

	<b>Oxidative Stress</b>
	Fellowship in Anti-Aging Medicine Module 4

**Oxidative Stress**

Oxidation of cellular components that damage the cells or tissues.

The damage is caused by an imbalance between the production of free radicals and the antioxidant system, producing a potential state of oxidative cellular lesion.

The oxidative lesion is produced on lipids, carbohydrates, proteins and DNA

**Free Radicals (F.R.)**

Molecule or fragment of a molecule that contains one or more unpaired electrons in its external orbit; a substance is transformed into a free radical either by gain or loss of an electron

They are highly reactive molecules, with a very short half-life and with the ability to injure cells

**Origin of Free Radicals (F.R.)**

**Exogenous**

- Physical Agents : Solar Radiation (UV, Rx)
- Chemical Agents : O<sub>2</sub>, ethanol, tobacco smoke, pesticides, some medicine

**Endogenous**

- Mainly those derived from :
  - Mitochondrial metabolism, ATP (92%)
  - Breakdown of fatty acids in the peroxisomes
  - Enzymes of P450 cytochrome
  - White Blood Cells that attack germs, (phagocytosis) freeing O<sub>2</sub><sup>-</sup>, H<sub>2</sub>O<sub>2</sub>,.....

**Origin of Free Radicals (F.R.)**

ATP Production in the mitochondria

- Krebs cycle and its interaction with the oxidative phosphorylation cycle (matrix mtc)
- Electronic transport chain ETC (interior membrane mtc)

**ETC**

- Require from Krebs cycle (NADH, FADH<sub>2</sub>)
- It is the biggest source of production of FR, 2% of O<sub>2</sub> consumed in mitochondria during ETC is converted into O<sub>2</sub><sup>-</sup> => SOD makes O<sub>2</sub><sup>-</sup> into H<sub>2</sub>O<sub>2</sub>, who splits it and produces cross-linking in mitochondrial DNA

**The Electron Transport Chain**

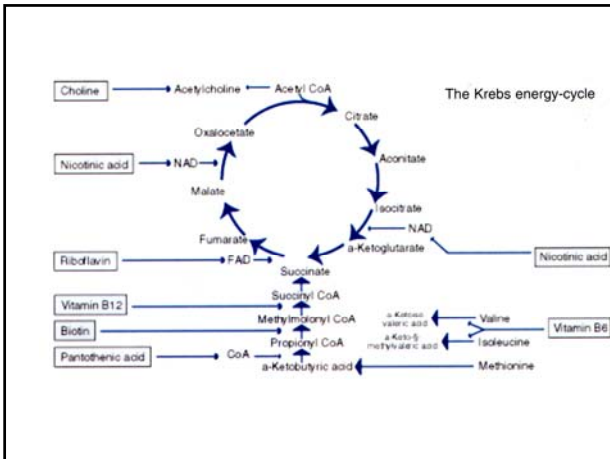
Intramitochondrial space

Inner mitochondrial membrane

Mitochondrial matrix

- Complex 1** NADH dehydrogenase: -FMN, -FeS
- Complex 2** Cytochrome c Reductase: -cyt b, -cyt c<sub>1</sub>, -FeS
- Complex 3** Cytochrome c Oxidase: -cyt a, -cyt a<sub>3</sub>

•The older the cells, the more free radicals are produced by each ATP molecule.



### Free Radical Producers of exogenous origin

**Atmospheric Pollutions**  
 Ozone, tobacco smoke, car fumes.

**Medicines or drugs**  
**Ethanol** (increased lipoperoxides)  
**Cocaine** (radical nitroxide norcaine)  
**Cyclosporin A** (decreased GSH)  
**Paracetamol** \* (GSH Depletion pool and oxidative stress)  
**Adriamycine - Phenothiazines.**  
 \* Its metabolite N-acetyl-p-benzoquinone imide

### Free Radical Producers of exogenous II origin

<b>Oxidative Stress</b>	
Transition Metals	Fe, V, Ni, Al, Cd, Hg, Cr, Co
Chemical Toxins (Xenobiotics)	Paraquat, Diquat, Dieldrin, benzopyrene...
Particles	<u>Asbestos</u> : (associated to Fe) DNA damage (lung cells) <u>Silicon</u> : (associated to Fe) DNA damage (lung cells)

### Drugs & Oxidation

It has been demonstrated that **ACETAMINOPHEN** (Paracetamol) is hepatotoxic.

Its toxic action is exercised through its metabolite: N-acetyl-p-benzoquinone-imine, who causes oxidative stress mainly through the depletion of glutathione.

**N-acetyl-cystein** is an important source of -SH groups that stimulate the synthesis of glutathione. It is therefore useful to warn the hepatotoxicity of **Paracetamol** during prolonged treatments.

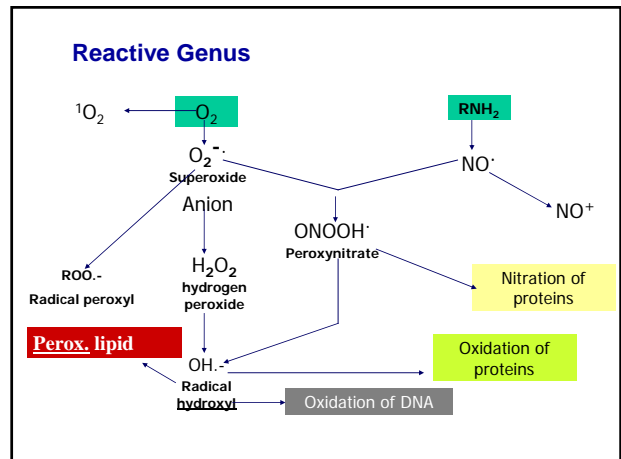
### Formation of Free Radicals

Free radicals are continuously being produced in the body :

Biochemical redox reactions with oxygen take place in the cellular metabolism

In a controlled inflammatory reaction, phagocyte mediated

As an answer to: Ionic radiation, ultraviolet rays, environmental contamination, tobacco, excess exercise, ischemia....



## Single Oxygen ( $^1O_2$ )

Appears when molecular oxygen absorbs a sufficient amount to move one of its two non paired e- to an orbital of superior energy

Strongly electrified molecule

Generated in photosensitivity reactions

## Superoxide ( $O_2^-$ )

Is produced in the mitochondria, cytoplasmatic reactions, and by conversion of oxyHb into metaHb.

