

World
Psoriasis
Happiness
Report 2018



The Czech Republic

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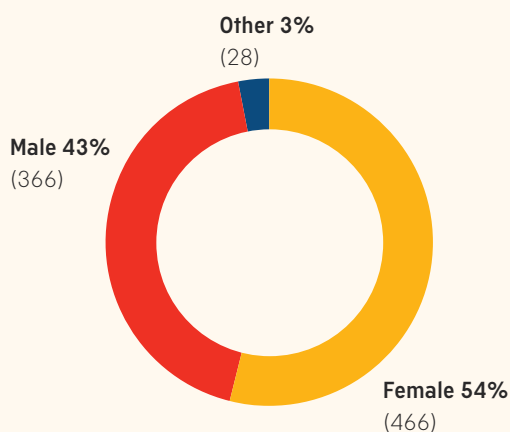
26 Appendix



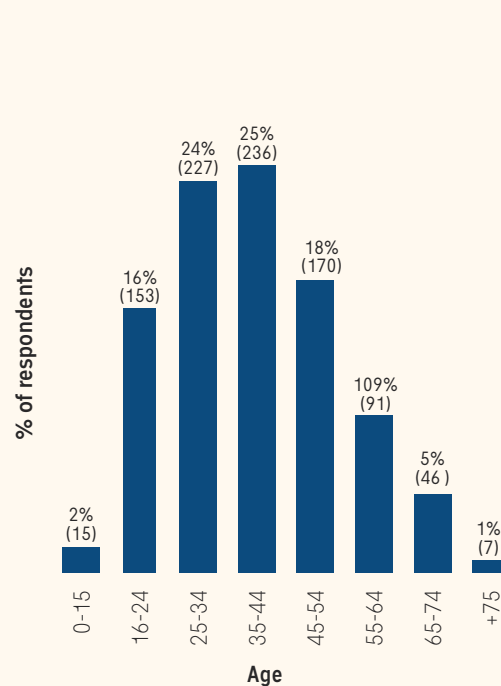
General Data & Happiness Results

General Data & Distributions. Total sample size: 945

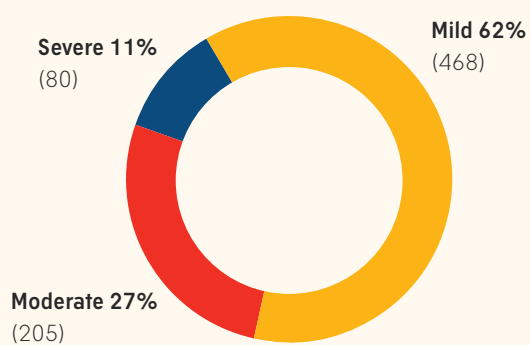
Gender distribution



Age distribution



Severity distribution



Severity distribution	The Czech Republic (N = 753)	Global (N = 54,438)
Mild	62%	37%
Moderate	27%	47%
Severe	11%	16%

In the Czech Republic, more than 3 in 5 (62%) of all respondents report mild psoriasis (subjective, self-perceived severity), while around 1 in 4 (27%) report moderate and about 1 in 10 (11%) severe psoriasis¹. Compared to the other countries in the analysis, the Czech Republic stands out as the country with the largest

proportion of people with self-perceived mild psoriasis and a much lower proportion of people with moderate psoriasis, while the percentage with severe psoriasis is also lower compared to other countries (see Fig. A.1 in the Appendix).

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 HCP or 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: 5.3 Happiness ranking: 19th / 21

Happiness	The Czech Republic		Global	
	Happiness level	Happiness gap	Happiness level	Happiness gap
Overall	5.3	-19.7%	5.8	-11.1%
Gender				
- female	5.2	-21.6%	5.7	-14.1%
- male	5.6	-15.8%	6.1	-5.8%
Severity				
- mild	5.5	-16.1%	6.0	-6.1%
- moderate	5.1	-22.5%	5.6	-14.1%
- severe	4.5	-32.1%	4.6	-30.6%

The average happiness level of 5.3 places the Czech Republic as 19th in the happiness ranking of the 21 countries in the analysis. With a happiness gap of -20%, the Czech Republic lands in the worse half of countries in this regard (see Fig. A.3 in the Appendix).

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

- Women with self-reported psoriasis are less happy than their male counterparts (5.2 vs. 5.6), which is the same pattern seen in most of the other countries and on a global scale.
- The happiness level drops significantly with the severity of people's psoriasis. I.e., people suffering from more severe degrees of self-perceived psoriasis are significantly less happy and experience increasingly large happiness gaps (more negative), once again in line with the results for 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 Czech Republic who are stressed and lonely are²:

High stress: 59.0%

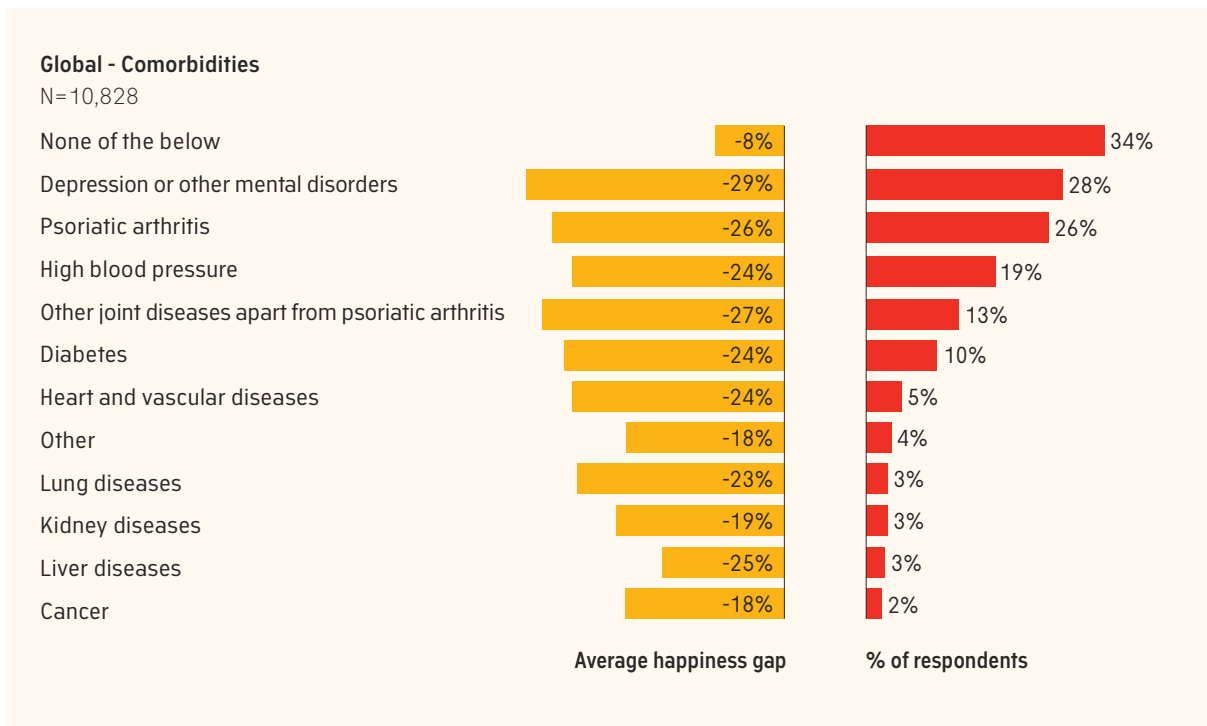
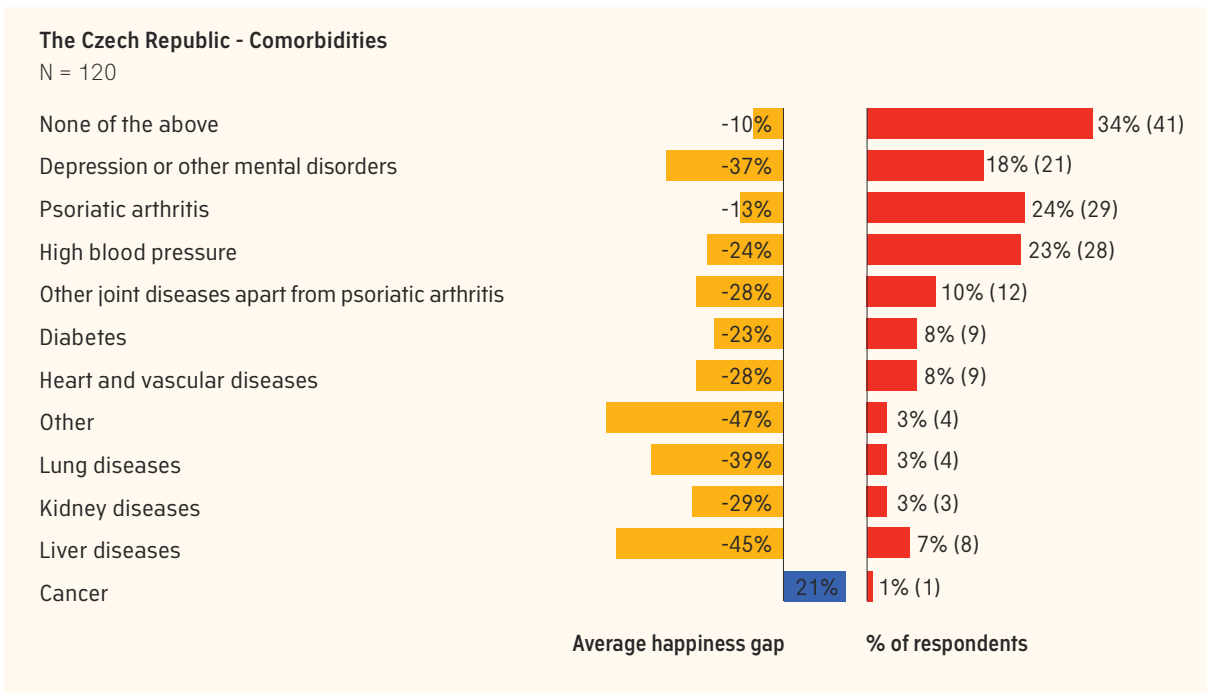
Loneliness: 31.2%

The data shows that around 3 in 5 (59%) of respondent in the Czech Republic are stressed. Compared to other countries, this places the Czech Republic in the better half of the spectrum in this regard. The Czech Republic fares slightly worse when it comes to loneliness, though, where it lands roughly in the middle. However, with roughly 3 in 10 (31%) of people living in loneliness, the situation is still far from ideal.

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

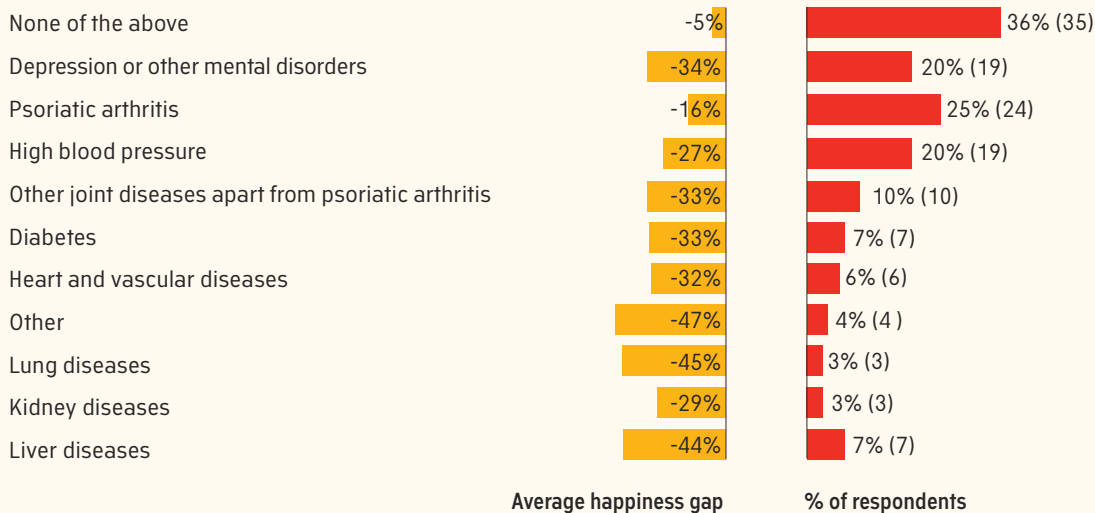
Psoriasis and Comorbidities

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.



