My skin has changed.

Your skin feels dry one week, spotty the next, and suddenly furious about moisturiser.

01 What menopause actually does to skin — and what it does not

02 Dryness, breakouts, redness, pigment, collagen and hair

03 How to reset a shelf that has stopped making sense

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INSIDE

Menopause has entered the bathroom cabinet.

The products have opinions, and most of them are expensive.

A NOTE FROM REBECCA

I can usually tell when someone has been trying exceptionally hard with her skin because she brings the physical evidence into clinic like a modern charge sheet. The bag normally contains acids, oils, peptides, several half-used cleansers and a retinol that has apparently been 'purging' her since Easter. When she asks why her complexion has suddenly gone mad, the honest answer is that her skin has not failed.

Menopause can make skin drier, thinner and more reactive, while the routine often becomes busier at exactly the wrong moment.

Hormonal change may be part of the story, but stress, cumulative sunlight, medication, a skin condition or six aggressive products can contribute just as enthusiastically. A complicated routine can also create or prolong irritation, which makes the original cause much harder to identify. My job is to work out which factors matter and which bottles are merely taking up shelf space. I will explain the science when it helps, but I will not make you wade through clinical language simply to prove that science exists.

OPENING FEATURE

The skin changed while the sales pitch got louder.

Menopause may alter the skin, but it rarely works without accomplices.

When makeup suddenly looks wrong, the experience can be oddly disorientating because the face in the mirror still feels like yours. Foundation settles around the mouth, the cheeks feel tight and a patch beside the nose flakes while the nose itself remains impressively shiny. Last month's trusted moisturiser now stings, so the natural response is to buy a richer cream that soon feels much too heavy. An exfoliating acid then arrives to deal with the heaviness, followed by a retinol because the internet dislikes an empty shelf.

By the third week, the bathroom cabinet looks deeply professional while the face remains red, peeling and fundamentally dry.

> *“The skin changed while the sales pitch got louder.”*

The routine has become impressive to look at and almost impossible to evaluate. Oestrogen plays a part in moisture retention, natural oil production, collagen and repair, so fluctuating levels can alter how skin looks and behaves. Products used happily for years may stop suiting the skin, although hormones do not become responsible for every mark simply because menopause has arrived. Decades of sunlight still count, as do poor sleep, illness, smoking, medication and a routine that changes every Thursday. A persistent rash needs proper attention, sudden hair loss deserves a comprehensive history and a changing mole belongs with the GP rather than underneath a cosmetic peel.

Much of the irritation I see began with the best intentions because dry skin looked dull and exfoliation seemed like the obvious answer. The result can be more irritation, more water loss and no clear sense of which product caused it.

Modern beauty advice often treats a human face like patio paving, assuming that uncertainty can be solved by blasting away the top layer. A calmer approach makes the skin comfortable, changes one variable at a time and gives the result enough time to become meaningful. While this deliberate approach may not provide the thrill of a midnight order, it is considerably more useful. Skin rarely improves because somebody became more impatient with it.

01 / HORMONES

Hormones: the plot thickens.

The skin can thin, dry, flush and produce one astonishing spot on the chin.

Hormones do not decline along one tidy, gentle line, because perimenopause is less like dimming a lamp and more like living with faulty electrics. The skin can feel desert-dry one week, strangely oily the next and suddenly offended by a product it tolerated for years. Hot flushes add heat and sweat, while poor sleep and high stress arrive with their usual impeccable timing.

Skin that already holds less moisture is then expected to cope with the entire production without making a fuss. These changes are real, but they do not combine into one convenient 'menopause skin type' that can be treated with a matching product range. One woman develops intense dryness, another notices rosacea and someone else deals with adult spots alongside years of sun damage. Those women share a life stage, but they do not share one face or a single shopping list. Matching boxes on a retail display cannot account for those differences, regardless of how soothing the beige packaging appears.

> *“The skin can thin, dry, flush and produce one astonishing spot on the chin.”*

A standard skin appointment cannot diagnose menopause because periods, wider symptoms, age and medical history matter far more than dry cheeks alone.

