



When your pediatric patients need a proven, well-tolerated, 100% whey peptide-based formula, there's only one choice.

PEPTAMEN® has the proof in PEDIATRICS!

PEPTAMEN® is the only family of peptide-based formulas supported by over 25+ years of clinical experience and more than 20 published studies in pediatrics.†

Studies support the benefits: **improved tolerance and enhanced outcomes** in nutritional management of GI conditions.

Here is the evidence in the pediatric patient population to support PEPTAMEN® formulas:

GASTROINTESTINAL INTOLERANCE				
Authors & Journal	Study Objective	Formulas Studied	Patient Conditions	Results
Kowalski LA, et al. Presented at ASPEN Clinical Nutrition Week 2006;242:NP01.	To evaluate the effect of various feeding modalities on nutritional outcomes in intestinal transplant patients managed with or without a lymphocyte depleting agent (rATG).	PEPTAMEN JUNIOR® vs amino acid based diet	Intestinal Transplant	Patients receiving rATG therapy and PEPTAMEN JUNIOR® reached full feeding goals more quickly than those started on an amino acid-based formula. Ostomy output at 6 months was also lower in those who received a peptide vs. amino acid-based product.
Mattis L, et al. Supplement to Pediatric Research 2004;55:189.	To compare tolerance and growth between children using PEPTAMEN JUNIOR® powder and PEPTAMEN JUNIOR® liquid feeding in children with GI dysfunction.	PEPTAMEN JUNIOR® powder, PEPTAMEN JUNIOR®	Gastrointestinal dysfunction	Adequate tolerance was demonstrated with PEPTAMEN JUNIOR® powder compared to PEPTAMEN JUNIOR® liquid. Pre-study growth was maintained with the use of both formulas.
Flack S et al. Journal of Human Nutrition and Dietetics 2003;16:366.	To determine the usability of a pediatric whey-based diet in children >1 year of age.	PEPTAMEN JUNIOR®	Eosinophilic enteropathy and other food intolerances	PEPTAMEN JUNIOR® was associated with improvement in diarrhea, vomiting and abdominal pain.
Khosho V, et al. European Journal of Clinical Nutrition 2002;56:656-658.	To determine if a hypocaloric, hypertonic whey-based hydrolyzed formula empties from the stomach as efficiently as an iso-osmolar formula of lower energy density.	PEPTAMEN® 1.5 vs. PEPTAMEN®	Gastrostomy-fed children with volume intolerance	Significant weight gain was seen at one month with PEPTAMEN® 1.5.
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 formulas (including PEPTAMEN®)	Documented delayed gastric emptying	Patients receiving whey-based formulas had a significant reduction in vomiting compared with those receiving the casein-based formula. Whey-based formulas like PEPTAMEN® reduced the frequency of vomiting by improving the rate of gastric emptying.
Chessman KH, et al. Presented at the ASPEN 15th Clinical Congress, 1991.	To determine tolerance and efficacy of a 100% whey, peptide-based formula in children with short bowel syndrome.	PEPTAMEN®	Short Bowel Syndrome	The use of PEPTAMEN® was well tolerated and resulted in discontinuation of PN in 2 of the 4 subjects. In addition, nutritional parameters remained within normal limits for all the patients studied.

† Studies using PEPTAMEN® family of products

GASTROINTESTINAL INTOLERANCE

Authors & Journal	Study Objective	Formulas Studied	Patient Conditions	Results
Murray ND, Vanderhoof JA. Journal of Parenteral and Enteral Nutrition 1988;12(suppl):215.	To compare tolerance of a peptide-based whey protein diet with LCT and MCT to a low fat amino acid-based diet.	PEPTAMEN® vs. free amino acid diet	Short Bowel Syndrome	Trend towards decreased ostomy output in patients receiving PEPTAMEN® vs. the free amino acid diet; fat excretion was similar in both groups. Patients without ostomies receiving PEPTAMEN® had thicker stools. Trace element excretion was greater with the free amino acid diet.
Swanson Center for Nutrition, Omaha, Nebraska, 1987 (case report).	Long-term nutrition support of a pediatric patient with short bowel syndrome.	PEPTAMEN®	Short Bowel Syndrome	A 3 year old child with SBS, who spent 2 years on TPN and tube feedings with various pediatric formulas, was started on PEPTAMEN®. The child gained weight on PEPTAMEN® and accepted it well as an oral feeding. TPN was eventually discontinued. PEPTAMEN® was beneficial in the transition from TPN to enteral feeding in the long-term nutritional management of a child with short bowel syndrome.
Swanson Center for Nutrition, Omaha, Nebraska, 1987 (case report).	Nutrition support management of a pediatric patient with a high-output ostomy.	PEPTAMEN®	Hirschsprung's disease involving the colon and ileum	A 2 year old developed malabsorption and high ostomy output after surgery to reposition his ileostomy. TPN was initiated, but ostomy output remained high. Several pediatric and adult elemental tube feedings were attempted but discontinued as malabsorption continued. PEPTAMEN® was initiated and ostomy output decreased by 35%. PEPTAMEN® assisted in the fluid control and nutrition support management of malabsorption from a high-output ostomy.

