Given the fact that the vast majority of patients who seek treatment for psychiatric symptoms and disorders receive psychotropic medications, knowledge of their effectiveness and their safety is crucial. This is even more important for nonpsychiatric practitioners, who are responsible for writing the lion’s share of psychotropic prescriptions in the United States and who have had, in general, less formal training in psychopharmacology than have psychiatrists. Therefore, we have gathered seasoned clinicians, researchers, and teachers to review state-of-the-art knowledge and practice on topics relevant to the safe practice of psychopharmacology.

This issue of Psychiatric Annals begins with informed discussions entitled, “Catastrophic Drug-Drug Interactions in Psychopharmacology” and “Clinically Relevant Complications of Drug-Food Interactions in Psychopharmacology,” both by Drs. Andrew D. Carlo and Jonathan E. Alpert. They provide cogent discussions of the impact of absorption, distribution, metabolism, and excretion on psychopharmacology, and describe potentially serious and life-threatening adverse consequences (e.g., serotonin syndrome, hypertensive crises, arrhythmias, anticholinergic toxicity, seizures, dermatologic emergencies, bleeding, and respiratory depression) associated with drug-drug interactions. They also review significant drug-food interactions that lead to hypertensive crises, as well as those adverse interactions associated with dietary changes (e.g., the impact of grapefruit juice, St. John’s wort, cruciferous vegetables, charbroiled meats, and dietary supplements) on drug metabolism.

Next, Drs. Jonathan R. Stevens, Joshua J. Rodgers, and I present “Idiosyncratic Adverse Reactions to Psychotropic Medications.” We note that idiosyncratic adverse events (e.g., sudden death, arrhythmias, stroke, suicide, neurotoxicity, angioedema, Stevens-Johnson syndrome, toxic epidermal necrolysis, liver failure, priapism, and agranulocytosis) related to the use of psychotropic medications are both prevalent and problematic and account for the majority of postmarketing “black-box warnings” and of drug withdrawals from the market. We review the nature of idiosyncratic adverse events, predictors of their onset, and the role that clinicians can play in avoiding serious injuries associated with prescription of psychotropics.

Then, Drs. James Jenkins and Sean Glass present “Catastrophic Complications Related to Psychopharmacologic Drug Withdrawal” and review the myriad physical and psychiatric effects that are associated with the rapid taper or discontinuation of psychotropic medications. They describe how these agents are not limited to those with abuse potential. In addition, they describe how drug withdrawal can exacerbate an underlying psychiatric condition and alter both its...
disease course and long-term outcomes. Knowledge of such withdrawal syndromes can facilitate open communication between patients and providers, and contribute to full informed consent as well as to enhanced adherence with treatment regimens. It is our sincere hope that the presentation of these topics, conditions, and problems is readable, informative, and helpful for the provision of efficacious and safe care, as well as spur greater interest in this subject matter.\(^1\)

**REFERENCE**


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