In otherwise healthy people over 45, clinicians usually consider the whole clinical pattern rather than relying on routine blood tests or surface changes. Younger age, unusual symptoms or genuine concern deserve an appropriate healthcare conversation, and HRT belongs firmly within that wider discussion. It is prescription medicine rather than moisturiser with superior public relations, so the whole person must guide the decision.

Before changing the routine, you should record when symptoms began, whether they fluctuate and what products or circumstances changed around the same time. Photographs taken in consistent light give a much fairer record than daily inspection beneath an unforgiving bathroom bulb. You then need to leave enough time between adjustments for the evidence to become useful. This method costs nothing, which probably explains why it receives so little advertising.

02 / DRYNESS

The great moisture robbery.

Your skin has not crossed the Sahara; it has become worse at keeping water where it belongs.

Dryness is often sold with dramatic promises about drenching, flooding or cocooning skin, although the underlying problem is far less theatrical.

Water escapes too easily while the skin may produce less of its own protective oil. The face may feel tight after cleansing, makeup can catch on rough patches and the arms or shins may begin itching at night. The nose can remain shiny throughout because oiliness and dehydration can exist at the same time. Flaking skin naturally invites scrubbing because removing the flakes produces a few satisfying hours of smoothness.

> *"Your skin has not crossed the Sahara; it has become worse at keeping water where it belongs."*

The weakened barrier then loses more water, and even plain moisturiser may begin to sting. Scrubbing harder simply keeps the argument going, so lukewarm water and a comfortable cleanser are usually more sensible. You should apply moisturiser while the skin is slightly damp and choose a formula that can be used regularly without discomfort.

Consistency matters more than price, packaging or the number of ingredients printed on the box. Some creams arrive in jars with the architectural confidence of a bank vault, although your skin remains entirely unmoved by the weight of the lid.

Body skin deserves the same attention, particularly when hot showers, fragranced washes and central heating are making the shins unbearable. A pharmacist can help with a plain emollient or soap substitute, but persistent itch should not automatically be filed under menopause. Severe or widespread itching, disturbed sleep, a rash, broken skin or signs of infection need proper clinical advice. A facial has many uses, but repairing infected skin is not one of them.

KEEP

You should use a mild cleanser, dependable moisturiser and SPF that you will actually wear.

STOP FOR NOW

You should pause scrubs, brushes and the nightly acid cocktail.

GET ADVICE

Persistent itch, a spreading rash, broken skin or infection needs proper advice.

EDITORIAL

A *facial does not need special effects.*

Steam, tingling and a face the colour of a stop sign are not proof of value.

Some skin needs less theatre, even when the treatment room contains enough equipment to suggest that a small television programme is about to begin. A professional facial should respond to the skin rather than perform every available step for the sake of appearances. At No.1 Urban Aesthetics, a calming ProSkin or Dermalogica PRO treatment is adjusted to what the skin can tolerate on that particular day. Heat, scrubs and advanced procedures do not become compulsory merely because somebody remembered to plug in the machine.

I leave a step out whenever leaving it out is the more intelligent decision. Clinical judgement matters most when the correct plan is smaller than the treatment menu.

03 / BREAKOUTS

The return of the chin spot.

Nature sometimes has the comic timing of a falling wardrobe.

Fine lines can appear at roughly the same time as an astonishing spot on the jaw, which feels particularly unfair even by hormonal standards. Oil production and inflammation may shift, but every red bump does not become acne simply because it arrived in midlife. Acne commonly includes blocked pores alongside inflamed spots, while rosacea can produce bumps with flushing, burning and persistent redness. A rash around the mouth may be something different again, despite sharing the deeply unhelpful characteristic of being red. The distinction matters because strong acne treatment applied to the wrong condition can make a sore face considerably sorer.

Skin does not reward confidence when the diagnosis is a guess.

> *"Skin does not reward confidence when the diagnosis is a guess."*

For a mild breakout, you should keep the rest of the routine gentle while a pharmacist advises on suitable non-prescription options. Benzoyl peroxide or azelaic acid may be appropriate, but either treatment needs proper introduction and several weeks to show what it can do. A product has not failed simply because the jawline has not changed within a few days, and blackheads are not evidence of poor hygiene.

