Online sources

When citing an online article, include publication information as for a print periodical (see items 7–16) and add information about the online version (see items 30–35).

Online articles and books sometimes include a DOI (digital object identifier). APA uses the DOI, when available, in place of a URL in reference list entries.

Use a retrieval date for an online source only if the content is likely to change. Most of the examples in this section do not show a retrieval date because the content of the sources is stable; if you are unsure about whether to use a retrieval date, include the date or consult your instructor.

If you must break a DOI or a URL at the end of a line, break it after a double slash or before any other mark of punctuation; do not add a hyphen. Do not put a period at the end of the entry.

30. Article in an online journal

<table>
<thead>
<tr>
<th>author: last name + initial(s)</th>
<th>year of publication</th>
<th>article title</th>
<th>journal title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whitmeyer, J. M. (2000).</td>
<td></td>
<td>Power through appointment.</td>
<td>Social Science Research,</td>
</tr>
</tbody>
</table>

If there is no DOI, include the URL for the journal’s home page.


31. Article in an online magazine  Treat as an article in a print magazine (see item 8), and add the URL for the magazine’s home page.

32. Article in an online newspaper  Treat as an article in a print newspaper (see item 9), adding the URL for the newspaper’s home page.


33. Article published only online  If an article in a journal, magazine, or newspaper appears only online, give whatever publication information is available in the source and add the description “Supplemental material” in brackets following the article title.


34. Article from a database  Start with the publication information for the source (see items 7–16). If the database entry gives a DOI for the article, use that number at the end and do not include the database name. For an illustrated citation of a work from a database, see page 21.


If there is no DOI, include the URL for the home page of the journal.

Citation at a glance | Article from a database (APA)

To cite an article from a database in APA style, include the following elements:

1. Author(s)
2. Date of publication
3. Title of article
4. Name of periodical
5. Volume number; issue number, if required (see p. 12)
6. Page range
7. DOI (digital object identifier)
8. URL for journal’s home page (if there is no DOI)

ON-SCREEN VIEW OF DATABASE RECORD
REFERENCE LIST ENTRY FOR AN ARTICLE FROM A DATABASE


For more on citing articles from a database in APA style, see item 34.

35. Abstract for an online article


36. Online book


37. Chapter in an online book


38. Online reference work


Use a retrieval date only if the content of the work is likely to change.
39. Document from a Web site  List as many of the following elements as are available: author’s name, publication date (or “n.d.” if there is no date), title (in italics), and URL. Give your retrieval date only if the content of the source is likely to change.

**Source with date**


**Source with no date**


**Source with no author**

If a source has no author, begin with the title and follow it with the date in parentheses.


40. Section in a Web document


For an illustrated citation of a section in a Web document, see page 25.
41. **Document from a university Web site or government agency**  Name the organization or agency in your retrieval statement.


42. **Article in an online newsletter**  Cite as an online article (see items 30–32), giving the title of the newsletter and whatever other information is available, including volume and issue numbers.


43. **Podcast**


Citation at a glance | Section in a Web document (APA)

To cite a section in a Web document in APA style, include the following elements:

1. Author
2. Date of publication or most recent update
3. Title of section
4. Title of document
5. URL of section

BROWSER PRINTOUT OF WEB SITE

To view the PDF files, you will need Adobe Acrobat Reader or the screen reader accessibility tools of your Web browser.

published February 2005.

Overview of 2003 Annual Summary (PDF: 231KB/9 pages)
Live Births (PDF: 68KB/21 pages)
Fertility (PDF: 80KB/2 pages)
Infant Mortality and Fetal Deaths (PDF: 41KB/15 pages)
General Mortality (PDF: 581KB/10 pages)
Marriage (PDF: 49KB/4 pages)
Divorce (PDF: 62KB/3 pages)
Population (PDF: 29KB/12 pages)

Note: Induced abortion statistics previously reported in this publication are now published separately. See a Report on the Solicitude Induced Abortions in Minnesota.

See also: Minnesota Health Statistics Annual Summary Main Page
ON-SCREEN VIEW OF DOCUMENT

REFERENCE LIST ENTRY FOR A SECTION IN A WEB DOCUMENT

3 www.health.state.mn.us/divs/chs/03annsum/fertility.pdf

For more on citing documents from Web sites in APA style, see pages 23–28.
44. **Weblog (blog) post**  Give the writer’s name, the date of the post, the subject, the label “Web log post,” and the URL. For a response to a post, use the label “Web log comment.”


