with a compulsive eating problem. Simply removing physiological hunger is not really a rational way of dealing with what is fundamentally a psychogenic problem in over 80 percent of the people who are having serious trouble with their weight.

Senator NELSON. But in the graph you lump together all of the amphetamines?

Dr. HENDERSON. Yes, except fenfluramine. Also not included is mazindol, because it has only very recently been released as a drug on our market. I have no real data for it.

I looked at some other possibilities, and I would like to try to explain why more money is being spent on these amphetamine congeners specifically marketed as appetite depressants or anorectants. In our country, we have a National Health Service. Everybody, therefore, has access to a physician, without paying an extra fee. Under such a comprehensive prepaid medical insurance plan, more people go to their doctors, and the doctors are busier than ever. More people are asking for all sorts of medication, and possibly this particular area of requests for drugs for weight problems is simply one of many such requests for drugs.

The other point is that with the older drugs that we designated, the effects were good only for 4 to 8 weeks. The patients became tolerant, and this meant they had to take a higher dose of the drug, or they simply lost the anorexiant effect. Doctors did not like to see people increasing their dose because of the chance of side effects, such as some degree of irritability, tremor, possibly some change in blood pressure, and a raised heart rate.

Newer drugs such as mazindol seem to have a much lower potential for tolerance. At least it takes a lot longer to become tolerant.

The drug seems to be effective for up to 15 or even 30 weeks instead of the 6 to 8 weeks of the older ones.

This means if a patient goes back to a physician, and says "Yes, I am doing well; I managed to stick to my diet reasonably easily and I am losing 2 pounds every week," the physician is more likely to prescribe. So the very fact that we have developed drugs which seem to be effective for long periods of time, means that any one patient probably receives more of them. Therefore, more money is being spent on these particular drugs.

Senator NELSON. Do any of these drugs shown on the dark part of the graph, the congeners, show an indication of the kind of addictiveness that occurs as a consequence of the use of amphetamines?

Dr. HENDERSON. Yes, they do to some extent.

We chose to exclude a few drugs from our strict restrictions on use because of the need for some degree of flexibility in the management of depression, not because of obesity.

In about 1971 and 1972, as a result of a number of good scientific papers, we felt that amphetamines as such had no place in the treatment of depression. We felt that possibly there was some medical indication for methylphenidate in the hands of skilled psychiatrists for some cases of depression where fast action was desirable.

At that time it was our opinion that the congeners were not causing any medical or social problems, so to speak.

That has changed since 1972. Last week I saw a large amount of diethylpropion which had been manufactured illicitly. It was not of