

Dextrofenfluramine¹ Increases Energy Cost of Muscular Effort

PATRICK EVEN AND STYLIANOS NICOLAIDIS

*Laboratoire de Neurobiologie des Régulations, Collège de France
11 Place Marcelin Berthelot, 75231 Paris Cedex 05*

Received 11 April 1985

EVEN, P AND S NICOLAIDIS *Dextrofenfluramine increases energy cost of muscular effort* PHARMACOL BIOCHEM BEHAV 24(3)647-655, 1986 —A peripheral action of dextrofenfluramine (d FF) was investigated. The effects of d FF on total energy expenditure (TEE), locomotor activity (LA), and respiratory quotient (RQ) were quantitatively monitored for 22 hours by a computerized metabolic device. The precise temporal evolution of RQ allowed calculation of glucidic versus lipidic substrates used in all instances. It appeared that in d FF-treated rats, TEE and resting energy expenditure (REE) were not significantly changed, RQ and LA were significantly decreased. Moreover, in d FF-treated rats, LA induced a two to five fold increase energy expenditure over vehicle-treated control subjects and it was observed that there was an LA related increase in RQ which was not observed in control subjects. Therefore, d FF causes LA to be a highly inefficient process by inducing what seems to be an exaggerated catabolism of glucides. These may be only partially used for muscular contraction because it was calculated from relative changes in RQ and TEE during LA that 70% of the catabolized glucides seems to be diverted toward lipogenesis. This process probably represents the way futile cycles are triggered by d FF in order to exacerbate LA associated energy cost.

Dextrofenfluramine	Total energy expenditure	Locomotor activity	Respiratory quotient
Energy cost of locomotor activity			

TREATMENT with fenfluramine (FF) is well known to result in a reduction in body weight (BW) [1, 12, 23, 32, 44] and it is generally considered that this negative energy balance is achieved by means of a relative reduction of food intake since FF has a strong anorexigenic effect [1, 3, 4, 9, 44]. However, various studies have raised the possibility that, in addition to its anorexigenic effect, FF may affect the rate of thermogenesis as its administration is accompanied by a rise in core temperature [2, 35, 36, 38], and an increase in the thermogenesis associated with feeding [35,38]. These observations raise the possibility that FF might induce BW reduction, at least in part, through its effect on thermogenesis. It might also be that the anorexigenic effect of FF could be (at least partially) the consequence of the increased energy expenditure [7, 23, 26, 32, 46]. We have proposed that the physiological signal of satiety is generated from the rate of basal power production itself, that is the ischymetric hypothesis (IM) [29]. According to this hypothesis, FF will increase IM and thus augment satiation (or decrease total FI).

In addition to the hypothesis that FF may reduce BW by increasing energy expenditure, there is the subsidiary question of how FF is able to affect the rate of energy expenditure. In particular, does FF affect the resting metabolism or the meal associated extra losses only, or could it be possible that this compound modifies the energy efficiency of various biochemical processes [17, 20, 21, 22, 23, 25, 31, 37, 39, 40, 43, 45] and consequently those of muscular contraction.

In order to investigate these questions, we used an origi-

nal computerized metabolic device which, in addition to measuring O₂ and CO₂ exchanges, was designed to precisely quantify the locomotor activity (LA) and to compute the metabolic surplus corresponding to moment to moment level of LA. By examining the relation between rest, movement and power production, we were able to show that dextrofenfluramine affects energy expenditure by increasing the energy cost of LA. Some additional observations on the nature of metabolites used in resting and in locomotor conditions were also made by monitoring the animal's respiratory quotient (RQ). RQ is the CO₂ production/O₂ consumption ratio of the total animal. It is well established that this ratio depends on the chemical composition of the oxidized molecule, and particularly that it decreases toward 0.7 when lipids are used and increases up to 1.0 when carbohydrates are used.

METHOD

Animals and Housing

Experiments were carried out on 13 adult male Wistar rats with an initial weight of 313±14 g. Before the experimental procedure, the animals were housed in individual wired cages in a room maintained at 24°C. Lights were on from 08:00 hr to 20:00 hr. Standard chow (extralabo M25) and water were available ad lib throughout the experiment.

Data Acquisition

The experiment consisted of 22 hour periods during which behavioral and respiratory parameters were monitored.

¹Isomende Laboratories Servier, 92220 Neuilly/Seine (France)

TABLE 1

FOOD INTAKE AND BODY WEIGHT GAIN, (\pm SD) DURING THE 22 HOURS OF RECORDING SESSIONS

	Body Weight gain (g)	Food Intake (g)
Control group	+8.4 (3.4)	24.8 (5.1)
d FF Treated Group	-10.8 (4.0)	3.04 (3.1)
Value of <i>p</i> (M and W U Test)	0.001	0.001

Temperature in the cage was maintained at 29°C. Details of structure and function of the metabolic devices, and methods of calculations have been published elsewhere [14,15]. The calorimetric chamber monitored by an on-line computer (Hewlett-Packard 9835A) provided a semi-continuous (1 sample every 10 seconds) numerical record of the following parameters:

- (a) Mass sensitive air flow through animal's cage (Precision Flow device, 2SLM),
- (b) Oxygen (O₂) consumption (oxygen S-3A analyser, Applied Electro Chemistry Inc),
- (c) Carbon dioxide (CO₂) production (CO₂ analyser Infralyt 4, Veb Junkalor Dessau),
- (d) Ambient humidity (humidity indicator HMI 11, Vaisala),
- (e) Variations of pressure produced on the platform by the rat's movements (integration of 3 piezo-resistive strain-gauges Kiag-Swiss arranged as a triangle under the rat's living platform) (Resolution=0.1 gf),
- (f) Weight of the food cup (\pm 0.01 g micro-scales Schlumberger),
- (g) Cage ambient temperature (electric thermometer, laboratory made thermo-couple)

Data Computation

Using these measurements, the following parameters were calculated on-line by the computer:

- (1) Respiratory quotient (RQ), expressed as the ratio of CO₂ release over O₂ consumption,
- (2) Total energy expenditure (TEE) expressed in watts from oxygen consumption and RQ's value using Lusk formula [5,24].
- (3) Meal pattern, expressed as the variations in grams of the weight of the food cup,
- (4) Quantitative intensity of locomotor activity (LA), expressed in arbitrary units as the integration over time unit of the electric signal produced by the strain gauge (NB if required, these units can be converted into watts following calibration). Because of the extreme sensitivity of the strain gauges, the signal recorded is filtered from environmental vibrations (pumps, motors, steps...) (Low pass filter 25 Hertz).
- (5) Energy cost of LA, expressed in watt/unit from simultaneous relative variations in intensity of TEE and LA.

