



World
Psoriasis
Happiness
Report 2018



Greece

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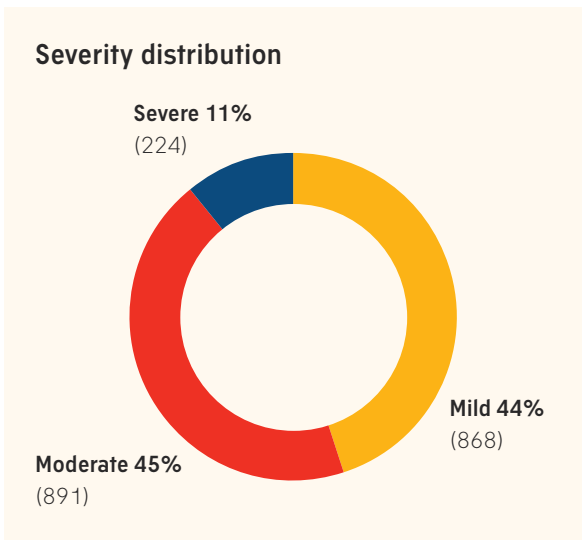
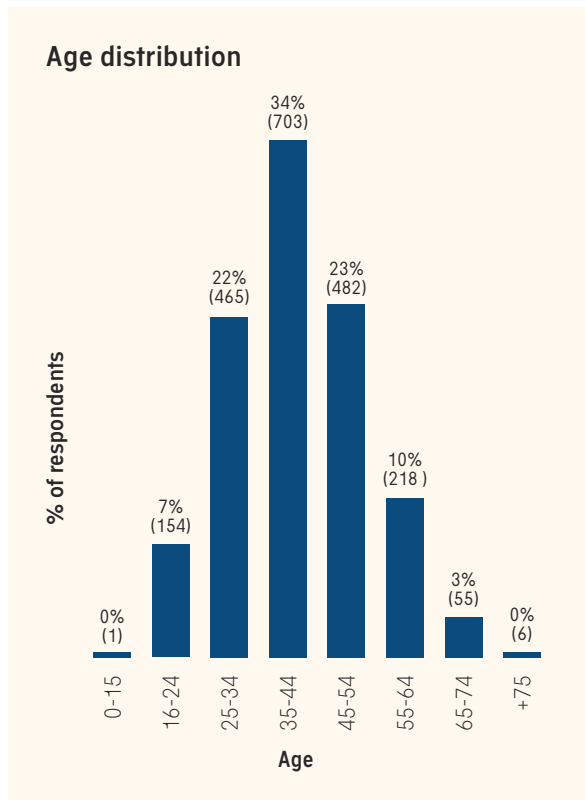
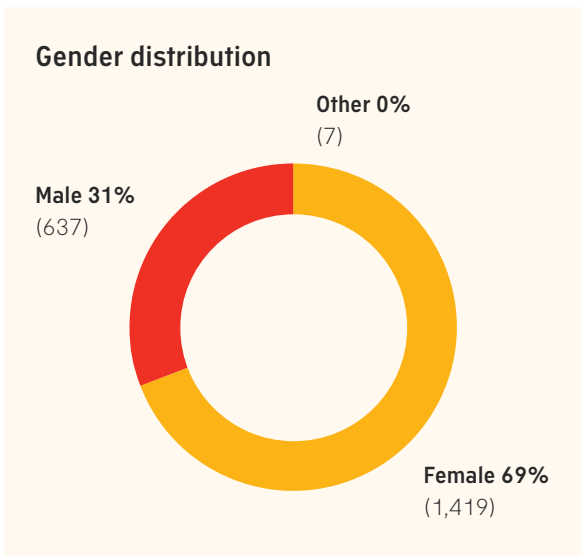
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General Data & Happiness Results

General Data & Distributions. Total sample size: 2,084



Severity distribution	Greece (N = 1,983)	Global (N = 54,438)
Mild	44%	37%
Moderate	45%	47%
Severe	11%	16%

In Greece, most of the respondents of the survey (roughly 9 out of 10) deemed their psoriasis either mild or moderate, with the two degrees of severity equally represented. The remaining 1 in 10 reported their psoriasis to be severe.¹

Of the countries in the analysis, Greece has the fourth highest number of people with mild psoriasis. Similarly, at 11%, Greece also falls into the group of countries with the smallest proportion of people with severe psoriasis (see Fig. A.1 in the Appendix).

¹ The target population of PsoHappy is people living with self-reported psoriasis, meaning that the respondents do not necessarily have the diagnosis confirmed by a 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: 5.7 Happiness ranking: 11th / 21

Happiness	Greece		Global	
	Happiness level	Happiness gap	Happiness level	Happiness gap
Overall	5.7	+9.9%	5.8	-11.1%
Gender				
- female	5.7	+8.3%	5.7	-14.1%
- male	5.9	+13.1%	6.1	-5.8%
Severity				
- mild	6.2	+19.2%	6.0	-6.1%
- moderate	5.5	+5.5%	5.6	-14.1%
- severe	4.9	-5.7%	4.6	-30.6%

The average happiness level of 5.7 places Greece as 11th in the happiness ranking of the 21 countries in the analysis. With a positive happiness gap of +19% reported by those living with self-reported mild psoriasis, Greece is actually one of the “best” countries in this regard as people with psoriasis are happier than the average population. This situation is similar to Portugal, the only other country with significant positive happiness gaps for both self-reported mild and moderate psoriasis. (see Fig. A.3 in the Appendix).

It is very important to note that the happiness gaps are relative in the sense that they capture a difference, and should therefore not be mistaken for absolute happiness levels. In other words: the Greek psoriasis populations are not the happiest populations nor the population least often subject to misery. Rather, they are doing better than their fellow citizens. As we can see below, they experience in high percentages stress and loneliness.

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

- Women with psoriasis are slightly less happy than their male counterparts, which is the same pattern

seen in most of the other countries and on a global scale.

- The happiness level drops significantly with the severity of people’s psoriasis. I.e., people who report severe degrees of psoriasis are significantly less happy and experience increasingly large happiness gaps (more negative), once again in line with the results for other countries and the global picture.

Stress & Loneliness

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

Percentage reporting high stress levels: 68.0%

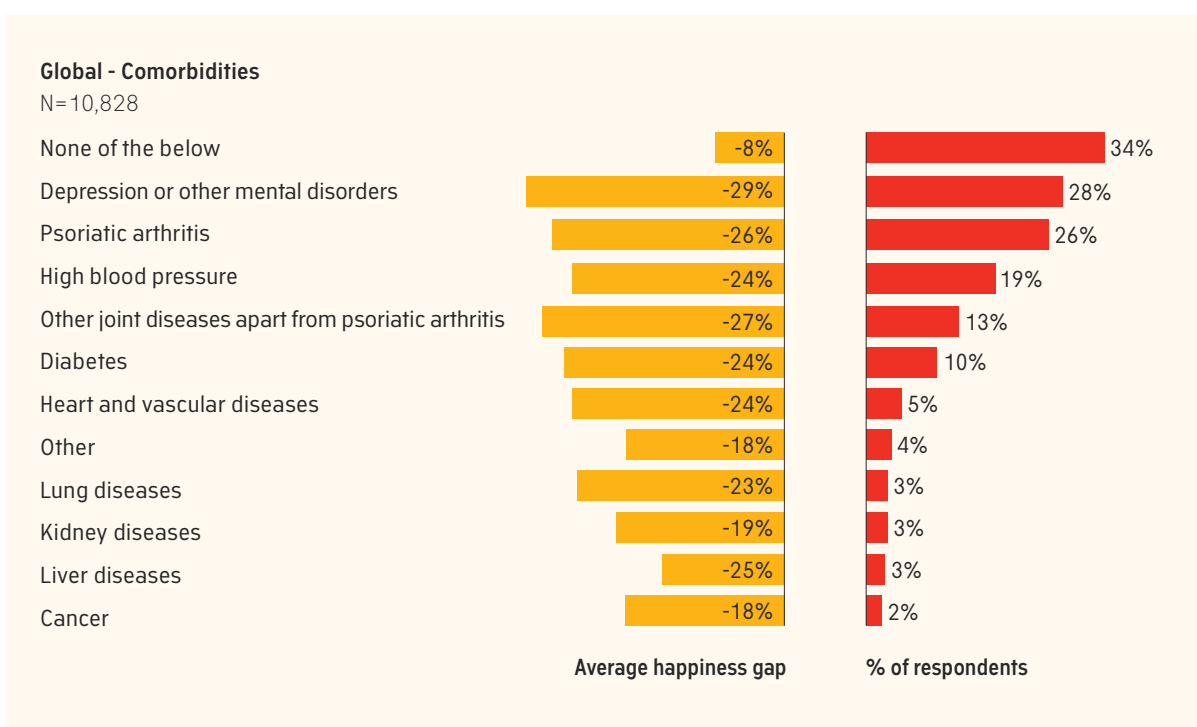
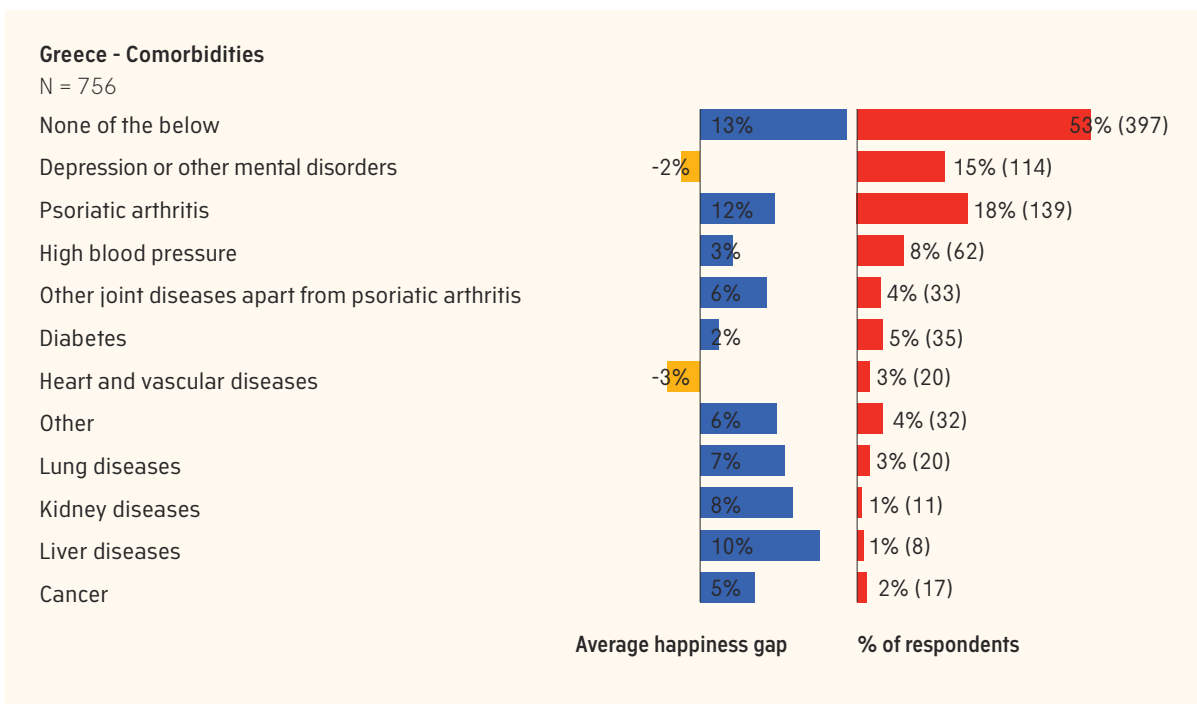
Percentage experiencing loneliness: 34.7%

Thus, more than 2 out of 3 (68%) experience high stress. Compared to other countries, this places Greece in the worse end of the spectrum in this regard. The same is true for loneliness, experienced by more than a third (35%) of people with psoriasis in Greece.

