

# NUTRISON DIASON ENERGY HP

SPECIFICALLY DESIGNED TO  
MEET THE NUTRITIONAL NEEDS  
OF PATIENTS WITH DIABETES  
AND/OR HYPERGLYCEAMIA

Clinically proven to improve  
plasma glucose profile  
versus a standard high  
energy tube feed<sup>1</sup>



**Reference:**

1. Lansink M, Hofman Z, Genovese S, et al. Improved glucose profile in patients with type 2 diabetes with a new, high-protein, diabetes-specific tube feed during 4 hours of continuous feeding. JPEN. 2017;41(6):968-75.

Nutrison Advanced Diason Energy HP is a Food for Special Medical Purposes specifically designed to meet the nutritional needs of patients with diabetes and/or hyperglycemia and must be used under medical supervision



# HYPERGLYCAEMIA CAN LEAD TO INCREASED HOSPITAL MORBIDITY AND MORTALITY

Hyperglycaemia is present in **32%** of patients in community hospitals.<sup>1</sup>

Hyperglycaemia can lead to:

- Prolonged hospital stay<sup>2-5</sup>
- Higher associated health care costs<sup>4</sup>
- Increased mortality in surgical patients<sup>3</sup>

Which patients  
might benefit?



**Numerous studies support the efficacy of using diabetes specific tube feeds<sup>6-15</sup>**

**References:** **1.** Cook CB, Kongable GL, Potter DJ, et al. Inpatient glucose control: a glycaemic survey of 126 US hospitals. *J. Hosp Med* 2009;4(9):E7-14. **2.** Krinsley JS. Association between hyperglycemia and increased hospital mortality in a heterogeneous population of critically ill patients. *Mayo Clin Proc.* 2003;78(12):1471-8. **3.** Noordzij PG, Boersma E, Schreiner F, et al. Increased preoperative glucose levels are associated with perioperative mortality in patients undergoing noncardiac, nonvascular surgery. *Eur J Endocrinol* 2017;156:137-42. **4.** Estrada CA, Young JM, Nifong LW, et al. Outcomes and perioperative hyperglycemia in patients with or without diabetes mellitus undergoing coronary artery bypass grafting. *Ann Thorac Surg* 2003;75(5):1392-9. **5.** Kwon S, Thompson R, Dellinger P, et al. Importance of perioperative glycemic control in general surgery: a report from the Surgical Care and Outcomes Assessment Program. *Ann Surg*; 2013;257(1):8-14. **6.** Ojo O, Weldon SM, Thompson T, et al. The Effect of Diabetes-Specific Enteral Nutrition Formula on Cardiometabolic Parameters in Patients with Type 2 Diabetes: A Systematic Review and Meta-Analysis of Randomised Controlled Trials. *Nutrients*. 2019;11(8):E1905. **7.** Vaisman N, Lansink M, Rouws CH, et al. Tube feeding with a diabetes-specific feed for 12 weeks improves glycaemic control in type 2 diabetes patients. *Clin Nutr.* 2009;549-55. **8.** Elia M, Ceriello A, Laube H, et al. Enteral Nutritional Support and Use of Diabetes-Specific Formulas for Patients With Diabetes. *Diabetes Care.* 2005;28(9):2267-79. **9.** Pohl M, Mayr P, Mertl-Roetzer M, et al. Glycaemic control in type II diabetic tube-fed patients with a new enteral formula low in carbohydrates and high in monounsaturated fatty acids: a randomised controlled trial. *Eur J Clin Nutr.* 2005;59(11):1221-32. **10.** Alish CJ, Garvey WT, Maki KC, et al. A diabetes-specific enteral formula improves glycemic variability in patients with type 2 diabetes. *Diabetes Technol Ther.* 2010;12(6):419-25. **11.** Yin-Yi H, Sheng-Ru L, Jamie SP, et al. The clinical and economic impact of the use of diabetes-specific enteral formula on ICU patients with type 2 diabetes. *Clin Nutr.* 2017; 36:1567-2. **12.** Hofman Z, Lansink M, Rouws C et al. Diabetes specific tube feed results in improved glycaemic and triglyceridaemic control during 6 h continuous feeding in diabetes patients. *e-SPEN* 2007;22:44-50. **13.** Mesejo A, Montejo-Gonzalez JC, Vaquerizo-Alonso C, et al. Diabetes-specific enteral nutrition formula in hyperglycemic, mechanically ventilated, critically ill patients: A prospective, open-label, blind-randomized, multicenter study. *Crit Care.* 2015;19:390. **14.** Voss AC, Maki KC, Garvey WT, et al. Effect of two carbohydrate-modified tube-feeding formulas on metabolic responses in patients with type 2 diabetes. *Nutrition.* 2008;24:990-7. **15.** Lansink M, van Laere KM, Vendrig L, et al. Lower postprandial glucose responses at baseline and after 4 weeks use of a diabetes-specific formula in diabetes type 2 patients. *Diabetes Res. Clin. Pract.* 2011;93:421-9.

