



## Tenuate advertisement.

[s.l.]: [s.n.], 1967

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**The only  
measure  
of anorexic  
success:**

**weight  
loss**



# New evidence of significant weight loss

When overweight is the diagnosis, it's weight loss that measures therapeutic success. New evidence suggests that Tenuate, as part of an obesity-control program, can result in added weight loss—significantly more weight loss than a program without Tenuate.

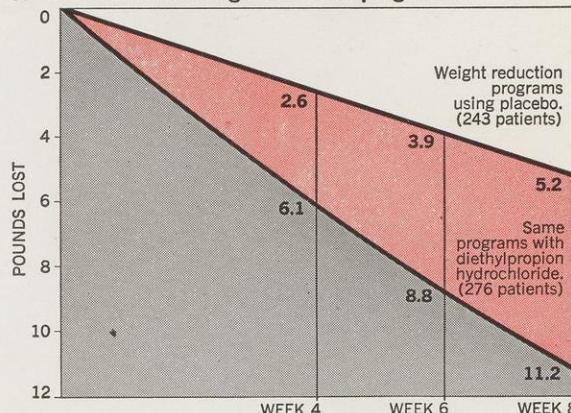
Ten controlled studies\* involving 519 overweight patients compared weight loss resulting from different weight reduction programs. In each study investigators worked with two groups of patients: one group received diethylpropion hydrochloride; the other, a placebo. In each study both groups received the same counsel and uniform dietary and/or exercise regimens.

The graph at the right shows how the two groups compared.

**Result:** Overall, patients on diethylpropion hydrochloride lost twice as much weight when the drug was the only major variable in the total weight reduction program of each study. Isn't it measurable weight loss like this—rather than CNS stimulation—that tells you an anorexic is performing? With Tenuate, the patient's weight loss may be the only clue she's taking an anorexic.

These studies describe only a part of the clinical evidence for the hunger control and significant resulting weight loss that can, and has been achieved with Tenuate. Your Merrellman has much more, and he'll appreciate sharing it with you.

**WEIGHT LOSS:** Compilation of results from 10 controlled studies of different weight reduction programs.



A projected weight loss curve was generated from a regression analysis of individual final weight change. Duration of treatment, regimens and individual weight changes varied substantially. This analysis includes 519 patients with obesity uncomplicated by hypertension/cardiovascular disease or diabetes.

**Contraindications:** Contraindicated concurrently with MAO inhibitors, in patients hypersensitive to diethylpropion hydrochloride, and in emotionally unstable patients known to be susceptible to drug abuse.

**Warning:** Although generally safer than the amphetamines, use great caution when prescribing for patients with severe hypertension or severe cardiovascular disease. Should not be used during the first trimester of pregnancy unless potential benefits outweigh potential risks.

**Adverse Reactions:** While rarely causing therapy to be withdrawn, adverse reactions may occur occasionally: CNS effects (such as insomnia, nervousness, jitteriness), dryness of mouth, thirst, nausea, abdominal distress, constipation, headache, allergic response including urticaria or other dermatitis; rarely associated ECG changes, tachycardia, cardiac arrhythmia and T-wave changes.

**Convenience of two dosage forms:** Dospan® tablets: One 75 mg. continuous release tablet daily, swallowed whole, in midmorning. 25 mg. tablets: One 25 mg. tablet three times daily, one hour before meals, and in midevening if desired to overcome night hunger. Use in children under 12 years of age is not recommended.

\*Reference and Data on file, The Wm. S. Merrell Company, Division of Richardson-Merrell Inc., Cincinnati, Ohio 45215

**Tenuate®**  
**(diethylpropion**  
**hydrochloride)**  
**for overweight**

**Merrell**

8-641A (0266)