Riboflavin (vitamin B$_2$) and oxidative stress: a review

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Abstract
Oxidative stress is involved in the development of many chronic diseases. One of the main factors involved in oxidative stress reduction is increased antioxidant potential. Some nutrients such as vitamin C, vitamin E and carotenoids are known to act as antioxidants; however, riboflavin is one of the neglected antioxidant nutrients that may have an antioxidant action independently or as a component of the glutathione redox cycle. Herein, studies that have examined the antioxidant properties of riboflavin and its effect on oxidative stress reduction are reviewed. The results of the reviewed studies confirm the antioxidant nature of riboflavin and indicate that this vitamin can protect the body against oxidative stress, especially lipid peroxidation and reperfusion oxidative injury. The mechanisms by which riboflavin protects the body against oxidative stress may be attributed to the glutathione redox cycle and also to other possible mechanisms such as the conversion of reduced riboflavin to the oxidised form.

Key words: Riboflavin; Lipid peroxidation; Reperfusion oxidative injury; Glutathione peroxidase

Oxidative stress is defined as an increased generation of reactive oxygen species or a reduced ability to deactivate them. It is well known that oxidative stress is involved in the development of many chronic diseases such as cancer$^{(1)}$, CVD$^{(2)}$ and diabetes$^{(3)}$. These diseases are considered as public health problems in both developed and developing countries. Many researches have focused on the relationship between oxidative stress and the above-mentioned diseases. One of the main factors involved in oxidative stress reduction is increased antioxidant potential. Numerous studies have investigated the antioxidant properties of some vitamins such as vitamin E$^{(4)}$, vitamin C$^{(5)}$ and carotenoids$^{(6)}$ and their effects on human health. One of the neglected anti-oxidant vitamins is riboflavin, which acts as a coenzyme for redox enzymes in FAD and FMN forms. Many studies have examined the effects of riboflavin on various diseases such as cataract$^{(7)}$, night blindness$^{(8)}$, some cancers (oesophageal, cervical and colorectal)$^{(9-11)}$, anaemia$^{(12)}$ and CVD$^{(13)}$. One of the roles through which riboflavin can have a potential effect on human health is that as an antioxidant, which has not been investigated completely. Herein, studies that have examined the antioxidant properties of riboflavin and its effect on oxidative stress reduction are reviewed. PubMed and MEDLINE databases were searched for the published studies. The keywords used were riboflavin, oxidative stress, antioxidation, antioxidant enzymes and glutathione peroxidase (GPx). The papers published before August 2012 are reviewed herein.

In this review, two aspects of the antioxidant properties of riboflavin are considered: (1) the role of riboflavin in the prevention of lipid peroxidation and (2) and the effect of riboflavin on the attenuation of reperfusion oxidative injury. Human and animal studies are summarised in Table 1.

Riboflavin at a glance
Riboflavin was discovered by Blyth in 1872 as a yellow fluorescent pigment in milk$^{(14)}$, but the vitamin property of this pigment was not established until the early 1930s$^{(15)}$. Riboflavin is essential for nutrient metabolism and also for antioxidant protection$^{(16)}$. Plants and some micro-organisms can synthesise riboflavin; however, it is an essential nutrient for human health and should be provided by the diet$^{(15)}$. The Food and Nutrition Board (FNB) has recommended a daily intake of 0·3–0·4 mg riboflavin/d for infants, 0·5–0·9 mg riboflavin/d for children, 1·3 mg riboflavin/d for adolescents, and 1·4 mg riboflavin/d during pregnancy and 1·6 mg riboflavin/d during lactation for adults$^{(16)}$. Riboflavin-rich foods are eggs, lean meat, milk and leafy vegetables$^{(14,15)}$. Riboflavin deficiency is more prevalent in underdeveloped populations with a low intake of dairy products and meat; however, a higher prevalence of low serum riboflavin levels

Abbreviations: GPx, glutathione peroxidase; GR, glutathione reductase; MDA, malondialdehyde; SOD, superoxide dismutase.
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Table 1. Summary of the human and animal studies reviewed

