World Psoriasis Happiness Report 2018

Norway

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HAPPINESS RESEARCH INSTITUTE

LEO Innovation Lab

Available at https://psoriasishappiness.report/

Contents.

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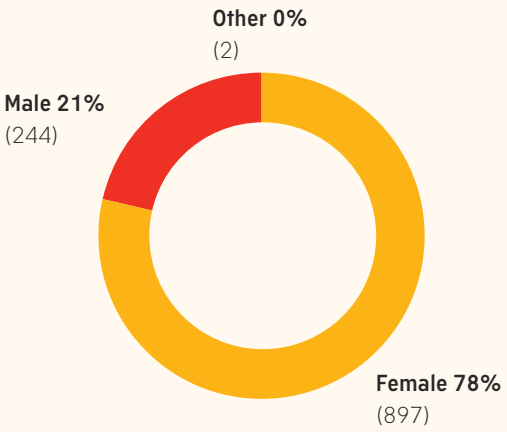
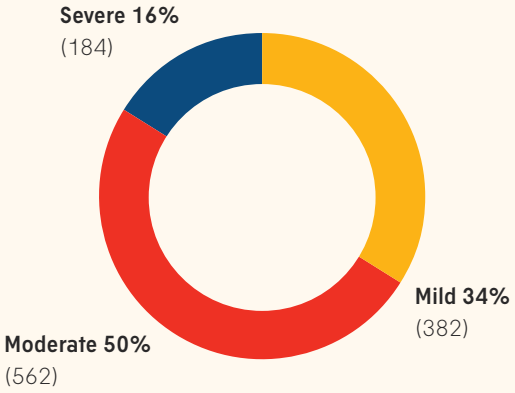
General Data & Happiness Results

General Data & Distributions. Total sample size: 1,151

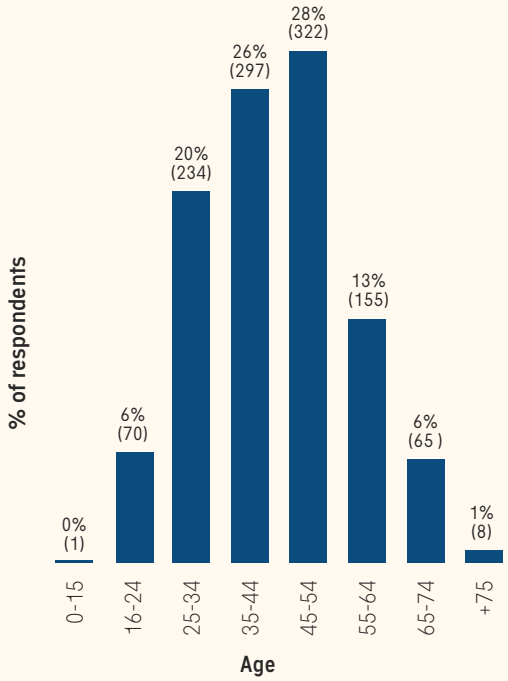
Gender distribution



Severity distribution



Age distribution



Severity distribution	Norway (N = 1,127)	Global (N = 54,438)
Mild	34%	37%
Moderate	50%	47%
Severe	16%	16%

In Norway, more than one third (34%) of all respondents report mild psoriasis, while half (52%) report moderate, and 16% report severe psoriasis[1]. The self-perceived severity distribution among the Norwegian respondents is in line with the global averages. (See also Fig. A.1 in the Appendix for a country comparison).

[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: 12th / 21

Happiness	Norway		Global	
	Happiness level	Happiness gap	Happiness level	Happiness gap
Overall	5.7	-24.0%	5.8	-11.1%
Gender				
- female	5.7	-23.8%	5.7	-14.1%
- male	5.7	-24.5%	6.1	-5.8%
Severity				
- mild	6.3	-16.5%	6.0	-6.1%
- moderate	5.7	-24.7%	5.6	-14.1%
- severe	4.8	-36.9%	4.6	-30.6%

The average happiness level of 5.7 places Norway as 12th in the happiness ranking of the 21 countries in the analysis. With a happiness gap of -24%, however, Norway is one of the countries with the largest happiness gaps (see Fig. A.2 and A.3 in the Appendix).

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

- On average, women and men with self-reported psoriasis in Norway are equally happy, contrasting to the global averages and many other countries, where women are often less happy than men.

- The happiness gaps become larger along with self-perceived severity: people who report more severe degrees of psoriasis are significantly less happy and experience larger happiness gaps: People living with self-perceived severe psoriasis report a happiness gap of up to -36.9%, while those with mild psoriasis report a happiness gap of -16.5%.

Stress & Loneliness

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

High stress: 43.4%
Loneliness: 29.9%

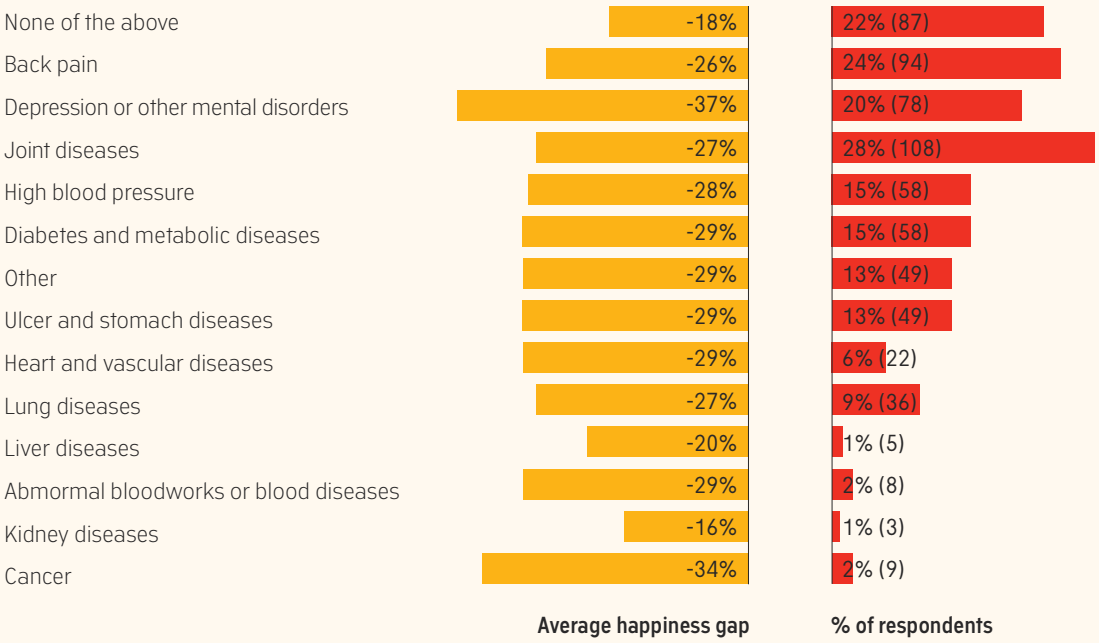
Norway is the country with the smallest proportion of people living with high stress, although 43% of respondents (i.e., more than 2 in 5) is still quite a lot. As for loneliness, Norway lands roughly in the middle amongst the countries surveyed, with almost a third (30%) of respondents reportedly living in loneliness.

