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Table SI. PRISMA 2020 checklist for systematic reviews.

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	Title page
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	Abstract
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	Introduction
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	Methods
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	Methods
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	Methods
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	Methods
Selection	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how	Methods

Section and Topic	Item #	Checklist item	Location where item is reported
process		many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	Methods
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	Methods
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	Methods
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	Methods
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	Methods
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	Methods
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of	Methods

Section and Topic	Item #	Checklist item	Location where item is reported
		missing summary statistics, or data conversions.	
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	Methods
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	Methods
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	Not applicable
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	Not applicable
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	Methods
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	Not applicable
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	Methods
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	Methods
Study characteristics	17	Cite each included study and present its characteristics.	Tables

Section and Topic	Item #	Checklist item	Location where item is reported
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	Supplementary Table
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	Tables
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	Tables
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	Not applicable
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	Not applicable
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	Not applicable
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	Not applicable
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	Not applicable
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	Discussion
	23b	Discuss any limitations of the evidence included in the review.	Discussion

Section and Topic	Item #	Checklist item	Location where item is reported
	23c	Discuss any limitations of the review processes used.	Discussion
	23d	Discuss implications of the results for practice, policy, and future research.	Discussion
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	Methods
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	Methods
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	Methods
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	Title page
Competing interests	26	Declare any competing interests of review authors.	Title page
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	Title page

(2020)															
Lim et al (38) (2018)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Mols et al (39) (2010)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Chilicka et al (2) (2017)	✓	✓	✓	✓	✓	NA	NA	✓	✓	X	✓	NA	NA	✓	i
Sereflican et al (21) (2019)	✓	✓	✓	✓	X	NA	NA	✓	✓	X	✓	NA	NA	✓	i
Krowchuk et al (22) (1991)	✓	✓	✓	✓	X	NA	NA	✓	✓	X	✓	NA	NA	✓	i
Ramos Alejo-Pita et al (23) (2020)	✓	✓	✓	✓	X	NA	NA	✓	✓	X	✓	NA	NA	✓	i
Mols et al (29) (2010)	✓	✓	✓	✓	X	NA	NA	✓	✓	X	✓	NA	NA	✓	i
White et al (30) (2007)	✓	✓	X	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	ii
Barone et al (19) (2008)	✓	✓	✓	✓	X	NA	NA	✓	✓	X	✓	NA	NA	✓	i
Yilmaz et al (31) (2016)	✓	✓	✓	✓	X	NA	NA	✓	✓	X	✓	NA	NA	✓	i
Sanchez-Diaz et al (32) (2022)	✓	✓	✓	✓	X	NA	NA	✓	✓	X	✓	NA	NA	✓	i

Quality was rated as 0 for poor (0–4 out of 14 questions), i for fair (5–10 out of 14 questions), or ii for good (11–14 out of 14 questions); NA: not applicable, NR: not reported.

Table III. Overview of the studies included in the systematic review

	Epidemiological design	Number of patients (total)	Severity score	Type D Personality assessment/Use of continuous or dichotomus method to analyze type D personality impact	Quality-of-life scores	Mood disturbances assesed	Relevant results	CEBM level of evidence
Acne Vulgaris and Hidradenitis Suppurativa								
Chilicka et al (2) (2017)	Cross-sectional	300	Hellgren– Vincent Scale (HVS)	DS14 questionnaire Dichotomous and continuous method	HRQOL: Satisfaction with Life Scale.	Not assessed.	Patients with acne showed higher rates of Type D Personality than controls (40.67% vs 15.67%). Life satisfaction was lower in patients with higher scores of negative affectivity and social inhibition.	4
Sereflican et al (21) (2019)	Cross-sectional	122	Global Acne Grading System	DS14 questionnaire Dichotomous method	Not assessed	HADS-A HADS-D Perceived Stress Scale Anxiety-Sensitivity Index-3	Patients with acne showed higher rates of Type D Personality than controls (49% vs 18%). Type D Personality was not associated with acne severity. Type D Personality was associated with higher rates of anxiety (HADS-A, ASI-3, PSS) and depression (HADS-D).	4

