

# Men's Health in Virtual Care



This document includes a non-exhaustive list of men's health conditions with advice on how best to use Teladoc Health Canada services based on your concern. This guide is not meant to provide medical advice or service and should not be construed as the professional advice of Teladoc Health Canada.



# Introduction

Around the world men consistently live shorter lives than women.<sup>1</sup> In Canada, the average life expectancy for men is almost **4 years shorter** than their female counterparts.<sup>2</sup> This disparity is underpinned by many different biological, cultural, and environmental factors.

Testosterone plays a vital role in promoting and maintaining healthy body functioning, however the influence of testosterone on risk-taking behavior poses unique health implications for men.<sup>3</sup> In fact, accidents are the leading cause of death in Canadian men under 50.<sup>2</sup>

For men over 50, cancer and heart disease pose the greatest threat to health as the leading causes of death in Canada.<sup>2</sup> Heart disease is known to impact men earlier in life, with 4x more men aged 25-44 suffering from heart attacks than women of the same age.<sup>4</sup> While this discrepancy is partially explained by estrogen's protective role in heart disease in women, there are other lifestyle factors more commonly seen in men that contribute to their greater overall risk. For example, rates of obesity, smoking and poor diet are all higher in Canadian men than women.<sup>3</sup>

Cultural issues also play a significant role in the gender gap in life-expectancy. In most cultures, masculinity is centered around the common themes of independence, fearlessness, and strength. This perpetuates unhelpful stereotypes of men needing to be self-reliant, suppress emotion and minimize vulnerability. Society has also reinforced the link between masculinity and dangerous social activities like excessive drinking, illicit drug use and risk-taking behaviour.<sup>4</sup> Ultimately, men are not encouraged to prioritize their health as the act of seeking help has been inadvertently portrayed as 'unmasculine'.

For men from marginalized communities or with different backgrounds, sexual orientations, or gender identities, these cultural barriers are compounded by discrimination, racism and lack of access to reliable information and care.<sup>3</sup>

Research has shown men are more reluctant to seek support due to the shame and stigma surrounding many of the cultural barriers described above. At Teladoc Health, we provide access to reliable, inclusive care to help minimize stigma and empower all men to ask for help and prioritize their health.

**Note:** In this guide, different aspects of men's health apply to everyone regardless of gender identity and sexual orientation. This includes transgender women and people assigned male at birth who either continue to identify as male or now identify as another gender.

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# Heart Health

**Heart disease** is the second leading cause of death and leading cause of hospitalizations in Canada.<sup>5</sup>

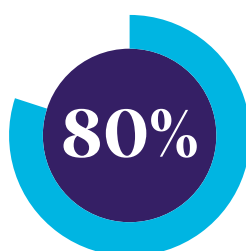
Heart disease encompasses a wide range of health conditions affecting the heart. The most common condition, ischemic heart disease, involves a buildup of plaque in the blood vessels surrounding the heart muscle.

As you age, it is normal for 'plaque' to build up in your blood vessels. Plaque is a sticky substance made up of cholesterol, fat, calcium and other fibrous tissues. The process of sticky plaque adhering to your blood vessel walls is known as atherosclerosis. As more plaque builds up, it becomes harder for blood to flow efficiently through these vessels – just like a clogged pipe. When these blockages occur in the blood vessels around your heart, it can result in a severe lack of blood flow to the heart muscle, commonly known as a heart attack.<sup>5</sup>

It is important for men aged 40+ to stay on top of potential risk factors through regular examinations and preventative lifestyle changes.<sup>5</sup>

## Risk Factors

- High blood pressure
- High cholesterol
- Type 2 diabetes
- Smoking
- Obesity
- Sedentary lifestyle
- Diet high in fat, salt, processed foods
- Family history



**80%** of premature heart disease and stroke can be prevented through lifestyle habits like healthy diet and physical activity<sup>6</sup>



**10 years** On average, men are diagnosed with heart disease 10 years earlier than women<sup>5</sup>

## Symptoms

### Chest Pain

- Chest tightness, aching, heaviness
- Pain spreading across arms, shoulders, jaw, neck or back
- Pain at rest, during exertion, or both

### Palpitations

- Feeling like your heart is beating too fast, too strongly or irregularly

### Shortness of breath

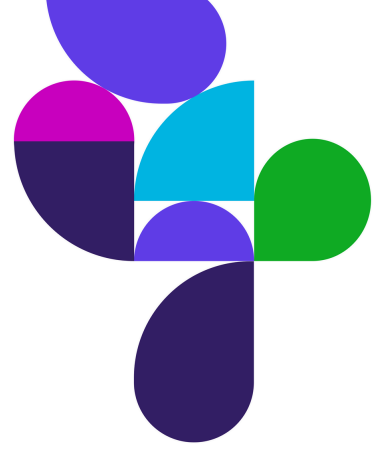
- Breathlessness on exertion or when lying down
- Breathlessness waking you from sleep

### Fatigue

- Weakness and dizziness
- Fatigue worse on exertion

### Additional symptoms may include:

- Leg pain worse on exertion
- Swelling in legs, ankles, feet
- Nausea, indigestion



## Diagnosis

Your doctor may order different tests depending on your symptoms and risk factors.



