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Εργαστήριο Κλινικής Φαρμακολογίας

Workshop 8
Sexual Health & Intimacy in RMDs

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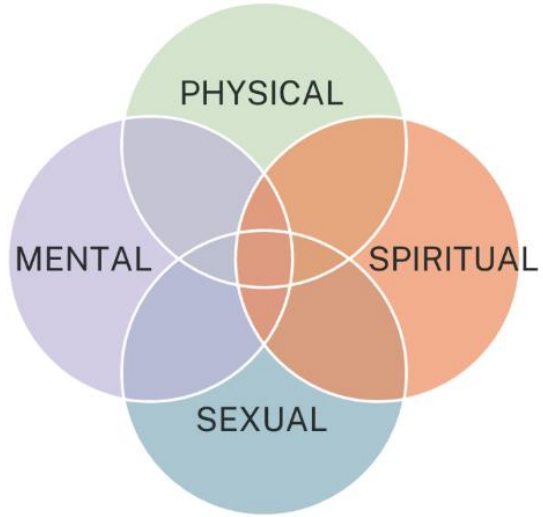
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Conflict of Interest

- None to declare

Health according to WHO

- ‘’Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’’
- ‘’Sexual health as a state of physical, emotional, mental, and social well-being related to sexuality’’



https://www.who.int/about/governance/constitution

Sexual health – according to WHO

- Sexual health is fundamental to the overall health and well-being of individuals, couples and families, and to the social and economic development of communities and countries
- Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence
  - For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled

https://www.who.int/health-topics/sexual-health#tab=tab_2

Key conceptual elements of sexual health

- When viewed holistically and positively:
  - Sexual health is about well-being, not merely the absence of disease
  - Sexual health involves respect, safety and freedom from discrimination and violence
  - Sexual health depends on the fulfilment of certain human rights
  - Sexual health is relevant throughout the individual's lifespan, not only to those in the reproductive years, but also to both the young and the elderly
  - Sexual health is expressed through diverse sexualities and forms of sexual expression
  - Sexual health is critically influenced by gender norms, roles, expectations and power dynamics
- Sexual health needs to be understood within specific social, economic and political contexts

