



# Nonhormonal Treatment Alternatives for Genitourinary Syndrome: A Holistic Approach

Mertihan Kurdoğlu\*<sup>1</sup>

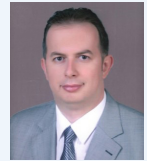
Genitourinary syndrome of menopause (GSM) is a frequently seen condition affecting women in postmenopausal age, which is characterized by a collection of symptoms like vaginal irritation, dryness, and pain during sexual intercourse. While hormone therapy has long been the go-to treatment for GSM, nonhormonal options are gaining recognition for their efficacy and safety in managing these distressing symptoms.

Nonhormonal treatments offer a promising alternative for women who are unable to take hormonal medications due to medical conditions, including breast cancer survivors or personal preferences. These therapies not only target the symptoms of GSM but also focus on improving overall vaginal health and quality of life through non-invasive and natural approaches.

The critical nonhormonal treatment modalities for GSM are vaginal moisturizers and lubricants. Continuous daily topical application of moisturizers helps restore moisture and elasticity to the vaginal tissues, alleviating discomfort and pain associated with dryness. Regular use of water, silicon, or oil-based lubricants hours before intercourse can significantly improve sexual function and reduce the negative impact of GSM on a woman's well-being (1). Daily, ongoing, or at least three months of use of hyaluronic acid polymers in topical forms, injections, capsules, or pessaries can also be beneficial (2). As a neuropeptide hormone, topical oxytocin may be applied intravaginally in a daily manner continuously or for 30-day periods (3). Topical application of CO<sub>2</sub> laser or Erbium: YAG laser every 4-6 weeks for 12 weeks is also highly effective (4).

In addition to topical products, lifestyle modifications and dietary changes can also be crucial in managing GSM symptoms. Maintaining a healthy weight, staying hydrated, and consuming foods rich in phytoestrogens and omega-3 fatty acids have been shown to support vaginal health and reduce inflammation in the genitourinary tract (5). In patients preferring oral medications, daily intake of a selective estrogen receptor modulator, ospemifene, for 12 weeks or one year is an excellent alternative to topical

Mertihan Kurdoğlu graduated from Hacettepe University Faculty of Medicine, Department of Medicine (English). He completed his specialty in Obstetrics and Gynecology at Gazi University, Faculty of Medicine, Department of Obstetrics and Gynecology between 2001 and 2005. In 2006, he worked as a specialist at Çankırı State Hospital. Between 2007 and 2014, he worked at Van Yüzüncü Yıl University, Faculty of Medicine, Department of Obstetrics and Gynecology. Between 2014 and 2016, he worked in the Gazi University Faculty of Medicine, Department of Obstetrics and Gynecology. During that time, he was sent to the Division of Minimally Invasive Gynecology and Research in the Department of Obstetrics and Gynecology of the University of Texas Medical Branch at Galveston, Texas, USA, by Gazi University. He was trained in robotic surgery by Assoc. Prof. Gökhan Sami Kılıç. He has been working on urogynecology at Gazi University Hospital, Ankara, Turkey. He has published over 150 scientific papers in national and international journals with more than 2100 citations and seven book chapters in national and international textbooks. He was previously a member of the editorial board of Van Medical Journal, the Turkish Journal of Obstetrics and Gynecology editor, and the Eastern Journal of Medicine editor-in-chief. He is the editor-in-chief of the International Journal of Women's Health and Reproduction Sciences, along with Prof. Dr. Arash Khaki.



applications (6).

Furthermore, physical therapy and pelvic floor exercises have emerged as valuable nonhormonal interventions for GSM. These techniques help strengthen the pelvic muscles, improve blood flow to the genital area, and enhance sexual sensation, leading to increased comfort and pleasure during intercourse (7).

As we continue to expand our understanding of GSM and its impact on women's lives, it is essential to embrace a holistic approach to treatment that incorporates both hormonal and nonhormonal options. By offering various evidence-based therapies tailored to individual preferences and needs, healthcare providers can empower women to take control of their vaginal health and well-being.

In conclusion, the growing body of research supporting nonhormonal treatments for GSM highlights the importance of exploring diverse therapeutic modalities to address this prevalent condition. By tapping into the power of natural remedies, lifestyle modifications, and physical interventions, we can revolutionize the care and



management of genitourinary syndrome, promoting a healthier and more fulfilling postmenopausal experience for women everywhere.

#### Conflict of Interests

None.

#### Ethical Issues

Not applicable.

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