



World
Psoriasis
Happiness
Report 2018



Germany

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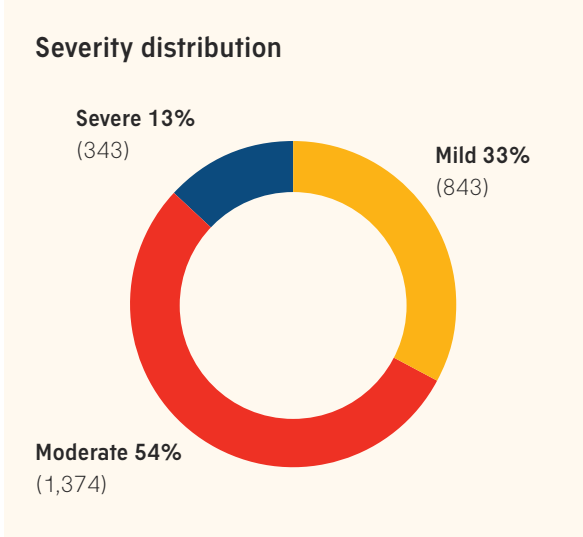
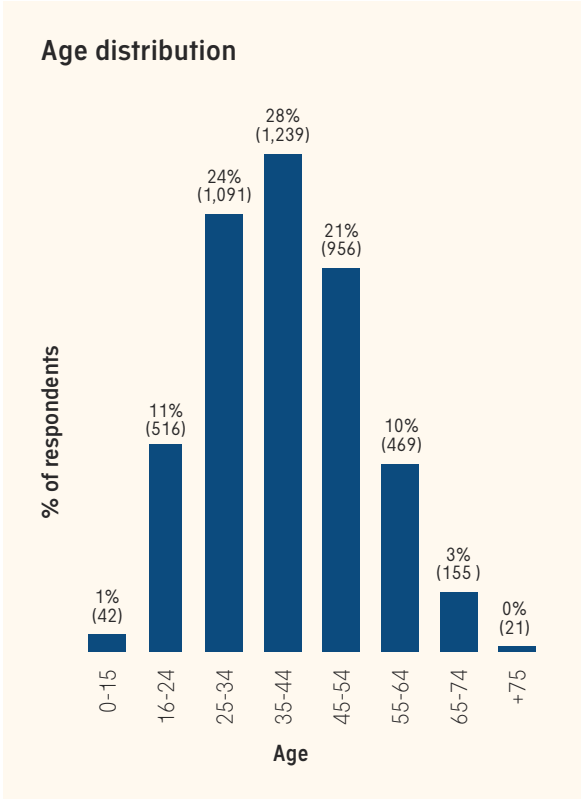
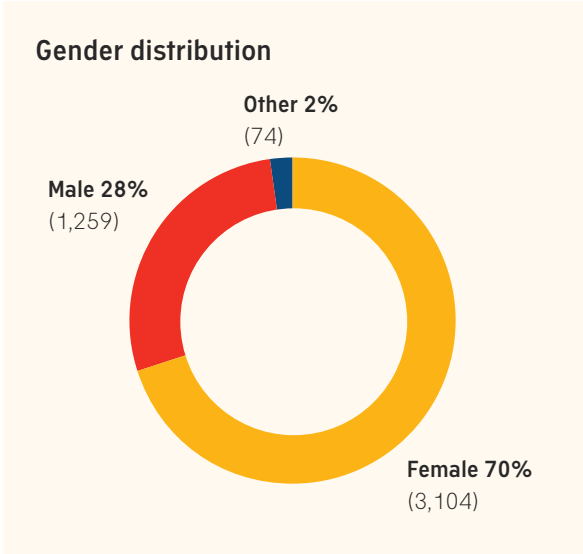
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General Data & Happiness Results

General Data & Distributions. Total sample size: 4,489



Severity distribution	Germany (N = 2,560)	Global (N = 54,438)
Mild	33%	37%
Moderate	54%	47%
Severe	13%	16%

In Germany, a third (33%) of the respondents report mild psoriasis (subjective, self-perceived severity), more than half (54%) have moderate, and around 1 in 8 (13%)

severe¹. Compared to the other countries in the analysis, the severity distribution in Germany is rather average (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: 5.5 Happiness ranking: 14th / 21

Happiness	Germany		Global	
	Happiness level	Happiness gap	Happiness level	Happiness gap
Overall	5.5	-20.2%	5.8	-11.1%
Gender				
- female	5.4	-21.6%	5.7	-14.1%
- male	5.8	-16.5%	6.1	-5.8%
Severity				
- mild	5.9	-14.5%	6.0	-6.1%
- moderate	5.1	-26.0%	5.6	-14.1%
- severe	4.5	-35.1%	4.6	-30.6%

The average happiness level of 5.5 places Germany as 14th in the happiness ranking of the 21 countries in the analysis. With a happiness gap of -20%, Germany is also in the bottom handful of countries in this regard (see also 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 Germany are less happy than their male counterparts, which is the same pattern seen globally and in almost all of the other countries.
- The happiness level drops between people with self-perceived mild and moderate psoriasis, and again 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 Germany who experience high stress and loneliness are²:

High stress: 68.6%

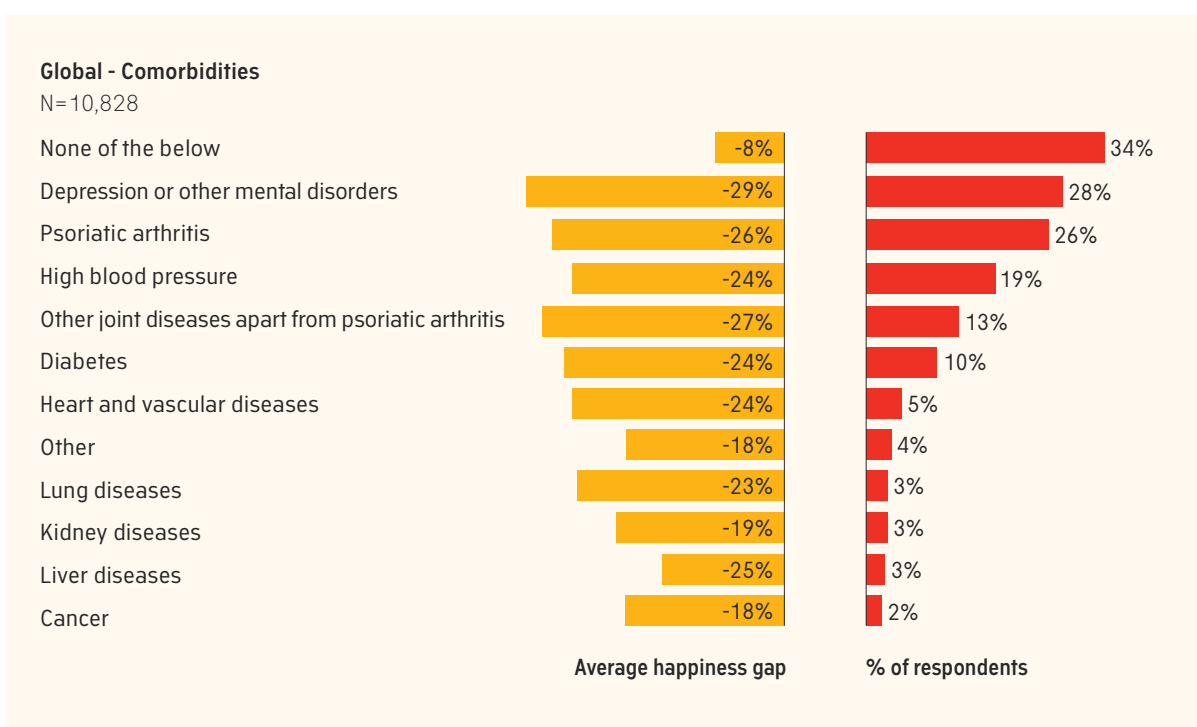
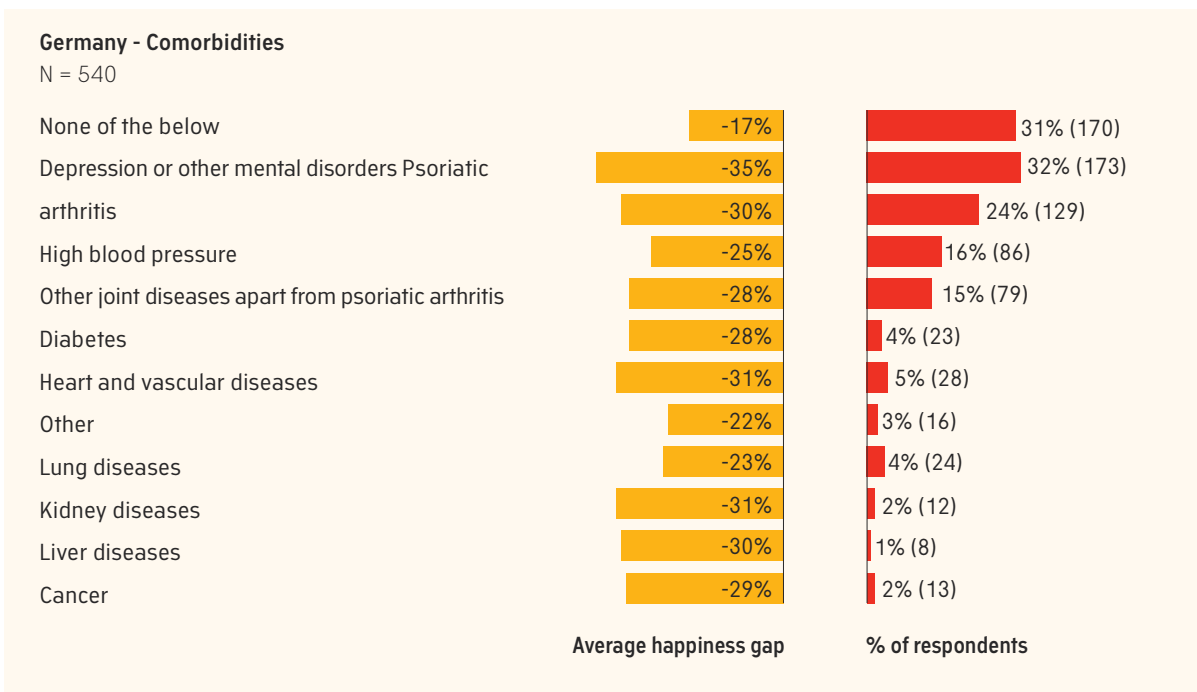
Loneliness: 21.4%

