Despite a growing armamentarium for the treatment of schizophrenia, many patients are left with residual positive, negative, and cognitive symptoms. This clinical conundrum has resulted in numerous, diverse lines of research focusing on the use of add-on treatments. With recent declines in the industrial pipeline of innovative medications for schizophrenia, the notion of medication repurposing, defined as the practice of using old drugs in new ways, is garnering much attention from researchers worldwide. This emerging treatment tactic may prove beneficial for not only the treatment of schizophrenia, but for advancing our understanding of the pathophysiology of this complex disorder. In addition to shedding new light onto the pathophysiology of this illness, the articles in this issue of *Psychiatric Annals* suggest new treatments that can potentially be rapidly translated into practice and into improved outcomes for those with schizophrenia.

There are several reasons why this issue will be of keen interest to the readership of the Journal. First, treating patients with schizophrenia is challenging for clinicians. For a myriad of reasons, we are often compelled to try divergent approaches beyond antipsychotic monotherapy. Second, the lay public is aware of such varied approaches to drug therapies for schizophrenia and they can and do (as the co-guest editors have experienced in clinical practice) bring such options to the doctor for serious clinical consideration. Thus, the articles detail the rationale and evidence for many different add-on treatments for schizophrenia.

Is the juice worth the squeeze or not? In the first article, “Supplemental Use of Complementary Alternative Medicine for the Treatment of Schizophrenia,” Mr. Steven Gabriel and Drs. Kristen M. Ward and Vicki L. Ellingrod review supplementation with omega-3 fatty acids, vitamin C, and folate in the treatment of schizophrenia.

Up is down—cannabis might induce psychosis, yet cannabinoids might be a treatment for schizophrenia. There is compelling—perhaps even irrefutable—evidence that the use of cannabis is associated with psychosis risk. Preclinical and small clinical studies suggest that cannabinoids devoid of THC (tetrahydrocannabinol) may be helpful in treating schizophrenia. In the second article, “A Critical Systematic Review of Evidence for Cannabinoids in the Treatment of Schizophrenia,” Dr. Anoop Sankaranarayanan and colleagues describe this fascinating, rapidly evolving, and highly topical literature.

Acne drugs for schizophrenia? In the third article, “Minocycline as an Evidence-Based Adjunct Treatment in Schizophrenia,” Drs. Deanna L. Kelly and Heidi J. Wehring review the evi-
evidence regarding adjunctive use of minocycline in schizophrenia, as well as its potential mechanism of action, safety, and tolerability profile.

Rheumatoid arthritis drugs for schizophrenia? A confluence of information suggests a role for immune system dysfunction in some patients with schizophrenia. In the fourth article, “Rheumatoid Arthritis Drugs for Schizophrenia?,” we describe the use of drugs that are currently used to treat rheumatoid arthritis to augment antipsychotic response through blockade of interleukin-6.

An aspirin a day...In the final article, “Inflammation and Schizophrenia,” Ms. Jana Caylor Bowcut and Dr. Mark Weiser review treatment trials of drugs that have an anti-inflammatory or anti-infectious mechanisms of action, including non-steroidal anti-inflammatory drugs and anti-toxoplasma drugs.

Thus, despite the current thought that our new medication pipeline for schizophrenia is waning, new lines of innovative research centering on medication repurposing for schizophrenia provide reasons for optimism for both clinicians and their patients.

REFERENCES