HYDROLYSED 100% WHEY PROTEIN

Whey plays a beneficial role

Improving GI tolerance

- Whey protein does not coagulate in the stomach
- Faster gastric emptying than other protein⁷





Supporting anabolism of lean body mass

- High quality protein with a PDCAAS (Protein Digestibility-Corrected Amino Acid Score) of 1 and all 9 essential amino acids
- High level of BCAA (Branched-chain amino acid) (leucine, isoleucine, and valine), supporting muscle protein synthesis

Strengthening antioxidant defense system

- Cysteine is a rate-limiting amino acid for glutathione synthesis
- Glutathione neutralizes free radicals that cause oxidative stress





For more information, please visit our website or contact our consumer service if you have questions about our Peptamen® family:

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REF: 1. Schott LL, et al. JPEN 2021;45:S171. 2. Tiengou LE, et al. Journal of Parenteral and Enteral Nutrition 2006;30(1):1-5. 3. Hopkins B et al. NCP 2020;35(2):2 89-298. 4. Rice TW, et al. PEN 2019;43:471-480. 5. Osman Mohamed Elfadil, et al. Journal of Parenteral and Enteral Nutrition 2023;47(S2):S18. 6. Fried M, Khoshoo V, Secker DJ, Gilday DL, Ash JM, Pencharz PB. Decrease in gastric emptying time and episodes of regurgitation in children with spastic quadriplegia fed a whey-based formula. J Pediatr. 1992;120:569-572. 7. Jahan-Mihan A, et al. Dietary proteins as determinants of metabolic and physiologic functions of the gastrointestinal tract. Nutrients 2011;3(5):574-603. 8. Phillips S, Sports Med (2014) 44 (Suppl 1):S71-S77. 9. Adams R.L and Broughton KS. Insulinotropic Effects of Whey: Mechanism of Action, Recent Clinical Trials and Clinical Applications. Annals of Nutrition and Metabolism 2016;69:56-63. 10. Hoffman, Jay R.; Falvo, Michael J. "Protein – Which is Best". Journal of Sports Science and Medicine. 2004: 3 (3): 118–30. 11. U.S.Dairy Export Council.Reference Manual for US Milk Powders(USDEC 2005). 12. Yalcin AS. Emerging therapeutic potential of whey proteins and peptides. Curr Pharm Des. 2006;12:1637-1643



PEPTAMEN® THE PEPTIDE-BASED FAMILY HAS THE PROOF

Peptamen[®] is the only family of peptide-based formulas supported by over 35 years of clinical experience and more than 100 published studies. Recently published evidence further supports the use of Peptamen[®] formulas for delivering better patient outcomes by:

- PROMOTING ABSORPTION AND TOLERANCE^{1,2}
- MEETING PROTEIN NEEDS³
- OPTIMIZING BLOOD GLUCOSE CONTROL⁴
- PROVIDING HEALTH ECOMONIC SAVINGS. EVEN IN THE POST ACUTE SETTING⁵



Peptamen® is food for special medical purposes and must be used under medical supervision. Peptamen® is tube feeding for dietary treatment of patients with or at risk of malnutrition and at the same time malabsorption or maldigestion.



