VARIATIONS OF GLUCOSE 6-PHOSPHATE DEHYDROGENASE ACTIVITY IN VARIOUS TISSUES INDUCED BY METABOLIC ALKALOSIS, ACIDOSIS AND DIABETES

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Abstract

The effects of chronic metabolic acidosis, alkalosis and alloxan-induced ketoacidosis on G6PD activity of rat kidney, liver and erythrocytes were studied. Metabolic acidosis significantly increased the activity of kidney enzyme (55%) but decreased the liver (43%) and erythrocyte (38%) enzyme activities. Alkalosis did not make a significant change in the kidney or liver enzyme activity but slightly decreased that of the erythrocyte enzyme. In alloxan-induced diabetic rats, the rise in G6PD activity of kidney (69%) was associated with a decline in the enzyme activities of liver (50%) and erythrocytes (51%). It is suggested that in alloxan-induced diabetes, ketoacidosis is mainly responsible for the change in G6PD activity of various tissues and different organs do not respond similarly toward metabolic acidosis or alkalosis.

Introduction

Glucose 6-phosphate dehydrogenase (G6PD), the first enzyme of hexose monophosphate shunt, generates reducing equivalent in the form of NADPH necessary for biosynthetic reactions and for maintenance of cellular integrity (for review see Ref. 1). The activity of G6PD is regulated under different metabolic and hormonal conditions in several organs [2-5]. In rat kidney, the rate of hexose monophosphate shunt has been affected by chronic metabolic acidosis [6] and other physiological and pathological situations such as growth and diabetes [7-8]. Several other reports on diabetic animals have shown that insulin

Keywords: Acidosis; Glucose 6-phosphate dehydrogenase; Diabetes

affects G6PD activity in liver [9], adipose tissue [10] and mammary gland [11]. The possible roles of chronic metabolic acidosis and alkalosis, however, are still uncertain.

The present work was undertaken to investigate the relationship between chronic metabolic acidosis, alkalosis, alloxan-induced keto-acidosis and G6PD activities of several tissues.

Materials and Methods

Chemicals

Glucose 6-phosphate, nicotinamide adenine dinucleotide phosphate, alloxan and β -mercaptoethanol were obtained from Sigma Chemical Co. (U.S.A). All other chemicals were reagent grade.

Animals

Male Wistar rats (200-250 g) were purchased from the Pasteur Institute (Tehran). The animals were fed with standard diet (50% carbohydrates, 20% protein, 5% olive oil, 10% cellulose) and maintained as described previously [12].

Acidosis and Alkalosis

To generate metabolic acidosis, five rats received 0.28 M NH₄Cl solution instead of water for 10 days and five rats were given water as controls [6, 13]. Similarly, a 0.8 M sodium bicarbonate solution was given to a group of animals for six days to produce metabolic alkalosis.

Alloxan-Induced Diabetes

The rats were fasted for 24 h and alloxan solution in saline was injected intraperitonally (200 mg/kg) into a group of five animals to induce diabetes, and saline was injected into the control group [14].

Tissue Preparation

The liver was perfused in situ using 0.15 M NaCl to remove erythrocytes. The liver and kidney were removed and separately homogenized in 10 mM Tris-HCl buffer pH 7.6 containing 1 mM EDTA. Each homogenate was then centrifuged at 30,000 g for 30 minutes and the supernatant kept for the enzyme assay. For the erythrocyte enzyme, the blood was collected from the decapitated rats, the erythrocytes separated and washed with 0.15 M NaCl and hemolyzed in a solution containing 10 μ M NADP+, 7 mM β -mercaptoethanol and 2.7 mM EDTA pH 7.0 as described before [15]. The hemolyzate was centrifuged at 15000 g for 20 minutes and the supernatant kept for G6PD assay.

Measurement of the Enzyme Activity

The enzyme activity was measured in 50 mM Tris-HCl buffer pH 7.4 containing 0.6 mM NADP+, 2 mM glucose 6-phosphate, 5 mM EDTA and the appropriate amount of the supernatant at 25°C using a Perkin-Elmer spectrophotometer model 551 S. The reaction was monitored by measuring the change in absorbance at 340 nm. Each enzyme unit was taken as the enzyme activity producing 1 µmole NADPH/minute.

Protein Determination

Protein was measured by the method of Lowry et al. [16].

Determination of Blood pH and Bicarbonate

Blood pH and bicarbonate were measured using an

Az4 blood gas analyzer model 985.

Glucose Measurement

Blood glucose was determined by the standard method [17].

Results

Metabolic acidosis and alkalosis induced by NH₄Cl and NaHCO₃ are shown in Table 1. The decline in blood pH of NH₄Cl receiving rats was accompanied by a decrease of about 37% in the concentration of blood HCO₃. Conversely, in rats given NaHCO₃ both blood pH and HCO₃ significantly increased. Table 1 also shows that alloxan-induced diabetes, indicated by high plasma glucose concentration (1154 g mg/dl), was associated with a chronic acidosis.

