ACTIVATE A BETTER MOBILITY.

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RESOURCE® ACTIV offers a novel holistic approach to the management of mobility impairment by combining a unique blend of high-quality protein with omega-3 PUFAs, vitamin D and calcium in order to improve nutritional status, muscle mass and function.

Resource® Activ is **the complete formula** for your patients with impaired mobility and (risk of) malnutrition **to help them to get back to their normal autonomy.**

PRODUCT'S FEATURES +

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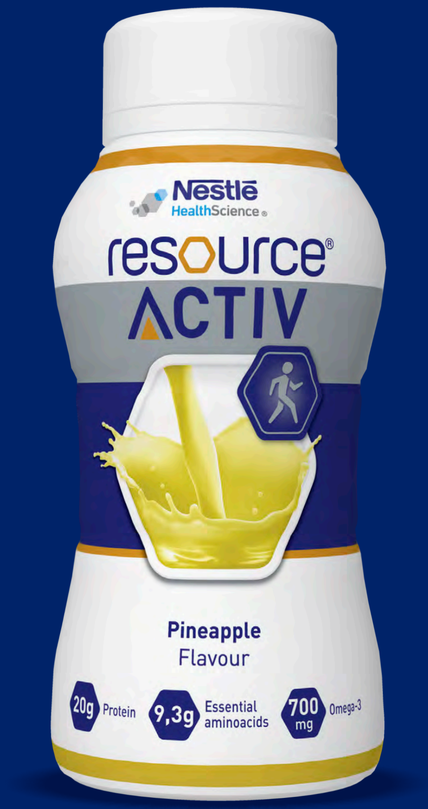

20g Protein | 9,3g Essential aminoacids | 700 mg Omega-3

THE COMPLETE FORMULA
FOR MOBILITY HEALTH

- COMPLETE NUTRIENT TABLE +
- 3 INNOVATIVE AND TASTY FLAVORS +
- EASY DOSING & ADMINISTRATION +
- WITH MORE FUNCTIONAL INGREDIENTS +

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With more functional ingredients*

Quantities contained in 1 serving (200 ml)

20 g PROTEIN +
9,3 g EAA +
4,5 g BCCAs +

By combining fast and slow digestion rate type of high-quality proteins, RESOURCE® ACTIV helps to stimulate muscle protein synthesis while reducing muscle breakdown between meals and during sleep hours.

700 g OMEGA 3 +

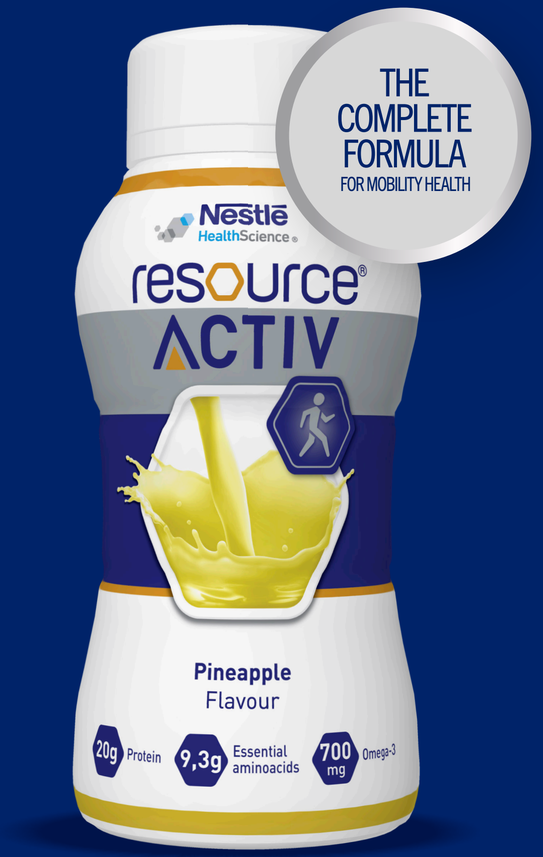
With 50% more fish oil, RESOURCE® ACTIV helps patients to achieve daily nutritional recommendations of omega 3 PUFAs (EPA and DHA), which can play a pivotal role in the management of inflammation.

13,6 µg Vit.D +
480 mg CALCIUM +

RESOURCE® ACTIV contains high amounts of vitamin D and calcium to maintain bone mineral density and overall bone health which helps to reduce the risk of falls and fractures.

