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Study reveals high death toll after severe urinary complications in men over 45

Mortality in men with acute urinary retention admitted to hospital

As many as one in four men admitted to hospital with acute urinary retention will die within a year, finds a study published on [bmj.com](#) today.

The risk of death in men after acute urinary retention is close to that seen in patients who had a broken hip. The problem is set to get worse as the population ages, warn the researchers.

Acute urinary retention (AUR) is the sudden inability to pass urine and is often a progression of benign prostatic hyperplasia (an increase in size of the prostate in middle-aged and elderly men which can interfere with the normal flow of urine). It is a medical emergency and is thought to be linked to the presence of other disorders such as high blood pressure and diabetes.

So to investigate the risk of death associated with AUR, researchers analysed data on all men aged over 45 years who were admitted to NHS hospitals in England with a first episode of AUR between 1998 and 2005. Mortality in the first year after AUR was compared to mortality among the general male population of similar age.

During the study period, 176,046 men over 45 were admitted to hospital with primary AUR.

Mortality among these men was very high. One in seven men with spontaneous AUR (no evidence of precipitating factors other than benign prostatic hyperplasia) and one in four with precipitated AUR died in the first year.

The risk of dying increased with age and the presence of other disorders (comorbidity). Consequently, about half the men aged over 85 years with comorbid conditions died within the first year after AUR.

Overall mortality at one year in men admitted to hospital for AUR was two to three times higher than for the general male population. However, in men aged between 45 and 54 years with precipitated AUR, there was an almost 24-fold increase in mortality compared to the general population.

The authors conclude that mortality of hospitalised men with AUR is high and increases strongly with age and the presence of other conditions. As a result, patients with AUR may benefit from urgent multi-disciplinary care to identify and treat comorbidity early.

An accompanying editorial discusses the importance of this study and supports the call for multidisciplinary care in these men.

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