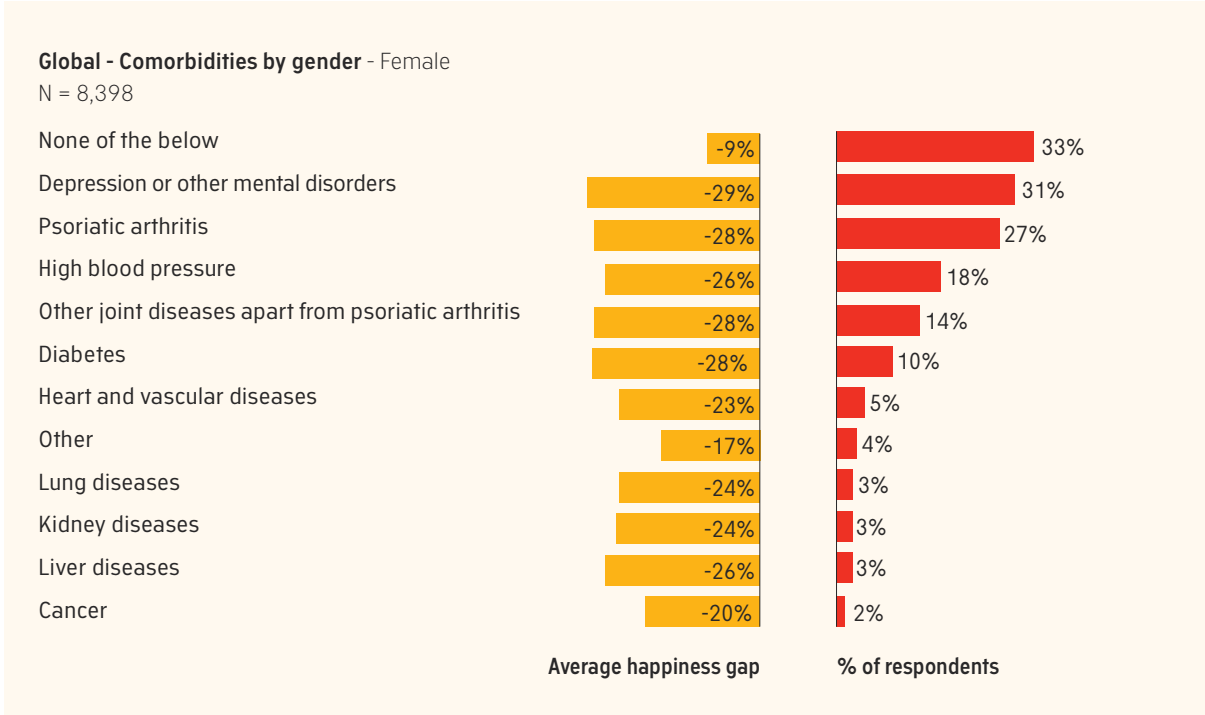
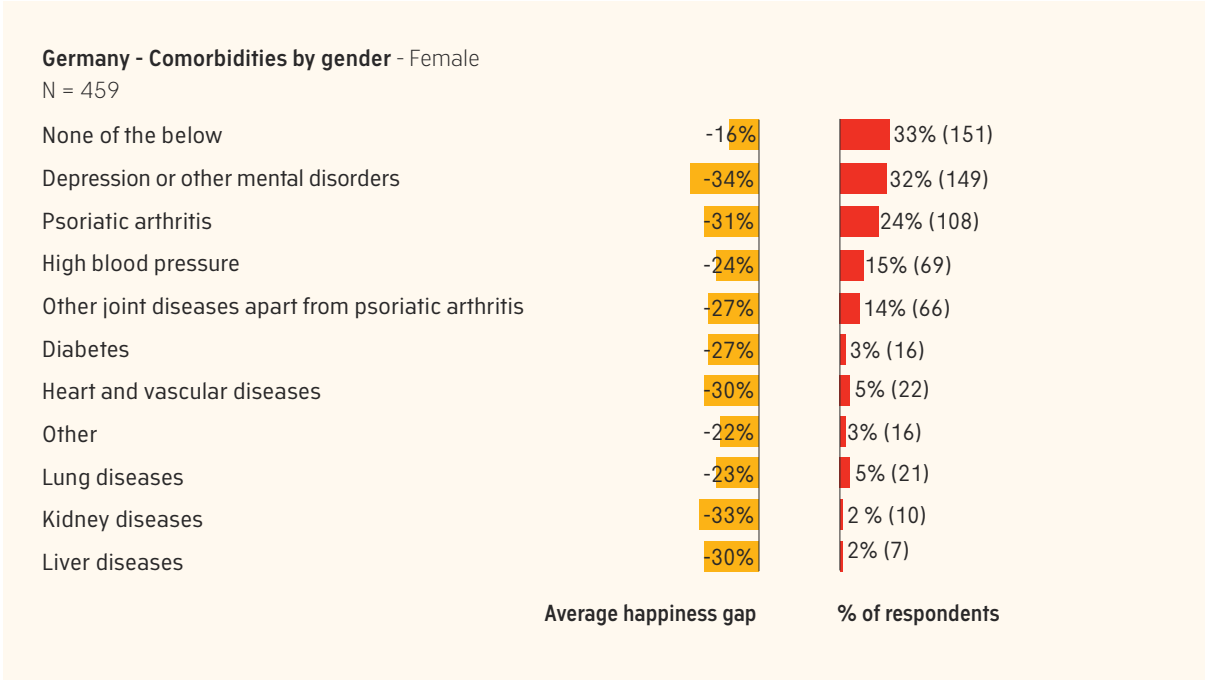
With more than 2 in 3 (69%) of respondents living with high stress, Germany lands in the bottom handful of countries. On the other hand, Germany is the country with the second lowest proportion (21%) of people living in loneliness.

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

Psoriasis and Comorbidities

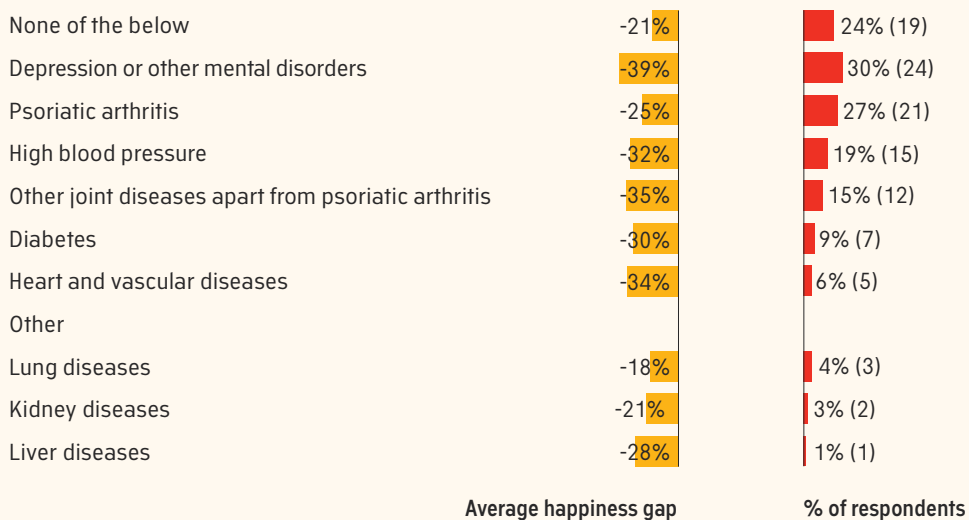
We have analysed a variety of comorbidities reported by people living with self-perceived psoriasis and their effect on people's happiness and well-being. The graphs below show the overall distribution of comorbidities as well as detailed by gender and self-perceived psoriasis severity. Numbers and results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





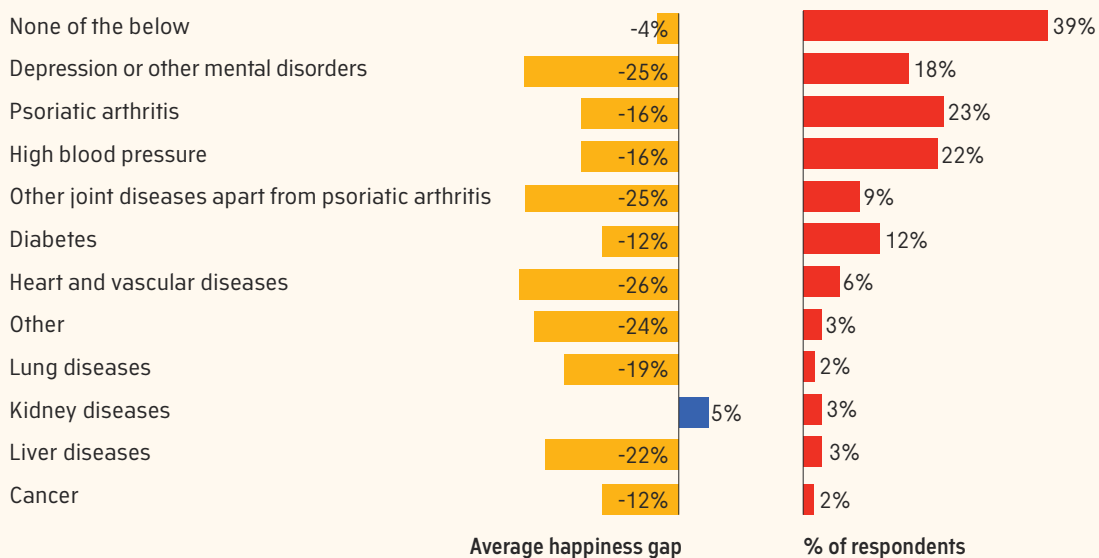
Germany - Comorbidities by gender - Male

N = 79

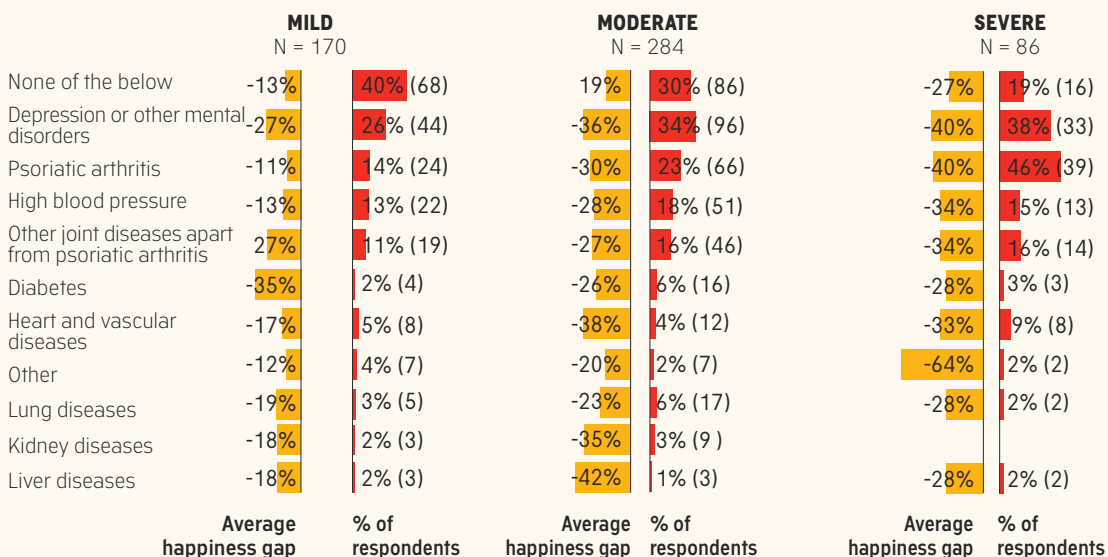


Global - Comorbidities by gender - Male

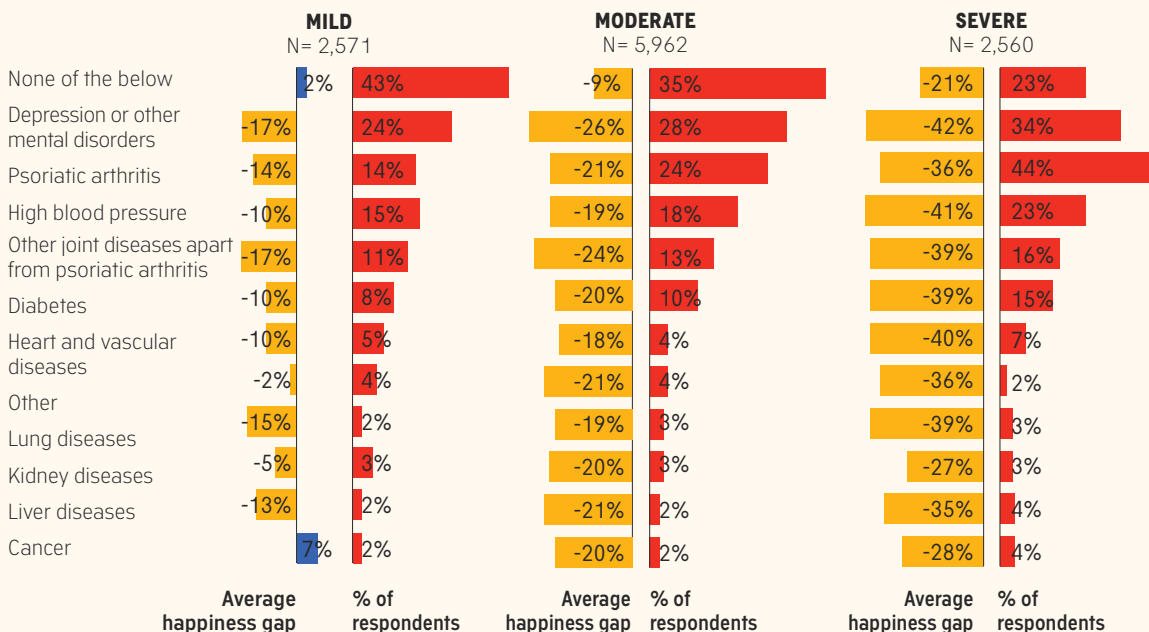
N = 2,369



Germany - 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:

- Close to a third of the respondents (31%) in Germany report that they have none of the listed comorbidities, meaning that as many as 2 in 3 (69%) do. This is roughly the same as globally (66%), but still a high proportion itself.
- The most commonly reported comorbidities in Germany are depression or other mental disorders (32%) and psoriatic arthritis (24%) followed by high blood pressure (16%) and other joint diseases (15%).
- The happiness gaps related to most of the comorbidities are generally slightly higher in Germany than is seen globally, and are as large as -35% for depression or other mental disorders³.

