Sex and arthritis

This leaflet provides information and answers to your questions about sex and arthritis.

Arthritis Research UK produce and print our booklets entirely from charitable donations.
How can arthritis affect my sex life?

Arthritis can affect many different aspects of your life, and sex is no exception. In this booklet we’ll look at how arthritis can affect relationships and sexual intimacy and suggest ways of overcoming the most common difficulties. We’ll also give some ideas on who to contact for further information and advice.

At the back of this booklet you’ll find a brief glossary of medical words – we’ve underlined these when they’re first used.
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Like any long-term condition, arthritis can affect many different aspects of your life – including your relationships and your sex life. It can cause physical discomfort that makes sex less enjoyable, and it may also upset the balance of your relationship if there are other shared activities you can no longer take part in or household jobs that you need help with.
What should I do if sex is difficult for me?

If joint pain is making sex uncomfortable:
• experiment with different positions or other forms of sexual stimulation
• take painkillers before having sex
• ask your partner for a massage or suggest you share a bath
• make the most of days when your joints are less painful.

If fatigue is affecting sexual desire or enjoyment of other shared activities:
• plan out your day so that it contains periods of activity and rest to improve your energy level
• try to involve your partner in your planning
• think about how jobs are shared between you and your partner – could you swap jobs from time to time to even out the load?
• think about new activities to replace those that are becoming difficult.

If loss of self-confidence is affecting your sex life:
• explain to your partner that you feel self-conscious about swollen joints or other signs of arthritis – your partner may not be aware of how you feel
• let your partner know that you might need some reassurance about the appearance of your joints, which will boost your self-confidence.
**Will arthritis change our relationship?**

Most couples – whether they have arthritis or not – go through phases in their relationship when their sex life is less exciting or satisfying than it was. Although there may be physical reasons for this, other factors often play a part. Emotional upsets, work or money worries can all affect the balance of a relationship.

Like any other health problem, arthritis can present a number of challenges in a relationship:

- Pain and fatigue may reduce your enjoyment not just of sex but of other activities and interests that you share with your partner.
- Having arthritis may mean that you can’t always manage the household jobs you usually do, or you may need your partner’s help with them.
- If your arthritis affects your work, it may lead to financial worries.
- Having arthritis may affect your mood and even your self-esteem, and your partner will be concerned about how the condition is affecting you.

Although your relationship may change because of arthritis, the change doesn’t have to be a negative one. Many couples find that they become closer by discussing things openly and that their relationship is stronger as a result.

The important thing is to talk openly and honestly about the changing situation and any challenges that you face so you can arrive at a solution that’s right for both partners. For example, most people with arthritis prefer to keep as much independence as possible so a partner taking on the role of carer will need to find the right balance between providing help and support without being overprotective. It can be difficult for a caring partner to recognise and accept that their help isn’t always wanted. Some couples may find it difficult at first to discuss things openly, so you need to create a comfortable and relaxed time to talk to each other. But once open communication has started it can be a great relief for both partners in a relationship.
What if I’m not in a relationship?
Some people with arthritis lose self-confidence and worry about forming new friendships and relationships, especially if they have swollen joints or other visible signs of the condition. But most relationships develop gradually and depend upon shared interests more than physical considerations. Keep up your social contacts as much as possible and think of new activities to try, especially if there are some that you now find difficult.

What should my partner know?
It’s sometimes difficult to talk about sexual matters with your partner, even when you’ve been together for a while. Arthritis can affect one partner’s appetite for and enjoyment of sex, and this can have an impact on the relationship. The best thing is to be open with your partner about your arthritis and its effects.

Will having sex affect my arthritis?
Anyone with arthritis knows that moving an affected joint can be painful. Sex can be physically demanding and may cause discomfort, especially when the hips or back are affected. However, sex itself won’t make your arthritis worse. If sex is a regular part of your relationship then you should try to keep it that way.

Reactive arthritis is a type of arthritis that can be triggered by sexually transmitted infections (STIs) such as chlamydia. If you’ve had this type of arthritis before, you should take special care to avoid getting an STI (such as using a condom) because it could cause the arthritis to return.

See Arthritis Research UK booklet Reactive arthritis.
How could arthritis affect my sex life?

