



World
Psoriasis
Happiness
Report 2018



Mexico

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Institute (2018), World Psoriasis Happiness Report 2018.

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

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17 Healthcare Professionals

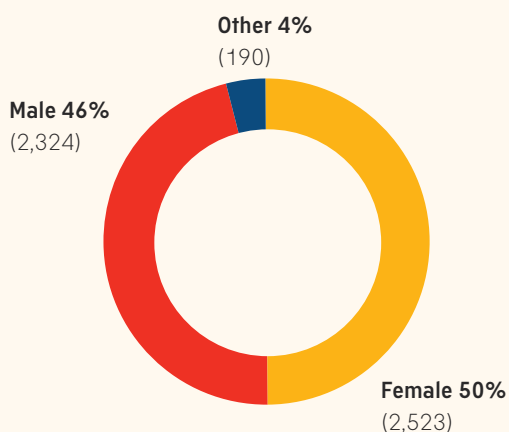
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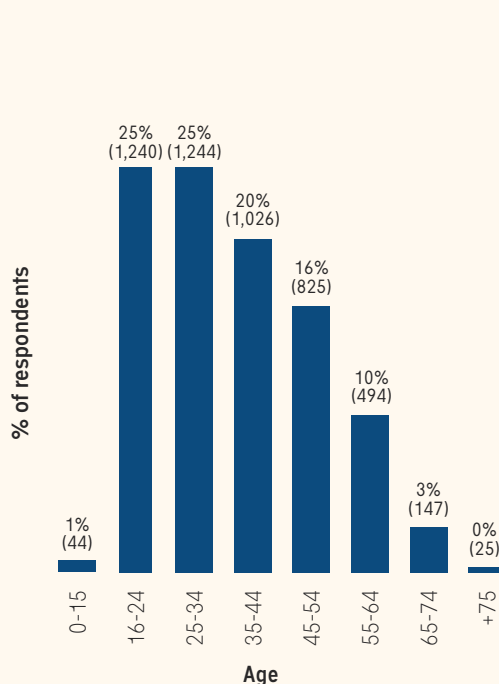
General Data & Happiness Results

General Data & Distributions. Total sample size: 5,045

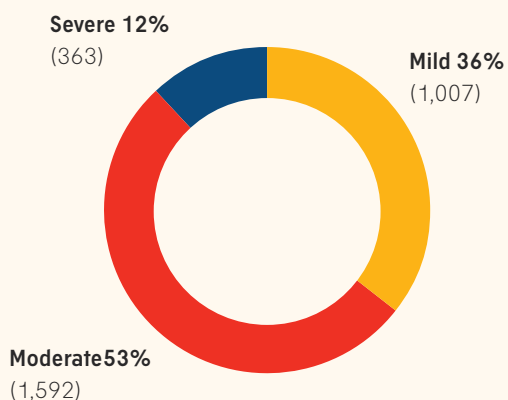
Gender distribution



Age distribution



Severity distribution



Severity distribution	Mexico (N = 3,032)	Global (N = 54,438)
Mild	36%	37%
Moderate	53%	47%
Severe	12%	16%

In Mexico, slightly more than half of the respondents (53%) report that they have moderate psoriasis (subjective, self-perceived severity), while a little more than a third (36%) have mild psoriasis, and around 1 in 8 (12%) deem it severe¹. Compared to the other countries

in the analysis, the severity distribution in Mexico is close to the global distribution, with the prevalence of severe psoriasis slightly lower than observed in other surveyed countries (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: 6.8 Happiness ranking: 1st / 21

Happiness	Mexico		Global	
	Happiness level	Happiness gap	Happiness level	Happiness gap
Overall	6.8	+2.9%	5.8	-11.1%
Gender				
- female	6.6	+1.0%	5.7	-14.1%
- male	6.9	+5.5%	6.1	-5.8%
Severity				
- mild	6.8	+3.1%	6.0	-6.1%
- moderate	6.6	+0.2%	5.6	-14.1%
- severe	5.7	-13.6%	4.6	-30.6%

The average happiness level of 6.8 places Mexico as the happiest in the ranking of the 21 countries in the analysis. With an overall happiness gap of +3% - which isn't really a "gap" in the negative sense of many other countries (see Fig. A.2 and A.3 in the Appendix).

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

- Women with psoriasis in Mexico are slightly less happy than their male counterparts, which is the same pattern seen globally.
- The happiness level drops a little between people with mild and moderate psoriasis, but then takes a significant plunge for those living with self-perceived severe psoriasis.

Stress & Loneliness

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

High stress: 56.8%

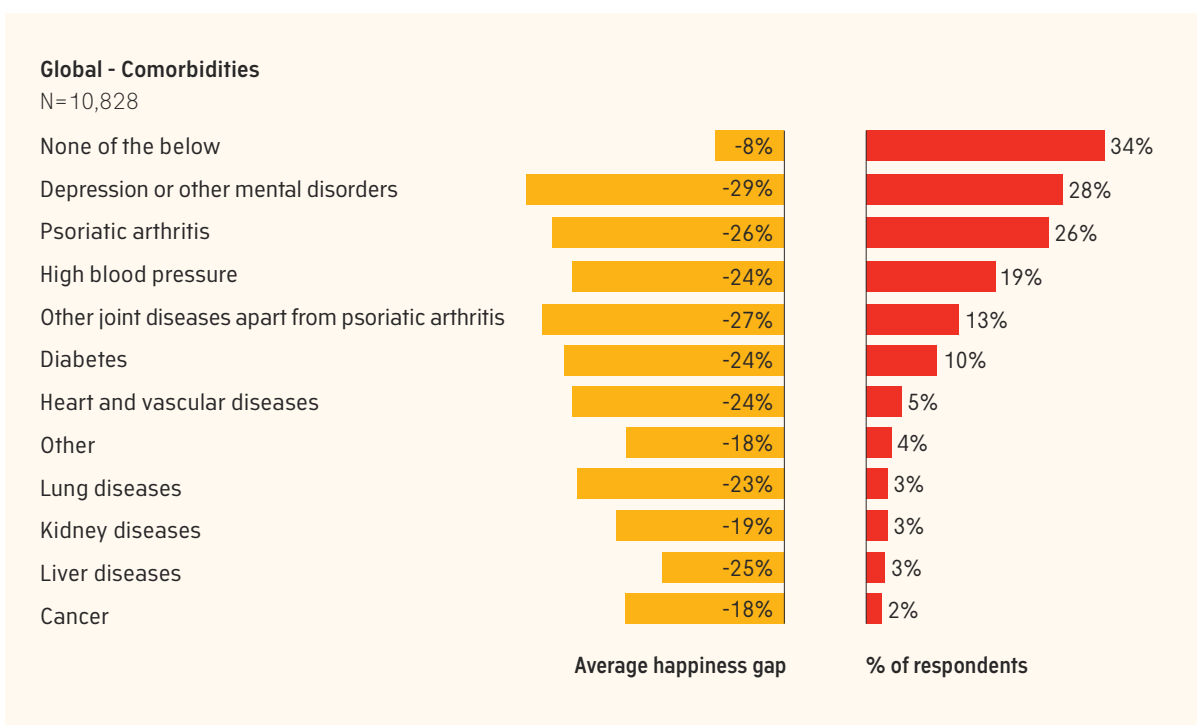
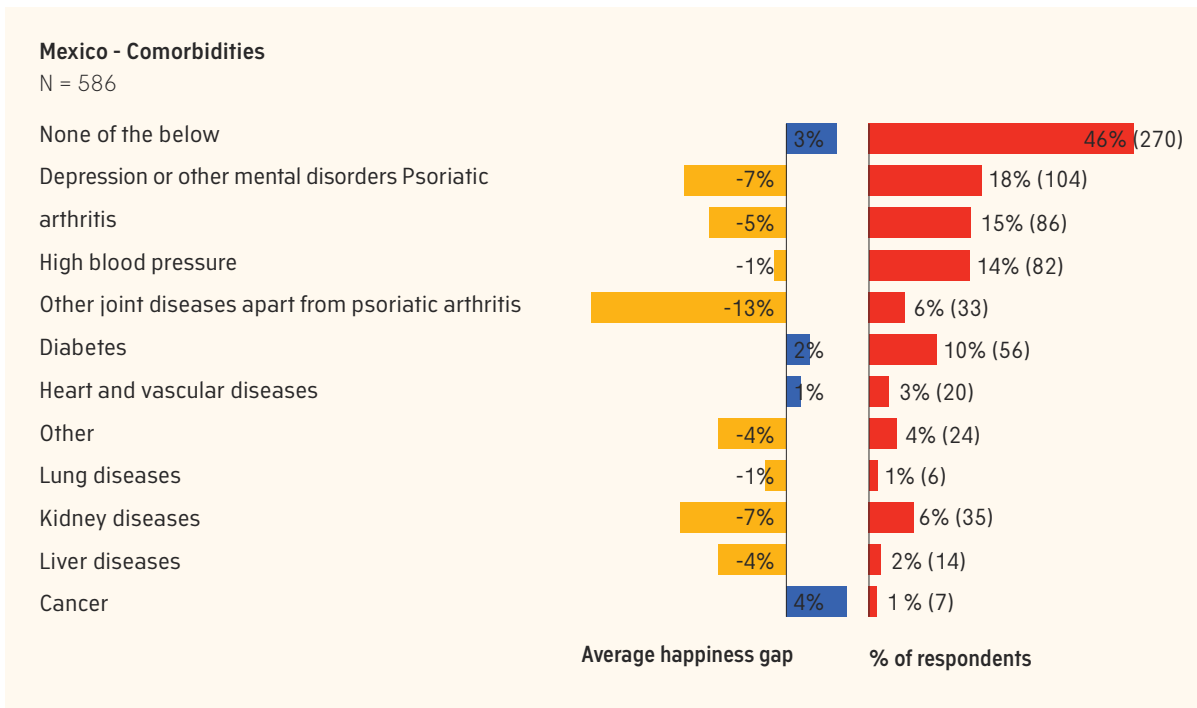
Loneliness: 30.7%

Thus, more than half (57%) of the respondents in Mexico are living with high stress. Compared to other countries, this places Mexico in the better end of the spectrum -- although it's still a very large proportion. With 31% of people living in loneliness, Mexico lands roughly in the middle. However, it's important to note that 31% living in loneliness is still almost one third of the respondents.

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

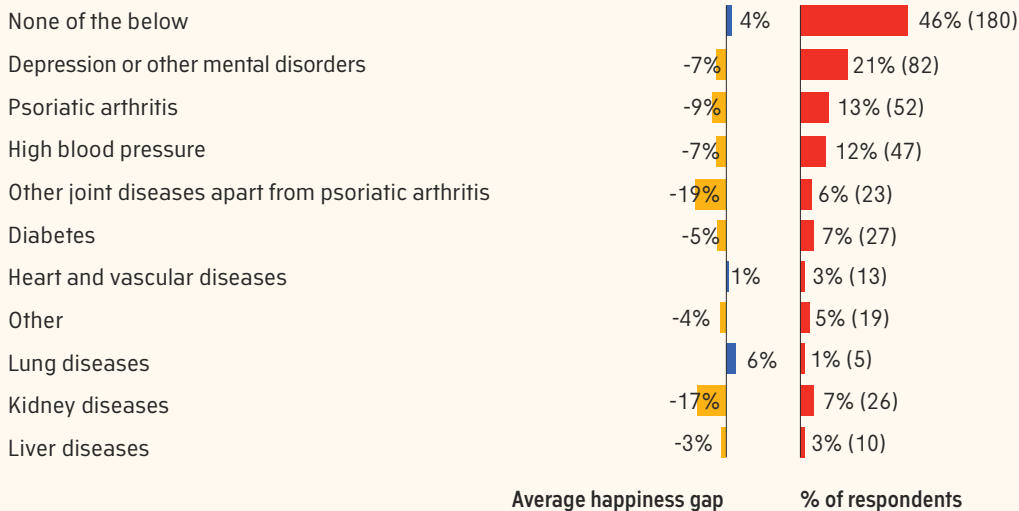
Psoriasis and Comorbidities

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.



