



World  
Psoriasis  
Happiness  
Report 2018



Canada

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Available at <https://psoriasisishappiness.report/>

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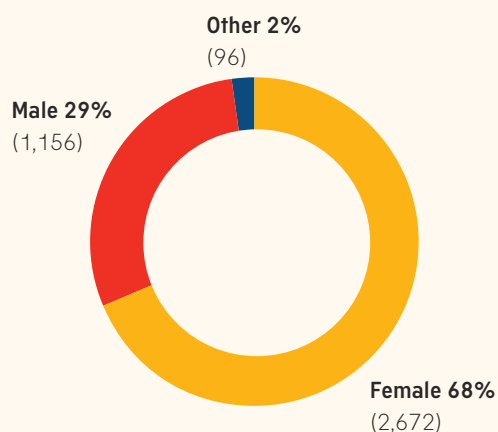
## 26 Appendix



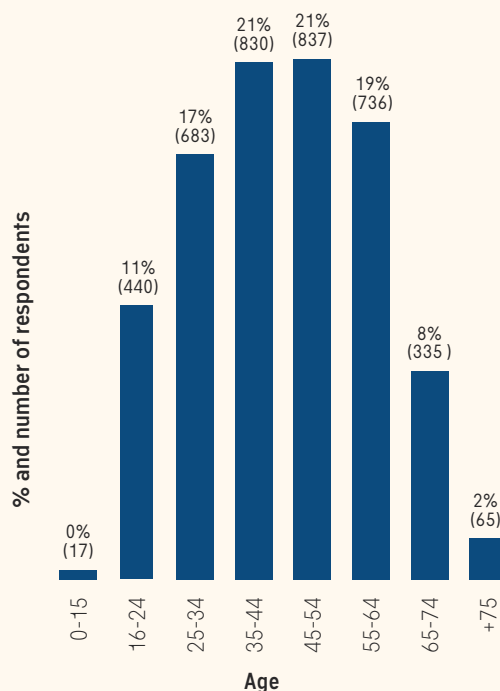
# General Data & Happiness Results

General Data & Distributions. Total sample size: 3,943

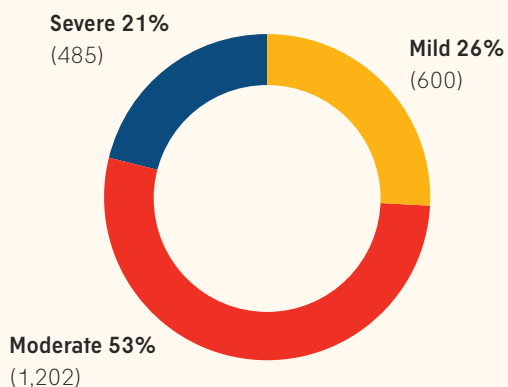
## Gender distribution



## Age distribution



## Severity distribution



Severity distribution	Canada (N = 2,287)	Global (N = 54,438)
Mild	26%	37%
Moderate	53%	47%
Severe	21%	16%

In Canada, roughly 1 in 4 (26%) report their psoriasis mild, slightly more than half (53%) report moderate, and about 1 in 5 (21%) severe<sup>1</sup>. This places Canada among the countries with the largest proportion of people with

self-perceived severe psoriasis, and the smallest of people with self-perceived mild psoriasis (see Fig. A.1 in the Appendix).

<sup>1</sup> 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: 5.8 Happiness ranking: 8th / 21

Happiness	Canada		Global	
	Happiness level	Happiness gap	Happiness level	Happiness gap
<b>Overall</b>	5.8	-20.4%	5.8	-11.1%
<b>Gender</b>				
- female	5.7	-22.6%	5.7	-14.1%
- male	6.2	-15.4%	6.1	-5.8%
<b>Severity</b>				
- mild	6.2	-14.7%	6.0	-6.1%
- moderate	5.6	-23.4%	5.6	-14.1%
- severe	4.7	-36.1%	4.6	-30.6%

The average happiness level of 5.8 places Canada as 8th in the happiness ranking of the 21 countries in the analysis. With an overall happiness gap of -20%, however, Canada falls into the bottom handful of countries in this regard (see Fig. A.2 and A.3 in the Appendix).

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

- Women with self-reported psoriasis in Canada are less happy than their male counterparts, which is the same pattern seen globally and in almost all of the other countries.
- The happiness level drops between people with self-perceived mild and moderate psoriasis, and then takes an even greater plunge for people with self-perceived severe psoriasis; the happiness gap for self-perceived severe psoriasis is -36.1%, in comparison to -14.7% for mild.

## Stress & Loneliness

As seen from Fig. D.1 and D.2 in the Appendix, the percentages of respondents in Canada who experience high stress and loneliness are<sup>2</sup>:

**High stress: 66.0%**

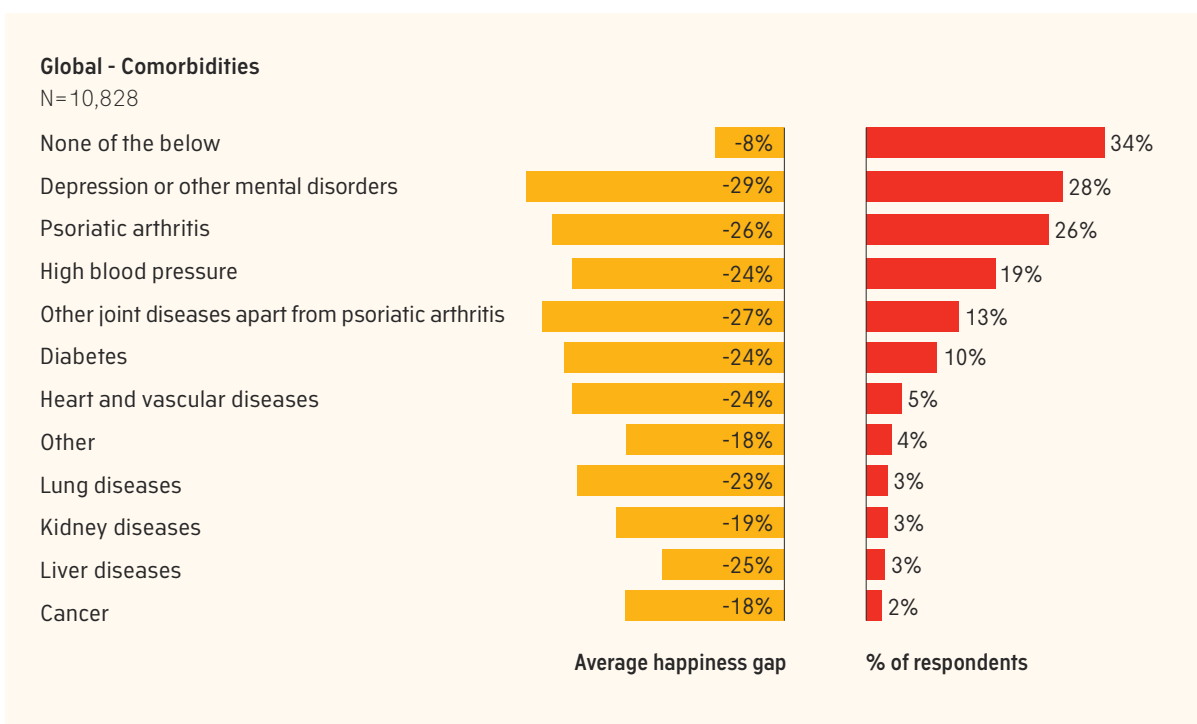
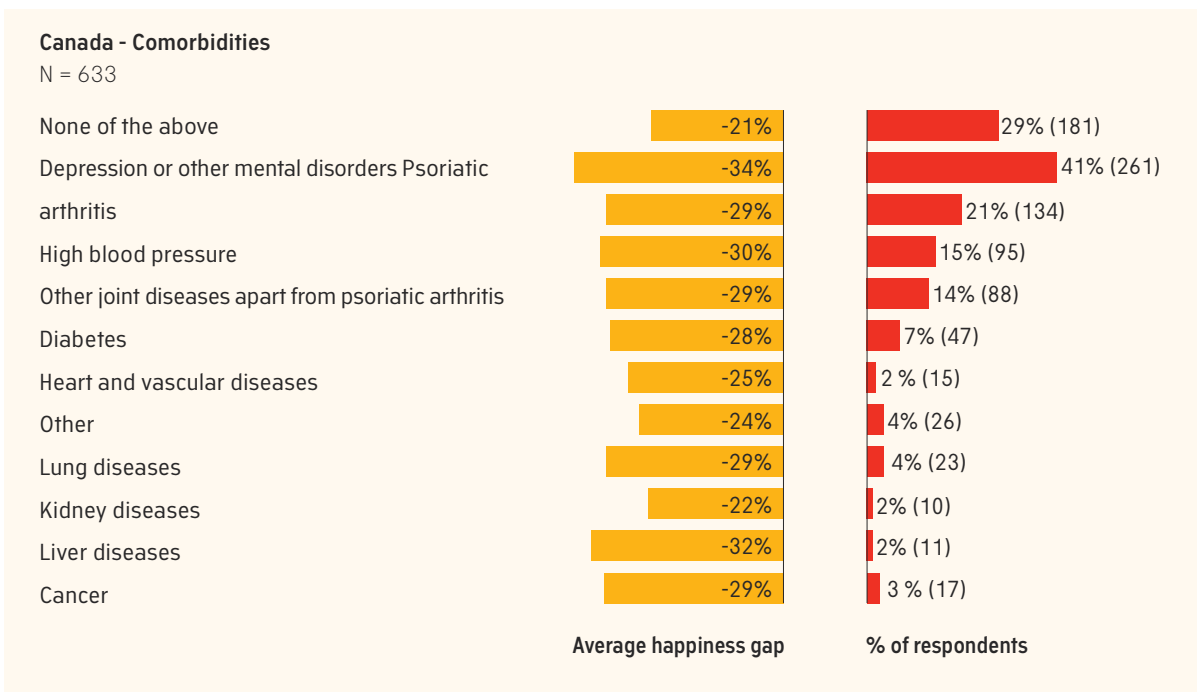
**Loneliness: 36.2%**

Thus, about 2 in 3 of respondents experience high stress. Canada fares even worse in terms of loneliness, and is among the bottom handful of countries, with more than a third (36%) living in loneliness.

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

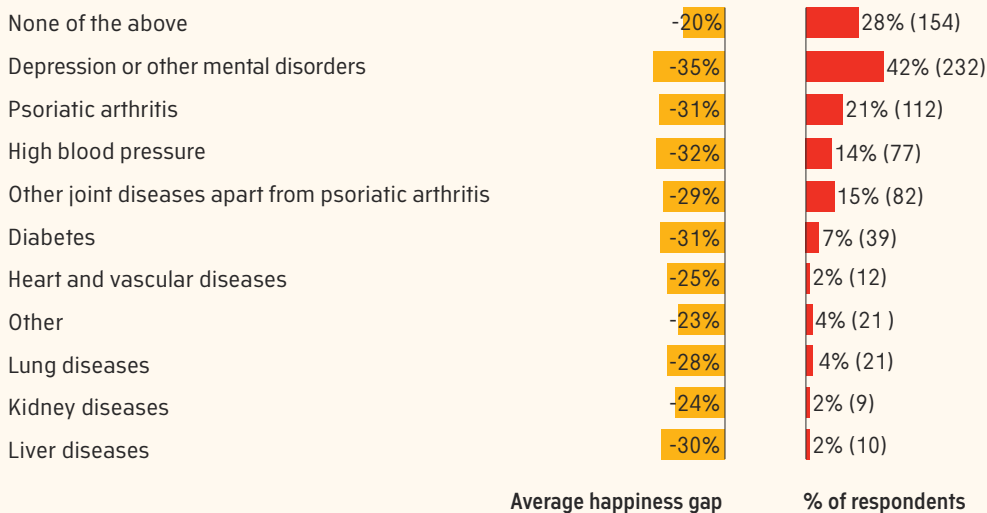
### Psoriasis and Comorbidities

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.



