

FREE GUIDE

The Menopause *Peptide* Guide

10 peptides women over 50 are asking about, and what the human studies found, in plain English.

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Information current as of November 2026. Peptide research and FDA status change quickly.

A NOTE FROM US

Hi *friend,*

If you downloaded this, we're guessing you've heard the word “peptides” a lot lately. At the gym, in your group chat, on a podcast, from the woman at the next table at brunch who swears her skin has never looked better.

We were curious too. And confused. Some of these are FDA-approved medications. Some are being studied but aren't approved. Some have a lot of research behind them, and some have almost none in people. The internet doesn't always make the difference clear.

So we made the guide we wish we'd had. For each of the 10 peptides women over 50 ask us about most, you'll find what it is, why women are interested, what the **human** studies actually found, where it stands with the FDA, and what to watch out for.

> *Not FDA-approved doesn't mean something doesn't work. But it does mean you need to be a smart consumer.*

Our hope is that this helps you understand your options, ask your doctor better questions, and make choices you feel good about.

You're still you. You're still her.
With love,

Still *Her*

Every peptide, the *same five questions*

Each peptide gets a one-page profile with the same sections, so you can compare them easily: what it is, why women ask, what the human studies found, where it stands with the FDA, and what to watch out for.

Human evidence rating

How much research there is *in people*, not in mice or lab dishes.

- ●●●● **Strong** — Large, randomized, placebo-controlled trials in humans
- ●●●○ **Moderate** — Several solid human trials, but smaller or in specific groups
- ●●○○ **Early** — A few small human studies, or studies on a related form
- ●○○○ **Very early** — Mostly animal and lab research, little or no human data

FDA status

Where each one stands as of November 2026.

- FDA-APPROVED — Approved for a specific use and available with a prescription
- UNDER FDA REVIEW — Being considered for compounding or approval, but not available that way yet
- NOT APPROVED — Not approved for any use in people. Often sold online as “research use only” (RUO)

> A rating of “very early” doesn't mean a peptide doesn't work. It means we don't have the human studies yet to know how well it works, or how safe it is long-term.

AT A GLANCE

All 10, *side by side*

PEPTIDE	WHY WOMEN ASK	HUMAN EVIDENCE	FDA STATUS
01 **Semaglutide**	Weight, appetite, food noise	●●●●	FDA-APPROVED
02 **Tirzepatide**	Weight, belly fat	●●●●	FDA-APPROVED
03 **Retatrutide**	Weight	●●●○	NOT APPROVED
04 **Tesamorelin**	Deep belly fat	●●●○	FDA-APPROVED*
05 **CJC-1295 + ipamorelin**	Growth hormone, sleep, body composition	●●○○	NOT APPROVED
06 **BPC-157**	Recovery, tendons, gut	●○○○	UNDER FDA REVIEW
07 **GHK-Cu**	Skin, hair	●●○○	COSMETIC CREAMS / UNDER REVIEW
08 **DSIP**	Sleep	●●○○	NOT APPROVED
09 **PT-141**	Low desire	●●●○	FDA-APPROVED*
10 **MOTS-c**	Energy, metabolism, bone	●○○○	UNDER FDA REVIEW

* Tesamorelin is approved only for HIV-related belly fat. PT-141 (as Vyleesi) is approved only for premenopausal women. Use outside those approvals is off-label.

01 Semaglutide

HUMAN EVIDENCE

●●●● Strong

FDA STATUS · NOV 2026

FDA-APPROVED

Wegovy (weight) and Ozempic (type 2 diabetes)

What it is

A weekly shot that copies GLP-1, a gut hormone that tells your brain you're full and slows how fast your stomach empties.

Why women ask

Quieter hunger and cravings, less “food noise,” and weight loss when menopause makes everything feel harder.

What the human studies found

In a 2026 breakdown of the STEP UP trial, postmenopausal women on the higher 7.2 mg dose lost about **19.8% of their body weight** on average, about the same as perimenopausal women. A separate heart trial found it lowered the risk of heart attack, stroke and heart-related death in people with heart disease.

Company-reported results; drug-maker funded.