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

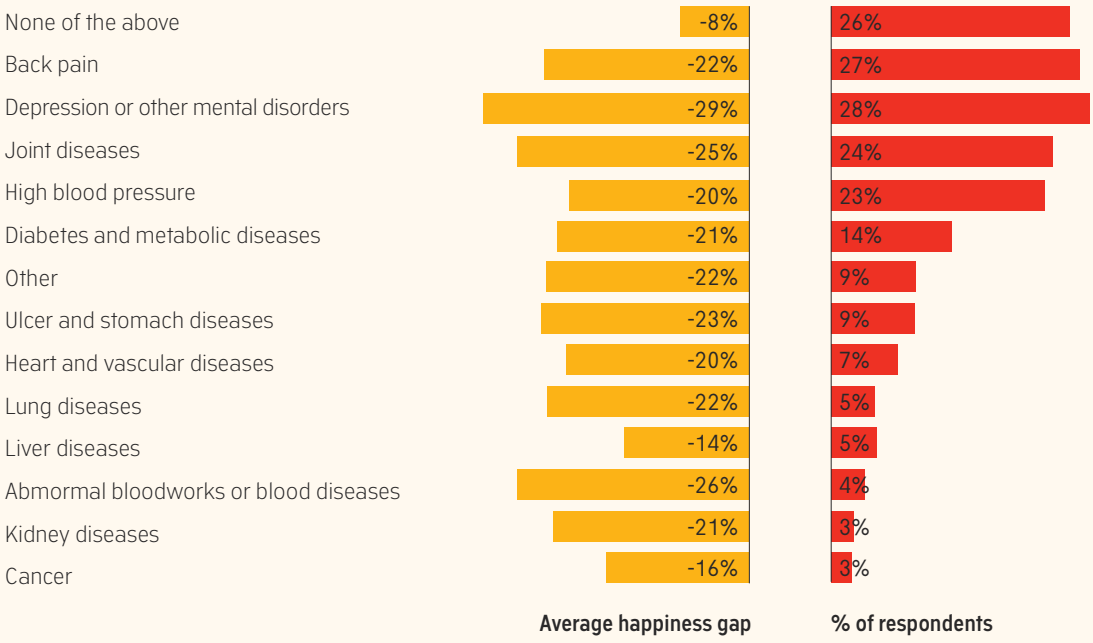
Psoriasis and Comorbidities

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

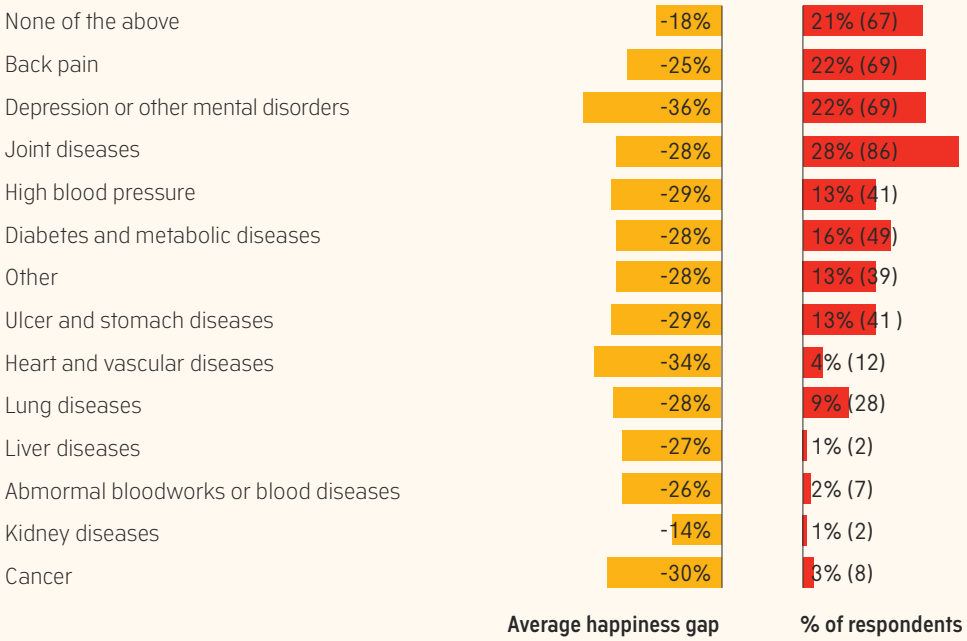
Norway - Comorbidities
N = 389



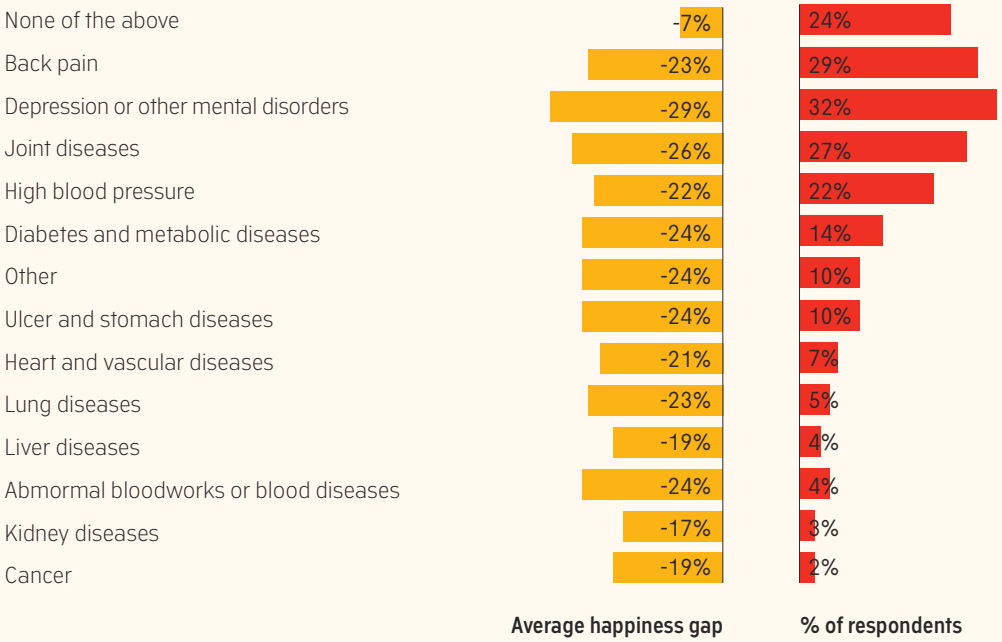
Global - Comorbidities
N = 11,055



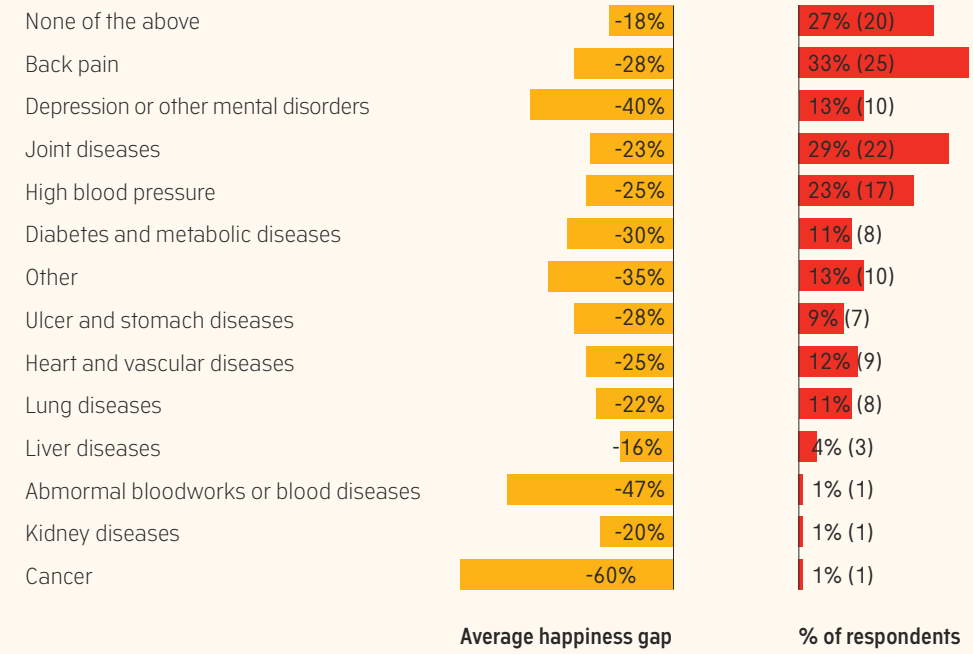
Norway - Comorbidities by gender - Female
N = 312



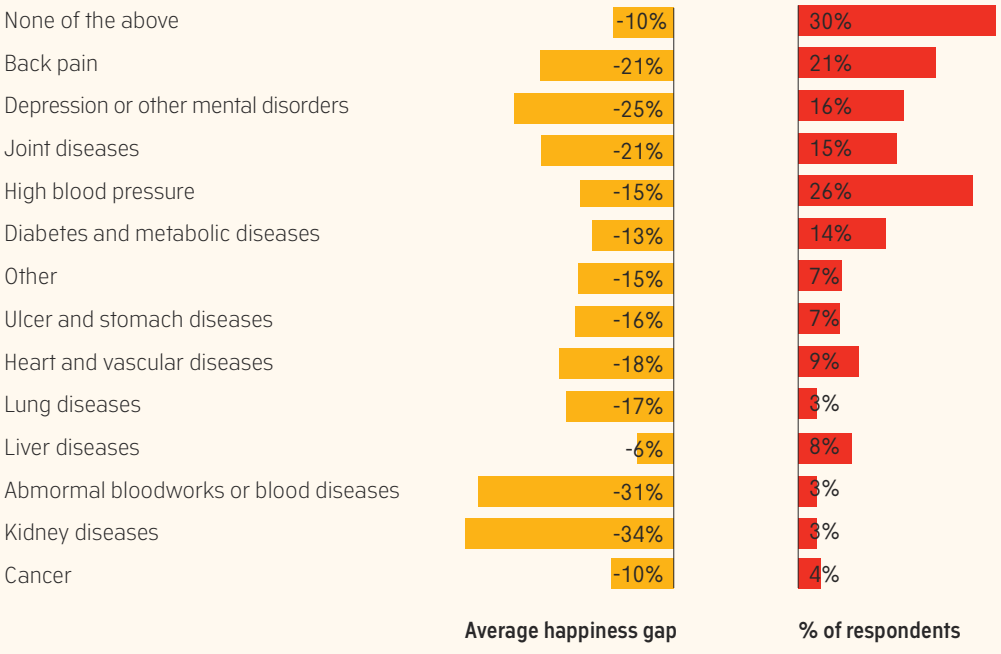
Global - Comorbidities by gender - Female
N = 8,649



