Ensure® Enlive®

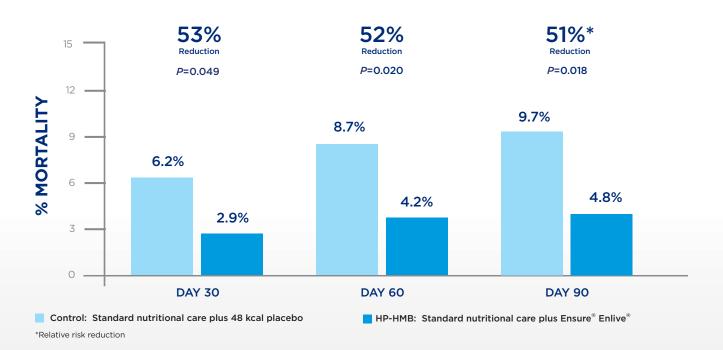
The NOURISH Study: Investigated the impact of Ensure Enlive high-protein oral nutritional supplement with HMB (ß-hydroxy-ß-methylbutyrate).

Patient Population: 652 malnourished hospitalized patients aged ≥65 years with congestive heart failure, acute myocardial infarction, pneumonia, or chronic obstructive pulmonary disease were randomized to control (standard of care) or Ensure Enlive

Study Design: Prospective, randomized, double-blind, placebo-controlled, nutritional intervention study conducted at 78 sites

Primary Composite Endpoint: Readmission or mortality through 90 days post-discharge

Ensure Enlive Decreased Mortality Through 90 Days Post-hospital Discharge



Ensure Enlive led to a consistent and marked reduction in mortality through 90 days post-discharge, and similar readmission rates between groups.

Ensure Enlive improved health outcomes within 90 days'

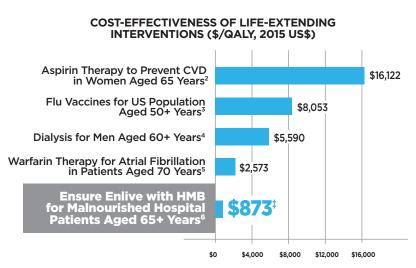


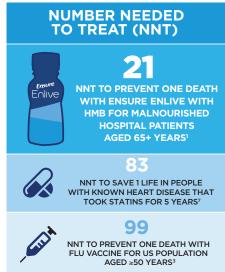






At \$5 Per Day, Ensure® Enlive® Is a Cost-effective Intervention for Improving Patient Outcomes*,6





Help Improve Patient Outcomes by Recommending Ensure Enlive: HMB + 20g Protein

A Patented Formula: Ensure Enlive is the only complete, balanced nutrition shake that has the unique ingredient HMB, plus high-quality protein, to help rebuild lost muscle.

HMB can help reduce protein degradation in skeletal muscle cells²







References:

1. Deutz NE et al. Readmission and mortality in malnourished, older, hospitalized adults treated with a specialized oral nutritional supplement: A randomized clinical trial, Clin Nutr; 2016 [Epub ahead of print]. http://dx.doi. org/10.1016/j.clnu.2015.12.010. 2. Eley HL, e al. Am J Physiol Endocrinol Metab. 2008;295:E1417-E1426. 3. Maciosek MV, et al. Am J Prev Med. 2006;31(1):72-79. 4. Desai AA, et al. Arch Int Med. 2008;168(16):1761-1767. 5. O'Brien CL, et al. JAMA. 2005;293(6):699-706. 6. Data on file. 7. http://www.thennt.com/

[†] Economic modeling using data from the NOURISH trial indicated Ensure Enlive increased projected life expectancy by 8.5 months in malnourished, cardiopulmonary patients aged 65 years or older.

[‡] Men critically ill with kidney injury.