



# FINLAND

## Does Finland recognize and treat obesity as a chronic disease?

- Obesity is not officially recognized as a chronic disease in Finland.
- There is an International Classification of Diseases code that healthcare professionals can use to treat obesity, but obesity is not officially treated as a chronic disease.
- Finland has clinical practice guidelines for the management of obesity which were recently updated and published in March 2020. These guidelines include all evidence-based treatments for obesity such as behavioural / psychosocial therapy, dietary interventions / nutrition therapy, physical therapy, anti-obesity medications and bariatric surgery.

## How is obesity care structured in Finland?

- Although Finland has a publicly funded healthcare system, access to obesity care is not organized in an effective manner.
- There are five obesity specialty (tertiary care) centres in Finland which are based in academic-hospital centres in five large cities.
- People living with obesity can be referred to a tertiary care centre by other healthcare centres, occupational healthcare doctors or private clinics. Many referrals also come from specialty care (e.g. orthopedics, cardiology, sleep apnea specialists, etc.)
- There are a few interdisciplinary primary healthcare clinics spread out throughout the country that can deliver obesity management, but their primary focus is not obesity. These clinics are not standardized since they are locally organized.

## Which evidence-based obesity treatments are covered through the public healthcare system?

- Obesity tertiary care centres offer obesity treatments that are covered by the public healthcare system, including: behavioural / psychosocial therapy, dietary interventions / nutrition therapy, physical therapy and bariatric surgery. Anti-obesity medications are not covered through the public healthcare system.

- Team members of multi-disciplinary healthcare teams can include obesity specialists (endocrinologists), bariatric surgeons, nurses (although there is no bariatric nursing designation), dietitians, psychologists, social workers (very rare), occupational therapists, physical therapists, exercise specialists and physicians.
- The Helsinki University Hospital also offers digital treatment services to reach people living in rural areas. The portal is called HealthyWeightHub.fi (painonhallintatalo.fi). It is referral based (any licenced doctor can refer to it), free for the participants, and any Finnish-speaking citizen can participate. The portal has two dimensions: one digital path is for lifestyle treatments, covering all elements of weight management (e.g. diet, physical activity, psychology, stress relief), and this part can be supplemented with very-low calorie diets or medications, if the doctor and patient wish. The other pathway is for patients who have undergone bariatric surgery. Both arms utilize a structured treatment program lasting 12 months, involving a personal coach.

## Barriers to effective obesity prevention and treatment?

- Obesity has not been identified as a public health priority. There is a lack of uniform, nationwide, organized structure to prevent and manage obesity in the healthcare system.
- There have not been any national public campaigns about obesity. However, some regional and local prevention efforts exist.
- A key barrier to obesity care is the lack of funding necessary to create comprehensive multi-disciplinary obesity treatment centres within the healthcare system.
- Many existing obesity treatment programs do not offer services beyond one year. Considering that obesity is a chronic disease requiring life-long treatment and support, this is a major gap in the healthcare system.
- There is a lack of experienced multi-disciplinary obesity management healthcare teams. Most teams rely on doctor-nurse pairs. Nutritionists can be consulted, but their availability varies across the country. In the Kuopio area, for example, there is a stronger representation of nutritionists. Many healthcare teams do not have access to physical therapists or psychologists.



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- There is a general lack of obesity content in healthcare professional education programs. However, some medical schools have started to include education about the basic mechanisms of obesity, and some nutrition and lifestyle education.
- There is a need to educate physicians and healthcare professionals about evidence-based treatments, including medications.
- Many healthcare professionals have not been trained on how to conduct a full patient-centred obesity assessment and how to provide evidence-based treatments that go beyond diet and exercise plans.
- The lack of knowledge about obesity leaves many healthcare professionals feeling pessimistic about the effectiveness of obesity treatments.

## Are there any formal patient education and advocacy strategies?

- There is a patient advocacy organisation for people who have undergone bariatric surgery (lile.fi).
- There are several Facebook groups where patients with obesity support each other and speak up against weight bias and obesity stigma.
- Recently, fat shaming has been in the public media, leading to public discussions about obesity and stigma.

