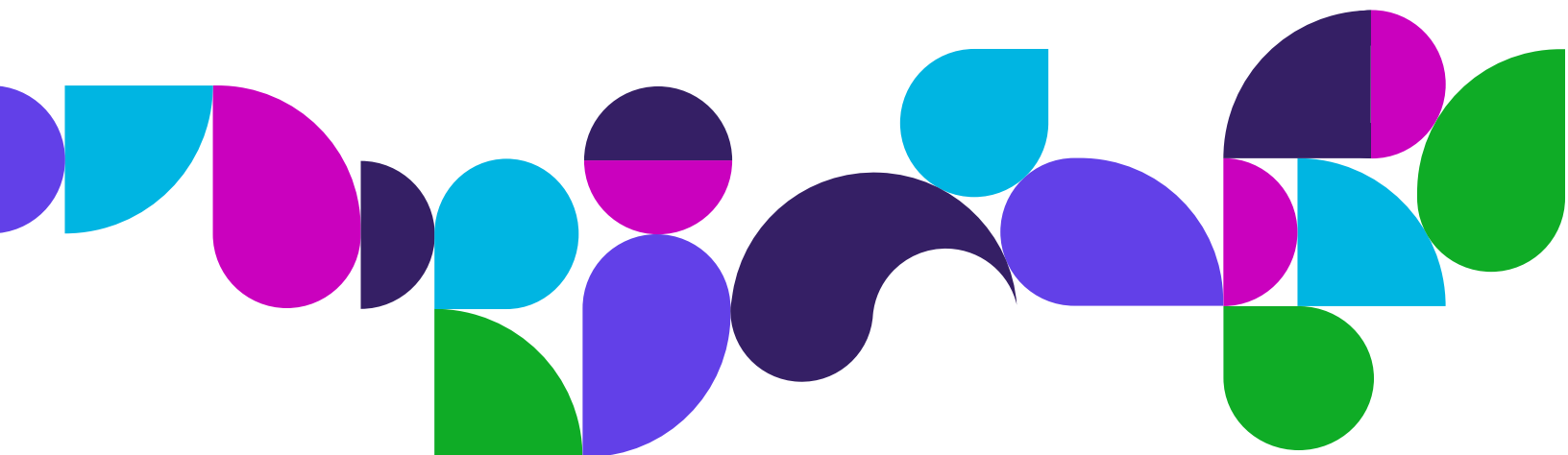




Women's Health in Virtual Care



Globally, women's health concerns are often neglected, dismissed, and overlooked leading to misdiagnosis and delay of appropriate care.

Traditional healthcare guidelines often do not account for sex- and gender-based differences when evaluating women's general health, treatment options and outcomes. The research is scarce and conflicting, leading to misinformation and general lack of public awareness around women's health. This is often referred to as the 'health gap'. For women from marginalized communities or with different backgrounds, sexual orientations, or gender identities, this gap is even bigger.

Why does the health gap exist? Women's health has suffered chronic under funding and lack of research for many decades. Women were historically neglected from medical research over concerns of 'hormonal complexity' and fertility. It wasn't until 1993 that the US government passed a law requiring the inclusion of women and minorities in clinical studies. Most medications used in practice today were developed prior to that policy change, which likely explains why ~75% of adverse events from prescription medications occur in women. As it often takes decades to see research translated into clinical practice, we are only now seeing the evidence base emerge to underpin women's health.¹

50%

of women said they felt that a physician had diminished or overlooked their symptoms²

3 in 10

women reported challenges accessing the healthcare services they needed²



Defining Women's Health

To date, there is no unified modern definition of women's health. At Teladoc Health Canada, we define women's health holistically to encompass the physiological differences, cultural challenges, and life circumstances that impact women's physical and mental wellbeing. This includes conditions specific to female biology and general health conditions that affect women disproportionately or differently than men.

At Teladoc Health Canada, our mission is to empower all people everywhere to live their healthiest lives by transforming the healthcare experience. We believe that a modern healthcare experience for women is one in which all aspects of their health and wellbeing are considered through a whole-person approach. All women deserve to feel prioritized, respected, and heard when it comes to their health.

Virtual care enables women to have access to healthcare at their fingertips, quickly and without hassle. This document includes a non-exhaustive list of women's health conditions with advice on how best to use our services based on your concern.



Graphic modified from McKinsey & Company article 'Closing the gender gap in healthcare'³

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



Pelvic & Uterine Health

Many women will experience pelvic and uterine health issues in their life. These may include urinary disorders, pelvic pain, rectal disorders, and birth injury and trauma. This is not an exhaustive list. Endometriosis and Polycystic Ovarian Syndrome are addressed here as amongst the most common:

Endometriosis is one of the most common women's health conditions estimated to affect up to 10% of women ages 15 to 44.