! Watch out for

Nausea, vomiting, diarrhea and constipation, especially early on. Label warnings include thyroid C-cell tumors (seen in rodents), pancreatitis and gallbladder problems. Some of the weight you lose can be muscle, but you can keep it: strength training a few times a week and eating enough protein (about 30–35 grams per meal) protect your muscle, so what you lose is mostly fat.

Where to get it

PRESCRIPTION — Prescription (Wegovy or Ozempic), filled at a licensed US pharmacy.

RUO — Can't get or afford a prescription? RUO semaglutide is sold online. Use a reputable US source, check the COA to confirm it's exactly what it says, start slow and use caution.

02 Tirzepatide

HUMAN EVIDENCE

●●●● Strong

FDA STATUS · NOV 2026

FDA-APPROVED

Zepbound (weight) and Mounjaro (type 2 diabetes)

What it is

A weekly shot that acts on GLP-1 plus a second gut hormone called GIP.

Why women ask

It produces some of the largest weight loss of any approved drug, especially around the middle.

What the human studies found

In an analysis of 2,542 women from the SURMOUNT trials, postmenopausal women on the highest dose lost an average of **about 23% of their body weight** and nearly 8 inches off their waist, almost the same as younger women.

Drug-maker funded.

! Watch out for

The same stomach side effects and label warnings as semaglutide. Protect your muscle and bone with lifting, protein, calcium and vitamin D.

Where to get it

PRESCRIPTION — Prescription (Zepbound or Mounjaro), filled at a licensed US pharmacy.

RUO — Can't get or afford a prescription? RUO tirzepatide is sold online. Use a reputable US source, check the COA to confirm it's exactly what it says, start slow and use caution.

03 Retatrutide

HUMAN EVIDENCE

●●●○ Moderate

FDA STATUS · NOV 2026

NOT APPROVED

Eli Lilly plans to file for approval in early 2027

What it is

A weekly “triple” shot that acts on GLP-1, GIP and glucagon.

Why women ask

It's the strongest weight-loss drug in the pipeline, so it's all over social media.

What the human studies found

In its first large trial of 2,339 adults, people on the highest dose lost an average of **28.3% of their body weight over 80 weeks**. Results haven't been reported separately for postmenopausal women yet.

Company-reported topline results.

! Watch out for

Mostly stomach side effects, more people stopping at higher doses, and urinary tract infections flagged as a possible new safety signal. Anything sold online as retatrutide today is not Lilly's drug.

Where to get it

PRESCRIPTION — No prescription option.

RUO — Sold online as RUO only, and none of it is Lilly's drug. Use a reputable US source, check the COA to confirm it's exactly what it says, start slow and use caution.

04 Tesamorelin

HUMAN EVIDENCE

●●●○ Moderate

FDA STATUS · NOV 2026

FDA-APPROVED

Egrifta, only to reduce excess belly fat in people with HIV-related lipodystrophy

What it is

A daily shot that prompts your own pituitary gland to release more growth hormone.

Why women ask

That stubborn, deep belly fat that shows up after menopause.

What the human studies found

In its main trials in people with HIV, it reduced deep belly (visceral) fat by about **15% over 26 weeks** compared with placebo. Women past menopause without HIV haven't been studied the same way, so most of what women report is anecdotal.

! Watch out for

Injection-site reactions, joint pain, swelling and higher blood sugar. Using it outside its approved use is off-label and needs a doctor's oversight.

Where to get it

PRESCRIPTION — Prescription (Egrifta). For menopause belly fat it's off-label, so you need a doctor willing to prescribe it.

RUO — Can't get or afford a prescription? RUO tesamorelin is sold online. Use a reputable US source, check the COA to confirm it's exactly what it says, start slow and use caution.

05 CJC-1295 + ipamorelin

HUMAN EVIDENCE

●●○○ Early

FDA STATUS · NOV 2026

NOT APPROVED

What it is

Two peptides often used together. Both nudge your pituitary gland to release more of your own growth hormone, which naturally declines with age.

Why women ask

Better sleep, recovery, energy, and body composition (less fat, more lean muscle).

What the human studies found

In a small 2006 study in healthy adults, one shot of CJC-1295 raised growth hormone levels for about a week and raised IGF-1 (a marker of growth hormone activity) for more than a week. Ipamorelin's human trials were for a different use, helping the gut recover after surgery, and it didn't beat placebo there. Neither has been studied for menopause, sleep or body composition in women, so most of what you hear is anecdotal.

