

ARTHRITIS FIGHT IT!

To get the best results, you need to form close ties with your health-care team and become a full partner in your health-care treatment.

Learning daily living strategies to manage your arthritis gives you a greater feeling of control and a more positive outlook.

To support arthritis research or to learn more, contact The Arthritis Society:



1.800.321.1433



www.arthritis.ca



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The Arthritis Society's
**LIFESTYLE
SERIES**



Intimacy & Arthritis



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.

There are more than 100 types of arthritis. Some are caused by joint inflammation, while others are caused by joint degeneration. Arthritis is among the leading causes of disability in Canada, affecting nearly 4.5 million people of every age, physical condition and ethnic background.



Inflammatory arthritis is an autoimmune disorder where an individual's own antibodies attack tissue in the lining of the joints and, sometimes, in other internal organs, causing inflammation, swelling and pain. This type of arthritis can affect any joint and start at any age, but often begins between the ages of 30 to 60 in both men and women. Many joints are usually affected in a symmetrical pattern, most often the small joints of the hands and feet, wrists, elbows, shoulders, neck, spine, knees and hips.

Degenerative arthritis occurs when cartilage (the tough elastic material that covers and protects the ends of bones) begins to wear away.

Cartilage is an essential part of the joint; not only does it act as a shock absorber, it also enables the joint to move smoothly. With degenerative arthritis, the cartilage erodes, eventually resulting in pain, stiffness, swelling and bone-on-bone movement in the affected joint. This type of arthritis is not a disease of the elderly but is more common as we age. One or two joints are affected in an asymmetrical pattern, most often the joints at the base of the thumb, big toe, knee, hip, neck and lower back.

People with arthritis often find that their ability to perform daily tasks is limited due to the effects of the disease. Even buttoning a shirt or opening a door can be difficult as a result of pain and loss of flexibility.

There is no cure for arthritis, but there is hope. When you are diagnosed early and start the right treatment plan, you can take control of the disease and help reduce damage to your joints. Most people with arthritis can lead active and productive lives with the help of the right medication, healthy eating, exercise, rest and joint-protection techniques.

How does arthritis affect sexuality?

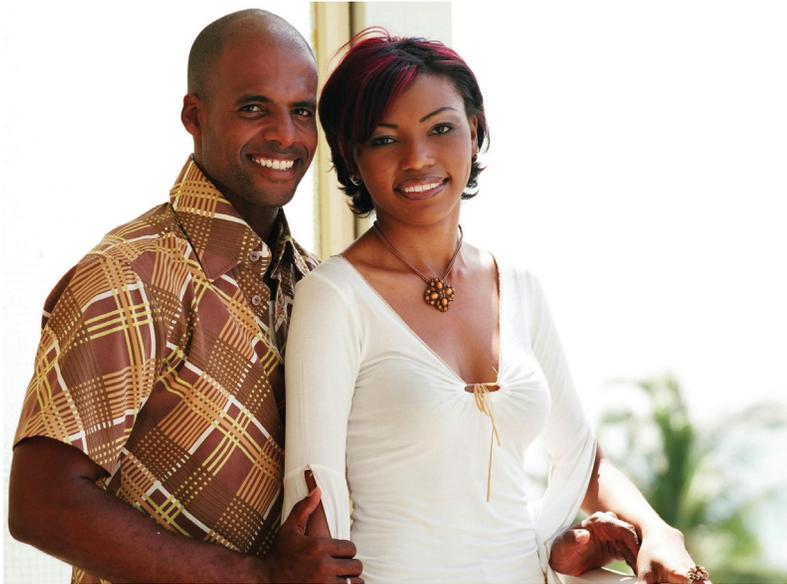
Arthritis can have a major impact on daily activities that many people take for granted. Among the most significant of these activities, yet perhaps the least talked about, are sex and intimacy. While people with arthritis commonly experience frustration with how the most private aspects of their lives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

Sexual concerns arising from arthritis are completely valid and should not be kept to yourself. As this brochure discusses, open communication is vital to maintaining an active sex life. Don't hesitate to consult a member of your health-care team (doctor, nurse, physiotherapist, occupational therapist) to learn more about this subject. Your health-care team can also refer you to other professionals. 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 hardships that result from arthritis can create barriers that undermine sexual needs, ability and satisfaction.





Physical barriers

The pain, fatigue, stiffness and limited joint movement caused by arthritis can interfere with physical intimacy. Many people with arthritis limit their sexual activity because they anticipate discomfort or worry about lingering pain. Partners without arthritis, in turn, are often reluctant to engage in any action that they think poses the threat of harming or injuring a loved one.

