STILL YOU. JUST MORE TO DEAL WITH.

The changing hormones, disrupted nights and unfamiliar skin. A considered guide to feeling more like yourself.

NO.1 URBAN AESTHETICS / SEPTEMBER 2026

IN THIS ISSUE

Life, skin and the space between.

PERIMENOPAUSE, WITH SOME PERSPECTIVE

THE PEOPLE BEHIND NO.1

Perimenopause can reach into parts of life that have never previously needed much thought. This issue begins with the whole person, then turns to the skin and the treatments that may be worth considering. You should not need a medical vocabulary to understand your options, or a completely new face to feel that somebody has listened.

Published by No.1 Urban Aesthetics. Rebecca Beckett is a Registered Nurse, director and aesthetic practitioner. Christopher Beckett is an Advanced Nurse Practitioner, independent prescriber and clinical governance lead.

THE CENTRAL ANSWER

> *You can recognise a change without accepting that nothing can be done.*

Perimenopause is the transition towards menopause, when changing ovarian hormone levels can affect periods, temperature control, sleep and other aspects of health. Skin may become drier or more reactive, and familiar routines can suddenly feel less useful. There is effective medical support for troublesome symptoms, alongside sensible skincare and selected aesthetic treatments for particular concerns. The useful starting point is to work out which change needs which kind of help.

That sounds straightforward until you try to do it while sleeping badly, running a household and remembering why you opened your email. Midlife rarely clears the diary to make room for its biological developments. Symptoms arrive among deadlines and school messages, where they are easily mistaken for personal inadequacy or simply another busy week.

The growing conversation about menopause has made recognition easier. It has also created a sizeable shopping opportunity. A person who needs a proper discussion about sleep can now be offered a serum, a subscription and a reassuringly expensive collection of powders before anyone asks about her periods.

Some women experience very little disruption. Others find their working life, relationships and sense of themselves substantially affected. Neither experience sets the standard for everybody else, and having a natural life transition does not oblige you to endure its symptoms without support.

This issue follows the concerns that actually matter: understanding the pattern, getting the right conversation, making daily life more manageable and caring for changing skin. Its final pages explain what professional skin and aesthetic care at No.1 Urban can reasonably offer. The aim is a useful decision, not an ever-lengthening appointment list.

01 / RECOGNISING THE PATTERN

The calendar is only part of the story

Perimenopause can begin while you are still having periods. The timing and flow may change, but a monthly bleed is not proof that the transition has yet to start. Menopause itself is usually identified retrospectively after twelve months without a period, provided hormonal contraception is not masking the pattern.

For otherwise healthy people aged 45 or over, clinicians generally identify the transition from symptoms and menstrual history rather than a routine hormone blood test. Hormones fluctuate, so a single result can be an unhelpful snapshot. A normal result does not automatically explain away a convincing history.

Younger age changes the assessment. Symptoms before 45 deserve a clinical conversation, and suspected premature ovarian insufficiency before 40 needs specific investigation. Blood tests may also be useful at any age when a clinician is considering another cause, such as thyroid disease or anaemia. The question is what the test is trying to establish.

A brief record is often more useful than a heroic spreadsheet. Note period dates, the symptom that bothers you most, when it happens and what it stops you doing. Include medicines and contraception. If sleep is the problem, describe how often you wake and how you feel the following day. If bleeding has changed, say how it has changed.

There is no need to arrive with a diagnosis already assembled. A consultation should help make sense of the evidence you bring. It is reasonable to ask what else might explain the symptoms, what help is available and when the plan will be reviewed.

Perimenopause is a plausible explanation for many changes, but it should never become a label that prevents somebody looking further. A useful diagnosis opens a conversation. It does not close the file.

> *A normal blood test does not automatically make a difficult month imaginary.*

02 / SLEEP & TEMPERATURE

When the night stops restoring you

A hot flush may be brief, but its consequences can occupy the rest of the night. Waking hot, changing position, checking the time and calculating how little sleep remains is an efficient way to turn a bedroom into an accounts department. By morning, even ordinary decisions can feel unusually demanding.

Sleep problems during the menopause transition deserve attention in their own right. They may accompany night sweats, but anxiety, pain, caring responsibilities and other sleep disorders can also contribute. Mention loud snoring, gasping or persistent daytime sleepiness to your clinician rather than assuming hormones explain everything.

