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WINTER 2019

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THE NEW SEXY

CBD BATHS + BODY-BOOSTING TREATMENTS

ONE PILL MAKES YOU HOTTER? THE NEW HORMONE FIX

GLOWY, HAPPY HOLIDAY SKIN—ALL YEAR LONG

SECOND ACT

I remember the call from my mom: “I think I’m going through the change,” she said, detailing her erratic temperature shifts, her lack of sleep and the “pooch” below her belly button that used to shrink with exercise, but no longer budged. I could hear the uneasiness in her voice, like she couldn’t believe she’d reached this point in her life. Duxbury, MA plastic surgeon Christine Hamori, MD hears this often from patients: “The topic of menopause has been under a shroud of shame and guilt for too long,” she says. “All women experience it, and it’s important that we discuss it,” especially as studies reveal that more than 50 million women in the U.S. will enter this phase of life by 2020.

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by BRITTANY
BURHOP FALLON

THE 3 STAGES OF MENOPAUSE

The “Ovarian Retirement Plan,” as Louisville, KY obgyn Rebecca Booth, MD calls it, has three unique phases. Here’s the scoop on each.

PERIMENOPAUSE is considered the winding down of a woman’s biological clock in her late 30s or early 40s. “Menstrual cycles begin to shorten, periods often change and PMS may become more dramatic,” says Dr. Booth. Perimenopause is also not to be confused with “Premature Ovarian Failure (POF), which is the loss of ovulation before age 40 and affects as many as 1 percent of women,” she adds. “The cause is usually unknown, but diabetes, autoimmune diseases and smoking often contribute.” (“Smoking has been found to put women into menopause two years earlier on average,” says Hamilton, NJ obgyn Omnia M. Samra-Latif Estafan, MD.)

Rochelle Weitzner, CEO of Pause Well-Aging, a menopause-centric skin-care line, says that in certain circumstances, women can be thrust into menopause early. “Induced menopause can result from chemotherapy, radiation, autoimmune or thyroid diseases, and IVF treatments; surgical menopause occurs immediately after a woman has her ovaries removed,” she explains. “In this case, her symptoms may be more severe because of the rapid change to her body.”

2 MENOPAUSE marks the cessation of ovulation—going a full year without a period. “We are born with all of the eggs we will ever have, and they deplete as we age, with all of them disappearing around age 51,” says Dr. Booth. A sharp drop in predominant sex hormones—estrogen, testosterone, progesterone—causes troublesome symptoms for many women (more on that later), but some don’t experience them at all.

3 POST-MENOPAUSE begins immediately after menopause. Per the U.S. Department of Health and Human Aging, because baby boomers are past the midlife point, an unprecedented number of women are currently in this stage.

ERIC TRAORE / TRUNK ARCHIVE



THE SIGNIFICANT DROP IN ESTROGEN DURING PHASES of menopause can manifest both internally and externally. “Like pregnancy, menopause can be a wonderful transition or a complete upheaval of normalcy,” says Dr. Samra-Latif Estafan. “Everyone’s journey is different, so it’s important not to believe everything you read online.” These are the side effects that can arise, and what to do when they throw you out of whack.

SKIN

“The skin on a woman’s face has the second highest concentration of estrogen receptors in her body—the reproductive area has the most—which means that changes in hormone levels directly impact her skin,” says Nashville, TN dermatologist Jill Fichtel, MD. The estrogen decline leads to slower skin cell turnover, which “causes light to reflect off the skin differently, affecting the color and brightness of the skin, and making natural irregularities like wrinkles, oil glands and hair follicles more noticeable as bumps and depressions,” she adds.

One of the most dramatic effects is the acceleration of loss of elasticity and formation of wrinkles. “A study on the decrease of skin collagen in postmenopausal women found a decrease of 2.1 percent per year in the first 15 years after menopause,” says Dr. Booth. “Thus, on average, from age 50 to 65, more than 30 percent of skin collagen will be lost.” The collagen plummet then contributes to sagging, “especially around the cheeks, jawline and neck,” notes New York plastic surgeon B. Aviva Preminger, MD. For those wanting to restore a more youthful contour, in-office skin-tightening treatments such as Ultherapy and AccuTite, as well as facelifts and necklifts, can provide long-lasting results.

Dry and dehydrated skin are also concerns: “Moisture levels of the dermis are no longer regulated, and the skin isn’t able to effectively defend itself against oxidative stress,” says Weitzner. “When this is the case, look for products containing hydrating ingredients that also promote collagen production and support skin’s structural integrity, such as niacinamide, peptides and hyaluronic acid.” Skin-care products made with plant-derived molecules called phytoestrogens—red clover, soy, grape seed—also help reverse signs of ag-

ing in the skin. “They mimic the effects of estrogen, and when applied topically, they activate estrogen receptors in the epidermis, promoting the skin’s ability to hold onto water, as well as increasing collagen and elastin production,” says Dr. Booth, who’s also co-founder of VENeffect, a phytoestrogen-based skin-care line. “Over time, lines and wrinkles become less visible, overall texture improves and skin recovers its glow.”

