Committed to evidence based nutrition

PEPTAMEN® is the only family of peptide-based formulas supported by over 25 years of clinical experience and more than 50 published studies.

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

- Are well-tolerated and may improve diarrhoea, vomiting and abdominal pain[1-3]
- May promote rapid progression to goal feeding[4]
- May help with protein repletion, weight gain, and improvement in nutritional status[5,6]

SUPPORTED BY OVER 50 PUBLICATIONS
Peptamen®

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

Authors and Journal	Study Objective	Formulas Studied	Patient Conditions	Results
Neurological/ Critical Illness				
Aguilar-Nascimento J et al. *Nutrition 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 ischaemic stroke	Individuals who received Peptamen achieved more clinical benefits than those who received intact casein. Peptamen was associated with a decrease in IL-6 ($p=0.02$) and an increase in glutathione peroxidase ($p=0.03$) in elderly patients admitted to the ICU secondary to ischaemic stroke.
Bandini M et al. *Minerva Anestesiologica.* 2011;77, suppl 2 (10):171.	To compare the effects of early EN (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 haemorrhage	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. *Surgery, Gynecology and Obstetrics.* 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. Hospital 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; not significant). Improved N2 balance was seen in the Peptamen group ($p<0.001$).
Heyland D et al. *Critical Care Medicine.* 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 (MV)	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.
McClave S et al. *Gastroenterology.* 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. Patients receiving EN showed evidence of less gastrointestinal bleeding than controls on no stress prophylaxis. This protective effect appeared unrelated to control of pH or meeting caloric requirements.
Rowe B et al. *Journal of the American College of Nutrition.* 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.

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Surgical				
Donald P et al. *Nutrition Research.* 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.
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 specialised oral or enteral nutrition therapy.
Gastrointestinal Dysfunction				
Fried MD et al. *Journal of Pediatrics.* 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)	Paediatric patients with documented delayed gastric emptying	Patients on whey-based formulas had a significant reduction (p<0.05) in vomiting (mean 2±2 episodes) compared with those on the casein-based (mean 12±11 episodes). Whey-based formulas like Peptamen reduce the frequency of vomiting by improving the rate of gastric emptying (p<0.001).
Khoshoo V et al. *European Journal of Clinical Nutrition.* 2002; 56:656-658.	To study the emptying rates of equal volumes of two similar whey-based formulas of different energy density and clinical implications in children with volume intolerance.	Peptamen 1.5 vs. Peptamen	Paediatric gastrostomy-fed patients with volume intolerance	The gastric residuals were similar between formulas (P>0.05). There was significantly more weight gain with Peptamen 1.5 (mean 1.17 +/- 0.5 kg) after one month of feeding (P<0.05). Peptamen and Peptamen 1.5 were equally well tolerated. However, energy intake may be optimised with the more calorically-dense product, Peptamen 1.5, in this patient population.
Pancreatitis				
McClave SA et al. *Journal of Parenteral and Enteral Nutrition.* 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 severity of illness score (Ranson criteria) (p=0.002) 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).
Shea JC et al. *Pancreatology.* 2003; 3:36–40.	To determine if an enteral formula containing MCT and hydrolysed peptides would minimally stimulate the pancreas and decrease pain associated with chronic pancreatitis.	Peptamen vs. standard formula vs. high fat meal	Adults with chronic pancreatitis and healthy adults	Peptamen minimally stimulated the pancreas and cholecystokinin release, as compared to a 30g fat oral diet (hamburger) and/or standard formula 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. *Journal of Parenteral and Enteral Nutrition.* 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.

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Burns				
Dylewski ML et al. *Nutrition Poster 72; A.S.P.E.N. Clinical Nutrition Week.* 2006.	To compare the effects of a whey-based peptide formula (Peptamen) vs. an intact casein-based formula in paediatric burn patients.	Peptamen vs. standard casein-based formula	Paediatric patients with burns exceeding 20% TBSA	Peptamen is better tolerated than the casein-based feeding in paediatric burn patients. Peptamen promoted more rapid progression to goal feeding and a decrease in incidence of diarrhoea (p=0.03).
Intestinal Failure				
Parekh N. *American College of Gastroenterology Annual Meeting Abstracts.* 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 (fibre blend: Inulin, FOS)	Adult patients with intestinal failure undergoing intestinal rehabilitation	Three months of oral or enteral intake of Peptamen with Prebio 1 (fibre blend Inulin, FOS) may induce weight gain in patients with intestinal failure undergoing intestinal rehabilitation.
HIV				
Salomon SB et al. *Journal of the American Dietetic Association.* 1998;98:460–2.	To determine if a hydrolysed whey-based, high MCT 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 faecal fat content of stool ($p<0.019$).

REFERENCES

1. Fried MD et al. *J Pediatr* 1992;120:569–72. **2.** Shea JC et al. *Pancreatology* 2003;3:36–40. **3.** Borlase BC et al. *Surg Gynecol Obstet* 1992;174:181–8. **4.** Dylewski ML et al. Nutrition Poster 72; A.S.P.E.N. Clinical Nutrition Week 2006. **5.** Hussey TA et al. *J Pediatr Gastroenterol Nutr* 2003;37:341. **6.** Donald P et al. *Nutr Res* 1994;14:3–13.

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