<table>
<thead>
<tr>
<th>Investigators</th>
<th>Study type</th>
<th>Outcome measure</th>
<th>Main findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adelekan &amp; Thurnham (38)</td>
<td>Experimental</td>
<td>Erythrocyte GPx and SOD activities were compared between four groups of rats (riboflavin-deficient and riboflavin-sufficient rats infected or not with <em>Plasmodium falciparum</em> malaria)</td>
<td>Erythrocyte GPx activity was slightly, but not significantly lower in riboflavin-deficient rats. Erythrocyte SOD activity was not affected by riboflavin deficiency.</td>
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<tr>
<td>Bates (27)</td>
<td>Experimental</td>
<td>Glutathione levels, GPx and SOD activities, and TBARS levels were assessed in riboflavin-deficient, riboflavin-repleted and control rats</td>
<td>TBARS levels were increased in riboflavin-deficient rats. Glutathione levels and GPx and SOD activities were unaffected.</td>
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<tr>
<td>Brady (33)</td>
<td>Experimental</td>
<td>Liver, muscle and erythrocyte GPx activity and erythrocyte GSH content were assessed in riboflavin-deficient and riboflavin-sufficient pigs</td>
<td>Riboflavin deficiency decreased muscle and liver GPx activity, but did not affect erythrocyte GPx activity and GSH content in riboflavin-deficient pigs. Increased plasma MDA levels were observed in malaria patients with riboflavin deficiency than in riboflavin-sufficient malaria-infected control children. GSH levels in riboflavin-deficient rats receiving adriamycin or saline were decreased compared with those in the control rats. Unchanged liver GPx activity and increased liver GSH content were observed in riboflavin-deficient rats. Ethanol decreased GPx activity and GSH levels in riboflavin-deficient rats.</td>
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<tr>
<td>Das et al. (43)</td>
<td>Human study</td>
<td>MDA levels in riboflavin-deficient and riboflavin-sufficient children suffering from <em>Plasmodium falciparum</em> malaria were compared</td>
<td>Serum and lens GPx, SOD and GST activities, and lipid peroxide levels were assessed in riboflavin-deficient rats and riboflavin-sufficient control rats. This measurement was repeated after riboflavin therapy in riboflavin-deficient rats. No significant differences in erythrocyte glutathione levels were observed between riboflavin-deficient and normal subjects. No significant differences in erythrocyte glutathione levels were observed between riboflavin-deficient and control rats. Serum and liver MDA levels were measured.</td>
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<td>Dutta et al. (24)</td>
<td>Experimental</td>
<td>Lens glutathione content was assessed in riboflavin-deficient rats and riboflavin-sufficient control rats</td>
<td>Lens glutathione content in riboflavin-deficient rats were decreased significantly compared with that in the control rats. No significant differences in erythrocyte glutathione levels were observed between riboflavin-deficient and normal subjects. No significant differences in erythrocyte glutathione levels were observed between riboflavin-deficient and control rats. Serum and liver MDA levels were measured.</td>
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<td>Dutta et al. (26)</td>
<td>Experimental</td>
<td>Juvenile groupers (a kind of fish) were fed graded levels of riboflavin. GSH levels, GST, GPx, SOD and catalase activities, and TBARS levels were assessed</td>
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<td>George &amp; Ojegbemi (46)</td>
<td>Human study</td>
<td>Malaria patients were assigned to receive chloroquine (group A) or chloroquine + B&lt;sub&gt;2&lt;/sub&gt; (group B), and healthy individuals receiving no drug served as controls. Serum LHP levels were measured</td>
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<td>Hirano et al. (24)</td>
<td>Experimental</td>
<td>Serum and lens GPx, SOD and GST activities, and lipid peroxide levels were assessed in riboflavin-deficient rats and riboflavin-sufficient control rats</td>
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<td>Lens glutathione content was assessed in riboflavin-deficient rats and riboflavin-sufficient control rats</td>
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<td>Huang et al. (28)</td>
<td>Experimental</td>
