

Diabetes Mellitus

A biochemical/biomedical overview

Diabetes Mellitus :

a group of diseases characterized by high levels of blood glucose resulting from defects in insulin production, insulin action, or both

- 20.8 million in US (7% of population)
- estimated 14.6 million diagnosed (only 2/3)
- Consists of 3 types:
 - 1) Type 1 diabetes
 - 2) Type 2 diabetes
 - 3) Gestational diabetes

Complications :

- Stroke
- Heart attack
- Kidney disease
- Eye Disease
- Nerve Damage

Diabetes Mellitus

◆ Type 1 Diabetes

- cells that produce insulin are destroyed
- results in insulin dependence
- commonly detected before 30

Gestational Diabetes

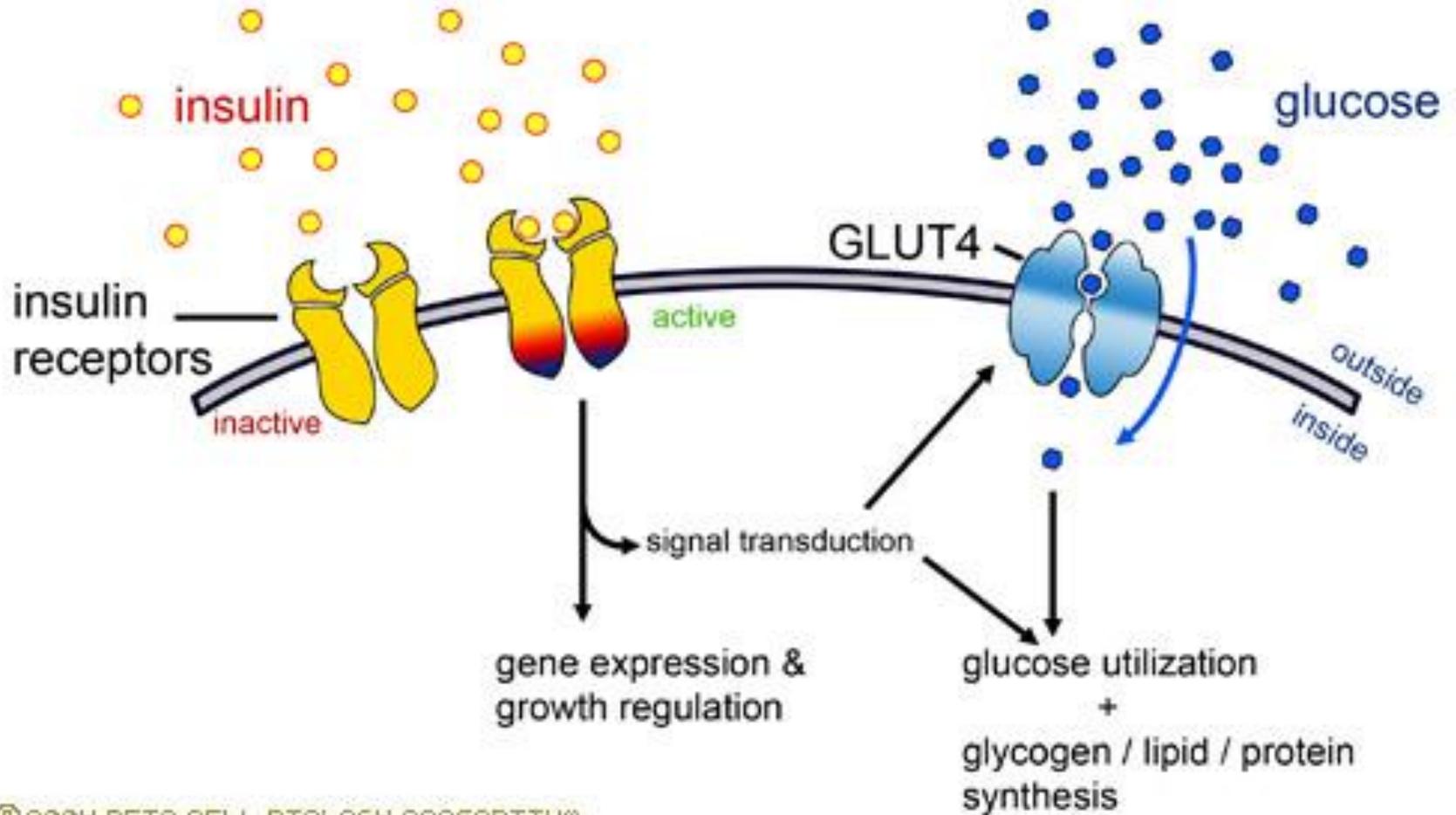
3-5% of pregnant women in the US develop gestational diabetes

◆ Type 2 Diabetes

- blood glucose levels rise due to
 - 1) Lack of insulin production
 - 2) Insufficient insulin action (resistant cells)
- commonly detected after 40
- effects > 90%

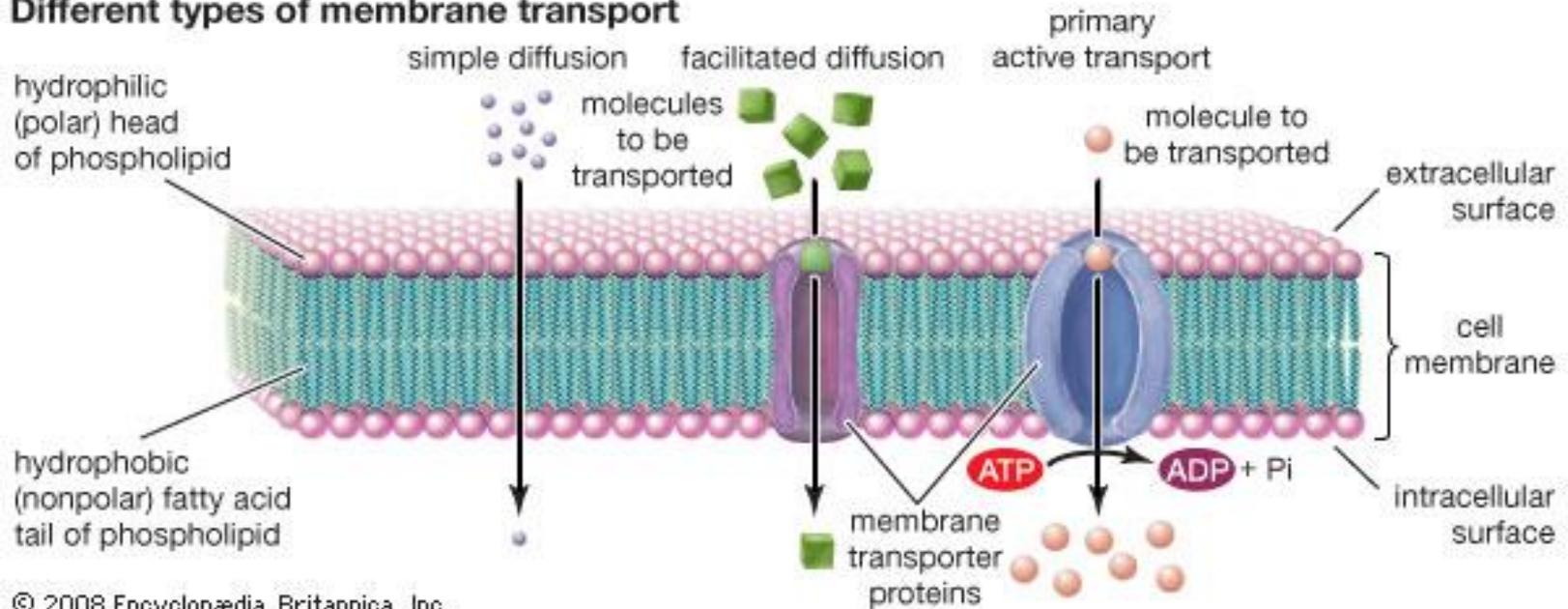
- eventually leads to β -cell failure (resulting in insulin dependence)

A depiction of insulin receptors (active and not active) and the glucose cell transport system. More on this later...



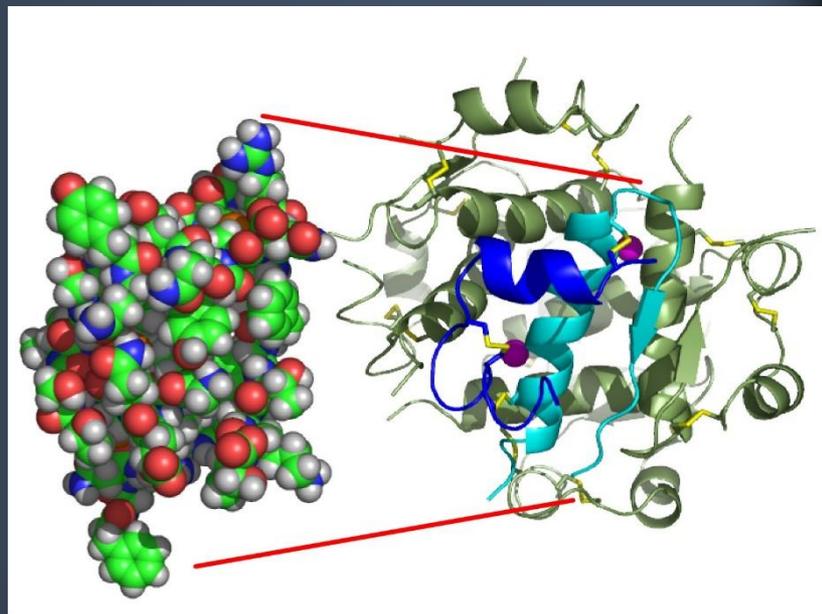
We will cover the 'membrane transport system' later in the Biotech course, but this is how glucose gets admitted to the cell (or not)