3 g FIBER +

RESOURCE® ACTIV contains the Prebio[1] fiber blend (70% FOS/30% inulin) which provides prebiotic benefits towards gut health.



20g Protein · 9,3g Essential aminoacids · 700 mg Omega-3

*Compared to RESOURCE® SENIOR ACTIV
EAA: Essential Amino Acids; BCAA: Branched Amino Acids

Stimulation of muscle protein synthesis

- **Essential amino acids (EAAs)** are nine amino acids **which cannot be made by the body and must be obtained through diet.**

- **Several studies demonstrate that maximal stimulation of muscle protein synthesis is possible with 15 g of EAA**[1].

- It is recommended that approximately 35 g of high-quality protein should be consumed per meal to deliver 15 g of EAA to the body[2]. **This requirement may be slightly increased for elderly individuals and those with mobility impairment.**

*Content per serving (1 bottle of 200 ml)

Increase muscle growth and prevent muscle wasting

- **Branched-chain amino acids (BCAAs) have been shown to increase muscle growth and prevent muscle wasting** by activating biochemical pathways in the body that stimulate muscle protein synthesis[3,4].

- **Serum levels of branched chain amino acids have been shown to decrease in aging men and women**.

- According to the WHO, **the daily demand of BCAAs may be increased in elderly individuals and those with co-morbidities**[6].

*Content per serving (1 bottle of 200 ml)

Intake of Omega 3 PUFAs can help improve muscle performance

- **RESOURCE® ACTIV provides 1,4g of omega-3 (n-3) PUFAs per day** (440 mg EPA and 220 mg DHA) with an optimal ratio n-6: n-3 (2:1).

- A high amount of omega 3 PUFAs (EPA and DHA) are known to **help older patients control inflammation and achieve positive mobility results.**

- **Omega 3 PUFAs have anti-inflammatory properties** and have been clinically shown to help reduce levels of pro-inflammatory plasma cytokines in older patients[10].

- **Intake of Omega 3 PUFAS can also help improve muscle performance**[11].

*Content per serving (1 bottle of 200 ml)

Formation and maintenance of good bone density

- **Vitamin D deficiency has a high prevalence in older adults and can exacerbate bone diseases such as osteopenia and osteoporosis**, cause osteomalacia and muscle weakness and may increase the risk of hip fracture by up to 43% later in life[14,15].

- **Vitamin D plays a major role in the maintenance of normal blood levels of calcium and phosphorus**. Without the presence of vitamin D, only 10 to 15% of dietary calcium and about 60% of phosphorus is absorbed into the body[14].

- This interaction between vitamin D, calcium and phosphorus **helps in the formation and maintenance of good bone density and bone turnover**[16].

*Content per serving (1 bottle of 200 ml)

Pivotal role in bone mass and bone health

- **Calcium plays a pivotal role in the determination of bone mass and thus bone health as skeletal mass cannot be maintained or increased without an adequate supply of calcium.**
- When dietary intakes are inadequate, calcium is drawn from the bone reserves to maintain serum concentrations which is detrimental to overall bone health[17].
- Several consensus reports from multiple worldwide professional associations provide grade A or grade I recommendations (highest grade evidence for clinical guideline recommendations) **for the role of adequate vitamin D and calcium intakes on falls and/or fracture risk**[18-21].

*Content per serving (1 bottle of 200 ml)

Provide gut health benefits in elderly individuals

- **Adequate fiber consumption has been shown to have a positive benefit on bowel function**[12]**.** These morbidities are prevalent health concerns and/or diseases in the elderly.

- **The Prebio fiber blend in RESOURCE® ACTIV** provides additional prebiotic benefits towards gut health.

*Content per serving (1 bottle of 200 ml)

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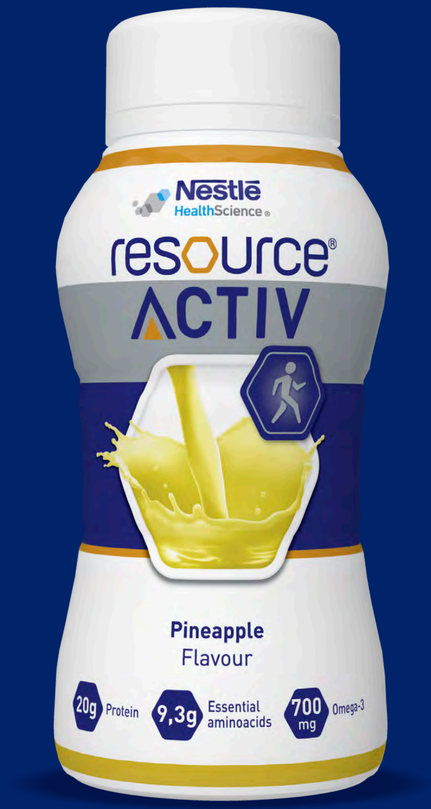

