



World
Psoriasis
Happiness
Report 2018



United Kingdom

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Contents.

4 General Data & Happiness Results

- 4 General Data & Distributions
- 5 Happiness & Well-being
- 5 Stress & Loneliness
- 6 Psoriasis & Comorbidities

11 Productivity & Work Life

- 12 Cost of Psoriasis
- 13 Productivity
- 14 Missed Work & Social Hours
- 15 Impact of Symptoms on Work Life
- 16 Support at Work

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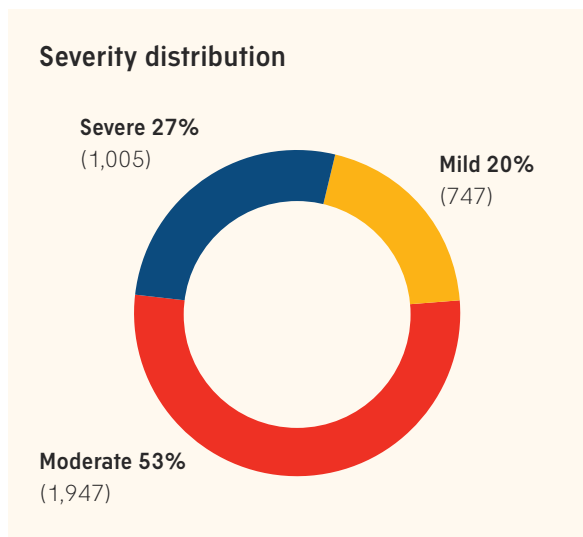
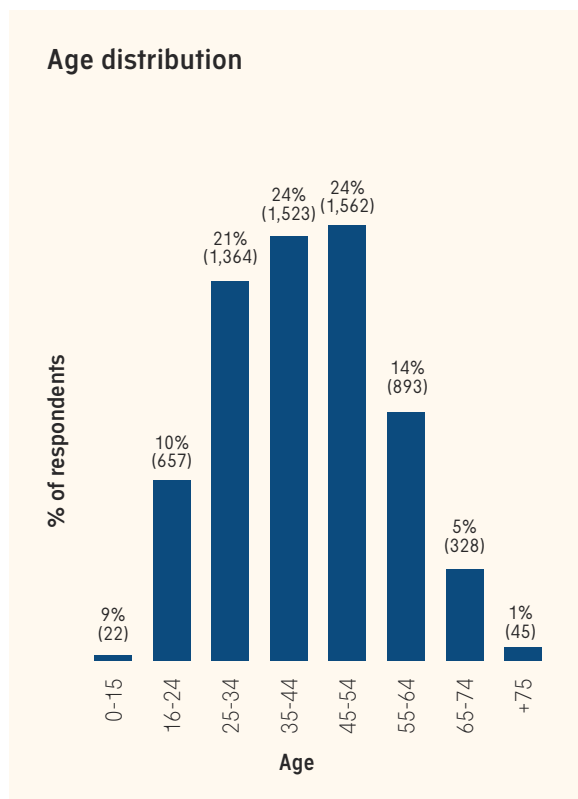
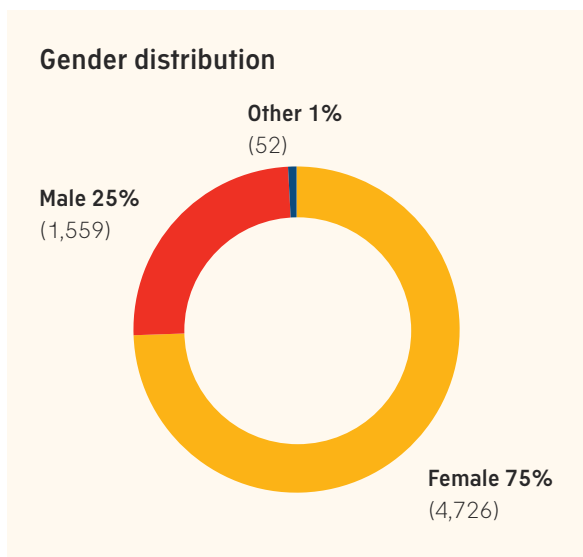
17 Healthcare Professionals

- 18 Healthcare Professional Type & Frequency of Visits
- 20 Diagnosis & Type of Treatment
- 22 Levels of Satisfaction with Healthcare Professionals
- 23 Perceived Quality of the Interaction with Healthcare Professionals
- 24 Healthcare Professional Relationship



General Data & Happiness Results

General Data & Distributions. Total sample size: 6,394



Severity distribution	United Kingdom (N = 1,983)	Global (N = 54,438)
Mild	20%	37%
Moderate	53%	47%
Severe	27%	16%

In the UK, 1 in 5 (20% of the respondents) reported they had mild psoriasis; more than half (53%) moderate, and more than 1 in 4 (27%) severe¹. This makes the UK the sample with the second lowest percentage of self-

perceived mild psoriasis among the surveyed countries and with the highest percentage of self-perceived severe psoriasis (see Fig. A.1 in the Appendix).

¹ The target population of PsoHappy is people living with self-reported psoriasis, meaning that the respondents do not necessarily have the diagnosis confirmed by a dermatologist. For this reason, the findings of this report can't be cited or referred to as if they were based on a clinical diagnosis confirmed by healthcare specialists.

Happiness & Well-being

Happiness level: 5.1 Happiness ranking: 20th / 21

Happiness	United Kingdom		Global	
	Happiness level	Happiness gap	Happiness level	Happiness gap
Overall	5.1	-24.5%	5.8	-11.1%
Gender				
- female	5.0	-25.0%	5.7	-14.1%
- male	5.2	-23.1%	6.1	-5.8%
Severity				
- mild	5.6	-16.8%	6.0	-6.1%
- moderate	5.1	-24.5%	5.6	-14.1%
- severe	4.2	-37.8%	4.6	-30.6%

The overall average happiness gap in the UK is -25%, which also places the UK second last in this regard (see Fig. A.2 and A.3 in the Appendix). Moreover, almost 37% report levels of happiness lower than 4 on the 0-10 scale, which is defined as living “in misery” (see the World Psoriasis Happiness Report 2018, Chapter 1, for details).

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

- Women with self-reported psoriasis in the UK are slightly less happy than their male counterparts, which follows the pattern seen across almost all surveyed countries.
- The happiness gaps become larger with severity: people suffering from more severe degrees of psoriasis are significantly less happy and experience larger happiness gaps: People living with self-perceived severe psoriasis report a happiness gap of up to -37.8%.

Stress & Loneliness

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

High stress: 72.5%

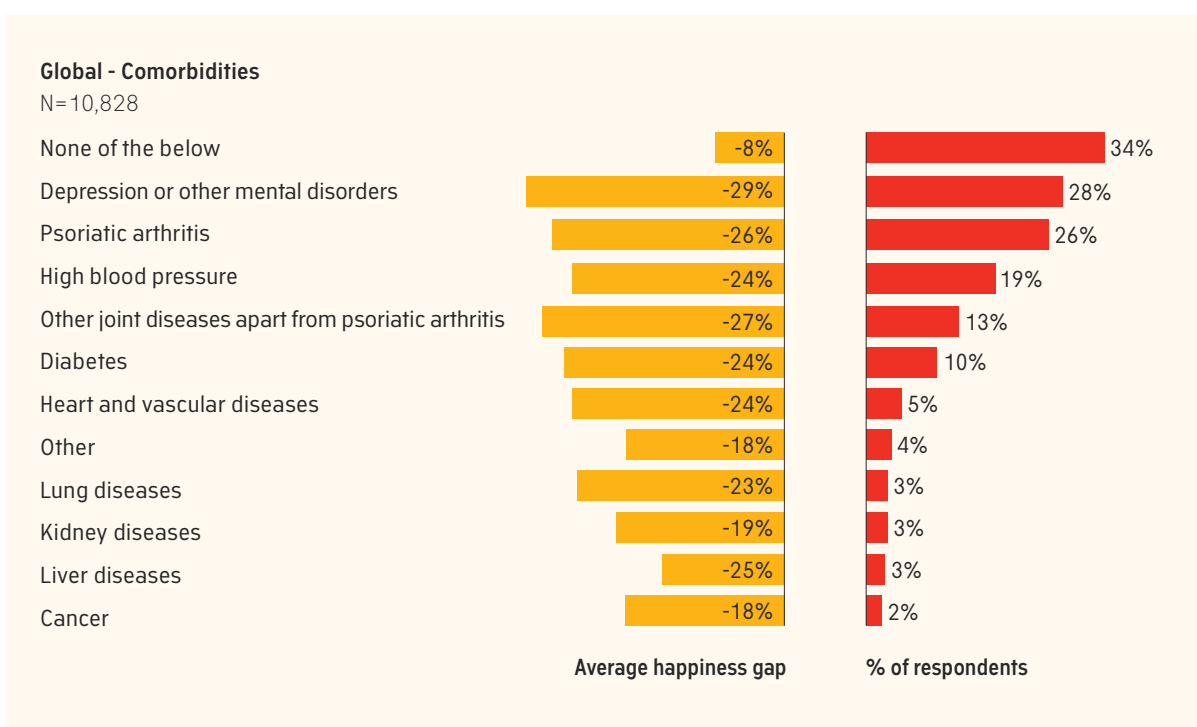
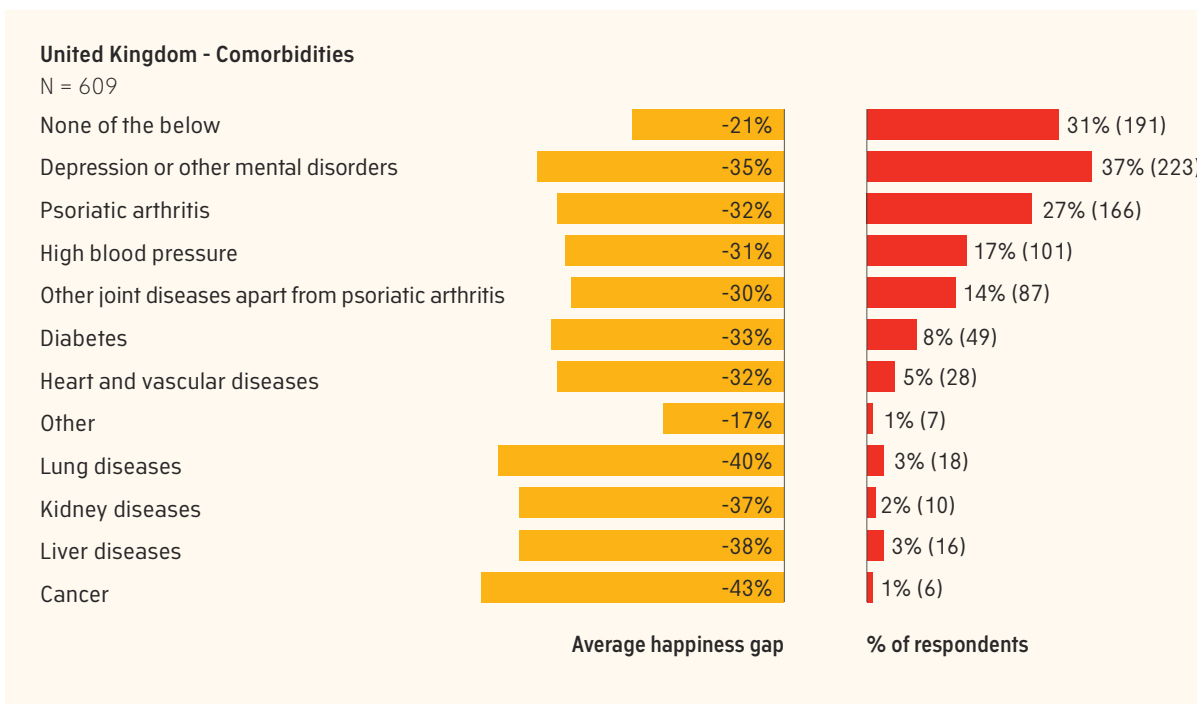
Loneliness: 39.5%

