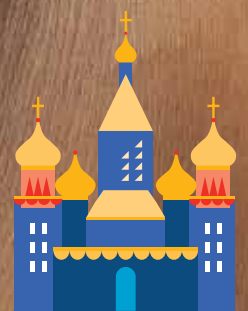




World  
Psoriasis  
Happiness  
Report 2018



Russia

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

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## 17 Healthcare Professionals

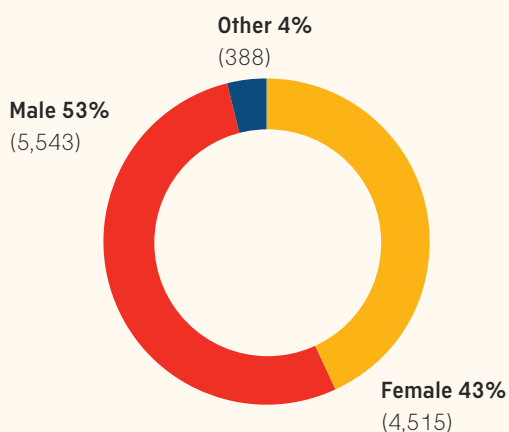
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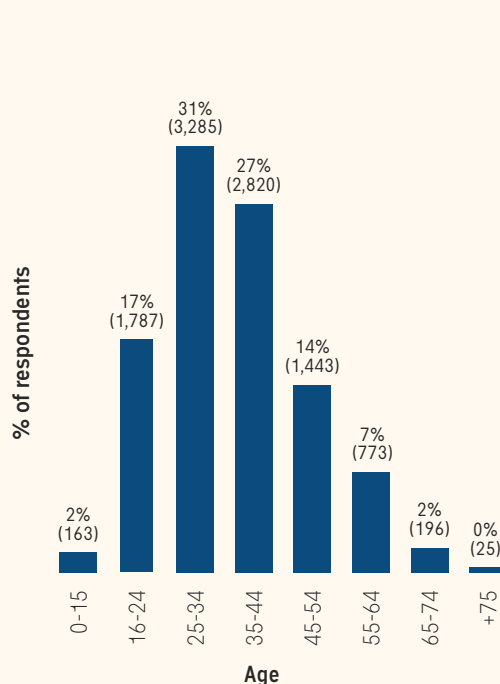
# General Data & Happiness Results

**General Data & Distributions.** Total sample size: 10,492

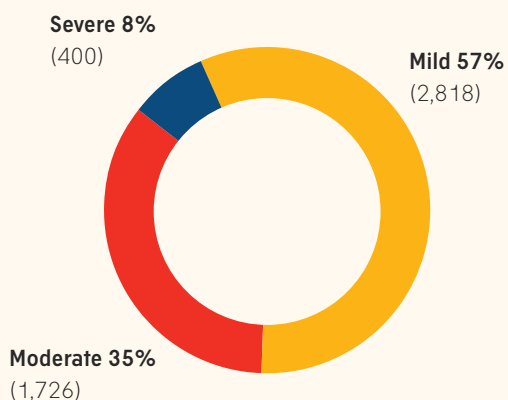
## Gender distribution



## Age distribution



## Severity distribution



Severity distribution	Russia (N = 4,944)	Global (N = 54,438)
Mild	57%	37%
Moderate	35%	47%
Severe	8%	16%

Almost 3 in 5 (57%) from the respondents in Russia reported that they had mild psoriasis; roughly a third (35%) reported moderate psoriasis, and less than 10% said their psoriasis was severe<sup>1</sup>.

At 57%, Russia is the country with the second largest proportion of people declaring their psoriasis as mild among the surveyed countries. It's also the country with the smallest percentage of self-reported severe psoriasis (see Fig. A.1 in the Appendix as well).

<sup>1</sup> 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: 6.0 Happiness ranking: 5th / 21

Happiness	Russia		Global	
	Happiness level	Happiness gap	Happiness level	Happiness gap
<b>Overall</b>	6.0	0.3%	5.8	-11.1%
<b>Gender</b>				
- female	6.1	2.4%	5.7	-14.1%
- male	5.9	-0.5%	6.1	-5.8%
<b>Severity</b>				
- mild	5.9	0.4%	6.0	-6.1%
- moderate	5.7	-5.1%	5.6	-14.1%
- severe	4.5	-24.2%	4.6	-30.6%

The average happiness level of people living with self-perceived psoriasis in Russia was 6.0, placing Russia 5th out of the 21 countries surveyed. People living with self-perceived mild psoriasis in Russia experience a positive happiness gap in comparison to the general population in Russia (+0.4%), suggesting that people with mild psoriasis are less impacted by psoriasis). However, people living with self-perceived severe psoriasis experience happiness gaps of -24% in comparison to the overall population.

There are also no real differences in regards to the happiness levels when it comes to gender, except that women show a slightly higher happiness level than men, as opposed to the global case where the picture is reversed and women are less happy than men. When it comes to severity, however, we see a clear indication that the worse the condition, the lower the happiness level, and thus, the larger the gap.

## Stress & Loneliness

As seen from Fig. D.1 and D.2 in the Appendix, the percentages of people in Russia who are experiencing high stress and loneliness are:<sup>2</sup>

**Percentage reporting high stress levels: 51.8%**

**Percentage experiencing loneliness: 23.3%**

This places Russia in the handful of least stressed and lonely countries for people living with self-perceived psoriasis. But this doesn't change the fact that it's still both a serious and significant matter that almost 1 in 4 (23%) are lonely and more than half (52%) experience high stress.

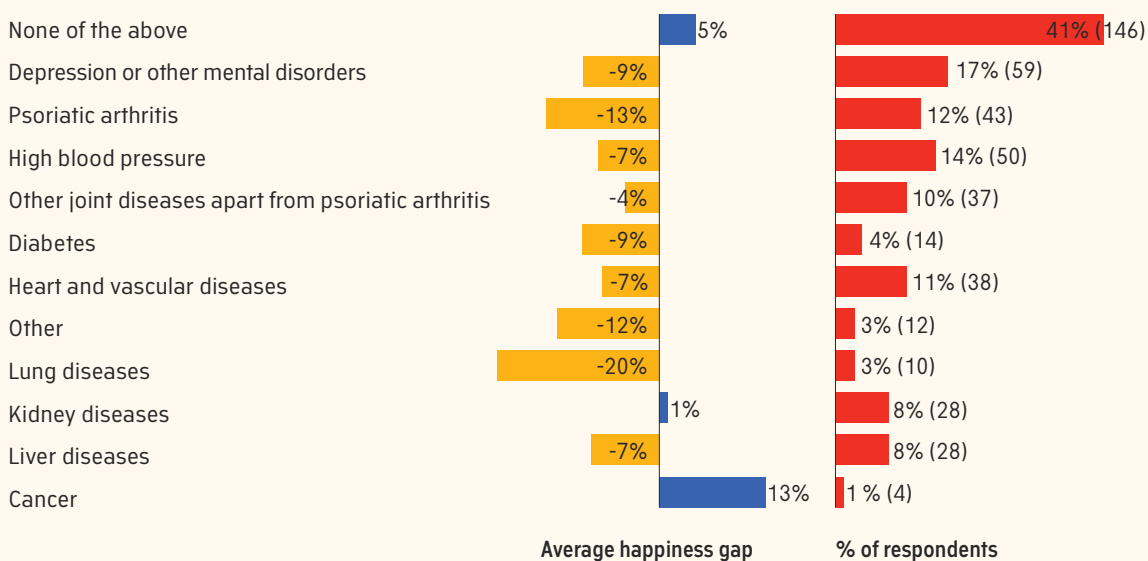
<sup>2</sup> See Appendix Fig. D.1 and Fig. D.2 for methodology and calculation used to determine "high stress" and "loneliness".

