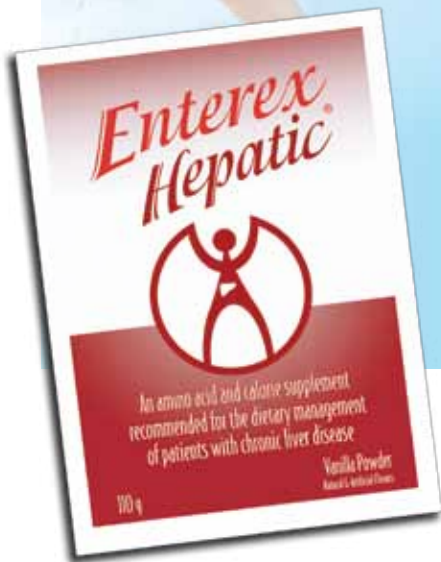


Enterex[®] Hepatic

Feed your hepatic patient, avoiding complications



Solve the dilemma of how to feed your patient!



Nutrition & medical products for a healthier life

Enterex[®] Hepatic

Solve the dilemma of how to feed your hepatic patients, avoiding complications

Etiologies of malnutrition in Hepatic Insufficiency ⁽¹⁻³⁾

■ **Decreased Ingestion**

- Anorexia
- Early satiety
- Ascites
- Altered mental status or encephalopathy
- Frequent hospitalizations

■ **Decreased Absorption**

- Cholestasis
- Excessive bacterial growth
- Pancreatic insufficiency

■ **Iatrogenic Factors**

- Dietetic restrictions
- Frequent paracentesis
- Lactulose therapy

■ **Metabolic Alterations**

- Metabolic rate alterations
- Glucose intolerance or insulin resistance
- Rapid postprandial gluconeogenesis
- Decreased glycogen deposits
- Elevated leptin
- Elevated Tumor Necrosis Factor-Alpha (TNF- α)
- Decreased growth factor similar to insulin-1

Malnutrition is frequent in all the stages of hepatic disease. From 20% in cases of compensated hepatic disease to more than 80% in those patients with decompensated disease. ^(1,2)





Enterex® Hepatic: Features and Benefits

- Well-tolerated protein source with high contribution of BCAA, low in AAA and methionine (BCAA* to AAA** ratio = 33:1), allowing an adequate Nitrogen Balance (NB) without exacerbating the patient's clinical condition.
- Supplies arginine, helping to decrease the ammonia serum levels.
- Excellent source of fats (MCT/LCT) for better absorption and convenience, in case of poor absorption.
- Carbohydrates 100% maltodextrin, and no simple carbohydrates, facilitating glycemic control.
- Sweetened with sucralose. Does not contain aspar-
- tame (phenylalanine-free) allowing a lower supply of AAA** and better tolerance.
- Electrolyte-free, facilitating the management of individual restrictions and adjustments.
- Vanilla flavor to improve patient's compliance.
- Balanced caloric contribution, adequate for each nutrient, according to the patient's tolerance.
- Powder formula (110 g in each pouch) that allows preparation of diverse dilutions according to each patient's individual needs.

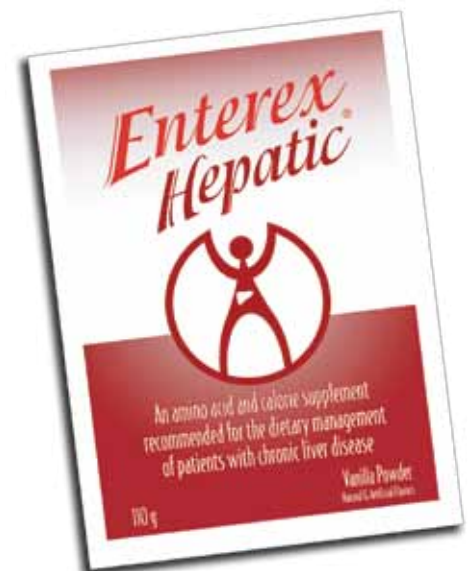
*BCAA=Branched-Chain Amino Acids. **AAA=Aromatic Amino Acids

