

Lower urinary tract symptoms in men

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✓ Meets Patient's **editorial guidelines**

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Lower urinary tract symptoms (LUTS) are a very common problem, especially in men over the age of 65 years. They can be caused by various conditions. These symptoms may include slowing of the urine stream and needing to get up to pass urine at night.

There are different causes of LUTS and the treatment will depend on the cause. Some men choose not to have treatment if their symptoms are not too bothersome and the cause is not serious.

In this article:

- What are lower urinary tract symptoms (LUTS)?
- What causes lower urinary tract symptoms (LUTS)?
- What tests are commonly performed?
- Lower urinary tract symptoms (LUTS) treatment
- Self-help treatment for lower urinary tract symptoms

What are lower urinary tract symptoms (LUTS)?

LUTS are usually divided into storage of urine (also called irritative) and voiding (also called obstructive) symptom groups.

- Voiding symptoms include: poor stream, hesitancy (having to wait for the urine flow to start), intermittent flow and straining when passing urine.



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- Storage symptoms include: increased frequency and urgency of passing urine (having a need to pass urine urgently), urge incontinence and needing to get up to pass urine at night.

Other symptoms may include feeling the need to pass urine again after just emptying the bladder and dribbling of urine after going to the toilet.

What causes lower urinary tract symptoms (LUTS)?

There are various causes of LUTS. The most common causes include:

- **An enlarged prostate gland.** The prostate gland is situated around the neck of the bladder. When this gets bigger it can cause voiding symptoms.
- **Overactive bladder.**
- **Water balance problems.** As people get older, it becomes harder for the body to reduce the amount of urine that they pass at night. This leads to the need to pass urine more often at night. Therefore, at the age of 65 and over it can be normal to pass urine at least once a night.

Other less common causes of LUTS include **diabetes mellitus**, **urinary infections**, **bladder stones**, **prostate cancer**, **bladder cancer** and neurological conditions (eg, **multiple sclerosis**).

What tests are commonly performed?

The tests you may have will vary depending on the symptoms.

A doctor may examine the prostate to see how big it is. This is done by inserting a gloved finger through the anus into the rectum to feel the back of the prostate. The size of the bladder may be assessed by examining the tummy (abdomen).

The most common tests performed include:

- **A urine dipstick test** to exclude an infection in the urine or any blood in the urine.
- **A blood test for glucose** to exclude diabetes.

Other blood tests may also be performed – for example, to test the **function of your kidneys**, and also a **PSA test**. These tests vary between cases.



It might be suggested to complete a urinary frequency volume chart on which the times passing urine are documented alongside the amount of urine passed each time.

Lower urinary tract symptoms (LUTS) treatment

The treatment for LUTS will depend upon:

- The underlying cause.
- How much the symptoms are interfering with the quality of life.

For example, if you have an enlarged prostate then a medicine can be offered to shrink the prostate gland or – less commonly nowadays – an operation to remove some of the prostate. Different operations can also be performed for men with other symptoms.

Medicines can also be effective to improve symptoms of an overactive bladder and storage symptoms. They can also improve symptoms of passing urine in the night.

If there are problems with incontinence of urine then a small tube (a catheter) to drain the urine from the bladder might be of benefit. Many men use catheters just to empty their bladders so they do not have a catheter in all the time. Rarely, some men may need to have long-term catheters.

A urology specialist referral might be suggested, especially if symptoms have not improved with some of the self-help measures or with some medication, and also if some further specialist tests are needed.

Self-help treatment for lower urinary tract symptoms

The following self-help measure might help:

- **Reduce drinking in the evening.** It is ideal to try to drink as little as possible after 4 pm if you are having night-time symptoms.
- **Try to anticipate times when urinary frequency and urgency are likely to be most inconvenient** and reduce the volume of fluid drunk beforehand.
- **Consider changing what** is being drunk. Fizzy and caffeine-containing drinks can all make LUTS worse. It is best to stop drinking these.



- **Stopping smoking** may significantly improve symptoms, as nicotine irritates the bladder.
- **Sitting to pass urine.** Evidence shows that men with LUTS have reduced symptoms if they sit to pass urine instead of standing.
- **Try to train the bladder.** This means you should try to hold on to urine for longer when experiencing a frequent desire to pass urine. This can be done gradually – literally holding on for 1 minute longer, then 2 minutes etc and building up to longer and longer times.
- **If hesitancy is a problem** – try to relax when standing to pass urine. It may be easier to sit than stand.
- **If urgency is a problem** – some distraction techniques can be tried such as breathing exercises and mental tricks (for example, counting) to take the mind off the bladder. Bladder training can be useful here too.
- **Pelvic floor exercises.** These can help people to hold on to urine for longer and also reduce the risks of having accidents. The pelvic floor muscles are those used when trying to interrupt the flow of urine. Exercises involve tightening these muscles for around 10 seconds, at least 10 times each day.

Further reading and references

- **Guidelines on the Management of Non-Neurogenic Male Lower Urinary Tract symptoms (LUTS), incl. Benign Prostatic Obstruction (BPO)** [\[1\]](http://uroweb.org/guideline/treatment-of-non-neurogenic-male-luts/#3) (<http://uroweb.org/guideline/treatment-of-non-neurogenic-male-luts/#3>); European Association of Urology (2022)
- **Pelvic floor muscle exercises for men** [\[2\]](https://prostatecanceruk.org/media/975926/pelvic_floor_exercises-ifm.pdf) (https://prostatecanceruk.org/media/975926/pelvic_floor_exercises-ifm.pdf); Prostate Cancer UK.
- **LUTS in men** [\[3\]](https://cks.nice.org.uk/topics/luts-in-men/) (<https://cks.nice.org.uk/topics/luts-in-men/>); NICE CKS, March 2024 (UK access only)
- **Oelke M, De Wachter S, Drake MJ, et al** [\[4\]](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Abstract&list_uids=28984060) (http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Abstract&list_uids=28984060); A practical approach



to the management of nocturia. *Int J Clin Pract*. 2017 Nov;71(11):e13027. doi: 10.1111/ijcp.13027. Epub 2017 Oct 5.

- **de Jong Y, Pinckaers JH, ten Brinck RM, et al** http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Abstract&list_uids=25051345; Urinating standing versus sitting: position is of influence in men with prostate enlargement. A systematic review and meta-analysis. *PLoS One*. 2014 Jul 22;9(7):e101320. doi: 10.1371/journal.pone.0101320. eCollection 2014.

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