FOR YOUR GI-IMPAIRED PATIENTS

whey better nutrition starts with Peptamen®

Use of Peptamen® Formula **resulted in a decrease of $17,615 in total cost of care per patient** in feeding intolerant patients who received home enteral nutrition.

In a retrospective study of 60 adult patients in a post-acute care setting diagnosed with illnesses such as malignancy, hepato-biliary/pancreatic disorders and other GI conditions, use of Peptamen® formulas was associated with a 50.1% reduction in enteral feeding intolerance and a 45.5% decrease in cost of care.

Improvements in healthcare resource utilization were seen at all time points up to 8 weeks across multiple diagnoses when patients received Peptamen® formulas as compared to the 4-week period prior to patients receiving Peptamen® formulas.

50.1% reduction in **enteral feeding intolerance**

45.5% decrease in **cost of care**

USE UNDER MEDICAL SUPERVISION.
This information is for educational purposes only and is not intended as a substitute for medical advice.

To request samples and find out more information contact your Nestlé Health Science representative, call 1-800-422-ASK2 (2752), or visit www.NestleMedicalHub.com.

PPTM-15476-2024

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ABSTRACT STUDY SUMMARY

The Use of Peptide-Based Diet in Enteral Nutrition Therapy: A Retrospective Cost Analysis

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Journal of Parenteral and Enteral Nutrition 2023;47(S2):S18.

Background:

Home enteral nutrition (HEN) is often used to provide long-term nutrition therapy. Enteral feeding intolerance (EFI) is prevalent in HEN patients and often requires transition to a peptide-based tube feeding formula (PBF).

Objective:

Determine the economic impact of using specialized formulas for the treatment of EFI in the HEN population.

Methods:

This was a retrospective analysis of the Mayo Clinic Rochester HEN population data, evaluating the cost of transitioning to a 100% whey PBF during therapy from October 2018 through August 2020, with evaluation of demographic data, enteral nutrition (EN) regimen and cost of care being captured through October of 2020 or termination of EN.

Cost of care was categorized as follows:

— Emergency Department visits-ED
— Inpatient care-IP
— Outpatient care-OP
— Total cost of care-TC

Results:

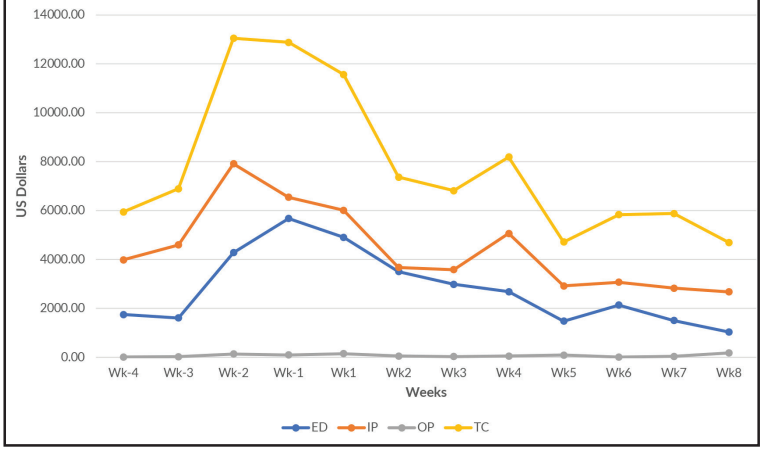
- 60 patients included
- Mean age 53.5 ± 20.7 years
- 55% female
- Disease Process:
  - — Malignancy 43.3%
  - — Hepato-biliary/Pancreatic. 15.0%
  - — Mucosal Disease 10.0%
  - — Non-Malignant Mechanical Obstruction 8.4%
  - — Bariatric Surgery. 8.4%
  - — Gastrointestinal Dysmotility. 6.6%
  - — Neurodengerative/Developmental Delay . .6.6%
  - — Functional Disorder 1.7%
- Indication for EN included dysphagia/odynophagia, malnutrition, nausea and vomiting, fistula or bowel perforation, inadequate oral intake or obstruction/stricture.
- Pre-transition prevalence of EFI was.....43.3%
- Post-transition prevalence of EFI was 21.6%
- **EN Complications before and after PBF:**

Complications	Pre-Transition %	Post-Transition %
Overall	53.3	48.3
Tube-Related	20.0	28.3
EFI	**43.3**	**21.6**
Metabolic	3.3	10.0

- **Average cost of total care per patient on PBD:**

Last 4 weeks prior to PBD	First 4 weeks of PBD	Second 4 weeks of PBD
$38,744	**$33,944**	**$21,129**

Figure 1. Cost of Care Per Patient (Week - 4 to Week 8)



ED = Emergency Department Visits **IP =** In Patient **OP =** Out Patient **TC =** Total Cost of Care

Conclusion:

Use of 100% whey PBF improves EFI and results in a reduction in overall and itemized total cost of care.

Study funded by Nestlé Health Science.

Summary prepared by Nestlé Health Science

NEST-15376-2024