

Compleat[®] Organic Blends formulas, which contain blenderized whole foods, are associated with improved GI tolerance as compared to Kate Farms^{®*} Standard formulas, which do not contain blenderized whole foods.

Compleat® Organic Blends formulas are associated with fewer GI intolerance symptoms compared to Kate Farms® Standard formulas:

- Less nausea and vomiting
- Reduced abdominal pain
- Less diarrhea
- Reduced flatulence



SUPERVISION

GI intolerance symptoms at 84-days post-discharge in a retrospective study of 448 adult patients in post-acute care

	CBTF N=124, n (%)	STD-TF N=324, n (%)	p-value†
Any intolerance symptoms	36 (29%)	158 (49%)	< 0.001
2 intolerance symptoms	9 (25%)	46 (29%)	0.045
3+ intolerance symptoms	3 (8%)	39 (25%)	0.002
Nausea & vomiting	11 (9%)	76 (23%)	< 0.001
Abdominal pain	10 (8%)	76 (23%)	< 0.001
Diarrhea	2 (2%)	33 (10%)	0.002
Flatulence	2 (2%)	21 (6%)	0.037

Abbreviations: CBTF, commercial blenderized tube feeding STD-TF, plant-based standard tube feeding †chi-square test, alpha=0.05 level of significance

Compleat® Organic Blends formulas include blenderized organic whole foods including mango, chicken, butternut squash, brown rice, beet, spinach, pears, blueberries, and kale and are available in Chicken-Garden and Plant-Based varieties.



Clinical Benefits of Real Food Tube Feeding Formulas Compared to Plant-Based Standard Tube Feeding Formulas in Post-Acute Care Adult Patients

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1. Medical Affairs, Nestlé Health Science, 2. Market Access, Nestlé Health Science, 3. Clarivate Data Analytics & Insights

Objective:

Describe patient characteristics and clinical outcomes among adult patients in post-acute care who received a commercially blenderized tube feeding (CBTF) formula made with a variety of whole foods compared to patients who received a plant-based standard tube feeding (STD-TF) without blenderized foods.

Methods:

A retrospective, observational study was conducted using nationally representative US claims data obtained from the Decision Resources Group Real World Evidence Data Repository, covering 98% of US health plans, including medical and pharmacy claims. Patient characteristics, medications, GI intolerance symptoms, health care resource utilization, and costs were assessed retrospectively in adults receiving a CBTF formula (Compleat® Organic Blends, Nestlé HealthCare Nutrition, US) or planted-based STD-TF formula (Kate Farms[®] Standard 1.0 and 1.4, Kate Farms, Inc., US) as sole-source nutrition for ≥7 days in post-acute care between Jan 2018 and Dec 2020. The index date was defined as date of hospital discharge. Outcomes were measured in the post-index period based on the last record in the study period at 84 days post-discharge. GI intolerance symptoms were compared between CBTF and plant-based STD-TF group at 84-days post-index using chi-square test.

Reference:

Henrikson A, et al. J Parenter Enteral Nutr. 2023;47(S2):S102.

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Results:

The study included 448 adults (46% female; mean age 41.5 [23.3] years) from all US regions. The most common diagnoses pre-index were diseases of the digestive system (90%), musculoskeletal and connective tissue (81%), and nervous system (78%). Overall mean (SD) Charlson Comorbidity Index score was 3.8 (3.4). The most frequent comorbidities were chronic pulmonary disease (38%), paraplegia and hemiplegia (32%) and cancer (27%). No significant difference in concomitant medications use was observed for central nervous system agents, GI drugs (anti-diarrheals, anti-emetics, laxatives, and others) and anti-infective agents between groups.

Significantly fewer patients experienced GI intolerance symptoms at 84-days post-discharge while receiving the CBTF formula (29%) compared to the plant-based STD-TF (49%) (p< 0.001). This difference in GI intolerance for CBTF was maintained for intolerance symptoms including nausea and vomiting (p< 0.001), diarrhea (p=0.002), abdominal pain (p< 0.001), and flatulence (p=0.037) at 84-days post-discharge. Significantly more patients experienced three or more GI intolerance symptoms among the plant-based STD-TF group (25%) compared to CBTF group (8%) (p=0.002).

Conclusion:

The use of a commercially blenderized tube feeding formula with a variety of foods was well tolerated in adult post-acute care patients. Significant reductions in GI intolerance symptoms were observed among patients receiving a commercially blenderized tube feeding formula compared to a plant-based standard tube feeding formula, demonstrating clinical benefits in post-acute care patients.

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www.nestlemedicalhub.com/compleatevidence



