

## Lifestyle changes

Making changes to a healthier lifestyle is good for everyone.

### Weight

For those who have a prostate and are overweight, it is more likely that they might develop BPE and possibly have a greater chance of developing aggressive prostate cancer. So, shedding those extra pounds by cutting down on sugar, cakes, chocolate, chocolate biscuits, sweets, puddings, chips, fried foods, crisps and takeaways is important.

### Healthier diet

They should be aiming to

- Have at least 5 portions of fruit and vegetables each day.
- Switch to having wholegrain cereals and wholemeal bread.
- Reduce the number of times they have red and processed meat each week, choosing chicken and fish instead.

### Drinks

If they are peeing often during the day and night they should:

- Avoid having any drinks for a few hours before bedtime.
- Cut down on caffeine found in black tea, coffee, green tea, cola type drinks, energy and performance drinks or shots. Replace some of these with de-caff varieties.
- Alcohol can irritate the bladder making them pee more often.

### Keeping active

They should aim for at least 30 minutes of moderate exercise at least 5 times a week - brisk walks, swimming, gardening, bowling, golf, dancing. This may help with their general health, feeling of wellbeing and may help if they need to lose weight. Get them to check with their GP before starting to exercise then build up gradually.

### Smoking

Smoking can affect health in many ways, so the best advice is for them to give up. But it can be difficult. It may be worth them discussing this with the pharmacist, GP or local stop smoking adviser.

## What can you do to help?

### Talk it out

Explain it's much better to get symptoms checked out as early as possible. It's understandable that there may be mixed feelings – fear, embarrassment, worry, anxiety and the inevitable what ifs.....

### Remembering

A night's sleep without constant trips to pee, an outing that's not planned around toilet stops, watching a full football/rugby game without having to pee. The list could go on.....

### Talking to others

More than likely a friend, workmate, relative will have had similar experiences or problems. Talking to them may help with that all important first step of seeing the GP.

### Booking an appointment with the GP

Going along to the appointment might provide much needed support. If symptoms are due to prostate disease, then the GP may be able to help or refer on to a specialist called a urologist.

### Say thanks

Getting the right help may not only help with their symptoms but may also help relieve worries of their partners, wives, husbands, relatives or friends.

The information contained in this leaflet has been developed by Prostate Scotland and reviewed by its Advisory Group of doctors, nurses and patients. This leaflet is not intended to replace medical advice or seeing a doctor for specific illnesses or symptoms.

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Dedicated to the memory of Andrew Wood.

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## Prostate problems?

A guide for partners,  
wives, husbands,  
relatives or friends

If you are reading this because you are concerned about someone who has bothersome symptoms, then the best thing to do is encourage them to see their GP.



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## What is the prostate?

Only men and those born biologically male have a prostate. It starts out about the size of a pea slowly growing to about the size of a walnut in their 20s. Around 40 years, it starts to grow or enlarge, and this may cause problems when passing urine.

The prostate is inside the pelvis, just below the bladder and in front of the back passage so can't be seen or physically examined from outside the body. It wraps around the waterpipe, called the urethra, which allows urine to flow from the bladder out of the body.

## What does the prostate do?

For those born with a prostate, it supplies the fluid to protect and nourish sperm during intercourse. It also makes prostate specific antigen (PSA). Because some PSA leaks out of the prostate into blood it is normal to find PSA in their blood. This can be measured and is called PSA level.

## So, what can go wrong?

### Benign prostatic enlargement (BPE)

This is a very common condition after the age of 50 affecting almost 1 in 2 men. The prostate starts to enlarge often causing problems passing urine.

### Prostatitis

This means that there is inflammation or infection in the prostate. It can affect those with a prostate from the age of 18 years but most commonly between the ages of 30–50.

### Prostate cancer

Cells in the prostate grow faster and in a strange uncontrolled way causing prostate cancer, the most common cancer for those with a prostate. The earlier that this is checked out by the GP the better.

If a father or brother was diagnosed with prostate cancer, then for those with a prostate there is a 2-3 times higher risk of them developing prostate cancer.

They have to get to the toilet fast with a risk of getting caught short.

- Peeing more often than before during the day and more often during the night.

### Recognise these traits in someone you know?

Taking longer to empty the bladder with a weak, dribbly flow of urine.

- Planning journeys knowing where there are toilets along the way.

Having to push or strain to pee.

- Sitting in an aisle seat to make a quick exit..

**If this sounds familiar, then it's time they made an appointment with their GP.**

**Early detection, diagnosis and treatment of prostate problems is key to improving the quality of life for those affected by prostate disease/prostate cancer.**

## Why?

The GP may be able to help with these bothersome symptoms and help improve their quality of life. Let them get back to doing the things they enjoy without worrying where the nearest toilet is.

## Why won't some individuals go to see their GP?

They can be:

- Fearful of what the GP/urologist might tell them.
- Anxious about the tests the GP might do.
- Embarrassed by the problem.
- Misled into thinking that nothing can be done about it – it's just a part of getting older!
- Worried about making the GP or healthcare team aware that they have a prostate.

Men from an African Caribbean background/ Black men are 3 times more at risk of prostate cancer than men of other ethnicities/backgrounds.

## Okay, I understand. What can I do to help?

It's important to encourage the person to make an appointment to see the GP to find out what the problem might be and what can be done to help.

## What might happen at the doctors?

### Symptoms

The GP will ask about the symptoms; what they are, how long they've had them and if they think symptoms are getting worse. They may be asked to fill in a questionnaire. There is a similar symptom checker on our website [www.prostatescotland.org.uk](http://www.prostatescotland.org.uk) that they can do at home, print off and take along with them when they see the GP. This may help explain their symptoms.

### Urine sample

The GP may ask for a urine sample to check it for blood, glucose (a type of sugar) or for any signs of infection in their bladder or kidneys.

### Digital rectal examination (DRE)

The GP may want to examine their prostate. For this, they will be asked to lie on their side and the GP will slide a gloved finger into the back passage checking the size and shape of the prostate, feeling for any lumps or hardened areas. Although this might be a bit uncomfortable it shouldn't be painful and usually it doesn't take very long. Although they may worry about this examination and may find it a bit embarrassing, the GP will understand how they might be feeling.

### PSA blood test

This is a simple test to take a small sample of blood from their arm to measure the amount of PSA in their blood. As those who have a prostate get older or if the prostate is damaged or enlarged more PSA can leak out into the blood so giving a higher PSA level. At the moment, the PSA test is the best test available to check for any problems in the prostate. However, while there are benefits but there are also drawbacks in having this test. They can discuss the PSA test with their GP. The PSA test is best used as a guide for the GP or urologist to make a diagnosis on what might be going on.

