

Empowering Healthier Lives Through Nutrition

Expanding the Boundaries of Nutrition, Health & Wellness

- Tina Atashin
- Jun 2022

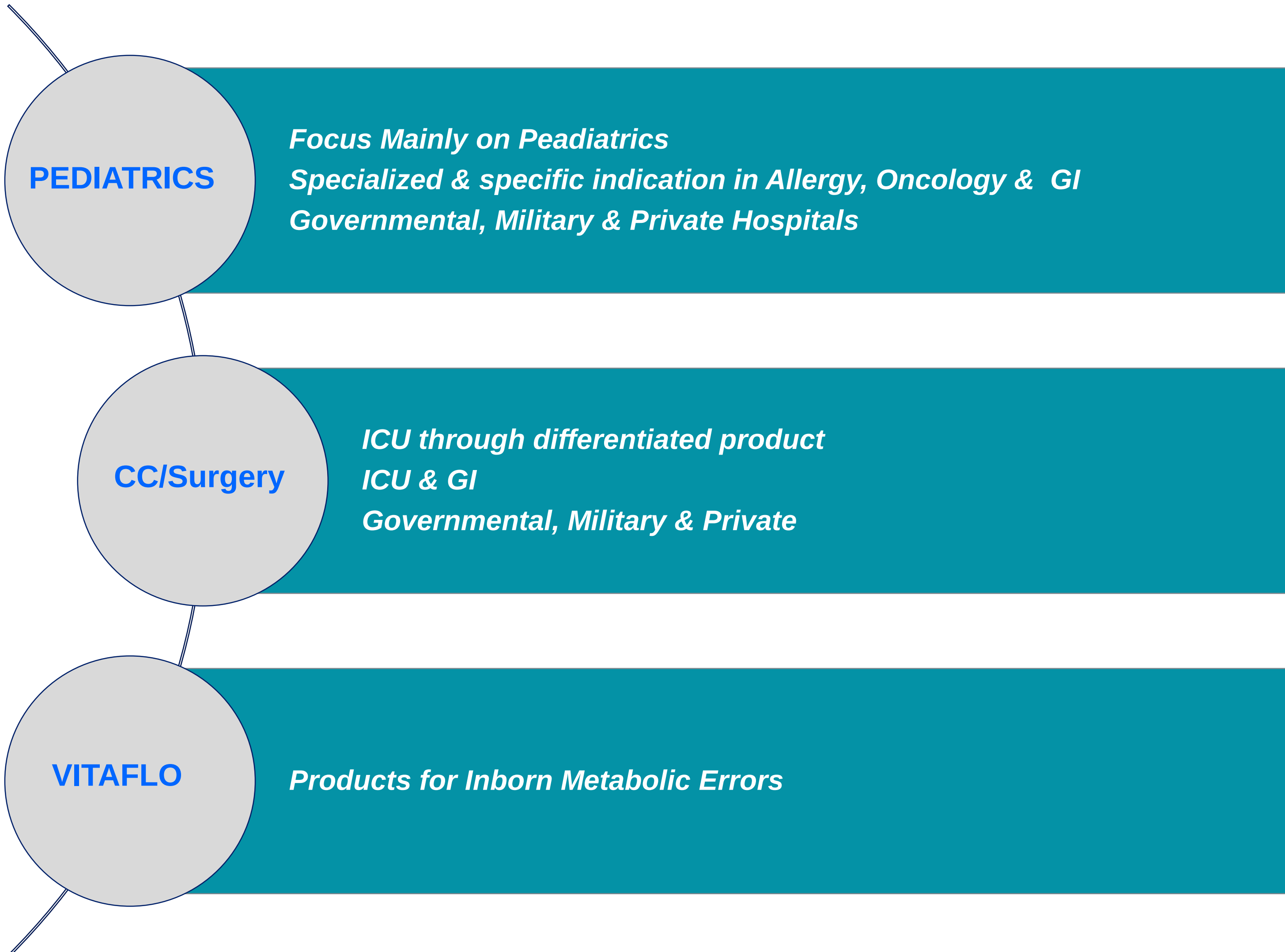
Who we are

A health-science company aiming to foster a therapeutic role for nutrition in healthcare

Our vision

Nestlé Health Science offers me nutritional therapies that change the way we approach the management of my health





Cystic Fibrosis(CF) can lead to malabsorption and maldigestion impacting outcomes

Malabsorption occurs in **around 85%** of children with CF¹³

Exocrine pancreatic insufficiency is the leading cause of maldigestion and **malabsorption** in CF¹⁴