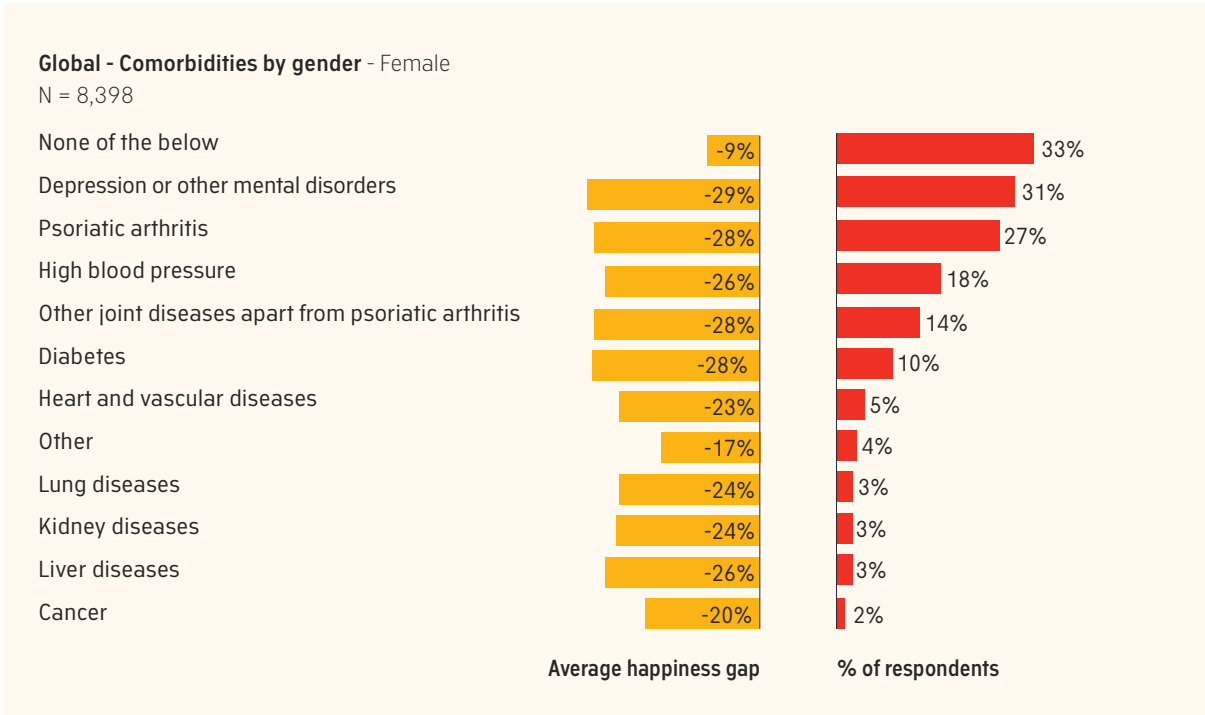
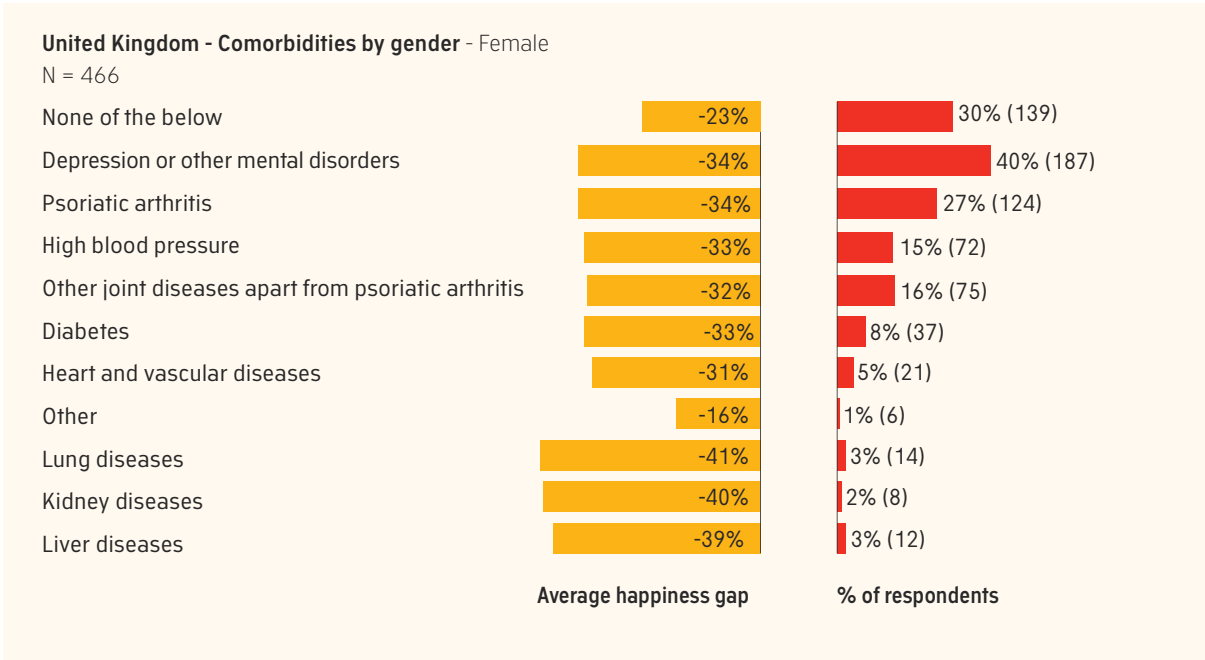
Thus, almost 3 in 4 (73%) experience high stress, which places the UK second to last in this regard compared to other countries. As for loneliness, the UK doesn't fare much better, also landing in the bottom handful of countries, with 40% of people living with self-perceived psoriasis being affected by 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

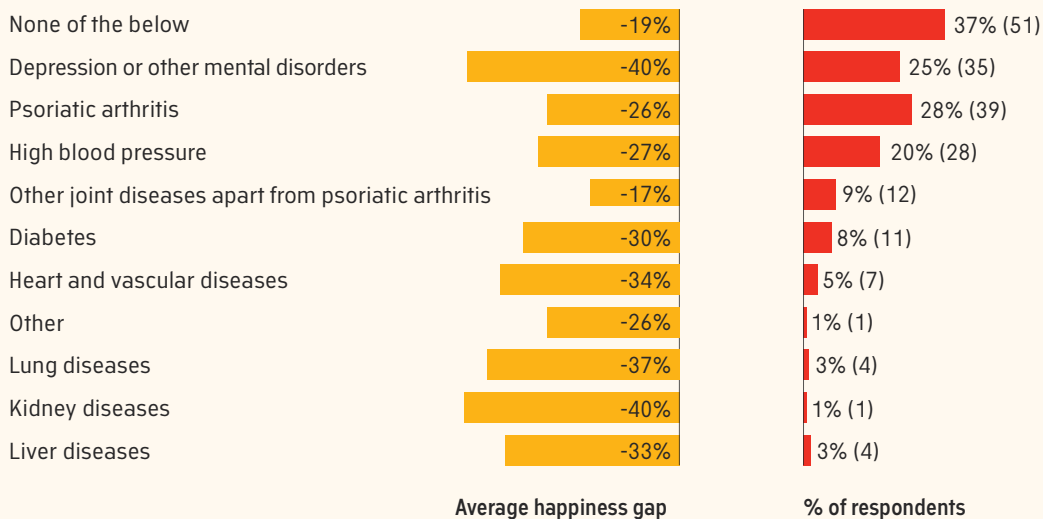
We have analysed a variety of comorbidities reported by people living with self-perceived psoriasis and their effect on people’s happiness and well-being. The graphs below show the overall distribution of comorbidities as well as detailed by gender and self-perceived psoriasis severity. Numbers and results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





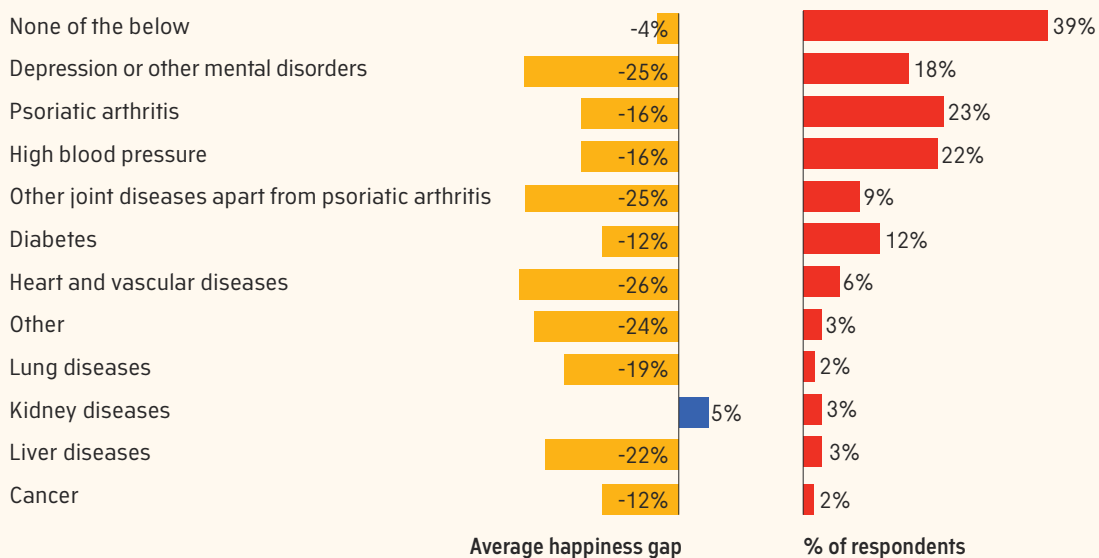
United Kingdom - Comorbidities by gender - Male

N = 138

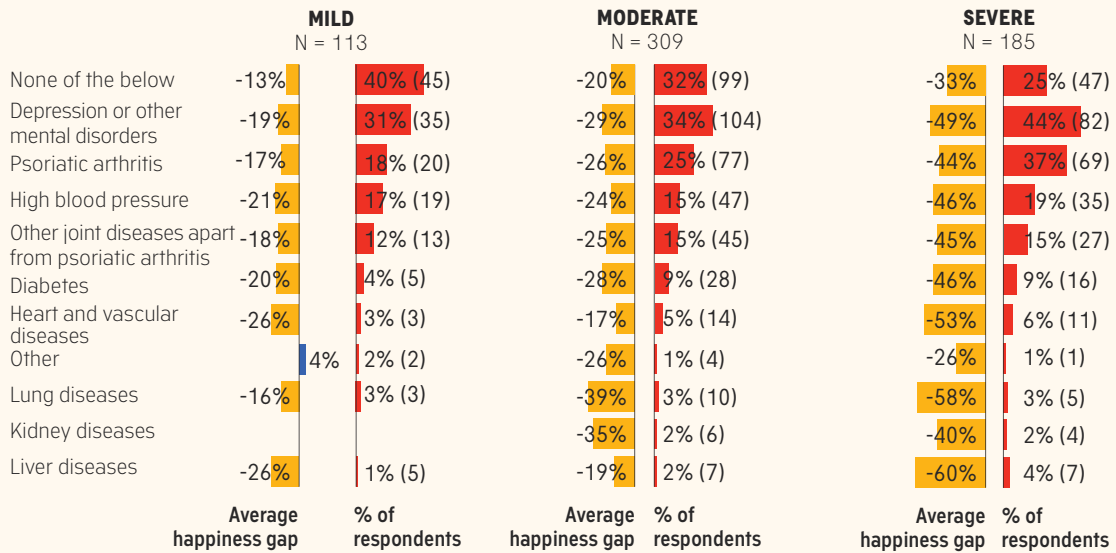


Global - Comorbidities by gender - Male

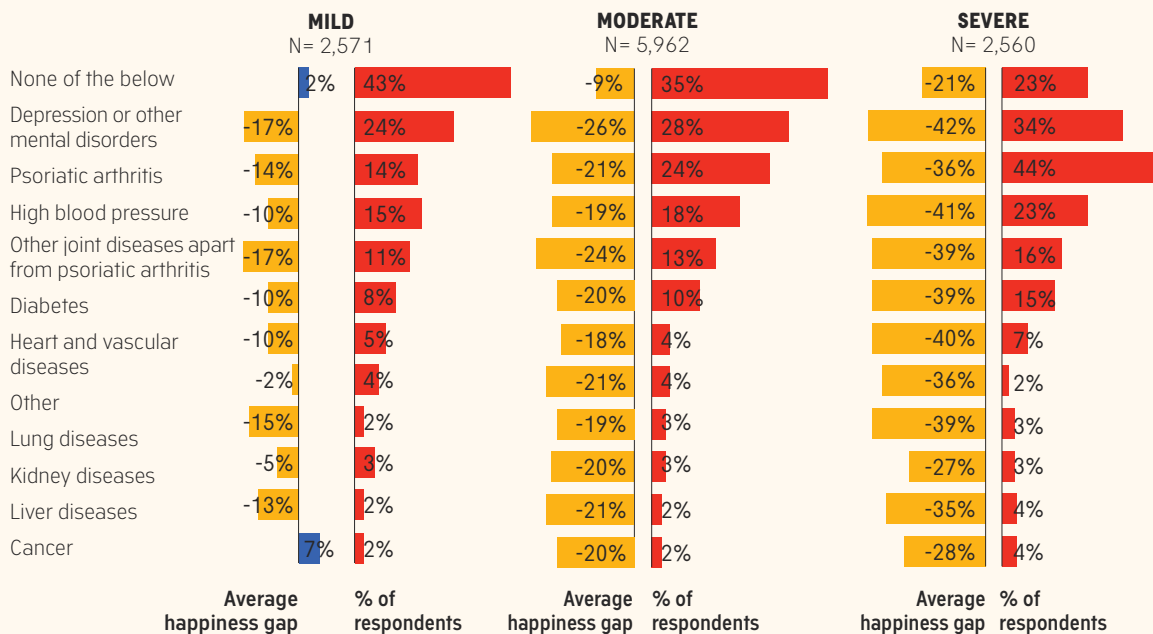
N = 2,369



United Kingdom - 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:

- More than 2 in 3 respondents (69%) in the UK reported that they had at least one of the listed comorbidities.
- The most reported comorbidities in the UK are depression or other mental disorders (37%), psoriatic arthritis (27%), and high blood pressure (17%). Depression or other mental disorders, in particular, seem more common in the UK than globally.
- Ranging from -30% to -40%, the happiness gaps related to many of the comorbidities reported in the UK are larger than the global average happiness gaps created by experiencing comorbidities³.