Fatigue and lack of energy are symptoms commonly associated with arthritis. You might even feel tired first thing in the morning. The reason is simple enough: the disease activity often affects sleep and uses up energy. Therefore, 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 require some endurance.

As well, 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 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 impotence. 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 *Consumer's Guide to Arthritis Medications*.

Emotional barriers

Arthritis can result in emotional anxiety and 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 develop a negative self-image and, as a result, perhaps feel less attractive or more insecure in a sexual or social setting.

How can sexual problems be managed?

Intimacy and sexuality are vital ingredients to a healthy, satisfying life. A loving relationship does not have to suffer because one or both partners have arthritis. Sex itself will not worsen your arthritis. If it's a regular part of your relationship, you should try to keep it so. There are several ways to overcome physical and emotional complications, but the element common to each solution discussed below is open communication between you and your partner.

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 overcome. Managing your arthritis requires that you confront any negative feelings, accept the changes in your life and learn

Open communication is key for couples living with arthritis.

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. To complement this care, The Arthritis Society offers the Arthritis Self-Management Program (ASMP). Held over a six-week period in weekly two-hour sessions, ASMP teaches people with arthritis how to handle stress and depression, cope with pain and take a more active role in managing their condition. For further information on how to participate in this program and to find out more about our other programs and services, please call 1.800.321.1433 or visit www.arthritis.ca.

Communicate openly

Perhaps the biggest stumbling block to managing arthritis-related complications in a relationship is the inability to discuss issues with your partner and understand your partner's perspective. Before talking, it may help to set your thoughts down on paper to clarify the challenges as you see them. What physical symptoms interfere with intimate activity? What feelings do 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. A couple living with chronic pain – both the person in pain and the partner – must have a clear understanding of what feels pleasing and what causes irritation. 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 his or her 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.

Man with back and hip problems

Figure 1
Side-by-side position with front entry. The woman provides most of the hip movement.

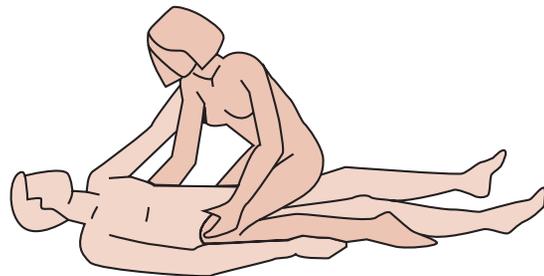
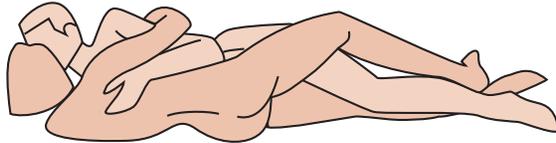
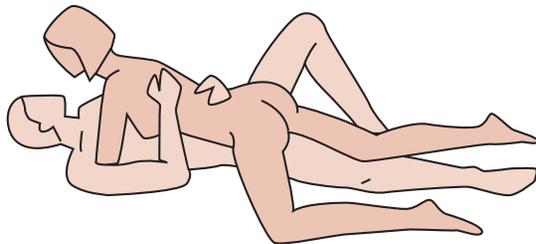


Figure 2
The man lies on his back. The woman squats over him while supporting her own weight. Useful in the presence of back problems, but also if the man is unable to support his weight with his arms and shoulders.

Figure 3
The man lies on his back. The woman lies over him with her legs wide apart, while supporting her weight on her hands and knees.



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.

Woman with problems in the lower limbs, especially the hips

Figure 4
Side-by-side position with entry from behind.

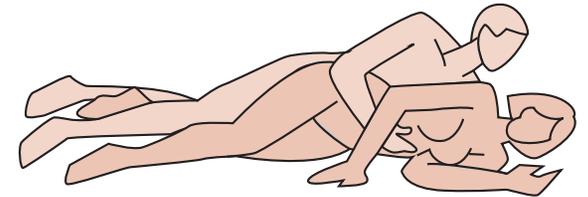


Figure 5
The man supports his own weight while lying over the woman. Front entry.