Turning to the split by gender, we see that:

- Contrasting the global picture, more men than women in Germany experience comorbidities. More than 3 in 4 (76%) of male respondents in Germany report comorbidities (as 24% of men report “none of the above”), compared to 67% of women.
- The prevalence of depression or other mental disorders is roughly equal between men and women in Germany (30% and 32%, respectively), which also contrasts the global picture, where typically women are more affected than men.
- Finally, the happiness gaps are slightly larger for men for many of the comorbidities.

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. 40% of people with mild psoriasis report that they don't have any of the listed comorbidities, meaning that 60% do. However, and many as 70% of people with moderate psoriasis, and more than 4 in 5 (81%) for severe psoriasis report that they have one or more of the listed comorbidities .
- The prevalence of depression or other mental disorders increases with severity, from 26% for people with self-perceived mild psoriasis to 38% for people with severe psoriasis.
- Likewise, the prevalence of psoriatic arthritis increases even more so with severity, from 14% for mild psoriasis to as much 45% for severe psoriasis.
- Finally, we see that, in general, and 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 Germany, the estimated cost to society from lost productivity:

Total cost on society	
Overall	\$15,985m
Per 100,000 people in employment	\$38.5m
As % of GDP	0.38%

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 Germany suffers the second largest total cost to society from lost productivity (as % of GDP) of 0.38%, corresponding to a nominal amount of as much as \$15,985 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	Germany	Global
Average productivity		
- Because of psoriasis	46.6 (152)	53.2 (2,721)
- Because of other health issues	54.9 (147)	62.9 (2,633)
Percentage of people reporting less than 50% productivity		
- Because of psoriasis	63% (95)	51% (1,521)
- Because of other health issues	53% (78)	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 Germany work with lower productivity than the global average when they should have stayed at home because of either psoriasis or other health issues. As can also be seen from Fig. B.1 and B.2 in the Appendix, Germany is in the bottom group of countries for both areas.

when they should have stayed at home because of their psoriasis, which is more than the global average, again placing Germany in the worse group countries in this regard (see Fig. B.3 and B.4 in the Appendix).

In the same vein as above, almost 2 in 3 (63%) of respondents in Germany work at 50% productivity or less

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.

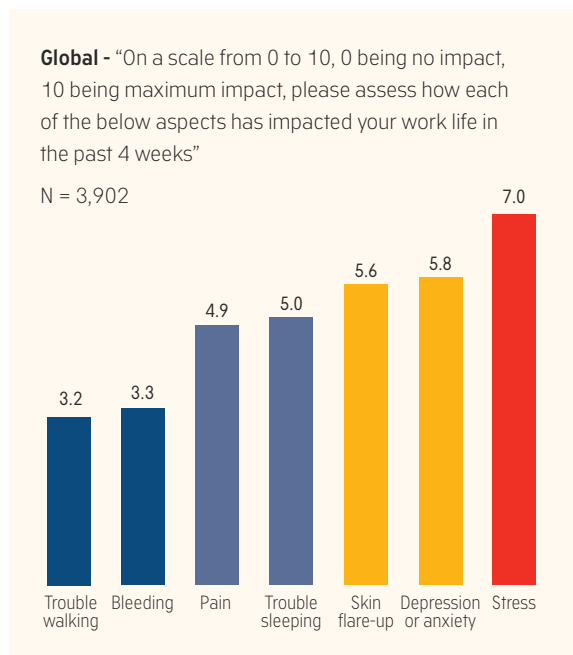
Work and social hours missed	Germany		Global	
	Because of psoriasis	Because of other health issues	Because of psoriasis	Because of other health issues
Work hours missed	N = 164	N = 165	N = 2,998	N = 2,945
5+ hours	27%	39%	24%	26%
10+ hours	21%	32%	17%	17%
20+ hours	15%	24%	10%	10%
Social hours missed	N = 415	N = 411	N = 5,387	N = 5,339
5+ hours	41%	43%	35%	33%
10+ hours	34%	33%	26%	22%
20+ hours	19%	22%	18%	14%

Compared to the global picture, respondents in Germany miss more work hours and social hours because of psoriasis, as well as because of other health issues. More than 1 in 4 (27%) miss at least 5 or more work hours (in 4-week period), and roughly 1 in 5 (21%) miss 10 or more work hours. For missed social hours, the numbers are even higher, with more than 2 in 5 (41%)

of respondents in Germany missing at least 5 or more social hours (in a 4-week period) and about a third (34%) missing at least 10 or more social hours. Thus, as in most other countries and the global case, people in Germany more often miss out on social activities because of psoriasis or other health issues than they do work.

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 Germany is clearly stress, followed by skin flare-ups and trouble sleeping, and then pain and depression or anxiety. Based on these results, Germany stands out from the global norm and many other countries (see also Fig. B.5 in the Appendix). For example, while depression or anxiety is the aspect with the second highest impact on people’s work life on

a global scale, it has a significantly smaller impact for people in Germany and is only tied for the aspect with the fourth highest impact. In general, the impact levels in Germany are generally still lower than what we see globally. However, it’s interesting to note that, compared to others, Germany is in the group of countries for which e.g. bleeding and trouble sleeping and walking have relatively high impact levels.

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’	Germany			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"	73% (237)	73% (204)	74% (31)	60% (2,336)	60% (1,811)	58% (515)
"My manager understands the impact psoriasis has on me and my work performance"	57% (183)	58% (161)	50% (21)	51% (1,939)	53% (1,530)	48% (404)
"My work colleagues know about my psoriasis and I get their support when needed"	51% (162)	52% (144)	40% (17)	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"	55% (175)	54% (148)	62% (26)	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 Germany are generally more dissatisfied with the support they receive at work on both a company, manager, and colleague/co-worker level. For example, almost 3 in 4 (73%) don’t think their company has systems in place to help them manage their psoriasis. This larger degree of disagreement and dissatisfaction goes for both men and women. Women, however, seem to be slightly more dissatisfied than men in regards to managers (58% vs. 50%) and work colleagues (52% vs. 40%), while on the other hand a larger proportion of men (62% vs. 54%) don’t have a close co-worker who understands and with whom they can talk.

In general, it’s worth noting that:

- Almost 3 in 4 (73%) don’t think their company has systems in place to help them manage their psoriasis.
- Almost 3 in 5 (57%) don’t think their manager understands their condition and its impact.

- And more than half (51% and 55%) 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 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.

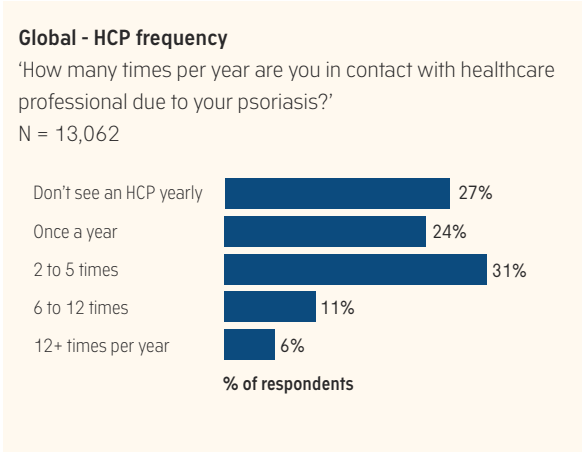
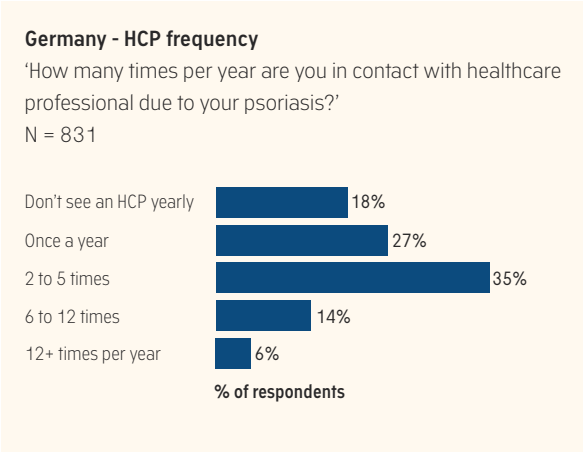
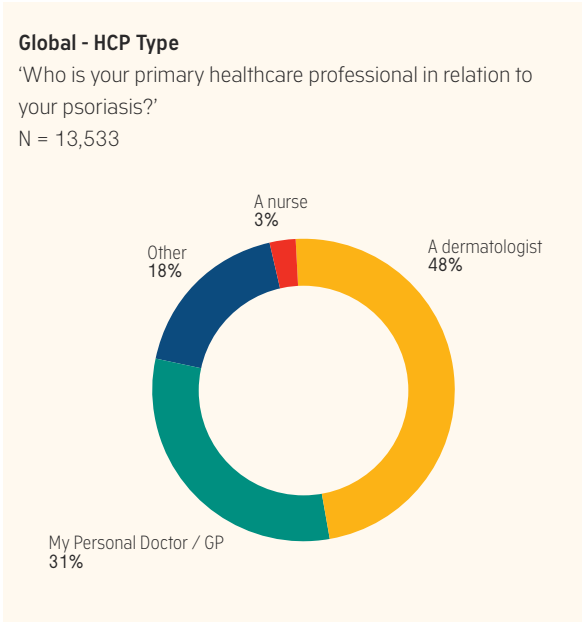
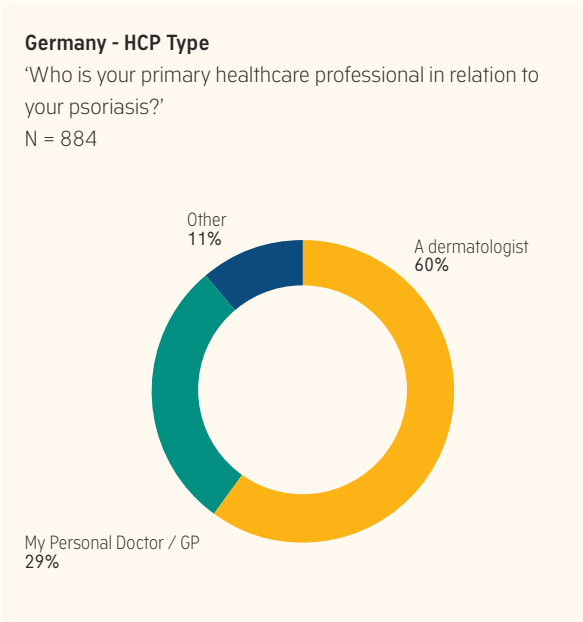
Healthcare Professionals

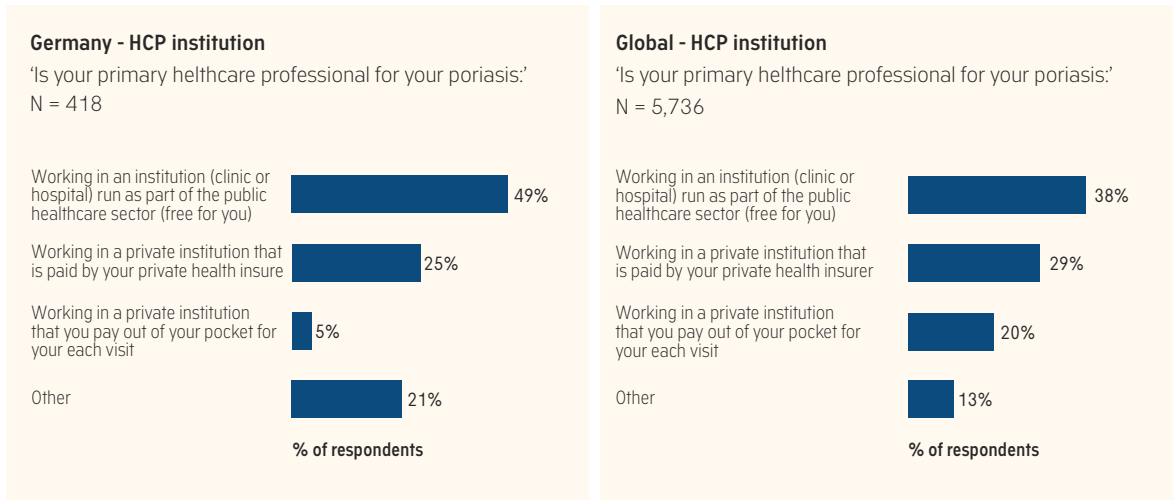


A variety of aspects related to the perceived relationship with healthcare professionals (HCPs) are analysed. This includes people’s satisfaction with their healthcare providers overall, as well as general perceptions of the quality of the relationship and interactions with them.

