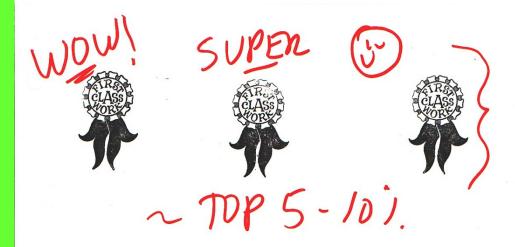
We're almost 1/5 finished! Learn & enjoy every moment!!..

BI 358 Lecture 4



- I. <u>Announcements</u> Outline & Quiz 1 update? Quiz Key will be posted in the glass box near 112 HUE. MU Quiz? Next T Nutritional Analyses; Record your diet ≥ 1 d on DLN p 4-8.
- II. <u>Addiction Medicine Follow-up</u> CB1 & CB2 receptors & immunity? ETOH dependence-endocannabinoids? Anxiety?
- III. <u>Nutritional Physiology in the News</u> Eye-Mouth Gap? UCB Wellness 2007 + Zuti & Golding, Diet vs. Exercise 1976!
- IV. Metabolic Lab Research cf: Dietary Intake Estimation
- V. <u>Gastrointestinal Physiology</u> G&H ch 62, 63, 64, 65 + LS2
 - A. Digestion overview + alimentary tract fig 62-1 p 753-4
 - B. Gut cross section, histology + plexi fig 62-2 pp 754-9
 - C. Secretions+phases tab 64-1, fig 64-1,64-2,64-7 pp 775-87
 - D. *Hydrolysis*: Central theme of digestion ch 65 p 789-93
 - 1. Carbohydrate fig 65-1 p 790
 - 2. Fat fig 65-3 p 791, fig 65-4 p 792
 - 3. Protein fig 65-2 p 791





GREAT!
GREAT!
GREAT!
GREAT!
GREAT!

70P 20-25).

Endocannabinoid Receptors

CB-1

Brain Structures

Controlling Energy Intake

(e.g., Hypothalamic Hunger-Satiety Center)

Endocannabinoid ____ hyperactivity

Leukocytes/WBCs

Immune & Inflammatory Reactions

(e.g., Lymphocytes & Macrophages)

Metabolic & Eating Disorders

- 1. Abdominal Obesity
- 2. Dyslipidemia
- 3. Hyperglycemia

http://www.jimmunol.org/content/165/1/373.full?ijkey=YriEsKcvAs2z http://www.ncbi.nlm.nih.gov/pubmed/23824763

ETOH Dependence + Link to Endocannabinoids? 2 Membrane Defizione Anxiety

Suspect Genes?

Dopaminergic Receptor DA D2 ETOH Dehydrogenase Aldehyde Dehydrogenase Fatty Acid Amide Hydrolase (FAAH) G- vs A-allele μ-Opioid Receptor (OPRM 1) **Cation Transport & Synaptic Transmission**

e.g., Delete Gene for FAAH or Block FAAH Action by URB597

- 1. Preference for ETOH
- Sensitivity to ETOH Sedation
- ↑ Recovery from ETOH Motor Incoordination

e.g., G- vs A-Allele for OPRM 1

- 1. Feelings of Intoxication/Sedation
- 2. | Happiness/Euphoria
- Naltrexone more effective in patients with G-allele?

http://www.ncbi.nlm.nih.gov/pubmed/24325918 http://www.ncbi.nlm.nih.gov/pubmed/24268660

The Eye-Mouth Gap? UC Berkeley Wellness Engagement Calendar, September 2007



Ask people what they ate yesterday or even today, and the odds are that they'll underestimate the amount. This discrepancy is called the eyemouth gap.

One study found that some obese people actually ate twice as much as they reported. Research has shown that perhaps 80% of us – even lean and athletic people – underestimate our food intake.



The Eye-Mouth Gap? Yikes!

Adults <u>underestimate</u>, on average, their daily intakes by <u>800 calories</u>. > 1 ½ lb per wk!!

They <u>overestimate</u> intakes of <u>fruit & dairy</u> products, but <u>underestimate</u> amounts of <u>sweets</u>, <u>refined grains</u>, <u>oils</u>, and <u>other fats</u> they eat.

Misreporting is seldom a deliberate deception – it's likely an <u>unconscious response</u> perhaps to social & family pressure, combined with wishful thinking.

People don't know how much food they put on their plates.

The Eye-Mouth Gap Bottom Line

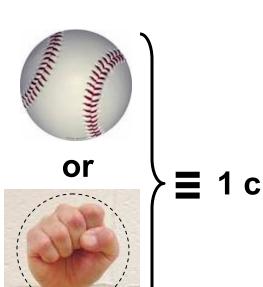
If you're trying to lose weight or improve your diet, don't trust your eyes.

Weigh or measure the food you eat to get a good sense of how much you're really eating??



Lombo editorial comments:

- 1. Train yourself to make good guesses/estimates rather than weigh everything.
- 2. Train yourself...that is... Exercise! Exercise!! Exercise!!!



