



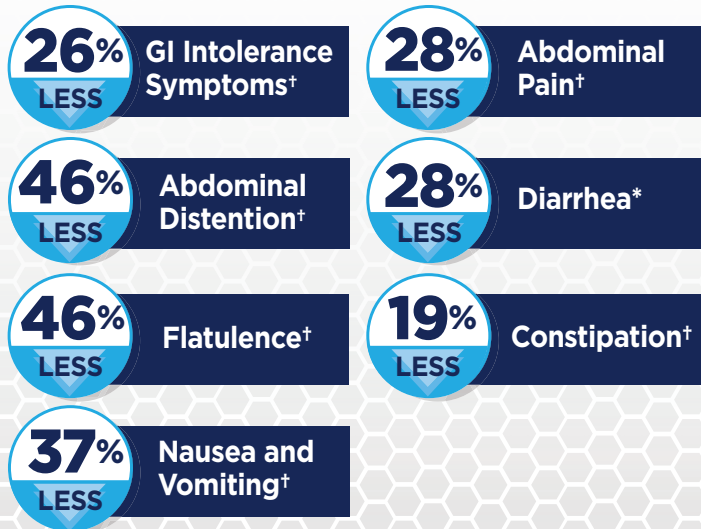
FOR YOUR PEDIATRIC PATIENTS WITH  
**GERD**

# 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 Gastroesophageal Reflux Disease.**

## Clinical Outcomes

12 Months After Formula Change



\*Results statistically significant (p<0.01)

†Results statistically significant (p<0.001)

## HCRU\*\* and Cost Savings

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

Cost Savings 6 Months After Formula Change



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.



## 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 GERD.

### 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 GERD. 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 GERD was associated with significant reduction in GI intolerance symptoms, including abdominal distention, abdominal pain, constipation, diarrhea, flatulence, and nausea and vomiting ( $p < 0.01$ ) and significant decrease in ED and inpatient visits ( $p < 0.01$ ). A significant decrease in adjusted healthcare costs was noted at six months post formula switch ( $p < 0.001$ ).

### LIMITATIONS AND FUTURE DIRECTIONS

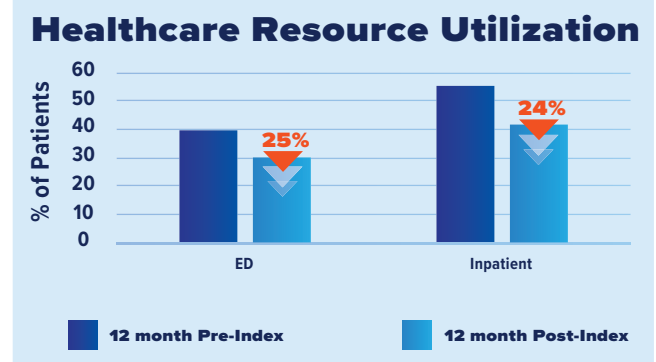
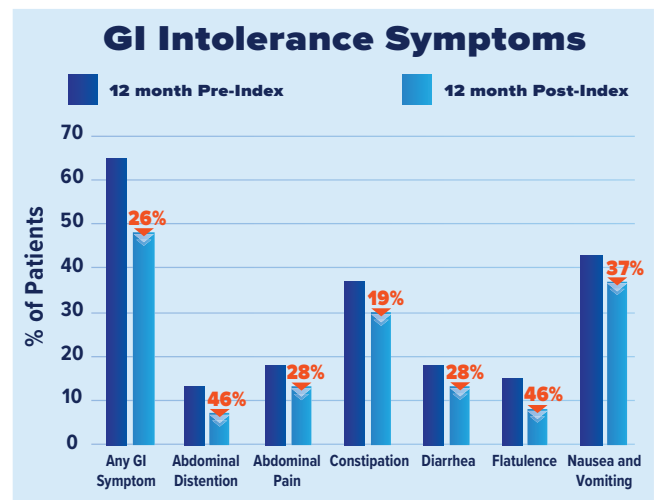
- Observed outcomes are based on retrospective design, and the use of real-world evidence/claims data can only demonstrate association.
- The 10-year study period included the COVID-19 pandemic which may have impacted access to and provision of healthcare to this population.

### Patients

- A total of 1,019 patients in the GERD sub-group
- Mean Age: 5.2 ( $\pm 4.4$ ) years
- Pediatric Comorbidity Index (PCI): Mean Score 7.5 (SD 4.3)
- Common comorbidities: congenital conditions (67%), GI conditions (100%), developmental delays (48%)
- Region: South (30%), West (28%), Northeast (23%), Midwest (19%)

### Outcomes

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



### 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 GERD.** These data support the use of w-PBF as a well-tolerated option for children with GERD requiring EN in a post-acute care setting.

Financial support provided by Nestlé Health Science.

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



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