

Authors and Journal	Study Objective	Formulas Studied	Patient Conditions	Results
Murray ND, Vanderhoof JA. <i>Journal of Parenteral and Enteral Nutrition</i> 1988;12(suppl):215.	Compare tolerance of a peptide-based whey protein diet with LCT and MCT to a low fat amino acid-based diet.	PEPTAMEN® vs. free amino acid diet	Short Bowel Syndrome	Trend towards decreased ostomy output in patients receiving PEPTAMEN® vs. the free amino acid diet; fat excretion was similar in both groups. Patients without ostomies receiving PEPTAMEN® had thicker stools. Trace element excretion was greater with the free amino acid diet.
Polk DB, et al. <i>Journal of Parenteral and Enteral Nutrition</i> 1992; 16:499-504.	Study growth velocity and disease activity in children with Crohn's Disease receiving intermittent feedings of a peptide diet.	PEPTAMEN® vs. regular diet with oral supplements	Pediatric Crohn's Disease	Intermittent feedings with PEPTAMEN® resulted in a significant improvement in height/weight velocity and reduced disease activity, allowing a reduction in prednisone intake.
Romano C, et al. <i>Expert Review of Gastroenterol and Hepatol</i> 2021;15(6):583-587.**	Describe four clinical case studies of children using PEPTAMEN JUNIOR® PHGG.	PEPTAMEN JUNIOR® PHGG	Functional gastrointestinal disorder (FGID); cerebral palsy with constipation; necrotizing enterocolitis s/p extensive jejunal-ileal resection	Fiber may represent a pillar of FGID treatment strategy. PHGG supplementation can be considered an important therapeutic intervention in many pediatric patients with FGID. It has been suggested that ≥ to 10 grams/day of extra fiber may be needed, especially in non-ambulatory children.
Savage K, et al. <i>J Parenter Enteral Nutr</i> ; Jan 2012; 36(1):suppl 118S-123S	Investigate whether a 50% whey, whole protein formula (NUTREN JUNIOR®) and a 100% whey, peptide-based formula (PEPTAMEN JUNIOR®) reduced gastroesophageal reflux and accelerated gastric emptying in comparison to a casein-based formula (PediaSure®) in children with severe cerebral palsy with a gastrostomy and fundoplication.	PEPTAMEN JUNIOR® and NUTREN JUNIOR®	Cerebral Palsy and delayed gastric emptying	In children who have severe CP with a gastrostomy and fundoplication, gastric emptying of both NUTREN JUNIOR® and PEPTAMEN JUNIOR® is significantly faster than PediaSure®.



Peptamen JUNIOR®

Has the Proof

PEPTAMEN JUNIOR® is the only family of peptide-based formulas supported by **over 28+ years of clinical experience and more than 25 published studies.**

PEPTAMEN JUNIOR® Ordering Information

PRODUCT	PRODUCT CODE	NDC FORMAT NUMBER	PACKAGING
PEPTAMEN JUNIOR® 1.5, SpikeRight® PLUS	9871618543	98716-0085-43	6 x 1000 mL UltraPak® bags
PEPTAMEN JUNIOR® 1.5, Unflavored	9871617363	98716-0073-63	24 – 250 mL cartons/case
PEPTAMEN JUNIOR® 1.5, Vanilla	9871685535	98716-0704-82	24 – 250 mL cartons/case
PEPTAMEN JUNIOR® FIBER, Vanilla	9871660210	98716-0602-00	24 – 250 mL cartons/case
PEPTAMEN JUNIOR® HP, Vanilla	4390054458	43900-0467-68	24 – 250 mL cartons/case
PEPTAMEN JUNIOR® PHGG, Vanilla	4390090484	43900-0361-59	24 – 250 mL cartons/case
PEPTAMEN JUNIOR®, SpikeRight® PLUS	9871677360	98716-0673-50	6 x 1000 mL UltraPak® bags
PEPTAMEN JUNIOR®, Strawberry	9871660130	98716-0601-40	24 – 250 mL cartons/case
PEPTAMEN JUNIOR®, Unflavored	9871616253	98716-0062-53	24 – 250 mL cartons/case
PEPTAMEN JUNIOR®, Vanilla	9871616252	98716-0062-52	24 – 250 mL cartons/case



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PPTJ-11158-0123

Here is the evidence in the pediatric patient population to support PEPTAMEN JUNIOR® formulas:

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Barsky DL. Presented at the First Annual Nutrition Week: A Scientific and Clinical Forum and Exposition. February 2002, San Diego, California.	Evaluate the progress of children with food refusal and poor weight gain who were enrolled in the intensive day treatment Feeding Program of the Pediatric Feeding and Swallowing Center at the Children's Hospital of Philadelphia.	PEPTAMEN JUNIOR®	Children with feeding difficulties and poor weight gain	For children with delayed gastric emptying and GER, a whey-based pediatric enteral formula (PEPTAMEN JUNIOR®) in addition to an intensive feeding program may reduce emesis, improve acceptance and tolerance of food and prevent need for supplemental tube feeds.
Brackett K, et al. Presented at the ASPEN 24th Clinical Congress 2000;81:P0110.	Demonstrate the role of a hydrolyzed, whey-based formula in improving feeding tolerance, nutritional status and quality of life in a patient with developmental delay, feeding difficulties and growth failure.	PEPTAMEN JUNIOR®	Developmental delay, growth failure	As compared to an intact casein-based formula, the use of PEPTAMEN JUNIOR® significantly decreased episodes of vomiting and retching, improved linear growth and improved tolerance of larger volumes of feeding.
Cekola P*, et al. <i>J Ped Gastroenterol and Nutr</i> 2021; 73(S1):S115-S116.**	Address suboptimal protein delivery in critically ill children and assess tolerance of a very high protein peptide-based pediatric enteral formula	PEPTAMEN JUNIOR® HP	Critically Ill	Use of PEPTAMEN JUNIOR® HP was associated with better protein target delivery, more protein delivery/volume EN infused, zero feeding interruptions due to feeding intolerance.
Chessman KH, et al. Presented at the ASPEN 15th Clinical Congress, 1991.	Determine tolerance and efficacy of a 100% whey, peptide-based formula in children with short bowel syndrome.	PEPTAMEN®	Short Bowel Syndrome	The use of PEPTAMEN® was well tolerated and resulted in discontinuation of PN in 2 of the 4 subjects. In addition, nutritional parameters remained with normal limits for all the patients studied.

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Dylewski ML et al. Presented at Clinical Nutrition Week 2006;547:NP72.	Compare the effects of a whey-based hydrolyzed protein feeding vs. an intact casein-based formula in pediatric burn patients.	PEPTAMEN® vs. casein-based formula	Burns exceeding 20% TBSA	PEPTAMEN® is better tolerated than the intact casein-based feeding in pediatric burn patients. PEPTAMEN® promoted more rapid progression to goal feeding and a decrease in incidence of diarrhea.
Elfadil OM, et al. JPEN 2022;46:626-634.***	Assess changes in GI tolerance and healthcare utilization in home enteral nutrition (HEN) children receiving peptide-based diets (PBD).	PEPTAMEN JUNIOR® PEPTAMEN JUNIOR® 1.5 PEPTAMEN JUNIOR® with PREBIO™ PEPTAMEN JUNIOR® FIBER	Anoxic brain injury or tumor, developmental delay, GI anomalies, dysmotility, IBD, SBS, cystic fibrosis, pulmonary atresia, etc.	In children who required HEN, PBD was well-tolerated as either an initial formula or as a transition feeding. PBD was well-tolerated and resulted in a reduction in healthcare resource utilization.
Flack S et al. Journal of Human Nutrition and Dietetics 2003;16:366.	Determine the usability of a pediatric whey-based diet in children >1 year of age.	PEPTAMEN JUNIOR®	Eosinophilic enteropathy and other food intolerances	PEPTAMEN JUNIOR® was associated with improvement in diarrhea, vomiting and abdominal pain.
Fried MD et al. Journal of Pediatrics 1992;120: 569-72.	Determine gastric emptying times and incidence of regurgitation in children with documented delayed gastric emptying.	1 casein-predominant vs. 3 whey-predominant formulas (including PEPTAMEN®)	Documented delayed gastric emptying	Patients receiving whey-based formulas had a significant reduction in vomiting compared with those receiving the casein-based formula. Whey-based formulas like PEPTAMEN® reduced the frequency of vomiting by improving the rate of gastric emptying.
Fulton JA, et al. Presented at the ASPEN 23rd Clinical Congress 1999; JPEN 78 (# 77).	Investigate the utility of a 1.5 kcal/mL semi-elemental formula for tube-fed children with cystic fibrosis who were previously using a powdered, reconstituted high CHO semi-elemental formula.	PEPTAMEN® 1.5	Cystic Fibrosis	All subjects experienced improvements in weight gain, and no steatorrhea was reported. The authors report that the use of PEPTAMEN® 1.5 in patients with CF can minimize diarrhea, reduce enzyme use and decrease cost.
Herzog D, et al. Gastroenterology 1997;112:A995.	Assess growth velocity and relapse frequency in children with quiescent Crohn's Disease and growth failure.	PEPTAMEN®	Crohn's Disease and growth failure	PEPTAMEN® fed cyclically to children with Crohn's Disease significantly reduced relapse frequency and permitted normalization of growth velocity and bone density in quiescent pediatric Crohn's Disease with severe growth failure.
Hussey TA, et al. J Pediatr Gastroenterol Nutr. 2003;37(3):341-342(#45).	Observe tolerance and efficacy of a six-week tube feeding regimen of PEPTAMEN® with Prebio™.	PEPTAMEN® with Prebio™	Crohn's Disease	PEPTAMEN® with Prebio™ was well tolerated and associated with gains in weight, height, nutritional status and clinically meaningful increases in quality of life scores. Inflammation and disease activity decreased with the use of PEPTAMEN® with Prebio™ tube feeding formula.
Leonard M, et al. Abstract Presented at the ESPEN Annual Meeting, Madrid, September 2018 (#2335)	To describe a cohort of patients on home enteral nutrition with a semi-elemental formula (PEPTAMEN JUNIOR®), including the tolerance and success rate of the formula.	PEPTAMEN JUNIOR®	Children with complex diseases featuring malabsorption	136 children on enteral nutrition in a home care setting were included in this retrospective analysis, PEPTAMEN JUNIOR® was shown to be well tolerated and efficient in this cohort of children with complex diseases featuring malabsorption and/or after failure of a polymeric diet.

