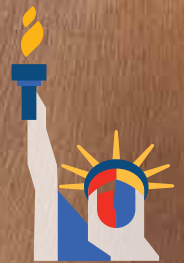




World
Psoriasis
Happiness
Report 2018



United States

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

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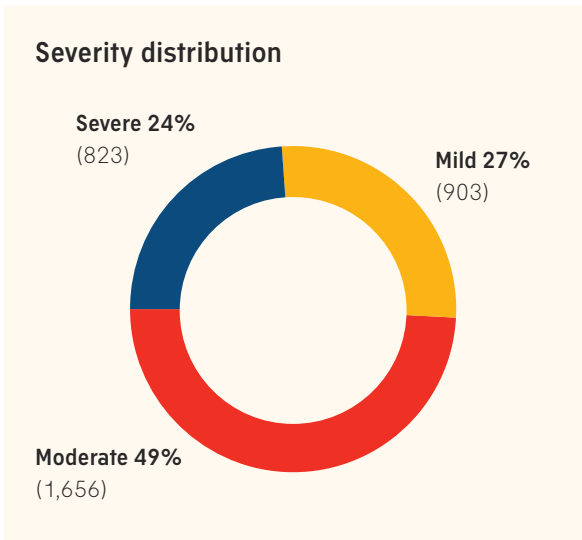
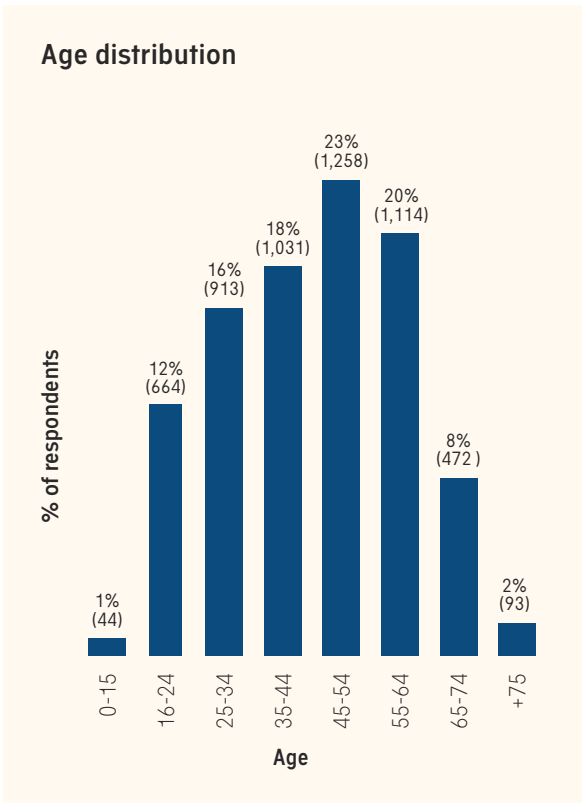
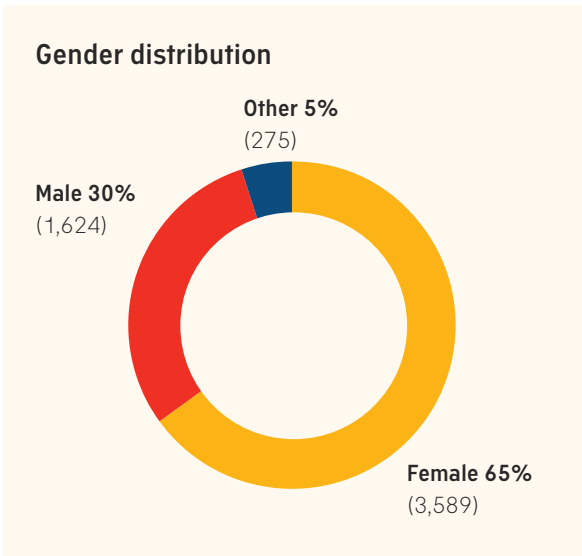
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General Data & Happiness Results

General Data & Distributions. Total sample size: 5,589



Severity distribution	United States (N = 3,382)	Global (N = 54,438)
Mild	27%	37%
Moderate	49%	47%
Severe	24%	16%

In the US, roughly 1 in 4 (27% of the respondents) reported they had mild psoriasis, 2 in 4 (49%) moderate, and the remaining 1 in 4 (24%) severe. Of all the countries in the analysis, This makes the US one of the

countries with the smallest percentage of respondents with self-reported mild psoriasis among the surveyed countries (see also 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: 5.6 Happiness ranking: 13th / 21

Happiness	United States		Global	
	Happiness level	Happiness gap	Happiness level	Happiness gap
Overall	5.6	-19.9%	5.8	-11.1%
Gender				
- female	5.4	-23.0%	5.7	-14.1%
- male	6.1	-12.6%	6.1	-5.8%
Severity				
- mild	5.8	-17.0%	6.0	-6.1%
- moderate	5.6	-20.3%	5.6	-14.1%
- severe	4.5	-35.5%	4.6	-30.6%

The average happiness level of 5.6 places the US as 13th in the happiness ranking of the 21 countries in the analysis. With an overall average happiness gap of -20%, the US is also among the countries with the largest gaps (see also Fig. A.2 and A.3 in the Appendix).

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

- Women with self-perceived psoriasis in the US are less happy than their male counterparts, which is the same pattern seen globally and in almost all of the other countries.
- The happiness level drops slightly between people with self-perceived mild and moderate psoriasis, and then takes a significant plunge for people with severe psoriasis: the happiness gap for people with self-perceived mild psoriasis is -17%, and -35% for those with self-perceived severe psoriasis.

Stress & Loneliness

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

High stress: 64.6%

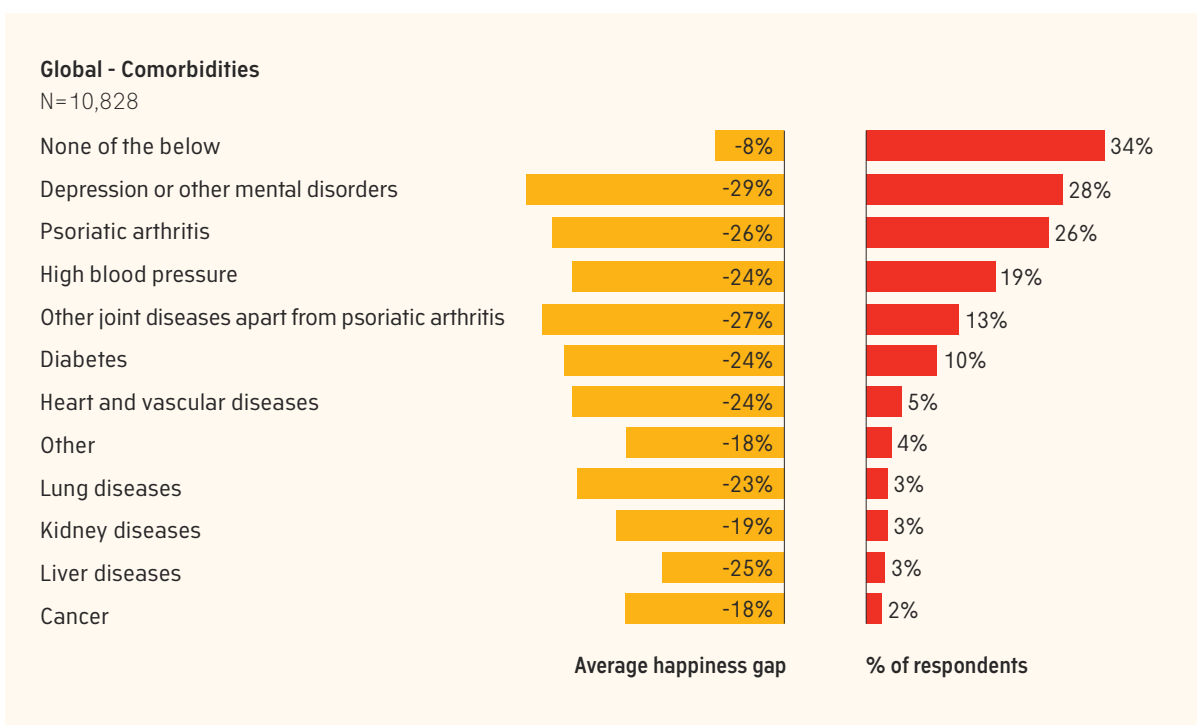
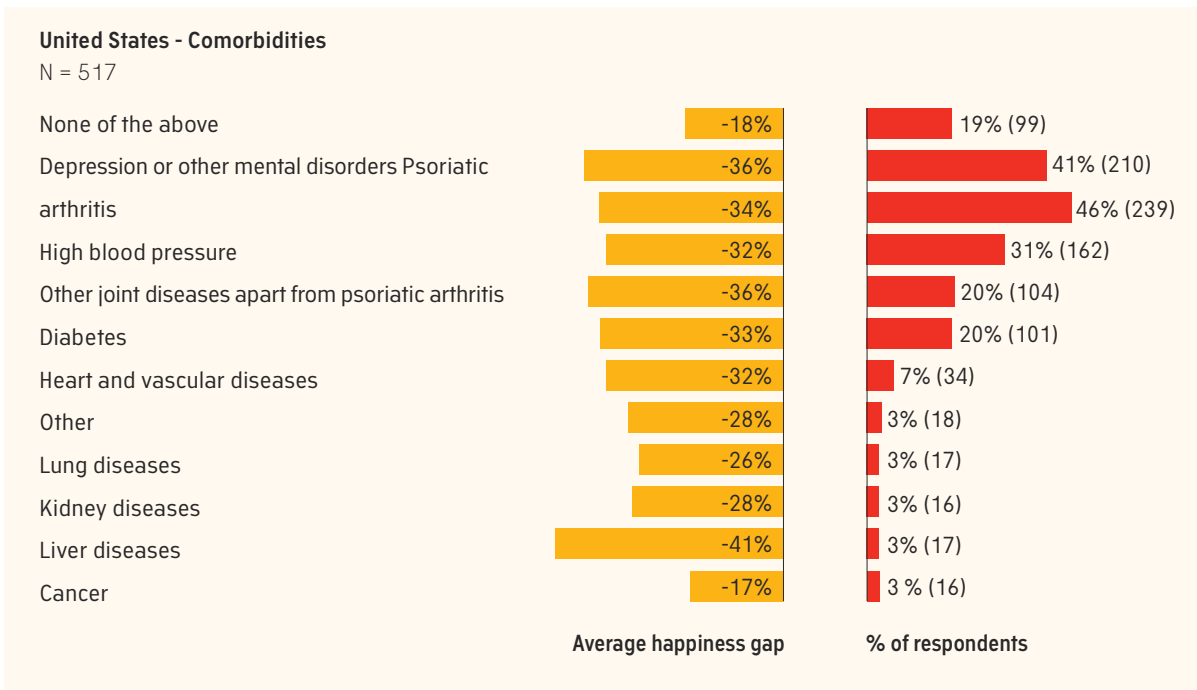
Loneliness: 43.1%