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 Germany and the global case.





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

- As many as 3 in 5 (60%) of respondents in Germany see a dermatologist as their main healthcare professional in relation to their psoriasis, which is higher than the global average. Most of the rest (29%) see a personal doctor or GP. As seen in Fig. C.1 in the Appendix, Germany is one of the countries with the largest proportion of people seeing a dermatologist.
- In regards to frequency of visits, only 18% of respondents in Germany don't see their healthcare professional yearly, which is much less than the global

norm. Similarly, Germany is actually the country with the least amount of people not seeing a healthcare professional yearly (see Fig. C.2 in the Appendix), indicating that people generally see their healthcare professional more often in Germany. This is exactly what we see from the percentages for the other options both in the figure above and the country comparison in Fig. C.2 in the Appendix.

- The most reported thing in Germany is for people to go to an institution under the public healthcare sector (making it free for them), as reportedly done by almost half (49%). 1 in 4 (25%) go to a private institution that is paid by their private health insurer.

Diagnosis & Type of Treatment

As seen in the table below, most people (71%) in Germany have had their psoriasis diagnosed by a dermatologist, while about 1 in 5 (21%) have had it diagnosed by a personal doctor or GP. This is rather equivalent to the global picture and most other countries (see also Fig. C.4 in the Appendix).

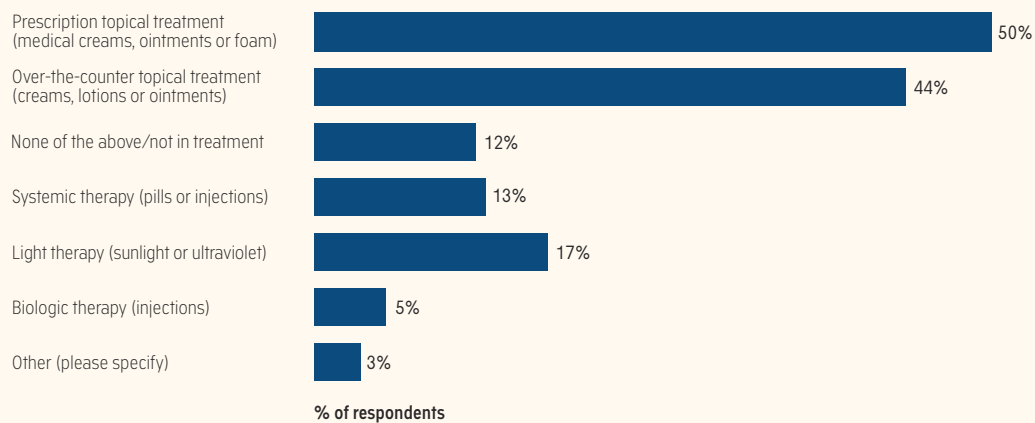
Was your psoriasis diagnosis by..	Germany (N = 1,058)	Global (N = 14,184)
Dermatologist	71%	69%
Personal doctor / GP	21%	21%
Haven't been diagnosed by a doctor	5%	6%
Nurse	0%	1%
Other	3%	3%

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

Germany - Treatment type

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

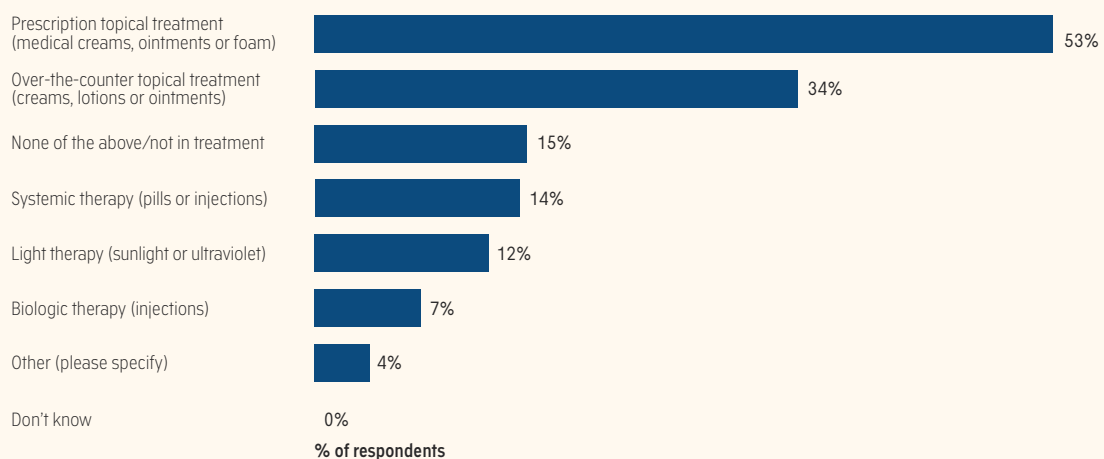
N = 1,968



Global - Treatment type

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

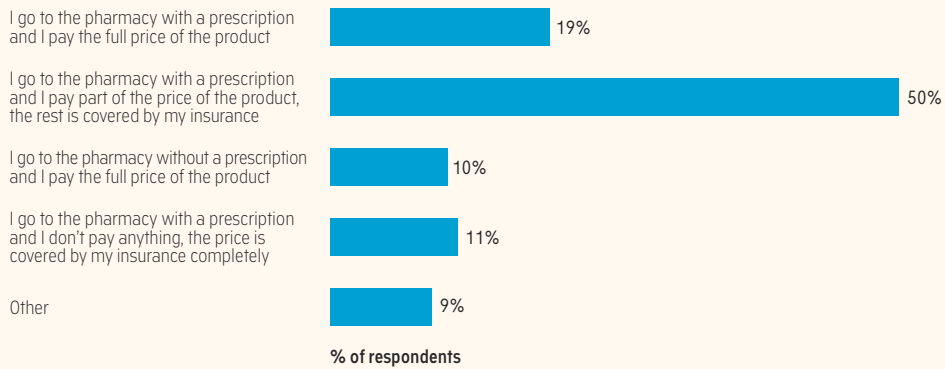
N = 36,574



Germany

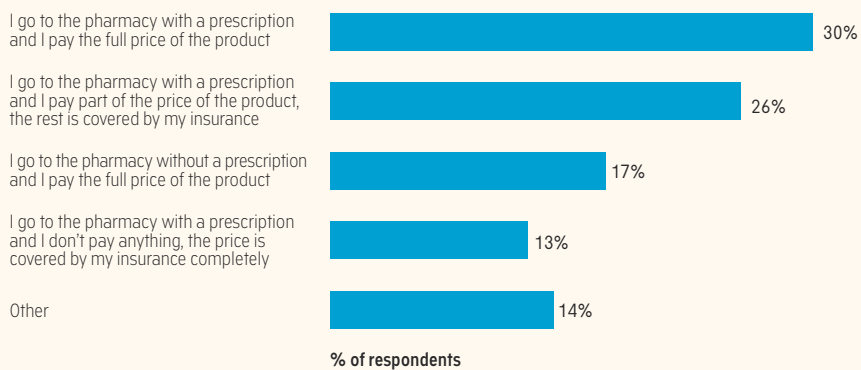
“When getting your treatment, which of the statements below best fits your situation?”

N = 547

**Global**

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

N = 8,388



The most commonly reported treatment type in Germany is prescription topicals (used by 50%), closely followed by over-the-counter topicals, which is used by 44%, which is more than the global average and many other countries (see also Fig. C.5 in the Appendix). It's also worth noting that a significant amount (17%) in Germany are on light therapy, again more than we see in the global picture and many other countries.

As for getting their treatment, most respondents (50%) in Germany go to the pharmacy with a prescription and pay part of the price, the rest being covered by their insurance. This makes Germany one of the countries where the absolute largest proportion of people do this (see also Fig. C.6 in the Appendix).

Levels of Satisfaction with Healthcare Professionals

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

“On a scale from 0 to 10, how satisfied are you overall with your healthcare provider in regards to your psoriasis?”	Germany	Global
Overall	4.23 (426)	4.97 (5,853)
Gender		
- Female	4.14 (368)	4.95 (4,604)
- Male	4.89 (56)	5.02 (1,220)
Severity		
- Mild	4.49 (119)	5.23 (1,356)
- Moderate	4.08 (233)	4.80 (3,157)
- Severe	4.28 (74)	5.10 (1,314)

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

Overall, respondents in Germany are less satisfied with their healthcare professionals than globally. Looking at Fig. C.7 in the Appendix, we see that Germany is actually the country with the second lowest healthcare professional satisfaction. Also, while men in Germany are roughly equally satisfied with their healthcare professionals compared to the global norm, women are much less so. Finally, as in the global case, it's interesting

to see how respondents in Germany 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’	Germany			Global		
	Overall	Women	Men	Overall	Women	Men
“The doctor gave me as much information as I wanted”	27% (114)	29% (103)	19% (10)	21% (2,813)	22% (968)	15% (188)
“The doctor recognised and responded to my emotional state”	46% (189)	47% (170)	32% (17)	30% (1,619)	32% (1,349)	23% (263)
“The doctor talked in terms I could understand”	46% (189)	47% (170)	32% (17)	15% (847)	14% (698)	11% (145)
“The doctor encouraged me to ask questions”	47% (193)	48% (173)	34% (18)	28% (1,612)	29% (1,333)	22% (273)
“The doctor involved me in decisions as much as I wanted”	38% (156)	39% (141)	25% (13)	25% (1,417)	26% (1,165)	20% (244)
“The doctor discussed next steps”	31% (129)	32% (115)	23% (12)	26% (1,482)	27% (1,228)	20% (246)
“The doctor spent the right amount of time with me”	31% (129)	32% (115)	23% (12)	25% (1,395)	26% (1,148)	19% (241)
“The doctor discussed about how my psoriasis affect my mental health and overall well-being”	60% (247)	61% (219)	49% (26)	50% (2,794)	54% (2,328)	37% (453)

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

Compared to the global picture, respondents in Germany are significantly more dissatisfied with aspects around the interaction with their healthcare professional. This is especially true in regards to the doctor talking in understandable terms (46% disagree vs. 15% globally), recognising and responding to people’s emotional state (46% vs. 30%), encouraging them to ask questions (47% vs. 28%), and involving them in decisions (38% vs. 25%).

As many as 3 in 5 (60%) also don’t think the doctor discussed how psoriasis affects their mental health and overall well-being. While both men and women in Germany report larger levels of disagreement and dissatisfaction than the global norms, we also see, as in the global case, that women are more dissatisfied than men in regards to these aspects around the interaction with their healthcare professional.

