

Suggested Management of Cough in Adults

Acute Cough is defined as lasting less than 3 weeks. It is usually viral in origin and is the most common new presentation in primary care. This is usually a self-limiting condition and no further investigation is needed except if there are any of these red flags;

1. Haemoptysis
2. Significant systemic symptoms such as fever, weight loss and lymphadenopathy
3. Significant dyspnoea
4. Suspicion of an inhaled foreign body or lung cancer

Chronic cough is defined as lasting more than 8 weeks. It accounts for 10% of respiratory referrals. The presence of significant sputum production usually indicates primary lung pathology.

Common causes include;

1. Smoking
2. Asthma in all its variants, all of which are steroid responsive
3. COPD
4. GORD
5. Post nasal drip
6. ACE inhibitors
7. Occupational or community exposure to inhaled irritants

Studies have shown a low frequency of serious pulmonary conditions in patients who have an isolated chronic dry cough and normal physical examination, CXR and spirometry with reversibility. (1)

Suggested investigation & treatment protocol for chronic cough

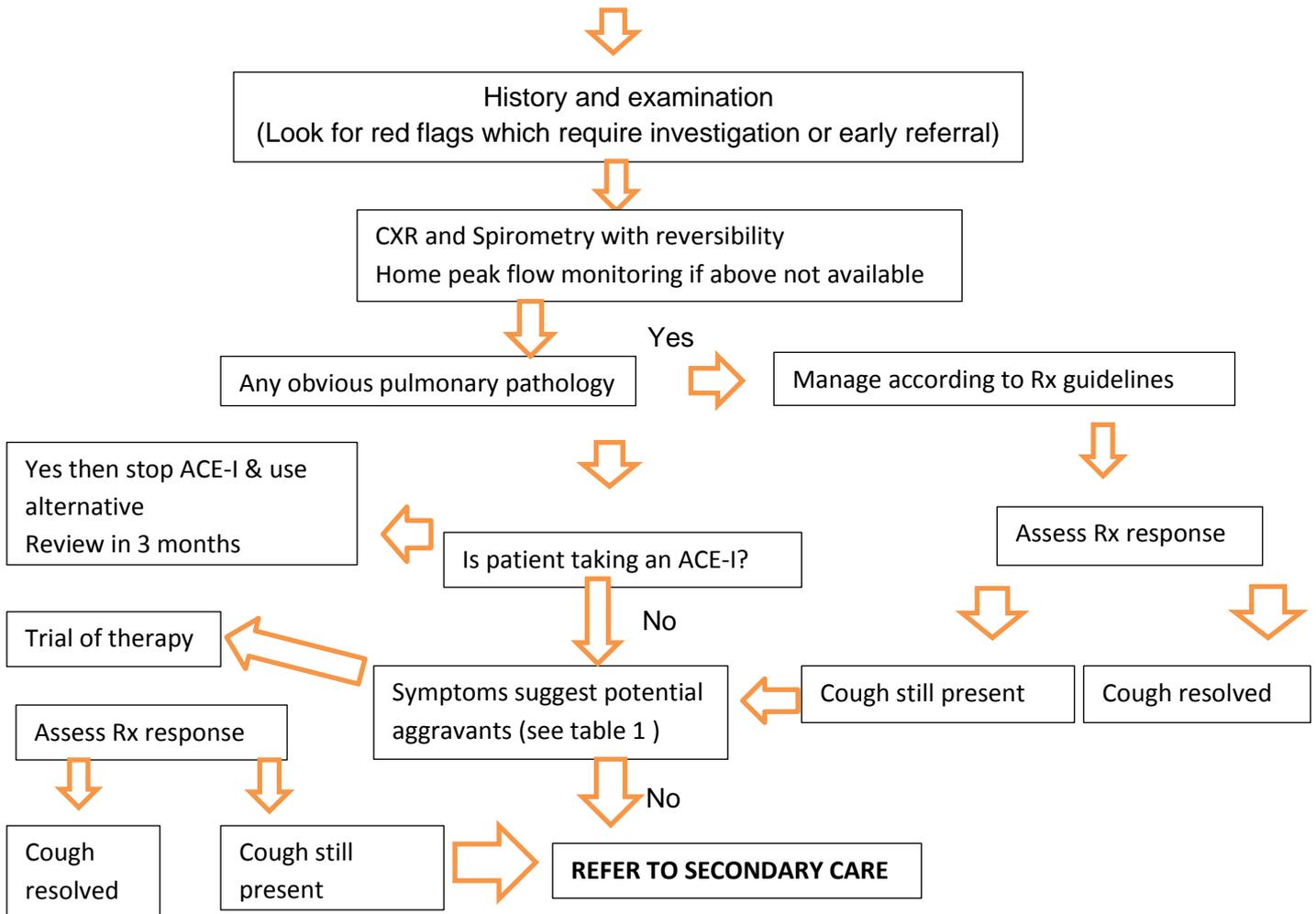


Table 1

Potential Aggravants

Asthma

- History of atopy.
- Nocturnal cough.
- Wheeze.
- Peak flow rate variable by >20% or reversible changes on spirometry (these "rule in" asthma, but their absence does not rule it out).

GORD

- Heartburn (but may have no gastro-intestinal symptoms).
- No cough at night.
- Cough when eating/talking.
- Hoarseness.
- Sour taste.

Post nasal Drip

- Subjective symptoms - postnasal drip, recurrent need to clear the throat.
- Persistent nasal blockage.
- Persistent nasal discharge.

Environment

- Cough associated with work/specific or environmental irritant

Treatment Recommendations

Smoking cessation should be encouraged for all patients

GORD

Intensive acid suppression with proton pump inhibitors and alginates should be undertaken for a minimum of 3 months.

Consider using a prokinetic agent

Asthma

An appropriate trial of inhaled steroids for 8 weeks or oral steroids for 2 weeks

Post nasal drip

Treatment with topical nasal steroids + - oral antihistamines

References

BTS guidelines Recommendations for the management of cough in adults 2006

(1) Pavord ID, Chung KF; Management of chronic cough. Lancet. 2008 Apr 19;371(9621):1375-84