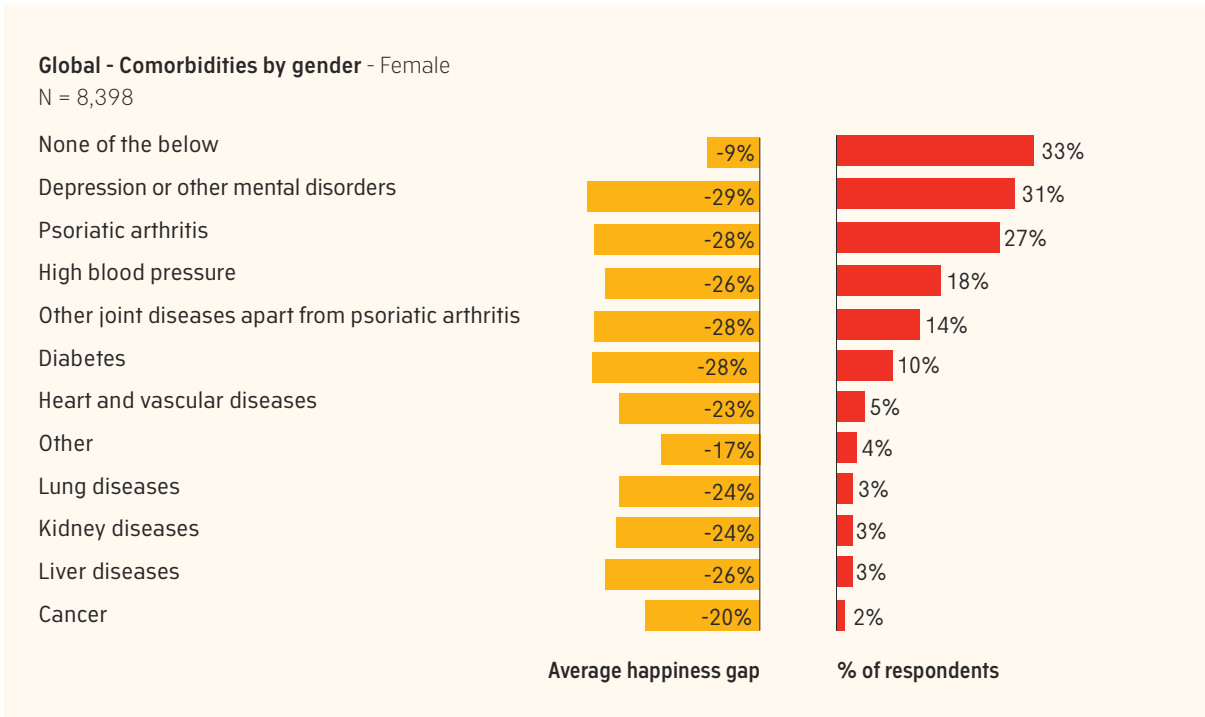
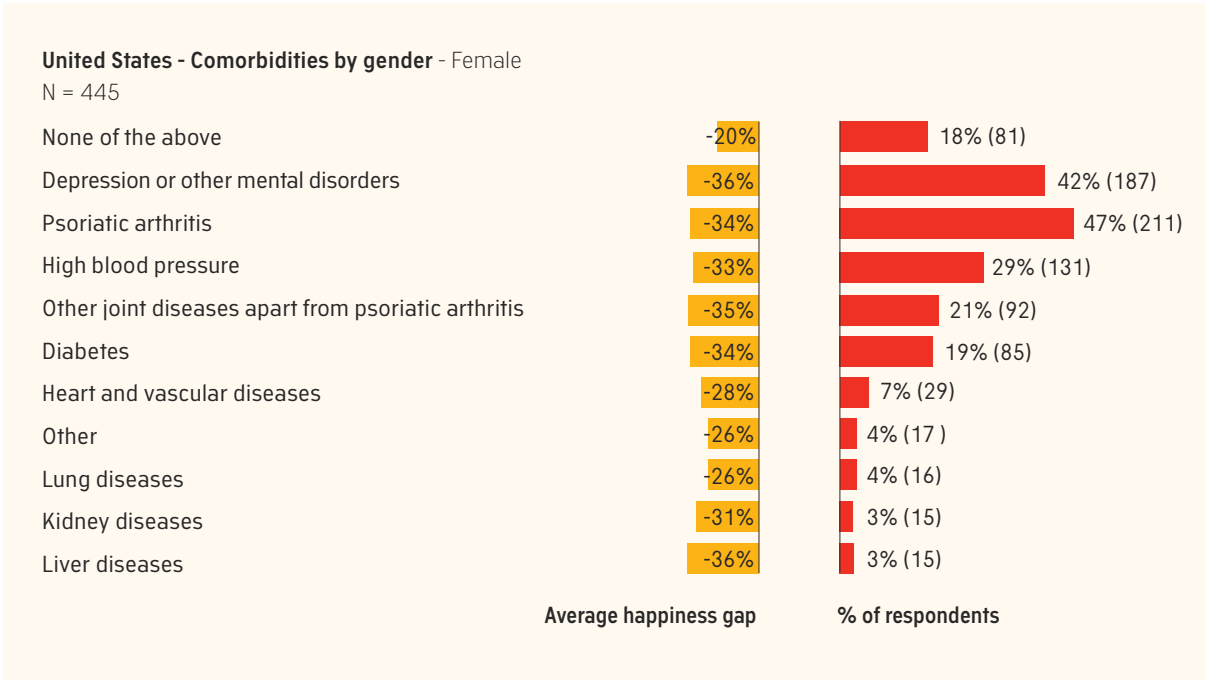
Almost 2 in 3 (65%) experience high stress, placing the US roughly in the middle compared to other countries. However, loneliness is a major cause of concern, as 43% of respondents are affected by it, making the US the country with the highest percentage of loneliness.

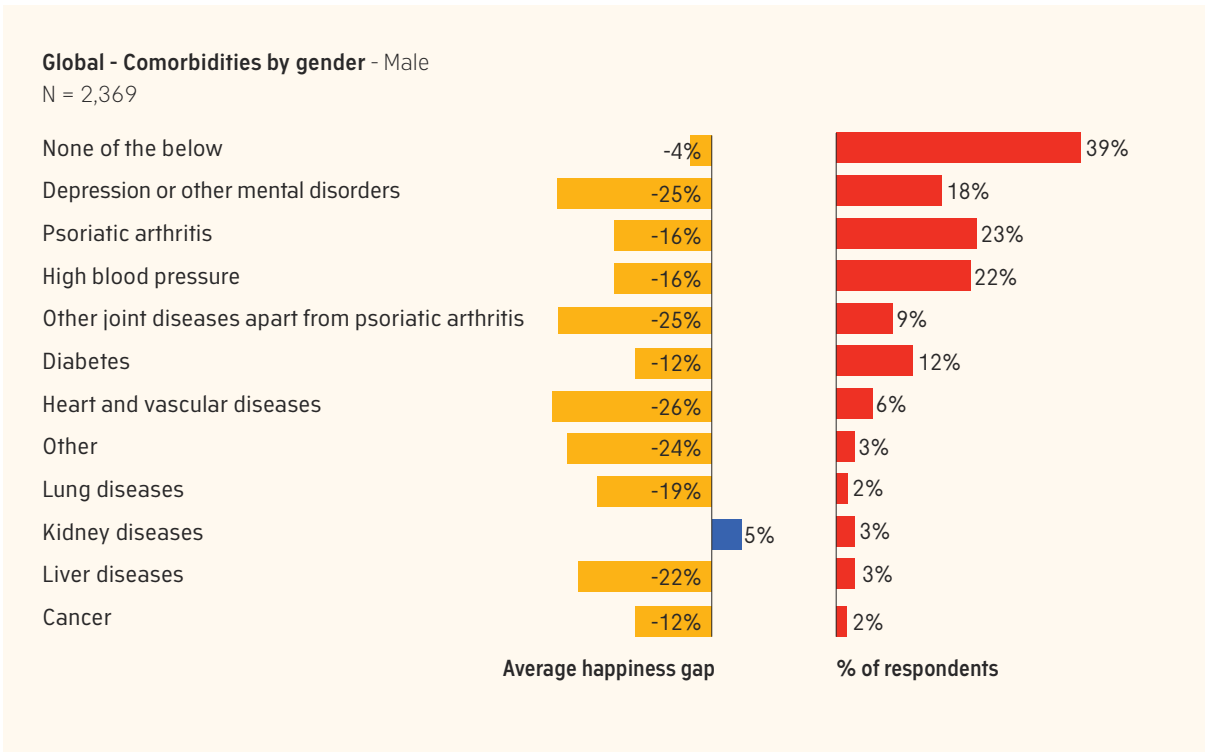
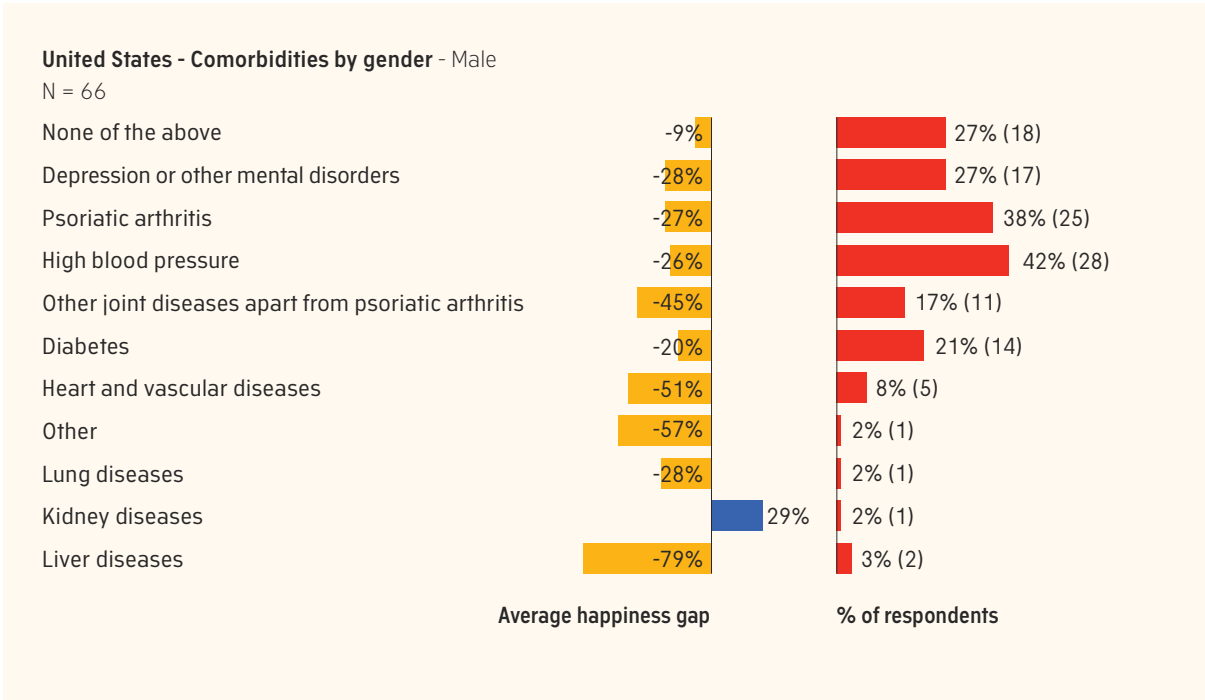
² See Appendix Fig. D.1 and Fig. D.2 for methodology and calculation used to determine “high stress” and “loneliness”.

Psoriasis and Comorbidities

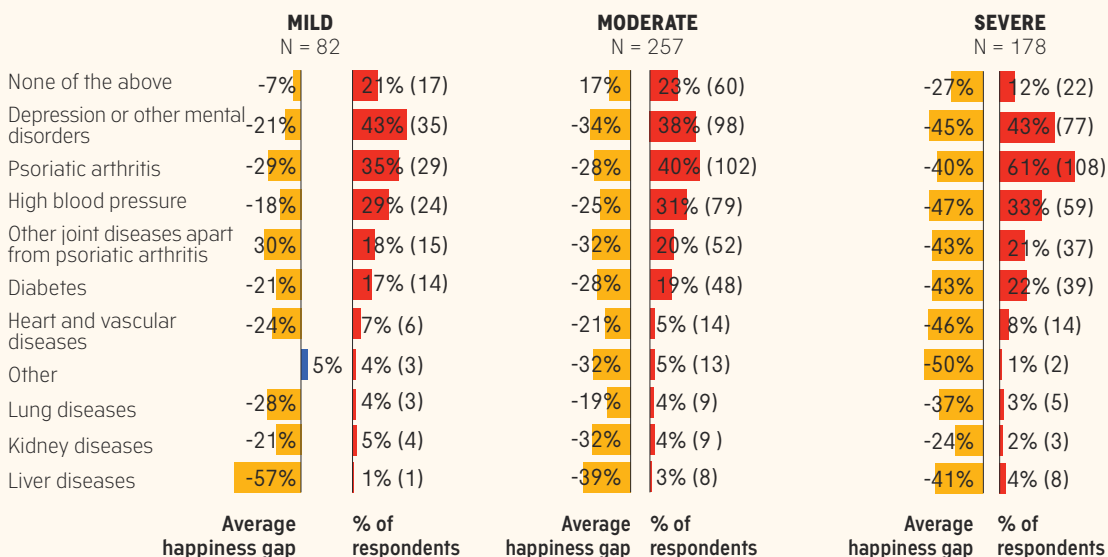
We have analysed a variety of comorbidities reported by people living with self-perceived psoriasis and their effect on people’s happiness and well-being. The graphs below show the overall distribution of comorbidities as well as detailed by gender and self-perceived psoriasis severity. Numbers and results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