A woman's uterus is lined with endometrial tissue. During each menstrual cycle this tissue thickens to prepare for the possible implantation of a fertilized egg. If an egg does not implant, the tissue is shed – this is known as menstruation or a 'period'. Endometriosis is a condition where endometrial tissue grows outside of the uterus, often around the reproductive organs but in some cases on the intestines, bladder or abdominal wall. Tissue outside of the uterus does not pass during menstruation, leading to build-up, inflammation, and painful scarring.⁵

Polycystic Ovarian Syndrome (PCOS) is the most common hormonal disorder in women of child-bearing age.

During each cycle, a mature egg is released from one of the ovaries, available for fertilization by a male sperm – this process is known as ovulation. If the egg is not fertilized, it is passed during your period. Women with PCOS have hormonal imbalances that do not always signal for the ovary to ovulate and release an egg, instead the egg remains in the ovary as a small cyst. These small cysts can release hormones of their own, again contributing to further imbalance.

The exact cause of PCOS is unknown and not all women are affected in the same way. The hormonal imbalances seen in PCOS can result in metabolic disturbances, affecting how the body uses and stores energy. This is why many women with PCOS struggle with high blood sugar and increased body weight. Other hormones affected in PCOS are androgen hormones like testosterone – while these hormones are required in low levels in all women, the elevated levels seen in PCOS can result in acne and excess body hair.⁵

**6 in 10 women
remain
undiagnosed with
Endometriosis³**

**2 in 10 women
remain
undiagnosed with
PCOS³**

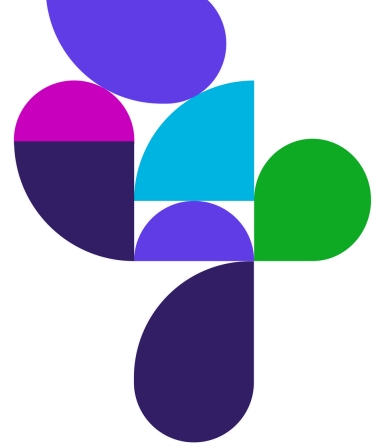
Symptoms

Endometriosis

- Painful menstrual cramps
- Heavy menstrual bleeding
- Pain with urination or bowel movements during menstruation
- Pain during or after intercourse
- Infertility

PCOS

- Missed, irregular or very light periods
- Weight gain or difficulty losing weight
- Acne or oily skin
- Excess body hair including chest stomach and/or back
- Infertility



Diagnosis

Endometriosis

The only way to receive a definitive diagnosis of endometriosis is through a minimally invasive, laparoscopic (keyhole) surgery. This is reserved for more severe cases that have limited or no response to oral medications. Ultrasound and MRI are also used in the diagnostic process to look for signs of endometriosis.⁵

PCOS

Diagnosis is often made based on the presence of the symptoms listed above but may also be confirmed by hormone testing and abdominal ultrasound to look for the presence of ovarian cysts.⁵



Prevention & Treatment

Endometriosis

Endometriosis has no formal 'cure'. Treatment of endometriosis is centered around hormone therapy and pain management, tailored to each patient based on their symptom severity and fertility goals.⁵

PCOS

Like Endometriosis, there is no definitive cure for PCOS and management of the condition depends on symptom severity and fertility goals. Women with PCOS are more likely to develop type 2 diabetes and cardiovascular disease – your doctor may also start you on medication to help mitigate that risk.⁵



Sexual Health

Contraception

There are many different forms of contraception available, each with its own pros and cons. We are here to help you navigate through all the information on contraceptive options before making an informed decision that's best for you.

Types of contraception^s

- Natural cycle tracking
- Barrier contraception (eg: condom, sponge, diaphragm)
- Combined oral contraceptive pill
- Progestin-only contraceptive pill
- Transdermal contraceptive patch
- Vaginal contraceptive ring
- Contraceptive implant
- Progestin-injection
- Intra-uterine device (IUD)

Pap Test

A Pap test is a part of the routine national cervical cancer screening offered to women. Guidance on cervical screening varies by province starting at age 21 or 25 and repeated every 2-3 years until age 65 to 70.⁸

A Pap test is a procedure where cells are scraped from the cervix (lower part of the uterus or womb) and examined under a microscope for any malignant changes. Your care provider may also do a test for Human Papilloma Virus (HPV) during your Pap, as it is the most important risk factor in cervical cancer.⁵

If your Pap test is normal

You will continue with the normal screening program and receive a repeat test in 2-3 years.⁸

If your Pap test is abnormal

You may be asked for a repeat test in 6 months. You may also be referred for a colposcopy, a camera test to visualize the uterus and take further samples for testing.⁸

Immunization for HPV before the age of 30 reduces cervical cancer risk by 50%.⁸

Reproductive Health

We appreciate that everyone's fertility journey is different, and we aim to provide holistic advice and support as you navigate which path is best for you.

Infertility is defined as an inability to conceive within 1 year of unprotected sex or 6 months in women over 35. This definition may not apply to everyone: if you feel as though you are having difficulty conceiving, your Teladoc Health Canada services may be able to help.⁵





Menopause

By 2025, over 1 billion women globally will be experiencing menopause and yet this life stage remains shockingly misrepresented and misunderstood. The average Canadian woman will spend half her life in a menopausal state:

Perimenopause

is the time leading up to menopause, lasting anywhere from 6-8 years and characterized by fluctuating hormone levels, menopausal symptoms and/or irregular periods.

Menopause

is often defined as the point in time when menstrual periods have stopped for 12 consecutive months. In Canada, the average age of menopause is 51 with most women reaching menopause between 45 and 55.

Post-menopause

is the period following menopause and lasting for the rest of a woman's life. For most women, menopausal symptoms subside within a few years of menopause, for others these symptoms can persist for decades.⁶

3 in 4

women experience menopause symptoms that interfere with daily life.⁶

10%

of women will stop working because their symptoms are debilitating.⁶

The decline in estrogen that occurs during menopause increases the risk for other health conditions such as heart disease and osteoporosis.

Symptoms

Hot flashes

- Experienced by 75% of women for an average of 2 years

Mental Health Changes

- Mood swings, fatigue, memory loss, insomnia

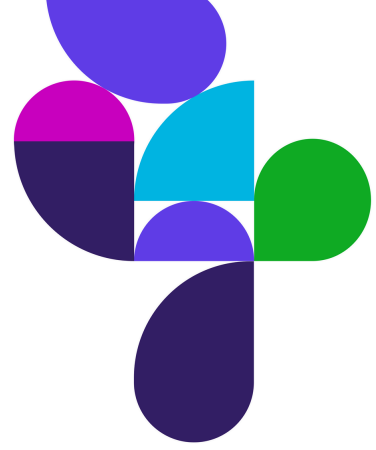
Relaxation of pelvic muscles

- Bladder control difficulties

Changes to skin and hair

- Increased skin laxity and changes to texture
- Hair loss

Every menopause experience is unique, 25% of women will experience severe symptoms while others are completely symptom-free.⁶



Diagnosis

Diagnosis of menopause is based on characteristic changes to your menstrual cycle and symptoms listed above. Sometimes your doctor may order a blood test to confirm menopause if there is diagnostic uncertainty or you are under 40.^{5 6}



Prevention & Treatment

Hormone Therapy (HT) is widely used to treat persistent, disruptive menopausal symptoms. There is a lot of misinformation surrounding HT but the current research suggests that HT is safe to use to treat moderate-severe symptoms especially when used within the first 10 years of menopause onset.^{5 6}



Heart Health

Heart disease is often misrepresented as a predominantly 'male condition', even though more women die from heart disease every year than men. While men are more likely to develop heart disease earlier in life, there are many risk factors unique to women that are often ignored. Unfortunately, the lack of research into these sex- and gender-based differences means women tend to face more barriers in access to care and are less likely to be treated for heart disease or its associated risk factors compared to men.⁴

Traditional risk factors for both men and women

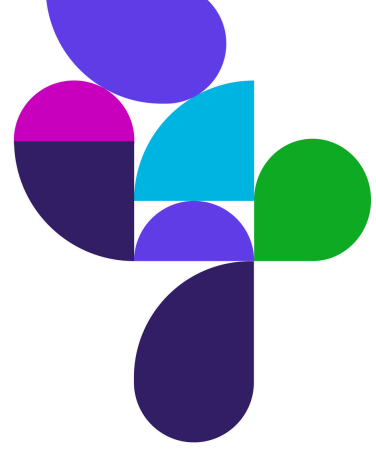
- High blood pressure
- High cholesterol
- Type 2 diabetes
- Smoking
- Obesity
- Sedentary lifestyle
- Diet high in fat, salt, processed foods
- Family history

Risk factors unique to women

- Menstrual history
- Contraceptive use
- Pregnancy
- PCOS
- Menopause
- Gender-affirming therapy for transgender women

Current research suggests estrogen is protective to the heart. Once women reach menopause, their estrogen levels drop dramatically, and consequently their risk of heart disease goes up - this is why women tend to develop heart disease later in life than men.⁴

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

Women sometimes describe symptoms of heart disease differently than men – your symptoms may be less specific but are just as important to discuss with your doctor.