Different types of membrane transport

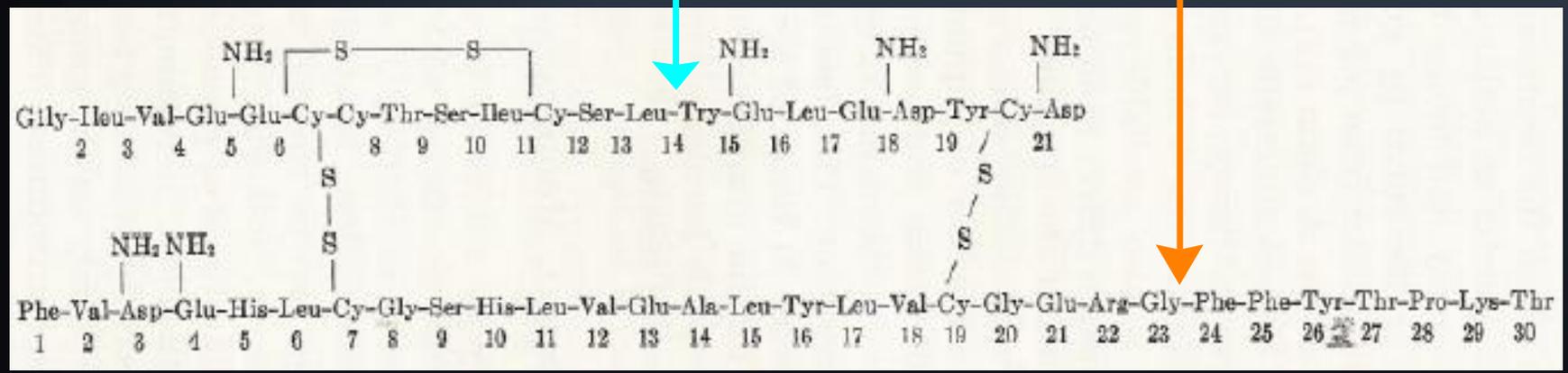


Insulin

- ◆ Discovered in 1921 by Banting and Best
- ◆ Consist of **A** & **B** chains linked by 2 disulfide bonds (plus additional disulfide in A)



◆ **A = 21 amino acids** **B = 30 amino acids**



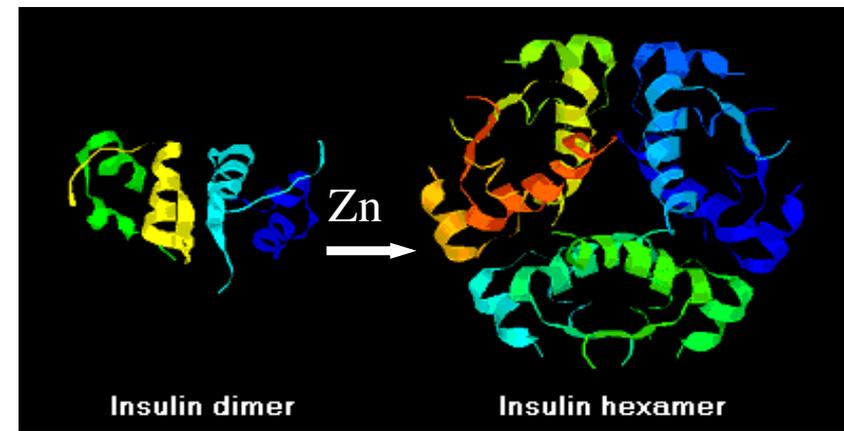
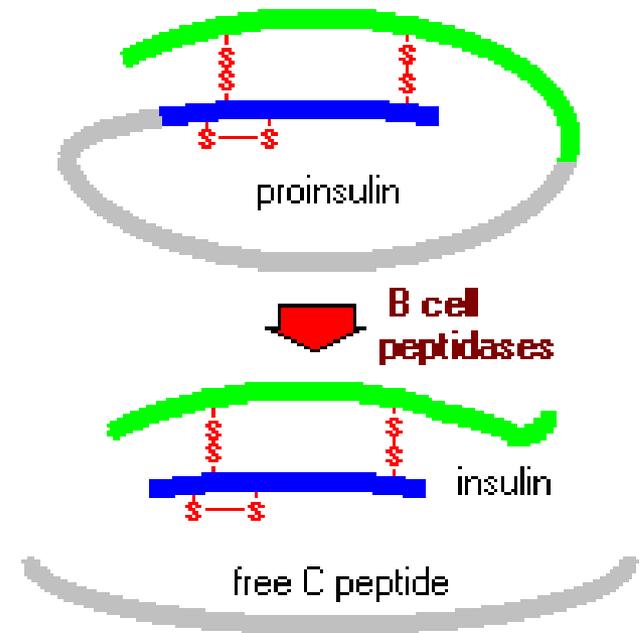
Insulin differs slightly among animals. Pig insulin was pretty close, and relatively easy to get.

Amino acid differences among mammalian insulins in A 8, 9, 10 and B 30

	A 8	A 9	A 10	B 30
Beef	Ala	Ser	Val	Ala
Sheep	Ala	Gly	Val	Ala
Pig	Thr	Ser	Ileu	Ala
Sperm whale	Thr	Ser	Ileu	Ala
Sei whale	Ala	Ser	Thr	Ala
Human subject	Thr	Ser	Ileu	Thr
Rabbit	Thr	Ser	Ileu	Ser
Horse	Thr	Gly	Ileu	Ala

Insulin synthesis in the body

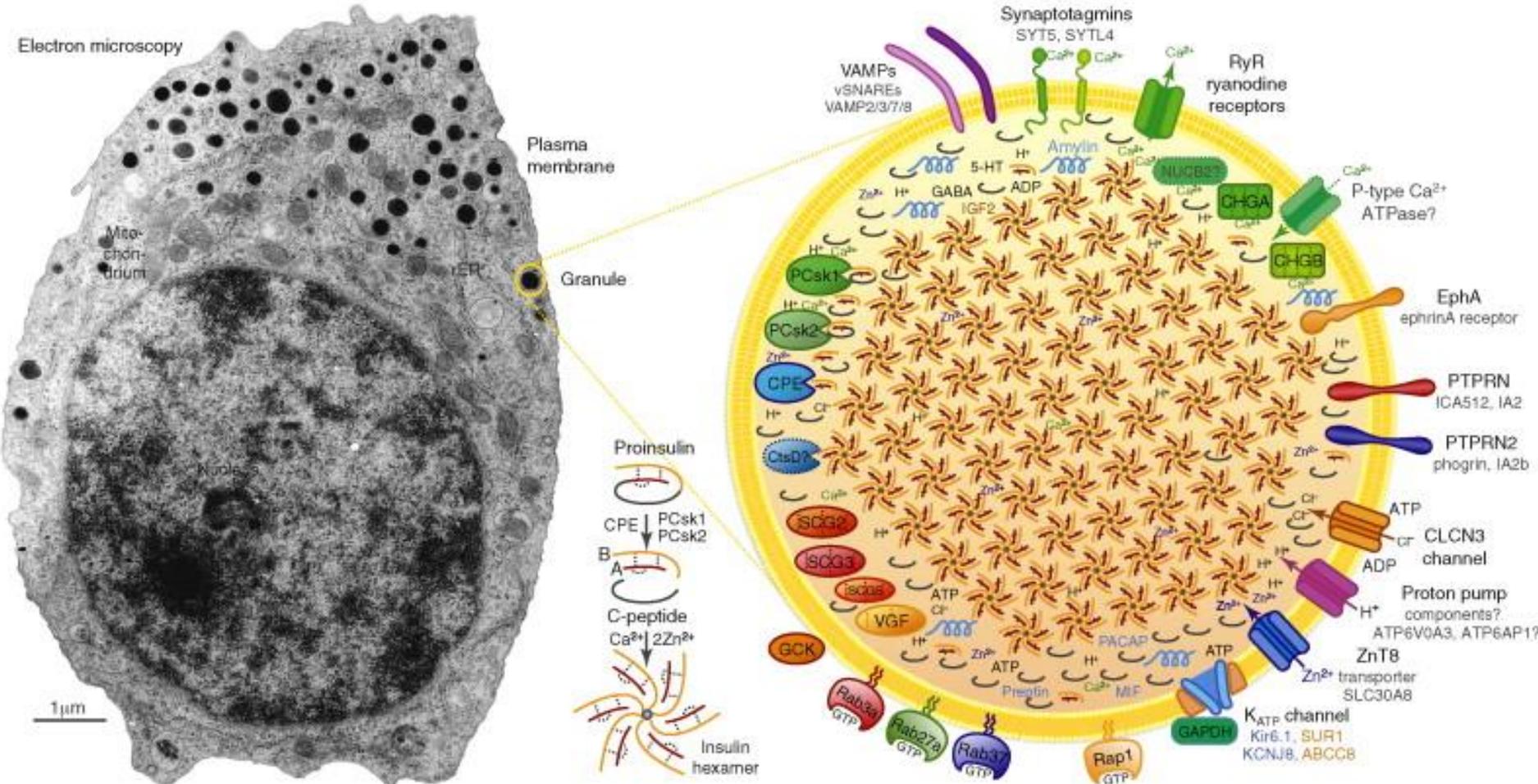
- ◆ Produced within the pancreas by β cells \rightarrow islets of Langerhans
- ◆ Insulin mRNA is translated as a single chain precursor called preproinsulin
- ◆ Removal of signal peptide during insertion into the endoplasmic reticulum generates proinsulin (signal peptides are 15-30 amino acid extensions which direct the insertion of the protein into the ER membrane)
- ◆ Within the endoplasmic reticulum, proinsulin is exposed to several specific endopeptidases which excise the C peptide, thereby generating the mature form of insulin
- ◆ Stored as β granules in the pancreas (see next slide)

