



World
Psoriasis
Happiness
Report 2018



Spain

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Institute (2018), World Psoriasis Happiness Report 2018.

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

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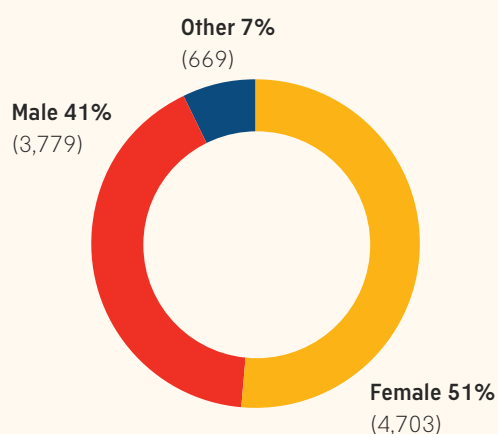
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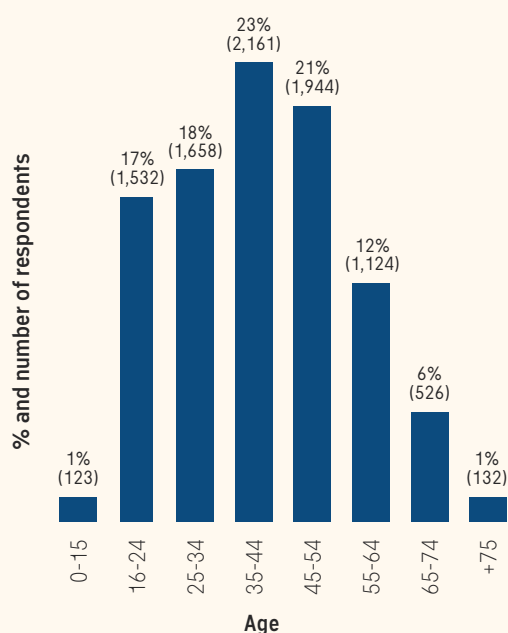
General Data & Happiness Results

General Data & Distributions. Total sample size: 9,200

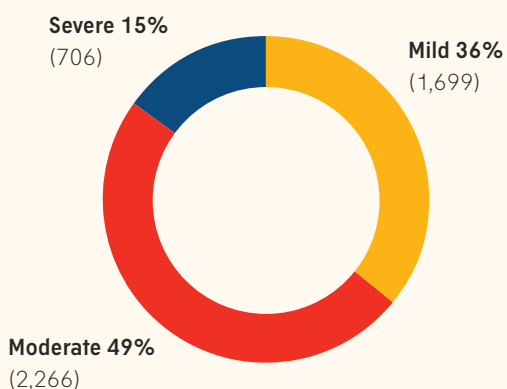
Gender distribution



Age distribution



Severity distribution



Severity distribution	Spain (N = 4,671)	Global (N = 54,438)
Mild	36%	37%
Moderate	49%	47%
Severe	15%	16%

In Spain, roughly a third (36%) of the respondents report a mild degree of psoriasis, about half (49%) perceive their psoriasis as moderate, and roughly 1 in 7 (15%) deem it severe. Compared to the global picture and the

other countries in the analysis, the severity distribution in Spain is very much around the average (see also 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: 6.3 Happiness ranking: 3rd / 21

Happiness	Spain		Global	
	Happiness level	Happiness gap	Happiness level	Happiness gap
Overall	6.3	-1.0%	5.8	-11.1%
Gender				
- female	6.2	-3.5%	5.7	-14.1%
- male	6.5	1.9%	6.1	-5.8%
Severity				
- mild	6.4	-0.6%	6.0	-6.1%
- moderate	6.1	-5.4%	5.6	-14.1%
- severe	5.4	-15.9%	4.6	-30.6%

The average happiness level of 6.3 places Spain as 3rd in the happiness ranking of the 21 countries in the analysis. With a happiness gap of -1%, Spain is among the top handful of countries when ranked by happiness gap, meaning they have among the smallest gaps in happiness between those living with self-perceived psoriasis and the general population (see Fig. A.3 in the Appendix).

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

- Women with self-perceived psoriasis in Spain 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 severity of people's psoriasis. I.e., people suffering from more severe degrees of self-perceived psoriasis are significantly less happy and experience extremely large happiness gaps, once again in line with the results for other countries and the global picture.

Stress & Loneliness

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

High stress: 57.7%

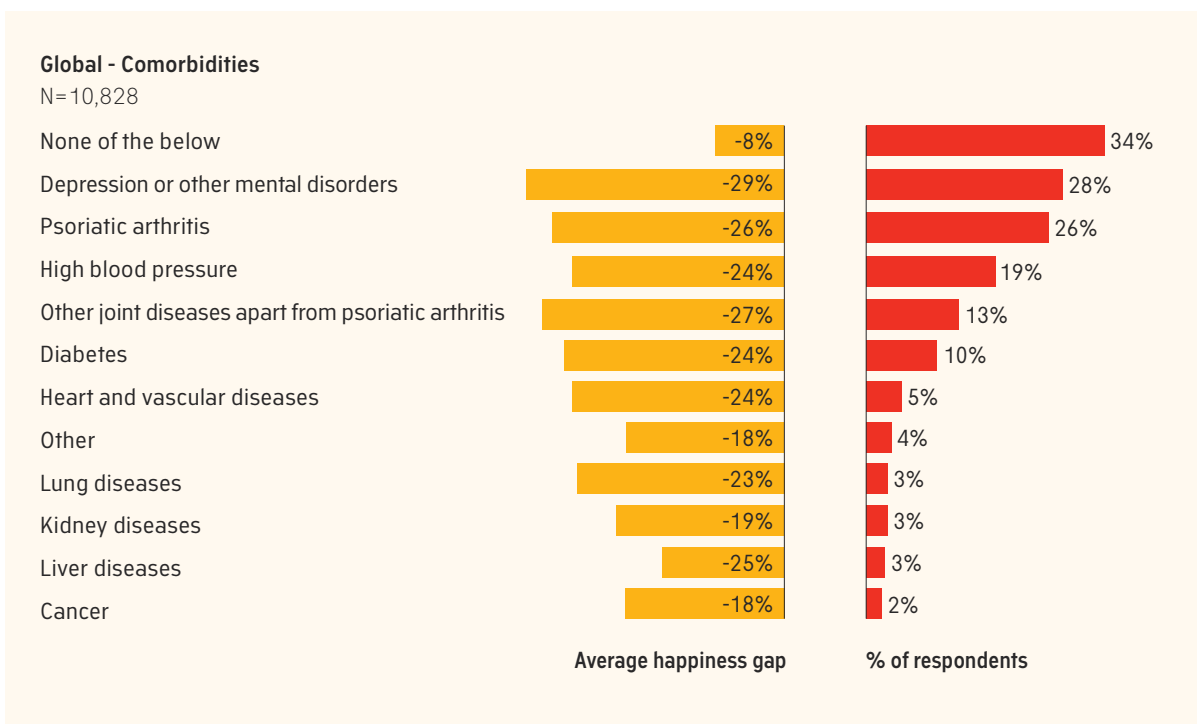
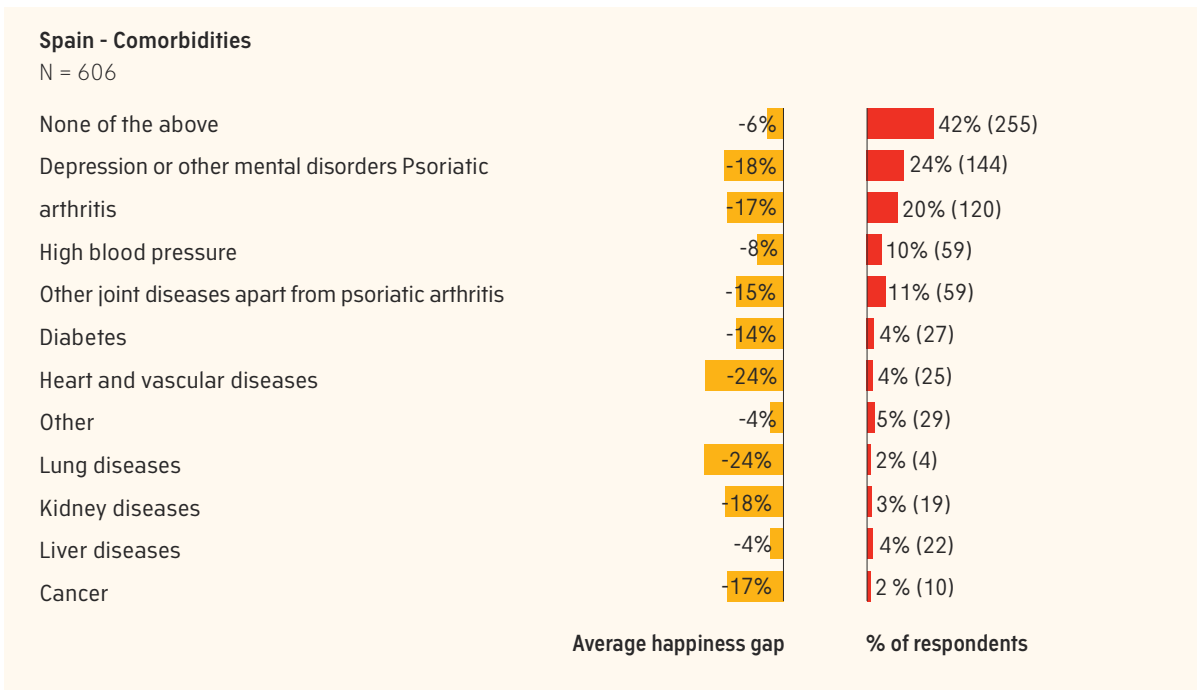
Loneliness: 22.5%

Compared to other countries, this places Spain in the better end of the spectrum with regard to stress, and it's also the country with the third lowest proportion of people living in loneliness. In spite of this, however, having almost 3 in 5 (58%) of respondents living with stress and almost 1 in 4 (23%) living in loneliness is still not very good.

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

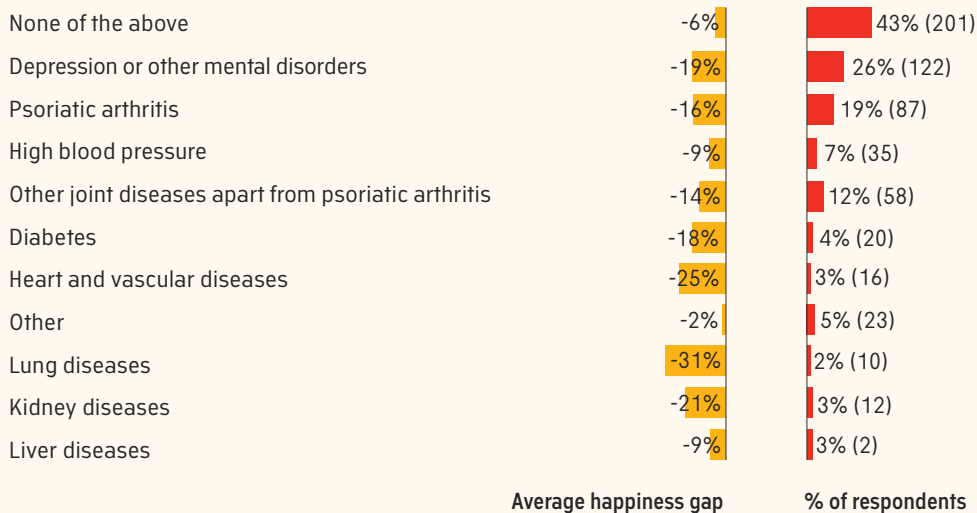
Psoriasis and Comorbidities

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.



