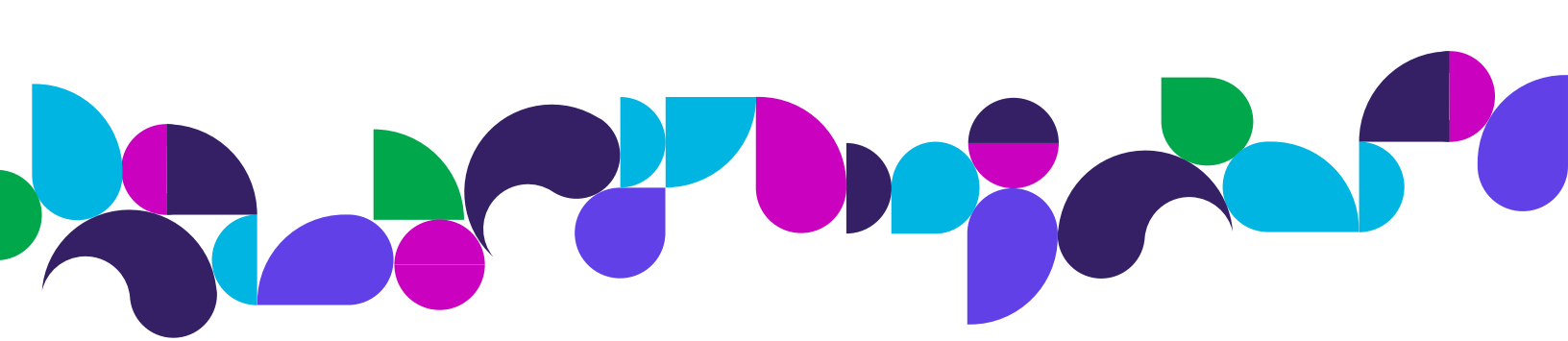


Men's Health in Virtual Care



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.¹ In Canada, the average life expectancy for men is almost **4 years shorter** than their female counterparts.² 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.³ In fact, accidents are the leading cause of death in Canadian men under 50.²

For men over 50, cancer and heart disease pose the greatest threat to health as the leading causes of death in Canada.² 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.⁴ 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.³

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.⁴ 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.³

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: Some topics in this guide apply to people based on anatomy, chromosomes, hormones, or sex assigned at birth, rather than gender identity. This may include cisgender men, transgender women, non-binary people, and others assigned male at birth.

For men over 50, cancer and heart disease pose the greatest threat to health as the leading causes of death in Canada.²



Heart Health

Heart disease is the second leading cause of death and leading cause of hospitalizations in Canada.⁵

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.

Plaque can build up in blood vessels over time, particularly in the presence of risk factors such as high blood pressure, high cholesterol, diabetes, smoking, obesity, inactivity, and family history. 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.⁵

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

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 activity⁶



On average, men are diagnosed with heart disease 10 years earlier than women⁵



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

Blood sugar should be monitored. Frequency should depend on age, risk factors, symptoms, family history, and provincial preventive-care recommendations.

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.⁵



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.⁶



Diagnosis

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



Prevention & Treatment

Treatment may include behavioural techniques, sexual counselling, addressing contributing factors such as anxiety or erectile dysfunction, and — when clinically appropriate — medication options such as topical anesthetics or selected oral medications.

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.

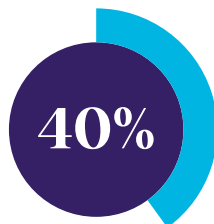
Medication-related Causes

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.⁶



men aged 40-88 will experience erectile dysfunction¹²



of men in their 40s experience ED, with prevalence increasing roughly 10% per decade¹²

Erectile dysfunction is common and becomes more prevalent with age, although it can affect men at any age. Persistent or recurrent difficulty achieving or maintaining an erection should prompt assessment for physical, psychological, medication-related, and cardiovascular risk factors.



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.⁶

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).

Current Canadian guidance supports routine chlamydia and gonorrhea screening for sexually active adolescents and adults under 30, with more frequent screening recommended for people with new or multiple partners, and additional testing based on sexual practices, symptoms, exposures, and individual risk factors. Screening may also include testing for syphilis and HIV depending on your situation. If you have any concerns or are unsure whether screening is right for you, speaking with a healthcare provider is the best place to start.⁷

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)⁸

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.^{7 8}



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.^{7 8}



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.

Symptoms

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



Diagnosis

Assessment usually includes a symptom history, review of medications and risk factors, urinalysis when appropriate, and a focused physical examination. Additional tests may be ordered to rule out infection, urinary retention, prostate cancer, or other causes.



