

## MEDICINAL CHEMISTRY 562P - VITAMINS (and Minerals)

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### INTRODUCTION

#### I. Definitions

- Vitamins are *organic compounds* and minerals are *chemical elements* that are required as a nutrients in small amounts by an organism.
- Vitamers are different forms of a particular vitamin, e.g. retinol and retinal, vitamins K1 and K2 etc.

#### II. Standardization

- Units of biological activity (IU) superceded, where known, by potencies based on weight ( $\mu\text{g}$ , mg) of the most active vitamer.

#### III. Reference requirements

1. Daily Value (DV or RDI)
  - Set by FDA and primarily used for labeling purposes,
  - % DV on labels is based on a 2,000 calorie diet.
2. Tolerable Upper Limit (UL)
  - Maximum adult daily intake unlikely to cause harm.
3. Dietary Reference Intakes (DRI -1997-2001)
  - Set by Food & Nutrition Board of the Institute of Medicine replace the older RDA values.
  - Generally lower than DV/RDI values, except for vitamins D and K which are 50% higher.
4. Reference Daily Allowance (RDA - 1968) –
  - When intake requirements precisely known, RDA value set as 2 standard deviations above average requirement for the population.

#### IV. Sources

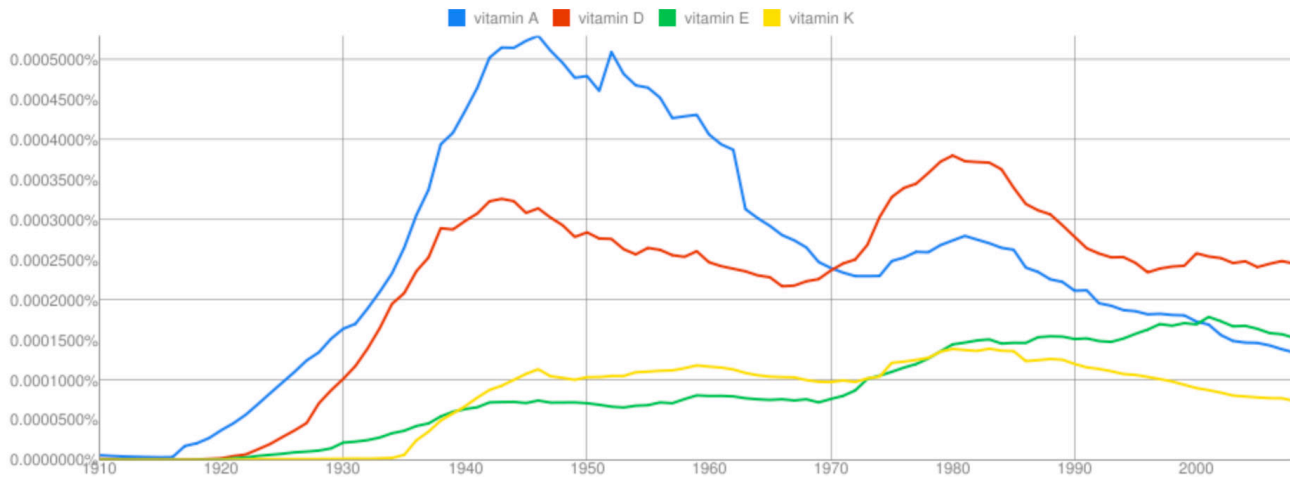
- Diet, sunshine (and supplements).

## A. History and Discovery

- 1500 BC Ancient Egyptians use **liver - rich in vitamin A** - applied to the eye to treat **night blindness**.
- 1536 Jacques Cartier, exploring the St. Lawrence River uses local native knowledge to save his men from scurvy by boiling the needles from cedar trees to make a vitamin C-rich tea.
- 1795 British navy adds lemons to sailors' rations, 40 years after a Scottish naval surgeon, James Lind, had urged that citrus fruits be used to prevent scurvy.
- 1884 Japanese navy eradicates beriberi - vitamin B1 deficiency- by feeding sailors meat and fruit in addition to polished white rice, which lacked the thiamine-rich husks.
- 1897 Beriberi (a polyneuritis) was induced in birds fed only polished rice and reversed by feeding the rice polishings.
- 1911 Casimir Funk isolates amine-containing concentrate from rice polishings that was curative for polyneuritis in pigeons, and names it '**vitamine**' for **vital amine**.
- 1912 Xavier Mertz –Antarctic explorer – dies of vitamin A poisoning from ingesting sled dog liver after supplies are lost in a crevasse.

| Year discovered | Vitamin          | Source                       |
|-----------------|------------------|------------------------------|
| <b>1909</b>     | <b>Vitamin A</b> | <b>Cod liver oil</b>         |
| 1912            | Vitamin B1       | Rice bran                    |
| 1912            | Vitamin C        | Lemons                       |
| <b>1918</b>     | <b>Vitamin D</b> | <b>Cod liver oil</b>         |
| 1920            | Vitamin B2       | Eggs                         |
| <b>1922</b>     | <b>Vitamin E</b> | <b>Wheat germ, Seed oils</b> |
| 1926            | Vitamin B12      | Liver                        |
| <b>1929</b>     | <b>Vitamin K</b> | <b>Alfalfa</b>               |
| 1931            | Vitamin B5       | Liver                        |
| 1931            | Vitamin B7       | Liver                        |
| 1934            | Vitamin B6       | Rice bran                    |
| 1936            | Vitamin B3       | Liver                        |
| 1941            | Vitamin B9       | Liver                        |

Graph these **case-sensitive** comma-separated phrases:  between  and  from the corpus  with smoothing of .



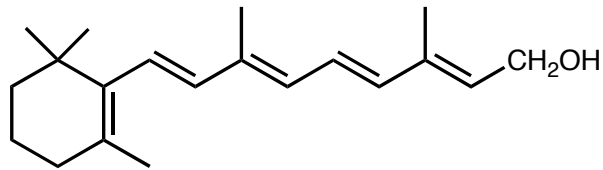
## B. Generalities

1. Unlike water-soluble vitamins that need regular replacement in the body, fat-soluble vitamins are stored in fatty tissues; e.g. adipose tissue, skeletal muscle, liver. Consequently;
  - i) it takes time to bring on a deficiency state (rare in US with an adequate diet),
  - ii) however, they are more likely to cause toxicity on overdosage (e.g. megadoses of vitamin supplements).
  
1. Unlike water-soluble vitamins, notably the B-family which serve as coenzymes/cofactors for energy-producing reactions, the fat-soluble vitamins generally act directly (e.g. vitamin E) or bind to specific receptors in the cell nucleus to influence gene expression (e.g. vitamin D, atRA).
  
2. Fat-soluble vitamins are absorbed in association with dietary fat - bile is required; diseases that impair fat absorption (e.g. ulcerative colitis, Crohn's) can lead to deficiencies.
  
3. Most people will not need supplementation with fat-soluble vitamins. Only certain at-risk populations, e.g. lactating and post-menopausal women, newborns, alcoholics.

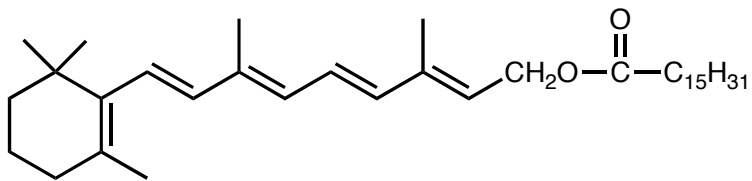
## C. Vitamin A

### 1. Chemistry

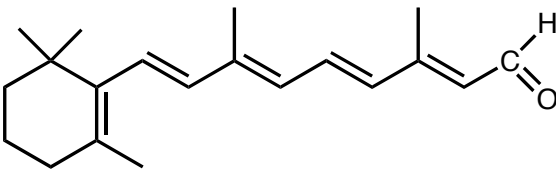
A series of **retinoid** and **carotenoid** compounds containing the  $\beta$ -ionone ring are pharmacologically active. Among the retinoids, retinol (mixed esters, especially retinol palmitate) is mostly what is ingested from animal products. Vitamin A is found in the body as retinol, retinal and retinoic acid.



