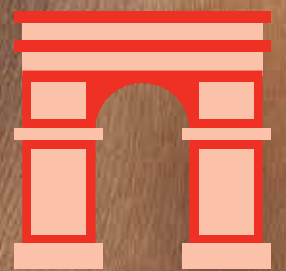




World  
Psoriasis  
Happiness  
Report 2018



France

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

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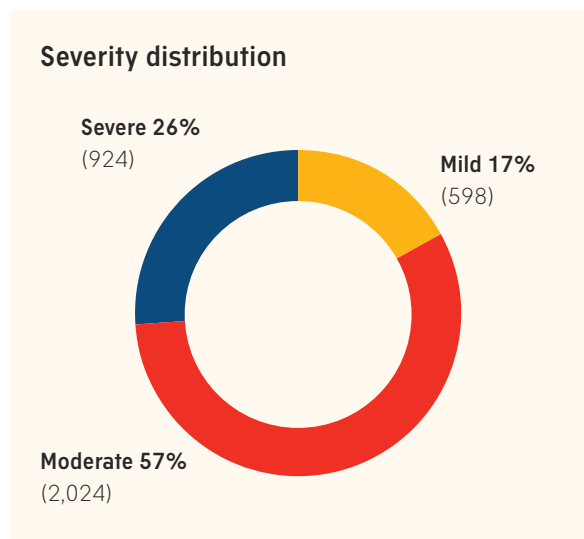
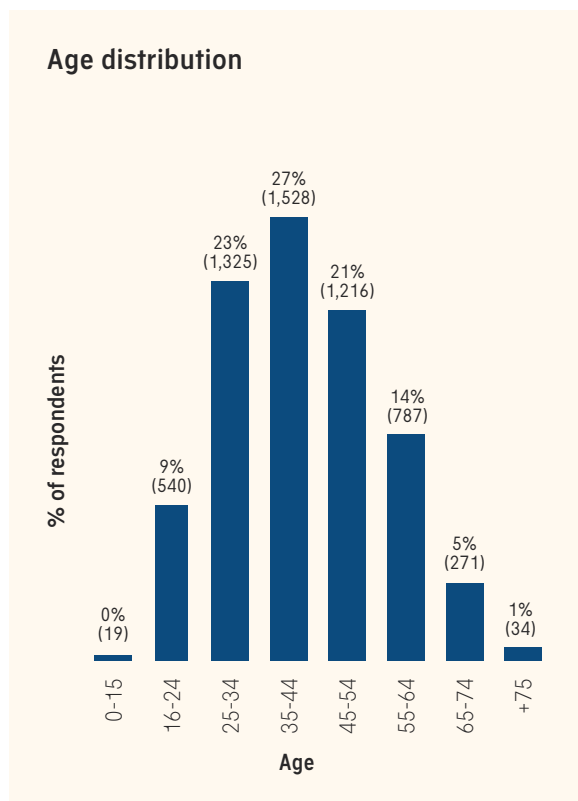
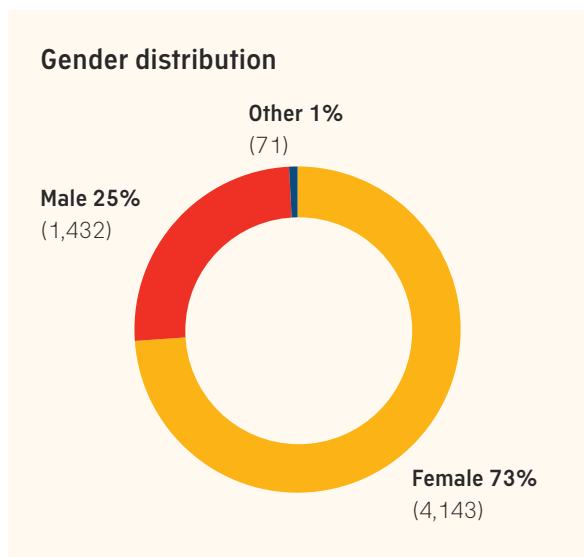
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# General Data & Happiness Results

General Data & Distributions. Total sample size: 5,720



Severity distribution	France (N = 3,546)	Global (N = 54,438)
Mild	17%	37%
Moderate	57%	47%
Severe	26%	16%

In France, as few as 17% (less than 2 in 10) of the participants in this survey reported they had mild psoriasis, while more than half (57%) reported moderate psoriasis. What really stands out is the fact that more than 1 in 4 (26%) reportedly suffer from severe psoriasis.

Of all the country data in this analysis, France has the smallest proportion of people with self-reported mild psoriasis and, at the same time, the one with the one of the highest prevalence of moderate and severe psoriasis (see Fig. A.1 in the Appendix)<sup>1</sup>.

<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: 5.5 Happiness ranking: 15th / 21

Happiness	France		Global	
	Happiness level	Happiness gap	Happiness level	Happiness gap
<b>Overall</b>	5.5	-13.9%	5.8	-11.1%
<b>Gender</b>				
- female	5.5	-15.1%	5.7	-14.1%
- male	5.8	-10.2%	6.1	-5.8%
<b>Severity</b>				
- mild	6.1	-5.0%	6.0	-6.1%
- moderate	5.5	-14.2%	5.6	-14.1%
- severe	4.5	-30.6%	4.6	-30.6%

The average happiness level of 5.5 places France as 15th in the happiness ranking of the 21 countries in the analysis. With an average happiness gap of -14%, France lands roughly in the middle of the pack of the overall happiness ranking (see also Fig. A.2 and A.3 in the Appendix). The happiness gap experienced by people living with self-perceived severe psoriasis is -30.6%, while for those with self-perceived mild psoriasis the gap is -5%.

Women with self-perceived psoriasis in France are slightly less happy than their male counterparts, which is the same pattern seen globally.

## Stress & Loneliness

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

**High stress: 75%**

**Loneliness: 33%**

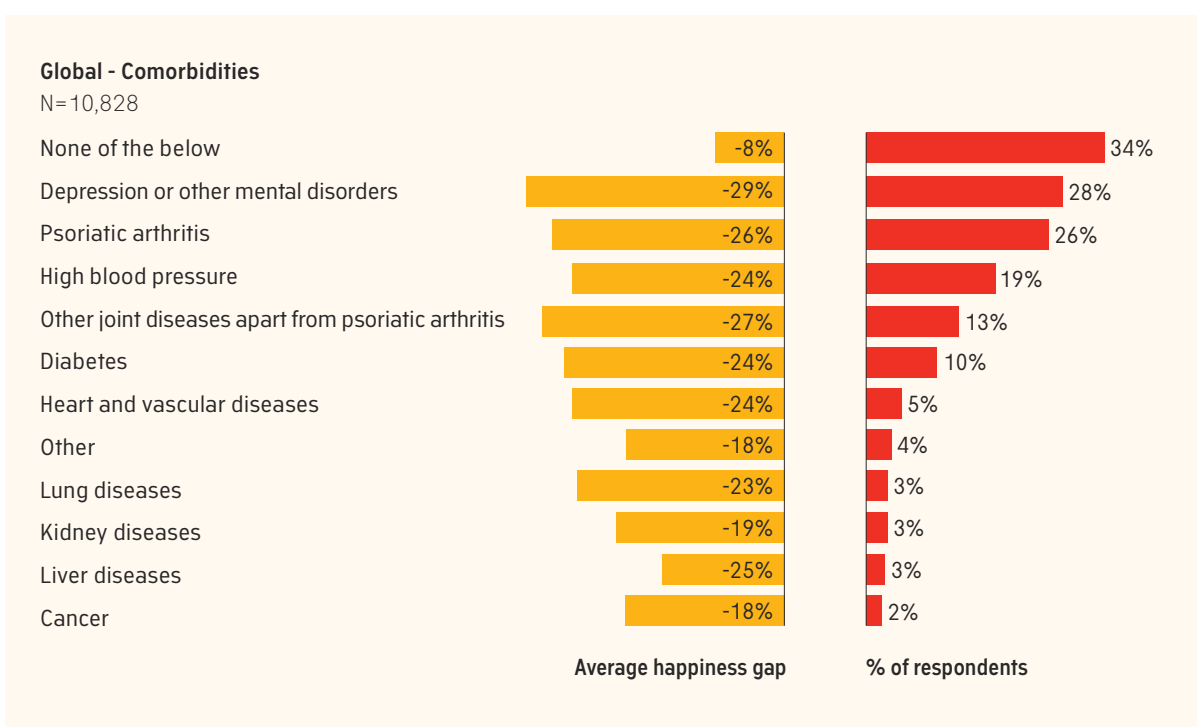
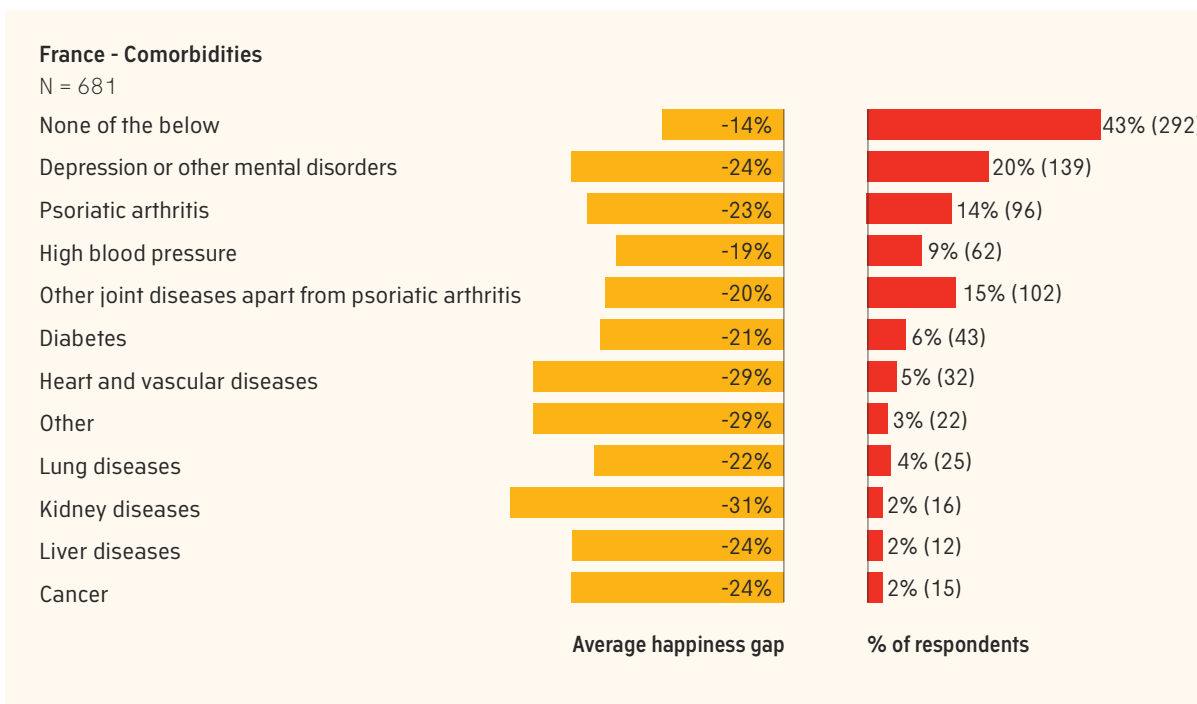
France is the country with the largest proportion of respondents that experience high stress: 3 in 4 or 75%). In regards to loneliness, France fares slightly better, but is still in the worst half of countries with as many as a third (33%) of people surveyed living in loneliness.

