



LETTER FROM THE CHAIR

Dear GHAPP Family,

I will spare us the platitudes of what a difficult year it has been (it has), especially for healthcare providers (no kidding). I will not focus on the nerve-wracking experience of watching a giant floating head of myself give a talk at the GHAPP conference last year from my house in Chicago. Gratefully, I did not have anything in my teeth (I think).

Despite the year behind us, GHAPP has grown. Committees have been formed to focus on all aspects of the APP role – from engagement to research to (you guessed it) publications! We have set two main goals for our committee. The first – a GHAPP journal. This is a longer-term goal, but one we are excited to achieve.

The second is our offering today – a GHAPP newsletter. We plan to provide up-to-date info, insight and opinion on all things GI and hepatology. This month's newsletter features an NAFLD primer based on a talk by Allysa Saggese. Ann Sullivan digs into IBD and pregnancy. K. Tuesday Werner will teach us how to mindfully walk at work. This is will also be a platform for committees to share the work they are doing.

The Publications Committee looks forward to providing thought-provoking content to the GHAPP community and appreciate your readership along the way.

In health,

Gwen Cassidy, APN

Chair, Publications Committee



COMMITTEE NEWS

The **GHAPP Member Engagement Committee** is looking forward to bringing new Advanced Practice Provider membership and increasing engagement among existing members.

During our inaugural year we are launching Monthly Member Spotlights to recognize the work and contributions of our existing members. The Monthly Member Spotlight is shared across GHAPP professional social media platforms including Twitter and Instagram. If you would like to nominate a colleague to be featured, please reach out to our committee co-chairs Monica Nandwani (MNandwani@stanfordhealthcare.org) and Carol Antequera (CAntequera@med.miami.edu). Additionally, the committee is exploring ideas of organizing special events at the annual conference to promote networking among members and conference attendees.

The **GHAPP Research Committee** is excited to elevate research among our growing group of GHAPP members. During our inaugural year, we will be conducting a research needs survey to determine what interests' members, where opportunities for learning occur concerning the research process or activities, and then develop educational content and mentoring support. Topics may include scientific writing, protocol development, and IRB guidance. If there is enough interest, the committee hopes to create a national registry for future projects which GHAPP members may contribute de-identified cases. Such a database may be helpful for doctoral students and engaged researchers alike. We will develop framework for the undertaking of a peer-reviewed abstract acceptance process (for 2022), and work to highlight research work among our members. We look forward to working alongside the other GHAPP committees to keep you up to date on our latest news and opportunities!

The **GHAPP Education Committee** is currently working hard to finalize the annual GHAPP conference agenda. We hope to provide a broad range of GI and Hepatology topics presented by APP experts in their respective fields to strengthen APP skills, care knowledge and care delivery. In addition, watch for the GHAPP Meeting Regional series coming to a city near you beginning this Spring.



FEATURED ARTICLES

NAFLD and NASH

Updates for the APP

Allysa Saggese, MSN, ACPCNP-BC
Weill Cornell Medicine Center for
Liver Disease and Transplantation

NAFLD is one of the fastest growing reasons for end stage liver disease and transplantation, affecting approx. 25% of the population. The growth of NAFLD is coupled with the growth of the obesity epidemic. It is vital thus for Advanced Practice Providers in all specialties to be aware of how to identify, treat and manage this condition.

Recently, the American Liver Foundation sponsored a recorded program discussing NAFLD/NASH and cirrhosis for a Nurse Education Series. Here are some of the main points to take away from the discussion:

1. NASH is the inflammatory, progressive form of NAFLD that can lead to fibrosis accumulation and eventually cirrhosis.
2. It is only diagnosable by biopsy. Liver enzymes may or may not be elevated in the setting of hepatic steatosis -- not a reliable measure of fat or inflammation.
3. NAFLD is closely linked to metabolic disarray and is more likely to be found in those with diabetes or pre-diabetes, hyperlipidemia, or obesity.
4. There are no FDA approved medications for NAFLD/NASH. Diet, exercise, and weight loss remain the mainstay of treatment. 10% weight loss can improve inflammatory activity and potentially fibrosis score.
5. Diet recommendations:
 - a. Mediterranean diet (plant-based, good fats, seasonal foods, and limited red meat).
 - b. Goal of 25-30g of fiber per day.
 - c. Variety of fruits and vegetables to improve gut biodiversity.
 - d. 2-3 cups of filtered coffee are good for the liver.
6. Exercise of >150 minutes a week (aerobic AND anaerobic) exercise reduces the risk of NAFLD regardless of weight loss.
7. Advanced fibrosis in NAFLD/NASH
 - a. Should be referred to Hepatology for workup.
 - b. Non-invasive tests (blood tests, Fibroscan, MRI with Elastography) can be predictive of hepatic fibrosis.
8. Risk of liver cancer increases with liver fibrosis progression, with cirrhosis risk of HCC is 15% over 5 years.