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?'	Germany			Global		
	Overall	Women	Men	Overall	Women	Men
"My healthcare professionals are clear with the information about how to treat psoriasis"	42% (336)	44% (300)	28% (33)	40% (5,329)	41% (3,933)	36% (1,341)
"My healthcare professionals fully understand the impact psoriasis has on my mental well-being"	60% (480)	61% (414)	54% (63)	53% (7,055)	56% (5,311)	44% (1,683)
"I can get in touch with the healthcare professional when I'm in need"	38% (298)	40% (264)	27% (31)	36% (4,798)	37% (3,532)	34% (1,227)
"I have confidence in the abilities of my healthcare professionals to treat psoriasis"	47% (373)	49% (327)	37% (43)	42% (5,946)	44% (4,344)	39% (1,550)
"I always follow the advice of my healthcare professionals"	30% (237)	31% (208)	23% (27)	27% (3,692)	27% (2,611)	28% (1,035)
"I've been informed about all the different treatment options related to my condition"	63% (488)	65% (428)	51% (57)	55% (7,240)	57% (5,424)	50% (1,763)
"The system provides me with sufficient financial support in relation to my skin condition"	75% (590)	77% (514)	64% (73)	67% (8,865)	69% (6,535)	63% (2,267)
"There is sufficient public awareness regarding my disease"	81% (631)	82% (539)	79% (89)	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.)

While not as extreme as we saw for the healthcare professional interaction above, respondents in Germany are also more dissatisfied with aspects around healthcare professional relationship compared to the global averages. For instance, 60% disagree that their healthcare professionals fully understand the impact that psoriasis has on their mental well-being, and as many as 3 in 4 (75%) don't think the system provides them with sufficient financial support in relation to their psoriasis.

As in the global case, and as we saw for healthcare professional interaction above, women are also more dissatisfied than men in regards to the relationship with the healthcare professional. Among other things, it's also worth noting that as more than 4 in 5 (81%) in Germany don't think there is sufficient public awareness regarding psoriasis.

Appendix

General Results & Happiness

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

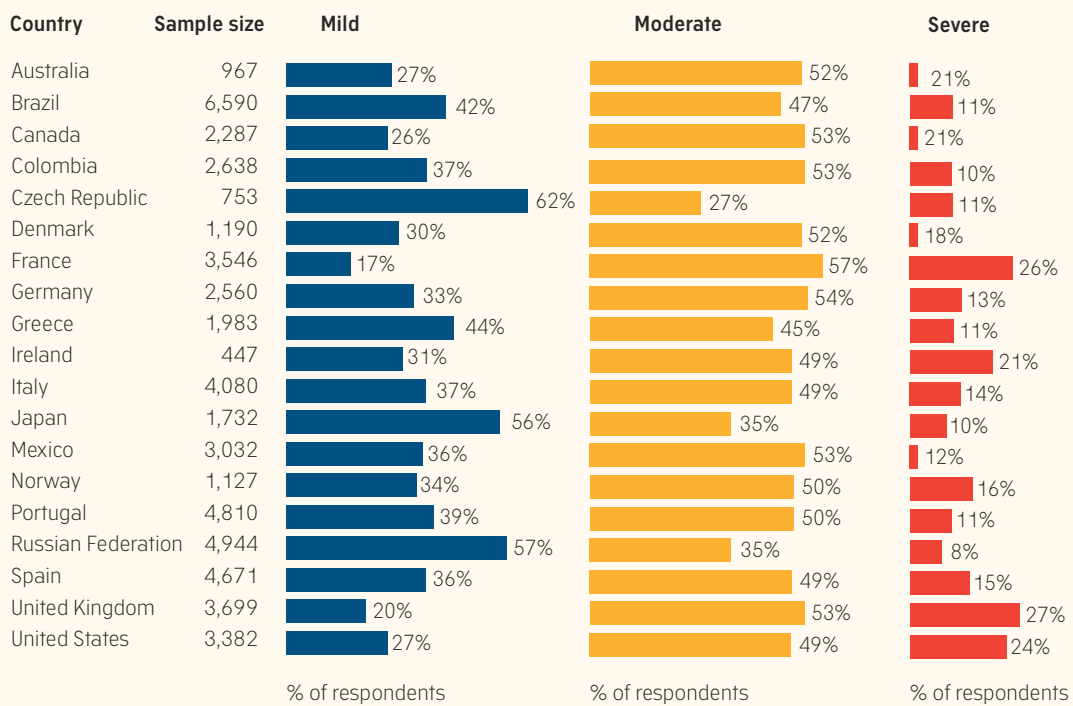
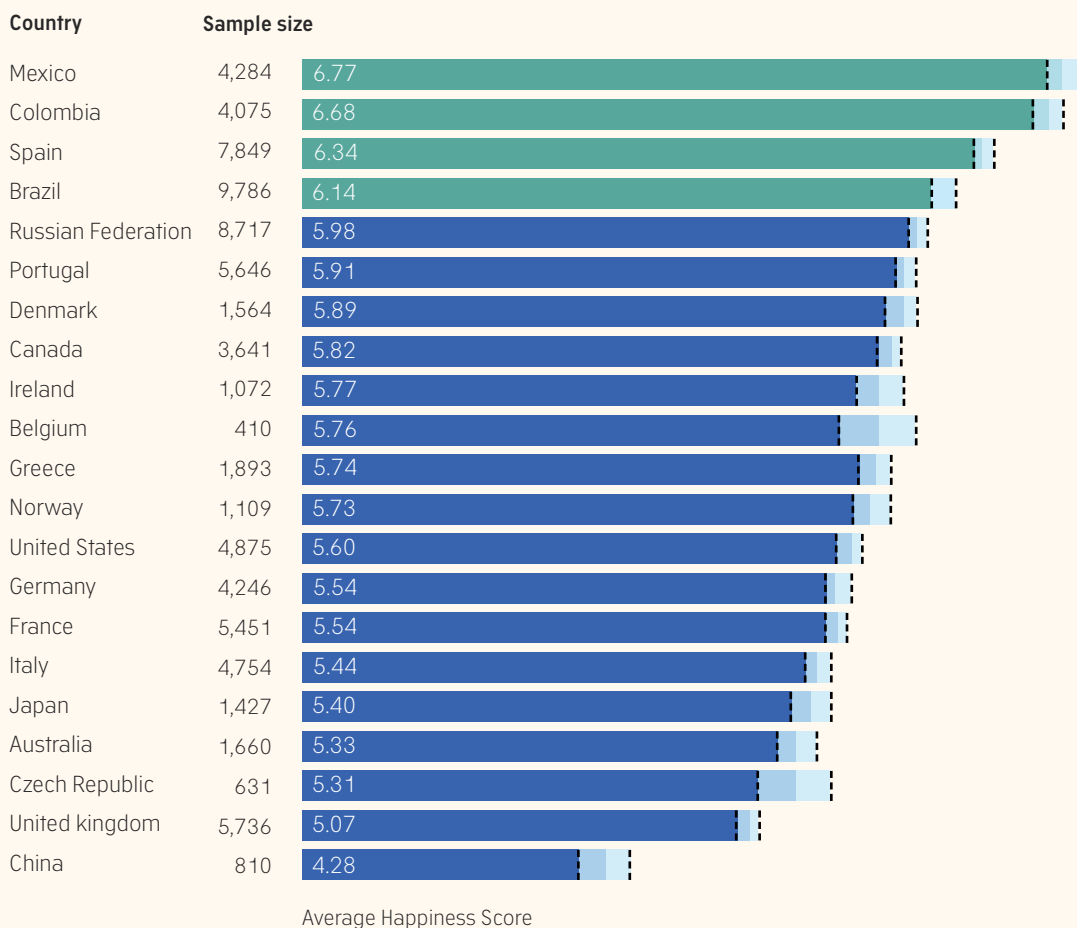
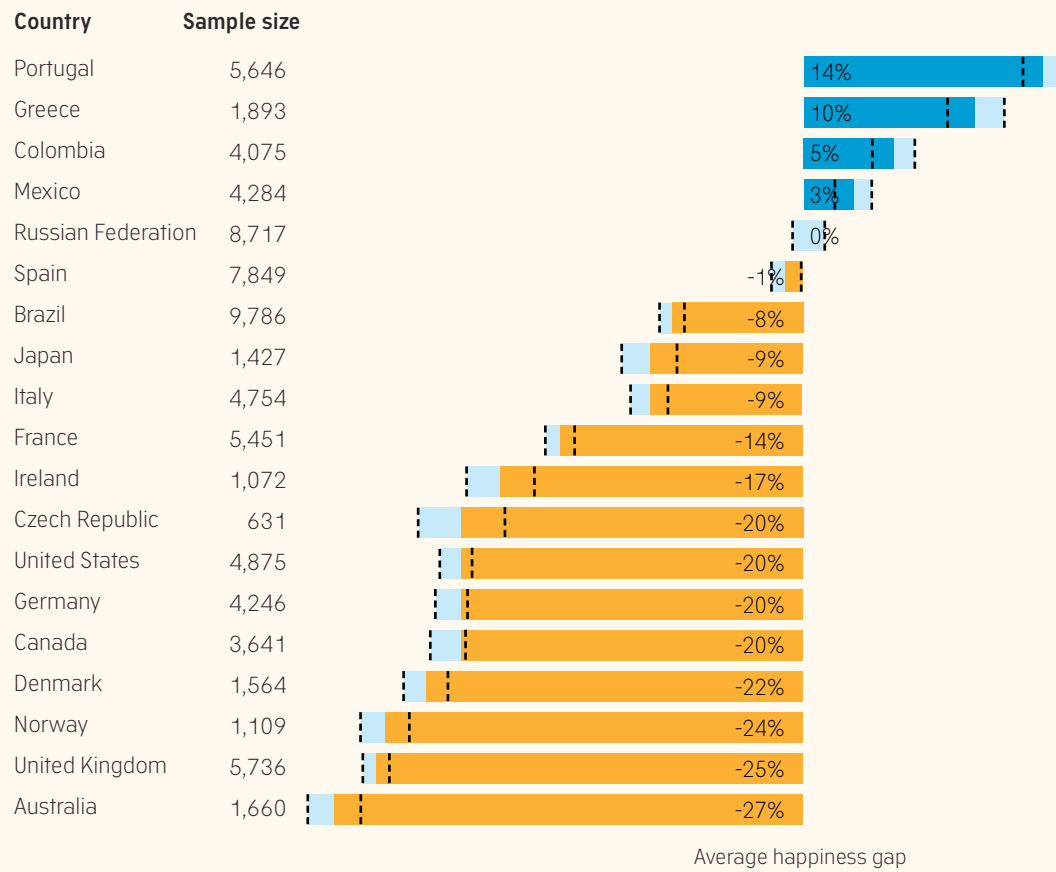


Figure A.2: Country ranking: Psoriasis happiness levels per country
(With 95% confidence interval bands)



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.

