Don't neglect an enlarged prostrate

YOUR HEALTH

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Just as conversations among older women often focus on the uterus, discussions among older men frequently revolve around the prostate gland. Every male has this accessory sex gland and its health becomes increasingly important with age. It is located at the base of the bladder and surrounds the urethra. The gland continues to grow throughout life but it undergoes significant development under the influence of testosterone during puberty and again around the age of 25. The prostate secretes about 40 per cent of the seminal fluid, which plays an important role in fertility.

As men grow older, the prostate gland may grow enough to produce clinical symptoms. This enlargement, most often caused by benign prostatic hyperplasia (BPH), usually becomes symptomatic after the age of 40.

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Although the prostate continues to enlarge throughout life under the influence of changing hormone levels, symptoms develop only in some men. BPH is more likely to become symptomatic in those who are obese, diabetic, physically inactive or who have a first-degree relative with a history of prostate enlargement.

Because of its unique position, an enlarged prostate often causes urinary symptoms such as frequent urination, especially at night; weak or interrupted urine stream; difficulty starting urination; a feeling that the bladder is not empty; dribbling at the end of urination; sudden stoppage of urine flow; blood in the urine and leakage of urine.

If left untreated, it can lead to recurrent urinary tract infections, backflow of urine to the kidneys, kidney stones and, in severe cases, impaired kidney function.

Not all urinary symptoms in older men are due to BPH. Prostate infections, whether acute or chronic, can closely mimic its presentation and require treatment with antibiotics. In some cases, the prostate may develop an abscess or even undergo infarction.

BPH is the most common condition affecting the prostate, but not every enlargement can be assumed to be benign. In younger individuals, prostate cancer must always be ruled out.

For any male with symptoms, a thorough evaluation is necessary. This includes a physical examination with a rectal exam, ultrasound, estimation of post-void urine, and relevant urine and blood tests. On rectal examination, a hard prostate with nodules may raise the suspicion of cancer, requiring further confirmation with a biopsy.

A blood test for PSA (prostate-specific antigen) can also provide clues. Elevated PSA levels may suggest cancer but are not conclusive, since they can also occur with conditions like BPH, prostatitis (infection of the prostate), recent ejaculation or even vigorous physical activity like cycling before the test. Further investigations, such as MRI or biopsy, are often needed to establish the diagnosis. It is also important to note that in some cases of prostate cancer, PSA levels may remain normal.

The general recommendation is that PSA testing should be done between the ages of 40 and 45 to obtain a baseline value. The test can be repeated every 2-4 years between ages 55 and 69. High-risk individuals with a strong family history may benefit from earlier and more frequent screening.

Prostate cancer is one of the most common cancers in men. It usually grows slowly, often remaining confined within the prostate capsule and generally responds well to treatment when detected early.

BPH is usually treated with medications. In addition to medication, here are some lifestyle modifications that may help:

- Lose weight if obese
- Control diabetes
- Exercise regularly
- Reduce fluid consumption after 6pm
- Reduce intake of coffee, tea and cola drinks
- Do not drink or smoke
- Eat tomatoes. The lycopene in tomatoes helps reduce symptoms
- Do not delay urination. Practise double voiding. Pass urine, wait for 30 seconds, and then pass again.

The writer has a family practice at Vellore and is the author of *Staying Healthy in Modern India*. **If you have any questions on health issues, please write to** *yourhealthgm@yahoo.co.in*