



EVIDENCE GUIDE

Menopause and Your Skin

Dryness, sensitivity, texture, and firmness can shift around menopause. Estrogen is part of the story, but age, sun exposure, medications, and your baseline skin still matter.

DR. LURIÉ SKINCARE

WHAT CHANGES

Estrogen matters, but it is not the whole story

Skin contains estrogen receptors, and declining estrogen can influence processes that affect collagen, dermal thickness, elasticity, hydration, and sebum production. Those changes do not occur at the same rate in every person. Genetics, smoking, ultraviolet exposure, medications, climate, and underlying skin conditions all modify the picture. Menopause is therefore part of the explanation for changing skin—not a single explanation for every line, dry patch, or shift in texture.

WHAT YOU MAY NOTICE

- Skin often feels drier, and a richer moisturizer may become more comfortable than the texture you used years ago.
- A 2025 study found lower hydration after menopause, while transepidermal water loss did not differ significantly—so the barrier story is not simply 'collapse.'
- Collagen, thickness, and elasticity can change, but an exact individual rate cannot be predicted from age or menopause status alone.
- New rashes, changing lesions, persistent itch, difficult acne or rosacea, and substantial hair loss deserve their own evaluation.

ROUTINE

Support the skin you have now

A useful routine usually becomes more supportive rather than more complicated. Cleanse gently if you need to, moisturize soon after washing, and use broad-spectrum SPF 30 or higher during the day. If a moisturizer no longer feels sufficient, a richer formula combining humectants, emollients, and an occlusive component may help comfort. Retinoids can improve fine lines and uneven texture over time, but they can also increase irritation in dry or reactive skin; use them only to the degree your skin tolerates them.



A lower-friction routine usually starts with gentle cleansing, enough moisturizer, daily UV protection, and stronger actives only if the skin tolerates them.

Changing skin usually needs less friction—not a longer shelf of menopause-themed products.

What skincare—and hormone therapy—can realistically do



Sun protection remains one of the most useful long-term steps as skin changes with age and accumulated UV exposure.

- Moisturizer can improve comfort and temporarily soften the look of fine lines, but it cannot replace lost facial volume or fully reverse structural laxity.
- Sunscreen reduces additional UV damage; it remains useful regardless of whether a change is hormone-related or simply age- and sun-related.
- Menopausal hormone therapy may improve some skin measures in studies, but evidence is limited and skin effects are not the reason to start systemic therapy.
- The Menopause Society does not recommend estrogen-containing hormone therapy for prevention of aging or skin changes.

BOTTOM LINE

Build around comfort, function, and protection

Menopause can change the way skin holds water, produces oil, builds and maintains dermal structure, and tolerates a routine. The changes are variable and overlap with ordinary aging and cumulative sun exposure. A sensible response is usually simple: cleanse gently, moisturize more generously if needed, protect from ultraviolet exposure, and be selective with stronger active ingredients. Hormones are part of the biology, but hormone therapy is a broader medical decision—not a shortcut around skin aging.

SELECTED SOURCES

American Academy of Dermatology. Caring for your skin in menopause.

Treatment of menopausal skin: a narrative review. *Clinical and Experimental Dermatology*. 2024. PMID 38379168.

Skin Rejuvenation With Menopausal Hormone Therapy: systematic review and meta-analysis. 2024. PMID 38230593.

The Menopause Society. Statement on misinformation surrounding hormone therapy. 2024.

Educational information only. Hormone therapy is a medical decision based on established menopause indications, symptoms, history, and individual risk-benefit—not a treatment to start solely for skin aging. New, changing, bleeding, or persistent skin findings deserve clinical assessment.