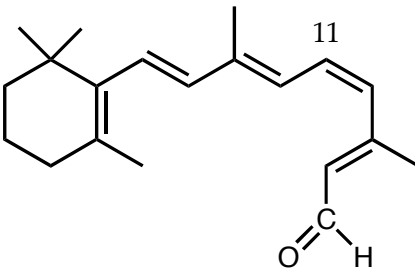
Retinol



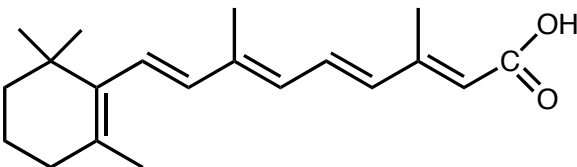
Retinol palmitate



Retinal



11-cis Retinal

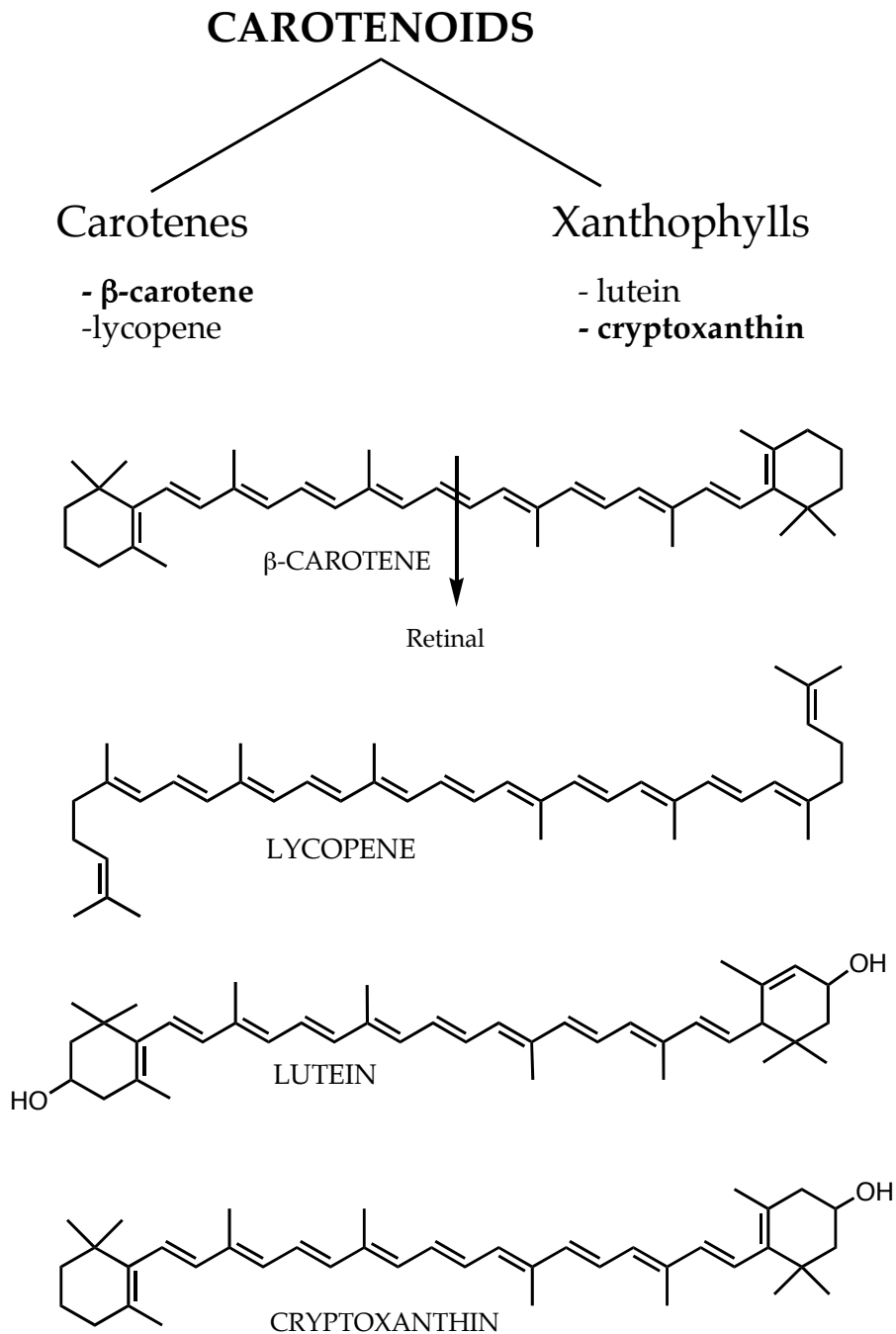


Retinoic acid

- These retinoids undergo *cis-trans* isomerization reactions catalyzed by light and certain metabolic enzymes.
- Retinol and retinal dehydrogenases convert retinol  $\rightarrow$  retinal  $\rightarrow$  retinoic acid.
- CYP26 inactivates retinoic acid by 4-hydroxylation on the  $\beta$ -ionone ring.

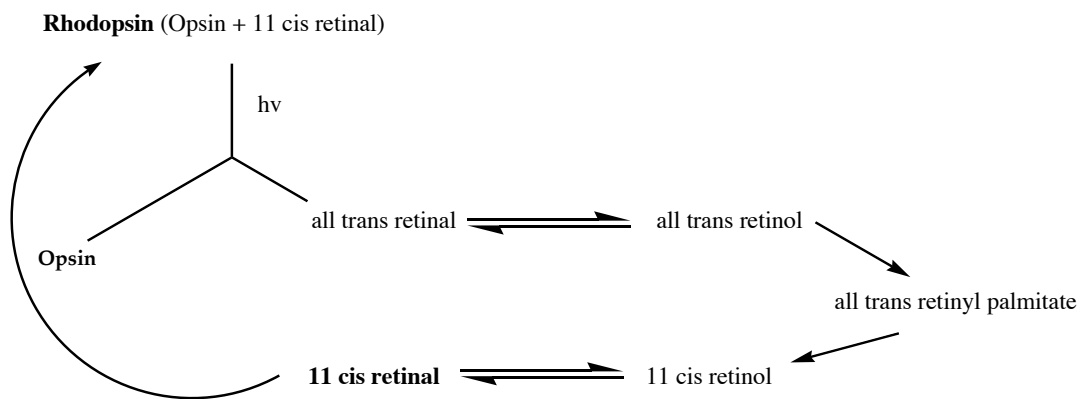
**Carotenoids** are divided into the *carotenes* – which contain no oxygen, and the *xanthophylls* - which do contain oxygen atoms. Of the ~600 plant carotenoids identified, only those that contain an unmodified  $\beta$ -ionone ring have pro-vitamin A activity.

**$\beta$ -Carotene** is the most potent carotenoid because it yields (theoretically) 2 moles of retinal after cleavage by  $\beta$ -carotene 15,15'-dioxygenase. However, the enzymatic process is inefficient and conversion decreases when body stores of vitamin A are high.



2. **Source** – *plants* provide carotenoids, *animals* provide retinol palmitate.
3. **Transport and storage** - specific transport proteins (CRABP, RBP) exist for retinoic acid, retinal and retinol. Stored in liver as retinol esters (mostly retinol palmitate)
4. **Functions and deficiency states** - The active forms of vitamin A have 3 basic functions; *vision, growth and development and immunity*.
  - a. Eye - Night blindness.
 

11-*Cis* retinal binds reversibly to opsin via a Schiff's base with Lys296 to form the low light sensitive pigment, rhodopsin. The rhodopsin cycle involves two critical isomerizations; the first, catalyzed by light, converts 11-*cis* retinal (bound to opsin) to 11-*trans* retinal, the second, catalyzed by retinoid isomerohydrolase, converts trans retinyl palmitate to 11-*cis* retinol.



- b. Eye - Much can be explained by the ability of retinol and retinoic acid to regulate macromolecule synthesis. Keratinization of the cornea results in xerophthalmia and risk of blindness especially in children.
  - c. Skin - Deficiency here results in low mucin synthesis and high keratin synthesis (hyperkeratosis). Fissures allow microbe penetration and infection. Vitamin A is known as the “antiinfective vitamin”.
  - d. Bone - Low intake and high intake increases risks for weak bones.
  - e. Immunity- a role of the vitamin in immune functioning especially in the activation of T-lymphocytes. Measles is a killer in kids with low vitamin A.
  - f. Iron - vitamin A is involved in synthesis of transferrin; deficiency causes low erythrocyte iron that results in anemia.
6. **Requirement** – Daily value (DV) = 5000 IU. UL = 3000 µg/d = 10,000 IU. Adult RDA = 900 µg retinol equivalents (~ 2900 IU) for males and 700 µg/d (~ 2300 IU) for females and 1300 µg/d (~4000 IU) for breast-feeding mothers. 1 retinol equivalent = 1 µg retinol = 6 µg β-carotene = 12 µg mixed dietary carotenoids. 1 µg retinol is about 3.3 IU.

