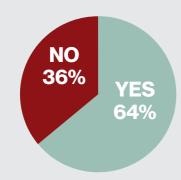
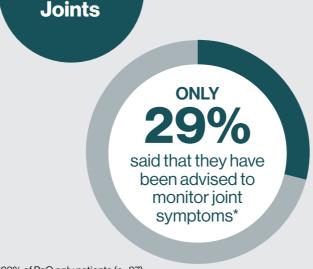
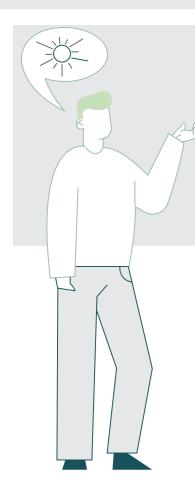
Clear skin

The majority of patients believe that 'clear' or 'almost clear' skin is achievable





*29% of PsO only patients (n=97). Patients with PsA at baseline excluded.



On average, patients with psoriatic disease use 2.8 coping mechanisms

Examples of the most common coping mechanisms include:

- · using food as comfort
- meditation/mindfulness
- social media

- talking to friends and family
- exercise/sport
- smoking/alcohol

Methodology[†]: Key details

1. When?

2. How?

3. Who?

23 March - 25 May 2021

30-minutes online survey including screening

Adults with psoriasis with or without psoriatic arthritis

[†]For details on screening criteria visit: https://ifpa-pso.com/projects/psoriasis-and-beyond

Sample

144 online interviews with plaque psoriasis patients with or without psoriatic arthritis*

*Out of global sample of 4978.

Glossary

Comorbidities: Illnesses that occur alongside a main diagnosis.

Psoriatic arthritis (PsA): [saw-ree-at-ik ahr-thry-tis]: a form of point inflammation that occurs with or without psoriasis in those affected.

Systemic: Illnesses that affect the whole body or multiple organ systems

DLQI: The Dermatological Life Quality Index (DLQI) is a psoriasis 10-item questionnaire assessing the effect of psoriasis on daily activities and level of disability. The higher the score, the more quality of life is impaired.

PEST: The validated Psoriasis Epidemiology Screening Tool (PEST) is a five-item questionnaire developed to help identify PsA at an early stage¹

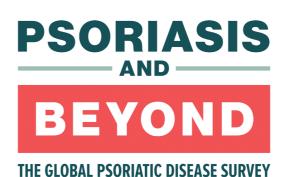
Psoriasis (PsO): A chronic inflammatory skin condition which results in scaly, often itchy areas in patches red, scaly and hard plaques of skin.

Psoriatic Disease: Psoriatic disease is an autoimmune disease that includes two specific inflammatory conditions. These two conditions, psoriasis and psoriatic arthritis (PsA), are a result of an overactive immune system.

 $\mbox{\bf Reference: 1. Mease, P. et al. (2019). Journal of the European Academy of Dermatology and Venereology.}$

Psoriasis and Beyond is a joint research initiative between IFPA, 16 national psoriasis organizations and Novartis Pharma AG. The study is overseen by a Steering Committee of patient advocates, dermatologists and rheumatologists.

Novartis Pharma AG sponsored both this study and the writing of the Summary of Research Findings available at IFPA | Psoriasis and Beyond: The global psoriatic disease study (ifpa-pso.com).







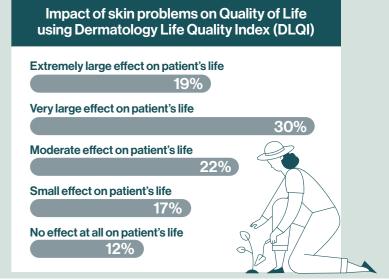
IRISH SKIN FOUNDATION

Primary Study Objective: To assess patients' understanding of psoriasis (PsO) and psoriatic arthritis (PsA) as part of a systemic disease and to assess the physical burden of living with the condition.

