

Middle-aged women's reproductive health, skin ageing, and sleep.

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Abstract

Women are delaying having children in increasing numbers, with many women delaying parenting until their third or fourth decade of life. At the same time, these middle-aged women may be more concerned about skin ageing and may seek dermatological treatment to prevent or reverse the effects of ageing, environmental factors, and oxidative stress on the skin. Skin cosmetics and procedures have been hypothesised to play a role in the reproductive system, while their potential consequences have yet to be fully understood. Another significant aspect to consider in this context is poor sleep, which appears to have a strong link to both diminished fertility and faster skin ageing, especially when it is combined with other factors with higher levels of oxidative stress and hormonal inconsistency. The essential trio of sleep, dermatology, and reproduction is discussed in this review, a subject that has received relatively little attention but merits more frequent and extensive examination in future studies due to its potentially wide-ranging effects. Understanding this intricate web of relationships could lead to healthier skin, improved self-esteem, and successful fertility treatments, all of which can have a direct impact on quality of life.

Keywords: Apoptosis, Premature ovarian failure, Menopause, Follicle-stimulating hormone.

Introduction

Ovaries

The number of ovarian follicles decreases as women age, and this reduction accelerates in the fourth decade of life; the number and quality of ova decrease, and oestrogen production decreases, resulting in menopause in most women around the age of 51. Genetics determines the rate of ovarian ageing; however oxidative stress, apoptosis, and environmental variables also play a role. Surgery, radiotherapy, chemotherapy, immunological reactions, and infections such as the mumps virus and cytomegalovirus can all induce premature ovarian failure (POF).

The Per menopause

The commencement of puberty in women is marked by the first episode of monthly bleeding (menarche). The period between menarche and perimenopause is known as the prime child-bearing years. The hormones that control the menstrual cycle begin to fluctuate before menopause, when menstruation stops and women become infertile. This perimenopausal period, which can last anywhere from two to ten years, is commonly accompanied by an increase in monthly irregularity. Pregnancy becomes more difficult for perimenopausal women, despite the fact that they are still fertile [1].

The Menopause

Perimenopause is characterised by irregular menstrual cycles that finally stop. The menopause is defined as the

cessation of menstrual cycles for duration of 12 months. It happens in the early 1950s in most parts of the world, with minor variations. With 95 percent of women experiencing menopause between the ages of 44 and 56, and the average age of 50.7, postmenopausal women are unable to conceive without fertility treatment. Many of the same factors that cause POF can also cause early menopause. Without fertility treatment, postmenopausal women will be unable to conceive because no more eggs are being released [2].

Hormonal changes

The pituitary gland secretes a hormone called follicle-stimulating hormone (FSH), which controls the menstrual cycle. It promotes the growth of ovarian follicles, which then emit the female sex hormone oestrogen when they mature. FSH levels remain high – or even greater than in premenopausal women – in perimenopausal and menopausal women, but FSH is unable to induce follicular formation. Follicular activity eventually stops, resulting in a rapid drop in oestrogen output [3].

Mood changes and depression

Mood swings are frequently linked to fluctuating levels of FSH, oestrogen, and progesterone. Despite differences in the literature, it is well known that typical changes in hormone levels, whether during the premenstrual period of the menstrual cycle, pregnancy, or the perimenopausal years, might be linked to negative psychological symptoms. As people get older, sleep issues become more widespread.

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In women, the chance of sleeplessness is 41% higher than in men. Sleep disorders are reported by about 25% of women aged 50 to 64, and up to 50% of postmenopausal women. Hot flushes and night sweats, anxiety, depressive symptoms, and sexual dysfunction have all been identified as causes of sleep problems during the menopause. Not all research agree that sleep issues are caused by the menopause. There were no statistically significant differences in sleep quality between premenopausal and menopausal women, according to a recent study [4].

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