

AESTHETIC HAUS

VOLUME ONE

The Modern Ageing Guide

An evidence-led look at how the face changes over time, and the considered approaches that support it.

Luxury regenerative aesthetics, grounded in surgical expertise and evidence-based medicine.

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The Science of Facial Ageing

Facial ageing is rarely the story of a single wrinkle. It is a coordinated set of changes that unfold across skin, fat, muscle and bone, each on its own timeline. Understanding this sequence is what separates a thoughtful approach from a reactive one.

At the surface, the epidermis thins, cell turnover slows and the skin barrier becomes less efficient at retaining water. Beneath it, the dermis loses fibroblast density, the cells responsible for producing collagen and elastin. The result is a fabric that holds light differently and recovers from expression more slowly.

Below the skin, fat pads that once sat in deep, well-defined compartments begin to migrate downward and shrink in some areas while persisting in others. Muscles shorten with repeated contraction. Bone, particularly around the orbital rim, midface and jaw, gradually resorbs. These deeper changes shape the contours that the eye reads as a face, long before any line is visible.

Reading ageing through this layered lens matters clinically because it explains why isolated treatments can underwhelm. The most considered plans address the layer that is actually driving the change, rather than the symptom alone.

Collagen Decline, in Plain Terms

Collagen is often described as scaffolding, which is accurate but incomplete. It is a living matrix, constantly being broken down and rebuilt by fibroblasts. From around the third decade, the rate of synthesis begins to fall behind the rate of breakdown. Published estimates suggest a loss in the order of one percent per year, with a steeper decline in the years surrounding menopause.

The clinical effect is gradual. Skin becomes less able to recoil after stretch, fine lines settle into the surface, and structural support beneath the skin thins. Quality of light reflection changes too, because a healthy collagen matrix scatters light in a way that thinning skin does not.

Lifestyle and environment accelerate or moderate this decline. Cumulative ultraviolet exposure, smoking, poor sleep and diets low in protein or essential micronutrients all contribute. Conversely, consistent sun protection, adequate protein intake and well-formulated topical actives can support the matrix over years.

Structural Ageing and the Architecture of the Face

Structural ageing refers to changes in the underlying framework of the face: the bone, the deep fat compartments and the supporting ligaments. These changes are often the real reason a face begins to look tired or heavier in the lower third, even when the skin itself remains relatively unlined.

The midface tends to lose volume first, which can create the appearance of hollowness beneath the eyes and flattening across the cheek. The jawline, which depends on bone projection and ligament support, can soften as both diminish. Temples, brows and the perioral region follow their own patterns.

Recognising structural change is important because it shifts the conversation away from chasing individual lines and toward restoring the proportions that define a rested, balanced face. In a consultation this is usually assessed through static and dynamic observation, light study and a careful discussion of how the face has changed over the preceding decade.

Preventative Aesthetics

Preventative aesthetics is not about treating a face that does not yet need treatment. It is about supporting the biology that produces resilient skin, before significant loss has occurred. The principles are unglamorous and consistent: daily sun protection, a considered topical routine, sleep, and clinical interventions chosen for their effect on tissue quality rather than on a single visible line.

Frameworks that fall within this category include disciplined photoprotection, evidence-based cosmeceuticals, in-clinic treatments that stimulate collagen, and treatments that support the skin's hydration and recoil. The goal is to slow the rate at which structural and surface changes accumulate, so that future decisions can be smaller and less corrective.

Where Regenerative Treatments Fit

Regenerative aesthetics describes a category of treatments designed to prompt the skin's own repair pathways, rather than to fill or freeze. Common modalities include collagen-stimulating biostimulators such as poly-L-lactic acid and calcium hydroxylapatite, polynucleotide-based bio-regeneration, hyaluronic-acid bio-remodelling, medical skin needling and focused ultrasound.

Each works on a different layer of the ageing picture. Some prompt fibroblast activity in the dermis. Others encourage the deeper architecture to reinforce itself. Used in combination, and over a planned timeline, they can support the skin's quality rather than alter its expression.

Whether any specific approach is appropriate is a medical decision. It depends on skin type, medical history, current concerns, prior treatments and personal preference. A consultation with a qualified medical practitioner is required before any treatment.

Further Reading

A short selection of peer-reviewed sources that informed the perspectives in this guide.

- 01 Shuster S, Black MM, McVitie E. (1975). The influence of age and sex on skin thickness, skin collagen and density. *British Journal of Dermatology*, 93(6), 639 to 643.
<https://doi.org/10.1111/j.1365-2133.1975.tb05113.x>
- 02 Mendelson B, Wong CH. (2012). Changes in the facial skeleton with aging: implications and clinical applications in facial rejuvenation. *Aesthetic Plastic Surgery*, 36(4), 753 to 760.
<https://doi.org/10.1007/s00266-012-9904-3>
- 03 Fisher GJ, Varani J, Voorhees JJ. (2008). Looking older: fibroblast collapse and therapeutic implications. *Archives of Dermatology*, 144(5), 666 to 672.
<https://doi.org/10.1001/archderm.144.5.666>

Discuss your skin in person, not online.

A consultation allows a registered medical practitioner to assess your skin, your history and your priorities, and to discuss whether any of the approaches described in this guide may be appropriate for you.

REQUEST A CONSULTATION

General educational information only. Not medical advice. All cosmetic procedures carry risks. A consultation with a registered medical practitioner is required before any treatment. Individual results vary and cannot be guaranteed.