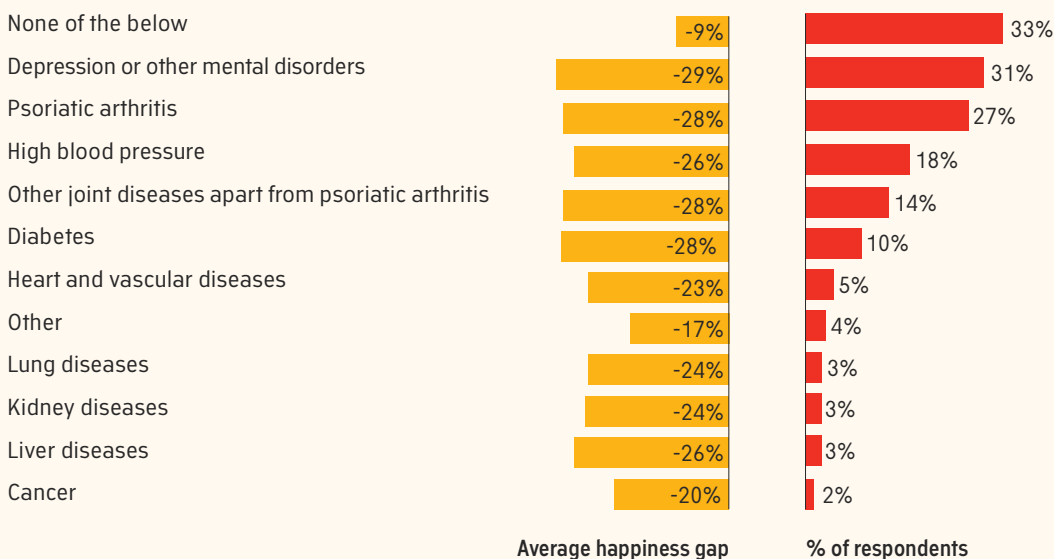
**Canada - Comorbidities by gender - Female**

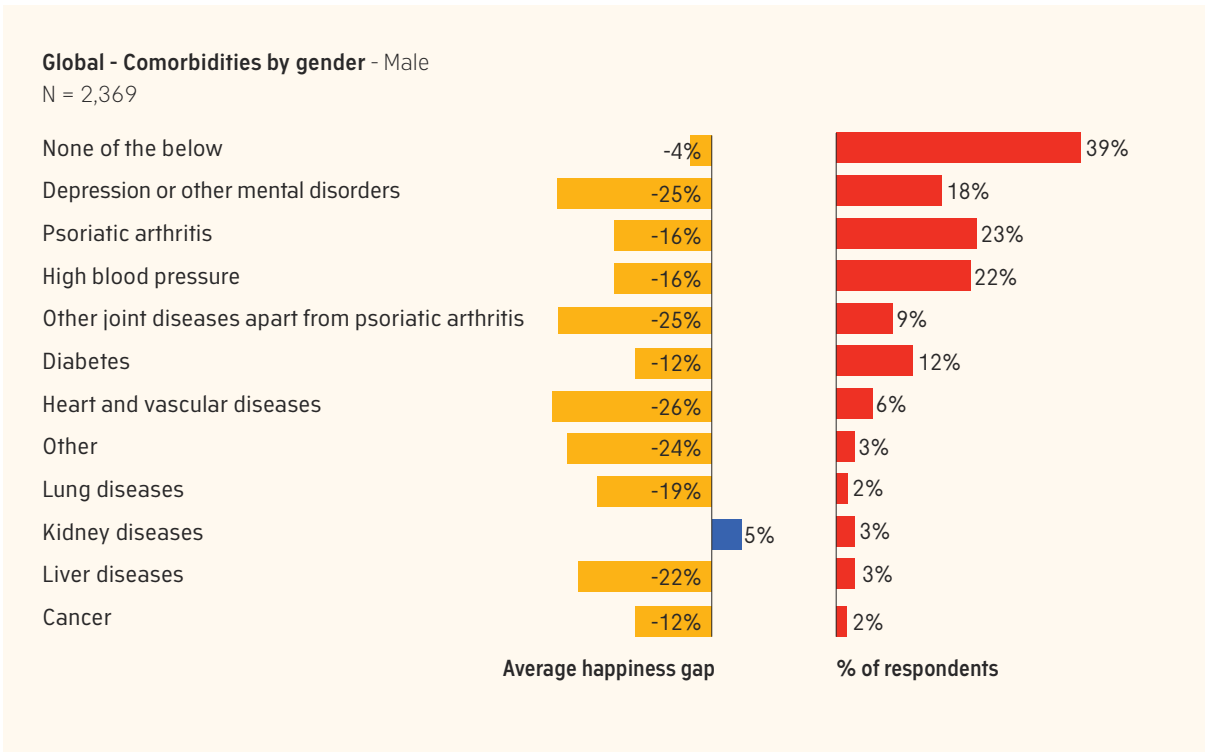
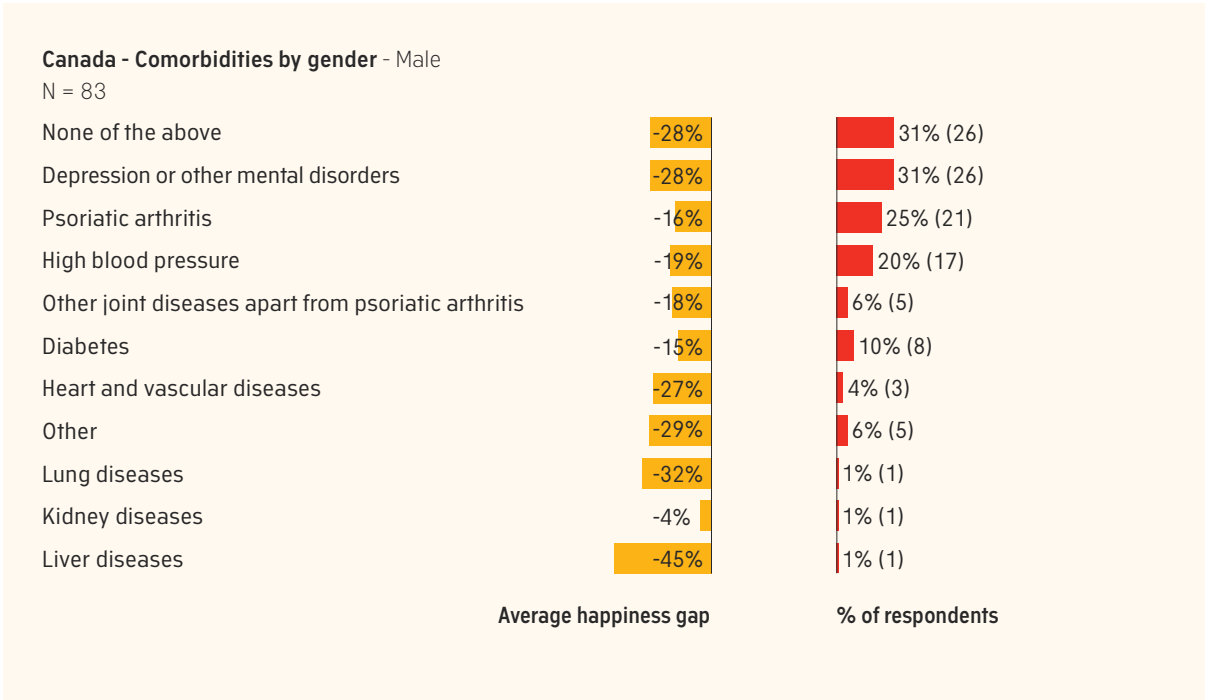
N = 546



**Global - Comorbidities by gender - Female**

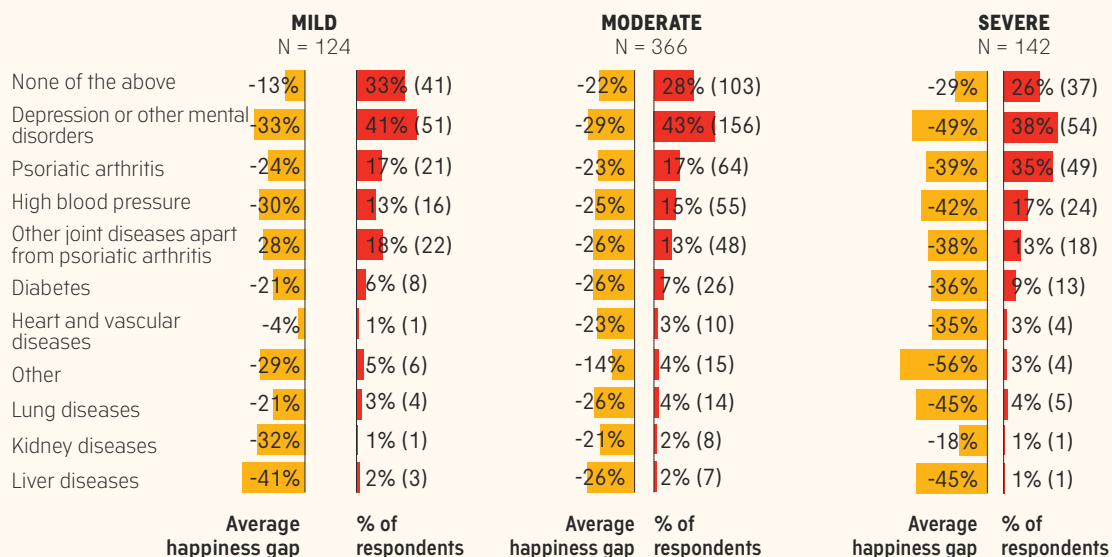
N = 8,398



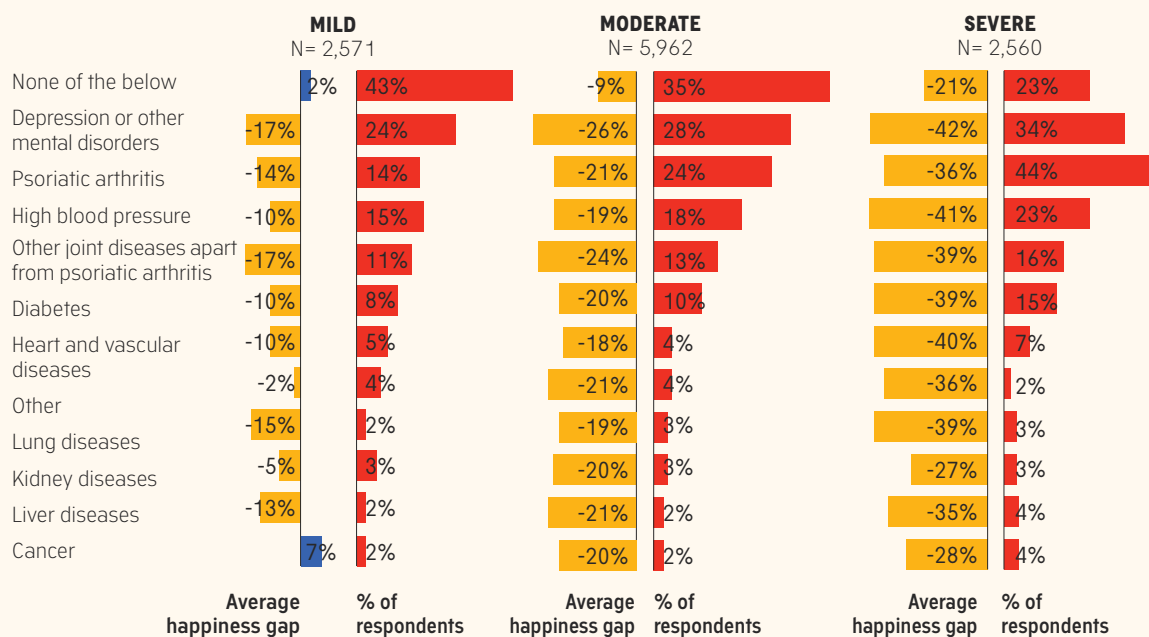




Canada - Comorbidities by severity



Global - Comorbidities by severity



**Looking at the first figure with the overall results on comorbidities and happiness gaps, we note that:**

- Roughly 7 in 10 (71%) of respondents in Canada report that they have at least one of the listed comorbidities (as 29% report “none of the below”).

The most reported comorbidities in Canada are by far depression or other mental disorders: 41% of the respondents. Next comes psoriatic arthritis (21%), high blood pressure (15%) and other joint diseases (14%). Depression or other mental disorders, in particular, has a high percentage in Canada in comparison to other countries.