BODY

Metabolism is effected by estrogen, too, so for many women, menopause triggers weight gain. “The weight seems to settle around the abdomen, hips and thighs, and is very resistant to diet and exercise—the average woman gains between 10 and 15 pounds,” says Dr. Preminger. Breast size can change as well, but whether this is due to weight gain or changes in breast density is not clear, Dr. Hamori says, adding that many of her patients experience this during their 40s and 50s.

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“A major side effect many women suffer from but don’t talk about is achiness in the muscles and joints—in some countries, it’s the number-one complaint,” says Mary Jane Minkin, MD, obgyn and clinical professor of obstetrics at Yale School of Medicine. “We really don’t know what brings it on—likely dryness in the joint capsules—but it’s being studied.”

A high rate of osteoporosis is associated with menopause as well: According to the National Center for Biotechnology Information (NCBI), more than 250,000 menopausal and post-menopausal women have this form of bone loss (or decreased bone density) due to estrogen deficiency. “During menopause, women experience an accelerated rate of bone loss of 3 to 5 percent per year for the three to four years after their last period,” Dr. Minkin explains. “We continue to lose bone after that point, but not at such a fast rate.” Prescription medications such as bisphosphonates and denosumab, and supplementation with calcium and vitamin D, can help minimize symptoms.

HAIR

According to Dr. Minkin, hair loss is not an “official” side effect of menopause, but many women experience it, in addition to an increase in the brittleness of their hair and a lack of shine. “The hormonal changes decrease how long anagen—the growth phase of the hair cycle—lasts, leading to thinner, finer, shorter hairs that can even reach the point of being vellus hairs—the barely there hairs you see on your forehead or ears,” Dr. Fichtel says. To strengthen fragile strands, fill your routine with products that promote a healthy scalp and stimulate hair growth, such as essential oils and minoxidil.

VASOMOTOR SYMPTOMS

When we think of menopause, we think of hot flashes and night sweats—known as vasomotor symptoms—which result from constriction and dilation of blood vessels in the body, and affect approximately 75 percent of menopausal women. “Hot flashes last about three to four minutes and can cause discomfort at

any time of the day,” says Dr. Booth. These, along with night sweats, “occur as hormone levels fluctuate, creating a rush of adrenaline that provokes a surge or drop in body temperature,” says Dr. Samra-Latif Estafan. Migraines are also common, and can generally be managed with OTC pain medication.

Dr. Minkin recommends over-the-counter Remifemin—a German product containing black cohosh, which has been proven to be more effective than soy at relieving menopausal symptoms—and Relizen, a Swedish pollen extract you can find online. “Studies show mixed results, but I’ve found these to be reasonable remedies for my patients,” she says. However, be aware of OTC herbs that make promises to erase symptoms, notes Dr. Samra-Latif Estafan, as some may have benefits, but could interact with other medicines.

Preliminary research is also underway on the positive effects of ingestible and transdermal CBD formulas on vasomotor symptoms, but Dr. Minkin says there’s “very little prospective randomized data,” although some of her patients have been using it and find it helpful.

PSYCHOGENIC SYMPTOMS

Whether it’s a hot flash that wakes you up in the middle of the night or you just can’t doze off, sleep disturbance is a prevalent psychogenic symptom of menopause. “As we age, it has been found that we produce less melatonin, a chemical messenger that is important for sleep,” says Dr. Samra-Latif Estafan. With lack of sleep, fatigue is very common. “Exercise has been found to have fantastic benefits for promoting sleep, reducing mood swings and preventing fatigue, and can also help with weight gain that can occur,” she adds. “And a clean diet and cutting down on alcohol will assist in keeping your liver clean, allowing your hormones to function better.”

The imbalance in the estrogen-to-progesterone ratio can cause irritability and difficulty concentrating as well, adds Dr. Samra-Latif Estafan. “It is perfectly normal and will eventually subside.” It’s not atypical for feelings of anxiety and depression to escalate, too, but it’s important to discuss them with a doctor.



MENOPAUSE LARGELY IMPACTS OUR SEX ORGANS AND SEXUALITY, resulting in a variety of urogenital symptoms that affect nearly 60 percent of women, according to NCBI. “The decrease in estrogen, testosterone and progesterone can cause stress urinary incontinence and a decrease in libido,” says Dr. Hamori. “Internally, the vaginal wall becomes significantly drier and thinner due to a loss of collagen and elastin, which can cause women to experience pain during sex and result in a loss of intimacy and self-esteem.”

