In menopause the quality of the skin worsens for the synergistic effect of chronologic aging, photoaging, environmental factors and hormonal deficiency.

Estrogens have an important trophic role on the skin, thanks to the presence of estrogen receptors on dermal fibroblasts and epidermal keratinocytes. Estrogen deficiency determines epidermis and interpapillar cristae thinning, and in the end skin atrophy.

Androgen effect is important as well: testosterone / estrogen ratio increases gradually in the climacteric period and significantly during menopause, establishing a condition of relative hyperandrogenism, which is an important risk factor for acne and hypertrichosis, especially in the perimenopausal period.

Acne in menopause is not frequent (affects about 7% of women), incidence peak is during perimenopausal period (15% of women), it decreases over the ages and it’s independent by youth acne.

At present, topical estrogen treatment is in Italy off-label. Oral treatment is based on hormonal replacement therapy, which must include a progestin with antiandrogenic effect: acetate cyproterone in cyclic sequential regimen is indicated in the first period of menopause (bleeding expected), while the Drospirenone in continuous combined regimen is reserved for the post-postmenopausal period (no bleeding).

Finally, a beneficial effect of soy isoflavones taken orally or topical for a period of at least 6 months, has been demonstrated in postmenopausal women: improve elasticity and skin thickness and promote the healing of acne.