<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

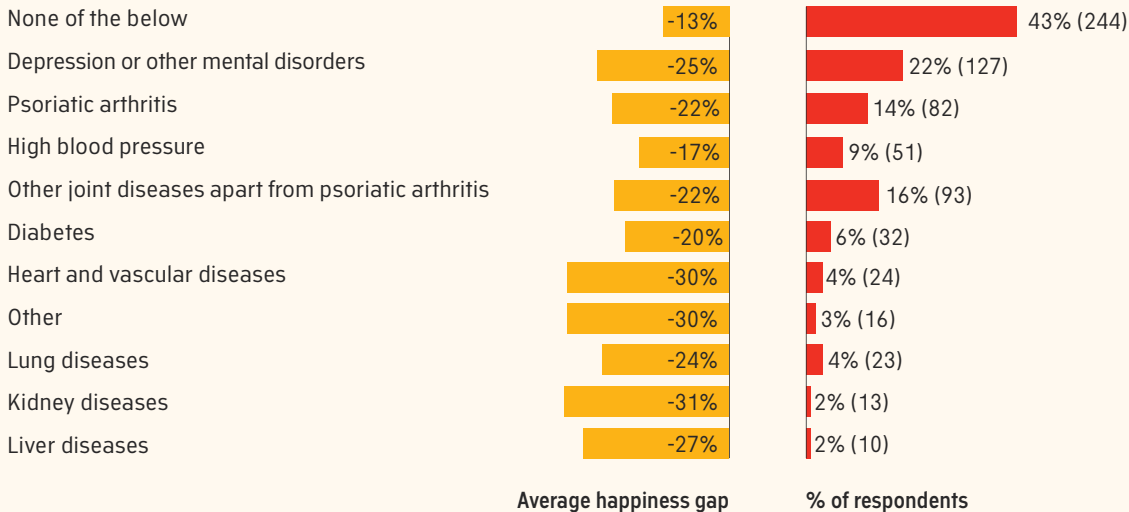
We have analysed a variety of comorbidities reported by people living with self-perceived psoriasis and their effect on people's happiness and well-being. The graphs below

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.



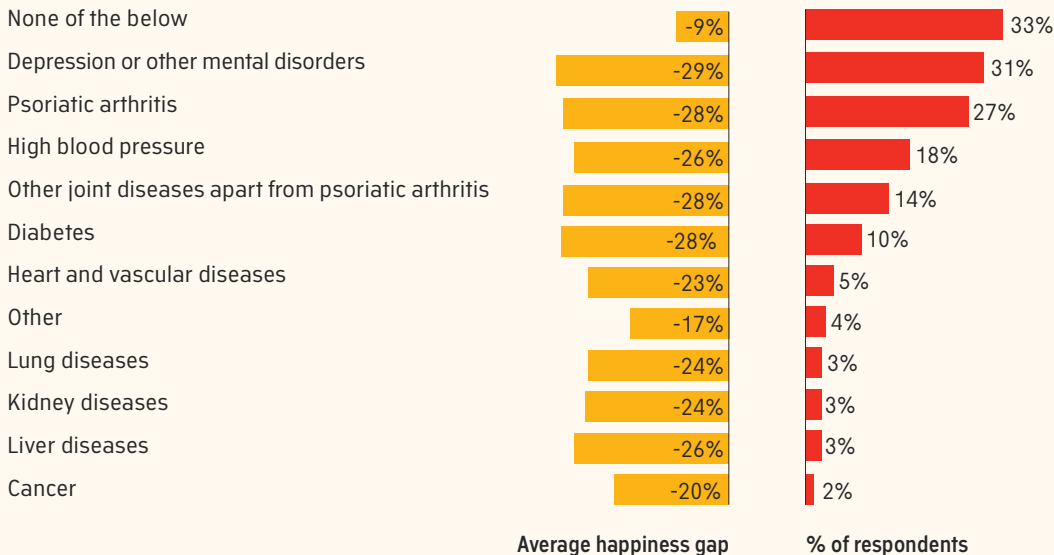
**France - Comorbidities by gender - Female**

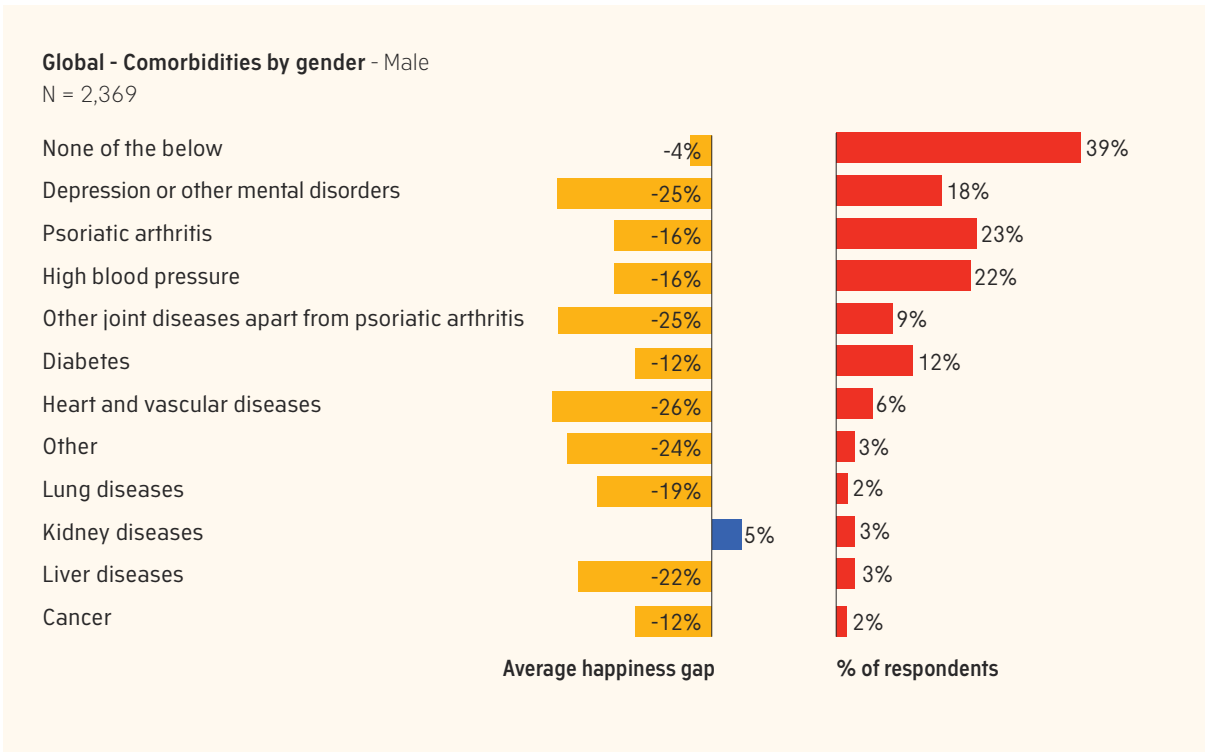
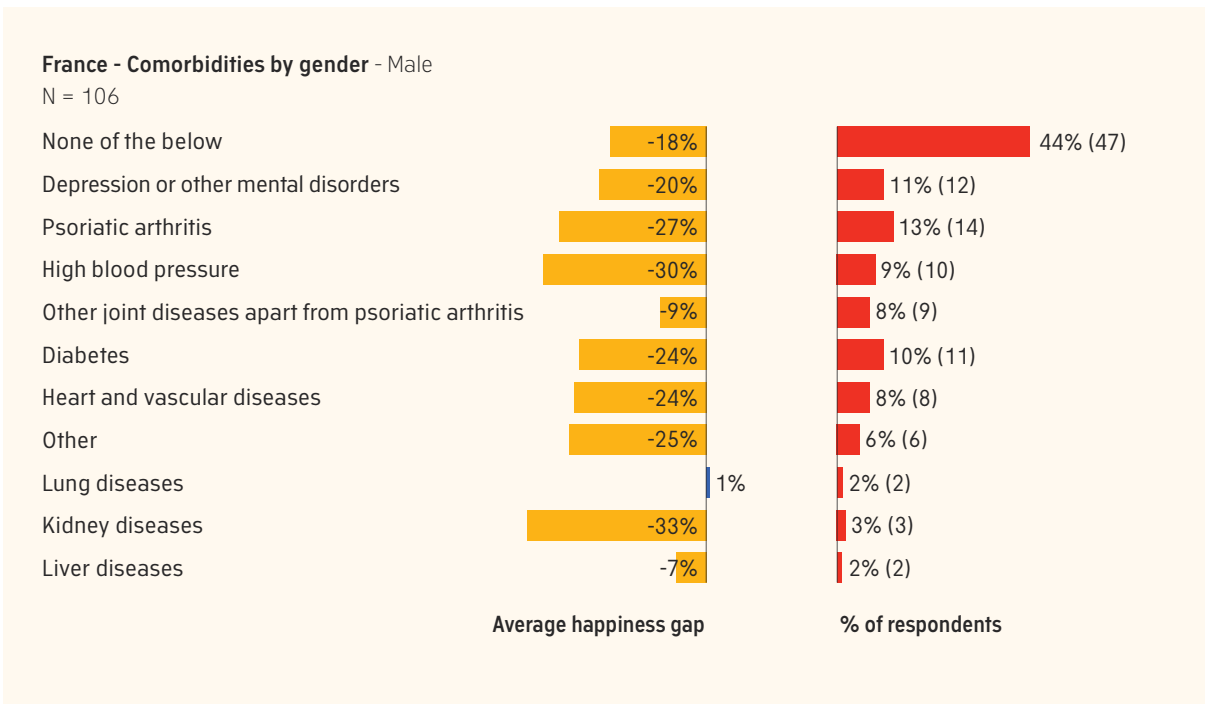
N = 573



