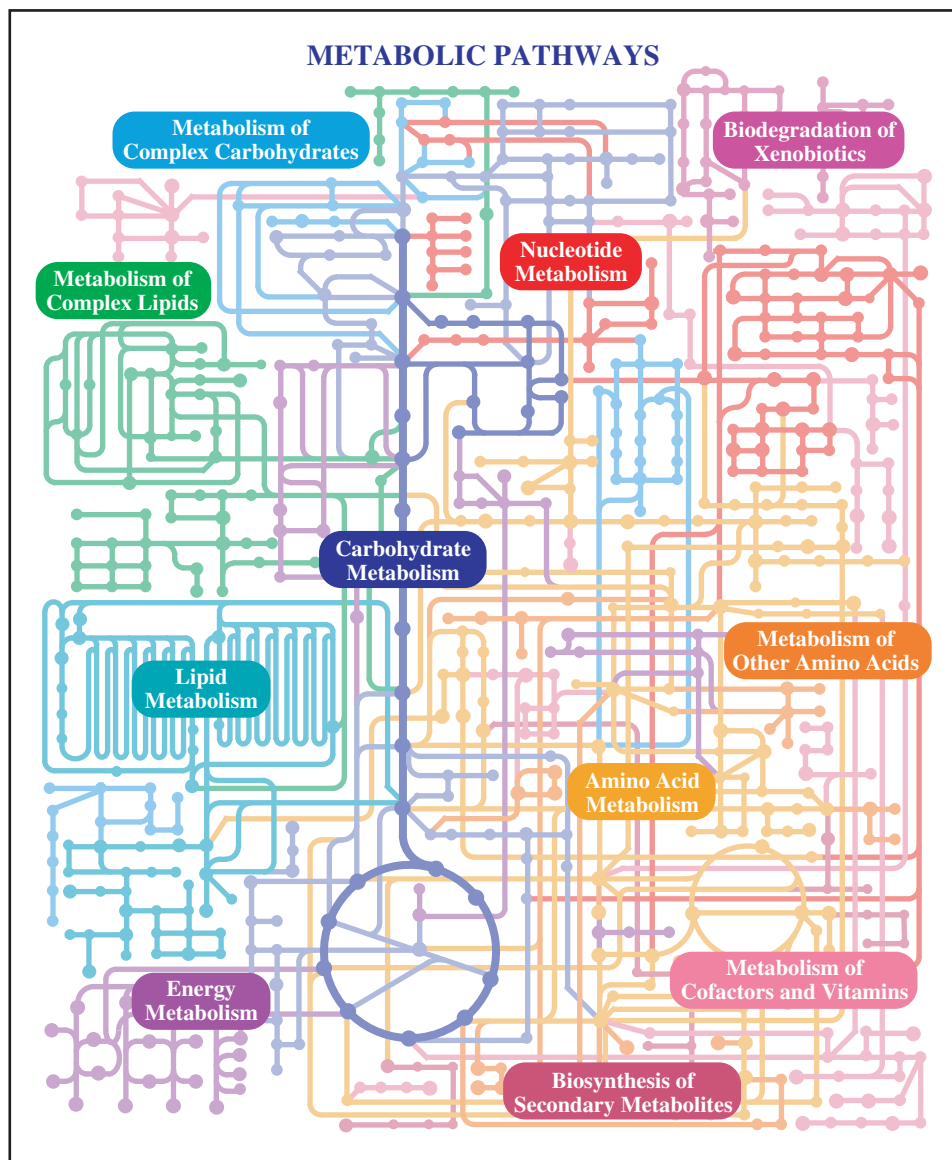
Formation of liver glycogen from lactic acid is thus seen to establish an important connection between the metabolism of the muscle and that of the liver. Muscle glycogen becomes available as blood sugar through the intervention of the liver, and blood sugar in turn is converted into muscle glycogen. There exists therefore a complete cycle of the glucose molecule in the body . . . Epinephrine was found to accelerate this cycle in the direction of muscle glycogen to liver glycogen . . . Insulin, on the other hand, was found to accelerate the cycle in the direction of blood glucose to muscle glycogen.

—C. F. Cori and G. T. Cori, article in *Journal of Biological Chemistry*, 1929

**M**etabolic regulation, a central theme in biochemistry, is one of the most remarkable features of a living cell. Of the thousands of enzyme-catalyzed reactions that can take place in a cell, there is probably not one that escapes some form of regulation. Although it

is convenient (and perhaps essential) in writing a textbook to divide metabolic processes into “pathways” that play discrete roles in the cell’s economy, no such separation exists inside the cell. Rather, each of the pathways we discuss in this book is inextricably intertwined with all the other cellular pathways in a multidimensional network of reactions (Fig. 15–1). For example, in Chapter 14 we discussed three possible fates for glucose 6-phosphate in a hepatocyte: passage into glycolysis for the production of ATP, passage into the pentose phosphate pathway for the production of NADPH and pentose phosphates, or hydrolysis to glucose and phosphate to replenish blood glucose. In fact, glucose 6-phosphate has a number of other possible fates; it may, for example, be used to synthesize other sugars, such as glucosamine, galactose, galactosamine, fucose, and neuraminic acid, for use in protein glycosylation, or it may be partially degraded to provide acetyl-CoA for fatty acid and sterol synthesis. In the extreme case, the bacterium *Escherichia coli* can use glucose to produce the carbon skeleton of every one of its molecules. When a cell “decides” to use glucose 6-phosphate for one purpose, that decision affects all the other pathways for which glucose 6-phosphate is a precursor or intermediate; any change in the allocation of glucose 6-phosphate to one pathway affects, directly or indirectly, the metabolite flow through all the others.

Such changes in allocation are common in the life of a cell. Louis Pasteur was the first to describe the large (greater than tenfold) increase in glucose consumption by a yeast culture when it was shifted from aerobic to anaerobic conditions. This phenomenon, called the



**FIGURE 15-1** Metabolism as a three-dimensional meshwork. A typical eukaryotic cell has the capacity to make about 30,000 different proteins, which catalyze thousands of different reactions involving many hundreds of metabolites, most shared by more than one “pathway.” This overview image of metabolic pathways is from the online KEGG (Kyoto Encyclopedia of Genes and Genomes) PATHWAY database ([www.genome.ad.jp/kegg/pathway/map/map01100.html](http://www.genome.ad.jp/kegg/pathway/map/map01100.html)). Each area can be further expanded for increasingly detailed information, to the level of specific enzymes and intermediates.

Pasteur effect, occurs without a significant change in the concentration of ATP or any of the hundreds of metabolic intermediates and products derived from glucose. A similar change takes place in cells of skeletal muscle when a sprinter leaves the starting blocks. The ability of a cell to carry out all these interlocking metabolic processes simultaneously—obtaining every product in the amount needed and at the right time, in the face of major perturbations from outside, and without generating leftovers—is an *astounding* accomplishment.

In this chapter we look at mechanisms of metabolic regulation, using the pathways in which glucose is an intermediate to illustrate some general principles. First we consider the pathways by which glycogen is synthesized and broken down, a very well-studied case of meta-

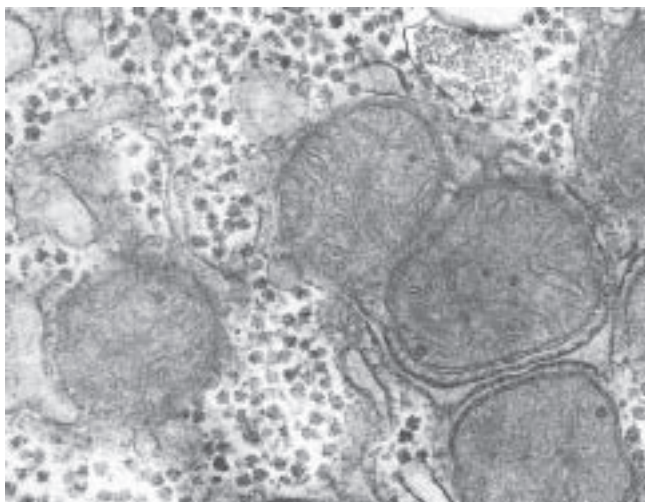
bolic regulation. Then we look at the general roles of regulation in achieving metabolic homeostasis. Focusing on the pathways that connect pyruvate with glycogen in both directions, we next consider the specific regulatory properties of the participating enzymes and the ways in which the cell accomplishes coordinated regulation of catabolic and anabolic pathways. Finally, we discuss metabolic control analysis, a system for treating complex metabolic interactions quantitatively, and consider some surprising results of its application.

In selecting carbohydrate metabolism to illustrate the principles of metabolic regulation, we have artificially separated the metabolism of fats and carbohydrates. In fact, these two activities are very tightly integrated, as we shall see in Chapter 23.

## 15.1 The Metabolism of Glycogen in Animals

In a wide range of organisms, excess glucose is converted to polymeric forms for storage—glycogen in vertebrates and many microorganisms, starch in plants. In vertebrates, glycogen is found primarily in the liver and skeletal muscle; it may represent up to 10% of the weight of liver and 1% to 2% of the weight of muscle. If this much glucose were dissolved in the cytosol of a hepatocyte, its concentration would be about 0.4 M, enough to dominate the osmotic properties of the cell. When stored as a long polymer (glycogen), however, the same mass of glucose has a concentration of only 0.01  $\mu\text{M}$ . Glycogen is stored in large cytosolic granules. The elementary particle of glycogen, the  $\beta$ -particle, about 21 nm in diameter, consists of up to 55,000 glucose residues with about 2,000 nonreducing ends. Twenty to 40 of these particles cluster together to form  $\alpha$ -rosettes, easily seen with the microscope in tissue samples from well-fed animals (Fig. 15–2) but essentially absent after a 24-hour fast.

The glycogen in muscle is there to provide a quick source of energy for either aerobic or anaerobic metabolism. Muscle glycogen can be exhausted in less than an hour during vigorous activity. Liver glycogen serves as a reservoir of glucose for other tissues when dietary glucose is not available (between meals or during a fast); this is especially important for the neurons of the brain, which cannot use fatty acids as fuel. Liver glycogen can be depleted in 12 to 24 hours. In humans, the total amount of energy stored as glycogen is far less than the



**FIGURE 15–2 Glycogen granules in a hepatocyte.** Glycogen is a storage form of carbohydrate in cells, especially hepatocytes, as illustrated here. Glycogen appears as electron-dense particles, often in aggregates or rosettes. In hepatocytes the glycogen is closely associated with tubules of the smooth endoplasmic reticulum. Many mitochondria are also present.

amount stored as fat (triacylglycerol) (see Table 23–5), but fats cannot be converted to glucose in mammals and cannot be catabolized anaerobically.

Glycogen granules are complex aggregates of glycogen and the enzymes that synthesize it and degrade it, as well as the machinery for regulating these enzymes. The general mechanisms for storing and mobilizing glycogen are the same in muscle and liver, but the enzymes differ in subtle yet important ways that reflect the different roles of glycogen in the two tissues. Glycogen is also obtained in the diet and broken down in the gut, and this involves a separate set of hydrolytic enzymes that convert glycogen (and starch) to free glucose.

The transformations of glucose discussed in this chapter and in Chapter 14 are central to the metabolism of most organisms, microbial, animal, or plant. We begin with a discussion of the *catabolic* pathways from glycogen to glucose 6-phosphate (**glycogenolysis**) and from glucose 6-phosphate to pyruvate (**glycolysis**), then turn to the *anabolic* pathways from pyruvate to glucose (**gluconeogenesis**) and from glucose to glycogen (**glycogenesis**).

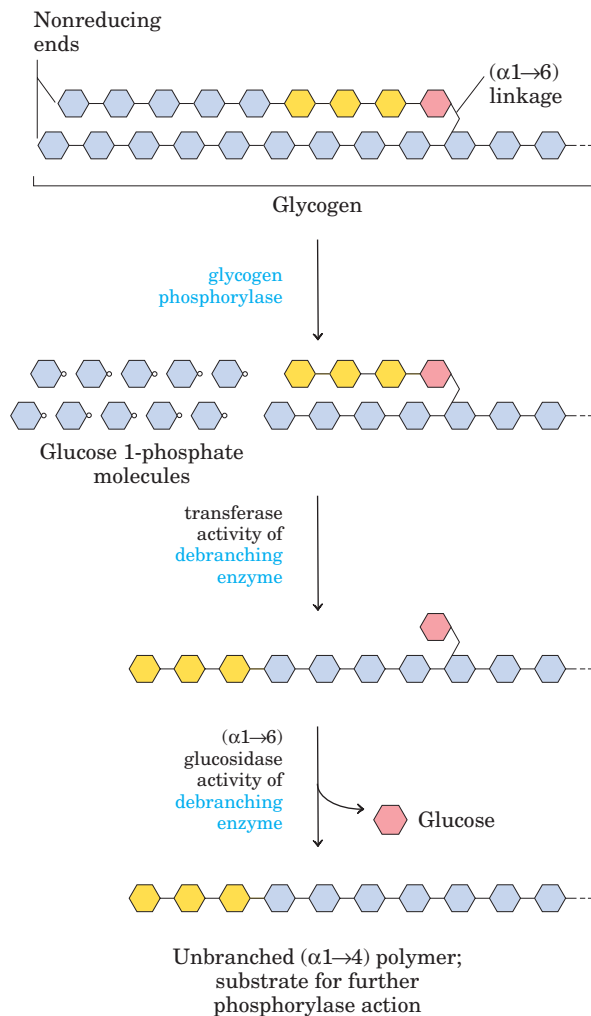
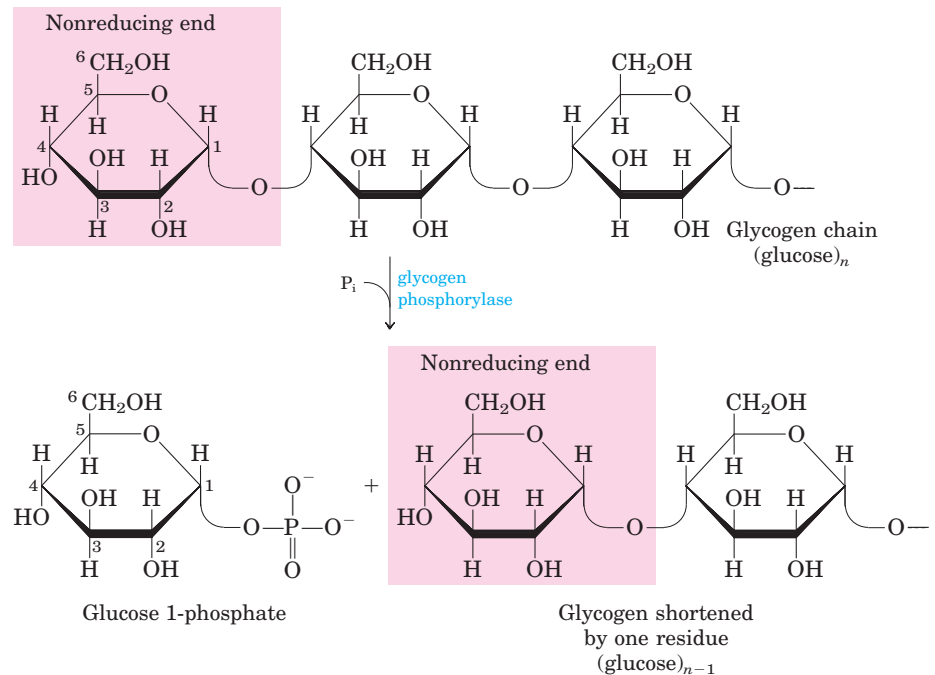
### Glycogen Breakdown Is Catalyzed by Glycogen Phosphorylase

In skeletal muscle and liver, the glucose units of the outer branches of glycogen enter the glycolytic pathway through the action of three enzymes: glycogen phosphorylase, glycogen debranching enzyme, and phosphoglucomutase. Glycogen phosphorylase catalyzes the reaction in which an ( $\alpha 1 \rightarrow 4$ ) glycosidic linkage between two glucose residues at a nonreducing end of glycogen undergoes attack by inorganic phosphate ( $\text{P}_i$ ), removing the terminal glucose residue as  $\alpha$ -D-glucose 1-phosphate (Fig. 15–3). This *phosphorolysis* reaction is different from the *hydrolysis* of glycosidic bonds by amylase during intestinal degradation of dietary glycogen and starch. In phosphorolysis, some of the energy of the glycosidic bond is preserved in the formation of the phosphate ester, glucose 1-phosphate.

Pyridoxal phosphate is an essential cofactor in the glycogen phosphorylase reaction; its phosphate group acts as a general acid catalyst, promoting attack by  $\text{P}_i$  on the glycosidic bond. (This is an unusual role for this cofactor; its more typical role is as a cofactor in amino acid metabolism; see Fig. 18–6.)

Glycogen phosphorylase acts repetitively on the nonreducing ends of glycogen branches until it reaches a point four glucose residues away from an ( $\alpha 1 \rightarrow 6$ ) branch point (see Fig. 7–15), where its action stops. Further degradation by glycogen phosphorylase can occur only after the **debranching enzyme**, formally known as **oligo ( $\alpha 1 \rightarrow 6$ ) to ( $\alpha 1 \rightarrow 4$ ) glucantransferase**, catalyzes two successive reactions that transfer

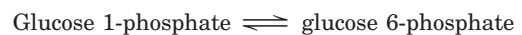
**FIGURE 15-3** Removal of a terminal glucose residue from the nonreducing end of a glycogen chain by glycogen phosphorylase. This process is repetitive; the enzyme removes successive glucose residues until it reaches the fourth glucose unit from a branch point (see Fig. 15-4).



branches (Fig. 15-4). Once these branches are transferred and the glucosyl residue at C-6 is hydrolyzed, glycogen phosphorylase activity can continue.

### Glucose 1-Phosphate Can Enter Glycolysis or, in Liver, Replenish Blood Glucose

Glucose 1-phosphate, the end product of the glycogen phosphorylase reaction, is converted to glucose 6-phosphate by **phosphoglucomutase**, which catalyzes the reversible reaction



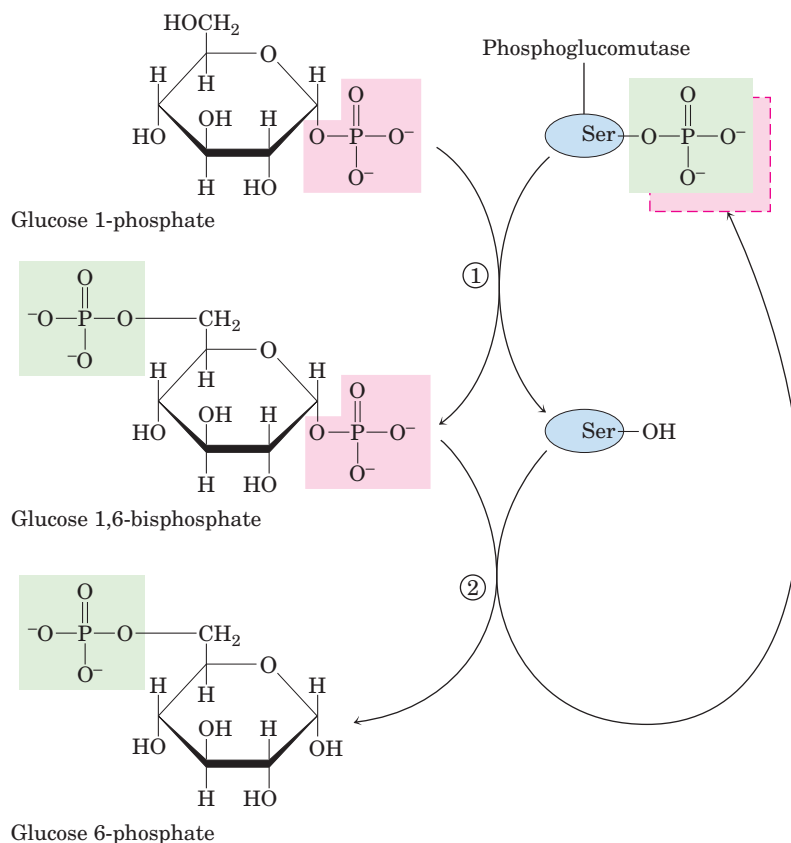
Initially phosphorylated at a Ser residue, the enzyme donates a phosphoryl group to C-6 of the substrate, then accepts a phosphoryl group from C-1 (Fig. 15-5).

The glucose 6-phosphate formed from glycogen in skeletal muscle can enter glycolysis and serve as an energy source to support muscle contraction. In liver,

**FIGURE 15-4** Glycogen breakdown near an ( $\alpha 1 \rightarrow 6$ ) branch point.

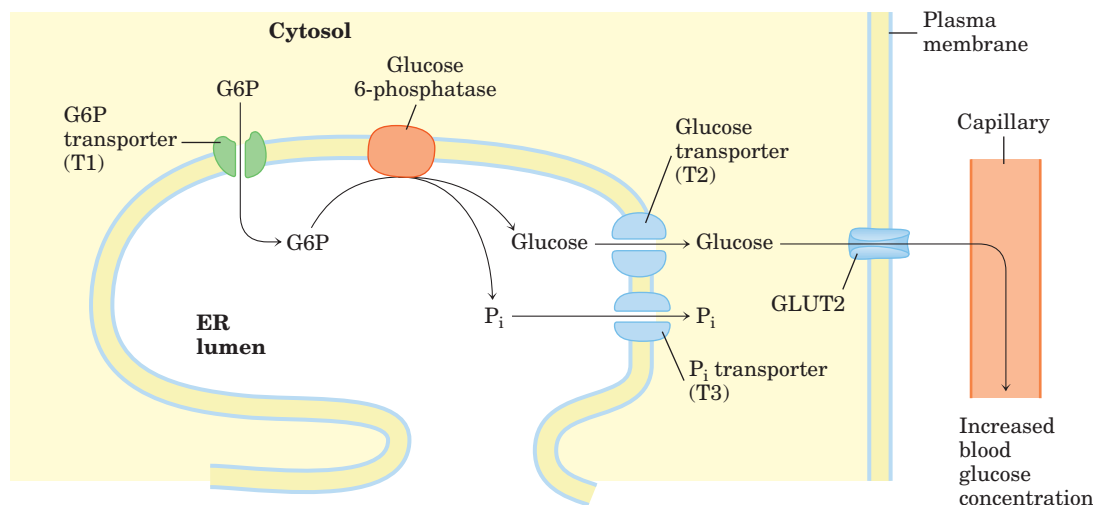
Following sequential removal of terminal glucose residues by glycogen phosphorylase (see Fig. 15-3), glucose residues near a branch are removed in a two-step process that requires a bifunctional "debranching enzyme." First, the transferase activity of the enzyme shifts a block of three glucose residues from the branch to a nearby nonreducing end, to which they are reattached in ( $\alpha 1 \rightarrow 4$ ) linkage. The single glucose residue remaining at the branch point, in ( $\alpha 1 \rightarrow 6$ ) linkage, is then released as free glucose by the enzyme's ( $\alpha 1 \rightarrow 6$ ) glucosidase activity. The glucose residues are shown in shorthand form, which omits the  $-H$ ,  $-OH$ , and  $-CH_2OH$  groups from the pyranose rings.