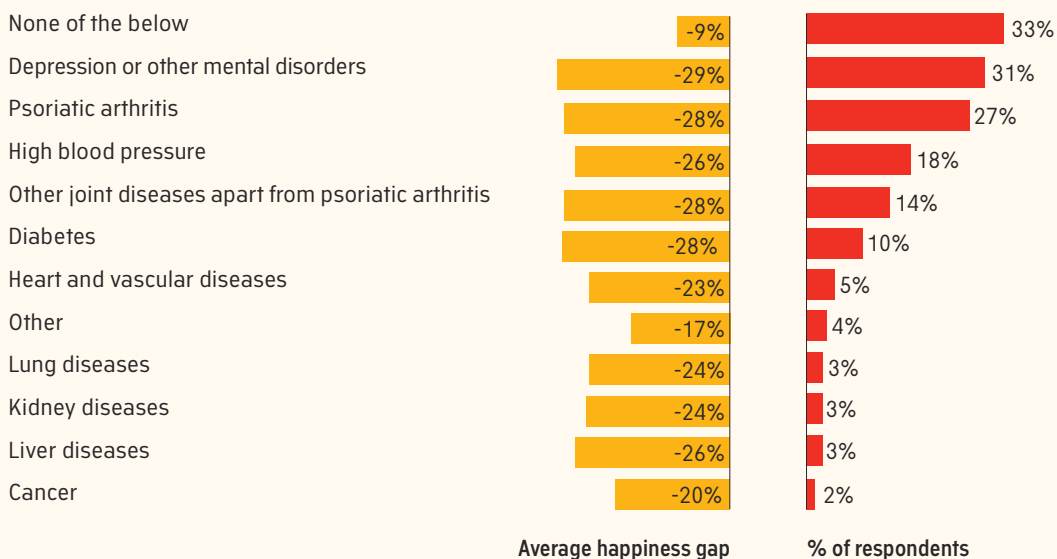
Spain - Comorbidities by gender - Female

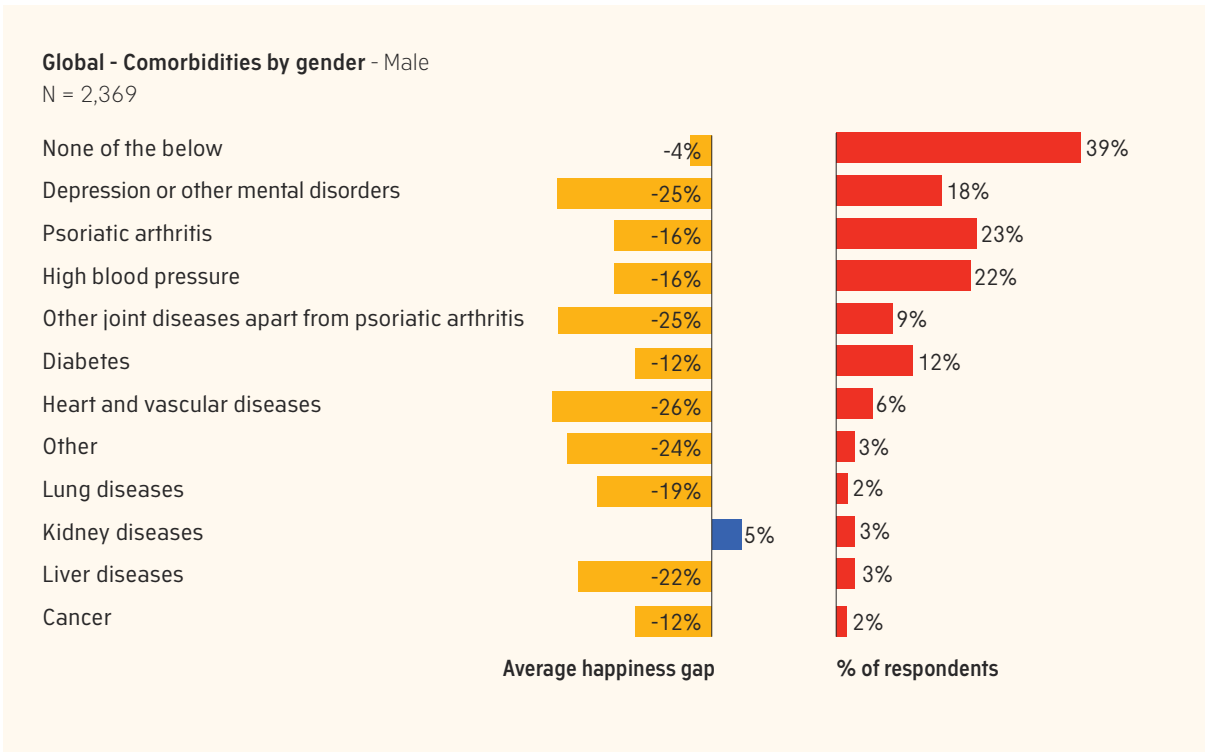
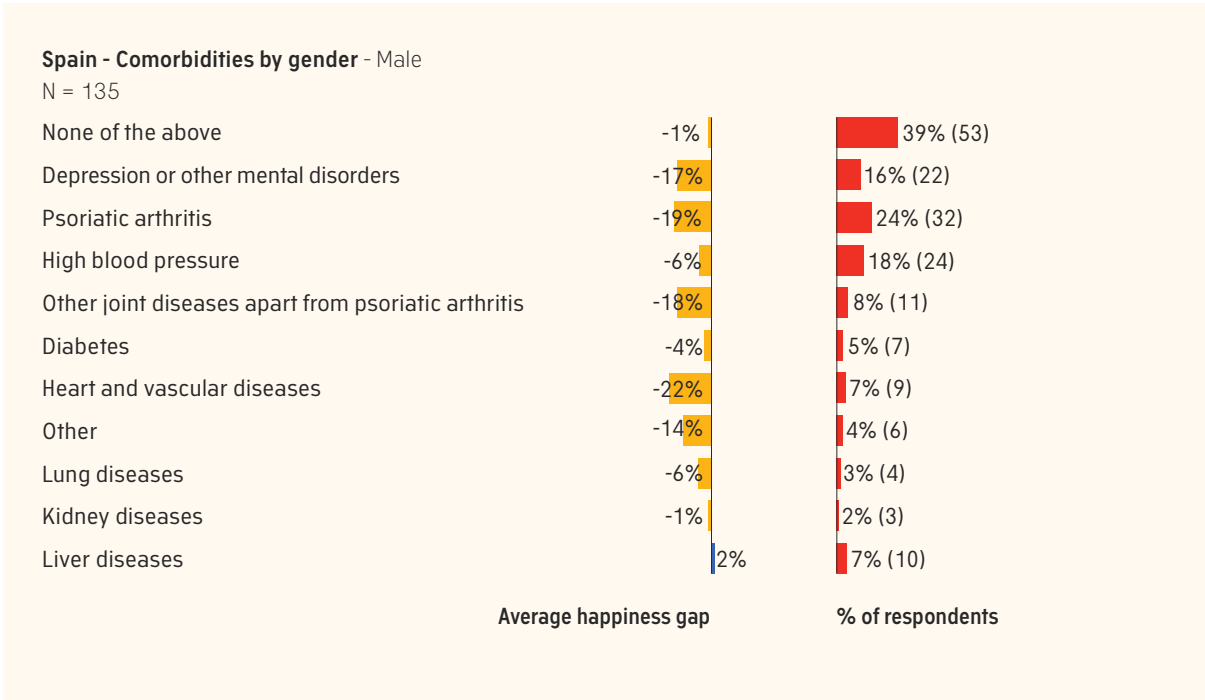
N = 469



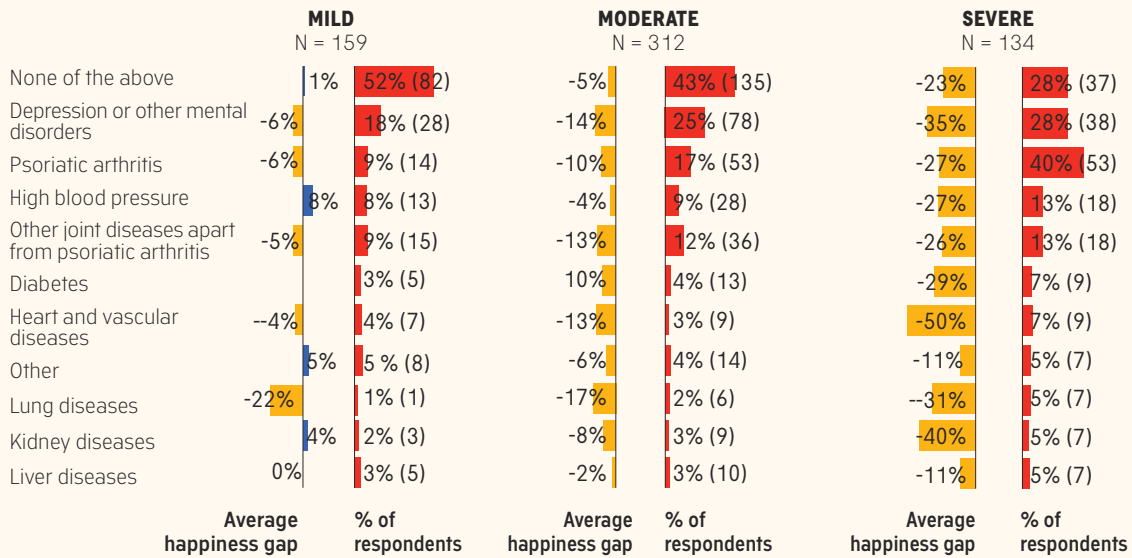
Global - Comorbidities by gender - Female

N = 8,398

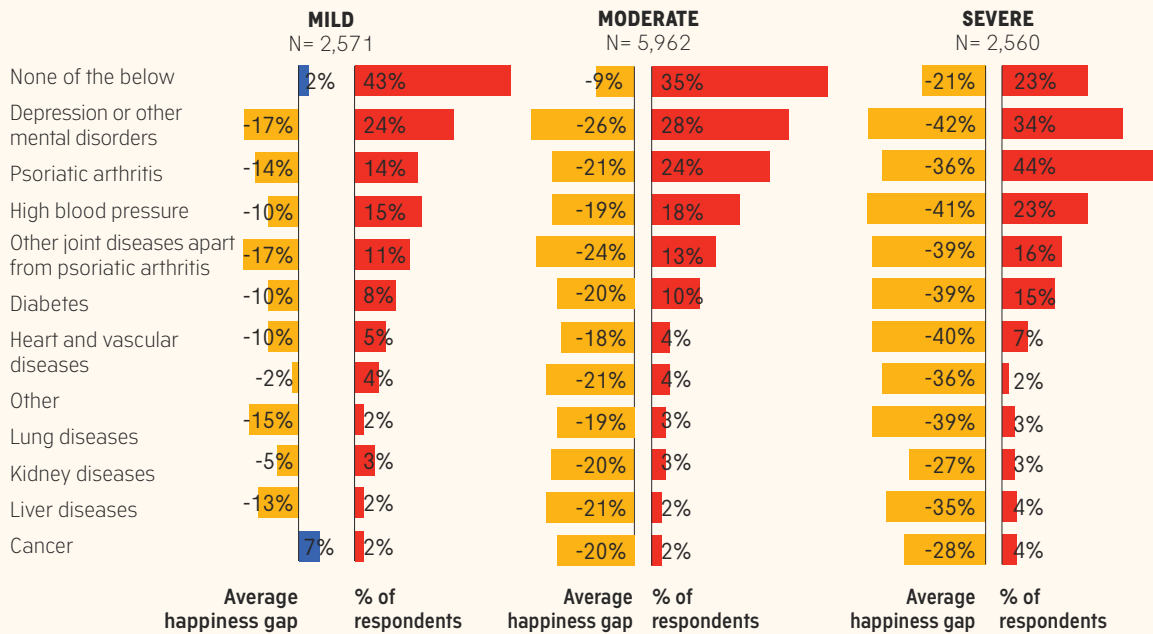




Spain - Comorbidities by severity



Global - Comorbidities by severity



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

- 58%, or almost 3 in 5, of the respondents in Spain reportedly suffer from one or more of the listed comorbidities (as 42% report “none of the above”).
- The most commonly reported comorbidities among respondents with self-reported psoriasis in Spain are depression or other mental disorders and psoriatic arthritis, experienced by 24% and 20% respectively. This is also what we see globally, only here the prevalence is slightly higher.
- These two comorbidities are also among those related to the largest drops in happiness, with gaps of -18% and -17%, respectively.
- The comorbidities connected to the largest gaps are heart and vascular diseases as well as lung diseases, for which people suffer a happiness gap of 24%.

