

World
Psoriasis
Happiness
Report 2018



Brazil

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Contents.

4 General Data & Happiness Results

- 4 General Data & Distributions
- 5 Happiness & Well-being
- 5 Stress & Loneliness
- 6 Psoriasis & Comorbidities

11 Productivity & Work Life

- 12 Cost of Psoriasis
- 13 Productivity
- 14 Missed Work & Social Hours
- 15 Impact of Symptoms on Work Life
- 16 Support at Work

17 Healthcare Professionals

- 18 Healthcare Professional Type & Frequency of Visits
- 20 Diagnosis & Type of Treatment
- 22 Levels of Satisfaction with Healthcare Professionals
- 23 Perceived Quality of the Interaction with Healthcare Professionals
- 24 Healthcare Professional Relationship

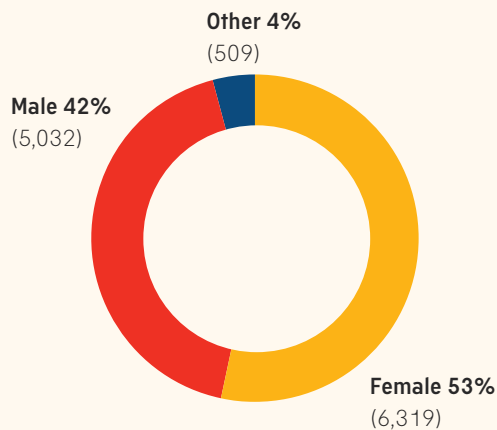
26 Appendix



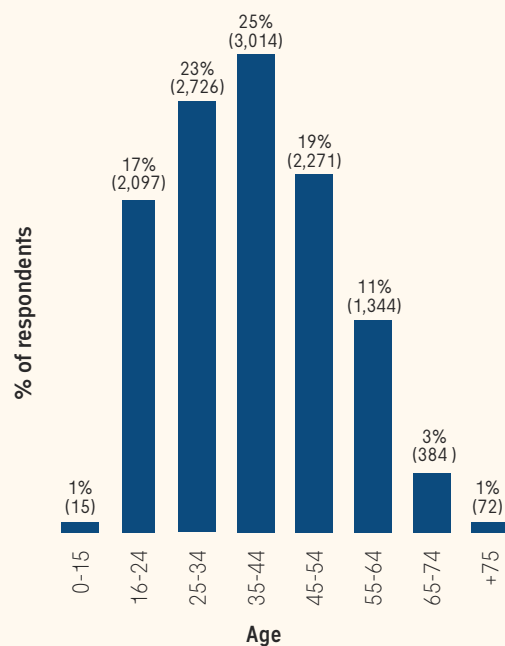
General Data & Happiness Results

General Data & Distributions. Total sample size: 12,059

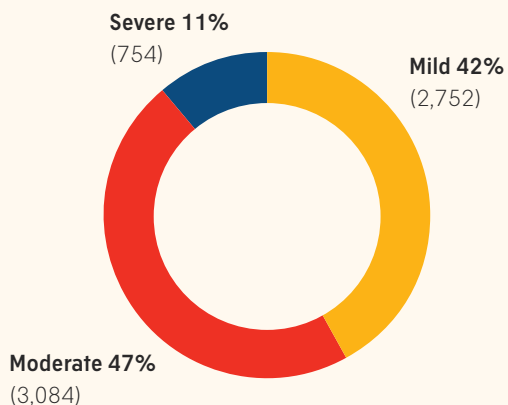
Gender distribution



Age distribution



Severity distribution



Severity distribution	Brazil (N = 6,590)	Global (N = 54,438)
Mild	42%	37%
Moderate	47%	47%
Severe	11%	16%

In Brazil, the majority of respondents (roughly 9 out of 10) deem their psoriasis to be either mild or moderate, with slightly more in the latter group. The remaining 1 in 10 report severe psoriasis (subjective, self-perceived severity).

psoriasis. Similarly, Brazil also falls into the group of countries with the smallest proportion of people reporting severe psoriasis (see Fig. A.1 in the Appendix), at 11% of respondents. Once again, it is important to emphasize that this severity measure is subjective and self-perceived¹.

Of the countries in the analysis, Brazil is among the five with the largest amount of people reporting mild

¹ The target population of PsoHappy is people living with self-reported psoriasis, meaning that the respondents do not necessarily have the diagnosis confirmed by a dermatologist. For this reason, the findings of this report can't be cited or referred to as if they were based on a clinical diagnosis confirmed by healthcare specialists.

Happiness & Well-being

Happiness level: 6.1 Happiness ranking: 4th / 21

Happiness	Brazil		Global	
	Happiness level	Happiness gap	Happiness level	Happiness gap
Overall	6.1	-7.5%	5.8	-11.1%
Gender				
- female	6.0	-10.3%	5.7	-14.1%
- male	6.4	-3.3%	6.1	-5.8%
Severity				
- mild	6.2	-6.4%	6.0	-6.1%
- moderate	5.8	-12.7%	5.6	-14.1%
- severe	4.8	-28.7%	4.6	-30.6%

The average happiness level of 6.1 places Brazil as 4th in the happiness ranking of the 21 countries in the analysis. With a happiness gap of -8%, Brazil is also in the top proportion of countries when ranked by happiness gap, meaning they have among the smallest gaps in happiness between those living with (self-perceived) psoriasis and the general population (see Fig. A.3 in the Appendix).

Some of the things that stand out in the table above are that:

- Women with self-perceived psoriasis in Brazil are less happy than their male counterparts, which is the same pattern seen in most of the other countries and on a global scale.
- The happiness level drops significantly with the self-perceived severity of psoriasis. Thus, people reporting more severe degrees of psoriasis are significantly

less happy and experience extremely large happiness gaps, once again in line with the results for most other countries and the global picture.

Stress & Loneliness

As seen from Fig. D.1 and D.2 in the Appendix, the percentages of people in Brazil who are stressed and lonely are²:

High stress: 68.7%

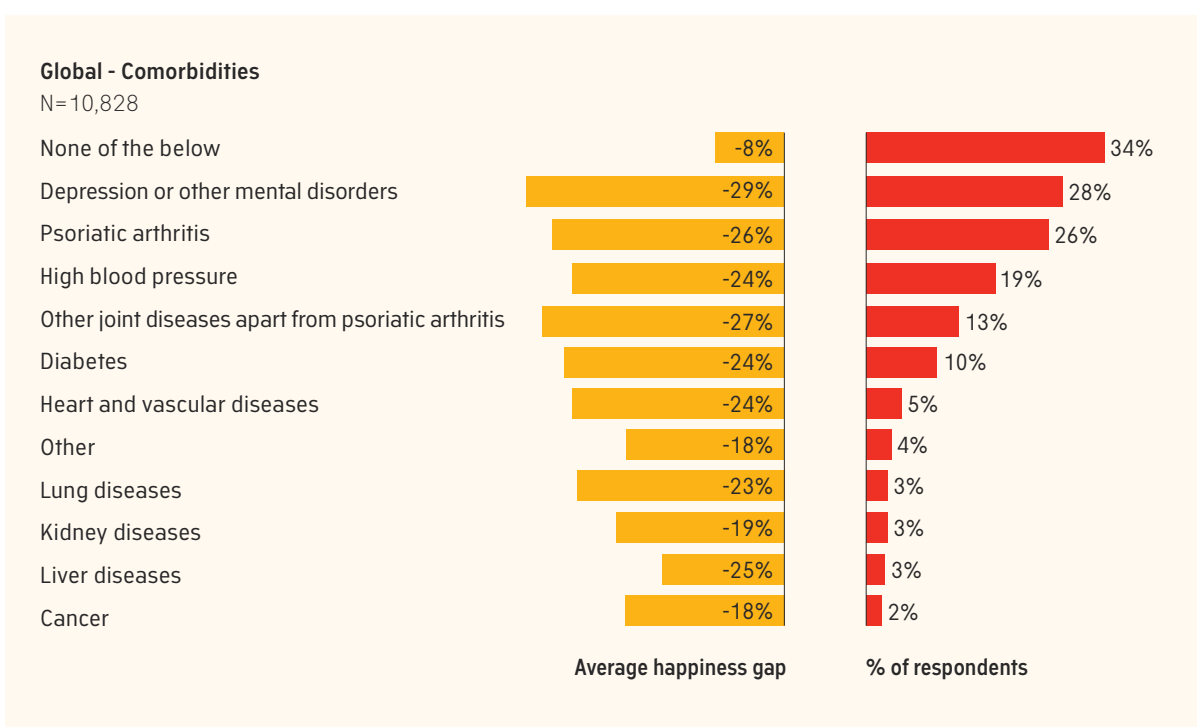
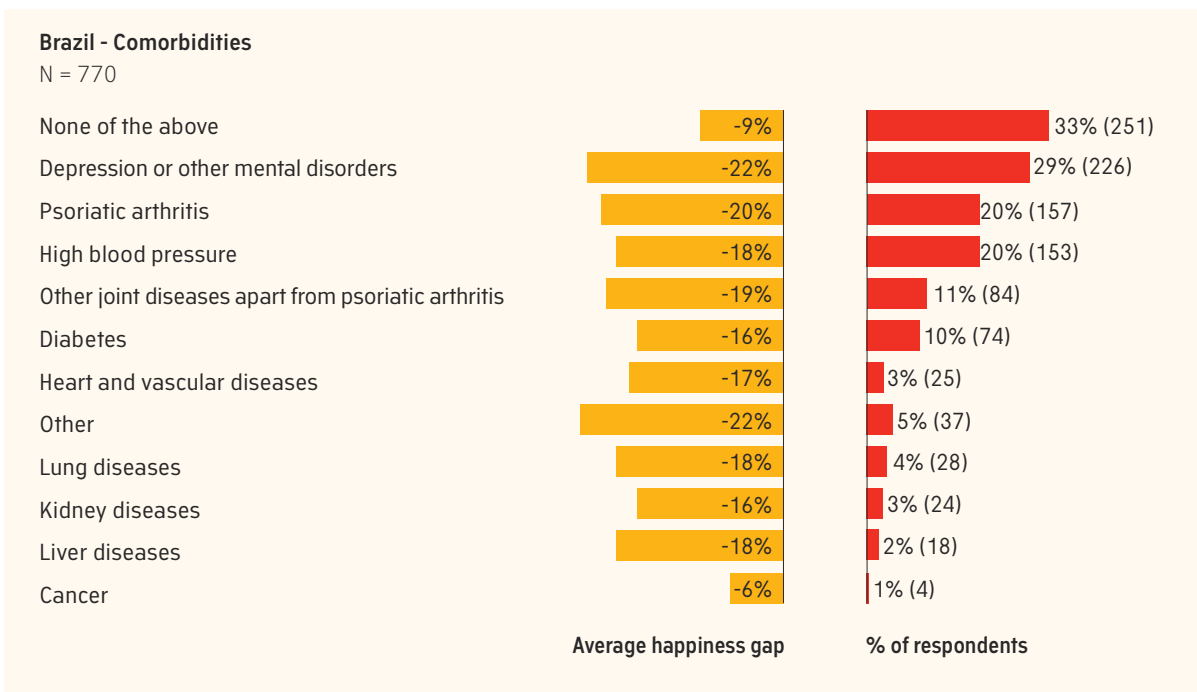
Loneliness: 33.0%

This places Brazil among the countries with the largest proportion of stressed people, and it also ranks poorly when it comes to loneliness.

² See Appendix Fig. D.1 and Fig. D.2 for methodology and calculation used to determine “high stress” and “loneliness”.

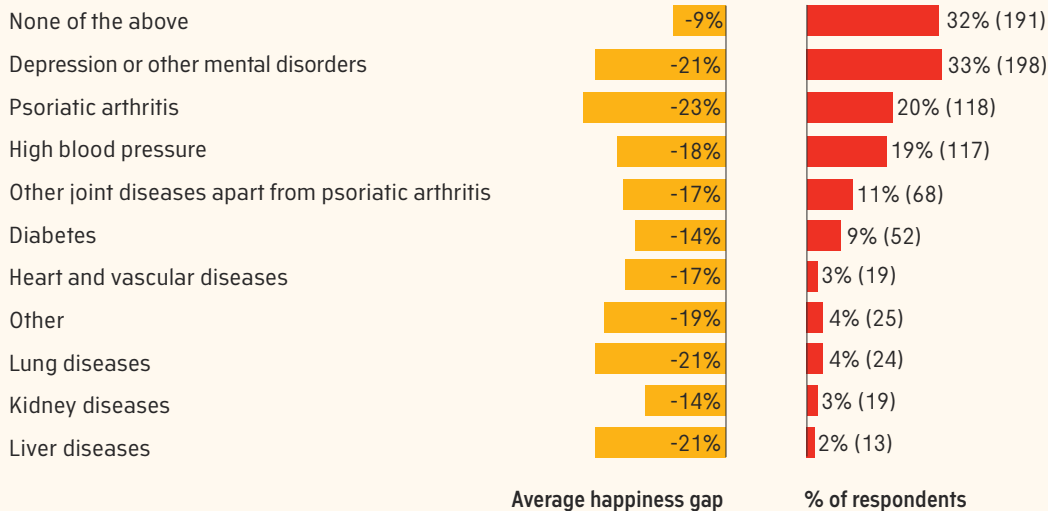
Psoriasis and Comorbidities

We have analysed a variety of comorbidities reported by people living with self-perceived psoriasis and their effect on people’s happiness and well-being. The graphs below show the overall distribution of comorbidities as well as detailed by gender and self-perceived psoriasis severity. Numbers and results for the global picture of all countries considered are included for reference and comparison.