- Protein digestion is reduced by **47%** in children with CF vs. healthy individuals¹⁵
- Troublesome symptoms/deficiency associated with malabsorption may negatively affect health:^{13,16}



Poor weight gain
despite a good appetite¹³

Iron deficiency
that can lead
to poor appetite¹⁶

Steatorrhea,
manifest by the frequent
passage of large, greasy,
and offensive stools¹³

Around 11%
of children with CF suffer
from iron deficiency¹⁶

IN CYSTIC FIBROSIS, STANDARD POLYMERIC FEEDS CAN FAIL TO OPTIMALLY DELIVER KEY NUTRIENTS, SUCH AS PROTEINS¹⁷

- Standard polymeric feeds can be used in patients **with near-normal gut function**¹⁷
- In patients with a degree of malabsorption, such as in **cystic fibrosis**, it may be helpful to provide nutrition in a form that can be digested and absorbed more easily¹⁷

Goal

- Promote normal growth and development throughout life, while avoiding obesity.
- Provide suitable energy intake and fat soluble vitamins for patients with pancreatic insufficiency.

Strategy

Start enteral tube feeding when growth or nutritional status are impaired, or when oral nutrition supplements are ineffective.

Pay attention to protein and fat intake that is sufficient to proven or delay loss of muscle mass and function.

Increase fat intake to achieve energy balance and improve survival.

If suspicion of Iron deficiency, resolve underlying inflammation.

Examine bone mineral density.

The **Premium Solution** for your **Critically Ill** and GI Compromised **Pediatric Patient**



The proven peptide based
paediatric formula for improved
outcomes in your critically ill
patients with **20 years of**
clinical experience.



PEPTAMEN[®] Junior



Designed to **Support Tolerance, Digestion, Absorption** and **Increase Body's Defenses** in GI - Compromised **Pediatric Patients**

Carbohydrates



Minerals
&
vitamins



PEPTAMEN[®]
JUNIOR

Enzymatically hydrolyzed
100% whey protein,
high MCT content:

Protein:
12%
of energy

MCT: LCT* ratio
60:40

Fat
33%
of energy

PEPTAMEN[®]
JUNIOR

Provides **Exceptional Quality & Proven Benefits**

Tolerance

Designed to support
easy digestion.¹

Protection

Peptide profile, lipid
blend and whey
protein to support the
body's defenses.¹

Anabolism

Formulated with
a balanced fuel source
to support nitrogen
retention and
utilization.^{1, 2}



Experience Success from the Start with a Proven Peptide-Based Formula Designed for Children Aged 1-10 Years

100% whey protein

- To facilitate gastric emptying
- Enzymatically hydrolyzed to promote tolerance and absorption
- Unique whey fraction rich in cysteine
- Amino acid composition for efficient nitrogen utilization and retention

High MCT
to help
minimize fat
malabsorption¹

Low
osmolality to
help improve
GI tolerance¹

Flexible
caloric density
1.0 to 1.5

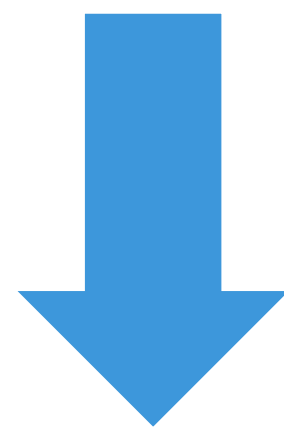
20 years
of clinical
experience
with proven
outcome