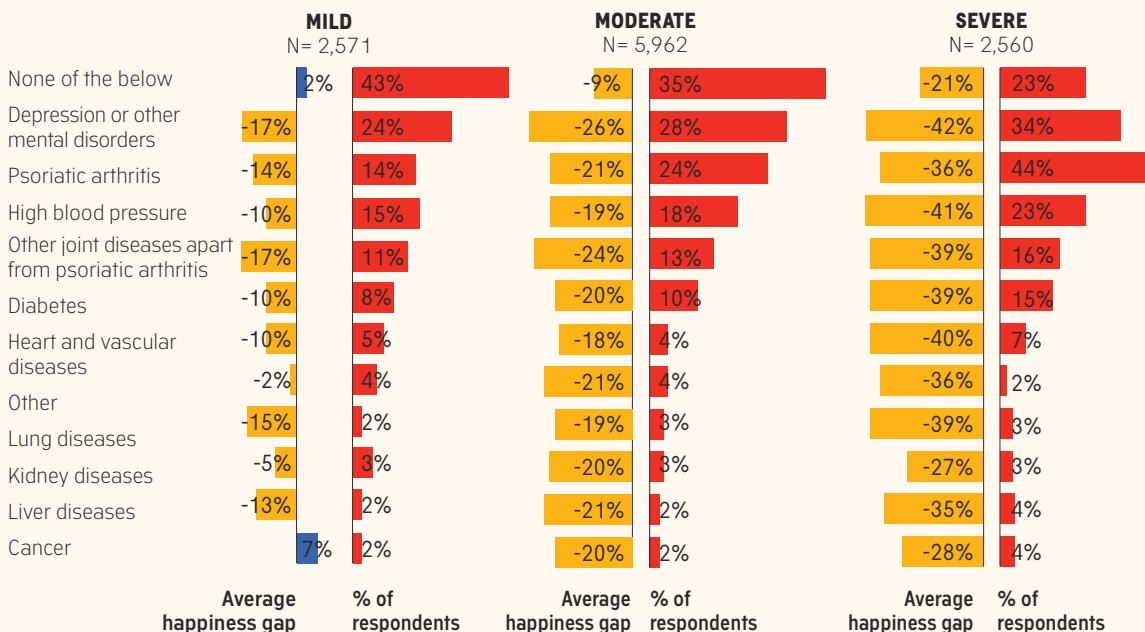




United States - Comorbidities by severity



Global - Comorbidities by severity



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

- 4 in 5 (81%) of the respondents in the US reported at least one of the listed comorbidities. This is a high figure, and significantly higher than is the global average of 66% who report comorbidities.
- The most reported comorbidities in the US are depression or other mental disorders (41%), psoriatic arthritis (46%), and high blood pressure (31%). Other joint diseases and diabetes are also reported by high numbers: 1 in 5 (20%). Compared to other countries and the global picture, there is a much larger proportion of people with self-perceived psoriasis reporting comorbidities in the US.
- Likewise, the happiness gaps related to almost all of the comorbidities are higher in the US than globally, with liver diseases, depression or other mental disorders, and other joint diseases standing out with gaps of up to -41%³.

Turning to the split by gender, we see that:

- Although the percentage of self-reported comorbidities is very high for both women and men in the US, more women experience them. 82% of women reported at least a comorbidity, while 73% of men reported the same.
- Also, significantly more women than men reported depression or other mental disorders (42% vs. 27%), although both proportions are very high-and much higher than the global averages.

- Almost half (47%) of women in the US reported psoriatic arthritis, while 2 in 5 (38%) men did the same; once again, much higher percentages than the global averages.
- Conversely, more men than women (42% vs. 29%) reported high blood pressure, which is also higher than the global average.
- Finally, the happiness gaps for most of the comorbidities are higher for women than for men, in line with the finding that living with self-perceived psoriasis and its different aspects impacts women in a higher degree.

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

- A larger percentage of people with self-perceived severe psoriasis experience comorbidities compared to those with mild and moderate psoriasis. 88% of people with self-perceived severe psoriasis reported comorbidities, while 79% of those with mild psoriasis did.
- The percentage of psoriatic arthritis increased significantly with severity, from 35% for self-reported mild psoriasis to 61% for severe.
- Lastly, we see that, in general, the worse the 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 US, the estimated cost to society from lost productivity is as follows:

Total cost on society	
Overall	\$30,517m
Per 100,000 people in employment	\$19.6m
As % of GDP	0.16%

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 US is the country with the fourth highest total cost to society from lost productivity (as % of GDP). Nominally, this corresponds to an estimate of \$30,517 million per year.

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	United States	Global
Average productivity		
- Because of psoriasis	62.2 (195)	53.2 (2,721)
- Because of other health issues	60.1 (196)	62.9 (2,633)
Percentage of people reporting less than 50% productivity		
- Because of psoriasis	38% (75)	51% (1,521)
- Because of other health issues	45% (88)	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 case, respondents in the US have, on average, a higher productivity when went to work even though they should have stayed at home because of their psoriasis. When it comes to other health issues, their average productivity is slightly lower. As can also be seen from Fig. B.1 and B.2 in the Appendix, the US is in the better half of countries when it comes to productivity at work when people should have stayed at home due to psoriasis, but in the worse half when it comes to other health issues.

In the same vein as above, almost 2 in 5 respondents (38%) in the US work at 50% productivity or less when they should have stayed at home because of their psoriasis, and slightly more (45%) when it's because of other health issues. Compared to other countries, this places the US 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 like family and social activities.

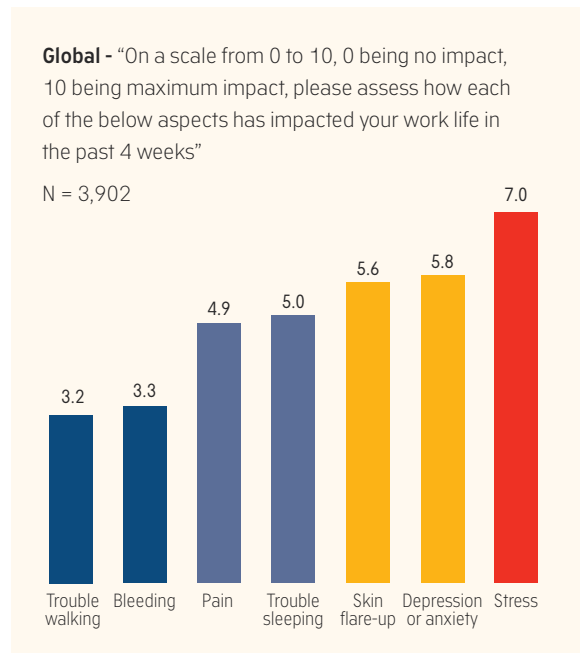
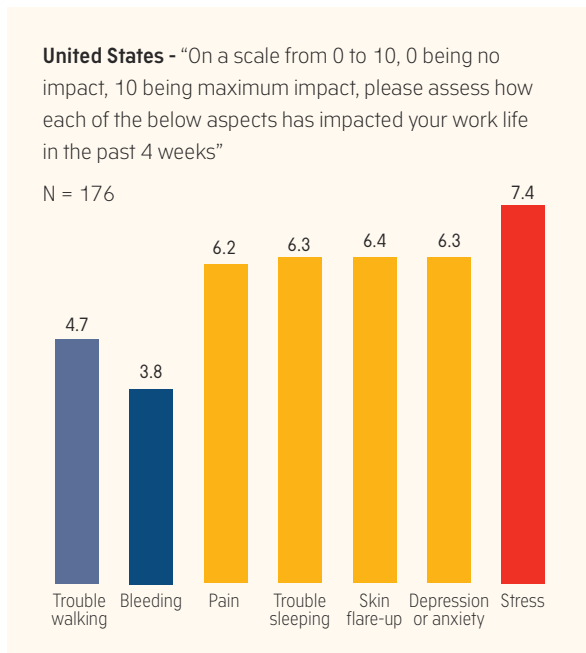
Work and social hours missed	United States		Global	
	Because of psoriasis	Because of other health issues	Because of psoriasis	Because of other health issues
Work hours missed	N = 213	N = 213	N = 2,998	N = 2,945
5+ hours	25%	21%	24%	26%
10+ hours	19%	14%	17%	17%
20+ hours	9%	5%	10%	10%
Social hours missed	N = 367	N = 365	N = 5,387	N = 5,339
5+ hours	45%	37%	35%	33%
10+ hours	32%	23%	26%	22%
20+ hours	25%	13%	18%	14%

In the US, people missed around the same number of work hours because of psoriasis as we see in the global case, but for social hours the percentages are higher. For instance, 1 in 4 (25%) in the US missed at least 5 or more

work hours in the last 4 weeks because of psoriasis, while for missed social hours the percentage is almost half (45%).

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 above, the aspects with the largest impact on people’s work life in the US are stress, depression or anxiety, skin flare-ups, trouble sleeping and pain, with stress having the largest impact and the latter four having almost equal impacts. What stands out compared to the global numbers in the right graph is that

the size, or strength, of the impact is much higher in the US across all of the different aspects. Looking at Fig. B.5 in the Appendix, we also see that the US is probably the country with the highest absolute impact levels.

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 States			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"	58% (105)	58% (92)	59% (13)	60% (2,336)	60% (1,811)	58% (515)
"My manager understands the impact psoriasis has on me and my work performance"	55% (99)	56% (88)	50% (11)	51% (1,939)	53% (1,530)	48% (404)
"My work colleagues know about my psoriasis and I get their support when needed"	45% (81)	44% (69)	55% (12)	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"	51% (92)	51% (81)	50% (11)	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 US, around half or more of the respondents (45% to 58%) are generally dissatisfied with the support they receive at work on both a company/manager and colleague/co-worker level. This goes for both men and women, although more men disagreed with the statement around having colleagues who know about their psoriasis.

In general, it’s worth noting that:

- Around 3 in 5 respondents (58%) don’t think their company has systems in place to help them manage their psoriasis.
- More than half (55%) don’t think their manager understands their condition and its impact on their productivity.
- Around half (45% and 51%) also don’t think they get

support from their colleagues nor that they 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 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.

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.

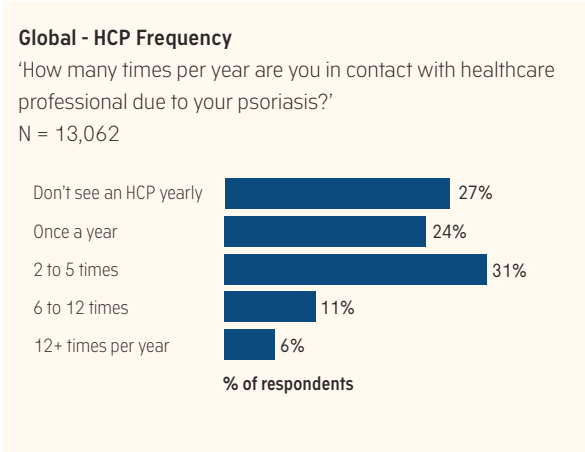
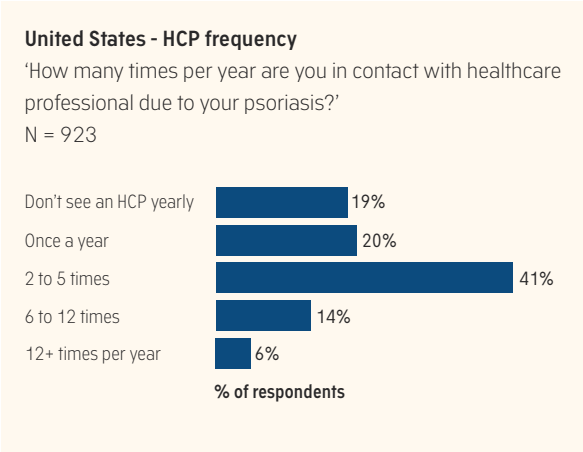
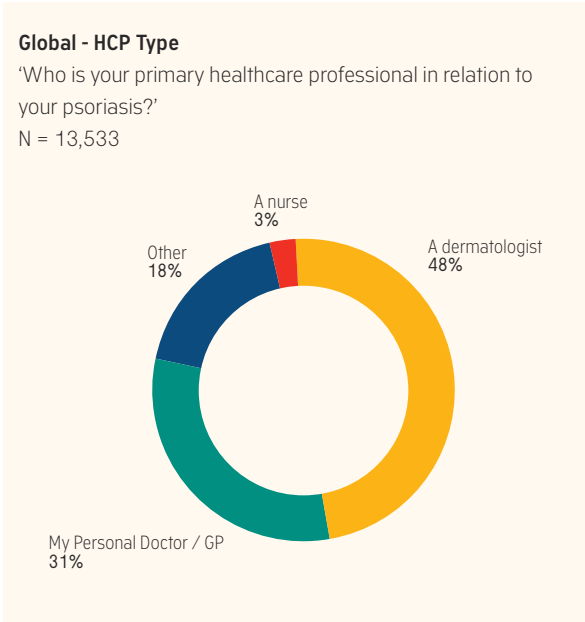
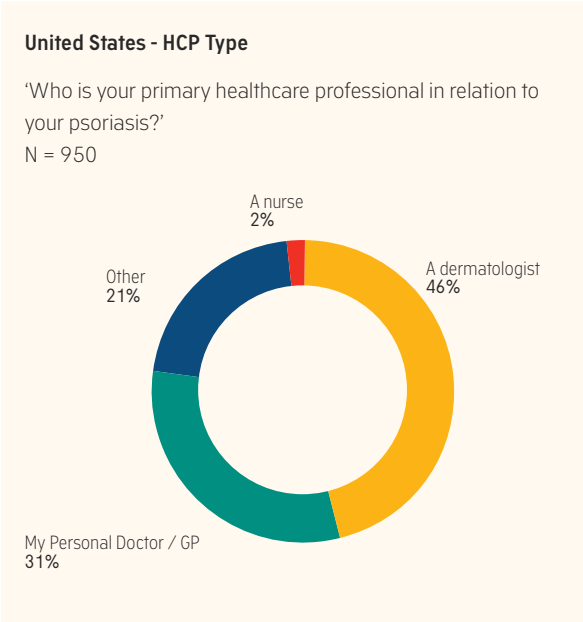
Healthcare Professionals



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.

