Sex and chronic illness

Summary

- Sex is still very possible when you have a chronic illness, and an important part of your quality of life.
- Talking to your doctor about how your illness will affect your sex life is important. You may need to bring up the subject.
- Talking openly with your partner about your fears and concerns may help to make physical intimacy easier.
- Relationship counselling may help, especially if your lover is now your carer.

When you have a chronic illness, sex can involve a complicated mix of feelings, emotions and practical considerations. Many people diagnosed with a chronic illness feel great grief and loss – and deep concern over what their diagnosis means for their life. How they might continue to enjoy sex is just one of those concerns.

A diagnosis of a chronic illness can turn your entire world upside down – so everyday activities like having sex with your partner may feel overwhelming, difficult, painful or even lost to you. Your body may not function as it once did or you may be experiencing pain or limited mobility, which can all make having sex challenging.

But sex is still very possible when you have a chronic illness. If you and your partner are willing to be creative and caring in your approach to physical intimacy, this important aspect of your life can continue – regardless of your diagnosis.

Common concerns about sex and chronic illness

Being diagnosed with one of the major chronic illnesses, such as cancer, heart disease, diabetes, arthritis, or kidney disease can be devastating – and it’s common to feel grief, loss, fear, frustration or anger.

Thinking about sex at this time may be overwhelming – another worry on top of all the other concerns you may be facing, such as:

- the shock of diagnosis
- the physical toll and changes of treatment
- worry over practical issues like your job, family and finances
- changes in your body function
- pain and discomfort.

Sex may bring up a host of other feelings too. You may feel:

- less attractive
- less confident
- concerned about how your body moves or works
- anxiety over your partner’s feelings about you
- concern over pain during sexual activity
- less energy and desire for sex.

Anxiety and depression are common among people diagnosed with a chronic illness.

If your feelings about your chronic illness and its effect on your sex life feel overwhelming, you may like to talk to your doctor or another healthcare professional.

General advice about sex and chronic illness

Physical intimacy is integral to quality of life, and is especially important if you’re living with a chronic illness. When
a diagnosis has taken away a lot of what once felt 'normal' to you, sexual activity can be a great source of comfort, pleasure and intimacy.

But having a chronic illness can profoundly affect your relationship as well as your sexual function and satisfaction. Some changes may be physical, such as changes to your body, side effects from medications, or fatigue and pain. Other changes may be psychological, such as fears you may hold about your sexual ability or performance, or about how your partner sees you now you’re unwell.

If your lover has now become your carer, the relationship dynamics have shifted considerably, and it may take some time to adjust. Counselling may be helpful.

Talk to your doctor or healthcare professional about sex and any concerns you have. If your doctor doesn’t ask, try to bring up the subject yourself. Any issues you have may be easily resolved. Not every doctor is well trained in this subject, so it’s important you take the lead, and set aside any embarrassment if you can. Better Health Channel has tips on how to discuss sensitive issues with your doctor.

These tips may help you and your partner:

- communicate – openly discussing your feelings and concerns is the best way to solve problems together. State your needs clearly, not only around intimacy but everyday life too
- read up – learn all you can about your condition and what it means for your life. Having plenty of knowledge may make you more comfortable talking to your doctor about sex too
- seek help – if the problems seem bigger than you and your partner, consider counselling. Sometimes it helps to get an outside perspective
- Keep an eye on each other – Watch for depression in your partner. It’s natural to feel sad, but depression is more than sadness and will need to be addressed. And watch general health as well. Carers need support and respite
- acknowledge your loss – try to accept that your relationship may be forever changed by your diagnosis, and see whether you can come up with a new ‘normal’ for you both.
- see friends – staying social and connected may help you to feel more positive about life. Beware of social isolation, which can be common among people with a chronic illness
- address stress – money issues, new divisions of labour and family responsibilities can cause a lot of stress. Try to address these issues so they don’t affect your life, including your desire to be physically intimate
- consider kindness – doing something nice for your partner every day can help to build intimacy and loving feelings.

Advice about sex and specific illnesses

Exactly how your illness may affect your sex life depends on many factors, including your diagnosis, your treatment and prognosis, and your symptoms and the effects of treatment. The following advice may be a useful starting point for you, but talk to your doctor about your unique circumstances.

Sex and heart disease

Sex when you’ve got heart disease may bring up some fears or anxiety.

Most patients get approval from their doctor to resume sexual activity about one week after treatment. Cardiac rehabilitation and regular physical activity may reduce the risk from sexual activity, but talk to your doctor before resuming sexual activity in all cases.

Also talk to your doctor if:

- you’re a woman thinking about birth control or getting pregnant
- you’re experiencing sexual dysfunction (you need to find out whether it’s linked to the cardiovascular disease or to anxiety, depression or something else)
- you’re a post-menopausal woman needing hormone treatment
- you’re concerned about the effect of medication on sex drive or function.

Try to avoid eating a heavy meal or drinking alcohol before sex because both affect blood flow and may reduce sexual performance.
Speak to your doctor before taking drugs for erectile dysfunction. In some cases, these drugs can be harmful to heart patients.

**Sex and cancer**

When you’re diagnosed with cancer, you may feel shock, anger, anxiety or depression, and these are all perfectly natural responses. Sometimes these feelings may make you lose interest in sex for a while. Some side effects of treatment may make you feel less attractive, less sexual, and without the energy or desire for sex.