### 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.

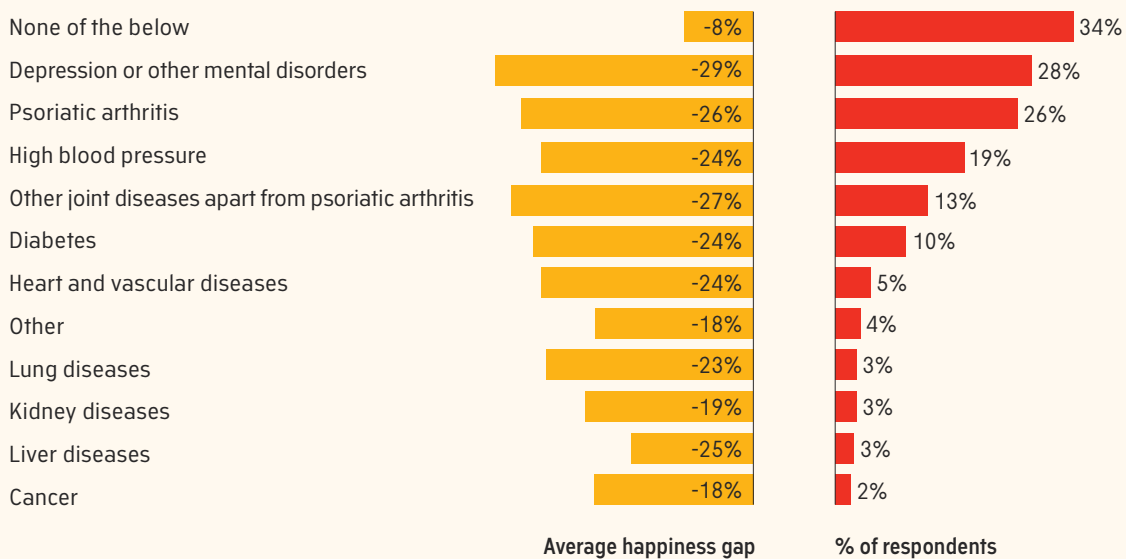
#### Russia - Comorbidities

N = 354



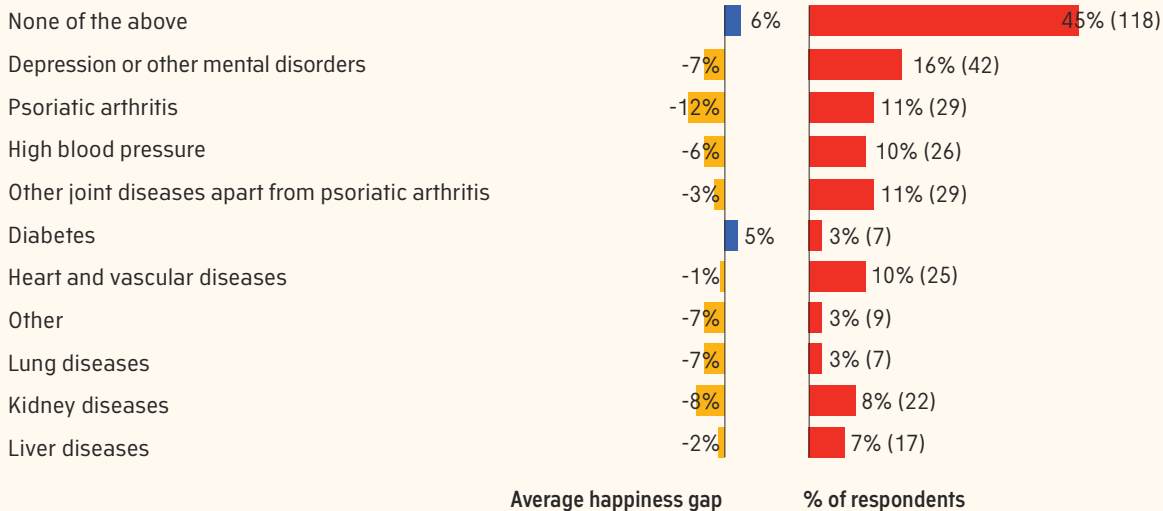
#### Global - Comorbidities

N=10,828



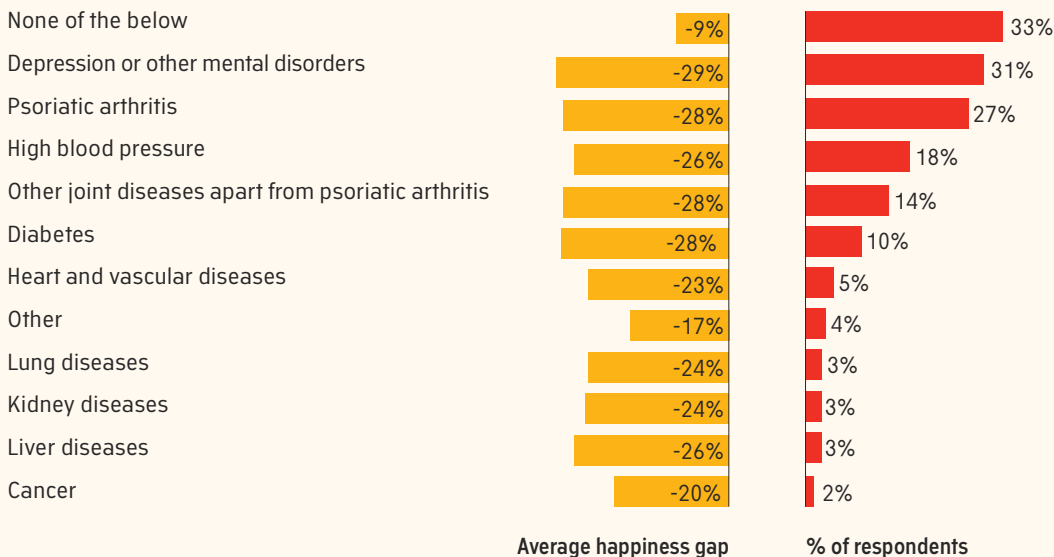
**Russia - Comorbidities by gender - Female**

N = 260



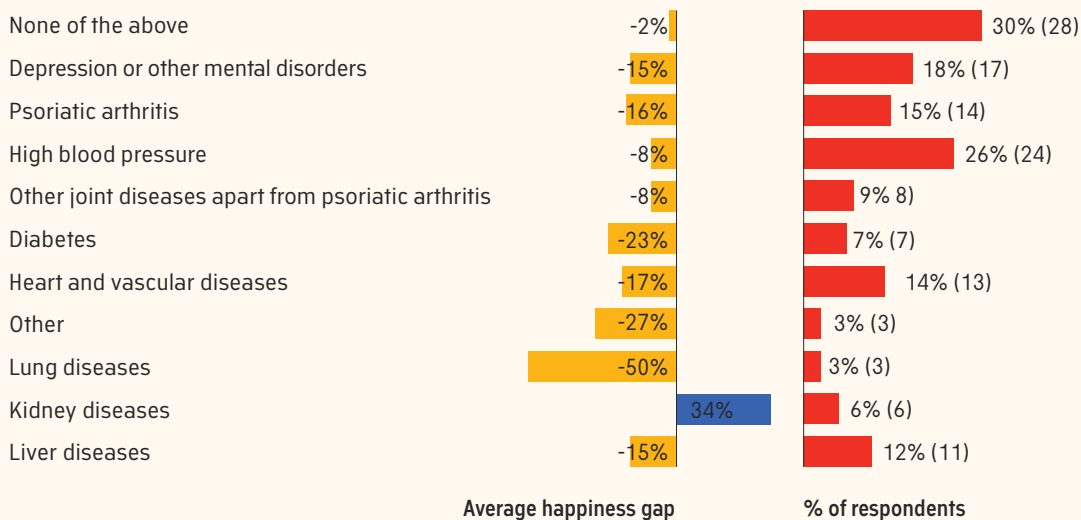
**Global - Comorbidities by gender - Female**

N = 8,398



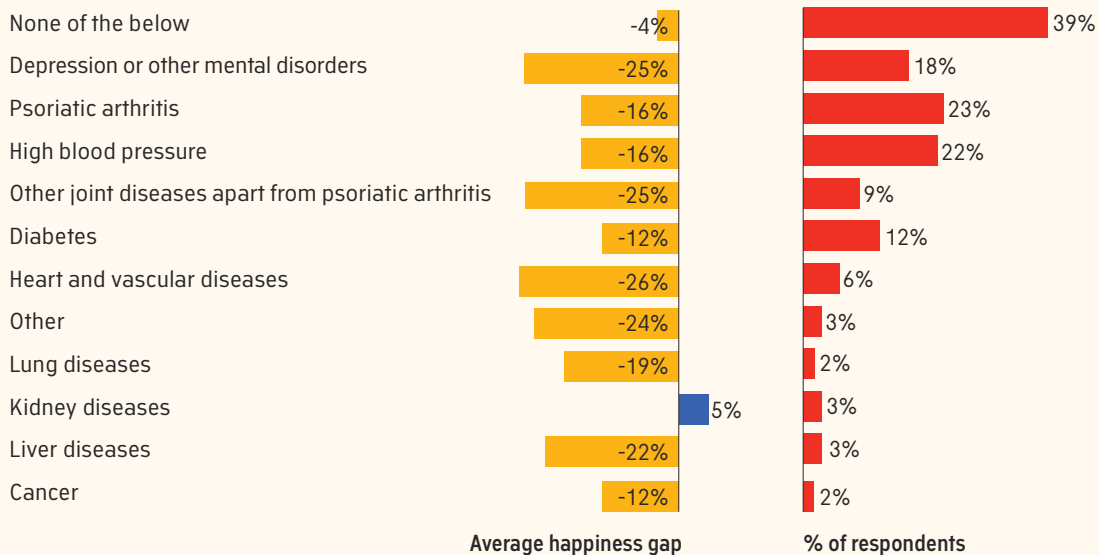
**Russia - Comorbidities by gender - Male**

N = 94



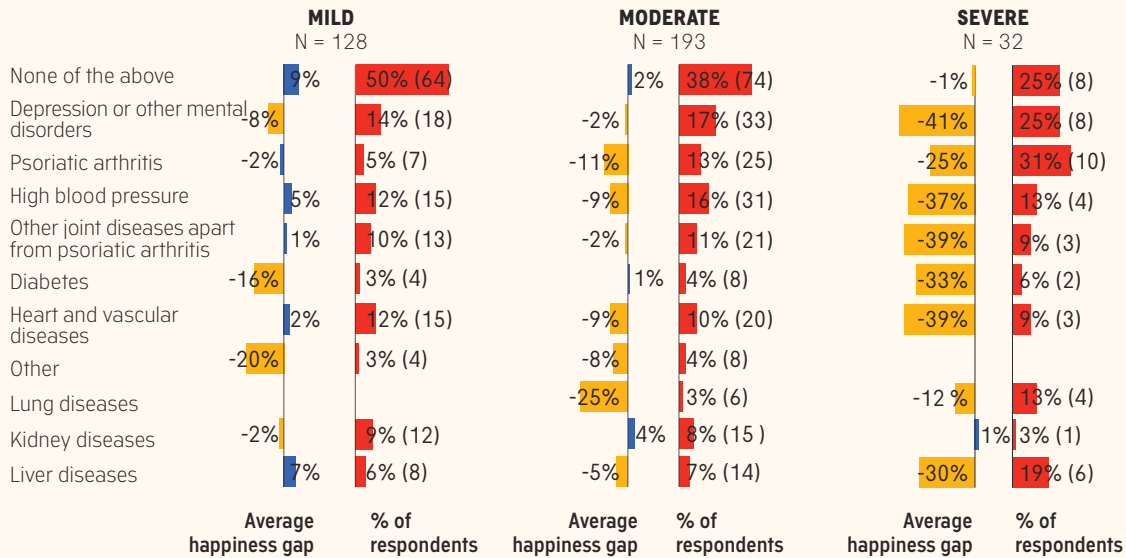
**Global - Comorbidities by gender - Male**

N = 2,369

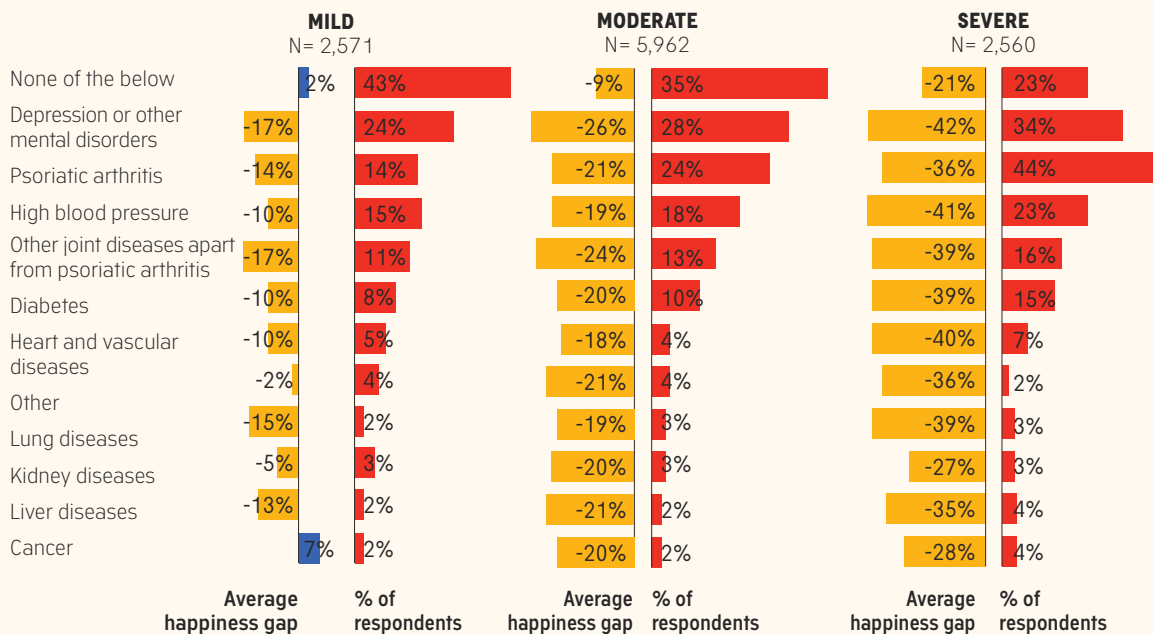




Russia - Comorbidities by severity



Global - Comorbidities by severity



What we see first is that around 3 in 5 (59%) experience one or more of the listed comorbidities. The most common comorbidity seems to be depression or other mental disorders, reported by 17% and linked to an average happiness gap of -9%. Another comorbidity with a significant happiness gap (-13%) is psoriatic arthritis, reported by 12% of the surveyed people. Compared to the global numbers in the second figure, there are fewer people living with self-perceived psoriasis in Russia suffering from these comorbidities (especially depression or other mental disorders and psoriatic arthritis), and they also don't experience nearly as large or significant happiness gaps in relation to their comorbidities (although no conclusions of causation can be made).

Looking at the split by gender, it seems that a smaller number of women suffer from comorbidities; 45% report that they don't have any of the listed comorbidities, whereas only 30% of men are reportedly free of comorbidities. Women also seem less affected than men by the comorbidities they experience in regards to happiness. This is interesting, since we see the opposite in the global picture, where women experience much greater happiness gaps than men. Furthermore, a much larger proportion of men than women in Russia (26% vs. 10%) report high blood pressure.

Finally, turning to comorbidities by severity, what stands out first is the fact that people with severe psoriasis not only report more comorbidities (75% of those living with self-perceived severe psoriasis report at least one comorbidity, compared to 60% with moderate and 50% with mild psoriasis), but they also are affected more by these comorbidities, as seen from the larger happiness gaps. In this case, the pattern is the same as what we see for the global averages.

