Does testosterone affect effect?

When Luke Fazio and Gerald Brock write that “Testosterone . . . does not effect [sic] reflexogenic or psychogenic erections,” do they mean that testosterone does not directly cause (i.e., effect) such erections? Or did they mean to use “affect,” to indicate that testosterone does not influence or modify such erections? If, as I suspect, the latter is the case, then the corrected statement, that testosterone does not affect psychogenic erections, is somewhat at odds with a statement earlier in the same paragraph that “androgens play a predominantly modulating role by their effect on libido and sexual behaviour.”

Perhaps reference to the cited reference would affect (or even effect) clarity here.

[One of the authors responds:]

We agree that our description of the impact of testosterone on penile erections was unclear. The literature supports a modulating role of testosterone on erectile function. This hormone clearly increases responsiveness to phosphodiesterase type 5 inhibitors, and testosterone levels correlate with measured frequency of sleep erections. However, testosterone levels do not directly correlate with erectile function, and supplementing low levels of testosterone in hypogonadal men or administering exogenous testosterone to eugonadal men generally does not enhance erectile performance.

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References

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Corrections

The report on the subcutaneous use of Eprex contained 3 errors. The most serious appeared in the first sentence of paragraph 2: in fact, Health Canada advised against subcutaneous injection of the drug, not intravenous as printed. The second error was use of the term “HSA-3” to describe the drug formulation containing polysorbate-80; the correct term is “HSA-free.” Finally, pure red cell aplasia is not always irreversible, as was stated in the article.

Reference

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An article about Germany’s new user fees should have stated that the price was 10 Euros (about Cdn$16.50).

Reference

DOI:10.1503/cmaj.1041130