

# Are these common myths about peptide-based formulas holding your patients back?

Peptide-based formulas are designed for managing malabsorption and feeding intolerance; and their benefits are often greater than many clinicians realize. Here, we dispel common myths and highlight their role in optimizing patient tolerance and nutrient delivery.



## MYTH: Tube feeding practices haven't changed much over time

**FACT:** Enteral nutrition has evolved dramatically. Advances in formula design, feeding protocols, and clinical evidence have shifted tube feeding from a last resort to an integral component of medical nutrition therapy. Today's peptide-based formulas reflect this evolution, providing targeted nutrition to optimize outcomes and support gut integrity.

## MYTH: You have to fail a standard formula to go to a peptide-based formula

**FACT:** The "trial-and-error" approach is outdated. Just ask **Leslie Murray, RD, CNSC**, who serves on the Nutrition Support Team at Duke University Hospital in Durham, NC. According to Murray, "Dietitians are typically taught that any patient can tolerate an intact formula and you should automatically start with one. However, there are certain instances when it makes sense to go directly to a specialized formula, and as dietitians, we need to use our best clinical judgment to meet our patients where they are." Indeed, early use of peptide-based formulas can support nutrient absorption and tolerance in patients with malabsorption, critical illness, early enteral nutrition in critical illness, or those transitioning from (or dual feeding with) parenteral nutrition, helping patients meet their nutrition goals faster and with fewer complications.



Need help choosing a peptide-based formula?

This decision tree can help you select the best option for your patient.



[Download here >](#)

## MYTH: Peptide-based formulas are only for patients with severe GI conditions

**FACT:** Peptide formulas are not just for the critically ill. A recent survey sent to 26,000 US dietitians revealed that the most common indications for use for peptide-based formulas include malabsorption, short bowel syndrome, chronic diarrhea, GI/abdominal surgery and delayed gastric emptying/gastroparesis. They can also play a proactive role in supporting gut function and tolerance in various settings, including home enteral nutrition.



## MYTH: Peptide-formulas need to be organic

**FACT:** Current evidence does not show added gastrointestinal or nutritional benefit when a peptide-based formula is labeled organic compared with a non-organic peptide-based formula.



## MYTH: All peptide-based formulas are the same

**FACT:** Not all peptide-based formulas are created equal. **All Peptamen® products are nutritionally complete, peptide-based tube feeding formulas thoughtfully made to deliver superior absorption and tolerance.**

- ✓ Enzymatically hydrolyzed 100% whey protein
- ✓ Contains smaller peptides
- ✓ High percentage of medium chain triglycerides
- ✓ Low osmolality
- ✓ Robust body of evidence (100+ clinical studies)
- ✓ Eligible for insurance coverage
- ✓ Trusted by dietitians for nearly 40 years



Want to learn more about the Peptamen® difference?

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Use under medical supervision.

All formula substitutions must be based on clinical judgment. Alternatives may not be nutritionally comparable or equivalent in all respects.

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