Turning to the split by gender, we see that:

- The most reported comorbidity among women is depression or other mental disorders (experienced by 26%), while for men, it’s psoriatic arthritis (experienced by 24%). Both comorbidities are among the most common for both genders, though.
- These two comorbidities are also among those related to the largest happiness gaps for both genders.
- Though suffered by relatively few, heart and vascular disease is a comorbidity related to a very large happiness gap for both genders (-25% for women and -22% for men).

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

- A much larger proportion of people with self-perceived moderate and severe psoriasis experience comorbidities. 52% of the people with mild psoriasis report that they don’t have any of the listed comorbidities, meaning that 48% do. Compare this to almost 3 in 5 (57%) with moderate psoriasis who experience comorbidities, and as many as almost 3 in 4 (72%) for severe psoriasis.
- This is the same pattern seen globally, only the prevalence of comorbidities seems slightly lower in Spain.
- Across all of the comorbidities, the happiness gaps drop significantly the worse the degree of psoriasis, as also seen in the global case.

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

In Spain, the estimated cost to society from lost productivity is as follows:

Total cost on society	
Overall	\$1,313m
Per 100,000 people in employment	\$6.9m
As % of GDP	0.07%

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 Spain ranks in the better end in terms of the total cost as a percentage of GDP. However, 0.07% of GDP, corresponding to a total cost of \$1,313 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	Spain	Global
Average productivity		
- Because of psoriasis	63.9 (266)	53.2 (2,721)
- Because of other health issues	70.2 (251)	62.9 (2,633)
Percentage of people reporting less than 50% productivity		
- Because of psoriasis	38% (101)	51% (1,521)
- Because of other health issues	32% (80)	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 Spain work at a slightly lower productivity level when they should have stayed at home because of their psoriasis compared to other health issues (~64 vs. ~70). However, compared to the global picture and other countries, these are rather good numbers. Spain is actually the country where people, on average, have the second highest productivity level when they should have stayed at home because of their psoriasis, and also in the better half when it comes to the aspect of other health issues (see Fig. B.1 and B.2 in the Appendix).

Furthermore, only slightly less than 2 in 5 (38%) work with 50% or less productivity when they should have stayed at home because of psoriasis, and about a third (32%) when because of other health issues. Compared to other countries and the global picture, Spain also lands into the 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	Spain		Global	
	Because of psoriasis	Because of other health issues	Because of psoriasis	Because of other health issues
Work hours missed	N = 292	N = 288	N = 2,998	N = 2,945
5+ hours	16%	18%	24%	26%
10+ hours	11%	12%	17%	17%
20+ hours	7%	9%	10%	10%
Social hours missed	N = 426	N = 418	N = 5,387	N = 5,339
5+ hours	26%	22%	35%	33%
10+ hours	20%	15%	26%	22%
20+ hours	13%	9%	18%	14%

Respondents in Spain generally miss fewer work hours and social hours compared other countries and the global picture, both when it comes to their psoriasis as well as other health issues. However, in Spain specifically, it seems that people more often miss out on social activities with family and friends because of both their psoriasis and other health issues than they do work. As shown above, only 16% miss at least 5 or more work

hours (over 4 weeks) because of psoriasis, whereas the same number is 26% for social hours. In conclusion, this could indicate that people in Spain more often go to work despite their psoriasis, and also that, using the data and results from earlier, they aren't as influenced or affected by their condition when it comes to productivity.

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 Spain are stress and skin flare-ups. Depression and anxiety is also an aspect with a significant impact, though not as much as globally and in many other countries (see also Fig. B.5 in the Appendix). Trouble sleeping is also an aspect with much less

impact on people’s work life in Spain compared to other countries. In general, Spain fares quite well in regards to the impact of these aspects on work life. However, stress is still a huge factor with an impact as great as many other countries.

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'	Spain			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"	53% (149)	53% (115)	52% (33)	60% (2,336)	60% (1,811)	58% (515)
"My manager understands the impact psoriasis has on me and my work performance"	41% (116)	41% (89)	43% (27)	51% (1,939)	53% (1,530)	48% (404)
"My work colleagues know about my psoriasis and I get their support when needed"	22% (61)	21% (45)	25% (16)	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% (77)	27% (57)	32% (20)	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 Spain are, compared to the global picture and other countries in the analysis, generally less dissatisfied with the support they receive at work on both a company, manager, and colleague/co-worker level. Also, there are no real or significant differences between the genders. However, in itself, it's still worth noting that more than half (53%) don't think their company has systems in place to help them manage their psoriasis, and more than 2 in 5 (41%) don't think their manager understands their condition and its impact.

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.

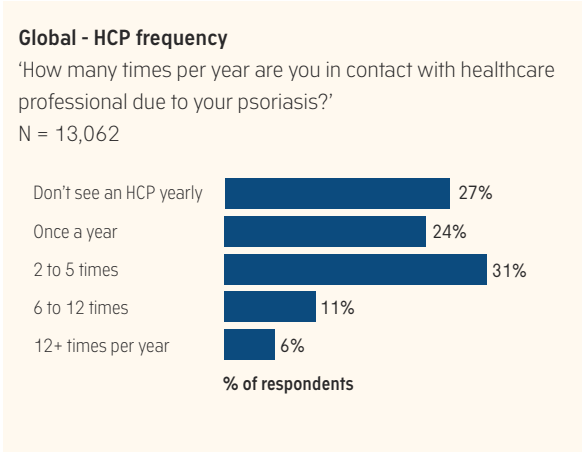
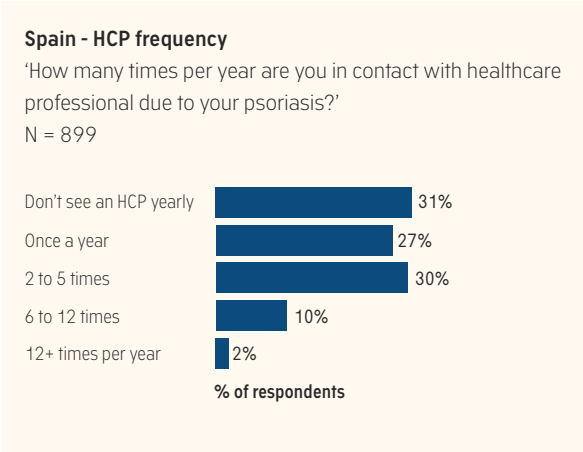
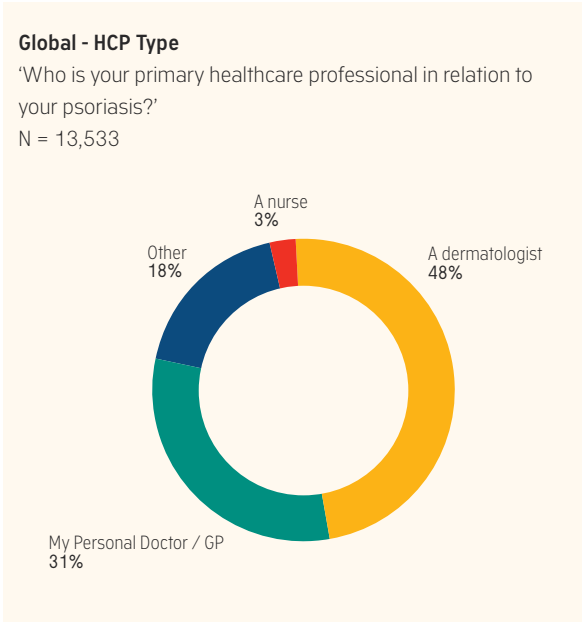
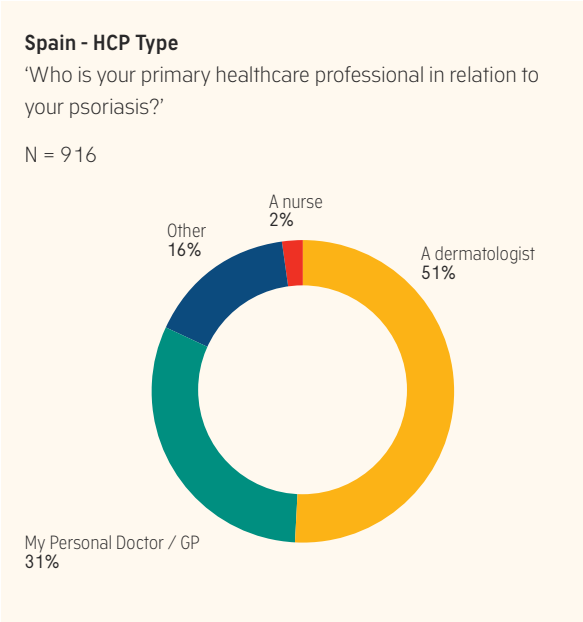
Healthcare Professionals

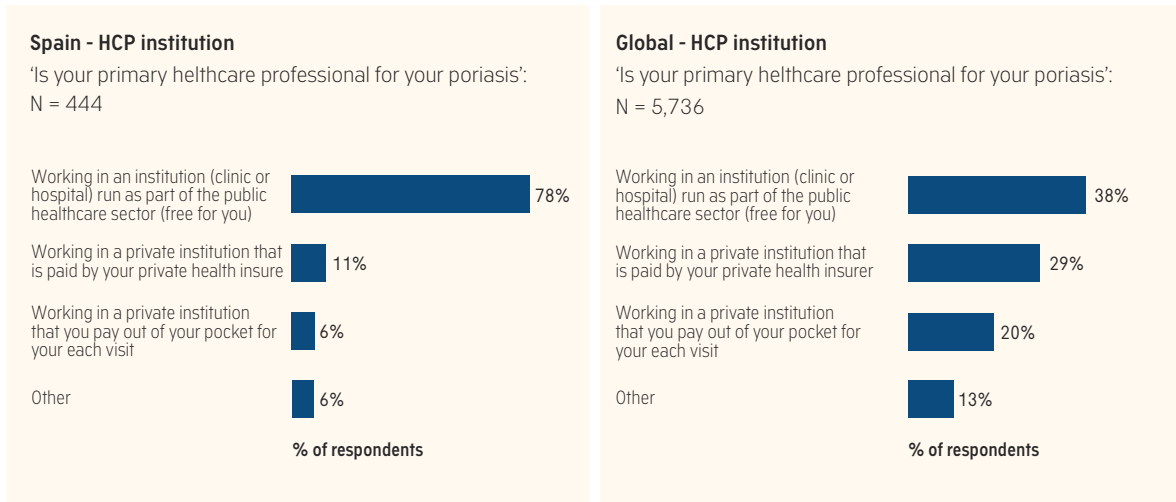


A variety of aspects related to the perceived relationship with healthcare professionals (HCPs) are analysed. This includes people’s satisfaction with their healthcare providers overall, as well as general perceptions of the quality of the relationship and interactions with them.