# Productivity & Work Life



# Cost of Psoriasis

For Russia, the estimated cost to society from lost productivity is:

Total cost on society	
Overall	\$3,450m
Per 100,000 people in employment	\$4.8m
As % of GDP	0.09%

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 Russia is among the countries with the lowest total cost to society from lost productivity (as % of GDP). However, a total nominal cost of \$3,450 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	Russia	Global
<b>Average productivity</b>		
- Because of psoriasis	8.1 (119)	53.2 (2,721)
- Because of other health issues	74.5 (115)	62.9 (2,633)
<b>Percentage of people reporting less than 50% productivity</b>		
- Because of psoriasis	98% (116)	51% (1,521)
- Because of other health issues	24% (28)	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.)

Respondents in Russia work with extremely poor productivity when they're at work but rather should have stayed at home due to their psoriasis. When it's because of other health issues, their productivity is not at all as affected. In the same vein, almost everyone (98%) of the

surveyed people living with self-perceived psoriasis in Russia work at half productivity or less when they should have stayed at home because of their psoriasis, while only about 1 in 4 (24%) do so for other health issues.

### 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.

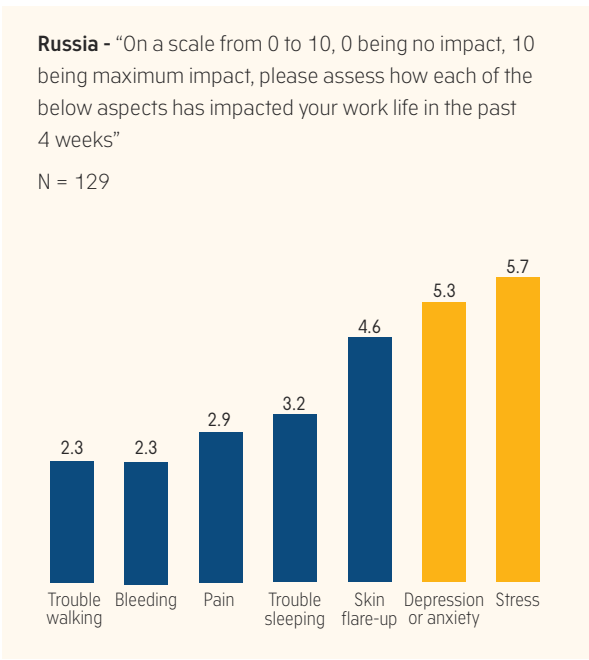
Work and social hours missed	Russia		Global	
	Because of psoriasis	Because of other health issues	Because of psoriasis	Because of other health issues
<b>Work hours missed</b>	N = 150	N = 145	N = 2,998	N = 2,945
5+ hours	6%	20%	24%	26%
10+ hours	5%	14%	17%	17%
20+ hours	5%	6%	10%	10%
<b>Social hours missed</b>	N = 174	N = 166	N = 5,387	N = 5,339
5+ hours	23%	27%	35%	33%
10+ hours	14%	20%	26%	22%
20+ hours	9%	12%	18%	14%

People in Russia seldom miss any work hours; only around 11% have missed 5 or more work hours in the last 4 weeks. More often, they miss work due to other health issues. Compared to the average across all the countries surveyed, Russians miss far fewer work hours. Adding this to what we saw above for productivity at work, people in Russia may rarely miss work, but when they're there (and should rather have stayed at home because of their psoriasis), they are hardly productive at all.

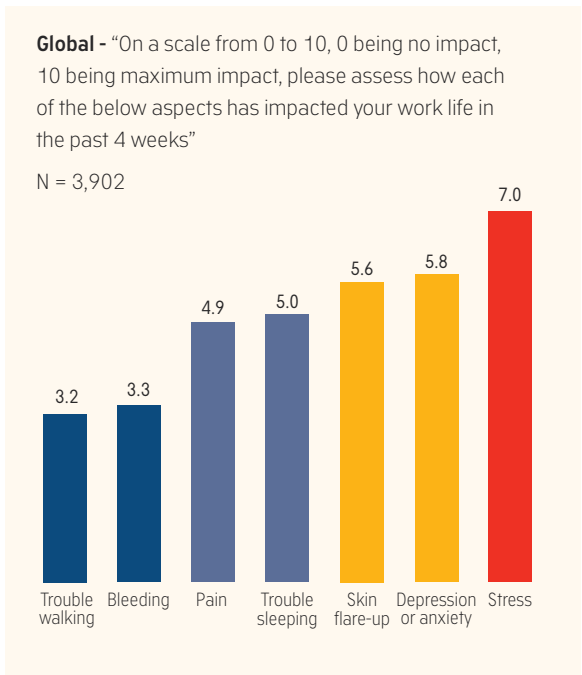
Russians also missed fewer social hours compared to the global averages. When comparing to the previous table, what's interesting is that they miss more social hours than they do work hours. Adding again the results around productivity from earlier, this could indicate that people living with self-perceived psoriasis in Russia often go to work feeling unwell.

### 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.



In Russia, the aspects with the greatest impact on work life are skin flare-ups, depression or anxiety, and, finally, stress. The overall order or ranking of aspects is almost identical to that of the global averages. For all aspects,



however, people in Russia generally report lower impact levels; e.g., 5.7 vs. 7.0 for stress, 5.3 vs. 5.8 for depression or anxiety, etc.

## 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'	Russia			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"	59% (80)	60% (60)	56% (20)	60% (2,336)	60% (1,811)	58% (515)
"My manager understands the impact psoriasis has on me and my work performance"	60% (81)	63% (62)	53% (19)	51% (1,939)	53% (1,530)	48% (404)
<b>"My work colleagues know about my psoriasis and I get their support when needed"</b>	<b>41% (55)</b>	<b>41% (41)</b>	<b>39% (14)</b>	<b>39% (1,397)</b>	<b>39% (1,080)</b>	<b>38% (314)</b>
"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"	50% (67)	50% (49)	50% (18)	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.)

Regarding the company people work for as well as their colleagues, Russians report roughly similar levels of agreement/disagreement as in the global picture. Regarding managers and close co-workers, however, more Russians are dissatisfied, or disagree with these aspects, than globally. For example, half of the surveyed people in Russia (50%) disagree that they have a closer co-worker who understands and with whom they can talk to, whereas only slightly more than a third (37%) report this on a global scale. Still, it's worth noting in general that as much as three in five (60%) are dissatisfied with their company and manager in regards to their psoriasis. Finally, regarding differences between the genders, men and women in Russia generally share the same levels of agreement/disagreement, with slightly more women disagreeing with the statements (especially for the statement around managers).

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 significant<sup>3</sup>. 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.

<sup>3</sup> 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.



# Healthcare Professionals

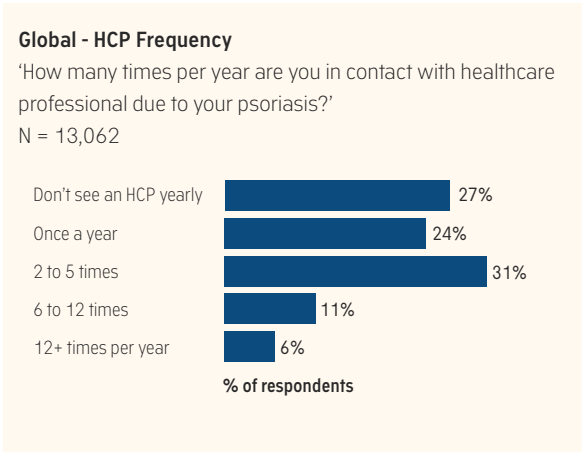
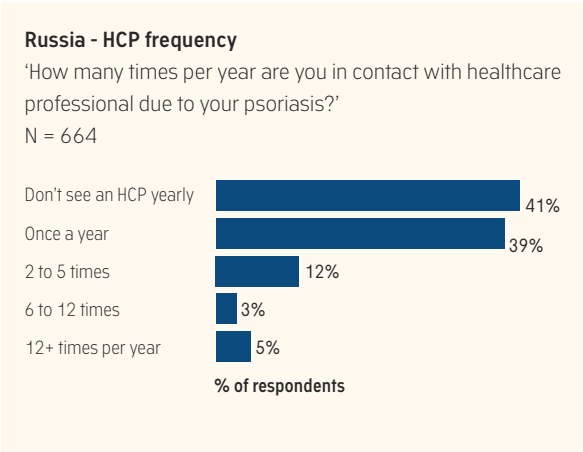
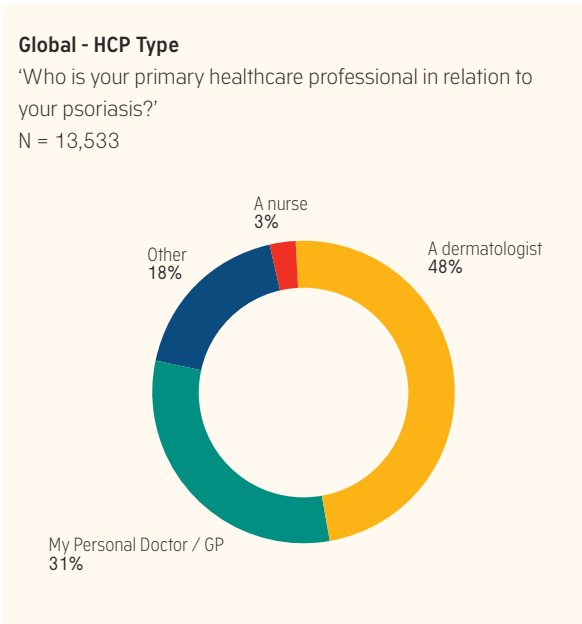


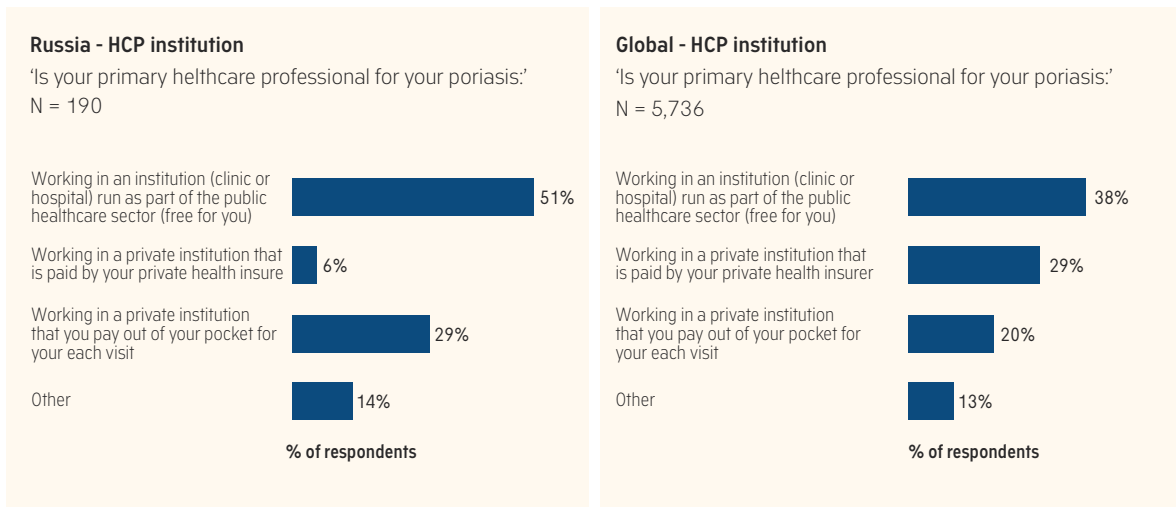


A variety of aspects related to the perceived relationship with healthcare professionals (HCPs) are analysed. This includes people’s satisfaction with their healthcare providers overall, as well as general perceptions of the quality of the relationship and interactions with them.

