



EXTENSIVELY HYDROLYSED PROTEINS GO ONE STEP FURTHER IN THE FIGHT AGAINST INTOLERANCE

Prevalence of feeding intolerance



Up to **60%** in critically ill children¹



Up to **65%** in cystic fibrosis²



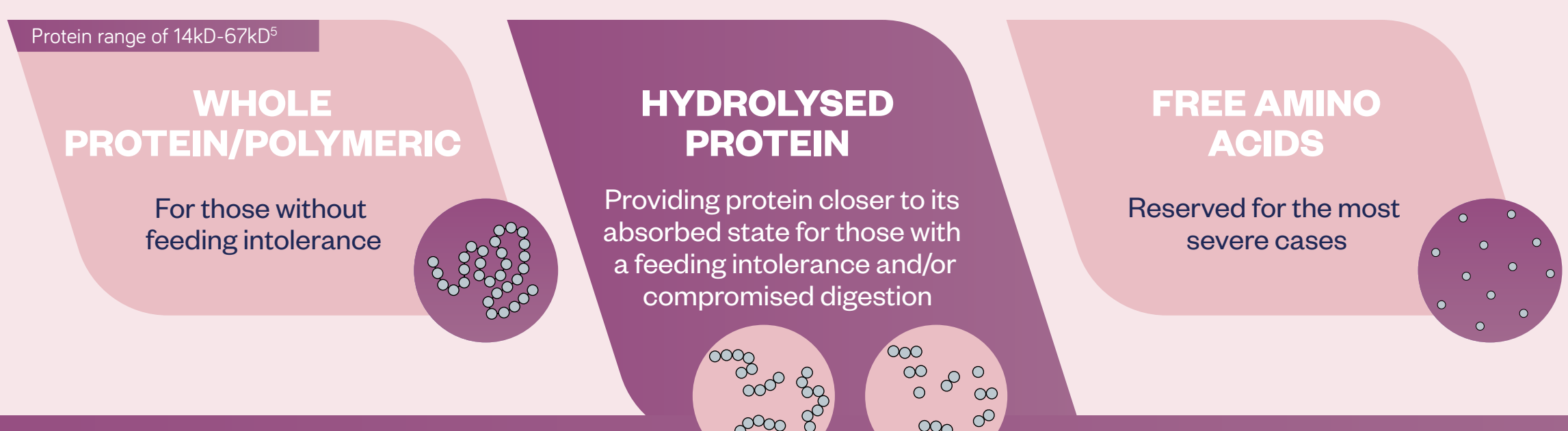
Up to **70%** in neurologically impaired children³

Nutritional intake is vital for growth and development throughout youth: In infants and children being tube fed intolerance can be a decisive factor in achieving your nutritional and clinical goals

