Appendix S1

SUPPLEMENTARY RESULTS

Regression analyses

Chi square statistics were computed to ascertain possible associations between variables. The statistically significant Chi square values were entered into the binary logistic regression. Regression analyses were conducted to predict what variables may be impacting on the patient's psychological distress.

Anxiety

A significant association was found between the HADS-anxiety clinical range score and occupation ($\chi^2 = 8.04$, df $= 3$, $p = 0.04$), partner occupation ($\chi^2 = 16.05$, df $= 8$, $p = 0.04$), family status ($\chi^2 = 13.22$, df $= 4$, $p = 0.01$) and age ($\chi^2 = 55.09$, df $= 37$, $p = 0.03$). No associations were found between the HADS borderline range scores and the outcome variables. The above significant associations were entered into a regression and the model was statistically significant ($\chi^2 = 43.33$, df $= 12$, $p = 0.00$). The model indicated that for employed patients the odds are 60% more likely to be clinically anxious when accounting for age (Wald Chi square (WCS) 4.54, odds ratio (OR) 1.59, $p = 0.033$, CI 0.12–3.06), hence employment being a significant predictor of high anxiety.

Depression

A significant association was found between the HADS-depression clinical range score and age group ($\chi^2 = 15.01$, df $= 5$, $p = 0.01$), gender ($\chi^2 = 9.60$, df $= 1$, $p = 0.001$), and age of onset ($\chi^2 = 62.07$, df $= 39$, $p = 0.01$). A significant association was found between the HADS-depression borderline range score and age of onset ($\chi^2 = 65.93$, df $= 37$, $p = 0.002$). The variable were entered into the regression, however gender was the only variable to be significant in the final model ($\chi^2 = 8.51$, df $= 1$, $p = 0.004$). The model indicated that women were 54% more likely to have clinical levels of depression than men (WCS 8.51, OR 1.54, $p = 0.004$, CI 0.50–2.57).

Appearance concern

A significant association was found between the DAS-clinical range score and age group ($\chi^2 = 34.17$, df $= 5$, $p = 0.00$), gender ($\chi^2 = 13.14$, df $= 1$, $p = 0.00$), occupation ($\chi^2 = 15.70$, df $= 3$, $p = 0.001$), partner occupation ($\chi^2 = 23.38$, df $= 4$, $p = 0.00$), family status ($\chi^2 = 14.95$, df $= 4$, $p = 0.005$) and age of onset ($\chi^2 = 27.73$, df $= 5$, $p = 0.00$). A significant association was found between the DAS borderline clinical range score and age group ($\chi^2 = 11.12$, df $= 5$, $p = 0.04$), partner occupation ($\chi^2 = 19.69$, df $= 4$, $p = 0.001$) and family status ($\chi^2 = 10.19$, df $= 4$, $p = 0.03$). The associations were entered into a regression, however the final model indicated that for female patients, their odds are twice as high of being in the clinical range of DAS accounting for age and occupation, than males (WCS 11.44, OR 2.048, $p = 0.001$, CI 0.86–3.23). For employed and unemployed patient's they are twice as less likely to fall in the clinical range on the DAS when accounting for gender and age (WCS 7.65, OR 2.51, $p = 0.006$, CI 0.73–4.29; WCS 5.22, OR 2.13, $p = 0.022$, CI 0.30–3.96, respectively). However, for the retired patients the odds are 42% more likely to be in the clinical range of the DAS when accounting for gender and age (WCS 2.56, OR 1.42, $p = 0.006$, CI 0.32–3.16). The older the patient the odds increase by 1% to be in the clinical range of the DAS (WCS 12.95, OR 0.099, $p = 0.00$, CI 0.04–0.15). No predictive factors for the borderline range of the DAS.

Quality of life

Significant associations were found between the DLQI outcome scores and gender ($\chi^2 = 11.32$ df $= 4$, $p = 0.023$), family status ($\chi^2 = 40.06$, df $= 16$, $p = 0.001$), age of onset ($\chi^2 = 251.87$, df $= 156$, $p = 0.00$) and age ($\chi^2 = 275.72$, df $= 148$, $p = 0.00$). The final model suggested that only family status had a significant impact on DLQI scores. The patients who were single their odds are 64% more likely to have a poor quality of life (QoL) (a moderate effect) when completing the DLQI (WCS 6.14, OR 1.64, $p = 0.013$, CI 0.34–2.93).