

INTIMACY AND SEXUALITY

Interpersonal Relationships

Relationships under the best of circumstances are complex, illness or not. The key to a successful relationship is effective communication and disclosure of the disease to an understanding partner. It is conceivable that disclosing something about the disease can be very difficult and may even evoke fear, especially the fear of not knowing how a partner will react. Perhaps the most important decision that then follows is an issue of timing, i.e. at what point in the relationship is it acceptable or perhaps necessary to disclose the disease. A few important points:

- 1) Disclosure of disease in a new relationship is very different than sharing with a spouse or when in a committed long term relationship.
- 2) Trust needs to be established between partners for disclosure to feel safe.
- 3) A relationship can often flourish after disclosure
- 4) One must first feel comfortable with their disease and with themselves
- 5) The attitude a patient has about their own disease will help shape the attitudes of those around them
- 6) Non-verbal communication, such as body language and physical cues can speak louder than words.
- 7) One needs to shape people's perceptions about how the disease affects them by projecting self confidence and self-awareness
- 8) Once a patient has decided to disclose the disease to others, they will need a game plan: who to tell, what to tell and how much to tell.
- 9) A key message is that sharing information about the disease can relieve a lot of stress and anxiety related to holding back and dealing with it alone.

IBD does not just impact the life of the affected individual. IBD patients must understand that this disease affects both partners. Partners can feel helpless, shut out and can even feel selfish when they express needs that they may have. Patients and their partners have the same or similar emotions or feelings about the disease but they approach it from different places which can sometimes cause conflict. When one partner feels inferior to the other, the balance of the relationship shifts, and it is no longer an equal partnership. Telling a spouse or partner about the disease is necessary to maintain the intimacy and trust formed between partners. It may be helpful to have both partners visit the physician and allow the partner the opportunity to ask questions and gain a better understanding of the disease and how it impacts the relationship. Lack of open communication can promote secrecy and mistrust. The sharing of information will enhance and strengthen the relationship which will be translated to all levels of intimacy.

Sexuality

IBD has both direct (e.g., fatigue, constant diarrhea, abdominal pain) and indirect (e.g., side effects of medication, consequences of surgery) effects on an individual's body image, sexual function, and interpersonal relationships. Urgency, frequency and fear of incontinence can understandably affect one's self esteem and sexual self confidence. For instance, the urgency of having to use a bathroom and "having an accident" in adulthood

may significantly impact a sense of psychological and sexual self-confidence. Sexual functioning should be looked at as a marker of quality of life and for many patients this is what impacts them the most. The impact of IBD on sexuality is apparent given the nature and anatomic location of the disease and the resultant symptoms. Concerns regarding sexuality tend to be gender specific with men being more concerned about sexual performance and women more concerned about body image, feeling alone, having children and physical attractiveness. Both men and women were concerned about intimacy. It is important to note that these are common concerns for both men and women who do not have IBD. The medications we use to treat IBD make patients feel better which will help to improve well-being, body image and energy level which in turn may enhance sexual desire and functioning. However on occasion medications, such as corticosteroids, can impact sexuality. Steroid associated mood changes can strain relationships while the other aesthetic side effects such as acne, weight gain, stretch marks, and excess hair growth have a profound impact on body image and self confidence. Many patients are concerned about how surgery will impact sexuality. It has been shown that sexual desire in both men and women remains virtually intact after IBD surgery. Most patients resumed sexual activity soon after surgery and most patients are generally satisfied with their sexual life. Vaginal dryness can occur which can impact sexual functioning as does pain with intercourse. Fear of incontinence actually improves after surgery.

Both partners need to respect the effects of the disease itself, surgery and the treatments employed on sexual functioning. Patients need to let their body heal and gain the necessary strength to work on improving their relationship.

SUMMARY:

- IBD may or may not influence relationships or sexuality
- Most influences are temporary
- Both patient and partner have feelings about the disease
- Perception is everything
- Communication is the *KEY TO SUCCESS*