

# Eczema Happiness Study 2018



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Available at <https://eczemahappinessstudy.org>

# Executive Summary

**The Eczema Happiness Study aims to highlight the impact that living with eczema has on well-being in terms of happiness. Input from 1,292 people from the UK, US and Canada has been analysed and the findings are presented in detail in this report.**

**The core findings in this report are:**

1. Living with eczema impacts levels of happiness, with happiness gaps of -14.5% in the US, -14.8% in the UK and -17.5% in Canada. Living with eczema seemed to impact women more than men: the average happiness gap for women was -16% in comparison with -11% for men.
2. 'Emotional life' was the aspect most affected by eczema, with 36% of respondents reporting a high impact. This was supported by other learnings in the report: more than a third said they have been self-conscious about their looks and 27% felt ashamed about their looks 'all the time'.
3. Stress plays a major role, with 85% of respondents citing it as a trigger for eczema. The next most important perceived trigger were soaps / specific chemicals, as indicated by 72% of respondents. However, only 16% said they have adopted habits to address stress; the largest majority of the respondents, 67%, mentioned they only buy products free of chemicals as a means of manage eczema.
4. Loneliness affects a high number of people living with eczema: 55% in the US, 44% in Canada and 41% in the UK.
5. 63% of the respondents didn't think their healthcare professionals fully understand the impact eczema has on their mental well-being, 23% strongly disagreed to the statement about their healthcare professional's level of understanding, reporting happiness gaps of -28%. Only 10% strongly agreed to the statement, also reporting a positive happiness gap of +3%.

# Introduction: about the Eczema Happiness Study

Eczema is a common skin condition, characterised by red, itchy skin which sometimes becomes weeping, blistered, scaly and thickened<sup>1</sup>. It affects quality of life, with mental health, social functioning and emotional functioning seemingly more affected than physical functioning<sup>2</sup>. 31.6 million people in the US have some form of eczema<sup>3</sup>, while in the UK, one in five children and one in twelve adults have eczema<sup>4</sup>. In Canada it is estimated that up to 17% of Canadians suffer from eczema<sup>5</sup>.

The Eczema Happiness Study (EHS) is an initiative exploring the impact that living with eczema has on quality of life by employing subjective well-being methodologies as advocated by OECD and the United Nations on a global scale.

The first phase of EHS was focused on gathering insights in three countries - UK, USA and Canada - to measure how happiness is affected by living with eczema and to start developing hypotheses around what 'makes happiness' for people living with eczema.

This report benchmarks the levels of happiness of people living with eczema in US, UK and Canada against the happiness levels of the general population as specified in the World Happiness Report<sup>6</sup>.

The initiative was developed and run by LEO Innovation Lab, an independent unit of LEO Pharma, in collaboration with the Happiness Research Institute.

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1. <http://www.britishskinfoundation.org.uk/SkinInformation/AtoZofSkindisease/Eczema.aspx> Accessed 20 July 2018

2. Holm EA, Wulf HC, Stegmann H, Jemec GB Life quality assessment among patients with atopic eczema Br J Dermatol.2006 Apr;154(4):719-25.

3. [https://nationaleczema.org/research/eczema-facts/#\\_ftn1](https://nationaleczema.org/research/eczema-facts/#_ftn1) Accessed 20 July 2018

4. <http://www.eczema.org/what-is-eczema> Accessed 20 July 2018

5. <https://dermatology.ca/public-patients/skin/eczema/> Accessed 16 Aug 2018

6. <http://worldhappiness.report/ed/2018/> Accessed 20 July 2018

**We have analysed responses from 1,292 participants<sup>7</sup> in three countries:**

- United Kingdom: **595**
- United States of America: **383**
- Canada: **314**

## Data collection and sample details

The survey was made available through <http://eczemahappinessstudy.org> and recruitment of respondents took place in August 2017. The survey was promoted mainly through ads and posts on Facebook, as well as Twitter, Instagram and LinkedIn. Anybody living with eczema, regardless of their treatment or severity, was able to access the web application and answer the surveys. The application also allowed participants to drop off and come back later to answer a new survey at their own pace.

40% of the respondents fall into the 20-29 y/o age group, with 22% of the respondents in the 30-39 y/o age group. 19% of the respondents were in the 40 y/o and above group.

64% of the respondents have lived with eczema for more than 15 years and only 4% declared they have lived with eczema for less than one year. Of the 1,219 responses to the question 'What kind of eczema do you have?', 52% were that they didn't know what type of eczema they had. More than half said they had hay fever and 40% suffered from asthma. 25% of the respondents said they had no additional illnesses or conditions (known as comorbidities).

## Data analysis and limitations of the methodology

The survey was based on **self-perceived diagnosis of eczema and its severity**. For this reason, the findings of this report can't be cited or referred to as if they were based on clinical diagnosis confirmed by healthcare specialists.

The analysis in this report focused on learnings across all data collected. Where relevant differences were noted, we added in the analysis observations by country. To produce different perspectives on the data, we employed different analytical approaches. We primarily used descriptive analysis, as well as partial correlations, which involved a degree of associations between two variables.