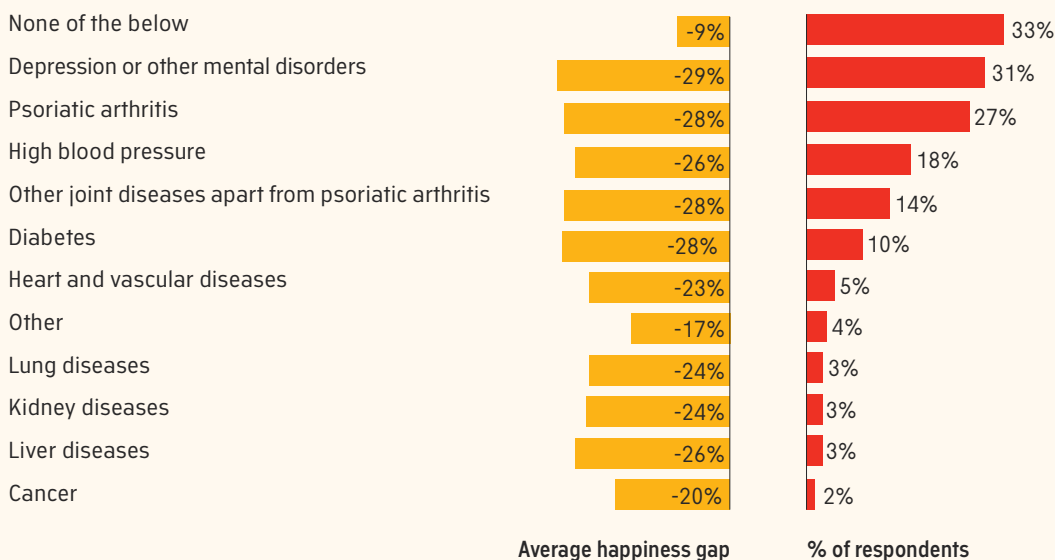
The Czech Republic - Comorbidities by gender - Female

N = 97



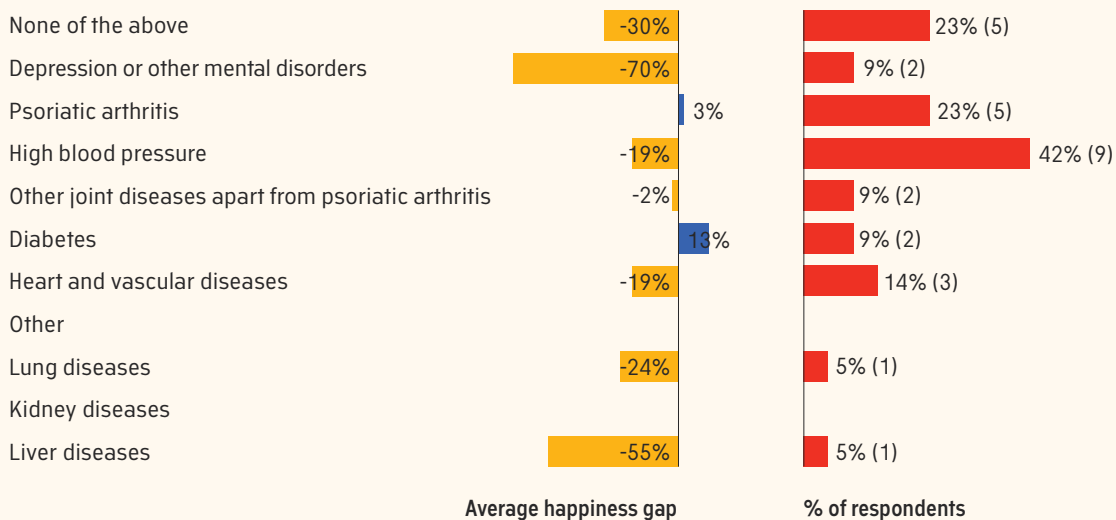
Global - Comorbidities by gender - Female

N = 8,398



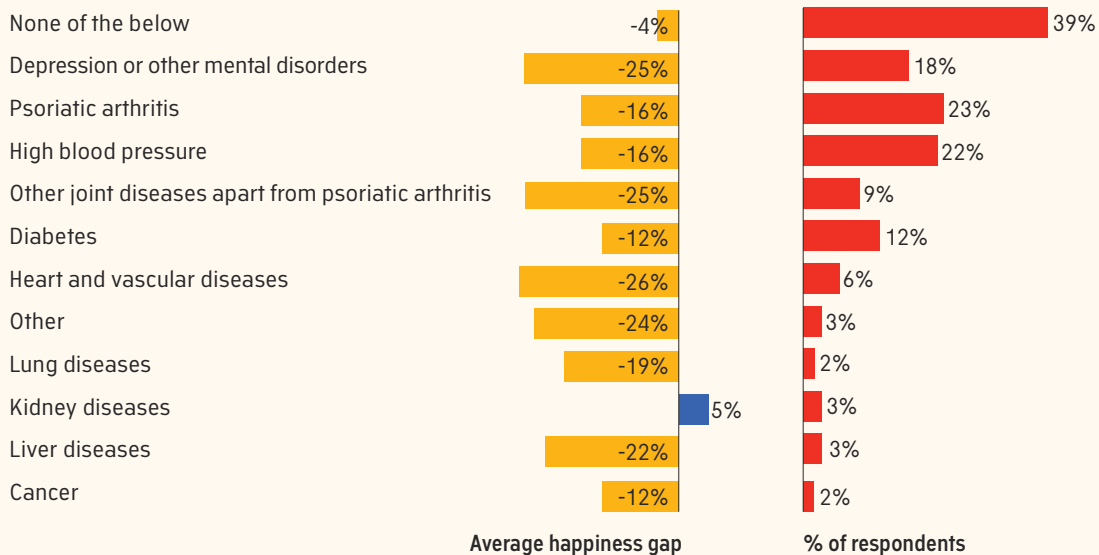
The Czech Republic - Comorbidities by gender - Male

N = 22

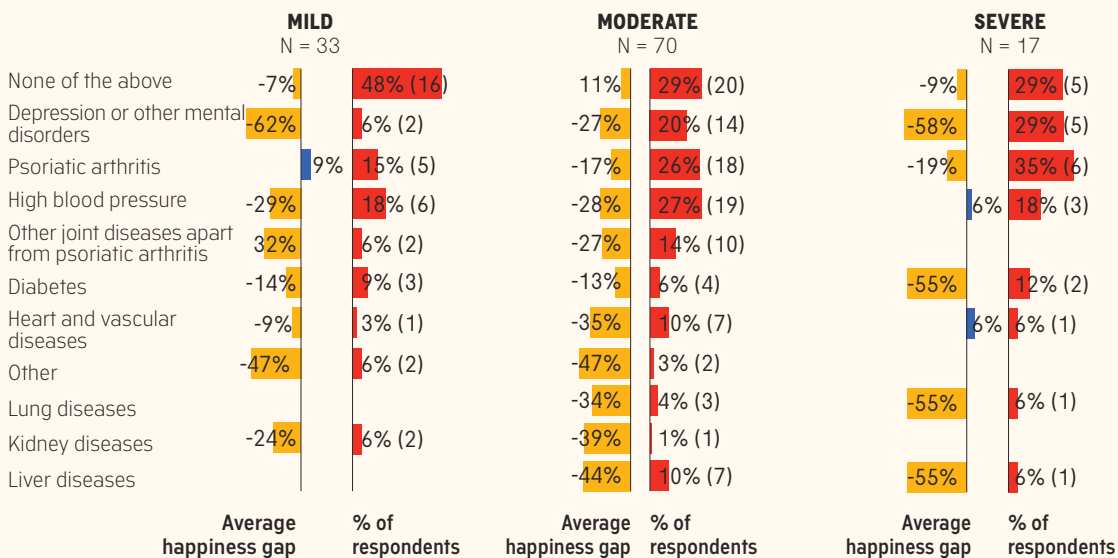


Global - Comorbidities by gender - Male

N = 2,369

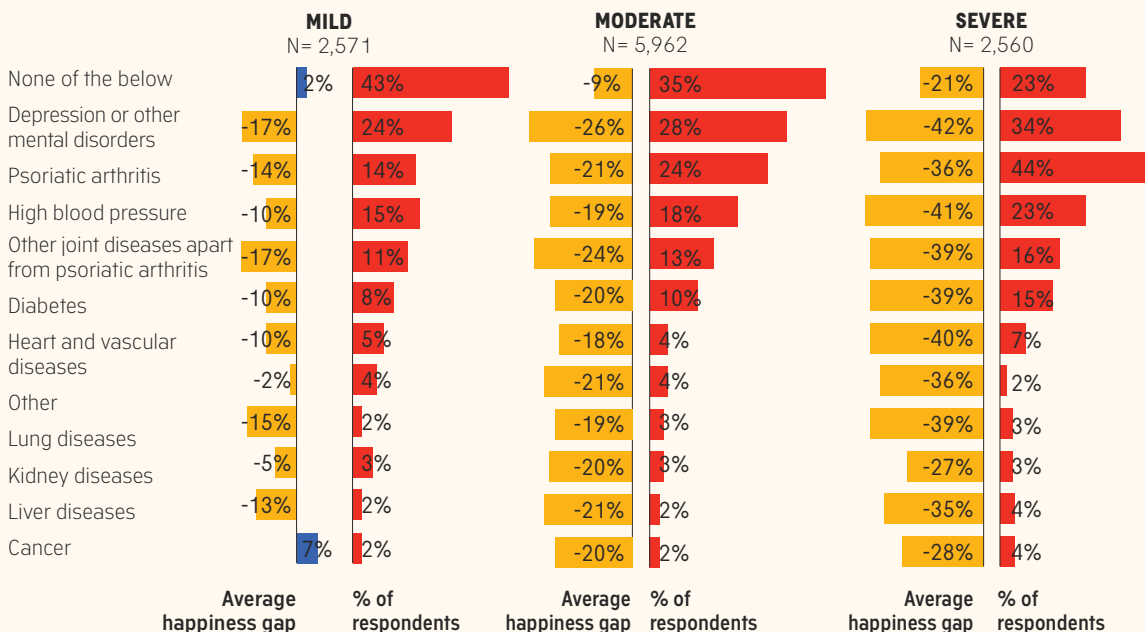


The Czech Republic - Comorbidities by severity



(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 overall results on comorbidities and happiness gaps, we note, among other things, that:

- Around a third (34%) of respondents in the Czech Republic don't experience any of the listed comorbidities (meaning that 66% do), which is the same as seen in the global case.
- The most commonly reported comorbidities in the Czech Republic are psoriatic arthritis (24%), high blood pressure (23%), and depression or other mental disorders (18%). It's interesting that especially depression or other mental disorders is not as prevalent or common in the Czech Republic as seen in the global case and many other countries.
- However, depression or other mental disorders is still the comorbidity related to the largest happiness gap (-37%)³.