<td>Juvenile groupers (a kind of fish) were fed graded levels of riboflavin. GSH levels, GST, GPx, SOD and catalase activities, and TBARS levels were assessed</td>
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<td>Kodentsova et al. (44)</td>
<td>Human study</td>
<td>Riboflavin intake and serum MDA levels were assessed in 4–15-year-old children</td>
<td>A significant negative linear correlation between serum MDA levels and riboflavin intake was observed. Decreased liver catalase activity was observed in riboflavin-deficient rats than in the control rats. Catalase activity was increased after B&lt;sub&gt;2&lt;/sub&gt; therapy. No significant differences in erythrocyte glutathione levels were observed between riboflavin-deficient and normal subjects. No significant differences in erythrocyte glutathione levels were observed between riboflavin-deficient and control rats. Serum and liver MDA levels were measured.</td>
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<td>Lee et al. (37)</td>
<td>Experimental</td>
<td>Liver catalase activity was compared between riboflavin-deficient rats and riboflavin-sufficient control rats</td>
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<td>Levin et al. (40)</td>
<td>Experimental</td>
<td>Erythrocyte SOD, GPx and catalase activities and lipid peroxidation product levels were measured in riboflavin-deficient rats and riboflavin-sufficient control rats</td>
<td>Erythrocyte SOD activity and lipid peroxidation product levels were higher in riboflavin-deficient rats than in the control rats, while erythrocyte GPx activity and catalase activities were not affected. No significant differences in erythrocyte glutathione levels were observed between riboflavin-deficient and normal subjects. No significant differences in erythrocyte glutathione levels were observed between riboflavin-deficient and control rats. Serum and liver MDA levels were measured.</td>
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<td>Liang et al. (23)</td>
<td>Experimental</td>
<td>Blood MDA and GSH levels and SOD activity were measured in riboflavin-deficient rats and riboflavin-sufficient control rats</td>
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<td>Powers &amp; Thurnham (26)</td>
<td>Human study</td>
<td>Erythrocyte glutathione levels were compared between riboflavin-deficient and riboflavin-sufficient control rats</td>
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<td>Rao &amp; Bhat (29)</td>
<td>Experimental</td>
<td>Lens MDA levels, ascorbate levels, GPx, catalase and SOD activities, and GSH levels were assessed in riboflavin-deficient rats and riboflavin-sufficient control rats</td>
<td>No significant differences in erythrocyte glutathione levels were observed between riboflavin-deficient and normal subjects. No significant differences in erythrocyte glutathione levels were observed between riboflavin-deficient and control rats. Serum and liver MDA levels were measured.</td>
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<td>Taniguchi (41)</td>
<td>Experimental</td>
<td>Serum and liver MDA levels were assessed in riboflavin-deficient rats and riboflavin-sufficient control rats</td>
<td>Serum and liver MDA levels were measured. No significant differences in erythrocyte glutathione levels were observed between riboflavin-deficient and normal subjects. No significant differences in erythrocyte glutathione levels were observed between riboflavin-deficient and control rats. Serum and liver MDA levels were measured.</td>
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<td>Taniguchi &amp; Hara (22)</td>
<td>Experimental</td>
<td>GSH and lipid peroxide levels and GPx activity were measured in riboflavin-deficient rats and riboflavin-sufficient control rats. These measurements were repeated after riboflavin injection</td>
<td>No significant differences in erythrocyte glutathione levels were observed between riboflavin-deficient and normal subjects. No significant differences in erythrocyte glutathione levels were observed between riboflavin-deficient and control rats. Serum and liver MDA levels were measured.</td>
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<td>Tumkrithiwong et al. (38)</td>
<td>Experimental</td>
<td>SOD, catalase and GPx activities were compared between four groups of rats: non-infected rats fed a control diet; non-infected rats fed a riboflavin-deficient diet; <em>Trichinella spiralis</em>-infected rats fed a control diet; <em>T. spiralis</em>-infected rats fed a riboflavin-deficient diet</td>
