



Cough

Rotorua June 2009

Andrew G Veale



Primary Care

- Bigger
 - How many still to see?
 - Can I slip away?
 - Could Phil see them
- BUT
 - 10 to 20% of your business
 - Patients QoL affected
 - Might be serious



- Effective cough
 - Intact reflex arc
 - High expiratory pressures and hence flows
 - Adequate viscosity air mucus interface
 - Normal mucus rheology
 - Effective ciliary function

Complications

- Anxiety
- Exhaustion
- Insomnia
- Pain and fractures
- Hoarseness
- Sweating
- Barotrauma
- Urinary incontinence
- Everybody hates you

Cough Classification

- Acute < 3 weeks
 - Rhinitis, sinusitis, pertussis.
 - Exacerbations of COPD, allergic rhinitis, asthma.
 - Rarely; PTE, LVF, Pneumonia
- Red flags
 - Haemoptysis
 - Breathlessness
 - Chest pain
 - Systemic features
 - Sudden dramatic onset

Cough Classification

- Chronic > 3–6 weeks
 - Often 2 or more causes
 - This is the group I grade highly when assessing priorities
- Very chronic (Oh God not again!)
 - > 6 12 months
 - Rarely fatal
 - This is a group I find fascinating and value highly
YEAH, RIGHT!

DIAGNOSIS

- History
- History
- History
- Examination
- Tests

- Postnasal Drip Syndrome
- Asthma
- Gastro-oesophageal Reflux
 - Reflex
 - Aspiration
- ACE or Beta blockers
- Serious coughs
 - COPD Bronchiectasis
 - Lung or laryngeal cancers
 - ILD; systemic illnesses (angioblastic lymphadenopathy, lymphangioliomyomatosis, Wegeners)
- Psychogenic or habit cough
- GOK accounts for all the rest

Investigations

- CXR PA and Lateral
- Spirometry
- Occupational History

- CT Chest
- More detailed LF
- Bronchoscopy
- Blood and allergy test

Management of Chronic Cough

- Management of the patient with chronic cough
 - What has made the patient come today?
 - Has there been a change?
 - What is the patients main problem?
 - TREAT IT SERIOUSLY

■ PNDS

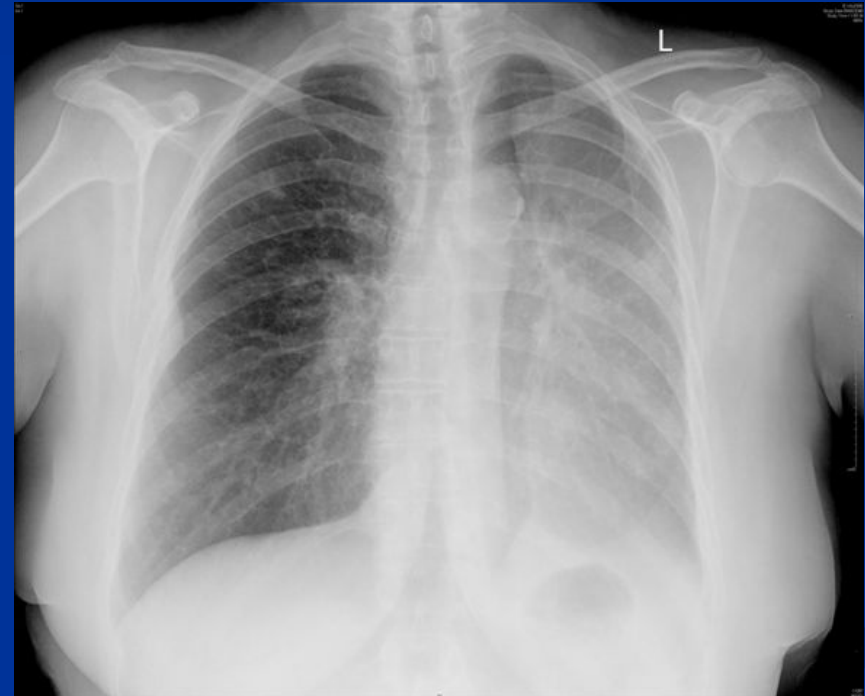
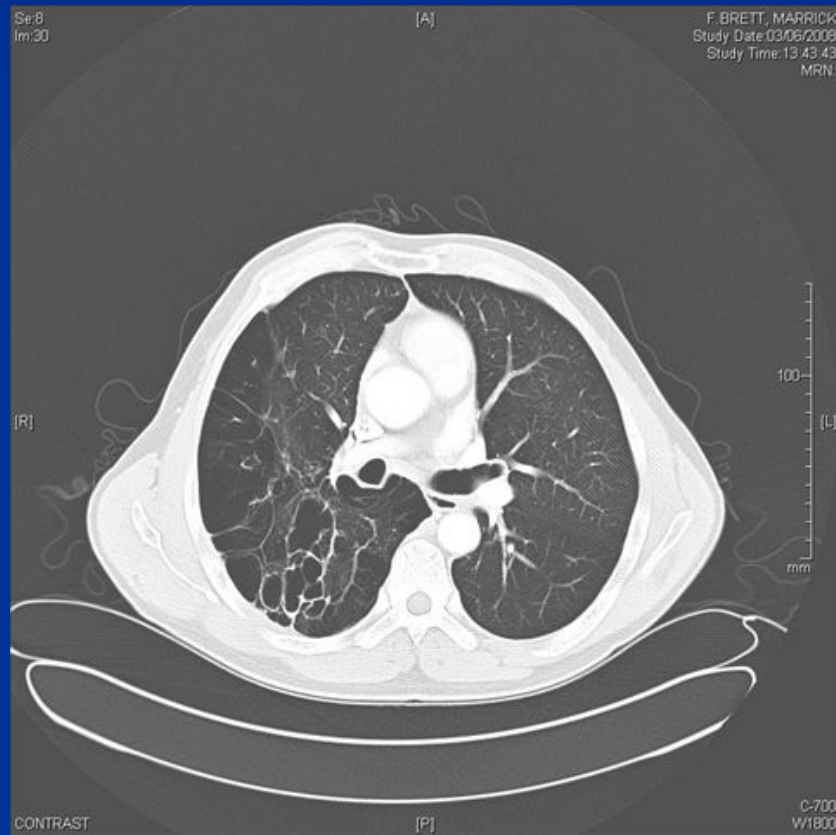
- Cough
- Sensation of dripping
- A need to clear the throat
- Often a tickle
- Nasal Congestion
- Often an initiating infection

