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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, nausea, emesis and epigastric discomfort.

Endocrine: Impotence, changes in libido.

Neuropsychiatric: Headache, hangover, fatigue, dizziness, torpor, transient paresthesiae of the extremities. An occasional patient has experienced restlessness or anxiety.

Hematologic: Aplastic anemia possibly related to methaqualone has been very rarely reported.

Dermatologic: Diaphoreses, bromhidrosis, exanthema. Urticaria has been particularly well documented, With the methaqualine component.

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.

Obesity: 1 capsule daily upon arising.

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 arrhythmias, 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 is inadequate to permit recommendations in this regard.

Acute overdosage with methaqualone may result in delirium and coma, with restlessness and hypertonia, progressing to convulsions.