

Mr. GORDON. How about obesity? How about the use of anorectic drugs?

We have had testimony from various experts that they are not much good and that they should not be used.

Have you had any programs along those lines?

Mr. CALESA. We produced a program on the diagnosis and management of obesity which did not even mention drugs, except in one sentence, I believe, which said something to the effect that if drugs are used, then they should only be used on a short-term basis and a very highly critical review should be made by the physician before using any such drugs, and specific criteria were spelled out in that direction. That was like about a one-paragraph statement out of a 30-minute film, along with about a 32-page monograph.

The emphasis of the program that we did on obesity was behavior modification—first diet, then therapy, drugs on a short-term basis if absolutely necessary, and behavior modification to effect permanent weight control.

Mr. GORDON. Do you have a copy of the transcript of that particular program?

Mr. CALESA. Yes; I do. I will send it to you.¹

Mr. SALTZMAN. Referring to Dr. Crout's statement, you mentioned something about do our programs ever include negatives on the sponsoring client's product or any other product. I think the program for which Dr. Crout gave us some credit, that we developed in conjunction with the National Heart and Lung Institute, I believe Dr. Crout's statement indicated that, if anything, the manufacturer who supported the program's product was put in an extremely negative position.

Mr. CALESA. That program was called, "Dialogues in Hypertension."

I would also like to comment on this. I am not certain that I have gotten in all of the parts and pieces of your original question, of how things are tilted toward therapeutic enthusiasm. I think there was one misconception. I say that in this context. I happen to agree with a great deal of what Dr. Crout had to say. One of the misconceptions is that what we are doing is providing educational programs about drug therapy. We are not.

What we are doing is providing educational programs about the diagnosis and management of a particular disease in a particular therapeutic area. I would say along those lines the emphasis is perhaps, let's say out of a 1-hour educational program, it is perhaps 10 percent, if that much, devoted to drugs. And when we do devote a section to drugs—this is not always true; I no not want to say that—but it is primarily true. When we discuss drugs, we are talking about all drugs in the field.

It may range up to 40 percent; but it is certainly not 100 percent. And we do discuss all alternative methods of therapy, including and starting with nondrug therapy and nondrug methods.

I do not know now if I have gotten through answering all of your questions, except that I would like to go back and say this. If the pharmaceutical manufacturer is going to sponsor educational ma-

¹ Material too voluminous to be printed but retained in the committee files.