



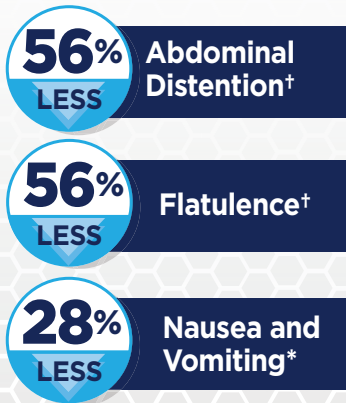
FOR YOUR PEDIATRIC PATIENTS WITH
GASTROPARESIS

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 Gastroparesis.

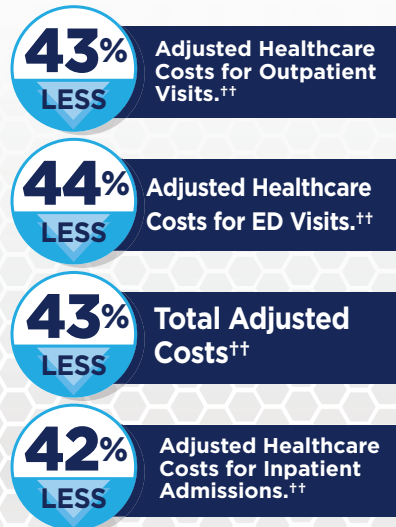
Clinical Outcomes

12 Months After Formula Change



HCRU and Cost Savings

6 Months After Formula Change



*Results statistically significant (p<0.05)

†Results statistically significant (p<0.01)

††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

USE UNDER MEDICAL SUPERVISION.

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



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 for gastroparesis.

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 gastroparesis. 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 gastroparesis was associated with significant reduction in GI intolerance symptoms, including abdominal distention, flatulence, and nausea and vomiting ($p < 0.05$). Significantly fewer patients with gastroparesis required inpatient or emergency department (ED) visits up to 6 months post-index (both $p < 0.05$), compared with pre-index with adjusted healthcare costs also significantly reduced at 6 months post-index ($p < 0.001$).

LIMITATIONS AND FUTURE DIRECTIONS

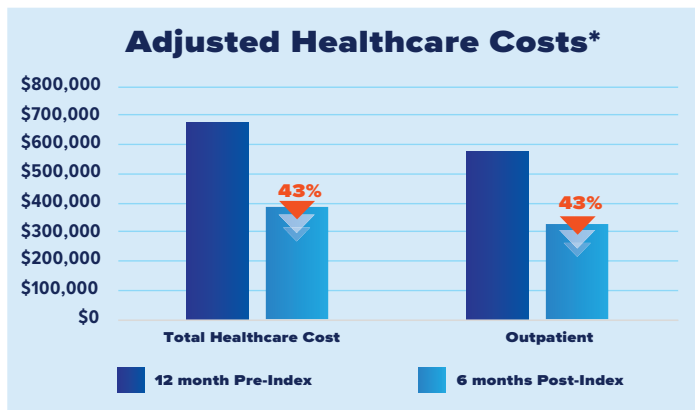
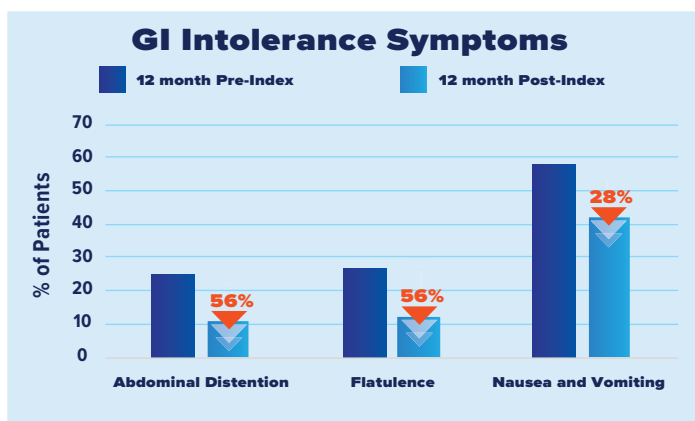
- Observed outcomes are based on retrospective design, and the use of real-world evidence/claims data can only demonstrate association.
- The 10-year study period included the COVID-19 pandemic which may have impacted access to and provision of healthcare to this population.

Patients

- A total of 113 patients in the gastroparesis sub-group
- Mean Age: 7.6 (± 5.0) years
- Pediatric Comorbidity Index (PCI): Mean Score 7.9 (SD 4.9)
- Common comorbidities: congenital conditions (57%), GI conditions (100%), developmental delays (41%)
- Region: West (35%), Northeast (27%), South (24%), Midwest (14%)

Outcomes

Results are statistically significant ($p < 0.01$ or less).



*Adjusted healthcare costs were also 42% less for inpatient care and 44% less for ED visits 6 months after formula switch ($p < 0.001$).

CONCLUSIONS

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

Financial support provided by Nestlé Health Science.

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NestleMedicalHub.com/brands/peptamen



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