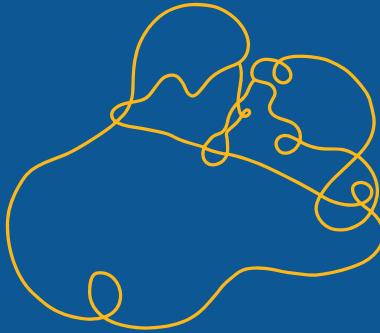


INTIMACY GUIDE



WHAT IS ARTHRITIS?

The word arthritis means inflammation of the joint ("arth" meaning joint and "itis" meaning inflammation).

Inflammation is a medical term describing pain, stiffness, redness and swelling.

Arthritis is a term used to describe a group of over 100 diseases characterized by inflammation in the joints or other areas of the body. Arthritis is a disease and not a natural part of aging. It can affect anyone at any age.

Symptoms of arthritis can range from mild to severe. Most people with arthritis experience chronic pain, fatigue, restricted mobility, lowered mood and other symptoms that can combine to reduce their quality of life.

Arthritis can involve almost any part of the body. The joints most often affected by arthritis include the hip, knee, spine or other weight-bearing joints, though it can also affect non-weight-bearing joints such as the fingers.

Arthritis is a chronic condition: it affects people on an ongoing, constant or recurring basis over months, years, or even a lifetime. Currently, there is no cure for arthritis, but there are strategies to manage the disease.

Arthritis is often divided into two categories – Inflammatory Arthritis (IA), and Osteoarthritis (OA).

Osteoarthritis (OA) is the most common form of arthritis and it affects more Canadians than all other forms combined. It is a progressive disease of the whole joint that leads to breakdown of joint cartilage and the underlying bone.

Osteoarthritis is the result of the body's failed attempt to repair damaged joint tissues. While joint damage can occur through deterioration over time, it can also occur in response to an injury or due to differently formed joints. While the underlying process of OA cannot be reversed, the symptoms can often be relieved or significantly improved with lifestyle measures and medications.

To learn more about Osteoarthritis, visit our [OA resource Hub](#)

Inflammatory Arthritis (IA) encompasses a number of different conditions. Most forms of IA are also autoimmune diseases, where the immune system – the body's defense system against infections and other invaders – mistakenly starts to attack the body's own healthy tissues. With IA, the source of joint damage is from inflammation rather than from a wearing away of cartilage.

There are many different forms of inflammatory arthritis. The most common forms of IA include rheumatoid arthritis, ankylosing spondylitis, and psoriatic arthritis. Early diagnosis and regular treatment are important to slow disease progression, limit joint damage and reduce symptoms.

To learn more about Inflammatory arthritis, visit our [Arthritis A-Z resource page](#).



HOW CAN ARTHRITIS AFFECT SEXUAL INTIMACY?

Arthritis can have a major impact on daily activities that many people take for granted. One of the most significant of these activities, yet perhaps the least talked about, is sex and intimacy. Many people with arthritis commonly experience frustration with how the most private aspects of their lives are negatively affected; they may find it difficult to discuss sexual problems with a doctor or even their partner. The subject can feel very personal, and it may be difficult to find the right words to explain feelings and experiences.

Even though it might feel embarrassing to discuss, your sexual health is important. If arthritis is impacting your ability to engage in intimate activities, or sex, or if you have questions about how to safely engage in sex or intimate activities with yourself, or a partner, talk to a member of your health care team. Sexual concerns arising from arthritis are completely valid and should not be kept to yourself. Open communication is vital to maintaining intimacy or an active sex life. Your health-care team can also refer you to other professionals if needed. Most importantly, discuss your fears and hopes with your partner. It's important to understand that arthritis does not cause a loss of sex drive. However, the physical and emotional difficulties that result from arthritis can interfere with the enjoyment of sexual needs, ability and satisfaction.