20g Protein | 9,3g Essential aminoacids | 700 mg Omega-3

*Compared to RESOURCE® SENIOR ACTIV

COMPLETE NUTRIENT TABLE +

WITH MORE FUNCTIONAL INGREDIENTS* +

THE COMPLETE FORMULA
FOR MOBILITY HEALTH

3 INNOVATIVE AND TASTY FLAVORS +

EASY DOSING & ADMINISTRATION +

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Nutrient table of the complete formula for a better mobility

Nutrient	Units	Per 100 mL	Per 200 mL
Energy	kJ	669.5	1339
	kcal	160	320
Fat	g	7.4	14.8
Saturates	g	1.2	2.4
Monounsaturates	g	4	8
Polyunsaturates	g	1.6	3.2
Omega 3 fatty acids	mg	350	700
a-Linolenic acid	mg	180	360
EPA	mg	110	220
DHA	mg	55	110
Carbohydrates	g	12.6	25.2
Total Sugars	g	6.7	13.4
Lactose	g	0.5	1
Total Dietary Fiber	g	1.5	3
Protein	g	10	20
Essential Amino acids (EAA)	g	4.65	9.3
Branched Amino acids (BCAA)	g	2.25	4.5

Nutrient	Units	Per 100 mL	Per 200 mL
Minerals			
Sodium	mg	65	130
Chloride	mg	165	330
Potassium	mg	320	640
Calcium	mg	240	480
Phosphorus	mg	120	240
Magnesium	mg	28	56
Iron	mg	1.8	3.6
Zinc	mg	2	4
Copper	µg	220	440
Iodine	µg	18	36
Selenium	µg	20	40
Manganese	mg	0.3	0.6
Chromium	µg	10	20
Molybdenum	µg	12	24
Fluoride	mg	0.2	0.4

Nutrient	Units	Per 100 mL	Per 200 mL
Vitamins			
Vitamin A	µg RE	115	230
B-Carotene	µg	180	360
Total A	µg RE	145	290
Vitamin D	µg	6.8	13.6
Vitamin E	mg α-TE	3.6	7.2
Vitamin K	µg	18	36
Vitamin C	mg	16.5	33
Vitamin B1	mg	0.26	0.52
Vitamin B2	mg	0.45	0.9
Vitamin B6	mg	0.55	1.1
Niacin	mg NE	3.65	7.3
Folic acid	µg	70	140
Bvitamin12	µg	1.1	2.2
Pantothenic acid	mg	1.1	2.2
Biotin	µg	7.2	14.4
Choline	mg	75	150
Taurine	mg	8.5	17
Carnitine	mg	14	28

THE COMPLETE FORMULA
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* Recommended dose: 2 bottles/ day (400 ml)

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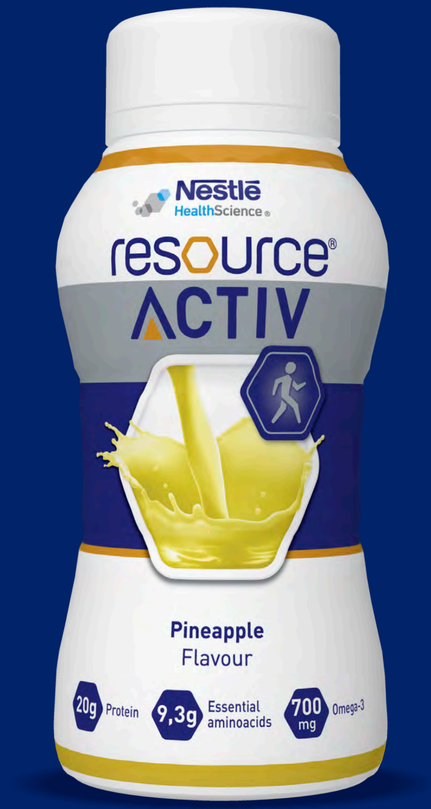

