The Redox Status of Coenzyme Q10 in Total LDL as an Indicator of In Vivo Oxidative Modification

Studies on Subjects With Familial Combined Hyperlipidemia


Abstract Familial combined hyperlipidemia (FCH) is characterized by a familial occurrence of a multiple-type hyperlipidemia, associated with coronary risk. The latter may be related to increased levels of small, dense LDL particles that have been found to be more prone to oxidative modification. We isolated total LDL as fresh as possible from 12 normolipidemic relatives with a buoyant LDL subfraction profile (group 1), 7 normolipidemic subjects with a dense LDL subfraction profile (group 2), and 16 hyperlipidemic FCH subjects with a dense LDL subfraction profile (group 3). In these nonobese and normotensive men, we studied the resistance of total LDL against Cu²⁺-oxidation in vitro. In addition, we analyzed the α-tocopherol and the coenzyme Q10 contents of LDL and determined their relation to LDL oxidizability. LDL isolated from group 2 subjects was more susceptible to oxidative modification than LDL from group 1 subjects (log time: 60.4±8.1 versus 70.4±11.4 minutes; P<.05). For the combined groups, the ratio of ubiquinol-10 to polyunsaturated fatty acids in LDL, together with the basal amount of dienes in LDL, were good predictors of the rate of LDL oxidation (R²=.73, P=.0001). In groups 2 and 3, the redox status of coenzyme Q10 (ubiquinol-10/ubiquinone-10) and the ratio of ubiquinol-10 to α-tocopherol in LDL were reduced compared with group 1 (P<.05). The K-value, a measure of the LDL density, correlated with the redox status (r=.37, P<.05). We conclude that in subjects with FCH total LDL is more prone to oxidation, due to the predominance of dense LDL particles. In addition, the decreased redox status of coenzyme Q10 in LDL from subjects with a dense LDL subfraction profile suggests that the LDL in the circulation has already undergone some oxidation. (Arterioscler Thromb Vase Biol. 1997;17:127-133.)

Key Words • LDL subfraction profile • antioxidants • α-tocopherol • ubiquinol-10 • ubiquinone-10 • lipid peroxidation

Familial combined hyperlipidemia (FCH), first identified by Goldstein et al., is a genetically and metabolically heterogeneous common lipid disorder, associated with an increased risk for cardiovascular disease. The trait is characterized by a multiple-type hyperlipidemia in first-degree relatives. Affected persons exhibit elevated plasma concentrations of cholesterol or triglycerides, or both. In addition, elevated concentrations of apolipoprotein B and reduced levels of HDL-C are observed. Furthermore, FCH has been shown to be associated with a predominance of dense LDL subfraction profiles. Small, dense LDL was generally found to be prevalent in patients with coronary heart disease.

Studies on LDL oxidation revealed that small, dense LDL particles are more prone to oxidative modification than buoyant LDL. Oxidation of LDL is believed to play an important role in early atherosclerosis. After being oxidatively modified in the intima, LDL is probably taken up by scavenger receptors of macrophages. As a result of uncontrolled uptake of oxidized LDL, macrophages are converted into cholesterol-rich foam cells, a hallmark of early atherosclerotic lesions. Evidence in humans to support the oxidation hypothesis has been provided by studies that showed an association between plasma autoantibodies against oxidatively modified LDL and the progression of cardiovascular disease. Epitopes of oxidized LDL also were detected in human fatty streaks.

