

What are LUTS?

Lower urinary tract symptoms (LUTS) are problems you notice with passing urine. LUTS may be present in around 50% of men aged over 18, but the prevalence depends on the definition of LUTS. Studies from Australia and overseas show that the prevalence of LUTS increases with age^{2,3,4}.

Lower urinary tract symptoms

LUTS are grouped into two categories: storage symptoms and voiding symptoms¹.

Storage symptoms include:

- Increased frequency: needing to urinate more often than normal
 - Increased daytime frequency
 - Nocturia (increased night-time frequency)
- Polyuria: passing larger volumes of urine than normal
 - Diurnal (daytime) polyuria
 - Nocturnal (nighttime) polyuria
- Bladder-filling symptoms
 - Increased bladder-filling sensation: the feeling of having a full bladder occurs more quickly or is stronger than normal
 - Urgency: the sudden need to pass urine, which is hard to put off
 - Reduced bladder-filling sensation: the feeling of having a full bladder occurs more slowly or is weaker than normal
 - Absent bladder-filling sensation: the absence of the feeling of a full bladder or need to pass urine
 - Non-specific bladder-filling sensation: abnormal bladder-filling sensation that might feel like bloating or cause nausea, vomiting or feeling faint
- Urinary incontinence symptoms
 - Urinary incontinence: involuntary loss of urine
 - Urgency urine incontinence: involuntary loss of urine that occurs with a feeling of urgency
 - Stress urinary incontinence: involuntary loss of urine during effort, exertion, coughing or sneezing
 - Mixed urinary incontinence: both urgency and stress urinary incontinence
 - Enuresis: non-continuous loss of urine during sleep
 - Continuous urinary incontinence: continuous involuntary loss of urine

- Insensible urinary incontinence: awareness of loss of urine but not how or when it occurred
- Postural urinary incontinence: loss of urine when changing posture or body position (e.g. when moving from a sitting to standing position)
- Disability associated incontinence: involuntary loss of urine because of inability to reach the toilet in time due to limited physical and/or mental ability
- Overflow incontinence: loss of urine associated with a sensation of an overly full bladder
- Sexual arousal incontinence: involuntary loss of urine during sexual arousal or sexual activity
- Climacturia: involuntary loss of urine during orgasm.

Voiding symptoms include:

- Hesitancy: a delay in beginning to urinate when you're ready
- Paruresis: difficulty urinating in the presence of others but no difficulty when alone
- Episodic inability to void: occasional inability to start urinating
- Straining to void: needing to make great effort to start or maintain urination
- Slow urinary stream: a slower-than-normal urinary stream
- Intermittency: urine flow that stops and starts
- Terminal dribbling: slowing of the urine stream to a dribble towards the end of urinating
- Spraying or spitting of the urinary stream (rather than a single stream)
- Position-dependent voiding: the need to be in a particular position (e.g. sitting) to pass urine
- Dysuria: pain during urination
- Stranguria: difficult, slow, spasmodic (sometimes drop by drop) painful urination
- Haematuria: visible blood in the urine
- Pneumaturia: passage of gas or air during or after urination
- Fecaluria: the passage of faeces via the urethra during urination
- Chyluria: the passage of chyle (milky fluid) during urination
- Urinary retention
 - Acute urinary retention: rapid onset discomfort or pain from a full bladder due to an inability to pass urine despite persistent effort
 - Chronic urinary retention: ongoing or repeated inability to empty the bladder despite the passage of small volumes of urine

- Post-voiding symptoms
- Incomplete bladder emptying: a feeling that the bladder isn't empty after urinating
- Need for double voiding: feeling a need to urinate soon after completing urination
- Post-voiding incontinence: involuntary passage of urine (including dribbling) after completing urination
- Post-micturition urgency: the feeling of an urgent need to urinate after completing urination.

Storage symptoms are twice as common as voiding symptoms in men, with nocturia (almost 1 in 2 men) and urgency (1 in 10 men) the most common². Terminal dribble is the most common voiding symptom in men (1 in 7)².

Causes of LUTS

Storage symptoms in men are associated with:

- Abdominal obesity
- Abnormal blood sugar and cholesterol levels.

Voiding symptoms are associated with:

- Erectile dysfunction
- Benign prostatic hyperplasia (BPH)
- Thyroid dysfunction
- A high energy intake
- A low handgrip strength and urine flow rate³.

Both categories of LUTS are associated with obstructive sleep apnoea³.

Benign prostatic hyperplasia (BPH) is a common cause of LUTS in men, which becomes more common with age².

Other causes of LUTS in men include urinary tract infections, bladder muscle over-activity, and blockages in the bladder or along the urethra. Weak pelvic floor muscles can also cause LUTS. Cancer of the lining of the inside of the bladder, kidneys or ureters (the tubes that carry urine from the kidneys to the bladder).

Diagnosis of LUTS

To diagnose LUTS, your doctor might:

- Ask you a short series of questions to measure the presence and severity of LUTS
- Perform a physical examination and check your urine to see if you have a urinary tract infection

- Ask you to keep a diary of your fluid intake and urine output to help assess your urinary function
- Suggest tests to assess your prostate gland, since BPH is a common cause of LUTS.

Treatment of LUTS

Treatment for LUTS will depend on your specific symptoms and other health factors.

Mild LUTS may be managed by changes in your behaviour, such as watching what you drink and when. Pelvic floor exercises or 'bladder training' may also help.

Some medications can cause LUTS, so your doctor may review and/or change these.

There are several types of medications that can be used to treat LUTS, some of which target the prostate if BPH is the cause.

LUTS due to BPH that does not respond to medical treatment may need surgery.

Medicines to treat urge incontinence cure about half of the people who use them, whereas surgery helps more than 4 out of 5 people. Pelvic floor muscle training cures between 1 in 4 and 4 in 5 people⁴.

Health effects of LUTS

LUTS can be a significant source of bother for some people. LUTS might make you reluctant to leave your house or socialise because of the inconvenience of needing to go to the toilet often or in a hurry.

LUTS can make you anxious and depressed and impact your personal relationships.

Sexual dysfunction, such as problems with erections or ejaculation, can accompany LUTS for some men.

Urinary retention can be painful and can lead to urinary tract infections and damage to the bladder or kidneys.

LUTS can be a sign of a serious underlying condition, so it's really important to see your doctor if you have any urinary symptoms.

What to do about LUTS

If you notice any lower urinary tract symptoms, you should see your doctor to discuss your symptoms, their impact on you and your treatment options.

Your LUTS may progress and get worse without treatment, so seeing your doctor early is best.

If you have symptoms of acute urinary retention (i.e. pain, bladder distension or an inability to pass urine), you should seek immediate medical help. It may be necessary for a doctor to insert a catheter to drain your bladder.

Questions to ask your doctor about LUTS

- Could my LUTS be the cause of sexual dysfunction?
- Can treatment of my LUTS cause problems with sexual function?
- Do I need to have treatment if my LUTS are not bothering me?
- What should I look out for to know if my LUTS are becoming a threat to my health?

References

[1] D'Ancona et al., 2019. The International Continence Society (ICS) report on the terminology for adult male lower urinary tract and pelvic floor symptoms and dysfunction. *Neurourology and Urodynamics*

[2] Russo et al., 2018. Epidemiology of LUTS and BPH, in: *Lower Urinary Tract Symptoms and Benign Prostatic Hyperplasia*. Ed: Morgia & Russo, Academic Press.

[3] Rees et al., 2014. The management of lower urinary tract symptoms in men. *BMJ*

[4] Riemsma et al., 2017. Can incontinence be cured? A systematic review of cure rates. *BMC Medicine*

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