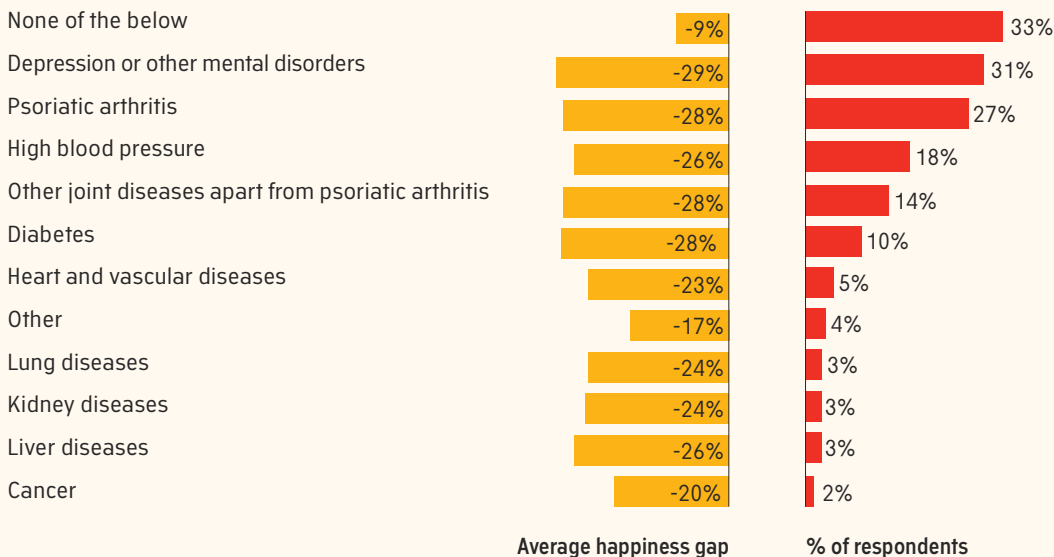
Mexico - Comorbidities by gender - Female

N = 390



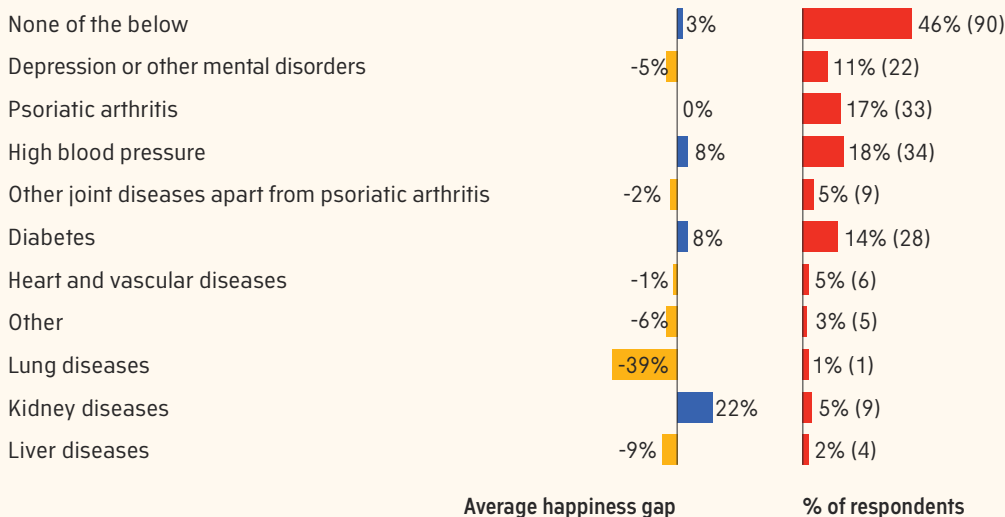
Global - Comorbidities by gender - Female

N = 8,398



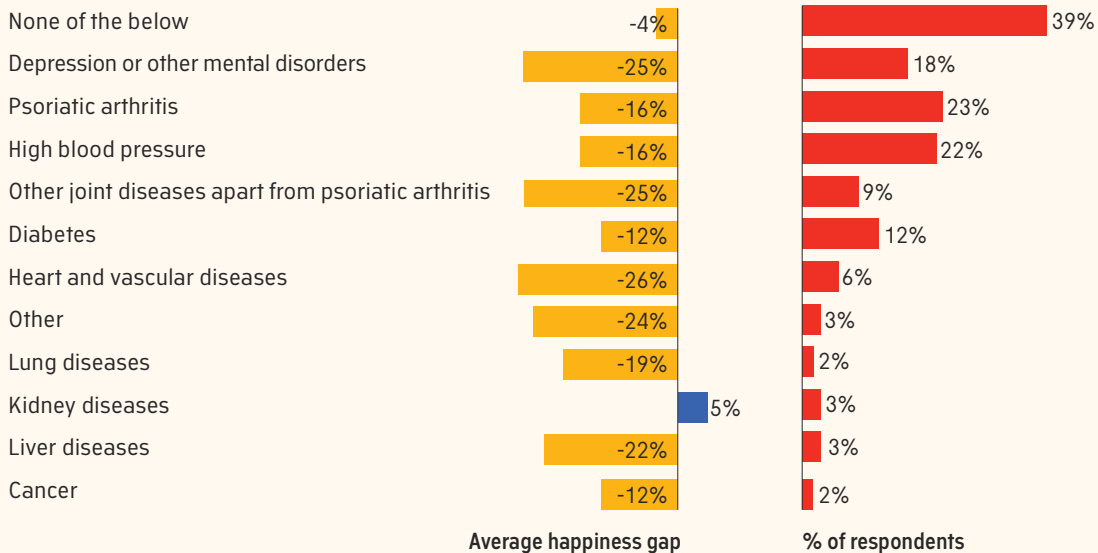
Mexico - Comorbidities by gender - Male

N = 194

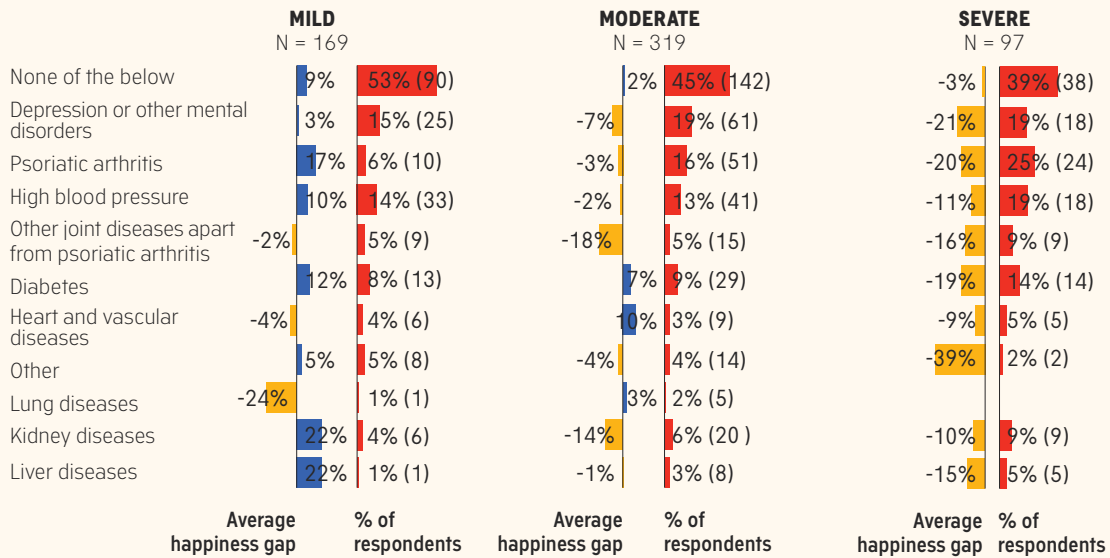


Global - Comorbidities by gender - Male

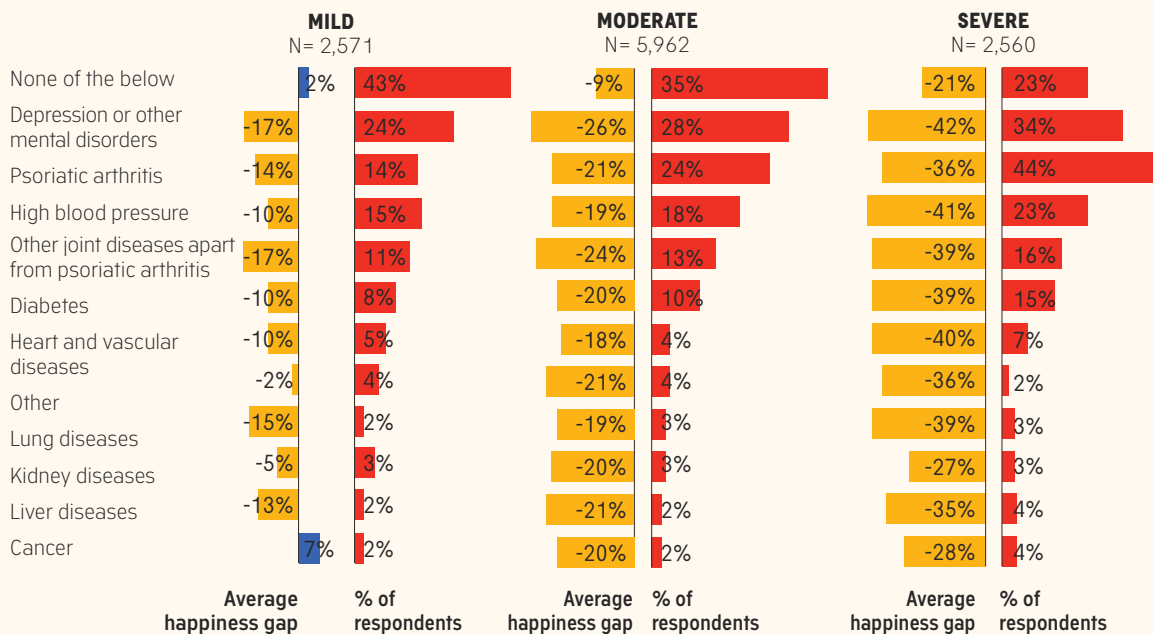
N = 2,369



Mexico - 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:

- 46% in Mexico don't experience any of the listed comorbidities, meaning that 54%, which is more than half, do. Comparing this to the global case, we see that relatively fewer people in Mexico suffer from comorbidities; globally, 66% of people living with self-perceived psoriasis report at least one comorbidity.
- The most common comorbidities among people with psoriasis in Mexico are depression or other mental disorders, psoriatic arthritis, and high blood pressure, experienced by 18%, 15%, and 14%, respectively. These are also the most common comorbidities globally, although fewer people in Mexico seem to suffer from them.
- The first two of these comorbidities - depression and other mental disorders, and psoriatic arthritis - are also among those related to the large drops in happiness, with gaps of -7% and -5%, respectively. However, these gaps are still small compared to the global picture and other countries.
- The comorbidities related to the largest gap are other joint diseases, for which people suffer a happiness gap of -13%.³

Turning to the split by gender, we see that:

- The most common comorbidity among women is depression or other mental disorders (experienced by 21%). Men report psoriatic arthritis (17%) and high blood pressure (18%) as the most common comorbidities.
- For most comorbidities, women generally seem to experience larger happiness gaps than men (though this was also a general finding from before and we can't ascribe it to be caused by comorbidities). Other joint diseases and kidney diseases seem to be especially related to large gaps (-19% and -17%) for women. However, please keep in mind that some of the number of responses recorded are too small for significant comparisons between genders and these insights should be read as directional.

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

- A larger proportion of people with moderate and severe psoriasis experience comorbidities. 47% of those with self-perceived mild psoriasis report that they at least one of the comorbidities listed, while 55% with moderate psoriasis and 61% of those with severe psoriasis report at least one comorbidity to psoriasis.
- Psoriatic arthritis, in particular, becomes a more common comorbidity as severity increases, with as many as 25% of people with severe psoriasis in Mexico (and 38% globally) suffering from it.
- Across all of the comorbidities surveyed, the happiness gaps drop significantly the worse the degree of psoriasis.

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

Total cost on society	
Overall	\$1,070m
Per 100,000 people in employment	\$1.9m
As % of GDP	0.05%

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 Mexico is the country with the second lowest total cost on society from lost productivity (as % of GDP). However, a total cost of \$1,070 million is still a significant amount of money.

