



# Bridge the GHAPP

Gastroenterology & Hepatology  
Advanced Practice Providers

## NEWSLETTER

### VOLUME 14



## Dear Reader,

We've plowed our way through another frenzy of conferences and now can bask in the glow of the holiday season. What's on your New Year's Resolution List this year? For us, it's continuing to better ourselves here at GHAPP, by working hard to promote and support our GI and Hepatology APPs in every way possible.

Our National Conference this year was better than ever, with record attendance, and the latest and greatest of guidelines, updates and more. We had many Scholarship winners, and are proud to showcase their experiences as attendees in this issue. If you missed it or just want to relive it all over again, you can easily catch up on the meeting's plenary sessions, they are now available on the GHAPP website. But don't stop there! The GHAPP website's Digital Hub has many short, informational podcasts and videos about a range of GI and Hepatology topics, so quick they can fit right into your day during a break or a commute, so you can catch up on easy to digest learning.

We may associate thanks with solely November, but thanks can be given all year round - so I want our members to know that we are so thankful and grateful for you being a part of GHAPP. It is because of you that we can keep inspiring the best practices in our colleagues and delivering the best care to our patients. I hope we all resolve to continue to improve ourselves as providers, and be the vital impact in medicine that we all aim to be.

See you all in 2026!

In Health,

Allysa Saggese, NP  
Director of Newsletter

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## Trivia Questions

*Here are a couple of trivia questions for you:*

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**Which of the following liver abnormalities is commonly associated with celiac disease in adults?**

**A) Hepatic steatosis**

**B) Cholestasis**

**C) Autoimmune Hepatitis**

**D) MASH**

?

**Which of the following is the most likely causative organism in acute cholangitis secondary to biliary obstruction?**

**A) Escherichia coli**

**B) Klebsiella pneumoniae**

**C) Staphylococcus aureus**

**D) Streptococcus pneumoniae**

?

**What is the recommended Surveillance interval for a patient with non-dysplastic Barrett's esophagus (NDBE)?**

**A) Every 6 months**

**B) Every 1 year**

**C) Every 3-5 years**

**D) Every 10 years**

*Answers are located on page 10!*

## Featured Article

# Proton Pump Inhibitors: A Clinical Overview of Use, Mechanism, and Considerations

## Patryk Madrid, DNP, FNP-C

### Historical Overview

About 36 years ago in 1989, the U.S. FDA approved omeprazole, marking the beginning of a new era for treatment of acid-related disorders such as severe peptic ulcer disease and Zollinger-Ellison syndrome (National Institute of Diabetes and Digestive and Kidney Disease [NIDDK], 2019). Since then, proton pump inhibitors (PPIs) have revolutionized the clinical management of acid-related disorders such as gastroesophageal reflux disease (GERD), peptic ulcer disease, *Helicobacter pylori* eradication, prevention of NSAID-induced ulcers, upper gastrointestinal bleeding, and more (Nehra et al., 2018).

### Brief Pharmacology

PPIs are acid-activated prodrugs, which means that they are administered in an inactive (or less active) form and require chemical alteration within the body to become pharmacologically active. Specifically, PPIs must be exposed to gastric acid, which activates them so they can irreversibly inhibit the “proton pump” (H<sup>+</sup>/K<sup>+</sup>-ATPase enzyme) of gastric parietal cells (Wołowiec et al., 2025). This mechanism underscores the importance of taking PPIs 30 to 60 minutes before a meal, ensuring the medication is present in the bloodstream at the time of maximal proton pump activation postprandially (Fass, 2022; Katz et al., 2022; Wołowiec et al., 2025). One exception to the meal timing is dexlansoprazole (Dexilant) since it differs from other PPIs due to its dual delayed-release formulation. Each capsule of dexlansoprazole contains two types of enteric-coated granules that dissolve at different pH thresholds (e.g., one at 1-2 hours and another at 4-5 hours post-administration) (FDA, 2025). This formulation provides prolonged acid suppression and allows flexible dosing regardless of meals. Although the plasma half-life of most PPIs is relatively short (about 1-2 hours), the irreversible nature of PPIs allows for continued acid suppression lasting up to 54 hours after administration (Wołowiec et al., 2025). Repeated administration of PPIs

(e.g., twice daily) leads to more pump inhibition, enhancing gastric acid suppression (Wołowiec et al., 2025).

### Indications

While FDA-approved indications for PPIs may vary based on the specific PPI, indications may include the following: erosive esophagitis, symptomatic GERD, eradication of *H. pylori* infection (in combination with other medications), prevention and treatment of NSAID-induced gastric ulcers, healing and maintenance of gastric/duodenal ulcers, and treatment of pathological hypersecretory conditions (e.g., Zollinger-Ellison syndrome) (Center for Medicare & Medicaid Services [CMS], 2015; Nehra et al., 2018).

