## 

Relief starts here.

## WHEN TO USE **NEOCATE® SYNEO® INFANT** VS. **NEOCATE® INFANT DHA/ARA**



**Neocate Syneo Infant and Neocate Infant DHA/ARA** have been shown to support growth,<sup>1-6</sup> tolerance,<sup>1-3,5</sup> and relief of food allergy symptoms<sup>1</sup>

## **RELIEF** AS THEY GROW





## **Access detailed product information**



Find Neocate near you



Nutricia Navigator is a free assistance program to help caregivers with product access and insurance coverage.

Call 800-365-7354 Mon-Fri 9:00 a.m.–6:00 p.m. ET NutriciaNavigator@Nutricia.com



Request a sample

Neocate® is a family of hypoallergenic, amino acid-based medical foods for use under medical supervision and is indicated for cow milk allergy, multiple food allergies, and related GI and allergic conditions.

Both Neocate Syneo Infant and Neocate Infant DHA/ARA are indicated for term infants only.

Neocate Nutra is suitable to supplement the diet of children and infants older than 6 months of age. It is not intended for bottle or tube feed.

\*Malabsorption describes a diminished capacity for the body to sufficiently absorb and/or digest fat, protein, carbohydrate, and other nutrients from the diet to meet nutritional needs.

<sup>t</sup>One trial investigating 110 subjects found fewer reported incidences of overall infections in test vs. control (p=0.008) and a lower use of 'antibacterials for systemic use' (p = 0.049). Specifically, amoxicillin was less often prescribed (p=0.004).<sup>1</sup> A second trial investigating 71 subjects found fewer reported incidences of ear infections in test vs. control (p=0.011)<sup>2</sup> and a lower use of medication designated "systemic anti-infectives" (p=0.018).<sup>3</sup> A third trial investigating 169 subjects found fewer infants required hospitalization due to infections (p=0.036).<sup>4</sup> See also a meta-analysis that pooled these findings.<sup>6</sup>

References: 1. Burks, et al. Pediatr Allergy Immunol. 2015;26:316-22. 2. Fox, et al. Clin Transl Allergy. 2019;9:5. 3. Candy, et al. Pediatr Res. 2018;83:677-86. 4. Chatchatee, et al. J Allergy Clin Immunol. 2022;149:650-8.e5. 5. Harvey, et al. Pediatr Res. 2014;75:343-51. 6. Sorensen, et al. Nutrients. 2021;13.



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