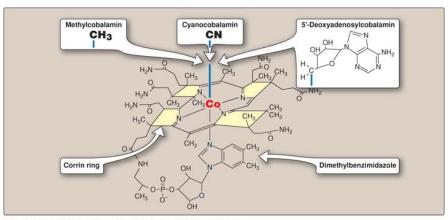
Vitamins B_6 and B_{12}



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Neuropsychiatry Block Dr. Usman Ghani Biochemistry

1 Lecture

Objectives

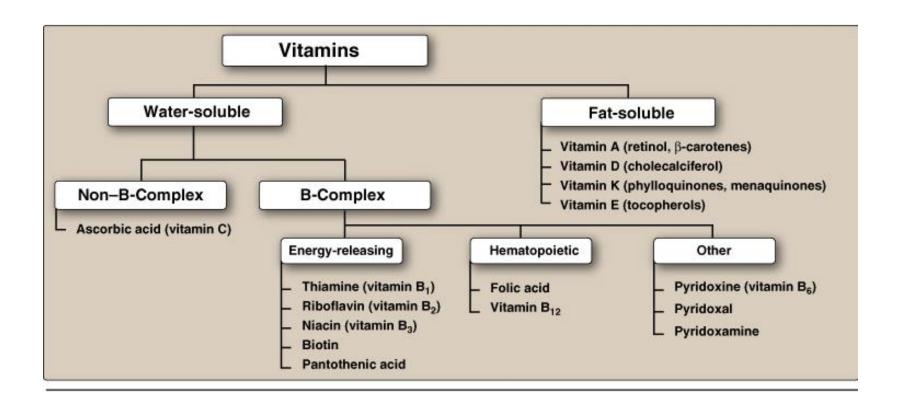
By the end of this lecture the Second Year students will be able to:

- Understand the types and functions of vitamins B₆ and B₁₂
- Recognize the role of these vitamins in maintaining the myelin sheath of nerves and their function
- Discuss the consequences of vitamin B₆ and B₁₂ deficiency that can lead to nerve degeneration and irreversible neurological damage

Overview

- Types and functions of vitamins B₆ and
 B₁₂
- Disorders due to Vitamins B₆ and B₁₂ deficiency
- Vitamin B₁₂ deficiency and folate trap
- Demyelination, neuropathy and neuropsychiatric symptoms of vitamin B₁₂ deficiency

Classification of Vitamins



Water-Soluble Vitamins

B vitamins

Thiamin (B₁), riboflavin (B₂), niacin (B₃), pantothenic acid (B₅), pyridoxine (B₆), biotin (B₇), cobalamin (B₁₂), folate

- Not significantly stored in the body
- Must be supplied regularly in the diet
- Excess excreted

Vitamin B Complex

- Present in small quantities in different types of food
- Important for growth and good health
- Help in various biochemical processes in cell
- Function as coenzymes

Vitamin B_6

Three forms

- Pyridoxine
- Pyridoxal
- Pyridoxamine

Active form

All 3 are converted to pyridoxal phosphate (PLP)

Pyridoxamine

$$HO$$
 CH_2OH H_3C N

Pyridoxal

Pyridoxal phosphate

Figure 28.11. Structures of vitamin B_6 .

Functions of Vitamin B_6

- As coenzyme for
 - Transamination
 - Deamination
 - Decarboxylation
 - Condensation reactions

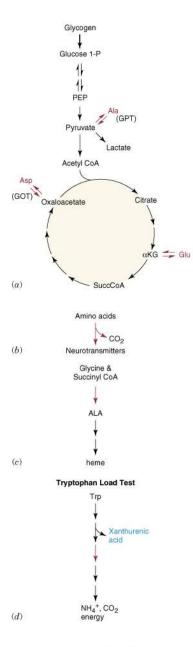
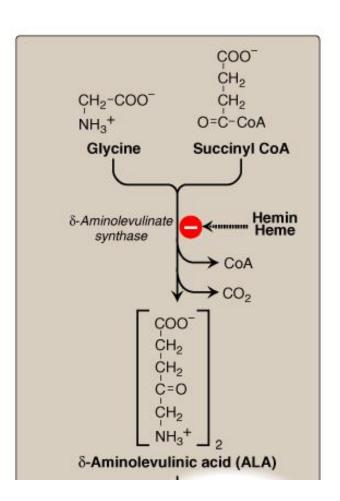


Figure 28.12. Some important metabolic roles of pyridoxal phosphate.

