

EDITORIAL : VAN DIE REDAKSIE

DRUG-INDUCED ANOREXIA

In recent years the necessity to keep the weight down has been stressed a great deal, but in practice the emphasis on the importance of restricting the dietary intake has met with scant success. People find it difficult to eat less, much as they may desire to do so. As an easy way out, drugs have been introduced which are alleged to reduce the appetite, and quite a number of these are now on the market. There is very little evidence about the efficacy of some of them, and for this reason they should not be used. Nevertheless, so great is the demand for this type of agent that anorexiant are widely used by lay people.

There is no evidence that these drugs have a specific action on the appetite-controlling mechanism in the central nervous system and, as with all chemical substances introduced into the body, the potentiality to do harm must always be borne in mind. What is urgently needed for the treatment of obesity is more knowledge of the reasons why the obese continue to eat without reference to satiation. In over 90 per cent of cases there is a psychogenic basis for this condition, and something positive has to be done about this. There is psychological resistance to measures which decrease food intake. In the face of such compulsive desire to eat (overeat), the anorexiant drugs are ineffective unless food intake is controlled as well. The best and most lasting results have been obtained by psychotherapy and not from the use of drugs.

Most studies on these drugs have not been properly controlled. The use of these drugs may be associated with loss of weight, but it is a common experience that a large proportion of obese subjects tend to lose weight with any new regimen or even from association with a new physician.

The amphetamine-like drugs have been widely used as anorexiant. In the same group as amphetamine ('benzedrine') there are dexamphetamine ('dexedrine'), methylamphetamine ('methedrine'), phenylpropanolamine ('propadrine'), phenmetrazine ('preludin'), diethylpropion ('tenuate'), 'tepanil' and others, known by these and other trade names. They belong to the same pharmacological group despite claims made to the contrary by certain manufacturers. In varying degrees they all stimulate the central

nervous system, causing wakefulness, increased mental and physical activity, and even excitement and agitation.

In general they are not dangerous, and relatively few cases of acute poisoning have been reported. A few deaths have occurred. The chief complication is dependence. Tolerance may develop, and this makes them unsuitable for prolonged use. The sympathomimetic actions may produce cardiovascular effects; they vary in different patients and are revealed after individual trial with the drug. Amphetamine itself is rarely used today. Dexamphetamine stimulates the brain, but its cardiovascular action is feeble. Methylamphetamine is similar. Phenmetrazine has a cephalotropic action and little effect on the cardiovascular system; large doses produce disturbances of mood, apprehension, agitation, delusions, and hallucinations. It can produce addiction. Diethylpropion ('tenuate'), which has recently come on the market, is probably not superior to dexamphetamine; no significant publications dealing with this drug have yet appeared. It is difficult at this stage to indicate which of the drugs in the amphetamine series is best, although dexamphetamine is probably the most desirable of them all.¹

Thyroid hormone is indicated only when deficiency of thyroid is present in the obese subject. In some patients the use of central nervous sedatives may assist in the weight-loss regimen, e.g. in the 'night-eating' syndrome where the response to stress consists of insomnia, nocturnal pangs of hunger, and morning anorexia. The use of methylcellulose to provide bulk and satiety has not proved effective. The obese person is not easily satisfied and wants genuine food to eat.

In obese subjects it is important to deal with basic psychological troubles. If anorexiant drugs are to be used, their limitations must be appreciated. They should not be administered for a prolonged period, but as a temporary device to enable the patient to accomplish some loss of weight. What needs to be discovered is a drug which depresses the appetite-control mechanism with considerable specificity. No such drug is as yet available. For most patients the best approach to the problem is some form of psychotherapy.

1. Modell, W. (1960 - 1961): *Drugs of Choice*. St. Louis: C. V. Mosby Co.

BANDOPNAMEDIENSTE

Op 25 Maart 1959 het dr. F. A. van Heerden, van Bergville, Natal, die volgende geskryf in 'n brief aan die Redakteur: „Dit wil voorkom of dit 'n gevestigde gebruik in die V.S.A. is om interessante mediese lesings op bandopnames op te neem en om die opnames dan teen 'n geringe vergoeding vir lede van die mediese professie beskikbaar te stel. Hierdie prosedure kan van baie groot waarde wees vir diegene van ons wat in die platteland woon en wat nie die voorreg het om, soos ons kollegas in die stede, lesings by te woon deur sommige van ons beste onderwysers of ook deur bekende besoekers uit ander lande nie. Miskien sou u moontlike maniere kon bedink om so 'n diens vir ons in hierdie land in te stel'.

Sedert die publikasie van dr. van Heerden se brief het twee interessante ontwikkelinge plaasgevind. Eerstens is die Fakulteit Kaap de Goede Hoop van die Kollege van Algemene Praktisyns gestig. Onder die baie belangrike dienste wat hierdie fakulteit lewer, is daar nou ook 'n bandopnamediens vir lede van die Kollege. Die firma Smith, Kline en French Laboratories was so vriendelik om die Kollege te ondersteun ten einde hierdie diens moontlik te maak.

Tweedens het die firma Squibb Laboratories 'n unieke diens ingestel vir lede van die mediese professie in Suid-Afrika deur bandopnames met besprekings van teenswoordige mediese literatuur en wetenskaplike lesings vry beskikbaar te

stel vir persone of groepe om na te luister. Hierdie opnames is gemaak deur die Audio-Digest Foundation, 'n vertakking van die Mediese Vereniging van Kalifornië. Die Foundation word nie op 'n winsbasis gedryf nie. Squibb Laboratories het later hul hele bandopname-biblioteek aan die Mediese Vereniging geskenk, op die veronderstelling dat die Vereniging gewillig sou wees om die diens aan geneeshere voort te sit. Die Mediese Vereniging is nou vaste intekenaars op die bandopnamediens van die Audio-Digest Foundation.

Hierdie opnames dek 'n wye veld van belangstelling vir alle lede van die mediese professie sowel as vir mediese studente, en sluit, onder andere, opnames in deur besoekende sprekers, en deur vooraanstaande mediese en chirurgiese persoonlikhede in die V.S.A. Die vyf-duim bande maak dit moontlik om ongeveer 'n uur lank te luister na 'n baie interes-

sante en genotvolle aantal artikels uit die wêreldliteratuur, wat op 'n deskundige manier opgesom is. Die artikels word gelees met die duidelikheid en helderklinkendheid van 'n deskundige leser, en hulle bevat ook opsommings van belangrike punte op verskillende gebiede.

Die bandopnames word gereeld weekliks ontvang, en nuwe bande sowel as oues wat al reeds vrygestel is, kan sonder vergoeding by die Mediese Vereniging geleen word. Die Vereniging hoop om in die toekoms ook in staat te wees om sy eie opnames te maak van lesings en besprekings deur deskundiges in hierdie land. Verdere informasie oor die onderwerpe en reekse wat beskikbaar is, sowel as enige ander informasie in hierdie verband, kan verkry word van die Sakebestuurder, Mediese Vereniging, Posbus 643, Kaapstad.