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	Mexico	Global
Average productivity		
- Because of psoriasis	63.7 (198)	53.2 (2,721)
- Because of other health issues	75.2 (196)	62.9 (2,633)
Percentage of people reporting less than 50% productivity		
- Because of psoriasis	35% (69)	51% (1,521)
- Because of other health issues	23% (46)	41% (1,009)

(For the average productivity results in the top half of the table, the numbers in parentheses show the total sample size for the scenario in the particular table cell. For the results in the bottom half of the table, the numbers in parentheses show the number of respondents corresponding to the particular percentage.)

Compared to the global picture, people in Mexico work with higher productivity when they go to work even though they should have stayed at home - both because of their psoriasis and other health issues. As can also be seen from Fig. B.1 and B.2 in the Appendix, Mexico is the country with the third highest productivity when it comes to psoriasis and the highest when it comes to other health issues. Thus, psoriasis (and other health issues for that matter) don't seem to affect people's productivity at work

in Mexico nearly as much as in other countries. In the same vein as above, only around a third (35%) work at levels of productivity below 50% when they should have stayed at home because of their psoriasis. This number is only 23% for other health issues: psoriasis has a larger impact on people's productivity than other health issues. This places Mexico as the "second best" country in both of these cases (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.

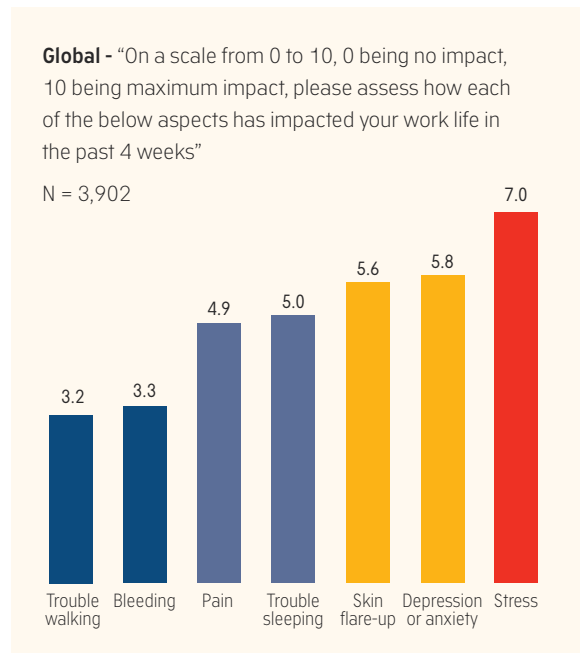
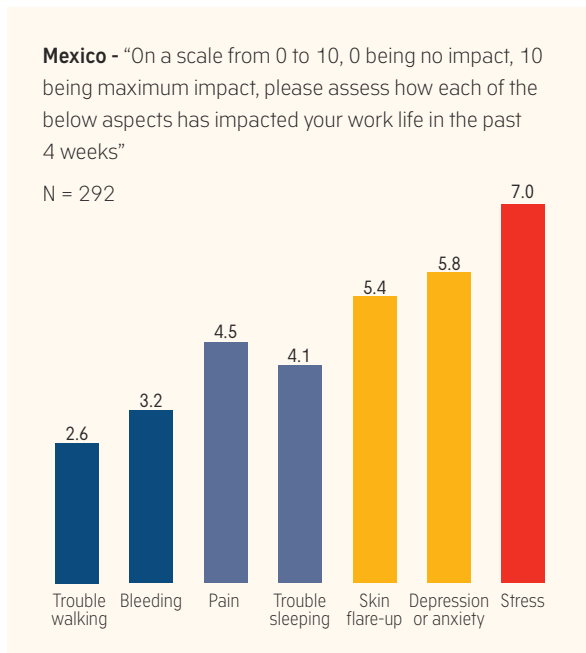
Work and social hours missed	Mexico		Global	
	Because of psoriasis	Because of other health issues	Because of psoriasis	Because of other health issues
Work hours missed	N = 221	N = 216	N = 2,998	N = 2,945
5+ hours	30%	24%	24%	26%
10+ hours	16%	13%	17%	17%
20+ hours	10%	6%	10%	10%
Social hours missed	N = 377	N = 373	N = 5,387	N = 5,339
5+ hours	32%	29%	35%	33%
10+ hours	22%	19%	26%	22%
20+ hours	13%	12%	18%	14%

The numbers for lost work and social hours are almost the same for Mexico are close to the global averages; slightly more people (30%) in Mexico have missed 5 or more work hours because of psoriasis over the last 4 weeks. For other health issues, people in Mexico miss

slightly fewer hours than globally. It's worth noting that almost a third (30% and 32%) of people in Mexico miss at least 5 work hours and 5 social hours because of psoriasis over a 4-week period.

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 Mexico 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). While stress tops the chart for all countries, Mexico is still in the handful of countries for which the level, or strength, of the impact is highest.

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'	Mexico			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"	56% (165)	55% (104)	58% (61)	60% (2,336)	60% (1,811)	58% (515)
"My manager understands the impact psoriasis has on me and my work performance"	50% (148)	49% (93)	52% (55)	51% (1,939)	53% (1,530)	48% (404)
"My work colleagues know about my psoriasis and I get their support when needed"	36% (106)	36% (68)	36% (38)	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"	40% (119)	40% (76)	41% (43)	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.)

Key learnings:

- More than half (56%) don't think their company has systems in place to help them manage their psoriasis. Half (50%) don't think their manager understands their condition and its impact on their work performance, men being marginally more dissatisfied: 52%.
- More than a third (36%) don't think they get support or understanding from their colleagues, which has a significant impact on their happiness.
- 2 in 5 (40%) 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.

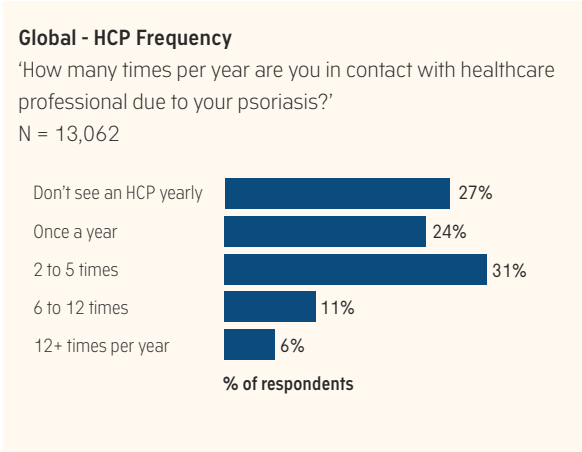
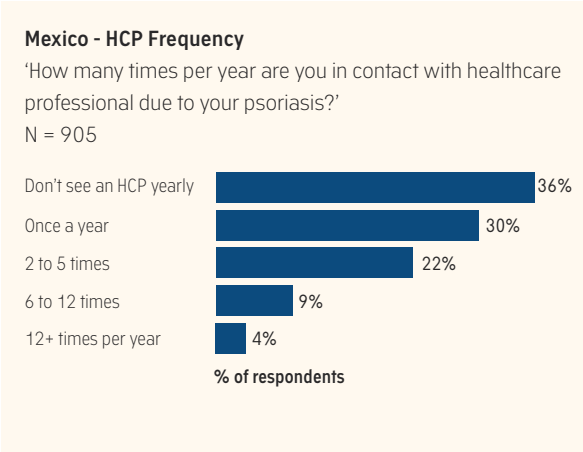
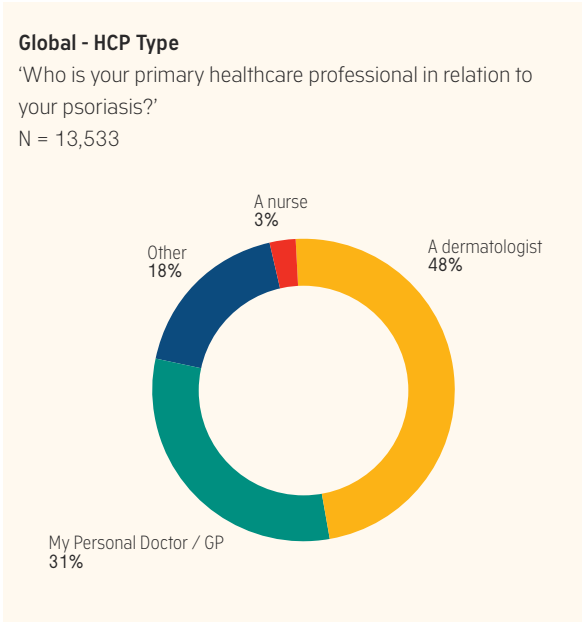
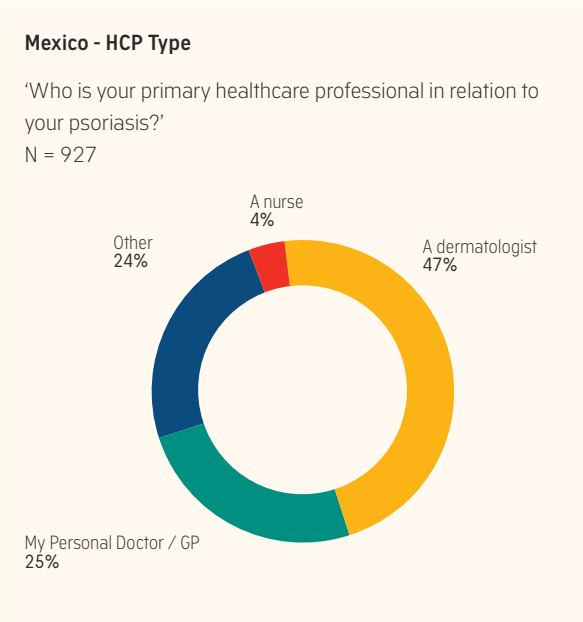
Healthcare Professionals

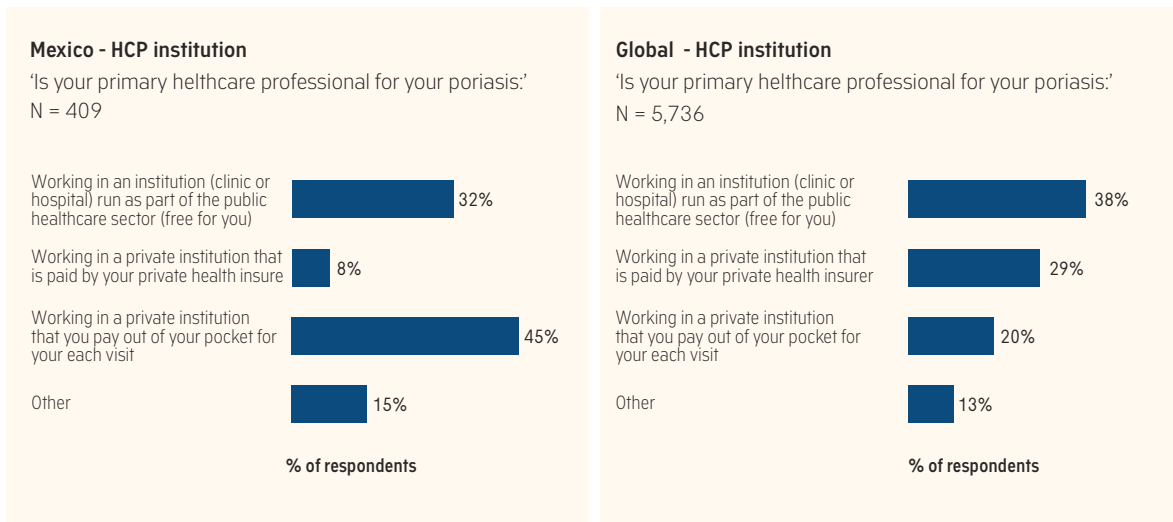


A variety of aspects related to the perceived relationship with healthcare professionals (HCPs) are analysed. This includes people’s satisfaction with their healthcare providers overall, as well as general perceptions of the quality of the relationship and interactions with them.

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 Mexico and the global case.