The importance of addressing NAFLD is from a preventative care standpoint – reducing fat in the liver helps reduce risk of fibrosis progression and reduction of metabolic risk factors overall. For more details, you can watch the full presentation here <https://youtu.be/CqivDPydDxE>

Inflammatory Bowel Disease Tips & Tricks

Anne Sullivan, MSN, CNP
Cleveland Clinic

IBD AND PREGNANCY

IBD Remission during pregnancy

- Office visit at trimester 1 or 2. Then as needed.
- Labs at each trimester
- CBC, LFTS, Albumin (Obtain with OB labs)

IBD Flare during pregnancy

- Check IBD labs
- Trend CRP and ESR
 - May be elevated in pregnancy.
- Check Fecal calprotectin
- Continue IBD medications as you would with non-pregnant patients.
- Exceptions: Stop Methotrexate >3 months prior to conception. Avoid using Tofacitinib.
- Thiopurine naive patients: Avoid starting in pregnancy.

Mode of delivery

- Cesarean section considerations (High risk OBGYN)
 - Prior Rectal Vaginal Fistula (Determined by High risk OBGYN and surgeon)
 - Perianal disease present
 - Rectal Vaginal Fistula present
 - Anorectal fistula and/or abscess

- Anal Fissure
- Anal Stenosis

- Can resume biologics **48 hours** post-delivery, if no infection
- Mechanical and Pharmacologic (Enoxaparin) VTE prophylaxis
- Vaginal delivery
 - Perianal disease absent
 - Mechanical VTE prophylaxis
 - Can resume biologics **24 hours** post-delivery, if no infection
- Ileal pouch anal anastomosis (IPAA)
 - Cesarean vs. vaginal
 - Considerations based on preference and protection of anal sphincter.

Breast Feeding

- No Tofacitinib or Methotrexate
- Thiopurines can be continued
- Use mesalamine over sulfasalazine.
- Ok to continue biologics.
- Discourage “pumping and dumping”.
- Avoid Fenugreek for milk stimulation

References

Inflammatory Bowel Disease in Pregnancy Clinical Care Pathway: A Report from the American Gastroenterological Association IBD Parenthood Project Working Group

J Obstet Gynecol. 2019 Apr;220(4):308-323. doi: 10.1016/j.ajog.2019.02.027.

Uma Mahadevan¹, Christopher Robinson², Nana Bernasko³, Brigid Boland⁴, Christina Chambers⁴, Marla Dubinsky⁵, Sonia Friedman⁶, Sunanda Kane⁷, Jacob Manthey⁸, Jason Sauberan⁹, Joanne Stone⁵, Rajeev Jain¹⁰

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Walk to Path of Calm

WALKING MEDITATION AT WORK

**K. Tuesday Werner, DNP,
FNP/AGACNP-BC, AFAASLD**
Mayo Clinic Arizona
Registered Yoga Teacher
(RYT 500)

To meditate or intentionally set aside time to do something good to ourselves leads us to have the capacity for self- reflection and self- awareness. To do something good on purpose, whatever the action may be. For instance, there's exercise meditation, prayer meditation, or music meditation and the list goes on. Meditation can be done anywhere and anytime, including walking, or standing.

As an advance practice provider, practicing meditation and cultivating mindful practice in a workplace is challenging yet a very important part of my self- care. Every day I practice walking meditation at least 10 minutes in the morning and 10 min in the afternoon during my 12-hour shift). Walking meditation help clear my mental clutter. It might sound counterintuitive, but I realized that moving my body while meditating helps re-claimed my cluttered mind. My mind can only focus on one complex task at a time and paying attention fully to walking calms a bit of that spinning mind.

Walk to path of calm.

The common purpose is to be “wakeful and present” instead of on autopilot. When there are times when I do not know where to start, I do a gentle and informal walking meditation. I gave myself permission to not have to do anything else but to be aware of my surroundings and inner experience. Sometimes when I feel like I wanted a formal, guided experience, I go to a location where I can practice in safety and absolute solitude. I make sure my phones are off or in silent however sometimes, I do listen to guided meditations available through apps like Headspace or Calm.

Begin by standing still.

Tuning to the body and to notice any thinking, any sensations that may be present.

Guide attention to your feet.

Becoming aware of the contact of feet to the mother earth.

Being aware of the contact of the shoes to the floor, any temperature, any tingling.

Acknowledge whatever is in the field of awareness.

Feel your entire body receiving any sounds, any sense, or any other sensory input from the immediate surrounding.

Begin walking slowly shifting the weight to one leg while sustaining awareness.

Taking a deep breath through your nose, slowly lift the foot moving it forward and comfortably placing it lightly on the ground.



Exhaling and slowly lift the other foot moving it forward and comfortably placing it lightly on the ground.

Inhale as you lift the other foot moving it forward and comfortably placing it lightly on the ground.

Exhaling and slowly lift the other foot moving it forward and comfortably placing it lightly on the ground.

Continue as guided by breath for whatever length of time allows you.

Find whatever is comfortable pace.

Being mindful does not essentially mean moving in slow motion; explore the experience with each step and each breath.

If thoughts irrelevant to the present moment begin to creep in, simply notice the come and go of thoughts and refocus the attention to surroundings and physical sensations, whether that is a sound the wind, tree or bird or anything that draws the attention to the present moment.

Continue walking until you feel mindful and present. Continue to fully implement this practice into your life, taking a few moments every day to be present in the middle of the busy-ness of your work schedule. Acknowledge everything in the meadow of your awareness and check in with any sensations that may be present.