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

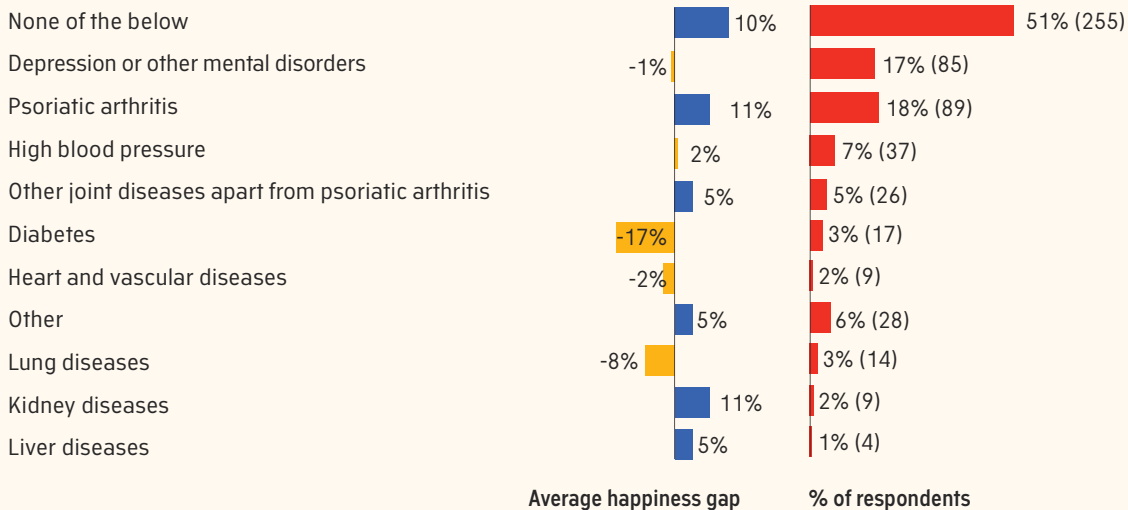
Psoriasis and Comorbidities

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.



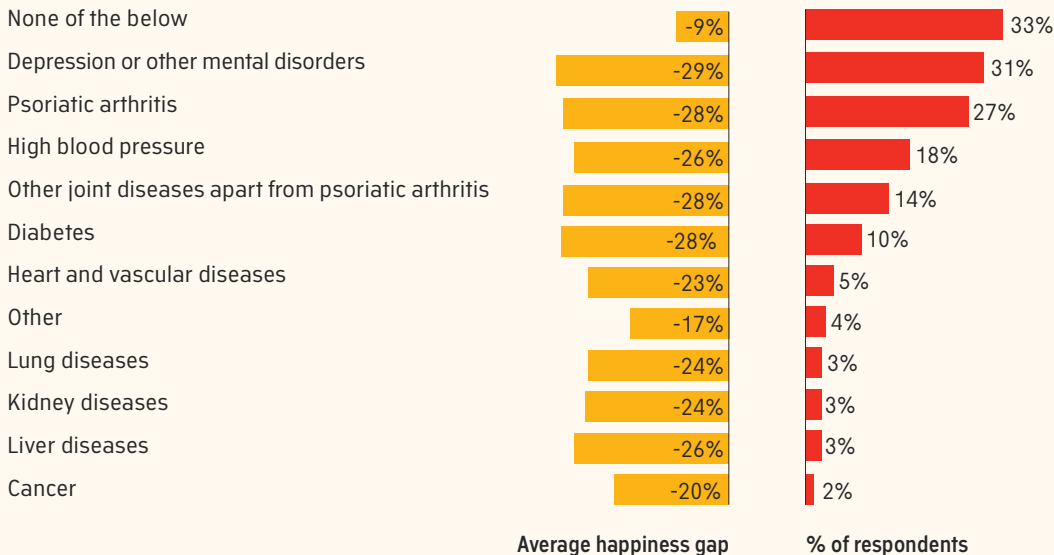
Greece - Comorbidities by gender - Female

N = 501



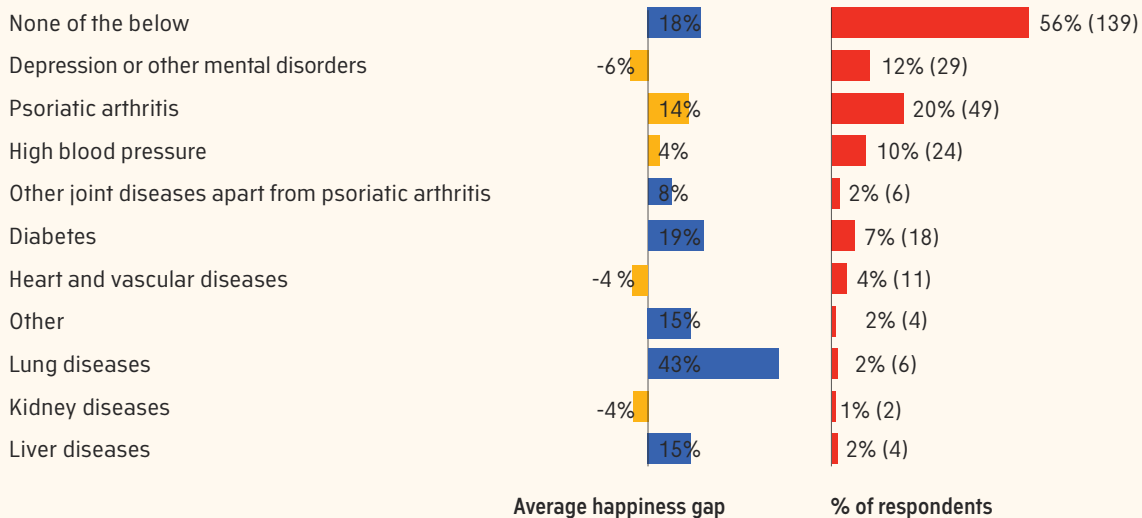
Global - Comorbidities by gender - Female

N = 8,398



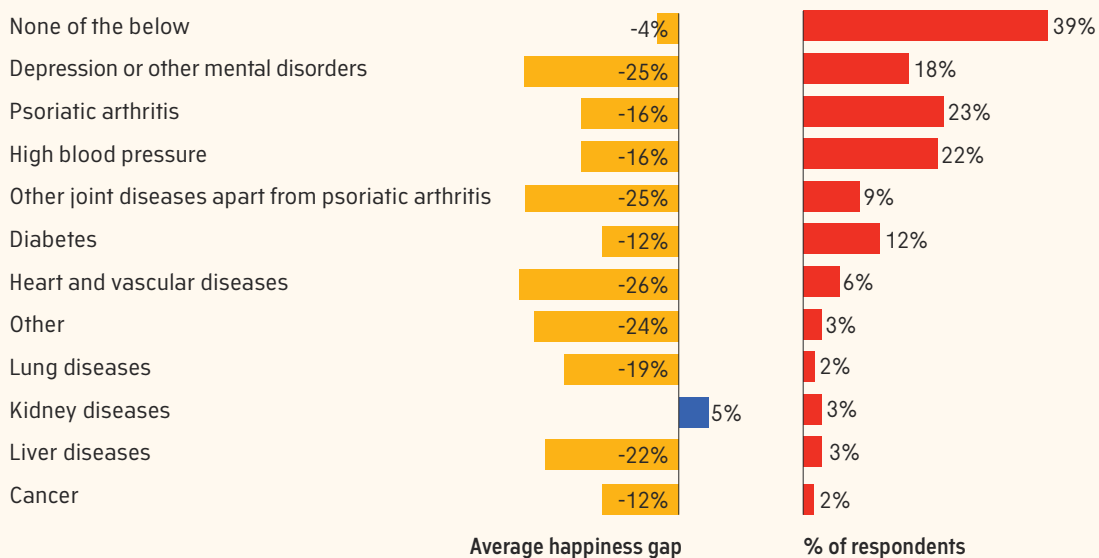
Greece - Comorbidities by gender - Male

N = 250

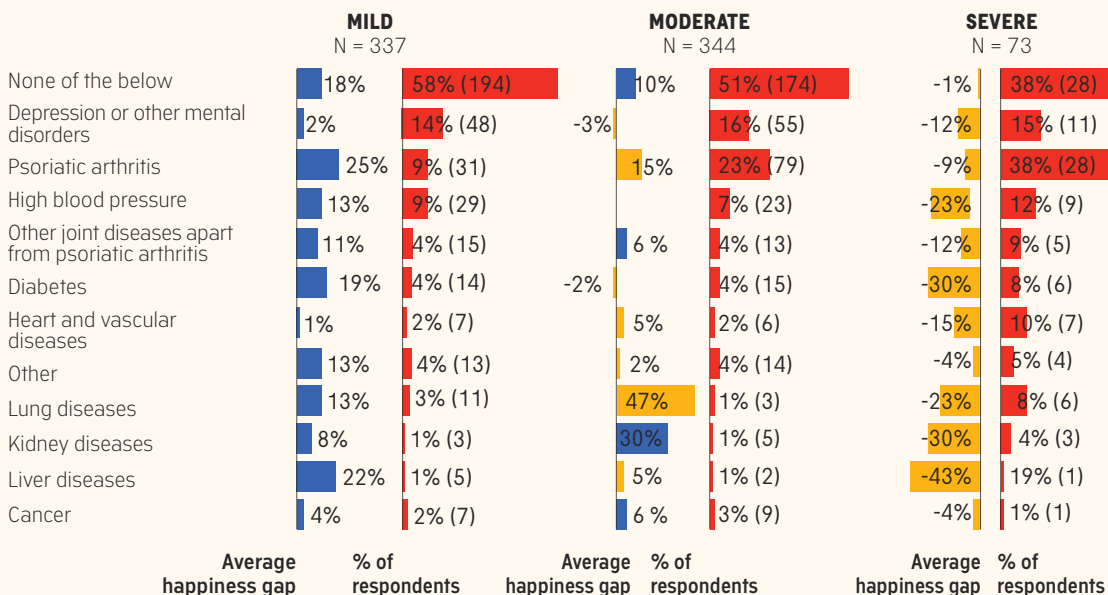


Global - Comorbidities by gender - Male

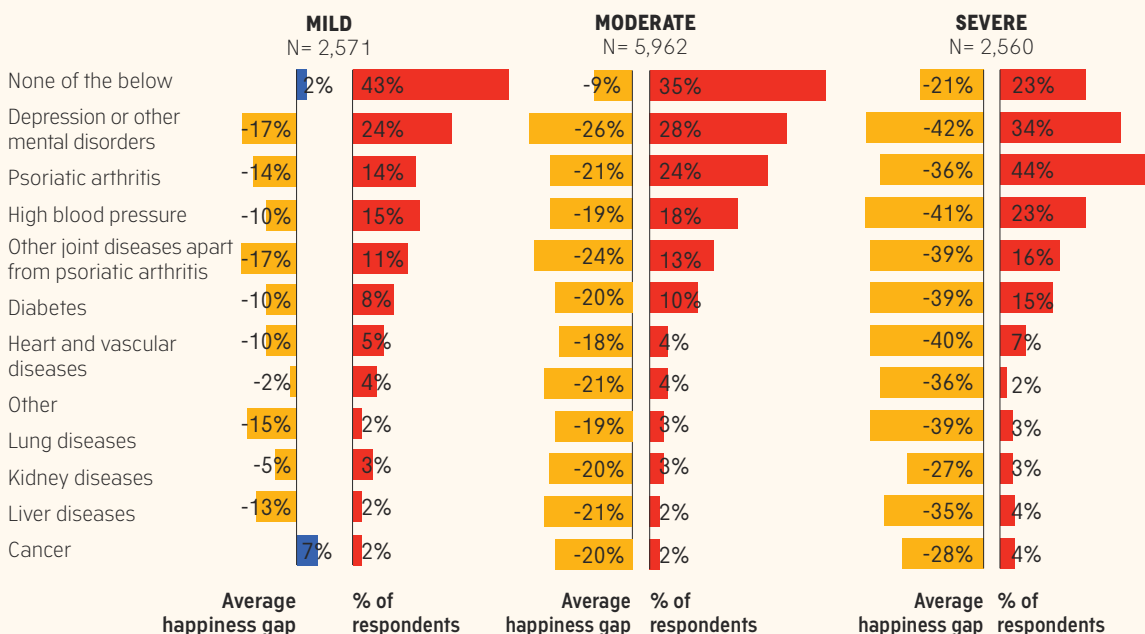
N = 2,369



Greece - Comorbidities by severity



Global - Comorbidities by severity



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

- More than half (53%) of the surveyed people in Greece don't experience any of the listed comorbidities, significantly more when compared to the 34% global average.
- Like almost all other countries, the comorbidities with the highest incidence are depression or other mental disorders (15%), psoriatic arthritis (18%), and high blood pressure (8%), although these, especially the first and the latter, are not nearly as reported in Greece as in most other countries.
- Across all the comorbidities there are almost none with any significant (negative) happiness gaps, indicating that people with psoriasis in Greece are much less affected by their condition, and perhaps also their comorbidities, than in the rest of the world.³