Keep the practical response manageable. A cooler room, lighter bedding and layers you can remove may make night sweats easier to live with. A regular waking time can help establish a rhythm. If evening alcohol or late caffeine reliably makes your night worse, changing that habit is worth trying without declaring the entire household a wellness retreat.

Persistent insomnia warrants more than another list of things you ought to be doing. Menopause-specific cognitive behavioural therapy can help with sleep difficulties and the distress associated with hot flushes. It addresses how symptoms and responses interact, and can sit alongside other treatment.

Discuss troublesome symptoms with your GP or a clinician experienced in menopause care. You do not have to wait until your periods stop. The aim is to reduce the disruption enough for ordinary life to become ordinary again. A good night's sleep remains considerably more useful than being told you look well.

MEDICAL OPTIONS / A PROPER DISCUSSION

HRT deserves a conversation, not a camp

Hormone replacement therapy can be an effective treatment for menopausal symptoms, particularly hot flushes and night sweats. It is a personal clinical decision, shaped by symptoms, medical history and preferences. The public argument often makes it sound as though there are two opposing teams. Neither will be there to help you apply a patch on a Tuesday morning.

The type and route matter. Systemic oestrogen comes in several forms, including tablets and preparations absorbed through the skin. People who still have a womb usually need a progestogen alongside systemic oestrogen to protect its lining. Your clinician should explain how the proposed regimen fits your bleeding pattern and health history.

Benefits and risks vary with age, the formulation, duration of use and individual circumstances. Oral and transdermal preparations do not have identical clotting risks. Breast cancer risk also needs an individual discussion, including the distinction between combined and oestrogen-only treatment. Asking for an explanation in absolute numbers can make an alarming headline more useful.

If HRT is unsuitable or unwanted, other approaches remain available. These can include menopause-specific CBT and non-hormonal medicines selected for the symptom concerned. The right option is the one that is appropriate for you, with a plan to check whether it helps.

Arrange review if symptoms remain troublesome or side effects are difficult. Do not change prescribed treatment on the strength of this magazine. HRT is not contraception, and irregular periods do not mean pregnancy is impossible. Your contraception needs its own discussion.

Skin can be part of the wider picture, but HRT should not be marketed as an anti-ageing beauty treatment. Equally, a cosmetic appointment should not be presented as a substitute for a menopause consultation.

03 / MOOD & MENTAL LOAD

When your head feels unusually full

Brain fog is a mild-sounding phrase for something that can feel profoundly unsettling. Losing your thread halfway through a familiar task, struggling to retrieve a word or finding that your usual patience has disappeared can make you question abilities you have relied on for years.

Memory and concentration difficulties, low mood and anxiety can occur around the menopause transition. Poor sleep can make the picture worse. That does not make every episode of anxiety hormonal, or mean depression should be left untreated while you wait for your cycle to explain itself.

Describe the effect rather than apologising for it. Being unable to concentrate at work, withdrawing from friends or feeling persistently unlike yourself is clinically useful information. A GP can help assess what is happening and discuss appropriate support, including psychological treatment when indicated.

In daily life, reduce avoidable friction where you can. Put appointments somewhere you will actually look, protect a short uninterrupted block for difficult tasks and tell someone close to you what has changed. At work, a practical conversation about temperature, breaks or how meetings are organised may be more helpful than trying to conceal every difficult day.

This is not an instruction to become better at coping with an unreasonable workload. A diary can be full because too much is in it. Hormonal change and ordinary life pressures can exist together, and both deserve an honest look.

Cosmetic treatment may address a specific appearance concern. It cannot carry the entire job of restoring wellbeing, and a face does not need correcting because the person behind it has had an exhausting month.

04 / INTIMATE HEALTH

Comfort matters in parts of the body that rarely get a beauty feature.

Vaginal dryness, irritation and discomfort during sex can accompany hormonal change. Urinary symptoms may appear too. These are health concerns worth mentioning directly, even if your appointment began with a discussion about sleep. Embarrassment is a poor reason to keep living with pain.

A vaginal moisturiser is designed for regular use to help with dryness, while a lubricant can reduce friction during sex. They serve different purposes. A pharmacist can help you choose a suitable product. Avoid using ordinary facial skincare internally, and remember that oil-based lubricants can damage latex condoms.

Local vaginal oestrogen is an established treatment option that can be discussed with an appropriate healthcare professional. It acts mainly in the local tissues and is distinct from systemic HRT. Your history still matters, particularly if you have had breast cancer or are receiving related treatment. Some people need individual or specialist advice.