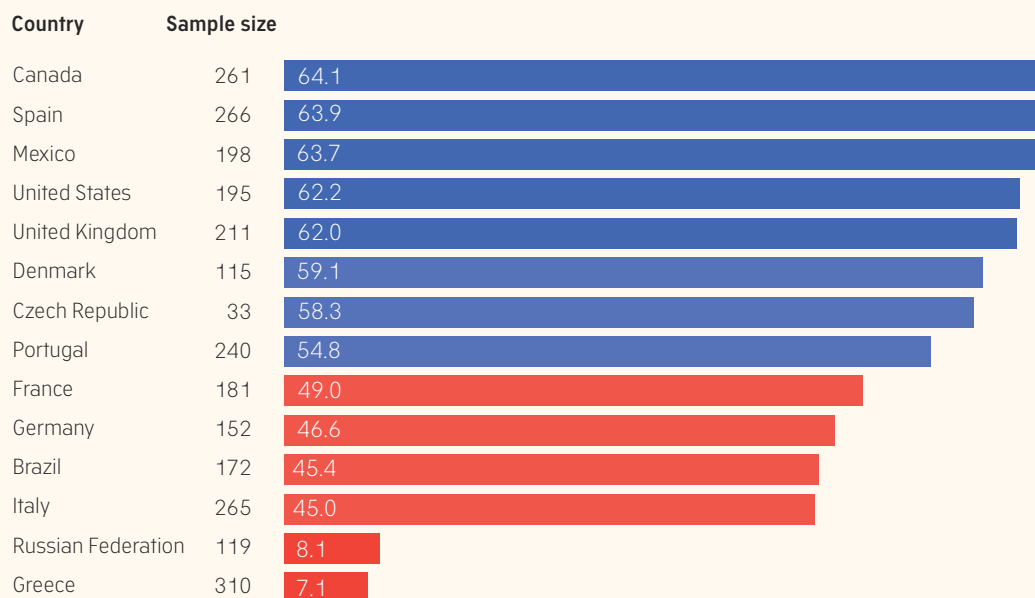
Figure A.3: Average happiness gap by country
(With 95% confidence interval bands)



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

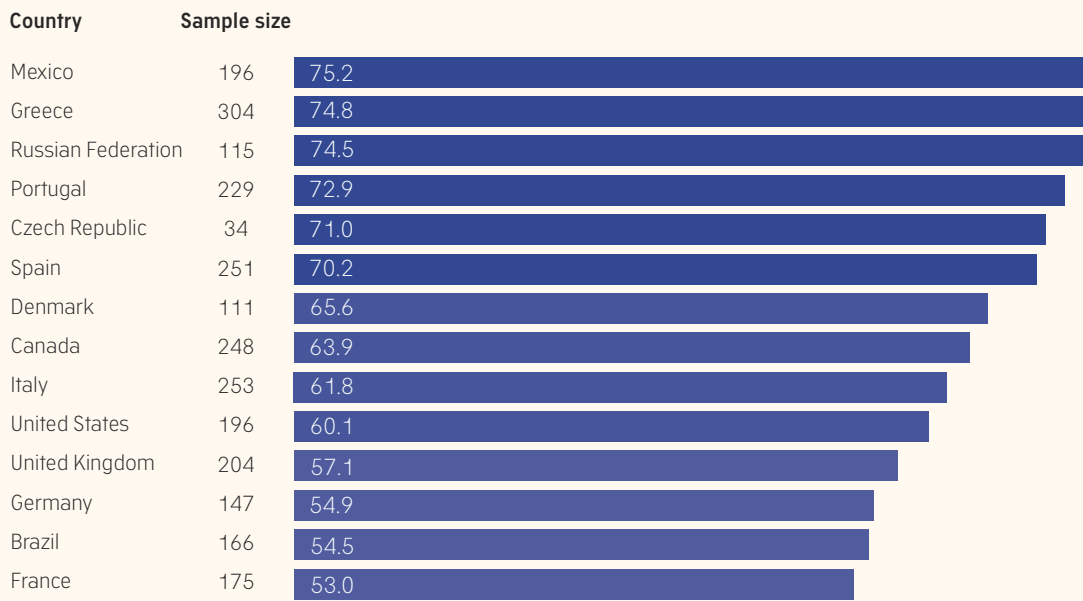
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being totally productive.”



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

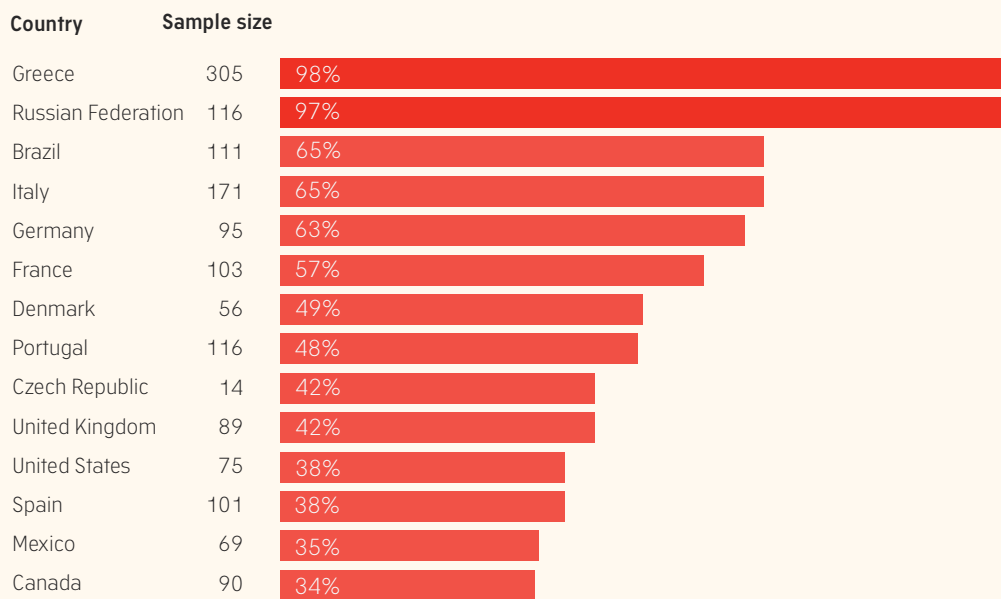
“Using the same scale, how affected was your productivity at work while you felt you should have stayed home because of other health issues? 0 means not at all productive, 100 means totally productive.”



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

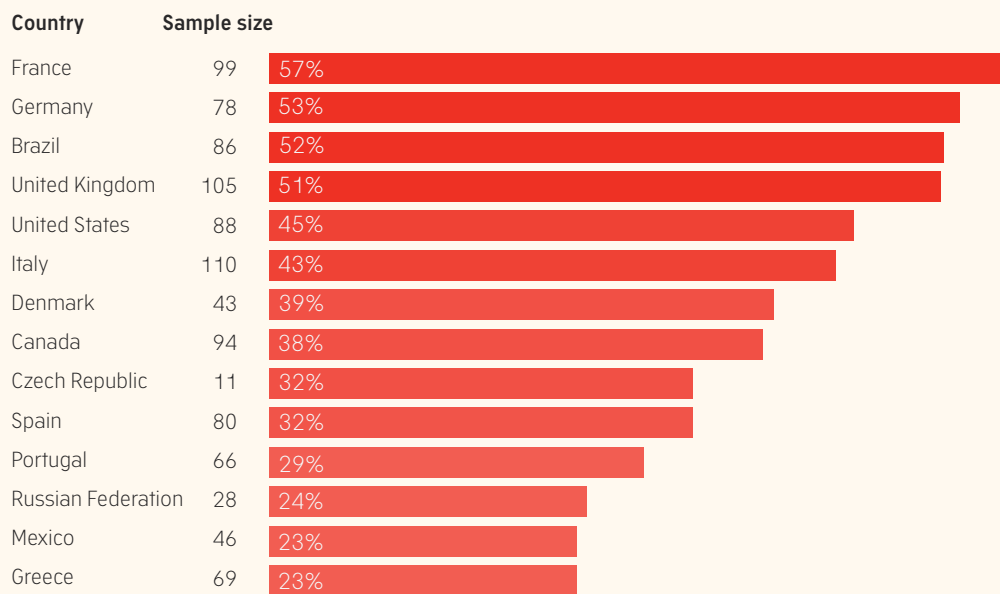
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being tptally productive.”



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”

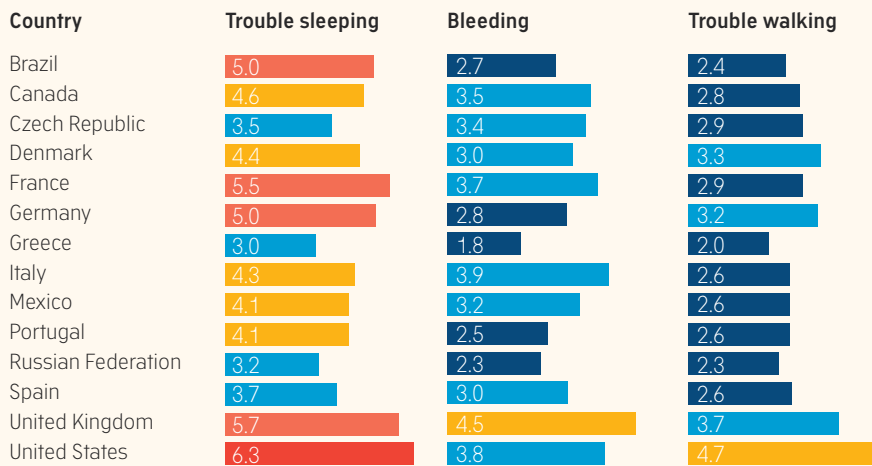
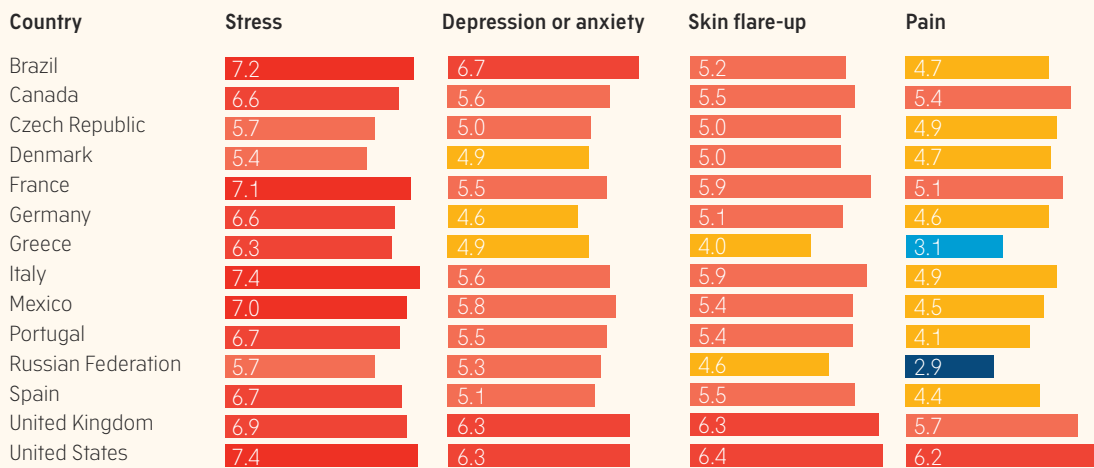


Table B.6: Estimated cost to society from lost productivity (adjusted for purchase) power parity):

	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?”