45. **Online audio or video file**  Give the medium or a description of the source file in brackets following the title.


46. **Entry in a wiki**  Begin with the title of the entry and the date of posting, if there is one (use “n.d.” for “no date” if there is not). Then add your retrieval date, the name of the wiki, and the URL for the wiki. Include the date of retrieval because the content of a wiki is often not stable. If an author or an editor is identified, include that name at the beginning of the entry.


47. **Data set or graphic representation**  Give information about the type of source in brackets following the title. If there is no title, give a brief description of the content of the source in brackets in place of the title.


48. Conference hearing


49. E-mail  E-mail messages, letters, and other personal communications are not included in the list of references. (See p. 5 for citing these sources in the text of your paper.)

50. Online posting  If an online posting is not archived, cite it as a personal communication in the text of your paper and do not include it in the list of references. If the posting is archived, give the URL and the name of the discussion list if it is not part of the URL.


Other sources (including online versions)

51. Dissertation from a database


52. Unpublished dissertation

53. Government document


54. Report from a private organization  If the publisher and the author are the same, begin with the publisher. For a print source, use “Author” as the publisher at the end of the entry (see item 3 on p. 11); for an online source, give the URL. If the report has a number, put it in parentheses following the title.

55. Legal source

56. Conference proceedings

57. Paper presented at a meeting or symposium (unpublished)

58. Poster session at a conference
59. Map or chart

60. Advertisement

61. Published interview

62. Lecture, speech, or address
Fox, V. (2008, March 5). Economic growth, poverty, and democracy in Latin America: A president’s perspective. Address at the Freeman Spogli Institute, Stanford University, Stanford, CA.

63. Work of art or photograph


64. Brochure, pamphlet, or fact sheet


65. Presentation slides
66. **Film or video (motion picture)** Give the director, producer, and other relevant contributors, followed by the year of the film’s release, the title, the description “Motion picture” in brackets, the country where the film was made, and the studio. If you viewed the film on videocassette or DVD, indicate that medium in brackets in place of “Motion picture.” If the original release date and the date of the DVD or videocassette are different, add “Original release” and that date in parentheses at the end of the entry. If the motion picture would be difficult for your readers to find, include instead the name and address of its distributor.


67. **Television program** List the producer and the date the program was aired. Give the title, followed by “Television broadcast” in brackets, the city, and the television network or service.


For a television series, use the year in which the series was produced, and follow the title with “Television series” in brackets. For an episode in a series, list the writer and director and the year. After the episode title, put “Television series episode” in brackets. Follow with information about the series.


68. Sound recording

69. Computer software or video game Add the words “Computer software” (neither italicized nor in quotation marks) in brackets after the title of the program.

APA manuscript format
The American Psychological Association makes a number of recommendations for formatting a paper and preparing a list of references. The following guidelines are consistent with advice given in the Publication Manual of the American Psychological Association, 6th ed. (Washington: APA, 2010), and typical requirements for undergraduate papers.

Formatting the paper
Many instructors in the social sciences require students to follow APA guidelines for formatting a paper.

NOTE ON APA GUIDELINES FOR STUDENT PAPERS: The APA manual provides guidelines for papers prepared for publication in a scholarly journal; it does not provide specific guidelines for papers prepared for undergraduate classes. The formatting guidelines in this section and the sample paper on pages 37–46 are consistent with typical requirements for undergraduate writing. The samples on page 47 show APA formatting for a paper prepared for publication. If you are in doubt about which format is preferred or required in your course, ask your instructor.
Materials and font  Use good-quality 8½” × 11” white paper. Avoid a font that is unusual or hard to read.

Title page  APA provides few guidelines for formatting the title page of an undergraduate paper, but most instructors expect students to include one. See the sample on page 37.

Page numbers and running head  For a student paper, number all pages with arabic numerals (1, 2, 3, and so on), including the title page. In the upper right-hand corner of each page, type a short version of your title, capitalizing all words of four letters or more, followed by one space and the page number. See pages 37–46. For a paper submitted for publication, in the upper left-hand corner of every page place a short form of the title in all capital letters (on the title page, include the words “Running head” followed by a colon before the paper title). On the same line in the right-hand corner, place the page number, beginning with 1 on the title page. See page 47.

