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## CHRONIC COUGH

A cough is a protective, primitive reflex in healthy individuals. It serves to expectorate unwanted substances from the upper respiratory tract. A persistent cough can be debilitating, socially distressing, and adversely impair quality of life. One of the more common presentations to a medical practitioner is a dry cough.

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### Causes

**Postnasal drip.** Every day, glands in your nose and throat produce a quart or two of mucus, which cleans and moisturizes your nasal passages. Chronic Rhinosinusitis seems to be the most common cause of cough in my practice.

**Asthma.** This is a common cause of chronic cough in adults and the leading cause in children. Gastroesophageal reflux disease (GERD).

**Blood pressure drugs.** Angiotensin-converting enzyme (ACE) inhibitors, which are commonly prescribed for high blood pressure and heart failure, are known to cause chronic cough in about 20 percent of the people taking them

**A laryngeal lesion.** Sometimes a lesion such as a polyp, nodule, or even a cancer can precipitate a cough.

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### Chronic bronchitis and bronchiectasis.

**Infection.** Exposure to perhaps an atypical agent such as mycoplasma or acid fast organism such as mycobacteria tuberculosis must always be considered.

**Foreign Body.** More commonly in kids, the aspiration of a foreign body can lead to a chronic irritation and cough.

**Lung cancer.** Only a small percentage of people with a chronic cough have lung cancer, and most are current or former smokers. If you smoke now, smoked at one time or your sputum contains blood, see your doctor.

**Habit or psychogenic Cough.** Many times coughing or clearing the throat can become a habit and is actually propagated by the individual. These coughs usually abate at night when the person is sleeping where as physiologic cause will usually persist and awaken the patient.

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## Diagnostic Testing

**Allergy Testing.** If you and your doctor suspect that postnasal drip or allergy is causing your cough, then allergy testing can be important

**Sinus Evaluation:** You might also have a Nasal Endoscopy and or computerized tomography (CT) scan of your sinuses to check for infection

**Chest X-ray, PPD and Lung function tests.** These simple, noninvasive tests measure how much air your lungs can hold and how quickly you can inhale and exhale. Sometimes you may also have an asthma challenge test, which tests your breathing before and after inhaling a drug called methacholine. If you have asthma, you'll have a harder time breathing after inhaling the methacholine.

**Laryngoscopy or Bronchoscopy.** These are tests to actually look at your voice box or the inside of your lungs. Any abnormalities can be biopsied.

**Esophagoscopy or pH probe.** To help diagnose acid reflux.

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## Treatment

Treating a chronic cough with a known cause is usually straightforward; when the cause can't be determined, treatment becomes more problematic and frustrating. Depending on the reason for your cough, your doctor may prescribe:

**Allergy treatment including avoidance, shots or drops (Immunotherapy).**

**Inhaled corticosteroids and Singulair for Cough variant asthma.**

**Gabapentin for a neurogenic or psychogenic cough.**

**Medications to treat acid reflux.** When lifestyle changes don't take care of acid reflux, you may be treated with a proton pump inhibitor, which blocks acid production and allows esophageal tissue time to heal.

**Medication change.** If your cough is caused by angiotensin-converting enzyme (ACE) inhibitors, switching to another type of medication may provide relief.

Smoking cessation.

**Medications or surgical intervention for Chronic Rhinosinusitis.** Sometimes the condition of the nose and sinuses needs to be aggressively dealt with to lessen inflammatory post nasal drainage.

**Other treatments.** When the reason for your cough isn't known, your doctor may prescribe a cough suppressant or possibly ipratropium bromide (Atrovent), a type of medication called a bronchodilator that relaxes the air passages in your lungs. Inhaled corticosteroids are sometimes used, though it's not clear that they're effective for a cough unrelated to asthma. A Mucolytic (Robitussin) can often thin the secretions and Codeine a cough suppressant is often helpful to get patients out of the cough cycle. The physicians at Midwest Ear, Nose and Throat can help the patient work through this frustrating condition.