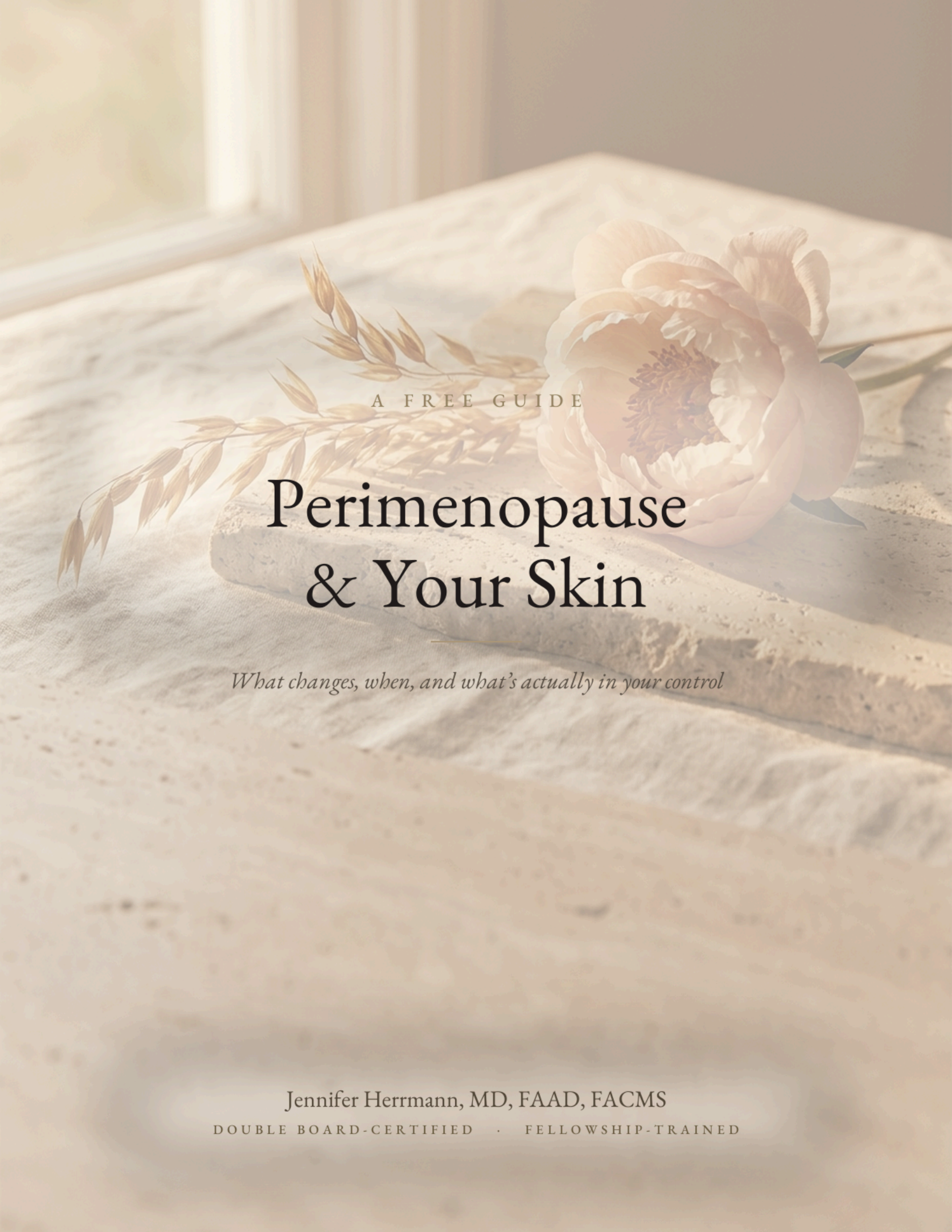

A FREE GUIDE

Perimenopause & Your Skin

What changes, when, and what's actually in your control

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DOUBLE BOARD-CERTIFIED · FELLOWSHIP-TRAINED

Read this before you blame your skincare

If your skin shifted in your forties, drier, thinner, less firm, more lined, sometimes all at once, you are not imagining it, and it is not your fault. It is estrogen. The change is predictable, it follows a known timeline, and a surprising amount of it is in your control.

