Stephen Stahl, MD, is Adjunct Professor of Psychiatry at the University of California, San Diego. In recent years, his name has become synonymous with psychopharmacology through his many publications and presentations, including previous editions of this text. The third edition of *Stahl’s Essential Psychopharmacology* is likely to further burnish his reputation.

At more than 1,100 pages, this single-author work is unique in its inclusiveness, evenness, and readability. The author has a knack for rendering complex neurochemistry, pharmacology, and cell biology in a way that clinicians can quickly grasp and relate to clinical applications. Voluminous illustrations by Nancy Muntner help greatly in this regard.

The book is divided into 19 chapters, moving generally from basic science to specific classes of drugs and clinical disorders. A book of this scope may serve as a reference, but its logical organization and straightforward, largely jargon-free language render it suitable as a textbook for basic psychopharmacology courses. The intended audience seems to be psychiatrists and others interested in a sophisticated approach to clinical psychopharmacology.

Topics include neuron structure, genetics, symptoms, schizophrenia, mood disorders, bipolar disorder, anxiety, attention-deficit disorder, chronic pain, somatic syndromes, sleep disorders, cognition, obesity, and disorders of impulse control.

As a geriatric psychiatrist, I particularly appreciated the chapter on dementia and its treatment. A brief review of basic science in dementia logically leads to current treatments (modest though they may be) and future directions, such as repurposing current medications used for other indications, various anti-amyloid therapies, and other psychopharmacological targets.

While it is difficult to find fault with the text, which succeeds brilliantly in its mission, it is possible to add a sobering note. In recent years, the field of academic psychopharmacology has been troubled by allegations of a “too cozy” relationship with the pharmaceutical industry, suggesting a loss of objectivity in assessing the value and risks of medication therapies in psychiatry. Controversies including suicide risk and antidepressants in children and adolescents, metabolic syndrome and atypical antipsychotics, heightened mortality and antipsychotics in dementia, and the problems of off-label prescribing are just a few of these vexing issues. The increasing reliance on polypharmacy, despite a lack of much scientific evidence, also might soon be added to this list. Throughout the text, it is implied that a better understanding of drug mechanisms might be able to guide clinical therapy. The use of such mechanisms to plan treatment, especially multiple drug therapies, may be supportable when there is a dearth of actual empirical outcome data, but this application is limited by the extreme heterogeneity of psychiatric illness.

The history of clinical medicine is replete with examples of therapies that seemed to be mechanistically sound but proved to be ineffective or to have hidden risks when these treatments are studied empirically. The optimistic tone of the text might leave the reader unaware of these cautionary notes. That concern aside, however, *Stahl’s Essential Psychopharmacology* is highly recommended.

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