Low desire can reflect discomfort, tiredness, relationship strain, medicines and hormonal changes. It rarely benefits from being reduced to a single missing ingredient. Addressing pain is a sensible beginning. A conversation with a partner about what feels comfortable can remove some of the pressure to perform as though nothing has changed.

Persistent itching, soreness, skin changes or recurrent symptoms need assessment because infections and skin conditions can resemble menopausal dryness. Bleeding after sex, between periods or after menopause should also be checked.

You do not have to describe any of this elegantly. Plain words are enough. Healthcare professionals should be able to discuss the vagina with the same composure they bring to a knee. None of these symptoms belongs on a cosmetic skin-treatment menu, and none is too small to justify asking for help.

A body worth supporting

Midlife can change how your body feels in clothes, how readily you recover and how much energy remains at the end of a working day. Weight and body composition are influenced by several factors, including ageing, activity, sleep and hormonal change. A changing waistline is not a reliable measure of your discipline.

Regular movement remains useful for general health, mood and bone strength. Include activities where you bear your own weight, such as walking or dancing, and some resistance work that asks muscles to do more than they usually do. The right starting point depends on your health and current ability.

There is no requirement to become a person who owns specialist water bottles. A repeatable walk and a manageable strength routine are more useful than an ambitious programme that vanishes after its first difficult week. Build gradually, and seek guidance if pain, a medical condition or uncertainty about technique is getting in the way.

Joint aches can accompany the transition, but a persistently swollen joint, significant new pain or declining function deserves assessment. Do not use menopause as an explanation for every discomfort and then exercise through it regardless.

Rest also deserves a place in the plan. When sleep is poor, a punishing training schedule can become another demand rather than a source of support. Think about what you can repeat over months, with room for the weeks that are less cooperative.

The useful benchmark is capacity: carrying shopping, getting up from a chair, enjoying a walk and feeling able to take part in your own life. A number on the scales tells you very little about most of that.

FOOD & SUPPLEMENTS

Dinner does not need a rebrand

Eating well during perimenopause is mostly recognisable eating: enough food, a varied diet and meals that fit the life you actually have. Protein-containing foods, fibre-rich plants and sources of calcium all have useful roles. A supplement cupboard is not a substitute for lunch.

If appetite, weight changes or exhaustion are making meals difficult, start with the part that is going wrong. Skipping food through the day and arriving home ravenous is a practical problem before it becomes a hormonal theory. Planning a few repeatable meals may help more than imposing another set of restrictions.

Calcium supports bone health. Dairy foods and appropriately fortified alternatives can contribute, alongside other calcium-containing foods. Vitamin D also matters. Follow current UK advice on supplementation and ask a pharmacist or clinician if you need guidance for your circumstances. Taking more than you need is not a stronger version of looking after yourself.

Persistent tiredness, heavy bleeding or a restrictive diet may warrant assessment for a deficiency. Treatment should follow the clinical picture and appropriate testing where needed. An injection does not acquire extra value simply because it feels more medical than a tablet.

Be cautious with products sold to balance hormones. The phrase does not tell you which hormone, how the product changes it or whether the result is beneficial. Herbal preparations can interact with medicines, so tell your clinician what you take, including products bought online.

You are entitled to enjoy food without turning every meal into a test of how well you are ageing. If nutritional support is needed, it should make eating and health more manageable. It should not leave you frightened of an ordinary sandwich.

> *A supplement should have a reason for being there beyond the word menopause on its label.*

When familiar skincare feels unfamiliar

Dryness and itching are recognised skin changes around menopause, and some women find that products they previously enjoyed become harder to tolerate. The change can be frustrating precisely because the routine was settled. You have not necessarily used it incorrectly or forgotten how to wash your face.

