There’s no comparison to Peptamen® formulas

60+ Studies and publications

25 years of clinical experience

Demand the evidence. Demand the outcome. Demand Peptamen®.

Peptamen®
250ml Tetra, Unflavoured
250ml Tetra, Vanilla

Peptamen® Junior
250ml Tetra, Vanilla

Peptamen® Junior 1.5 with Prebio™
250ml Tetra, Unflavoured

Peptamen® AF 1.2 with Prebio™
250ml Tetra, Unflavoured

1000ml, SpikeRight™

Peptamen® 1.5
250ml Tetra, Vanilla
250ml Tetra, Unflavoured
1000ml, SpikeRight™

Tolerance, comfort, and the nutrition your patients and residents need. We call it the N-FACTOR

Peptamen® is backed by over 25 years of clinical experience and more than 60 studies and publications.

To learn more about the mechanism of action for Peptamen go to: tiny.cc/peptamenmechanism
AUTHORS & JOURNAL  STUDY OBJECTIVE  FORMULAS STUDIED  PATIENTS & METHODS  RESULTS
Tiengo EA et al. 
Semi-Elemental Formula or Polymeric Formula Is There a Better Choice for Enteral Nutrition in Acute Pancreatitis? Randomized Controlled Feeding Study 
(JPNEN 2004; 30:125-130)
To compare tolerance and outcomes in patients with acute pancreatitis receiving a semi-elemental formula versus a polymeric formula. 
Peptamen® vs. Sondalis®-LP
Randomized prospective study of 30 adults with acute pancreatitis stratified for disease severity
Peptamen® usage resulted in a significant decrease in weight loss and hospital length of stay. A clinical trend was seen for decreased infection, improved CRP, amylase and serum albumin in the Peptamen® group. Use of Peptamen® supports the hypothesis of a more favorable clinical course compared to use of a polymeric formula.

Shaa JC et al. 
An Enteral Therapy Containing Medium-Chain Triglycerides and Hydrolyzed Peptides Reduces Postprandial Pain Associated with Chronic Pancreatitis: A Randomized, Double-Blind, Controlled Feeding Study 
(JPNEN 2003; 29:336-340)
To determine if an enteral therapy containing MCT and hydrolyzed peptides would minimally stimulate the pancreas and decrease pain associated with chronic pancreatitis. 
Peptamen® vs. ensure® vs. high fat meal
Prospective study of 8 adults with chronic pancreatitis and 6 healthy adults
Peptamen® significantly minimized the stimulation of the pancreas and chyle leukocytosis release, as compared to a high fat meal and/or Ensure®. There was also a significant improvement in pain scores which corresponded to clinical improvement in 6 of 8 patients.

McCleave SA et al. 
Comparison of the Safety of Early Enteral vs. Parenteral Nutrition in Mid Acute Illness 
(JPNEN 1997; 21:114-20)
To assess safety and efficacy of a whey-based peptide diet in acute pancreatitis (TPN). 
Peptamen® vs. total parenteral nutrition (TPN)
Retrospective study of 17 pediatric patients who received TPN versus those who received a peptide-based formula
Children receiving Peptamen® reached their goal feeding rate faster and experienced significantly less diarrhea.

Dywalb MC et al. 
Whey-based Formulas Improve Tubing Feeding Tolerance in Pediatric Burn Patients. 
Nutrition Post 72, A S P E N Clinical Nutrition Week 2006
To compare the effects of whey- and protein hydrolyzed feeding vs. an intact casein-based feeding in pediatric burn patients.
Peptamen® vs. casein-based formula
Retrospective study of 17 pediatric burn patients who were fed with a formula containing 20% of the body surface area
Peptamen® feeding led significantly as effective as TPN in restoring the stress response to pancreatitis. Peptamen® patients had significantly greater improvement in severity of illness scores (Ranson in total and trend toward improvement in LOS, ICU stay and days to PO diet). Peptamen® may promote more rapid resolution of the toxicity of stress response and is significantly less costly than TPN.

Parrish 1B. 
A Semi-Elemental Enteral Formula with Prebiotics is Associated with Weight Gain in Intestinal Failure Patients Undergoing Intestinal Rehabilitation. 
To describe the outcome from switching from a polymeric or semi-elemental enteral formula to an isocaloric semi-elemental formula with prebiotics.
Peptamen® with Prebio®1 vs. Prebio®1 alone
Descriptive study of 18 adult patients with intestinal failure undergoing intestinal rehabilitation.
Peptamen® with Prebio®1 was well tolerated and associated with clinically meaningful gains in weight, height, nutritional status and quality of life scores. Infammation and disease activity were decreased.

Hussey TA et al. 
Nutrition Therapy in Pediatric Crohn’s Disease Patients Improves Nutritional Status and Decreases Inflammation. 
To observe tolerance and safety of a new, high-density tube feeding regimen of Peptamen® with Prebio®1 in pediatric Crohn’s patients.
Peptamen® with Prebio®1 vs. Prebio®1 alone
Prospective, open label pilot study of 10 pediatric patients with inflammatory bowel disease
Peptamen® with Prebio®1 was well tolerated and associated with clinically meaningful gains in weight, height, nutritional status and quality of life scores. Infammation and disease activity were decreased.