**FIGURE 15-5** Reaction catalyzed by phosphoglucomutase. The reaction begins with the enzyme phosphorylated on a Ser residue. In step ①, the enzyme donates its phosphoryl group (green) to glucose 1-phosphate, producing glucose 1,6-bisphosphate. In step ②, the phosphoryl group at C-1 of glucose 1,6-bisphosphate (red) is transferred back to the enzyme, re-forming the phosphoenzyme and producing glucose 6-phosphate.



glycogen breakdown serves a different purpose: to release glucose into the blood when the blood glucose level drops, as it does between meals. This requires an enzyme, glucose 6-phosphatase, that is present in liver and kidney but not in other tissues. The enzyme is an integral membrane protein of the endoplasmic reticulum, predicted to contain nine transmembrane helices,

with its active site on the luminal side of the ER. Glucose 6-phosphate formed in the cytosol is transported into the ER lumen by a specific transporter (T1) (Fig. 15-6) and hydrolyzed at the luminal surface by the glucose 6-phosphatase. The resulting  $P_i$  and glucose are thought to be carried back into the cytosol by two different transporters (T2 and T3), and the glucose leaves



**FIGURE 15-6** Hydrolysis of glucose 6-phosphate by glucose 6-phosphatase of the ER. The catalytic site of glucose 6-phosphatase faces the lumen of the ER. A glucose 6-phosphate (G6P) transporter (T1) carries the substrate from the cytosol to the lumen, and the prod-

ucts glucose and  $P_i$  pass to the cytosol on specific transporters (T2 and T3). Glucose leaves the cell via the GLUT2 transporter in the plasma membrane.

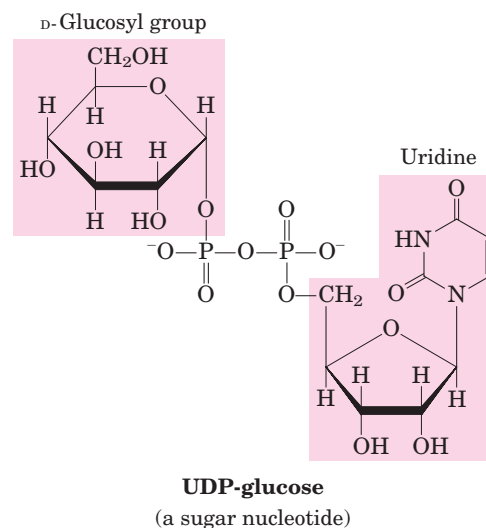


the hepatocyte via yet another transporter in the plasma membrane (GLUT2). Notice that by having the active site of glucose 6-phosphatase inside the ER lumen, the cell separates this reaction from the process of glycolysis, which takes place in the cytosol and would be aborted by the action of glucose 6-phosphatase. Genetic defects in either glucose 6-phosphatase or T1 lead to serious derangement of glycogen metabolism, resulting in type Ia glycogen storage disease (Box 15-1).

Because muscle and adipose tissue lack glucose 6-phosphatase, they cannot convert the glucose 6-phosphate formed by glycogen breakdown to glucose, and these tissues therefore do not contribute glucose to the blood.

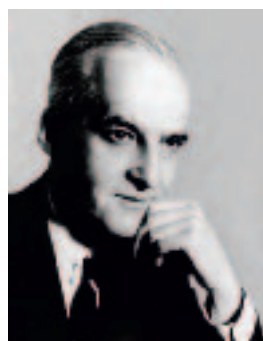
### The Sugar Nucleotide UDP-Glucose Donates Glucose for Glycogen Synthesis

Many of the reactions in which hexoses are transformed or polymerized involve **sugar nucleotides**, compounds in which the anomeric carbon of a sugar is activated by attachment to a nucleotide through a phosphate ester linkage. Sugar nucleotides are the substrates for polymerization of monosaccharides into disaccharides, glycogen, starch, cellulose, and more complex extracellular polysaccharides. They are also key intermediates in the production of the aminohexoses and deoxyhexoses found in some of these polysaccharides, and in the synthesis of vitamin C (L-ascorbic acid). The role of sugar nucleotides in the biosynthesis of glycogen and many other carbohydrate derivatives was first discovered by the Argentine biochemist Luis Leloir.

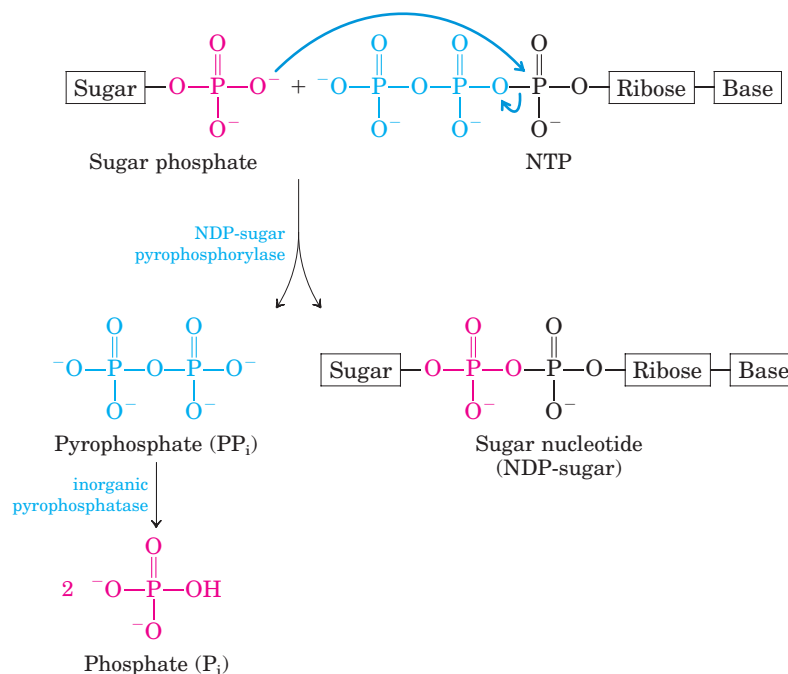


The suitability of sugar nucleotides for biosynthetic reactions stems from several properties:

1. Their formation is metabolically irreversible, contributing to the irreversibility of the synthetic pathways in which they are intermediates. The condensation of a nucleoside triphosphate with a hexose 1-phosphate to form a sugar nucleotide has a small positive free-energy change, but the reaction releases  $PP_i$ , which is rapidly hydrolyzed by inorganic pyrophosphatase in a reaction that is strongly exergonic ( $\Delta G'^{\circ} = -19.2 \text{ kJ/mol}$ ; Fig. 15-7). This keeps the cellular concentration of  $PP_i$  low, ensuring that the actual free-energy change in



Luis Leloir, 1906–1987



**FIGURE 15-7** Formation of a sugar nucleotide. A condensation reaction occurs between a nucleoside triphosphate (NTP) and a sugar phosphate. The negatively charged oxygen on the sugar phosphate serves as a nucleophile, attacking the  $\alpha$  phosphate of the nucleoside triphosphate and displacing pyrophosphate. The reaction is pulled in the forward direction by the hydrolysis of  $PP_i$  by inorganic pyrophosphatase.



## BOX 15-1 WORKING IN BIOCHEMISTRY

**Carl and Gerty Cori: Pioneers in Glycogen Metabolism and Disease**

Much of what is written in present-day biochemistry textbooks about the metabolism of glycogen was discovered between about 1925 and 1950 by the remarkable husband and wife team of Carl F. Cori and Gerty T. Cori. Both trained in medicine in Europe at the end of World War I (she completed premedical studies and medical school in one year!). They left Europe together in 1922 to establish research laboratories in the United States, first for nine years in Buffalo, New York, at what is now the Roswell Park Memorial Institute, then from 1931 until the end of their lives at Washington University in St. Louis.



The Coris in Gerty Cori's laboratory, around 1947.

In their early physiological studies of the origin and fate of glycogen in animal muscle, the Coris demonstrated the conversion of glycogen to lactate in tissues, movement of lactate in the blood to the liver, and, in the liver, reconversion of lactate to glycogen—a pathway that came to be known as the Cori cycle (see Fig. 23-18). Pursuing these observations at the biochemical level, they showed that glycogen was mobilized in a phosphorolysis reaction catalyzed by the enzyme they discovered, glycogen phosphorylase. They identified the product of this reaction (the “Cori ester”) as glucose 1-phosphate and showed that it could be reincorporated into glycogen in the reverse reaction. Although this did not prove to be the reaction by which glycogen is synthesized in cells, it was the first *in vitro* demonstration of the synthesis of a macromolecule from simple monomeric subunits, and it inspired others to search for polymerizing enzymes. Arthur Kornberg, discoverer of the first DNA polymerase, has said of his experience in the Coris' lab, “Glycogen phosphorylase, not base pairing, was what led me to DNA polymerase.”



Gerty Cori became interested in human genetic diseases in which too much glycogen is stored in the liver. She was able to identify the biochemical defect in several of these diseases and to show that these diseases could be diagnosed by assays of the enzymes of glycogen metabolism in small samples of tissue obtained by biopsy. Table 1 summarizes what we now know about 13 genetic diseases of this sort. ■

Carl and Gerty Cori shared the Nobel Prize in Physiology or Medicine in 1947 with Bernardo Houssay of Argentina, who was cited for his studies of hormonal regulation of carbohydrate metabolism. The Cori laboratories in St. Louis became an international center of biochemical research in the 1940s and 1950s, and at least six scientists who trained with the Coris became Nobel laureates: Arthur Kornberg (for DNA synthesis, 1959), Severo Ochoa (for RNA synthesis, 1959), Luis Leloir (for the role of sugar nucleotides in

the cell is favorable. In effect, rapid removal of the product, driven by the large, negative free-energy change of  $PP_i$  hydrolysis, pulls the synthetic reaction forward, a common strategy in biological polymerization reactions.

2. Although the chemical transformations of sugar nucleotides do not involve the atoms of the nucleotide itself, the nucleotide moiety has many

groups that can undergo noncovalent interactions with enzymes; the additional free energy of binding can contribute significantly to catalytic activity (Chapter 6; see also p. 301).

3. Like phosphate, the nucleotidyl group (UMP or AMP, for example) is an excellent leaving group, facilitating nucleophilic attack by activating the sugar carbon to which it is attached.

polysaccharide synthesis, 1970), Earl Sutherland (for the discovery of cAMP in the regulation of carbohydrate metabolism, 1971), Christian de Duve (for sub-

cellular fractionation, 1974), and Edwin Krebs (for the discovery of phosphorylase kinase, 1991).

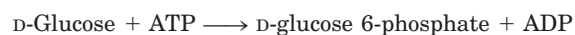
**TABLE 1** Glycogen Storage Diseases of Humans

Type (name)	Enzyme affected	Primary organ affected	Symptoms
Type 0	Glycogen synthase	Liver	Low blood glucose, high ketone bodies, early death
Type Ia (von Gierke's)	Glucose 6-phosphatase	Liver	Enlarged liver, kidney failure
Type Ib	Microsomal glucose 6-phosphate translocase	Liver	As in Ia; also high susceptibility to bacterial infections
Type Ic	Microsomal P <sub>i</sub> transporter	Liver	As in Ia
Type II (Pompe's)	Lysosomal glucosidase	Skeletal and cardiac muscle	Infantile form: death by age 2; juvenile form: muscle defects (myopathy); adult form: as in muscular dystrophy
Type IIIa (Cori's or Forbes's)	Debranching enzyme	Liver, skeletal and cardiac muscle	Enlarged liver in infants; myopathy
Type IIIb	Liver debranching enzyme (muscle enzyme normal)	Liver	Enlarged liver in infants
Type IV (Andersen's)	Branching enzyme	Liver, skeletal muscle	Enlarged liver and spleen, myoglobin in urine
Type V (McArdle's)	Muscle phosphorylase	Skeletal muscle	Exercise-induced cramps and pain; myoglobin in urine
Type VI (Hers's)	Liver phosphorylase	Liver	Enlarged liver
Type VII (Tarui's)	Muscle PFK-1	Muscle, erythrocytes	As in V; also hemolytic anemia
Type VIb, VIII, or IX	Phosphorylase kinase	Liver, leukocytes, muscle	Enlarged liver
Type XI (Fanconi-Bickel)	Glucose transporter (GLUT2)	Liver	Failure to thrive, enlarged liver, rickets, kidney dysfunction

- By “tagging” some hexoses with nucleotidyl groups, cells can set them aside in a pool for one purpose (glycogen synthesis, for example), separate from hexose phosphates destined for another purpose (such as glycolysis).

Glycogen synthesis takes place in virtually all animal tissues but is especially prominent in the liver and skeletal muscles. The starting point for synthesis of glycogen

is **glucose 6-phosphate**. As we saw in Chapter 14, this can be derived from free glucose in a reaction catalyzed by the isozymes **hexokinase I** and **hexokinase II** in muscle and **hexokinase IV** (glucokinase) in liver:



However, some ingested glucose takes a more roundabout path to glycogen. It is first taken up by erythrocytes and converted to lactate glycolytically; the lactate is then



taken up by the liver and converted to glucose 6-phosphate by gluconeogenesis.

To initiate glycogen synthesis, the glucose 6-phosphate is converted to **glucose 1-phosphate** in the phosphoglucomutase reaction:



The product of this reaction is converted to UDP-glucose by the action of **UDP-glucose pyrophosphorylase**, in a key step of glycogen biosynthesis:

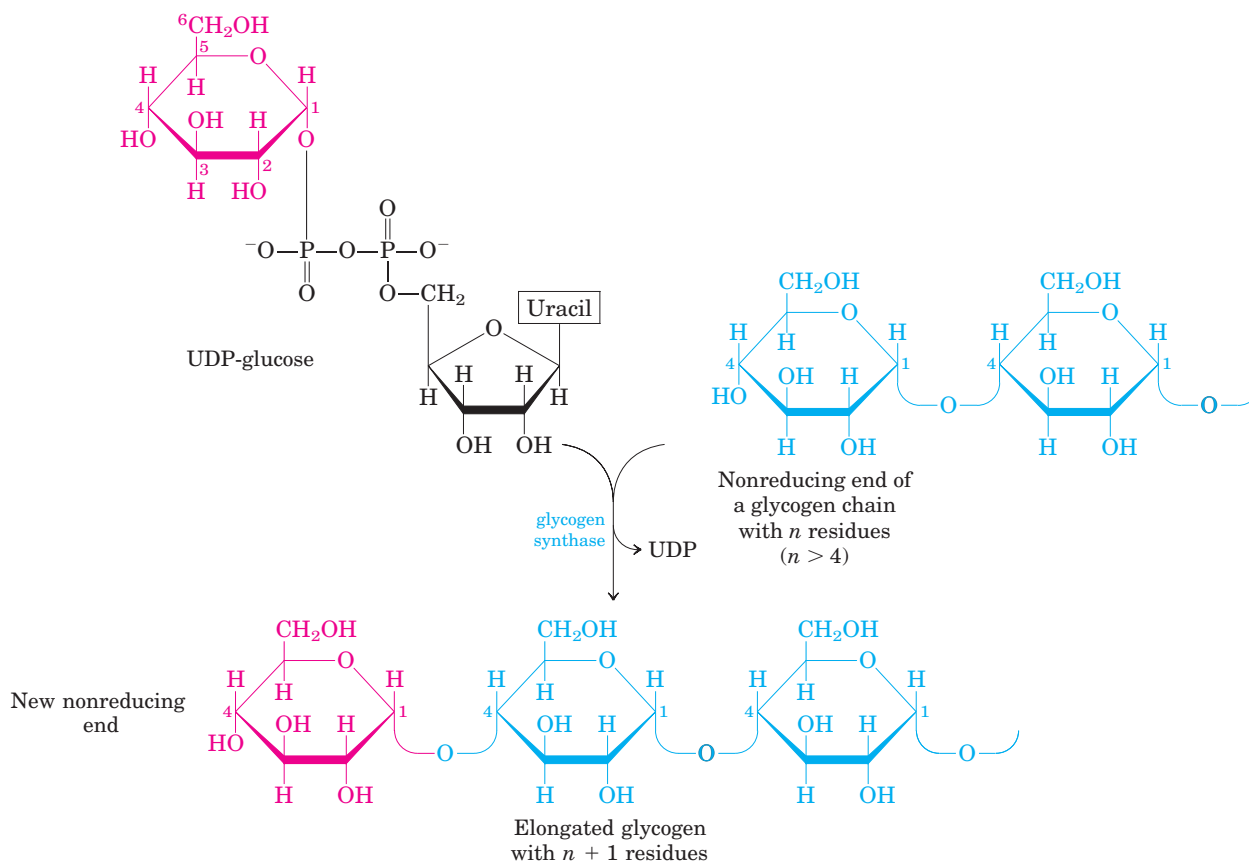


Notice that this enzyme is named for the reverse reaction; in the cell, the reaction proceeds in the direction of UDP-glucose formation, because pyrophosphate is rapidly hydrolyzed by inorganic pyrophosphatase (Fig. 15-7).

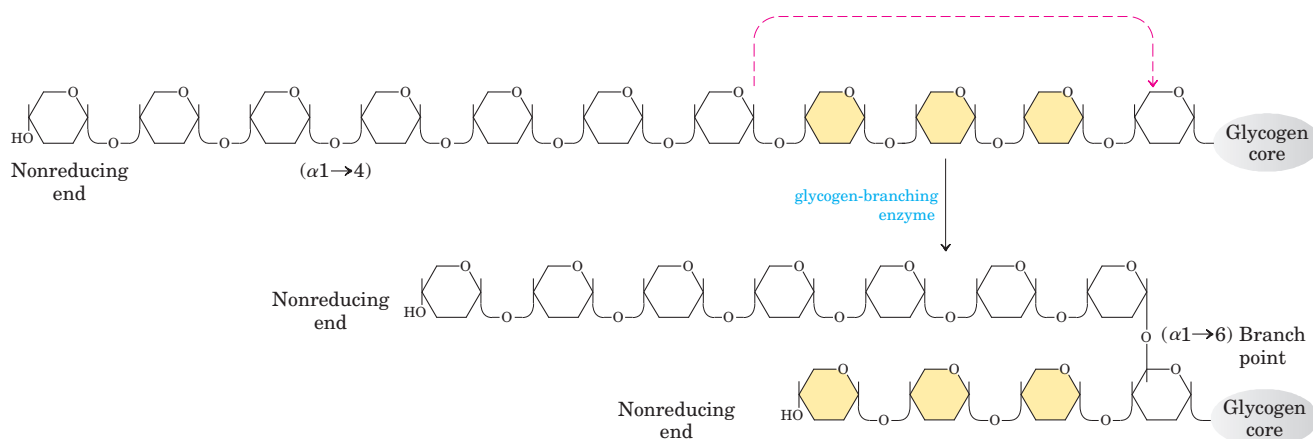
UDP-glucose is the immediate donor of glucose residues in the reaction catalyzed by **glycogen synthase**, which promotes the transfer of the glucose residue from UDP-glucose to a nonreducing end of a branched glyco-

gen molecule (Fig. 15-8). The overall equilibrium of the path from glucose 6-phosphate to lengthened glycogen greatly favors synthesis of glycogen.

Glycogen synthase cannot make the ( $\alpha$ 1 $\rightarrow$ 6) bonds found at the branch points of glycogen; these are formed by the glycogen-branching enzyme, also called **amylo (1 $\rightarrow$ 4) to (1 $\rightarrow$ 6) transglycosylase** or glycosyl-(4 $\rightarrow$ 6)-transferase. The glycogen-branching enzyme catalyzes transfer of a terminal fragment of 6 or 7 glucose residues from the nonreducing end of a glycogen branch having at least 11 residues to the C-6 hydroxyl group of a glucose residue at a more interior position of the same or another glycogen chain, thus creating a new branch (Fig. 15-9). Further glucose residues may be added to the new branch by glycogen synthase. The biological effect of branching is to make the glycogen molecule more soluble and to increase the number of nonreducing ends. This increases the number of sites accessible to glycogen phosphorylase and glycogen synthase, both of which act only at nonreducing ends.



**FIGURE 15-8 Glycogen synthesis.** A glycogen chain is elongated by glycogen synthase. The enzyme transfers the glucose residue of UDP-glucose to the nonreducing end of a glycogen branch (see Fig. 7-15) to make a new ( $\alpha$ 1 $\rightarrow$ 4) linkage.



**FIGURE 15-9 Branch synthesis in glycogen.** The glycogen-branching enzyme (also called amylo (1→4) to (1→6) transglycosylase or glycyl-(4→6)-transferase) forms a new branch point during glycogen synthesis.

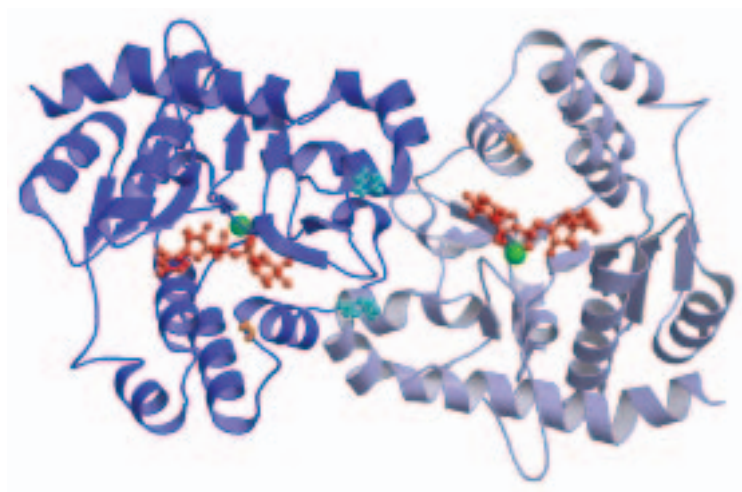
### Glycogenin Primes the Initial Sugar Residues in Glycogen

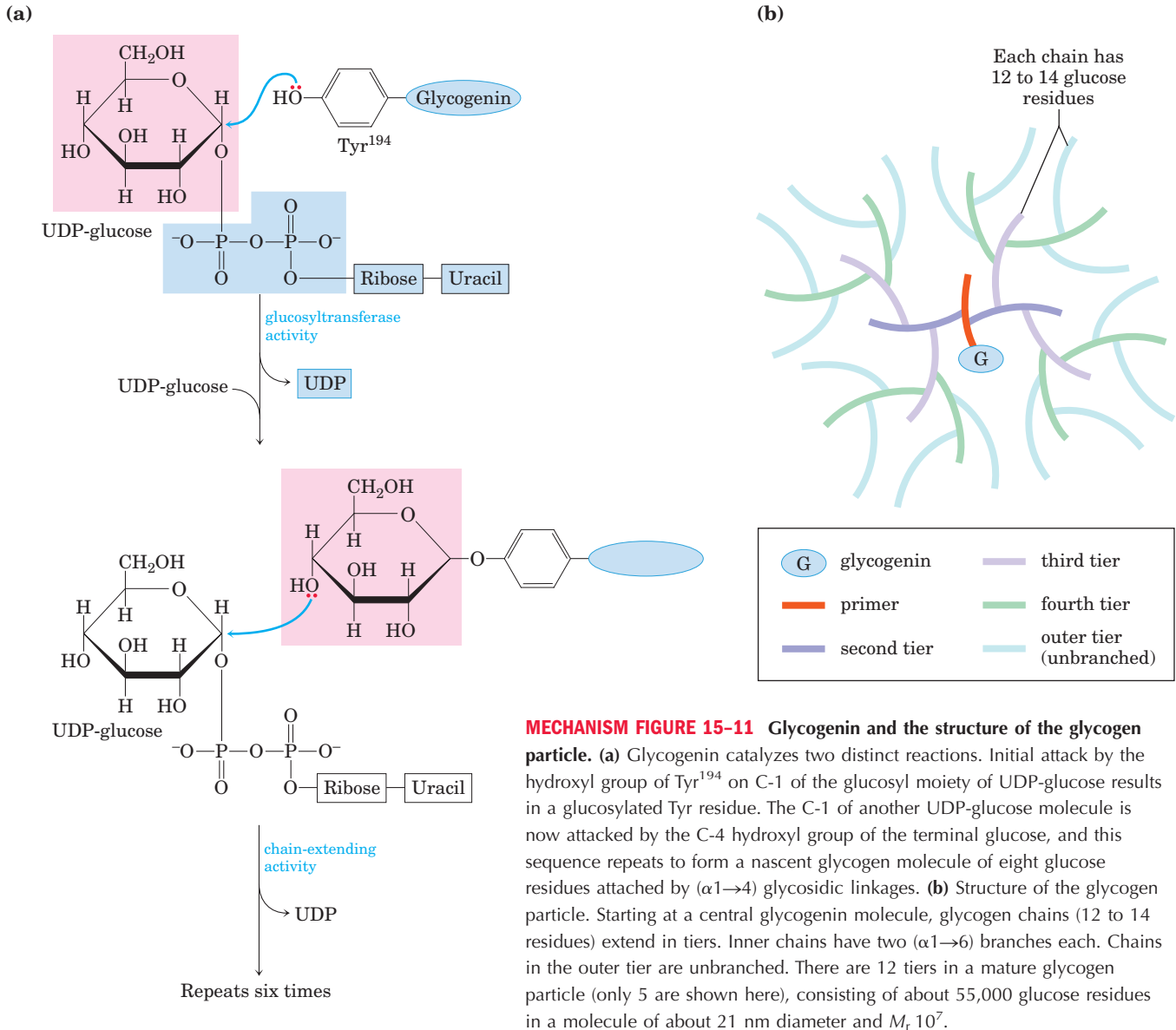
Glycogen synthase cannot initiate a new glycogen chain *de novo*. It requires a primer, usually a preformed ( $\alpha 1 \rightarrow 4$ ) polyglucose chain or branch having at least eight glucose residues. How is a *new* glycogen molecule initiated? The intriguing protein **glycogenin** (Fig. 15–10) is both the primer on which new chains are assembled and the enzyme that catalyzes their assembly. The first step in the synthesis of a new glycogen mole-

cule is the transfer of a glucose residue from UDP-glucose to the hydroxyl group of Tyr<sup>194</sup> of glycogenin, catalyzed by the protein's intrinsic glucosyltransferase activity (Fig. 15–11a). The nascent chain is extended by the sequential addition of seven more glucose residues, each derived from UDP-glucose; the reactions are catalyzed by the chain-extending activity of glycogenin. At this point, glycogen synthase takes over, further extending the glycogen chain. Glycogenin remains buried within the particle, covalently attached to the single reducing end of the glycogen molecule (Fig. 15–11b).