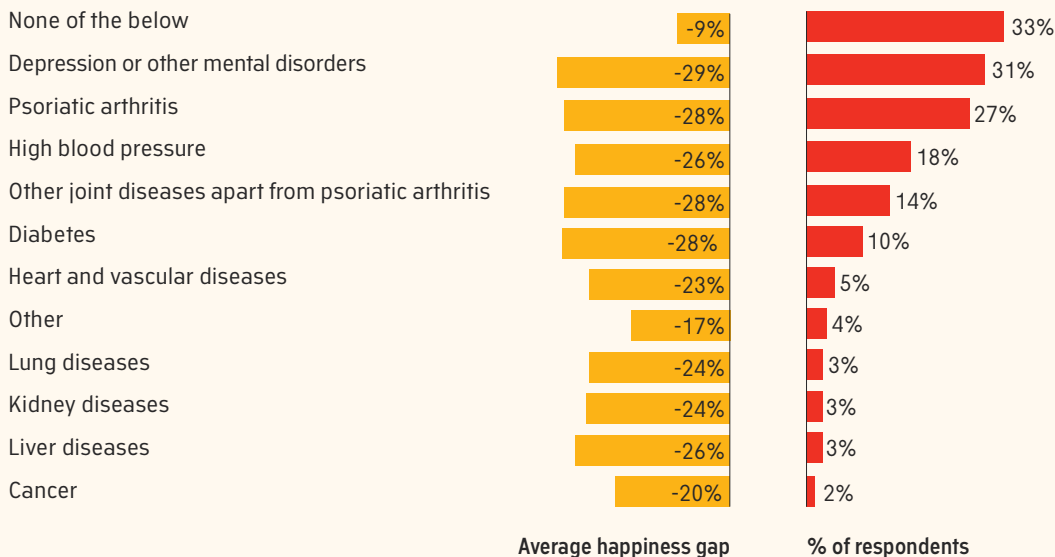
Brazil - Comorbidities by gender - Female

N = 604



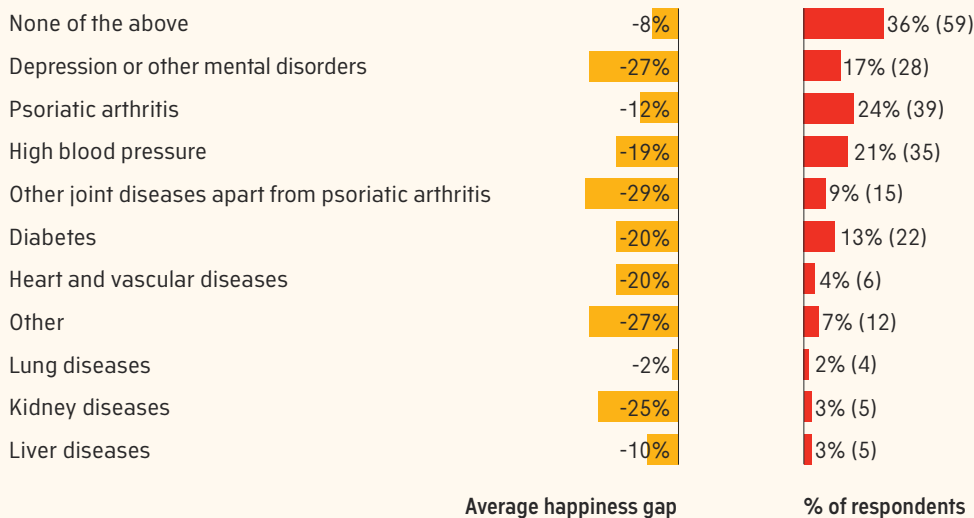
Global - Comorbidities by gender - Female

N = 8,398



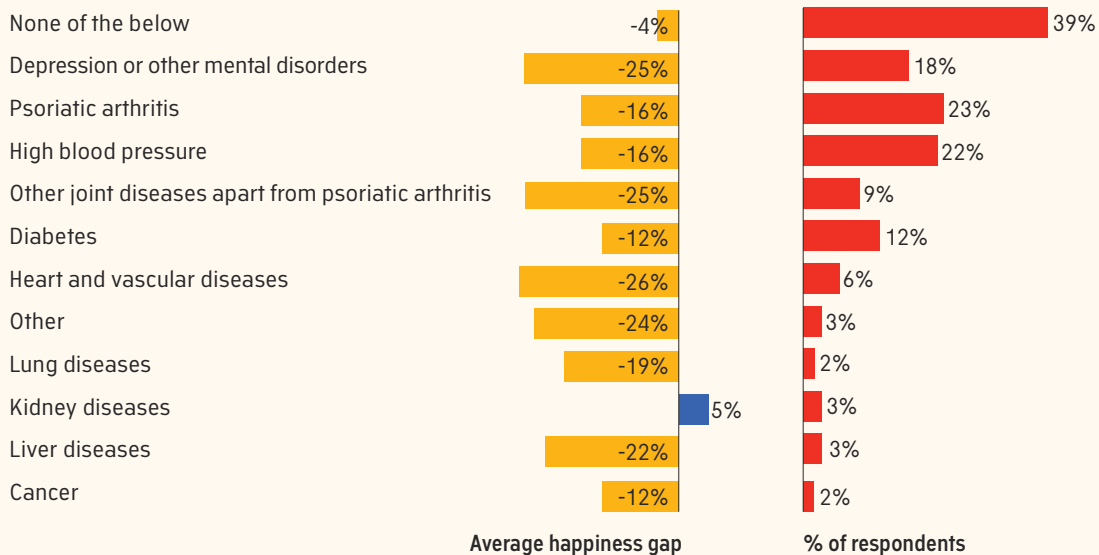
Brazil - Comorbidities by gender - Male

N = 164

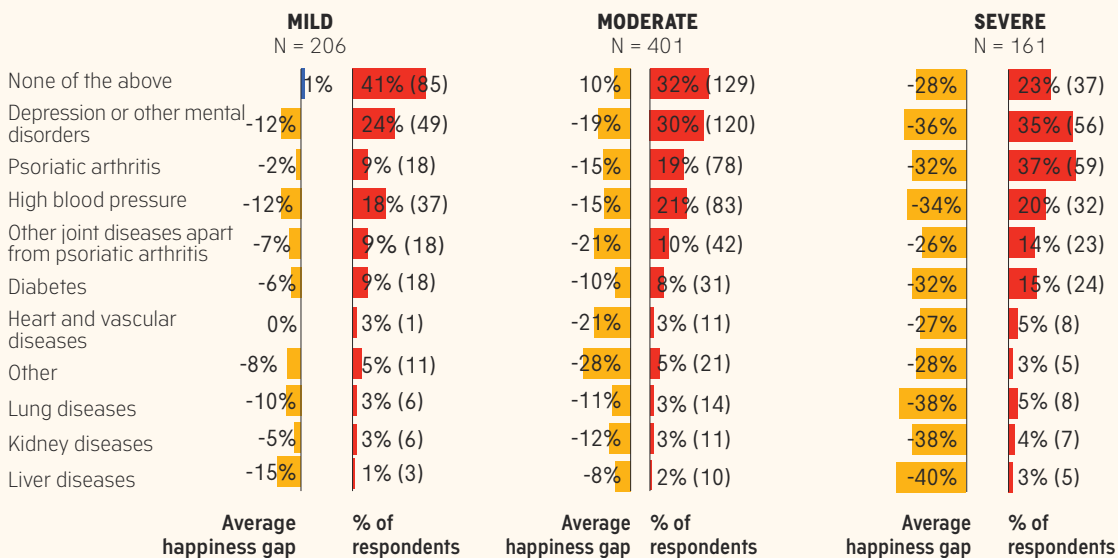


Global - Comorbidities by gender - Male

N = 2,369

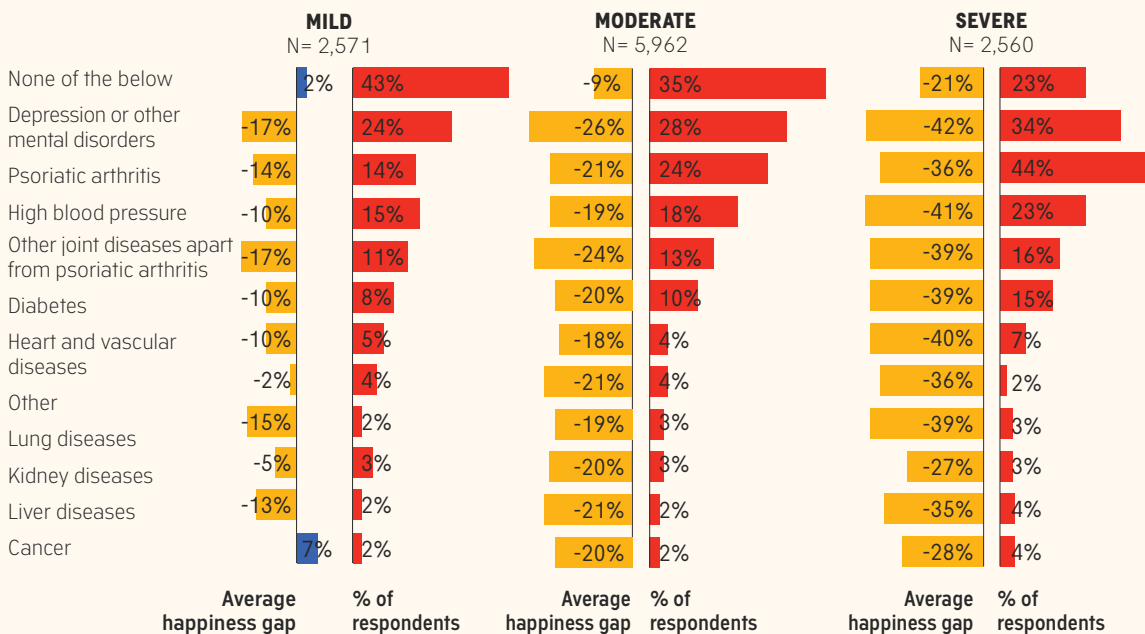


Brazil - Comorbidities by severity



(Note that the sample sizes in Czech Republic are too small and insufficient for men, mild and severe psoriasis, as well as for certain comorbidities in general.)

Global - Comorbidities by severity



Looking at the first figure with comorbidities and happiness gaps for people living with self-perceived psoriasis in Brazil, we see that:

- A third (33%) of the respondents don't experience any of the listed comorbidities. The happiness gap of people in this group is also much smaller than the happiness gaps of people reporting any of the other comorbidities³.
- The most common comorbidity is depression or other mental disorders, experienced by as many as almost 3 in 10 (29%). This is followed by psoriatic arthritis and high blood pressure, both experienced by 1 in 5 (20%) of the Brazilian respondents.
- Almost all of the comorbidities are related to very large happiness gaps, topped, among others, by depression or other mental disorders, psoriatic arthritis, and other joint diseases.

Diving into the split by gender, we note that:

- Depression and other mental disorders are much more common comorbidities among women than men, with 33% experiencing it compared to 17% for men.
- For men, psoriatic arthritis is the most common comorbidity, suffered by almost 1 in 4 (24%). 1 in 5 (20%) women experience this comorbidity, and it's interesting to see that they suffer from a much larger happiness gap than men (-23% vs. -12%).

- For women, the comorbidities related to the largest happiness gaps are depression and other mental disorders, psoriatic arthritis, and lung and liver diseases. For men, it's by far depression and other mental disorders, as well as joint diseases other than psoriatic arthritis.

Moving on to the split by severity in the bottom graphs, we see that:

- A much larger proportion of people with moderate and severe (self-perceived) psoriasis experience comorbidities. 59% with mild self-perceived psoriasis reportedly have one or more comorbidities (as 41% report "none of the above"). Compare this to more than 2 in 3 (68%) with moderate psoriasis who experience comorbidities, and as many as more than 3 in 4 (77%) for severe psoriasis.
- Across all of the comorbidities, the happiness gaps drop significantly the worse the degree of psoriasis is.

³ It is important to stress the fact that we cannot make any claims of causality in regards to comorbidities and happiness gaps; it's not necessarily one or more particular comorbidities that cause the given happiness gap.

Productivity & Work Life



Cost of Psoriasis

In Brazil, the estimated cost to society from lost productivity is as follows:

Total cost on society	
Overall	\$3,413m
Per 100,000 people in employment	\$3.8m
As % of GDP	0.11%

For reference, the general results for all countries from the World Psoriasis Happiness Report 2018 are shown in Table B.6 in the Appendix. From this we see that Brazil ranks somewhere in the middle in terms of the total cost as a percentage of GDP. However, 0.11% of GDP, corresponding to a total cost of \$3,413 million is still a significant amount of money.