DEVELOPMENTAL DELAY

Authors & Journal	Study Objective	Formulas Studied	Patient Conditions	Results
Storm H, Minor G. Presented at the NASPGHAN Annual Meeting, Washington D.C., October 2015, (#294)	To evaluate improvements in feeding tolerance in tube-fed children with developmental delays who were switched from intact protein formulas to PEPTAMEN JUNIOR® formulas.	PEPTAMEN JUNIOR®, PEPTAMEN JUNIOR® 1.5, and PEPTAMEN JUNIOR® with Prebio ¹ ™	Developmentally delayed children with feeding intolerance	Of subjects assessed, 92% had improved feeding tolerance resulting from the switch to a PEPTAMEN JUNIOR®, and 75% of these reported the time to improvement within 1 week after the switch. Feeding tolerance parameters that improved were: vomiting (86%), gagging and retching (75%), high residual volumes (63%), constipation (43%), diarrhea (100%) and poor weight gain (100%). After switching to PEPTAMEN JUNIOR®, 71% were able to tolerate increased feeding volumes.
Savage K, et al. J Parenter Enteral Nutr; Jan 2012; 36(1):suppl 118S-123S	To investigate whether a 50% whey, whole protein formula (NUTREN JUNIOR®) and a 100% whey, peptide-based formula (PEPTAMEN JUNIOR®) reduced gastroesophageal reflux and accelerated gastric emptying in comparison to a casein-based formula (PediaSure®) in children with severe cerebral palsy with a gastrostomy and fundoplication.	PEPTAMEN JUNIOR® and NUTREN JUNIOR®	Cerebral palsy and delayed gastric emptying	In children who have severe CP with a gastrostomy and fundoplication, gastric emptying of both NUTREN JUNIOR® and PEPTAMEN JUNIOR® is significantly faster than PediaSure®.

DEVELOPMENTAL DELAY				
Authors & Journal	Study Objective	Formulas Studied	Patient Conditions	Results
Barsky DL. Presented at the First Annual Nutrition Week: A Scientific and Clinical Forum and Exposition. February 2002, San Diego, California.	To evaluate the progress of children with food refusal and poor weight gain who were enrolled in the intensive day treatment Feeding Program of the Pediatric Feeding and Swallowing Center at the Children's Hospital of Philadelphia.	PEPTAMEN JUNIOR®	Children with feeding difficulties and poor weight gain	For children with delayed gastric emptying and GER, a whey-based pediatric enteral formula (PEPTAMEN JUNIOR®) in addition to an intensive feeding program may reduce emesis, improve acceptance and tolerance of food and prevent need for supplemental tube feeds.
Brackett K, et al. Presented at the ASPEN 24th Clinical Congress 2000;81:P0110.	To demonstrate the role of a hydrolyzed, whey-based formula in improving feeding tolerance, nutritional status and quality of life in a patient with developmental delay, feeding difficulties and growth failure.	PEPTAMEN JUNIOR®	Developmental delay, growth failure	As compared to an intact casein-based formula, the use of PEPTAMEN JUNIOR® significantly decreased episodes of vomiting and retching, improved linear growth and improved tolerance of larger volumes of feeding.
CROHN'S DISEASE				
Authors & Journal	Study Objective	Formulas Studied	Patient Conditions	Results
Hussey TA, et al. J Pediatr Gastroenterol Nutr. 2003;37(3): 341-342(#45).	To observe tolerance and efficacy of a six-week tube feeding regimen of PEPTAMEN® with Prebio ^{1TM} .	PEPTAMEN with Prebio ^{1TM}	Crohn's disease	PEPTAMEN® with Prebio ^{1TM} was well tolerated and associated with gains in weight, height, nutritional status and clinically meaningful increases in quality of life scores. Inflammation and disease activity decreased with the use of PEPTAMEN® with Prebio ^{1TM} tube feeding formula.
Bouthillier L, et al. Presented at the ASPEN 24th Clinical Congress 2000;74:P0087.	To evaluate the effect of a 1.5 kcal/mL semi-elemental formula on acceptability, tolerance, weight gain, and efficacy of nutrition therapy in pediatric Crohn's disease as compared to a 1 kcal/mL semi-elemental formula.	PEPTAMEN® 1.5	Crohn's disease	PEPTAMEN® 1.5 was well tolerated, patients preferred the reduced volume that was required compared to a 1 kcal/mL formula and there was no change in weight. PEPTAMEN® 1.5 was as effective as a 1 kcal/mL formula in controlling disease activity.
Herzog D, et al. Gastroenterology 1997;112:A995.	To assess growth velocity and relapse frequency in children with quiescent Crohn's disease and growth failure.	PEPTAMEN®	Crohn's disease and growth failure	PEPTAMEN® fed cyclically to children with Crohn's disease significantly reduced relapse frequency and permitted normalization of growth velocity and bone density in quiescent pediatric Crohn's disease with severe growth failure.
Polk DB, et al. Journal of Parenteral and Enteral Nutrition 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 and reduced disease activity, allowing a reduction in prednisone intake.
CYSTIC FIBROSIS				
Authors & Journal	Study Objective	Formulas Studied	Patient Conditions	Results
Fulton JA, et al. Presented at the ASPEN 23rd Clinical Congress 1999; JPEN 78 (# 77)	To investigate the utility of a 1.5 kcal/mL semi-elemental formula for tube-fed children with cystic fibrosis who were previously using a powdered, reconstituted high CHO semi-elemental formula.	PEPTAMEN® 1.5	Cystic Fibrosis	All subjects experienced improvements in weight gain, and no steatorrhea was reported. The authors report that the use of PEPTAMEN® 1.5 in patients with CF can minimize diarrhea, reduce enzyme use and decrease cost.

