3. Alessandra Graziottin (Italy): Joint pain after the menopause: how to address it

Osteoarthritis (OA) strikes women, above all after the menopause**.** This inflammatory and degenerative joint disease presents a 1:1 ratio between men and women up to the age of fifty. After this age, the ratio rapidly rises up to 3:1, thus revealing a critical dependence of the joint's inflammatory and degenerative process on hormone deficiency. This shift points to the possible contribution of estrogen deficiency in the cartilage degradation process.

Moreover, 25% of women present with a very aggressive generalized OA, more intense in the small joints, in the first two years after the menopause. This subset of high risk women, with a typical familial OA pattern, was first described by Cecil and Archer in 1926 and then forgotten. Time of onset, very close to the menopause, severity of progression, rapid involvement of more joints give women the invalidating feeling of being "trapped in an armour of rust".

Symptoms, signs and restricted joint movements are even more dramatic and disabling in women that enter menopause early, when the early shortage of oestrogen activates a potentially devastating inflammatory process from the anatomical and functional points of view, above all in genetically predisposed individuals. The intensity of the symptomatology, its relevance for womens' quality of life and the menopausal trigger should induce gynaecologists to care more about OA as a major "menopause-related" disease, impairing the potential of a healthier aging.

Menopausal Hormone Therapy (MHT) seems to counter the adverse influence of ovariectomy on the progression of joint lesions in various animal models, including primates. Although decreases in the risk of OA associated with long-term MHT were repeatedly observed in large-scale epidemiological studies, the chondroprotective potential of this therapeutic option has received modest recognition among healthcare professionals. It is therefore urgent to understand the full therapeutic potential of a well tailored MHT for the prevention and early treatment of osteoarthritis.

This lecture has three objectives:

1.to briefly review the evidence of hormone sensitivity of joint structures in women;

2.to analyse the characteristics of early onset, aggressive OA soon after the menopause;

3.to discuss the evidence in favour of MHT, when not contraindicated, to prevent and modulate the course of this inflammatory and degenerative joint disease. Specific advantages of MHT for women with an aggressive early OA, more so if associated with a premature menopause, will be finally discussed.

EMAS Executive Office
(for correspondence by email and postal mail)

European Menopause and Andropause Society
c/o K.I.T. Group GmbH
Association & Conference Management
Kurfürstendamm 71
10709 Berlin, Germany
Phone: +49 30 246 03-0
Fax: +49 30 246 03-200
Email: emas@kit-group.org

EMAS Registered Office

European Menopause and Andropause Society
Rue du Rhône, 118
CH-1204 Geneva, Switzerland
Phone +41 (0) 22 510 1278
Email: info@emas-online.org

Registered in Geneva, CH
HrID: CH-035.6.019.883-7

Bank Account Holder

European Menopause and Andropause Society
Account: 1337935-12
IBAN: CH20 0483 5133 7935 1200 0
SWIFT: CRESCHZZ12A