Productivity Levels

The table below shows presenteeism productivity at work (level of productivity reported on a scale from 0-100, 0 being not at all productive and 100 being totally productive, when they should have stayed at home because of their psoriasis and, respectively, other health issues).

Productivity at work	Brazil	Global
Average productivity		
- Because of psoriasis	45 (172)	53 (2,721)
- Because of other health issues	55 (166)	63 (2,633)
Percentage of people reporting less than 50% productivity		
- Because of psoriasis	65% (111)	51% (1,521)
- Because of other health issues	52% (86)	41% (1,009)

(For the average productivity results in the top half of the table, the numbers in parentheses show the total sample size for the scenario in the particular table cell. For the results in the bottom half of the table, the numbers in parentheses show the number of respondents corresponding to the particular percentage.)

As can be seen from the table, the respondents in Brazil work at a lower productivity level when they should have stayed at home because of their psoriasis compared to other health issues (45 vs. 55). These are very low numbers, and Brazil also falls into the group of countries where people are least productive in both of these regards (see also Fig. B.1 and B.2 in the Appendix).

In the same vein, roughly 2 in 3 (65%) work with 50% or less productivity when they should have stayed at home because of psoriasis, and more than half (52%) because of other health issues. Compared to other countries and the global picture, Brazil also falls into the worst end of the spectrum in this regard (see Fig. B.3 and B.4 in the Appendix).

Missed Work & Social Hours

Shown in the table below are the number and percentage of people missing at least 5, 10, and 20 work hours and social hours (in the last 4 weeks) because of psoriasis and other health issues. Social hours include things such as family and social activities.

Work and social hours missed	Brazil		Global	
	Because of psoriasis	Because of other health issues	Because of psoriasis	Because of other health issues
Work hours missed	N = 190	N = 180	N = 2,998	N = 2,945
5+ hours	46%	51%	24%	26%
10+ hours	32%	37%	17%	17%
20+ hours	22%	27%	10%	10%
Social hours missed	N = 518	N = 518	N = 5,387	N = 5,339
5+ hours	31%	35%	35%	33%
10+ hours	22%	24%	26%	22%
20+ hours	16%	16%	18%	14%

While, on average, the respondents in Brazil miss roughly the same amount of social hours as in other countries, a much larger proportion miss work hours because of both psoriasis and other health issues. Some results that stand out for Brazil are:

- Around half (46% and 51%) miss at least 5 or more work hours (over a period of 4 weeks) due to psoriasis

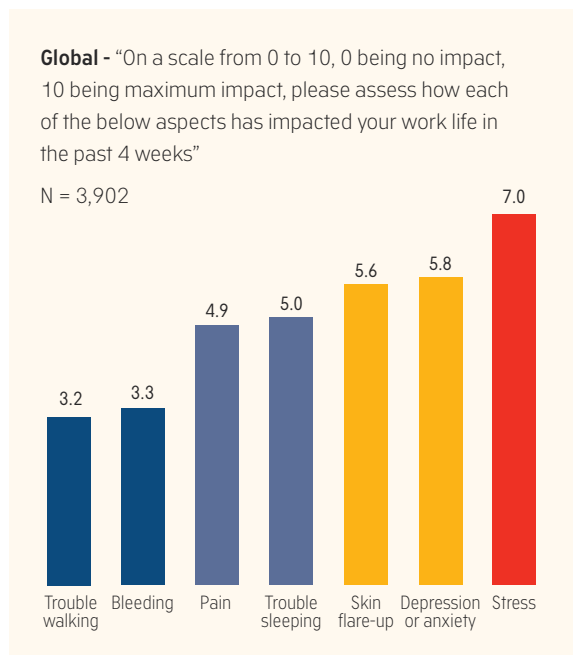
and other health issues, respectively - much more than the global average.

- Similarly, roughly a third (32% and 37%) miss at least 10 or more work hours in a 4 week period.

- And finally, around 1 in 4 (22% and 27%) miss as much as 20 or more work hours in a 4 week period.

Impact of Symptoms on Work Life

Shown in the table below is the average impact on people’s work life, as rated on a scale from 0-10, for a number of different aspects of living with psoriasis and symptoms.



As seen in the left graph, the aspects with the largest impact on people’s work life in Brazil are stress and depression or anxiety. These are also the aspects with the largest impact for other countries. However, while depression and anxiety has a much larger impact in

Brazil than globally, skin flare-ups, for example, have a much lower impact. As can be seen from Fig. B.5 in the Appendix, Brazil is also the country where depression and anxiety has the highest impact on work life, and where stress has the third highest impact.

Support at Work

In this section we analyse people's opinion on various aspects related to work and their psoriasis.

% who 'Disagree' or 'Strongly disagree'	Brazil			Global		
	Overall	Women	Men	Overall	Women	Men
"The company I work for has formal and informal systems in place to help me manage my psoriasis"	56% (261)	57% (205)	56% (55)	60% (2,336)	60% (1,811)	58% (515)
"My manager understands the impact psoriasis has on me and my work performance"	48% (223)	49% (178)	44% (44)	51% (1,939)	53% (1,530)	48% (404)
"My work colleagues know about my psoriasis and I get their support when needed"	35% (163)	37% (134)	29% (29)	39% (1,397)	39% (1,080)	38% (314)
"I have a close co-worker who understands what it means to live with psoriasis and we often talk about the impact it has on my work life"	28% (129)	28% (101)	29% (28)	41% (1,449)	41% (1,124)	40% (322)

(The numbers in parentheses indicate the number of respondents corresponding to the particular percentages, and are therefore not the total sample sizes.)

As seen from the data and results in the table above, the respondents in Brazil are generally more dissatisfied with work on a company and manager level compared to a colleague and co-worker level. A little over half (48% and 56%) disagree that their company has systems in place to help them manage their psoriasis and that their manager understands their condition and its impact on them and their performance. These numbers are very close to the global figures. However, in regards to colleagues, we see that fewer men in Brazil are dissatisfied compared to women and the global average. And finally, compared to the global picture, more men and women in Brazil (28-29% compared to 40-41% globally) seem to have a close co-worker who understands them and with whom they can talk.

A note on the significance of these factors in relation to the happiness levels reported by the respondents: when testing which of these 4 statements are linked to happiness, we found only the third one, "My work colleagues know about my psoriasis and I get their support when needed," to be significant⁴. It does however have a substantial effect. An interpretation of this result could be that the well-being of people living with self-reported psoriasis is more dependent on having acknowledging and inclusive social environments, than simply having one-on-one relationships that attempt to provide the same.

⁴ Please refer to the World Psoriasis Happiness Report 2018, Chapter 2, for more details on this analysis.

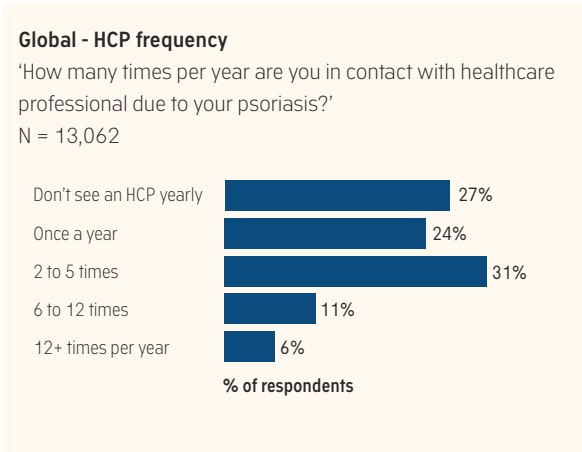
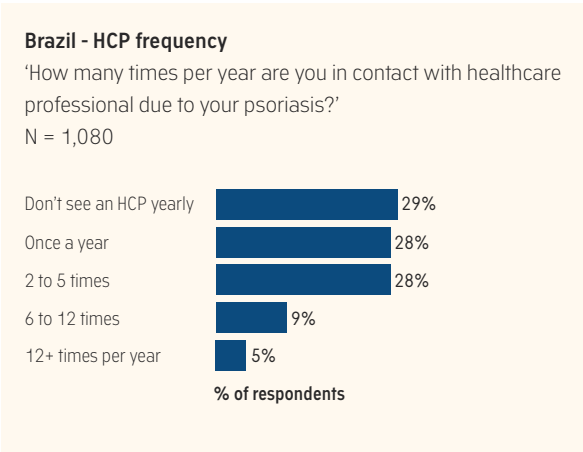
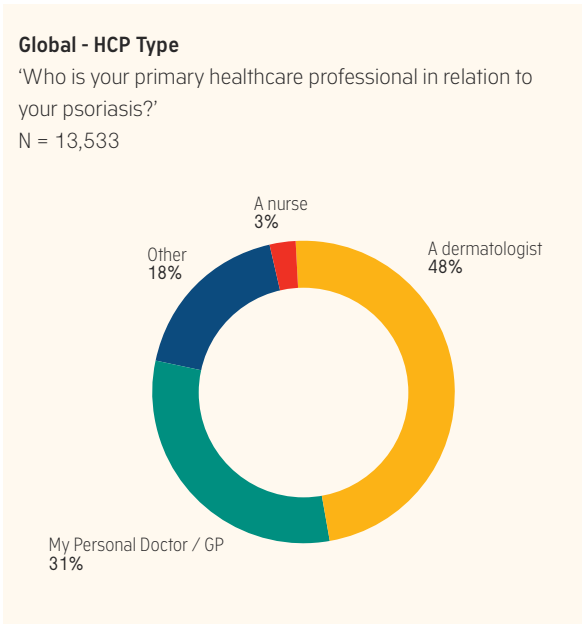
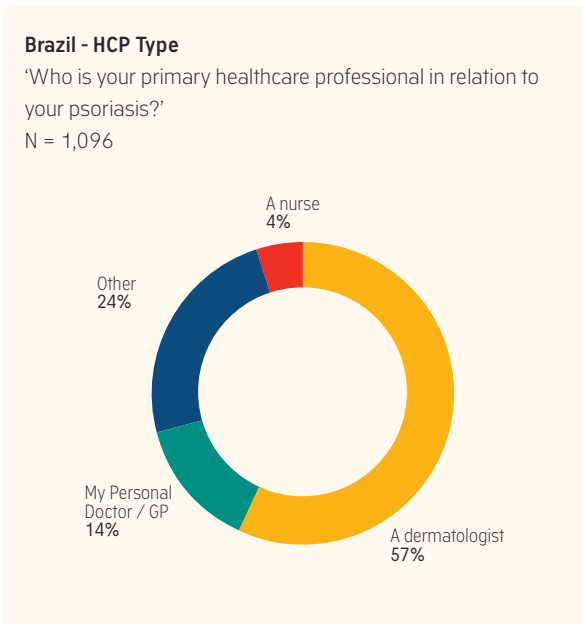
Healthcare Professionals



A variety of aspects related to the perceived relationship with healthcare professionals (HCPs) are analysed. This includes people’s satisfaction with their healthcare providers overall, as well as general perceptions of the quality of the relationship and interactions with them.

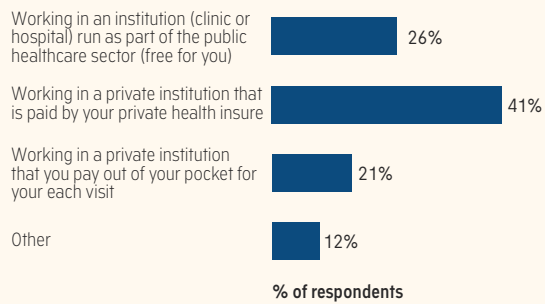
Healthcare Professional Type & Frequency of Visits

First, we consider the distributions for the type of healthcare professional, how often people see their healthcare professional, and where the healthcare professional works. These are shown in the figures below for both Brazil and the global case.

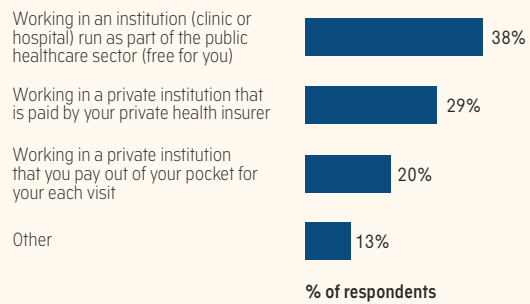


Brazil - HCP institution

'Is your primary healthcare professional for your psoriasis:'
N = 563

**Global - HCP institution**

'Is your primary healthcare professional for your psoriasis:'
N = 5,736



Some of the things we see from the figures above are that:

- Whereas almost all of the countries in the analysis have dermatologists as the most common type of healthcare professional, Brazil is among the handful of countries with the largest proportion of these - at 57% (see also Fig. C.1 in the Appendix).
- Nearly 9 out of 10 of respondents in Brazil see their healthcare professional zero, once, or 2-5 times a year, with the three frequencies represented equally. This matches the global picture rather well (see e.g. Fig. C.2 in the Appendix).

