like and probably would not substitute in amphetamine-like patterns of abuse.

In support of Levin's studies,15, 16 fenfluramine was observed to have hallucinogenic activity in 3 of 5 subjects who experienced syndromes characterized by visual hallucinations, sensory distortion, fleeting paranoia, derealization, depersonalized awareness, somatic symptomatology, labile mood, a modest increase in pulse rate and blood pressure, mydriasis, and hyperactive tendon reflexes-the last not measured systematically. This configuration resembles that produced by a number of hallucinogens, including LSD and certain ring-substituted amphetamines. This similarity, plus the cases cited by Levin, suggests that LSD-like, rather than an amphetamine-like, abuse potential should be considered. This issue aside, hallucinogenic and dysphoric symptoms may well limit the therapeutic utility of fenfluramine as an anorexiant.

While 3 subjects experienced hallucinogenic phenomena (without sedation), 5 others were moderately sedated following the largest dose of fenfluramine and denied psychotomimetic symptoms. No reasons can be given for these differences. Preliminary data suggest that the hallucinatory response may result from a rapid absorption of oral fenfluramine or its conversion to norfenfluramine.

The similarity between the effects of fenfluramine and endogenous emotional depression, both characterized by symptoms of dysphoria, hypochondriasis, insomnia, emotional lability, and anorexia, is of interest, suggesting that ring-substituted phenethylamines may be used as tools to investigate these functional states.

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