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 Spain and the global case.





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

- Spain falls very much within the average when it comes to people's type of healthcare professional. Half (51%) of the respondents report that they have a dermatologist as their healthcare professional and close to a third (31%) have their personal doctor or a GP. This is very much in line with the global case and most other countries (see also Fig. C.1 in the Appendix).
- In regards to frequency of visits, respondents in Spain are also very much like those in other countries. Nearly 9 out of 10 see their healthcare professional zero, once, or 2-5 times a year, with the three frequencies represented

almost equally, much in line with the global picture and what we see for other countries (see e.g. Fig. C.2 in the Appendix).

- By far the most reported thing for respondents with self-perceived psoriasis in Spain is going to a healthcare professional free of charge in an institution that is part of the public healthcare sector, as is done by almost 4 in 5 (78%). This is a much larger proportion of people than in almost all other countries, and Spain is also among the three countries for which this is the most common thing to do, and likewise where paying for visits oneself, either through insurance or out of the pocket, is very uncommon (see also Fig. C.3 in the Appendix).

Diagnosis & Type of Treatment

By far the most people in Spain (84%, which is more than 4 in 5) have their psoriasis diagnosed by a dermatologist. This makes Spain one of the countries with the largest amount of people being diagnosed this way (see also Fig. C.4 in the Appendix).

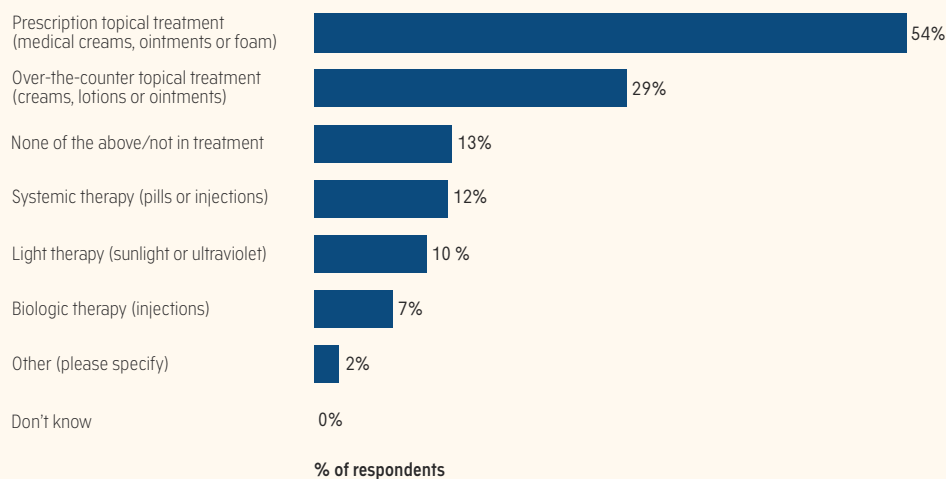
Was your psoriasis diagnosis by..	Spain (N = 971)	Global (N = 14,184)
Dermatologist	84%	69%
Personal doctor / GP	12%	21%
Haven't been diagnosed by a doctor	4%	6%
Nurse	1%	1%
Other	0%	3%

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

Spain - Treatment type

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

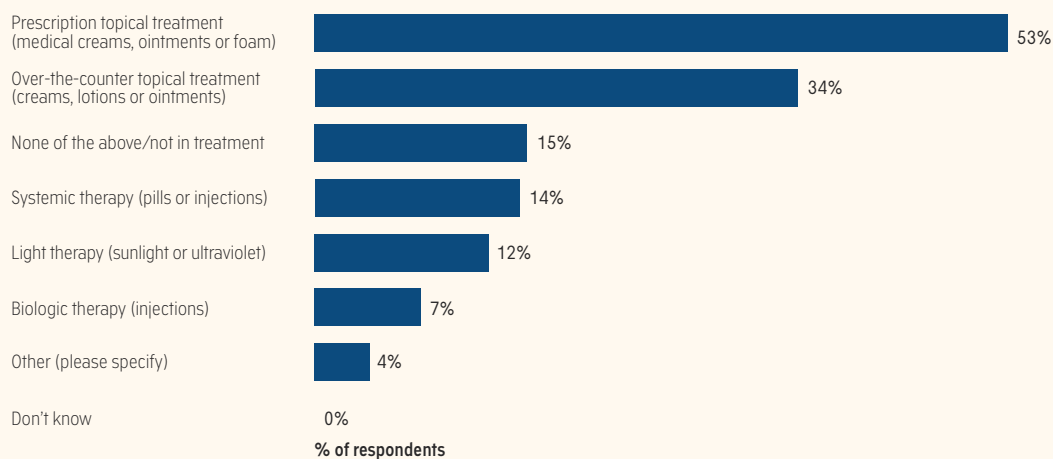
N = 1,778



Global - Treatment type

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

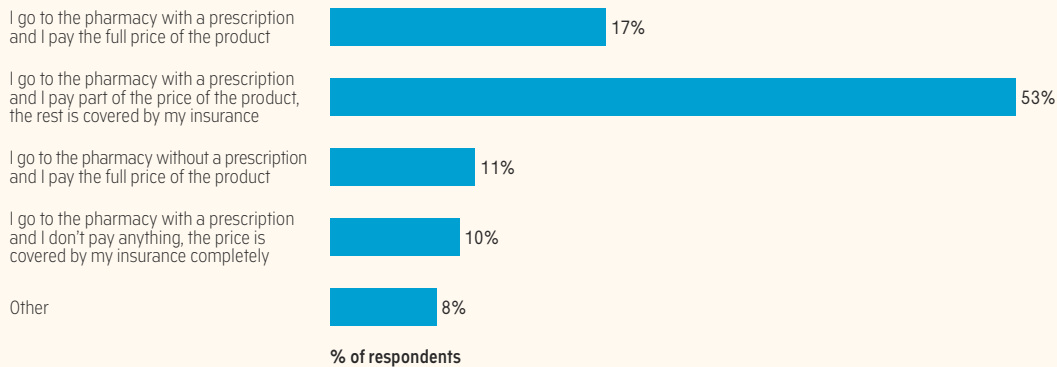
N = 36,574



Spain

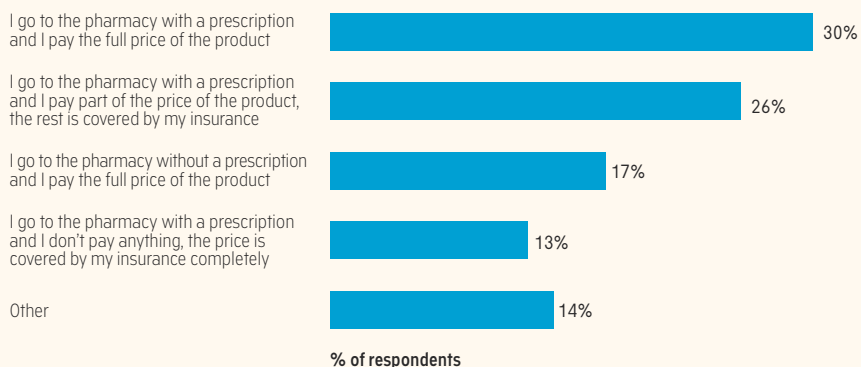
"When getting your treatment, which of the statements below best fits your situation?"

N = 660

**Global**

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

N = 8,388



The most commonly reported treatment type in Spain are prescription topicals, which more than half (54%) of the respondents use. Next are over-the-counter topicals, used by close roughly 3 in 10 (29%). These numbers are very much like those for many other countries and thus the global case as well (see also Fig. C.5 in the Appendix).

As for getting their treatment, by far the most respondents (53%) in Spain go to the pharmacy with a prescription and pay part of the price of the product, with the rest being covered by their insurance. This is different from the global picture and what is seen for many other countries. Spain is among the four countries where this way of getting and paying for treatment is the most common (as seen in Fig. C.6 in the Appendix).

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?”	Spain	Global
Overall	5.13 (449)	4.97 (5,853)
Gender		
- Female	5.01 (353)	4.95 (4,604)
- Male	5.55 (95)	5.02 (1,220)
Severity		
- Mild	5.00 (95)	5.23 (1,356)
- Moderate	4.97 (238)	4.80 (3,157)
- Severe	5.59 (115)	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 e.g. by Fig. C.7 in the Appendix as well, Spain is rather average in terms of people's satisfaction with their healthcare professional. What stands out, however, is the fact that men are generally more satisfied than women, and also more than men on a global scale. Finally, it's interesting to see

how people with self-perceived severe psoriasis in Spain are more satisfied with their healthcare professional than those with mild and moderate psoriasis, indicating perhaps that they are, or feel, better 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’	Spain			Global		
	Overall	Women	Men	Overall	Women	Men
“The doctor gave me as much information as I wanted”	21% (94)	23% (80)	15% (14)	21% (2,813)	22% (968)	15% (188)
“The doctor recognised and responded to my emotional state”	31% (137)	33% (115)	24% (22)	30% (1,619)	32% (1,349)	23% (263)
“The doctor talked in terms I could understand”	8% (34)	9% (31)	3% (3)	15% (847)	14% (698)	11% (145)
“The doctor encouraged me to ask questions”	34% (148)	37% (126)	24% (22)	28% (1,612)	29% (1,333)	22% (273)
“The doctor involved me in decisions as much as I wanted”	28% (123)	30% (105)	20% (18)	25% (1,417)	26% (1,165)	20% (244)
“The doctor discussed next steps”	31% (134)	32% (112)	24% (22)	26% (1,482)	27% (1,228)	20% (246)
“The doctor spent the right amount of time with me”	25% (107)	26% (88)	21% (19)	25% (1,395)	26% (1,148)	19% (241)
“The doctor discussed about how my psoriasis affect my mental health and overall well-being”	56% (246)	60% (206)	44% (40)	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.)

Few things stand out here when comparing to the global picture and other countries. However, looking at Spain specifically, it’s interesting how women are generally more dissatisfied with aspects around the interaction with their healthcare professional than men. Also, as

is the case for other countries and the global case, respondents in Spain - and especially women - seem to want their doctors to focus more on how their psoriasis affects their mental health and overall well-being.

