

SUPPORTING PATIENTS WITH MALABSORPTION

Fortimel Peptide HEHP is a peptide-based oral nutritional supplement (ONS), for patients with symptoms of malabsorption resulting from many underlying diseases, such as gastrointestinal diseases, cancer or pancreatic diseases.

Fortimel Peptide HEHP is nutritionally complete ready to drink oral nutritional supplement used for the dietary management of disease related malnutrition in patients with malabsorption and/or maldigestion. Fortimel Peptide HEHP is a dietary food for special medical purposes (FSMP) and must be used under medical supervision.

MALABSORPTION PATIENT JOURNEY



Fortimel Peptide HEHP

Peptide HEHP

Sabor coffee cream



PREVALENCE OF MALNUTRITION IN DISEASES RESULTING IN MALABSORPTION

23% - 94%

Patients with chronic pancreatitis have malnutrition⁴

20% - 85% Patients with IBD have malnutrition³

83% Patients have significant weight loss during radiation treatment associated with GI symptoms⁶

IMPACT OF MALNUTRITION¹⁻²



Impact on the healthcare system

- Increase GP visits
- More prescriptions
- More hospital admissions
- Longer hospital stays
- Post discharge support
- More complications - greater healthcare costs

1. Stratton et al. Managing malnutrition to improve lives and save money. 2018. BAPEN. 2. Stratton RJ, Green CJ, Elia M. Disease-related malnutrition: an evidence-based approach to treatment. Oxford: CABI publishing; 2003. 3. Balestrieri P, Ribolsi M, Guarino MPL, et al. Nutritional Aspects in Inflammatory Bowel Diseases. Nutrients 2020, 12, 372. 4. Olesen et all. Nutrition (2017). 5. Siddiqui MT, et al. Short-Bowel Syndrome: Epidemiology, Hospitalization. PEN J Parenter Enteral Nutr. 2021 September ; 45(7): 1441–1455. 6. Sanz-Paris A, et al. Review Oligomeric Enteral Nutrition in Undernutrition, due to Oncology Treatment-Related Diarrhea. Systematic Review and Proposal of An Algorithm of Action. Nutrients 2019, 11, 1888.

20% - 40%

Weight Loss seen in out-patients with CD³

40%

Patients with SBS have some form of malnutrition⁵



- Reduced muscle strength & weight loss
- Reduced mobility/function
- Fatigue
- Compromised immune system
- Increase risk of pressure ulcers and would healing
- Reduced quality of life
- Higher mortality





CONDITIONS THAT CAN LEAD TO MALABSORPTION



Inflammatory bowel disease⁴⁻⁶ which includes Crohn's disease, ulcerative colitis.



Pancreatic enzyme deficiency such as acute and chronic pancreatitis, cystic fibrosis⁷⁻¹⁰.



Pancreatic cancer, Cancer in the gastrointestinal tract or in adjacent organs resulting in radiation enteritis^{11,12}.