PEPTAMEN[®] EVIDENCE IN SUPPORT OF PEPTAMEN[®] FORMULAS

		PEDIATRIC		
Patient Condition	Formulas Studied	Study Objective	Results	Authors and Journal
Neurological impairment (NI)	Peptamen® 0.6	To measure gastrointestinal symptoms after formula switch, changes in weight and feed regimen.	A low-energy, partially hydro- lysed enteral formula promotes weight stabilization and opti- mize feed tolerance in tube-fed children with NI.	O'Connor G, Van Der Linde M, Capriles ZH. The impact of low-energy, partiall hydrolysed enteral formula on gastro intestinal symptoms and weight in children with neurological impairmen a multicentre retrospective study. J Hum Nutr Diet. 2024 Mar 27
Neurological impairment (NI)	Peptamen® 0.6	To investigate tolerance, formula intake and accepta- bility of the formula.	The formula was well tolerated by the majority of study participants and reduced the risks of overfeeding and thus developing other comorbidities.	Thornton-Wood C, Saduera S (2020) Tolerance and Acceptability of a Low- Calorie Paediatric Peptide Enteral Tube Formula: A Multicentre Trial in the United Kingdom. J Neonatol Clin Pediatr 7: 049
Children with impaired gastrointestinal function and rare conditions	Peptamen® Junior 1.5	Clinical cases to illustrate nutritional support of children with conditions that pose a risk of malnutrition.	Early consideration of a high energy peptide formula may reduce the unpleasant experience of reflux or other GI symptoms and help promote normal growth.	Simpson K. Clinical Case Reports on the acceptability and tolerance of a High-Energy whey peptide-based Pediatric oral nutritional supplement in children aged over 12 months. Clin Case Rep. 2021 Oct 5;9(10):e04887
Gl impairment-related clinical conditions, e.g.: neurological impairment, history of liver failure, IBD, cystic fibrosis.	Peptamen® Junior 1.5	To assess the tolerance and acceptability of a new high energy peptide-based oral nutritional supplement (ONS) in children presenting with GI impairment-related clinical conditions.	The peptide ONS was well tolerated and accepted. The transition to the study ONS appears more successful in those historically established on an extensively hydrolyzed or peptide-based supplement, when compared to those on a standard whole protein.	Smith C, Norton H, Patel M, Simpson K, Saduera S (2021) Use and Toleranc of a High Energy Peptide based Paedi- atric Oral Nutritional Supplement: A UK Multicentre Trial. J Clin Nutr Diet Vol.7 No.3:1
Children with biliary atresia (BA)	Peptamen® Junior Semi-elemental formula (1 kcal/ml) or hyper- caloric (1.5 kcal/ml)	To assess the efficacy and tolerance of enteral nutrition in children with BA awaiting liver transplantation (LT).	Enteral nutrition is effective and well tolerated in children with BA awaiting LT when commenced earlier. However, PN might still be required and then should be started without delay. EN should be started early to prevent morbidity and mortality following LT and improve neurological development.	Privat E, et al. 2022. Efficacy and tolerance of enteral nutrition in children with biliary atresia awaiting liver transplantation. Front. Pediatr., 02 September 2022
Haematological/oncology, gastrointestinal disorders and neurological conditions	Peptamen® Junior	A retrospective observational audit aimed to describe the characteristics of the paediatric patients who have been pre- scribed a hydrolysed whey pro- tein, medium chain triglycerides (MCT) based formula, Peptamen Junior® and the nutritional outcomes.	Data was collated on 375 patients with a median age of 6.2 years. The formula Peptamen Junior® was well tolerated in paediatric patients with a variety of medical conditions that have complex pathologies and may have wider scope of use in a more diverse group of medical conditions than currently indicated.	Kristyn Ford, Heather Gilbertson (2022) Clinical Use of Peptide-Based Formula (Peptamen Junior®, Nestle) in the Paediatric Population. Interna- tional Journal of Nutrition - 6(4):35-45 https://doi.org/10.14302/issn.2379- 7835.ijn-21-4059
Neurodevelopmental disorders/ disabilities, other malignancies, Gl conditions, including con- genital anomalies, short-bowel syndrome, inflammatory dis- orders, congenital heart diseases	Peptamen® Jr 1.0 Peptamen® Jr 1.5 Peptamen® Prebio Peptamen® Jr Fiber	To assess gastrointestinal tolerance and impact on health- care utilization in children receiving peptide-based-diet (PBD). Children receiving PBD as initial formula or trans- itioned to PBD from standard polymeric formula (SPF) were included.	30 children included. Transition to PBD in children who are intolerant of SPF led to significant improvement in tolerance and can result in significant reduction in health- care utilization.	Mohamed Elfadil O, Steien DB, Narasimhan R, Velapati SR, Epp L, Patel I, Patel J, Hurt RT, Mundi MS. Transition to peptide-based diet improved enteral nutrition tolerance and decreased healthcare utilization in pediatric home enteral nutrition. JPEN J Parenter Enteral Nutr. 2022 Mar;46(3):626-634
Digestive, neurological and hematological diseases.	Peptamen® Junior	To describe a cohort of patients on home enteral nutrition with Peptamen Junior, including the tolerance and nutritional efficacy of this product.	136 patients recruited, ages 9.8 ± 4.4 years at baseline. The formula, Peptamen Junior, was well tolerated and efficient in the setting of home enteral nutrition in children with complex diseases featuring malabsorption and/or after failure of polymeric diet.	Leonard M, Caldari D, Mas E, Lambe C, Comte A, Ley D, Peretti N, Borderon C, Marinier E, Coste ME, Lamireau T, Rubio A, Turquet A, Dubern B, Dabadie A, Gautry J, Kyheng M, Guimber D, Gottrand F. Experience of Using a Semielemental Formula for Home Enteral Nutrition in Children: A Multi- center Cross-sectional Study. J Pediatr Gastroenterol Nutr. 2019 Apr;68(4):585-590. Colitis 360 2020;2(1):1–3**