Women represented 78% of the respondents, which introduced a gender bias. Consequently, we ran two types of data analysis: unweighted and weighted for gender. In most of the cases, the differences were very small and statistically not relevant. To preserve the integrity of the dataset, we included in the report weighted data only where the gender bias might have influenced the way the learnings are read; this is mainly for learnings around self-reported levels of happiness. It is clearly stated where we have used graphs that draw on weighted data.

As the survey was provided through a web-based (browser-enabled) app, we must consider both coverage errors (where we fail to reach some certain segments) and non-response bias (due to preferences for certain modes among respondents).

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7. A representative sample requires a size of 384 units (5% margin of error and a 95% confidence level).  
 $113 SS = (Z\text{-score})^2 * p*(1-p) / (\text{margin of error})^2$   
 $SS = (1.96)^2 * 0.5*(1-0.5) / (0.05)^2$   
 $SS = 3.8416 * 0,25 / 0.0025$   
 $SS = 384.16$

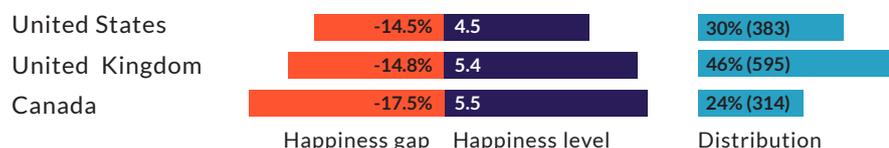
Source: Cochran, W. G. 1963. Sampling Techniques, 2nd Ed., New York: John Wiley and Sons, Inc  
For the samples in this report the margins of error for a confidence interval of 95% are:  
UK: 4.02%; US: 5.01%; Canada: 5.53%

# Living with eczema has an impact on happiness levels

'As I get eczema on my face around my eyes lips cheeks and between my eyebrows it majorly affects my confidence. That then affects everything else as I don't want to do things because I feel ugly I just want to be inside'

- Woman, 18y/o, UK

The average levels of happiness<sup>8</sup> for people living with eczema in the UK, US and Canada are lower than the national averages included in the World Happiness Report 2018<sup>9</sup>. The happiness gaps, calculated by comparing the average happiness levels reported by people living with self-reported eczema to the average national levels were: US: -14.5% UK: -14.8% and Canada: -17.5%.



**Fig. 1** Average happiness levels and gaps for people living with self-declared eczema. (gender-weighted data)

In absolute values the US had the lowest average happiness levels, with a score of 4.5. The UK and Canada had similar average happiness levels, 5.4 and 5.5, respectively. In the context of their national average happiness levels, however, Canada recorded the highest difference, a -17.5% happiness gap. (Fig. 1)

The happiness gap was higher for women: -16% for women compared with -11% for men, suggesting that living with eczema has a more negative impact on women.

8. We measure happiness using the Cantril Ladder: 'Imagine a ladder with steps numbered from zero at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. On which step of the ladder would you say you personally feel you stand at this time?'

Cantril, H. (1965). The pattern of human concerns. New Brunswick, NJ: Rutgers University Press.

9. Helliwell, J., Layard, R. & Sachs, J. (2018). World Happiness Report 2018, New York: Sustainable Development Solutions Network.

There was also a link between self-perceived severity and the happiness gap. As shown in Fig. 2, people who said they were 'clear or almost clear' of eczema reported happiness levels very close to those of the average population (+0.1% gap), while those that assessed their eczema as 'very severe' reported an average happiness gap of -24%. The 39% majority of the respondents declared their eczema was 'moderate' and recorded a happiness gap of -17%.

### Eczema self-reported severity & happiness gaps

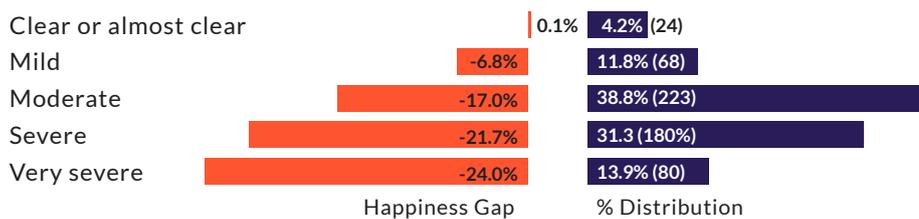


Fig. 2 Self-declared severity and happiness gaps. (gender-weighted data).

Survey respondents were also asked to use a scale from 1 (no impact) to 10 (very high impact) to assess the impact living with eczema had on different aspects of their lives. The answers from 1 to 3 were grouped as 'low impact', 4-7 as 'medium impact' and 8-10 as 'high impact'.