Margins, line spacing, and paragraph indents  Use margins of one inch on all sides of the page. Left-align the text. Double-space throughout the paper, but single-space footnotes. Indent the first line of each paragraph one-half inch.

Capitalization, italics, and quotation marks  Capitalize all words of four letters or more in titles of works and in headings that appear in the text of the paper. Capitalize the first word after a colon if the word begins a complete sentence.

Italicize the titles of books and other long works, such as Web sites. Use quotation marks around the titles of periodical articles, short stories, poems, and other short works.

NOTE: APA has different requirements for titles in the reference list. See page 36.

Long quotations and footnotes  When a quotation is longer than forty words, set it off from the text by indenting it one-half inch from the left margin. Double-space the quotation. Do not use quotation marks around a quotation that has been set off from the text. See page 45 for an example.
Place each footnote, if any, at the bottom of the page on which the text reference occurs. Double-space between the last line of text on the page and the footnote. Indent the first line of the footnote one-half inch. Begin the note with the superscript arabic numeral that corresponds to the number in the text. See page 39 for an example.

**Abstract**  If your instructor requires an abstract, include it immediately after the title page. Center the word Abstract one inch from the top of the page; double-space the abstract as you do the body of your paper.

An abstract is a 100-to-150-word paragraph that provides readers with a quick overview of your essay. It should express your main idea and your key points; it might also briefly suggest any implications or applications of the research you discuss in the paper. See page 38 for an example.

**Headings**  Although headings are not always necessary, their use is encouraged in the social sciences. For most undergraduate papers, one level of heading will usually be sufficient.

In APA style, major headings are centered and boldface. Capitalize the first word of the heading, along with all words except articles, short prepositions, and coordinating conjunctions. See the sample paper on pages 37–46.

**Visuals**  APA classifies visuals as tables and figures (figures include graphs, charts, drawings, and photographs). Keep visuals as simple as possible.

Label each table with an arabic numeral (Table 1, Table 2, and so on) and provide a clear title. The label and title should appear on separate lines above the table, flush left and single-spaced.

Below the table, give its source in a note. If any data in the table require an explanatory footnote, use a superscript lowercase letter in the body of the table and in a footnote following the source note. Double-space source notes and footnotes and do not indent the first line of each note. See page 42 for an example of a table in a model paper.
For each figure, place a label and a caption below the figure, flush left and double-spaced. The label and caption need not appear on separate lines.

In the text of your paper, discuss the most significant features of each visual. Place the visual as close as possible to the sentences that relate to it unless your instructor prefers it in an appendix.

**Preparing the list of references**

Begin your list of references on a new page at the end of the paper. Center the title References one inch from the top of the page. Double-space throughout. For a sample reference list, see page 46.

**Indenting entries** Use a hanging indent in the reference list: Type the first line of each entry flush left and indent any additional lines one-half inch, as shown on page 46.

**Alphabetizing the list** Alphabetize the reference list by the last names of the authors (or editors); when a work has no author or editor, alphabetize by the first word of the title other than *A, An, or The*.

If your list includes two or more works by the same author, arrange the entries by year, the earliest first. If your list includes two or more works by the same author in the same year, arrange the works alphabetically by title. Add the letters “a,” “b,” and so on within the parentheses after the year. Use only the year and the letter for articles in journals: (2002a). Use the full date and the letter for articles in magazines and newspapers in the reference list: (2005a, July 7). Use only the year and the letter in the in-text citation.

**Authors’ names** Invert all authors’ names and use initials instead of first names. With two or more authors, use an ampersand (&) before the last author’s name. Separate the names with commas. Include names for the first seven authors;
if there are eight or more authors, give the first six authors, three ellipsis dots, and the last author (see p. 10).

**Titles of books and articles**  Italicize the titles and subtitles of books. Do not use quotation marks around the titles of articles. Capitalize only the first word of the title and subtitle (and all proper nouns) of books and articles. Capitalize names of periodicals as you would capitalize them normally.

