



FOR YOUR PEDIATRIC PATIENTS WITH GI IMPAIRMENT

# why better nutrition starts with Peptamen JUNIOR®

**PEPTAMEN JUNIOR®** made with **100%** whey protein, small peptides, and a high ratio of MCT is associated with **reductions in GI intolerance symptoms, reductions in healthcare resource utilization and cost savings.**

A retrospective observational study of **3,015 children (ages 1-17) in post-acute care** found that transitioning to **PEPTAMEN JUNIOR® formulas** — composed of **100%** whey protein, small peptides, and a high MCT ratio—was associated with **significant reductions in gastrointestinal intolerance symptoms, decreased healthcare resource utilization, and measurable cost savings.** These benefits were observed **up to 12 months following the formula switch, compared to the 12 months prior.\***

**32% REDUCTION**  
in any **GI intolerance symptom.**

**22% REDUCTION**  
in **patients requiring inpatient admission.**

**SIGNIFICANT REDUCTIONS**  
in **abdominal distention, abdominal pain, constipation, diarrhea, flatulence, gagging and retching, and nausea and vomiting.**

**UP TO 20%**  
lower portion of **patients requiring ED or urgent care visits.†**

All results statistically significant (p<0.001)

\*GI intolerance and reduction in healthcare resource utilization significantly reduced at 12 months post-index (p<0.001) and adjusted healthcare costs significantly reduced at 6 months post-switch (p<0.001).

†+ED (Emergency Department), 18% reduction and Urgent Care, 20% reduction

## 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](http://www.NestleMedicalHub.com).



## STUDY SUMMARY

# Gastrointestinal Tolerance, Healthcare Resource Utilization, and Cost Analysis of Whey Peptide-based Enteral Formula in Pediatric Post-acute Care: A Retrospective Study

A Research Summary based on: Sankararaman S, Lowen C\*, Desai A\*, et al. Gastrointestinal tolerance, healthcare resource utilization, and cost analysis of whey peptide-based enteral formula in pediatric post-acute care: a retrospective study. *Clinical Nutrition ESPEN*. 2025;70:352-359.

### WHY WAS THIS STUDY DONE?

Peptide-based Enteral Nutrition (EN) formulas have demonstrated benefits on gastrointestinal (GI) intolerance symptoms and reduced healthcare resource utilization (HCRU) in acute and post-acute care settings. Children with such conditions as cerebral palsy (CP), gastroesophageal reflux disease (GERD), gastroparesis, and short bowel syndrome (SBS) are at risk for malnutrition, growth delays, and feeding difficulties. Use of EN formulas containing 100% whey protein, small peptides, and a high percentage of fat as medium chain triglycerides (MCT) may be a beneficial strategy to improve EN tolerance in these populations.

This study examined clinical outcomes (i.e., GI intolerance symptoms), healthcare resource utilization and costs associated with whey peptide-based formula (w-PBF) provision in children.

### HOW WAS THIS STUDY PERFORMED?

Children (age 1-17 years) in a post-acute setting prescribed a w-PBF (Peptamen Junior® formulas, Nestlé HealthCare Nutrition, US) for at least 7 consecutive days who had previously received a different EN formula and had a least one claim at 1, 3, 6, and 12 months after transition to w-PBF were included in analysis. GI intolerance symptoms, HCRU and costs were compared in the 12 months before and after changing to w-PBF.

### STUDY DESIGN

- Retrospective
- Observational
- De-Identified US medical and pharmacy claims data
- Period between January 2013 and July 2023

### STUDY RESULTS

A w-PBF was associated with significant reduction in GI intolerance symptoms and inpatient visits at 12 months post-index ( $p < 0.05$ ) for all patients and those with CP, GERD, and SBS. Adjusted healthcare costs were significantly lower at 6 months post-index for all patients ( $p < 0.001$ ).

### LIMITATIONS AND FUTURE DIRECTIONS

- Observed outcomes are based on retrospective design, and the use of real-world evidence/claims data can only demonstrate association.
- The 10-year study period included the COVID-19 pandemic which may have impacted access to and provision of healthcare to this population.

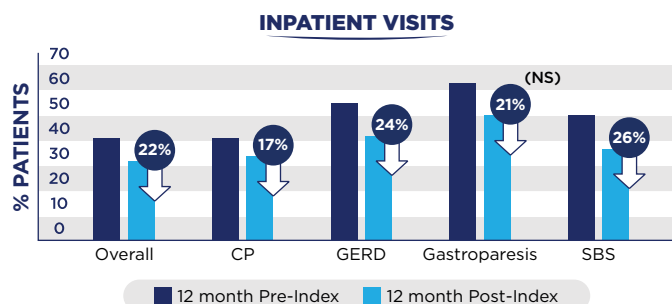
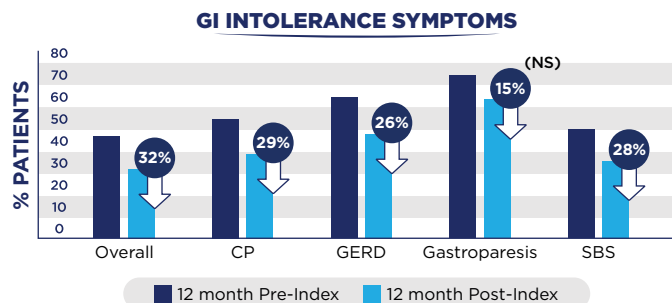
### CONCLUSION

Use of w-PBF was associated with **significant reductions in GI intolerance symptoms, HCRU and associated costs in pediatric patients with CP, GERD, gastroparesis, and SBS**. These data support the use of **w-PBF** as a well-tolerated option for children requiring EN in a post-acute care setting.

- **3,015 children, mean age 5.8 ( $\pm 4.4$ ) years with the following diagnoses:** CP (607), GERD (1019), Gastroparesis (113), SBS (145)
- **Gender:** 47% female
- **Common comorbidities:** congenital conditions (53%), GI conditions (49%), developmental delays (35%)
- **Region:** West (31%), South (31%), Northeast (20%), Midwest (17%)
- **Pediatric Comorbidity Index (PCI):** Mean Score 6.1 (SD 4.1)

### OUTCOMES

Results are statistically significant ( $p < 0.05$ ) unless noted.



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\*Nestlé Health Science employee.

Sankararaman S, Lowen C\*, Desai A\*, et al. Gastrointestinal tolerance, healthcare resource utilization, and cost analysis of whey peptide-based enteral formula in pediatric post-acute care: a retrospective study. *Clinical Nutrition ESPEN*. 2025;70:352-359.

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