**Global - Comorbidities by gender - Female**

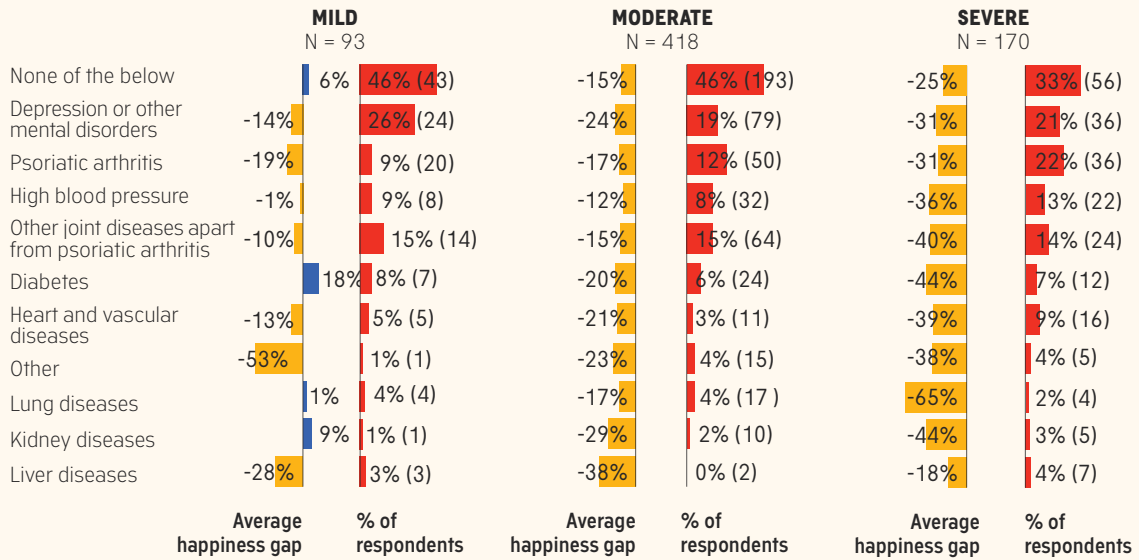
N = 8,398



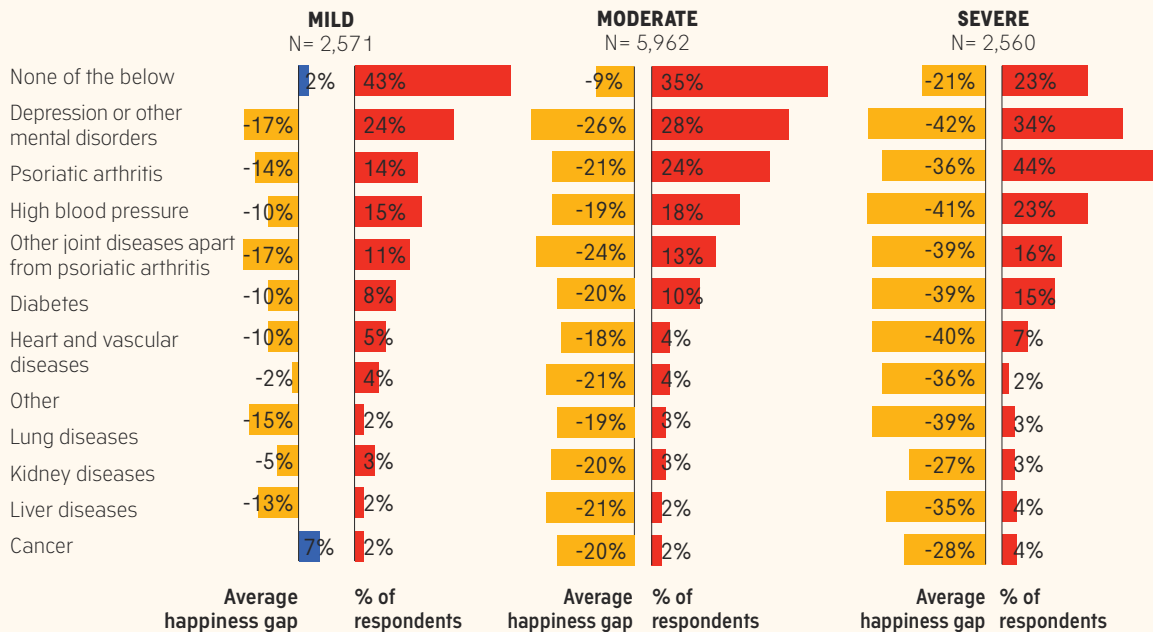




France - Comorbidities by severity



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 2 in 5 (43%) of the surveyed people in France don't experience any of the listed comorbidities.
- Like almost all other countries, the most reported comorbidities are depression or other mental disorders (experienced by 20%), psoriatic arthritis (14%), high blood pressure (9%), and other joint diseases (15%).
- Depression or other mental disorders are especially related to large happiness gaps of around -23%; we've seen in the World Psoriasis Happiness Report that this is one of the three comorbidities that have a significant negative impact on subjective well-being (along with back pain and liver diseases).

Turning to the split by gender, we see that in France, both depression or other mental disorders and joint diseases are experienced by more women than men. This is also seen as a global average and in other countries.

**By severity, we see that:**

- A larger percentage of people with severe psoriasis experience comorbidities compared to people with mild and moderate psoriasis. 54% of those reporting mild and moderate psoriasis also report at least one of the listed comorbidities, compared to 67%, or 2 in 3, for those with self-reported severe psoriasis.
- Likewise, the prevalence of psoriatic arthritis also increases with severity.
- Finally, we see that, in general, the worse the severity, the larger the happiness gap (although no claim of causality can be made).

---

<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 France, the estimated cost to society from lost productivity is

Total cost on society	
Overall	\$20,497m
Per 100,000 people in employment	\$74.8m
As % of GDP	0.71%

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 France is the country with the highest total cost to society from lost productivity (as % of GDP and as cost per 100,000 in employment). Nominally, this corresponds to as much as \$20,497 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 people with self-perceived psoriasis should have stayed at home because of their psoriasis and, respectively, other health issues).

Productivity at work	France	Global
<b>Average productivity</b>		
- Because of psoriasis	49.0 (181)	53.2 (2,721)
- Because of other health issues	53.0 (175)	62.9 (2,633)
<b>Percentage of people reporting less than 50% productivity</b>		
- Because of psoriasis	57% (103)	51% (1,521)
- Because of other health issues	57% (99)	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.)

People with self-reported psoriasis in France work at slightly lower productivity than the global average when they go to work, when they should have stayed at home because of psoriasis. When it comes to other health issues, their average productivity is even lower. As can also be seen from Fig. B.1 and B.2 in the Appendix, France is in the bottom group of countries when it comes to productivity

and psoriasis (and even the country with the lowest productivity when it comes to other health issues). In the same vein as above, almost 3 in 5 (57%) in France work at 50% productivity or less when they should have stayed at home because of their psoriasis. It's the same for other health issues, which is more than the global average and also places France at the bottom (see Fig. B.3 and B.4 in the Appendix).

### Missed Work & Social Hours

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

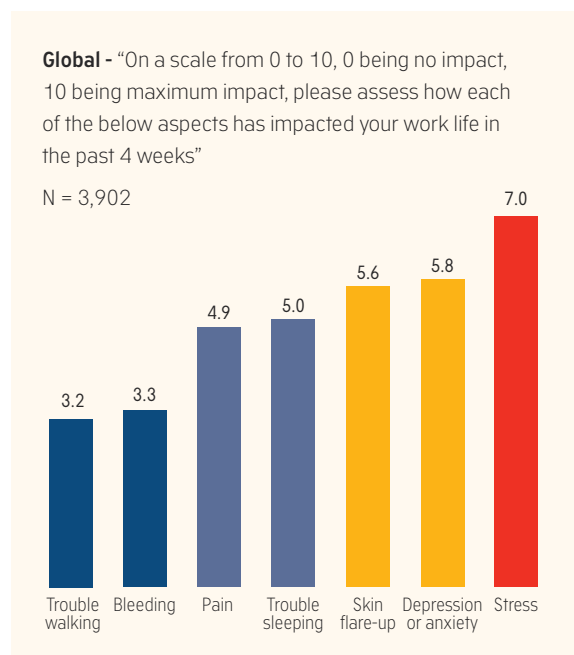
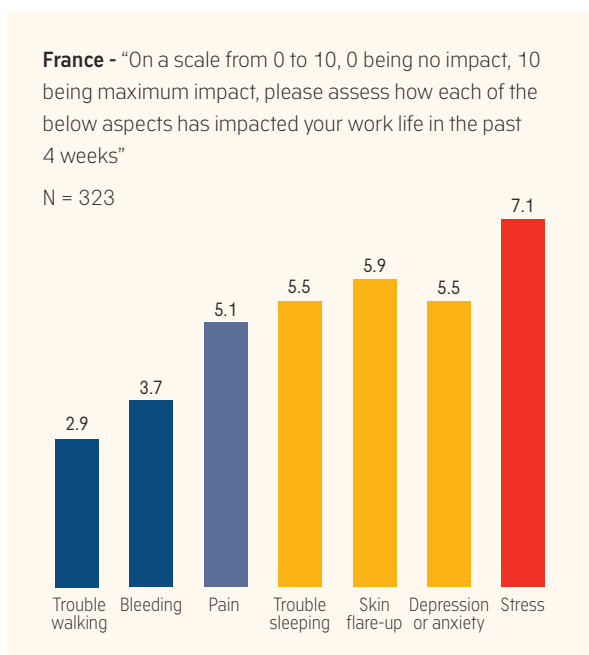
Work and social hours missed	France		Global	
	Because of psoriasis	Because of other health issues	Because of psoriasis	Because of other health issues
<b>Work hours missed</b>	N = 194	N = 186	N = 2,998	N = 2,945
5+ hours	30%	38%	24%	26%
10+ hours	25%	32%	17%	17%
20+ hours	20%	27%	10%	10%
<b>Social hours missed</b>	N = 501	N = 490	N = 5,387	N = 5,339
5+ hours	32%	29%	35%	33%
10+ hours	25%	23%	26%	22%
20+ hours	16%	14%	18%	14%

In France, people miss around the same number of social hours because of psoriasis and other health issues as seen in the global picture. As for work, however, a significantly larger number of people miss out here because of psoriasis as well as other health issues. For instance, almost a third (30%) missed at least 5 work

hours because of psoriasis in the last 4 weeks; 1 in 4 (25%) missed at least 10 hours, and 1 in 5 (20%) missed as much as 20 hours or more, indicating that psoriasis has a significant impact on people's work life in France.

### 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 France are stress, skin flare-ups, depression or anxiety, and trouble sleeping, which fits the global picture and for almost all other countries (see also Fig. B.5 in the Appendix). However, it’s interesting to note that the magnitude, or strength, of the impact of skin flare-ups and trouble sleeping is higher

in France than globally, while the impact of depression or anxiety is slightly lower. Still, France is, in fact, among the countries with the greatest impact levels, further supporting the aforementioned observation that psoriasis has a significant impact on people’s work life in France.

## 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'	France			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"	71% (281)	72% (244)	65% (37)	60% (2,336)	60% (1,811)	58% (515)
"My manager understands the impact psoriasis has on me and my work performance"	60% (240)	60% (206)	60% (34)	51% (1,939)	53% (1,530)	48% (404)
"My work colleagues know about my psoriasis and I get their support when needed"	43% (171)	42% (143)	49% (28)	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% (156)	39% (134)	39% (22)	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, people in France are generally more dissatisfied with the support they receive at work on both a company, manager, and colleague/co-worker level. Women seem to be slightly more dissatisfied than men in regards to systems in the workplace, while not as many men as women feel like they have colleagues who know about their psoriasis.

### Also worth noting is that:

- Around 7 in 10 (71%) don't think their company has systems in place to help them manage their psoriasis.
- 3 in 5 (60%) don't think their manager understands their condition and its impact on work performance.
- Around 4 in 10 (43% and 39%) don't think they get support from their colleagues nor have a close co-worker who understands and they can talk to.

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. 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

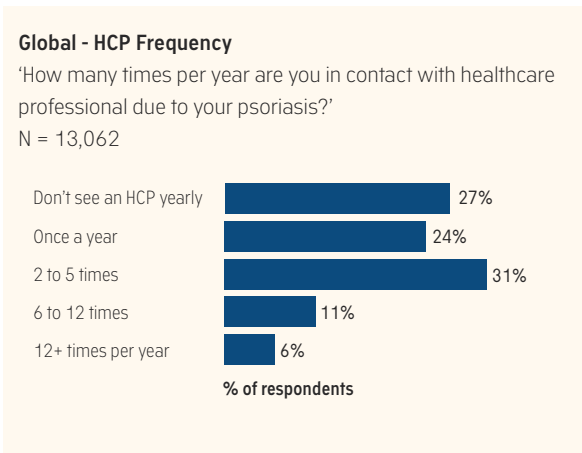
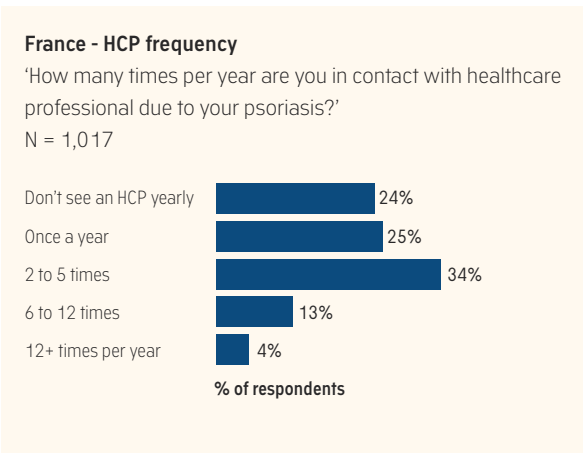
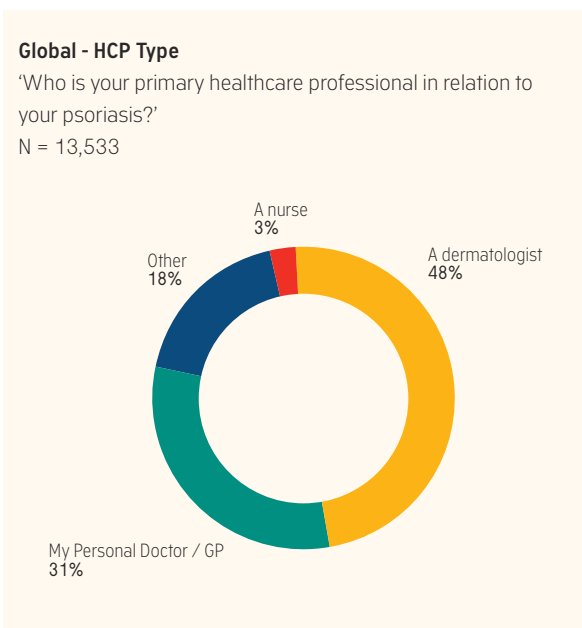
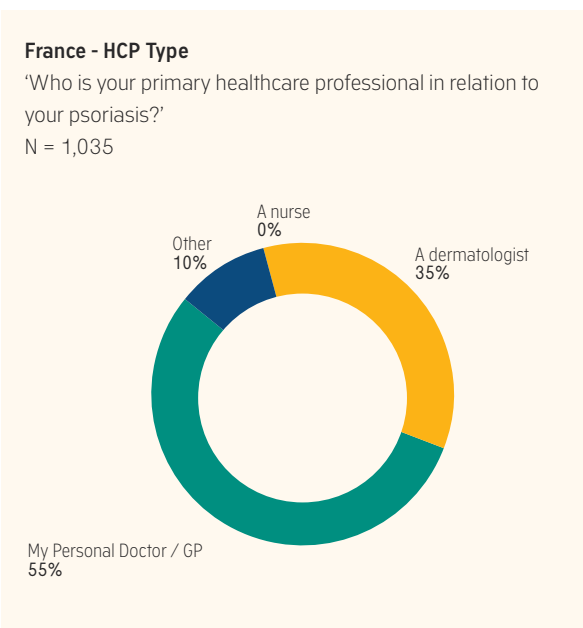




