

In: Carotenoids

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Chapter 1

**CAROTENOIDS AS
FUNCTIONAL INGREDIENTS**

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ABSTRACT

Normal human metabolism produces free radicals, and the over production of these biomolecules leads to increased oxidative stress and contributes to the development of chronic diseases. Recent studies have shown that secondary plant metabolites contain bioactive compounds with functional properties and beneficial effects for human health. The consumption of fruits, vegetables, and grains (wheat and maize) has increased due to their bioactive composition and antioxidant potential, which could mitigate the damage and negative effects of the oxidative stress process. Carotenoids are considered nutraceuticals for their functional properties and their role as antioxidants, acting as physical quenchers of singlet oxygen, and scavengers of other reactive oxygen species. Carotenoids are considered the most important group of pigments with approximately 750 moieties known. Carotenoids such as lutein,

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zeaxanthin, β -cryptoxanthin, carotenes, and their metabolites play a protective role in reactive oxygen species-mediated disorders such as: cardiovascular disease, some types of cancer, and neurological, as well as photosensitive and eye-related disorders. While fruits and vegetables constitute the main source of carotenoids in human diet, recent studies have shown that grains like maize are a functional source of carotenoids, mainly of lutein and zeaxanthin. This chapter is focused on the role of food carotenoids in the prevention of oxidative stress-induced human diseases.

Keywords: carotenoids, antioxidants, chronic diseases, functional ingredients

INTRODUCTION

Reactive oxygen species (ROS) and reactive nitrogen species (RNS) are generated by different cellular and metabolic sources, exposure to different physiochemical conditions or pathological states, and their accumulation in the human system is widely considered to cause chronic diseases (Valko et al. 2006; Rao and Rao 2007). ROS and RNS are well recognized for playing a dual role, both deleterious and beneficial on living systems (Valko et al. 2007). The most common ROS include: hydroxyl, peroxide anion, and superoxide anion radicals. Under normal physiological conditions superoxide anion and the nitric oxide system are the main radicals generated by cells. These free radicals can alter proteins, lipids, and DNA triggering a number of human diseases (Finkel and Holbrook 2000; Rao and Rao 2007). Hence, the use of antioxidants can help the body tolerate the oxidative stress-induced damage (Dasgupta and Klein 2014; Baiano and Del Nobile 2016).

It has been demonstrated that plants contain secondary metabolites responsible for their bright colors. These bioactive compounds are phytochemicals known to possess antioxidant capacity and functional properties that are physiologically important for protecting human health. Animals and humans are unable to synthesize carotenoids *de novo*, therefore they must include them in a healthy diet (Stahl and Sies 2005; Eldahshan and Singab 2013; Alfieri et al. 2014).

The most abundant types of antioxidants in fruits, vegetables, and grains include: vitamin C, phenolic compounds and carotenoids, whereas tocotrienols and tocopherols are present in lower concentrations compared with grains (Kalt 2005). Epidemiological studies have shown that antioxidant compounds such as vitamin E and carotenoids (β -carotene, α -carotene, β -cryptoxanthin,

lycopene, lutein, and zeaxanthin) contribute to prevent degenerative disorders, such as cardiovascular disease (CVD), diabetes, and several types of cancer (Rodriguez-Amaya and Kimura 2004; Maughan 2005; Singh and Goyal 2008; Gul et al. 2015).

The carotenoids comprise approximately 750 structurally different compounds of phytonutrients and 50 of them are present in a typical human diet. More than 20 carotenoids have been identified in human blood and tissues (prostate, eye macula and liver) (Jain et al. 1999; Khachik 2006; Prabhashankar-Arathi et al. 2015). Carotenoids are considered of great importance for their biological functions and are among the most abundant families of pigments in nature. They give fruits, vegetables, and grains their distinctive yellow, orange, and red color (Ndolo and Beta 2013; Corrales-Bañuelos et al. 2016). Carotenoids are important not only for coloring food, but as dietary sources of vitamins, and for their reported association with the reduction rates of coronary heart disease and some varieties of cancer (Figure 1). The first correlation between a high intake of carotenoids and health benefits appeared in the literature in the 1970's (Fraser and Bramley 2004). Thus far, the antioxidant and functional properties of carotenoids have been a major focus of research (Rao and Rao 2007; Gul et al. 2015; Corrales-Bañuelos et al. 2016).

