

CHRONIC COUGH

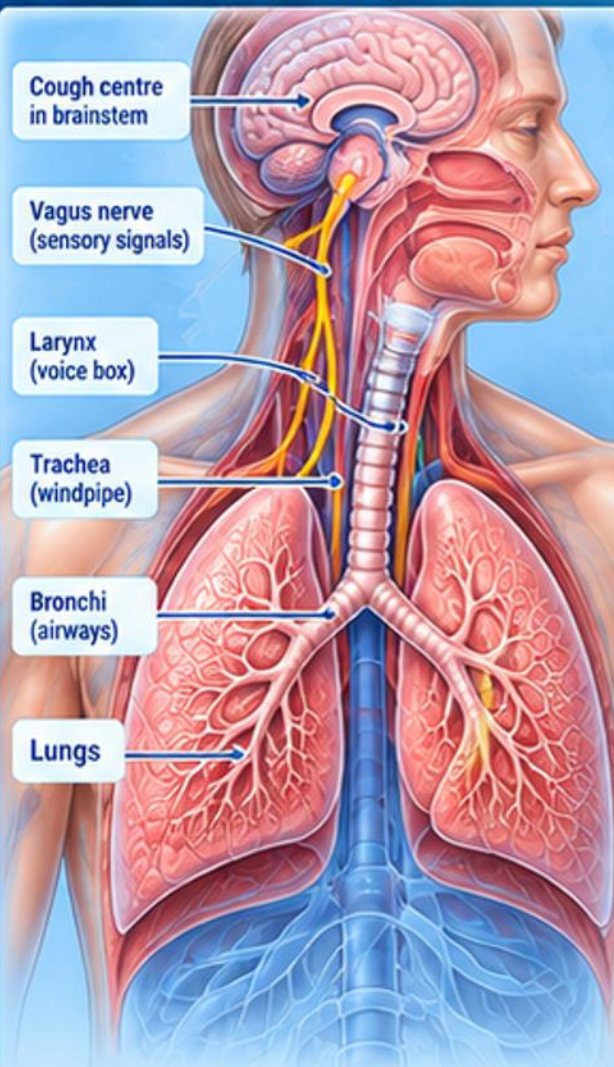
UNDERSTANDING THE CAUSE

Find the cause. Calm the cough reflex. Restore quality of life.

Chronic cough is a cough that lasts more than 8 weeks in adults. It can be caused by a range of conditions affecting the airways, lungs, nose and sinuses, stomach, or by an over-sensitive cough reflex. With the right assessment and treatment, many people can achieve significant improvement.

**IDENTIFY
TREAT
REDUCE
COUGH
IMPROVE
QUALITY OF LIFE**

HOW COUGH DEVELOPS



NORMAL PROTECTIVE COUGH

Helps clear mucus, dust and irritants from the airways.

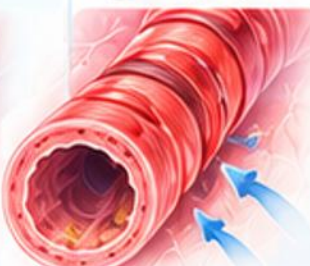


Triggered by:

- Mucus
- Infections
- Foreign particles
- Irritants (e.g. smoke)

HYPERSENSITIVE COUGH CIRCUIT

The cough reflex can become over-sensitive, triggered by very small stimuli.



Triggered by:

- Minor irritants
- Normal activities
- Temperature changes
- Ongoing airway or nerve sensitivity

- Perfumes and strong smells
- Talking
- Cold air
- Smoke or pollution
- Laughing
- Tickle in throat

DRY COUGH vs WET COUGH



Dry cough

Usually no mucus. Often due to airway inflammation, post-viral cough, reflux or cough hypersensitivity.



Wet cough

Produces mucus (phlegm). Often due to chronic bronchitis, bronchiectasis or persistent infection.

IMPACT ON DAILY LIFE



Disturbed sleep and daytime fatigue



Voice changes and throat irritation



Social and work disruption



Anxiety and reduced quality of life

COMMON CAUSES OF CHRONIC COUGH

Asthma and cough-variant asthma



- Airway inflammation
- Variable airflow narrowing
- Often dry cough
- May be the only symptom

Eosinophilic bronchitis



- Airway inflammation with eosinophils
- Normal lung function
- Persistent dry cough

Rhinitis, postnasal drainage and sinusitis



- Mucus dripping to throat
- Frequent throat clearing
- Blocked or runny nose
- Sinus inflammation

Gastro-oesophageal reflux (GOR)



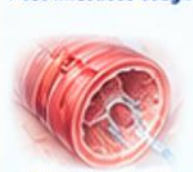
- Acid or non-acid reflux
- Cough from airway irritation
- May occur without heartburn

Chronic bronchitis, COPD and bronchiectasis



- Ongoing airway inflammation
- Excess mucus production
- Recurrent infections
- Often wet cough

Post-infectious cough



- After viral respiratory infection
- Cough can persist for weeks to months
- Usually improves over time