'**Emotional life**' was the aspect most affected by eczema, with 36% of respondents reporting a high impact. 27% of respondents reported a high impact on '**sexual intimacy**', and 16% on '**physical functioning**'. (Fig.3)

### How much these areas of life are affected by eczema?

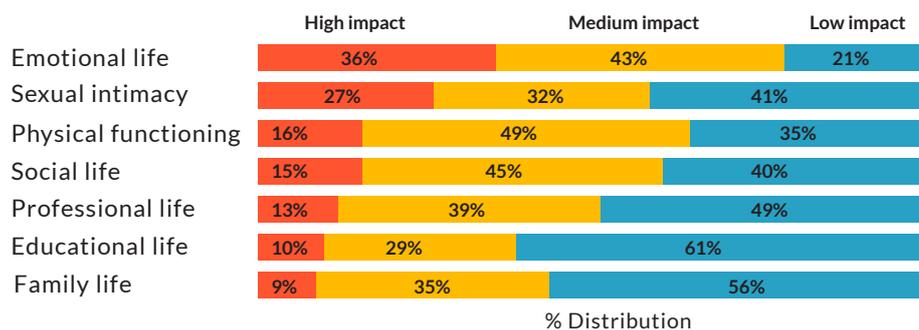
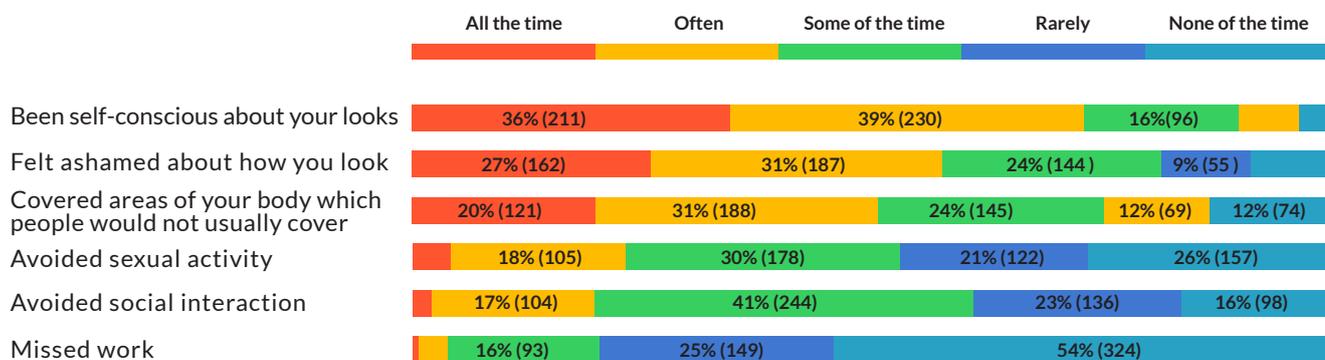


Fig. 3. Life areas area most affected by eczema in percentages (n=631).

The impact of living with eczema is further explored in Fig. 4. 36% of participants said they have been self-conscious about how they looked **‘all the time’**, with a further 39% saying they felt like that **‘often’**. This equates to 3 out of 4 participants, which suggests that many people living with eczema experience emotional and social pressures.

58% also declared that they felt ashamed about how they looked **‘often’** or **‘all the time’**. 51% covered areas of their bodies which other people would not usually cover (e.g. wearing long sleeves on a hot day) **‘often’** or **‘all the time’**.

**How often, in general, has your eczema made you do any of the following?**



**Fig. 4** Reported occurrence of the impact of living with eczema on specific activities and feelings.

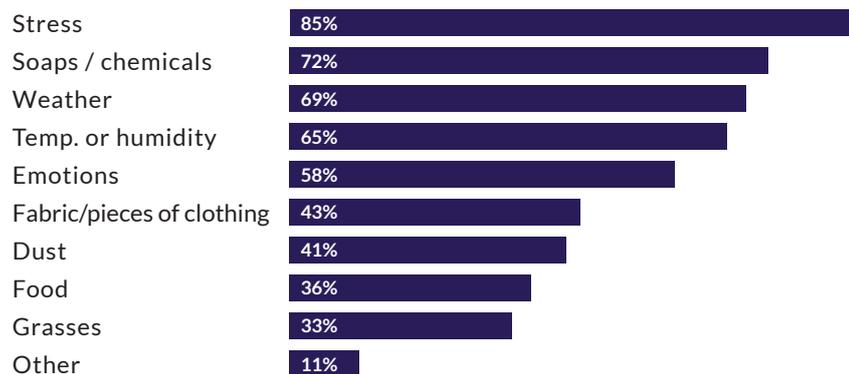
# Stress affects people living with eczema

**'If there is anything that stresses me out it's my eczema condition on my hands; you know hands are our contact to the world we do everything with our hands from work to eat to dress'**

- Woman, 46y/o, Canada

Stress was perceived as a major trigger for eczema, with 85% of the respondents including this as a factor when asked. The next most common trigger was **'soaps / specific chemicals'**, with 72%. Environmental conditions (both inside and outside) also had a high number of mentions, with 69% naming **'weather'** and 65% naming **'temperature or humidity of a room'** as triggers for their eczema. (Fig. 5)