**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 Russia and the global case.





As it can be seen from the top-left figure, most respondents in Russia (54%) said a dermatologist was their primary healthcare professional for their psoriasis, with the rest reporting nurses, personal doctors/GPs, and others. In regards to visits and frequency, Russians seldom see their healthcare professionals. As many as 2 in 5 (41%) don't see an healthcare professional yearly, and another 2 in 5 (39%) only see them once a year. This is much lower than the global averages in the right-hand figure. Finally, in regards to the workplace of the healthcare professional, 51% of people living with

self-perceived psoriasis in Russia said they go to see their healthcare professionals in a clinic or hospital run as part of the public healthcare sector, making it free for the patient. Around 3 in 10 (29%), however, pay out of their own pocket for visiting healthcare professionals in a private institution.

## Diagnosis & Type of Treatment

As seen in the table below, by far most people living with self-perceived psoriasis in Russia (81%, which is more than 4 in 5) have had their psoriasis diagnosed by a dermatologist - a proportion significantly higher than the global average.

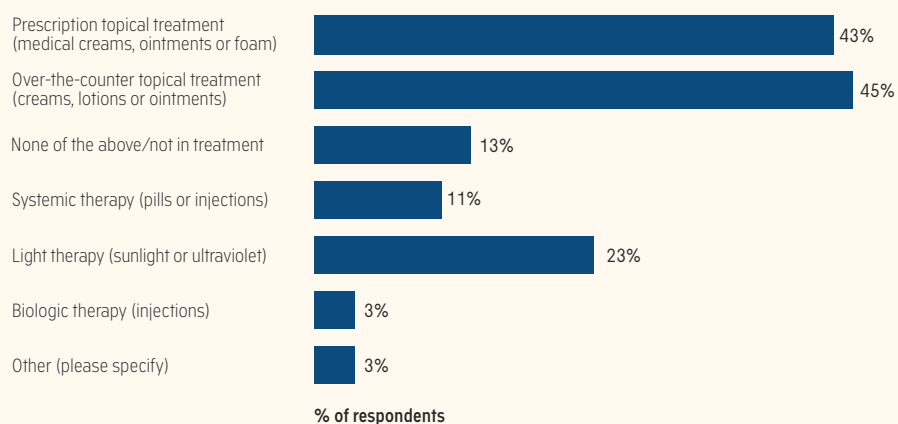
Was your psoriasis diagnosis by..	Russia (N = 380)	Global (N = 14,184)
Dermatologist	81%	69%
Personal doctor / GP	6%	21%
Haven't been diagnosed by a doctor	11%	6%
Nurse	1%	1%
Other	3%	3%

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

### Russia - Treatment type

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

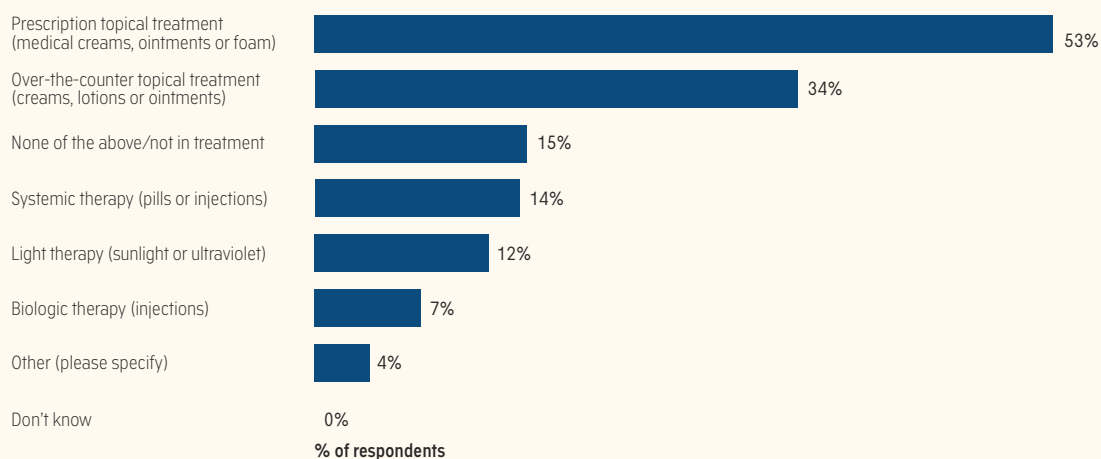
N = 1,160



### Global - Treatment type

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

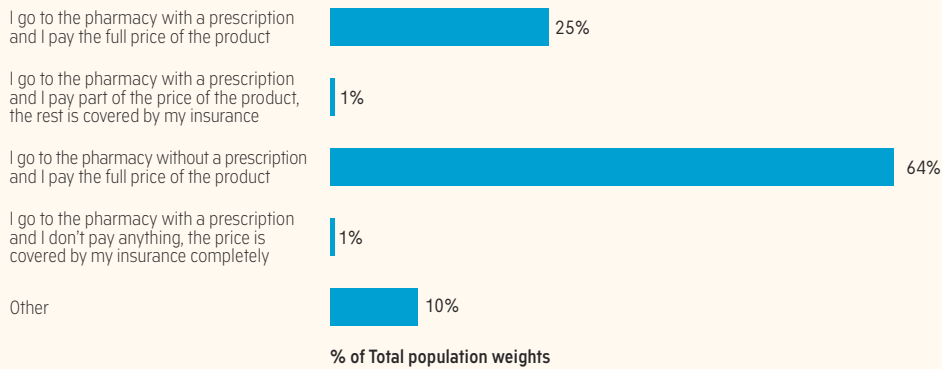
N = 36,574



**Russia**

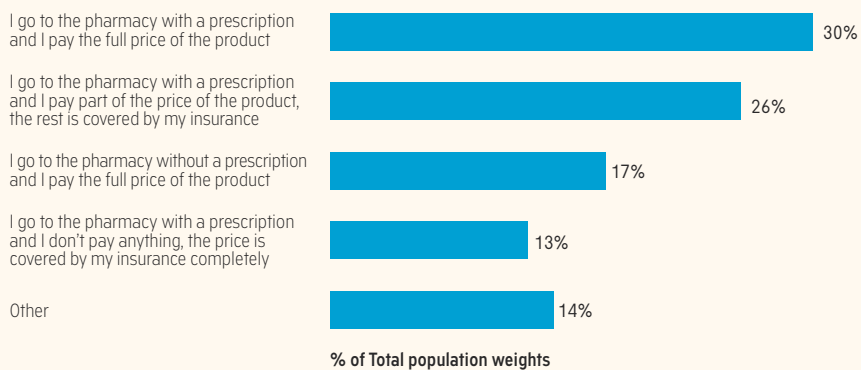
"When getting your treatment, which of the statements below best fits your situation?"

N = 361

**Global**

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

N = 8,388



The most reported treatment type in Russia is topical treatments, on both prescription and over-the-counter used by 43% and 45%, respectively. Compared to the global numbers, a significant percentage (23% in Russia compared to 14% global average) use light therapy.

As for getting the treatment, most people with self-perceived psoriasis in Russia are going to the pharmacy either with (64%) or without (25%) a prescription and paying the full price of the treatment, without any help or coverage from insurance.

### 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.

<b>“On a scale from 0 to 10, how satisfied are you overall with your healthcare provider in regards to your psoriasis?”</b>	<b>Russia</b>	<b>Global</b>
<b>Overall</b>	<b>3.65 (200)</b>	<b>4.97 (5,853)</b>
<b>Gender</b>		
- Female	3.69 (147)	4.95 (4,604)
- Male	3.53 (53)	5.02 (1,220)
<b>Severity</b>		
- Mild	3.82 (65)	5.23 (1,356)
- Moderate	3.65 (114)	4.80 (3,157)
- Severe	3.25 (20)	5.10 (1,314)

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

Overall, people in Russia are much less satisfied with their healthcare professionals than globally. In fact, among the countries in the analysis, Russia is the one with the lowest patient satisfaction levels (see Fig. C.7 in the Appendix). Contrasting the global picture where men and women

are roughly equally satisfied, men in Russia report lower patient satisfaction than women. Finally, when looking at the breakdown by severity, the respondents' satisfaction drops the worse their psoriasis is.

## 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”: <b>% who ‘Disagree’ or ‘Strongly disagree’</b>	Russia			Global		
	Overall	Women	Men	Overall	Women	Men
“The doctor gave me as much information as I wanted”	30% (57)	32% (45)	26% (12)	21% (2,813)	22% (968)	15% (188)
“The doctor recognised and responded to my emotional state”	35% (65)	37% (51)	30% (14)	30% (1,619)	32% (1,349)	23% (263)
“The doctor talked in terms I could understand”	12% (22)	12% (17)	11% (5)	15% (847)	14% (698)	11% (145)
“The doctor encouraged me to ask questions”	44% (81)	46% (63)	38% (18)	28% (1,612)	29% (1,333)	22% (273)
“The doctor involved me in decisions as much as I wanted”	37% (69)	39% (54)	32% (15)	25% (1,417)	26% (1,165)	20% (244)
“The doctor discussed next steps”	31% (57)	33% (46)	23% (11)	26% (1,482)	27% (1,228)	20% (246)
“The doctor spent the right amount of time with me”	25% (46)	26% (36)	22% (10)	25% (1,395)	26% (1,148)	19% (241)
“The doctor discussed about how my psoriasis affect my mental health and overall well-being”	64% (118)	70% (96)	48% (22)	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.)

Firstly, it stands out that more than a third (35%) in Russia don’t think their doctor recognised and responded to their emotional state. Almost as many (30%) don’t think they got as much information as they wanted. Likewise, around a third (37% and 31%) disagree that their doctor involved them in decisions and discussed next steps. And finally, almost two in three (64%) don’t think their doctor touched upon how psoriasis affects their mental health and general well-being. This is especially so for women, where as many as 70% disagree with the statement. Either men more often discuss this with their doctor, or it is not as important an aspect for them, as only about a half (48%) disagreed with this statement. It also goes for all of the other statements that men in Russia (and globally as

well) don’t disagree as much or often as their female counterparts when it comes to the interaction with their healthcare professionals. Thus, either men receive a different, better, and more fulfilling treatment from their healthcare professionals (although they still had a lower average patient satisfaction as seen earlier), or perhaps it might be that this matter is not as important to men as it is for women, which fits well with the finding that women are generally more affected by psoriasis when it comes to both mental matters and physical appearance. Finally, compared to the global averages, a larger proportion of people living with self-reported psoriasis in Russia are dissatisfied with aspects around the interaction with their healthcare providers.

