

Persistent Cough

All coughs are not created equal. Coughing is an integral function of the body's defense mechanisms, helping to maintain clear airways. Coughing also can signal a number of threats to the respiratory system and even to overall health. Know when to have a persistent cough evaluated.

Almost 30 million physician visits each year are attributed to complaints of persistent cough, and more than \$3.5 billion is spent annually on over-the-counter cough remedies.

"An acute cough that lingers for a few days after a cold is understandable," states Karen M. Stroh, MD, "but if someone has a cough that persists for three weeks or more and still does not go away, there has to be another underlying cause.

"We need to identify that cause, because the persistent cough could be an indication of a more serious and even life-threatening condition. The earlier we identify the reason for the cough, the better our chances of successfully treating that condition. That is important, because some conditions can cause loss of lung capacity if left untreated."

Dr. Stroh is board certified in both pulmonary and internal medicine. She notes that although physicians are able to accurately diagnose and to prescribe an appropriate treatment for almost every cough-producing illness, effective treatment of a persistent cough may be complicated by the presence of more than one abnormality.

It takes patience and cooperation between the doctor and patient to accurately identify all conditions contributing to the chronic cough and to find the right treatment or combination of treatments to resolve the abnormalities and to relieve the cough.

Common culprits

"The most common causes for a persistent, recurring cough among nonsmokers are GERD [gastroesophageal reflux disorder], asthma, bronchitis due to COPD [chronic obstructive pulmonary disease], allergies, and some medications," informs Dr. Stroh, "and we have effective treatments for all of these.

"Less common causes are pneumonia, lung cancer, and even some heart conditions. About 15 percent of cases of chronic cough are idiopathic, meaning the underlying cause resists detection."

She assures, though, that even when the underlying cause for chronic cough remains elusive, effective treatments can bring the cough under control in most cases.

A persistent cough can develop in patients at any age, although COPD and medications are more common causes among older patients. A dry, nonproductive cough is most often associated with GERD, asthma, and medications, whereas a productive cough is often associated with allergies and COPD.

Dr. Stroh notes that people are often surprised to learn that GERD is a relatively common cause of coughing, but she reports that 20 to 25 percent of people with GERD do not have the more commonly recognized symptoms of heartburn or reflux; their GERD presents as persistent coughing. Most cases of cough secondary



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to GERD respond well to medications like Nexium and other proton pump inhibitors.

Asthma may present with cough as its only symptom. The standard treatment for cough-variant asthma is inhaled steroids. If symptoms are not completely relieved by this treatment, frequently there is another causative factor. The patient is often referred for allergy testing, as this is a common additional cause for cough associated with asthma.

Chronic bronchitis secondary to lung disease usually produces a morning cough with a little bit of phlegm, describes Dr. Stroh. Bronchodilators and treatment of the underlying lung disease offer the best relief of symptoms.

"Allergy-related cough is more prevalent in the spring and fall," continues Dr. Stroh, "and the diagnosis is typically made on the basis of the patient's reported symptoms." For allergy-related cough, treatment generally consists of an antihistamine and a nasal steroid. Dr. Stroh adds that treatment is highly personalized; some patients need medications year-round, whereas others need them only at certain times of the year.

The common medications associated with chronic cough are the ACE inhibitors commonly prescribed for heart disease and high blood pressure. In some cases, depending on why the patient is taking the medication, it may be possible for the prescribing physician to prescribe a substitute medication or to assist the patient in controlling the chronic cough.

Finding help

"Most of the time, patients do not need to be hospitalized for cough," Dr. Stroh assures, "but there are times when coughing is so severe that inpatient care is recommended."

Dr. Stroh is on staff at Manatee Memorial Hospital, where the respiratory care services department

is equipped to evaluate and treat a wide range of respiratory complaints including COPD, lung cancer, tuberculosis, emphysema, A1AD-related emphysema, asthma, pneumonia, sarcoidosis, HIV/AIDS-related lung disease, sleeping disorders, and influenza.

"If a patient is coughing up blood, that is an extremely dangerous sign and should be evaluated immediately for the underlying cause. If the cough is accompanied by shortness of breath or wheezing, indicating the cough is getting worse, the patient should also schedule an immediate evaluation. Otherwise, patients should be alert to a cough that persists for more than three weeks. If there is no improvement in that amount of time, it is worthwhile to have it investigated."

Dr. Stroh adds that most of the diagnostic work-up in the respiratory care services department is performed

on an outpatient basis and begins with a chest x-ray and pulmonary function test, or spirometry, measuring how forcefully a patient is able to inhale and exhale.

In some cases, inhaler medicines are administered partway through the test to determine if lung function improves.

Patients scheduled for spirometry should avoid smoking for 12 to 24 hours before the test or as directed by their physician. They should also stop taking any breathing medication six hours prior to the test, should avoid caffeine, and should have only a light meal and limited fluids.

The test is noninvasive and takes between 45 and 90 minutes to complete the several sections of the test.

Depending on the information revealed by the x-ray and spirometry, additional tests may be scheduled to further define the patient's condition.

In conclusion

"There are many reasons to experience persistent cough," reminds Dr. Stroh, "and patients should be reassured that the most common of them are not life threatening. But patients should not be complacent when they experience a lingering cough. Timely evaluation of the underlying causes of their cough not only can bring effective relief but can also provide appropriate treatment for any contributing medical condition." **FHCN**—Billie S. Noakes

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BY THE NUMBERS

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Karen M. Stroh, MD, is board certified in internal medicine and pulmonary medicine. She completed her undergraduate studies at Youngstown State University, OH, and earned her medical degree at Northeastern Ohio Universities College of Medicine. She served her residency in internal medicine at Western Reserve Care System, Youngstown, and is fellowship trained in pulmonary critical care medicine through University of Florida/Shands,

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