Considering a nutritional approach, carotenoids are considered to be important bioactive compounds, and dietary ingestion as the only source to meet their requirements in humans and animals (Prabhashankar-Arathi et al. 2015). Recent studies indicate that fruits and vegetables are an important source of carotenoids in the human diet (Sommerburg et al. 1998; Rao and Rao 2007; Fiedor and Burda 2014). However, some grains may contain higher, while others lower content of carotenoids compared to fruits and vegetables (Abdel-Aal et al. 2002; Ndolo and Beta 2013). Although grains contain other bioactive compounds that complement those found in fruits and vegetables (Liu 2007).

Cereals such as maize have a complex matrix rich in bioactive compounds such as carotenoids, phenolics, and minerals, all of which have been reported to have antioxidant properties and to be associated with the prevention of chronic diseases (Hänsch and Mendel 2009; Da Silva-Messias et al. 2015). To date, there is a world-wide interest in functional foods. However, more information is needed regarding the levels of carotenoids that have health enhancing properties in fruits, vegetables and grain cereals. The purpose of this review is to discuss the literature focused on the functional properties and the beneficial effects of carotenoids in human health.

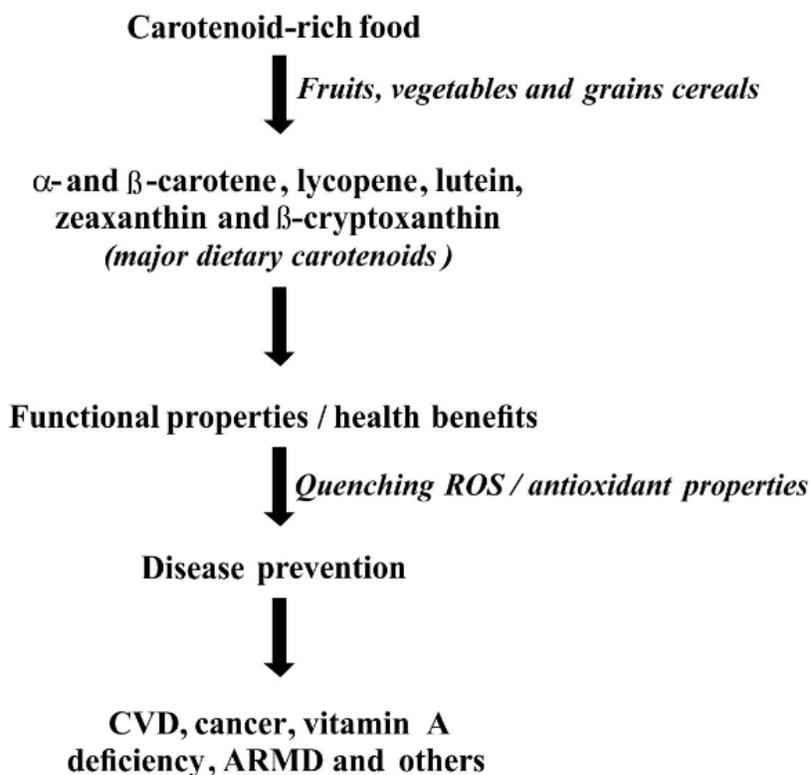


Figure 1. Functional properties of food carotenoids.

Chemical Properties of Carotenoids

Carotenoids are a family of pigmented compounds synthesized by plants and microorganisms (bacteria, yeast, and fungi). However, humans and animals cannot synthesize them (Rao and Rao 2007; Britton et al. 2009). In plants, carotenoids contribute to the photosynthetic machinery and protect them against photo-damage (Rao and Rao 2007; Fiedor and Burda 2014), while in animals, such as insects, fish, crustaceans and birds, carotenoids are responsible for their characteristic color (Stahl and Sies 2005). Carotenoids are intracellular compounds usually synthesized in membranes of mitochondria, chloroplasts, or endoplasmic reticulum (Margalith 1999). Carotenoids are highly hydrophobic and tend to be associated with lipids (oil, fat) or in hydrophobic structures such as membranes (Britton et al. 2008). Carotenoids

of fruits, vegetables, and animal products are usually fat-soluble and are associated with lipid fractions, lipid portions of human tissues, cells (El-Qudah 2008), and the lipid core of the bilayer membrane (Britton et al. 2008). The orientation of a particular carotenoid in the membrane and its effect on membrane properties depends on its structural features such as the size and shape of the carotenoid, and the presence of functional groups (Britton et al. 2008).