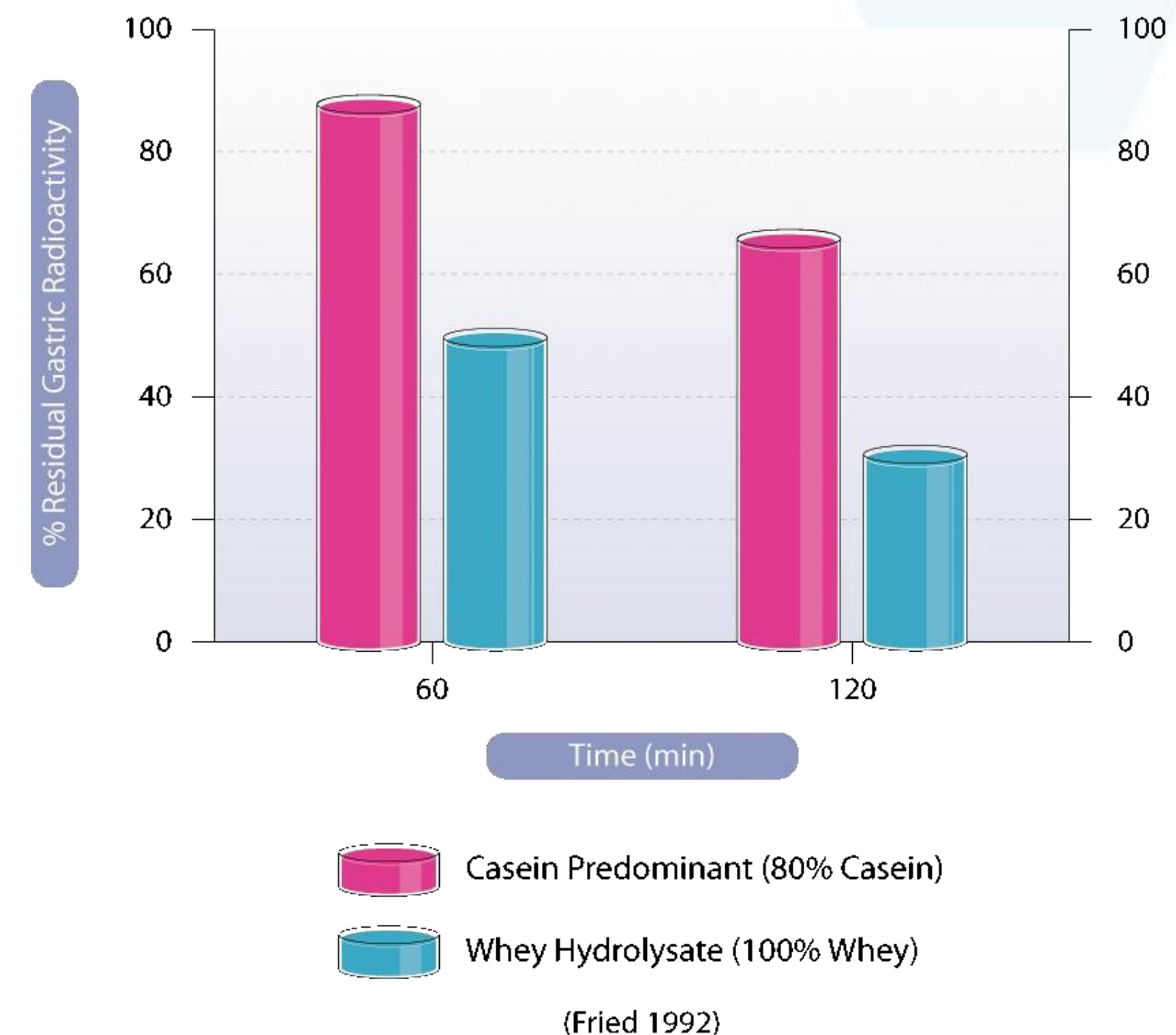
PEPTAMEN[®]
JUNIOR

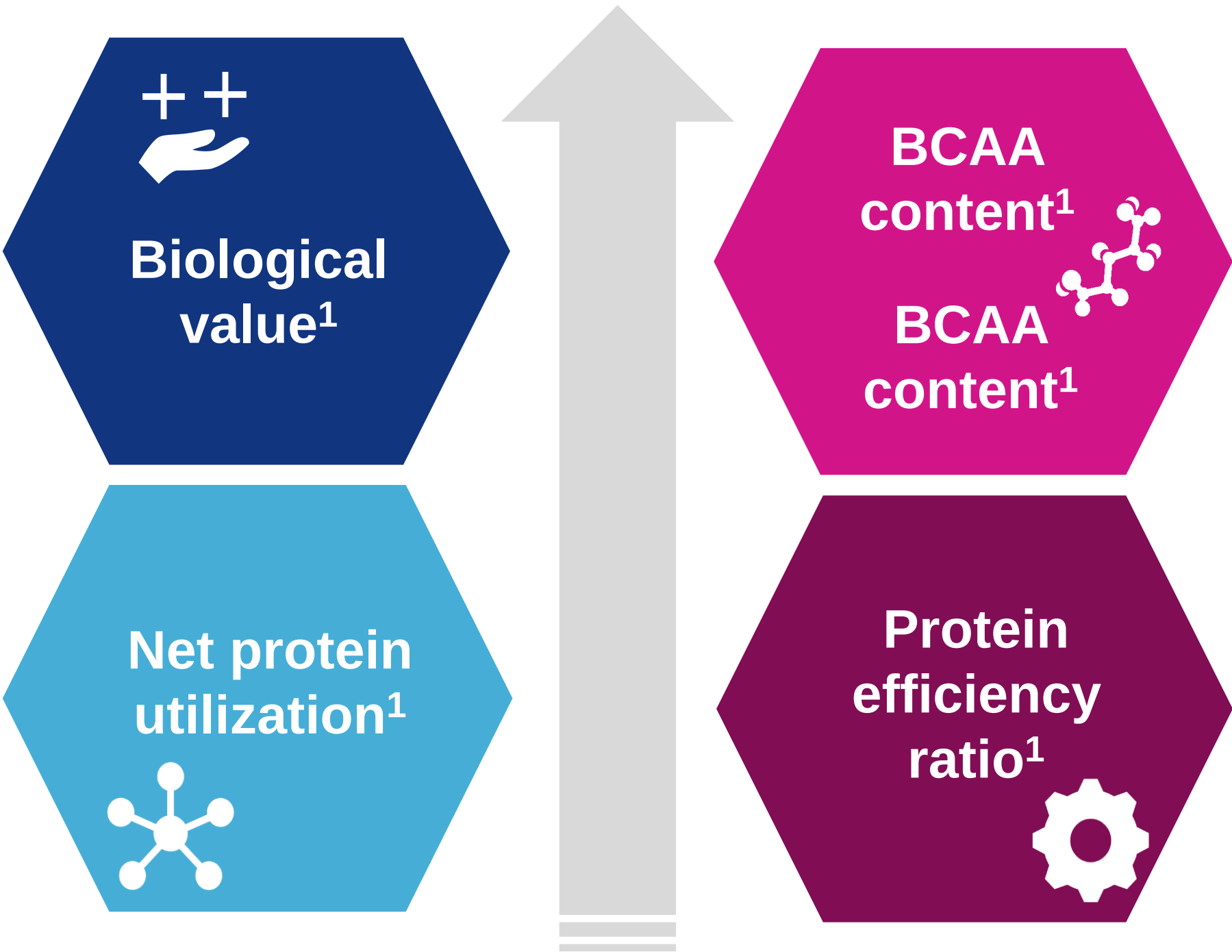
Case Study

- 9 Children with spastic quadriplegic Cerebral Palsy and reflux
- Given equal volumes of a **CASEIN**-predominant or 100% **WHEY** protein formula
- Gastric emptying rates and residual volumes were measured.