Here's the part almost no one explains. Most women get sent from specialist to specialist, one for the new dryness, one for the breakouts, one for the thinning hair, and no one connects them to the single hormonal shift underneath. This guide connects them.

WHAT ESTROGEN ACTUALLY DOES FOR SKIN

Estrogen quietly props up three pillars of resilient skin at once:

- **Structure.** It signals your skin to build collagen and elastin, the scaffolding that keeps it firm.
- **Hydration.** It drives hyaluronic acid in the dermis, the molecule that holds water and keeps skin plump.
- **Barrier.** It supports the lipids and ceramides that keep moisture in and irritation out.

So when estrogen falls, all three slip at the same time. That is why the change can feel so sudden, and so total.

AND PROGESTERONE MATTERS TOO

Estrogen gets the headlines, but progesterone supports your skin as well. It is calming and anti-inflammatory, and it appears to help elasticity and firmness; small studies of topical progesterone in perimenopausal women showed measurable gains in both. In hormone therapy, micronized (bioidentical) progesterone is usually paired with estrogen, so supporting one often means supporting the other.

What changes, and when

PERIMENOPAUSE COMES FIRST

The skin changes usually begin in perimenopause, the years before your periods actually stop, which is earlier than most women expect. You can still be cycling and already feel it.

THE CONFUSING COMBINATION

Here's what throws people most. All at once you can see increased dryness and sensitivity, slower healing, and then the cruel twist, adult breakouts. As estrogen drops, its balance with androgens shifts, so some women get drier and break out at the same time.

THE ACCELERATED WINDOW

There is a fast phase right around menopause. Skin loses roughly 30 percent of its collagen in the first five years after menopause, then about 2 percent per year after that. This is not slow, inevitable aging. It is a rapid, hormonally driven process, which is exactly why timing your support matters.

WHAT HORMONE THERAPY DOES FOR SKIN

If declining estrogen drives these changes, can replacing it help? On the skin, the evidence is clear. Systemic estrogen improves skin thickness, hydration, elasticity, and wrinkle depth by addressing the underlying biology rather than working around it, and paired with progesterone it is the most direct way to slow that accelerated loss. But it is never a skin decision. It is a whole-body decision with genuine benefits and genuine risks that are deeply personal, so my role is to give you the skin evidence clearly and let you decide it with the physician who manages this for you.

What actually helps

IF YOU DON'T, OR CAN'T, USE SYSTEMIC HORMONES

- **Topical estriol.** A weaker, prescription form of estrogen applied to the face. It works largely locally, with minimal systemic effect. In a six-month study in perimenopausal women it improved wrinkle depth, firmness, and hydration.
- **Phytoestrogens.** Plant compounds you can use without a prescription. Soy isoflavones raise dermal collagen, and a soy-derived cream called equol improved skin texture and firmness in an eight-week facial trial.

WHEN YOU DO PURSUE PROCEDURES, PREPARE THE SKIN FIRST

Estrogen-supported skin is a different canvas. When the hormonal layer is addressed first, with topical estriol or systemic therapy where it is appropriate, the same laser or resurfacing treatment produces more collagen remodeling and a better, longer-lasting result. Often it is the preparation, not a bigger procedure, that changes the outcome.

The bottom line

You did nothing wrong, the change is predictable, and you have more levers than anyone told you: the right topicals, an informed hormone conversation, and well-timed procedures on prepared skin. The women who age best are not doing the most. They understood what was happening and supported it early. Name it first. Then support it.

WANT THE WHOLE MAP?