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LaVallee C, et al. J Clin Nutr and Dietetics 2021;7(4):1-6.**	Assess GI tolerance, healthcare resource utilization and cost of PEPTAMEN® JUNIOR formula feeding in post-acute care pediatric patients	PEPTAMEN JUNIOR® PEPTAMEN JUNIOR® FIBER PEPTAMEN JUNIOR® 1.5 PEPTAMEN JUNIOR® HP PEPTAMEN JUNIOR® with PREBIO™	Home enteral nutrition pediatrics patients (HEN) with diseases including digestive, nervous system, respiratory system, endocrine nutritional/metabolic and congenital/chromosomal abnormalities	In this retrospective observational study, use of PEPTAMEN JUNIOR® is associated with improved GI tolerance and reduced hospital visits and healthcare costs.
Khoshoo V, et al. European Journal of Clinical Nutrition 2002;56:656-658.	Determine if a hypocaloric, hypertonic whey-based hydrolyzed formula empties from the stomach as efficiently as an iso-osmolar formula of lower energy density.	PEPTAMEN® 1.5 vs. PEPTAMEN®	Gastrostomy-fed children with volume intolerance	Significant weight gain was seen at one month with PEPTAMEN® 1.5.
Khoshoo V, et al. J Am Diet Assoc. 2010 Nov;110(11): 1728-33.	Compare stool frequency and consistency in children enterally fed an elemental diet containing prebiotic and insoluble fiber vs. identical diet without fiber.	PEPTAMEN JUNIOR® FIBER vs. PEPTAMEN JUNIOR®	GI dysmotility, Crohn's Disease or mild short bowel syndrome	PEPTAMEN JUNIOR® Fiber was well tolerated and resulted in significantly less watery stools than when PEPTAMEN JUNIOR® without fiber was used.
Kowalski LA, et al. Presented at ASPEN Clinical Nutrition Week 2006;242:NP01.	Evaluate the effect of various feeding modalities on nutritional outcomes in intestinal transplant patients managed with or without a lymphocyte depleting agent (rATG).	PEPTAMEN JUNIOR® vs amino acid based diet	Intestinal Transplant	Patients receiving rATG therapy and PEPTAMEN JUNIOR® reached full feeding goals more quickly than those started on an amino acid-based formula. Ostomy output at 6 months was also lower in those who received a peptide vs. amino acid-based product.
McMurdy JM, Presented at ADA 1999; JADA;99(9): A128-A129.	Describe the use of a 1.5 kcal/mL peptide-based formula vs. a 1.0 kcal/mL formula in two adolescent home enteral patients (one with Crohn's Disease, one with Cystic Fibrosis) requiring an elemental diet.	PEPTAMEN® 1.5	Crohn's Disease and Cystic Fibrosis	PEPTAMEN® 1.5. promoted a 32% weight gain in the patient with Crohn's disease (vs. a 1.0 kcal/mL formula), reduced feeding time and allowed the patient to return to school. PEPTAMEN® 1.5. allowed the patient with CF to increase rate of weight gain (vs. a 1.0 kcal/mL formula) and achieve the 25th percentile goal weight required for a double lung transplant.
Minor G. et al. Global Pediatric Health 2016;(3):1-6.**	Evaluate improvements in feeding tolerance in tube-fed children with developmental delays who were switched from intact protein formulas to PEPTAMEN JUNIOR® formulas.	PEPTAMEN JUNIOR®, PEPTAMEN JUNIOR® 1.5, and PEPTAMEN JUNIOR® with Prebio™	Developmentally delayed children with feeding intolerance	Of subjects assessed, 92% had improved feeding tolerance resulting from the switch to a PEPTAMEN JUNIOR®, and 75% of these reported the time to improvement within 1 week after the switch. Feeding tolerance parameters that improved were: vomiting (86%), gagging and retching (75%), high residual volumes (63%), constipation (43%), diarrhea (100%) and poor weight gain (100%). After switching to PEPTAMEN JUNIOR®, 71% were able to tolerate increased feeding volumes.
Minor GJ, et al. Pediatr Gastroenterol and Nutrition 2022;74(S2):1029.**	Assess the tolerability and safety of an enteral formula containing 12g/L PHGG fiber.	PEPTAMEN JUNIOR® PHGG	Underlying neuro-developmental disabilities and gastrostomy-fed.	PEPTAMEN JUNIOR® PHGG was well tolerated, provided adequate nutrition and was associated with shift to softer stools.