

THE 35+ PEP RESEARCH GUIDE

WHY AGE CHANGES WHAT THE RESEARCH ACTUALLY MEANS FOR YOU

RESEARCH REFERENCE ONLY: this is an overview of peptide research categories people over 35 commonly ask about, not medical advice, a dosing protocol, or a recommendation to use any compound. Read the studies, talk to a licensed clinician, decide for yourself.

Most of the big peptide accounts you see are in their 20s. Good information, real grind, but a young body and an aging body are not running the same experiment. A 24 year old has joints that never took two decades of damage, a metabolism that has not started slowing, and hormone levels that have not begun sliding yet. When they say something worked, that is what a young body reports back. It does not tell you what the same compound does for a body that has already gone through 15 to 25 years of wear.

I'm 44. This guide is organized around the categories that actually matter once you're past 35: recovery speed, joint and tissue quality, energy at the cellular level, muscle you keep instead of lose, sleep quality, and how sharp your head feels day to day. Every section is what the research is actually looking at, not a number to inject.

What changes after 35, in plain terms

- Recovery from training or injury slows measurably, connective tissue repairs slower than muscle does
- Resting metabolic rate and lean muscle mass both trend down year over year without active work to hold them
- Sleep architecture shifts, less deep sleep, which is when a lot of repair and hormone release happens
- Low grade inflammation tends to climb, which is part of why the same training load feels different at 44 than at 24

This page is context. The next three pages break out the research by category: recovery and tissue, energy and muscle preservation, and sleep and cognitive.

RECOVERY, JOINTS AND TISSUE

THE CATEGORY THAT MATTERS MOST ONCE INJURIES STOP HEALING LIKE THEY DID AT 24

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This is usually the first category people over 35 go looking for, because it's the first thing that visibly changes: the shoulder that used to heal in two weeks now takes two months.

- BPC-157 and TB-500 (often combined as Wolverine Blend)
 - Studied for soft tissue and tendon/ligament repair support in animal models
 - Popular in the over 35 research community specifically for nagging joint and old-injury recovery
 - No established human dosing protocol, evidence is preclinical and community-reported
- KPV
 - Researched for its anti-inflammatory signaling, often paired with BPC-157 in blends like KLOW
- GHK-Cu (copper peptide)
 - One of the more studied compounds for skin, wound healing and connective tissue signaling
 - Topical form is common in skincare; injectable/systemic use is a separate, less studied category

None of this is a claim that any compound heals an injury. It's a summary of what's being researched and why this category gets disproportionate attention from an older audience compared to a 20-something one.

ENERGY, METABOLISM AND MUSCLE YOU KEEP

THE DIFFERENCE BETWEEN LOSING WEIGHT AND LOSING MUSCLE WHILE YOU DO IT

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A 24 year old who loses 15 pounds mostly loses fat. A 44 year old who loses 15 pounds the same way can lose a meaningful chunk of it from muscle, unless the protocol is built to protect it. This is the category where that distinction actually gets researched.

- NAD+
 - Cellular energy production (mitochondrial NAD+ pools decline with age)
 - Commonly researched alongside general fatigue and recovery quality
- MOTS-c
 - A mitochondrial-derived peptide studied for metabolic and exercise-adaptation signaling
- SS-31
 - Studied specifically for mitochondrial membrane protection, an age-related research target
- Weight loss / GLP category (e.g. R3TA-type compounds)
 - Human trial data exists here (unlike most of the categories above), covering weight, waist circumference and metabolic markers
 - Muscle preservation while losing weight is the specific concern that matters more after 35, since lean mass is harder to regain than it was at 24

SLEEP, FOCUS, AND WHERE TO ACTUALLY START

THE LAST CATEGORY, PLUS A REALISTIC NEXT STEP

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Sleep and cognitive research

- Semax and Selank
 - Russian-origin nootropic peptides studied for focus, stress response and mood
 - Popular in the 35+ research community for the mental fog that shows up with age and stress load, not just physical recovery

How I'd actually start, if I were you

- Pull baseline blood work before researching anything (see the separate Pep Blood Work Guide)
- Pick one category from this guide that matches your actual goal, not the category the loudest video is about
- Read the primary research, not just a summary, before deciding anything means what a caption says it means
- Track your own experience against your own baseline, a 24 year old's result is not your control group

The theory in a 24 year old's video and the experience of researching this at 44 are two different things. This guide is the second one, organized by what actually matters once recovery, hormones and sleep have started to change on their own.

Educational content, read the research. This is not medical advice, a diagnosis, a treatment plan, or a suggestion to use any compound. Discuss any health decision with a qualified clinician. I'm not a doctor, this is my own reading of the literature.

WHAT I ACTUALLY TOOK

MY OWN TEN, IN THE ORDER I ADDED THEM, NO NUMBERS

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Everything in this guide up to this page has been research categories. This page is the actual list, the order I added each one, and why. One new compound at a time, a minimum of a week apart, nothing else changed at once. That discipline is the only reason I can tell you which of the ten actually did something.

- 01. Wolverine (a BPC-157 and TB-500 blend)
 - The one that started everything. Could not lift my arm over my head, PT and rest had run out, next offer was surgery. Six weeks in, no surgery. Boxed now, for injuries only, not a daily.
- 02. Retatrutide
 - The metabolic one. Fastest visible change of anything on this list. I judged it by the scale for the first month, that was a mistake, the composition change mattered more than the number.
- 03. Tesamorelin
 - Growth hormone side, part one. Slow, weeks not days. Nothing dramatic, which is the honest answer most people won't give you.
- 04. Ipamorelin
 - Growth hormone side, part two. The sleep change was the surprise, I expected body composition and got deeper sleep first, which improved everything else.
- 05. KLOW (a four compound blend)
 - Convenience, one vial covering repair, skin and gut inflammation instead of three. It worked. It also quietly duplicated compounds I was already running and I didn't catch it for months, my most expensive lesson.
- 06. Semax
 - Cognitive. Focus, for someone running several businesses where the afternoon was a write off. Fastest onset of anything on the list, days not weeks. Morning only, a late dose costs a night of sleep.
- 07. NAD+
 - Energy. Subtle, weeks to notice, and the injection itself is not comfortable, nobody warns you about that.
- 08. SS-31
 - Mitochondrial. The hardest one to evaluate honestly, subtle and slow. Being straight with you, this is the one I'm least certain earns its spot.
- 09. KPV
 - Inflammation, specifically gut and skin, not general recovery. It works, and I should have run it alone instead of alongside a blend that already contained it.
- 10. 5-Amino-1MQ
 - Not actually a peptide, it's a small molecule, an enzyme inhibitor. I include it because leaving it out would make this list dishonest. Oral, metabolic support, still evaluating.

This is a personal log, one person with a spreadsheet and two years of data on a sample size of me. It is not a recommendation for you to take anything. The full 16 page version, with what I would drop if I started over, is a separate free guide, My Exact Stack, on the same site.