# STUDY: CLINICAL AND ECONOMIC BENEFITS OF THE USE OF GLYCEMIA TARGETED TUBE FEEDING FORMULATIONS AMONG PATIENTS WITH DIABETES IN US HOSPITALS<sup>1</sup>

**Objective:** To compare the clinical outcomes and costs for diabetic patients tube fed Glycemia Targeted Specialized Nutrition (GTSN) versus Standard Nutrition (STDN) formulas during acute care hospitalizations

**Method:** Retrospective analysis covering 10 years of clinical and cost data (2000-2009). This represented 8.8 million discharges

**Results:** GTSN Tube Fed patients with Diabetes had nearly a one day shorter Length of Stay (LOS) versus the STDN.

**Conclusions:** The use of Glycemia Targeted Specialized Nutrition (GTSN) for tube feeding of hospitalized patients with diabetes is associated with reductions in average length of stay and average overall hospital costs, in comparison to standard nutrition.

**Reference:** 1. Hamdy O, Ernst FR, Baumer D, et al. Differences in resource utilization between patients with diabetes receiving glycemia-targeted specialized nutrition vs standard nutrition formulas in U.S. hospitals. JPEN. 2014;38(2):86S-91S.

# WHICH PATIENTS MIGHT BENEFIT FROM A HIGH PROTEIN, ENERGY-DENSE DIABETIC-SPECIFIC TUBE FEED BASED ON DIAGNOSIS?

Besides diabetic and hyperglycaemic patients with increased protein needs or whom have a fluid restriction, other patient groups who might benefit from this product include:



## ICU

Insulin resistance has been observed in up to 80% of critically ill patients<sup>1</sup>. Stress- and newly diagnosed hyperglycaemic patients have a higher rate of mortality compared to previously diagnosed diabetes and non-diabetic patients<sup>2</sup>.



## Neurology

Approximately 30% of all stroke patients have diabetes<sup>3</sup>. In non-diabetic ischemic stroke patients, persistent hyperglycaemia is observed in approximately 33%<sup>4</sup>. Hyperglycaemia and diabetes are associated with poorer outcomes, including higher mortality, poorer neurological and functional outcomes, longer LOS, higher readmission rates and stroke recurrence<sup>3,4</sup>.



## General hospital wards

In approximately 38% of in-hospital patients hyperglycemia is present, including patients with a known history of diabetes (26%) and without a history of diabetes pre-admission (12%). Newly diagnosed hyperglycaemic patients have higher in-hospital mortality rate and worse functional outcome than patients with a prior history of diabetes and patient with normoglycaemia<sup>5</sup>.



## Oncology

Approximately 8-18% of cancer patients have diabetes<sup>6</sup>. During chemotherapy hyperglycaemia occurs in approximately 10-30% of patients<sup>7</sup>. Hyperglycaemia can accelerate the progression of tumor through enhancing the proliferation, migration, and invasion of tumor cells<sup>8</sup>.



## Frailty

The prevalence of diabetes increases with the presence of frailty<sup>9</sup>; 18.8% in individuals without frailty, 24.5% in individuals with pre-frailty, and 32.4% in individuals with frailty<sup>10</sup>.

**References:** 1. Saberi F, Heyland D, Lam M, Rapson D, Jeejeebhoy K. Prevalence, incidence, and clinical resolution of insulin resistance in critically ill patients: an observational study. JPEN J Parenter Enteral Nutr. 2008;32(3):227-35. 2. Godinjak A, Iglica A, Burekovic A, et al. Hyperglycemia in Critically Ill Patients: Management and Prognosis. Med Arh. 2015;69(3):157-60. 3. Lau L, Lew J, Borschmann K, et al. Prevalence of diabetes and its effects on stroke outcomes: A meta-analysis and literature review. J Diabetes Investig. 2019;10: 780-92. 4. Mi D, Wang P, Yang B, et al. Correlation of hyperglycemia with mortality after acute ischemic stroke. Ther Adv Neurol Disord. 2018;11:1-5. 5. Umpierrez GE, Isaacs SD, Bazargan N, et al. Hyperglycemia: An Independent Marker of In-Hospital Mortality in Patients with Undiagnosed Diabetes. J Clin Endocrinol Metab. 2002;87(3):978-82. 6. Habib SL, Rojina M. Diabetes and Risk of Cancer. ISRN Oncology. 2013; 7. Hwangbo Y, Lee EK. Acute Hyperglycemia Associated with Anti-Cancer Medication. Endocrinol Metab. 2017;32:23-9. 8. Li W, Zhang X, Sang H, et al. Effects of hyperglycemia on the progression of tumor diseases. J. Exp. Clin. 2019;38:327. 9. Cobo A, Vázquez LA, Reviriego J, et al. Impact of frailty in older patients with diabetes mellitus: An overview. Endocrinol Nutr. 2016;63(6):291-303. 10. Walston J, McBurnie M, Newman A, et al. Frailty and activation of the inflammation and coagulation systems with and without clinical comorbidities: results from the cardiovascular health study