## Prevention & Treatment

It's important to have your blood pressure, blood sugar and cholesterol levels monitored regularly regardless of any pre-existing risk factors.

Some of the risk factors listed above can be controlled through lifestyle changes like smoking cessation, diet or increased physical exercise. In other cases, medication may be needed to help lower your risk.<sup>5</sup>





# Sexual Health

## Premature Ejaculation

Premature or rapid ejaculation is a condition where men ejaculate with minimal sexual stimulation resulting in personal or relationship distress. It is normal for men to occasionally ejaculate prematurely, when it starts occurring regularly it may be formally diagnosed.

There are many physical and psychological factors that contribute to premature ejaculation such as anxiety, stress, hormone levels, erectile dysfunction and prostate inflammation or infection.<sup>6</sup>



### Diagnosis

Diagnosis of premature ejaculation is typically made based on your symptoms.



### Prevention & Treatment

At present, there is no medication to treat premature ejaculation. Treatment involves specific exercises and other various techniques to help 're-train' and slow-down that reflex.<sup>6</sup>

# Erectile Dysfunction

Erectile dysfunction (ED) is defined as the inability to achieve or maintain an erection adequate for sexual activity. It is an extremely common condition affecting men of all ages. There are different causes of erectile dysfunction which can be broadly split into 3 categories:

## Physical Causes

Occur when the muscle, nerves, or blood vessels responsible for an erection are affected by injury or disease.

## Psychological Causes

Occur when stressors, anxiety or thought patterns make it difficult to create or maintain an erection.

## Medication-related Causes

Occur when side effects of certain medications, for example blood pressure pills, or illicit substances make it difficult to create or maintain an erection.

It is normal to occasionally be unable to maintain an erection long enough to have sex, especially if you're tired or during periods of high stress. If you're having **difficulty getting or maintaining an erection during ~50% of encounters**, consider speaking with a healthcare provider for further assessment and counselling.<sup>6</sup>



## Diagnosis

Diagnosis of ED is typically made based on your symptoms.



## Prevention & Treatment

Treatment for ED depends on the likely cause. There are lifestyle changes that have shown to improve symptoms such as regular exercise, reduced alcohol intake and quitting smoking. For individuals experiencing psychological causes of ED, addressing your mental health can help improve symptoms. In other cases, medication may be required – taken daily or on-demand 1-2 hours before sex.<sup>6</sup>

# Sexually transmitted and Blood Borne Infections

In 2018, over 50% of Canadians reported that they had never been screened for sexually transmitted and blood borne infections (STBBI).

Health Canada recommends all individuals under 25 should be offered screening for STBBI at least once a year. STBBI screening includes tests for chlamydia, gonorrhea, syphilis and HIV. If you are over 25 you will be offered annual screening if you are a transgender person, gay, bisexual, or a man who has sex with men. You may also be offered an annual screening depending on other risk factors.<sup>7</sup>

## Symptoms

### Chlamydia

- Often asymptomatic
- Abnormal genital discharge
- Burning with urination

### Gonorrhea

- Often asymptomatic
- Abnormal genital discharge
- Burning with urination

### Syphilis

- Begins as a painless open sore on the penis
- If left untreated, can advance to a wide-spread rash or more serious problems with different internal organs

### HIV

- Mild flu-like symptoms 2 to 4 weeks after exposure
- If left untreated, can compromise immune system and increase the risk of life-threatening infections.

## Pre-exposure Prophylaxis (PrEp)<sup>a</sup>

PrEp is an **anti-retroviral (anti-HIV) drug** used to help prevent sexual HIV transmission in people at high risk for HIV infection. High risk individuals include (but are not limited to):

- Men or transgender women who report condomless sex with men and have a high HIV risk score
- Any person who has condomless sex with a partner who has untreated HIV
- Any person who shares injection drug use equipment



## Diagnosis

Screening/diagnosis may include any or all of the following: urine sample, vaginal swab, rectal swab, throat swab, blood test.<sup>7 8</sup>



## Prevention & Treatment

Treatment for chlamydia, gonorrhea and syphilis includes different antibiotics depending on the severity of the infection. There are highly effective specialized treatments to manage HIV infection, help lower the levels of HIV in the body and improve immune system function.<sup>7 8</sup>