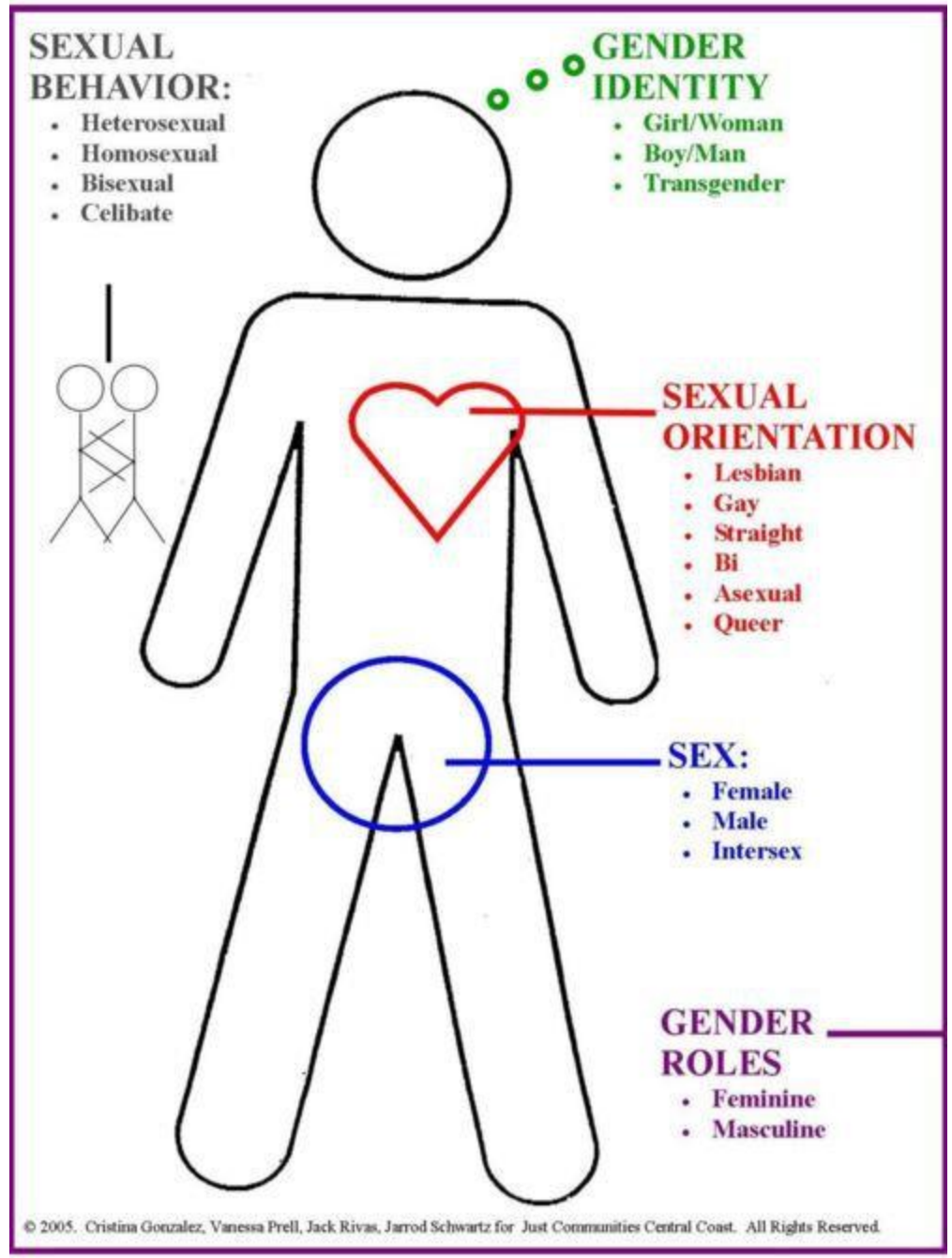
Sexual rights

- Rights critical to the realization of sexual health include:
  - the rights to equality and non-discrimination
  - the right to be free from torture or to cruel, inhumane or degrading treatment or punishment
  - the right to privacy
  - the rights to the highest attainable standard of health (including sexual health) and social security
  - the right to marry and to found a family and enter into marriage with the free and full consent of the intending spouses, and to equality in and at the dissolution of marriage
  - the right to decide the number and spacing of one's children
  - the rights to information, as well as education
  - the rights to freedom of opinion and expression
  - the right to an effective remedy for violations of fundamental rights
- The responsible exercise of human rights requires that all persons respect the rights of others

Sexuality



- …a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed
- Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors



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Sexual health in practice

- Sexual health-related issues also include negative consequences or conditions such as:
  - infections with human immunodeficiency virus (HIV), sexually transmitted infections (STIs) and reproductive tract infections (RTIs) and their adverse outcomes (such as cancer and infertility)
  - unintended pregnancy
  - sexual dysfunction
  - sexual violence
  - harmful practices (such as female genital mutilation, FGM)

▸ Rheumatol Int. 2018 Apr 11;38(6):1103–1114. doi: 10.1007/s00296-018-4023-3

Sexual health in patients with rheumatoid arthritis and the association between physical fitness and sexual function: a cross-sectional study

Thomas Ernst Dorner [1,✉], Carolin Berner [2,3], Sandra Haider [1], Igor Grabovac [1], Thomas Lamprecht [2], Karl Heinrich Fenzl [2], Ludwig Erlacher [2,3]

▸ Sex Med. 2020 Sep 8;8(4):615–630. doi: 10.1016/j.esxm.2020.07.004

Sexual Health and Dysfunction in Patients With Rheumatoid Arthritis: A Cross-sectional Single-Center Study

Laila Twisttmann Bay [1,*], Christian Graugaard [2], Dorthe S Nielsen [3,4,5], Sören Möller [6], Torkell Ellingsen [1], Annamaria Giraldi [7]

▸ Mediterr J Rheumatol. 2025 Aug 18;36(3):466–478. doi: 10.31138/mjr.170225.iap

Sexual Dysfunction in Systemic Autoimmune Rheumatic Diseases: Prevalence, Impact, and Management Strategies

