Compleat® pediatric

Evidence associates ***blenderized whole food formulas with clinical and health economic benefits*** compared to plant-based standard formulas

A large retrospective pediatric study associates clinical, healthcare resource utilization and cost benefits with blenderized whole food formula, Compleat® Pediatric Organic Blends, vs. Kate Farms® Pediatric Standard 1.2, which does not contain blenderized whole foods, in post-acute care patients at 84 days post-hospital discharge.[1,2]

Compleat® Pediatric Organic Blends is associated with:

60% LESS

GI intolerance symptoms

vs. Kate Farms® Pediatric Standard 1.2
(118 vs. 292 patients with any GI symptoms)

71% LESS

Mean total number of healthcare visits

vs. Kate Farms® Pediatric Standard 1.2
(28 vs. 96 total visits)

77% LOWER

Total adjusted costs of healthcare visits

vs. Kate Farms® Pediatric Standard 1.2
($222,735 vs. $965,451)

Choose **Compleat® Pediatric Organic Blends to support positive outcomes***. *Designed to meet requests for blenderized whole food and plant-based options too!*

Ask your Nestlé Health Science Sales Representative for samples of Compleat® Pediatric formulas, or visit www.nestlemedicalhub.com/samples

Nestlé HealthScience®

*Research associates commercially available and/or home blenderized tube feeding formulas made with whole food ingredients with improved outcomes vs standard formulas

References: 1. Desai A, et al. *J Pediatr Gastroenterol Nutr.* 2022;75(S1):S292.
2. Desai A, et al. *J Pediatr Gastroenterol Nutr.* 2022;75(S1):S293.

POSTER SUMMARY

Clinical Benefits of Real Food Tube Feeding Formulas Compared to Standard Tube Feeding Formulas in Post-Acute Pediatric Patients

Desai A[1], Henrikson A[2], Allen F[2], Kumar P[3], Samhitha V[3], Araujo Torres K[2]

J Pediatr Gastroenterol Nutr. 2022;75(S1):S293.

1. Market Access, Nestlé Health Science, 2. Medical Affairs, Nestlé Health Science, 3. Clarivate Data Analytics & Insights

Introduction:

The prevalence of home enteral nutrition (HEN) as part of post-acute care in the US has increased in recent decades due to its clinical and economic benefits.[1] Healthcare professionals, patients, and caregivers are requesting tube feeding formulas including more recognizable ingredients.[2,3] Commercially blenderized tube feeding formulas (CBTF) containing a variety of whole foods may be suitable for patients with difficulty tolerating standard tube feeding formulas (STD-TF).[2]

Objectives:

To describe patient characteristics and clinical outcomes among pediatric patients who received CBTF compared to those receiving a plant-based STD-TF formula in post-acute care.

Methods:

This was a retrospective observational study, conducted using data from the Decision Resources Group Real World Evidence Data Repository, which covers 98% of US health plans and includes medical and pharmacy claims. Patients 1-14 years of age, with a prescription of either CBTF (Compleat® Pediatric Organic Blends, Nestlé HealthCare Nutrition, US) or STD-TF (Kate Farms® Pediatric Standard 1.2, Kate Farms Inc., US) between Jan 2018 and Dec 2020 were included. The index date was defined as the date of hospital discharge. GI intolerance symptoms were compared between CBTF and STD-TF groups at 84 days post-index.

Patient Characteristics:

The study included 1064 children (42% female; mean age 5.05 years) from all US regions. The most common diagnoses pre-index were diseases of the digestive system (83%), respiratory diseases (80%), and congenital conditions (72%). Mean Charlson Comorbidity Index score was 1.7 among patients with comorbidities.

The most common comorbidities were chronic pulmonary disease (30%), paraplegia and hemiplegia (27%) and cerebrovascular disease (7%). No significant difference in concomitant medication use was observed for GI drugs (anti-diarrheals, anti-emetics, laxatives and others) and anti-infective drugs.

