Pause for thought

We speak to **Dr Kathryn Taylor-Barnes** about treating women with menopausal skin and facial ageing

**Hot flushes, weight gain, night sweats, loss of sex drive, lack of concentration, fluctuating mood, problems sleeping, aches and pains, and vaginal dryness** – as if the menopause was not challenging enough, women going through “the change” also have to deal with problems and changes with their skin.

According to research, up to 85% of women experience some menopausal symptoms before their periods actually stop. This is known as the perimenopause stage and lasts, on average, up to four years, although shockingly one in 10 women experience them for up to 12 years.

As women approach the menopause – the average age this happens is around 51 – their hormone levels start to drop due to the slowing down of ovarian activity. Symptoms such as those described above can then come on, sometimes quite suddenly. Dr Kathryn Taylor-Barnes has an interesting analogy. She says, “I think of the menopause hormone drop as a horse bolting and it’s difficult to catch her once she has taken off.”

This sudden and rapid drop means that many women are not prepared for the menopause and this is something that Dr Taylor-Barnes has observed with many of her patients who have experienced sudden changes in their facial appearance and skin that they were not expecting and have not considered until after the fact. She says, “Many women I see are simply not prepared for the menopause. Sometimes this is because they are in denial about it but it can also be because they are uninformed due to a lack of research or information from their GP.”

“Also, for some women, the menopause can arrive early, known as ‘premature menopause’. In these cases, it can be a shock when they suddenly see a dramatic deterioration in their skin and facial appearance as an adjunct to other symptoms of menopause. I see women in my clinic every four to six months for injectable treatments and the changes in their skin and facial appearance can even happen in this short period of time.”

Hormone-related ageing can impact the skin all over the body from the face to the back of the hands, breast, neck and décolletage, as well as the vaginal tissues. Add to this the fact that, from the age of 20, collagen in our skin is lost at a rate of 1% per year, so, by the time women reach menopause these things collide to cause accelerated ageing. With perimenopausal and menopausal women making up a large number of clients in aesthetic practices, it is important for aesthetic practitioners to be able to discuss this with them. Dr Taylor-Barnes comments, “As aesthetic practitioners we should not be afraid to discuss the menopause with our clients. Speak to them about the changes they have observed in their own skin. Ask them about their other symptoms and changes they may be experiencing in their cycle, as even if they are not yet menopausal, this could indicate that they are perimenopausal and can allow you to plan for what is to come. It may be that you need to change their treatment plan to accommodate the changes they are experiencing. A 360-degree approach is usually required so being fully informed about what is happening to your client on a hormonal level helps you to take the best approach.”

Dr Taylor-Barnes also recommends making sure there is a line of communication between you, your client and their GP as the GP may be discussing Hormone Replacement Therapy (HRT) with them and this can impact on the skin. If HRT is being prescribed in the form of a cream, you need to be aware of this and can tailor treatments to make sure the skin is optimised for absorption. If they are on oestrogen replacement therapy this can have an effect on skin thickness as it has been shown that collagen levels and skin thickness are increased in women receiving oestrogen replacement therapy, compared with age-matched women receiving no treatment.

**SKIN CHANGES**

So what happens to the skin during menopause? The link between the skin and hormones is well acknowledged so it makes sense that the dramatic changes in hormone levels experienced during the perimenopausal and menopausal years would impact on the skin.

Those hormones that play the most significant roles are 17Beta-estradiol, progesterone and testosterone. Reductions in levels of these hormones leads to reduced sebaceous gland secretion, resulting in a duller complexion and lacklustre skin. Add to this the fact that, from the age of 20, collagen in our skin is lost at a rate of 1% per year, so, by the time women reach menopause these things collide to cause accelerated ageing. With perimenopausal and menopausal women making up a large number of clients in aesthetic practices, it is important for aesthetic practitioners to be able to discuss this with them. Dr Taylor-Barnes comments, “As aesthetic practitioners we should not be afraid to discuss the menopause with our clients. Speak to them about the changes they have observed in their own skin. Ask them about their other symptoms and changes they may be experiencing in their cycle, as even if they are not yet menopausal, this could indicate that they are perimenopausal and can allow you to plan for what is to come. It may be that you need to change their treatment plan to accommodate the changes they are experiencing. A 360-degree approach is usually required so being fully informed about what is happening to your client on a hormonal level helps you to take the best approach.”

