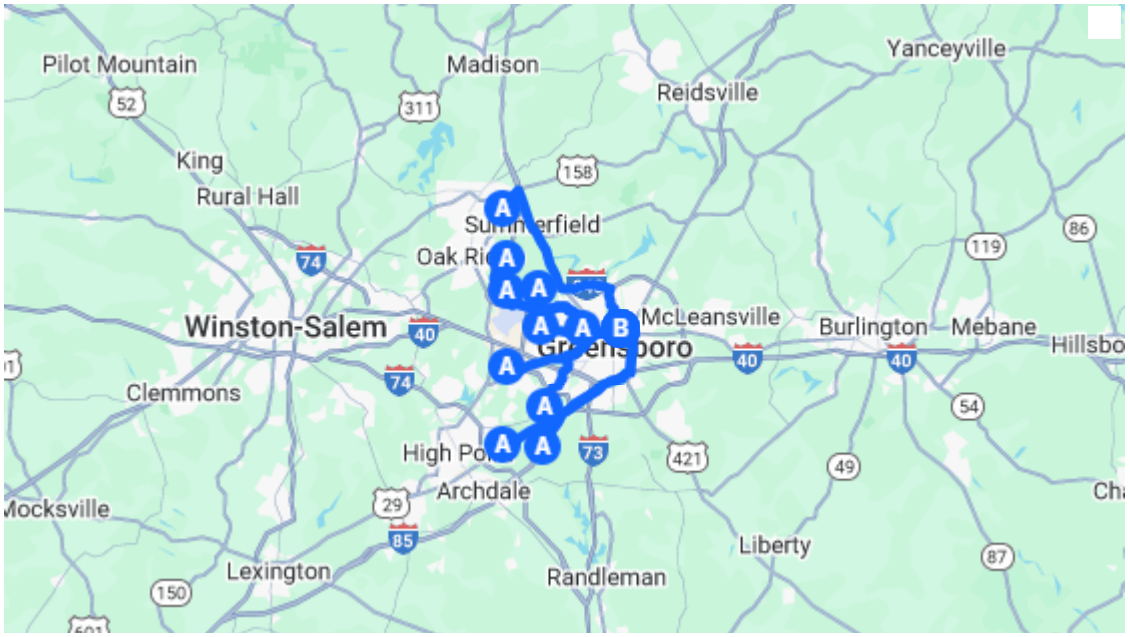
A patient once pointed to her right brow in the mirror and said, “This side drops a week earlier than the left.” She was right, and her observation captures the quiet truth about Botox: longevity is not a single number. It varies by muscle group, dose, placement, technique, and the way a face moves through a day. If you want predictable timing, you need to understand what fights the toxin and what helps it hold.

This guide breaks down Botox duration by area with practical ranges, then digs into why results last longer in some places than others. I will share unit mapping that holds up in clinic, how injection depth steers diffusion, and when to adjust for metabolism, muscle dominance, or first-timer sensitivity. The goal is durable results with natural expression, not a frozen mask that fades in patches.



The time course: onset, peak, fade

Most patients feel a softening at 3 to 5 days, with a clear peak by day 10 to 14. Longevity varies. A light microdose in a small muscle might soften by 6 to 8 weeks, while a full corrective dose in a strong region often lasts 3 to 4 months. Some areas stretch to 5 or even 6 months if muscle pull is low and dose is appropriate. Heavy exercisers and fast metabolizers often sit at the shorter end.

Take “duration” as the time from maximal effect to functionally noticeable return of movement, not complete washout. Most patients schedule maintenance when they’re 50 to 70 percent back to baseline motion.

Forehead and glabella: cousins, not twins

Frontalis and glabella travel as a pair, but they age and behave differently. The frontalis lifts the brow; the glabellar complex pulls it down and inward. Their relationship dictates both longevity and safety.

For the glabellar lines, a typical starting map is 20 units of onabotulinumtoxinA across five points: one in the procerus, two per corrugator. Stronger brows or hyperactive frowners often need 24 to 30 units, divided symmetrically and kept intramuscular to anchor the effect. The glabella tends to last longer than the forehead because corrugator and procerus are compact and respond well to full muscle coverage. Most patients see 3.5 to 4.5 months here, sometimes 5 when dosing is robust and the patient is not a frequent scowler.