Turning to the split by gender, we see that:

- In the UK, significantly more women than men suffer from depression or other mental disorders (40% vs. 25%); however, it's noted that both proportions are high, and higher than the global averages.
- In spite of this, men suffering from depression or other mental disorders still have a larger happiness gap (-40%) than women (-34%).
- Women report larger gaps for most of the other comorbidities reported.

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

- A larger percentage of people with self-perceived severe psoriasis experience comorbidities compared to people with self-perceived mild and moderate psoriasis: 60% of those with self-perceived mild psoriasis reported at least one comorbidity, while as 3 in 4 (75%) with severe psoriasis report the same.
- The prevalence of both depression or other mental disorders as well as psoriatic arthritis increases significantly with severity; the former from 31% for mild psoriasis to 44% for severe psoriasis, and the latter from 18% for mild to 37% for severe.
- Finally, we see that, similar to the global averages, the worse the self-perceived severity, the larger the happiness gap (although no claim of causality can be made).

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 the UK, the estimated cost to society from lost productivity:

Total cost on society	
Overall	\$2,638m
Per 100,000 people in employment	\$8.1m
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 the UK lands somewhere in the middle in regards to the total cost to society from lost productivity (as % of GDP). Nominally, however, this corresponds to as much as \$2,638 million, which 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	United Kingdom	Global
Average productivity		
- Because of psoriasis	62.0 (211)	53.2 (2,721)
- Because of other health issues	57.1 (204)	62.9 (2,633)
Percentage of people reporting less than 50% productivity		
- Because of psoriasis	42% (89)	51% (1,521)
- Because of other health issues	51% (105)	41% (1,009)

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

Compared to the global results, people in the UK have a higher productivity, on average, when they should have stayed at home because of their psoriasis. When it comes to other health issues, though, their average productivity is slightly lower. As it can also be seen from Fig. B.1 and B.2 in the Appendix, the UK is in the higher half of countries when it comes to productivity at work when people should have stayed at home due to psoriasis, but in the lower half when it comes to other health issues.

In the same vein as above, more than 2 in 5 (42%) in the UK work at less than 50% productivity when they should have stayed at home because of their psoriasis, and roughly half (51%) when because of other health issues. Compared to other countries, this places the UK similarly as above (see also 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.

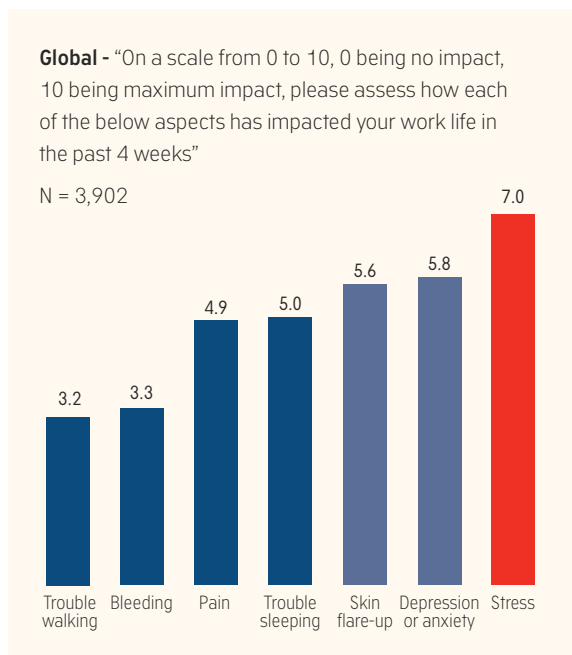
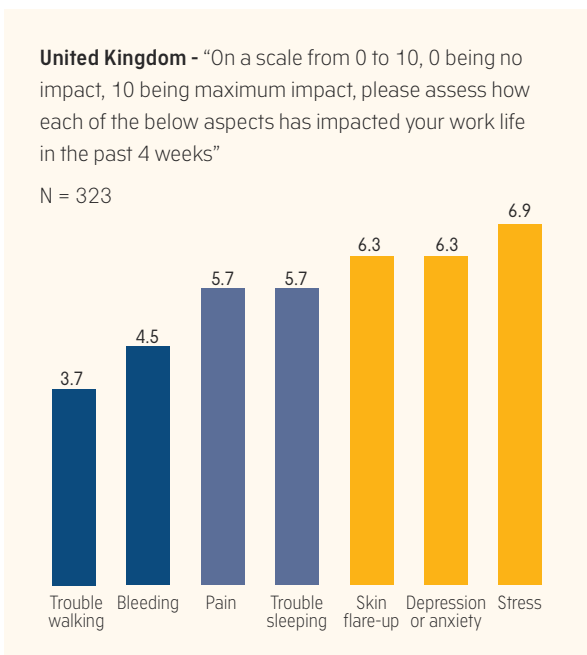
Work and social hours missed	United Kingdom		Global	
	Because of psoriasis	Because of other health issues	Because of psoriasis	Because of other health issues
Work hours missed	N = 237	N = 235	N = 2,998	N = 2,945
5+ hours	24%	21%	24%	26%
10+ hours	17%	15%	17%	17%
20+ hours	11%	9%	10%	10%
Social hours missed	N = 407	N = 407	N = 5,387	N = 5,339
5+ hours	44%	30%	35%	33%
10+ hours	34%	23%	26%	22%
20+ hours	22%	15%	18%	14%

In the UK, people miss around the same number of work hours because of psoriasis as we see with the global averages, but for social hours the percentages are higher. For instance, 1 in 4 (24%) in the UK have missed at least

5 or more work hours in the last 4 weeks) because of psoriasis, while more than 2 in 5 (44%) have missed as many social hours.

Impact of Symptoms on Work Life

In this section, we look at the impact of psoriasis on people’s 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 and symptoms.



As seen in the left graph above, the aspects with the largest impact on people’s work life in the UK are stress, depression or anxiety, and skin flare-ups, while also trouble sleeping and pain have significant impacts. What stands out compared to the global numbers in the graph on the right is that the size, or strength, of the impact is much higher in the UK across all of the different aspects

except stress (which still has the highest impact). Looking at Fig. B.5 in the Appendix, we also see that the UK is one of a few countries with the largest absolute impact levels. In particular, bleeding seems to be more of a problem for the respondents in the UK; similarly pain, trouble walking and sleeping. In fact, all other aspects have a greater impact than is seen in 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’	United Kingdom			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"	55% (175)	53% (131)	61% (44)	60% (2,336)	60% (1,811)	58% (515)
"My manager understands the impact psoriasis has on me and my work performance"	48% (154)	46% (113)	57% (41)	51% (1,939)	53% (1,530)	48% (404)
"My work colleagues know about my psoriasis and I get their support when needed"	42% (132)	38% (93)	54% (39)	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"	45% (144)	43% (104)	56% (40)	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.)

In the UK, around half (42% to 55%) are generally dissatisfied with the support they receive at work on both a company / manager and colleague/co-worker level. What stands out, however, is that a larger proportion of men report disagreement across all four aspects in regards to work support.

In general, it’s still worth noting that:

- More than half of respondents (55%) don’t think their company has systems in place to help them manage their psoriasis.
- Close to half (52%) don’t think their manager understands their condition and its impact on productivity.
- More than 2 in 5 (42% and 45%) also don’t think they get support from their colleagues nor have a close co-worker who understands and 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 significant. 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.

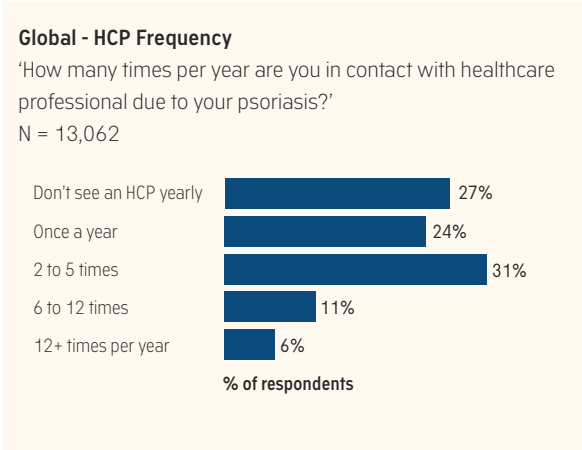
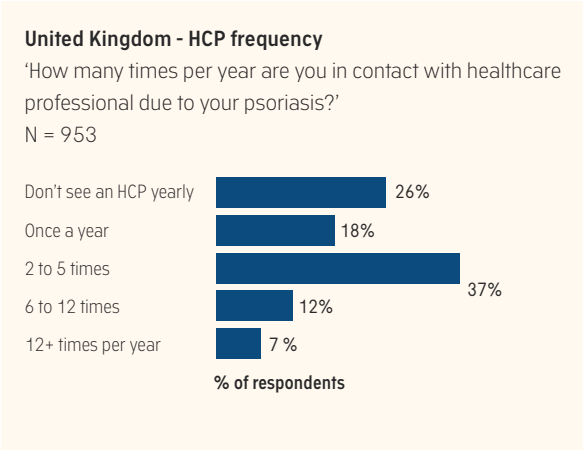
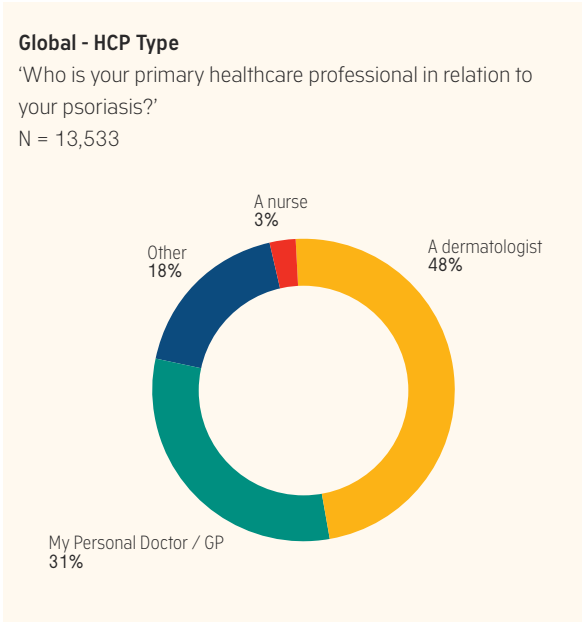
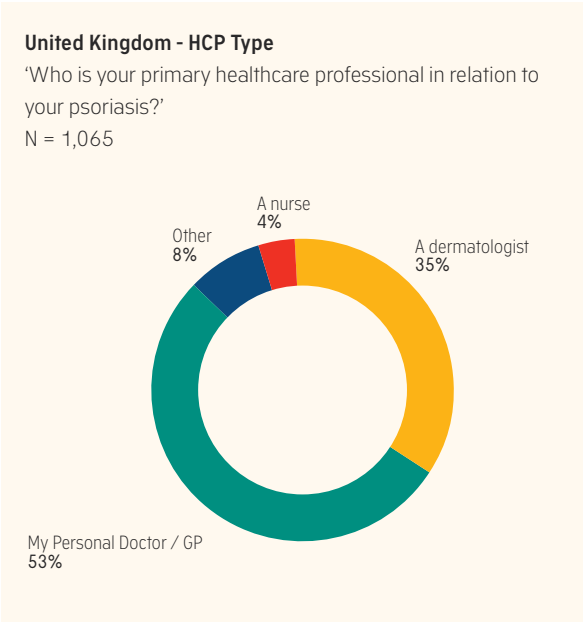
Healthcare Professionals



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.