A variety of aspects related to the perceived relationship with healthcare professionals (HCPs) are analysed. This includes people’s satisfaction with their healthcare providers overall, as well as general perceptions of the quality of the relationship and interactions with them.

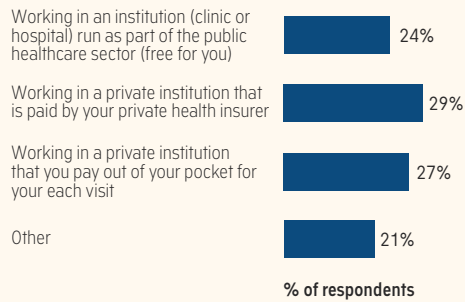
### Healthcare Professional Type & Frequency of Visits

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 France and the global case.

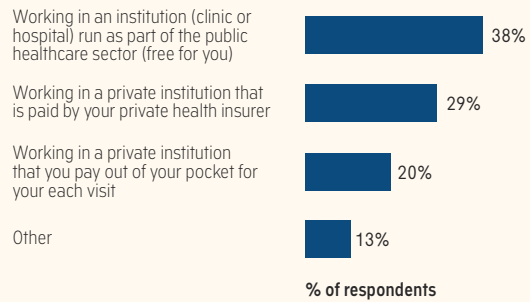


**France - HCP institution**

'Is your primary healthcare professional for your psoriasis:'  
N = 517

**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:**

- Only slightly more than a third (35%) in France see a dermatologist as their main healthcare professional in relation to their psoriasis, which is less than many other countries. Instead, most people (55%) see a personal doctor or a general practitioner (GP). In this way, the numbers for France are much like e.g. the Czech Republic and the UK (see Fig. C.1 in the Appendix).
- In regards to frequency of visits, around 1 in 4 (24%) in France don't see their healthcare professional yearly, while more than a third (34%) see their healthcare professional 2-5 times a year. This makes France one of the countries in which people see their healthcare

professionals for their psoriasis relatively often (see also Fig. C.2 in the Appendix). This is also partially explained by the larger percentage of people with self-perceived moderate and severe psoriasis, which might involve more frequent visits to the doctor.

- Unlike many other countries and the global picture as well, there isn't really a dominant model in terms of the type of healthcare institutions people in France visit for their psoriasis. We see a roughly even distribution between institutions under the public healthcare sector and private institutions paid either by people themselves or by their private health insurers.

## Diagnosis & Type of Treatment

As seen in the table below, most respondents (58%) in France said that their psoriasis was diagnosed by a dermatologist, while close to a third (31%) said it was diagnosed by a personal doctor or GP. This is different from the global picture and most other countries. In fact, France is the country with the second largest proportion of people having their psoriasis diagnosed by a personal doctor or GP (see also Fig. C.4 in the Appendix).

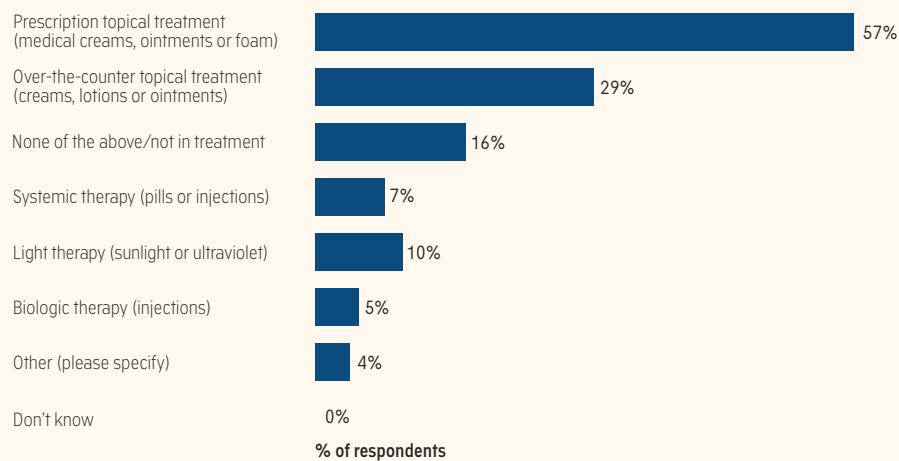
Was your psoriasis diagnosis by..	France (N = 1,813)	Global (N = 14,184)
Dermatologist	58%	69%
Personal doctor / GP	31%	21%
Haven't been diagnosed by a doctor	8%	6%
Nurse	0%	1%
Other	3%	3%

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

### France - Treatment type

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

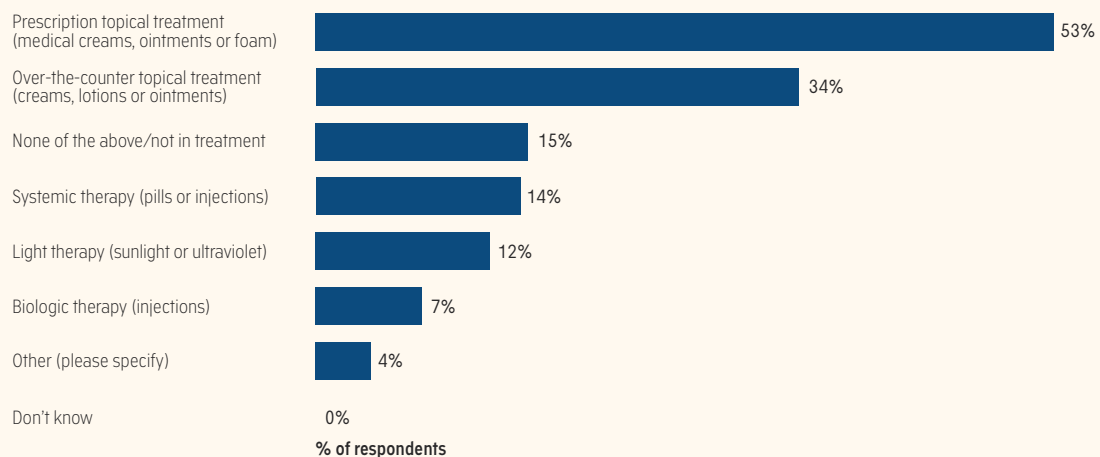
N = 2,762



### Global - Treatment type

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

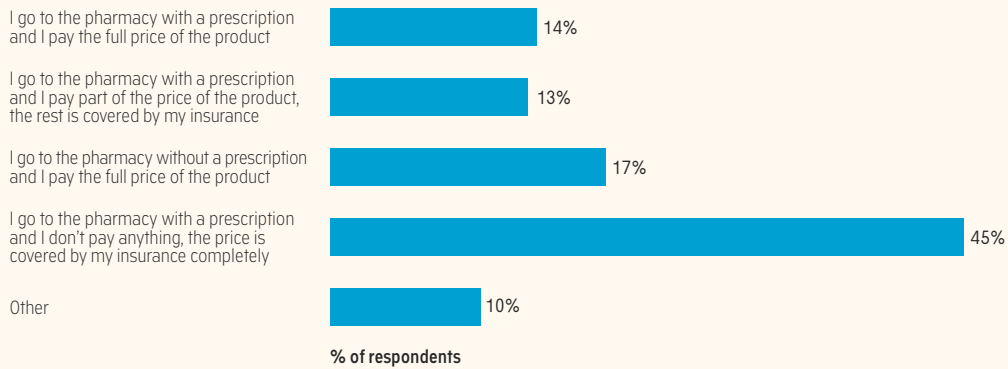
N = 36,574



**France**

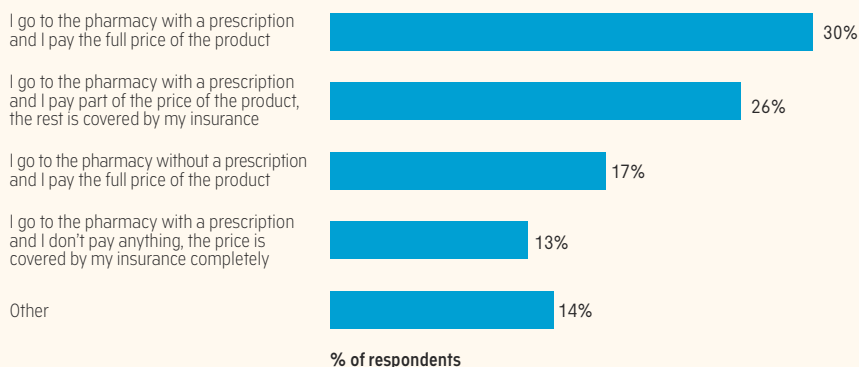
“When getting your treatment, which of the statements below best fits your situation?”

N = 703

**Global**

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

N = 8,388



The most common treatment type in France are prescription topicals, used by 57%. Next are over-the-counter topicals, used by almost a third (29%). In this regard, France is a lot like other countries (see also Fig. C.5 in the Appendix), though systemic treatment is not as common as we see on a global scale. This is slightly surprising, given the aforementioned high percentage of people living with self-perceived moderate and severe psoriasis in this sample. One explanation might be that the respondents in France might have been diagnosed with a milder form of psoriasis than they perceive it. Another explanation might be that people living with self-

perceived moderate and severe psoriasis don't get access to other type of treatments apart from topicals as easily.

As for where the respondents get their treatment from, however, France stands out as being very unlike most other countries and the global case, as almost half (45%) go to the pharmacy with a prescription and don't pay anything, as the price is completely covered by their insurance. As seen in Fig. C.6 in the Appendix, this makes France the country where this is the most common thing to do.

