

Let the Evidence Speak for Itself.

PEPTAMEN® is the only family of peptide-based formulas supported by over 25 years of clinical experience and more than 60 published studies.

STUDIES IN A VARIETY OF CONDITIONS SHOW THAT PEPTAMEN® FORMULAS:

- Are well-tolerated and associated with improvement in diarrhea, vomiting and abdominal pain¹⁻³
- Promote rapid progression to goal feeding⁴
- Are associated with superior protein repletion, weight gain, and improvement in nutritional status⁵⁻⁷

PEPTAMEN® has the Proof



NestléHealthScience

Here is just some of the evidence in support of PEPTAMEN® formulas

Authors and Journal	Study Objective	Formulas Studied	Patient Conditions	Results
Aguilar-Nascimento J et al. <i>Nutrition</i> 27. 2011;440-444.	To investigate the feeding effects on glutathione and inflammatory markers when using an early enteral formula containing whey protein in comparison to an early enteral formula containing casein as the protein source.	Peptamen 1.5 vs. standard formula and a protein modular	Adults admitted to the ICU due to ischemic stroke	Individuals who received Peptamen achieved more clinical benefits than those who received intact casein. Peptamen was associated with a decrease IL-6 (p=0.04) and an increase in glutathione peroxidase (p=0.03) in elderly patients admitted to the ICU secondary to ischemic stroke.
Bandini M et al. <i>Minerva Anestesiologica</i> . 2011;77, suppl 2 (10):171	To compare the effects of early EN x 7 days with pharmaconutrition vs. a standard isocaloric, isonitrogenous formula on blood visceral proteins and plasma and clinical expression of inflammatory and immune parameters.	Peptamen AF vs. standard formula and a protein modular	Critically ill with subarachnoid hemorrhage	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.
Borlase BC et al. <i>Surgery, Gynecology and Obstetrics</i> . 1992;174:181-8.	To compare tolerance and length of stay (LOS) in patients on Peptamen vs. a free amino acid diet.	Peptamen vs. free amino acid diet	Critically ill, hypoalbuminemic elderly	The Peptamen group had significantly fewer stools than the free amino acid group (p<0.02). Both groups had equal tube-feeding intake. The LOS was 45 days in the Peptamen group (23 +/- 8 days in the ICU) vs. 54 days in the free amino acid diet group (28 +/- 9 days in the ICU; NS). Improved N2 balance was seen in the Peptamen group (p<0.001).
Donald P et al. <i>Nutrition Research</i> . 1994;14:3-13.	To compare the ability of peptide-based vs. free amino acid-based enteral products in improving nutritional status and feeding tolerance in surgical patients.	Peptamen vs. free amino acid diet	Adult surgical (post-operative) patients	Statistically significant improvements occurred in serum prealbumin (p=0.04) and cholesterol (p=0.02) in the Peptamen group; declines occurred in the free amino acid group. There was a non-significant increase in serum transferrin levels in the Peptamen group.
Dylewski ML et al. <i>Nutrition Poster 72; A.S.P.E.N. Clinical Nutrition Week</i> . 2006.	To compare the effects of Peptamen vs. an intact casein-based formula in pediatric burn patients.	Peptamen vs. standard formula	Pediatric patients with burns exceeding 20% TBSA	Peptamen is better tolerated than the casein-based feeding in pediatric burn patients. Peptamen promoted more rapid progression to goal feeding and a decrease in incidence of diarrhea (p=0.03).
Fried MD et al. <i>Journal of Pediatrics</i> . 1992; 120:569-72.	To determine gastric emptying times and incidence of regurgitation in children with documented delayed gastric emptying.	1 casein-predominant vs. 3 whey-predominant (including Peptamen)	Pediatric patients with documented delayed gastric emptying	Patients on whey-based formulas had a significant reduction (p<0.05) in vomiting (2±2) compared with those on the casein-based formula (12±11). Whey-based formulas like Peptamen reduce the frequency of vomiting by improving the rate of gastric emptying (p<0.001).
Herzog D et al. <i>Gastroenterology</i> . 1997;112:A995.	To assess growth velocity and relapse frequency in children with quiescent Crohn's disease and growth failure.	Peptamen vs. high calorie diet	Pediatric patients with Crohn's disease and growth failure	Peptamen fed exclusively for 28 days every 4 months to children with Crohn's disease significantly reduced relapse frequency (p=0.03) and permitted normalization of growth velocity (p=0.005) and bone density (p=0.001) in quiescent pediatric Crohn's disease with severe growth failure.
Heyland D et al. <i>Critical Care Medicine</i> . 2013;41(12):1-11.	To determine the effect of the enhanced protein energy provision via the enteral route feeding protocol, combined with a nursing educational intervention on nutritional intake, as compared to usual care.	Peptamen 1.5	Mechanical Ventilation	In ICUs with low baseline nutritional adequacy, the PEPuP protocol results in a statistically significant increase in protein (p=0.005) and calorie provision (p=0.004) in critically ill patients. With greater attention to the implementation of this novel feeding protocol, iatrogenic underfeeding, which is so prevalent in ICUs around the world, can be significantly reduced.

