

Ensuring the nutritional adequacy of restrictive therapeutic diets often poses a challenge.

Adherence is the key to successful dietary management and factors such as palatability and ease of use are critical importance¹.

Research has shown that the supplements available for children have been difficult to take on a daily basis, leading to poor long term compliance². Reports of vitamin and mineral deficiencies in children on restricted therapeutic diets are common³⁻⁸.

FruitiVits

Orange flavour

FruitiVits when mixed with water, is a palatable orange flavoured drink.

All-in-one

One 6g sachet provides NRVs* for vitamin, mineral and trace elements for children aged 3-8 years (not including sodium, potassium, chloride).

Low volume

Easy to consume; only 60ml of water or permitted fluid required for preparation.

Soluble

Dissolves easily; simply shake and consume.

Pre-measured

Quick and convenient to use daily.

Low carbohydrate

Just 0.5g carbohydrate per sachet. Suitable in carbohydrate restricted diets such as the ketogenic diet (for epilepsy).

*Nutrient Reference Values

90% chose to continue with FruitiVits[®] after the acceptability study¹

Includes calcium and vitamin D (no extra supplement needed)

"Easy to take"

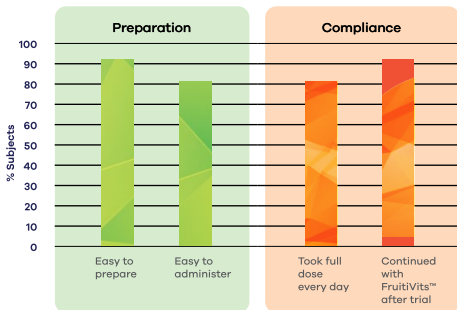
"Better taste, so less fuss taking it"



Trial data⁹

Administration route	Number of patients
Oral	14
Via gastrostomy	1

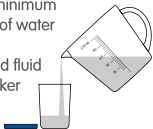
Results



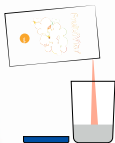
The palatability and ease of using FruitiVits[®] provides the ideal solution to the problem of long term compliance with micronutrient supplements in patients on highly restrictive, therapeutic diets.

Preparation Guidelines:

1. Pour a minimum of 60ml of water or other permitted fluid into beaker



2. Add contents of sachet



3. Secure lid and shake well for 10 seconds



4. Consume immediately



Shelf Life

Sachet designed for single use. Take immediately once prepared. Seal leftover product with a clipper or store powder in an airtight container and use within 24 hours.

Nutritional Information

FruitiVits® Per 6g sachet.			
Energy (kJ)	10	Minerals	
(kcal)	2.4	Sodium (mg)	2.7
Carbohydrate (g)	0.5	(mmol)	0.12
of which sugars (g)	0	Potassium (mg)	11
Fat (g)	0	(mmol)	0.27
Protein (g)	0	Chloride (mg)	1.2
Fibre (g)	0.2	(mmol)	0.03
Vitamins		Calcium (mg)	804
Vitamin A (µg RE)	500	(mmol)	20
Vitamin D (µg)	15	Phosphorus (mg)	502
Vitamin E (mg αTE)	9.3	(mmol)	16
Vitamin K (µg)	60	Magnesium (mg)	201
Vitamin C (mg)	40	(mmol)	8.2
Thiamin (mg)	1.2	Trace elements	
Riboflavin (mg)	1.4	Iron (mg)	10
Niacin (mg)	15	Zinc (mg)	10
Vitamin B6 (mg)	1.7	Copper (mg)	1.0
Folic Acid (µg)	240	Manganese (mg)	1.5
Vitamin B12 (µg)	2.8	Selenium (µg)	41
Biotin (µg)	112	Chromium (µg)	41
Pantothenic acid (µg)	4.7	Molybdenum (µg)	68
Choline (mg)	250	Iodine (µg)	169

Osmolality: 1 sachet + 60mls water = 275mOsm/kg

Important

FruitiVits is a food for special medical purposes and must only be used under strict medical supervision. Suitable from 3 years of age. Not to be used as a sole source of nutrition. For enteral use only.





Innovation in Nutrition
A Nestlé Health Science Company



**For further product information or samples, please contact
Vitaflo Australia 03 5229 8222**

PBS listed

Restricted benefit for patients from 3 years of age whose vitamin and mineral intake is insufficient due to requiring a highly restrictive therapeutic diet and whose vitamin, mineral and trace element needs cannot be adequately met with other proprietary vitamin and mineral preparations.

Maximum quantity

30 x 6g sachets/box with 5 repeats.



Vitaflo's free home pharmacy service.

Call 1800 230 889 or email
v2u@vitaflo.com.au to register for this
convenient and time saving delivery service.

1. Winnick, S. et al. (2005). How do you improve compliance? *Pediatrics*, 115(6): e718-e724.

2. MacDonald, A. et al. (2008). Long term compliance with a novel vitamin and mineral supplement in older people with PKU. *J Inher Met Dis*, 31: 718-723.

3. Bodey, J. L. et al. (1993). Low iron stores in infants and children with treated phenylketonuria. A population at risk for iron-deficiency anaemia and associated cognitive deficits. *Eur Pediatr*, 152:140-143.

4. Grøpper, S. S. et al. (1998). Trace element status of children with PKU and normal children. *J Am Diet Ass*, 88: 459-464.

5. Accolla, P. B. et al. (1982). Zinc status and growth of children undergoing treatment for phenylketonuria. *J Inher Met Dis* 5: 107-110.

6. Yannicelli, S. et al. (1992). Decreased selenium intake and low plasma selenium concentrations leading to clinical symptoms on a child with propionic acidemia. *J Inher Met Dis* 15: 261-268.

7. Christodoulides, S. et al. (2012). The effect of the classical and medium chain triglyceride ketogenic diet on vitamin and mineral levels. *Journal of human nutrition and dietetics* 25(1): 16-26.

8. Zupac-Kama, B. and Zupanc, M. L. (2008). Long-term management of the ketogenic diet: secure monitoring, nutrition, and supplementation. *Epilepsia* 49 (Suppl 8): 23-26.

9. Data on file.



T 03 5229 8222
E enquiry@vitaflo.com.au
W www.vitaflo.com.au

A Vitaflo Australia Pty Ltd, U3/119 Balliang St,
South Geelong VIC 3220