**Abbreviations for page numbers**  Abbreviations for “page” and “pages” (“p.” and “pp.”) are used before page numbers of newspaper articles and articles in edited books (see item 9 on p. 12 and item 22 on p. 16) but not before page numbers of articles in magazines and scholarly journals (see items 7 and 8 on p. 12).

**Breaking a URL**  When a URL or a DOI (digital object identifier) must be divided, break it after a double slash or before any other mark of punctuation. Do not insert a hyphen, and do not add a period at the end.

For information about the exact format of each entry in your list, consult the models on pages 10–32.

**Sample APA research paper**

On the following pages is a research paper on the effectiveness of treatments for childhood obesity, written by Luisa Mirano, a student in a psychology class. Mirano’s assignment was to write a literature review paper documented with APA-style citations and references.

See the note on page 32 for a discussion of formatting differences in APA-style student papers and papers prepared for scholarly publication.
SAMPLE APA PAPER

Obesity in Children 1

Can Medication Cure Obesity in Children?
A Review of the Literature

Luisa Mirano
Psychology 108, Section B
Professor Kang
October 31, 2004

Short title and page number on all pages in student papers. (See p. 47 for a title page of a paper prepared for publication.)

Full title, centered.

Writer's name, course, instructor's name, and date, all centered.

Marginal annotations indicate APA-style formatting and effective writing.
Abstract
In recent years, policymakers and medical experts have expressed alarm about the growing problem of childhood obesity in the United States. While most agree that the issue deserves attention, consensus dissolves around how to respond to the problem. This literature review examines one approach to treating childhood obesity: medication. The paper compares the effectiveness for adolescents of the only two drugs approved by the Food and Drug Administration (FDA) for long-term treatment of obesity, sibutramine and orlistat. This examination of pharmacological treatments for obesity points out the limitations of medication and suggests the need for a comprehensive solution that combines medical, social, behavioral, and political approaches to this complex problem.
Can Medication Cure Obesity in Children?  
A Review of the Literature

In March 2004, U.S. Surgeon General Richard Carmona called attention to a health problem in the United States that, until recently, has been overlooked: childhood obesity. Carmona said that the “astounding” 15% child obesity rate constitutes an “epidemic.” Since the early 1980s, that rate has “doubled in children and tripled in adolescents.” Now more than nine million children are classified as obese.\(^1\) While the traditional response to a medical epidemic is to hunt for a vaccine or a cure-all pill, childhood obesity has proven more elusive. The lack of success of recent initiatives suggests that medication might not be the answer for the escalating problem. This literature review considers whether the use of medication is a promising approach for solving the childhood obesity problem by responding to the following questions:

1. What are the implications of childhood obesity?
2. Is medication effective at treating childhood obesity?
3. Is medication safe for children?
4. Is medication the best solution?

Understanding the limitations of medical treatments for children highlights the complexity of the childhood obesity problem in the United States and underscores the need for physicians, advocacy groups, and policymakers to search for other solutions.

**What Are the Implications of Childhood Obesity?**

Obesity can be a devastating problem from both an individual and a societal perspective. Obesity puts children at risk for a number of

\(^{1}\)Obesity is measured in terms of body-mass index (BMI): weight in kilograms divided by square of height in meters. A child or an adolescent with a BMI in the 95th percentile for his or her age and gender is considered obese.
Obesity in Children

medical complications, including type 2 diabetes, hypertension, sleep apnea, and orthopedic problems (Henry J. Kaiser Family Foundation, 2004, p. 1). Researchers Hoppin and Taveras (2004) have noted that obesity is often associated with psychological issues such as depression, anxiety, and binge eating (Table 4).

Obesity also poses serious problems for a society struggling to cope with rising health care costs. The cost of treating obesity currently totals $117 billion per year—a price, according to the surgeon general, “second only to the cost of [treating] tobacco use” (Carmona, 2004). And as the number of children who suffer from obesity grows, long-term costs will only increase.

Is Medication Effective at Treating Childhood Obesity?
The widening scope of the obesity problem has prompted medical professionals to rethink old conceptions of the disorder and its causes. As researchers Yanovski and Yanovski (2002) have explained, obesity was once considered “either a moral failing or evidence of underlying psychopathology” (p. 592). But this view has shifted: Many medical professionals now consider obesity a biomedical rather than a moral condition, influenced by both genetic and environmental factors. Yanovski and Yanovski have further noted that the development of weight-loss medications in the early 1990s showed that “obesity should be treated in the same manner as any other chronic disease . . . through the long-term use of medication” (p. 592).

