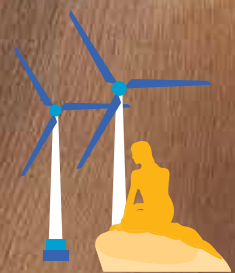




World
Psoriasis
Happiness
Report 2018



Denmark

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

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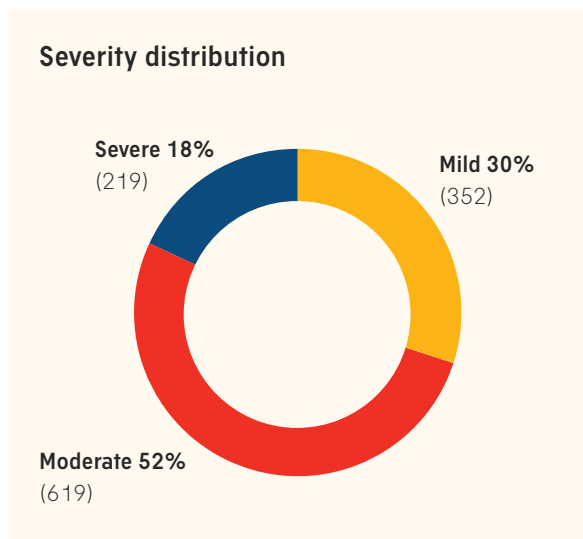
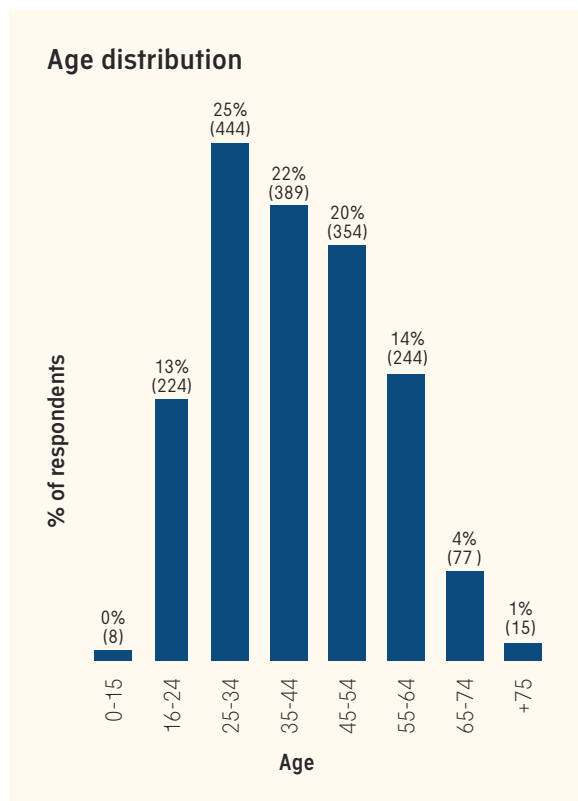
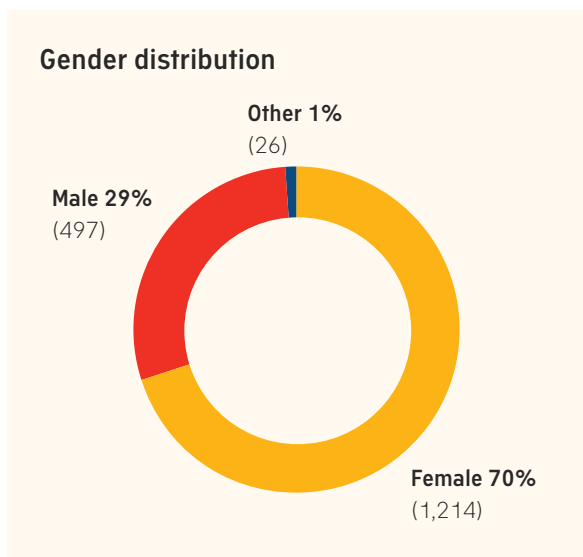
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General Data & Happiness Results

General Data & Distributions. Total sample size: 1,755



Severity distribution	Denmark (N = 1,190)	Global (N = 54,438)
Mild	30%	37%
Moderate	52%	47%
Severe	18%	16%

In Denmark, almost one third (30%) of the respondents report mild psoriasis (subjective, self-perceived severity), slightly more than half (52%) report moderate, and close to 2 in 5 (18%) report severe psoriasis¹. Compared to the other countries in the analysis, Denmark falls somewhere

around the average in regards to the distribution of severity, though with slightly more suffering from moderate and severe psoriasis (see also 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 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: 5.9 Happiness ranking: 7th / 21

Happiness	Denmark		Global	
	Happiness level	Happiness gap	Happiness level	Happiness gap
Overall	5.9	-21.7%	5.8	-11.1%
Gender				
- female	5.8	-22.3%	5.7	-14.1%
- male	6.1	-19.2%	6.1	-5.8%
Severity				
- mild	6.5	-13.1%	6.0	-6.1%
- moderate	5.6	-25.4%	5.6	-14.1%
- severe	5.2	-30.3%	4.6	-30.6%

The average happiness level of 5.9 places Denmark as 9th in the happiness ranking of the 21 countries in the analysis. With a happiness gap of -22%, however, Denmark 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 Denmark are slightly 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 significantly between people with self-perceived mild and moderate psoriasis, and even further for people with severe psoriasis. I.e., people suffering from more severe degrees of psoriasis are significantly less happy and experience larger happiness gaps.

Stress & Loneliness

As seen from Fig. D.1 and D.2 in the Appendix, the percentages of respondents in Denmark who experience high stress and loneliness are²:

High stress: 60.0%

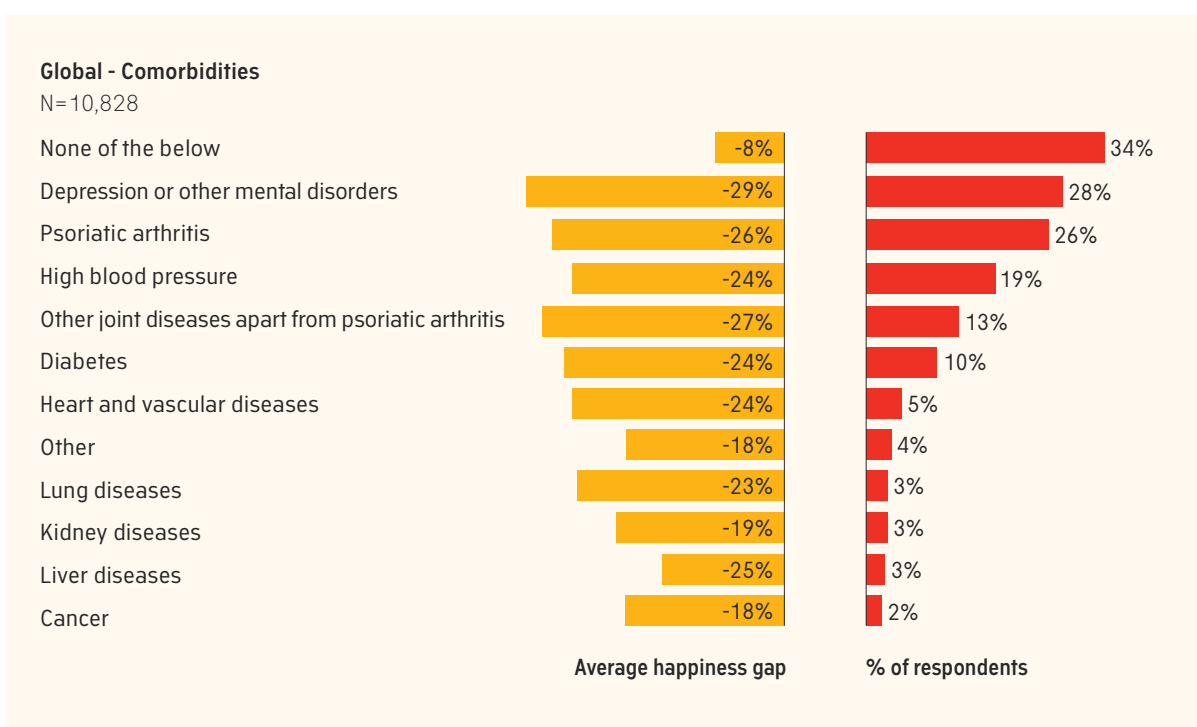
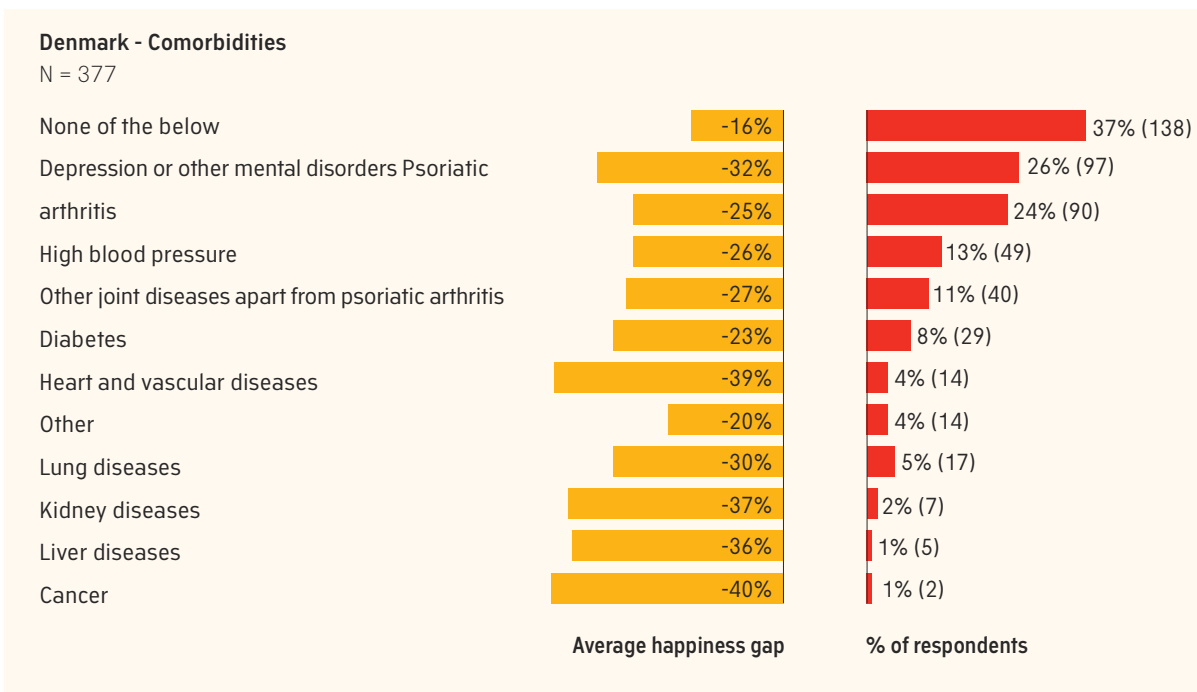
Loneliness: 28.2%

With 3 in 5 (60%) feeling stressed, Denmark lands in the better half of countries in this regard. With a result of 28%, the same is also true when considering loneliness.