**FIGURE 15-10 Glycogenin structure.** (PDB 1D 1772)

Muscle glycogenin ( $M_r$  37,000) forms dimers in solution. Humans have a second isoform in liver, glycogenin-2. The substrate, UDP-glucose (shown as a red ball-and-stick structure), is bound to a Rossman fold near the amino terminus and is some distance from the Tyr<sup>194</sup> residues (turquoise)—15 Å from that in the same monomer, 12 Å from that in the dimeric partner. Each UDP-glucose is bound through its phosphates to a Mn<sup>2+</sup> ion (green) that is essential to catalysis. Mn<sup>2+</sup> is believed to function as an electron-pair acceptor (Lewis acid) to stabilize the leaving group, UDP. The glycosidic bond in the product has the same configuration about the C-1 of glucose as the substrate UDP-glucose, suggesting that the transfer of glucose from UDP to Tyr<sup>194</sup> occurs in two steps. The first step is probably a nucleophilic attack by Asp<sup>162</sup> (orange), forming a temporary intermediate with inverted configuration. A second nucleophilic attack by Tyr<sup>194</sup> then restores the starting configuration.





### SUMMARY 15.1 The Metabolism of Glycogen in Animals

- Glycogen is stored in muscle and liver as large particles. Contained within the particles are the enzymes that metabolize glycogen, as well as regulatory enzymes.
- Glycogen phosphorylase catalyzes phosphorolytic cleavage at the nonreducing ends of glycogen chains, producing glucose 1-phosphate. The debranching enzyme transfers branches onto main chains and releases the residue at the (α1→6) branch as free glucose.
- Phosphoglucomutase interconverts glucose 1-phosphate and glucose 6-phosphate. Glucose

6-phosphate can enter glycolysis or, in liver, can be converted to free glucose by glucose 6-phosphatase in the endoplasmic reticulum, then released to replenish blood glucose.

- The sugar nucleotide UDP-glucose donates glucose residues to the nonreducing end of glycogen in the reaction catalyzed by glycogen synthase. A separate branching enzyme produces the (α1→6) linkages at branch points.
- New glycogen particles begin with the autocatalytic formation of a glycosidic bond between the glucose of UDP-glucose and a Tyr residue in the protein glycogenin, followed by addition of several glucose residues to form a primer that can be acted upon by glycogen synthase.

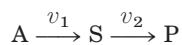
## 15.2 Regulation of Metabolic Pathways

The pathways of glycogen metabolism provide, in the catabolic direction, the energy essential to oppose the forces of entropy and, in the anabolic direction, biosynthetic precursors and a storage form of metabolic energy. These reactions are so important to survival that very complex regulatory mechanisms have evolved to ensure that metabolites move through each pathway in the correct direction and at the correct rate to exactly match the cell's or the organism's current circumstances, and that appropriate adjustments are made in the rate of metabolite flow through the whole pathway if external circumstances change.

Circumstances do change, sometimes dramatically. The demand for ATP production in muscle may increase 100-fold in a few seconds in response to exercise. The availability of oxygen may decrease due to hypoxia (diminished delivery of oxygen to tissues) or ischemia (diminished flow of blood to tissues). The relative proportions of carbohydrate, fat, and protein in the diet vary from meal to meal, and the supply of fuels obtained in the diet is intermittent, requiring metabolic adjustments between meals and during starvation. Wound healing requires huge amounts of energy and biosynthetic precursors.

### Living Cells Maintain a Dynamic Steady State

Fuels such as glucose enter a cell, and waste products such as  $\text{CO}_2$  leave, but the mass and the gross composition of a typical cell do not change appreciably over time; cells and organisms exist in a dynamic steady state, but not at equilibrium with their surroundings. At the molecular level, this means that for each metabolic reaction in a pathway, the substrate is provided by the preceding reaction at the same rate at which it is converted to product. Thus, although the rate of metabolite flow, or **flux**, through this step of the pathway may be high, the concentration of substrate,  $S$ , remains constant. For the reaction



when  $v_1 = v_2$ ,  $[S]$  is constant.

When the steady state is disturbed by some change in external circumstances or energy supply, the temporarily altered fluxes through individual metabolic pathways trigger regulatory mechanisms intrinsic to each pathway. The net effect of all these adjustments is to return the organism to a new steady state—to achieve **homeostasis**.

### Regulatory Mechanisms Evolved under Strong Selective Pressures

In the course of evolution, organisms have acquired a remarkable collection of regulatory mechanisms for

maintaining homeostasis at the molecular, cellular, and organismal level. The importance of metabolic regulation to an organism is reflected in the relative proportion of genes that encode regulatory machinery—in humans, about 4,000 genes (~12% of all genes) encode regulatory proteins, including a variety of receptors, regulators of gene expression, and about 500 different protein kinases! These regulatory mechanisms act over different time scales (from seconds to days) and have different sensitivities to external changes. In many cases, the mechanisms overlap: one enzyme is subject to regulation by several different mechanisms.

After the protection of its DNA from damage, perhaps nothing is more important to a cell than maintaining a constant supply and concentration of ATP. Many ATP-using enzymes have  $K_m$  values between 0.1 and 1 mM, and the ATP concentration in a typical cell is about 5 mM. If  $[\text{ATP}]$  were to drop significantly, the rates of hundreds of reactions that involve ATP would decrease, and the cell would probably not survive. Furthermore, because ATP is converted to ADP or AMP when “spent” to accomplish cellular work, the  $[\text{ATP}]/[\text{ADP}]$  ratio profoundly affects all reactions that employ these cofactors. The same is true for other important cofactors, such as  $\text{NADH}/\text{NAD}^+$  and  $\text{NADPH}/\text{NADP}^+$ . For example, consider the reaction catalyzed by hexokinase:



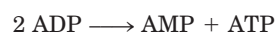
$$K'_{\text{eq}} = \frac{[\text{ADP}]_{\text{eq}}[\text{glucose 6-phosphate}]_{\text{eq}}}{[\text{ATP}]_{\text{eq}}[\text{glucose}]_{\text{eq}}} = 2 \times 10^3$$

Note that this expression is true *only* when reactants and products are at their *equilibrium* concentrations, where  $\Delta G' = 0$ . At any other set of concentrations,  $\Delta G'$  is not zero. Recall (from Chapter 13) that the ratio of products to substrates (the mass action ratio,  $Q$ ) determines the magnitude and sign of  $\Delta G'$  and therefore the amount of free energy released during the reaction:

$$\Delta G' = \Delta G'^{\circ} + RT \ln \frac{[\text{ADP}][\text{glucose 6-phosphate}]}{[\text{ATP}][\text{glucose}]}$$

Because an alteration of this mass action ratio profoundly influences every reaction that involves ATP, organisms have been under strong evolutionary pressure to develop regulatory mechanisms that respond to the  $[\text{ATP}]/[\text{ADP}]$  ratio. Similar arguments show the importance of maintaining appropriate  $[\text{NADH}]/[\text{NAD}^+]$  and  $[\text{NADPH}]/[\text{NADP}^+]$  ratios.

AMP concentration is a much more sensitive indicator of a cell's energetic state than is ATP. Normally cells have a far higher concentration of ATP (5 to 10 mM) than of AMP (<0.1 mM). When some process (say, muscle contraction) consumes ATP, AMP is produced in two steps. First, hydrolysis of ATP produces ADP, then the reaction catalyzed by **adenylate kinase** produces AMP:



**TABLE 15–1** Relative Changes in [ATP] and [AMP] When ATP Is Consumed

Adenine nucleotide	Concentration before ATP depletion (mM)	Concentration after ATP depletion (mM)	Relative change
ATP	5.0	4.5	10%
ADP	1.0	1.0	0
AMP	0.1	0.6	<b>600%</b>

If [ATP] drops by 10%, producing ADP and AMP in the same amounts, the relative change in [AMP] is much greater (Table 15–1). It is not surprising, therefore, that many regulatory processes hinge on changes in [AMP]. One important mediator of regulation by AMP is **AMP-dependent protein kinase (AMPK)**, which responds to an increase in [AMP] by phosphorylating key proteins, thereby regulating their activities. The rise in [AMP] may be caused by a reduced nutrient supply or increased exercise. The action of AMPK (not to be confused with the *cyclic* AMP-dependent protein kinase; see Section 15.4) increases glucose transport and activates glycolysis and fatty acid oxidation, while suppressing energy-requiring processes such as the synthesis of fatty acids, cholesterol, and protein. We discuss this enzyme further, and the detailed mechanisms by which it effects these changes, in Chapter 23.

In addition to the cofactors ATP, NADH, and NADPH, hundreds of metabolic intermediates also must be present at appropriate concentrations in the cell. For example, the glycolytic intermediates dihydroxyacetone phosphate and 3-phosphoglycerate are precursors of triacylglycerols and serine, respectively. When these products are needed, the rate of glycolysis must be adjusted to provide them without reducing the glycolytic production of ATP.

Priorities at the *organismal* level have also driven the evolution of regulatory mechanisms. In mammals, the brain has virtually no stored source of energy, depending instead on a constant supply of glucose from the blood. If glucose in the blood drops from its normal concentration of 4 to 5 mM to half that level, mental confusion results, and a fivefold reduction in blood glucose can lead to coma and death. To buffer against changes in blood glucose concentration, release of the hormones insulin and glucagon, elicited by high or low blood glucose, respectively, triggers metabolic changes that tend to return the blood glucose concentration to normal.

Other selective pressures must also have operated throughout evolution, selecting for regulatory mechanisms that

1. maximize the efficiency of fuel utilization by preventing the simultaneous operation of

pathways in opposite directions (such as glycolysis and gluconeogenesis);

2. partition metabolites appropriately between alternative pathways (such as glycolysis and the pentose phosphate pathway);
3. draw on the fuel best suited for the immediate needs of the organism (glucose, fatty acids, glycogen, or amino acids); and
4. shut down biosynthetic pathways when their products accumulate.

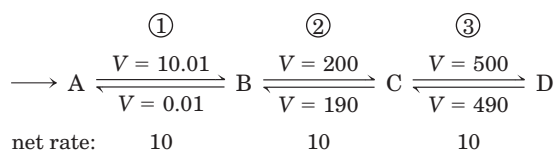
The importance of effective metabolic regulation is clear from the consequences of failed regulation: in many cases, serious disease (as described in Box 15–1, for example).

### Regulatory Enzymes Respond to Changes in Metabolite Concentration

Flux through a biochemical pathway depends on the activities of the enzymes that catalyze each reaction in that pathway. For some steps, the reaction is close to equilibrium within the cell (Fig. 15–12). The net flow of metabolites through these steps is the small difference between the rates of the forward and reverse reactions, rates that are very similar when the reaction is near equilibrium. Small changes in substrate or product concentration can produce large changes in the net rate, and can even change the direction of the net flow. We can identify these near-equilibrium reactions in a cell by comparing the **mass action ratio,  $Q$** , with the equilibrium constant for the reaction,  $K'_{eq}$ . Recall that for the reaction  $A + B \rightarrow C + D$ ,  $Q = [C][D]/[A][B]$ . When  $Q$  and  $K'_{eq}$  are within a few orders of magnitude, the reaction is near equilibrium. This is the case for six of the ten reactions in the glycolytic pathway (Table 15–2).

Other reactions are far from equilibrium in the cell. For example,  $K'_{eq}$  for the phosphofructokinase-1 (PFK-1) reaction in glycolysis is about 1,000, but  $Q$  ([fructose 1,6-bisphosphate][ADP]/[fructose 6-phosphate][ATP]) in a typical cell in the steady state is about 0.1 (Table 15–2). It is *because* the reaction is so far from equilibrium that the process is exergonic under cellular con-





**FIGURE 15-12** Near-equilibrium and nonequilibrium steps in a metabolic pathway. Steps 2 and 3 of this pathway are near equilibrium in the cell; their forward rates are only slightly greater than their reverse rates, so the net forward rates (10) are relatively low and the free-energy change  $\Delta G'$  for each step is close to zero. An increase in the intracellular concentration of metabolite C or D can reverse the direction of these steps. Step 1 is maintained in the cell far from equilibrium; its forward rate greatly exceeds its reverse rate. The net rate of step 1 (10) is much larger than the reverse rate (0.09) and is identical to the net rates of steps 2 and 3 when the pathway is operating in the steady state. Step 1 has a large, negative  $\Delta G'$ .

ditions and tends to go in the forward direction. The reaction is held far from equilibrium because, under prevailing cellular conditions of substrate, product, and effector concentrations, the rate of conversion of fructose 6-phosphate to fructose 1,6-bisphosphate is limited by the activity of PFK-1, which is itself limited by the number of PFK-1 molecules present and by the actions of effectors. Thus the net forward rate of the enzyme-catalyzed reaction is equal to the net flow of glycolytic intermediates through other steps in the pathway, and the reverse flow through PFK-1 remains near zero.

The cell *cannot* allow reactions with large equilibrium constants to reach equilibrium. If [fructose 6-phosphate], [ATP], and [ADP] in the cell were held at their usual level (low millimolar) and the PFK-1 reaction were allowed to reach equilibrium by an increase in [fructose 1,6-bisphosphate], the concentration of fructose 1,6-bisphosphate would rise into the molar range, wreaking osmotic havoc on the cell. Consider another case: if the reaction  $\text{ATP} \rightarrow \text{ADP} + \text{P}_i$  were allowed to approach equilibrium in the cell, the actual free-energy change ( $\Delta G'$ ) for that reaction (see Box 13-1) would approach zero, and ATP would lose the high phosphoryl group transfer potential that makes it valuable to the cell as an energy source. It is therefore essential that enzymes catalyzing ATP breakdown and other highly exergonic reactions in a cell be sensitive to regulation, so that when metabolic changes are forced by external circumstances, the flow through these enzymes will be adjusted to ensure that [ATP] remains far above its equilibrium level. When such metabolic changes occur, enzymatic activities in all interconnected pathways adjust to keep these critical steps away from equilibrium. Thus, not surprisingly, many enzymes that catalyze highly exergonic reactions (such as PFK-1) are subject to a variety of subtle regulatory mechanisms. The multiplicity of these adjustments is so great that we cannot predict by examining the properties of any one enzyme in a pathway whether that enzyme has a strong influence on net

**TABLE 15-2** Equilibrium Constants, Mass Action Coefficients, and Free-Energy Changes for Enzymes of Carbohydrate Metabolism

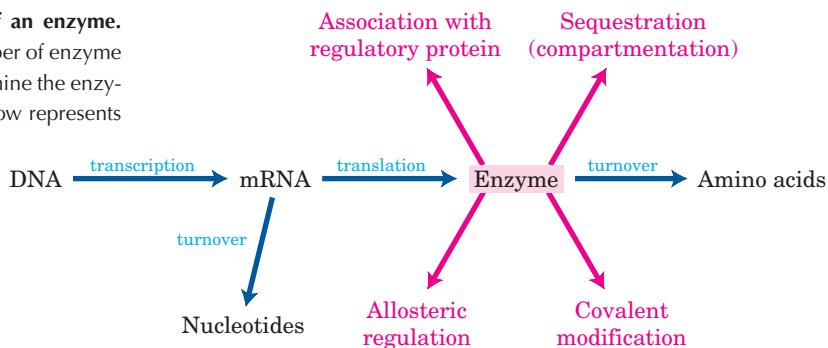
Enzyme	$K'_{eq}$	Mass action ratio, $Q$		Reaction near equilibrium in vivo?*	$\Delta G'^{\circ}$ (kJ/mol)	$\Delta G'$ (kJ/mol) in heart
		Liver	Heart			
Hexokinase	$2 \times 10^3$	$2 \times 10^{-2}$	$8 \times 10^{-2}$	No	-17	-27
PFK-1	$1.0 \times 10^3$	$9 \times 10^{-2}$	$3 \times 10^{-2}$	No	-14.2	-23
Aldolase	$1.0 \times 10^{-4}$	$1.2 \times 10^{-6}$	$9 \times 10^{-6}$	Yes	+23.8	-6.0
Triose phosphate isomerase	$4 \times 10^{-2}$	—	$2.4 \times 10^{-1}$	Yes	+7.5	+3.8
Glyceraldehyde 3-phosphate dehydrogenase + phosphoglycerate kinase	$2 \times 10^3$	$6 \times 10^2$	9.0	Yes	-13	+3.5
Phosphoglycerate mutase	$1 \times 10^{-1}$	$1 \times 10^{-1}$	$1.2 \times 10^{-1}$	Yes	+4.4	+0.6
Enolase	3	2.9	1.4	Yes	-3.2	-0.5
Pyruvate kinase	$2 \times 10^4$	$7 \times 10^{-1}$	40	No	-31.0	-17
Phosphoglucose isomerase	$4 \times 10^{-1}$	$3.1 \times 10^{-1}$	$2.4 \times 10^{-1}$	Yes	+2.2	-1.4
Pyruvate carboxylase + PEP carboxykinase	7	$1 \times 10^{-3}$	—	No	-5.0	-22.8
Glucose 6-phosphatase	$8.5 \times 10^2$	$1.2 \times 10^2$	—	Yes	-17.3	-5.0

\*For simplicity, any reaction for which the absolute value of the calculated  $\Delta G'$  is less than 6 is considered near equilibrium.

Source:  $K'_{eq}$  and  $Q$  from Newsholme, E.A. & Start, C. (1973) *Regulation in Metabolism*, Wiley Press, New York, pp. 97, 263  $\Delta G'$  and  $\Delta G'^{\circ}$  were calculated from these data.

**FIGURE 15-13** Factors that determine the activity of an enzyme.

Blue arrows represent processes that determine the number of enzyme molecules in the cell; red arrows show factors that determine the enzymatic activity of an existing enzyme molecule. Each arrow represents a point at which regulation can occur.



flow through the entire pathway. This complex problem can be approached by metabolic control analysis, as described in Section 15.5.

### Enzyme Activity Can Be Altered in Several Ways

The activity of an enzyme can be modulated by changes in the number of enzyme molecules in the cell or by changes in the catalytic activity of each enzyme molecule already present, for example through allosteric regulation or covalent alteration (Fig. 15-13). The number of enzyme molecules in the cell is a function of the rates of synthesis and degradation, both of which, for many enzymes, are tightly controlled. The rate of synthesis of a protein can be adjusted by the production or alteration (in response to some outside signal) of a transcription factor, a protein that binds to a regulatory region of DNA adjacent to the gene in question and increases the likelihood of its transcription into mRNA (Chapter 28). The stability of mRNAs—their resistance to degradation by a ribonuclease—varies, so the amount of a given mRNA in the cell is a function of its rates of synthesis and degradation (Chapter 26). Finally, the rate at which an mRNA is translated on the ribosome depends on several factors, described in detail in Chapter 27.

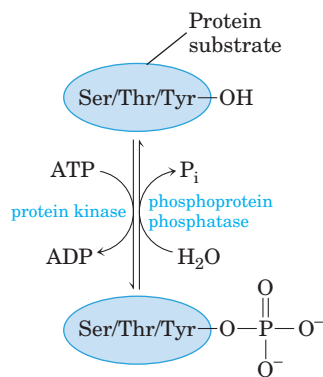
The rate of protein degradation also differs from enzyme to enzyme and depends on the conditions in the cell; protein half-lives vary from a few minutes to many days. Some proteins are tagged for degradation in proteasomes (discussed in Chapter 28) by the covalent attachment of ubiquitin (recall the case of cyclin; see Fig. 12-44). Some proteins are synthesized as inactive forms, or proenzymes, that become active only when a proteolytic event removes an inhibitory sequence in the proenzyme.

As a result of these several mechanisms of regulating enzyme level, cells can change their complement of enzymes in response to changes in metabolic circumstances. In vertebrates, liver is the most adaptable tissue; a change in diet from high carbohydrate to high lipid, for example, affects the transcription into mRNA of hundreds of genes and thus the levels of hundreds of proteins. These global changes in gene expression can be quantified by the use of DNA microarrays (see Fig. 9-22) or two-dimensional gel electrophoresis (see Fig.

3-22) to display the protein complement of a tissue. Both techniques provide great insights into metabolic regulation.

Changes in the number of molecules of an enzyme are generally relatively slow, occurring over seconds to hours. Covalent modifications of existing proteins are faster, taking seconds to minutes. Various types of covalent modifications are known, such as adenylation, methylation, or attachment of lipids (p. 228). By far the most common type is phosphorylation and dephosphorylation (Fig. 15-14); up to half of a eukaryotic cell's proteins are targets of phosphorylation under some circumstances. Phosphorylation may alter the electrostatic features of the active site, cause movement of an inhibitory region of the protein out of the active site, alter the protein's interaction with other proteins, or force conformational changes that translate into changes in  $V_{\max}$  or  $K_m$ . For covalent modification to be useful in regulation, the cell must be able to restore the altered enzyme to its original condition. A family of phosphoprotein phosphatases, at least some of which are themselves under regulation, catalyze dephosphorylation of proteins that have been phosphorylated by protein kinases.

Alteration of the number of enzyme molecules and covalent modifications are generally triggered by some signal from outside the cell—a hormone or growth factor, for example—and result in a change of metabolite

**FIGURE 15-14** Protein phosphorylation and dephosphorylation. Protein kinases transfer a phosphoryl group from ATP to a Ser, Thr, or Tyr residue in a protein. Protein phosphatases remove the phosphoryl group as P<sub>i</sub>.

flux through one or more pathways. In contrast, the very rapid (milliseconds) allosteric changes in enzyme activity are generally triggered locally, by changes in the level of a metabolite within the cell. The allosteric effector may be a substrate of the affected pathway (glucose for glycolysis, for example), a product of a pathway (ATP from glycolysis), or a key metabolite or cofactor (such as NADH) that indicates the cell's metabolic state. A single enzyme is commonly regulated in several ways—for example, by modulation of its synthesis, by covalent alteration, and by allosteric effectors.