The effects of chronic acidosis, alkalosis and alloxan-induced ketoacidosis on G6PD activities of kidney, liver and erythrocytes are presented in Table 2. Chronic acidosis increased the activity of kidney enzyme (55%) but decreased that of the liver (43%) and erythrocyte (38%) enzymes. Alkalosis, however, did not significantly alter G6PD activity of kidney or liver but slightly decreased the erythrocyte enzyme activity. In alloxan-induced diabetes the data are closely similar to those obtained in metabolic acidotic rats. The rise in G6PD activity of kidney was accompanied by a decline in the enzyme activities of liver (50%) and erythrocyte (51%).

Discussion

The data presented in this article demonstrate the association between chronic metabolic acidosis and diabetic acidosis and the activity of hexose monophosphate pathway in various tissues. The rise observed in kidney G6PD activity of rats with both metabolic and diabetic acidosis might be explained in several ways. The acidosis itself may affect the kinetic behavior of G6PD resulting in the change of the enzyme activity. This was, however, ruled out by Peragon et al. [6] who have found no change in the kinetic parameters of kidney G6PD activity in acidotic rats. Schoolwerth et al. [18] have reported that in rats with chronic acidosis the increased activity of glutamate dehydrogenase was primarily due to an alteration in the enzyme kinetics. Other workers, however, have suggested that an increase in protein synthesis is mainly responsible for the elevation of kidney glutamate dehydrogenase in the acidotic rats [19, 20]. The concentration of total glutamine in renal cells was also elevated during chronic acidosis where ammonia production is increased [21-22].

In alloxan-injected rats, in which ketoacidosis is

Table 1. Induction of chronic acidosis and alkalosis in rats

Animal Conditions	Blood pH	Blood HCO ₃ - mM	Plasma glucose mg/dl
Chronic acidosis:			
Control	7.012 ± 0.01	21.92 ± 0.89	-
NH ₄ Cl receiving	$6.86 \pm 0.05*$	13.7 ± 1.4*	-
Chronic alkalosis:	!		
Control	7.032 ± 0.03	20.57 ± 0.7	-
NaHCO ₃ receiving	7.29 ± 0.02*	41.65 ± 5.9*	-
Ketoacidosis			
Control	7.21 ± 0.02	23.3 ± 0.51	104 ± 2.9
Alloxan-injected	$7.02 \pm 0.05*$	10.8 ± 1.75	1154 ± 168

Rats were given or injected the indicated solutions and the pH, blood bicarbonate and plasma glucose measured as described in Methods. Each point represents mean \pm S. E. of five rats.

Table 2. The effects of metabolic acidosis, alkalosis and alloxan-induced ketoacidosis on G6PD activity

:	Enzyme activity, miu/mg protein			
Conditions	Control	Experimental	Change %	
Metabolic acidosis:				
Kidney	34.48 ± 5.4	$53.54 \pm 3.5*$	55	
Liver	51.5 ± 9.6	$29.2 \pm 0.8*$	43	
Erythrocytes	23 ± 1.04	14.2 ± 1.9*	38	
Metabolic Alkalosis:				
Kidney	14.05 ± 2.9	13.8 ± 1.5	1.8	
Liver	10.45 ± 2.05	12.3 ± 1.3	17.7	
Erythrocytes	23.3 ± 1.6	$17.3 \pm 2.5*$	25.8	
Alloxan-induced ketoacidosis:				
Kidney	20.5 ± 2.05	$34.7 \pm 5.95*$	69	
Liver	14.5 ± 3.1	$7.3 \pm 0.8*$	50	
Erythrocytes	26.5 ± 1.9	13 ± 1.6*	51	

Metabolic acidosis, alkalosis and alloxan-induced ketoacidosis were generated as described in Methods. Each point represents mean \pm S. E. of five rats

developed [23], the role of insulin may also attribute to the change in G6PD activity. Geisler and Hansen [10] have shown that insulin stimulates G6PD activity in adipose tissue through an increase in protein synthesis. This finding may account for the decrease in liver G6PD in diabetic rats, but such an effect on

renal enzyme is unlikely since even at low levels of insulin G6PD activity is elevated. Seyer-Hansen [24] has reported that in diabetic rats renal hypertrophy develops and the rate of protein and nucleic acid synthesis in liver and muscles decreases while in the kidney it is increased [25-26]. Acidosis-induced renal

^{*,} significantly different from control (P < 0.001 to 0.05).

^{*,} significantly different from control (P < 0.01 to 0.05).

hypertrophy was also associated with a change in pentose phosphate pathway activity [27]. It is, therefore, suggested that in diabetic rats the ketoacidosis is responsible for the observed renal response.

The decreased activity of liver G6PD in metabolic acidosis might be the result of the change in food intake pattern occurring in NH₄Cl receiving rats which in turn alters hepatic dehydrogenases activities [28].

Studies performed on the effects of pH and anions such as bicarbonate, phosphate and sulfate on G6PD activity have shown that these anions stimulate glucose dehydrogenase but inhibit glucose 6phosphate oxidation activities of the enzyme [29]. These studies have also shown that the above anions and nucleoside triphosphate occupy the same binding site on G6PD. Unemoto et al. [30] have found that a low concentration of chloride ion stimulates the enzyme activity but has inhibitory effects at high concentrations. Therefore, in metabolic acidosis and alkalosis, where the concentrations of chloride and bicarbonate, respectively, are increased, erythrocyte G6PD activity is inhibited probably via changes in the enzyme kinetics. More investigation, however, is needed to prove this.

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