The amount of rigorous scientific evidence about both the safety and efficacy of psychiatric medication in the young has historically been quite scant. As a result of the dearth of data, prescribers often had to rely on either their own experiences or the wisdom of their colleagues when faced with a young patient for whom psychopharmacologic treatment was being considered.

Over the last several years, the amount of methodologically sound data about the use of psychiatric medication in children and teenagers has grown substantially. As a result, now more than ever before, the evidence base regarding pediatric psychopharmacology can serve as a foundation upon which rational treatment decisions can often be made.

For this reason, a resource that can be readily used by clinicians and that summarizes what is known (and not known) about the use of psychiatric medications in youths can be helpful in order to ensure that patients receive evidence-based care. Another reason that a practical source of information about pediatric psychopharmacology is important is that, when compared to prior clinical practice, psychiatric medications are now more commonly prescribed to children and teenagers.

The current edition of Green’s Child and Adolescent Clinical Psychopharmacology is essentially divided into 2 sections. In the first, the authors provide an introduction as well as an overview of the principles of pediatric psychopharmacology. Topics include nosology, developmental considerations (such as biodisposition), adherence, and ethics. Ever clinically focused, the authors then review laboratory tests and behavioral questionnaires that might be salient in individual patients.

The second section of the book is organized around individual classes of drugs, such as stimulants and antidepressants. Some readers prefer information about psychopharmacologic treatments to be organized by disorder, while others prefer to have information provided by drug class. Knowing the approach the authors used in this book can help the individual who is considering buying this book make an informed decision. Personally, I do not think the book’s organizational structure is either a strength or a weakness, but rather a matter of personal taste. However, for some readers, it is an important consideration.

The chapters on individual drug classes focus on clinically salient overarching topics. For example, the chapter on antidepressants considers suicidal risk. In addition, in each chapter, drugs are considered individually. Pharmacokinetics, contraindications, and adverse events of medications are described. Key studies are reviewed. US Food and Drug Administration–approved indications are noted. Overall, these chapters are clearly written and well organized, allowing key specific topics to be readily identified by the reader.

Another asset of this book is the appendix that reviews less commonly used agents. Medications in this appendix include some neuroleptics and tricyclic antidepressants.

With the advent of so many reputable online resources, one might question what role, if any, a book on pediatric psychopharmacology might have. New scientifically sound, electronically available pediatric psychopharmacology papers are published at what appears to be an ever-increasing rate. It seems that not a month goes by without another important study being published online. One could then aver that books on this topic are obsolete and are out of date on the day they are published.

That said, I would disagree. Rather, I would suggest that a book like this still has a place in the clinician’s library. A key strength of the book is that its contents are clearly and cogently presented. This work provides a useful means by which to have a substantial amount of clinically salient information consolidated and organized for the practicing clinician.

As stated in the first edition, one of goals of this book was to facilitate clinical decision-making. In the fifth edition, the authors have indeed continued to succeed at achieving this goal.