

When the individual who had been taking amphetamines chronically combines it with alcohol, he loses a considerable amount of judgment.

It tends to wax and wane depending on the drug cycle and dosage level.

Hallucinations tend to dissipate 2 or 3 days after cessation of amphetamine use, yet delusions continue up to 2 weeks and have been noted in some patients for as long as 1 year or more.

The amphetamine psychosis usually is a distinct syndrome characterized by delusions of persecution, ideas of reference, visual and auditory hallucinations, changes in body image, hyperactivity, and excitation—Connell, 1958; Kalant, 1966; Ellinwood, 1967; 1969.

Whereas the amphetamine psychotic process usually takes a reasonable period of time to develop into its more organized form, once established, moderately high doses can retrigger the psychosis rather rapidly in individuals who may have been abstinent from amphetamines for over a period of 1 year—Kramer, 1969; Bell, 1973; Ellinwood, 1973.

The Japanese—Utena, 1966—also describe a tendency for the psychotic symptoms to recur not only with subsequent amphetamine administration, but also under stress.

Since the more aberrant behavior induced in animal models of chronic intoxication can also be triggered by single moderately high dosage—Ellinwood, 1971b—the clinical data needs to be taken seriously and examined further. This evidence, plus the observation of chronic delusions in some amphetamine addicts seriously raises the issue of chronic persistent behavioral effects.

In summary, my recommendations are based on the fact that obesity is known to contribute to a decreased longevity; thus, it is important for clinicians to have means of establishing weight reduction regimes.

Many consider the development of an anorectic without stimulant abuse potential as a goal not only worthy, but obtainable.

There is a considerable body of knowledge on the neuro-pharmacology and neurophysiology of eating behaviors.

In addition, there are assessment techniques currently available for determining in the laboratory relative stimulant abuse potential for potential anorectic drugs.

The total abolition of anorectic drugs would reduce the pharmaceutical industry's search for the nonabused anorectic. There are examples of compounds currently on the market that appear to point in the right direction.

Proper use of our current knowledge base and further research will contribute to the goal of developing better nonabused anorectics.

I would suggest establishing an independent FDA review committee that would provide guidelines for the basic and preclinical research needed to establish the therapeutic efficacy and abuse potential of new anorectic compounds.

Use of our current knowledge could very accurately discriminate the compounds that will demonstrate abuse potential and those that will not.

In the interim, I would recommend additional rescheduling of the anorectics with stimulant properties to encourage physicians to be more careful in their prescribing criteria.