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Hussey TA et al. <i>Journal of Pediatric Gastroenterology and Nutrition.</i> 2003;37:341.	To observe tolerance and efficacy of a six-week tube feeding regimen of Peptamen with Prebio ¹ .	Peptamen with Prebio ¹	Pediatric patients with Crohn's disease	Peptamen with Prebio ¹ was well tolerated and associated with clinically meaningful gains in weight ($p < 0.0001$), height ($P < 0.01$), nutritional status ($P < 0.01$) and quality of life scores ($P < 0.01$). Inflammation and disease activity ($P < 0.0001$) were decreased. A six-week tube-feeding regimen of Peptamen with Prebio ¹ is effective in helping to manage pediatric Crohn's disease.
Khoshoo V et al. <i>J Am Diet Assoc.</i> 2010;110:1728-1733.	To evaluate the tolerance of a peptide-based formula with insoluble and prebiotic fiber in children with compromised gut function.	Peptamen with Prebio ¹	Children with gastrointestinal dysmotility, Crohn's disease, or mild short bowel syndrome	Stool frequency did not differ by formula. Stool consistency did differ with more soft "mushy" stools (less hard stools) occurring with use of fiber ($P < 0.001$) and more watery stools occurring with control formula ($P < 0.01$). The extremes of stool consistency were normalized with the fiber formula. No significant differences were observed in vomiting, abdominal pain, feeding intakes, or weight gain between the two formulas.
Khoshoo V et al. <i>Journal of Parenteral and Enteral Nutrition.</i> 2000;24:S2.	To determine if a hypocaloric, hypertonic whey-based hydrolyzed formula empties the stomach as efficiently as an iso-osmolar formula of lower energy density.	Peptamen 1.5 vs. Peptamen	Pediatric gastrostomy-fed children with volume intolerance	The gastric residual were similar between formulas ($P > 0.05$). There was significantly more weight gain with Peptamen 1.5 after one month of feeding ($P < 0.05$) Peptamen and Peptamen 1.5 were equally well tolerated. However, energy intake may be optimized with the more calorically-dense product, Peptamen 1.5, in this patient population.
McClave S et al. <i>Gastroenterology.</i> 2004;126(Suppl2): A-647	To determine whether EN can protect ICU pts on MV from mucosal injury and GI bleeding.	Peptamen 1.5	Critical Care	Provision of EN incurred no deleterious effects. Despite slightly higher risk (older age and greater endoscopic mucosal injury scores), patients receiving EN showed evidence of less GIB than controls on no stress prophylaxis. This protective effect appeared unrelated to control of pH or meeting caloric requirements.
McClave SA et al. <i>Journal of Parenteral and Enteral Nutrition.</i> 1997;21:14-20.	To assess safety and efficacy of Peptamen in acute pancreatitis.	Peptamen vs. parenteral nutrition	Acute pancreatitis and chronic pancreatitis with flare-ups	Peptamen fed jejunally was as effective as TPN in the nutritional management of patients with pancreatitis. Peptamen patients had significantly greater improvement in Ranson criteria ($p = 0.002$) score and a non-significant trend toward improvement in LOS, ICU stay, days to PO diet, and days to normal amylase. Nutrition support with Peptamen is significantly less costly than PN ($p < 0.005$).
McClave SA et al. <i>Journal of Parenteral and Enteral Nutrition.</i> 2015;39(2):240.	To evaluate tolerance, safety and design of Peptamen Intense VHP.	Peptamen Intense VHP	Critically Ill with Obesity	Peptamen Intense VHP is safe and well-tolerated in critically ill patients with obesity. The design of this formula may facilitate glucose control and allows for achievement of nitrogen balance without overfeeding calories.
Parekh N. <i>American College of Gastroenterology Annual Meeting Abstracts.</i> 2006: S313-14, Abstract Number 776.	To describe the outcome from switching from a polymeric or semi-elemental formula to Peptamen with Prebio.	Peptamen with Prebio ¹	Adult patients with intestinal failure undergoing intestinal rehabilitation	Patients experienced weight gain and maintained albumin during the change to the fiber containing formula. Three months of oral or enteral intake of Peptamen with Prebio ¹ may induce weight gain in patients with intestinal failure undergoing intestinal rehabilitation.
Pereira SP et al. <i>Clinical Science.</i> 1996;91:509-12.	To compare nutritional support with Peptamen with the use of steroid in patients with active Crohn's disease.	Peptamen vs. prednisone	Acute active Crohn's disease	All patients showed an improvement in all indices of Crohn's disease activity. The patients' response to Peptamen and to steroids was equivalent. Peptamen can be efficacious in the nutrition support of active Crohn's disease.