Monisha IN [1], Nilanjana Dutta [2], Harshwardhan Patil [1], Mahabaleshwar Mamadapur [3,✉], Veerendra Arakalavadi Guruswamy [1], Pavan Kumar M R [1]

EDITORIAL

DOI: 10.1016/j.reumae.2018.02.001

Sexuality and rheumatic diseases

Sexualidad y enfermedades reumáticas

Montserrat Romera Baures

Servicio de Reumatología, Hospital Universitari de Bellvitge, L'Hospitalet, Barcelona, Spain

▸ Musculoskeletal Care. 2025 Jan 6;23(1):e70040. doi: 10.1002/msc.70040

Sexual Health, Pleasure, Justice, and Well-Being in People With Rheumatic and Musculoskeletal Diseases: A Scoping Review Protocol

Benedetto Giardulli [1,✉], Yeliz Prior [2], Gonca Bumin [3], Gizem I Kinikli [3], James A Prior [4,5], Simon R Stones [6,7,8], Caroline Flurey [9], Marco Testa [1], Andy Lavender [2,6], Simone Battista [2]

Sexual health & RMDs

- Sexual health is a fundamental determinant of general health and overall quality of life, however, 36% to 70% of patients with RMDs experience significantly reduced sexual health

- **Chronic illness creates structural barriers in the sexual sphere, reducing satisfaction, disrupting partner dynamics, and ultimately limiting family size**

Common shared symptoms of patients with RMDs impairing intimacy

- Pain & Stiffness - Joint pain, pelvic tightness, and structural limitations contribute directly to physical discomfort during intercourse
- Fatigue & Activity - Chronic, unpredictable fatigue dramatically lowers sexual desire and limits physical capacity
- Psychosocial Barriers - Altered body image, depression, anxiety, low self-esteem, and loss of confidence in one's sexuality severely hinder emotional and physical closeness



- Patients with RMDs tend to withdraw from human contact because they feel it might hurt or lead to expectations they can’t meet

Gender-Specific Impacts (Male vs. Female)

Domain	Female Patients with RMDs	Male Patients with RMDs
Physical Dysfunction	High prevalence of **sexual dysfunction (up to 60–63%)**. Marked by impaired lubrication (vaginal dryness), arousal, and inability to reach orgasm.	High risk of **erectile dysfunction (ED)** due to vascular, neurological, or inflammatory mechanisms.
Desire & Sensation	Pelvic muscle tightness and central hypersensitivity elevate pain perception, making intercourse actively painful.	Significantly **impaired sexual desire** and loss of libido, varying noticeably by life stage.

Shared concerns: Reduced desire caused by physical discomfort and medication side effects

Disease / Condition	Symptoms / Problems (Women)	Symptoms / Problems (Men)	General Symptoms / Factors (Both Sexes)
Rheumatoid Arthritis (RA)	Dyspareunia. Depression (affects sexual desire, arousal, orgasm, and sexual satisfaction).	Erectile dysfunction (correlated with disease activity/severity, pain, and fatigue).	Disease duration, loss of mobility, joint pain.
Juvenile Idiopathic Arthritis	—	—	Changes in body image.
Sjögren's Syndrome	Vaginal dryness and vaginitis producing dyspareunia (in 40–50% of patients).	—	—
Scleroderma / Systemic Sclerosis	Dyspareunia.	Erectile dysfunction (produced by reduced blood pressure in the penis due to small vessel involvement).	Raynaud's phenomenon (can affect tongue and nipples). Sclerosis of the fingers and digital ulcers (interfere with touch and sexual stimulation).

Disease / Condition	Symptoms / Problems (Women)	Symptoms / Problems (Men)	General Symptoms / Factors (Both Sexes)
Systemic Lupus Erythematosus (SLE)	Dyspareunia. Sexual dysfunction associated with depression and poorer body image.	Decreased libido, erectile dysfunction, premature ejaculation, difficulty achieving orgasm.	—
Psoriatic Arthropathy	—	Erectile dysfunction (related to arteriosclerosis).	Functional deterioration, decreased self-esteem, anxiety disorders, genital lesions, certain treatments. High levels of proinflammatory cytokines (TNF-alpha, IL-1) related to depression.
Ankylosing Spondylitis	—	—	Physical function, pain, high disease activity, anxiety, depression, unemployment.
Cauda Equina Syndrome	—	Impotence.	—