- The happiness gaps related to almost all of the comorbidities are generally larger in Canada than globally<sup>3</sup>.

**Turning to the split by gender, we see that:**

- In Canada, more women than men reported depression or other mental disorders (42% vs. 31%) and other joint diseases (15% vs. 6%).
- On the other hand, slightly more men than women reported psoriatic arthritis (25% vs. 21%) and high blood pressure (20% vs. 14%).
- Women experience larger happiness gaps for most of the comorbidities reported.

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

- A larger percentage of people with self-reported severe psoriasis experience comorbidities compared to people with mild and moderate psoriasis. 67% of the people with self-perceived mild psoriasis report at least one of the listed comorbidities, compared 74% of those with severe psoriasis.

- The percentage of psoriatic arthritis increases significantly with severity, from 17% of people with self-perceived mild and moderate psoriasis to as much as 35% of people with severe psoriasis.

- Finally, we see that, in general, and as in the global case, the worse the self-perceived severity, the larger the happiness gap (although no claim of causality can be made).

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<sup>3</sup> 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

For Canada, the estimated cost to society from lost productivity is as follows:

Total cost on society	
Overall	\$767m
Per 100,000 people in employment	\$4.1m
As % of GDP	0.05%

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 Canada has the second lowest total cost to society from lost productivity (as percentage of GDP). Corresponding to a nominal amount of \$767 million, this is still quite 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	Canada	Global
<b>Average productivity</b>		
- Because of psoriasis	64.1 (261)	53.2 (2,721)
- Because of other health issues	63.9 (248)	62.9 (2,633)
<b>Percentage of people reporting less than 50% productivity</b>		
- Because of psoriasis	34% (90)	51% (1,521)
- Because of other health issues	38% (94)	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.)

Compared to the global case, respondents in Canada have a higher productivity, on average, when they should have stayed at home because of their psoriasis. When it comes to other health issues, their average productivity is roughly on par with the global norm. As can also be seen from Fig. B.1 and B.2 in the Appendix, Canada is actually the country where people have the highest average productivity at work when they should have stayed at home because of their psoriasis.

In the same vein as above, around a third (34%) in Canada work at 50% productivity or less when they should have stayed at home because of their psoriasis, and marginally more (38%) when it's because of other health issues. Compared to other countries, this places Canada close to the global averages (see also 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 e.g. family and social activities.

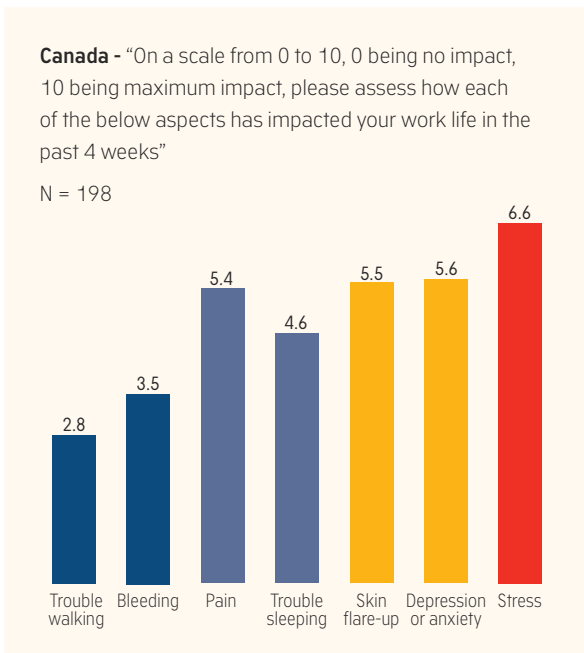
Work and social hours missed	Canada		Global	
	Because of psoriasis	Because of other health issues	Because of psoriasis	Because of other health issues
<b>Work hours missed</b>	N = 285	N = 276	N = 2,998	N = 2,945
5+ hours	15% (43)	29% (81)	24%	26%
10+ hours	10% (28)	14% (40)	17%	17%
20+ hours	5% (13)	7% (19)	10%	10%
<b>Social hours missed</b>	N = 381	N = 379	N = 5,387	N = 5,339
5+ hours	26% (100)	45% (171)	35%	33%
10+ hours	22% (84)	32% (120)	26%	22%
20+ hours	13% (50)	12% (46)	18%	14%

In Canada, people miss fewer work hours because of their psoriasis compared to the global picture. For instance, only 15% missed at least 5 or more work hours in the 4 weeks because of psoriasis, while the global average is 24%. The picture is the same for social hours, where around 1 in 4 (26%) in Canada missed at least 5 or more social hours because of psoriasis, while more than a

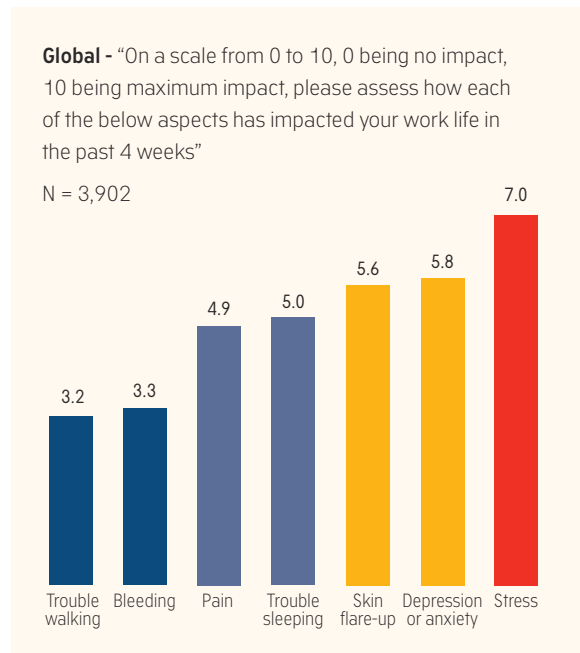
third (35%) did so globally. As in the global case, people in Canada more often miss social activities than work because of their psoriasis. The same is true for other health issues, where people in Canada miss out even more, with, for example, almost half (45%) missing at least 5 or more social hours.

### 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 above, the aspects with the largest impact on people’s work life in Canada are stress, depression or anxiety, skin flare-ups, and pain. This is also what we see in the global picture, although pain stands out with a higher impact for people in Canada.



On the other hand, while stress is still the aspect with the greatest impact, it’s not as large as it is globally. (See also Fig. B.5 in the Appendix for a comparison to other countries.)

## 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'	Canada			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"	69% (137)	68% (113)	71% (24)	60% (2,336)	60% (1,811)	58% (515)
"My manager understands the impact psoriasis has on me and my work performance"	56% (110)	58% (94)	47% (16)	51% (1,939)	53% (1,530)	48% (404)
<b>"My work colleagues know about my psoriasis and I get their support when needed"</b>	<b>44% (87)</b>	<b>43% (69)</b>	<b>53% (18)</b>	<b>39% (1,397)</b>	<b>39% (1,080)</b>	<b>38% (314)</b>
"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"	53% (104)	52% (85)	56% (19)	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.)

Compared to the global picture, respondents in Canada are generally more dissatisfied with the support they receive at work on both a company/manager, and colleague/co-worker level. For example, more than 2 in 3 (69%) don't think their company has systems in place to help them manage their psoriasis. And more than half (56% and 53%) don't think their manager understands their condition and its impact on their work performance or that they have a close co-worker who understands and with whom they can talk. Finally, while there are hardly any gender differences in the global picture, men in Canada report slightly larger degrees of disagreement than women when it comes to colleagues and co-workers, while more women report dissatisfaction with their managers.

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 significant<sup>4</sup>. 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.

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



# Healthcare Professionals

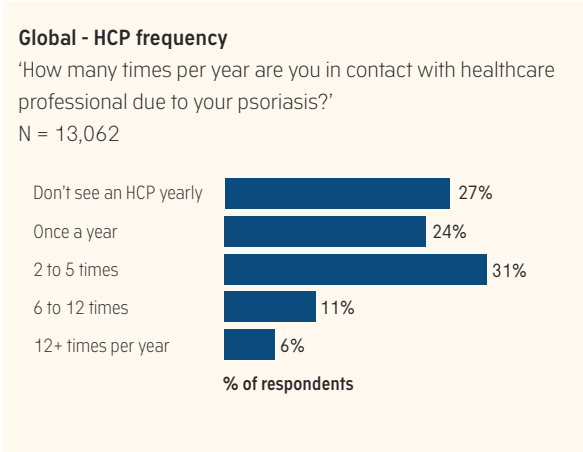
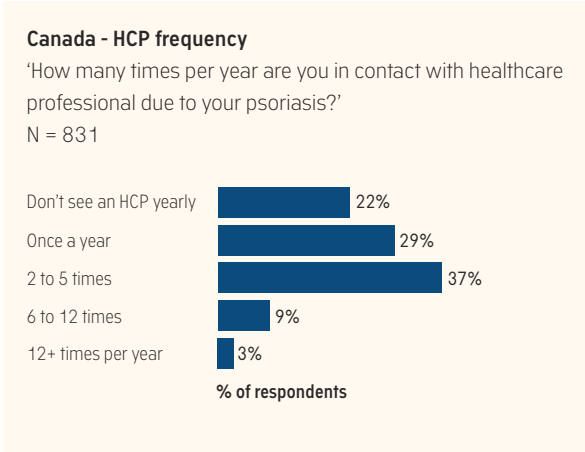
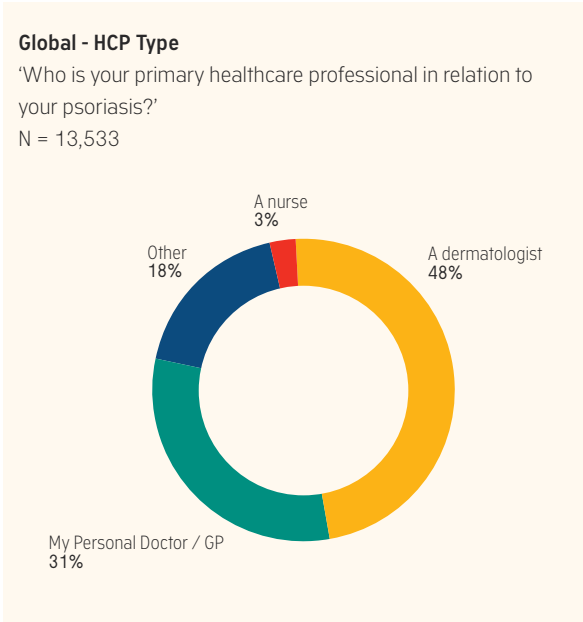
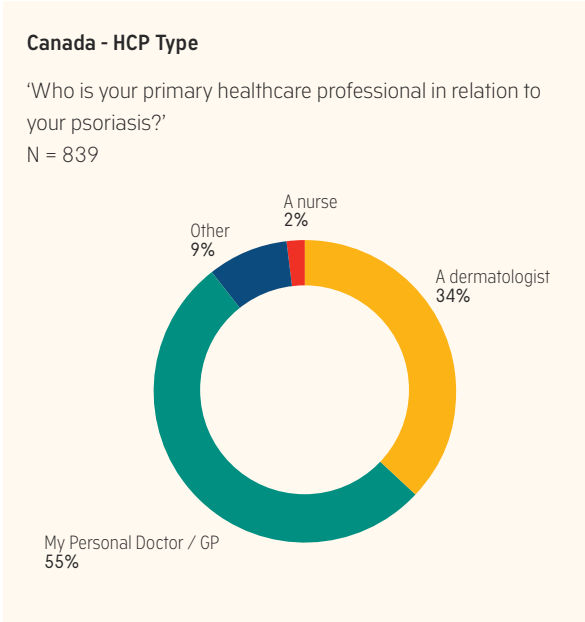




A variety of aspects related to the perceived relationship with healthcare professionals (HCPs) are analysed. This includes people’s satisfaction with their healthcare providers overall, as well as general perceptions of the quality of the relationship and interactions with them.

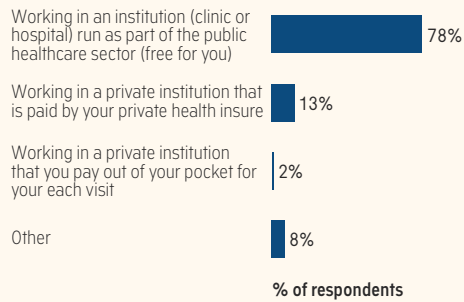
**Healthcare Professional Type & Frequency of Visits**

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 Canada and the global case.