Krowchuk et al (22) (1991)	Cross-sectional	39	Allen and Smith Acne Severity Scale	Self-reported social inhibition Not applicable.	Piers-Harris self-concept scale	Not assessed.	Fifty-three percent of adolescents with acne felt socially inhibited by the disorder sometimes to always. No significant differences were observed between females and males with respect to self-reported social inhibition.	4
Ramos Alejo-Pita et al (23) (2020)	Cross-sectional	27 patients and 27 cohabitants	International Hidradenitis Suppurativa Severity Score System (IHS4) Hurley Stage	DS14 questionnaire Dichotomous and continuous method	HRQOL: Dermatology Quality of life Index and Family Dermatology Quality of Life Index. Sexual dysfunction: Female sexual function index, International Index of Erectile Function	HADS-A HADS-D	Negative affectivity in Hidradenitis Suppurativa patients was associated with lower rates of quality of life both in patients and cohabitants.	4
Psoriasis								
Aguayo-Carreras et al (26)	Cross-sectional		PASI	DS14 questionnaire	HRQOL: Short Form Health Survey-36	HADS-A HADS-D	Prevalence of Type D Personality in psoriasis patients was 38.4%.	4

(2020)				Dichotomous method	Sexual dysfunction: Massachusetts General Hospital-Sexual Functioning Questionnaire Social adaptation: Self-Applied Scale of Social Adaptation Sleep quality: Self-referred.		Type D Personality was associated with worse HRQOL (in all the studied subscales: general, functional, physical, mental, vitality, pain, social). Type D Personality was associated with sexual dysfunction (worse sexual arousal), and sleep disturbances (higher rates of sleep disorders and early awakening). Type D Personality was associated with higher rates of anxiety and depression.	
Aguayo-Carreras et al (25) (2021)	Prospective cohort study	154	PASI	DS14 questionnaire Dichotomous method	Not assessed	HADS-A, HADS-D	The stability over the time of Type D Personality was assessed: 47.5% of the patients maintained Type D Personality criteria at week 208. Factors associated with Type D Personality maintenance were higher PASI scores, incomplete education and being divorced-widowed. Type D Personality was associated with higher rates of anxiety and depression at baseline and at week 208.	2b

Van Beugen et al (28) (2017)	Cross-sectional	514	PASI	DS14 questionnaire Dichotomous and continuous method	Perceived stigmatization (Impact of Chronic Skin Disease on Daily Life questionnaire)	Not assessed	Type D Personality was found to be associated with higher levels of perceived stigmatization in psoriasis patients. Social inhibition seemed to be a strong predictor of perceived stigmatization.	4
Tekin a et al (27) (2018)	Cross-sectional	71	PASI	Type D personality scale Dichotomous and continuous method	DLQI	HADS-A HADS-D	Negative correlations were found between type D personality subscales (negative affectivity and social inhibition) and quality of life. Additionally, higher levels of negative affect and social inhibition correlated with disease severity	4
Molina-Leyva et al (20) (2015)	Prospective study	1610	PASI	DS14 questionnaire Dichotomous and continuous method	Short Form Health Survey (SF-36) Massachusetts General Hospital-Sexual Functioning Questionnaire	HADS-A HADS-D	Prevalence of Type D Personality was higher in psoriasis patients than in controls (38.7% vs 23.7%) Type D Personality increased the risk of anxiety a 3.2-fold. Type D Personality was significantly associated with an impaired general, sexual and psoriasis-related HRQOL.	2b
Basinska et al (24) (2013)	Cross-sectional	176	PASI	DS14 questionnaire	Self-reported psoriasis symptomatology	Not assessed.	Type D Personality was found to be more frequent among psoriasis patients when compared to controls, as well as both	4