Turning to the split by gender, for which we have to disregard the male sample due to insufficient sample sizes, we see much the same for women as we did in the overall case above. One thing to note, perhaps, is that the happiness gaps related to most of the more common comorbidities are slightly higher for women in the Czech Republic than seen globally. Finally, for the split by severity, where we have to focus on moderate psoriasis, we again see roughly the same as in the overall case.

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



Productivity Levels

The table below shows people's productivity at work (as reported by themselves and rated on a scale from 0-100) when they should have stayed at home because of psoriasis and other health issues, respectively.

Productivity at work	The Czech Republic	Global
Average productivity		
- Because of psoriasis	58.3 (33)	53.2 (2,721)
- Because of other health issues	71.0 (34)	62.9 (2,633)
Percentage of people reporting less than 50% productivity		
- Because of psoriasis	42% (14)	51% (1,521)
- Because of other health issues	32% (11)	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.)

Respondents in the Czech Republic work with higher productivity than globally when they should have stayed at home because of both psoriasis and other health issues. As can also be seen from Fig. B.1 and B.2 in the Appendix, the Czech Republic lands roughly in the middle to better half compared to other countries.

psoriasis, while around a third (32%) do so when it comes to other health issues. As seen in Fig. B.3 and B.4 in the Appendix, this places the Czech Republic in the better half of countries in both regards.

In the same vein as above, around 2 in 5 (65%) in the Czech Republic work at 50% productivity or less when they should have stayed at home because of their

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.

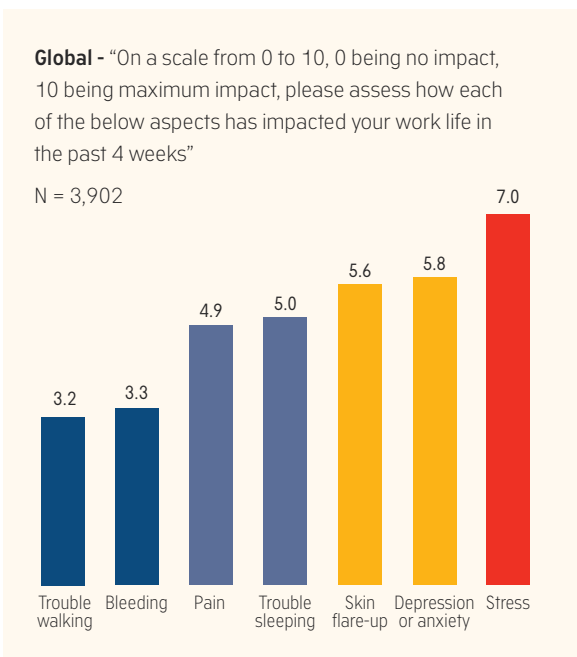
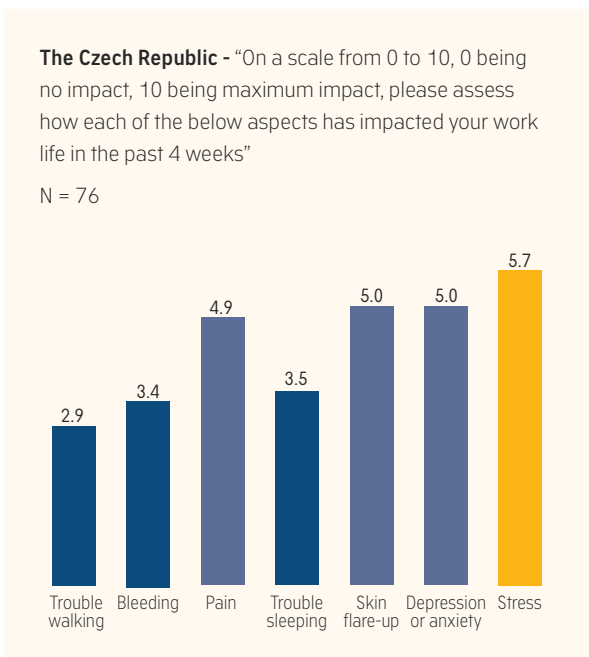
Work and social hours missed	The Czech Republic		Global	
	Because of psoriasis	Because of other health issues	Because of psoriasis	Because of other health issues
Work hours missed	N = 34	N = 34	N = 2,998	N = 2,945
5+ hours	24%	18%	24%	26%
10+ hours	18%	15%	17%	17%
20+ hours	N/A	N/A	10%	10%
Social hours missed	N = 88	N = 89	N = 5,387	N = 5,339
5+ hours	39%	37%	35%	33%
10+ hours	35%	25%	26%	22%
20+ hours	23%	16%	18%	14%

Compared to the global picture, respondents in the Czech Republic miss roughly the same amount of work hours due to psoriasis (24%). The amount of social hours missed, however, is larger, with more than a third (35%) of respondents missing at least 5 or more social hours (in a 4-week period) because of their psoriasis (vs. 26%

globally). As with many other countries, and the global case as well, it's interesting to note that people in the Czech Republic generally miss more social hours because psoriasis (and other health issues as well) than they do work 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, the aspects with the largest impact on people’s work life in the Czech Republic are stress, depression or anxiety, skin flare-ups, and pain. This is generally also what we see in the global case (in the right-hand figure). However, it’s interesting that things such as trouble sleeping have a much lower impact in

the Czech Republic than globally. To a slightly smaller extent, the same goes for skin flare-ups and depression or anxiety. Also, while stress is still the aspect with the largest impact in the Czech Republic, it’s still lower than in almost all other countries (see also Fig. B.5 in the Appendix).

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'	The Czech Republic			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"	40% (29)	41% (24)	29% (4)	60% (2,336)	60% (1,811)	58% (515)
"My manager understands the impact psoriasis has on me and my work performance"	32% (24)	31% (18)	36% (5)	51% (1,939)	53% (1,530)	48% (404)
"My work colleagues know about my psoriasis and I get their support when needed"	24% (18)	22% (13)	36% (5)	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"	39% (29)	37% (22)	43% (6)	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.)

(Note that the male sample sizes for the Czech Republic are too small and insufficient for any proper conclusions and remarks to be made.)

Compared to the global picture, respondents in the Czech Republic are generally less dissatisfied with the support they receive at work on both a company, manager, and colleague level, while it's roughly the same when it comes to co-workers in the bottom statement. For example, 40% of respondents (vs. 60% globally) don't think their company has systems in place to help them manage their psoriasis. Also, around a third (32%) of respondents (vs. 51% globally) don't think their manager understands the impact that psoriasis has on them and their work performance. Finally, almost 1 in 4 (24%) don't think they have colleagues who know about their psoriasis and support them (vs. 39% globally).

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.

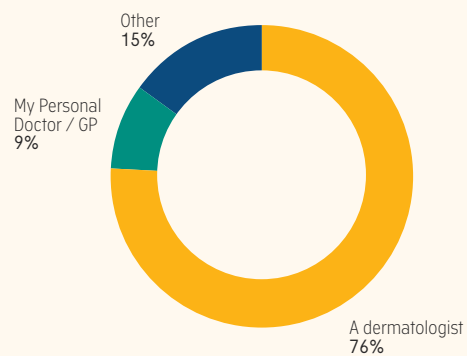
Healthcare Professional Type & Frequency of Visits

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 Czech Republic and the global case.

The Czech Republics - HCP Type

'Who is your primary healthcare professional in relation to your psoriasis?'

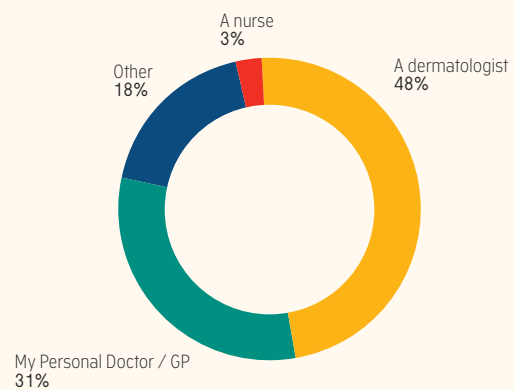
N = 98



Global - HCP Type

'Who is your primary healthcare professional in relation to your psoriasis?'

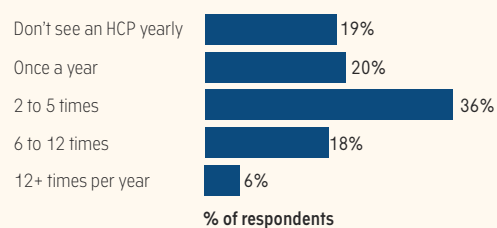
N = 13,533



The Czech Republics - HCP frequency

'How many times per year are you in contact with healthcare professional due to your psoriasis?'

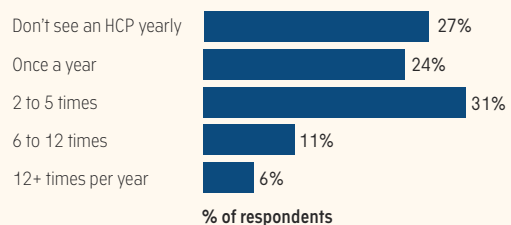
N = 99



Global - HCP Frequency

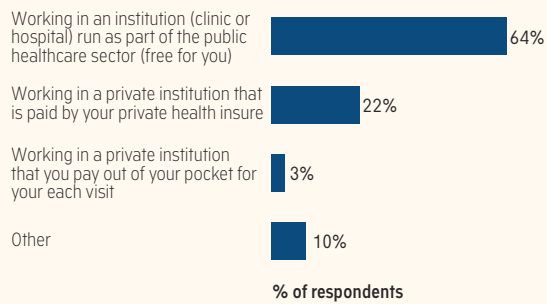
'How many times per year are you in contact with healthcare professional due to your psoriasis?'

N = 13,062

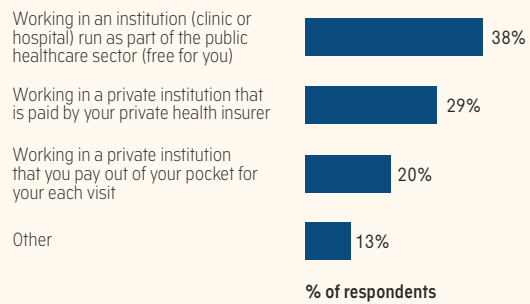


The Czech Republics - HCP institution

'Is your primary healthcare professional for your psoriasis:'
N = 98

**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:

- More than 3 in 4 (76%) of respondents in the Czech Republic have a dermatologist as their healthcare professional, making this the most common thing by far - even more so than globally and most other countries (see also Fig. C.1 in the Appendix).
- In regards to frequency of visits, more than a third (36%) of respondents in the Czech Republic see their healthcare professional 2-5 times a year, while 18% do so 6-12 times a year. Also, with only 19% not seeing

a healthcare professional yearly, this makes the Czech Republic one of the countries where people see their healthcare professional most often (see also Fig. C.2 in the Appendix).

- The most reported thing in the Czech Republic (as done by 64%, almost 2 in 3) is going to a clinic or hospital run as part of the public healthcare sector and for which they don't pay. The second most common, as done by 22%, is going to a private institution paid by their private health insurer.

Diagnosis & Type of Treatment

As seen in the table below, only 37% of respondents in the Czech Republic have had their psoriasis diagnosed by a dermatologist, which is much less than globally and many other countries (see also Fig. C.4 in the Appendix). Also, a significant amount (28%) have had it diagnosed by a personal doctor or GP.