Healthcare Professional Relationship

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

'To what extent do you agree with each of the following statements?' % who 'Disagree' or 'Strongly disagree'	Spain			Global		
	Overall	Women	Men	Overall	Women	Men
"My healthcare professionals are clear with the information about how to treat psoriasis"	38% (322)	39% (229)	35% (90)	40% (5,329)	41% (3,933)	36% (1,341)
"My healthcare professionals fully understand the impact psoriasis has on my mental well-being"	52% (443)	56% (328)	44% (112)	53% (7,055)	56% (5,311)	44% (1,683)
"I can get in touch with the healthcare professional when I'm in need"	42% (353)	45% (263)	35% (86)	36% (4,798)	37% (3,532)	34% (1,227)
"I have confidence in the abilities of my healthcare professionals to treat psoriasis"	39% (331)	40% (238)	36% (90)	42% (5,946)	44% (4,344)	39% (1,550)
"I always follow the advice of my healthcare professionals"	23% (193)	22% (127)	25% (64)	27% (3,692)	27% (2,611)	28% (1,035)
"I've been informed about all the different treatment options related to my condition"	52% (432)	55% (137)	46% (111)	55% (7,240)	57% (5,424)	50% (1,763)
"The system provides me with sufficient financial support in relation to my skin condition"	64% (529)	67% (391)	55% (133)	67% (8,865)	69% (6,535)	63% (2,267)
"There is sufficient public awareness regarding my disease"	77% (637)	82% (474)	66% (158)	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.)

Once again, Spain leans very much against the average in most other countries. It still stands out, however, that there's a fair amount of disagreement and dissatisfaction. For example:

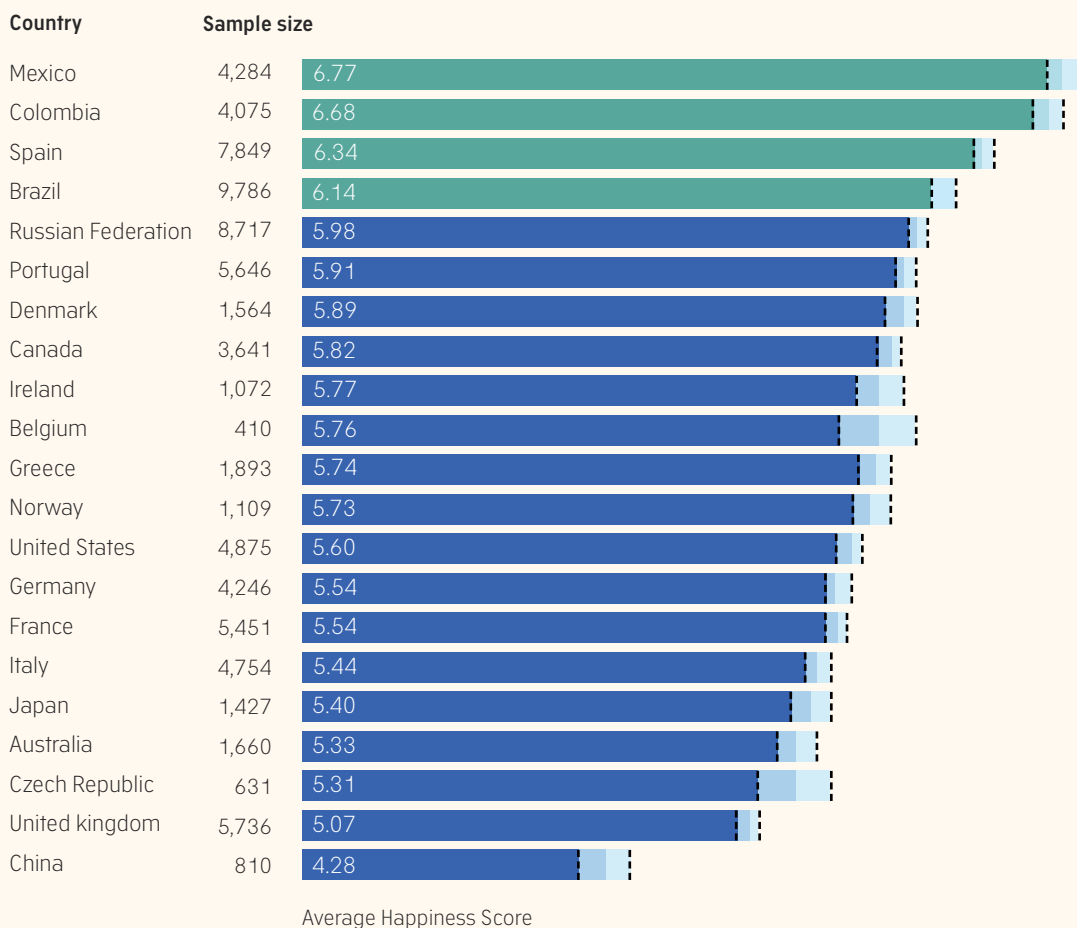
- Almost 2 in 5 (38%) don't think their healthcare professionals are clear with the information on how to treat psoriasis.
- More than half (52%) disagree that their healthcare professionals understand the impact psoriasis has on their mental well-being and that they've been information of all the different treatment options related to their psoriasis.

- But the largest degree of disagreement and dissatisfaction, still, comes when we consider the system, financial support, and the public awareness, where almost 2 in 3 (64%) and more than 3 in 4 (77%), respectively, are in disagreement.

- As we saw before for the healthcare professional interaction, women are generally also more dissatisfied than men with aspects around healthcare professional relationship, the system, and public awareness.

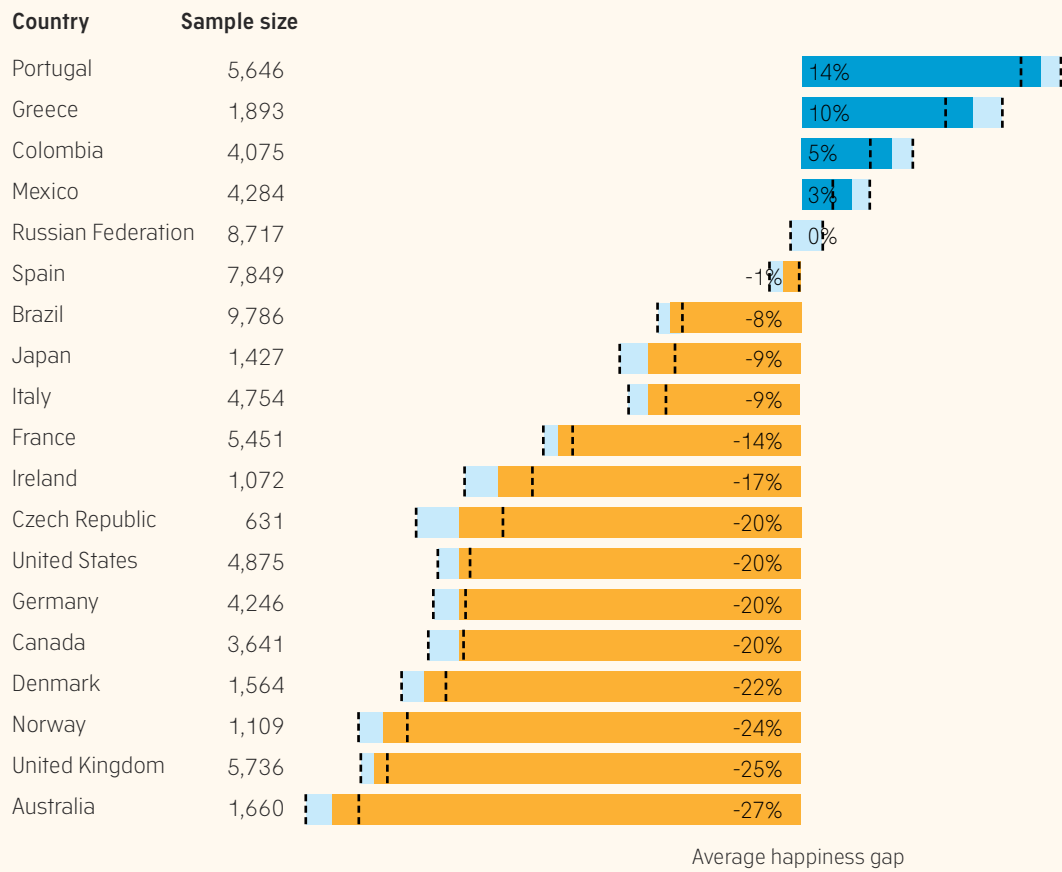
Appendix

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.

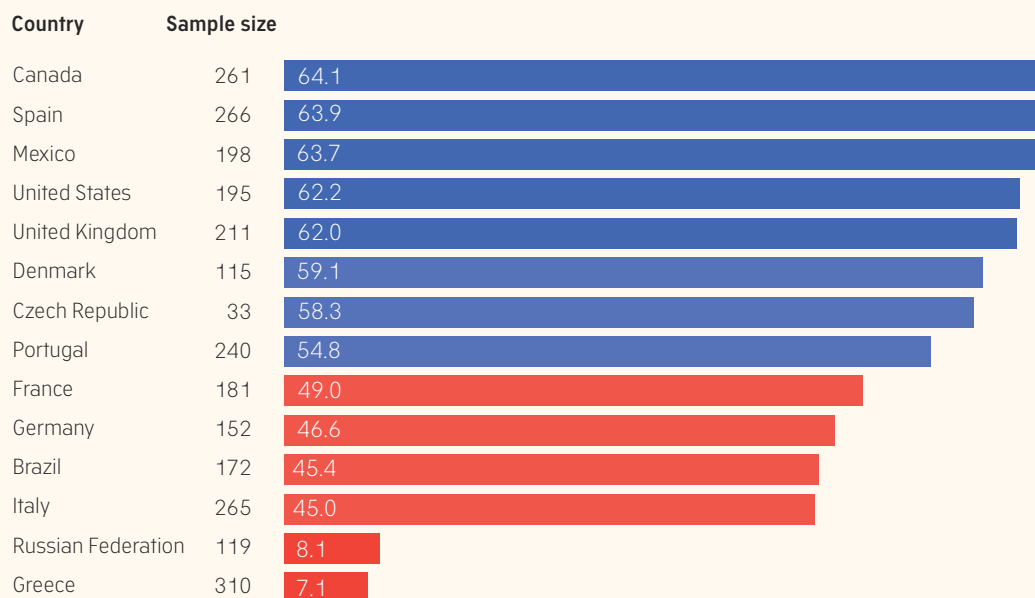
Figure A.3: Average happiness gap by country
(With 95% confidence interval bands)



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

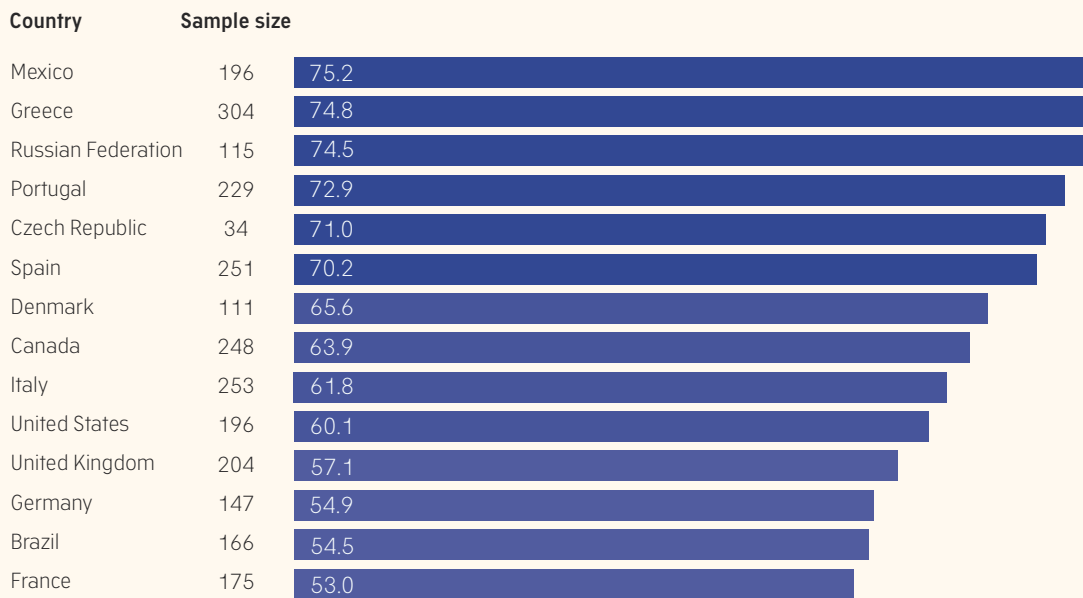
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being totally productive.”