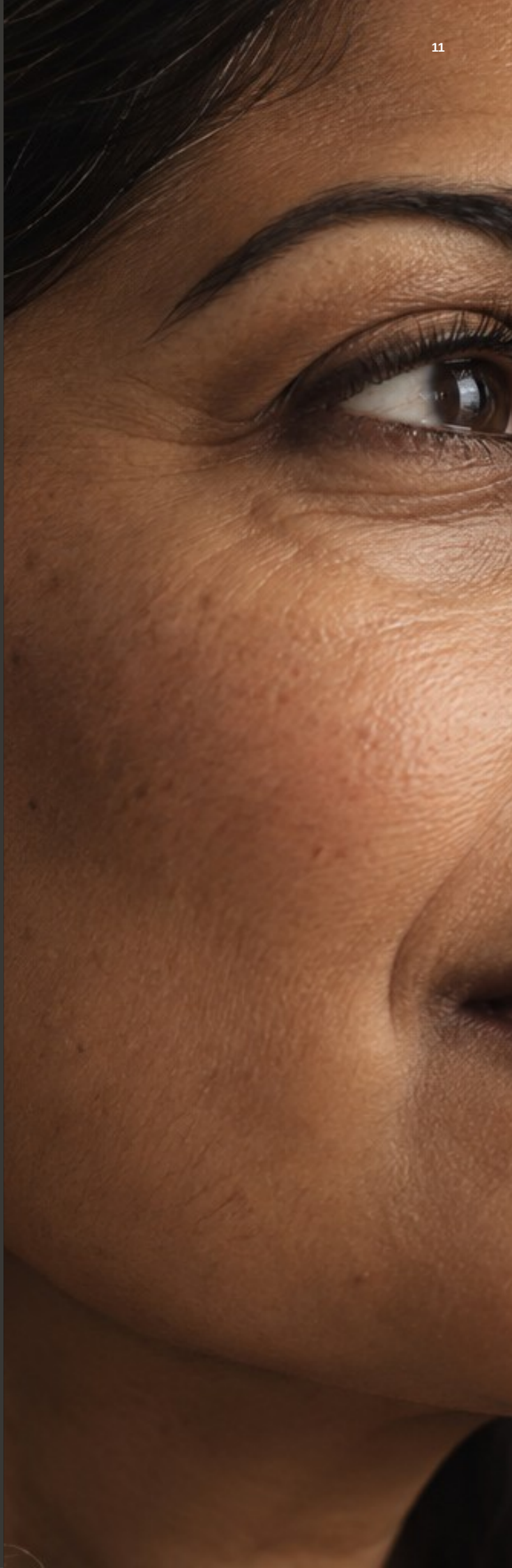
Hormonal change is one part of the explanation. Ageing, accumulated sun exposure, the weather and existing skin conditions all continue to matter. There is no single menopausal skin type, and the same woman may experience dryness in one area and breakouts in another.

Begin with comfort. If cleansing leaves tightness or products sting, simplify the routine and review what is irritating it. A gentle cleanser and a suitable moisturiser can help support the surface barrier. Give the skin time to settle before introducing several active products together.

A richer texture may suit newly dry skin, but more layers are not automatically more helpful. Introduce changes one at a time so you can tell what agrees with you. A product that looks impressive on a bathroom shelf still needs to earn its place on your face.

Changes in firmness or facial shape deserve a separate conversation from surface dryness. Moisturising may make the skin feel softer and look more comfortable. Decisions about deeper structural change require an assessment of the face, your priorities and the options available.

The aim is to understand what is different now, rather than defend the routine that worked five years ago. Your skin is allowed to change its requirements without that becoming a personal criticism.



BREAKOUTS, REDNESS & HAIR

The hormone explanation has limits

A new breakout in midlife is particularly irritating when your skincare is already trying to manage dryness. Treating the entire face as though it were an oily teenage forehead can make matters worse. Painful, persistent or scarring acne deserves clinical assessment and a treatment plan, with skincare supporting that plan.

Facial redness also needs some thought. A short-lived flush associated with feeling hot is different from persistent redness, burning or inflammatory spots. Rosacea can coexist with menopausal symptoms and may need specific care. Scrubbing or repeatedly exfoliating a sore face is unlikely to clarify the diagnosis.

With sensitive or rosacea-prone skin, gentle cleansing and a moisturiser that suits you can improve daily comfort. Consistent sun protection is useful. If your eyes are painful, light-sensitive or your vision changes, seek urgent assessment rather than assuming facial sensitivity explains it.

Pigmentation has several possible causes too. Sun exposure, inflammation and hormonal influences can overlap. A new or changing mark should be assessed before any cosmetic attempt to fade it. A photograph in an advert is not enough to establish what a patch on your own skin represents.

Hair thinning can become noticeable around this stage of life, but the pattern and speed matter. Sudden loss, bald patches or an inflamed scalp warrant a medical discussion. Mention recent illness, medicines, dietary changes and any heavy bleeding. Buying a hair supplement without identifying the problem can be an expensive way of postponing that conversation.

