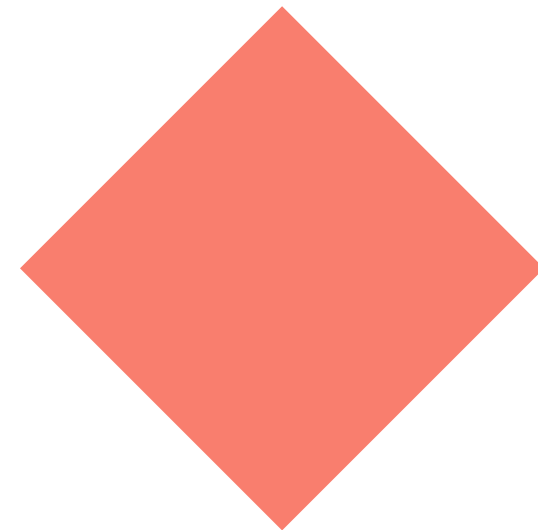


# GPM for patients with severe and enduring eating disorders

# Agenda



Our clinic and our patients

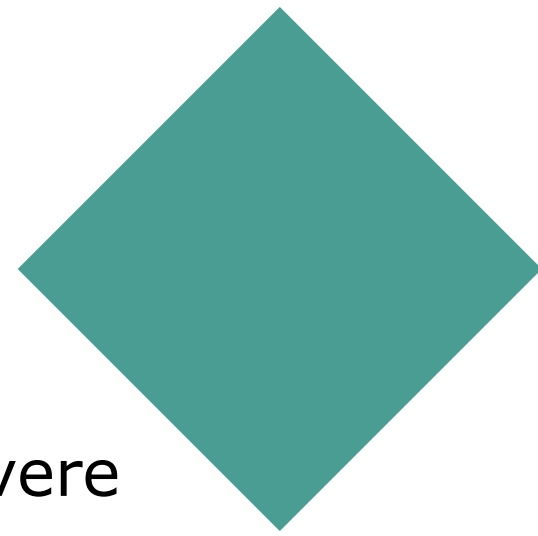
Our current treatment methods

Why do we want to implement GPM?

Pilot and implementations

What happens next

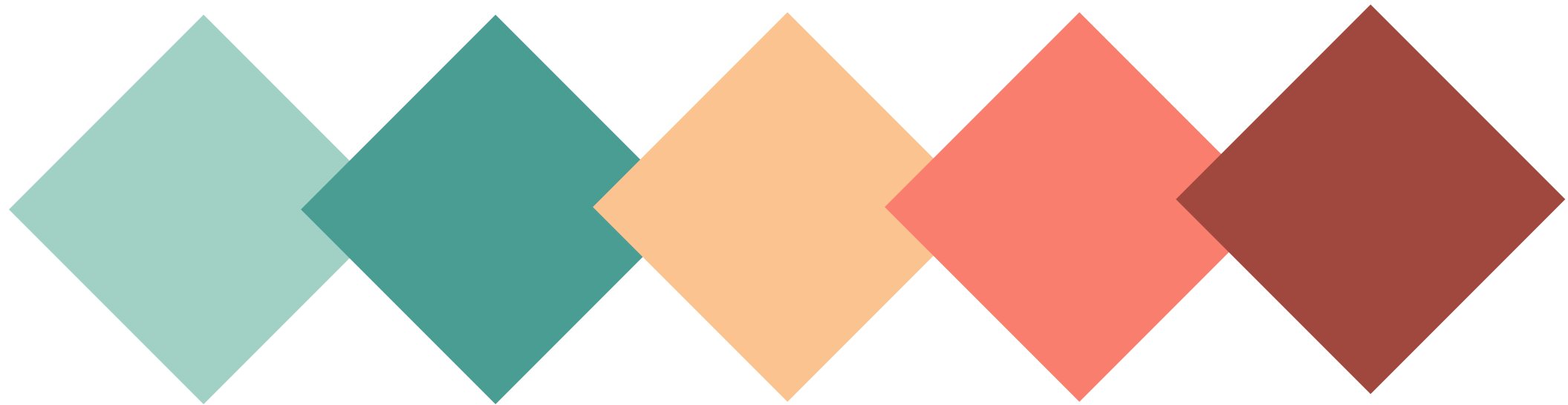
# Öppenvård Vuxna 2- Our clinic at Stockholms Centre for Eating Disorders



The only specialist clinic in Sweden for patients with severe and enduring eating disorders (SEED/SE-AN patients)

For patients who, even though they have done several eating disorder (ED) treatments, have not become free from their ED and have been ill for at least 10 years.