However, when moving on to the split by self-perceived severity in the bottom graph, we see that:

- A larger percentage of people with moderate and severe psoriasis experience comorbidities. 58% of the people with mild psoriasis reported that they didn't have any of the listed comorbidities, meaning that 42% did. Compare this to 49% with moderate psoriasis and 62% with severe psoriasis who experience comorbidities.
- Across almost all of the comorbidities, we also begin to see the happiness gaps getting "larger" (in the sense that they're decreasing, dropping below 0%, and becoming negative) the worse and more severe the psoriasis.
- Also, the prevalence of psoriatic arthritis increases dramatically with severity, from 9% for mild psoriasis to 23% for moderate and 38% for severe. A similar pattern is seen in many of the other countries and from the global picture.

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 Greece, the estimated cost to society from lost productivity is:

Total cost on society	
Overall	\$57m
Per 100,000 people in employment	\$1.4m
As % of GDP	0.02%

For reference, the general results for all countries from the World Psoriasis Happiness Report 2018 are shown in the Appendix, Fig. B.6. From this we see that Greece is actually the country with the lowest total cost to society from lost productivity.

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	Greece	Global
Average productivity		
- Because of psoriasis	7.1 (310)	53.2 (2,721)
- Because of other health issues	74.8 (304)	62.9 (2,633)
Percentage of people reporting less than 50% productivity		
- Because of psoriasis	98% (116)	51% (1,521)
- Because of other health issues	23% (66)	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 in Greece have extremely low productivity when they should have stayed at home because of their psoriasis. In fact, Greece is the country with the lowest productivity in this regard, as can also be seen in Fig. B.1 in the Appendix. When it comes to other health issues, however, people's productivity isn't affected nearly as much, and here, Greece is in fact the country with the second highest productivity level (see Fig. B.2 in the Appendix).

In the same vein as above, we also see that almost all of the respondents (98%) in Greece work with less than

half productivity when they should have stayed at home because of their psoriasis. Thus, in Greece, psoriasis seems to play a huge role on people's productivity at work. This makes Greece the country with the largest proportion of people working at below 50% productivity **because of their psoriasis**. Conversely, Greece is the country with the lowest number of people working below 50% productivity when they should have stayed at home because of **other health issues** (see Fig. B.3 and B.4 in the Appendix).

Missed Work & Social Hours

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

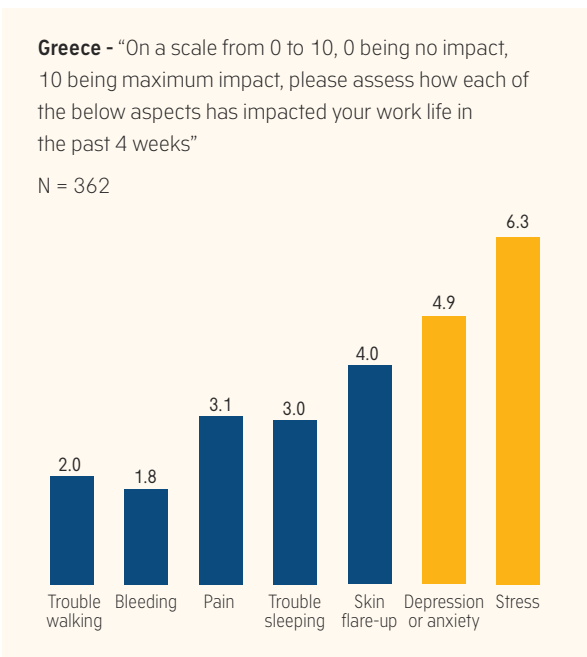
Work and social hours missed	Greece		Global	
	Because of psoriasis	Because of other health issues	Because of psoriasis	Because of other health issues
Work hours missed	N = 324	N = 326	N = 2,998	N = 2,945
5+ hours	6%	12%	24%	26%
10+ hours	3%	3%	17%	17%
20+ hours	3%	3%	10%	10%
Social hours missed	N = 491	N = 493	N = 5,387	N = 5,339
5+ hours	19%	21%	35%	33%
10+ hours	12%	13%	26%	22%
20+ hours	7%	5%	18%	14%

In Greece, extremely few people miss out on work, both when it comes to doing so because of other health issues, but especially so when it comes to psoriasis. As little as 6%, which is around 1 in 20, miss 5 work hours or more (over 4 weeks). This is much less than generally seen in other countries and in the global picture. When it comes

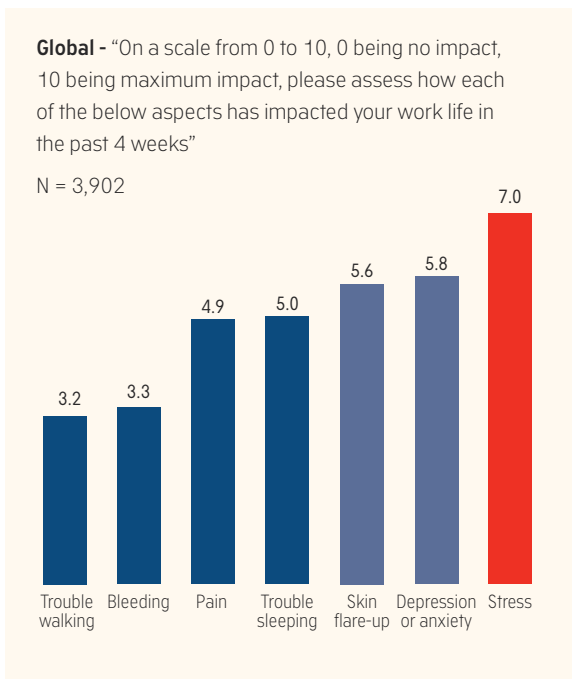
to social hours, people in Greece generally miss these more often, though still not to the same extent as seen globally and for other countries. Adding these results to what we saw above, it seems like people in Greece very often go to work no matter what, but that their productivity when doing so is severely affected.

Impact of Symptoms on Work Life

Shown in the table below is the average impact on people’s work life, as rated on a scale from 0-10, for a number of different aspects of living with psoriasis and symptoms.



As seen in the left graph, the aspects with the largest impact on people’s work life in Greece are stress, depression or anxiety, and skin flare-ups, which is also what we see in 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 size, or strength, of the impact



of these aspects is lower for people in Greece than other countries. Greece is, in fact, one of the countries with the lowest impact reported, especially when it comes to aspects such as depression or anxiety, skin flare-ups, trouble sleeping and walking, pain, and bleeding.

Support at Work

The table below summarises the respondent's opinions on various aspects related to work and their psoriasis.

% who 'Disagree' or 'Strongly disagree'	Greece			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"	53% (197)	54% (134)	49% (60)	60% (2,336)	60% (1,811)	58% (515)
"My manager understands the impact psoriasis has on me and my work performance"	41% (152)	46% (114)	30% (37)	51% (1,939)	53% (1,530)	48% (404)
"My work colleagues know about my psoriasis and I get their support when needed"	27% (101)	29% (72)	23% (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"	24% (88)	26% (63)	21% (25)	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.)

As seen from the data and results in the table above, people in Greece are, compared to other countries in the analysis, generally less dissatisfied with the support they receive at work on both a company, manager, and colleague/co-worker level. Also, women seem to be more dissatisfied than men, especially when it comes to understanding from managers, where 46% of women report dissatisfaction compared to 30% of men. However, in itself, it's still worth noting that more than half (53%) don't think their company has systems in place to help them manage their psoriasis, and more than 2 in 5 (41%) don't think their manager understands their condition and its impact. Also, around a quarter or more (27% and 24%) don't think they get support or understanding from their colleagues and don't have a close coworker 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.

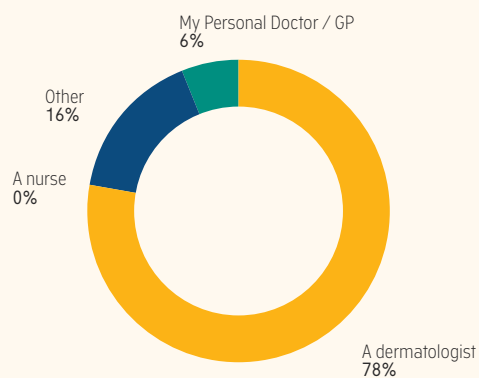
Healthcare Professional Type & Frequency of Visits

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 Greece and the global case.

Greece - HCP Type

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

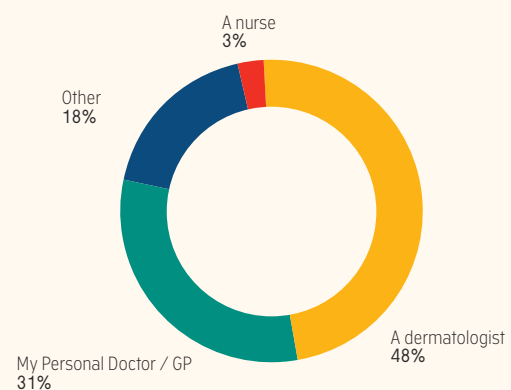
N = 965



Global - HCP Type

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

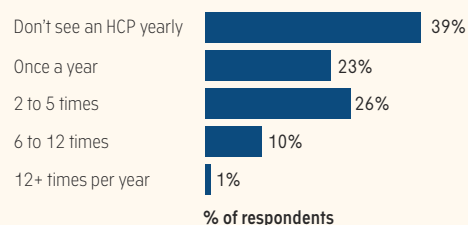
N = 13,533



Greece - HCP frequency

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

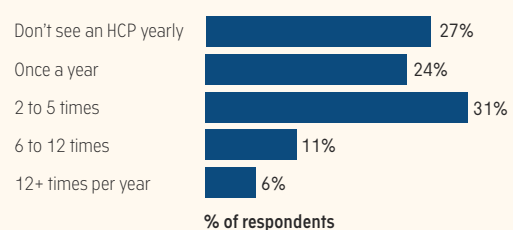
N = 644



Global - HCP Frequency

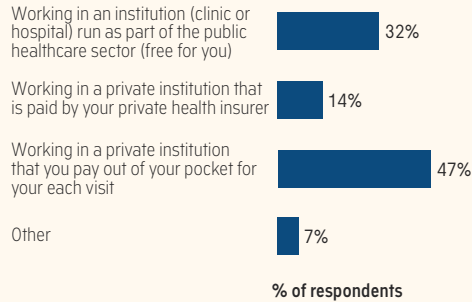
'How many times per year are you in contact with healthcare professional due to your psoriasis?'

