

World
Psoriasis
Happiness
Report 2018



Italy

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

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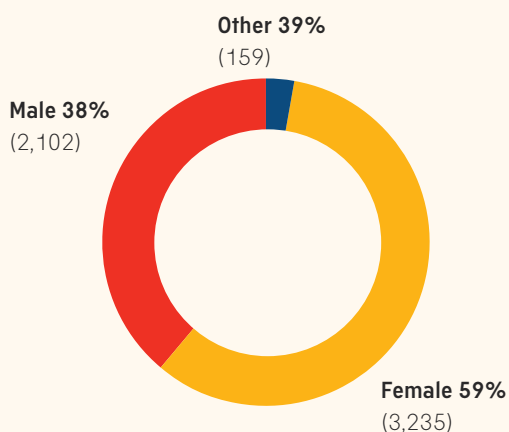
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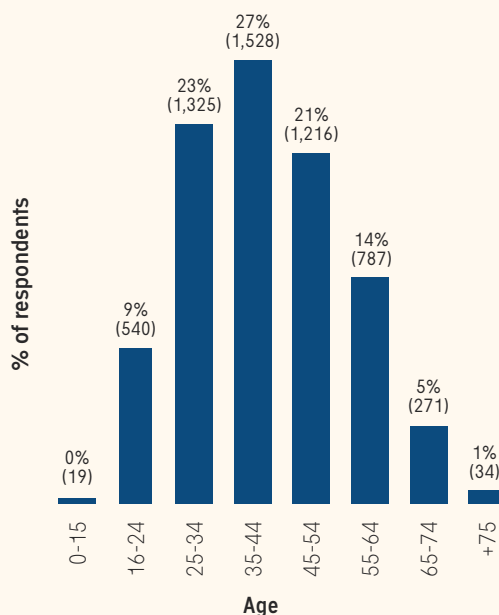
General Data & Happiness Results

General Data & Distributions. Total sample size: 5,528

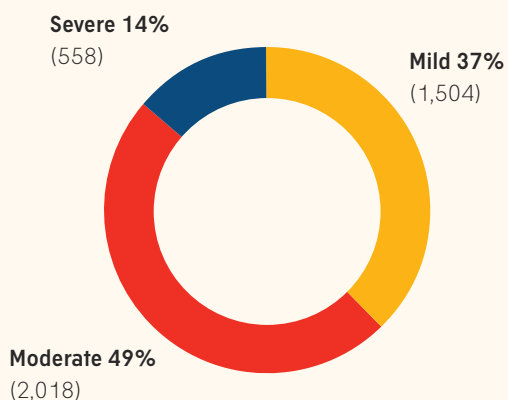
Gender distribution



Age distribution



Severity distribution



Severity distribution	Italy (N = 4,080)	Global (N = 54,438)
Mild	37%	37%
Moderate	49%	47%
Severe	14%	16%

In Italy, almost 1 in 2 respondents (49%) reported their psoriasis as moderate, while nearly 4 in 10 (37%) reported it as mild. More than 1 in 10 (14%) deem it

severe¹. Compared to the other countries in the analysis, the severity distribution in Italy is close to the global distribution (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: 5.4 Happiness ranking: 16th / 21

Happiness	Italy		Global	
	Happiness level	Happiness gap	Happiness level	Happiness gap
Overall	5.4	-8.9%	5.8	-11.1%
Gender				
- female	5.4	-10.3%	5.7	-14.1%
- male	5.6	-6.1%	6.1	-5.8%
Severity				
- mild	5.7	-4.6%	6.0	-6.1%
- moderate	5.4	-10.3%	5.6	-14.1%
- severe	4.3	-28.5%	4.6	-30.6%

The average happiness level of 5.4 places Italy as 16th in the happiness ranking of the 21 countries in the analysis. With a happiness gap of -9%, Italy lands somewhere in the middle to the better half of countries in this regard (see Fig. A.3 in the Appendix).

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

- Women with psoriasis are less happy than their male counterparts (5.4 vs. 5.6), which is the same pattern seen in most of the other countries and on a global scale.
- The happiness level drops significantly with the severity of people's psoriasis: people with self-perceived severe psoriasis are significantly less happy and experience larger happiness gaps. Once again, this is in line with the results from other countries and the global picture. The drop in Italy between moderate

and severe psoriasis, in terms of the happiness level, is much larger than globally, suggesting living with self-perceived severe psoriasis has a big impact on well-being.

Stress & Loneliness

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

High stress: 66.6%

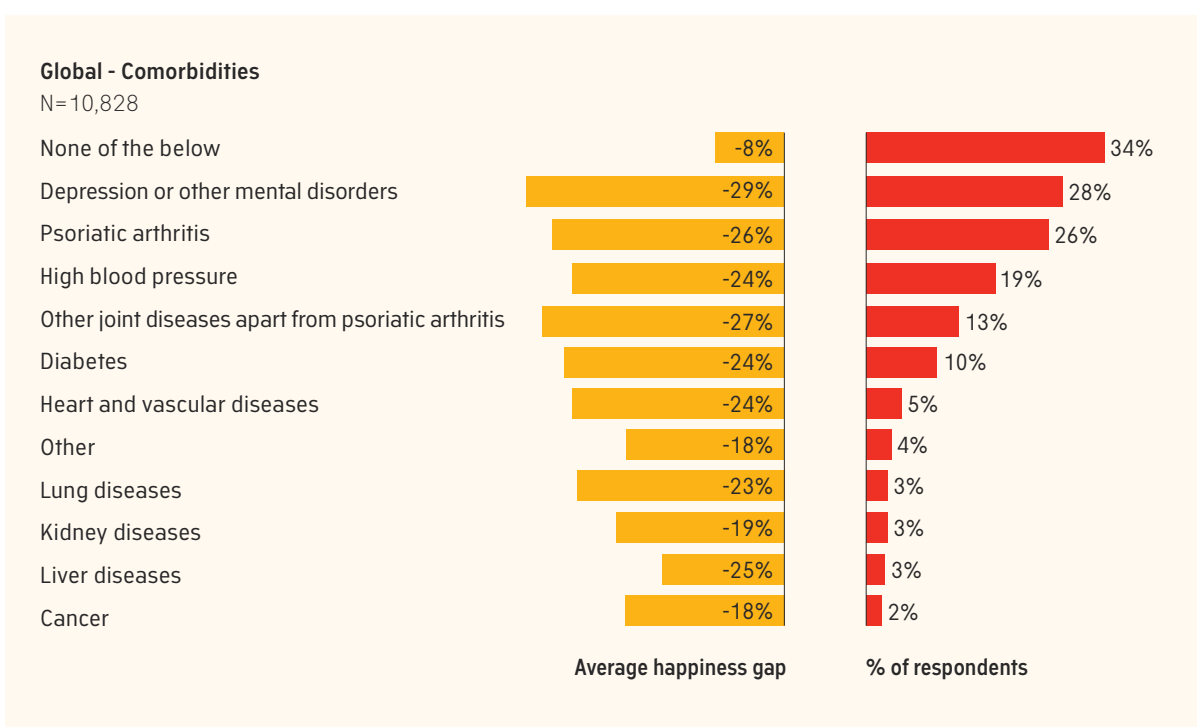
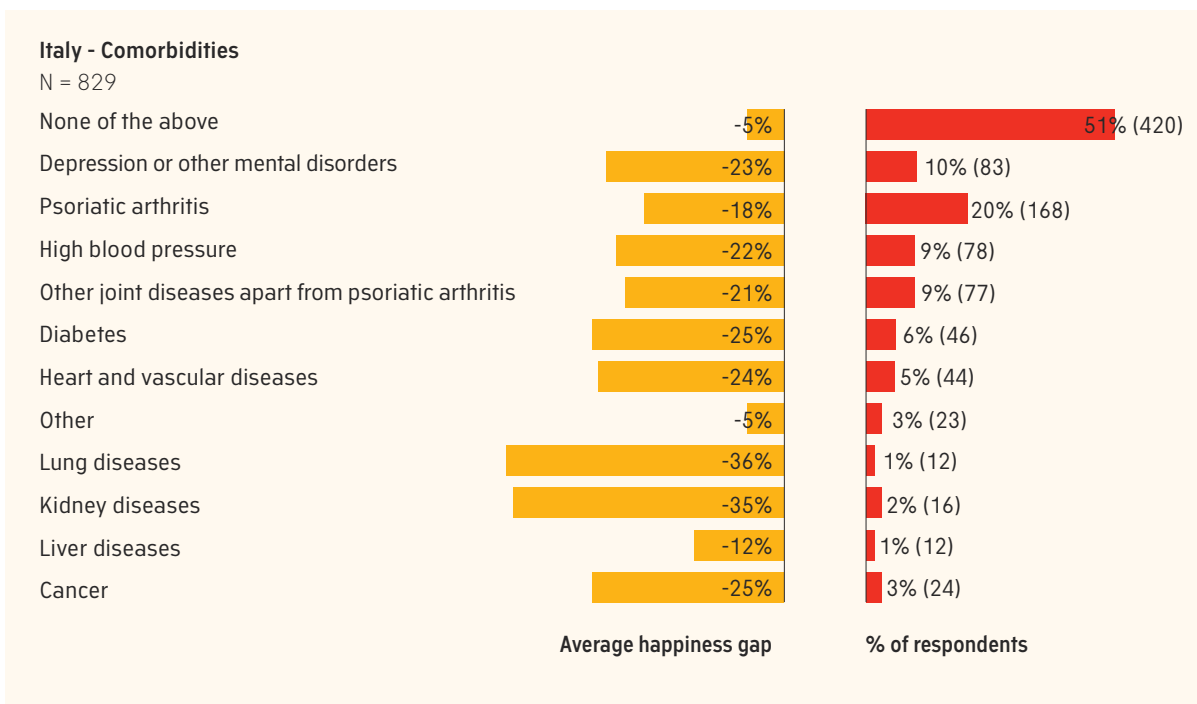
Loneliness: 27.2%

A third (67%) of those living with self-perceived psoriasis in Italy experience high stress. Compared to other countries, this places Italy in the worse end of the spectrum in this regard. Moreover, 27% of the respondents are affected by loneliness.

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

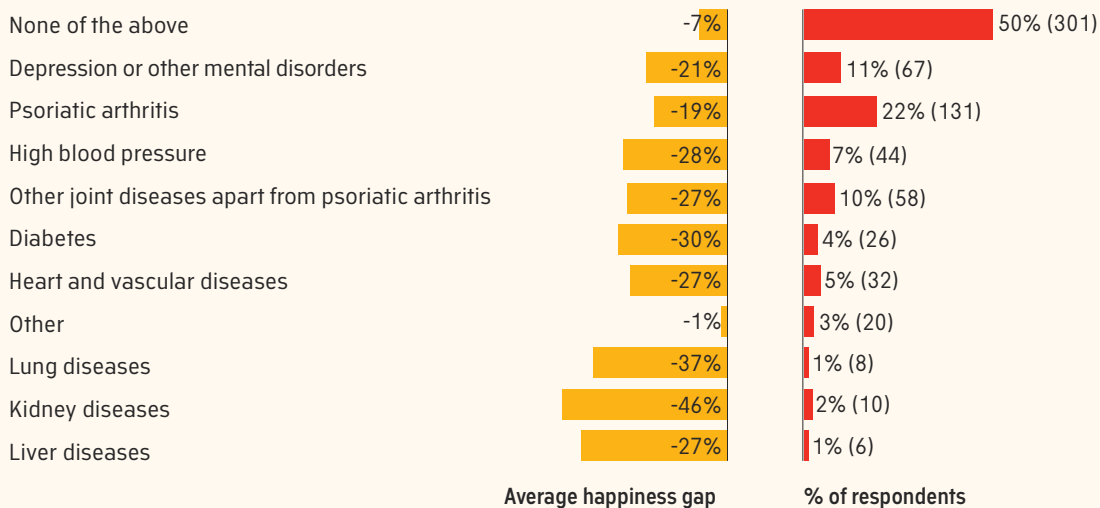
Psoriasis and Comorbidities

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.