The search for the right long-term medication has been complicated. Many of the drugs authorized by the Food and Drug Administration (FDA) in the early 1990s proved to be a disappointment. Two of the medications—fenfluramine and dexfenfluramine—were withdrawn from the market because of severe side effects (Yanovski & Yanovski, 2002, p. 592), and several others
were classified by the Drug Enforcement Administration as having the “potential for abuse” (Hoppin & Taveras, 2004, Weight-Loss Drugs section, para. 6). Currently only two medications have been approved by the FDA for long-term treatment of obesity: sibutramine (marketed as Meridia) and orlistat (marketed as Xenical). This section compares studies on the effectiveness of each.

Sibutramine suppresses appetite by blocking the reuptake of the neurotransmitters serotonin and norepinephrine in the brain (Yanovski & Yanovski, 2002, p. 594). Though the drug won FDA approval in 1998, experiments to test its effectiveness for younger patients came considerably later. In 2003, University of Pennsylvania researchers Berkowitz, Wadden, Tershakovec, and Cronquist released the first double-blind placebo study testing the effect of sibutramine on adolescents, aged 13-17, over a 12-month period. Their findings are summarized in Table 1.

After 6 months, the group receiving medication had lost 4.6 kg (about 10 pounds) more than the control group. But during the second half of the study, when both groups received sibutramine, the results were more ambiguous. In months 6-12, the group that continued to take sibutramine gained an average of 0.8 kg, or roughly 2 pounds; the control group, which switched from placebo to sibutramine, lost 1.3 kg, or roughly 3 pounds (p. 1808). Both groups received behavioral therapy covering diet, exercise, and mental health.

These results paint a murky picture of the effectiveness of the medication: While initial data seemed promising, the results after one year raised questions about whether medication-induced weight loss could be sustained over time. As Berkowitz et al. (2003) advised, “Until more extensive safety and efficacy data are available, . . . weight-loss medications should be used only on an experimental basis for adolescents” (p. 1811).
Mirano uses a table to summarize the findings presented in two sources.

A note gives the source of the data.

A content note explains data common to all subjects.

### Table 1

**Effectiveness of Sibutramine and Orlistat in Adolescents**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Subjects</th>
<th>Treatmenta</th>
<th>Side effects</th>
<th>Average weight loss/gain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sibutramine</td>
<td>Control</td>
<td>0-6 mos.: placebo; 6-12 mos.: sibutramine</td>
<td>Mos. 6-12: increased blood pressure; increased pulse rate</td>
<td>After 6 mos.: loss of 3.2 kg (7 lb); After 12 mos.: loss of 4.5 kg (9.9 lb)</td>
</tr>
<tr>
<td>Medicated</td>
<td>0-12 mos.: sibutramine</td>
<td>Increased blood pressure; increased pulse rate</td>
<td>After 6 mos.: loss of 7.8 kg (17.2 lb); After 12 mos.: loss of 7.0 kg (15.4 lb)</td>
<td></td>
</tr>
<tr>
<td>Orlistat</td>
<td>Control</td>
<td>0-12 mos.: placebo</td>
<td>None</td>
<td>Gain of 0.67 kg (1.5 lb)</td>
</tr>
<tr>
<td>Medicated</td>
<td>0-12 mos.: orlistat</td>
<td>Oily spotting; flatulence; abdominal discomfort</td>
<td>Loss of 1.3 kg (2.9 lb)</td>
<td></td>
</tr>
</tbody>
</table>


*The medication and/or placebo were combined with behavioral therapy in all groups over all time periods.*
Obesity in Children 7

A study testing the effectiveness of orlistat in adolescents showed similarly ambiguous results. The FDA approved orlistat in 1999 but did not authorize it for adolescents until December 2003. Roche Laboratories (2003), maker of orlistat, released results of a one-year study testing the drug on 539 obese adolescents, aged 12-16. The drug, which promotes weight loss by blocking fat absorption in the large intestine, showed some effectiveness in adolescents: an average loss of 1.3 kg, or roughly 3 pounds, for subjects taking orlistat for one year, as opposed to an average gain of 0.67 kg, or 1.5 pounds, for the control group (pp. 8-9). See Table 1.

