

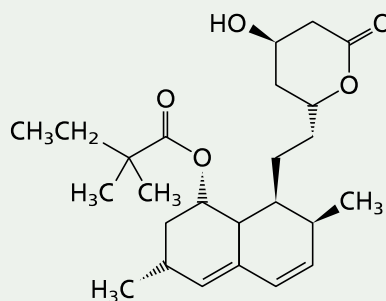
GOOD CHOLESTEROL? BAD CHOLESTEROL? WHAT'S THE DIFFERENCE?

Cholesterol is biosynthesized in the liver, transported throughout the body to be used in a variety of ways, and returned to the liver where it serves as the biosynthetic precursor to other steroids. But cholesterol is a lipid and isn't soluble in water. How can it move through the blood if it doesn't dissolve in it? The answer is that it doesn't dissolve, but is instead carried through the blood and tissues as part of a *lipoprotein* (lipid + protein = lipoprotein).

The proteins that carry cholesterol from the liver are called low-density lipoproteins, or LDLs; those that return it to the liver are the *high-density lipoproteins*, or HDLs. If too much cholesterol is being transported by LDL, or too little by HDL, the extra cholesterol builds up on the walls of the arteries causing atherosclerosis. A thorough physical examination nowadays measures not only total cholesterol concentration but also the distribution between LDL and HDL cholesterol. An elevated level of LDL cholesterol is a risk factor for heart disease. LDL cholesterol is "bad" cholesterol. HDLs, on the other hand, remove excess cholesterol and are protective. HDL cholesterol is "good" cholesterol.

The distribution between LDL and HDL cholesterol depends mainly on genetic factors, but can be

altered. Regular exercise increases HDL and reduces LDL cholesterol, as does limiting the amount of saturated fat in the diet. Much progress has been made in developing new drugs to lower cholesterol. The *statin* class, beginning with lovastatin in 1988 followed by simvastatin in 1991 have proven especially effective.

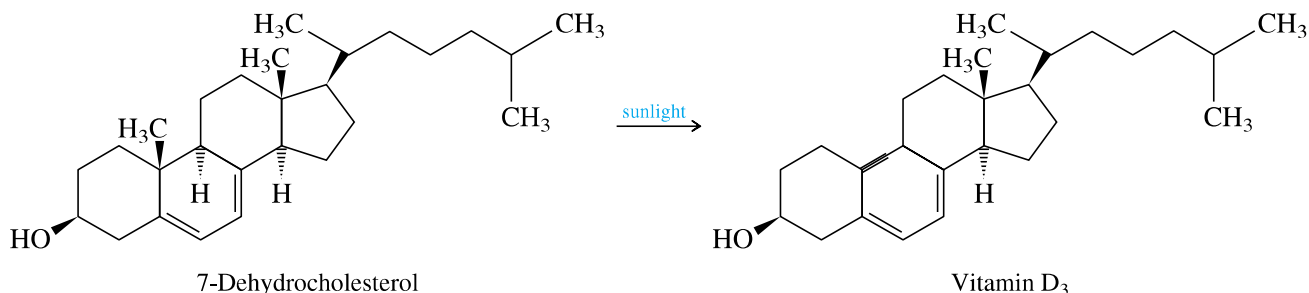


Simvastatin

The statins lower cholesterol by inhibiting the enzyme 3-hydroxy-3-methylglutaryl coenzyme A reductase, which is required for the biosynthesis of mevalonic acid (see Section 26.10). Mevalonic acid is an obligatory precursor to cholesterol, so less mevalonic acid translates into less cholesterol.

26.12 VITAMIN D

A steroid very closely related structurally to cholesterol is its 7-dehydro derivative. 7-Dehydrocholesterol is formed by enzymic oxidation of cholesterol and has a conjugated diene unit in its B ring. 7-Dehydrocholesterol is present in the tissues of the skin, where it is transformed to vitamin D₃ by a sunlight-induced photochemical reaction.

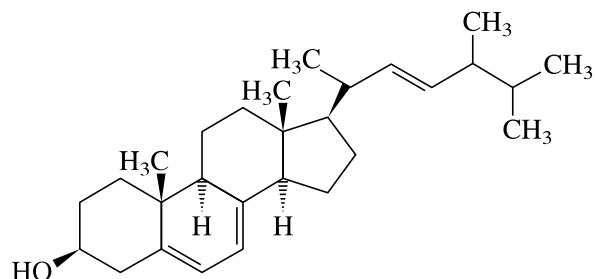


7-Dehydrocholesterol

Vitamin D₃

Vitamin D₃ is a key compound in the process by which Ca²⁺ is absorbed from the intestine. Low levels of vitamin D₃ lead to Ca²⁺ concentrations in the body that are insufficient to support proper bone growth, resulting in the bone disease called *rickets*.

Rickets was once more widespread than it is now. It was thought to be a dietary deficiency disease because it could be prevented in children by feeding them fish liver oil. Actually, rickets is an environmental disease brought about by a deficiency of sunlight. Where the winter sun is weak, children may not be exposed to enough of its light to convert the 7-dehydrocholesterol in their skin to vitamin D_3 at levels sufficient to promote the growth of strong bones. Fish have adapted to an environment that screens them from sunlight, and so they are not directly dependent on photochemistry for their vitamin D_3 and accumulate it by a different process. Although fish liver oil is a good source of vitamin D_3 , it is not very palatable. Synthetic vitamin D_3 , prepared from cholesterol, is often added to milk and other foods to ensure that children receive enough of the vitamin for their bones to develop properly. *Irradiated ergosterol* is another dietary supplement added to milk and other foods for the same purpose. Ergosterol, a steroid obtained from yeast, is structurally similar to 7-dehydrocholesterol and, on irradiation with sunlight or artificial light, is converted to vitamin D_2 , a substance analogous to vitamin D_3 and comparable with it in antirachitic activity.

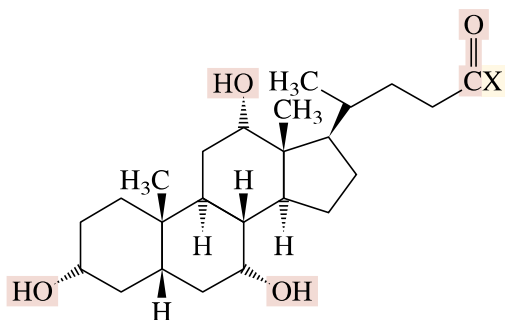


Ergosterol

PROBLEM 26.14 Suggest a reasonable structure for vitamin D_2 .

26.13 BILE ACIDS

A significant fraction of the body's cholesterol is used to form **bile acids**. Oxidation in the liver removes a portion of the C_8H_{17} side chain, and additional hydroxyl groups are introduced at various positions on the steroid nucleus. *Cholic acid* is the most abundant of the bile acids. In the form of certain amide derivatives called **bile salts**, of which *sodium taurocholate* is one example, bile acids act as emulsifying agents to aid the digestion of fats. Bile salts have detergent properties similar to those of salts of long-chain fatty acids and promote the transport of lipids through aqueous media.



X = OH: cholic acid
 X = $NHCH_2CH_2SO_3Na$:
 sodium taurocholate