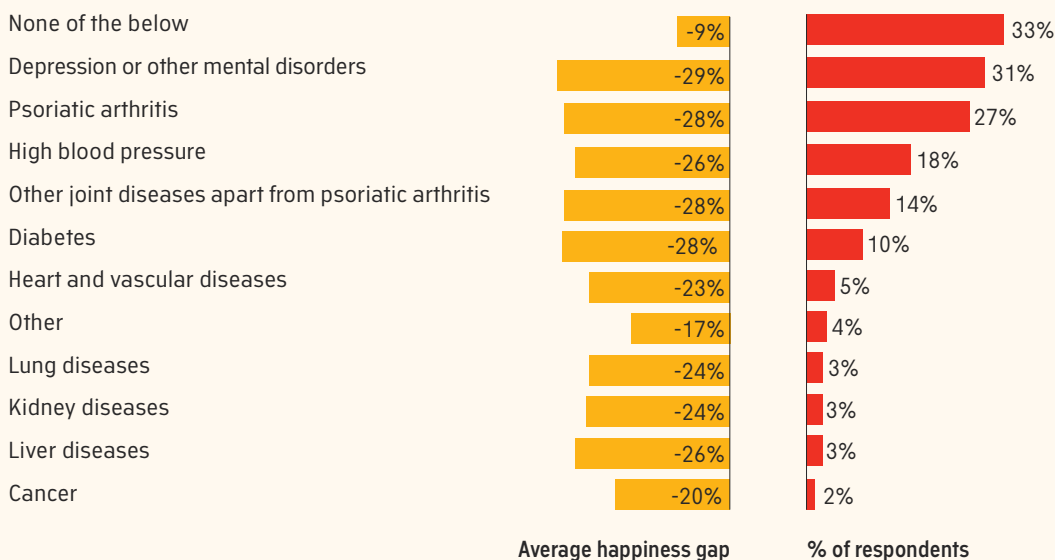
Italy - Comorbidities by gender - Female

N = 603



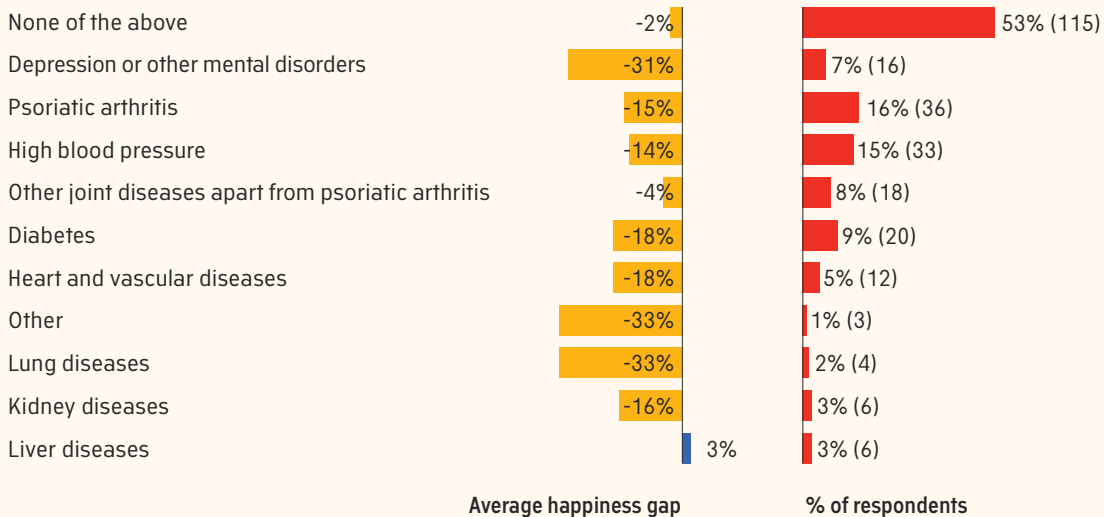
Global - Comorbidities by gender - Female

N = 8,398



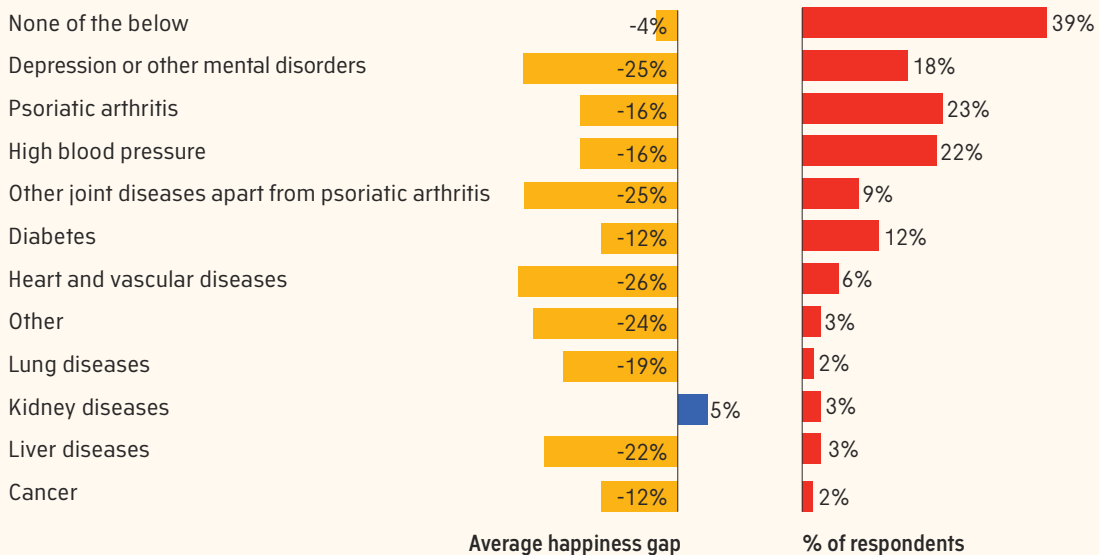
Italy - Comorbidities by gender - Male

N = 219

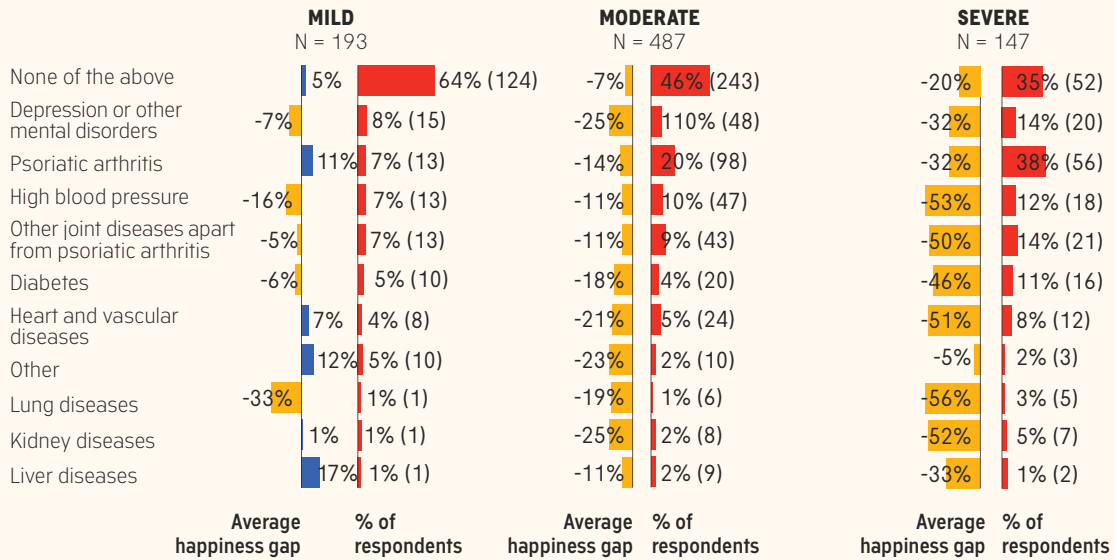


Global - Comorbidities by gender - Male

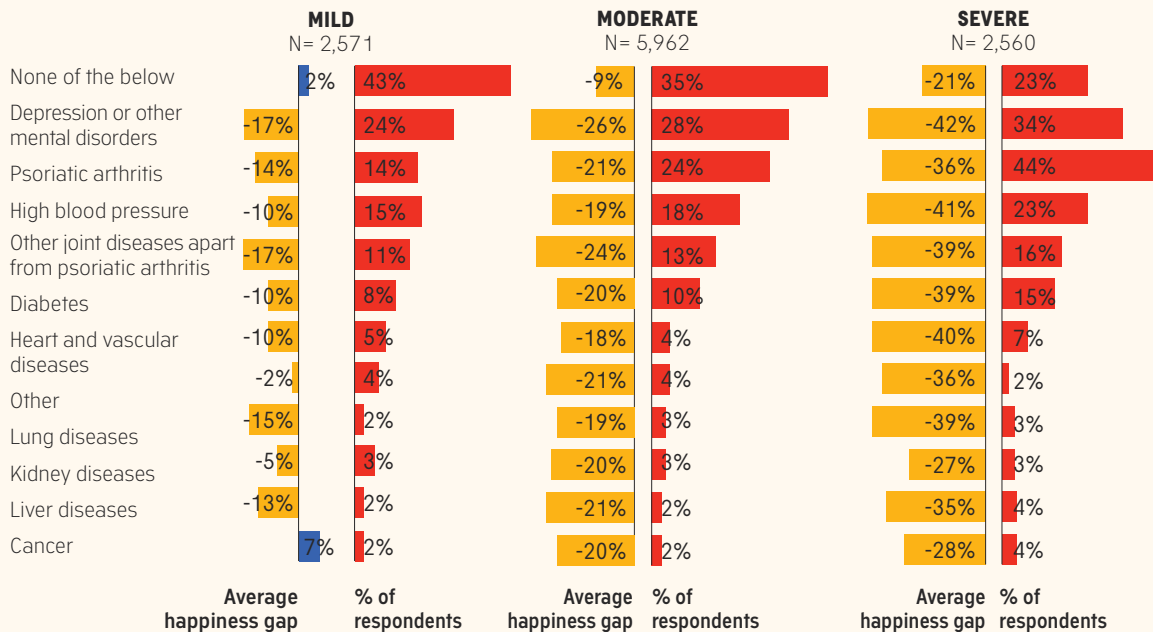
N = 2,369



Italy - Comorbidities by severity



Global - Comorbidities by severity



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

- Around half (51%) of the surveyed people in Italy don't experience any of the listed comorbidities (meaning that 49% do). For comparison, 34% across all surveys countries report no comorbidities.
- Like almost all other countries, the most common comorbidities are depression or other mental disorders, psoriatic arthritis, high blood pressure, and other joint diseases. However, while 20% in Italy reported psoriatic arthritis (almost the same as globally), far fewer people than in other countries reported depression or other mental disorders (10% in Italy vs. 25% globally).
- Most of the listed comorbidities are also related to very large happiness gaps, at around -25%. (Though fewer people are affected, which also decreases the significance of the result, lung diseases and kidney diseases are related to even larger happiness gaps.)³

By gender, we see that:

- While psoriatic arthritis is still the most common comorbidity for both genders, more women than men suffer from it (22% vs. 16%). On the other hand, more men than women suffer from high blood pressure (15% vs. 7%).