Scrubbing adds irritation without treating the cause of the blocked pores. Stacking acid, retinol and spot treatment into one heroic evening adds irritation without removing the original problem. You are then managing acne and an irritated barrier, which means the routine has created a second problem. Painful, deep or scarring acne belongs with the GP, as does acne that affects confidence or refuses to improve.

Rapid facial-hair growth, scalp hair loss or other unexpected symptoms should be mentioned when they accompany a sudden severe outbreak. A suitable facial may support mild congestion, but it cannot replace medical acne care. Microneedling active, inflamed spots may worsen irritation and should wait until the skin has settled.

KEEP

You should continue gentle cleansing, moisturiser, daily SPF and one carefully introduced active.

PAUSE

You should pause stacked acids, scrubs and microneedling over active, inflamed skin.

GET ADVICE

You should seek advice for painful, deep or scarring acne, or a sudden severe outbreak with other symptoms.

04 / REDNESS

When red means more than hot.

A hot flush passes, while rosacea tends to unpack and stay.

A hot flush announces itself clearly because heat rises, the face reddens and sweat appears before the episode eventually passes. Rosacea is more inclined to move in, rearrange the furniture and leave visible evidence that it plans to stay. The centre of the face may remain red, small vessels can become visible and the skin may burn or sting.

Some people develop bumps, while others notice sore or gritty eyes alongside the facial symptoms. Redness that appears only during a flush may respond to cooling measures and a wider menopause conversation. Redness that persists, hurts or affects the eyes needs assessment in its own right rather than six months beneath green-tinted cream. Steam, scrubs and peels often turn touchy skin into a much angrier face because they add irritation to an already reactive barrier.

> *“A hot flush passes, while rosacea tends to unpack and stay.”*

A quieter approach gives the skin barrier a chance to settle.

You should use a mild cleanser, a moisturiser that does not sting and broad-spectrum SPF that feels comfortable enough for daily wear. You can track genuine triggers without accepting a stranger's complete ban on curry, wine, exercise, sunlight, heating and human emotion.

Makeup and camouflage are entirely reasonable when redness affects confidence, provided they are removed gently. Persistent, worsening or painful redness, and any eye symptoms, deserve appropriate medical advice. Another green cream may disguise the colour without explaining why the redness persists. Proper assessment is usually the better purchase when redness refuses to settle.

KEEP

You should continue a mild cleanser, comfortable moisturiser, daily SPF and a note of genuine triggers.

PAUSE

You should pause steam, scrubs, peels and products that sting or burn.

GET ADVICE

You should seek advice for persistent, worsening or painful redness, especially when the eyes feel sore or gritty.

05 / PIGMENT

Sunlight kept the receipts.

Midlife is often when the invoice appears across the cheekbones.

Pigmentation often looks new long after the groundwork was laid because years of sunlight can become more visible as skin changes. Holidays, school runs, garden lunches and all the days that never felt particularly sunny still contribute to the eventual total. Hormonal change can influence pigment, particularly melasma, while spots and irritation may leave darker marks after inflammation settles. Freckles, sun spots, melasma and post-inflammatory pigmentation can share a colour without sharing the same cause or treatment plan.

Daily SPF 30 or higher with good UVA protection provides the sensible starting point, alongside shade and clothing when sunlight is strong.

> *"Midlife is often when the invoice appears across the cheekbones."*

Most people already know this, but the sunscreen still has to leave the drawer and reach the face. Treatment depends on the type of pigment and the skin carrying it, rather than how enthusiastically a device can be turned up. Selected concerns may respond to active skincare, professional peels or microneedling when the skin and medical history make those options appropriate. Too much inflammation can deepen pigmentation, especially in darker skin tones, so aggressive treatment can leave the original concern worse. The treatment industry sometimes presents a higher machine setting as evidence of clinical courage, although the skin may reasonably regard it as evidence that somebody has become overexcited.