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

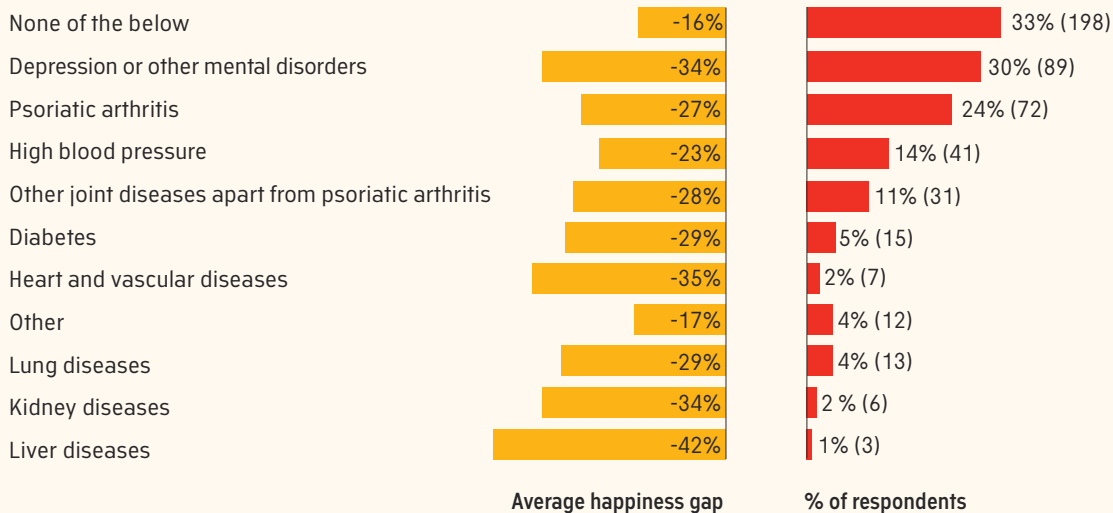
Psoriasis and Comorbidities

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.



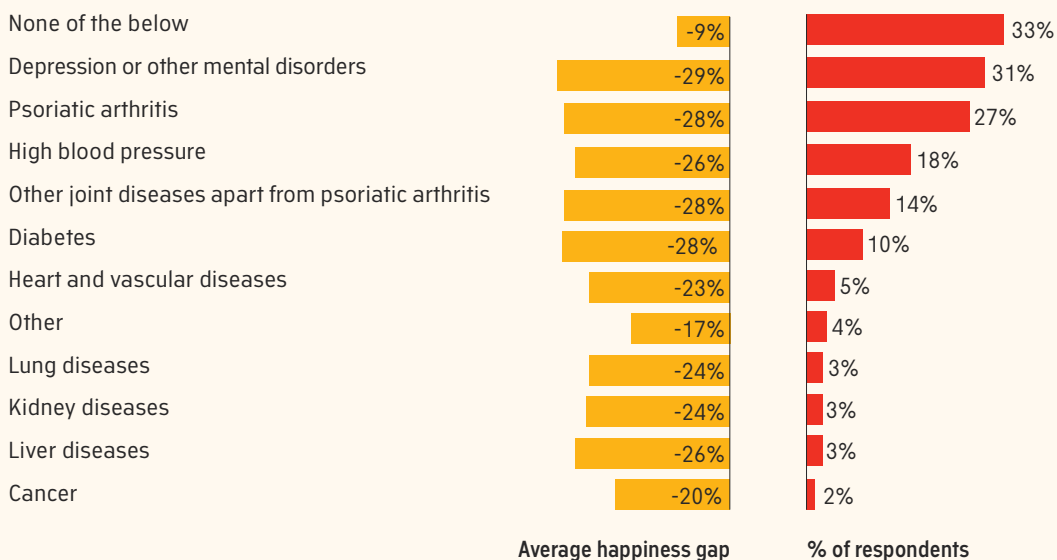
Denmark - Comorbidities by gender - Female

N = 294



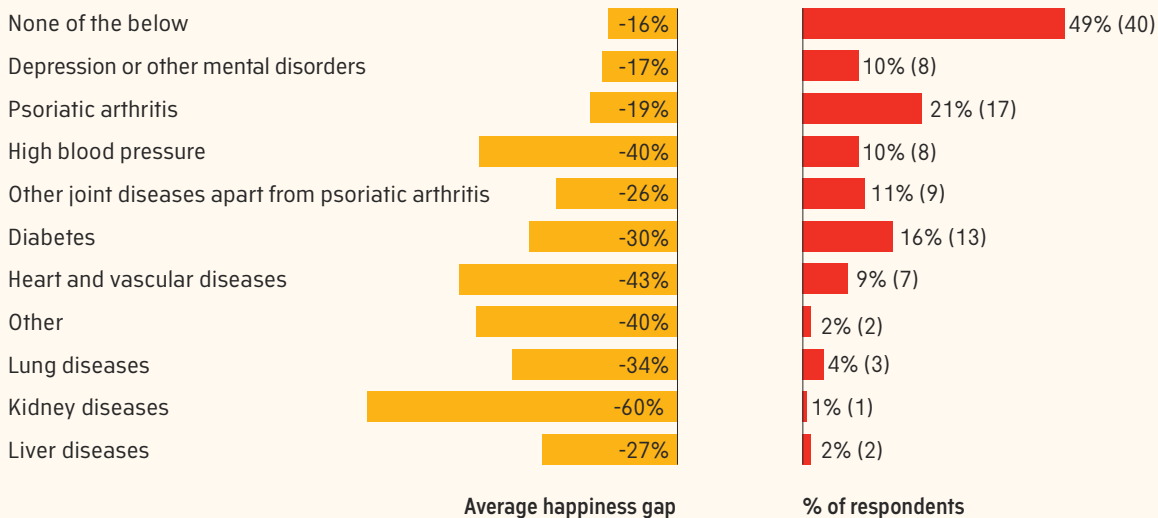
Global - Comorbidities by gender - Female

N = 8,398



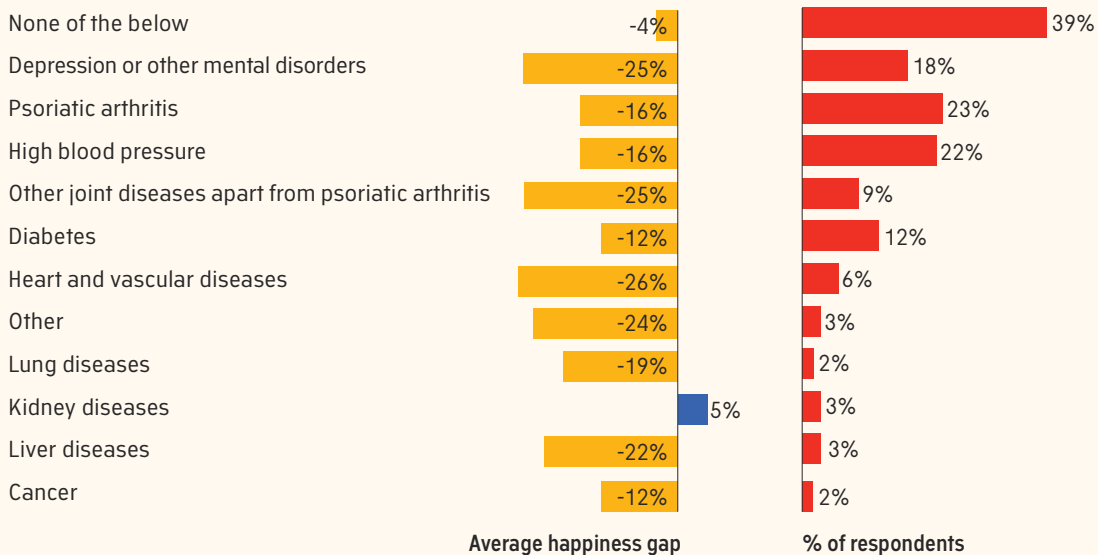
Denmark - Comorbidities by gender - Male

N = 81

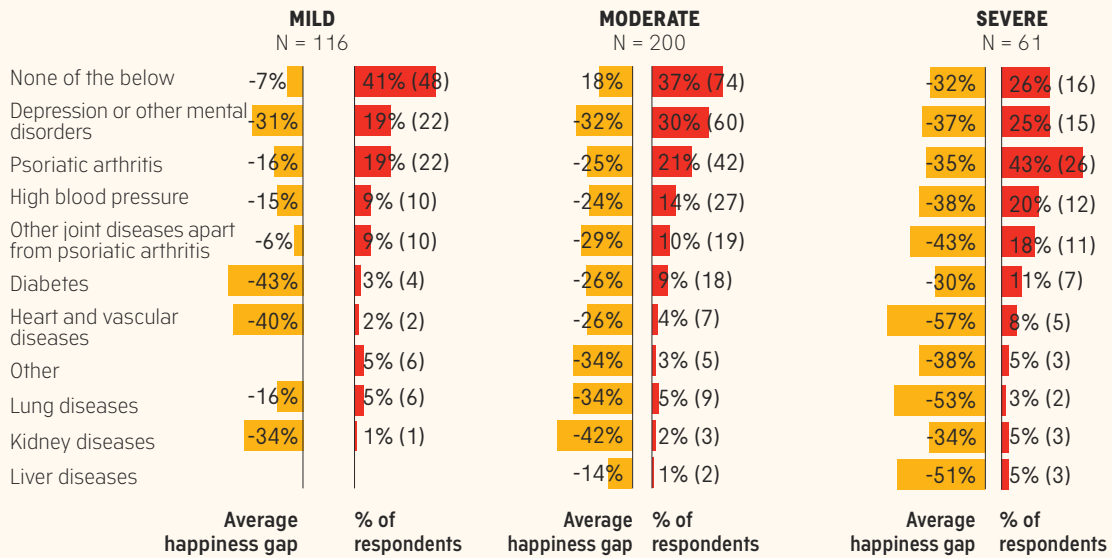


Global - Comorbidities by gender - Male

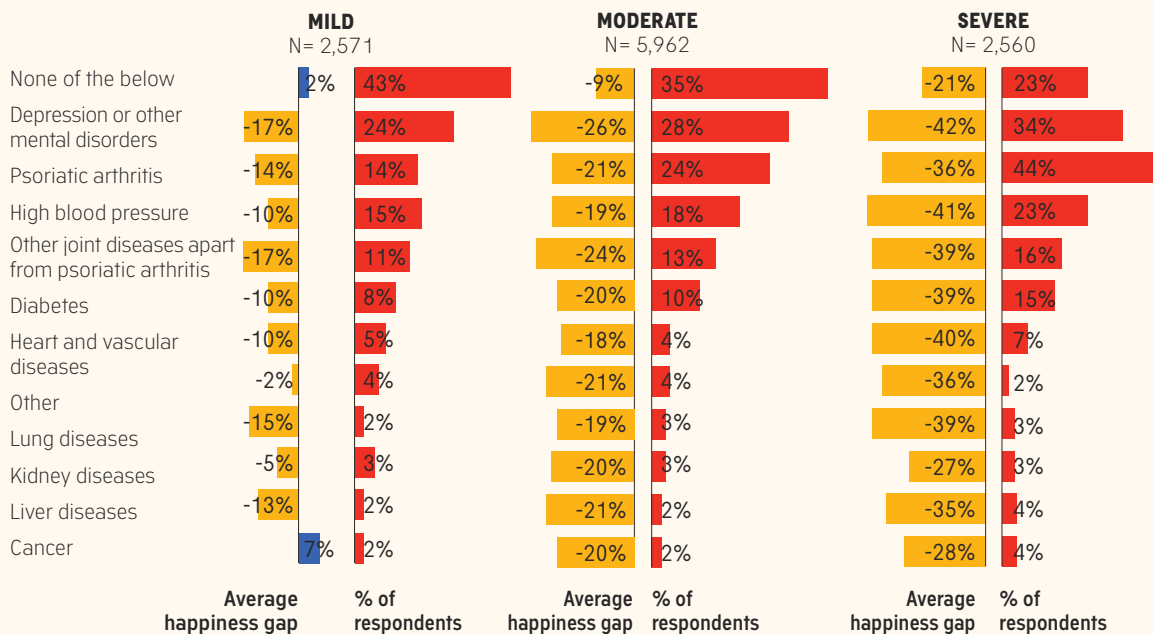
N = 2,369



Denmark - Comorbidities by severity



Global - Comorbidities by severity



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

- More than a third (37%) of respondents in Denmark report that they have none of the listed comorbidities, meaning that almost 2 in 3 (63%) do. This is rather like the global norm (66%).
- The most commonly reported comorbidities in Denmark are by far depression or other mental disorders (which 26% suffer from) and psoriatic arthritis (which 24% suffer from). Also, 13% suffer from high blood pressure, which is less than the global average.
- Ranging from around -25% to -30%, the happiness gaps (for most of the more common comorbidities) are similar to the global norms³.

