



World
Psoriasis
Happiness
Report 2018



Portugal

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

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Authors:

Christian Birch Okkels, MSc Physics, Data Scientist at LEO Innovation Lab

Michael Birkjær, MSc Political Science, Analyst at the Happiness Research Institute

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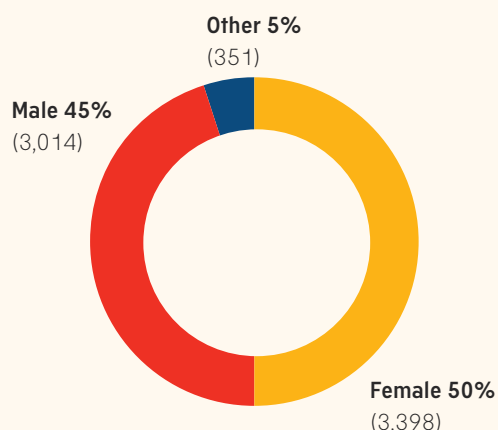
26 Appendix



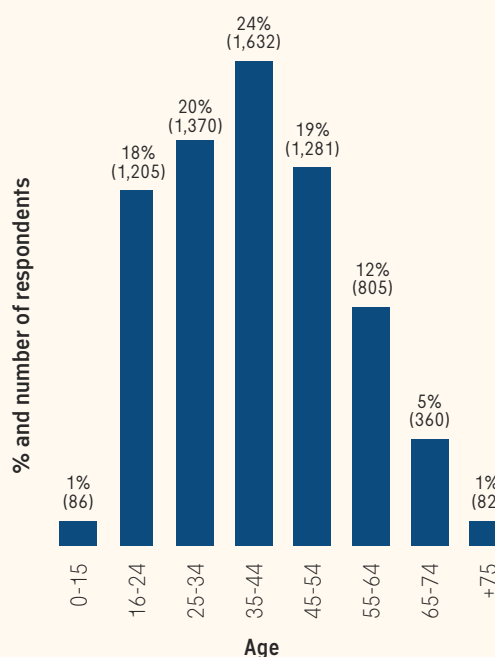
General Data & Happiness Results

General Data & Distributions. Total sample size: 3,943

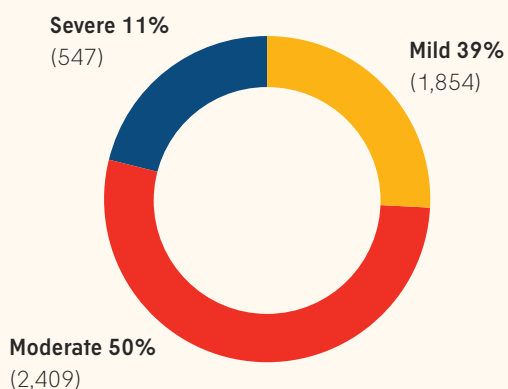
Gender distribution



Age distribution



Severity distribution



Severity distribution	Portugal (N = 4,810)	Global (N = 54,438)
Mild	39%	37%
Moderate	50%	47%
Severe	11%	16%

In Portugal, half of the respondents (50%) reported they have moderate psoriasis, while nearly 4 in 10 (39%) reported mild psoriasis, and the remaining 1 in 10 severe¹. Compared to the other countries in the analysis,

the severity distribution in Portugal is relatively close to the global averages (see Fig. A.1 in the Appendix)¹.

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: 5.9 Happiness ranking: 6th / 21

Happiness	Portugal		Global	
	Happiness level	Happiness gap	Happiness level	Happiness gap
Overall	5.9	+13.7%	5.8	-11.1%
Gender				
- female	5.7	+9.8%	5.7	-14.1%
- male	6.2	+18.4%	6.1	-5.8%
Severity				
- mild	6.4	+23.4%	6.0	-6.1%
- moderate	5.7	+10.0%	5.6	-14.1%
- severe	4.8	-6.8%	4.6	-30.6%

The average happiness level of 5.9 places Portugal as 6th in the happiness ranking of the 21 countries in the analysis. With an overall happiness gap of +14% (which isn't really a gap in the negative sense of many other countries), Portugal is actually the "best" country in this regard, or at least the one where psoriasis seems to influence people's happiness the least (see Fig. A.3 in the Appendix).

It is very important to note that the happiness gaps are relative in the sense that they capture a difference, and should therefore not be mistaken for absolute happiness levels. In other words: the Portuguese psoriasis populations are not the happiest populations nor the population least often subject to misery; 25% reported happiness level scores lower than 4 on the scale from 0 to 10. Rather, they are doing better than their fellow citizens. As we can see below, they still experience in high percentages stress and loneliness.

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

- Women with self-reported psoriasis are less happy than their male counterparts, which is the same pattern seen in most of the other countries and on a global scale.

- The happiness level drops significantly with the reported level of psoriasis severity. People with self-perceived severe psoriasis are significantly less happy and experience larger happiness gaps, once again similar to other countries and the global averages.

Stress & Loneliness

As seen from Fig. D.1 and D.2 in the Appendix, the percentages of respondents in Portugal who experience high stress and loneliness are²:

High stress: 63.9%

Loneliness: 19.5%

Thus, almost 2 in 3 (64%) of respondents experience high stress. Compared to other countries, this places Portugal roughly in the middle when it comes to stress. However, in regards to loneliness, Portugal is the country with the lowest percentage of people living in loneliness.

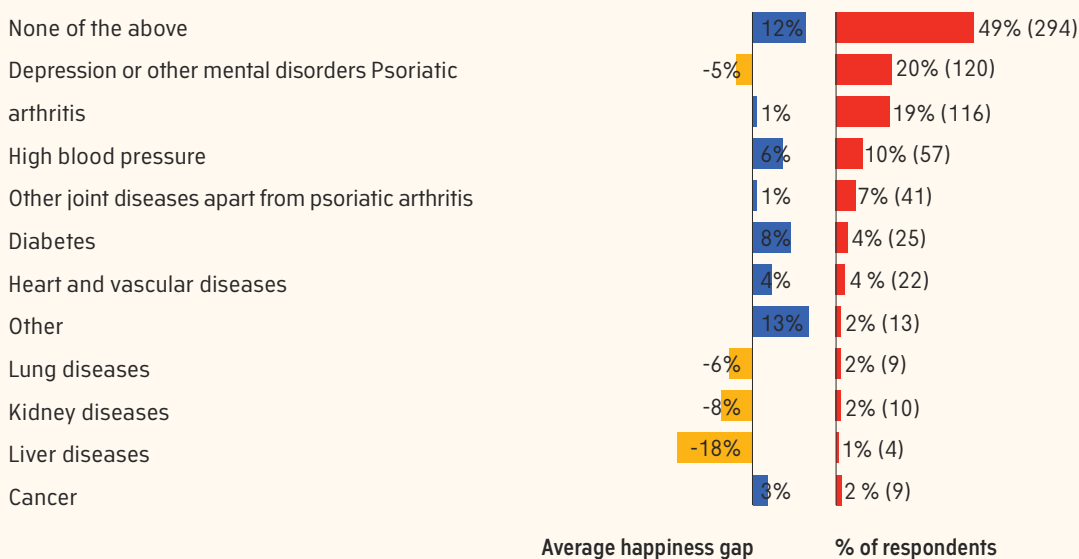
² See Appendix Fig. D.1 and Fig. D.2 for methodology and calculation used to determine "high stress" and "loneliness".

Psoriasis and Comorbidities

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

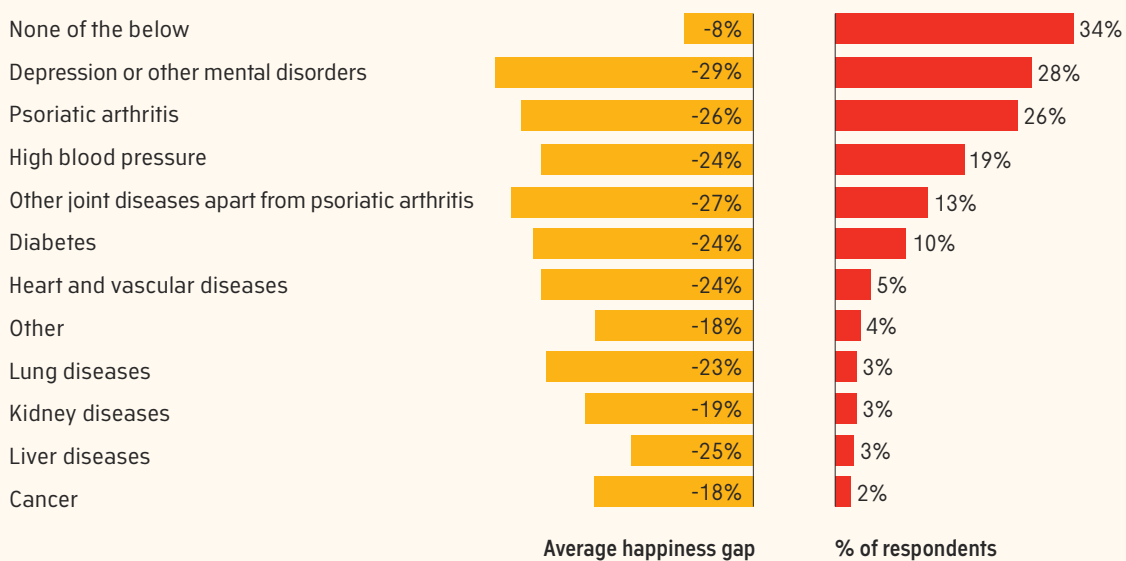
Portugal - Comorbidities

N = 599



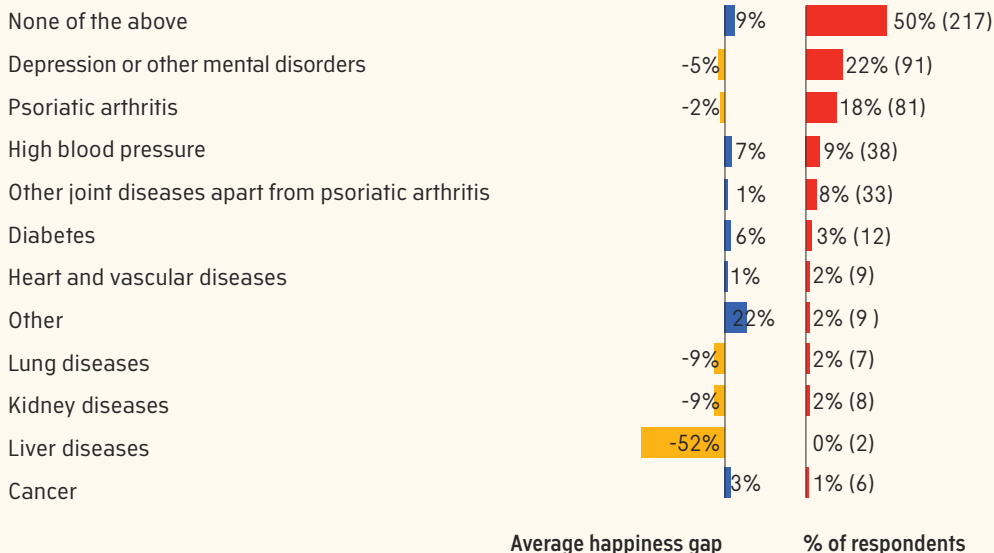
Global - Comorbidities

N=10,828



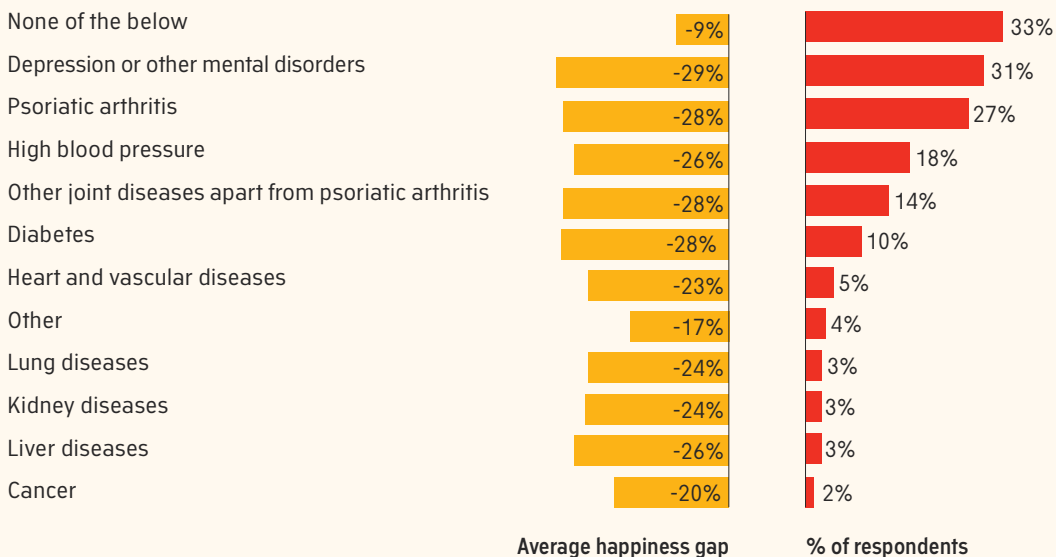
Portugal - Comorbidities by gender - Female