Disease / Condition	Symptoms / Problems (Women)	Symptoms / Problems (Men)	General Symptoms / Factors (Both Sexes)
Osteoarthritis of the Hip	More frequent sexual problems (related to pain and stiffness).	—	Limitations to sexual activity (67% of surveyed patients experienced problems; 89% reported limitations pre-surgery). Lack of communication between physicians and patients. Post-total hip replacement quality of life improvement varies (0–77%).
General Factors (Any Disease)	—	—	Lack of communication/comprehension from partners, or over-attentiveness from partners out of fear of causing physical harm.

The way intimacy is impacted depends significantly on specific diagnoses I

- Rheumatoid Arthritis (RA)
  - Symmetrical joint swelling and severe morning stiffness primarily strike the wrists, hands, knees, and hips
    - Can cause extreme secondary fatigue
    - Often overlaps with secondary Sjögren's syndrome, leading to severe vaginal dryness
- Fibromyalgia (FMS)
  - Triggers widespread nerve-related hypersensitivity where even gentle, affectionate touch can register as pain
  - Features a very high rate of sexual dysfunction (up to 63%), deeply tied to sleep issues and mood changes

The way intimacy is impacted depends significantly on specific diagnoses II

- Ankylosing Spondylitis (AS)
  - Causes progressive spinal stiffness, lower back pain, and intense hip/buttock pain
  - Physical restrictions drastically limit flexibility and movement during intimacy

Communication gap

- Sexual well-being is frequently overlooked by healthcare professionals during routine clinical visits
- “Two-way taboo“
  - patients are too embarrassed to ask,
  - providers fail to bring it up



Navigating Medications & Family Planning

- Certain medications can lower your libido or cause dryness as a side effect
- Medications like cyclophosphamide carry severe fertility risks, while sulfasalazine can temporarily lower male sperm count



- Family planning in patients with RMDs is paramount
- Prescribed medications should never be discontinued without consulting a medical professional

Practical Tips for a Fulfilling Intimate Life

- Timing & Pacing: Plan intimacy for when pain is lowest and energy is highest (e.g., after a nap)
- Pre-Intimacy Warmth: Take pain medicine 30 minutes before, or use a warm bath/electric blanket to loosen joints
- Support & Comfort: Use water-based lubricants and support stiff joints with pillows or rolled sheets
- Redefining Sex: Focus on touch, massage, and emotional closeness rather than just penetration

Communication is paramount

- Utilize Physical Therapy: Ask an expert for ergonomic, joint-friendly positioning ideas
- Prioritize Mental Health: Professional counseling can help heal relationship strain caused by chronic pain

Talking with your partner

- Your partner cannot read your mind, and they might mistake a physical withdrawal for emotional rejection. Try shifting your language:
  - *Instead of:* "I can't do this tonight."
  - *Try saying:* "My joints are flaring badly right now, so that position will hurt. But I really want to be close to you. Can we cuddle and watch a movie instead?“
  - Or say "Here is how we can safely be close today."

Talking with Your Doctor

- Ask for help and information
  - "Could any of my current medications be lowering my sex drive or causing dryness?“
  - "I am planning to expand my family. Are my current RMD prescriptions safe for pregnancy/fertility?“
  - "Can you refer me to a physical therapist who specializes in pelvic or hip mobility?"

Safe Positional Concepts

Modified missionary



Intimate sitting



Face-to-face



Spooning or side-lying



Safe Positional Concepts

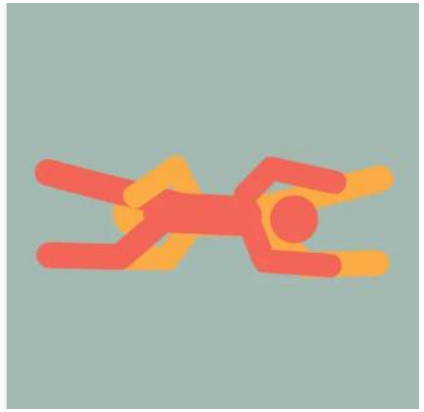
Modified doggy style
with chair or wheelchair



Modified doggy style
with pillows or raised surface



Sideways 69



If all fails, or if unwilling or unable to try, then use vibrators or other forms of sex (non penetrating sex, manual sex, etc.)

