**Supplemental Table 1: Summary of findings within the publications included in this review**

| **Reference** | **Design (Quality of Evidence)** | **Setting** | **Condition (N)** | **Control (N)** | **Findings** |
| --- | --- | --- | --- | --- | --- |
| Porcelli et al (27) | Cross-sectional (4) | Outpatient, *Italy* | General Skin Disease (545) | - | -5.89% prevalence of alexithymia in dermatology patents  -Education level is inversely related to alexithymia\*\*\*  -Gender and age do not influence the prevalence of alexithymia |
| Giovanelli et al (28) | Case-control (3) | Outpatient, *Italy* | General Skin Disease (49) | Healthy (49) | -Greater prevalence of alexithymia in patients\*\* |
| Di Nuzzo et al (29) | Cross-sectional (4) | Outpatient, *Italy* | Psoriasis (20) | - | -No patients scored above 61 on TAS-20 |
| Petito et al (30) | Cross-sectional (4) | Outpatient, *Italy* | Psoriasis (282) | - | -Among patients, the most frequent DCPR category was alexithymia  -DCPR-alexithymia inversely related to quality of life (Cohen’s d=1.75)  -Association between DCPR-alexithymia  and Mini International Neuropsychiatric Interview (MINI) scores above zero |
| Talamonti et al (38) | Case-control (3) | Outpatient,  *Italy* | Plaque Psoriasis (250) | Healthy (215) | -Greater prevalence of alexithymia in patients\*\*\*  -Higher TAS-20 total scores in psoriasis patients with hand, scalp, face or genital area involvement\*\*\*  -Female patients are more likely to be alexithymic\*  -Age, disease severity and disease duration do not influence the prevalence of alexithymia |
| Sampogna, et al (39) | Cross-sectional (4) | Outpatient,  *Austria, Belgium, France, Greece, Ireland, Israel, Italy, the Netherlands, Norway, Russia, South Africa, Spain and the United Kingdom.* | Plaque Psoriasis (670) | - | -Alexithymic patients had greater alcohol consumption (AUDIT >8)\*\*\* and worse scores for DLQI\*\*\*, depression\*\*\*, anxiety\*\*\* and work productivity \*\*\*  -DIF and DDF scores, but not EOT scores, were higher for alexithymic patients\*  -Disease duration, gender and geographic location do not influence prevalence of alexithymia  -Odds for depressed patient being alexithymic is 240% higher when compared to non-depressed patient  - Odds for patient with anxiety being alexithymic is 209% higher when compared to patient without anxiety  -Alexithymic patients are more likely to have sensitive area involvement\* and more severe disease (PASI>10) |
| Korkoliakou, et al (40) | Case-control (3) | Outpatient,  *Greece* | Plaque Psoriasis (108) | Healthy (100) | -Patients report higher TAS-20 total and sub scores\*\*\*  -Age, gender and disease severity do not influence the total TAS-20 score  -HADS-A and HADS-D are positively correlated to TAS-20 total score\*\*\*  -Anxiety and depression contribute to a 9% and 4% variance in alexithymia, respectively |
| Korkoliakou, et al (37) | Cross-sectional (4) | Outpatient,  *Greece* | Plaque Psoriasis (108) | - | -Alexithymia is positively correlated to somatization (r= 0.26)\*\*, interpersonal sensitivity (r= 0.24)\*\*, depression (r= 0.27)\*\* and, phobic anxiety (r=0.26)\*\*, anxiety (r= 0.26)\*\*, GSI (r=0.27)\*\* and PST (r=0.28)\*\*  -Alexithymia accounted for a 7% variation in somatization, phobic anxiety, anxiety, depression, Global Severity index (GSI), PST  -Alexithymia accounted for a 6% variation in interpersonal sensitivity  -Alexithymia accounted for 8% variation in PST |
| Innamorati et al (36) | Case-control (3) | Outpatient,  *Italy* | Psoriasis vulgaris (100) | Healthy (97) | -Greater prevalence of alexithymia in patients\*\*\*  -Positive association between BMI and TAS-20 scores\*  -The presence and severity of alexithymia does not explain variances in mental health |
| Cherrez-Ojeda et al (34) | Cross-sectional (4) | Outpatient,  *Ecuador* | Psoriasis (99) | - | -Alexithymia is inversely related to education level\*\*  -PASI, gender and disease duration do not influence prevalence of alexithymia |