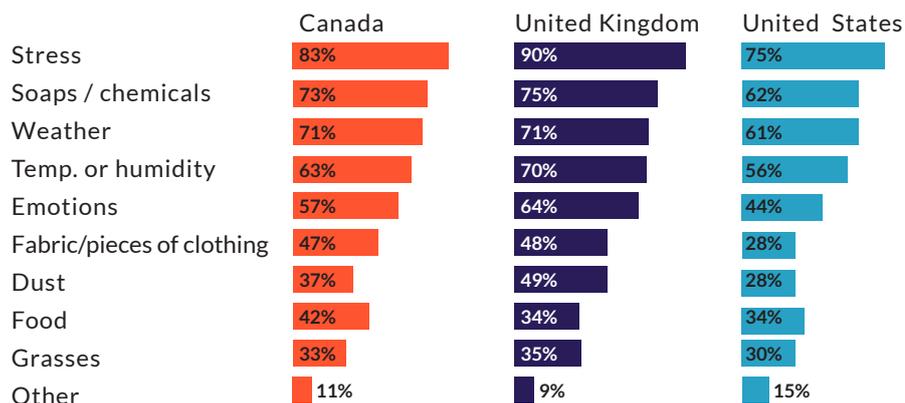
## Is there something that you feel triggers your eczema?



**Fig. 5** Percentages of perceived eczema triggers  
(Respondents were able to choose up to 3 responses. The numbers show the percentages of respondents choosing a specific answer) n=637.

The details of perceived triggers by country were slightly different, with the UK reporting in higher numbers that **stress** was a trigger: 90% in comparison to the US with 75%. Responses from the people living with eczema in the UK also mentioned in a higher percentage **'emotions'** as a trigger: 64% in comparison to 44% in the US. While responses in Canada tended to be closer to the patterns in the UK, we did, however, observe a higher concern about **'food'** as a trigger for eczema: 42% of the respondents from Canada chose this answer, in comparison to 34% in the UK and the US. (Fig. 6)

**Is there something that you feel triggers your eczema?**



**Fig. 6.** Percentages of perceived eczema triggers by country (Respondents were able to choose up to 3 responses. The numbers show the percentages of respondents choosing a specific answer). Canada: n=161; UK: n=334; US: n=142.

To further explore the impact of stress, we employed the Perceived Stress Scale developed by Dr. Sheldon Cohen<sup>10</sup>. A score above 20 is considered ‘**high stress**’<sup>11</sup>. All three countries included in this analysis recorded average stress scores around 22 (for comparison, a benchmark for the average levels of stress in the US in 2009 was 15.2<sup>12</sup>).

Furthermore, when running the correlation analysis between average stress scores and happiness gaps, we saw a significant correlation:  $p < 0.0001$ . This suggests that stress and happiness are strongly linked. Please note that causation can’t be determined at this point. (Fig. 7)

10. Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 385-396.

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.

11. Cohen, Sheldon & Janicki-Deverts, Denise (2012) Who’s Stressed? Distributions of Psychological Stress in the United States in Probability Samples from 1983, 2006, and 2009

12. Idem

Cohen's stress score and happiness gaps

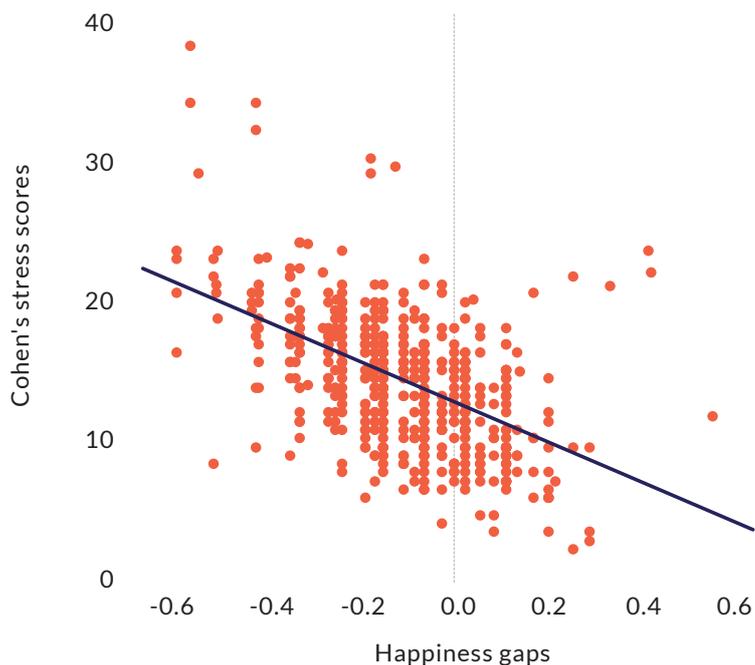


Fig. 7 The correlation analysis between happiness gap and Cohen's stress scores. (gender-weighted data)

Despite stress and emotions being high on the list of perceived triggers, only 16% of respondents said they have adopted habits and activities like practicing mindfulness or stress reduction programmes. The majority of mentions, 67%, was **'I only buy products that are free of chemicals'**, which suggested a preference towards external factors. (Fig. 8)

**Which of the following activities and habits have you adopted to manage your eczema?**



Fig. 8 Self-reported activities and habits adopted to manage eczema (Respondents were able to choose up to 3 responses. The numbers show the percentages of respondents choosing a specific answer) n=621

# Loneliness is experienced by many respondents

'It's hard to be around people, I often feel they are staring at my condition. Temperatures often affect my condition, heat in the winter and cool air in the summer. I itch all over my body 24/7. It has added to my depression and anxiety and keeps me away from others.'

