ACTIONS:

Amphetamines are sympathomimetic amines with CNS stimulant activity. Peripheral actions include elevation of systolic and diastolic blood pressures and weak bronchodilator and respiratory stimulant action. The anorectic effect diminishes after a few weeks. Patients on Biphetamine-T may experience less irritability than those on amphetamine alone.

The exact mode of sedative-hypnotic action of methaqualone is not known.

Methaqualone has antitussive and antispasmodic activity in experimental animals. It is metabolized in the liver and excreted in the urine and feces.

INDICATION:

Exogenous obesity, as a short term (a few weeks) adjunct in a regimen of weight reduction based on caloric restriction.

CONTRAINDICATIONS:

Advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, known hypersensitivity or idiosyncrasy to the sympathomimetic amines and/or methaqualone.

Agitated states.

Patients with a history of drug abuse.

During or within 14 days following the administration of monoamine oxidase inhibitors, hypertensive crises may result.

Women who are or may become pregnant. Reproduction studies on methaqualone in the rat revealed minor but clear-cut skeletal abnormalities in the young. Reproduction studies on amphetamine in mammals at high multiples of the human dose have suggested both an embryotoxic and a teratogenic potential.

WARNINGS:

Tolerance to the Anorectic effect usually develops within a few weeks. When this occurs, the recommended dose should not be exceeded in an attempt to increase the effect; rather, the drug should be discontinued.