Very short half-life

Does not spread out far from where it was generated (soon captures the e-)

Able to mutate bacteria, inactivate viruses...

Eliminated by Superoxide Dismutase (SOD)



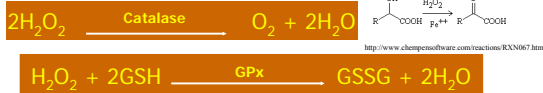
## Hydrogen peroxide ( $H_2O_2$ )

By itself it is not a free radical, however it is with the presence of metal ions giving way to a hydroxyl radical (Fenton reaction).

Is stable

Diffuses far from where it is generated

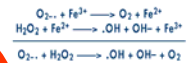
It is eliminated by Catalase and Glutathione Peroxidase (GPx)



## Hydroxide ( $OH^-$ )

Is one of the most reactive of the chemical species.

It is generated by the Fenton and the Haber-Weiss reaction.



An important cell destruction with the peroxidation of lipids develops, destruction of enzymes, damaged DNA, oxidation of -SH groups

High concentrations are not usually found, however, if they do exist there are no mechanisms of elimination.

## Nitric Oxide (NO)

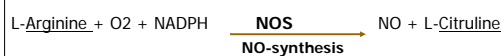
### Nitric Oxide (NO)

Clear gas with 11 e- ; the unpaired e- in the atom of the N, or the O.

### Functions:

Platelet anti-aggregant  
vasodilation

NO = EDRF (Endothelial-derived relaxing factor)



If it reacts with the superoxide anion ( $O_2^-$ ), it forms peroxynitrate ( $ONOOH^+$ ) (Free Radical)

## Nitric Oxide (NO)

### Peroxidation of Nitric Oxide

#### Small amount of Toxicity

- NO is volatile and does not accumulate.
- Acts as an anti-thrombotic agent, vasodilator,
- As an antimicrobial action,
- Can acts as a destructor of carcinogenic cells, but becomes highly toxic in reaction with a superoxide radical.

#### Diseases + Peroxynitrate

- Peroxynitrate is related to:
- renal diseases,
  - neurodegenerative processes
  - chronic inflammatory diseases
  - rheumatoid arthritis.

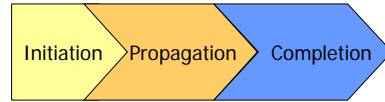


## Free Radicals produce

- Protein Oxidation**  
Inactivation of enzymes, which modifies the efficiency of the reactions that are catalysed.
- Lipid peroxidation**  
Malonyldialdehyde : indicator of damaged cells (pigmentation of the skin)  
Oxidation LDL and Atherosclerosis
- Oxidative Lesion of DNA:**  
Can induce spontaneous mutations that could have a vital role to play in the aging process and carcinogenesis.

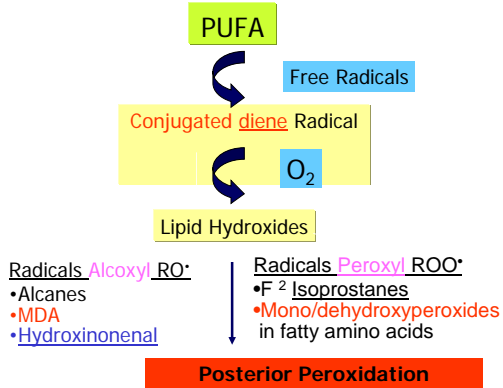
## Lipid Peroxidation

The double bonds of polyunsaturated lipids (PUFA) are the sites mainly oxidized

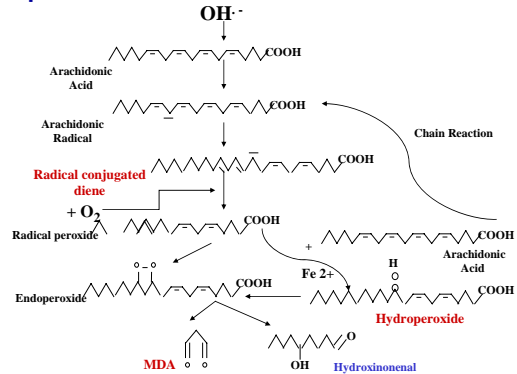


The process auto perpetuates and the final result will be the fragmentation of the lipid into hydroperoxides and cytotoxic aldehydes.

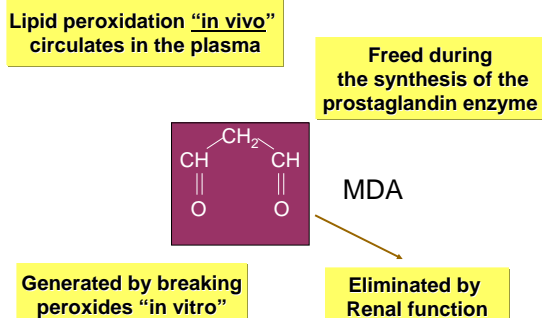
## Lipid Peroxidation



## Lipid Peroxidation



## ORIGIN of MDA



## PROTEIN OXIDATION : CARBONYL GROUPS

They are chemical compounds -C=O that are formed as a result of the oxidation of proteins (so their function is inactivated).

They are also formed as a result of a sugar reacting with -NH<sub>2</sub> (aa) of the proteins. (Maillard Reaction) which happens spontaneously to an Amadori product, from which group C=O can react with other proteins resulting in "Cross-linking".

However, carbonyls can be formed in other situations such as involved with lipids, or DNA, therefore they can cause "cross-linking"; protein-protein & protein-DNA, or protein-lipid, which will also be harmful in the body.

## CARBONYL GROUPS

•The molecules that are affected can be: collagen, elastine, enzymes, immunoproteins. Those that facilitate this “cross-linking” are the carbonyl groups that act as “glue” sticking the two proteins together. This can form large aggregates (AGEs, or glyco toxins) who can interact with the free radicals and cause cellular lesions.

•The formation of AGEs accelerates during hyperglycaemic stages such as Diabetes, and in this way can be aided by metals such as Cu & Fe.

