

# **NRNP/PRAC 6665 & 6675 Comprehensive Focused SOAP Psychiatric**

## **Case Study**

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**PRAC-6675: PMHNP Care Across the Lifespan II**

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Anxiety and depression are common global mental health issues, with symptoms including persistent melancholy, excessive worry, sleep disruptions, and concentration difficulties (Costantini et al., 2021). Effective therapy requires a thorough examination of mental symptoms, including the elimination of any underlying medical disorders that contribute to depression (Chakraborty et al., 2020). This paper intends to provide a detailed examination of M, M, a patient, establish a primary diagnosis, outline differential diagnoses, and present thoughtful case analysis.

### **Subjective:**

**CC (chief complaint):** "I've had increased anxiety and depression since both of my parents died in December 2024."

**HPI:** M.M., a 46-year-old married man, arrives for psychiatric follow-up with complaints of growing anxiety and despair following the deaths of both parents in December 2025. The patient states that his father died of throat cancer and that he discovered his mother's body in her house two weeks later. He expresses significant regret over not talking with his mother for around two months before her death as a result of her drinking. When he went to check on her, he thought she was having another drinking binge, but instead, he found her deceased.

The patient has chronic anxiety, sadness, grief, excessive concern, feelings of guilt, emotional anguish, and difficulties dealing with the losses. He rates the intensity of his symptoms as 7/10 and claims that they have steadily gotten worse since the deaths. He admits to recurrent binge drinking, consuming around 12 alcoholic beverages in one sitting when anxiety and depression symptoms worsen. Although he does not drink regularly and denies experiencing withdrawal symptoms, he admits to having alcohol cravings and understands that drinking is a maladaptive coping method. The patient denies suicidal ideation, homicidal ideation, self-injurious behaviors, hallucinations, delusions, paranoia, or manic symptoms. He reports adherence to Lexapro 10 mg daily but continues to experience significant anxiety and depressive symptoms.

**Substance Current Use:** Alcohol: Reports binge drinking approximately 12 drinks in one sitting during periods of heightened anxiety or depression. Acknowledges alcohol cravings.

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- **Tobacco:** Denies
- **Cannabis:** Limited use during college; tried cannabis gummies after legalization but disliked the effects.
- **Other Substances:** Denies

**Past Psychiatric History:** Hx: Generalized Anxiety Disorder (GAD), Obsessive-Compulsive Disorder (OCD)

- No past psychiatric hospitalizations
- No history of suicide attempts
- **Safety:** Denies suicidal ideation (SI)
- Denies homicidal ideation (HI)
- **Psychosis:** Denies hallucinations or delusions

**Family Psychiatric History:** Mother: Severe depression, anxiety, alcohol use disorder. Father: Suspected depression

**Social History:** He is a married individual with three children. He holds a Bachelor's degree and is currently employed in a healthcare technology company. He maintains a healthy lifestyle by exercising six days a week and benefits from a strong family support system.

**Medical History:** Surgeries: Right elbow, right foot, Chronic back pain (sports-related)

- **Current Medications:** Currently taking Lexapro 10 mg
- **Allergies:** Amoxicillin (rash)
- **Reproductive Hx:** Married, sexually active

**ROS:**

- **GENERAL:** No fever, chills, weakness, exhaustion, or weight loss
- **HEENT:** No visual loss; no congestion, sneezing, runny nose, sore throat, or hearing loss in the ears, nose, or throat
- **SKIN:** No rash, irritation, or obvious dermatological issues

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- **CARDIOVASCULAR:** Denies any discomfort or pressure in the chest.
- **RESPIRATORY:** No shortness of breath, cough, or sputum
- **GASTROINTESTINAL:** No diarrhea, vomiting, or nausea
- **GENITOURINARY:** No burning or discomfort when urinating.
- **NEUROLOGICAL:** No syncope, headache, dizziness, ataxia, paralysis, or limb numbness or tingling
- **MUSCULOSKELETAL:** No stiffness, joint, back, or muscle pain.
- **HEMATOLOGIC:** No bleeding or bruises.
- **LYMPHATICS:** No nodes are enlarged. No prior splenectomy history
- **ENDOCRINOLOGIC:** No heat or cold intolerance, no sweating.

