Authors and Journal	Study Objective	Formulas Studied	Patient Conditions	Results
PEPTAMEN® 1.5				
Vikram Khoshoo, MD, et al. *J Am Diet Assoc.* 2010;110:1728-1733.	To evaluate the tolerance of a peptide-based formula with insoluble and prebiotic fiber in children with compromised gut function.	100% whey, peptide-based formula without fiber (control formula) & a 100% whey, peptide-based formula with fiber and prebiotic (fiber formula).	Children with gastrointestinal dysmotility, Crohn's disease, or mild short bowel syndrome	Stool frequency did not differ by formula. Stool consistency did differ with more soft "mushy" stools (less hard stools) occurring with use of fiber (P<0.001) and more watery stools occurring with control formula (P<0.01). The extremes of stool consistency were normalized with the fiber formula. No significant differences were observed in vomiting, abdominal pain, feeding intakes, or weight gain between the two formulas.
José Eduardo de Aguilar-Nascimento MD, et al. *Nutrition 27.* 2011;440–444.	To investigate the feeding effects on glutathione and inflammatory markers when using an early enteral formula containing whey protein in comparison to an early enteral formula containing casein as the protein source.	Either a hydrolyzed whey protein (WP) enteral formula (Peptamen® 1.5) or an intact* casein-based (CP) enteral formula (Hiper-Diet Energy Plus) with a casein-based protein modular.	Adults admitted to the ICU due to ischemic stroke	Individuals who received *hydrolyzed* whey protein achieved more clinical benefits than those who received intact casein. An enteral formula containing whey protein as a nitrogen source was associated with a decrease IL-6 (p=0.04) and an increase in glutathione peroxidase (p=0.03) in elderly patients admitted to the ICU secondary to ischemic stroke.
Khoshoo V et al. *Journal of Parenteral and Enteral Nutrition.* 2000;24:S2.	To determine if a hypocaloric, hypertonic whey-based hydrolyzed formula empties the stomach as efficiently as an iso-osmolar formula of lower energy density.	Peptamen 1.5 vs. Peptamen	Pediatric gastrostomy-fed children with volume intolerance	The gastric residual were similar between formulas (P>0.05). There was significantly more weight gain with Peptamen 1.5 after one month of feeding (P<0.05) Peptamen and Peptamen 1.5 were equally well tolerated. However, energy intake may be optimized with the more calorically-dense product, Peptamen 1.5, in this patient population.
PEPTAMEN JUNIOR®				
Flack S et al. *Journal of Human Nutrition and Dietetics.* 2003;16:366.	To determine the usability of a pediatric whey-based diet in children >1 year of age.	Peptamen Junior	Pediatric patients with eosinophilic enteropathy and other food intolerances	Peptamen Junior was associated with improvement in diarrhea, vomiting and abdominal pain. It was concluded that Peptamen Junior is suitable for most ethnic groups, is well tolerated and provides a better nutritional choice for children than previously offered through infant or adult nutrition products.
PEPTAMEN JUNIOR® FIBER				
Khoshoo V, Sun S. *Journal of Pediatric Gastroenterology and Nutrition.* 2006;43:E14–E76.	To 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	Pediatric patients with GI dysmotility, Crohn's disease or mild short bowel syndrome	Peptamen Junior Fiber was well tolerated and resulted in significantly less watery stools (p<0.01) than when Peptamen Junior without fiber was used.

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REFERENCES
1. Flack S et al. *J Hum Nutr Diet* 2003;16:366. **2.** Fried MD et al. *J Pediatr* 1992;120:569–72. **3.** Shea JC et al. *Pancreatology* 2003;3:36–40. **4.** Borlase BC et al. *Surg Gynecol Obstet* 1992;174:181–8. **5.** Dylewski ML et al. Nutrition Poster 72; A.S.P.E.N. Clinical Nutrition Week 2006. **6.** Hussey TA et al. *J Pediatr Gastroenterol Nutr* 2003;37:341. **7.** Donald P et al. *Nutr Res* 1994;14:3–13. **8.** Polk DB et al. *JPEN* 1992;16:499–504.