I would never promise permanent removal because pigment continues responding to light, heat, hormones and inflammation throughout life. Honest planning can discuss improvement and maintenance, but permanent erasure is not a responsible promise. A new or changing mole, or a mark that bleeds, crusts, hurts, itches, becomes inflamed or refuses to heal, goes to the GP first. Cosmetic treatment waits until that concern has been assessed, regardless of what was booked online.

KEEP

You should continue daily SPF 30 or higher with strong UVA protection, plus shade and clothing in strong sun.

PAUSE

You should pause aggressive treatment while the skin is inflamed or the mark remains unexplained.

GET ADVICE

You should seek advice for any new, changing, bleeding, crusting, inflamed or non-healing mark.

06 / COLLAGEN

Why the face feels different.

Wrinkles are only part of the change because skin, fat, muscle and bone all age together.

People rarely come into clinic complaining about collagen because they usually describe something more ordinary and much harder to name. They look tired, makeup sits differently or the jawline appears to have quietly resigned from several of its former duties. That description makes sense because a face contains several layers that age at different rates.

Skin becomes drier and less elastic, while changes in fat, muscle and bone alter the structure beneath it.

Old sun damage becomes clearer, and 'collagen boosting' appears on almost every bottle with enough room on the label. The phrase sounds reassuringly scientific, although it often says very little about the likely result. Some treatments can improve skin quality when they are selected for the right concern and used on suitable skin. A retinoid may improve texture, while microneedling can support selected fine lines and certain types of scarring. Moisturiser softens lines made more obvious by dehydration, and daily sun protection limits avoidable ultraviolet damage.

> *"Wrinkles are only part of the change because skin, fat, muscle and bone all age together."*

These are worthwhile improvements, but they do not amount to rebuilding a younger face behind the original one. I work upwards from the basics by making the skin comfortable, protecting it and then considering one well-chosen active or professional treatment.

This order prevents a surprising amount of expensive confusion. When the main concern involves volume, movement or underlying structure, repeated resurfacing cannot provide the right answer. Repainting the room remains respectable work, but it will not straighten the floorboards underneath it. Microneedling also requires judgement because inflamed, infected or poorly healing skin is not ready simply because an appointment exists.

Extra depth and longer downtime do not demonstrate commitment when the skin needed restraint. Looking well and feeling like yourself is a serious and reasonable aim. Looking untouched by time is not something any honest clinic can offer.