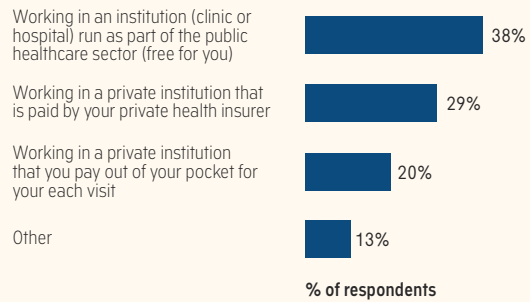


**Canada - HCP institution**

'Is your primary healthcare professional for your psoriasis:'  
N = 400

**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:**

- The most reported case in Canada in respect to who is their main healthcare professional in relation to their psoriasis is a personal doctor / GP: 55%. This contrasts to what we see in the global averages and many other countries, for which a dermatologist is the most frequent case. In Canada, only a third (34%) do this. As seen in Fig. C.1 in the Appendix, Canada is one of the three countries (along with France and the UK) with the largest proportion of people seeing a personal doctor or GP for their psoriasis.

- In regards to frequency of visits, more than 1 in 5 (22%) in Canada don't see their healthcare professional yearly, while 37% see their healthcare professional 2-5 times. This makes Canada one of the countries where people see their healthcare professionals relatively often (see also Fig. C.2 in the Appendix).

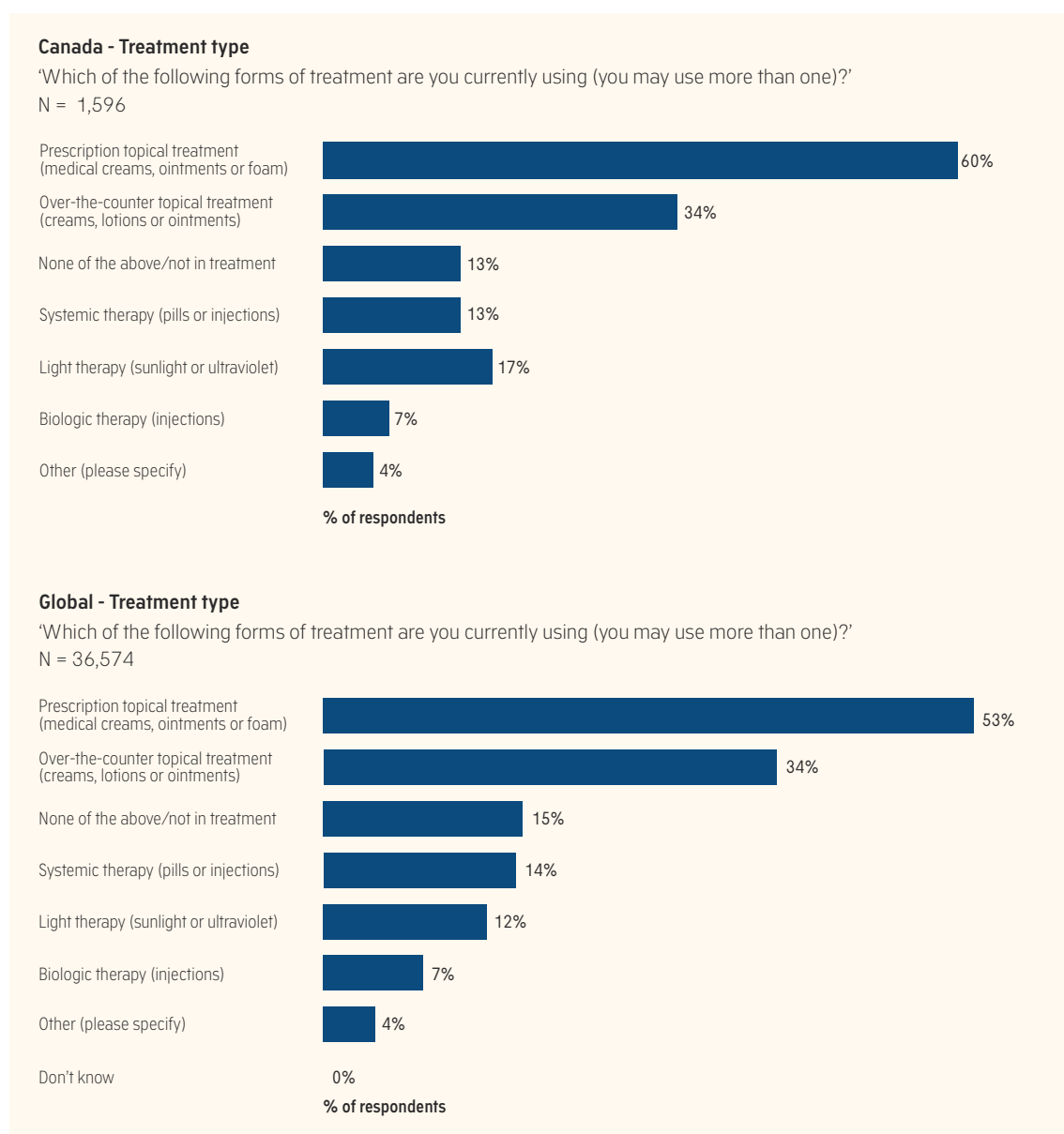
- In Canada, most of the respondents go to a healthcare institution under the public sector (which is thus free for them) to see their healthcare professional, as reportedly done by almost 4 in 5 (78%). Compared to other countries, Canada is among the three countries with the largest proportion of people reporting this case (see also Fig. C.3 in the Appendix).

## Diagnosis & Type of Treatment

As seen in the table below, almost 3 in 4 (73%) in the US said their psoriasis was diagnosed by a dermatologist, a proportion slightly greater than seen in the global averages.

Was your psoriasis diagnosis by..	Canada (N = 664)	Global (N = 14,184)
Dermatologist	56%	69%
Personal doctor / GP	31%	21%
Haven't been diagnosed by a doctor	9%	6%
Nurse	1%	1%
Other	3%	3%

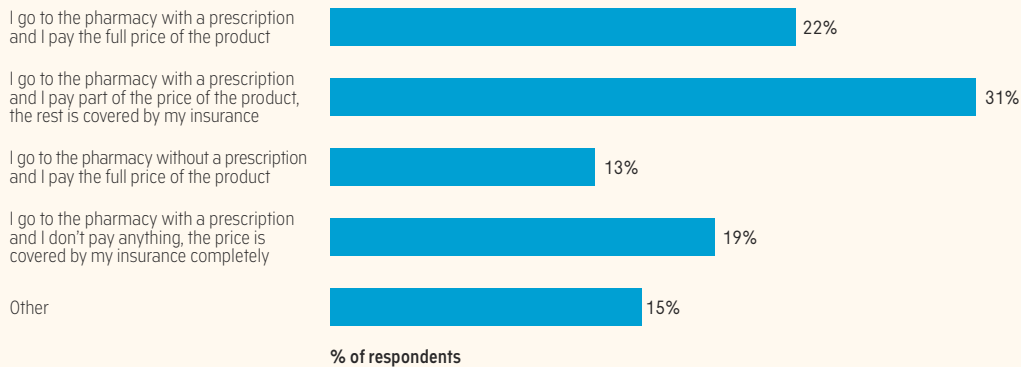
As for the type of treatment and how people get access to it, this is shown in the figures below.



**Canada**

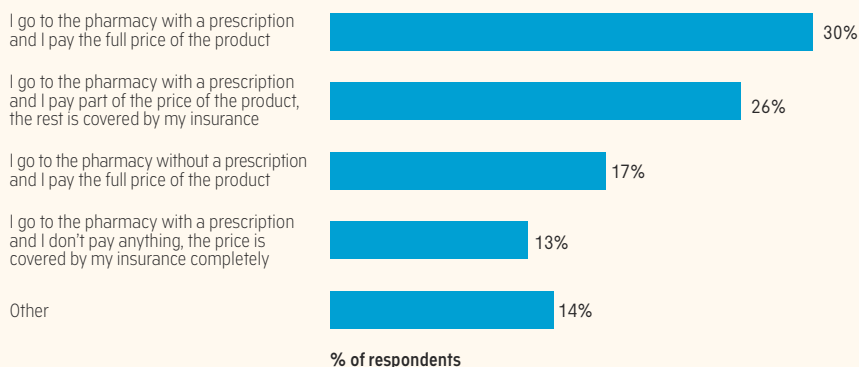
"When getting your treatment, which of the statements below best fits your situation?"

N = 572

**Global**

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

N = 8,388



The most reported treatment type in Canada is prescription topicals, used by 3 in 5 (60%) of respondents. Next are over-the-counter topicals, reported by roughly a third (34%). As seen in Fig. C.5, Canada is the country with the second largest proportion of people on prescription topicals.

As for getting their treatment, close to a third (31%) of respondents in Canada said they go to the pharmacy with a prescription and pay part of the price, while roughly 22% pay the full price and 19% don't pay anything, the price being fully covered by their insurance. (See also Fig. C.6 in the Appendix for a comparison with other countries).

### 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.

<b>“On a scale from 0 to 10, how satisfied are you overall with your healthcare provider in regards to your psoriasis?”</b>	<b>Canada</b>	<b>Global</b>
<b>Overall</b>	<b>4.98 (406)</b>	<b>4.97 (5,853)</b>
<b>Gender</b>		
- Female	5.02 (356)	4.95 (4,604)
- Male	4.65 (49)	5.02 (1,220)
<b>Severity</b>		
- Mild	5.45 (77)	5.23 (1,356)
- Moderate	4.71 (227)	4.80 (3,157)
- Severe	5.19 (101)	5.10 (1,314)

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

Overall, the Canadian levels of satisfaction with healthcare providers in relation to psoriasis are roughly equal to the global averages. Compared to other countries, Canada falls into the worse half (see Fig. C.7 in the Appendix). What also stands out in the table above is that men are less satisfied with their healthcare professionals than women. Finally, as in the global case, it’s interesting to see how people in Canada with self-perceived moderate

psoriasis are less satisfied than people with mild and severe psoriasis, indicating perhaps that having this “middle” or moderate severity of the disease places people in a grey zone where they suffer more than people with mild psoriasis but don’t get the same extra attention that people with severe psoriasis might receive (assuming their higher satisfaction level is related to this).

## 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”: <b>% who ‘Disagree’ or ‘Strongly disagree’</b>	Canada			Global		
	Overall	Women	Men	Overall	Women	Men
“The doctor gave me as much information as I wanted”	24% (96)	24% (84)	26% (12)	21% (2,813)	22% (968)	15% (188)
“The doctor recognised and responded to my emotional state”	30% (118)	30% (106)	24% (11)	30% (1,619)	32% (1,349)	23% (263)
“The doctor talked in terms I could understand”	7% (26)	7% (23)	7% (3)	15% (847)	14% (698)	11% (145)
“The doctor encouraged me to ask questions”	27% (107)	27% (92)	33% (15)	28% (1,612)	29% (1,333)	22% (273)
“The doctor involved me in decisions as much as I wanted”	20% (80)	20% (70)	20% (9)	25% (1,417)	26% (1,165)	20% (244)
“The doctor discussed next steps”	28% (110)	28% (95)	33% (15)	26% (1,482)	27% (1,228)	20% (246)
“The doctor spent the right amount of time with me”	21% (83)	21% (71)	26% (12)	25% (1,395)	26% (1,148)	19% (241)
“The doctor discussed about how my psoriasis affect my mental health and overall well-being”	62% (241)	63% (214)	57% (26)	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.)

Compared to the global picture, respondents in Canada are roughly equally dissatisfied with aspects around the interaction with their healthcare professional. What stands out, however, is that 62% (compared to 50%

global average) don’t think the doctor discussed how psoriasis affects their mental health and overall well-being.

## Healthcare Professional Relationship

The table below shows the number and percentages of respondents who “disagreed” or “strongly disagreed” with a number of statements around the relationship between people living with self-perceived psoriasis and their healthcare professionals.

