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## Preface

# Osteoporosis



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*Guest Editor*

Among the many examples that could be given to illustrate how quickly thoughts about a disorder can be translated rapidly into the clinical arena, perhaps osteoporosis is one of the best. In one short decade, osteoporosis has been transformed from a disorder considered an inevitable and irreversible consequence of aging to a disorder in which there is now true therapeutic optimism. This transformation has occurred literally over a period of ten years during which we have seen remarkable strides in our understanding of the biology, diagnostics, and therapeutics of this disorder.

In this issue of the *Endocrinology and Metabolism Clinics of North America*, I am pleased to present you a summary of some of the most important developments in the field, written by individuals who have distinguished themselves as authorities. The purpose of this issue was to identify those areas in which the most significant advances have been made and present them to you in a way that is not only informative but also clinically relevant. In a very readable sixteen articles, this issue makes this attempt.

The first five articles cover basic elements of the epidemiology of osteoporosis in the context of a worldwide problem (Melton) following by a discussion of the pathogenesis of osteoporosis (Raisz). Seeman then writes cogently of the structural basis of bone strength in both sexes while Mora and Gilsanz cover the important topic of peak bone mass accrual. Albagha and Ralston effectively summarize our rapidly expanding knowledge of the genetics of osteoporosis.

The four middle articles relate more specifically to clinical diagnostics. Seibel describes the various biochemical markers of bone turnover while

Stein and Shane provide a comprehensive discussion of the secondary causes of osteoporosis. One of the most important secondary causes of osteoporosis, namely glucocorticoid use, is covered separately by Saag. In the last article in this section, Miller summarizes the current status of bone mass measurement with regard to clinical utility and applications.

The last section of the issue, consisting of seven articles, is devoted to the therapeutics of osteoporosis. Heaney and Weaver emphasize the importance of calcium and Vitamin D in any therapeutic context. Three articles are devoted to the subject of sex steroids (Khosla, Fontana and Delmas, and Fitzpatrick). These three articles are of particular note with regard to our rapidly expanding knowledge of the role of androgens and estrogens in both sexes vis-a-vis skeletal health as well as with regard to recent data from the Women's Health Initiative. McClung writes about the bisphosphonates with reference to important clinical situations in which these agents are regularly considered as primary therapeutic modalities. Silverman summarizes the most recent information about calcitonin. Finally, Rubin and I present information related to the newest horizon of therapy, namely the use of anabolics in this disease.

I trust that this issue will be helpful to you as you keep yourselves informed and abreast of the latest developments in osteoporosis.

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