

What Does Your Healthcare Professional Need to Know About Your Chronic Cough?

Information for Diagnosis

Your healthcare professional (HCP) will initially ask you how long your cough has been bothering you. This will provide your HCP with information about possible underlying causes of your cough.

Acute cough: when a person has had a cough for less than 3 weeks	Common causes: respiratory infection , such as a viral infection or sinus infection; worsening of an existing condition , such as asthma or chronic obstructive pulmonary disease (COPD); pneumonia
Subacute cough: when a person has had a cough for 3-8 weeks	Commonly occurs after a respiratory infection
Chronic cough: when a person has had a cough for more than 8 weeks	Likely causes: upper airway cough syndrome (UACS) , cough with symptoms such as abnormal sensations in the throat and postnasal drip sensation; asthma ; gastroesophageal reflux disease (GERD) ; nonasthmatic eosinophilic bronchitis (NAEB)

It is important to tell your HCP if you have any of the following (red flags) because, with cough, they may indicate a potentially life-threatening situation:

- Blood in coughed-up mucus
- Smoking (current or past)
- Noticeable shortness of breath, especially at night
- Hoarseness
- Systemic symptoms (fever, weight loss, limb swelling, and weight gain)
- Trouble swallowing
- Vomiting
- Repeated pneumonia
- Abnormal lung or chest exam

For people with chronic cough, your HCP will need to work through possible causes to identify which ones are causing your cough.

- Your HCP will ask for information related to the history of your cough, including cough triggers and characteristics, family history, environmental factors, and recent travel.
- Your HCP will likely perform a physical exam and/or request chest imaging.
- Multiple tests may be required to rule out each possible cause.
- Your HCP may ask you to try treatments for conditions that often cause cough to see if any help.
 - The most common causes of chronic cough are: UACS, asthma, GERD, and NAEB.
 - Your HCP will need to follow up every 4-6 weeks to check whether a treatment is working.
 - Chronic cough may have multiple causes, so you may need multiple treatments.

If your chronic cough does not respond to treatment, it is considered **refractory chronic cough (RCC)**, and your HCP may refer you to specialists and/or a cough clinic for further evaluation and treatment.

Information on Your Quality of Life (QoL)

It is important to consider how treatments affect QoL.

- Reduced cough frequency and severity are obvious treatment goals for RCC, but “meaningful change” varies from patient to patient.
 - For some people with RCC, any reduction in cough frequency would be meaningful.
 - For many, a reduction of 25%-50% would be noticeable.
- Cough affects well-being and QoL in **many** ways, such as:
 - Disrupting communication, social activities, relationships, sleep, and concentration.
 - Affecting food choices, leisure activities, everyday physical activities.
 - Causing frustration, embarrassment, worry, stigma, and depression.
- People with RCC may also be bothered by symptoms associated with cough, such as chest pain, gagging, difficulty breathing, and urinary incontinence.
- Your HCP may use standard questionnaires, over repeat follow-up visits, to measure how your treatment is affecting your cough characteristics and QoL.

Please check the box to the right of the number that best describes your overall QoL (satisfaction or happiness with life) related to your cough over the past week

	WORST POSSIBLE PROBLEM	10	
		9	
	VERY SEVERE PROBLEM	8	
		7	
	SEVERE PROBLEM	6	
		5	
	MODERATE PROBLEM	4	
		3	
	MILD PROBLEM	2	
		1	
	NO PROBLEM	0	

- You may be able to help your HCP identify better treatment options and goals if you share how cough affects your life and what you would like your treatment to do.
- Cough and treatment goals may also change over time, so it is also important to share this information with your HCP.