7. **Dietary source** –The richest sources are animal livers and fish oils. Plants provide carotenoids. Eggs and fortified dairy products are also important sources of vitamin A.

8. **Stability** -- O<sub>2</sub> labile, as are most unsaturated fats.

9. **Use**

a. Deficiency state. Extremely rare in US; night blindness and very dry, rough skin may indicate a lack of vitamin A. Other signs might include decreased resistance to infections, faulty tooth development and slower bone growth.

b. Skin conditions-

i. Acne -- topically as retinoic acid. Systemically as 13-cis retinoic acid (isotretinoin) Accutane® Roche.

ii. Psoriasis – etretinate (Tegison®) ↔ acitretin (Soriatane®)

Attention: these retinoids are strong teratogens.

c. Cancer – Retinoic acid is important in cell differentiation and low vitamin A is associated with an increased risk of various cancers. Tretinoin (all trans retinoic acid) used in patients with acute promyelocytic leukemia. Acts through induction of terminal differentiation.

Vitamin A deficiencies associated with increased sensitivity to carcinogens and increased tumor incidence, but prospective studies with supplements have not shown consistent benefit.

There is an association of low carotene intake and increased risk of lung cancer in smokers. However, supplementation of β-carotene to smokers resulted in an *increased* risk of lung cancer.

d. Carotenoids have antioxidant/free radical scavenger activity.

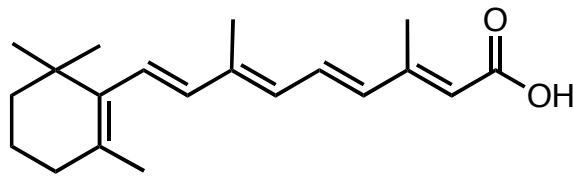
Lycopene, a carotenoid (diets rich in tomatoes) with no vitamin A activity, may have benefit in preventing prostate cancer; doses of 6-30 mg.

Luteine, a carotenoid (diets rich in broccoli, spinach, and kale) with no vitamin A activity, may help prevent macular degeneration; doses of 7-20 mg.

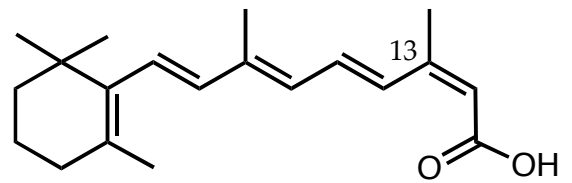
Most multivitamins provide only a fraction of these amounts.

e. Low vitamin A intake is associated with more severe infectious diseases including HIV. The infectious process also lowers vitamin A. Retinol is being evaluated by the WHO in some developing countries to decrease mortality in children due to measles and other infectious diseases. One study showed that severe measles in the USA was associated with low retinol levels.

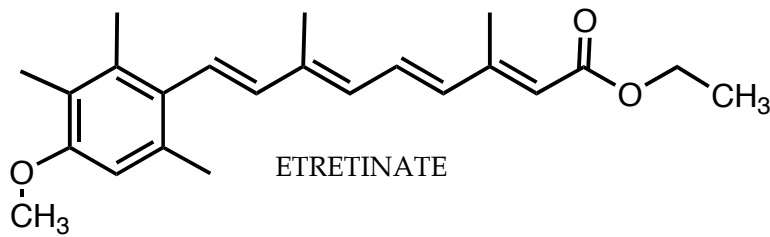
## Vitamin A-Related Drugs



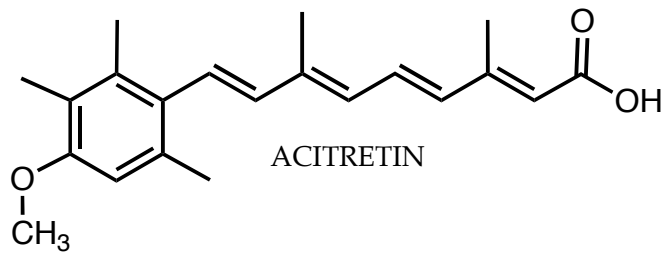
TRETINOIN



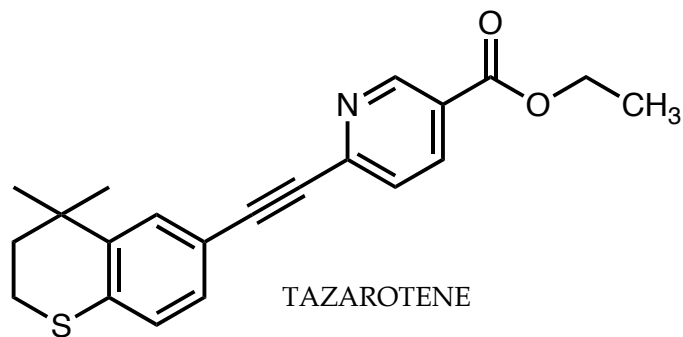
ISOTRETINOIN



ETRETINATE



ACITRETIN



TAZAROTENE



## 10. Toxicity

- a. Hypercarotenosis -- eat too many carrots, turn yellow, but no harm done.
- b. Hypervitaminosis A -- characterized by hydrocephalus, vomiting, hypercalcemia and brittle bones, fatigue, malaise, joint pain, headaches, rough skin, swellings on the extremities, papilledema caused by increased production of spinal fluid (symptoms of brain tumor), hepatotoxicity.
  - Can be precipitated by chronic ingestion of 25,000 to 50,000 I.U./day.

Note: cod liver oil has about 5,000 IU/5 ml. Beef liver has about 30,000 IU/3 oz.

- Watch out for polar bear liver -- has 20,000 to 30,000 I.U./g.

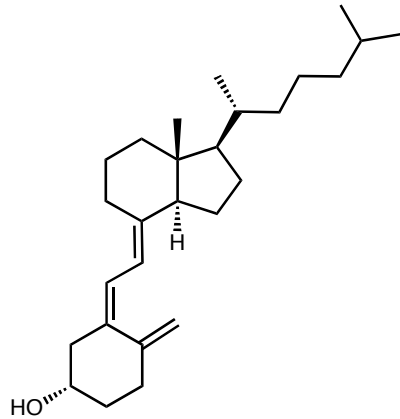
- c. Teratogenic? - recent evidence says yes for oral preparations in doses > 15,000 I.U./d.
- d. Risk for fractures – an intake of retinol from all diet and supplements over about 10,000 IU is associated with increased risk for fractures in men and women.
  - Avoid single supplements and excess dietary intake unless there is a compelling reason to do so.

## 11. Consumer Counseling and Advice

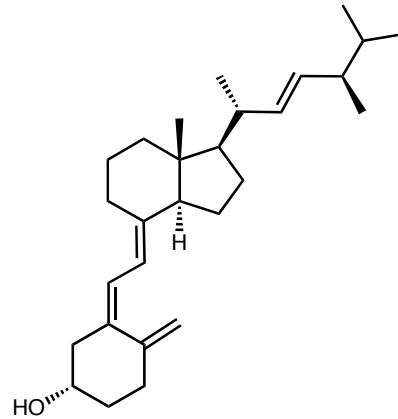
- a. Avoid doses over 5000 IU/d of retinol.
- b. Avoid frequent eating of liver and routine use of cod liver oil.
- c. Avoid  $\beta$ -carotene as a single dietary supplement, especially for smokers. The amount in multivitamins is usually low.
- d. Veggies are the best way to get needed amounts of vitamin A because carotenoid conversion to the retinal by the 15,15- dioxygenase is regulated by the body's needs, (i.e. retinoic acid exerts feedback regulation on the enzyme), so little danger of toxicity if intake is excessively high.