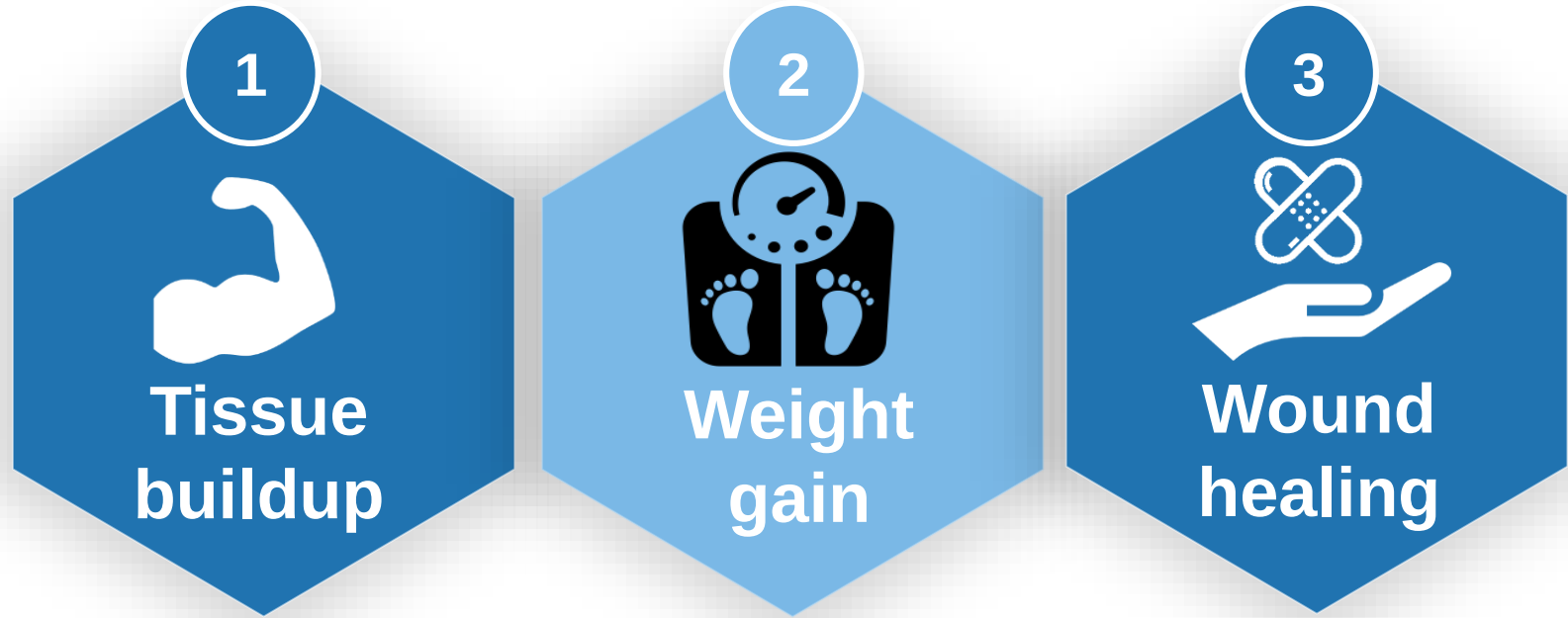


Significantly lower **residual volumes** and faster **gastric emptying** time on whey-based diet