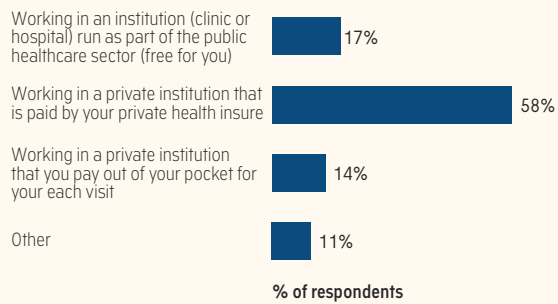
Healthcare Professional Type & Frequency of Visits

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 US and the global case.

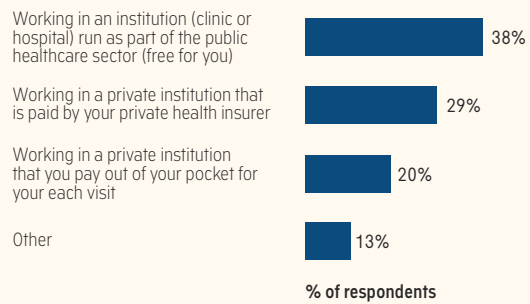


United States - HCP institution

'Is your primary healthcare professional for your psoriasis:'
N = 3833

**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 e.g. that:

- Almost half of the respondents (46%) in the US see a dermatologist as their main healthcare professional in relation to their psoriasis, while almost a third (31%) see a personal doctor or GP. This is very much like the global picture and many other countries (see also Fig. C.1 in the Appendix).
- In regards to the frequency of visits, around 1 in 5 (19%) in the US don't see their healthcare professionals yearly, while more than 2 in 5 (41%) see their healthcare professionals 2-5 times. This makes the US one of

the countries where people see their healthcare professionals most often (see also Fig. C.2 in the Appendix).

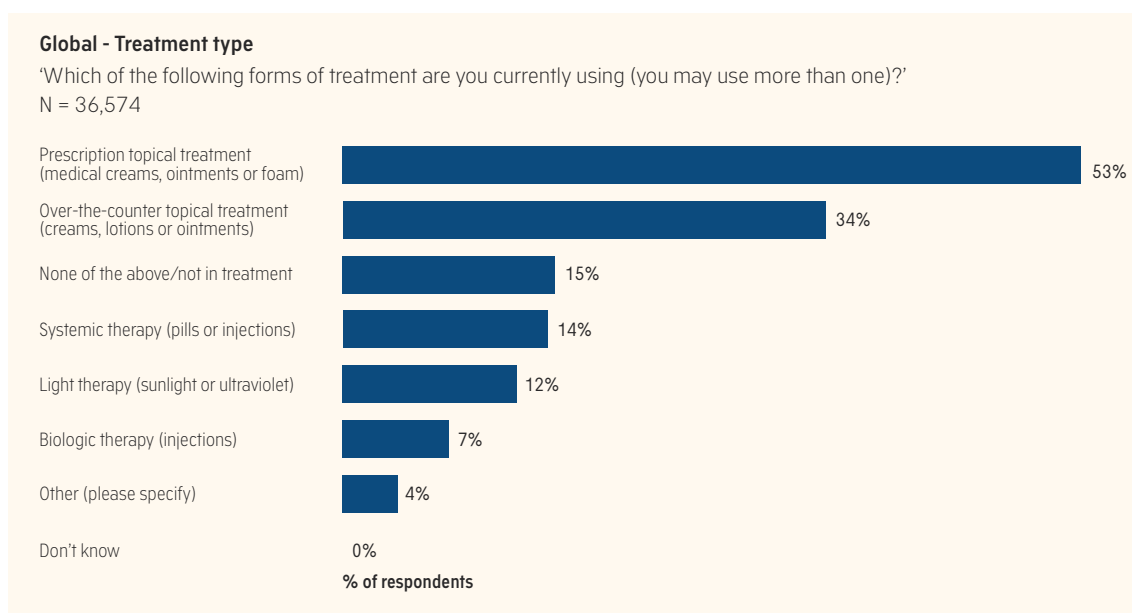
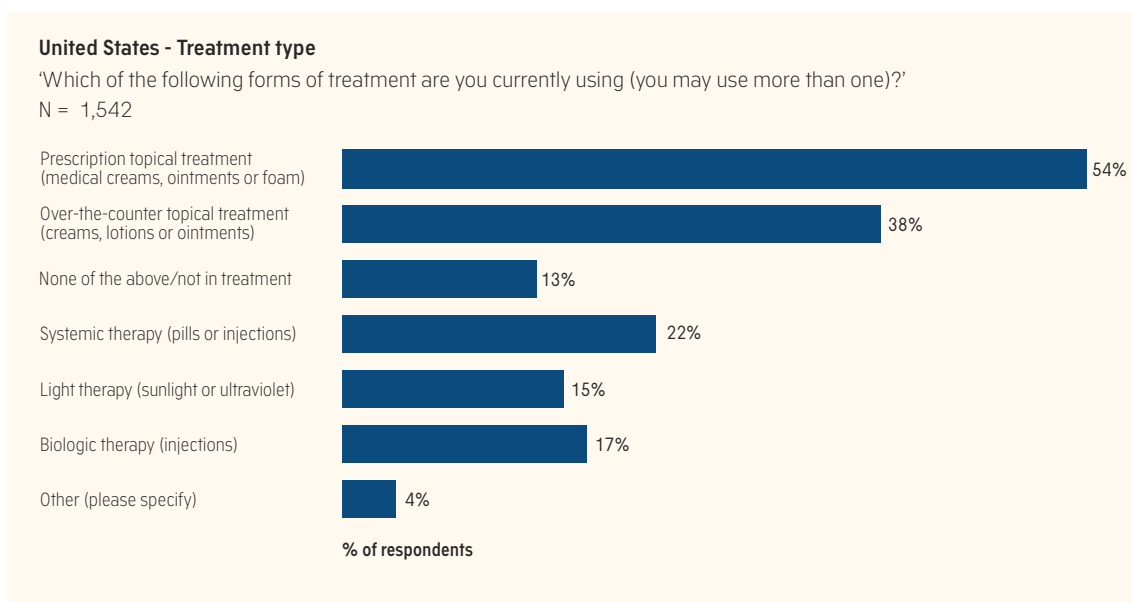
- More than half (58%) reported they go to a private healthcare institution paid by their private health insurer for their psoriasis. This makes the US stand out from other countries, as seen in Fig. C.3 in the Appendix.

Diagnosis & Type of Treatment

As seen in the table below, almost 3 in 4 (73%) in the US said their psoriasis was diagnosed by a dermatologist, a proportion slightly greater than seen in the global averages.

Was your psoriasis diagnosis by..	United States (N = 596)	Global (N = 14,184)
Dermatologist	73%	69%
Personal doctor / GP	18%	21%
Haven't been diagnosed by a doctor	5%	6%
Nurse	1%	1%
Other	4%	3%

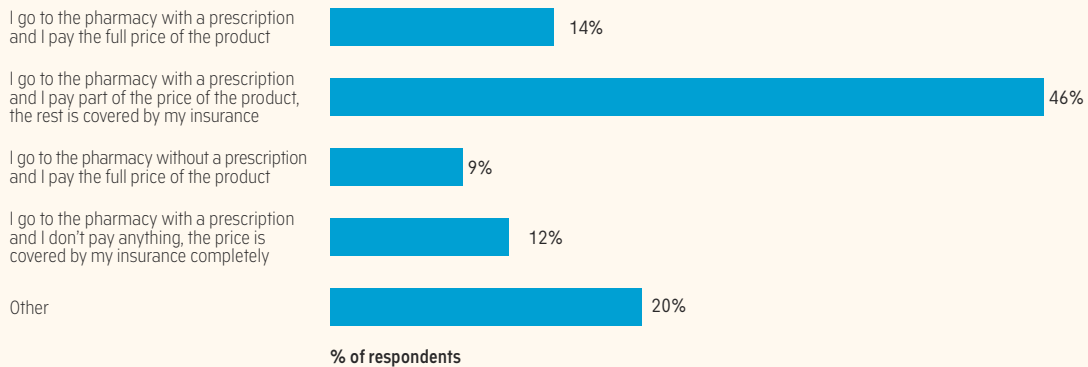
As for the type of treatment and how people get access to it, this is shown in the figures below.



United States

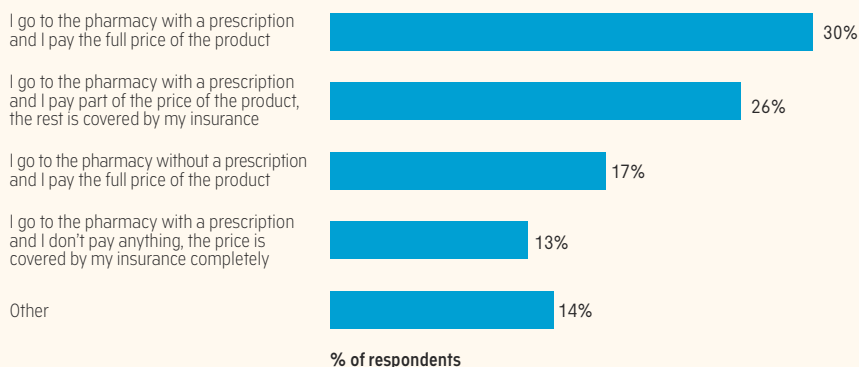
“When getting your treatment, which of the statements below best fits your situation?”

N = 572

**Global**

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

N = 8,388



The most reported treatment type in the US is prescription topicals, used by 54%. Next are over-the-counter topicals, used by 38%. What's interesting, however, is the fact that 22% are on systemic therapy and 17% on biologic therapy, which is more than we see in the global case. As seen in Fig. C.5, these two treatment types are also much more common in the US than other countries.

As for getting their treatment, most respondents in the US (46%) said they go to the pharmacy with a prescription and pay part of the price, with the rest being covered by their insurance. Similarly, and as seen in Fig. C.6 in the Appendix, this makes US one of the countries where it's reportedly very rare for people to pay the full price either with or without a prescription.

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 States	Global
Overall	5.28 (395)	4.97 (5,853)
Gender		
- Female	5.28 (346)	4.95 (4,604)
- Male	5.11 (45)	5.02 (1,220)
Severity		
- Mild	5.25 (63)	5.23 (1,356)
- Moderate	5.12 (194)	4.80 (3,157)
- Severe	5.51 (138)	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 US are slightly more satisfied with their healthcare professionals than globally. Looking at Fig. C.7 in the Appendix, we also see that the US places fourth best in this regard. What also stands out in the table above is that women are slightly more satisfied with their healthcare professionals than men. Finally, as in the global case, it's interesting to see how people in the US with self-perceived moderate psoriasis are less

satisfied than people with self-perceived mild and severe psoriasis, indicating perhaps that having this “middle” or moderate severity of the disease places people in a grey zone where they suffer more than people with mild psoriasis but don't get the same extra attention that people with severe psoriasis might receive (assuming their higher satisfaction level is related to this).

