



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS AIR MOBILITY COMMAND (AMC)

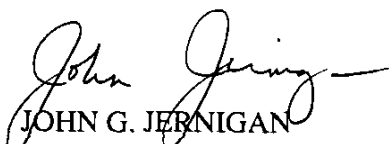
10 MAR 1997

MEMORANDUM FOR All AMC MDG/SG

FROM: HQ AMC/SG  
203 West Losey Street, Room 1180  
Scott AFB IL 62225-5219

SUBJECT: Use of Anorectic Drugs in Air Force Facilities (97-0007P)

1. The attached HQ AFMOA/CC policy letter, 30 Jan 97, addresses the use of anorectic drugs in Air Force facilities. The policy does not totally prohibit usage, but restricts it to carefully selected individuals. This will help alleviate pressure on providers to use this drug for borderline obesity or failure of active duty members to progress on the weight control program.
2. Based upon the suggested adverse side effects, it is also anticipated that active duty members taking this drug would not be deployed, or the medication would be stopped prior to deployment. To continue or discontinue medication would likely be decided on a case-by-case basis, depending upon necessity and side effects encountered.
3. Please ensure widest dissemination of this information. Use of this drug must be discouraged; appropriate education and guidance in the areas of healthy eating and exercise habits would be more applicable. If further information is needed, please contact Lt Col Harry Kuberg, HQ AMC/SGPC, DSN 576-2305.

  
JOHN G. JERNIGAN  
Brigadier General, USAF, MC, CFS  
Command Surgeon

Attachment:  
HQ AFMOA/CC Ltr, 30 Jan 97



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS UNITED STATES AIR FORCE



JAN 29 1997

MEMORANDUM FOR SEE DISTRIBUTION LIST

FROM: AFMOA/CC  
110 Luke Avenue, Room 400  
Bolling AFB, DC 20332-7050

SUBJECT: Use of Anorectic Drugs in Air Force Facilities

Anorectic Drugs such as Fenfluramine Hydrochloride (Pondimin™), Phentermine (Ionamin™) and Dexfenfluramine Hydrochloride (Redux™) are not approved for the Triservice Formulary and are not recommended as standard stock items in Air Force pharmacies.

Although pharmacotherapy cannot be recommended for routine use in obese patients, it may be helpful in selected cases where the perceived benefits outweigh the risk (JAMA, December 18, 1996-Vol 276, No. 23). For example, these drugs may be used in carefully selected overweight patients with comorbid risk factors (hypertension, insulin resistance, or severe dyslipidemias). In these situations, drug therapy should be combined with continuous behavioral modification, monthly provider follow-up, dietary counseling, and an appropriate aerobic exercise program. Only a small proportion of active duty members currently on the weight management program are expected to be eligible for this form of pharmacotherapy.

Serious adverse effects of anorectic drugs include primary pulmonary hypertension (PPH) which may not be reversible. Initial studies have confirmed that the risk of PPH greatly increases after 3 months of anorectic drug usage. Long-term use of these drugs, therefore, is generally inappropriate. Neurotoxic effects are a concern and further studies of subtle neuropsychological changes are needed.

At a minimum, patients meeting the above criteria should receive an initial history, physical examination, and screening tests. Screening tests should include a CBC, ultrasensitive TSH, lipid panel, and fasting blood sugar. If truncal obesity is prominent an overnight dexamethasone suppression test may be indicated.

Use of this drug should not delay or preclude any administrative action otherwise indicated for active duty members who are either on or entering the Weight Management Program.

My point of contact for this issue is Lt Col Karen K. Wies, HQ AFMOA/SGOC, 110 Luke Avenue, Room 400, Bolling AFB DC, 20332-7050, DSN 297-2591 or (202) 767-2591, email [wiesk@sg-usaf.mednet.af.mil](mailto:wiesk@sg-usaf.mednet.af.mil).

*Earl W. Mabry*  
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