

## HEALTH MANAGEMENT INSIGHTS

# Prostate problems

The prostate gland is about the size of a walnut. It produces the bulk of the seminal fluid and is found at the base of the bladder, encircling the urethra - the tube through which urine and seminal fluid escape into the outside world.

For unknown reasons, from middle age onwards the prostate starts to enlarge, and its volume increases by an average of about 50 per cent.

A huge number of men experience prostate problems in some form, especially as they reach old age.

### Key takeaways

- > One-in-three men over the age of 50 will have some symptoms of prostate problems
- > The proportion of older men in the workforce is rising
- > Most problems arise from benign prostatic enlargement
- > Prostatitis can be acute or chronic and is usually simple to resolve
- > There are around 35,000 new cases of prostate cancer in the UK each year
- > This makes it the most-common form of the disease in men
- > Side effects from treating prostate cancer can be serious
- > Many patients adopt a "watchful waiting" policy
- > Employers should provide easy access to toilet facilities



## Condition overview

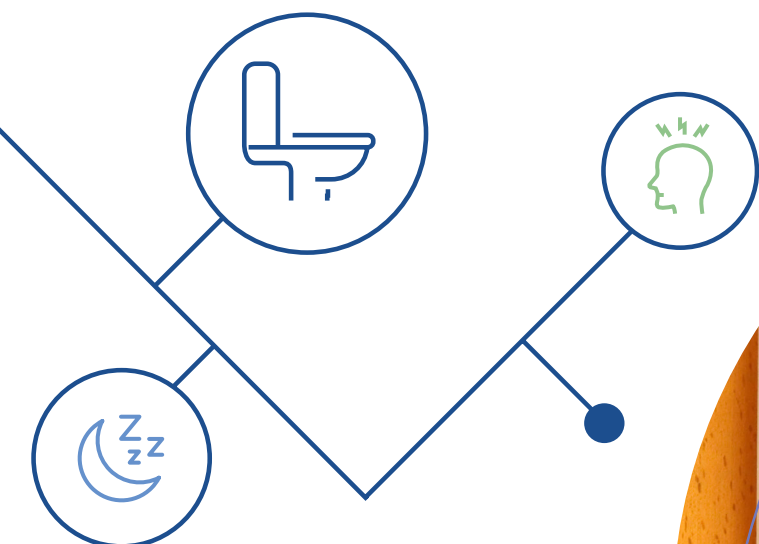
Prostate issues are very common in men as they get older, with one-in-three over the age of 50 having some symptoms. That figure rises to nine-in-10 by the age of 85.

Prostate cancer is the most-common form of the disease in men, with around 35,000 new cases each year in the UK.

However most prostate issues are on the benign end of the spectrum, and even in cases of cancer, it's often possible for patients to watch and wait.

### Prostate problems can give rise to:

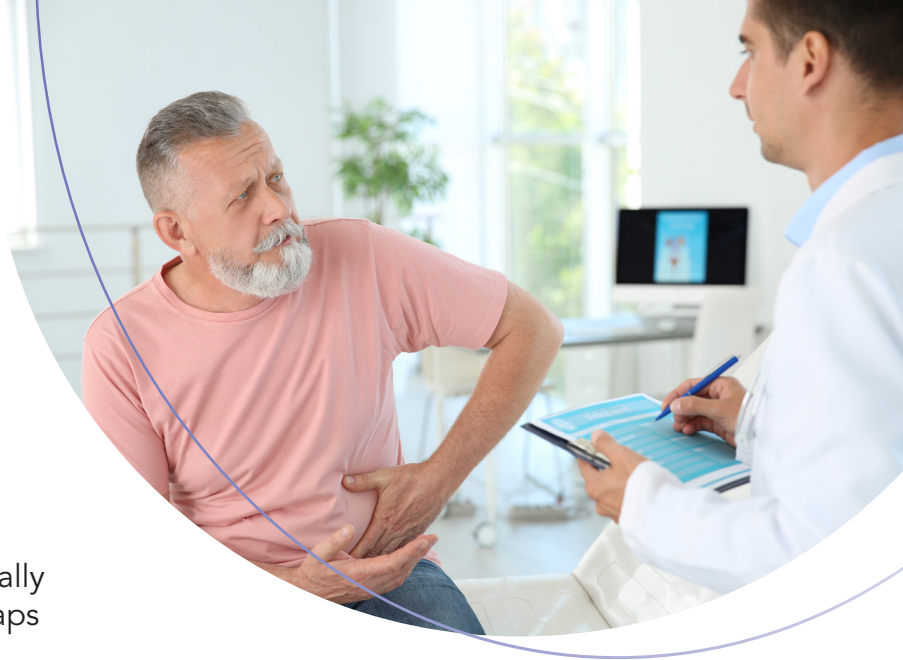
- > The need to pass urine more frequently
- > Lower volume of urine passed each time (more than 40 per cent decrease)
- > Decreased rate of flow by a similar amount
- > Symptoms of urinary urgency, e.g. need to go immediately
- > Straining to begin to pass urine, and to maintain the flow
- > A sensation of incomplete emptying
- > Dribbling small amounts of urine after finishing
- > Disturbed sleep, if frequently waking to visit toilet



# Benign prostate enlargement (BPE)

Also known as benign prostatic hypertrophy, this is the term used to describe non-cancerous enlargement of the prostate.