# DIASON ENERGY HP

DESIGNED WITH YOUR DIABETIC PATIENTS IN MIND



Significantly  
better plasma  
glycaemic control



Formulated to  
better support GI  
tolerance



1.2.3

Flexibility and  
sustainability



Product overview

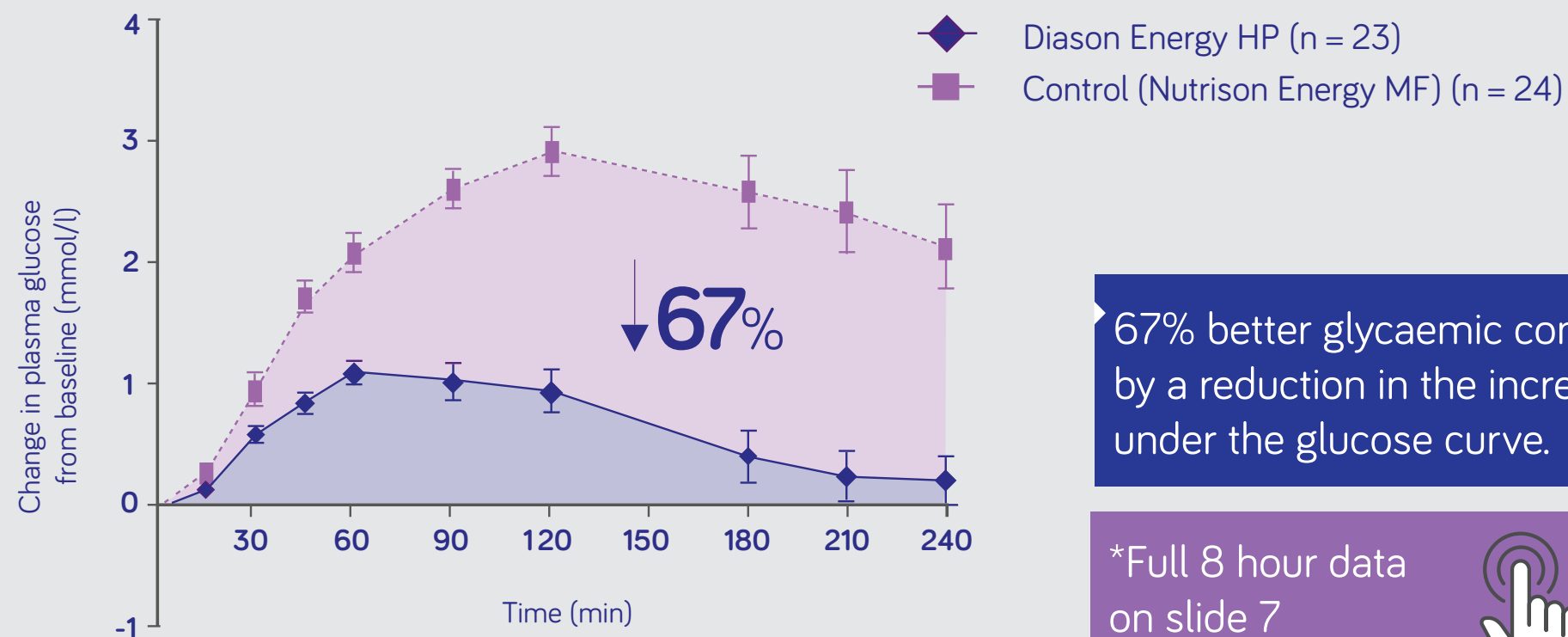




# DIASON ENERGY HP

## CLINICALLY PROVEN TO IMPROVE PLASMA GLUCOSE PROFILE VERSUS A STANDARD HIGH ENERGY TUBE FEED<sup>1</sup>

Administration of Diason Energy HP during 4h continuous feeding resulted in an improved glucose profile (i.e. lower glucose levels) and insulin profile compared to the standard tube feed in type 2 diabetes patients.



