as I believe Dr Orr would agree, otherwise we could only ask for "valid observations" after one has experienced the circumstance. Advance directives therefore would become useless.

I believe that one can derive valid information from observing the experience of others. This information is "subjective," as it is from the point of view of the observer, and it is meant to be nothing more. This information can obviously be used by others to help them make decisions concerning what they would want done with their own advance directives. I believe that this information will help others "to develop criteria for predicting the potential benefits of the procedure for different types of patients and thus assist physicians, patients, and families in making decisions about the use of this procedure."

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**Anorectic Medications in the Treatment of Obesity**

I am writing in response to what Yanovski had to say in her editorial in the October issue of the Archives. Finally, a physician who tells it like it is.

There is no "magic bullet" for chronic obesity. Each patient is an individual with his or her own particular characteristics, all of which should be considered when a weight loss program is undertaken.

I am a family physician in my 31st year of practice. Because of health problems, governmental overregulation, too many attorneys in a too litigious society, and lack of payment by certain government bureaus (guess which one), I decided to limit my practice to an office practice, with my primary concern being weight loss.

I, like Dr Yanovski, believe that most obese people have no wish to be overweight but, owing to certain genetic problems, are predisposed to that condition.

For the past 3 years, I have been dispensing phentermine hydrochloride (37.5 mg) as an anorectic agent and have seen successful results in approximately five of 10 patients. I have seen no adverse effects, but I am frustrated when I must quit dispensing anorectic medications after a certain period, especially when there has been excellent weight loss. At present, our state laws permit us to dispense or prescribe anorectic medications for only 14 days if a patient loses a certain amount of weight. Nowhere have I seen in print any actual time length for dispensing this medication, but local pharmacists have decided that period should be 12 weeks, with no further use. My drug representative tells me that there is a move afoot by the pharmaceutical board to limit dispensing of anorectic medications only once in a patient's lifetime. An asinine idea!!

I, too, believe that long-term obese patients are discriminated against because the stoppage of anorectic medications usually leads to regaining of lost weight. I, too, believe that restrictions should be lifted to permit physicians to dispense anorectic medications as they see fit for the patient who otherwise has trouble losing weight and maintaining that weight loss. I watch my patients closely and monitor their vital signs, weight, body measurements, side effects, etc, every 2 weeks.

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In reply

I thank Dr Brune for his insights into the effects that restricting prescriptions of anorectic medications has on his ability to provide individualized obesity treatment. If one believes, as do the majority of experts in the field, that obesity is a chronic medical condition, the futility of short-term use of medication becomes apparent. In addition, restricting prescription of anorectic agents to those who demonstrate continuing weight loss at some arbitrary level has two major disadvantages. First, it emphasizes weight loss, rather than improvement in health, as the primary goal of treatment. Second, it fails to take into account the many studies showing continued efficacy of medication at regulating weight at a lower level, even after ongoing weight loss has slowed or stopped.1,2 While anorectic agents are neither necessary nor appropriate for the majority of obese patients, they are clearly an efficacious adjunctive treatment for some. We can only hope that regulatory agencies at all levels will familiarize themselves with the current literature on the use of anorectic agents in the treatment of obesity and reevaluate the restrictions that impede research and treatment.

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