$4 \text{ oz} \rightarrow 3 \text{ oz}$





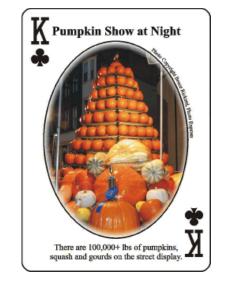








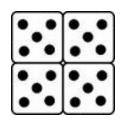
Deck of Cards



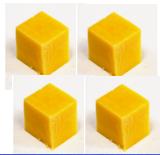
raw → cooked



= 1/3 c









≡ 1/4 **c**



■1.5 oz



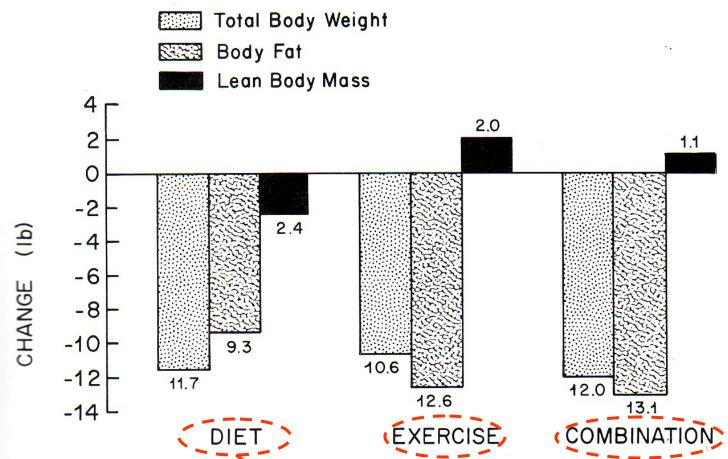


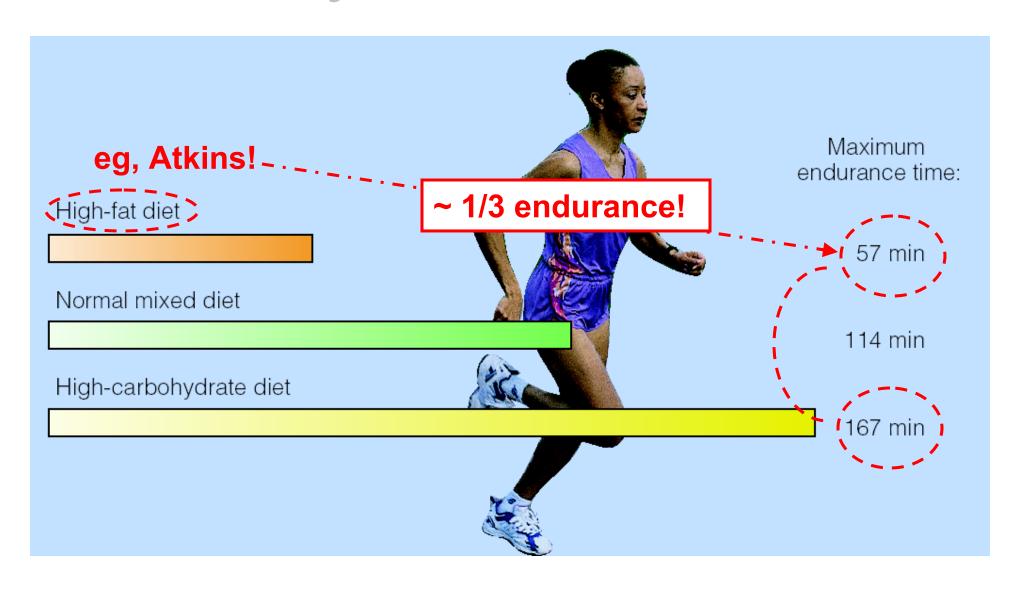
Figure 4–9. Changes in body weight, body fat, and lean body weight for diet, exercise, and combination groups. (From Zuti W. B., and Golding, L. A.: Comparing diet and exercise as weight reduction tools. Phys. Sportsmed. 4:49–53, 1976.)

NB: Each group 500 kcal deficit/day, 16 weeks



Compared to dieting, exercise is superior in inducing % body fat reduction & preserving lean body mass!

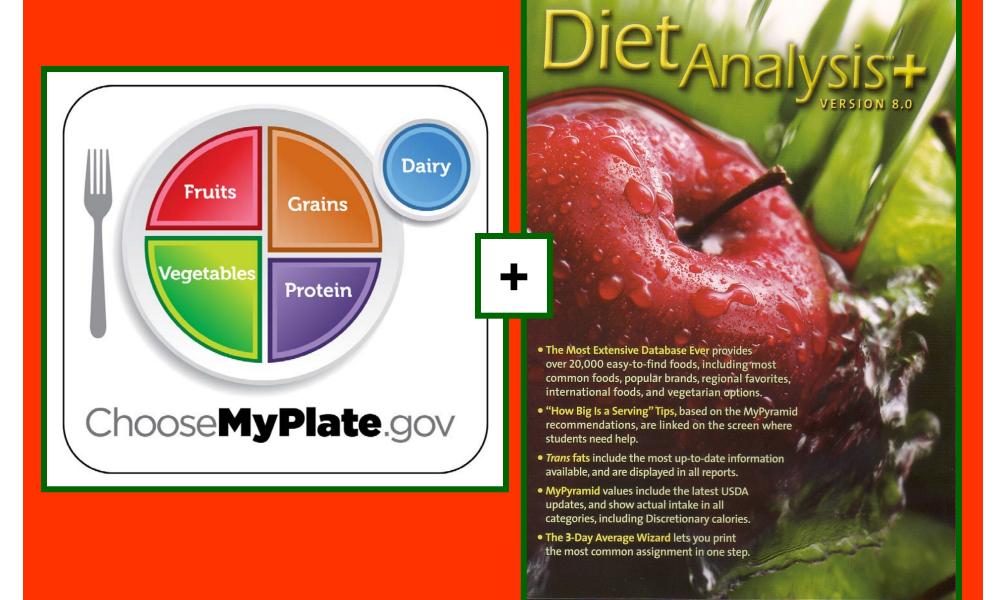
Dietary Composition & Physical Endurance



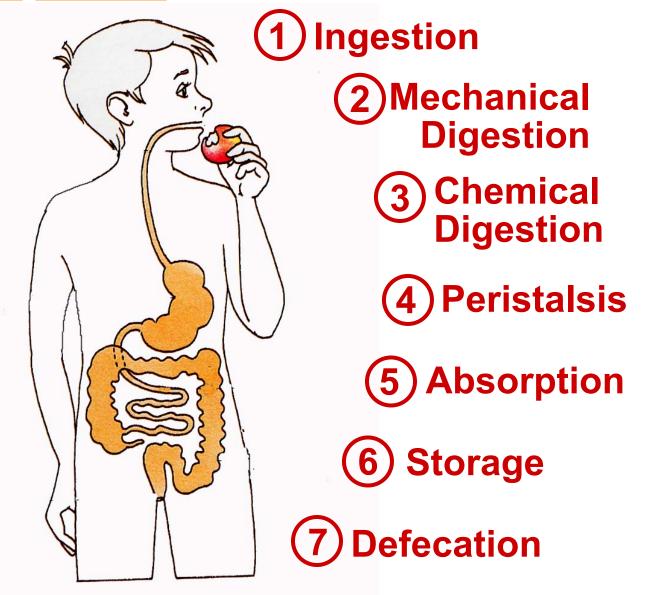
Tedium of Metabolic Lab & Dietary Research



Discussion 4: Nutritional Analyses via 2 Programs



Digestion Steps



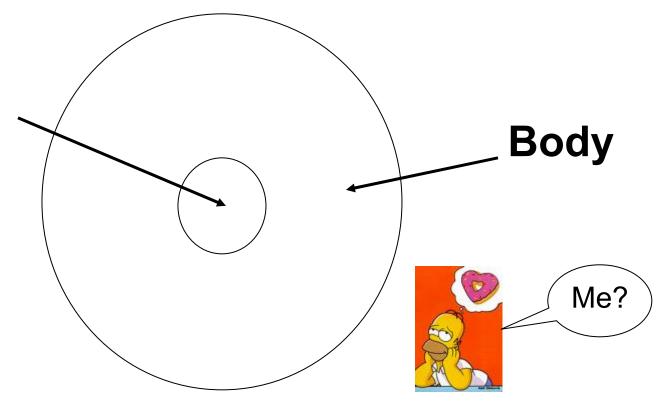
SOURCE: Dr. Eugene Evonuk, 1989. cf. L Sherwood, 2012 pp 437-8.