According to the oxidation hypothesis, LDL is protected against oxidative stress by antioxidants, thereby delaying the formation of modified LDL. The lipophilic antioxidants α-TOH, QH₂-10, β-carotene, and lycopene are present in LDL. Lipidemological studies suggested that high (>100 mg/dl) α-TOH intake contributes to reduced risk of atherosclerosis. Although α-TOH is believed to be the major antioxidant in LDL responsible for the protection against oxidation in vivo, extensive work by Stocker and co-workers (reviewed in Reference 23) suggests that the determination of the LDL QH₂-10 content is more relevant to assess the initial state of LDL peroxidation in vivo. QH₂-10 (or reduced coenzyme Q) is an endogenous product of the mevanolate pathway, having coenzyme Q activity in the enzyme system of mitochondria, where it functions as an essential electron carrier in the respiratory system. This antioxidant also is present in foods such as soybeans, walnuts, almonds, oils, fruits, and spinach. Despite low concentrations in LDL (0.5 to 0.8 mol/LDL particle), compared with LDL...
were selected to participate in this study. Twelve subjects were characterized by a buoyant LDL subfraction profile and 23 subjects by a dense LDL subfraction profile. The method of LDL subfractionation is described elsewhere in this article. All subjects with a buoyant LDL subfraction profile had normal lipids. Of the subjects with a dense LDL subfraction profile, 7 subjects were normolipidemic and 16 subjects were hyperlipidemic. This resulted in three groups of subjects; basal characteristics are summarized in Table 1. None of the subjects were on drug treatment or on a special diet, and none of the subjects used vitamin supplements.

### Plasma Measurements

Fasting blood samples were collected into evacuated tubes containing K$_2$-EDTA (1 mg/mL). The tubes were immediately placed on ice in the dark. Thirty nonlocal participants were visited at their homes. At 2 hours after blood sampling, plasma was separated from blood cells by centrifugation at 3600 rpm for 8 minutes at 4°C. Prior to the measurement of $\alpha$-TOH and QH$_2$-10 concentrations in plasma, saccharose as cryopreservative (final concentration 6 mg/mL) and BHT as antioxidant (final concentration 250 $\mu$g/mL) were added.

VLDL and LDL (d 1.019 g/mL) were isolated by ultracentrifugation. After removal of VLDL and LDL, cholesterol and triglyceride levels were measured in the infranatent and in total plasma. HDL was isolated from whole plasma by the polyethylene glycol 6000 method. Cholesterol and triglyceride levels were determined by enzymatic methods (No. 237574, Boehringer-Mannheim; No. 6669, Sera Pak, Miles, respectively). LDL cholesterol was calculated by subtraction.

### Analysis of LDL Subfraction Profile

Each individual LDL subfraction profile was defined by a continuous variable, K, as described in detail by de Graaf et al. Briefly, LDL subfractions were separated by single-spin density-gradient ultracentrifugation, according to an earlier described method. After ultracentrifugation the LDL subfractions were visible as distinct bands in the middle of the tube. Up to five LDL subfractions could be distinguished. The tubes were photographed. Accurate documentation of the LDL subfraction distribution was obtained by scanning the slides on an LKB 2202 ultrascanning laser densitometer (Pharmacia LKB). The relative peak heights of the LDL subfractions on the scans were used to calculate parameter K as a continuous variable, which best describes each individual LDL subfraction profile. A negative value (K<0) reflects a more dense subfraction profile and a positive K value (K>0) a more buoyant profile.

### Oxidation of LDL

Plasma isolation was immediately followed by LDL isolation by density-gradient ultracentrifugation (40 000 rpm for 18 hours at 4°C) using an SW40 rotor (Beckman). After isolation of total LDL, the protein content of LDL was measured by the method of Lowry et al, with chloroform serum albumin as a standard. The oxidation experiments were performed as described by Esterbauer et al. as modified by Princen et al. Briefly, the oxidation of LDL (60 $\mu$g apolipoprotein) was initiated by the addition of CuSO$_4$ to a final concentration of 18 $\mu$mol/L at 37°C. The kinetics of the oxidation of LDL was determined by monitoring the change of the 234-nm diene absorption in a thermostatically monitored UV spectrophotometer (Lambda 12, Perkin Elmer GmbH), equipped with a nine-position automatic sample changer. Each LDL preparation was oxidized twice in two separate oxidation runs on the same day. Every oxidation run was controlled by analyzing one reference LDL, prepared from a pooled plasma stored at −80°C. The interassay coefficients of variation for the oxidation parameters lag time and oxidation rate, and maximal amount of conjugated dienes formed per milligram of protein of the reference LDL amounted to 1.2%, 5%, and 4.7%, respectively (n=10). To
Table 1. Characteristics of Subjects, Plasma Concentrations of Lipids and Lipoproteins, and the LDL Subfraction Profile (ie, K value)

