MEN'S HEALTH FACTSHEET

Prostate Health and PSA Testing

Understanding prostate changes, possible symptoms and informed decisions about testing

The short version

The prostate is a small gland below the bladder that contributes fluid to semen. It commonly enlarges with age, but urinary or sexual changes can have several causes. A PSA blood test may help identify a prostate problem, but it cannot diagnose or completely rule out prostate cancer. Symptoms, individual risk, examination findings and follow-up tests all matter.

Common prostate conditions

Benign prostate enlargement	A common, non-cancerous enlargement that can press on the urethra and affect urination. It is not prostate cancer and does not itself increase the risk of prostate cancer, although both can occur in the same person.
Prostatitis	Inflammation of the prostate. It may cause urinary difficulty, burning, pelvic or genital pain, pain with ejaculation and sometimes fever. Acute bacterial prostatitis can become serious and needs prompt medical assessment.
Prostate cancer	Cancer that begins in the prostate. Some cancers grow slowly and may never cause harm; others can grow or spread more quickly. Early prostate cancer often causes no symptoms.

Changes to discuss with a GP

- difficulty starting to urinate or needing to strain
- needing to urinate more often, urgently or at night
- pain or burning when urinating
- new or persistent erectile difficulties
- a weak, interrupted or stop-start urine flow
- feeling that the bladder has not emptied fully
- blood in urine or semen
- pelvic, genital or lower-back pain

These symptoms are common and often have a non-cancerous cause, but they should be checked if they are new, persistent, worsening or not normal for you.

Who has a higher risk of prostate cancer?

- Risk rises with age, particularly after age 50.
- Black men have a higher risk than men of other ethnic backgrounds.
- Risk is higher when a father or brother had prostate cancer, particularly at a younger age.
- Some inherited gene changes, including BRCA2, can increase risk. A family history of breast, ovarian, pancreatic or prostate cancer may be relevant.

What is the PSA test?

PSA means prostate-specific antigen. It is a protein produced by normal prostate cells and by prostate cancer cells. A small amount is normally present in the blood. The level can rise with age, prostate enlargement, inflammation, infection, recent ejaculation and other factors. The test is a useful piece of information, not a diagnosis.

What it may do	Help detect a prostate problem before symptoms appear; identify some fast-growing cancers earlier; and support monitoring after a prostate diagnosis or treatment.
What it cannot do	Confirm cancer by itself, identify how aggressive a cancer is, or guarantee that cancer is absent when the result is within the expected range.
Possible consequences	A raised result may lead to repeat blood tests, specialist referral, MRI and sometimes biopsy. Testing can find a slow-growing cancer that would never have caused harm, which may create anxiety and lead to further monitoring or treatment.

Who can have a PSA test?

Men and anyone with a prostate can ask a GP to discuss PSA testing. A GP should explain the potential benefits and limitations and consider symptoms, age, family history, ethnicity, overall health and personal preferences. Testing may also be offered when symptoms or examination findings need investigation.

Screening in the UK

The UK National Screening Committee does not recommend population-wide prostate cancer screening. Following its March 2026 review, it recommends targeted PSA testing every 2 years for men aged 45 to 61 who have a pathogenic BRCA2 variant and a family history of breast, ovarian, pancreatic or prostate cancer. This narrowly defined programme is different from an individual asking a GP to discuss PSA testing.

Preparing for a PSA test

Follow the instructions given by the healthcare service. NHS guidance advises that, for 48 hours before testing, you should avoid ejaculation, anal sex, cycling and vigorous activity that leaves you out of breath because these may raise PSA temporarily. A urine infection can also affect the result; testing is generally delayed for 4 to 6 weeks after it has cleared.

Tell the clinician about urinary symptoms, recent infections or procedures, medicines and supplements. Do not stop prescribed medication unless a qualified healthcare professional tells you to.

What happens after the result?

Result reviewed	The GP considers the PSA level alongside age, symptoms, medical history, risk factors, medicines and any previous results. There is no single PSA value that gives a complete answer for everyone.
Repeat or additional checks	The GP may repeat the PSA test, check urine for infection, offer a digital rectal examination or arrange other assessment. A rectal examination and a PSA test provide different information; you can ask what each examination is intended to establish.
Specialist referral	A raised PSA or concerning examination may lead to referral. This does not mean that cancer has been diagnosed. NICE recommends MRI as the first-line investigation for suspected clinically localised prostate cancer in secondary care, with biopsy decisions influenced by the MRI and individual circumstances.
Follow-up	Ask when and how results will be communicated, whether another test is needed and what symptoms should prompt earlier contact. Follow up if an expected result or appointment does not arrive.

Questions to ask before deciding

- What is my individual risk of prostate cancer?
- What might a raised or lower PSA result mean for me?
- What further tests could follow, and what are their possible benefits and harms?
- Would knowing the result change what happens next, considering my health and preferences?
- If I do not test now, when should the decision be reviewed?

When help is urgent

Seek urgent medical advice

Use NHS 111 or request an urgent GP appointment if you cannot urinate, have blood in your urine, have significant pain when urinating, or symptoms of prostatitis are worsening despite antibiotics. Call 999 or go to A&E; for signs of sepsis, including severe breathing difficulty, sudden confusion, blue or blotchy skin, or feeling dangerously unwell.

How Health Matters UK can support you

Health Matters UK can help you record symptoms, organise questions, understand general health information and prepare for a healthcare conversation. We do not diagnose prostate conditions, recommend whether an individual should have a PSA test, interpret results or replace a GP, urologist or other regulated healthcare professional.

Men's health matters to us

Prostate and urinary changes can feel personal or embarrassing, but asking for help is a normal part of looking after your health. Every man deserves clear, respectful and evidence-informed information so that he can make decisions without pressure or judgement.

Important information

This factsheet is for general education and does not replace personalised medical advice, diagnosis or treatment. Do not start, stop or change prescribed medication without speaking to an appropriately qualified healthcare professional. For urgent medical help, use NHS 111; call 999 in an emergency.

Evidence and review

Prepared in line with Health Matters UK's Evidence & Editorial Standards. Information was checked against current NHS, NICE, UK National Screening Committee and Prostate Cancer UK resources. External guidance remains the responsibility of the issuing organisation.

• NHS. PSA test, reviewed September 2024. nhs.uk/tests-and-treatments/psa-test/

• NHS. Symptoms of prostate cancer. nhs.uk/conditions/prostate-cancer/symptoms/

• NHS. Enlarged prostate, reviewed April 2025. nhs.uk/conditions/enlarged-prostate/

• NHS. Prostatitis. nhs.uk/conditions/prostatitis/

• NICE. Suspected cancer: recognition and referral (NG12), updated April 2026. nice.org.uk/guidance/ng12

• NICE. Prostate cancer: diagnosis and management (NG131). nice.org.uk/guidance/ng131

• UK National Screening Committee. Prostate cancer screening recommendation, March 2026. view-health-screening-recommendations.service.gov.uk/prostate-cancer/

• Prostate Cancer UK. Are you at risk of prostate cancer? prostatecanceruk.org/prostate-information-and-support/risk-and-symptoms/are-you-at-risk

• Prostate Cancer UK. The PSA blood test. prostatecanceruk.org/prostate-information-and-support/prostate-tests/psa-blood-test

Published: November 2026 Version: 1.0 Review due: November 2027, or sooner if guidance changes

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