67% better glycaemic control shown by a reduction in the incremental area under the glucose curve.

\*Full 8 hour data on slide 7



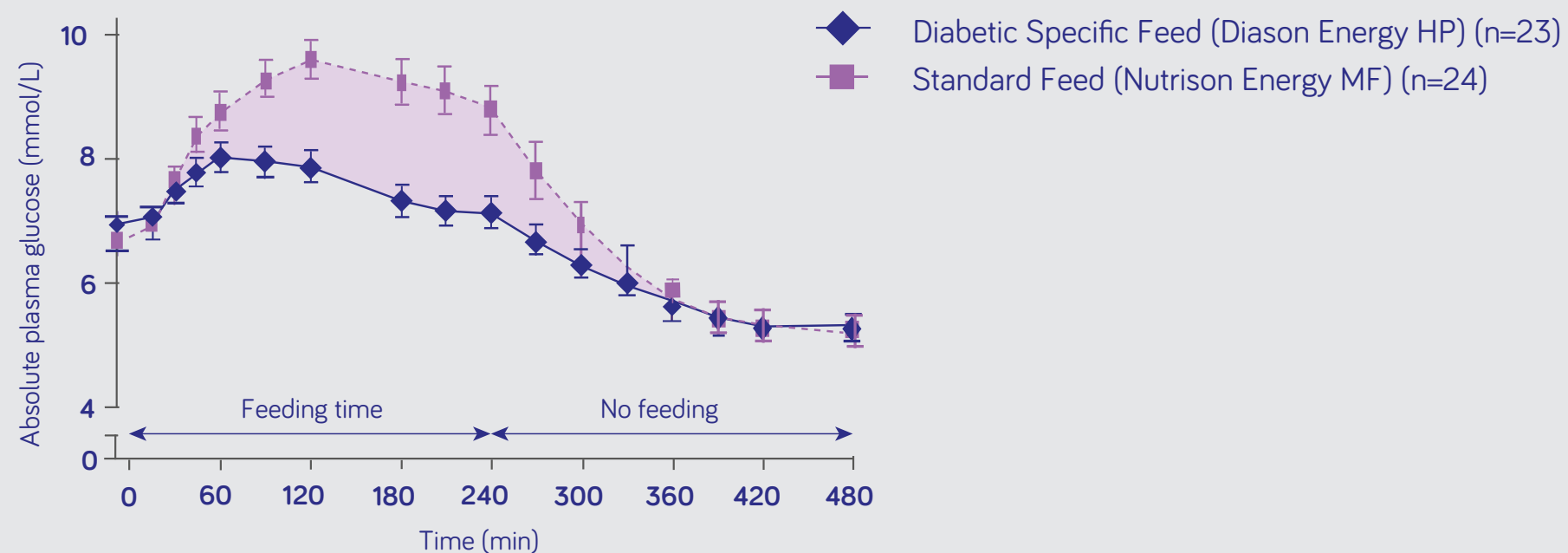
Reference: 1. Lansink M, Hofman Z, Genovese S, et al. Improved glucose profile in patients with type 2 diabetes with a new, high-protein, diabetes-specific tube feed during 4 hours of continuous feeding. JPEN. 2017;41(6):968-75.



# DIASON ENERGY HP

## RANDOMIZED CONTROLLED, DOUBLE-BLIND, CROSSOVER STUDY: 8-HOUR DATA

Timecurve glucose (0-8h) (Intention-to-treat)



This figure shows the glucose concentrations over time in the 8-hour period.

The glucose concentration was lower at 45, 60, 90, 120, 180, 210, 240 ( $P < .001$  all), and 270 ( $P = .007$ ) minutes after the start of feeding with Nutrison Diason Energy HP compared with Nutrison Energy MF.

**Reference:** 1. Lansink M, Hofman Z, Genovese S, et al. Improved glucose profile in patients with type 2 diabetes with a new, high-protein, diabetes-specific tube feed during 4 hours of continuous feeding. JPEN. 2017;41(6):968-75.