# SEED patients and our referral criterias



Different opinions regarding duration

10 years

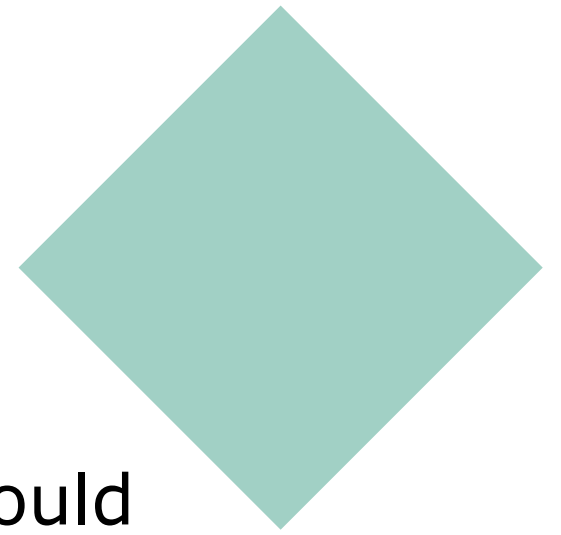
Must have done at least 3 ED treatments

Severe suffering due to ED

Complex ED, often with comorbidity



# Our treatment hopes



- That a more flexible and long term treatment would generate better outcome in treating SEED patients ED symptoms
- Increase patients Quality of Life
- Decrease hospitalisation
- Give quicker treatment to other patients

# Our patients

91 patients

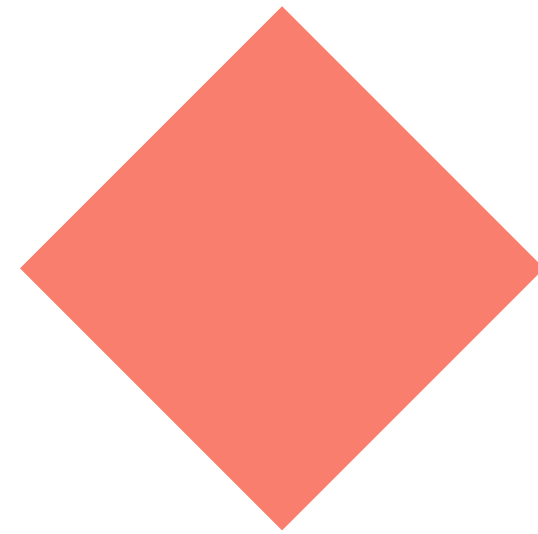
Median age 40 years old

Been ill between 9 och 50 years

98% women

99% of them have another psychiatric diagnos

Different ED but mostly Anorexia Nervosa



# Good to know



%

Approx. 10-30 % of patients diagnosed with an ED become long term ill



Harder to treat SEED patients but not impossible



These patients should not get excluded from ED clinics but instead be offered a low intense and adapted eating disorder care with a wider life quality focus.

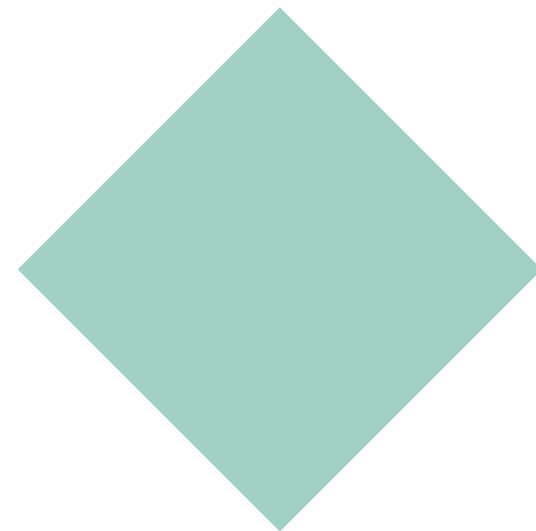


Currently there is no treatment with good evidence for SEED patients



**Stockholms centrum för ätstörningar**  
REGION STOCKHOLM

# Research regarding relapses



Studies show that after 10 year follow up approx 40–50 % of patients with AN have relapsed and 30-40 % of patients with BN and BED.

\*Sala M, Keshishian A, Song S, Moskowitz R, Bulik CM, Roos CR, Levinson CA. Predictors of relapse in eating disorders: A meta-analysis. J Psychiatr Res. 2023 Feb;158:281-299. doi: 10.1016/j.jpsychires.2023.01.002. Epub 2023 Jan 4. PMID: 36623362.

# Our most common comorbidity

Autism

ADHD

Borderline personality disorder

PTSD & Trauma

Depression, OCD & anxiety

# Our offered treatments

CBT-E

SSCM- Specialist Supportive Clinical Management

MI

ACT & Compassion

DBT & MBT- influenced groups

2026: GPM! 😊

Why do we want to  
implement GPM?

