

py dissipates after treatment is discontinued. To prevent hip fractures in old age, estrogen replacement therapy may have to be initiated perimenopausally and never discontinued. At present, however, such a strategy cannot be recommended as it has not been settled yet whether the (cardioprotective) benefits of estrogen replacement therapy outweigh the oncogenic risks (13).

In conclusion, the postmenopausal phase of accelerated bone loss can be prevented by estrogen replacement therapy. However, in the few studies in which the effect of estrogen in elderly women was evaluated, protection against hip fracture waned with age. Perimenopausal estrogen replacement therapy, even for 5-10 years, is therefore unlikely to preserve bone density or to prevent the development of osteoporotic fractures in old age.

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## ERRATUM

In the article "The Adelaide Activities Profile: A measure of the life-style activities of elderly people" by M.S. Clark and M.J. Bond (*Aging Clin. Exp. Res.* Vol. 7, August 1995) the following corrections should be noted:

on page 177, Table 2, the mean and SD of "Service to Others" should be 3.98 (rather than 4.27) and 2.70 (rather than 3.18), respectively. These changes do not affect the conclusions of the work. The authors regret any inconvenience caused by these typographical errors.