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depressants over any length of time. Tolerance has one other danger - the dose has to be increased to overcome it.

To be honest I must say that I have employed Fenfluramine for a few patients who have assured me that they have tried diets, regimes, and exercise but they have not lost weight. They are unhappy and depressed. Three weeks therapy with Fenfluramine can demonstrate to patients that adherence to a suitable diet will result in some weight loss, and proves to them that a long-term re-education program is the only thing that will in fact help them in the long run.

My own impression is that the "Weight watchers" type organization is the best kind of program for most obese people, because it involves group therapy and mutual support and peer-counselling. Indeed some reputable Canadian physicians have said openly that physicians probably should not be involved to any great extent in anti-obesity programs for simple diet-induced overweight conditions, because the Weight watcher type program does so very much better in both the short and long term. The concept is not to use drugs, but to re-educate people not only about eating habits, but buying habits and cooking habits at the same time.

I have deliberately again not spoken about one other member of the amphetamine class, methylphenidate known commercially as Ritalin. It is hard to know why we have not regarded this in much the same light as other amphetamines. Indeed if you have studied the proposed Convention on Psychotropic Substances (1971) of the World Health Organization you will see that methylphenidate is regarded by that organization as a true amphetamine. Signing the Convention would entail in my country a move of methylphenidate from essentially a non-controlled prescription drug schedule (F) to the controlled status known in Canada as schedule (G). Whether or not it should be subject to the specific stringencies of the five "designated amphetamines" that were brought under control by the special restricted legislation of 1973, I am not prepared to forecast. I have no way of presenting you with proof that methylphenidate is not prescribed as an anti-obesity drug but the indications for it in Canada as outlined in our Compendium of Pharmaceuticals and Specialties (1976) a volume which is comparable to your Physician's Desk Reference does not include obesity.