Finland

Research conducted in

Finland combines universal health coverage, a well-developed network of memory clinics and a strong Non-Governmental Organisation (NGO) ecosystem with imaging and biomarker expertise centred in large urban areas. This integration of clinical capacity and research strength enables consistent diagnostic pathways and supports the early adoption of advanced tools. Policy implementation under the Ageing 2030 framework and the post-2023 SOTE county structure is gradually improving coordination between national guidance and regional service delivery, while Kela reimbursements and medicines expenditure cap help contain patient costs and support equitable access. Finland has been working to reduce persistent regional disparities in specialist services and to prepare for national decisions on disease-modifying therapies. Choices around reimbursement, infusion and MRI-monitoring infrastructure, and eligibility criteria will shape how and how quickly, these treatments can be integrated into the universal system.

Highlights

Health system **Universal with mixed provisions**
ADI member association(s): **Alzheimer Society of Finland (Muistiliitto)**
National dementia plan: **National Programme on Ageing 2030**
Dementia plan funding: **Funded plan**
Dementia prevalence rate: **1724**
Dementia incidence rate: **301**
Population: **5625831**
Median age: **43**
Health expenditure (% of GDP): **10**

Diagnosis

Finland operates a highly standardised, integrated dementia diagnostic pathway led by public primary care and university hospital memory clinics. These centres deliver cognitive testing, neuroimaging, biomarker work-up, and post-diagnostic support, with strong links to social care services. Under the SOTE reform, 22 Wellbeing Services Counties coordinate care, though regional disparities in waiting times persist. Diagnosis relies on opportunistic screening (e.g. MMSE, MoCA), advanced imaging (CT, MRI, PET), selective genetic testing, and CSF/blood biomarkers. Costs are largely covered by the public system, with low co-payments and Kela reimbursements ensuring equitable access.

Diagnosis pathway

Finland delivers a standardised, integrated public dementia diagnostic pathway, typically initiated in primary care at municipal wellbeing services. Initial triage by GPs and specialised nurses includes cognitive screening, functional assessment and exclusion of secondary causes. Patients with suspected impairment are referred to university hospital memory clinics in major cities for multidisciplinary evaluation, including neuropsychology, imaging and biomarker analysis. Care pathways are closely linked to social support through Muistiliitto and regional Muistiluotsi centres, providing counselling and caregiver education. While private clinics exist, access to advanced diagnostics (CSF, PET) remains concentrated in the public university hospital network.

Finland operates a standardised and integrated public dementia-diagnosis pathway. Entry typically occurs through primary care at municipal well-being services county health centres. General practitioners (GPs), public health nurses, and designated memory nurses perform the first triage: brief cognitive screens, medication review, functional history, and exclusion of secondary causes (thyroid dysfunction, depression, B12 deficiency, polypharmacy). When cognitive impairment appears genuine or progressive, patients are referred to hospital-based memory clinics, usually within Finland's university hospital districts in cities like Helsinki, Turku, Oulu, Kuopio, Tampere.

Memory clinics provide multidisciplinary assessment with neuropsychologists, geriatricians, neurologists, social workers, and dementia nurses. They coordinate formal cognitive testing, imaging, biomarker work-up, and post-diagnostic support. Social care pathways run parallel: memory clinics frequently link families to Muistiliitto (Alzheimer Society of Finland) and its regional Muistiluotsi centres, which offer counselling, care-planning assistance, peer support groups, and caregiver education.
Alternative routes are relatively limited compared to many other countries. Private neurological and geriatric clinics exist, mainly in Helsinki, Tampere, Turku, but the public system remains dominant, and nearly all advanced diagnostic tests (cerebrospinal fluid (CSF) biomarkers, Positron Emission Tomography (PET) are accessed through university hospitals.

References

- https://pmc.ncbi.nlm.nih.gov/articles/PMC4259257/

https://storagehub.homnya.com/cmsimage/allegati/allegato6655885.pdf
- https://eurohealthobservatory.who.int/publications/i/finland-health-system-summary
- https://muistiliitto.fi/en/what-we-do/
- https://www.suomi.fi/services/memory-clinic-western-uusimaa-wellbeing-services-county/114bdd56-52b6-43b8-a0e8-a5a79f6539a3
- https://muistiliitto.fi/en/what-we-do
- https://www.hus.fi/en/about-us/departments/diagnostic-center

Wait times

Status: Short wait time

Under Finland's SOTE reform, 22 Wellbeing Services Counties oversee integrated health and social care, with a focus on early diagnosis and reduced system fragmentation. Waiting times remain shortest in university hospital regions (e.g. Helsinki, Turku, Tampere), while remote areas face delays due to workforce shortages. To ease pressure, Kela reimbursements encourage limited private care use, alongside expanded memory nurse capacity and teleconsultations.