PHYSICAL BARRIERS

Pain, fatigue, stiffness and limited joint movement caused by arthritis can all interfere with physical intimacy. Many people with arthritis limit their sexual activity because they anticipate discomfort or worry about lingering pain. People without arthritis, in turn, are often reluctant to engage in any action that they think could harm or injure their partner.

Fatigue and lack of energy are common symptoms associated with arthritis. Some people wake up already feeling tired, which could be a result of disease activity affecting sleep and using energy during the night, causing tiredness in the morning. Medical experts advise people with arthritis to conserve their energy and pace themselves throughout the day. Even if you take these precautions, however, living with arthritis is physically demanding and can impact activities such as sex, that requires some endurance.

Some types of arthritis, such as Sjogren's syndrome or even rheumatoid arthritis, cause vaginal dryness due to reduced lubrication.

This can make sex uncomfortable. The dryness can often be relieved by using water-based lubricating gels, which are available at any pharmacy. The side effects of some arthritis medications can also decrease sex drive or change how you relate to a partner. The most common among these side effects are weight gain, bloating, an increased risk of infection, fatigue and difficulty becoming aroused. Most arthritis medications do not lead to these problems, but some that cause complications include corticosteroids (prednisone), muscle relaxants, opioids (like codeine and morphine) and anti-depressants. Any concerns about these possible side effects should be raised with your doctor or pharmacist. For a comprehensive list of the side effects associated with various arthritis medications, please refer to the Arthritis Society's [Medication Reference Guide](#).



EMOTIONAL BARRIERS

Managing arthritis can cause feelings of anxiety or depression. These can lower interest in sex and intimacy. Changes in your body due to arthritis or the use of certain medications may slightly alter your appearance and the way you move. It's common for people diagnosed with arthritis to initially have negative feelings about self-image and, as a result, perhaps feel less attractive or more insecure in a sexual or social setting.



HOW CAN ISSUES BE ADDRESSED?

Intimacy and sexuality are important aspects of life. Relationships do not have to suffer because one or more partners have arthritis. Sex itself will not worsen your arthritis. If sex or other intimate activities are a regular part of your relationship(s), you should try to continue to include them. There are several ways to overcome physical and emotional complications, but the element common to each solution is maintaining open communication with partners or people you are intimate with.



ACCEPT CHANGE

Learning that you have a chronic illness like arthritis can be devastating. Feelings of anger, resentment and depression are normal and require time to accept. Managing your arthritis requires that you confront any negative feelings, accept the changes in your life and learn how to deal with them in a real and lasting way. Remember that arthritis has not changed who you are as a person. A positive self-image is key to restoring intimacy to your relationship.

There are plenty of available resources to help you deal with the emotional impact of arthritis. Your health-care team (rheumatologist, physiotherapist, occupational therapist, social worker, pharmacist) will play an integral role in this process.



COMMUNICATE OPENLY

A difficult aspect in managing arthritis related relationship concerns for many people can come from communication break-downs. It is important to include your partner(s) in discussions about your concerns, and also to listen and hear their perspective.

Prepare for your conversation ahead of time by writing out a list of things to discuss so you don't leave anything out. Consider all the physical symptoms you feel are interfering with intimate activities, and how this may be impacting you and your relationship.

Consider what physical symptoms interfere with intimate activity and what feelings you have when you think about arthritis and your love life? When sitting down with your partner, recall the sexual needs each of you had before the onset of arthritis and talk about how these needs may have changed. Exchange thoughts on what you still hope to get out of the relationship. Ask how your partner feels about the changes in your body. Find out what your partner wants, especially if some of the intimacy you've previously enjoyed together is no longer possible. Open communication resolves many misunderstandings. Once you have re-established that level of trust and comfort with your partner, you can work together to arrive at mutually decided solutions.



TELL YOUR PARTNER WHAT FEELS GOOD

Only you know what you find satisfying or painful. Clear communication will help everyone involved to understand what feels pleasing and what causes irritation for one another. Intimacy can be maintained, just maybe not in the same way as it was before. To determine the boundaries of sexual contact, experts recommend that each partner develop a "road map" of the other's body. In a comfortable setting, one partner gently explores the other's body by touching. Take turns giving each other a massage. When your partner's hand gets near a painful area of your body, simply redirect it toward a place where you enjoy the touch most. This process ends the guesswork between you and your partner and guides you as to how intimacy can be resumed and sustained.



