Dr. FREYHAN. This is circulated through the mail. It is an 7-page brochure entitled "About Ready for Outpatient Status." The text is carefully worded and does not contain specific misstatements—at least, I was unable to find them. Yet, as is so often the case in cleverly worded advertisements, it grossly misleads by implication. The fact that a patient is ready for outpatient status may be an indication of improvement, but hardly for the prescription of Valium. Most hospitalized patients today are apt to receive one or several psychotropic drugs which, more often than not, are continued after discharge. The advertisement therefore implies a specific fact of value described as "an extra help" to ease the transition. The text abounds with seductive allusions to preventing crises, coping with life, and helping psychotherapy to rapid success. If we compare these assertions with objective appraisals as published in the scientific literature, we find little evidence that Valium possesses an exceptional value in the relief of anxiety. Thus, while Valium is an effective agent for various clinical purposes, the cited advertisement is a flagrant example of transgressing from truth to fiction. Valium is known to be one of the biggest moneymakers. If my information is correct, the so-called antianxiety drugs, including meprobamate, Librium, and Valium, are by far the most overprescribed psychoactive drugs. It should be the responsibility of editors of medical journals and, in the last analysis, of every practicing physician, to develop greater resistance to seductive promotion of these agents.

I would add here, when it comes to a seduction, it takes a seductor and a seductee. And I feel that myself and my colleagues—or it seems to be evident from the sales statistics—are so easily seduced by the clever advertisement. I have covered only a few focal issues, but I hope I can amplify on these matters in response to questions. Thank you.

Senator NELSON. Thank you very much for your excellent statement. Both of you could address yourselves to this, if you wish. I don't think, in the testimony that we have taken previously, that we have had any explanation in the record of what is the physiological effect of the use of various minor and major tranquilizers. I don't mean necessarily the side effects, but what occurs physiologically, within the system, which results in reducing the anxiety of the patient. Either one, or both of you.

Dr. BRILL. That is an easy one. I would like to answer that. The mechanism of action of drugs generally is highly mysterious. We don't even know how aspirin helps a headache. So that a good explanation of the action that we are talking about is still lacking, and is something that needs research; because, when the action is elucidated, we will be in a much better position to develop new drugs that can do this more effectively.

Senator NELSON. Do you want to add to that?

Dr. FREYHAN. I agree that more sophisticated formulations, as found in the scientific literature, may add up to the same thing that Dr. Brill just outlined. I might just add that, for all practical purposes, the antianxiety drug is closely related to what used to be called sedatives.

Senator NELSON. Do you know in what way a sedative acts on the system?