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

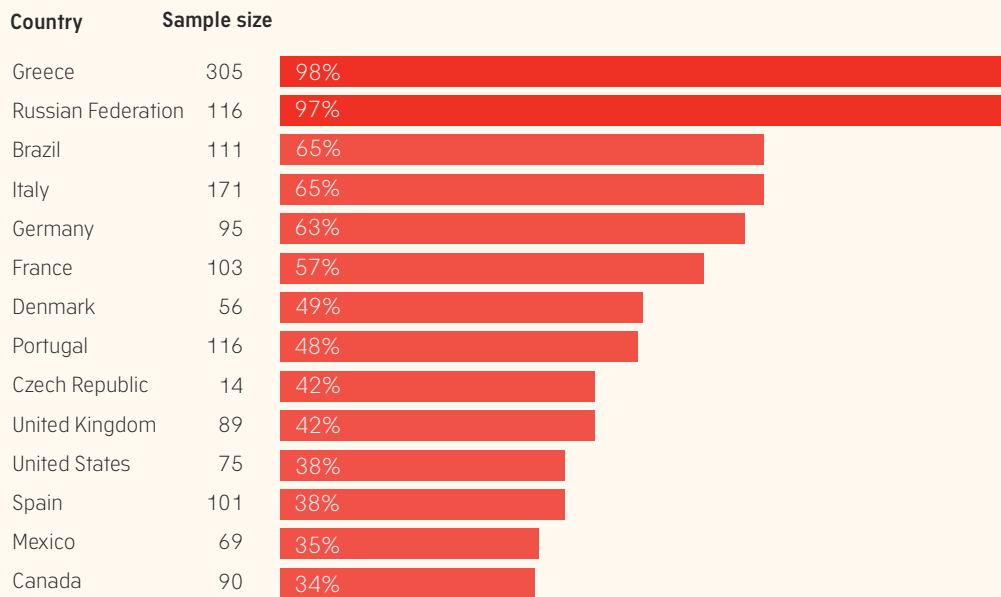
“Using the same scale, how affected was your productivity at work while you felt you should have stayed home because of other health issues? 0 means not at all productive, 100 means totally productive.”



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

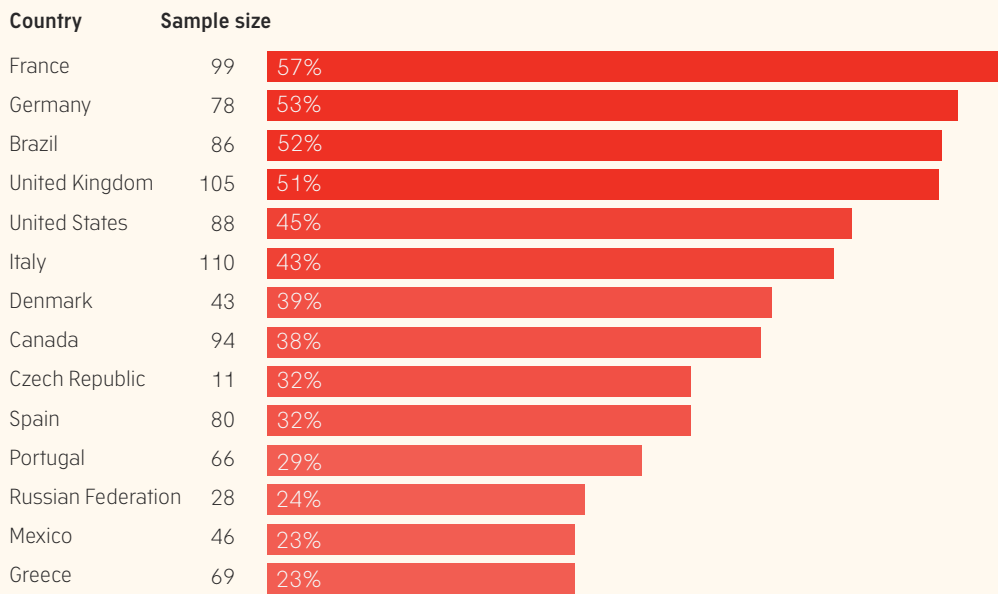
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being tptally productive.”



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”

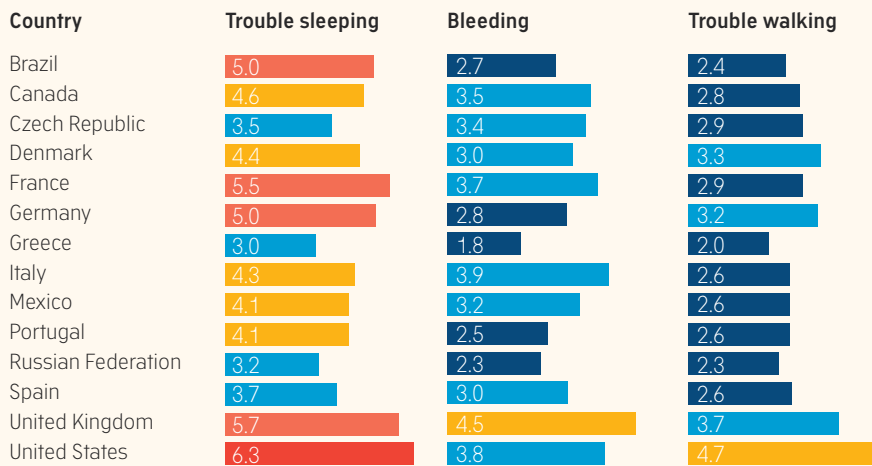
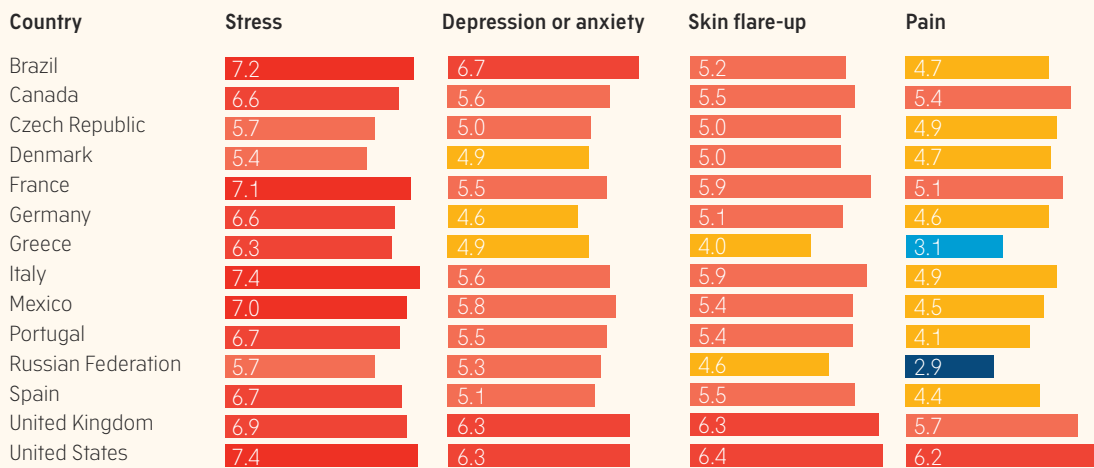


Table B.6: Estimated cost to society from lost productivity (adjusted for purchase) power parity):

	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?”

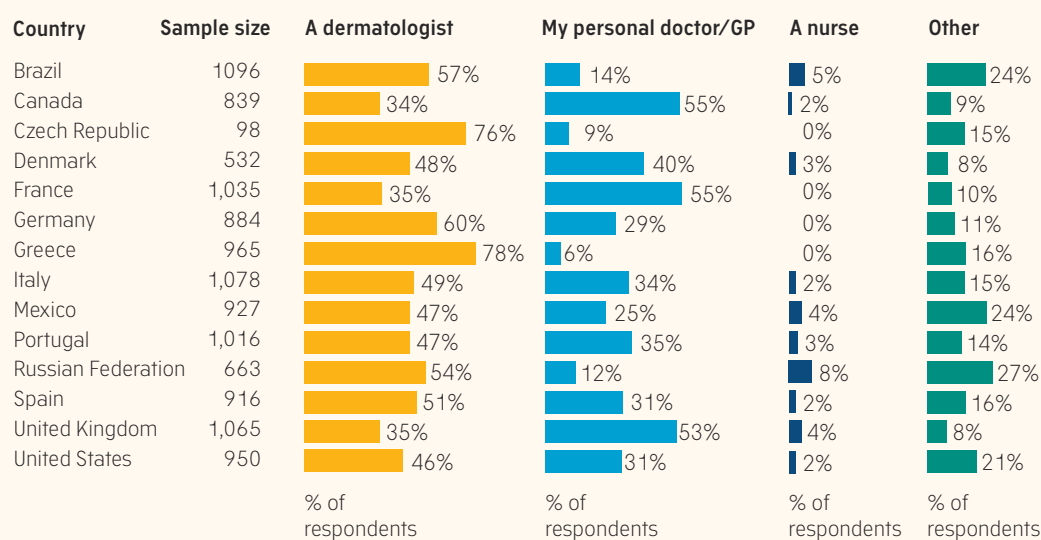


Figure C.2: Frequency of visits to healthcare professional for psoriasis by country