PLAN IN ADVANCE

Planning is an essential component to enjoying sex when living with pain and fatigue. Developing a routine plays an important role in managing arthritis, and this approach applies especially to intimacy. Arrange a specific time of day when you know you'll be feeling at your best, timing your dosage of pain-relief medication so that its effect will peak during intimacy. Make sure that you pace yourself during the day in order to avoid increasing fatigue.

Sex therapists have long believed that good sex does not have to be spontaneous. Planning an intimate encounter is like getting ready for a vacation; the anticipation alone creates a sense of excitement. Arousal can be further heightened by taking a warm bath or shower with your partner before sex to relax your joints and muscles. In this way, you can experience pleasant sensations and affection even if some of the pain has not subsided.



FIND A COMFORTABLE POSITION

Most couples living with arthritis find it necessary to experiment with new positions for intercourse that put less strain on painful joints. The conventional position (with one partner on their back and the other on top) can be difficult, especially if you or your partner has arthritis in the hip, knee, leg, arms or shoulders.

When trying new positions, make sure your partner provides most of the body action if movement causes you pain. The following illustrations may provide you with new ideas about various positions. Intercourse is possible with one or both partners lying, standing, kneeling or sitting. Using cushions to support the joints can also provide comfort to the partner with arthritis.

In the following diagrams, penetrative partner refers to anyone engaging in the act of penetrating the other person with a penis, strap-on, dildo, or other means. Receptive, or receiving partner refers to anyone being penetrated by another person with a penis, strap-on, dildo, or other means.



PENETRATIVE PARTNER WITH BACK AND HIP PROBLEMS:

Figure 1:

Side-by-side position with front entry. The receiving partner provides most of the hip movement.

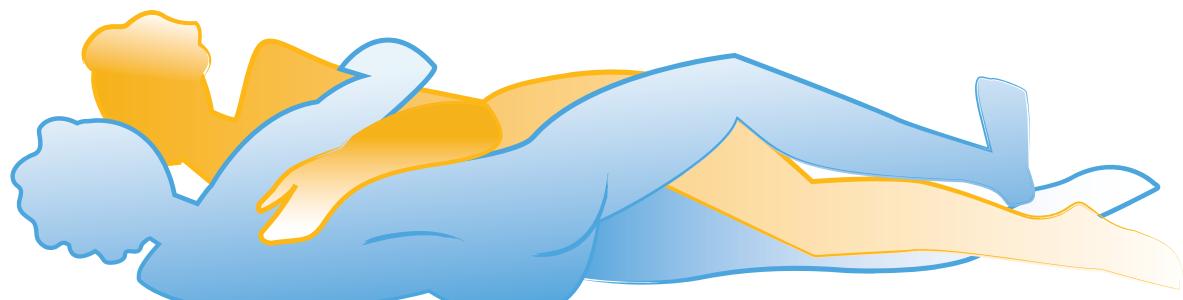


Figure 2:

The penetrative partner lies on their back. The receiving partner squats over them while supporting their own weight. Useful in the presence of back problems, but also if the penetrative partner is unable to support their weight with arms and shoulders.



Figure 3:

The penetrating partner lies on their back while the receiving partner lies on top spreading legs wide apart, using hands and knees to support their weight.





RECEIVING PARTNER WHO HAS PROBLEMS IN THE LOWER LIMBS, ESPECIALLY THE HIPS:

Figure 4:

Both partners stand, with the receiving partner resting on furniture at a comfortable height for support and balance. Entry from behind.