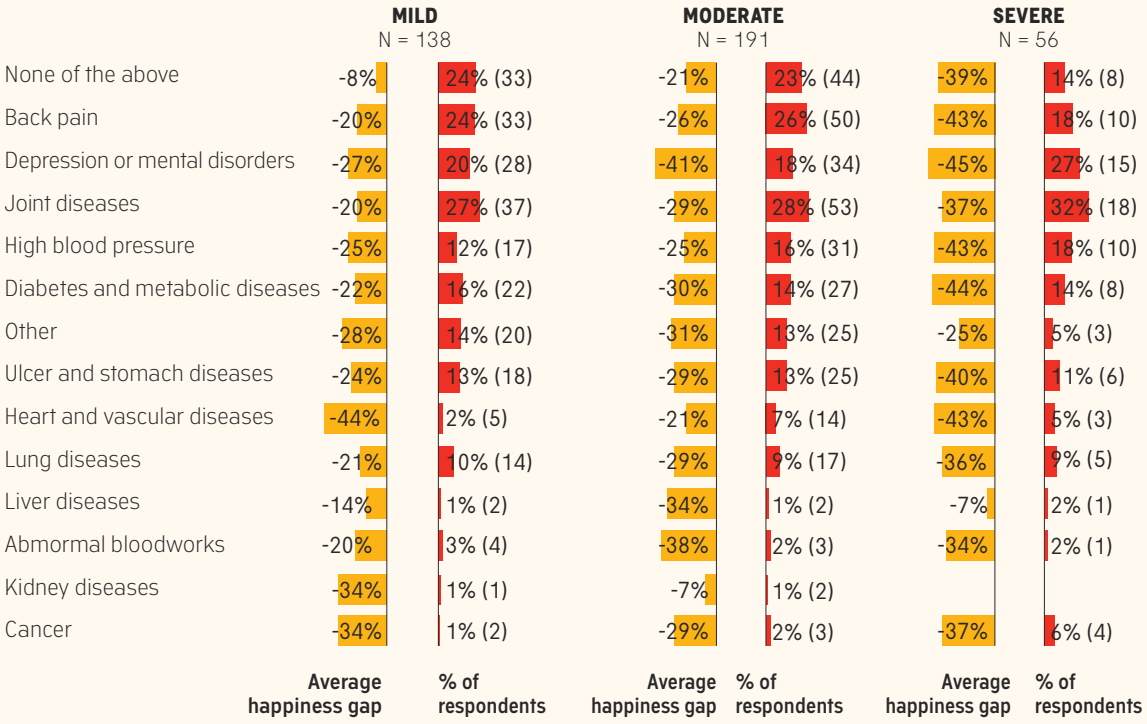
Norway - Comorbidities by gender - Male
N = 75



Global - Comorbidities by gender - Male
N = 2,349

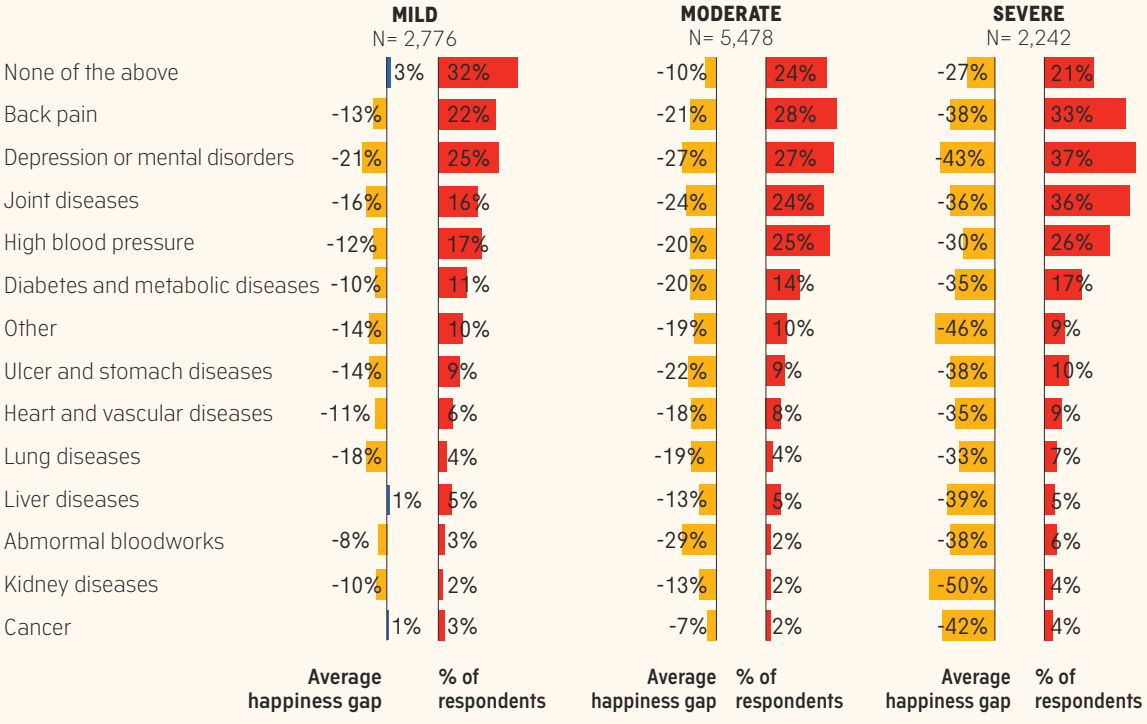


Norway - Comorbidities by severity



Note that the sample sizes in Norway are small, especially for respondents with self-perceived severe psoriasis, meaning that there's a higher degree of uncertainty related to these insights, that should be read as indicative hypotheses. Further surveys to gather more data are recommended to confirm these hypotheses.

Global - Comorbidities by severity



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

- Almost 4 in 5 (78%) of respondents in Norway reportedly suffer from one or more of the listed comorbidities (as 22% report "none of the listed"), which is close to the global norm of 74%.

- The most highly reported comorbidities in Norway are back pain (24%), depression or other mental disorders (20%), and joint diseases (28%). Compared to the global picture, it's interesting that fewer respondents in Norway report depression or other mental disorders (and high blood pressure as well), while a larger proportion report joint diseases.

- The happiness gaps related to most of the comorbidities are slightly larger in Norway than seen in the global picture. In particular, depression or other mental disorders stands out as the comorbidity related to the largest happiness in Norway - of -37%[3].

Turning to the split by gender, we see that:

- A slightly larger proportion of female respondents in Norway report comorbidities than men (79% vs. 73% globally). This is close to the global norm for both genders, if perhaps slightly larger.

- Depression seems to be more prevalent among women, with 22% of female respondents in Norway reporting it as a comorbidity compared to only 13% of men. On the other hand, a third of male respondents (33%) report back pain compared to only 22% of women. A larger proportion of male respondents in Norway also report high blood pressure (23% of men vs. 13% of women).

- Depression or other mental disorders is clearly the comorbidity related to the largest happiness gap for both genders (-36% for women and -40% for men).

Moving on to the split by severity in the bottom graphs, we see that[4]:

- A larger percentage of respondents with self-perceived severe psoriasis experience comorbidities compared to people with mild and moderate psoriasis. 76% of the respondents with self-perceived mild psoriasis report that they have one or more of the listed comorbidities (as 24% report none of the listed). For respondents with self-perceived severe psoriasis, the proportion is as large as 86%.