Turning to the split by gender, we see that:

- Many more women in Denmark suffer from comorbidities than men. 67% of women report comorbidities (as 33% report “none of the above”). For men, this number is only 51%.
- Also, depression is much more prevalent with women, with almost a third (30%) suffering from it compared to only 10% of men.
- On the other hand, more men than women (16% vs. 5%) suffer from diabetes.
- Focusing mainly on those cases with large enough sample sizes, the comorbidities related to the largest happiness gaps are heart and vascular diseases for both men and women (-43% gap for men and -39% for women). For men, high blood pressure is also related to a very large happiness gap (-40%), while for women it's depression or other mental disorders (with a gap of -34%).

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

- A larger percentage of people with self-perceived severe psoriasis experience comorbidities compared to people with mild and moderate psoriasis. 41% of the people with mild psoriasis report that they don't have any of the listed comorbidities, meaning that 59% do. However, this rises to as much as almost 3 in 4 (74%) for severe psoriasis.
- The prevalence of psoriatic arthritis increases significantly with severity, from 19% for people with self-perceived mild psoriasis to as much as 43% for people with severe psoriasis.
- Finally, we see that, as in the global case, the worse the severity the larger the happiness gap (although no claim of causality can be made).

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

For Denmark, the estimated cost to society from lost productivity:

Total cost on society	
Overall	\$574m
Per 100,000 people in employment	\$20.2m
As % of GDP	0.20%

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 Denmark suffers the third highest total cost to society from lost productivity (as % of GDP), with the 0.20% corresponding to a nominal amount of \$574 million.

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	Denmark	Global
Average productivity		
- Because of psoriasis	59.1 (115)	53.2 (2,721)
- Because of other health issues	65.6 (111)	62.9 (2,633)
Percentage of people reporting less than 50% productivity		
- Because of psoriasis	49% (56)	51% (1,521)
- Because of other health issues	39% (43)	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 Denmark have a higher productivity, on average, when they should have stayed at home because of their psoriasis, and to a slightly smaller extent also when it's due to other health issues. As can also be seen from Fig. B.1 and B.2 in the Appendix, Denmark ranks roughly in the middle in this regard compared to other countries.

In the same vein as above, roughly half (49%) of respondents in Denmark work at 50% productivity or less when they should have stayed at home because of their psoriasis, and almost 2 in 5 (39%) when it's due to other health issues. This is very much like the global norms, once again placing Denmark roughly in the middle compared to other countries (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 things such as family and social activities.

Work and social hours missed	Denmark		Global	
	Because of psoriasis	Because of other health issues	Because of psoriasis	Because of other health issues
Work hours missed	N = 123	N = 121	N = 2,998	N = 2,945
5+ hours	20%	26%	24%	26%
10+ hours	14%	21%	17%	17%
20+ hours	11%	14%	10%	10%
Social hours missed	N = 274	N = 265	N = 5,387	N = 5,339
5+ hours	22%	26%	35%	33%
10+ hours	16%	20%	26%	22%
20+ hours	8%	11%	18%	14%

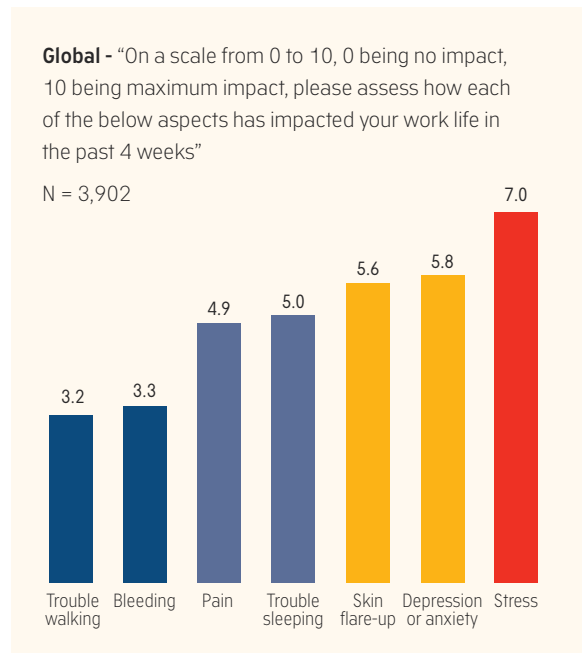
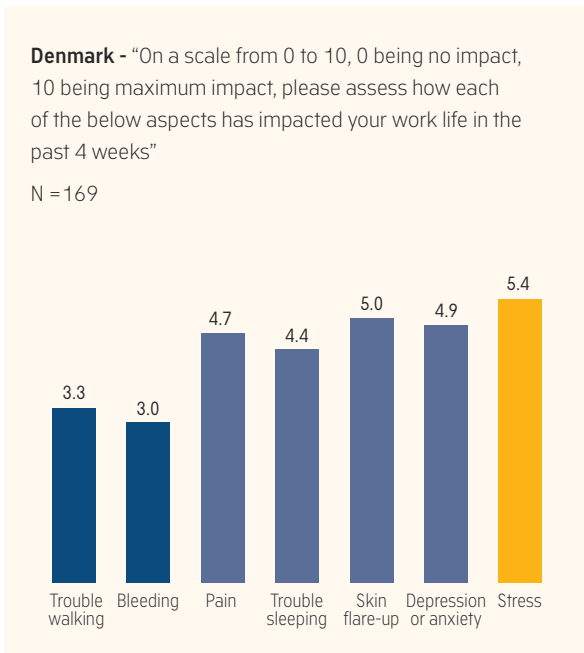
(In the right-hand side of this table, the numbers in parentheses indicate the nominal amount of respondents corresponding to the particular percentages, and are therefore not the total sample sizes.)

Respondents in Denmark miss both slightly fewer work hours and social hours because of psoriasis compared to the global picture. For example, 1 in 5 (20%) miss at least 5 or more work hours (in a 4-week period) because of their psoriasis, while roughly the same (22%) miss as many social hours. Compared, and in contrast, to other

countries and the global norms, it's interesting to see that respondents in Denmark miss roughly the same amount of work hours as they do social hours because of psoriasis or other health issues (where, globally, people more often miss out on social hours than 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 above, the aspect with the largest impact on people's work life in Denmark is stress, followed by skin flare-ups, depression or anxiety, and pain. For some of the aspects this is also what we see in the global picture. However, it's interesting to note that the size, or strength, of the impacts are lower in Denmark. As

seen in Fig. B.5, Denmark is actually one of the countries with relatively low impact levels. While stress is still the aspect with the greatest impact, Denmark is the country where it has the lowest impact compared 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'	Denmark			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"	61% (107)	61% (81)	63% (25)	60% (2,336)	60% (1,811)	58% (515)
"My manager understands the impact psoriasis has on me and my work performance"	49% (85)	50% (66)	46% (18)	51% (1,939)	53% (1,530)	48% (404)
"My work colleagues know about my psoriasis and I get their support when needed"	31% (53)	29% (38)	36% (14)	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"	43% (73)	45% (58)	37% (14)	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 Denmark report roughly equivalent levels of disagreement/dissatisfaction as seen in the global picture, except in regards to work colleagues, where slightly more respondents in Denmark (and especially women) find support. On the other hand, more women than men in Denmark don't think they have a close co-worker who understands and with whom they can talk. Despite the equivalent levels of disagreement, it's still worth noting that more than 3 in 5 (61%) don't think their company has systems in place to help them manage their psoriasis. And almost half (49%) don't think their manager understands the impact that psoriasis has on them and their performance.

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.

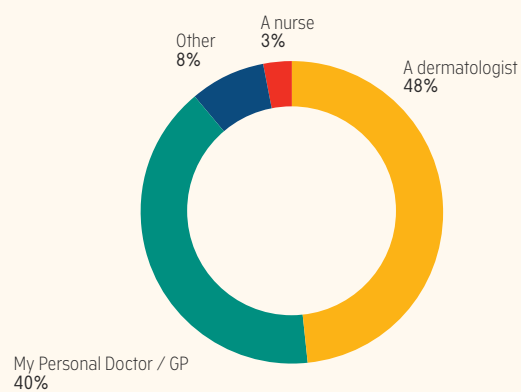
Healthcare Professional Type & Frequency of Visits

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 Denmark and the global case.

Denmark - HCP Type

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

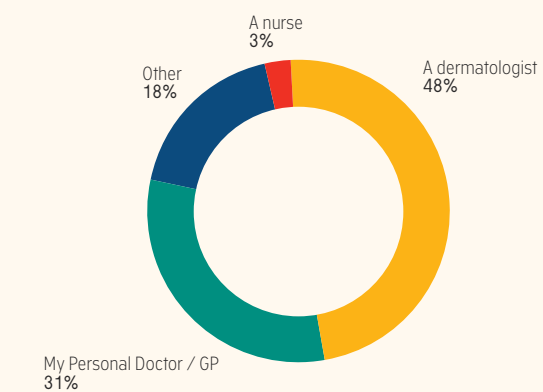
N = 884



Global - HCP Type

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

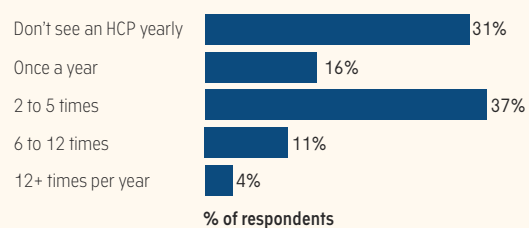
N = 13,533



Denmark - HCP frequency

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

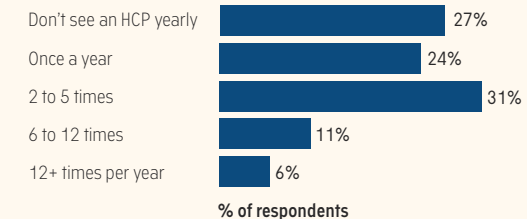
N = 517



Global - HCP frequency

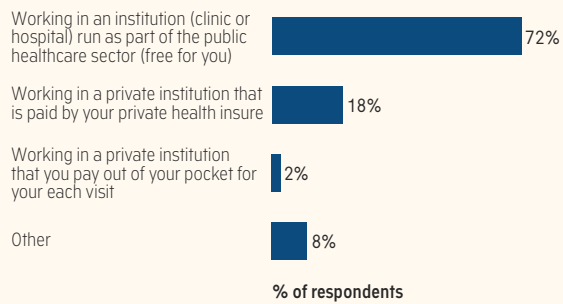
'How many times per year are you in contact with healthcare professional due to your psoriasis?'