## AGEs

•Once formed, the AGEs inhibit the cellular transport processes, they stimulate the cells to produce free radicals (such as Superoxide & nitric oxide) and activate pro-inflammatory cytokines such as TNF-a & IL-6.

•Also, some AGEs are immunogenic (causing auto-immune processes) or mutations.

## Signs of AGEs

- 1.- It can be found in cartilage and endothelium, it can be analytically shown through hydrolysis and chromatographical determination of Pentosidine and/or furosine.
- 2.- Its presence in urine and plasma has been demonstrated in diabetic patients.
- 3.- Its formation originates from excess glucose.
- 4.- Can act as indicators in blood serum  
Fructosamine serum  
Hb1c in blood

## Pathologies associated with AGEs

Diabetic Retinopathy

Fixation of oxidated LDL (atherosclerosis)

Fixation in glomerulus (glomerulosclerosis)

Fixation to immunoglobulins  
(careful immunitary system)

## PROTEIN OXIDATION : AOPP

### Advanced Oxidation Protein Products

The levels of AOPP in plasma correlate with those of Dityrosine and AGE-Pentosidine, as index of oxidative protein lesion.

They also correlate with the levels of Neopterin, indicator of inflammatory processes by monocytes.

Do not correlate with TBARS or MDA who are indicators of lipid oxidation.

Free Rad Biol Med (2003)  
The J of Immunology (1998)

Nephrol Dial Transplant (1999)  
Kidney International (1996)

## Can one act against the formation of AGEs ?

Aminoguanidine reacts with intermediaries dicarbonyl and blocks the reactionary sequence of AGEs formation.

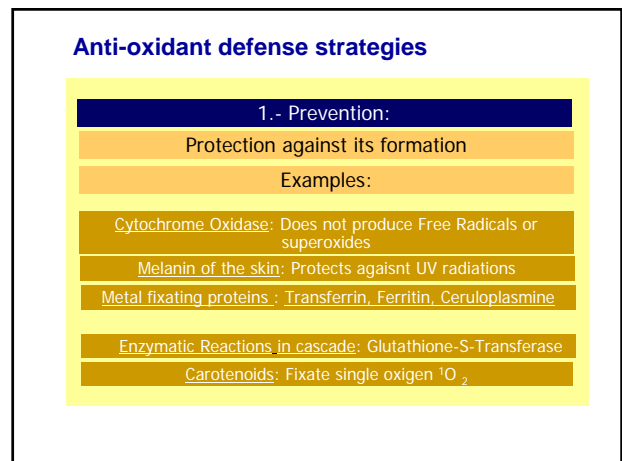
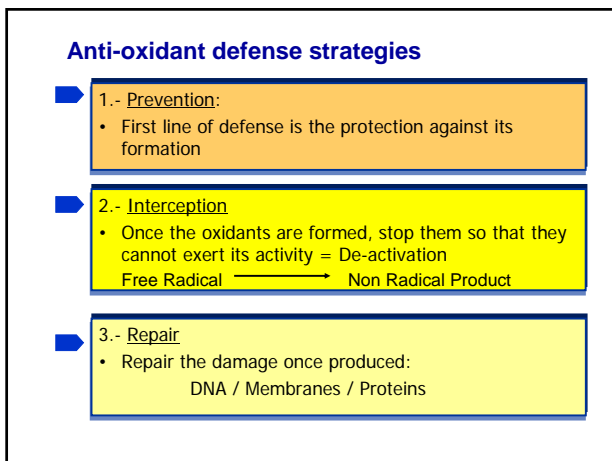
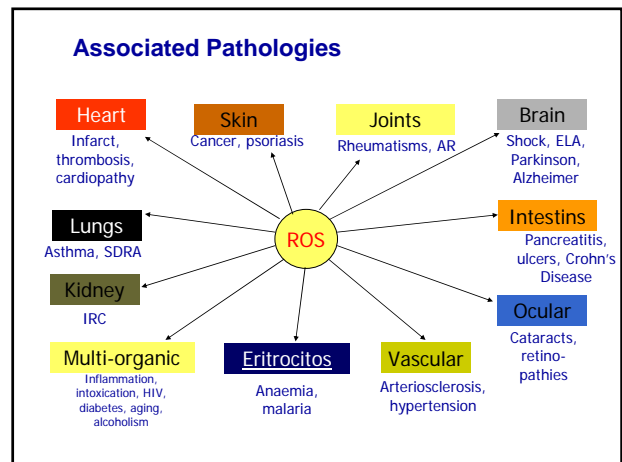
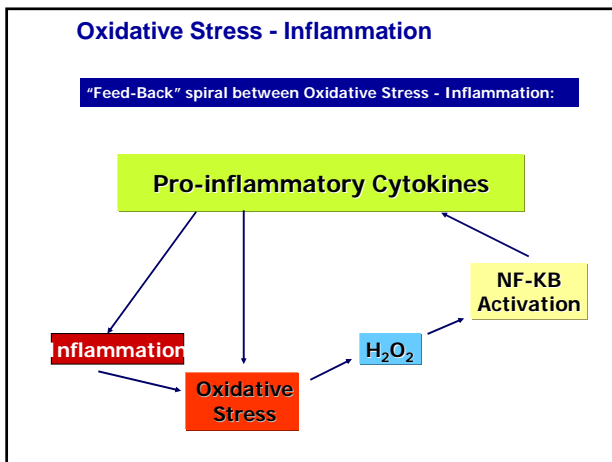
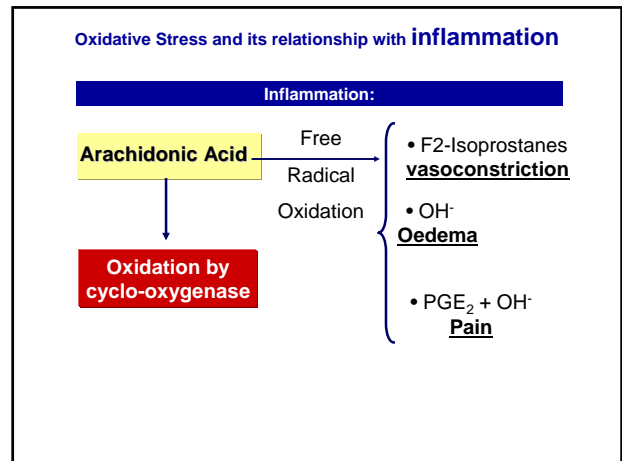
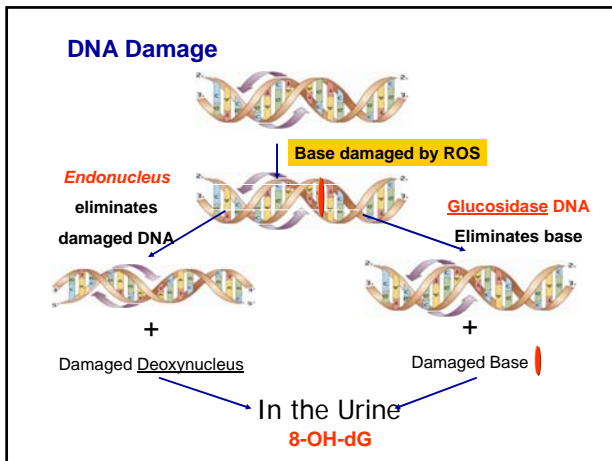
### During Experiments on diabetic Rats :