**Objective:** T- 98.0, HR- 88, RR 18, B/P 128/70, Ht 71 in, Wt 212lbs

**Diagnostic results:** Based on this patient's presentation of anxiety, depression, grief, obsessive symptoms, and alcohol use, the following diagnostic screening tools and potential results would be appropriate: PHQ-9: 17, indicating moderately severe depressive symptoms; GAD-7: 18, suggesting severe anxiety. Baseline assessments such as a Basic Metabolic Panel (BMP), Liver Function Panel, and Complete Blood Count (CBC with differential) are essential before initiating any therapeutic interventions (Costantini et al., 2021).

**Assessment:**

**Mental Status Examination:**

46-year-old Caucasian male, Well-groomed, physically fit male, appears stated age. He is cooperative and engaged during the interview. His speech shows a normal rate, rhythm, volume, and articulation. He reports feeling anxious and depressed, with a constricted affect that aligns with this mood. Thought processes are linear, logical, and goal-directed, while thought content reveals grief, guilt, and excessive worry, without delusions or paranoia. He denies any auditory or visual hallucinations, is alert and oriented to person, place, time, and situation, and has intact memory. Insight is rated as fair to good, and judgment is fair. Attention and concentration are

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mildly impaired due to anxiety, but there are no indications of suicidal or homicidal ideation, intent, or plan.

### Diagnostic Impression:

#### **Generalized Anxiety Disorder (GAD) F41.1.**

His clinical presentation is compatible with Generalized Anxiety Disorder (F41.1), as indicated by excessive anxiety, problems managing concern, related depressive symptoms, and maladaptive coping practices by binge alcohol use. Major life stresses, including loss, sorrow, and trauma, might aggravate GAD by increasing concern, emotional dysregulation, and concomitant depressive symptoms (DeGeorge et al., 2022). This patient's horrific discovery of his mother, as well as unresolved interpersonal conflict before her death, have contributed significantly to the intensity and duration of his symptoms. He exhibits biopsychosocial risk factors for generalized anxiety disorder (GAD), such as a family history of anxiety and depression, and behavioral coping inadequacies, such as alcohol abuse. Co-occurring alcohol consumption is prevalent in GAD, frequently as a maladaptive tactic to momentarily lessen anxiety, but it eventually exacerbates symptom severity and prognosis (Bandelow, 2020). The patient's tendency to binge drink about 12 drinks in one session amid distress emphasizes the importance of comprehensive therapy.

**F43.23 Adjustment Disorder with Mixed Anxiety and Depressed Mood:** This diagnosis is supported by the patient's development of significant anxiety, depressive symptoms, guilt, and emotional distress following the deaths of both parents in December 2024. The symptoms emerged in response to identifiable psychosocial stressors and have resulted in clinically significant distress and maladaptive coping behaviors, including episodic binge alcohol consumption. According to the DSM-5-TR, Adjustment Disorder is appropriate when emotional or behavioral symptoms occur in response to a stressor and do not better meet criteria for another mental disorder (Trivedi & Thakore, 2025).

**F10.10 Alcohol Use Disorder, Mild.** The diagnosis is supported by the patient's report of episodic binge drinking (approximately 12 drinks per occasion), alcohol cravings, and alcohol



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use as an improper coping mechanism in response to anxiety, depression, and grief following the loss of both parents. Although the patient denies daily alcohol intake and withdrawal symptoms, he satisfies the DSM-5-TR criteria for moderate alcohol use disorder due to the existence of desire and recurring problematic alcohol use accompanied by emotional distress. He has at least two DSM-5-TR criteria for alcohol use disorder: Craving, or a strong desire or impulse to consume alcohol. Recurrent alcohol usage is utilized to deal with psychological anguish and emotional damage. The DSM-5-TR states that the presence of 2-3 criteria during 12 months supports the diagnosis of Mild Alcohol Use Disorder (American Psychiatric Association, 2022).