- For most of the common comorbidities, women generally experience larger happiness gaps than men.

By severity, we see that:

- As seen in the other countries, the happiness gaps increase with the self-perceived severity (although no claim of causality can be made).
- A larger percentage of those with self-reported moderate and severe psoriasis experienced comorbidities. 64% of those with self-reported mild psoriasis said that they didn't have any of the listed comorbidities, meaning that 36% did. This is significantly lower than the 50% of those with self-perceived moderate psoriasis and 65% of those with self-perceived severe psoriasis who experience comorbidities.
- In Italy, similarly to the global trend, the prevalence of psoriatic arthritis increases with the self-declared severity of psoriasis, with those with self-perceived severe psoriasis reporting the highest percentages.

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

Total cost on society	
Overall	\$3,211m
Per 100,000 people in employment	\$14.5m
As % of GDP	0.13%

For reference, the general results for all countries from the World Psoriasis Happiness Report 2018 are shown in Table B.6 in the Appendix. Italy's productivity loss is roughly in the middle of the spectrum (as % of the GDP).

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	Italy	Global
Average productivity		
- Because of psoriasis	45.0 (265)	53.2 (2,721)
- Because of other health issues	61.8 (253)	62.9 (2,633)
Percentage of people reporting less than 50% productivity		
- Because of psoriasis	65% (171)	51% (1,521)
- Because of other health issues	43% (110)	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 Italy work with lower productivity than globally when they should have stayed at home because of psoriasis, while there is hardly any difference when it comes to lost productivity because of other health issues. As it can also be seen from Fig. B.1 and B.2 in the Appendix, Italy is the country with the third lowest productivity level when it comes to psoriasis and is also in the bottom half when it comes to other health issues.

In the same vein as above, almost two thirds (65%) in Italy work at 50% productivity or less when they should have stayed home because of their psoriasis. For other health issues, there is again hardly any difference. However, Italy still lands in the worst half of countries in this regard (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.

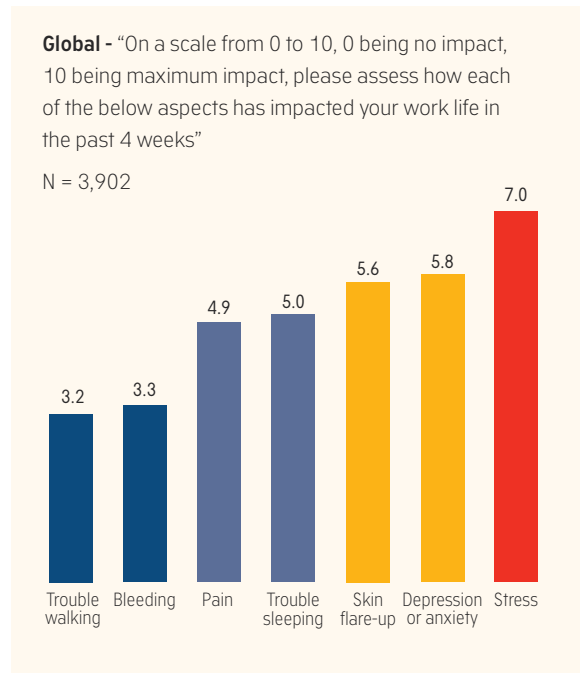
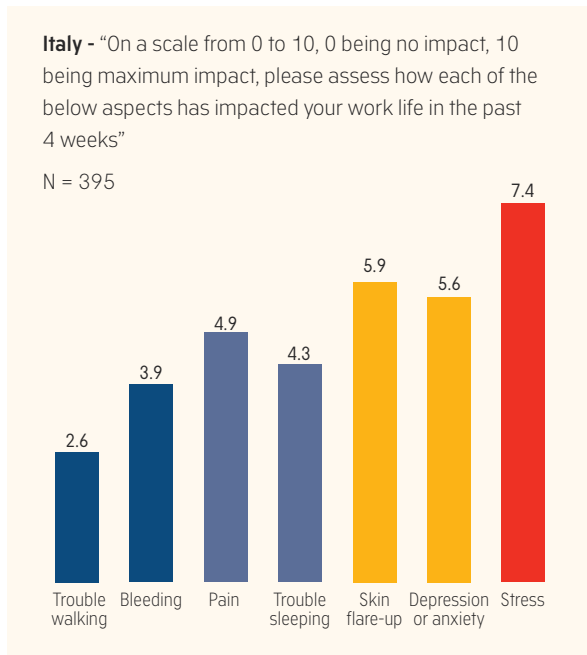
Work and social hours missed	Italy		Global	
	Because of psoriasis	Because of other health issues	Because of psoriasis	Because of other health issues
Work hours missed	N = 205	N = 290	N = 2,998	N = 2,945
5+ hours	20%	21%	24%	26%
10+ hours	11%	13%	17%	17%
20+ hours	5%	9%	10%	10%
Social hours missed	N = 547	N = 543	N = 5,387	N = 5,339
5+ hours	25%	28%	35%	33%
10+ hours	19%	20%	26%	22%
20+ hours	12%	12%	18%	14%

In Italy, people miss slightly fewer work and social hours than globally because of both psoriasis as well as other health issues. As it is also seen in the global picture, people in Italy generally seem to miss more social hours because of psoriasis and other health issues than they do

work hours. However, 1 in 5 (20%) miss more than 5 work hours in a 4-week period and more than 10 social hours because of psoriasis.

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 Italy are stress, depression or anxiety, and skin flare-ups. This is in line with the global picture and 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 especially stress and skin flare-ups is larger for people in Italy than other countries. Italy is, in fact, one of the countries with the greatest impact when it comes to these two aspects.

Support at Work

In this part we analyse people's opinion on various aspects related to work and their psoriasis.

% who 'Disagree' or 'Strongly disagree'	Italy			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"	54% (216)	55% (159)	52% (56)	60% (2,336)	60% (1,811)	58% (515)
"My manager understands the impact psoriasis has on me and my work performance"	44% (179)	46% (135)	41% (44)	51% (1,939)	53% (1,530)	48% (404)
"My work colleagues know about my psoriasis and I get their support when needed"	30% (119)	30% (88)	30% (31)	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"	26% (104)	27% (77)	26% (27)	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 Italy are generally less dissatisfied with the support they receive at work on both company/manager, and colleague/co-worker level. This goes for both men and women. Also, while there are hardly any gender differences in Italy (and globally for that matter), women seem to be slightly more dissatisfied than men in regards to e.g. understanding from managers.

Still, it's worth noting that:

- More than half (54%) don't think their company has systems in place to help them manage their psoriasis.
- More than 2 in 5 (44%) don't think their manager understands their condition and its impact. 3 in 10 (30%) don't think they get support or understanding from their colleagues.

- More than a quarter (26%) don't have a close co-worker 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.

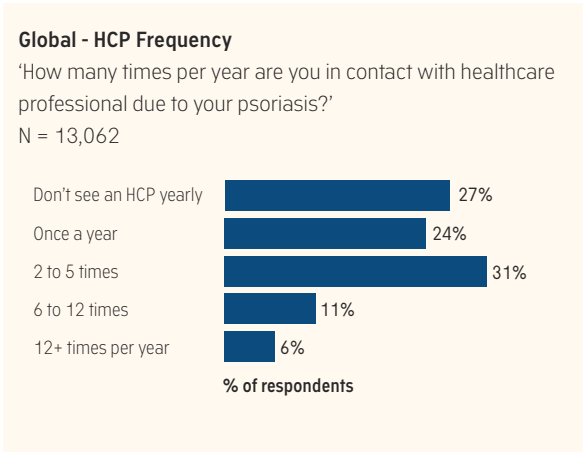
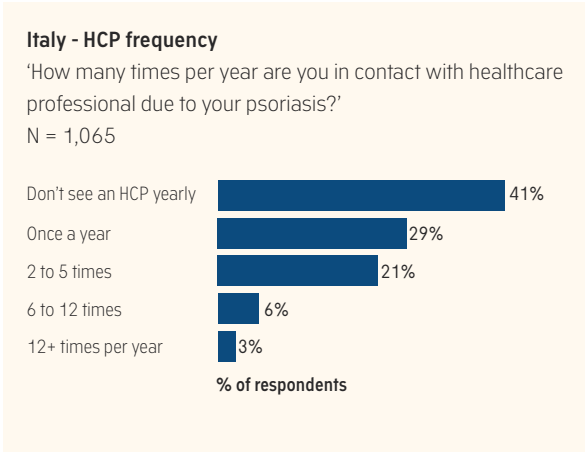
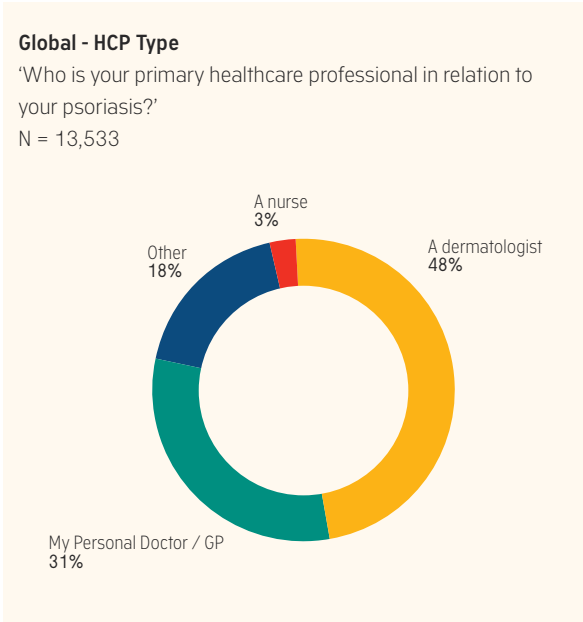
Healthcare Professionals



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.

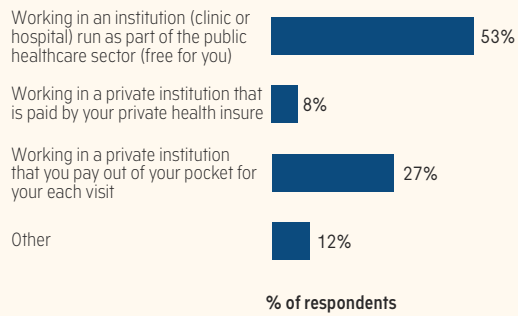
Healthcare Professional Type & Frequency of Visits

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 Italy and the global case.

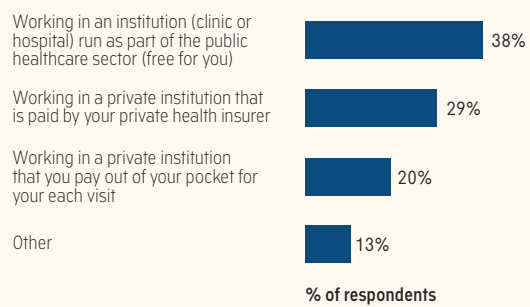


Italy - HCP institution

'Is your primary healthcare professional for your psoriasis:'
N = 623

**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:

- Roughly half (49%) of the people in Italy have a dermatologist as the main healthcare professional in relation to their psoriasis and a third (34%) have a personal doctor, making Italy very similar to the global case (see also Fig. C.1 in the Appendix).
- In regards to frequency of visits, more than 2 in 5 (41%) of people in Italy don't see their healthcare professional yearly. This is more than for many other countries, and Italy

is, in fact, also one of the two countries with the highest number of people not seeing their healthcare professional on a yearly basis (see also Fig. C.2 in the Appendix).