GI-Doughnut Analogy









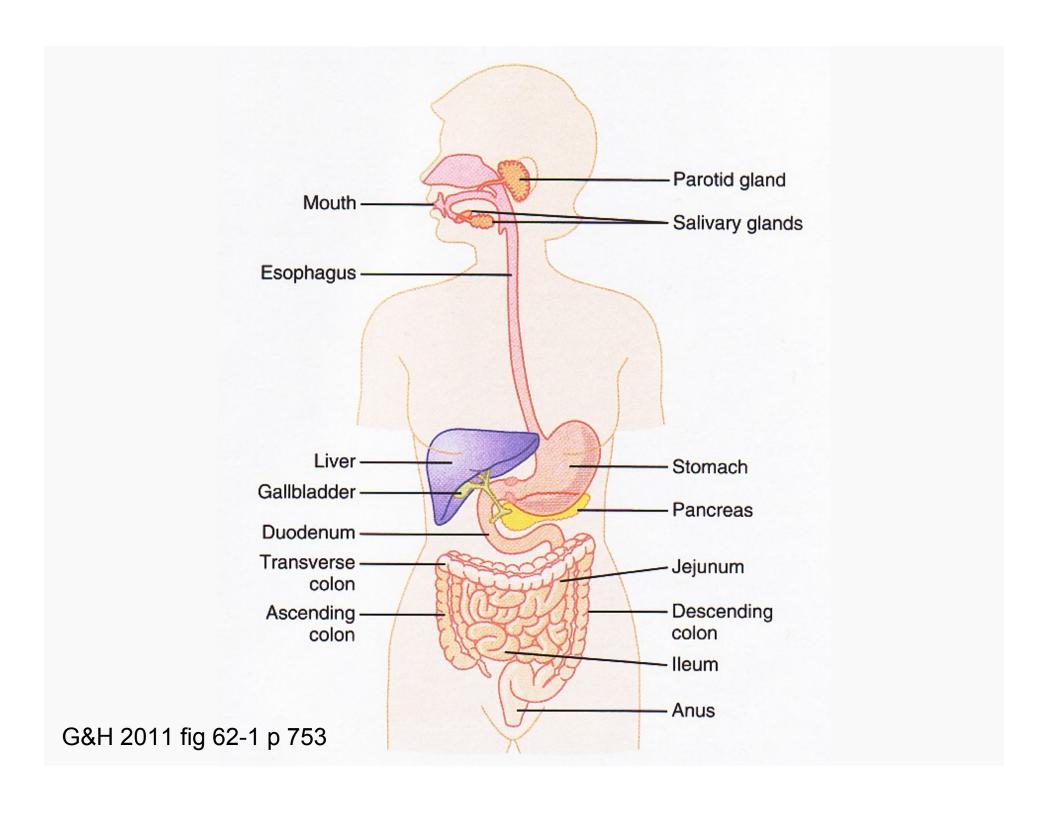










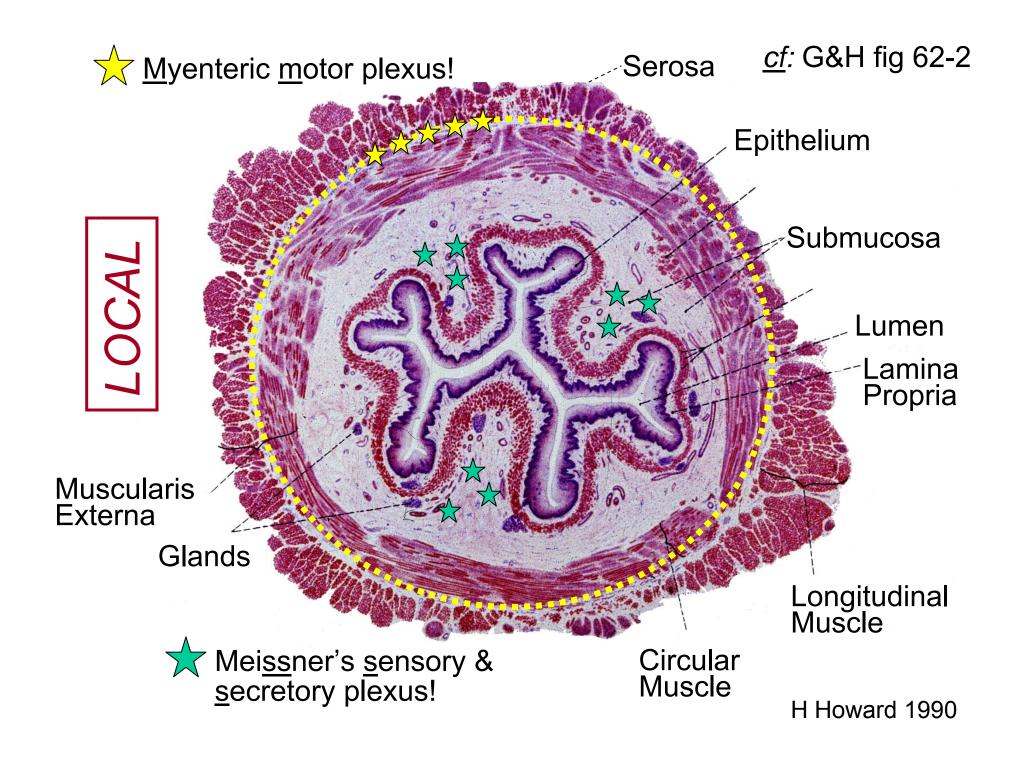


GI Regulation

1. Local/Intrinsic

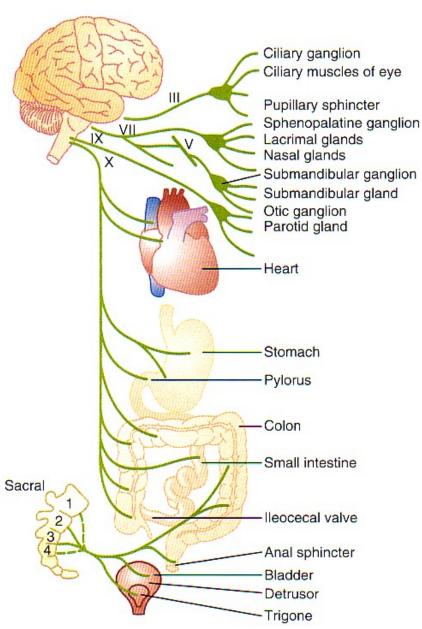
autoregulation

source find (2. Nervous) extrinsion (3. Hormonal)



Parasympathetic Branch Activates the Gut!