It will often be accompanied by the symptoms above – and doctors will usually recommend lifestyle changes and perhaps medicine to address the condition.



Surgery is only likely to be carried out when there are moderate to severe symptoms which have not responded to other forms of treatment.

## Lifestyle changes may include:

Lowering consumption of alcohol, caffeine, and fizzy drinks

Limiting intake of artificial sweeteners

Taking regular exercise

Consuming less liquid in the evening

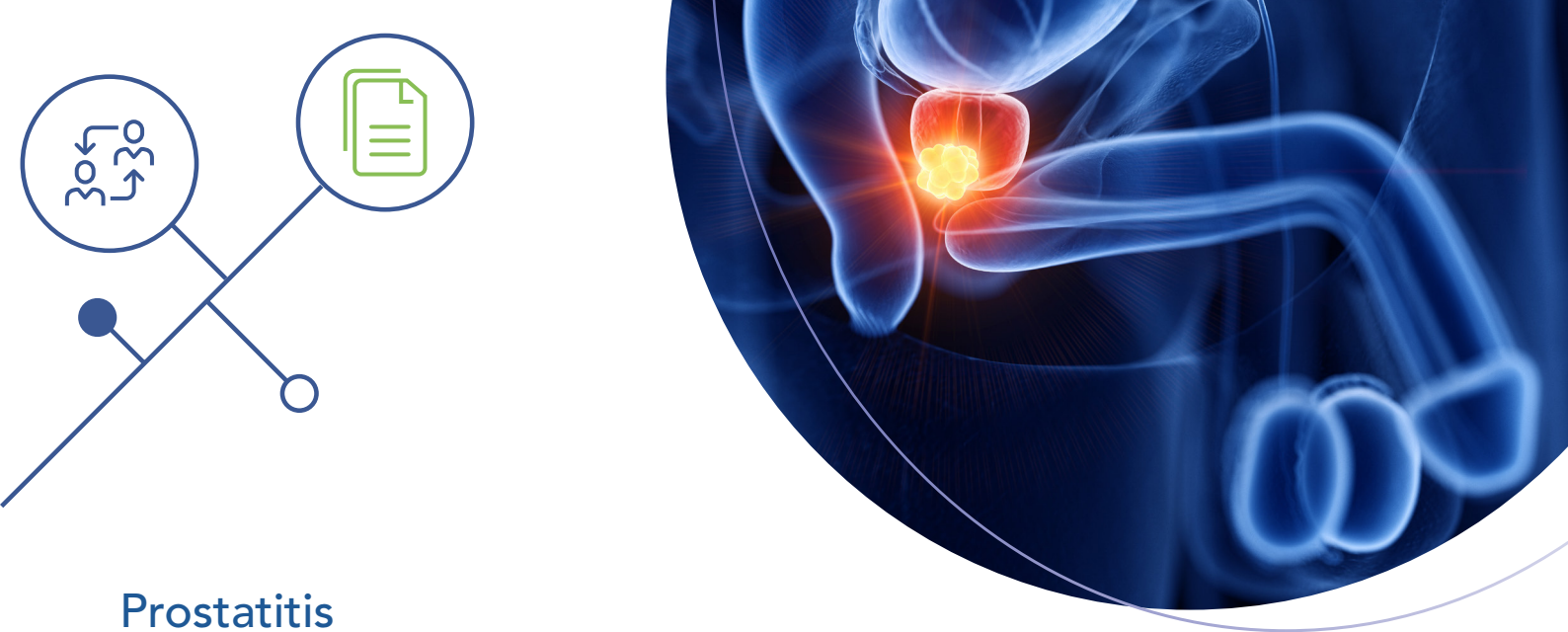
BPE can lead to urinary tract infection (UTI) or acute urinary retention (AUR).

AUR is the sudden inability to pass any urine. Symptoms include suddenly not being able to pee, severe lower stomach pain, and a swelling of the bladder which can be felt by hand.

Sufferers are advised to go to A&E immediately.







## Prostatitis

The result of an infection developing in the prostate gland, this condition tends to occur in young and middle-aged men, usually aged between 30 and 50.