- More than half (53%) of those surveyed in Italy are going to a clinic or hospital run as part of the public healthcare sector so they don't pay for the consultation. 27% said they are going to a private institution and paying out of one's own pocket for each visit.

Diagnosis & Type of Treatment

As seen in the table below, by far the most people (82%) in Italy have had their psoriasis diagnosed by a dermatologist - a proportion higher than the global averages and those in many other countries (see also Fig. C.4 in the Appendix).

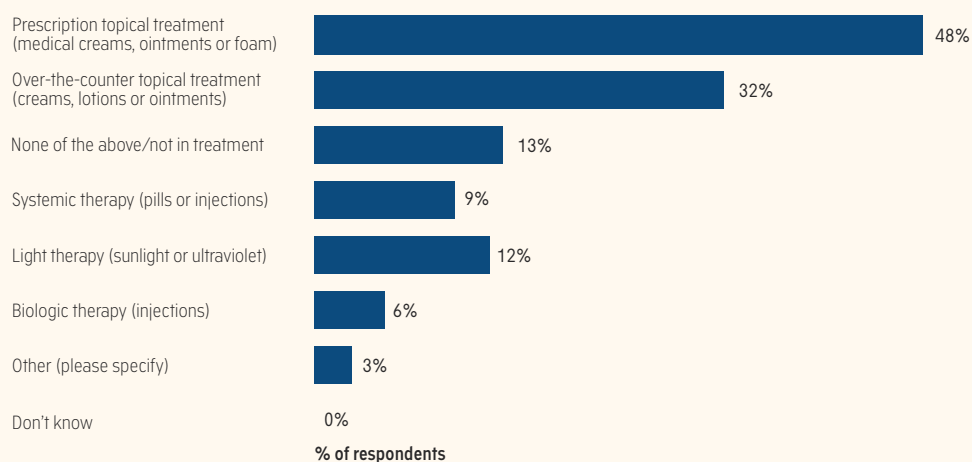
Was your psoriasis diagnosis by..	Italy (N = 1,546)	Global (N = 14,184)
Dermatologist	82%	69%
Personal doctor / GP	10%	21%
Haven't been diagnosed by a doctor	5%	6%
Nurse	0%	1%
Other	3%	3%

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

Italy - Treatment type

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

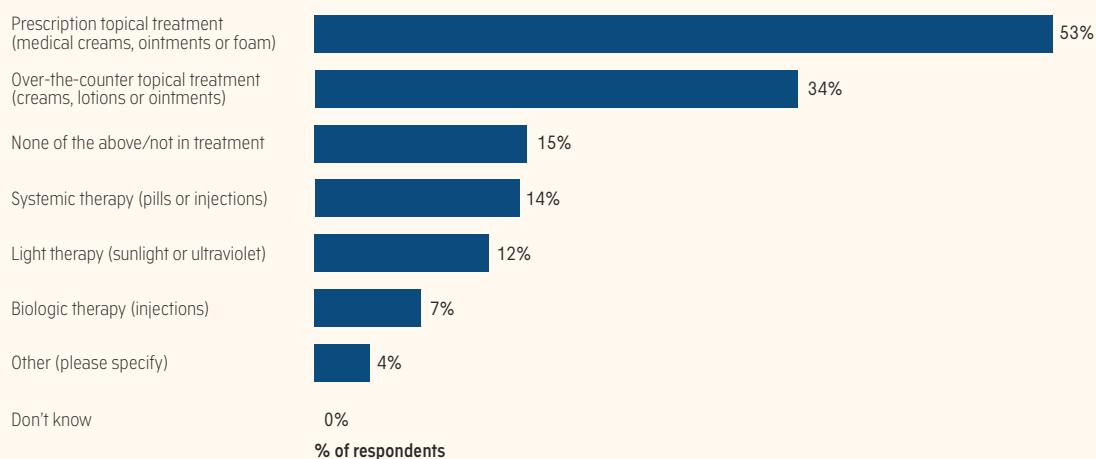
N = 2,762



Global - Treatment type

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

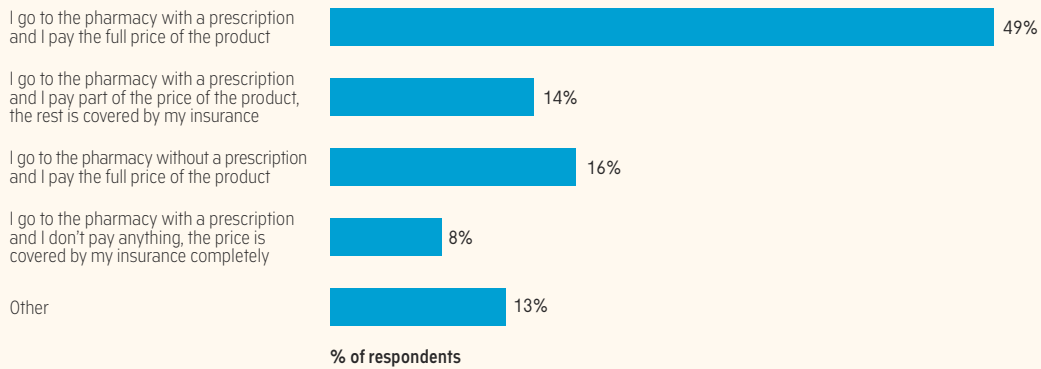
N = 36,574



Italy

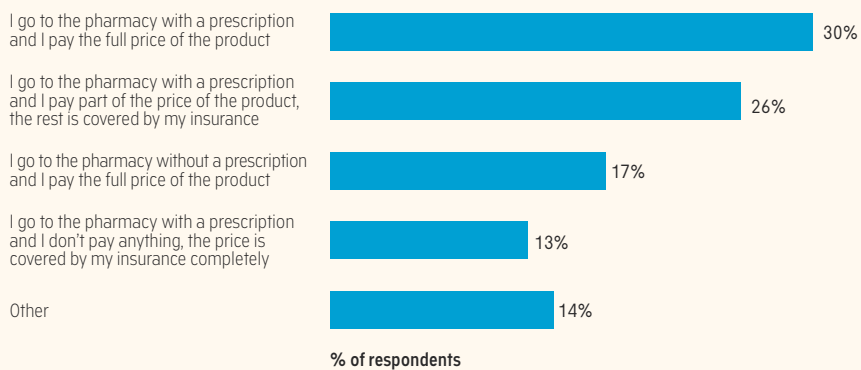
"When getting your treatment, which of the statements below best fits your situation?"

N = 896

**Global**

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

N = 8,388



The most common treatment type in Italy is prescription topicals, used by 48%. Next are over-the-counter topicals, used by roughly a third (32%). This is similar to the global picture, except that slightly fewer people in Italy use prescription topicals. (See also Fig. C.5 in the Appendix for a country-by-country comparison).

As for getting their treatment, almost half (49%) of the people in Italy go to the pharmacy with a prescription and pay the full price of the product. As seen in Fig. C.6 in the Appendix, this places Italy in the group of countries with the largest proportion of people living with self-perceived psoriasis doing this.

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?”	Italy	Global
Overall	4.86 (634)	4.97 (5,853)
Gender		
- Female	4.81 (472)	4.95 (4,604)
- Male	4.98 (156)	5.02 (1,220)
Severity		
- Mild	5.07 (129)	5.23 (1,356)
- Moderate	4.72 (379)	4.80 (3,157)
- Severe	5.10 (120)	5.10 (1,314)

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

Overall, people in Italy report roughly the same satisfaction level as globally. Looking at Fig. C.7 in the Appendix, we also see that Italy is in the bottom half of countries in this regard. What also stands out in the table above is that men are more satisfied with their healthcare professionals than women. Finally, it's interesting to see how people 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’	Italy			Global		
	Overall	Women	Men	Overall	Women	Men
“The doctor gave me as much information as I wanted”	15% (95)	15% (71)	15% (23)	21% (2,813)	22% (968)	15% (188)
“The doctor recognised and responded to my emotional state”	23% (143)	25% (114)	18% (28)	30% (1,619)	32% (1,349)	23% (263)
“The doctor talked in terms I could understand”	11% (71)	11% (49)	14% (21)	15% (847)	14% (698)	11% (145)
“The doctor encouraged me to ask questions”	24% (147)	24% (112)	22% (34)	28% (1,612)	29% (1,333)	22% (273)
“The doctor involved me in decisions as much as I wanted”	24% (150)	26% (121)	18% (28)	25% (1,417)	26% (1,165)	20% (244)
“The doctor discussed next steps”	24% (147)	26% (119)	18% (27)	26% (1,482)	27% (1,228)	20% (246)
“The doctor spent the right amount of time with me”	24% (150)	27% (121)	19% (29)	25% (1,395)	26% (1,148)	19% (241)
“The doctor discussed about how my psoriasis affect my mental health and overall well-being”	38% (236)	43% (194)	27% (41)	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 Italy are generally less dissatisfied with aspects around the interaction with their healthcare professional compared to the global picture. For example, only 15% disagree that they got enough information and as little as 11% that the doctor talked in terms they could understand. Only in regards to involvement in decisions,

discussing next steps, and spending enough time are people in Italy as (dis)satisfied as seen globally. Finally, as in the global picture, women generally seem to be more dissatisfied than men in regards to healthcare professional interaction.

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'	Italy			Global		
	Overall	Women	Men	Overall	Women	Men
"My healthcare professionals are clear with the information about how to treat psoriasis"	40% (398)	41% (276)	38% (115)	40% (5,329)	41% (3,933)	36% (1,341)
"My healthcare professionals fully understand the impact psoriasis has on my mental well-being"	50% (489)	52% (351)	43% (131)	53% (7,055)	56% (5,311)	44% (1,683)
"I can get in touch with the healthcare professional when I'm in need"	46% (453)	50% (330)	40% (119)	36% (4,798)	37% (3,532)	34% (1,227)
"I have confidence in the abilities of my healthcare professionals to treat psoriasis"	45% (447)	46% (307)	44% (136)	42% (5,946)	44% (4,344)	39% (1,550)
"I always follow the advice of my healthcare professionals"	29% (289)	29% (194)	40% (90)	27% (3,692)	27% (2,611)	28% (1,035)
"I've been informed about all the different treatment options related to my condition"	51% (496)	55% (362)	43% (128)	55% (7,240)	57% (5,424)	50% (1,763)
"The system provides me with sufficient financial support in relation to my skin condition"	72% (704)	76% (507)	63% (188)	67% (8,865)	69% (6,535)	63% (2,267)
"There is sufficient public awareness regarding my disease"	73% (700)	77% (508)	63% (183)	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 relating to the relationship with their healthcare professionals, people in Italy are not nearly as satisfied as we saw before for the statements around healthcare professional interaction. Here, their dissatisfaction is very much on par with the global picture, and in some cases even larger. For instance, almost half (46%) of the respondents in Italy don't think

they can get in touch with their healthcare professionals when in need. Also, almost 3 in 4 (72%) don't think the system provides them with sufficient financial support in relation to their psoriasis. As seen globally, a lot of people (73%) in Italy also don't think there is sufficient public awareness about psoriasis.