- In Brazil, most respondents report that they go to a healthcare professional who works in a private institution that is paid by their private health insurer (as done by 41%). In fact, after the US, Brazil is the country with the second highest proportion of people doing this (see Fig. C.3 in the Appendix). This contrasts the global picture and what we see in many other countries as well.

Diagnosis & Type of Treatment

By far most respondents in Brazil (79%, which is nearly 4 in 5) have their psoriasis diagnosed by a dermatologist. This makes Brazil one of the countries with the largest amount of people being diagnosed this way (see also Fig. C.4 in the Appendix).

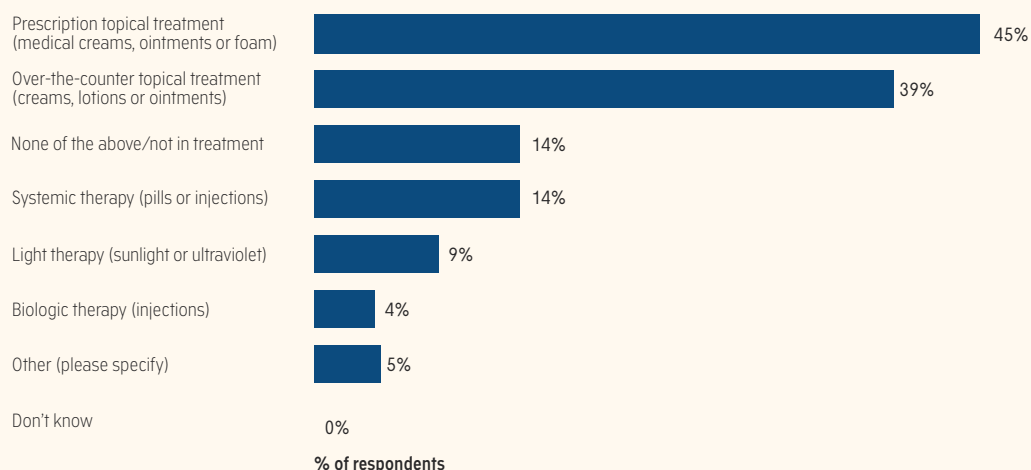
Was your psoriasis diagnosis by..	Brazil (N = 855)	Global (N = 14,184)
Dermatologist	79%	69%
Personal doctor / GP	11%	21%
Haven't been diagnosed by a doctor	7%	6%
Nurse	3%	1%
Other	1%	3%

As for the type of treatment and how people get or buy it, this is shown in the figures below.

Brazil - Treatment type

'Which of the following forms of treatment are you currently using (you may use more than one)?'

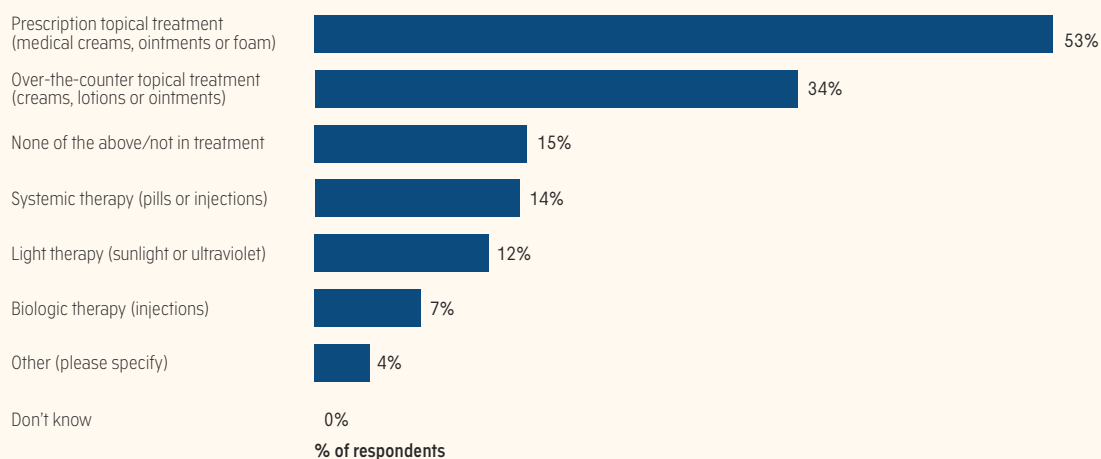
N = 2,120



Global - Treatment type

'Which of the following forms of treatment are you currently using (you may use more than one)?'

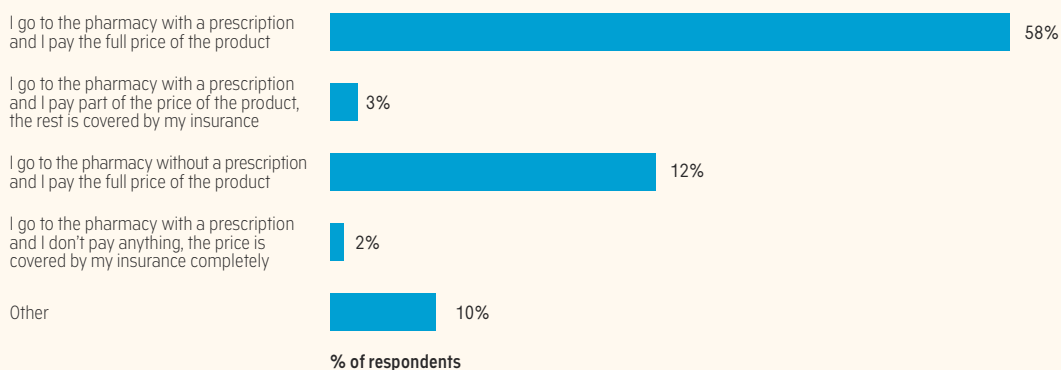
N = 36,574



Brazil

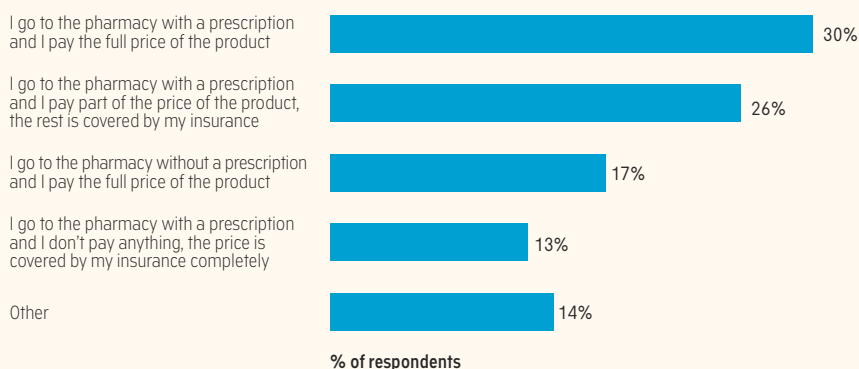
"When getting your treatment, which of the statements below best fits your situation?"

N = 820

**Global**

"When getting your treatment, which of the statements below best fits your situation?"

N = 8,388



The most reported treatment type in Brazil are prescription topicals, which almost half (45%) of the respondents reportedly use (slightly fewer than the global norm). This is closely followed by over-the-counter topicals, used by roughly 2 in 5 (39%), a percentage slightly larger than the global average (see e.g. Fig. C.5 in the Appendix).

As for the way to get one's treatment, most respondents in Brazil by far report that they go to the pharmacy with

a prescription and paying the full price of the product, as is done by 58% of people. This is followed by 28% who do the same but without a prescription, leaving almost no one having their expenses covered in full or in part by insurance. It's rather common across many countries to go to the pharmacy with a prescription and pay the full price, as is also seen in the global case, but Brazil is in fact the country where the largest proportion of people do this (as seen in Fig. C.6 in the Appendix).

Levels of Satisfaction with Healthcare Professionals

The table below shows the average satisfaction reported by people living with self-reported psoriasis, as rated on a scale from 0-10 overall, by gender and by severity.

“On a scale from 0 to 10, how satisfied are you overall with your healthcare provider in regards to your psoriasis?”	Brazil	Global
Overall	5.08 (571)	4.97 (5,853)
Gender		
- Female	5.11 (445)	4.95 (4,604)
- Male	5.01 (124)	5.02 (1,220)
Severity		
- Mild	5.75 (141)	5.23 (1,356)
- Moderate	4.87 (316)	4.80 (3,157)
- Severe	4.84 (112)	5.10 (1,314)

(The numbers in parentheses show the total sample size for the scenario in the particular table cell.)

As seen in the table above and e.g. by Fig. C.7 in the Appendix as well, Brazil is rather average in terms of people's satisfaction with their healthcare professional. What really stands out, however, is the fact that people's

satisfaction with their healthcare professional takes a significant plunge from mild (self-perceived) psoriasis to moderate and severe.

Perceived Quality of the Interaction with Healthcare Professionals

The table below shows the number and percentages of respondents who “disagreed” or “strongly disagreed” with a number of statements in relation to their most recent interaction with their healthcare professional in relation to their psoriasis.

“Please assess the following aspects of your most recent interaction with a doctor / healthcare professional for your psoriasis”: % who ‘Disagree’ or ‘Strongly disagree’	Brazil			Global		
	Overall	Women	Men	Overall	Women	Men
“The doctor gave me as much information as I wanted”	20% (113)	21% (93)	17% (20)	21% (2,813)	22% (968)	15% (188)
“The doctor recognised and responded to my emotional state”	27% (150)	28% (121)	24% (29)	30% (1,619)	32% (1,349)	23% (263)
“The doctor talked in terms I could understand”	12% (69)	13% (57)	10% (12)	15% (847)	14% (698)	11% (145)
“The doctor encouraged me to ask questions”	31% (170)	31% (136)	28% (34)	28% (1,612)	29% (1,333)	22% (273)
“The doctor involved me in decisions as much as I wanted”	30% (168)	30% (130)	31% (38)	25% (1,417)	26% (1,165)	20% (244)
“The doctor discussed next steps”	28% (155)	29% (124)	26% (31)	26% (1,482)	27% (1,228)	20% (246)
“The doctor spent the right amount of time with me”	25% (141)	26% (113)	23% (28)	25% (1,395)	26% (1,148)	19% (241)
“The doctor discussed about how my psoriasis affect my mental health and overall well-being”	44% (244)	44% (191)	44% (53)	50% (2,794)	54% (2,328)	37% (453)

(The numbers in parentheses indicate the number of respondents corresponding to the particular percentages, and are therefore not the total sample sizes.)

Few things stand out here when comparing to other countries and the global case. Again, Brazil seems to fall quite close to the general picture. However, it’s still interesting to highlight that e.g.:

- People seem to want their doctors to discuss or focus more on how psoriasis affects their mental health and overall well-being, as 44% of the respondents in Brazil disagreed with the statement that their healthcare professional does this at all.
- Comparing the numbers to the global picture for the same question, it’s also interesting that fewer women in

Brazil disagree with the statement, but that more men do so (compared to the global numbers).

- More men in Brazil (31%) than globally (20%) disagree that they doctor involved them in decisions.
- Also, 1 in 5 (20%) in both Brazil and globally don’t think their doctor gave them as much information as they wanted.
- Finally, the gender differences in Brazil generally don’t seem as large as they are globally, where women more often report dissatisfaction and disagreement in this regard than men.

Healthcare Professional Relationship

The table below shows the number of people disagreeing with different statements around healthcare professional relationship.

'To what extent do you agree with each of the following statements?'	Brazil			Global		
	Overall	Women	Men	Overall	Women	Men
"My healthcare professionals are clear with the information about how to treat psoriasis"	40% (402)	42% (288)	34% (111)	40% (5,329)	41% (3,933)	36% (1,341)
"My healthcare professionals fully understand the impact psoriasis has on my mental well-being"	45% (453)	50% (335)	36% (115)	53% (7,055)	56% (5,311)	44% (1,683)
"I can get in touch with the healthcare professional when I'm in need"	50% (493)	54% (358)	42% (132)	36% (4,798)	37% (3,532)	34% (1,227)
"I have confidence in the abilities of my healthcare professionals to treat psoriasis"	40% (407)	43% (289)	35% (115)	42% (5,946)	44% (4,344)	39% (1,550)
"I always follow the advice of my healthcare professionals"	24% (243)	23% (153)	26% (86)	27% (3,692)	27% (2,611)	28% (1,035)
"I've been informed about all the different treatment options related to my condition"	59% (570)	63% (410)	51% (157)	55% (7,240)	57% (5,424)	50% (1,763)
"The system provides me with sufficient financial support in relation to my skin condition"	76% (742)	82% (538)	64% (199)	67% (8,865)	69% (6,535)	63% (2,267)
"There is sufficient public awareness regarding my disease"	82% (791)	88% (572)	71% (215)	79% (10,127)	82% (7,524)	72% (2,532)

(The numbers in parentheses indicate the number of respondents corresponding to the particular percentages, and are therefore not the total sample sizes.)

Here, we see a large degree of disagreement and dissatisfaction in general. For instance:

- 2 in 5 (40%) don't think their healthcare professional is clear with the information on how to treat psoriasis, which goes for both Brazil and globally. Half the people (50%) don't think they can get in touch with their healthcare professional when they need to.
- And as much as 3 in 5 (59%) don't think they have been informed of all the different treatment options.