### 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>France</b>	<b>Global</b>
<b>Overall</b>	<b>4.78 (526)</b>	<b>4.97 (5,853)</b>
<b>Gender</b>		
- Female	4.78 (526)	4.95 (4,604)
- Male	4.78 (526)	5.02 (1,220)
<b>Severity</b>		
- Mild	5.18 (55)	5.23 (1,356)
- Moderate	4.61 (296)	4.80 (3,157)
- Severe	4.94 (174)	5.10 (1,314)

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

Overall, the respondents in France are less satisfied with their healthcare professionals than seen globally. Looking at Fig. C.7 in the Appendix, we also see that France is in the bottom handful of countries in this regard. What also stands out in the table above is that men are significantly more satisfied with their healthcare professionals than women, even more so than in the global picture. Finally, as in the global case, it's interesting to see how people in France with 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”: % who ‘Disagree’ or ‘Strongly disagree’	France			Global		
	Overall	Women	Men	Overall	Women	Men
“The doctor gave me as much information as I wanted”	21% (106)	22% (97)	12% (9)	21% (2,813)	22% (968)	15% (188)
“The doctor recognised and responded to my emotional state”	28% (144)	30% (129)	21% (15)	30% (1,619)	32% (1,349)	23% (263)
“The doctor talked in terms I could understand”	12% (60)	12% (51)	11% (8)	15% (847)	14% (698)	11% (145)
“The doctor encouraged me to ask questions”	29% (145)	29% (126)	25% (18)	28% (1,612)	29% (1,333)	22% (273)
“The doctor involved me in decisions as much as I wanted”	24% (123)	25% (108)	19% (14)	25% (1,417)	26% (1,165)	20% (244)
“The doctor discussed next steps”	31% (155)	33% (142)	15% (11)	26% (1,482)	27% (1,228)	20% (246)
“The doctor spent the right amount of time with me”	27% (135)	28% (120)	19% (14)	25% (1,395)	26% (1,148)	19% (241)
“The doctor discussed about how my psoriasis affect my mental health and overall well-being”	47% (237)	48% (208)	39% (28)	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.)

People in France are comparably dissatisfied with aspects around the interaction with their healthcare professionals compared to the global averages and other countries. It’s worth pointing out the largest degree of dissatisfaction is reported “the doctor discussed about how my psoriasis affects my mental health and

overall well-being”: 47%. Women are generally more dissatisfied than men in regards to the interaction with healthcare professionals in relation to their psoriasis.

## 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?'	France			Global		
	Overall	Women	Men	Overall	Women	Men
"My healthcare professionals are clear with the information about how to treat psoriasis"	37% (359)	38% (300)	33% (56)	40% (5,329)	41% (3,933)	36% (1,341)
"My healthcare professionals fully understand the impact psoriasis has on my mental well-being"	50% (481)	51% (400)	46% (77)	53% (7,055)	56% (5,311)	44% (1,683)
"I can get in touch with the healthcare professional when I'm in need"	15% (141)	14% (114)	16% (26)	36% (4,798)	37% (3,532)	34% (1,227)
"I have confidence in the abilities of my healthcare professionals to treat psoriasis"	43% (411)	43% (345)	37% (62)	42% (5,946)	44% (4,344)	39% (1,550)
"I always follow the advice of my healthcare professionals"	34% (324)	33% (261)	37% (61)	27% (3,692)	27% (2,611)	28% (1,035)
"I've been informed about all the different treatment options related to my condition"	63% (599)	64% (502)	57% (93)	55% (7,240)	57% (5,424)	50% (1,763)
"The system provides me with sufficient financial support in relation to my skin condition"	62% (588)	64% (500)	51% (84)	67% (8,865)	69% (6,535)	63% (2,267)
"There is sufficient public awareness regarding my disease"	86% (812)	87% (681)	77% (127)	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 aspects around the relationship to their healthcare professionals, we see slightly more variation than we did before. While France is close to the global averages in some respects, it's interesting how only few (15%) disagree that they can get in touch with their healthcare professionals when in need. Conversely,

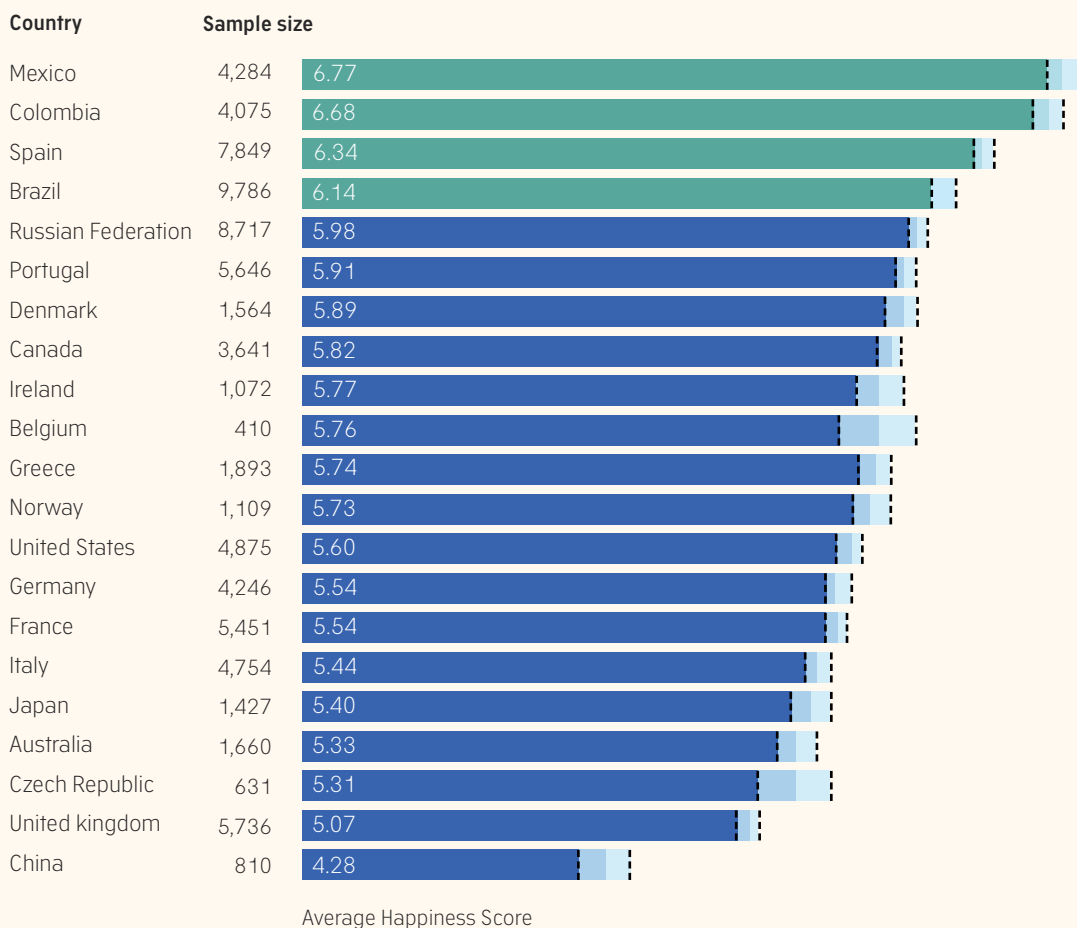
63% are not satisfied with the information received about treatment options, and almost 9 in 10 (86%) don't think there is sufficient public awareness regarding psoriasis. Again, women generally seem to be slightly more dissatisfied than men in regards to the healthcare professional-related aspects covered here.

# Appendix



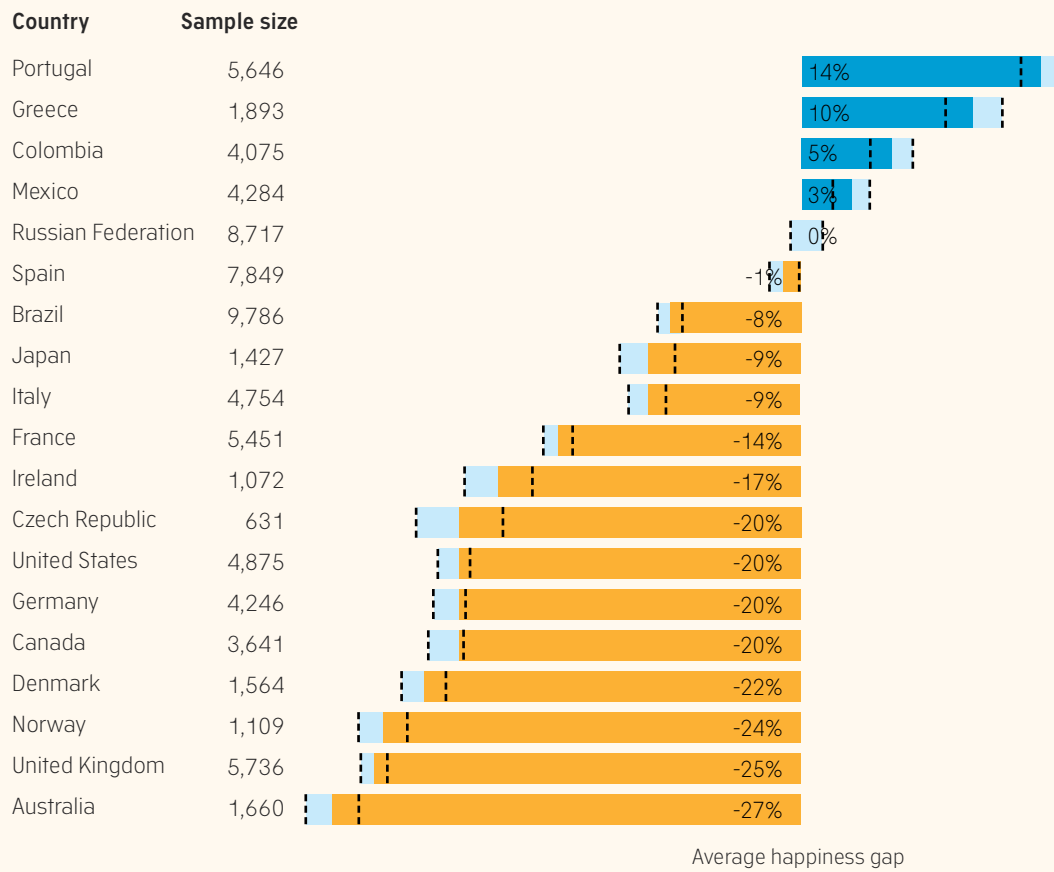


**Figure A.2:** Country ranking: Psoriasis happiness levels per country  
(With 95% confidence interval bands)



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.

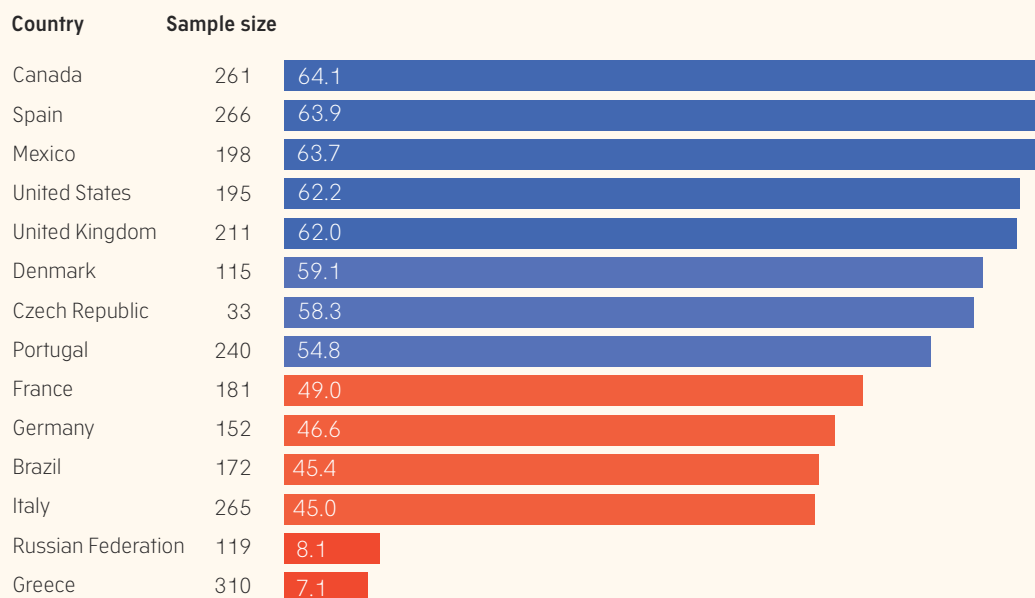
**Figure A.3:** Average happiness gap by country  
(With 95% confidence interval bands)



