

FREE GUIDE

Men 60 and over

Cholesterol, blood sugar, kidneys and B12: the numbers that change with age.

Blood tests for men from 60

After 60, high cholesterol, kidney changes and low B12 become more common, often without symptoms. A blood test shows your numbers for you and your GP.

It can

- ✓ Show your B12, which some common medicines lower
- ✓ Show your cholesterol, blood sugar and kidneys, which give no early symptoms
- ✓ Give you numbers to talk through with your GP

It cannot

- ✗ Turn PSA into a routine check: it is a choice with your GP
- ✗ Clear you to train or assess your heart: it shows risk factors
- ✗ Promise energy, strength or sex drive from a testosterone result

WHY IT MATTERS

01

The NHS Health Check runs to 74, and men over 50 are more likely to have high cholesterol

Every 5 years the NHS offers a cholesterol test, and possibly a blood sugar test, looking at heart disease, stroke, type 2 diabetes and kidney disease. High cholesterol gives no symptoms.^[1, 2]

02

Low B12 becomes more common after 65

In 3,511 people in the UK aged 65 or over, it went from about 1 in 20 at 65 to 74 to 1 in 10 or more from 75. Metformin and acid reflux tablets can lower it.^[3, 4]

03

Early kidney disease gives no warning

There are usually no symptoms in the early stages. It is linked to getting older, high blood pressure and diabetes.^[5]

04

PSA is a choice to make with your GP, not a routine test

Routine PSA testing is not offered on the NHS, but you can ask your GP. In large trials, PSA screening made at most a small difference to prostate cancer deaths over 10 years, did not change overall deaths, and has harms to weigh.^[6, 7]

05

Being fit does not switch off heart risk

The NHS suggests at least 150 minutes of moderate activity a week from 65. In athletes over 35, more than 80% of sudden cardiac deaths come from disease of the heart arteries, and guidelines use cholesterol in the risk score. In a UK study, long-time male endurance athletes had more artery plaques than inactive men (44.3% against 22.2%), mostly calcified; what that means is still uncertain.^[8, 9, 10]

What usually makes sense, and when to repeat it

TEST	WHY	WHEN TO REPEAT
Cholesterol profile	Men over 50 are more likely to have high cholesterol, and it gives no symptoms. ^[1, 2]	Every 5 years at the NHS Health Check up to 74, or as your GP advises.
HbA1c (average blood sugar)	Blood sugar can be part of the NHS Health Check. Type 2 diabetes does not always cause symptoms. ^[1, 11]	Every 5 years at the NHS Health Check, or as your GP advises.
Kidney function (creatinine, eGFR)	Early kidney disease usually has no symptoms and is linked to getting older. ^[5]	With your cholesterol; more often with high blood pressure or diabetes.
Vitamin B12 and folate	Low B12 becomes more common after 65, and metformin and acid reflux tablets can lower it. ^[3, 4]	As your GP advises; more often on metformin or reflux tablets.
Full blood count and ferritin	Shows anaemia, which can come from low iron or low B12. ^[3, 12]	With your B12.
Vitamin D, 25(OH)D	The NHS suggests vitamin D all year for people who are not often outdoors. ^[13]	Once in late winter.
TSH and free T4 (thyroid)	Thyroid problems become more common with age. ^[14]	If you have symptoms, or as your GP advises.

THE TESTS

TEST	WHY	WHEN TO REPEAT
Total and free testosterone (only with symptoms)	Testosterone falls with age. It is worth measuring, in the morning, if you have symptoms such as low sex drive or fewer morning erections. ^[15, 16]	As your GP advises.
Total and free PSA	There is no routine PSA testing on the NHS. You can ask your GP; a high PSA does not mean cancer, and the test has benefits and harms to weigh. ^[6, 7]	Only after talking to your GP, who sets how often.

What to do with your result

Your result arrives in your account, with reference ranges. A value outside the range, or a symptom with a normal result, is a conversation with your GP: treatment and supplements are their call. Repeat the same test later to compare.

SOURCES

1. NHS. NHS Health Check. nhs.uk. 2026. <https://www.nhs.uk/tests-and-treatments/nhs-health-check/>
2. NHS. High cholesterol. nhs.uk. 2026. <https://www.nhs.uk/conditions/high-cholesterol/>
3. Clarke R, Grimley Evans J, Schneede J, et al. Vitamin B12 and folate deficiency in later life. *Age Ageing*. 2004;33:34-41. doi:10.1093/ageing/afg109. PMID 14695861
4. NHS. Vitamin B12 or folate deficiency anaemia: causes. nhs.uk. 2026. <https://www.nhs.uk/conditions/vitamin-b12-or-folate-deficiency-anaemia/causes/>
5. NHS. Chronic kidney disease. nhs.uk. 2026. <https://www.nhs.uk/conditions/kidney-disease/>
6. NHS. PSA test. nhs.uk. 2026. <https://www.nhs.uk/tests-and-treatments/psa-test/>
7. Ilic D, Djulbegovic M, Jung JH, et al. Prostate cancer screening with prostate-specific antigen (PSA) test: a systematic review and meta-analysis. *BMJ*. 2018;362:k3519. doi:10.1136/bmj.k3519. PMID 30185521
8. NHS. Physical activity guidelines for older adults. nhs.uk. 2026. <https://www.nhs.uk/live-well/exercise/physical-activity-guidelines-older-adults/>
9. Pelliccia A, Sharma S, Gati S, et al. 2020 ESC Guidelines on sports cardiology and exercise in patients with cardiovascular disease. *Eur Heart J*. 2021;42:17-96. doi:10.1093/eurheartj/ehaa605. PMID 32860412
10. Merghani A, Maestrini V, Rosmini S, et al. Prevalence of Subclinical Coronary Artery Disease in Masters Endurance Athletes With a Low Atherosclerotic Risk Profile. *Circulation*. 2017;136:126-137. doi:10.1161/CIRCULATIONAHA.116.026964. PMID 28465287
11. NHS. Type 2 diabetes: symptoms. nhs.uk. 2026. <https://www.nhs.uk/conditions/type-2-diabetes/symptoms/>
12. NHS. Iron deficiency anaemia. nhs.uk. 2026. <https://www.nhs.uk/conditions/iron-deficiency-anaemia/>
13. NHS. Vitamin D. nhs.uk. 2026. <https://www.nhs.uk/conditions/vitamins-and-minerals/vitamin-d/>
14. Vanderpump MP, Tunbridge WM, French JM, et al. The incidence of thyroid disorders in the community: a twenty-year follow-up of the Wickham Survey. *Clin Endocrinol (Oxf)*. 1995;43:55-68. doi:10.1111/j.1365-2265.1995.tb01894.x. PMID 7641412
15. Feldman HA, Longcope C, Derby CA, et al. Age trends in the level of serum testosterone and other hormones in middle-aged men: longitudinal results from the Massachusetts male aging study. *J Clin Endocrinol Metab*. 2002;87:589-598. doi:10.1210/jcem.87.2.8201. PMID 11836290
16. Wu FC, Tajar A, Beynon JM, et al. Identification of late-onset hypogonadism in middle-aged and elderly men. *N Engl J Med*. 2010;363:123-135. doi:10.1056/NEJMoa091101. PMID 20554979



Scan for the full page, the tests that cover these markers, a short video and the guided check-up.

bpr.clinic/blood-tests/for/men-60-plus

General information, not personal medical advice. Talk to your GP about your own situation. Questions: hello@bpr.clinic or message us in the BPR app.

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