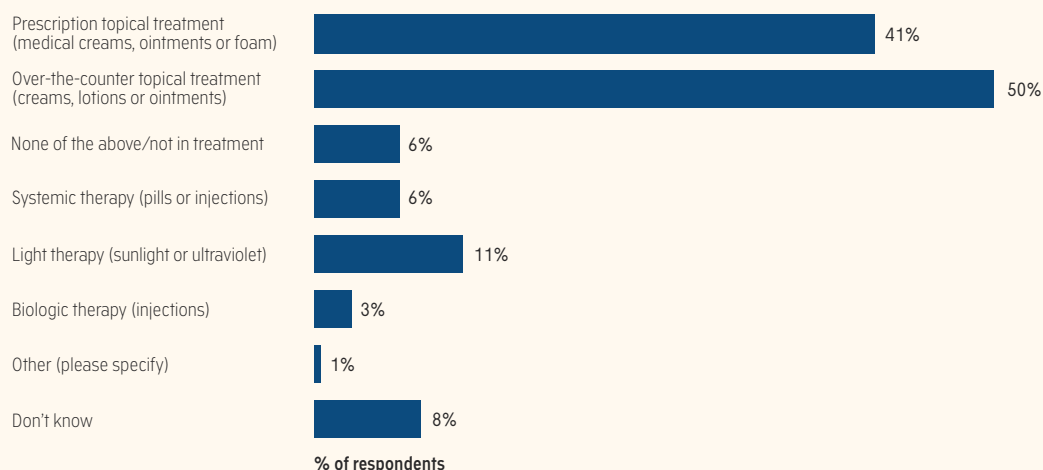
Was your psoriasis diagnosis by..	The Czech Republic (N = 635)	Global (N = 14,184)
Dermatologist	37%	69%
Personal doctor / GP	28%	21%
Haven't been diagnosed by a doctor	11%	6%
Nurse	4%	1%
Other	21%	3%

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

The Czech Republic - Treatment type

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

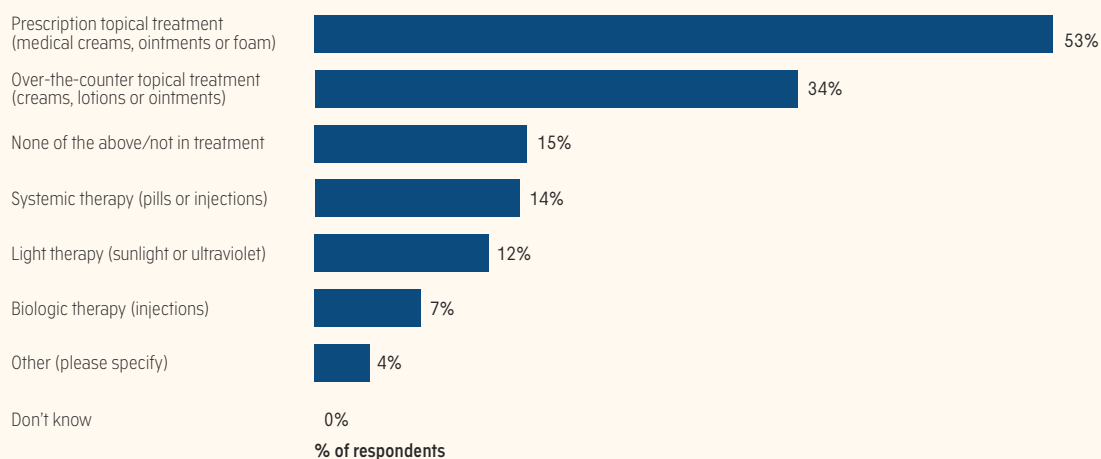
N = 391



Global - Treatment type

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

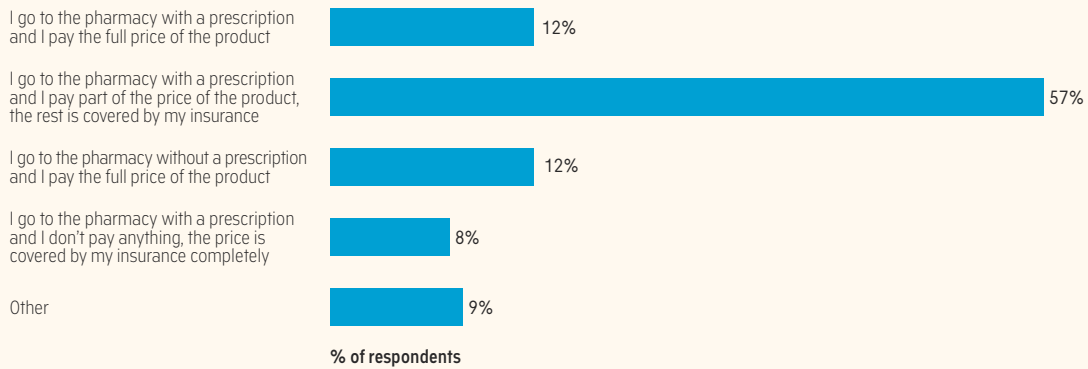
N = 36,574



The Czech Republic

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

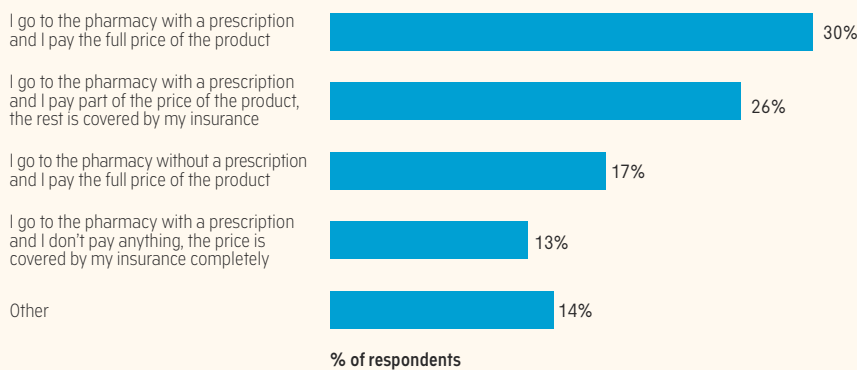
N = 391



Global

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

N = 8,388



The most commonly reported treatment type in the Czech Republic are clearly topicals, both over-the-counter (as used by 50% of respondents) and on prescription (as used by 41%). Compared to the global case and other countries, the Czech Republic is the country with the largest proportion of people using over-the-counter topicals (see also Fig. C.5 in the Appendix). It's also interesting to see that much fewer people in the Czech Republic use systemic therapy (6% vs. 14%).

As for getting their treatment, almost 3 in 5 (57%) of the respondents in the Czech Republic go to the pharmacy with a prescription and pay part of the price of the product, with the rest being covered by their insurance. As seen in Fig. C.6 in the Appendix, this makes the Czech Republic the country with the absolute largest proportion of people getting their treatment this way.

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?”	The Czech Republic	Global
Overall	5.01 (98)	4.97 (5,853)
Gender		
- Female	5.06 (80)	4.95 (4,604)
- Male	5.00 (17)	5.02 (1,220)
Severity		
- Mild	5.80 (25)	5.23 (1,356)
- Moderate	4.56 (57)	4.80 (3,157)
- Severe	5.38 (16)	5.10 (1,314)

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

Overall, respondents in the Czech Republic report roughly the same satisfaction level as globally. Looking at Fig. C.7 in the Appendix, we also see that the Czech Republic is placed roughly in the middle in this regard. Looking at the split by gender, we see that men and women are roughly equally satisfied. However, looking at self-perceived severity, it's interesting to see how people with moderate psoriasis are less satisfied than people with mild and

severe psoriasis (just as the global case), 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”: % who ‘Disagree’ or ‘Strongly disagree’	The Czech Republic			Global		
	Overall	Women	Men	Overall	Women	Men
“The doctor gave me as much information as I wanted”	22% (22)	21% (17)	29% (5)	21% (2,813)	22% (968)	15% (188)
“The doctor recognised and responded to my emotional state”	41% (40)	40% (32)	44% (7)	30% (1,619)	32% (1,349)	23% (263)
“The doctor talked in terms I could understand”	20% (19)	20% (16)	20% (3)	15% (847)	14% (698)	11% (145)
“The doctor encouraged me to ask questions”	57% (54)	59% (47%)	40% (6)	28% (1,612)	29% (1,333)	22% (273)
“The doctor involved me in decisions as much as I wanted”	36% (34)	38% (30)	20% (3)	25% (1,417)	26% (1,165)	20% (244)
“The doctor discussed next steps”	27% (25)	28% (22)	20% (3)	26% (1,482)	27% (1,228)	20% (246)
“The doctor spent the right amount of time with me”	20% (19)	23% (18)	7% (1)	25% (1,395)	26% (1,148)	19% (241)
“The doctor discussed about how my psoriasis affect my mental health and overall well-being”	58% (54)	61% (47)	40% (6)	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.)

(Note that the male sample sizes for the Czech Republic are too small and insufficient for any proper conclusions and remarks to be made.)

Respondents in the Czech Republic are generally more dissatisfied with aspects around the interaction with their healthcare professional compared to the global picture. For example, 41% (vs. 30% globally) don’t think their doctors recognise and respond to their emotional state. In the same vein, 58% (vs. 50% globally) don’t think

the doctors discuss how psoriasis affects their mental health and overall well-being. By far the largest degree of dissatisfaction occurs when it comes to the doctors encouraging people to ask question, which as much as 57% of respondents in the Czech Republic disagree with (vs. only 28% globally).

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?'	The Czech Republic			Global		
	Overall	Women	Men	Overall	Women	Men
"My healthcare professionals are clear with the information about how to treat psoriasis"	49% (45)	53% (40%)	31% (5)	40% (5,329)	41% (3,933)	36% (1,341)
"My healthcare professionals fully understand the impact psoriasis has on my mental well-being"	55% (51)	57% (43)	44% (7)	53% (7,055)	56% (5,311)	44% (1,683)
"I can get in touch with the healthcare professional when I'm in need"	46% (42)	49% (37)	25% (4)	36% (4,798)	37% (3,532)	34% (1,227)
"I have confidence in the abilities of my healthcare professionals to treat psoriasis"	50% (46)	55% (41)	31% (5)	42% (5,946)	44% (4,344)	39% (1,550)
"I always follow the advice of my healthcare professionals"	24% (22)	25% (19)	19% (3)	27% (3,692)	27% (2,611)	28% (1,035)
"I've been informed about all the different treatment options related to my condition"	59% (54)	63% (47)	38% (6)	55% (7,240)	57% (5,424)	50% (1,763)
"The system provides me with sufficient financial support in relation to my skin condition"	76% (70)	77% (58)	69% (11)	67% (8,865)	69% (6,535)	63% (2,267)
"There is sufficient public awareness regarding my disease"	68% (63)	71% (53)	56% (9)	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.)

(Note that the male sample sizes for the Czech Republic are too small and insufficient for any proper conclusions and remarks to be made.)

In regards to aspects around the relationship to their healthcare professionals, respondents in the Czech Republic are generally slightly more dissatisfied than globally. For instance, 46% (vs. 36% globally) don't think they can get in touch with the healthcare professional when in need. And almost half (49%) don't think their healthcare professionals are clear with the information on how to treat psoriasis (vs. 40% globally). Albeit

lower than the global norm, more than 2 in 3 (68%) of respondents in the Czech Republic don't think there is sufficient public awareness regarding psoriasis. Finally, the largest degree of dissatisfaction occurs when it comes to financial support, with which more than 3 in 4 (76%) are dissatisfied and don't believe the system provides enough of.

