drugs in treating obesity is primarily one of appetite suppression. Other central nervous system actions, or metabolic effects may be involved, for example.

Adult obese subjects instructed in dietary management and treated with "anorectic" drugs, lose more weight on the average than those treated with placebo and diet, as determined in relatively short-term clinical trials.

The magnitude of increased weight loss of drug-treated patients over placebo-treated patients is only a fraction of a pound a week. The rate of weight loss is greatest in the first weeks of therapy for both drug and placebo subjects and tends to decrease in succeeding weeks. The possible origins of the increased weight loss due to the various drug effects are not established. The amount of weight loss associated with the use of an "anorectic" drug varies from trial to trial, and the increased weight loss appears to be related in part to variables other than the drugs 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 natural history of obesity is measured in years, whereas the studies cited 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 limited.

DRUG DEPENDENCE SECTION OF WARNINGS SECTION

Drug Dependence. (Name of drug) is related chemically and pharmacologically to the amphetamines. Amphetamines and related stimulant drugs have been extensively abused, and the possibility of abuse of (name of drug) should be kept in mind when evaluating the desirability of including a drug as part of a weight reduction program. Abuse of amphetamines and related drugs may be associated with intense psychological dependence and severe social dysfunction. There are reports of patients who have increased the dosage to many times that recommended. Abrupt cessation following prolonged high dosage administration results in extreme fatigue and mental depression; changes are also noted on the sleep EEG. Manifestations of chronic intoxication with anorectic drugs include severe dermatoses, marked insomnia, irritability, hyperactivity, and personality changes. The most severe manifestation of chronic intoxication is psychosis, often clinically indistinguishable from schizophrenia.

FOR AMPHETAMINE, DEXTROAMPHETAMINE, METHAMPHETAMINE HYDROCHLORIDE AND DIDIMETHAMPHETAMINE HYDROCHLORIDE

Indication

Exogenous obesity as a short term (a few weeks) adjunct in a regimen of weight reduction based on caloric restriction, for patients in whom obesity is refractory to alternative therapy, e.g., repeated diets, group programs, and other drugs. The limited usefulness of (name of drug) (see ACTIONS) should be weighed against possible risks inherent in use of the drug, such as those described below.

For amphetamine and dextroamphetamine, additional indications are:

Narcolepsy—Mineral Brain Dysfunction in Children as adjunctive therapy to other remedial measures (psychological, educational, social).

Special Diagnostic Considerations:

Special etiology of Minimal Brain Dysfunction (MGD) is unkown ,and there is no single diagnosic test. Adequate diagnosis requires the use not only of medical but of special psychological, educational, and social resources.

The characteristic signs most often observed are chronic history of short attention span, distractibility, emotional liability, impulsivity, moderate to severe hyperactivity, minor neurological signs and abnormal EEG. Learning disabilities may or may not be present. The diagnosis of MBD must be based upon a complete history and evaluation of the child and not solely on the presence of one or more of these signs.

Drug treatment is not indicated for all children with MBD. Appropriate educational placement is essential and psychological or social intervention may be necessary. When remedial measures alone are insufficient, the decision to prescribe stimulant medication will depend upon the physician's assessment of the chronicity and severity of the child's symptoms.

Drug treatment is not intended for use in the child whose hyperactivity is due to environmental factors and/or primary psychiatric disorders.