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 States			Global		
	Overall	Women	Men	Overall	Women	Men
“The doctor gave me as much information as I wanted”	21% (79)	22% (74)	10% (4)	21% (2,813)	22% (968)	15% (188)
“The doctor recognised and responded to my emotional state”	31% (115)	32% (106)	20% (8)	30% (1,619)	32% (1,349)	23% (263)
“The doctor talked in terms I could understand”	6% (24)	7% (22)	5% (2)	15% (847)	14% (698)	11% (145)
“The doctor encouraged me to ask questions”	21% (79)	22% (72)	15% (6)	28% (1,612)	29% (1,333)	22% (273)
“The doctor involved me in decisions as much as I wanted”	18% (69)	19% (64)	10% (4)	25% (1,417)	26% (1,165)	20% (244)
“The doctor discussed next steps”	22% (81)	23% (75)	12% (5)	26% (1,482)	27% (1,228)	20% (246)
“The doctor spent the right amount of time with me”	22% (81)	23% (75)	12% (5)	25% (1,395)	26% (1,148)	19% (241)
“The doctor discussed about how my psoriasis affect my mental health and overall well-being”	53% (199)	57% (186)	29% (12)	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 picture, the respondents in the US were roughly equally dissatisfied with aspects around the latest interaction with their healthcare professional, if perhaps a little bit less in some respects. For instance, only 6% disagree that the doctor talked in terms they could understand (vs. 15% globally). It’s worth pointing out, however, that, as in the global case, the largest degree of dissatisfaction is seen with the

extent to which doctors address how psoriasis affects people’s mental health and overall well-being: 53% disagreed. We see that women in the US are generally much more dissatisfied than men in regards to the interaction with their healthcare professionals, especially in regards to the aspect around how doctors address mental health, for which as many as 57% of women (and only 29% of men) disagreed.

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?'	United States			Global		
	Overall	Women	Men	Overall	Women	Men
"My healthcare professionals are clear with the information about how to treat psoriasis"	37% (326)	37% (262)	27% (55)	40% (5,329)	41% (3,933)	36% (1,341)
"My healthcare professionals fully understand the impact psoriasis has on my mental well-being"	54% (471)	55% (393)	48% (69)	53% (7,055)	56% (5,311)	44% (1,683)
"I can get in touch with the healthcare professional when I'm in need"	25% (208)	26% (174)	25% (32)	36% (4,798)	37% (3,532)	34% (1,227)
"I have confidence in the abilities of my healthcare professionals to treat psoriasis"	38% (333)	38% (273)	38% (56)	42% (5,946)	44% (4,344)	39% (1,550)
"I always follow the advice of my healthcare professionals"	25% (217)	24% (169)	31% (44)	27% (3,692)	27% (2,611)	28% (1,035)
"I've been informed about all the different treatment options related to my condition"	45% (363)	47% (310)	40% (50)	55% (7,240)	57% (5,424)	50% (1,763)
"The system provides me with sufficient financial support in relation to my skin condition"	56% (455)	58% (390)	49% (62)	67% (8,865)	69% (6,535)	63% (2,267)
"There is sufficient public awareness regarding my disease"	76% (617)	79% (529)	63% (80)	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 the relationship to their healthcare professionals, respondents in the US are again roughly on par with the global norm. In some cases, however, there are slightly fewer people in the US reporting disagreement; for example, when assessing aspects like being able to get in touch with the healthcare professionals and being informed of treatment options, the levels of disagreement in the US were slightly lower than the global averages. Still, 1 in 4 (25%) don't think they can get in touch with their healthcare professionals when in need, and almost half (45%) don't think they have been informed of all the different treatment options.

The largest degree of dissatisfaction is seen in regards to financial support and public awareness, for which 56% and 76% in the US disagree with the respective statements.

Finally, women report in higher percentages disagreement to these aspects of their relationship to the healthcare professionals, but it doesn't translate into not following the doctor's advice: almost a third (31%) of men said they don't always follow the advice of their healthcare professionals, compared to only 24% of the women.

Appendix

General Results & Happiness

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

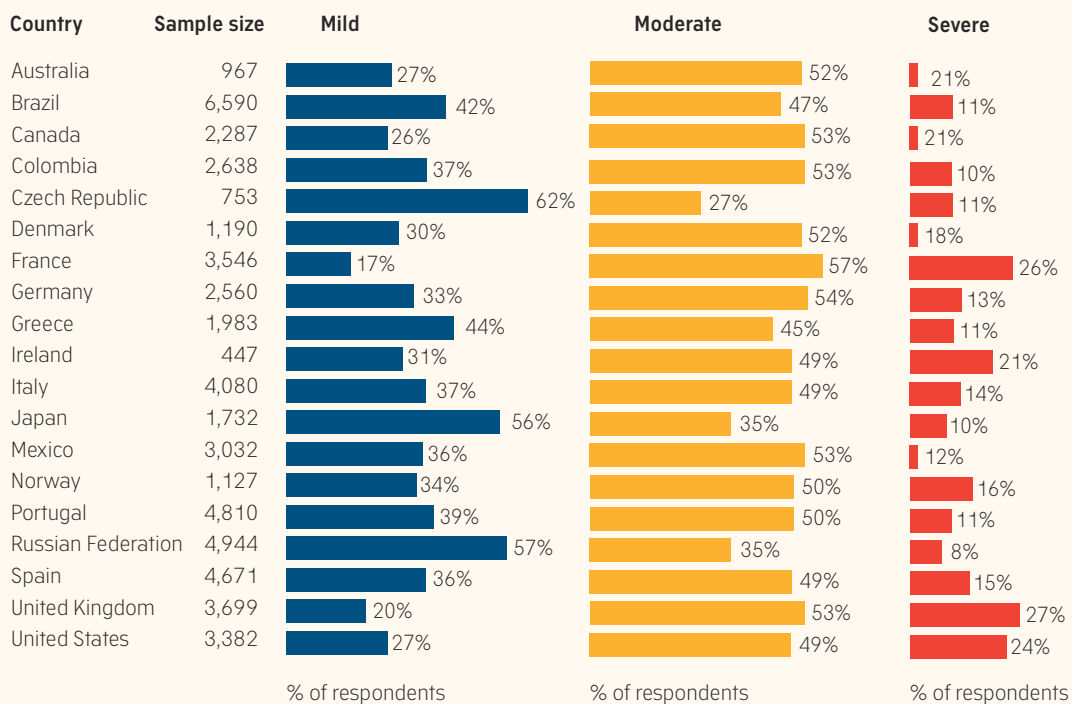
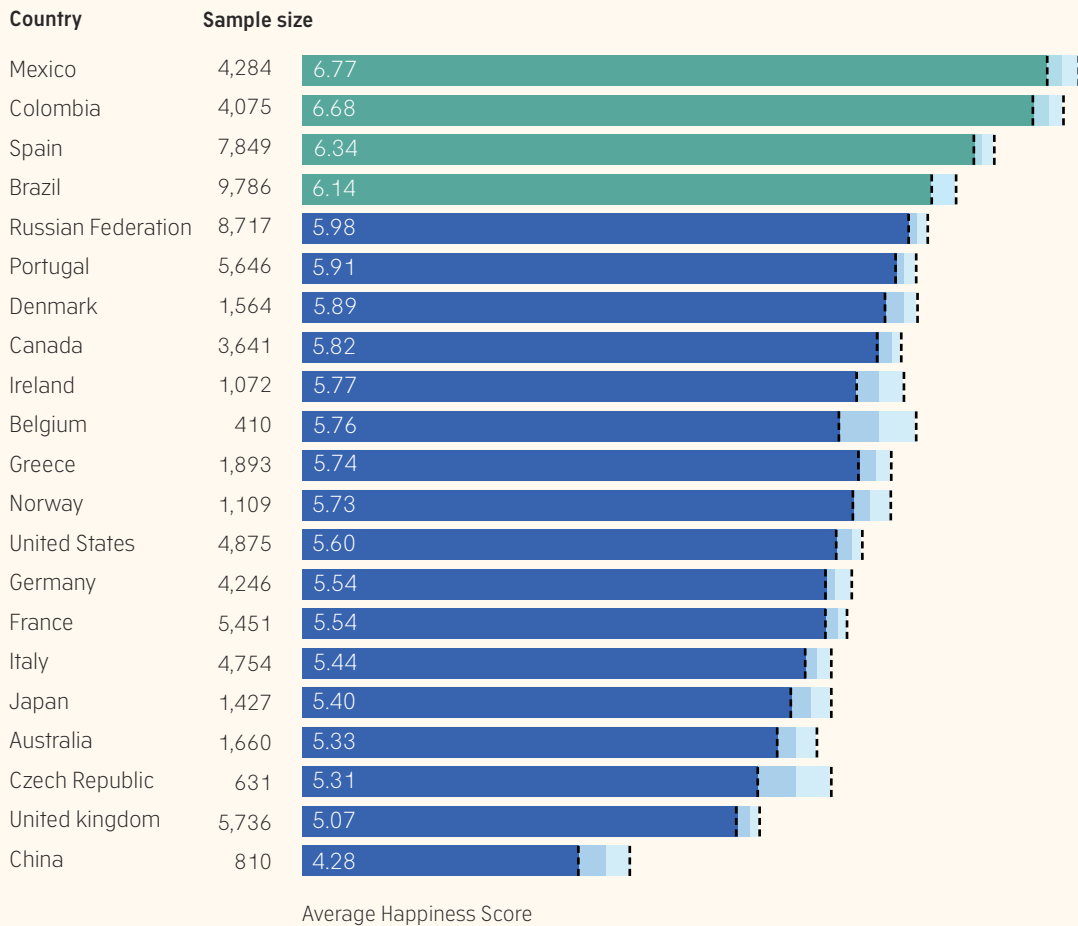
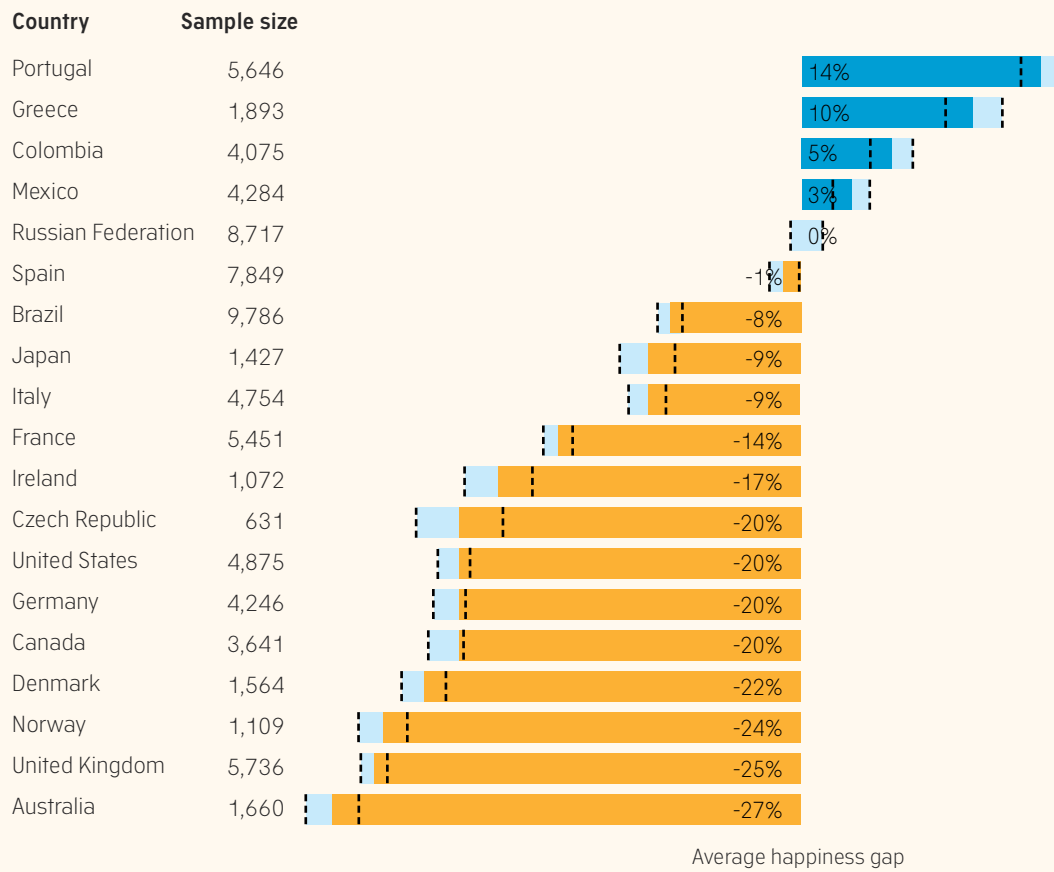


Figure A.2: Country ranking: Psoriasis happiness levels per country
(With 95% confidence interval bands)



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.