Recognising perimenopause should make care more thoughtful. It should not become an all-purpose explanation that allows every new symptom to pass without inspection.

A routine you can live with

The most useful home routine is one you can tolerate and repeat. A gentle cleanse, moisturiser as needed and appropriate daily sun protection provide a sensible foundation. Select texture and application around your skin, rather than the age band printed on a jar.

Use a broad-spectrum sunscreen with at least SPF 30 and good UVA protection. Apply generously, reapply when outdoors and use clothing and shade as well. A moisturiser with a small amount of SPF applied sparingly is unlikely to give the protection its label assumes.

If your skin is comfortable, a carefully chosen active may help a specific concern. There is no obligation to add everything at once. Retinoids can irritate, especially when introduced too quickly, and should be avoided during pregnancy or when trying to conceive. Ask for advice about your own products and circumstances.

Exfoliation should be chosen to suit the skin's condition. Persistent stinging, soreness or peeling is a reason to reassess the routine, not evidence that you have finally found something strong enough. Allow prescribed skincare to be reviewed by its prescriber rather than stopping or combining it independently.

Take a photograph in consistent lighting if you want to judge a gradual change. Daily inspection under a magnifying mirror mostly measures your ability to find something new to worry about. Comfort, fewer troublesome episodes and a routine that fits your budget are useful outcomes too.

Professional advice is particularly valuable when you cannot tell whether the problem is dryness, inflammation, texture or a mixture. Bring the products you use, or photographs of their labels. The bottle you forgot to mention can be the one that matters.

WHEN TO SEEK HELP

Some changes need medical attention

Keep this page for reference.

Arrange a GP appointment for any vaginal bleeding after twelve months without periods, even a single small episode or pink or brown discharge. Bleeding between periods or after sex also needs checking. During perimenopause, discuss bleeding that becomes substantially heavier, prolonged or otherwise unusual for you.

If you take HRT, ask the prescribing service about unexpected bleeding and when it requires review. Seek advice promptly for heavy, prolonged or concerning bleeding. Do not assume that every new bleed is an expected effect of treatment.

Seek urgent medical help for very heavy bleeding with faintness, breathlessness or feeling seriously unwell. If you have missed a period and have unusual bleeding with abdominal or pelvic pain, get urgent advice, because pregnancy-related problems need assessment even during perimenopause.

Call 999 for chest pain with severe breathlessness, collapse, or possible stroke symptoms such as new facial drooping, arm weakness or speech difficulty. Palpitations that recur deserve assessment; if they are happening with chest pain, fainting or significant breathlessness, call 999.

If you may harm yourself, cannot keep yourself safe or have already taken an overdose, call 999 or go to A&E. For urgent mental health support without immediate danger, contact your local urgent service or 111. Persistent low mood and anxiety also deserve care before they reach a crisis.

A new or changing skin lesion, persistent unexplained itch, sudden hair loss, or symptoms that do not fit your usual pattern should be assessed. Perimenopause can be part of the medical picture without being the whole explanation.

This page is a guide to seeking help, not a diagnosis. If you are worried that something serious is happening, seek clinical advice rather than waiting for a cosmetic appointment.

A conversation before a treatment

At No.1 Urban Aesthetics, the useful starting point is the change that matters to you. That may be uncomfortable dryness, rough texture, a loss of facial volume or simply uncertainty about what you are seeing. Each points towards a different discussion.

Rebecca Beckett, known as Bex, is a Registered Nurse, director and aesthetic practitioner. Christopher Beckett is an Advanced Nurse Practitioner, independent prescriber and clinical governance lead. Their roles give the clinic a clinical framework for assessment and treatment planning, with referral when a concern belongs elsewhere.

Bring your current skincare and tell the team about medicines, allergies, past procedures and any medical changes. Pregnancy, plans to conceive, breastfeeding and a history of troublesome healing can affect suitability. So can an active flare of a skin condition. A consultation should make those details relevant to the decision rather than merely collect them on a form.

A good plan explains what improvement is realistic, how long it may take, what recovery involves and what the whole course is likely to cost. You should know who to contact afterwards and how concerns will be handled. There should be room to ask questions without feeling that the treatment chair has already been booked on your behalf.