Medications and other irritants



- ACE inhibitors
- Inhaled irritants
- Smoke, vaping, dust
- Environmental and occupational exposures

DIAGNOSTIC PATHWAY

1 Detailed history and examination



- Character of cough
- Triggers and timing
- Medical history
- Medication review

2 Chest X-ray (to exclude other causes)



- Look for infection, lung disease or other abnormalities

3 Lung function tests (spirometry + bronchodilator)



- Measure airflow
- Assess for asthma or COPD
- Reversibility testing

4 Additional tests (if indicated)



- FeNO (airway inflammation)
- Sputum testing
- CT chest (selected cases)
- Sinus or laryngeal assessment

5 Personalised plan based on results



- Identify cause(s)
- Tailor treatment
- Monitor response
- Adjust as needed

SEEK EARLIER ASSESSMENT IF:

- Coughing up blood
- Unexplained weight loss
- Persistent fever
- Worsening breathlessness
- Chest pain

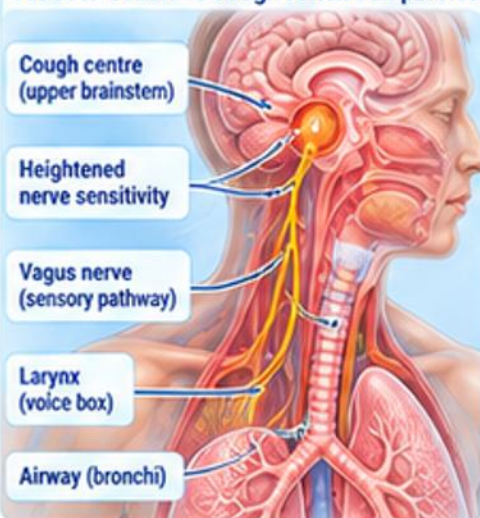
Treatment depends on the cause(s) of your cough. Many people have more than one contributing factor. A combination of medical treatment, trigger avoidance and cough control strategies can significantly improve symptoms and quality of life.

TREATMENT OPTIONS FOR COMMON CAUSES

1 Airway inflammation (asthma / eosinophilic)  - Inhaled corticosteroids (when confirmed) - Bronchodilators if needed - Treat eosinophilic bronchitis - Review response and step down when stable	2 Nose, sinuses and rhinitis  - Nasal steroid sprays - Saline irrigation - Treat sinusitis when present - Manage allergies - Reduce postnasal drainage	3 Reflux (GORD)  - Lifestyle measures (e.g. smaller meals, avoid late meals) - Weight management - Reflux medication when indicated - Treat even if no heartburn if reflux is likely to contribute	4 Airway clearance (wet cough / bronchiectasis)  - Airway clearance techniques (e.g. PEP devices, huff cough) - Treat underlying infection when present - Vaccinations (influenza, pneumococcal, COVID-19) - Regular exercise and physiotherapy	5 Medication review and trigger avoidance  - Stop ACE inhibitors if appropriate - Avoid smoke, vaping and environmental irritants - Reduce occupational exposures - Review other medications that may trigger cough
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COUGH HYPERSENSITIVITY

An over-sensitive cough reflex can persist even after the original trigger has settled.



In some people, the nerves that detect irritation in the airways and throat become over-sensitive. This can lead to a persistent cough triggered by normally harmless stimuli.

Common triggers include:

- Talking or laughing
- Perfumes and strong smells
- Cold air or rapid temperature changes
- Smoke, pollution and dust
- Tickle or dryness in the throat
- Normal activities such as exercise

SPECIALIST MANAGEMENT FOR REFRACTORY COUGH

Cough control therapy (with a speech pathologist)



- Breathing retraining
- Cough suppression strategies
- Laryngeal relaxation
- Vocal hygiene and throat care
- Education and self-management

Neuromodulator medicines (in selected cases)



- May be considered for persistent refractory cough
- Can reduce nerve hypersensitivity
- Careful patient selection
- Discuss potential benefits and side effects with your specialist

YOUR TAILORED ASSESSMENT AND MANAGEMENT PLAN

1 Identify the cause(s)  - Detailed assessment - Targeted investigations - Look for multiple causes	2 Start cause-specific treatment  - Address airway, nose, reflux and infection if present - Review and optimise medications	3 Cough control strategies  - Breathing techniques - Reduce triggers - Improve sleep and voice - Gradual return to activity	4 Monitor progress  - Track cough frequency and severity - Review at regular intervals - Adjust treatment as needed	5 Long-term plan  - Ongoing management for chronic conditions - Self-management strategies - Maintain a healthy lifestyle
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EVERYDAY TIPS TO HELP MANAGE COUGH

 Stay well hydrated (thin mucus)	 Avoid known triggers (smoke, dust, strong smells)	 Optimise sleep position (e.g. head up if reflux)	 Stay active and maintain fitness	 Maintain a healthy weight and balanced diet
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URGENT SYMPTOMS

Severe breathlessness, significant chest pain or collapse: CALL 000

- Coughing up blood
- New or rapidly worsening breathlessness
- Persistent fever or feeling very unwell

