NFACTOR means adequate nutrition for your ICU patients right from the start



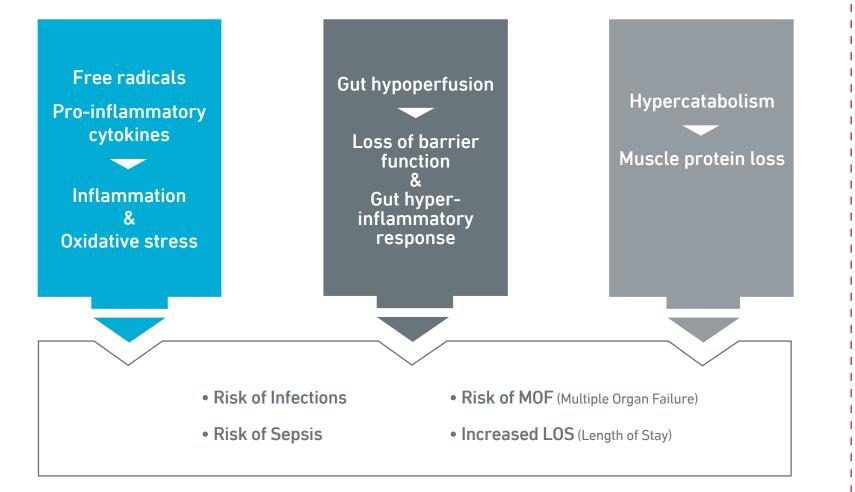


Peptamen[®] Time is Critical

Enteral nutrition solutions for early and adequate feeding of critically ill patients



Critically ill highly stressed patients



Early enteral nutrition helps to:¹

- Maintain gut integrity
- Modulate stress and the systemic immune response
- Attenuate disease severity

2009 Critical Care Nutrition Guidelines:¹

- Enteral feeding should be started early in haemodynamically stable patients, within the first 24-48 hours following admission (Grade C)
- Feeding should be advanced towards goal over the next 48-72 hours (Grade E)

Early and adequate enteral nutrition can improve clinical outcomes

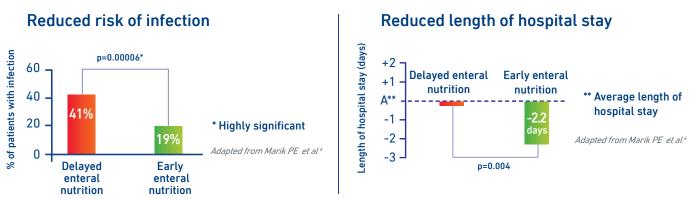
40 to 60% of patients who are eligible for early EN still fail to receive EN within 48 hours of ICU admission²

In an international observational study in 2,772 mechanically ventilated patients in 167 ICUs across 37 countries:³

- Patients received 59.2% of the energy prescribed
- Patients received 56.2% of the protein prescribed

Early vs delayed enteral nutrition is associated with:⁴

• Lower incidence of infections (p=0.00006) • Reduced length of hospital stay (p=0.004)



• Significantly reduced mortality (p=0.02) • Significantly reduced pneumonia (p=0.01)

Increased intake of energy and protein is associated with:*3

• Increase in ventilator free days by 3.5 days (p=0.003) • Reduction in mortality (p=0.014) *International observational study in 2 772 mechanically ventilated patients in 167 ICUs across 37 countries

Critical Care

Early enteral nutrition provided within 24 hours of injury or ICU admission:⁵

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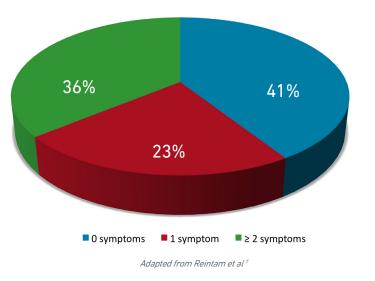
27% of ICU patients account for 74% of ICU patient days and resources⁶

ICU Length of Stay	≤ 3 days	3-7 days	> 7 days
Proportion of all admissions (%)	73	15.9	11
Proportion of ICU days (%)	25.8	21.6	52.6
Proportion of TISS points* (%)	27.7	20.6	51.7

