



Obstet Gynecol Clin N Am
29 (2002) xi–xii

OBSTETRICS AND
GYNECOLOGY
CLINICS
of North America

Preface
Perimenopause



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Guest Editor

The demographic characteristics of women within the United States continue to demonstrate substantial changes. In particular, the number of women entering the menopause continues to grow. For example, in 1990 about 10 million women entered the postmenopausal age group; by 2020, this number will almost double. During the transition from the reproductive time period to menopause, often defined as the perimenopause, the endocrine physiology is often unstable and unpredictable. Menstrual-related gynecologic symptoms become more common. In addition, women begin to have concerns about other health issues, such as osteoporosis, cardiovascular disease, and cancer. This issue of the *Obstetrics and Gynecology Clinics of North America* addresses many of these issues focusing on both the physiology of this transitional time period and the clinical problems. The authors in their reviews of the relevant literature not only provide an overview of the important data on many of these topics, but are also able to provide insights that will help clinicians care for women in this age group.

Dr Leon Speroff leads off the issue with a review of the definitions, the demography, and some of the physiology relevant to the perimenopausal portion of a woman's lifespan. Because the perimenopause involves a number of changes in endocrine physiology, it is important for clinicians to understand how steroids reach their target tissues and what factors modify their access to such tissues. Dr Geoffrey Hammond addresses this complex topic in his article. Equally important is an understanding of the metabolism of sex steroids, which is the topic of Dr Daniel Grow's article. The role that sex steroids, particularly estrogen, play in cognitive function and in the whole development of the female brain is a field of research that is rapidly growing. Drs Robert Green and Whitney Dixon

provide a review of many of the key issues. The perimenopause can be challenging to clinicians because it is a time period when many women become symptomatic with gynecologic disorders for the first time in their life. Dr Andrew Kaunitz reviews this important topic providing advice regarding evaluation and treatment. Drs Janice Wagner, Jay Kaplan, and I review the preclinical data on the cardiovascular effects of reproductive hormones and draw some conclusions that could have clinical implications. Because declining endogenous estrogen levels are associated with accelerated loss of bone mass around the menopause, it is important for clinicians to understand the risk factors involved and the recommendations for screening and prevention. Drs Raja Sayegh and Phillip Stubblefield provide a comprehensive review of this topic. The effects of postmenopausal use of estrogens and progestins on a variety of neoplasias have been the subject of numerous observational studies and meta-analyses. Drs John Collins and James Schelesselman cover their effects on breast and endometrial cancer, and I review their effects on ovarian and colon cancer. A clearly important issue is the counseling approaches one uses to discuss many of these issues with women. Dr June La Valleur provides a practical overview of this important topic. The use of alternative or complementary approaches to manage symptoms that occur among women in this age group is important given the growing interest in these approaches in this country. Dr Maida Taylor reviews the available evidence regarding the effectiveness of many of these nontraditional, alternative therapies. Finally, although risk of pregnancy declines in the perimenopausal age group, pregnancy when it occurs is frequently unplanned and often results in pregnancy termination. Dr J. Kell Williams addresses the contraceptive issues and needs of perimenopausal women.

On behalf of my fellow authors, I thank Ms. Carin Davis and her associates at WB Saunders for all their assistance in putting together this issue. It is hoped that the articles effectively assist clinicians in addressing the various needs of perimenopausal women.

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