experts would include patients with an elevated blood sugar who are asymptomatic, there is universal agreement that these drugs are overprescribed in the United States.

All of the above was in fact well recognized before the UGDP study was reported. The effect of the UGDP has been to add evidence of a relationship between oral agents and increased cardiovascular mortality. This relationship has been considered conclusive by some, persuasive by others, and at the least possible by all, including the most severe critics of the UGDP. Given the fact that: One, these agents are drugs of convenience; two, they are overprescribed; three, they may increase cardiovascular mortality; and four, that the practice of medicine is usually governed by the axiom "Primum non nocere"—"above all, do no harm"—one may question whether the findings of the UGDP study have resulted in a change in the clinical treatment of diabetes. Unfortunately, the answer is very definitely no. The most recently available data reveal that the total prescriptions for oral hypoglycemic agents increased 5.5 percent between 1972 and 1973. This represents a total of over 19 million prescriptions costing over $100 million and involving over 1½ million patients.

Mr. GORDON. Can you explain why the use of these drugs has increased in the face of the known results of recent studies—human and animal—that show that these drugs are harmful?

Dr. FELIG. I think it is difficult for me to assign a specific factor or factors. I think that what we are dealing with has been an overridding tendency to use a convenient method which both the physician and the patient are likely to be more willing to tolerate or to follow. In addition, we have the influence of a very vocal group which has been so severely critical of the UGDP that the effect has been to totally mute any of their own concerns regarding the overprescription of these drugs. So, I think what we have is the practicing physician faced with a choice between different methods, one of which is more convenient than others; and, he is being bombarded with information that could be reassuring regarding his convenient method because the data suggesting that this may be hazardous is constantly being attacked.

Mr. GORDON. How about advertising?

Dr. FELIG. I think when we talk about the data being attacked, it becomes difficult to separate the constant criticism of the UGDP by those who attack it from a seemingly scientific viewpoint and fail to point out that it is overprescribed on the one hand, from those who are actually advertising the drugs. Given the profusion of literature to which the physician is subjected, much of which is not really scientific but a pseudoscience, one can appreciate the quandary of the practicing physician. He may not have the opportunity or perhaps does not avail himself of a more dispassionate form of instruction, so as to make adequate or appropriate decisions.

Since all agree that these agents are overprescribed and, at the least, possibly toxic, it is apparent that the experts in the field of diabetes have failed to appropriately influence the clinical management of this disorder. To rectify this situation, I would propose the following: