

Menopause and Skin Changes: Why Your Skin Feels Different

Menopause changes your skin because the skin is an estrogen- responsive organ.[1] As estrogen falls during the menopausal transition, skin can lose collagen, moisture and thickness.[1,2] The result can include lines and wrinkles, loss of elasticity and reduced firmness.[1,3] These changes can begin during perimenopause and continue through menopause and into the post-menopausal years.[1,2] The type and severity of skin changes can vary from person to person.[3] This page explains what is happening beneath the surface, what to expect, and what the evidence says can help.

Why menopause affects your skin

Your skin contains estrogen receptors, which means it responds directly to changes in estrogen levels.[1] Menopause-related skin changes are therefore not simply the result of getting older. As estrogen declines during the menopausal transition, collagen production decreases and changes can occur in the processes that support skin hydration, firmness, elasticity and resilience.[1,2]

In a survey conducted by Galderma in 2026, women reported the following visible changes to the skin of their face and body since the start of menopause:

- Lines & wrinkles: 59% on the face; 33% on the body[3]
- Increased dryness: 56% on the face; 58% on the body[3]
- Loss of firmness & elasticity: 58% on the face; 54% on the body[3]
- Duller skin tone: 40% on the face; 30% on the body[3]

Estrogen supports several aspects of skin biology. It plays a role in collagen and elastin production, supports skin hydration and barrier function, and influences blood circulation and wound healing.[1,2] As estrogen levels decline, these processes can be affected together, helping to explain why menopause-related skin changes often occur as a cluster rather than in isolation.[1,3]

The decline of collagen, a key skin component

Collagen is a key structural component of the skin and plays an important role in its firmness and strength.[1,2] [4,69] Around menopause, collagen loss can accelerate: studies suggest that nearly 30% of skin collagen may be lost during the first five years after menopause, followed by a decline of around 2% per year over the following 15 years.[1,2]

As collagen decreases, the skin can become thinner and less firm, contributing to sagging and more visible lines and wrinkles.[1,2]

As these changes can begin during perimenopause, recognising skin concerns early may help people better understand their skin and seek appropriate advice on skincare and treatment options. [1,12]

Structural changes to elastin

During menopause, declining estrogen can affect elastin, a key component of the skin's supporting structure that helps give skin its elasticity and ability to return to shape. [1,2] Elastin degeneration increases with menopause and can contribute to looser, less elastic skin and more visible wrinkling. [1,2]

What happens beneath the skin

Facial Fat Pad Displacement

Menopause-related changes are not limited to the skin's surface. Changes in the deeper facial structures, including fat redistribution and tissue descent, can also contribute to changes in facial appearance.4,5 With aging, deeper facial fat pads can lose volume while some of the more superficial fat pads can shift downwards, contributing to reduced cheek projection and a more sagging appearance. [4,5]

Loss of Facial Bone Support

During the menopause transition, declining estrogen levels are associated with increased bone resorption.[9] The facial skeleton also remodels with age. Certain areas, including the midface, orbital rim and mandible, are particularly susceptible to age-related resorption and structural change.[4,10]These changes can reduce the structural support provided to the overlying facial tissues.[4,10]

In the midface, age-related resorption and retrusion of the maxilla can reduce facial projection and contribute to changes such as flattening of the cheek and deepening of the nasolabial fold.[4,10] Around the eyes, the orbital aperture increases with age and specific areas of the orbital rim can recede, contributing to changes in the appearance of the periorbital region.[10]

While bone loss itself cannot be reversed with aesthetic treatments, the visible effects can be managed. Treatments like dermal fillers and biostimulators are non-surgical options that are often used to replace lost volume, address skin sagging and facial structural support [6,11,15-20]

Common menopause skin changes, one by one

Most people notice several of the following. Not everyone experiences all of them, and severity varies widely from person to person.

Change	Why it happens	What it looks/feels like

Dryness	Lower estrogen reduces natural moisturising factors and lipids, increasing water loss through the skin barrier[1,2]	Dry, sometimes itchy skin.[2]
Lines & wrinkles	Collagen and elastin decline[1,2]	Wrinkles can deepen, while thinner, more fragile skin may bruise more easily.[1,12]
Loss of firmness & elasticity	Rapid early collagen loss[1,2]	Sagging around the jawline, deeper folds and more visible lines.[1-4]
Duller skin tone	Hormonal changes can affect skin hydration and overall skin appearance.[1,3]	Skin may appear duller and less radiant.[3]

Phases of the Menopause Journey

Perimenopause and pro-active prevention management

Skin changes frequently begin in perimenopause, the transitional years before periods stop, when estrogen levels gradually decrease.[1] This phase can last several years, so many people notice changes such as dryness, breakouts or increased sensitivity while still having periods and may not realise the two are linked.[1,3] Recognising the connection early can help people adapt their skincare and make informed choices before changes become more pronounced.

Post-Menopause and reactive rejuvenation

Post-menopause begins after a woman has not menstruated for 12 consecutive months.[1] In this phase, loss of firmness is one of the most commonly reported skin changes in the Galderma 2026 survey.[3] Women also said they would have acted differently had they learnt about the effects of menopause on the skin earlier.[3]

What actually helps: an evidence-based view

There is no way to stop hormonal skin ageing entirely, but the changes are not something you simply have to accept, either. Depending on individual skin concerns, treatment options may include Restylane® SKINBOOSTERS™ to support skin hydration,[7] Sculptra® for collagen stimulation,[11,17], and Restylane® for volume correction and structural support.[6,15,18-20]

Support hydration (for dryness and sensitivity)

Hyaluronic acid (HA) injectables such as Restylane® SKINBOOSTERS™ deliver stabilized HA directly into the dermis.[7] HA is an important component of the skin’s extracellular matrix (ECM) and plays a role in water binding and skin hydration.[13,70]

Skincare can also be adapted to address menopause-related dryness and sensitivity, with product choice tailored to individual skin needs.