The forehead (frontalis) is thin and broad. Dose too high, and the brow sinks. Dose too low or place too superficial, and it wears off early. I commonly use 8 to 16 units in women with average muscle thickness, 12 to 20 in men, spaced in a grid that respects each person’s brow height and hairline. The goal is even, shallow intramuscular placement with a fine bore needle and small aliquots, keeping a safety strip at least 1.5 to 2 cm above the orbital rim to reduce brow or lid heaviness. Duration in the forehead averages 2.5 to 3.5 months, shorter than the glabella, because we often aim for partial movement and because the frontalis is active all day in expressive faces.

The interaction matters. If the glabella is under-treated, the frontalis must overwork to keep eyes open, shortening its longevity. When both areas are balanced, the forehead often holds an extra few weeks.

Crow’s feet and the periorbital zone

Orbicularis oculi wraps the eye in concentric fibers. We treat the lateral portion for crow's feet while avoiding the lower lid margin. Typical dosing is 6 to 12 units per side, in two to four injection points placed lateral to the orbital rim. Larger smiles, thicker skin, or strong cheek elevators may require 14 to 18 units per side.

Duration near the eye ranges from 3 to 4 months for most patients. Runners and heavy squinters trend closer to 10 weeks. Safety margins near the orbital and periorbital area matter. Keep injections at least 1 cm lateral to the bony rim and avoid deep central-lid passes to reduce lid weakness or dry eye risk. A small degree of movement preserves a natural smile and prevents cheek flattening. When crow's feet are paired with malar bags or festoons, lighten the dose and shift the pattern posteriorly to protect lymphatic drainage.

Bunny lines, nasal flare, and gummy smile

The nasalis and levator muscles respond to small, precise amounts. For bunny lines, two to four units per side placed lightly over the upper nasal sidewall soften crinkles without over-relaxing midface support. Gummy smile often needs four to six units across the levator labii superioris alaeque nasi complex, sometimes split bilaterally plus a midline point. For nasal flare control, tiny aliquots at the alar base and anterior nasalis reduce flare without stiffening speech.

These areas typically last 2 to 3 months. The muscles are small, the doses are low, and smiling and speaking are frequent. Ask patients who sing, give presentations, or teach fitness classes how often they use these expressions; more motion equals shorter duration. Start conservative to avoid altered articulation or upper lip heaviness.

Lip flip and perioral lines without speech changes

The orbicularis oris lends itself to microdosing. A lip flip often uses 4 to 8 units across the vermilion border, in shallow intramuscular or submucosal passes. Vertical lip lines can be addressed with 1 to 2 unit blebs per column, spaced widely and kept light. The imperative is function. Over-treatment makes sipping or consonant pronunciation awkward.

Longevity here is short: 6 to 10 weeks for a lip flip, 8 to 12 weeks for perioral feathering. Patients who whistle, play wind instruments, or whose work demands amplified speech should be warned that duration shortens and risk rises. Many choose strategic timing before events or photographs.

Chin dimpling, DAO, and the downturned corner

The mentalis causes chin pebbling and an upturned chin pad. Four to 10 units, placed deep at two central points, smooths texture and reduces hyperactivity. Duration is often 3 to 4 months, and in some, longer because the mentalis is not constantly recruited.

The depressor anguli oris pulls the mouth corners down. Two to five units per side, placed a fingerbreadth lateral to the commissure and angled slightly medially, can lift corners subtly. Combine this with small doses to the platysma in the lateral jawline for better balance if bands contribute to mouth drag. DAO effects last 2 to 3 months. Overdose risks an asymmetric smile, so cautious titration wins.

Masseter, bruxism, and jaw slimming

The masseter is a large, layered muscle. For bruxism and contouring, 20 to 40 units per side is common for onabotulinumtoxinA, divided into three to five points within a safe zone above the mandibular border and posterior to a line dropped from the commissure. Men or very strong grinders may need 40 to 60 units per side. The onset takes longer, sometimes 10 to 14 days to feel relief, with maximal softening by week 3.