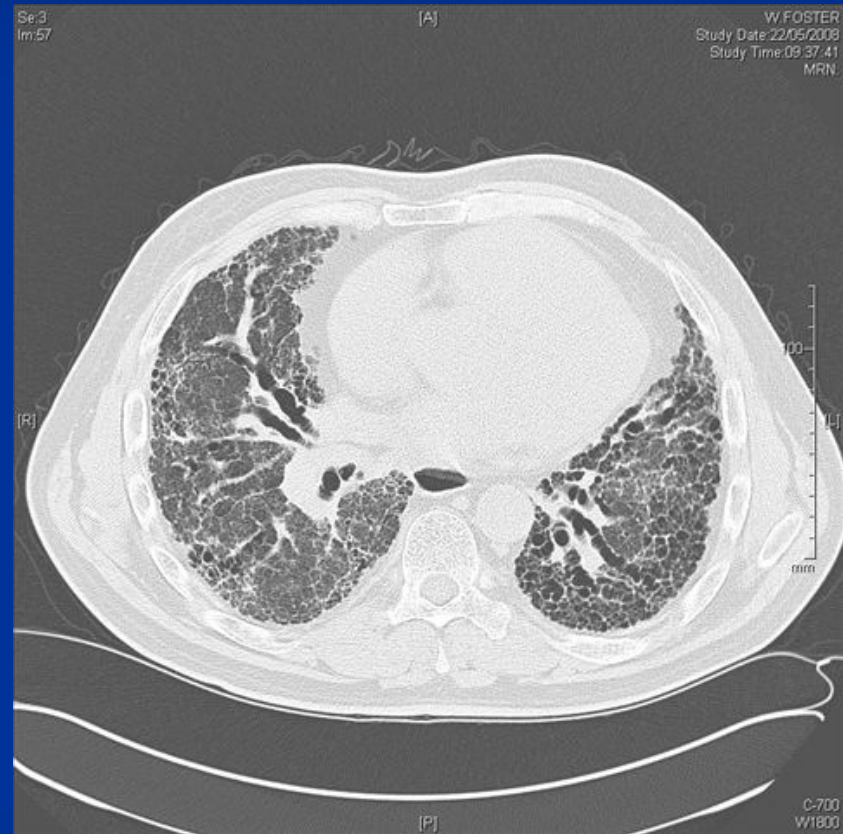
■ GORD

- Oesophageal bronchial reflex
- Cough begets more cough
- 50% to 75% will have symptoms of heartburn
- Ask about acid/water brash
- May be taking H2 and proton pump blockers

- Stop possible drugs for 1 month
- Treatment trial of most likely disorder 1 month
- FBC CRP/ESR Sputum (cytology culture and TB)
- CT Chest and Mini-series Sinus
- More bloods allergy tests sweat tests
- Bronchoscopy
- Treat 2 most likely possibilities
- Refer to a Cough Clinic
- Reassure











Drugs