- The prevalence of back pain decreases slightly with self-perceived severity. The prevalence of depression or other mental disorders, however, and to a slightly smaller extent also joint diseases, increases with severity (from 20% to 27% for mild and severe for depression, and from 27% to 32% for mild and severe for joint diseases).

- Finally, we see that, as in the global case, the worse the severity the larger the happiness gap (although no claim of causality can be made).

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[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.

[4] Note that the sample sizes in Norway are rather small, especially for respondents with self-perceived severe psoriasis, meaning that there's a larger degree of uncertainty related to the data and results.

Healthcare Professionals

A variety of aspects related to the perceived relationship with healthcare professionals (HCPs) are analysed in this section. 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.

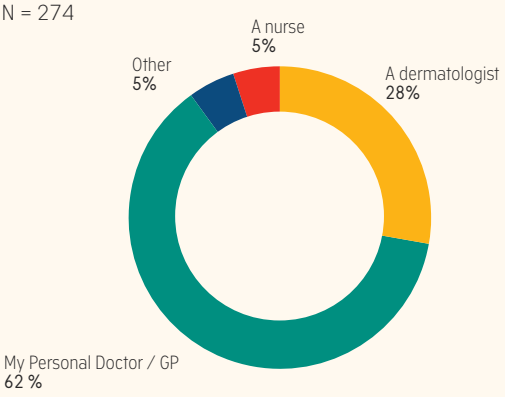
Healthcare Professional Type & Frequency of Visits

Firstly, 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 Norway and the global case.

Norway - HCP Type

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

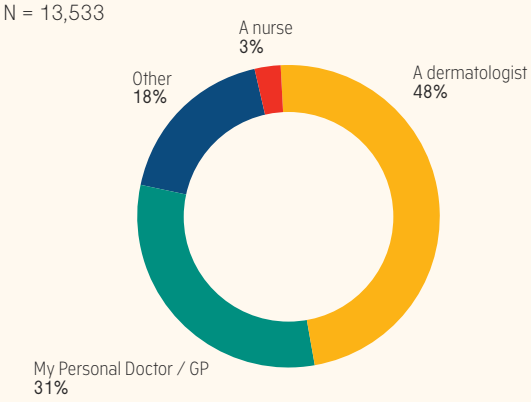
N = 274



Global - HCP Type

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

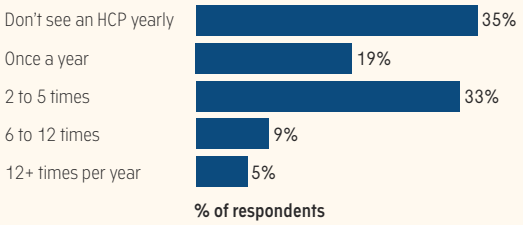
N = 13,533



Norway - HCP frequency

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

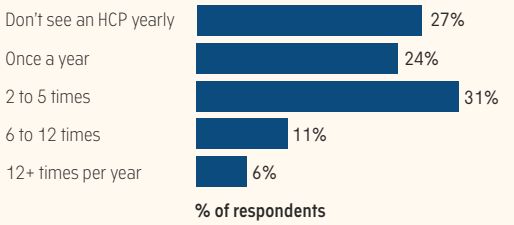
N = 275



Global - HCP Frequency

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

N = 13,062



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

- Most of the respondents in Norway (62%, i.e. more than 3 in 5) cited a personal doctor or GP as their main healthcare professional in relation to their psoriasis. This is different from the global averages of 31%; most respondents (48%) cited a dermatologist as their main healthcare professional. (See also Fig. C.1 in the Appendix for a comparison to other countries.)

In regards to frequency of visits, more than a third (35%) of respondents in Norway don't see their healthcare professional yearly, while 33% see their HCP 2-5 times. Compared to the global averages, the respondents in Norway generally seem to visit their healthcare professionals slightly less often. (See also Fig. C.2 in the Appendix for a comparison to other countries).

Diagnosis & Type of Treatment

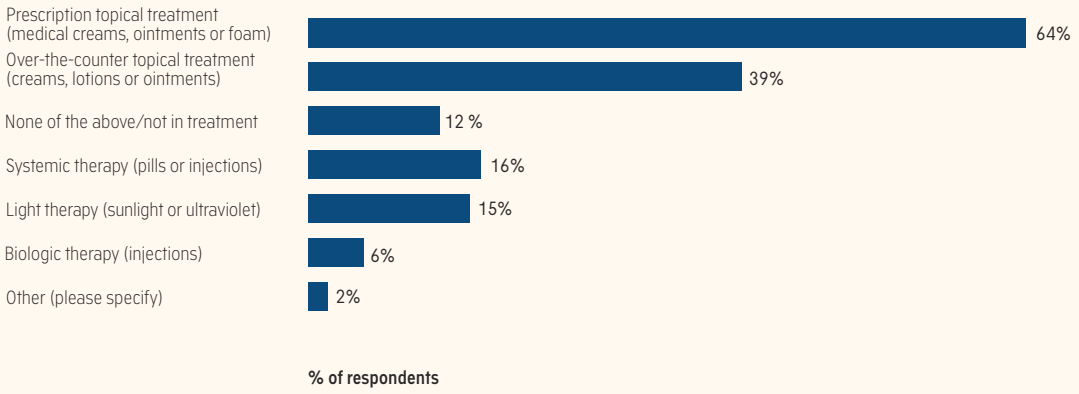
As seen in the table below, 3 in 4 (75%) in Norway said their psoriasis was diagnosed by a dermatologist, while only 18% said it was diagnosed by a personal doctor or GP. (See also Fig. C.4 in the Appendix for a country comparison).

Was your psoriasis diagnosis by..	Norway (N = 251)	Global (N = 14,184)
Dermatologist	75%	69%
Personal doctor / GP	18%	21%
Haven't been diagnosed by a doctor	6%	6%
Nurse	0%	1%
Other	1%	3%

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

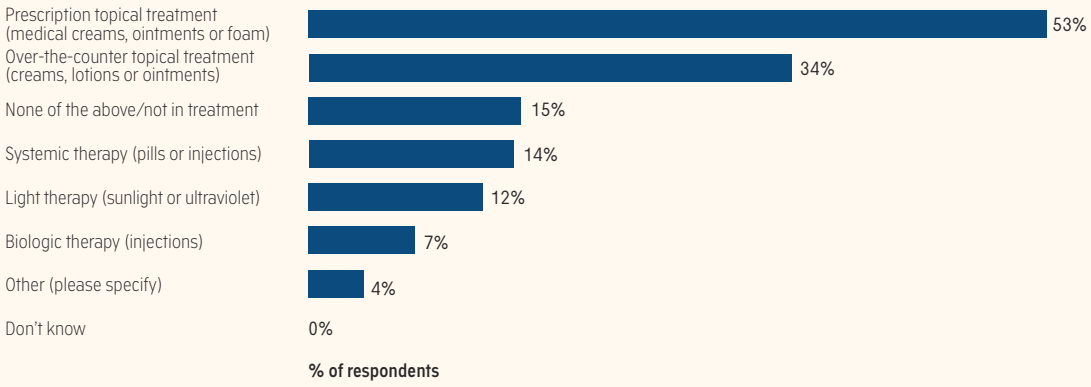
Norway - Treatment type

'Which of the following forms of treatment are you currently using (you may use more than one)?'
N = 577



Global - Treatment type

'Which of the following forms of treatment are you currently using (you may use more than one)?'
N = 36,574



The most commonly reported treatment type in Norway is prescription topicals, used by 64% of respondents. This is followed by over-the-counter topicals, used by 39%. Compared to the global norm, an even larger proportion in Norway are on topicals, both over-the-counter, but especially on prescription. (See also Fig. C.5 in the Appendix for a comparison with other countries.)

Healthcare Professional Relationship

The table below shows the number of people disagreeing with different statements around the healthcare professional relationship.