## D. Vitamin D

### 1. Two main forms; vitamin D2 and D3



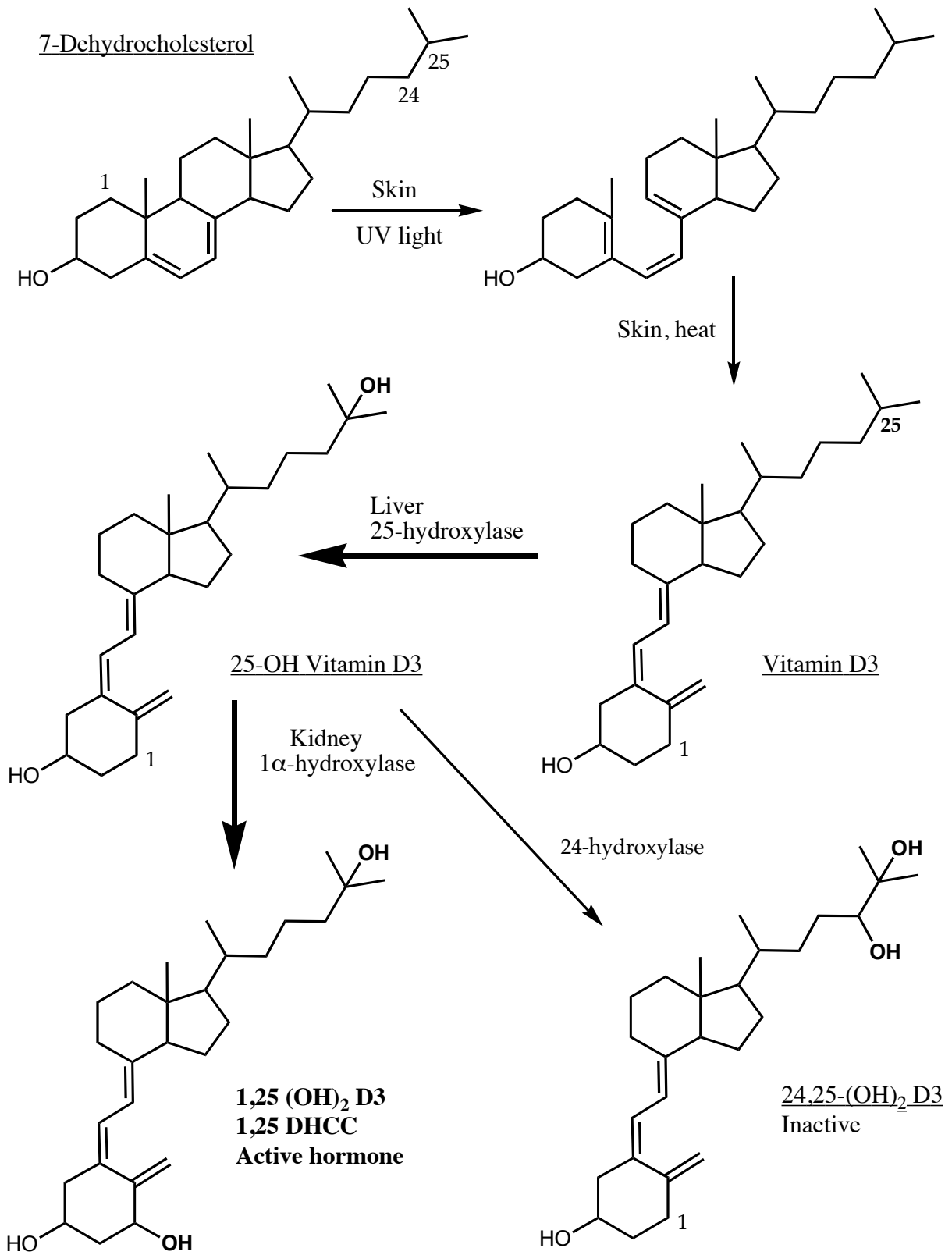
**D3 - Cholecalciferol**

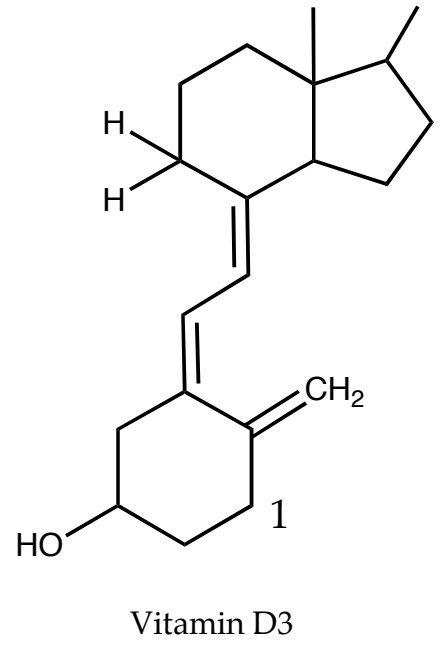
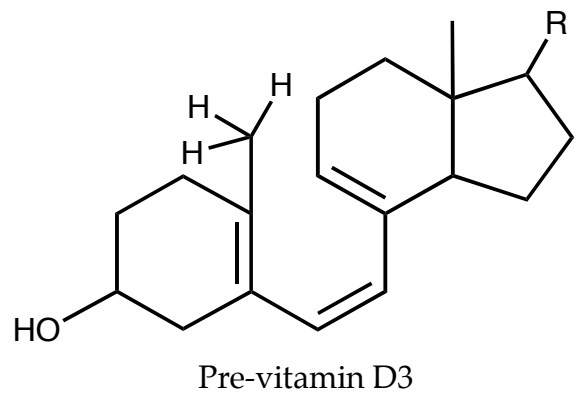
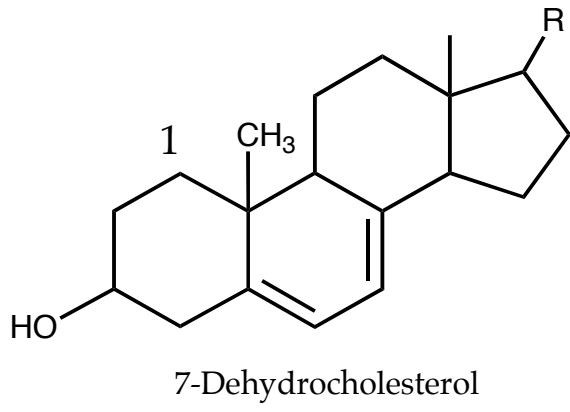


**D2 - Ergocalciferol**

- Technically, vitamin D is not a vitamin. It is the name given to a group of fat-soluble *prohormones* (substances that are precursors to hormones, and which usually have little hormonal activity by themselves).
- A hormone is a chemical substance produced by the cells of one tissue and conveyed by the bloodstream to another tissue where it exerts its physiological function.
- Vitamins D2 and D3 are secosteroids. These are very similar in structure to the normal tetracyclic steroid nucleus, but one of the rings is incomplete.
- Two major forms of vitamin D important to humans are D2 – ergocalciferol, found naturally in plants), and D3 – cholecalciferol, made naturally in the body when the skin is exposed to UVB radiation in sunlight.
- Controversy has long existed about the relative potency of D2 versus D3. In humans, a case can be made for using only D3 because it is more effective at increasing circulating concentrations of 25-OH D, D3 metabolites bind more strongly to the vitamin D receptor, and D2 has a shorter shelf life.