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**Wrinkles also develop due to accelerated collagen loss. As well as this a drop in oestradiol causes the breakdown of collagen and elastin. The epidermis also begins to thin as cellular turnover reduces and the capillary blood flow slows down.** A side effect of this is reduced barrier function which in turn
causes an imbalance in water passage causing the skin to dry out. The effects of this cascade of hormonal and cellular changes is further exasperated by the fact that women are even more susceptible to sun damage during this time. Dr Taylor-Barnes stresses that proper use of sun protection is critical during these years to prevent further skin damage. She comments, “During the menopause melanocytes degenerate and therefore are producing less melanin, the natural protector in our skin against the sun. Also, because there is no oestrogen assisted regulation, melanin can be overproduced in certain areas which have previously been exposed to a lot of sun. These things combined mean that, not only can the skin become lighter, but it is also more sensitive to the sun’s damaging rays and we see an increase in brown spots in those sun-exposed areas such as the face, chest and backs of the hands.”

Add to this the fact that HRT has been reported in some cases to induce a melasma hyperpigmentation and you have a recipe for pigmentation related premature ageing of the skin.

**TREATMENT PROTOCOLS FOR HORMONAL SKIN**

As well as changes to the skin, women going through the menopause may also start seeing skeletal changes, particularly around the lower face, as well as loss of the underlying structural support and fat subsidence in the mid face. Dr Taylor-Barnes says her “secret weapon” against accelerated menopausal skin ageing and this loss of structure and volume is professionally administered, safe injectable treatments. Along with botulinum toxin, her products of choice are Perfectha HA and Ellanse which she says are the “ideal partners” to address the common concerns described above. She says, “The wonderful thing about the fillers we have available today is that they address three problems that are directly related to menopause – hydration, reduced skin resilience, structure and volume and collagen loss.

“One of the reasons I favour Perfectha is that, not only is it a stabilised hyaluronic acid, which is well recognised as the gold standard in facial rejuvenation, but it has the addition of E-Brid technology, which means there are more covalent bonds in the gel, making it more elastic and longer lasting.

“There are five products in the range which means there is a lot of versatility when it comes to addressing a variety of problems associated with the menopause. Perfectha also provides long term
dermal hydration, which is important for menopausal skin as it can become dry and crepey, due to a decline in oestrogen. Perfectha Subskin is ideal for restoring the lost ‘scaffold’ and reshaping areas such as the chin and lower jaw, which can start to sag during menopause.

One of the reasons Dr Taylor-Barnes uses Ellanse as well as Perfectha is because of its natural results and for its ability to rejuvenate the backs of the hands, which are also affected during menopause. She says, “The dermal thickening effects we see from just a single Ellanse treatment and the natural results you get are amazing. It can really give clients a confidence boost.”

But, be warned, one of the challenges practitioners face when injecting menopausal clients is an increased risk of bruising. This is because the skin is thinner and the capillary wall has weakened. Dr Taylor-Barnes recommends using a cannula to address this, describing them as her “best friend” when dealing with clients with thin or “papery” skin. She says, “I use Dr Linda Eve’s Canu-Sculp technique when administering Sculptra. This product is a miracle worker when dealing with crepey menopause ravaged skin with depleted collagen. Also using cannulas to administer Skinboosters to very superficial fine lines allows me to distribute the product over a wider area. This technique improves the glow to the skin and replenishes its lustre.”

CONCLUSION

As aesthetic practitioners there is a lot you can do to help address skin and ageing concerns caused by the onset of menopause. One of the keys to treatment is to focus on natural results by using the most appropriate products injected in the right amounts.

A well-rounded programme for a menopausal client will include a good skincare regime, focused on hydration, exfoliation, cell renewal and boosting dermal collagen, HRT where appropriate, a healthy lifestyle, giving up smoking for those clients who do, and injectable treatments where appropriate. Dr Taylor-Barnes also recommends using Skinade to boost the skin from within.

Menopause is a challenging enough time for women as it is, by helping your clients to keep looking and feeling their best you can be a part of making the change a positive experience for them.