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.⁶



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.⁹

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.⁶

25%

of Canadian men aged 40-62 are affected by testosterone deficiency⁹

2x

Men aged 45 and older with diabetes are **twice as likely** to have low testosterone⁹

Some studies estimate that biochemical testosterone deficiency may be present in a subset of middle-aged and older men, but correct diagnosis requires both compatible symptoms and confirmatory morning testosterone testing.

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.⁹



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.⁹



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.⁶

Testosterone therapy should only be initiated after appropriate clinical assessment and confirmatory testing. Ongoing monitoring is essential and includes tracking treatment response, blood counts, prostate-related concerns, cardiovascular risk factors, sleep apnea, and fertility implications.



Cancer

Prostate Cancer

Prostate cancer is the most common cancer among Canadian men, excluding non-melanoma skin cancers.¹¹ 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'.⁶

Screening for prostate cancer is a personal decision — and one worth having a conversation with your doctor about. A screening typically involves two components: a physical exam of the prostate and a blood test that measures a protein called Prostate Specific Antigen (PSA).¹¹ Whether screening is right for you depends on a number of individual factors, including your age, family history, ancestry, any symptoms you may be experiencing, and your own preferences. Because PSA testing comes with both potential benefits and limitations, Canadian guidelines don't recommend it as a routine test for everyone — but that doesn't mean it isn't the right choice for you. Talking with your healthcare provider is the best way to understand what makes sense for your situation.



men will develop prostate cancer in their lifetime¹¹



men will die from prostate cancer¹¹

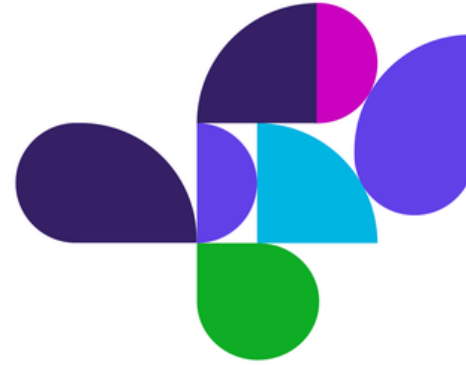
Risk Factors

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

Symptoms

Many urinary symptoms are more commonly caused by non-cancerous conditions, such as benign prostatic hyperplasia (BPH) or a urinary tract infection, than by prostate cancer. In fact, prostate cancer is often asymptomatic in its early stages. That said, the following symptoms are worth discussing with a healthcare provider:

- 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.¹¹



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.¹¹



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.¹¹

Testicular Cancer

Testicular cancer is most common in younger men between the ages of 15 and 35.¹¹ It is important for individuals in this group to check their testicles regularly:

Testicular Self -Exam⁶

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.¹¹



Prevention & Treatment

Treatment usually involves surgery and may also include radiation or chemotherapy, depending on tumour type, stage, and risk factors.¹¹

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 prioritizing your health and well-being.

Here is a non-exhaustive list of important screening timelines, adapted from the Canadian Men's Health Foundation⁶, to help you prioritize your health. Use this as a starting point for conversation with your healthcare provider — not as a fixed schedule.

PREVENTATIVE CARE	AGES 20-39	AGES 40-54	AGES 55+
Abdominal Ultrasound			Once between 65–80*
Blood Pressure Test	Screening at appropriate primary care visits for all adults 18+		
Bone Mineral Density Test		Baseline at age 50–64 if prior fracture or multiple risk factors. 65 if one risk factor is present. Generally at 70 if no risk factors*	
Colorectal Cancer Screen		Every 2 years after 50	
COVID-19 Vaccine	Based on provincial guidelines		
Flu Shot	Yearly		
Hearing Exam			Every 2 years after 60
Pneumovax Vaccine			Once at 65
Prostate Cancer Screen		Every 1-3 years after 50	
Self Exams: Skin & Testicles	Monthly self-exam may be relevant for higher-risk individuals		
Shingles Vaccine		2 doses after 50	
STBBI Test	Yearly or before a new partner		
Tetanus and Diphtheria Vaccine	Every 10 years		
Whooping Cough Vaccine	Every 10 years†		

*Bone mineral density and abdominal aortic aneurysm screening recommendations vary by age, fracture history, and individual risk factors. Discuss with your healthcare provider to determine what is right for you.¹³

†Routine adult tetanus/diphtheria-containing boosters are recommended every 10 years. Pertussis (whooping cough) recommendations vary by prior adult dose, pregnancy status, and provincial schedule.

Screening and vaccine schedules vary by province/territory, personal risk factors, prior immunization history, symptoms, family history, and shared decision-making. This table should be used as a prompt for discussion with a healthcare provider, not as a universal schedule.



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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