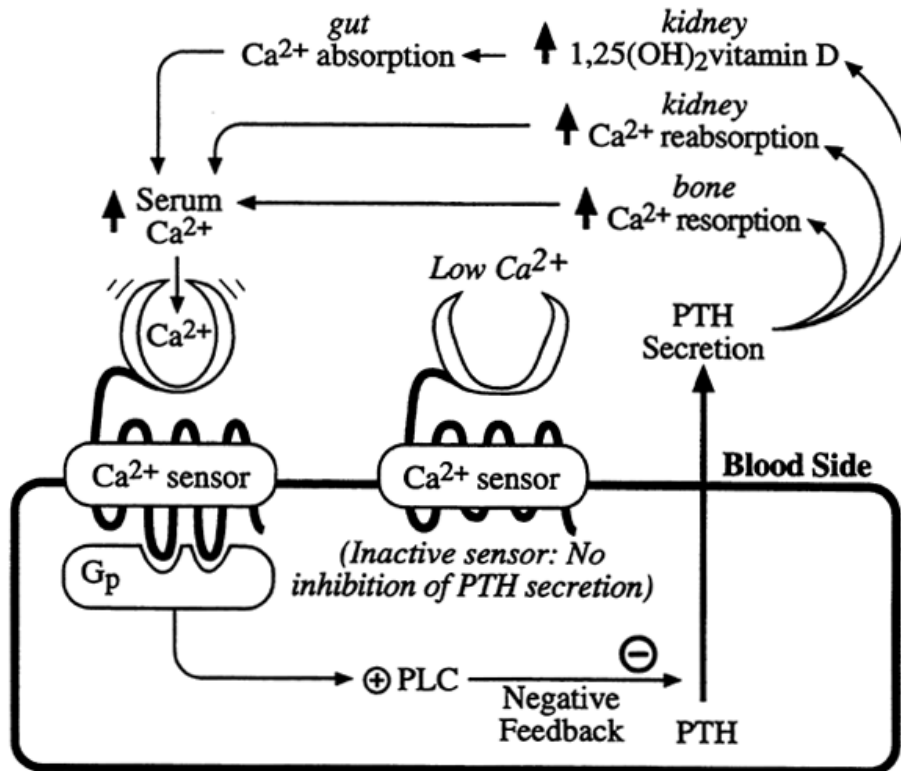
2. Synthesis and Metabolic Activation





### 3. Function

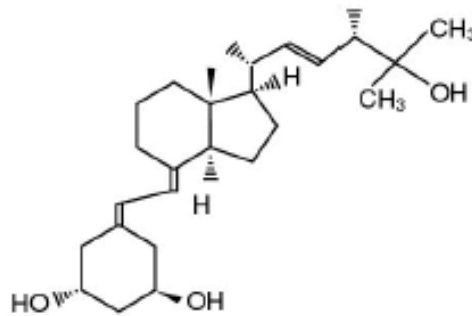
- 1,25 DHCC, the hormonally active form of vitamin D, mediates its biological effects by binding to the vitamin D receptor (VDR) - a steroid hormone receptor.
- VDR activation enhances gene expression of  $\text{Ca}^{2+}$  binding and transport proteins involved in  $\text{Ca}^{2+}$  (and phosphate) absorption in the intestine and in  $\text{Ca}^{2+}$  reabsorption from the kidney.
- Calcium is essential for **healthy teeth/bones**, blood clotting, synaptic transmission, and muscle function.
- Vitamin D acts in concert with parathyroid hormone (PTH) to control calcium homeostasis.



- VDR activation in bone modulates bone mineralization.
- In kidney failure, renal synthesis of vit. D3 and renal reabsorption of calcium both decrease, resulting in low serum calcium levels and increased PTH secretion. Excessive bone resorption can cause metabolic bone disease in renal failure.

- VDR signaling is also involved in **modulating cell proliferation and differentiation**, and numerous clinical studies have been published that suggest that a high intake of vitamin D may reduce the risk of certain types of cancer, notably colorectal cancer, and possibly breast, prostate and pancreatic cancers.
  - Laboratory studies have shown that calcitriol promotes cellular differentiation, decreases cancer cell growth and stimulates apoptosis - 'programmed cell death'.
  - Another possible mechanism involves genetic variation within the vitamin D receptor itself, and several studies have linked the presence of vit. D receptor polymorphisms with cancer development.
  - Overall, however, the data are inconsistent regarding a protective effect of vitamin D against any specific type of cancer.
  - However, there is an overall small association of vitamin D supplement use and decreased death due to all causes.
- 4. **Source** -- fish liver, fish products, sunshine, eggs (in D supplemented hens), liver, milk (fortified). Cod liver oil has about 400 IU/5ml.
- 5. **Requirements** -- DV = 400 I.U.; UL=2000 IU (1000 IU if < 1 year).
- 6. **Toxicity** -- As with Vitamin A, vitamin D overdose typically happens over a period of time rather than from a single large dose.
  - For children under the age of 12 months, a sustained intake of 1,000 micrograms (40,000 IU – 40X the UL!!) a day will produce severe toxicity (i.e. calcification of soft tissues such as the lung, kidney) in one to four months.
  - For adults, 2,500 micrograms (100,000 IU) a day can result in toxicity in a few months.
- 7. **Deficiency state** -- rickets, osteomalacia, and *maybe* elevated risks for certain cancers and other diseases.
- 8. **At risk for deficiency**
  - i. Infants kept out of sun
  - ii. Elderly with minimal sun
  - iii. Dark skin with minimal sun
  - iv. Religions that cover the whole body  
[N.B. Photoactivation of 7-dehydrocholesterol at 295 nm requires sun angle >45° above horizon. Almost never happens at high latitudes].
  - v. Fat malabsorption
  - vi. Inflammatory bowel diseases
  - vii. Kidney failure
  - viii. Seizure disorders treated with anticonvulsants which increase vit. D elimination

9. **Use** – the importance of adequate intake and (perhaps) the value of using supplements of this vitamin is now beginning to be realized.
- Deficiencies due to low sun exposure → osteomalacia and osteoporosis.
  - There is now strong evidence that vitamin D supplements and calcium to help prevent fractures in postmenopausal women (20-30% decrease). Most studies used 700-900 IU per day.
  - Renal failure – uremic patients cannot synthesize 1,25 DHCC. Resultant hypocalcemia and secondary hyperparathyroidism are a major cause of metabolic bone disease occurring in kidney failure.
    - Use (**Rocaltrol®** and generic products) to provide this active metabolite directly. Available in capsules and as an oral solution, 0.25 – 0.5 µg.
    - Also **Paricalcitol** (Zemplar®)– Modification of 1,25 DHCC used po for hyperparathyroidism. 1 µg three times per week.



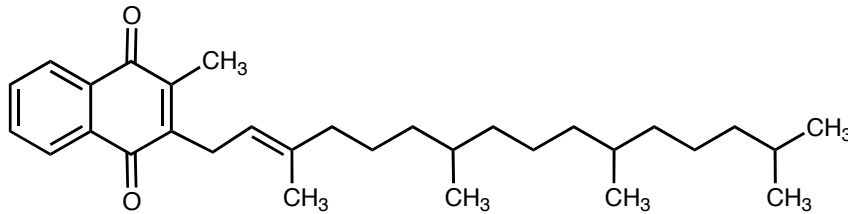
## 10. **Consumer Counseling and Advice**

- Assure intake of at least 400 IU/d. Multivitamins usually contain this amount.
- There is evidence that more than 400 IU/d may be beneficial if sun exposure is minimal. 800 IU/d seems optimal based on evidence today.
- Vitamin D is very important for bone health, but also may help reduce risks for cancer and other diseases.
- Postmenopausal women should take a vitamin D supplement as well as calcium supplement.

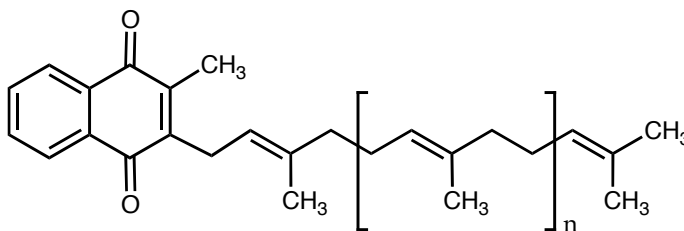
**E. Vitamin K** -- Group of naphthoquinones having antihemorrhagic activity.