Appendix

General Results & Happiness

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

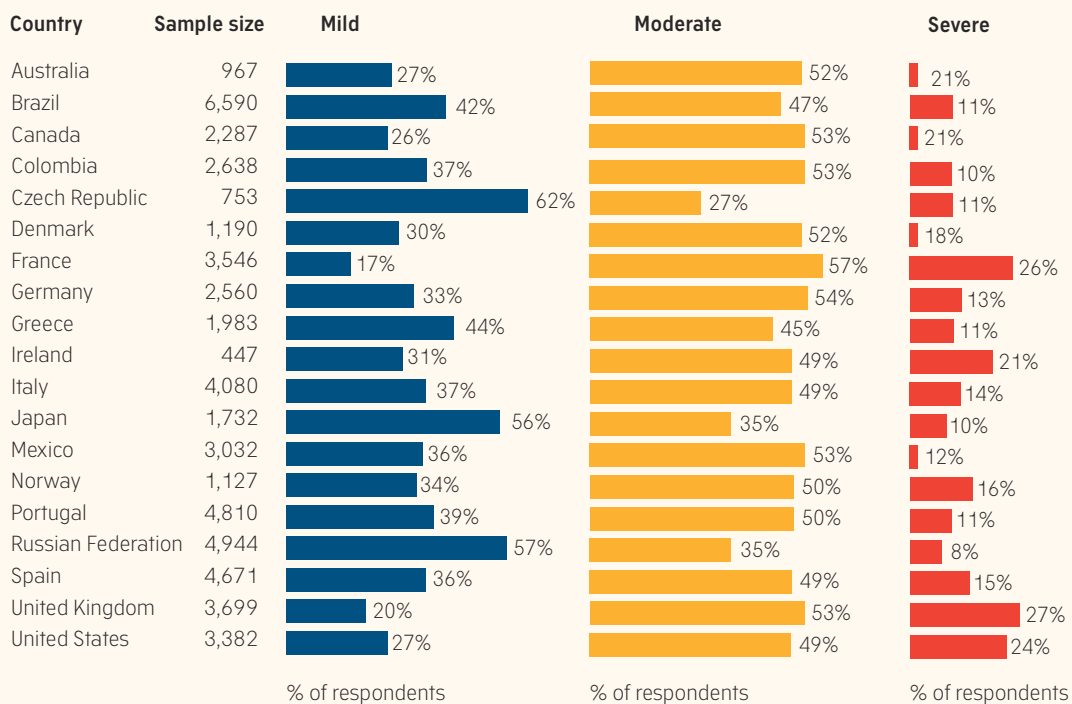
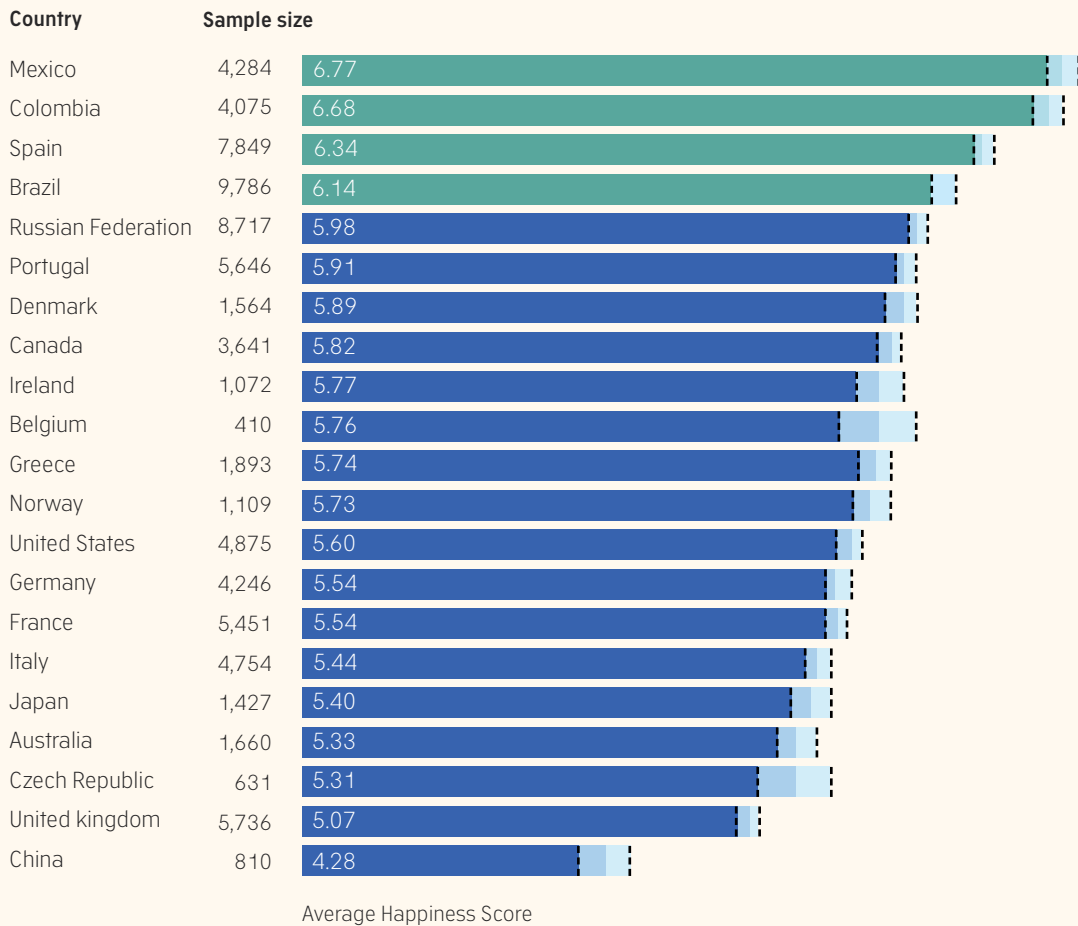
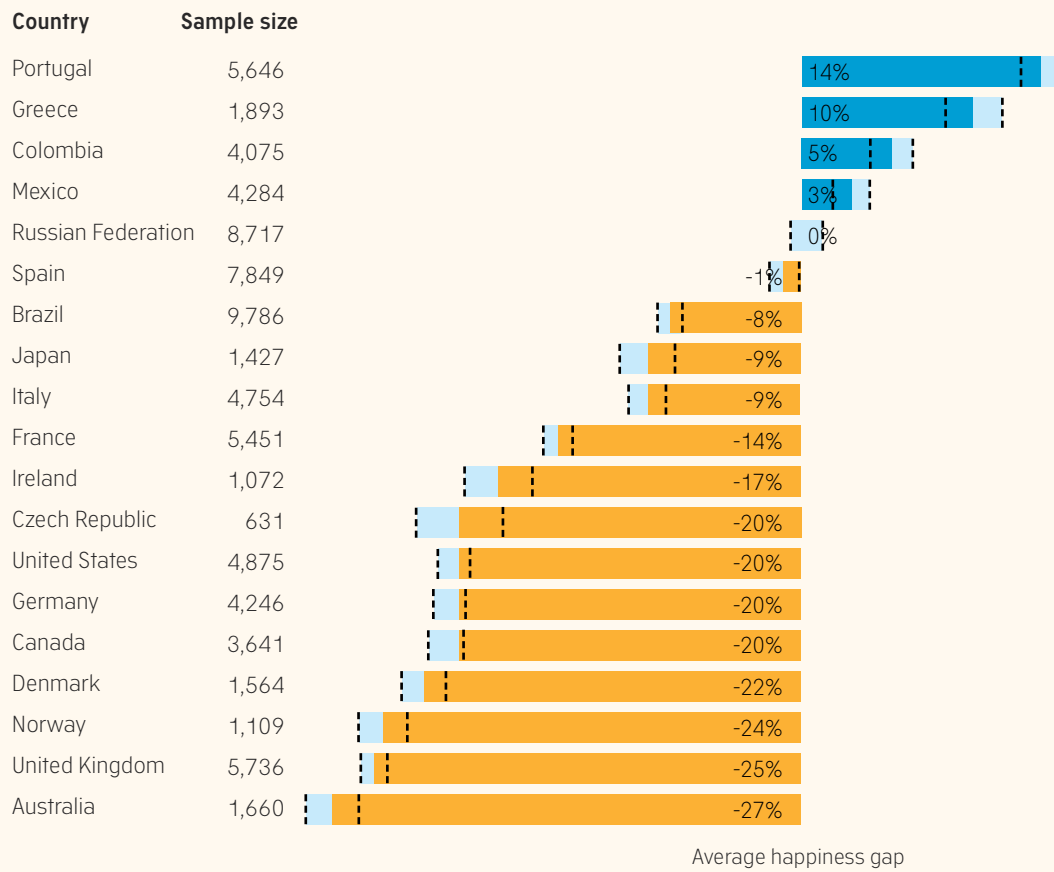


Figure A.2: Country ranking: Psoriasis happiness levels per country
(With 95% confidence interval bands)



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.

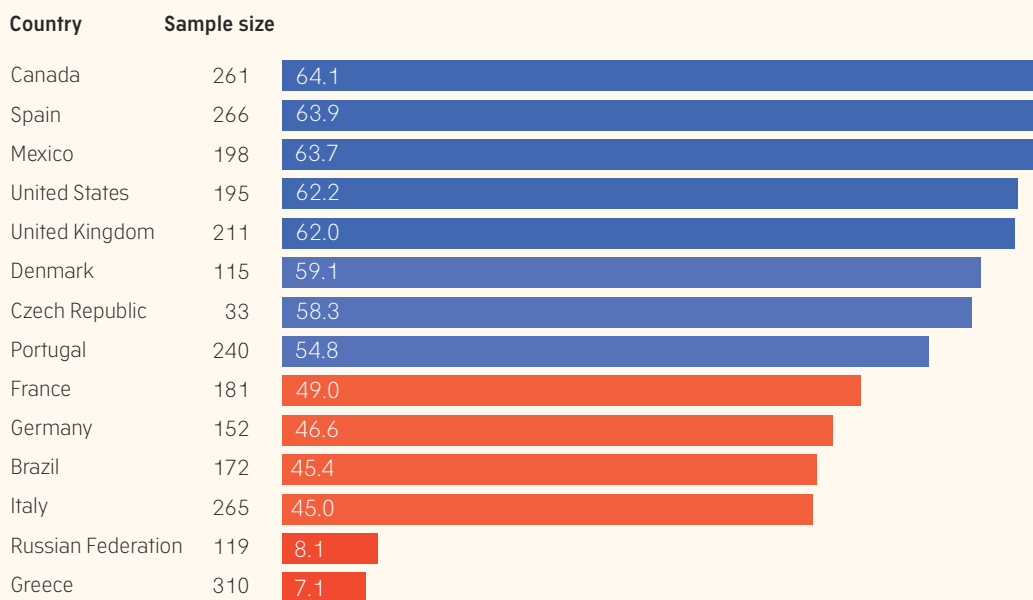
Figure A.3: Average happiness gap by country
(With 95% confidence interval bands)



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

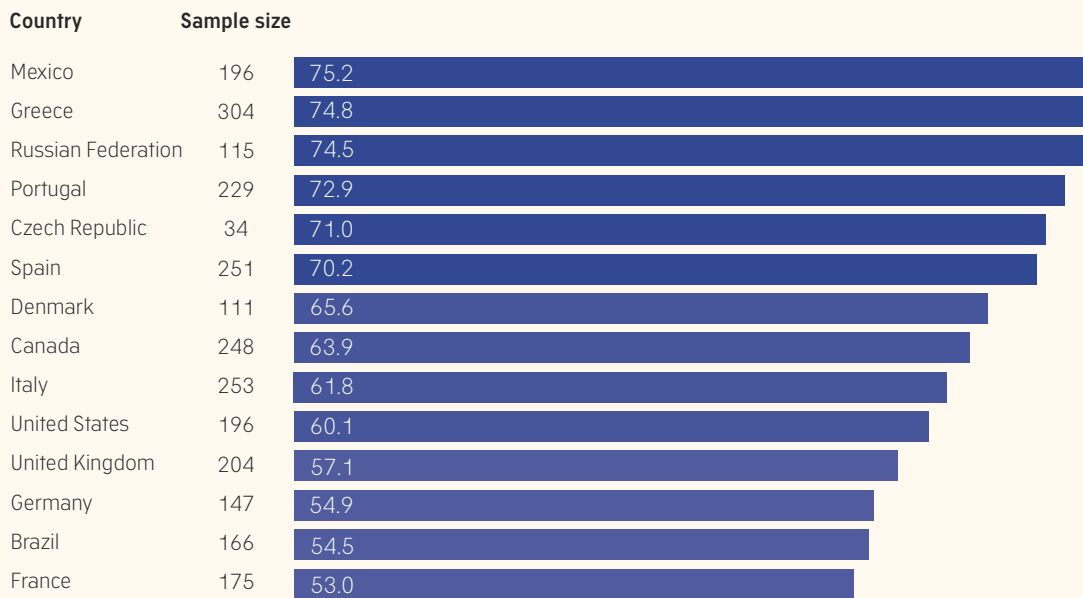
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being totally productive.”