Analysis of Respiratory Quotient

The RQ of any individual foodstuff can be determined from the equation representing its oxidative breakdown to the final products which are H₂O and CO₂, as shown in the following examples taken from Lusk [5,24]

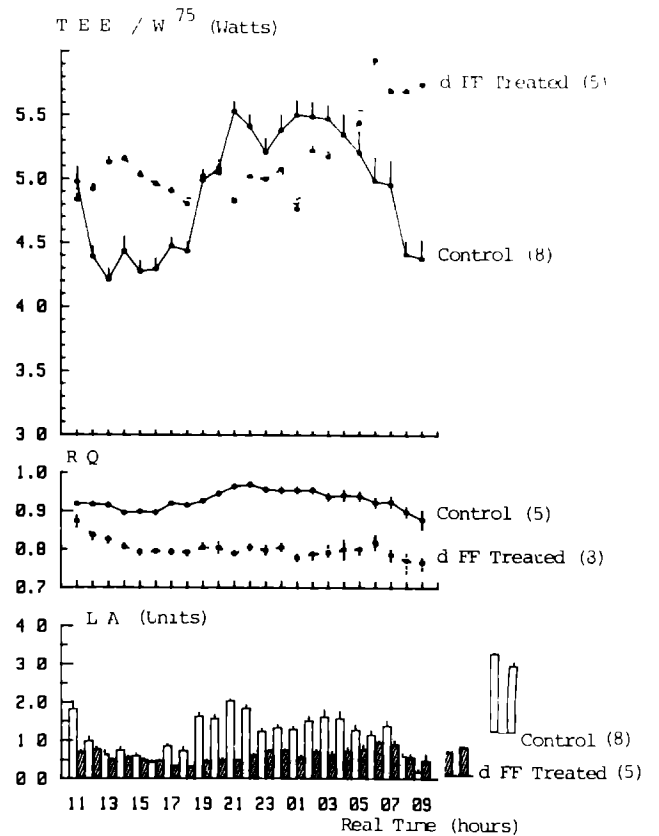
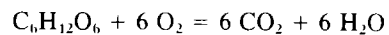


FIG 1 Hourly evolution (\pm SEM) of total energy expenditure (TEE), respiratory quotient (RQ) and locomotor activity (LA) throughout the 22 hours of the recording sessions

Carbohydrates

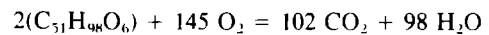
General formula (CH₂O)_n Example for glucose



$$RQ = 6 \text{ vol } CO_2 / 6 \text{ vol } O_2 = 1.00$$

Fat

In the oxidation of this substance, extramolecular oxygen is required not only for the oxidation of carbon but also for the oxidation of hydrogen. For this reason RQ is less than 1.00 and usually reaches 0.70. Example for Tripalmitin



$$RQ = 102 \text{ vol } CO_2 / 145 \text{ vol } O_2 = 0.703$$

Protein

Calculation of the RQ of protein oxidation is more complex, but it is close to 0.80.

Thus, monitoring the RQ of whole animals allows the detection of preferential use of lipids (low RQ) or of glucides (high RQ)

Experimental Protocol

The 13 rats were studied in random order. At 10.00, eight

TABLE 2
 MEAN VALUES (\pm SD) OF TOTAL ENERGY EXPENDITURE, RESPIRATORY QUOTIENT,
 AND LOCOMOTOR ACTIVITY, AVERAGED THROUGHOUT THE 22 HOURS OF
 RECORDING SESSIONS

	En Exp /W ^{0.75} (Watts)	Resp Quo	Loct Act /10 sec/100 g (Units)
Control (total)	4.94 (0.302)	0.930 (0.044)	3.37 (0.87)
d FF Treated (total)	5.18 (0.906)	0.802 (0.054)	2.26 (0.23)
Value of <i>p</i> (M and W U Test)	0.222	0.004	0.004