# DIASON ENERGY HP



FORMULATED TO BETTER SUPPORT  
GI TOLERANCE

With patients in mind, Nutricia have formulated Dison Energy HP



- ✓ Contains 
- ✓ Osmolarity 395 mosmol/l
- ✓ No added fructose
  - Fructose can be associated with increased GI intolerance<sup>1</sup>
- ✓ Low Glycemix Index



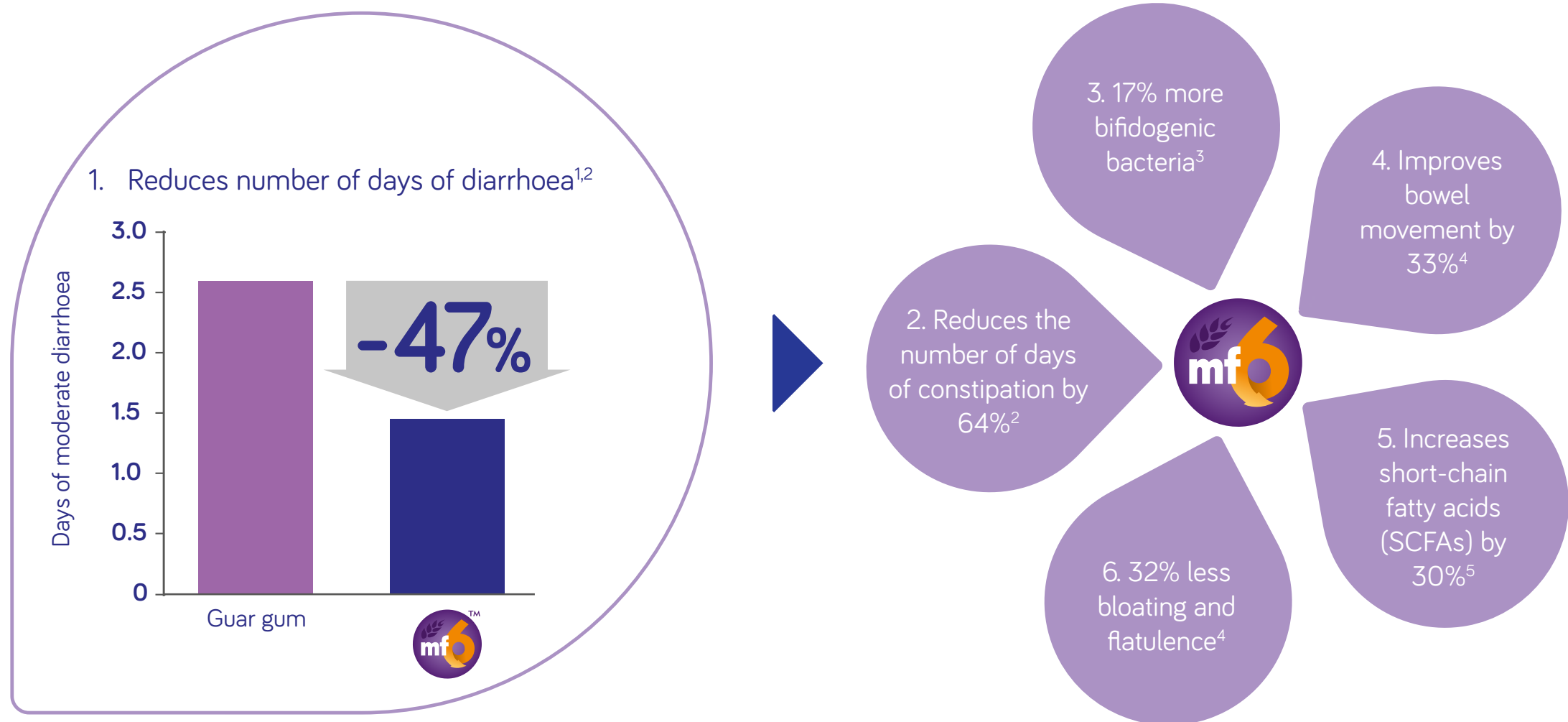
Reference: 1. Putkonen L, Yao CK, Gibson PR. Fructose malabsorption syndrome. Curr Opin Clin Nutr Metab Care. 2013;16(4):473-7.