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*Compared to RESOURCE® SENIOR ACTIV

COMPLETE NUTRIENT TABLE +

WITH MORE FUNCTIONAL INGREDIENTS* +

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3 INNOVATIVE AND TASTY FLAVORS +

EASY DOSING & ADMINISTRATION +

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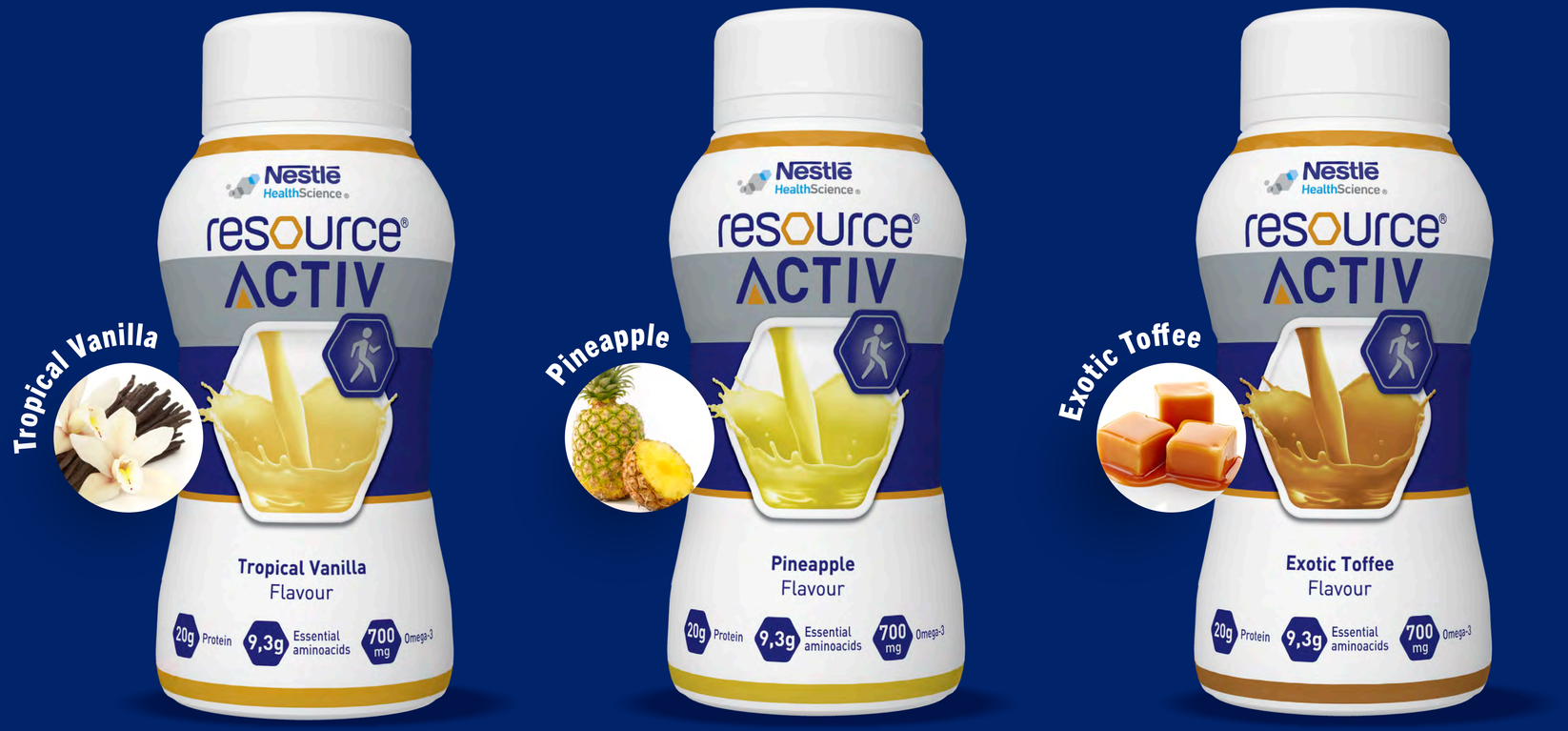
The complete formula with the most tasty flavors

THE COMPLETE FORMULA
FOR MOBILITY HEALTH



3 unique and distinct flavors to help reduce taste fatigue in patients taking ONS and increase compliance with the nutritional intervention

