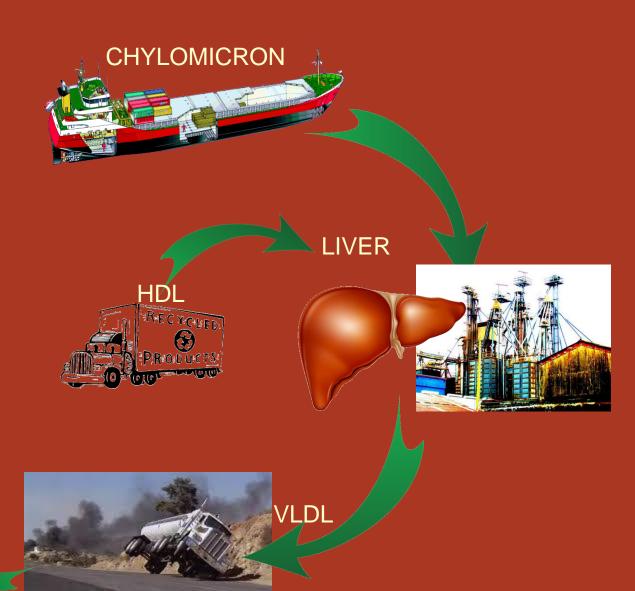
Everything you wanted to know and more!



- Physical properties
  - Soluble in organic solvents
  - Insoluble in water
- Biological Functions
  - 1. Hormone & hormone precursor
  - 2. Aid in digestion
  - 3. Energy storage & metabolic fuel
  - 4. Functional and Structural membrane component
  - 5. Insulation-for nerves and against heat loss





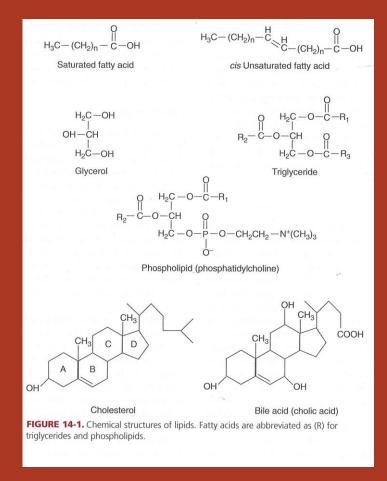


## **Lipids-Chemistry**

Composition of C-H bonds makes

energy rich

 Transport through triglycerides, cholesterol cholesteryl esters, phospholipids



## **Lipids-Chemistry**

- Fatty Acids
  - R-COOH only a small amount of plasma portion
  - Saturation C=C or C-C
  - Usually part of trigly or phospholipids
- Glycerol Esters
  - Triglycerides for energy
  - Phospholipids hydrophilic heads

## **Lipids-Chemistry**

- Cholesterol
  - 4 rings, only 1 hydrophilic group, amphipathic (free chol.)
  - Esterified cholesterol has NO polar groups
  - Almost exclusively Animalia
    - Unable to be catabolized for energy
  - Converted to usable products

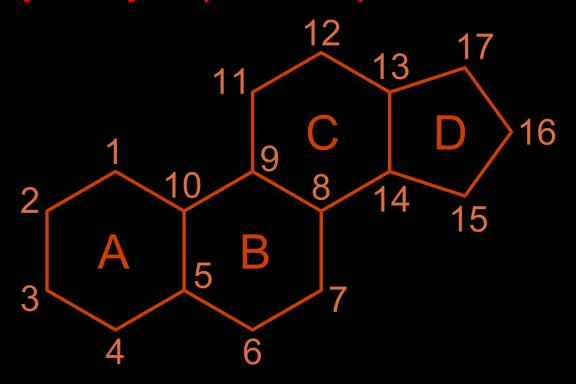
$$H_3C-(CH_2)_n-C$$
Cholesterol

## FUN WORD ALERT!!!

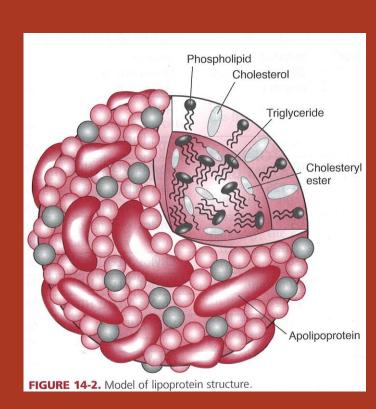


#### FUN WORD ALERT!!!

perhydrocylcopentanophenanthrene



- Spherical 10-1200 nm wide
  - Proteins are apolipoproteins on surface
- Ultracentrifuge into fractions
  - Chylomicron, VLDL,LDL, HDL