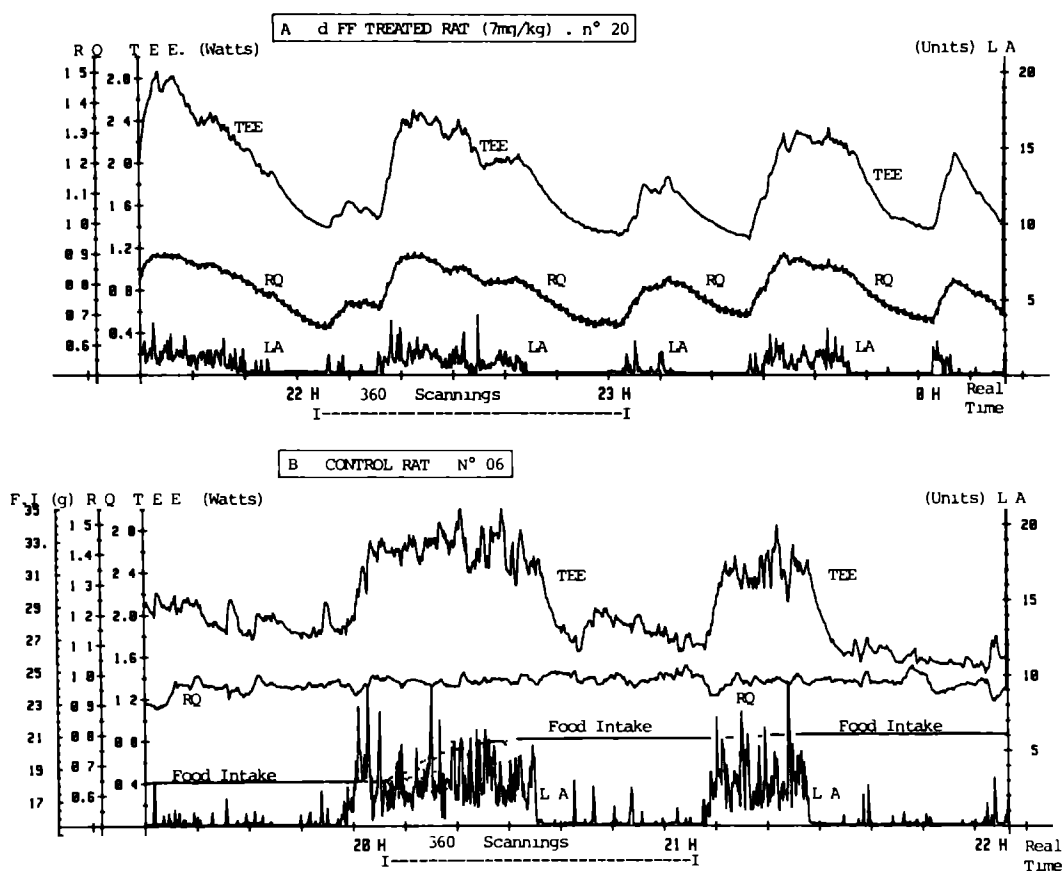


FIG 2 Two individual examples (control vs d FF-treated) of total energy expenditure (TEE) and respiratory quotient (RQ) changes in relation to locomotor activity (LA) as they can be observed between 4 and 20 hours after the injections

of them received a control IP injection of 0.5 ml of saline and five of them an IP injection of d FF (7 mg/kg) diluted in 0.5 ml of saline. Injections were made just before the rats were housed in the calorimeter and measurements were started 30 min later. A dose of 7 mg/kg was chosen as preliminary experiments had demonstrated that this dose evoked a clear

anorexia reducing the 24 hours consumption by 60% the first day of treatment.

Statistical Significance Test

Comparison between control and experimental values of

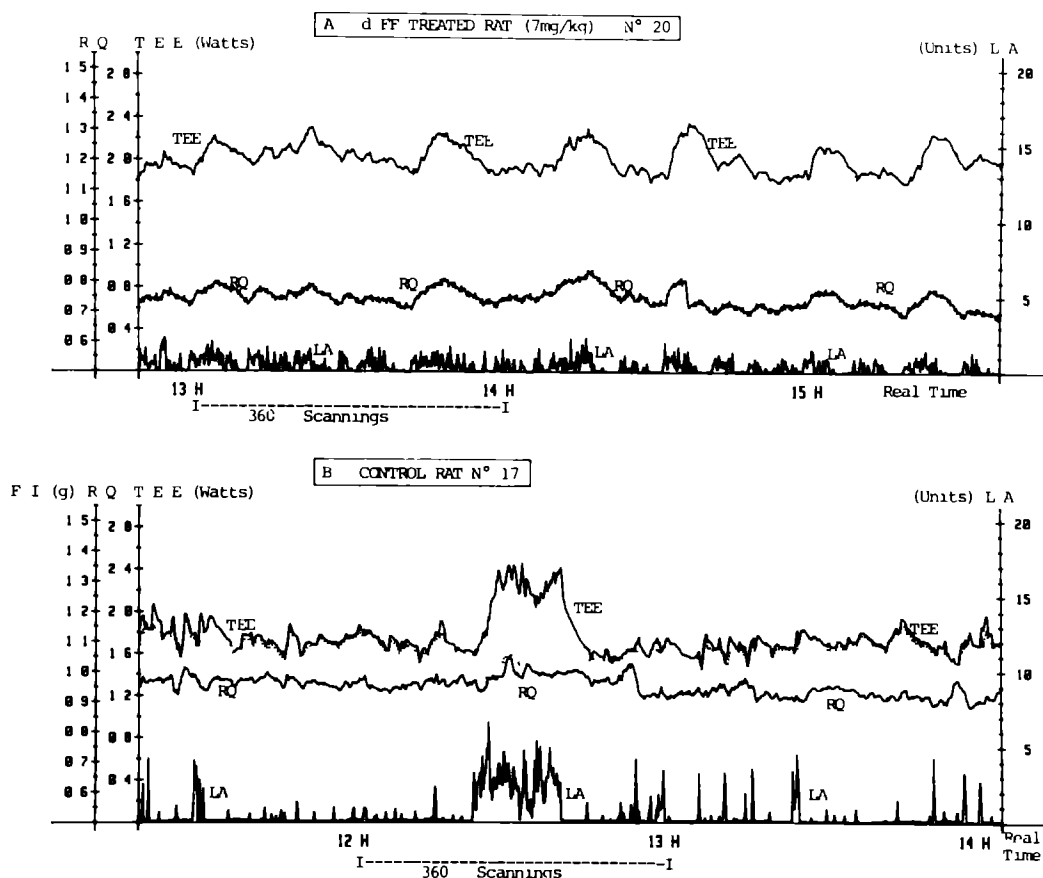


FIG 3 Two individual examples (control vs d FF-treated) of total energy expenditure (TEE), respiratory quotient (RQ) and locomotor activity (LA) as they can be observed between 0 and 4 hours after the injections

FI, TEE, REE, RQ, and LA were done using Mann and Whitney U test (two-tailed)

RESULTS

Feeding and BW

The dose of 7 mg/kg d FF reduced the mean 22 hour intake from 24.8 g in control to 3.04 g in treated rats (Table 1). None of the d FF-treated rats ate during the first 19 hours after treatment. The BW of the d FF-treated group was reduced by 10.8 g compared with an 8.4 g increase of BW of the C group (Table 1).

