

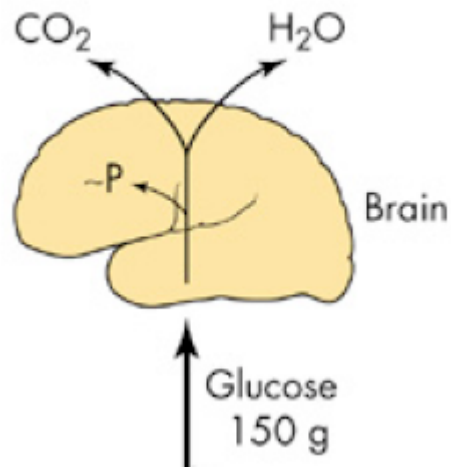
Will The Real Glucose Transporter Please Stand Up!

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Why Study Glucose Transporters?

This is Your Brain On Glucose. This is Your Brain Off Glucose.



Why Study Glucose Transporters?

Type II Diabetes Mellitus

- Insulin Resistance
- Glucose Metabolism Deficiency

Obesity

- Glucose Metabolism Deficiency
- Insulin Resistance

Antioxidant Defense

- GLUT1 transports oxidized vitamin C (DHA)
- Vitamin C= most efficient antioxidant

Glucose Transporters

- Facilitated Diffusion
- Structure
 - 12TM
 - Intracellular N- & C- term
 - ~500aa
- SGLT-1 & 2
 - Na⁺/Glc Co-Transporter
- SLC2 Family
 - 13 GLUTs
- Differences
 - Tissue Expression
 - Substrate Specificity
 - Kinetics
 - Physiological Regulation