<td>SOD, catalase and GPx activities were compared between four groups of rats: non-infected rats fed a control diet; non-infected rats fed a riboflavin-deficient diet; <em>Trichinella spiralis</em>-infected rats fed a control diet; <em>T. spiralis</em>-infected rats fed a riboflavin-deficient diet. No significant differences in erythrocyte glutathione levels were observed between riboflavin-deficient and normal subjects. No significant differences in erythrocyte glutathione levels were observed between riboflavin-deficient and control rats. Serum and liver MDA levels were measured.</td>
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<td>Wang et al (32)</td>
<td>Experimental</td>
<td>SOD activity and MDA levels were compared in three groups: control rats fed a control diet; diabetic rats fed a control diet; diabetic rats fed a riboflavin-supplemented diet.</td>
<td>Diabetic rats fed the riboflavin-supplemented diet had higher SOD activity and lower MDA levels than diabetic rats fed the control diet.</td>
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<td>Yagi et al (42)</td>
<td>Experimental</td>
<td>MDA levels were assessed in three groups: fed riboflavin-sufficient diet + linoleic acid, riboflavin-deficient diet + linoleic acid, and riboflavin-deficient diet + linoleic acid hydroperoxide.</td>
<td>MDA levels were higher in riboflavin-deficient rats than in the riboflavin-sufficient rats. Linoleic acid hydroperoxide administration increased lipid peroxidation in riboflavin-deficient rats.</td>
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<td>Betz et al (53)</td>
<td>Experimental</td>
<td>Brain oedema was evaluated after ischaemia in rats with and without riboflavin pre-treatment.</td>
<td>Brain oedema was lower in riboflavin-treated rats than in the control rats.</td>
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<td>Iwanaga et al (54)</td>
<td>Experimental</td>
<td>MDA, MPO and TNF-α (as markers of reperfusion injury) levels were assessed after heterotopic cardiac transplantation in riboflavin-treated rats and saline-treated control rats.</td>
<td>Riboflavin reduced MDA, MPO and TNF-α levels.</td>
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<tr>
<td>Mack et al (55)</td>
<td>Experimental</td>
<td>Effect of riboflavin on reoxygenation-induced lactate dehydrogenase was assessed in isolated rabbit hearts.</td>
<td>Riboflavin decreased reoxygenation-induced lactate dehydrogenase levels.</td>
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<td>Seekamp et al (56)</td>
<td>Experimental</td>
<td>Indicators of lung injury (increases in vascular permeability, alveolar haemorrhage and neutrophil accumulation) and MDA levels were evaluated in three lung injury models with and without riboflavin therapy.</td>
<td>Riboflavin administration decreased the indicators of lung injury in all the three lung injury models and decreased MDA levels in one of the models (induced by cobra venom factor).</td>
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**GPx, glutathione peroxidase; SOD, superoxide dismutase; TBARS, thiobarbituric acid-reactive substances; GSH, reduced glutathione; MDA, malondialdehyde; LHP, lipid hydroperoxide; GST, glutathione S-transferase; MPO, myeloperoxidase.**
levels are decreased in riboflavin deficiency in rats. In an experimental study, a reduction in glutathione levels was observed in rats fed a riboflavin-deficient diet for over 6 weeks (25). Similar results have been reported by some other studies (24, 25). However, to our knowledge, there are a limited number of human studies that have examined the effect of riboflavin on reduced glutathione status. The only human study published has reported no significant difference in erythrocyte glutathione concentrations between normal and riboflavin-deficient subjects (20). Furthermore, some animal studies also did not report any change in glutathione content in different tissues (such as the liver, lens and erythrocytes) in riboflavin-deficient animals (27–29). A mechanism for the unchanged tissue glutathione content in riboflavin deficiency could be the increased biosynthesis of glutathione from its precursor amino acids as a compensatory action (30). Another possible mechanism could be the ability of GR to maintain reduced glutathione concentrations in tissues even at low activity levels (31).