*TISS = Therapeutic Intervention Scoring System, to reflect the consumption of ICU resources. ICU-LOS group 3-7 consists of patients with ICU-LOS >3 and \leq 7days

GI symptoms occur frequently in ICU patients⁷

Prevalence of gastrointestinal (GI) symptoms



	ICU LOS (days)
Patients with 0 GI symptoms	2.9
Patients with 1 GI symptom	4.2
Patients with \geq 2 GI symptoms	>8

Mean ICU stay⁷

Patients with at least two GI complications were older and more severely ill

High Gastric Residual Volume (GRV) and diarrhoea are frequent GI complications in mechanically ventilated patients on EN⁸

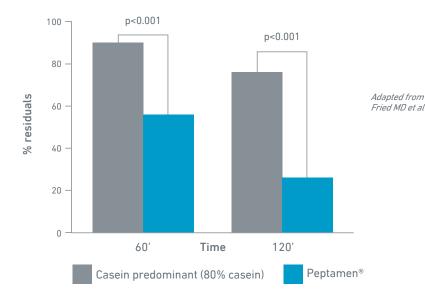
Complications	%
GI complications	47.8-63.6%
High GRV (200ml)	42.4%
High GRV (500ml)	26.8%
Diarrhoea	20%

Peptamen® AF is an advanced formula designed for better tolerance for early enteral nutrition in critically ill patients

Designed for better tolerance for early enteral nutrition

- MCT decreases the potential for fat malabsorption⁹
- Whey protein facilitates gastric emptying to reduce potential for reflux¹⁰⁻¹²

Effects of whey-based formulas on gastric emptying time



Advanced lipid blend helps modulate inflammation

decreasing production of pro-inflammatory cytokines^{14,15}

Low levels of pro-inflammatory omega-6 fatty acids

- Ratio of MCT:LCT (50:50) to help decrease inflammation by reducing dietary load of omega-6 fatty acids¹⁶
- n6:n3 ratio (1.8:1) to beneficially modulate lipid mediator synthesis¹⁶

- Peptides can be helpful in managing diarrhoea^{1, 13}
- 1.5 kcal/ml and high protein formulas available for volume restricted patients

- Enriched with omega-3 fatty acids to help modulate the inflammatory response by

Tube-feeding intolerance can compromise patients' comfort and outcomes

1: TUBE FEEDING INTOLERANCE

Can be manifested by patient discomfort:

- Feeling of fullness
- Abdominal distension or bloating
- Nausea
- Vomiting
- Diarrhoea

2: FEEDING INTERRUPTIONS

3: INADEQUATE CALORIE AND PROTEIN PROVISIONS

- Reduced Weight
- Reduced Lean Body Mass

Solving tube-feeding intolerance helps to minimise patient discomfort and to support optimal nutrition status

Peptamen[®]: A specific enteral formula to help promote feeding tolerance

100% Whey protein for faster gastric emptying¹⁰⁻¹²

Effects of whey-based formulas on gastric emptying time p<0.001 100 p<0.001 80 Adapted from % residuals 60 . Fried MD et al 40 20 60' Time 120'

Enhanced gastric emptying helps to:

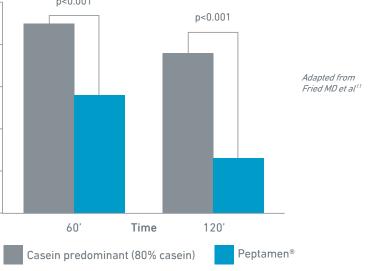
- Provide relief for:
- > Abdominal distension > Bloating
- Reduce potential for gastric reflux

50-70% of fat as MCT for improved digestion and absorption⁹

- Decreases the potential for fat malabsorption
- Provides readily available energy

Low to moderate osmolarity to support tolerance by limiting contribution to osmotic load

Peptide based formula may help reduce risk of diarrhoea^{1,13}



> Nausea

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Homecare

Peptamen[®]

Peptamen[®] can be used for the following patients:

- Early enteral feeding
- Transition from TPN
- Malabsorption
- Diarrhoea management
- Intolerance to standard formula
- Delayed gastric emptying
- Short-bowel syndrome
- Inflammatory bowel disease
- Pancreatitis
- Chyle leaks

Peptamen[®]: a range of specific enteral formulas designed for better tolerance

- 100% Whey protein to facilitate gastric emptying and reduce reflux¹⁰⁻¹²
- MCT* to decrease potential for fat malabsorption⁹
- Peptides to help manage diarrhoea^{1,13}

 Low osmolarity for improved GI tolerance and reduction in diarrhoea *Medium Chain Triglycerides

100% Whey protein

100% Whey protein helps support the body's antioxidative defence system.

