

Menopause and eczema

Menopause is a natural stage in a woman's life. It happens when the ovaries stop releasing eggs and hormone levels decrease. These changes can affect both the body and mind in different ways. One common change is in the skin. During menopause, skin often becomes drier and more easily irritated.

For people with eczema, this may lead to more frequent or more severe flare-ups. Eczema can also appear for the first time during the perimenopause or menopause years. In some cases, eczema that was present in childhood or earlier in life may return.

What are the main menopause symptoms

The average age of the menopause is 51 years, which is defined as when a woman has not had a menstrual period for 12 months. The perimenopause is a gradual transition to menopause happens between 45-55 years. During the perimenopause, periods become irregular and menopause symptoms occur. Most women, estimated as 8 out of 10 have significant menopause symptoms, but for 25% these symptoms will be severe.

The main symptoms include hot flushes, sweats (usually at night), tiredness, 'brain fog' or feeling you are not coping, irritability, joint aches, palpitations, difficulty in sleeping, loss of sex drive (libido), and sometimes anxiety and depression.

Menopause and eczema

Menopause can significantly impact skin health, often causing eczema to develop for the first time or leading to the return of childhood eczema after years of remission. This change is linked to the reduction in oestrogen. Oestrogen is crucial for maintaining the skin's natural moisture; its drop generally leads to significantly drier and more sensitive skin as the skin loses water more easily. This increased dryness weakens the skin barrier, which is already disrupted in eczema, making it less resilient to external irritants. Consequently, dry skin often leads to intense itching, fuelling the destructive itch-scratch cycle that further compromises the skin and triggers new eczema flares.

This makes it much more vulnerable to damage from scratching or bumps, often leading to inflammation and bruising. For people with skin of colour, inflammation may show up as irritated areas that look darker than the surrounding skin.

Common menopausal symptoms like hot flushes and night sweats cause you to sweat more. Sweat can be a real irritant for eczema, potentially leading to more frequent and severe flares. Because of all these factors combined, eczema during menopause can become much worse and have a bigger impact on a woman's everyday life.

Collagen drops dramatically during menopause and continues to decline as you age. Less collagen means your skin loses its natural bounce (elasticity) and becomes thinner and more delicate.

Hormone replacement therapy (HRT) and eczema

One potential treatment to discuss with your healthcare professional is Hormone Replacement Therapy (HRT). HRT replaces the oestrogen and progesterone your body stops making during menopause. By restoring these hormones, HRT often helps ease dry, itchy skin and can reduce eczema flares. The most common options for HRT are called "body-identical" hormones. These are designed to be chemically identical to the oestrogen and progesterone your body naturally produces.

Many women under the age of 60 who are experiencing menopausal symptoms and haven't had a period for a year can take HRT. For most of these women, the benefits of HRT generally outweigh the risks, and medical evidence confirms that the risk of serious side effects is low. However, HRT isn't suitable for everyone, especially those with a high risk of breast cancer or blood clots. Your doctor or healthcare professional will help you weigh up all the potential risks and benefits to decide if HRT is right for you.

Tips for helping with eczema in the menopause

- **Moisturising is Key:** Keep your skin well moisturised. You might need a heavier moisturiser (emollient) if your skin feels drier now. Humectant creams or gels are often long-lasting and less greasy. Tip: Keep your moisturiser in the fridge; a cool emollient will help soothe hot flushes or night sweats.
- **Washing Routine:** Continue to wash with emollients and avoid harsh soaps and bubble baths, which cause dryness and irritation. Keep showers and baths lukewarm/tepid, as hot water will irritate your skin and increase overheating and itching. Gently pat your skin dry with a soft towel and then apply more moisturiser immediately.
- **When to Seek Help:** If your skin is flaring, do not wait. Book an appointment to see your healthcare professional. Topical steroids are the first-line treatment for eczema at any age, and a short burst of treatment will quickly calm down a flare. For ongoing maintenance, talk to your doctor about topical calcineurin inhibitors. All standard eczema treatments are safe to use during menopause and alongside HRT.
- **Stay Cool:** Try not to get overheated and keep your bedroom cool. You might consider using separate duvets, as a lighter tog will help prevent night-time overheating.
- **Prioritise Sleep:** Getting 7–9 hours of sleep is important for skin repair and managing menopause symptoms. Create a calm, relaxed bedtime routine.
- **Vaginal Dryness:** If you experience vaginal dryness, lubrication can help. Use a bland product with no added fragrance, as scented products may trigger eczema flares.
- **Exercise:** Try to exercise regularly, about 30 minutes of activity a day. It doesn't need to be vigorous; moderate walking or swimming is ideal. Research shows that exercise increases blood flow to the skin, helping to manage menopausal symptoms and improve skin health.
- **Diet:** Try to eat a balanced, healthy diet. Include fish for omega-3 fatty acids, five portions of fruit and vegetables, and nuts and seeds for vitamin E. Supplement with vitamin D (via a tablet) daily or between October and April.
- **Manage Stress:** Stress can trigger eczema flares. Try to set aside 10–20 minutes in the day for relaxation techniques and consider practicing mindfulness.
- **Ask for a Referral:** If your eczema is difficult to control and becoming severe, ask your healthcare professional for a referral to the dermatology department. Dermatology can offer advanced options, including phototherapy, immunosuppressants, and newer biologic and JAK-inhibitor treatments.

For more information on eczema management generally, please see Eczema UK's factsheets on emollients, topical steroids and topical calcineurin inhibitors.

Useful resources on the menopause:

Menopause Support: <https://menopausesupport.co.uk>
Let's talk menopause: <https://www.letstalkmenopause.org>
The menopause Charity: <https://themenopausecharity.org>
The Menopause café: <https://www.menopausecafe.net>
NHS Advice: <https://www.nhs.uk/conditions/menopause/>

Disclaimer

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We welcome reader feedback on our publications, please email us at info@eczema.org

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