### Adverse Effects

PPIs should be prescribed at the lowest effective dose for the shortest appropriate duration. Long-term use may be associated with potential adverse effects such as micronutrient deficiencies (e.g., hypomagnesemia, B12, calcium), increased fracture risk (with high dose therapy lasting more than one year), increased susceptibility to *Clostridioides difficile* and other infections, SIBO (small intestinal bacterial overgrowth), and drug interactions (e.g., reduced efficacy of clopidogrel's antiplatelet effect with omeprazole) (CMS, 2015; Nehra et al., 2018; Wołowiec et al., 2025).

### Deprescribing and Step-Down Strategies

Oftentimes in clinical practice, patients remain on PPI therapy long after the original indication has resolved. When appropriate, clinical guidelines recommend reassessment and deprescribing. Strategies may include reducing from twice to once daily, reducing dosages, switching to an H<sub>2</sub> receptor antagonist (H<sub>2</sub>RA), or tapering off and using PPIs “on demand” with lifestyle modification. Abrupt discontinuation may cause rebound acid hypersecretion and therefore, tapering is recommended over 2-4 weeks (Katz et al., 2022).

#### Step One (Assess Indication)

- Determine long-term need (e.g., Barrett's Esophagus, Zollinger-Ellison). If so, continue PPI.
- No long-term need? Move to step two.

#### Step Two (Symptom Assessment)

- Asymptomatic? Taper or stop PPI.
- Mild symptoms? Consider H<sub>2</sub>RA or on-demand PPI
- Severe/recurrent symptoms? Continue or increase therapy

#### Step Three (Tapering & Education)

- Gradual dose reduction over 2-4 weeks as tolerated
- Lifestyle & Dietary counseling

#### Step Four (Reassess at 4-8 weeks)

- Stable? Maintain, Taper, or Stop PPI therapy
- Recurrent/refractory? Increase PPI therapy and consider further testing (e.g., EGD, pH impedance)

## Clinical Considerations

In most patients without alarm symptoms, starting with omeprazole 20 or 40 mg once daily for 8 weeks is a practical starting dose and duration (Katz et al., 2022). Choice of PPI depends on FDA-approved indication, side effect profile, drug interactions, insurance coverage, and patient preference. The acid-suppressive strength of each PPI can be compared using “Omeprazole Equivalents” (OE), a measure of relative potency (Graham & Tansel, 2018). From least to most potent based on OE is as follows: pantoprazole (least potent), lansoprazole, omeprazole, esomeprazole, and rabeprazole (most potent) (Graham & Tansel, 2018). Most PPIs are similarly effective clinically even when acid suppression potency varies, but in more severe cases (e.g., erosive esophagitis), higher potency agents may be considered for healing and symptom control (Graham & Tansel, 2018). Lastly, optimizing PPI therapy may include increasing the daily PPI dose (e.g., twice daily) or switching to a different PPI in those with persistent symptoms.

Generic Name	Brand Name(s)	Standard Dose	Key Considerations
Omeprazole	Prilosec, Zegerid	20-40 mg daily (can increase to BID)	Moderate potency; CYP2C19 inhibitor
Esomeprazole	Nexium	20-40 mg daily (can increase to BID)	Higher potency; CYP2C19 inhibitor; IV available
Lansoprazole	Prevacid	15-30 mg daily (can increase to BID)	Similar potency to omeprazole
Dexlansoprazole	Dexilant	30-60 mg daily	Dual release formulation; not meal-dependent
Pantoprazole	Protonix	20-40 mg daily (can increase to BID)	Low potency; minimal CYP metabolism; IV available (most commonly used)
Rabeprazole	AcipHex	20 mg daily (can increase to BID)	Highest potency; minimal CYP metabolism

## Conclusion

PPIs remain the cornerstone for acid-related disease treatment. PPIs should be prescribed based on evidence, at the lowest effective dose and for the shortest necessary duration. It is essential to consider patient preferences/ tolerability, cost, drug availability, comorbidities, and drug interactions. Clinicians should consider step-down strategies or deprescribing once the initial therapeutic goal has been achieved to minimize risks and optimize care.

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## My First GHAPP Conference Experience

We were delighted to receive so many thoughtful reflections from our National Conference Scholarship recipients. We look forward to sharing their insights throughout the upcoming issues.

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Attending the 8th National GHAPP Conference for the first time was an incredibly valuable experience. As a Family Nurse Practitioner practicing in gastroenterology with a focus on inflammatory bowel disease (IBD), this opportunity allowed me to deepen my understanding of both general GI and hepatology topics. While much of my current knowledge has been gained on the job, I haven't had formal training in areas such as motility disorders, hepatic conditions, or pancreatic diseases. The targeted boot camps—including those on EoE, inpatient GI, IMID, and obesity—were instrumental in expanding my clinical knowledge and helping me apply evidence-based practices directly to patient care.

