Let's Face It

MENOPAUSAL SKIN

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WHAT IS THE MENOPAUSE?

MENO = month
PAUSE = stop
PERI = around, about or near (PERIMENOPAUSE)
Our bodies are fluent, ever changing machines controlled by many systems and chemicals. Hormones are present at varying levels throughout our lifetime and changes occur which may result in affects on our skin. The perimenopause and menopause are natural stages of our ageing usually starting around the ages of 45 - 55 years. Women may also experience early menopause (pre 40years old), primary ovarian insufficiency (POI) and surgical menopause (when the ovaries are surgically removed)

WHAT ARE THESE CHANGES I MAY SEE ON MY SKIN?

Changes in hormone levels can affect oil production and decrease cell renewal and turn over - this may result in drier and more irritable skin or in some cases women may experience breakouts and acne, particularly along the jawline area.

Collagen production is linked to our fertility, and as we reach perimenopause our collagen starts to deplete, this can then lead to:

- facial sagging - the collagen framework is depleted causing gravity to pull our facial fat pads downwards, resulting in hollowing of the cheek area or jowls along the jawline
- As the collagen framework depletes the skin will start to fold resulting in lines and wrinkles

Hyaluronic Acid production decreases which means the skin is unable to retain moisture as efficiently and becomes dryer through water loss.

Ceramide (fatty lipid) levels deplete and skin becomes thinner resulting in dark spotting or hyperpigmentation, and possible increased sensitivity leading to rosacea.

As skin becomes thinner so it takes longer to heal and also becomes dryer

Bowel function also slows down- this is not only important for the absorption of nutrients but also for excretion - a slower function affects elimination of toxins and this can show in our skin resulting in possible outbreaks and dull, lacklustre skin

HOW CAN I HELP MY SKIN?

SKINCARE ROUTINE

CLEANSER - keep it mild and soap free, avoiding over drying products. For acneic skin consider products with salicylic, azaelic or lactic acid in them

EXFOLIANT - avoid physical exfoliants that will be harsh on fragile thinning skin. Keep it mild as our skin becomes more sensitive and we want to avoid breaking down the skin barrier. Low levels of alphahydroxy acids (AHAs) such as glycolic or lactic acids are great for prepping the skin for product penetration

TONER - keep it alcohol free and remember its all about prepping for a moisture lock so look for Hyaluronic Acid. Products with Vitamin C and vitamin E (a great antioxidant) are also a bonus

SERUM - again, its all about locking in that moisture. Look for products with hyaluronic acid that will help bind to moisture and protect against the trans epidermal water loss (TEWL). Nourishing the skin is also important with ingredients such as niacinamide (increases radiance and barrier function) allantoin (soothes and protects), peptides (amino acid 'building blocks')

MOISTURISER - avoid pore blocking (comodogenic) products. Look for products with retinol, peptides, Hyaluronic Acid and glycerin. Vitamin A is great for cell turnover and Vitamin C helps strengthen the skin - introduce these products slowly to avoid irritation from increased cell renewal

HEALTHY DIET

Keep your diet as natural as possible with as much non processed food as possible - reduce refined foods and decrease sugar intake. Although calcium is needed for keeping bones strong, try and reduce dairy intake and seek calcium in other sources such as fish, cereals, tofu for example.
Increase oestrogen levels by eating soya, flax seeds, sesame seeds.
Fresh fruit and vegetables, fortified cereals, fish and soya are great staples for the menopausal diet.
Avoid alcohol as much as possible or keep to a minimum (both alcohol and smoking are toxins that we are trying to fight against for great skin)
Keeping the gut healthy will also help excrete toxins from the body

HORMONES AND HORMONE REPLACEMENT THERAPY (HRT)

OESTROGEN - the follicle stimulating hormone stimulates the ovaries to produce oestrogen. Oestrogen is responsible for development and regulation of the female reproductive organs. Levels vary during the day with greater fluctuations at perimenopause. Levels decrease during menopause that can result in lower mood, headaches, vaginal dryness, hot flushes, breast tenderness. Adequate oestrogen improves signs and symptoms and decreases the risk of future diseases