CHARACTERISTICS	CHYLOS	VLDL	LDL	HDL
Density (g/mL)	< 0.93	0.93-1.006	1.019-1.063	1.063-1.21
Molecular weight (kD)	(0.4–30) · 10 <sup>9</sup>	(10-80) · 10 <sup>6</sup>	$2.75 \cdot 10^6$	$(1.75-3.6) \cdot 10^5$
Diameter (nm)	80–1,200	30–80	18–30	5–12
Total lipid (% by weight)	98	89–96	77	50
Triglyceride (% by weight)	84	44–60	11	3
Total cholesterol (% by weight)	7	16–22	62	19

## Lipids-Apolipoproteins

TABLE 14-2 CHARACTERISTICS OF THE MAJOR HUMAN APOLIPOPROTEINS						
APOLIPOPROTEIN	MOLECULAR WEIGHT (kD)	PLASMA CONCENTRATION (mg/dL)	MAJOR LIPOPROTEIN LOCATION	FUNCTION		
Аро А-І	28,000	100–200	HDL	Structural, LCAT activator, ABCA1 lipid acceptor		
Apo A-II	17,400	20–50	HDL	Structural		
Apo A-IV	44,000	10–20	Chylos, VLDL, HDL	Structural		
Apo B-100	5.4 × 10 <sup>5</sup> 10 <sup>5</sup>	70–125	LDL, VLDL	Structural, LDL receptor ligand		
Аро В-48	2.6 × 10 <sup>5</sup>	<5	Chylos	Structural, remnant receptor ligand		
Apo C-I	6,630	5–8	Chylos, VLDL, HDL	Structural		
Apo C-II	8,900	3–7	Chylos, VLDL, HDL	Structural, LPL cofactor		
Apo C-III	9,400	10–12	Chylos, VLDL, HDL	Structural, LPL inhibitor		
Аро Е	34,400	3–15	VLDL, HDL	Structural, LDL receptor ligand		
Apo(a)	(3–7) · 10 <sup>5</sup>	<30	Lp(a)	Structural, plasminogen inhibitor		

- Chylomicrons
  - Only with apo B-48
  - Largest, turbidity-causing
  - Produced by intestines for absorption
    - Once absorbed lipases hydrolyze the triglycerides and cholesterol esters
    - 2-3 hours after meals they peak in blood
    - Liver takes up the rest
  - Nice creamy layer! YUM!





- Very Low Density Lipoproteins VLDL
  - Produced by liver
  - Apo B-100, Apo E, Apo Cs
  - Carries endogenous triglycerides to tissues
    - Causes turbidity in fasting specimens, no creamy layer
  - Ingestion of carbs, sat/transfatty acids ↑ VLDL production

- Low-Density Lipoproteins LDL
  - Apo B100
  - Formed by lipolysis of VLDL
  - Taken in by peripheral cells and liver
    - Can also infiltrate intracellular spaces
    - Macrophages become foam cells or do they?
    - Atherosclerotic plaques
      - Smaller subtypes are more dangerous

- High-Density Lipoprotein HDL
  - Smallest and most dense
  - Synthesized by liver and intestines
    - Discoidal → spherical
    - Apo A-I x2
    - HDL<sub>2</sub> HDL<sub>3</sub>

- Lipoprotein(a)
  - Similar to LDL
    - apo (a) and apo B-100
    - Heterogenous # of kringle sequences
    - Remain constant
      - Increases risk of CHD
      - May promote clotting ↑ MI ↑ Stroke

- Absorption Pathway
  - Special mechanisms needed to absorb
- Exogenous Pathway
  - Ingested fats distributed & transferred
- Endogenous Pathway
  - Packaging and distribution to cells of the body

- Lipid Absorption
  - 60-130g of polar substances/day
  - Pancreatic lipase chops off F.A.s
  - Amphipathic lipids aggregate with bile acids (micelle formed)
  - Intestinal wall reesterifies into triglycerides & chol. esters
  - Packaged with apo B-48 (Chylomicron formed)

- Exogenous Pathway
  - Chylomicrons secreted into lymphatics
    - Enter circulation via thoracic duct
  - Lipoprotein Lipase is activated in circulation
    - Triglycerides→FFAs & glycerol (cell food)
      - Excess is reesterified inside cell as Trigly

- Exogenous Pathway
  - Chylomicron remnants are recycled
    - Apo E receptor allows for liver uptake» FFAs, free Chol., amino acids
    - Chosterol recycled with bile ½ will be reabsorbed
    - Some apolipoproteins and lipids are transferred to HDL

- Endogenous Pathway
  - Liver takes triglycerides and makes VLDL (some made de novo from carbs)
  - LPL also digests TG to FFAs & glycerol
  - VLDL shrinks to VLDL remnant
    - Further transformed to LDL through lipolysis
  - LDL delivers cholesterol to peripheral tissues

#### **Lipids-Lipid Metabolism**

- Endogenous Pathway
  - LDL receptors on cells take up cholesterol
    - Excess cholesterol is digested by ACAT into esters (LCAT outside of cells)
  - If LDL receptor is faulty blood LDL ↑
    - Premature atherosclerosis