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Group 1 (n=12)</th>
<th>Group 2 (n=7)</th>
<th>Group 3 (n=16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, y</td>
<td>41.4±12.7</td>
<td>39.4±12.9</td>
<td>46.2±11.8</td>
</tr>
<tr>
<td>Body mass index, kg/m²</td>
<td>23.5±2.2</td>
<td>24.8±2.7</td>
<td>25.8±2.8</td>
</tr>
<tr>
<td>Smokers, &gt;10 cigarettes/d, %</td>
<td>16.7</td>
<td>14.3</td>
<td>18.8</td>
</tr>
<tr>
<td>Personal history of coronary heart disease, %*</td>
<td>0</td>
<td>14.3</td>
<td>31.2</td>
</tr>
<tr>
<td>Total cholesterol, mmol/L</td>
<td>5.16±0.96</td>
<td>5.59±0.64</td>
<td>6.57±1.34†</td>
</tr>
<tr>
<td>Total triglycerides, mmol/L</td>
<td>1.30±0.53</td>
<td>1.60±0.25</td>
<td>3.68±1.15††</td>
</tr>
<tr>
<td>VLDL-C, mmol/L</td>
<td>0.36±0.17</td>
<td>0.64±0.18</td>
<td>1.51±0.52††</td>
</tr>
<tr>
<td>LDL-C, mmol/L</td>
<td>0.76±0.41</td>
<td>1.01±0.22</td>
<td>2.56±1.05††</td>
</tr>
<tr>
<td>HDL-C, mmol/L</td>
<td>3.78±0.82</td>
<td>3.87±0.61</td>
<td>1.50±0.56</td>
</tr>
<tr>
<td>K value</td>
<td>1.34±0.23</td>
<td>1.04±0.22</td>
<td>0.87±0.14†</td>
</tr>
</tbody>
</table>

*P<0.0001 (χ² test); †P<.005 vs group 1; ††P<.005 vs group 2.

Group 1 indicates buoyant LDL subfraction profile, normolipidemic subjects; Group 2, dense LDL subfraction profile, normolipidemic subjects; and Group 3, dense LDL subfraction profile, FCH subjects.

Stability of QH₂-10

Because of the suggested instability of QH₂-10 in plasma and especially in LDL,29,30 we performed stability experiments to validate our results. In whole blood, QH₂-10 was found to be stable for at least 4 hours in the dark at 4°C (99.6±3.1% to initial concentrations; n=6). QH₂-10 concentrations in plasma were stable during storage in the presence of 250 µg BHT/mL for up to 1 week at −20°C (98.2±3.0% to initial concentrations; n=3). To use similar LDL preparations for both the oxidation and antioxidant experiments, we isolated LDL by density-gradient ultracentrifugation in the absence of BHT. QH₂-10 concentrations in LDL were 104±6.4% (n=8) compared with those concentrations measured in LDL isolated in the presence of BHT. Prior to all extractions we added 250 µg BHT/mL. QH₂-10 concentrations in LDL, however, were similar to those received at extraction without BHT (99.0±2.1% [n=3] versus BHT method). Until hexane extraction of the LDL preparations, LDL was stored in 2 mL of methanol at −20°C after mixing. Under these conditions, QH₂-10 was found to be stable for at least 24 hours (100.4±3.8% of initial concentrations; n=6). Consequently, Q10 concentrations during the described storage conditions were stable. After the lipid extraction, the combined hexane layers were evaporated under nitrogen at −20°C and stored at −20°C. After 2 days, QH₂-10 concentrations were stable (98.0±2.0% of initial concentrations; n=6). However, storage of the lipid residues for 24 hours at −20°C resulted in a 43.5±8.7% loss of the QH₂-10 content. Consequently, the Q10 content was increased.