N = 13,062

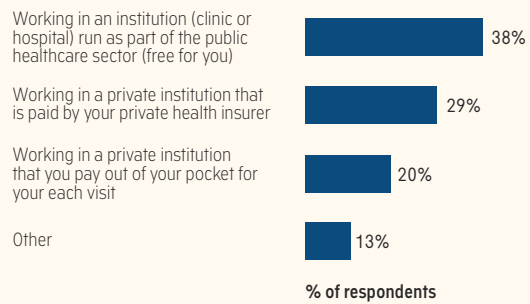


Denmark - HCP institution

'Is your primary healthcare professional for your psoriasis:'
N = 267

**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 e.g. that:

- Close to half (48%) of respondents in Denmark see a dermatologist in relation to their psoriasis, which is very much like the global norm and other countries. However, as many as 40% also see a personal doctor or GP, which is more than the global average (see also Fig. C.1 in the Appendix).
- In regards to frequency of visits, almost a third (31%) of respondents in Denmark don't see their healthcare professional yearly, while 37% see their healthcare professional 2-5 times. Thus, while many seldom see

their healthcare professional, others see them quite often. (See also Fig. C.2 in the Appendix for a country comparison).

- In Denmark, the most reported thing by far is for people to go to an institution under the public healthcare sector (which is free for them) to see their healthcare professional, as reportedly done by more almost 3 in 4 (72%). Compared to other countries, Denmark is among the four countries with the absolute largest proportion of people doing this (see also Fig. C.3 in the Appendix).

Diagnosis & Type of Treatment

As seen in the table below, 3 in 4 (75%) in Denmark have had their psoriasis diagnosed by a dermatologist, while only 17% have had it done by a personal doctor or GP. (See also Fig. C.4 in the Appendix for a country comparison).

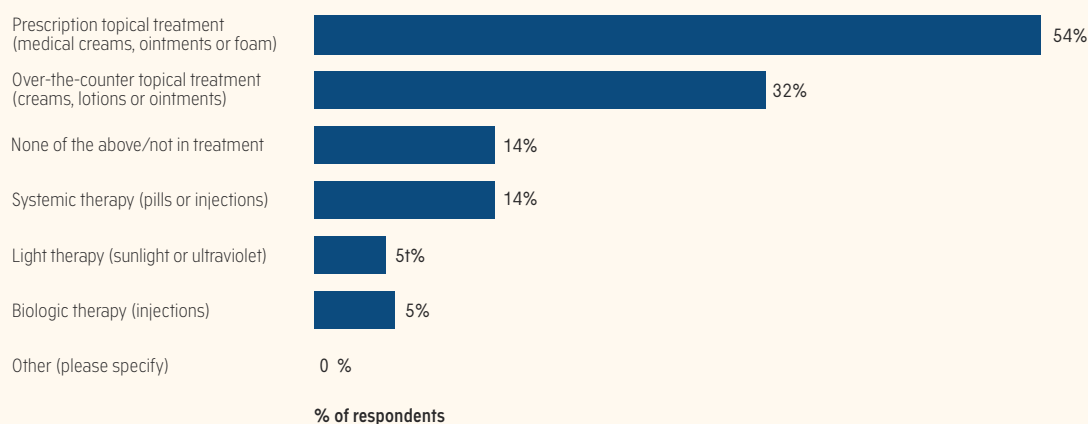
Was your psoriasis diagnosis by..	Denmark (N = 743)	Global (N = 14,184)
Dermatologist	75%	69%
Personal doctor / GP	17%	21%
Haven't been diagnosed by a doctor	5%	6%
Nurse	1%	1%
Other	2%	3%

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

Denmark - Treatment type

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

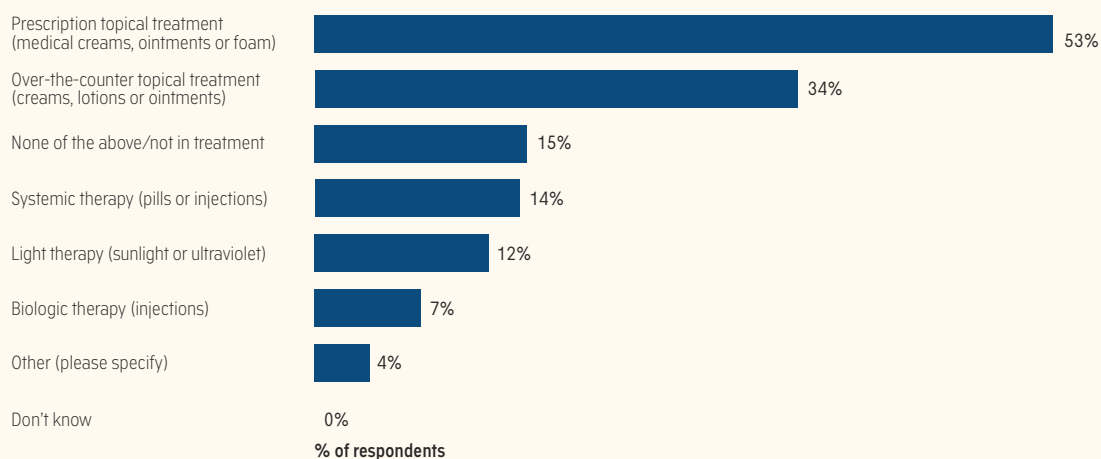
N = 1,005



Global - Treatment type

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

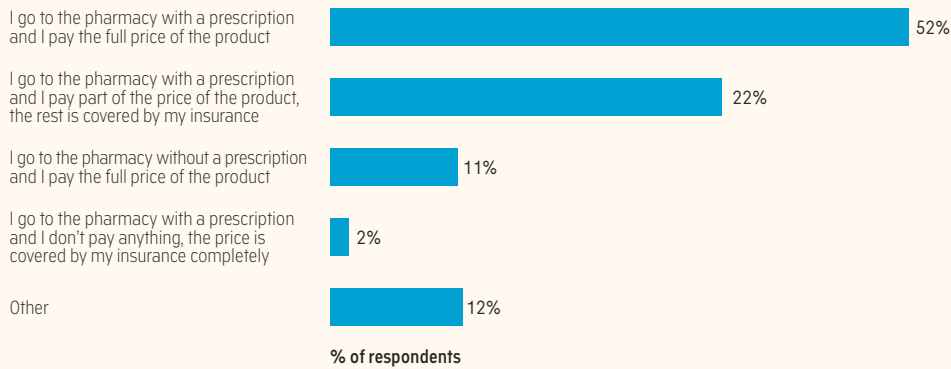
N = 36,574



Denmark

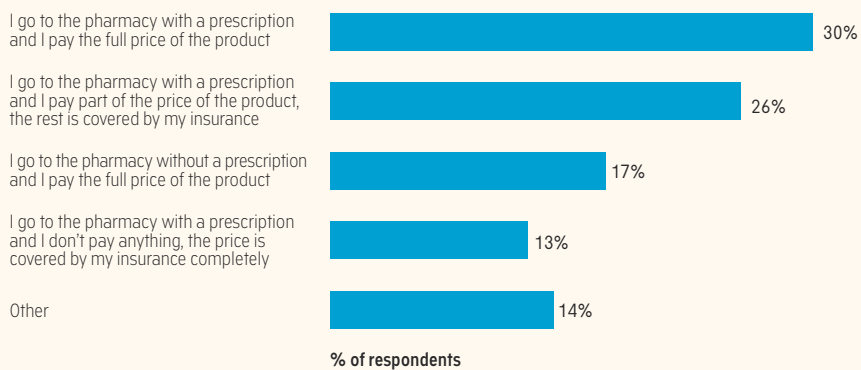
"When getting your treatment, which of the statements below best fits your situation?"

N = 379

**Global**

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

N = 8,388



The most commonly reported treatment type in Denmark is prescription topicals, used by 54%. Next are over-the-counter topicals, used by roughly a third (32%). As also seen in Fig. C.5, Denmark is rather average in this respect.

As for getting their treatment, more than half (52%) of respondents in Denmark go to the pharmacy with a

prescription and pay the full price, while 22% pay part of the price, with the rest being covered by their insurance. As seen in Fig. C.6 in the Appendix, Denmark is one of the few countries where almost no one has the price fully covered by their insurance, and similarly the country with the second largest proportion of people going with a prescription and paying the full price.

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?”	Denmark	Global
Overall	5.55 (275)	4.97 (5,853)
Gender		
- Female	5.58 (229)	4.95 (4,604)
- Male	5.40 (45)	5.02 (1,220)
Severity		
- Mild	5.98 (66)	5.23 (1,356)
- Moderate	5.59 (153)	4.80 (3,157)
- Severe	4.89 (56)	5.10 (1,314)

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

Overall, respondents in Denmark are more satisfied with their healthcare professional than is seen in the global picture. As seen in Fig. C.7 in the Appendix, Denmark is actually the country with the third highest healthcare

professional satisfaction. What also stands out is the fact that men are slightly less satisfied than women, and that the satisfaction decreases significantly with the degree or severity of people's psoriasis.

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’	Denmark			Global		
	Overall	Women	Men	Overall	Women	Men
“The doctor gave me as much information as I wanted”	24% (62)	24% (52)	21% (9)	21% (2,813)	22% (968)	15% (188)
“The doctor recognised and responded to my emotional state”	26% (69)	28% (62)	15% (6)	30% (1,619)	32% (1,349)	23% (263)
“The doctor talked in terms I could understand”	55% (142)	56% (122)	49% (20)	15% (847)	14% (698)	11% (145)
“The doctor encouraged me to ask questions”	30% (78)	31% (68)	24% (10)	28% (1,612)	29% (1,333)	22% (273)
“The doctor involved me in decisions as much as I wanted”	24% (62)	24% (51)	24% (10)	25% (1,417)	26% (1,165)	20% (244)
“The doctor discussed next steps”	31% (81)	31% (66)	34% (14)	26% (1,482)	27% (1,228)	20% (246)
“The doctor spent the right amount of time with me”	25% (64)	27% (58)	12% (5)	25% (1,395)	26% (1,148)	19% (241)
“The doctor discussed about how my psoriasis affect my mental health and overall well-being”	57% (147)	59% (128)	44% (18)	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 Denmark report roughly equivalent levels of disagreement/dissatisfaction. However, one of the things that really stand out is the fact that more than half (55%) of respondents in Denmark don’t think the doctor talks in understandable terms (as opposed to only 15% globally). As in the global case, women are generally more dissatisfied than men in regards to these aspects

around healthcare professional interaction. For example, 28% of women (vs 15% of men) of respondents in Denmark don’t think their doctor recognised and responded to their emotional state. Likewise, 27% of women (vs. 12% of men) don’t think the doctor spent enough time with them. Finally, 59% of women (vs. 44% of men) 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 of people disagreeing with different statements around healthcare professional relationship.

'To what extent do you agree with each of the following statements?' % who 'Disagree' or 'Strongly disagree'	Denmark			Global		
	Overall	Women	Men	Overall	Women	Men
"My healthcare professionals are clear with the information about how to treat psoriasis"	25% (124)	26% (104)	20% (19)	40% (5,329)	41% (3,933)	36% (1,341)
"My healthcare professionals fully understand the impact psoriasis has on my mental well-being"	58% (289)	59% (240)	51% (47)	53% (7,055)	56% (5,311)	44% (1,683)
"I can get in touch with the healthcare professional when I'm in need"	38% (185)	40% (158)	31% (25)	36% (4,798)	37% (3,532)	34% (1,227)
"I have confidence in the abilities of my healthcare professionals to treat psoriasis"	39% (198)	40% (160)	38% (37)	42% (5,946)	44% (4,344)	39% (1,550)
"I always follow the advice of my healthcare professionals"	28% (137)	29% (115)	23% (21)	27% (3,692)	27% (2,611)	28% (1,035)
"I've been informed about all the different treatment options related to my condition"	63% (306)	65% (258)	57% (46)	55% (7,240)	57% (5,424)	50% (1,763)
"The system provides me with sufficient financial support in relation to my skin condition"	68% (328)	70% (281)	57% (46)	67% (8,865)	69% (6,535)	63% (2,267)
"There is sufficient public awareness regarding my disease"	87% (419)	87% (346)	86% (70)	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 these aspects around the relationship to their healthcare professionals, we see slightly more variation between respondents in Denmark and the global picture. For instance, far fewer respondents in Denmark (25% vs. 40% globally) disagree that their healthcare professional is clear with the information on how to treat psoriasis. However, almost 2 in 3 (63%) still don't think they have been properly informed of all the different treatment options. Finally, the largest degree of

dissatisfaction shows when it comes to public awareness regarding psoriasis, of which almost 9 in 10 (87%) don't think there is enough. Also, as in the global case, women are generally slightly more dissatisfied than men in regards to these aspects around healthcare professional relationship, with 70% of women vs. 57% of men in Denmark disagreeing that the system provides them with enough financial support in relation to their psoriasis.