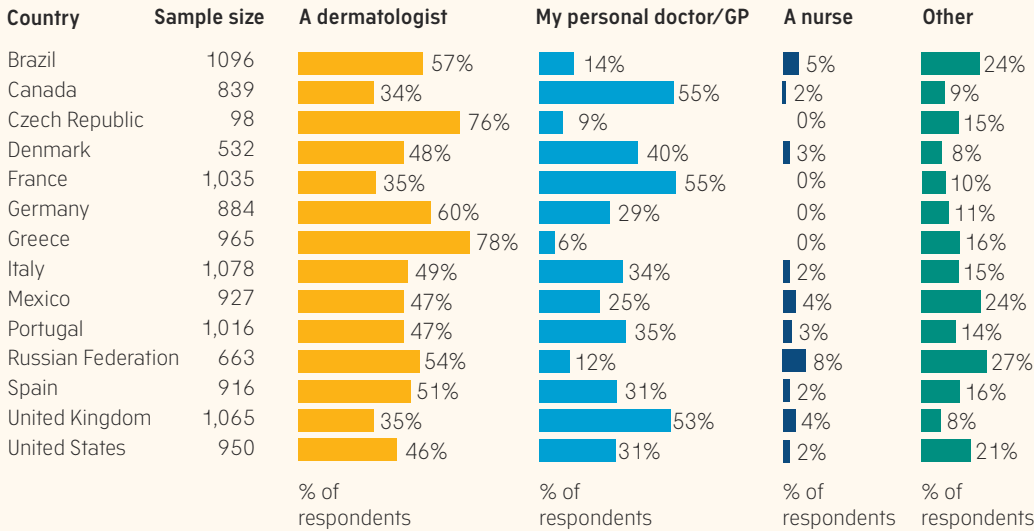


Figure C.2: Frequency of visits to healthcare professional for psoriasis by country

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

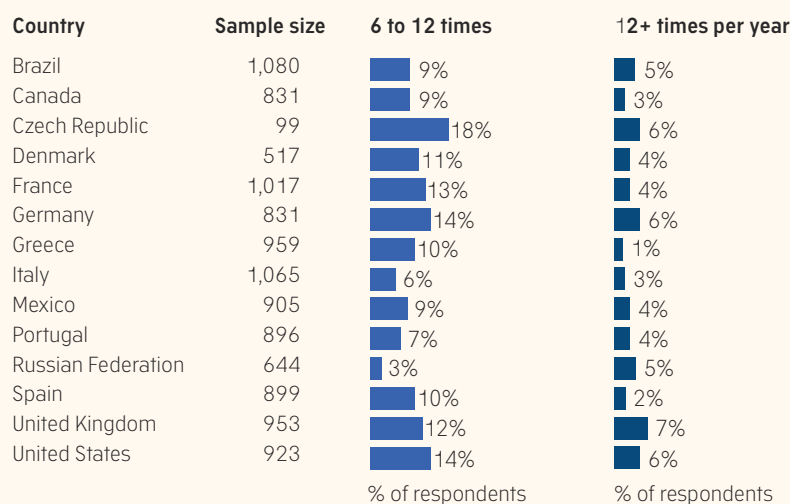
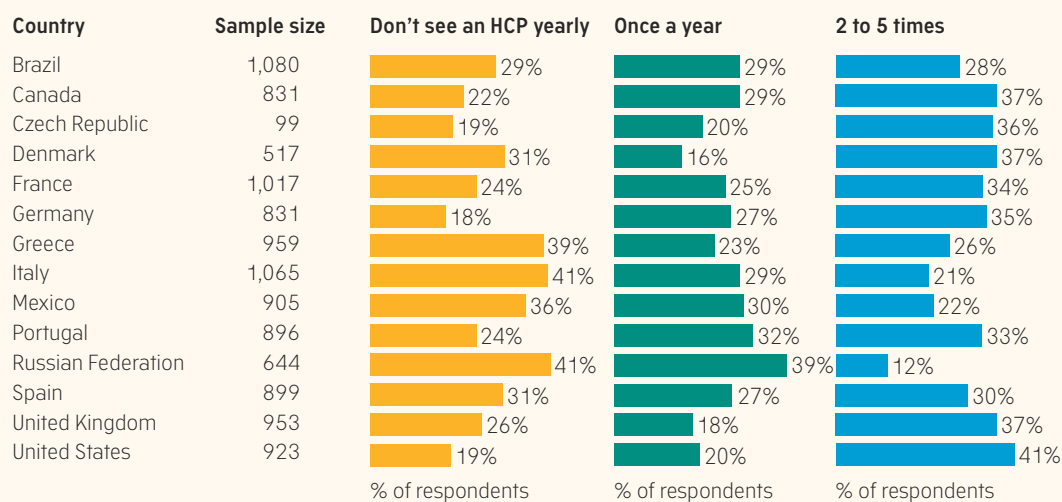


Figure C.3: Healthcare Professional institution by country

“Is your primary healthcare professional for your psoriasis?”

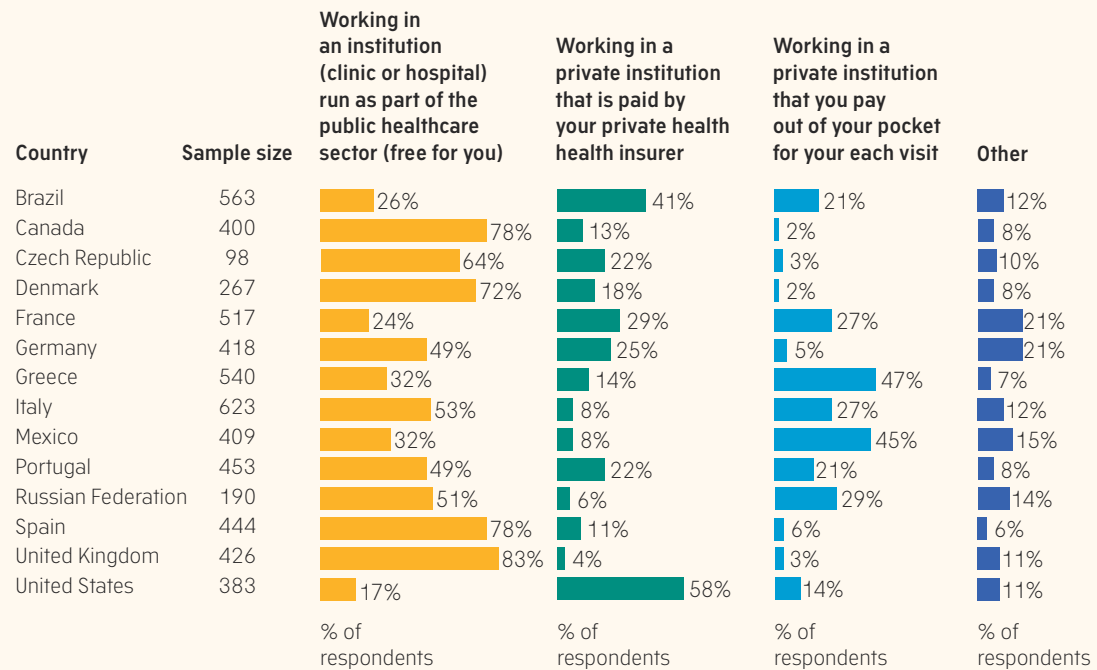


Figure C.4: Distribution of who has diagnosed their psoriasis (please note this report is based on self-reported psoriasis)

“Has your psoriasis been diagnosed by:”

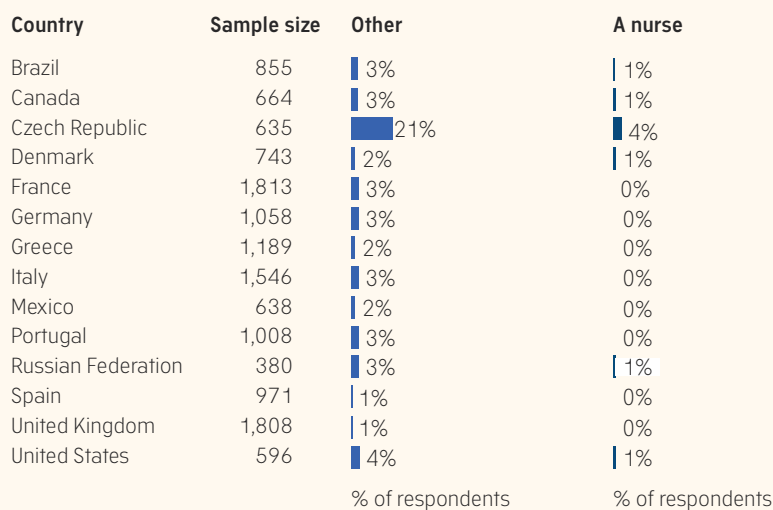
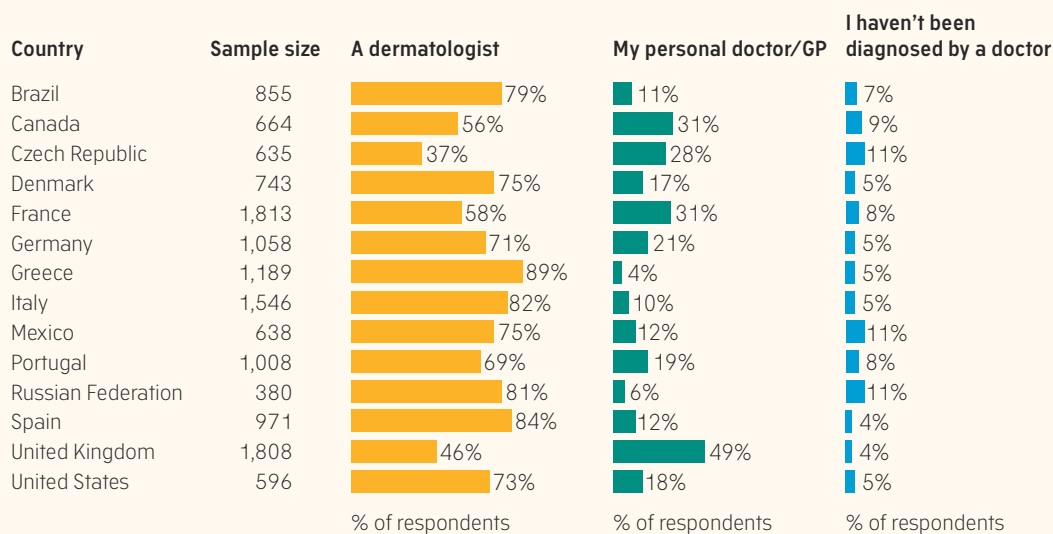