Longevity runs 4 to 6 months for function reduction, and the contour change can persist 6 to 9 months or more as the muscle atrophies. Subsequent sessions often require fewer units. Chewing intensity, protein intake, and resistance training can shorten duration a bit in high muscle mass individuals. Warn about temporary bite fatigue. Avoid tracking too anteriorly to protect the risorius and zygomatic muscles that guide smile.

Neck bands and the lower face frame

Platysmal bands respond to 20 to 60 units spread across vertical bands and lateral platysma sheets. A pinch test helps identify hyperactive cords. Keep a buffer above the hyoid to reduce dysphagia risk, and avoid stacking dose just medial

to the trachea. Duration averages 2.5 to 4 months. Patients with thin skin see faster fade. The neck is expressive. Long speeches, singing, and head-turning sports accelerate wear.

For vertical neck lines, superficial microcolumns can soften texture, but expectations matter; collagen support and skin elasticity limit the outcome. Repeat every 10 to 12 weeks if results are subtle but appreciated.

Migraines, sweating, and medical indications that change the clock

Chronic migraine protocols use mapped patterns across the forehead, temples, occiput, and neck muscles. Effect often lasts close to 12 weeks by design, since coverage and dose are standardized and higher than cosmetic dosing.

Excessive sweating responds well in axillae with 50 units per side, often lasting 4 to 6 months. Palms and soles may last 4 to 5 months, sometimes less, due to friction and thick skin. Facial hyperhidrosis requires conservative dosing and careful mapping to prevent functional weakness; duration is typically 2 to 3 months.

The role of dosing, units, and conversion

Unit mapping matters. OnabotulinumtoxinA, abobotulinumtoxinA, and incobotulinumtoxinA are not unit-equivalent. A common clinical conversion is roughly 1 unit of onabotulinumtoxinA to 2.5 to 3 units of abobotulinumtoxinA, with incobotulinumtoxinA similar to onabotulinumtoxinA in unit effect. The exact ratio depends on area and technique, so adopt one conversion reference and stick to it to avoid drifting dose.

First-time patients often need less than repeat patients, not because resistance builds, but because new users have higher sensitivity and less antagonistic muscle memory. After two to three sessions, many need modestly higher or more precisely distributed units to sustain consistency. Conversely, long-term regular treatment can reduce baseline muscle size, so maintenance units may drop over time.

Dilution, depth, diffusion, and why technique can steal weeks

The vial’s dilution ratio changes the feel of injection and diffusion spread. Higher concentration (less saline) provides a tighter, more localized effect with smaller blebs. Lower concentration gives a softer spread and can help in broad, thin muscles like the frontalis, but risks spillover near the orbit. Neither is inherently better. Match dilution to anatomy, not habit. Store reconstituted toxin cold per manufacturer guidance to preserve potency, and use within the recommended time window; sluggish onset and short duration often signal degraded product or poor storage.

Depth and angle guide where the toxin lands. Intramuscular placement yields stronger, longer effects for bulky muscles such as the corrugator, masseter, and mentalis. Subdermal or very superficial placement suits microdosing for texture and pore appearance changes, where you want light modulation and minimal downtime. Needle gauge and length matter. A 30 or 32 gauge half-inch needle gives consistent depth without hubbing near the eye. Shallow angles near the orbital rim and periocular region limit diffusion toward the levator palpebrae, cutting ptosis risk.

Spacing between injections acts like fencing. Closer spacing in small aliquots reduces peaks and troughs, keeps symmetry, and avoids hot-spot over-corrections. Wider spacing with fewer, larger hits can backfire in broad planes, leaving untreated islands that wake up early.

Muscle strength, movement patterns, and metabolism

Faces do not move the same way. Some botox near Greensboro NC people “talk with their brows” or squint in bright rooms even indoors. Strong baseline EMG activity and thicker muscle bellies shorten duration. I test muscle strength with resisted movement and palpation before mapping points, then check again at follow-ups. High muscle mass patients, including athletes and grinders, benefit from higher total units per region and tighter spacing. The result is not simply stronger; it lasts longer because each motor end plate has better coverage.

Metabolism and exercise intensity also play roles. Heavy cardio and heat exposure can correlate with slightly shorter longevity. The effect is modest, but consistent in frequent sauna users and endurance athletes. Advise maintenance closer to 10 to 11 weeks for those who notice early return.

