FOR YOUR GI-IMPAIRED PEDIATRIC PATIENTS

whey better nutrition starts with Peptamen JUNIOR®

Use of PEPTAMEN JUNIOR® formulas was associated **with significant reductions in GI intolerance symptoms in children with short bowel syndrome.**

In a retrospective study of 145 pediatric patients with short bowel syndrome in a post-acute care setting, use of Peptamen Junior® formulas was associated with **significant improvement of GI intolerance symptoms** including abdominal distention, diarrhea, nausea and vomiting, as well as, significantly fewer emergency room outpatient and inpatient visits.

Reduction in proportion of children experiencing GI symptoms was seen at all time periods up to 12 months post-index when patients received Peptamen Junior® formulas, as compared to the pre-index period:

- **50%** reduction in **Abdominal Distention**
- **39%** decrease in **Diarrhea**
- **43%** decrease in **Flatulence**
- **38%** decrease in **Nausea & Vomiting**

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

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ABSTRACT STUDY SUMMARY

Clinical and Health Economic Benefits Associated with The Use of Peptide-Based Enteral Formulas in Pediatric Patients with Short Bowel Syndrome

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Background:

Short bowel syndrome (SBS) results from the loss of mass or function of the small and large intestines.

In children, this may lead to intestinal failure and significant nutritional challenges. Increased expression of PepT1 in the remaining intestines is an adaptive mechanism that may improve small protein peptide absorption and promote intestinal growth with release of hormones that increase intestinal motility.

Objective:

Assessing GI intolerance symptoms, clinical outcomes, and health care resource utilization (HCRU) in children with SBS fed 100% whey, pediatric peptide-based enteral feeding (w-PBF) in the post-acute care setting (PAC) was the objective of this study.

Methods:

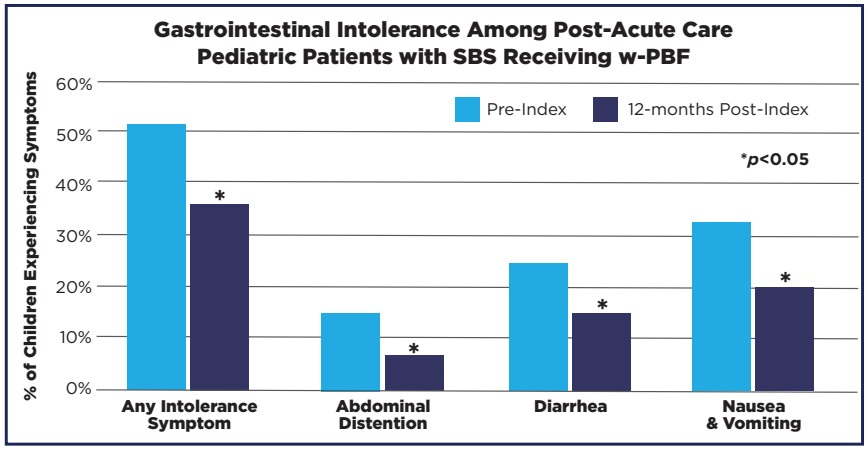
This was a retrospective study using a US claims de-identified data base from the Decision Resources Group Real World Evidence Data Repository. Patient characteristics, including GI symptoms, and HCRU were captured for children 1-17 years of age who received w-PBF for at least 7 consecutive days in the PAC during the period of Jan 2013-Jul 2023. Index date is defined as the date w-PBF was initiated in the PAC. Outcomes were compared between 12 months prior to (pre-index) and 12 months following (post -index) initiation of w-PBF.

Results:

Analysis of 145 children, mean age of 5.6 years and 52% male, was completed. Ninety-four percent of the patients had ≥1 additional co-morbidities. After initiation of w-PBF, significantly fewer patients experienced GI intolerance symptoms, including abdominal distention, diarrhea, nausea and vomiting during the 12-month post-index period. In addition, there were significantly fewer inpatient visits and HCRU utilization during this same period.

Conclusion:

100% whey pediatric peptide-based formulas are tolerated well in children with SBS. There were significant reductions in GI intolerance symptoms during the 12-month post w-PBF initiation period. Health care visits were also reduced, resulting in significantly lower healthcare costs.



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Study abstract can be accessed at:
https://aspenjournals.onlinelibrary.wiley.com/doi/epdf/10.1002/jpen.2604

*Employed by Nestlé Health Science Medical Affairs.

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