Locomotor Activity

The C subjects showed the usual circadian nocturnal hyperactivity and diurnal hypoactivity (Fig 1). Locomotion occurred as discrete episodes and alternated with periods of rest, including sleep. Meals were usually preceded and followed by periods of locomotion (Fig 2B). In contrast, the d FF-treated animals showed an overall reduction in activity in both the dark and light phases. Furthermore, in these animals locomotion was more continuous and of low intensity (2.26 units/10 sec/kg (0.23 SEM) as compared with 3.37 units/10 sec/kg (0.87 SEM) in C subjects) (Table 2). The effect of d FF on LA was maximal during the first three hours post-injection (Fig 3). During the following period (4-22) locomotion partially recovered its normal uneven pat-

tern (Fig 2). However, the activity periods remained shorter and weaker and were usually not associated with feeding (Figs 2, 4).

Total and Resting Energy Expenditure

The 22 hour averaged values of TEE and REE of both groups were not significantly different (Tables 2, 3). However, it must be noted that four of the five d FF-treated rats showed increased TEE and REE. On the other hand, the L/D profile of TEE of the two groups showed remarkable differences (Fig 1). One hour after the injections, the total LA of both groups were similar and this lasted until 17.00 hr. During this period of similarly low LA in both groups there was a striking increase in TEE in the treated subjects, thus d FF dramatically increased the overall energy expenditure during the first 7 to 8 hours. From 17.00 onwards, the differences in the profiles of TEE in the d FF and C groups were due essentially to increases in LA and feeding of the C subjects. However, short bursts of LA were also observed in the d FF-treated group and they allowed us to study the energy cost of these locomotor events in comparison to equivalent locomotor events of the C group.

Energy Cost of Locomotor Activity

Analysis of the data showed that the cost of LA in d FF-treated subjects was dramatically increased. It reached 2.258

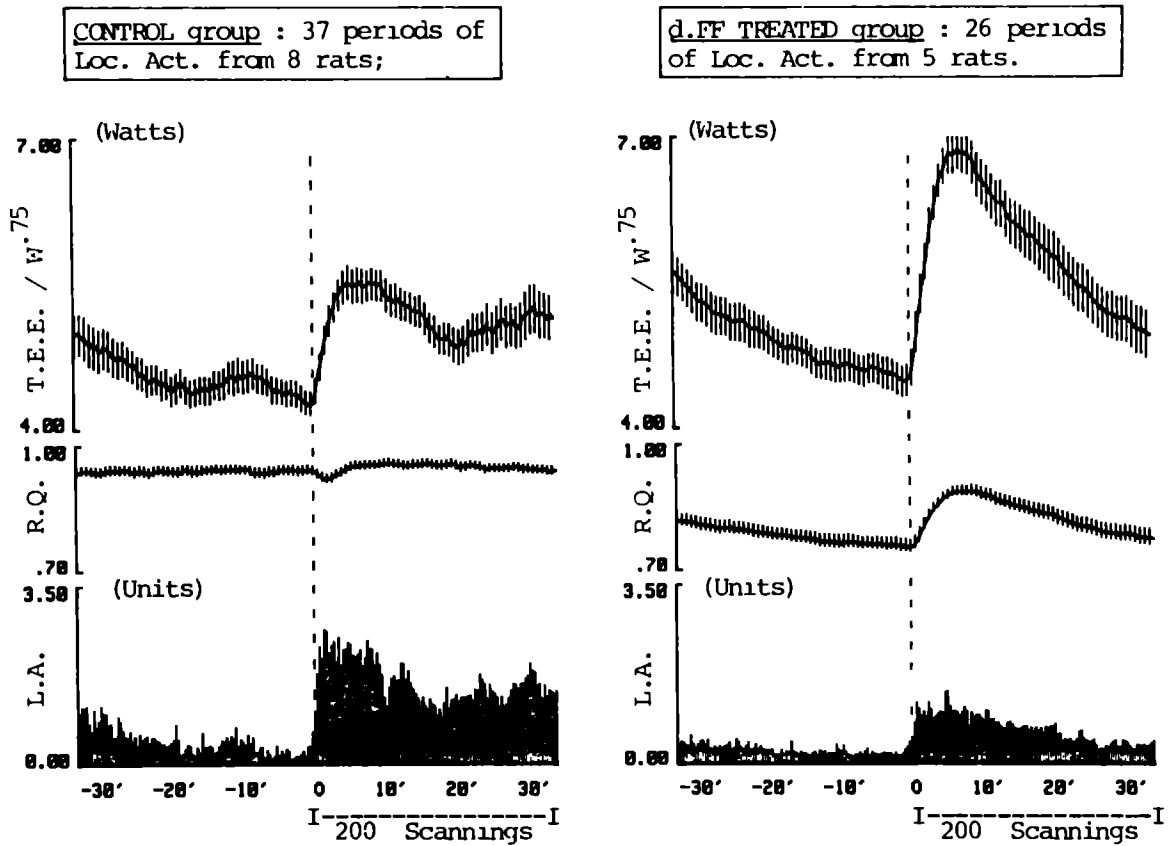


FIG 4 Mean evolutions of total energy expenditure (TEE \pm SEM), and respiratory quotient (RQ \pm SEM) in relation to locomotor activity (LA) in the control and the d FF-treated groups