Appendix

General Results & Happiness

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

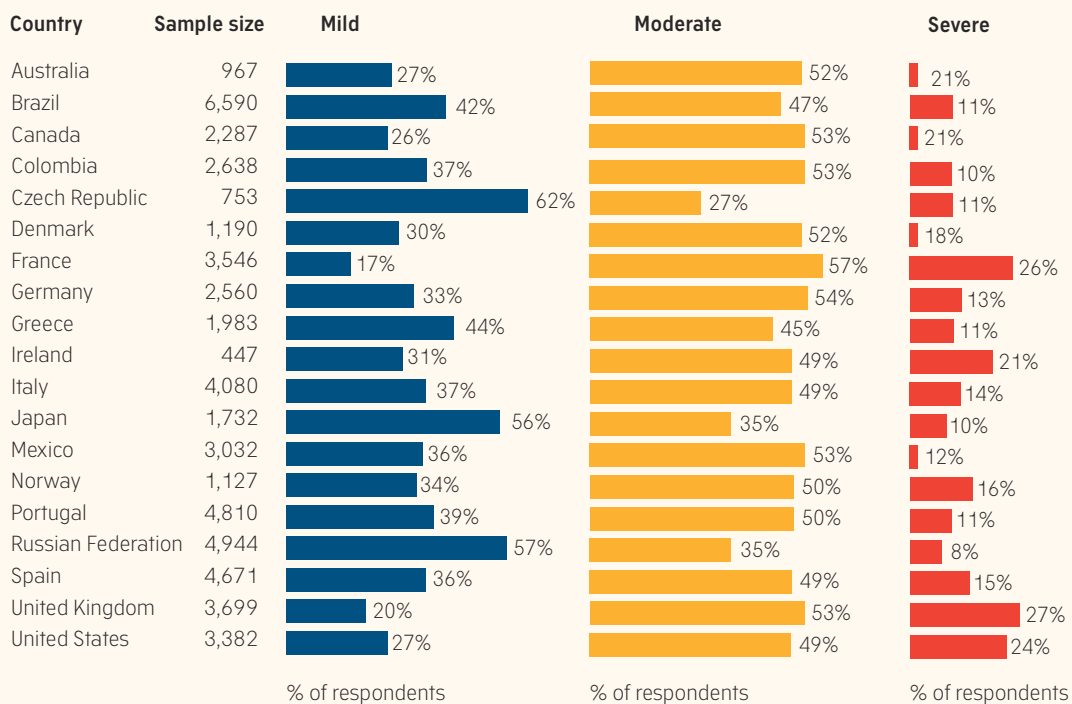
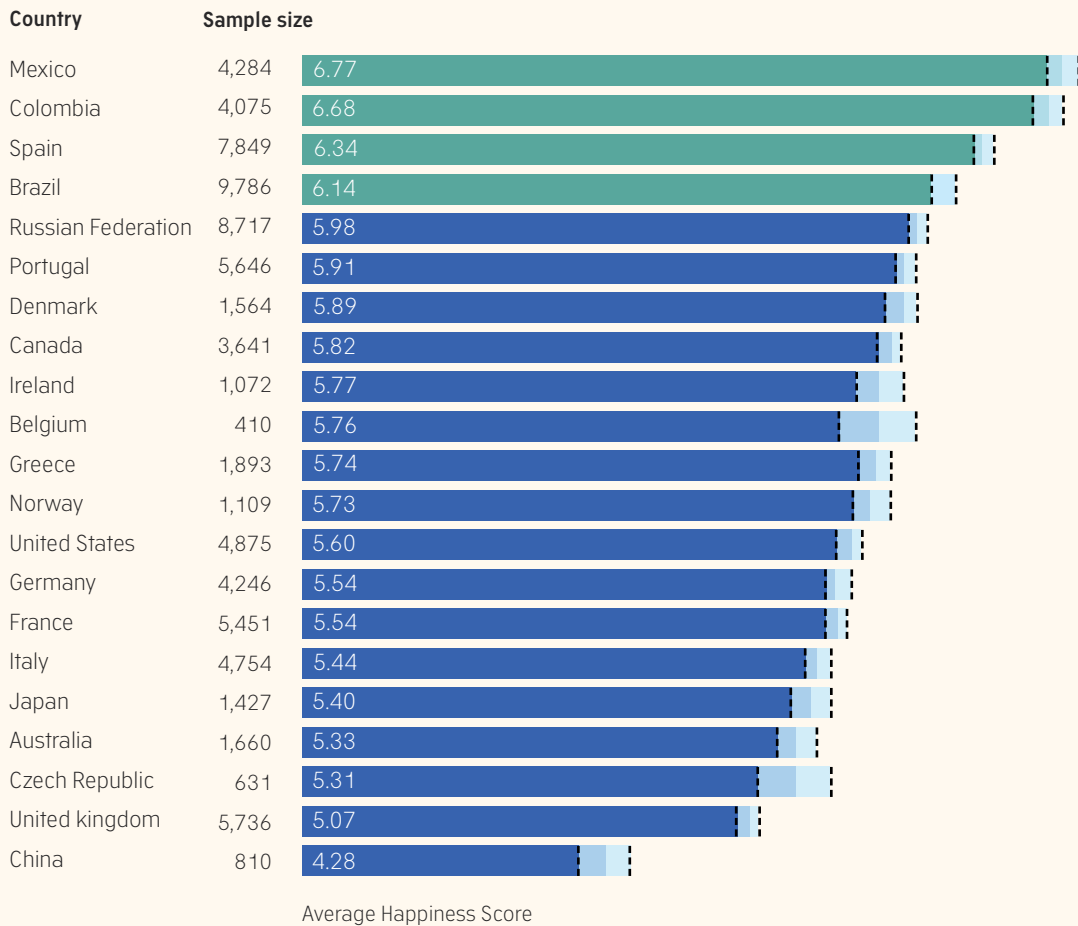
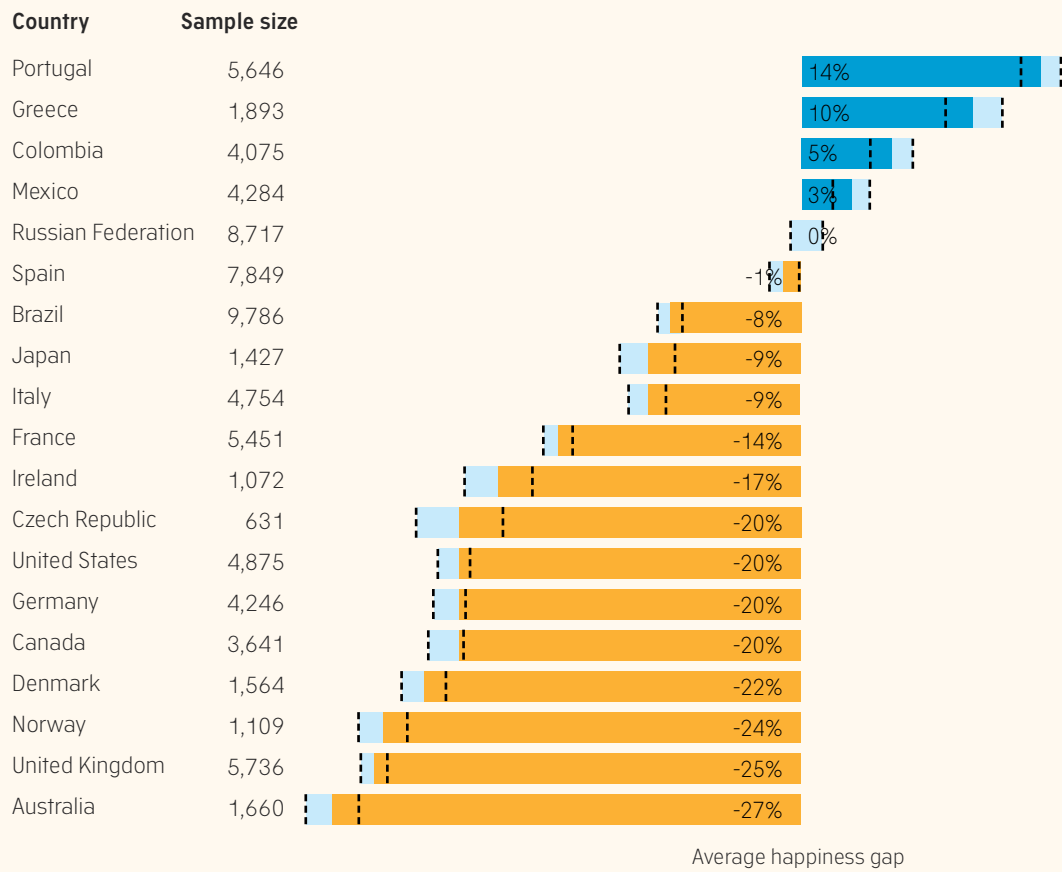


Figure A.2: Country ranking: Psoriasis happiness levels per country
(With 95% confidence interval bands)



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.

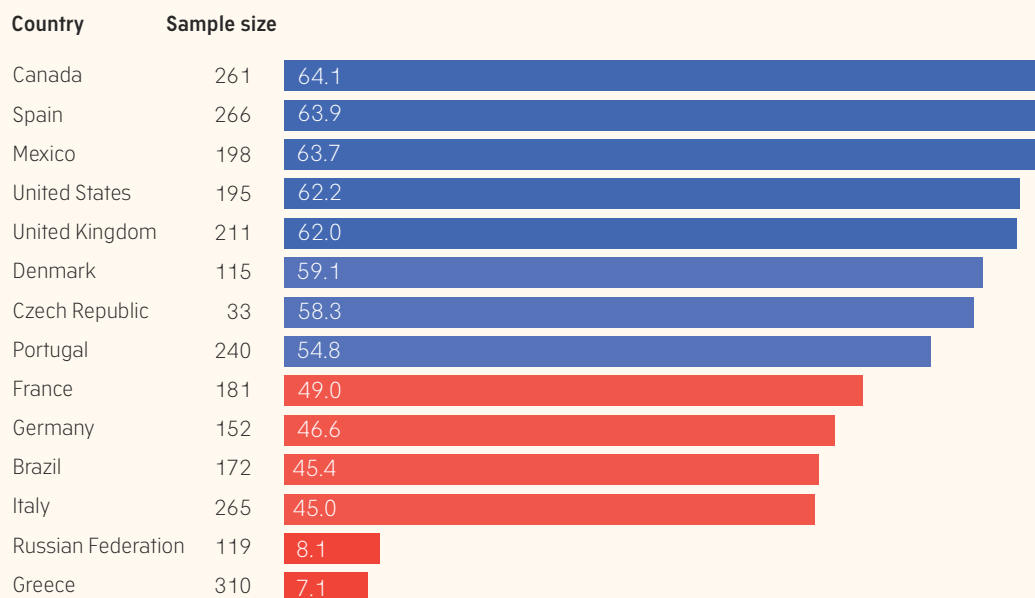
Figure A.3: Average happiness gap by country
(With 95% confidence interval bands)