Determination of Fatty Acids in LDL

The concentrations of polyunsaturated (C18:2; C20:4) and monounsaturated (C18:1) fatty acids in LDL were determined essentially as described in detail by de Graaf et al.41

Statistical Analysis

Prior to statistical testing, plasma triglycerides and VLDL-TG were transformed logarithmically because of skewing of the distributions. Differences in smoking and personal history of coronary artery disease were calculated by a χ² test. A one-way ANOVA was used to analyze the differences in the studied parameters between the three groups, followed by additional Tukey’s multiple comparison tests. All values are presented as mean±SD. Associations between variables were calculated with Pearson’s correlation coefficients. All statistical analyses, including logistic regression analysis, were performed using SPSS/PC software (SPSS Inc).
Results

Plasma Lipids, Lipoproteins, and K Values

Mean concentrations of plasma lipids and lipoproteins and the characterization of the LDL subfraction profiles of the respective groups are presented in Table 1. The personal history of coronary heart disease increased from 0% to 31% in groups 1 to 3, respectively. Compared with groups 1 and 2, group 3 subjects had, by selection, higher concentrations of total cholesterol, LDL-C, VLDL-C, total triglycerides, and VLDL-TG, lower concentrations of HDL-C, and more negative K-values (Table 1).

Oxidation Characteristics of LDL and LDL Antioxidant Contents

The mean lag time of LDL for oxidation was shorter in group 3 than in group 1 (Tukey, P<.05) (Table 2). In group 2, an intermediate mean lag time was measured which, probably due to the small group size, did not differ significantly from both other groups. When we considered groups 2 and 3 as one group, on the basis of characterization of the LDL subfraction profile, we observed that the mean lag time of LDL to oxidation was shorter than that in group 1 (Table 3). Exclusion of the smokers in the respective groups did not affect the presented results. The lag time of total LDL to oxidation correlated with the density of the LDL subfraction profile, expressed as the continuous variable K (r=.35, P<.05). The maximal amount of dienes formed per milligram of LDL protein during oxidation of LDL isolated from FCH subjects was lower than the amount of dienes formed in LDL from group 1. Oxidation rates of LDL and basal amounts of dienes in LDL were similar in the three groups.

We examined whether the oxidation characteristics of LDL could be attributed to differences in the basal α-TOH and QH2-10 concentrations. Plasma concentrations of QH2-10 were related to plasma concentrations of total cholesterol (r=.41, P<.01) and α-TOH (r=.41, P<.01). The absolute and relative concentrations of α-TOH, QH2-10, and Q10 in plasma and LDL are given in Table 4, while the most important results are presented in the Figure. No differences were found between the three groups in the LDL α-TOH content, quantified relatively to cholesterol, apolipoprotein, or PUFA (Table 4). While the LDL QH2-10 content, quantified relatively to apolipoprotein and PUFA, tended to be lower in group 2 than group 1 (Tukey, P=.07), the Q10 content was significantly increased (Table 4). The fatty acid composition of LDL was similar in all three groups (Table 4). Remarkably, for all subjects with a dense LDL subfraction profile, both the ratio of LDL QH2-10 to α-TOH and the redox status of coenzyme Q10 in LDL (QH2-10/Q10 ratio) were lower than the ratios in LDL from subjects having a buoyant LDL subfraction profile (Figure). In line with this, the redox status of coenzyme Q10 correlated with the density of the LDL subfraction profile (r=.37, P<.05). In nonsmoking subjects the ratio of LDL QH2-10 to α-TOH was 0.05±0.01, 0.03±0.01 (P<.05 versus group 1), and 0.04±0.01 for groups 1, 2, and 3, respectively. Furthermore, exclusion of the smokers in the three groups resulted in a redox status of coenzyme Q10 in LDL of 3.4±1.0, 1.5±1.5 (P<.05 versus group 1), and 2.1±0.8 (P<.005 versus group 1), respectively. Even when groups 2 and 3 are considered as one group, characterized by a dense LDL subfraction profile (n=23), both ratios were significantly lower than those in group 1 (Table 4). Regarding our stability experiments (see “Methods”), it is unlikely that the observed differences in the ratios were due to oxidation ex vivo. A second indication that the shift in the redox status of coenzyme Q10 was not an artifact appeared in the similarity of the redox ratios in total plasma versus the indicated LDL fraction in the various groups.

In the combined groups, we observed that 53% of the variability in oxidation rate could be predicted by the basal amount of dienes in LDL together with the basal LDL QH2-10 to LDL PUFA content ratio (P<.0001).

