a specific diet, perhaps just a low carbohydrate diet, without an increase in fat or protein, the first success has been achieved. After the second or third week, they may have lost 6 or 7 pounds. Suddenly the personality begins to pick up. Something at last is working for them.

I make it clear to my patients they will not get it for longer than 3 or 4 weeks. It is purely to demonstrate they can and will lose weight if they maintain a specific diet regimen.

I have not used the newer drug, mazindol. It may or may not have advantages over fenfluramine. I simply do not know.

Mazindol is not an amphetamine derivative but has a separate molecular configuration. However, it has all of the effects of amphetamines.

Senator NELSON. All of the effects?

Dr. HENDERSON. Yes.

At the clinical level, it would be hard to say it is not an amphetamine, although chemically it is not. The advertising of the drug by the company tells doctors that it is the first nonamphetamine anorectant. It also declares that the side effects will be the same as the other amphetamine congeners. It is my suspicion that it will turn out to have the same potential for central nervous system stimulation as the rest.

Mr. GORDON. Dr. Henderson, if I may interrupt a second, we had testimony last week from Dr. Jasinski of the Addiction Research Center that he had done some work on fenfluramine, and he found that it has the same effects as LSD.

Will you comment on that?

Dr. HENDERSON. It is a very peculiar drug.

One could not have predicted much difference from other similar drugs from the original pharmacology.

It affects various parts of the brain, but in terms of an electroencephalogram, it is obviously stimulating the subcortical area.

It is a depressant on other parts of the brain.

The overall effect is drowsiness rather than stimulation, but that does not mean that it is not a stimulant.

It has some effects on sleep which are quite unusual. As you know, the amphetamines of all types can produce hallucinations, and fenfluramine can do the same thing.

This is why I am very cautious in my use of it. I never give it on a chronic basis. I do not give it to people who for one reason or another should not receive amphetamines of any kind. There are minimal effects however on blood pressure and the heart.

I could practice without it. I believe that no patient would really suffer from its absence if it were not available.

I am not sure that all physicians would agree with me. Some of them might think of fenfluramine as a useful crutch, which at the moment has less potential for dependence or abuse than older amphetamine anorexiants. It is because physicians still find anorexiants to have some clinical use that both older and very new drugs like mazindol are widely prescribed.

However, even the manufacturers of anorexiant drugs make it quite clear it will only work if the person maintains a strict diet at the same time.