'To what extent do you agree with each of the following statements?' **% who 'Disagree' or 'Strongly disagree'**	Norway			Global		
	Overall	Women	Men	Overall	Women	Men
"My healthcare professionals are clear with the information about how to treat psoriasis"	49% (131)	53% (113)	33% (18)	40% (5,329)	41% (3,933)	36% (1,341)
"My healthcare professionals fully understand the impact psoriasis has on my mental well-being"	68% (183)	70% (150)	59% (33)	53% (7,055)	56% (5,311)	44% (1,683)
"I can get in touch with the healthcare professional when I'm in need"	26% (70)	27% (57)	23% (13)	36% (4,798)	37% (3,532)	34% (1,227)
"I have confidence in the abilities of my healthcare professionals to treat psoriasis"	34% (90)	35% (75)	27% (15)	42% (5,946)	44% (4,344)	39% (1,550)
"I always follow the advice of my healthcare professionals"	29% (79)	31% (65)	25% (14)	27% (3,692)	27% (2,611)	28% (1,035)
"I've been informed about all the different treatment options related to my condition"	74% (197)	76% (159)	68% (38)	55% (7,240)	57% (5,424)	50% (1,763)
"The system provides me with sufficient financial support in relation to my skin condition"	75% (201)	76% (161)	71% (40)	67% (8,865)	69% (6,535)	63% (2,267)
"There is sufficient public awareness regarding my disease"	85% (225)	87% (181)	79% (44)	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.)

The respondents in Norway are generally more dissatisfied with aspects around the relationship with their healthcare professional than is seen in the global picture. For example:

- More than 2 in 3 (68%) don't think their healthcare professionals fully understand the impact that psoriasis has on their mental well-being (vs. 53% globally).

- Roughly 3 in 4 (74%) don't think they have been informed of all the different treatment options related to psoriasis (much higher than the global norm of 55%).

- 3 in 4 (75%) also don't think the system provides them with sufficient financial support in relation to their skin condition (higher than the global norm of 67%).

On the other hand, more respondents in Norway think that they can get in touch with their healthcare professional when in need (only 26% disagree with the statement vs. 36% globally).

The largest degree of dissatisfaction is seen when it comes to public awareness regarding psoriasis, where as many as 85% of the respondents in Norway don't think it is adequate (vs. 79% globally).

In regards to gender differences, we see that the female respondents in Norway are more dissatisfied than their male counterparts across all the different aspects and statements. This is especially true for the statement around healthcare professionals being clear with the information about how to treat psoriasis, where 53% of women vs. 33% of men disagree.

Appendix

General Results & Happiness

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

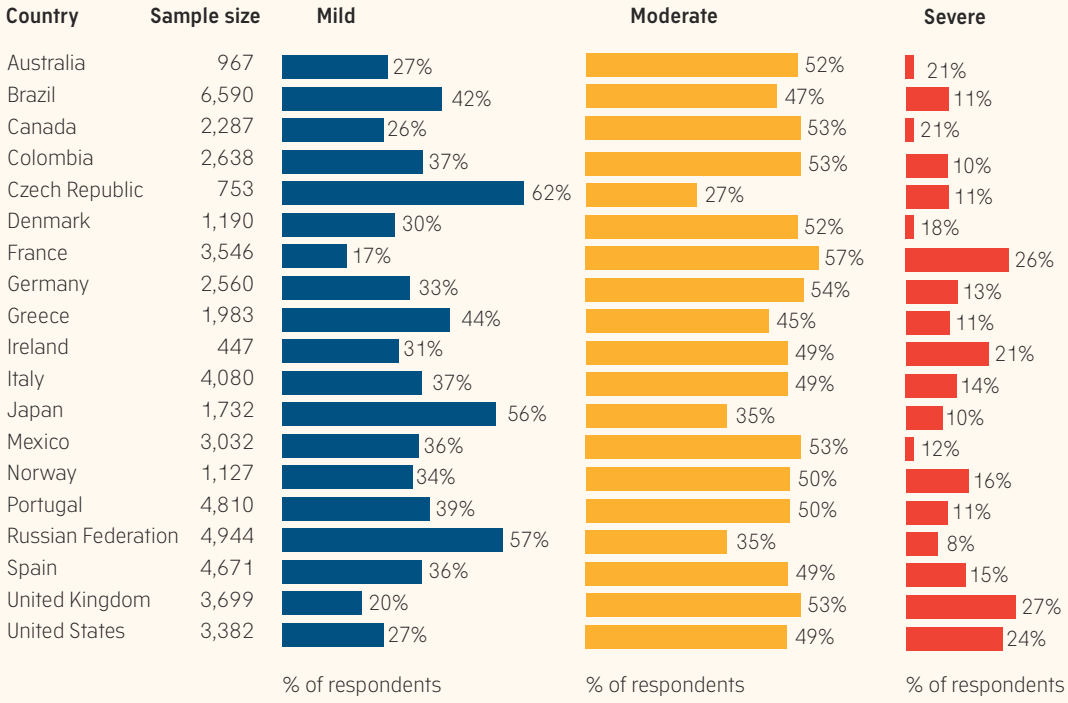
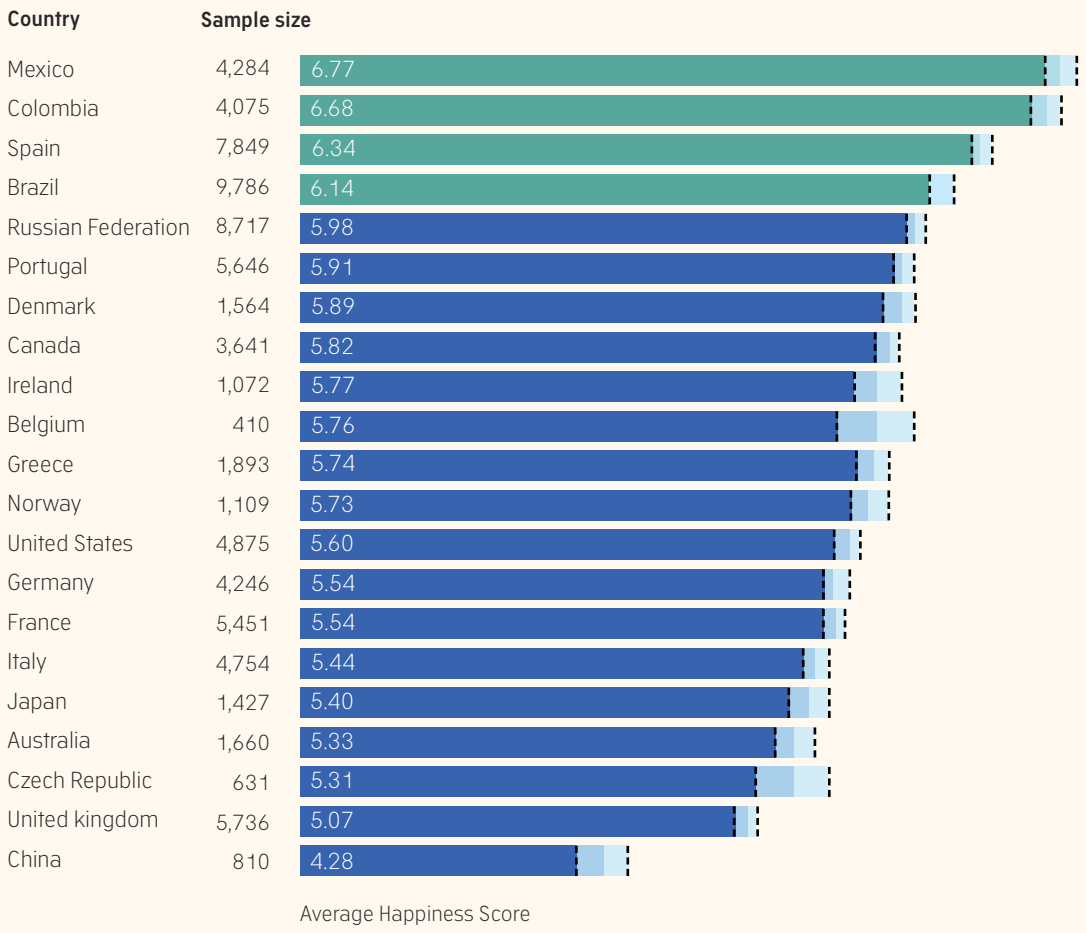
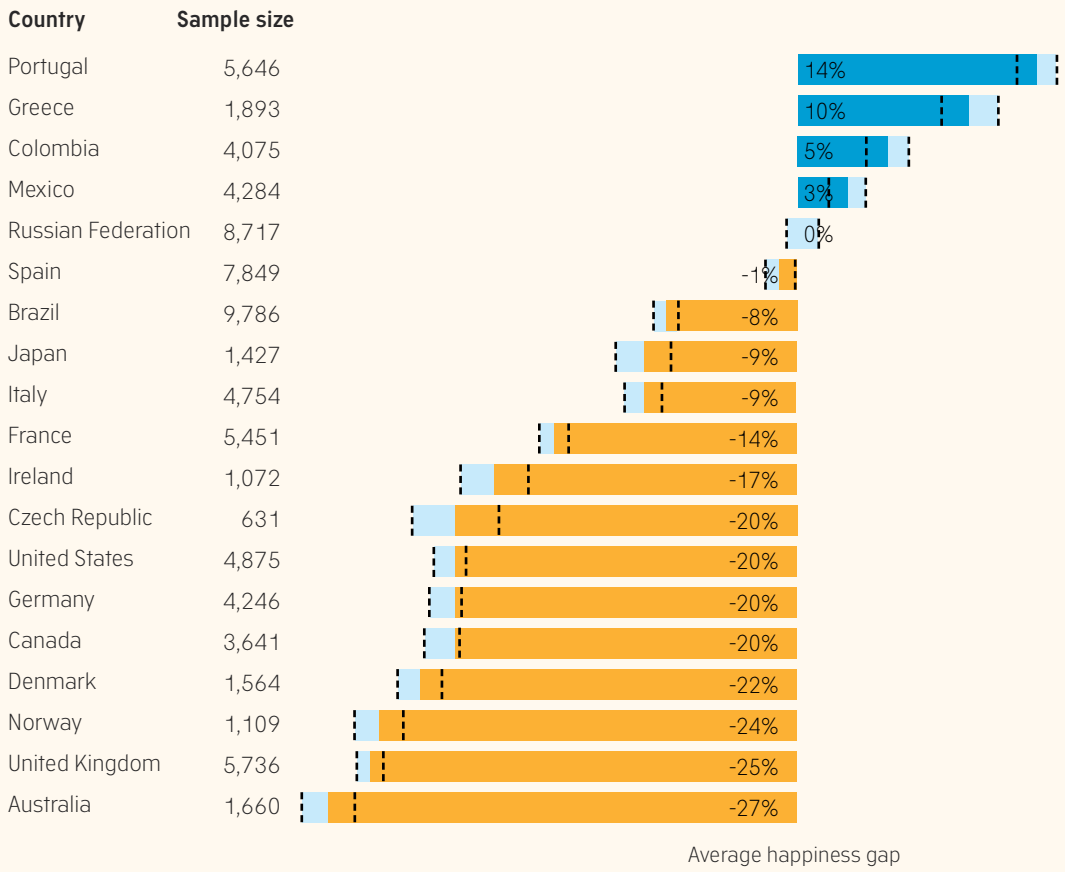


