

RESPIRATORY GP PEER GROUP: CHRONIC COUGH

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22nd May 2019



CASE 1

24 year old smoker with ongoing cough for 4 weeks after recent viral URTI, presents concerned with their cough as it is bothersome

Important things to ask?

Other considerations?

Most likely diagnosis?

Investigations?

Treatment to give?

CASE 1 ANSWERS

Clarify Red Flags: Fevers/sweats/weight loss/haemoptysis/chest pain

Other history: sinusitis features, wheeze, SOB, reflux features

Most likely diagnosis: Post viral cough vs post nasal drip

Chest x-ray if concerned, spirometry, if being academic pertussis

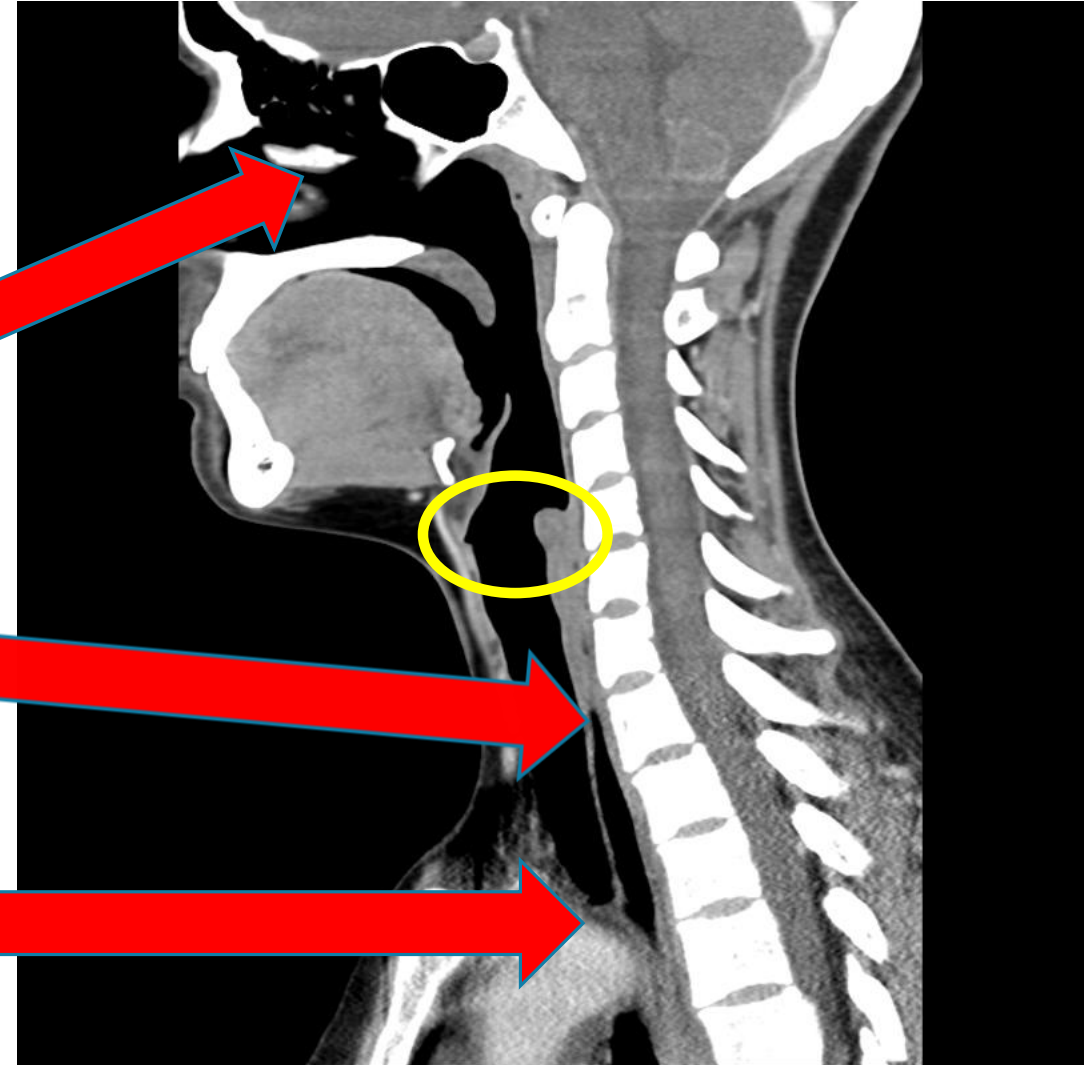
No role for antitussive as things will settle, could try pholcodeine or gee linctus, otherwise nasal decongestants if bothersome for a short period

ANATOMY OF COUGH

Upper airway: post viral, sinusitis

Esophageal: reflux

Airway/Lungs: asthma/others



DEFINITION OF CHRONIC COUGH

Usually defined as a cough that lasts for eight weeks or longer, some refer to 6 weeks or more

TOP 3 causes, Post nasal drip, reflux, asthma

CASE 2

54 year old smoker with history of chronic cough first thing in the morning for years

Now has change in the last few months where it has become more productive with some weight loss

What are the concerns here and what investigations would be appropriate?

Other thoughts?

CASE 2 ANSWERS

Change in cough in smoker always raises concerns of malignancy thus the indication for chest x-ray

Be common causes or bronchitis (COPD)

Again red flags: fevers/sweats/haemoptysis/voice change

CASE 3

45 year old overweight female non-smoker presents with cough for over 3 months who has trialled losec, flixotide and intranasal steroid sprays/antihistamines without success

Things to clarify?

Investigations to consider?

Other diagnosis?

CASE 3 ANSWERS

Clarify

- back to the history
- duration of various treatments, at least a month
- ensure technique of the treatments
- lifestyle changes

Ix,

- always CXR then further CT imaging
- lung function testing

Consider bronchiectasis/ILD/sinusitis/upperairway/reflux disease-

SUMMARY FOR CHRONIC COUGH

TOP 3 causes, PND, Reflux, Asthma

History helps to clarify this

Sometimes multifactorial