## 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?'	Russia			Global		
	Overall	Women	Men	Overall	Women	Men
"My healthcare professionals are clear with the information about how to treat psoriasis"	51% (302)	59% (192)	42% (107)	40% (5,329)	41% (3,933)	36% (1,341)
"My healthcare professionals fully understand the impact psoriasis has on my mental well-being"	55% (321)	63% (206)	45% (110)	53% (7,055)	56% (5,311)	44% (1,683)
"I can get in touch with the healthcare professional when I'm in need"	48% (277)	59% (189)	36% (87)	36% (4,798)	37% (3,532)	34% (1,227)
"I have confidence in the abilities of my healthcare professionals to treat psoriasis"	54% (325)	62% (202)	45% (118)	42% (5,946)	44% (4,344)	39% (1,550)
"I always follow the advice of my healthcare professionals"	42% (250)	45% (146)	40% (101)	27% (3,692)	27% (2,611)	28% (1,035)
"I've been informed about all the different treatment options related to my condition"	56% (315)	62% (197)	48% (115)	55% (7,240)	57% (5,424)	50% (1,763)
"The system provides me with sufficient financial support in relation to my skin condition"	74% (417)	83% (264)	64% (151)	67% (8,865)	69% (6,535)	63% (2,267)
"There is sufficient public awareness regarding my disease"	64% (359)	70% (220)	57% (134)	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 general, people in Russia are again more dissatisfied with their healthcare professional than seen in the global picture. What stands out is that more than half (51%) don't think their healthcare professionals are clear with the information about how to treat psoriasis. Even more (55%) don't think their healthcare professionals fully understand the impact that psoriasis has on one's mental well-being. More than half (54% and 56%) also don't even have confidence in the abilities of their healthcare professional and don't think they have been properly informed of all the treatment options. Finally, as many as three in four (74%) don't believe the system

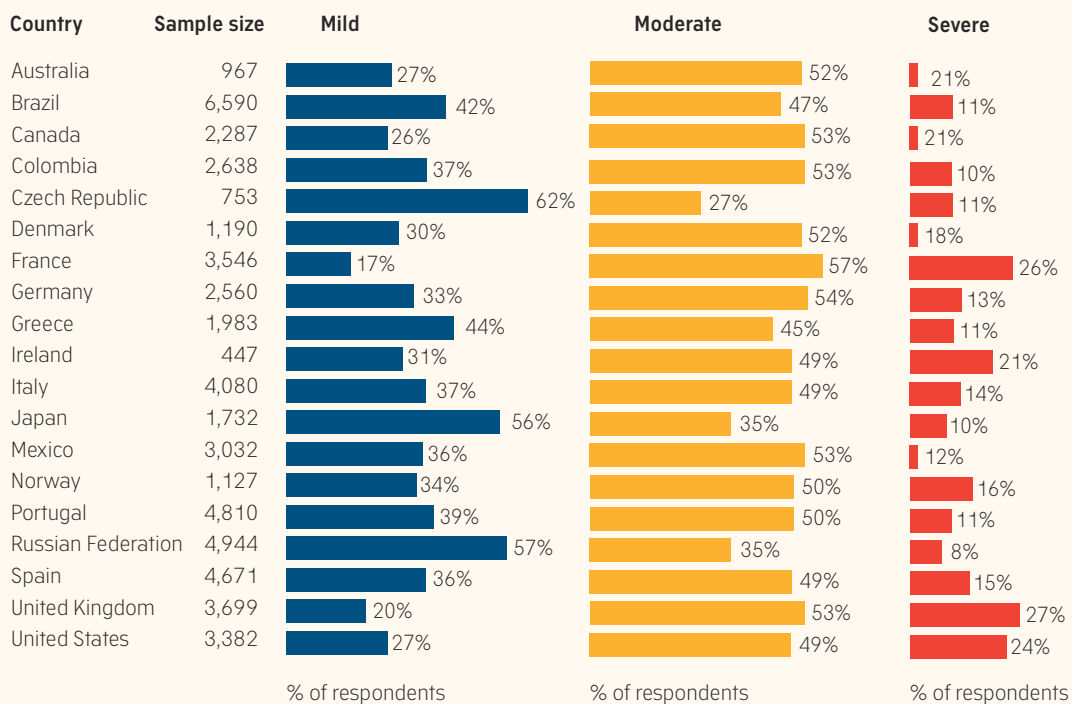
provides them with sufficient financial support. As before, we observe a larger degree of dissatisfaction/disagreement from women than from men, once again underlying that these matters might play a more important role for women than they do for men.

# Appendix

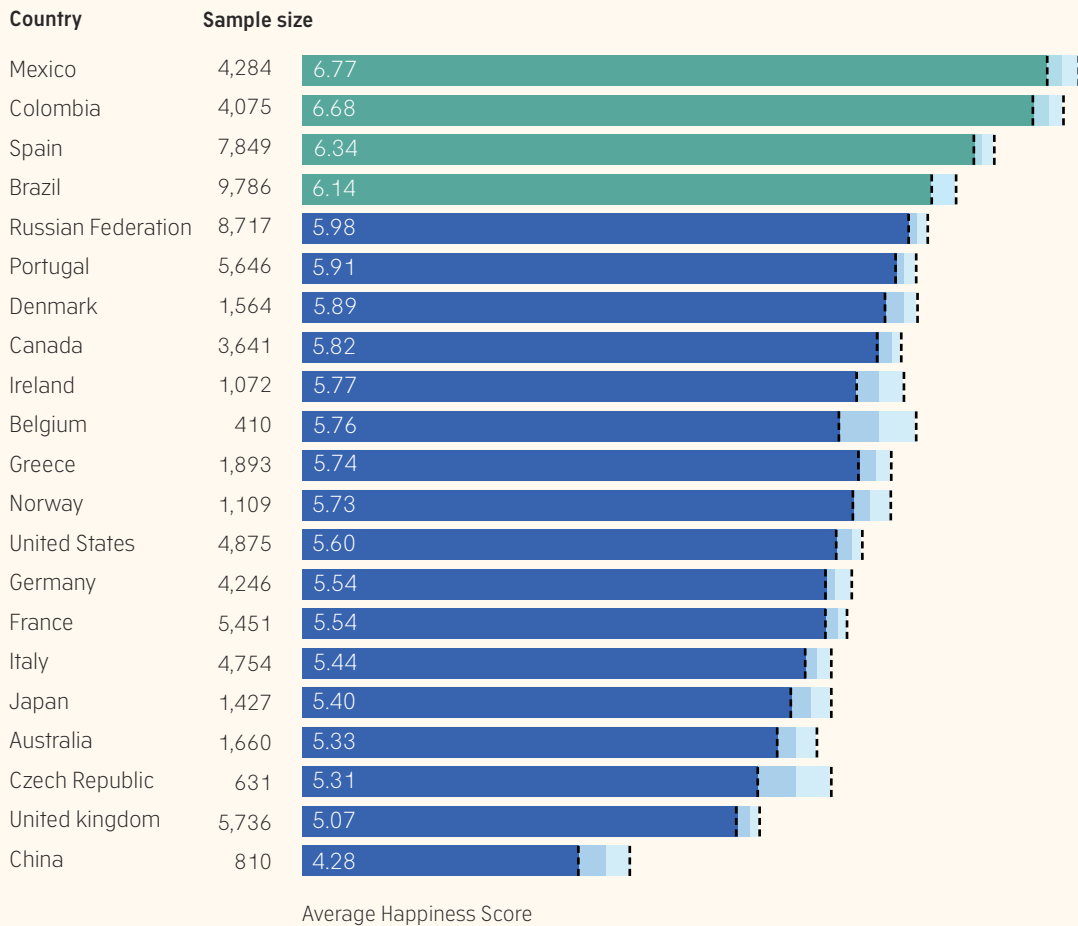


# General Results & Happiness

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

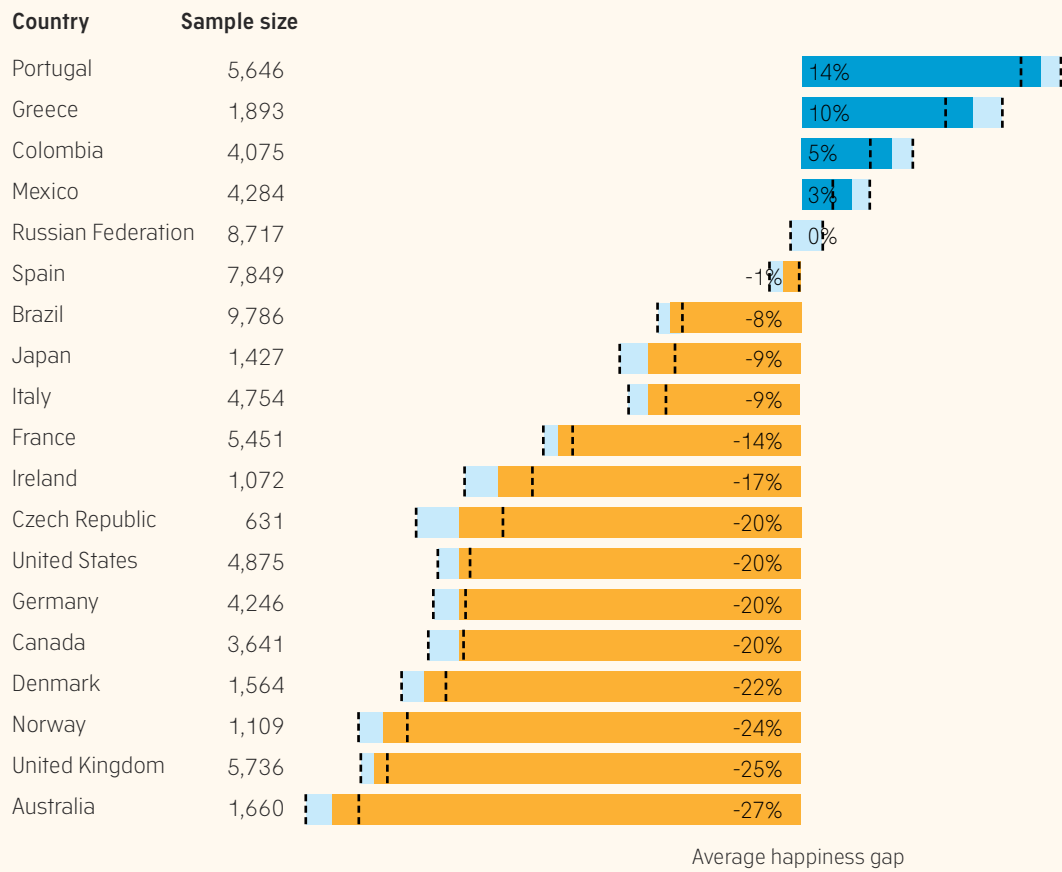


**Figure A.2:** Country ranking: Psoriasis happiness levels per country  
(With 95% confidence interval bands)



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.

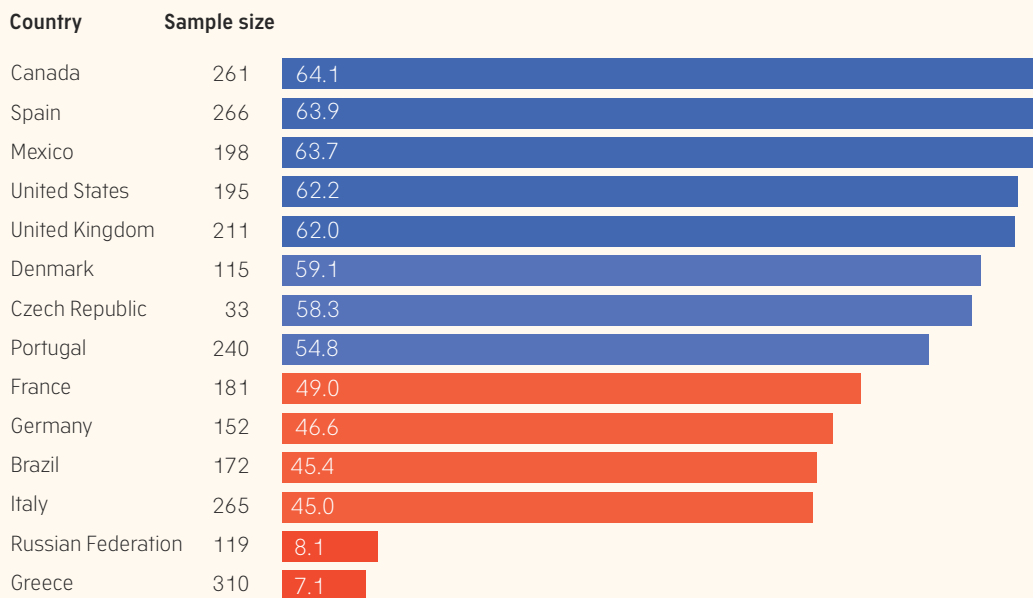
**Figure A.3:** Average happiness gap by country  
(With 95% confidence interval bands)