**1. Structures**

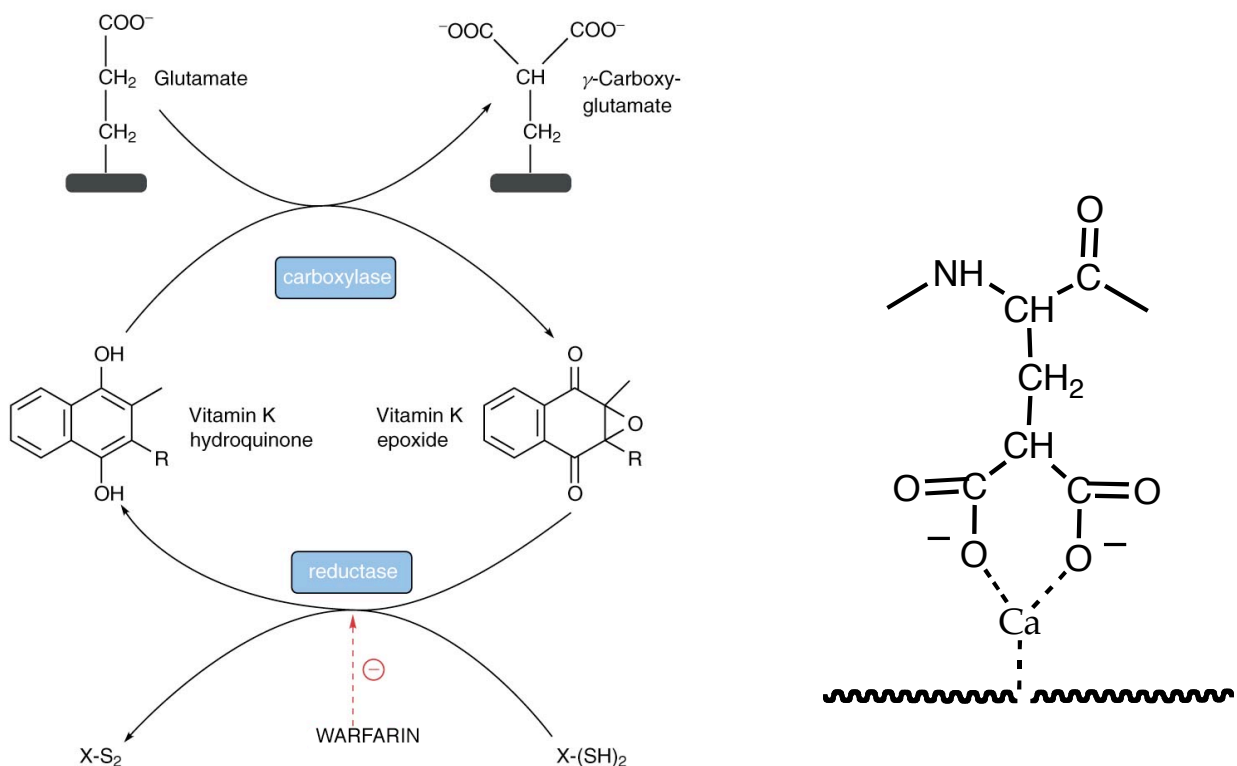
**VITAMIN K1; Phytonadione; 2-Methyl-3-phytyl-1,4-naphthoquinone**



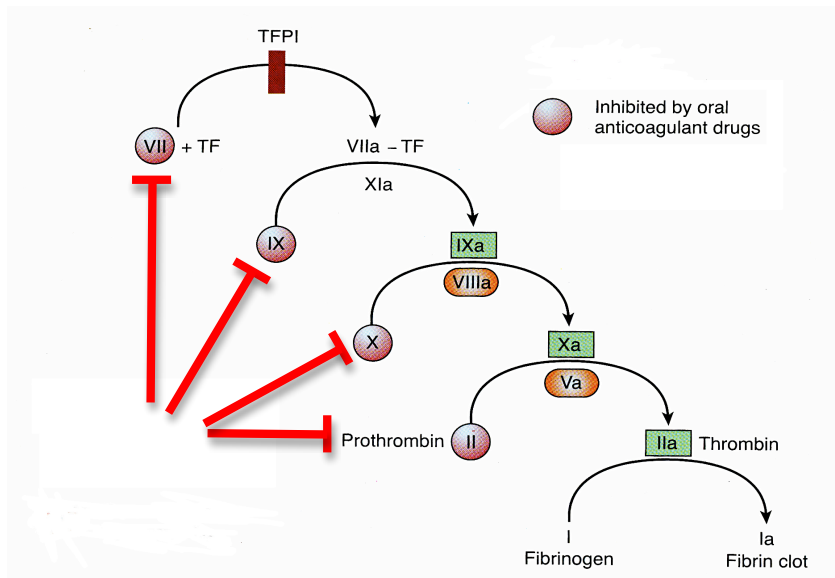
**VITAMIN K2; Menaquinone-6 and 7; N=6,7**



- 2. Function** – Vitamin K cycle. Necessary for carboxylation of  $\gamma$ -glutamyl residues on precursor proteins  $\rightarrow$  activation  $\rightarrow$  blood coagulation. Also  $\gamma$ -carboxylation of osteocalcin in bone.





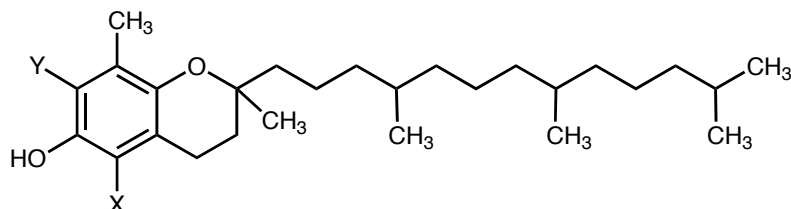


3. **Deficiency** – Requires a chronic failure to ingest sufficient plant-derived vitamin K1 or long term antibiotic therapy which eliminates the intestinal flora that produce vitamin K2. Normally, both these two sources contribute to providing vitamin K needs. Vitamin K deficiency increases spontaneous hemorrhaging.
4. **Use** –
  - a. Coagulation - For an anticoagulant overdose, use K1 oral, 2.5-5 mg (if INR >9, but no bleeding), serious bleeding or INR >20, K1 slow i.v., 10 mg (+ fresh plasma).  
K1 is used routinely at birth to prevent neonatal hemorrhage, a risk prior to establishment of intestinal flora capable of synthesis.
  - b. Bone – Vitamin K participates in gamma carboxylation of osteocalcin required in bone deposition. Use of 25mg/d for 2 years decreased hip fractures in an older population, but studies are inconclusive about benefit.
5. **Source** – Green vegetables; esp. spinach, collard greens, kale, parsley, broccoli.
6. **Dose** – DV is 80 µg. This may be too low for optimal activities. No UL.
7. **Toxicity**- some allergic reactions IV. Otherwise nothing special.
8. **Consumer Counseling and Advice**
  - a. Adequate intake is important for the ability of blood to clot and for healthy bones.
  - b. A good diet with leafy vegetables (and a healthy gut flora) can probably supply needs but the amount in most multivitamins will assure a good intake.
  - c. If patient on warfarin, then it is important for them to work with health care providers to keep vitamin K intake steady and avoid fluctuations in warfarin dose.

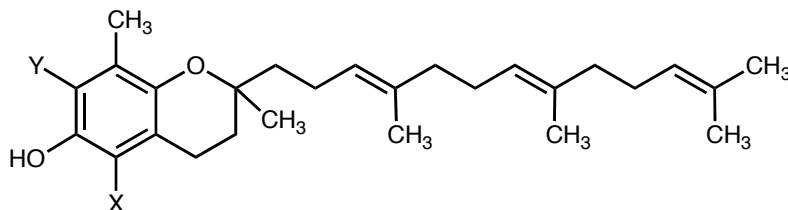
## F. Vitamin E

- Structure** - Vitamin E exists in 8 different forms, four tocopherols and four tocotrienols. All feature a **chromanol ring** containing a phenolic hydroxyl group that can donate a hydrogen atom (H<sup>•</sup>) to reduce free radicals and a hydrophobic side-chain which aids penetration of biological membranes.

### Tocopherols



### Tocotrienols



| Naturally occurring homologs | X               | Y               |
|------------------------------|-----------------|-----------------|
| $\alpha$                     | CH <sub>3</sub> | CH <sub>3</sub> |
| $\beta$                      | CH <sub>3</sub> | H               |
| $\gamma$                     | H               | CH <sub>3</sub> |
| $\delta$                     | H               | H               |

The tocopherols have 8 possible stereoisomers. "Natural" vitamin E is RRR tocopherol.

- Activity**

|  |                        |                  |
|--|------------------------|------------------|
| d- $\alpha$ -tocopherol                          | 1 mg = 1.5 I.U.        | natural          |
| dl- $\alpha$ -tocopherol                         | 1 mg = 1.1 I.U.        | synthetic        |
| <b>dl-<math>\alpha</math>-tocopherol acetate</b> | <b>1 mg = 1.0 I.U.</b> | <b>synthetic</b> |

Other tocopherols are active:

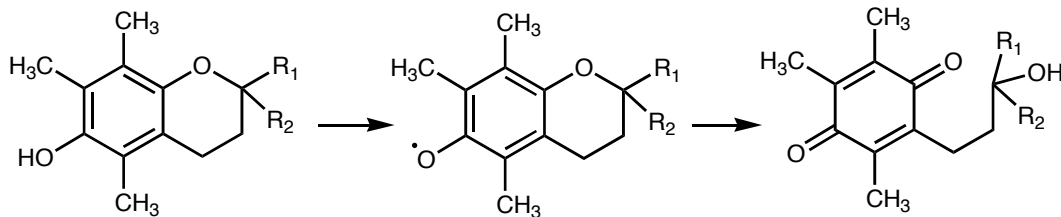
|                         |                   |
|-------------------------|-------------------|
| $\beta$ = 7-demethyl    | 1 mg = ~0.5 I.U.  |
| $\gamma$ = 5-demethyl   | 1 mg = ~0.5 I.U.  |
| $\delta$ = 5,7-demethyl | 1 mg = 0.015 I.U. |

- Activity is lost upon initial metabolism by CYP4F2 to the  $\omega$ -hydroxy metabolite which is further oxidized to the carboxylic acid that serves as a substrate for mitochondrial  $\beta$ -oxidation to chain-shortened acid metabolites that are excreted in urine.

