

## ACCP Releases Guideline for the Treatment of Unexplained Chronic Cough

### Key Points for Practice

- Unexplained chronic cough should be diagnosed if cough persists for longer than eight weeks with no etiology identified.
- Multimodality speech pathology therapy is recommended for adults with unexplained chronic cough.
- A trial of gabapentin may also be used to treat chronic cough.

*From the AFP Editors*

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Persistent cough with an unknown etiology is difficult to treat and can significantly affect quality of life. Although the evidence for the diagnosis and treatment of adults with unexplained chronic cough is limited, the American College of Chest Physicians (ACCP) has released guidelines based on the best available evidence. Further study is needed to establish universal terminology and the optimal method of investigation.

### Recommendations

#### DIAGNOSIS

Unexplained chronic cough should be diagnosed if cough persists for longer than eight weeks with no etiology identified after evaluation and supervised therapeutic trial(s) that follow published best-practice guidelines. Key to the definition of unexplained chronic cough are adequate assessment, investigation, and therapy.

Adults with unexplained chronic cough should undergo a guideline/protocol-based assessment, including objective testing for bronchial hyperresponsiveness and

eosinophilic bronchitis, or a therapeutic corticosteroid trial.

#### TREATMENT

Multimodality speech pathology therapy (e.g., education, counseling, cough suppression techniques, breathing exercises) is recommended for adults with unexplained chronic cough. A therapeutic trial of gabapentin (Neurontin) is also recommended. However, the evidence is limited, and there is a possibility of adverse effects. The risk-benefits profile should be discussed with the patient before initiating gabapentin and reassessed at six months.

Inhaled corticosteroids should not be used in patients with unexplained chronic cough and negative results on testing for bronchial hyperresponsiveness and eosinophilia (sputum eosinophils, exhaled nitric oxide). Proton pump inhibitors should not be used in patients with a negative workup for acid reflux disease.

**Guideline source:** American College of Chest Physicians

**Evidence rating system used?** Yes

**Literature search described?** Yes

**Guideline developed by participants without relevant financial ties to industry?** No

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