Figure A.2: Country ranking: Psoriasis happiness levels per country
(With 95% confidence interval bands)



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."

Country	Sample size	
Canada	261	64.1
Spain	266	63.9
Mexico	198	63.7
United States	195	62.2
United Kingdom	211	62.0
Denmark	115	59.1
Czech Republic	33	58.3
Portugal	240	54.8
France	181	49.0
Germany	152	46.6
Brazil	172	45.4
Italy	265	45.0
Russian Federation	119	8.1
Greece	310	7.1

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."

Country	Sample size	
Mexico	196	75.2
Greece	304	74.8
Russian Federation	115	74.5
Portugal	229	72.9
Czech Republic	34	71.0
Spain	251	70.2
Denmark	111	65.6
Canada	248	63.9
Italy	253	61.8
United States	196	60.1
United Kingdom	204	57.1
Germany	147	54.9
Brazil	166	54.5
France	175	53.0

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."

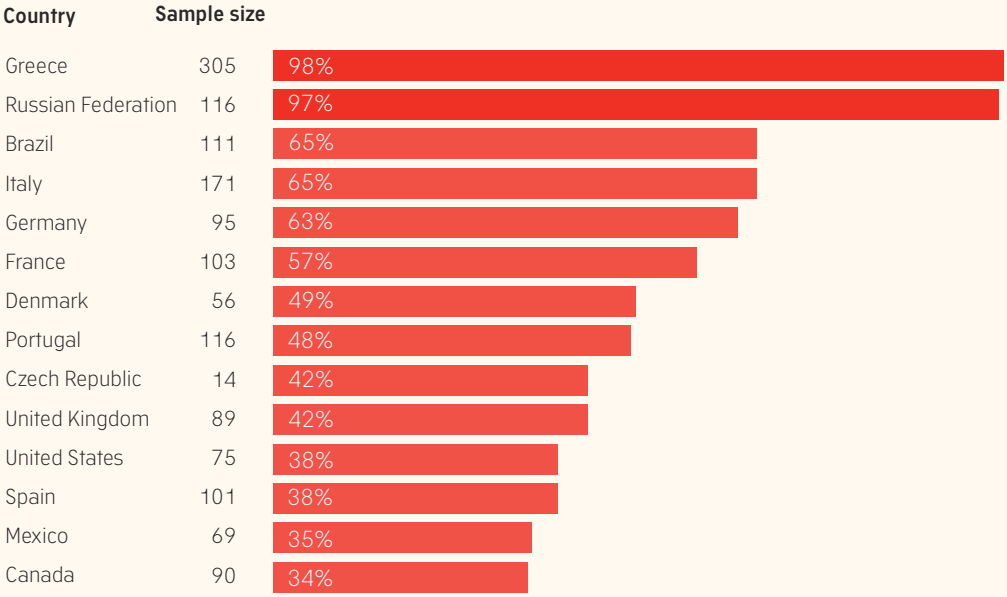


Figure B.4: Percentage of people working at 50% productivity or less (measured on a scale from 0-100) when they should have stayed home because of other health issues

"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."

Country	Sample size	
France	99	57%
Germany	78	53%
Brazil	86	52%
United Kingdom	105	51%
United States	88	45%
Italy	110	43%
Denmark	43	39%
Canada	94	38%
Czech Republic	11	32%
Spain	80	32%
Portugal	66	29%
Russian Federation	28	24%
Mexico	46	23%
Greece	69	23%

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"

Country	Stress	Depression or anxiety	Skin flare-up	Pain
Brazil	7.2	6.7	5.2	4.7
Canada	6.6	5.6	5.5	5.4
Czech Republic	5.7	5.0	5.0	4.9
Denmark	5.4	4.9	5.0	4.7
France	7.1	5.5	5.9	5.1
Germany	6.6	4.6	5.1	4.6
Greece	6.3	4.9	4.0	3.1
Italy	7.4	5.6	5.9	4.9
Mexico	7.0	5.8	5.4	4.5
Portugal	6.7	5.5	5.4	4.1
Russian Federation	5.7	5.3	4.6	2.9
Spain	6.7	5.1	5.5	4.4
United Kingdom	6.9	6.3	6.3	5.7
United States	7.4	6.3	6.4	6.2

Country	Trouble sleeping	Bleeding	Trouble walking
Brazil	5.0	2.7	2.4
Canada	4.6	3.5	2.8
Czech Republic	3.5	3.4	2.9
Denmark	4.4	3.0	3.3
France	5.5	3.7	2.9
Germany	5.0	2.8	3.2
Greece	3.0	1.8	2.0
Italy	4.3	3.9	2.6
Mexico	4.1	3.2	2.6
Portugal	4.1	2.5	2.6
Russian Federation	3.2	2.3	2.3
Spain	3.7	3.0	2.6
United Kingdom	5.7	4.5	3.7
United States	6.3	3.8	4.7

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

	Annual cost Absen-teeism ($Million)	% Absen-teeism due to psoriasis	Annual cost Presen-teeism ($Million)	% Presen-teeism due to psoriasis	Total cost ($Million)	Total cost per 100.000 people in employ-ment ($Million)	Total cost as a percentage of GDP
Brazil	$2,724	37.0%	$689	55.8%	$3,413	$3.8	0.11%
Canada	$586	34.1%	$182	44.0%	$767	$4.1	0.05%
Denmark	$531	30.8%	$44	59.5%	$574	$20.2	0.20%
France	$17,281	39.2%	$3,215	60.6%	$20,497	$74.8	0.71%
Germany	$14,416	41.4%	$1,569	46.9%	$15,985	$38.5	0.38%
Greece	$36	30.6%	$21	63.2%	$57	$1.4	0.02%
Italy	$2,184	42.9%	$1,027	47.0%	$3,211	$14.5	0.13%
Mexico	$920	63.1%	$149	62.9%	$1,070	$1.9	0.05%
Portugal	$179	35.4%	$35	75.6%	$215	$4.5	0.06%
Russia	$2,644	30.6%	$806	83.5%	$3,450	$4.8	0.09%
Spain	$1,083	32.6%	$230	60.3%	$1,313	$6.9	0.07%
UK	$2,174	50.8%	$463	56.4%	$2,638	$8.1	0.09%
US	$22,906	54.8%	$7,611	68.0%	$30,517	$19.6	0.16%

Healthcare professionals and Psoriasis

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

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

Country	Sample size	A dermatologist	My personal doctor/GP	A nurse	Other
Brazil	1096	57%	14%	5%	24%
Canada	839	34%	55%	2%	9%
Czech Republic	98	76%	9%	0%	15%
Denmark	532	48%	40%	3%	8%
France	1,035	35%	55%	0%	10%
Germany	884	60%	29%	0%	11%
Greece	965	78%	6%	0%	16%
Italy	1,078	49%	34%	2%	15%
Mexico	927	47%	25%	4%	24%
Portugal	1,016	47%	35%	3%	14%
Russian Federation	663	54%	12%	8%	27%
Spain	916	51%	31%	2%	16%
United Kingdom	1,065	35%	53%	4%	8%
United States	950	46%	31%	2%	21%
		% of respondents	% of respondents	% of respondents	% of respondents

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 dues to your psoriasis?"