N = 13,062

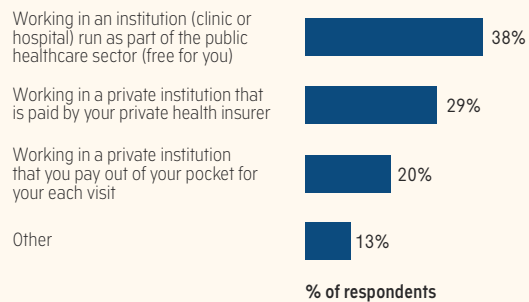


Greece - HCP institution

'Is your primary helthcare professional for your poriasis:'
N = 129

**Global - HCP institution**

'Is your primary helthcare professional for your poriasis:'
N = 5,736

**Key learnings from these graphs:**

- Almost 4 in 5 (78%) of people in Greece have a dermatologist as their main healthcare professional. This is significantly more than the general picture and for many other countries. In fact, Greece is the country with the largest proportion of people seeing a dermatologist in relation to their psoriasis (see also Fig. C.1 in the Appendix).
- In regards to frequency of visits, almost 40% of people in Greece don't see their healthcare professional yearly. This is more than for many other countries, and Greece is, in fact, also among the three countries with the most people not seeing their healthcare professional on a yearly basis (see also Fig. C.2 in the Appendix).

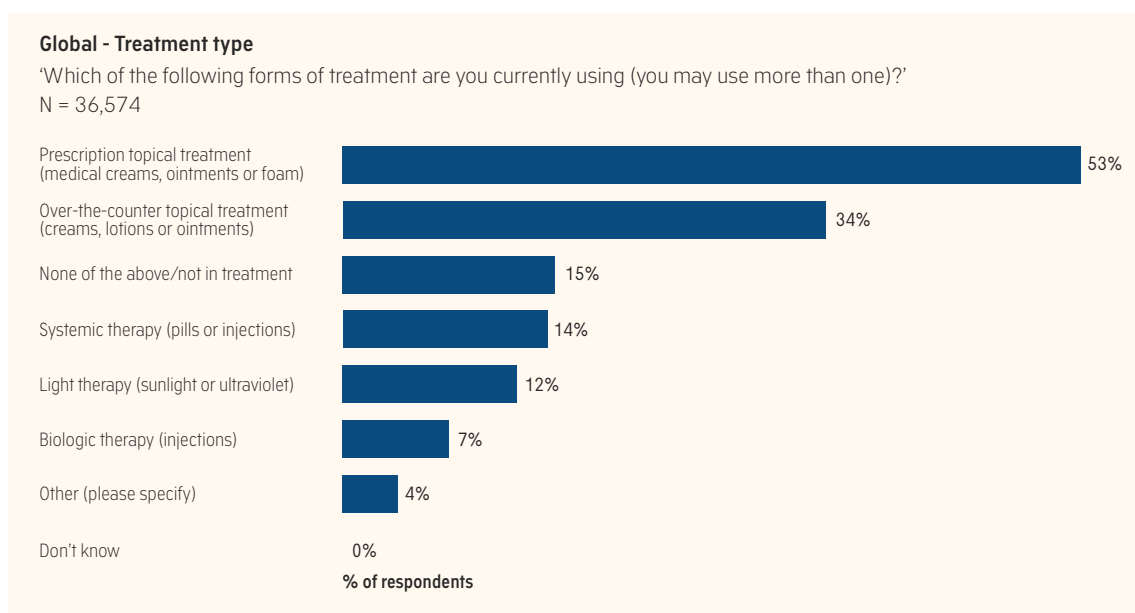
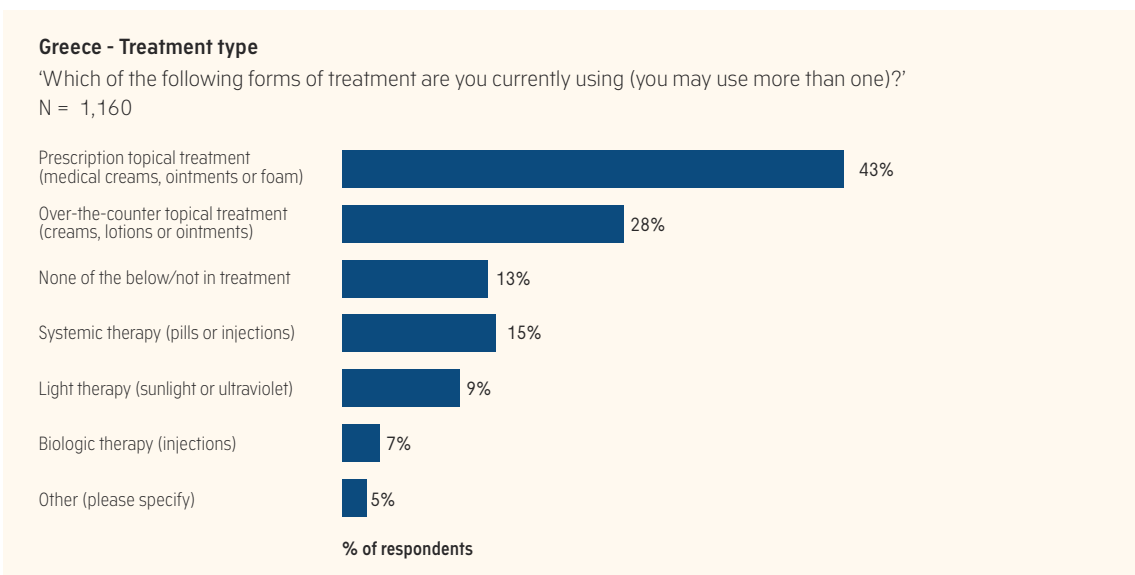
- The most common thing in Greece (as reported by 47%) is going to a private institution, with the respondents saying they are paying out of their own pocket for each visit to see their healthcare professional. Greece is the country with the largest percentage of people doing this, compared to a 29% global average (see also Fig. C.3 in the Appendix). About a third (32%) go to a clinic or hospital run as part of the public healthcare sector and they don't have to pay anything (the global average is 38%).

Diagnosis & Type of Treatment

As seen in the table below, most people in Greece (89%) have had their psoriasis diagnosed by a dermatologist - a proportion far greater the one shown by the global picture and many other countries (see also Fig. C.4 in the Appendix).

Was your psoriasis diagnosis by..	Greece (N = 1,189)	Global (N = 14,184)
Dermatologist	89%	69%
Personal doctor / GP	4%	21%
Haven't been diagnosed by a doctor	5%	6%
Nurse	0%	1%
Other	2%	3%

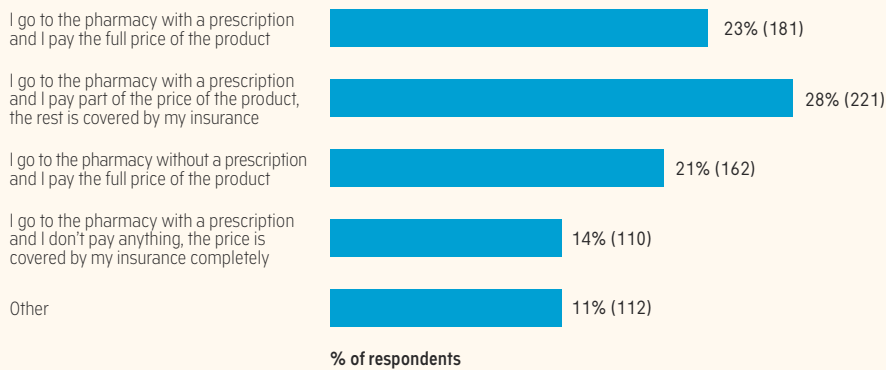
As for the type of treatment and how people get it, this is shown in the figures below.



Greece

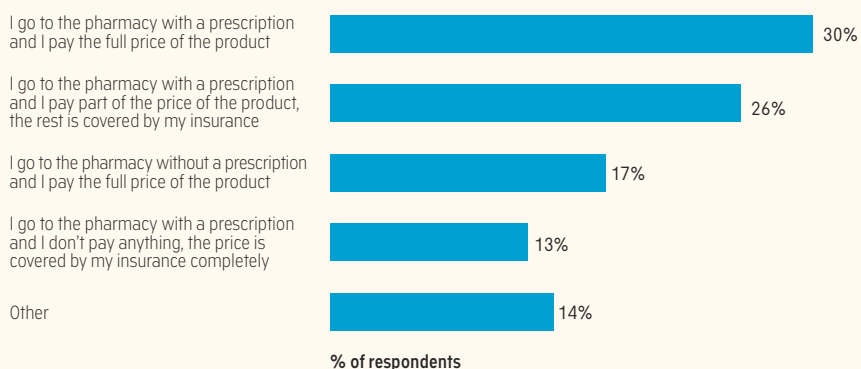
"When getting your treatment, which of the statements below best fits your situation?"

N = 361

**Global**

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

N = 8,388



The most common treatment type in Greece are prescription topicals, used by 43%. Next are over-the-counter topicals, used by almost 3 in 10 (28%). These numbers are slightly lower than those seen in the general picture and many other countries (see also Fig. C.5 in the Appendix).

As for getting their treatment, most people in Greece go to the pharmacy with a prescription and pay either part of (28%) or the full (23%) price of the product. Around 1 in 5 (21%) go without a prescription, 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?”	Greece	Global
Overall	5.94 (549)	4.97 (5,853)
Gender		
- Female	5.77 (380)	4.95 (4,604)
- Male	6.27 (165)	5.02 (1,220)
Severity		
- Mild	6.1 (229)	5.23 (1,356)
- Moderate	5.6 (248)	4.80 (3,157)
- Severe	6.3 (67)	5.10 (1,314)

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

People in Greece reported the highest levels of satisfaction among all the analysed countries (see Fig. C.7 in the Appendix), with men reporting slightly higher levels of satisfaction than women.