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

- Almost half (47%) of the people in Mexico named a dermatologist as their main healthcare professional and a quarter (25%) see a personal doctor or general practitioner (see also Fig. C.1 in the Appendix for comparisons to other countries).
- In regards to frequency of visits, more than a third (36%) of people in Mexico don't see their doctor yearly. This is at the higher end compared to other countries and the global picture (see also Fig. C.2 in the Appendix).

- Almost half (45%) of the respondents reported they go for their psoriasis to a private healthcare institution they are paying out of their own pocket for the consultation. Almost a third (32%) of respondents, use a clinic or hospital that is part of the public healthcare sector and which is free. In this regard, Mexico and Greece are similar - and unlike many other countries (see also Fig. C.3 in the Appendix).

Diagnosis & Type of Treatment

As seen in the table below, 3 in 4 (75%) in Mexico say their psoriasis was diagnosed by a dermatologist, which is a larger proportion than the global averages and some other countries (see also Fig. C.4 in the Appendix).

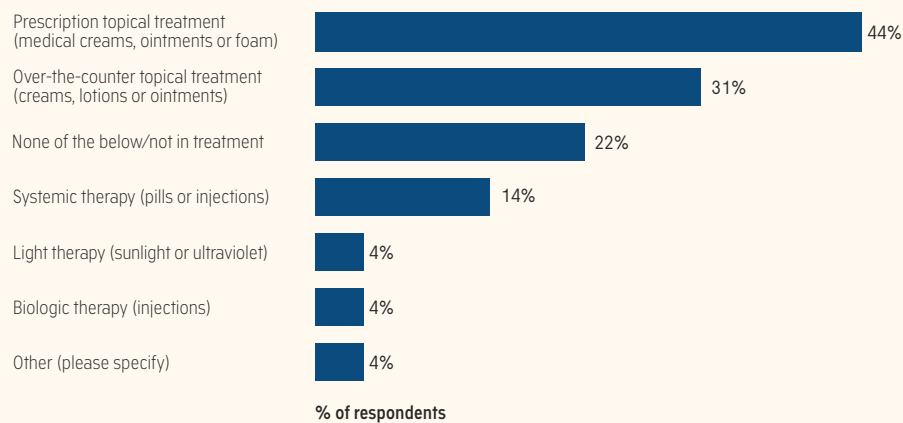
Was your psoriasis diagnosis by..	Mexico (N = 638)	Global (N = 14,184)
Dermatologist	75%	69%
Personal doctor / GP	12%	21%
Haven't been diagnosed by a doctor	11%	6%
Nurse	0%	1%
Other	2%	3%

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

Mexico - Treatment type

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

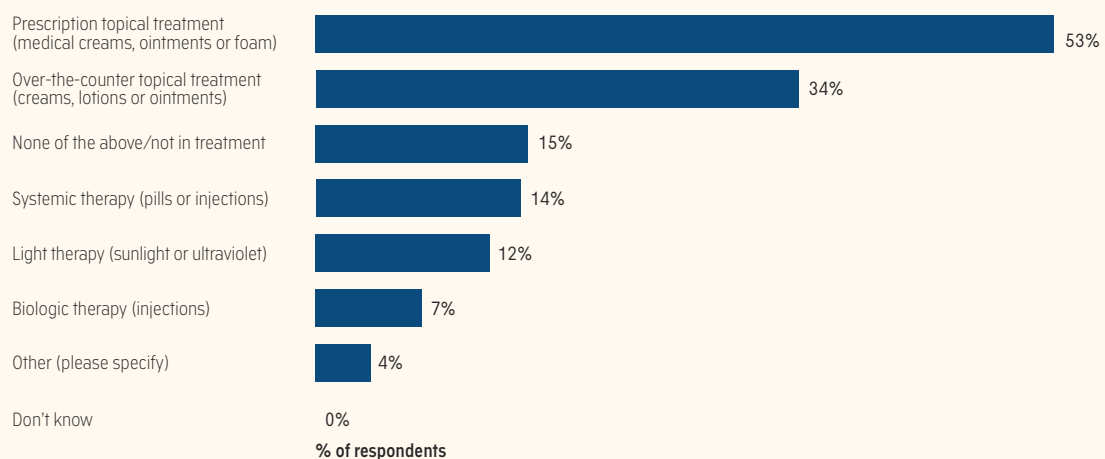
N = 1,026

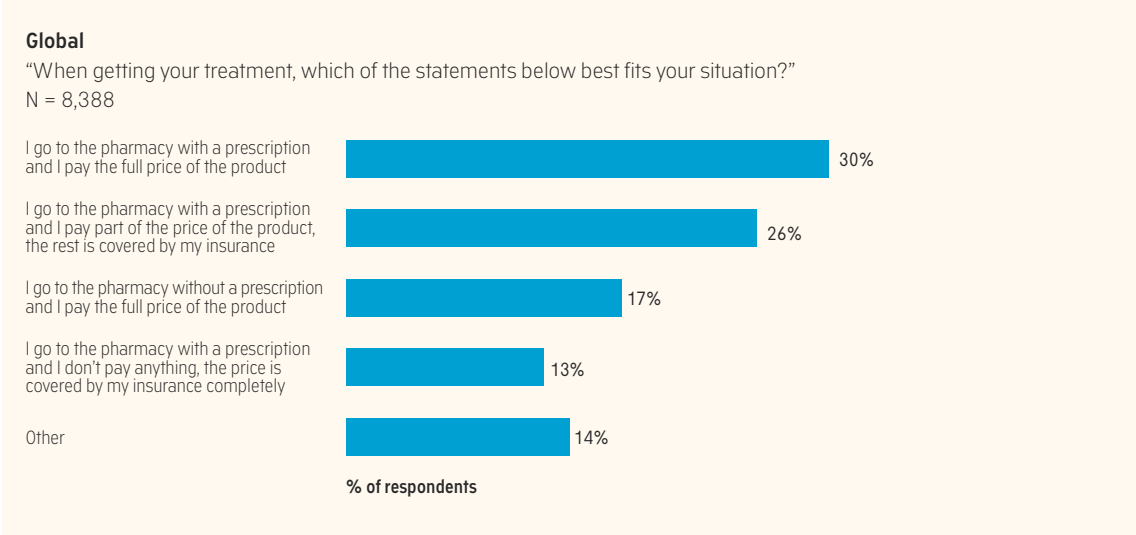
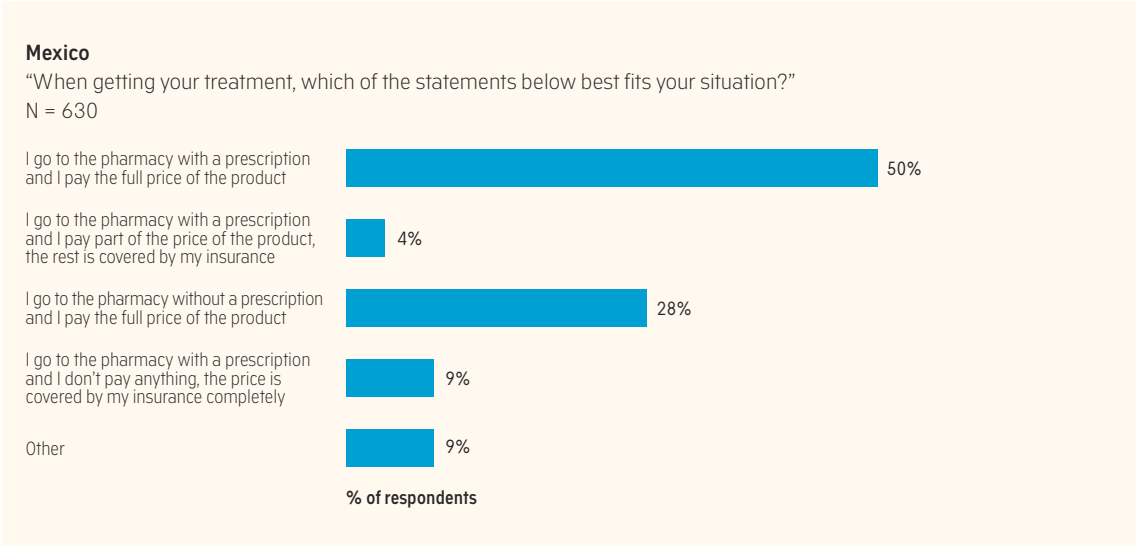


Global - Treatment type

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

N = 36,574





As in the global case, the most reported types of treatment are prescription topicals and over-the-counter topicals, used by 44% and 31%, respectively. What stands out, however, is that more people in Mexico (22%) are not in treatment (or not using any of the listed options) compared to the global case (14%). This makes Mexico the country with the largest proportion of people not in treatment (see also Fig. C.5 in the Appendix).

the full price of the product, which is much more than globally. Similarly, Mexico is also one of the countries with the largest percentage of people getting their treatment this way (see also Fig. C.6 in the Appendix). 28% are going to the pharmacy without a prescription and pay the full price for their treatment. Thus, almost 80% of people with self-perceived psoriasis in Mexico pay the full price for their treatment.

As for getting their treatment, half (50%) of the people in Mexico go to the pharmacy with a prescription and pay

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?”	Mexico	Global
Overall	4.73 (419)	4.97 (5,853)
Gender		
- Female	4.76 (289)	4.95 (4,604)
- Male	4.67 (130)	5.02 (1,220)
Severity		
- Mild	5.16 (113)	5.23 (1,356)
- Moderate	4.65 (231)	4.80 (3,157)
- Severe	4.35 (75)	5.10 (1,314)

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

Overall, people in Mexico are less satisfied with their healthcare professional than globally. Looking at Fig. C.7 in the Appendix, we see that Mexico is among the bottom three countries in this regard. What also stands out in the table above is that men are slightly less satisfied with their HCPs than women, which is in contrast to many

other countries. Finally, it's interesting to see how the satisfaction with the healthcare professional decreases with perceived severity; i.e., people with moderate and severe psoriasis are much less satisfied with their healthcare professional than people with mild psoriasis.

Perceived Quality of the Interaction with Healthcare Professionals

The table below shows the number and percentages of respondents who “disagreed” or “strongly disagreed” with a number of statements in relation to their most recent interaction with their healthcare professional in relation to their psoriasis.

“Please assess the following aspects of your most recent interaction with a doctor / healthcare professional for your psoriasis”: % who ‘Disagree’ or ‘Strongly disagree’	Mexico			Global		
	Overall	Women	Men	Overall	Women	Men
“The doctor gave me as much information as I wanted”	17% (70)	20% (56)	11% (14)	21% (2,813)	22% (968)	15% (188)
“The doctor recognised and responded to my emotional state”	27% (109)	29% (82)	22% (27)	30% (1,619)	32% (1,349)	23% (263)
“The doctor talked in terms I could understand”	10% (39)	11% (31)	6% (8)	15% (847)	14% (698)	11% (145)
“The doctor encouraged me to ask questions”	22% (90)	25% (69)	17% (21)	28% (1,612)	29% (1,333)	22% (273)
“The doctor involved me in decisions as much as I wanted”	23% (94)	25% (69)	20% (25)	25% (1,417)	26% (1,165)	20% (244)
“The doctor discussed next steps”	24% (98)	27% (75)	19% (23)	26% (1,482)	27% (1,228)	20% (246)
“The doctor spent the right amount of time with me”	24% (98)	28% (77)	17% (21)	25% (1,395)	26% (1,148)	19% (241)
“The doctor discussed about how my psoriasis affect my mental health and overall well-being”	44% (178)	50% (139)	31% (39)	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 Mexico are almost equally, if perhaps slightly less, (dis)satisfied with aspects around the interaction with their healthcare professional as seen in the global picture and other countries. The largest degree of dissatisfaction occurs when it comes to the doctor discussing (or not discussing) how psoriasis affects people’s mental health and overall well-being, to which

44% disagree. Finally, as in the global picture, women generally seem to be more dissatisfied than men in regards to healthcare professionals, especially in regards to the doctor discussing the impact of psoriasis on mental health and spending the right amount of time in the consultation.

Healthcare Professional Relationship

The table below shows the number and percentages of respondents who “disagreed” or “strongly disagreed” with a number of statements around the relationship between people living with self-perceived psoriasis and their healthcare professionals.