Delays microvascular injuries in the retina  
Delays microvascular injuries in the glomerulos  
Delays neuropathy periferic aparition.

### In Humans:

2001. Multicentric study (USA & EU) Faze III

OTHER: Carnosine, Metformine, Acarbose...



### Anti-oxidant defense strategies

#### 2.- Interception

- **Non enzymatic systems** : Anti-oxidants mechanisms in the ample sense
- Deactivation of a Free Radicals being transformed into a non-Radical molecule they have a half-life < 1 hour.
- Transfer the Free Radicals into a medium where it has less harmful effects
- In general transfer Free Radicals from the lipid stage to watery stages.
- For example:
  - From membranes to cytosol
  - From lipoproteins to the watery stages of the plasma where its regeneration with anti-oxidants will be easier.

### Anti-oxidant defense strategies

#### Membranes:



#### Enzymatic Systems :

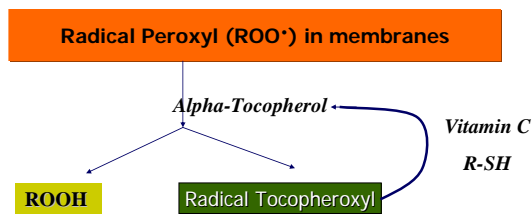
Superoxide Dismutase

Catalase

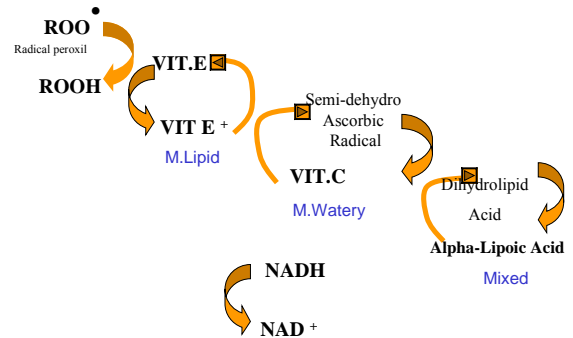
Glutathione Peroxidase

Others

### Alpha-Tocopherol Acts:



### Redox Cycle of major anti-oxidants

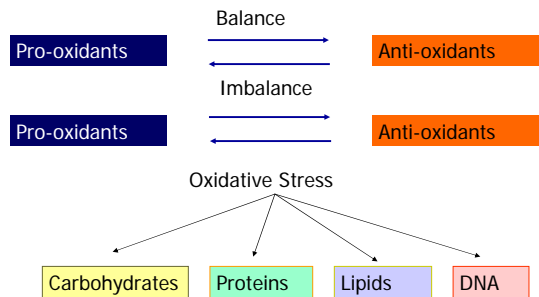


### Anti-oxidant defense strategies

#### 3.- Repair

- **Repair damaged molecules by :**
- Proteins, lipids, membranes, DNA
- Complete reactions from which it is difficult to pharmacologically react

### Evaluation of aging



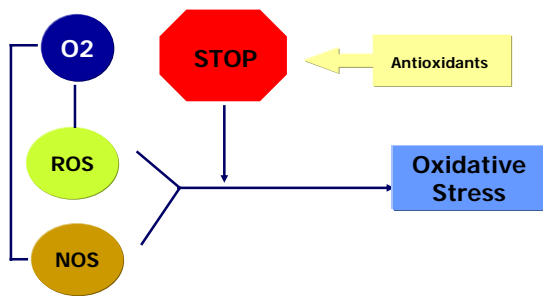


## Anti-oxidant Mechanisms

## Anti-oxidants

Substances that are present in low concentrations, compared to those of the oxidable substrate, which reduce or prevent its oxidation

## Function of Anti-oxidants



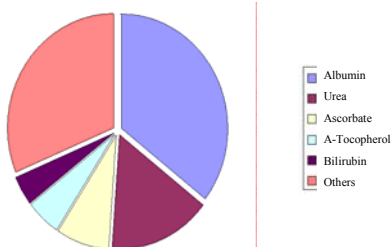
## Relative anti-oxidant capacity of different plasmatic metabolites

Albumin	0.69
Ascorbic Acid	1.00
Bilirubin	1.50
Cystine	0.28
Methionine	0.00
alpha-Tocopherol	0.90
Uric Acid	1.00
Urea	0.00
Tyrosine	0.38

*Trolox equivalents*

## Total anti-oxidant power

Measures the Global state of the anti-oxidant capacity  
Relative contribution to PART from different groups of substances