Discussion

Total LDL in FCH subjects (group 3) was less well protected against copper-mediated oxidation than total LDL from normolipidemic relatives with a buoyant LDL subfraction profile (group 1). Even when the subjects of groups 2 and 3, all characterized by a dense LDL subfraction profile, were combined, their LDL was more prone to oxidation than the LDL of group 1 (P<.05). To our knowledge, this is the first time a reduced oxidation resistance of total LDL, instead of isolated LDL subfractions, is presented for subjects characterized by a dense LDL subfraction profile. Possibly, the conformation of dense LDL particles facilitates the accessibility of copper to the apolipoprotein B100, or the premature exhaustion of antioxidants, thereby explaining the increased susceptibility to oxidation.99
Quantitatively, \(\alpha\)-TOH is an important antioxidant in LDL. However, in line with observations of other groups with subjects on a normal diet, the susceptibility of LDL to oxidative modification was not related to the \(\alpha\)-TOH content of LDL. From in vitro oxidation studies, \(QH_2\)-10 is shown to be an antioxidant of the first line. LDL that was isolated from normolipidemic subjects with dense LDL tended to have a lower \(QH_2\)-10 content, relative to the apolipoprotein B100 or PUFA contents, than LDL from subjects with a buoyant profile. In addition, the redox status of coenzyme Q10 (ratio of reduced form to oxidized form of coenzyme Q10) was substantially reduced in dense LDL particles, independent of whether LDL was isolated from normolipidemic or hyperlipidemic subjects (Figure). The oxidation of \(QH_2\)-10 within LDL particles was reported to be accompanied by the formation of lipid hydroperoxides within LDL. Our data on the redox status of coenzyme Q10 and the consequences concerning the initial degree of lipid peroxidation concur with data of Alleva et al. For normolipidemic subjects these authors showed that hydroperoxide concentrations were increased in dense LDL compared with buoyant LDL particles. An increased lipid hydroperoxide content in dense LDL may also explain the observed increased susceptibility of dense LDL to copper-mediated oxidation in vitro. In healthy subjects, elevated concentrations of plasma lipid hydroperoxides were measured, in vivo, when the redox status of coenzyme Q10 was reduced. Thus, the redox status of coenzyme Q10 in dense LDL appears to be a sensitive marker for oxidative changes that take place in LDL in vivo. By careful analysis, we have shown that the reduced redox status of coenzyme Q10 in groups 2 and 3, versus that in group 1, cannot be explained by a higher artificial oxidation of \(QH_2\)-10 during the several analysis steps. In this respect it is interesting to note the 3- to 30-fold-lower \(QH_2\)-10 concentration in LDL of normolipidemic subjects compared with concentrations measured in other studies and in the present study. We ascribe this to the lengthy isolation procedure of 3 days, including the dialysis step. To prevent loss or oxidation of LDL \(QH_2\)-10, LDL was not dialyzed in our study. This may explain why we did not find any relation between lag time and \(QH_2\)-10 content. In agreement with Kontush et al., we found that the basal LDL \(QH_2\)-10 to PUFA content ratio was negatively correlated with the rate of oxidative modification of LDL. \(QH_2\)-10 may indirectly protect the PUFAs against lipid peroxidation by efficient reduction of \(\alpha\)-TOH radicals (reviewed in Reference 23). In line with results of Stocker and coworkers, our results stress the promising role of \(QH_2\)-10.

Whether a decrease in the redox status of coenzyme Q10 in LDL, due to oxidation of \(QH_2\)-10, results in minimally oxidized LDL needs to be studied. Compared with native LDL, mildly oxidized LDL exerts important biological effects, at least in vitro. It is believed that these are involved in the early stages of atherosclerosis. Minimally oxidized LDL was shown to stimulate the endothelial cell-mediated release of monocyte chemoattractant protein and monocyte colony-stimulating factor. On the other hand, it may be possible that the radicals that result in oxidation of coenzyme Q10 can also induce cytoplasmic residue destruc-