Anything that affects your mood or feeling of well-being can influence your sex drive. Like many other illnesses, arthritis may affect your mood and how you feel generally. Swollen joints can make you feel less attractive and affect your self-confidence. Painful joints may make it more difficult to move into a position you’re used to. Fatigue linked with arthritis can also reduce your sexual desire – your healthcare team can advise you on ways of managing fatigue. This may include advice on ways of conserving energy or, if appropriate, prescribing medications.

In women, arthritis sometimes leads to a dry vagina, which may make sex uncomfortable. Water-based lubricating gels such as KY Jelly or Aquagel may help. You can get these on prescription or buy them from pharmacies and supermarkets, as well as over the internet. Oil-based lubricants such as Vaseline or baby oil may irritate your skin or damage condoms. Women going through the menopause may find it helpful to discuss their symptoms with their GP as the menopause can contribute to vaginal dryness and treatment is available.

Sex isn’t equally important to all couples, but if it’s important to you and your partner then you should try to find ways to meet both your needs. Most people with arthritis find that their pain can vary from day to day, so you may want to make the most of any opportunities on your better days.

And if you experiment with different positions, you should be able to find some that are more comfortable for your joints. See the figures later in the booklet for some suggestions.

See Arthritis Research UK booklets
Fatigue and arthritis; Pain and arthritis.
Will my drugs affect my sex life?
Most of the drugs commonly used to treat arthritis are unlikely to affect your sex life, although steroids can sometimes reduce sexual desire or cause temporary impotence. You should discuss your medications with your doctor if you think they may be affecting you in this way.

See Arthritis Research UK drug leaflets Local steroid injections; Steroid tablets.

Drugs commonly used to treat arthritis shouldn’t reduce the effectiveness of the contraceptive pill. However, other drugs are known to affect it, including the anticonvulsants phenytoin and carbamazepine; the antibacterial rifampicin; some antiretroviral agents and bosentan, which is used to treat pulmonary hypertension. Taking St John’s Wort also means that the contraceptive pill doesn’t work as well as it normally does.

Will my joint replacement affect my sex life?
If you’re having a joint replacement operation, the pain from the affected joint may be interfering with your sex life already. The operation may well improve your sex life as well as your ability to walk, although it’ll take some time to recover from the effects of an operation and for the wound to heal. It’s not unusual to feel vulnerable or nervous about sex after an operation but most people feel able to start having sex again about 6 weeks after the operation.

Following a hip replacement, you need to take care with certain movements for at least 12 weeks after surgery because there’s a risk of dislocating the new joint. These are, in particular, bending the leg upwards (flexion) and moving one leg towards the other (adduction). It’s best for you to be on the bottom and your partner on top.

After a knee replacement you also won’t be able to kneel for 6 weeks after the operation, so this may affect some of the positions you can use.

Following a shoulder or elbow replacement you should avoid any forceful or extreme movements of the arm in any direction (particularly behind your back), locking it in one position or taking weight through the arms. Care should always be taken after a shoulder or elbow replacement as the joints can remain a little unstable indefinitely.

When you have the operation your healthcare team will be able to tell you which movements to avoid. Make sure you ask if you’re unsure about anything – they’ll have been asked the same question many times before.
How can we overcome difficulties with sex?

Difficulties can be physical, psychological or a combination of both. These are just a few ideas on how to overcome these issues:

**Keep active**

Your appetite for and enjoyment of sex is generally greater if you feel fit and active. Doing some form of exercise will help you keep up your muscle strength and tone and also the range of movement in your joints. It’ll also help you to remain sexually active.

**Talk about it**

Be prepared to talk openly with your partner about your concerns. Some psychological problems are common. You may have low self-esteem and feel less attractive because of your arthritis. Fear of pain may make you nervous about sex, but your partner may also be scared of hurting you. Sometimes worries like this lead couples to withdraw from any physical contact.

Let your partner know if something is uncomfortable, but also make it clear what feels good too. If you can’t resolve things yourselves, then consider involving someone from a professional organisation. Your doctor can refer you.

**Plan ahead**

When pain is a problem, take painkillers about an hour before having sex. This may not seem very spontaneous but it’s worthwhile if it makes sex more comfortable. Your joints may also feel more comfortable after a hot bath or shower – why not share one with your partner?

