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[PubMed Central](#) 1: [J Urol.](#) 2000 Aug;164(2):371-5.[Related Articles, Links](#)**Testosterone supplementation for erectile dysfunction: results of a meta-analysis.**[Jain P](#), [Rademaker AW](#), [McVary KT](#).

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PURPOSE: To our knowledge a causal relationship between altered levels of androgens and erectile dysfunction has not yet been established. We reviewed the literature to assess the usefulness of androgen replacement for erectile dysfunction. **MATERIALS AND METHODS:** Meta-analysis was chosen as the method of evaluating the literature. Study inclusion criteria were testosterone given as the only therapy for erectile dysfunction and a clearly stated definition of response for evaluating treatment success or failure. **RESULTS:** We evaluated 73 articles obtained by a MEDLINE search of 1966 to 1998 and included 16 in our study. The overall response rate was 57%. In the 9 series with response rate by etiology patients with primary versus secondary testicular failure had a response rate of 64% versus 44% ($p < 0.001$). Intramuscular and oral methods of delivery were equivalent with a response rate of 51.3% and 53.2%, respectively. However, the response to transdermal therapy was significantly different from that of intramuscular and oral treatment (80.9% versus 51.3% and 53.2%, respectively, $p < 0.001$). The mean confidence level response for testosterone treatment was 16.7% in the placebo and 65.4% in the treated group ($p < 0.0001$). **CONCLUSIONS:** Our meta-analysis of the usefulness of androgen replacement therapy for erectile dysfunction indicates that the response rate for a primary etiology was improved over that for a secondary etiology, transdermal testosterone therapy was more effective than intramuscular or oral treatment, and intramuscular and oral treatments were equivalent. In addition, there was a statistically significant difference in favor of testosterone over placebo, implying a role for supplementation in select groups.

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