It therefore seems to me to be justifiable and appropriate to classify the sulfonylurea compounds, along with other drugs with circumscribed uses and significant adverse effects, to sharply limited clinical situations by placing them in a restricted category and requiring written justification for their use in a particular situation. This would not curtail their use where there is strong indication, but would limit much uninformed or ill-considered use.

The justification that is advanced for continued use of phenformin is that it does not stimulate insulin release while lowering blood glucose and therefore is ideal, as the advertisements say, for releasing patients from entrapment in their fat cells. The UGDP study showed that the patients who took phenformin maintained their initial weight loss, and had approximately 8 % lower body weight at the close of the study than those taking tolbutamide or insulin. There was, however, no difference from those taking the placebo and the clearcut evidence of tachycardia, hypertension and increased total and cardiovascular mortality seen in the UGDP study in addition to the potential of producing lactic acidosis indicates a price in toxicity too great to pay for any relative advantage over oral agents with respect to weight loss. Therefore I believe that it is past time that this agent should be disapproved.