G&H 2011 fig 60-3 p 731

ORMONA ↓ Motility ← GIP,↑ Insulin ↓ Motility ← GLP-1 ↑ Insulin ↑ CI- ← Guanylin

↑ NaCl + H₂O in feces

What about feedback for hunger-satiety? Ghrelin (stomach fundus, pancreas,...)

Leptin (adipocytes)

Suspense – until next time!



Gastrin → HCI, Pepsinogen by stomach

Motilin → ↑ Motility

→Secretin → HCO₃⁻, H₂O by pancreas

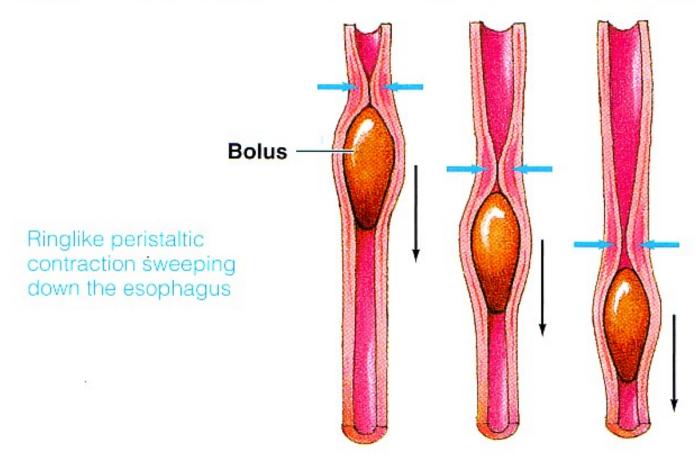
Cholecystokinin → Gallbladder contraction + Pancreatic enzymes

FIGURE 15-6

Peristalsis in the esophagus. As the wave of peristaltic contraction sweeps down the esophagus, it pushes the bolus ahead of it toward the stomach.



For an animation of this figure, click the Gastrointestinal Motility tab in the Gastrointestinal Physiology tutorial on the CD-ROM.



Gut Secretions

Secretion Release Site

1. Mucus into GI Lumen

2. Enzymes into GI Lumen

3. H₂O, acids, bases+ into GI Lumen

4. Hormones into Blood

Table 64-1 Daily Secretion of Intestinal Juices

	Daily Volume (ml)	рН
Saliva	1000	6.0-7.0
Gastric secretion	1500	1.0-3.5
Pancreatic secretion	1000	8.0-8.3
Bile	1000	7.8
Small intestine secretion	1800	7.5-8.0
Brunner's gland secretion	200	8.0-8.9
Large intestinal secretion	200	7.5-8.0
Total	6700	

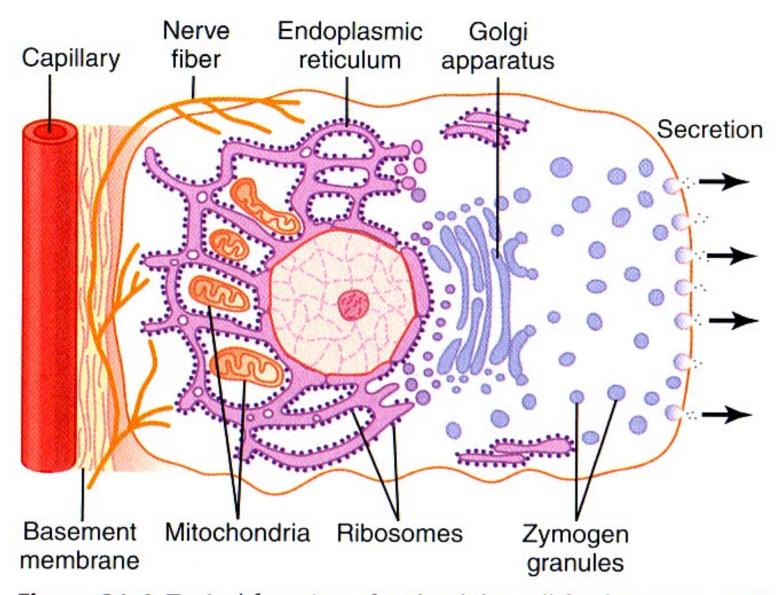


Figure 64-1 Typical function of a glandular cell for formation and secretion of enzymes and other secretory substances.

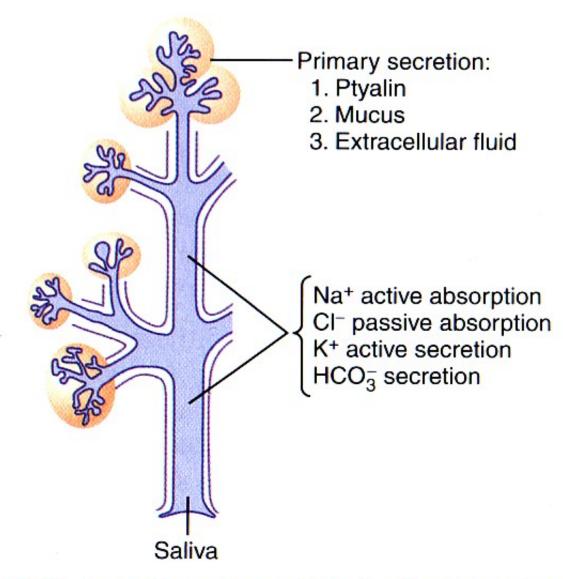


Figure 64-2 Formation and secretion of saliva by a submandibular salivary gland.

