

RENILON 7.5

A ready-to-drink, high energy, moderate protein, reduced mineral oral nutritional supplement for the dietary management of patients with renal disease (receiving dialysis).

FEATURES

- **250kcal/bottle (2kcal/ml):** energy-dense ONS[^] for patients requiring fluid or volume restriction.
- **9.4g protein/bottle (15% energy):** moderate protein to aid in the dietary management of protein-energy malnutrition, frequently observed in patients on dialysis.¹
- **Reduced mineral content (sodium, potassium, chloride, calcium, phosphorus, magnesium):** for patients that require select mineral restriction.
- **Elevated levels of micronutrients with antioxidant properties (copper, manganese, selenium, carotenoids, vitamin E, riboflavin, vitamin B₆, folic acid, vitamin B₁₂) compared to standard ONS[^]:** to support and mitigate increased oxidative stress in pre-dialysis patients.²⁻¹³
- **Does not contain preformed vitamin A:** to reduce the risk of hypervitaminosis.¹⁴⁻¹⁸
- **Does not contain vitamin D:** to prevent toxicity as vitamin D cannot be converted sufficiently to active form by patients with end-stage renal failure.¹⁹
- **Fibre free:** for patients requiring residue-restricted diet.
- **Small volume (125ml):** for patients requiring fluid or volume restriction.
- **User-friendly bottle:** ergonomic plastic bottle, with resealable easy to open cap.

Indications

For the dietary management of:

- Disease-related malnutrition.
- Patients with renal disease receiving dialysis treatment.
- Patients requiring a fluid or volume restriction.
- Patients requiring a select mineral restriction.

Precautions

- Not suitable as a sole source of nutrition.
- Not for parenteral use.
- Not suitable for patients with galactosaemia.
- Not suitable for patients with cow's milk protein allergy.
- Not suitable for infants and children under 3 years of age.
- Use with caution in children aged 3 years+.
- Must be used under medical supervision.

Directions for Use

- Shake well before use.
- Best served chilled.
- Usage to be determined by a healthcare professional.

Ordering Information

To order contact Nutricia Customer Experience **1800 889 480**.

Renilon 7.5	Presentation	Product code	Units per carton
Caramel	125ml bottle	177025	24

Ingredients

Renilon 7.5 Caramel: Demineralised water, maltodextrin, vegetable oils (sunflower oil, rapeseed oil), whey protein (from cow's **milk**), fructose, carotenoids (contain **soy**)(b-carotene, lutein, lycopene oleoresin from tomatoes), flavouring (caramel), tri choline citrate, colour (sulphite ammonia caramel), potassium hydroxide, sodium citrate, taurine, L-carnitine, sodium hydroxide, sodium L-ascorbate, ferrous lactate, zinc sulphate, copper gluconate, manganese sulphate, calcium D-pantothenate, pyridoxine hydrochloride, nicotinamide, DL a-tocopheryl acetate, thiamin hydrochloride, sodium fluoride, riboflavin, pteroylmonoglutamic acid, chromium chloride, sodium molybdate, potassium iodide, sodium selenite, phytomenadione, D-biotin, cyanocobalamin.

Allergen & Cultural Information

- Contains: **milk** and **soy**.
- Halal certified.
- Nutricia UK and/or Ireland has Kosher approval for this product.
- No gluten containing ingredients. No detectable gluten when tested to a sensitivity level of less than 5 parts per million (<5 ppm i.e. <5mg/kg).
- Low lactose (lactose <2g/100g).

Storage

- Store in a cool, dry place.
- Once opened, close the bottle and store in a refrigerator for maximum 24 hours.



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NUTRITION INFORMATION		Per 100ml	Per 125ml
Energy	kcal	200	250
	kJ	838	1048
Protein	9	7.5 (15% E)	9.4
Whey	9	7.5	9.4
Carbohydrate	9	20.0 (40% E)	25
Sugars	9	4.9	6.1
as Lactose	9	<0.10	<0.13
Fat	9	10.0 (45% E)	12.5
Saturates	9	0.94	1.18
Monounsaturates	9	7.1	8.9
Polyunsaturates	9	2.0	2.5
ω6 / ω3 ratio		6.9:1	6.9:1
Fibre	9	0	0
Water	ml	71	89
Minerals		Per 100ml	Per 125ml
Sodium	mg	61	76
	mmol	2.65	3.31
Potassium	mg	34.0	42.5
	mmol	0.87	1.09
Calcium	mg	<11.0	<13.8
Phosphorus	mg	<9.00	<11.25
Magnesium	mg	<2.00	<2.5
Chloride	mg	<15.00	<18.8

^ONS – Oral Nutritional Supplement.

