Osteoporosis Canada
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COPING
'A newsletter from COPN'
May 27, 2011
Remember: You can live well with osteoporosis!

Sexuality, Osteoporosis and You

Experiencing osteoporosis or a fragility fracture can be life changing in many ways. As is the case with many chronic diseases, two very vulnerable areas that are subject to change are sexuality and intimacy.

Sexuality can be defined in many ways. According to the book *Human Sexuality* by Masters & Johnson, sexuality means more than belonging to a particular gender, or having sex. They define sexuality as a dimension of personality that involves all aspects of being sexual. This can include touching, kissing, flirting, dating, speaking or dressing in a certain way and so on, as well as having sex.

Intimacy may or may not include sex. Intimacy comes from the Latin *intimus*, which means *innermost* or *deepest*, and usually refers to the sharing of one's feelings, thoughts, beliefs or actions. Two people can be very intimate (e.g., two best friends) but never sexual with each other. Conversely, two people can be very sexually explicit but never intimate with each other. Many relationships are both sexual and intimate. It is easy to confuse the two terms because for many people there is overlap between sexuality and intimacy. For many, intimacy means something physical or sexual (although intimacy does not need to be sexual or physical, as it can be a sharing of personal thoughts, feelings or ideas) and for others, sexuality means something intimate (even though it is possible to have sex and share nothing else that is meaningful to either individual).

In short, everyone has their own definition of these two terms —sexuality and intimacy—because everyone experiences sexuality and/or intimacy in their own personal and individual way. This is why it is so difficult to come up with a specific definition, and why for many, the two terms are often synonymous and interchangeable.

The bottom line is that osteoporosis and fragility fractures can affect a person's sexuality and/or intimacy in a negative way. Many who fracture find that the pain they suffer and the reduction in their mobility will adversely affect their ability to perform sexually. Even if they don't suffer much physically, a diagnosis of osteoporosis alone can make a person feel 'old' or unattractive to their partner and may reduce their self esteem to the point where they don't feel like being sexual.

A wife and mother who was accustomed to hosting the regular Sunday night family get-together may find that after a fracture or a diagnosis of osteoporosis she needs to make it an afternoon coffee gathering instead, or allow her children to take over the hosting role. A husband and father, who used to be 'mister fix-it,' may now need to find a new handyman for the family to call upon. These types of changes can reduce a person's self esteem, which may lead to depression. The fear of having another fracture may lead to anxiety. Both depression and anxiety can reduce a person's sex drive and affect their sexual performance.

People who suffer from osteoporosis or a fragility fracture may also suffer from guilt. Sometimes we discover that some bad habits like smoking, contributed to osteoporosis and guilt over smoking, for example, may set in. Even if there were no bad habits, guilt over becoming a burden to a spouse or children—who are now forced to become care–givers—may arise. Guilt can also lead to depression, partly because guilt can prevent us from being intimate. Many people with osteoporosis who feel they are a burden to their spouse or family may not share these innermost thoughts, feelings or fears anymore because they do not want to be a greater burden than they've already become. The end result is suffering internally, in silence. Unfortunately, this also increases the risk of developing depression.

Fear may also threaten one's sexuality. Many people fear rejection from a partner who perceives or experiences a decline in affection or intimacy. There may also be fear of physical pain associated with touching, or of certain movements, or a fear of failure to perform due to stress, anxiety, depression or even from some medications. Self-image may decline and the person with osteoporosis may not feel as attractive as before. All of these are real fears. Talk about these fears with your partner and find out how they feel about these issues. What are their fears? For example, they may fear hurting their osteoporotic partner. Their role and their world have changed as well.

Undoubtedly, life patterns may have to change after a diagnosis of osteoporosis or a fragility fracture, and the expression of sexuality and/or intimacy may have to change also, but not necessarily for the worse. If you have been affected in this way, try to realistically confront your feelings as well as your limitations. Recognize that there *has* been a change, and move towards realistically accepting these changes in your life. Know that it may take time and support from your family and friends, but you *can* handle

the change. And know, too, that your worth as a human being has not diminished because you cannot do everything you used to do.