N = 438



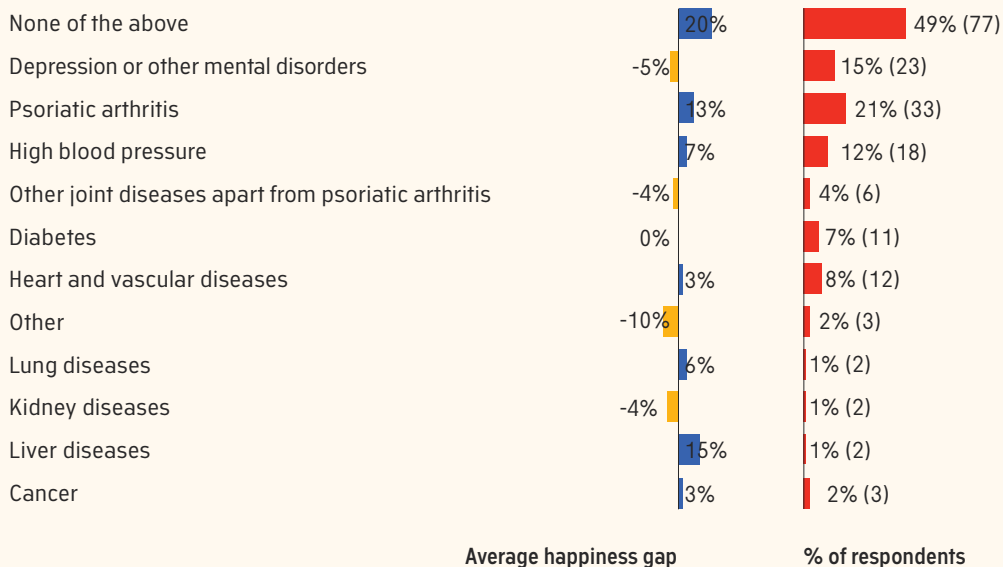
Global - Comorbidities by gender - Female

N = 8,398



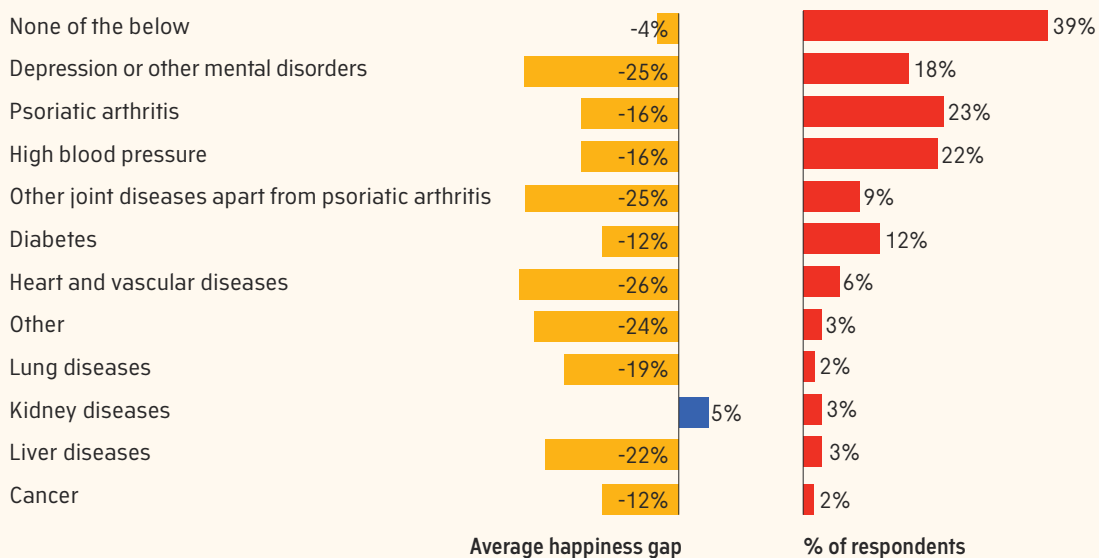
Portugal- Comorbidities by gender - Male

N = 156

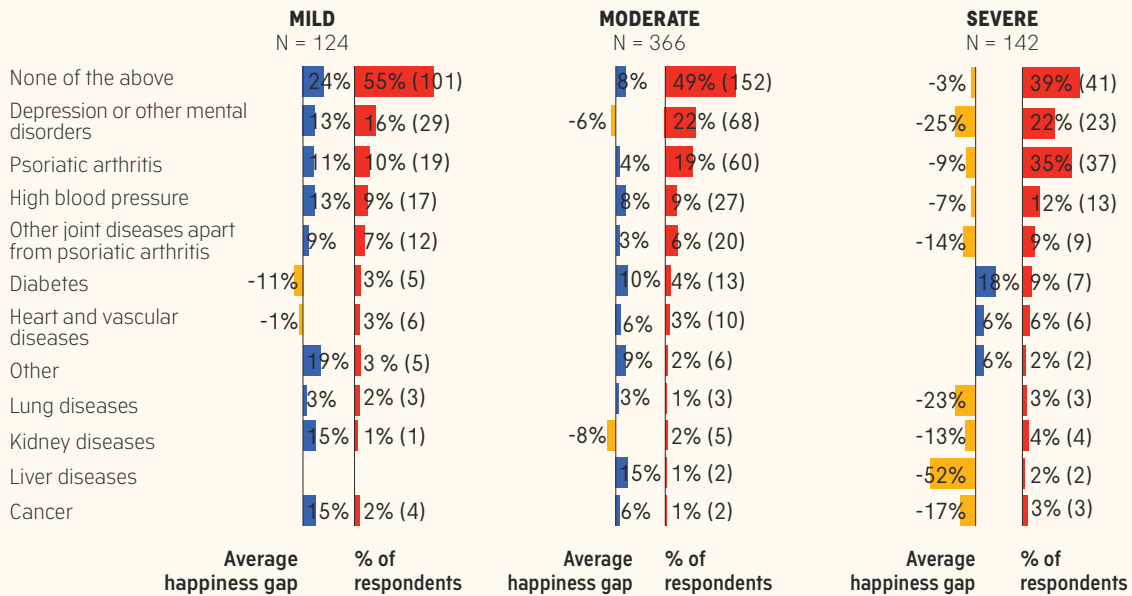


Global - Comorbidities by gender - Male

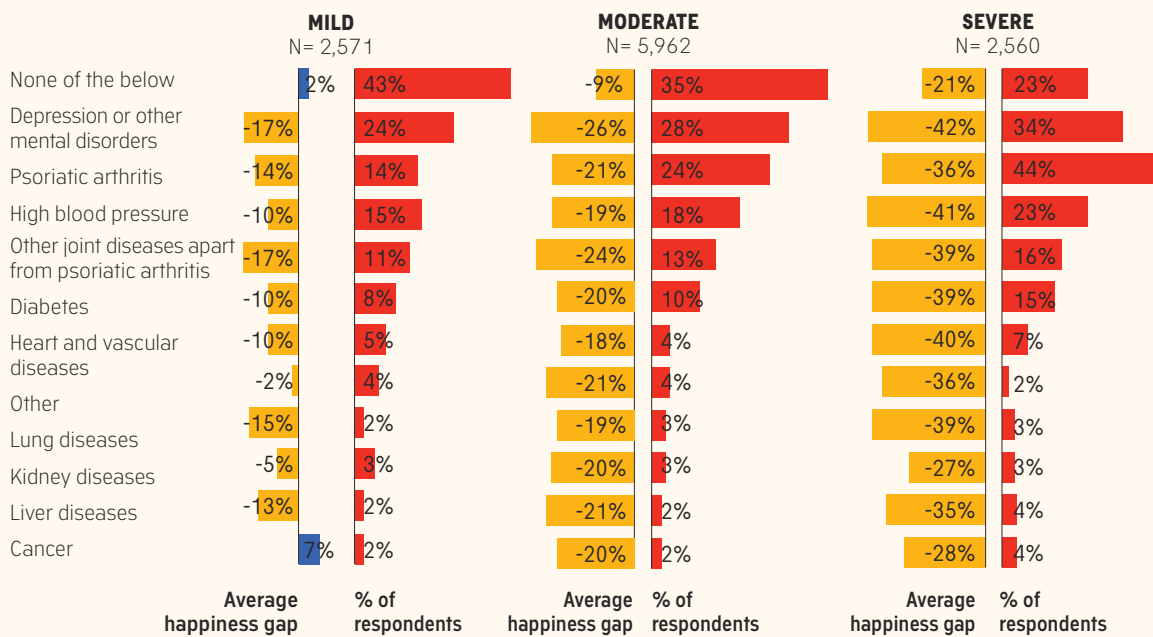
N = 2,369



Portugal - 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 (49%) of the surveyed people in Portugal don't report any of the listed comorbidities (meaning that 51% do).
- Like almost all other countries, the most commonly reported comorbidities are depression or other mental disorders, psoriatic arthritis, and high blood pressure, experienced by 20%, 19%, and 10%, respectively. These percentages are lower than the global averages. Including only sufficient and significant sample sizes, "depression or other mental disorders" is the comorbidity related to the largest happiness gap in Portugal (-5%).
- This happiness gap is very small compared to other countries and the global picture, contributing to the explanation why people living with self-perceived psoriasis in Portugal report overall lower happiness gaps³.

Turning to the split by gender, we see that:

- The most reported comorbidities among both men and women are depression or other mental disorders and psoriatic arthritis. However, more women than men experience the former (22% vs. 15%).
- Diabetes and heart and vascular diseases are comorbidities with higher percentages among men than women.
- Across all comorbidities (disregarding those with small sample sizes, such as liver diseases), neither men nor women in Portugal seem to experience any significant (negative) happiness gaps.

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

- A larger percentage of people with self-perceived moderate and severe psoriasis experience comorbidities. 45% of the people with mild psoriasis report at least one of the listed comorbidities, in comparison to 51% with moderate psoriasis and 61% with severe psoriasis.
- Across almost all of the listed comorbidities, we also begin to see the happiness gaps getting larger (dropping below 0% and becoming negative) the more severe the self-reported psoriasis is. However, the happiness gaps in Portugal are still very small compared to what we see globally and for many other countries.

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

Total cost on society	
Overall	\$215m
Per 100,000 people in employment	\$4.5m
As % of GDP	0.06%

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 Portugal ranks in the better end in terms of the total cost as a percentage of GDP. However, 0.06% of GDP, corresponding to a total cost of \$215 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 they should have stayed at home because of their psoriasis and, respectively, other health issues).