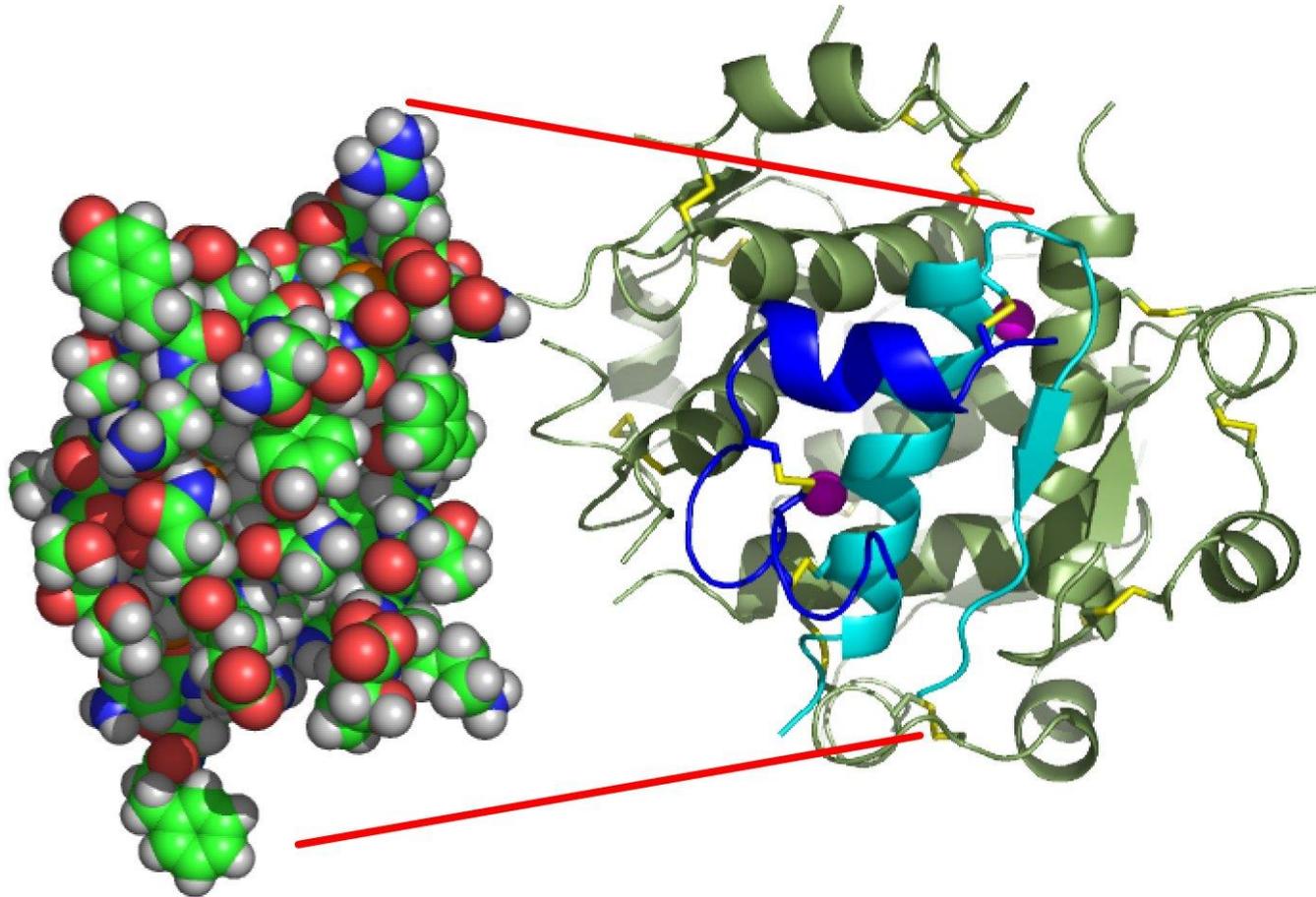


Insulin beta granules

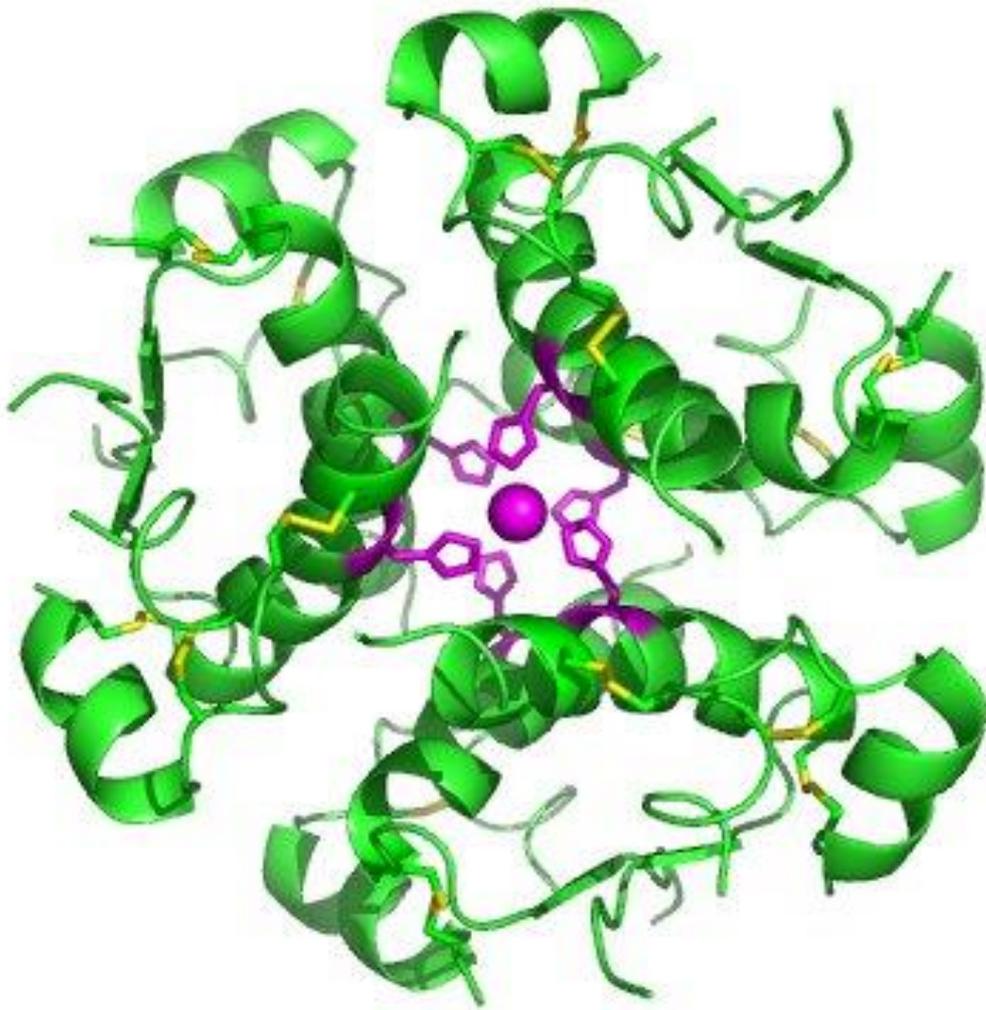
(a) Pancreatic β -cell

(b) Insulin granule





The structure of insulin. The left side is a space-filling model of the insulin monomer, believed to be biologically active. Carbon is green, hydrogen white, oxygen red, and nitrogen blue. On the right side is a ribbon diagram of the insulin hexamer, believed to be the stored form. A monomer unit is highlighted with the A chain in blue and the B chain in cyan. Yellow denotes disulfide bonds, and magenta spheres are zinc ions.



High-resolution model of six insulin molecules assembled in a hexamer, highlighting the threefold [symmetry](#), the [zinc](#) ion holding it together (pink sphere), and the [histidine](#) residues (pink sticks) involved in zinc binding.

Inactive insulin is stored in the body as a hexamer, while the active form is the monomer

Types of Diabetes

- Type 1 Diabetes Mellitus
- Type 2 Diabetes Mellitus
- Gestational Diabetes
- Other types:
 - LADA (
 - MODY (maturity-onset diabetes of youth)
 - Secondary Diabetes Mellitus

Type 1 diabetes

- **Was previously called insulin-dependent diabetes mellitus (IDDM) or juvenile-onset diabetes.**
- **Type 1 diabetes develops when the body's immune system destroys pancreatic beta cells, the only cells in the body that make the hormone insulin that regulates blood glucose.**
- **This form of diabetes usually strikes children and young adults, although disease onset can occur at any age.**
- **Type 1 diabetes may account for 5% to 10% of all diagnosed cases of diabetes.**
- **Risk factors for type 1 diabetes may include autoimmune, genetic, and environmental factors.**

Type 2 diabetes

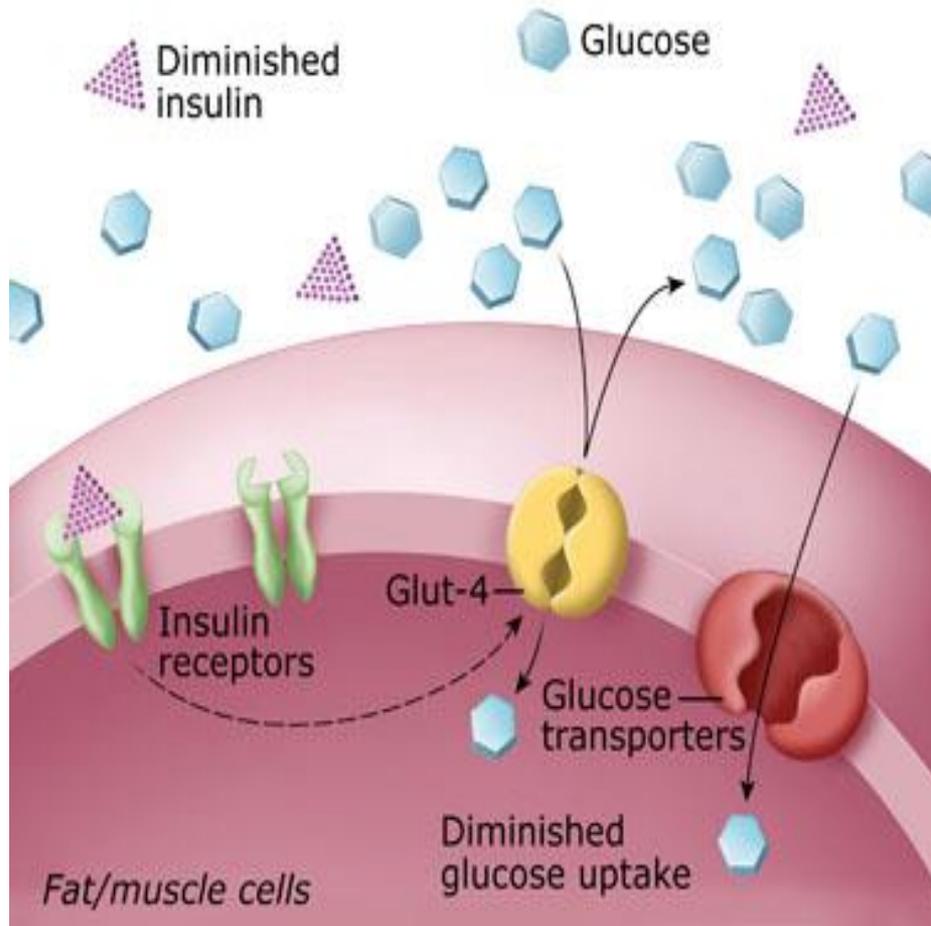
- **Was previously called non-insulin-dependent diabetes mellitus (NIDDM) or adult-onset diabetes.**
- **Type 2 diabetes may account for about 90% to 95% of all diagnosed cases of diabetes.**
- **It usually begins as insulin resistance, a disorder in which the cells do not use insulin properly. As the need for insulin rises, the pancreas gradually loses its ability to produce insulin.**
- **Type 2 diabetes is associated with older age, obesity, family history of diabetes, history of gestational diabetes, impaired glucose metabolism, physical inactivity, and race/ethnicity.**
- **African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans and Native Hawaiians or Other Pacific Islanders are at particularly high risk for type 2 diabetes.**
- **Type 2 diabetes is increasingly being diagnosed in children and adolescents.**