# 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

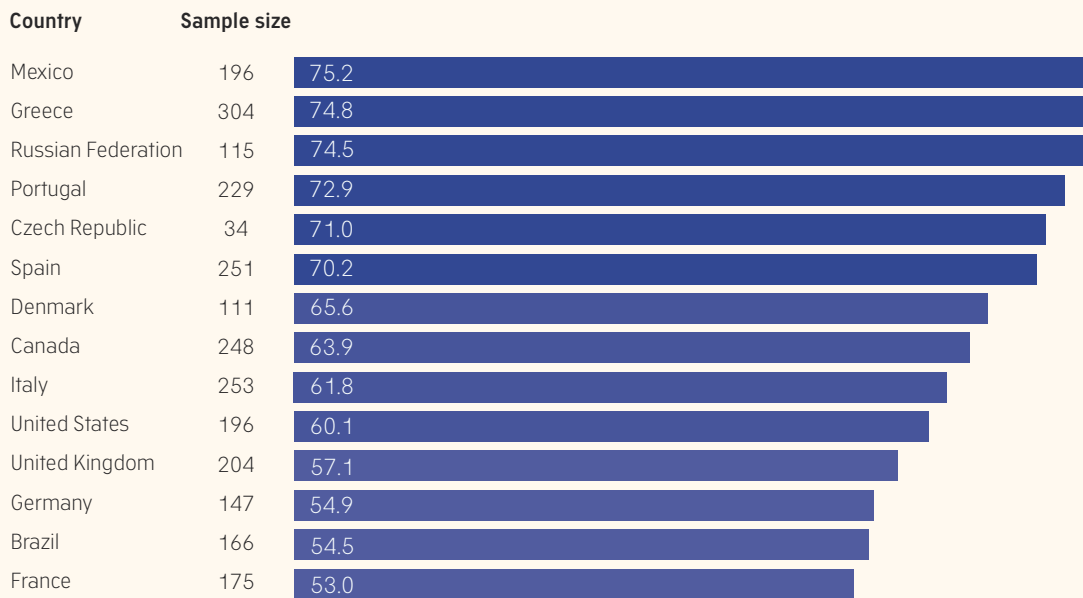
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being totally productive.”



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

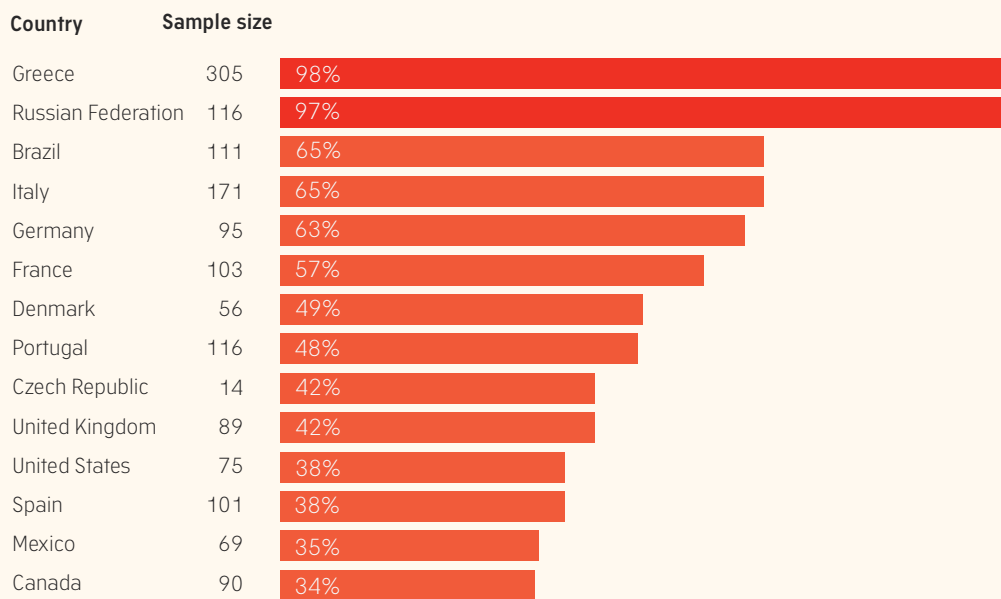
“Using the same scale, how affected was your productivity at work while you felt you should have stayed home because of other health issues? 0 means not at all productive, 100 means totally productive.”



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

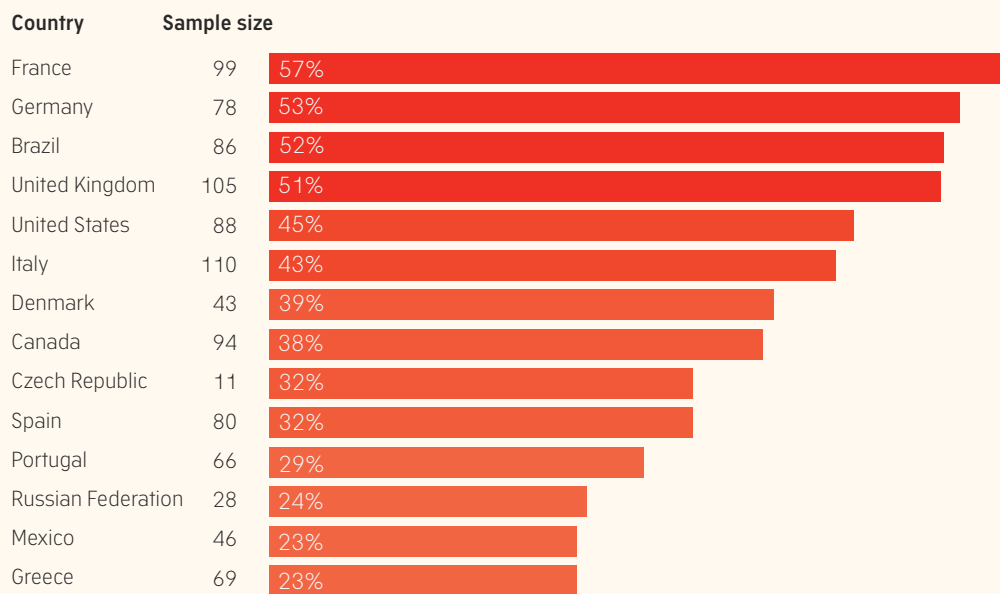
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being tptally productive.”



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

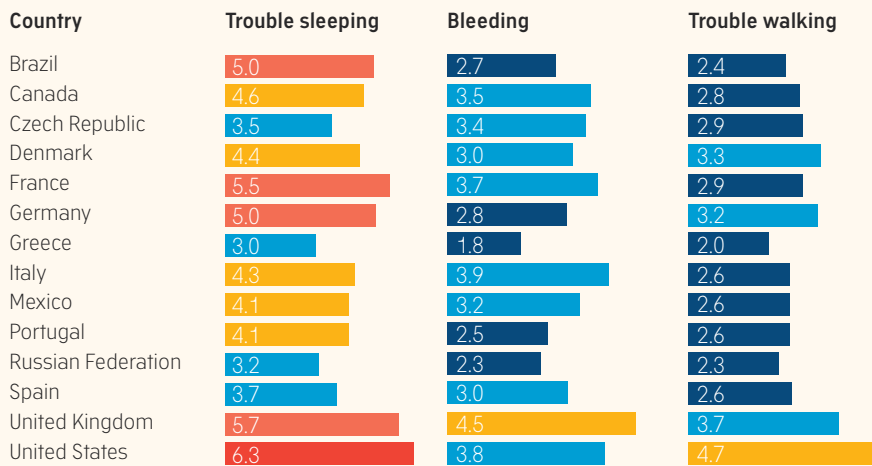
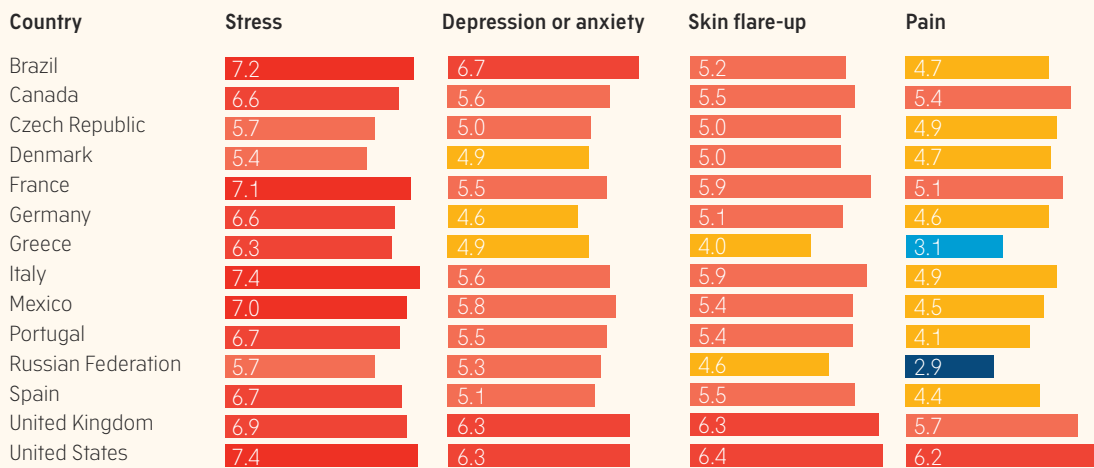
“Using the same scale, how affected was your productivity at work while you felt you should have stayed home because of other health issues? 0 means not at all productive, 100 means totally productive.”



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”