### Table 4. Concentrations of \(\alpha\)-Tocopherol and Ubiquinol-10 in Plasma and Lipoproteins

<table>
<thead>
<tr>
<th>Plasma</th>
<th>Group 1 (n=12)</th>
<th>Group 2 (n=7)</th>
<th>Group 3 (n=16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(\alpha)-TOH, (\mu)mol/L</td>
<td>27.8 ± 10.3</td>
<td>27.5 ± 5.5</td>
<td>42.5 ± 9.0*</td>
</tr>
<tr>
<td>mmol (\alpha)-TOH/mol cholesterol</td>
<td>5.3 ± 1.7</td>
<td>5.0 ± 1.1</td>
<td>6.5 ± 1.4</td>
</tr>
<tr>
<td>(QH_2)-10, nmol/L</td>
<td>1035 ± 609</td>
<td>1020 ± 569</td>
<td>1159 ± 479</td>
</tr>
<tr>
<td>(\mu)mol (QH_2)-10/mol cholesterol</td>
<td>193 ± 81</td>
<td>180 ± 95</td>
<td>177 ± 69</td>
</tr>
<tr>
<td>Q-10, nmol/L</td>
<td>350 ± 101</td>
<td>461 ± 161</td>
<td>593 ± 228*</td>
</tr>
<tr>
<td>(\mu)mol Q-10/mol cholesterol</td>
<td>69 ± 32</td>
<td>85 ± 35</td>
<td>91 ± 34*</td>
</tr>
<tr>
<td>LDL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(\mu)mol (\alpha)-TOH/mol cholesterol</td>
<td>1.9 ± 0.4</td>
<td>2.1 ± 0.6</td>
<td>2.3 ± 0.5</td>
</tr>
<tr>
<td>(\mu)mol (\alpha)-TOH/g apolipoprotein</td>
<td>14.3 ± 3.1</td>
<td>14.5 ± 2.8</td>
<td>15.2 ± 3.3</td>
</tr>
<tr>
<td>(\mu)mol (\alpha)-TOH/mol PUFA</td>
<td>7.0 ± 1.6</td>
<td>6.8 ± 2.1</td>
<td>7.5 ± 1.5</td>
</tr>
<tr>
<td>(\mu)mol (QH_2)-10/mol cholesterol</td>
<td>95.3 ± 18.0</td>
<td>69.6 ± 39.0</td>
<td>92.2 ± 32.0</td>
</tr>
<tr>
<td>(\mu)mol (QH_2)-10/g apolipoprotein</td>
<td>70.0 ± 138</td>
<td>480 ± 252</td>
<td>621 ± 204</td>
</tr>
<tr>
<td>(\mu)mol (QH_2)-10/mol PUFA</td>
<td>342 ± 88</td>
<td>227 ± 88</td>
<td>308 ± 100</td>
</tr>
<tr>
<td>(\mu)mol Q-10/mol cholesterol</td>
<td>32.9 ± 14</td>
<td>62.7 ± 25*</td>
<td>47.7 ± 22</td>
</tr>
<tr>
<td>mmol (Q-10)/g apolipoprotein</td>
<td>191 ± 99</td>
<td>351 ± 136*</td>
<td>284 ± 147</td>
</tr>
<tr>
<td>PUFA/C18:1</td>
<td>2.9 ± 0.5</td>
<td>3.2 ± 0.4</td>
<td>3.0 ± 0.4</td>
</tr>
<tr>
<td>C18:2/C18:1</td>
<td>2.6 ± 0.5</td>
<td>2.8 ± 0.4</td>
<td>2.6 ± 0.3</td>
</tr>
</tbody>
</table>

See Table 1 for definition of groups.

\(^*P<.05\) vs group 1.
In conclusion, dense LDL particles from subjects with FCH are less resistant to oxidation in vitro than buoyant LDL from normolipidemic relatives. Compared with subjects with an overall buoyant LDL subfraction profile, the redox status of coenzyme Q10 was reduced in subjects with an overall dense LDL subfraction profile, independent of the plasma concentration of cholesterol or triglycerides. This suggests that QH2-10 is an important indicator of oxidative modification in vivo. Future investigations to assess oxidative stress in subjects at risk for coronary heart disease should include the redox status of coenzyme Q10.

Acknowledgments

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References

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