TABLE 3
MEAN VALUES (\pm SD) OF APPROACHED RESTING ENERGY EXPENDITURE AND RESPIRATORY QUOTIENT, AVERAGED THROUGHOUT THE 22 HOURS OF RECORDING SESSIONS, FROM PERIODS IN WHICH NO BURSTS OF LOCOMOTOR ACTIVITY WERE MEASURED

	En Exp /W ^{0.75} (Watts)	Resp Quo	Loct Act /10 sec/100 g (Units)
Control (resting)	4.29 (0.262)	0.914 (0.042)	0.976 (0.47)
d FF Treated (resting)	4.57 (0.751)	0.771 (0.060)	0.992 (0.53)
Value of <i>p</i> (M and W U Test)	0.170	0.004	—

Residual values of locomotor activity are due to permanent small movements, heart beating, and breathing recorded by the strain gauges

Co: .991	Or: 4.235	Co: .990	Or: 4.187
Sl: .589	Am: .190	Sl: 2.528	Am: .199
Init 1	End 400	Init 1	End 400
Number of points: 400		Number of points: 400	
(CONTROL)		(d.FF TREATED)	

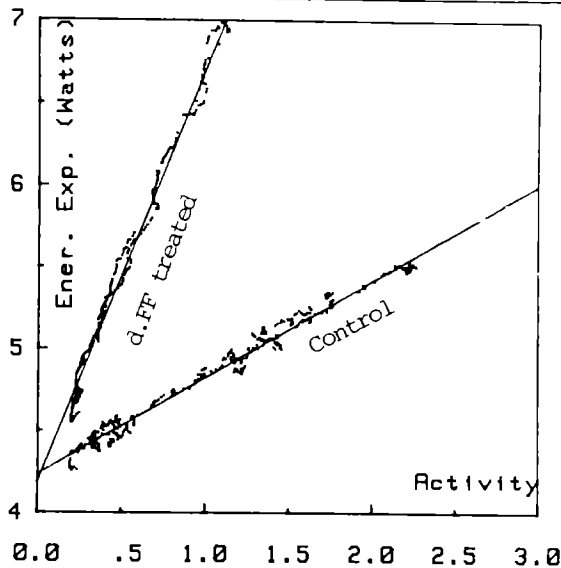


FIG 5 Total energy expenditure/locomotor activity linear regressions computed from data Fig 4 The slopes of the regressions express the energy cost of locomotor activity

watts/weight^{0.75}/unit of LA in the treated subjects vs 0.589 watts/weight^{0.75}/unit of LA in C subjects (Figs 4, 5) An individual record of the short term profile of LA bursts and the corresponding supplement of energy expenditure in C and treated individuals (Fig 2) clearly illustrates this phenomenon In this figure, the LA-elicited increases in TEE were chosen to be equivalent in the treated and C individuals in order to show that the corresponding bursts of LA were at least three times less intense in the d FF-treated subjects than in the C subjects This phenomenon of increased energy cost of LA of treated subjects could be seen even when their bursts were compared with a burst of the C subject which occurred during a 2.61 meal, despite the fact that meals are known to bring about an additional increase of energy expenditure [14, 28, 30]

The energy cost of LA was rather constant in the C subjects [15] but was quite variable in d FF-treated subjects, ranging from 2 to 5 fold greater than control value

Respiratory Quotient (RQ)

In contrast to the RQ of C subjects, d FF dramatically and persistently decreased the RQ of treated subjects, indicating a massive mobilization and utilization of animal's lipid reserves (Fig 1) (Table 2) It is also instructive to examine the short term fluctuations of RQ associated with bursts of LA Figures 2, 4 and 6 show that in C subjects the usual bursts of LA had either no effect or a very weak effect on the RQ In contrast to this stability, the RQ of d FF-treated rats showed dramatic LA-associated fluctuations As soon as LA

Co: .514	Or: .936	Co: .981	Or: .734
Sl: .887	Am: .190	Sl: .148	Am: .199
Init 1	End 400	Init 1	End 400
Number of points: 400		Number of points: 400	

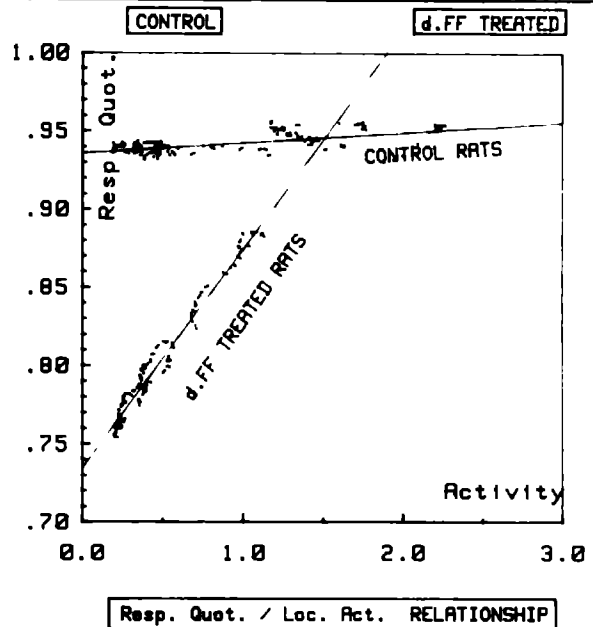


FIG 6 Respiratory quotient/locomotor activity linear regressions computed from data of Fig 4 The slopes of the regressions express the amplitude of the increase in RQ associated with locomotor activity

episodes started, the initially low RQ of close to 0.70 increased toward 0.9 (Figs 4, 6) This phenomenon is also obvious when Table 2 is compared with Table 3 It appears that the subtraction of a large part of the periods exhibiting LA produces a simultaneous decrease of the 22 hours averaged value of the RQ in the d FF-treated group When the RQs of all the treated subjects were pooled together, the low figures were 0.755 (0.049 SD), vs 0.930 (0.022 SD) in C subjects In treated subjects during episodes of LA, RQ rapidly reached an average of 0.885 This RQ increase was proportional to the increase of LA and of TEE (Figs 5, 6) The RQ increase, specifically due to LA associated energy expenditure (RQ'), can be calculated by the following equation,

$$(RQ' \times 2.32) = (0.885 \times 6.81) - (0.755 \times 4.49) = 2.637$$

thus

$$RQ' = (2.637 / 2.32) = 1.137$$

with 2.32=mean change of TEE from rest to LA, 0.885=mean RQ value during LA, 0.755=mean RQ value during rest, 6.81=mean TEE value during LA, 4.49=mean TEE value during rest

