ADVERSE REACTIONS

Cardiovascular: Palpitation, tachycardia, elevation of blood pressure.

Central nervous system: Overstimulation, restlessness, dizziness, insomnia, euphoria, dysphoria, tremor, headache; rarely, psychotic episodes at recommended doses.

Gastrointestinal: Dryness of the mouth, unpleasant taste, diarrhea, other gastrointestinal disturbances. Anorexia and weight loss may occurr as undesirable effects when amphetamines are used for other than the anorectic effect.

Allergic: Urticarta.

Endocrine: Impotence, changes in libido.

DOSAGE AND ADMINISTRATION

Regardless of indication, amphetamines should be administered at the lowest effective dosage and dosage should be individually adjusted. Late evening medication should be avoided because of the resulting insomnia.

1. Narcolepsy: Usual dose 5 to 60 milligrams per day in divided doses.

2. Minimal brain dysfunction:

a. Not recommended for children under 3 years of age.

b. Children from 3 to 5 years of age: 2.5 milligrams daily, rated in increments of 2.5 milligrams at weekly intervals until optimal response is obtained.

c. Children 6 years of age and older: 5 milligrams once or twice daily, increased in increments of 5 milligrams at weekly intervals. Only in rare cases will it be necessary to exceed a total of 40 milligrams per day.

3. Obesity: Usual adult dose 5 to 30 milligrams per day in divided doses.

OVERDOSAGE

Manifestations of acute overdosage with amphetamines include restlessness, confusion, assaultiveness, hallucinations, panic states. Fatigue and depression usually follow the central stimulation. Cardiovascular effects include arrythmia, hypertension or hypotension, and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning usually terminates in convulsions and coma.

Management of acute amphetamine intoxication is largely symptomatic and includes lavage and sedation with a barbiturate. Experience with hemodialysis or peritoneal dialysis in inadequate to permit recommendations in this regard.

(5) Distribution of any such preparation currently on the market without an approved new-drug application may be continued provided that all the following conditions are met:

(i) Within 60 days following the date of publication of this section in the Federal Register, the labeling of any such preparation shipped within the jurisdiction of the act is in accord with the labeling conditions described in this section. After said 60 days any such preparation labeled or advertised contrary to this section will be regarded as misbranded within the meaning of section 502(f) (1) and (2) and (j) of the act and will be subject to regulatory proceedings. New drug charges will be included in appropriate cases.

(ii) The manufacturer, packer, or distributor of such drug submits to the Food and Drug Administration, within 1 year after the date of publication of this section in the Federal Register, a new-drug application providing substantial evidence derived from adequate and well-controlled clinical investigations that the drug is effective for each of its labeled indications. Since the treatment of obesity necessarily requires a prolonged period of time, data in support of the drug's long-range effectiveness in this condition must be based on studies conducted over periods exceeding a few weeks; intermittent administration of the drug may be required. Such studies should also include data on long-term toxicity; for example, cardiovascular and central nervous system. Such information is essential for an evaluation of the benefit-to-risk ratio.

(iii) The applicant submits within a reasonable time additional information required for the approval of the application as specified in a written communication from the Food and Drug Administration or in a notice published in the Federal Register.

(iv) The application has not been ruled incomplete or unapprovable.

(v) The Food and Drug Administration has not, by publication in the FEDERAL REGISTER, announced further conclusions concrening amphetamines based upon information submitted in new-drug applications or other information available.