**Relax**

Massage can help relax joints and muscles, and this can form part of foreplay.

**Try a different position**

There are many positions in which sex is possible and enjoyable with one or both partners standing, kneeling or sitting. If one position puts a strain on your joints, it’s worth experimenting with others or using cushions or pillows to help support you. There’s also a wide range of furniture that can help you to find more comfortable positions.

**Try something else**

Penetrative sex isn’t the only way to achieve sexual satisfaction. Many couples find kissing, caressing and mutual masturbation just as enjoyable. Oral sex is also pleasurable, although a painful jaw joint can cause discomfort.

Sex aids such as vibrators are readily available from pharmacies and specialist shops, or you can order them over the internet. Orders are often sent out in discreet packaging so it’s not possible to tell where you’ve ordered from. These are used much more widely than many people realise and can be particularly helpful to relax painful joints and muscles as well as for genital stimulation.

Communication is the key to resolving any difficulties. Many couples find that they become closer by discussing things openly and that their relationship is stronger as a result.
Positions
The positions shown are just a few suggestions. With a little experimentation and open discussion, most couples, whether gay or straight, will be able to find positions that are comfortable and enjoyable for both partners.

Figure 1
Good if either partner has had a hip replacement

The woman lies on the bottom with her knees bent. The man lies on top between the woman’s legs, supporting himself with straight arms and bent knees. Pillows can be used under the knees for extra support. Good if either partner has had a hip replacement.

Figure 2
Good for women with hip, back or knee problems

The woman lies on her back with a pillow under her hips and thighs. The man lies over her with his legs wide apart either side of hers, supporting his weight on his hands and knees. Good for a woman with hip, back or knee problems.
Both partners lie on their sides, the woman with a pillow between her knees if necessary. The man enters from behind. Good for a woman with hip problems or for someone with problems in most joints. Don’t use following a total hip replacement.

The woman lies on her back on the edge of the bed. The man kneels and enters from in front. Good for a woman who can’t bend her hips or straighten her knees.

The woman lies on her back with her knees bent crosswise over the man. Good for a woman with flexed hips or knees which can’t be straightened.
The man lies on his back and the woman kneels or lies over him. Good for a man with hip or knee problems. Don’t use if the woman has had a hip replacement.

Both partners lie on their sides facing each other. For each of them the front of the thigh on the bed lies against the partner’s thigh. One partner has their other leg between their partner’s legs. Good for a man with back problems, and neither partner has prolonged pressure on their joints. Also good for people who’ve had a hip replacement if the operated leg is on top.
Both partners stand, the woman resting on furniture at a comfortable height for support and balance. The man enters from behind. Good for anyone who has difficulty in kneeling or lying face down. Also good if either partner has had a hip replacement.

The woman kneels with her body supported by furniture or pillows. The man enters from behind. Good for a woman with hip problems. Don’t use if either partner has had a hip replacement.
Who else can I talk to?

Most couples go through phases when their personal or sexual relationship is less than perfect, and having arthritis may create additional worries. But help is available if you feel that your relationship is changing in a way that you’re not happy with or if you’re unable to resolve things between you.

Many people are reluctant to discuss their sex life with others. Try to discuss any problems you’re experiencing with someone you feel comfortable with, such as a friend or someone else with arthritis. Consider speaking to your GP for professional advice or, if you attend a clinic, you may feel more at ease speaking to your nurse specialist or another member of the team there.

Organisations such as Relate and Brook have counsellors who are specially trained to help with sex and relationship difficulties, and counselling may also be available though your GP or hospital.

Will we be able to have a baby?

There’s no reason why arthritis should stop you from having children if you wish to. However, it’s advisable to discuss this with your doctor before trying for a baby. Your drug treatment may need altering and your condition may mean the pregnancy is monitored more carefully than normal.