'To what extent do you agree with each of the following statements?' % who 'Disagree' or 'Strongly disagree'	Mexico			Global		
	Overall	Women	Men	Overall	Women	Men
"My healthcare professionals are clear with the information about how to treat psoriasis"	40% (336)	42% (217)	36% (116)	40% (5,329)	41% (3,933)	36% (1,341)
"My healthcare professionals fully understand the impact psoriasis has on my mental well-being"	47% (390)	51% (262)	40% (127)	53% (7,055)	56% (5,311)	44% (1,683)
"I can get in touch with the healthcare professional when I'm in need"	42% (346)	46% (231)	36% (113)	36% (4,798)	37% (3,532)	34% (1,227)
"I have confidence in the abilities of my healthcare professionals to treat psoriasis"	40% (331)	42% (214)	36% (115)	42% (5,946)	44% (4,344)	39% (1,550)
"I always follow the advice of my healthcare professionals"	23% (189)	21% (108)	25% (80)	27% (3,692)	27% (2,611)	28% (1,035)
"I've been informed about all the different treatment options related to my condition"	57% (456)	59% (289)	53% (165)	55% (7,240)	57% (5,424)	50% (1,763)
"The system provides me with sufficient financial support in relation to my skin condition"	73% (595)	75% (372)	70% (220)	67% (8,865)	69% (6,535)	63% (2,267)
"There is sufficient public awareness regarding my disease"	78% (622)	83% (403)	71% (217)	79% (10,127)	82% (7,524)	72% (2,532)

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

In regards to aspects around the relationship with their healthcare professionals, people living with self-perceived psoriasis in Mexico generally disagree more than is seen in the statements around the latest interaction with healthcare professionals above. Here, their dissatisfaction is roughly on par with the global picture. Almost half (47%) don't think their healthcare professionals fully understand the impact psoriasis

has on their mental well-being, and even more (57%) don't think they have been informed of all the different treatment options. Finally, as is also seen in the global picture, 73% in Mexico don't think the system provides them with enough financial support, and 78% don't think there is sufficient public awareness around psoriasis.

Appendix

General Results & Happiness

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

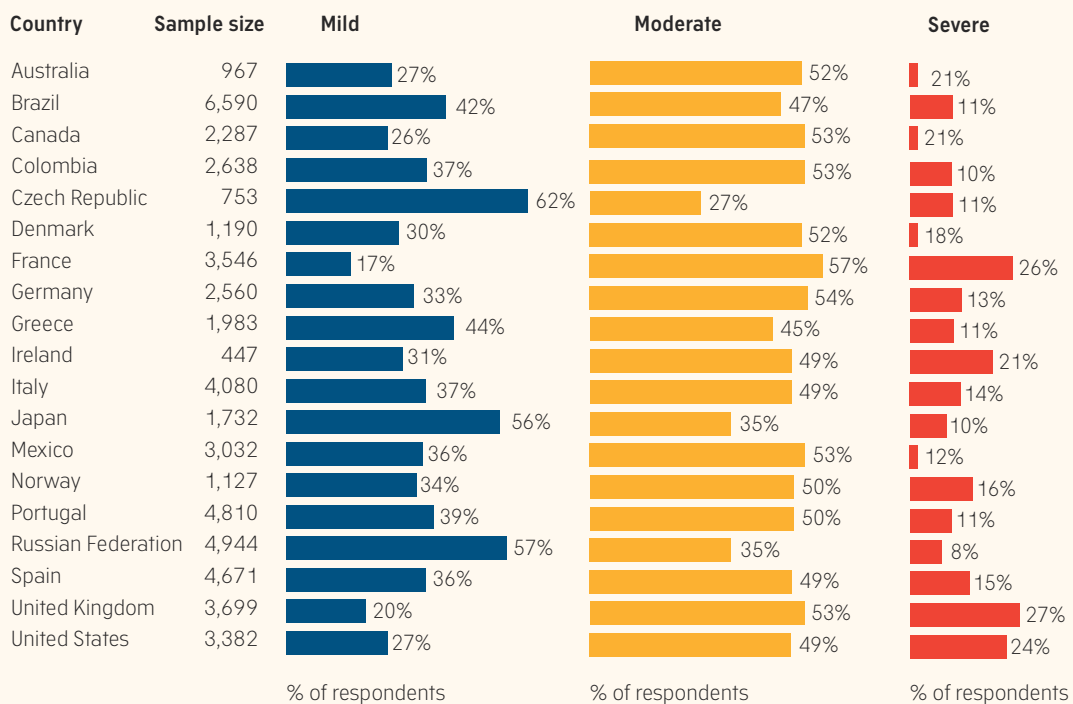
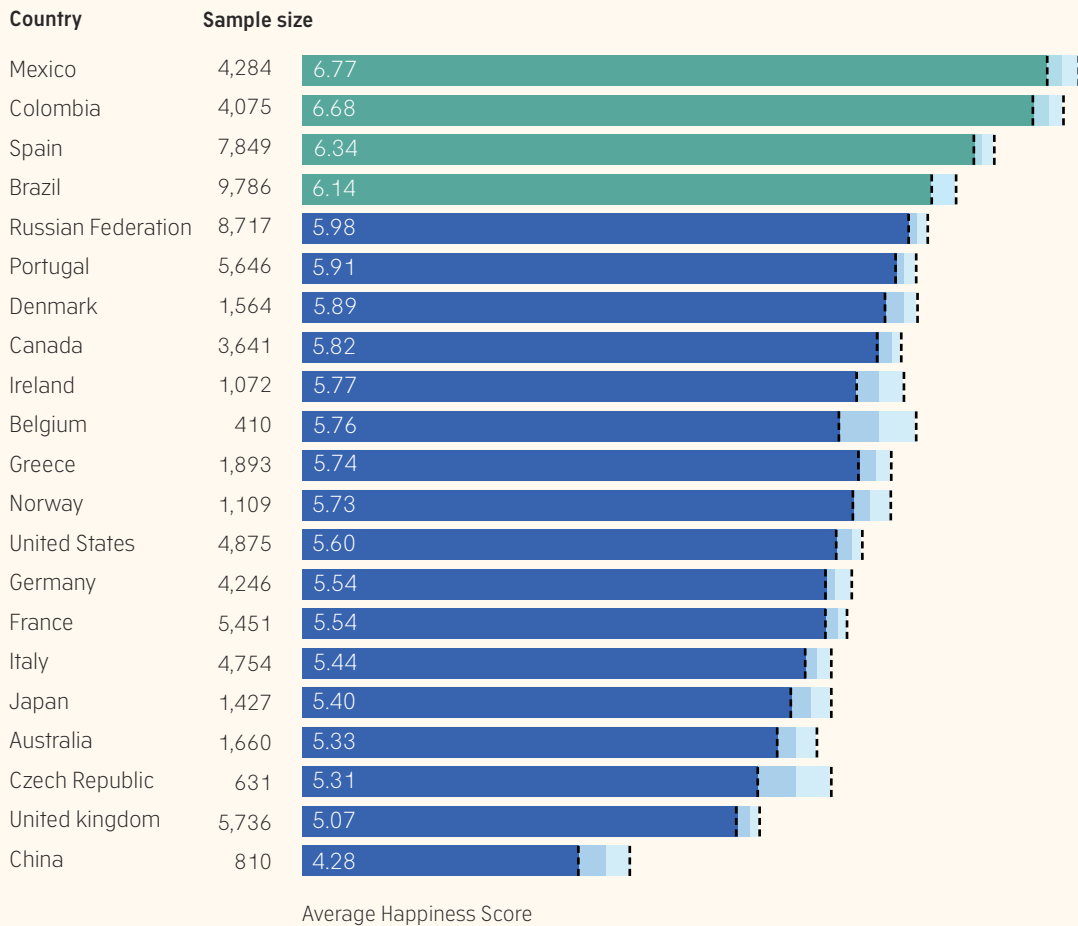
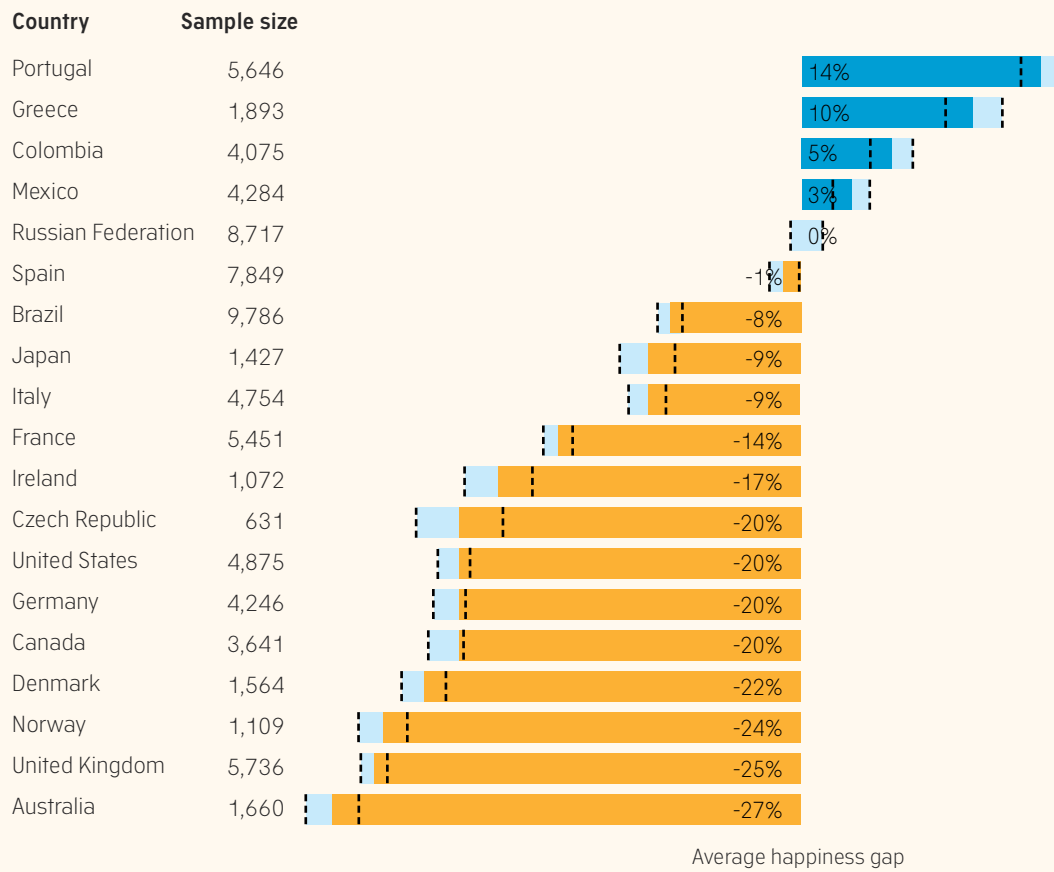


Figure A.2: Country ranking: Psoriasis happiness levels per country
(With 95% confidence interval bands)



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.