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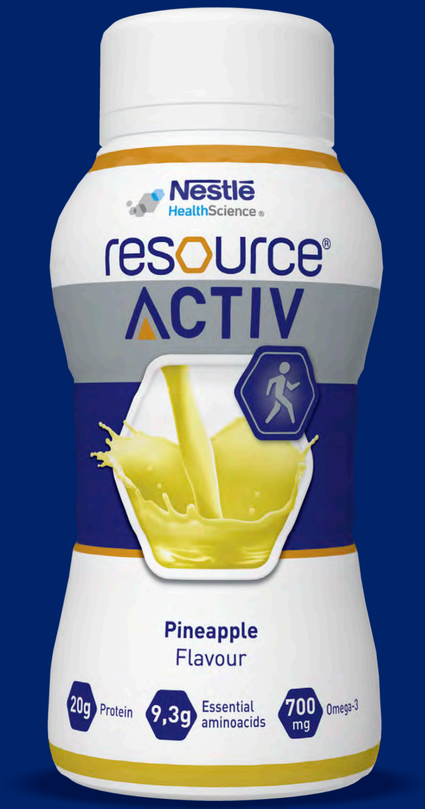

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Recommended dose and administration

THE COMPLETE FORMULA
FOR MOBILITY HEALTH

RESOURCE® ACTIV is provided in **a ready-to-drink package in a 200 mL serving size.**

Designed for **oral feeding**.
Not suitable as a sole source of nutrition.

It complies with **ESPEN protein requirement guidelines for ONS in clinical nutrition of older people** with (risk of) malnutrition[22].

ESPEN
European Society for Clinical Nutrition and Metabolism

The recommended daily consumption of RESOURCE® ACTIV is **400 mL (2 bottles) per day** as a mid-morning/afternoon snack in between meals.

FSMP/Medical Food category: Complete nutritional supplement.

For the dietary management of individuals with (risk of) malnutrition and mobility impairment associated with age, mobility-reducing chronic disease or acute events.

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THE COMPLETE FORMULA
FOR MOBILITY HEALTH

20g Protein
9,3g Essential aminoacids
700 mg Omega-3

IMPROVING
MOBILITY IMPAIRMENT
+

ACTIVATING
INTERVENTION (NUTRITIONAL & EXERCISE)
+

REDUCING
HUMANISTIC & ECONOMIC BURDEN
+

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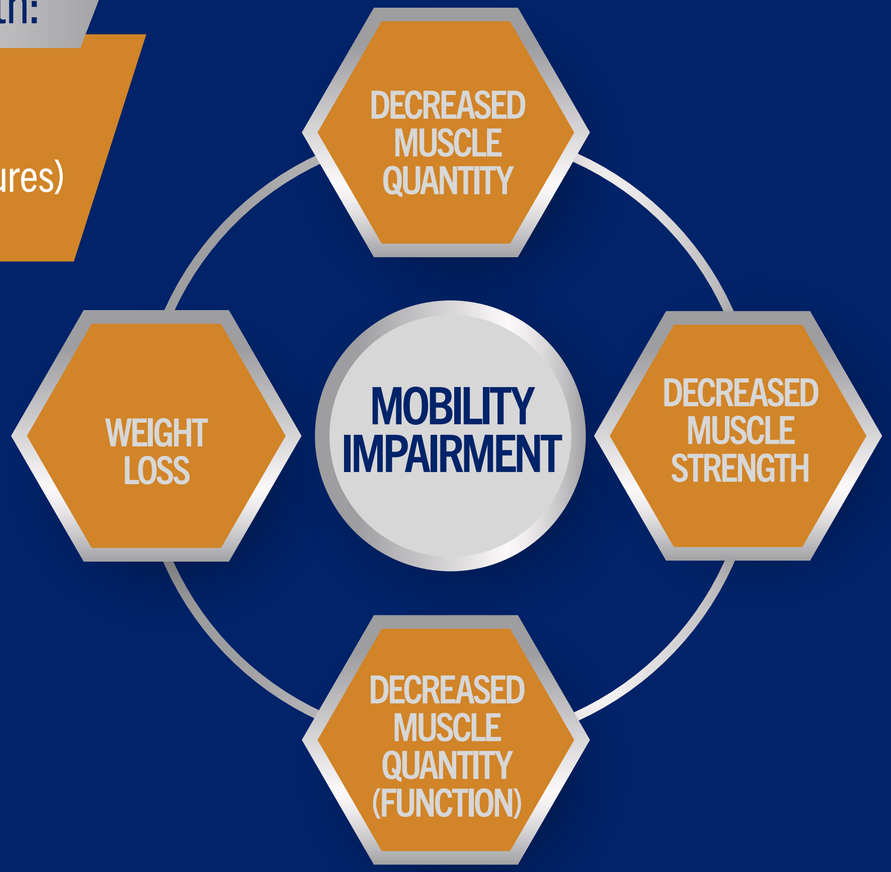
Mobility impairment may affect up to 40% of elderly adults