3. **Stability**

Much is lost during processing and cooking.

4. **Antioxidant Properties** – Vitamin E has an important function as an antioxidant. It is an excellent chain breaking, free radical scavenger which can prevent oxidation of lipids and hence preserve essential membrane function. Oxidation of  $\alpha$ -tocopherol leads sequentially to the radical and quinone species shown below.



Related Effects

- Decreases LDL oxidation**
  - Decreases monocyte reactive oxygen species (ROS)
  - Has mild effect in reducing platelet aggregation due to an effect on decreasing the activity of cyclooxygenase (i.e. decreased conversion of arachidonic acid to thromboxane).
5. **Source** -- Almost ubiquitous; rich sources are wheatgerm and sunflower seed oils, green vegetables, whole grain cereals; fortified margarine supplies represent much of our intake in the U.S.
6. **Deficiency state**

| <u>Animal Species</u> | <u>Syndrome</u>           |
|-----------------------|---------------------------|
| Rat (male)            | sterility, liver necrosis |
| Rat (female)          | fetal resorption, liver   |

Man A dietary deficiency of E is rare. A deficiency state was seen in some premature infants (stores of E are low at birth due to poor placental transport where edema and hemolytic anemia has been observed when the infants were fed a formula low in E and high in polyunsaturated fatty acid). In diseases resulting in malabsorption of fats, a neurological impairment that is observed has responded to vitamin E.

7. **Requirement** -- DV = 30 I.U (20 mg natural, 30 mg synthetic). UL = 1000 mg (1500 IU natural or 1000 IU of synthetic vitamin E acetate).
8. **Toxicity** -- Tocopherols are generally considered non-toxic. A few rare adverse effects have been reported.  
- Exacerbated bleeding when given together with warfarin is the most significant drug interaction involving Vitamin E.

- Mechanism has been suggested to involve inhibition of the carboxylase enzyme in the vitamin K cycle by vitamin E quinone. [Direct effect on platelet function may also contribute].

9. **Uses** -- The claims for benefit of supplements of vitamin E are numerous and include increased virility, increased athletic performance, and help for diabetes, heart disease, dementia, cancer and aging.
- a. Heart Disease- No benefit in dozens of trials comparing risk of cardiovascular death or atherosclerosis disease progression  
Am. J Cardiol. 2008 101(10A) 14D-19D.
  - b. All cause mortality – A small **increase** at doses over 400 IU. Most studies were in high risk populations, however. A small decrease in mortality in doses <400 IU (Ann Intern Med. 2005 Jan 4;142(1):140.)
  - c. Athletic performance -- no benefit in competitive swimmers.
  - d. Alzheimers Disease -- high doses (2000 IU/d) showed some benefit in slowing progression, but not in prevention.
  - e. Retrolental fibroplasia and brochopulmonary dyspasia. Eye and lung damage in premature infants on oxygen; as an antioxidant, i.v. vitamin E (MVI Pediatric [Astra] seems to offer some protection.

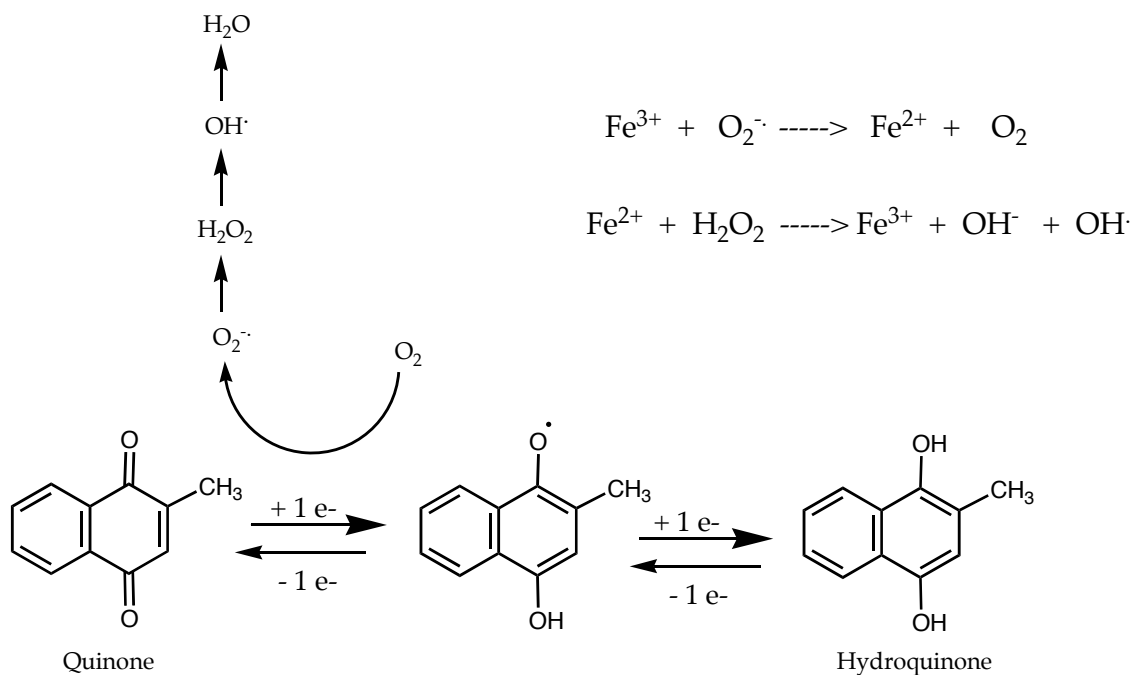
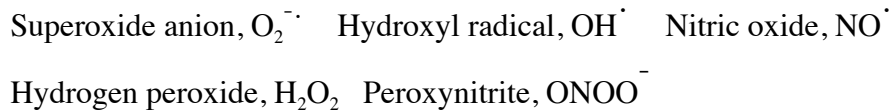
10. **Consumer Counseling and Advice**

- a. Based on recent evidence, supplements higher than 200 IU are not beneficial and could be harmful.
- b. The amount in a multivitamin is probably adequate (30 IU) for most.
- c. Natural vitamin E (RRR) is better utilized than the synthetic racemate.
- d. The hoped for substantial health benefits from high dose vitamin E supplements does not seem to have materialized.
- e. Use vitamin E supplementation cautiously if there is any tendency to bleed easily.

## G. OXIDATIVE STRESS AND PROTECTIVE MECHANISMS INVOLVING VITAMINS (and MINERALS)

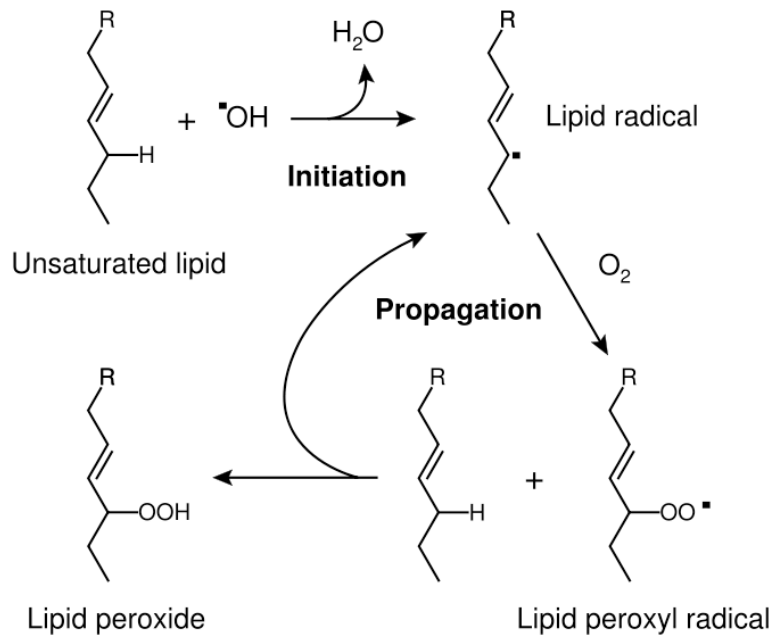
### Oxidative stress

- Oxygen is essential to life, but obscures the fact that it is also a poison and aerobes survive only because they have evolved antioxidant defenses.
- The oxidative status of cells is determined by the balance between *antioxidants* and *pro-oxidants*.
- The major classes of *pro-oxidants* are reactive oxygen species (ROS) and reactive nitrogen species (RNS). ROS/RNS is a collective term that includes both radicals and certain non-radicals that are oxidizing agents and/or easily converted into radicals.
- Examples of ROS/RNS include;