Carotenoids are tetraprenoids composed by 40 carbon atoms built from four terpene units, each of these containing 10 carbon atoms. Their main chemical functions are determined by the extended system of conjugated double bonds, which is also responsible for their color (Britton 1995). They are categorized into two major groups: 1) those containing oxygen, known as xanthophylls (e.g., lutein, zeaxanthin, α - and β -cryptoxanthin), and 2) those that contain only hydrocarbons and do not contain oxygen, known as carotenes (e.g., α - and β -carotene, and lycopene) (Baiano and Del Nobile 2016) (Figure 2). Therefore, depending on the number of double bonds, a certain array of *cis/trans* (E/Z) configurations is possible for a given carotenoid (Britton et al. 1995).

The all-*trans* configurations are ubiquitously present, while several *cis* isomers of carotenoids are present in blood and tissues such as prostate, breast, adrenal glands, and liver (Jain et al. 1999; Melendez-Martinez et al. 2004; Yahia and Ornelas 2010). However, when fruits and vegetables are processed, it results in an increase from 10 to 39% in *cis*-isomers. The all-*trans* structure is thermodynamically most stable (Yahia and Ornelas-Paz 2010). Nonetheless, the degree of isomerisation is directly correlated with the intensity and duration of the heating process (Eldahshan and Singab 2013). It has been observed that high temperatures and short times are preferred conditions for processing carotenoid-containing foods, yet extreme heat can result in oxidative destruction of carotenoids (Agarwal and Rao 2000; Delgado-Vargas and Paredes-López 2003). Other factors that can influence the stability and nutritional value of matrix foods include temperature, light, and pH (Melendez-Martinez et al. 2004). However, it is important to keep in mind, that food processing and heat treatment cause the mechanical breakdown of the tissue, releasing the carotenoids and improving their absorption (Gärtner et al. 1997). The type of food matrix in which carotenoids are located is a major factor influencing their bioavailability (Haskell 2012; Gul et al. 2015).