Use simple pillows or other position enhancers



Face-to-face works after either a hip or knee replacement.



The sitting-in-a-chair position is safe for a man or a woman with a hip or knee replacement.



Woman-lying-and-man-standing works for a woman with a new hip or knee joint.



The side-lying position works for a man with a new knee joint, or a woman with either a new hip or knee.

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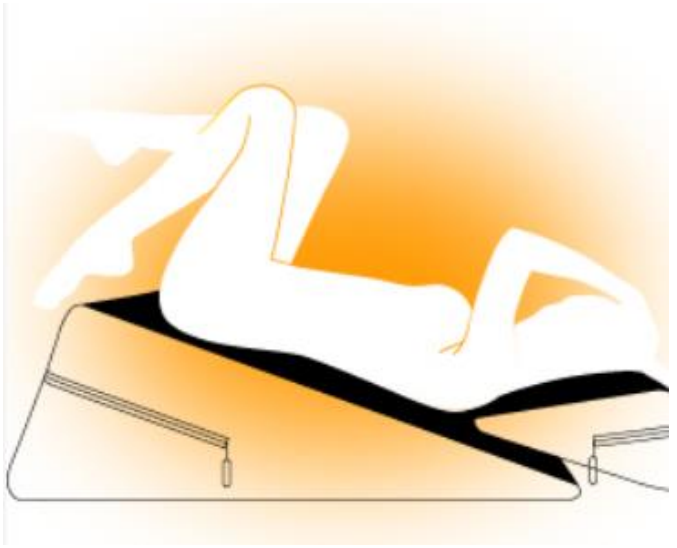
IntimateRider® Adventure Set





Liberator® Wedge & Ramp Intimate Positioning Pillow









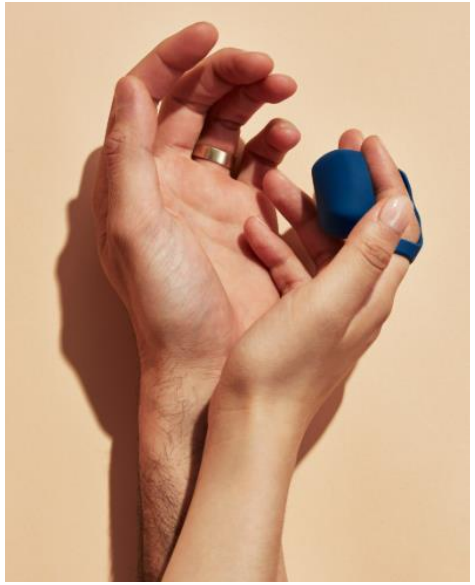
Velcro Sports Sheets





Hands-free or wearable sex toys





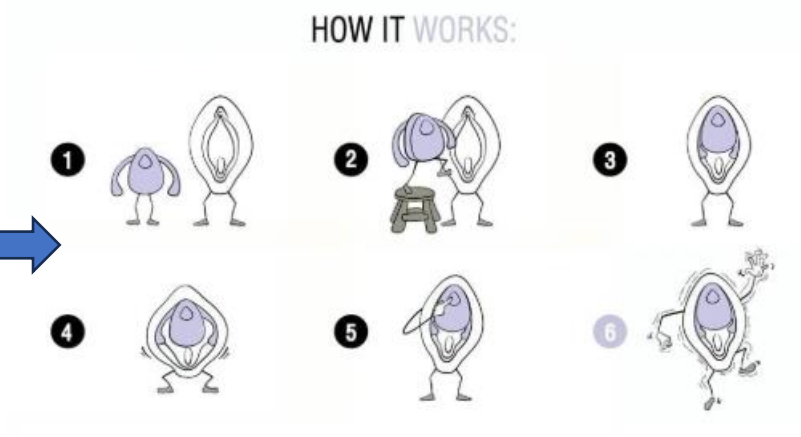














Lubricants

Lubricant Type	Best For	Standout Features	Considerations
Water-Based	Sensitive skin, daily comfort, toy use	Mimics natural moisture, washes off easily	Dries out faster, requires reapplication
Silicone-Based	Severe dryness, long-lasting intimacy	Thicker glide, never dries out or evaporates	Requires soap to wash off, degrades silicone toys
Vaginal Moisturizers	Baseline hydration, non-sexual daily relief	Absorbed by cells, used every 2–3 days	Not intended as a primary friction barrier for sex