Protect and rebuild (for firmness and lines)

Daily broad-spectrum SPF can help protect against UV-related skin ageing, as UV exposure contributes to collagen loss on top of the hormonal decline.[1,14] Regenerative biostimulators such as Sculptra® gradually stimulate the build-up of new collagen and elastin fibres in the skin, helping to improve skin quality and reduce visible signs of aging.[11,16,17]

Consider professional guidance

A qualified healthcare professional can assess your skin, rule out unrelated conditions, and discuss which options are appropriate for you. If you are considering hormone replacement therapy (HRT) for menopausal symptoms, that is a medical decision to make with your doctor. HRT may also have beneficial effects on menopausal skin, but it is not an aesthetic treatment.[1]

Minimally invasive options can address different aesthetic concerns, including biostimulators such as Sculptra® to improve skin quality, and hyaluronic acid treatments, such as Restylane® to provide facial structural support. [6,11]

Sculptra® uses poly-L-lactic acid (PLLA-SCA™) to stimulate the body's own collagen and gradually improve skin firmness, elasticity, radiance and overall skin quality, with long-lasting results.[11,16,17]

Restylane® hyaluronic acid (HA) injectable treatments are designed differently to go beyond volumizing: they can shape, define and contour, and deliver precise lifting.[15,18-20]

SUPPORTING WOMEN THROUGH MENOPAUSE WITH GALDERMA'S PORTFOLIO

SCULPTRA®	RESTYLANE®

82% of menopausal women are likely or very likely to undergo a Sculptra® treatment.[3]	87% of menopausal women are likely or very likely to undergo a Restylane® treatment.[3]
Sculptra is the first proven regenerative biostimulator for face & body[11,17,21-26] that works across the 3 layers of the skin[17,24-36] by stimulating collagen type I, elastin and restoring adipose tissue.[24-26]	Restylane Hyaluronic Acid (HA) injectables are designed differently to go beyond volumizing: from structural support and smoothing fine lines & wrinkles to delivering a healthy glow while preserving natural expressions.[6,7,15,40-60]
Sculptra improves skin firmness, elasticity, radiance and overall skin quality, including the improvement of fine lines & wrinkles,[11,16,27,35-36,71-74] with long-lasting results for more than 2 years.[34,37-39]	Our HA gels are in sync with the skin for 100% natural-looking results using minimal product for maximum satisfaction.[43,46,48,52,54,59-65]
ALASTIN® – Cosmetic Skincare	
45% of menopausal women use more moisturizing skincare.[3]	
Peri-procedural & daily skincare proven to go deeper to deliver transformative results.[66,67]	
Adding Alastin Restorative Skin Complex to the patient’s routine following Sculptra can enhance the effect of Sculptra.[68]	

SCULPTRA®

Restylane®

72% of menopausal women are likely or very likely to undergo a Sculptra® treatment[§6]

67% of menopausal women are likely or very likely to undergo a Restylane® treatment[§6]

Sculptra is the first proven regenerative biostimulator **for face & body**[18-25] that works **across the 3 layers of the skin**[22-32] by stimulating collagen type I, elastin and restoring adipose tissue.[23-25]

Sculptra improves **skin firmness, elasticity, radiance and overall skin quality, including the improvement of fine lines & wrinkles,**[18,26,27,33-37] with long-lasting results **for more than 2 years.**[33,36-38]

Restylane Hyaluronic Acid (HA) injectables are designed differently to **go beyond volumizing:** from **structural support and smoothing fine lines & wrinkles** to delivering **a healthy glow** while preserving **natural expressions.**[39-62]

Our HA gels are in sync with the skin for **100% natural looking results** using minimal product for maximum satisfaction.[43,47,49,54,56,61-67]

ALASTIN

45% of menopausal women use more moisturizing skincare[§6]

Peri-procedural & daily skincare proven to go deeper to deliver transformative results.[68,69]

Adding Alastin Restorative Skin Complex to the patient's routine following Sculptra can enhance the effect of Sculptra.[70]

When to talk to a Healthcare Professional

See a qualified healthcare professional if your skin is persistently itchy, painful, cracked or inflamed, if breakouts are severe or distressing, or if changes are affecting your confidence and quality of life. Persistent symptoms deserve a proper assessment rather than trial-and-error at home.



Frequently asked questions

Why does menopause make your skin so dry?

Falling estrogen can reduce the skin's natural oils and ability to retain water, so more moisture can be lost through the skin barrier.[1,2] This can leave skin drier and sometimes itchy.[1,2] In the Galderma 2026 survey, increased dryness, more wrinkles and fine lines, and loss of firmness and elasticity were among the most commonly reported impacts of menopause on the skin.[3]

When do menopausal skin changes start?

They often begin in perimenopause, the years before periods stop, when hormones fluctuate.[1] Many people notice dryness, sensitivity or breakouts while still menstruating and don't initially connect them to hormonal change.[1,3]

Is menopausal skin change reversible?

Hormonal skin ageing can't be fully reversed, but its visible effects can be managed.

Skin treatments can be used separately or in combination to address different aspects of menopausal skin change, such as Sculptra®, which stimulates the build-up of new collagen and elastin fibres;[11,16,17] hyaluronic acid treatments such as Restylane®, which can provide facial structural support and contouring;[6,15,18-20] and Restylane® SKINBOOSTERS™, that can provide deep hydration.[7,8,13]

Always consult a healthcare professional for individualized treatment recommendations and to discuss important safety information and risks associated with the use of the products.

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