## ADDRESSES THE SIX COMMON PROBLEMS WITH ENTERAL NUTRITION

Clinical studies have demonstrated the beneficial effects of MF6™<sup>1-9</sup>



**References:** 1. Wierdsma N, Kruizinga H, Droop A, et al. . Comparison of two tube feeding formulas enriched with guar gum or mixed dietary fibres - English translation. Ned Tijdschr Diëten 2001;56(11):243-7. 2. Trier E, Wells JCK, Thomas AG. Effects of a multifibre supplemented paediatric enteral feed on gastrointestinal function. J Paediatr Gastroenterol Nutr. 1999;28:595. 3. Guimber D, Bourgois B, Beghin L, et al. Effect of multifibre mixture with prebiotic components on bifidobacteria and stool pH in tube-fed children. Br J Nutr. 2010;104:1514-22. 4. Silk DB, Walters ER, Duncan HD, et al. The effect of polymeric enteral formula supplemented with a mixture of six fibres on normal human bowel function and colonic motility. Clin Nutr. 2001;20(1):49-58. 5. Schneider SM, Girard-Pipau F, Anty R, et al. Effects of total enteral nutrition supplemented with a multi-fibre mix on faecal short-chain fatty acids and microbiota. Clin Nutr. 2006;25(1):82-90. 6. Hofman Z, van Drunen JDE, Brinkman JG, Valerio PG. Tolerance and efficacy of a multi-fibre enriched tube-feed in paediatric burn patients. Clin Nutr 2001;20 (Suppl 3):63-4 (abstract). 7. Daly A, Johnson T, McDonald A. Is fibre supplementation in paediatric sip feeds beneficial? J Hum Nutr Diet. 2004 Aug;17(4):365-70. 8. Karakan T, Ergun M, Dogan I, et al. Comparison of early enteral nutrition in severe acute pancreatitis with prebiotic fiber supplementation versus standard enteral solution: A prospective randomized double-blind study. World Journal of Gastroenterology 2007;21:13(19): 2733-7. 9. Yagmur H, Leblebici F. Enteral nutrition preference in critical care: fibre-enriched or fibre-free? Asia Pac J Clin Nutr 2016;25(4):740-6.



## THE MF6™ MIX IS DESIGNED TO REFLECT THE BALANCED COMBINATION OF FIBRES FOUND IN A HEALTHY DIET

The unique fibre blend (MF6™) consist of six different soluble, insoluble, fermentable and non-fermentable fibres.

**80%**  
Soluble fibre

### High fermentability

- Increases the production of SCFAs<sup>1</sup>
- High prebiotic effect thanks to inulin and fructo-oligosaccharides (FOS)
- Water absorption<sup>2</sup>

Gum arabic

Inulin

FOS



**20%**  
Insoluble fibre

### Low fermentability

- Increases the stool mass
- Stimulates intestinal motility

Soya polysaccharides

Resistant starch

Cellulose

**References:** 1. Guimber D, Bourgois B, Beghin L, et al. Effect of multifibre mixture with prebiotic components on bifidobacteria and stool pH in tube-fed children. Br J Nutri. 2010;104:1514-22. 2. Schneider SM, Girard-Pipau F, Anty R, et al. Effects of total enteral nutrition supplemented with a multi-fibre mix on faecal short-chain fatty acids and microbiota. Clin Nutr. 2006;25(1):82-90.



# DIASON ENERGY HP

## 1.2.3 FACILITATES A MORE FLEXIBLE FEEDING SCHEDULE

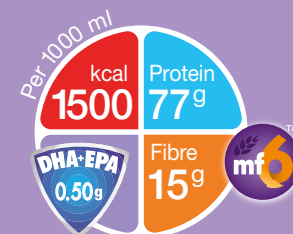
### Higher caloric density

- Easier to reach energy requirements during metabolic stress or with a reduced volume of feed<sup>1</sup>



Diason Energy HP is nutritionally complete in a 1 litre pack

- ✓ 1,500 kcal
- ✓ 77 g protein
- ✓ 15 g fibre
- ✓ 500 mg EPA/DHA




Also available in 500ml bottle format

**Reference:** 1. Peake SL, Davies AR, Deane AM, et al. Use of a concentrated enteral nutrition solution to increase calorie delivery to critically ill patients: a randomized, double-blind, clinical trial. Am J Clin Nutr. 2014;100(2):616-25.



# DIASON ENERGY HP

Feature	Benefit
High caloric density (1.5 Kcal/ml)	Easier to reach energy requirements during metabolic stress / or with a reduced volume of feed
Protein including both animal and vegetable sources (60% casein, 40% soy protein)	Fully meeting the WHO recommendations for amino acid requirements in adult <sup>1</sup>
High protein (21en%)	For patients with higher protein requirements during metabolic stress (e.g. infection, trauma, pressure injury and surgical recovery), wound healing and rehabilitation (protein anabolism)
Fibre MF6™ (15g/L, 80% soluble and 20% insoluble fibres)	The Dison range is the only diabetes specific range containing a blend of 6 fibre sources. <ul style="list-style-type: none"> <li>• Upper and lower GI benefits<sup>2,3</sup></li> <li>• Reduced diarrhoea<sup>4</sup></li> <li>• Reduced constipation<sup>5</sup></li> <li>• Low levels of FOS at 4g/l</li> </ul> 
Carbohydrates (31en%)	No added Fructose <ul style="list-style-type: none"> <li>• Contains isomaltulose for its low glycaemic and low insulinemic properties<sup>6,7</sup> for lower plasma glucose levels during feeding<sup>8</sup></li> </ul>
Fat (46en%) Blend of rapeseed, sunflower and fish oil. Contains fish oil, EPA + DHA (500mg/L)	Fats provide 46% of total energy, with a high amount (60%) from MUFAs and a low proportion of PUFAs. MUFAs can improve glucose control and metabolic risk factors <sup>9,10</sup> Contains fish oil for cardiovascular protective effects.
Carotenoid mix (0.3mg/100ml)	Maintain or improves carotenoid status <sup>11</sup> and reduces oxidative stress in long term enterally fed patients <sup>12</sup>
Low Glycaemic Index and blood glucose response	Lower glucose and insulin levels after continuous administration compared with a standard formula. <sup>8</sup>