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Here is just some of the evidence in support of PEPTAMEN® formulas

Authors and Journal	Study Objective	Formulas Studied	Patient Conditions	Results
PEPTAMEN®				
Tiengou LE et al. *Journal of Parenteral and Enteral Nutrition.* 2006;30(2):1–5.	To compare tolerance and outcomes in patients with acute pancreatitis receiving a semi-elemental formula versus a polymeric formula.	Peptamen vs. Sondalis-Iso®	Adults with acute pancreatitis	Peptamen usage resulted in a significant decrease in weight loss (p=0.01) and hospital length of stay (p=0.006). Although not significant, a clinical trend was seen for decreased infection, improved CRP, amylase and serum albumin in the Peptamen group. Use of Peptamen in acute pancreatitis may ensure a more favorable outcome than use of a polymeric formula.
Dylewski ML et al. *Nutrition Poster 72; A.S.P.E.N. Clinical Nutrition Week.* 2006.	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	Pediatric patients with burns exceeding 20% TBSA	Peptamen is better tolerated than the casein-based feeding in pediatric burn patients. Peptamen promoted more rapid progression to goal feeding and a decrease in incidence of diarrhea (p=0.03).
Shea JC et al. *Pancreatology.* 2003;3:36–40.	To determine if an enteral formula containing MCT and hydrolyzed peptides would minimally stimulate the pancreas and decrease pain associated with chronic pancreatitis.	Peptamen vs. Ensure® vs. high fat hamburger	Adults with chronic pancreatitis and healthy adults	Peptamen minimally stimulated the pancreas and cholecystokinin release, as compared to a 30 gm fat oral diet (hamburger) and/or Ensure in healthy subjects. There was a significant decrease in pain scores with Peptamen usage patients with pancreatitis (p=0.011).
Salomon SB et al. *Journal of the American Dietetic Association.* 1998;98:460–2.	To determine if a hydrolyzed whey-based, low LCT, high MCT diet would improve gastrointestinal tolerance and fat absorption in HIV-infected subjects.	Peptamen vs. regular diet	Adult HIV	Patients with HIV tolerated Peptamen well. Significant decrease in number of stools (p<0.01) was seen during the Peptamen phase of the study, in addition to a significant decrease in fecal fat content of stool (p<0.019).
McClave SA et al. *Journal of Parenteral and Enteral Nutrition.* 1997;21:14–20.	To assess safety and efficacy of a whey-based peptide diet in acute pancreatitis.	Peptamen vs. total parenteral nutrition (TPN)	Acute pancreatitis and chronic pancreatitis with flare-ups	Peptamen fed jejunally was as effective as TPN in the nutritional management of patients with pancreatitis. Peptamen patients had significantly greater improvement in Ranson criteria (p=0.002) score and a non-significant trend toward improvement in LOS, ICU stay, days to PO diet, and days to normal amylase. Nutrition support with Peptamen is significantly less costly than TPN (p<0.005).
Herzog D et al. Gastroenterology. 1997;112:A995.	To assess growth velocity and relapse frequency in children with quiescent Crohn's disease and growth failure.	Peptamen vs. high calorie diet	Pediatric patients with Crohn's disease and growth failure	Peptamen fed exclusively for 28 days every 4 months to children with Crohn's disease significantly reduced relapse frequency (p=0.03) and permitted normalization of growth velocity (p=0.005) and bone density (p=0.001) in quiescent pediatric Crohn's disease with severe growth failure.
Pereira SP et al. *Clinical Science.* 1996;91:509–12.	To compare nutritional support with Peptamen with the use of steroid in patients with active Crohn's disease.	Peptamen vs. prednisone	Acute active Crohn's disease	All patients showed an improvement in all indices of Crohn's disease activity. The patients' response to Peptamen and to steroids was equivalent. Peptamen can be efficacious in the nutrition support of active Crohn's disease.
Donald P et al. *Nutrition Research.*1994;14:3–13.	To compare the ability of peptide-based vs. free amino acid-based enteral products in improving nutritional status and feeding tolerance in surgical patients.	Peptamen vs. free amino acid diet	Adult surgical (post-operative) patients	Statistically significant improvements occurred in serum prealbumin (p=0.04) and cholesterol (p=0.02) in the Peptamen group; declines occurred in the free amino acid group. There was a non-significant increase in serum transferrin levels in the Peptamen group.
Rowe B et al. *Journal of the American College of Nutrition.* 1994;13:535A.	To determine the incidence of glutathione (GSH) depletion in ICU patients and if a diet high in cysteine can replete GSH.	Peptamen (whey-based) vs. Nutren® 1.0 (casein-based)	Adult ICU patients under physiologic stress	43% of the patients had depleted GSH levels. GSH levels increased on Peptamen, but did not increase on the casein-based diet. The patients on Peptamen received a cysteine-rich protein source that provided seven times more cysteine than the casein diet.