Peptamen® AF 1.2
To determine if an enteral nitrogen formula high in cysteine, EPA-DHA and L-arginine affects antiinflammatory cytokines in a well established rat model.
Peptamen® AF vs. Prebio®1 vs. chow
Experimental design in an in vitro model of lipopolysaccharide (LPS)-induced inflammatory response
Rats were allocated to receive Peptamen® Affromula or rat chow for 7 days, after which they received an injection with LPS or saline. Rats were euthanized 14 hours after injection with LPS or control. Peptamen® AF rats showed significantly less weight loss, significantly less lipopolysaccharide (LPS) hemolysis, significantly less decrease in hemocrit, significantly less increase in hepatic MDA level and significantly less increase in hepatic glutathione content.

Qz MRS et al. 
Nutrition Intervention: A Strategy Against Systemic Inflammation in Inflammatory Syndrome. 
JPNEN 2001; 33:380-9
To determine if an enteral nitrogen formula high in cysteine, EPA-DHA and L-arginine affects antiinflammatory cytokines in a well established rat model.
Peptamen® AF vs. Prebio®1 vs. chow
Experimental design in an in vitro model of lipopolysaccharide (LPS)-induced inflammatory response
Rats were allocated to receive Peptamen® AF formula or rat chow for 7 days, after which they received an injection with LPS or saline. Rats were euthanized 14 hours after injection with LPS or control. Peptamen® AF rats showed significantly less weight loss, significantly less lipopolysaccharide (LPS) hemolysis, significantly less decrease in hemocrit, significantly less increase in hepatic MDA level and significantly less increase in hepatic glutathione content. Data suggests that Peptamen® AF protects against systemic inflammatory response.

AUGULAR-NASCIMENTO JE et al. 
Early Enteral vs. Parenteral Therapy in Patients with Severe Pancreatitis. 
To investigate the effect of an enteral formula containing whey proteins on levels of glutathione, acute phase protein response and inflammatory markers in aged patients with acute ischemic stroke.
Pepatamen® 1.5 vs. Nutrition Protein Plus
Prospective study of 30 elderly patients with acute ischemic stroke (ages 65-90 years) with acute ischemic stroke
Glutathione peroxidase significantly increased in the whey protein group (p=0.01). IL-6 significantly increased in the whey protein group (p=0.02). Albumin levels significantly dropped from the first to the fifth feeding days in the casem protein group (p=0.01).

HEYLAND DK et al. 
Enhanced Protein-Energy Provision via the Enteral Route Feeding Protocol in Critically Ill Patients: Results of a Randomized Triple-Blind Controlled Clinical Care Medicine 2013; 41:172-95
To determine the effect of the enhanced protein-energy provision via the enteral route feeding protocol (PEP uP) compared with a nursing educational intervention, combined to a standard feeding protocol (casual care) on amount of protein and calories received.
Pepatamen® 1.5 vs. standard feeding protocol
Prospective study of 8 adult patients with critical illness in the hospital.
Patients at PEP uP sites received a significantly larger proportion of prescribed protein and calories from EN, compared to baseline (EN 34% vs. 34%, p=0.003 for protein; 44% vs. 32%, p=0.001 for calories) but there were no significant changes in the control group.

HEYLAND DK et al. 
Enhanced Protein-Energy Provision via the Enteral Route Feeding Protocol in Critically Ill Patients: Results of a Randomized Triple-Blind Controlled Clinical Care Medicine 2010; 31:422-23
To assess the feasibility, acceptability and effectiveness of the novel feeding protocol (PEP uP) compared with a standard feeding protocol in critically ill patients.
Pepatamen® 1.5 vs. standard feeding protocol
Prospective before and after study of mechanically ventilated adult ICU patients
A new, “second generation” feeding protocol was studied which includes: starting EN at a 24-hour volume based target rate using Peptamen 1.5, beginning with 3 body sites, adding more sites, and increasing feeding rate faster and experienced significantly less weight. This study assessed the acceptability of a new, “second generation” feeding protocol in patients with critical illness.

KLIBUSO B. et al. 
Gastric Emptying of Two Whey-based Formulas of Different Energy Density in Children. 
American J of Clinical Nutrition 2009; 89:4179-82
To study the emptying rates of equal amounts of two similar whey- based formula of different energy density and its clinical implication in children with volume intolerance.
Peptamen® 1.5 vs. Nutrition Protein Plus
Prospective study of 12 pediatric patients with chronic ileus and clinical intolerance. The higher density whey-based formula can safely substitute an equal volume of a lower density formula to produce weight gain with better tolerability. This provides an important intervention for increasing energy intake in children with volume intolerance or fluid restriction.

FLACK S et al. 
Experience with a New Hydrolyzed Feeding in a Paediatric Gastroenterology Clinic. 
J of Human Nutrition and Health 2003; 16:1-6
To determine the effect of a new whey-based diet in children under the age of 1 year.
Pepatamen® Junior vs. Ammonium acid based formula
Retrospective study of 85 pediatric patients with short bowel syndrome undergoing intestinal transplantation
Enteral feedings were initiated in situeral and nutritional autonomy achieved more rapidly in patients receiving nRT therapy. Patients who received nRT and a peptide-based feeding reached full feeding more quickly compared to those who received an amino acid based formula. The authors concluded peptide-based EN was more rapidly and safely used post intestinal transplant and may have nutritional outcomes better over amino acid-based products.