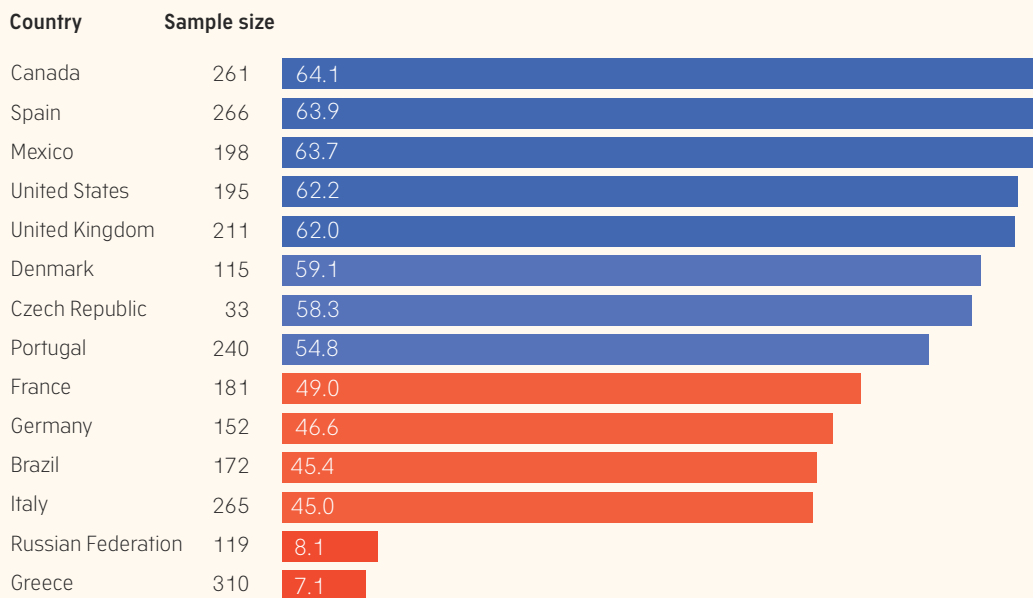
Figure A.3: Average happiness gap by country
(With 95% confidence interval bands)



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

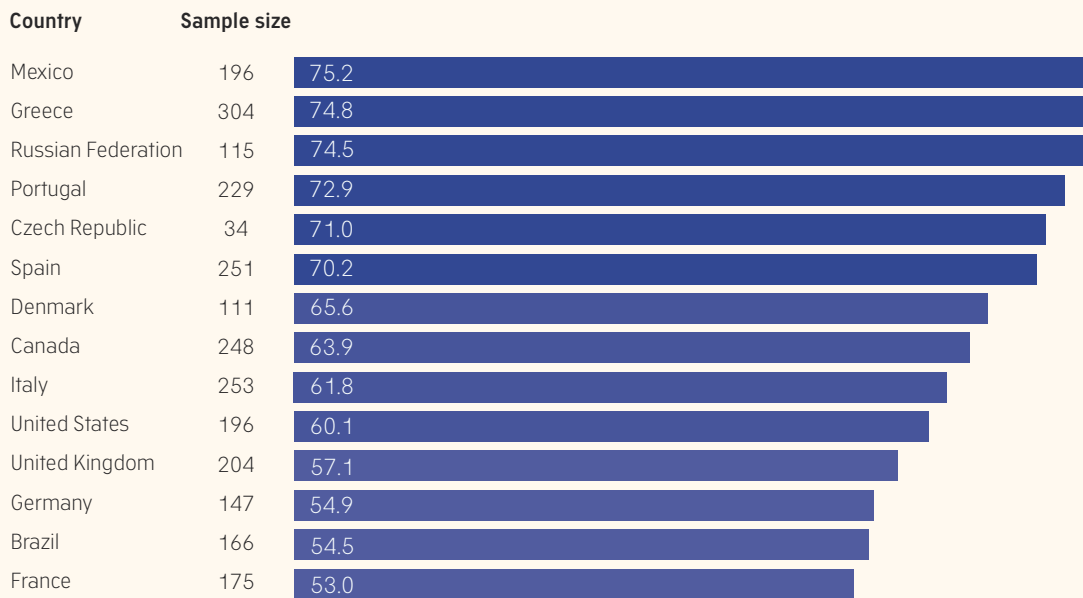
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being totally productive.”



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

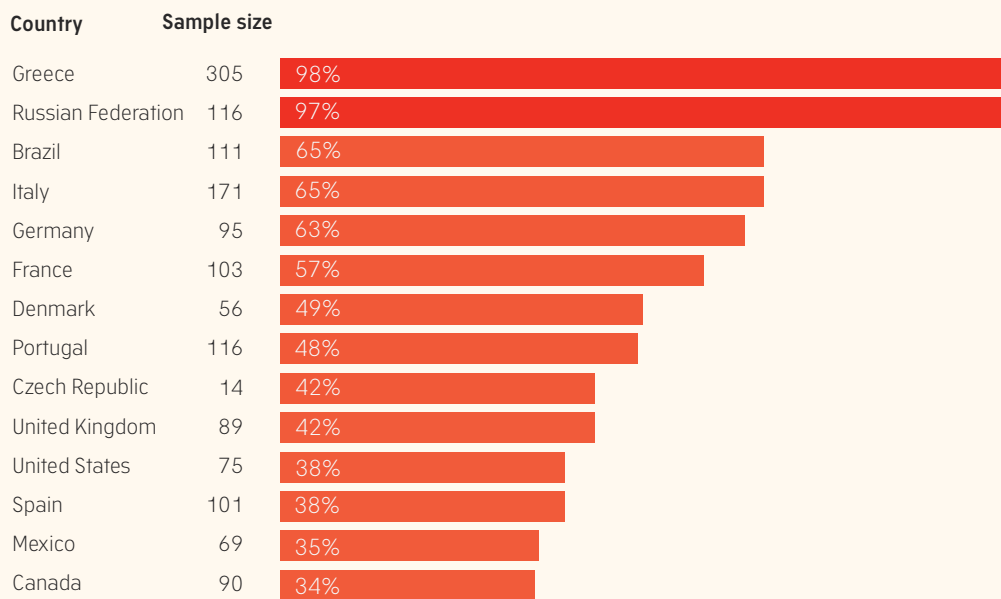
“Using the same scale, how affected was your productivity at work while you felt you should have stayed home because of other health issues? 0 means not at all productive, 100 means totally productive.”



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

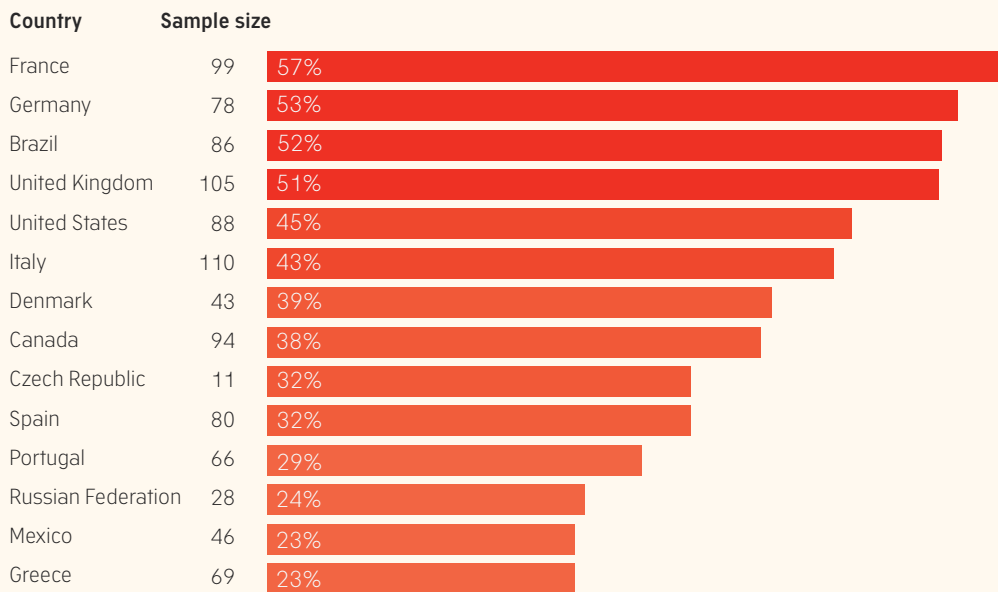
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being tptally productive.”



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”

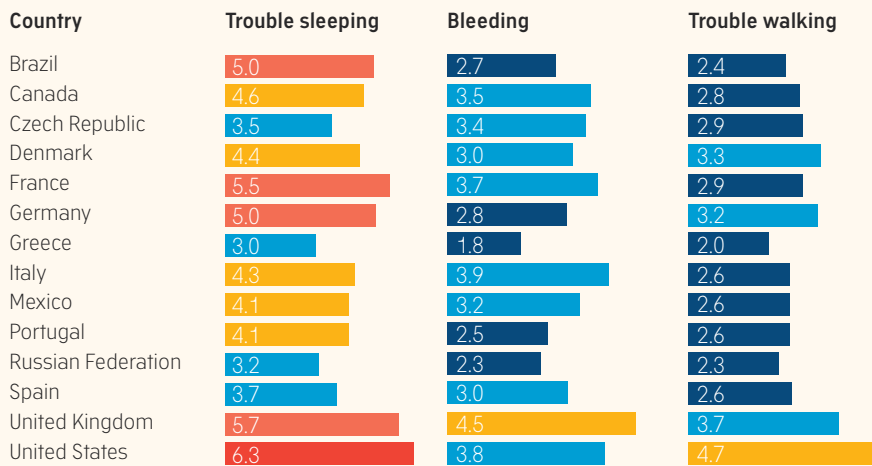
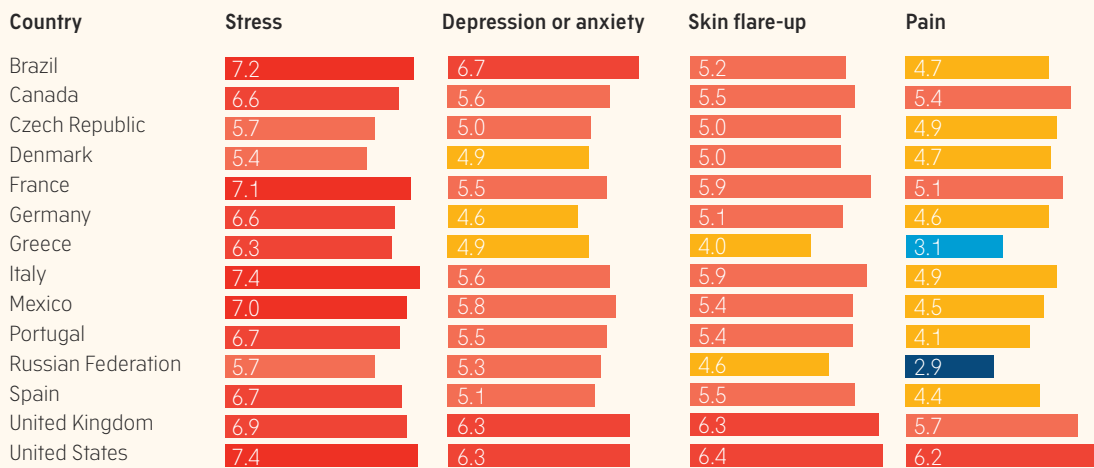


Table B.6: Estimated cost to society from lost productivity (adjusted for purchase) power parity):

	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?”

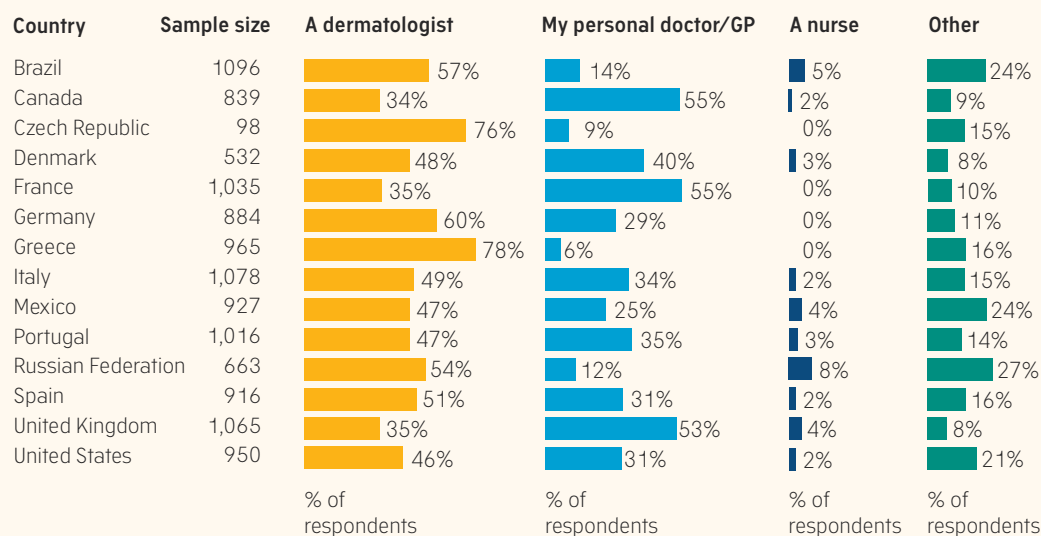


Figure C.2: Frequency of visits to healthcare professional for psoriasis by country