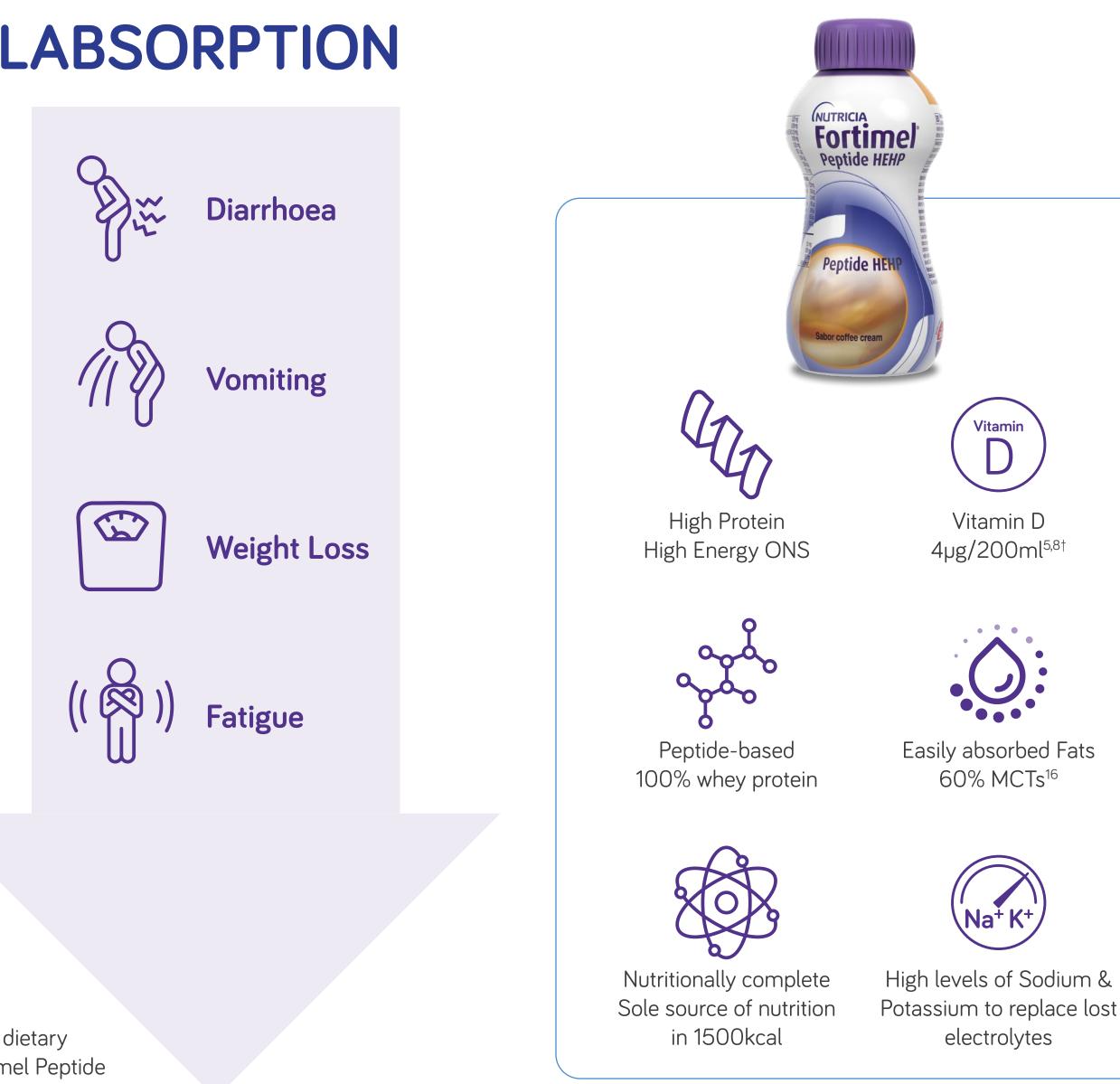


Short bowel syndrome as a result of large sections of the intestine or colon being removed¹³.



HIV-related gastrointestinal disorders^{14,15}.

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DISEASE CONDITIONS LEADING TO MALABSORPTION



Inflammatory bowel disease⁴⁻⁶

such as Crohn's disease and ulcerative colitis. These patients frequently experience malabsorption with frequent hospital admissions, and in severe cases result in bowel resection.

Patients with Crohn's disease and ulcerative colitis often have acute phases where the inflammation flares-up and causes symptoms such as diarrhoea. During these "flare-up "periods patients may benefit from a Fortimel Peptide HEHP ONS.







Pancreatic enzyme deficiencies⁷⁻¹⁰ such as acute and chronic pancreatitis, cystic fibrosis.

HOSPITAL WARD

Patients with pancreatic enzyme deficiencies often have frequent hospital admissions due to symptoms. In addition, these patients may have DRM or are at risk of DRM. Therefore such patients may benefit from a Fortimel Peptide HEHP ONS or Nutrison Peptisorb HEHP especially if they have an intolerance to oral or tube polymeric feeds.

GI Surgical Resection¹³

syndrome.

