



Sex and Arthritis

Sexuality is an integral part of being human. It is linked to our quality of life and self-identity. Yet, living with the pain, stiffness, fatigue, limited movement, decreased strength and depression associated with arthritis can reduce our ability for sexual expression and enjoyment.

What is the impact of arthritis on sexual expression?

Aspects of arthritis which can cause problems that affect your sexuality include:

- Severity of the disease
- Levels of fatigue
- Degree of pain
- Physical limitations
- Contribution of movement, touch, and bearing weight to discomfort
- Self-perception, self-esteem and emotional attitude
- Side effects of medications
- Effects of surgery

Recent studies have shown that the higher the levels of pain, physical disability and depression, the greater the effect on sexuality, regardless of gender. Those affected by some forms of rheumatic disease, including [lupus](#), [fibromyalgia](#), [scleroderma](#), [osteoarthritis](#), [rheumatoid arthritis](#), [Sjögren's syndrome](#), Raynaud's phenomenon and [juvenile arthritis](#) specifically, also may experience:

- Decreased sense of sexual attractiveness
- Decreased sexual desire and satisfaction
- Difficulty with sexual arousal
- Decreased sensation or blood circulation
- Increased sensitivity to being touched
- Decreased endurance
- Limitation of motion



- Vaginal dryness
- Inability to have an orgasm or decreased orgasmic sensation
- Erectile dysfunction or impotence

Begin overcoming barriers

Sex is not simply about reaching rapid orgasm with a partner. A slower approach can prove satisfying for partners who share mutual respect, care, trust and love. Exploring ways of returning pleasure can build excitement and intimacy. Begin overcoming potential barriers by letting your partner know if something is uncomfortable as well as what is particularly pleasurable.

While arthritis rarely affects the sexual organs themselves, the physical effects of the disease also can have an emotional impact on sexual relations. A change in appearance, weight gain or loss, or a decrease in mobility or energy can affect self-esteem and self-image. The person with arthritis may feel less desirable or more fragile. The fear of pain can prompt anxiety that makes it difficult to relax and enjoy sex or cause sexual partners to worry about causing pain.

Address the emotional effects openly and honestly with your partner. Express your fears with statements like “I am afraid that ...” This provides your partner with the chance to reassure and support you. Also, talking about these fears early on allows you to let go. Remember, one partner’s discomfort or fears may be misread as rejection by the other, causing greater distance and emotional pain.

If talking is too sensitive initially, consider writing a note to your partner to express your fears or concerns. Talking openly about the sentiments expressed in your letter is often an easier next step.

Do medications have an impact?

Medications used in the treatment of arthritis do not appear to affect sexual functioning. However, some cases of erectile impotence have been reported in persons treated with methotrexate, sulfasalazine, or hydroxychloroquine. Other drugs may interfere with libido (for example, cimetidine, diclofenac, misoprostol, and naproxen).

Loss of desire and difficulty with orgasm also are common side effects of antidepressant medications.

Sexual well-being and arthritis

Psychological well-being and social support contribute more to a fulfilling sexual life than does the condition of arthritis. By separating the limitations of pain from sexual self-confidence, you can take a more practical approach to the changes brought about by arthritis.

Plan Ahead for Sex: Keep fatigue or stiffness from getting in the way of pleasurable sexual activity by thinking about the times of day you are likely to be more rested. For instance, if you experience morning stiffness, the afternoon or evening are probably better times for sex. To put you more at ease, consider:

- Napping before sexual activity.
- Taking a warm shower or bath or using a heating pad or electric blanket to help ease stiffness, and soothe joints and muscles.



- Timing pain medication so its maximum effect is during sex.
- Using massage to help relax muscles and joints, even as a form of foreplay.
- Piling up pillows or rolled sheets to support joints.
- Pacing yourself to save energy for you and your partner.

Women with arthritis may experience vaginal dryness, making manual stimulation uncomfortable or penetrative sex painful. This can be relieved by water-based lubricating gels. Never use petroleum-based products.

Be Creative and Communicative: Discussing the issue of arthritis and sex may be uncomfortable for you and/or your partner. In some cases, it may even make your doctor uncomfortable to discuss it. Don't let this discomfort stand in the way of your enjoying a fulfilling sex life despite your arthritis. Consult with your physician when you have medical concerns.

Talk openly with your partner to find the positions and techniques that give both of you the most amount of pleasure with the least amount of discomfort. With a little creativity, patience, and planning, individuals affected by arthritis can discover and rediscover the pleasures of sexual intimacy.

Points to remember

- Open and honest communication between partners about feelings, desires, challenges and sexual needs is critical. Be willing to define intimacy through creative touch, different techniques, sexual devices and new positions.
- Incorporate sexual activity into the times of day or evening when you are feeling your best. If necessary, take pain medication at least 30 minutes in advance.
- Avoid cold temperatures by taking a warm shower or bath or using an electric blanket to stay warm.
- Remember, attitude is everything. Rather than setting intercourse as the goal, strive for emotional and physical closeness. The sexiest part of your body is your mind and how you use it.

To find a rheumatologist

For a listing of rheumatologists in your area, [click here](#).

Learn more about [rheumatologists](#) and [rheumatology health professionals](#).





For more information

The American College of Rheumatology has compiled this list to give you a starting point for your own additional research. The ACR does not endorse or maintain these Web sites, and is not responsible for any information or claims provided on them. It is always best to talk with your rheumatologist for more information and before making any decisions about your care.

[“Guide to Intimacy with Arthritis,”](#) Arthritis Foundation

www.arthritis.org.

[Sex and Lupus Patient Information Sheet #10,](#) National Institute of Arthritis, Musculoskeletal & Skin Diseases

www.niams.nih.gov

[“Sexuality and Scleroderma,”](#) Elaine Furst, RN, MA. Scleroderma Voice 2006

www.scleroderma.org

Locate an educator, counselor or therapist through the American Association of Sexuality Educators, Counselors and Therapists

www.aasect.org

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Written by Amye L. Leong, MBA, and reviewed by the American College of Rheumatology Communications and Marketing Committee.

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