		ADULT		
Patient Condition	Formulas Studied	Study Objective	Results	Authors and Journal
Adult patient with severe Crohn's disease	Peptamen® 1.5	Case study observation of a patient with severe Crohn's disease who used exclusive Peptamen 1.5 diet as adjunct to medical therapy for disease control.	Use of exclusive Peptamen® 1.5 as an adjunct to medication resulted in remission of a Crohn's disease flare.	Teigen L, et al. Crohn's and Colitis 360 2020;2(1):1–3**
Acute pancreatitis	Peptamen® vs. standard formula	Compare tolerance and outcomes in patients with acute pancreatitis receiving Peptamen [®] vs. anintact casein-based formula.	Peptamen® usage resulted in a significant decrease in weight loss (p=0.01) and hospital length of stay (p=0.006). Although not significant, a clinical trend was seen for decreased infection, improved CRP, amylase and serum albumin in the Peptamen® group.	Tiengou LE, et al. Journal of Parenteral and Enteral Nutrition 2006;30(1):1–5
Critically ill with subarachnoid hemmorhage	Peptamen® vs. standard formula and a protein modular	Compare the effects of early EN x 7 days with pharmaco- nutrition vs. a standard isocaloric, isonitrogenous formula on blood visceral proteins and plasma and clini- cal expression of inflammatory and immune parameters.	Compared to control group, Peptamen® AF group had more SIRS-free days (p<0.01), decrease in SOFA score (p<0.01), reduced IL-6 levels (p<0.05), reduced CRP levels (p<0.05), more marked increase in pre- albumin. In addition, enhanced Peptamen® AF tolerance resulted in improved calorie delivery as compared to the control group.	Bandini M, et al. Minerva Anestesiologica 2011;77, suppl 2(10):171
Mixed ICU patients	Peptamen® Intense vs. Standard tube feedings	Analyze retrospective data of 40 ICU pa ents: 20 receiving standard enteral nutrition (EN) +/- protein modulars and 20 receiving Peptamen® Intense.	During first five days of exclusive EN usage, Peptamen® Intense, as compared to standard EN, resulted in significant higher protein prescription and delivery without increasing energy intake or use of modular protein.	ApSimon M, Johnston C, Winder B, Cohen S, Hopkins B.* NCP 2020;35(3):533-539**
Mixed ICU patients	Peptamen® Intense vs. enteral formulas lower in protein	Determine if increasing protein delivery and decreasing carbohydrate delivery improves clinical outcomes.	A significant improvement in mortality occurred with increased protein delivery.	Ochoa J*, et al. Crit Care 2019:23 (Supp2) 72:121- 122 (P280)**
Mechanically venntilated ICU patients	Peptamen® Intense with PEPuP protocol vs. standard formula on various enteral nutrition (EN) protocol	Evaluate the success of the PEPuP protocol in facilitating achievement of calorie and protein requirements via enteral feeding.	Multicenter, observational study of patients in 50 ICUs showed that PEPuP protocol implementation in 7 ICUs, with use of Peptamen® Intense as the initial formula, may help optimize nutrient delivery with higher delivery of calories (p=0.01) and protein (p=0.001) as compared to those patients on standard EN protocols.	Heyland D, et al. JPEN 2018;42:308-317***
Critically ill overweight and obese and mechanically ventilated	Peptamen® Intense vs. high protein formula with 100% casein	Determine whether blood glucose control could be facilitated by use of a low CHO, hydrolyzed whey, very high protein, MCT containing formula. (Final study data).	Mul center RCT of 102 patients showed that use of Peptamen® Intense associated with a significant reduction in mean blood glucose hyperglycemia and insulin usage, without a comparative increase in hypoglycemic events.	Rice TW, et al. Journal of Parenteral and Enteral Nutrition, 2019;43:471– 480**
Type 2 DM	Peptamen® Intense vs. high protein formula with a mix of whey and casein	Determine if a very high pro- tein, low carb, enzymatically hydrolyzed, 100% whey-based enteral formula can provide be er control of post-prandial blood glucose relative to a very high protein whey and casein-based formula.	This randomized, crossover clinical trial demonstrated significantly improved blood glucose levels when receiving Peptamen® Intense vs. high protein formula with a mix of whey and casein.	Huhmann M*, et al. Nutrition and Diabetes 2018 8:45**
GI Intolerance in Post-Acute Care Setting	Peptamen® 1.5 and Peptamen® AF vs. Intact protein-based formula	Retrospectively review charts of 10 adult patients receiving tube feeding in the post-acute care se ng who experienced intolerance on intact protein- based formulas.	Switching to a 100% whey peptide-based formula improved symptoms of feeding intolerance, and four patients experienced a reduction or discontinuation of feeding- intolerance related medications.	Hopkins B*, Chouinard J. Die ans of Canada Meeting Abstract, 2019, Ottawa, ON**
GI Intolerance on Home Enteral Nutrition (HEN)	Peptamen® Peptamen® 1.5 Peptamen® Prebio [™] Other	Analyze patient characteristics and GI tolerance of peptide- based diets in the HEN population.	Retrospective study of 95 HEN patients found Peptamen® is well-tolerated, resulting in significantly fewer symptoms of intole- rance, required health care practitioner interactions, and emergency room visits.	Mundi M. et al. NCP 2020;35:487-494***

*Employed by Nestlé **Study funded by Nestlé Health Science ***Funded by a Grant from Nestlé Health Science



