HEALTH BASICS

Skin problems in adults

An overview of common adult skin changes, how they are assessed, and when to seek help.

WHAT IT IS
A broad term for changes affecting adult skin, hair, or nails

WHERE IT COMES UP
A new rash, changing spot, itch, wound, or nail change

WHY IT MATTERS
Some changes need treatment or checking for serious disease

WHAT IT IS NOT
A diagnosis or single disease

WHO TO ASK
Primary care clinician, pharmacist, or dermatologist

HOW IT IS CHECKED
Skin examination, sometimes dermoscopy, swabs, scrapings, patch testing, or biopsy

Overview

"Skin problems in adults" is a broad description, not a disease or diagnosis. It can refer to changes in the skin, scalp, hair, or nails. Examples include a rash, itching, dryness, a changing mole, a sore that will not heal, or a change in skin colour.

Many different conditions can look similar. An itchy red patch could be eczema, an allergic reaction, irritation, or an infection. Redness may also be less obvious on brown or black skin, where inflammation can look purple, grey, or darker than the surrounding skin.

A clinician usually considers how the change looks, where it is, how long it has been present, and what else was happening when it started. Photographs and tests may help, but no single test covers every skin concern.

How it works

Your skin has several layers. Its outer layer forms a barrier that limits water loss and helps protect you from irritants, allergens, sunlight, and germs. Deeper layers contain blood vessels, nerves, hair follicles, sweat glands, and oil-producing glands.

A visible change can result from different processes. Inflammation can cause itching, swelling, warmth, or colour change. Infection can involve bacteria, viruses, fungi, or parasites. Blocked or inflamed hair follicles can produce spots or lumps. Changes in pigment-producing cells can make areas lighter or darker.

Clinicians describe skin findings using terms such as:

These descriptions help narrow down possible causes, but they do not provide a diagnosis by themselves.

- Patch: a flat area of changed colour or texture
- Papule: a small, raised bump
- Plaque: a broader, raised area
- Blister: a pocket of clear or blood-stained fluid
- Pustule: a bump containing pus
- Scale: flakes of the outer skin layer
- Ulcer: an open area caused by loss of skin

Why it matters for your health

Some skin changes are mild and settle with simple care. Others need treatment because they are painful, persistent, contagious, or affecting sleep and daily life.

The skin can also react to medicines, workplace materials, cosmetics, plants, metals, or cleaning products. Finding the trigger may help prevent repeated exposure. In other situations, a skin change can be linked to an immune condition or another health problem.

A new or changing growth may need assessment for skin cancer. Most moles and skin growths are not cancer, but appearance alone is not always enough to be certain.

Skin problems can also affect emotional well-being. Visible changes, hair loss, long-lasting itch, or scarring may affect confidence and social activities. This impact is a valid reason to discuss the concern during routine care.

What can go wrong

Skin concerns may relate to several named conditions or situations.

Inflammatory conditions include eczema, contact dermatitis, psoriasis, rosacea, and hives. Contact dermatitis develops when the skin is irritated or reacts to something touching it. Hives

are raised, itchy swellings that can occur with an allergic reaction but also have other triggers.

Infections include cellulitis, ringworm, shingles, cold sores, scabies, and infected hair follicles. The treatment depends on whether bacteria, viruses, fungi, or parasites are involved. Antibiotics like amoxicillin or doxycycline do not treat every type of skin infection.

Blocked or inflamed follicles can occur with acne, boils, or ingrown hairs. Picking or squeezing may increase inflammation and scarring.

Pigment and growth changes include harmless moles, age-related growths, areas of darker or lighter skin, and skin cancers. Warning features can include a new growth, an existing spot that changes, uneven colour or shape, repeated bleeding, or a sore that does not heal.

Arrange a routine appointment if a change persists, keeps returning, is affecting daily life, or has no clear cause. A new or changing mole, unexplained lump, or non-healing sore should also be assessed rather than watched indefinitely.

Seek urgent, same-day medical advice for:

Call emergency services for trouble breathing, faintness, or swelling of the tongue or throat, including when these occur with hives. These may be signs of a severe allergic reaction.

- Rapidly spreading, painful, hot, or swollen skin, especially with fever
- A painful rash involving the eye, or any associated vision change
- A widespread rash with blistering, peeling, mouth sores, or marked illness
- Purple or bruise-like spots that do not fade when pressed, especially if you feel unwell
- A significant skin reaction that starts after a new medicine

What you can do

There is no single home treatment or screening test for all adult skin problems. The useful next step is to record what is happening and arrange the right level of assessment.

Look at the area in good light. If possible, take a clear photograph with the date and a ruler or familiar object for scale. For a widespread change, take one photograph showing its distribution and another showing close detail. Images can help show whether a spot is growing or a rash is spreading.

Keep a brief record of:

Do not stop a prescribed medicine solely because of a mild skin change without seeking advice. If there is blistering, peeling, facial or throat swelling, breathing difficulty, or severe illness, use urgent or emergency services.

A pharmacist can advise about minor concerns and help you choose gentle skin products. Fragrance-free moisturisers and mild cleansers may support dry or irritated skin, but they do not treat every cause. Avoid repeatedly scratching, squeezing, or applying several new products, as this may worsen irritation or make the cause harder to identify.

During an appointment, a clinician may examine the whole skin surface, scalp, mouth, or nails. A dermatoscope-a handheld magnifying light-can provide a closer view of a mole or growth.

Other available tests include:

Useful questions include what the likely causes are, whether the condition could spread to others, whether a medicine or product may be involved, what tests would change management, and when the area should be reviewed again.

- When the change started and how it has developed
- Whether it itches, hurts, bleeds, oozes, or feels warm
- New medicines, supplements, cosmetics, soaps, jewellery, or workplace exposures
- Recent illness, travel, insect bites, sun exposure, or contact with similar rashes
- Treatments already tried and whether they helped
- A swab for some bacterial or viral infections
- A skin or nail scraping to look for fungus
- Patch testing for delayed contact allergy
- A biopsy, which removes a small skin sample for laboratory examination
- Blood tests when the history or examination suggests a wider health issue

Common questions

Can an app or photograph diagnose a rash?

A photograph may help document change, but it cannot reliably replace an examination. Lighting, skin tone, texture, tenderness, and the pattern across the body can all affect assessment. Some conditions also need a scraping, swab, patch test, or biopsy.

Does every changing mole mean cancer?

No. Moles can change for non-cancerous reasons. However, a new or changing mole should be checked, especially if it has an uneven shape or colour, looks different from your other moles, bleeds, or continues to grow.

Can stress affect the skin?

Stress can worsen itching and may contribute to flare-ups of conditions such as eczema, psoriasis, acne, or hives. It should not automatically be assumed to be the cause of a new skin change.

Should I ask for allergy testing?

Only certain concerns are investigated with allergy tests. Patch testing checks for delayed reactions to substances that touch the skin. It is different from tests used for immediate allergies. A clinician can decide whether the appearance and exposure history make testing useful.

What if the skin change comes and goes?

Take photographs while it is visible and record possible triggers. This can be particularly helpful for hives, facial flushing, intermittent swelling, or rashes linked to work or products.

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