**Reflections:** This case highlights the necessity for a thorough, trauma-informed, and patient-centered psychiatric treatment by demonstrating the interaction between grieving, anxiety disorders, and maladaptive coping strategies. After both parents passed away, the patient's anxiety and depression symptoms worsened due to unresolved grief and painful losses. His sporadic binge drinking, which has been identified as a coping strategy, raises the possibility of deteriorating mood and impaired judgment, highlighting the need for physicians to properly assess drug use habits. Treatment included starting naltrexone to control alcohol cravings and optimizing escitalopram for chronic symptoms. For symptom relief and healing, medication and psychotherapy, especially grief-focused interventions, must be integrated. The prognosis is improved by protective variables such as family support and treatment participation, underscoring the significance of comprehensive psychiatric evaluations that take into account life events, coping mechanisms, and family history for successful recovery and relapse prevention.

### **Case Formulation and Treatment Plan:**

**Medication Management:** Increase Escitalopram to 15 mg PO. Initiate Naltrexone 50 mg PO daily

Escitalopram was increased from 10 mg to 15 mg daily due to persistent anxiety and depressive symptoms associated with bereavement and adjustment difficulties. Escitalopram is considered a first-line treatment for Generalized Anxiety Disorder and has demonstrated efficacy



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in reducing anxiety symptoms and improving functioning. Dose titration is indicated when symptom improvement is incomplete at lower doses (Landy & Sanford, 2023).

Naltrexone 50 mg daily was initiated to address alcohol cravings and reduce binge-drinking behavior. The patient reports consuming approximately 12 alcoholic beverages in a single sitting during episodes of heightened anxiety and depression and acknowledges cravings for alcohol. Naltrexone is a first-line medication for reducing heavy drinking days, alcohol cravings, and relapse risk in individuals with problematic alcohol use (McPheeters et al 2023). Baseline liver function testing was recommended before initiation and will be monitored periodically during treatment (Costantini et al., 2021).

### **Therapy / Interventions**

- **Continue 1:1 psychotherapy sessions**
- **Focus on:**
  - Grief processing
  - Cognitive Behavioral Therapy (CBT)
  - Coping skill development
  - Relapse prevention strategies
- **Provide psychoeducation on:**
  - Grief and bereavement process
  - Impact of alcohol on mood and anxiety
  - Healthy coping mechanisms Psychoeducation

### **Substance Use**

- Encourage reduction/abstinence and reinforce use of Naltrexone

### **Lifestyle**

- Continue regular physical activity, Encourage sleep hygiene and balanced nutrition
- **Safety assessment** shows no imminent risk; patient denies suicidal or homicidal ideation (SI/HI).
- **Schedule follow-up** in 7 weeks, with earlier visits if symptoms worsen or medication side effects occur.



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## Conclusion

The loss of both parents and the accompanying sadness and guilt surrounding their deaths seem to be directly linked to M.M.'s anxiety and depressive symptoms. His emotional health has been severely harmed by these circumstances, which have also led to episodic binge drinking as a maladaptive coping mechanism. Through medication management, psychoeducation, and psychotherapy, treatment will focus on lowering anxiety, elevating mood, encouraging healthy coping mechanisms, and assisting the mourning process. The patient's prognosis for symptom improvement and emotional recovery is favorable with ongoing treatment and family support.

## PRECEPTOR VERIFICATION:

I confirm the patient used for this assignment is a patient that was seen and managed by the student at their Meditrek approved clinical site during this quarter course of learning.

Preceptor signature: \_\_\_\_\_

Date: \_\_\_\_\_

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