Appendix

General Results & Happiness

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

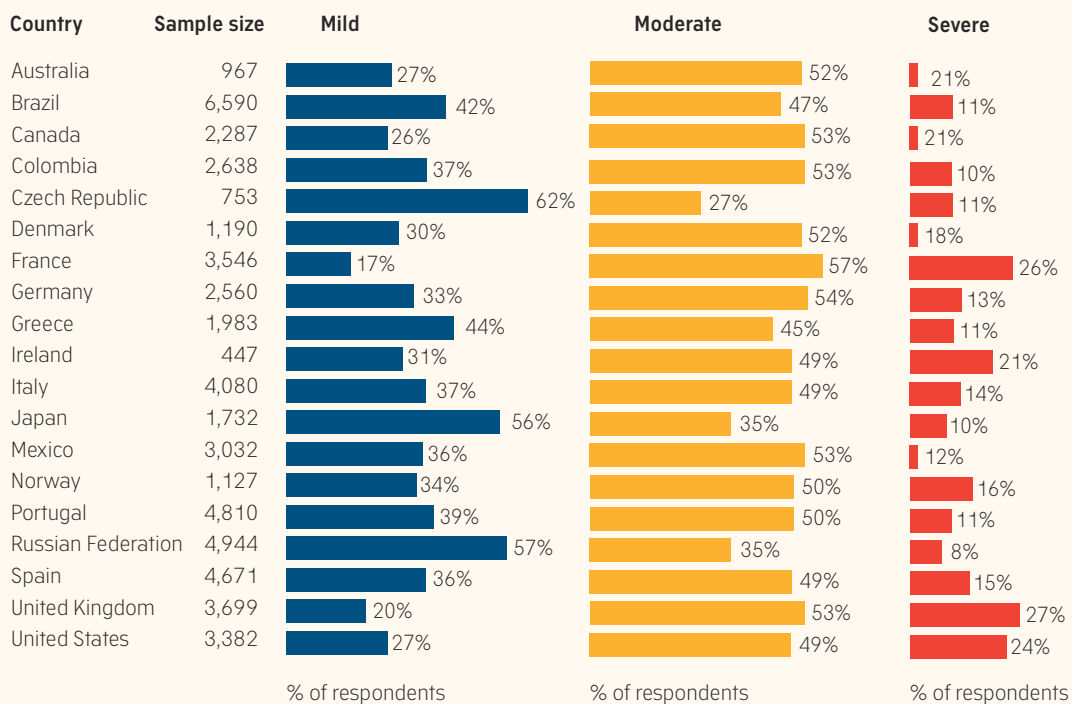
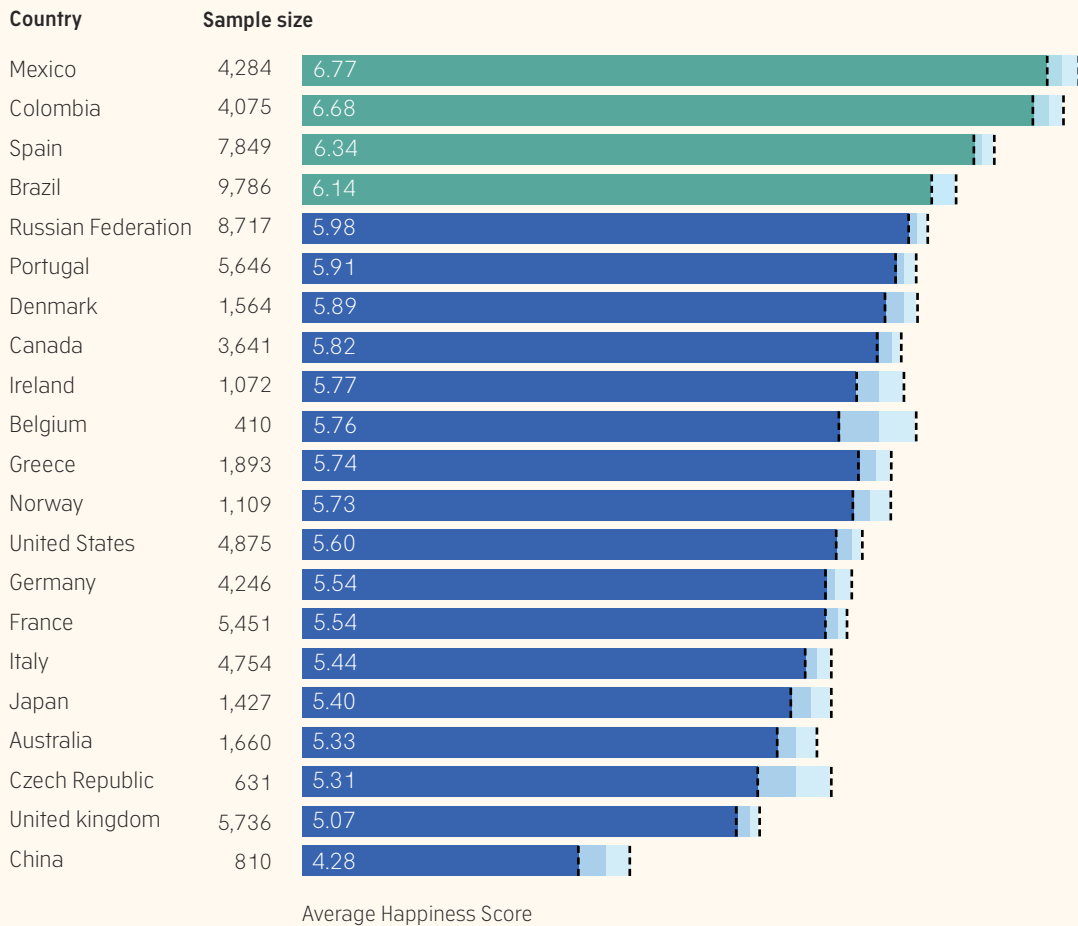
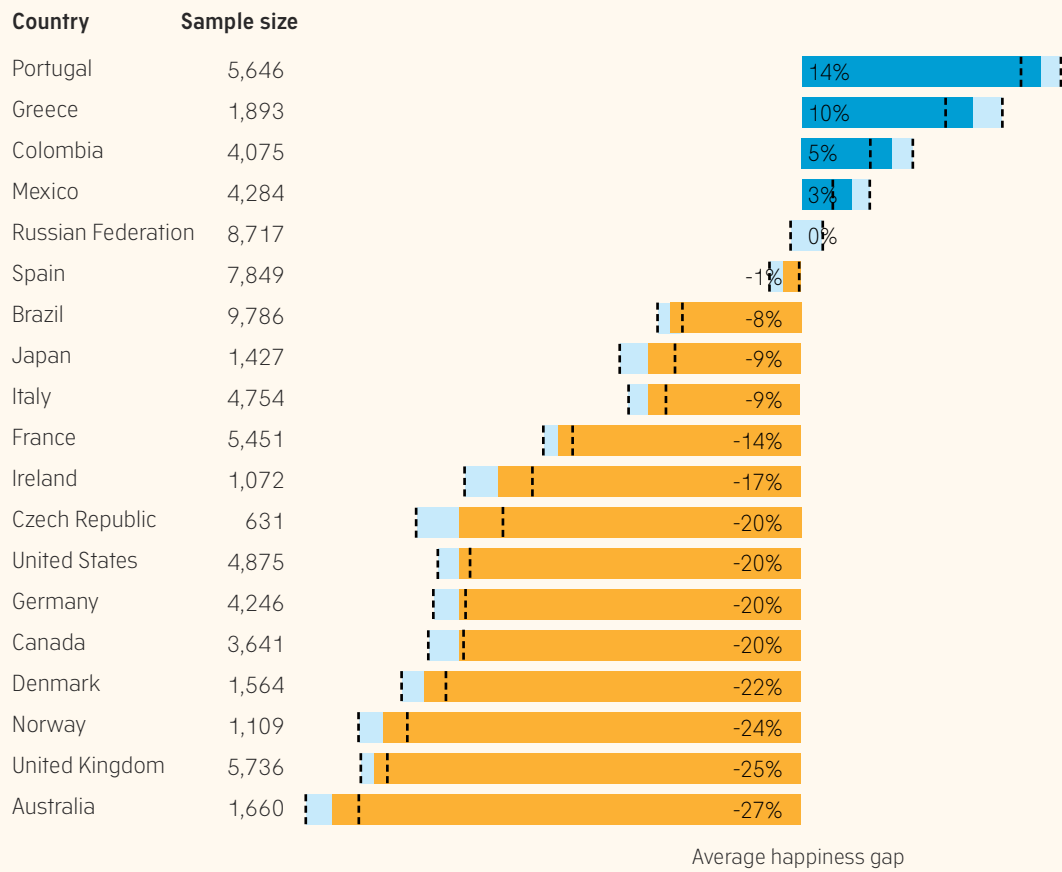


Figure A.2: Country ranking: Psoriasis happiness levels per country
(With 95% confidence interval bands)



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.

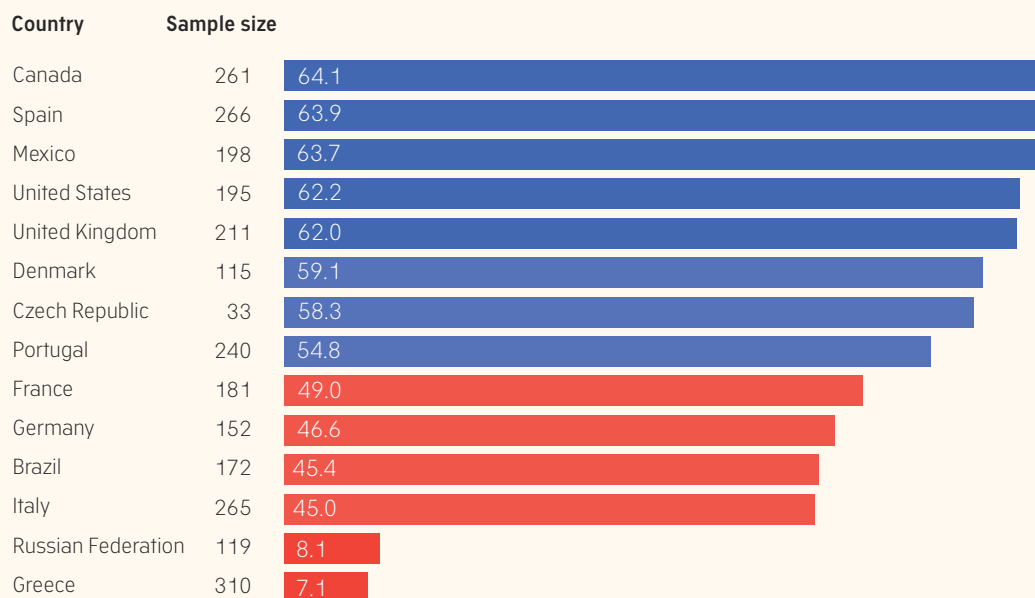
Figure A.3: Average happiness gap by country
(With 95% confidence interval bands)