## Effects of anti-oxidants

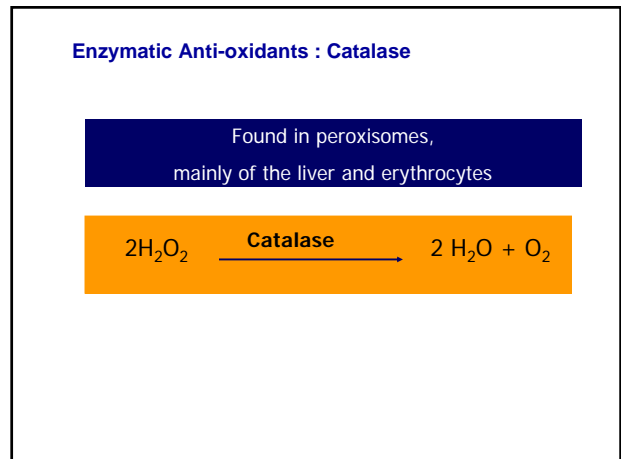
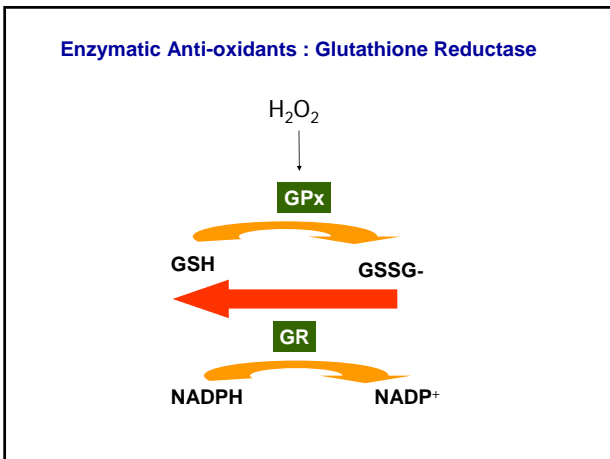
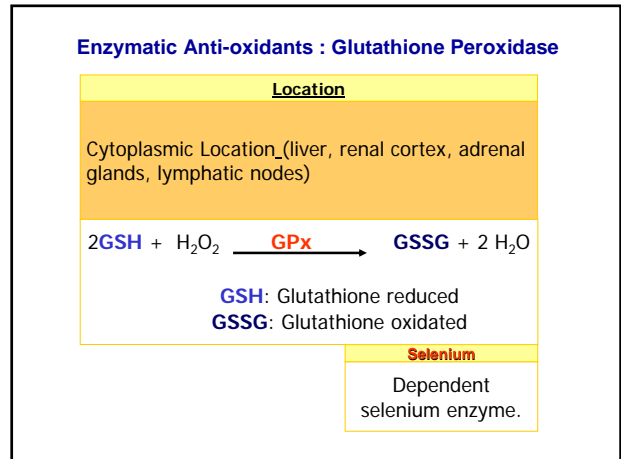
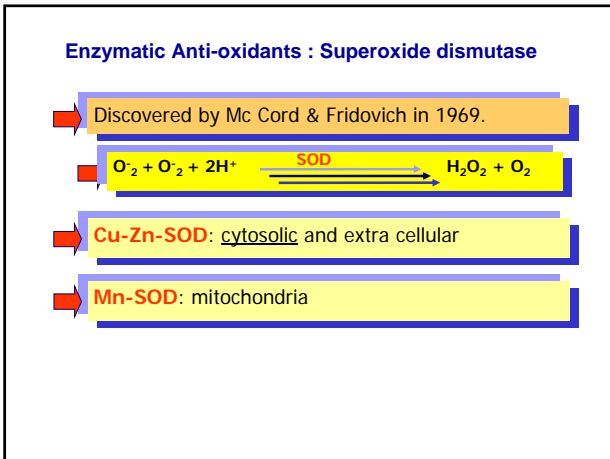
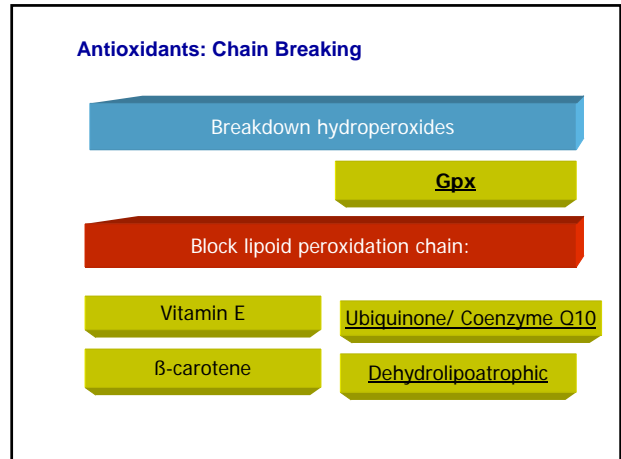
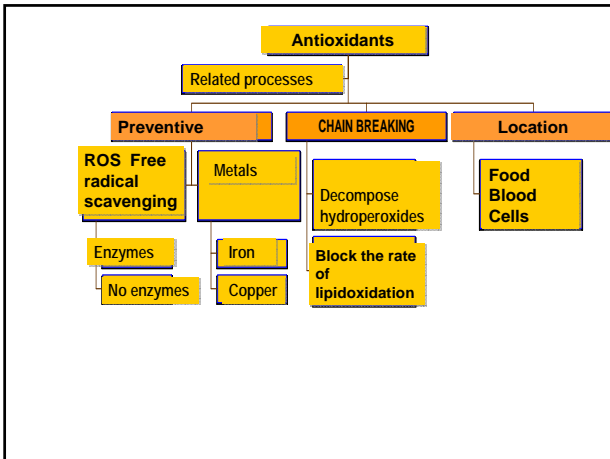
Breakdown hydroperoxides (ROOH)\*  
To convert them into alcohols (ROH).

Reduce the local concentration of oxygen

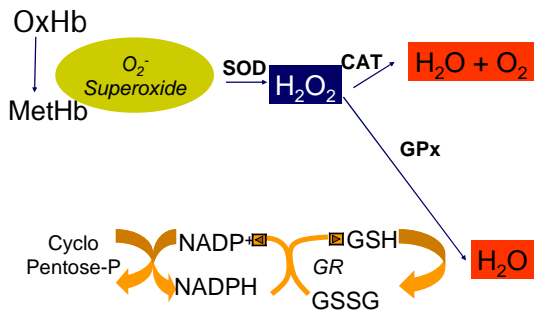
Prevent the initiation process of lipid peroxidation  
by capturing ROS.

Fix iron or copper.

Block the lipoperoxidation chain.