Feeling low is natural, and generally passes once treatment is finished or symptoms are controlled. Some side effects of cancer treatment, such as hair loss and weight gain, are often temporary, so it may help to remember you’ll feel more like your usual self with time.

Similarly, any problems you have with sex after a cancer diagnosis will generally improve with time and patience. But if you find you need help, especially in discussing your feelings and fears, it’s important you talk to your doctor or a counsellor.

If you’re feeling low, fearful about your cancer, concerned about lasting physical effects (such as the loss of a breast) or stressed about your job, family responsibilities or finances, for example, it’s important to talk about your concerns with your doctor, counsellor, or someone else you trust.

If you’re experiencing pain, it may help to take a dose of pain relief medication 30 to 60 minutes before sexual activity.

If sexual intercourse is too much for you, simple touching or being intimate in other ways, such as kissing, stroking, massaging, talking or holding hands, may help. Your partner may be able to help you enjoy sexual activity by arousing you without intercourse.

Getting help with everyday activities, such as picking up the kids from school, may also help with your stress and energy levels.

**Sex and kidney disease**

Sex is possible for people with kidney disease, and is an important part of life. But when you have kidney disease, your hormones, nerves, energy levels, medications, and physical changes to your body may all affect your sexuality. Talk to your doctor about any concerns about your physical ability.

Fear can cause people with kidney disease to unnecessarily avoid sexual activity. But if sexual activity does not place pressure or tension on your access site, it will not cause damage.

After receiving a transplant, it is important to wait until the scar has begun to heal. Once your doctor says it is okay to resume sexual activity, there is no reason to worry about damaging the transplanted kidney.

Kidney failure often makes it more difficult for men to have or keep an erection, but often this can be treated. Talk to your doctor about your concerns.

**Sex and chronic obstructive pulmonary disease (COPD) and other lung conditions**

When you have COPD or another lung condition, some of your symptoms, such as coughing, wheezing, and shortness of breath, may make sexual activity more challenging, but you can still maintain an active sex life.

Worrying about getting out of breath or tired during sex is natural, but there are steps you can take to allay your fears. These tips may help:

- Plan your sexual activity for times when you feel you have energy, and your breathing is comfortable.
- Try to stay calm. Stress can make breathing more difficult.
- Don’t have sex after eating a heavy meal or drinking alcohol as these can bloat your stomach and make breathing more difficult.
- Try to cough up phlegm before sex or avoid having sex in the morning when you’re likely to have more phlegm.
- Try taking one or two puffs of your inhaler (bronchodilator) before sex to help your breathing – or try using oxygen (if you have it at home) before or during sex. (If you use oxygen during sex, and you’ve been advised to use a different setting for ‘activity’, also use that setting for sex).
• Use your non-invasive ventilation (NIV) during sex if it suits you and your partner.
• Pause and take slow deep breaths if you get short of breath during sex. Talk to your healthcare professional about breathing techniques that may help.
• Take regular breaks and change positions, and stop to take your reliever inhaler if necessary.
• Keep your diaphragm free and avoid having weight on your chest.
• Choose sexual positions that need less energy to maintain.
• Talk to your doctor or respiratory nurse if you’re getting frequent oral thrush infections from using a steroid inhaler or nebuliser, or genital thrush infections from taking antibiotics, and these are interfering with your ability to have sex.

**Sex and diabetes**

Low blood sugar, vaginal dryness or erection problems can make it more difficult for people with diabetes to have sex, but these challenges can be overcome.

The most important step you can take to enjoy sex is to look after your diabetes. These tips may help too:

• Regard sex as exercise – check your blood glucose before sexual activity and have a snack if it’s low. Check your blood glucose level again after sex.
• Keep snacks and some juice nearby in case you need them.
• If you experience vaginal dryness, use a lubricant.
• Talk to your doctor about erection problems. There are options for solving this issue.
• Don’t be tempted to drink alcohol to get in the mood or calm your nerves. Alcohol can make your blood sugar drop quickly.
• If you’re experiencing emotional issues, such as anxiety, depression, poor self-esteem or concerns about your health, talk to your doctor or a counsellor.

**Sex and arthritis**

It’s natural to shy away from being physically intimate when you’re experiencing pain and fatigue from arthritis, but these tips may make it easier:

• Experiment to find more comfortable sexual positions.
• Support yourself with a rolled-up towel or pillow during sex to relieve some pain.
• Time your physical intimacy for the times of the day when you feel your best.
• Take a warm shower or bath to relieve stiff joints before sex.
• Try to touch your partner or hold hands if you’re not feeling like other sexual activity. Touch can relieve stress and possibly pain.
• If you feel you need to, take pain medication at least 30 minutes before sex.

**Remember…**

• Sex is still very possible when you have a chronic illness, and an important part of your quality of life.
• Talking to your doctor about how your illness will affect your sex life is important. You may need to bring up the subject.
• Talking openly with your partner about your fears and concerns may help to make physical intimacy easier.
• Relationship counselling may help, especially if your lover is now your carer.

**Where to get help**

• Your doctor
• Your nurses
• A counsellor
• *ReachOut*
  • beyondblue Tel. 1300 22 4636