Interestingly, people with self-perceived moderate psoriasis are less satisfied than people with self-

perceived mild and severe psoriasis (both in Greece and globally), indicating perhaps that having this “middle 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 because of 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’	Greece			Global		
	Overall	Women	Men	Overall	Women	Men
“The doctor gave me as much information as I wanted”	11% (59)	13% (46)	8% (13)	21% (2,813)	22% (968)	15% (188)
“The doctor recognised and responded to my emotional state”	18% (92)	20% (73)	12% (19)	30% (1,619)	32% (1,349)	23% (263)
“The doctor talked in terms I could understand”	9% (47)	10% (38)	6% (9)	15% (847)	14% (698)	11% (145)
“The doctor encouraged me to ask questions”	14% (73)	16% (58)	10% (15)	28% (1,612)	29% (1,333)	22% (273)
“The doctor involved me in decisions as much as I wanted”	14% (71)	16% (57)	9% (14)	25% (1,417)	26% (1,165)	20% (244)
“The doctor discussed next steps”	17% (87)	19% (68)	13% (19)	26% (1,482)	27% (1,228)	20% (246)
“The doctor spent the right amount of time with me”	23% (118)	24% (86)	21% (32)	25% (1,395)	26% (1,148)	19% (241)
“The doctor discussed about how my psoriasis affect my mental health and overall well-being”	36% (185)	38% (139)	30% (45)	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 with self-reported psoriasis in Greece are generally less dissatisfied with aspects around the interaction with their healthcare professional compared to the global picture and other countries. For example, only around 10% disagree that they got enough information and that the doctor talked in terms they could understand. The only aspects where the

disagreement is notable are those related to the time the doctor spent with them (23% disagree) and whether the doctor discussed the impact psoriasis has on their mental health and overall well-being (36% disagree). Finally, as in the global picture, women generally seem to be more dissatisfied than men in regards to 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?' % who 'Disagree' or 'Strongly disagree'	Greece			Global		
	Overall	Women	Men	Overall	Women	Men
"My healthcare professionals are clear with the information about how to treat psoriasis"	34% (307)	37% (232)	29% (75)	40% (5,329)	41% (3,933)	36% (1,341)
"My healthcare professionals fully understand the impact psoriasis has on my mental well-being"	47% (421)	49% (309)	43% (111)	53% (7,055)	56% (5,311)	44% (1,683)
"I can get in touch with the healthcare professional when I'm in need"	34% (297)	35% (218)	31% (79)	36% (4,798)	37% (3,532)	34% (1,227)
"I have confidence in the abilities of my healthcare professionals to treat psoriasis"	54% (484)	55% (345)	52% (137)	42% (5,946)	44% (4,344)	39% (1,550)
"I always follow the advice of my healthcare professionals"	29% (255)	31% (194)	23% (60)	27% (3,692)	27% (2,611)	28% (1,035)
"I've been informed about all the different treatment options related to my condition"	47% (409)	49% (304)	41% (104)	55% (7,240)	57% (5,424)	50% (1,763)
"The system provides me with sufficient financial support in relation to my skin condition"	74% (653)	77% (477)	68% (173)	67% (8,865)	69% (6,535)	63% (2,267)
"There is sufficient public awareness regarding my disease"	74% (649)	76% (468)	70% (178)	79% (10,127)	82% (7,524)	72% (2,532)

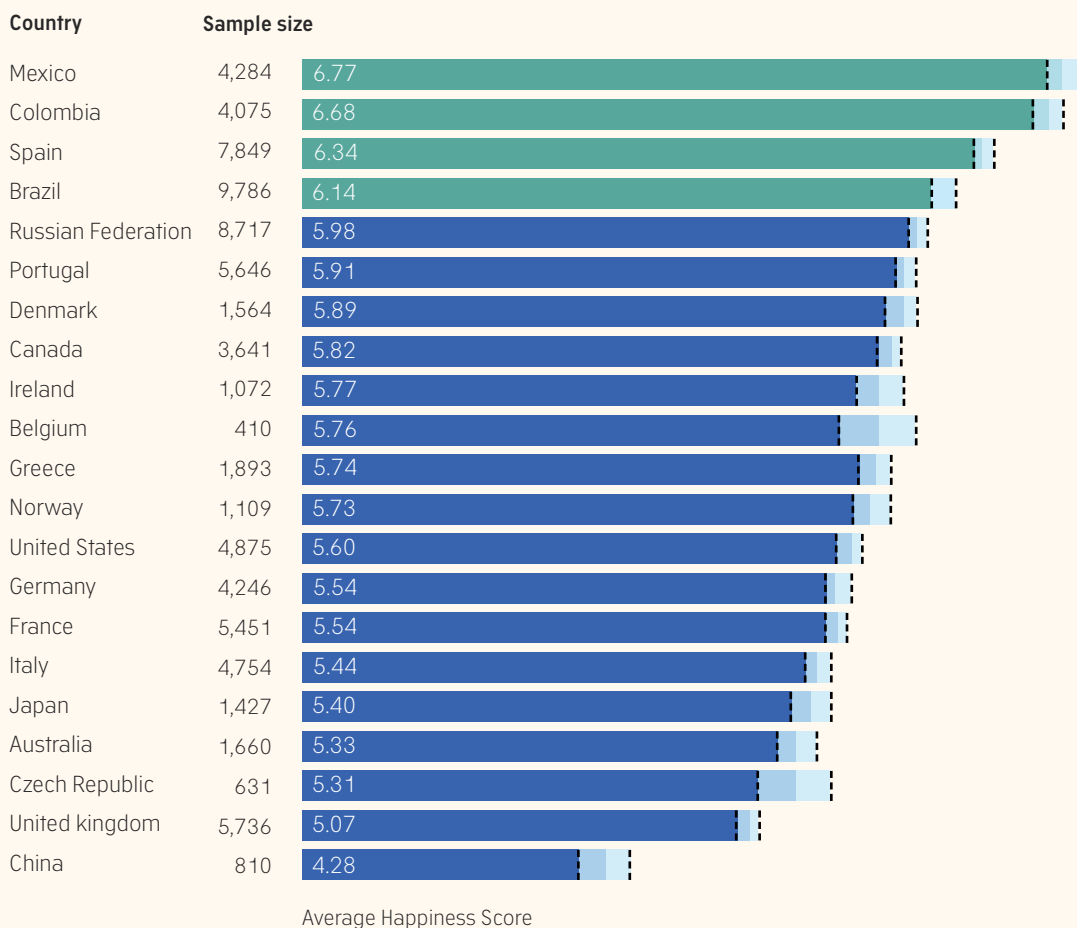
(The numbers in parentheses indicate the number of respondents corresponding to the particular percentages, and are therefore not the total sample sizes.)

In regards to aspects around the general relationship to their healthcare professionals, people in Greece are not nearly as satisfied as we saw before for the statements around healthcare professional interaction. For instance, more than a third (34%) don't think their healthcare professionals are clear with the information on how to treat psoriasis and don't think they can get in touch with their healthcare professional when in need. Close to half (47%) don't think they have been informed of all

the different treatment options and also don't think the healthcare professional fully understands the impact of psoriasis on their mental well-being. And even more than half (54%) don't have confidence in the abilities of their healthcare professional to treat psoriasis. Finally, as many as 3 in 4 (74%) are dissatisfied with the system and financial support as well as the levels of public awareness regarding psoriasis.

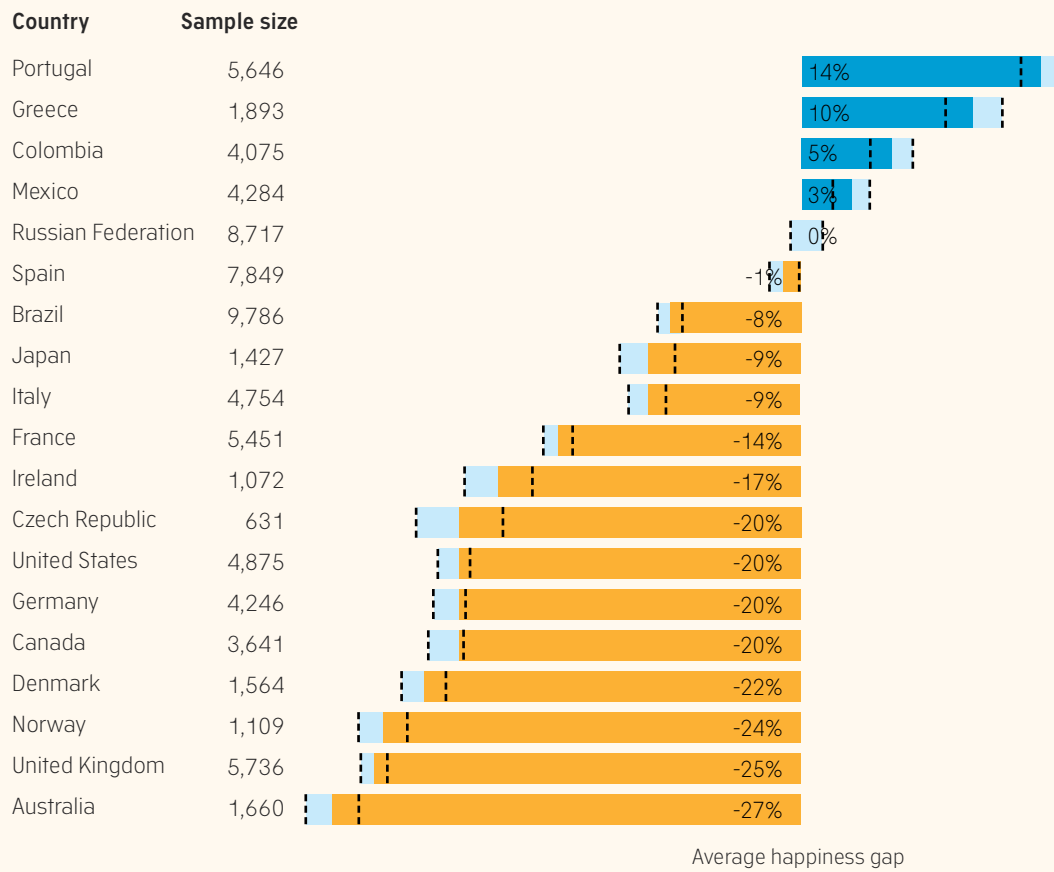
Appendix

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.

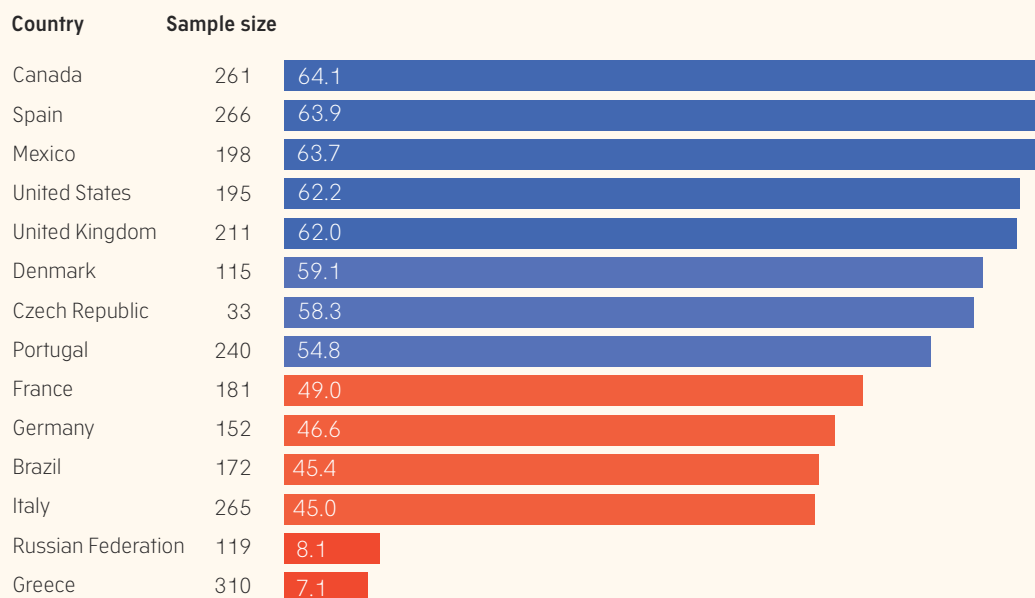
Figure A.3: Average happiness gap by country
(With 95% confidence interval bands)



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

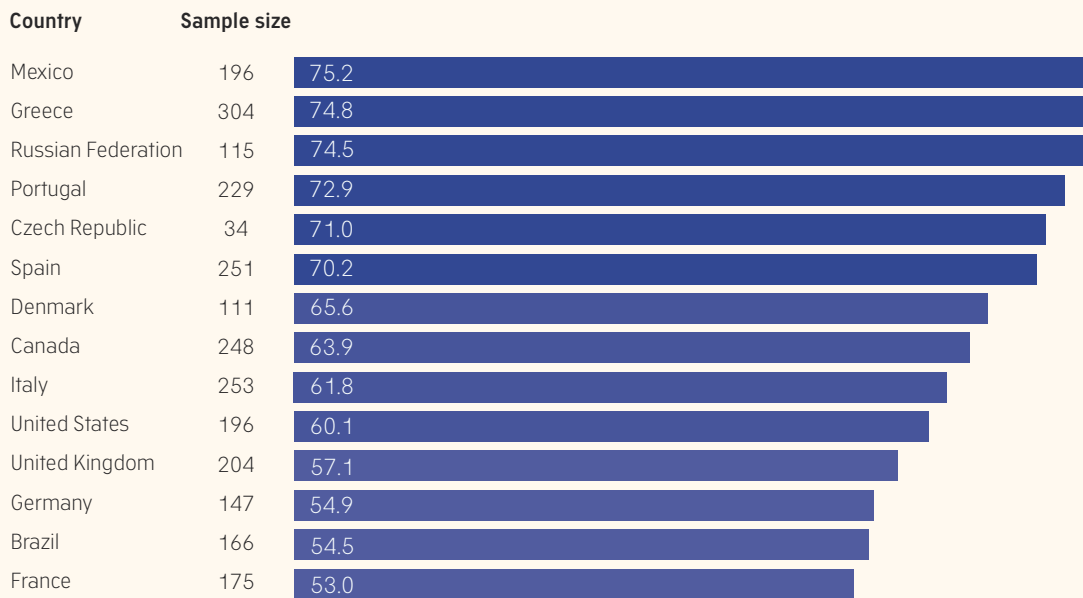
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being totally productive.”