**Effect of riboflavin status on the activity of antioxidant enzymes**

As expected, some reports have indicated that riboflavin status can affect the activity of antioxidant enzymes including GPx, superoxide dismutase (SOD) and catalase. The results of a study that has investigated the effect of riboflavin therapy on diabetic cardiomyopathy indicated that riboflavin can increase SOD activity in the heart tissue (32). A reduction in liver and muscle GPx activity in riboflavin-deficient pigs was reported by Brady et al. (33). However, erythrocyte GPx activity was not found to be affected by riboflavin deficiency in this study. Another study that has investigated the effect of dietary riboflavin on the antioxidant defence mechanism of fish has reported a significant reduction in the SOD and catalase activities of riboflavin-deficient animals (12 weeks) fish compared with those of the control fish (28). Moreover, some other animal studies have reported a similar effect of riboflavin on SOD (23, 24, 25), GPx (35, 36) and catalase (35, 37) activities. However, some animal studies did not observe any association between riboflavin status and antioxidant enzyme activity (38–43). The results of the study carried out by Adelekan & Thurnham (38) indicated that the mean erythrocyte GPx activity in riboflavin-deficient rats was slightly, but not significantly lower than that in the control rats. In a study carried out by Dutta et al. (39), although riboflavin deficiency alone did not affect the activities of GPx and GR and increased the content of glutathione in the liver, ethanol administration (which can exacerbate oxidative stress) significantly decreased the activities of these enzymes and the content of glutathione in the liver of riboflavin-deficient rats compared with those in the liver of the riboflavin-sufficient control rats. However, there is a controversy regarding the results of different studies. In these studies, an increased GPx activity in the liver (22), lens (29) and blood cells (40) due to riboflavin deficiency has been reported. Increased lipid peroxidation has also been observed concurrent with an increased GPx activity. Therefore, it has been suggested that increased GPx activity could be a response to increased lipid peroxidation, resulting from riboflavin deficiency (29). The possible allosteric effect of reactive oxygen species on GPx enzyme can lead to an increased activity through increased lipid peroxidation (40).

Finally, results indicate that riboflavin status can affect the activity of antioxidant enzymes, but some studies do not agree with this. Furthermore, all studies in this area have been limited to animals, recommending further investigations in human populations.

**Effect of riboflavin status on lipid peroxidation**

**Animal studies**

The results of several animal studies indicate not only the adverse effects of riboflavin deficiency on lipid peroxidation but also the desirable effects of riboflavin administration on it (22, 23, 27–29, 32, 34, 40–42). In studies in which riboflavin deficiency was induced in animals using a riboflavin-deficient diet, lipid peroxidation in different tissues was found to be significantly increased compared with that in the control groups (22, 23, 27–29, 32, 40–42). In another study, it was shown that riboflavin administration could reduce the production of lipid peroxides (such as malondialdehyde (MDA)) or and protein carbonyls in diabetic rats (42). However, only one study (27) has reported that riboflavin deficiency increased MDA levels in the lens but did not affect MDA content in the liver in rats.

**Human studies**

A limited number of human studies have investigated the effect of riboflavin status on lipid peroxidation and confirmed the mentioned effect of riboflavin on lipid peroxidation. In a case–control study (43) on Indian children, it was found that plasma MDA levels of malaria patients with riboflavin deficiency were significantly higher than those of malaria-infected children with normal riboflavin status. However, in healthy children without malaria infection, no difference in

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**Fig. 2.** Transportation of hydrogen from reduced NADPH to oxidised glutathione (GSSG) by FAD for conversion into the reduced form (GSH). Enz, enzyme. (A colour version of this figure can be found online at http://www.journals.cambridge.org/bjn).
MDA levels was observed between riboflavin-deficient and riboflavin-sufficient children. Furthermore, in this study, riboflavin status was found to be inversely correlated with plasma MDA levels in malaria patients but not with those in healthy subjects. A possible mechanism explained by the researchers is the increased oxidative stress in malaria-infected patients, which causes a reduction in glutathione levels. In a cross-sectional study carried out in Moscow, it was shown that there is a significant negative linear correlation between serum MDA levels and riboflavin intake. The results of the study carried out by George & Ojegbemi confirm these findings.