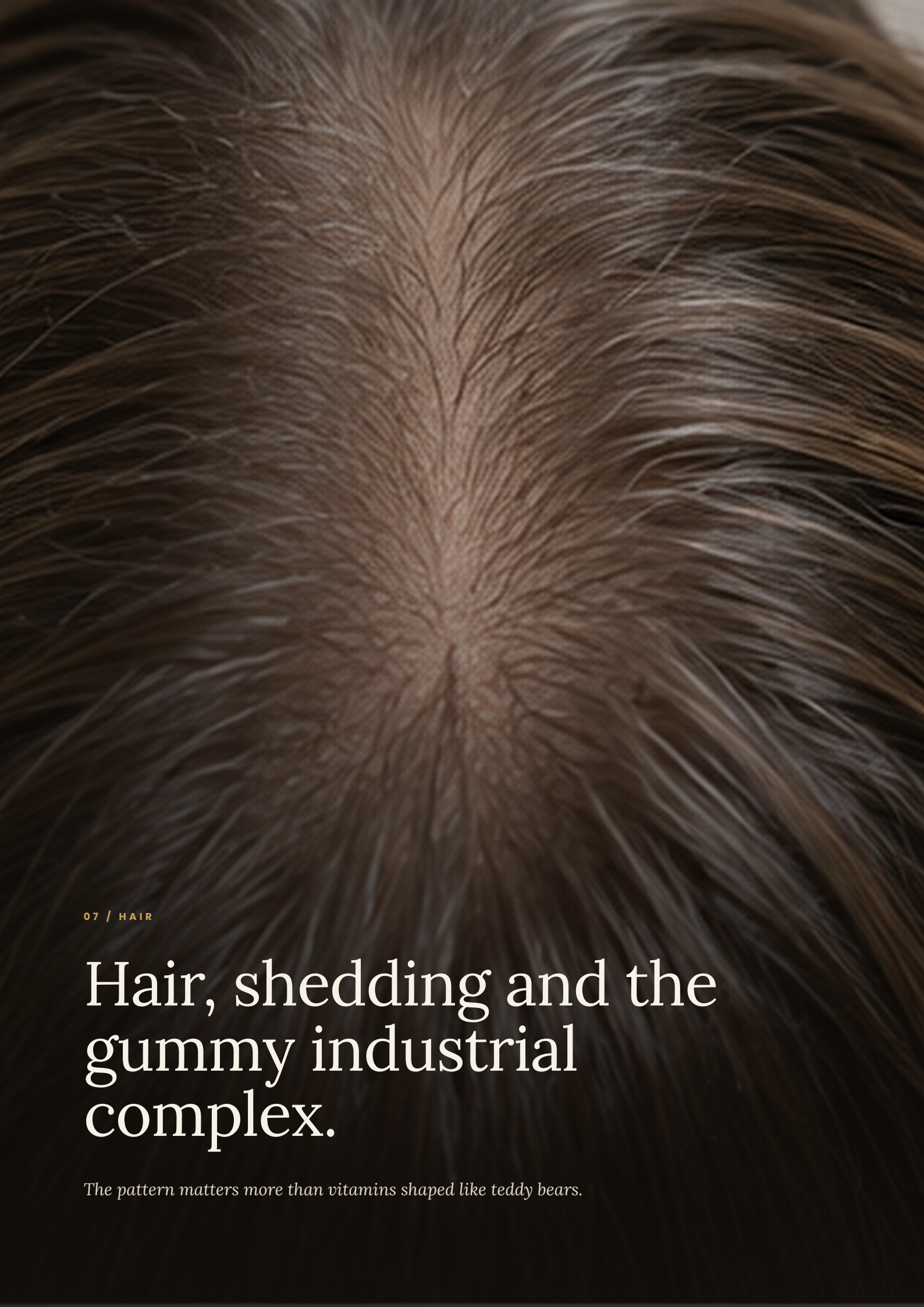
EDITORIAL

A treatment needs a job description.

If nobody can explain what it is meant to improve, it should not be clocking in.

Before microneedling or another skin-quality treatment, I want a clear description of the concern, the reason for choosing the procedure and the intended result. Popularity does not provide a clinical indication, and saying 'collagen' with great confidence does not improve the explanation. The skin must be calm enough to repair, while the medical history and treatment plan need to make sense together. Any likely improvement should justify the recovery, cost and risk rather than merely filling an appointment slot.

When those conditions are not met, the sensible decision is to wait. A delayed treatment is considerably easier to manage than a badly timed one.



07 / HAIR

Hair, shedding and the gummy industrial complex.

The pattern matters more than vitamins shaped like teddy bears.

Hair loss is frightening, which makes worried people especially attractive to anyone selling oils, powders, brushes and brightly coloured gummies. The woman advertising them normally has enough hair for three adults and has never met your medical history. You should ignore the shopping for a moment and examine the pattern, because the pattern provides information that packaging cannot. A widening parting differs from sudden shedding, while bald patches differ again from a sore, red or scaly scalp.

A receding front hairline also deserves attention, because the phrase 'menopause hair' cannot explain every type of loss. It is a description broad enough to be commercially useful and clinically close to useless. Female-pattern hair loss usually develops gradually, while illness, surgery, major stress or rapid weight change can trigger sudden shedding.

Patchy loss, scarring, scalp pain or a rapidly receding hairline needs medical assessment rather than another shampoo experiment.

> *“The pattern matters more than vitamins shaped like teddy bears.”*

You should take one photograph each month in the same place and light, because hair grows too slowly for daily inspection to help. Daily checking rarely reveals useful growth and usually increases anxiety instead. Topical minoxidil appears in medical guidance as one option for female-pattern hair loss, but it comes with instructions, side effects and pregnancy considerations. A pharmacist or clinician can explain whether it is suitable, while prescription tablets require an individual prescriber discussion. Supplements deserve more thought than their cheerful packaging suggests because iron treats iron deficiency, not hair loss from every possible cause.