- Man, 48y/o, US

The methodology employed for exploring loneliness was a revised version of the UCLA Loneliness Scale, considered by some the **'golden standard'**. The methodology consists of three questions related to social isolation and loneliness<sup>13</sup>. The analysis of the results used the most conservative interpretation of the loneliness scores<sup>14</sup>.

Different levels of loneliness were recorded in the three countries, with almost 55% of the respondents in the US affected. 44% of people living with eczema in Canada and 41% in the UK experience loneliness. (Fig. 9)

Men and women were equally affected by loneliness, with no significant gender differences across the three questions that form the scale.

## Total percent of people living with loneliness per country



Fig. 9. Percentage of people affected by loneliness per country.

US: n=75; Canada: n=67; UK: n=139

13. The three questions are:

- How often do you feel that you lack companionship? (often, some of the time, hardly ever)
- How often do you feel left out? (often, some of the time, hardly ever)
- How often do you feel isolated from others? (often, some of the time, hardly ever)

Source: Hughes, M. E., Waite, L. J., Hawkley, 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.

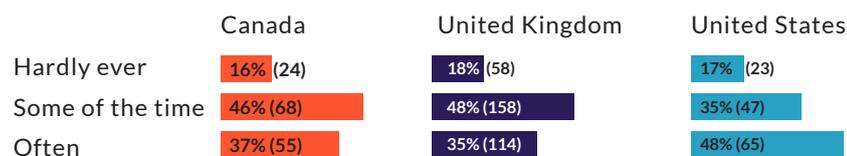
14. Examples of establishing a minimum score for loneliness: A total score of at least '4' (Chalise, Kai, & Saito, 2010), '6' (Hand et al., 2014; Shiovitz-Ezra & Ayalon, 2012) and '7' (Boehlen et al., 2014). We have picked the ladder, which is the most conservative approach. It means that the respondents 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* Loneliness in the elderly is associated with the use of psychotropic drugs. *International Journal of Geriatric Psychiatry*

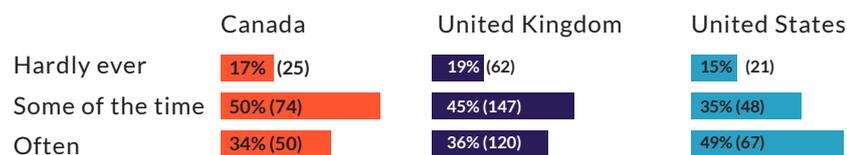
By country, the survey recorded some differences. For two of the questions - those exploring **'feeling left out'** and **'feeling isolated'** - almost half of the respondents in the US answered **'often'**, a notably higher difference than the UK and Canada where more than a third - still a high percentage - chose **'often'** as their answer.

More than a third of the respondents in the UK lacked companionship **'often'**. 25% of respondents in Canada and 20% in the UK expressed the same issue. This suggests that people living with eczema often feel they lack social connections and social support. (Fig. 10)

**How often do you feel left out?**



**How often do you feel isolated from others?**



**How often do you feel that you lack companionship?**

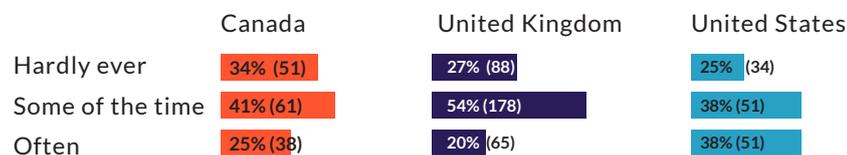


Fig. 10. Percentages of the responses to the UCLA Loneliness Scale by question by country.

# Most don't skip work, but severity and stress have an impact

**'I get very frustrated by the people around me. I am upset that at work and in my hobbies no one takes any notice of my eczema even though I am in a lot of discomfort nearly all the time. It is ignored.'**

- Woman, 49y/o, UK

More than half of the participants in the survey, 54%, said they never missed work because of their eczema. The other 46% reported different degrees of missing work, with 25% saying that they **'rarely'** do. To further explore this topic, an analysis by levels of stress and self-reported severity was conducted. Unsurprisingly, stress scores are higher for those who have missed work. People who said they never missed work because of their eczema reported the lowest levels of stress, with those who answered **'often'** and **'all the time'** recording the highest levels of stress. (Fig. 11)



Fig. 11 Stress scores and frequency of missing work.

A similar connection between self-perceived severity of eczema and missing work was seen. People with self-perceived severe and very severe eczema missed work most often, with 33% of those with very severe eczema missing work **'some of the time'**, in comparison to 8-10% for mild and moderate. These findings should be considered indicative and further exploration is required, given the low number of responses for some of the answers. (Fig. 12).