- But the largest degree of disagreement and dissatisfaction is in regards to the system, financial support, and public awareness, where more than 3 in 4 (76%) and 4 in 5 (82%), respectively, disagree that they are sufficient.
- Also, women are generally more dissatisfied than men, both in Brazil and globally. In some cases, though, the difference is even greater in Brazil, where e.g. 82% women vs. 64% men don't think the system provides enough financial support.

Appendix

General Results & Happiness

Figure A.1: Distribution of subjective, self-perceived severity by country
Severity by country

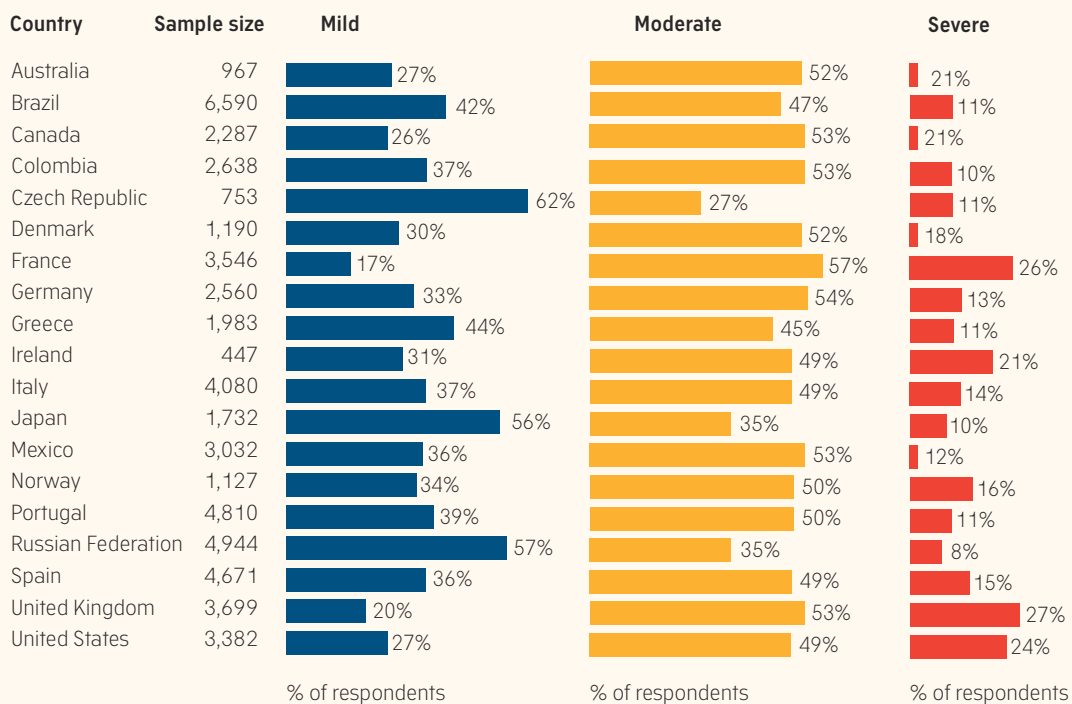
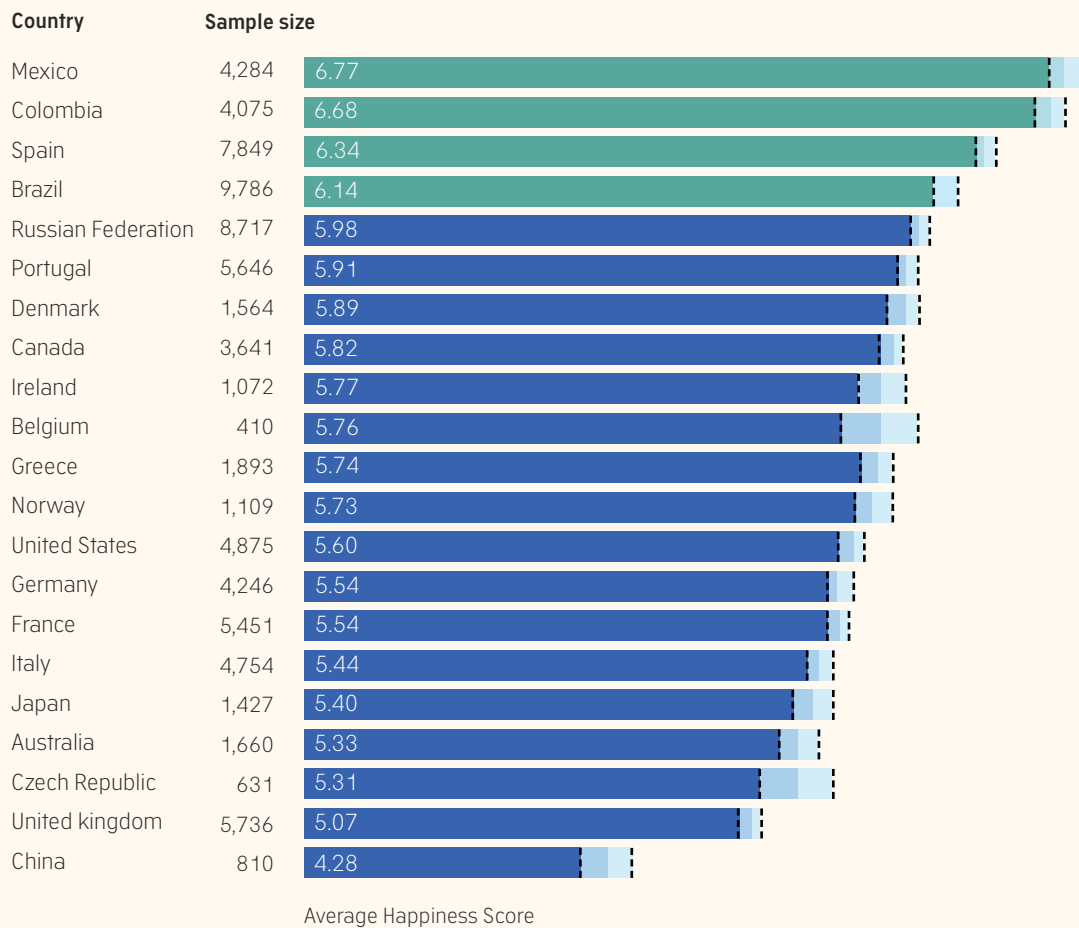
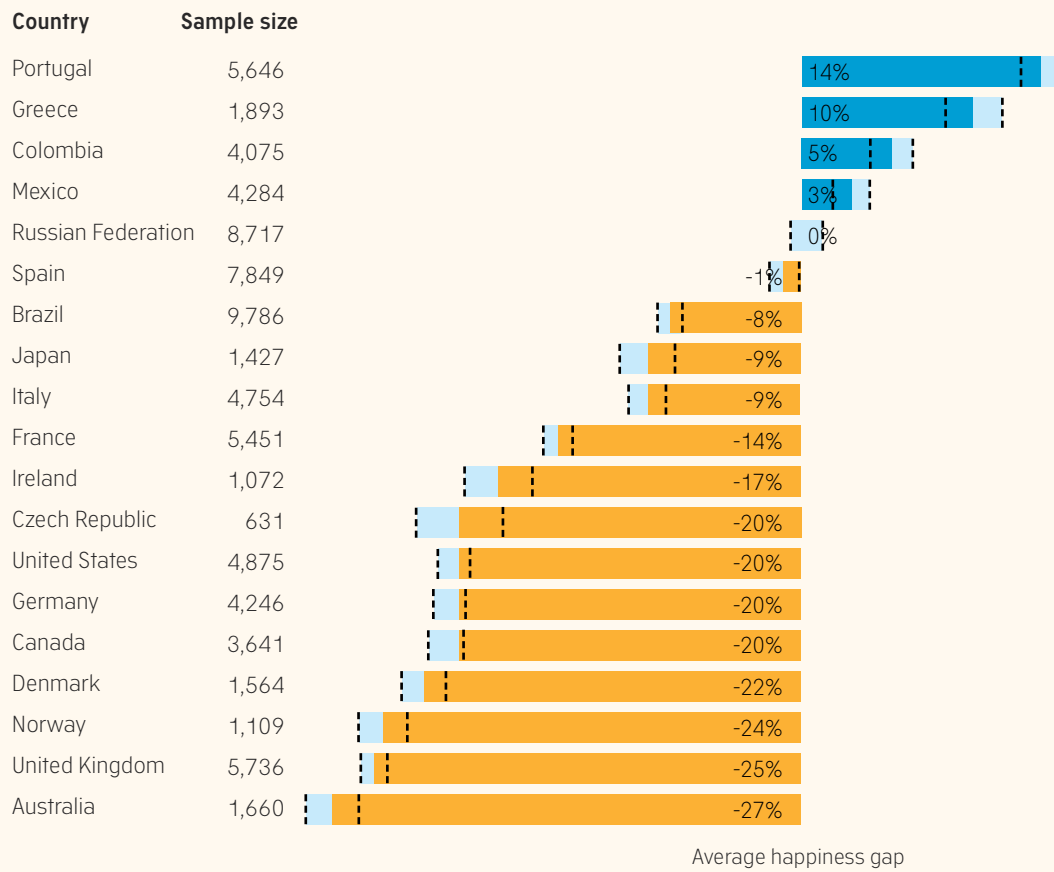


Figure A.2: Country ranking: Psoriasis happiness levels per country
(With 95% confidence interval bands)



Average happiness score for each country. Colours show the score difference, with green indicating an average score higher than 6 and dark blue a lower average score. The context is filtered on Cantril Ladder which ranges from 0-10.

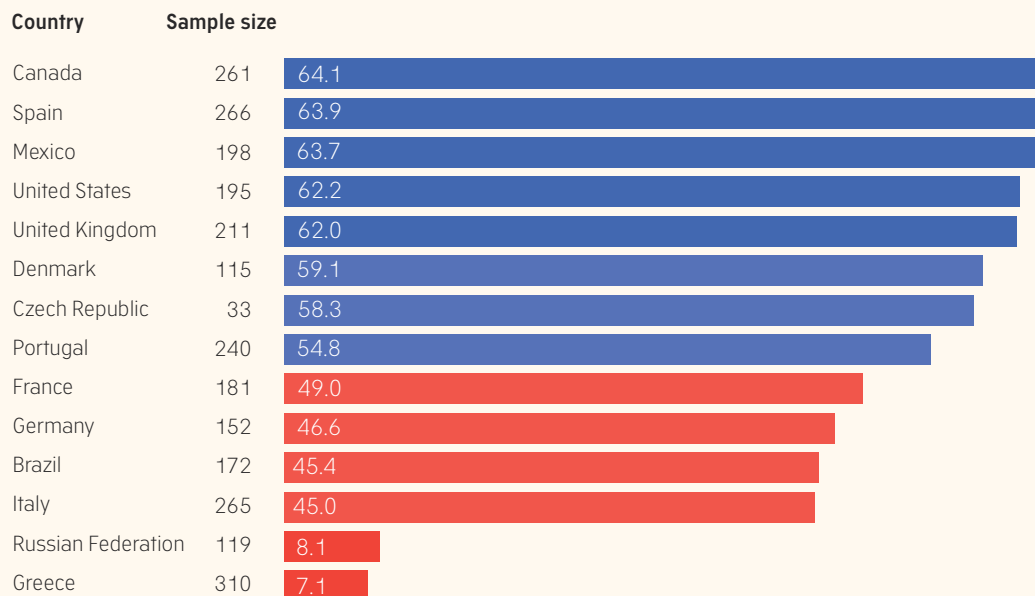
Figure A.3: Average happiness gap by country
(With 95% confidence interval bands)



Productivity & Happiness

Figure B.1: Productivity at work (measured on a scale from 0-100) when people should have stayed home because of their psoriasis

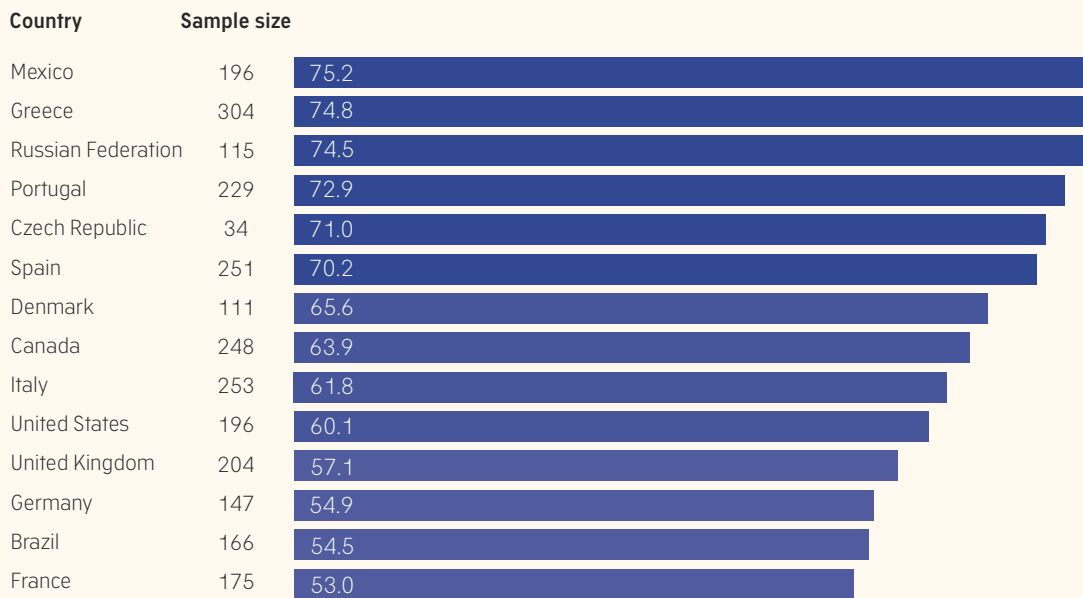
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being totally productive.”