**References:** 1. WHO technical report series 935, Protein and amino acid requirements in human nutrition WHO/FAO/UNU expert 2007. 2. Green CJ, Fibre in enteral nutrition. Clinical Nutrition. 2001;20(1):23-39. 3. Silk DB, Walters ER, Duncan HD, et al. The effect of polymeric enteral formula supplemented with a mixture of six fibres on normal human bowel function and colonic motility. Clin Nutr. 2001;20(1):49-58. 4. Wierdsma N, Kruizinga H, Droop A, et al. . Comparison of two tube feeding formulas enriched with guar gum or mixed dietary fibres - English translation. Ned Tijdschr Diëten 2001;56(11):243-7. 5. Trier E, Wells JCK, Thomas AG. Effects of a multifibre supplemented paediatric enteral feed on gastrointestinal function. J Paediatr Gastroenterol Nutr. 1999;28:595. 6. Lina BA, Jonker D, Kozianowski G. Isomaltulose (Palatinose): a review of biological and toxicological studies. Food Chem Toxicol. 2002;40:1375-81. 7. Holub I, Gostner A, Theis S, et al. Novel findings on the metabolic effects of the low glycaemic carbohydrate isomaltulose (Palatinose). Br J Nutr. 2010;103:1730-7. 8. Lansink M, Hofman Z, Genovese S, et al. Improved glucose profile in patients with type 2 diabetes with a new, high-protein, diabetes-specific tube feed during 4 hours of continuous feeding. JPEN. 2017;41(6):968-75. 9. Sanz-París A, Matía-Martín P, Martín-Palmero A, et al. Diabetes-specific formulas high in monounsaturated fatty acids and metabolic outcomes in patients with diabetes or hyperglycaemia. A systematic review and meta-analysis. Clin Nutr. 2020. doi: 10.1016/j.clnu.2020.02.036 10. Pohl M, Mayr P, Mertl-Roetzer M, et al. Glycaemic control in type II diabetic tube-fed patients with a new enteral formula low in carbohydrates and high in monounsaturated fatty acids: a randomised controlled trial. Eur J Clin Nutr. 2005;59(11):1221-32. 11. Jakobsen LH, Wirth R, Smoliner C, Klebach M, Hofman Z, Kondrup J. Gastrointestinal tolerance and plasma status of carotenoids, EPA and DHA with a fiber-enriched tube feed in hospitalized patients initiated on tube nutrition: Randomized controlled trial. Clinical nutrition. 2017;36(2): 380-8. 12. Vaisman N, Haenen GR, Zaruk Y, et al. Enteral feeding enriched with carotenoids normalizes the carotenoid status and reduces oxidative stress in long-term enterally fed patients. Clin Nutr. 2006;25(6):897-905.





# THE DIASON RANGE

## NUTRISON DIASON LOW ENERGY



Diabetes mellitus and hyperglycaemic patients who require less energy/energy-restricted diet (e.g. bedridden, obese patients)



## NUTRISON DIASON



Diabetes mellitus and hyperglycaemic patients (e.g. stroke patients)



## NUTRISON DIASON ENERGY HP



Diabetes mellitus and hyperglycaemic patients with increased protein needs and lower energy/nitrogen requirements (e.g. patients with wounds, burns, sarcopenia) and/or patients who are fluid restricted



Nutrient per 100ml			
Energy Kcal	78	103	150
Protein (g)	3.2	4.3	7.7
En %	16	17	21
Carbohydrates (g)	8.4	11.3	11.7
En %	43	44	31
Fat (g)	3.2	4.2	7.7
En %	37	37	46
Fibre (g)	1.5	1.5	1.5
En %	4	3	2