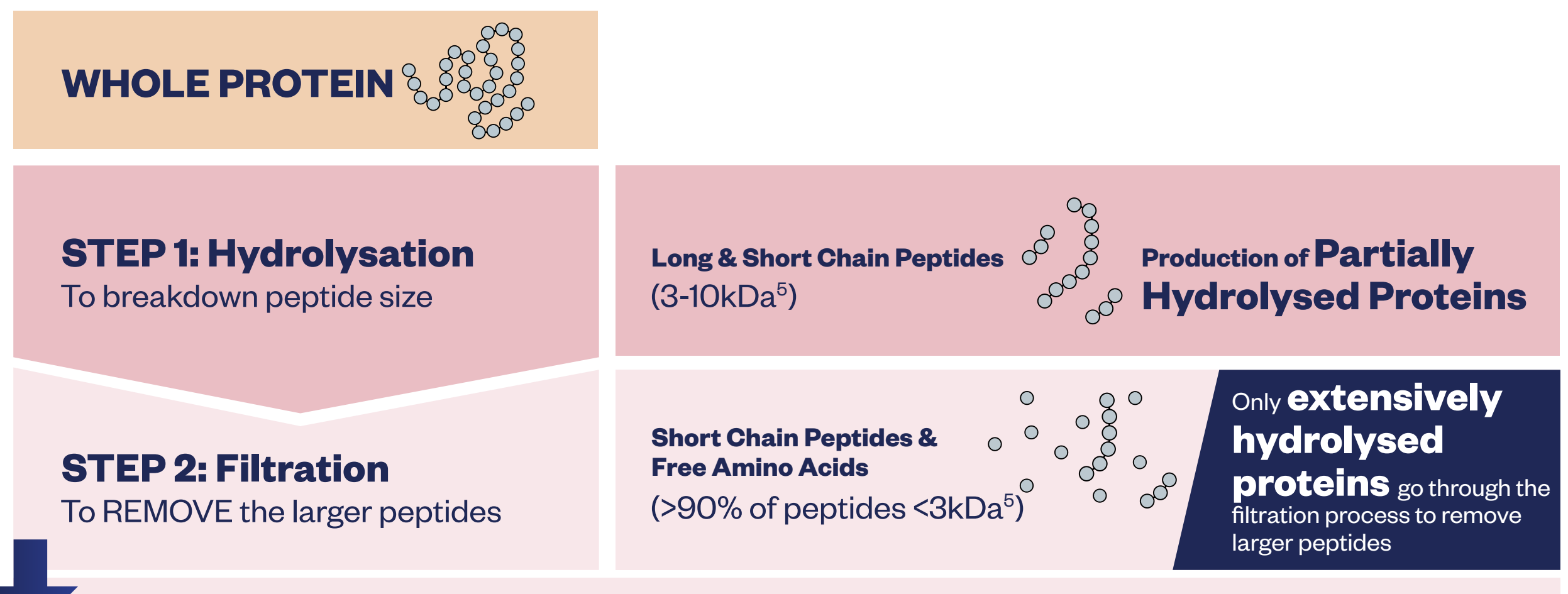
“ If breast milk and whole protein formula are not tolerated, experts say:⁴

EXTENSIVELY HYDROLYSED PROTEIN (WITH A HIGH PERCENTAGE OF SHORT CHAIN PEPTIDES AND SOME AMINO ACIDS) CAN HELP

”



Nutricia takes one step further to manage feeding intolerance



More short chain peptides
2-3x more short chain peptides vs. partially hydrolysed protein⁶



Less intestinal work
Short chain peptides & free amino acids can be absorbed directly without further intestinal hydrolysis⁷⁻⁹



Offering a physiological absorptive advantage
Over less hydrolysed alternatives for patients with compromised digestion⁷⁻⁹

Nutricia's Peptisorb Range is the only extensively hydrolysed feed from infants to children to step up to the fight against intolerance

Energy-nutrient dense
1&1.5 kcal/ml

AGE & ENERGY ADAPTED
Meeting changing nutritional needs for differing developmental stages

100% WHEY-BASED EXTENSIVELY HYDROLYSED PROTEIN
Offering a physiological absorptive advantage over less hydrolysed alternatives for patients with compromised tolerance

Extensively hydrolysed whey protein

PROVEN EFFECTIVENESS PROMOTING CATCH-UP GROWTH & ADDRESS INTOLERANCE¹⁰⁻¹³

- Increased nutritional intake
- Improved growth outcomes
- Reduced GI symptoms

References:
 1. Ladopoulos T, et al., Ann Gastroenterol, 2018, 31(3) 273. 2. Hayee B H et al., United European Gastroenterol J. 2019, 7(7) 881-8.
 3. Romano C et al., J Pediatr Gastroenterol Nutr 2017, 65(2), 242-64. 4. Goulet O et al. Clinical Nutrition, 2013;32(2):162-171. 5. Vandenplas Y et al. Journal of pediatric gastroenterology and nutrition, 2014;58(5):549-552.
 6. Peptide size distribution and free amino acid analysis (Data on file, June 2021). 7. Goulet O et al. Clinical Nutrition, 2013;32(2):162-171. 8. Grimble, G. K. Amino acid metabolism and therapy in health and nutritional disease, 1995,319-336. 9. Grimble, G. K. et al. Gastroenterol, 1987;92(1):136-142. 10. Watling, R, et al., Poster. BSPGHAN, 2008. 11. Sorensen, K et al., Poster, ESPGHAN, 2017. 12. Smith, C. et al., Clinical Nutrition, 2018 37(3):1005-12. 13. Marino, L. et al., Journal of Human Nutrition & Dietetics, 2019, 32(3) 400-8.