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Polk DB et al. <i>Journal of Parenteral and Enteral Nutrition</i> . 1992;16:499-504.	To study growth velocity and disease activity in children with Crohn's disease receiving intermittent feedings of a peptide diet.	Peptamen vs. regular diet with oral supplements	Pediatric Crohn's disease	Intermittent feedings with Peptamen resulted in a significant improvement in height/weight velocity ($p<0.0001$ / $p<0.02$) and reduced disease activity ($P<0.01$), allowing a reduction in prednisone intake.
Rowe B et al. <i>Journal of the American College of Nutrition</i> . 1994;13:535A.	To determine the incidence of glutathione (GSH) depletion in ICU patients and if a diet high in cysteine can replete GSH.	Peptamen vs. standard formula	Adult ICU patients under physiologic stress	43% of the patients had depleted GSH levels. GSH levels increased on Peptamen, but did not increase on the casein-based diet. The patients on Peptamen received a cysteine-rich protein source that provided seven times more cysteine than the casein diet.
Salomon SB et al. <i>Journal of the American Dietetic Association</i> . 1998;98:460-2.	To determine if a Peptamen diet would improve gastrointestinal tolerance and fat absorption in HIV-infected subjects.	Peptamen vs. regular diet	Adult HIV	Patients with HIV tolerated Peptamen well. Significant decrease in number of stools ($p<0.01$) was seen during the Peptamen phase of the study, in addition to a significant decrease in fecal fat content of stool ($p<0.019$).
Shea JC et al. <i>Pancreatology</i> . 2003; 3:36-40.	To determine if Peptamen would minimally stimulate the pancreas and decrease pain associated with chronic pancreatitis.	Peptamen vs. Ensure® vs. high fat hamburger	Adults with chronic pancreatitis and healthy adults	Peptamen minimally stimulated the pancreas and cholecystokinin release, as compared to a 30 gm fat oral diet (hamburger) and/or Ensure in healthy subjects. There was a significant decrease in pain scores with Peptamen usage in patients with pancreatitis ($p=0.011$).
Tiengou LE et al. <i>Journal of Parenteral and Enteral Nutrition</i> . 2006;30(2):1-5.	To compare tolerance and outcomes in patients with acute pancreatitis receiving Peptamen versus an intact casein-based formula.	Peptamen vs. standard formula	Adults with acute pancreatitis	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.
Wakefield S et al. 34th ESPEN Congress, Barcelona, Spain. Sept 8-11, 2012;7(1):1-300.	To evaluate incidence of chyle leaks after change in surgical technique; length of stay in patients with chyle leaks; nutrition effect on recovery time.	Peptamen vs. very low fat oral diet enriched with MCT	Upper GI cancer surgery	Patients with chyle leaks had significantly longer length of hospital stay (24 vs. 16 days; $p=0.003$). The majority of patients' chyle leaks resolved with specialized oral or enteral nutrition therapy.
Zoli G et al. <i>Alimentary Pharmacology & Therapeutics</i> . 1997;11:735-40.	To determine the efficacy of an oral elemental diet versus steroids in patients with active Crohn's disease.	Peptamen (orally) vs. prednisone	Adults with active Crohn's disease	Peptamen given orally to adult patients with Crohn's disease was at least as effective as steroids in inducing remission of the disease, and may improve nutritional status, probably through a more rapid restoration of normal intestinal permeability.

REFERENCES

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