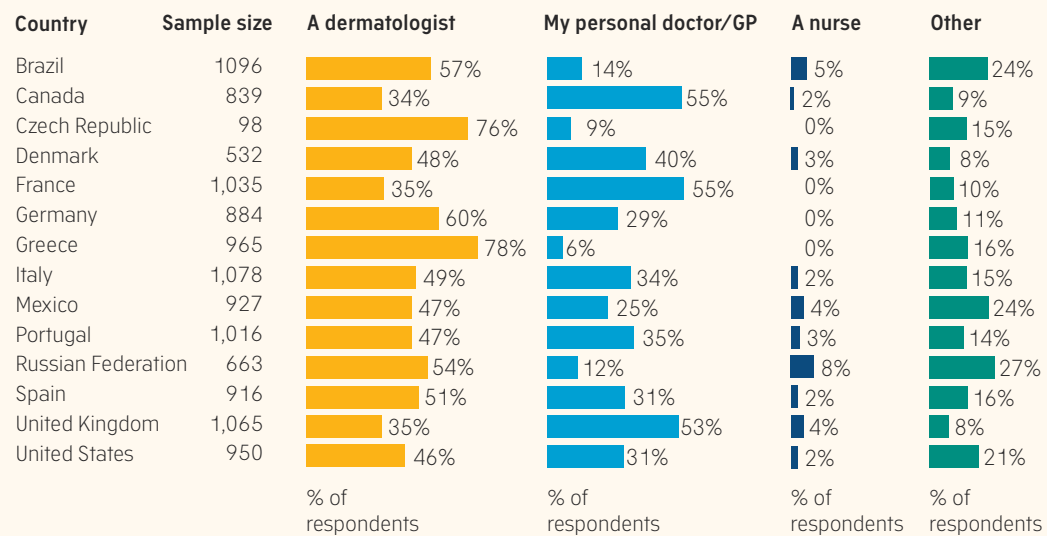


**Table B.6:** Estimated cost to society from lost productivity (adjusted for purchase) power parity):

	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%

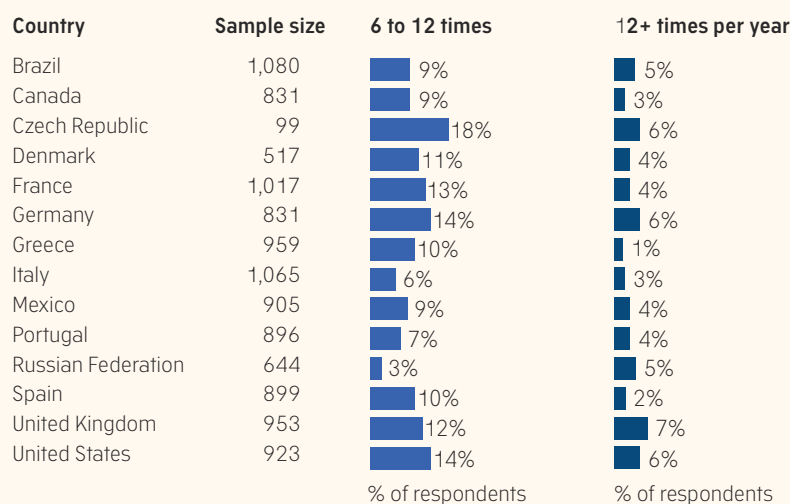
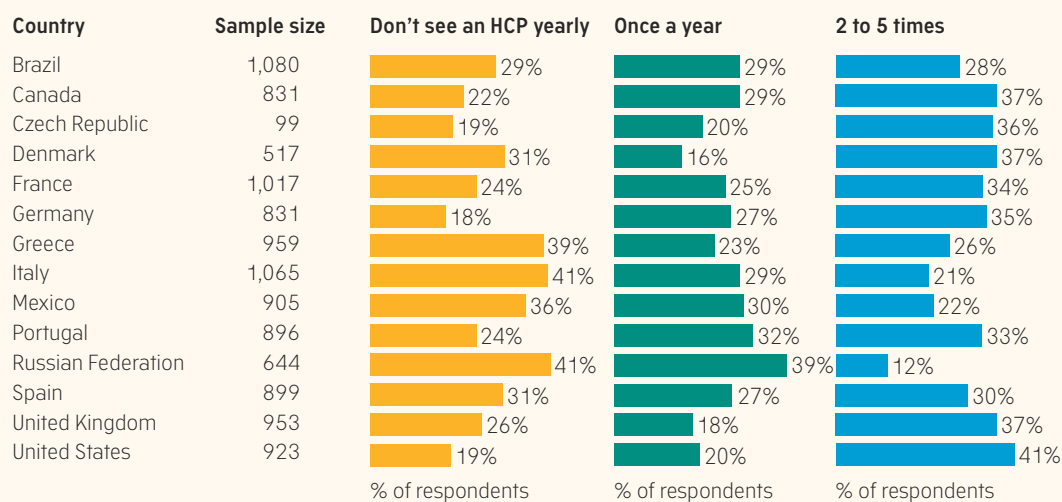
**Figure C.1:** Distribution of type of healthcare professionals engaged for psoriasis by country

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



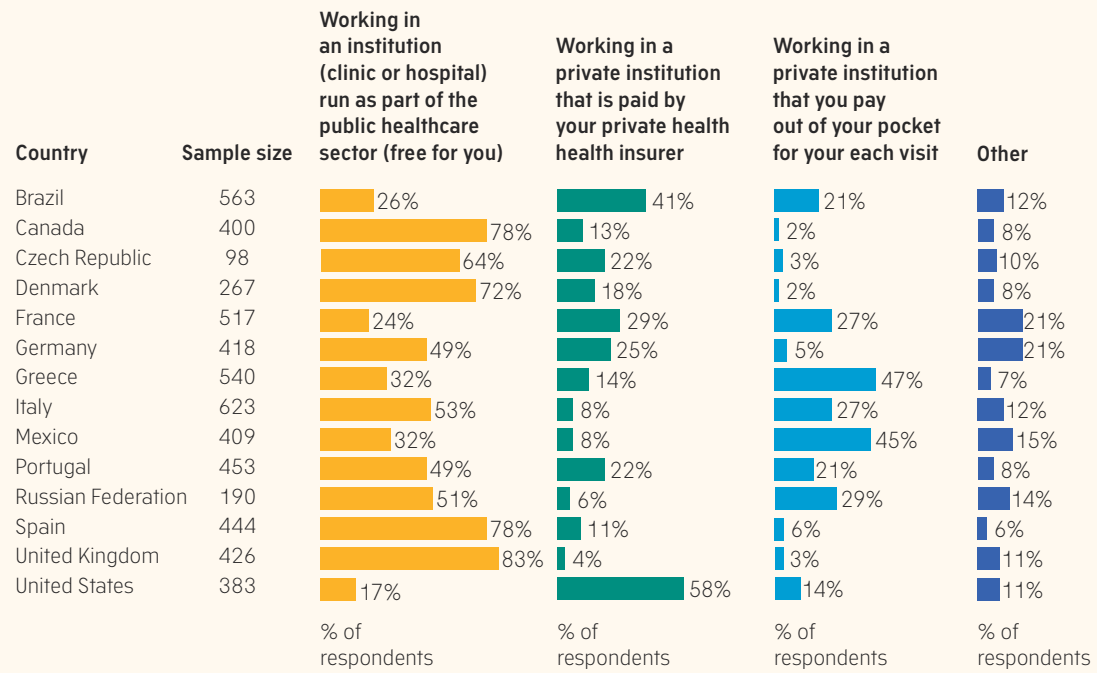
**Figure C.2:** Frequency of visits to healthcare professional for psoriasis by country

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



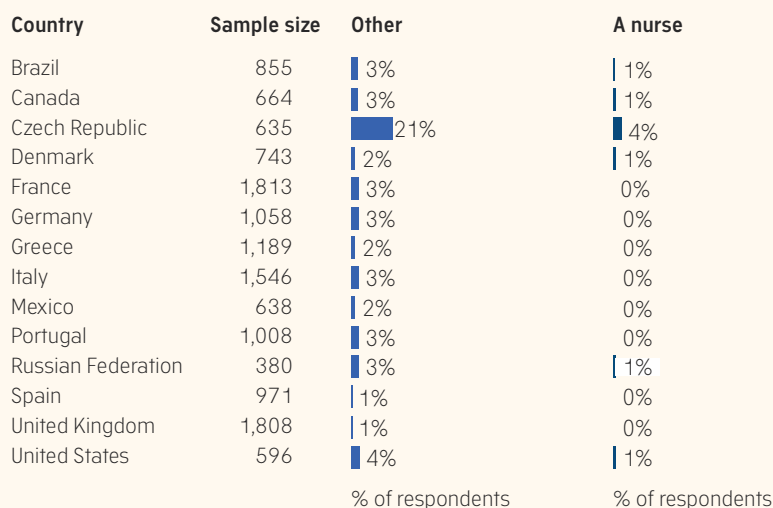
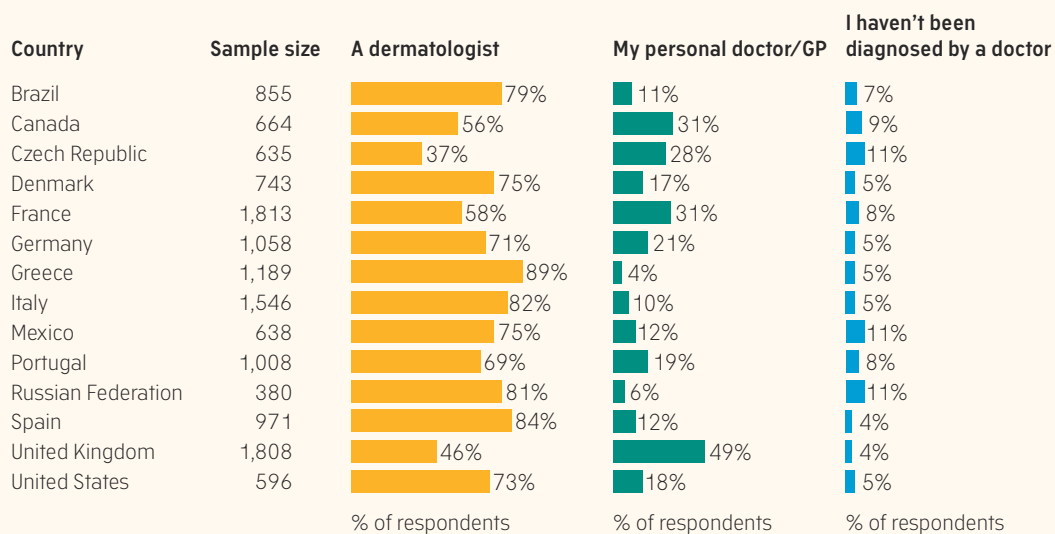
**Figure C.3:** Healthcare Professional institution by country

“Is your primary healthcare professional for your psoriasis?”



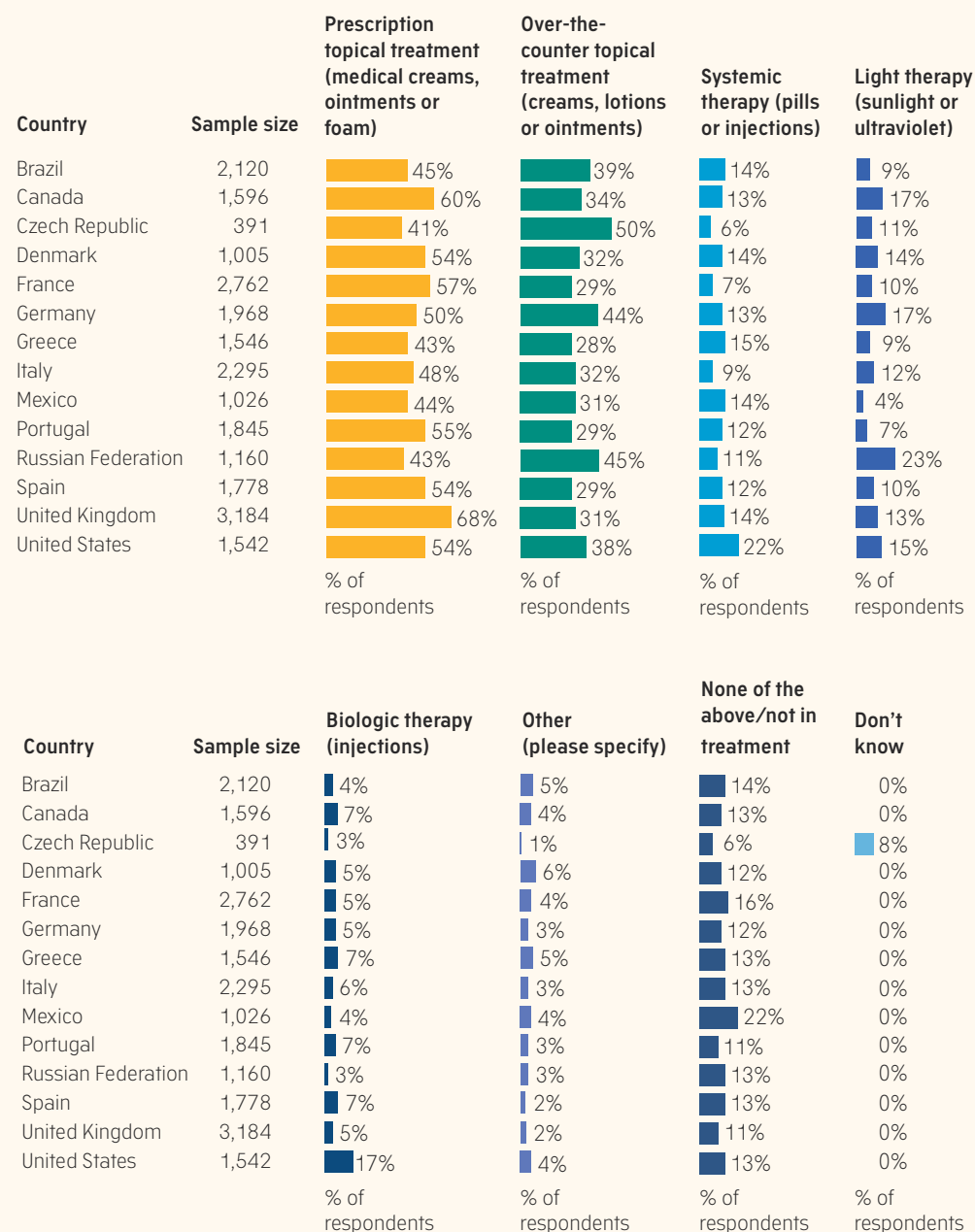
**Figure C.4:** Distribution of who has diagnosed their psoriasis (please note this report is based on self-reported psoriasis)

