to limit the use of amphetamines as far as is compatible with adequate therapy. This is both to minimize the risk of dependence in susceptible patients being treated and to decrease the amount of drugs being distributed, since widespread prescription of a dependence-producing drug inevitably increases the possibility for diversion to non-medical use and abuse.

6. Evidence presented for newer "anorectic" congeners of the amphetamine family and non-amphetamine drugs do not set them apart as having higher benefit or lower risks than older available drugs. The risk potential of Fenfluramine may be an exception to this general statement.

7. There was no evidence in the data reviewed which showed that combination of an "anorectic" agent with other drugs increase the benefits or reduce the risk of the "anorectic" agent.

8. There are no clinical data which support the parenteral use of these drugs in the treatment of obesity. Obesity is not an indication for the parenteral use of these agents.

RECOMMENDATIONS

1. That all "anorectics" reviewed, (dl-amphetamine, d-amphetamine, methamphetamine, benzphetamine, phentermine, chlorphentermine, clortermine, phenmetrazine, phendimetrazine, fenfluramine, mazindol and diethylpropion) with the exception of fenfluramine, be placed on Schedule II on the basis of abuse potential.

2. That combinations of "anorectics" with other drugs be evaluated in accordance with the policy of the FDA on combination drugs, that each constituent of the drug combination contribute to the total effect claimed for the combined drugs, and that the present available and proposed drug combinations be handled in this manner in view of the lack of demonstrated efficacy for each of the constituents of the drug combinations reviewed.

3. That amphetamines prepared for or in a form suitable for parenteral use not be approved for use in the treatment of obesity.

4. The single-entity oral "anorectic" preparations including the amphetamines be permitted to be labeled for restricted use in obesity provided that they are used in association with a specific weight reduction program and that the clinically trivial contribution of these drugs to the overall weight reduction is properly emphasized. To carry out the latter recommendation of a statement such as that made in the conclusions drawn from this review must be included in all labeling and promotional products. This statement should include the following points: Studies of the effect of "anorectic" drugs in the treatment of obesity when compared with the effects on patients treated in a similar manner without the use of the drugs demonstrate that the magnitude of weight loss of drug treated patients over non-drug treated patients was only a fraction of a pound a week. The rate of weight loss was greatest in the first weeks of study for both the drug and the non-drug treated subjects and tended to decrease in succeeding weeks. The natural history of obesity is measured in years whereas the studies offered for review are restricted to a few weeks duration. Thus, the total impact of "drug induced" weight loss over that of diet alone must be considered clinically trivial. The limited usefulness of these agents must be measured against any possible risk factors such as nervousness, insomnia and drug habituation that might be inherent in their use. Moreover, these agents can only be recommended for use in the treatment of obesity in a carefully monitored and specified weight reduction program under the care of a physician.

5. That future approval of all "anorectic" drugs prepared for future use be based on demonstration of efficacy as measured by statistical superiority of the drug over placebo in trial using FDA recommended protocols. These protocols should include provisions, among others, for the testing of a specific target population, specification of a minimum duration trial to assure clinical relevance of the study and give consideration to the handling of patient dropout.

6. Further, that appropriate summary data derived from efficacy studies be presented in labeling and in all promotional material to indicate the degree of weight loss that was found. For this purpose guidelines noted in (4) above should be supplemented by the addition of the specific facts found for the specific drug under consideration.