

# Persisting Cough

## What is Chronic/Persistent Cough?

Coughing is a normal and necessary event. It is part of our body's normal cleaning routine for the lungs, clearing unwanted mucous, and removing potentially dangerous particles such as dust. However, in a small number of people, this useful response can become prolonged and distressing. Once a cough has persisted for more than eight weeks, we call it a chronic cough. Managing it can be much more complex than more common, short-lived, forms of cough.

## When to worry about a cough

Although a chronic cough is usually not serious, warning symptoms call for prompt medical care. The symptoms include:

- Fever, especially if it's high or prolonged
- Copious sputum production
- Coughing up blood
- Shortness of breath
- Unexplained weight loss
- Unexplained weakness, fatigue, or loss of appetite
- Chest pain not caused by the cough itself
- Night sweats
- Wheezing

## Common causes of a chronic cough

- In smokers, a cough is unfortunately expected; especially if you have been smoking regularly for over five years. When smokers stop smoking, your cough may actually worsen for a few weeks while your body clears itself of accumulated mucus, but then decrease significantly.

### In non-smokers, the following three factors cause over 90% of chronic coughs:

- Asthma: for some people, cough, rather than wheeze, is the main symptom of asthma.
- Post-nasal drip/Upper Airway Cough Syndrome: many people with chronically inflamed noses from rhinitis or rhinosinusitis can also have an oversensitive voice box which causes cough. The exact cause behind this is still being debated, and range from local irritation from dripping of mucus down the throat, to more generalised sensitisation of the entire upper airway.
- Gastroesophageal Reflux (stomach acid in the gullet): cough is caused when acid from the stomach washes back into the gullet/throat. Often there is no associated sensation of heartburn or upper abdominal discomfort. Sometimes coughing itself is enough to cause reflux, resulting in a vicious cycle. Sleep apnoea, another common condition, can cause cough both directly, and also via encouraging reflux when the airway collapses.

## Less Common Causes:

- Infection: conditions such as whooping cough (pertussis), bronchiectasis, mycoplasma and tuberculosis, can also present with persistent cough. Infections often are associated with a fever, more generalised symptoms such as fatigue and breathlessness, and tend to produce a productive ('moist') cough.
- Aspiration: 'breathing in' our food or fluid can cause coughing and choking with eating/drinking, a moist cough and sometimes frank lung infections. It tends to occur in people with neurological problems (e.g. stroke, brain injury), surgery in the neck or chest that cause paralysis of the vocal cords, or with increasing age. A formal swallowing assessment may be needed to confirm the diagnosis.
- Drugs: ACE inhibitors, a class of drugs used to control blood pressure, cause cough as a common side effect. Other drugs can cause cough by causing excessive drying of saliva or mucus production.
- Heart disease: heart failure can manifest with a dry or slightly moist cough, often worse with lying flat. There is usually a history of heart disease, risk factors for this, or other symptoms of heart disease (e.g. breathlessness, chest pain, swollen ankles).
- 'Habitual' cough: in some people, even if the original cause for the cough has been identified and treated, their

voice box have become so used to coughing that a cough is triggered by even otherwise normal sensations (such as swallowing, or talking). Cough therapy, usually administered by a Speech Therapist with skills in this area, can result in a rapid and dramatic reduction in this habit.

- Neurogenic cough/'Sensory Neuropathic Cough': a small group of patients will have a persistent cough despite adequate treatment of the above causes, or after having had them excluded. It is felt this may be due to 'over-reactive' nerves, similar to the mechanism that causes phantom pain, or trigeminal neuralgia. A small dose of medication to settle down the overactive nerves can sometimes be very effective for this group of patients.

## **Managing Your Cough**

Some simple measures can help to alleviate the severity of your cough:

- Stay well hydrated
- Minimise reflux
- Keep the throat moisturized by sucking on lozenges or taking small sips of water when a 'tickle' starts.
- Avoid throat clearing or coughing 'just in case' – a difficult habit to get out of, and often more effectively achieved with Speech Therapy input.
- Keep a cough diary looking for patterns: time of day, relationship to eating or talking, medication changes (both new ones added, and old ones stopped, including herbal and over the counter preparations), specific locations, etc.
- Stop smoking.
- Use of cough suppressing medications can be used in extreme circumstances, but can have significant side effects and will not fix the underlying cause.

The most effective way to improve or stop a chronic cough is to identify the underlying cause(s) and treat this/these effectively. Bear in mind that it is very common for multiple causes to be present in any one person, and often treatment may need to be prolonged before you see any benefit. This can often be a complex and frustrating exercise for all involved, but relief commonly results if you persist.