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A pioneer in menopause research, Dr. Utian founded the world's first menopause clinic in Cape Town, South Africa, in 1966 and established the Cleveland Menopause Clinic in 1983.

Recipient of many research grants and awards, he is the author of more than 150 scientific publications and five books. He is the Honorary Past-President of the International Menopause Society and Honorary Founding President and Executive Director of The North American Menopause Society. He is also Chairman of the Council of Affiliated Menopause Societies (CAMS) of the International Menopause Society.

# Recognizing the Clinical Significance of Premature Ovarian Failure

**C**urrent clinical management of young women with premature ovarian failure tends to focus on the issue of loss of fertility. This happens at the expense of sufficient recognition of the potential long-term adverse health outcomes secondary to the changed hormonal profiles.

Advances in reproductive technology have certainly changed the landscape. Today, women of reproductive age with nonfunctional ovaries have numerous options. Those with an intact uterus and a fertile male partner can consider ovum donation; for others, there is the option of transfer of donated embryos. In both these instances, successfully treated women can carry a pregnancy to term with little difference in outcome than that experienced by women with functional ovaries. Not surprisingly then, when facing a patient in our practice office who has just been given the disappointing diagnosis of early ovarian failure, our first response tends to be a discussion of these fertility options.

Too often, the necessary next step of explaining possible long-term pathologic outcomes is delayed or completely neglected. Historically, we tended to consider women with early loss of ovarian function to be similar to those proceeding through menopause at the usual median age of 51 years; this is a bit similar to the way in which children were considered "small adults" and given smaller doses of the same drugs given to adults, but without the appropriate basic testing in children. There are, in fact, numerous differences between spontaneous "natural" menopause and premature loss of ovarian function. Age, family and medical history, the basic cause of loss of ovarian function, hormonal profiles and presence of other diseases are but a few of the variable factors.

These distinctions are all considered in the comprehensive lead article in this issue of *Menopause Management*. Lawrence Nelson, MD, MBA, considers the special needs of young women with spontaneous premature ovarian failure and clearly shows the opportunities and challenges in providing comprehensive health care to this population.

One of these challenges is that of providing clear and sound educational and awareness-developing materials. Women need to understand all the implications of normal and abnormal ovarian function. NAMS offers the *Induced Menopause Guidebook* as one such educational offering. We would certainly encourage you to provide this booklet to your patients or to give them the NAMS Web site address ([www.menopause.org](http://www.menopause.org)) so they can access the necessary information.

We have a responsibility to consider all the long-term implications of premature ovarian failure and to use this diagnosis as an opportunity to initiate a long-term strategic preventive healthcare plan for each of our patients faced with this unexpected problem.

A handwritten signature in black ink that reads "Wulf H. Utian". The signature is written in a cursive, flowing style.

Wulf H. Utian, MD, PhD  
 Executive Director and  
 Honorary Founding President  
 The North American Menopause Society