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

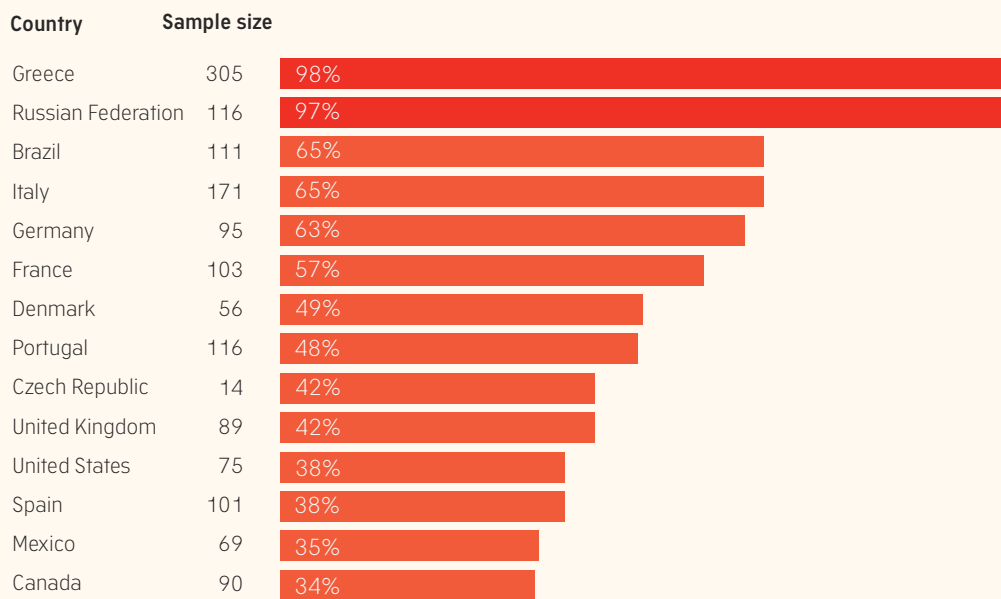
“Using the same scale, how affected was your productivity at work while you felt you should have stayed home because of other health issues? 0 means not at all productive, 100 means totally productive.”



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

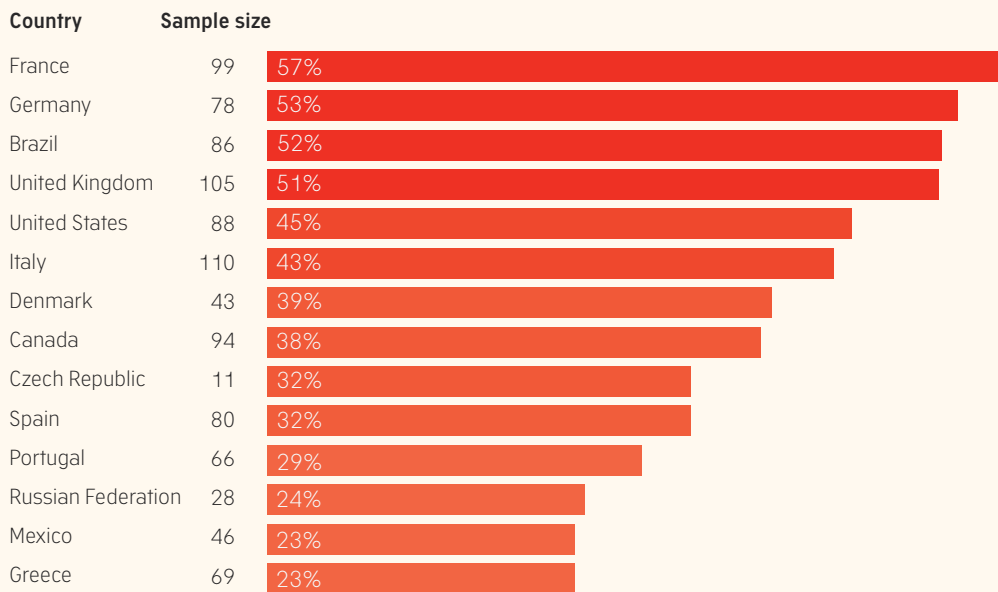
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being tptally productive.”



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”

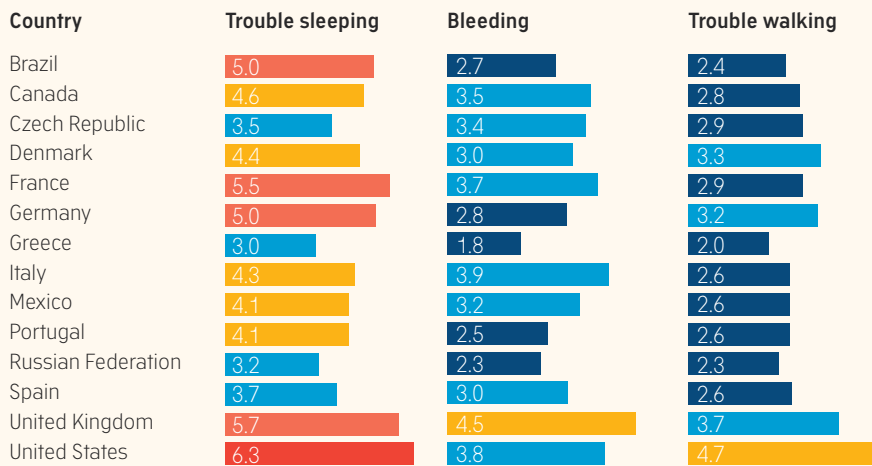
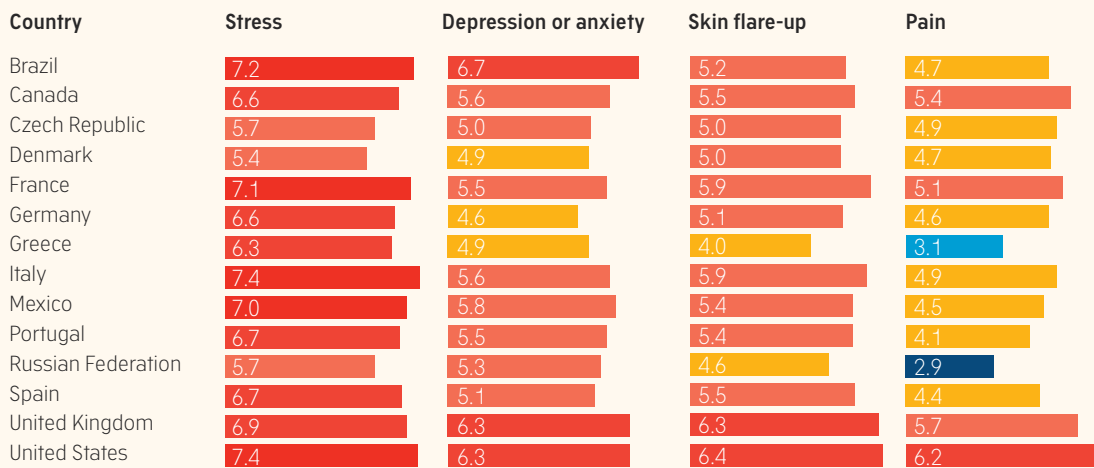


Table B.6: Estimated cost to society from lost productivity (adjusted for purchase) power parity):

	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%

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?”

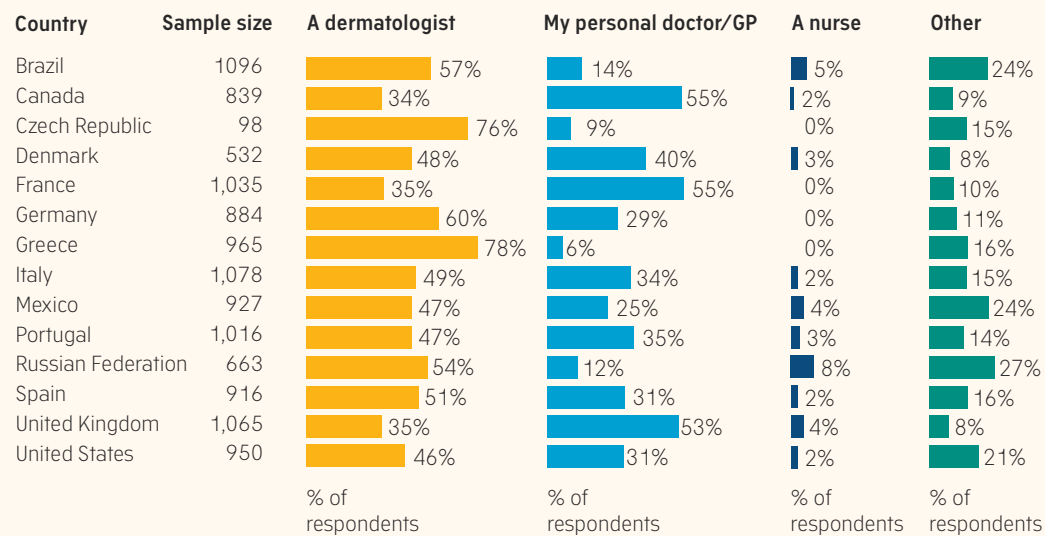


Figure C.2: Frequency of visits to healthcare professional for psoriasis by country