The fact that the value of RQ is 1.136 is certainly due to the fact that, during LA episodes, glucose oxidation by the muscle (RQ=1) occurs simultaneously with a metabolic process of lipid synthesis (RQ=1.2) [5,34] The part of glucose

directly oxidized by the muscle and the part used for a lipogenetic process can be calculated as if the observed value of RQ' (1.136) was the result of these two simultaneous processes corrected by the percentage of glucose respectively used for each of them. Therefore,

$$1.14 = (X \times 1.0) + ((100-X) \times 1.2)$$

where $X = \%$ glucose used for energy production and providing an RQ value of 1.0, and $100 - X = \%$ glucose used for lipogenesis and providing an RQ value of 1.2

As a result, $X = 30\%$ and $(100 - X) = 70\%$

From the above, it appears that, during LA episodes, 30% of glucose is taken up into the muscle and 70% is diverted toward lipid synthesis. This diversion of a large part of the glucose towards lipogenesis is compatible with the increased energy cost of LA in the d FF-treated rats.

DISCUSSION

This research has revealed a previously unreported property of dextrofenfluramine, that is, an increase in the cost of muscular contraction. On the other hand, these data confirmed previous reports of decreased LA under FF treatment [40, 41, 47, 48], and are in agreement with a recent study by Schuster and Levitsky who reported that FF does not produce extra energy losses, at least in the absence of FI [35]. The data obtained in these experiments did not confirm however previous reports of increased energy expenditure due to d FF treatment [23, 32, 38]. However, it seems that most of the parameters involved in the total energy production (REE, FI, intensity of diet induced thermogenesis, LA, energy cost of LA, thermogenesis) are modified by FF, and it might be that the magnitude of the modifications depends on the dose of FF injected as well as on the duration of the treatment. The fact that none of the experiments performed hitherto has fully controlled all of these parameters may certainly account for the discrepancies in the previously published results.

In addition to the LA-associated extra energy losses, an augmented TEE can be observed even during the resting period since the metabolic rate was still higher in the treated group (Fig. 1) between 2-8 hours post-treatment when the LA of both C and treated group was minimal. Despite this difference in TEE it cannot be definitely stated whether d FF increases either basal or resting metabolism because even during the period of minimal activity, small but almost continuous movements were always recorded in the treated subjects. This residual LA may well account for the overall augmented metabolic rate since the energy cost of muscular contraction is dramatically exaggerated by d FF.

The increase of TEE of the C group during the dark period, in relation to increased LA and FI, nearly compensates for the increased TEE of the d FF-treated group during the light period, thus resulting in an almost equivalent energy expenditure of the two groups along the 22 hour recording sessions. This is also reported for REE in Table 3. It is, however, impossible to conclude that REE is also the same for the two groups because it appears that "resting" periods nevertheless provide non negligible values for LA. If theoretical REE's were computed from the approximative REE's values of Table 3 by using the slope of the activity-energy expenditure relationship computed in Fig. 5, the REE

of the d FF-treated group would be 3.912 watts and REE of the C group would be 4.090 watts. The REE value thus appears to be reversed, but the difference between the groups remains very weak and tends to confirm that energy expenditure measured at the level of the TEE and REE seems to be similar in both groups. Furthermore, it is not certain that the relationship remains linear at this very low level of activity.

From the present data of augmented energy expenditure during LA, it can be suggested that d FF causes a reduction in energy efficiency of metabolites used in muscular contraction. Although this interesting observation requires further biochemical investigations, data from the present study shed some light on the underlying mechanism. Firstly, d FF rapidly results in a permanently lipolytic metabolism (fall of RQ to 0.75) indicating massive utilization of endogenous fat reserves. This permanently low RQ is promptly switched upwards during LA, tending to reach values close to 0.9 which indicates a switch towards the utilization of a carbohydrate substrate for muscular contraction. Such changes of RQ in association with LA are not observed in untreated subjects ([19] and P. Even, unpublished observations). Moreover the rise of RQ in treated subjects expresses an exaggerated consumption of glucidic substrates, and it is calculated that only 30% of these glucides are utilized as fuel for power production. The remaining 70% of the catabolized glucides can be accounted for by lipid synthesis. This LA-induced lipogenesis is proportional to the increase of TEE produced by LA. It appears that the primary event is the initiation of an exaggerated glycolytic tendency which, above a threshold, results in the shifting of the excessive glucidic catabolites towards a lipid "sink". Exaggerated glucose catabolism *in vivo* in muscle perfused with FF, and the concomitant exaggerated amount of insulin [3, 4, 5, 6, 9, 10, 17, 32, 37] argue in favor of the idea that d FF engages futile cycles that ultimately result in unnecessary glycolysis and lipogenesis. Our data are also consistent with previous reports of increased glucose uptake, complete aerobic metabolism, and absence of glycogen storage in treated tissue [8, 17, 20, 21, 22, 23, 37, 40, 45].