Finland's social and healthcare (SOTE) reform reorganised healthcare delivery across 22 Well-Being Services Counties, responsible for organising primary and secondary health care. The reform's objective was to standardise care, reduce fragmentation, and strengthen primary care so that early cognitive assessment happens before specialist queues escalate.

In practice, waiting times remain shortest in university hospital regions (Helsinki, Turku, Tampere, Kuopio, Oulu), where memory clinics have higher staffing and imaging availability. More remote counties, Lapland, Kainuu, North Karelia, report longer waits for neuropsychological testing and specialist appointments due to workforce shortages. To reduce the demand for public healthcare services, the state encourages selective use of private care via Kela reimbursements (e.g., €30 reimbursement per GP or specialist visit). SOTE counties are also expanding memory nurse capacity and rolling out teleconsultations to equalise access.

References

- https://eurohealthobservatory.who.int/publications/i/finland-health-system-summary
- https://yle.fi/a/74-20101394
- https://www.researchgate.net/publication/365890233_Association_of_travel_time_with_mental_health_service_use_in_primary_health_care_accor
_a_register-based_study_in_Kainuu_Finland
- https://eurohealthobservatory.who.int/monitors/health-systems-monitor/updates/hspm/finland-2019/increasing-the-reimbursement-for-the-use-of-private-health-services
- https://yle.fi/a/74-20116886

Diagnosis cost

Diagnostic services in Finland are largely publicly funded, with small co-payments for GP visits, specialist care, and hospital-based tests. Kela supports private sector use through partial reimbursements, including consultations and imaging. Prescription medicines are subsidised via a tiered system with an annual expenditure ceiling. Overall, financial barriers are low, supporting equitable access.

Finland's health system covers almost the entire diagnostic pathway. Public primary care, specialist consultations, imaging, neuropsychology, and CSF tests have low, regulated client fees. For example:

- Primary-care visit: small fixed co-payment.
- Specialist consultation: regulated fee, often capped annually.
- Hospital imaging/labs: heavily subsidised, with minimal co-payments.

If patients choose private care, Kela reimburses part of the fee (e.g., €30 per GP/specialist visit with partial reimbursement of private MRI/CT fees depending on indication). Prescription medicines are reimbursed on a tiered schedule, with an annual out-of-pocket maximum (€633.17 in 2025), but once the cap is reached, patients pay only €2.50 per reimbursable prescription for the rest of the year.

Overall, financial barriers to diagnosis are low, and equity is maintained through the public system's dominance and Kela's role in reducing out-of-pocket expenditures for those accessing private providers.

References

- https://www.kela.fi/medicine-expenses
- https://eurohealthobservatory.who.int/publications/i/finland-health-system-summary

Cognitive tests

Finland does not run a national population screening program for dementia. Instead, opportunistic screening is done when risk factors are present. GPs and memory nurses use familiar instruments, Mini-Mental State Examination (MMSE), Montreal Cognitive Assessment (MoCA), Clock-Drawing Test, verbal fluency tests, paired with structured functional interviews with caregivers. National guidance developed by Finnish Institute for Health and Welfare emphasises preventive ageing policy, early identification, and consistent referral pathways from primary care to memory units.

References

- https://thl.fi/en/topics/ageing/ageing-policy
- https://actaneuropsychologica.com/article/127964/en
- https://pubmed.ncbi.nlm.nih.gov/1642109/

Imaging tests

Finland maintains access to structural and functional neuroimaging, including Computed Tomography (CT), Magnetic Resonance Imaging (MRI) and Positron Emission Tomography (PET) scans. Finland has a valuable PET imaging capacity, led by the Turku PET Centre, HUS, and university networks. Amyloid PET is increasingly used in diagnostically unclear cases, especially for early-onset presentations, atypical features, or when determining eligibility for anti-amyloid disease-modifying therapies (DMTs).