Preventative strategy versus corrective dosing

Preventative use in high-movement zones relies on microdosing that trains movement patterns without fully blocking them. The forehead and crow's feet respond well to this. Think 6 to 8 units in the frontalis and 6 to 8 per side lateral to the eye for expressive, younger patients with etched motion lines but minimal static wrinkling. The result lasts less, often 8 to 10 weeks, yet reduces groove formation over time. Corrective dosing for etched lines requires higher units and may pair better with fractional resurfacing or fillers to restore the skin plane.

Eyebrow shape, lift mechanics, and avoiding droop

A subtle eyebrow lift depends on balancing the depressors (corrugator, procerus, lateral orbicularis) and the elevator (frontalis). To lift the tail, treat the lateral orbicularis just outside the rim and keep the lateral forehead light to preserve lift. To soften a heavy medial brow, fully address the corrugator with intramuscular depth. The wrong pattern delivers the opposite result: a flat or sad brow. Always anchor injections 1.5 to 2 cm above the orbital rim in the forehead and avoid medial frontalis points below the mid-pupil. These are the placements that most often keep duration predictable because they reduce corrective touch-ups for droop.

Asymmetry, male anatomy, and expressive personalities

Natural asymmetry is common. If one brow sits higher, it likely has weaker depressors or a stronger frontalis on that side. Treat the dominant elevator more, not the weaker side, to level movement. In practice, this often means one or two extra units in the higher-brow frontalis or a small increase to the stronger corrugator on the opposite side. Document baseline and recheck at two weeks; asymmetry adjustments hold best when done early.

Male anatomy trends toward thicker muscle and heavier pull. Dose higher overall, space points slightly wider to cover surface area, and expect a bit longer onset. Longevity may match or exceed that of women if coverage is adequate.

Expressive personalities tend to burn through foreheads and crow's feet faster. I often propose micro-touches at week 6 to 8 for these patients instead of waiting for full fade, which keeps motion controlled and evens the arc of wear.

Skin texture, oil control, and what Botox can and cannot do

Botox reduces motion-induced creasing, which improves the look of fine lines in dynamic zones. It also changes sebum output and pore appearance slightly when placed very superficially in microcolumns across the T-zone, though effects are modest and last 6 to 10 weeks. Deep static wrinkles from dermal thinning need collagen support. Collagen remodeling follows a different timeline and responds to lasers, needling, and biostimulatory fillers. Botox can reduce the mechanical stress that hinders remodeling, and with regular use, some patients notice a smoother baseline even as the toxin fades. That is muscle retraining at work over months.

Safety near vessels, nerves, and high-risk zones

The periorbital area demands conservative dosing and lateral placement to protect eyelid function. Near vascular structures at the temple or jawline, slow injection and aspiration are less about intravascular risk with toxin and more about preventing bruising and tracking hematomas that disperse product. Thin skin bruises easily and shows small diffusion halos; apply gentle pressure and ice, and consider higher concentration with smaller blebs.

Patients with neuromuscular disorders, active infections, or certain medications that interfere with neuromuscular transmission are not candidates. Review history of myasthenia gravis, Lambert–Eaton, ALS, and recent aminoglycoside use. When in doubt, coordinate with the patient's physician.

Resistance, wear-off patterns, and adaptation strategies

True resistance is uncommon with modern products but can occur. Suspect it when the onset is delayed and the duration is short despite appropriate dose and technique across multiple sessions. Check storage, product lot, and injection plane first. If suspicion remains, consider switching brands or increasing total units carefully. In partial nonresponders, staggering injection sequencing, using higher concentration, and increasing coverage points can restore effect.

Faster metabolizers benefit from shorter intervals rather than large jumps in dose. A 10 to 11 week cycle often outperforms a 16 week cycle with higher units, especially in high-movement zones. Over time, as muscle cross-sectional area shrinks, maintenance units often fall by 10 to 20 percent while durability rises.