# 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

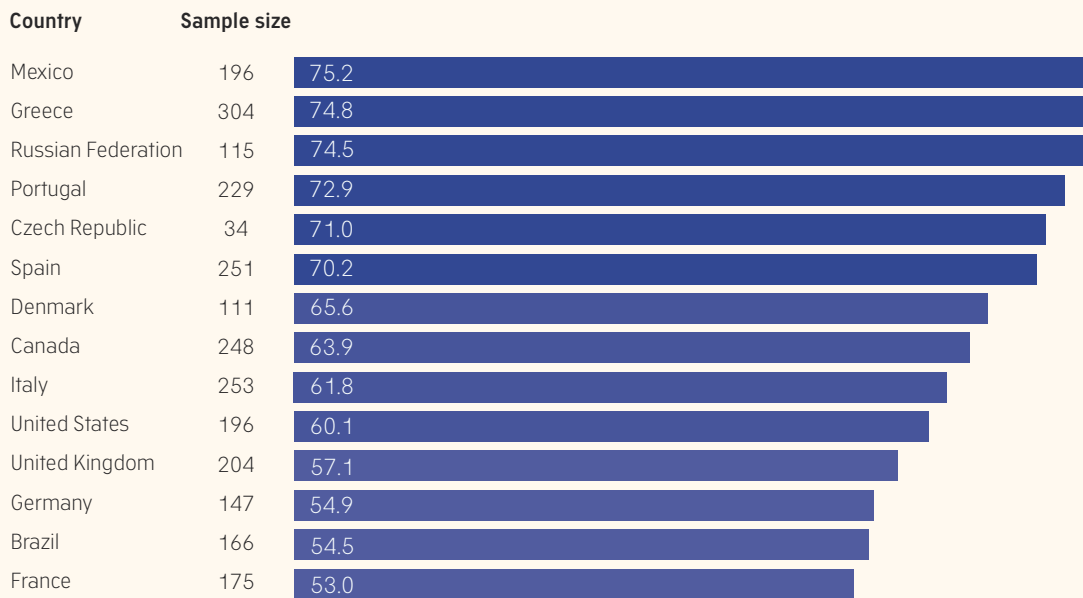
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being totally productive.”



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

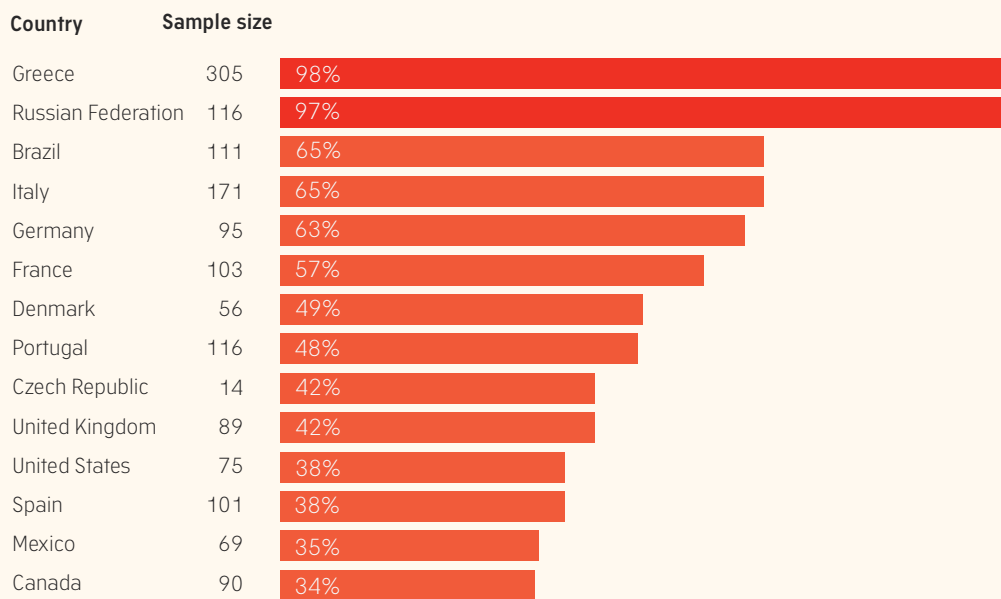
“Using the same scale, how affected was your productivity at work while you felt you should have stayed home because of other health issues? 0 means not at all productive, 100 means totally productive.”



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

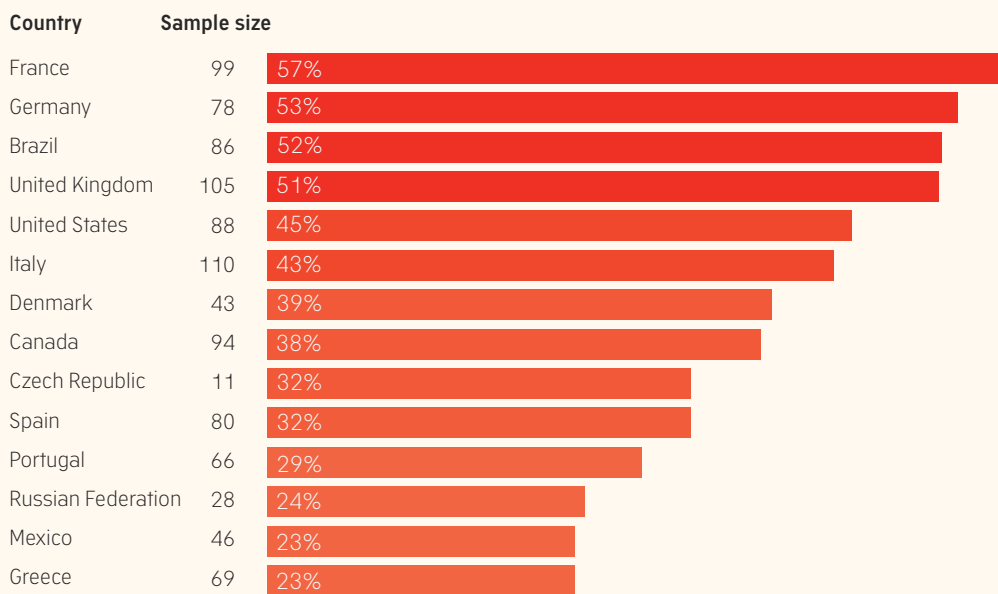
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being tptally productive.”



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

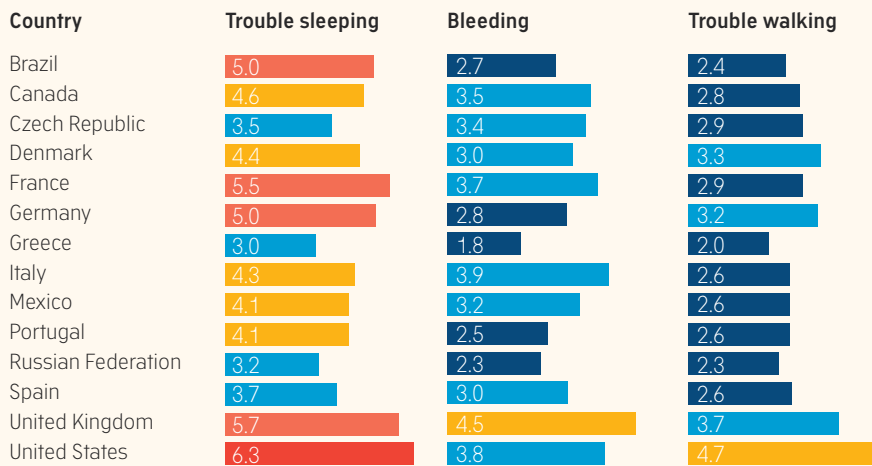
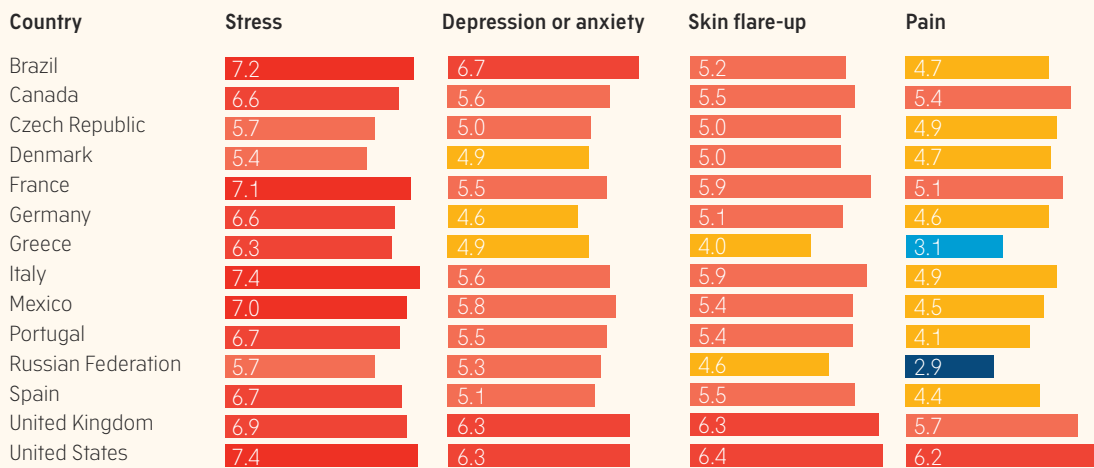
“Using the same scale, how affected was your productivity at work while you felt you should have stayed home because of other health issues? 0 means not at all productive, 100 means totally productive.”



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”