Guidelines for Enteral Nutrition in Hepatic Disease according to the European Society for Clinical Nutrition and Metabolism (ESPEN) (4)

- In **alcoholic steatohepatitis or fatty liver** (Type of Formula Recommended):
Use formulas enriched with BCAA in patients who exhibit hepatic encephalopathy during enteral nutrition (Recommendation, grade A).
- In **hepatic cirrhosis** (Type of Formula Recommended):
Use formulas enriched with BCAA in patients who exhibit hepatic encephalopathy while on enteral nutrition (Recommendation, grade A).
- The use of oral supplementation with BCAA can improve clinical recovery in advanced cirrhosis (Recommendation, grade B).
- In **transplant and surgery** (Type of Formula Recommended):

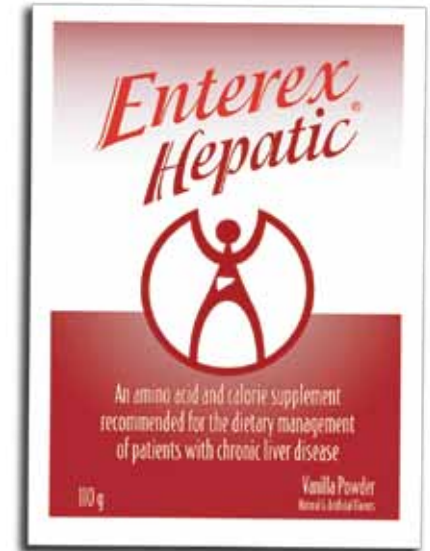
Preoperative: Follow the same recommendations as for cirrhosis.

Postoperative: Use formulas enriched with BCAA in patients who exhibit hepatic encephalopathy while on enteral nutrition (Recommendation, grade A).



NUTRITIONAL INFORMATION PER POUCH (110 g)

| Nutrients | g / Package | Source | Caloric Distribution |
|-----------------------------------|-------------|-----------------------------------|----------------------|
| Protein | 18.6g | Crystalline Amino Acids | 15% |
| Carbohydrate | 71.7g | Maltodextrin | 57% |
| Fat | 15.4g | Canola Oil and MCT | 28% |
| Total Calories500 calories. | | Caloric Density1.2 Kcal/ml. | |
| Osmolality560 mOsm/Kg H2O. | | Total Nitrogen 3 grams. | |



Each pouch contains 110 g of powder.
24 pouches per box
Code: 91111

Preparation and Storage

Add the contents of one pouch to 350 ml of water and blend at medium speed for 1 minute, for a final volume of approximately 425 ml (can be blended with a larger or smaller amount of liquid depending on each patient's tolerance).

At normal dilution, the caloric density is 1.2 Kcal/ml
Refrigerate after reconstituted and consume within 24 hours; if left at room temperature, consume within the first 8 hours.

Administration

Enterex® Hepatic can be used as the only diet* via feeding tube or by oral route as a supplement.

*Supplement with vitamins and minerals.

References:

1. Patton K, Aranda-Michel J. Nutritional aspects in liver disease and liver transplantation. NCP 2002; 17: 332-340.
2. Teran C, McCullough A. Nutrition in Liver Diseases. En Gottschlich M, Fuhrman M, Hammond K, Holcombe B, Seidner D (eds). The science and practice of nutrition support. A case-based core curriculum. USA Aspen Publishers, Inc; 2001. Capitulo 26: 537 – 552.
3. Delich P C, Siepler J K, Parker P. Liver disease. En Gottschlich M M (Ed). The A.S.P.E.N. Nutrition Support Core Curriculum: A case-based approach - The adult patient. USA Aspen Publishers, Inc; 2007. Capitulo 28: 540-577.
4. Plauth M, Cabre E, Riggio O, Assis-Camilo M, Pirlich M, Kondrup J, Ferenci P, Holm E, Vom Dahl S, Muller MJ, Nolte W. -ESPEN - Guidelines on Enteral Nutrition: Liver Disease. Clinical Nutrition (2006) 25, 285-294.

