



FOR YOUR PEDIATRIC PATIENTS WITH  
**SHORT BOWEL SYNDROME**

# why better nutrition starts with **Peptamen JUNIOR®**

**PEPTAMEN JUNIOR® is associated with reductions in GI intolerance symptoms, reductions in healthcare resource utilization and cost savings in patients with Short Bowel Syndrome.**

## Clinical Outcomes\*

12 Months After Formula Change



## HCRU\*\* and Cost Savings

\*\*Health Care Resource Utilization  
12 Months After Formula Change

\*Results statistically significant (p<0.05)  
†Results statistically significant (p<0.001)

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

**USE UNDER MEDICAL SUPERVISION.**

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



why better.



# ABSTRACT 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 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. A subgroup analysis was completed in patients with SBS.

### 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. A subgroup analysis was completed for patients with a diagnosis of SBS. 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

At 12 months post-index, w-PBF in patients with SBS was associated with significant reduction in GI intolerance symptoms, including abdominal distention, diarrhea, and nausea and vomiting ( $p < 0.05$ ), adjusted healthcare costs for all care, inpatient, outpatient, ED, telemedicine, and urgent care visits ( $p < 0.001$ ), and frequency of inpatient visits ( $p < 0.05$ ).

### LIMITATIONS AND FUTURE DIRECTIONS

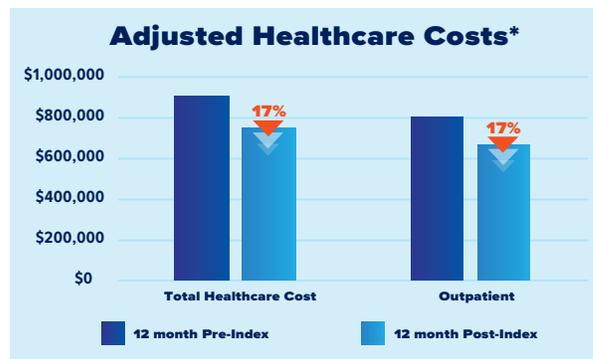
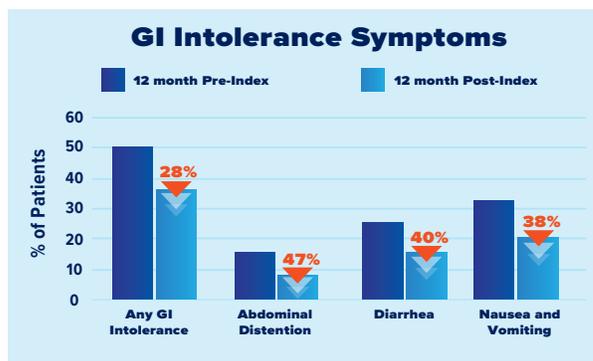
- Observed outcomes are based on retrospective design, and the use of real-world evidence/claims data can only demonstrate association.
- The 10-year study period included the COVID-19 pandemic which may have impacted access to and provision of healthcare to this population.

### Patients

- A total of 145 patients in the SBS sub-group
- Mean Age: 5.6 ( $\pm 3.9$ ) years
- Pediatric Comorbidity Index (PCI): Mean Score 5.2 (SD 3.6)
- Common comorbidities: congenital conditions (61%), GI conditions (52%), developmental delays (27%)
- Region: South (38%), West (21%), Northeast (21%), Midwest (20%)

### Outcomes

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



\*Adjusted healthcare costs were 17% less for all care, inpatient, outpatient, ED, telemedicine, and urgent care visits ( $p < 0.001$ ).

### CONCLUSIONS

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

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[NestleMedicalHub.com/brands/peptamen](https://NestleMedicalHub.com/brands/peptamen)



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