



Osteoporosis Canada

Ostéoporose Canada

COPING

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Remember: You can live well with osteoporosis!

Sexuality, Osteoporosis and You

pt.1

In this issue

- **Fracture Fact**
- **Sexuality, Osteoporosis and You, pt.1**
- **Funny Bone**
- **A Recipe from our Sponsor**

With osteoporosis, two areas that may be vulnerable to change are sexuality and intimacy. This article is a reprint of part 1 of a two-part article published on February 18 and February 25, 2015. Part 2 follows in our next issue.

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.

Definitions

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.

Fracture

Fact:

Osteoporosis and fragility fractures can affect a person's sexuality and/or intimacy in a negative way.

Sexuality in Mature Individuals

Sexuality is a lifelong phenomenon that affects individuals in all of their psychosocial dimensions and in their roles as men and women. It is present in sickness and in health. Understandably, it will play a role in the life of those who suffer from osteoporosis.

There are myths and prejudices about sexuality among the elderly. Newman and Nichols showed that 54% of people have no reduction in sexual activity between 60 and 75 years of age. Twenty-five percent of those over age 75 were sexually active. Regardless of age, everyone should discuss any sexual problems they may be having with their doctor to get the help they need.

Sexuality is a Two-way Street

When osteoporosis affects one partner, it really affects both. Therefore, communication with your partner is essential; it should be honest and ongoing and should include personal beliefs, fears, expectations and the relationship as a whole. Attitudes towards sexuality are influenced by age, education, culture and religion. A technique or a position that is acceptable to one person may be repulsive to another. These intimate details, unique to each couple, need to be discussed before adaptations can be made with respect to pain and fracture risk.

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 carry out some activities with family and friends or 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.

In Part 2, we will continue the discussion of how osteoporosis and fractures can affect sexuality and intimacy, and examine the importance of communication in dealing with these challenges.

We Welcome Your Feedback

- Have a question?
- Is there an osteoporosis-related topic that you would like to see featured in the newsletter?
- Looking for a great volunteer opportunity?

Please contact us by calling Osteoporosis Canada's toll-free number **1-800-463-6842** or emailing copn@osteoporosis.ca.

FUNNY BONE:

I can't complain, but sometimes I still do.

A Recipe from our Sponsor

Raspberry-Ricotta smoothie

Course: *Beverages & Snacks*

Preparation Time: *5 mins*

Yields: *1 to 2 servings*

1/2 milk product serving(s) per person

Calcium: 18% DV/ 201 mg



Ingredients

1/4 cup (60 mL) **Canadian Ricotta**
3/4 cup (175 mL) **milk**
1 1/2 cups (375 mL) frozen raspberries
1 1/2 tbsp (25 mL) honey
1/2 tsp (2 mL) vanilla extract

Preparation

In a blender, purée all the ingredients.
Serve immediately.

For more information about this recipe:

<https://www.dairygoodness.ca/getenough/recipes/raspberry-ricotta-smoothie>



Nutrition Tip

Start your day with a delicious fruit smoothie made with milk or yogurt.

This issue of COPING is sponsored by **Dairy Farmers of Canada**

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