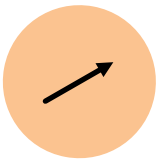
# Why GPM?



We think the core principles of GPM align with the treatments we already use and hope that it will help SEED patients to reduce their ED symptoms



We are curious if a more structured method regarding the "Get a life" approach could improve these patients QoL



GPM fits in a multiprofessional team where everyone can be trained in this method.

# The Pilot, fall 2026

We are experts on SEEDs patients but new to GPM!

Our hope today is to learn more about GPM and all ideas and thoughts are most welcome.

Please help us 😊

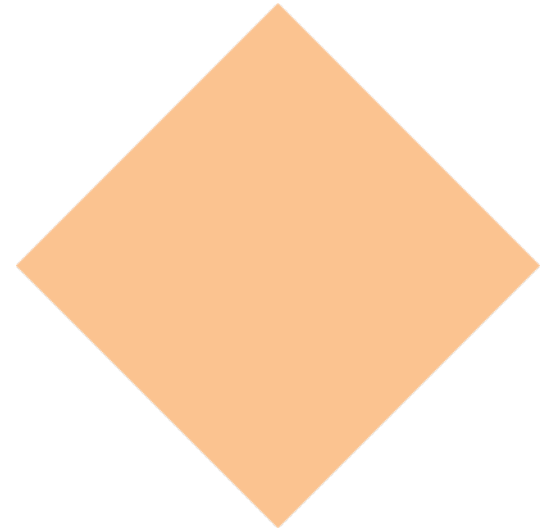
# Inclusion criterias

- Medically stable
- Motivated to try GPM
- Want to “get a life” and make a change regarding their eating disorder
- The patient are capable to be in a group treatment
- Has an employment or other activities or plan to start employment/activity



# Exclusion criterias

- Benzodiazepines
- Active substance abuse and/or severe alcohol addiction
- In need of other level of care, for example closed psychiatric care
- Severe self-harm and/or high suicide risk
- Active psychotic symptoms



# What the Pilot will look like

- Group size will be maximum 10 patients
- Introduction to GPM– 4 sessions done in a group setting.  
Then we evaluate which patients can do the full GPM course.
- Full Course: 24 sessions
  - 12 weekly group sessions (90 min)
  - 12 weekly individual sessions
- Two group therapists: a counsellour and a psychologist
- The individual therapy sessions will be conducted by the patients today individual therapist (different health professionals)

# Patientintroduction to GPM group:



Group session 1: Eating disorders and GPM

Group session 2: Get a life- approach,  
psychoeducation about therapy, problem solving skills  
and individual goal setting

Group session 3: Emotions and emotional regulation

Group session 4: Problem-solving and tools

# GPM treatment course:

Theme 1: Problem-solving and tools

Theme 2: Get a life (In terms of work/social activities/hobbys etc) and why this is important

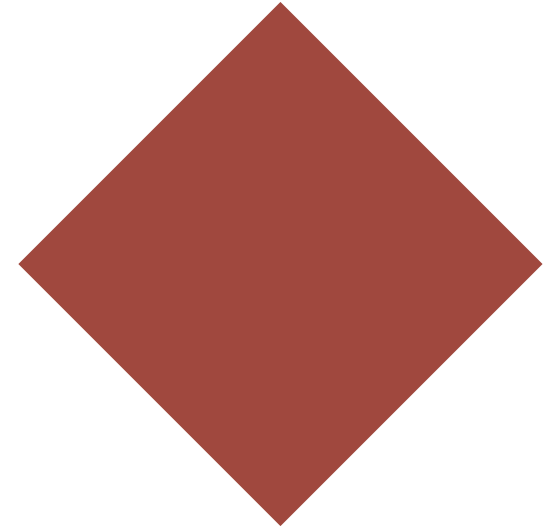
Theme 3: Emotions and emotional regulation

Theme 4: Relationships

Every theme is 3 sessions



# How to know if I works?



We will conduct:

- quantitative measurements and
- qualitative interviews.

Everyone will become interviewed, including the patients who drop out.

# Quantitative measurements



Qualitative measurements in form of self reports:

- EDE-Q (Eating disorders examination)
- CIA (Clinical Impairment Assessment Questionnaire)
- PHQ-9 (Patient health questionnaire)
- GAD-7 (Generalized anxiety disorder 7-item scale)
- WHODAS-12 (WHO Disability assessment schedule)
- BBQ (Brunnsvikens Brief Quality of life scale)

# Questions and tips