Yet another way to alter the effective activity of an enzyme is to change the accessibility of its substrate. The hexokinase of muscle cannot act on glucose until the sugar enters the myocyte from the blood, and the rate at which it enters depends on the activity of glucose transporters in the plasma membrane. Within cells, membrane-bounded compartments segregate certain enzymes and enzyme systems, and the transport of substrate into these compartments may be the limiting factor in enzyme action.

In the discussion that follows, it is useful to think of changes in enzymatic activity as serving two distinct though complementary roles. We use the term **metabolic regulation** to refer to processes that serve to maintain homeostasis at the molecular level—to hold some cellular parameter (concentration of a metabolite, for example) at a steady level over time, even as the flow of metabolites through the pathway changes. The term **metabolic control** refers to a process that leads to a change in the output of a metabolic pathway over time, in response to some outside signal or change in circumstances. The distinction, although useful, is not always easy to make.

### SUMMARY 15.2 Regulation of Metabolic Pathways

- In a metabolically active cell in a steady state, intermediates are formed and consumed at equal rates. When a perturbation alters the rate of formation or consumption of a metabolite, compensating changes in enzyme activities return the system to the steady state.
- Regulatory mechanisms maintain nearly constant levels of key metabolites such as ATP and NADH in cells and glucose in the blood, while matching the use or storage of glycogen to the organism's changing needs.
- In multistep processes such as glycolysis, certain reactions are essentially at equilibrium in the steady state; the rates of these substrate-limited reactions rise and fall with substrate concentration. Other reactions are far from equilibrium; their rates are too slow to produce instant equilibration of substrate and product. These enzyme-limited reactions are

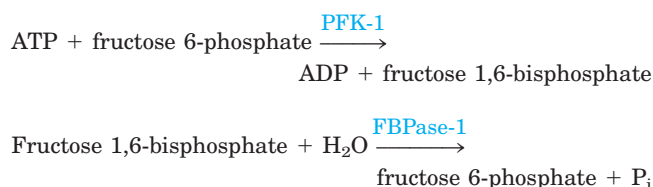
often highly exergonic and therefore metabolically irreversible, and the enzymes that catalyze them are commonly the points at which flux through the pathway is regulated.

- The activity of an enzyme can be regulated by changing the rate of its synthesis or degradation, by allosteric or covalent alteration of existing enzyme molecules, or by separating the enzyme from its substrate in subcellular compartments.
- Fast metabolic adjustments (on the time scale of seconds or less) at the intracellular level are generally allosteric. The effects of hormones and growth factors are generally slower (seconds to hours) and are commonly achieved by covalent modification or changes in enzyme synthesis.

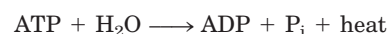
## 15.3 Coordinated Regulation of Glycolysis and Gluconeogenesis

In mammals, gluconeogenesis occurs primarily in the liver, where its role is to provide glucose for export to other tissues when glycogen stores are exhausted. Gluconeogenesis employs most of the enzymes that act in glycolysis, but it is not simply the reversal of glycolysis. Seven of the glycolytic reactions are freely reversible, and the enzymes that catalyze these reactions also function in gluconeogenesis (Fig. 15–15). Three reactions of glycolysis are so exergonic as to be essentially irreversible: those catalyzed by hexokinase, PFK-1, and pyruvate kinase. Notice in Table 15–2 that all three reactions have a large, negative  $\Delta G'$ . Gluconeogenesis uses detours around each of these irreversible steps; for example, the conversion of fructose 1,6-bisphosphate to fructose 6-phosphate is catalyzed by fructose 1,6-bisphosphatase (FBPase-1; Fig. 15–15). Note that each of these bypass reactions also has a large, negative  $\Delta G'$ .

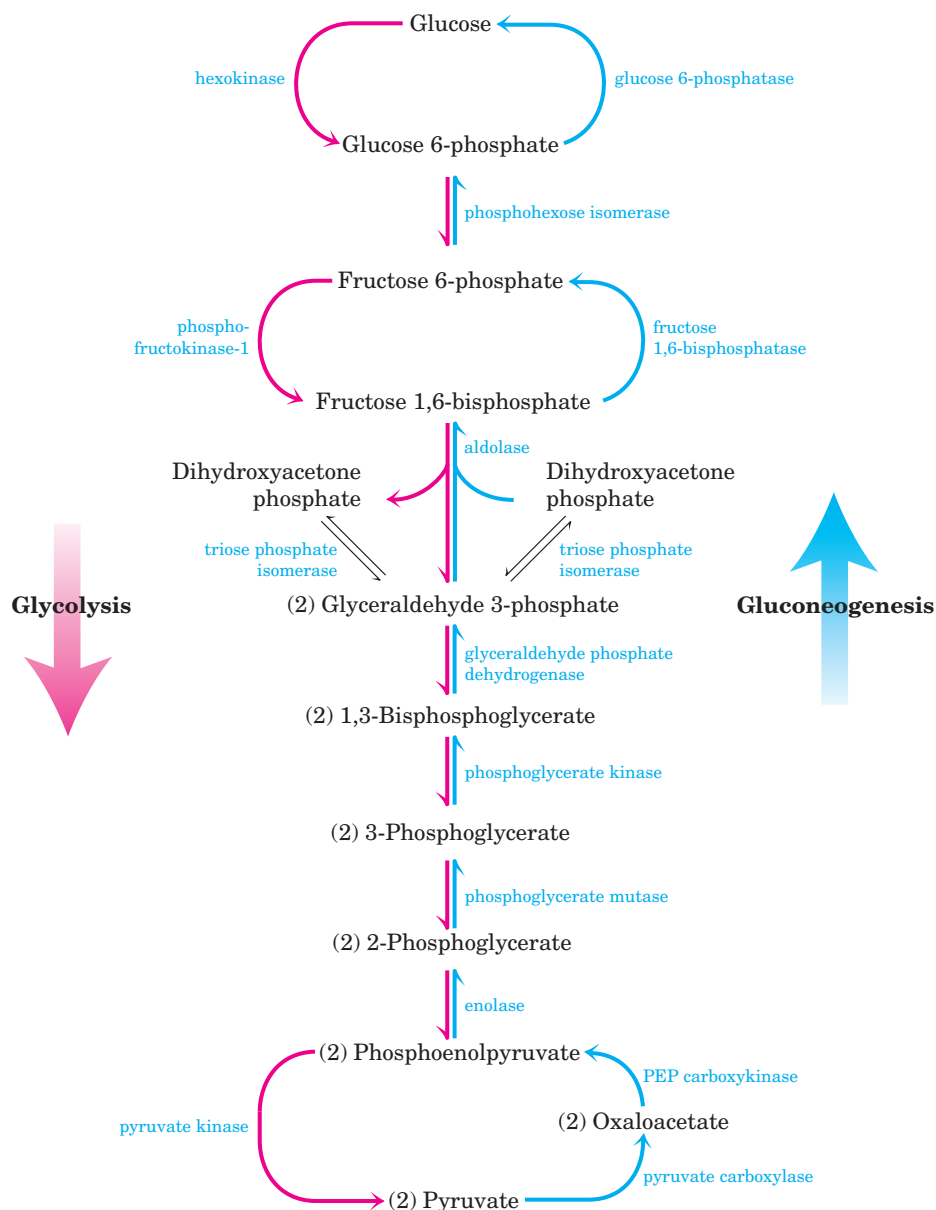
At each of the three points where glycolytic reactions are bypassed by alternative, gluconeogenic reactions, simultaneous operation of both pathways would consume ATP without accomplishing any chemical or biological work. For example, PFK-1 and FBPase-1 catalyze opposing reactions:



The sum of these two reactions is



that is, hydrolysis of ATP without any useful metabolic work being done. Clearly, if these two reactions were



**FIGURE 15-15 Glycolysis and gluconeogenesis.** Opposing pathways of glycolysis (pink) and gluconeogenesis (blue) in rat liver. Three steps are catalyzed by different enzymes in gluconeogenesis

(the “bypass reactions”) and glycolysis; seven steps are catalyzed by the same enzymes in the two pathways. Cofactors have been omitted for simplicity.

allowed to proceed simultaneously at a high rate in the same cell, a large amount of chemical energy would be dissipated as heat. This uneconomical process has been called a **futile cycle**. However, as we shall see later, such cycles may provide advantages for controlling pathways, and the term **substrate cycle** is a better description. Similar substrate cycles also occur with the other two sets of bypass reactions of gluconeogenesis (Fig. 15-15).

We begin our examination of the coordinated regulation of glycolysis and gluconeogenesis by considering the regulatory patterns seen at the three main control

points of glycolysis. We then look at the regulation of the enzymes of gluconeogenesis, leading to a consideration of how the regulation of both pathways is tightly, reciprocally coordinated.

### Hexokinase Isozymes of Muscle and Liver Are Affected Differently by Their Product, Glucose 6-Phosphate

Hexokinase, which catalyzes the entry of free glucose into the glycolytic pathway, is a regulatory enzyme. There are four isozymes (designated I to IV), encoded

by four different genes. Isozymes are different proteins that catalyze the same reaction (Box 15–2). The predominant hexokinase isozyme of myocytes (hexokinase II) has a high affinity for glucose—it is half-saturated at about 0.1 mM. Because glucose entering myocytes from the blood (where the glucose concentration is 4 to 5 mM) produces an intracellular glucose concentration high enough to saturate hexokinase II, the enzyme normally acts at or near its maximal rate. Muscle hexokinases I and II are allosterically inhibited by their product, glucose 6-phosphate, so whenever the cellular concentra-

tion of glucose 6-phosphate rises above its normal level, these isozymes are temporarily and reversibly inhibited, bringing the rate of glucose 6-phosphate formation into balance with the rate of its utilization and reestablishing the steady state.

The different hexokinase isozymes of liver and muscle reflect the different roles of these organs in carbohydrate metabolism: muscle consumes glucose, using it for energy production, whereas liver maintains blood glucose homeostasis by removing or producing glucose, depending on the prevailing glucose concentration. The

## BOX 15–2 WORKING IN BIOCHEMISTRY

### Isozymes: Different Proteins That Catalyze the Same Reaction

The four forms of hexokinase found in mammalian tissues are but one example of a common biological situation: the same reaction catalyzed by two or more different molecular forms of an enzyme. These multiple forms, called isozymes or isoenzymes, may occur in the same species, in the same tissue, or even in the same cell. The different forms of the enzyme generally differ in kinetic or regulatory properties, in the cofactor they use (NADH or NADPH for dehydrogenase isozymes, for example), or in their subcellular distribution (soluble or membrane-bound). Isozymes may have similar, but not identical, amino acid sequences, and in many cases they clearly share a common evolutionary origin.

One of the first enzymes found to have isozymes was lactate dehydrogenase (LDH) (p. 538), which, in vertebrate tissues, exists as at least five different isozymes separable by electrophoresis. All LDH isozymes contain four polypeptide chains (each of  $M_r$  33,500), each type containing a different ratio of two kinds of polypeptides. The M (for muscle) chain and the H (for heart) chain are encoded by two different genes.

In skeletal muscle the predominant isozyme contains four M chains, and in heart the predominant isozyme contains four H chains. Other tissues have some combination of the five possible types of LDH isozymes:

Type	Composition	Location
LDH <sub>1</sub>	HHHH	Heart and erythrocyte
LDH <sub>2</sub>	HHHM	Heart and erythrocyte
LDH <sub>3</sub>	HHMM	Brain and kidney
LDH <sub>4</sub>	HMMM	Skeletal muscle and liver
LDH <sub>5</sub>	MMMM	Skeletal muscle and liver



These differences in the isozyme content of tissues can be used to assess the timing and extent of heart damage due to myocardial infarction (heart attack). Damage to heart tissue results in the

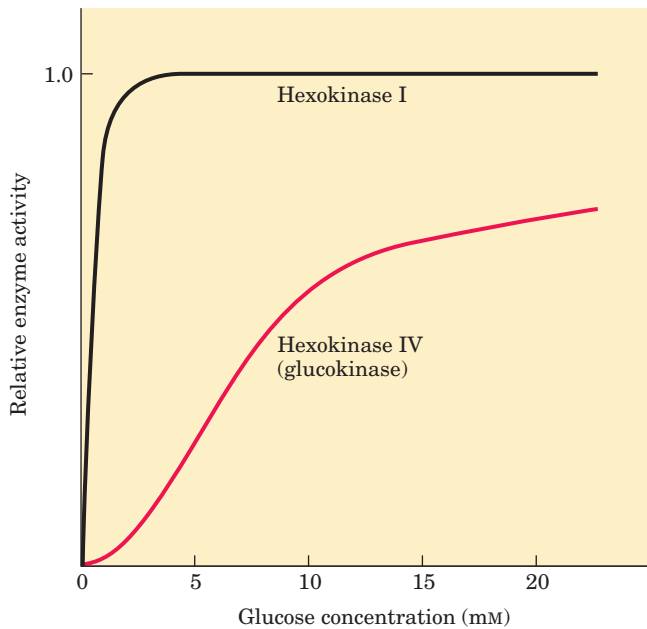
release of heart LDH into the blood. Shortly after a heart attack, the blood level of total LDH increases, and there is more LDH<sub>2</sub> than LDH<sub>1</sub>. After 12 hours the amounts of LDH<sub>1</sub> and LDH<sub>2</sub> are very similar, and after 24 hours there is more LDH<sub>1</sub> than LDH<sub>2</sub>. This switch in the LDH<sub>1</sub>/LDH<sub>2</sub> ratio, combined with increased concentrations in the blood of another heart enzyme, creatine kinase, is very strong evidence of a recent myocardial infarction. ■

The different LDH isozymes have significantly different values of  $V_{\max}$  and  $K_M$ , particularly for pyruvate. The properties of LDH<sub>4</sub> favor rapid reduction of very low concentrations of pyruvate to lactate in skeletal muscle, whereas those of isozyme LDH<sub>1</sub> favor rapid oxidation of lactate to pyruvate in the heart.

In general, the distribution of different isozymes of a given enzyme reflects at least four factors:

1. *Different metabolic patterns in different organs.* For glycogen phosphorylase, the isozymes in skeletal muscle and liver have different regulatory properties, reflecting the different roles of glycogen breakdown in these two tissues.
2. *Different locations and metabolic roles for isozymes in the same cell.* The isocitrate dehydrogenase isozymes of the cytosol and the mitochondrion are an example (Chapter 16).
3. *Different stages of development in embryonic or fetal tissues and in adult tissues.* For example, the fetal liver has a characteristic isozyme distribution of LDH, which changes as the organ develops into its adult form. Some enzymes of glucose catabolism in malignant (cancer) cells occur as their fetal, not adult, isozymes.
4. *Different responses of isozymes to allosteric modulators.* This difference is useful in fine-tuning metabolic rates. Hexokinase IV (glucokinase) of liver and the hexokinase isozymes of other tissues differ in their sensitivity to inhibition by glucose 6-phosphate.





**FIGURE 15-16** Comparison of the kinetic properties of hexokinase IV (glucokinase) and hexokinase I. Note the sigmoidicity for hexokinase IV and the much lower  $K_m$  for hexokinase I. When blood glucose rises above 5 mM, hexokinase IV activity increases, but hexokinase I is already operating near  $V_{max}$  at 5 mM glucose and cannot respond to an increase in glucose concentration. Hexokinase I, II, and III have similar kinetic properties.

predominant hexokinase isozyme of liver is hexokinase IV (glucokinase), which differs in three important respects from hexokinases I–III of muscle. First, the glucose concentration at which hexokinase IV is half-saturated (about 10 mM) is higher than the usual concentration of glucose in the blood. Because an efficient glucose transporter in hepatocytes (**GLUT2**; see Fig. 11–31) rapidly equilibrates the glucose concentrations in cytosol and blood, the high  $K_m$  of hexokinase IV allows its direct regulation by the level of blood glucose (Fig. 15–16). When the blood glucose concentration is high, as it is after a meal rich in carbohydrates, excess glucose is transported into hepatocytes, where hexokinase IV

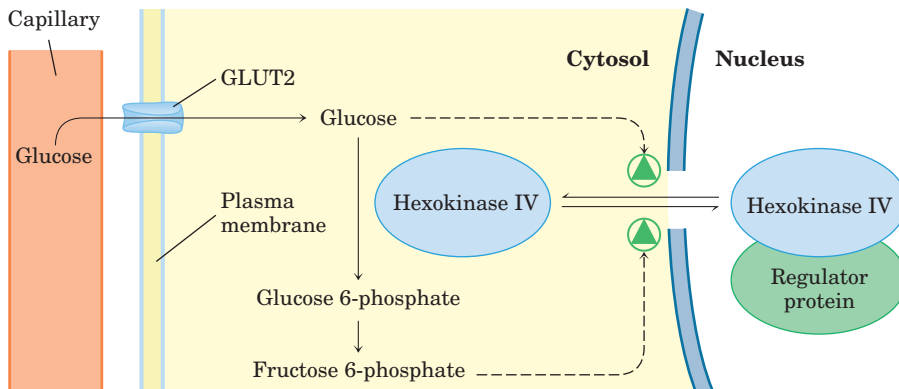
converts it to glucose 6-phosphate. Because hexokinase IV is not saturated at 10 mM glucose, its activity continues to increase as the glucose concentration rises to 10 mM or more.

Second, hexokinase IV is subject to inhibition by the reversible binding of a regulatory protein specific to liver (Fig. 15–17). The binding is much tighter in the presence of the allosteric effector fructose 6-phosphate. Glucose competes with fructose 6-phosphate for binding and causes dissociation of the regulatory protein from hexokinase IV, relieving the inhibition. Immediately after a carbohydrate-rich meal, when blood glucose is high, glucose enters the hepatocyte via GLUT2 and activates hexokinase IV by this mechanism. During a fast, when blood glucose drops below 5 mM, fructose 6-phosphate triggers the inhibition of hexokinase IV by the regulatory protein, so the liver does not compete with other organs for the scarce glucose. The mechanism of inhibition by the regulatory protein is interesting: the protein anchors hexokinase IV inside the nucleus, where it is segregated from the other enzymes of glycolysis in the cytosol (Fig. 15–17). When the glucose concentration in the cell rises, it equilibrates with glucose in the nucleus by transport through the nuclear pores. Glucose causes dissociation of the regulatory protein, and hexokinase IV enters the cytosol and begins to phosphorylate glucose.

Third, hexokinase IV is not inhibited by glucose 6-phosphate, and it can therefore continue to operate when the accumulation of glucose 6-phosphate completely inhibits hexokinases I–III.

### Phosphofructokinase-1 Is under Complex Allosteric Regulation

As we have noted, glucose 6-phosphate can flow either into glycolysis or through any of several other pathways, including glycogen synthesis and the pentose phosphate pathway. The metabolically irreversible reaction catalyzed by PFK-1 is the step that commits glucose to glycolysis. In addition to its substrate-binding sites, this



**FIGURE 15-17** Regulation of hexokinase IV (glucokinase) by sequestration in the nucleus. The protein inhibitor of hexokinase IV is a nuclear binding protein that draws hexokinase IV into the nucleus when the fructose 6-phosphate concentration in liver is high and releases it to the cytosol when the glucose concentration is high.

complex enzyme has several regulatory sites at which allosteric activators or inhibitors bind.

ATP is not only a substrate for PFK-1 but also an end product of the glycolytic pathway. When high cellular [ATP] signals that ATP is being produced faster than it is being consumed, ATP inhibits PFK-1 by bind-

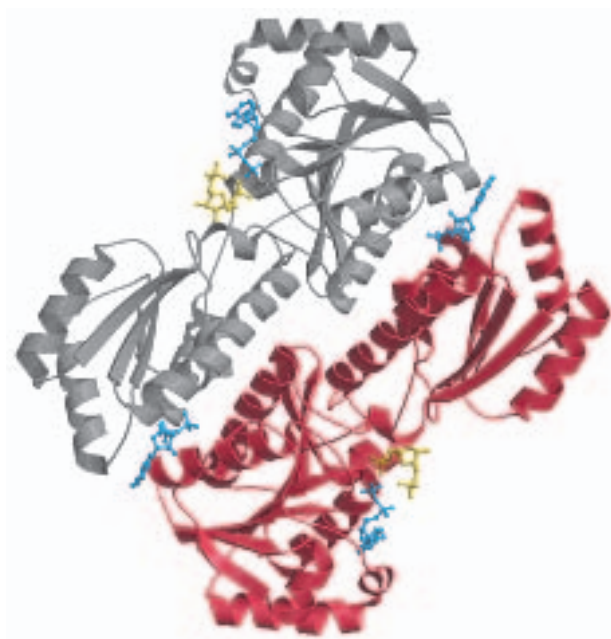
ing to an allosteric site and lowering the affinity of the enzyme for fructose 6-phosphate (Fig. 15–18). ADP and AMP, which increase in concentration as consumption of ATP outpaces production, act allosterically to relieve this inhibition by ATP. These effects combine to produce higher enzyme activity when ADP or AMP accumulates and lower activity when ATP accumulates.

Citrate (the ionized form of citric acid), a key intermediate in the aerobic oxidation of pyruvate, fatty acids, and amino acids, also serves as an allosteric regulator of PFK-1; high citrate concentration increases the inhibitory effect of ATP, further reducing the flow of glucose through glycolysis. In this case, as in several others encountered later, citrate serves as an intracellular signal that the cell is meeting its current needs for energy-yielding metabolism by the oxidation of fats and proteins.

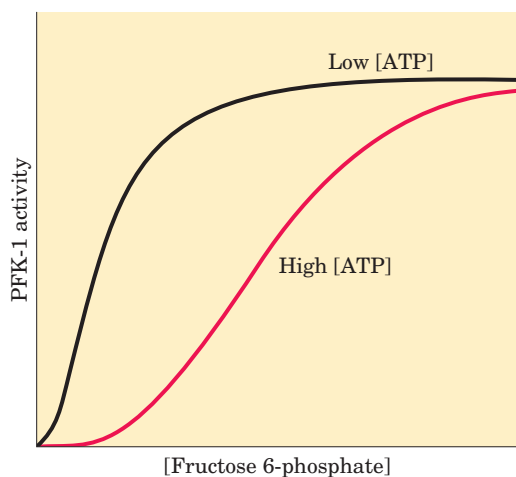
The most significant allosteric regulator of PFK-1 is fructose 2,6-bisphosphate, which strongly activates the enzyme. We return to this role of fructose 2,6-bisphosphate later.

### Pyruvate Kinase Is Allosterically Inhibited by ATP

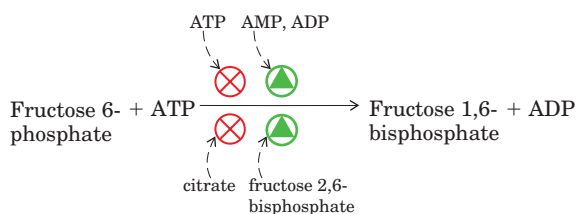
At least three isozymes of pyruvate kinase are found in vertebrates, differing in their tissue distribution and their response to modulators. High concentrations of ATP, acetyl-CoA, and long-chain fatty acids (signs of abundant energy supply) allosterically inhibit all isozymes of pyruvate kinase (Fig. 15–19). The liver isozyme (L form), but not the muscle isozyme (M form), is subject to further regulation by phosphorylation. When low blood glucose causes glucagon release, cAMP-dependent protein kinase phosphorylates the L isozyme of pyruvate kinase, inactivating it. This slows the use of glucose as a fuel in liver, sparing it for export to the brain and other organs. In muscle, the effect of increased [cAMP] is quite different. In response to epinephrine, cAMP activates glycogen breakdown and glycolysis and provides the fuel needed for the fight-or-flight response.



