

Disappointing Data



Common nutritional interventions that are considered standard of care in formula-fed babies with failure to thrive (FTT) or undernutrition fall short of expert guidelines, patients' needs, and your standards:

Concentrating formula

Fortifying formula

Today's standard of care

Either option can fail to produce a balance of nutrients & tolerability your patients desperately need

Concentrating formula

Can add too much. And not enough.

Excessive, concerning osmolality

AAP recommends:

Do not exceed¹

450 mOsm/kg

Concentrating standard formula to ≥ 27 kcal/fl oz

Can result in²

>500 mOsm/kg

Did you know?

In a survey:

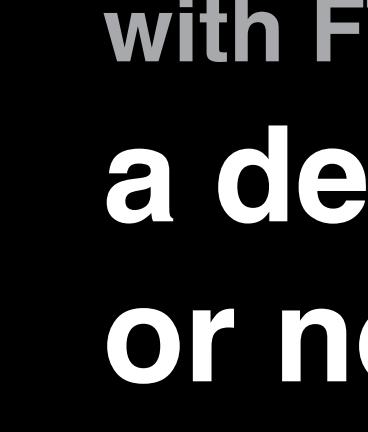
53% of dietitians

worried about high osmolality when feeding hospitalized infants with FTT³

AAP = American Academy of Pediatrics

Insufficient protein and energy

Infants may not receive the increases in energy and protein that experts recommend; protein:energy ratio may also be inadequate



Did you know?

In a survey:

94% of dietitians

worried about suboptimal protein when feeding hospitalized infants with FTT³

Infants with FTT need more calories than concentrated standard formulas deliver.

According to experts, infants with FTT need

50% more calories than healthy infants^{4,5}

But concentrated standard formulas typically provide

35% or fewer extra calories

with no volume increase, 20 to 27 kcal/fl oz, which is rarely exceeded³

When concentrating standard formula, the percentage of energy from protein doesn't increase.

WHO experts recommend

9-12% of energy from protein

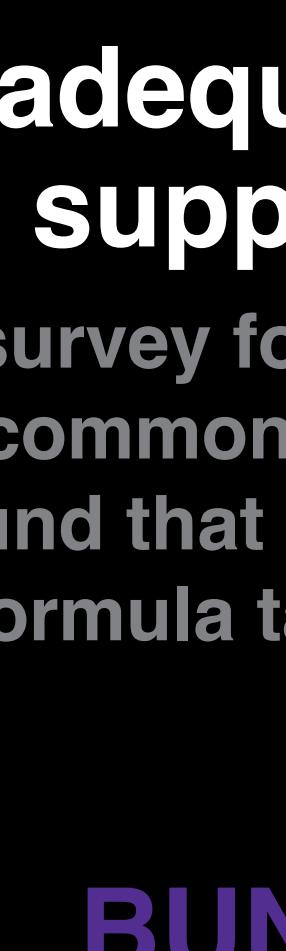
to support lean tissue gain⁶

But concentrated standard formulas typically provide

~8% of energy from protein

WHO = World Health Organization

Concentrating formula doesn't always increase energy intake⁷



2 in 5 infants

with FTT had a decrease or no increase in energy intake from concentrated formula (even at 30 kcal/fl oz)⁷

13% decreased energy intake

(27-31% less energy) (P<0.02)

27% maintained energy intake

(no significant change)

60% increased energy intake

(23-93% more energy) (P<0.02)

The authors suggest one reason "could be the increase in osmolarity," noting that these infants could benefit from "an iso-osmolar, high-energy-density formula."⁷

Supplementing energy

Falls short in too many ways

Inadequate nutrients to support growth

A survey found adding modularity to add calories is common in the US.³ But a 6-week clinical trial found that adding energy is inferior to using a formula tailored for infants with FTT.^{8,9}

¹ Study of 15 infants over 3 days following 2-day washout on standard formula concentrated to 30 kcal/fl oz.

² Trial of 49 infants randomized to receive standard formula supplemented with energy at 30 kcal/fl oz (control) or Fortini, a 30 kcal/fl oz ready-to-feed formula (test).

³ Committee on Nutrition, American Academy of Pediatrics. Pediatrics. 1975;57:278-85. ⁴ Third party laboratory testing of standard infant formulas commercially available in the United States. ⁵ Eurofins. ⁶ World Health Organization. ⁷ World Health Organization. ⁸ World Health Organization. ⁹ World Health Organization. ¹⁰ van Waardenburg, et al. Clin Nutr. 2005;24:121-4. ¹¹ Scheifele, et al. JPEN J Parenter Enteral Nutr. 2002;26:329-39. ¹² Clarke, et al. JPEN J Parenter Enteral Nutr. 2018;42:e196-204. ¹³ van Waardenburg, et al. Clin Nutr. 2005;24:9-15.

Fortini is a medical food for use under medical supervision for term infants from birth up to 18 months of age (or 19.8 lbs) with or at risk of growth failure, increased energy requirements, and/or fluid restrictions. Fortini is brought to you by Nutricia North America.

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