

CHRONIC COUGH

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Week 10

Educational Objectives:

1. Be familiar with the evidence regarding treatment of the common cold
2. Identify the CDC clinical case definition of pertussis
3. Identify the most common causes of chronic cough and be familiar with an empiric algorithm for treatment of chronic cough

CASE ONE:

A 27-year-old woman comes to your clinic because of recent onset of cough, nasal congestion, rhinorhea, and fatigue. She reports feeling “under the weather” and would like to know about effective medications for treating the symptoms of the common cold. She says, “Tell me what will really work for this annoying cough.”

Questions:

1. What do you tell her?
(Before you proceed, please review the following definitions: acute cough <3 weeks; subacute cough 3-8 weeks; and chronic cough >8 weeks.)

2. She asks about natural remedies. What is your response?

CASE TWO:

A 52-year-old man with HTN and hyperlipidemia comes to see you because of episodes of vomiting. He developed a severe dry cough about three weeks ago. The episodes of vomiting occur only after “coughing fits” that overtake him. He has no other gastrointestinal symptoms.

3. Does he meet the CDC clinical case definition for pertussis?

CASE THREE:

After hearing of your “remarkable diagnosis” of her brother’s cough, the patient’s 49-year-old sister comes to see you. She reports coughing for the past six months or so. She otherwise feels well.

4. What are the critical elements of the history you need to obtain? What are the most common causes of chronic cough?

5. Does ACE-inhibitor cough always begin shortly after starting the culprit medication? How long after stopping the medication does it resolve?

CASE THREE CONTINUED:

Your patient does not smoke, is not on an ACE-inhibitor, and has a normal chest x-ray. She does not note a drip in the back of her throat, does not have heartburn, and does not wheeze.

6. How do you initiate empiric treatment?

7. How can you evaluate for less common causes of chronic cough?

Primary References:

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3. Schroeder K and Fahey T. *Cochrane Database Syst Rev*. 2004 Oct 18; (4):CD001831. *Abstract only, available at* <http://www.mrw.interscience.wiley.com/cochrane/clsystrev/articles/CD001831/frame.html>

Additional References:

4. Diagnosis and Management of Cough: ACCP Evidence-Based Clinical Practice Guidelines. The entire document was published in *Chest*. 2006;129 (Suppl 1): 1S-292S.
5. Douglas RM et al. Vitamin C for Preventing and Treating the Common Cold. *Cochrane Database Syst Rev*. 2004 Oct 18;(4):CD000980.
6. Linde K et al. Echinacea for Preventing and Treating the Common Cold. *Cochrane Database Syst Rev*. 2006 Jan 25;(1):CD000530.
7. Mello CJ, Irwin RS, Curley FJ. Predictive Values of the Character, Timing, and Complications of Chronic Cough in Diagnosing Its Cause. *Archives of Internal Medicine*. 1996; 159: 997-1003.
8. Palombini BC et al. A Pathogenic Triad in Chronic Cough: Asthma, Postnasal Drip Syndrome, and Gastroesophageal Reflux Disease. *Chest*. 1999; 116:279-284.