References

- https://eatris.eu/institutes/turku-pet-centre/
- https://www.tyks.fi/en/about-tyks/tyks-organization/units-excellence/pet-centre
- https://www.helsinkitimes.fi/lifestyle/health-a-wellbeing/24041-new-pet-mri-scanner-at-hus-s-isotope-unit-brings-significant-benefits-to-patients.html

Genetic tests

In Finland, genetic testing is not part of routine diagnostic work-up for Alzheimer's disease but is used selectively in specialist settings, particularly in cases of suspected early-onset or familial dementia. Studies from Finnish cohorts demonstrate the use of genetic analyses of key Alzheimer-related genes (e.g., APP, PSEN1, PSEN2, APOE) in such contexts, while large national initiatives such as FinnGen highlight the strong integration of genetics into research and future diagnostics.

References

- https://www.finngen.fi/en/finngen-study-participants-invited-clinical-examinations-sub-project-alzheimers-disease?
- https://pmc.ncbi.nlm.nih.gov/articles/PMC5974394

Biomarker tests

CSF Aβ42/40 ratio, total tau, p-tau are accessible in all major university hospital memory clinics and are used when diagnosis remains uncertain or atypical.

Blood-based biomarkers, plasma p-tau isoforms, Aβ42/40 ratio, GFAP, are progressing from research into limited pilot clinical deployment. Several centres (such as Helsinki and Turku) participate in international validation consortia, and Finland is expected to become an early adopter once EU-level clinical-use guidance stabilises.

References

- https://pubmed.ncbi.nlm.nih.gov/28341066/
- https://pmc.ncbi.nlm.nih.gov/articles/PMC9044123
- https://www.utu.fi/en/news/press-release/brain-biomarkers-of-alzheimers-disease-can-be-detected-as-early-as-middle-age

Treatment & care

Finland's dementia care combines hospital-based memory clinics with extensive community services coordinated by Wellbeing Services Counties, including home support, day activities, respite care, and long-term housing, supported by memory nurses. The Muistiluotsi network provides counselling, peer support, and guidance on benefits. Most medical care, diagnostics, and symptomatic treatments are publicly funded with low co-payments, though novel therapies like lecanemab are currently limited to specialist or private pathways. Family caregivers benefit from the omaishoidon tuki scheme and civil-society support, with early involvement, regular respite, and needs assessments integrated into both clinical and community care. Palliative care is embedded nationally.

Specialized facilities and services

Dementia care in Finland combines specialist follow-up in hospital-based memory clinics with extensive community services organised by Wellbeing Services Counties. These include home support, day activities, respite care, and long-term housing, supported by memory nurses. Regional disparities persist, with better capacity in urban centres than remote areas. The Muistiluotsi network plays a key role in non-medical support, offering counselling, peer groups, and guidance on benefits and care pathways. Finland also integrates dementia into national palliative care policy, with dedicated hubs providing symptom management, advance care planning, and coordination with home-based end-of-life services.

Finland's post-diagnostic dementia care is built around a network of public memory clinics embedded in university and central hospitals, which provide ongoing follow-up for complex or early-onset cases. These clinics coordinate medication management, monitoring of progression, MRI follow-up when needed, and guidance on care planning, driving assessments, and social services.

Outside the hospital level, much of the long-term support is delivered through a decentralised community-care model. Following the 2023 SOTE reform, day-to-day care responsibilities shifted to the 22 well-being services counties, which organise:

- Home-care services (assistance with ADLs, medication support, meal delivery)
- Memory-nurse follow-up for stability checks and care-plan updates
- Day activity centres and memory cafes designed to preserve function and provide social interaction
- Short-term respite care, both in-home and in institutional settings
- Long-term residential and enhanced sheltered housing when home living becomes unsafe.

Urban regions have more robust capacity, particularly memory nurses, rehabilitation options, and day centres, while remote areas face staffing shortages, longer travel distances, and fewer specialised units. A major non-medical pillar is the Muistiluotsi network operated by the Alzheimer Society of Finland (Muistiliitto). The Muistiliuotsi centres, present in every region, provide:

- Individual and family counselling
- Diagnosis navigation and service mapping
- Caregiver education programs

- Peer-support groups and early-stage Alzheimer's disease groups
- Legal/benefit guidance (care allowances, disability benefits, Kela reimbursements)
- Training for professionals and volunteers.

Finland also has a developed palliative and end-of-life care framework. National palliative guidelines ensure dementia is recognised as a life limiting condition, and each hospital district has palliative hubs providing symptom management, advance-care-planning support, and coordination with home hospice teams.