Borlase BC et al. *Surgery, Gynecology and Obstetrics.* 1992;174:181–8.	To compare tolerance and length of stay (LOS) in patients on a peptide diet vs. a free amino acid diet.	Peptamen vs. free amino acid diet	Critically ill, hypoalbuminemic elderly	The Peptamen group had significantly fewer stools than the free amino acid group (p<0.02). Both groups had equal tube-feeding intake. The LOS was 45 days in the Peptamen group (23 +/- 8 days in the ICU) vs. 54 days in the free amino acid diet group (28 +/- 9 days in the ICU ; NS). Improved N2 balance was seen in the Peptamen group (p<0.001).
Murray ND, Vanderhoof JA. *Journal of Parenteral and Enteral Nutrition.* 1988;12(suppl):215.	To 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	Pediatric patients with SBS	Ostomy output was decreased 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.
Zoli G et al. *Alimentary Pharmacology & Therapeutics.* 1997;11:735–40.	To determine the efficacy of an oral elemental diet versus steroids in patients with active Crohn's disease.	Peptamen (orally) vs. prednisone	Adults with active Crohn's disease	Peptamen given orally to adult patients with Crohn's disease was at least as effective as steroids in inducing remission of the disease, and may improve nutritional status, probably through a more rapid restoration of normal intestinal permeability.
Polk DB et al. *Journal of Parenteral and Enteral Nutrition.* 1992;16:499–504.	To 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 (p<0.0001/p<0.02) and reduced disease activity (P<0.01), allowing a reduction in prednisone intake.
Fried MD et al. *Journal of Pediatrics.* 1992;120:569–72.	To determine gastric emptying times and incidence of regurgitation in children with documented delayed gastric emptying.	1 casein-predominant vs. 3 whey-predominant (including Peptamen)	Pediatric patients with documented delayed gastric emptying	Patients on whey-based formulas had a significant reduction (p<0.05) in vomiting (2±2) compared with those on the casein-based formula (12±11). Whey-based formulas like Peptamen reduce the frequency of vomiting by improving the rate of gastric emptying (p<0.001).
PEPTAMEN® WITH PREBIO1™				
Parekh N. *American College of Gastroenterology Annual Meeting Abstracts.* 2006:S313–14, Abstract Number 776.	To describe the outcome from switching from a polymeric or semi-elemental formula to an isocaloric, isotonic semi-elemental formula with prebiotics.	Peptamen with Prebio1	Adult patients with intestinal failure undergoing intestinal rehabilitation	Patents experienced weight gain and maintained albumin during the change to the fiber containing formula. Three months of oral or enteral intake of Peptamen with Prebio1 may induce weight gain in patients with intestinal failure undergoing intestinal rehabilitation.
Hussey TA et al. *Journal of Pediatric Gastroenterology and Nutrition.* 2003;37:341.	To observe tolerance and efficacy of a six-week tube feeding regimen of Peptamen with Prebio1.	Peptamen with Prebio1	Pediatric patients with Crohn's disease	Peptamen with Prebio1 was well tolerated and associated with clinically meaningful gains in weight (p<0.0001), height (P< 0.01), nutritional status (P< 0.01) and quality of life scores (P< 0.01). Inflammation and disease activity (P< 0.0001) were decreased. A six-week tube-feeding regimen of Peptamen with Prebio1 is effective in helping to manage pediatric Crohn's disease.
PEPTAMEN AF®				
Oz HS et al. *Journal of Parenteral and Enteral Nutrition.* 2009;33:380–9.	To determine if an enteral nutrition formula high in cysteine, EPA-DHA and FOS would protect against systemic inflammatory syndrome in a well-established rat model.	Peptamen AF vs. Promote® vs. chow	Rats with lipopolysaccharide (LPS)-induced systemic inflammatory response	Rats were allocated to receive Peptamen AF, Promote or rat chow for 6 days, after which they received an injection with LPS or saline. Rats were euthanized 18 hours after injection with LPS or control. Peptamen AF rats showed significantly less weight loss (p<0.05), significantly less increase in ALT (liver function enzyme) (p<0.02), less hepatic damage, less decrease in hematocrit, and greater hepatic glutathione content (p<0.05). Data suggests that Peptamen AF may protect against systemic inflammatory response.