The workshops were a highlight for me, especially the GI radiology review, IBS-D and IBS-C management, and “IBD from the Streets” sessions. Staying up to date with the latest data and research is essential in delivering high-quality care, and this conference has truly enhanced my ability to do just that. I'm also grateful for the chance to connect and build networks with fellow APPs from across the country. I look forward to attending again in the future!

**Jinglu Li**

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Attending the GHAPP National Conference this year was an incredibly valuable experience. The plenary sessions, bootcamps, and workshops all provided me with a rich educational environment and an opportunity to learn from expert APPs in the field. I especially enjoyed the Hepatology Inpatient Summit, the Palliative Care Workshop, and the Liver Transplant Plenary Session. I also loved being able to network and meet nurse practitioners and PAs from other institutions across the nation. As an APRN student with a passion for hepatology, I am so grateful for the GHAPP scholarship and the chance to come to this conference that I otherwise would not have been able to attend. I am so excited for my career as a nurse practitioner and am looking forward to coming to the GHAPP conference next year!

**Amy Barsoum**

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## Scholarship Winner Reflections



I would like to sincerely thank you for awarding me the GHAPP scholarship to attend the recent conference. It was a privilege to be part of such a dynamic, informative, and educational event.

I especially enjoyed the Inpatient Hepatology Summit and the Inpatient GI Summit. These sessions were highly impactful and will directly enhance the way I care for my patients as an internal medicine provider. I also truly valued the opportunity to network with my peers and to engage with the pharmaceutical companies who provided excellent information about current GI medications.

The knowledge and insights I gained will allow me to bring improved, evidence-based care to my practice, and I am truly grateful for that. Thank you again for this opportunity and for your continued commitment to advancing education for healthcare providers.

**Chidinma Okafor, APRN**



I want to thank Focus Medical for choosing me as a scholarship participant in this year's GHAPP program. I enjoyed networking with my colleagues. I learned useful information presented during the discussions that will impact my practice such as new drugs available and new treatment strategies. It is also reassuring to me as a practitioner to know that many of the treatments that I use now are the latest practice methods. I will continue to attend this conference for the concise and practical information that the experts provide.

**Laura Williams**



I had a wonderful time at the recent GHAPP conference and am so grateful for this incredible learning experience. It was comprehensive, informative, and highly relevant to my practice. As an RN working in a GI motility department, I've already noticed the positive impact on my day-to-day work and feel much more confident discussing GI conditions with patients and how we can best support their care. It was also a fantastic networking opportunity!

**Colleen Baker**



## Scholarship Winner Reflections

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Thank you so much for allowing me to attend GHAPP with the generous scholarship. The learning and networking were invaluable to me as a new graduate inpatient GI/Hepatology NP. I specifically enjoyed the workshops, where I found that information was taught at a new grad level and gave me a broad overview of a variety of conditions. I will be a regular attendee at GHAPP moving forward!

**Bailey Ingham**

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“

Thank you for providing me with great opportunity to attend GHAPP. I found the conference to be a valuable learning experience that advanced my knowledge in the field of Hepatology and Gastroenterology. I gained inside from the latest best practice, new treatment modalities and emerging research in the areas of Inflammatory bowel disease, liver disorders, weight management and others. I enjoyed inpatient disease management bootcamps as well as outpatient updates. I am excited to integrate this knowledge in my clinical practice to provide even better care for my patients.

I hope to continue attending GHAPP in the future. Again, thank you for providing me with this unique opportunity!

**Tanya Walsh**

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“

This was my first GHAPP National Conference, and it was an incredibly informative and valuable experience. Hearing lectures from leading experts in gastroenterology and hepatology provided me with knowledge that will directly support my evidence-based practice. I'm truly grateful for the scholarship opportunity and look forward to applying what I've learned in my clinical work.

**Grace Lee**

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“

I recently attended GHAPP 2025 in Las Vegas where I had the opportunity to expand my knowledge on a variety of GI topics. The sessions provided valuable clinical insights for me as a new grad PA. I especially enjoyed the IBD bootcamp lecture as this is an area of GI that I find to be a bit complex. This experience broadened my understanding of the field. I will definitely be attending next year!

**Alexandra Puchan, PA-C**

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# CHEERS TO PEERS

## CONGRATULATIONS 2025 ACG APP AWARD RECIPIENTS!

### **Jessica Crimaldi, MSN, NP-C, CMSRN** ***Distinguished NP/PA Teaching Award***

This award is to recognize a distinguished NP/PA who has shown long-standing contributions to educating and mentoring in the field of gastroenterology and hepatology.