Individuals with (risk of) malnutrition and mobility impairment associated with:

Age-related muscle loss (e.g sacopenia, frailty)	**Mobility-reducing chronic diseases** (e.g osteoarthritis)	**Acute events** (eg. falls and fractures)



Mobility impairment in the elderly population is characterized by the loss of muscle, bone mass and function and may be caused by age-related diseases, acute accidental events and mobility-inducing chronic diseases such as osteoarthritis.

Patients with mobility impairment often lose their ability to perform standard activities of daily living leading to:

- Loss of independence and quality of life
- Increasing burden from the need for supportive care
- Increasing risk of further costly clinical complications

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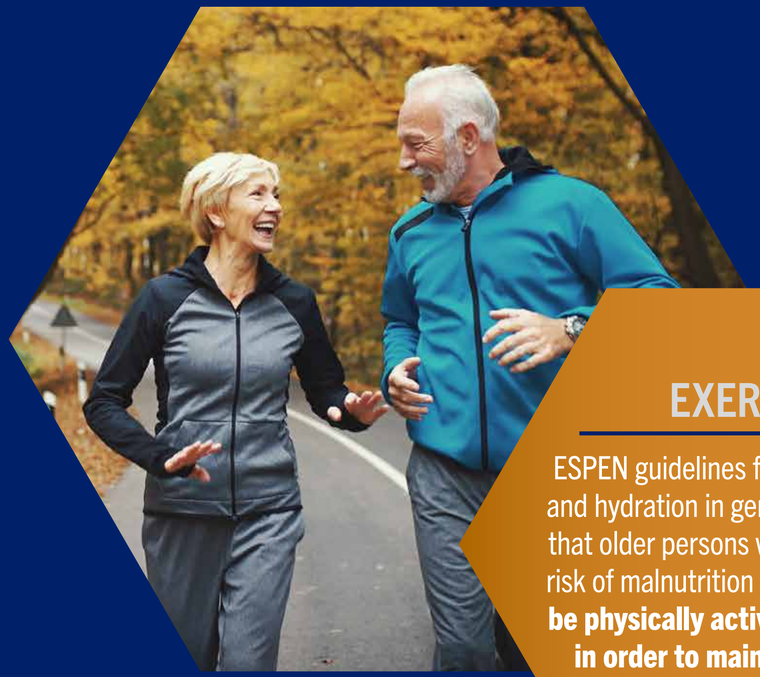
Management of malnutrition and mobility impairment

Nutritional intervention
The following key patients groups should receive oral nutritional supplements (ONS) according to ESPEN recommendations:

- Patients who are **undernourished** or at risk of undernutrition
- In **frail elderly** use ONS to improve or maintain nutritional status
- In geriatric patients **after hip fracture and orthopedic surgery** use ONS to reduce complications

ONS, particularly with high protein content, **reduce the risk of developing pressure ulcers**

A complete formula with anti-inflammatory ingredients that promote muscle strength to **help patients keep doing their daily activities as well as be more independent.**



EXERCISE

ESPEN guidelines for clinical nutrition and hydration in geriatrics recommend that older persons with malnutrition or risk of malnutrition are **encouraged to be physically active and to exercise in order to maintain or improve muscle mass and function.**

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An effective management of malnutrition and mobility impairement reduces the humanistic and economic burden and helps patients maintain activities of daily living and independence

HUMANISTIC BURDEN

Malnutrition and mobility impairement has a NEGATIVE IMPACT ON AN INDIVIDUAL'S HEALTH-RELATED QUALITY OF LIFE due to increased pain/discomfort, poor mental health and a reduced ability to engage with activities of daily living.

ECONOMIC BURDEN

Malnutrition and mobility impairement generates a SUBSTANTIAL ECONOMIC BURDEN due to increased number of hospitalizations, greater reliance on residential care services and increased use of GP services for the patient.

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