

# The New Diet Pills

**T**HERE WAS A TIME when Lisa Herzner's weight shifted 15 to 30 pounds during the course of a month. Once she gained five pounds in a week. But last fall the 34-year-old treasurer of a software company near Charlotte, N.C., dropped her final 28 pounds—down to 140—and she's been keeping her weight fairly stable ever since. That's largely thanks to the diet drug fenfluramine (Pondimin).

From New York to Los Angeles, doctors are prescribing fenfluramine, alone or in combination with another drug, to help their patients lose weight. "At least 20 people I know have taken it," says Barbara Feldman, a party consultant in New Rochelle, N.Y. "One person asks someone else, 'How did you do it?'—and the news travels."

Until recently, fenfluramine was rarely prescribed as a diet pill, mainly because physicians and patients alike recalled the abuse old-fashioned diet drugs—amphetamines, or speed—had



## Are They Safe? Effective?

All about the latest trend in appetite control

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engendered. Then, three years ago, a study showed that fenfluramine, in combination with the drug phentermine (Ionamin), could conquer dieters' biggest enemy, food cravings, and in all but a few cases could do so safely.

Dr. Michael Weintraub and researchers at the University of Rochester Medical School reported that dieters who took fenfluramine with phentermine lost an average of nearly 16 percent of their body weight in 34 weeks—more than three times as much as the control group not taking the diet drugs—and that most kept the pounds off for 3½ years.

Unlike amphetamines, the fenfluramine/phentermine combination is nonaddictive. What's more, many doctors believe it works better than any of the diet drugs still on the market. (These include diethylpropion, which can make people jumpy, and mazindol, which in some people causes nervousness, boosts blood pressure and interferes with sleep.)

As news of the Rochester study spread, more and more physicians began prescribing fenfluramine with phentermine. Specialists in treating obesity applauded the drugs' increased use because it represents a long-overdue change in the way the medical profession views weight control. In the past, overweight people were thought to lack the self-control to stop overeating. Now some medical researchers say the problem is less a matter of willpower than of brain chemistry. According to this theory, people who eat compulsively have too little of the neurotransmitter

serotonin at work in their brain, and inadequate serotonin activity may make a person want to eat all the time.

This problem may be genetic. Last December, scientists isolated a gene that, when defective, can cause a certain strain of laboratory mice to gain three times as much weight as normal mice. Whether some humans carry this genetic predisposition and how it might affect their obesity is still unknown.

In any case, many doctors believe that medication may be the best way to correct a serotonin imbalance. Fenfluramine increases serotonin activity and thus keeps a person from feeling like eating shortly after a meal or craving a snack at any other time.

"Obesity is a medical condition," says Piotr Hitzig, a physician in Timonium, Md. "It's a deficiency of a neurotransmitter, just as diabetes is a deficiency in insulin."

Hitzig knows the concept works. One patient, who reached her goal of losing 16 pounds, says she doesn't have the cravings she used to have. And she, like Lisa Herzner, plans to take the drug indefinitely.

Gerald Pittman of Burke, Va., a 41-year-old human-resources manager, has gone from 285 pounds to 180 pounds in eight months with the help of fenfluramine and phentermine. "I have an addiction to food," he admits. "Anything chocolate I will sell my soul for—or at least I would have. But the drugs seem to suppress the part of my brain that craves food."

Adds Diane Simpson, 52, an agent

## THE NEW DIET PILLS: ARE THEY SAFE? EFFECTIVE?

with the Federal Aviation Administration in Oklahoma City who has been taking fenfluramine and phentermine for almost two years and has gradually lost 50 pounds: "I used to go crazy for certain things like ice cream or Mexican food, and I'd want it immediately. Now I've lost completely the urge to eat between meals."

Yet not all scientists who study weight control say that serotonin's influence on food cravings is so straightforward, since obesity is a complex condition with multiple causes. Many brain chemicals are involved in appetite, says Madelyn Fernstrom, associate professor of psychiatry at the University of Pittsburgh School of Medicine. "People might start to think, *Gee, I'm fat because I don't have enough serotonin*—but it's not that simple. Obesity is like having too much cholesterol in your blood. There are many ways to lower cholesterol—many that you'd try first before resorting to a drug."

