COUGH

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That's a nasty cough you've got there!

COUGH

- One of five most common presentations in general practice
- Remember the law of probability – **Common things occur commonly**

But

- Watch out for red flags!

COUGH

- Cough is a reflex that protects airways from foreign objects and infection.
- So – is it wise to suppress it?
- Due to irritation of sensory nerve endings (mainly C fibres) in larynx, trachea and major bronchi
- Receptors sparse above the larynx.
- Normal people cough – maybe 10 – 15 times a day.

COUGH in CHILDREN

- Cough itself is **not** an indication of obstruction.
- In asthma cough may or may not be present, and cough including nocturnal cough without wheeze is an unusual presentation of asthma, but
- Cough and hyperactive (twitchy) airways syndrome may go hand in hand

COUGH in CHILDREN
The History

- Acute or insidious onset?
- Is the child otherwise well?
- Is the cough productive
- Is s/he exposed to passive cigarette smoke
- Other risk factors – overcrowded home conditions, refugee etc

COUGH in CHILDREN
The History

- Is the cough moist or dry
- Is there wheeze or is cough precipitated with exercise.
- Has there been any choking

COUGH in CHILDREN
Signs

- ? Retarded growth or development
- Chest deformity
- Clubbing
- Is there post nasal drip?
- Abnormal breath sounds

COUGH in CHILDREN
Common Causes

- Viral infections – one which can run into another
- Post viral cough
- If cough is nocturnal & associated with wheeze, consider asthma.
- Passive smoking
- Whooping cough

COUGH in CHILDREN
Less Common Causes

- Psychogenic
- Habit
- Ah hem syndrome
- "Twitchy airways" – cough receptor hypersensitivity.
- Reflux
- Undiagnosed Cystic Fibrosis

COUGH in CHILDREN
RED FLAGS

- Inhaled foreign bodies (even as old as 10 yrs).
- Tb
- Cystic Fibrosis
- Bronchiectasis

COUGH in CHILDREN
When to Refer

- Any suspicion of inhalation of foreign body – **even if the xray is normal**
- Protracted cough and the child is unwell, or fails to thrive.
- Protracted productive cough that relapses after antibiotics.
- Night cough associated with choking or vomiting
- Xray abnormalities
- Continuing chest signs in spite of appropriate treatment

COUGH
Adults – Key Questions

- How long?
- ? Productive
- Sputum Character
- ? Blood
- Any other symptoms - ? Unwell ?Toxic ? Weight loss
- ? Wheeze including on exercise.
- ? Smoker

COUGH
Adults – Key Questions

- Character of the cough
- Timing
- Associated SOB.
- ? Work
- ? Medications
- Home conditions – overcrowding
- Occupation

COUGH
Adults – Common Causes

Acute Onset Cough

- Respiratory tract infections (Usually viral)
- Bronchitis
- Poorly controlled asthma (Especially night cough).
- Exacerbation of underlying COPD
- LVF (Especially in the elderly)

COUGH
Adults – Common Causes

Chronic Cough (> 6 weeks duration)

- Post viral cough
- COPD – "Smoker's Cough"
- Psychgenic
- "Ah-Hem syndrome"
- Post nasal drip
- Bronchiectasis
- ACE Inhibitors

COUGH
Adults- Uncommon Causes

- Carcinoma (Often associated with recurrent respiratory tract infection)
- Interstitial Fibrosis
- Sarcoidosis
- Pigeon Fanciers Lung Etc
- Tuberculosis
- GORD

COUGH
Red Flags

- Haemoptosis
- Night sweats
- General dehabilitation with no obvious cause

COUGH
When to Refer

- Any significant cough of unknown cause for > 3 months
- Haemoptosis
- Persistent hoarseness of > 3 weeks duration – especially in a smoker.
- Evidence or suspicion of Tb
- Xray suspicion of Carcinoma

COUGH

When you have done it all…

- Xray
- RFT
- Sputum culture & cytology
- High resolution CT
- Prick tests
- RAST
- Bronchoscopy
- SACE
- Ca + PO4
- Trial of steroids
- Etc …….
- and even listened to the chest!!!!)

CHRONIC COUGH of UNKNOWN CAUSE

Rescue from Shanghai!

A 3 step programme for chronic cough

- Antihistamine, decongestants + Bronchodilators. - 67.6%
- Systemic Steroids - +12.7%
- PPIs + prokinetic agent + 7.8%

Total resolution 88.1% resolution.

Yu L, Qiu Z, Lu W, Shi C.
Respirology 2008; 13: 353-358

COUGH

But when you are REALLY at the bottom of the barrel!

- Look again at all the options
- (Another) trial of steroids
- Trial of PPI.
- Nedocromyl MDI
- Get a locum and go on an extended holiday!