'To what extent do you agree with each of the following statements?'	Canada			Global		
	Overall	Women	Men	Overall	Women	Men
"My healthcare professionals are clear with the information about how to treat psoriasis"	42% (336)	44% (287)	33% (47)	40% (5,329)	41% (3,933)	36% (1,341)
"My healthcare professionals fully understand the impact psoriasis has on my mental well-being"	61% (486)	63% (416)	50% (69)	53% (7,055)	56% (5,311)	44% (1,683)
"I can get in touch with the healthcare professional when I'm in need"	25% (200)	26% (166)	24% (33)	36% (4,798)	37% (3,532)	34% (1,227)
"I have confidence in the abilities of my healthcare professionals to treat psoriasis"	44% (353)	46% (300)	38% (53)	42% (5,946)	44% (4,344)	39% (1,550)
"I always follow the advice of my healthcare professionals"	27% (214)	27% (175)	28% (39)	27% (3,692)	27% (2,611)	28% (1,035)
"I've been informed about all the different treatment options related to my condition"	57% (450)	59% (382)	48% (66)	55% (7,240)	57% (5,424)	50% (1,763)
"The system provides me with sufficient financial support in relation to my skin condition"	56% (440)	56% (364)	54% (74)	67% (8,865)	69% (6,535)	63% (2,267)
"There is sufficient public awareness regarding my disease"	80% (626)	83% (533)	66% (90)	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.)

In regards to most of the aspects around the relationship with their healthcare professionals, respondents in Canada report a roughly equal level of disagreement or dissatisfaction to what we see in the global picture. When it comes to the healthcare professional understanding the impact psoriasis has on their mental well-being, more people in Canada report disagreement (61% vs. 53% global average). On the other hand, less respondents in Canada report that they can't get in touch with their healthcare professional when in need (25% vs.

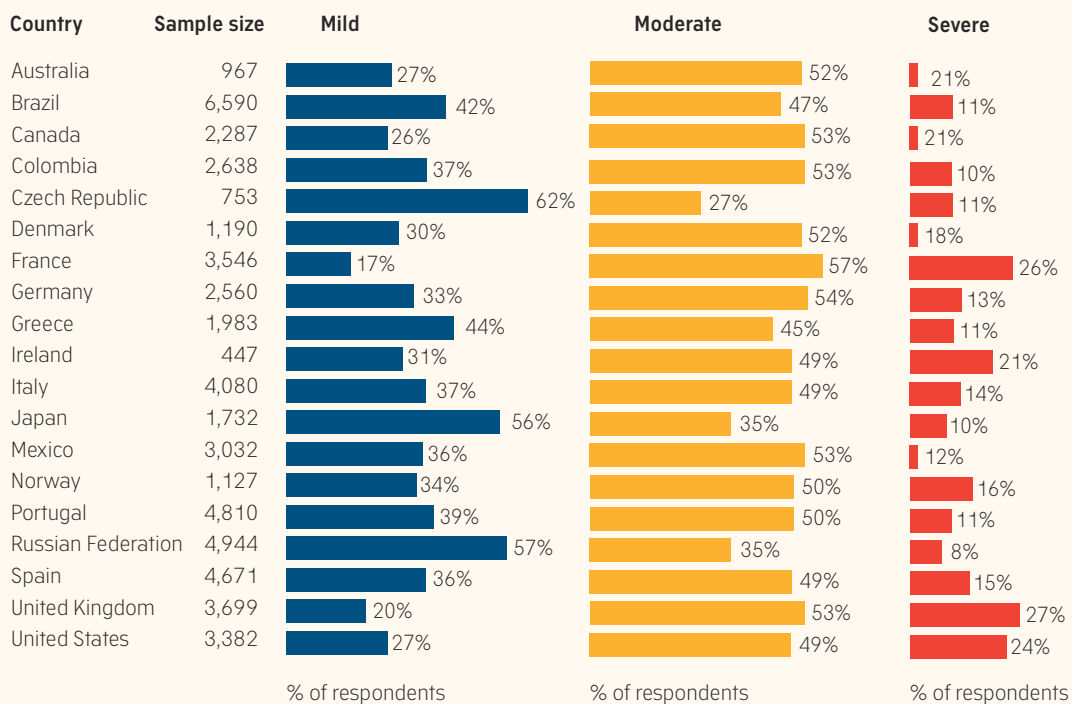
36% global average) and that they don't think the system provides sufficient financial support (56% vs. 67% global average). As in the global case, women are more dissatisfied than men with the aspects considered here, especially regarding whether the healthcare professional understands the impact psoriasis has on mental well-being (63% women disagree vs. 50% men), information about treatment options (59% vs. 48%), and sufficient public awareness of psoriasis (83% vs. 66%).

# Appendix

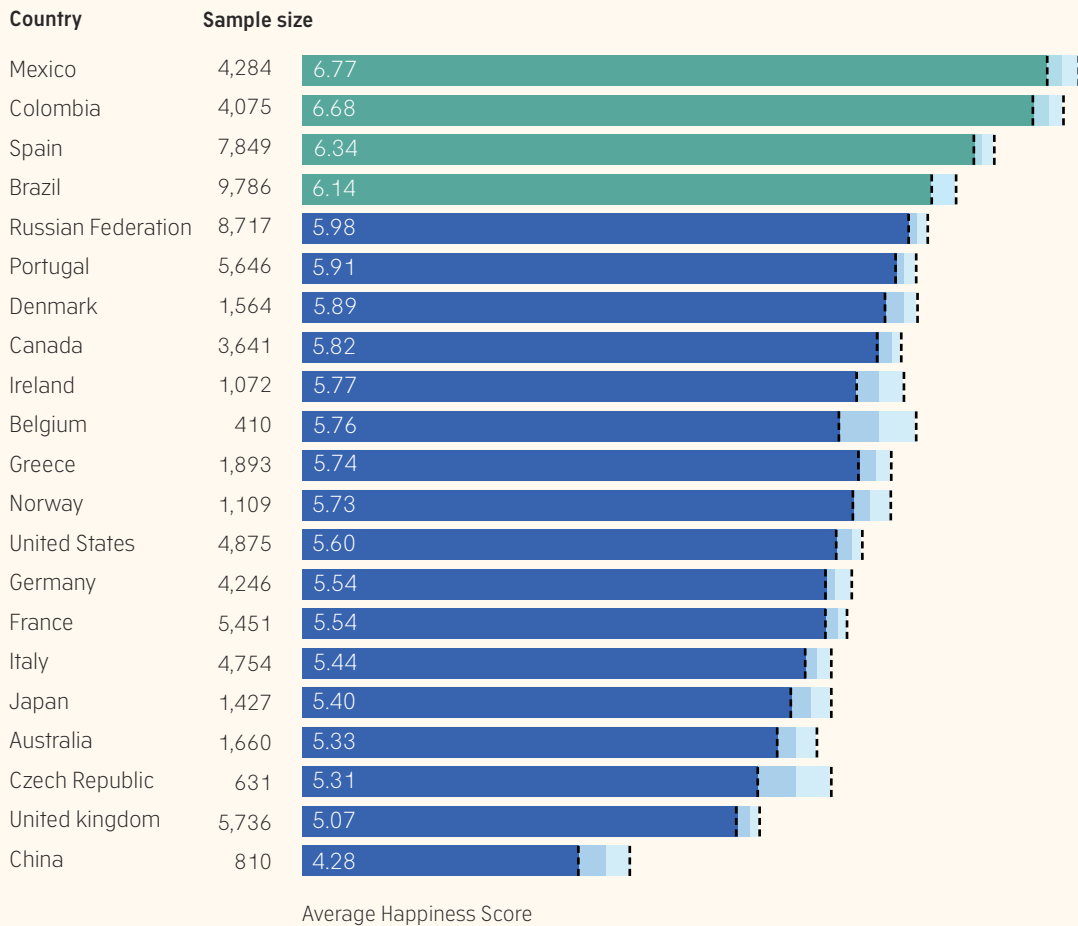


# General Results & Happiness

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

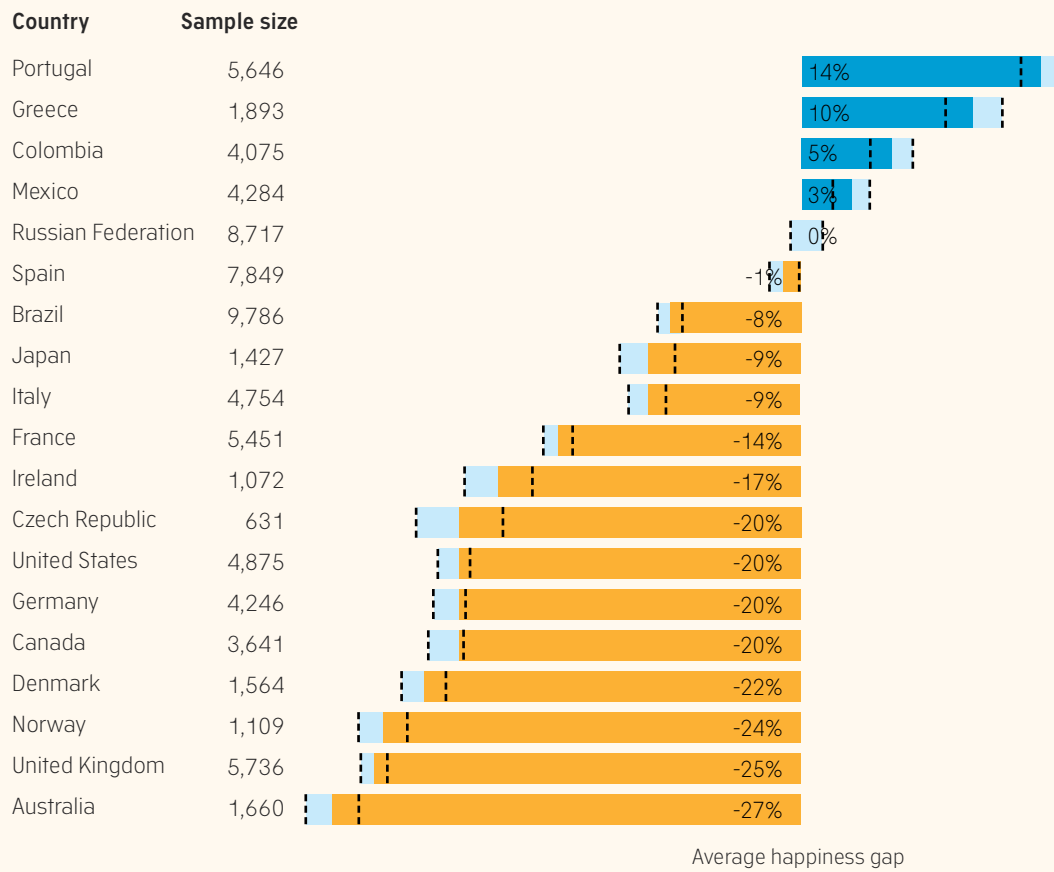


**Figure A.2:** Country ranking: Psoriasis happiness levels per country  
(With 95% confidence interval bands)



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.

