

Many investigators suggest that obese patients need psychotherapy; otherwise, no dietary regimen or chemotherapy will rectify or control their excessive eating.

Apart from uncommon metabolic aberrations, the principal factors governing appetite are social and psychological.

Some people are trained in childhood to overeat; others move in social and business circles where food and alcohol are present in abundance and one is expected to partake.

With effort, habits can be broken and living circumstances altered. Emotional problems are far more difficult to deal with. Chronic tension and depression unusually strong oral drives, low capacity to delay gratification, and the substitution of food for other forms of pleasure—all common in cases of obesity—increase the likelihood of becoming dependent on drugs, including amphetamines.

Most troubled obese patients will not persist in their efforts to diet.

The few who do and lose some weight regain it. A drug that reduces appetite without requiring solving the patient's emotional problem seems a reasonable alternative to what would otherwise be the almost certain failure of these individuals to lose weight if they were to depend solely on willpower.

But the wisdom of such a solution must be examined. Do clinical and experimental studies reliably establish that amphetamine and its congeners have a measureable anorectic effect?

If so, are the benefits great enough to justify their use despite the long-term adverse effects?

For example, this is such a common thing that people eat with certain kinds of mild depression and anxiety.

President Taft, as you may know, only weighed about 320 before he entered the White House, and then he shot up to 400 pounds. After his term in the White House, he was able to go down to his subprevious 320 pounds.

There is still no real understanding of how amphetamine reduces appetite. Experiments with animals have demonstrated that it is not a function of local effects on the gastrointestinal tract. There is some evidence that lesions in the hypothalamus may result in a substantial increase in appetite.

If some obese people actually have a dysfunction of the hypothalamus, it is possible that amphetamines reduce appetite by their effect on this area of the brain.

However, if this mechanism exists at all, it is probably secondary to the central stimulating effect. It has been suggested that diuresis may cause some of the weight loss associated with the use of amphetamine. Both diuretic and antidiuretic effects have been reported, however, and the role of diuresis in true weight loss is far from clear.

Mr. GORDON. You are saying that even if these drugs were effective, they do not really reach out to the basic problem of obesity?

Dr. GRINSPOON. That is absolutely correct. They do not solve the basic underlying problem.

Mr. GORDON. Well, the studies that were done on these antiobesity drugs were short-term studies, 8 to 12 weeks.

How do we know whether the people who were using the anti-obesity drugs, did not go back to their former eating habits and regain weight?