The pages that follow describe skin and aesthetic support. They do not offer treatment for the hormonal transition itself. If your main concern is sleep, bleeding, anxiety or intimate symptoms, the appropriate medical conversation comes first.

To discuss your skin with Bex and the team, call 01782 444086 or visit no1-urbanaesthetics.co.uk. The clinic is at 56 Ironmarket, Newcastle-under-Lyme, ST5 1PE.

08 / PROFESSIONAL SKIN CARE

Comfort can be a worthwhile result

Professional skin care can be particularly appealing when your routine has become uncertain. An appointment gives time to look at what is happening, review the products you use and choose a focused treatment. Softer-feeling skin and greater comfort are worthwhile goals, even when nobody else could have described the problem.

Dermalogica Pro Skin offers a personalised treatment built around the skin's current needs. Pro Calm focuses on hydration and supporting the skin barrier, making it a relevant discussion for skin that feels sensitive or unsettled. These are attractive options when the priority is a more comfortable surface and considered homecare.

Dermalogica Pro Firm combines facial massage with replenishing and retexturising actives for a firmer-looking finish. Pro Bright addresses uneven tone, while Pro Clear focuses on congested, breakout-prone skin. Pro Eye Flash offers a targeted treatment for the appearance of the eye area. Selection should follow the concern you actually want to address.

The value of a professional appointment also lies in continuity. A record of what was used, how the skin responded and what changed afterwards allows the next decision to be more informed. That can be particularly helpful when you are no longer certain which parts of your old routine still suit you.

For medical skin conditions or persistent symptoms, assessment and appropriate treatment take priority. A soothing appointment and a medical diagnosis have different purposes, and sometimes both are useful.

At No.1 Urban, ask for a skin consultation if you want help choosing the right starting point. You do not need to select a treatment name before making contact. Describing what your skin feels like is a perfectly serviceable beginning.

> *The most useful treatment is the one that answers the concern you actually have.*

PROFESSIONAL EXFOLIATION

> *A peel should be selected for your skin, not for how much peeling you can tolerate.*

For suitable skin, professional exfoliation can improve the appearance of roughness and uneven tone. The appeal is understandable: a fresher-looking surface can make everyday skincare and make-up feel more rewarding. The decision begins with the cause of the unevenness and the condition of the barrier underneath it.

Dermalogica Pro Power Peel offers a tailored professional resurfacing approach for concerns including texture, visible lines and breakouts. Its range of acids allows the practitioner to select and combine the treatment according to the skin assessment. It is part of a broader plan that includes preparation and homecare.

Treatment intensity needs to match your skin and your diary. Redness, dryness and visible flaking may follow a peel. More substantial irritation, pigment change or infection are possible complications. Ask what is expected for the specific treatment, how long recovery is likely to take and which symptoms should prompt contact.

Tell the practitioner about prescribed skincare, recent procedures and any history of cold sores or pigment problems after irritation. Do not stop medication independently. The team should advise on any preparation and on whether the timing is appropriate.

Sun protection and aftercare belong in the plan from the outset. Avoid scheduling a new peel immediately before an important event on the assumption that your skin will follow the optimistic end of the recovery estimate. Photographs of somebody else's uncomplicated recovery do not reserve the same experience for you.

If the skin is currently sore, reactive or inflamed, stabilising it may be the better first appointment. Once it is comfortable, the discussion about brighter tone and smoother texture becomes much more useful. Progress is easier to judge when you are treating the original concern rather than the irritation created on the way.

Texture changes take time

Microneedling may be worth considering when your priority is texture, fine lines or selected acne scars. It uses controlled punctures to trigger the skin's repair response. The intended improvement develops gradually as the skin remodels, which makes it a different proposition from a treatment chosen for an immediate finish.

Clinical studies have reported improvements in facial lines and texture, although results depend on the device, protocol and individual skin. This is not evidence that microneedling reverses perimenopause or replaces hormonal care. It supports a more focused conversation about particular skin concerns.

At No.1 Urban, assessment should establish whether your skin is suitable and what a realistic course might involve. Redness, tenderness and temporary dryness are common recovery experiences. Infection, pigment changes and scarring are less common risks that still belong in the consent discussion.

Active inflammatory acne, infection or an unsettled skin condition may mean treatment should wait. Your medical history, medicines and previous healing also matter. Aftercare should explain cleansing, sun protection and when to restart active skincare. Follow the instructions for your treatment rather than a generic timetable found online.

