



## Let the Evidence Speak for Itself.

PEPTAMEN® is the only family of peptide-based formulas supported by over 30 years of clinical experience and more than 60 published studies.

Recently published evidence further supports the use of Peptamen® formulas for delivering better patient outcomes by:

- OPTIMIZING BLOOD GLUCOSE CONTROL
- PROMOTING ABSORPTION AND TOLERANCE
- MEETING PROTEIN NEEDS

# PEPTAMEN® has the Proof



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

Patient Condition	Formulas Studied	Study Objective	Results	Authors and Journal
<b>BLOOD GLUCOSE CONTROL</b>				
Critically ill overweight and obese and mechanically ventilated	Peptamen® Intense VHP vs. Replete®	Determine whether blood glucose control could be facilitated by use of a low CHO, hydrolyzed whey, very high protein, MCT containing formula. (Final study data)	Multicenter RCT of 102 patients showed that use of Peptamen® Intense VHP associated with a significant reduction in mean blood glucose, hyperglycemia and insulin usage, without a comparative increase in hypoglycemic events.	Rice TW, et al. <i>JPEN</i> 2019;43:471-480.**
Type 2 DM	Peptamen® Intense VHP vs. Vital® HP†	Determine if a very high protein, low carb, enzymatically hydrolyzed, 100% whey-based enteral formula can provide better control of post-prandial blood glucose relative to a very high protein whey and casein-based formula.	This randomized, crossover clinical trial demonstrated significantly improved blood glucose levels when receiving Peptamen® Intense VHP versus Vital® HP.	Huhmann M*, et al. <i>Nutrition and Diabetes</i> 2018 8:45.**
<b>ABSORPTION AND TOLERANCE</b>				
Adult patient with severe Crohn's Disease	Peptamen® 1.5	Case study observation of a patient with severe Crohn's disease who used exclusive Peptamen 1.5 diet as adjunct to medical therapy for disease control.	Use of exclusive Peptamen 1.5 as an adjunct to medication resulted in remission of a Crohn's Disease flare.	Tiegen L, et al. <i>Crohn's and Colitis</i> 360. 2020;2(1):1-3.**
Mechanical Ventilation	Peptamen® 1.5	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.	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.	Heyland D et al. <i>Critical Care Medicine</i> . 2013;41(12):1-11.
Upper GI cancer surgery	Peptamen® vs. very low fat oral diet enriched with MCT	Evaluate incidence of chyle leaks after change in surgical technique; length of stay in patients with chyle leaks; nutrition effect on recovery time.	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 specialized oral or enteral nutrition therapy.	Wakefield S, et al. <i>Complete Nutrition</i> 2013;13(3):45-47.
Critically ill with subarachnoid hemorrhage	Peptamen® AF vs. standard formula and a protein modular	Compare the effects of early EN x 7 days with pharmaceutical vs. a standard isocaloric, isonitrogenous formula on blood visceral proteins and plasma and clinical expression of inflammatory and immune parameters.	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.	Bandini M, et al. <i>Minerva Anestesiologica</i> 2011;77, suppl 2 (10):171
Adults with ischemic stroke	Peptamen® 1.5 vs. standard formula and a protein modular	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.	Individuals who received Peptamen® achieved more clinical benefits than those who received intact casein. Peptamen® was associated with a decrease IL-6 (p=0.04) and an increase in glutathione peroxidase (p=0.03) in elderly patients admitted to the ICU secondary to ischemic stroke.	Aguilar-Nascimento J, et al. <i>Nutrition</i> 2011, 27;440-444.
Pediatric burn patients exceeding 20% TBSA	Peptamen® vs. standard formula	Compare the effects of Peptamen® vs. an intact casein-based formula in pediatric burn patients.	Peptamen® is better tolerated than casein-based feeding in pediatric burn patients. Peptamen® promoted more rapid progression to goal feeding and a decrease in incidence of diarrhea (p=0.03).	Dylewski ML, et al. <i>Nutrition Poster</i> 72; A.S.P.E.N. <i>Clinical Nutrition Week</i> 2006.
Intestinal failure undergoing intestinal rehabilitation	Peptamen® with Prebio <sup>1™</sup>	Describe the outcome from switching from a polymeric or semi-elemental formula to Peptamen® with Prebio <sup>1™</sup> .	Patients experienced weight gain and maintained albumin during the change to the fiber containing formula. Three months of oral or enteral intake of Peptamen® with Prebio <sup>1™</sup> may induce weight gain in patients with intestinal failure undergoing intestinal rehabilitation.	Parekh N. <i>American College of Gastroenterology Annual Meeting Abstracts</i> 2006: S313-14, Abstract Number 776.