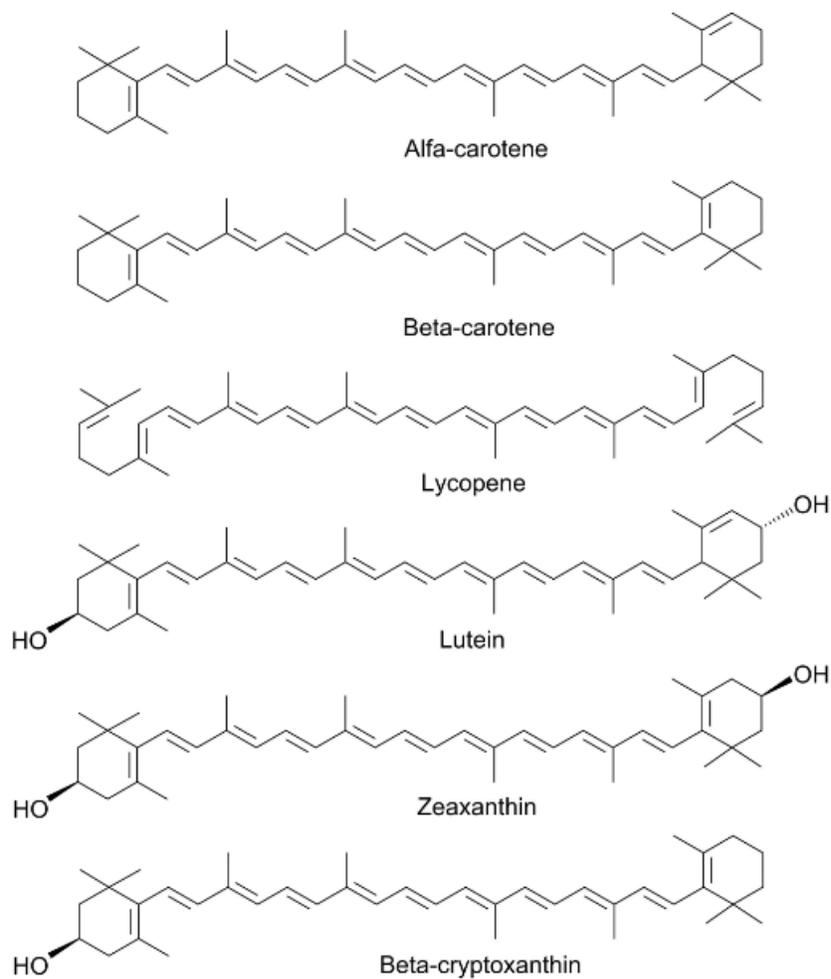


Figure 2. Chemical structure of major dietary carotenoids.

The relatively low bioavailability of carotenoids from natural sources has been attributed to the fact that they exist either as crystals or are located within protein complexes that are not fully released in the gastrointestinal tract during digestion (Williams et al. 1998; Gul et al. 2015).

The mechanism of intestinal absorption of carotenoids occurs by passive diffusion after being incorporated into the micelles, which are formed by dietary fat and bile. They are then incorporated into lipoproteins and released into the blood stream (Olson 1994; Parker 1988; Rao and Rao 2007). It has been reported that only about 5% of the carotenoids are absorbed in the

intestine, whereas >50% are absorbed from micellar solution (Olson 1994). Because there are numerous factors affecting the bioavailability, absorption, transport, metabolism, and storage of carotenoids (Fiedor and Burda 2014), the exact mechanism by which carotenes exert their actions *in vivo* are still far from being understood.

Functional Properties of Carotenoids

Antioxidant Capacity of Carotenoids

Reactive oxygen and nitrogen species are generated during aerobic metabolism and pathological processes, such species are highly reactive and can induce the irreversible oxidation of diverse biomolecules such as lipids, proteins, carbohydrates, and DNA (Valko et al. 2006; Dasgupta and Klein 2014). Lipids are the major targets for oxidative damage induced by free radicals. Lipid peroxidation generates cell membrane damage by altering the membrane fluidity and permeability (Aikens and Dix 1991; Dasgupta and Klein 2014). Oxidation of proteins by ROS and RNS involves side chains of all amino acid residues of proteins (Stadtman 2004). Likewise, hydroxyl radicals are known to damage DNA, leading to disorders in purine and pyrimidine bases and the deoxyribose backbone (Halliwell and Gutteridge 1999). DNA damage is implicated in mutagenesis, carcinogenesis, and aging. Oxidative stress can also damage mitochondrial DNA and lead to disorders associated with aging and cancer development in various tissues (Dasgupta and Klein 2014).

Carotenoids and other bioactive compounds provide protection against some types of cancer, coronary vascular disease (CDV), age-related macular degeneration (ARMD), and the risk of vitamin A deficiency (Jaswir et al. 2011; Yahia and Ornelas-Paz 2010).

The way carotenes exert their protective actions most likely involve the scavenging of two of the ROS: singlet molecular oxygen, and peroxy radicals (Truscott 1990; Valko et al. 2007). They are also effective deactivators of electronically excited molecules involved in the generation of radicals and singlet oxygen (Truscott 1990; Young and Lowe 2001).

The antioxidant actions of carotenoids are based on their singlet oxygen quenching properties, and their ability to trap peroxy radicals. The quenching activity of a carotenoid is mainly attributed to the number of conjugated double bonds of its structure while is influenced to a lesser extent by carotenoid groups (cyclic or acyclic), or the nature of substituents in

carotenoids containing cyclic end groups (Krinsky 1998; Eldahshan and Singab 2013). Until now, it has been concluded that the number of conjugated double bonds is the most effective parameter for quenching properties because the activity of carotenoids increases as the number of the conjugated double bonds in the carotenoids increases. Furthermore, the bioactivity of carotenoids has been associated with their antioxidant capacity *in vivo* and *in vitro* (Delgado-Vargas and Paredes-López 2003; Tanaka et al. 2012). For instance, β -carotene treatment in human dermal fibroblasts (FEK4) exposed to UVA light was able to suppress the heme oxygenase-1 gene upregulation in a dose dependent manner (Elliott 2005). Likewise, in human liver cells (HepG2), carotenoids were able to decrease the oxidant-induced lipid peroxidation (Martin et al. 1996).

