Is it eczema, psoriasis or scabies?

If you're dealing with itchy, irritated skin, it can be difficult to know exactly what's going on. Eczema, psoriasis and scabies can sometimes look similar, particularly in the early stages, but they are very different conditions with different causes and treatments.

Understanding some of the key signs and differences can help you take the right next steps and have a more informed conversation with your GP or dermatologist.

All three conditions can involve redness, itching, and inflamed skin. They can appear on similar areas of the body and may come and go over time.

However, the underlying causes are quite different. Eczema is linked to a weakened skin barrier and sensitivity to triggers. Psoriasis is an autoimmune condition that causes rapid skin cell turnover. Scabies, on the other hand, is caused by tiny mites that burrow into the skin. Because treatment varies significantly, getting the right diagnosis is important.

Eczema: dry, itchy, and sensitive skin

Eczema (also known as atopic dermatitis) is one of the most common skin conditions. It often begins in childhood but can occur at any age. The main symptom is persistent itching, often accompanied by dry, red, and inflamed skin. The skin may feel rough, flaky, or cracked, and in some cases, it can weep or become infected.

Eczema commonly affects areas such as the inside of the elbows, behind the knees, the neck, and the face. It tends to flare up in response to triggers such as weather changes, stress, irritants, or allergens. Management focuses on maintaining the skin barrier. This usually includes regular moisturising, avoiding known triggers, and using medicated creams when needed, as advised by a doctor.

Psoriasis: thickened, scaly plaques

Psoriasis is a chronic autoimmune condition that causes skin cells to build up more quickly than normal. It typically presents as well-defined, thickened patches of skin covered with silvery-white scales. These patches are often found on the elbows, knees, scalp, and lower back, but they can occur anywhere on the body.

Unlike eczema, psoriasis patches are usually more clearly defined and may feel thicker to the touch. Itching can occur, but it is often less intense than in eczema. Some people may also experience pain or a burning sensation. Treatment for psoriasis often involves medicated creams, light therapy, or systemic treatments prescribed by a doctor, depending on severity.

Scabies: intense itching and rapid spread

Scabies is caused by microscopic mites that burrow into the skin and lay eggs. It is highly contagious and spreads through close physical contact. The most noticeable symptom is intense itching, particularly at night. The rash may appear as small red bumps, blisters, or thin, wavy lines on the skin (these are the burrows).

Common areas affected include between the fingers, wrists, underarms, around the waist, and the groin area. In infants and young children, it can also affect the face, scalp, and soles of the feet. Unlike eczema and psoriasis, scabies often spreads quickly among household members or close contacts. Treatment involves prescription creams or lotions to kill the mites, and it is important that all close contacts are treated at the same time to prevent reinfestation.

Key differences to look out for

While there can be overlap, a few key features may help point you in the right direction.

Eczema is usually very itchy, with dry and sensitive skin that flares in response to triggers. It often has a long-term pattern with periods of improvement and worsening.

Psoriasis tends to present as thicker, well-defined plaques with a silvery scale. It may be less itchy but more persistent in appearance.

Scabies is characterised by intense itching, especially at night, and may involve small bumps or visible burrows. It often spreads to others in close contact.

When to see your GP

If you are unsure what condition you may have, it's important to see your GP for an accurate diagnosis.

You should seek medical advice if:

- The itching is severe or affecting your sleep
- The rash is spreading or not improving
- Other household members are also experiencing symptoms
- The skin is becoming painful, infected, or weeping

Your GP may be able to diagnose the condition based on a physical examination, or they may refer you to a dermatologist for further assessment. When you attend your appointment, it can be helpful to describe your symptoms clearly and share any patterns you've noticed.

Let your doctor know:

- When the symptoms started and how they have changed
- Whether the itching is worse at certain times (such as at night)
- If anyone else in your household has similar symptoms
- Any products or treatments you have already tried

This information can help guide an accurate diagnosis and ensure you receive the most appropriate treatment.

One other helpful way to distinguish between these conditions is to look at how they behave over time and whether they can spread to others. Eczema and psoriasis are not contagious and cannot be passed from person to person, whereas scabies is highly contagious and can spread quickly through close contact within households or shared environments. In terms of itch, eczema and scabies are typically very itchy, with scabies often causing intense itching that worsens at night, while psoriasis may be only mildly itchy or sometimes not itchy at all. Flare patterns also differ. Eczema and psoriasis are usually long-term conditions with recurring flare-ups and periods of improvement, often influenced by triggers such as weather, stress, or illness. Scabies, on the other hand, will persist and often worsen until it is properly treated, but once treated correctly with prescribed medication, it usually clears within a few weeks. Understanding these patterns can help you better identify what may be happening and provide valuable information to your GP when seeking a diagnosis.

Although eczema, psoriasis and scabies can look similar, they each require different approaches to management. Getting the right diagnosis is the first step towards effective treatment and relief from symptoms.

If you're unsure, don't try to manage it alone. Speak with your GP, and if needed, a dermatologist can provide more specialised care.

The team at the Eczema Association is also here to support you. While we cannot diagnose conditions, we can help you understand eczema, guide you towards trusted resources, and support you in preparing for medical appointments so you can feel confident in managing your skin health.

This information sheet is provided by the Eczema Association of Australasia Inc to give practical insights and help on eczema and its management for sufferers and carers. Information sheets are also part of our membership package.

Our Disclaimer
This information sheet is not intended to constitute or replace medical advice and is provided for general information purposes only. For medical advice, please always consult your health professional. Furthermore, it is not the policy of the Eczema Association of Australasia Inc to recommend or endorse any specific product, brand or treatment.

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