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

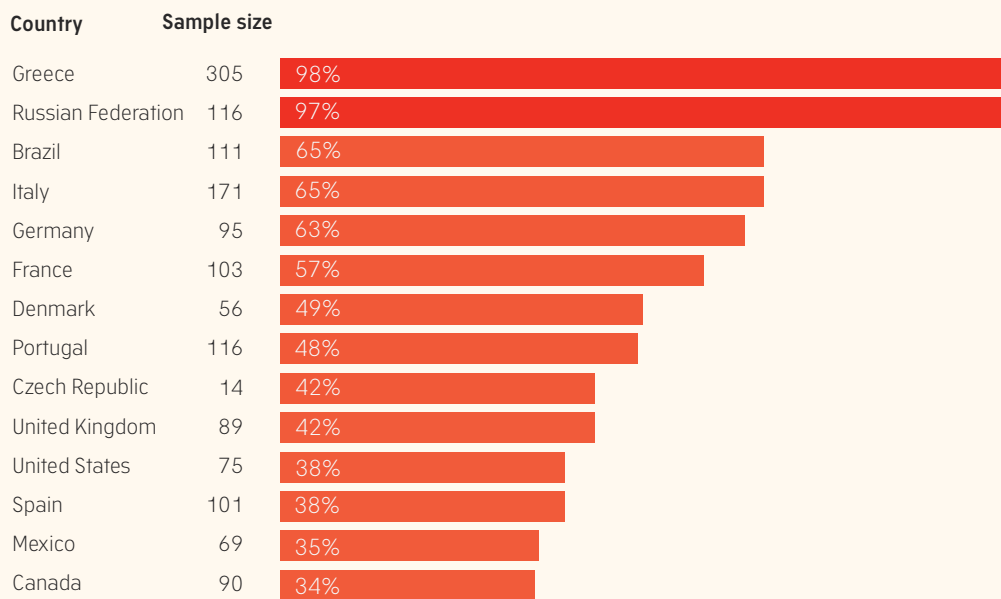
“Using the same scale, how affected was your productivity at work while you felt you should have stayed home because of other health issues? 0 means not at all productive, 100 means totally productive.”



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

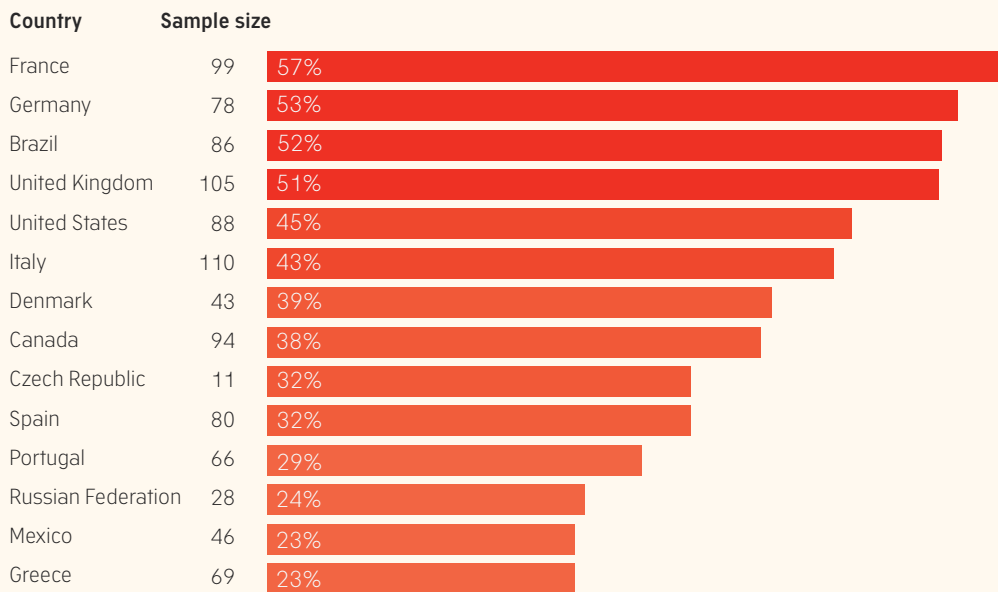
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being tptally productive.”



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”

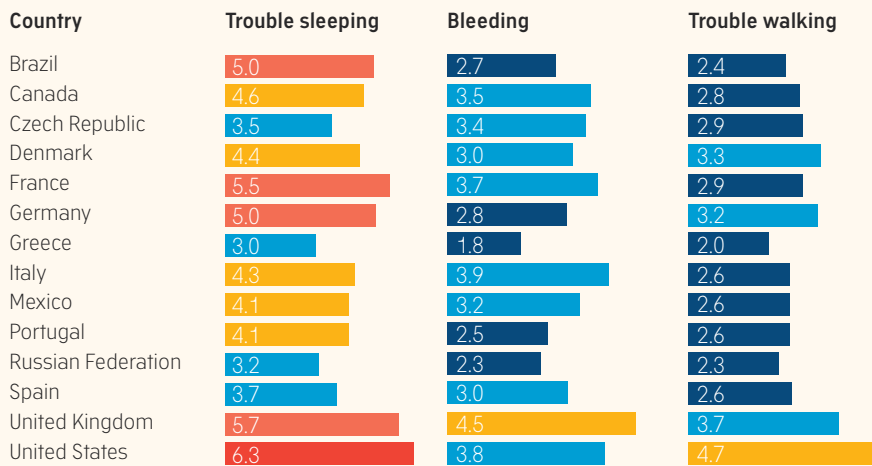
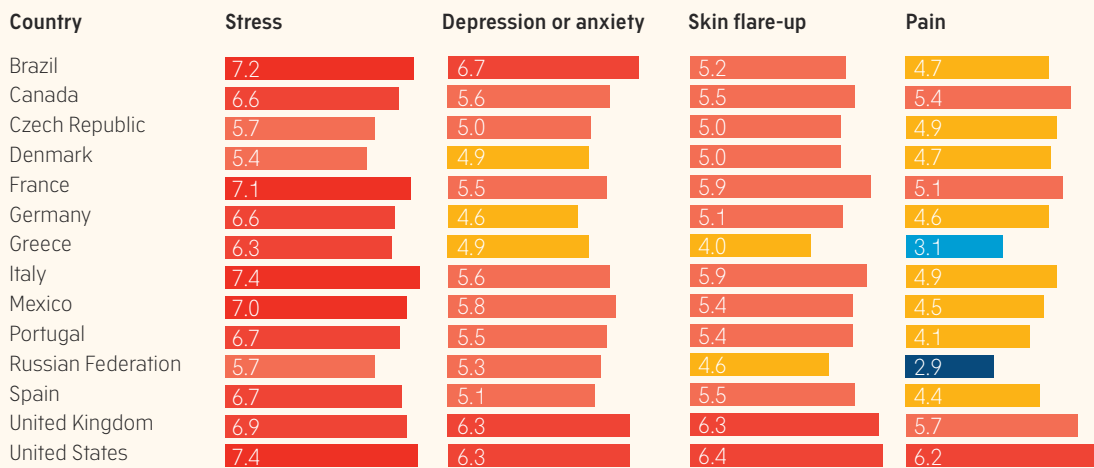


Table B.6: Estimated cost to society from lost productivity (adjusted for purchase) power parity):

	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
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%

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?”

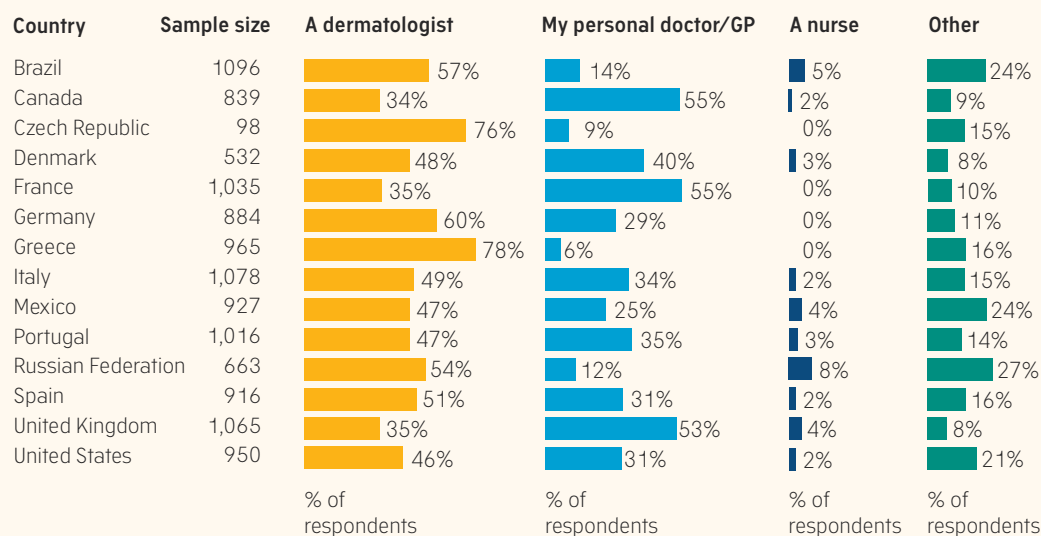


Figure C.2: Frequency of visits to healthcare professional for psoriasis by country