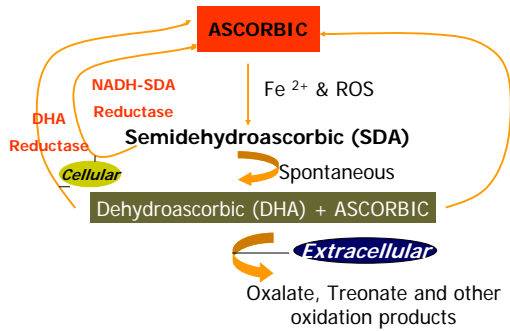
**Enzymatic Interactions :**



**NON ENZYMATIC Antioxidants**

WATER SOLUBLE	EFFECT	Plasma Conc. (µM)
Ascorbic	Scavenger of O <sub>2</sub> <sup>-</sup> , <sup>1</sup> O <sub>2</sub>	30-150
SH Groups, (Glutathione, albumin)	Scavenger of O <sub>2</sub> <sup>-</sup> , <sup>1</sup> O <sub>2</sub>	1-2
Uric Acid	Scavenger of OH <sup>-</sup> , <sup>1</sup> O <sub>2</sub> Chelation of Fe <sup>2+</sup> , Fe <sup>3+</sup> y Fe <sup>4+</sup>	160-450
Bilirubin		5-20
Flavonoids		
<b>LIPOSOLUBLES</b>		
α-tocopherol		15-40
γ-tocopherol		3-5
α-carotene		0.05-0.1
β-carotene		0.3-0.6

**Ascorbic as a pro-oxidant**



**Laboratory Profiles**

**Oxidative Stress Profile**

*Evaluation of redox equilibrium*

**Markers of oxidation**

- Lipids
- Proteins
- AGEs
- DNA

**Pro-oxidant Metals**

**Interception Mechanisms of ROS**

**Oxidative Stress Profile**

**1 Markers of lipid oxidation**

TBARS (MDA):	Final product of oxidation
Conjugated Dienes :	First phase marker of LDL oxidation
ox LDL	Final phase marker of LDL oxidation correlation with oxLDL in platelets...?
Anti-oxLDL	Correlation titers with oxidation level...?

### Oxidative Stress Profile

#### 2 Markers of lipid oxidation

Hydroperoxides	Oxidation indicator transferred to aqueous phases
F2-Isoprostanes	Marker of the intermediate products of lipid oxidation with metabolic activity.
PUFA ( $\omega_3$ , $\omega_6$ ):	Complement of evaluation of the lipid profile.

### Inconveniences of the determination of oxLDL in serum

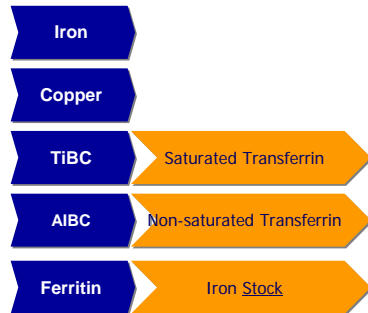
The oxLDL are in reality various lipid species.

From the extraction of blood and coagulation process, centrifugation, separation of the serum, etc.  $O_2$  from the air oxidates the LDL molecule and these do not differentiate from oxLDL "in vivo"

The most used method in clinics is by means of **conjugated dienes** first phase of the oxidation process of the LDL- in serum.

### Oxidative Stress Profile

#### Oxidant metals and their indications



### Oxidative Stress Profile

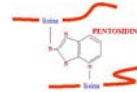
#### Protein oxidation markers

AOPP: Advanced Oxidation Protein Products Carbon Groups (=CO)

#### DNA oxidation Markers

8- OH- deoxy-guanosine (8OHdG)

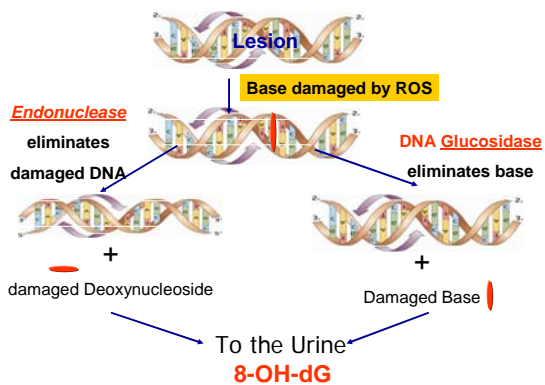
#### Carbohydrate oxidation /glycation markers



Direct: Pentose, Furosinea

Indirect: Hb1c, Fructosemia

### DNA Lesion



### Oxidative Stress Profile

#### ROS Interception Mechanisms

#### 1.- Anti-oxidant Enzymes

Catalase

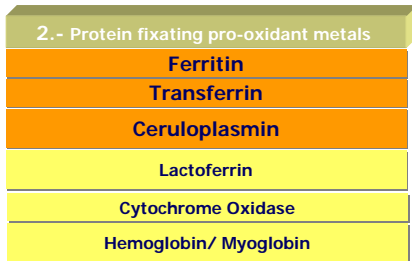
Superoxide Dismutase (Mn y Cu-Zn) (SOD)

Glutathione Peroxidase (GPx): dependent Se

Glutathione Reductase

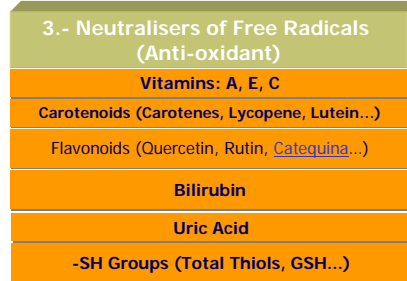
### Oxidative Stress Profile

#### ROS Interception Mechanisms



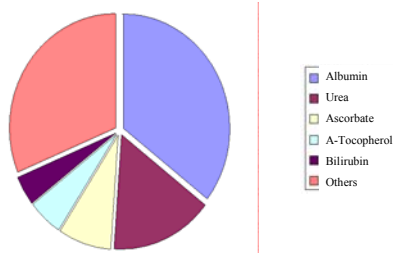
### Oxidative Stress Profile

#### ROS Interception Mechanisms



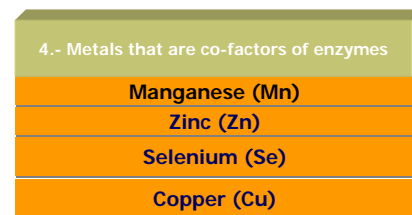
### Total anti-oxidant power

Measures the Global state of the anti-oxidant capacity  
Relative contribution to PART from different groups of substances