| Larsen et al (33) | Prospective cohort study (2) | Inpatient,  *Norway* | Psoriasis (746) | - | -Alexithymic patients have decreased level  of education\*\*\*, self-efficacy\*\*\* (p<0.001) and lower scores on domains of HeiQ, specifically 'self-monitoring and insight' and 'skill and technique acquisition'\*\*\*  -Alexithymia is more likely in unemployed patients\*  -TAS-20 sum and subscores are inversely related to health literacy scores\*  -Male patients score higher in EOT and DDF subscales\*\*\*, but no difference in total TAS-20 or DIF scores |
| Larsen et al (31) | Prospective cohort study (2) | Inpatient,  *Norway* | Psoriasis patients receiving Climate Heliotherapy (163) | - | -Alexithymic patients report fewer years of education\*, higher BMI\*, score worse on quality-of-life measures\*\*, report higher illness frequency\*\*, inferior illness perception\*\*, poorer self-management\*\*, and increased alcohol consumption\*  -Gender, disease severity and disease duration do not influence TAS-20 sum score\*  -Climate heliotherapy was equally effective in alexithymic vs non-alexithymic patients with regard to self-management, PASI score and illness perception. |
| Founta et al (41) | Cross-sectional (4) | Outpatient,  *Ireland* | Psoriasis (184) | - | -Alexithymia is associated with a lower quality of life (r=0.20)\*\*, increased alcohol use (r=0.26)\*\*, anxiety (r=0.47)\*\*\*, worry (r=0.50)\* and depression (r=0.50)\*\*  -Alexithymia accounted for 12% variance in anxiety among psoriasis patients\*\*\*  -Alexithymia accounted for 14% variance in depression among psoriasis patients\*\*\*  -In hierarchical multiple regression analysis for worry, when alexithymia entered the model, objective disease severity is significant\* but subjective disease severity is not |
| Innamorati et al (35) | Case-control (3) | Outpatient,  *Italy* | Psoriasis (50) | Healthy (50) | -Greater prevalence of alexithymia in patients\*\*\*  -Psoriasis patients have higher TAS-20 scores than controls\*\*\* |
| Dehghani et al (46) | Case-control (3) | Outpatient,  *Iran* | Psoriasis (30) | Healthy (30) | -Greater prevalence of alexithymia in psoriasis patients\* |
| Alopecia Areata (30) | Healthy (30) | -Greater prevalence of alexithymia in alopecia areata patients\* |
| Vitiligo (30) | Healthy (30) | -Greater prevalence of alexithymia in vitiligo patients compared to controls\* |
| Acne (30) | Healthy (30) | -No significant difference in prevalence of alexithymia between patients and controls |
| Poot et al (32) | Case-control (3) | Outpatient, *Belgium and Italy* | Psoriasis (37) | Minor Skin Problems (47) | -Correlation between TAS 20 and genogram score (r=0.63)\*  -Greater prevalence of alexithymia in patients |
| Alopecia Areata (15) | Minor Skin Problems (47) | -Correlation between TAS 20 and genogram score (r=0.63)\*  -Greater prevalence of alexithymia in patients |
| Atopic Dermatitis (7) | Minor Skin Problems (47) | -Correlation between TAS 20 and genogram score (r=0.63)\*  -median genogram scores differed in patients with and without alexithymia\*  -Greater prevalence of alexithymia in patients |
| Sampogna et al (42) | Prospective cohort study (2) | Outpatient,  *Austria, Belgium, France, Greece, Ireland, Israel, Italy, the Netherlands, Norway, Russia, South Africa, Spain and the United Kingdom* | Plaque psoriasis (543) | - | -Prevalence of alexithymia decreased at 1 month, 6 month and 12-month time points in psoriasis patients treated with systemic agents\*\*\*  -At 12-months, 53.8% of patients with alexithymia at baseline became non-alexithymic; 9.2% of patients without alexithymia at baseline became alexithymic  -Decreases in TAS-20 were higher in patients under 40, disease duration greater than 1 year, sever disease (PASI>10) at baseline\*\*\* and/or sensitive area involvement (hands, neck, face)  -DIF showed the greatest reduction, followed by DDF than EOT  -Improvements in measures of anxiety, depression, work productivity loss and quality of life are observed with treatment  -Improvement in PASI score\*\*\*, depression\*\*\* and anxiety\*\*\* was better in patients with alexithymia at baseline  -Reversion of alexithymia is associated with decreased anxiety, depression and hazardous alcohol use as well as improved quality of life and a higher chance of reaching PASI 90 |