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

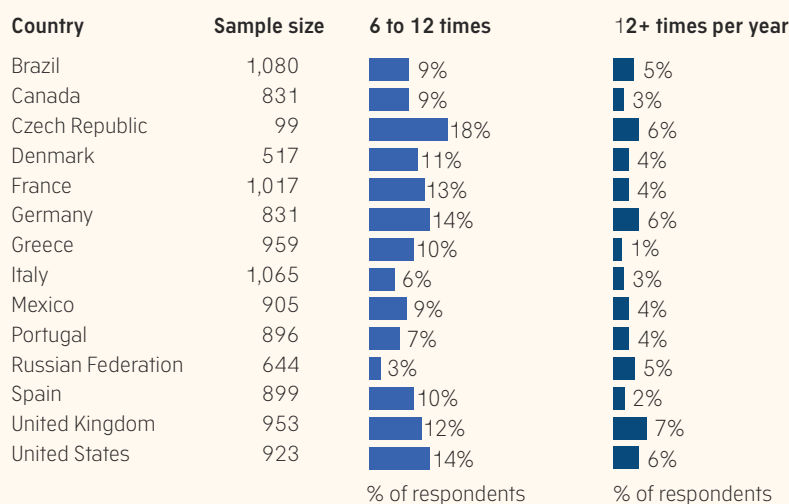
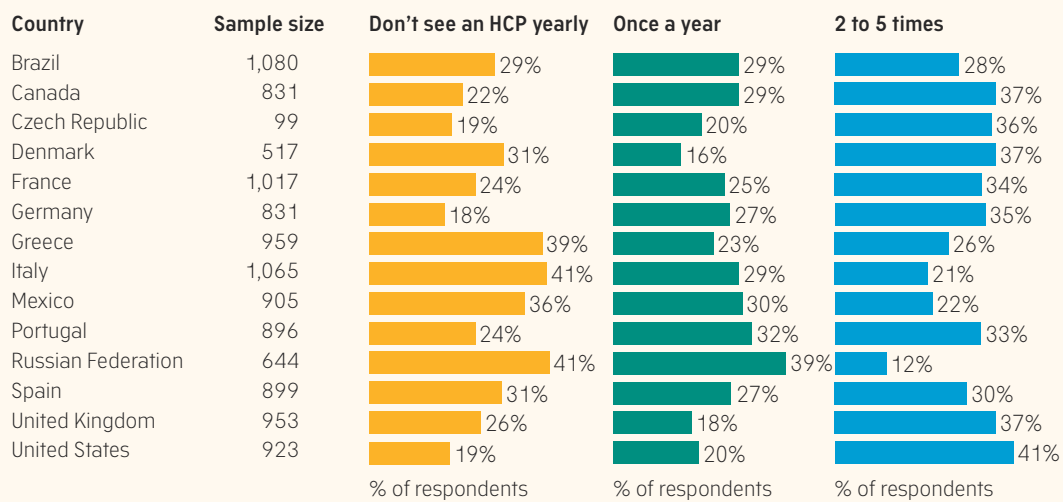


Figure C.3: Healthcare Professional institution by country

“Is your primary healthcare professional for your psoriasis?”

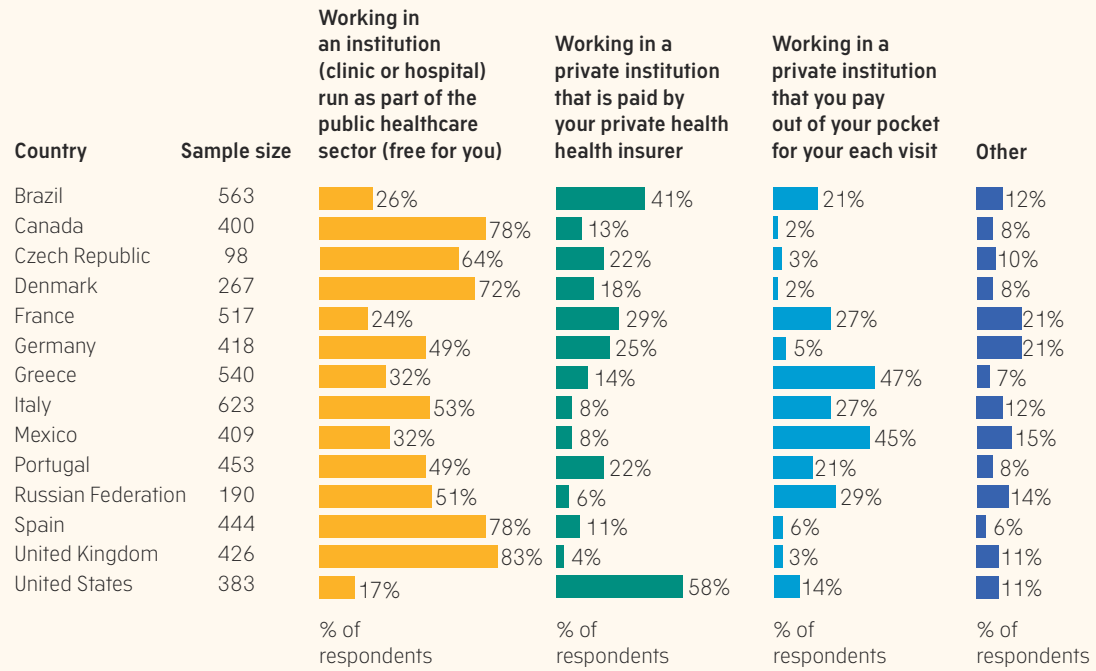


Figure C.4: Distribution of who has diagnosed their psoriasis (please note this report is based on self-reported psoriasis)

“Has your psoriasis been diagnosed by:”

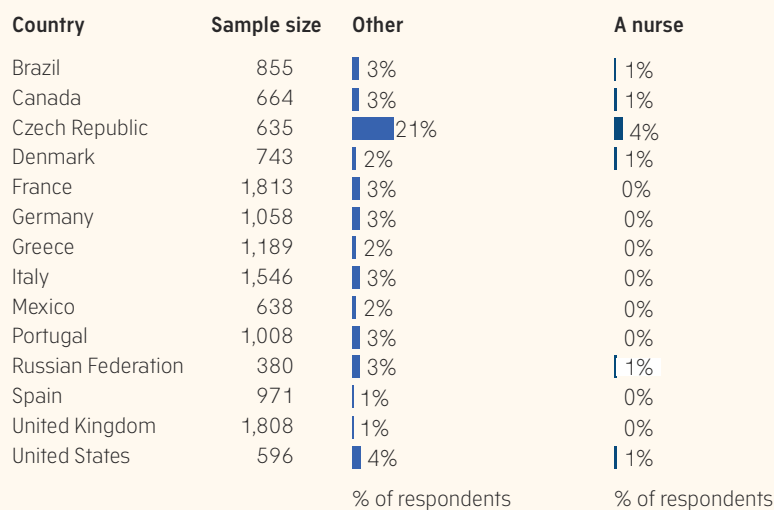
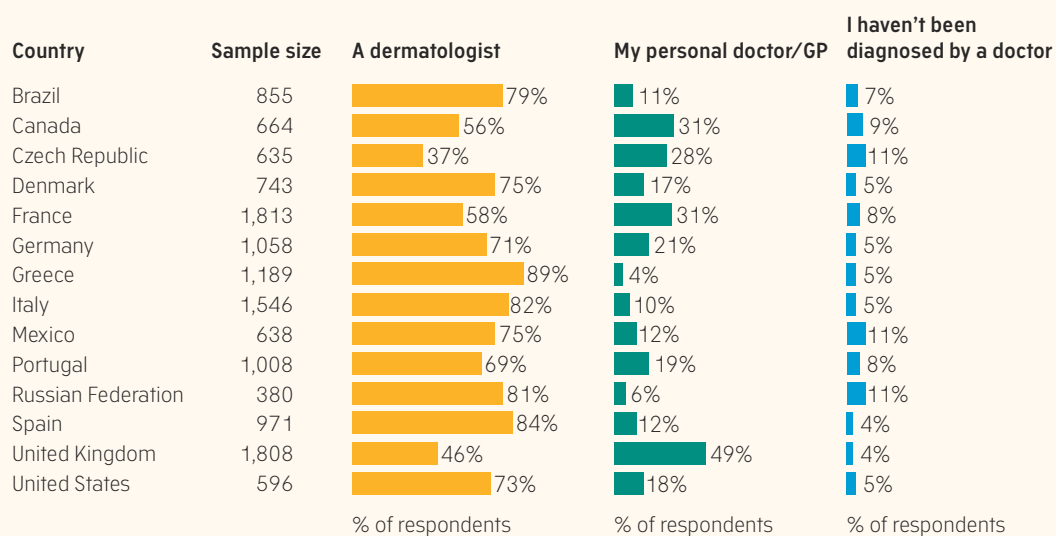