Approved medication

Generic Name
Donepezil;Official National Product Information; https://www.hma.eu/fileadmin/dateien/Human_Medicines/CMD_h_/Pharmacovigilance_Legislation/RMPs/HaRP_ARs/Donepezil_2019_06_

Generic Name
Rivastigmine;Official National Product Information; https://www.ema.europa.eu/en/medicines/human/EPAR/exelon
Galantamine;Official National Product Information; https://ec.europa.eu/health/documents/community-register/html/ho17801.htm

Generic Name
Memantine;Official National Product Information; https://www.ema.europa.eu/en/medicines/human/EPAR/ebixa
Lecanemab;Official National Product Information; https://www.ema.europa.eu/en/medicines/human/EPAR/leqembi

Generic Name
Donanemab;Official National Product Information; https://www.ema.europa.eu/en/medicines/human/EPAR/kisunla

*Namzaric = combination of Donepezil and Memantine

** MHRA: Medicines and Healthcare products Regulatory Agency - UK medicines regulator;

SPC: Summary of Product Characteristics - detailed product information

Treatment cost

Finland's public system covers most dementia-related care, including diagnostics, specialist consultations, and symptomatic medications, with low co-payments and an annual out-of-pocket medicines ceiling (€633.17 in 2025). Novel therapies like lecanemab remain largely restricted to specialist centres or private pathways, requiring costly infusion services, imaging, and biomarker confirmation, pending national reimbursement. Once approved, such treatments would be integrated into the public system, ensuring equitable access across the population.

Finland's health system ensures that most dementia-related medical care is publicly financed. Standard symptomatic medications appear on the national reimbursement lists, meaning that patients pay regulated co-payments until they reach the annual medicines ceiling, which in 2025 is €633.17. After reaching this limit, patients pay only a minimal fixed fee per reimbursable prescription. Diagnostics, specialist consultations and follow-up provided within the public system are subject to low client fees, and Kela reimbursements further reduce out-of-pocket costs for individuals who use private services for part of their care.

For novel disease-modifying therapies such as lecanemab, financing remains uncertain until a national

reimbursement decision is issued. Before such a decision, access is generally possible only through specialist centres or private pathways, and costs are high because they include infusion services, repeated MRI scans for Amyloid-Related Imaging Abnormalities (ARIA) surveillance, and biomarker confirmation through CSF testing or PET imaging. Once reimbursement is approved, costs would largely shift to the public system, mirroring Finland's long-standing commitment to equitable access.

References

- https://www.kela.fi/medicine-expenses
- https://www.kela.fi/pharmaceutical-companies
- https://www.ema.europa.eu/en/medicines/human/EPAR/leqembi

Caregiver support

In Finland, family caregivers receive structured support via the omaishoidon tuki scheme, including allowances, respite, training, and health monitoring, tailored by county within national standards. Civil-society groups, such as Carers Finland and Muistiluotsi centres, provide education, peer support, and guidance. National policy emphasises early caregiver involvement, regular respite, and integration of caregiver assessments into both memory-clinic and community-care pathways.

Family caregivers play a central role in dementia care in Finland, and the country maintains a structured support framework to assist them. The Finnish informal care scheme, omaishoidon tuki, allows well-being services counties to recognise a family member as a caregiver and, depending on need, provide financial compensation, respite and leave arrangements, caregiver training, accident insurance and periodic health checks. Eligibility criteria and allowance levels vary between counties but are anchored in national legislation and subject to a national minimum standard.

Civil-society organisations offer important complementary support. Carers Finland (Omaishoitajat ry) provides advocacy, legal guidance, practical coaching and peer-support groups, while Muistiliitto and its Muistiluotsi centres provide education, dementia-literacy resources, navigation support, helplines, early-stage support groups and community activities designed to reduce isolation. Finland's dementia policy framework consistently highlights the importance of early caregiver involvement, regular respite options and the integration of caregiver needs assessments directly into the memory-clinic and community-care pathways.

