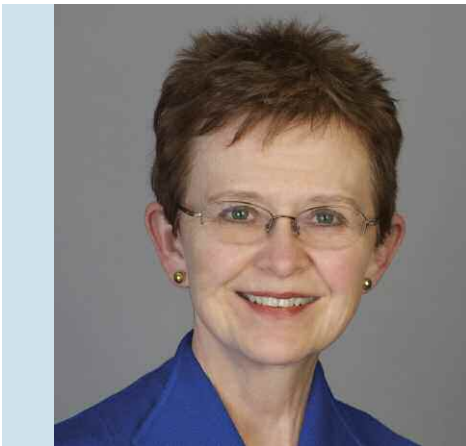


From the EDITOR



Margery L.S. Gass, MD, NCMP, an internationally recognized leader in the field of menopause, has been a member of the Society since 1993 and became Executive Director and Editor-in-Chief of *Menopause Management* in 2010. She is a Consultant at the Cleveland Clinic Center for Specialized Women's Health in Cleveland, Ohio. Having served as the NAMS 2002-2003 President, she was most recently Professor of Clinical Obstetrics and Gynecology at the University of Cincinnati College of Medicine in Cincinnati, Ohio, where she had been on the faculty since 1984. She was also Director of the University Hospital Menopause and Osteoporosis Center in Cincinnati, a position she had held since 1990. Dr. Gass has been an investigator on more than a dozen research projects, including serving as a principal investigator for the Women's Health Initiative, and has published and presented on a wide range of topics related to menopause, including osteoporosis, sexual dysfunction and hormone therapy. She has authored numerous articles and book chapters on menopause-related topics, and has co-edited a book on managing perimenopause. She is editor of *Menopause: The Journal of The North American Menopause Society*.

Broadening the Perspective on Bone

Over the years, many ailments and pathologic conditions have been attributed to menopause. At one point in time there were so many items on the list that menopause was described by some as a deficiency disease. The North American Menopause Society stood firm in maintaining that menopause is a natural and normal phase in a woman's life, no more inherently healthy or unhealthy than any other phase.

Osteoporosis is one condition that has remained closely linked to menopause. The bone mineral content lost by women at menopause is considered pathologic in some circles. But is this really the case?

Thinking back over recent history, one can recall various periods of time in which there were concerns about potential bone loss during pregnancy, during lactation or while using medications such as long-acting progestogens or gonadotropin-releasing hormone agonists. While there can be bone loss in all of these circumstances, we have learned, generally speaking, that the bone that is lost is regained after the inciting activity is terminated. Studies have demonstrated that a woman does not have to take calcium supplements in the case of pregnancy or lactation. Even though calcium metabolism is governed by two different mechanisms during pregnancy and lactation, the end result is a return to baseline after lactation ceases. Good nutrition remains important.

Perhaps the challenge with the osteoporosis paradigm is a question of the appropriate baseline. Most people assume that the baseline for women is the reproductive phase of life; however, another paradigm exists. Interesting reports from Jarvinen et al (*J Bone Miner Res* 2003;18:1921-31) and others have demonstrated that before puberty girls and boys have the same ratio of total body bone mineral content to lean body mass. After puberty this

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From the Editor

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ratio is higher in girls than in boys. One interpretation of this finding is that it is another of the many estrogen-related changes in women's bodies that equip them to bear children. In this instance,

Before puberty girls and boys have the same ratio of total body bone mineral content to lean body mass. After puberty this ratio is higher in girls than in boys.

women are fortified with additional bone mass for the purpose of creating a new skeleton within the uterus. When this additional bone is no longer needed for purposes of reproduction, it disappears, as in menopause and other low-estrogen states in which reproduction will not be occurring.

Humans are not the only species in which females have more bone mineral content than do males. The phenomenon has been studied extensively in pigeons, Sprague-Dawley rats (a frequent model for osteoporosis studies) and other birds and mammals.

With this paradigm, the initial rapid loss of bone at menopause becomes a normal, not a pathologic, part of the transition from the reproductive phase to the post-reproductive phase of a woman's life. This paradigm shift does not imply that we should ignore bone health at menopause. Menopause is still a sentinel event, reminding us to consider all aspects of healthy aging, including screening for risk factors for osteoporosis, encouraging exercise and recommending the appropriate intake of calcium and vitamin D.

Margery Gass, MD, NCMP

Executive Director

The North American Menopause Society