High-dose biotin can interfere with some blood-test results, so possible deficiency should be investigated properly rather than guessed in gummy form. Hair fibres, a different parting, a clever cut or a hairpiece can make daily life easier if you want them.

These are practical tools rather than admissions of defeat, despite the strange moral weight sometimes attached to changing a hairstyle. Spending three hundred pounds on supplements without learning why the hair is falling remains a poor bargain. The cause matters more than the shape or colour of the gummy.

KEEP

You should take monthly photographs of the parting and hairline in the same place and light.

PAUSE

You should pause expensive supplement bundles until the likely cause has been considered.

GET ADVICE

You should seek advice for patchy loss, scalp pain, scarring, rapid recession or sudden severe shedding.

08 / THE RESET

Your shelf needs an intervention.

Count the bottles, because the total may explain more than the labels do.

If you open the average troubled bathroom cabinet, vitamin C is usually leaning into retinol while an acid toner leaks slowly across the shelf. The peptide mist may still be there, although nobody remembers what problem it was meant to solve. Every bottle arrived for a reason, but together they may be causing the dryness, spots and stinging that prompted the latest purchase. Together, the products may be treating side effects caused by one another. You should keep a mild cleanser, a moisturiser and an SPF that the skin already tolerates, then pause the obvious irritants.

Comfortable and uneventful skin provides a useful baseline for deciding what belongs in the routine.

> *“Count the bottles, because the total may explain more than the labels do.”*

Once the skin settles, you should choose one priority and introduce one product at a sensible frequency. Its three matching friends can remain on the website, even when free delivery ends at midnight and a countdown clock begins making threats. You should take one photograph each week and allow enough time for the face to respond without further interference.

Constant changes create impressive activity, but they rarely create evidence that helps anyone make a decision. The reset will not solve every skin condition, although it removes some of the noise surrounding a persistent problem. Ongoing redness, itching, a spreading patch or rapid hair loss can then be described more clearly to a pharmacist, GP or dermatologist. A useful routine should be simple enough to follow and affordable enough to replace. Every product should have a clear reason to be there.

KEEP

You should retain a cleanser, moisturiser and SPF that the skin tolerates.

WAIT

You should wait until the skin feels comfortable and predictable.

ADD

You should add one product for one clearly defined problem.

ASK FOR HELP

You should seek advice when the problem is persistent, severe or worrying.

BEFORE YOU BOOK

The consultation is allowed to say no.

Treatment should begin with a reason rather than an available appointment.

I will happily talk someone out of treatment when the skin is not ready or the likely benefit does not justify the cost and risk. That surprise is understandable because most appointments are expected to end with something being sold or performed. A booked appointment does not oblige the face to undergo anything because a consultation has a different job.

You describe what bothers you, while I consider what may be causing it and whether the concern belongs in a cosmetic clinic. We also decide whether part of the problem needs a pharmacist, GP or dermatologist and whether the basic routine is helping. A worthwhile improvement must be clear before treatment begins; otherwise the machine is merely being given an alibi. The appointment may still end without a procedure, and that can be the correct outcome. A consultation is allowed to earn its keep by preventing treatment.

The plan may involve a facial, homecare, microneedling or another suitable treatment, but it may also lead to the pharmacy or GP. Sometimes the best decision is to wait for a month and see what settles after the routine stops behaving like a chemistry set. Menopause creates a ready market for urgency because an unfamiliar face makes certainty feel especially attractive. Packages look certain, while good judgement tends to sound quieter and occasionally recommends patience.

A machine does not become expertise simply because it lights up when switched on. The expertise lies in deciding whether it should be switched on at all.

- We name the concern in your own words.
- We consider what the skin may actually be doing.
- We check whether the concern belongs in a cosmetic clinic.
- We make the basic routine comfortable and consistent.
- We choose one realistic priority that the treatment can address.
- We treat only when the likely benefit justifies the cost, recovery and risk.
- We review the result before adding anything else.