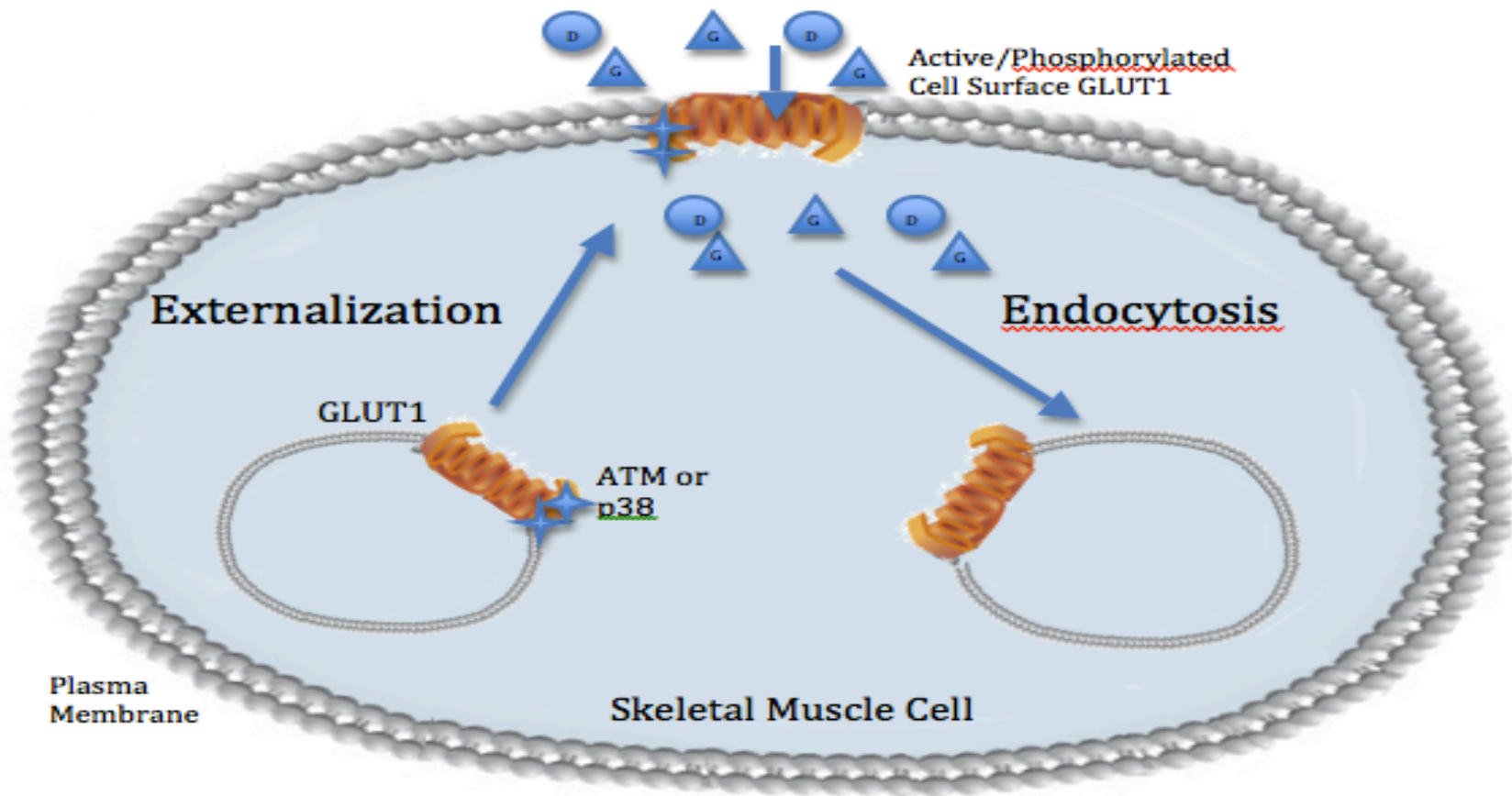
Most Studied Glucose Transporters

Name	Tissue location	K_m	Comments
GLUT1	All mammalian tissues	1 mM	Basal glucose uptake
GLUT2	Liver and pancreatic β cells	15–20 mM	In the pancreas, plays a role in regulation of insulin In the liver, removes excess glucose from the blood
GLUT3	All mammalian tissues	1 mM	Basal glucose uptake
GLUT4	Muscle and fat cells	5 mM	Amount in muscle plasma membrane increases with endurance training
GLUT5	Small intestine	—	Primarily a fructose transporter

- Pancreas (GLUT2)
 - High K_m relative to concentration of blood glucose (4-5mM)
- Glucose transport into cell will rise linearly with [glucose] in the blood