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

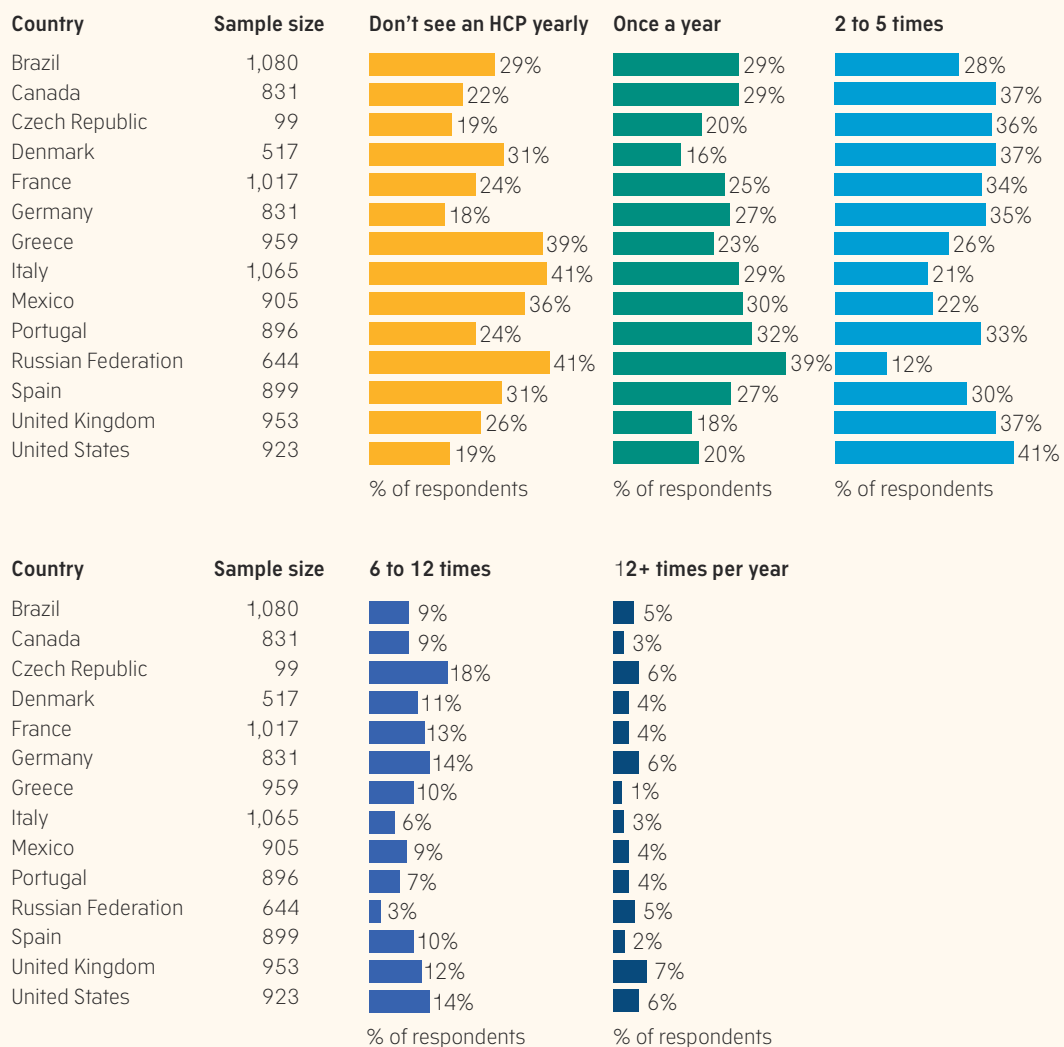


Figure C.3: Healthcare Professional institution by country

“Is your primary healthcare professional for your psoriasis?”

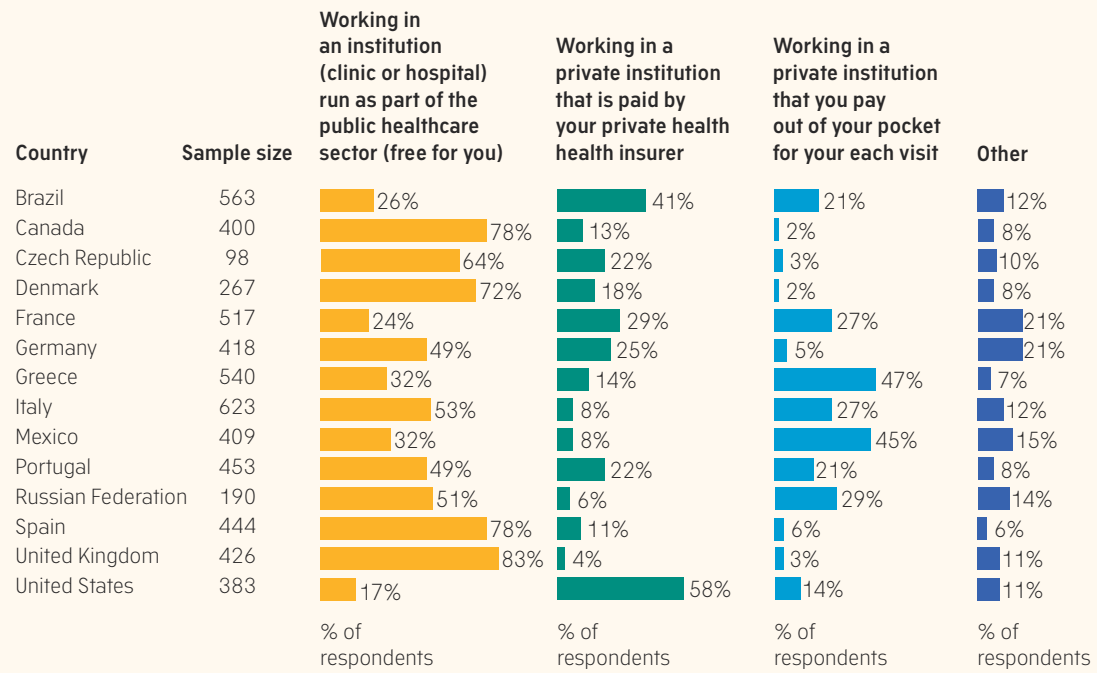


Figure C.4: Distribution of who has diagnosed their psoriasis (please note this report is based on self-reported psoriasis)

“Has your psoriasis been diagnosed by:”

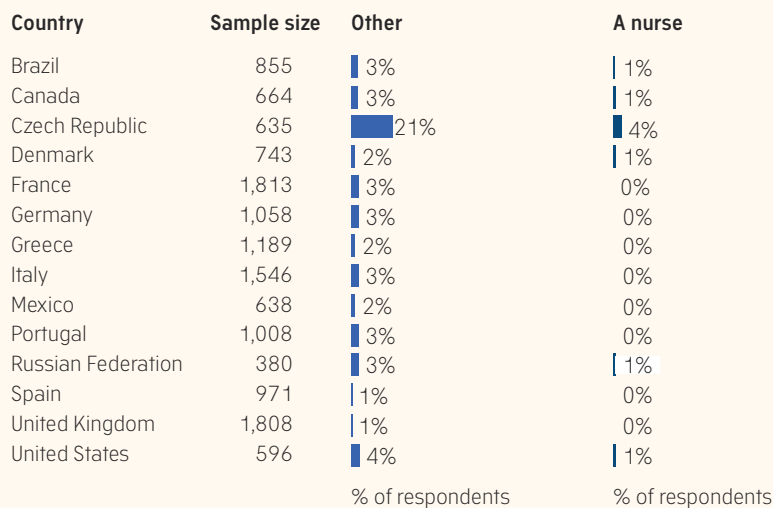
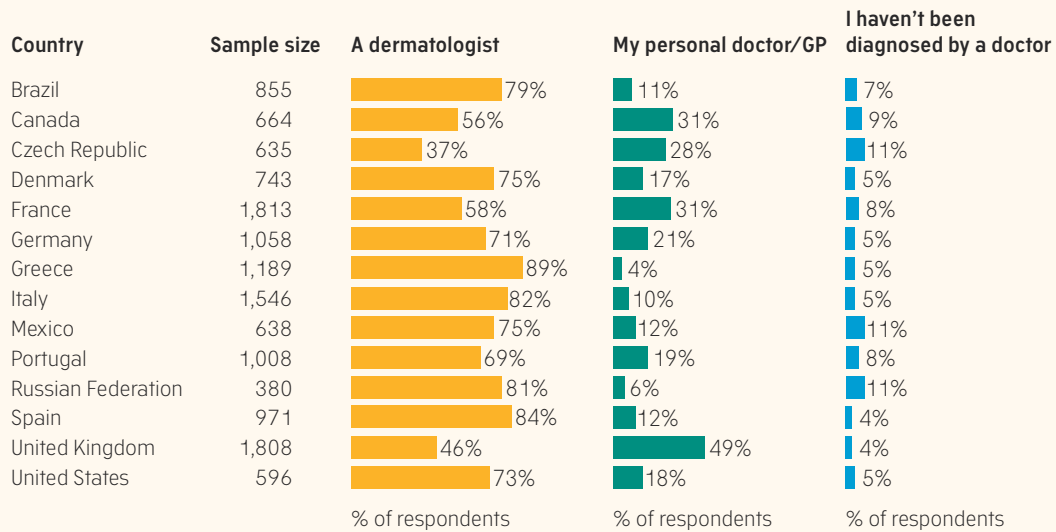