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

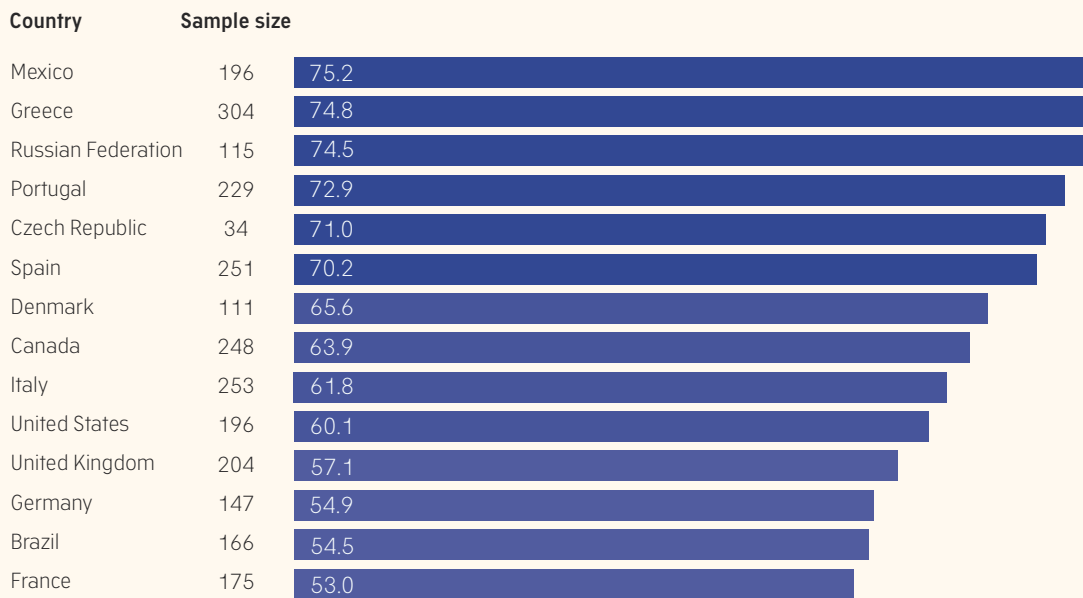
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being totally productive.”



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

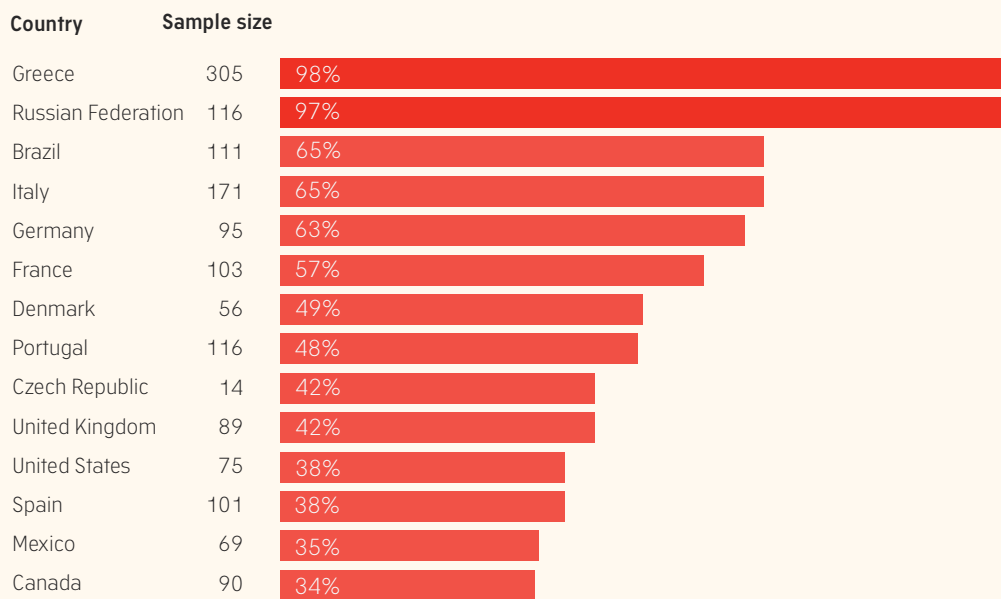
“Using the same scale, how affected was your productivity at work while you felt you should have stayed home because of other health issues? 0 means not at all productive, 100 means totally productive.”



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

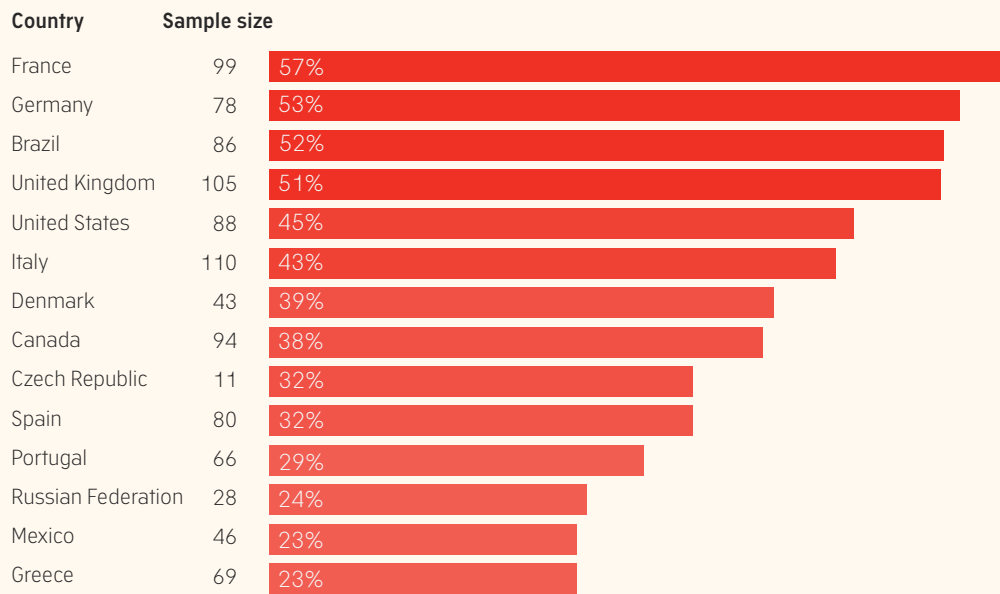
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being tptally productive.”



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”

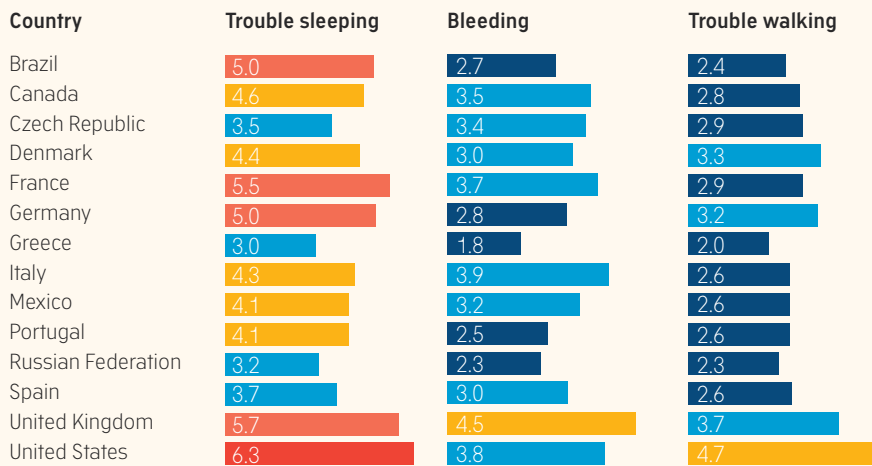
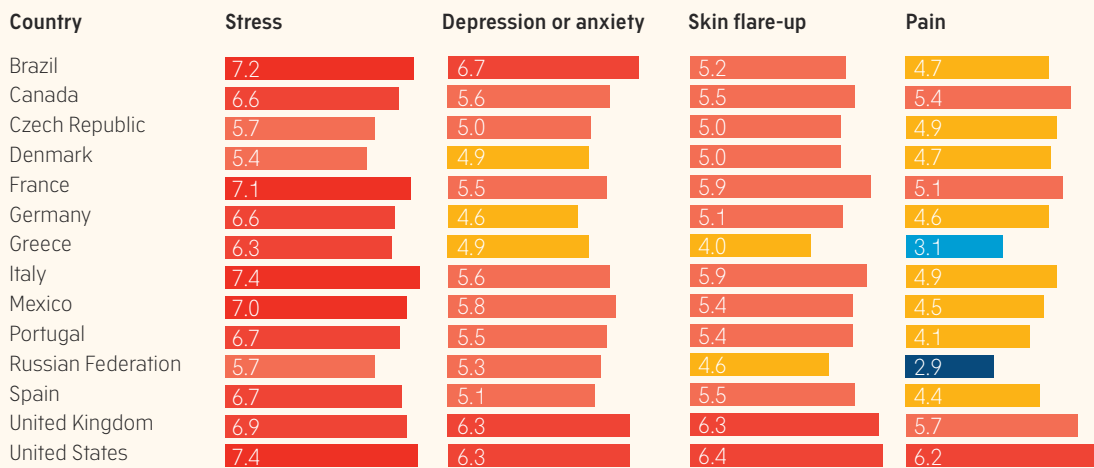


Table B.6: Estimated cost to society from lost productivity (adjusted for purchase) power parity):

	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?”

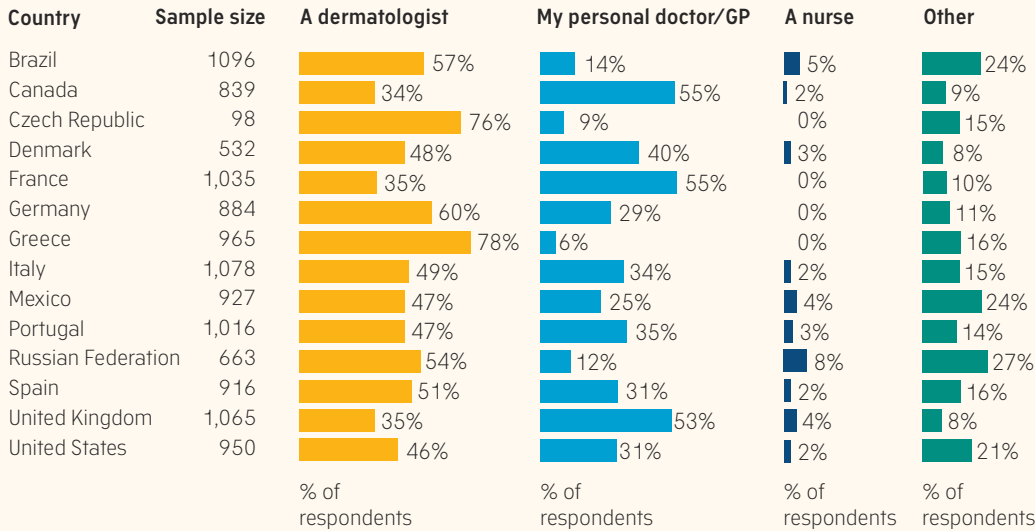


Figure C.2: Frequency of visits to healthcare professional for psoriasis by country