Communicate with others to help them understand why there is a need for change. Good communication with your family and friends will ease and support this transition. Likewise, good communication with your partner will ease and support a transition to a new type of sexuality. Remember that sexuality and intimacy are not just about having sex. There are many other satisfying ways to be both sexual and intimate. You may need to do some problem-solving to identify what these other ways are. For example, you may need to explore new positions for sex that are less painful, but you can make the journey of discovery part of the fun. Often just holding, massaging, kissing or caressing can be pleasurable and create a feeling of intimacy. Many of us believe that good, passionate sex has to be spontaneous but many experts advise that planned sex is just as rewarding. Planning is often essential for people with chronic pain and the fatigue that may result from the pain. Consider the time of day when you are least fatigued and the time when your medications may be providing the best pain relief.

Understand that new problems such as chronic pain or any other significant change can bring to the surface pre-existing problems in a relationship that were not addressed in the past. You may need some professional advice from your health-care provider, doctor or therapist regarding these challenges to sexuality, be they new or old. Whether you seek professional advice or not, experts will tell you that the most important starting point for intimacy of any kind, is good, honest communication. Be aware that there has been a significant change in your life and that it is extremely important to communicate openly about those changes. Consider the changes not only from your point of view but your partner's as well.

If you are having difficulty discussing these issues with your partner, try putting your thoughts on paper. Identify the challenges as you see them. What interferes with intimate activity? Then share your thoughts. It is important to talk about what you miss. Talk about what your needs were before your diagnosis, and how these needs may have changed. Talk about the guilt, the fears and the pain. Talk about what you and your partner can still hope to get out of the relationship. Find out how your partner feels about the changes in your body. You may be both surprised and delighted to find that your partner still finds you as sexy as ever and looks forward to the increased intimacy that overcoming these challenges together will bring.

Virtual Education Forum: Osteoporosis Medications and You
Wednesday, June 29, 2011

1:00 p.m. to 2:30 p.m. ET

(Time zones listing below)

There are a variety of drug treatments available for people living with osteoporosis. On Wednesday, June 29, 2011, Dr. Rowena Ridout will be reviewing currently approved therapies for osteoporosis in Canada, more specifically oral and IV bisphosphonates, raloxifene, denosumab, calcitonin, hormone therapy and parathyroid hormone.

Dr. Ridout, a member of the Scientific Advisory Council (SAC), will also be addressing some of the recent concerns about bisphosphonates. This virtual education forum will offer valuable up-to-date information about medications and osteoporosis. Register for this event and have your questions answered by Dr. Ridout in real-time

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Time Zones
PT: 10:00 a.m. to 11:30 a.m.
MT: 11:00 a.m. to 12:30 p.m.
CT: 12:00 p.m. to 1:30 p.m.
ET: 1:00 p.m. to 2:30 p.m.
AT: 2:00 p.m. to 3:30 p.m.

Funny Bone - A 97-year old man goes into his doctor’s office and says, “Doc, I want my sex drive lowered.”

“Sir” replied the doctor, “You’re 97 years old, don’t you think your sex drive is all in your head?”

“You’re darn right it is!” replied the old man. “That’s why I want it lowered!”

Notices/references

i. Remember: It is important for you to eat a calcium rich diet (take calcium supplements, if necessary), get some appropriate exercise, take your vitamin D and if your doctor has prescribed a medication don't forget to take it as directed.

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ii. COPING Weekly will come to you every second Friday. We hope you enjoy it and find the information useful. Remember to log on to www.osteoporosis.ca for up-to-date information.

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iii. The material contained in this newsletter is provided for general information only. It should not be relied on to suggest a course of treatment for a particular individual or as a substitute for consultation with qualified health professionals who are familiar with your individual medical needs. Should you have any healthcare-related questions or concerns, you should contact your physician. You should never disregard medical advice or delay in seeking it because of something you have read in this or any newsletter.

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iv. To have your name removed from the COPN mailing list please contact us at the email below.
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