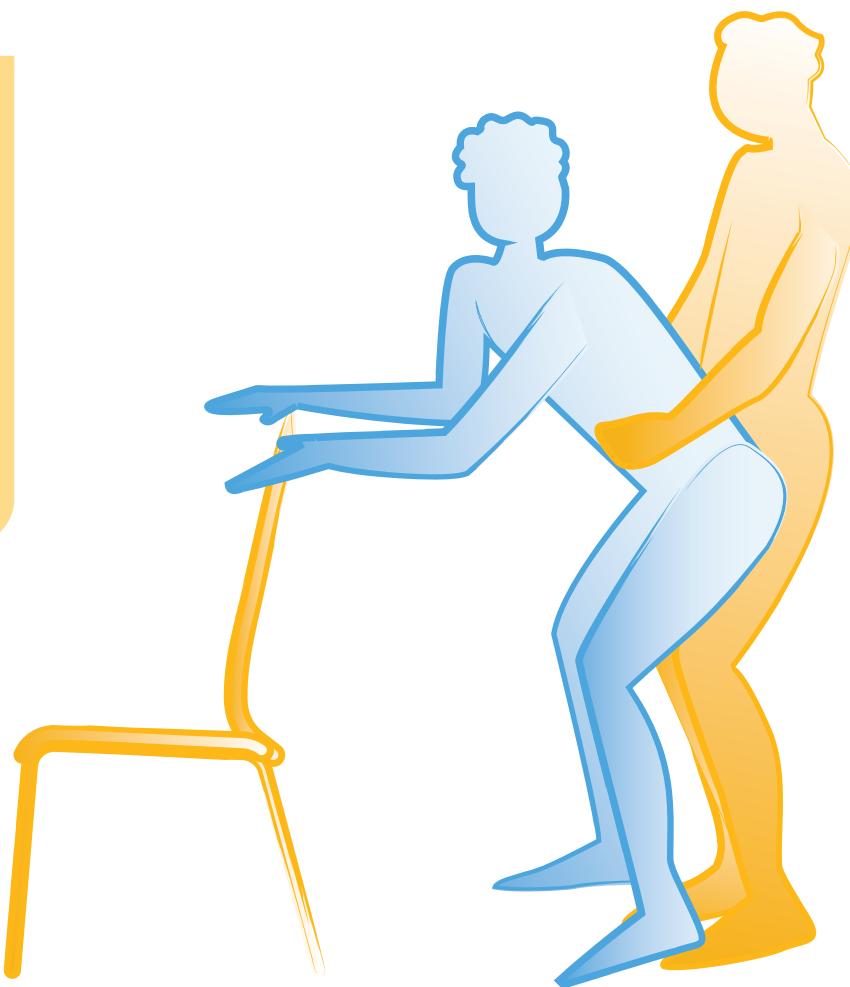


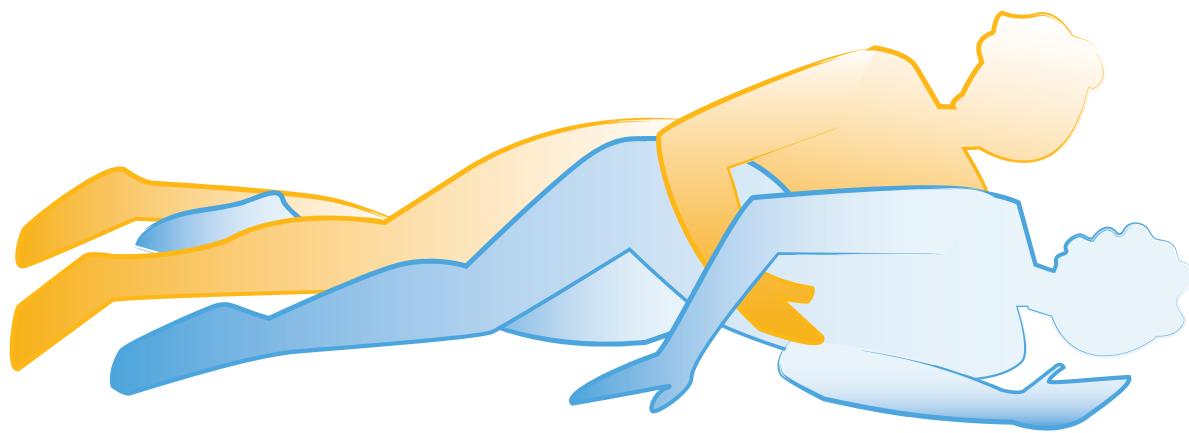
Figure 5:

Both partners kneel, with the receiving partner draped over furniture or pillows for comfort, with entry from behind.