(a)



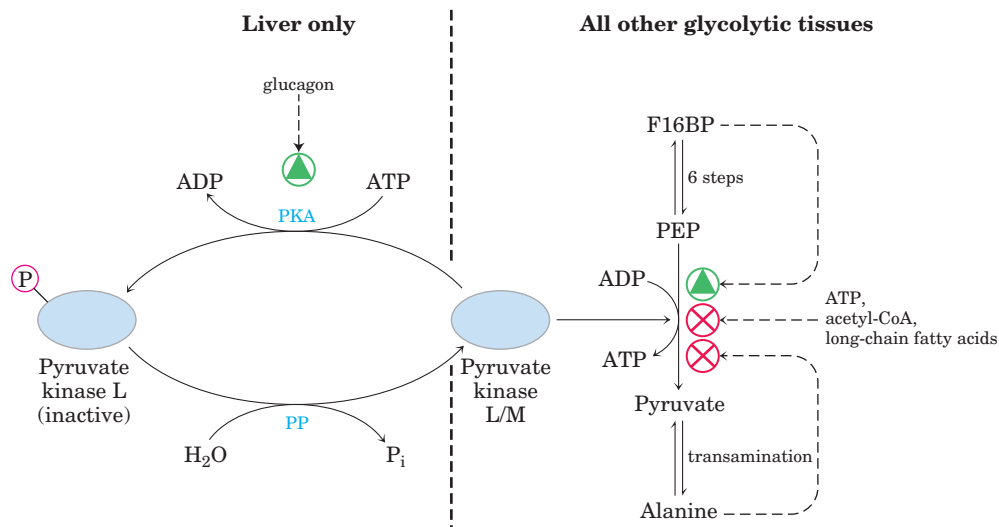
(b)



(c)

**FIGURE 15–18 Phosphofructokinase-1 (PFK-1) and its regulation.**

(a) Ribbon diagram of *E. coli* phosphofructokinase-1, showing two of its four identical subunits (PDB ID 1PFK). Each subunit has its own catalytic site, where ADP (blue) and fructose 1,6-bisphosphate (yellow) are almost in contact, and its own binding sites for the allosteric regulator ADP (blue), located at the interface between subunits. (b) Allosteric regulation of muscle PFK-1 by ATP, shown by a substrate-activity curve. At low concentrations of ATP, the  $K_{0.5}$  for fructose 6-phosphate is relatively low, enabling the enzyme to function at a high rate at relatively low concentrations of fructose 6-phosphate. (Recall from Chapter 6 that  $K_{0.5}$  or  $K_m$  is equivalent to the substrate concentration at which half-maximal enzyme activity occurs.) When the concentration of ATP is high,  $K_{0.5}$  for fructose 6-phosphate is greatly increased, as indicated by the sigmoid relationship between substrate concentration and enzyme activity. (c) Summary of the regulators affecting PFK-1 activity.



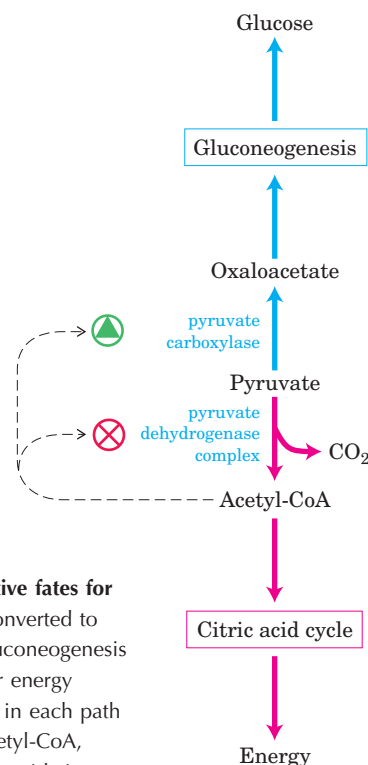
**FIGURE 15-19 Regulation of pyruvate kinase.** The enzyme is allosterically inhibited by ATP, acetyl-CoA, and long-chain fatty acids (all signs of an abundant energy supply), and the accumulation of fructose 1,6-bisphosphate triggers its activation. Accumulation of alanine, which can be synthesized from pyruvate in one step, allosterically inhibits pyruvate kinase, slowing the production of pyruvate by glycolysis. The liver isozyme (L form) is also regulated hormonally; glucagon

activates cAMP-dependent protein kinase (PKA; see Fig. 15-25), which phosphorylates the pyruvate kinase L isozyme, inactivating it. When the glucagon level drops, a protein phosphatase (PP) dephosphorylates pyruvate kinase, activating it. This mechanism prevents the liver from consuming glucose by glycolysis when the blood glucose concentration is low; instead, liver exports glucose. The muscle isozyme (M form) is not affected by this phosphorylation mechanism.

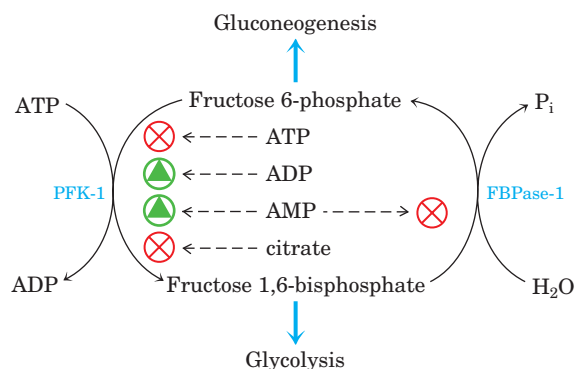
### Gluconeogenesis Is Regulated at Several Steps

In the pathway leading from pyruvate to glucose, the first control point determines the fate of pyruvate in the mitochondrion. Pyruvate can be converted either to acetyl-CoA (by the pyruvate dehydrogenase complex; Chapter 16) to fuel the citric acid cycle, or to oxaloacetate (by pyruvate carboxylase) to start the process of gluconeogenesis (Fig. 15-20). When fatty acids are readily available as fuels, their breakdown in liver mitochondria yields acetyl-CoA, a signal that further oxidation of glucose for fuel is not necessary. Acetyl-CoA is a positive allosteric modulator of pyruvate carboxylase and a negative modulator of pyruvate dehydrogenase, through stimulation of a protein kinase that inactivates the dehydrogenase. When the cell's energetic needs are being met, oxidative phosphorylation slows, NADH rises relative to NAD<sup>+</sup> and inhibits the citric acid cycle, and acetyl-CoA accumulates. The increased concentration of acetyl-CoA inhibits the pyruvate dehydrogenase complex, slowing the formation of acetyl-CoA from pyruvate, and stimulates gluconeogenesis by activating pyruvate carboxylase, allowing excess pyruvate to be converted to glucose.

The second control point in gluconeogenesis is the reaction catalyzed by FBPase-1 (Fig. 15-21), which is strongly inhibited by AMP. The corresponding glycolytic enzyme, PFK-1, is stimulated by AMP and ADP but inhibited by citrate and ATP. Thus these opposing steps



**FIGURE 15-20 Two alternative fates for pyruvate.** Pyruvate can be converted to glucose and glycogen via gluconeogenesis or oxidized to acetyl-CoA for energy production. The first enzyme in each path is regulated allosterically; acetyl-CoA, produced either by fatty acid oxidation or by the pyruvate dehydrogenase complex, stimulates pyruvate carboxylase and inhibits pyruvate dehydrogenase.



**FIGURE 15-21** Regulation of fructose 1,6-bisphosphatase-1 (FBPase-1) and phosphofructokinase-1 (PFK-1). The important role of fructose 2,6-bisphosphate in the regulation of this substrate cycle is detailed in subsequent figures.

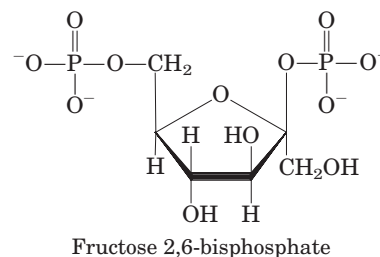
in the two pathways are regulated in a coordinated and reciprocal manner. In general, when sufficient concentrations of acetyl-CoA or citrate (the product of acetyl-CoA condensation with oxaloacetate) are present, or when a high proportion of the cell's adenylate is in the form of ATP, gluconeogenesis is favored. AMP promotes glycogen degradation and glycolysis by activating glycogen phosphorylase (via activation of phosphorylase kinase) and stimulating the activity of PFK-1.

All the regulatory actions discussed here are triggered by changes inside the cell and are mediated by very rapid, instantly reversible, allosteric mechanisms. Another set of regulatory processes is triggered from outside the cell by the hormones insulin and glucagon, which signal too much or too little glucose in the blood, respectively, or by epinephrine, which signals the impending need for fuel for a fight-or-flight response. These hormonal signals bring about covalent modification (phosphorylation or dephosphorylation) of target proteins inside the cell; this takes place on a somewhat longer time scale than the internally driven allosteric mechanisms—seconds or minutes, rather than milliseconds.

### Fructose 2,6-Bisphosphate Is a Potent Regulator of Glycolysis and Gluconeogenesis

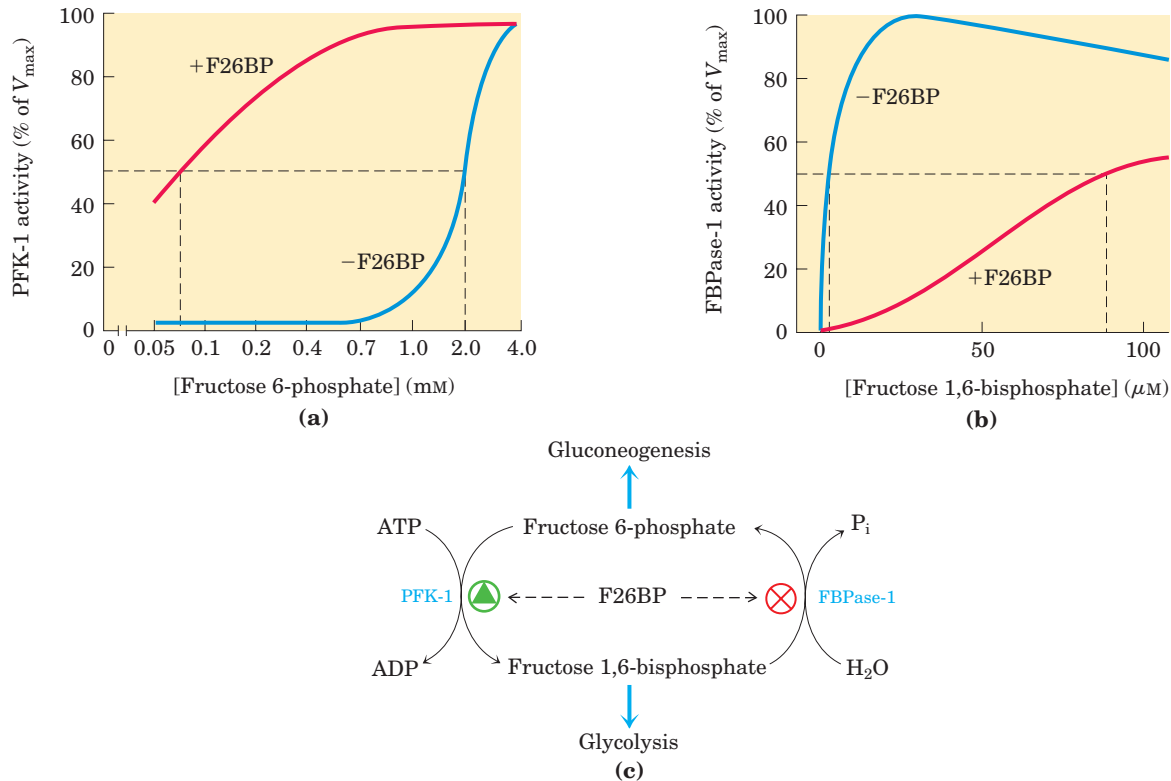
The special role of liver in maintaining a constant blood glucose level requires additional regulatory mechanisms to coordinate glucose production and consumption. When the blood glucose level decreases, the hormone **glucagon** signals the liver to produce and release more glucose and to stop consuming it for its own needs. One source of glucose is glycogen stored in the liver; another source is gluconeogenesis.

The hormonal regulation of glycolysis and gluconeogenesis is mediated by **fructose 2,6-bisphosphate**, an allosteric effector for the enzymes PFK-1 and FBPase-1 (Fig. 15-22):



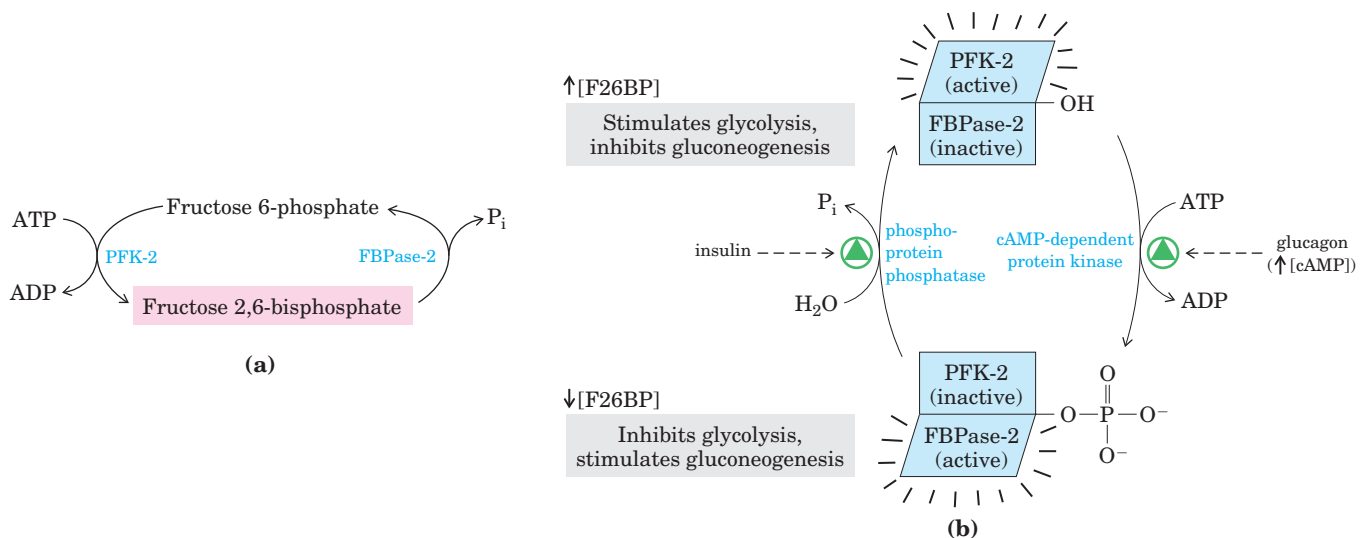
When fructose 2,6-bisphosphate binds to its allosteric site on PFK-1, it increases that enzyme's affinity for its substrate, fructose 6-phosphate, and reduces its affinity for the allosteric inhibitors ATP and citrate. At the physiological concentrations of its substrates ATP and fructose 6-phosphate and of its other positive and negative effectors (ATP, AMP, citrate), PFK-1 is virtually inactive in the absence of fructose 2,6-bisphosphate. Fructose 2,6-bisphosphate *activates* PFK-1 and stimulates glycolysis in liver and, at the same time, *inhibits* FBPase-1, thereby slowing gluconeogenesis.

Although structurally related to fructose 1,6-bisphosphate, fructose 2,6-bisphosphate is not an intermediate in gluconeogenesis or glycolysis; it is a *regulator* whose cellular level reflects the level of glucagon in the blood, which rises when blood glucose falls. The cellular concentration of fructose 2,6-bisphosphate is set by the relative rates of its formation and breakdown (Fig. 15-23a). It is formed by phosphorylation of fructose 6-phosphate, catalyzed by **phosphofructokinase-2 (PFK-2)**, and is broken down by **fructose 2,6-bisphosphatase (FBPase-2)**. (Note that these enzymes are distinct from PFK-1 and FBPase-1, which catalyze the formation and breakdown, respectively, of fructose 1,6-bisphosphate.) PFK-2 and FBPase-2 are two distinct enzymatic activities of a single, bifunctional protein. The balance of these two activities in the liver, which determines the cellular level of fructose 2,6-bisphosphate, is regulated by glucagon and insulin (Fig. 15-23b). As we saw in Chapter 12 (p. 441), glucagon stimulates the adenyl cyclase of liver to synthesize 3',5'-cyclic AMP (cAMP) from ATP. Then cAMP activates cAMP-dependent protein kinase, which transfers a phosphoryl group from ATP to the bifunctional protein PFK-2/FBPase-2. Phosphorylation of this protein enhances its FBPase-2 activity and inhibits its PFK-2 activity. Glucagon thereby lowers the cellular level of fructose 2,6-bisphosphate, inhibiting glycolysis and stimulating gluconeogenesis. The resulting production of more glucose enables the liver to replenish blood glucose in response to glucagon. Insulin has the opposite effect, stimulating the activity of a phosphoprotein phosphatase that catalyzes removal of the phosphoryl group from the bifunctional protein PFK-2/FBPase-2, activating its PFK-2 activity, increasing the level of fructose 2,6-bisphosphate, stimulating glycolysis, and inhibiting gluconeogenesis.



**FIGURE 15-22** Role of fructose 2,6-bisphosphate in regulation of glycolysis and gluconeogenesis. Fructose 2,6-bisphosphate (F26BP) has opposite effects on the enzymatic activities of phosphofructokinase-1 (PFK-1, a glycolytic enzyme) and fructose 1,6-bisphosphatase (FBPase-1, a gluconeogenic enzyme). **(a)** PFK-1 activity in the absence of F26BP (blue curve) is half-maximal when the concentration of fructose 6-phosphate is 2 mM (that is,  $K_{0.5} = 2$  mM). When 0.13  $\mu$ M F26BP is present (red curve), the  $K_{0.5}$  for fructose 6-phosphate is only

0.08 mM. Thus F26BP activates PFK-1 by increasing its apparent affinity (Fig. 15-18) for fructose 6-phosphate. **(b)** FBPase-1 activity is inhibited by as little as 1  $\mu$ M F26BP and is strongly inhibited by 25  $\mu$ M. In the absence of this inhibitor (blue curve) the  $K_{0.5}$  for fructose 1,6-bisphosphate is 5  $\mu$ M, but in the presence of 25  $\mu$ M F26BP (red curve) the  $K_{0.5}$  is  $> 70$   $\mu$ M. Fructose 2,6-bisphosphate also makes FBPase-1 more sensitive to inhibition by another allosteric regulator, AMP. **(c)** Summary of regulation by F26BP.



**FIGURE 15-23** Regulation of fructose 2,6-bisphosphate level. **(a)** The cellular concentration of the regulator fructose 2,6-bisphosphate (F26BP) is determined by the rates of its synthesis by phosphofructokinase-2 (PFK-2) and breakdown by fructose 2,6-bisphosphatase

(FBPase-2). **(b)** Both enzymes are part of the same polypeptide chain, and both are regulated, in a reciprocal fashion, by insulin and glucagon. Here and elsewhere, arrows are used to indicate increasing ( $\uparrow$ ) and decreasing ( $\downarrow$ ) levels of metabolites.



### Are Substrate Cycles Futile?

We noted above that substrate cycles (sometimes called futile cycles) occur at several points in the pathways that interconnect glycogen and pyruvate. For reactions such as those catalyzed by PFK-1 and FBPase-1 (Fig. 15–22c) to take place at the same time, each must be exergonic under the conditions prevailing in the cell. The PFK-1 reaction is exergonic because it involves a phosphoryl group transfer from ATP, and the FBPase-1 reaction is exergonic because it entails hydrolysis of a phosphate ester. Because the cycle involves two different enzymes, not simply one working in both directions, each activity can be regulated separately: fructose 2,6-bisphosphate activates PFK-1, favoring glycolysis, and inhibits FBPase-1, inhibiting gluconeogenesis. The two-enzyme cycle thus provides a means of controlling the *direction* of net metabolite flow. The apparent energetic disadvantage of the “futile” cycle is evidently outweighed by the advantage of allowing this type of control of pathway direction.

### Xylulose 5-Phosphate Is a Key Regulator of Carbohydrate and Fat Metabolism

Another recently discovered regulatory mechanism also acts by controlling the level of fructose 2,6-bisphosphate. In the mammalian liver, xylulose 5-phosphate (see Fig. 14–23), a product of the hexose monophosphate pathway, mediates the increase in glycolysis that follows ingestion of a high-carbohydrate meal. The xylulose 5-phosphate concentration rises as glucose entering the liver is converted to glucose 6-phosphate and enters both the glycolytic and hexose monophosphate pathways. Xylulose 5-phosphate activates a phosphoprotein phosphatase, PP2A, that dephosphorylates the bifunctional PFK-2/FBPase-2 enzyme. Dephosphorylation activates PFK-2 and inhibits FBPase-2, and the resulting rise in [fructose 2,6-bisphosphate] stimulates glycolysis and inhibits gluconeogenesis. The increased glycolysis boosts the production of acetyl-CoA, while the increased flow of hexose through the hexose monophosphate pathway generates NADPH. Acetyl-CoA and NADPH are the starting materials for fatty acid synthesis, which has long been known to increase dramatically in response to intake of a high-carbohydrate meal. Xylulose 5-phosphate also increases the synthesis of all the enzymes required for fatty acid synthesis; we shall return to this effect in our discussion of the integration of carbohydrate and lipid metabolism (Chapter 23).

### SUMMARY 15.3 Coordinated Regulation of Glycolysis and Gluconeogenesis

- Three glycolytic enzymes are subject to allosteric regulation: hexokinase IV, phosphofructokinase-1 (PFK-1), and pyruvate kinase.

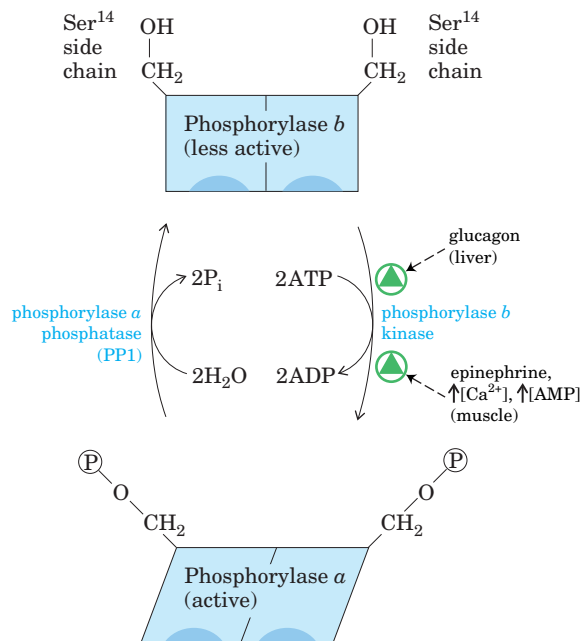
- Hexokinase IV (glucokinase) is sequestered in the nucleus of the hepatocyte, but is released when the cytosolic glucose concentration rises.
- PFK-1 is allosterically inhibited by ATP and citrate. In most mammalian tissues, including liver, PFK-1 is allosterically activated by fructose 2,6-bisphosphate.
- Pyruvate kinase is allosterically inhibited by ATP, and the liver isozyme is inhibited by cAMP-dependent phosphorylation.
- Gluconeogenesis is regulated at the level of pyruvate carboxylase (which is activated by acetyl-CoA) and FBPase-1 (which is inhibited by fructose 2,6-bisphosphate and AMP).
- To limit futile cycling between glycolysis and gluconeogenesis, the two pathways are under reciprocal allosteric control, mainly achieved by the opposite effects of fructose 2,6-bisphosphate on PFK-1 and FBPase-1.
- Glucagon or epinephrine decreases [fructose 2,6-bisphosphate]. The hormones do this by raising [cAMP] and bringing about phosphorylation of the bifunctional enzyme that makes and breaks down fructose 2,6-bisphosphate. Phosphorylation inactivates PFK-2 and activates FBPase-2, leading to breakdown of fructose 2,6-bisphosphate. Insulin increases [fructose 2,6-bisphosphate] by activating a phosphoprotein phosphatase that dephosphorylates (activates) PFK-2.