References

- https://eurocarers.org/wp-content/uploads/2022/09/II.1-Act-on-Support-for-Informal-Care-of-Finland-T.-Mikkola.pdf
- https://omaishoitajat.fi/in-english
- https://muistiliitto.fi/en/what-we-do/

Policy

Finland's dementia policy has evolved from the 2012–2020 National Memory Programme, "Creating a Memory-Friendly Finland," which focused on brain health, early diagnosis, workforce training, and integrated service delivery with health, social care, and Muistiliitto support, to the broader National Programme on Ageing 2030. Within the SOTE framework, counties design and deliver memory services, rehabilitation, and caregiver support guided by national strategies on prevention, early intervention, and equitable access. Despite strong policies, regional disparities and workforce shortages limit access in remote areas. Families still navigate complex medical, social, and financial systems, particularly during care transitions, emphasising the need for clear guidance, consistent support, and streamlined service-voucher schemes to improve equity and coordination.

National dementia plan

Between 2012 and 2020, Finland implemented the National Memory Programme, "Creating a Memory-Friendly Finland," to foster brain health, timely diagnosis, workforce training, and integrated service delivery with health, social care, and Muistiliitto support. After 2020, dementia became part of the broader National Programme on Ageing 2030, emphasising prevention, early intervention, and equitable regional services. The framework supports coordinated care under the SOTE reform, promotes safe home living, strengthens the ageing workforce, and ensures public awareness, caregiver support, and expanded community-based services for people with memory disorders.

Finland's dementia policy framework has evolved through two major phases. Between 2012 and 2020, the country implemented the National Memory Programme, titled "Creating a Memory-Friendly Finland," a systematically articulated national dementia strategy. It focused on promoting brain health across the life course, combating stigma, strengthening timely diagnosis, and developing an integrated service model that linked health care, social care and civil-society organisations. The program placed particular emphasis on workforce training, early identification through primary care, public education, and the expansion of community-based services such as memory nurses and day-activity centres. It also strengthened the role of Muistiliitto and its Muistiluotsi centres as key partners in public awareness, family counselling and care navigation.

After 2020, dementia was incorporated into the broader National Programme on Ageing 2030, which aligns dementia care with Finland's wider goals on healthy ageing, social inclusion, and service accessibility. Within this framework, dementia is treated as a major public-health priority requiring prevention, early intervention, and coordinated care across the new SOTE structures introduced in 2023. The Ageing 2030 program promotes regionally equitable services, supports the ageing workforce, and seeks to ensure that people with memory disorders can live at home safely for as long as possible.

References

- https://nordicwelfare.org/wp-content/uploads/2018/02/Reports_2013_9_Memory_verkko.pdf
- https://www.alzint.org/u/Finland-National-Programme-on-Ageing-2030.pdf

Upcoming plans

Dementia care in Finland operates within the broader SOTE framework, with counties designing and delivering memory services, rehabilitation, and caregiver support. National guidance on ageing, prevention, and service coordination informs local planning, while ongoing monitoring focuses on equitable access, workforce stability, and timely diagnosis, ensuring services meet the needs of both urban and rural populations.

Finnish dementia policy is now embedded within the broader post-SOTE governance model. Rather than a stand-alone dementia strategy, implementation occurs through well-being services counties, which are responsible for designing and delivering memory services, community support, rehabilitation options and informal care schemes. National guidance on ageing, prevention and service coordination continues to shape county-level planning.

The emphasis in the coming years is on prevention, early identification and equitable access, reflecting Finland's commitment to narrowing the service gap between urban hospital districts and sparsely populated regions. Ongoing SOTE monitoring will determine whether structural reforms succeed in strengthening primary care, integrating social services, stabilizing the workforce and reducing diagnostic and care delays. National ministries continue to refine policy through periodic updates to ageing strategies, workforce-development plans and digital-health initiatives, all of which indirectly shape dementia services.

References

- https://eurohealthobservatory.who.int/publications/i/finland-health-system-summary
- https://www.alzint.org/u/Finland-National-Programme-on-Ageing-2030.pdf
- https://nordicwelfare.org/pub/Dementia_prevention_in_the_Nordics/results-and-discussion.html
- https://globaldementia.org/fr/follow-up-of-dementia-policy-in-finland

Policy gaps

Legal barriers

Despite Finland's strong dementia policies, regional disparities persist. Urban areas benefit from comprehensive memory clinics, neuropsychological testing, rehabilitation, and long-term care, while remote regions face staffing shortages and long travel distances. SOTE reforms aim to standardise services, but full implementation will take time, and workforce pressures (particularly among nurses, geriatricians, and neuropsychologists) continue to constrain capacity.