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

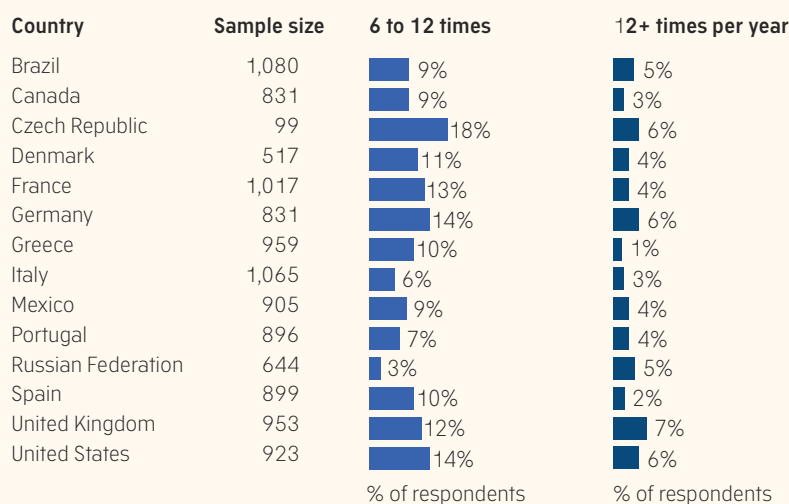
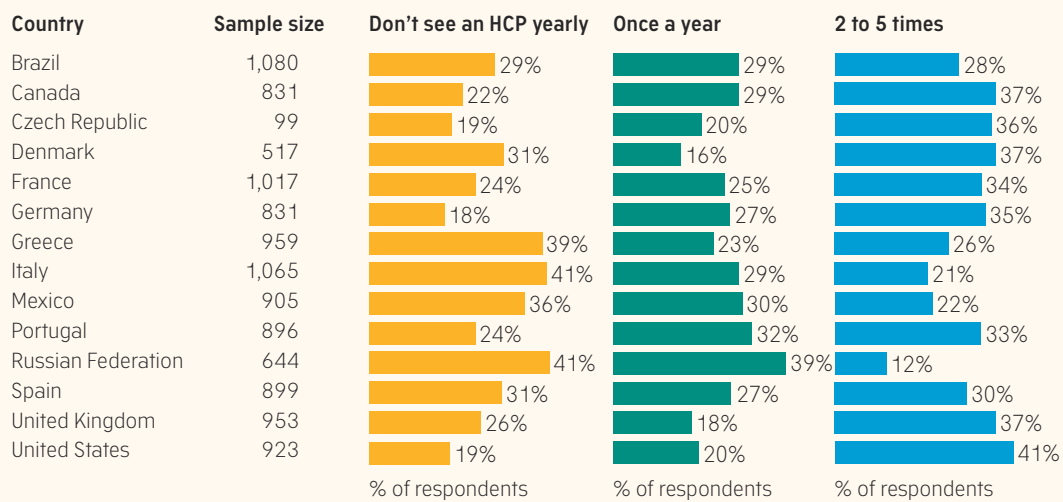


Figure C.3: Healthcare Professional institution by country

“Is your primary healthcare professional for your psoriasis?”

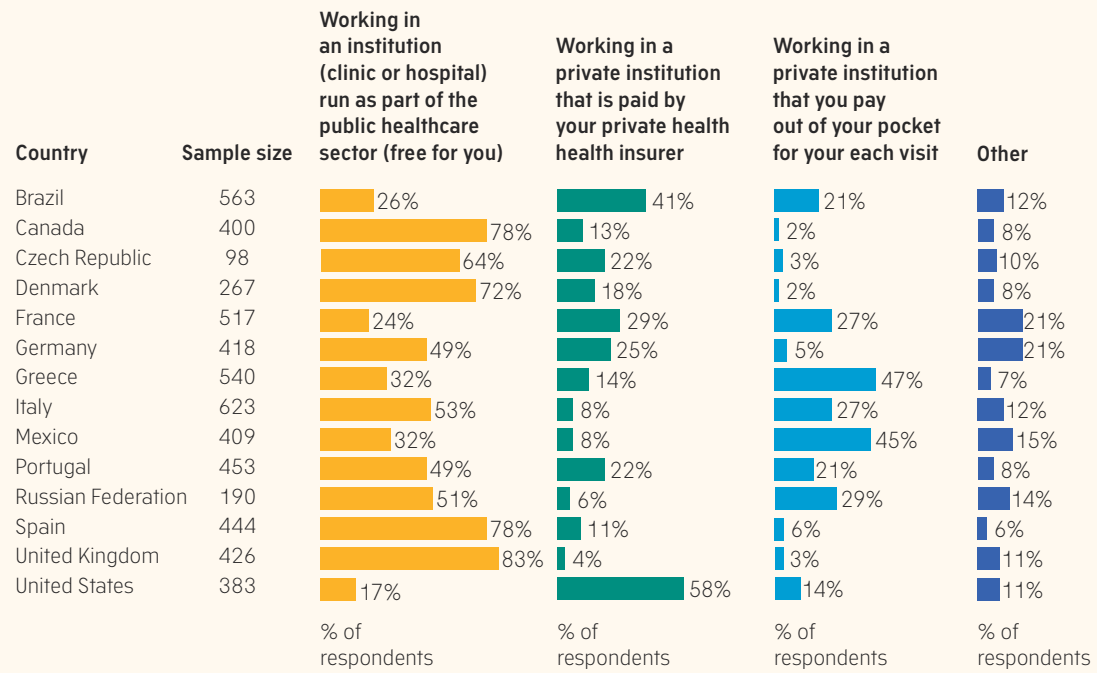


Figure C.4: Distribution of who has diagnosed their psoriasis (please note this report is based on self-reported psoriasis)

“Has your psoriasis been diagnosed by:”

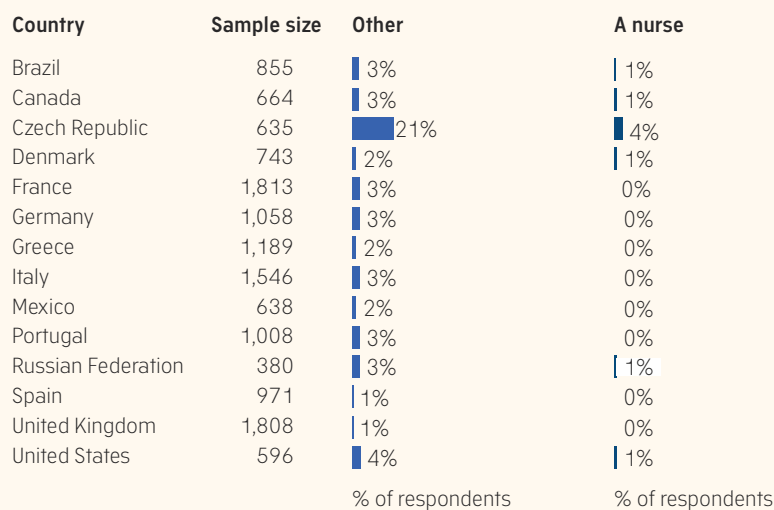
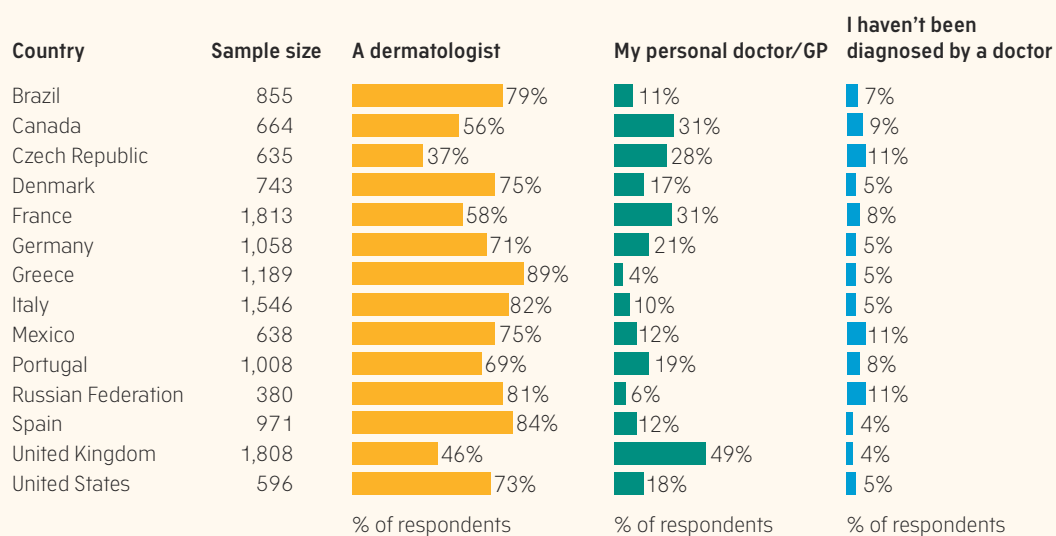


