This issue of *Psychiatric Annals*, guest edited by Dr. Andrew Farah, explores postconcussion syndrome (PCS), which is a common occurrence but has few standard treatment options.

The first article, “Postconcussion Syndrome: An Overview for Clinicians,” by Sydney T. Smith addresses the frequency of this condition and discusses the wide range of symptoms it can produce. In the article “Pharmacology and Natural Therapies for Postconcussion Syndrome,” Dr. Farah goes on to discuss the narrow field of standard treatment options for PCS, which itself is a familiar clinical state. In the article, Dr. Farah details that despite the lack of standard treatments, there are options available to reduce symptoms and to provide neuroprotection such as reduced B vitamins, N-acetyl cysteine, and omega-3 fatty acids.

The next article, “Nonpharmacological Treatment of Postconcussion Syndrome,” by Kristina Eilbacher discusses alternative remedies for PCS outside of pharmacological intervention. She emphasizes that a vital part of an initial clinical assessment is to help make patients knowledgeable about their brain injuries, which ultimately helps to reduce anxiety and set expectations. She indicates that such teaching has been shown to reduce symptom reporting at 3 and 6 months. She also notes that, although rest has been shown to be effective, there is no evidence that prolonged rest is helpful in PCS recovery.

The final article, “Postconcussion Syndrome: Neuropsychological Evaluation and Management,” by Dr. John M. Goeke focuses on the wide range of PCS symptoms. Dr. Goeke states that up to 50% of those experiencing brain trauma may present with a range of symptoms affecting mental function that could lead to depression, anxiety, and irritability with the potential of lasting for up to 1 year.

PCS is the result of broad pathologies that have diverse interactions in all patients; this is not uncommon. The authors in this issue agree that PCS has a wide range of symptoms, there is a need for more focused treatment, and that therapy should be individualized.