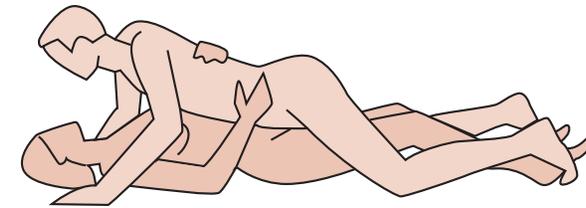
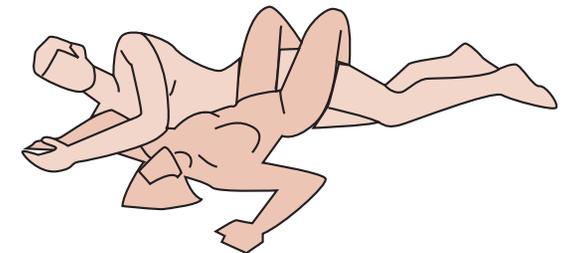


Figure 6
The woman lies on her back with her knees bent crosswise over the man. Entry from behind.



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Woman with problems in the lower limbs, especially the hips

Figure 7

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

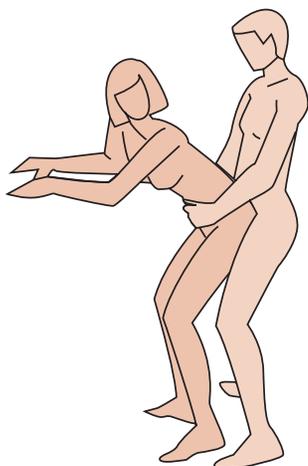


Figure 8

Both partners kneel, with the woman draped over furniture or pillows for comfort. Entry from behind.



While the diagrams show heterosexual couples, homosexual partners facing similar problems may want to consult a member of their health-care team for further advice or take their time exploring positions.

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 worry that their child will be at risk in developing the disease in later life. Planning a family requires careful thought. Before making this decision, consult your health-care team about how pregnancy may affect arthritis, how arthritis and medications may impact the pregnancy, and how to prepare to care for a new baby.

Most people with arthritis can successfully conceive and have healthy children.

Most people with arthritis can successfully conceive and have healthy children. Many forms of arthritis are hereditary, but the risk is relatively small. Arthritis should only rarely influence the decision to have a child. However, there are other issues to consider:

- Many individuals with arthritis take medications that can temporarily reduce the ability to conceive a child or can affect the fetus. Sulfasalazine can reduce the sperm count in men, 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 *Consumer's Guide to Arthritis Medications* (www.arthritis.ca/publications).
- A woman with arthritis 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 women with arthritis in these joints. In this instance, different birthing positions can be used and it is possible for women 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 booklet. 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, Harpers 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

Health Canada's Guide to Sexual Health and Promotion

This Health Canada website provides information and resources on sexual health. www.hc-sc.gc.ca/hl-vs/sex

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. www.sexualityandu.ca

Ways you can Fight Arthritis

Call The Arthritis Society

Our toll-free number can connect you with trained volunteers to provide you with support and information. **1.800.321.1433**

Join the Free Arthritis Registry

You will receive specific information to manage your arthritis and improve your quality of life. www.arthritis.ca/registry

Enrol in the Arthritis Self-Management Program (ASMP)

ASMP is a six-week program for people with arthritis, their family and friends. Trained leaders with first-hand experience of arthritis lead the weekly, interactive two-hour workshops. Program participants will gain self-confidence in their ability to control symptoms, learn how to develop action plans to manage their arthritis and make connections with others living with arthritis. www.arthritis.ca/asmp

Use Arthritis Friendly Products

The Arthritis Society is proud to recognize manufacturers that have designed products that are easy to use for people with arthritis. For a complete list of products that have been commended by The Arthritis Society and deemed "Arthritis Friendly," visit our website. www.arthritis.ca/arthritisfriendly

Make a Donation

The Arthritis Society is fighting for a world without arthritis and helps people live their lives to the fullest by combating the limitations arthritis can impose daily. We trust that you found this information valuable and helpful as you battle arthritis. Please help us continue funding arthritis research, educational programming and services, and make a donation today. To donate, visit us online at www.arthritis.ca, call 1.800.321.1433 or cut out the form below and mail it to: **Attention: Data Services, The Arthritis Society, 393 University Avenue, Suite 1700, Toronto, ON M5G 1E6.**

I would like to help FIGHT ARTHRITIS by making a donation to The Arthritis Society.

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Email: _____

Here is my gift of: \$25 \$50 \$100 Other \$ _____

Enclosed is my cheque, payable to The Arthritis Society. OR

Please charge my: Visa MasterCard American Express

Card Number: _____ Expiry Date: _____

Signature: _____