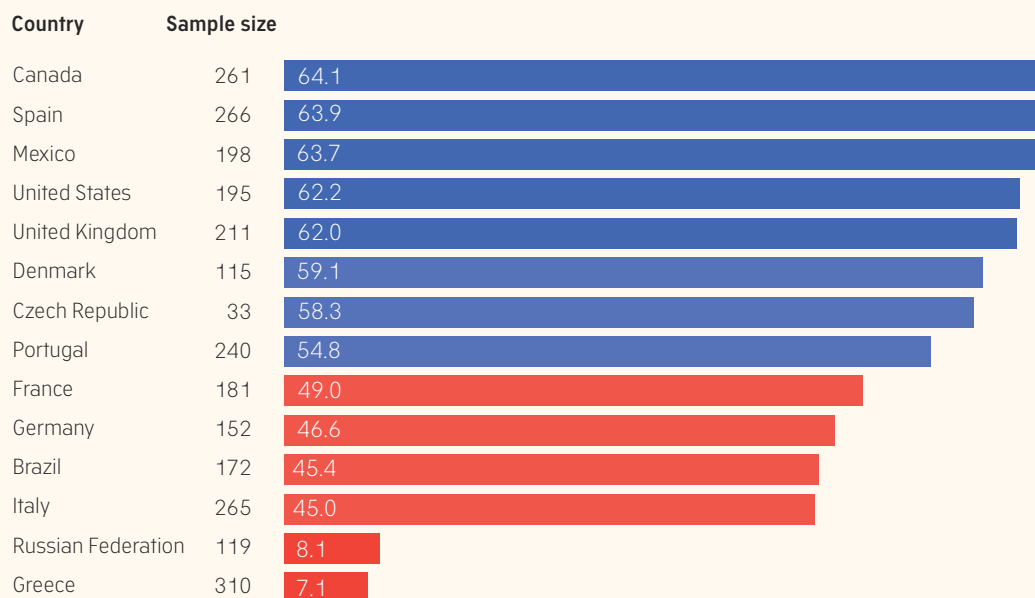
**Figure A.3:** Average happiness gap by country  
(With 95% confidence interval bands)



# 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

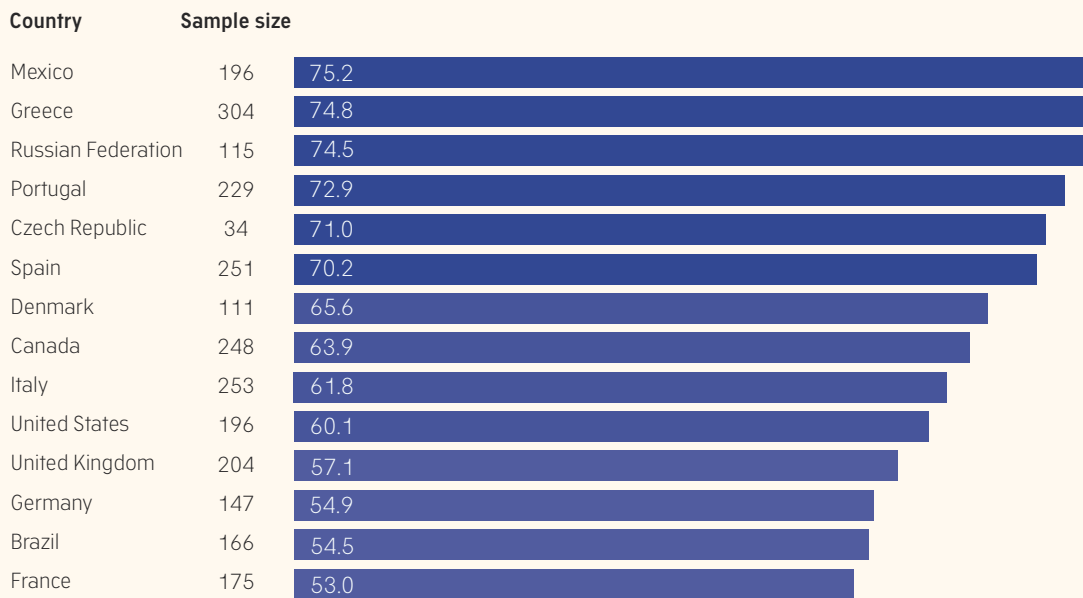
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being totally productive.”



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

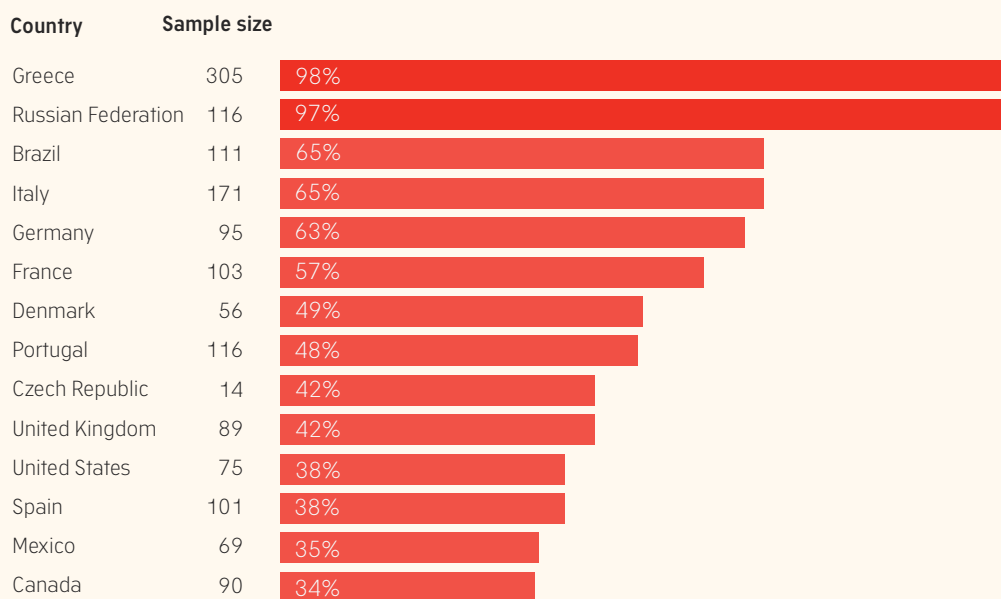
“Using the same scale, how affected was your productivity at work while you felt you should have stayed home because of other health issues? 0 means not at all productive, 100 means totally productive.”



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

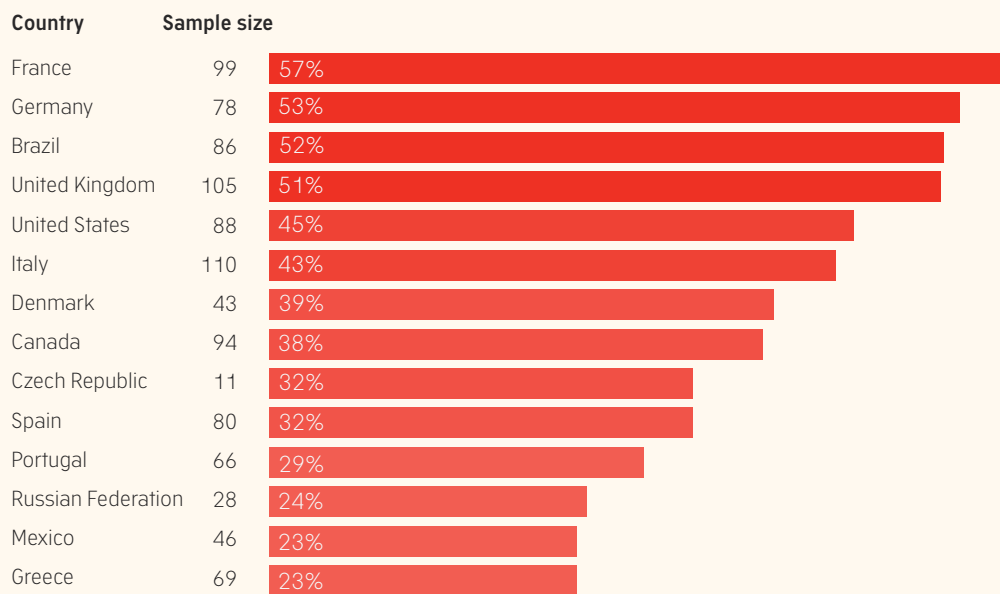
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being tptally productive.”



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

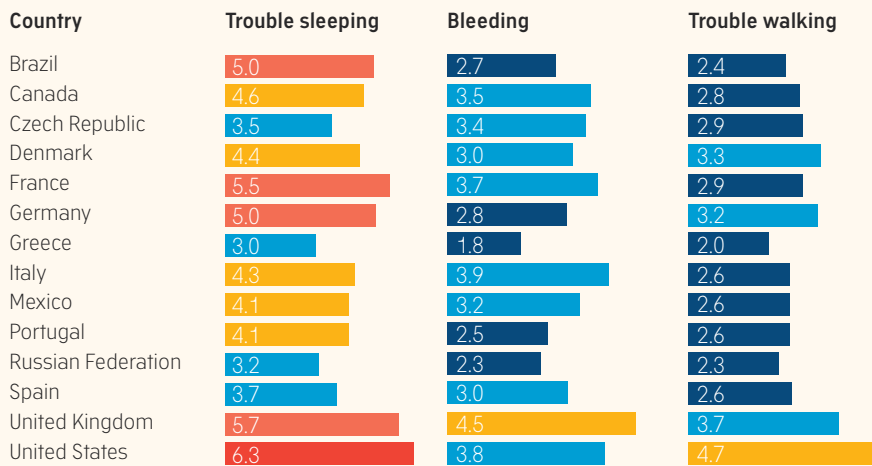
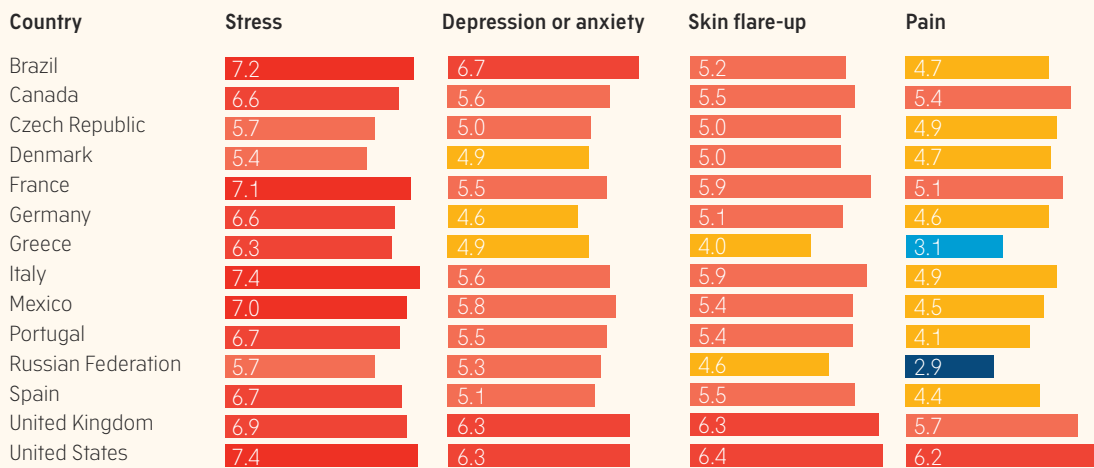
“Using the same scale, how affected was your productivity at work while you felt you should have stayed home because of other health issues? 0 means not at all productive, 100 means totally productive.”



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”





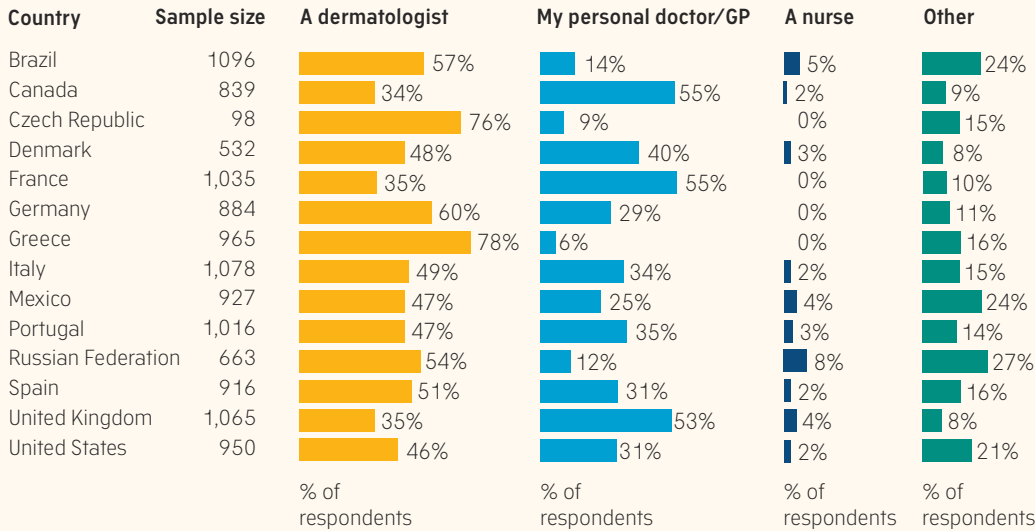
**Table B.6:** Estimated cost to society from lost productivity (adjusted for purchase) power parity):