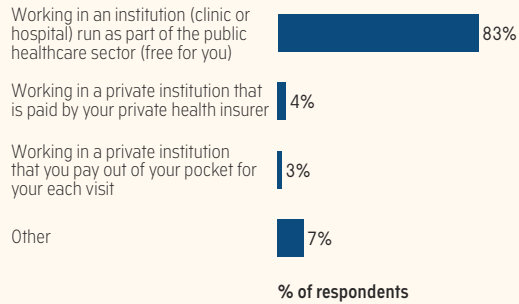
Healthcare Professional Type & Frequency of Visits

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 the UK and the global averages.

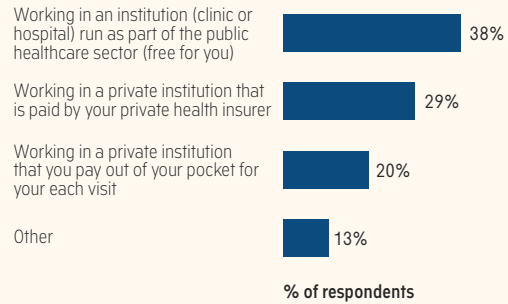


United Kingdom - HCP institution

'Is your primary healthcare professional for your psoriasis:'
N = 426

**Global - HCP institution**

'Is your primary healthcare professional for your psoriasis:'
N = 5,736



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

- The most reported case in the UK is that people with self-perceived psoriasis have their personal doctor or GP as their main healthcare professional in relation to their psoriasis: 53%. This contrasts to what we see in the global averages and many other countries, in which a dermatologist is the main healthcare professional. In the UK, only around a third of the respondents (35%) mentioned "a dermatologist". As seen in Fig. C.1 in the Appendix, the UK is one of the three countries with the largest proportion of people seeing a personal doctor or GP.
- In regards to the frequency of visits, around 1 in 4 (26%) in the UK don't see their healthcare professional yearly, while 37% see their healthcare professional 2-5 times. This makes the UK one of the countries where people see their healthcare professional most often (see also Fig. C.2 in the Appendix).

- In the UK, 84% of the respondents go to see a healthcare professional for their psoriasis to a healthcare institution under the public sector (which is thus free for them). The UK has the largest proportion of people reporting this among the countries surveyed (see also Fig. C.3 in the Appendix).

Diagnosis & Type of Treatment

As seen in the table below, only 46% of respondents in the UK have had their psoriasis diagnosed by a dermatologist, while around half (49%) have had it diagnosed by a personal doctor or GP, making the UK stand out from other countries and the global averages in this regard (as also seen in Fig. C.4 in the Appendix).

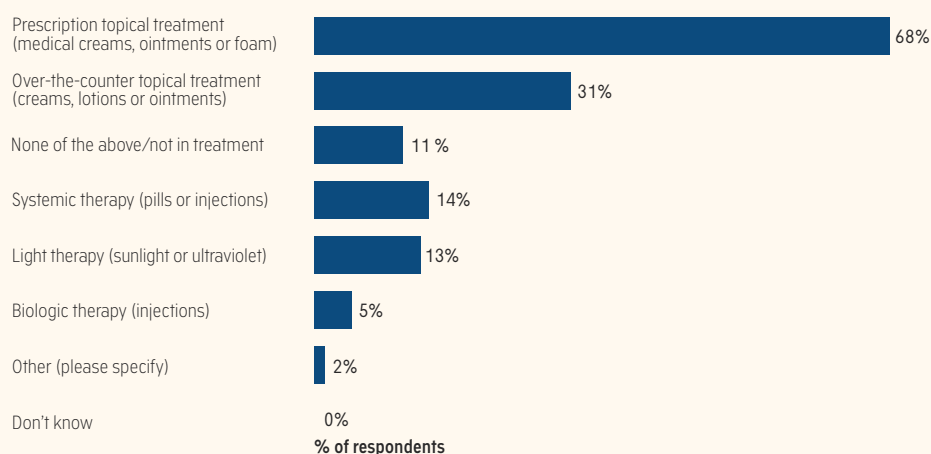
Was your psoriasis diagnosis by..	United Kingdom (N = 1,808)	Global (N = 14,184)
Dermatologist	46%	69%
Personal doctor / GP	49%	21%
Haven't been diagnosed by a doctor	4%	6%
Nurse	0%	1%
Other	1%	3%

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

United Kingdom - Treatment type

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

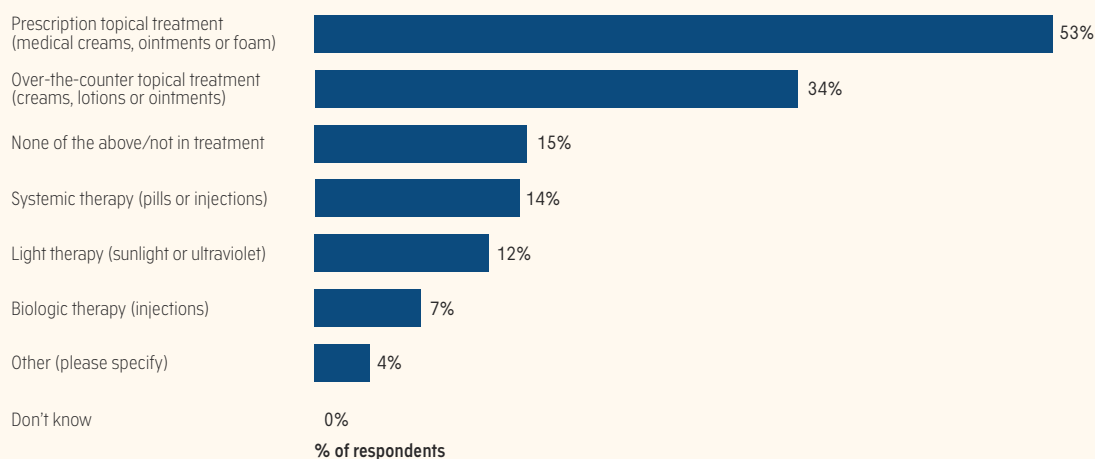
N = 3,184

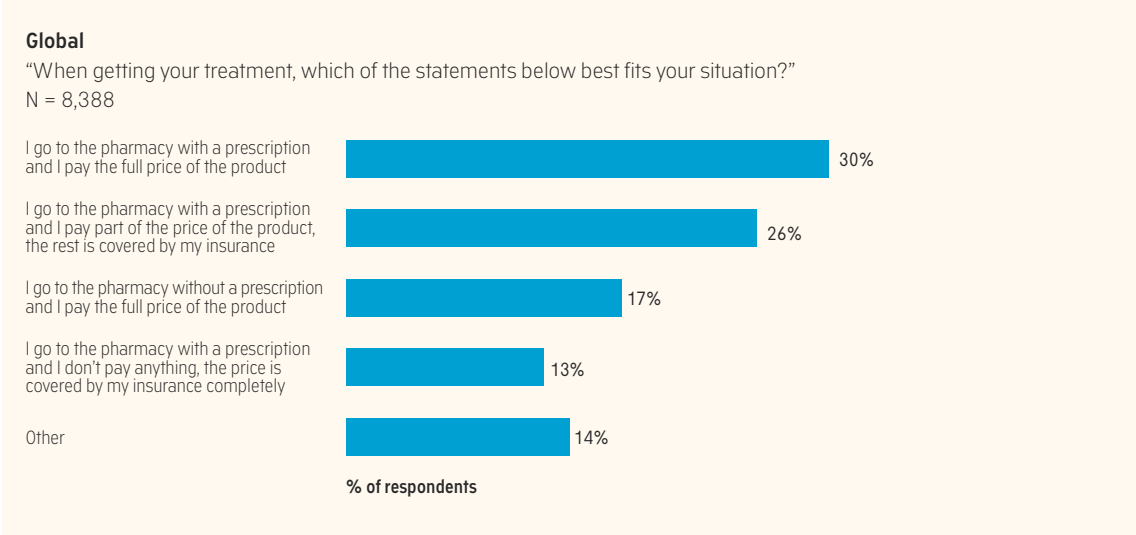
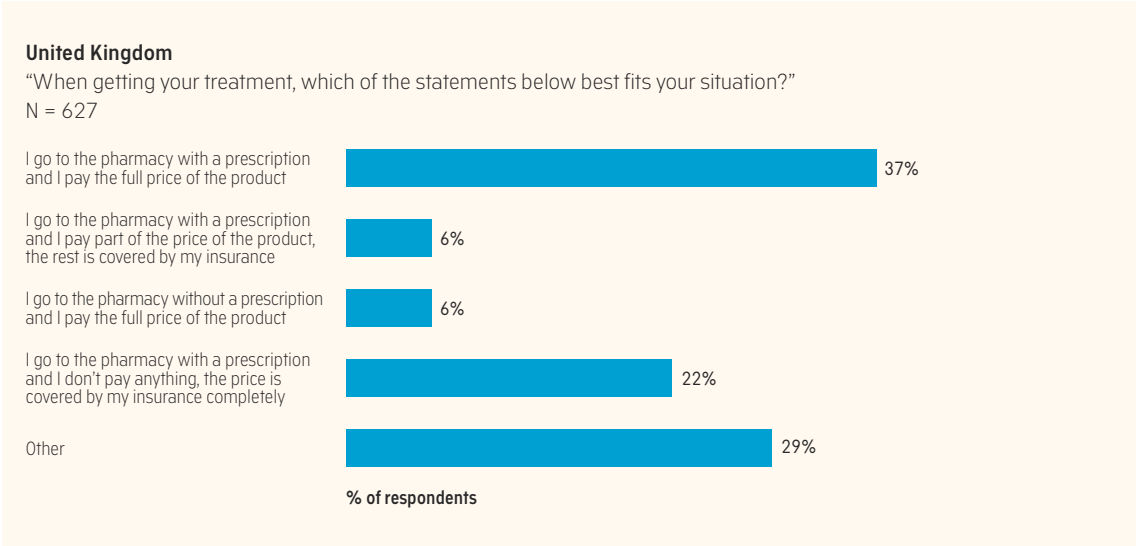


Global - Treatment type

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

N = 36,574





The most reported treatment type in the UK is prescription topicals, reported by more than 2 in 3 (68%). Next are over-the-counter topicals, reported by 31%. As seen in Fig. C.5, the UK is the country with the largest proportion of people living with self-perceived psoriasis on prescription topicals.

As for getting their treatment, most people in the UK (37%) said they go to the pharmacy with a prescription and pay the full price (which specifically for the UK might refer to the cost for dispensing the medicine, different than the price of the treatment), while 22% have the cost fully covered by their insurance. (See also Fig. C.6 in the Appendix for a comparison with other countries).

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?”	United Kingdom	Global
Overall	5.16 (438)	4.97 (5,853)
Gender		
- Female	5.12 (340)	4.95 (4,604)
- Male	5.35 (95)	5.02 (1,220)
Severity		
- Mild	5.61 (61)	5.23 (1,356)
- Moderate	5.18 (225)	4.80 (3,157)
- Severe	4.90 (148)	5.10 (1,314)

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

Overall, people in the UK are slightly more satisfied with their healthcare professionals than globally. Looking at Fig. C.7 in the Appendix, we also see that the UK is in the better handful of countries in this regard. What also stands out in the table above is that men are slightly more satisfied with their healthcare professionals than

women. Finally, the patient satisfaction level decreases for people having mild, moderate, and severe psoriasis, respectively, indicating perhaps that people with more severe forms of self-reported feel that they are not receiving the best possible care.