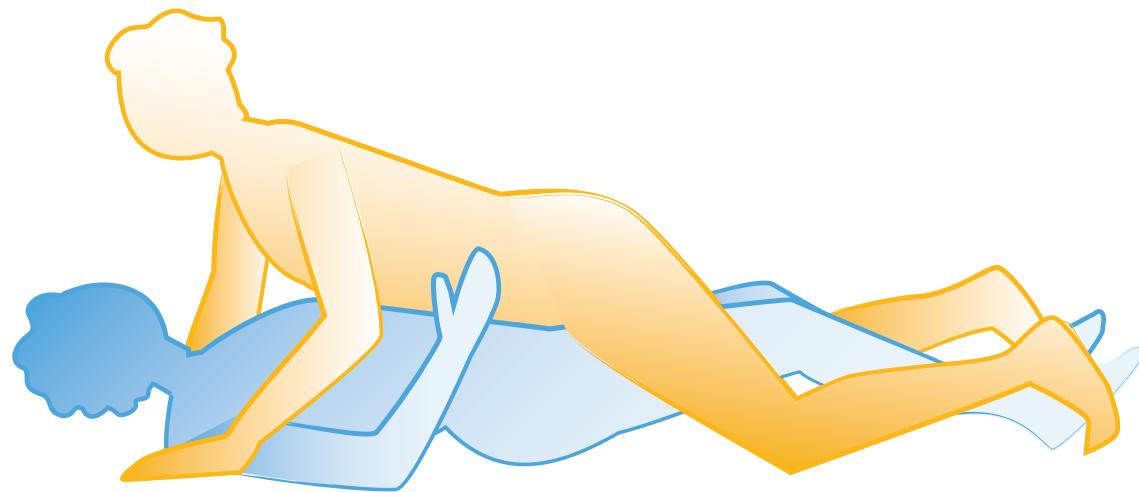


Figure 6:

Side-by-side position with entry from behind.

**Figure 7:**

The penetrating partner supports their own weight while lying over the receiving partner using front entry.

**Figure 8:**

The receiving partner lies on their back with knees bent crosswise over the penetrative partner, with entry from behind.





FIND AN ALTERNATIVE TO INTERCOURSE

Even after taking every precaution, you might discover that intercourse is too painful. If this is the case, romance and physical contact are still possible and should not be abandoned. There are many ways to express affection and satisfy desires for intimacy. Many couples find kissing and caressing enjoyable alternatives to penetrative sex. The right touch on almost any area of the skin – the mouth, earlobes, neck, breasts, hands, wrists, small of the back and insides of the thighs and arms – can be very pleasing. Oral sex – the use of the tongue and mouth directly on the genitals – is an equally stimulating option. You and your partner may also wish to explore various sex aids, as this shared experience can improve intimacy and communication. Hugging and holding hands are also tried and tested ways of demonstrating warmth and caring toward each other.



PREGNANCY AND ARTHRITIS

Couples living with arthritis commonly wonder if it's possible to conceive a baby, or they may worry that their child will be at risk of developing the disease in later life. Planning a family requires careful thought. Before making this decision, consult with your health-care team about how pregnancy may affect arthritis, how arthritis and medications may impact the pregnancy, and how to plan for pregnancy while having arthritis. It is also important to learn how to prepare to care for a new baby.

