when the advantages in the individual patient justify the potential risk. The patient should be informed of the advantages and potential risks of (drug) and of alternative modes of therapy and should participate in the decision to use this drug.

The foundation of therapy in the obese maturity-onset diabetic is caloric restriction and weight loss. Proper dietary management alone is often effective in controlling the blood glucose and eliminating symptoms of polydipsia and polyuria. Use of (drug) must be considered by both the physician and patient as a treatment in addition to diet and not as a substitute for diet or as a convenient mechanism for avoiding dietary restraint.

Many patients who are initially responsive to oral hypoglycemic drugs become unresponsive or poorly responsive over a period of time, usually 1 to 5 years. (Drug) should be given only to patients demonstrated to be responsive to it; see DOSAGE AND ADMINISTRATION for discussion of secondary failure. Short term