Other types of DM

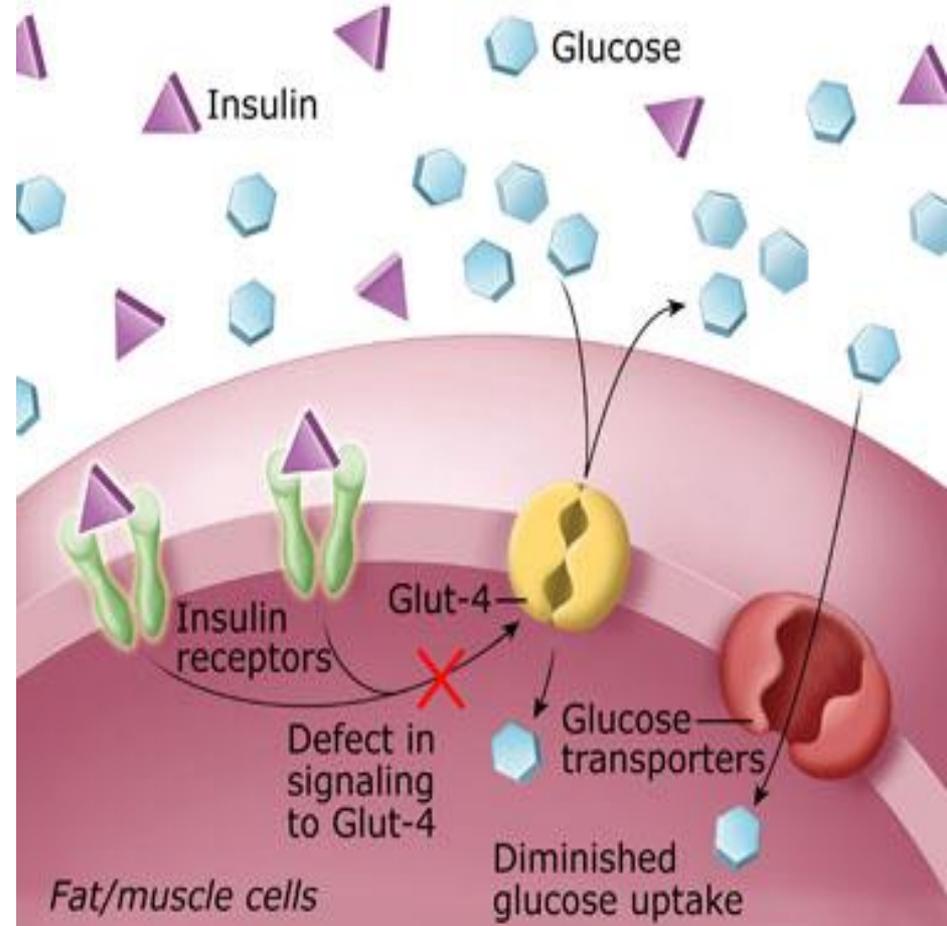
- Other specific types of diabetes result from specific genetic conditions (such as maturity-onset diabetes of youth), surgery, drugs, malnutrition, infections, and other illnesses.
- Such types of diabetes may account for 1% to 5% of all diagnosed cases of diabetes.

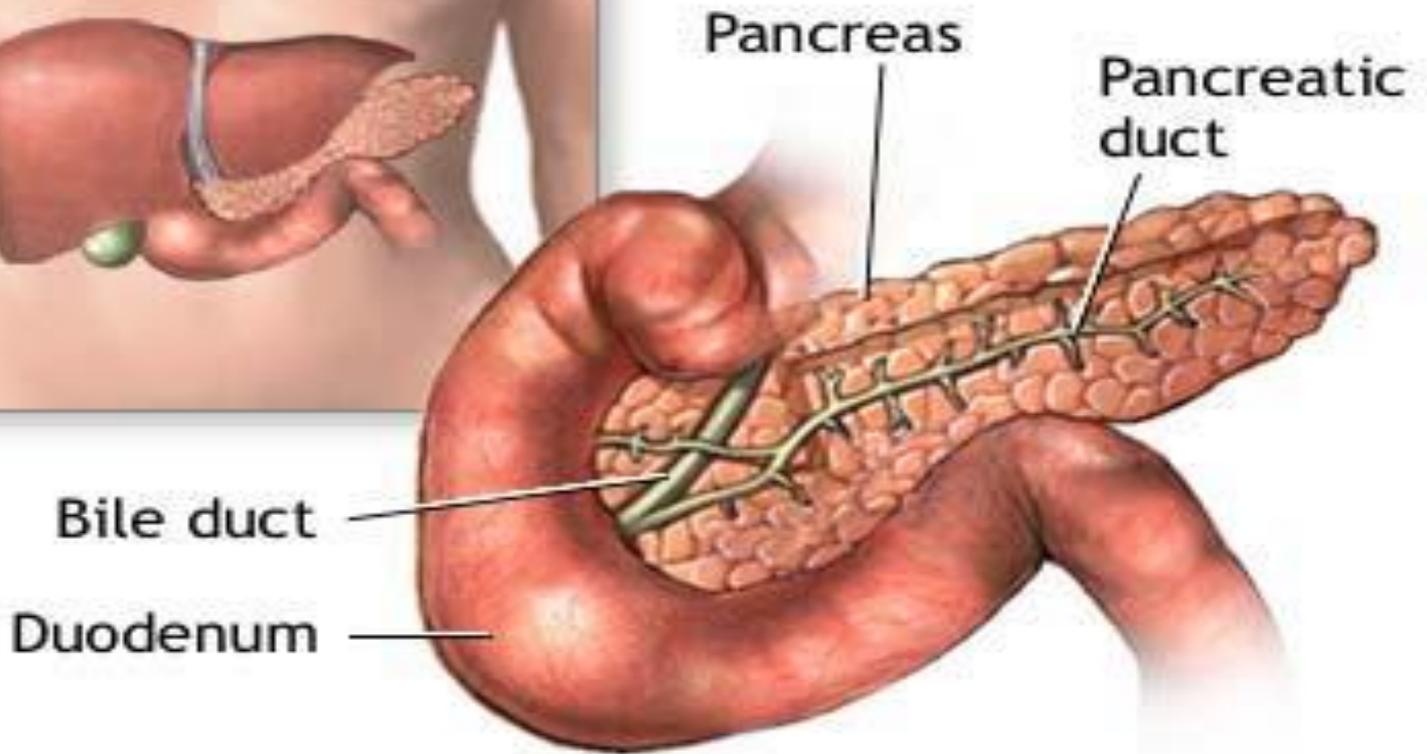
Now back to the cell transport system....