Like any medication, fenfluramine comes with side effects. Most people experience a little diarrhea, which subsides after a few weeks, and dry mouth. In some patients the drug can cause fatigue and suppress motivation—not only to eat but to do much of anything. A New York City woman complained that she seemed to sleep continuously the first week she took it. Her physician, weight-control specialist Dr. Ronald Ruden, lowered

her dose, and the problem went away.

In the Rochester study, Weintraub found he could eliminate the sleepiness by giving phentermine along with fenfluramine. Phentermine

### ON THE HORIZON

AT LEAST TWO OTHER DIET DRUGS are under development. Hoffmann-La Roche's tetrahydrolipstatin (Xenical, previously known as Orlistat) is intended to work not on the brain but on the digestive system—blocking absorption of about a third of the fat a person eats. Boots Pharmaceuticals is testing sibutramine, which may not only suppress appetite and help people feel full but may also increase metabolic rate, enabling dieters to use up calories faster. Both drugs are still years away from FDA approval, however.

affects another brain chemical—dopamine—and acts as a stimulant, countering fenfluramine's tendency to slow people down. Fenfluramine, in turn, acts against phentermine's tendency to cause sleeplessness and feelings of anxiety.

Most physicians who prescribe fenfluramine follow Weintraub's lead and prescribe phentermine too. But some doctors question whether giving the two drugs together merely exposes the patient to more potential side effects. "I think it's overkill," says New York specialist Dr. Robert S. Levine. "I've been working with obese patients for 20 years, and I've found that the minimum amount of medication possible works best."

One important side effect that some people continue to suffer even when

taking the drug combination is short-term memory loss. "It's a kind of mental clouding," explains Arthur Zaks, a physician from Tenafly, N.J. "I had trouble remembering things that happened the day before." Zaks's doctor, Louis Aronne, director of the Comprehensive Weight Control Center at New York Hospital-Cornell Medical Center, took him off the drugs because of it.

Lisa Herzner also had memory problems. "I left some clothes at a dry cleaner last year," she explains, "and I still can't remember which one." But because she prefers memory gaps to food cravings, Herzner hasn't stopped taking the drug.

Fenfluramine has also been associated with pulmonary hypertension, a potentially fatal condition that makes it difficult for blood to reach lung tissue. It shows up as shortness of breath. A person who has no trouble climbing stairs suddenly finds doing so taxes the lungs. But, according to Weintraub, the problem is "incredibly rare"—and disappears when the drug is discontinued.

Despite fenfluramine's growing popularity, concerns arise about overuse. Some doctors question whether prescribing it for patients with just five or ten pounds to lose is appropriate and whether those who have lost weight should keep taking it. Many physicians say only people at least 20 percent over their ideal body weight—about 30 percent of Americans, according to latest statistics—should take the drug. "It can help them start a life-

style change and get used to eating smaller portions," says Fernstrom.

Dr. Aronne also questions prescribing fenfluramine for the mildly overweight: "If we start giving it to millions of people, we're going to see increases in even the uncommon side effects." However, others, including Dr. Ruden, say that anyone who battles intense daily food cravings can benefit from the drug.

How long should you be on fenfluramine? This much is clear—when you stop taking it, you gain back the weight. That's why some physicians advise dieters to take the drug for life. Fenfluramine appeared to continue working throughout Weintraub's 3½ year study. Whether its effectiveness would diminish if taken longer is unknown.

FDA literature says the drug should be prescribed for 12 weeks at a time. But Weintraub believes that in light of recent studies, doctors may prescribe weight control agents for longer periods.

All experts agree that the most important consideration with diet drugs is carefully weighing the risks and benefits. Also, they should be taken only as part of a sensible diet-and-exercise program, supervised by a physician monitoring side effects.

"You have to remember," cautions Boca Grande, Fla., obesity researcher Theodore VanItallie, "that while fenfluramine itself can cause weight loss, it works best with an appropriate diet-and-exercise program. It helps people adhere to their diets better."

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