††††††††

7/10 patients

reported that their disease has a moderate to extremely large effect on their lives



Awareness of psoriatic disease

Patients are aware that it is a systemic disease NO 42% YES 58%

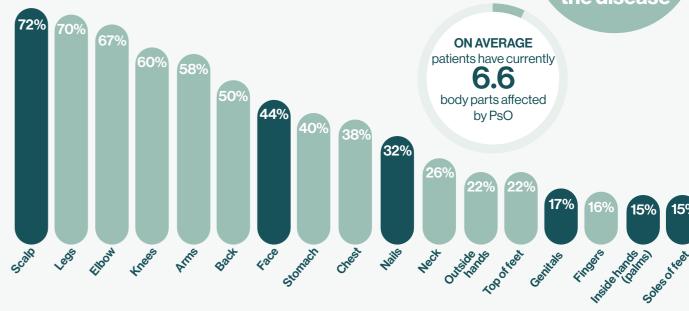
Patients have heard the term 'psoriatic disease'

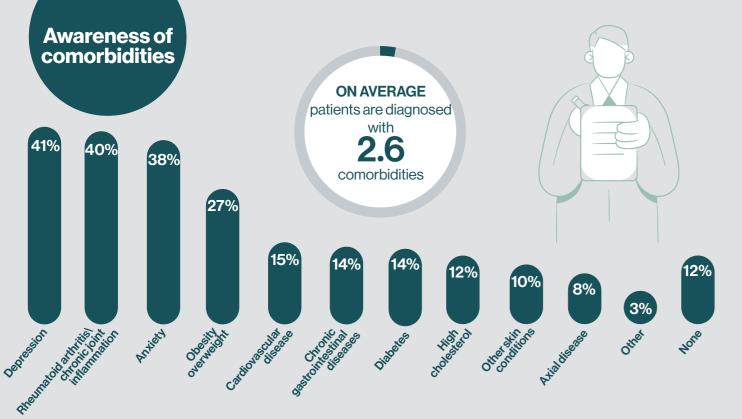


Current body parts affected by PsO

Hard to treat areas

Physical impact of the disease





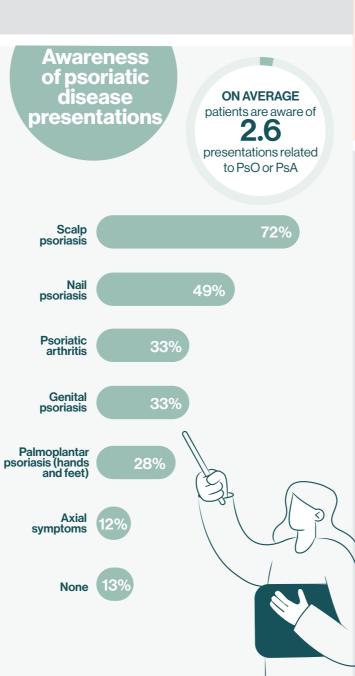
Time of first symptoms and diagnosis

diagnosis		
	Plaque psoriasis	Psoriatic arthritis
Age at onset of first symptoms (mean)	23	34.4
Age at diagnosis (mean)	25.2	36.1
	on AVERAGE PsO patients are diagnosed 2.1 years after the onset of symptoms	ON AVERAGE PSA patients are diagnosed 1.6 years after the onset of symptoms



who had not previously been diagnosed with PsA screened positive for PsA*

* based on PEST result from PsO only patients (n=97)1



Impact of the disease on work experiences



Absenteeism from work due to skin problems

During the last week



of patients
COULD NOT
work due to their
skin problems



Impact on career



Said choice of work or career is influenced by disease



Said they had difficulty finding a job because of their disease



Experienced discrimination at work

Positive statements

Negative statements

Impact of the disease on relationships

My partner loves me just the way I am

35%

I avoid having sex because of my condition

26%

I can't stand the thought of someone touching or seeing my skin

22%)

Impact of the disease on emotions

It makes me feel less confident about myself

58%

It makes me feel unattractive

53%

I feel ashamed of my skin

42%



Stigma and discrimination

l experience more stress than I would without my disease 47%

Being stared at in public

42%

People don't understand the impact the disease has on my life

41%

Being asked if I'm contagious

34%

I have withdrawn from social activities because of my disease

30%