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

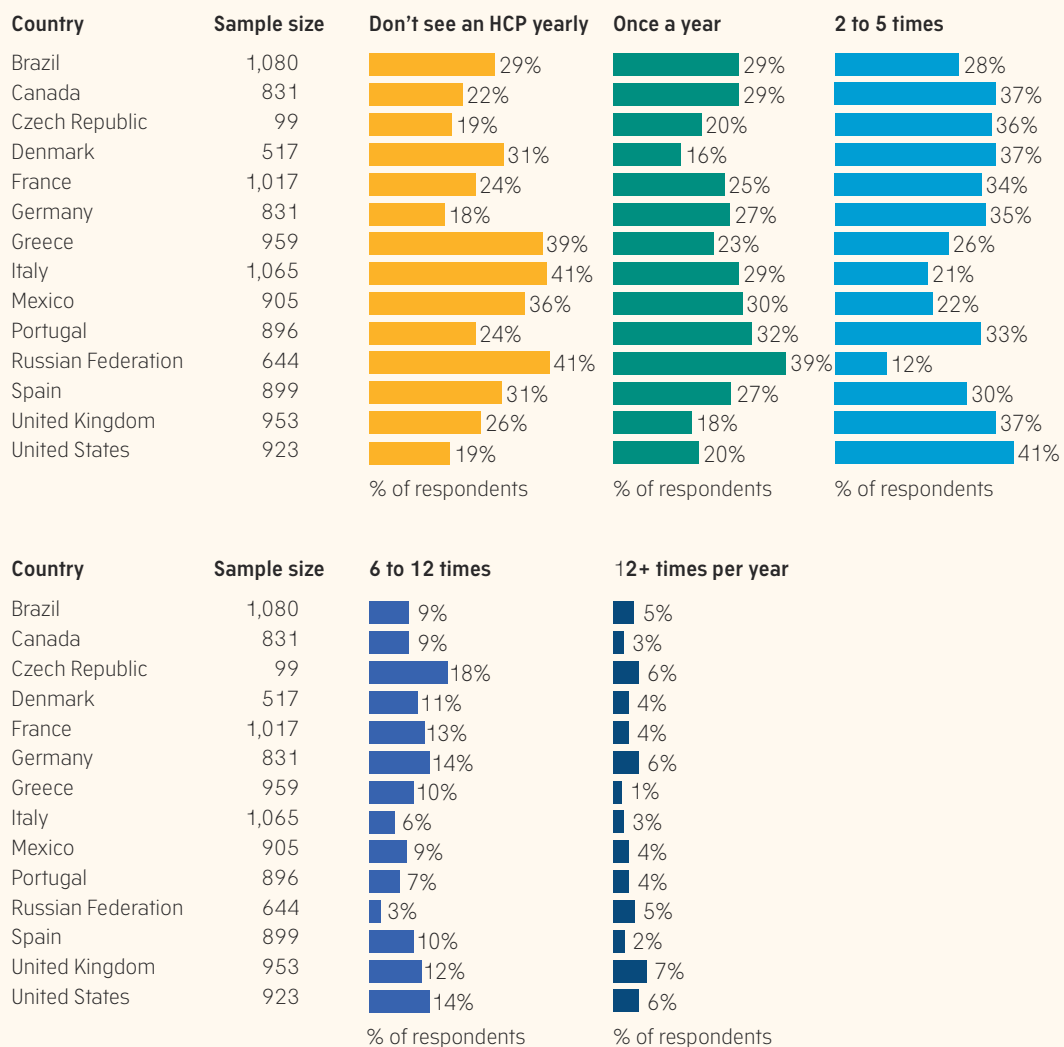


Figure C.3: Healthcare Professional institution by country

"Is your primary healthcare professional for your psoriasis?"

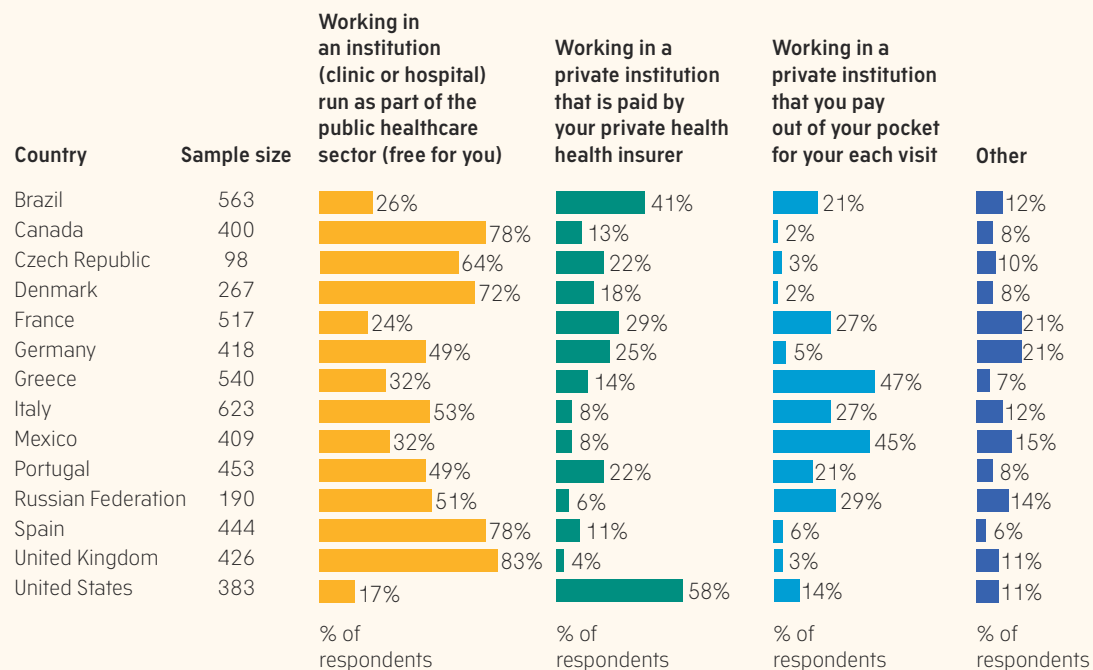


Figure C.4: Distribution of who has diagnosed their psoriasis (please note this report is based on self-reported psoriasis)

“Has your psoriasis been diagnosed by:”

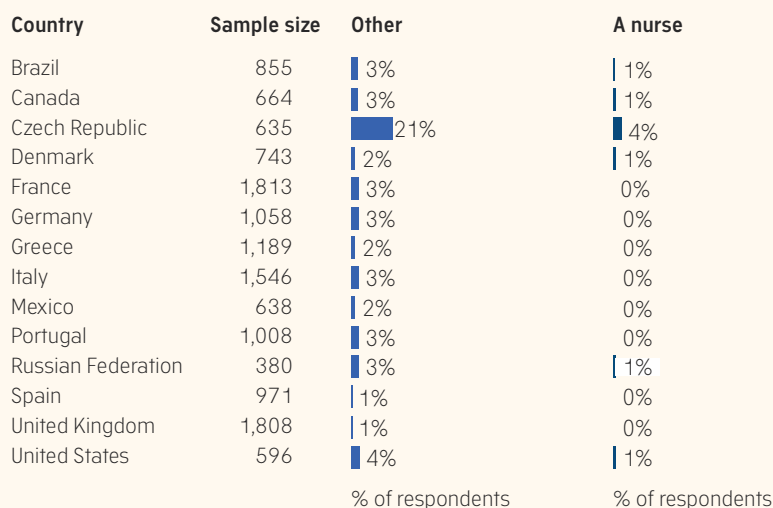
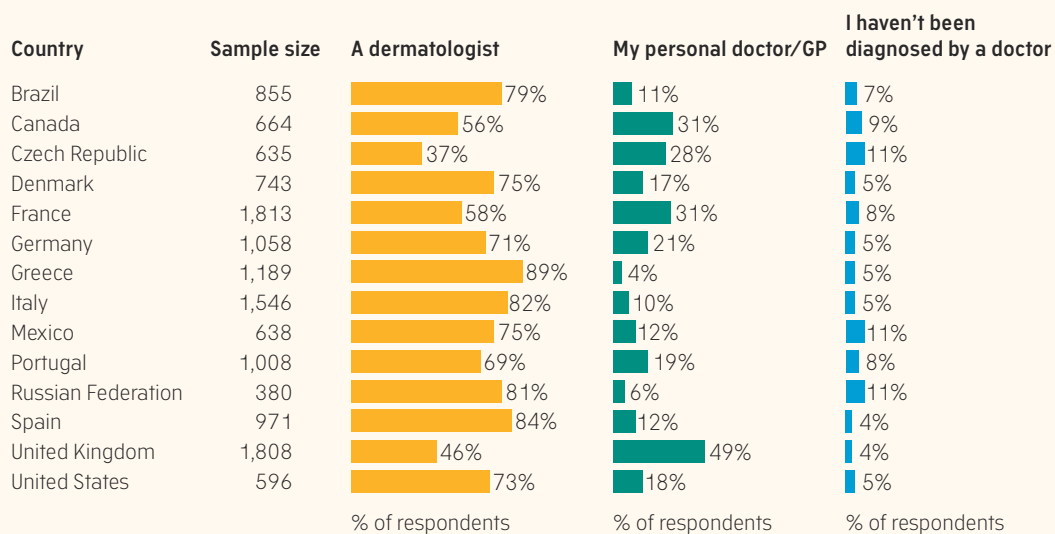