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’	United Kingdom			Global		
	Overall	Women	Men	Overall	Women	Men
“The doctor gave me as much information as I wanted”	25% (104)	26% (84)	22% (20)	21% (2,813)	22% (968)	15% (188)
“The doctor recognised and responded to my emotional state”	33% (139)	34% (110)	33% (29)	30% (1,619)	32% (1,349)	23% (263)
“The doctor talked in terms I could understand”	13% (52)	11% (36)	18% (16)	15% (847)	14% (698)	11% (145)
“The doctor encouraged me to ask questions”	30% (123)	31% (101)	25% (22)	28% (1,612)	29% (1,333)	22% (273)
“The doctor involved me in decisions as much as I wanted”	27% (110)	27% (86)	28% (24)	25% (1,417)	26% (1,165)	20% (244)
“The doctor discussed next steps”	28% (114)	28% (90)	26% (23)	26% (1,482)	27% (1,228)	20% (246)
“The doctor spent the right amount of time with me”	27% (113)	28% (90)	25% (22)	25% (1,395)	26% (1,148)	19% (241)
“The doctor discussed about how my psoriasis affect my mental health and overall well-being”	59% (246)	60% (194)	56% (49)	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.)

Compared to the global averages, people in the UK are roughly equally dissatisfied with aspects around the interaction with their healthcare professionals. The largest degree of dissatisfaction with the statements is seen in regards to people’s emotional state and mental health; for instance, a third (33%) in the UK disagree that

the doctor recognised and responded to their emotional state, while almost 3 in 5 (59%) disagree that the doctor discussed how psoriasis affects their mental health and overall well-being. Men and women in the UK report very similar levels of (dis)agreement.

Healthcare Professional Relationship

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

‘To what extent do you agree with each of the following statements?’ % who ‘Disagree’ or ‘Strongly disagree’	United Kingdom			Global		
	Overall	Women	Men	Overall	Women	Men
"My healthcare professionals are clear with the information about how to treat psoriasis"	46% (427)	46% (338)	45% (85)	40% (5,329)	41% (3,933)	36% (1,341)
"My healthcare professionals fully understand the impact psoriasis has on my mental well-being"	68% (628)	69% (497)	66% (127)	53% (7,055)	56% (5,311)	44% (1,683)
"I can get in touch with the healthcare professional when I'm in need"	44% (389)	44% (306)	43% (79)	36% (4,798)	37% (3,532)	34% (1,227)
"I have confidence in the abilities of my healthcare professionals to treat psoriasis"	52% (479)	52% (377)	51% (98)	42% (5,946)	44% (4,344)	39% (1,550)
"I always follow the advice of my healthcare professionals"	26% (239)	26% (185)	27% (52)	27% (3,692)	27% (2,611)	28% (1,035)
"I've been informed about all the different treatment options related to my condition"	63% (559)	65% (447)	60% (109)	55% (7,240)	57% (5,424)	50% (1,763)
"The system provides me with sufficient financial support in relation to my skin condition"	63% (556)	62% (433)	65% (119)	67% (8,865)	69% (6,535)	63% (2,267)
"There is sufficient public awareness regarding my disease"	87% (765)	87% (606)	85% (156)	79% (10,127)	82% (7,524)	72% (2,532)

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

In regards to aspects around their general relationship to their healthcare professionals, people with self-perceived psoriasis in the UK are generally more dissatisfied than the global averages. Around half (46% and 52%) don't think their healthcare professionals are clear with the information on how to treat psoriasis and don't have confidence in their abilities to do so. Also, as many as roughly 2 in 3 disagree that their healthcare professionals fully understand the impact of psoriasis on

their mental well-being, that they have been informed of all the different treatment options, and that the system provides them with sufficient financial support. Finally, the largest degree of disagreement is related to public awareness, where almost 9 in 10 (87%) in the UK don't think there is enough of awareness regarding psoriasis.

Appendix

General Results & Happiness

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

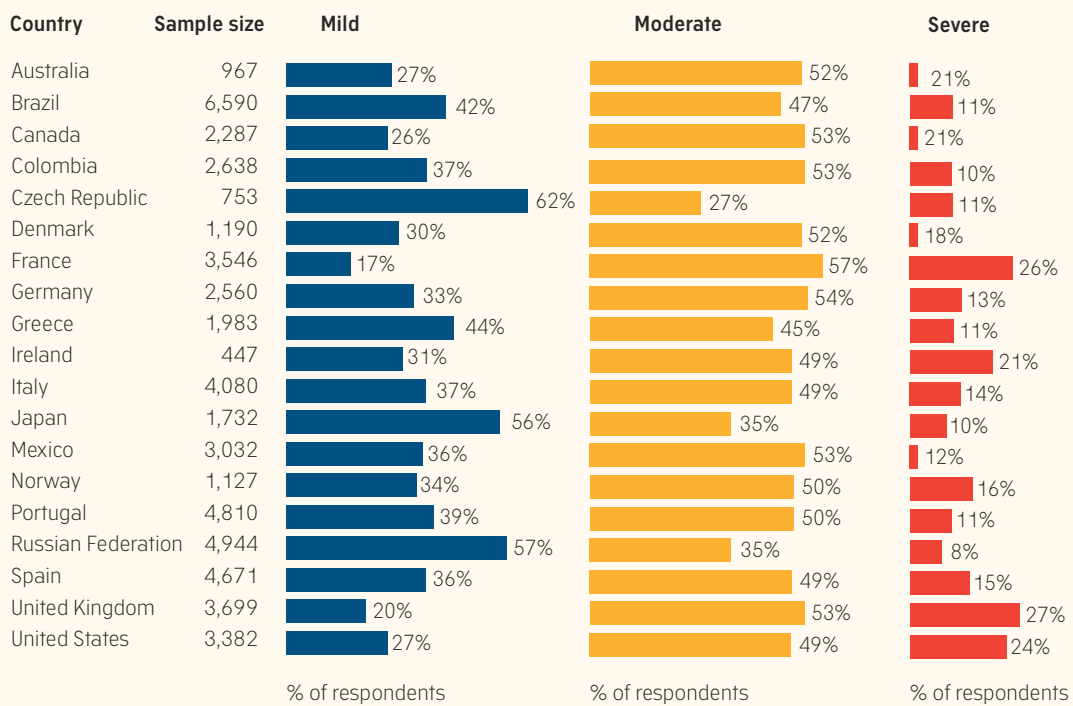
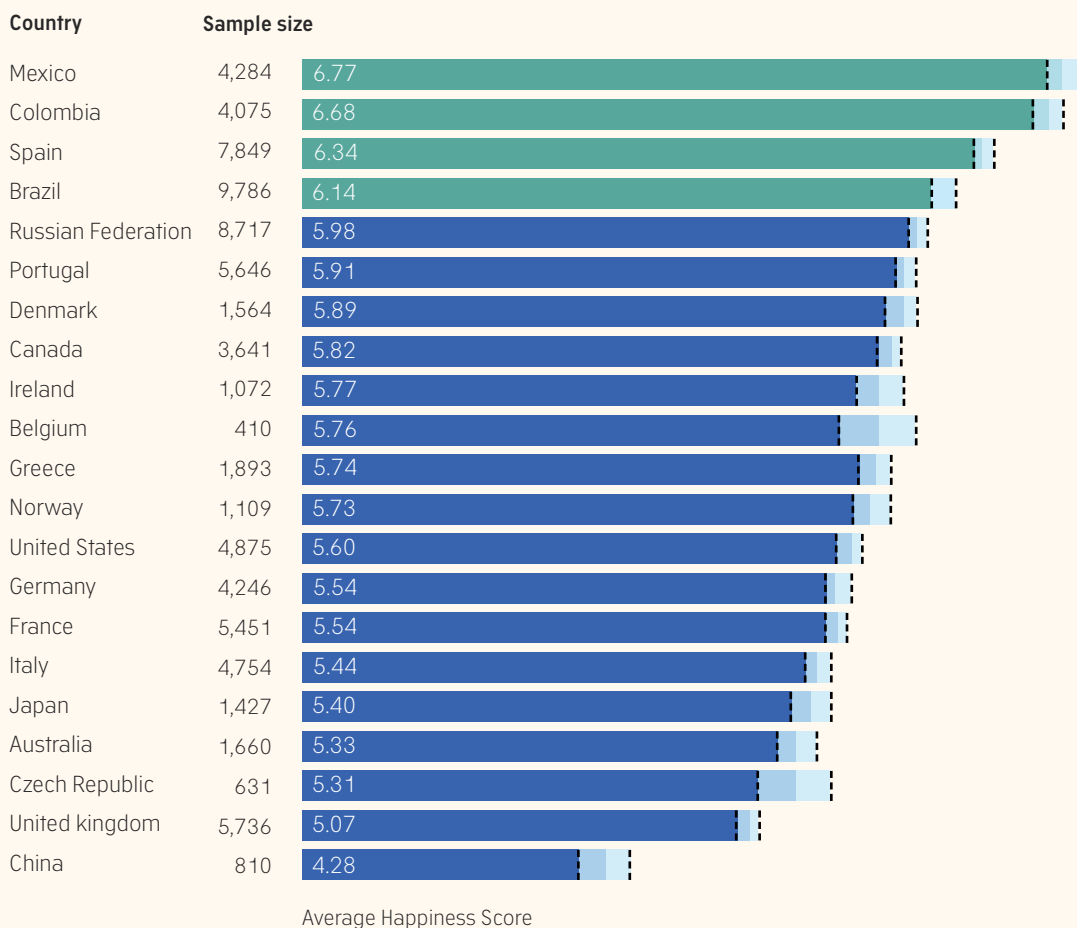
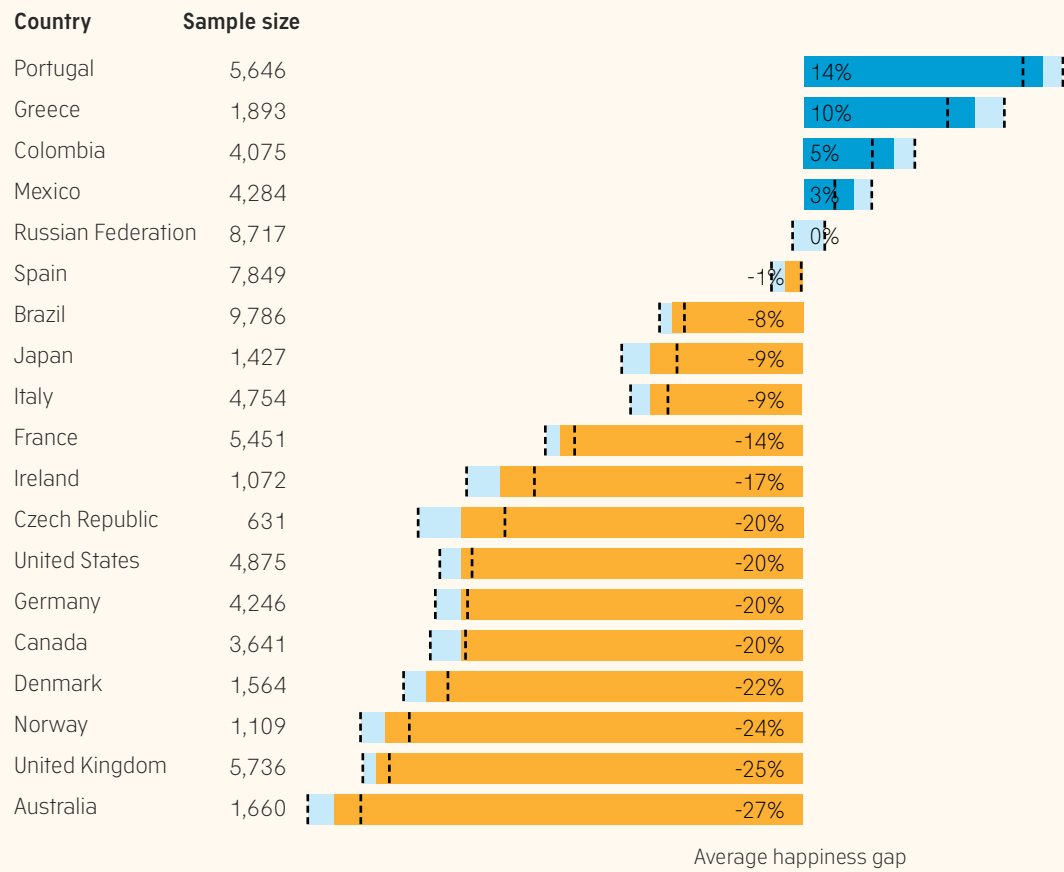