- If you suffer from joint pain, hand stiffness, or limited dexterity due to an RMD, traditional squeeze tubes or tight flip-caps can be painful to operate. Look for:
  - **Pump Bottles**: Easy to depress with a palm or forearm rather than gripping with sore fingers
  - **Ergonomic Caps**: Wide, easy-to-twist, or push-button tops

Hormone replacement therapy & sexuality





EMBARGOED UNTIL 12:01 A.M. EST
TUESDAY, OCTOBER 21, 2025

Contact:
The Menopause Society
Ella Adams (eadams@fallsandco.com)
Phone: (216) 696-0229

The Menopause Society™
Leading the Conversation

Understanding the Association Between Hormone Therapy and Autoimmune Disease Risk

New large-scale study demonstrates significantly higher incidence and risk of developing autoimmune diseases in postmenopausal women using hormone therapy

CLEVELAND, Ohio (Oct 21, 2025)—Autoimmune diseases disproportionately affect women, with notable shifts in incidence following menopause, suggesting a potential role of sex hormones in immune regulation. A new study suggests a significantly higher incidence and risk of developing all autoimmune diseases (except Graves' disease and autoimmune hepatitis) in postmenopausal women using hormone therapy. Results of the study will be presented at the 2025 Annual Meeting of The Menopause Society in Orlando, October 21-25.

Autoimmune diseases have been increasing globally for years and are expected to continue growing with women being the primary targets. Some studies have suggested that women might actually have a fourfold higher risk for being diagnosed with an autoimmune disease than men.

Researchers have already identified a number of factors related to the increase, including environmental factors and stress. There has been speculation that hormones influence immune responses, although the relationship with the development of autoimmune diseases in postmenopausal women remains poorly understood. Hormone therapy continues to be the most commonly used and effective treatment for managing an array of bothersome menopause symptoms, including hot flashes.

A new large-scale study involving nearly 1.8 million women with a mean age of 60.5 years aimed to investigate the association between hormone therapy use and the incidence of autoimmune diseases among postmenopausal women. Compared to non-users, hormone therapy users had a higher incidence of autoimmune diseases at 5 years, 10 years, and across the full postmenopausal period. When evaluating 17 individual autoimmune conditions over the full postmenopausal period, statistically significant increases in risk were observed for all autoimmune diseases except Graves' disease and autoimmune hepatitis.

More detailed results will be discussed at the 2025 Annual Meeting of The Menopause Society as part of the abstract presentation titled "Association of Hormone Therapy with Autoimmune Disease Risk in Postmenopausal Women: A TriNetX-Based Analysis."

"Our study found a statistical link between hormone therapy and autoimmune diseases, but the actual increase in absolute risk is relatively small and varies by condition. Because this was a retrospective database study, more research is needed before drawing firm conclusions. Hormone therapy remains a safe and important option for many women when used appropriately but, like any treatment, it should be individualized while we await more research on its possible links to autoimmune disease," says Dr. Xuezhi (Daniel) Jiang, Professor of Obstetrics and Gynecology at Drexel University College of Medicine and lead author.

These findings highlight the need for further prospective research to verify these associations and to clarify potential underlying mechanisms and temporal relationships between hormone therapy use and autoimmune disease onset to support individualized risk-benefit evaluations in menopause care.

"Since more and more women are affected by autoimmune diseases, it's important to consider all potential associations," says Dr. Stephanie Faubion, medical director for The Menopause Society. "That's why we continue to recommend that healthcare professionals take a very individualized approach when prescribing hormone therapy. Although hormone therapy continues to be the first line therapy for managing menopause symptoms, it is not for everyone."