Figure C.5: Distribution of treatment type by country

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

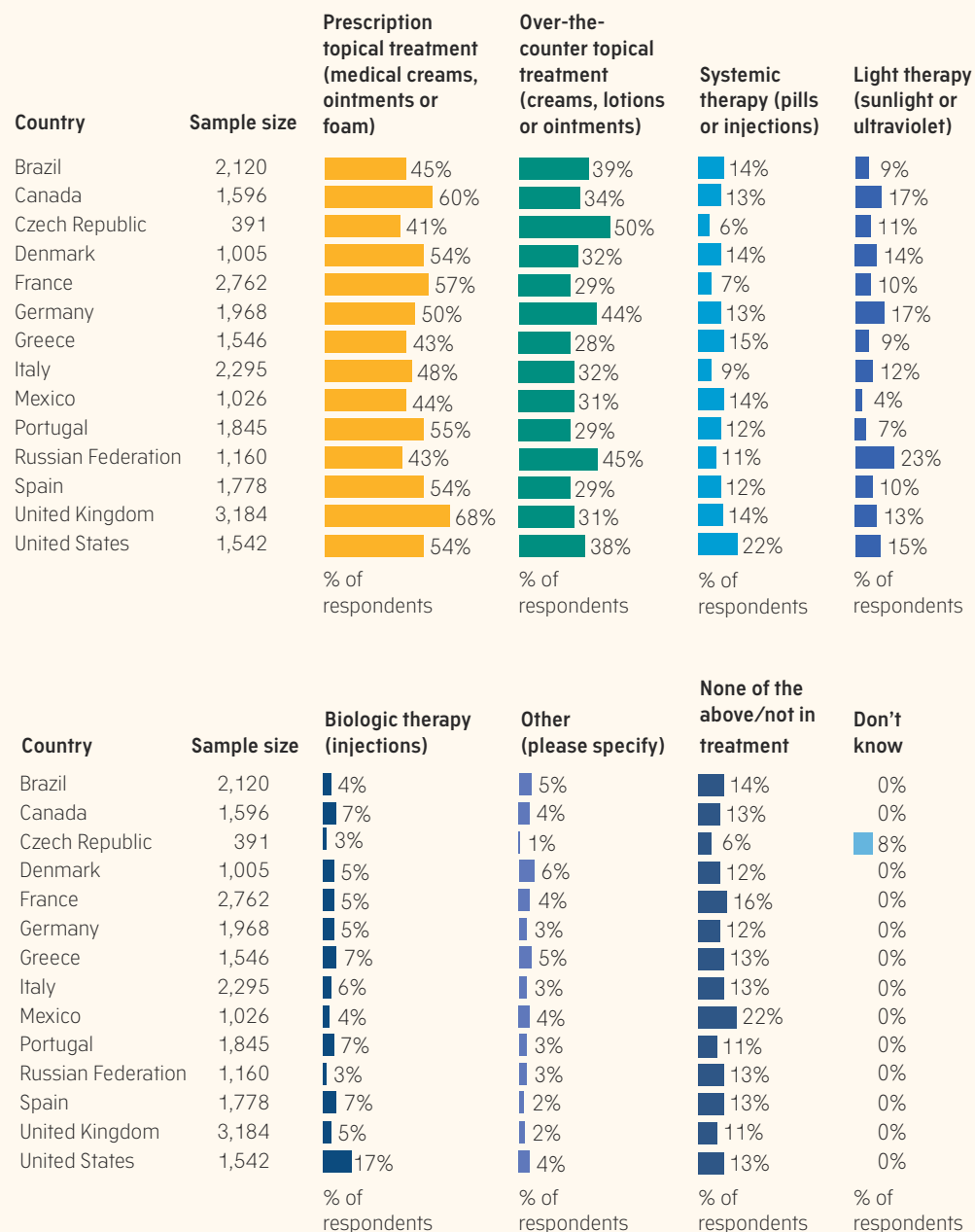


Figure C.6: Distribution of how people get and pay for their treatment

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

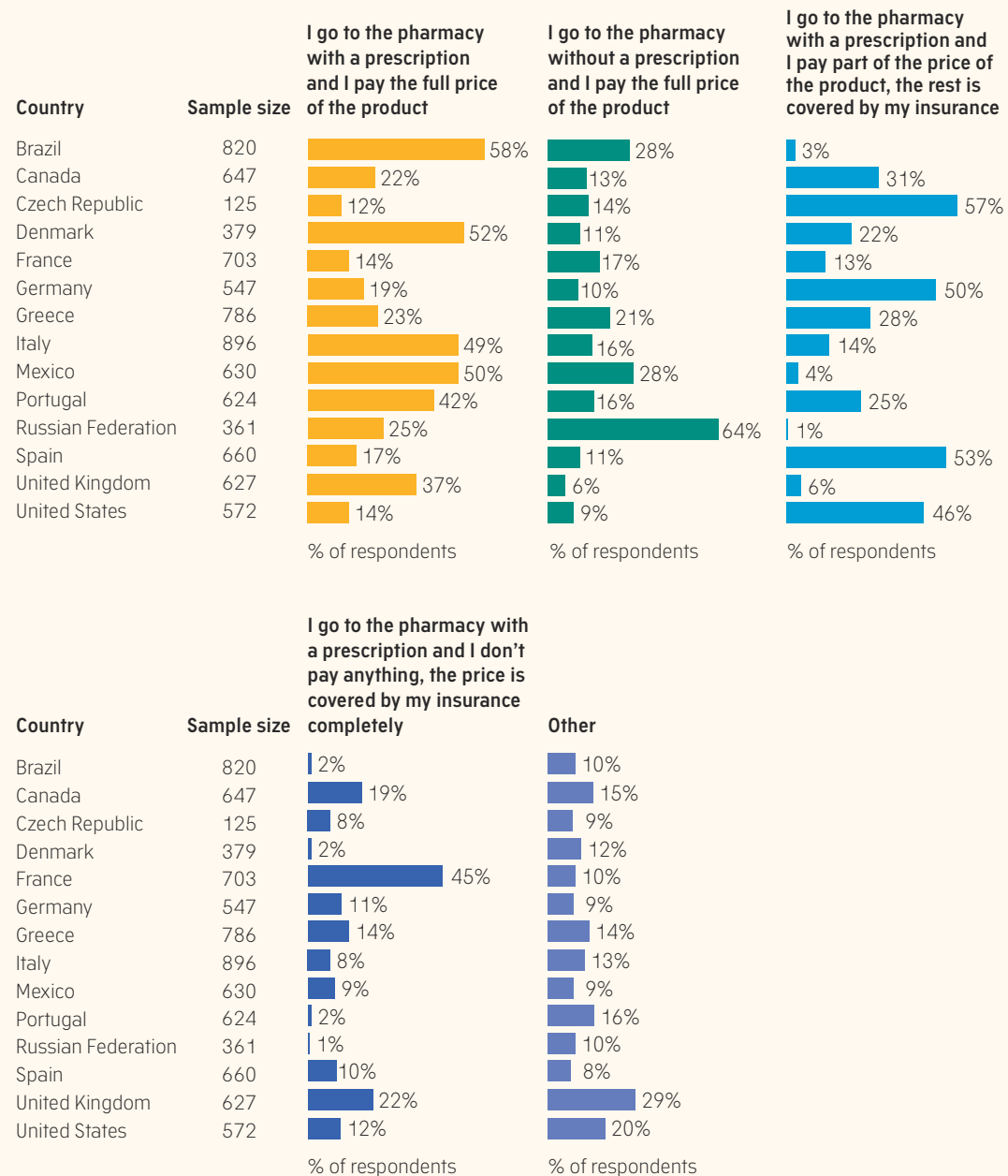
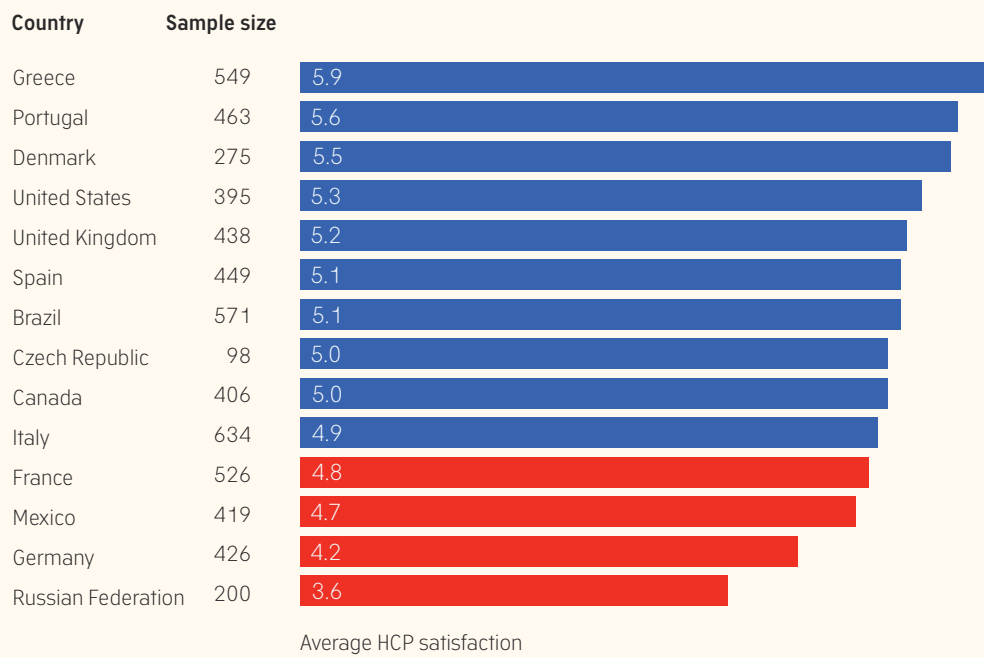


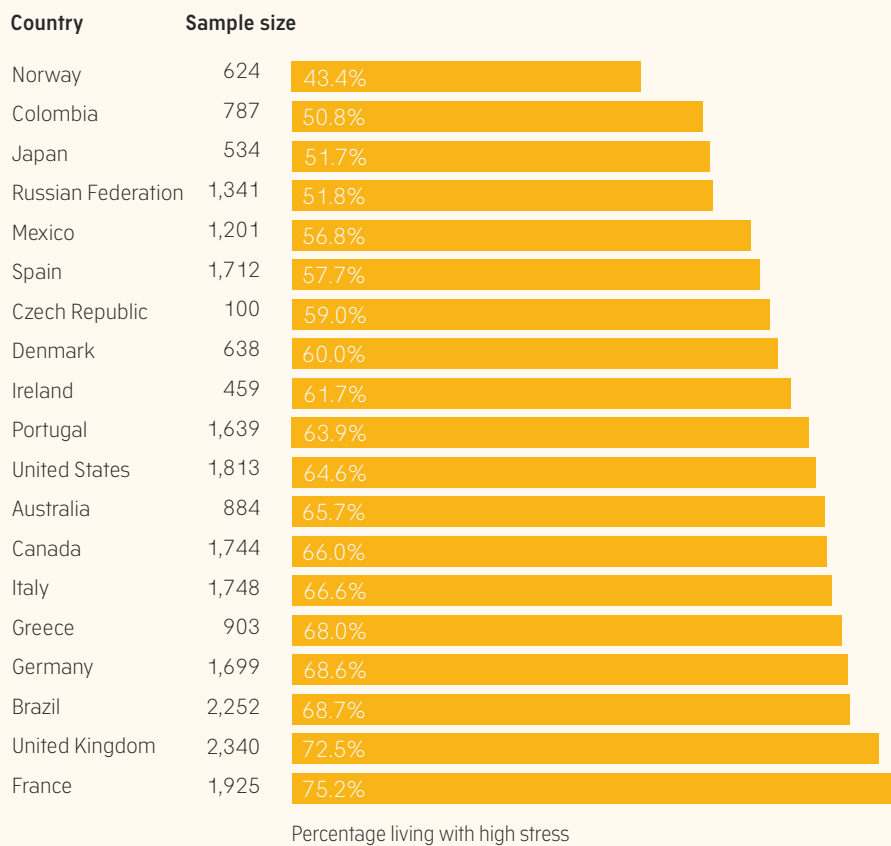
Figure C.7: Average levels of satisfaction with healthcare provider in relation to psoriasis by country, as measured on a scale from 0-10

“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

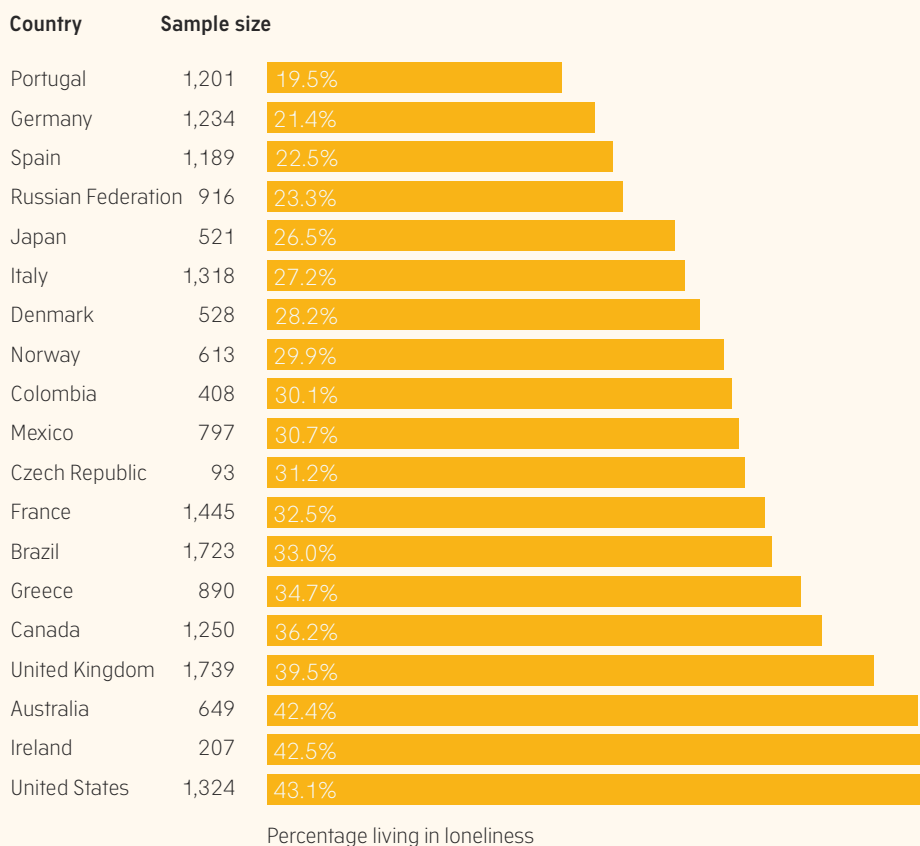
Figure D.1: Percentage of people living with high stress¹



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*.