According to the findings of animal and human studies, riboflavin status appears to have an effect on the oxidative state of the body, in particular, on lipid peroxidation. However, it seems that the mechanism through which riboflavin can exert its antioxidant effect cannot be limited to the glutathione redox cycle and its relevant antioxidant enzymes. Although in most of the reviewed studies riboflavin status was found to be inversely related to lipid peroxidation, only in some of these studies, this relationship could be attributed to the role of riboflavin in the activities of glutathione reductase and related antioxidant enzymes. In these cases, a change in lipid peroxidation was found to occur simultaneously with an inverse change in the activity of antioxidant enzymes. In spite of increased lipid peroxidation due to riboflavin deficiency, any change in the activity of antioxidant enzymes was not observed in the study carried out by Huang et al. In this study, increased liver MDA levels were observed in riboflavin-deficient fish without any change in liver GR and GPx activities and glutathione content. However, in this study, riboflavin deficiency was found to lead to reduced SOD and catalase activities. As H₂O₂ and superoxide (O₂⁻) ions have been reported to have an inhibitory effect on SOD and catalase activities, respectively, the authors have suggested that riboflavin deficiency may lead to an overproduction of reactive oxygen species (obviously through a mechanism independent of the glutathione redox cycle) beyond the scavenging ability of SOD and catalase. Therefore, SOD and catalase could be inhibited by these free radicals. Bate et al. also reported elevated lipid peroxidation in riboflavin deficiency with no change in glutathione levels and GPx activity. Moreover, in some studies, an increased GPx activity was observed simultaneously with increased lipid peroxidation in riboflavin deficiency. As has been mentioned previously, this increased GPx activity, most probably, is a compensatory response to increased lipid peroxidation occurring in riboflavin deficiency.

It has been suggested that riboflavin may have antioxidant properties independent of its action in the glutathione redox cycle. Durusoy et al. reported that the antimutagenic effect of riboflavin is independent of antioxidant enzyme activity. They suggested that the antimutagenic effect of riboflavin can, at least in part, result from its direct scavenging activity on free radicals produced by mutagens. In vitro studies have also indicated that riboflavin itself has an antioxidant nature, independent of its action as the GR coenzyme. The suggested mechanism could be the deactivation of hydroperoxide through the reversion of riboflavin from the reduced form (dihydroriboflavin) to the oxidised form (Fig. 3). It is also possible that riboflavin exerts its antioxidant effect by reinforcing the effect of other antioxidants such as vitamin C.

![Fig. 3. Conversion of reduced riboflavin to the oxidised form – a possible mechanism for its antioxidant nature.](http://www.journals.cambridge.org/bjn)
Effect of riboflavin on the attenuation of reperfusion oxidative injury

Reperfusion injury is the tissue damage that occurs when blood flows into the tissue after a period of ischaemia (49). It has been shown that free radicals (50, 51) and inflammatory cytokines (52) have a key role in reperfusion injury process. Some reports (53–56) have indicated that riboflavin can alleviate oxidative injuries in these situations, probably through its ability to scavenge free radicals. Mack et al. (55) reported that riboflavin decreases reoxygenation injury in the heart of rabbits. It has also been shown that riboflavin could decrease oedema and brain injury after cerebral ischaemia (53). The protective effect of riboflavin against reperfusion oxidative injury in other organs such as the lung and after cardiac allograft transplantation in animal models has also been reported (54, 55).

This protective effect of riboflavin could be attributed to dihydroriboflavin, produced by the flavin reductase activity of NADPH-dependent methaemoglobin reductase (57). Dihydriboflavin has been indicated to have the ability to reduce oxidised Fe in haemoproteins (58, 59), which have been implicated in the oxidative damage of cells including reperfusion oxidative injury (57). Although studies that have investigated the effect of riboflavin on reperfusion injury have obtained consistent results from experimental models, there are no firm data about its action in human body. Therefore, this needs to be clarified. Aside from this possible therapeutic effect of riboflavin, these findings could also introduce the riboflavin-dependent mechanism by which cells could protect themselves from oxidative damage in normal conditions (60) and provide further support for the antioxidant nature of riboflavin.

It is concluded that riboflavin could act as an antioxidant against oxidative stress, especially lipid peroxidation and reperfusion oxidative injury. The mechanisms by which riboflavin protects the body against oxidative stress may be attributed to the glutathione reduct cycle and also to other possible mechanisms such as conversion of reduced riboflavin to the oxidised form. However, most of the investigations in this area are limited to experimental studies and, therefore, further investigations should examine this effect of riboflavin through observational and interventional studies in human populations.

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All authors contributed to the work and have approved the content of the submitted manuscript.

None of the authors has any conflicts of interest to declare.

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