The question remains whether the effects related to muscular contraction are directly related to the treatment or a consequence of the d FF-induced food deprivation and/or drop of RQ. Previously reported data by Heusner [18, 19] have established that various RQ levels due to circadian metabolic events or to starvation do not affect the cost of LA. That low levels of RQ are not themselves affected by the energy cost of LA has been repeatedly confirmed in our laboratory (Even, unpublished data) and also appears in the data presented in this article, i.e., in C subjects the LA-associated energy production remains unchanged during the early post-injection period (4 hours), when feeding does not occur and RQ approaches low lipolytic values. Dealing specifically with RQ, since the initial value of RQ was low (0.75) in the d FF-treated group, one could suspect its increase during LA to originate from some LA-associated glucose combustion. This does not seem to be the case according to the calculations that resulted in a LA-associated RQ greater than 1.0 [1.14]. In addition, Heusner has shown that in rats which had no access to food for 24 hours (which resulted in a RQ of approximately 0.75), LA did not result in any changes of RQ [19]. Moreover, we have observed in ad lib fed rats (P. Even, unpublished observations) that when initial resting RQ value is around 0.75 (low values of RQ can be transiently observed during the light period), locomotor events did not seem to produce any changes in RQ despite its initial low

value (A study on 12 periods of locomotor activity showed a 0.02 increase of RQ per each unit of LA)

Whatever the biochemical mechanisms of the increased cost of LA, this property should be used in the d FF treatment of obesity. Thus, dextrofenfluramine may be particularly efficient treatment if used in conjunction with a substantial amount of LA through which an extra amount of energy might be dissipated. It may even be possible that those patients who do not lose weight under FF treatment are those who have a particularly low LA.

This mechanism does not exclude the possibility that

d FF also affects the basal metabolism: the meal-associated thermogenesis [35,38] and, of course, a direct and/or indirect central anorectic action [2, 3, 4, 7, 8, 11, 13-16]. According to the ischymetric hypothesis which proposes that satiety is enhanced by high metabolic rates [30], the marked thermogenesis which accompanies the meal-associated LA may induce a premature offset of feeding. Futile metabolic cycles engaged under the action of dextrofenfluramine might therefore be responsible for its well described action in reducing more specifically the size rather than the frequency of meal taking [3,4].

REFERENCES

- Bernier, A., N. Sicot and J. C. Le Douarec. Comparative action of fenfluramine and amphetamine in hypothalamic obese rats. *Rev Fr Etud Clin Biol* **14**: 762-772, 1969.
- Bizzi, A., A. Bonaccorsi, S. Jespersen, A. Jori and S. Garattini. Pharmacological studies on amphetamines and fenfluramine. In *Amphetamines and Related Compounds*, edited by E. Costa and S. Garattini. New York: Raven Press, 1970, pp. 577-595.
- Blundell, J. E., C. J. Latham and M. B. Leshem. Differences between the anorectic actions of amphetamine and fenfluramine. Possible effects on hunger and satiety. *J Pharm Pharmacol* **28**: 471-477, 1976.
- Blundell, J. E. and C. J. Latham. Pharmacological manipulations of feeding behavior. Possible influences of serotonin and dopamine on food intake. In *Central Mechanisms of Anorectic Drugs*. New York: Raven Press, 1978, pp. 83-109.
- Brobeck, J. R. Energy exchange. In *Medical Physiology*, vol. II, edited by V. B. Mountcastle. St. Louis: C. V. Mosby, 1974, pp. 1237-1252.
- Butterfield, W. J. H. and J. J. Winchelov. Fenfluramine and muscle glucose uptake in man. *Lancet* **2**: 109, 1968.
- Chandler, P. T., W. N. Dannenburg, C. E. Polan and N. R. Thomson. Effect of fenfluramine on appetite and lipid metabolism of the young ruminant. *J Dairy Sci* **53**: 1747, 1970.
- Dannenburg, W. N. and B. C. Kardan. Metabolic effect of fenfluramine and methamphetamine on free fatty acid release and glucose utilization in epididymal fat cells of the rat. In *Amphetamines and PA Related Compounds*, edited by E. Costa and S. Garattini. New York: Raven Press, 1970, pp. 597-610.
- Duhault, J. and M. Boulanger. Action sur le métabolisme lipidique et glucidique d'un nouveau composé: le trifluoro-méthyl-phenyl-2-éthyl-aminopropane (TPEP). *Rev Fr Etud Clin Biol* **10**: 215-216, 1965.
- Duhault, J. and M. Boulanger. Action de l'amphétamine et de certains de ses dérivés halogénés sur les métabolismes glucidiques et lipidiques. *J Annu Diabetol Hotel Dieu*. Editions Médicales Flammarion, 67, 1966.
- Duhault, J. and C. Verdavanne. Modification du taux de sérotonine cérébrale chez le rat par les trifluoro-méthyl-phenyl-2-éthyl-aminopropane (fenfluramine 768 S). *Arch Int Pharmacodyn Ther* **170**: 276-286, 1967.
- Duhault, J. and C. Malen. Effect of a fenfluramine derivative (S992) on lipid and sugar metabolism. In *Amphetamines and Related Compounds*, edited by E. Costa and S. Garattini. New York: Raven Press, 1970, pp. 619-626.
- Duhault, J., F. Roman, O. Suzanna, D. Molle and L. Beregi. Fenfluramine and neuromediators. In *Anorectic Agents: Mechanisms of Action and Tolerance*, edited by S. Garattini and R. Samanin. New York: Raven Press, 1981, pp. 113-123.
- Even, P. Le métabolisme de fond. Dispositif de mesure instantané et étude en fonction de la prise alimentaire chez le rat. Thèse de 3ème cycle, Université P. et M. Curie, 1982.
- Even, P. and S. Nicolaidis. Le métabolisme de fond. Définition et dispositif de sa mesure. *C R Seances Acad Sci [III]* **298**: 261-266, 1984.
- Foxwell, M., W. H. Funderburk and J. W. Ward. Studies of the site of action of a new anorectic agent fenfluramine. *J Pharmacol Exp Ther* **165**: 60-70, 1969.
- Frayn, K. N., A. Hedges and M. J. Kirby. Stimulation by fenfluramine of glucose uptake into skeletal muscle. *Horm Metab Res* **6**: 86, 1974.
- Heusner, A. Métabolisme de repos du rat estimé à partir de la corrélation entre le métabolisme et l'activité. *C R Soc Biol (Paris)* **150**: 421-424, 1956.
- Heusner, A. Variations nyctémérales de la calorification et de l'activité chez le rat. Rapports entre le métabolisme de repos et le niveau d'activité. *J Physiol (Paris)* **49**: 205-210, 1957.
- Kirby, M. J. The effect of some antiobesity drugs on glucose uptake and metabolism in isolated rat and human skeletal muscle. Ph.D. thesis, University of London, 1975.
- Kirby, M. J. and P. Turner. Fenfluramine and nor-fenfluramine on glucose uptake into skeletal muscle. *Postgrad Med J* **51**: Suppl 1, 73-76, 1975.
- Kirby, M. J. and P. Turner. Increase in human skeletal muscle lactate produced by fenfluramine. *Nature* **262**: 617, 1976.
- Kirby, M. J. and P. Turner. Do "anorectic" drugs produce weight loss by appetite suppression? *Lancet* **1**: 566-567, 1976.
- Lusk, G. *The Element of the Science of Nutrition*. 4th edition. Philadelphia: W. W. Sanders Co., 1928.
- Macrae, S. M. Peripheral and metabolic effects of fenfluramine, 780 SE, norfenfluramine and hydroxyethylnorfenfluramine: a review. *Postgrad Med J* **51**: Suppl 1, 13-17, 1975.
- Moore, R. E. and D. San-Yi. The effect of fenfluramine on heat production in rats. *South African Med J* **45**: Suppl 21, 18, 1971.
- Nicolaidis, S., J. Le-Magnen and R. Portet. Modification reflexe du quotient respiratoire chez le rat sous l'effet de stimulations alimentaires périphériques. *J Physiol (Paris)* **58**: 576, 1966.
- Nicolaidis, S. The prandial calorogenic effect. 8th Intern. Congress on Nutrition, Excerpta Medica Inter. Congress. Series N. 213, 1969.
- Nicolaidis, S. Short-term and long-term regulation of energy balance. *Proc Int Union of Phys Sci New-Delhi* **10**: 122-123, 1974.
- Nicolaidis, S. and P. Even. Mesure du métabolisme de fond en relation avec la prise alimentaire: hypothèses ischymétrique. *C R Seances Acad Sci [III]* **298**: 295-300, 1984.
- Pawan, G. L. S. Effect of fenfluramine on blood lipids in man. *Lancet* **7593**: 498, 1969.
- Pawan, G. L. S. Metabolic studies of the effect of fenfluramine in man and the mouse. In *Amphetamines and Related Compounds*, edited by E. Costa and S. Garattini. New York: Raven Press, 1970, pp. 641-651.
- Pinder, R. M., R. N. Brodgen, R. N. Sawyer, T. M. Speight and G. S. Avery. Fenfluramine. A review of its pharmacological properties and therapeutic efficacy in obesity. *Drugs* **10**: 241-323, 1975.
- Richardson, H. B. The respiratory quotient. *Physiol Rev* **9**: 61, 1929.