Figure C.5: Distribution of treatment type by country

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

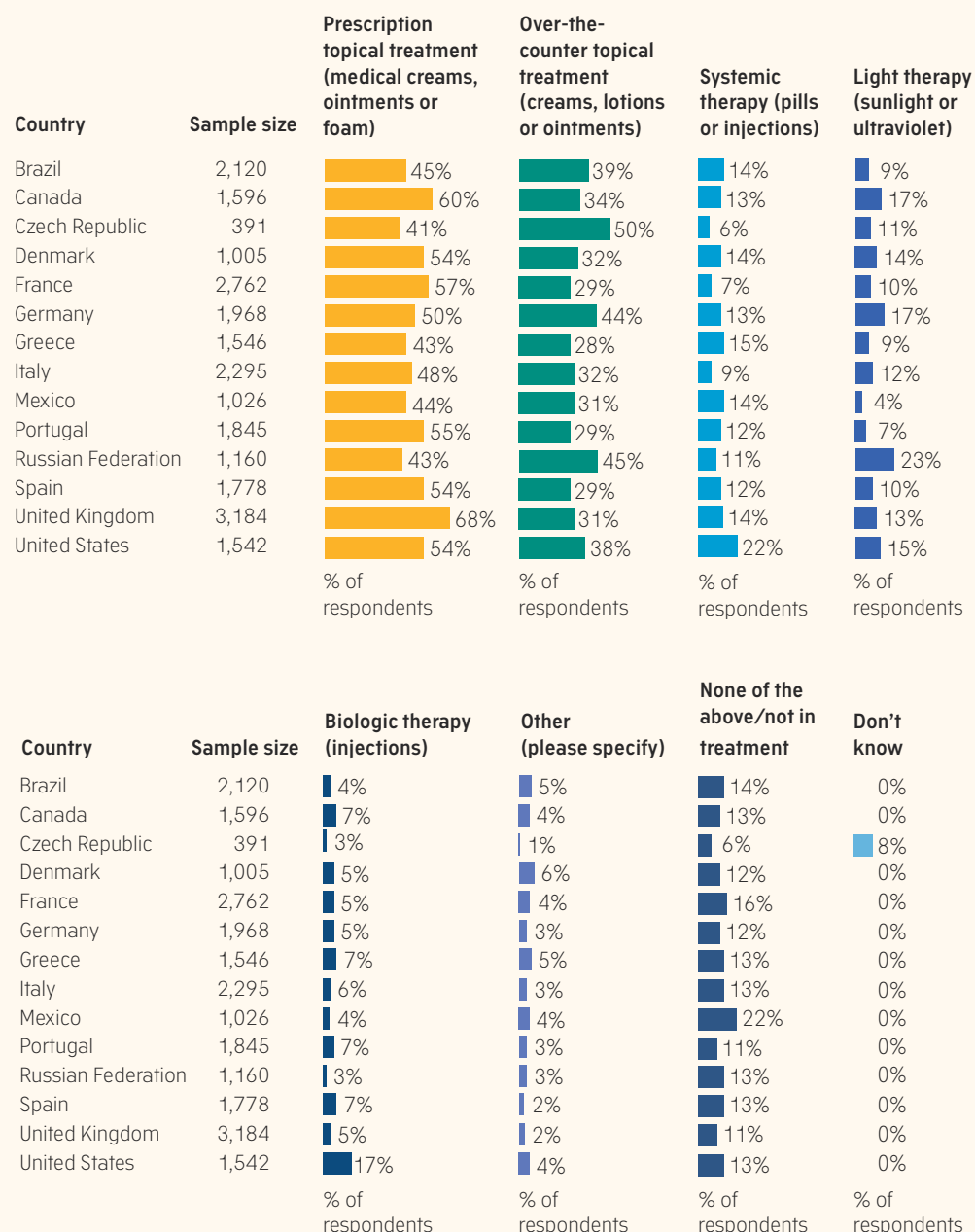


Figure C.6: Distribution of how people get and pay for their treatment

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

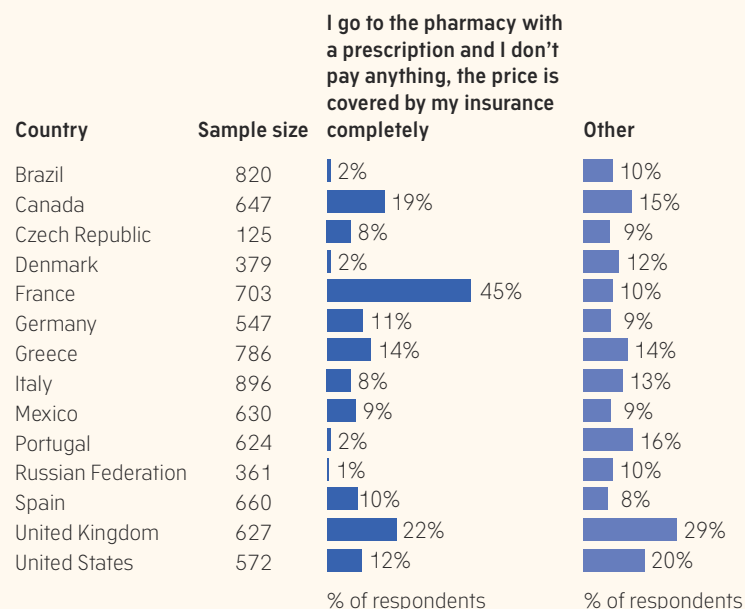
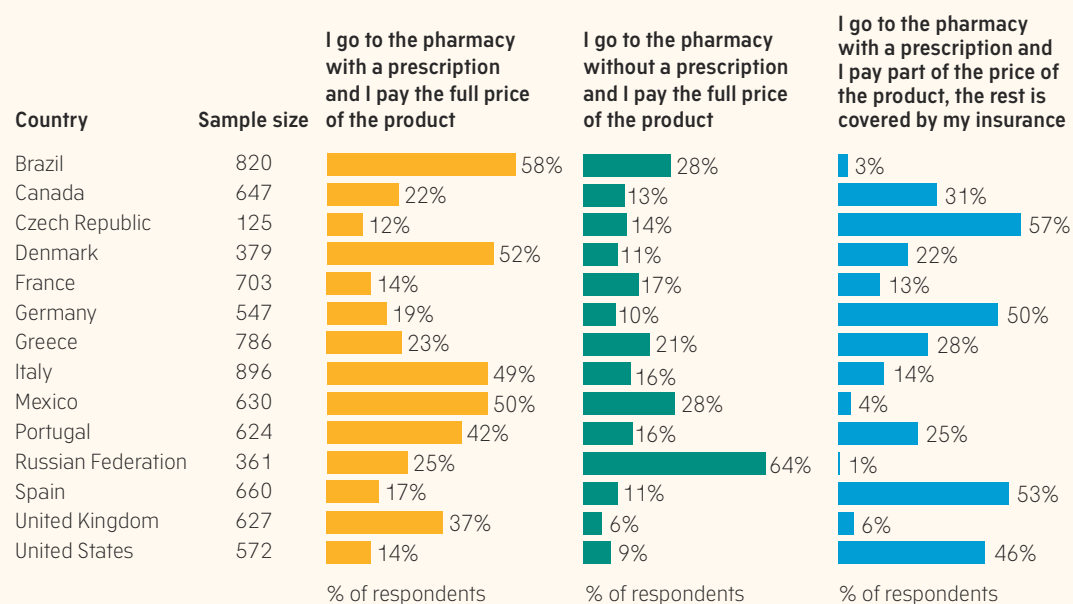
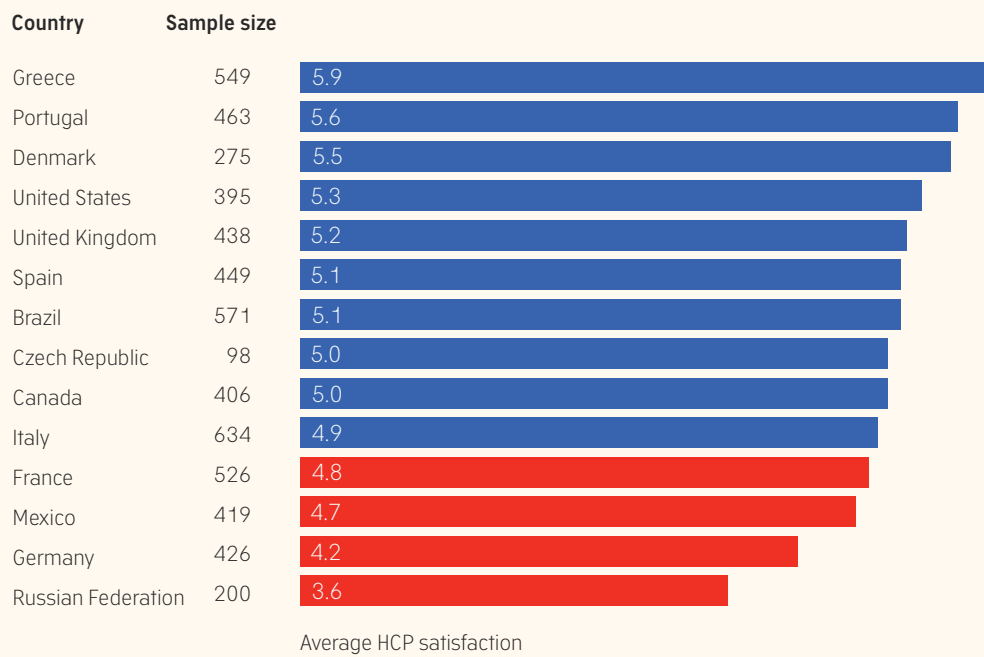


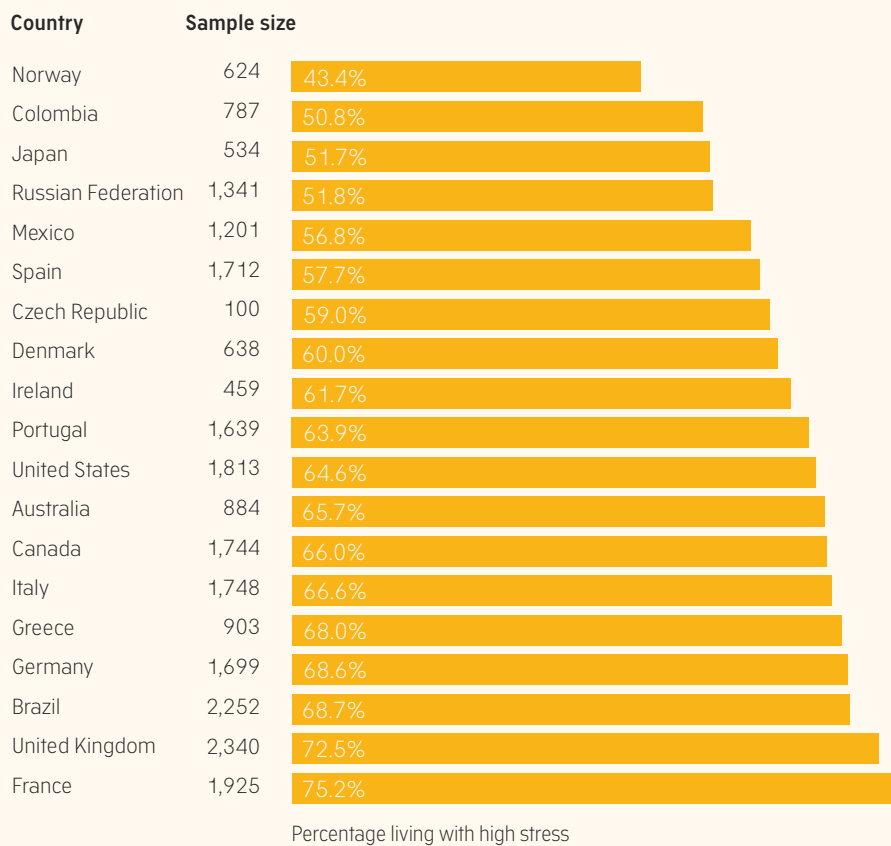
Figure C.7: Average levels of satisfaction with healthcare provider in relation to psoriasis by country, as measured on a scale from 0-10

“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

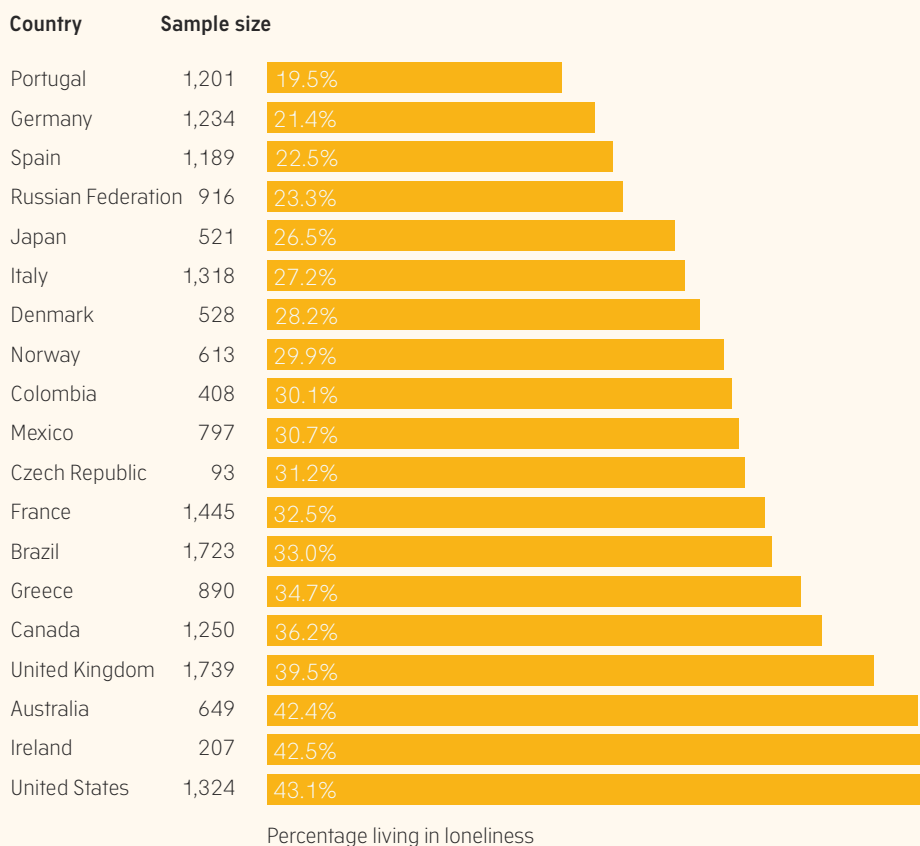
Figure D.1: Percentage of people living with high stress¹



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*.