Figure A.2: Country ranking: Psoriasis happiness levels per country
(With 95% confidence interval bands)



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

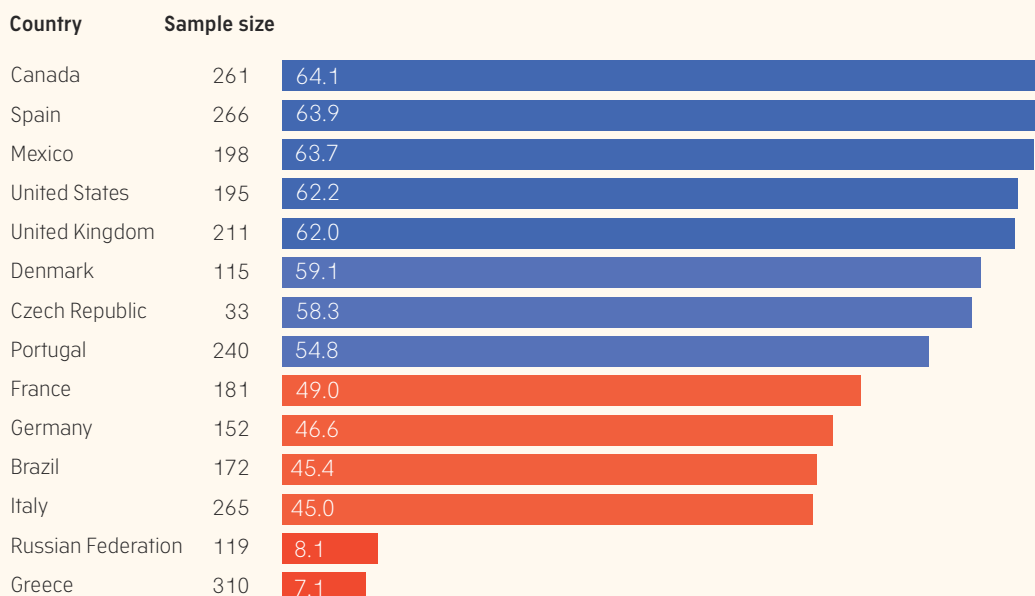
Figure A.3: Average happiness gap by country
(With 95% confidence interval bands)



Productivity & Happiness

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

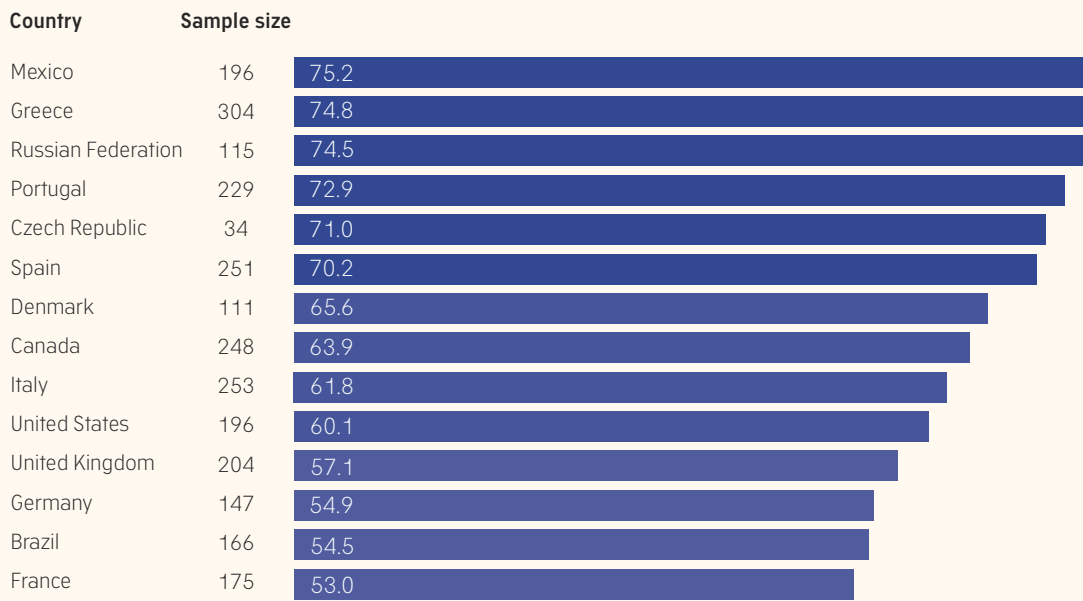
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being totally productive.”



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

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

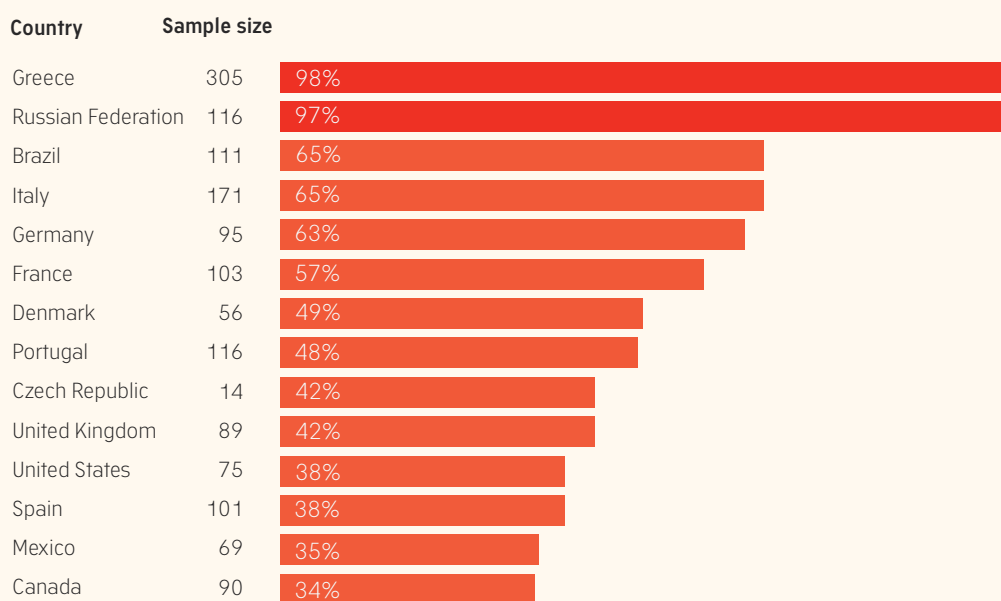
“Using the same scale, how affected was your productivity at work while you felt you should have stayed home because of other health issues? 0 means not at all productive, 100 means totally productive.”



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

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

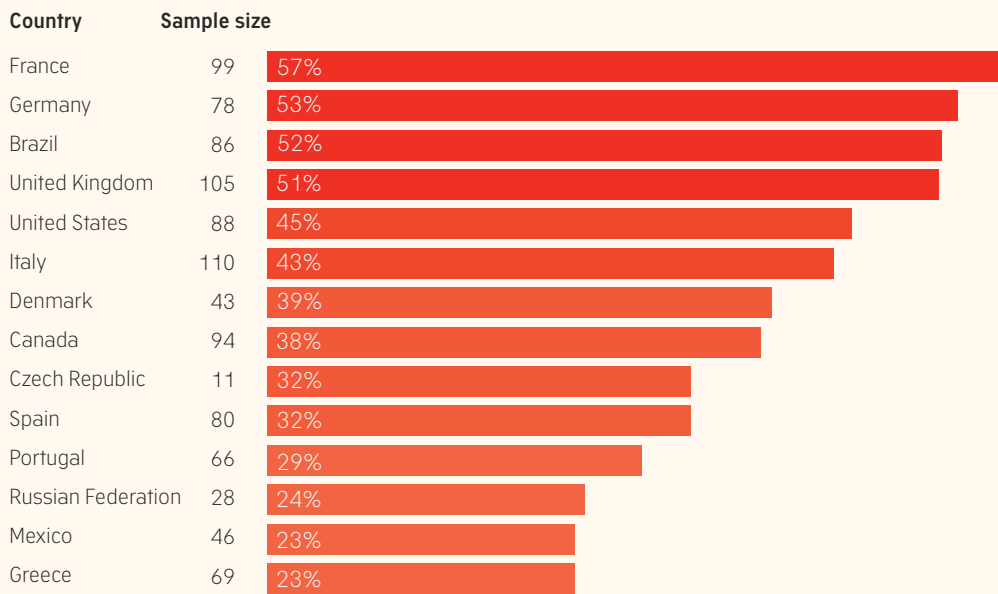
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being tptally productive.”



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

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

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



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

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

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

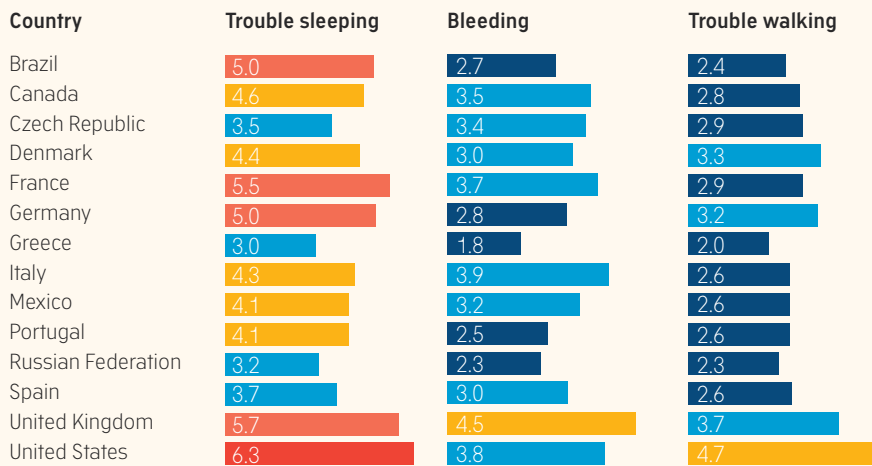
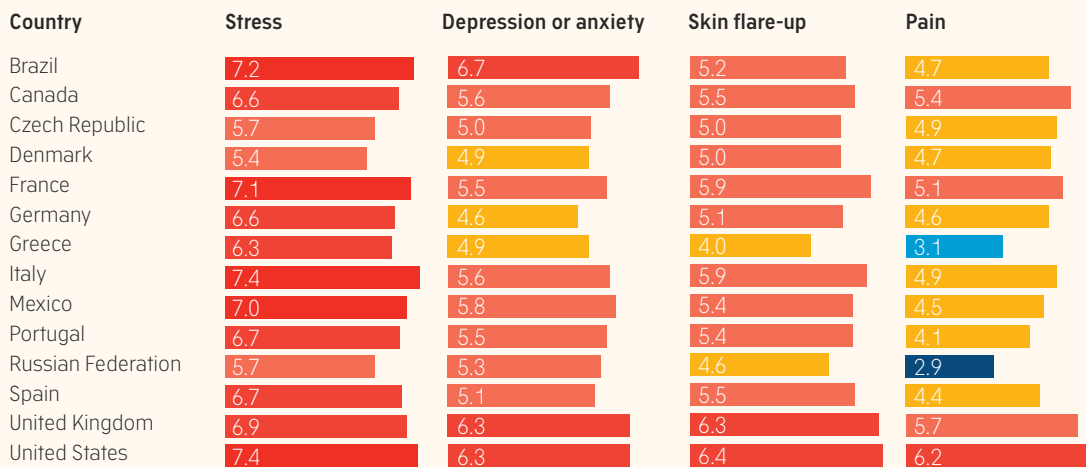


Table B.6: Estimated cost to society from lost productivity (adjusted for purchase) power parity):

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

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?”