# DIASON ENERGY HP COMES IN THE MULTI-AWARD WINNING OPTRI BOTTLE WHICH IS DESIGNED FOR BETTER USABILITY, SAFETY AND FOR A BETTER PLANET



WORLDSTAR  
WINNER 2020

## OPTRI BOTTLE BENEFITS

- **Stable self-standing bottle:** makes handling and connecting easier
- **Smooth material:** no sharp edges and comfortable when handling
- **Easy to open** with one hand and to connect to giving set
- **Non-detachable:** reducing risk of swallowing a loose cap
- **More hygienic:** less contact when opening and connecting when re-used
- **Manufactured with 85% less water and 21% less CO<sub>2</sub> emissions** compared to the previous pouch production process
- **Reclaimable and recyclable** material




- **Big eye on the hanging hook:** makes it easy to hang, even with one hand
- **Appealing design**
- **Ergonomic shape:** allows a good grip while handling
- **Semi-translucent material and clear volume markings:** helps to monitor product usage



# DIASON ENERGY HP

DESIGNED TO NUTRITIONALLY SUPPORT  
THE RECOVERY OF YOUR DIABETIC AND  
HYPERGLYCEMIC PATIENTS



- + Clinically proven to provide a significantly better plasma glucose profile compared to a standard high energy tube feed.<sup>1</sup>
-  Formulated to better support GI tolerance
  - Contains the patented MF6™ fibre blend for reduced diarrhea and constipation
- 1.2.3 Facilitates a more flexible feeding schedule



**Reference:** 1. Lansink M, Hofman Z, Genovese S, et al. Improved glucose profile in patients with type 2 diabetes with a new, high-protein, diabetes-specific tube feed during 4 hours of continuous feeding. JPEN. 2017;41(6):968-75.



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SPECIFICALLY  
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HYPERGLYCEAMIA

Nutritional overview



Volume	1000 ml	
Energy	1500 kcal	Higher caloric density, easier to reach energy requirements during metabolic stress/or with a reduced volume of feed
Protein	77 g (21EN%)	High protein for those patients with higher protein requirements during metabolic stress
Carbohydrates	117 g (31EN%)	Main carbohydrate sources are maltodextrin and isomaltulose. Isomaltulose has a very slow hydrolysis rate resulting in reduced glycaemic and insulinaemic response <sup>1,2</sup>
Fat	77 g (35EN%)	High in MUFAs (60%), which can improve glucose control and metabolic risk factors <sup>3,4</sup>
Fish Oils	500 mg	Levels as recommended for general health to prevent deficiency <sup>5</sup>
Fibre	15 g (2EN%)	MF6 fibre blend (80:20 soluble/insoluble fibres) for upper and lower GI benefits <sup>6-8</sup>
Osmolarity	395 mOsmol/L	Low osmolarity to support gastro-intestinal tolerance

Food for special medical purposes. For the dietary management of patients with Diabetes Mellitus and/or hyperglycaemia. Must be used under medical supervision.

## References:

1. Kawai K, Yoshikawa H, Murayama Y, et al. Usefulness of palatinose as a caloric sweetener for diabetic patients. *Horm Metab Res* 1989;21(6):338-40. 2. Holub I, Gostner A, Theis S, et al. Novel findings on the metabolic effects of the low glycaemic carbohydrate isomaltulose (Palatinose). *Br J Nutr*. 2010;103(12): 1730-7. 3. Van Can JG, Ijzerman TH, van Loon LJ, et al. Reduced glycaemic and insulinaemic responses following isomaltulose ingestion: implications for postprandial substrate use. *Br J Nutr*. 2009;102(10): 1408-13. 4. Sanz-París A, Matía-Martín P, Martín-Palmero A, et al. Diabetes-specific formulas high in monounsaturated fatty acids and metabolic outcomes in patients with diabetes or hyperglycaemia. A systematic 5. International Society for the Study of Fatty Acids and Lipids. (ISSFAL) Report of the sub-committee on recommendations for intake of polyunsaturated fatty acids in healthy adults. June 2004. 6. Green CJ, Fibre in enteral nutrition. *Clinical Nutrition*. 2001;20(1):23-39. 7. Silk DB, Walters ER, Duncan HD, et al. The effect of polymeric enteral formula supplemented with a mixture of six fibres on normal human bowel function and colonic motility. *Clin Nutr*. 2001;20(1):49-58. 8. Wierdsma N, Kruizinga H, Droop A, et al. . Comparison of two tube feeding formulas enriched with guar gum or mixeddietary fibres - English translation. *Ned Tijdschr Diëten* 2001;56(11):243-7.





THIS DOCUMENT IS FOR HEALTH CARE PROFESSIONALS ONLY