Jessica has made meaningful contributions in teaching by demonstrating mentorship, preceptorship, curricula development, and other activities that have an impact on educating and developing future NPs/PAs.

### **Sharon Dudley-Brown, PhD, FNP-BC** ***NP/PA Award for Clinical Excellence***

This award recognizes a distinguished NP or PA who has shown long-standing contributions to advancing clinical practice in the field of gastroenterology and hepatology.

These efforts are exemplified by Sharon's substantial contributions to GI in the areas of practice expertise, leadership, mentoring, and collaborative activities, which have an impact at the state, regional, national, and international levels.

## Board of Trustees Announcements

### GHAPP APP AWARDS

The Board of Trustees is pleased to congratulate the recipients of the Advanced Practice Provider Excellence Award at our National Meeting. We are proud to recognize these outstanding APPs whose dedication, leadership, and impact exemplify excellence in patient care and clinical practice.



#### **Excellence Award in Gastroenterology**

Amy Seale, MSN, FNP-C  
Bogalusa, Louisiana



#### **Excellence Award in Hepatology**

Antonia Maninang, MSN, NP-BC  
Emerald Hills, California

## NEW BOARD OF TRUSTEES MEMBER

The Board of Trustees is pleased to welcome our newly elected board member, **Carol Antequera, DMSc, PA-C**, from the University of Miami Miller School of Medicine in Miami, FL.

Carol is stepping into the role previously held by **Nicole Martinez de Andino, DNP, MSN, APRN, NP-C, RD** who has transitioned out of the GI specialty. Nicole is a **founding member of the GHAPP Board of Trustees** and has made invaluable contributions to the organization over the past 10 years. In recognition of her dedication and service, Nicole will continue her involvement with GHAPP as an Emeritus Trustee.

We extend our deepest gratitude to Nicole for her outstanding leadership and commitment to GHAPP over the past decade.

# GHAPP 2025 National—At a Glance



**1200+**  
attendees



**46**  
states represented



**116**  
educational sessions



**22.25**  
CME Credits



**35**  
abstract posters



**60**  
exhibits



**2**  
APP of the Year  
Awards



**12,156**  
headshots



**5,900**  
cups of coffee  
*(estimated)* 😊



**Countless memories**

# 2026 National Conference Call for Abstracts

**Imagine this:** you have a great idea worth sharing—perhaps a success story, a case study with unexpected outcomes, or even a pilot study—and you’re ready to bring it to a broader audience. That’s where an **abstract** comes in.

An abstract is a brief yet powerful summary that clearly defines the problem or question, outlines what you did or designed, highlights your key findings, and explains the conclusions you reached. While writing an abstract may feel intimidating at first, it becomes much more manageable—and even rewarding—when you break it down into clear, structured parts.



**And remember—it’s never too early to start thinking about it.** If you have an idea, insight, or experience that could benefit others, we encourage you to submit an abstract and contribute to advancing education, collaboration, and innovation within our community.

## Trivia Answers

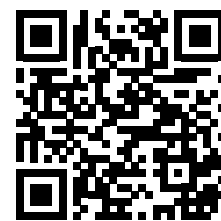
**Question 1:** **C) Autoimmune Hepatitis**

**Question 2:** **A) Escherichia coli**

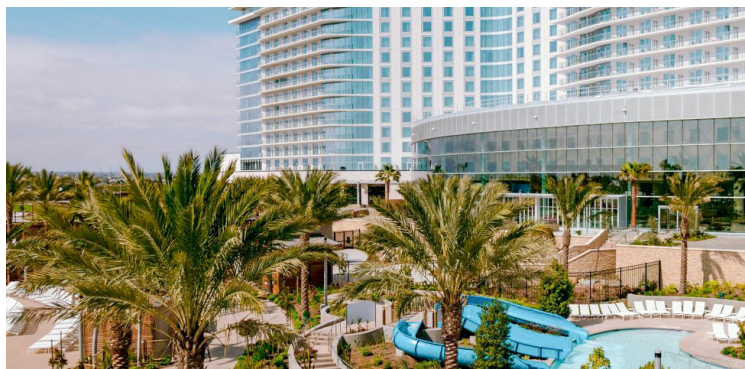
**Question 3:** **C) Every 3-5 years**

# Missed the GHAPP National 2025 Conference?

View the Plenary Session Webcasts Now!



# SAVE **2026** THE DATE



## 9<sup>th</sup> Annual GHAPP Conference

**October 1–3, 2026**

Gaylord Pacific Resort & Convention Center  
**Chula Vista, CA** *(Live Conference Only)*



### DOWNLOAD THE NEW GHAPP ACE 2.0!

The essential app for NPs and PAs in gastroenterology and hepatology.

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