				Continuous method			subscales of type D personality. A higher difference between groups was found when performing stratified analysis (with female patients having higher rates of Type D Personality).	
Panasiti et al (37) (2020)	Literature review	-	-	-	-	-	The results of the review are analyzed in separate rows, addressing each article included in the review.	-
Lim et al (38) (2018)	Literature Review	-	-	-	-	-	The results of the review are analyzed in separate rows, addressing each article included in the review.	-
Mols et al (39) (2010)	Systematic Review	-	-	-	-	-	The results of the review are analyzed in separate rows, addressing each article included in the review.	-
Skin cancer								
Mols et al (29) (2010)	Cross-sectional	562	Clinical stage (TNM classification)	DS14 questionnaire Dichotomous method	Short Form Health Survey (SF-36). Impact of Cancer Questionnaire (IOC)	Not assessed.	Type D Personality was found to be not associated to clinical stage in melanoma survivors, although a selection bias is expected (only melanoma survivors were included). Type D Personality was found to be not associated to stage at diagnosis, Breslow thickness, nor primary treatment. Type D Personality patients showed worse quality of life scores in all of the items of the SF-36 questionnaire. As well, these patients	4

							showed a greater impact on all of the subscales of the Impact of Cancer Questionnaire.	
White et al (30) (2007)	Prospective study	261	Not assessed	Positive And Negative Affect Scale (PANAS) Not applicable	Not assessed.	Not assessed.	After adjustment for potential confounders, there was no significant association between negative affect and risk of melanoma development.	2b
Other diseases								
Barone et al (19) (2008) (Atopic dermatitis)	Cross-sectional	217	Not assessed	Type D Personality Scale-16 Not applicable	Not assessed.	Anxiety Sensitivity Index. Beck Depression Inventory-II	There were no differences between atopic and non-atopic asthmatics patients in terms of Type D Personality rates.	4
Yilmaz et al (31) (2016) (Itch of auditory canal)	Cross-sectional	200	Modified Itch Severity Scale	DS14 questionnaire Dichotomous method	Not assessed.	HADS-A HADS-D	Type D Personality rates were higher in patients with isolated itching of the external auditory canal (43 %) than in controls (43% vs 15%). Type D Personality was associated with greater severity of itch after multivariate analysis. Type D Personality was associated with higher anxiety rates.	4
Atis et al (33) (2021) (Vitiligo)	Cross-sectional	39 patients with alopecia and	Not recorded	DS14 questionnaire	DLQI	HADS-A HADS-D	Type D personality rates were similar in controls, alopecia and vitiligo patients. Patients with vitiligo and higher scores of	3b

and Alopecia Areata)		46 patients with vitiligo		Dichotomous and continuous method			type D personality had poorer quality of life. This relationship was not found in patients with AA. HADS-A and HADS-D scores correlated with type D personality scores in both groups.	
Sanchez-Diaz et al (32) (2022) (Chronic Spontaneous Urticaria)	Cross-sectional	75	Urticaria Control Test	DS14 Dichotomous method	HRQOL: Dermatology Life Quality Index Chronic, Urticaria Quality of Life Questionnaire. Sexual dysfunction: International Index of Erectile Function, Female sexual function Index, Pittsburgh Sleep Quality Index	HADS-A HADS-D	Type D Personality was not associated with worse disease control. Regarding quality of life, Type D Personality was associated with poorer quality of life and higher frequency of sleep disturbances. The presence of anxiety and depression was higher in patients with Type D Personality (Type D Personality increased the probability of having anxiety by 51% and depression by 86%).	4

Sanchez-Diaz et al (40) (2022) (Chronic Spontaneous Urticaria)	Cross-sectional	31 patients and 31 cohabitants	Urticaria Control Test	DS14 Dichotomous method	HRQOL: Dermatology Life Quality Index, Chronic, Urticaria Quality of Life Questionnaire. Sexual dysfunction: International Index of Erectile Function, Female sexual function Index, Pittsburgh Sleep Quality Index	HADS-A HADS-D	Long disease duration in patients is associated with higher rates of type D personality in cohabitants. No relationship between type D personality in cohabitants and severity of the disease or patient's quality of life.	4
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DS14: Questionnaire for assessing Type D Personality; HADS-A/D: Hospital Anxiety and Depression Scale for Anxiety/Depression; PASI: Psoriasis Area and Severity Index; CEBM, Center for Evidence-Based Medicine. 1a: Evidence obtained of systematic reviews or meta-analysis of randomized control trials; 1b: Evidence obtained from individual randomized control trials; 2a: Evidence obtained from systematic reviews or meta-analysis of cohort studies; 2b: Obtained from individual cohort studies; 3a: Obtained from systematic reviews or meta-analysis of case-control studies; 3b: Obtained from individual case-control studies; 4: Obtained from case series; and 5: Obtained from expert opinions.