Results:

Significantly fewer patients experienced any GI intolerance symptoms at 84 days post-index while receiving the CBTF formula (25%) than STD-TF (49%) (p<0.001). This reduction in GI intolerance was maintained for specific intolerance symptoms including constipation (p<0.001), nausea and vomiting (p<0.001), abdominal pain (p<0.001), diarrhea (p<0.001), flatulence (p=0.005) and abdominal distension (p=0.007) at 84 days post-index **(Table 2)**.

Table 2: GI Intolerance Symptoms at 84 Days Post-Index

	CBTF N=469, n (%)	STD-TF N=595, n (%)	p-value†
Any intolerance symptoms	118 (25%)	292 (49%)	<0.001
Intolerance symptoms			
Constipation	68 (14%)	190 (32%)	<0.001
Nausea & vomiting	47 (10%)	129 (22%)	<0.001
Abdominal pain	9 (2%)	51 (9%)	<0.001
Diarrhea	13 (3%)	57 (10%)	<0.001
Flatulence	9 (2%)	31 (5%)	0.005
Abdominal distention	8 (2%)	28 (5%)	0.007
≥3 intolerance symptoms	11 (9%)	58 (20%)	<0.001

Abbreviations: CBTF, commercial blenderized tube feeding formula; STD-TF, standard tube feeding formula
†chi-square test, alpha=0.05 level of significance

Conclusion:

The use of CBTF containing a variety of whole foods was well tolerated in pediatric patients compared to plant-based STD-TF formulas. Significant reductions in GI intolerance symptoms were observed among children receiving CBTF compared to STD-TF formulas, demonstrating clinical benefits of whole food tube feeding formulas in post-acute care patients.

References: 1. Mundi MS, et al. *Nutr Clin Prac.* 2017;32(6):799-805. **2.** Gramlich L, et al. *Nutrients.* 2018;10(8). **3.** Boullata JI, et al. *JPEN J Parenter Enteral Nutr.* 2017;41(1):15-103.

Financial support provided by Nestlé Health Science

POSTER SUMMARY

Health Economic Benefits of Real Food Tube Feeding Formulas Compared to Standard Tube Feeding Formulas in Post-Acute Pediatric Patients

Desai A[1], Henrikson A[2], Allen F[2], Kumar P[3], Samhitha V[3], Araujo Torres K[2]

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1. Market Access, Nestlé Health Science, 2. Medical Affairs, Nestlé Health Science, 3. Clarivate Data Analytics & Insights

Objectives:

To conduct health care resource utilization (HCRU) and cost analysis of commercially blenderized tube feeding formula (CBTF) containing a variety of whole foods with plant-based standard tube feeding formula (STD-TF) in post-acute care pediatric patients.

Methods:

This retrospective observational study was conducted using data from the Decision Resources Group Real World Evidence Data Repository, which covers 98% of US health plans and includes medical and pharmacy claims. Patients 1-14 years of age, with a prescription of either CBTF (Compleat® Pediatric Organic Blends, Nestlé HealthCare Nutrition, US) or STD-TF (Kate Farms® Pediatric Standard 1.2, Kate Farms Inc., US) between Jan 2018 and Dec 2020 were included. The index date was defined as the date of hospital discharge. Outcomes were compared at 84 days post-index between the two groups. HCRU and associated costs were compared between the CBTF and STD-TF groups. Costs were adjusted for age, gender, and Charlson comorbidity index (CCI) score.

Patient Characteristics:

The study included 469 patients in the CBTF group (44% female, mean age 5.17 years), and 595 in the STD-TF group (40% female, mean age 4.96 years). There were no statistically significant differences between the two groups regarding mean age or gender. The most common diagnoses were diseases of the digestive system (CBTF 81%, STD-TF 85%), respiratory system (CBTF 78%, STD-TF 82%), and congenital malformations, deformations, and chromosomal abnormalities (CBTF 76%, STD-TF 69%). Fifty-nine percent of patients in the CBTF group had at least one CCI comorbidity compared with 58% of those in the STD-TF group. Of these, 88% in the CBTF group had CCI scores of 1–2 compared with 84% in the STD-TF group; 10% in the CBTF group had CCI scores of 3–4 compared with 12% in the STD-TF group; 1% of patients in the CBTF group had CCI scores ≥5 compared with 4% in the STD-TF group.

