What is the starting point from which to attempt a deep understanding of the essence of gender-specific medicine? We firmly believe that it can only be this: a medical science intended to treat both men and women more appropriately.

We are aware that talking (or writing) about appropriateness can be tricky; however, the absence of a correct gender approach in any clinical and therapeutic area can lead to uncertain diagnoses and serious undertreatment. Our country and many health professionals and policy makers have proved to be sensitive to this issue. There have been initiatives throughout the country, and most Regions understood the opportunity provided by gender medicine as a tool to improve appropriateness. What is still missing, to an alarming extent, is the concrete action of a national health policy aimed at placing gender medicine within its proper domain in a clear and final manner: not only a social inspiration but, most importantly, a governance tool.

In her editorial, which the journal now has the pleasure of publishing, minister of Health Beatrice Lorenzin makes a strong reference to the Fourth United Nations Conference on Women’s Rights, held in Beijing in 1995, twenty years ago, during which the participants unanimously emphasized the need to incorporate a gender perspective into all political and programmatic acts. This same concept was taken up and reiterated in a document published by WHO concerning “Health 2020: A European policy framework”, which recognizes gender as a decisive issue in European policies and as an essential factor since health, like disease and treatment, is different between men and women. In line with the essence of its meaning, the gender dimension in health, states Lorenzin, becomes a system governance tool.

But back to our reality. How far have we come with the spreading of gender medicine in Italy?

The accurate and detailed review conducted by Professor Fulvia Signani of the University of Ferrara deserves careful reading. A web study, based on surveys performed at different times over a period spanning from 2012 to 2015, analyzed the long, complex and time-consuming work carried out by many entities, institutions and associations year after year since 1998, when the Ministry for Equal Opportunities launched the project “Una salute a misura di donna” (Healthcare Fit for Women.) This was followed by the first congresses, the emergence of associations, and more recently the creation of local gender-oriented projects made possible by the involvement and commitment of the Regional governments and healthcare organizations.

Conversely, the contribution by Professor Anna Maria Moretti of the Policlinico di Bari Consortium University Hospital, a specialist in respiratory diseases, takes a markedly clinical approach in presenting an interesting study on male and female patients with COPD, a serious disorders characterized in recent years by a growing “feminization”, as evidenced by the increase of female patients hospitalized at the Policlinico of Bari, from 27.8% in 2001 to 35.6% in 2011.

Walter Malorni and Elena Ortona of the National Institute of Health discuss the highly topical issue of sex hormones and gender differences at immune system level. Women are more affected by autoimmune diseases, and sex hormones are believed to be largely responsible for this difference.

Professor Giuseppina Russo of the University of Messina explains how and why the lipid profile changes throughout life, starting from adolescence, in both sexes but especially in women. Genetics and hormonal changes influence the metabolism of lipoproteins, which in women become more atherogenic and therefore associated with increased cardiovascular risk.

The article by Professor Erica Villa of the University of Modena-Reggio Emilia focuses on gender differences that mark the evolution and complications of chro-
nic liver diseases. The natural course of viral hepatitis is more favorable in women of childbearing age, at least until the time of menopause – an event that brings a worsening of the disease associated with a lower response to therapies.

Lastly, I recommend reading the last two contributions by the editorial staff. The first one is a summary of a large French study on gender differences with respect to spontaneous pneumothorax, a quite common condition with a higher incidence in men, whose average age upon admission is younger, with the first incidence peak before the age of 20. The second deals with a delightfully light and speculative theme: “Women and grammar, a gender-specific matter”. Despite resistances, grammar should adapt and transform itself. We know that all language changes took time to happen, but today everything evolve quickly, and a language that respects gender cannot wait any longer, nor can we keep resorting to that alleged “neutrality of the masculine” that now sounds like an anachronistic excuse.

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