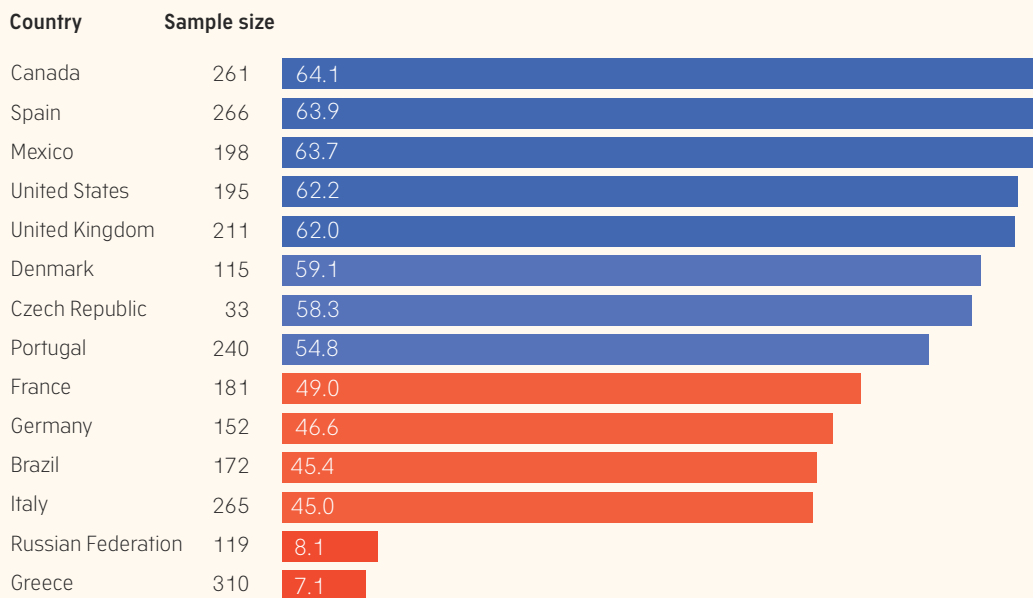
Figure A.3: Average happiness gap by country
(With 95% confidence interval bands)



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

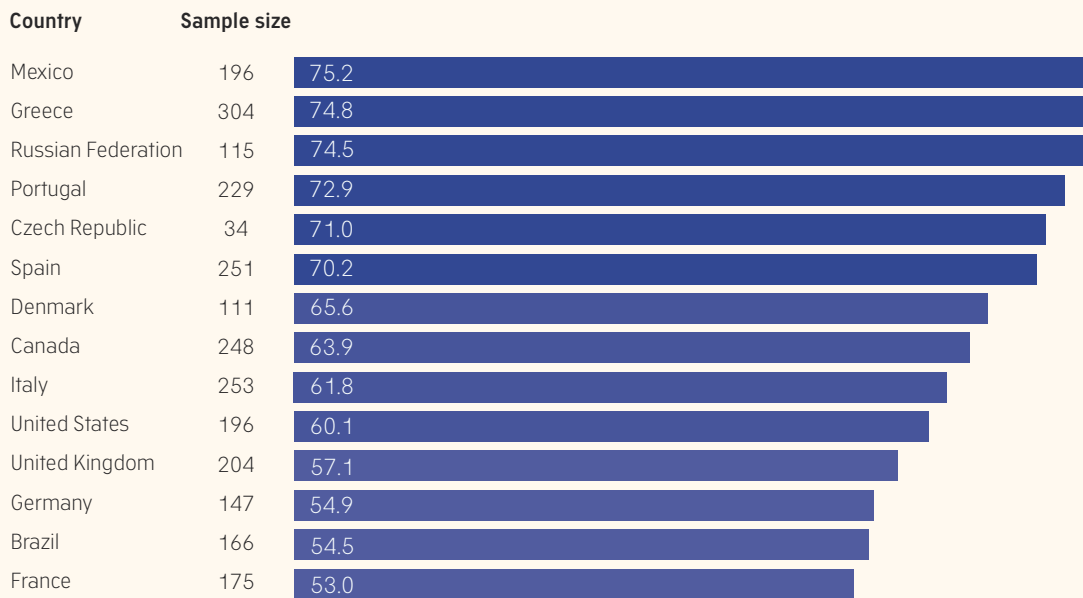
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being totally productive.”



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

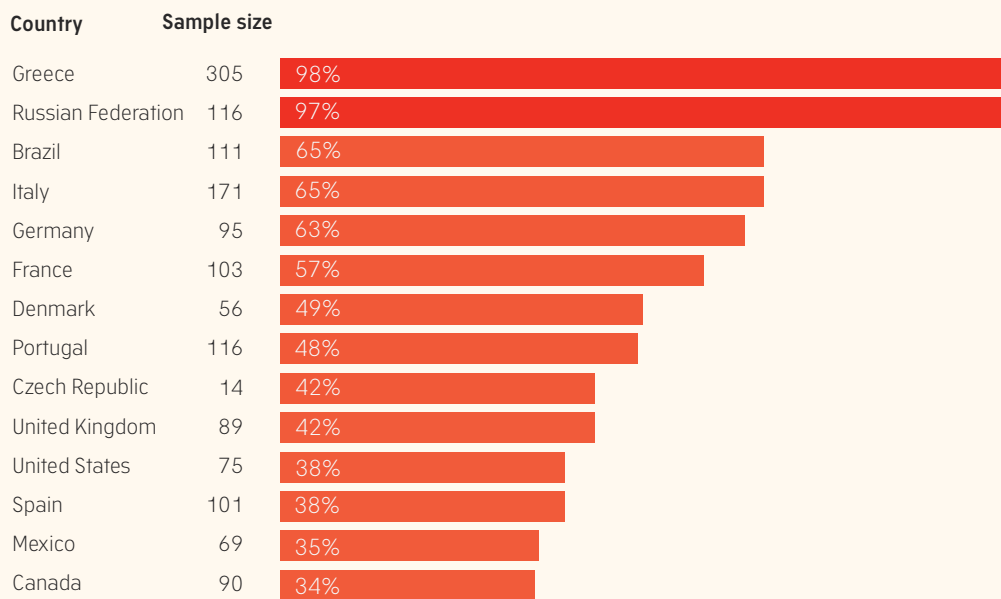
“Using the same scale, how affected was your productivity at work while you felt you should have stayed home because of other health issues? 0 means not at all productive, 100 means totally productive.”



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

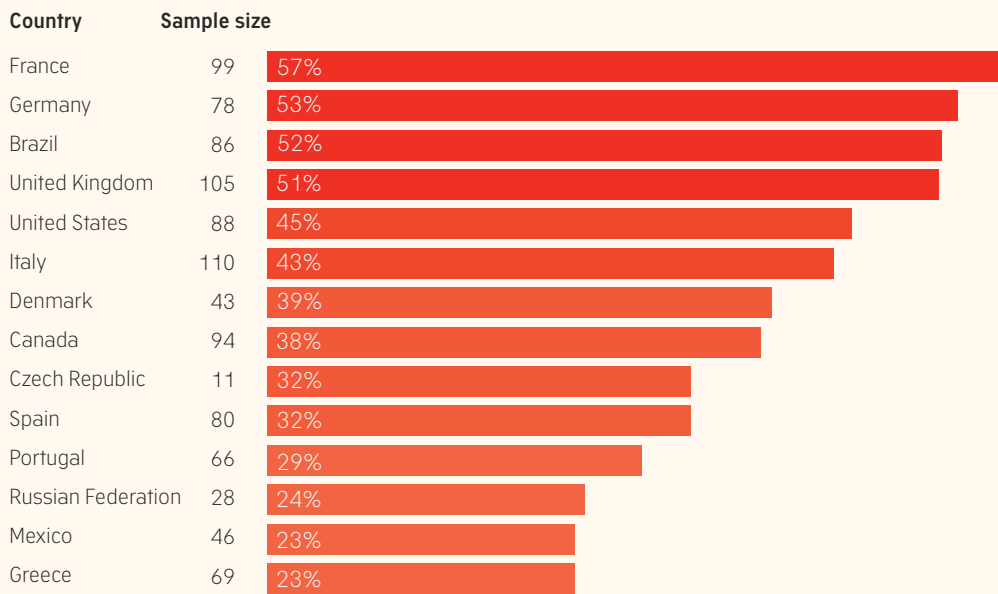
“In the last 4 weeks, for the time when you worked even though you felt you should be at home because of your psoriasis, how productive would you say you were? Use a scale from 0 to 100, 0 being not at all productive, 100 being tptally productive.”



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”

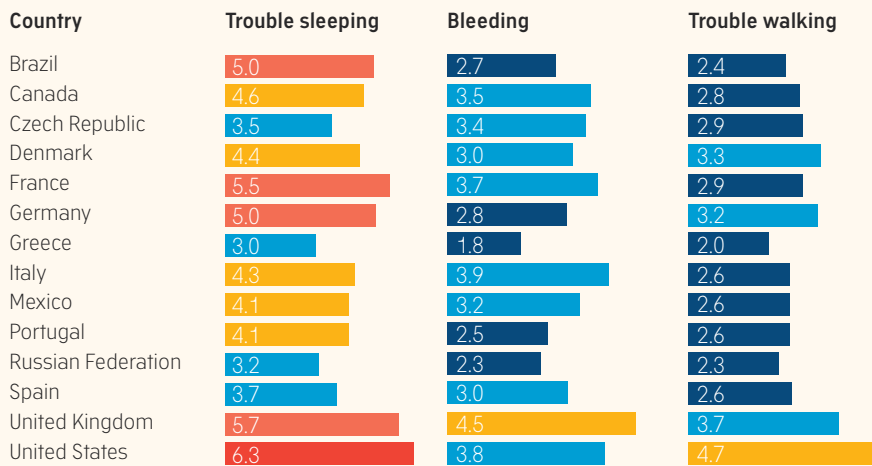
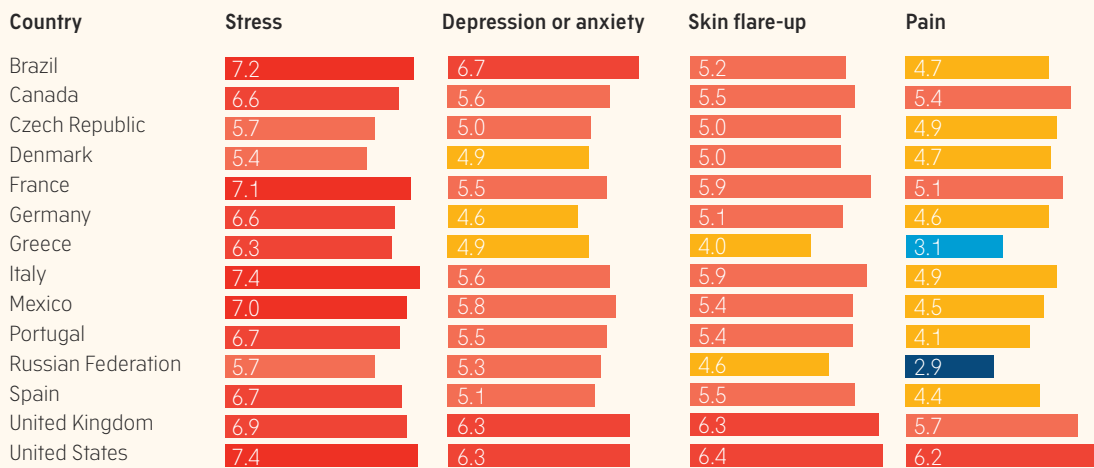


Table B.6: Estimated cost to society from lost productivity (adjusted for purchase) power parity):

	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%

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?”