- Some drugs, such as sulfasalazine, can temporarily reduce the sperm count in men.
- Some studies suggest that non-steroidal anti-inflammatory drugs (NSAIDs) may increase the risk of miscarriage if taken around the time of conception.
- Methotrexate and leflunomide can be dangerous to an unborn child so need to be stopped at least 3 months (some doctors recommend 6 months) before trying to conceive. For leflunomide, you may be able to have a special ‘washout’ treatment to remove the drug from your body more quickly. It’s important to discuss contraception with your health professional in clinic.
- Women with lupus and/or antiphospholipid syndrome may have a greater risk of miscarriage, so your condition and the pregnancy may need to be more closely monitored than usual. If you have either of these conditions and are thinking of having a baby it’s best to discuss this with your rheumatology team beforehand.
• Some drugs may pass into the breast milk and could be harmful to the baby so it’s best to discuss with your doctor beforehand which drugs are safe if you wish to breastfeed.

Women with arthritis may find they have more discomfort in the back, hips or knees during pregnancy because of their increasing weight. Women with lupus can sometimes have flare-ups of their symptoms while they’re pregnant, while women with rheumatoid arthritis often find their condition improves during pregnancy – though it may flare up again after the birth.

Childbirth can aggravate joint pain in the back or hips, but most women can find a position that allows them to give birth naturally.

**See Arthritis Research UK booklets and drug leaflets** Antiphospholipid syndrome (APS); Lupus (SLE); Pregnancy and arthritis; Rheumatoid arthritis; Leflunomide; Methotrexate; Non-steroidal anti-inflammatory drugs.
**Glossary**

**Antibacterial** – something that kills or slows down the growth of bacteria.

**Anticonvulsants** – drugs to prevent seizures that occur in conditions like epilepsy.

**Antiphospholipid syndrome (APS)** – a disorder in which the blood has a tendency to clot too quickly (sticky blood syndrome). The clotting can affect any vein or artery in the body, resulting in a wide range of symptoms. It’s caused by an antibody that attacks phospholipids found particularly in the outer coating of white blood cells. APS can occur in lupus or on its own.

**Antiretroviral agents** – drugs that are used to treat infections caused by retroviruses, for example HIV.

**Chlamydia** – the most common sexually transmitted infection (STI) in the UK. It’s a bacterium that can remain dormant for years and is a major cause of infertility. It may have no symptoms. This infection can act as a trigger for reactive arthritis.

**Fatigue** – a feeling of weariness that’s more extreme than simple tiredness. It can affect you physically, but it can also affect your concentration and motivation, and often comes on for no apparent reason and without warning.

**Lupus (systemic lupus erythematosus or SLE)** – an autoimmune disease in which the immune system attacks the body’s own tissues. It can affect the skin, the hair and joints and may also affect internal organs. It’s often linked to a condition called antiphospholipid syndrome (APS).

**Non-steroidal anti-inflammatory drugs (NSAIDs)** – a large family of drugs prescribed for different kinds of arthritis that reduce inflammation and control pain, swelling and stiffness. Common examples include ibuprofen, naproxen and diclofenac.

**Pulmonary hypertension** – an increase in the blood pressure in the arteries of the lungs. It can cause shortness of breath, dizziness and fainting.

**Reactive arthritis** – a specific type of inflammatory arthritis that usually occurs after a mild infection.

**Rheumatoid arthritis** – an inflammatory disease affecting the joints, particularly the lining of the joint. It most commonly starts in the smaller joints in a symmetrical pattern – that is, for example, in both hands or both wrists at once.
Where can I find out more?
If you’ve found this information useful you might be interested in these other titles from our range:

**Conditions**
- Antiphospholipid syndrome (APS)
- Lupus (SLE)
- Reactive arthritis
- Rheumatoid arthritis

**Self-help and daily living**
- Fatigue and arthritis
- Keep moving
- Pregnancy and arthritis
- What is arthritis?

**Surgery**
- Hip replacement surgery
- Knee replacement surgery
- Shoulder and elbow replacement

**Drug leaflets**
- Leflunomide
- Methotrexate
- Non-steroidal anti-inflammatory drugs
- Local steroid injections
- Steroid tablets
- Sulfasalazine

You can download all of our booklets and leaflets from our website or order them by contacting:

**Arthritis Research UK**
PO Box 177
Chesterfield
Derbyshire S41 7TQ
Phone: 0300 790 0400
www.arthritisresearchuk.org

**The following organisations may also be able to provide additional advice and information:**

**Arthritis Care**
Floor 4, Linen Court
10 East Road
London N1 6AD
Phone: 020 7380 6500
Helpline: 0808 800 4050
www.arthritiscare.org.uk

**Brook** (sexual health services and advice for under-25s)
Helpline: 0808 802 1234
www.brook.org.uk
www.brook.org.uk/find-a-centre (for your nearest centre)
Brook also offer a webchat service; visit their website for more information.