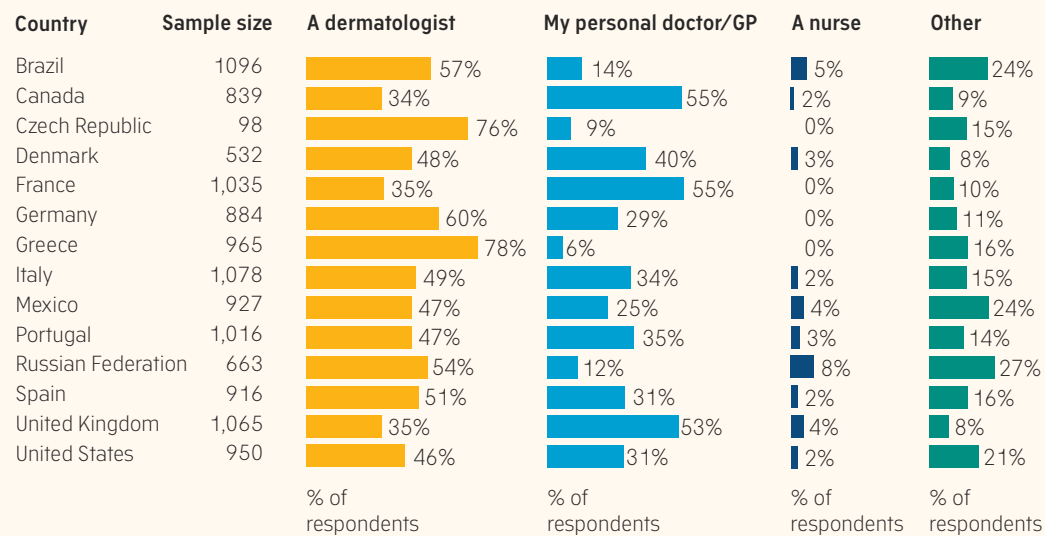


**Table B.6:** Estimated cost to society from lost productivity (adjusted for purchase) power parity):

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

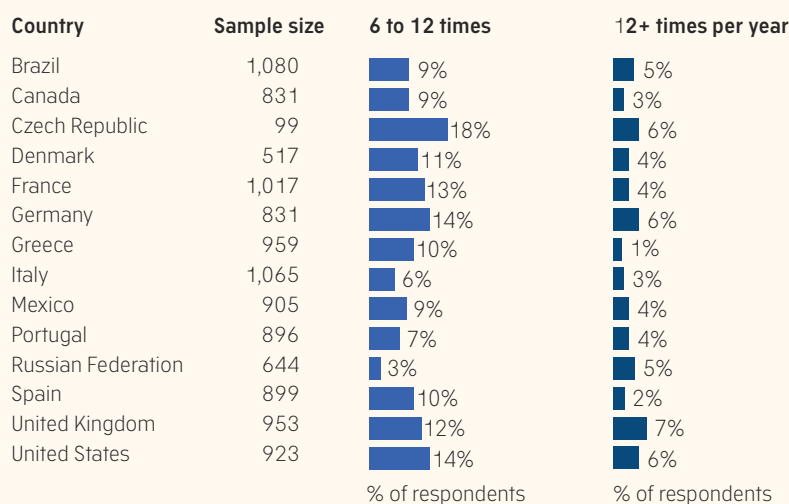
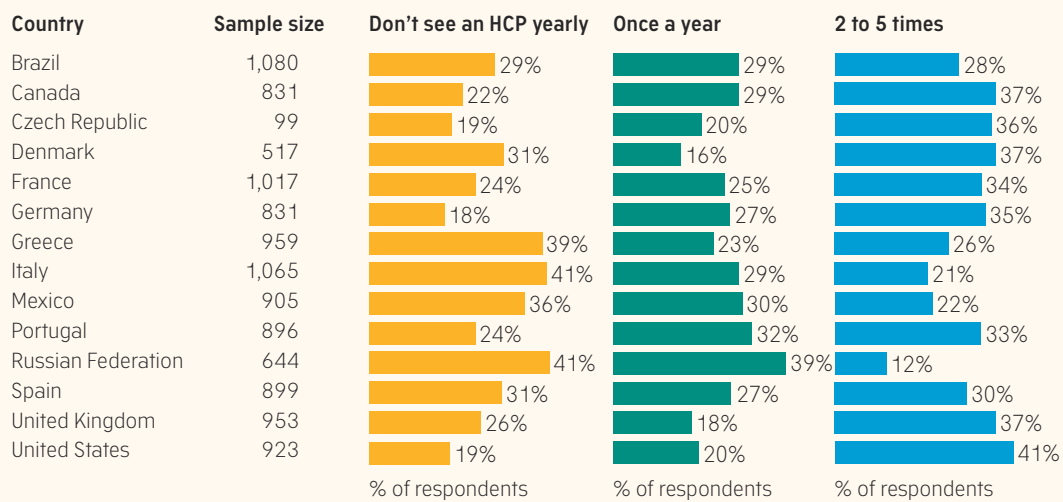
**Figure C.1:** Distribution of type of healthcare professionals engaged for psoriasis by country

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



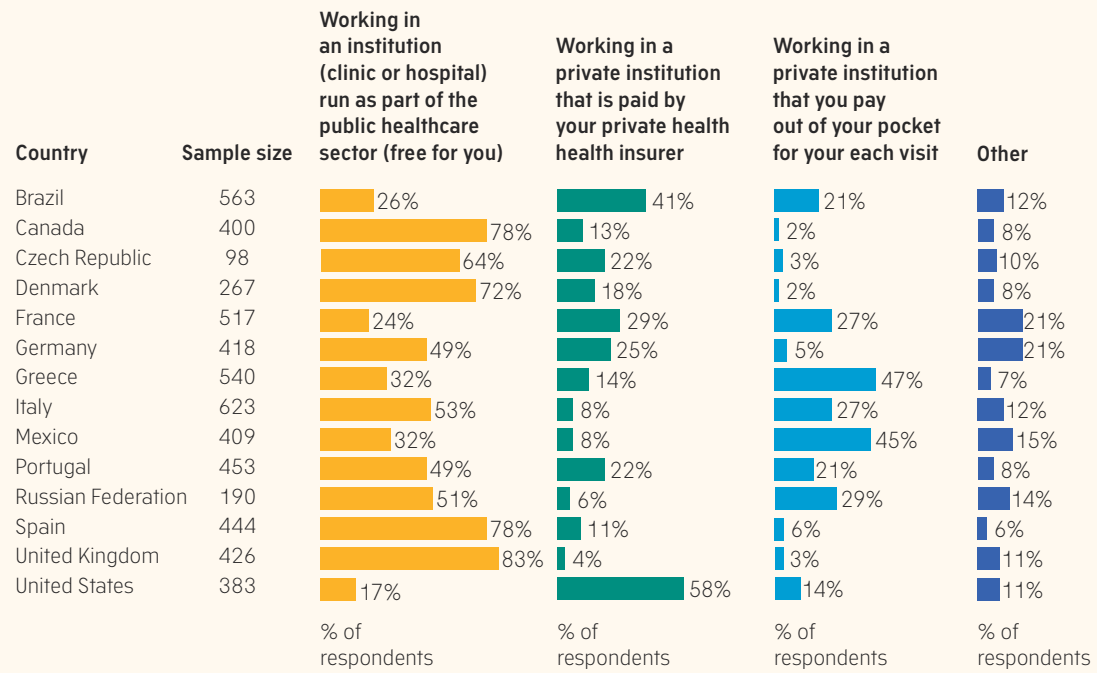
**Figure C.2:** Frequency of visits to healthcare professional for psoriasis by country

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



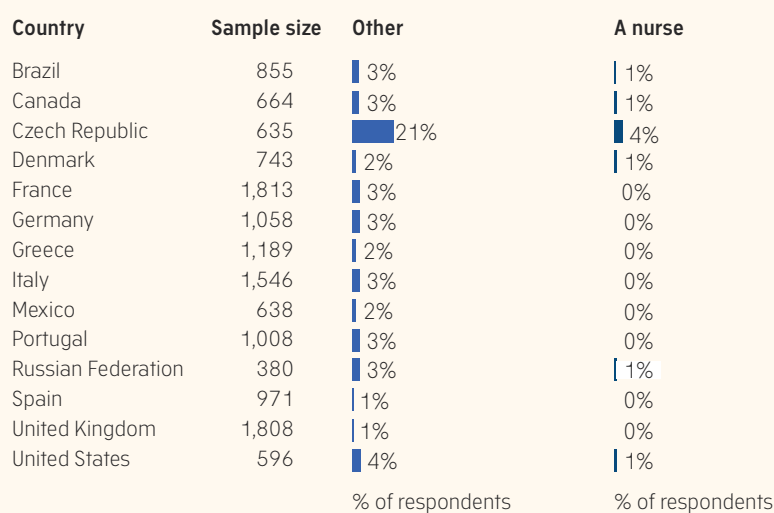
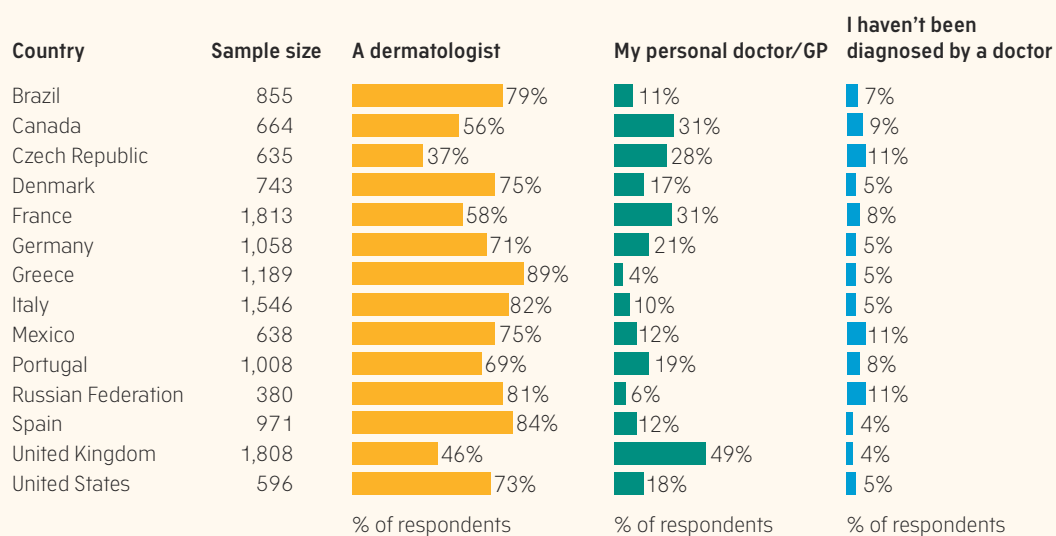
**Figure C.3:** Healthcare Professional institution by country

“Is your primary healthcare professional for your psoriasis?”



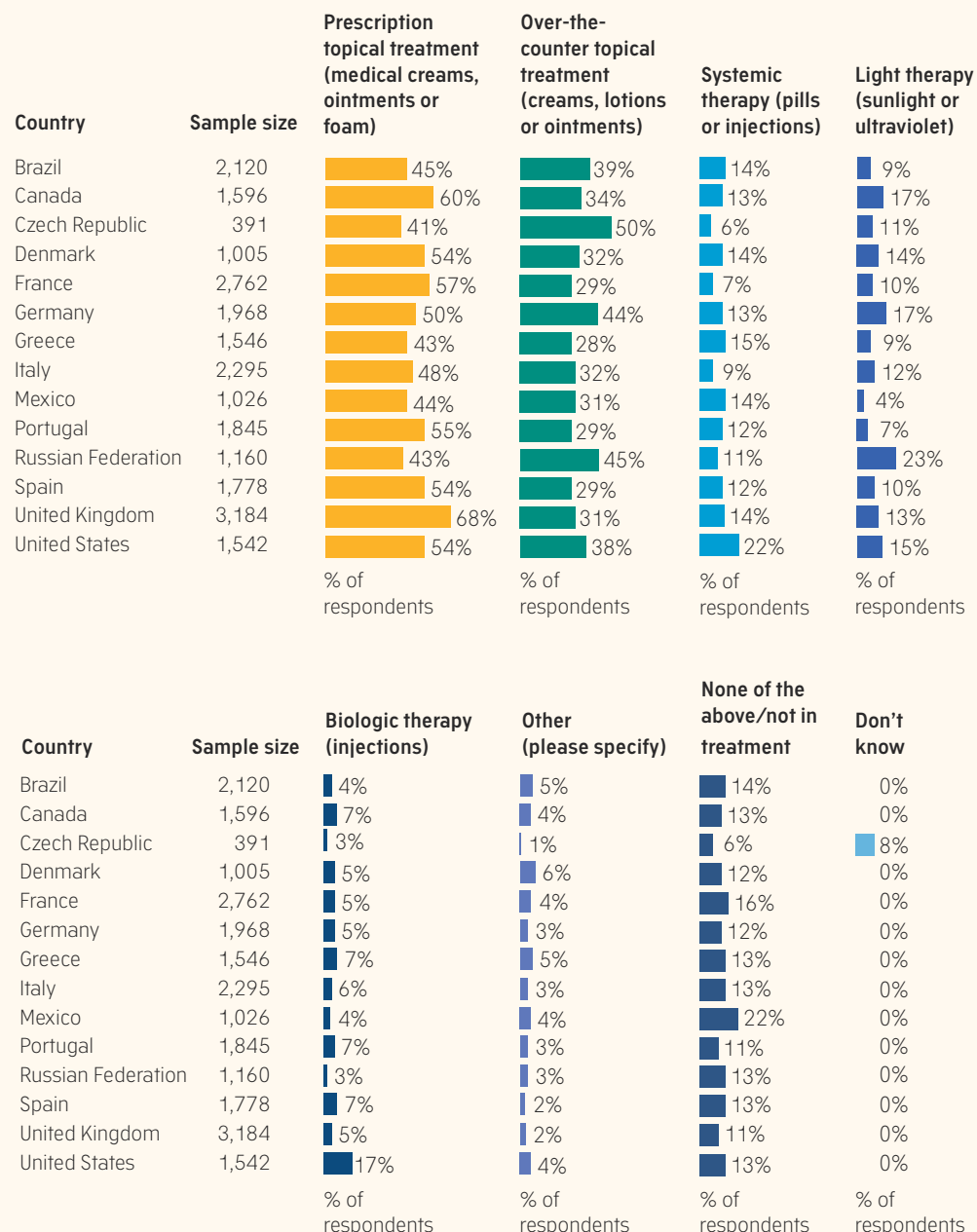
**Figure C.4:** Distribution of who has diagnosed their psoriasis (please note this report is based on self-reported psoriasis)