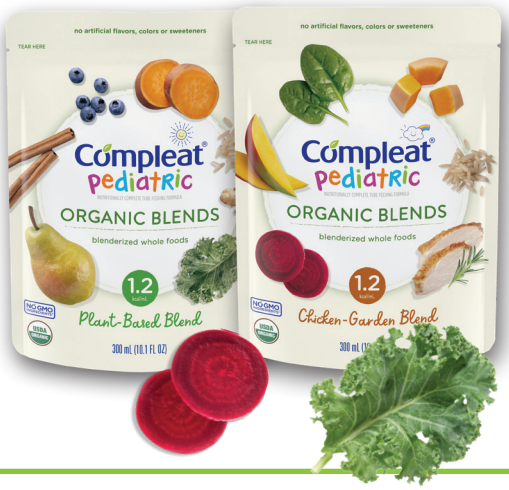
Results:

At 84 days post-index, the mean total number of visits (28 visits per CBTF patient vs. 96 per STD-TF patient, $p<0.001$), visits to outpatient (18 vs. 73, $p<0.001$), inpatient (5 vs. 11, $p=0.001$), emergency departments (1 vs. 2, $p<0.001$), and other places of service, including assisted living, intermediate care, and unidentified facilities (3 vs. 9, $p=0.005$), were significantly lower for the CBTF group compared with the STD-TF group. A significantly higher proportion of patients receiving STD-TF required inpatient visits, emergency department visits, urgent care and visits to other places of care than those receiving CBTF (all $p<0.001$). Most patients in both groups required outpatient visits (100% in the CBTF vs. 97% in the STD-TF group). After controlling for age, gender and CCI score, significantly lower adjusted costs attributed to outpatient visits (CBTF $164,480, STD-TF $738,567, $p<0.001$), inpatient visits (CBTF $32,575, STD-TF $111,702, $p<0.001$), emergency department visits (CBTF $8,084, STD-TF $20,127, $p<0.001$), urgent care (CBTF $4,767, STD-TF $9,214, $p<0.001$), and other visits (CBTF $12,829, STD-TF $85,842, $p<0.001$) were recorded for the CBTF group compared with the STD-TF group.

Conclusion:

A CBTF containing a variety of whole foods prescribed in post-acute care was associated with fewer visits to healthcare providers and reductions in costs attributed to those visits compared with a plant-based STD-TF. Post-acute care pediatric patients prescribed the CBTF showed lower inpatient, outpatient, urgent care, and other mean visits than those prescribed a plant-based STD-TF. Accordingly, less HCRU was associated with significantly lower adjusted post-acute costs in pediatric patients prescribed the CBTF vs. plant-based STD-TF.

Financial support provided by Nestlé Health Science



Compleat® pediatric

Choose **Compleat® Pediatric Organic Blends to support positive outcomes.**

Designed to meet patient requests for whole food and plant-based options too!

	Compleat® PEDIATRIC ORGANIC BLENDS PLANT-BASED (1.2 KCAL/ML)	KATE FARMS® PEDIATRIC STANDARD 1.2
BLENDERIZED WHOLE FOOD FORMULA IS ASSOCIATED WITH CLINICAL, HEALTHCARE RESOURCE UTILIZATION, AND COST BENEFITS IN POST-ACUTE PEDIATRIC PATIENTS†	✓	✗
CONTAINS BLENDERIZED WHOLE FOODS	✓ • Approximately 1 cup equivalent of fruits and vegetables per pouch • Phytonutrients provided from blenderized fruits and vegetables	✗ • Does not contain blenderized whole foods • Phytonutrients provided from added extracts and concentrates
CONTAINS SOLUBLE & INSOLUBLE FIBER TO SUPPORT DIGESTIVE HEALTH	✓	✗ • Contains only soluble fiber
NONE OF THE COMMON FOOD ALLERGENS	✓	✓

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Compleat® Pediatric formulas may be available for insurance coverage including private insurance and several Medicaid plans including Medi-Cal*

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