## 15.4 Coordinated Regulation of Glycogen Synthesis and Breakdown

As we have seen, the mobilization of stored glycogen is brought about by glycogen phosphorylase, which degrades glycogen to glucose 1-phosphate (Fig. 15–3). Glycogen phosphorylase provides an especially instructive case of enzyme regulation. It was one of the first known examples of an allosterically regulated enzyme and the first enzyme shown to be controlled by reversible phosphorylation. It was also one of the first allosteric enzymes for which the detailed three-dimensional structures of the active and inactive forms were revealed by x-ray crystallographic studies. Glycogen phosphorylase also illustrates how isozymes play their tissue-specific roles.

### Glycogen Phosphorylase Is Regulated Allosterically and Hormonally

In the late 1930s, Carl and Gerty Cori (Box 15–1) discovered that the glycogen phosphorylase of skeletal muscle exists in two interconvertible forms: **glycogen phosphorylase a**, which is catalytically active, and



**FIGURE 15-24 Regulation of muscle glycogen phosphorylase by covalent modification.** In the more active form of the enzyme, phosphorylase *a*, Ser<sup>14</sup> residues, one on each subunit, are phosphorylated. Phosphorylase *a* is converted to the less active form, phosphorylase *b*, by enzymatic loss of these phosphoryl groups, catalyzed by phosphorylase *a* phosphatase (PP1). Phosphorylase *b* can be reconverted (reactivated) to phosphorylase *a* by the action of phosphorylase *b* kinase.

**glycogen phosphorylase *b***, which is less active (Fig. 15-24). Subsequent studies by Earl Sutherland showed that phosphorylase *b* predominates in resting muscle, but during vigorous muscular activity the hormone epinephrine triggers phosphorylation of a specific Ser residue in phosphorylase *b*, converting it to its more active form, phosphorylase *a*. (Note that glycogen phosphorylase is often referred to simply as phosphorylase—so honored because it was the first phosphorylase to be discovered; the shortened name has persisted in common usage and in the literature.)



Earl W. Sutherland, Jr.,  
1915–1974

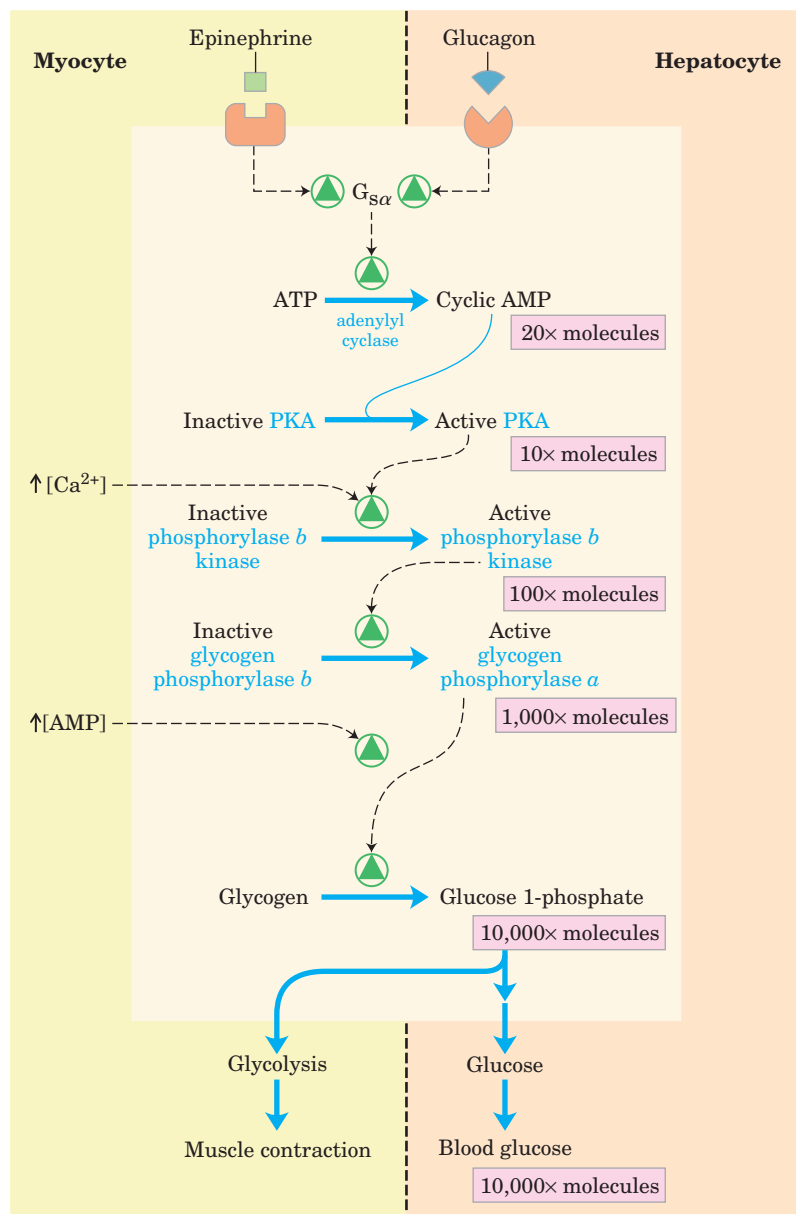
The enzyme (phosphorylase *b* kinase) responsible for activating phosphorylase by transferring a phosphoryl group to its Ser residue is itself activated by epinephrine or glucagon through a series of steps shown in Figure 15-25. Sutherland discovered the second messenger cAMP, which increases in concentration in response to stimulation by epinephrine (in muscle) or glucagon (in liver). Elevated [cAMP] ini-

tiates an **enzyme cascade**, in which a catalyst activates a catalyst, which activates a catalyst. Such cascades allow for large amplification of the initial signal (see pink boxes in Fig. 15-25). The rise in [cAMP] activates cAMP-dependent protein kinase, also called protein kinase A (PKA). PKA then phosphorylates and activates **phosphorylase *b* kinase**, which catalyzes the phosphorylation of Ser residues in each of the two identical subunits of glycogen phosphorylase, activating it and thus stimulating glycogen breakdown. In muscle, this provides fuel for glycolysis to sustain muscle contraction for the fight-or-flight response signaled by epinephrine. In liver, glycogen breakdown counters the low blood glucose signaled by glucagon, releasing glucose. These different roles are reflected in subtle differences in the regulatory mechanisms in muscle and liver. The glycogen phosphorylases of liver and muscle are isozymes, encoded by different genes and differing in their regulatory properties.

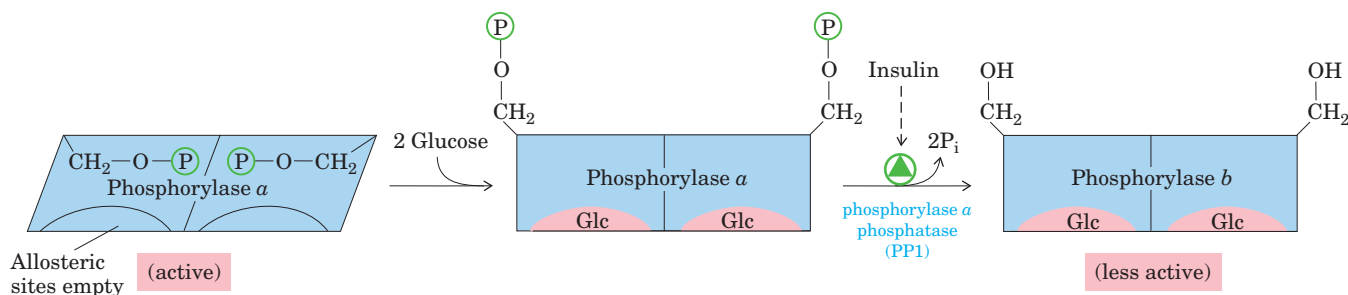
In muscle, superimposed on the regulation of phosphorylase by covalent modification are two allosteric control mechanisms (Fig. 15-25).  $\text{Ca}^{2+}$ , the signal for muscle contraction, binds to and activates phosphorylase *b* kinase, promoting conversion of phosphorylase *b* to the active *a* form.  $\text{Ca}^{2+}$  binds to phosphorylase *b* kinase through its  $\delta$  subunit, which is calmodulin (see Fig. 12-21). AMP, which accumulates in vigorously contracting muscle as a result of ATP breakdown, binds to and activates phosphorylase, speeding the release of glucose 1-phosphate from glycogen. When ATP levels are adequate, ATP blocks the allosteric site to which AMP binds, inactivating phosphorylase.

When the muscle returns to rest, a second enzyme, **phosphorylase *a* phosphatase**, also called **phosphoprotein phosphatase 1 (PP1)**, removes the phosphoryl groups from phosphorylase *a*, converting it to the less active form, phosphorylase *b*.

Like the enzyme of muscle, the glycogen phosphorylase of liver is regulated hormonally (by phosphorylation/dephosphorylation) and allosterically. The dephosphorylated form is essentially inactive. When the blood glucose level is too low, glucagon (acting by the same cascade mechanism shown in Fig. 15-25) activates phosphorylase *b* kinase, which in turn converts phosphorylase *b* to its active *a* form, initiating the release of glucose into the blood. When blood glucose levels return to normal, glucose enters hepatocytes and binds to an inhibitory allosteric site on phosphorylase *a*. This binding also produces a conformational change that exposes the phosphorylated Ser residues to PP1, which catalyzes their dephosphorylation and inactivates the phosphorylase (Fig. 15-26). The allosteric site for glucose allows liver glycogen phosphorylase to act as its own glucose sensor and to respond appropriately to changes in blood glucose.



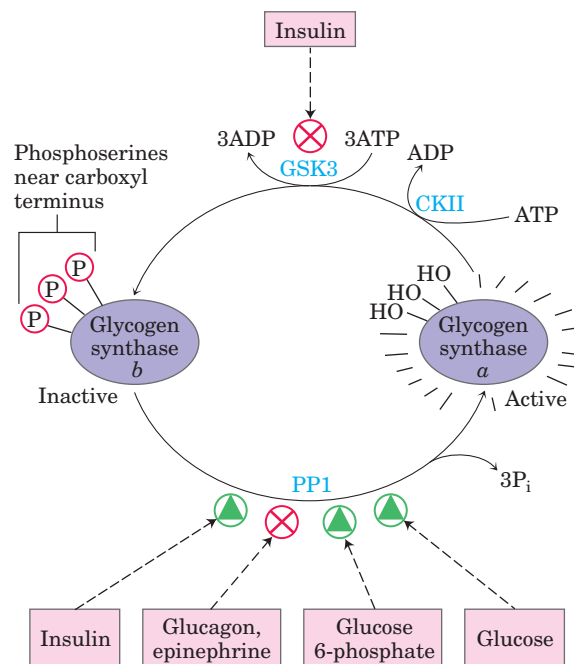
**FIGURE 15-25** Cascade mechanism of epinephrine and glucagon action. By binding to specific surface receptors, either epinephrine acting on a myocyte (left) or glucagon acting on a hepatocyte (right) activates a GTP-binding protein  $G_{s\alpha}$  (see Fig. 12-12). Active  $G_{s\alpha}$  triggers a rise in [cAMP], activating PKA. This sets off a cascade of phosphorylations; PKA activates phosphorylase  $b$  kinase, which then activates glycogen phosphorylase. Such cascades effect a large amplification of the initial signal; the figures in pink boxes are probably low estimates of the actual increase in number of molecules at each stage of the cascade. The resulting breakdown of glycogen provides glucose, which in the myocyte can supply ATP (via glycolysis) for muscle contraction and in the hepatocyte is released into the blood to counter the low blood glucose.



**FIGURE 15-26** Glycogen phosphorylase of liver as a glucose sensor. Glucose binding to an allosteric site of the phosphorylase  $a$  isozyme of liver induces a conformational change that exposes its phosphorylated Ser residues to the action of phosphorylase  $a$  phosphatase 1 (PP1).

This phosphatase converts phosphorylase  $a$  to phosphorylase  $b$ , sharply reducing the activity of phosphorylase and slowing glycogen breakdown in response to high blood glucose. Insulin also acts indirectly to stimulate PP1 and slow glycogen breakdown.

**FIGURE 15-27 Effects of GSK3 on glycogen synthase activity.** Glycogen synthase *a*, the active form, has three Ser residues near its carboxyl terminus, which are phosphorylated by glycogen synthase kinase 3 (GSK3). This converts glycogen synthase to the inactive (*b*) form (GSKb). GSK3 action requires prior phosphorylation (priming) by casein kinase (CKII). Insulin triggers activation of glycogen synthase *b* by blocking the activity of GSK3 (see the pathway for this action in Fig. 12-8) and activating a phosphoprotein phosphatase (PP1 in muscle, another phosphatase in liver). In muscle, epinephrine activates PKA, which phosphorylates the glycogen-targeting protein  $G_M$  (see Fig. 15-30) on a site that causes dissociation of PP1 from glycogen. Glucose 6-phosphate favors dephosphorylation of glycogen synthase by binding to it and promoting a conformation that is a good substrate for PP1. Glucose also promotes dephosphorylation; the binding of glucose to glycogen phosphorylase *a* forces a conformational change that favors dephosphorylation to glycogen phosphorylase *b*, thus relieving its inhibition of PP1 (see Fig. 15-29).



### Glycogen Synthase Is Also Regulated by Phosphorylation and Dephosphorylation

Like glycogen phosphorylase, glycogen synthase can exist in phosphorylated and dephosphorylated forms (Fig. 15-27). Its active form, **glycogen synthase *a***, is unphosphorylated. Phosphorylation of the hydroxyl side chains of several Ser residues of both subunits converts glycogen synthase *a* to **glycogen synthase *b***, which is inactive unless its allosteric activator, glucose 6-phosphate, is present. Glycogen synthase is remarkable for its ability to be phosphorylated on various residues by at least 11 different protein kinases. The most important regulatory kinase is **glycogen synthase kinase 3 (GSK3)**, which adds phosphoryl groups to three Ser residues near the carboxyl terminus of glycogen synthase, strongly inactivating it. The action of GSK3 is hierarchical; it cannot phosphorylate glycogen synthase until another protein kinase, **casein kinase II (CKII)**, has first phosphorylated the glycogen synthase on a nearby residue, an event called **priming** (Fig. 15-28a).

In liver, conversion of glycogen synthase *b* to the active form is promoted by PP1, which is bound to the glycogen particle. PP1 removes the phosphoryl groups from the three Ser residues phosphorylated by GSK3. Glucose 6-phosphate binds to an allosteric site on glycogen synthase *b*, making the enzyme a better substrate for dephosphorylation by PP1 and causing its activation. By analogy with glycogen phosphorylase, which acts as a glucose sensor, glycogen synthase can be regarded as

a glucose 6-phosphate sensor. In muscle, a different phosphatase may have the role played by PP1 in liver, activating glycogen synthase by dephosphorylating it.

### Glycogen Synthase Kinase 3 Mediates the Actions of Insulin

As we saw in Chapter 12, one way in which insulin triggers intracellular changes is by activating a protein kinase (protein kinase B, or PKB) that in turn phosphorylates and inactivates GSK3 (Fig. 15-29; see also Fig. 12-8). Phosphorylation of a Ser residue near the amino terminus of GSK3 converts that region of the protein to a pseudosubstrate, which folds into the site at which the priming phosphorylated Ser residue normally binds (Fig. 15-28b). This prevents GSK3 from binding the priming site of a real substrate, thereby inactivating the enzyme and tipping the balance in favor of dephosphorylation of glycogen synthase by PP1. Glycogen phosphorylase can also affect the phosphorylation of glycogen synthase: active glycogen phosphorylase directly inhibits PP1, preventing it from activating glycogen synthase (Fig. 15-27).

Although first discovered in its role in glycogen metabolism (hence the name glycogen synthase kinase), GSK3 clearly has a much broader role than the regulation of glycogen synthase. It mediates signaling by insulin and other growth factors and nutrients, and it acts in the specification of cell fates during embryonic development. Among its targets are cytoskeletal proteins





and proteins essential for mRNA and protein synthesis. These targets, like glycogen synthase, must first undergo a priming phosphorylation by another protein kinase before they can be phosphorylated by GSK3.

### Phosphoprotein Phosphatase 1 Is Central to Glycogen Metabolism

A single enzyme, PP1, can remove phosphoryl groups from all three of the enzymes phosphorylated in response to glucagon (liver) and epinephrine (liver and muscle): phosphorylase kinase, glycogen phosphorylase, and glycogen synthase. Insulin stimulates glycogen synthesis by activating PP1 and by inactivating GSK3.

PP1 does not exist free in the cytosol, but is tightly bound to its target proteins by one of a family of **glycogen-targeting proteins** that bind glycogen and each of the three enzymes, glycogen phosphorylase, phosphorylase kinase, and glycogen synthase (Fig. 15–30). PP1 is itself subject to covalent and allosteric regulation; it is inactivated when phosphorylated by PKA and is allosterically activated by glucose 6-phosphate.

### Transport into Cells Can Limit Glucose Utilization

The passive uptake of glucose by muscle and adipose tissue is catalyzed by the GLUT4 transporter described in Box 11–2. In the absence of insulin, most GLUT4 molecules are sequestered in membrane vesicles within the cell, but when blood glucose rises, release of insulin triggers GLUT4 movement to the plasma membrane. Glucose transport into hepatocytes involves a different, high-capacity transporter, GLUT2, which is always present in the plasma membrane. It catalyzes facilitated diffusion of glucose in both directions, at a rate high enough to ensure virtually instantaneous equilibration of glucose concentration in the blood and in the hepa-

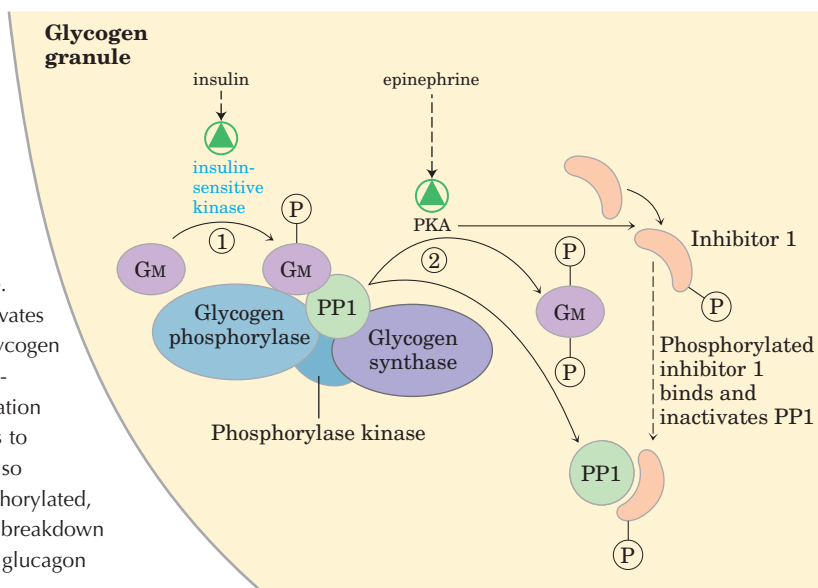
tocyte cytosol. In its role as a glucose sensor, the glycogen phosphorylase of hepatocytes is essentially measuring the glucose level in blood.

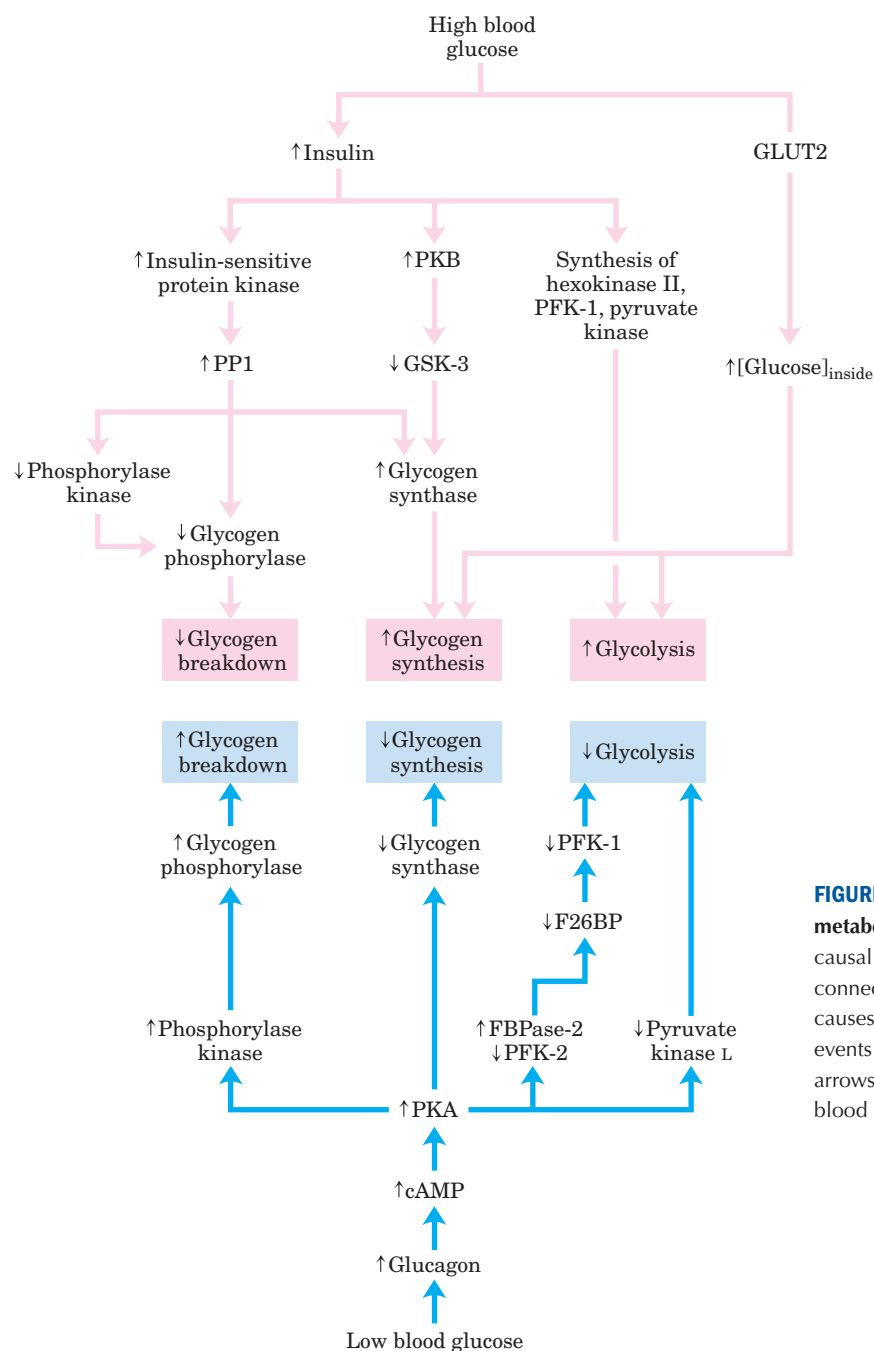
### Allosteric and Hormonal Signals Coordinate Carbohydrate Metabolism

Having looked at the mechanisms that regulate individual enzymes, we can now consider the overall shifts in carbohydrate metabolism that occur in the well-fed state, during fasting, and in the fight-or-flight response—signaled by insulin, glucagon, and epinephrine, respectively. We need to contrast two cases in which regulation serves different ends: (1) the role of hepatocytes in supplying glucose to the blood, and (2) the selfish use of carbohydrate fuels by nonhepatic tissues, typified by skeletal muscle (the myocyte), to support their own activities.