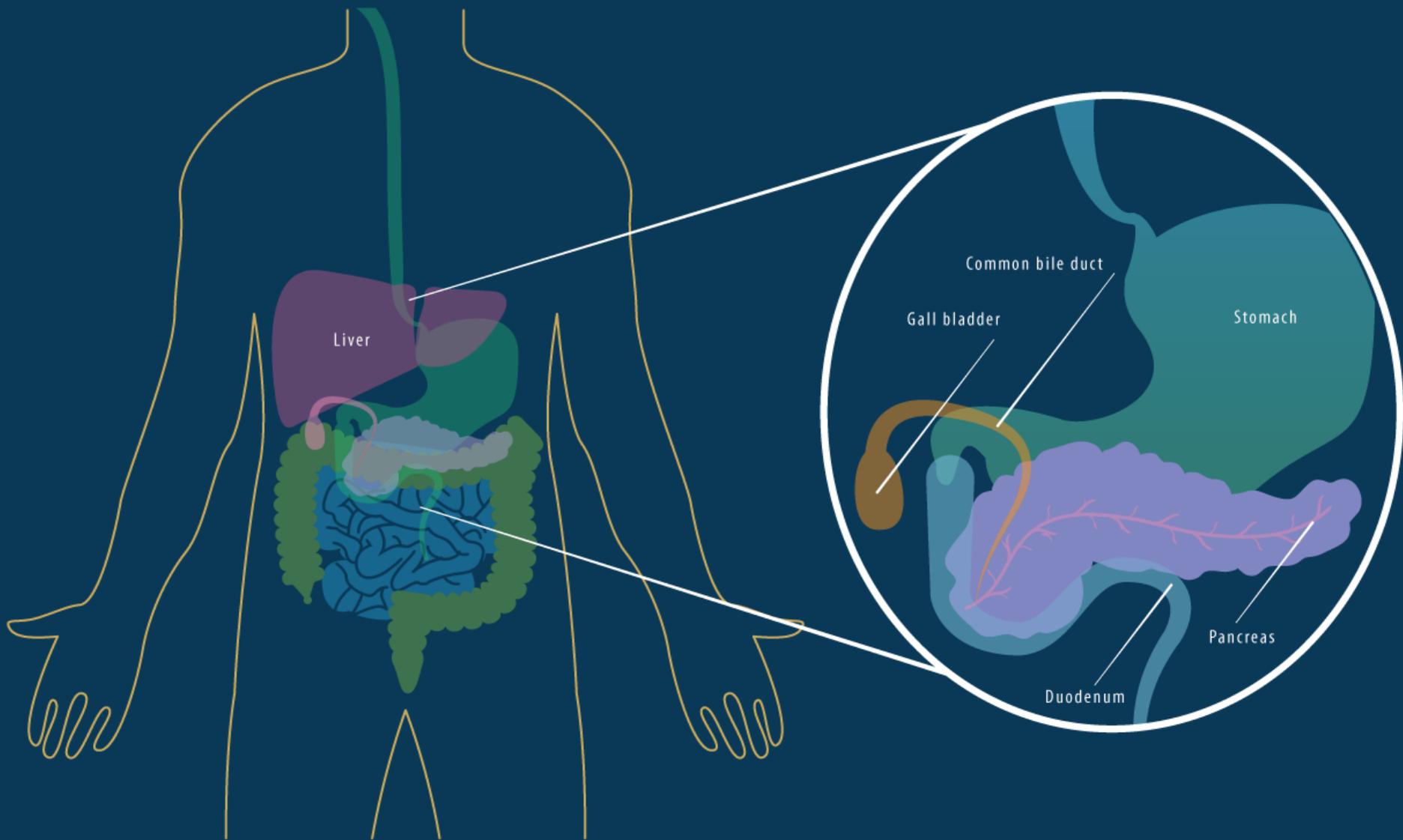
Type 1 Diabetes: Insufficient Insulin



Type 2 Diabetes: Insulin Resistance







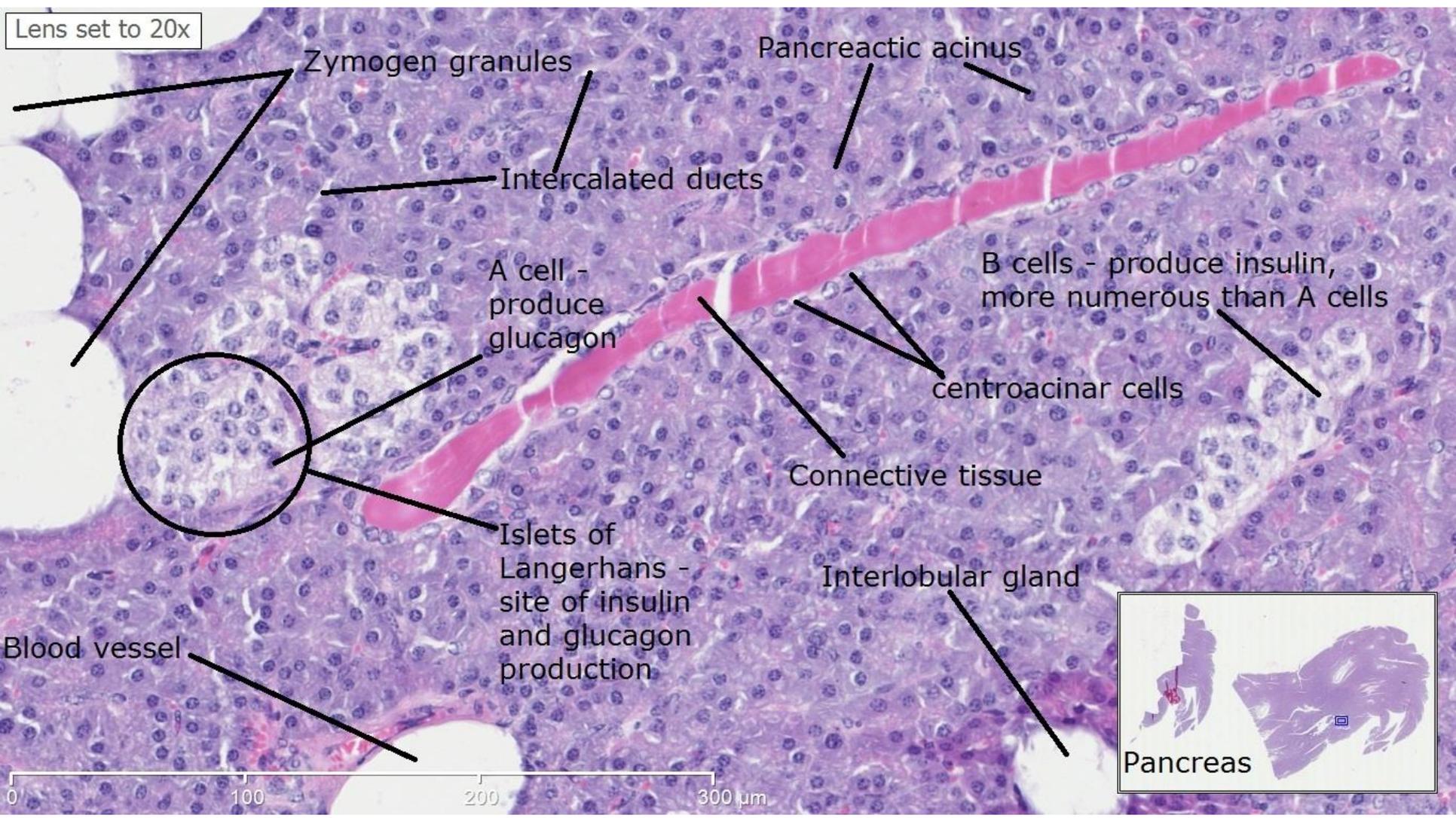
The pancreas is an amazing chemical factory:

The bulk of the pancreas is an exocrine gland secreting pancreatic fluid into the duodenum after a meal.

Inside the pancreas are millions of clusters of cells called islets of Langerhans. The islets are endocrine tissue containing four types of cells. In order of abundance, they are:

- Beta cells, which secrete insulin and amylin
- Alpha cells, which secrete glucagon
- Delta cells, which secrete somatostatin
- Gamma cells, which secrete a polypeptide

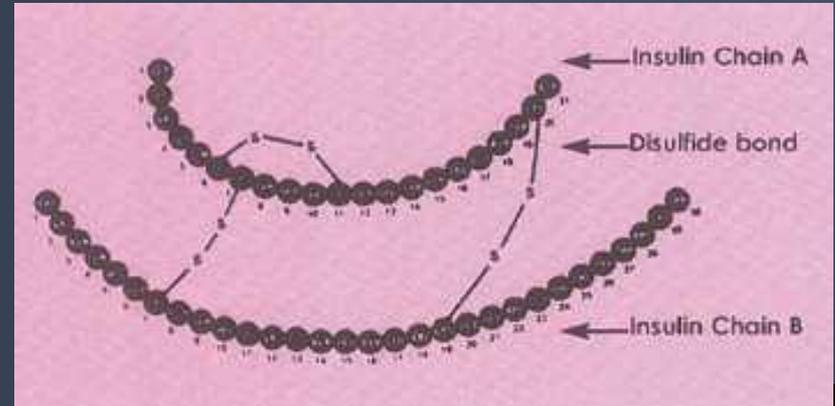
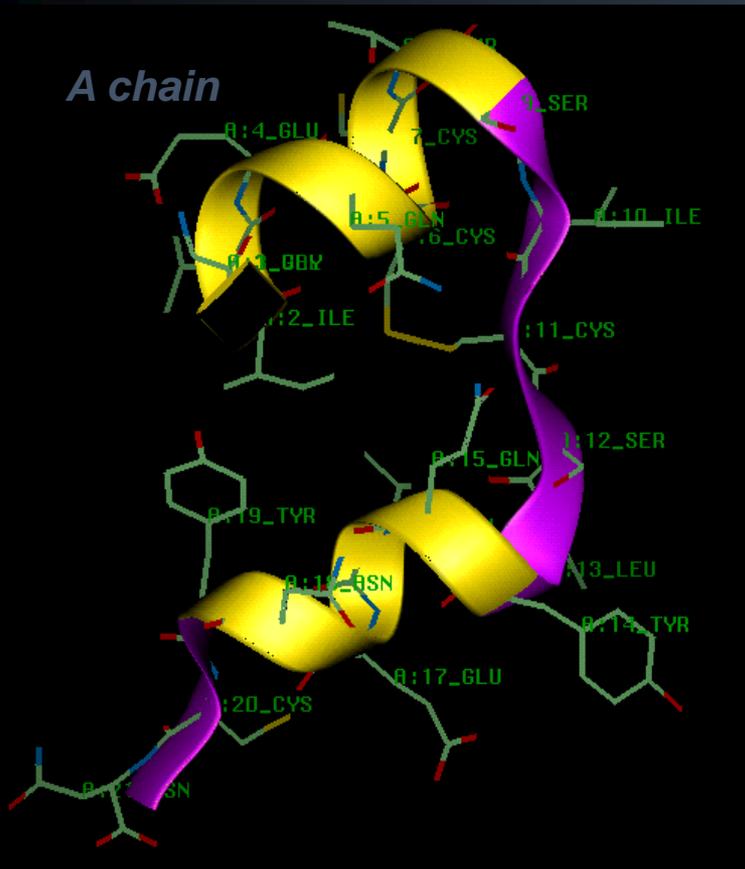
Lens set to 20x



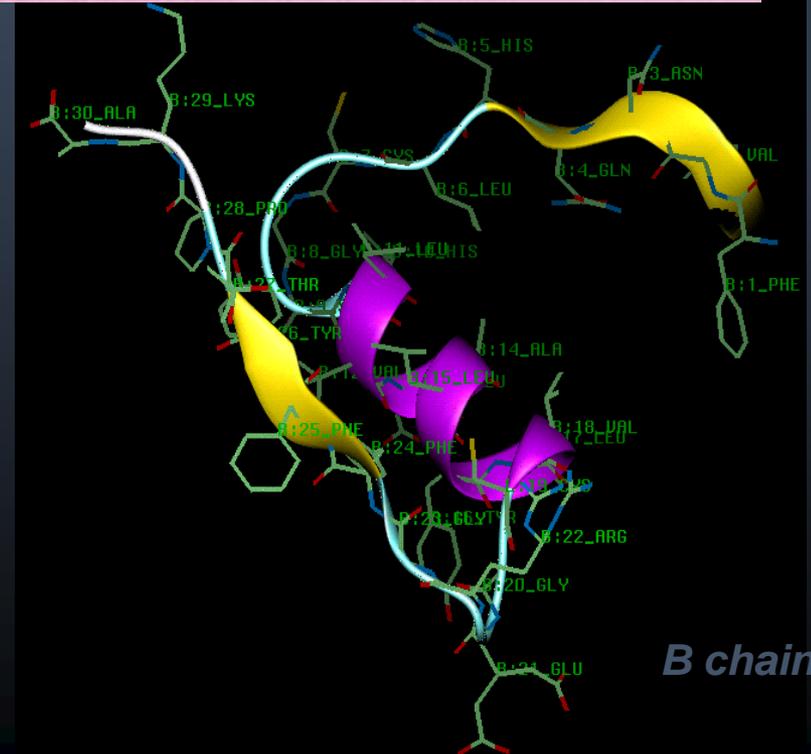
Pancreatic Hormones

- ◆ **Insulin** – allows your cells to take up glucose
- ◆ Amylin – slows gastric emptying, thus serving to curtail the onslaught of glucose into the bloodstream
- ◆ Glucagon – raises glucose in the bloodstream (opposite of insulin)
- ◆ Somatostatin – inhibits the secretion of other hormones, including insulin
- ◆ Pancreatic Polypeptide – another metabolic regulator. Exact function still uncertain.