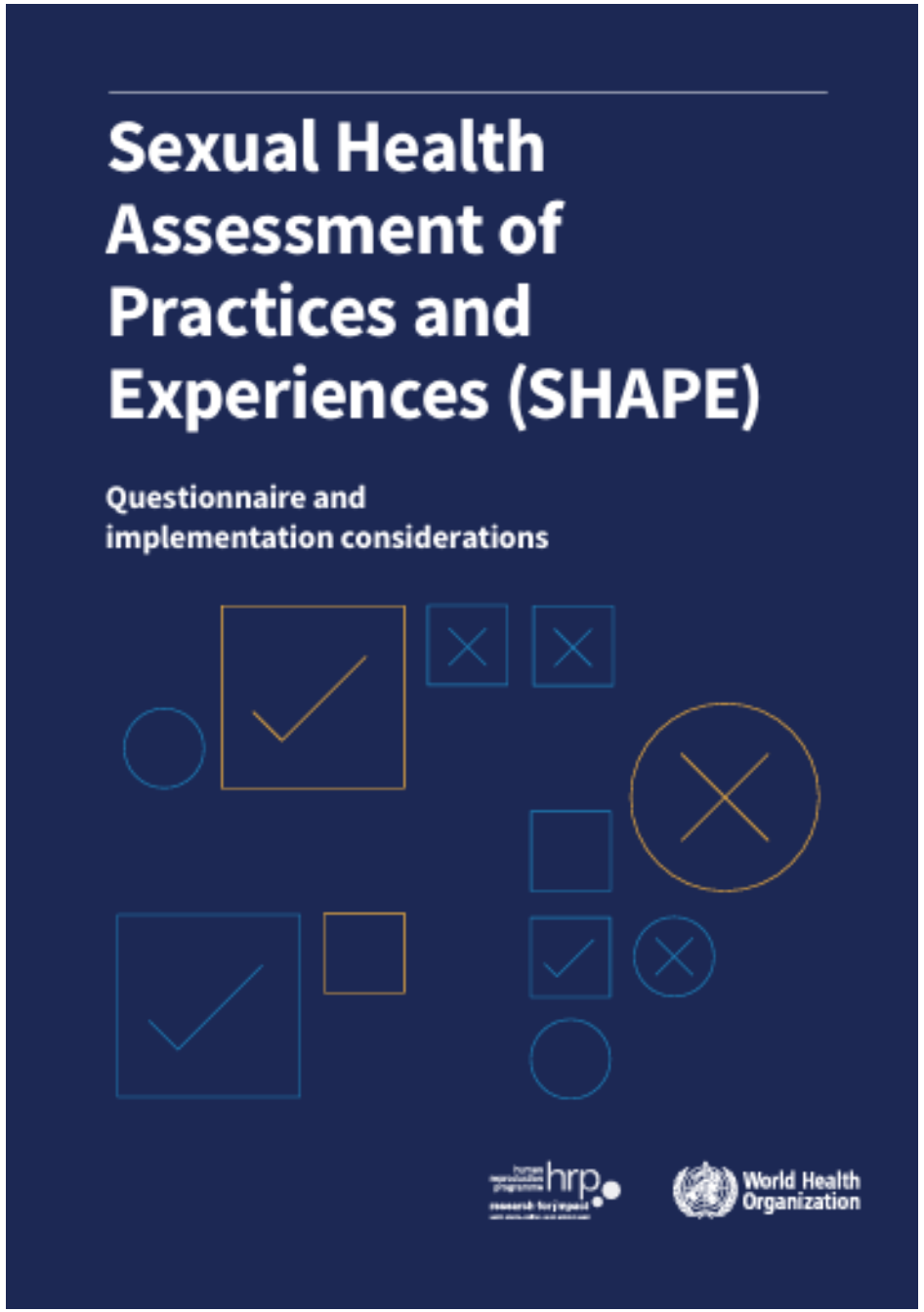
Both Drs. Jiang and Faubion are available for interviews prior to the Annual Meeting.

For more information about menopause and healthy aging, visit menopause.org.

The Menopause Society is dedicated to empowering healthcare professionals and providing them with the tools and resources to improve the health of women during the menopause transition and beyond. As the leading authority on menopause since 1989, the nonprofit, multidisciplinary organization serves as the independent, evidence-based resource for healthcare professionals, researchers, the media, and the public and leads the conversation about improving women's health and healthcare experiences. To learn more, visit menopause.org.