Country	Sample size	Don't see an HCP yearly	Once a year	2 to 5 times
Brazil	1,080	29%	29%	28%
Canada	831	22%	29%	37%
Czech Republic	99	19%	20%	36%
Denmark	517	31%	16%	37%
France	1,017	24%	25%	34%
Germany	831	18%	27%	35%
Greece	959	39%	23%	26%
Italy	1,065	41%	29%	21%
Mexico	905	36%	30%	22%
Portugal	896	24%	32%	33%
Russian Federation	644	41%	39%	12%
Spain	899	31%	27%	30%
United Kingdom	953	26%	18%	37%
United States	923	19%	20%	41%
		% of respondents	% of respondents	% of respondents

Country	Sample size	6 to 12 times	12+ times per year
Brazil	1,080	9%	5%
Canada	831	9%	3%
Czech Republic	99	18%	6%
Denmark	517	11%	4%
France	1,017	13%	4%
Germany	831	14%	6%
Greece	959	10%	1%
Italy	1,065	6%	3%
Mexico	905	9%	4%
Portugal	896	7%	4%
Russian Federation	644	3%	5%
Spain	899	10%	2%
United Kingdom	953	12%	7%
United States	923	14%	6%
		% of respondents	% of respondents

Figure C.3: Healthcare Professional institution by country

"Is your primary healthcare professional for your psoriasis?"

Country	Sample size	Working in an institution (clinic or hospital) run as part of the public healthcare sector (free for you)	Working in a private institution that is paid by your private health health insurer	Working in a private institution that you pay out of your pocket for your each visit	Other
Brazil	563	26%	41%	21%	12%
Canada	400	78%	13%	2%	8%
Czech Republic	98	64%	22%	3%	10%
Denmark	267	72%	18%	2%	8%
France	517	24%	29%	27%	21%
Germany	418	49%	25%	5%	21%
Greece	540	32%	14%	47%	7%
Italy	623	53%	8%	27%	12%
Mexico	409	32%	8%	45%	15%
Portugal	453	49%	22%	21%	8%
Russian Federation	190	51%	6%	29%	14%
Spain	444	78%	11%	6%	6%
United Kingdom	426	83%	4%	3%	11%
United States	383	17%	58%	14%	11%
		% of respondents	% of respondents	% of respondents	% of respondents

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:"

Country	Sample size	A dermatologist	My personal doctor/GP	I haven't been diagnosed by a doctor
Brazil	855	79%	11%	7%
Canada	664	56%	31%	9%
Czech Republic	635	37%	28%	11%
Denmark	743	75%	17%	5%
France	1,813	58%	31%	8%
Germany	1,058	71%	21%	5%
Greece	1,189	89%	4%	5%
Italy	1,546	82%	10%	5%
Mexico	638	75%	12%	11%
Portugal	1,008	69%	19%	8%
Russian Federation	380	81%	6%	11%
Spain	971	84%	12%	4%
United Kingdom	1,808	46%	49%	4%
United States	596	73%	18%	5%
		% of respondents	% of respondents	% of respondents

Country	Sample size	Other	A nurse
Brazil	855	3%	1%
Canada	664	3%	1%
Czech Republic	635	21%	4%
Denmark	743	2%	1%
France	1,813	3%	0%
Germany	1,058	3%	0%
Greece	1,189	2%	0%
Italy	1,546	3%	0%
Mexico	638	2%	0%
Portugal	1,008	3%	0%
Russian Federation	380	3%	1%
Spain	971	1%	0%
United Kingdom	1,808	1%	0%
United States	596	4%	1%
		% of respondents	% of respondents

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)?"

Country	Sample size	Prescription topical treatment (medical creams, ointments or foam)	Over-the-counter topical treatment (creams, lotions or ointments)	Systemic therapy (pills or injections)	Light therapy (sunlight or ultraviolet)
Brazil	2,120	45%	39%	14%	9%
Canada	1,596	60%	34%	13%	17%
Czech Republic	391	41%	50%	6%	11%
Denmark	1,005	54%	32%	14%	14%
France	2,762	57%	29%	7%	10%
Germany	1,968	50%	44%	13%	17%
Greece	1,546	43%	28%	15%	9%
Italy	2,295	48%	32%	9%	12%
Mexico	1,026	44%	31%	14%	4%
Portugal	1,845	55%	29%	12%	7%
Russian Federation	1,160	43%	45%	11%	23%
Spain	1,778	54%	29%	12%	10%
United Kingdom	3,184	68%	31%	14%	13%
United States	1,542	54%	38%	22%	15%
		% of respondents	% of respondents	% of respondents	% of respondents

Country	Sample size	Biologic therapy (injections)	Other (please specify)	None of the above/not in treatment	Don't know
Brazil	2,120	4%	5%	14%	0%
Canada	1,596	7%	4%	13%	0%
Czech Republic	391	3%	1%	6%	8%
Denmark	1,005	5%	6%	12%	0%
France	2,762	5%	4%	16%	0%
Germany	1,968	5%	3%	12%	0%
Greece	1,546	7%	5%	13%	0%
Italy	2,295	6%	3%	13%	0%
Mexico	1,026	4%	4%	22%	0%
Portugal	1,845	7%	3%	11%	0%
Russian Federation	1,160	3%	3%	13%	0%
Spain	1,778	7%	2%	13%	0%
United Kingdom	3,184	5%	2%	11%	0%
United States	1,542	17%	4%	13%	0%
		% of respondents	% of respondents	% of respondents	% of respondents

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?"