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

# Healthcare professionals and Psoriasis

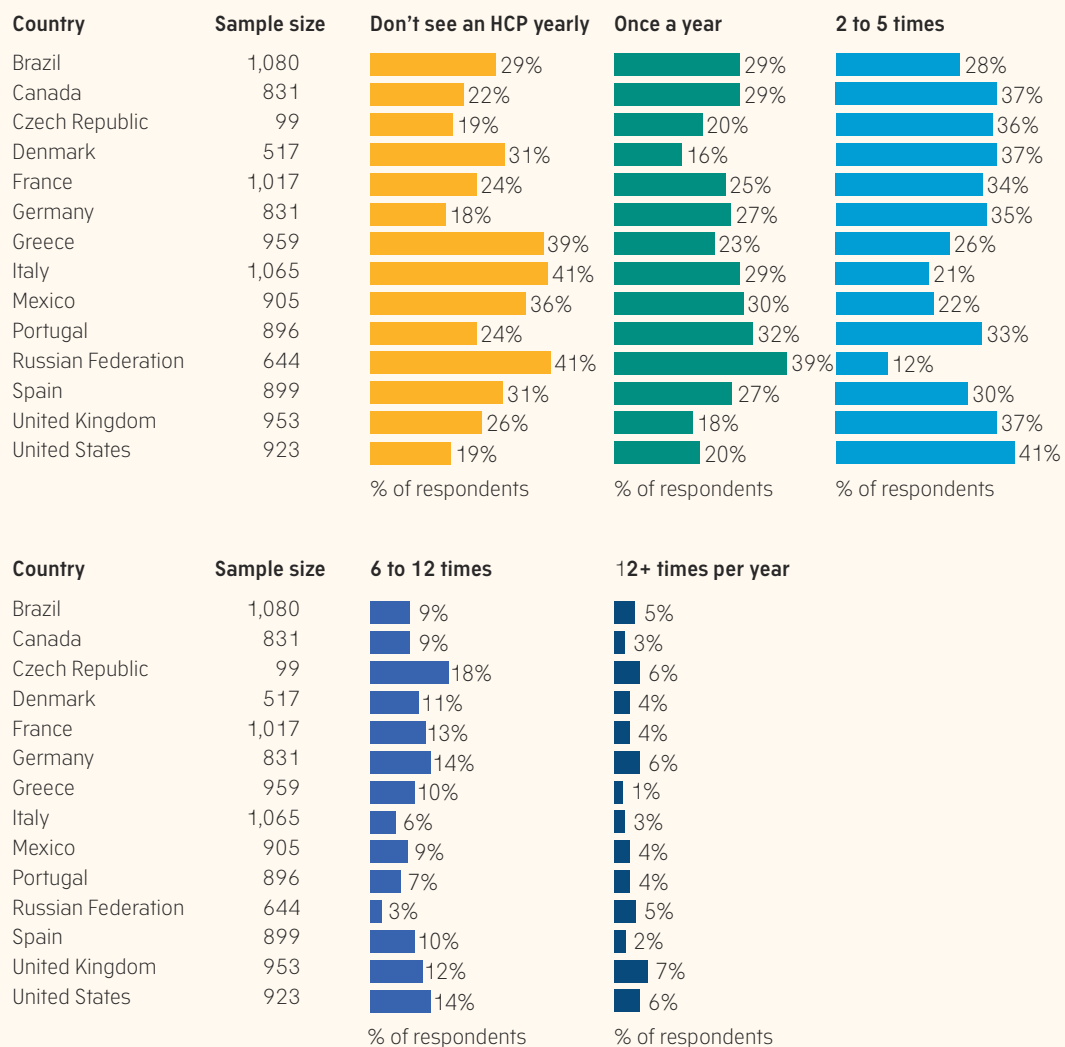
**Figure C.1:** Distribution of type of healthcare professionals engaged for psoriasis by country

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



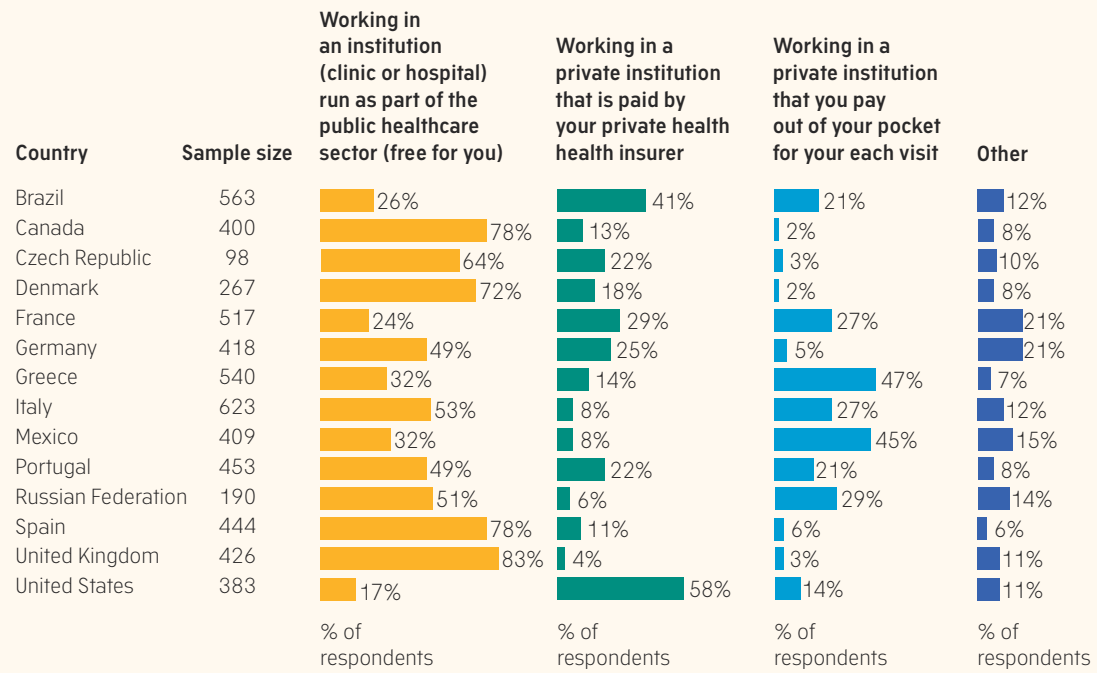
**Figure C.2:** Frequency of visits to healthcare professional for psoriasis by country

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



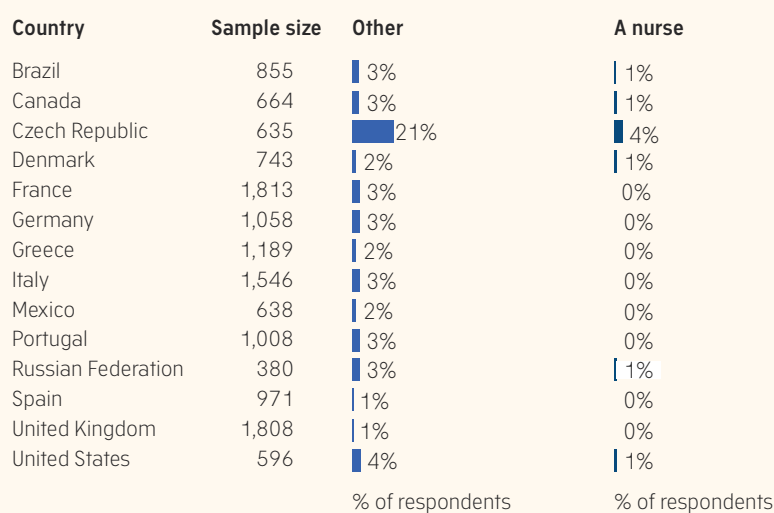
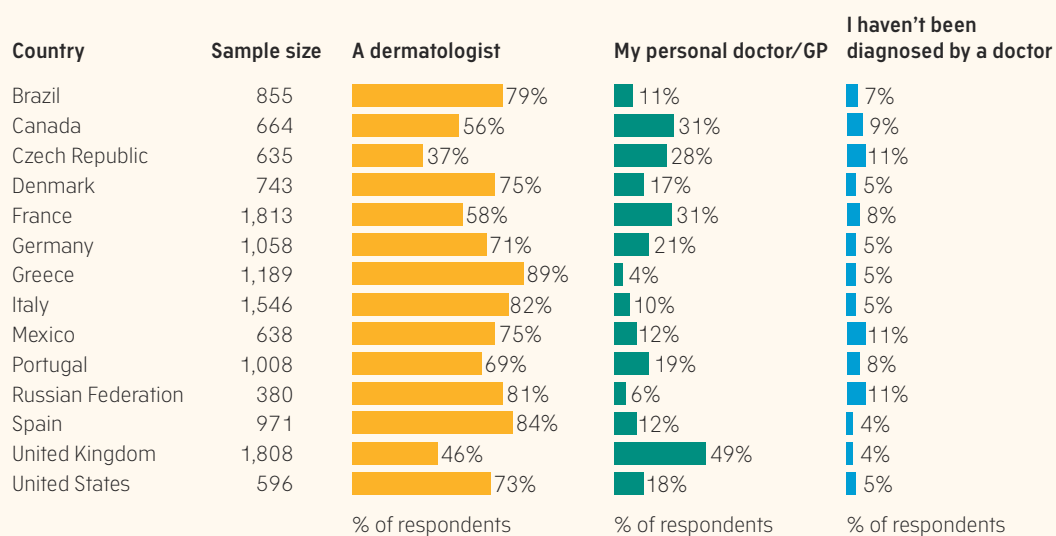
**Figure C.3:** Healthcare Professional institution by country

“Is your primary healthcare professional for your psoriasis?”



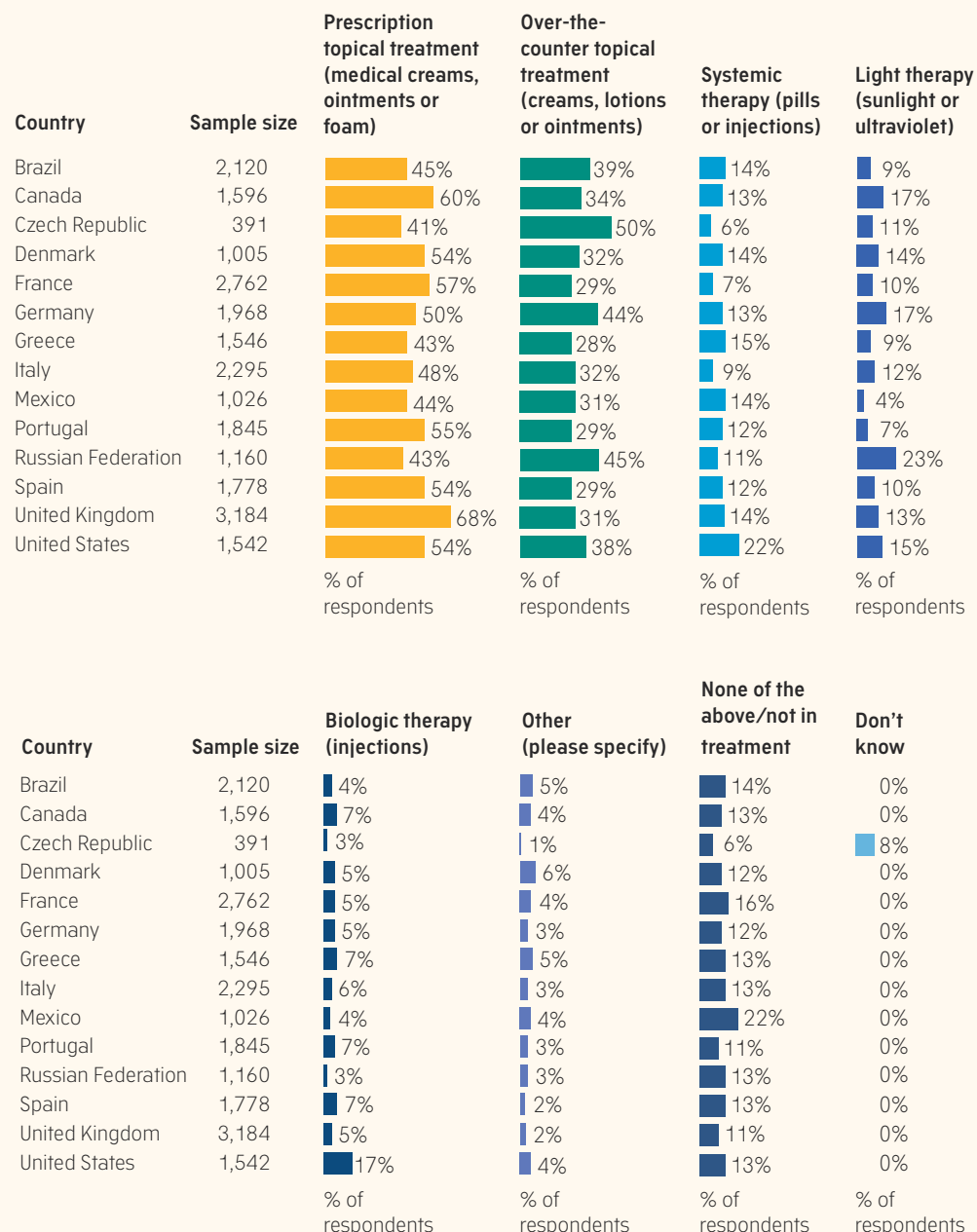
**Figure C.4:** Distribution of who has diagnosed their psoriasis (please note this report is based on self-reported psoriasis)