Average productivity at work when people should have stayed home because of their psoriasis

Figure B.2: Productivity at work (measured on a scale from 0-100) when people should have stayed home because of other health issues

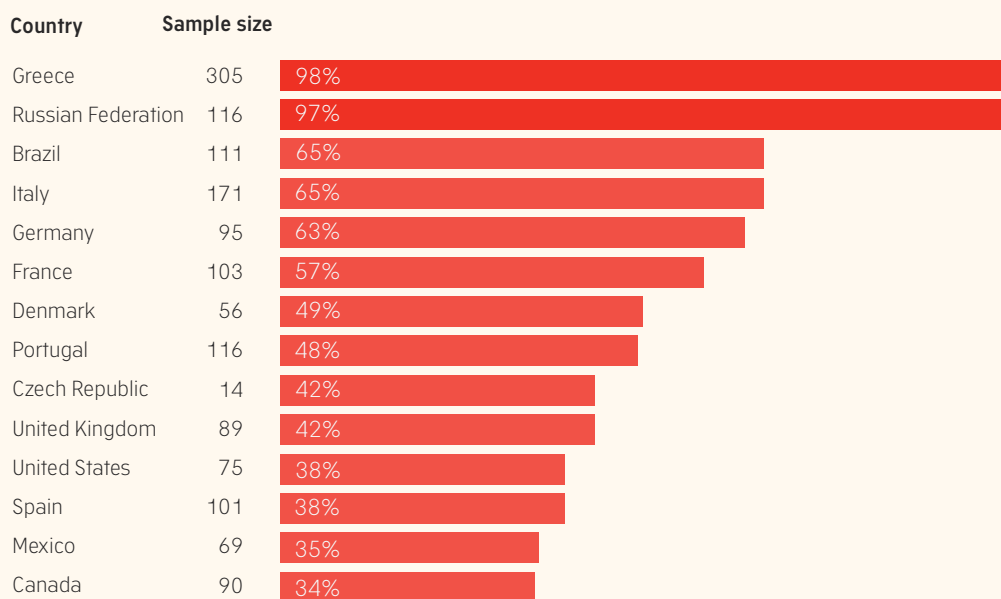
“Using the same scale, how affected was your productivity at work while you felt you should have stayed home because of other health issues? 0 means not at all productive, 100 means totally productive.”



Average Productivity at work when people should have stayed home because of other health issues

Figure B.3: Percentage of people working at 50% productivity or less (measured on a scale from 0-100) when they should have stayed home because of their psoriasis

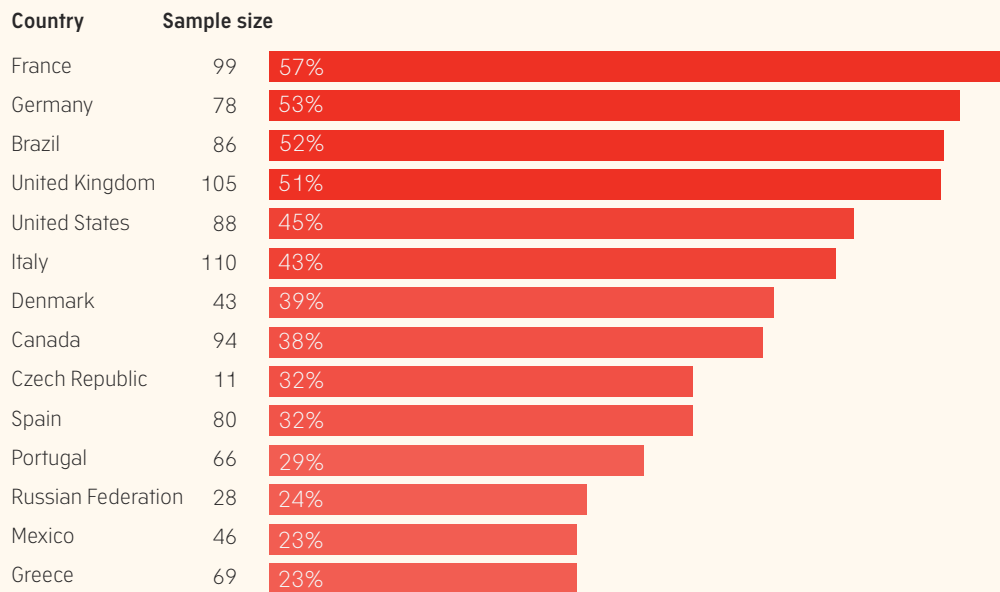
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being tptally productive.”



Percentage of people working at 50% productivity or less when they should have stayed home because of their psoriasis

Figure B.4: Percentage of people working at 50% productivity or less (measured on a scale from 0-100) when they should have stayed home because of other health issues

“Using the same scale, how affected was your productivity at work while you felt you should have stayed home because of other health issues? 0 means not at all productive, 100 means totally productive.”



Percentage of people working at 50% productivity or less when they should have stayed home because of other health issues

Figure B.5: Average impact of symptoms on work life in the past 4 weeks, as measured on a scale from 0-10

“On a scale from 0 to 10, 0 being no impact, 10 being maximum impact, please assess how each of the below aspects has impacted your work life in the past 4 weeks”

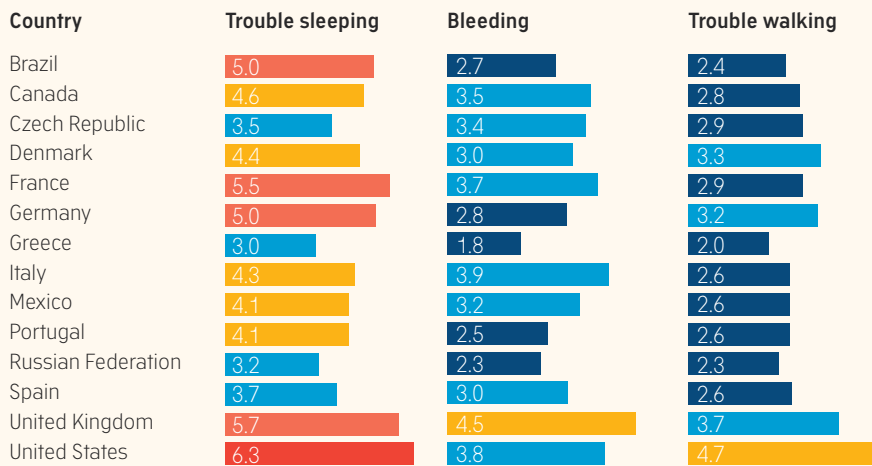
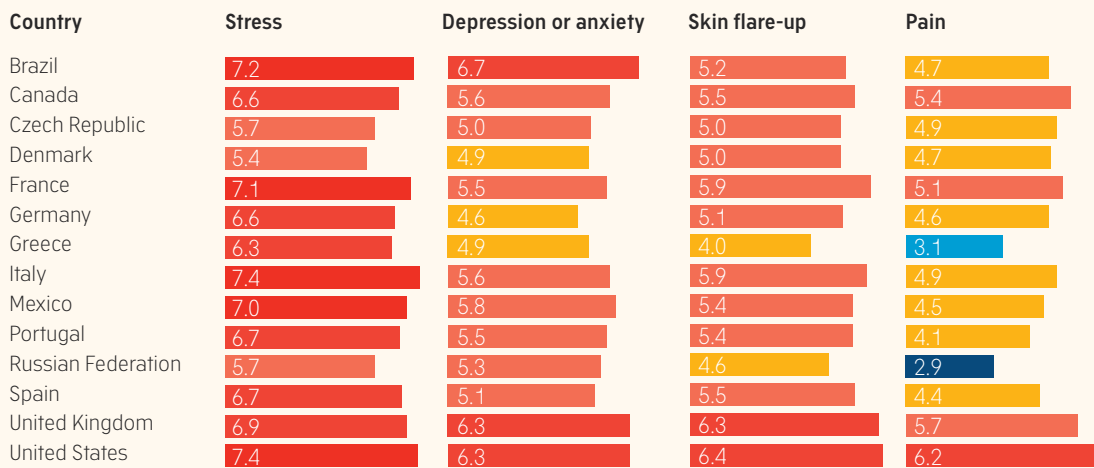


Table B.6: Estimated cost to society from lost productivity (adjusted for purchase) power parity):

	Annual cost Absen- teeism (\$Million)	% Absen- teeism due to psoriasis	Annual cost Presen- teeism (\$Million)	% Presen- teeism due to psoriasis	Total cost (\$Million)	Total cost per 100.000 people in employ- ment (\$Million)	Total cost as a percentage of GDP
Brazil	\$2,724	37.0%	\$689	55.8%	\$3,413	\$3.8	0.11%
Canada	\$586	34.1%	\$182	44.0%	\$767	\$4.1	0.05%
Denmark	\$531	30.8%	\$44	59.5%	\$574	\$20.2	0.20%
France	\$17,281	39.2%	\$3,215	60.6%	\$20,497	\$74.8	0.71%
Germany	\$14,416	41.4%	\$1,569	46.9%	\$15,985	\$38.5	0.38%
Greece	\$36	30.6%	\$21	63.2%	\$57	\$1.4	0.02%
Italy	\$2,184	42.9%	\$1,027	47.0%	\$3,211	\$14.5	0.13%
Mexico	\$920	63.1%	\$149	62.9%	\$1,070	\$1.9	0.05%
Portugal	\$179	35.4%	\$35	75.6%	\$215	\$4.5	0.06%
Russia	\$2,644	30.6%	\$806	83.5%	\$3,450	\$4.8	0.09%
Spain	\$1,083	32.6%	\$230	60.3%	\$1,313	\$6.9	0.07%
UK	\$2,174	50.8%	\$463	56.4%	\$2,638	\$8.1	0.09%
US	\$22,906	54.8%	\$7,611	68.0%	\$30,517	\$19.6	0.16%

Healthcare professionals and Psoriasis

Figure C.1: Distribution of type of healthcare professionals engaged for psoriasis by country

“Who is your primary healthcare professional in relation to your psoriasis?”

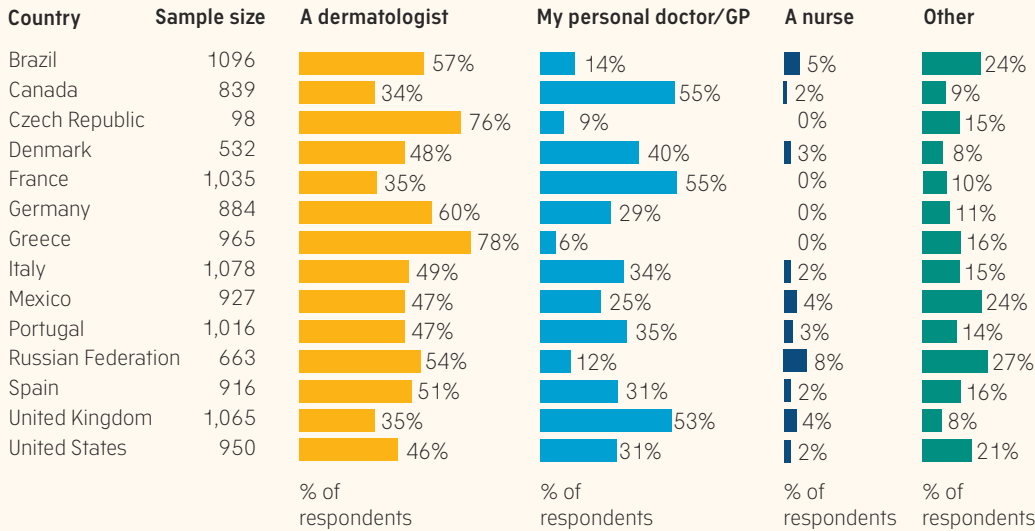


Figure C.2: Frequency of visits to healthcare professional for psoriasis by country

“How many times per year are you in contact with healthcare professionals due to your psoriasis?”