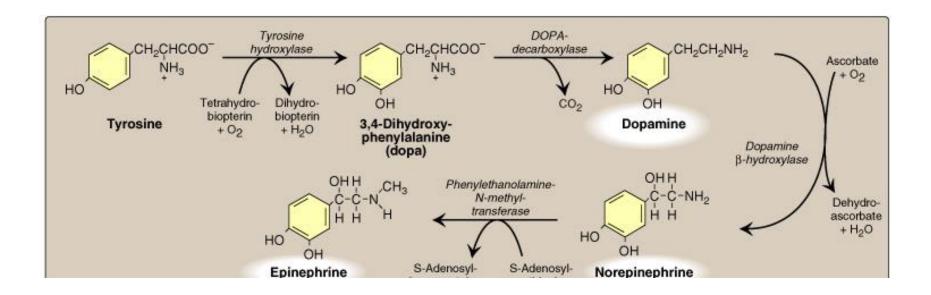
Condensation Reaction

Formation of ALA by ALA synthase, The regulatory step in hemoglobin synthesis



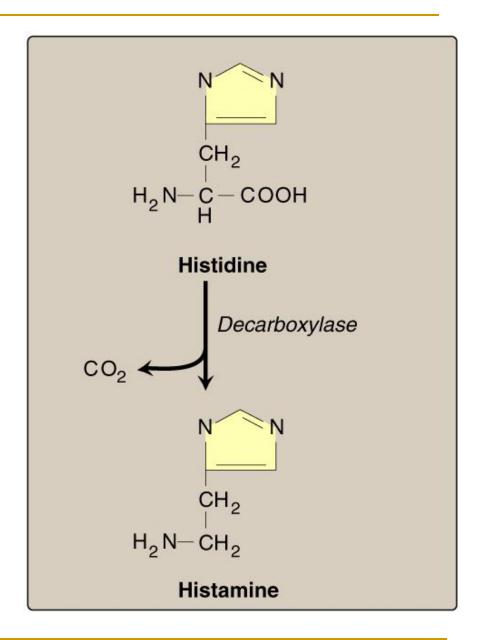
Decarboxylation Reaction:

Formation of Chatecholamines: Dopamine, norepinephrine and epinephrine



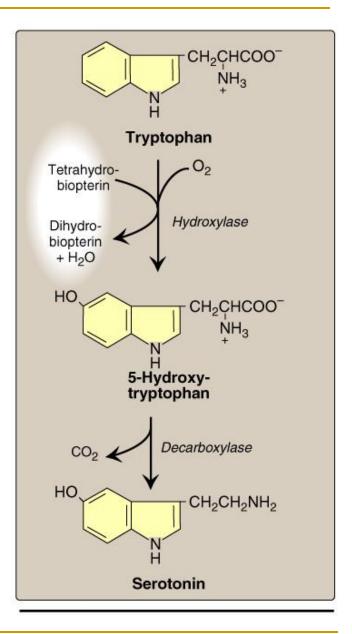
Decarboxylation Reaction:

Formation of histamine



Decarboxylation Reaction:

Formation of Serotonin



Transamination Reaction



- Dietary deficiency is rare, but it is observed in:
 - Newborn infants fed on formulas low in B₆
 - Women on oral contraceptives
 - Alcoholics
- Isoniazid treatment for tuberculosis can lead to vitamin B₆ deficiency by forming inactive derivative with PLP

- Deficiency leads to poor activity of PLP-dependent enzymes causing:
 - Deficient amino acid metabolism
 - Deficient lipid metabolism
 - Deficient neurotransmitter synthesis:
 - Serotonin, epinephrine, norepinephrine and gamma amino butyric acid (GABA)

- PLP is involved in the synthesis of sphingolipids
- Its deficiency leads to demyelination of nerves and consequent peripheral neuritis

- Mild deficiency leads to:
 - Irritability
 - Nervousness
 - Depression
- Severe deficiency leads to:
 - Peripheral neuropathy
 - Convulsions

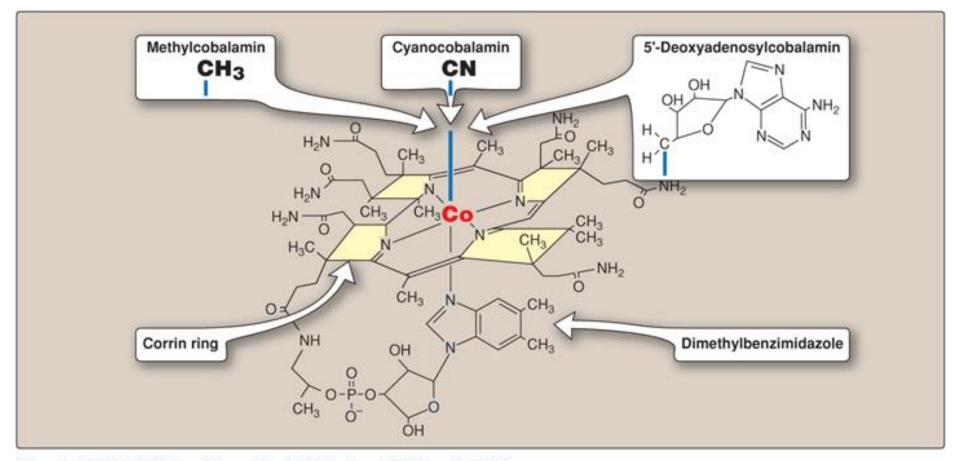
Forms of Vitamin B_{12}

- Cyanocobalamin
- Hydroxycobalamin
- Adenosylcobalamin (major storage form in the liver)
- Methylcobalamin (mostly found in blood circulation)