REAL LIFE

Real life: four seasons before lunch.

Your routine has to survive the weather, the heating and an actual week.

Skin does not develop a special biology because of a postcode, although cold wind, central heating, long shifts and erratic weather can still affect the routine.

A routine has to function in that ordinary week rather than an imaginary life conducted beside a spa pool. Winter may call for a richer moisturiser, while SPF needs to sit under makeup without rolling into small grey sausages. Nobody finishing a night shift needs eleven ceremonial stages before bed, regardless of how beautiful the bottles look together. Continuity helps because we can see what happens across seasons, what you actually used and whether the plan fits your life.

Continuity should reflect real habits rather than inventing local skin folklore for the benefit of a marketing plan. A postcode cannot provide a diagnosis, although it does tell us where the bathroom cabinet lives. Practical context matters because every routine eventually has to survive Monday morning.

THE NEW GOAL

Good skin is not a special effect.

Real skin has pores, and it moves whenever your face does.

Filtered faces have become so familiar that a real face can look unfinished when pores, pigment and ordinary movement remain visible. Natural asymmetry also remains visible because faces were never designed as matching halves. Those features belong to a human face rather than a failed treatment, and removing every one of them cannot be the standard. Good skin usually looks quieter than the advertising version because it does not require studio lighting to appear healthy.

Sun protection happens on most days, suspicious changes are assessed and treatment serves a clear purpose rather than a manufactured emergency. I use the following order because health, comfort and protection matter before cosmetic ambition. The list is not glamorous, but skin has never shown much interest in branding meetings:

Software has no pores, hormones, mortgage or night sweats, so it cannot set a useful standard for a living face. A filter remains flawless because it never has to survive a hot flush, central heating or Tuesday.

- It feels comfortable, makeup sits reasonably well and flare-ups happen less often because the routine makes sense.
- Health and proper assessment must always come before cosmetic treatment.
- Comfort and a functioning skin barrier come next.
- Daily protection helps the skin avoid unnecessary ultraviolet damage over time.
- The routine should work without requiring a spreadsheet.
- Targeted treatment should always serve one clear and realistic goal.
- A review should happen before more treatment is added.

FINAL WORD

A machine does not need to be switched on.

Good clinical judgement occasionally disappoints the treatment menu.

Appearance matters because skin is closely tied to confidence and identity, so a changing reflection can feel unexpectedly personal. That feeling deserves to be taken seriously, although panic remains a dreadful treatment planner. Panic orders six products at midnight, places a deadline on every line and treats normal texture as unfinished work.

The beauty industry benefits handsomely from this arrangement, while the skin receives another active ingredient and a complicated timetable. You should make the skin comfortable and protect it, then choose the concern that genuinely bothers you rather than the one an advert identified. Unusual, severe, persistent or worrying symptoms need proper medical assessment before cosmetic treatment begins. A stable cosmetic concern can be discussed honestly in terms of likely improvement, cost, recovery and risk. That conversation should happen before treatment is booked or another product is added.

Anyone promising those results is selling certainty that human skin cannot provide, which has never stopped certainty being popular. My job is less dramatic because I examine the skin, explain what I think and recommend something only when it has a clear purpose. Sometimes that recommendation involves treatment, while another person may need the GP, a pharmacist or time for the skin to settle. Someone else may need three dependable products and a temporary ban on shopping.

I may also recommend doing nothing when nothing is the most clinically intelligent option. Treatment is not the inevitable reward for attending a consultation. Sometimes the most useful thing in the room is the decision to leave the machine switched off.

— I cannot reverse menopause, erase every line or make a living face behave like a filtered photograph.

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This supplement provides general education; it does not diagnose menopause, a skin condition or hair loss, and it cannot replace individual medical advice. Skin and hair changes have many possible causes, so new, changing, persistent, severe or otherwise concerning symptoms should be assessed by an appropriate healthcare professional. HRT and prescription medicines require an individual discussion with a suitably qualified prescriber.

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Good treatment starts with understanding.

Anything else soon becomes an expensive form of guessing.