**Carers UK**
20 Great Dover Street
London SE1 4LX
Phone: 020 7378 4999
Advice line: 0808 808 7777
www.carersuk.org
Carers UK also offer a website forum; visit their website for more information.
College of Sexual Relationship Therapists (COSRT)
PO Box 13686
London SW20 9ZH
Phone: 020 8543 2707
www.cosrt.org.uk

FPA (formerly the Family Planning Association)
50 Featherstone Street
London EC1Y 8QU
Phone: 020 7608 5240
Helpline England: 0845 122 8690
Helpline Northern Ireland: 0845 122 8687
www.fpa.org.uk
FPA also offer a web enquiry service; visit their website for more information.

NHS Sexual Health Helplines
Sexual Health Line (freephone):
0800 567123
www.nhs.uk/Livewell/Sexualhealthtopics/Pages/Sexual-health-hub.aspx

National Rheumatoid Arthritis Society (NRAS)
Ground Floor
4 The Switchback
Gardner Road
Maidenhead
Berkshire SL6 7RJ
Phone: 0845 458 3969 or 01628 823524
Helpline: 0800 298 7650
www.nras.org.uk

Regard (the national organisation of disabled lesbians, gay men, bisexuals and transgendered people)
BM REGARD
London WC1N 3XX
Email: secretary@regard.org.uk
www.regard.org.uk

Relate
Premier House, Carolina Court
Lakeside
Doncaster DN4 5RA
Phone: 0300 100 1234
www.relate.org.uk
www.relate.org.uk/find-your-nearest-service (for your nearest centre)
Relate also offer phone and email counselling services; visit their website for more information.

Links to third-party sites and resources are provided for your general information only. We have no control over the contents of those sites or resources and we give no warranty about their accuracy or suitability. You should always consult with your GP or other medical professional.

Please note: We’ve made every effort to make sure that this content is correct at time of publication. If you would like further information, or if you have any concerns about your treatment, you should discuss this with your doctor, rheumatology nurse or pharmacist.
We’re here to help

Arthritis Research UK is the charity leading the fight against arthritis.

We’re the UK’s fourth largest medical research charity and fund scientific and medical research into all types of arthritis and musculoskeletal conditions.

We’re working to take the pain away for sufferers with all forms of arthritis and helping people to remain active. We’ll do this by funding high-quality research, providing information and campaigning.

Everything we do is underpinned by research.

We publish over 60 information booklets which help people affected by arthritis to understand more about the condition, its treatment, therapies and how to help themselves.

We also produce a range of separate leaflets on many of the drugs used for arthritis and related conditions. We recommend that you read the relevant leaflet for more detailed information about your medication.

Please also let us know if you’d like to receive our quarterly magazine, Arthritis Today, which keeps you up to date with current research and education news, highlighting key projects that we’re funding and giving insight into the latest treatment and self-help available.

We often feature case studies and have regular columns for questions and answers, as well as readers’ hints and tips for managing arthritis.

Tell us what you think

Please send your views to: feedback@arthritisresearchuk.org or write to us at: Arthritis Research UK, Copeman House, St Mary’s Court, St Mary’s Gate, Chesterfield, Derbyshire S41 7TD

A team of people contributed to this booklet. The original text was written by Dr Robin Butler, who has expertise in the subject. It was assessed at draft stage by specialist occupational therapist Kate Hackett, GP with special interest in rheumatology Dr Tony Mitchell and physiotherapist Maureen Motion. An Arthritis Research UK editor revised the text to make it easy to read and a non-medical panel, including interested societies, checked it for understanding. An Arthritis Research UK medical advisor, Angela Jacklin, is responsible for the content overall.
Get involved

You can help to take the pain away from millions of people in the UK by:

• volunteering
• supporting our campaigns
• taking part in a fundraising event
• making a donation
• asking your company to support us
• buying products from our online and high-street shops.

To get more actively involved, please call us on 0300 790 0400, email us at enquiries@arthritisresearchuk.org or go to www.arthritisresearchuk.org