Patient Condition	Formulas Studied	Study Objective	Results	Authors and Journal
Acute active Crohn's disease	Peptamen® vs. prednisone	Compare nutritional support with Peptamen® with the use of steroids in patients with active Crohn's disease.	All patients showed an improvement in all indices of Crohn's disease activity. The patients' response to Peptamen® and to steroids was equivalent. Peptamen® can be efficacious in the nutrition support of active Crohn's disease.	Pereira SP, et al. <i>Clinical Science</i> 1996;91:509-512.
Acute pancreatitis	Peptamen® vs. standard formula	Compare tolerance and outcomes in patients with acute pancreatitis receiving Peptamen® versus an intact casein-based formula.	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.	Tiengou LE, et al. <i>Journal of Parenteral and Enteral Nutrition</i> 2006;30(1):1-5.
Critically ill, mechanically ventilated (MV)	Peptamen® 1.5	Determine whether EN can protect ICU patients on MV from mucosal injury and GI bleeding.	Provision of EN incurred no deleterious effects. Despite slightly higher risk (older age and greater endoscopic mucosal injury scores), patients receiving EN showed evidence of less GIB than controls on no stress prophylaxis. This protective effect appeared unrelated to control of pH or meeting caloric requirements.	McClave S, et al. <i>Gastroenterology</i> 2004;126(Suppl2): A-647
Active Crohn's Disease	Peptamen® (orally) vs. prednisone	Determine the efficacy of an oral elemental diet versus steroids in patients with active Crohn's disease.	Peptamen® given orally to adult patients with Crohn's disease was at least as effective as steroids in inducing remission of the disease, and may improve nutritional status, probably through a more rapid restoration of normal intestinal permeability.	Zoli G, et al. <i>Alimentary Pharmacology &amp; Therapeutics</i> 1997;11:735-40.
Acute pancreatitis and chronic pancreatitis with flare-ups	Peptamen® vs. parenteral nutrition	Assess safety and efficacy of Peptamen in acute pancreatitis.	Peptamen® fed jejunally was as effective as PN in the nutritional management of patients with pancreatitis. Peptamen® patients had significantly greater improvement in Ranson criteria (p=0.002) score 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).	McClave SA, et al. <i>Journal of Parenteral and Enteral Nutrition</i> 1997;21:14-20.
Critically ill, hypoalbuminemic elderly	Peptamen® vs. free amino acid diet	Compare tolerance and length of stay (LOS) in patients on Peptamen® vs. a free amino acid diet.	The Peptamen® group had significantly fewer stools than the free amino acid group (p<0.02). Both groups had equal tube-feeding intake. The 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; NS). Improved N2 balance was seen in the Peptamen® group (p<0.001).	Borlase BC, et al. <i>Surgery, Gynecology and Obstetrics</i> 1992;174:181-8.
Pediatric patients with documented delayed gastric emptying	1 casein-predominant vs. 3 whey-predominant (including Peptamen®)	Determine gastric emptying times and incidence of regurgitation in children with documented delayed gastric emptying.	Patients on whey-based formulas had a significant reduction (p<0.05) in vomiting (2±2) compared with those on the casein-based formula (12±11). Whey-based formulas like Peptamen® reduce the frequency of vomiting by improving the rate of gastric emptying (p<0.001).	Fried MD, et al. <i>Journal of Pediatrics</i> 1992; 120:569-72.
<b>PROTEIN DELIVERY</b>				
Mixed ICU patients	Peptamen® Intense VHP vs. Standard tube feedings	Analyze retrospective data of 40 ICU patients: 20 receiving standard enteral nutrition (EN) +/- protein modulators and 20 receiving Peptamen® Intense VHP.	During first five days of exclusive EN usage, Peptamen® Intense VHP, as compared to standard EN, resulted in significantly higher protein prescription and delivery without increasing energy intake or use of modular protein.	ApSimon M, Johnston C, Winder B, Cohen S, Hopkins B.* <i>NCP</i> 2020;35(3):533-539.**
Mixed ICU patients	Peptamen® Intense VHP vs. Peptamen® Intense VHP + Powdered Protein Modular	Demonstrate that a specialized tube feeding formula with 37% of calories from protein will deliver at least 80% of prescribed protein requirements to ICU patients within 5 days of feeding initiation.	This QI project, assessing patients from 6 Canadian ICUs, found that use of Peptamen® Intense VHP alone was associated with achieving higher protein targets while avoiding overfeeding, and it was well-tolerated.	Hopkins B* et al. <i>NCP</i> 2020;35(2):289-298.**