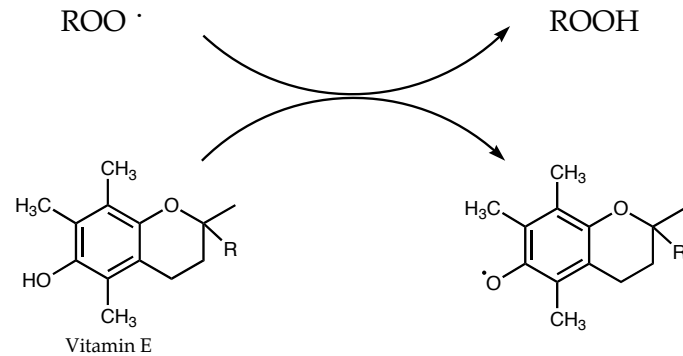
- Origin of  $e^-$ : mitochondrial respiration, UV light radiation, oxidation of hydroquinones, flavins, thiols, reduction of nitroaromatics.
- ROS causes tissue damage through promotion of lipid peroxidation with subsequent damage to biological membranes. Important in; inflammation, carcinogenesis, hemolysis, atherosclerosis, arthritis, aging, adverse drug effects (futile cycling of quinone, nitroaromatics).

**Targets of ROS** - DNA, thiols, enzymes, membranes, collagen, lipids, e.g., unsaturated lipid.



Vitamin E 'soaking up' a lipid peroxy radical

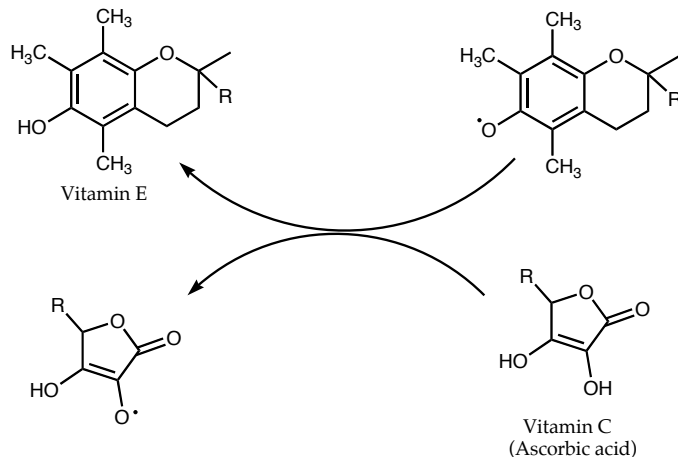
- Lipid peroxidation, a well known example of oxidative damage to cell membranes and other lipoprotein structures can be quenched through the protective actions of various antioxidant processes that have evolved to combat oxidative stress.



- The lipid peroxidation chain reaction can be **terminated at the propagation step** by reaction of the lipid peroxy radical ( $\text{ROO}\cdot$ ) with vitamin E, the main lipophilic, chain-breaking antioxidant present in cell membrane.

Regeneration of Vitamin E by Ascorbate

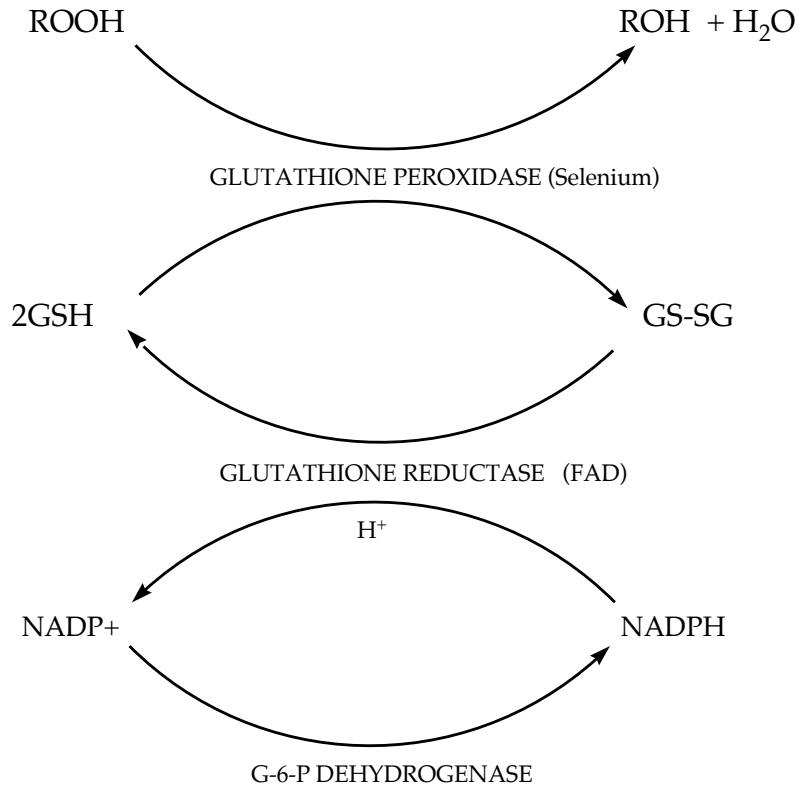
- The antioxidant action of vitamin E is enhanced by vitamin C which can react with the resulting oxygen-centered vitamin E radical to regenerate vitamin E.



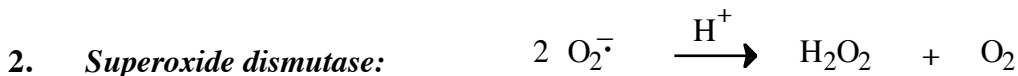
## Other Protective Mechanisms

### 1. Glutathione pathway

- Neutral lipid hydroperoxides are not completely benign. For example, being more polar than the parent lipids, they can perturb membrane structure/function and be damaging on that basis alone. The glutathione pathway provides a means for protection via a 2-electron pathway.



- G-6-P dehydrogenase (G6PDH) is a key enzyme controlling reducing power in cells. It is particularly important in red blood cells, where oxygen tension is high. G6PDH deficiency is the most common genetic defect in the world affecting 400 million people of African and Mediterranean descent primarily. Defective enzyme causes oxidative stress, often seen as hemolytic anemia.
- The glutathione pathway depends on an adequate supply of;
  - the mineral, selenium, for glutathione peroxidase
  - vitamin B2 (riboflavin), the cofactor for glutathione reductase
  - vitamin B3 (niacin), to maintain cellular concentrations of NADP(H).



- SOD in mitochondria has a Mn cofactor, whereas cytosolic SOD uses Cu and Zn.
- Catalase is a heme-containing protein and so needs iron.

## Issues

- Should supplements of antioxidant vitamins be routinely recommended?
- Is there evidence that antioxidant use has long term benefit?
- Are there adverse consequences of taking antioxidant supplements?
- What doses should be used if use is deemed safe and worthwhile?
- Definitive answers to these questions are not currently available.
- Antioxidant clinical trials involving vitamin E have been very disappointing and may have failed for many reasons;
  - inadequate monitoring of vitamin intake,
  - lack of inclusion of vitamin C,
  - short duration, etc.

## V. MULTIVITAMINS

### A. Need?

Do we need to supplement diets with multivitamins? Many say no; others say maybe in certain circumstances, some say yes.

### B. Cases where multivitamin supplements are worthwhile:

- *Inadequate intake* -- alcoholics, poor, elderly, dieters, poor diet
- *Increased needs* -- pregnancy, lactation, infants, smokers, injury, trauma, surgery, infection
- *Poor absorption* -- elderly, GI disorders, cystic fibrosis, diarrhea, iatrogenic vitamin deficiencies – e.g. long term antibiotic use, cholestyramine