- Reverse Cholesterol Transport Pathway
  - For cholesterol to go BACK from periphery HDL to the rescue
  - Free cholesterol esterified by LCAT
    - Captured by HDL
    - ½ transferred to LDL on its way back to liver by CETP

#### **Lipids-In the Lab**

- Reference Ranges
  - -Total Cholesterol 140-200 mg/dL
  - -LDL ----- 40-75 mg/dL
  - -HDL----- 50-130 mg/dL
  - -Triglycerides ----- 60-150 mg/dL
- Fasting Lipids
  - 12-14 hours after last eating

#### **Lipids-In the Lab**

- Risk markers
  - ↑Cholesterol ↑Heart disease
    - Genetic and lifestyle influences
  - HDL negative risk factor
    - Among homogenous lifestyle ↑HDL ↓Heart disease
  - All adults get lipid panel every 5 years

- Hyperlipoproteinemia
  - Hypercholesterolemia
    - Closest link to heart disease
    - FH 1:1,000,000 homozygotes
      - Total Chol. 900-1000 mg/dL MI while teenager
    - FH 1:500 heterozygotes
      - Total Chol. 300-600 mg/dL symptomatic 20-50
    - Primarily increased LDL
      - HMG-CoA reductase inhibitors
      - "LDL pheresis"

- Hypertriglyceridemia
  - Borderline high 150-200mg/dL
  - High 200-500 mg/dL
  - Very High >500 mg/dL
  - Deficency in LPL or apo CII (LPL co-factor)
  - "Cream over clear"

- Combined hyperlipidemia
  - FCH some have one, the other or both ↑
  - Dysbetalipoproteinemia (type III)
    - ↑VLDL ↑Chylomicrons from defective catabolism
      - » VLDL Chol : total Chol >0.30
    - Apo E2/2 alelle
- Lp(a) Elevation
  - ↑CHD and CVD
  - Drug resistant

- Hypolipoproteinemia
  - Hypoalphalipoproteinemia
    - Decrease in circulating HDL
      - < 40 mg/dL
      - Absence of hypertriglyceridemia
      - Almost zero HDL? Tangier Disease
    - Possibly transitory with stresses

- "Cutpoints" set by NCEP based upon epidemiological studies
- Standardization and comparability of results enacted
- Analytes
  - Cholesterol
  - Triglyceride
  - Lipoproteins

- Cholesterol Measurement
  - Abell-Kendall
    - Ref Method: hexane extraction after hydrolysis with alcoholic KOH followed by Liebermann-Burchard color reagent
    - Complicated, but agrees with isotope dilution mas-spec "definitive method"
  - Replaced by enzymatic reagents

Cholesterol ester + 
$$H_2O$$
  $\xrightarrow{Cholesteryl \, esterase}$  Cholesterol + Fatty Acid

Cholesterol +  $O2$   $\xrightarrow{Cholesterol \, oxidase}$  Cholestone +  $H_2O_2$ 
 $H_2O_2 + dye$   $\xrightarrow{peroxidase}$  change in color @500nm Absorbed Appears

Triglyceride + 
$$H_2O \xrightarrow{Bacterial Lipase} Glycerol + Fatty Acid$$

$$Glycerol + ATP \xrightarrow{Glycerokinase} Glycerophosphate + ADP$$

Glycerophosphate
$$Glycerophosphate + O_2 \xrightarrow{oxidase} Dihyroxyacetone + H_2O_2$$

Free glycerol in serum can contribute to false high results How could we fix this?

- Lipoproteins
  - Electrophoresis
    - Agarose
    - As go to α Bs go to β and chylos go nowhere
  - Ultracentrifugation
  - Chemical precipitation
  - Antibodies
  - Chromatography
    - Detergents and antibodies most common

- Blockage of non-HDL lipoproteins
  - "When cholesterol esterase and cholesterol oxidase enzymes are modified by PEG, they show selective catalytic activities toward lipoprotein fractions, with the reactivity increasing in the order: LDL < VLDL ≈ chylomicrons < HDL"</li>
    - HDL-Cholesterol plus 3rd generation product insert © 2014, Roche Diagnostics

PEG-Cholesterol  
HDL-cholesterol esters + 
$$H_2O$$
  $\xrightarrow{\text{oxidase}}$  HDL-Chol + RCOOH

$$\begin{array}{c} {\it PEG-Cholesterol} \\ {\it HDL-Cholesterol} + O_2 & \xrightarrow{\it Oxidase} \Delta^4 - {\it cholestone} + H_2O_2 \end{array}$$

$$2 H_2O_2 + 4$$
—amino—antipyrine + HSDA  
peroxidase  
purple—blue pigment + 5  $H_2O$ 

- LDL
  - Friedewald Equation
    - LDL = Total Chol HDL  $(\frac{\text{Triglycerides}}{5})$
    - Works for up to 400 mg/dL of Trigs
  - Direct Measurements
    - Detergents used to selectively solubilize LDL also Mg<sup>2+</sup> and a sugar inhibit VLDL and Chylo. action

Any Questions?