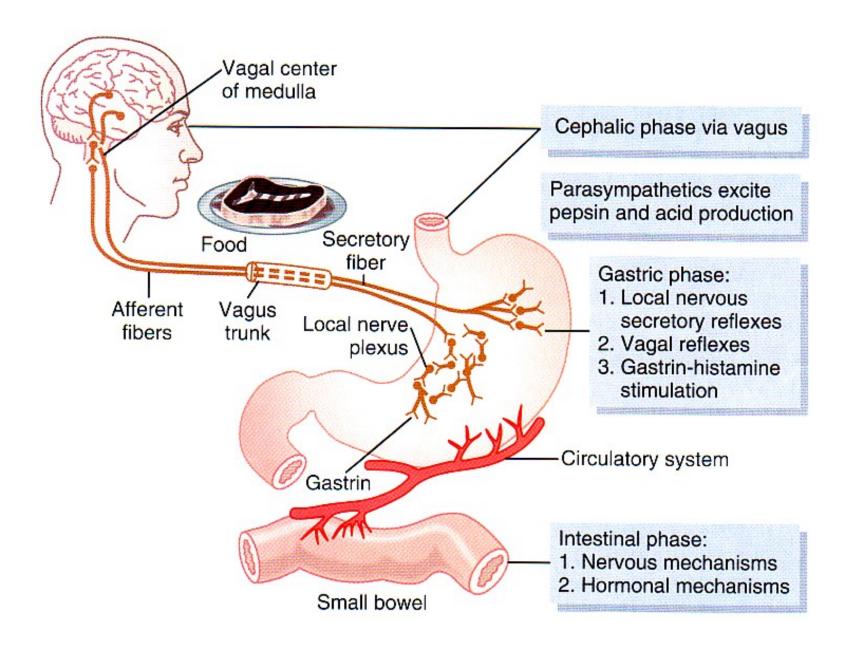
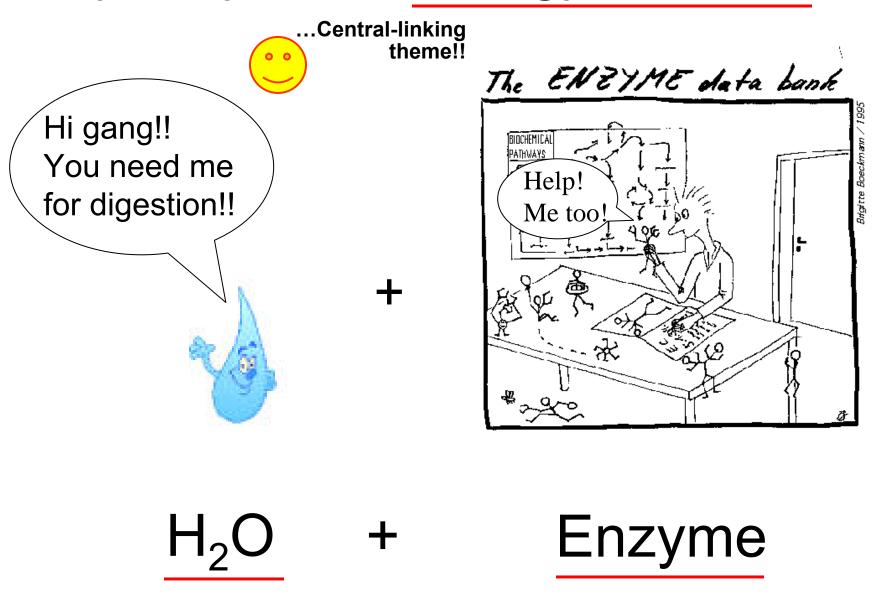


Figure 64-7 Phases of gastric secretion & their regulation. G&H 2011 p 780.

Hydrolysis of Energy Nutrients



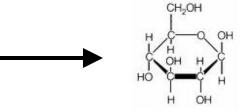
Polymer to Monomer (Many to One)



Carbohydrate

...Central-linking theme, again!!

