THE PERIMENOPAUSE SKIN GUIDE

Patient Guide

What's actually changing, and what actually helps

WHY I CREATED THIS

Most women arrive at my clinic having already spent a lot of money.
A new serum. Then another one. A facial that felt lovely and changed nothing. A beauty counter recommendation from someone half their age. And underneath all of it, the same sentence, said slightly apologetically:
“My face changed and I don’t know why.”
Nobody had explained what was happening. So they’d been treating the symptoms of something they hadn’t been told the name of.
This guide is the explanation I wish every woman got first before the products, before the treatments, before spending anything.
It won’t tell you what to buy. It’ll tell you what’s happening, why the usual advice stops working, and what actually makes a difference.

Let's begin

WHAT'S ACTUALLY HAPPENING?

Your skin didn't suddenly age. Your oestrogen dropped.
Oestrogen does far more for your skin than most people realise.

It supports:
Collagen — the structural scaffolding that keeps skin firm
Hydration — how well your skin holds water
Barrier function — how well it keeps moisture in and irritants out
Healing — how quickly it repairs itself
Oil production — how well it lubricates itself
When oestrogen falls during perimenopause, all of these shift — and they shift together, over a relatively short window.

That's why it rarely feels like gradual ageing. It feels like something happened.

SYMPTOM MAP

Which of these is you?

Dryness that moisturiser doesn't touch
Usually a barrier problem, not a hydration problem. You're not putting on too little your skin is holding onto less.

Itching, tingling, or crawling sensations
More common than most women realise, and rarely explained. Often connected to skin thinning and reduced barrier function.

Acne on your jawline and chin in your forties
Not a return of teenage acne. The hormonal balance driving it is different, which is why teenage-acne products often make it worse.

Crepiness on the neck, chest and around the eyes
Collagen and elastin change. These areas show it first because the skin there is thinner to begin with.

New pigmentation or patchy darkening
Hormonal pigmentation behaves differently from sun damage and is treated differently. Getting this distinction wrong is one of the most common and expensive mistakes.

A tired-looking face on a well-slept morning
Usually a combination of volume, texture and light reflection changing at once which is why no single product touches it.

Most women recognise three or four of these. That's normal.

WHY YOUR SKINCARE STOPPED WORKING

It didn’t stop working. Your skin changed underneath it.

The routine you built in your teens, twenties or thirties was designed for skin that produced more oil, held more water, healed faster and had a stronger barrier.

None of those are true anymore.

So the same products now sit on skin that behaves differently and often the products that served you best before are the ones causing problems now. Foaming cleansers. Strong exfoliating acids.

High-strength actives used at the frequency you used to tolerate.

The instinct is to add more. The answer is usually to change the foundation first.

WHAT WON'T HELP

1. A new serum every six weeks
Skin takes months to show a change. Switching before you've given anything time means you never find out what worked.

2. Collagen supplements
The evidence is far weaker than the marketing. Be sceptical of anything promising to replace what oestrogen was doing.

3. "Menopause skincare" ranges
Some are genuinely well formulated. Many are existing products in new packaging at a higher price. The word "menopause" on a box is a marketing decision, not a clinical one.

4. A one-off facial
Lovely. Relaxing. Almost never structurally useful on its own.
5. Waiting to see if it settles

The changes of perimenopause don't reverse on their own. Earlier intervention is consistently easier than later correction.

WHAT ACTUALLY HELPS

Three principles, before any product

1. Rebuild the barrier first

Almost everything else works better once the barrier is intact. Gentler cleansing, richer moisturising, and cutting back on anything stripping. This is unglamorous and it's usually the biggest single improvement.

2. Protect what you still have

Daily broad-spectrum sun protection, all year, in Newcastle too. It is the single most evidence-backed thing you can do for skin ageing and pigmentation and it's the step most consistently skipped.

3. Then, and only then, add actives

Introduced slowly, at strengths and frequencies suited to skin that heals more slowly than it used to. This is where personalisation matters and where generic advice does the most damage..

WHAT A PROPER PLAN LOOKS LIKE

MONTHS, NOT WEEKS

Skin cell turnover, collagen response and pigment change all operate on timelines of months. Any plan promising transformation in six weeks is either selling you something superficial or overpromising

A realistic structure:

Months 1–3 — Foundation
Barrier repair, sun protection, removing what's causing harm. Often the least exciting phase and the one that determines whether everything after it works.

Months 3–6 — Building
Actives introduced properly. Targeted work on your specific concerns. First visible changes.

Months 6–12 — Consolidating
Adjusting as your skin responds. Addressing what's left. Establishing what you'll maintain long term.

Ongoing
Perimenopause isn't a phase you come out the other side of unchanged. The plan evolves rather than ends.

BEFORE YOU BOOK ANYTHING...

here are six questions worth asking

Of any practitioner, including me.

1. What professional register are you on, and can I check it?
2. What do you think is actually driving my specific concern?
3. What would you expect to see, and by when?
4. What happens if it doesn't work?
5. What would you not recommend for me, and why?
6. Is this a one-off, or part of something longer?

A **good** practitioner will welcome all six. If any of them causes discomfort, that's your answer.

WHAT I DO....

I’m an NMC registered nurse based in Newcastle, working specifically with women navigating the skin changes of perimenopause and menopause.

I don’t prescribe HRT that sits with your GP or menopause specialist, and I’ll happily work alongside them. What I do is the skin and lifestyle side: working out what’s actually driving your concerns, and building a plan that runs over months rather than selling you a treatment.

I’m the skin arm of menopause care.

NEXT STEPS

The Menopause Collective

Because your skin needs someone who knows it over months, not one appointment.Everything in this guide points the same direction: perimenopausal skin doesn't respond to one-off fixes. It responds to a plan, adjusted as you go, by someone who knows what your skin did last season and what it's doing now.

That's what The Menopause Collective is.

Inside:

· A personalised skin plan, reviewed and adjusted as your skin changes

·[Regular reviews with me so nothing drifts for six months unnoticed

· Guides educating you on all aspects of the menopause - sleep, nutrition, supplements etc

· Monthly treatment from your personalised treatment plan

· From someone who knows the clinical side and has LIVED IT

It's for you if you're done buying products on guesswork and you want someone clinical in your corner for the long stretch.

It isn't for you if you're looking for a one-off treatment or a quick fix before an event. That's genuinely fine it's just not what this is.

Drop us an email or DM to discuss more details about THE MENOPAUSE COLLECTIVE

Emily Thompson

NMC Registered Nurse · Newcastle

www.nurseskincollective.co.uk
@nurseskincollective
nurseskincollective@gmail.com

This guide is general information, not personal medical advice. Your skin is specific to you if something is concerning you, please speak to a healthcare professional.