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

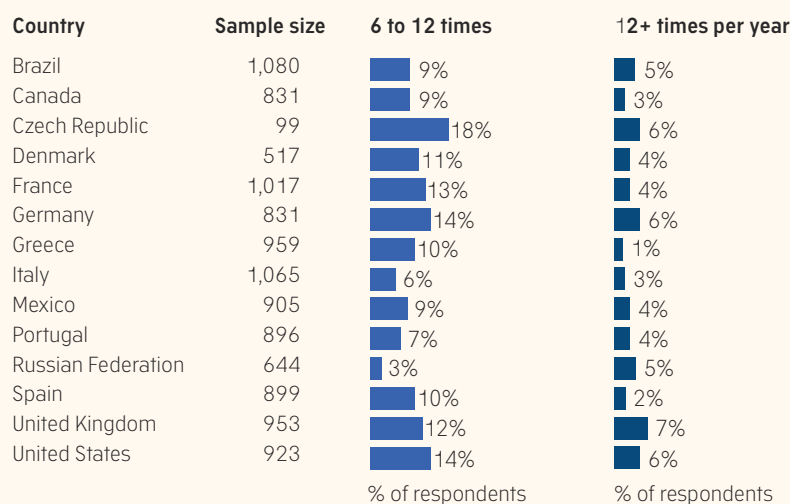
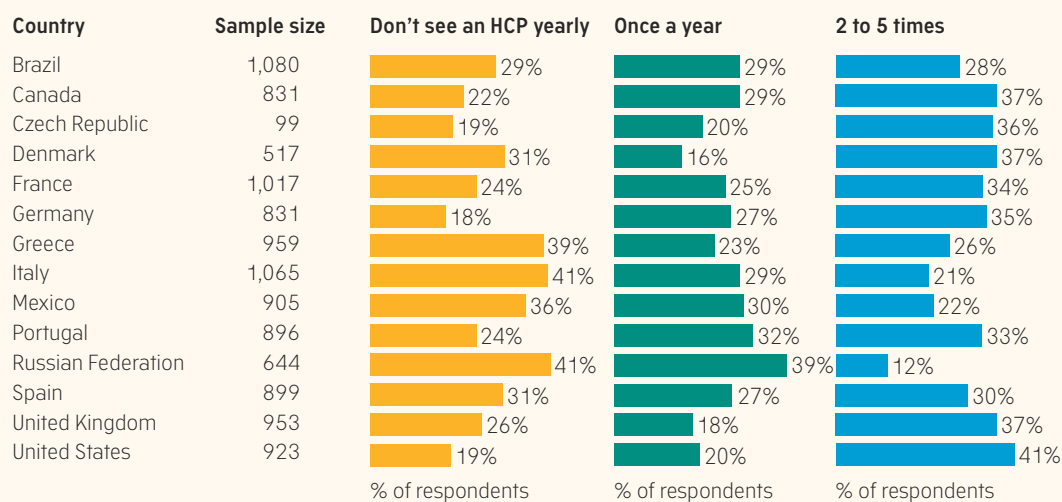


Figure C.3: Healthcare Professional institution by country

“Is your primary healthcare professional for your psoriasis?”

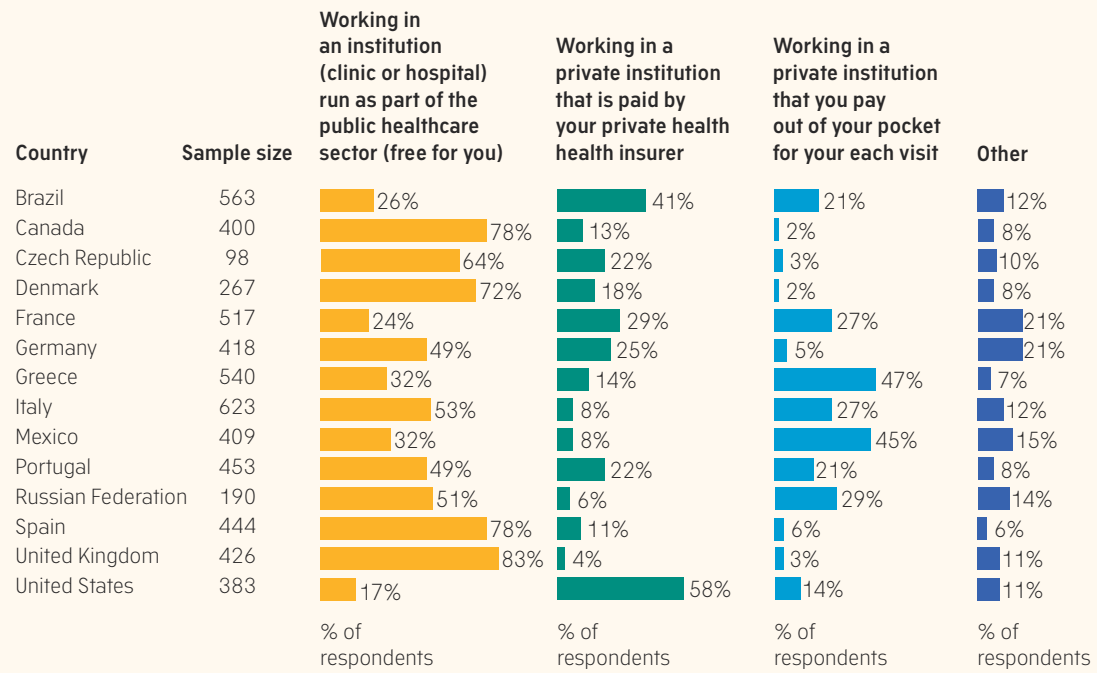


Figure C.4: Distribution of who has diagnosed their psoriasis (please note this report is based on self-reported psoriasis)

“Has your psoriasis been diagnosed by:”

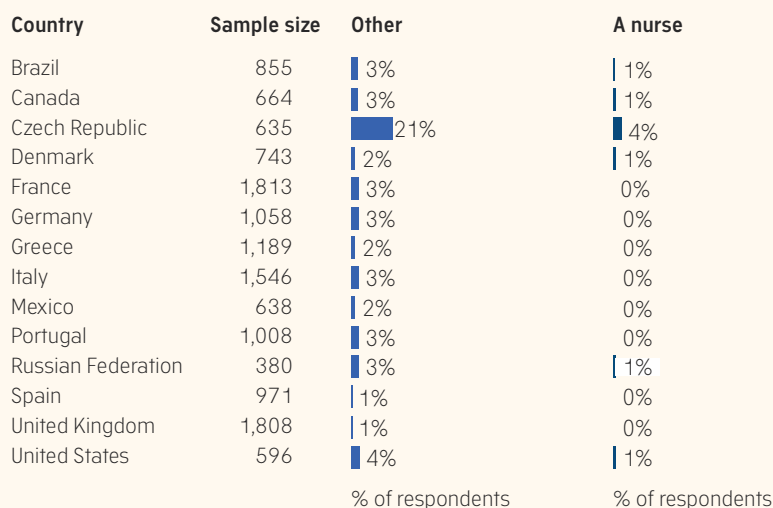
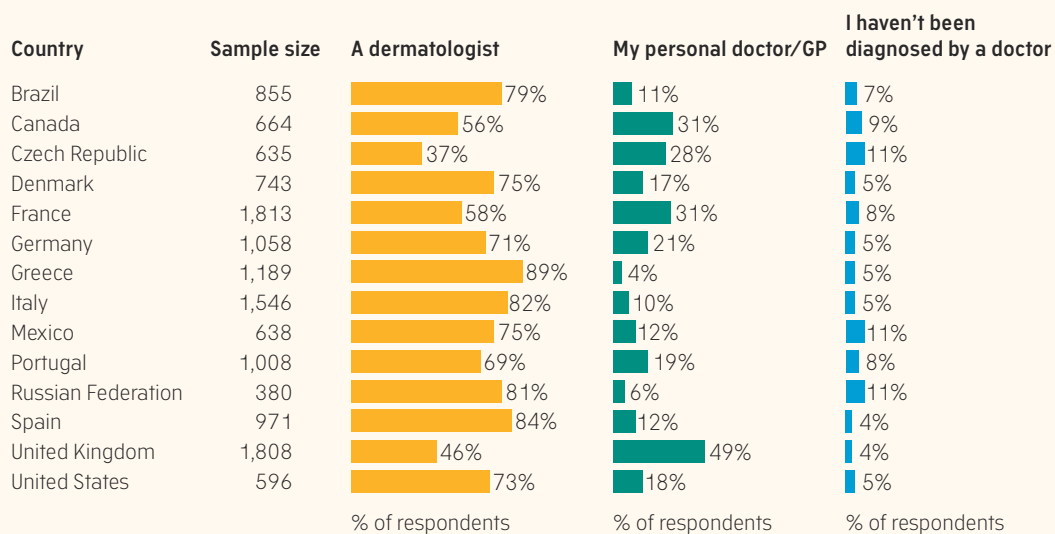