Insulin is a small protein consisting of an A chain of 21 amino acids linked by two disulfide (S—S) bridges to a B chain of 30 amino acids.

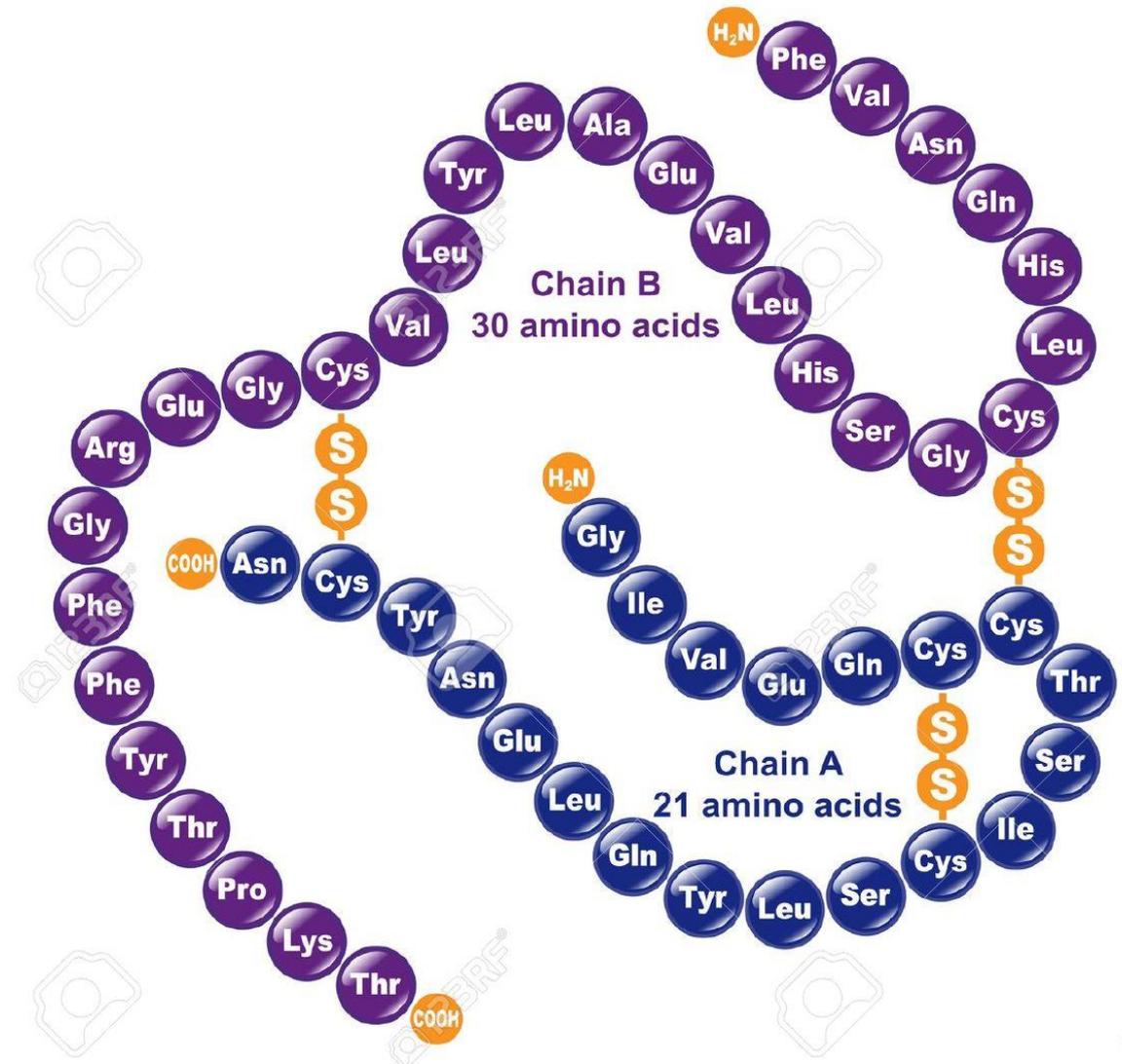


Beta cells have channels in their plasma membrane that serve as glucose detectors. Beta cells secrete insulin in response to a rising level of circulating glucose.