Despite Finland's strong policy foundation, several gaps persist. One of the most prominent challenges is regional variation. Access to memory clinics, neuropsychological testing, rehabilitation services and long-term care remains more comprehensive in urban centres than in remote regions, where staffing shortages and geographic distances limit availability. The SOTE reform attempted to mitigate this by standardizing structures, but full implementation will take time. Workforce pressure, especially shortages of nurses, geriatricians, and memory clinic neuropsychologists, continues to affect system capacity.

Another issue concerns coordination at the county level. While counties have significant autonomy, differences in how they prioritise dementia services, allocate resources, or structure informal-care allowances can result in uneven access. To ease bottlenecks, the government has expanded Kela reimbursements for certain private services, but

the impact depends on county-level uptake and the availability of providers.

References

- https://eurohealthobservatory.who.int/publications/i/finland-health-system-summary
- https://freopp.org/finland-14-in-the-2024-world-index-of-healthcare-innovation/
- https://pmc.ncbi.nlm.nih.gov/articles/PMC9479674/
- https://stm.fi/en/wellbeing-services-counties-on-the-map1
- https://eurohealthobservatory.who.int/monitors/health-systems-monitor/updates/hspm/finland-2019/increasing-the-reimbursement-for-the-use-of-private-health-services

Cultural barriers

Finland has advanced dementia awareness through NGO advocacy, public campaigns, and Muistiliitto's educational programmes. However, families still face complex medical, social, and financial systems, particularly during care transitions or when accessing respite and caregiver benefits. Clear information, consistent support, and service-voucher schemes are essential to reduce administrative burden and improve navigation.

Finland has been working throughout dementia awareness for decades, specially by NGO advocacy, public messaging and the influence of Muistiliitto's educational programs. Nonetheless, families are still required to navigate a complex web of medical, social and financial support channels. Many report difficulties coordinating services across different providers, especially during transitions from home care to sheltered housing or when applying for respite and caregiver benefits. These strains make it important for counties to deliver clear information, consistent caregiver supports, and service-voucher schemes that reduce administrative burden.

Overall, Finland's policy environment is robust and rights-oriented, but its effectiveness depends on closing regional gaps, stabilizing the workforce and ensuring that county-level implementation aligns with national principles of equity and early support.

Research

The Turku PET Centre has advanced amyloid PET and CSF biomarker use, shaping European standards. Finland also leads blood-based biomarker research, digital cognitive assessments, and multidomain lifestyle interventions via the FINGER and WW-FINGERS programmes.

Selected academic institutions

HUS Helsinki University Hospital Abo Akademi University Turku University Hospital University of Eastern Finland

Clinical trials and registries

Finland's participation in clinical trials is extensive due to its high public-health capacity, centralised electronic records, and strong tradition of academic–clinical collaboration. Trial listings for Finland can be found on ClinicalTrials.gov and the EU Clinical Trials Information System (CTIS), reflecting both academic and industry-sponsored research.

References

- https://euclinicaltrials.eu/

Selected innovative methods

Finnish centres, led by the Turku PET Centre, have pioneered amyloid PET applications and CSF biomarker refinement, shaping both national and European diagnostic standards. Blood-based biomarker studies, cross-border collaborations, and EU projects are expanding diagnostic capacity, while digital health solutions, including AI-assisted assessments, enhance monitoring. Finland also leads multidomain risk-reduction research through the FINGER model, integrated into the global WW-FINGERS network, demonstrating lifestyle interventions can prevent cognitive decline in at-risk populations.

The Turku PET Centre has been pivotal in demonstrating how amyloid PET, using tracers such as F-flutemetamol, can clarify uncertain diagnoses and modify treatment plans. Finnish centres were also early adopters of CSF Aβ42/40 ratio refinement and have contributed to harmonisation studies that shape European practice standards.

In parallel, Finland is becoming increasingly active in the blood-based biomarkers research, with programs exploring the diagnostic accuracy of plasma p-tau isoforms, Aβ42/40 ratios and glial markers. Many of these initiatives are linked to cross border collaborations and EU-funded biomarker standardisation projects. Digital health also plays a growing role, with Finnish institutions experimenting with cognitive digital assessments, remote monitoring tools, and AI-enhanced diagnostic aids.