- Cysteine is the rate-limiting amino acid for the synthesis of glutathione, a principal protective antioxidant mechanism of the cells^{17,18}
- Whey is rich in cysteine and may be effective in maintaining or repleting glutathione status¹⁸

High quality protein:

Type of Protein ^{19,20}	Biological Value	NPU
Whey	100	92%
Casein	80	76%

The Peptamen[®] Family - designed for better tolerance



Peptamen[®] AF

- 1.5 kcal/ml • 9.4g protein per 100ml 100% whey protein • 50% of fat as MCT • Rich in omega-3 fats (0.36g per 100ml) Osmolarity: 380mOsm/l Available in 500ml DRIPAC[°]-flex suitable for tube feeding



Peptamen[®] HN

Elevated energy and protein requirements • 1.33 kcal/ml 6.6g protein per 100ml 100% whey protein • 70% of fat as MCT Osmolarity: 350m0sm/l Available in 500ml DRIPAC[°]-flex suitable for tube feeding



1 kcal/ml

Peptamen[®]

• 4.0g protein per 100ml 100% whey protein • 70% of fat as MCT Osmolarity: 200mOsm/l Available in 500ml DRIPAC°-flex or 1000ml DRIPAC°-flex for tube feeding

Peptamen[®] Vanilla

Standard energy and protein requirements

- 1 kcal/ml
- 100% whey protein
- Osmolarity: 280m0sm/l
- Available in 4 x 200ml Vanilla Bottles for oral feeding



Elevated energy and protein requirements

Standard energy and protein requirements

- 4.0g protein per 100ml
- 67% of fat as MCT

Overview



Peptamen[®] Time is Critical



References: 1. S. A. McClave et al. Guidelines for the Provision and Assessment of Nutrition Support Therapy in the Adult Critically III Patient: Society of Critical Care Medicine (SCCM) and American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) JPEN J Parenter Enteral Nutr. 2009 May-Jun;33(3):277-316. 2. Doig GS et al. Effect of Evidence-Based Feeding Guidelines on Mortality of Critically III Adults: A Cluster Randomized Controlled Trial. JAMA 2008; 300:2731–2741 35(10):1728-37. **3.** Alberda C et al. The relationship between nutritional intake and clinical outcomes in critically ill patients: results of an international multicenter observational study. Intensive Care Med. 2009 Oct;35(10):1728-37. **4.** Marik PE and Zaloga GP. Early enteral nutrition in acutely III patients: A systematic review. Crit Care Med 2001, 29:2264 –2270. **5.** G.D. Doig, PT. Heighes, F. Simpson, E. A. Sweetman, A.R. Davies. Early enteral nutrition, provided within 24h of injury or intensive care unit admission, significantly reduces mortality in critically ill patients: a meta-analysis of randomised controlled trials. Intensive Care Med. 2009;35:2018-2017. **6.** Suistomaa M et al. Customised prediction models based on APACHE II and SAPS II scores in patients with prolonged length of stay in the ICU. Int Care Med 2002; 28:479-485. **7.** Reintam A et al. Gastrointestinal symptoms in intensive care patients. Acta Anaesthesiol Scand 2009; 53:318–324. **8.** Montejo JC et al. Gastric residual volume during enteral nutrition in ICU patients: the REGANE study. Int Care Med 2010; 36:1386–1393. **9.** Rolandelli RH et al. Lipids and Enteral Nutr. 1996, 22:48-55. **11.** Fried MD et al. Decrease in gastric emptying time and episodes of regurgitation in children with spastic quadriplegia fed a whey-based formula. J Ped. 1992; 120:569-572. **12.** Khoshoo V and Brown S. Gastric emptying of two whey-based formulas of different energy density and its are greater with peptide diet than with intact protein diet. J Trauma 1990; 30:825-829. **14.** Ca

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