Coenzyme forms of B_{12}

- Adenosylcobalamin and Methylcobalamin
 - Coenzymes for metabolic reactions

 Body can convert other cobalamins into active coenzymes



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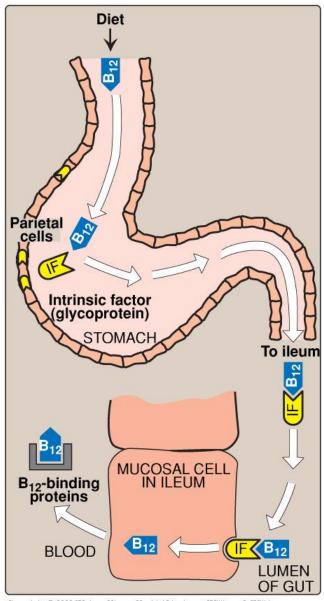
Vitamin B_{12}

(Cobalamin)

- Mainly found in animal liver
- Bound to protein as
 - Methylcobalamin or
 - 5'-deoxyadenosylcobalamin

Vitamin B_{12}

- Essential for normal nervous system function and red blood cell maturation
- Not synthesized in the body and must be supplied in the diet
- Binds to intrinsic factor and absorbed by the ileum
- Intrinsic factor is a protein secreted by cells in the stomach



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Vitamin B₁₂ Storage

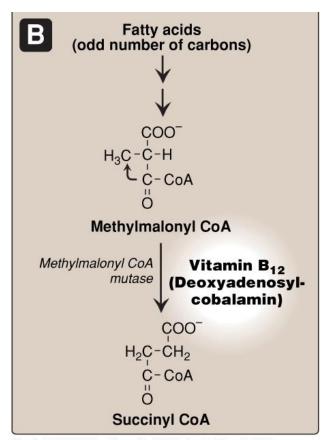
- Liver stores vitamin B₁₂ (4-5 mg)
- Other B vitamins are not stored in the body
- Vitamin B₁₂ deficiency is observed in patients with IF deficiency due to autoimmunity or by partial or total gastrectomy
 - Clinical deficiency symptoms develop in several years

Functions of Vitamin B_{12}

Two reactions require B₁₂

1. Conversion of methylmalonyl-CoA to succinyl-CoA

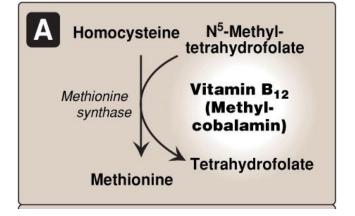
The enzyme in this pathway, methylmalonyl-CoA mutase, requires B₁₂



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Functions of Vitamin B_{12}

- 2. Conversion of homocysteine to methionine
- Methionine synthase requires B₁₂ in converting homocysteine to methionine



B₁₂ Deficiency and Folate Trap

- Homocysteine re-methylation reaction is the only pathway where N⁵-methyl TH4 can be returned back to tetrahydrofolate pool
- Hence folate is trapped as
 N⁵-methyltetrahydrofolate (folate trap)
- This leads to folate deficiency and deficiency of other TH4 derivatives (N⁵-N¹⁰ methylene TH4 and N¹⁰ formyl TH4) required for purine and pyrimidine syntheses

TH4: Tetrahydrofolate

Interconversion between TH4 carrier of "one-carbon units"

Pernicious anemia

- Megaloblastic anemia
- Vitamin B₁₂ deficiency is mainly due to the deficiency of intrinsic factor

Demyelination

 Myelin sheath of nerves is chemically unstable and damaged

Neuropathy

Peripheral nerve damage

Causes of neuropathy

- Deficiency of vitamin B₁₂ leads to accumulation of methylmalonyl CoA
- High levels of methylomalonyl CoA are used instead of malonyl CoA for fatty acid synthesis
- Myelin synthesized with these abnormal fatty acids is unstable and degraded causing neuropathy

Neuropsychiatric symptoms of Vitamin B_{12} Deficiency

Neurological symptoms

- Paraesthesia (abnormal sensation) of hands and feet
- Reduced perception of vibration and position
- Absence of reflexes
- Unsteady gait and balance (ataxia)

Neuropsychiatric symptoms of Vitamin B_{12} Deficiency

Psychiatric symptoms

- Confusion and memory loss
- Depression
- Unstable mood

Take home message

- Vitamins B₆ and B₁₂ are essential in maintaining the nerve function and the central nervous system
- Various neurological symptoms have been associated with their deficiency

References

 Lippincott's Biochemistry. 5th Edition, pp 375-376, 378, Lippincott Williams & Wilkins, New York, USA