It's also notable to mention that almost a third of the participants said they have dropped a hobby because of eczema, suggesting that living with eczema might affect the productive life of many people living with eczema both at work and in their private lives.

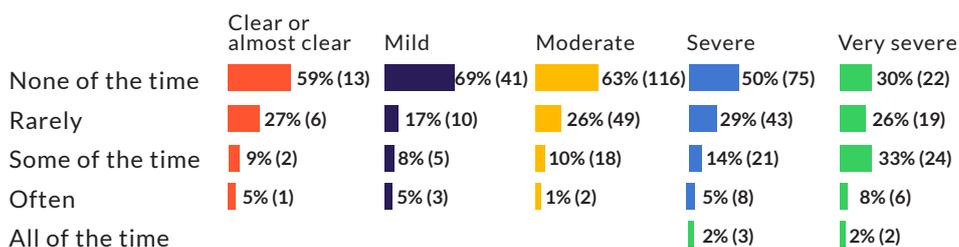


Fig. 12 Self-perceived severity and frequency of missing work.

# Healthcare that cares

**'I don't think my doctors have ever realized the impact the eczema has on my life.'**

- Woman, 38y/o, Canada

Most of the respondents in the UK and Canada saw a family or personal doctor (GP) most often in relation to their eczema. This suggests the importance of the primary care point of contact in managing eczema.

The US percentages differ, with less than half of the respondents naming their personal physician as their main contact for their eczema: 32% most often saw a dermatologist. In comparison, 19% in Canada and 10% in the UK saw a dermatologist. (Fig. 13)

## Which healthcare specialist do you see most often in relation to your eczema?

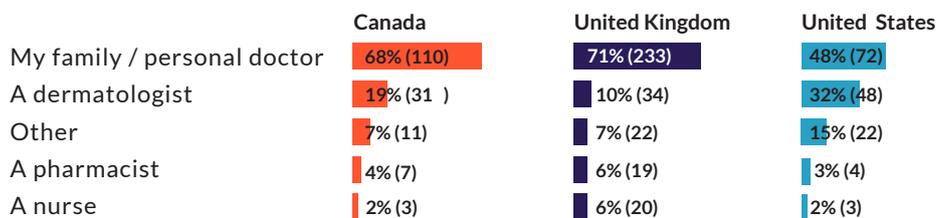


Fig. 13 Distribution of who is the main healthcare professional for eczema by country.

However, having a preference for seeing a dermatologist to a primary care healthcare specialist does not correlate with a higher percentage of people seeing their doctor more often. The respondents in the US reported the highest percentage of people who didn't see their healthcare professional yearly: 42% in comparison to 30% in Canada and 31% in the UK.

Overall, most visits within a year to a healthcare professional were between 2 and 5 times a year, with slightly different percentages among the three surveyed countries: 33% of people in the UK, 27% in Canada and 22% in the US. Most respondents in Canada (35%) visited their healthcare specialist yearly. (Fig. 14)

## How many times a year do you see a healthcare professional in relation to your eczema?

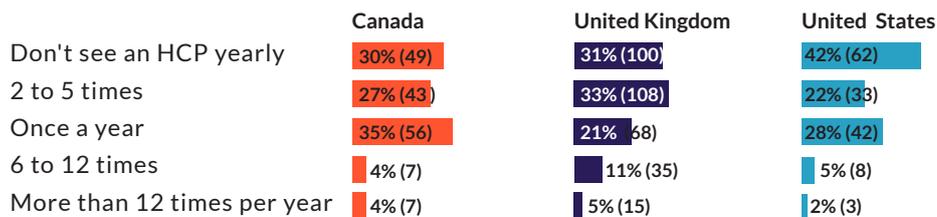


Fig. 14 Number of visits to a healthcare professional in relation to eczema by country.

When comparing the happiness gaps reported by people living with eczema with the frequency of visits to a healthcare professionals, it seemed that once yearly visits was the best frequency for happiness: these people reported the lowest happiness gaps, at an average of -12%. Note, however, that the causality could not be determined at this point; it might be that happier people tend to visit their healthcare professional once a year. (Fig. 15)

Treatment wise, most of the respondents (81%) used a prescription topical treatment, with 15% not using any treatment. 11% were on a systemic treatment and 6% used light therapy. (Fig. 16)

**How many times a year do you see a healthcare professional in relation to your eczema?**

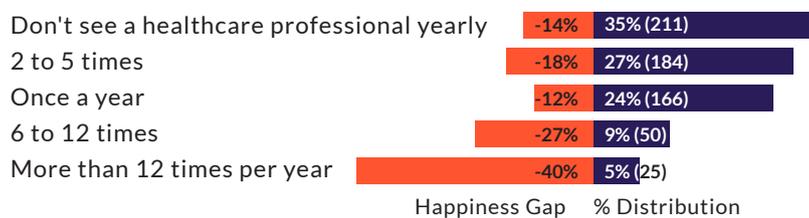


Fig. 15 The number of visits to a healthcare professional and the happiness gaps. (gender-weighted data).

