



Osteoporosis Canada

Ostéoporose Canada

COPING

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**Remember: You can live well with osteoporosis!**

# Sexuality, Osteoporosis and You pt.2

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*With osteoporosis, two areas that may be vulnerable to change are sexuality and intimacy. This article is a reprint of part 2 of a two-part article published on February 18 and February 25, 2015.*

**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.

If **pain** is an issue, it is important to talk to your partner about exploring more comfortable positions and techniques such as using pillows, trying new positions and exploring other ways of providing mutual pleasure. For example, in high fracture risk, and/or spine fracture cases, the affected person should avoid supporting the weight of another who is on top. The risks and limitations of sexual activity depend on your fracture risk (low, moderate or high), the type, severity and location of the fracture(s) and the degree of pain.

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.

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.

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.

*COPN would like to thank Gwen Ellert and Dr. Jacques Brown for their contribution to this article. Gwen Ellert is a strong advocate for skeletal medical issues and a co-author of The Osteoporosis Book. Dr. Jacques Brown MD, FRCPC, Rheumatologist at CHU de Québec and Head, Division of Rheumatology and Clinical Professor, Department of Medicine, Université Laval is a member of Osteoporosis Canada's Scientific Advisory Council.*

## **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](mailto:copn@osteoporosis.ca).

## 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

### Marinated Bocconcini & vegetables

Course: *Salads*

Preparation Time: *15 mins*

Refrigeration Time: *1 hr*

Yields: *4 to 6 servings*

*2/3 milk product serving(s) per person*

**Calcium:** 6% DV/ 62 mg

### Ingredients

1 Container (200 g) **Canadian Bocconcini**  
2 tbsp (30 mL) lime juice  
2 tbsp (30 mL) cilantro, chopped  
1/4 tsp (1 mL) sea salt  
1 cucumber, thinly sliced  
2 tomatoes, thinly sliced  
2 tsp (10 mL) olive oil  
Salt and freshly ground pepper  
1 cup (250 mL) radish microgreens  
Sriracha hot sauce, to taste (optional)

### Tips

**Cheese alternatives:** Canadian Burrata, Fresh Mozzarella.



### Preparation

Cut Bocconcini into quarters. In a bowl, mix lime juice, cilantro and salt. Add Bocconcini and marinate for at least 1 hour (maximum 24 hours).

Divide cucumber and tomato slices among plates.

Add the marinated Bocconcini and drizzle with a little of the marinade and olive oil. Season with salt and pepper.

Garnish with radish microgreens and a few drops of Sriracha sauce, if desired.

**Did you know?** Urban agriculture, or urban farming, is the practice of cultivating, processing and distributing food in or around a village, town or city. It also includes urban beekeeping!



### Nutrition Tip

Insert a wooden stir stick in individual containers of fresh cheese and freeze them to make delicious frozen snacks.

**For more information about this recipe:**

<https://www.dairygoodness.ca/getenough/recipes/marinated-boconcini-vegetables>

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

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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.