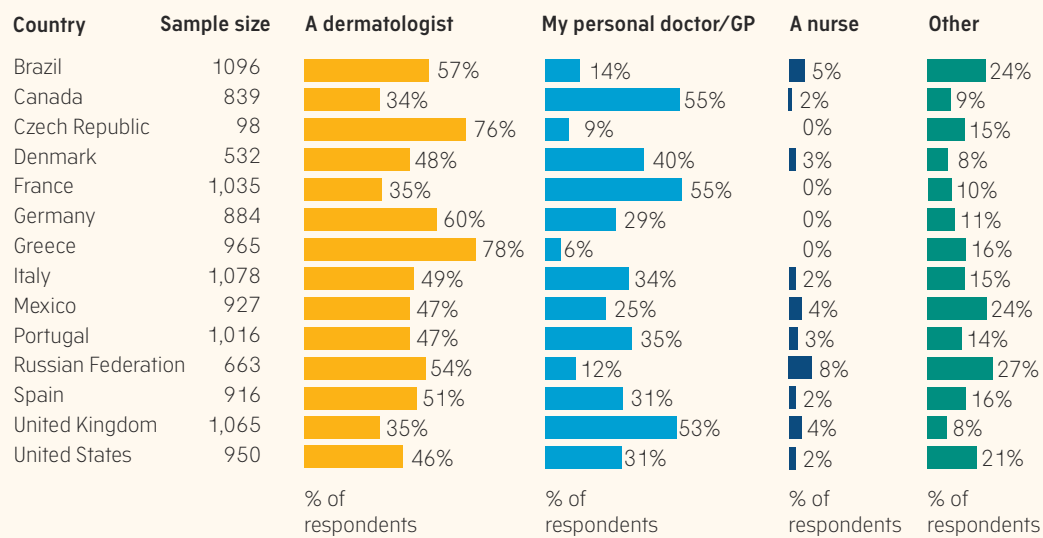


Figure C.2: Frequency of visits to healthcare professional for psoriasis by country

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

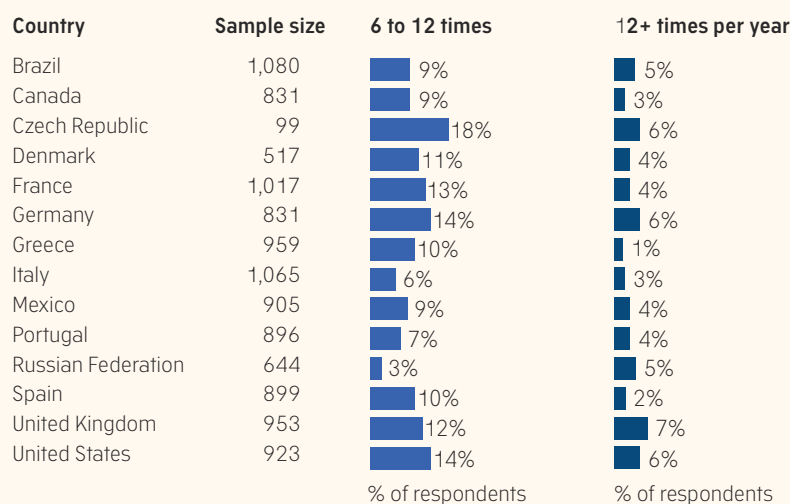
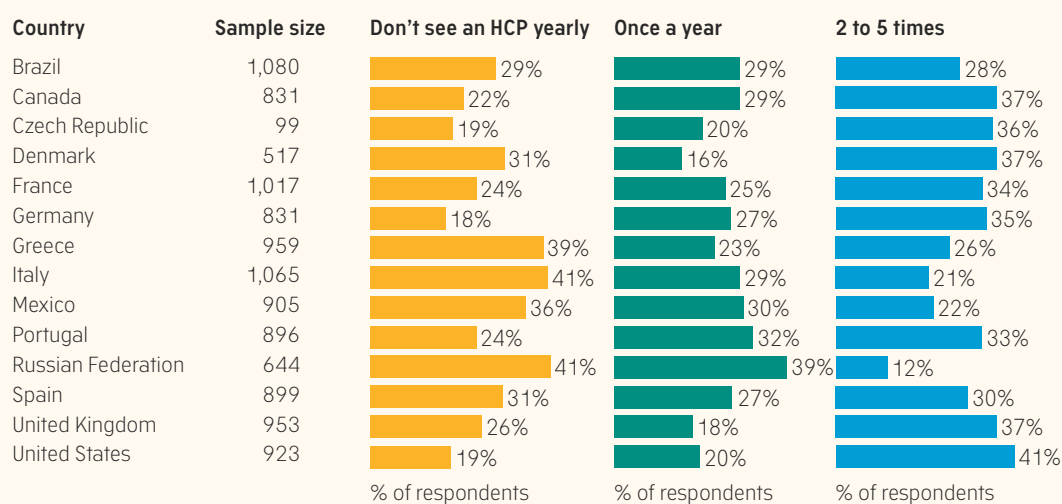


Figure C.3: Healthcare Professional institution by country

“Is your primary healthcare professional for your psoriasis?”

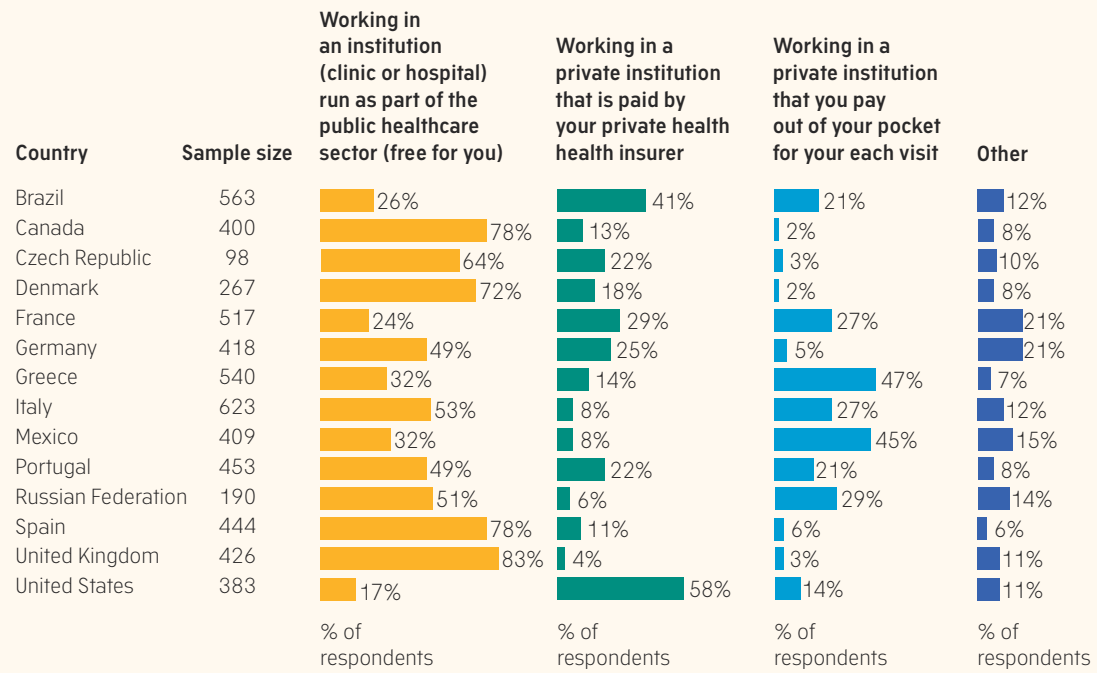


Figure C.4: Distribution of who has diagnosed their psoriasis (please note this report is based on self-reported psoriasis)

“Has your psoriasis been diagnosed by:”

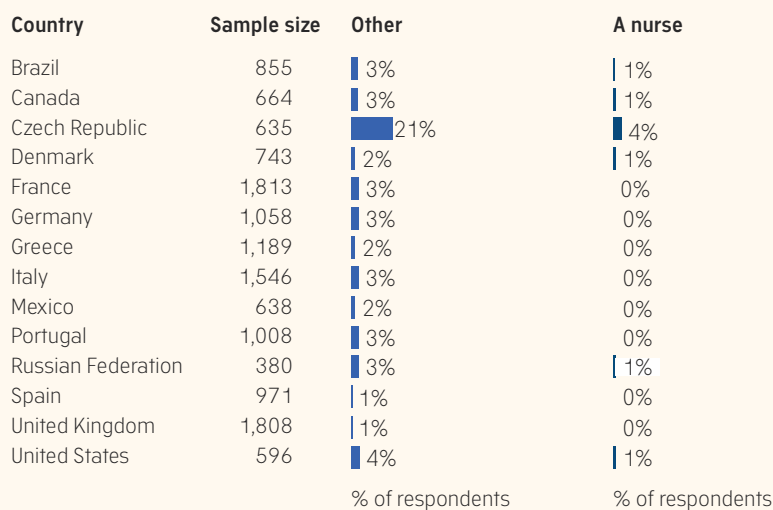
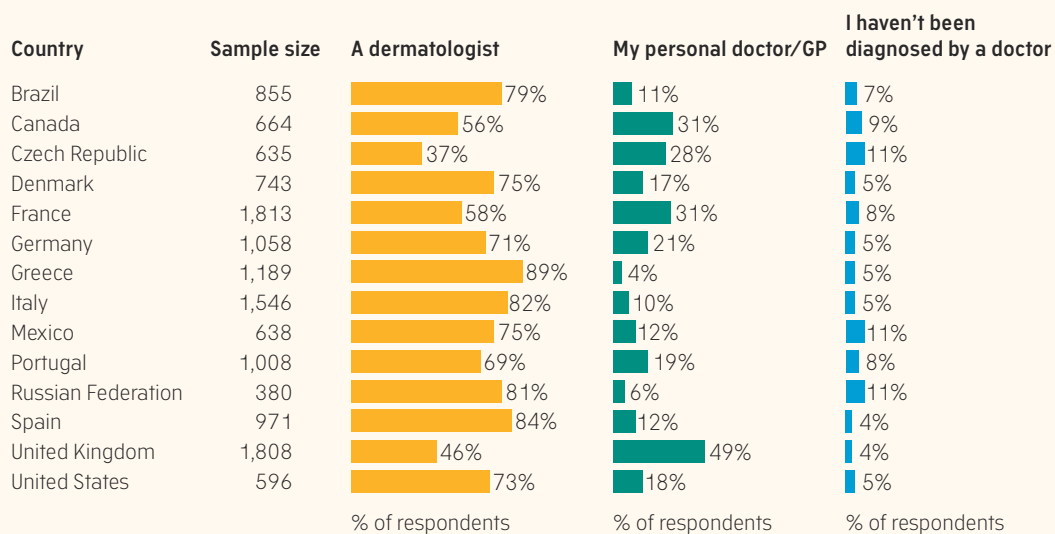