“Has your psoriasis been diagnosed by:”



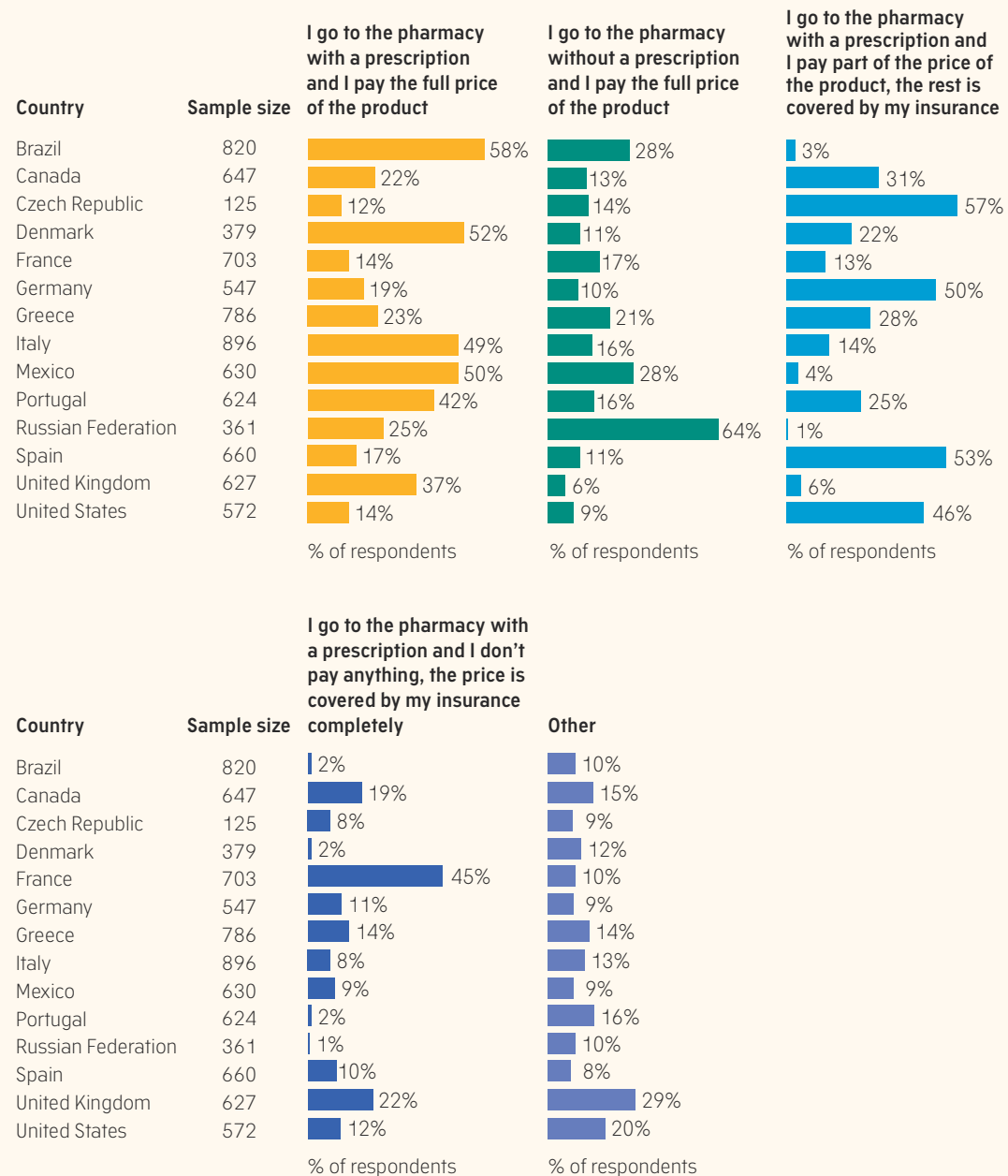
**Figure C.5:** Distribution of treatment type by country

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



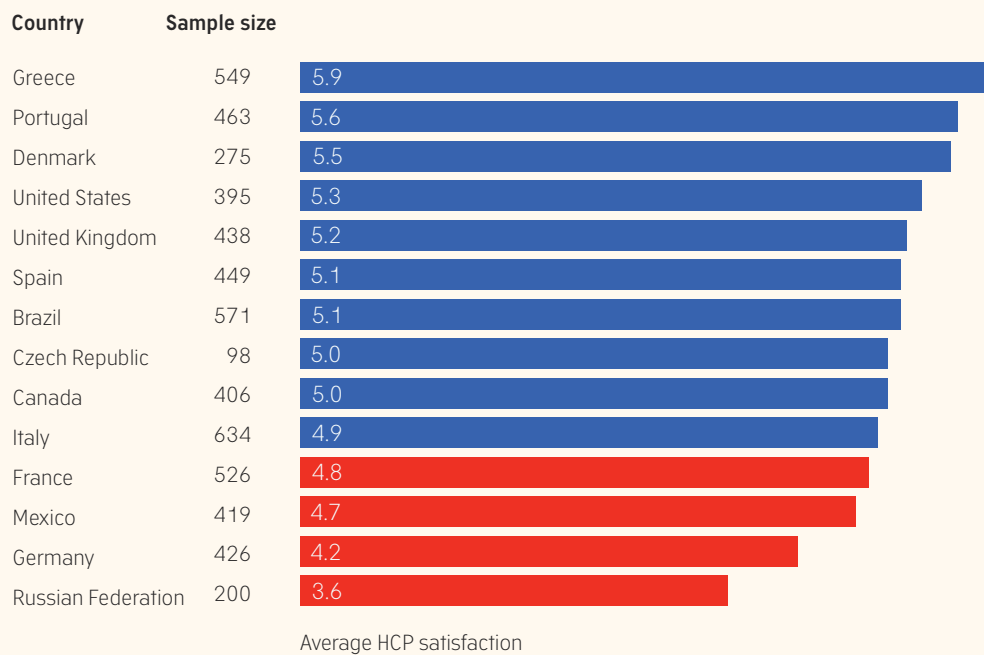
**Figure C.6:** Distribution of how people get and pay for their treatment

“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

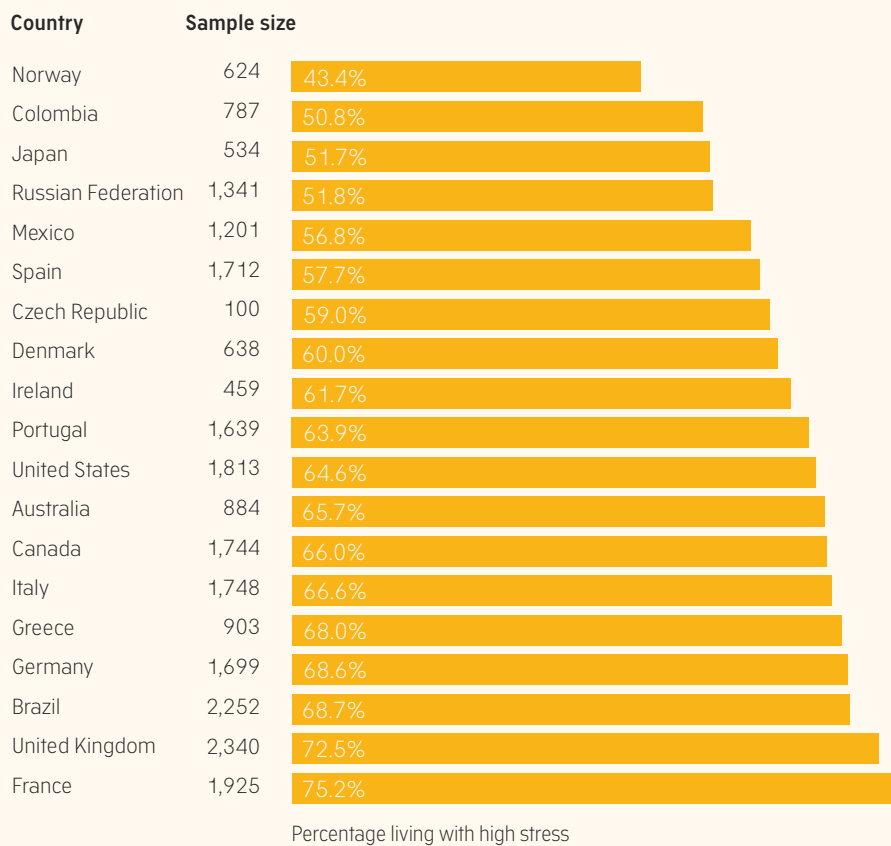
“On a scale from 0 to 10, how satisfied are you overall with your healthcare provider in regards to your psoriasis?”





# Levels of self-reported Stress & Loneliness

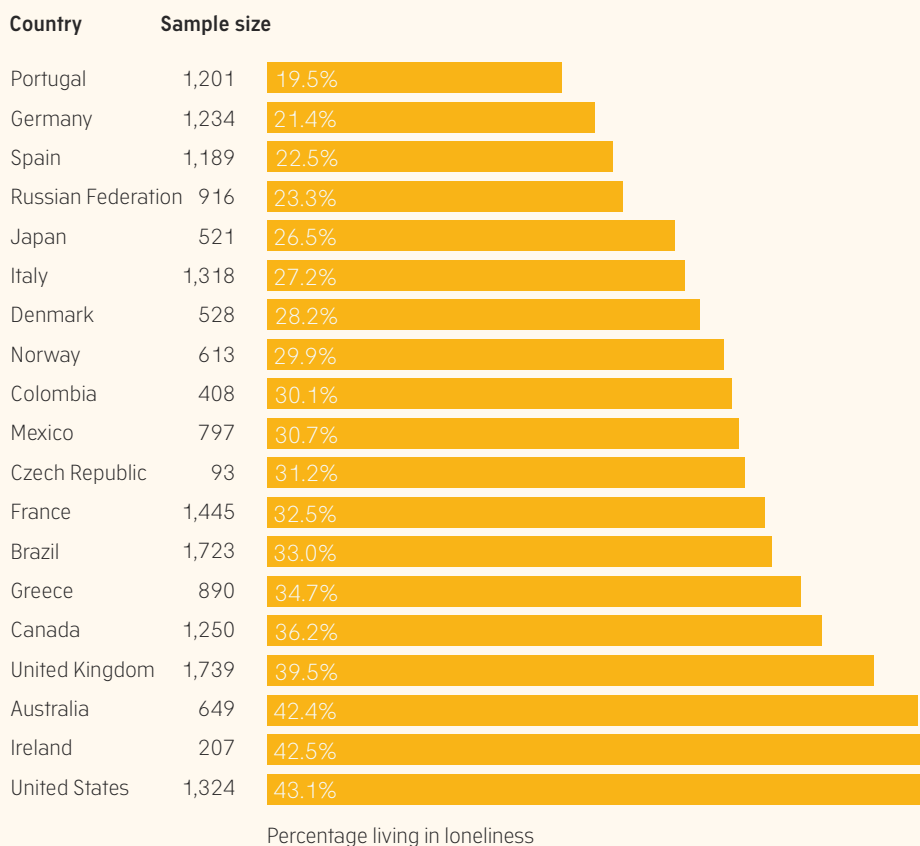
**Figure D.1:** Percentage of people living with high stress<sup>1</sup>



<sup>1</sup> 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 loneliness<sup>2</sup>. The analysis of the results used the most conservative interpretation of the loneliness scores.<sup>3</sup>)



<sup>2</sup>The 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.

<sup>3</sup>Examples 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*.