β -carotene is a promising potent antioxidant because of its ability as a singlet oxygen quencher. Such antioxidant capacity is due to the structure of conjugated double bonds and ionone rings, with capability of quenching up to 1,000 free radicals per molecule. Thus, it can prevent oxidative damage, alter transcriptional activity and prevent cellular damage (Abdel-Aal and Akhtar 2006; Singh and Goyal 2008; Qian et al. 2012; Gul et al. 2015). A study by Sindhu et al. (2010) reported lutein as a potent antioxidant *in vivo*. The authors gave oral lutein to mice for a month and observed an increase in the activity of the antioxidant defense enzymes: superoxide dismutase, catalase, glutathione reductase, and glutathione in blood and liver when compared to controls. Likewise, liver glutathione peroxidase and glutathione-S-transferase also increased their activity. On the other hand, it is important to note that high carotenoid concentrations may also induce a pro-oxidative effect, which could be modified by interactions with other nutrients (Eldahshan and Singab 2013).

Health Benefits of Carotenoids

Provitamin A Carotenoids and Prevention of Vitamin A Deficiency and Eye-Related Disorders

Carotenoids are divided in two classes: provitamin A and non-provitamin compounds. The contribution of provitamin A carotenoids to the daily vitamin A intake depends on dietary habits and available food sources. It has been estimated that carotenoids from fruits and vegetables provide more than 70% of the vitamin A intake in third world countries. However, intake must be corrected for bioequivalence, evaluating what portion of the ingested

provitamin A carotenoids is absorbed, metabolized, and available as retinol or retinyl ester (Het-Hof et al. 2005; Stahl and Sies 2005).

Several studies have shown that the bioequivalence of plant-derived provitamin A carotenoids is much less than anticipated from studies using dietary supplements. As previously discussed, bioavailability and metabolism of carotenoids are affected by several factors including food matrix properties, preparation of the food, co-ingestion of fat and fiber, gastrointestinal tract diseases, vitamin A status, and malnutrition (Stahl and Sies 2005).

Provitamin A carotenoids such as α -, β -carotene, and β -cryptoxanthin, provide the primary dietary source of vitamin A. While α -carotene and β -cryptoxanthin produce one molecule of vitamin A, two molecules are generated from β -carotene. Hence, the consumption of provitamin A carotenoids can prevent vitamin A deficiency. Vitamin A deficiency is a serious global health problem that affects many people, especially children. In humans, this deficiency is associated with impaired iron mobilization, growth retardation, blindness, depressed immune response, increased susceptibility to infectious disease, and increased childhood mortality (Wurtzel et al. 2012). Carotenoids, particularly lutein and zeaxanthin, offer protection against eye diseases such as cataract and ARMD (Botella-Pavia and Rodríguez-Concepción 2006; Alfieri et al. 2014). Most likely, the mechanism of action of carotenoids for reducing the incidence of these diseases is quenching ROS (Fraser and Bramley 2004). Interestingly, it has been shown that the addition of lycopene to cell cultures prevents vacuolization in human lens epithelial cells (Mohanty et al. 2002). Likewise, other reports have shown the presence of lutein and zeaxanthin in the human macula, suggesting a role of these biocompounds in the macula protection from light-induced damage and scavenging of free radicals formed in the photoreceptors. However, it is still challenging to understand the presence of these specific carotenoids in the eye macula (Bone et al. 1997).

Carotenoids and Prevention of Coronary Vascular Disease

Carotenoids, as lipophilic compounds, are efficient scavengers of ROS within the hydrophobic parts of cell membranes and lipoproteins (Agarwal et al. 2012). ROS-mediated damage in atherosclerosis (hardening of the arteries) is the result of oxidative modification of low-density lipoproteins (LDL) in the arterial walls leading to coronary heart disease (Vogiatzi et al. 2009; Eldahshan and Singab 2013). This hypothesis is supported by observational and epidemiological studies that report that carotenoids, antioxidant vitamins, and the consumption of processed-tomato products can reduce LDL oxidation

and oxidative stress at the site of the plaque formation (Mayne 1996; Hadley et al. 2003).