ICU

Patients who have had GI resection, often following surgery, are initially only able to tolerate semi- elemental feeds (tube or oral feeds). Such patients will benefit from Nutrison Peptisorb HEHP or from Fortimel Peptide HEHP ONS especially if they have an intolerance to oral or tube polymeric feeds.

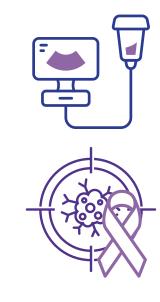


with malabsorption and / or maldigestion. Both feeds are dietary foods for special medical purposes (FSMP) and must be used under medical supervision.





where large sections of the intestine or colon being removed, e.g., Short bowel



GI Cancers^{11,12}

such as pancreatic cancers, Cancer in the gastrointestinal tract or in adjacent organs resulting in radiation enteritis.

RECOVERY POST HOSPITAL DISCHARGE

Patients with GI or pancreatic cancers often receive radiation therapy which frequently results in radiation enteritis. Such patients often cannot tolerate polymeric feeds due to symptoms. In addition, these patients may have DRM or at risk of DRM and therefore such patients may benefit from a Fortimel Peptide HEHP ONS or Nutrison Peptisorb HEHP especially if they have an intolerance to oral or tube polymeric feeds.

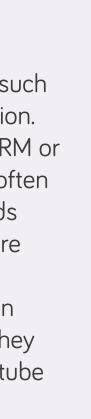




Other underlying diseases^{14,15} HIV-related gastrointestinal disorders.

@HOME OR IN CARE HOME FACILITIES

Patients with gastrointestinal disorders resulting from other underlying disease pathology such as HIV, often have malabsorption. And concurrently may have DRM or at risk of DRM. Such patients often cannot tolerate polymeric feeds due to symptoms, and therefore may benefit from a Fortimel Peptide HEHP ONS or Nutrison Peptisorb HEHP especially if they have an intolerance to oral or tube polymeric feeds.



FORTIMEL PEPTIDE HEHP

is a peptide-based oral nutritional supplement (ONS) for patients with gastrointestinal (GI) diseases leading to malabsorption symptoms.

Semi-elemental enteral nutrition can be an suitable option for patients with severe disease and malnourishment because the presence of³:

- peptides,
- medium-chain triglycerides,
- higher palatability of semi-elemental compared with elemental diets likely improves adherence to nutritional treatment².

Semi-elemental Feeds³

- increases nutrient digestibility,
- protects mucosal integrity,
- facilitates nutrient absorption¹.
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 - 4 Heuschkel RB, Menache CC, Megerian JT, Baird AE. Enteral nutrition and corticosteroids in the treatment of acute Crohn's disease in children. Journal of pediatric gastroenterology and nutrition 2000; 31(1): 8-15.
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 - 7 Smith P. Nutritional therapy for active Crohn's disease. World journal of gastroenterology 2008; 14(27): 4420-3.
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 - 11 Kumar A, Singh N, Prakash S, Saraya A, Joshi YK. Early enteral nutrition in severe acute pancreatitis: a prospective randomized controlled trial comparing nasojejunal and nasogastric routes. Journal of clinical gastroenterology 2006; 40(5): 431-4.
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 - **15** Bounous G. Elemental diets in the prophylaxis and therapy for intestinal lesions: an update. Surgery 1989; 105(5): 571-5.
 - 16 Cosnes J, Evard D, Beaugerie L, Gendre JP, Le Quintrec Y. Improvement in protein absorption with a small-peptide-based diet in patients with high jejunostomy. Nutrition (Burbank, Los Angeles County, Calif) 1992; 8(6): 406-11.

 - **18** Ockenga J, Grimble R, Jonkers-Schuitema C, et al. ESPEN Guidelines on Enteral Nutrition: Wasting in HIV and other chronic infectious diseases. Clinical nutrition (Edinburgh, Scotland) 2006; 25(2): 319-29.
 - 19 Holt, P.R. 1968. Studies of medium chain triglycerides in patients with differing mechanisms for fat malabsorption. Pp. 97–107 in Medium Chain Triglycerides, J.R.Senior, editor., ed. Philadelphia: University of Pennsylvania



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