Figure C.5: Distribution of treatment type by country

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

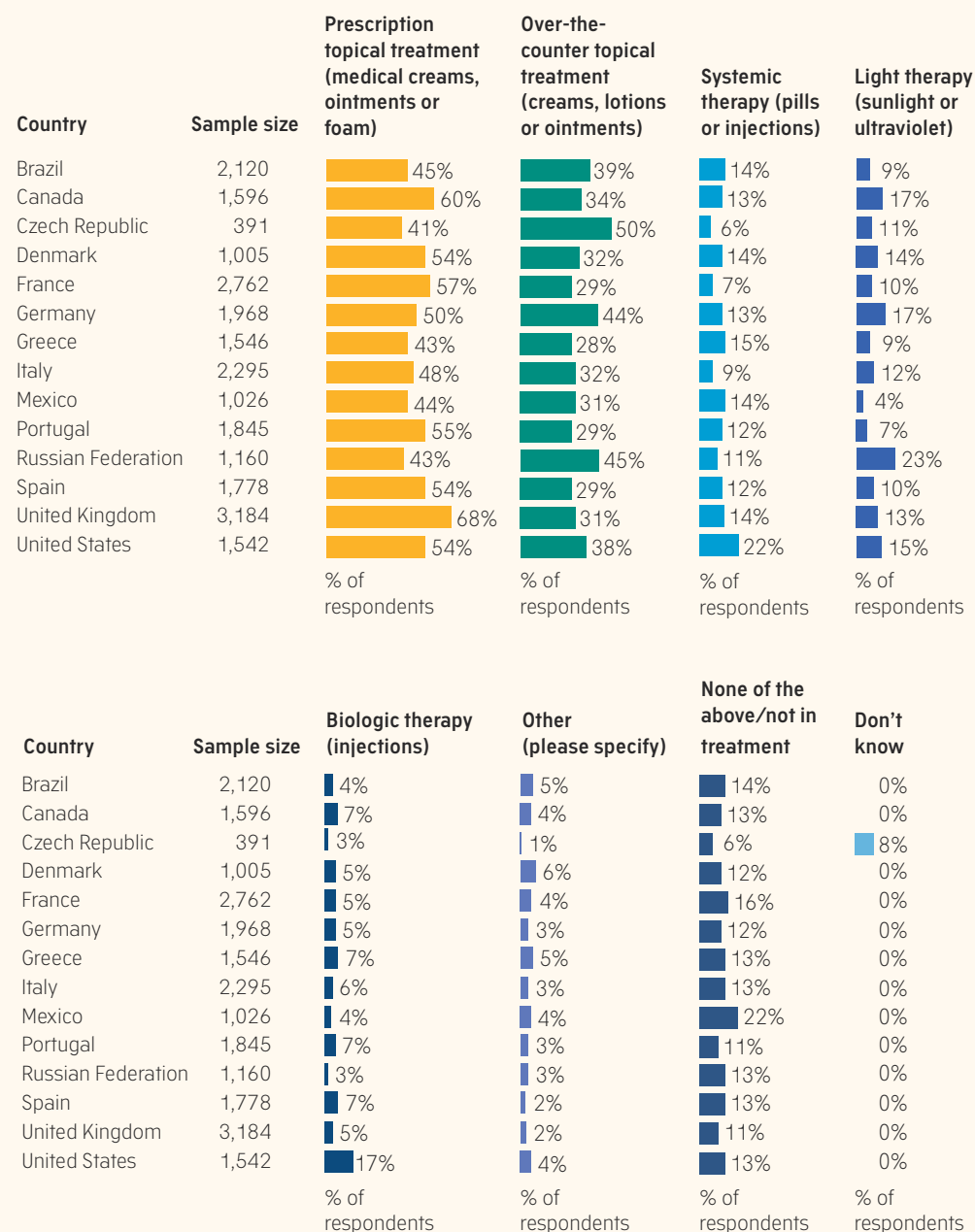


Figure C.6: Distribution of how people get and pay for their treatment

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

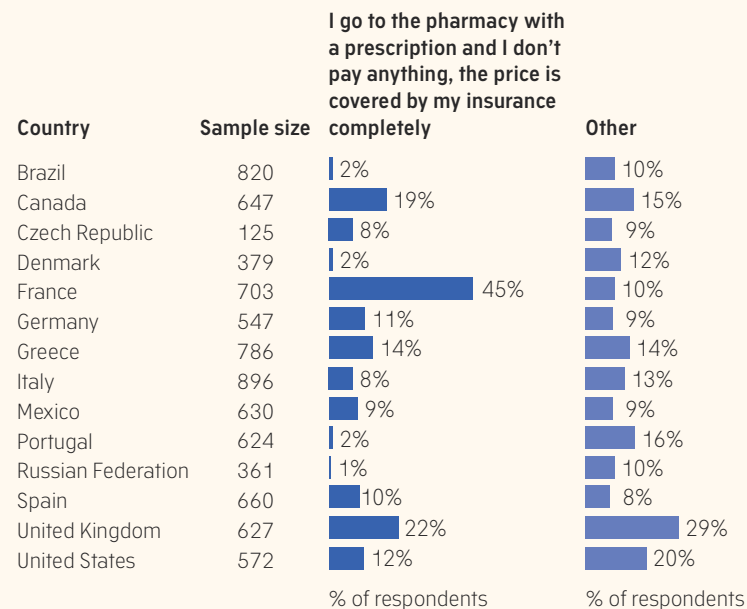
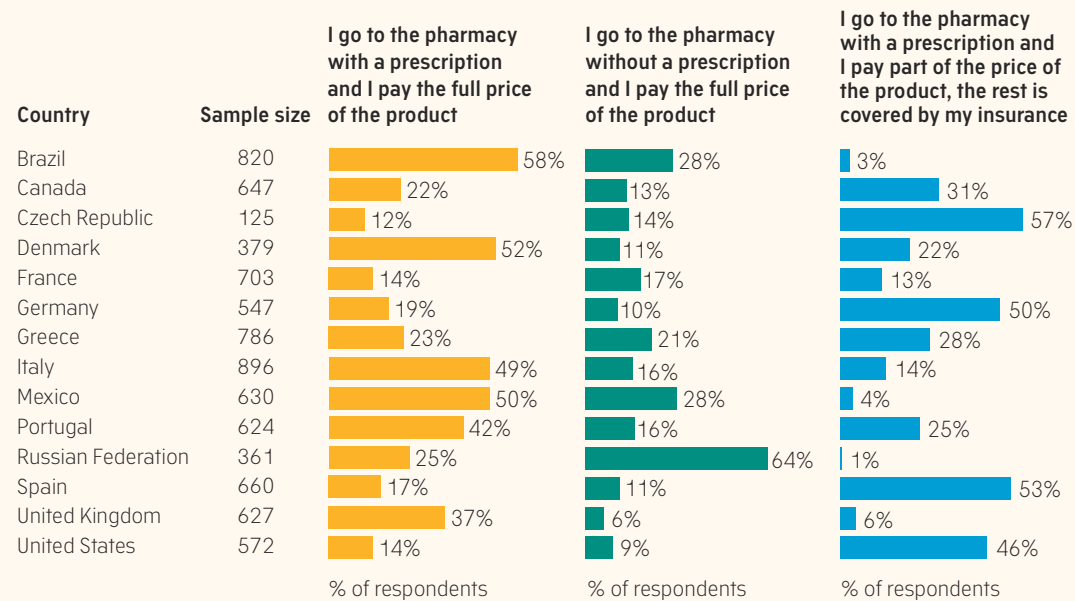
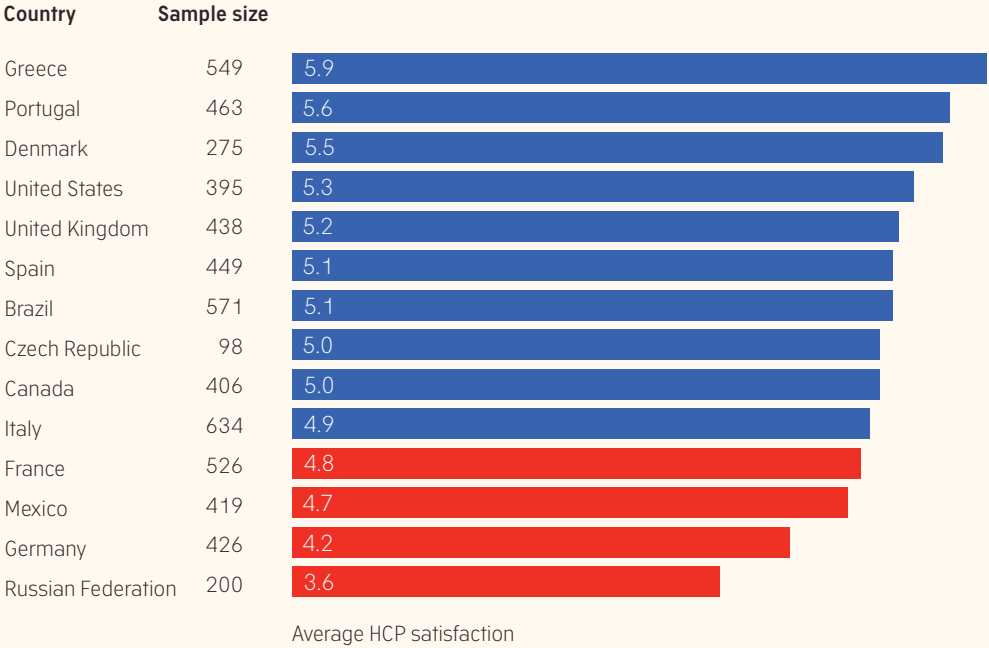


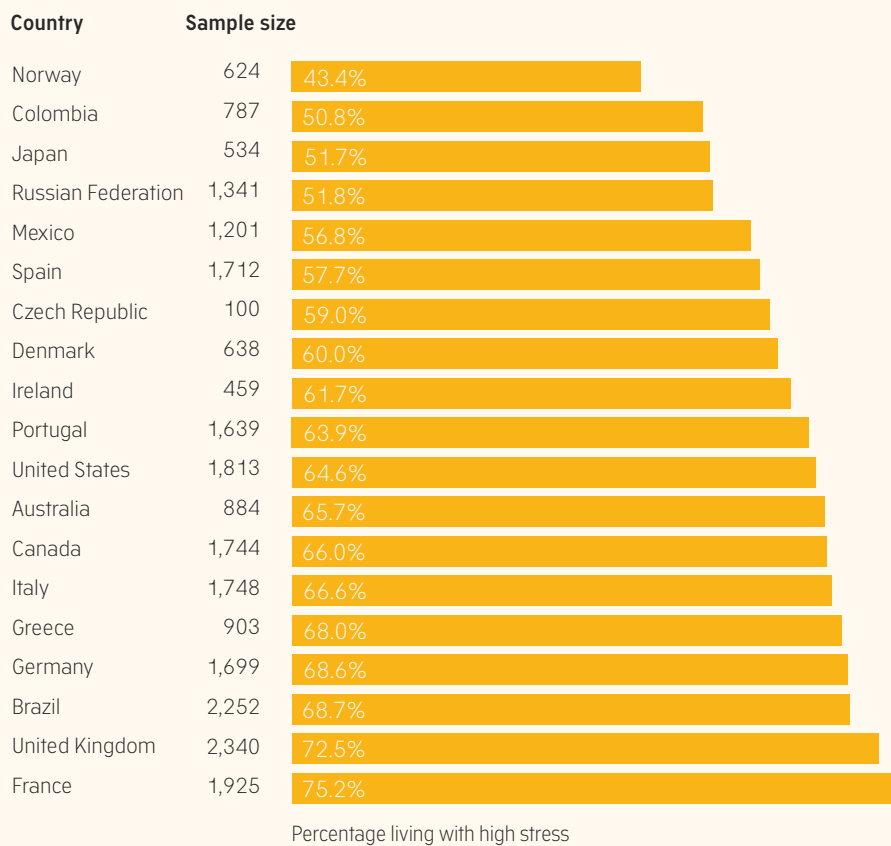
Figure C.7: Average levels of satisfaction with healthcare provider in relation to psoriasis by country, as measured on a scale from 0-10

“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

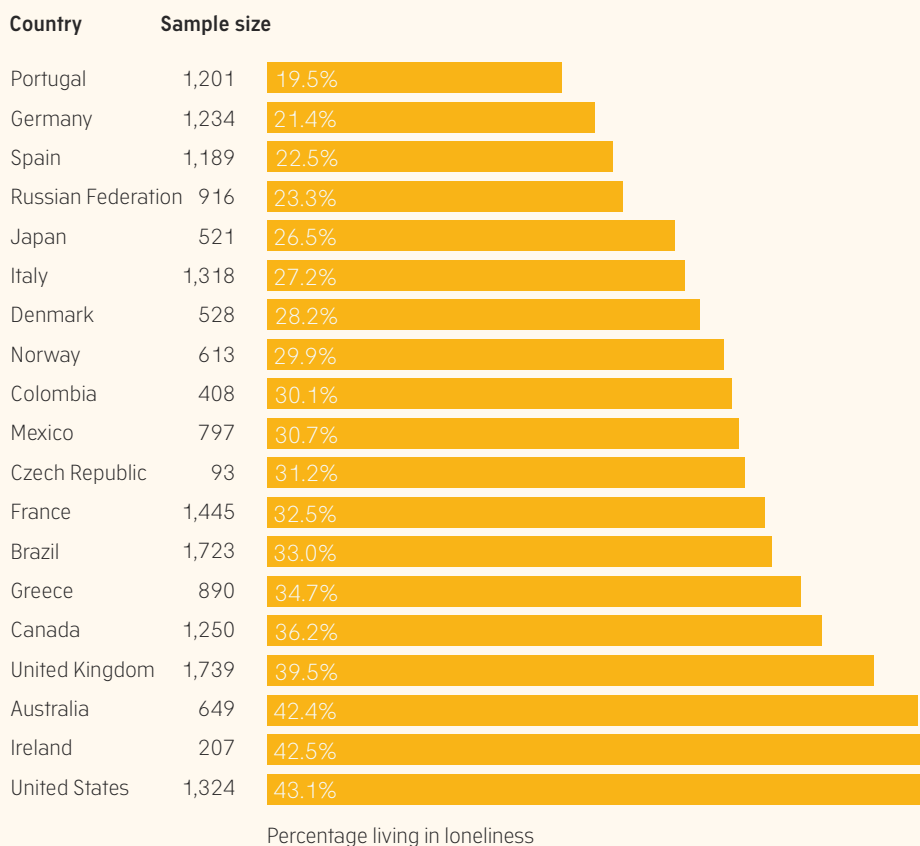
Figure D.1: Percentage of people living with high stress¹



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*.