Short-term studies of orlistat have shown slightly more dramatic results. Researchers at the National Institute of Child Health and Human Development tested 20 adolescents, aged 12-16, over a three-month period and found that orlistat, combined with behavioral therapy, produced an average weight loss of 4.4 kg, or 9.7 pounds (McDuffie et al., 2002, p. 646). The study was not controlled against a placebo group; therefore, the relative effectiveness of orlistat in this case remains unclear.

Is Medication Safe for Children?

While modest weight loss has been documented for both medications, each carries risks of certain side effects. Sibutramine has been observed to increase blood pressure and pulse rate. In 2002, a consumer group claimed that the medication was related to the deaths of 19 people and filed a petition with the Department of Health and Human Services to ban the medication (Hilts, 2002). The sibutramine study by Berkowitz et al. (2003) noted elevated blood pressure as a side effect, and dosages had to be reduced or the medication discontinued in 19 of the 43 subjects in the first six months (p. 1809). The main side effects associated with orlistat were abdominal discomfort, oily spotting, fecal incontinence, and nausea (Roche...
Obesity in Children 8

Laboratories, 2003, p. 13). More serious for long-term health is the concern that orlistat, being a fat-blocker, would affect absorption of fat-soluble vitamins, such as vitamin D. However, the study found that this side effect can be minimized or eliminated if patients take vitamin supplements two hours before or after administration of orlistat (p. 10). With close monitoring of patients taking the medication, many of the risks can be reduced.

Is Medication the Best Solution?
The data on the safety and efficacy of pharmacological treatments of childhood obesity raise the question of whether medication is the best solution for the problem. The treatments have clear costs for individual patients, including unpleasant side effects, little information about long-term use, and uncertainty that they will yield significant weight loss.

In purely financial terms, the drugs cost more than $3 a day on average (Duenwald, 2004). In each of the clinical trials, use of medication was accompanied by an expensive regime of behavioral therapies, including counseling, nutritional education, fitness advising, and monitoring. As journalist Greg Critser (2003) noted in his book Fat Land, use of weight-loss drugs is unlikely to have an effect without the proper “support system”—one that includes doctors, facilities, time, and money (p. 3). For some, this level of care is prohibitively expensive.

A third complication is that the studies focused on adolescents aged 12-16, but obesity can begin at a much younger age. Little data exist to establish the safety or efficacy of medication for treating very young children.

While the scientific data on the concrete effects of these medications in children remain somewhat unclear, medication is not the only avenue for addressing the crisis. Both medical experts and
policymakers recognize that solutions might come not only from a laboratory but also from policy, education, and advocacy. A handbook designed to educate doctors on obesity called for “major changes in some aspects of western culture” (Hoppin & Taveras, 2004, Conclusion section, para. 1). Cultural change may not be the typical realm of medical professionals, but the handbook urged doctors to be proactive and “focus [their] energy on public policies and interventions” (Conclusion section, para. 1).

The solutions proposed by a number of advocacy groups underscore this interest in political and cultural change. A report by the Henry J. Kaiser Family Foundation (2004) outlined trends that may have contributed to the childhood obesity crisis, including food advertising for children as well as

a reduction in physical education classes and after-school athletic programs, an increase in the availability of sodas and snacks in public schools, the growth in the number of fast-food outlets . . . , and the increasing number of highly processed high-calorie and high-fat grocery products. (p. 1)

Addressing each of these areas requires more than a doctor armed with a prescription pad; it requires a broad mobilization not just of doctors and concerned parents but of educators, food industry executives, advertisers, and media representatives.

The barrage of possible approaches to combating childhood obesity—from scientific research to political lobbying—indicates both the severity and the complexity of the problem. While none of the medications currently available is a miracle drug for curing the nation’s 9 million obese children, research has illuminated some of the underlying factors that affect obesity and has shown the need for a comprehensive approach to the problem that includes behavioral, medical, social, and political change.
References


Can Medication Cure Obesity in Children?
A Review of the Literature
Luisa Mirano
Northwest-Shoals Community College

Author Note
This paper was prepared for Psychology 108, Section B, taught by Professor Kang.

Can Medication Cure Obesity in Children?
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