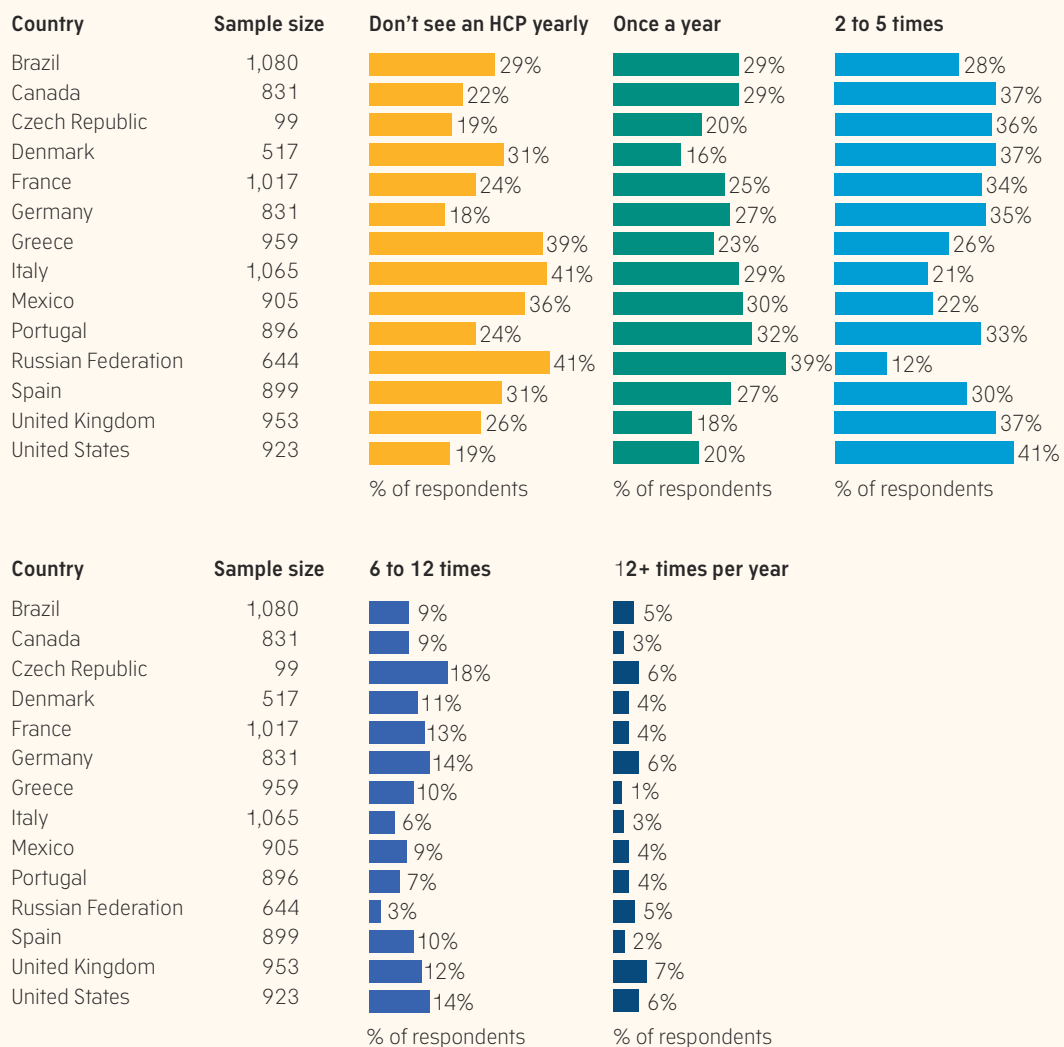


Figure C.3: Healthcare Professional institution by country

“Is your primary healthcare professional for your psoriasis?”

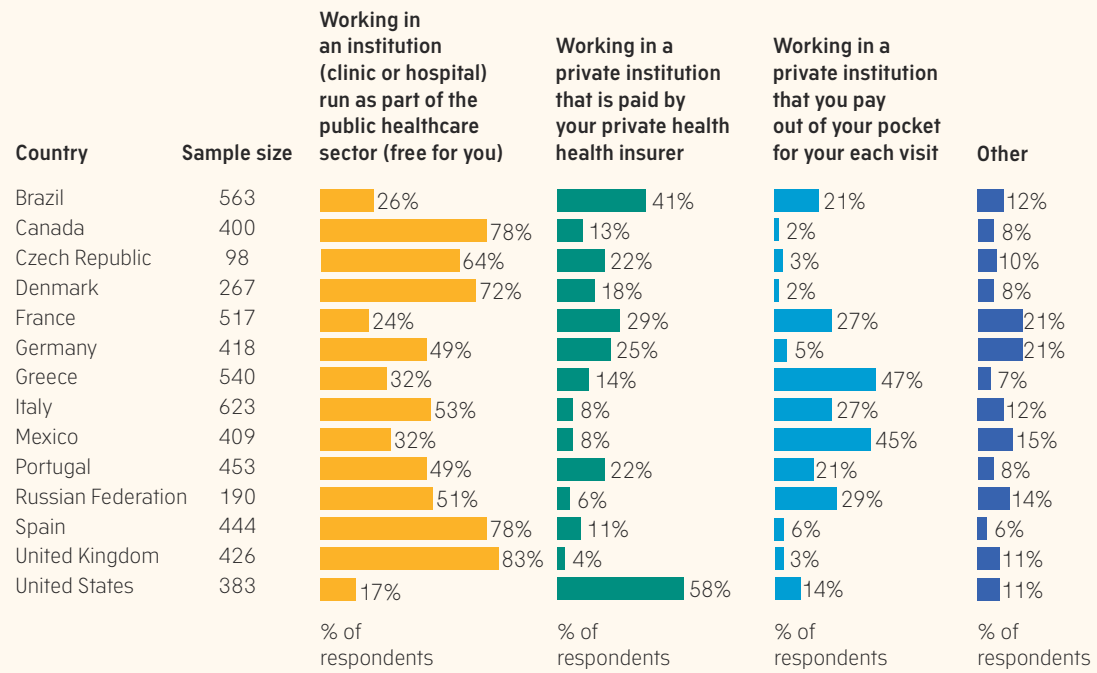


Figure C.4: Distribution of who has diagnosed their psoriasis (please note this report is based on self-reported psoriasis)

“Has your psoriasis been diagnosed by:”

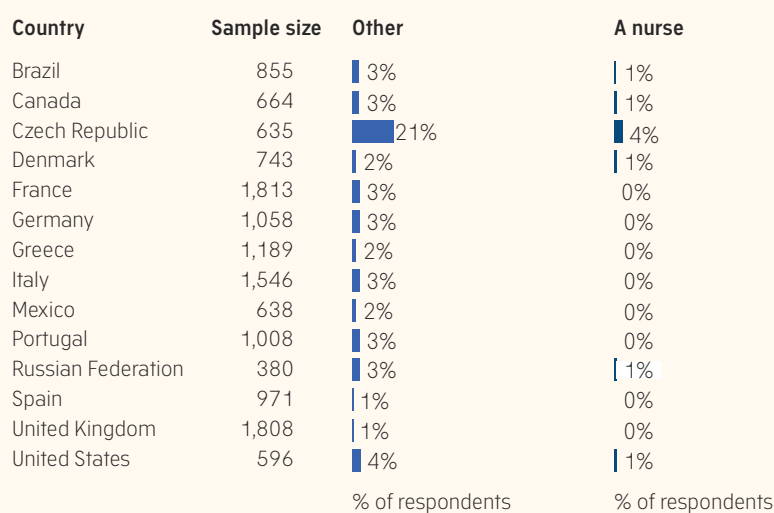
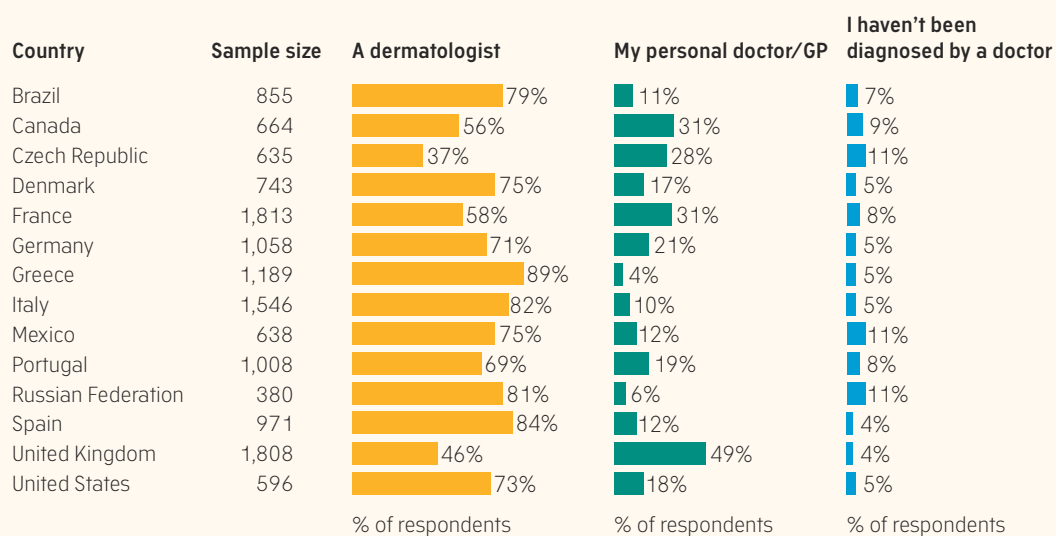


Figure C.5: Distribution of treatment type by country

“Which of the following forms of treatments are you currently using (you may use more than one)?”

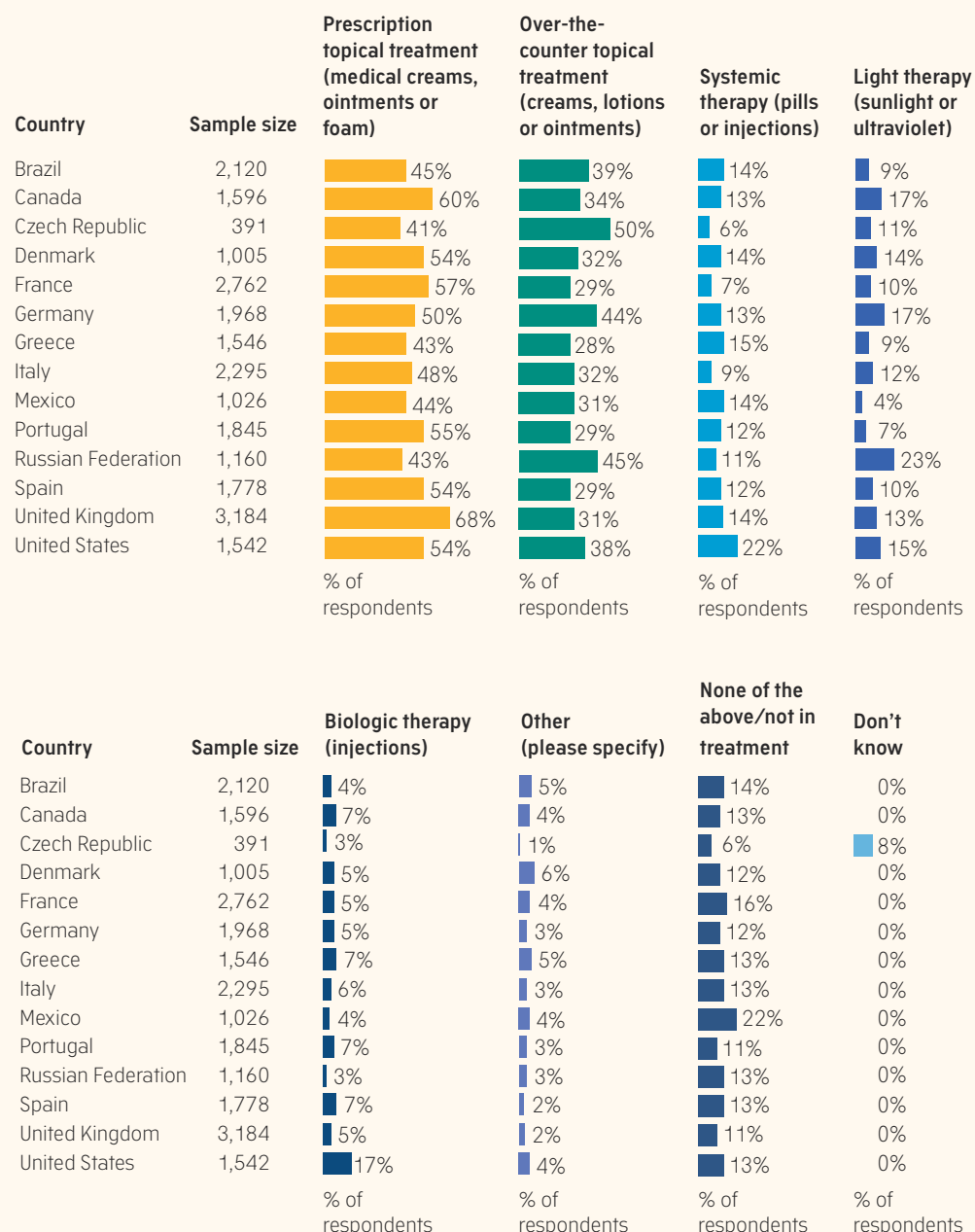


Figure C.6: Distribution of how people get and pay for their treatment

“When getting your treatment, which of the statements below best fits your situation?”

