I am very excited to be the guest editor of this issue of *Psychiatric Annals* on pediatric internalizing disorders. Pediatric internalizing disorders are some of the most common disorders seen in various child and adolescent psychiatry settings. These conditions are associated with significant morbidity. The effect on the lives of children, adolescents, and families is significant. It’s important that clinicians who treat these conditions are knowledgeable so these disorders can be diagnosed and treated timely and effectively.

The first article, “Generalized Anxiety Disorder in Children and Adolescents: An Update,” by Drs. Nazish Imran, Imran Ijaz Haider, and myself provides a comprehensive overview of epidemiology, etiology, comorbidity, and the assessment and treatment of generalized anxiety disorder (GAD). Many children and adolescents with GAD also meet diagnostic criteria for at least one other psychiatric disorder. GAD has a significant effect on children and their families, and it requires early detection and comprehensive treatment to improve the lives of people who are affected.

In the second article, “Pediatric Depression: The Latest in Diagnoses and Treatment,” Dr. Salma Malik and myself explain the effect of depression in children and adolescents. We describe that the prevalence of major depression is around 2% in children and 4% to 8% in adolescents. Various psychotherapies like cognitive-behavior therapy (CBT) and interpersonal therapy have been found to be effective for treating depression. Psychopharmacological interventions can be effective, and the US Food and Drug Administration (FDA) has approved certain antidepressants for pediatric depression.

The next article, “Pediatric Somatic Symptom Disorder: An Overview,” by Drs. Neha Sharma, Mary Daley, and Teresa Vente describes the estimated prevalence rates in which higher numbers of somatic symptoms are reported in adolescent girls. The most common psychiatric comorbidities with somatic symptom disorder include anxiety, depression, and panic disorder. The treatment is multidimensional and may include behavioral interventions, physical therapy, and pharmacotherapy.

The last article, “Obsessive-Compulsive Disorder in Children and Adolescents: An Overview,” by Drs. Ammar Albanna, Khalid Bazaid, and myself explains the epidemiology, etiology, clinical presentation, differential diagnosis, assessment, and management of pediatric obsessive-compulsive disorder (OCD). CBT has been found to be effective in multiple studies. Medications from the selective serotonin reuptake inhibi-
The SSRI class has been shown to be effective for pediatric OCD, however, not many SSRIs have been FDA-approved for the treatment of pediatric OCD.

I am thankful to all the contributing authors, who are well-respected clinicians, educators, and researchers in this field. We are hopeful that you will find these articles useful for your clinical practice.

REFERENCES

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