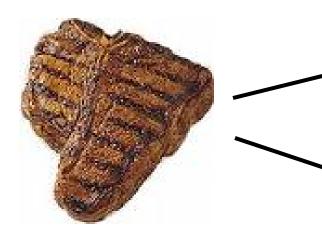


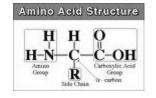


Glucose

Amino Acids

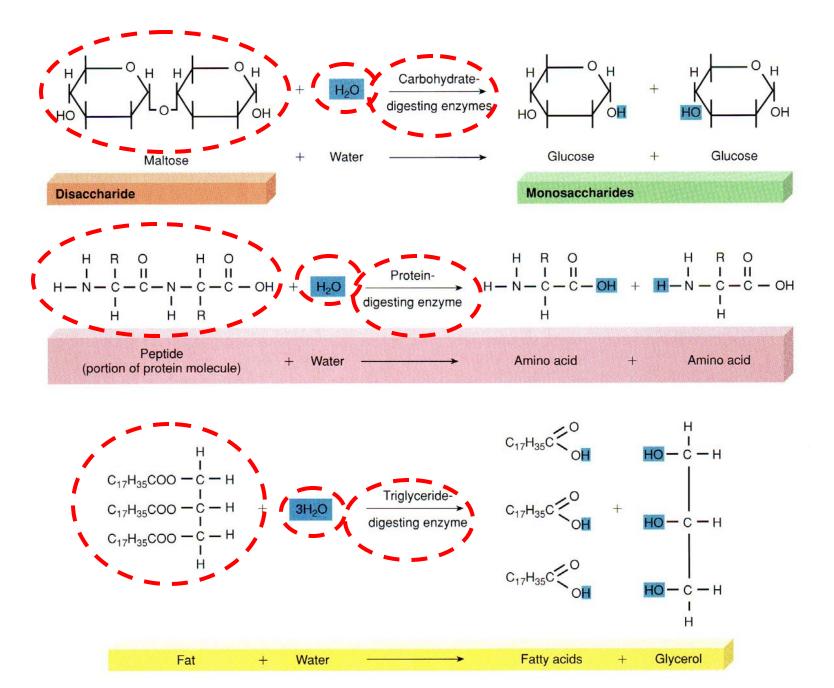
Protein + Fat





Fatty Acid Fatty Acids

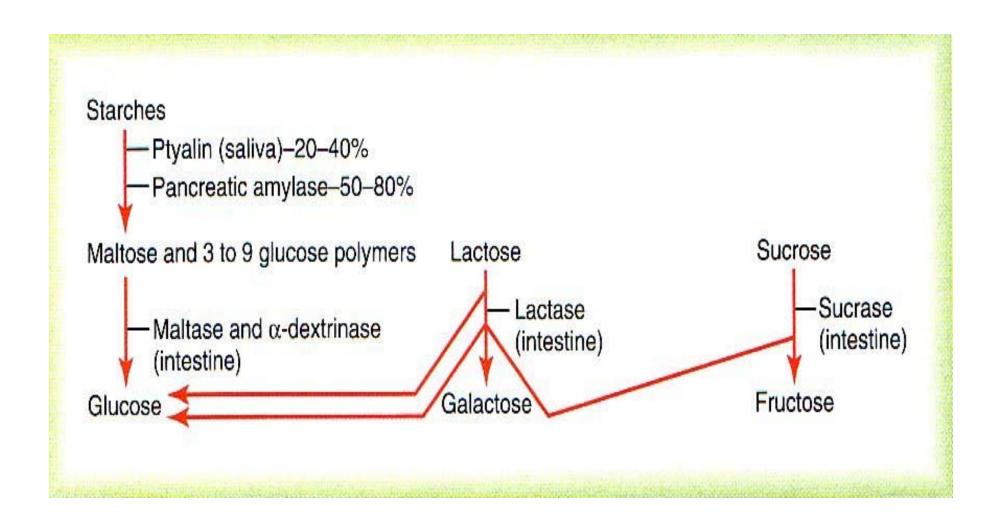
Fatty Acid Glycerol



Carbohydrates in foods



Carbohydrate Digestion = 1º Energy Nutrient





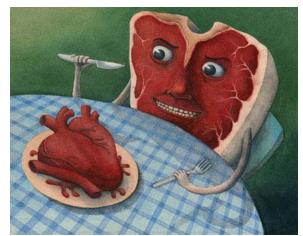
Why Do Some People Have Trouble Digesting Milk?

- Ability to digest milk carbohydrates varies
 - Lactase
 - Made by small intestine
- Symptoms of intolerance
 - Gas, diarrhea, pain, nausea?
- Milk allergy?
- Nutritional consequences
- Milk tolerance and strategies





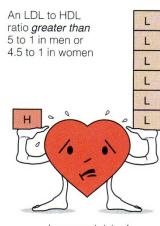






HIGH FAT FOODS



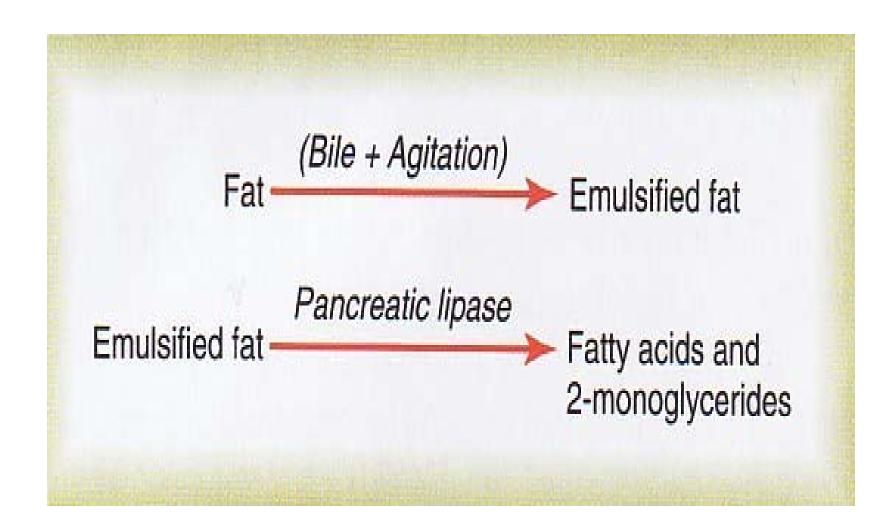








Fat Digestion = 2^o Energy Nutrient





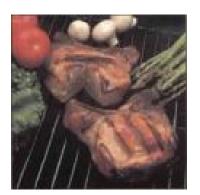








HIGH PROTEIN (FAT?) FOODS?