CYSTIC FIBROSIS				
Authors & Journal	Study Objective	Formulas Studied	Patient Conditions	Results
McMurdy JM, Presented at ADA 1999; JADA;99(9): A128-A129.	To describe the use of a 1.5 kcal/mL peptidebased formula vs. a 1.0 kcal/mL formula in two adolescent home enteral patients (one with Crohn's disease, one with cystic fibrosis) requiring an elemental diet.	PEPTAMEN® 1.5	Crohn's disease and cystic fibrosis	PEPTAMEN® 1.5. promoted a 32% weight gain in the patient with Crohn's disease (vs. a 1.0 kcal/mL formula), reduced feeding time and allowed the patient to return to school. PEPTAMEN® 1.5. allowed the patient with CF to increase rate of weight gain (vs. a 1.0 kcal/mL formula) and achieve the 25th percentile goal weight required for a double lung transplant.

BURNS				
Authors & Journal	Study Objective	Formulas Studied	Patient Conditions	Results
Dylewski ML et al. Presented at Clinical Nutrition Week 2006;547:NP72.	Compare the effects of a whey-based hydrolyzed protein feeding vs. an intact casein-based formula in pediatric burn patients.	PEPTAMEN® vs. casein-based formula	Burns exceeding 20% TBSA	PEPTAMEN® is better tolerated than the intact casein-based feeding in pediatric burn patients. PEPTAMEN® promoted more rapid progression to goal feeding and a decrease in incidence of diarrhea.

HIV				
Authors & Journal	Study Objective	Formulas Studied	Patient Conditions	Results
Hampsey J, et al. Journal of the Federation of Am Societies for Experimental Biology 1997;11: 1085A.	To determine if early nutritional intervention is beneficial to the HIV infected child.	PEPTAMEN JUNIOR®	Symptomatic HIV-infected children	HIV-infected children who consumed one 250 mL serving of PEPTAMEN JUNIOR® daily had a significant increase in weight gain velocity and triceps skin fold during the study period than in the equal time period before the study. Those with the greatest compliance to the study regimen were able to increase or maintain their hematocrit and hemoglobin. Nutritional intervention with PEPTAMEN JUNIOR® is beneficial for children with symptomatic HIV.

PEPTAMEN® JUNIOR

Complete Peptide-Based Formulas for Children

Ordering INFORMATION

PRODUCT	CALORIC DENSITY	PRODUCT CODE	NHSc Item #	PACKAGING
PEPTAMEN® JUNIOR Vanilla	1.0	7 73201 06252 7	12321204	24 x 250 ml Tetra Prisma®
PEPTAMEN® JUNIOR 1.5 Unflavored	1.5	0 43900 33901 6	12142283	24 x 250 ml Tetra Prisma®

Contact your Nestlé Health Science sales representative
or call **1 800 565-1871** for additional ordering information

www.nestlehealthscience.ca

PediaSure® is a trademark of Abbott Laboratories.
All other trademarks are owned by Société des Produits Nestlé S.A., Vevey, Switzerland.
©2018 Nestlé. All rights reserved. Apr-18.