The Inside-Out Method

This guide is one piece of a much bigger picture. The Inside-Out Method is my complete course on building skin that stays resilient for decades — not skin that imitates 25. It's everything I teach my patients, in the order that actually works:

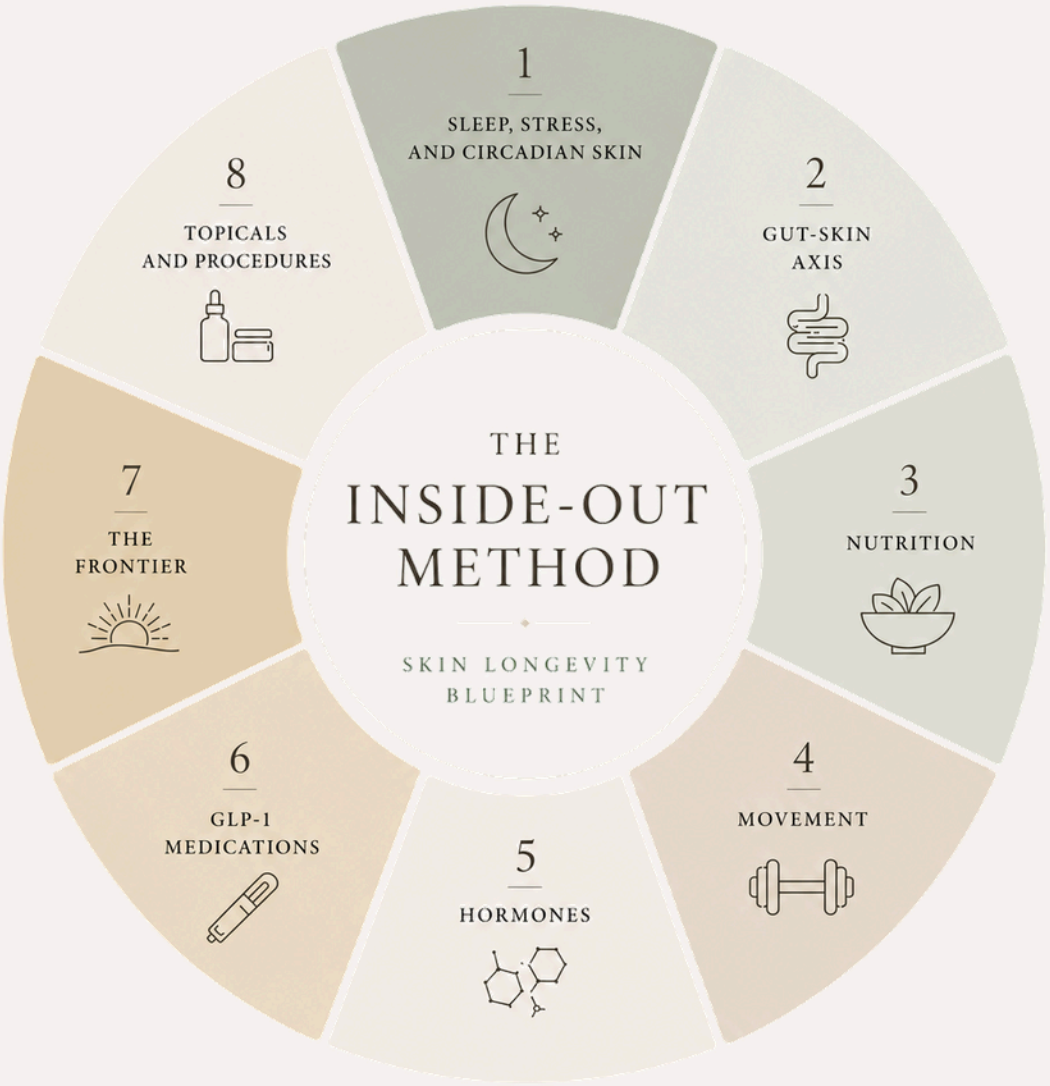
1. **Sleep, stress & circadian skin**
2. **The gut–skin axis**
3. **Nutrition for collagen**
4. **Movement & muscle**
5. **Hormones** — *just a glimpse of this section*
6. **GLP-1 medications & skin**
7. **The frontier**
8. **Topicals & procedures**

What you just read is a fraction of a single section. Each module breaks into short, digestible lessons you can do on your own schedule, with a workbook to make it stick and weekly live Q&A with me, over 8 to 10 weeks in a small cohort. It's the whole system, in the order that actually works.

Ready when you are

Join the next cohort → **insideoutmethod.co**

Dr. Jennifer Herrmann — double board-certified dermatologist with functional medicine training.



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