Productivity at work	Portugal	Global
Average productivity		
- Because of psoriasis	54.8 (240)	53.2 (2,721)
- Because of other health issues	72.9 (229)	62.9 (2,633)
Percentage of people reporting less than 50% productivity		
- Because of psoriasis	48% (116)	51% (1,521)
- Because of other health issues	29% (66)	41% (1,009)

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

As can be seen from the table, respondents in Portugal work at a much lower productivity level when they should have stayed home because of their psoriasis compared to other health issues (55 vs. 73 on a scale from 0 to 100). Compared to the global averages, respondents in Portugal are slightly more productive at work when they should have stayed home because of psoriasis, but more so when it's because of other health issues. Moreover, as seen in Fig. B.1 in the Appendix, Portugal lands somewhere in the middle (when it comes to psoriasis) and in the better half (when it comes to other health issues) compared to the other countries in the analysis.

Thus, as is also the case in the global picture, psoriasis generally has a greater impact on people's productivity at work than other health issues.

In the same vein as above, almost half of the respondents (48%) work with 50% or less productivity when they should have stayed at home because of psoriasis, and around 3 in 10 (29%) when it's because of other health issues. Compared to other countries, Portugal lands somewhere in the middle to better end of the spectrum 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.

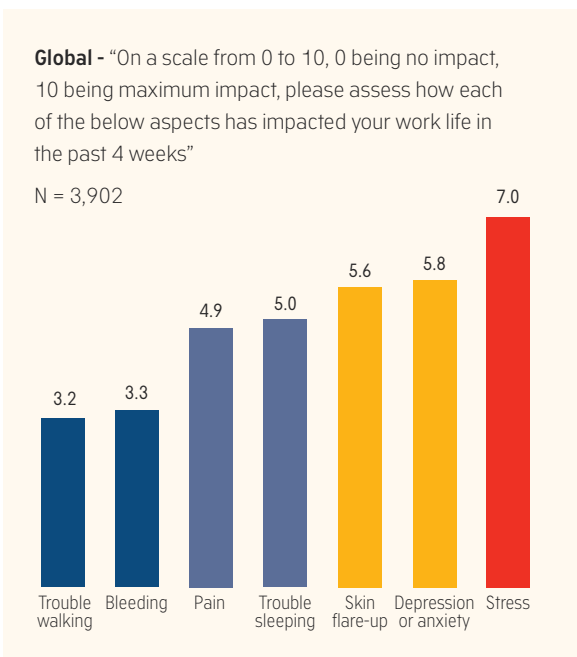
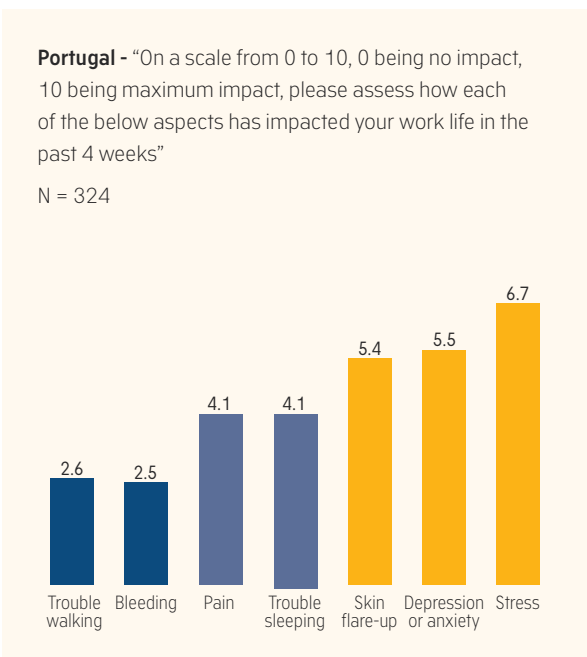
Work and social hours missed	Portugal		Global	
	Because of psoriasis	Because of other health issues	Because of psoriasis	Because of other health issues
Work hours missed	N = 271	N = 265	N = 2,998	N = 2,945
5+ hours	22%	38%	24%	26%
10+ hours	16%	25%	17%	17%
20+ hours	9%	18%	10%	10%
Social hours missed	N = 417	N = 418	N = 5,387	N = 5,339
5+ hours	29%	24%	35%	33%
10+ hours	18%	16%	26%	22%
20+ hours	12%	10%	18%	14%

Respondents in Portugal generally miss fewer work hours due to psoriasis than they do due to other health issues. This could indicate that they aren't as affected by their psoriasis in regards to work, or perhaps that, despite being affected by it, they don't perceive it is a valid reason

to stay home. The results above, showing that people's productivity at work was most affected when they should have stayed at home because of their psoriasis, could support this theory.

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 Portugal are stress, depression/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). The size, or strength, of the impact of these aspects is also at about

the same level as the global averages, with stress in the lead by a large margin. However, the four aspects with the smallest impact (trouble walking, bleeding, pain, trouble sleeping) seem to have even smaller impact on people’s work life in Portugal than they do globally.

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'	Portugal			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"	60% (197)	61% (145)	58% (52)	60% (2,336)	60% (1,811)	58% (515)
"My manager understands the impact psoriasis has on me and my work performance"	44% (145)	47% (113)	36% (32)	51% (1,939)	53% (1,530)	48% (404)
"My work colleagues know about my psoriasis and I get their support when needed"	27% (88)	26% (63)	28% (25)	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"	28% (92)	29% (69)	26% (23)	41% (1,449)	41% (1,124)	40% (322)

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

As seen from the data and results in the table above, respondents in Portugal are, compared to the global case and other countries in the analysis, generally less dissatisfied with the support they receive at work on both a manager and colleague/co-worker level. Also, while there are few differences between genders, women seem more dissatisfied with their managers than men when it comes to understanding psoriasis and how it impacts them and their work performance. However, it's still worth noting that 3 in 5 (60%) don't think their company has systems in place to help them manage their psoriasis, and more than 2 in 5 (44%) don't think their manager understands their condition and its impact. Also, more than 1 in 4 (27% and 28%) don't think they get support or understanding from their colleagues and 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.

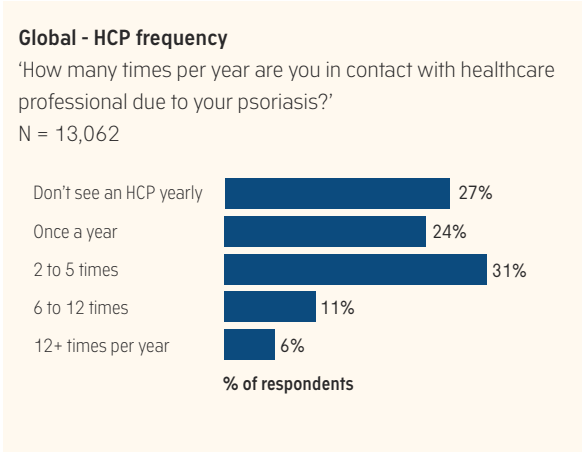
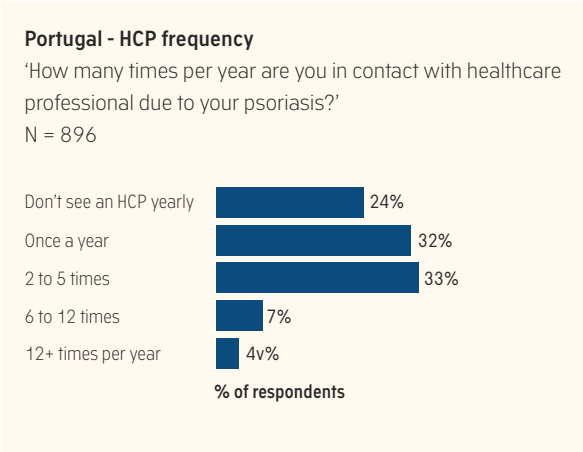
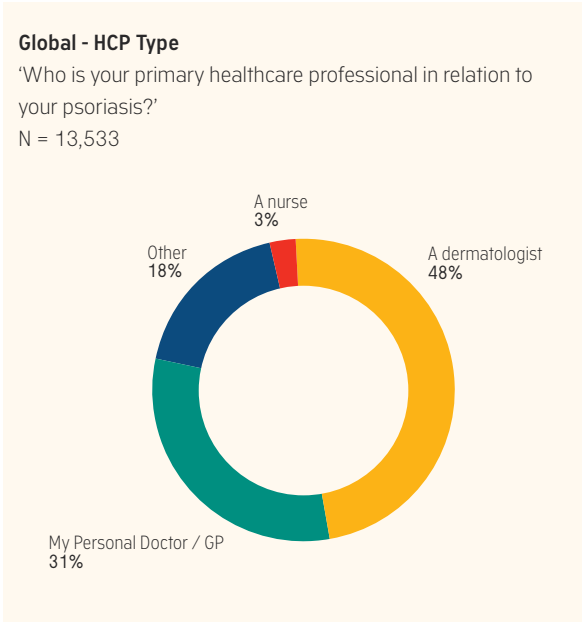
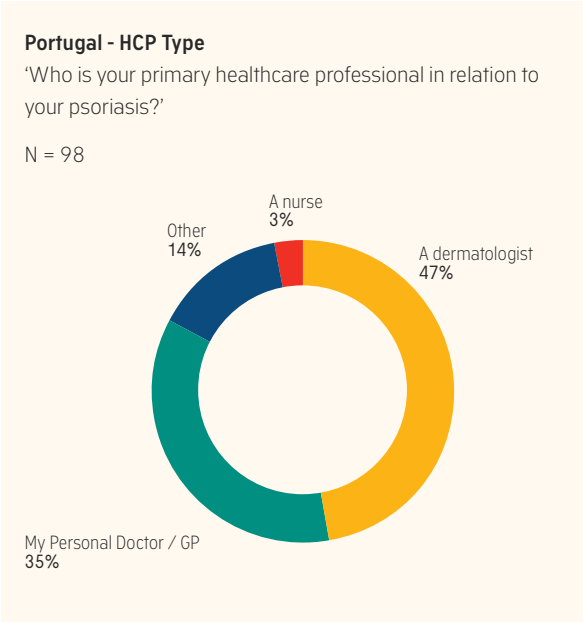
Healthcare Professionals



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 Portugal and the global case.

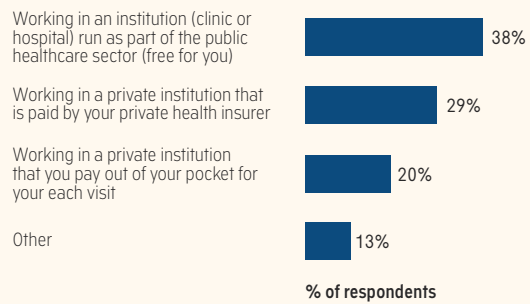


Portugal- HCP institution

'Is your primary helthcare professional for your poriasis':
N = 453

**Global - HCP institution**

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

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

- Portugal is very close to the global averages in terms of who is the main healthcare professional in relation to psoriasis. Around half (47%) of the respondents report that they have a dermatologist as their main healthcare professional and slightly more than a third (35%) mention their personal doctor or a GP. This is very much like most of other countries (see also Fig. C.1 in the Appendix).
- In regards to frequency of visits, respondents in Portugal are also somewhat average compared to other countries and the global picture, with around a third (32%

and 33%) seeing their healthcare professional once a year and 2-5 times a year, respectively, while about a quarter (24%) don't see a healthcare professional on a yearly basis.