GLUT1

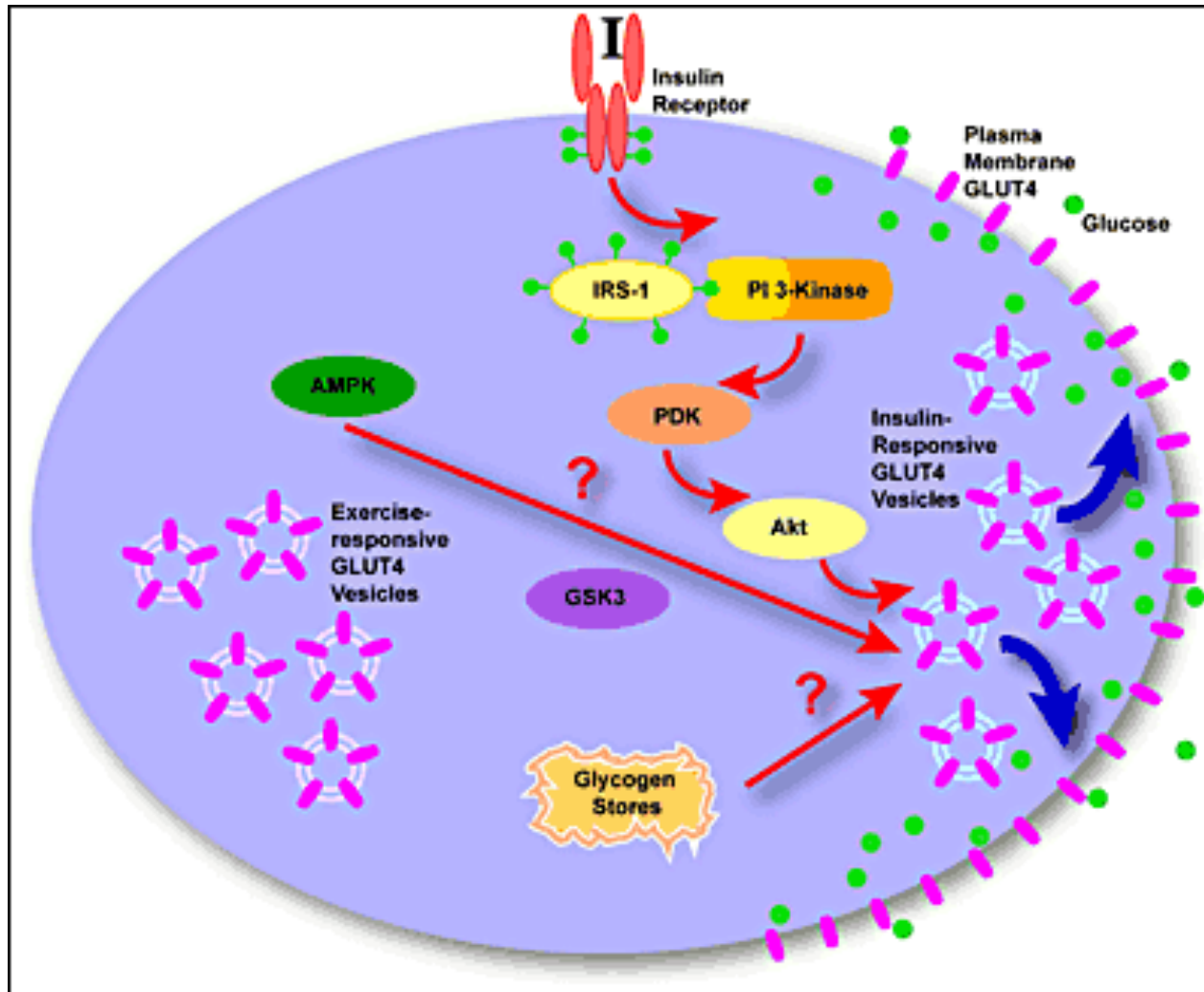
- Refer to Poster



GLUT4

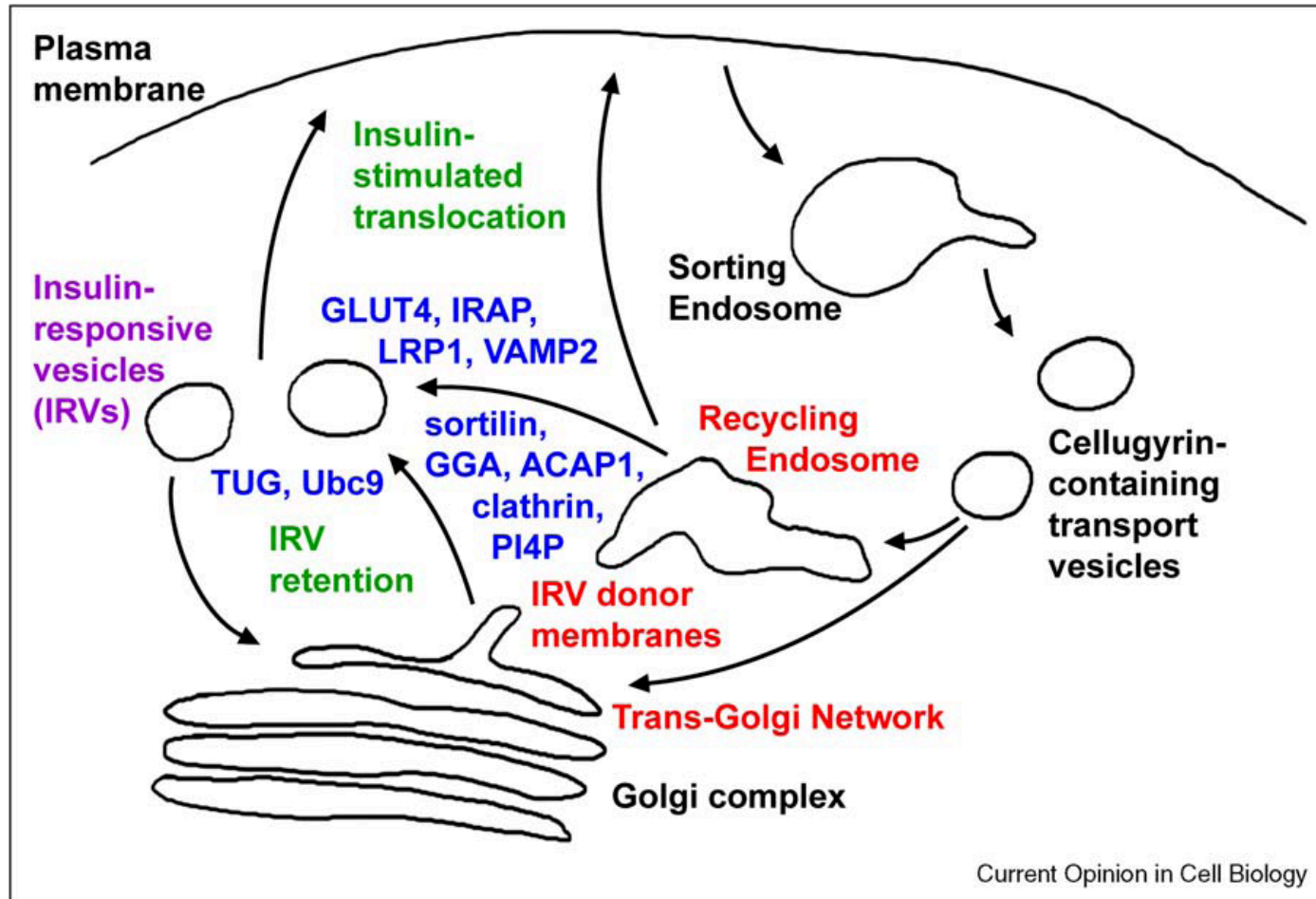
- Discovered in 1980s
- Most Studied GLUT
- Still Unknown
 - Trafficking???
- Whole Body Glc Homeostasis
- Regulation of Insulin
 - Insulin-dependent
- Insulin Resistance Diseases
 - Type II Diabetes
 - Obesity