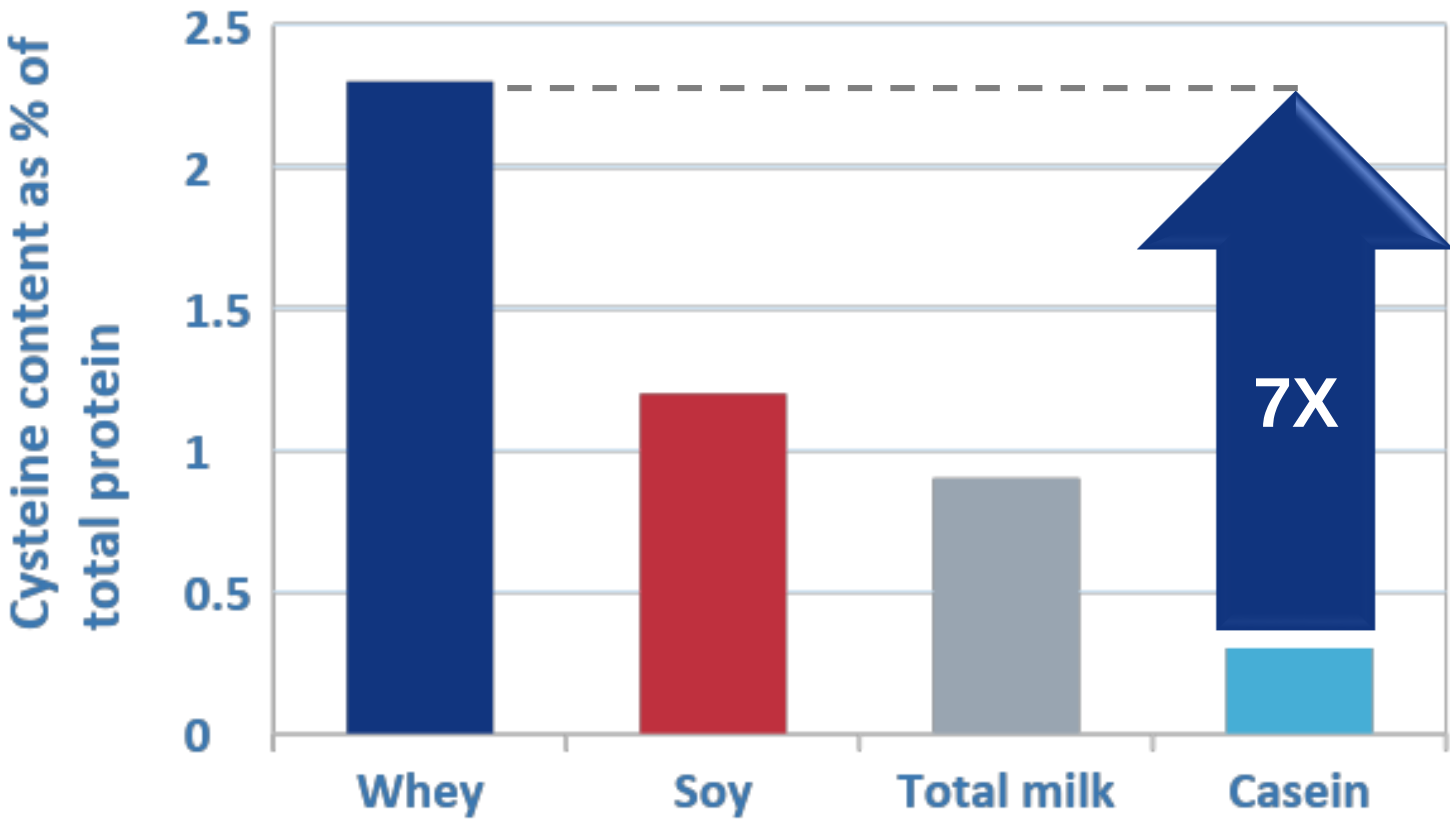
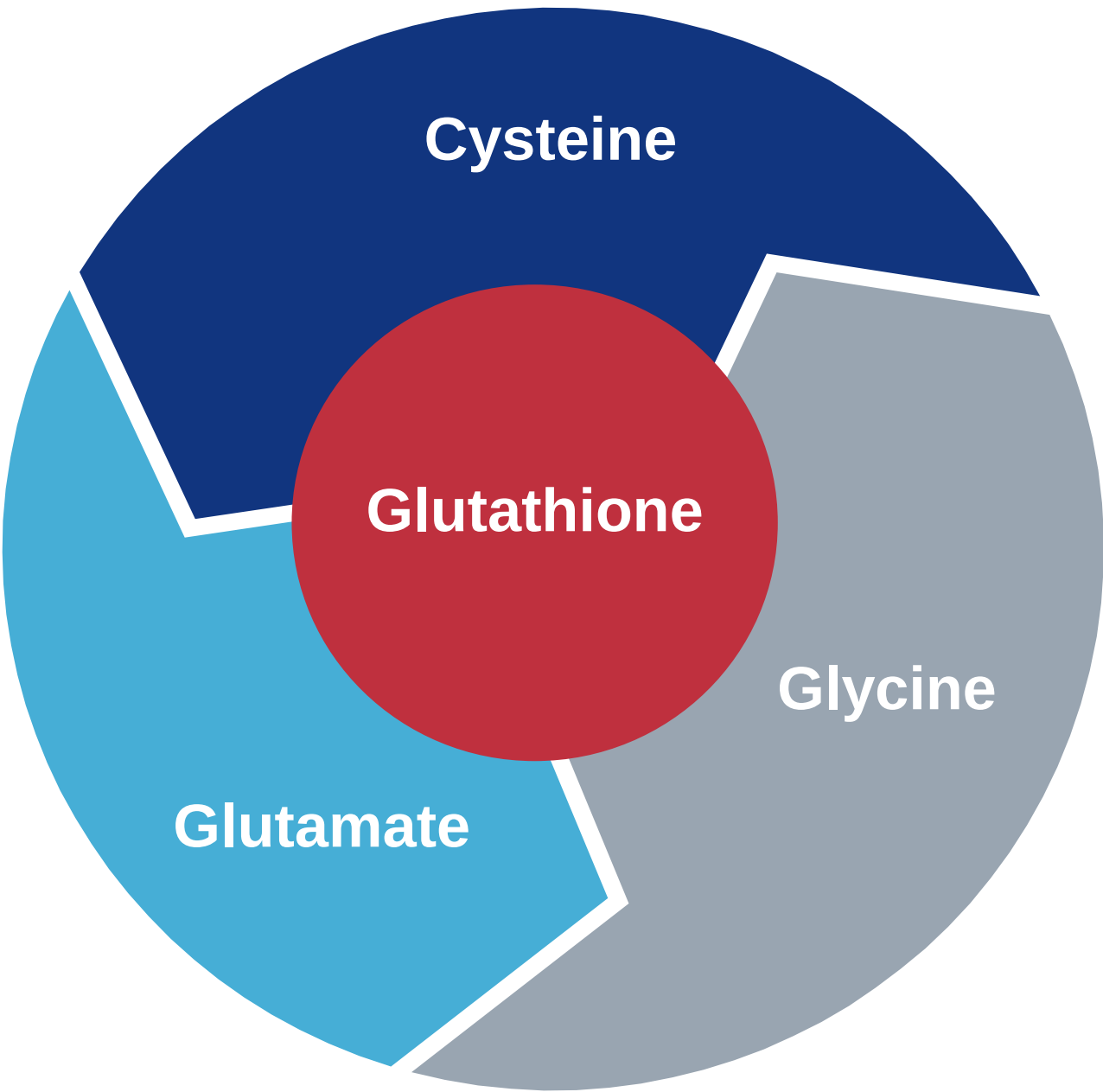


When it meets or exceeds the requirements of both essential and non-essential amino acids which will be reflected on: ¹



Reference: 1. Hoffman JR and Falvo MJ. PROTEIN – WHICH IS BEST? J Sports Sci Med. 2004 Feb; 3:118-30