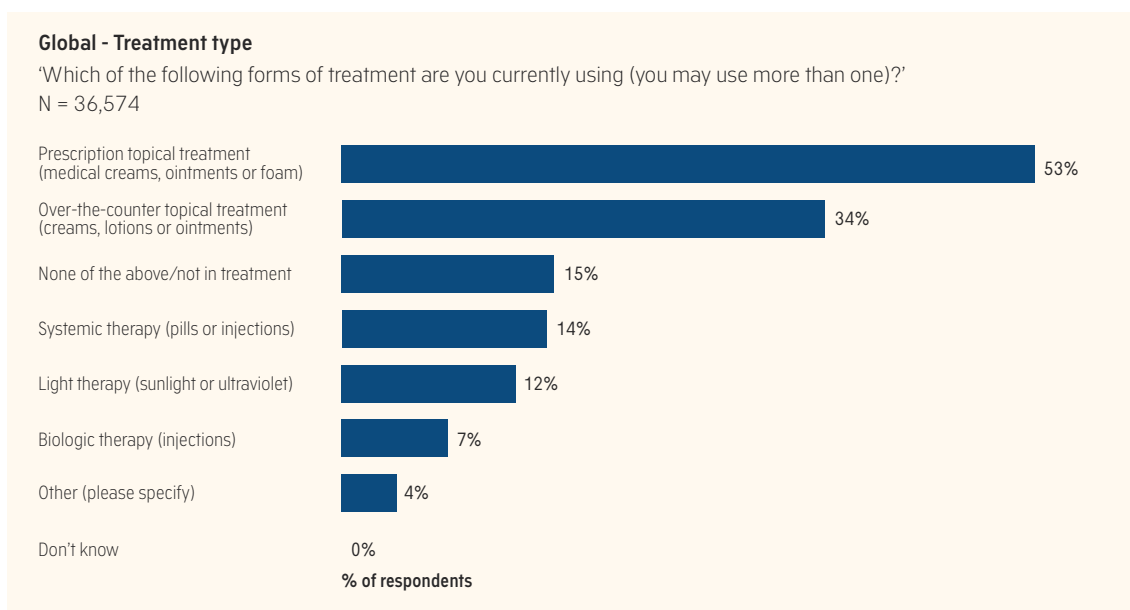
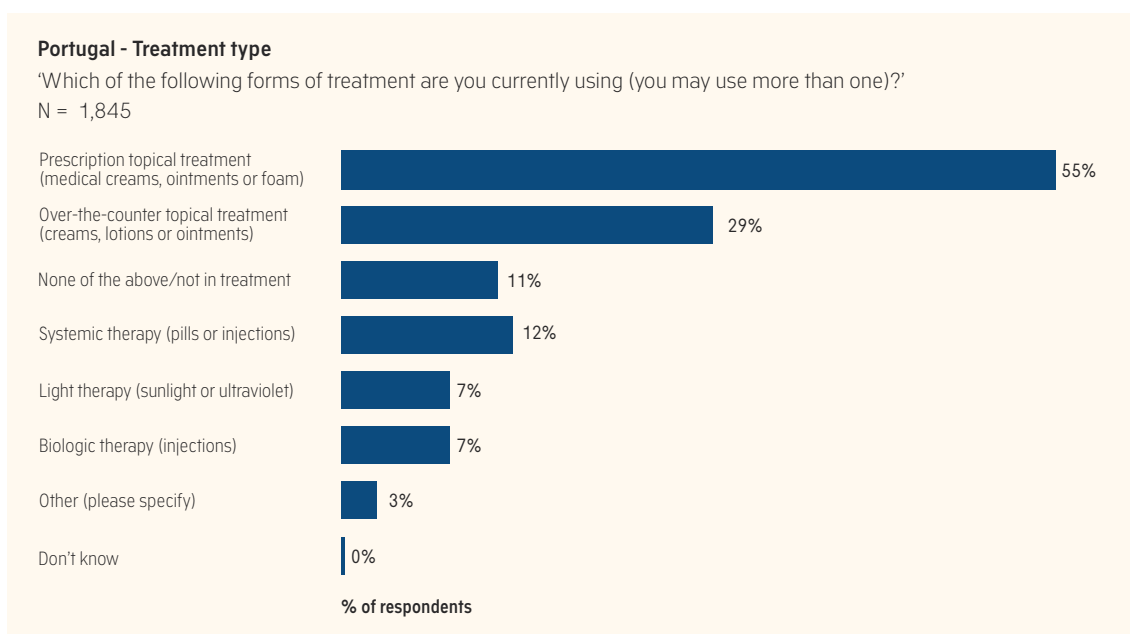
- The most reported case for people in Portugal is going, free of charge, to a healthcare professional who works in an institution that is part of the public healthcare sector: roughly half of respondents (49%). Around 1 in 5 (22%) go to a private institution paid by their private health insurer, while another 1 in 5 (21%) pay out of their own pocket. (See also Fig. C.3 for a comparison to other countries.)

Diagnosis & Type of Treatment

In Portugal, more than 2 in 3 (69%) of respondents say their psoriasis was diagnosed by a dermatologist. This is similar to the global picture and other countries as well (see also Fig. C.4 in the Appendix).

Was your psoriasis diagnosis by..	Portugal (N = 1,008)	Global (N = 14,184)
Dermatologist	69%	69%
Personal doctor / GP	19%	21%
Haven't been diagnosed by a doctor	8%	6%
Nurse	N/A	1%
Other	3%	3%

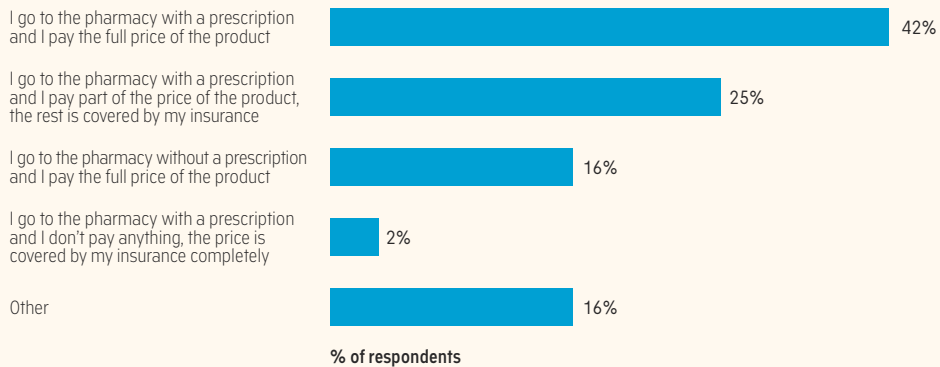
As for the type of treatment and how people get access to it, this is shown in the figures below.



Portugal

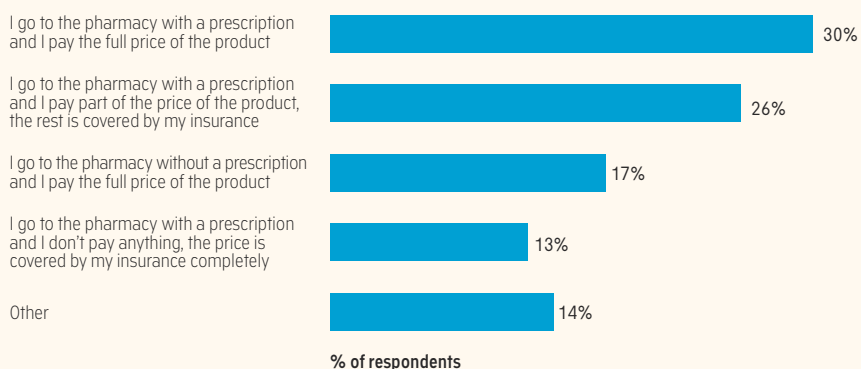
“When getting your treatment, which of the statements below best fits your situation?”

N = 125

**Global**

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

N = 8,388



The most reported treatment type in Portugal are prescription topicals, with more than half (55%) of the respondents mentioning it. Next are over-the-counter topicals, mentioned by roughly 3 in 10 (29%). These numbers are similar to the global picture and many other countries as well (see also Fig. C.5 in the Appendix).

As for getting their treatment, most respondents (42%) in Portugal go to the pharmacy with a prescription and pay the full price of the product. 1 in 4 (25%) also go with a prescription, but only pay part of the price, with the rest being covered by insurance. (See also Fig. C.6 in the Appendix for a country-by-country comparison).

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?”	Portugal	Global
Overall	5.60 (463)	4.97 (5,853)
Gender		
- Female	4.95 (4,604)	4.95 (4,604)
- Male	5.02 (1,220)	5.02 (1,220)
Severity		
- Mild	5.23 (1,356)	5.23 (1,356)
- Moderate	4.80 (3,157)	4.80 (3,157)
- Severe	5.10 (1,314)	5.10 (1,314)

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

As seen in the table above and by Fig. C.7 in the Appendix as well, respondents in Portugal are rather satisfied with their healthcare professionals compared to the global averages and other countries. In fact, Portugal is the country with the second highest patient satisfaction (see Fig. C.7 in the Appendix). What also stands out is the fact that women are slightly more satisfied than men, contrasting the general, global pattern. Finally,

it's interesting to see how people with self-perceived moderate and severe psoriasis are slightly less satisfied with their healthcare professionals than those with mild psoriasis, indicating perhaps that the potential, extra hardship of a more severe condition is not properly taken care of.

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’	Portugal			Global		
	Overall	Women	Men	Overall	Women	Men
“The doctor gave me as much information as I wanted”	19% (86)	19% (65)	20% (21)	21% (2,813)	22% (968)	15% (188)
“The doctor recognised and responded to my emotional state”	23% (103)	23% (76)	25% (27)	30% (1,619)	32% (1,349)	23% (263)
“The doctor talked in terms I could understand”	11% (48)	10% (33)	14% (15)	15% (847)	14% (698)	11% (145)
“The doctor encouraged me to ask questions”	26% (116)	26% (87)	27% (29)	28% (1,612)	29% (1,333)	22% (273)
“The doctor involved me in decisions as much as I wanted”	23% (102)	23% (76)	25% (26)	25% (1,417)	26% (1,165)	20% (244)
“The doctor discussed next steps”	23% (104)	23% (76)	26% (28)	26% (1,482)	27% (1,228)	20% (246)
“The doctor spent the right amount of time with me”	25% (109)	23% (78)	29% (31)	25% (1,395)	26% (1,148)	19% (241)
“The doctor discussed about how my psoriasis affect my mental health and overall well-being”	47% (207)	49% (163)	41% (43)	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.)

A few aspects stand out when comparing Portugal to the global picture and other countries: slightly more men would like more time with the doctor and more women

miss the attention to the aspects related to mental health and overall well-being when compared to the global averages.