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

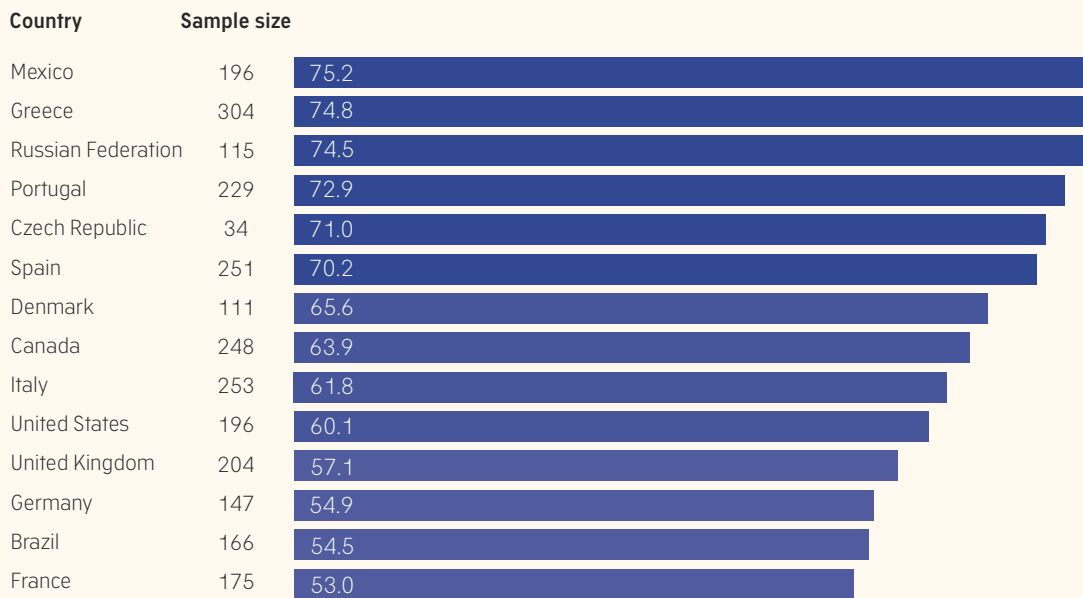
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being totally productive.”



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

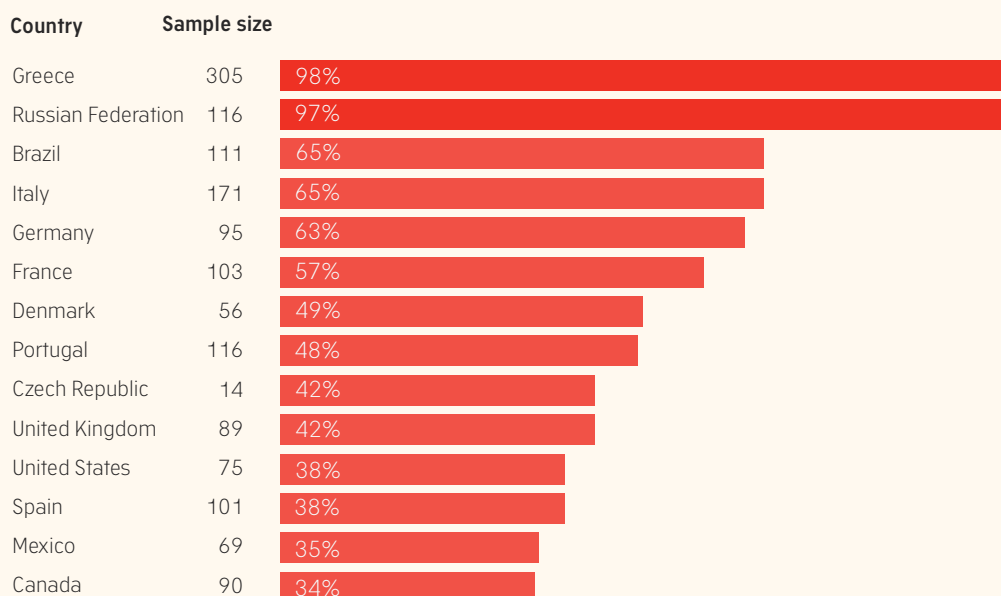
“Using the same scale, how affected was your productivity at work while you felt you should have stayed home because of other health issues? 0 means not at all productive, 100 means totally productive.”



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

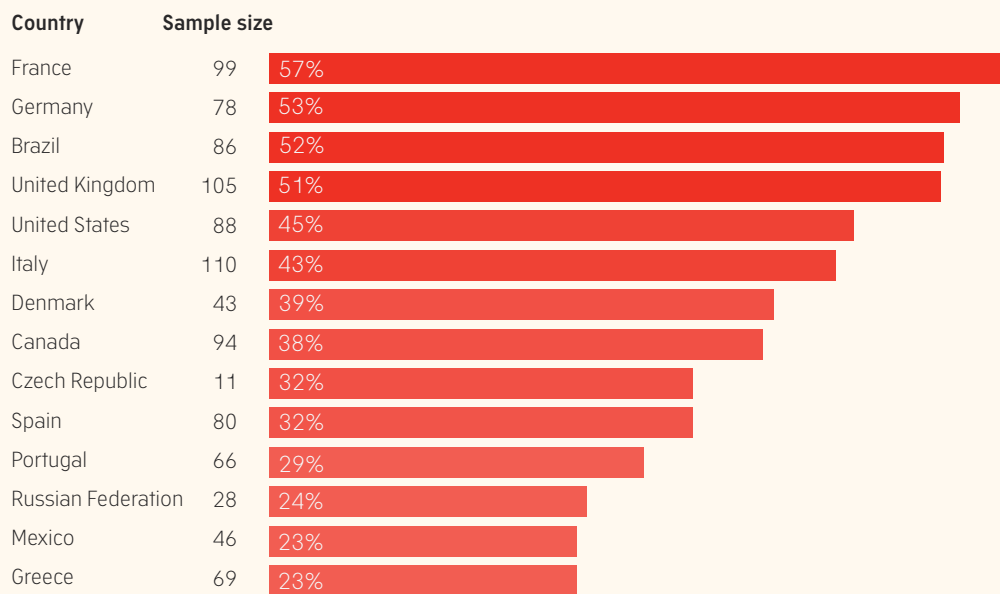
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being tptally productive.”



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”

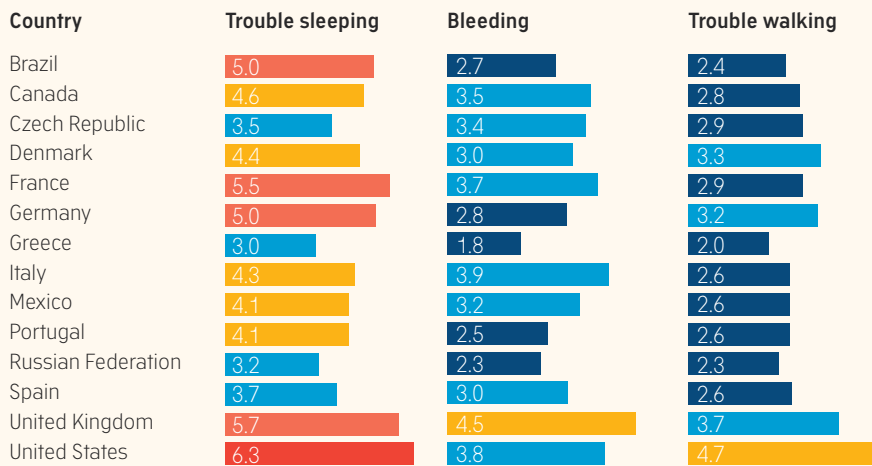
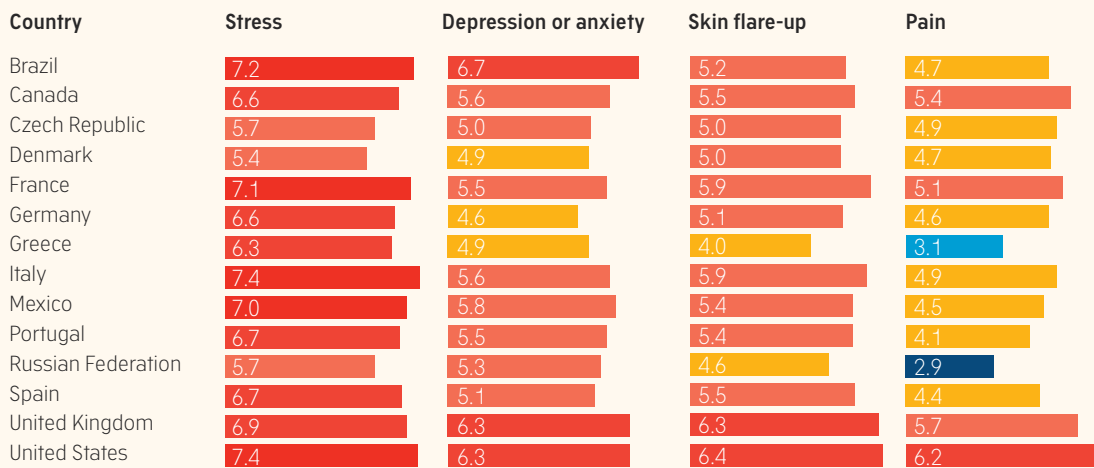


Table B.6: Estimated cost to society from lost productivity (adjusted for purchase) power parity):

	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?”

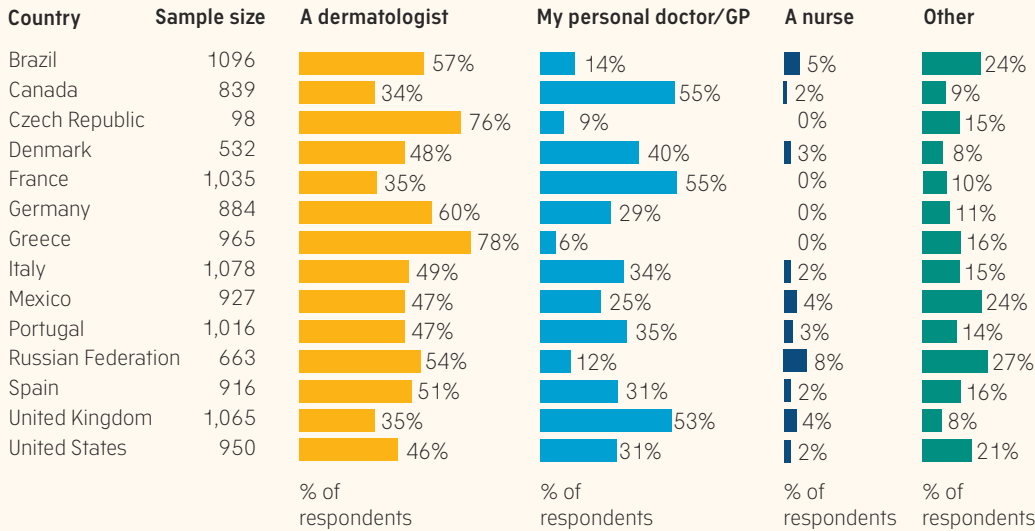


Figure C.2: Frequency of visits to healthcare professional for psoriasis by country

