

Fastin® 30 mg. (phentermine HCl)

Before prescribing FASTIN® (phentermine HCl), please consult Complete Product Information, a summary of which follows:

INDICATION: FASTIN is indicated in the management of exogenous obesity as a short-term (a few weeks) adjunct in a regimen of weight reduction based on caloric restriction. The limited usefulness of agents of this class should be measured against possible risk factors inherent in their use such as those described below.

CONTRAINDICATIONS: Advanced arteriosclerosis, symptomatic cardiovascular disease, moderate-to-severe hypertension, hyperthyroidism, known hypersensitivity, or idiosyncrasy to the sympathomimetic amines, glaucoma.

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).

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.

FASTIN may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; the patient should therefore be cautioned accordingly.

Drug Dependence: FASTIN is related chemically and pharmacologically to the amphetamines. Amphetamines and related stimulant drugs have been extensively abused, and the possibility of abuse of FASTIN should be kept in mind when evaluating the desirability of including a drug as part of a weight reduction program. Abuse of amphetamines and related drugs may be associated with intense psychological dependence and severe social dysfunction. There are reports of patients who have increased the dosage to many times that recommended. Abrupt cessation following prolonged high dosage administration results in extreme fatigue and mental depression; changes are also noted on the sleep EEG. Manifestations of chronic intoxication with anorectic drugs include severe dermatoses, marked insomnia, irritability, hyperactivity and personality changes. The most severe manifestation of chronic intoxications is psychosis, often clinically indistinguishable from schizophrenia.

Usage in Pregnancy: Safe use in pregnancy has not been established. Use of FASTIN by women who are or who may become pregnant, and those in the first trimester of pregnancy, requires that the potential benefit be weighed against the possible hazard to mother and infant.

Usage in Children: FASTIN is not recommended for use in children under 12 years of age.

PRECAUTIONS: Caution is to be exercised in prescribing FASTIN for patients with even mild hypertension.

Insulin requirements in diabetes mellitus may be altered in association with the use of FASTIN and the concomitant dietary regimen.

FASTIN may decrease the hypotensive effect of guanethidine. The least amount feasible should be prescribed or dispensed at one time in order to minimize the possibility of overdosage.

ADVERSE REACTIONS: *Cardiovascular:* Palpitation, tachycardia, elevation of blood pressure. *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, constipation, other gastrointestinal disturbances. *Allergic:* Urticaria. *Endocrine:* Impotence, changes in libido.

DOSAGE AND ADMINISTRATION: *Exogenous Obesity:* One capsule at approximately 2 hours after breakfast for appetite control. Late evening medication should be avoided because of the possibility of resulting insomnia.

Administration of one capsule (30 mg.) daily has been found to be adequate in depression of the appetite for twelve to fourteen hours. FASTIN is not recommended for use in children under 12 years of age.

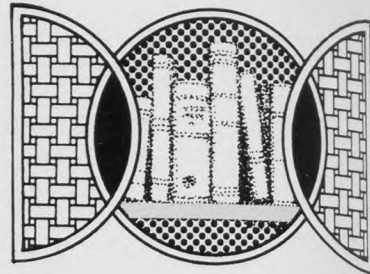
OVERDOSAGE: Manifestations of acute overdosage with phentermine include restlessness, tremor, hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states. Fatigue and depression usually follow the central stimulation. Cardiovascular effects include arrhythmias, hypertension 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 phentermine 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. Acidification of the urine increases phentermine excretion. Intravenous phentolamine (REGITINE) has been suggested for possible acute, severe hypertension, if this complicates phentermine overdosage.

CAUTION: Federal law prohibits dispensing without prescription.

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Book Reviews



A Primer of Clinical Diagnosis (2nd Edition). William B. Buckingham, Marshall Sparbere, Martin Brandfonbrener. Harper & Row Medical Publishers, Hagerstown, Maryland, 1979, 350 pp., \$17.95 (paper).

A Primer of Clinical Diagnosis is written that the first and second year medical student may learn the fundamentals of clinical medicine. This book emphasizes techniques of physical diagnosis as well as the implications of clinical diagnosis. This text is written for the student who has only scant background in physiology and pathology. It was developed and written principally for students at the authors' medical school which begins its course, "Introduction to Patients and Clinical Medicine" before students complete the study of physiology and pathology. This curricular strategy now appears to be the trend in many medical schools, enhancing the applicability of this text.

Initial attention focusing on the communication and relationship process is refreshing and very well done. I take some semantic exception to the title of Chapter Four, "Observation of the Patient as a Unit." It might be more humane to say "observation of the complete patient." "Unit" to me indicates the designed assemblage of me-

chanical parts such as one encounters in an automobile dealer's lot or showroom.

Cognitive facts are presented in this text in a well-organized and concentrated fashion. The medical student will want to have a textbook of anatomy and physiology within arm's reach to gain a true understanding of its contents, thereby avoiding total reliance on memorization.

The examination of the cardiovascular systems is extremely detailed and precise (68 pages). This chapter could serve as an excellent review for senior medical students, residents, and practitioners. A review of the physiology of the cardiovascular system is recommended concurrently or prior to reading this chapter.

The last two chapters "Making the Medical Record" and "Achieving a Diagnosis" are welcome additions to textbooks of this type.

The text generally does not contain as many diagrams or color photographs as some other texts and consequently is less expensive. Its size, soft cover, and cost is certainly an advantage for the student who rarely refers to this type of text after completing the junior year of medical training.

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