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?'	Portugal			Global		
	Overall	Women	Men	Overall	Women	Men
"My healthcare professionals are clear with the information about how to treat psoriasis"	40% (339)	41% (222)	38% (111)	40% (5,329)	41% (3,933)	36% (1,341)
"My healthcare professionals fully understand the impact psoriasis has on my mental well-being"	48% (406)	51% (271)	44% (127)	53% (7,055)	56% (5,311)	44% (1,683)
"I can get in touch with the healthcare professional when I'm in need"	45% (377)	49% (257)	40% (115)	36% (4,798)	37% (3,532)	34% (1,227)
"I have confidence in the abilities of my healthcare professionals to treat psoriasis"	39% (329)	42% (224)	34% (99)	42% (5,946)	44% (4,344)	39% (1,550)
"I always follow the advice of my healthcare professionals"	23% (194)	21% (112)	25% (74)	27% (3,692)	27% (2,611)	28% (1,035)
"I've been informed about all the different treatment options related to my condition"	57% (472)	59% (308)	55% (155)	55% (7,240)	57% (5,424)	50% (1,763)
"The system provides me with sufficient financial support in relation to my skin condition"	74% (612)	78% (408)	68% (193)	67% (8,865)	69% (6,535)	63% (2,267)
"There is sufficient public awareness regarding my disease"	79% (652)	84% (436)	72% (205)	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 most of the aspects around the relationship with their healthcare professionals, respondents in Portugal report a roughly equal level of disagreement or dissatisfaction to what we see in the global picture. Key aspects worth noting are:

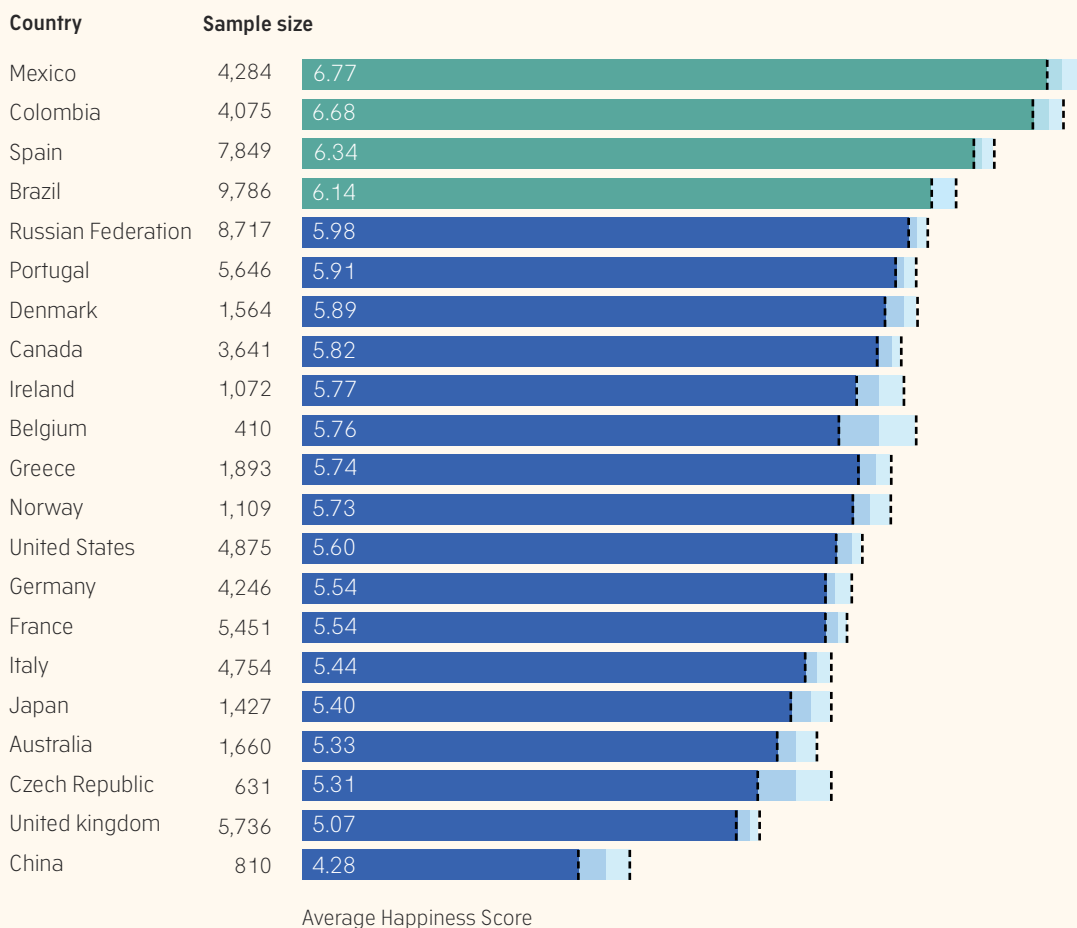
- 2 in 5 (40%) of the respondents in Portugal don't think their healthcare professionals are clear with the information on how to treat psoriasis.
- Almost half (48%) of the respondents disagree that their healthcare professionals understand the impact psoriasis has on their mental well-being and 45% disagree that they can get in touch with their healthcare professionals when in need.

- The largest degree of disagreement are related to access to financial support: 3 in 4 (74%) disagree, and sufficient public awareness of psoriasis: 4 in 5 (79%) disagree.

- Finally, across most of the aspects considered here, women disagree more often than men. The only exception is the issue of following the advice of the healthcare professional, for which an equal amount of men and women (28% and 27%) disagree on a global level, and where slightly more men than women disagree in Portugal.

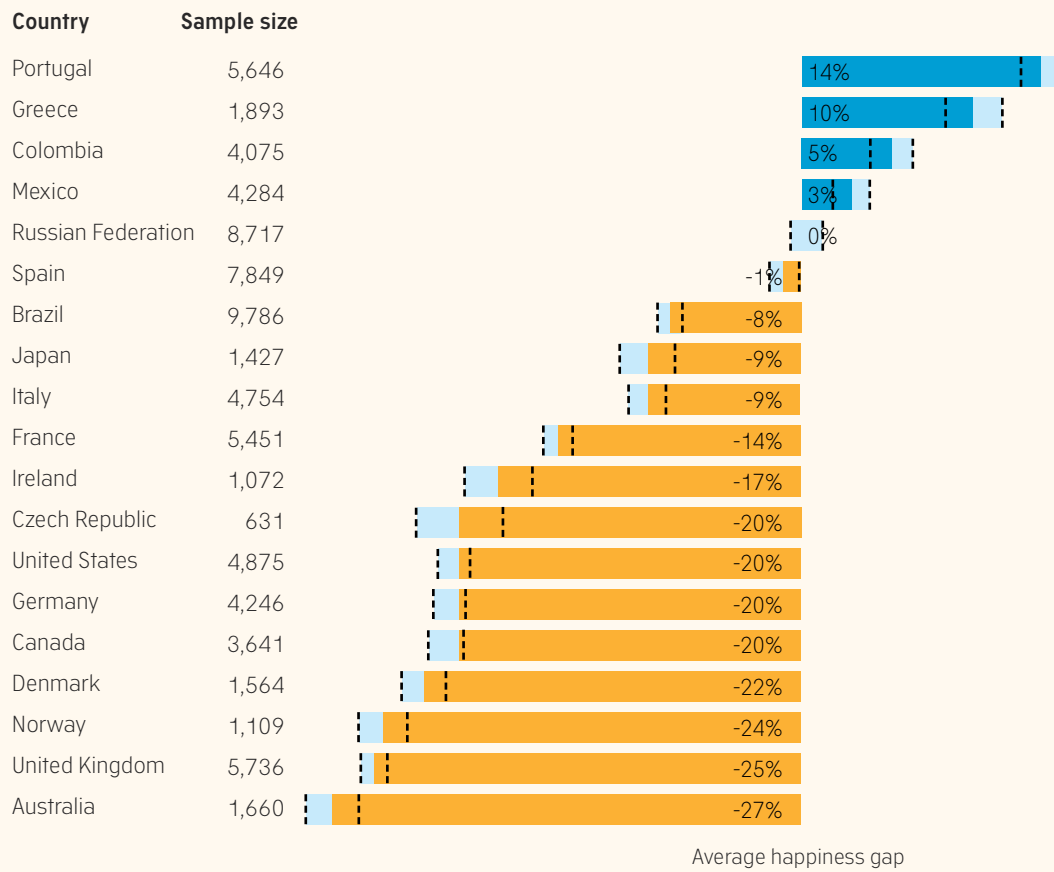
Appendix

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



Average happiness score for each country. Colours show the score difference, with green indicating an average score higher than 6 and dark blue a lower average score. The context is filtered on Cantril Ladder which ranges from 0-10.

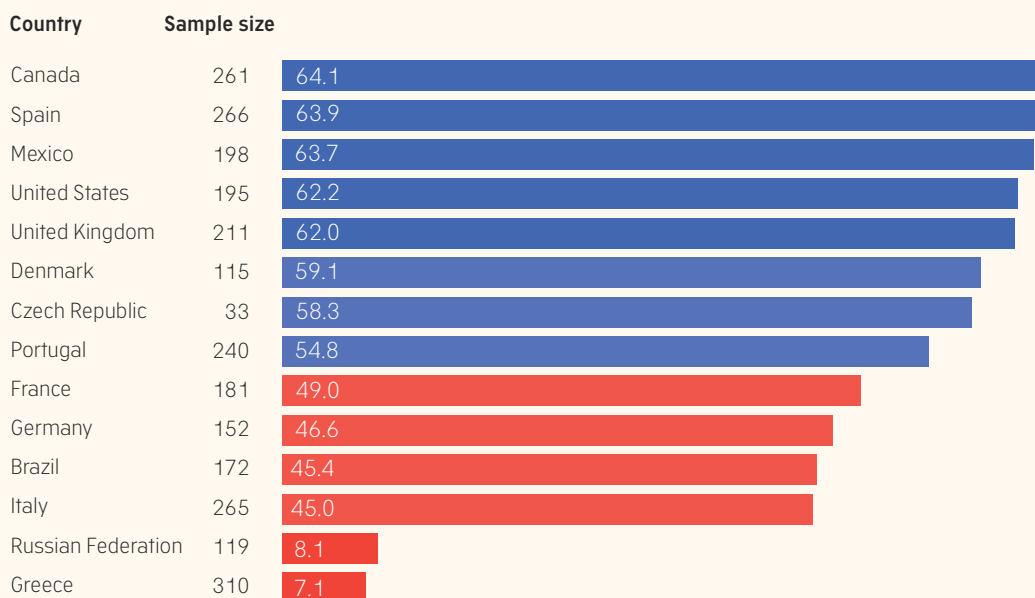
Figure A.3: Average happiness gap by country
(With 95% confidence interval bands)



Productivity & Happiness

Figure B.1: Productivity at work (measured on a scale from 0-100) when people should have stayed home because of their psoriasis

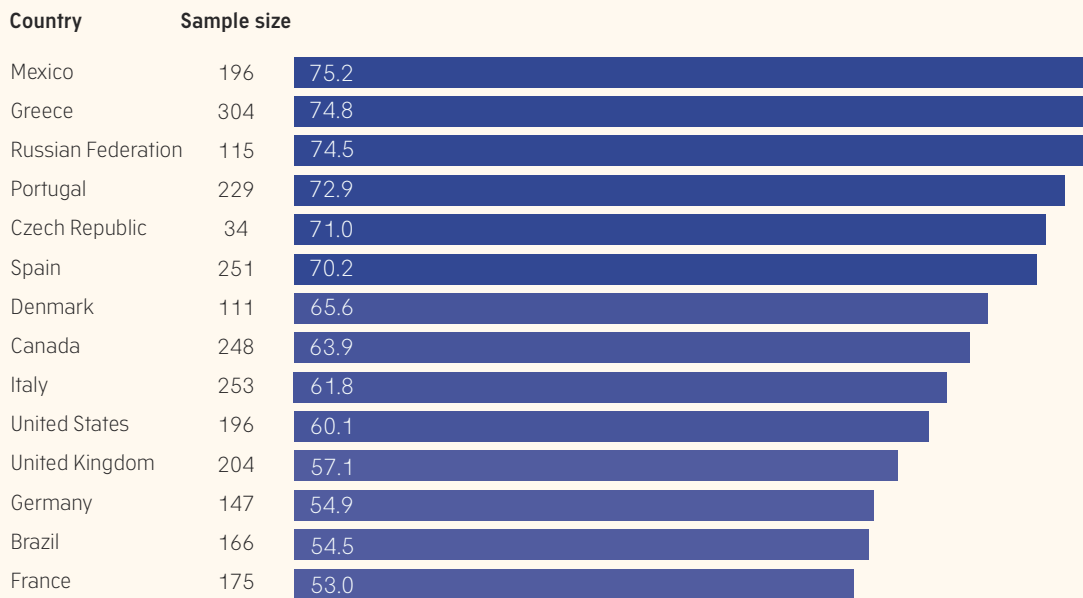
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being totally productive.”



