they replicated the commonly accepted options of the early 60s, but they do not represent the best options available now. Epidemiologists and cardiologists have defined the risk factors for cardiovascular disease, which include more than just elevated blood sugar and fats, i. e. obesity, smoking, and physical inactivity. Of the 1,500,000 patients now taking oral agents, probably 50 per cent are more than 25% over weight (54% of those entering 6 of the 12 clinics of the UGDP study). When these patients are treated with "diet alone", it is generally little more than a token gesture in the direction of a low-caloric diet. The success rate for weight loss is notoriously poor. There is important data in the UGDP study the significance of which is overlooked. With qualified dieticians available, there was an initial drop of slightly under 3 % in all groups. Only those taking placebo or phenformin maintained their weight throughout the 16 followup periods, and there was no difference between placebo and phenformin. On the other hand, those taking either tolbutamide or insulin lost less weight initially and regained weight above their baseline values so that in all there was an 8 per cent difference between the mean rate of the placebo group. This was to be expected since when the patient receives either a sulfonylurea drug or insulin plasma insulin is increased, thus increasing the tendency to store fat. The Indications listed in the latest FDA recommendation for package labeling calling for use of insulin if diet fails runs counter to our current concepts of the pathophysiology of non-insulin-dependent diabetes when it is associated with overweight and when there are other valid options.

OTHER OPTIONS FOR TREATMENT. There are other options in addition to the five of the UGDP study. These differ from the UGDP treatment modes in that they have the potential for reversing the patient's diabetic state. They include vigorous and comprehensive