Protection by enhancing body's endogenous antioxidant



Whey protein is 7 times richer in cysteine than casein¹

Reference: 1. Data on File, Nestle Health Science

Peptamen: Antioxidant blend

Complete Antioxidant



Enhances synthesis of endogenous antioxidant, Glutathione

Reference: 1. Data on File, Nestle Health Science

PEPTAMEN[®] Junior

Suitable as a sole source of nutrition. Nutritionally complete: The dosage of Peptamen Junior is dependent on the age, weight and clinical condition of the child³

	per 100 ml at 1.0 kcal/ml	per 100 ml at 1.25 kcal/ml	per 100 ml at 1.5 kcal/ml
Energy (kcal)	100	125	150
Protein (g)	3	3.8	4.5
Whey Peptides	100%	100%	100%
MCT (% of fat)	60%	60%	60%
Osmolarity (mOsm/L)	260	350	433

Mixing Guidelines

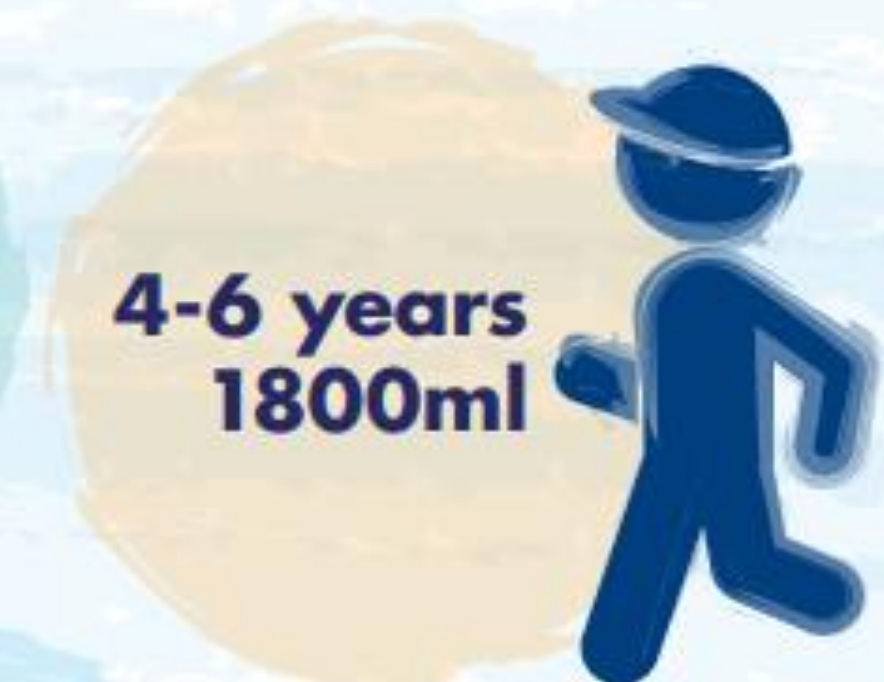
Per 250 ml total volume

Kcal/ml	Water (ml)	Powder
1.0	215ml	7 scoops (55g)
1.25	215ml	9 scoops (71g)
1.5	215ml	11 scoops (86g)

Per 1000ml total volume

1.0	850ml	28 scoops (220g)
1.25	750ml	36 scoops (283g)
1.5	750ml	44 scoops (345g)

in standard constitution



PEPTAMEN[®]
Junior

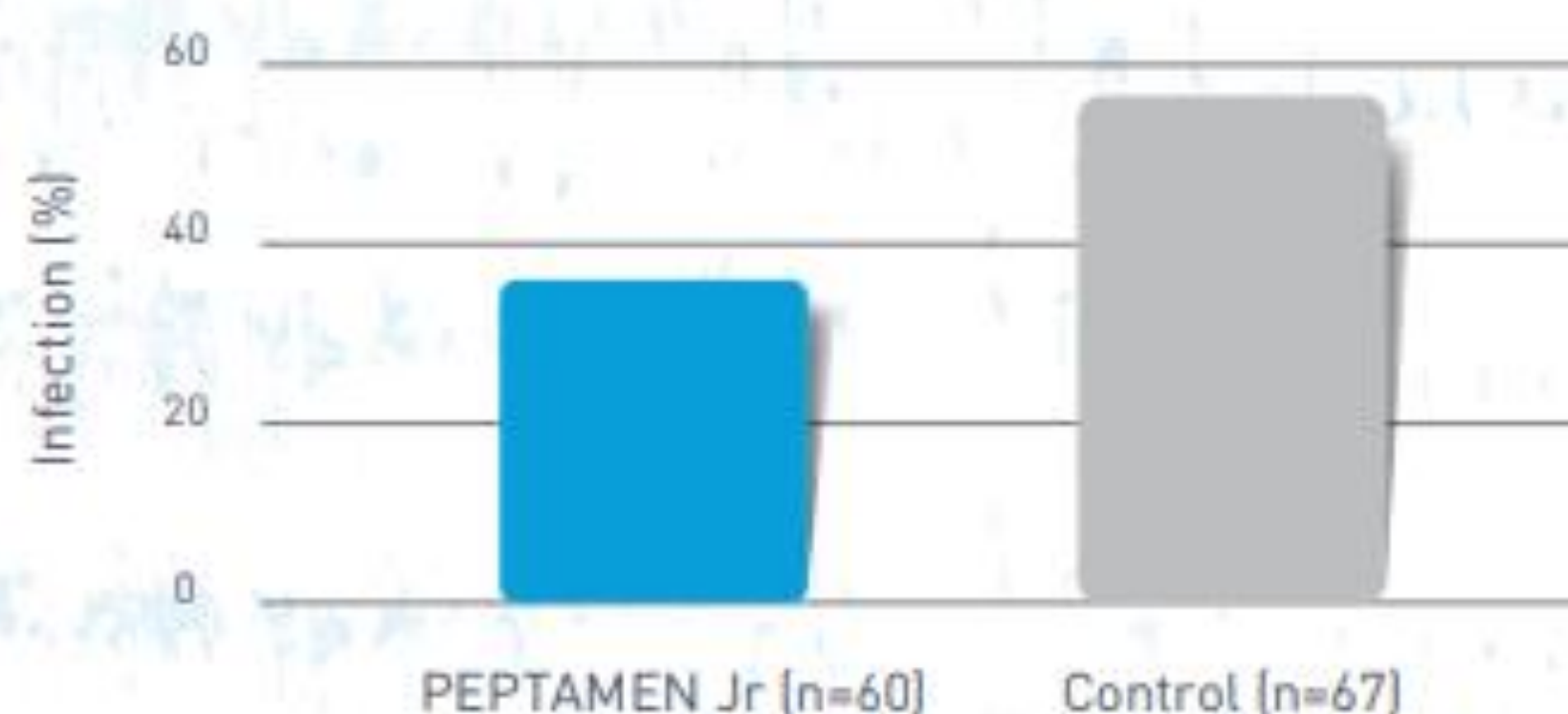
THIS MATERIAL IS FOR MEDICAL PROFESSIONALS ONLY



PEPTAMEN[®] Junior

Significantly Helps Reduce Risks of Infection and Health Care Costs³

Incidence of infection³



Significantly lower incidence of infection with PEPTAMEN[®] JR

vs control:
35% vs 56.7%,
respectively
($p=0.01$)³

Significantly lower costs of hospitalization with PEPTAMEN[®] JR vs control ($p<0.001$)³

BACKGROUND

Malnutrition is a common finding after major abdominal surgeries especially after prolonged period of fasting in children. Enteral feeding is the commonest support way postoperatively for stimulating gut hormones, modulating immunity, and maintaining the barrier function of the intestinal mucosa

OBJECTIVES

To compare tolerance, nutritional status, and hospital stay after a postoperative diet of peptide-based enteral formula vs. a whole protein enteral formula following major intestinal surgeries in pediatric patients who had resection and re-anastomosis after intussusception.

STUDY DESIGN

A prospective cohort study was carried out on two groups of patients (N = 30 patients) between January 2019 and June 2020. All patients underwent major intestinal surgeries (resection and re-anastomosis after intussusception). The first group received postoperative whole protein formula on the 3rd postoperative day, whereas the second group received peptide-based formula on the same day.

RESULTS

Postoperative mean serum albumin and pre-albumin levels were significantly higher in the peptide-based formula group vs. those who had protein-based formula as their initial feeds ($P < 0.05$). Moreover, the average hospital stay was significantly shorter in the peptide group ($P < 0.05$).

Peptide formula was easily tolerated vs. protein formula in postoperative children who had major intestinal surgeries.

CONCLUSION

Peptide-based enteral formulas are better tolerated and more useful regarding nutritional status vs. whole-protein formulas in the post-operative course of pediatric patients concerning clinical outcome and better economically with shorter hospital stay.

SCAN HERE
FOR THE
FULL ARTICLE



References:

- 1.Data on file
- 2.Hanan Ibrahim, Mervat Mansour, Yasmin Gamal El Gendy. Peptide-based formula versus standard- based polymeric formula for critically ill children: is it superior for patients' tolerance? Arch Med Sci. 2020; 16(3): 592–596. doi: 10.5114/aoms.2020.94157.
- 3.Peptamen Junior. Specific Product Characteristics.

Thank you!