Average productivity at work when people should have stayed home because of their psoriasis

Figure B.2: Productivity at work (measured on a scale from 0-100) when people should have stayed home because of other health issues

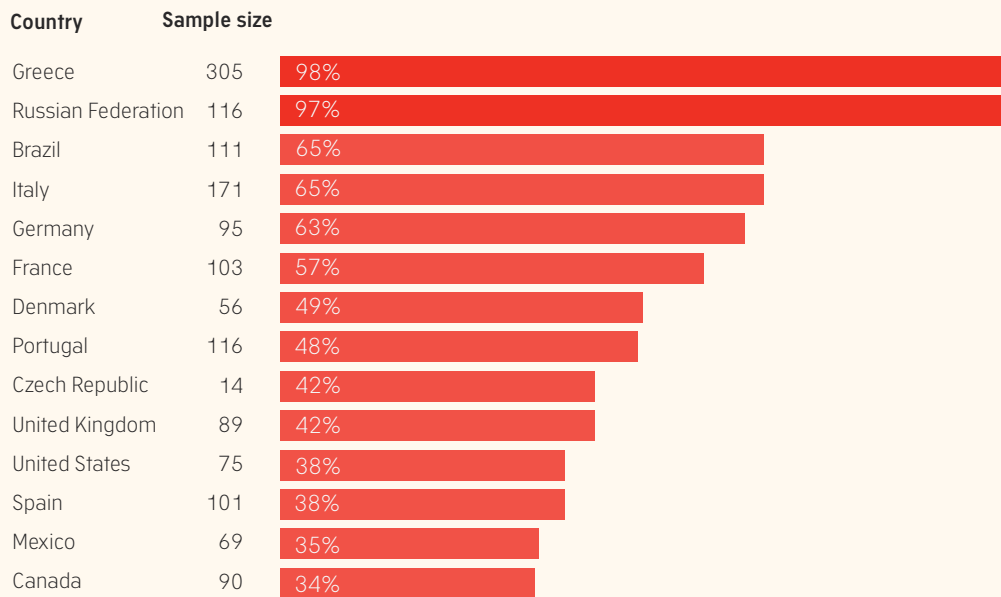
“Using the same scale, how affected was your productivity at work while you felt you should have stayed home because of other health issues? 0 means not at all productive, 100 means totally productive.”



Average Productivity at work when people should have stayed home because of other health issues

Figure B.3: Percentage of people working at 50% productivity or less (measured on a scale from 0-100) when they should have stayed home because of their psoriasis

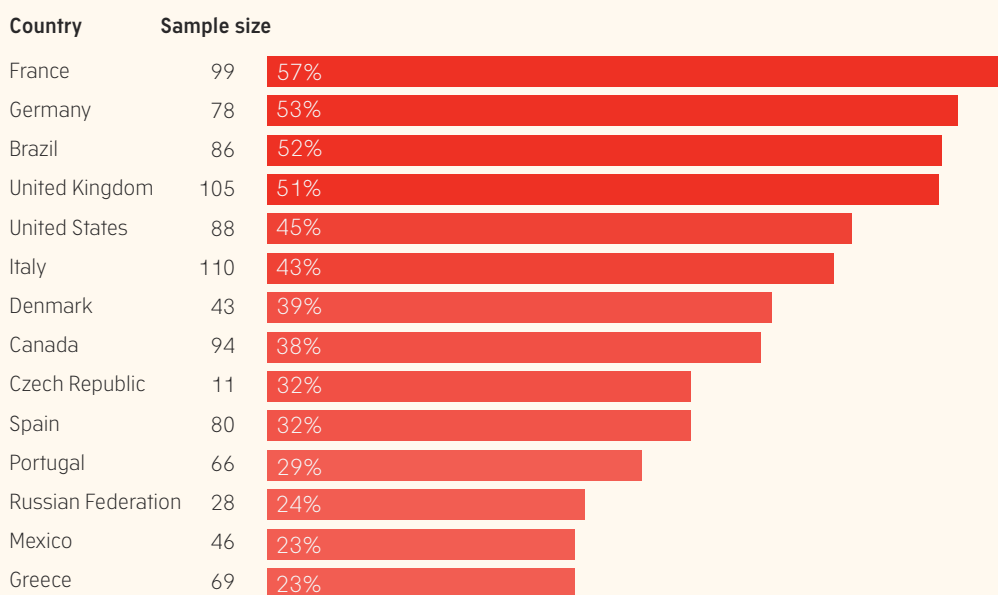
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being tptally productive.”



Percentage of people working at 50% productivity or less when they should have stayed home because of their psoriasis

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

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



Percentage of people working at 50% productivity or less when they should have stayed home because of other health issues

Figure B.5: Average impact of symptoms on work life in the past 4 weeks, as measured on a scale from 0-10

“On a scale from 0 to 10, 0 being no impact, 10 being maximum impact, please assess how each of the below aspects has impacted your work life in the past 4 weeks”

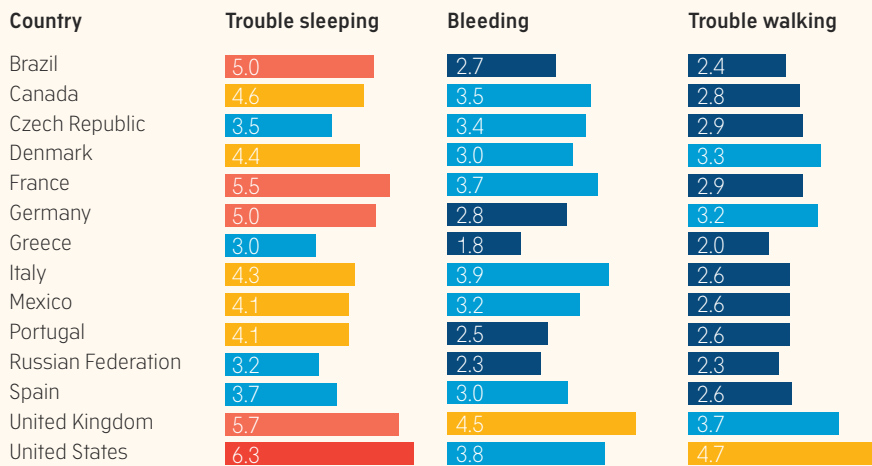
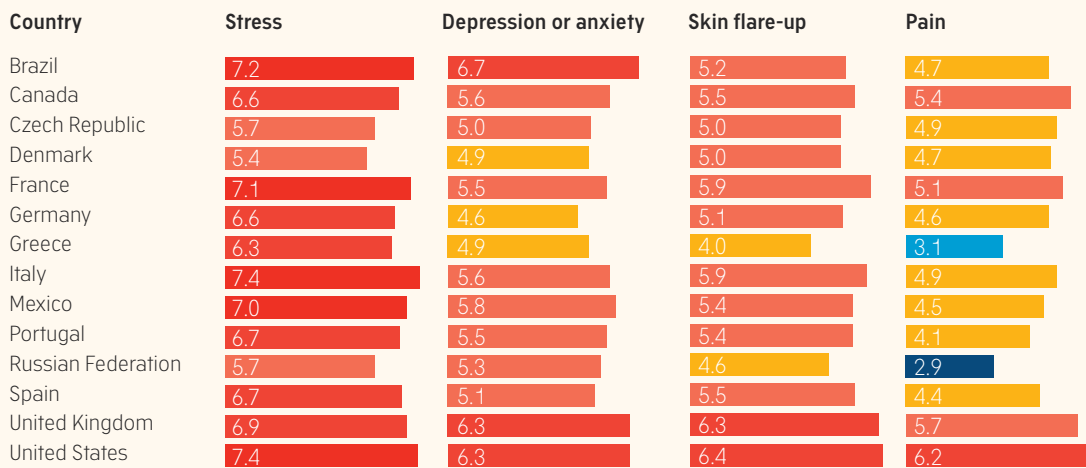


Table B.6: Estimated cost to society from lost productivity (adjusted for purchase) power parity):

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

Healthcare professionals and Psoriasis

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

“Who is your primary healthcare professional in relation to your psoriasis?”

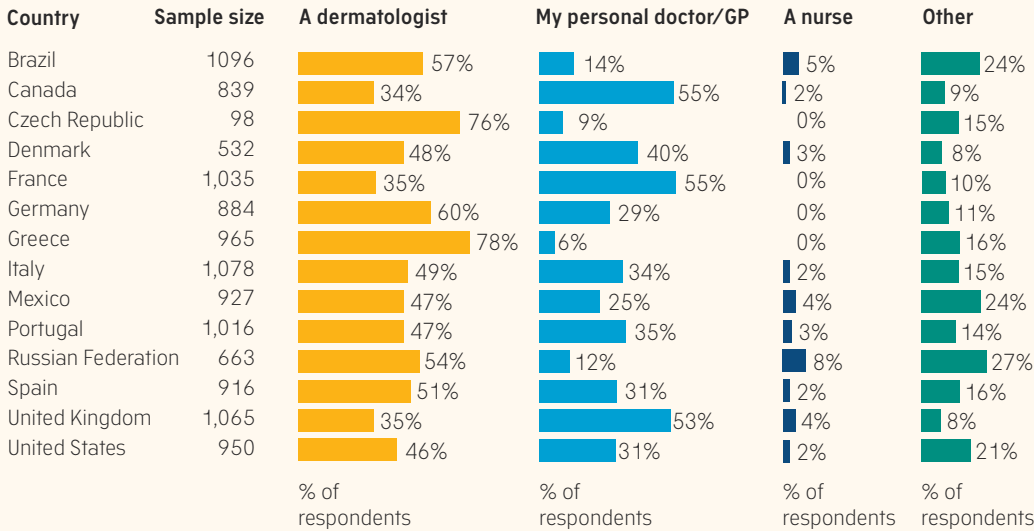


Figure C.2: Frequency of visits to healthcare professional for psoriasis by country

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

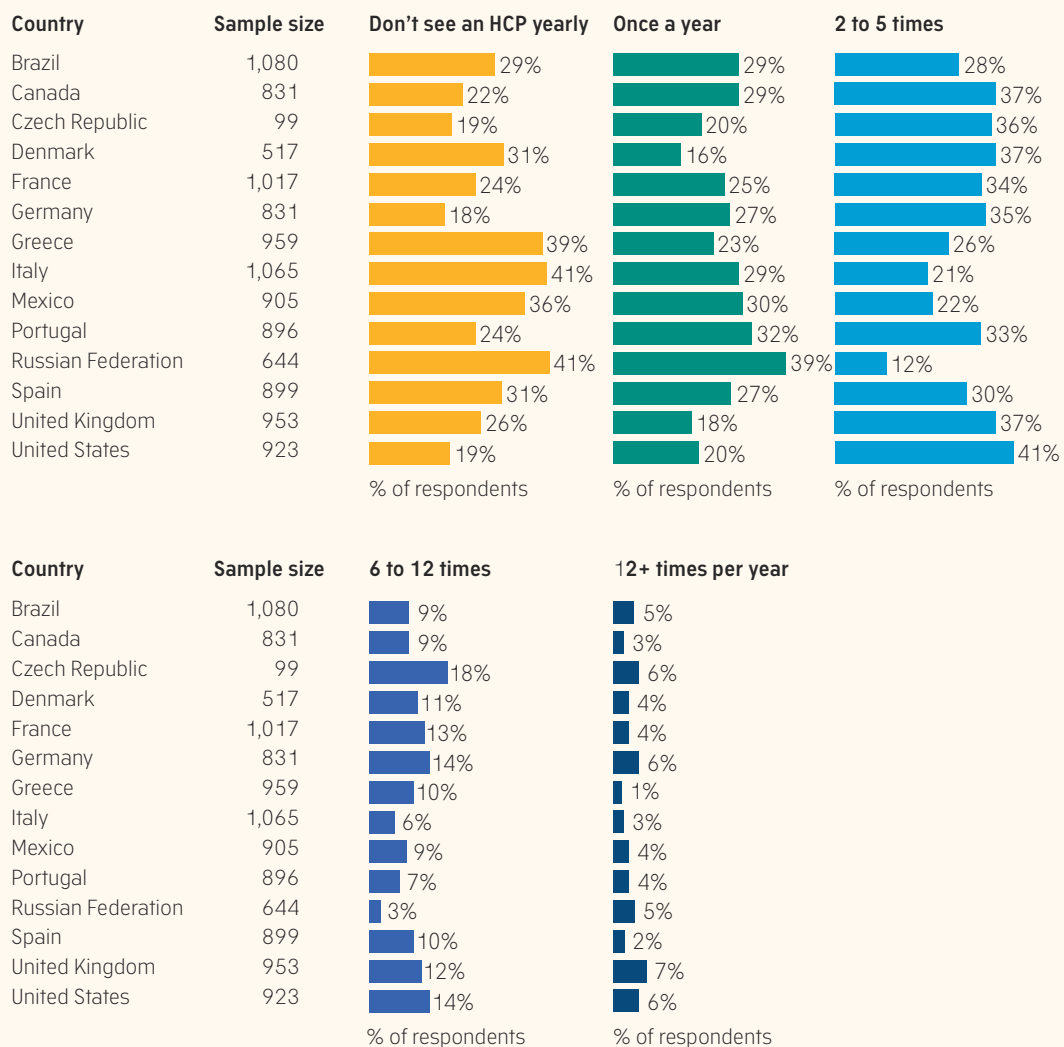


Figure C.3: Healthcare Professional institution by country

“Is your primary healthcare professional for your psoriasis?”