β -carotene supplementation (with or without aspirin) results in a significant reduction of vascular accidents in individuals with ischemic heart disease (Hennekens et al. 1996). However, clinical and intervention studies are contradictory. In some cases, it can be clearly observed a positive effect of β -carotene on cardiovascular disease, while in others, little or no correlation between them can be found, and sometimes an inverse relationship has been reported (Fiedor and Burda 2014).

Due to the abundance of CVD, studies on factors that prevent or delay its development are of special importance. The results of reports of the association of carotenoids (mainly β -carotene, α -carotene, lycopene, lutein, zeaxanthin and β -cryptoxanthin) with the risk of CVD and atherosclerosis have been summarized by Mayne (1996) and more recently by Voutilainen et al. (2006). These authors pointed out that there is a positive correlation between a high intake of carotenoid-rich fruits and vegetables and the reduction of CVD morbidity and mortality (Fiedor and Burda 2014). However, the biological mechanisms for such protection are currently unclear.

Carotenoids and Cancer Chemoprevention

Carotenoids by themselves or in combination with other bioactive compounds could protect from cancer risk due to their antimutagenic properties and their well-known ability to scavenge free radicals, delay tumor development, and improve the immune response (Tanaka et al. 2012).

Carotenoids have been extensively studied using *in vitro* experiments. These studies have shown that carotenoids can inhibit cell proliferation, transformation and micronucleus formation, and can modulate gene expression (Fraser and Bramley 2004). Likewise, epidemiological studies have demonstrated an association between a diet rich in β -carotene and the reduction of risk of cancer in stomach, lung, and other organs (Le-Marchand et al. 1993; van Poppel 1993; van Poppel and Goldbohm 1995; Eldahshan and Singab 2013). Similarly, *in vivo* studies have demonstrated that β -carotene can delay or prevent the induction of sarcomas and skin cancer in mice exposed to carcinogens (Smigel 1990; Eldahshan and Singab 2013).

Lycopene has been shown to be the main bioactive compound in tomatoes. Since 1995 Giovannucci and colleagues revealed an inverse relationship between the consumption of tomatoes and the risk of prostate cancer. Interestingly, in humans there is an increase in lycopene in serum and prostate when they consume tomatoes processed by heat treatment and oil vs.

when they consume raw tomatoes (Stahl and Sies 1992; Gärtner et al. 1997; Van Breeman et al. 2002; Giovannucci 2005). It has been also reported that tomato-based lycopene is more effective than lycopene supplementation (Agarwal and Rao 1998; Giovannucci 2005). Thus, suggesting that foods naturally rich in lycopene can be used in the prevention of prostate cancer. Besides prostate cancer, the protective effect of lycopene has been reported in other varieties of cancer including cervical, ovarian, breast, lung, gastrointestinal, and pancreatic cancer (Giovannucci 1999). Lycopene has also shown to decrease breast cancer risk. The mechanism of action of lycopene in the inhibition of breast cancer is associated with inhibition of cell cycle progression at the G₁ phase (Nahum et al. 2001). Similarly, *in vivo* studies have showed that β -carotene can delay or inhibit the development of sarcomas and skin cancer in mice exposed to carcinogens (Smigel 1990).

To date, α - and β -carotene, β -cryptoxanthin, lutein, and zeaxanthin are the major carotenoids with functional properties, and have been vigorously evaluated for their potential chemopreventive ability (Tanaka et al. 2012).

CONCLUSION

Carotenoids are important bioactive compounds known for their role as antioxidants and scavengers of free radicals. Carotenoids are found ubiquitously in fruits, vegetables, and grains, and to include these carotenoid-rich foods in a regular diet has been reported to be beneficial for human health. Evidence from epidemiological and clinical studies support a strong correlation with dietary intake of carotenoids and the reduction of vitamin A deficiency, age-related macular degeneration, certain types of cancer, and cardiovascular disease. Although, the antioxidant properties of some varieties of carotenoids have been reported *in vivo* and *in vitro*, these studies are mainly focused on provitamin A carotenoids. Thus, more studies that include non-provitamin compounds are necessary. In addition, future studies using dietary supplements should consider the stage of oxidative damage in order to establish the appropriate antioxidant supplementation. Only through such studies, our understanding of the role played by carotenoids and other bioactive compounds will be enhanced. Then, we would be able to develop complementary strategies for the prevention, treatment and management of human diseases.

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