



Peptamen® Has the Proof

PEPTAMEN® is the only family
of peptide-based formulas
supported by **over 35 years of
clinical experience and more than
70 published studies.**



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

Patient Condition	Formulas Studied	Study Objective	Results	Authors and Journal
BLOOD GLUCOSE CONTROL				
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.	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.**
Mixed ICU Adults with Hyperglycemia	Peptamen® Intense VHP vs. other peptide enteral formulas without 100% whey protein vs. standard and diabetic intact protein formula	Compare the frequency of hyperglycemia, clinical characteristics of and outcomes in critically ill patients receiving varying enteral formulas	Retrospective observational analysis of 17,723 patients in the Premier Healthcare database showed that hyperglycemia was significantly more frequent in patients receiving other peptide-based diets, as compared to those receiving Peptamen® Intense, and GI intolerance and rectal tube usage were less frequent with Peptamen® Intense VHP usage as compared to all other formulas studied.	Lowen CC*, et al. <i>JPEN</i> 2022;46(S1): S79-S81.**

Patient Condition	Formulas Studied	Study Objective	Results	Authors and Journal
ABSORPTION AND TOLERANCE				
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.**
Adult Hospitalized Patients	Peptamen® formulas vs. standard & diabetic intact protein enteral formulas	Identify characteristics of hospitalized adult patients receiving Peptamen® and standard intact protein enteral formulas.	Retrospective observational analysis of Premier Healthcare database showed use of Peptamen® enteral formulas resulted in higher tube feeding tolerance, less nausea, vomiting and abdominal pain. Peptamen® formulas were used more often in critically ill patients with higher severity of illness and risk of mortality scores.	Schott LL, et al. <i>JPEN</i> 2021;45:S171.**
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 pharma-conutrition 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.
Mixed ICU Adults	Peptamen® formulas vs. other peptide enteral formulas without 100% whey protein vs. standard and diabetic intact protein formulas	Explore if patient characteristics differ by enteral formula selection and assess the clinical characteristics between enteral formula groups.	Retrospective observational analysis of Premier database showed use of Peptamen® enteral formulas was associated with improved feeding tolerance. Use of Peptamen® in patients with the highest severity of illness was also associated with lower incidence of enteral feeding intolerance.	Lowen CC,* et al. <i>Clinical Nutrition ESPEN</i> 2021;46:S736.**
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 endoscopice 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.**

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ABSORPTION AND TOLERANCE				
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 & 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. (Funded by a grant from Nestlé, Inc. and Clintec)
PROTEIN DELIVERY				
Mixed ICU patients	Peptamen® Intense VHP vs. Standard tube feedings	Analyze retrospective data of 40 ICU patients: 20 receiving standard enteral nutrition (EN) +/- protein modulars 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.**
Mixed ICU, mechanically ventilated (MV) adults	Peptamen® Intense VHP and other lower protein enteral formulas; supplement PN	Assess the association of high protein intake (> 1.2g/kg/day) with outcomes and BUN in patients on MV.	Single center retrospective cohort study of 206 MV patients receiving > 3 days of enteral feeding of high protein diet providing > 1.2g/kg/day (Peptamen Intense® VHP in 65 of 111 high protein patients) and non-high protein group with various enteral formulas (n=95). High protein nutrition associated with better 28-day and 90-day mortality; higher BUN noted but may not be adversely associated with prognosis.	Suzuki G, et al. <i>Clinical Nutrition</i> <i>ESPEN</i> 2020;38:111-117.
Mixed ICU patients	Peptamen® Intense VHP vs. enteral formulas lower in protein	Determine if increasing protein delivery and decreasing carbohydrate (CHO) delivery improves clinical outcomes.	Retrospective analysis of clinical outcomes from the Geisinger Health System showed gradual increase of Peptamen® Intense VHP during the first week of ICU is safe, conforms to ICU nutrition guidelines and is associated with significantly lower 30-day mortality.	Ochoa Gautier JB, et al. <i>Clin Nutr</i> 2022;41:2833-2842.**

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PROTEIN DELIVERY				
Mixed ICU, mechanically ventilated (MV) adults	Peptamen® Intense VHP (high protein) vs enteral formulas lower in protein (standard); supplemental PN by day 7 to meet nutritional goals, as needed	Evaluate the efficacy if 2.0-2.2 g protein/day and early exercise versus 1.4-1.5g protein/day and routine physiotherapy on outcomes of ICU patients.	Prospective randomized controlled trial found that a high protein intake and resistance training led to an improvement in physical quality of life in critically ill patients as measured at 3 and 6 months. Reduction in mortality rate and improvement in ICU-acquired weakness tendency also shown.	Araujo de Azevedo JR, et al. BMC Anesthesiol 2021;21:283.
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. Clin Nutrition 2022: 2833-2842.**
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. Nutrition Poster at ASPEN Clinical Nutrition Week 2017.***
POST-ACUTE CARE				
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. NCP 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. JPEN 2021;45:1725-1735.**

USE UNDER MEDICAL SUPERVISION

ADDITIONAL REFERENCES:

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5. Dylewski ML, et al. Nutrition Poster 72; ASPEN Clinical Nutrition Week, 2006.
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Peptamen®
Delivering the
Right Nutrition
35+ YEARS