Figure C.5: Distribution of treatment type by country

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

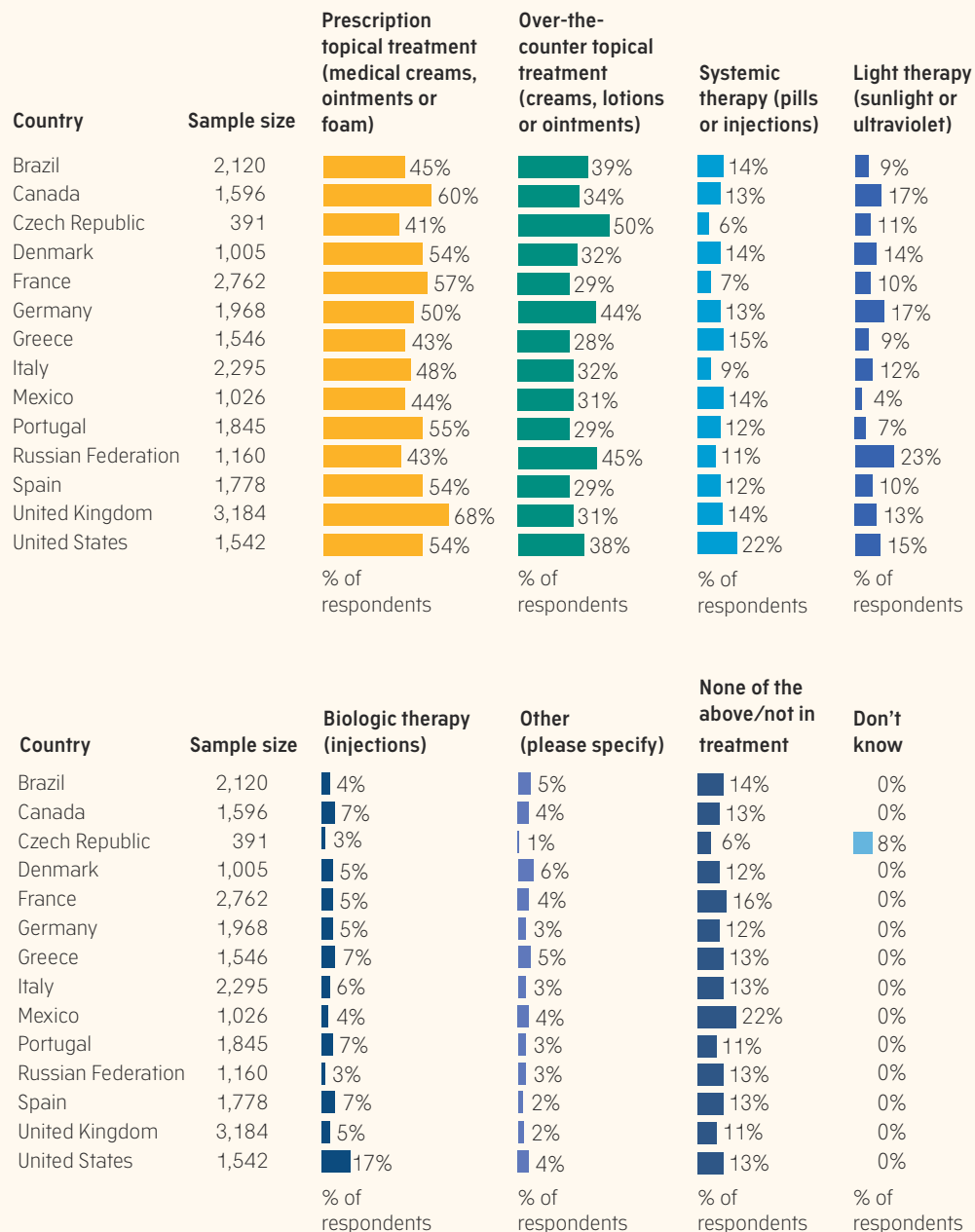


Figure C.6: Distribution of how people get and pay for their treatment

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

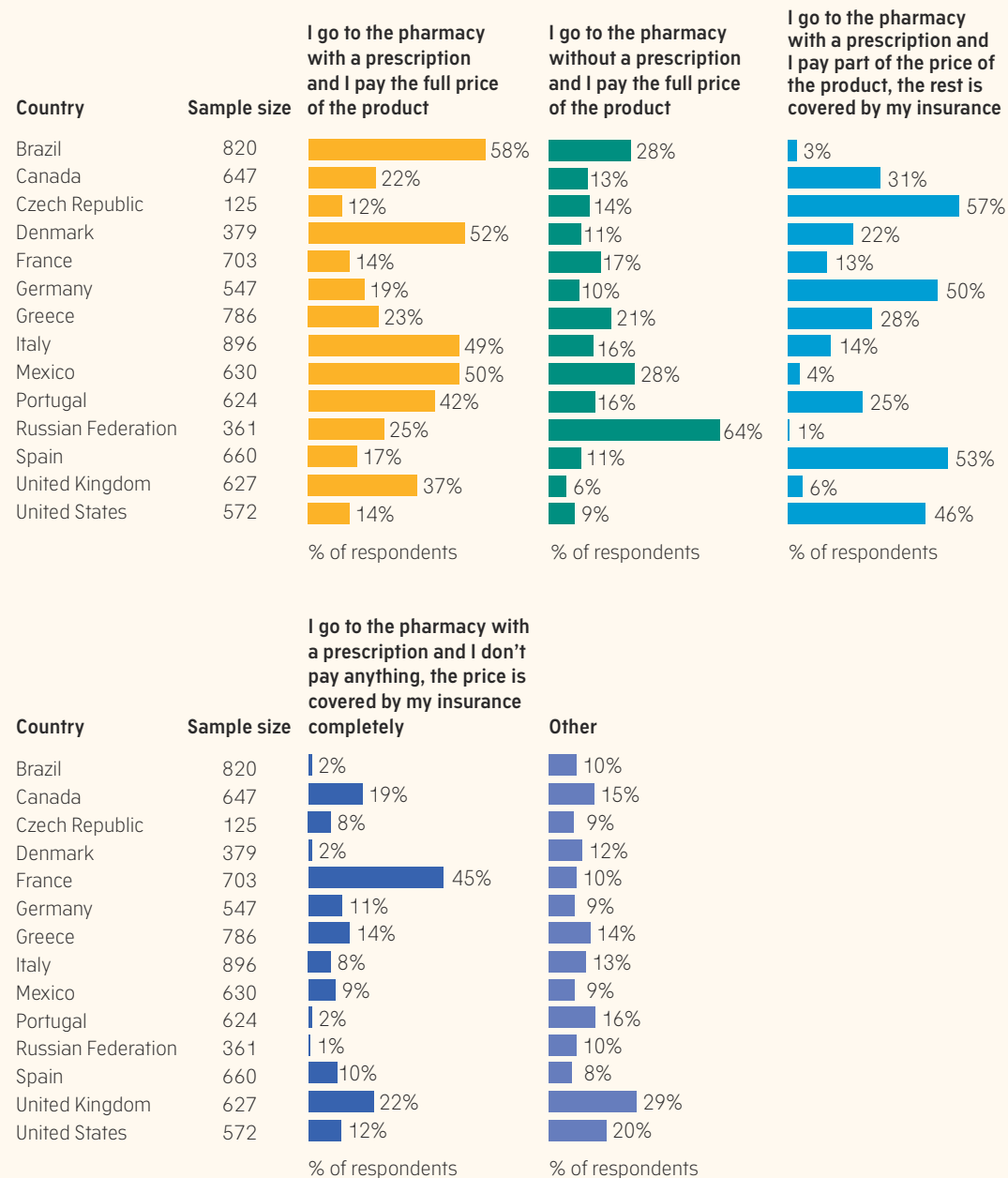
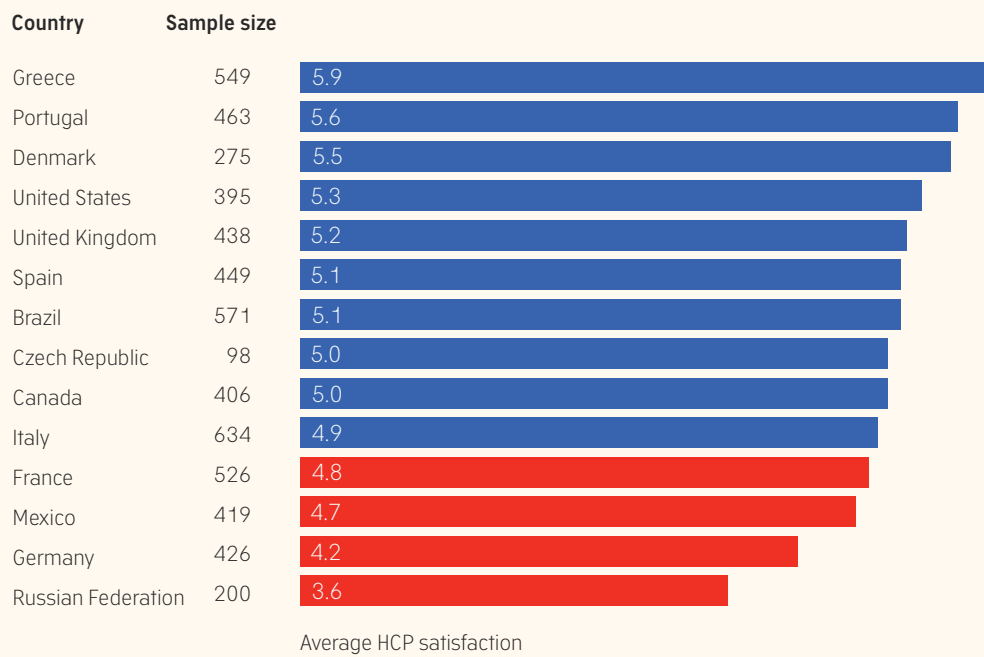


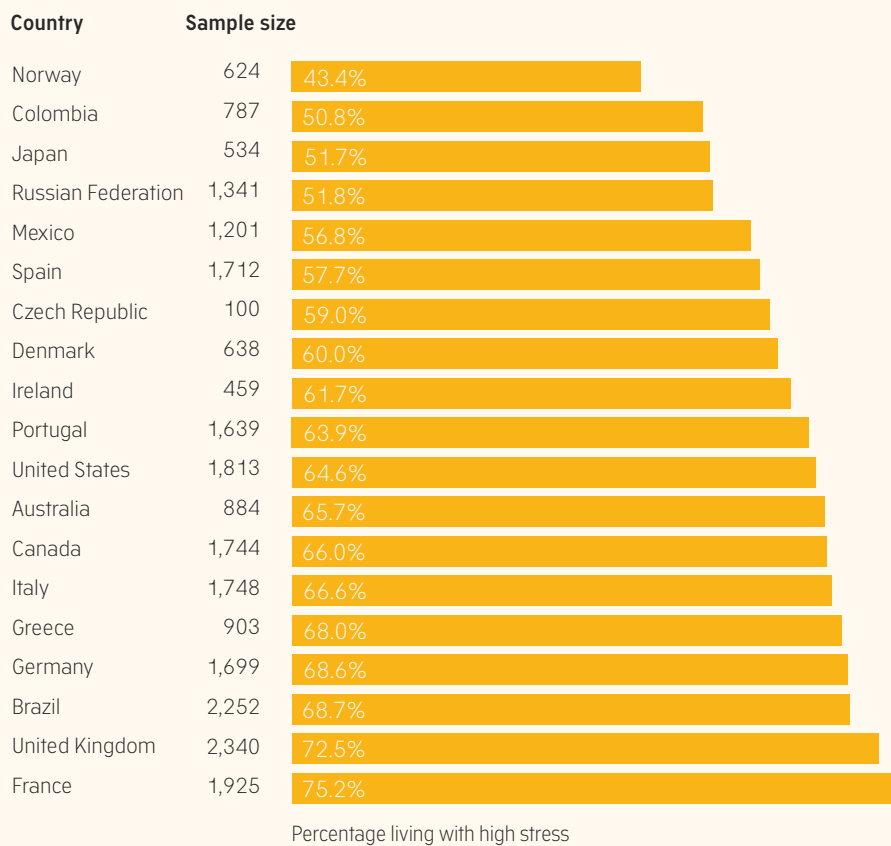
Figure C.7: Average levels of satisfaction with healthcare provider in relation to psoriasis by country, as measured on a scale from 0-10

“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

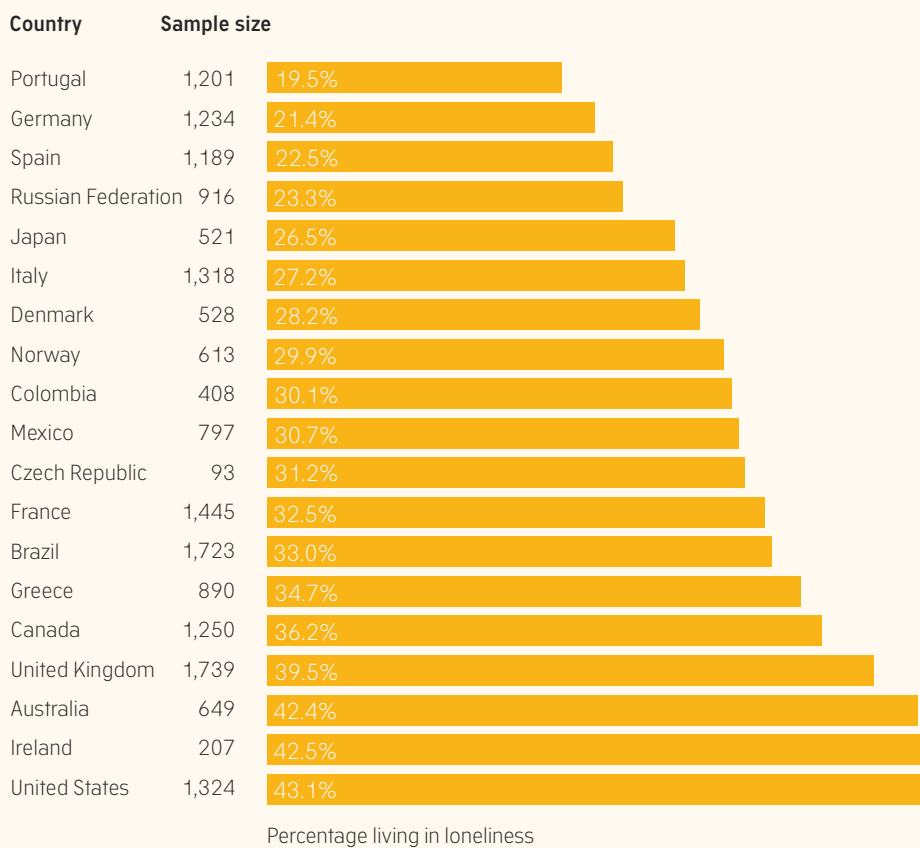
Figure D.1: Percentage of people living with high stress¹



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*.