Figure C.5: Distribution of treatment type by country

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

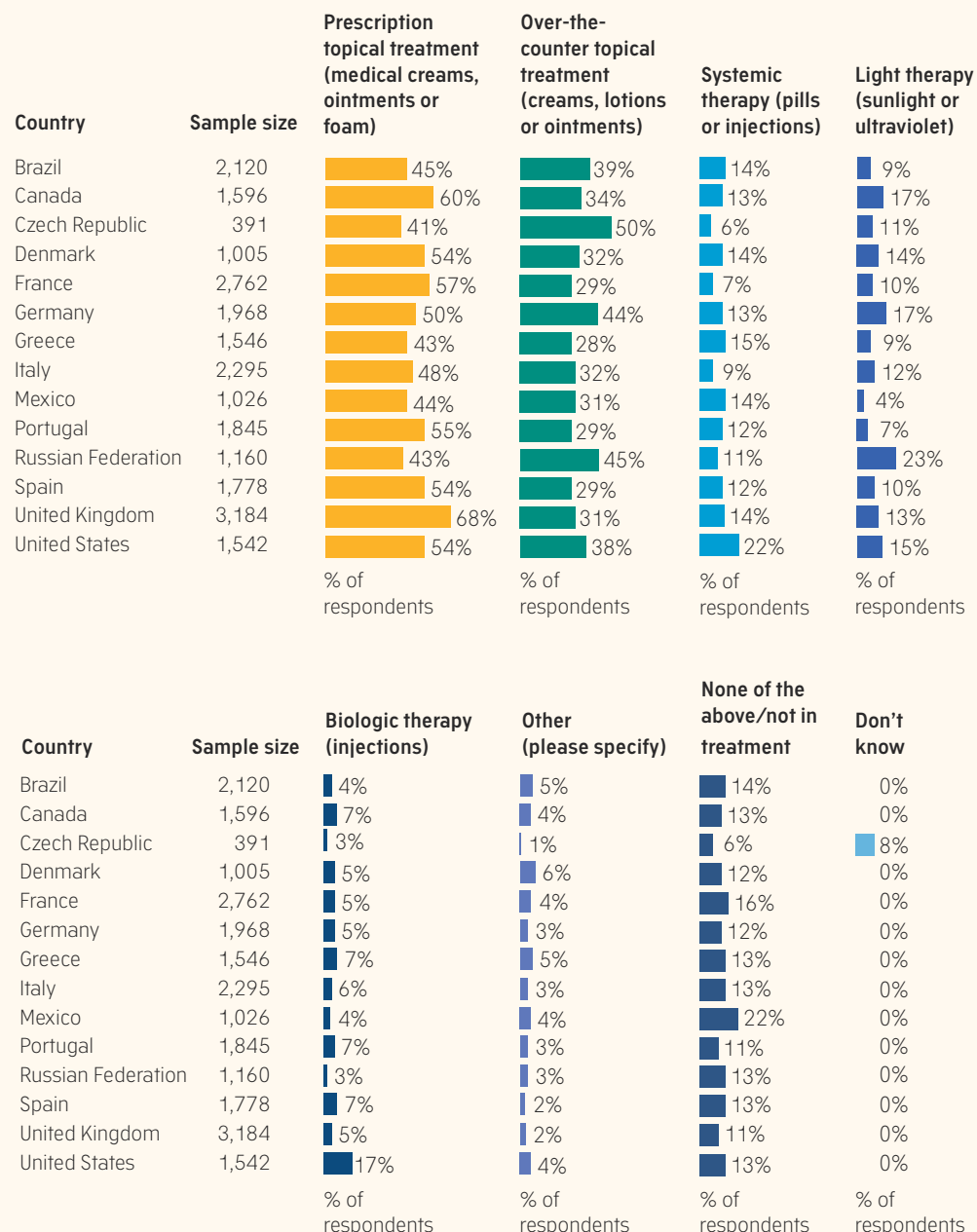


Figure C.6: Distribution of how people get and pay for their treatment

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

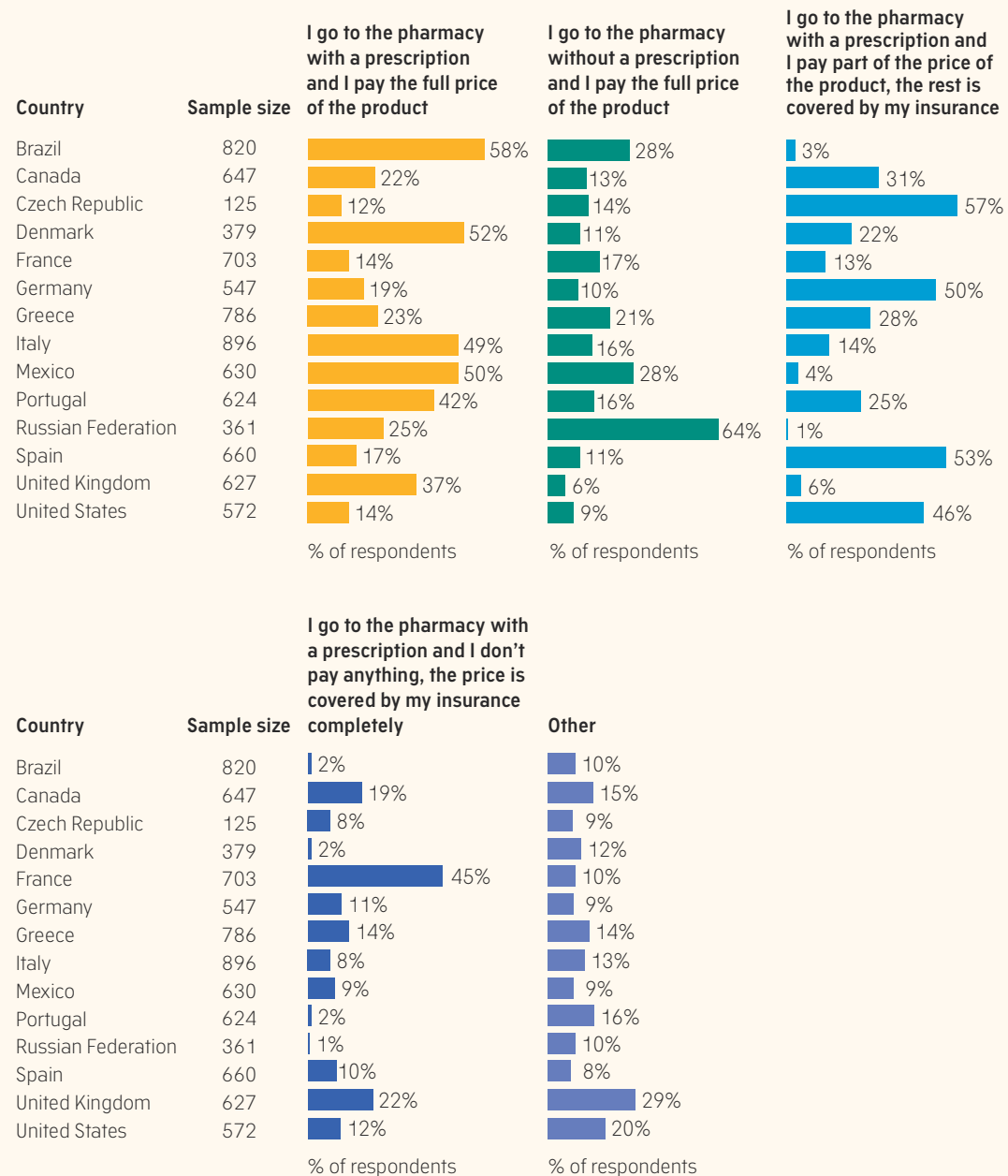
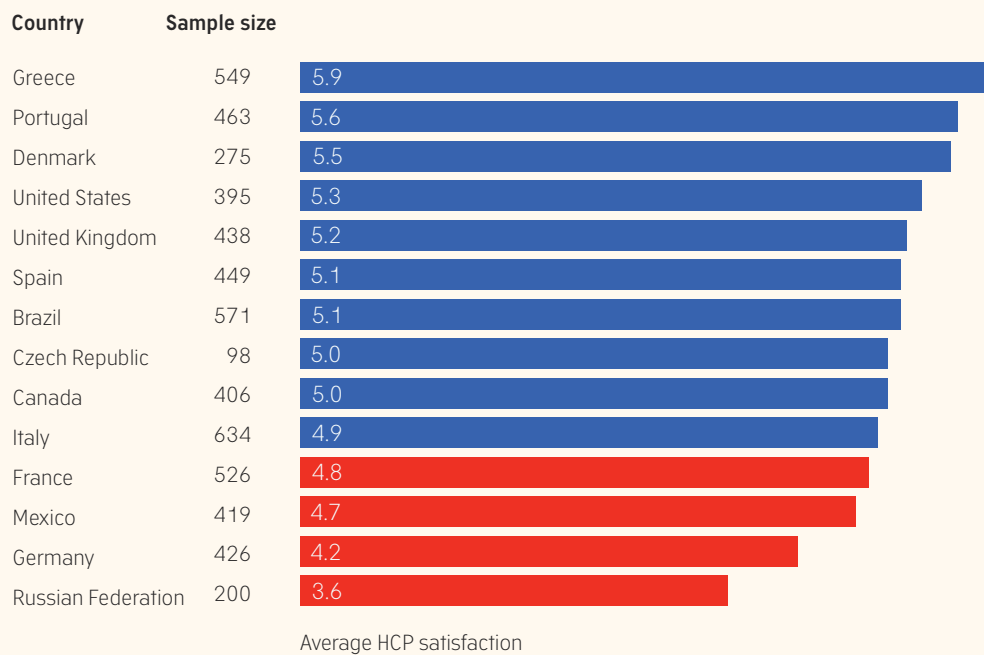


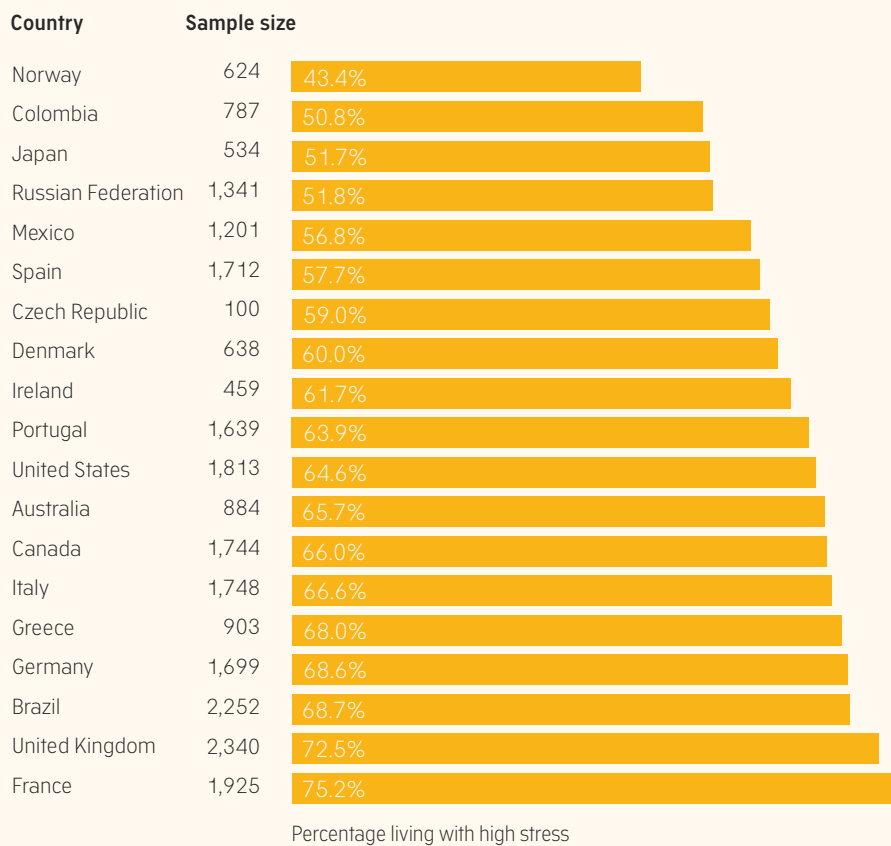
Figure C.7: Average levels of satisfaction with healthcare provider in relation to psoriasis by country, as measured on a scale from 0-10

“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

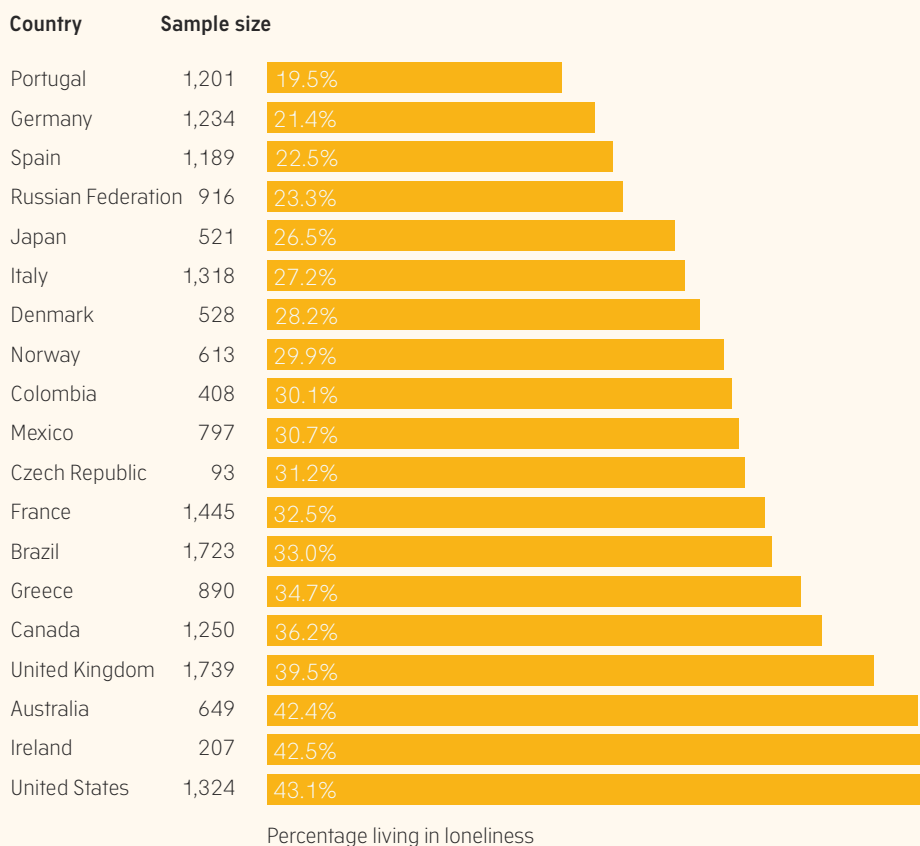
Figure D.1: Percentage of people living with high stress¹



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*.