



MARIPOSA
MENOPAUSE SPECIALISTS

THE GUIDE

Turkey neck and teenage acne?

Suddenly drier. Thinner. Slower to bounce back from a scrape or a breakout you swore you outgrew in your twenties — and somehow a new hair on your chin at the same time. If your skin has started acting like it belongs to someone else, your routine probably isn't the problem. Your estrogen is.

You haven't stepped into someone else's skin. You've lost your estrogen.

Skin is one of the most estrogen-sensitive organs in your entire body — and almost nobody mentions that until you're standing in the skincare aisle wondering what on earth has changed. The dryness, the adult acne, the fine new facial hair: it can arrive as a weird, contradictory jumble, and it can feel like a cruel joke. It isn't random, and it isn't your fault. Here's what's actually happening, and the levers that genuinely move it.

WHY THIS IS HAPPENING

Estrogen was doing quiet, unglamorous work in your skin all along.

Here's the part no one explains until you go looking. Estrogen drives collagen and elastin production, keeps your oil glands running normally, helps skin hold onto water, and supports the blood vessels that keep skin healthy and quick to heal. When estrogen drops, all of that slows down *at once* — which is exactly why the changes feel sudden and layered rather than one tidy thing going wrong.

So the contradictory jumble finally makes sense:

- Collagen and elastin production falls, and skin starts to thin, sag, and crease in new places — some research puts the loss at up to **30% of skin collagen in just the first five years after menopause.**³
- Oil and moisture regulation gets disrupted, so you see dryness, itchiness, and a barrier that lets water escape more easily.
- Wound healing slows — cuts, scrapes, and breakouts linger longer than they used to.
- Reduced blood flow leaves the complexion a little duller, a little less flushed.
- And the same hormonal shift can trigger adult acne and rosacea flares, thinning on your scalp, and new facial hair — often all in the same season, which feels absurd, but has one shared cause.

That single shared cause is the good news hiding inside the frustration: one driver means there are real levers, not a hundred separate mysteries to chase.

Because it has one driver, it has levers.

None of what follows is about chasing your twenties or buying more jars. It's a short list of things with real evidence behind them — some hormonal, some not — that you can actually pull.

Hormone therapy

This is one of the more evidence-backed connections in the whole menopause conversation. Multiple studies have found hormone therapy **increases skin collagen content** compared with women not using it, with the strongest effect showing up specifically with **transdermal estrogen**.²⁴ This isn't a marketing claim — it's a measurable, structural change in the skin itself, on top of whatever symptom relief brought you to hormone therapy in the first place. Whether it fits you is a real conversation, not a slogan: talk it through with your Mariposa Specialist.

Collagen peptides

We cover this in more depth in our Nutrition guide, but it's worth repeating here: randomized trials have shown real improvements in skin hydration and elasticity with daily hydrolyzed collagen peptides — typically **5–10 grams a day**, taken consistently for at least **8–12 weeks** before you expect to notice a difference.⁵ This one works from the inside out, so patience is part of the dose.

Sun protection — non-negotiable

Sun exposure is still the single biggest driver of visible skin change, hormones or not. Daily **SPF 30+** is the highest-leverage thing on this entire list, and it's the one piece that's fully within your control regardless of where your hormones are. Mineral versus chemical sunscreen is still up for debate — *applying* it is not.

Retinoids

Prescription retinoids remain one of the best-studied tools for stimulating collagen production and improving texture, and they work alongside whatever else you're doing — hormonal or not. Menopausal skin can be more reactive than it used to be, so easing in matters (more on that in the routine below).

Barrier-focused skincare

With natural oil production down, richer moisturizers and barrier-supporting ingredients — **ceramides, hyaluronic acid, glycerin** — matter more now than they did a decade ago. This is less about buying more and more about the right things for skin that's holding onto moisture

differently than it used to. And you don't have to spend a fortune: there are excellent products at realistic prices (Vanicream, for example).

The basics still count

Adequate protein, hydration, not smoking or vaping, a healthy diet, and going easy on alcohol all show up in the research on skin change specifically — not just general health. Your skin is downstream of the same things your whole body depends on. In this case, your grandmother was right about everything.

ACNE, ROSACEA & HAIR CHANGES

Breaking out at 50, thinning on top, and a new hair on your chin — same shift, three disguises.

If you're breaking out for the first time since high school, noticing rosacea flares, or watching your hair thin while new hair shows up on your chin, you're not alone — and it isn't a separate mystery. It's the same hormonal shift showing up on skin and follicles instead of internally. These are legitimate dermatologic symptoms of menopause, not vanity concerns.

Which means they're worth bringing to your Mariposa Specialist or a dermatologist directly, rather than quietly managing alone with drugstore trial and error. One thing worth trying in the meantime: your skin may now react to the very products you've "always used," so switching to versions without perfumes or dyes can genuinely help.

A REGIMEN BUILT FOR THIS DECADE

Built for what your skin is doing now — not for your twenties.

Most skincare advice still quietly assumes oily, resilient, twenty-something skin. Here's a simpler approach for what your skin is actually doing today: fewer products, chosen more deliberately, rather than more of everything.

Morning

- **Gentle cleanser** — nothing stripping; menopausal skin has less oil to spare than it used to.
- **Antioxidant serum** (vitamin C is the best-studied option) — helps defend against the environmental damage that compounds on top of hormonal change.
- **Moisturizer with ceramides or hyaluronic acid** — rebuilding the barrier is the priority now, not just surface hydration.
- **Broad-spectrum SPF 30+**, every single day, regardless of weather or whether you're indoors most of it — the one step worth never skipping.

Evening

- **Cleanse again** to remove the day — still gently.
- **Retinoid** — the best-studied ingredient for stimulating collagen; start 2–3 nights a week and build up, since menopausal skin can be more reactive than it used to be.
- **Richer night moisturizer** — your skin does its repair work overnight, with less natural oil to draw on than a decade ago.

A few times a week

- **A hydrating mask or extra moisture layer** on days skin feels particularly tight or dry — this fluctuates more now, so let your skin's actual state guide you rather than a fixed schedule.

Daily, not topical

- **Collagen peptides, plus enough protein and water** — skincare works from the outside in, but this transition calls for working from the inside out too.

This does not have to be expensive or complicated to work. A simple routine with a few well-chosen products is far easier to sustain than an elaborate one you abandon after three weeks — and if you want it tailored to your skin, that's a conversation worth having with your Mariposa Specialist or a dermatologist who understands menopausal skin.

THE BOTTOM LINE

Your skin isn't betraying you.

Your routine probably isn't broken either. Your skin is responding to a real, measurable hormonal shift — the same one behind everything else in this series. Hormone therapy, collagen, sun protection, and the right skincare approach all have genuine evidence behind them, and you don't have to piece them together alone. See what a first visit looks like →

REFERENCES

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