Figure C.5: Distribution of treatment type by country

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

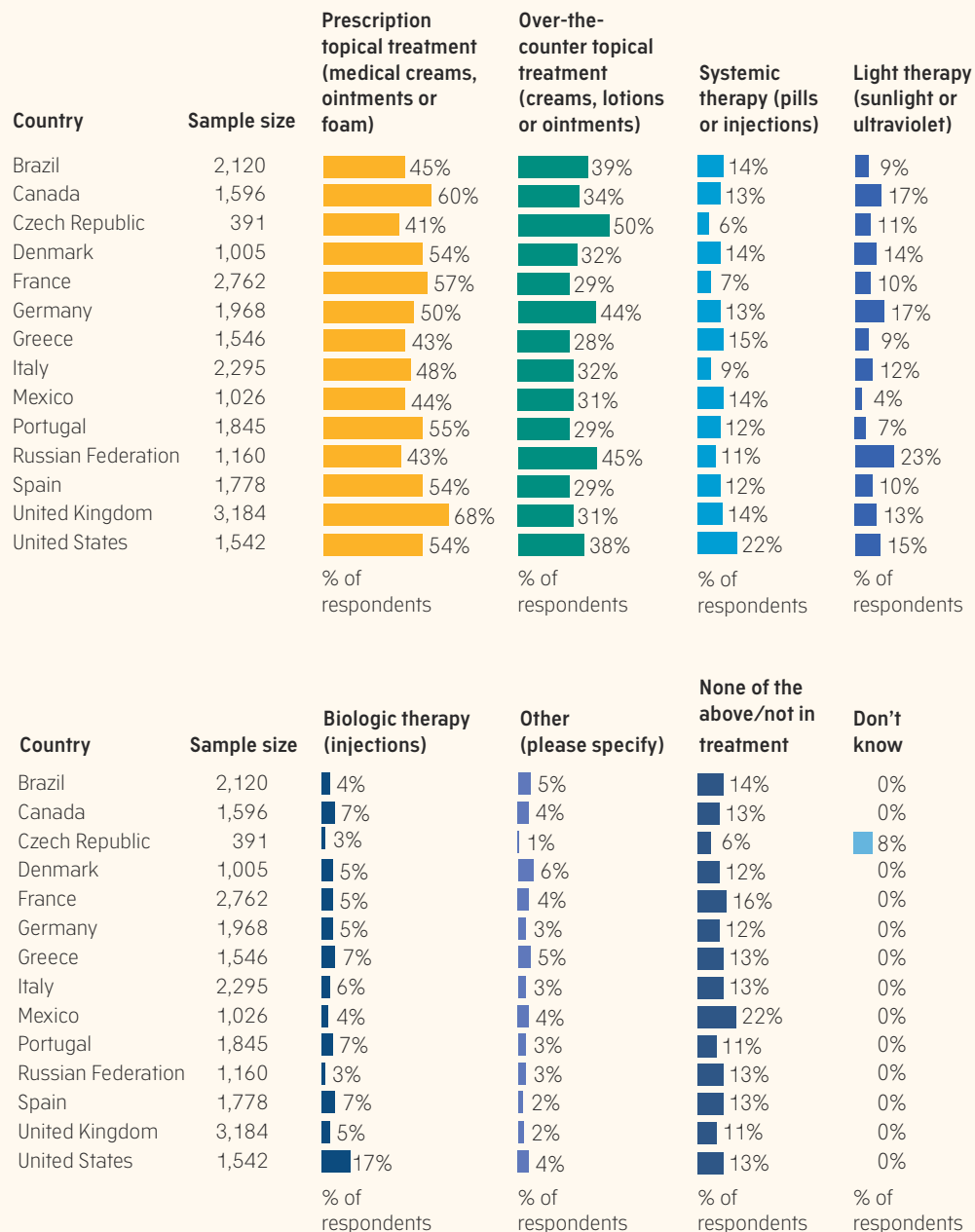


Figure C.6: Distribution of how people get and pay for their treatment

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

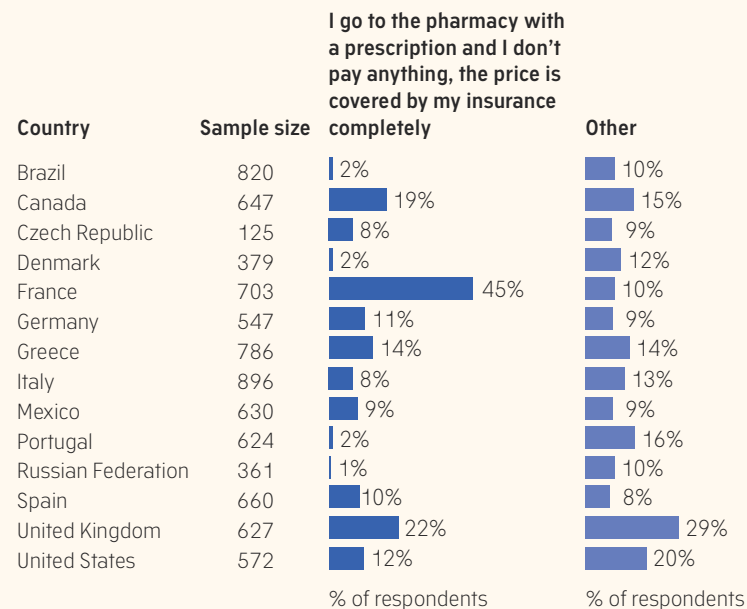
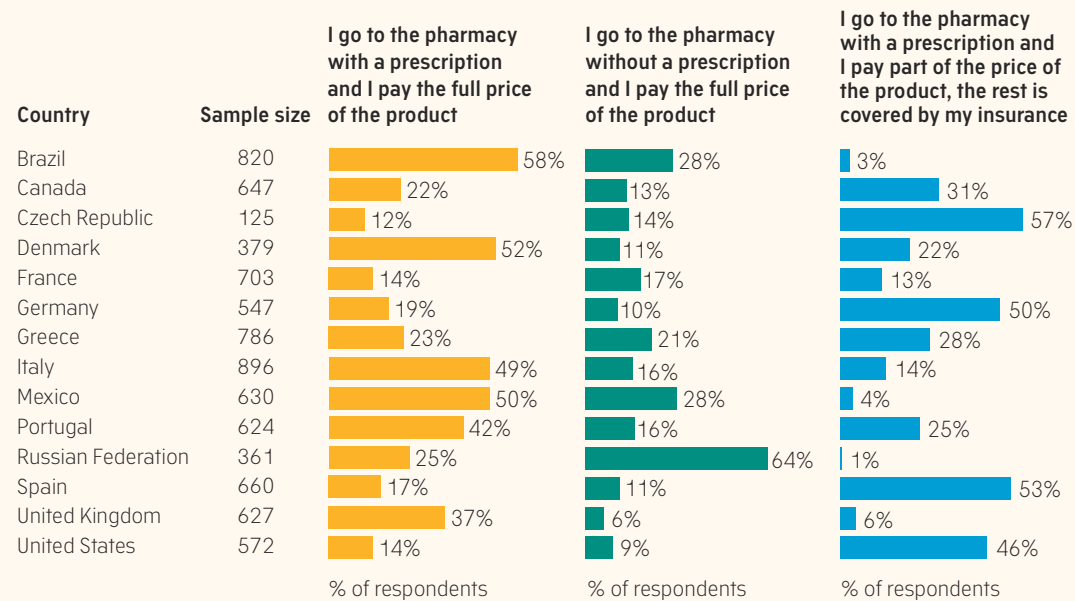
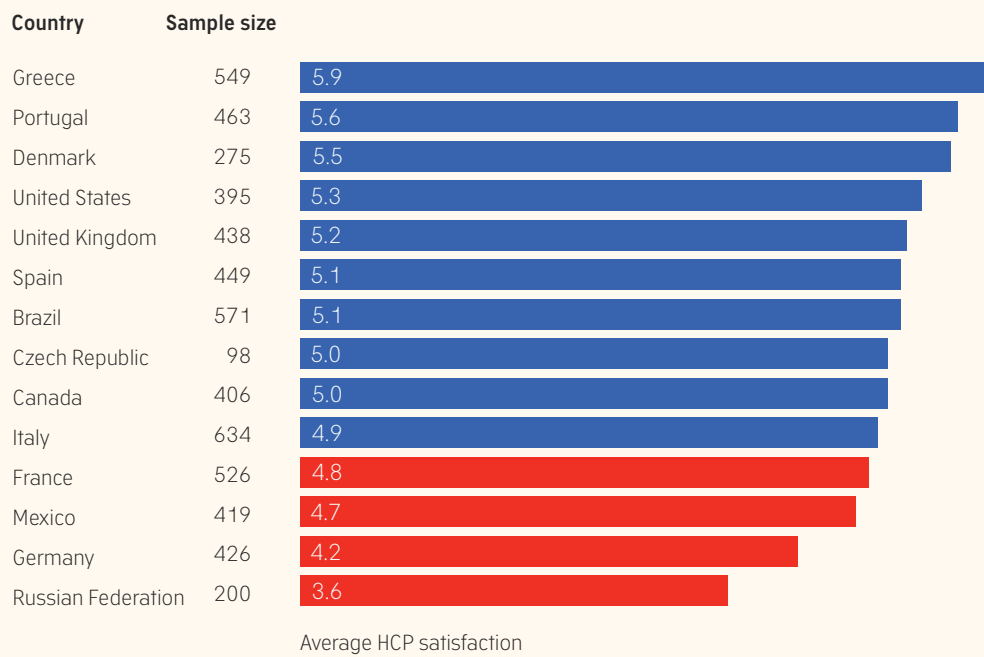


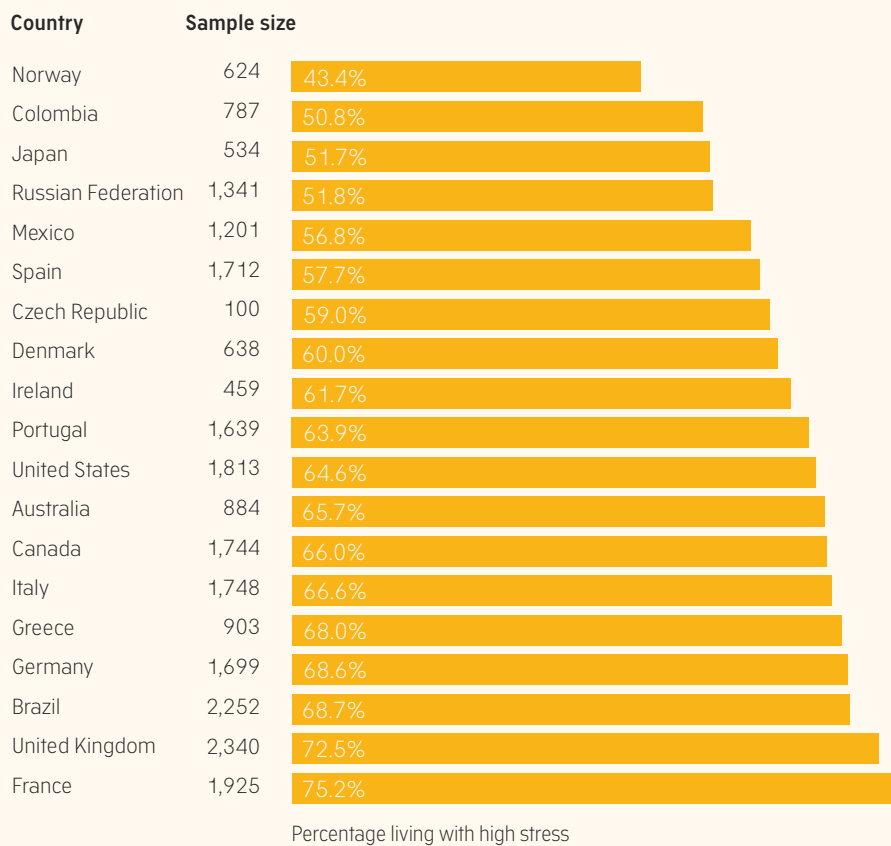
Figure C.7: Average levels of satisfaction with healthcare provider in relation to psoriasis by country, as measured on a scale from 0-10

“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

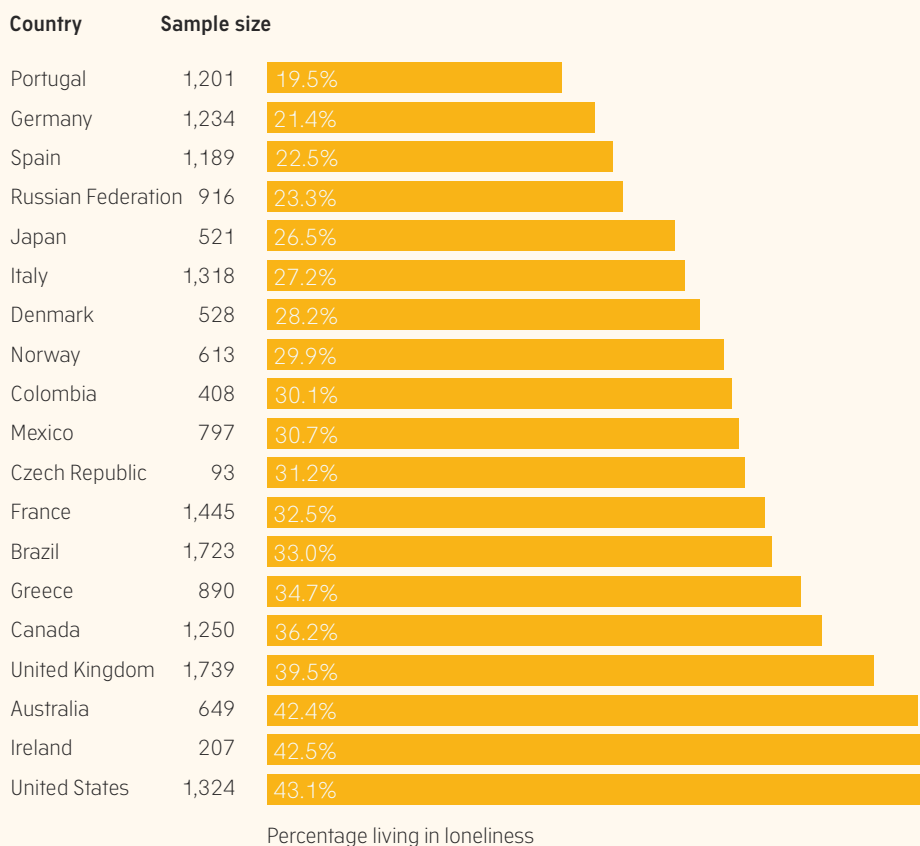
Figure D.1: Percentage of people living with high stress¹



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*.