After ingestion of a carbohydrate-rich meal, the elevation of blood glucose triggers insulin release (Fig. 15–31, top). In a hepatocyte, insulin has two immediate effects: it inactivates GSK3, acting through the cascade shown in Figure 15–29, and activates a protein phosphatase, perhaps PP1. These two actions fully activate glycogen synthase. PP1 also inactivates glycogen phosphorylase  $\alpha$  and phosphorylase kinase by dephosphorylating both, effectively stopping glycogen breakdown. Glucose enters the hepatocyte through the high-capacity transporter GLUT2, always present in the plasma membrane, and the elevated intracellular glucose leads to dissociation of hexokinase IV (glucokinase) from its nuclear regulator protein. Hexokinase IV enters the cytosol and phosphorylates glucose, stimulating glycolysis and supplying the precursor for glycogen synthesis. Under these conditions, hepatocytes use the excess glucose in the blood to synthesize glycogen, up to the limit of about 10% of the total weight of the liver.

**FIGURE 15–30 Glycogen-targeting protein G<sub>M</sub>.** The glycogen-targeting protein G<sub>M</sub> is one of a family of proteins that bind other proteins (including PP1) to glycogen particles. G<sub>M</sub> can be phosphorylated in two different positions in response to insulin or epinephrine. ① Insulin-stimulated phosphorylation of G<sub>M</sub> site 1 activates PP1, which dephosphorylates phosphorylase kinase, glycogen phosphorylase, and glycogen synthase. ② Epinephrine-stimulated phosphorylation of G<sub>M</sub> site 2 causes dissociation of PP1 from the glycogen particle, preventing its access to glycogen phosphorylase and glycogen synthase. PKA also phosphorylates a protein (inhibitor 1) that, when phosphorylated, inhibits PP1. By these means, insulin inhibits glycogen breakdown and stimulates glycogen synthesis, and epinephrine (or glucagon in the liver) has the opposite effects.





**FIGURE 15-31 Regulation of carbohydrate metabolism in the hepatocyte.** Arrows indicate causal relationships between the changes they connect.  $\downarrow A \rightarrow \uparrow B$  means that a decrease in A causes an increase in B. Pink arrows connect events that result from high blood glucose; blue arrows connect events that result from low blood glucose.

Between meals, or during an extended fast, the drop in blood glucose triggers the release of glucagon, which, acting through the cascade shown in Figure 15-25, activates PKA. PKA mediates all the effects of glucagon (Fig. 15-31, bottom). It phosphorylates phosphorylase kinase, activating it and leading to the activation of glycogen phosphorylase. It phosphorylates glycogen synthase, inactivating it and blocking glycogen synthesis. It phosphorylates PFK-2/FBPase-2, leading to a drop in the concentration of the regulator fructose 2,6-bisphosphate, which has the effect of inactivating the glycolytic enzyme PFK-1 and activating the gluconeogenic enzyme FBPase-1. And it phosphorylates and inactivates the glycolytic enzyme pyruvate kinase. Under these conditions, the

liver produces glucose 6-phosphate by glycogen breakdown and by gluconeogenesis, and it stops using glucose to fuel glycolysis or make glycogen, maximizing the amount of glucose it can release to the blood. This release of glucose is possible only in liver, because other tissues lack glucose 6-phosphatase (Fig. 15-6).

The physiology of skeletal muscle differs from that of liver in three ways important to our discussion of metabolic regulation (Fig. 15-32): (1) muscle uses its stored glycogen only for its own needs; (2) as it goes from rest to vigorous contraction, muscle undergoes very large changes in its demand for ATP, which is supported by glycolysis; (3) muscle lacks the enzymatic machinery for gluconeogenesis. The regulation of carbohydrate

**TABLE 15–3** Some of the Genes Regulated by Insulin

<i>Change in gene expression</i>	<i>Pathway</i>
<b>Increased expression</b>	
Hexokinase II	Glycolysis
Hexokinase IV	Glycolysis
Phosphofructokinase-1 (PFK-1)	Glycolysis
Pyruvate kinase	Glycolysis
PFK-2/FBPase-2	Regulation of glycolysis/gluconeogenesis
Glucose 6-phosphate dehydrogenase	Pentose phosphate pathway (NADPH)
6-Phosphogluconate dehydrogenase	Pentose phosphate pathway (NADPH)
Pyruvate dehydrogenase	Fatty acid synthesis
Acetyl-CoA carboxylase	Fatty acid synthesis
Malic enzyme	Fatty acid synthesis (NADPH)
ATP-citrate lyase	Fatty acid synthesis (provides acetyl-CoA)
Fatty acid synthase complex	Fatty acid synthesis
Stearoyl-CoA dehydrogenase	Fatty acid desaturation
Acyl-CoA-glycerol transferases	Triacylglycerol synthesis
<b>Decreased expression</b>	
PEP carboxykinase	Gluconeogenesis
Glucose 6-phosphatase (catalytic subunit)	Glucose release to blood

metabolism in muscle reflects these differences from liver. First, myocytes lack receptors for glucagon. Second, the muscle isozyme of pyruvate kinase is not phosphorylated by PKA, so glycolysis is not turned off when [cAMP] is high. In fact, cAMP *increases* the rate of glycolysis in muscle, probably by activating glycogen phosphorylase. When epinephrine is released into the blood in a fight-or-flight situation, PKA is activated by the rise in [cAMP], and phosphorylates and activates glycogen phosphorylase kinase. The resulting phosphorylation and activation of glycogen phosphorylase results in faster glycogen breakdown. Epinephrine is not released under low-stress conditions, but with each neuronal stimulation of muscle contraction, cytosolic  $[Ca^{2+}]$  rises briefly and activates phosphorylase kinase through its calmodulin subunit.

Elevated insulin triggers increased glycogen synthesis in myocytes by activating PP1 and inactivating GSK3. Unlike hepatocytes, myocytes have a reserve of GLUT4 sequestered in intracellular vesicles. Insulin triggers their movement to the plasma membrane, where they allow increased glucose uptake. In response to insulin, therefore, myocytes help to lower blood glucose by increasing their rates of glucose uptake, glycogen synthesis, and glycolysis.

### Insulin Changes the Expression of Many Genes Involved in Carbohydrate and Fat Metabolism

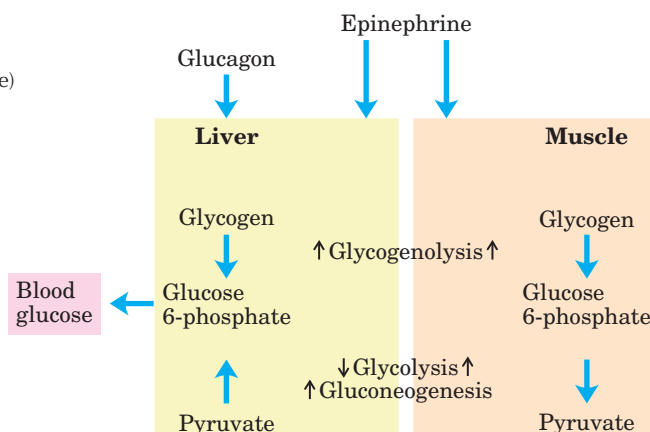
In addition to its effects on the activity of existing enzymes, insulin also regulates the expression of as many as 150 genes, including some related to fuel metabolism

(Fig. 15–31; Table 15–3). Insulin stimulates the transcription of the genes that encode hexokinases II and IV, PFK-1, pyruvate kinase, and the bifunctional enzyme PFK-2/FBPase-2 (all involved in glycolysis and its regulation), several enzymes involved in fatty acid synthesis, and two enzymes that generate the reductant for fatty acid synthesis (NADPH) via the pentose phosphate pathway (glucose 6-phosphate dehydrogenase and 6-phosphogluconate dehydrogenase). Insulin also slows the expression of the genes for two enzymes of gluconeogenesis (PEP carboxykinase and glucose 6-phosphatase). These effects take place on a longer time scale (minutes to hours) than those mediated by covalent alteration of enzymes, but the impact on metabolism can be very significant. When the diet provides an excess of glucose, the resulting rise in insulin increases the synthesis of glucose-metabolizing proteins, and glucose becomes the fuel of choice (via glycolysis) for liver, adipose tissue, and muscle. In liver and adipose tissue, glucose is converted to glycogen and triacylglycerols for temporary storage.

### Carbohydrate and Lipid Metabolism Are Integrated by Hormonal and Allosteric Mechanisms

As complex as the regulation of carbohydrate metabolism is, it is far from the whole story of fuel metabolism. The metabolism of fats and fatty acids is very closely tied to that of carbohydrates. Hormonal signals such as insulin and changes in diet or exercise are equally important in regulating fat metabolism and integrating it with that of carbohydrates. We shall return to this overall metabolic integration in mammals in Chapter 23,

**FIGURE 15-32** Difference in the regulation of carbohydrate metabolism in liver and muscle. In liver, either glucagon (indicating low blood glucose) or epinephrine (signaling the need to fight or flee) has the effect of maximizing the output of glucose into the bloodstream. In muscle, epinephrine increases glycogen breakdown and glycolysis, which together provide fuel to produce the ATP needed for muscle contraction.



after first considering the metabolic pathways for fats and amino acids (Chapters 17 and 18). The message we wish to convey here is that metabolic pathways are overlaid with complex regulatory controls that are exquisitely sensitive to changes in metabolic circumstances. These mechanisms act to adjust the flow of metabolites through various metabolic pathways as needed by the cell and organism, and do so without causing major changes in the concentrations of intermediates shared with other pathways.

#### SUMMARY 15.4 Coordinated Regulation of Glycogen Synthesis and Breakdown

- Glycogen phosphorylase is activated in response to glucagon or epinephrine, which raise [cAMP] and activate PKA. PKA phosphorylates and activates phosphorylase kinase, which converts glycogen phosphorylase *b* to its active *a* form. Phosphoprotein phosphatase 1 (PP1) reverses the phosphorylation of glycogen phosphorylase *a*, inactivating it. Glucose binds to the liver isozyme of glycogen phosphorylase *a*, favoring its dephosphorylation and inactivation.
- Glycogen synthase *a* is inactivated by phosphorylation catalyzed by GSK3. Insulin blocks GSK3. PP1, which is activated by insulin, reverses the inhibition by dephosphorylating glycogen synthase *b*.
- Insulin increases glucose uptake into myocytes and adipocytes by triggering movement of the glucose transporter GLUT4 to the plasma membrane.
- Insulin stimulates the synthesis of hexokinases II and IV, PFK-1, pyruvate kinase, and several enzymes involved in lipid synthesis. Insulin stimulates glycogen synthesis in muscle and liver.

- In liver, glucagon stimulates glycogen breakdown and gluconeogenesis while blocking glycolysis, thereby sparing glucose for export to the brain and other tissues.
- In muscle, epinephrine stimulates glycogen breakdown and glycolysis, providing ATP to support contraction.

### 15.5 Analysis of Metabolic Control

For every complex problem there is a simple solution. And it is always wrong.

—H. L. Mencken, *A Mencken Chrestomathy*, 1949

Beginning with Eduard Buchner's discovery (c. 1900) that an extract of broken yeast cells could convert glucose to ethanol and CO<sub>2</sub>, a major thrust of biochemical research was to deduce the steps by which this transformation occurred and to purify and characterize the enzymes that catalyzed each step. By the middle of the twentieth century, all ten enzymes of the glycolytic pathway had been purified and characterized. In the next 50 years much was learned about the regulation of these enzymes by intracellular and extracellular signals, through the kinds of allosteric and covalent mechanisms we have described in this chapter. The conventional wisdom was that in a linear pathway such as glycolysis, catalysis by one enzyme must be the slowest and must therefore determine the rate of metabolite flow, or flux, through the whole pathway. For glycolysis, PFK-1 was considered the rate-limiting enzyme, because it was known to be closely regulated by fructose 2,6-bisphosphate and other allosteric effectors.



Eduard Buchner,  
1860–1917

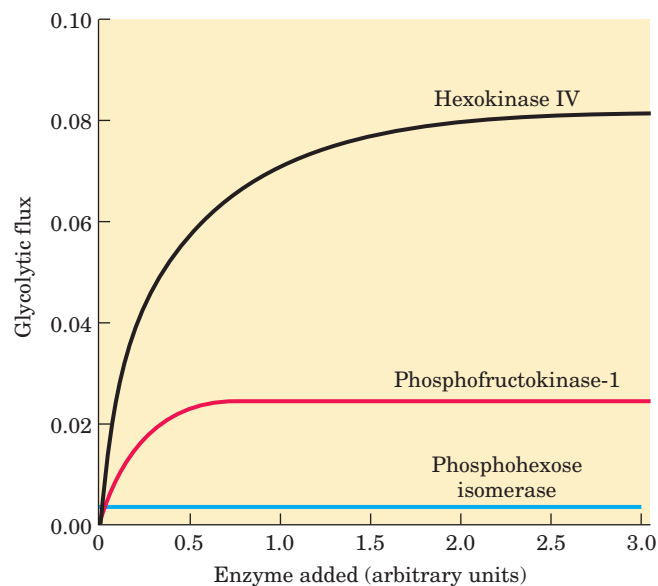
With the advent of genetic engineering technology, it became possible to test this “single rate-determining step” hypothesis by increasing the concentration of the enzyme that catalyzes the “rate-limiting step” in a pathway and determining whether flux through the pathway increases proportionally. More often than not, it does not do so: the simple solution (a single rate-determining step) is wrong. It has now become clear that in most pathways the control of flux is distributed among several enzymes, and the extent to which each contributes to the control varies with metabolic circumstances—the supply of the starting material (say, glucose), the supply of oxygen, the need for other products derived from intermediates of the pathway (say, glucose 6-phosphate for the pentose phosphate pathway in cells synthesizing large amounts of nucleotides), the effects of metabolites with regulatory roles, and the hormonal status of the organism (the levels of insulin and glucagon), among other factors.

Why are we interested in what limits the flux through a pathway? To understand the action of hormones or drugs, or the pathology that results from a failure of metabolic regulation, we must know where control is exercised. If researchers wish to develop a drug that stimulates or inhibits a pathway, the logical target is the enzyme that has the greatest impact on the flux through that pathway. And the bioengineering of a microorganism to overproduce a product of commercial value (p. 315) requires a knowledge of what limits the flux of metabolites toward that product.

### The Contribution of Each Enzyme to Flux through a Pathway Is Experimentally Measurable

There are several ways to determine experimentally how a change in the activity of one enzyme in a pathway affects metabolite flux through that pathway. Consider the experimental results shown in Figure 15–33. When a sample of rat liver was homogenized to release all soluble enzymes, the extract carried out the glycolytic conversion of glucose to fructose 1,6-bisphosphate at a measurable rate. (This experiment, for simplicity, focused on just the first part of the glycolytic pathway.) When increasing amounts of purified hexokinase IV were added to the extract, the rate of glycolysis progressively increased. The addition of purified PFK-1 to the extract also increased the rate of glycolysis, but not as dramatically as did hexokinase. Purified phosphohexose isomerase was without effect. These results suggest that hexokinase and PFK-1 both contribute to setting the flux through the pathway (hexokinase more than PFK-1), and that phosphohexose isomerase does not.

Similar experiments can be done on intact cells or organisms, using specific inhibitors or activators to change the activity of one enzyme while observing the effect on flux through the pathway. The amount of an



**FIGURE 15–33** Dependence of glycolytic flux in a rat liver homogenate on added enzymes. Purified enzymes in the amounts shown on the x axis were added to an extract of liver carrying out glycolysis in vitro. The increase in flux through the pathway is shown on the y axis.

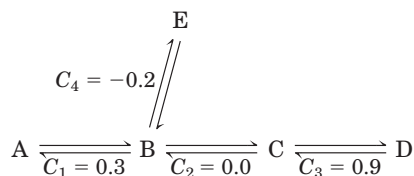
enzyme can also be altered genetically; bioengineering can produce a cell that makes extra copies of the enzyme under investigation or has a version of the enzyme that is less active than the normal enzyme. Increasing the concentration of an enzyme genetically sometimes has significant effects on flux; sometimes it has no effect.

Three critical parameters, which together describe the responsiveness of a pathway to changes in metabolic circumstances, lie at the center of **metabolic control analysis**. We turn now to a qualitative description of these parameters and their meaning in the context of a living cell. In Box 15–3 we will provide a more rigorous quantitative discussion.

### The Control Coefficient Quantifies the Effect of a Change in Enzyme Activity on Metabolite Flux through a Pathway

Quantitative data obtained as described in Figure 15–33 can be used to calculate a **flux control coefficient**,  $C$ , for each enzyme in a pathway. This coefficient expresses the relative contribution of each enzyme to setting the rate at which metabolites flow through the pathway—that is, the **flux**,  $J$ .  $C$  can have any value from 0.0 (for an enzyme with no impact on the flux) to 1.0 (for an enzyme that wholly determines the flux). An enzyme can also have a *negative* flux control coefficient. In a branched pathway, an enzyme in one branch, by drawing intermediates away from the other branch, can have a negative impact on the flux through that other branch (Fig. 15–34).  $C$  is not a constant, and it is not





**FIGURE 15-34** Flux control coefficient,  $C$ , in a branched metabolic pathway. In this simple pathway, the intermediate B has two alternative fates. To the extent that reaction  $\text{B} \rightarrow \text{E}$  draws B away from the pathway  $\text{A} \rightarrow \text{D}$ , it controls that pathway, which will result in a *negative* flux control coefficient for the enzyme that catalyzes step  $\text{B} \rightarrow \text{E}$ . Note that the sum of all four coefficients equals 1.0, as it must.

intrinsic to a single enzyme; it is a function of the whole system of enzymes, and its value depends on the concentrations of substrates and effectors.

When real data from the experiment on glycolysis in a rat liver extract (Fig. 15-33) were subjected to this kind of analysis, investigators found flux control coefficients (for enzymes at the concentrations found in the extract) of 0.79 for hexokinase, 0.21 for PFK-1, and 0.0 for phosphohexose isomerase. It is not just fortuitous that these values add up to 1.0; we can show that for any complete pathway, the sum of the flux control coefficients must equal unity.

### The Elasticity Coefficient Is Related to an Enzyme's Responsiveness to Changes in Metabolite or Regulator Concentrations

A second parameter, the **elasticity coefficient**,  $\epsilon$ , expresses quantitatively the responsiveness of a single enzyme to changes in the concentration of a metabolite or regulator; it is a function of the enzyme's intrinsic kinetic properties. For example, an enzyme with typical Michaelis-Menten kinetics shows a hyperbolic response to increasing substrate concentration (Fig. 15-35). At low concentrations of substrate (say,  $0.1 K_m$ ) each increment in substrate concentration results in a comparable increase in enzymatic activity, yielding an  $\epsilon$  near 1.0. At relatively high substrate concentrations (say,  $10 K_m$ ), increasing the substrate concentration has little effect on the reaction rate, because the enzyme is already saturated with substrate. The elasticity in this case approaches zero. For allosteric enzymes that show positive cooperativity,  $\epsilon$  may exceed 1.0, but it cannot exceed the Hill coefficient. Recall that the Hill coefficient is a measure of the degree of cooperativity, typically between 1.0 and 4.0 (p. 167).

### The Response Coefficient Expresses the Effect of an Outside Controller on Flux through a Pathway

We can also derive a quantitative expression for the relative impact of an outside factor (such as a hormone or growth factor), which is neither a metabolite nor an en-

zyme in the pathway, on the flux through the pathway. The experiment would measure the flux through the pathway (glycolysis, in this case) at various levels of the parameter  $P$  (the insulin concentration, for example) to obtain the **response coefficient**,  $R$ , which expresses the change in pathway flux when  $P$  ([insulin]) changes.

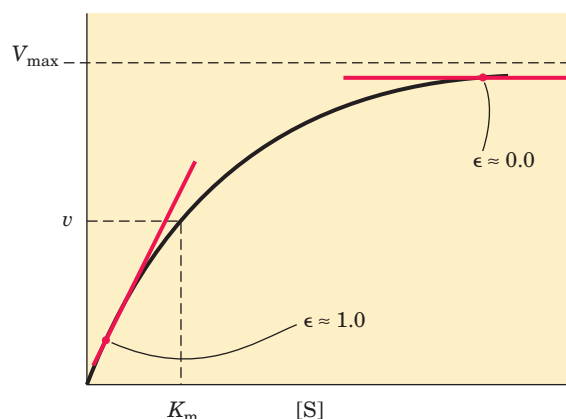
The three coefficients  $C$ ,  $\epsilon$ , and  $R$  are related in a simple way: the responsiveness ( $R$ ) of a pathway to an outside factor that affects a certain enzyme is a function of (1) how sensitive the pathway is to changes in the activity of that enzyme (the control coefficient,  $C$ ) and (2) how sensitive that specific enzyme is to changes in the outside factor (the elasticity,  $\epsilon$ ):

$$R = C \cdot \epsilon$$

Each enzyme in the pathway can be examined in this way, and the effects of any of several outside factors on flux through the pathway can be separately determined. Thus, in principle, we can predict how the flux of substrate through a series of enzymatic steps will change when there is a change in one or more controlling factors external to the pathway. Box 15-3 shows how these qualitative concepts are treated quantitatively.

### Metabolic Control Analysis Has Been Applied to Carbohydrate Metabolism, with Surprising Results

Metabolic control analysis provides a framework within which we can think quantitatively about regulation, interpret the significance of the regulatory properties of each enzyme in a pathway, identify the steps that most affect the flux through the pathway, and distinguish between *regulatory* mechanisms that act to maintain metabolite concentrations and *control* mechanisms that actually alter the flux through the pathway. Analysis of the glycolytic pathway in yeast, for example, has

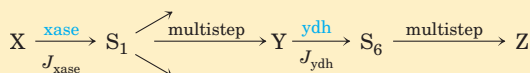


**FIGURE 15-35** Elasticity coefficient,  $\epsilon$ , of an enzyme with typical Michaelis-Menten kinetics. At substrate concentrations far below the  $K_m$ , each increase in  $[S]$  produces a correspondingly large increase in the reaction velocity,  $v$ . For this region of the curve, the enzyme has an elasticity,  $\epsilon$ , of about 1.0. At  $[S] \gg K_m$ , increasing  $[S]$  has little effect on  $v$ ;  $\epsilon$  here is close to 0.0.

## BOX 15-3 WORKING IN BIOCHEMISTRY

**Metabolic Control Analysis: Quantitative Aspects**

The factors that influence the flow of intermediates (flux) through a pathway may be determined quantitatively by experiment and expressed in terms useful for predicting the change in flux when some factor involved in the pathway changes. Consider the simple reaction sequence in Figure 1, in which a substrate X (say, glucose) is converted in several steps to a product Z (perhaps pyruvate, formed glycolytically). A later enzyme in the pathway is a dehydrogenase (ydh) that acts on substrate Y. Because the action of a dehydrogenase is easily measured (see Fig. 13–15), we can use the flux ( $J$ ) through this step ( $J_{ydh}$ ) to measure the flux through the whole path. We manipulate experimentally the level of an early enzyme in the pathway (xase, which acts on the substrate X) and measure the flux through the path ( $J_{ydh}$ ) for several levels of the enzyme xase.



**FIGURE 1** Flux through a hypothetical multienzyme pathway.

The relationship between the flux through the pathway from X to Z in the intact cell and the concentration of each enzyme in the path should be hyperbolic, with virtually no flux at infinitely low enzyme and near-maximum flux at very high enzyme activity. In a plot of  $J_{ydh}$  against the concentration of xase,  $E_{xase}$ , the change of flux with a small change of enzyme is  $\partial J_{ydh} / \partial E_{xase}$ , which is simply the slope of the tangent to the curve at any concentration of enzyme,  $E_{xase}$ , and which tends toward zero at saturating  $E_{xase}$ . At low  $E_{xase}$ , the slope is steep; the flux increases with each incremental increase in enzyme activity. At very high  $E_{xase}$ , the slope is much smaller; the system is less responsive to added xase, because it is already present in excess over the other enzymes in the pathway.