PROGESTERONE - prepares the body for conception and regulates the menstrual cycle. It thickens the lining of the uterus each month and induces a monthly bleed, and strengthens bones. Reduced levels may result in irregular periods, infertility, headaches, weight gain, fibroids

TESTOSTERONE - an androgen that is produced in the ovaries and adrenal glands. Combined with oestrogen it promotes growth and maintenance of reproductive tissues and bones. Low levels may result in weight gain and mood changes and raised level symptoms may include acne, excess facial hair, libido changes, irregular periods, mood changes. With usually no side effects reported, many have found that testosterone replacement improves energy mentally and physically, improves cardiovascular health, bone strength and libido.

HRT - all these hormones fluctuate during perimenopause and menopause. HRT works to improve associated symptoms and lowers risk of developing future diseases (heart disease, dementia, diabetes). Finding the right treatment and dose is specific to the individual and needs to be discussed with your GP. The majority of HRT is now derived from yams. Available as oestrogen tablets, patches, gels, sprays (can bypass the liver = less side effects) progesterone tablet or coil (controls uterus lining thickness and induces a bleed to decrease risk of cancerous cells), and testosterone cream applied and absorbed through the skin. Combination patches are available but may have side effects. For more information consider visiting the menopause doctor website, listed below.

….REMEMBER…..EVERY WOMAN IS DIFFERENT AND INDIVIDUAL IN WHAT THEY EXPERIENCE AND WHAT WORKS FOR THEM ….

SUPPLEMENTS TO CONSIDER

If discussions with your GP regarding HRT are not your thing, then consider looking into supplemental therapy

- Black cohosh -the root increases the effects oestrogen
- Feminapause
- Pukka® womenkind menopause
- Holland&barrett® menopause mood relief
- Avogel® menoforce sage
- Vitabiotics® menopause
- Vitamin E - good for reducing hot sweats
- St Johns wort - can help with low mood (check with Gp as can have interactions with other medications)

KEEP STRONG

As we age our bone density will start to decrease. We can work on improving this with strength training, adding weights into our physical activity programme - this can be discussed with a physio to identify a suitable programme for you.
Easy activities such as walking and swimming are great for strengthening muscles and keeping the cardiovascular system in great shape.
Another bonus to consider:
MUSCLE DEVELOPMENT INCREASES COLLAGEN PRODUCTION - THE BUILDING BLOCKS FOR GREAT SKIN

PAUSE FOR THOUGHT - SITES TO SEE AND BOOKS TO READ

WEBSITES

- **www.menopausematters.co.uk**
- **www.thebms.org.uk**
- **www.menopausesupport.co.uk**
- **www.menopause-exchange.co.uk**
- **www.daisynetwork.org** (for peri menopause)
- **www.womens-health-concern.org**
- **bestmenopausesupplement.com**
- **www.pausitivity.co.uk**
- **www.nhs.uk**

TWITTER

- @menomatters
- @Perimenopost
- @Pausitivity2
- @MenopauseLifes1
- @MenoMavericks
- @ThisisDavina
- @Menopause
- @BrMenopauseSoc
- @mymenopausedr

INSTAGRAM

- menopause_doctor
- menopausesupport
- themenopauseroom
- menopause health
- menopausematters
- prematuremenopause14
- hotflushcclub
- davinamenopause
- lizearlme
- themenocharity
- dianedanzebrink
- emma.bardwell

BOOKS

- Preparing for the perimenopause and. Menopause (Dr Louise Newson)
- New natural alternatives to HRT (Marilyn Glenville)
- BMS- management of the menopause (Margaret Rees)
- Perimenopause power (Maisie hill)
- Complete guide to the menopause (Anise Mukherjee)
- The happy menopause (Jackie Lynch)
- The midlife kitchen (Mimi Spencer)
- Preparing for the perimenopause and. Menopause (Dr Louise Newson)
- Everything you need to know about the menopause (but were afraid to ask) (Kate Muir)