Most people with arthritis can successfully conceive and have healthy children. Many forms of arthritis are hereditary, but the risk is relatively small. The worry of passing arthritis to a child should only rarely influence the decision to become pregnant. However, issues to consider include those related to having arthritis:

- ▼ Many individuals with arthritis take medications that can temporarily reduce the ability to conceive a child or can affect the fetus. Sulfasalazine can reduce sperm count, while methotrexate and leflunomide can pose health risks to the unborn child. Some research has shown that non-steroidal anti-inflammatory drugs (NSAIDs), if taken near the time of conception, may increase the chance of miscarriage. If you are planning to have a baby, it's critical that you discuss your medication options with your doctor or rheumatologist, as it might be necessary to briefly stop some of your medications to ensure a successful pregnancy.
- ▼ To learn more about the possible side effects of arthritis medications, please refer to the Arthritis Society's [Medication Reference Guide](#).
- ▼ Anyone with arthritis considering pregnancy should understand that the increased weight of pregnancy can cause additional pain and discomfort in the back, hips or knees. Childbirth involves moving the back and hips, and can increase pain for pregnant people with arthritis in these joints. In this instance, different birthing positions can be used and it is possible for some people with arthritis of the hips to give birth naturally.
- ▼ Caring for a child can be physically demanding. A newborn often affects the sleeping pattern of a parent, leading to increased fatigue. Lifting or carrying a child can be painful for those who have arthritis of the arms, back, hips or knees. You should ask your occupational therapist about special equipment (for example, raised beds) that can assist you.



CONCLUSION

Sexuality and arthritis is an issue that often gets lost in the urgency to diagnose, control pain, address fatigue, and manage medication and therapies. Arthritis creates changes in the roles and responsibilities in an intimate relationship. While the challenges may seem imposing, they can draw partners closer together. Intimacy is an essential component to an enjoyable life and can be maintained with arthritis. The greatest barrier to romance for a couple living with this disease is the inability to communicate, a problem that can complicate any partnership. You have the ability to preserve and strengthen your relationship by working with your partner. The support available to you and your partner extends far beyond this resource. Your arthritis health-care team serves as the frontline for assistance, advice and referral to other professionals.



FURTHER READING

Enabling Romance: A Guide to Love, Sex, and Relationships for People with Disabilities

Ken Kroll and Erica Levy Klein, No Limits Communications, 2001.

ISBN 9780971284203, 218 pages.

Getting Together and Staying Together: Solving the Mystery of Marriage

William Glasser and Carleen Glasser, Harper Collins, 2000.

ISBN 9780060956332, 160 pages.

Living Well With Arthritis: A Sourcebook for Understanding and Managing Your Arthritis

Dianne Mosher, Howard Stein and Gunnar Kraag, Viking Canada, 2002.

ISBN 9780670043378, 352 pages.

Love and Survival

Dean Ornish, Perennial Currents, 1999.

ISBN 9780060930202, 320 pages.

Rheumatoid Arthritis: Plan to Win

Cheryl Koehn, Taysha Palmer and John Esdaile, Oxford University Press, 2002.

ISBN 9780195130560, 288 pages.

The Arthritis Helpbook: A Tested Self-Management Program for Coping with Arthritis and Fibromyalgia, Fifth edition

Kate Lorig and James F. Fries, Perseus Books, 2000.

ISBN 9780738202242, 367 pages.

The Dance of Anger: A Woman's Guide to Changing the Patterns of Intimate Relationships

Harriet Lerner, Harper & Row, 2005.

ISBN 9780060741044, 256 pages.

USEFUL RESOURCES

The Ultimate Guide to Sex and Disability

Miriam Kaufman, Cory Silverberg, Fran Odette

Publisher: Cleis Press, November 28, 2007

Length: 358 pages

ISBN13: 9781573443043

Health Canada's Guide to Sexual Health and Promotion

This Health Canada website provides information and resources on sexual health.

<https://www.canada.ca/en/health-canada/services/healthy-living/sexual-health-promotion.html>

Sexuality and U

Administered by the Society of Obstetricians and Gynecologists of Canada (SOGC), this site offers up-to-date information on sexual health and provides links to other professional sources.

<https://www.sexandu.ca/>