Dr. Minkin notes that vaginal dryness tends to occur as one gets further into menopause—“hot flashes tend to get better, vaginal dryness gets worse,” so she recommends a moisturizer like Replens, which is available over the counter. Dr. Booth adds that, although OTC options are effective, she explains to patients that “lubrication may help women feel more slippery, but only estrogen inspires elasticity. Therefore, a topical estrogen cream might be a better solution, but it does require a prescription.”

POWER PLAY

To help tackle these issues and enhance sexual well-being for menopausal women, medical companies have created laser and radio-frequency (RF) devices—based on the science behind existing tightening and

resurfacing technologies for the face and body—which are administered by gynecologists, dermatologists and plastic surgeons. If the concern is stress urinary incontinence (when you sneeze and a little urine leaks out), Viveve, ThermiVa, Votiva, FormaV and Emsella (electromagnetic energy) can strengthen the pelvic floor, “but they don’t actually tighten the vagina,” says Dr. Hamori. “Vaginal dryness can be reduced with erbium and CO₂ laser devices such as Diva, MonaLisa Touch and CO₂RE Intima.”

Last year, despite physicians’ advocacy for the devices and heartfelt patient testimonials, the FDA served several manufacturers a warning to revise their claims, which were misleading consumers. The FDA also voiced concerns that the treatments “have serious risks,” but Dr. Preminger says available literature does not demonstrate evidence that these devices are unsafe. “Since the FDA’s warning, the companies involved have adjusted their language accordingly regarding indications for these types of procedures,” she adds. “For example, changing vaginal ‘rejuvenation’ to ‘restoration.’ However, we still need more long-term studies to compare devices and determine their efficacy.” Dr. Hamori says few untoward side effects have been found when the devices are used by trained professionals on appropriate patients.



THE KIT
SIX ESSENTIALS THAT HELP MAKE MENOPAUSE A LITTLE BIT EASIER



PAUSE WELL-AGING HOT FLASH COOLING MIST
Hot flashes may not be avoidable, but they can be tamed with a quick spritz of this ultra-refreshing mist. \$39, pausewellaging.com



VENEFFECT FIRMING PHYTO-LIFT SERUM
A wonder worker for skin that’s lost its youthful bounce, this fragrance-free serum restores firmness to the face, neck and décolleté. \$195, veneffect.com



VFIT
Red LED lights, gentle heat and sonic technology combine in this supercharged at-home device to deliver optimal vaginal health and wellness. \$495, getvfit.com



THE GOOD PATCH HOT FLASH
Wear this tiny, CBD-infused transdermal patch on the inside of your wrist to help keep temperature spikes at bay. \$12, thegoodpatch.com



EMEPELLE NIGHT CREAM
Formulated for estrogen-deficient skin, this retinol-infused night cream hydrates, smooths and brightens in one step. \$195, lovelyskin.com



NUTRAFOL WOMEN’S BALANCE
Wellness all-stars maca and ashwagandha give this thinning hair supplement an anti-menopause boost. \$79 per month, nutrafol.com

THE HORMONE REPLACEMENT THERAPY DEBATE

Hormone Replacement Therapy (HRT) can be a powerful tool in the fight against frustrating menopausal symptoms. “Contrary to some analysis, recent scientific evidence is basically encouraging women to rethink estrogen therapy and letting them know it’s safe for most,” says Dr. Minkin. It also may afford women other protections, including positive effects on heart health and the prevention of osteoporosis. “There is also considerable data from Europe showing that natural progesterone is quite safe for the breasts [past studies have linked progesterone to an increased risk of breast cancer],” adds Dr. Minkin. “If you start taking it within five to six years of your last period, most research suggests the estrogen does have protective cardiovascular effects.” Another option is bioidentical therapy: oral estrogen and progesterone that are exactly the same as the estrogen and progesterone our ovaries make, or used to make. “There’s a new, FDA-approved version called Bijuva that is available at the pharmacy and covered by insurance,” says Dr. Minkin. “It’s also proven to be quite effective for treating both hot flashes and vaginal dryness.”

(MENO)PAUSE BUTTON

As far-fetched as it may sound—it’s still very experimental, and long-term effects, if any, are undetermined—“doctors have figured out a way to delay menopause by up to 20 years by surgically removing a portion of a woman’s ovaries, cryogenically freezing it, and then reimplanting it when the woman reaches perimenopause,” says Weitzner. The reimplanted tissue resets hormones to where they were at the time of the original harvest (similar to when you revert a computer document to a previous version), thereby delaying the onset of menopause—the procedure has been used since the late ’90s to preserve fertility in women undergoing chemotherapy. “While it sounds exciting, to achieve the two-decade delay, women would have to undergo the procedure in their 20s, and may not be prepared to make that decision then,” Weitzner adds. “It’s definitely interesting technology, and who knows, maybe one day we will be able to delay menopause forever.”