Compare progress using photographs taken in the same light after the recovery period. The swelling immediately after a procedure is not the final result. A gradual improvement can be worthwhile without being dramatic enough to advertise across a room.

If texture is what bothers you, ask Bex and the team about microneedling as a considered course. Agree the intended change and a review point before committing to repeated appointments. A calendar full of treatment dates is not, by itself, evidence of progress.

Hydration has more than one route

Injectable hyaluronic acid skin boosters aim to improve aspects of skin quality, particularly hydration and the appearance of fine surface lines. For a suitable person, that may mean a smoother-looking, more supple surface. The attraction is improvement in how the skin looks and feels without making facial volume the main objective.

Research on particular injectable hyaluronic acid formulations has found improvements in measures of hydration and skin quality. Different products and protocols are not interchangeable, however. Evidence for one formulation should not be borrowed to make confident claims about every treatment described as a booster.

No.1 Urban offers skin-booster treatments. Ask which product is being considered, why it suits the area and what evidence supports the intended benefit. A useful explanation should distinguish a facial skin-quality treatment from structural filler and from products intended for a particular area.

Expect a proper discussion about injections, recovery and risk. Small bumps at injection sites, swelling and bruising may occur. Infection, persistent lumps and vascular complications are possible. Your practitioner should explain the specific product, technique and aftercare, including how to obtain urgent advice if needed.

A course and maintenance may be proposed, so look at the total commitment before deciding. The best reason to proceed is a specific concern that the proposed treatment can reasonably address, together with a level of cost and recovery that feels acceptable to you.

Dryness also needs its everyday care. Injections do not make cleansing and moisturising irrelevant, and persistent soreness needs assessment. Treating skin quality can be satisfying when the target is clear. It becomes disappointing when the promised job quietly expands to include sleep, mood and the rest of midlife.

DERMAL FILLERS

A different conversation about volume

Sometimes the concern is a change in facial shape rather than the texture of the skin. The lips may appear less full or the face may look different in photographs even after a careful skincare routine. Ageing involves several tissues, and hormonal change is only one influence among them.

Dermal filler can add volume and alter contour in selected areas. That makes it relevant to a particular structural concern. It is a different decision from improving surface hydration, and should be planned around facial anatomy and the effect you want, rather than a predetermined amount of product.

At No.1 Urban, the discussion should include whether filler is appropriate at all, which area would be treated and how much change is realistic. A conservative plan can still produce a visible benefit. Equally, some concerns will be better served by another approach or by specialist advice.

Swelling and bruising can follow treatment. Infection, lumps and other complications are possible, including rare obstruction of a blood vessel that can damage skin or affect vision. These risks matter even when the intended cosmetic change is modest. Ask about the practitioner's qualifications, complication arrangements and aftercare contact.

After an injection, severe or increasing pain, unusual blanching or mottled discolouration needs immediate contact with the treating clinician and urgent assessment. Any visual disturbance requires emergency medical attention. Do not wait for a routine review.

A considered filler treatment has a defined aim. It should not acquire responsibility for every sign of tiredness or every uncomfortable feeling about getting older. Looking like yourself is a valid treatment preference, and leaving some features entirely alone is part of making that preference credible.

> *A useful plan can explain both the intended change and the features it will leave alone.*

CHOOSING WELL

Start with what bothers you most

One clear priority is a useful place to begin.

If the main issue is uncomfortable dryness or reactivity, begin with a skin assessment and a tolerable routine. Professional supportive skin care may then be useful. If the priority is uneven texture or selected fine lines, microneedling or an appropriate peel may be worth discussing once the skin is stable.

If you are considering a skin booster, keep the objective specific to skin quality and ask about the exact product. If the concern is a loss of volume or a change in contour, that calls for a structural assessment before discussing filler. The same word, tired, can describe several quite different problems.

It is reasonable to prioritise one concern and review the result before adding another treatment. This makes it easier to judge benefit and avoids a plan becoming larger simply because several options exist. You should understand the likely costs, recovery and maintenance before the first procedure.

Timing matters too. A holiday, an important photograph or a difficult month at work may make a particular recovery period inconvenient. A worthwhile treatment does not become less worthwhile because it happens later. Equally, a discount should not decide whether an injection is suitable.

Tell the team what success would look like in ordinary life. You might want your skin to feel comfortable after washing, make-up to sit more smoothly or a particular feature to look a little closer to how you remember it. Those are clearer aims than asking to look younger everywhere.