REFERENCES 1. Herselman M, Moosa MR, Kotze TJ, Kitzinger M, Wuister S, Mostert D. Protein-energy malnutrition as a risk factor for increased morbidity in longterm hemodialysis patients. *J Renal Nutr* 2000; 10: 7-15. 2. Drai J, Bannier E, Chazot C, Hurot J et al. Oxidants and antioxidants in longterm haemodialysis patients. *Farmacol* 2001; 56: 463-65. 3. Morena M, Cristol J, Canaud B. Why hemodialysis patients are in a prooxidant state? What could be done to correct the pro/antioxidant imbalance. *Blood Purif* 2000; 18: 191-99. 4. Loughrey CM, Young IS, Lightbody JH et al. Oxidative stress in haemodialysis. *QJM* 1994; 87: 679-83. 5. Toborek M, Wasik T, Drodz M, Klin M et al. Effect of hemodialysis on lipid peroxidation and antioxidant system in patients with chronic renal failure. *Metabolism* 1992; 41: 1229-32. 6. Chen CK, Liaw JM, Jiang JG, Lin TH. Antioxidant enzymes and trace elements in hemodialyzed patients. *Biol Trace Elem Res* 1997; 58: 149-57. 7. Paul JL, Salt ND, Soni T et al. Lipid peroxidation abnormalities in hemodialyzed patients. *Nephron* 1993; 64: 106-109. 8. Stratton R. Rationale for the addition of carotenoids to enteral tube and sip feeds. *Nutricia Healthcare* 2000, on file. 9. Ghoreshi Z, Jagtap PE, Ahaley SK, Gandhi R. Oxidant-antioxidant status in acute and chronic renal failure. *Indian J Med Sci* 2000; 54: 131-135. 10. Jackson P, Loughrey CM, Lightbody JH, McNamee PT, Young IS. Effect of hemodialysis on total antioxidant capacity and serum antioxidants in patients with chronic renal failure. *Clin Chem* 1995; 41: 1135-38. 11. Fiorillo C, Oliviero C, Rizzuti G et al. Oxidative stress and antioxidant defenses in renal patients receiving regular haemodialysis. *Clin Chem Lab Med* 1998; 36: 149-153. 12. Bender DA, Bender AE. Nutrition. A reference handbook. Oxford: Oxford University Press, 1997. 13. Okada A, Takagi Y, Nezu R, Sando K, Shenkin A. Trace element metabolism in parenteral and enteral nutrition. *Nutrition* 1995; 11(Suppl): 106-11. 14. Muth I. Implications of hypervitaminosis A in chronic renal failure. *J Renal Nutr* 1991; 1: 2-8. 15. Khan IH, Richmond P, Macleod AM. Diseases of the kidneys and urinary tract. In: Garrow JS, James WPT, Ralph A (eds). Human nutrition and dietetics. Tenth edition. Edinburgh: Churchill Livingstone; 2000; 667-687. 16. Goldstein DJ, Abrahamian-Gebeshian C. Nutrition support in renal failure. In: Mataressi LE, Gottschlich MM (eds). Contemporary Nutrition Support Practice. A Clinical Guide. Philadelphia: WB Saunders 1998; 447-47. 17. Ha TK, Sattar N, Talwar D, Cooney J, Simpson K, O'Reilly DS et al. Abnormal antioxidant vitamin and carotenoid status in chronic renal failure. *QJM* 1996; 89: 765-769. 18. Allman MA, Truswell AS, Tiller DJ, Stewart PM et al. Vitamin supplementation of patients receiving haemodialysis. *Med J Aust* 1989; 150: 130-133. 19. Hartley G, Roberts R. Renal Disease. Thomas B (ed). Manual of Dietetic Practice, 3rd ed. Oxford: Blackwell Scientific Publications 2001; 420-434.

Vitamins	Per 100ml	Per 125ml
Vitamin A	µg-RE	0
Vitamin D	µg	0
Vitamin E	mg α-TE	5.05
Vitamin K	µg	11.2
Vitamin C	mg	6.00
Thiamin	mg	0.29
Riboflavin	mg	0.40
Niacin	mg NE	3.69
Vitamin B ₆	mg	0.95
Vitamin B ₁₂	µg	0.53
Folic Acid	µg	99.2
Pantothenic Acid	mg	1.14
Biotin	µg	8.00
Trace Elements	Per 100ml	Per 125ml
Iron	mg	2.00
Zinc	mg	2.00
Manganese	mg	0.78
Copper	µg	420
Iodine	µg	27.1
Molybdenum	µg	15.0
Selenium	µg	17.0
Chromium	µg	9.0
Fluoride	mg	0.20
Other	Per 100ml	Per 125ml
Carotenoids	mg	0.47
Choline	mg	40.0
L-Carnitine	mg	14.9
Taurine	mg	15.8
Osmolality	mOsmol/kgH ₂ O	580

Food for special medical purposes for use under medical supervision

For more information call the
Nutricia Careline 1800 060 051



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