Diagnosis

Your doctor may order different tests depending on your symptoms and risk factors. For post-menopausal women, make sure you ask your doctor about your risk of heart disease and whether you need any further tests or medication to help lower your risk.⁴



Prevention & Treatment

It's important to have your blood pressure 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.⁴



Bone Health

Osteoporosis is a condition characterized by a loss of bone density and deterioration of bone tissue increasing the risk of fractures. Women are 4x more likely to develop osteoporosis as estrogen deficiency that occurs during menopause is a major risk factor for bone loss. In fact, up to 1 in 2 women will break a bone due to osteoporosis – equal risk to breast, ovarian and uterine cancer combined.²

Known as a silent disease, osteoporosis often does not cause any symptoms until you break a bone, usually secondary to a minor fall.



Diagnosis

A bone density test (DEXA Scan) involves a special x-ray machine and may be recommended by your doctor depending on your age and risk factors.⁵



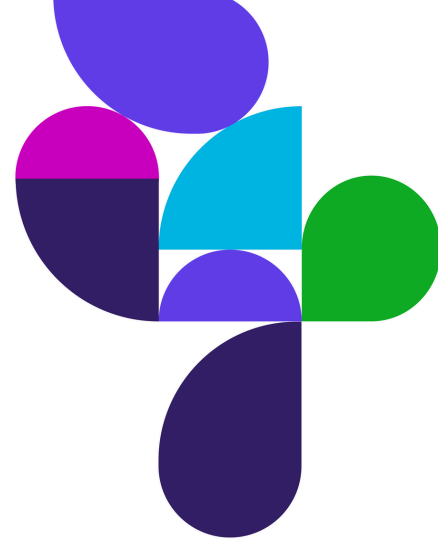
Prevention & Treatment

There are different prescription medications used in the prevention and treatment of osteoporosis depending on the results of your scan and associated risk factors. It's also important to maintain adequate levels of Vitamin D and calcium either through diet or supplementation.⁵

Not sure where to start?

Many women have accepted their health experience as 'normal' when in fact there may be an underlying diagnosis to explain their symptoms. Even worse, many women are concerned by the presence of ongoing symptoms but have been dismissed by healthcare professionals deeming 'it's all in their head'.²

Here is a **non-exhaustive list of common symptoms** women face – if you have been experiencing one or a few of the following symptoms for a prolonged period, contact Teladoc Health Canada to help navigate you through your healthcare journey.



If you have been experiencing any of the following symptoms, our team is here to help you find the right path forward.

Common women's health symptoms

Bloating

Pelvic pain

Weight fluctuations (loss or gain)

Fatigue

Weakness/dizziness

Nausea/indigestion

Brain fog/difficulty concentrating

Mood swings

Increased anxiety

Low sex drive

Uncontrolled leakage of urine

Prolonged periods (>7 days)

Missed or irregular periods

Heavy menstrual bleeding

- Using >1 tampon/pad in 1 hr
- Using 'double protection'
- Passing large clots

Bleeding between periods

Post-menopausal bleeding

Pain or bleeding during/after intercourse

Very painful menstrual cramps

- Significantly disrupting activities of daily life and requiring time off work/school

Abnormal vaginal discharge

- Grey/green/yellow, foul-smelling



This booklet 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.

1 Women's Health Collective Canada, 19 Apr. 2023, whcc.ca/about/.

2 "In Her Words." BC Womens Health Foundation, 2020, www.bcwomensfoundation.org/inherwords/.

3 Burns, Delaney, et al. "Closing the Data Gaps in Women's Health." McKinsey & Company, McKinsey & Company, 3 Apr. 2023, www.mckinsey.com/industries/life-sciences/our-insights/closing-the-data-gaps-in-womens-health.

4 Mulvagh, Sharon L., et al. "The Canadian Women's Heart Health Alliance Atlas on the epidemiology, diagnosis, and management of cardiovascular disease in women — Chapter 4: Sex- and gender-unique disparities: CVD across the lifespan of a woman." CJC Open, vol. 4, no. 2, 2022, pp. 115–132, <https://doi.org/10.1016/j.cjco.2021.09.013>.

5 "Women's Health." Johns Hopkins Medicine, 2023, www.hopkinsmedicine.org/health/wellness-and-prevention/womens-health.

6 The Menopause Foundation of Canada, 18 Sept. 2023, menopausefoundationcanada.ca/.

7 Li, Linda, et al. "Complementary therapy for endometriosis related pelvic pain." Journal of Endometriosis and Pelvic Pain Disorders, vol. 15, no. 1, 2023, pp. 34–43, <https://doi.org/10.1177/22840265231159704>.

8 "Cervical Cancer Screening in Canada: 2021/2022." Canadian Partnership Against Cancer, 20 Sept. 2023, www.partnershipagaincancer.ca/topics/cervical-cancer-screening-in-canada-2021-2022/summary/.

About Teladoc Health Canada: Teladoc Health Canada is empowering all people everywhere to live healthier lives by transforming the healthcare experience. Recognized as the world leader in whole-person virtual care, Teladoc Health Canada leverages clinical expertise, advanced technology and actionable data insights to meet the evolving needs of consumers and healthcare professionals.