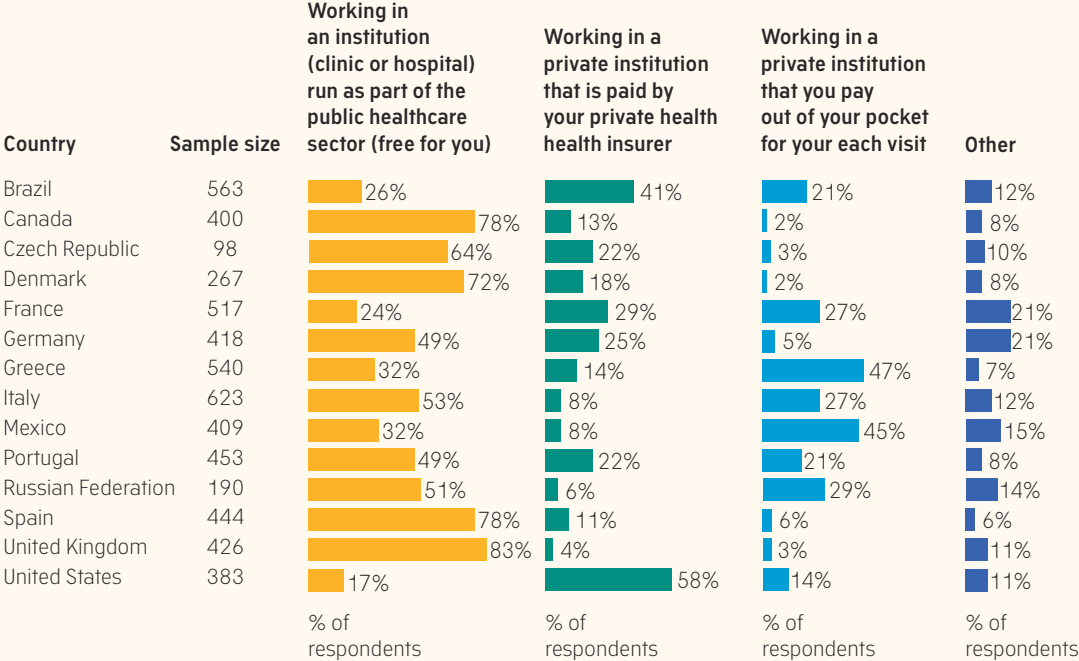


Figure C.4: Distribution of who has diagnosed their psoriasis (please note this report is based on self-reported psoriasis)

“Has your psoriasis been diagnosed by:”

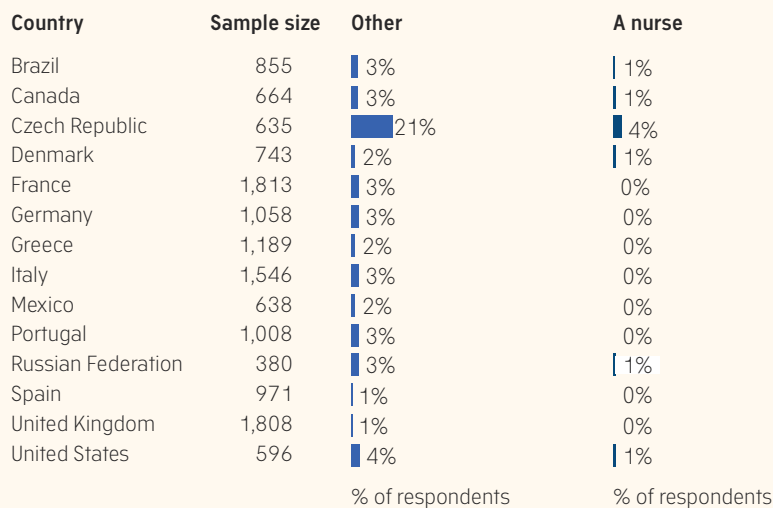
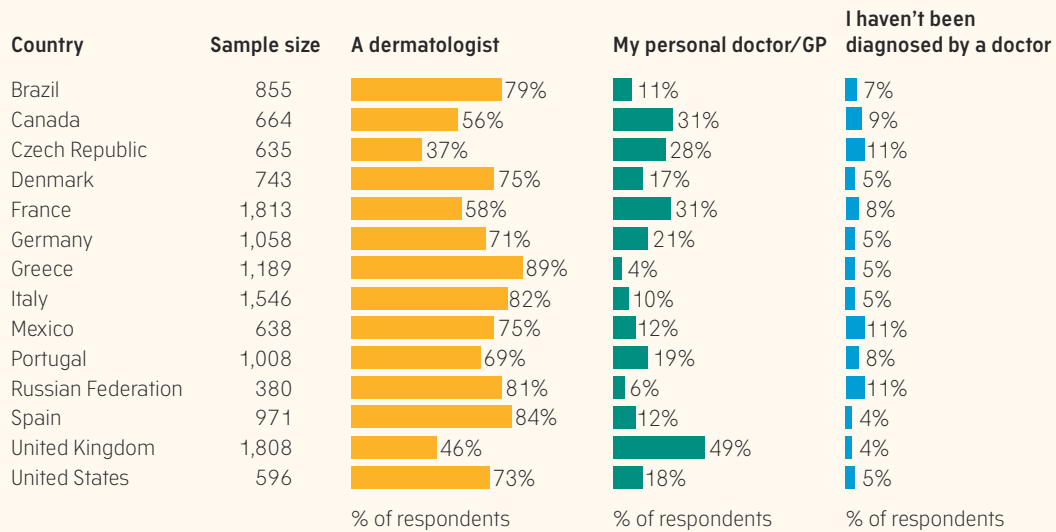