### Oxidative Stress Profile

#### ROS Interception Mechanisms



### Vitamins, Minerals, Anti-oxidants

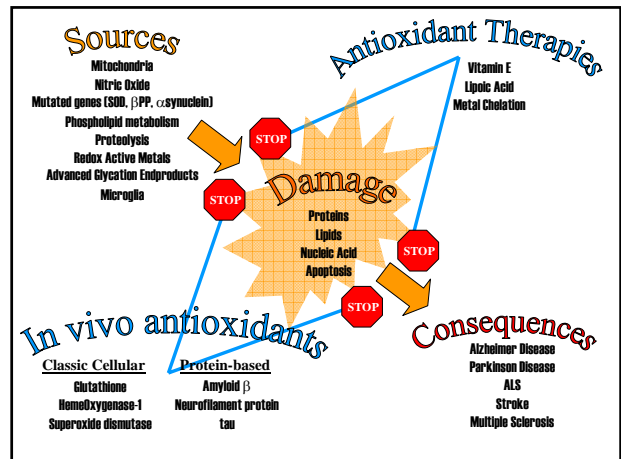
Optimal Ranges  
Versus  
Normal Ranges

### Many Ref.Ranges are not Optimal!!!!!!!

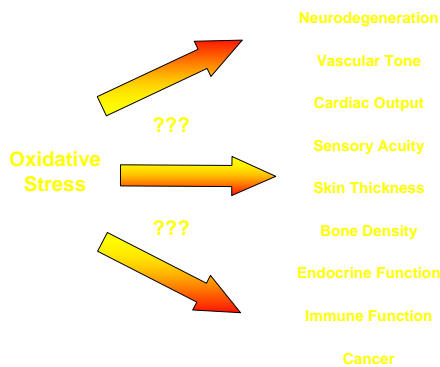
Blood levels:	low risc	Ref.Range?	<u>Opt.Range</u>
-Vit.E	μmol/l: >=30	14-40	30-80
-Vit.C	μmol/l: >=50	20-70	50-150
-Vit.D	nmol/l: >=78	25-100	78-250
-Vit.B6	nmol/l: >=85	12-30	85-180
-Vit.B11	μmol/l: >=30	12-50	30-150
-Vit.B12	pmol/l: >=400	115-850	400-2000
-Selenium	pg/l: >=250	70-250	250- 410
-Homocys	μmol/l: <6-7	5-12	<6-7

### Nutrient shortage and DNA damage

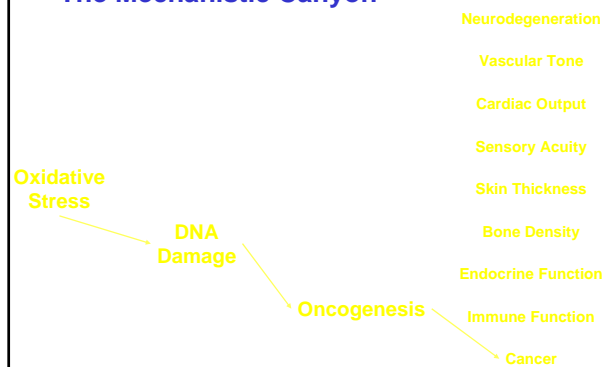
- Vitamin B3 Reduces DNA recovery
- Vitamin B6 Chromosome breakage
- Vitamin B11 Chromosome breakage
- Vitamin B12 Chromosome breakage
- Vitamin C "Irradiation" (DNA oxidation)
- Vitamin E "Irradiation" (DNA oxidation)
- Iron Chromosome breakage/Irradiation
- Zinc Chromosome breakage/Irradiation