Tools to assess sexual function

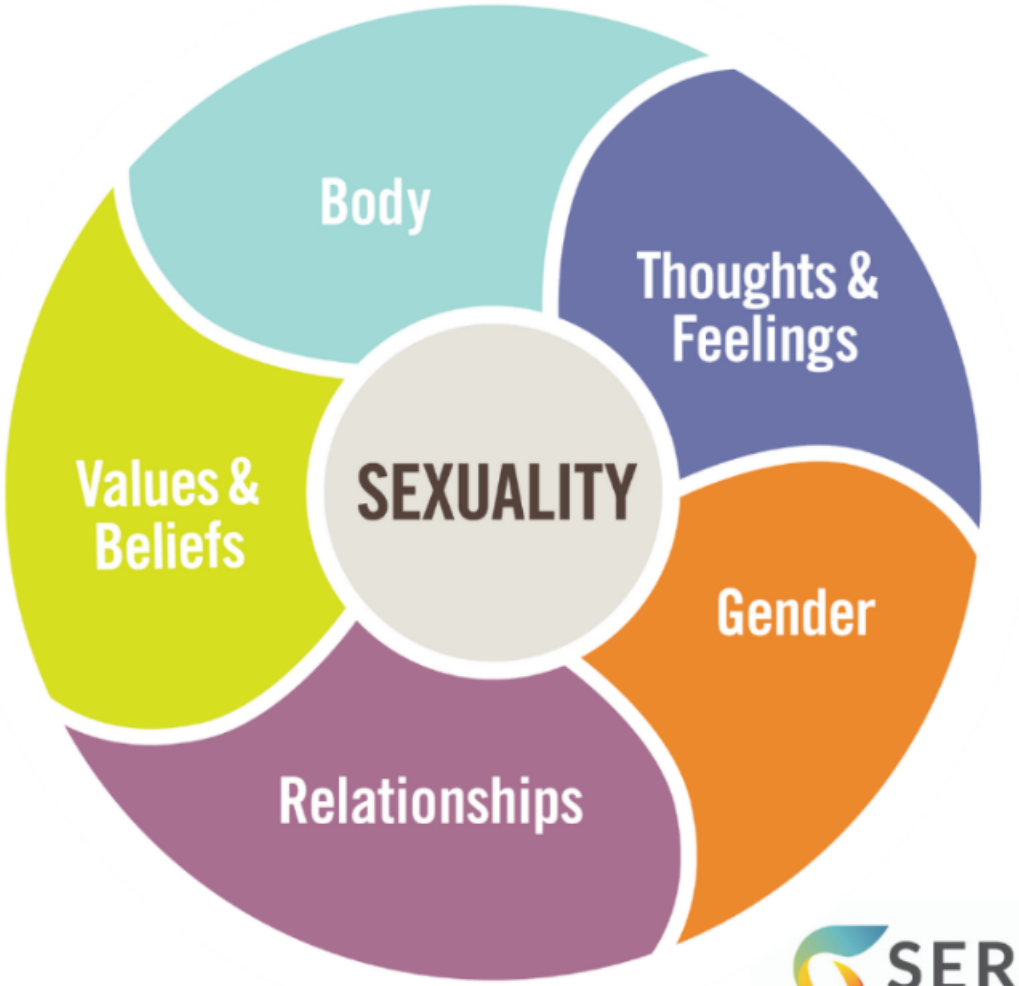
- Changes in Sexual Functioning Questionnaire
- International Classification of Functioning, Disability and Health (questions on sexual functions and intimate relationships)
- Quali-sex Questionnaire
- International Index of Erectile Function (men)
- Female Sexual Function Index (women)
- SHAPE



Module A. Personal information and health
Module B. Sexual health outcomes
Module C. Sexual biography
Module D. Sexual practices
Module E. Social perceptions/beliefs
Module F. Sociodemographics

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SEXUALITY WHEEL



SERC
SEXUALITY EDUCATION RESOURCE CENTRE MB

https://serc.mb.ca/sexual-health-info/the-basics/what-is-sexuality/sexuality-wheel/

