

This drug, when used therapeutically by the physician may make the patient feel bad. Then patients will not take the drug, or will complain to the physician. As a result the physician will not find this particular drug useful. The meaning of that statement was that though this was not an amphetamine-like drug, these effects might limit fenfluramine's usefulness in therapeutics, and that——

Mr. GORDON. I do not understand this.

Does fenfluramine make you feel good, or does it make you feel bad?

Dr. JASINSKI. It will do both. In low doses, in some of our subjects, they felt good.

With the long-term administration, or with very large doses, patients might feel bad.

The literature on the use of fenfluramine has reported feeling states of sedation, and lethargy. The drug does not make people feel particularly good when they take it therapeutically.

I think that this may be a limitation on its usefulness as an appetite suppressant mainly because of consumer acceptance.

Mr. GORDON. Please proceed.

Dr. JASINSKI. Chlorphentermine markedly increases pupil size, produces sedation which is regarded as unpleasant rather than euphoric, decreases appetite without producing increases in blood pressure or body temperature.

Some subjects were grossly sedated by chlorphentermine, but no hallucinatory syndromes were observed.

Abuse potential judgments from pharmacological studies can only be validated by comparison with actual incidences of abuse of available drugs.

In this regard, methamphetamine, phenmetrazine and methylphenidate are three of the drugs pharmacologically equivalent to amphetamine.

At times all have had a high incidence of abuse equaling that of amphetamine. On the other hand, three antiobesity drugs, diethylpropion, benzphetamine, and phentermine are also amphetamine-like drugs which are abused.

The incidence of abuse of these drugs is much less than that of amphetamine. One source of information on abuse incidence is the Drug Abuse Warning Network—Project DAWN—which is a program cosponsored by the National Institute on Drug Abuse and the Drug Enforcement Administration.

This program tabulates drug mentions associated with drug-related deaths from medical examiners and drug-related medical or psychological emergencies from hospital emergency rooms and crisis centers.

In calendar year 1975, the number of mentions in Project DAWN for diethylpropion and phentermine were only 5 to 8 percent of those for amphetamine.

According to the National Prescription Audit for this same period, the number of new prescriptions written for these drugs were 40 to 50 percent of those for amphetamine, suggesting that the lower incidence of abuse cannot be accounted for simply by differences in the relative amounts prescribed by physicians.