- 35 Schuster, J A and D A Levitsky Modulation of the thermogenic effect of nutrients by fenfluramine *Fed Proc* **41**: 3926, 1982
- 36 Sugrue, M F Fenfluramine induced hyperthermia in rats Antagonism by some, but not all, selective inhibitor of 5-hydroxy-tryptamine uptake *Br J Pharmacol* **73**: 307-308, 1981
- 37 Sulaiman, W R and E W Rice Effect of fenfluramine on human growth hormone release *Br Med J* **2**: 329, 1973
- 38 Tagliafero, A R, J S Robert and J R Davis Effects of fenfluramine on food intake, body temperature and energy metabolism in the adult rat *Fed Proc* **41**: 3933, 1982
- 39 Turner, P and M J Kirby Some evidence for a peripheral mechanism of action of anorectic drugs In *Central Mechanisms of Anorectic Drugs*, edited by S Garattini and R Samanin New York Raven Press, 1978
- 40 Turtle, J R and J A Burges Hypoglycemic action of fenfluramine in diabeto mellitus *Diabetes* **22**: 858-867, 1973
- 41 Van Rossum, J M and F Simons Locomotion activity and anorexigenic action *Psychopharmacologia* **14**: 248, 1969
- 42 Valzelli, L Further aspects of the exploratory behavior in aggressive mice *Psychopharmacologia* **19**: 91-94, 1971
- 43 Verdy, M, L Charbonneau, I Verdi, R Belanger, E Bolte and J L Chasson Fenfluramine in the treatment of non-insulin-dependent diabetics hypoglycemic versus anorectic effect *Int J Obes* **7**: 289-297, 1983
- 44 Wales, J K Fenfluramine metabolism in obese patients In *Anorectic Agents Mechanisms of Action and Tolerance*, edited by S Garattini and R Samanin New York Raven Press, 1981, pp 239-240
- 45 Whichelow, M J and W J H Butterfield Effects of fenfluramine on peripheral glucose metabolism in man In *Amphetamines and Related Compounds*, edited by E Costa and S Garattini New York Raven Press, 1970, pp 611-626
- 46 Whichelow, M J, W I H Butterfield, A C Asmal, B Boucher and B Kramands Peripheral metabolism in obesity the effects of weight reduction by diet and fenfluramine *South African Med J* **45**: Suppl 21, 27-35, 1971
- 47 Yelnosky, J and R B Lawlor A comparative study of the pharmacological actions of amphetamine and fenfluramine *Arch Int Pharmacodyn Ther* **184**: 374-388, 1970
- 48 Ziance, R and J P Burley Some behavioral and biochemical effects of fenfluramine HCL on the CNS *Pharmacologist* **11**: 264, 1969