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

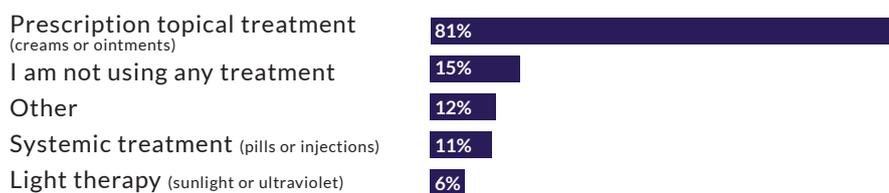
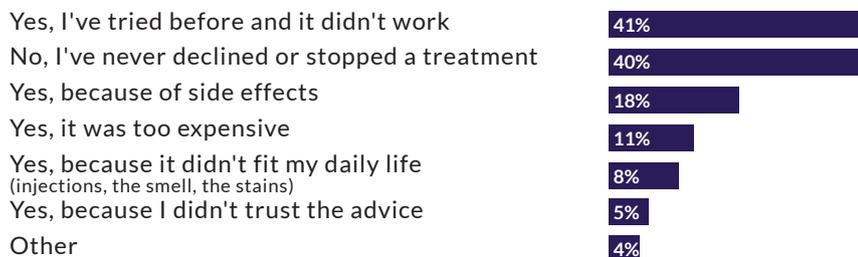


Fig. 16 The type of treatment used (Respondents were able to choose multiple responses. The numbers show the percentages of respondents choosing a specific answer) n=633.

The overall level of self-declared compliance to treatment was relatively high, with 70% of respondents saying they always followed the advice of their healthcare professionals. Looking at whether or not the respondents have stopped using a treatment gives a more granular image of this figure. Only 40% of respondents said they have never declined or stopped a treatment suggested by their doctor. 41% said they have stopped a treatment because of previous experiences - **I've tried before and it didn't work** -, with a further 18% citing side effects and 11% high prices. (Fig. 17)

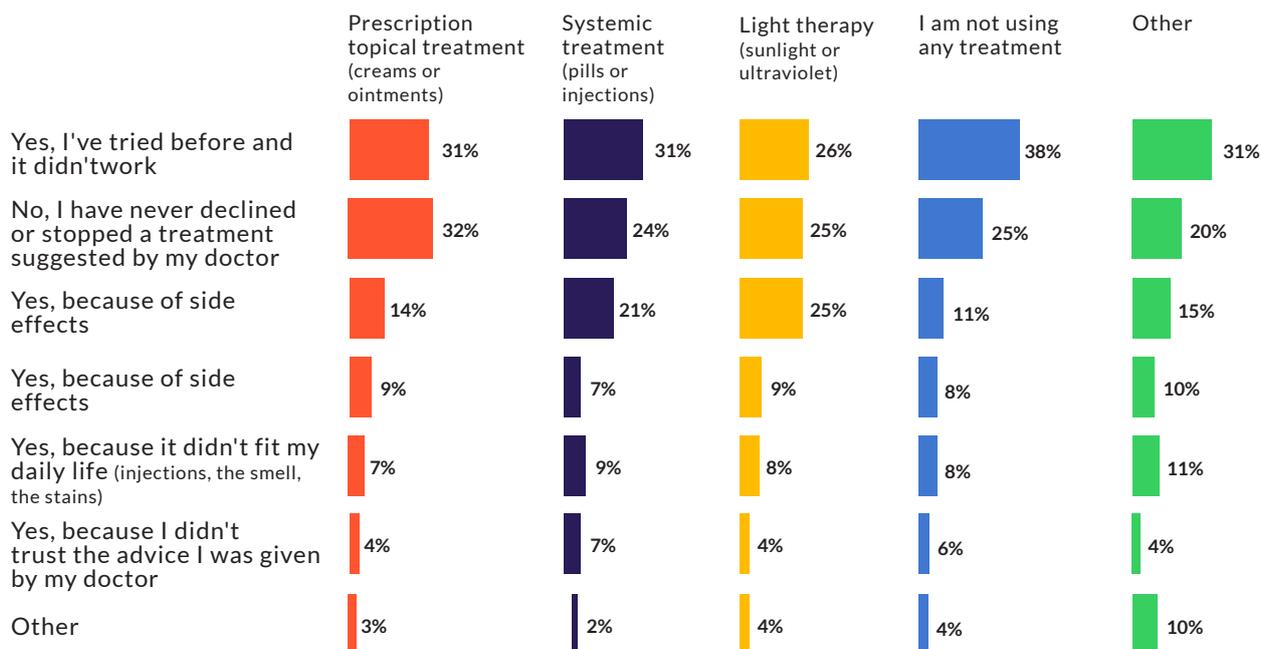
**Have you ever declined or stopped using a treatment suggested by your doctor, and why?**



**Fig. 17.** Reasons for stopping a treatment  
(Respondents were able to choose multiple responses. The numbers show the percentages of respondents choosing a specific answer) n=637

Furthermore, the answers to this question were analysed by type of treatment. Possible side effects were a bigger concern for people on light and systemic therapies, while a higher percentage of people not using any treatment and having stopped a treatment because 'it didn't work'. This suggests that better communication with their healthcare professionals might help people living with eczema choose a treatment that fits their experience and addresses all of their concerns.