Touch-ups, sequencing, and planning sessions

I prefer a two-week check for new maps or new patients. Small touch-ups at that point, 2 to 6 units in a localized area, can even out asymmetry or lift a lagging brow tail. Beyond three weeks, adding more may extend peak but rarely extends total duration. For multi-area treatments, sequence injections from the heaviest pullers to the modifiers. In practice, that means glabella first, then forehead, then lateral eye. The sequence helps you read early relaxation and avoid over-treating elevators.

When combining with fillers, finish toxin first. Let it settle a week or two. Treat the skin and volume next so that filler placement matches the new resting posture of muscles. This order prevents fighting between a moving platform and a placed implant, and it improves longevity perceptions across the board.

Special cases: migraines, facial pain, and tension relief

Beyond migraines, some patients carry facial tension in the temporalis, masseter, and occipital attachments. Small, strategic dosing can ease pain. Expect onset by week 2 and longevity around 3 to 4 months, similar to cosmetic dosing, with the caveat that pain relief is subjective and may wane earlier than visible motion control.

Managing complications and preserving outcomes

Common issues include transient headaches, bruising, and a heavy feeling in the brow or lid. Eyelid ptosis often reflects diffusion into the levator palpebrae. It usually resolves in 2 to 6 weeks. Apraclonidine or oxymetazoline drops can recruit Müller’s muscle to lift the lid a millimeter or two during recovery. Brow heaviness can be eased with small lifts to the lateral frontalis if safe, or you wait it out while counseling the patient about the temporary curve.

Technique prevents most problems. Use the smallest effective dose, concentrate away from risk structures, and study how each patient emotes while mapping. Video of baseline expressions helps on follow-up when you fine-tune. Consistent placement reduces unpredictable duration more than any other single factor.

Two quick reference lists

Checklist for longer-lasting, natural results:

- Match dose to muscle strength using palpation and resisted movement.
- Balance antagonists: treat glabella with the forehead, not in isolation.
- Use appropriate dilution and depth to control diffusion near the orbit.
- Schedule early micro touch-ups at two weeks if needed, not late salvage.
- Adjust intervals for fast metabolizers to 10 to 11 weeks rather than over-dosing.

Common short-duration culprits to troubleshoot:

- Under-dosing broad muscles like frontalis with too few points.
- Poor storage or prolonged time after reconstitution.
- High daily expression load and intense exercise without interval adjustment.
- Treating only elevators or only depressors, forcing compensation.
- Superficial placement in deep muscles like corrugator or masseter.

How long for each region, realistically

Glabella: 3.5 to 4.5 months, sometimes 5 with strong coverage and balanced forehead treatment.

Forehead: 2.5 to 3.5 months when dosed for movement preservation. Heavier correction approaches 4 months in low-movement faces.

Crow’s feet: 3 to 4 months, shorter for heavy squinters.

Bunny lines and nasal work: 2 to 3 months.

Lip flip and perioral microdosing: 6 to 12 weeks, with speech-heavy lifestyles at the shorter end.

DAO and mouth corners: 2 to 3 months.

Chin dimpling: 3 to 4 months.

Masseter and jaw slimming: function relief 4 to 6 months, contour change 6 to 9 months.

Platysmal bands and vertical neck lines: 2.5 to 4 months, depending on skin thickness and speaking habits.

Migraine mapping: about 12 weeks by protocol.

Excessive sweating: axillae 4 to 6 months, palms and soles about 4 to 5 months, face 2 to 3 months.

Planning maintenance that respects your face

A durable plan reflects how you live, not a generic calendar. If you present to clients daily and rely on expressiveness, keep forehead doses modest and accept shorter intervals. If you grind teeth at night, budget higher masseter units and expect a longer hold. If you are early in treatment, let your injector study how you wear off over two cycles before locking in a schedule. Keep a simple photo diary every two weeks after treatment across one cycle. Those images will teach you where you fade first and how to move units from regions that outlast to regions that fade early.

After enough cycles, most patients settle into a rhythm: heavy-movement zones every 10 to 12 weeks, low-movement zones every 14 to 16 weeks, and large muscles like masseter every 5 to 6 months. When done with discipline, Botox does more than pause lines. It retrains muscle patterns that tug the face down and inward. Over years, that training shapes how you age, trading etched effort lines for a calmer, lifted baseline. The clock does not stop, but it runs a bit quieter, and for many, that is exactly the point.