adverse effects were abstracted and key punched onto IBM cards. The resulting 73,000 cards contained over 4,000,000 pieces of information on 9,900 patients tested with various drugs or placebo for periods ranging from 3 weeks to 1 year. After tabulating data and analyzing them for significance, it could be seen that adult obese subjects instructed in dietary management and treated with "anorectic" drugs on the average tend to lose more weight than those treated with placebo and diet in relatively short-term trials. Further conclusions were:

The amount of weight loss associated with the use of an "anorectic" drug varies from trial to trial. The possible origins of the increased weight loss due to the various drug effects are not established. The increased weight loss appears to be related in part to variables other than the drug prescribed, such as the physician-investigator, the population treated, and the diet prescribed. Studies do not permit conclusions as to the relative importance of the drug and non-drug factors on weight loss.

The magnitude of increased weight loss of drug-treated patients over placebo-treated patients was only a fraction of a pound a week. The rate of weight loss was greatest in the first weeks of therapy for both drug and placebo subjects and tended to decrease in succeeding weeks.

The natural history of obesity is measured in years, whereas the studies cited are restricted to a few weeks or months duration; thus, the total impact of drug-induced weight loss over that of diet alone must be considered clinically small. The limited usefulness of these agents must be measured against any possible risk factors inherent in their use.

Evidence presented for newer 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 addiction risk potential of fenfluramine may be an exception to this general statement, but it may have some depression inducing capability.

Consultants also noted that the amphetamines, including methamphetamine, have been widely abused in numerous populations. It is thus in the best interests of the public health to limit the use of amphetamines as far as is compatable with adequate therapy. This is both to minimize the risks 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.

The FDA will thus recommend that "anorectic" drugs be placed under the recordkeeping and other requirements of the Controlled Substances Act. Statements will be required in the labeling of all anorectic drugs advising the practitioner of the limited nature of benefits he may expect with use of drugs and diet rather than diet alone. Labeling will also include statements alerting him to the potential of these drugs for inducing drug dependence and for being abused. The amphetamines will carry a special warning in view of their past history and they will be recommended only for trials in obese patients who have not responded to alternative drugs.

The total effect of the FDA actions will thus be to leave anorectic drugs available for practitioners while informing them more fully of the limitations and risks associated with use of the drugs. The individual physician prescribing or dispensing "anorectic" drugs will thus decide whether in his judgment individual patients require a given drug in addition to the basic essentials of a calorically restricted diet, supportive therapy, and clinical follow-up.

TAB C—CONSULTANT STATEMENTS

CONSULTANTS ON ANORECTIC DRUGS

MEETINGS, CONCLUSIONS, AND RECOMMENDATIONS

FDA has consulted with a number of experts on anorectic drugs in the past including a large consultant group under the Chairmanship of Dr. T. E. Prout in early 1971. Dr. Prout is Associate Professor of Medicine at Johns Hopkins and (until July 1, 1972) member of the FDA Advisory Committee on Metabolic and Endocrine Drugs. For the present review, a small working group was invited, again under the Chairmanship of Dr. Thaddeus Prout. The other clinicians in the group were the Chairman of the Metabolic-Endocrine Committee, Dr. T. S.