GLUT4 Signaling



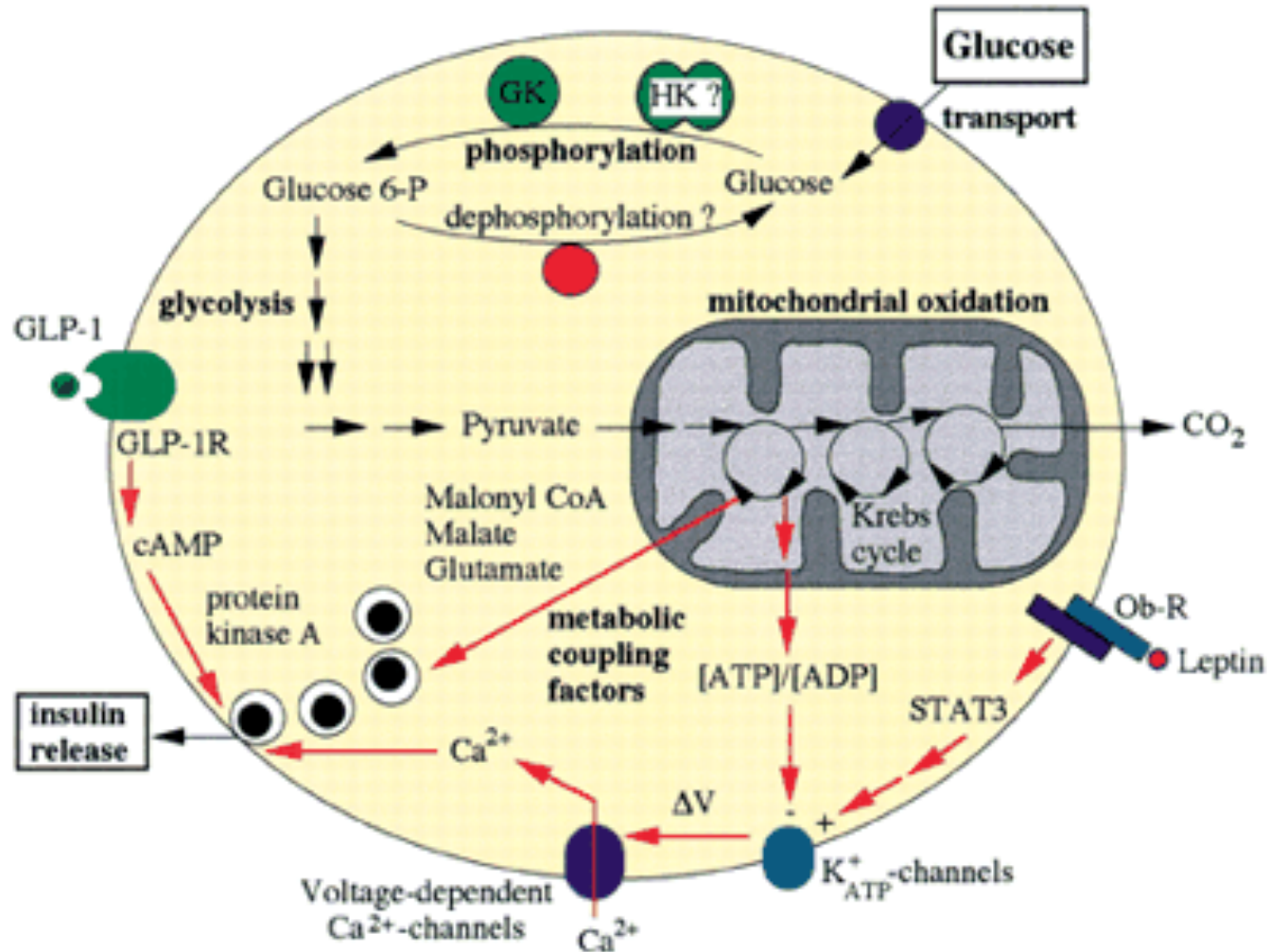
(Youngren 2010)

GLUT4 Trafficking



(Brogan 2010)

Glucose Sensing: Glucose-Stimulated Insulin Release



(Schuitt 2001)

Blood Glucose

Hyperglycemia

- $>180\text{mg/dl} (>10\text{mM})$
 - Noticeable $270\text{-}360\text{mg/dl}$ ($15\text{-}20\text{mM}$)
- Symptoms
 - Organ damage
 - Blood vessel damage
- Causes
 - Diabetes ($>126\text{mg/dl}$ or $>7\text{mM}$)
 - Drugs
 - Beta Blockers, anti-psychotics, meth, many others
 - Illness- Stroke, heart attack, etc

Hypoglycemia

- $40\text{-}50\text{ mg/dl}$ ($2\text{-}2.5\text{mM}$)
 - Normal= $70\text{-}110\text{mg}$ ($4\text{-}5\text{mM}$)
- Brief Duration= brain damage/fatal
 - GLUT3 $K_m=1.6\text{mM}$ (neural)
- Symptoms
 - Sweating, hunger, fatigue
 - Palpitations, tremors
 - Coma, convulsions
 - Death

Literature Cited

- Brogan JS, Kandror KV. 2010. *Biogenesis and regulation of insulin-responsive vesicles containing GLUT4*. *Curr Opin Cell Biol* 22: 506-512.
- Ching JK, Rajguru P, Marupudi N, Banerjee S, Fisher JS. 2010. *A role for AMPK in increased insulin action after serum starvation*. *Am J Physiol*.
- Schuit FC, Huypens P, Heimberg H, Pipeleers DG. 2001. *Glucose Sensing in Pancreatic B-Cells*. *Diabetes* 50(1): 1-11.
- Youngren JF. 2010. *Exercise and Regulation of Blood Glucose*. *Diabetes Manager*.