

CONCLUSIONS AND RECOMMENDATIONS

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 neuropharmacology 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 non-abused 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 non-abused 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 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. This rescheduling would exclude at this time the ring-substituted anorectics until there is sufficient data to indicate that these compounds have an abuse potential. The more potent stimulants, such as dextroamphetamine, methamphetamine, and phenmetrazine, currently under Schedule II should be considered for possible discontinuance of their use as anorectics.