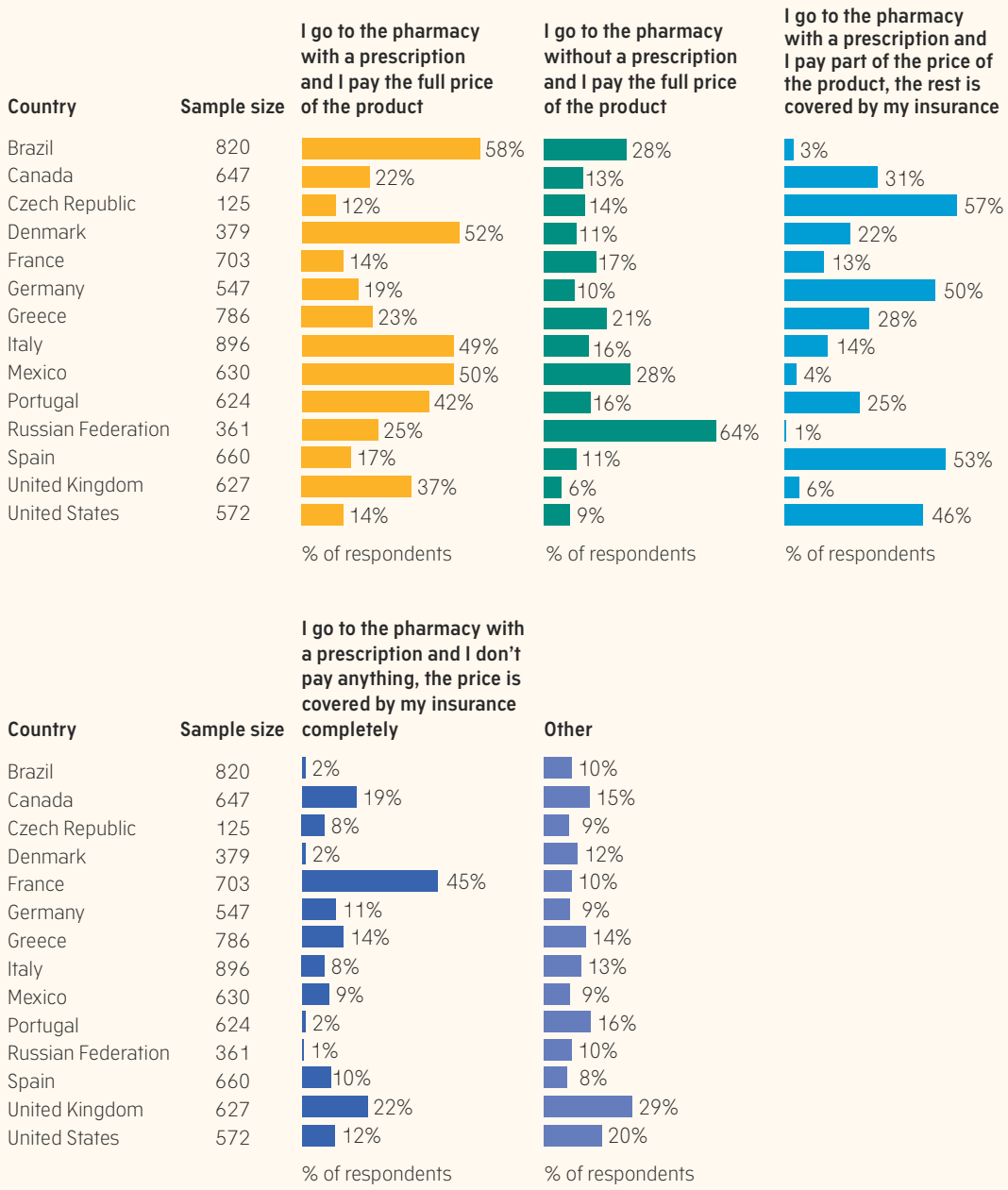


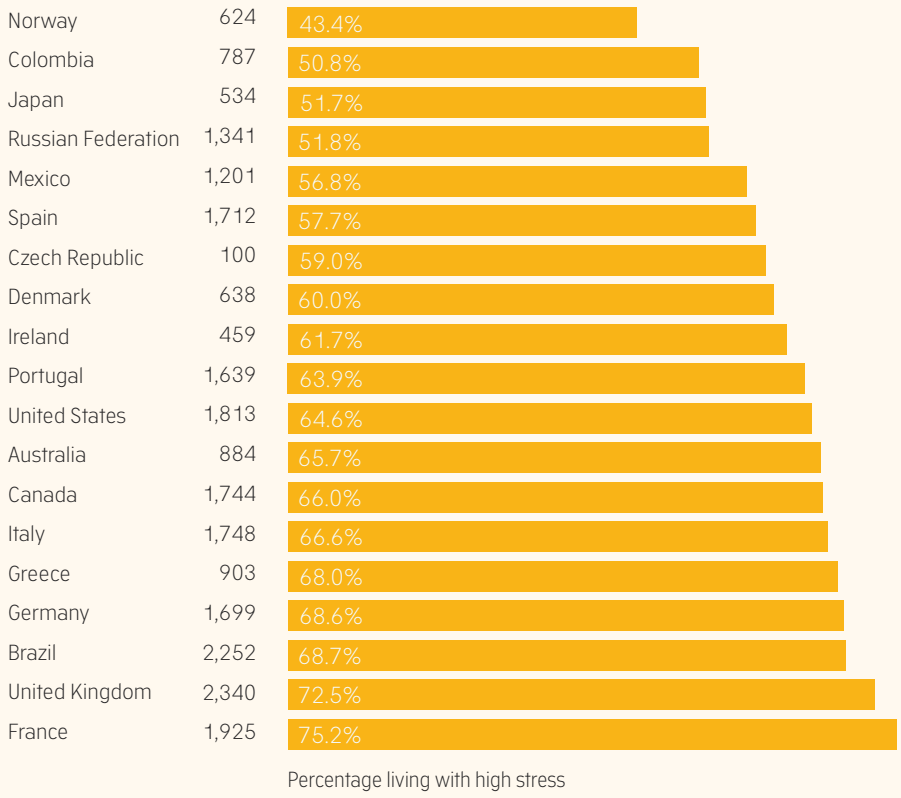
Figure C.7: Average levels of satisfaction with healthcare provider in relation to psoriasis by country, as measured on a scale from 0-10

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

Country	Sample size	Average HCP satisfaction
Greece	549	5.9
Portugal	463	5.6
Denmark	275	5.5
United States	395	5.3
United Kingdom	438	5.2
Spain	449	5.1
Brazil	571	5.1
Czech Republic	98	5.0
Canada	406	5.0
Italy	634	4.9
France	526	4.8
Mexico	419	4.7
Germany	426	4.2
Russian Federation	200	3.6

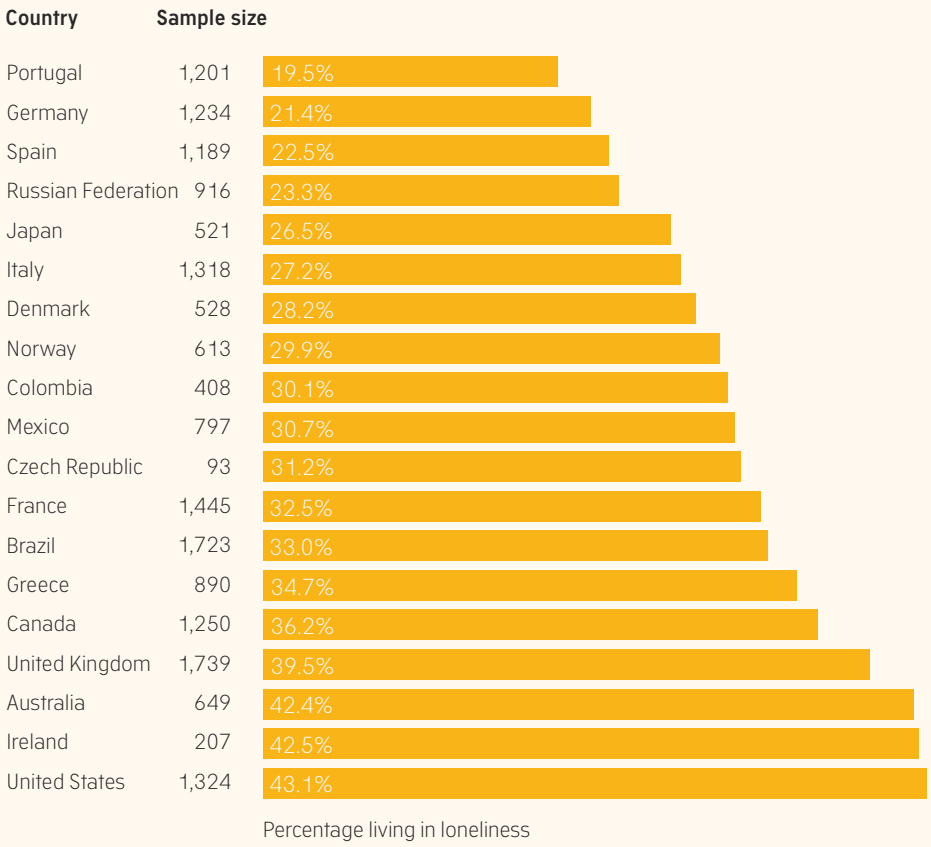
Levels of self-reported Stress & Loneliness

Figure D.1: Percentage of people living with high stress[1]



[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 loneliness[2]. The analysis of the results used the most conservative interpretation of the loneliness scores.[3])



[2] The three questions are: "How often do you feel that you lack companionship?", "How often do you feel left out?", and "How often do you feel isolated from others?", all of which are answered with "often", "some of the time", or "hardly ever". Source: Hughes, M. E., Waite, L. J., Hawkley, 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.

[3] Examples of establishing a minimum score for loneliness: A total score of at least '4' (Chalise, Kai, & Saito, 2010), '6' (Hand et al.,2014; Shiovitz-Ezra & Ayalon, 2012) and '7' (Boehlen et al., 2014). We have picked the latter, which is the most conservative approach. It means that the respondents have to answer at least 'often' to one of the 3 questions and at least 'some of the time' to the other two.
Source: Boehlen, F., Herzog, W., Quinzler, R., Haefeli, W. E., Maatouk, I., Niehoff, D., et al. (2014). Loneliness in the elderly is associated with the use of psychotropic drugs. International Journal of Geriatric Psychiatry.