To show quantitatively the dependence of flux through the pathway,  $\partial J_{ydh}$ , on  $\partial E_{xase}$ , we could use

the ratio  $\partial J_{ydh} / \partial E_{xase}$ . However, its usefulness is limited because its value depends on the units used to express flux and enzyme activity. By expressing the *fractional* changes in flux and enzyme activity,  $\partial J_{ydh} / J_{ydh}$ , and  $\partial E_{xase} / E_{xase}$ , we obtain a unitless expression for the flux control coefficient,  $C_{xase}^{J_{ydh}}$ :

$$C_{xase}^{J_{ydh}} \approx \frac{\partial J_{ydh}}{J_{ydh}} \bigg/ \frac{\partial E_{xase}}{E_{xase}} \quad (1)$$

This can be rearranged to

$$C_{xase}^{J_{ydh}} \approx \frac{\partial J_{ydh}}{\partial E_{xase}} \cdot \frac{E_{xase}}{J_{ydh}}$$

which is mathematically identical to

$$C_{xase}^{J_{ydh}} = \frac{\partial \ln J_{ydh}}{\partial \ln E_{xase}}$$

This equation suggests a simple graphical means for determining the flux control coefficient:  $C_{xase}^{J_{ydh}}$  is the slope of the tangent to the plot of  $\ln J_{ydh}$  versus  $\ln E_{xase}$ , which can be obtained by replotting the experimental data in Figure 2a to obtain Figure 2b. Notice that  $C_{xase}^{J_{ydh}}$  is not a constant; it depends on the starting  $E_{xase}$  from which the change in enzyme level takes place. For the cases shown in Figure 2,  $C_{xase}^{J_{ydh}}$  is about 1.0 at the lowest  $E_{xase}$ , but only about 0.2 at high  $E_{xase}$ . A value near 1.0 for  $C_{xase}^{J_{ydh}}$  means that the enzyme's concentration wholly determines the flux through the pathway; a value near 0.0 means that the enzyme's concentration does not limit the flux through the path. Unless the flux control coefficient is greater than about 0.5, changes in the activity of the enzyme will not have a strong effect on the flux.

The **elasticity**,  $\epsilon$ , of an enzyme is a measure of how that enzyme's catalytic activity changes when the concentration of a metabolite—substrate, product, or effector—changes. It is obtained from an experimental plot of the rate of the reaction catalyzed by the enzyme versus the concentration of the metabolite, at metabolite concentrations that prevail in the cell. By arguments analogous to those used to derive  $C$ , we can show  $\epsilon$  to be the slope of the tangent to a plot of

revealed an unexpectedly low flux control coefficient for PFK-1, which, because of its known elaborate allosteric regulation, has been viewed as the main point of flux control—the “rate-determining step”—in glycolysis. Experimentally raising the level of PFK-1 fivefold led to a change in flux through glycolysis of less than 10%,

suggesting that the real role of PFK-1 regulation is not to control flux through glycolysis but to mediate metabolite homeostasis—to prevent large changes in metabolite concentrations when the flux through glycolysis increases in response to elevated blood glucose or insulin. Recall that the study of glycolysis in a liver

$\ln V$  versus  $\ln$  [substrate, or product, or effector]:

$$\begin{aligned}\varepsilon_S^{\text{xase}} &= \frac{\partial V_{\text{xase}}}{\partial S} \cdot \frac{S}{V_{\text{xase}}} \\ &= \frac{\partial \ln |V_{\text{xase}}|}{\partial \ln S}\end{aligned}$$

For an enzyme with typical Michaelis-Menten kinetics, the value of  $\varepsilon$  ranges from about 1 at substrate concentrations far below  $K_m$  to near 0 as  $V_{\text{max}}$  is approached. Allosteric enzymes can have elasticities greater than 1.0, but not larger than their Hill coefficients (p. 167).

Finally, the effect of controllers outside the pathway itself (that is, not metabolites) can be measured and expressed as the **response coefficient,  $R$** . The change in flux through the pathway is measured for changes in the concentration of the controlling parameter  $P$ , and  $R$  is defined in a form analogous to that

of Equation 1, yielding the expression

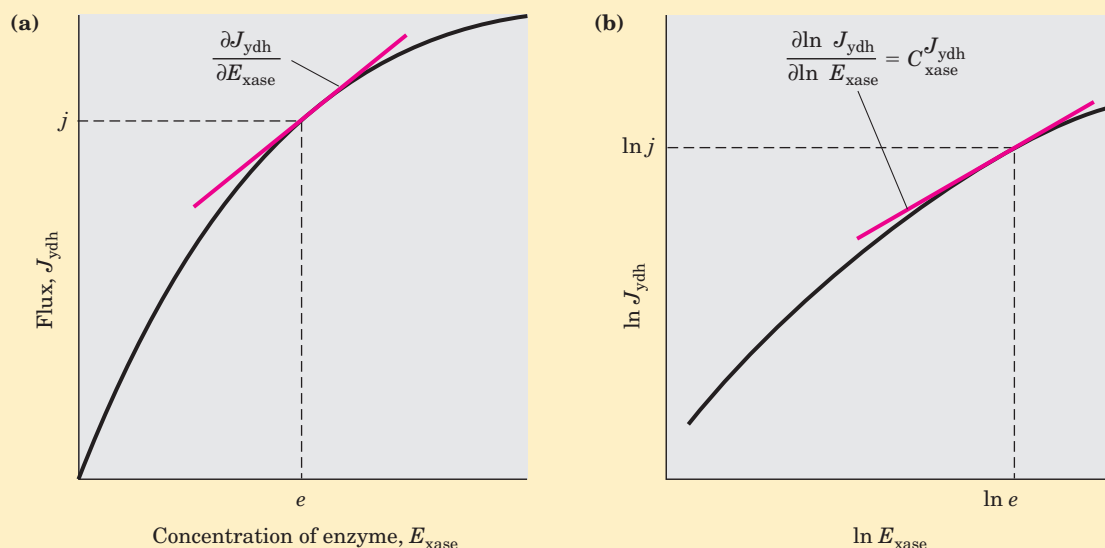
$$R_P^{J_{\text{ydh}}} = \frac{\partial J_{\text{ydh}}}{\partial P} \cdot \frac{P}{J_{\text{ydh}}}$$

Using the same logic and graphical methods as described above for determining  $C$ , we can obtain  $R$  as the slope of the tangent to the plot of  $\ln J$  versus  $\ln P$ .

The three coefficients we have described are related in this simple way:

$$R_P^{J_{\text{ydh}}} = C_{\text{xase}}^{J_{\text{ydh}}} \cdot \varepsilon_P^{\text{xase}}$$

Thus the responsiveness of each enzyme in a pathway to a change in an outside controlling factor is a simple function of two things: the control coefficient, a variable that expresses the extent to which that enzyme influences the flux under a given set of conditions, and the elasticity, an intrinsic property of the enzyme that reflects its sensitivity to substrate and effector concentrations.

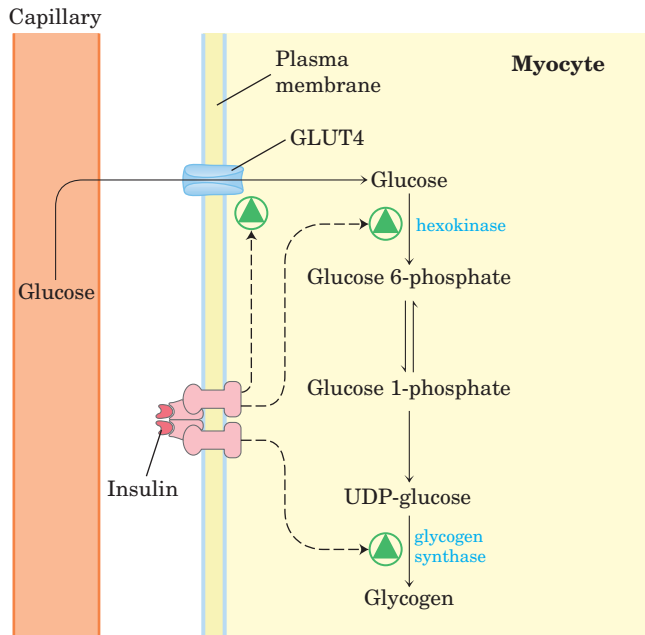


**FIGURE 2** The flux control coefficient. (a) Typical variation of the pathway flux,  $J_{\text{ydh}}$ , measured at the step catalyzed by the enzyme ydh, as a function of the amount of the enzyme xase,  $E_{\text{xase}}$ , which catalyzes an earlier step in the pathway. The flux control coefficient at  $(e, j)$  is the slope of the product of the tangent to the curve,  $\partial J_{\text{ydh}}/\partial E_{\text{xase}}$ , and the ratio (scaling factor),  $e/j$ . (b) On a double-logarithmic plot of the same curve, the flux control coefficient is the slope of the tangent to the curve.

extract (Fig. 15–33) also yielded a flux control coefficient that contradicted the conventional wisdom; it showed that hexokinase, not PFK-1, is most influential in setting the flux through glycolysis. We must note here that a liver extract is far from equivalent to a hepatocyte; the ideal way to study flux control is by manipu-

lating one enzyme at a time in the living cell. This is already feasible in some cases.

Investigators have used nuclear magnetic resonance (NMR) as a noninvasive means to determine the concentration of glycogen and metabolites in the five-step pathway from glucose in the blood to glycogen in myocytes



**FIGURE 15-36 Control of glycogen synthesis from blood glucose in myocytes.** Insulin affects three of the five steps in this pathway, but it is the effects on transport and hexokinase activity, not the change in glycogen synthase activity, that increase the flux toward glycogen.

(Fig. 15-36) in rat and human muscle. They found that the flux control coefficient for glycogen synthase was smaller than that for the steps catalyzed by the glucose transporter and hexokinase. This finding, too, contradicts the conventional wisdom that glycogen synthase is the locus of flux control and suggests that the importance of the phosphorylation/dephosphorylation of glycogen synthase is related instead to the maintenance of metabolite homeostasis—that is, *regulation*, not *control*. Two metabolites in this pathway, glucose and glucose 6-phosphate, are key intermediates in other pathways, including glycolysis, the pentose phosphate pathway, and the synthesis of glucosamine. Metabolic control analysis suggests that when the blood glucose level rises, insulin acts in muscle to (1) increase glucose transport into cells by bringing GLUT4 to the plasma membrane, (2) induce the synthesis of hexokinase, and (3) activate glycogen synthase by covalent alteration (Fig. 15-29). The first two effects of insulin increase glucose flux through the pathway (control), and the third serves to adapt the activity of glycogen synthase so that metabolite levels (glucose 6-phosphate, for example) will not change dramatically with the increased flux (regulation).

### Metabolic Control Analysis Suggests a General Method for Increasing Flux through a Pathway

How could an investigator engineer a cell to increase the flux through one pathway without altering the concen-

trations of other metabolites or the fluxes through other pathways? More than two decades ago Henrik Kacser predicted, on the basis of metabolic control analysis, that this could be accomplished by increasing the concentrations of every enzyme in a pathway. The prediction has been confirmed in several experimental tests, and it also fits with the way cells normally control fluxes through a pathway. For example, when rats are fed a high-protein diet, they dispose of excess amino groups by converting them to urea in the urea cycle (Chapter 18). After such a dietary shift, the urea output increases fourfold, and the amount of all eight enzymes in the urea cycle increases two- to threefold. Similarly, when increased fatty acid oxidation is triggered by activation of the enzyme peroxisome proliferator-activated receptor  $\gamma$  (PPAR $\gamma$ ; see Fig. 21-22), synthesis of the *whole set* of oxidative enzymes is increased. With the growing use of DNA microarrays to study the expression of whole sets of genes in response to various perturbations, we should soon learn whether this is the general mechanism by which cells make long-term adjustments in the fluxes through specific pathways.

### SUMMARY 15.5 Analysis of Metabolic Control

- Metabolic control analysis shows that control of the rate of metabolite flux through a pathway is distributed among several of the enzymes in that path.
- The flux control coefficient,  $C$ , is an experimentally determined measure of the effect of an enzyme's concentration on flux through a multienzyme pathway. It is characteristic of the whole system, not intrinsic to the enzyme.
- The elasticity coefficient,  $\varepsilon$ , of an enzyme is an experimentally determined measure of how responsive the enzyme is to changes in the concentration of a metabolite or regulator molecule.
- The response coefficient,  $R$ , is the expression for the experimentally determined change in flux through a pathway in response to a regulatory hormone or second messenger. It is a function of  $C$  and  $\varepsilon$ :  $R = C \cdot \varepsilon$ .
- Some regulated enzymes control the flux through a pathway, while others rebalance the level of metabolites in response to the change in flux. This latter, rebalancing activity is *regulation*; the former activity is *control*.
- Metabolic control analysis predicts that flux toward a desired product is most effectively increased by raising the concentration of all enzymes in the pathway.

## Key Terms

**Terms in bold are defined in the glossary.**

glycogenolysis	562	<b>metabolic control</b>	575	glycogen synthase <i>a</i>	586
<b>glycolysis</b>	562	<b>futile cycle</b>	576	glycogen synthase <i>b</i>	586
<b>gluconeogenesis</b>	562	substrate cycle	576	glycogen synthase kinase 3	
<b>glycogenesis</b>	562	<b>GLUT</b>	578	(GSK3)	586
debranching enzyme	562	glucagon	581	<b>priming</b>	586
sugar nucleotides	565	fructose 2,6-bisphosphate	581	glycogen-targeting proteins	588
<b>glycogenin</b>	569	glycogen phosphorylase <i>a</i>	583	flux control coefficient, <i>C</i>	592
<b>homeostasis</b>	571	glycogen phosphorylase <i>b</i>	584	flux, <i>J</i>	592
adenylate kinase	571	<b>enzyme cascade</b>	584	elasticity coefficient, $\varepsilon$	593
<b>mass action ratio, <i>Q</i></b>	572	phosphoprotein phosphatase 1		response coefficient, <i>R</i>	593
<b>metabolic regulation</b>	575	(PP1)	584		

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## Problems

**1. Measurement of Intracellular Metabolite Concentrations** Measuring the concentrations of metabolic intermediates in a living cell presents great experimental difficulties—usually a cell must be destroyed before metabolite concentrations can be measured. Yet enzymes catalyze metabolic interconversions very rapidly, so a common problem associated with these types of measurements is that the findings reflect not the physiological concentrations of metabolites but the equilibrium concentrations. A reliable experimental technique requires all enzyme-catalyzed reactions to be instantaneously stopped in the intact tissue so that the metabolic intermediates do not undergo change. This objective is accomplished by rapidly compressing the tissue between large aluminum plates cooled with liquid nitrogen ( $-190^\circ\text{C}$ ), a process called **freeze-clamping**. After freezing, which stops enzyme action instantly, the tissue is powdered and the enzymes are inactivated by precipitation with perchloric acid. The precipitate is removed by centrifugation, and

the clear supernatant extract is analyzed for metabolites. To calculate intracellular concentrations, the intracellular volume is determined from the total water content of the tissue and a measurement of the extracellular volume.

The intracellular concentrations of the substrates and products of the phosphofructokinase-1 reaction in isolated rat heart tissue are given in the table below.

Metabolite	Concentration ( $\mu\text{M}$ )*
Fructose 6-phosphate	87.0
Fructose 1,6-bisphosphate	22.0
ATP	11,400
ADP	1,320

**Source:** From Williamson, J.R. (1965) Glycolytic control mechanisms I: inhibition of glycolysis by acetate and pyruvate in the isolated, perfused rat heart. *J. Biol. Chem.* **240**, 2308–2321.

\*Calculated as  $\mu\text{mol/mL}$  of intracellular water.

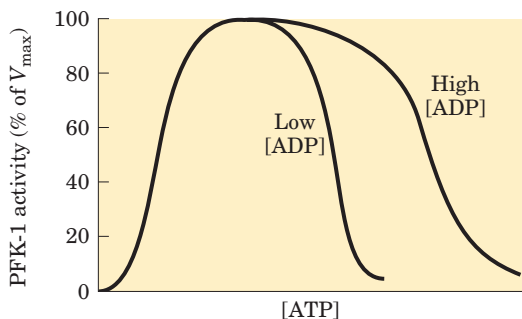
(a) Calculate  $Q$ ,  $[\text{fructose 1,6-bisphosphate}][\text{ADP}] / [\text{fructose 6-phosphate}][\text{ATP}]$ , for the PFK-1 reaction under physiological conditions.

(b) Given a  $\Delta G'^{\circ}$  for the PFK-1 reaction of  $-14.2 \text{ kJ/mol}$ , calculate the equilibrium constant for this reaction.

(c) Compare the values of  $Q$  and  $K'_{\text{eq}}$ . Is the physiological reaction near or far from equilibrium? Explain. What does this experiment suggest about the role of PFK-1 as a regulatory enzyme?

**2. Effect of  $\text{O}_2$  Supply on Glycolytic Rates** The regulated steps of glycolysis in intact cells can be identified by studying the catabolism of glucose in whole tissues or organs. For example, the glucose consumption by heart muscle can be measured by artificially circulating blood through an isolated intact heart and measuring the concentration of glucose before and after the blood passes through the heart. If the circulating blood is deoxygenated, heart muscle consumes glucose at a steady rate. When oxygen is added to the blood, the rate of glucose consumption drops dramatically, then is maintained at the new, lower rate. Why?

**3. Regulation of PFK-1** The effect of ATP on the allosteric enzyme PFK-1 is shown below. For a given concentration of fructose 6-phosphate, the PFK-1 activity increases with increasing concentrations of ATP, but a point is reached beyond which increasing the concentration of ATP inhibits the enzyme.



(a) Explain how ATP can be both a substrate and an inhibitor of PFK-1. How is the enzyme regulated by ATP?

(b) In what ways is glycolysis regulated by ATP levels?

(c) The inhibition of PFK-1 by ATP is diminished when the ADP concentration is high, as shown in the illustration. How can this observation be explained?

#### 4. Are All Metabolic Reactions at Equilibrium?

(a) Phosphoenolpyruvate (PEP) is one of the two phosphoryl group donors in the synthesis of ATP during glycolysis. In human erythrocytes, the steady-state concentration of ATP is  $2.24 \text{ mM}$ , that of ADP is  $0.25 \text{ mM}$ , and that of pyruvate is  $0.051 \text{ mM}$ . Calculate the concentration of PEP at  $25^\circ\text{C}$ , assuming that the pyruvate kinase reaction (see Fig. 13–3) is at equilibrium in the cell.

(b) The physiological concentration of PEP in human erythrocytes is  $0.023 \text{ mM}$ . Compare this with the value obtained in (a). Explain the significance of this difference.

**5. Cellular Glucose Concentration** The concentration of glucose in human blood plasma is maintained at about  $5 \text{ mM}$ . The concentration of free glucose inside a myocyte is much lower. Why is the concentration so low in the cell? What

happens to glucose after entry into the cell? Glucose is administered intravenously as a food source in certain clinical situations. Given that the transformation of glucose to glucose 6-phosphate consumes ATP, why not administer intravenous glucose 6-phosphate instead?

**6. Enzyme Activity and Physiological Function** The  $V_{\text{max}}$  of the enzyme glycogen phosphorylase from skeletal muscle is much greater than the  $V_{\text{max}}$  of the same enzyme from liver tissue.

(a) What is the physiological function of glycogen phosphorylase in skeletal muscle? In liver tissue?

(b) Why does the  $V_{\text{max}}$  of the muscle enzyme need to be greater than that of the liver enzyme?

**7. Glycogen Phosphorylase Equilibrium** Glycogen phosphorylase catalyzes the removal of glucose from glycogen. The  $\Delta G'^{\circ}$  for this reaction is  $3.1 \text{ kJ/mol}$ . (a) Calculate the ratio of  $[\text{P}_i]$  to  $[\text{glucose 1-phosphate}]$  when the reaction is at equilibrium. (Hint: The removal of glucose units from glycogen does not change the glycogen concentration.) (b) The measured ratio  $[\text{P}_i]/[\text{glucose 1-phosphate}]$  in myocytes under physiological conditions is more than 100:1. What does this indicate about the direction of metabolite flow through the glycogen phosphorylase reaction in muscle? (c) Why are the equilibrium and physiological ratios different? What is the possible significance of this difference?

**8. Regulation of Glycogen Phosphorylase** In muscle tissue, the rate of conversion of glycogen to glucose 6-phosphate is determined by the ratio of phosphorylase *a* (active) to phosphorylase *b* (less active). Determine what happens to the rate of glycogen breakdown if a muscle preparation containing glycogen phosphorylase is treated with (a) phosphorylase kinase and ATP; (b) PP1; (c) epinephrine.

**9. Glycogen Breakdown in Rabbit Muscle** The intracellular use of glucose and glycogen is tightly regulated at four points. In order to compare the regulation of glycolysis when oxygen is plentiful and when it is depleted, consider the utilization of glucose and glycogen by rabbit leg muscle in two physiological settings: a resting rabbit, with low ATP demands, and a rabbit that sights its mortal enemy, the coyote, and dashes into its burrow. For each setting, determine the relative levels (high, intermediate, or low) of AMP, ATP, citrate, and acetyl-CoA and how these levels affect the flow of metabolites through glycolysis by regulating specific enzymes. In periods of stress, rabbit leg muscle produces much of its ATP by anaerobic glycolysis (lactate fermentation) and very little by oxidation of acetyl-CoA derived from fat breakdown.

**10. Glycogen Breakdown in Migrating Birds** Unlike the rabbit with its short dash, migratory birds require energy for extended periods of time. For example, ducks generally fly several thousand miles during their annual migration. The flight muscles of migratory birds have a high oxidative capacity and obtain the necessary ATP through the oxidation of acetyl-CoA (obtained from fats) via the citric acid cycle. Compare the regulation of muscle glycolysis during short-term intense activity, as in the fleeing rabbit, and during extended activity, as in the migrating duck. Why must the regulation in these two settings be different?



### 11. Enzyme Defects in Carbohydrate Metabolism

Summaries of four clinical case studies follow. For each case determine which enzyme is defective and designate the appropriate treatment, from the lists provided at the end of the problem. Justify your choices. Answer the questions contained in each case study. (You may need to refer to information in Chapter 14.)

**Case A** The patient develops vomiting and diarrhea shortly after milk ingestion. A lactose tolerance test is administered. (The patient ingests a standard amount of lactose, and the glucose and galactose concentrations of blood plasma are measured at intervals. In normal individuals the levels increase to a maximum in about 1 hour, then decline.) The patient's blood glucose and galactose concentrations do not increase during the test. Why do blood glucose and galactose increase and then decrease during the test in normal individuals? Why do they fail to rise in the patient?

**Case B** The patient develops vomiting and diarrhea after ingestion of milk. His blood is found to have a low concentration of glucose but a much higher than normal concentration of reducing sugars. The urine test for galactose is positive. Why is the concentration of reducing sugar in the blood high? Why does galactose appear in the urine?

**Case C** The patient complains of painful muscle cramps when performing strenuous physical exercise but has no

other symptoms. A muscle biopsy indicates a muscle glycogen concentration much higher than normal. Why does glycogen accumulate?

**Case D** The patient is lethargic, her liver is enlarged, and a biopsy of the liver shows large amounts of excess glycogen. She also has a lower than normal blood glucose level. What is the reason for the low blood glucose in this patient?

#### *Defective Enzyme*

- (a) Muscle PFK-1
- (b) Phosphomannose isomerase
- (c) Galactose 1-phosphate uridylyltransferase
- (d) Liver glycogen phosphorylase
- (e) Triose kinase
- (f) Lactase in intestinal mucosa
- (g) Maltase in intestinal mucosa
- (h) Muscle-debranching enzyme

#### *Treatment*

- 1. Jogging 5 km each day
- 2. Fat-free diet
- 3. Low-lactose diet
- 4. Avoiding strenuous exercise
- 5. Large doses of niacin (the precursor of NAD<sup>+</sup>)
- 6. Frequent regular feedings