! Watch out for

Water retention, tingling or numbness, flushing, and higher blood sugar. Growth hormone signaling may not be a good idea for anyone with a history of cancer.

Where to get it

PRESCRIPTION — No prescription option.

RUO — Both are sold online as RUO. Use a reputable US source, check the COA to confirm it's exactly what it says, start slow and use caution.

GROWTH HORMONE, RECOVERY & SKIN

06 BPC-157

HUMAN EVIDENCE

●○○○ Very early

FDA STATUS · NOV 2026

UNDER FDA REVIEW

In July 2026, an FDA advisory panel voted 8–6 to recommend allowing compounding pharmacies to make it. Not approved; rulemaking is still ahead.

What it is

A small peptide originally found in stomach juices.

Why women ask

Faster recovery from workouts and injuries, achy tendons and joints, and gut health.

What the human studies found

In animal studies, it has shown promising results for healing tendons, ligaments, muscles and the gut. Human research is limited to a handful of small studies and case reports, so we don't yet know how well it works or how safe it is long-term in people.

! Watch out for

Because human data is so limited, side effects aren't well understood. Most reports are of injection-site irritation. Avoid it if you have a history of cancer, since it may encourage new blood vessel growth.

Where to get it

PRESCRIPTION — No prescription option.

RUO — Sold online as RUO. Use a reputable US source, check the COA to confirm it's exactly what it says, start slow and use caution.

07 GHK-Cu

HUMAN EVIDENCE

●●○○ Early

Creams · injectable: very early

FDA STATUS · NOV 2026

CREAMS SOLD AS COSMETICS

Injectable GHK-Cu is not approved. It left the FDA's restricted list in April 2026; a panel review is set for early 2027.

What it is

A copper peptide your body makes naturally. Levels drop about 60% from age 20 to 60.

Why women ask

Thinner, crepey skin, fine lines and thinning hair after menopause.

What the human studies found

In a 12-week study, **70% of women** using a GHK-Cu cream on their thighs made more collagen (vs. 50% with vitamin C and 40% with retinoic acid). In another 12-week study of 71 women, a GHK-Cu face cream improved skin thickness, firmness and fine lines. Injectable GHK-Cu has mostly been studied in animals, where it sped up wound healing and boosted collagen. In people, the evidence for injections is anecdotal: women often report firmer, smoother skin, faster recovery and thicker-looking hair within weeks. Those are personal reports, not studies.

Small studies, many by researchers linked to GHK-Cu makers.

! Watch out for

Creams are gentle. Injections most often cause redness and stinging at the injection site. Skip it if you have Wilson's disease or another copper-related condition.

Where to get it

COSMETIC — Over-the-counter creams and serums. Check the GHK-Cu percentage.

RUO — Injectable GHK-Cu is sold online as RUO only. Use a reputable US source, check the COA to confirm it's exactly what it says, start slow and use caution.

08 DSIP

Delta sleep-inducing peptide

HUMAN EVIDENCE

●●○○ Early

FDA STATUS · NOV 2026

NOT APPROVED

In July 2026, an FDA advisory panel narrowly voted 6–7 against allowing compounding pharmacies to make it.

What it is

A small brain peptide named for its effect on deep sleep (delta sleep), the stage when your body does most of its repair work.

Why women ask

3 a.m. wake-ups, broken sleep from night sweats, and not feeling rested.

What the human studies found

Early studies, mostly from the 1970s and 1980s, found it increased deep sleep in some people, including some with insomnia. Results were mixed, the studies were small, and there's been little modern research. Anecdotally, people who use it often report falling asleep faster, sleeping more deeply and waking up more refreshed, and some notice more vivid dreams. Others say they don't notice a difference. These are personal reports, not studies.

! Watch out for

Side effects aren't well studied. People report headaches and grogginess. It shouldn't be combined with other sleep medications or alcohol without a doctor's guidance.

Where to get it

PRESCRIPTION — No prescription option.

RUO — Sold online as RUO. Use a reputable US source, check the COA to confirm it's exactly what it says, start slow and use caution.

