key points

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Erectile dysfunction (ED) is the most common type of sexual dysfunction and its prevalence increases with age. ED has organic aetiologies and is associated with other clinical comorbidities. Men with ED are more likely to have: cardiac disease, diabetes, hypercholesterolaemia, angina, hypertension, prostate disease and depression. Similarly, men with these conditions are more likely to have ED. It is believed that vasculogenic ED shares a common aetiology with coronary artery disease, including hyperlipidaemia, diabetes and hypertension. Taking a careful history of onset, duration and associated symptoms may reveal possible causes of ED. Past medical history, disease control, trauma and medication use can provide vital information.

ED patients with a sedentary lifestyle should be encouraged to undertake an exercise programme. In obese men, weight loss of 10% or more can improve IIEF score. Regular exercise, healthy diet, smoking cessation, limiting alcohol intake and avoiding recreational drugs can reduce the risk of, or improve, ED.

It is important to differentiate between patients suffering from nocturnal frequency, enuresis or nocturnal polyuria as the causes and treatments for each of these conditions are different. Reducing fluid intake after 6 pm and avoiding alcohol and/or caffeine at night may reduce nocturnal voiding. Anticholinergics can decrease the overactivity of the bladder. An improvement in nocturia and nocturia bother score have been demonstrated following administration of 2 mg of oral melatonin.

Nocturnal enuresis can often be the only symptom of high-pressure chronic retention which is prevalent in older men. It is important to recognise this condition as treatment can prevent further renal impairment. In nocturnal polyuria the urine output at night is more than a third of the total daily urine output. If conservative measures are not successful, in the absence of heart failure, a low-dose diuretic in the afternoon can help the kidneys get rid of the fluid before bedtime.

The main cause of bladder outlet obstruction in men is benign prostatic enlargement. The aetiology and risk factors for the development of BPH are not clearly understood. Patients can be started on medical therapy (alpha blockers or 5 alpha reductase inhibitors) either as monotherapy or in combination. Failure to improve symptoms or progression (retention) despite medical treatment should be managed surgically. Sudden onset of loin pain in older patients needs prompt investigation as the causes could include: musculoskeletal injury; renal or ureteric calculi; diverticulitis or abdominal aortic aneurysm.