This issue of *Psychiatric Annals*, guest edited by Drs. Charles B. Nemeroff and Ronald S. Duman, focuses on a relatively new paradigm—inflammation at the root of mental and physical disease.

First, this series of contributions brings the reader “A Primer on Inflammation for Psychiatrists” by Dr. Eléonore Beurel. Next, the article “The Role of Immune Cells in the Brain during Physiological and Pathological Conditions” emphasizes the fact that environmental and psychological stressors cause activation of and disruption of normal functions, and that long-term or extreme stress contributes to “sickness” and depressive behaviors. In the article, “Are Mood and Anxiety Disorders Inflammatory Diseases?” we learn that serotonin reuptake inhibiting antidepressants have been found to have some inflammatory cytokine inhibiting properties. Then, Dr. M. Beatriz Currier explores “The Role of Inflammation in Mediating Risk for Medical Disorders in Depressed Patients.” The series ends with a contribution by Drs. Charles L. Raison and Andrew H. Miller entitled “Anti-Inflammatory Agents as Antidepressants: Truth or Dare,” which shows that anti-inflammatory agents may have antidepressant effects.

Together these contributions make a compelling case for the relationship of inflammatory processes in depression, cancer, and cardiovascular disease. Put simply, they show that treating chronic depression may reduce harm or death from cancer and cardiovascular disease. Who would have thought that chronic depression is a greater risk for cancer than smoking?

This is an amazing claim with a substantial amount of supporting evidence that can be found in this issue. This is more reason for psychiatric clinicians to become familiar with the literature on the process of inflammation and how anti-inflammatory substances may be therapeutic in psychiatric disorders.

Considering that some forms of depression may indeed be caused by an inflammatory process and others may not (see article by Drs. Raison and Miller), leads us further to the concept of personalized medicine, which postulates that depression can be caused by varying mechanisms, and therefore respond to different treatment mechanisms. This would explain the phenomenon of treatment-resistant or treatment-refractory depression. Isn’t it exciting to realize how primitive our approach to depression has been?