

Good news

Two pieces of good news characterise this issue of the *Italian Journal of Gender-Specific Medicine*.

The first is that Italy is fast adopting a pioneer role in gender-specific medicine. On 1st January 2017, Istituto Superiore di Sanità (ISS) founded a facility that is the only one of its kind in Europe: Centro di riferimento per la medicina di genere [Hub Centre for Gender-Specific Medicine].

The Centre, which was strongly supported by ISS Chair Walter Ricciardi, and is directed by Valter Malorni and organised into a number of units, has three objectives: to develop training and communication activities to promote the awareness and diffusion of gender-specific medicine, to create a network of gender-specific medicine facilities and expand it to a European level, to promote research in order to identify the pathophysiological bases responsible for the gender differences between the two sexes. There can be no doubt that the interest in gender-specific medicine continues to grow and the Centre established by Istituto Superiore di Sanità is just one example, alongside the success of its debut on 21 and 22 March during its first Convention "Towards a Gender-Specific Medicine", which was promoted by Istituto Superiore di Sanità to make all the various aspects of gender-specific medicine better known and to discuss the possible political and social actions to be undertaken to favour its introduction into health policy. The event attracted a great turnout of members of the general public and institutional and scientific personalities, who unanimously reiterated the need to make being receptive to gender differences good standard practice able to have positive repercussions on the quality and sustainability of the National Health Service.

During the two-day event, renowned experts dealt with important topics, such as health policy and gender-specific medicine, gender-specific medicine bills, the role of AIFA [Italian Medicines Agency] in the development of gender-based pharmacology, the pharmaceutical industry and gender-based pharmacology, gender medicine and gender-specific medicine, epigenetics and gender, gender and cancer therapy, longevity and gender, the NHS budget and gender, etc. Three thematic tables were followed by the drafting of a consensus paper including practical proposals for the development of gender-specific medicine. As our readers will realise, a significant part of this issue is dedicated to the Convention¹.

The second piece of positive news is the wealth of reviews presented in this issue. We will start with Salvatore Rossitto of UOC di Pneumologia [Pulmonology Unit], Ospedale Umberto I ASP 8 (Siracusa) who with Maria Cristina Gagliardi and Elena Ortona of Istituto Superiore di Sanità, signed the paper "Tuberculosis control in Italy and gender physiology"². More cases of tuberculosis are recorded amongst men; however, this difference is probably due to a lack of reporting of cases amongst women. The reason? Cultural and socioeconomic barriers, but maybe also biological explanations. Women seem to be protected by sex hormones; however, the highest frequency of female tuberculosis occurs precisely in the childbearing age. It is essential not to lose sight of female immigration from regions in which tuberculosis is highly endemic, for which the Authors are convinced that effective screening must be combined with a gender-specific approach to diagnosis.

Caterina Trevisan and Stefania Maggi, of University of Padua and Institute of Neuroscience of Padua, respectively, are the authors of "Gender differences in coronary heart disease in elderly populations"³, together with Giuseppe Sergi, Nicola Veronese and Enzo Manzato. As is well known, coronary disease is characterised by a number of gender differences in terms of risk factors, clinical symptoms and treatments. Their onset occurs later in elderly women and it is associated with a lower presence of critical arterial stenosis, despite being burdened by less favourable prognosis and mortality. Amongst women, this has the consequence of a lower rate of diagnostic investigations and invasive treatments. Generally speaking, there is an underestimation and reduced recognition of coronary disease in elderly patients, in part due to the conviction that women have a lower cardiovascular risk than men. The participation of elderly subjects in clinical trials is poor and as elderly and adult patients are studied together in clinical studies, it is difficult to assess whether clinical and prognostic differences should be attributed to gender or old age. Further studies are required, concluded the review, on gender differences in coronary disease in the geriatric age.

"Inflammatory bowel disease: gender difference"⁴ is the title of the review conducted by Maria Erminia Bottiglieri of Marcianise Hospital (Caserta), together with Agnese Miranda, of the same hospital, and Martina Cargioli of Federico II University of Naples. Ulcerative colitis and Crohn's disease are chronic inflammatory bowel

diseases with a multifactorial aetiology, characterised by alternating periods of remission and relapse. Males and females have a different predisposition for bowel disease. The review deals with issues related to gender differences in chronic IBD.

The review by Rossella Marcucci, Elisa Grifoni, Anna Maria Gori and Betti Giusti, of Department of Experimental and Clinical Medicine, University of Florence, deals with gender differences in antithrombotic therapy⁵. The clinical studies conducted to guide the management of atherothrombotic disease are characterised by an under-representation of women. The gender differences regarding the incidence and clinical presentation of cardiovascular disease are well known, as are those regarding antithrombotic therapy in terms of efficacy and safety, the pathophysiological mechanisms of which are not yet clear. Women with atrial fibrillation are at a higher risk of infarction than men. Primary prevention with aspirin is less effective in women; in the secondary prevention of acute coronary syndromes, antiplatelet therapy is associated with a higher risk of a bleed. Consequently, randomised studies on large samples are required that include women in order to produce recommendations based on certain evidence.

Our thanks go to all those who follow us with assiduity and interest. Happy reading to you all.

References

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