Senator NELSON. If I may interrupt, when the drug is withdrawn, what happens to the psychosis, what modification?

Dr. GRINSPOON. Yes, the amphetamine psychosis is so close from a clinical point of view to a paranoid schizophrenic psychosis that they very often are confused by clinicians.

Indeed, there are only two ways of making the diagnostic distinction.

One is to get a history of use of amphetamines, and it does not have to be at very high dosage.

More constantly, it is a high dosage, and then for some reason there is usually an increment of dosage just before the psychosis; so if you get such a history, you get a urinalysis, and this has to be done within 48 hours. And I should say the third diagnostic criterion is that in the case of amphetamine psychoses, the psychosis usually disappears within 4 to 5 days. It is certainly gone within a week.

However, there are some patients whose psychoses last much longer, and it appears to me that these are patients whose egos are already pretty fragile, and the straw that breaks the camel's back, so to speak, is the use of amphetamines. This is the exception. Generally speaking the person who has an acute amphetamine psychosis is one who is psychologically pretty well put together and the psychosis will disappear within a matter of days of withdrawal of amphetamines.

Senator NELSON. I noticed in some of the literature before me, there is some indication that the paranoid psychotic may be dangerous to himself and to others under these circumstances.

Dr. GRINSPOON. Yes, that is certainly true.

One of the things I was going to get to, which I will touch on very briefly, is that people have talked about a number of drugs, and their capacity for violent criminal behavior.

The drug which is probably most dangerous from that point of view is actually amphetamines; alcohol is a close second, but amphetamines seem to have as an inherent psychopharmacological property of the drug, a capacity to induce impulsiveness, paranoia, and the need to express some kind of motor behavior, so that people who are paranoid, even before they become overtly psychotic, constitute a danger.

I will skip over the next paragraph and address myself to the problems of obesity.

Obesity continues to be the condition for which the largest amounts of legitimately obtained amphetamines are most casually and frequently prescribed, but despite enthusiastic early reports as to these drugs' efficacy in dietary regimens, expert medical opinion is gradually recognizing that obesity, far from being a semihumorous or cosmetic difficulty, is in fact a complex, long-term problem involving critical psychological and social determinants.

No one really knows its causes. It is defined as a state in which fat accumulates because food intake, in terms of caloric content, is greater than energy output.

Genetic, glandular, and other physical and physiological causes play a statistically small role in obesity—probably in less than 10 percent—usually the obese person simply overeats.

According to one study, only 12 percent of 96 very obese patients attributed their condition to glandular disease; the rest admitted that overeating was the cause and referred to psychological factors like nervousness, family difficulties, and ingrained habits.