HEALTH BASICS

Skin problems & treatments

A guide to how skin concerns are assessed and treated safely.

WHAT IT IS
A guide to skin concerns and treatment types

WHERE IT COMES UP
Rashes, changing spots, infections, injuries, and treatment decisions

WHY IT MATTERS
Correct assessment helps match treatment to the underlying cause

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
A pharmacist, primary care clinician, or dermatologist

HOW IT IS CHECKED
Skin examination, sometimes swabs, scrapings, allergy tests, or biopsy

Overview

"Skin problems and treatments" is an umbrella topic, not a disease or diagnosis. It includes changes in the skin, hair, or nails and the different ways they may be assessed and managed.

Common reasons to seek advice include a rash, itching, dryness, pain, scaling, spots, blisters, sores, colour changes, hair loss, or a changing mole. These changes can have many causes. Examples include eczema, acne, psoriasis, contact dermatitis, fungal infection, bacterial infection, medicine reactions, and skin cancer.

Several conditions can look similar, especially early on. A red, scaly patch could be caused by inflammation, an infection, or another condition. On brown or black skin, inflammation may look purple, grey, dark brown, or only slightly red. Changes in texture, warmth, swelling, or discomfort can therefore be important.

Treatment is chosen according to the likely cause, the part of the body involved, the severity, your age, and other health factors. A treatment that helps one condition may worsen another, so identifying the problem matters.

How it works

Your skin forms a barrier against injury, irritants, germs, and water loss. It also helps control body temperature and provides sensations such as touch, pain, and heat.

A clinician usually begins by looking at the affected skin and asking when the change started. They may ask about itching or pain, new medicines, skin products, work exposures, travel, close contacts, allergies, and previous episodes.

Sometimes an examination is enough. Other checks may include:

Treatments work in different ways. Emollients, also called moisturisers, add oil or water to the outer skin layer and support the skin barrier. They are often used for dry or inflamed skin.

Topical corticosteroids reduce inflammation. "Topical" means applied directly to the skin. These medicines come in different strengths, and the appropriate strength is affected by the body area and the condition being treated. The face, eyelids, skin folds, and genital area absorb medicine more easily than thicker skin.

Antifungal medicines treat fungal infections. Antibiotics like amoxicillin or doxycycline treat certain bacterial infections, while antiviral medicines target particular viruses. These treatments are not interchangeable.

Other treatments can reduce blocked pores, slow excess skin-cell growth, alter immune activity, or remove abnormal tissue. They may be supplied as creams, ointments, gels, tablets, injections, light therapy, freezing treatment, or surgery.

- A swab to look for bacteria or viruses
- A skin scraping or nail sample to check for fungus
- Patch testing to investigate delayed contact allergy
- A biopsy, which removes a small skin sample for laboratory examination
- Blood tests when a wider health condition may be involved

Why it matters for your health

Skin changes can affect sleep, comfort, work, exercise, relationships, and confidence. Cracked or damaged skin may also make it easier for bacteria to enter.

The appearance alone does not always show the cause. For example, steroid cream can temporarily reduce redness caused by a fungal infection while allowing the infection to spread. Using an antibiotic when bacteria are not responsible may cause side effects and contribute to antibiotic resistance.

Where a treatment is applied also matters. Some products should be kept away from the eyes

or broken skin. Certain ingredients may irritate sensitive areas, stain clothing, increase sensitivity to sunlight, or be unsuitable during pregnancy or for young children.

Persistent or changing marks deserve assessment because some skin cancers resemble ordinary spots, sores, or moles. Most skin changes are not cancer, but checking a concerning change allows the next step to be decided promptly.

What can go wrong

An incorrect self-diagnosis may delay suitable care. Ringworm, which is a fungal infection rather than a worm, can be mistaken for eczema. Contact dermatitis caused by an irritant or allergy may be confused with infection. Acne-like bumps can sometimes have another cause.

Skin infections include cellulitis, impetigo, fungal infections, and viral infections such as shingles or cold sores. Increasing warmth, swelling, tenderness, pus, or rapidly spreading discoloration may suggest infection, but an examination may be needed to tell.

Medicines can also cause skin reactions. Many are mild, but a widespread painful rash, blistering, peeling skin, or sores affecting the mouth or eyes can be part of a serious medicine reaction.

Treatment itself may cause problems. Strong or prolonged topical steroid use can lead to skin thinning, stretch marks, or other unwanted effects, particularly when used on sensitive areas or under a covering. Stopping some long-term topical steroid treatment can also be difficult and should be discussed with the prescriber.

Seek emergency help for:

Seek urgent same-day advice for rapidly spreading painful redness, significant swelling, pus with fever, or a painful blistering rash near an eye. People with a weakened immune system may need earlier assessment.

Arrange routine follow-up for a concern that persists, repeatedly returns, disrupts sleep or daily life, or does not improve as expected. Also arrange assessment for a mole or mark that changes in size, shape, colour, or sensation, or for a sore that does not heal.

- Trouble breathing, throat tightness, faintness, or tongue swelling
- A widespread rash with blistering, peeling, or mouth or eye sores
- A rapidly worsening rash with severe illness, confusion, or collapse

What you can do

Keep a brief record of when the change started and how it has developed. Clear photographs taken in similar lighting can show changes that are difficult to remember. Include an object such as a ruler for scale without pressing it against sore skin.

Before an appointment, note:

Ask what diagnosis is being considered, whether any test would help, how long treatment should take to show benefit, and what changes should prompt another review.

Use prescribed and over-the-counter products according to their labels or instructions. Ask a pharmacist before combining products, especially if they contain steroids like prednisone or hydrocortisone , acne treatments, antiseptics, or ingredients that remove thick skin. Do not share prescription creams or use an old treatment for a new rash without advice.

There is no single test or treatment that covers all skin problems. If the cause is already clear and a treatment is working as expected, nothing more may be needed beyond following the plan and attending any arranged review.

- Products and medicines already tried
- New medicines, supplements, cosmetics, detergents, or workplace exposures
- Whether anyone close to you has similar skin changes
- Any pattern linked to sunlight, food, animals, jewellery, or activities
- Personal or family history of eczema, psoriasis, allergy, or skin cancer

Common questions

Should every rash be tested?

No. Many rashes can be assessed from their appearance, location, and history. Testing is more useful when the diagnosis is unclear, infection is suspected, allergy needs investigation, or treatment has not worked as expected.

Is an ointment stronger than a cream?

Not necessarily. Cream and ointment describe the product base, not the medicine's strength. Ointments are greasier and can suit very dry skin. Creams are lighter and may be easier to use on moist areas. The active ingredient and its concentration determine the medicine's strength.

Can I use a steroid cream on any rash?

No. Steroid creams can help inflammatory conditions but may mask or worsen some infections. The correct product, strength, body area, and duration matter. Ask a pharmacist or clinician if the cause is uncertain.

When is a dermatologist needed?

A dermatologist is a doctor who specialises in skin, hair, and nail conditions. Referral may be useful when the diagnosis is uncertain, the problem is severe or persistent, specialist testing is needed, or there is concern about skin cancer. Many common concerns can first be assessed by a pharmacist or primary care clinician.

Sources

- American Academy of Dermatology Association - What to look for: ABCDEs of melanoma
- Centers for Disease Control and Prevention - About ringworm
- DermNet - Skin biopsy
- NHS - Anaphylaxis
- NHS - Topical corticosteroids
- NICE guideline NG12 - Suspected cancer: recognition and referral
- NICE guideline NG190 - Secondary bacterial infection of eczema and other common skin conditions: antimicrobial prescribing