# Benign Prostatic Hyperplasia

As men get older, many will develop an enlarged prostate, a condition known as **Benign Prostatic Hyperplasia (BPH)**. The prostate gland sits below the bladder in men and produces some of the fluid that makes up semen. Given its location, as the prostate enlarges it can block the flow of urine out of the bladder resulting in disruptive symptoms. While many of the symptoms of BPH are very similar to prostate cancer, it's important to note that BPH is a non-cancerous condition.<sup>6</sup>

## Symptoms

- Difficulty starting the flow of urination
- More frequent urination, especially at night
- Weak or slow urine stream
- A strong, sudden urge to urinate



## Diagnosis

Diagnosis of BPH is made with a physical examination of the prostate. Given the symptoms of BPH are very similar to prostate cancer, your doctor's biggest concern will be ruling out the possibility of a more serious prostate issue.<sup>6</sup>



## Prevention & Treatment

Treatment of BPH depends largely on symptom severity. In some cases where symptoms are tolerable, treatment may not be necessary, and your doctor may choose to monitor your symptoms with regular examinations and blood tests. In other cases, your doctor may prescribe medication or suggest minimally invasive surgery.<sup>6</sup>





# Low Testosterone

**Testosterone deficiency** is estimated to affect 25% of Canadian men aged 40-62. Men produce most of their testosterone in their testicles. With age, this production of testosterone can decrease, leading to a variety of symptoms that often negatively impact quality of life.<sup>9</sup>

In many cases, the exact cause of low testosterone is unknown. Below are a few more well-understood causes of testosterone deficiency:

## Potential Causes

- Trauma or injury to the testicles
- Chemotherapy
- Diabetes
- Lung, liver, kidney disease
- Obesity
- Aging
- Some medications
- Alcohol abuse

It is worth noting that having a vasectomy **does not** impact your testosterone levels. A vasectomy is a procedure that involves blocking or cutting the tube that transports sperm from the testicles. Although testosterone is made in the testicles, it is directly absorbed into the blood and therefore unaffected by the procedure.<sup>6</sup>

25%

of Canadian men aged 40-62 are diagnosed with low testosterone<sup>9</sup>

2x

Men aged 45 and older with diabetes are **twice as likely** to have low testosterone<sup>10</sup>

## Symptoms

### Physical

- Decreased muscle mass, strength, exercise tolerance
- Increased weight or body fat
- Hair loss

### Psychological

- Depression
- Insomnia
- Fatigue

### Sexual

- Decreased libido
- Delayed ejaculation
- Erectile dysfunction

**Testosterone naturally decreases with age. Men in their 70s or older have a higher chance of developing low testosterone.<sup>9</sup>**



## Diagnosis

A diagnosis of testosterone deficiency can only be made if an individual is symptomatic and has a low result on a morning testosterone blood test. Further testing may also be required to rule out known causes of low testosterone.<sup>9</sup>



## Prevention & Treatment

If you have testosterone deficiency, a healthy lifestyle that includes regular exercise, good sleep, and a healthy diet is recommended to promote testosterone production.

Further treatment depends on your fertility goals. Testosterone therapy, in the form of pills, patches or injections, can be an option for men who do not plan on future fertility. For men who are planning potential fertility in the future, testosterone therapy is not recommended as it can shut down sperm production resulting in infertility. In these cases, there are other medications your doctor may recommend to alleviate symptoms without affecting fertility.<sup>6</sup>



# Cancer

## Prostate Cancer

Prostate cancer is the most common cancer among Canadian men, excluding non-melanoma skin cancers.<sup>11</sup> As previously mentioned, the prostate gland sits below the bladder in men and produces some of the fluid that makes up semen. Given the location of the prostate, most symptoms of prostate cancer involve changes in bladder habits. In the early stages, prostate cancer is often asymptomatic and can go undetected for years before symptoms develop. Furthermore, many of the symptoms of prostate cancer are non-specific and may be easily dismissed as 'a normal part of aging'.<sup>6</sup>

Given the unpredictability of symptoms, **all men over 50 are offered screening for prostate cancer every 1 to 3 years in Canada.** This includes a physical exam of the prostate and a blood test for Prostate Specific Antigen (PSA).<sup>11</sup>

## Risk Factors

- Advanced age
- Family history
- Black ethnicity (including African or Caribbean ancestry)
- Obesity

1 in 8

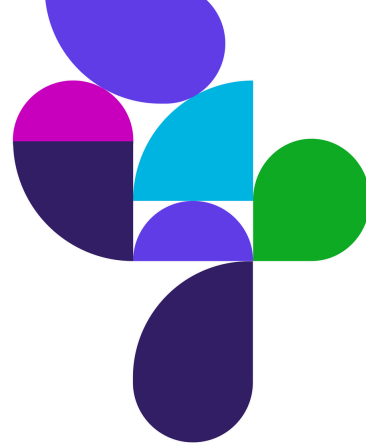
men will develop prostate cancer in their lifetime<sup>11</sup>