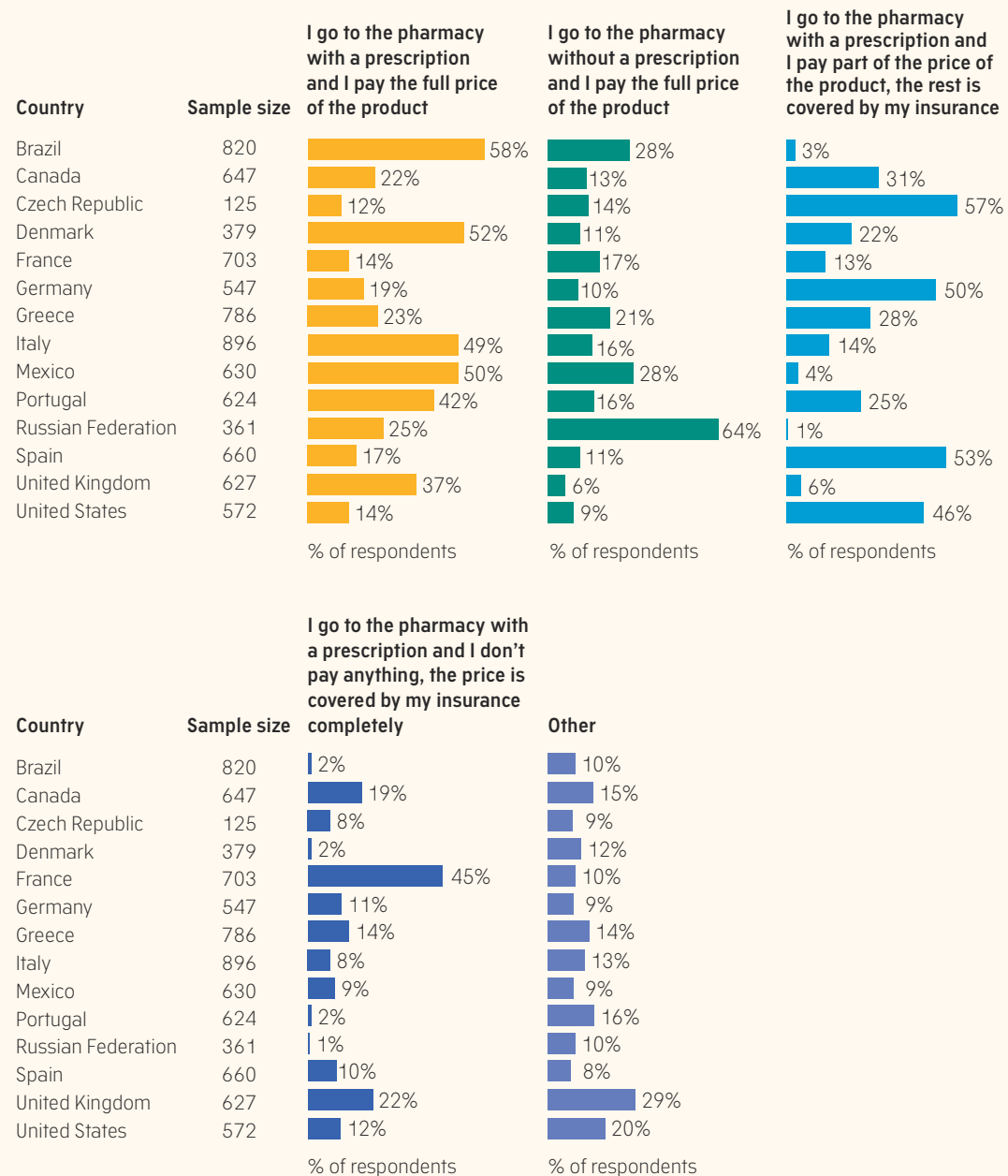
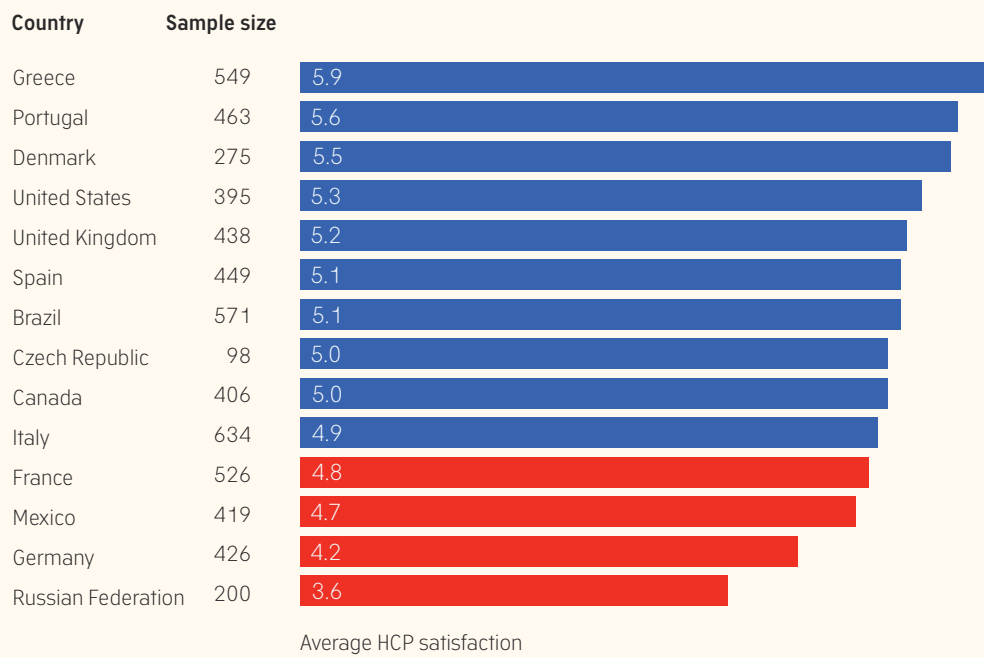


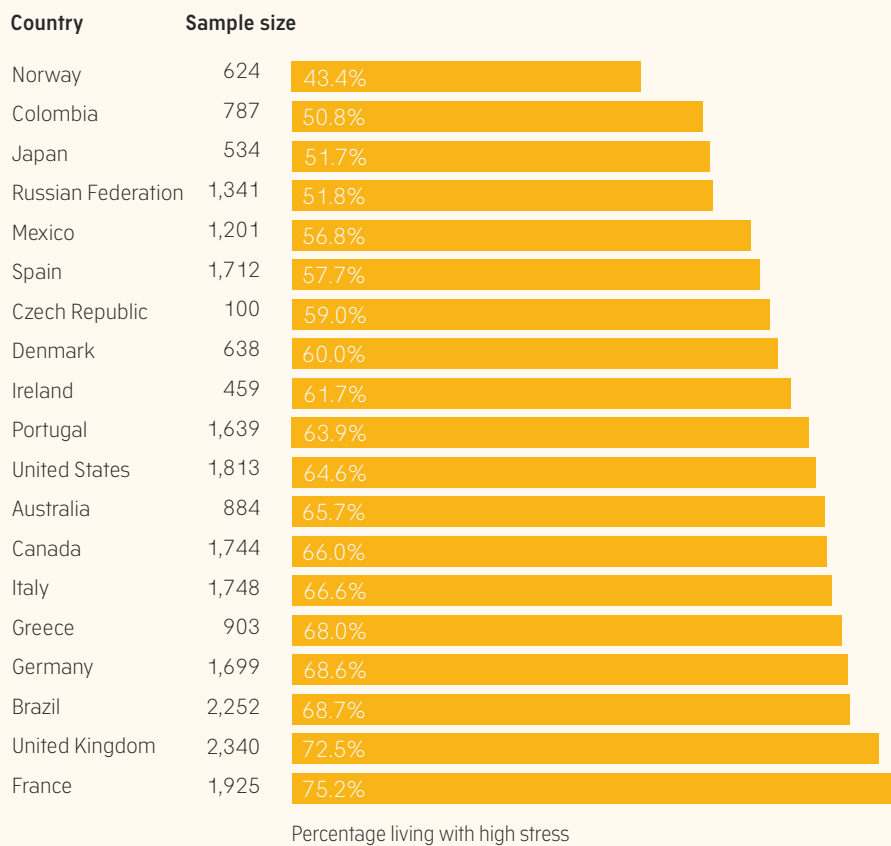
Figure C.7: Average levels of satisfaction with healthcare provider in relation to psoriasis by country, as measured on a scale from 0-10

“On a scale from 0 to 10, how satisfied are you overall with your healthcare provider in regards to your psoriasis?”



Levels of self-reported Stress & Loneliness

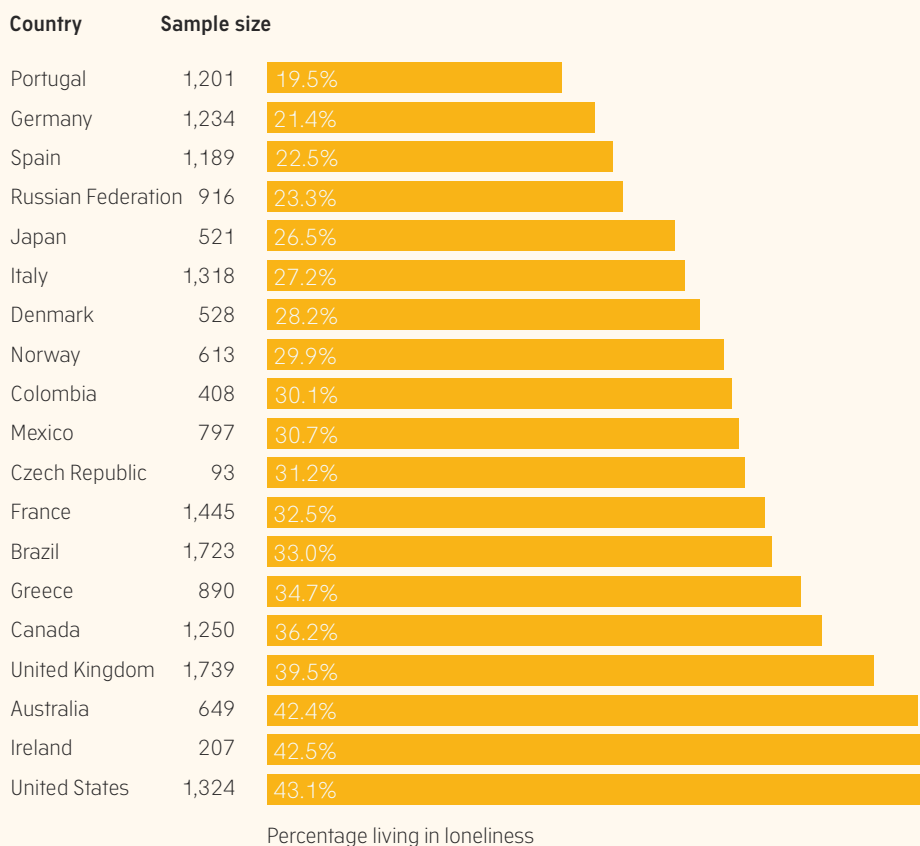
Figure D.1: Percentage of people living with high stress¹



¹ In this case, "high stress" is characterised by a score of 20 or higher on Cohen's Self-perceived Stress Scale. This scale consists of 10 questions related to how the respondent experiences life events and gives an indication of the general resilience of the respondent. The Perceived Stress Scale is not suitable to give an actual stress diagnosis of the individual, but is often used to evaluate and address stress levels in sub-groups of the population.

Source: Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 385-396.

Figure D.2: Percentage of people living in loneliness. (The methodology employed for exploring loneliness was a revised version of the UCLA Loneliness Scale, considered by some the 'golden standard'. The methodology consists of three questions related to social isolation and loneliness². The analysis of the results used the most conservative interpretation of the loneliness scores.³)



²The three questions are: "How often do you feel that you lack companionship?", "How often do you feel left out?", and "How often do you feel isolated from others?", all of which are answered with "often", "some of the time", or "hardly ever". Source: Hughes, M. E., Waite, L. J., Hawkey, L. C., & Cacioppo, J. T. (2004). A short scale for measuring loneliness in large surveys: Results from two population-based studies. *Research on Aging*, 26, 655-672.

³Examples of establishing a minimum score for loneliness: A total score of at least '4' (Chalise, Kai, & Saito, 2010), '6' (Hand et al., 2014; Shiovitz-Ezra & Ayalon, 2012) and '7' (Boehlen et al., 2014). We have picked the latter, which is the most conservative approach. It means that the respondents have to answer at least 'often' to one of the 3 questions and at least 'some of the time' to the other two.

Source: Boehlen, F., Herzog, W., Quinzler, R., Haefeli, W. E., Maatouk, I., Niehoff, D., et al. (2014). Loneliness in the elderly is associated with the use of psychotropic drugs. *International Journal of Geriatric Psychiatry*.