There’s no comparison to Peptamen® formulas

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

60+ Studies and publications
25 years of clinical experience

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
1500ml, SpikeRight™

Peptamen® 1.5
250ml Tetra, Vanilla
1500ml, SpikeRight™

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

To learn more about the mechanism of action for Peptamen go to: tiny.cc/peptamenmechanism

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Evidence In Support Of Peptamen® Formulas

Over the past two decades, Peptamen® formulas have been used in more than 60 studies which have been published and/or presented at various international conferences. The table includes 14 brief study summaries that contribute to this body of literature — representing a range of Peptamen® formulas across different patient settings, medical conditions and ages.

**AUTHORS & JOURNAL**

**STUDY OBJECTIVE**

**FORMULAS STUDIED**

**RESULTS**

Peptamen®

To compare tolerance and outcomes in patients with acute pancreatitis receiving a semi-elemental formula versus a polymeric formula. Peptamen® vs. Sondalis®-IL

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® supported the hypothesis of a more favorable course compared to use of a polymeric formula.

Shia JC Jr et al.

An Enteral Therapy Containing Medium-Chain Triglycerides and Hydrolyzed Peptides Reduces Postprandial Pain Associated with Chronic Pancreatitis.

Randomized prospective study of 130 adults with acute pancreatitis stratified for disease severity

Peptamen® vs. Ensure® vs. high fat meal

Peptamen® significantly minimized the pancreas and cholecystokinin 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.

McClave SA et al.

Comparison of the Safety Early vs. Parenteral Nutrition in Mid Acute Pancreatitis.

To determine if an enteral formula containing MCT and hydrolyzed peptides would minimally stimulate the pancreas and decrease pain associated with chronic pancreatitis.

Peptamen® vs. total parenteral nutrition (TPN)

Peptamen® led similarly as effective as TPN in resolving 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 toxic stress response and is significantly less costly than TPN.

Peptamen® With Prebio1®

To describe the outcome from switching a polymeric or semi-elemental formula to an isoelectric semi-elemental formula with prebiotics.

Retrospective study of 17 pediatric patients who undergo 20% reduction in body surface area

Children receiving Peptamen® reached their goal feeding rate faster and experienced significantly less diarrhea.

Peptamen® AF 1.2

To observe tolerance and gastric emptying of Peptamen® with Prebio1® in 8 pediatric patients with small bowel failure.

Prospective, open pilot feeding regimen of Peptamen® with Prebio1® in 8 children with intestinal failure and prebiotic nutrition intervention

Peptamen® with Prebio1® was well tolerated and associated with clinically meaningful gains in weight, height, nutritional status and quality of life scores. Infusional and disease activity were decreased. A phase II dose-finding feeding regimen of Peptamen® with Prebio1® is effective in treating pediatric Crohn’s disease.

Hussey TA et al.

Nutrition Therapy in Pediatric Crohn’s Disease Patients Improves Nutritional Status and Decreases Inflammation.

To determine if an enteral nutrition formula high in cysteine, EPA-DHA and cysteine induced inflammatory response

Rats were allocated to receive Peptamen® AF, Promote® or a rat chow for 8 days, after which they received an injection with LPS or saline. Rats were euthanized 18 hours after injection with LPS or control. Peptamen® AF rats showed significantly less weight loss, significantly less leukocytosis, serum IL-1β (leukocyte activating factor enzyme), less hepatic damage, less decrease in hemoglobin, increased muscle mass, increased local and hepatic blood flow, and higher hepatic glutathione content. Data suggests that Peptamen® AF protects against systemic inflammatory response.

Qz MHS et al.

Nutrition Intervention: A Strategy Against Systemic Inflammatory Syndrome.

To determine if an enteral nutrition formula high in cysteine, EPA-DHA and cysteine induced inflammatory response

Peptamen® AF vs. Peptamen® Junior

To study the effects of equal amino acid formulas of different energy density and protein and fat implications in children with volume intolerance.

To study the effects of equal amino acid formulas of different energy density and protein and fat implications in children with volume intolerance.

Khosla S, Brown GA

Gastric Emptying of Two Whey-based Formulas of Different Energy Densities and its Clinical Implication in Children with Volume Intolerance.

To study the effects of equal amino acid formulas of different energy density and protein and fat implications in children with volume intolerance.

To determine the effects of the whey-based diet in children under 1 year of age.

To evaluate the effects of various feeding modalities on weight recovery in intestinal transplant patients managed with or without a lymphocyte depleting agent (rATG).

To study the effects of equal amino acid formulas of different energy density and protein and fat implications in children with volume intolerance.

Flack S et al.

Experience with a New Enteral Feeding for a Paediatric Gastroenterology Clinic.

To demonstrate the whey-based diet in children under 1 year of age.

Peptamen® Junior

To determine the effects of the whey-based diet in children under 1 year of age.

To study the effects of equal amino acid formulas of different energy density and protein and fat implications in children with volume intolerance.

Kowalaki LA et al.

Nutrition Autonomy After Pediatric Intestinal Transplantation.

To study the effects of equal amino acid formulas of different energy density and protein and fat implications in children with volume intolerance.

Peptamen® Junior

To demonstrate the whey-based diet in children under 1 year of age.

Flack S et al.

Experience with a New Enteral Feeding for a Paediatric Gastroenterology Clinic.

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