

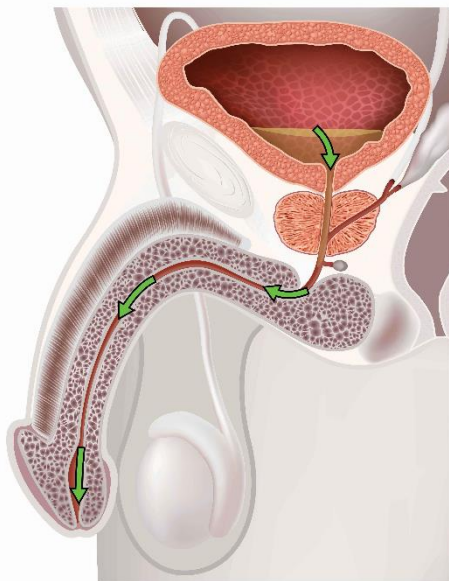
Lower Urinary Tract Symptoms (LUTS):

Problems with urination in men

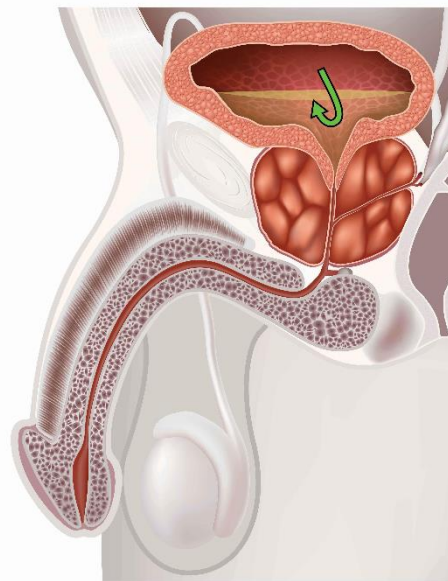
What are Lower Urinary Tract Symptoms?

Lower urinary tract symptoms (LUTS) are a very common problem that affects men as they get older. In Europe 14 per cent of men in their forties experience symptoms and this increases to 40 per cent in men over sixty. These are symptoms which cause difficulty in either passing urine or storing urine. These symptoms occur for a variety of reasons. In men one of the most common causes of this is due to the prostate enlarging with age, known as Benign Prostatic Hyperplasia, or BPH.

The specific symptoms can be relating to voiding urine or storing urine:



Normal Prostate



Enlarged Prostate

Voiding Symptoms:

- Decreased stream – the speed of flow of urine has decreased compared to when you were younger. This happens to all men to some degree
- Hesitancy – when you get to the bathroom and you are ready to pass urine, nothing happens for a few seconds or even longer
- Intermittency – a term meaning to pass urine in a broken stop/start stream rather than a continuous one

- Feeling of incomplete emptying – feeling that you still need to pass urine again even though you have just tried to empty your bladder
- Dribbling – There are three types of dribbling;
 1. Incontinence or wetness occurring at any time as the bladder fills.
 2. Terminal dribbling where the urine stream starts off reasonably strong, but slows to a dribble towards the end and therefore goes on and on.
 3. Post-micturition dribble, where you think you have finished, you dress yourself, walk away from the toilet and then leak some urine.

Storage Symptoms:

- Frequency – describes the number of times you go to the toilet during waking hours. For men it is usual to go 4-8 times, although of course this depends on how much you drink.
- Nocturia – means getting up at night to pass urine. This also becomes much more common as you get older and it is normal

for men over 70 to get up at least once. This will again depend on the timing of your fluid intake.

- Urgency – a sudden strong feeling which tells you to ‘go now or you might leak urine’. This becomes more common as we get older.
- Incontinence – a term referring to the accidental leakage of urine. It can vary from a few drops to a flood. In older men, urge incontinence is the most common type seen. There is an urgent need to urinate but you leak before you can get to the toilet.

Men who have LUTS may suffer only one kind of these symptoms, or may have a mixed group of symptoms. A man who suffers mostly voiding symptoms may notice he takes longer to pass urine due to difficulty starting to urinate, a weak stream, and/or stopping mid flow. He may also notice a degree of dribbling of urine. A man who suffers mostly storage symptoms may notice he has more problems with urinating too often, getting up several times in the night to urinate, an urgent urge to urinate, or not making it to a toilet in time.

These symptoms are not dangerous, but they can have a significant impact on quality of life. Despite this, many men do not speak to their GP about these problems. Depending on the cause of the LUTS, there are several treatments GPs can offer which may improve or stop these symptoms from occurring.

Treatment options For LUTS:

The aim of treatment is to improve the flow of urine, reduce symptoms and provide a better quality of life.

Three main treatment options are available:

1. Watchful waiting and self management:

This is suitable for men with mild symptoms who may wish to try a period of watchful waiting as a first course of action. Many men are quite happy to live with their symptoms once they have been reassured that they do not have prostate cancer. There are a number of things that men can try which may help reduce the severity of their symptoms. Below are some of these lifestyle changes that some men have found helpful:

- Reduce the amount of fluid you drink in the evenings, and especially at night just before going to bed
- Reduce the amount of tea and coffee you drink as the caffeine in these drinks can irritate the bladder as well as cause more urine to be produced. Decaffeinated products are widely available, we suggest you convert slowly to avoid having withdrawal symptoms.
- Avoid getting constipated as a full bowel can also squeeze the urethra and make passing urine more difficult, and in some cases, can stop the flow of urine altogether
- Stop smoking as the toxins pass out of your body in the urine so can irritate the bladder coating and may make some of the symptoms worse. Smoking can cause bladder cancer
- Try not to take over the counter cold and sinus medications that contain decongestants or antihistamines. These medications can increase urinary symptoms
- Bladder retraining techniques can involve; 'double voiding' this is when you pass urine normally, and once you have finished go off and do something else for 5 – 10 minutes and then come back to the toilet and try again. This helps ensure that your bladder empties completely.

This can be useful prior to going to bed to reduce the number of times you get up at night. For frequency of passing urine try to hold the urge to pass urine for 5 minutes longer each time, until you reach a time period of 2½ hours between passing urine. You may find it helpful to keep a record chart.

Try one suggestion at a time to find out which lifestyle change is making a difference or not.

2. Medical Management

Medical management is most beneficial in people who have moderate symptoms, rather than mild or severe. Medical management involves using drugs to improve symptoms.

These drug treatments are not a 'cure' and need to be taken for a long time.

There are two types of drug available. These are classed as:

- **Alpha-blockers** (relax the neck of the bladder and the prostate)
- **5 alpha-reductase inhibitors** (reduce the size of the prostate).

Alpha-blockers

Alpha-blockers have been shown to increase urine flow-rates and improve symptoms associated with BPH and a tight bladder neck. They work by causing the smooth muscle in the prostate and bladder neck to relax, which in turn relieves the obstruction and therefore increases the ability for urine to flow.

The common alpha-blockers used are **Alfuzosin, Doxazosin, Indoramin** and **Tamsulosin**.

Improvement in symptoms is usually noticeable within a couple of weeks. If no improvement is noticed after a few months then it may be worth you stopping these and considering an alternative treatment.

Side effects: The most common side effects from alpha-blockers may include headaches, tiredness, and dizziness in 10 –15 percent of patients. These are caused because this group of drugs also relax the blood vessels so that blood passes through them more easily which in turn lowers blood pressure.

A less common side effect is retrograde ejaculation which is when the semen goes back into the bladder when ejaculation occurs. This is not harmful, the next time you pass urine it may be cloudy.

5 alpha reductase inhibitors

Unlike alpha-blockers, 5 alpha reductase inhibitors can potentially slow the progression of BPH. This is because they work by interfering with the production of the enzyme (dihydrotestosterone), which is needed for the prostate to grow. As a result the volume of the prostate reduces by about 25 per cent after six months, which relieves the obstruction (caused by a narrowed urethra) and the associated symptoms.

These tablets work better in men with larger prostates and shrinking may reverse the problem. Recent studies have shown that fewer patients then need operations for their prostate or experience the sudden inability to pass urine (acute retention).

There are two 5 alpha reductase drugs available, these are **Finasteride** and **Dutasteride**.

It can take up to 6 months before you see improvement in your symptoms.

Side effects: Most of the side effects which can occur are usually reversed on stopping the treatment, but potential side effects include a loss of libido (sex drive), nipple and breast tenderness, erectile dysfunction and a reduction in the amount of ejaculate. However on the whole these drugs are well tolerated.

Combination therapy:

Your doctor, clinician or nurse specialist may suggest a combination therapy of both an alpha-blocker and a 5 alpha reductase. This can be beneficial if there are voiding symptoms and storage symptoms, or if one tablet on its own has not been effective.