1 in 29

men will die from prostate cancer<sup>11</sup>

## Symptoms

- More frequent urination, especially at night
- A strong, sudden urge to urinate
- Difficulty starting the flow of urination
- Weak or slow urine stream
- Burning or pain during urination
- Blood in urine or semen
- Erectile dysfunction



**On average 67 Canadian men will be diagnosed with prostate cancer every day.<sup>11</sup>**



## Diagnosis

Initial diagnosis is usually suspected when either of the initial screening tests, as described above, are abnormal. In this case, your doctor will likely order scans and a biopsy of the prostate to confirm the diagnosis of prostate cancer.<sup>11</sup>



## Prevention & Treatment

Treatment for prostate cancer depends on the type of cancer, stage and risk factors unique to each individual. In some cases, prostate cancer will be monitored closely without any medication or invasive treatment. In other cases, hormone therapy, surgery and/or radiation may be recommended.<sup>11</sup>



# Testicular Cancer

Testicular cancer is most common in younger men between the ages of 15 and 35.<sup>11</sup> It is important for individuals in this group to check their testicles regularly:

## Testicular Self -Exam<sup>6</sup>

1. Inspect your testicles for any irregularities – swelling, bumps, etc.
2. Get in a comfortable position and with one hand support the testicles while using your other hand to feel the testicles.
3. Gently roll the testicles between your thumb and fingers feeling for swelling or lumps. Don't be afraid if you feel a small cord-like structure on the top and back – this is normal.
4. Very gently squeeze each testicle to check for changes in firmness.
5. Repeat this check once a month to help spot cancer early.

## Symptoms

- A change in the size, shape or firmness of one or both of testicles
- A small bump or lump in one or both of the testicles
- A dull pressure, pain or discomfort in the lower back, belly and/or groin
- A heavy feeling in the scrotum



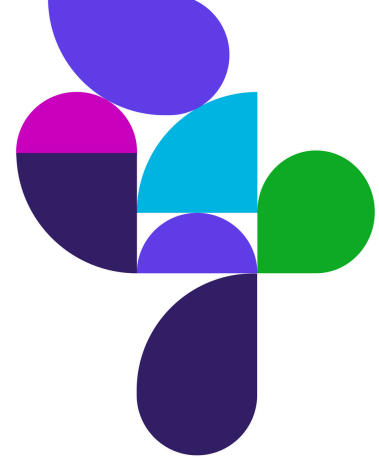
## Diagnosis

Testicular cancer is usually first detected on physical examination of the testicles. This is why it is so important to encourage regular checks – both self-exams and routine checks with your healthcare provider. If an abnormality is detected on examination, your doctor will likely order various scans and blood tests to confirm the diagnosis of testicular cancer.<sup>11</sup>



## Prevention & Treatment

Treatment for testicular cancer usually involves a combination of surgery, radiation and or chemotherapy depending on the type of tumour, stage and individual risk factors. <sup>11</sup>



# Not sure where to start?

It is important to continue having open conversations about men's health to reduce the stigma and shame many men face when deciding to seek care. At Teladoc Health Canada, we strive to deliver a seamless virtual care experience to make 'getting help' as easy as possible. Our team is here to support you in making your health and well-being a priority.

In Canada, there are various screening programs and recommendations to help men stay on top of their health before problems arise. Here is a non-exhaustive list of important screening timelines, modified from the Canadian Men's Health Foundation,<sup>6</sup> to help you prioritize your health:

	AGES 20-39	AGES 40-54	AGES 55+
<b>Abdominal Ultrasound</b>			Once at 65
<b>Blood Pressure Test</b>	Every 2-5 years	Yearly	
<b>Bone Mineral Density Test</b>			Once at 65
<b>Colorectal Cancer Screen</b>		Every 2 years after 50	
<b>COVID-19 Vaccine</b>	Based on provincial guidelines		
<b>Flu Shot</b>	Yearly		
<b>Hearing Exam</b>			Every 2 years after 60
<b>Pneumovax Vaccine</b>			Once at 65
<b>Prostate Cancer Screen</b>		Every 1-3 years after 50	
<b>Self Exams: Skin &amp; Testicles</b>	Monthly		
<b>Shingles Vaccine</b>		2 doses after 50	
<b>STBBI Test</b>	Yearly or before a new partner		
<b>Tetanus and Diphtheria Vaccine</b>	Every 10 years		
<b>Whooping Cough Vaccine</b>	Every 10 years		



This guide is not meant to provide medical advice or service and should not be construed as the professional advice of Teladoc Health Canada. As such, Teladoc Health Canada does not guarantee or assume responsibility for the correctness of the information or its applicability regarding any specific factual situation. Personal health problems should be brought to the attention of physicians and appropriate health care professionals.

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