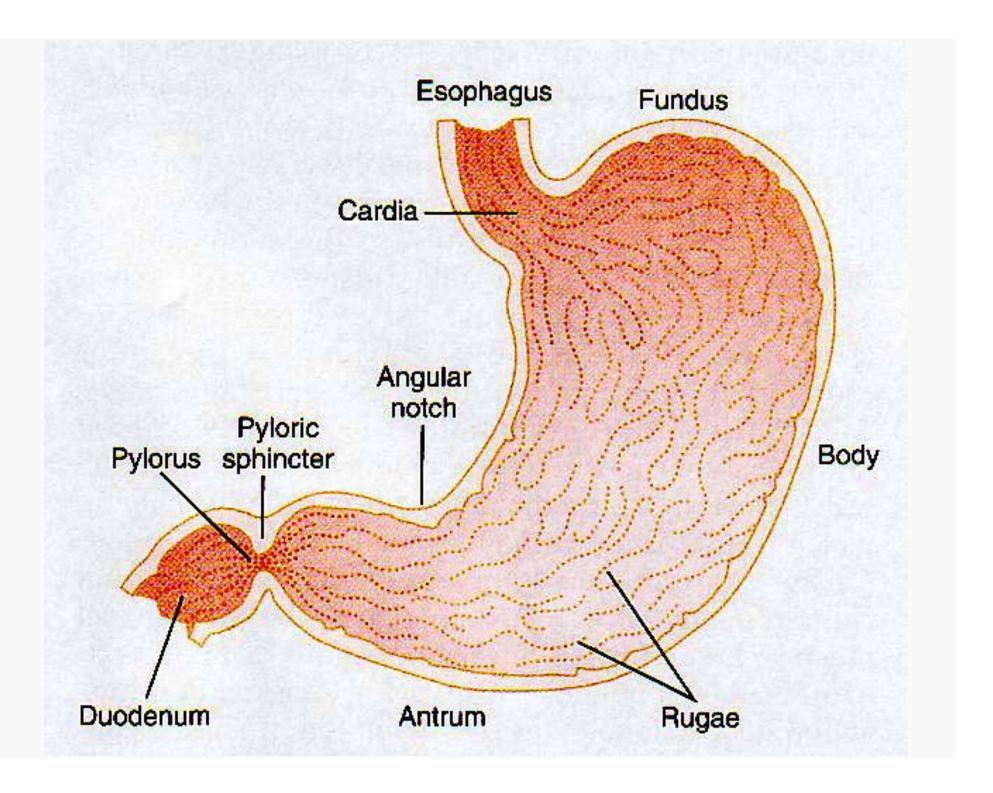




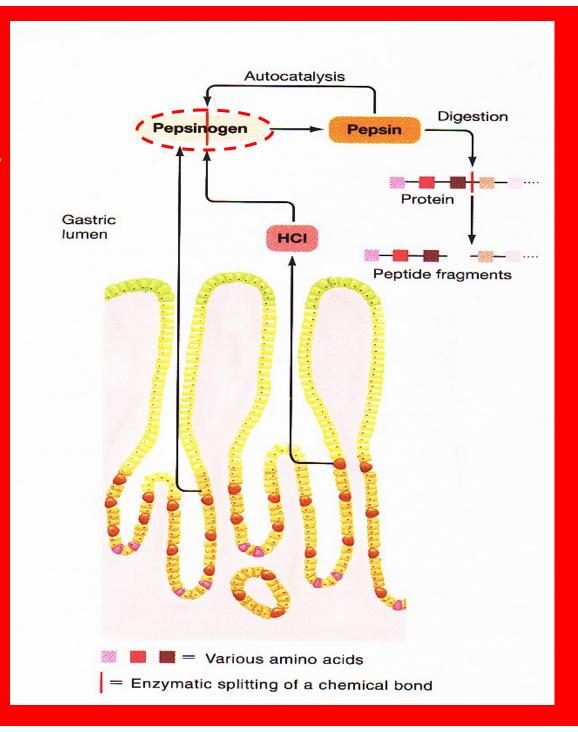




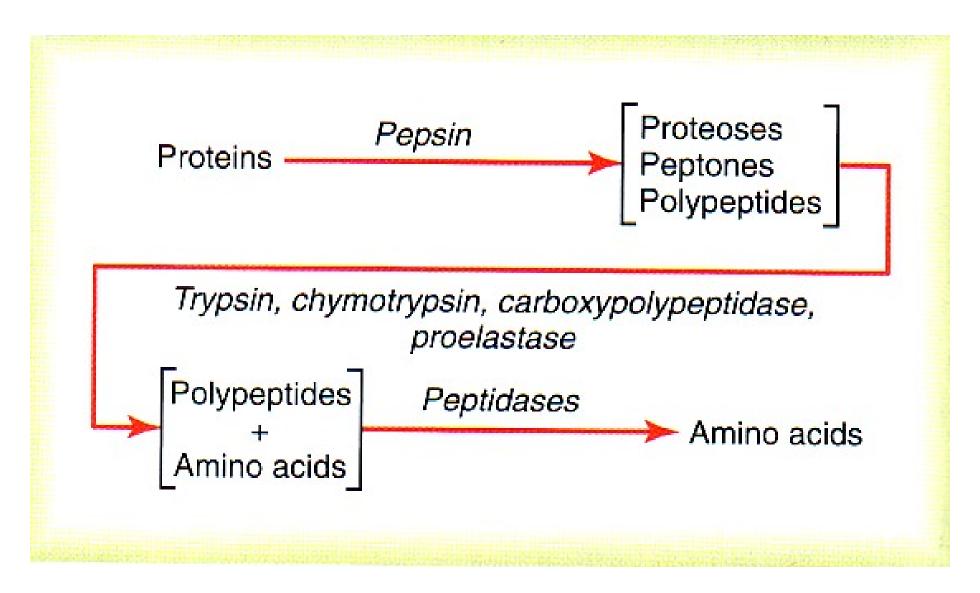
Where does enzymatic digestion of protein begin?