Figure C.5: Distribution of treatment type by country

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

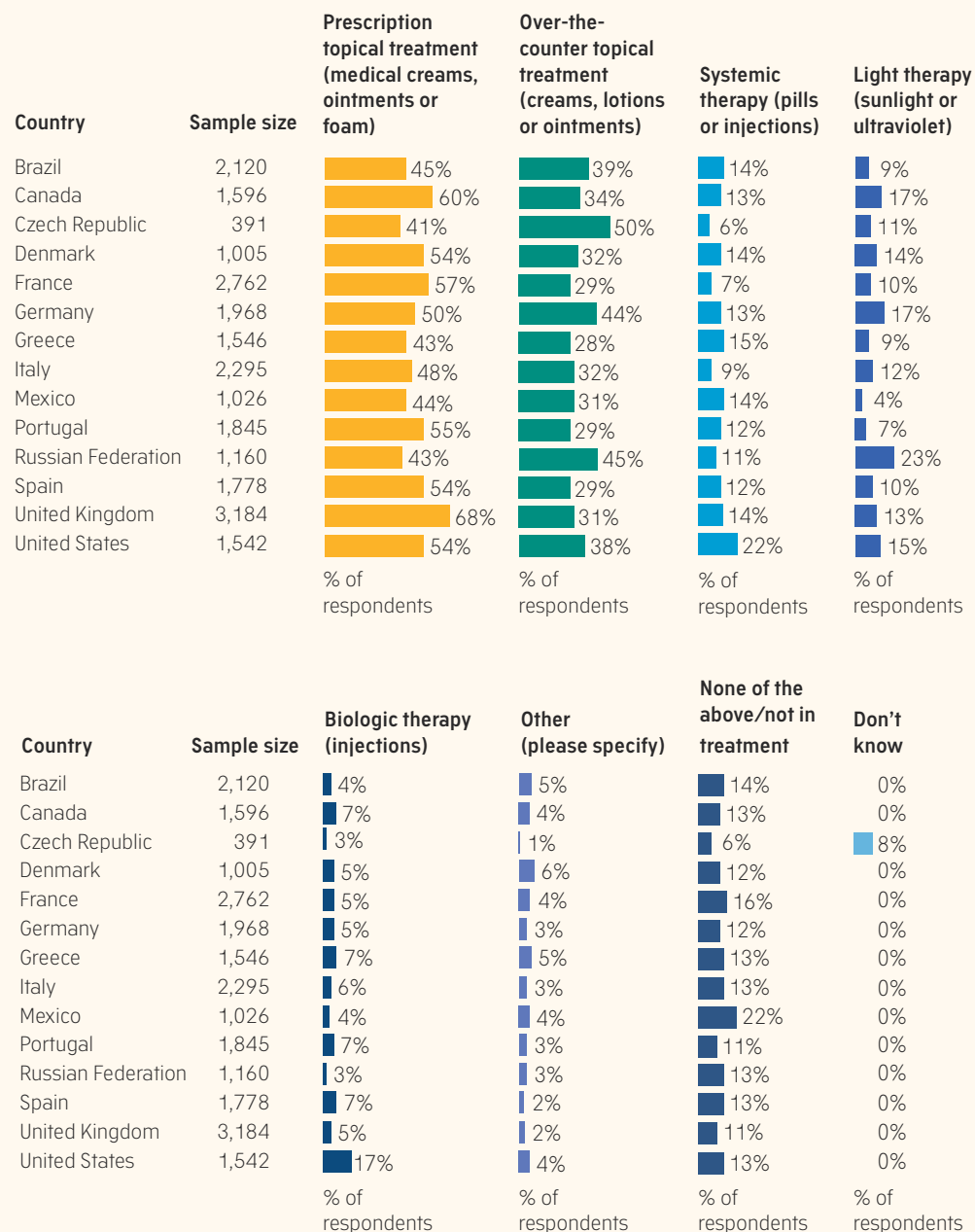


Figure C.6: Distribution of how people get and pay for their treatment

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

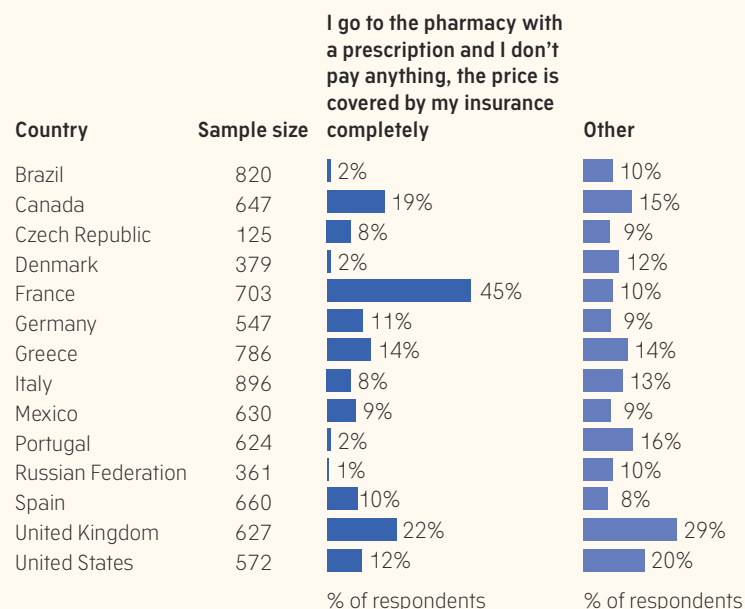
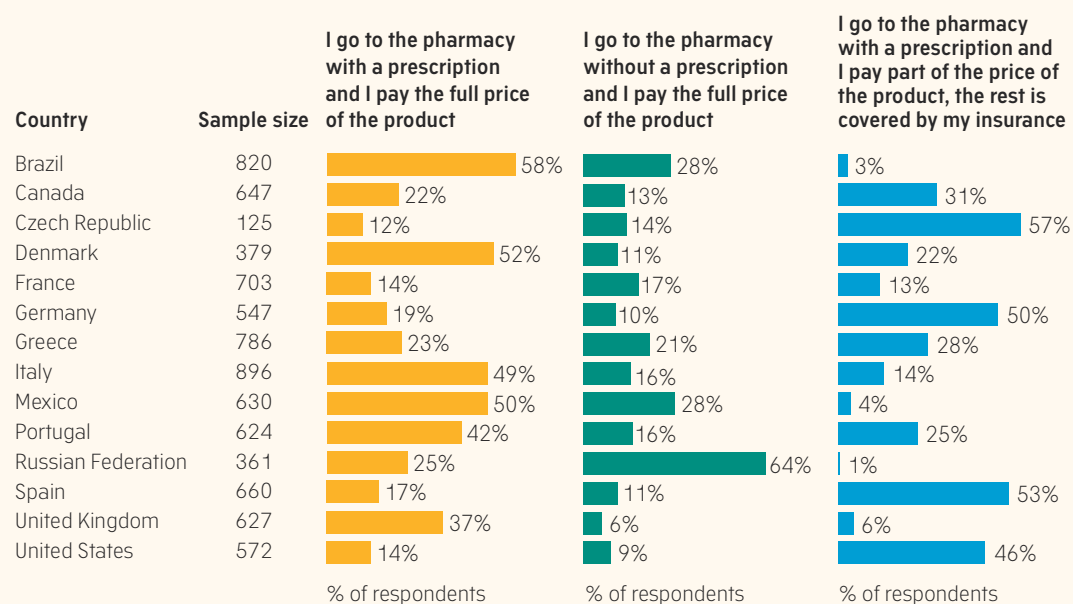
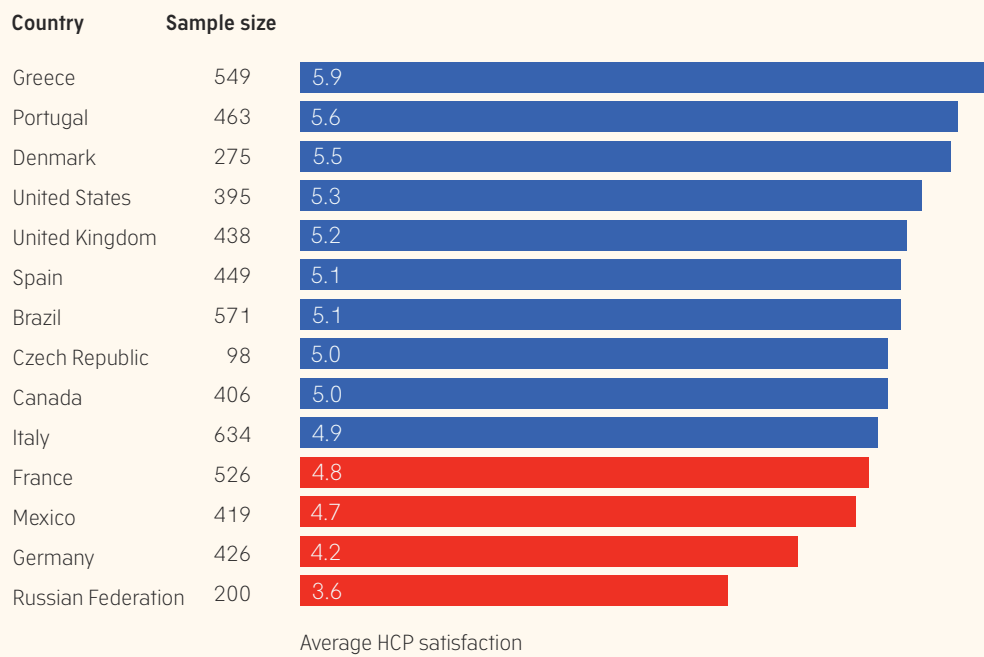


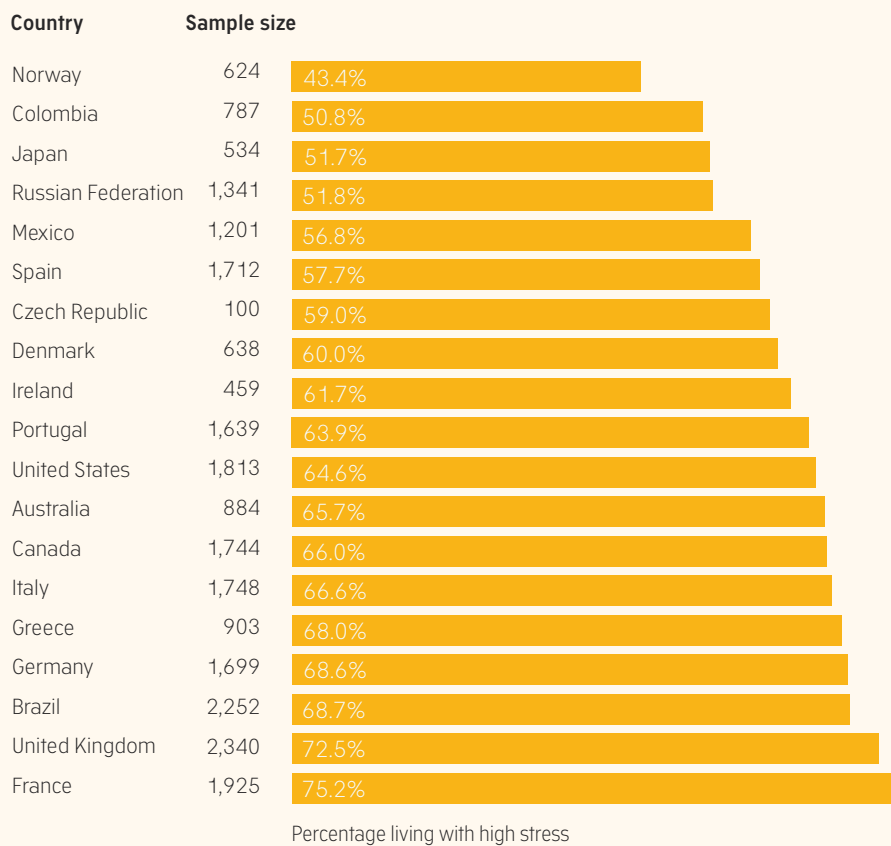
Figure C.7: Average levels of satisfaction with healthcare provider in relation to psoriasis by country, as measured on a scale from 0-10

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



Levels of self-reported Stress & Loneliness

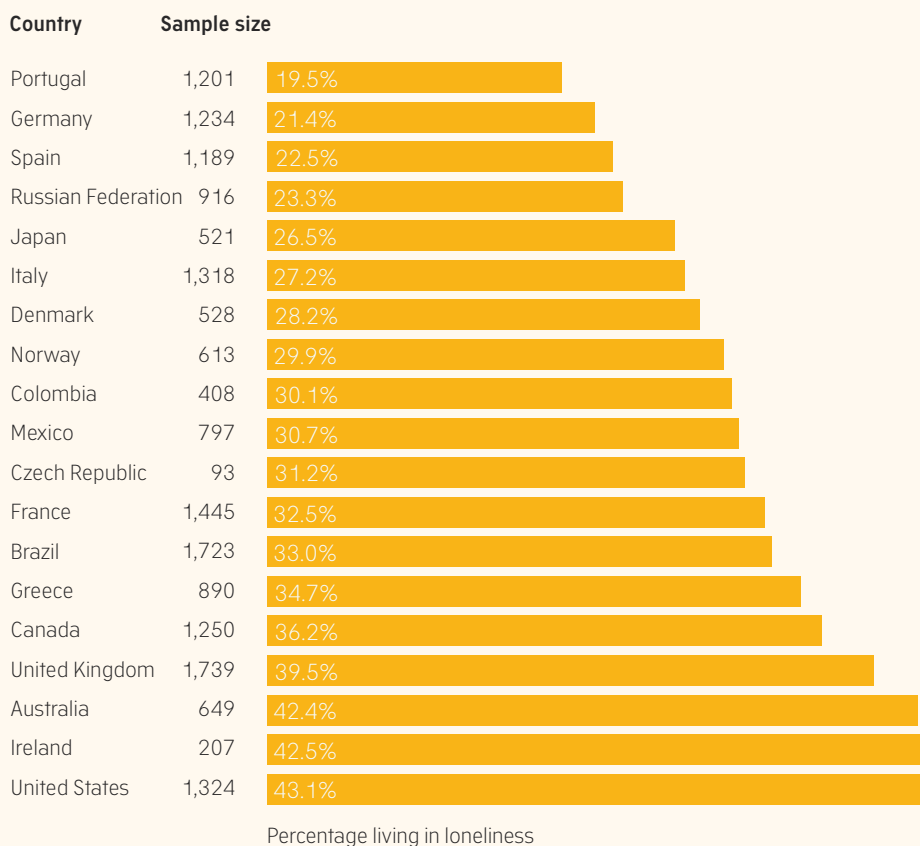
Figure D.1: Percentage of people living with high stress¹



¹ In this case, "high stress" is characterised by a score of 20 or higher on Cohen's Self-perceived Stress Scale. This scale consists of 10 questions related to how the respondent experiences life events and gives an indication of the general resilience of the respondent. The Perceived Stress Scale is not suitable to give an actual stress diagnosis of the individual, but is often used to evaluate and address stress levels in sub-groups of the population.

Source: Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 385-396.

Figure D.2: Percentage of people living in loneliness. (The methodology employed for exploring loneliness was a revised version of the UCLA Loneliness Scale, considered by some the 'golden standard'. The methodology consists of three questions related to social isolation and loneliness². The analysis of the results used the most conservative interpretation of the loneliness scores.³)



²The three questions are: "How often do you feel that you lack companionship?", "How often do you feel left out?", and "How often do you feel isolated from others?", all of which are answered with "often", "some of the time", or "hardly ever". Source: Hughes, M. E., Waite, L. J., Hawkey, L. C., & Cacioppo, J. T. (2004). A short scale for measuring loneliness in large surveys: Results from two population-based studies. *Research on Aging*, 26, 655-672.

³Examples of establishing a minimum score for loneliness: A total score of at least '4' (Chalise, Kai, & Saito, 2010), '6' (Hand et al., 2014; Shiovitz-Ezra & Ayalon, 2012) and '7' (Boehlen et al., 2014). We have picked the latter, which is the most conservative approach. It means that the respondents have to answer at least 'often' to one of the 3 questions and at least 'some of the time' to the other two.

Source: Boehlen, F., Herzog, W., Quinzler, R., Haefeli, W. E., Maatouk, I., Niehoff, D., et al. (2014). Loneliness in the elderly is associated with the use of psychotropic drugs. *International Journal of Geriatric Psychiatry*.