| Pascual-Sanchez et al (47) | Case series with intervention (4) | Outpatient, *Spain* | Alopecia Areata (16) | - | -Following the completion of CBT, AA patients’ TAS-20 total score increased\*  -Following CBT treatment, anxiety is associated with alexithymia (r=0.532) |
| Willemsen et al (43) | Case-control (3) | Outpatient & Inpatient,  *Belgium* | Alopecia areata (90) | Dermatologic Surgery Patients (91) | - AA patients have higher total TAS-20\*\*\*, DIF\*\*\* and DDF scores\*  -Gender and number of traumatic events in a patient's lifetime are not associated with TAS-20 total score  -Level of education is inversely related to TAS-20 total score\*\* |
| Willemsen et al (48) | Prospective cohort study (2) | Outpatient, *Belgium* | Alopecia areata (21) | - | -Improvement in alexithymia, anxiety, depression and mental well-being in AA patients immediately after completion of 10 individual hypnosis sessions and at 6-month follow-up |
| Kuty-Pachecka et al (45) | Case-control (3) | Outpatient, *Poland* | Alopecia areata (30) | Healthy (49) | - AA patients report higher TAS-20 scores than healthy controls\*\*\*  -Alexithymic AA patients have a more critical attitude toward their bodies |
| Sellami et al (44) | Case-control (3) | Outpatient,  *Tunisia* | Alopecia Areata (50) | Healthy (50) | -No significant difference in prevalence of alexithymia between patients and controls  -Severity of AA, gender and level of education is not associated with prevalence of alexithymia  -Compared to patients without alexithymia, alexithymic patients have greater anxiety\*  -No significant difference in prevalence of depression in alexithymic and non-alexithymia patients  -Anxiety was responsible for a 14.7% variation in alexithymia\* |
| Tabolli et al (49) | Case-control (3) | Outpatient,  *Italy* | Androgenic Alopecia (351) | Healthy (108) | -No difference in prevalence of alexithymia between patients and controls  -AGA females have higher DIF and lower EOT scores compared to male AGA patients\*\*\*  -Prevalence of alexithymia is not influenced by disease severity  -Alexithymia modified coping strategies in females, but not males  -‘Problem-focused coping’ strategy is negatively associated with alexithymia\*\*  -Avoidant coping’ strategy is positively associated with alexithymia\*\*\* |
| Chriricozzi et al (51) | Cross-sectional (4) | Outpatient,  *Italy* | Atopic Dermatitis (202) | Healthy (240) | -Greater prevalence of alexithymia in patients\*\*\*  -Disease severity predictive of alexithymia\*\*\*  -For each unit increase in EASI score, 9% enhanced likelihood to be higher alexithymia grade\*\*\*, 11% higher likelihood of having alexithymia\*\*\*, 0.35-fold higher TAS-20 total score\*\*\*\*  -mean TAS-20 total score is higher in patients with moderate-to-severe disease\*\*\* |
| Chriricozzi et al (57) | Case-control (3) | Outpatient,  *Italy* | Hidradenitis Suppurativa (86) | Healthy (85) | -Prevalence of alexithymia is 3-fold higher in patients than controls\*\*\*  -Alexithymia was more frequently observed in HS females than males  -No association between alexithymia and disease severity or duration |
| Quinto et al (58) | Cross-sectional (4) | Outpatient,  *Italy* | Hidradenitis Suppurativa (90) | - | -Greater prevalence of alexithymia in patients\*  -Greater prevalence of alexithymia in females\*  -No association between alexithymia and clinical severity, age, age at onset, body mass index, smoking, pain, and number of affected regions  -Alexithymic HS patients report lower quality of life\*\* and worse mental health\*\*\* |
| Sunay et al (59) | Case-control (3) | Outpatient,  *Turkey* | Acne (111) | Healthy (78) | -No significant difference in prevalence of alexithymia between patients and controls  - No association between alexithymia, age, gender, education level, income, disease severity or duration |
| Cömert et al (60) | Case-control (3) | Outpatient,  *Turkey* | Seborrheic Dermatitis (117) | Healthy (95) | -No difference in prevalence of alexithymia between patients and controls  -Patients with higher anxiety scores were found to be more alexithymic\*\*\*  -TAS-26 total score was not influenced by gender, disease severity nor disease duration |
| Jalenques et al (61) | Case-control (3) | Outpatient,  *France* | Skin-Restricted Lupus (70) | Healthy (140) | -Greater prevalence of alexithymia in patients\*\*  -Patients have higher mean TAS-20 scores than controls\*\*  -Personality disorder(s) most significantly affects total TAS-20 score  -TAS-20 scores are positively associated with current psychiatric and personality disorders\*\*\* and negatively associated with emotional awareness |
| Jalenques et al (62) | Prospective cohort study (2) | Outpatient, *France* | Skin-Restricted Lupus (75) | - | -TAS-20 total scores are not influenced by disease remission  -Higher TAS-20 total scores are associated with personality disorders, psychiatric disorders and disease duration |
| Barbosa et al (52) | Cross-sectional (4) | Outpatient,  *Portugal* | Chronic Urticaria (55) | Healthy (31) | -Greater prevalence of alexithymia in CU patients\*\*\*  -No correlation between TAS-20 total score and duration of disease  -TAS-20 total score is inversely correlated to quality of life (physical functioning\*\*\*, mental health\*\*\*, pain\*, vitality\*\*\* and general health perception\*\*\*)  -Alexithymic patients display more neuroticism, somatization, obsessive-compulsive, paranoid ideation and less extroversion and openness  -Alexithymia is positively correlated with depression, anxiety, somatization, hostility, worse GSI score, as well as anxious and avoidant attachment styles\*\*\* |
| Yildirim et al (53) | Cross-sectional (4) | Outpatient, *Turkey* | Chronic Urticaria (75) | Healthy (51) | -Compared to controls, patients have higher mean TAS-26 scores\*\*\*  -TAS-26 total score positively correlated with depression (r=0.38)\*\*\* and anxiety (r=0.29)\*\* |
| Hunkin et al (55) | Case-control (3) | Outpatient, *United Kingdom* | Chronic Urticaria (89) | Healthy (105) | -Greater prevalence of alexithymia in patients\*\*\*  -Patients have higher TAS-20 total score\*\*\*, DIF\*\*\*, and EOT\*\*\*  -PTSD symptoms are associated with alexithymia\*\* but alexithymia is not associated with CU severity or psychological co-morbidity  -Tendency for CU patients to use repression and defensiveness as defense mechanisms |
| Oglodek et al (54) | Case-control (3) | Outpatient, *Poland* | Chronic Urticaria and Anxiety Disorder (158) | Healthy (40) | -Compared to healthy controls, patients had higher TAS-20 scores\*  -Females have higher TAS-20 total scores than males\*  -Highest level of alexithymia in female patients with generalized anxiety disorder (GAD) and alexithymia  -GAD and social phobia exacerbate alexithymia in patients but panic disorders do not |
| Rufer et al (63) | Cross-sectional (4) | Outpatient, *Germany & Switzerland* | Trichotillomania (105) | - | -Alexithymia is associated with disease severity\*\*\*  -DIF is the strongest predictor of TTM severity |
| Maghami et al (56) | Case-control (3) | Outpatient, *Iran* | Vitiligo (52) | Healthy (61) | -No significant difference in prevalence between patients and controls  -Vitiligo patients score significantly higher on TAS-20\*  -Age and gender do not affect alexithymia score  -High school education or lower is associated with higher TAS-20 total score\*\* |
| Ak et al (50) | Cross-sectional (4) | Outpatient, *Turkey* | Primary Focal Hyperhidrosis (50) | Healthy (44) | -Patients score worse for DIF\*\*\*, DDF\*\* and total TAS-20\*\*\* |
| \*p<0.05; \*\*p<0.01; \*\*\*p<0.001 | | | | | |