The country is part of the international network of FINGER-based lifestyle and risk-reduction trials, which have expanded into the World Wide FINGERS (WW-FINGERS) consortium. The FINGER model refers to a multidomain

lifestyle intervention developed in Finland that combines dietary guidance, physical activity, cognitive training, and vascular risk management to reduce the risk of cognitive decline. The original FINGER trial demonstrated that simultaneous targeting of multiple modifiable risk factors can significantly improve or maintain cognitive function in at-risk older adults. This approach has since been scaled globally through the World Wide FINGERS (WW-FINGERS) consortium, adapting the model to different populations and healthcare systems. Risk-reduction research continues alongside these innovations, building on the long-term datasets created through the FINGER trial and its national cohorts.

References

- https://link.springer.com/article/10.1186/s13550-022-00928-5
- https://pmc.ncbi.nlm.nih.gov/articles/PMC2976614/
- https://pmc.ncbi.nlm.nih.gov/articles/PMC9044123
- https://pubmed.ncbi.nlm.nih.gov/40352683/
- https://pmc.ncbi.nlm.nih.gov/articles/PMC11451244/
- https://eithealth.eu/product-service/multi-mode/
- https://clinicaltrials.gov/study/NCT01041989
- https://fbhi.se/the-finger-study/
- https://www.alz.org/wwfingers/overview.asp

Support

Finland's "Memory-Friendly Finland" initiative shapes dementia-sensitive housing, services, and urban planning, supporting older adults' independence. Muistiluotsi centres provide outreach, early support, and social-service guidance, while municipalities promote staff training. Public campaigns and updates from Muistiliitto, THL, hospitals, and universities raise awareness, encourage early help-seeking, and highlight lifestyle-based risk reduction aligned with FINGER trial evidence.

Organizations are listed for informational purposes based on publicly available sources. Inclusion does not necessarily indicate affiliation with or endorsement by Alzheimer's Disease International (ADI).

Selected national associations, patient family associations, NGOs:

Alzheimer Society of Finland (Muistiliitto) Multiculture Memory Center (MUKES) The Finnish Association for the Welfare of Older Adults (Vanhustyön keskusliitto)

Selected initiatives

The "Memory-Friendly Finland" initiative, launched under the National Memory Programme, continues to guide dementia-friendly housing, services, and urban planning, enabling older adults to remain active despite sensory or mobility decline. Muistiluotsi centres collaborate with counties on outreach, stigma reduction, early support, and social-service navigation. Municipal plans integrate dementia-sensitive environments and staff training, while public education campaigns under Ageing 2030 promote cognitive health, early help-seeking, and lifestyle-based risk reduction consistent with FINGER trial evidence.

Memory-Friendly Finland

The "Memory-Friendly Finland" concept, introduced under the National Memory Program, continues to shape practice even after the shift to broader ageing-policy frameworks. Memory-friendly and age-friendly housing and the living environment enable older people to stay active even if their mobility and sensory functions are declining. Many Muistiluotsi centres run outreach programs in partnership with counties, focusing on early support, stigma reduction and better navigation of social services. Memory-friendly elements also appear in municipal service plans, including dementia-sensitive urban environments, training for local service staff and community-based brain-health campaigns.

Ageing 2030 program

Hospitals, municipalities and NGOs jointly conduct public education initiatives aligned with the Ageing 2030 program, promoting risk reduction, early help-seeking, and awareness of cognitive health. These campaigns reflect Finland's life-course approach to dementia, emphasizing modifiable risk factors, cardiovascular health and lifestyle interventions consistent with the FINGER evidence base.

References

https://www.alzint.org/u/Finland-National-Programme-on-Ageing-2030.pdf

- https://www.alzint.org/u/Finland-National-Programme-on-Ageing-2030.pdf
- https://muistiliitto.fi/en/what-we-do/
- https://www.alzint.org/u/Finland-National-Programme-on-Ageing-2030.pdf
- https://fbhi.se/

Dedicated media outlets

Finland does not have media channels exclusively dedicated to dementia, but a consistent flow of information is published through Muistiliitto, university hospitals, Finnish Institute for Health and Welfare (THL), municipalities and university departments. These outlets provide guidance on early symptoms, care planning, new treatments and policy changes. Press releases from HUS, the Turku PET Centre and university networks often shape national reporting on biomarker advances, new diagnostic tools and clinical-trial participation.

References

- https://thl.fi/en
- https://muistiliitto.fi/
- https://www.hus.fi/en/newsroom
- https://turkupetcentre.fi/