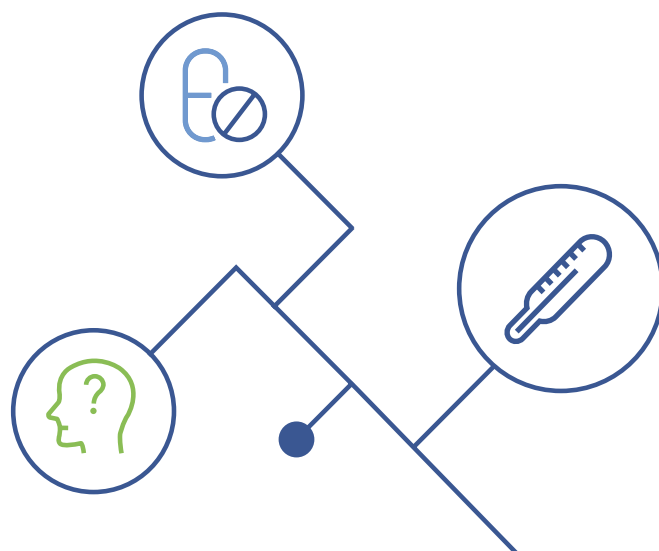
**Acute prostatitis** sees the sudden onset of pain in the pelvis, lower back, or perineal region (the area between the external genitalia and back passage). This may be worsened by passing urine and accompanied by fever. Sometimes, blood may appear in the urine.

This needs urgent attention, examination, investigation, and treatment. Antibiotics are usually prescribed for two-to-four weeks, plus appropriate analgesia - an anti-inflammatory such as ibuprofen.

**Chronic prostatitis** has similar symptoms, but they build up more gradually with less fever and malaise. Medical advice still needs to be sought from the GP, but an antibiotic is only likely to be prescribed if investigations can detect a particular germ, sensitive to a specific antibiotic.

Treatment offered is more likely to be appropriate pain relief and a drug, such as tamsulosin, which relaxes the muscle fibres in the prostate gland and the base of the bladder, making it easier to pass urine.

Chronic prostatitis will usually resolve gradually over a number of months, but specialist referral to a urologist may be appropriate if the symptoms persist and/or recur.



## Prostate cancer

As smoking has declined over the last 50 years, prostate cancer has become the most-common form of male cancer - with about 35,000 new cases each year.

Like most of the common cancers, it is rare below the age of 50, but becomes much more frequent after 65.

It is possible to screen for prostate cancer, by measuring Prostate Specific Antigen in a sample of blood.

Produced in the prostate, this chemical is always present and rises with age - roughly doubling as 65 is approached.

However, it is important to remember that this is just a screening test – it simply divides those tested into two groups, one of which is more likely to have the disease than the other.

Further investigation by GP and urologist is necessary to more precisely define the level of risk and the presence of significant disease.

A negative or normal result does not always exclude a cancer.

The treatment of prostate cancer can vary, and is based on drugs, surgery, and various forms of radiotherapy - or a combination of them.

Although generally successful, these treatments do have significant side effects - so for many a policy of "watchful waiting" is likely to result in a better quality of life.

The rate at which prostate cancers grow varies – post-mortem examinations of men who die aged 80 or older show that 30 per cent have evidence of prostate cancer, but just one-in-three had any symptoms at all, and just three per cent die as a result of their tumour.

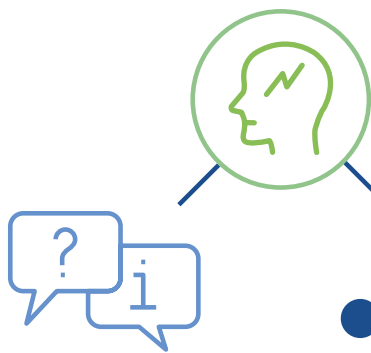


**In some cases, the prostate is partially or fully removed, and in the event of prostatectomy, time off work will be required. The duration of sick leave will be difficult to predict, and will depend on:**

- The underlying disease which has necessitated the prostatectomy (which may well extend the period of sick leave)
- The surgical technique involved
- The job to which the patient will be hoping to return

This assumes a routine operation, and no significant post-operative complications. However, the occupational health service may be able to offer more specific advice, perhaps after seeking reports (with the employee's agreement) from treating doctors.





## At work

The proportion of the UK workforce over 65 has almost doubled over the last 50 years, to 750,000 workers – a little under 10 per cent of the total.

So, with three quarters of a million swelling prostates in employment, what do employers need to do?

**By no means all will have any significant symptoms, but for those who do, probably the most-important requirement (apart from a tolerant employer) is to offer easy access to toilet facilities.**

**There are regulations\* which state the minimum number of toilets, urinals and wash hand basins required, depending on the numbers of men and women likely to be present in the premises at any one time.**

**These facilities are also required to be adequately lit and ventilated, clean, and in good order.**

In the cases of chronic disease and cancer, it is likely that the Disability Provisions of the Equality Act 2010 would be relevant.

In the case of prostatic cancer, this would apply from the date of diagnosis, since there would be no need to wait for the 12 months of significant impairment of day-to-day living. However, only an Employment Tribunal or similar court can give a definitive ruling.

\*The Approved Code of Practice for the Workplace (Health, Safety and Welfare) Regulations 1992.