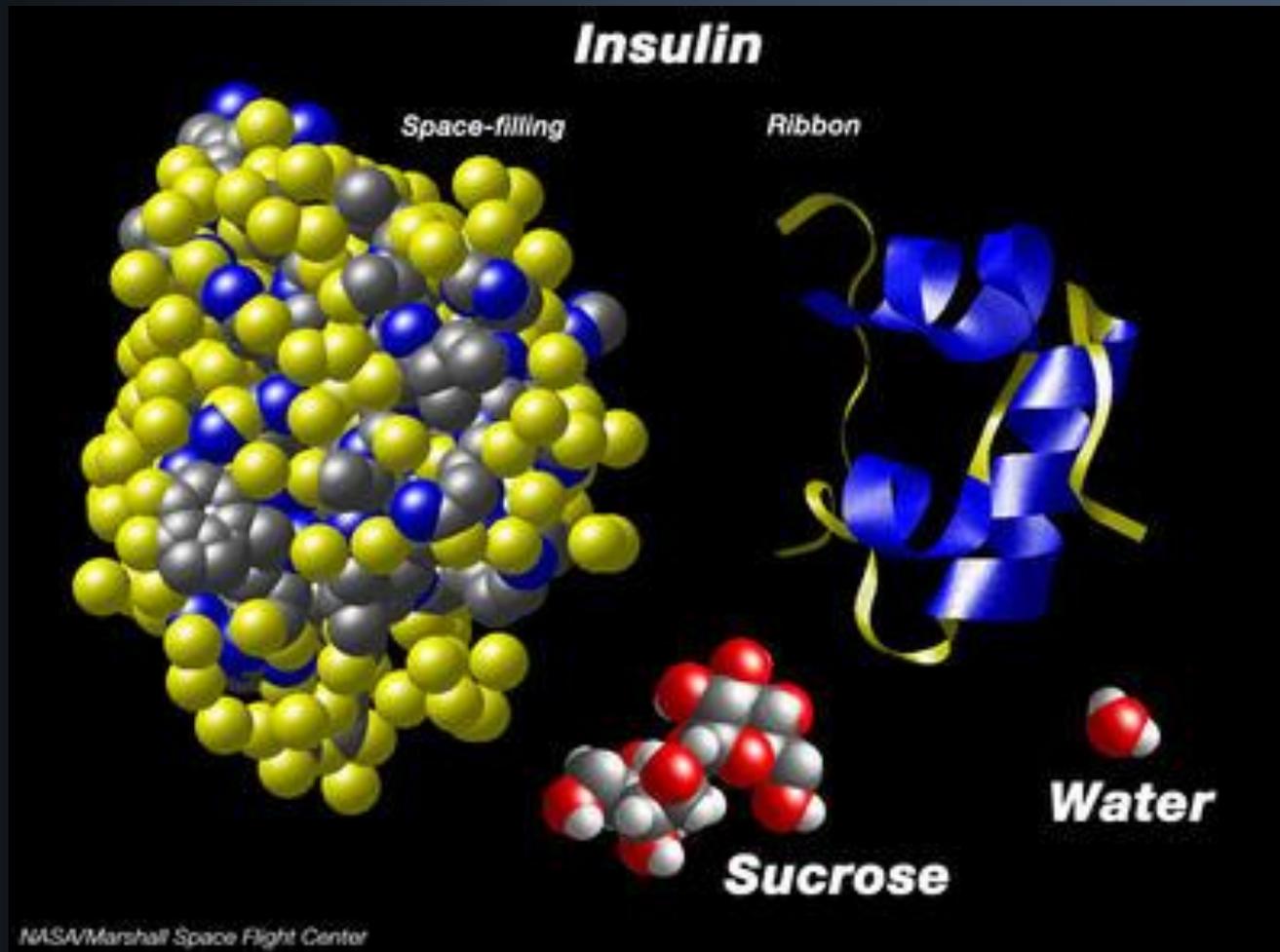


Human Insulin

Another diagram
of the amino
acid sequence

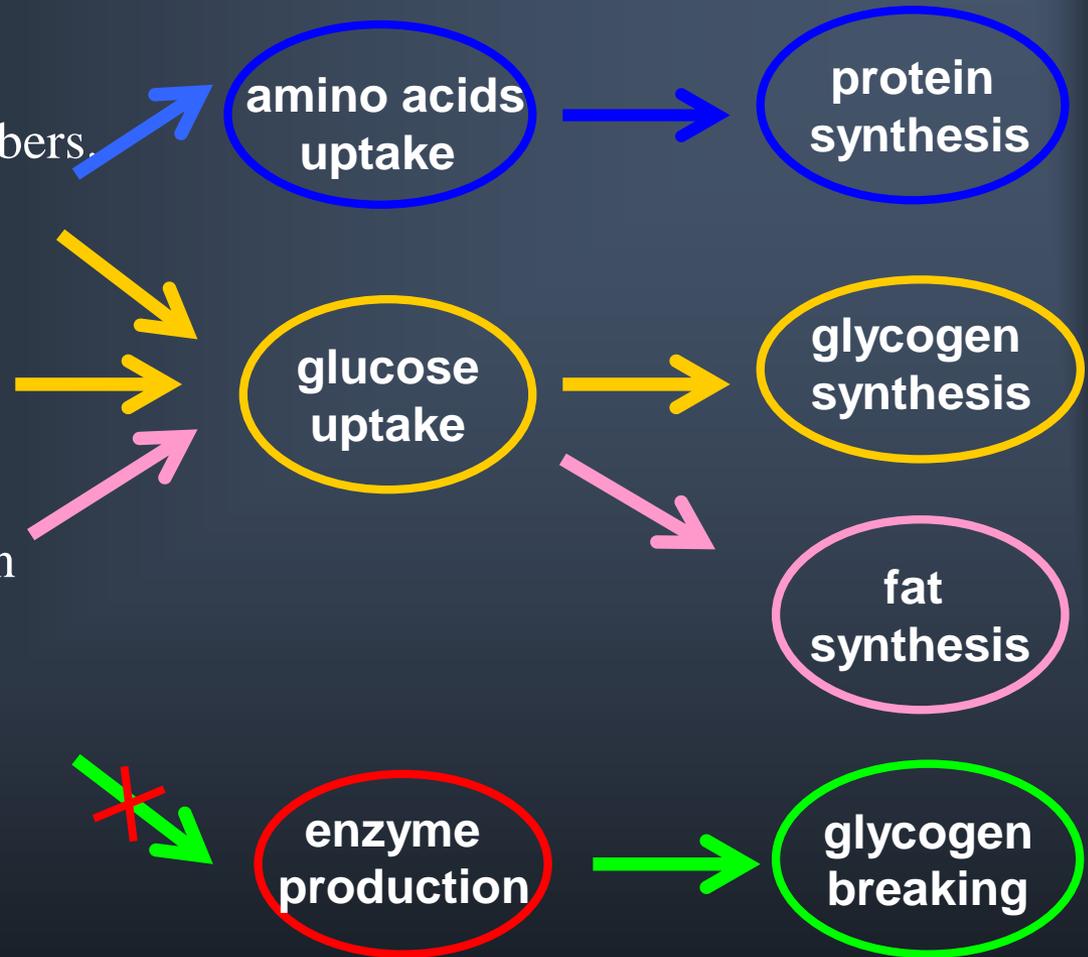


Here's some relative sizes



Insulin affects many organs:

- ◆ It stimulates skeletal muscle fibers.
- ◆ It stimulates liver cells.
- ◆ It acts on fat cells
- ◆ It inhibits production of certain enzyme.

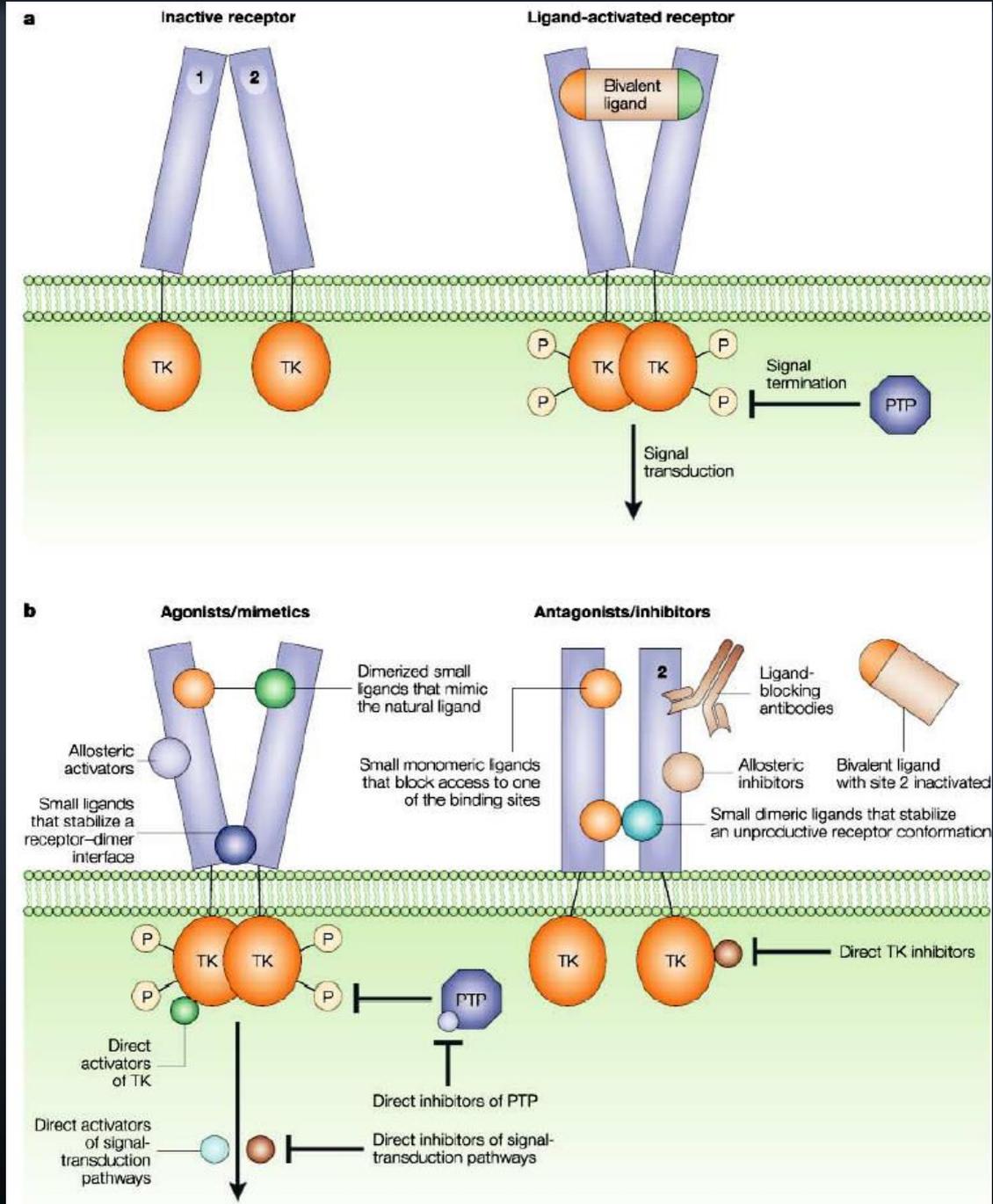


In each case, insulin triggers these effects by binding to the insulin receptor.

The insulin receptor (IR) is a transmembrane glycoprotein, composed of 2 α and 2 β domains.

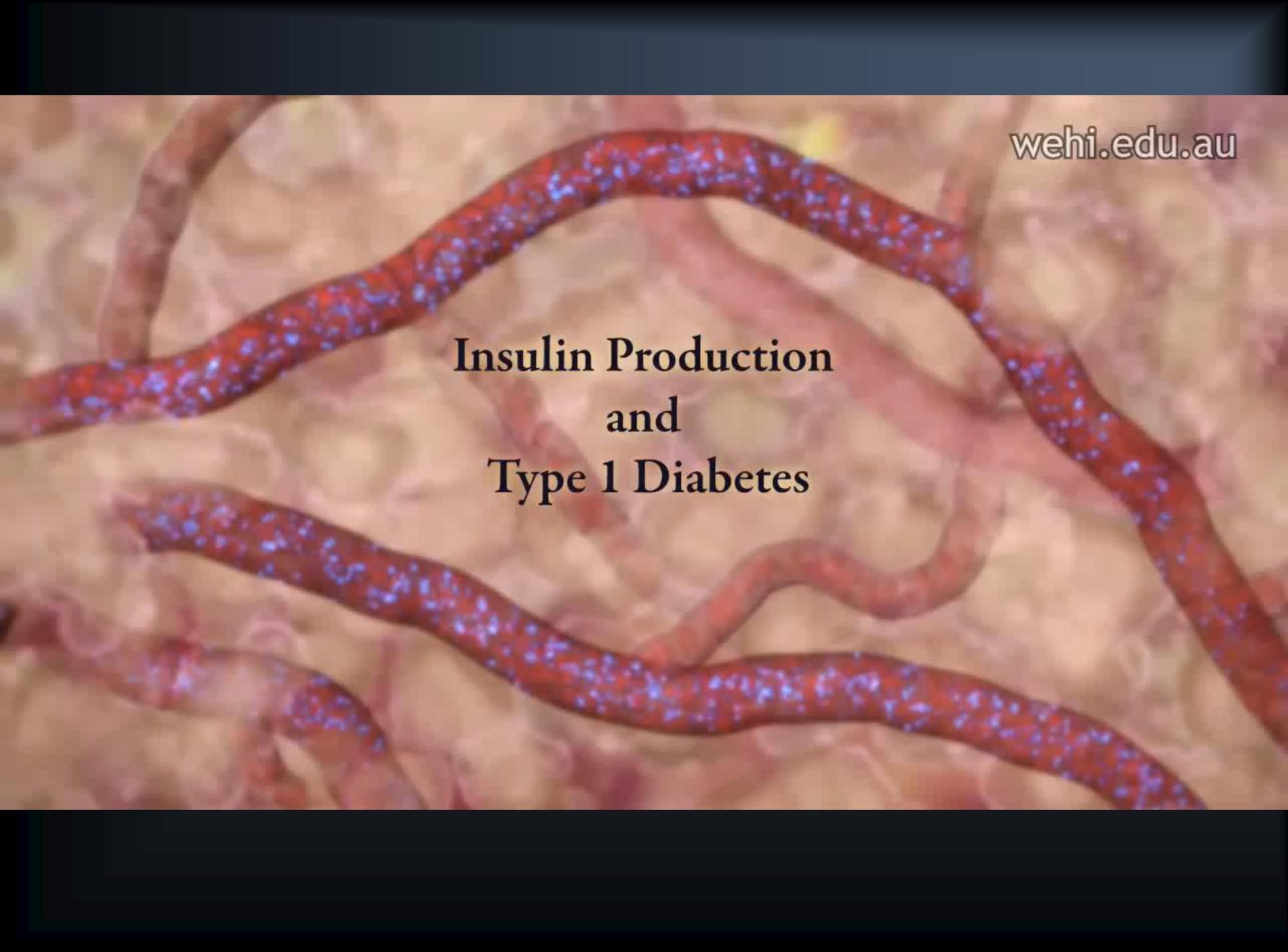
Its intracellular tyrosine kinase domain is activated by binding of insulin, leading to a cascade of signaling events.