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

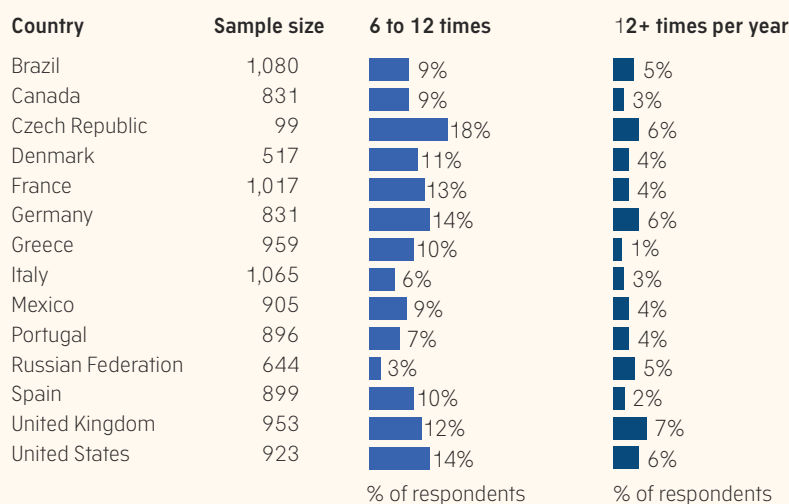
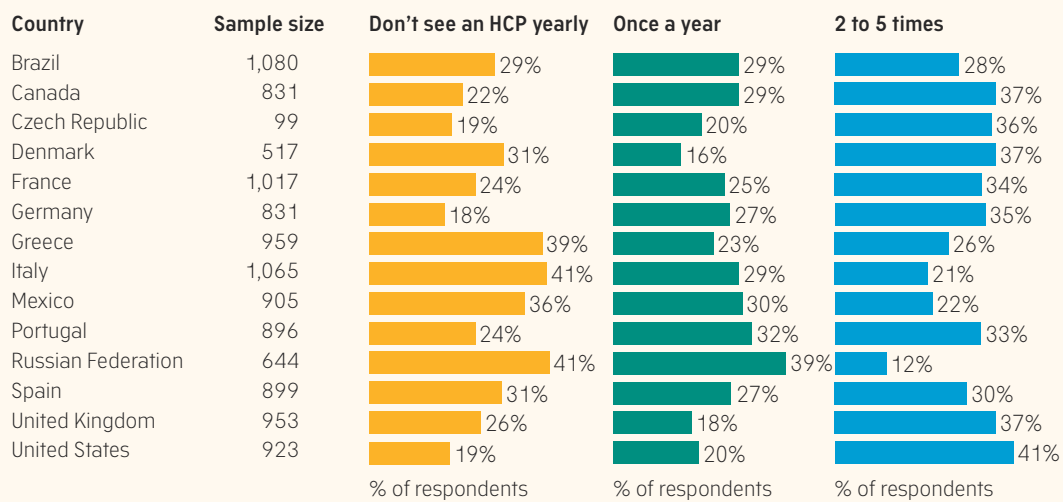


Figure C.3: Healthcare Professional institution by country

“Is your primary healthcare professional for your psoriasis?”

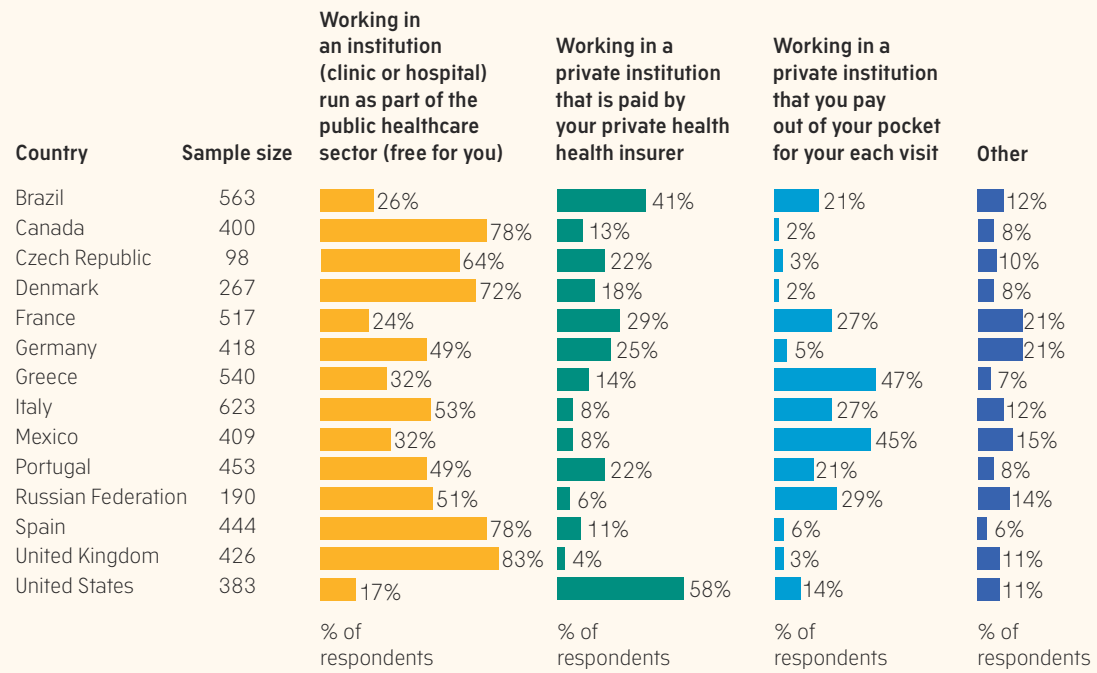


Figure C.4: Distribution of who has diagnosed their psoriasis (please note this report is based on self-reported psoriasis)

“Has your psoriasis been diagnosed by:”

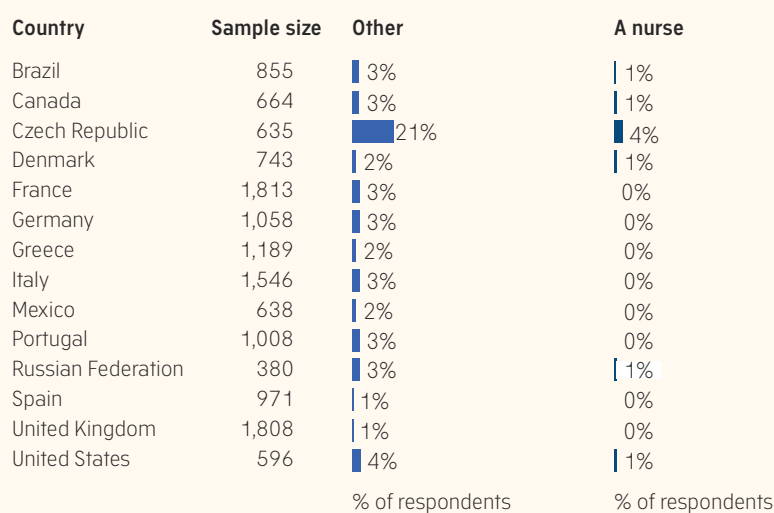
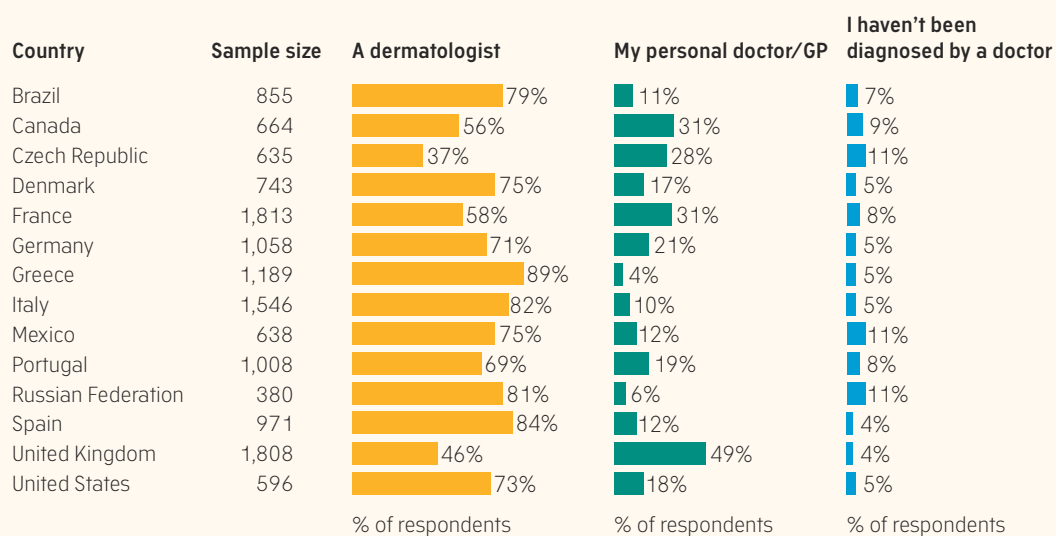