Figure C.5: Distribution of treatment type by country

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

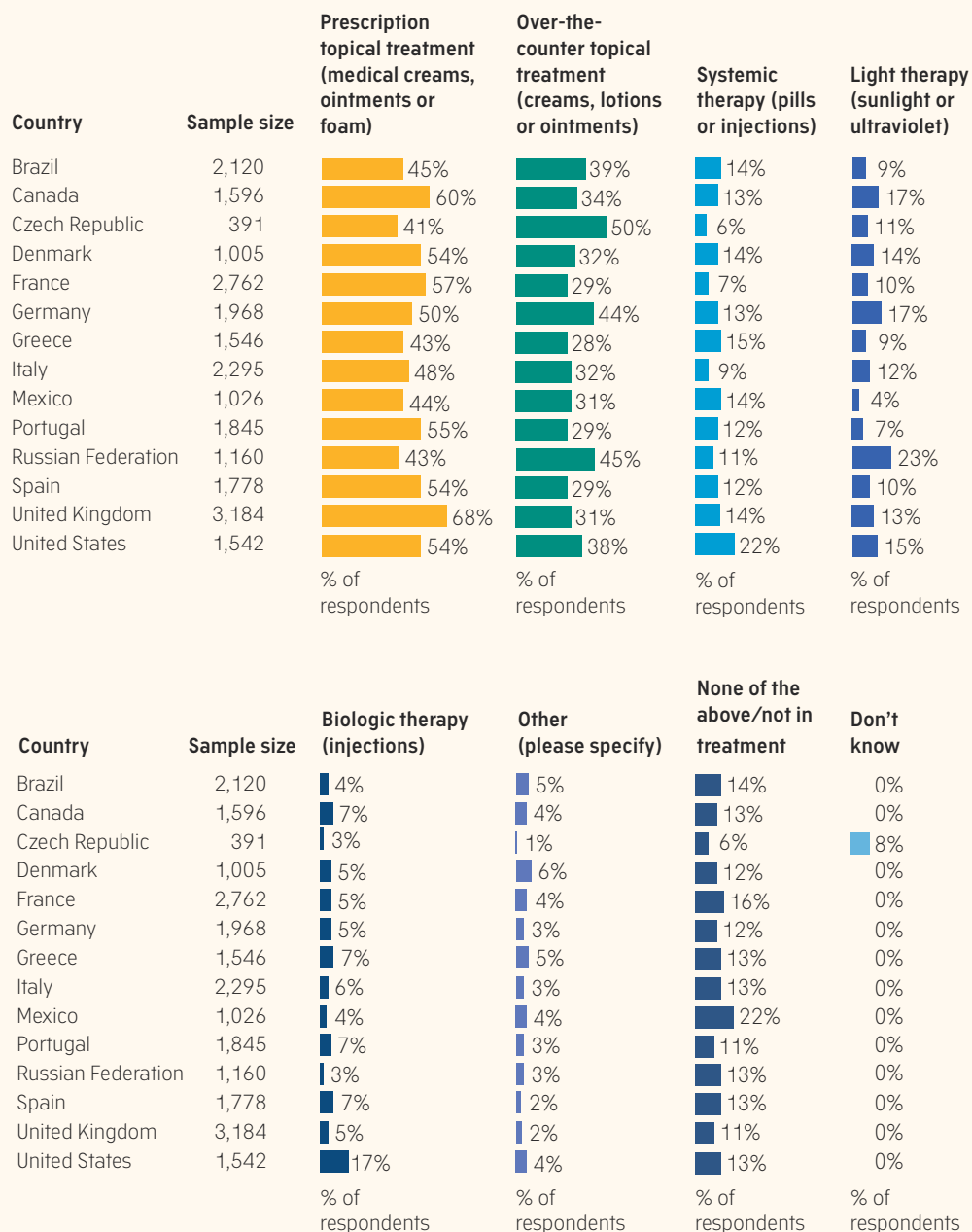


Figure C.6: Distribution of how people get and pay for their treatment

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

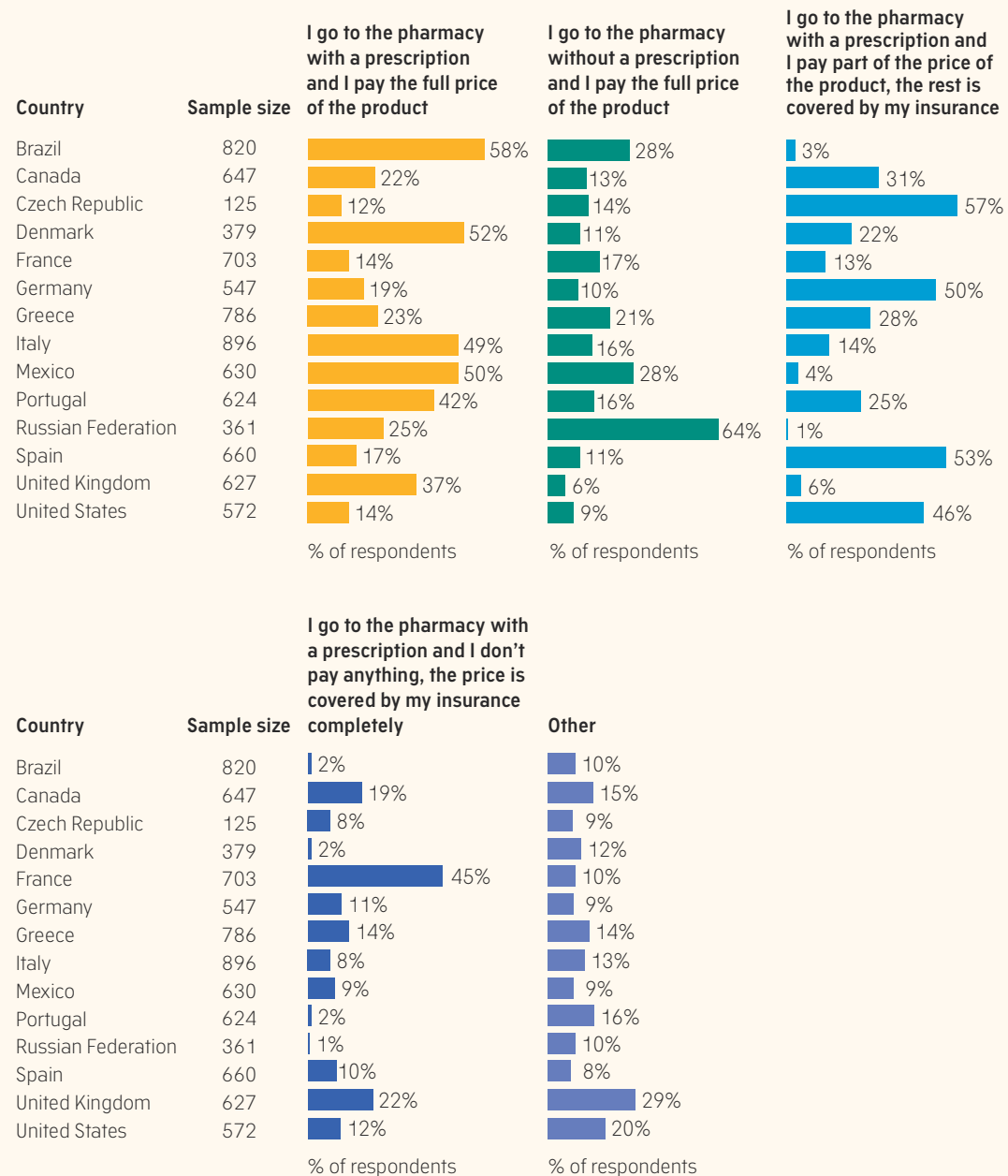
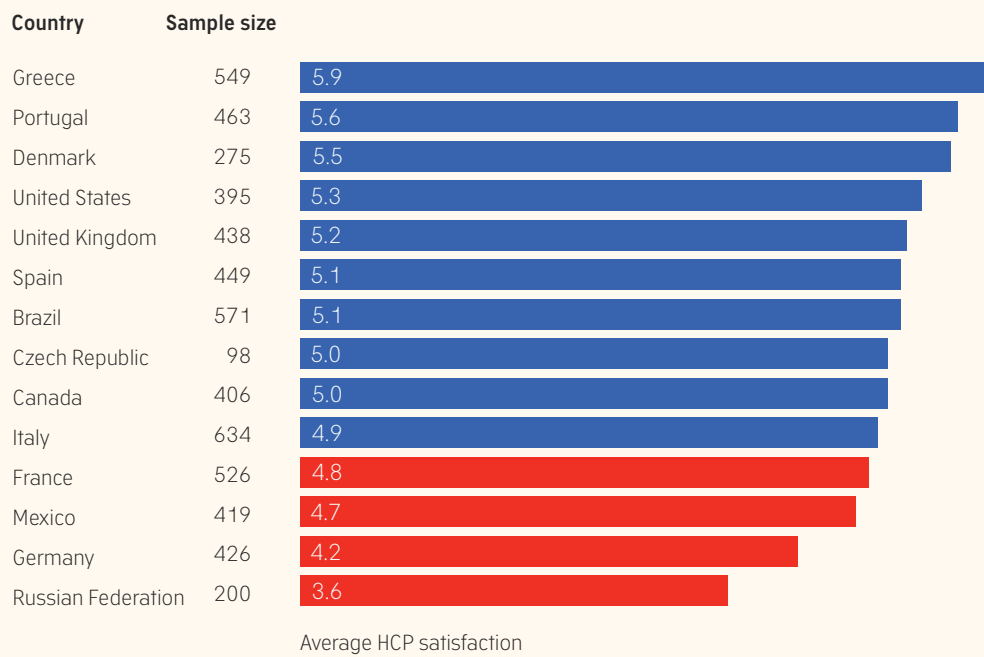


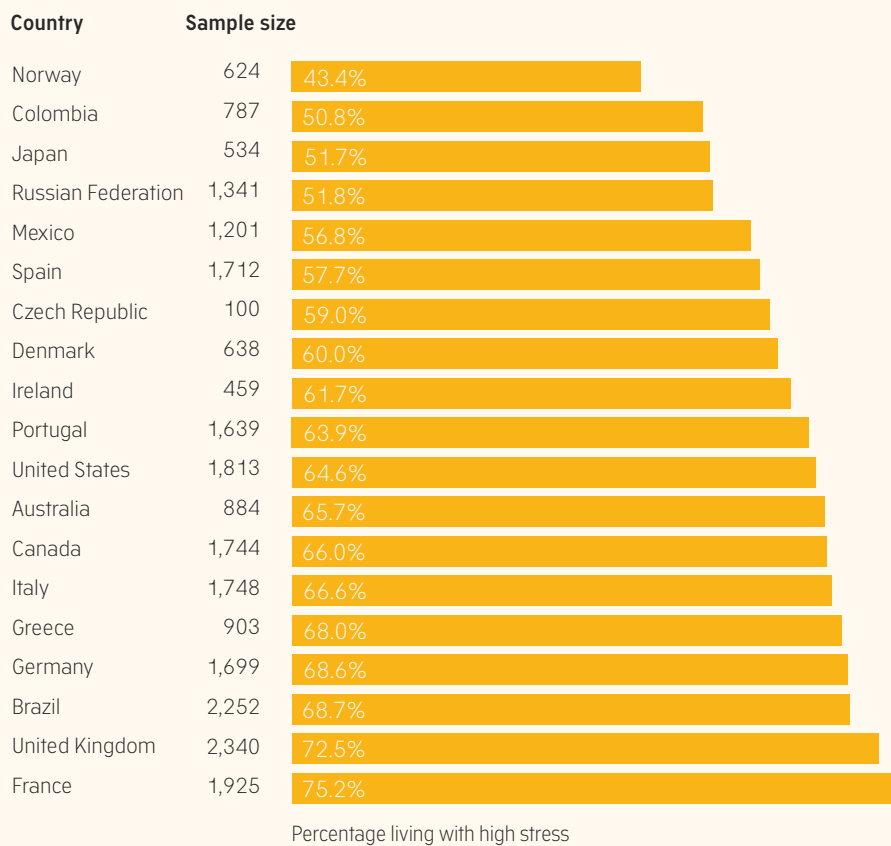
Figure C.7: Average levels of satisfaction with healthcare provider in relation to psoriasis by country, as measured on a scale from 0-10

“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

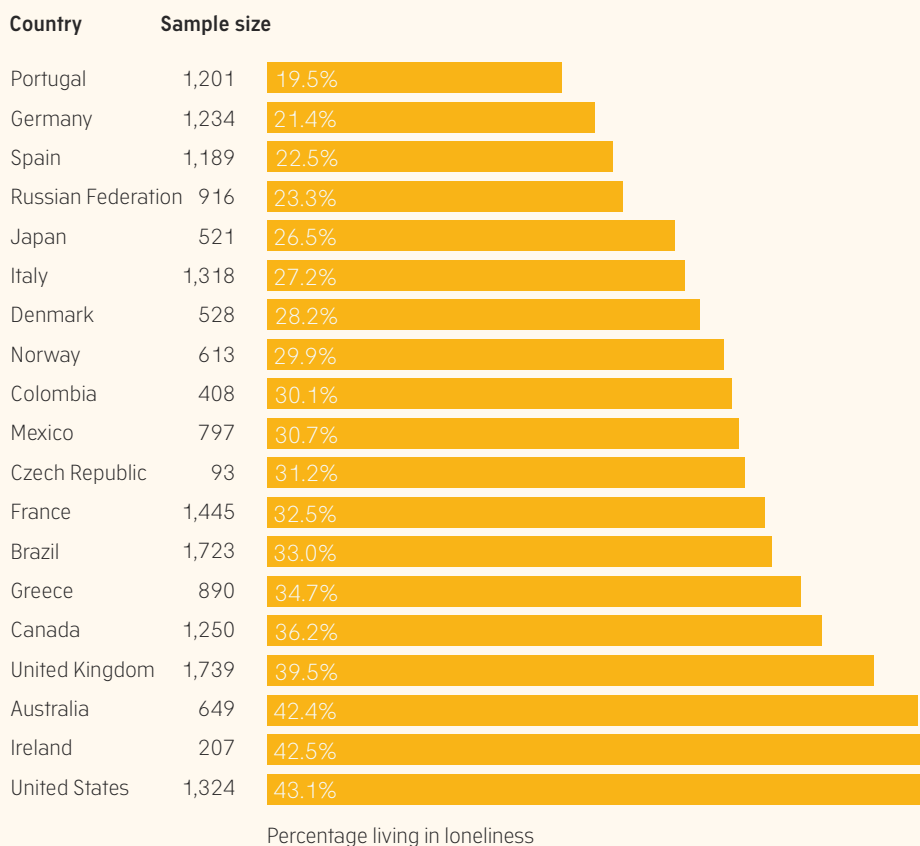
Figure D.1: Percentage of people living with high stress¹



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*.