This is better-depicted by the following two video clips

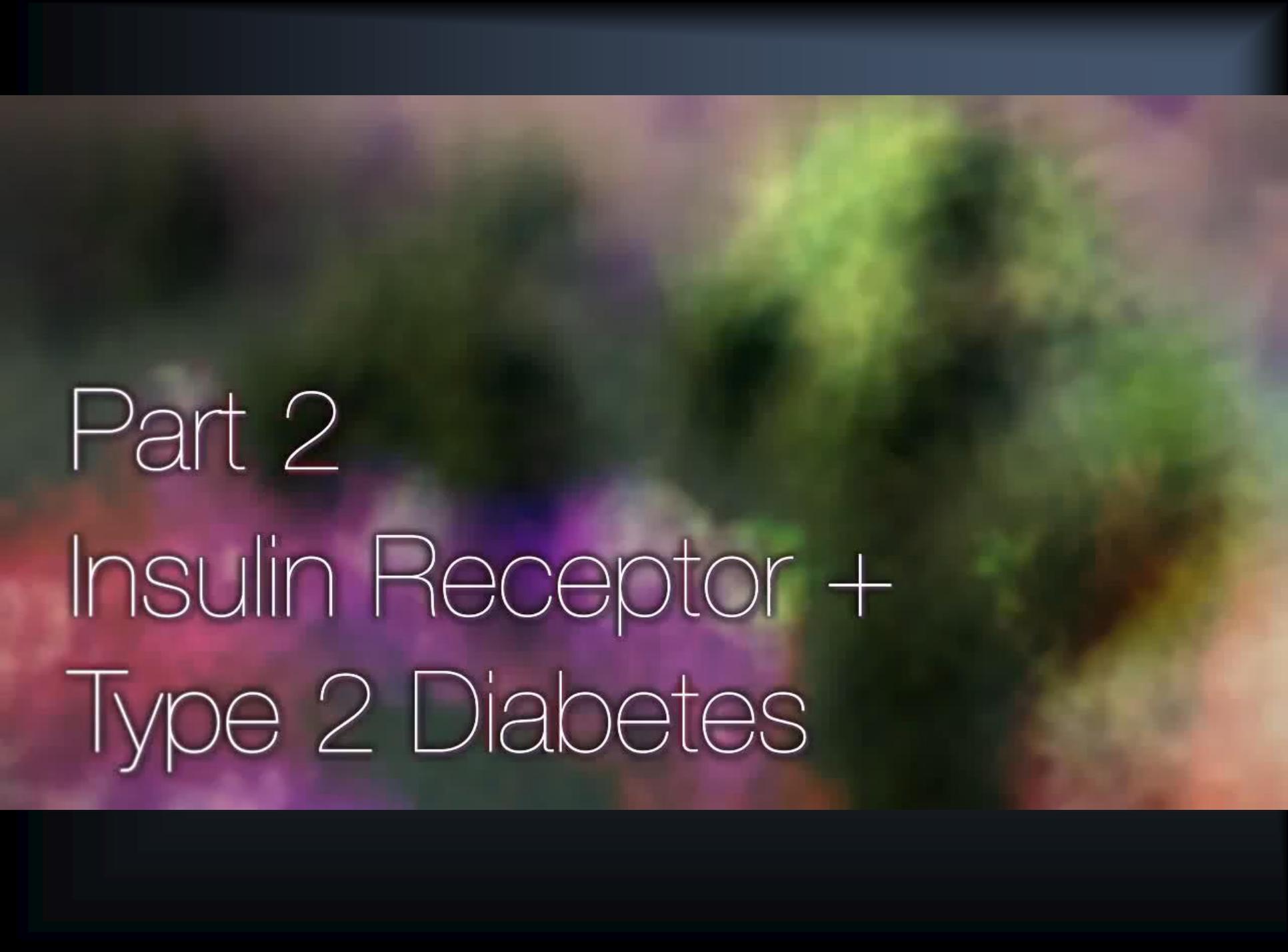


Two video clips:

1. Insulin production
2. Insulin docking

A microscopic view of several blood vessels, likely capillaries or small arteries, showing a dense network of red vessels. The vessels are filled with red blood cells and are surrounded by a network of blue fluorescent spots, possibly representing insulin-producing cells or markers. The background is a light, textured surface, likely representing the surrounding tissue.

Insulin Production and Type 1 Diabetes



Part 2

Insulin Receptor +

Type 2 Diabetes

Insulin drug evolution

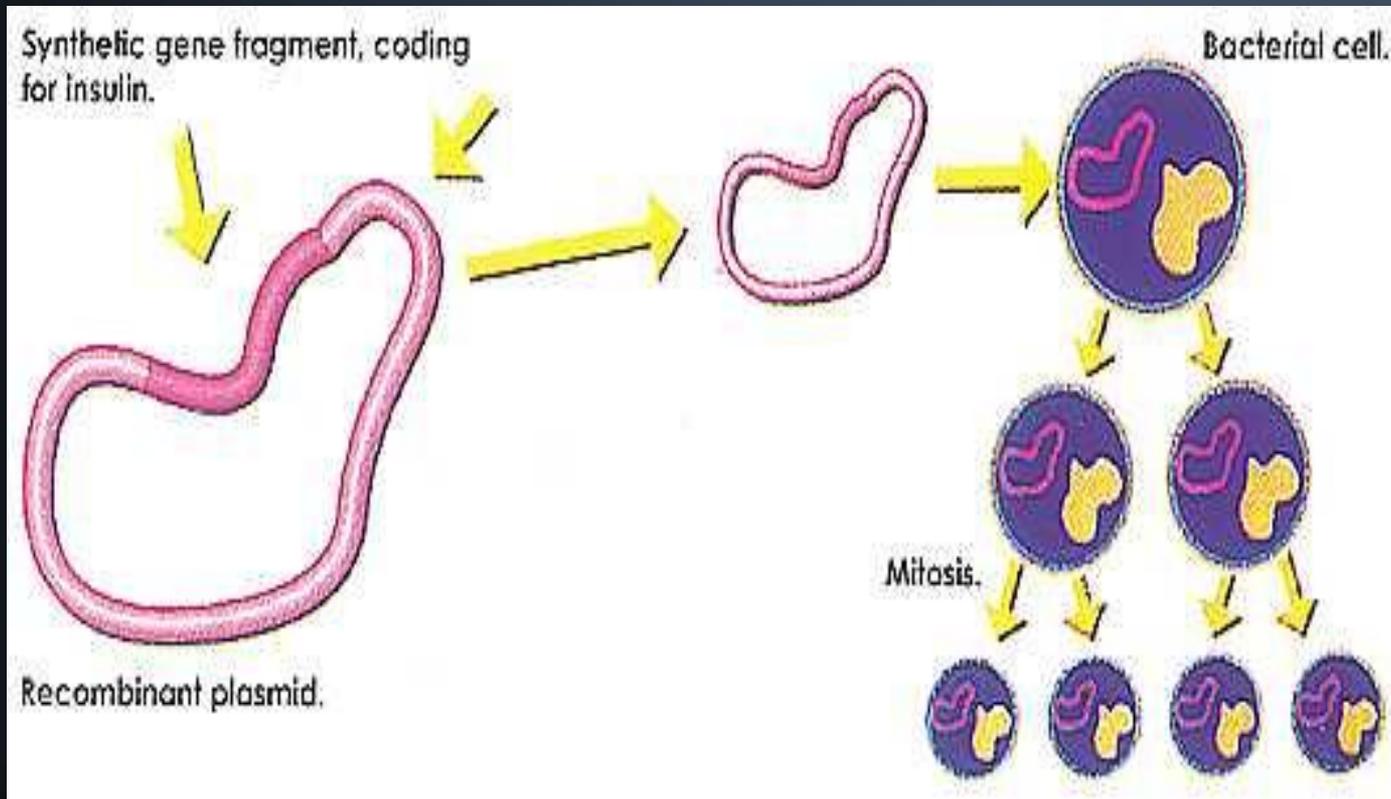
Stage 1 Insulin was extracted from the glands of cows and pigs. (1920s)

Source/Types	Amino Acid Substitutions						
	A-Chain Position			B-Chain Position			
	A8	A10	A21	B28	B29	B30	B31 and B32
Beef	Ala	Val	Asn	Pro	Lys	Ala	
Pork	Thr	Ile	Asn	Pro	Lys	Ala	
Human	Thr	Ile	Asn	Pro	Lys	Thr	

Stage 2 Convert pig insulin into human insulin by removing the one amino acid that distinguishes them and replacing it with the human version.

Stage 3 - Recombinant DNA technology (late 1970's)

Insert the human insulin gene into E. coli and culture the recombinant E.coli to produce insulin (trade name = Humulin®). Yeast is also used to produce insulin under trade name = Novolin® 1987.





Management of Diabetes Mellitus



Nutritional Management for Type I Diabetes

- Consistency and timing of meals
- Timing of insulin
- Monitor blood glucose regularly



Nutritional Management for Type II Diabetes

- Weight loss
- Smaller meals and snacks
- Physical activity
- Monitor blood glucose and medications



Nutrition Recommendations

- Carbohydrate
 - 60-70% calories from carbohydrates and mono-unsaturated fats
- Protein
 - 10-20% total calories



Nutrition Recommendations

- Fat
 - <10% calories from saturated fat
 - 10% calories from PUFA
 - <300 mg cholesterol
- Fiber
 - 20-35 grams/day
- Alcohol
 - Type I – limit to 2 drinks/day, with meals
 - Type II – substitute for fat calories



Diabetic Exchange Lists

Refer to the Diabetes exchange lists meal planning guide