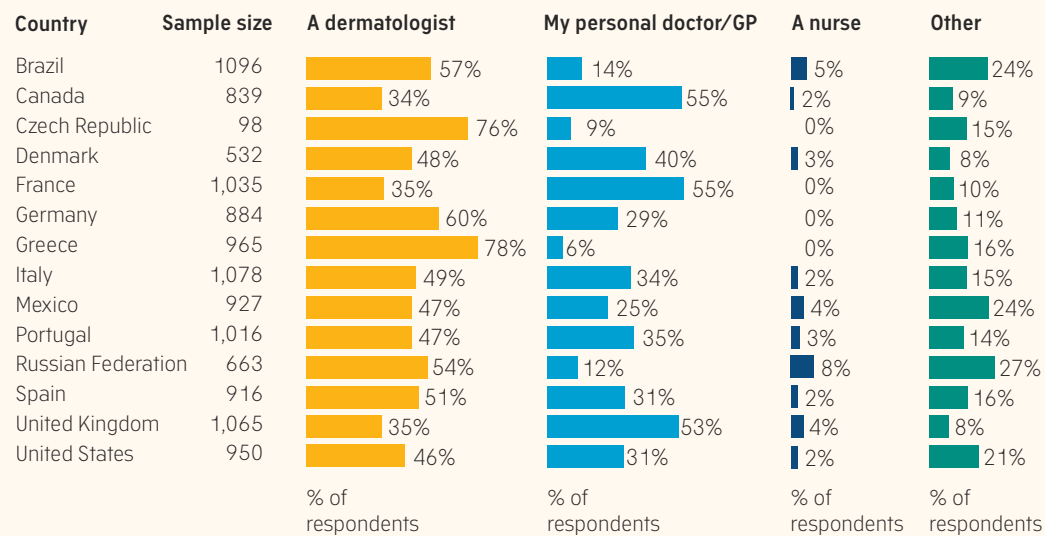


Figure C.2: Frequency of visits to healthcare professional for psoriasis by country

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

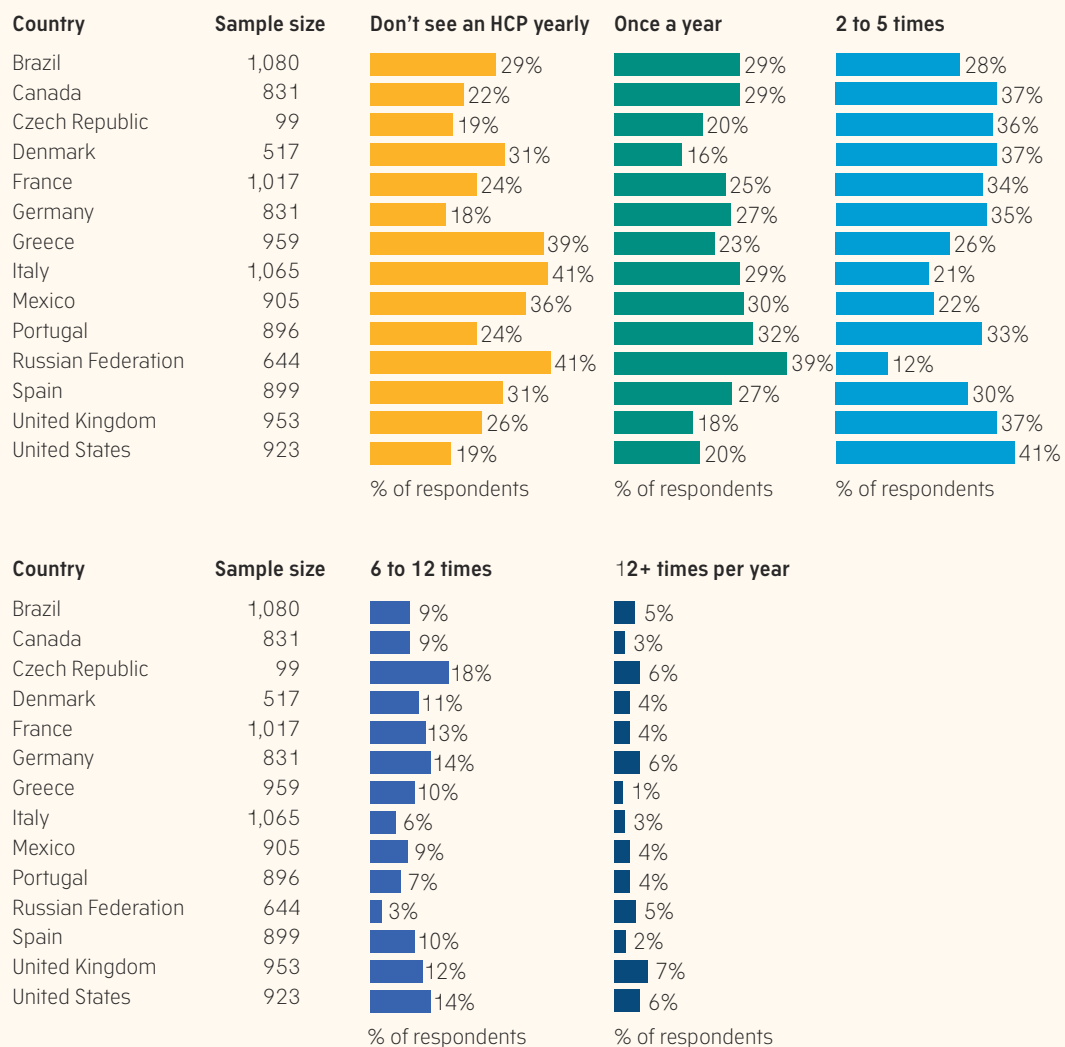


Figure C.3: Healthcare Professional institution by country

“Is your primary healthcare professional for your psoriasis?”

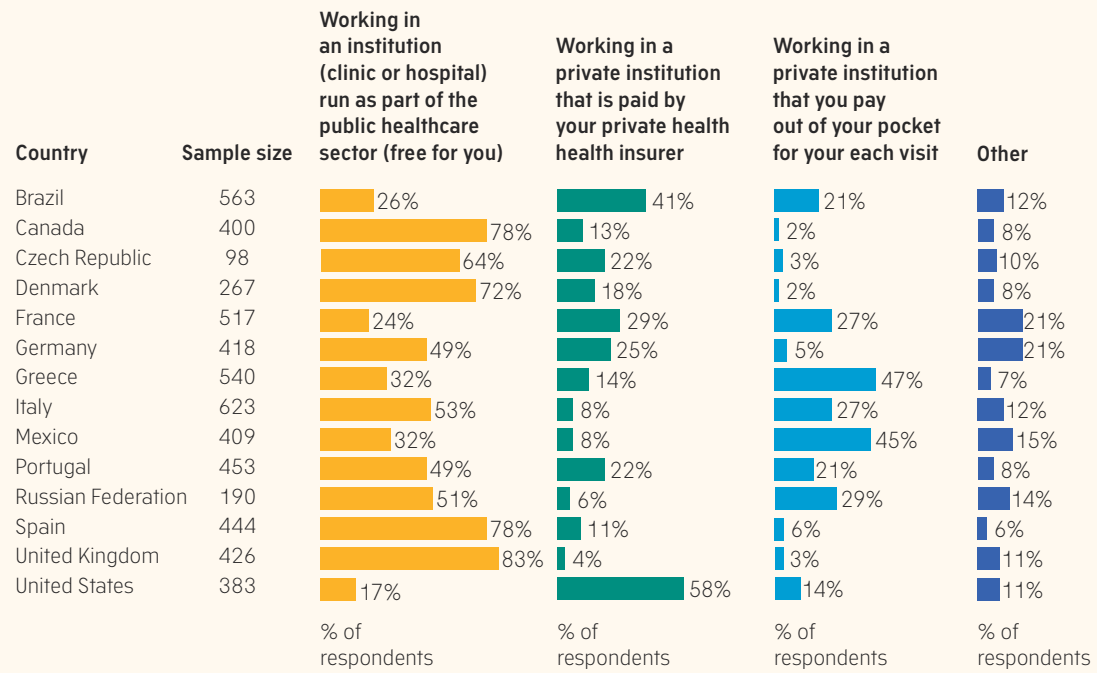


Figure C.4: Distribution of who has diagnosed their psoriasis (please note this report is based on self-reported psoriasis)

“Has your psoriasis been diagnosed by:”

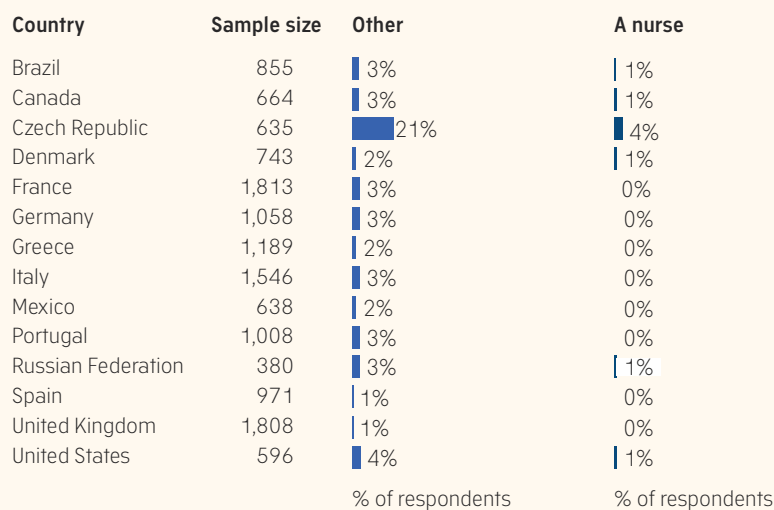
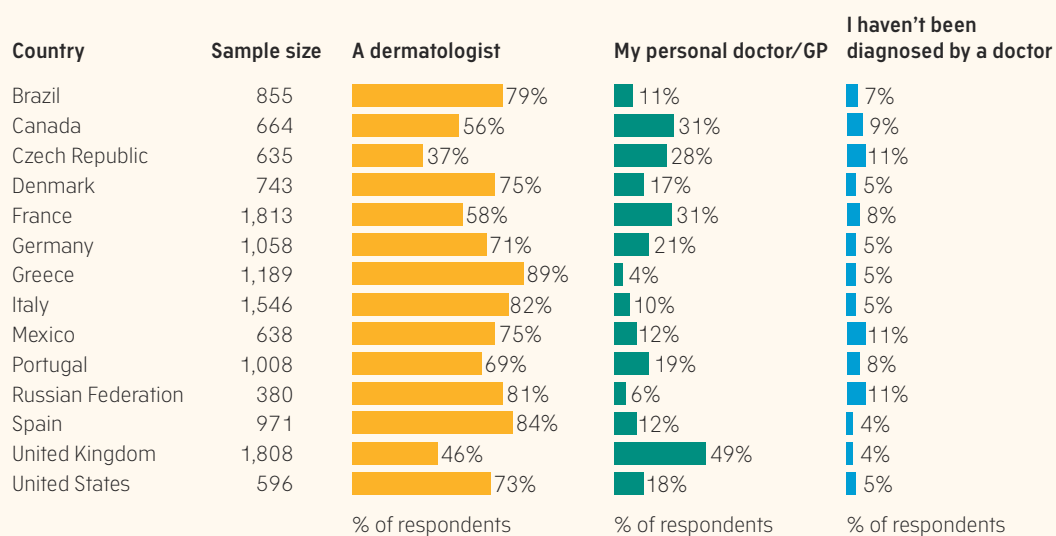