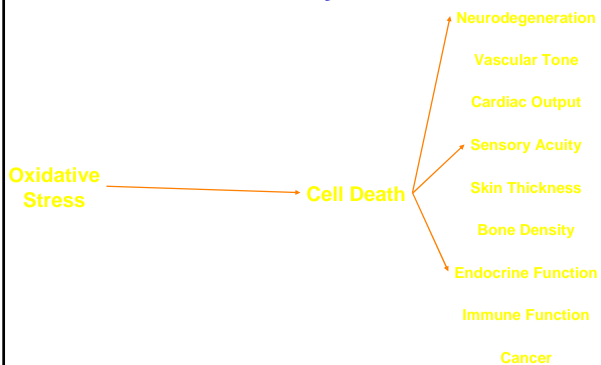
### The Mechanistic Abyss



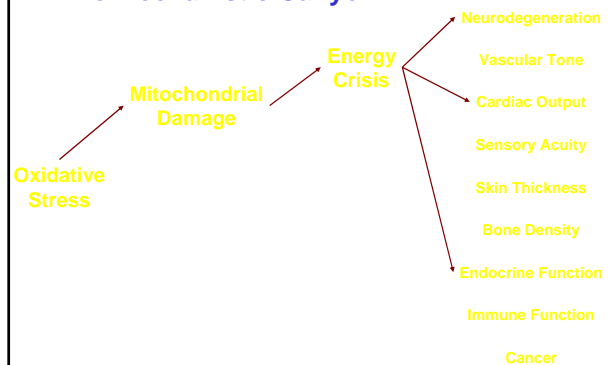
### The Mechanistic Canyon

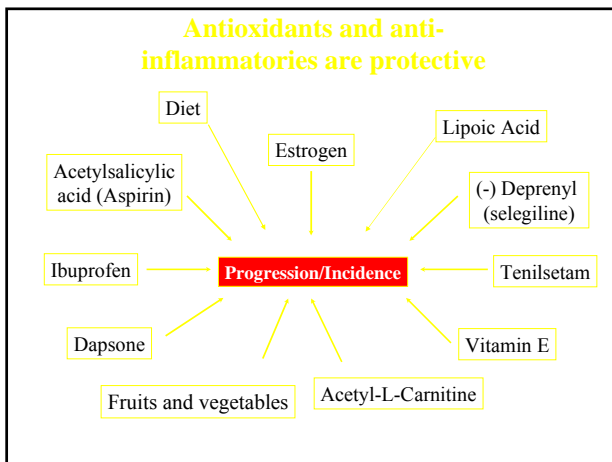
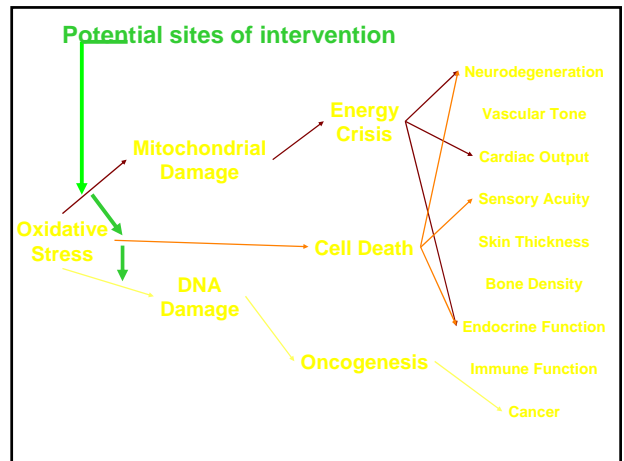
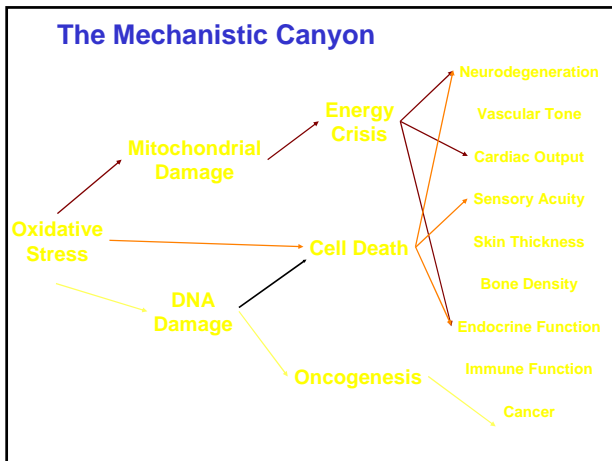


### The Mechanistic Canyon



### The Mechanistic Canyon





- ### Lab Test – Evaluation
- Oxidative Stress**      **Antioxidant Levels**
- Total Antioxidant Status
  - Lipid Peroxides
  - Glutathione
  - SOD
  - Oxidative Profile
    - DNA: 8-OHdG
    - Muscle: Allantoin
    - Protein: Carbonyl Proteins
    - Membrane: MDA
  - Iron
  - Copper
  - Heavy metals
  - Vitamin Levels
    - Vitamin A (Retinol), Lycopene, α & β Carotene.
    - Vitamin C (Ascorbic Acid),
    - Vitamin E (α & γ-Tocopherol),
    - CoQ10.
  - Amino Acids
    - tryptophan, tyrosine, cysteine and homocysteine
  - Minerals
    - Zinc, Selenium
  - Other
    - Melatonin
    - E2

### Antioxidant Factors Lab report

Antioxidant Factor	Reference Range	Unit
<b>Vitamin A</b>		
• RETINOLS		
• Retinol	1209	800-1400 ug/L
• CAROTINOIDS		
• Carotenes:		
• Beta carotene	754	*H 381-628 ug/L
• Alpha carotene	191	*H 67-171 ug/L
• Lycopene	280	225-368 ug/L
• Xanthophylls:		
• Luteine	666	*H 267-400 ug/L
• Zeaxanthine	5.0	2-9 ug/L
• Cryptoxanthine	26.0	2-30 ug/L
• Vitamin E		
• Alpha Tocopherol 11.0*L	12.9-17.3	mg/L
• Gamma Tocopherol	2.3*H	0.75-1.28 mg/L
• Vitamin C		
• Ascorbic Acid	11.5	*L 14-30 mg/L
• CoQ10		
• CoQ10	0.46	*L 0.7-1.2 mg/L

**Preferred Anti-Oxidant Status Assessment Test**

- ### Test Protocol
- The Oxidative Stress panel includes measurement of:
    - blood glutathione,
    - lipid peroxides,
    - Glutathione peroxidase (GSH-Px),
    - Superoxide dismutase (SOD) and

### Test Protocol (best & cost effective panel)

#### • Oxidative Damage Markers

- DNA: 8-OHdG markers
- Muscle: Allantoin
- Protein: Carbonyl Proteins
- Membrane: MDA

**Preferred Test for Oxidative Damage Assessment**

### Oxidative Damage Markers Lab Report

- **Membrane Oxidative Damage**
- Malonyldialdehyde (MDA) 64 \*H (40-60) ug/L
- **Protein Oxidative Stress**
- Carbonyl Proteins 0.98 \*H (0.6-0.9) nm/mg
- **Muscle Mass Oxidative Damage**
- Allantoin 166.6 \*H (70-130) umol/L
- **DNA Oxidative Stress**
- Urinary 8-OHdG 5.0\*H (1.09-1.45) nmol/mmol Cr

### Comments & Treatments on Reports

- **8-OHdG** is an index of genetic oxidative damage (damage to chromosomes/genes), which is a major contributor to the ageing process and related degenerative diseases. Smokers excrete 50% more 8-OHdG than non-smokers.
- *\* Elevated levels are consistent with excess free radical damage of genes.  
Higher levels of **water** soluble and **fat** soluble anti-oxidants are indicated. Supplementation with alpha lipoic acid and glutathione also indicated.*

- **Malondialdehyde (MDA)**, the end product of lipid peroxidation. This is a test for fat soluble vitamin deficiencies. Increased levels of lipid peroxidation products have been associated with a variety of chronic diseases in humans. MDA reacts readily with amino groups on proteins and other bio-molecules to form a variety of adducts, including cross-linked products. MDA also forms adducts with DNA bases that are mutagenic and possibly carcinogenic.
- *\* Elevated levels are suggestive of the need for supplementation with Vitamin A & E.*

### If needed... Genomics - SNPs and Gene expression

- Enzymes involved in protection from free radical/stress/ detoxification and metabolism
- SOD-1 & 2 & 3
- GSHPx
- GSTM, GSTP, GSTP1
- CYP1A1-1/ CYP1A1-2/ CYP1B1
- CYP17/ CYP19
- COMT
- Estrogen receptor-a
- MTHFR
- PPARg