“Has your psoriasis been diagnosed by:”



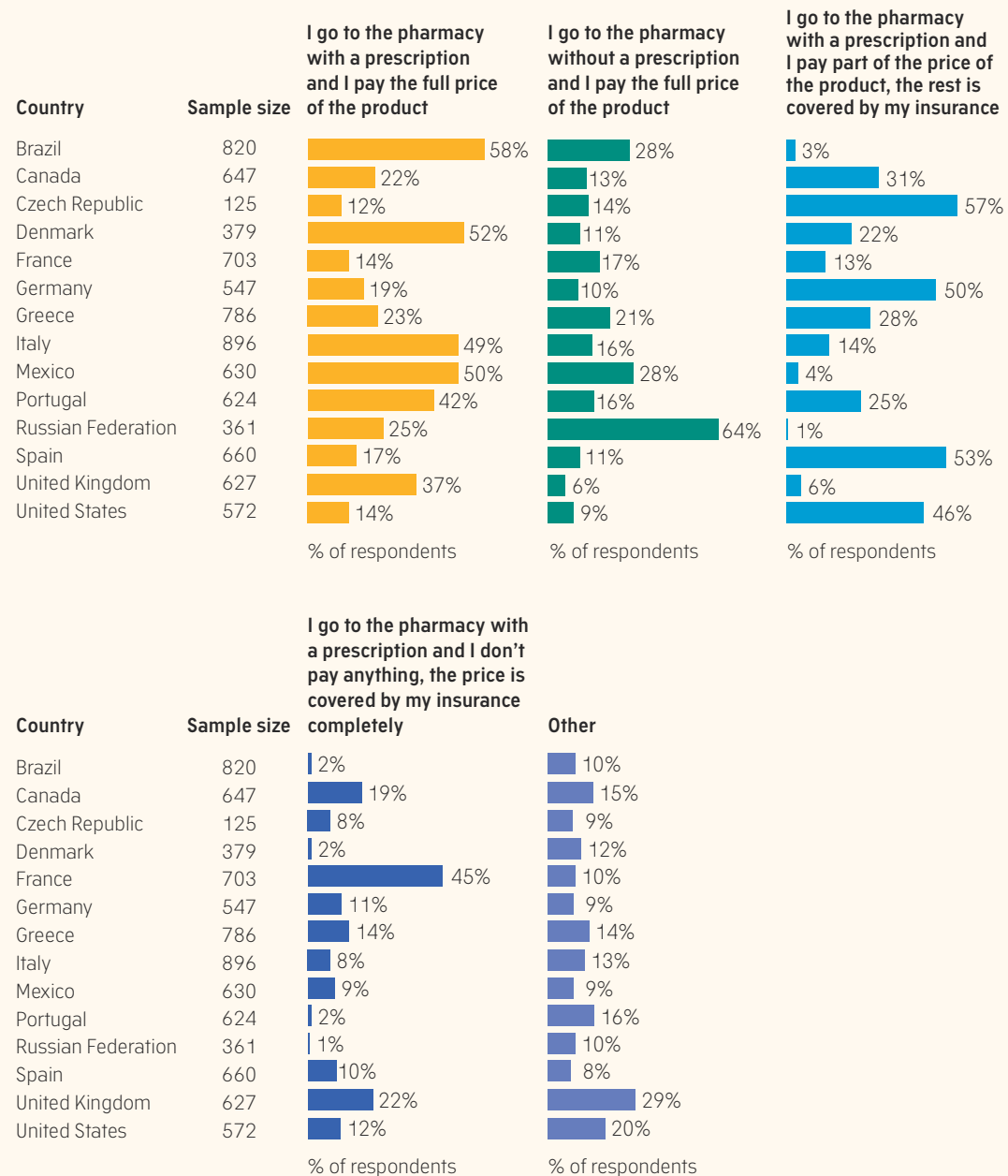
**Figure C.5:** Distribution of treatment type by country

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



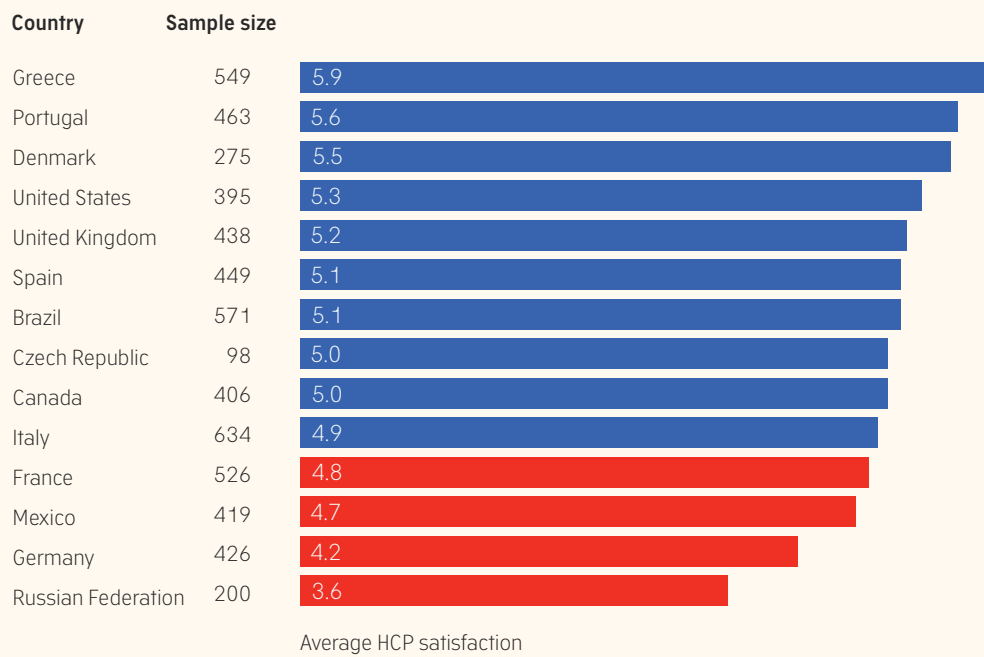
**Figure C.6:** Distribution of how people get and pay for their treatment

“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

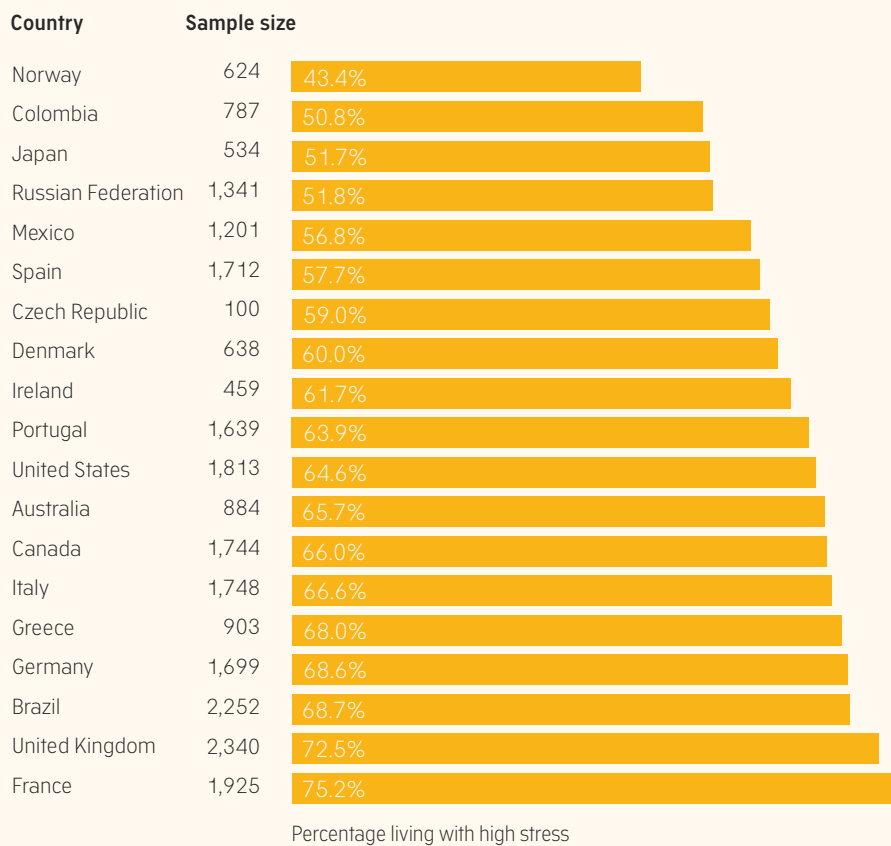
“On a scale from 0 to 10, how satisfied are you overall with your healthcare provider in regards to your psoriasis?”





# Levels of self-reported Stress & Loneliness

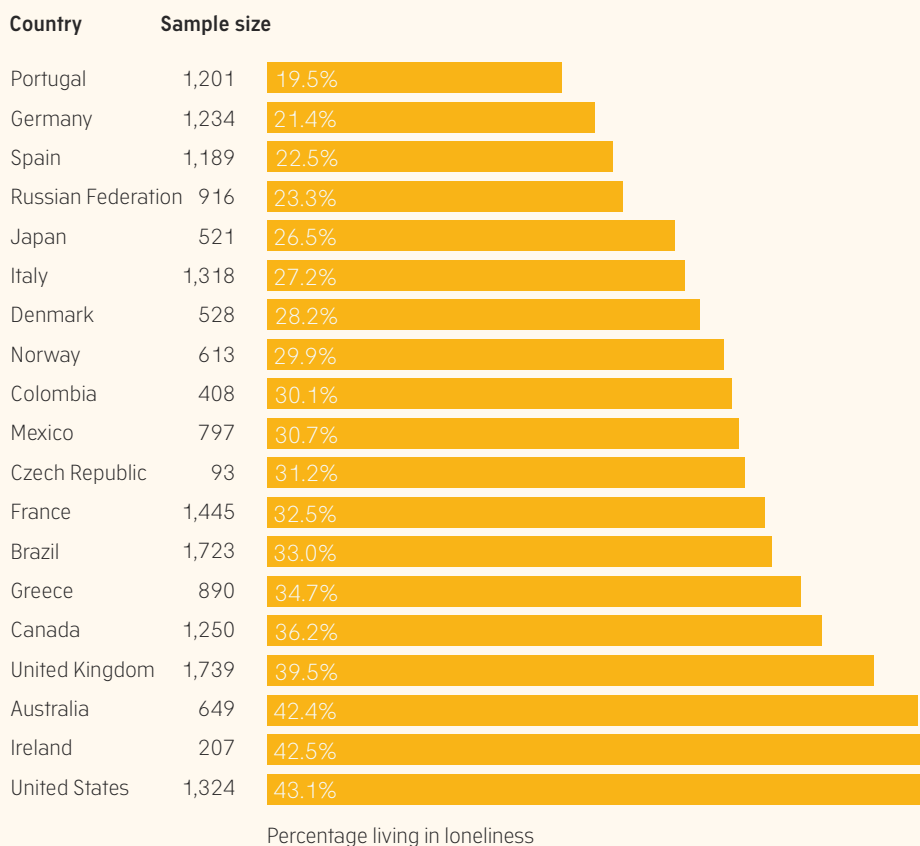
**Figure D.1:** Percentage of people living with high stress<sup>1</sup>



<sup>1</sup> 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<sup>2</sup>. The analysis of the results used the most conservative interpretation of the loneliness scores.<sup>3</sup>)



<sup>2</sup>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., 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.

<sup>3</sup>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*.