Figure C.5: Distribution of treatment type by country

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

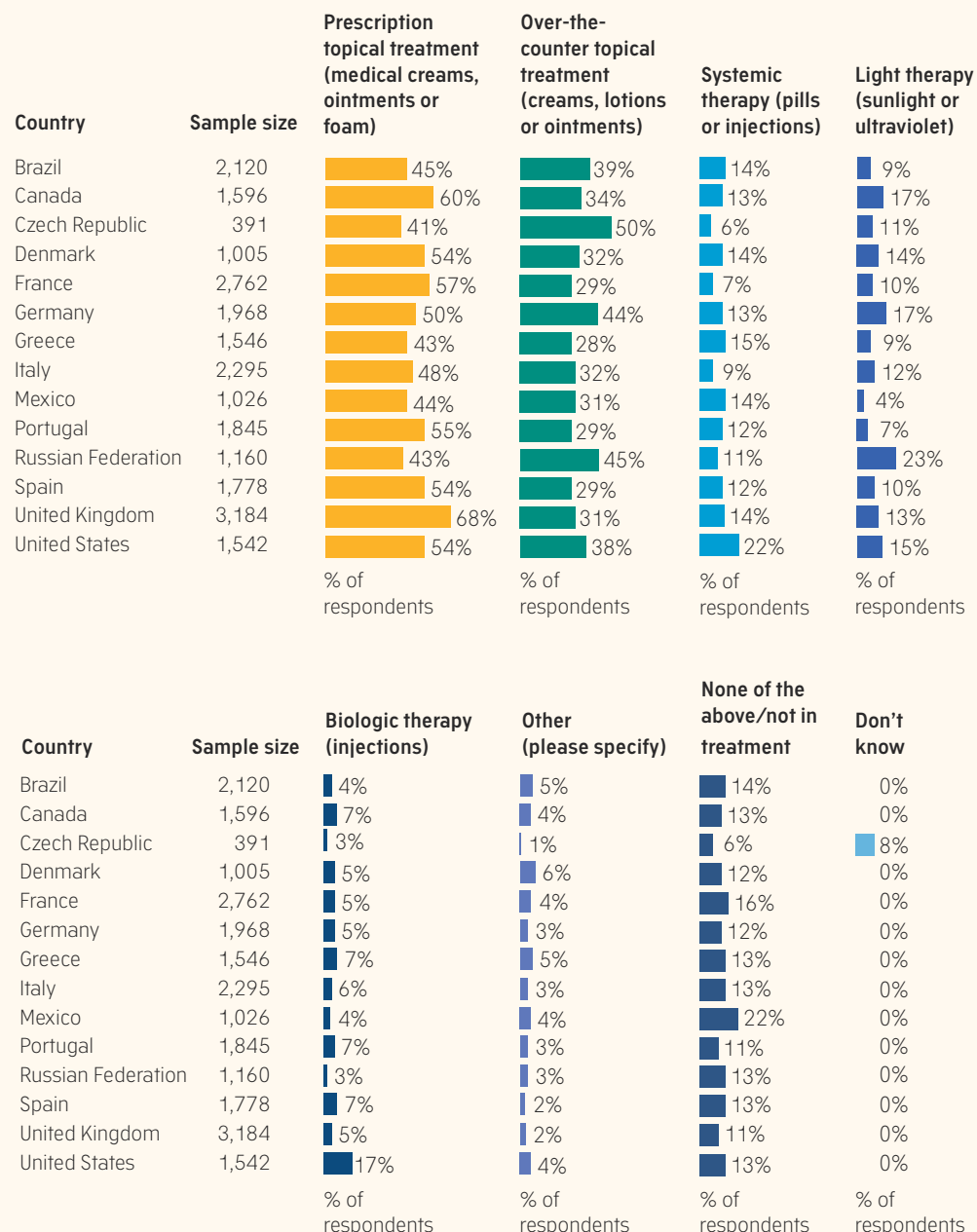


Figure C.6: Distribution of how people get and pay for their treatment

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

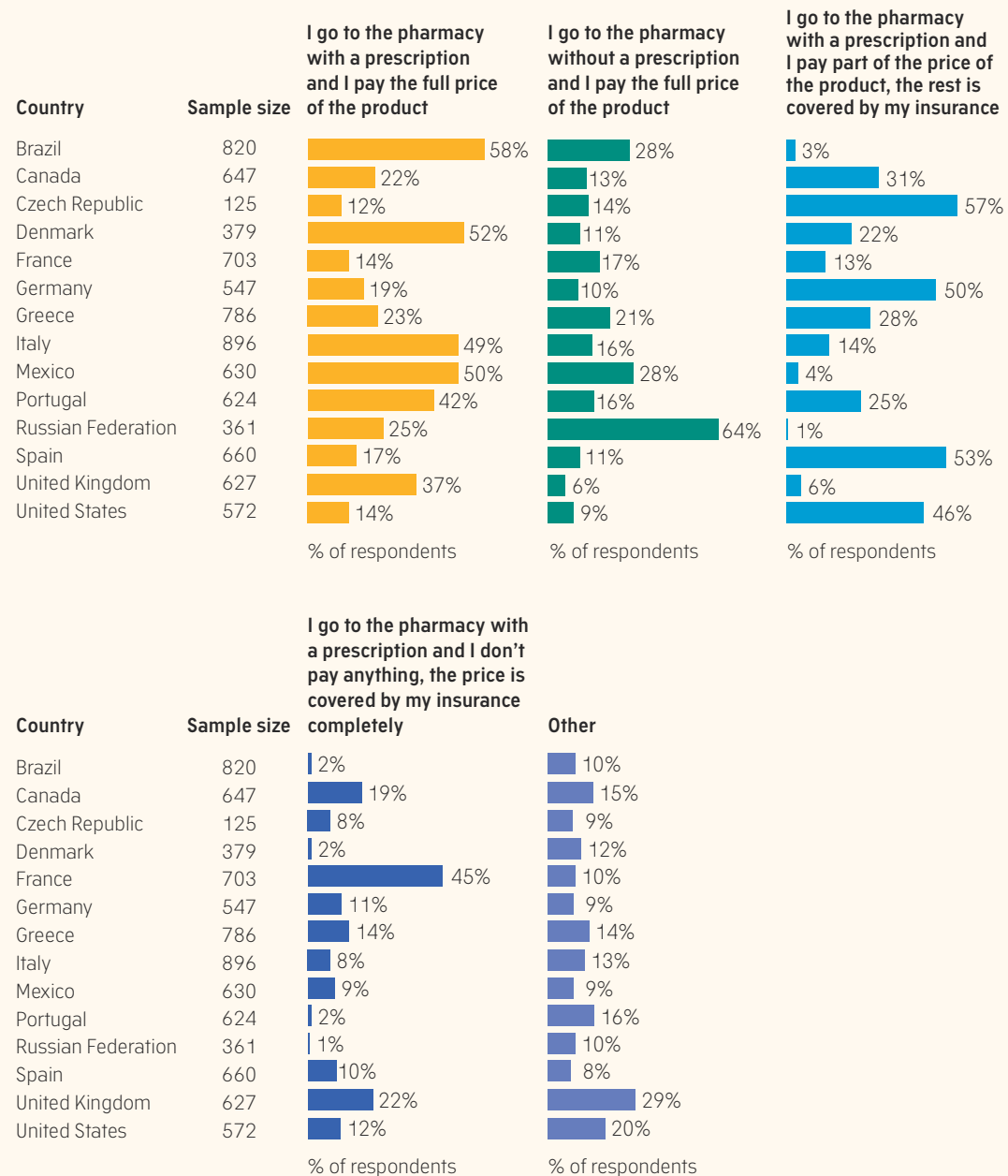
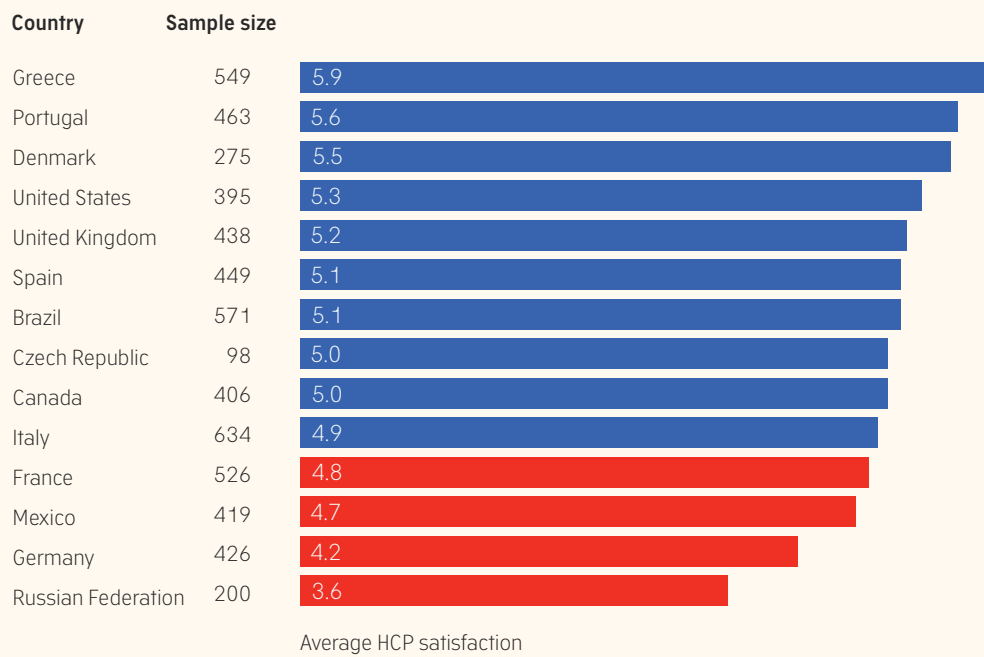


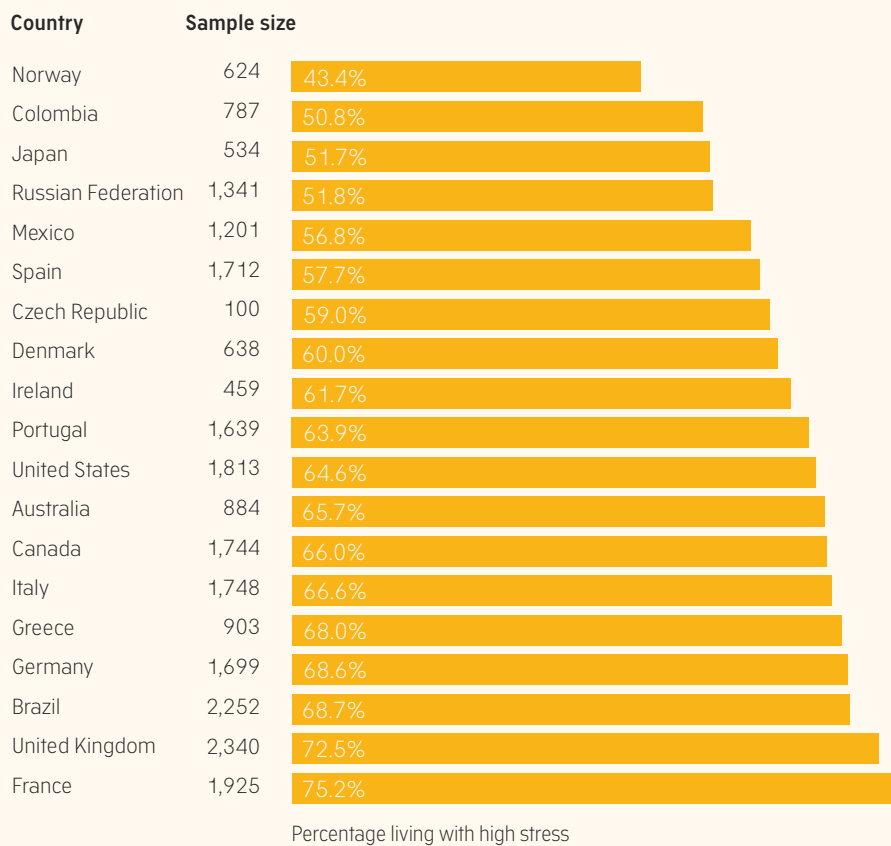
Figure C.7: Average levels of satisfaction with healthcare provider in relation to psoriasis by country, as measured on a scale from 0-10

“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

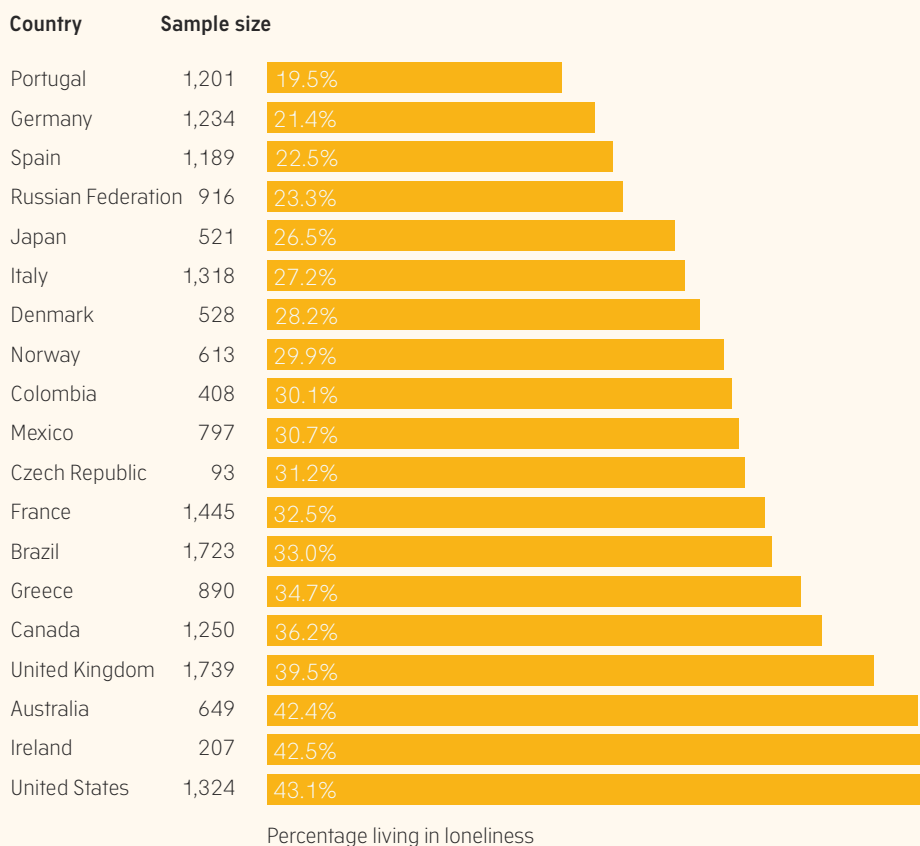
Figure D.1: Percentage of people living with high stress¹



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*.