

COENZYME Q AND THE STABILITY OF BIOLOGICAL MEMBRANES

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We have recently observed that anemic and dystrophic monkeys develop reticulocytosis on treatment with a normally synthesized body component, coenzyme Q_{10} (Fitch, et al., 1965). Complete remission of the anemia is effected by hexahydrocoenzyme Q_4 therapy (Fitch, et al., 1965). The anemia, which develops in monkeys deprived of vitamin E, also responds well to vitamin E-treatment (Dinning and Day, 1957). This apparent connection between an intrinsic coenzyme and a vitamin has been studied by observing the ability of hexahydrocoenzyme Q_4 to protect red blood cells from lysis by H_2O_2 . This study was prompted by two facts: (a) vitamin E protects cells and subcellular particles from lysis by oxidants (Rose and György, 1952; McKnight, Hunter, and Oehlert, 1965), and (b) coenzyme Q is present in the lipoprotein complexes of cellular membranes (Green, 1965). We found that hexahydrocoenzyme Q_4 and the 6-chromanol of hexahydrocoenzyme Q_4 protect erythrocytes of premature infants from hemolysis by H_2O_2 .

METHODS

The susceptibility of red blood cells to lysis was measured by the method of György, Cogan, and Rose (1952) as modified by Gordon, Nitowsky, and Cornblath (1955)--except that a one-hour preincubation with one of the substances listed in Table I always preceded the incubation with H_2O_2 . Erythrocytes were

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**Coenzyme Q. LXXVIII.

obtained from the femoral vein of premature infants ranging in age from 4 to 57 days. The compounds were originally suspended at a concentration of 10 mg per ml in a 5% glucose solution containing 10% Emulphor (EL 620) and 5% N,N-dimethylacetamide as dispersants and 0.004% merthiolate as perservative. Dilutions of the original suspensions were prepared with 0.9% NaCl solution. In the amounts used, the suspending vehicle did not affect the susceptibility of the erythrocytes to hemolysis by H_2O_2 . For preincubation, a 5% suspension of washed erythrocytes was prepared in a 0.9% NaCl solution containing the test compound, and the mixture was incubated for one hour at 37° . The supernatant fluid was then discarded and a final 5% suspension of erythrocytes was prepared in 0.9% NaCl solution. To test susceptibility to hemolysis, a 1:1 mixture of the final 5% erythrocyte suspension and 2.4% H_2O_2 in phosphate buffer (25 ml of 0.2 M KH_2PO_4 plus 19.7 ml of 0.2 M NaOH diluted to 100 ml with distilled water; pH 7.4) was incubated for 15 minutes at 37° and then for 165 minutes at room temperature. Each test of susceptibility to H_2O_2 was done in duplicate and the average values are shown. In this test, red blood cells from normal individuals are stable (less than 5% hemolysis) and red blood cells from premature infants are unstable.

Table I

HEMOLYSIS OF RED BLOOD CELLS BY H_2O_2

Addition to preincubation mixture compound	concentration $\mu\text{g/ml}$	Individual patients							
		A	B	C	D	E	F	G	H
		% Hemolysis							
suspending vehicle		79	47	68	68	90	55	22	75
d- α -tocopherol	1.0	64	13	1	75	87	14	10	53
d- α -tocopherol	10.0	—*	—	—	2	51	3	2	17
6-chromanol of Q_{11} [†]	1.0	—	—	—	—	51	2	3	20
hexahydrocoenzyme Q_{11}	10.0	41	33	10	19	51	8	4	51
d- α -tocopherylquinone	10.0	—	—	27	41	—	—	—	67
trimethylphytyl- benzoquinone [‡]	10.0	—	—	—	—	—	—	16	63

*The dash means not tested.

[†]6 chromanol of hexahydrocoenzyme Q_{11}

[‡]2,3,5-trimethyl-6-phytyl-1,4-benzoquinone

RESULTS AND DISCUSSION

The 6-chromanol of hexahydrocoenzyme Q_4 was most effective in protecting red blood cells against H_2O_2 ; one microgram was equal in effect to 10 micrograms of d- α -tocopherol. Although this chromanol is not found in nature, its effectiveness is ascribed to membrane sites that prefer the methoxy-group nucleus of coenzyme Q over the methyl-group nucleus of α -tocopherol. Animals are known to possess enzymes that require the methoxy-group nucleus of coenzyme Q (Folkers, *et al.*, 1966).

Since the intrinsic coenzyme Q of membranes is in the quinone \rightleftharpoons hydroquinone forms, more importance can be attached to the finding that a quinone, hexahydrocoenzyme Q_4 , prevents hemolysis (Table I). This compound is a full substitute for native coenzyme Q_{10} in the succinoxidase system (Folkers, *et al.*, 1966); and by stabilizing a biological membrane, it presumably exhibits another activity common to natural coenzyme Qs. In support of this presumption, Lucy and Dingle (1964) found that coenzyme Q_6 protects normal red blood cells from lysis by excess vitamin A. One way by which coenzyme Q could protect membranes is demonstrated by the report of Mellors and Tappel (1966) showing that the hydroquinone form of coenzyme Q_6 protects mitochondrial lipids from peroxidation.

In limited tests of specificity, d- α -tocopherylquinone and 2,3,5-trimethyl-6-phytyl-1,4-benzoquinone provided some, albeit poor, protection. This finding agrees with the work of Nitowsky and Tildon (1956) showing that other quinones protect red blood cells of infants from H_2O_2 . Clearly, the stability of biological membranes *in vitro* can be improved by compounds other than vitamin E and coenzyme Q. Nevertheless, if a quinone \rightleftharpoons hydroquinone normally protects membranes *in vivo*, coenzyme Q would be the one most likely to serve such a role in animals.

We propose that coenzyme Q does protect membranes *in vivo*. Further, we suggest that the need for an intrinsic compound to stabilize membranes increases with increasing vitamin E deficiency and that, to fill the increased need, coenzyme Q_{10} is diverted from its role in the electron transport chain.

Eventually this unusual demand would exceed the animal's capacity to supply coenzyme Q for critical uses in the developing red blood cell. Only then would the anemia of vitamin E deficiency develop.

An insufficient concentration of coenzyme Q₁₀ to permit maturation of the red blood cell would explain both the anemia of vitamin E deficiency and its response to coenzyme Q₁₀ treatment.

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REFERENCES

- Dinning, J.S. and Day, P.L., J. Exptl. Med. 105,395 (1957).
Fitch, C.D., Dinning, J.S., Porter, F.S., Folkers, K., Moore, H.W., and Smith, J.L., Arch. Biochem. Biophys. 112,488 (1965).
Folkers, K., Moore, H.W., Lenaz, G., and Szarkowska, L., Biochem. Biophys. Res. Commun. 23,386 (1966).
Gordon, H.H., Nitowsky, H.M., and Cornblath, M., Am. J. Dis. Child. 90,669 (1955).
Green, D.E., Israel J. Med. Sci. 1,1187 (1965).
György, P., Cogan, G., and Rose, C.S., Proc. Soc. Exptl. Biol. Med. 81,536 (1952).
Lucy, J.A. and Dingle, J.T., Nature 204,156 (1964).
Mellors, A. and Tappel, A.L., J. Biol. Chem. 241,4353 (1966).
McKnight, R.C., Hunter, F.E., and Oehlert, W.H., J. Biol. Chem. 240,3439 (1965).
Nitowsky, H.M. and Tildon, J.T., Am. J. Clin. Nutrition 4,397 (1956).
Rose, C.S. and György, P., Am. J. Physiol. 168,414 (1952).