

LETTER TO THE EDITOR

Skin and menopause: women's point of view

Dear Editor,

During menopause, oestrogen deprivation occurs after the end of ovulation, reduction of ovarian hormones and increased androgen levels which trigger skin ageing.¹ Skin ageing is associated with an increase in extensibility and a reduction in elasticity. The skin loses its elasticity and becomes more fragile and susceptible to trauma, leading to more lacerations and bruising and wound healing is impaired.²⁻⁵

Even though quality of life (QOL) of menopausal women is heavily impacted, current QOL assessing questionnaires only ask about standard skin items such as dryness, hairiness and visual aspect.⁶

In 2018, we conducted an internet survey in French women who consented to participate in internet surveys to collect information about their knowledge and concerns of menopause and its impact on skin in order to develop adequate tools to inform and educate healthcare givers other than dermatologists about the real impact of menopause on the skin and on QOL.

A representative sample of the French population, excluding male participants was chosen. The used method of quotas, a stratified sampling method, is a non-probability sampling technique wherein the assembled sample has the same proportions of individuals as the entire population with respect to known characteristics, traits or focused phenomenon.⁷ A questionnaire of 22 questions developed by the authors was proposed and sent to female participants. A sample of 1287 French women aged from 18 to 75 years was obtained according to this method. Overall, 475 (37%) women declared being menopausal (MPW) and 811 (63%) declared having their menstrual periods (NMPW). Among these latter, 21%, with an average age of 32 years, declared suffering from painful menstrual periods (MP) and 39%, with an average age of 39 years, declared having recently observed changes in regularity and intensity of their MP. Hormonotherapy prescribed by a physician was followed by 8% of MPW, 6% declared that they used nutritional supplements and 2% dermo-cosmetics; 28% declared taking more care of their skin compared to 68% who declared not having changed their skin care routine.

The loss of skin elasticity was significantly reported more often by MPW (70.1%, $P < 0.001$) than by NMPW (31.4%);

Table 1 Impact of changes of different skin parameters during menopause

	Menopausal women N = 476		Non-menopausal women N = 811		P-value
	N	%	N	%	
Hair loss	147	30.9	260	32.1	0.37143
Increased facial hairiness	92	19.4	110	13.6	0.00014*
Imperfections of the skin surface	114	24.0	270	33.3	0.00449*
Skin dryness	279	58.7	358	44.1	0.00000*
Abnormal blemish skin	55	11.6	104	12.8	0.44502
Loss of skin elasticity	333	70.1	255	31.4	0.00000*
Yellowish or dull skin	79	16.6	126	15.5	0.23793
Pigmentation spots	275	57.9	214	26.4	0.00000*
Skin thinning	186	39.2	107	13.2	0.00000*
Acne onset or relapse	46	9.7	242	29.8	0.00000*
Wrinkles	289	60.8	250	30.8	0.00000*
Onset of rosacea	92	19.4	90	11.1	0.00000*
Weight loss	44	9.3	104	12.8	0.28588
Weight gain	263	55.4	294	36.3	0.00000*
More sensitive skin	208	43.8	297	36.6	0.00323*
More irritated skin	161	33.9	240	29.6	0.00843*
More fragilized skin	219	46.1	299	36.9	0.00326*
Haematomas more quickly and more frequently	140	29.5	158	19.5	0.00027*
Dark circles under the eyes	270	56.8	463	57.1	0.38042

*Indicates significant difference.

differences were also significant ($P < 0.001$) regarding the occurrence of pigmentation spots (57.9% vs. 26.4%), dryness (58.7% vs. 44.1%) and wrinkles (60.8% vs. 30.8%). MPW were the most worried about weight gain (55.4% vs. 36.3%), increased facial hairiness (19.4% vs. 13.6%), loss of elasticity, pigmentation spots and loss of hair. Conversely, NMPW were the most worried about acne (29.8%) and 32.1% by hair loss (Table 1). Twenty-two per cent (22%) of NMPW declared having consulted a physician for these issues: 35% consulted a GP and 50% a dermatologist. In all, 72% of MPW declared that their menopause impacted their skin and 50% considered being insufficiently informed. Conversely, 52% of NMPW were aware that the menopause impacts skin, and 67% declared being insufficiently informed.

Despite potential selection bias according to the internet study design and the absence of a clinically confirmed menopause, results from our survey confirm published data.^{8,9} Surprisingly, almost every second NMPW was not aware about the fact that menopause also impacts skin, and 2/3 of them considered being insufficiently informed. This feeling of lack of information was also observed in MPW, despite the fact that the latter declared that they were more aware about the impact due to their own experience. The survey clearly highlights the need for creating awareness in patients and for the education of healthcare professionals concerning the impact of menopause on the skin and on its consequences on the QOL of menopausal women. A QOL questionnaire taking into account the impact of menopause not only on currently described symptoms such as depression, sleep disturbances and insomnia, vulvovaginal atrophy, adverse moods and hot flushes but also on all skin changes may be mandatory to further assess its impact on the daily life of menopausal women.

The study received grants from Vichy Laboratoires France.

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DOI: 10.1111/jdv.16242