**Have you ever declined or stopped using a treatment suggested by your doctor, and why?**



**Fig. 18** Reasons for stopping treatment by type of treatment  
(Respondents were able to choose multiple responses. The numbers show the percentages of respondents choosing a specific answer) n=626.

The more subjective aspects of the interaction with healthcare professionals, like the belief that the doctor understands what it means to live with eczema or the perception that the information given by the doctor was clear, seemed to have a strong link to the overall levels of happiness reported by the respondents.

Overall, 61% thought their healthcare professionals took their eczema seriously enough. But those who didn't agree to the statement also reported significantly higher happiness gaps: -23% for those who strongly disagree in comparison to -8% for those who strongly agree. (Fig. 19)

### My healthcare professionals take my eczema seriously enough



Fig. 19 Percentage of agreement levels to the statement and happiness gaps (gender-weighted data; n=617).

This relation between happiness gaps and how strongly respondents agree with different aspects of their interaction with healthcare professionals was also seen when analysing the responses to the statement **'My healthcare professionals are clear with the information about how to treat eczema'**. As seen in Fig.20, people who agreed and strongly agreed also registered lower happiness gaps.

The biggest difference in happiness gaps is shown by the level of agreement to **'My healthcare professionals fully understand the impact eczema has on my mental well-being'**. As seen in Fig. 21, people who strongly agreed to this statement reported a positive happiness gap of +3%, while those who strongly disagreed reported a happiness gap of -28%.

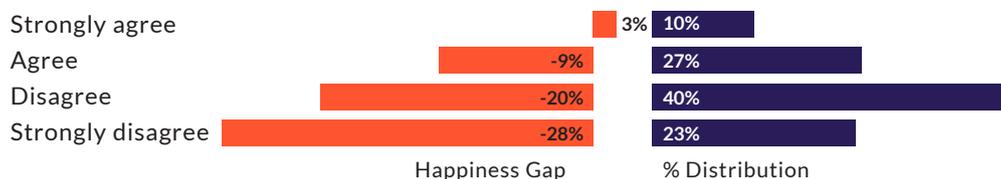
That being said, only 10% of the respondents declared that they strongly agreed; 23%, more than double, strongly disagreed with the statement, suggesting that there is a need to better address how living with eczema impacts mental well-being during patient-healthcare professionals interactions.

### My healthcare professionals are clear with the information about how to treat eczema



Fig. 20 Percentage of agreement levels to the statement and happiness gaps (gender-weighted data; n=613).

**My healthcare professionals fully understand the impact eczema has on my mental well-being**



**Fig. 21** Percentage of agreement levels to the statement and happiness gaps (gender-weighted data; n=612).

A note should also be made around the agreement to the statement ‘**The system provides me with sufficient financial support in relation to my skin condition**’. Only 47% agreed to this statement, also reporting lower happiness gaps: -9% for those who strongly agreed. One in five respondents strongly disagreed, reporting a happiness gap of -26%. (Fig. 22)

**The system provides me with sufficient financial support in relation to my skin condition**



**Fig. 22** Percentage of agreement levels to the statement and happiness gaps (gender-weighted data; n=604).

Finally, 81% of respondents didn’t agree (with almost a third strongly disagreeing) that there was enough awareness of eczema, suggesting more should be done to raise awareness and educate the general public on what it means to live with eczema.

**There is sufficient public awareness regarding my disease**



**Fig. 23** Percentage of agreement levels to the statement (gender-weighted data; n=600).

# Concluding Remarks

Subjective well-being is emerging as the new metric for how we, as a society, should measure development. Well-being provides important new perspectives on social progress and inequality, so it's becoming a critical issue for leaders in government, business and civil society. We believe one area that deserves particular consideration when it comes to subjective well-being is health.

Using the World Happiness Report 2018 as a benchmark, this survey showed that people living with eczema are subject to well-being inequality, with happiness levels up to 17% lower than the average population.

Stress and loneliness have been identified as psychological aspects that affect people with eczema in large numbers. This suggests more should be done in the area of understanding how people with eczema can build resilience and social connections that would improve their overall levels of well-being.

The report has also shown the connection between levels of happiness and the perception of the quality of different aspects of the interaction with healthcare professionals. This suggests that by focusing more on the mental aspects of health, doctors might have an impact on improving the overall levels of well-being for their patients. More research in this space is recommended to fully understand the impact this might have.

This report is part of our overall ambition to build a common language in health and happiness which supports collaboration, knowledge-sharing and change. To pursue this mission, we continue to forge close partnerships and develop methodologies to capture what constitutes happiness for people living with eczema and other chronic diseases.

Ultimately, we aim to help healthcare systems and healthcare professionals to develop more patient-oriented practices and governments to develop better public policy. We believe that by establishing a shared platform and tools around recommended methodologies in measuring well-being, it's possible to enable a better understanding and prioritization of actionable ways to promoting happiness and healthy living.