Osteoporosis Canada
Ostéoporose Canada

COPING

January 31, 2014

COPN: Proudly Celebrating our 10th Anniversary

Sexuality, Osteoporosis and You

In this issue

Fracture Fact:

According to The Kinsey Institute, there is no age limit on sexuality and sexual activity. The majority of men and women aged 50 to 80 are still enthusiastic about sex and intimacy.

This article first appeared in our May 27, 2011 COPING Newsletter

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 William Masters and Virginia 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., best friends) yet never sexual with each other. Conversely, two people can be very sexually involved 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 upon whom the family can call. These 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**. For example, when we discover that some bad habits like smoking contributed to our osteoporosis, guilt may set in over having been a smoker. 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, and again, depression can reduce one's desire or ability to be sexual or 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 an even greater burden than they feel they've already become. The end result is suffering internally, in silence. Unfortunately, this further increases the risk of developing depression and lack of sexual desire.

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. We encourage you to 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 may 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 acknowledge 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 healthcare provider, 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 be able 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 these other ways. 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 healthcare provider, doctor or therapist regarding these challenges to sexuality, be they new or old. Whether you seek professional help 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 or sexual 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.

With thanks to Gwen Ellert, who wrote the original article. Gwen is a strong advocate for skeletal medical issues and a co-author of The Osteoporosis Book.

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!"

A Recipe from our Sponsor

Creamy Oatmeal with Banana-Nut Topping

By Stefano Faita

Course: *Main Dishes*
Preparation Time: *10-15 mins*
Cooking Time: *25 mins* Yields: *4 servings*
3/4 milk product serving(s) per person

Banana-nut topping:
4 tbsp (60 mL) slivered almonds, toasted
3 tbsp (46 mL) crushed banana chips
2 tbsp (30 mL) or 3 tbsp (45 mL) brown sugar
2 tbsp (30 mL) melted butter

For more information about this recipe:
http://www.dairygoodness.ca/getenough/recipes/creamy-oatmeal-with-banana-nut-topping

Ingredients
Creamy oatmeal:
1 cup (250 mL) steel cut oats
1 cup (250 mL) water
2 cups (500 mL) **milk**
Pinch salt
2 tbsp (30 mL) maple syrup, or to taste
1 tsp (5 mL) vanilla
1/4 tsp (1 mL) nutmeg, freshly grated
2 bananas, mashed
1 cup (250 mL) **yogurt**, for topping oatmeal
Pinch nutmeg, freshly grated, for garnishing

Preparation
Oatmeal
Bring water to a boil over medium high heat. Add milk. When milk comes to a simmer, add oats and salt. Cover and simmer over low heat, stirring occasionally. If you like your oatmeal with a little texture, simmer for 10 minutes. If you like it creamier, simmer for 20 minutes. Let stand covered, for 5 minutes. Stir in maple syrup, vanilla, freshly grated nutmeg and mashed banana. Transfer oatmeal to 4 serving dishes. Top with yogurt, Banana-Nut Topping and freshly grated nutmeg.

Banana-nut topping
Combine slivered almonds, crushed banana chips, brown sugar and melted butter.

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These newsletters are not intended to replace individualized medical advice. Readers are advised to discuss their specific circumstances with their healthcare provider.

This issue of COPING is sponsored by Dairy Farmers of Canada

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