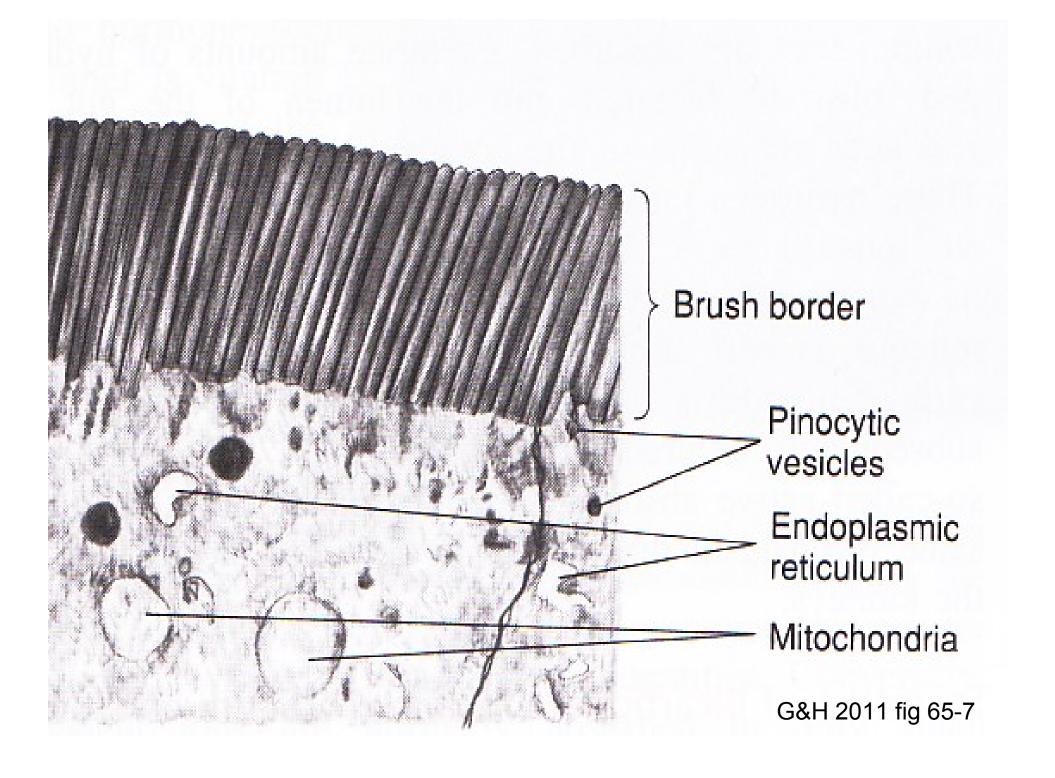
Zymogen = inactive precursor

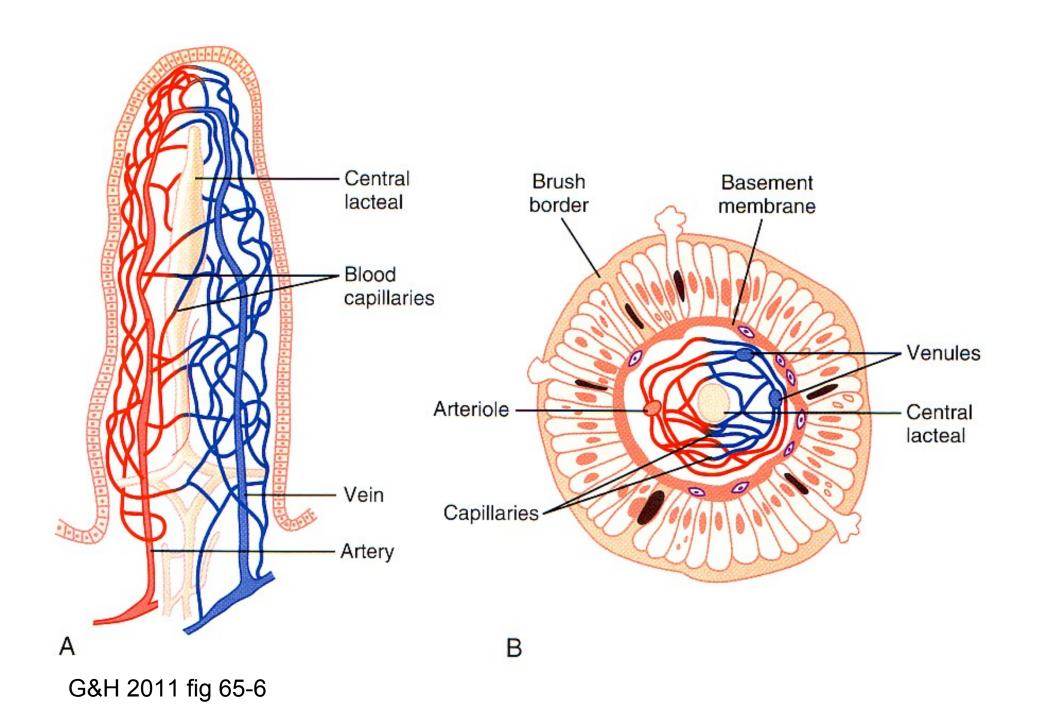


Protein Digestion = 3º Energy Nutrient

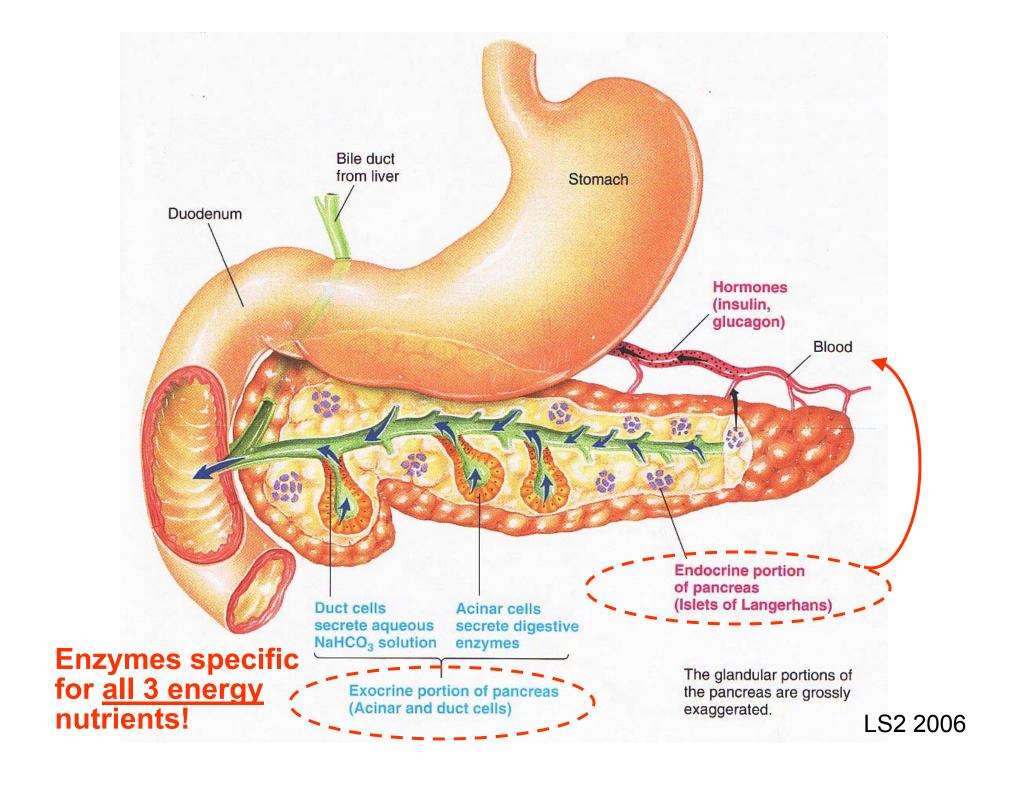


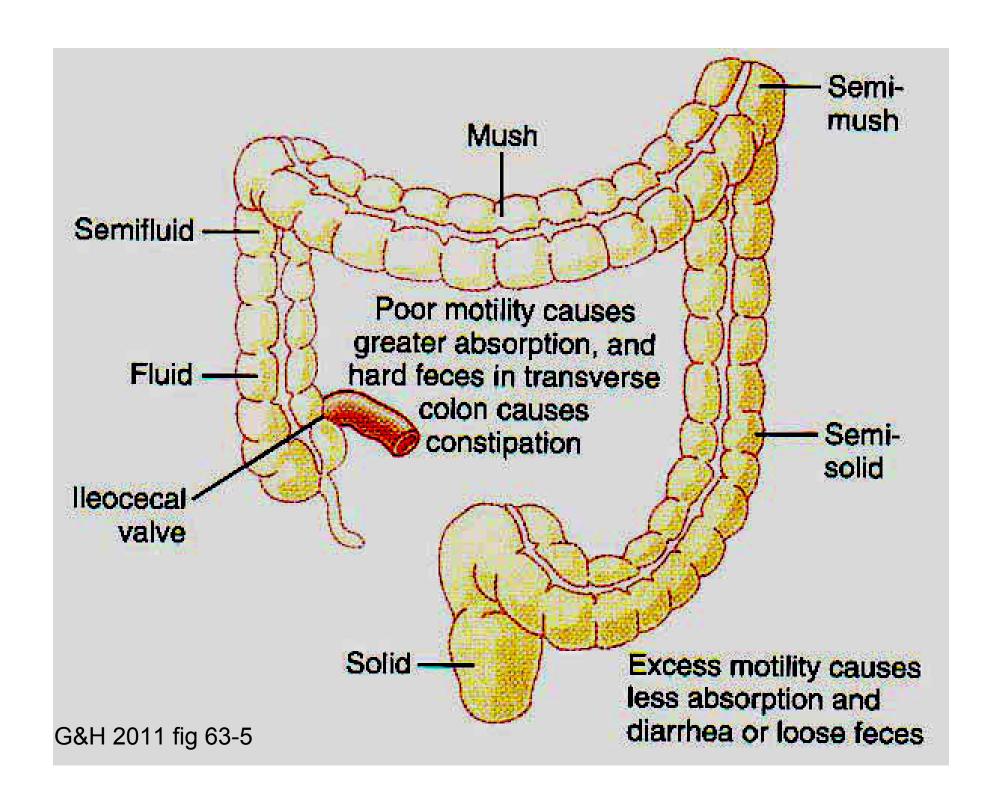
What is the major function of the small intestine? Absorption!!





Why is the pancreas so unique?





Questions Discussion?