“Has your psoriasis been diagnosed by:”



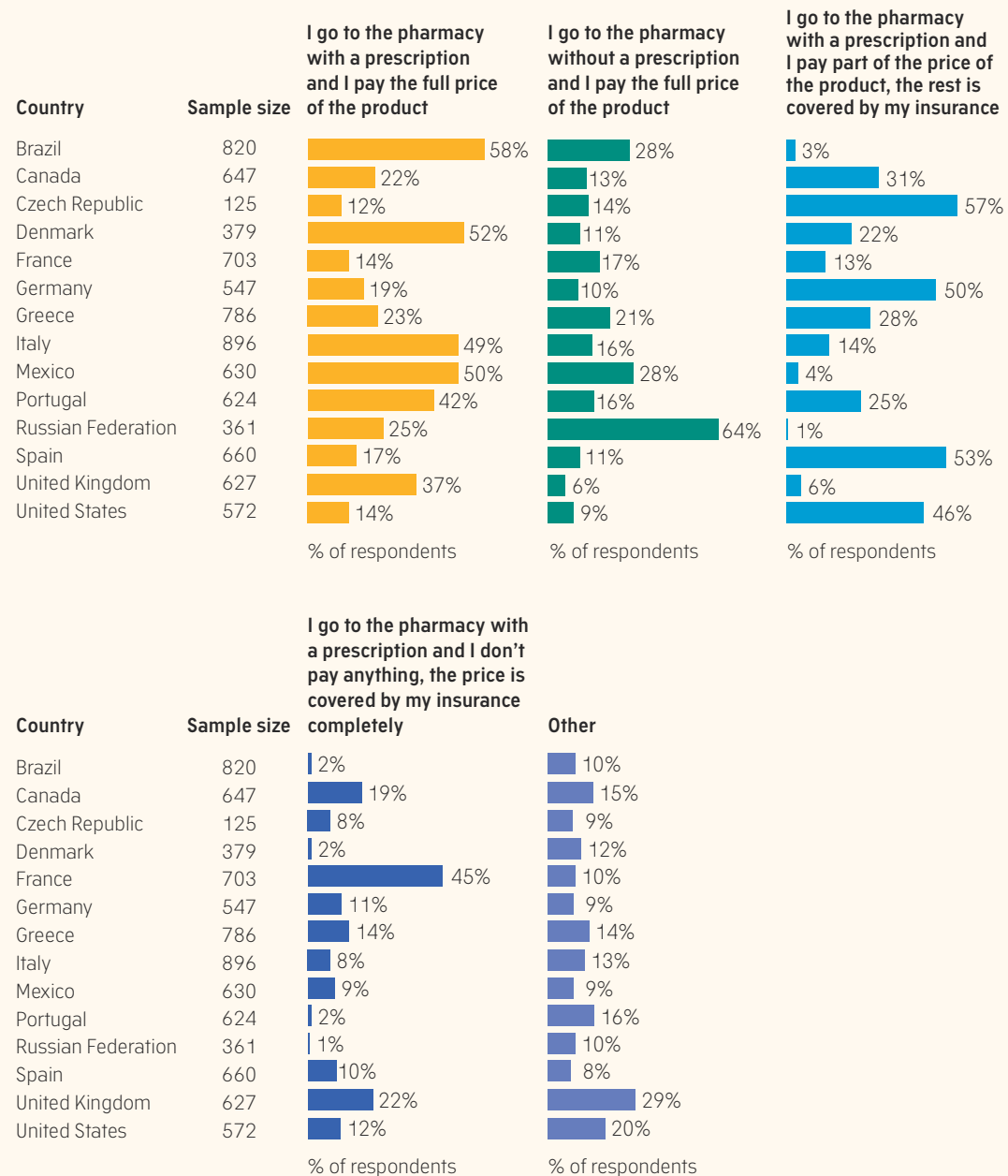
**Figure C.5:** Distribution of treatment type by country

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



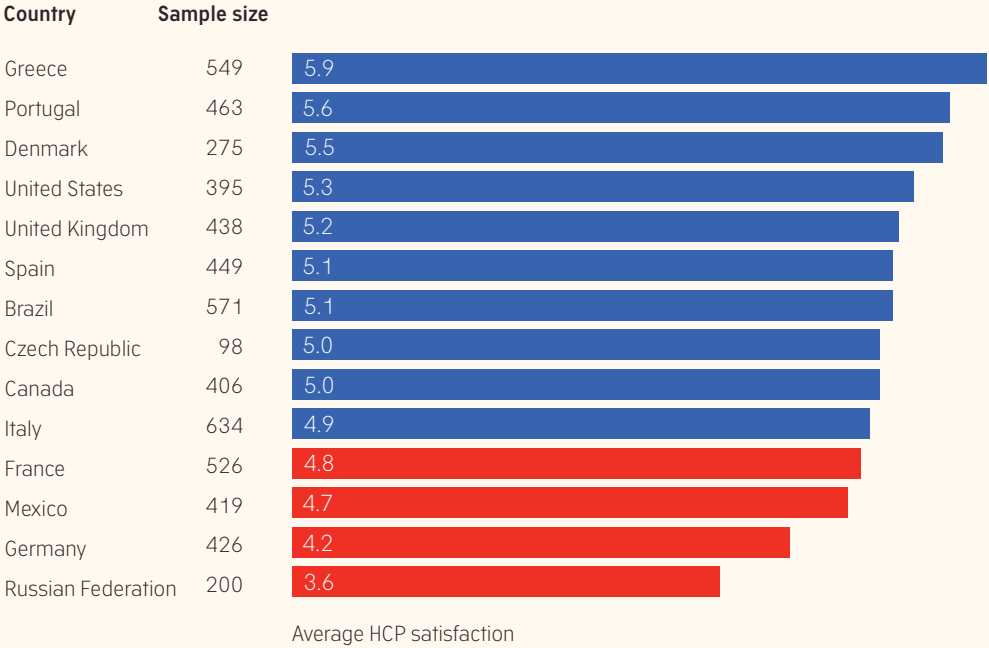
**Figure C.6:** Distribution of how people get and pay for their treatment

“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

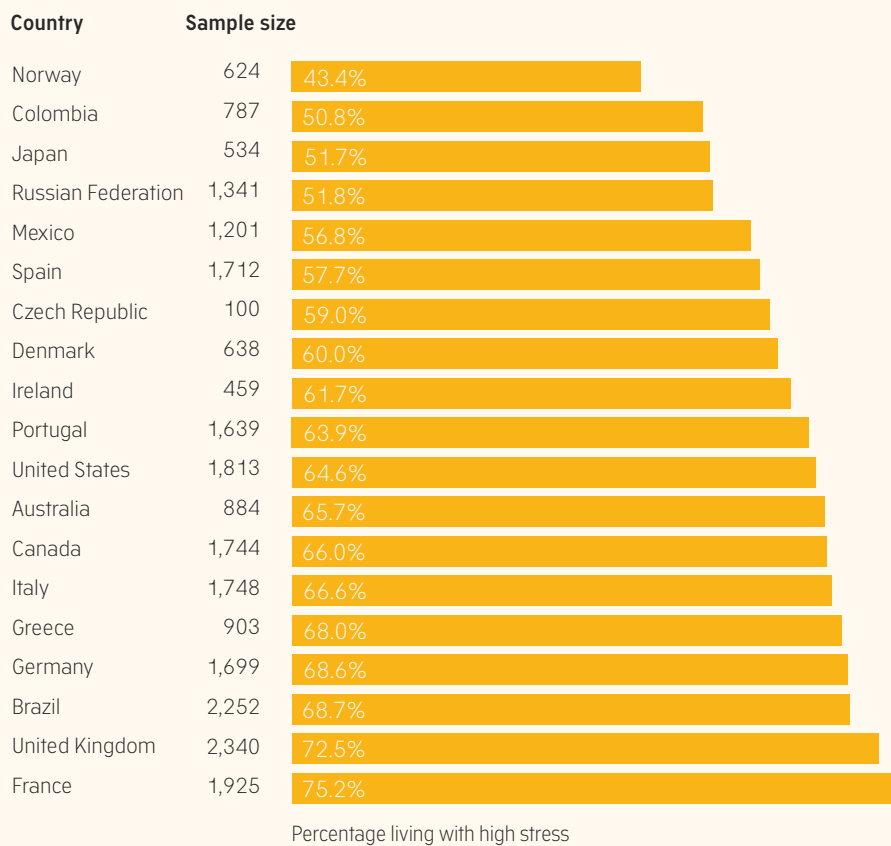
“On a scale from 0 to 10, how satisfied are you overall with your healthcare provider in regards to your psoriasis?”





# Levels of self-reported Stress & Loneliness

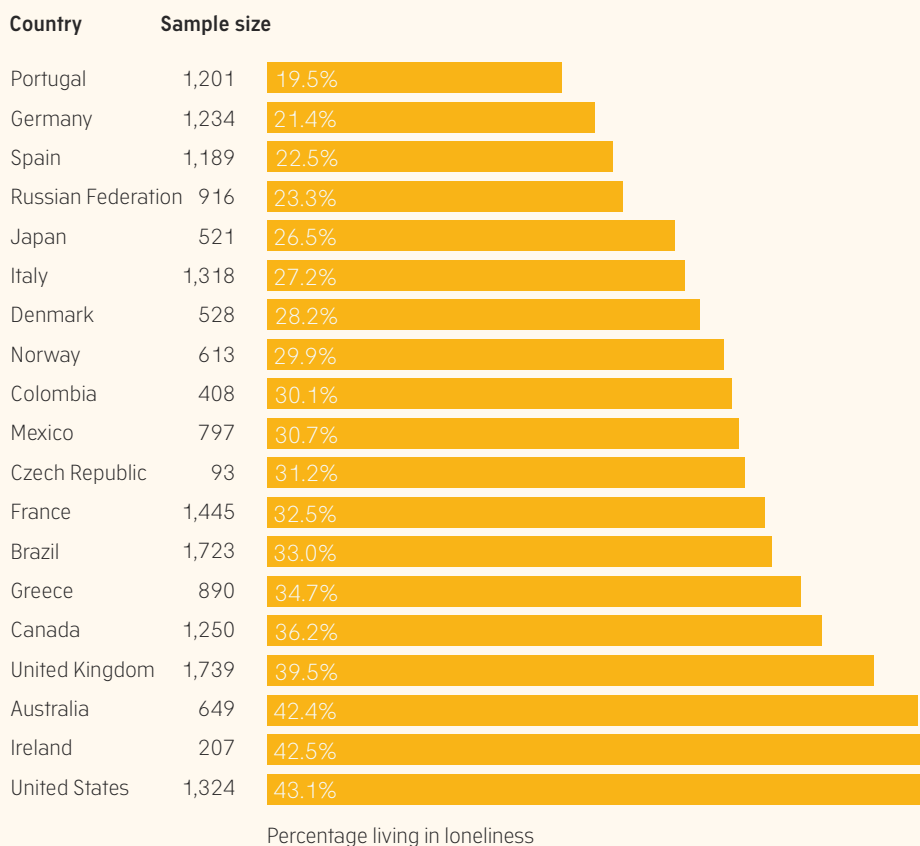
**Figure D.1:** Percentage of people living with high stress<sup>1</sup>



<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*.