A good consultation should leave you with fewer unanswered questions and a plan you can explain in your own words. Contact No.1 Urban on 01782 444086 to discuss the concern and the appropriate next step.

A REALISTIC BENCHMARK

You are still allowed to look like yourself

There is an unhelpful expectation that looking after yourself should be visible to everybody else. It encourages a peculiar kind of accounting: if nobody notices, perhaps the effort did not count. In reality, some of the most useful improvements are quietly private.

Skin that feels comfortable through the day, fewer interruptions from troublesome symptoms and a clearer understanding of what to do next can all matter more than a stranger's opinion of your age. You can value those changes and still enjoy a treatment chosen for its cosmetic benefit.

There is no contradiction in seeking medical support while caring about your appearance. Nor is there a duty to buy aesthetic treatment because your hormones are changing. A woman can want help with her sleep and like her face perfectly well. She can also want a considered cosmetic improvement without needing to defend the decision as a medical necessity.

The important distinction is whose problem the treatment is solving. Your own persistent concern deserves a thoughtful response. A new insecurity supplied by a filtered photograph deserves considerably less authority.

Useful care leaves room for your preferences, including a modest budget, limited recovery time or a desire to stop after one part of the plan. It should not make normal texture, expression or the passage of time sound like an emergency.

Perimenopause can ask quite enough of you without adding a compulsory renovation. Support should make life easier to inhabit, and your reflection more familiar if that is what you want. Nobody needs to emerge from the process looking as though they have never lived it.

THE FINAL WORD

There is enough to do already

Perimenopause deserves better than dismissal, but it also deserves better than being converted into a permanent retail opportunity. Women need accurate explanations, access to appropriate care and enough space to decide what matters to them. The most expensive option is not automatically the most thoughtful one.

Ask for help with symptoms that are affecting your life. Let medical assessment deal with medical concerns. Choose skin care and aesthetic treatment for a clear purpose, with a realistic understanding of benefit, recovery and risk.

A treatment can be enjoyable. A good result can be worth paying for. Neither needs a grander justification than an informed choice about something you would like to improve.

The standard is not to look untouched by time. It is to receive care that respects your time, your money and the person you already are. You have enough appointments without turning ordinary ageing into a full-time occupation.

READER NOTE

General education, not an individual diagnosis or treatment plan. Seek advice from an appropriate healthcare professional about your symptoms. No medicine or cosmetic procedure is suitable for everyone. Clinical information checked 22 September 2026. Generated editorial models are illustrative and do not show patients or treatment outcomes. The photograph of Rebecca Beckett was sourced from No.1 Urban's Wix media files.

EDITORIAL & IMAGE CREDITS

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Rebecca Beckett portrait: existing clinic photograph, sourced through Wix Media Manager. All other people and editorial photographs in this issue were generated for illustration. They are not patient photographs or evidence of treatment results.

Full sources and clickable reading links follow on page 24.

CLINICAL SOURCES & FURTHER READING

The evidence behind the conversation

01 NICE NG23

Menopause: identification and management. Updated April 2026.

02 Symptoms

Menopause and perimenopause. Reviewed May 2026.

03 Treatment

Menopause and perimenopause. Reviewed May 2026.

04 HRT

Benefits and risks of hormone replacement therapy.

05 Sleep

Women's Health Concern: understanding and managing sleep problems. Updated October 2025.

06 Daily life

Things you can do to help menopause symptoms. Reviewed May 2026.

07 Nutrition

Women's Health Concern: Nutrition in menopause, June 2023.

08 Intimate health

Vaginal dryness and local vaginal oestrogen.

09 Bleeding

Postmenopausal bleeding and bleeding between periods or after sex.

10 Skin care

British Association of Dermatologists: rosacea and sun protection.

11 Dermalogica

Professional treatment descriptions. Manufacturer source, accessed September 2026.

12 Microneedling

Alqam et al. J Cosmet Dermatol. 2023;22:206–213. Manufacturer-sponsored device study.

13 Skin boosters

Fanian et al. J Dermatolog Treat. 2023;34:2216323. Formulation-specific trial.

14 Choosing care

Before you have a cosmetic procedure; choosing a practitioner.

15 Urgent support

Where to get urgent help for mental health.

16 Clinic information

No.1 Urban Aesthetics. Current contact and service information.

A little more understanding. A little less pressure.

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