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<b>PROTEIN DELIVERY</b>				
Critically ill overweight or with obesity and mechanically ventilated	Peptamen® Intense VHP vs. Replete®	Determine if use of hyperproteic nutrition in 105 patients would negatively affect accumulation of blood urea nitrogen (BUN) and creatinine (CR).	Use of a very high protein enteral formula at 1.2g pro/kg IBW/day was not associated with a detrimental effect on renal function and accumulation of nitrogen waste products.	Huhmann M*, et al. ASPEN Nutrition and Science Practice Conference 2019, Phoenix, AZ.**
Mixed ICU patients	Peptamen® Intense VHP vs enteral formulas lower in protein	Determine if increasing protein delivery and decreasing carbohydrate delivery improves clinical outcomes.	A significant improvement in mortality occurred with increased protein delivery.	Ochoa J*, et al. <i>Crit Care</i> 2019;23(Supp2) 72:121-122 (P280).**
Mechanically ventilated ICU patients	Peptamen® Intense VHP with PEPuP protocol vs. standard formula on various enteral nutrition (EN) protocols	Evaluate the success of the PEPuP protocol in facilitating achievement of calorie and protein requirements via enteral feeding.	Multicenter, observational study of patients in 50 ICUs showed that PEPuP protocol implementation in 7 ICUs, with use of Peptamen® Intense VHP as the initial formula, may help optimize nutrient delivery with higher delivery of calories (p=0.01) and protein (p=0.001) as compared to those patients on standard EN protocols.	Heyland D, et al. <i>JPEN</i> 2018;42:308-317.**
Critically ill neurological patients receiving Diprivan® (Propofol)	Peptamen® Intense VHP vs. standard formula	Assess calculated energy and protein needs of the critically ill patient receiving Diprivan® (Propofol) before and after introduction of a very high protein tube feeding.	Upon availability of a high protein feeding there was a change in practice in determining protein and calorie requirements in patients receiving Propofol. Calculated protein requirements increased (p=0.03) and calculated calorie requirements decreased.	Wieser JL, et al. <i>Nutrition Poster at ASPEN Clinical Nutrition Week 2017.</i>
<b>POST-ACUTE CARE</b>				
GI Intolerance in Post-Acute Care Setting	Peptamen® 1.5 and Peptamen® AF vs. Intact protein-based formula	Retrospectively review charts of 10 adult patients receiving tube feeding in the post-acute care setting who experienced intolerance on intact protein-based formulas.	Switching to a 100% whey peptide-based formula improved symptoms of feeding intolerance, and four patients experienced a reduction or discontinuation of feeding-intolerance related medications.	Hopkins B*, Chouinard J. Dietitians of Canada Meeting Abstract, 2019, Ottawa, ON.**
GI Intolerance on Home Enteral Nutrition (HEN)	Peptamen® Peptamen® 1.5 Peptamen® Prebio™ Other	Analyze patient characteristics and GI tolerance of peptide-based diets in the HEN population.	Retrospective study of 95 HEN patients found Peptamen® is well-tolerated, resulting in significantly fewer symptoms of intolerance, required health care practitioner interactions, and emergency room visits.	Mundi M. et al. <i>NCP</i> 2020;35:487-494***
GI Tolerance and Clinical Characteristics of Homecare Patients Receiving Peptamen® Enteral Nutrition.	Peptamen® Enteral Nutrition	Describe demographic, clinical and treatment characteristics of patients receiving Peptamen® enteral nutrition in the homecare setting.	Retrospective study of 1022 adult patients showed that Peptamen® formulas were associated with gastrointestinal tolerance with more than half of patients experiencing no intolerance events.	LaVallee C, et al. ASPEN Nutrition and Science Practice Conference 2020, Tampa, FL. **

## USE UNDER MEDICAL SUPERVISION

### REFERENCES

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