09 PT-141

Bremelanotide

HUMAN EVIDENCE

●●●○ Moderate

FDA STATUS · NOV 2026

FDA-APPROVED

As Vyleesi, only for premenopausal women with low sexual desire (HSDD). Use after menopause is off-label.

What it is

An as-needed shot that acts on brain pathways tied to desire and arousal. “PT-141” is its research name.

Why women ask

Low desire is one of the most common, and least talked about, changes after menopause.

What the human studies found

In two large trials of premenopausal women, bremelanotide modestly improved desire and reduced distress about low desire compared with placebo. It hasn't been studied in the same way in postmenopausal women.

! Watch out for

Nausea is common, especially the first time, along with flushing and headache. It can raise blood pressure for a few hours, so it's not for women with uncontrolled high blood pressure or heart disease. With repeated use, some women develop darker patches of skin.

Where to get it

PRESCRIPTION — Prescription (Vyleesi). After menopause it's off-label, so you need a doctor willing to prescribe it.

RUO — Can't get or afford a prescription? RUO PT-141 is sold online. Use a reputable US source, check the COA to confirm it's exactly what it says, start slow and use caution.

10 MOTS-c

HUMAN EVIDENCE

●○○○ Very early

FDA STATUS · NOV 2026

UNDER FDA REVIEW

In July 2026, an FDA advisory panel voted 7–5 to recommend allowing compounding for obesity and osteoporosis, while FDA scientists said there wasn't enough evidence yet.

What it is

A peptide made by your mitochondria, the energy factories in your cells. It acts like an “exercise signal” for metabolism.

Why women ask

Energy, weight, blood sugar, and bone health.

What the human studies found

In animals, MOTS-c improved insulin sensitivity, exercise capacity and bone health. In people, we mostly know that levels tend to be lower with age and higher after exercise. There aren't published human trials yet showing what MOTS-c injections do.

! Watch out for

With so little human data, side effects and long-term safety aren't known. Injection-site reactions are the most common report.

Where to get it

PRESCRIPTION — No prescription option.

RUO — Sold online as RUO. Use a reputable US source, check the COA to confirm it's exactly what it says, start slow and use caution.

BEFORE YOU TRY ANYTHING

Five things to do *first*

1 Talk to your doctor first

Bring this guide. Tell them what you're curious about and what you already take, especially if you have heart disease, high blood pressure, diabetes, kidney disease or a history of cancer.

2 Know which category you're in

FDA-approved (semaglutide, tirzepatide, tesamorelin, bremelanotide): the standard route is a prescription from a licensed US pharmacy. **Under review or not approved** (retatrutide, CJC-1295, ipamorelin, BPC-157, injectable GHK-Cu, DSIP, MOTS-c): not available as approved medicines; many are sold online as “research use only.”

When the prescription is out of reach. Brand-name prescriptions can cost hundreds of dollars a month, insurance often won't cover them, and some doctors won't prescribe them. That's why some women turn to research-use-only versions of even the FDA-approved peptides to save money. If you go that way, the same rules apply: a reputable US source, a COA you've actually checked, and caution. Quality matters here. When researchers tested “research” semaglutide bought online, some vials held only a fraction of what the label promised.

3 If you go the research-use-only route, make sure it's real

- [ ] A reputable US seller with a real address, phone number and track record
- [ ] Testing by an independent, accredited lab you can look up, not the seller
- [ ] Shipped cold, with clear storage instructions
- [ ] A certificate of analysis (COA) for every batch, with a lot number that matches your vial
- [ ] Tests for identity, net peptide content and endotoxin (bacterial toxins)
- [ ] Normal, secure payment, not crypto-only or payment apps

4 Proceed with caution

Start slowly, try one thing at a time so you know what's working, and pay attention to how you feel. Get medical help right away for chest pain, trouble breathing, a racing heart, signs of an allergic reaction, or redness and swelling that spreads from an injection site.

5 Keep the basics first

No peptide replaces protein, strength training, walking, sleep and time with your people. They work best on top of those, not instead of them.

SOURCES

Where this *came from*

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This guide is for education only and isn't medical advice. It doesn't recommend any product, dose or seller. Several peptides in this guide are not FDA-approved, and products sold as "research use only" are not intended for human use. Talk with your doctor before starting, stopping or changing any treatment. Information is current as of November 2026.