Figure C.5: Distribution of treatment type by country

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

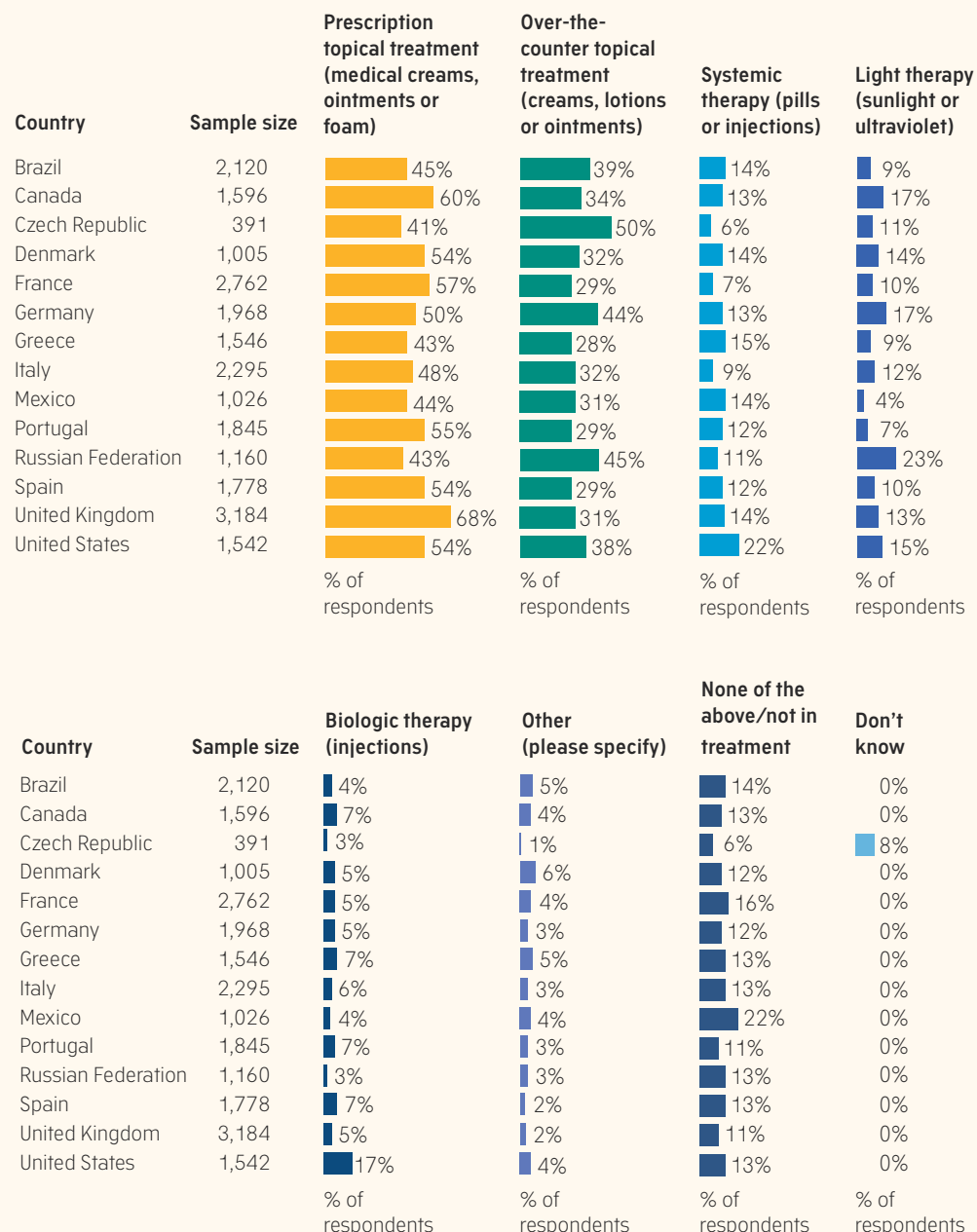


Figure C.6: Distribution of how people get and pay for their treatment

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

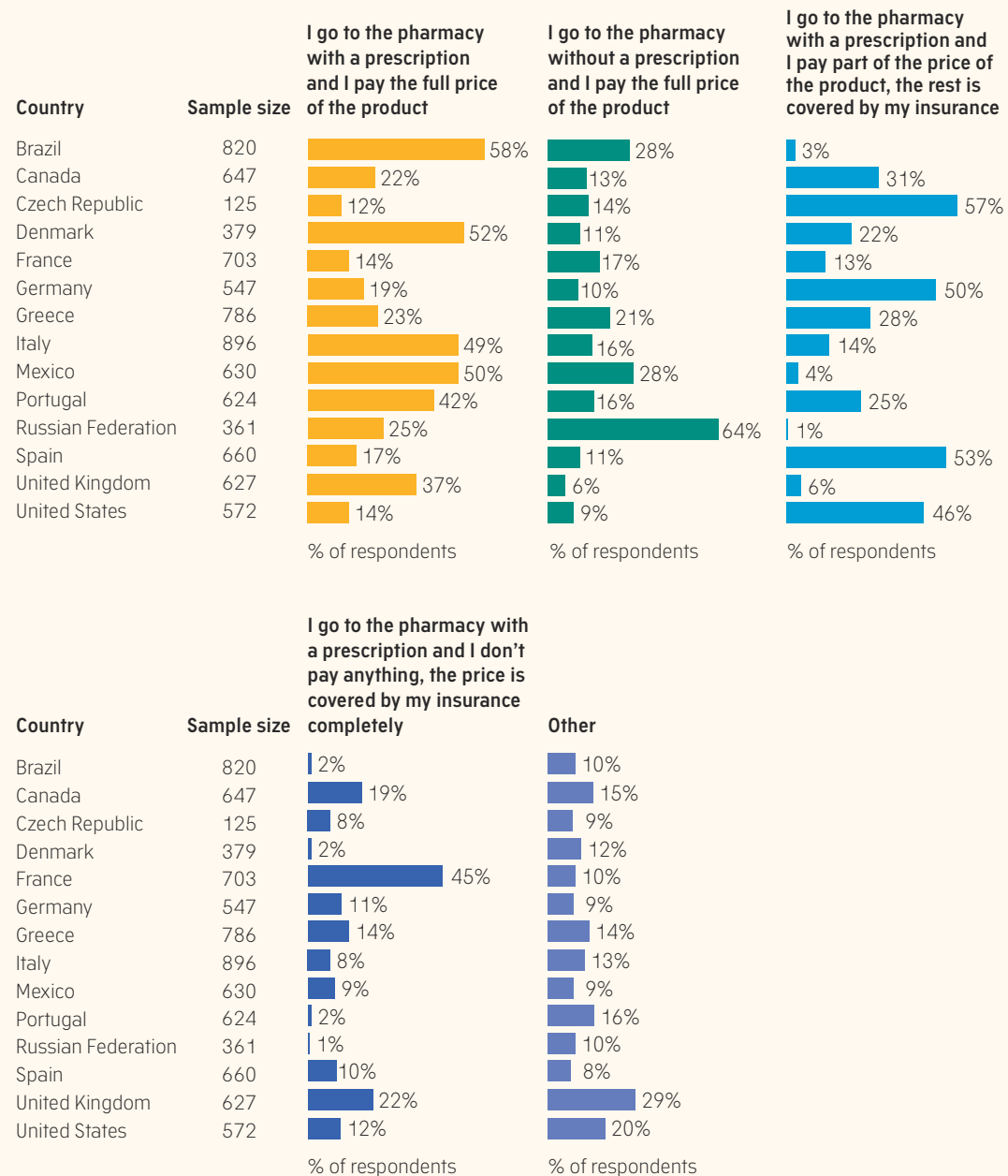
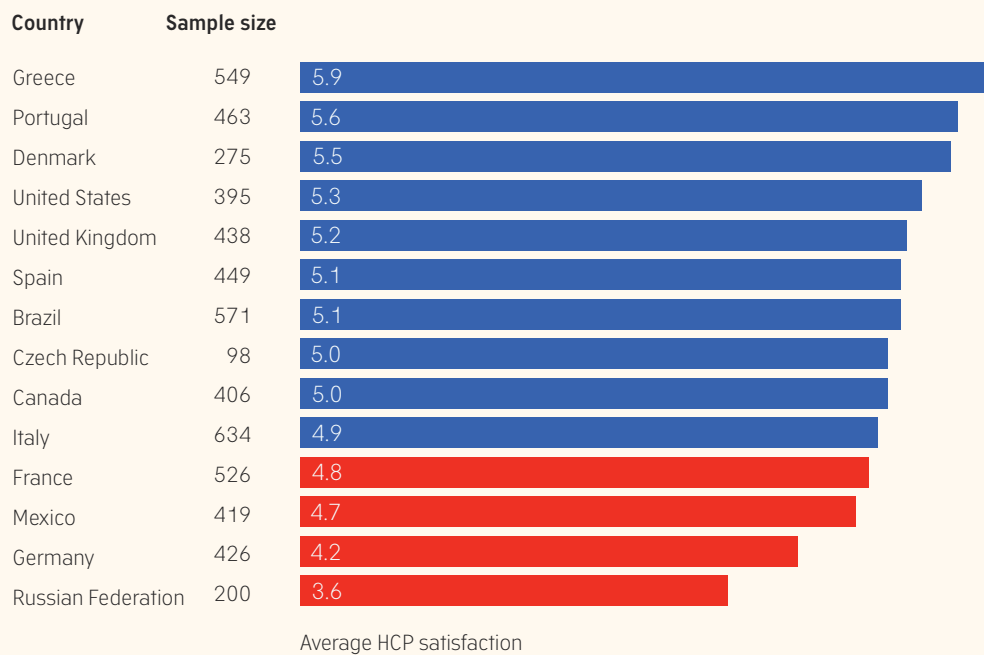


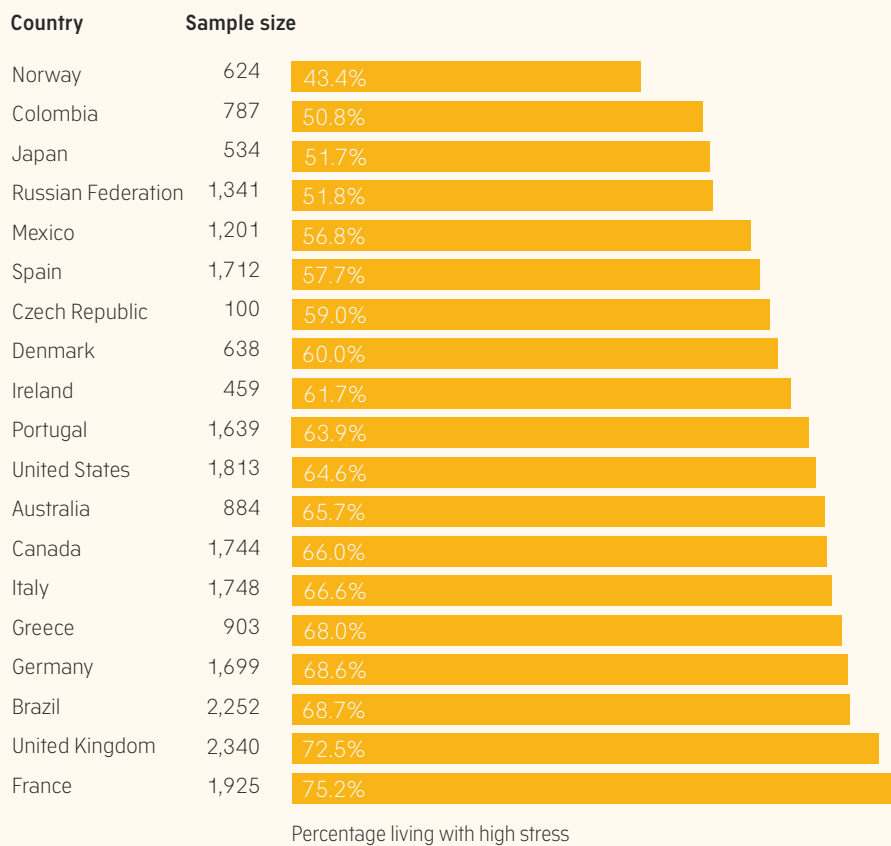
Figure C.7: Average levels of satisfaction with healthcare provider in relation to psoriasis by country, as measured on a scale from 0-10

“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

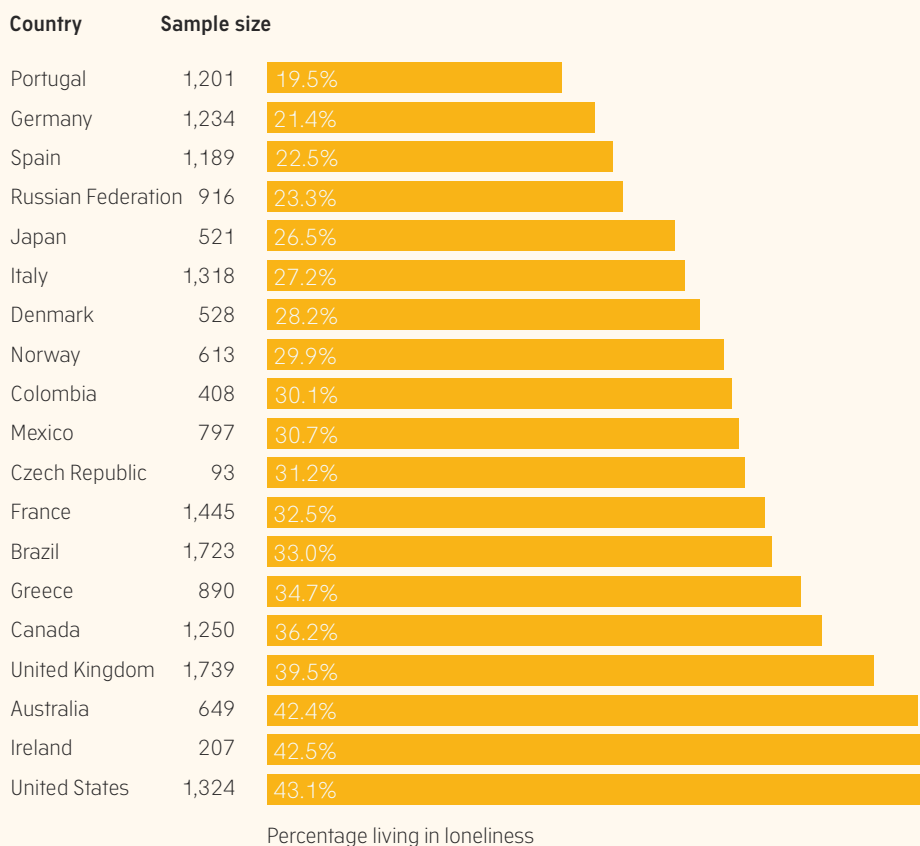
Figure D.1: Percentage of people living with high stress¹



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*.